

## Meeting of the Trust Board Wednesday 18 October 2023

Dear Members

There will be a public meeting of the Trust Board on Wednesday 18 October 2023 at 12:30pm 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>12:30pm</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 6 July 2023</b>	Chair	<b>A</b>	
3.	<b>Matters Arising/ Action Checklist</b>	Chair	<b>B</b>	
4.	<b>Patient Story</b>	Chief Nurse	<b>C</b>	<b>12:35pm</b>
5.	<b>Chief Executive Update</b>	Chief Executive	<b>D</b>	<b>1:00pm</b>
6.	<b>Overview of Patient Safety at GOSH</b>	Chief Medical Officer	<b>E</b>	<b>1:10pm</b>
7.	<b>Feedback from Non-Executive Director walkrounds</b>	Chair and Non-Executive Directors	<b>Verbal</b>	<b>1:40pm</b>
8.	<b>Directorate presentation: Brain</b>	Chief Operating Officer and Brain directorate team	<b>F</b>	<b>1:50pm</b>
<b><u>PERFORMANCE</u></b>				
9.	<b>Integrated Quality and Performance Report (Month 5 2023/24) August 2023 data</b>	Chief Medical Officer/ Chief Nurse/ Chief Operating Officer	<b>G</b>	<b>2:10pm</b>
10.	<b>Finance Report (Month 5 2023/24) August 2023 data</b>	Chief Finance Officer	<b>H</b>	<b>2:25pm</b>
<b><u>STRATEGY AND PLANNING</u></b>				
11.	<b>Research Strategy (Planet) Progress Report</b>	Director of Research and Innovation	<b>I and presentation</b>	<b>2:35pm</b>
12.	<b>GOSH Learning Academy Annual Report 2022/23</b>	Chief Nurse	<b>J</b>	<b>2:50pm</b>
<b><u>ASSURANCE</u></b>				
13.	<b>Nursing Workforce Assurance Report Q1 2023/24</b>	Chief Nurse	<b>K</b>	<b>3:00pm</b>
	<b>Biannual Safe Staffing Establishment Review 2023</b>		<b>U</b>	

14.	<b>Learning from Deaths report- Child Death Review Meetings – Q1 2023/24</b>	Chief Medical Officer	<b>L</b>	<b>3:10pm</b>
15.	<b>Health Inequality Update</b>	Chief Nurse	<b>M</b>	<b>3:20pm</b>
16.	<b>Emergency Preparedness Resilience and Response Annual Report 2023/24</b>	Chief Operating Officer	<b>N</b>	<b>3:30pm</b>
17.	<b>Board Assurance Committee reports</b> <ul style="list-style-type: none"> <li>• <b>Quality, Safety and Experience Assurance Committee – September 2023</b></li> <li>• <b>Finance and Investment Committee Update – August and September 2023</b></li> <li>• <b>People and Education Assurance Committee Update – September 2023 meeting</b></li> </ul> <p><i>The Audit Committee has not met since the last Trust Board meeting in July 2023.</i></p>	Chair of QSEAC  Chair of the Finance and Investment Committee  Chair of the People and Education Assurance Committee	<b>O</b>  <b>P</b>  <b>Q</b>	<b>3:40pm</b>
<b><u>GOVERNANCE</u></b>				
18.	<b>Update from the Council of Governors</b>	Company Secretary	<b>R</b>	<b>3:55pm</b>
19.	<b>Updated Fit and Proper Person Policy</b>	Company Secretary	<b>S</b>	
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 Thursday 30 November 2023.			

**DRAFT Minutes of the meeting of Trust Board on  
6<sup>th</sup> July 2023**

**Present**

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

**In attendance**

Cymbeline Moore	Director of Communications
Jason Dawson	Director of Space and Place
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Darren Darby*	Deputy Chief Nurse
Michelle Nightingale*	Named Nurse for Safeguarding
Jennifer McCole*	Transformation Director
Andrew Pearson*	Clinical Audit Manager
Helen Dunn*	Director of Infection Prevention and Control
Dr Phil Cunnington*	Associate Medical Director and Responsible Officer
Elizabeth Nuttall-Collins	Governor (observer)

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

<b>30</b>	<b>Apologies for absence</b>
30.1	Apologies for absence were received from Russell Viner, Non-Executive Director and Matthew Shaw, Chief Executive.
<b>31</b>	<b>Declarations of Interest</b>
31.1	No declarations of interest were received.
<b>32</b>	<b>Minutes of Meeting held on 8 June 2023</b>
32.1	The Board <b>approved</b> the minutes of the previous meeting.
<b>33</b>	<b>Matters Arising/ Action Checklist</b>
33.1	Action 28.2 – Caroline Anderson, Director of HR and OD said the Executive Team had been exploring potential ways in which the Trust could support staff

	with the costs of traveling to work where this was a barrier to being on site however it was challenging to provide this type of support without unintended consequences such as tax implications for individuals. The matter had been raised with the Secretary of State for Health and Social Care during his visit to GOSH and a North Central London meeting with the Mayor of London's office was taking place about supporting public sector workers and this would be raised. Sir Michael Rake, Chair said that this would be an area of priority for many staff and therefore the matter should continue to be raised.
<b>34</b>	<b>Chief Executive Update</b>
34.1	John Quinn, Chief Operating Officer presented the Chief Executive report. He said that the Trust had been awarded a research grant of £3.5million by the National Institute of Health and Care Research (NIHR) for research and innovation equipment along with several other NHS organisations. Many of GOSH's research platforms were running at capacity with long waits due to the lack of availability of equipment and the grant would support improvements in this area.
34.2	The Secretary of State for Health and Social Care had visited the Trust and met with patients and families. John Quinn thanked staff who had met with him.
34.3	Industrial action continued which was disruptive in terms of the resources required for planning and to return to business as usual which had impacted on patients and families. Work was taking place to ensure that this impact was minimised and improvements were being made in the number of cancellations required for each period of industrial action.
<b>35</b>	<b>Integrated Quality and Performance Report (IQPR): May 2023 data</b>
35.1	John Quinn said that when considering the IQPR, overall the majority of metrics were green rated however the industrial action was impacting waiting times and this was beginning to be seen in feedback from patients and families. Tracy Luckett, Chief Nurse said that it would be important to consider the way in which the Trust managed patients who had experienced more than one cancellation. She added that although there were only a small number of these patients in this cohort, this negative impact must be avoided as far as possible.
35.2	Duty of Candour stages two and three had been completed within the required timeframe for all cases and this was a significant improvement.
35.3	A Better Value target of £16.5million had been set and deep dives were taking place to identify additional schemes to meet the target. The programme had been delayed by the need to manage the operational challenge related to industrial action. Equality and quality impact assessments were undertaken for each scheme to ensure that schemes would not have a negative impact on quality or safety. John Quinn said that good financial health was key for the Trust, particularly in the context of the Children's Cancer Centre development.
35.4	Suzanne Ellis, Non-Executive Director highlighted that respiratory arrests outside ICU had risen in May 2023 and asked what the cause was of this increase. Sanjiv Sharma, Chief Medical Officer said that as levels remained within the appropriate confidence intervals, a specific review had not been triggered. He said that all



35.5	<p>arrests outside ICU were reviewed on a weekly basis and feedback around education and practice was provided.</p> <p>Amanda Ellingworth, Non-Executive Director noted that work was taking place to improve the data around honorary contract holders and asked when this would be complete. Caroline Anderson confirmed that the process of assessment and evaluation was complete and it was anticipated that the changes would impact data from July 2023 onwards.</p>
<b>36</b>	<b>Finance Report: May 2023 data</b>
36.1	John Beswick, Chief Finance Officer said that there had been a challenging start to the year financially, driven by the impact of industrial action and the Trust was currently £2million adverse to plan year-to-date of which £1.6million was as a result of industrial action. He said that it was important to ensure that an appropriate tone was set for communication around meeting financial plans in the context of the large number of competing pressures across the organisation.
36.2	Gautam Dalal, Non-Executive Director said that it was important to develop a multiyear plan for Better Value to ensure that ongoing costs were sustainable. John Beswick said it would be important to focus on supporting the organisation to move to longer term thinking as this had previously been a challenge.
<b>37</b>	<b>Update on the Nursing Strategy 2023-2026: Safe in our hands</b>
37.1	Tracy Lockett, Chief Nurse said that in September 2022 an away had taken place to consider the vision for nursing and its contribution to the Trust.
37.2	Darren Darby, Deputy Chief Nurse said that approximately a third of the GOSH workforce was comprised of nurses which was approximately 2000 staff and they covered all pay bands in the Trust and a large number of career pathways. The Trust had a very young nursing workforce and almost 80% of GOSH's nurses were under 40 years old which was an outlier nationally.
37.3	The strategy would be focused around 4 key themes and 6 priorities which would support a skilled nursing workforce to develop in their careers and provide exceptional care whilst amplifying the voice of the profession.
37.4	The Board welcomed the development of the strategy and emphasised the importance of amplifying the voice of an important part of the Trust's staffing community. Discussion took place about the choice to measure impact in terms of the impact on nurses as opposed to the impact on patient experience. Darren Darby said that nursing strategies internationally differed in this regard and when the team had met with the Young People's Forum, they had been keen that the strategy was one for nurses and this would, in turn, impact on the patient experience.
37.5	Amanda Ellingworth welcomed the focus on psychological safety and asked that this was amplified through the strategy and for the inclusion of a metric to monitor this amplification more widely that the nursing workforce such as involvement in multidisciplinary team meetings.
37.6	Gautam Dalal highlighted that there were a limited number of nurses from a global majority at higher bands and said that the NHS had asked Trusts to

	achieve challenging targets in this respect. He asked how to steps would be established to deliver these targets in the longer term. Darren Darby said that although further work was required, good progress had been made to move towards a representation of nurses from the global majority in line with the patient population.
37.7	Shankar Sridharan, Chief Clinical Information Officer said that it was important to empower nurses to be more digitally aware and Tracy Lockett confirmed that digital was a key part of the strategy. She said that once the strategy had been launched, nursing meetings would be restructured to ensure that implementation could be demonstrated.
37.8	The Board welcomed this work.
<b>38</b>	<b>Annual Safeguarding Report 2022/23</b>
38.1	Michelle Nightingale, Named Nurse for Safeguarding said that the safeguarding was two years into a four-year strategy. An external review of the service was taking place and the recommendations arising from this review would support completion of the final two years of the strategy. The review group had met with a number of staff and a further stage of meetings would take place in September 2023.
38.2	During the year there had been a number of achievements including the launch of the new safeguarding policy and training programme and the roll out of standardised supervision to staff across the Trust. Areas of challenge were primarily around the mental capacity act and deprivation of liberties and a number of mitigations were in place to ensure the Trust did not breach the Court of Protection.
38.3	The Board congratulated the safeguarding team on their progress throughout the year.
<b>39</b>	<b>Approval of the Revised People Strategy</b>
39.1	Caroline Anderson said that the revised people strategy was built on the progress of the previous strategy consolidating what was already in place and implementing new pieces of work where there were gaps. Culture had become the key focus of the strategy and focus would also be placed on equality and diversity and creating development opportunities across all areas to mirror those which were already available in clinical roles. Wellbeing was also a key theme of the strategy and there would be a focus on reward and recognition.
39.2	A range of impact trackers had been developed which would be monitored by the People Planet Delivery Board.
39.3	Discussion took place around the way in which the strategy would be disseminated, and Caroline Anderson said that the communication would be primarily around the pieces of work which would be in place in areas such as careers and equality and diversity to deliver the strategy. Suzanne Ellis highlighted the importance of balancing hope for the future with the reality of the complex environment.
39.4	The Board <b>approved</b> the revised People Strategy.

<b>40</b>	<b>Transformation Update</b>
40.1	Jennifer McCole, Transformation Director said that a series of clinical workshops had been taking place since February 2023 to identify what GOSH does well and areas for improvement. Four priorities had been identified: day cases, high dependency care, ambulatory care and theatres and discharge. The team had acknowledged the need to build confidence in the organisation's ability to deliver major change projects and sustain this effort over time.
40.2	Suzanne Ellis asked how the prioritisation of projects had taken place. She highlighted there had not been any projects related to the climate emergency. Jennifer McCole confirmed that this had been conducted in partnership with the directorates and reflected their key projects from across the hospital. She added that work was still to take place to consider projects related to sustainability. Jason Dawson, Director of Space and Place confirmed that a paper on sustainability had been developed and the team would be meeting regularly about this.
<b>41</b>	<b>Learning from Deaths Report Q4 2022/23</b>
41.1	Andrew Pearson, Clinical Audit Manager said that 25 child death review meetings had taken place in the reporting period and the majority of feedback was positive and reflected teams' expertise and care for patients. In 17 cases, learning points were identified in order to improve practice and in one case potentially modifiable factors had been identified. This case had been re-referred to the coroner and final learning would be highlighted once this process had concluded.
41.2	Cases had been reviewed over a longer period of time to identify themes and one had been around deteriorating patients and sepsis. Good quality improvement work was now taking place in this area. Another theme had been around processes when a child dies, and work was planned in this area.
41.3	Discussion took place around the identification of potential modifiable factors and Sanjiv Sharma said that the Child Death Review process enabled all individuals involved in a patient's care to come together and was a good example of the way in which GOSH could contribute to system learning. It was important to consider the ways in which system learning could be shared and further work would be taking place around this in the next six months.
41.4	Suzanne Ellis highlighted that there continued to be a large number of learning from deaths meetings that had not been scheduled due to consultant availability and asked whether sufficient action was being taken to reduce this. Sanjiv Sharma said that this did not represent a lack of attention from consultants and added that as the Child Death Review process involved all professionals involved in a patient's care it was often logistically challenging. He said that as a large proportion of paediatric deaths nationally took place at GOSH there were a larger number of meetings required and this was addressed on a case by case basis ensuring that they were prioritised.
<b>42</b>	<b>Annual Reports</b>
42.1	<u>Annual Director of Infection, Prevention and Control Report 2022/23</u>

42.2	Helen Dunn, Director of Infection Prevention and Control said that the response to COVID19 had continued throughout the year with guidance being updated and communicated across the Trust. Good work had taken place to improve the hospital's intranet page and a business case had been approved for the microbiology plating service which was now being established. All gram-negative bacteraemia had been above the threshold in 2022/23 and similar challenges were being experienced by other Trusts. All cases had been reviewed and formal root cause analyses would be taking place of cases going forward.
42.3	Challenges linked to ventilation remained however significant progress had been made and mitigations were in place as required to ensure that patients remained safe. There had been a substantial improvement in partnership working with the Space and Place team which had supported the team to have oversight of risks.
42.4	There had been a challenge around line infections in the previous year and this had now returned to baseline levels. There had also been national supply issues with some infection control related consumables.
42.5	Considerable focus was being placed on surveillance of antibiotic resistance which had increased substantially. Work was taking place to increase screening and potentially increase cleaning. Kathryn Ludlow asked whether antibiotic resistance was a key risk in the hospital and whether sufficient action was being taken in this area. Helen Dunn said that in the past this had been well controlled however there had recently been a rise in cases. It was the team's primary priority and the EPR and domestic teams were working hard to implement rapid changes. The World Health Organisation acknowledged that there were some areas of the world in which antibiotic resistant bacteria were endemic and therefore International and Private Care were also working closely with the infection control team.
42.6	<u>Responsible Officer Annual Report 2022/23</u>
42.7	Phil Cunnington, Associate Medical Director and Responsible Officer said that there had been a slight reduction in appraisal compliance when compared to the previous year and it was anticipated that this would be improved through the use of the new system which had now been implemented. Increased focus was being placed on compliance and although GOSHs compliance rate was broadly in line with that of other Trusts it was anticipated that it would improve.
42.8	Sanjiv Sharma said that the new system had taken time to implement but would support appraisal and job planning and would enable appraisers to take a forward view of a doctor's requirements in order to support their service in the coming year.
42.9	<u>Annual Sustainability report 2022/23</u>
42.10	Jason Dawson, Director of Space and Place said that work had taken place in 2022 to establish a baseline carbon measure for the hospital site which was 16,106 tonnes and approximately 94% of the Trust's emissions were generated by the estate. Ten programmes of work had been identified by Green Champions which were charged with delivering over 40 sustainability projects. GOSH was not an outlier in terms of its energy use and there were opportunities to both reduce usage and contribute to Better Value. A step change in sustainability activity was required to achieve net zero in line with the Trust's target such as decarbonising the GOSH site and reducing the reliance on gas.

42.11	Sir Michael Rake said that Governors were very focused on this area and had been supportive of progress during his private meeting with them. Suzanne Ellis said that the national focus was moving towards nature as a whole and suggested that GOSH must work in areas with the most impact. Chris Kennedy agreed and said that 'Taskforce or Nature-related Financial Disclosures' (TNFD) would soon be rolled out. He welcomed the improvement in the management of the sustainability programme.
<b>43</b>	<b>Board Assurance Committee reports</b>
43.1	<u>Quality, Safety and Experience Assurance Committee – June 2023 meeting</u>
43.2	The Committee noted the update.
43.3	<u>Audit Committee Assurance Committee Update – June 2023 meeting. Including BAF Update and recommendations</u>
43.4	Anna Ferrant, Company Secretary said that the Audit Committee had recommended six changes to the BAF to the Board for approval.
43.5	<ul style="list-style-type: none"> <li>• <u>New BAF Risk: International and Private Care (IP&amp;C)</u></li> </ul>
43.6	With international and private work increasing since the Pandemic due to air corridors opening and increased commercial activity, the Audit Committee and Finance and Investment Committee agree that it is appropriate to propose decoupling the risk of not achieving the IP&C and commercial delivery plans from the financial sustainability BAF risk and establishing it as a separate BAF risk. The risk statement for the new standalone risk around the delivery of International and Private Care is: <i>The risk that the financial sustainability of the Trust is significantly impeded by a failure to deliver IP&amp;C and commercial contribution targets.</i>
43.7	<ul style="list-style-type: none"> <li>• <u>New BAF Risk: Climate Emergency</u></li> </ul>
43.8	This is a new risk statement agreed by the Trust Board in March 2023. The controls, assurances, any gaps, and proposed risk scores are recommended for approval by the Trust Board: <ul style="list-style-type: none"> <li>○ Gross risk score: 5 Likelihood x 4 Consequence = 20</li> <li>○ Net risk score: 4 Likelihood x 4 Consequence = 16</li> <li>○ Risk appetite: Cautious</li> <li>○ Assurance committee: Audit Committee.</li> </ul>
43.9	<ul style="list-style-type: none"> <li>• <u>New Risk Content: Integrated Care System</u></li> </ul>
43.10	This is a new risk statement agreed by the Trust Board in March 2023. The controls, assurances and any gaps are recommended by the Audit Committee for approval by the Trust Board including the following proposed risk scores: <ul style="list-style-type: none"> <li>○ Gross risk score: 4 Likelihood x 4 Consequence = 16</li> <li>○ Net risk score: 3 Likelihood x 4 Consequence = 12</li> <li>○ Risk appetite: Cautious.</li> <li>○ Assurance committee: Audit Committee</li> </ul>
43.11	<ul style="list-style-type: none"> <li>• <u>Revised BAF risk net score: Estate Compliance</u></li> </ul>
43.12	Over the past 6 months, a considerable amount of work has been conducted around estates management and compliance. On this basis the Audit Committee recommends that the net risk score is reduced as follows: <ul style="list-style-type: none"> <li>○ Net risk score: from 5 Likelihood x 4 Consequence = 20 to</li> </ul>

<p>43.13</p> <p>43.14</p> <p>43.15</p> <p>43.16</p> <p>43.17</p>	<ul style="list-style-type: none"> <li>○ Net risk score: from 4 Likelihood x 4 Consequence = 16</li> </ul> <ul style="list-style-type: none"> <li>● <u>Revised BAF risk net score: Workforce Sustainability</u></li> </ul> <p>Although several workstreams across the Trust continue to focus on and mitigate the impact of higher than target voluntary turnover and nursing staff turnover, the Audit Committee support a recommendation to increase the net score for this risk from:</p> <ul style="list-style-type: none"> <li>○ Net risk score: from 2 Likelihood x 4 Consequence = 8 to</li> <li>○ Net risk score: from 3 Likelihood x 4 Consequence = 12</li> </ul> <ul style="list-style-type: none"> <li>● <u>Revised BAF risk net score: GOSH Learning Academy</u></li> </ul> <p>Following the successful awarding of the full GOSHCC grant investment, the Audit Committee and People and Education Assurance Committee support a recommendation to reduce the net risk score for this risk from:</p> <ul style="list-style-type: none"> <li>○ Net risk score: from 3 Likelihood x 3 Consequence = 9 to</li> <li>○ Net risk score: from 2 Likelihood x 3 Consequence = 6</li> <li>○ It is suggested that the risk appetite (Minimal) is moved downwards to Cautious noting the type of activity involved and the extent to which delivery of the GLA is carefully planned and inherent risk is able to be managed.</li> </ul> <p>The Board <b>approved</b> the above amendments to the BAF and the new IP&amp;C and commercial BAF risk (decoupling the risk from the financial sustainability BAF risk).</p>
<b>44</b>	<b>Register of Seals</b>
44.1	The Board <b>endorsed</b> the use of the company seal.
<b>45</b>	<b>Any Other Business</b>
45.1	There were no items of other business.

**TRUST BOARD – PUBLIC ACTION CHECKLIST**  
**October 2023**

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
27.2	08/06/23	Matthew Shaw said that John Beswick had been asked by the London region to develop a methodology for calculating losses as a result of strikes. Chris Kennedy, Non-Executive Director said that the delay to Better Value would lead to a loss of early year savings which would result in a full year variance. He said that it was important that this was also represented in the calculation.	JQ/ JB	October 2023	Action closed: Trusts have agreed and implemented a methodology for quant and tracking of industrial action impacts within the Trust and these are now reported in the GOSH Board and FIC reports.
30.7	08/06/23	Renee McCulloch, Associate Medical Director for Workforce and Guardian for Safe Working said that minimum staff numbers on rotas had been set for each specialty which was a new way of working for doctors and calculations of annual leave and study leave had been included. Vacancy rates had been higher in 2022/23 and this had been attributed to workforce issues nationally and also issues with recruiting doctors from Europe. Delays were also being experienced in terms of international colleagues joining the Trust. Sir Michael Rake asked whether the NHS was connected with the Home Office in order to support international recruitment and Sanjiv Sharma said that a number of national bodies were involved in the process to support junior doctors working at GOSH and feedback had been about the rate at which applications could be processed. The Trust was also working with the Children’s Hospital Alliance to raise the issue which disproportionately impacted specialist organisations. It was agreed that this would be raised with the Trust’s local MP. Renee McCulloch said that the Trust had connected with the General Medical Council and proposed a role as a pilot organisation as GOSH had a large number of international medical graduates. It was agreed that the matter would also be raised with the Shadow Secretary of State for Health and Social Care.	MS, SS	November 2023	Not yet due: This meeting has moved to late October/ early November 2023.


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

NHS Foundation Trust

<b>Trust Board</b> <b>18<sup>th</sup> October 2023</b>	
<b>Patient Story- Multi-disciplinary meetings and referrals to Genetics</b>  <b>Submitted by</b> Tracy Lockett, Chief Nurse <b>Prepared by</b> Luke Murphy, Deputy Head of Patient Experience	<b>Paper No: Attachment C</b>  <input type="checkbox"/> <b>For information and noting</b>
<b>Purpose of Patient/Family Story</b> The Great Ormond Street Hospital Patient Experience Team works in partnership with ward and service managers, clinical teams, Pals, and the Complaints and Patient Safety Teams to identify, prepare and present 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 Patient Story</b> Eighteen years ago the opportunities for genetic testing that are available today were not available. Over many years at GOSH and under several teams the patient, Rachel, and her family were unaware of the underlying causes of her significant health challenges.  In 2022 a referral to Genetics at GOSH resulted in a diagnosis and a better understanding of the causes, the risks and the implications for managing Rachel's conditions.  The Patient/Family story highlights the importance of developments in Genetic testing, the great benefit to patient, families and to the health professionals managing complex and rare conditions.  Instead of raising this experience as a formal complaint the family discussed their experiences with the General Manager and Head of Nursing and together agreed that this would instead be a powerful story to share with Trust Board. This has been a practically and emotionally difficult eighteen years and this family want GOSH to promote the importance of take advantage of the new genetics testing. Clare, Rachel's mother, will attend the Trust Board in person to share their experiences.	
<b>Patient Safety Implications</b> N/a	
<b>Equality impact and experience implications</b> N/a	
<b>Action required from the meeting</b> For information	
<b>Contribution to the delivery of NHS Foundation Trust priorities</b> <input type="checkbox"/> <b>PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people</b> <input type="checkbox"/> <b>Quality/ corporate/ financial governance</b>	<b>Contribution to compliance with the Well Led criteria</b> <input type="checkbox"/> <b>Culture of high-quality sustainable care</b> <input type="checkbox"/> <b>Engagement of public, staff, external partners</b> <input type="checkbox"/> <b>Robust systems for learning, continuous improvement and innovation</b>
<b>Strategic risk implications</b> N/a	



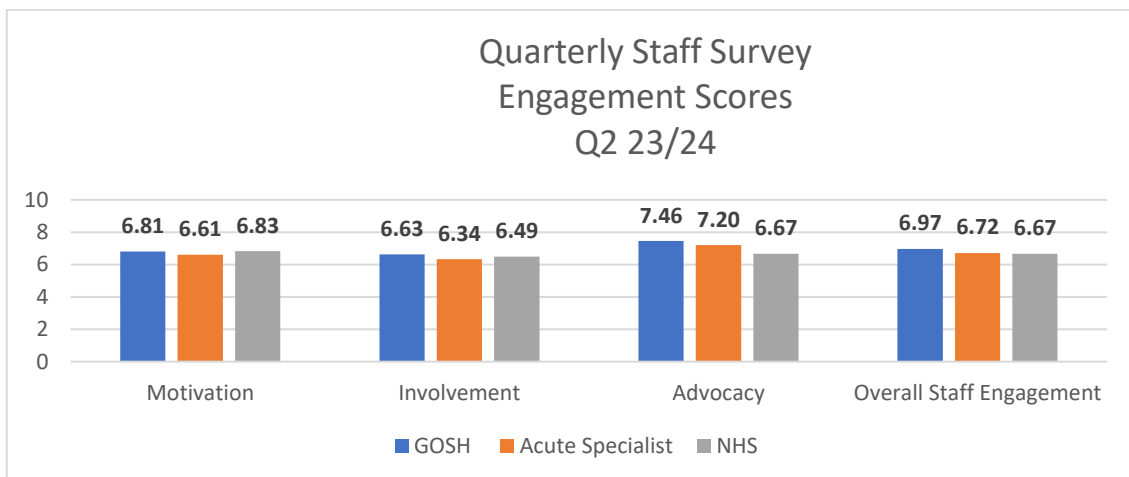
<b>Financial implications</b> Not Applicable
<b>Implications for legal/ regulatory compliance</b> <ul style="list-style-type: none"><li>• The Health and Social Care Act 2010</li><li>• The NHS Constitution for England 2012 (last updated in October 2015)</li><li>• The NHS Operating Framework 2012/13</li><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> N/a
<b>Who is accountable for the implementation of the proposal / project?</b> Medical Director and Chief Operating Officer are responsible for the genetics referral pathways.
<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 Outcomes Committee, Steering Group/ Quality Safety and Assurance Committee

<b>Trust Board</b> <b>18 October 2023</b>	
<b>Chief Executive's Report</b>	<b>Paper No: Attachment D</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>• Supporting our people</li> <li>• Developing and transforming our services</li> <li>• Pandemic recovery – expediting activity and access to care for children's and young people &amp; working with system partners</li> <li>• Stabilising our position – Financial sustainability and advocating for a fair settlement for children and young people with complex health needs</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	

## Part 1: Our People

**The health, wellbeing and motivation of our staff is our critical rate-limiting factor for performance and essential to delivering excellent care for our patients and families.**

Our trust's strategy *Above and Beyond* designated 'Making GOSH a great place to work' as Priority 1 for a very good reason. It is the most important of our strategic objectives, central to delivering on our system commitments and key to realising the organisation's potential. I was encouraged by the results of the **Quarterly Staff Survey (QSS)** that was carried out in July 2023, which show the trust is benchmarking well for staff engagement across the core themes of motivation, involvement, and advocacy – with higher-than-average scores and response rates.



I hope that this signals that our people have recognised the progress we are making to support them in Speaking Up, as well as improvements with practical support. The launch of our staff support hub **The Hive** in September has really improved the visibility of our support services and signposting – for emotional wellbeing, coping with the cost of living crisis/financial wellbeing, freedom to speak up concerns, career development and apprenticeships and Trade Union support.

It was wonderful to have an opportunity to celebrate the winners and nominees at our **Staff Awards** celebration on 18<sup>th</sup> September 2023. It was a great way to celebrate amazing colleagues who are going above and beyond for our patients and families and for our teams – and I'm so grateful to everyone who came along and pitched in to help organise a magical evening. Congratulations again to all the winners and nominees.



*(More pictures and videos of our winners are available on Our GOSH)*

It was also fantastic to launch GOSH's first **Nursing Strategy** – Safe in our Hands to achieve Joy at Work, with the 'SAFE' priorities covering workforce skills, amplifying the nursing voice, developing as a nurse-friendly organisation and supporting extraordinary careers and leaders. It was a really inspiring launch event and we look forward to seeing this essential staff group leading their multi-professional collaborators through delivery of the strategy over the coming three years.

The **NHS Staff Survey** goes live this month. It is one of the most important tools we have to hear the voices of our staff and understand how we can work towards making GOSH a great place to work. We have begun our planning and comms engagement with an ambitious aim to achieve a 60 per cent response rate.

We should be clear that despite the positive feedback on engagement from the QSS survey, the results of the staff survey are likely to make for tough reading. The ongoing pressures of supporting colleagues to participate in industrial action; doing everything possible to mitigate the impact on our patients; while maintaining as much activity as possible; delivering on savings commitments and continuing to advance a broad range of strategic programmes, is now a regular feature of life at the hospital. The efforts our staff are putting in are nothing short of heroic – but we have to recognise that the pressures they face are intense and will inevitably put strain on working relationships and colleagues' overall experience of work.

Ongoing **industrial action** continues to have a serious impact on our people and on our patients and families. Although our activity levels are 11% above 2023/23 & benchmarking well against the NHS as a whole, they are still down 2% down against plan and we have some real pinch points and too many children waiting far too long to get the help they need.

At the end of month 5, 17 out of 104 working days have been affected by strikes, and on each of these days activity drops by around 60 per cent. Adjusting for this, without the strikes we would have been around 4.7% up against plan. Our staff are doing an amazing job navigating the disruptions around strike action and supporting one another. Various programmes are being put in place to address long waits, but mutual aid continues to be a huge challenge when there is so little paediatric capacity nationally.

It is essential that the Government and the unions are able to reach a workable compromise, as without this recovery will simply not be possible and our staff, patients and families will continue to suffer the consequences. I was pleased to be able to raise this issue with several MPs at our recent parliamentary reception on children's cancer and to sign a letter to the Prime Minister and the BMA, alongside my other CEO colleagues from across the Federation of Specialist Hospitals, asking for support to move towards a swift resolution.

## **Part 2: Our Services – Care, Research, Education & Digital Innovation**

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### **Research impact**

I'm delighted that our acting Director of Research Jenny Rivers will be joining us today to talk about the progress to develop research at GOSH and I want to pay tribute here to the role she has played in driving this agenda forward over her time here. The amazing progress, particularly on the impact of our research studies internationally, are a real legacy that she and David Goldblatt can be proud to leave behind. I know the Board will join me in wishing Jenny the best of luck in her new role as Director of Research at Barts.

## Play street



We had a wonderful time seeing in the return of our annual Play Street event on 22<sup>nd</sup> September 2023, which coincided with World Car Free Day. This event is such a wonderful way of connecting our patients and the local community in a celebration of childhood. It also helps raise awareness for our important work – both in caring for children and working to a greener future.

## Another GOSH first – life-changing transplant for eight-year-old Aditi



We were thrilled last month to be able to share that eight-year-old Aditi is doing well after becoming the first child in the UK (and on the NHS) to be taken off immunosuppressants just one-month after kidney transplant.

Aditi had an immune condition for which she received her mother's bone marrow six months before receiving the kidney transplant for severe irreversible kidney failure. This treatment reprogrammed her immune system so that she did not suffer organ rejection and was able to avoid the side effects of taking immunosuppressants long term.



We are so grateful to the teams at Great Ormond Street and UCL GOS ICH who made this possible, including the Bone Marrow Transplant, Paediatric Intensive Care, Immunology, Nephrology, Surgical, Anaesthesia and Renal Transplantation teams.

### **Annual report for the GOSH Learning Academy**

We were delighted to receive the GLA's annual report at the People and Education Assurance Committee and would like to take this opportunity to congratulate Lynn Shields, Simon Blackburn and the whole team. They are making brilliant progress in advancing education at GOSH and meeting their aspiration to become the first-choice provider for outstanding paediatric education.

We will continue to work with the team to assess how best the organisation can support them in reaching financial sustainability. Critically, we will be workshopping how we can improve on-site facilities needed to expand courses within high quality learning environments.

### **Innovation services impact**

Congratulations to the Data Research, Innovation and Virtual Environments (DRIVE) Unit who released their [5-years of Digital Innovation](#) Impact Report, detailing progress to deliver over 300 data research projects in collaboration with GOSH staff, other hospitals, industry and academia in the UK and internationally. The power of DRIVE and the DRE was beautifully summed up by this quote from Professor Eleanor Main, who worked with the DRIVE unit on a pioneering study to improve treatment for children with cystic fibrosis:

*“When the DRE launched in 2018, it felt like a miracle that data were pouring in, the likes of which we’d never seen before. It was fantastic that we could now securely access data that measured and visualised every single breath, of every single airway clearance treatment, and every heartbeat and footstep that our participants took during the study to evaluate the impact on clinical outcome.”*

We are excited to see what more we can achieve in the coming five years, focussing on developing the Clinical Intelligence Unit to leverage operational data and improve clinical care; develop virtual wards and remote monitoring to improve patient experience and research; and working with AI to optimise the use of medical and administrative data.

**Ends**

**Trust Board**  
 18<sup>th</sup> October 2023

**Oversight of Patient Safety at Great Ormond Street Hospital**

**Submitted by:**  
**Sanjiv Sharma, Chief Medical Officer**

**Paper No: Attachment E**

For discussion

**Purpose of report**

This paper sets out to provide an overview of the safety systems and processes at Great Ormond Street Hospital that serve to maintain safe environments for our patients and staff.

**Summary of report**

This paper seeks to provide an overview of the safety systems and processes GOSH has in place to keep our patients, staff, and healthcare environments safe. It is a descriptive paper and does not seek to provide data towards assurance; that is covered in other regular reports to Trust Board and its Assurance Committees.

The significant continued improvements in safety at GOSH are managed through the Safety Transformation Board, with regular assurance reports provided to QSEAC; this paper does not detail that work but does acknowledge the areas in which further improvements are needed.

**Patient Safety Implications**

Patient safety at GOSH is the theme of this paper and as such it provides a helicopter view of the mechanisms by which we keep the hospital safe, investigate incidents and interrogate any deviations from the norm to allow us to be responsive to any change in practice that is needed.

**Equality impact implications**

Safety at GOSH is a core purpose of everything we do and as such applies to all our staff, whatever their background or environment in which they work, and applies to all the patients we treat and their families.

**Financial implications**

None

**Strategic Risk**

BAF Risk 12: Inconsistent delivery of safe care

**Action required from the meeting**

Consideration of the paper to support a full discussion at the Trust Board meeting in public

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

Quality, Safety and Experience Assurance Committee (QSEAC) and Executive Management Team Meeting.

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

Chief Medical Officer

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

Chief Medical Officer



# Oversight of Patient Safety at Great Ormond Street Hospital



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## Section 1: Executive Summary

Patient safety is a core purpose of everything we do at GOSH. Prior to the pandemic it was recognised at the Trust that there was a need to improve our approach to patient safety and be ambitious in the delivery of safe, holistic, high-quality care to our patients. This was the genesis of the Safety Strategy and Quality Strategy, both of which were produced with our staff and our patients and described where we want to be as an organisation. From this, a delivery plan was developed, and significant service reorganisation was undertaken to ensure we are organised to succeed. All of this has been done in collaboration with system partners and safety advocacy organisations who have sense checked and challenged throughout our improvement endeavours.

In our external landscape, several failures in healthcare safety and delivery have prompted investigations and recommendations which have and are changing the healthcare safety environment for the better. Most recently, the tragic neonatal deaths at the Countess of Chester Hospital have prompted a public enquiry, which will inevitably result in recommendation for healthcare organisations to incorporate into practice. This will take time, and there is a more pressing need for organisations to ask what systems, process, practice, and culture they have in place, that minimises the possibilities for any practitioner to work outside of expected norms, and where they do, what is in place for early recognition and correction? We must think about this across all healthcare error, and not just the terrible events at the Countess of Chester Hospital.

This paper seeks to provide an overview of the safety systems and processes GOSH has in place to keep our patients, staff, and healthcare environments safe. It is a descriptive paper and does not seek to provide data towards assurance; that is covered in other regular reports to Trust Board and its Assurance Committees. The significant continued improvements in safety at GOSH are managed through the Safety Transformation Board, with regular assurance reports provided to QSEAC; this paper does not detail that work but does acknowledge the areas in which further improvements are needed.

There is a significant number of safety processes to cover, and this paper covers these through descriptions of domains that relate to our people and culture, systems and processes, data, and governance.

## Section 2: Introduction

Safety is always dynamic in highly complex, high risk, industries such as healthcare. As such, we must continue to review and assess our systems and processes to ensure they are both sensitive enough to detect error, deviations from the norm; and responsive enough to enable early interrogation and identification of learning.

Health is one of the most heavily scrutinised industries in the UK, and this is entirely appropriate. This scrutiny is applied through our leadership structures, commissioners, regulators, arm's length bodies, local authorities, local and national networks, the media, the general public, patients and their families.

Recently, GOSH has transformed the ways in which safety is viewed, actively aiming for sustained improvements in approach, systems, and culture of safety. Two years into this multi-year programme, it is timely for us to review the systems and processes in place which help to support the delivery of safe, high-quality care to our patients and their families or carers.

This review also provides the opportunity to learn from the failings identified in a number of recent high-profile cases or enquiries at Trusts such as East Kent, Birmingham, North West Ambulance Service

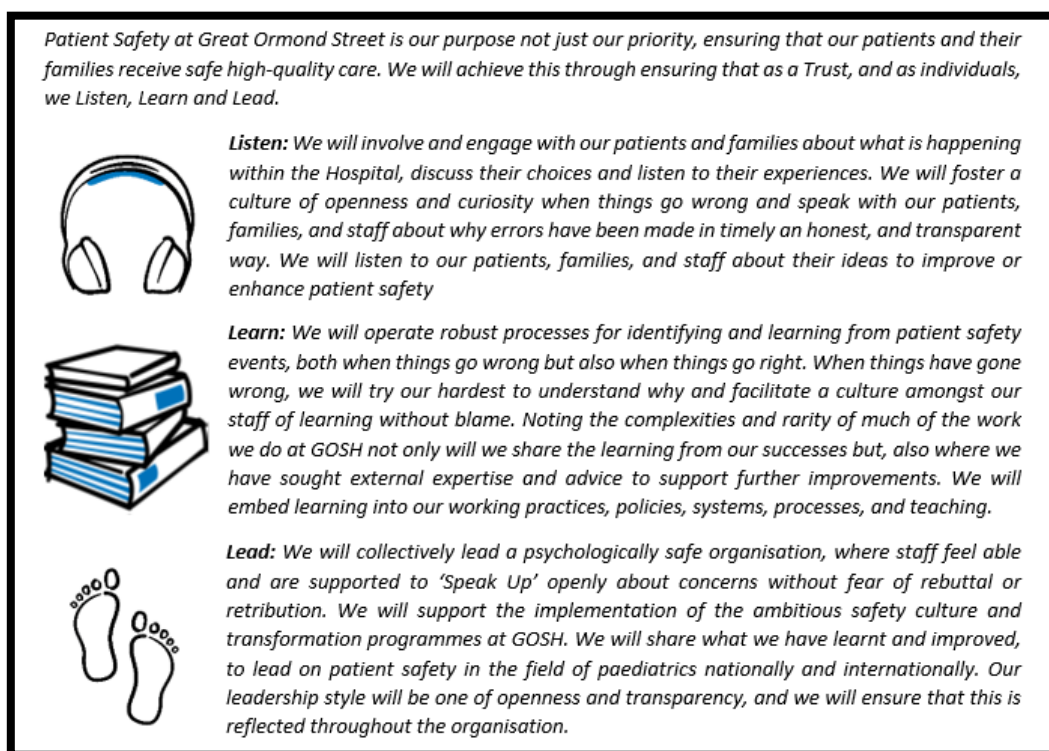
and more recently Countess of Chester and Nottingham. With this knowledge, we are able to test our organisational approaches to quality and patient safety, and importantly, facilitates the identification of any potential gaps, or deficiencies in our approach, for which we will adapt our existing plans for improvement. This is the purpose of this paper.

To achieve this, this paper provides an oversight of the mechanisms in place to listen and learn from safety concerns that have been identified through incidents, staff speaking up or patient feedback (Safety I approach), and those mechanisms which allow us to be proactive in the identification of safety concerns prior to their occurrence (Safety II approach).

The paper focuses on three key areas relating to people and culture; systems and processes; and governance incorporating both internal and external systems and processes in place, whilst providing case studies to demonstrate these operating as anticipated and highlighting potential areas of improvement.

### Section 3: Background

In February 2023, the Trust Board made a collective statement that safety is our purpose, and that we will *Listen, Learn and Lead*.



**Figure 1: Great Ormond Street Hospital Safety Statement**

The Trust has in place a Safety Strategy (2021 - 2026) and a Quality Strategy (2021 - 2026) (both submitted with this paper for information) which describe a multi-year approach to the development of safety and quality at GOSH. Both strategies are ambitious and describe the enhancement of world-class clinical services by improving the safety of care for children and young people with complex health needs.

In order to operationalise these strategies, delivery plans have been developed and incorporated into an overarching Safety Transformation Plan, with delivery overseen by the Safety Transformation

Board, which includes colleagues from the healthcare system (North Central London Integrated Care System (NCL ICS) and Specialised Commissioning) and the patient safety charitable sector, who attend as 'critical friends'. Assurance on progress of the Safety Transformation Plan is provided to the Board Quality Safety Experience Assurance Committee on a six-monthly basis. Oversight and risks in delivery of the projects are escalated to the Executive led Risk, Assurance and Compliance Group (RACG) monthly.

GOSH has in place a number of systems and processes to support an organised approach to managing safety; this is known as the hospital *Safety Management System (SMS)*. These are fully integrated across the Trust and include the activities listed below, which will be explained in more detail through this paper.

- Identification of safety hazards
- Improving the management of known safety risks
- Monitoring safety performance
- Evaluation of safety interventions
- Training and education for safety
- Promotion of safety surveillance and intelligence-gathering

The principles we maintain in order to provide assurance across the Trust of those activities, systems and process in relation to safety, quality and experience are listed below.

- Equal focus needs to be on the narrative and the numbers; there is more than just metrics
- No single figure / comment should be viewed in isolation; everything works as part of a system
- Every person in the organisation has a role to play in delivering safe systems; there must be ownership, accountability and escalation routes in place
- Data is critically important; information needs to be precise, valid, reliable, timely and relevant

## Section 4: People and Culture

Our people are at the centre of our work around quality and safety, through the specific leadership roles we have in place, but also through their professional curiosity, their expertise, and their ability to intervene or problem solve. We actively encourage our staff to raise concerns, to constructively challenge when situations appear to not be safe, or when they witness deviations from best practice or from what is normally expected.

The culture at GOSH has been identified as needed to change and this has been described on our BAF. We will be launching our new People Strategy this year which has a focus on the culture of the Trust, safety culture, and one of creating a restorative culture as we further cement our commitment to a 'no blame' culture across our Trust. The safety culture programme will build on the foundations already in place and will utilise best practice from both nationally and internationally peers.

### Our Leaders

The Chief Medical Officer (CMO) has Board level responsibility for safety and delivery of high-quality clinical services at the Trust, supported by the Executive Management Team. The Chief Nurse (CNO) has board level responsibility for Patient Experience, Infection Prevention and Control, Health Inequalities, Learning Disabilities and Safeguarding, and has recently been appointed the Executive Lead for Mental Health in recognition of the importance of this for our patients.

As a Unitary Board, the Chair, Non-Executives (NEDs) and the Executive Team all have collective, and individual, accountability for safety and are able to raise concerns directly and apply challenge where

needed. Three NEDs sit on our subcommittee responsible for the oversight of safety, quality and experience, a Senior Independent Director (SID) is also in post providing a sounding board for the Chair, and acts as the intermediary between the Directors and Chair when necessary. A skills assessment is completed with the NEDs on an annual basis, led by the Chair and Company Secretary, to understand whether additional skills or expertise is required in-line with the Trust's strategic objectives and forms the basis for any additional recruitment as required.

Supporting the CMO, the nominated lead for Safety is the Associate Medical Director (AMD) for Safety and Resuscitation who works with the five Deputy Chiefs of Service, each of whom is the nominated Directorate lead for safety and quality. The AMD also has operational responsibility for patient safety across the Trust, and line manages the Head of Patient Safety and the Director of Safety Surveillance. The Safety Surveillance Team is a novel team, not seen in other Trusts, and is responsible for the oversight of all regulatory compliance and safety horizon scanning in a way that allows the Trust to learn from others.

The Trust has additional senior roles supporting patient safety which include leads for Child Death Reviews, Organ Donation and the Human Tissue Authority. In addition are the Medicines Safety Officer, Director of Infection Prevention and Control, and the Named Nurse for Safeguarding. These roles are critical in supporting the delivery of safety systems, but also ensure that we comply with our statutory and legislative obligations in these areas.

## Expertise

We recognise that we cannot improve patient safety and quality on our own, and *Patient Safety Learning*, *Civility Saves Lives* and *Action against Medical Accidents* have all supported the Trust over the past year in providing additional challenge and advocacy on behalf of our patients. Patient Safety Learning have been able to provide peer review as part of our Safety Transformation Board and have undertaken an assessment of GOSH against their national standards. We will aim to revisit this in November 2023 to assess our progress against their maturity matrix.

We have representation on the World Health Organisation's (WHO) Global Patient Safety Network, the only paediatric hospital member, which has helped elevate the voice of paediatrics on an international platform. Through this group we are able to share best practice, and learn from, a number of international countries. In light of the focus for World Patient Safety Day this year, our discussions to date have primarily been around elevating the voice of patients.

We are also developing our own knowledge and safety expertise, this year have presented at the International Society for Quality in Healthcare (ISQuA) Conference and at the International Forum on Quality and Safety in Healthcare.

The Clinical Audit Manager at GOSH provides expert support and advice to teams undertaking clinical audit, with approximately 40 projects supported directly in the last three months. Support ranges from a coaching conversation, governance advice and queries, to extensive involvement in planning and delivering projects. Examples in the last month of this support include:

1. Design guidance, and data support to help Walrus ward audit post catheter mobilisation time to improve patient experience and support a timely discharge (and to therefore increase flow).
2. Working with the hyperinsulinism team at GOSH, and with Alder Hey and Manchester Children's Hospitals to evaluate the effectiveness and experience of using a continuous glucose monitor.

3. Supporting a Children's Acute Transfer fellow with complex data analysis and audit structure to review antibiotic choice for respiratory referrals.
4. Data visualisation and guidance for STP Trainee in Genetic Counselling to review and understand best practice to present to Pan Thames Group.
5. Supporting Metabolic CNS to design audit to understand reasons for DNAs in PKU clinics.

#### **Case Study #1 - Patient Safety Partners**

We have recently recruited to four Patient Safety Partners (PSPs), two of which are young people who have lived experiences of being a patient at GOSH, and the remaining two being parents of patients at the hospital.

These roles have been newly developed and will see greater involvement of patients in the Trust's safety processes through membership at relevant committees and involvement in investigations and quality support visits across the Trust.

Two PSPs were able to join us for our World Patient Safety Day celebrations on the 15<sup>th</sup> September, and will be fully onboarded in the coming weeks, whereby we will formally announce their appointments. Due to time commitments, we anticipate that all four will be onboarded by January 2024.

#### **Case Study #2 - Patient Safety Specialists**

The Trust has eight Patient Safety Specialists (PSS) who are registered nationally. This role is described in the National Patient Safety Strategy and provides a conduit between NHS England's National Patient Team and the Trust.

The PSS team are all in senior positions across the Trust and have direct access to the Executive Team. This allows them to share learning and knowledge from external safety networks into the Trust; the result has been to integrate GOSH into the broader safety community in a much better way.

#### **Case Study #3 - Young People's Forum**

The Young People's Forum (YPF) is an integral part of the governance of the Trust, actively involved in co-production.

Recently the team have supported the development of the role of the Patient Safety Partners, and two young people have been successfully recruited to the role ensuring that the patient voice is heard at every level of the Trust.

The image below depicts the level of their involvement across the Trust over the past twelve months.





Figure 2: Young People's Forum contribution to Trust improvement

## Education and Development

The Trust has in a place a Head of Education for Patient Safety (HoEPS), which is funded by the GOSH Learning Academy (GLA). Part of their remit is to support the continuous professional development of both knowledge and skills within the patient safety team and the Deputy Chiefs of Service group, and as part of this the Trust has welcomed subject matter experts such as Dr Mark Sujun, Associate Professor of Patient Safety at Warwick University and Professor Paul Bowie, Chartered Ergonomist and Human Factors specialist, safety scientist and medical educator with NHS Education for Scotland, to present around Human Factors and Patient Safety.

We have expanded the role of the 'Grand Rounds' to have a monthly specific focus on patient safety. These traditionally are used in medical education to help facilitate shared learning and understanding in healthcare settings. The Trust has delivered 13 *Safety Grand Rounds* to date which have focused on areas of learning including the East Kent Investigation Report, evacuation of the Trust's nursery, acting on a latent safety threats, and medicines safety to name a few. These topics have been identified either through external horizon scanning, or as a result of investigations or incidents internally.

Utilising our digital capability, the Trust has a suite of webinars and podcasts which are freely available to all staff which focus on areas pertaining to patient safety, and access to the national Patient Safety Syllabus Levels 1 and 2 within our eLearning platform. Some of these education materials have been developed specifically to increase knowledge and awareness across our workforce, and some are due to requirements for up-skilling in relation to the new patient safety incident response framework (PSIRF). We are working closely with the education arm of the Healthcare Safety Investigation Body (HSIB), who are due to facilitate a session in relation to strategic decision makers in October 2023.

The Trust now has circa 30 people trained in how to facilitate an After Action Review (AAR) and we are in the process of developing an AAR faculty to enable a cohort of staff to be utilised across the Trust as part of our learning responses, and to support the continued development of an open and learning culture.

We have in place an annual development programme for our Board and Executive team to support their continued professional development. These sessions are overseen by the Company Secretary and Chief Executive/Director of Human Resources and Organisational Development.

#### **Case Study #4 - Patient Safety and Human Factors Conference**

GOSH hosted its inaugural Patient Safety Conference in March 2023. This was opened with a discussion between Amanda Ellingworth and Melissa Mead, OBE who sadly lost her son to sepsis which was under recognised and insufficiently treated. She spoke about the importance of sepsis recognition, but also about medical error, candour and bravery in recognition of where to learn and improve. This set the tone for the day and a number of external expert speakers contributed, as well as staff who shared their experiences of patient safety and culture. The YPF also spoke about what patient safety means to them in a powerful video clip. The day was attended by over 300 attendees and was very positively received. We will repeat this in March 2024.

### Section 5: Systems and Processes

This section explores those systems and processes we have in place to ensure our people have the right level of knowledge, skills and information to monitor safety and support the development of the culture within the Trust.

Integral to this is Speaking Up, and we provide an overview of the processes we have in place to enable our staff, contractors and patients to speak up.

#### **Speaking Up**

Within the Trust, there are a number of methods by which staff can speak up if they identify unsafe practice or near misses in relation to safety or quality. We have a dedicated Freedom to Speak Up Guardian (FtSUG) who works independently to the clinical or corporate directorates, and has unrestricted access to the CMO, Chief Executive and Non-Executive Director responsible for Whistleblowing. Following feedback from our staff, the FtSUG has dedicated, confidential, space away from the Trust's Executive Offices either located in the 'Hive' with the other staff support functions, or in a private office in one of the separate buildings around the Hospital site.

The 'iSpeakUp' platform exists to support staff who felt unable to speak up in the moment, or through other channels, and provides an anonymous route in which to do so. These are triaged to identify the most suitable person to address the concerns which is then shared with one of the members of the peer messenger network. This platform was initially launched during the pandemic, but currently is not well utilised across the Trust. We have recently met with the Peer Messenger Network to understand their thoughts and experiences of the process, and will be working with them to review how this can be re-invigorated to provide a greater number of resources and resilience for our FtSUG.

There are more informal networks in place across the Trust, with Virtual Big Brief (VBB) and a #AskTheExec segment whereby questions are submitted in advance, and can be raised anonymously by staff. This allows staff to ask questions directly of the Executive Management Team, and the recording is shared on 'OurGOSH' and through the weekly 'Headlines' email to all staff. This forum receives between 10 and 30 questions each fortnight and has resulted in changes taking place across the Trust. We are committed to ensuring that the anonymity function remains in place for this, but have noticed that the past forums have featured comments and behaviours which are not aligned to



our values and have called on staff to be mindful of their comments. We will continue to monitor this as we recognise the importance of staff being able to raise questions directly to the Executive Team, but also recognise the impact that some of the questions, comments and tone have on our staff.

We know that being in a minority can be a barrier to people feeling that they have a voice and are able to speak up. At GOSH we have 4 D&I Networks across the Trust: Women’s, Reach, Pride and Enabled and these networks have been relaunched over the past twelve months with renewed leadership teams in place. They have supported a number of events over the past months which have focused on that of inclusion, and how to support staff to feel safe in work irrespective of their particular characteristics. We recognise there is much more for us to do here and this will continue to feature in our culture work.

**Case Study #5 - Internal Review triggered by concerns raised by staff**

Following concerns raised through the speak up process by a member of clinical staff in relation to the individual practice of another member of staff, this was initially addressed through an informal process as part of the Trust’s Maintaining Higher Professional Standards (MHPS) process. The informal processes were reviewed, and further concerns were raised regarding their clinical practice.

These escalations triggered the threshold for a formal, internal investigation commissioned into the individual’s practice which was overseen by the Directorate Senior Leadership Team. As part of this review, the findings corroborated the initial concerns raised and remedial action was taken across the relevant speciality.

**Incident Reporting and the Events Review Group (ERG)**

Incident reporting is also a key method for staff recording concerns, with approximately 500 incidents raised per month. These incidents range from near misses to those where harm has occurred. The below table provides a snapshot of the number raised since March 2023:

Level of Harm / Date	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Total
Near miss	86	68	65	97	69	84	469
1 Incident occurred but there was no harm	369	282	340	377	378	365	2111
2 Minor	50	40	40	50	41	45	266
3 Moderate	3	5	2	4	4	7	25
4 Major	1	0	1	0	0	3	5
5 Catastrophic / Death	1	0	0	0	0	1	2
Total	510	395	448	528	492	505	2878

We review all incidents on a daily basis for those which have been classed as moderate or above, and initial fact finding takes place to understand any potential factors, or remedial actions which need to be taken immediately.

Established from August 2023, the Events Review Group (ERG) focuses on reviewing all events rated moderate and above, to identify immediate opportunities for learning, and any immediate changes needed at the Trust to maintain safe clinical environments. For incidents reported in the previous week, this meeting allows for prompt discussion supported informed by initial fact finding, and by the safety team. Incidents are presented by Directorates which drives a sense of ownership of safety by all, and not held by a corporate team.

During the ERG, the incident is presented and consensus is sought on Duty of Candour requirements, whether the incident meets the current Serious Incident Framework definitions, if a local investigation is warranted, if this should take the form of an After Action Review, or Root Cause Analysis. Whilst this meeting is new to the organisation, early feedback has been good, and its effectiveness will be more formally assessed at 6 months.

## Policies

Policies provide a consistency of approach across the organisation, are important in maintaining safety standards and form an integral part of a Safety Management System.

The Trust has 177 policies in place, and these relate to all areas of the Trust including those which are of a contractual basis. A Policy Approval Group (PAG) is an established process in place to review all new or amended policies for consistency. The Corporate Affairs team have in place a live policy tracker and notifies individuals up to three months prior to the expiry of their policy to ensure a review is finalised before expiry.

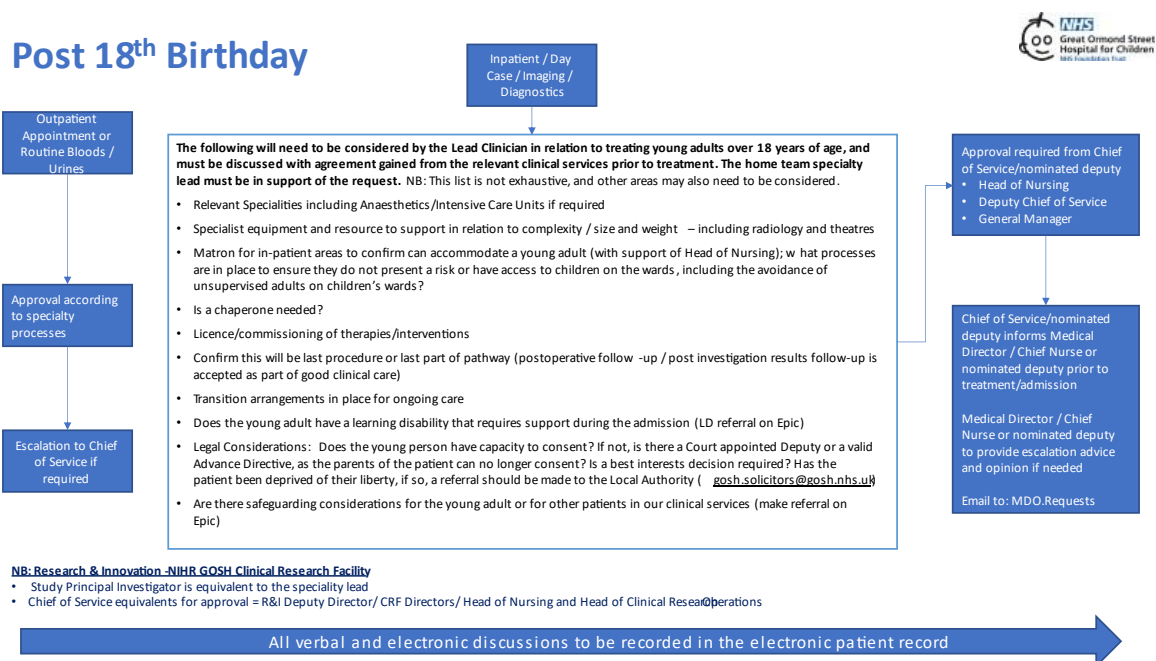
Each of the policies have monitoring tables which detail the processes in place to understand whether they are being followed, with oversight at the Risk, Assurance and Compliance Group (RACG), an Executive Team sub-committee and chaired by the Chief Executive. We recognise that more needs to be done to ensure compliance with all policies in place, and also to review the number of policies the Trust holds.

### **Case Study #6 - Access Policy for those over 16 and 18 years**

As GOSH is a specialist paediatric hospital certain permissions and considerations need to be in place for the treatment of those patients who are aged over 16 and 18 years with differing considerations.

In the UK, adulthood is legally defined as being over the age of 18 years and therefore for the admission of this patients we need to consider safeguarding for both them and our patients and also the logistics of the treatment and/or intervention required.

Lead by the Deputy Medical Director, the existing Access Policy and the process for implementation has been clarified across the clinical directorates with accountability sitting with the Chiefs of Service. The image below depicts the process now in place for those who are over 18 years old, and this is monitored through the Medical Director's Office and through the Performance Review Meetings.



**Figure 3: Access to clinical services at GOSH post 18<sup>th</sup> birthday**

## Clinical Guidelines

The Trust has 350 clinical guidelines. Created by specialities or departments, they focus on providing guidance to healthcare workers to support clinical decision making in real time and can be in relation to a specific procedure or presentation of symptoms.

Clinical Guidelines are stored on the Trust's intranet, and we have recently invested in a new reference storage system 'MindPalace' which will provide digital support. A Clinical Guidelines Committee is well established and reviews all guidelines in relation to format and structure, and that appropriate peer review and subject matter expertise has endorsed the clinical content – recognising the specialist elements of a number of the GOSH guidelines. No clinical guideline is published on 'OurGOSH' without receiving formal approval from this committee.

This is an area where we recognise there is need for improvement. The management of Clinical Guidelines is a risk on our risk register and is subject to greater scrutiny through the Quality, Safety, Outcomes and Compliance Committee.

## Medical Examiners

In April 2023, the Trust became compliant with the national Medical Examiner system. As part of this, senior physicians provide independent scrutiny of the causes of death, outside their usual clinical duties. UCLH provide the Medical Examiner service at GOSH as part of a Service Level Agreement (SLA) which also allows for GOSH to provide expert paediatric scrutiny for those childhood deaths that occur at UCLH. The Medical Examiner scheme will become a statutory requirement from April 2024 following changes to the Health and Care Act 2022 expected in the Autumn of 2023.

All deaths which occur at GOSH are discussed with the UCLH Medical Examiner team which has resulted in a reduction of referrals to the Coroner's office in some cases and allows grieving families the opportunities to speak to someone independently in relation to the care provided.

## Section 6: Data and Metrics

GOSH is a very data rich organisation, and we collate and review data from across patient safety, patient experience, research, clinical outcomes. The newly created *Clinical Information Unit* will be able to undertake greater analysis of our data to drive improvement in safety.

Our regulators have a greater reliance on data, and data submission and assessment will feature more prominently as part of the new single assessment framework (SAF) for the Care Quality Commission (CQC).

We recognise that in order to identify trends or deviations early and instigate prompt intervention where required that we need to ensure that we have the right metrics in place, and following discussions at the Trust's Quality, Safety, Outcomes and Compliance Committee (QSOCC) we are undertaking a review of all metrics used in relation to patient safety, quality and experience to ensure that as a Trust we are confident we are focusing on the right metrics and are able to identify hot spots throughout the Trust. This will be important ward to Board.

The data we have is presented to a number of different forums with some listed in the table below, and a greater summary of two specific reports – the weekly safety report and integrated quality performance report detailed below.

Report	Data	Audience
Performance Review Report	Friends and Family Test Scores; % positive response rate; Incidents, Risks; Infection Prevention Control Statistics; WHO Checklist Compliance; Cardiac Arrests outside of Intensive Care; Clinical Letter turnaround times; Discharge Summary turnaround time	Executive Management Team
Quality Report	Clinical Audit, Quality Improvement Projects; Clinical Outcomes; Analytic Requests	Quality, Safety, Outcomes and Compliance Committee (QSOCC)
Thematic Analysis	Review of all reported incidents within the previous quarter	Patient Safety Team, Deputy Chiefs of Service,
Focus on Safety	Review of complaints; red complaints; serious incidents; claims; inquests; incident reporting analysis	Quality, Safety and Experience Assurance Committee (QSEAC) and Trust Board

- **Weekly Safety Report**

This report is collated by the Patient Safety Team with input from the respective Directorate areas and shared with the Executive Management Team (EMT) / Directorate Senior Leadership Teams on a weekly basis to provide a snapshot of patient safety/experience for the previous week.

This report is due to be redesigned in light of the changes to the way in which we report and investigate incidents and will include a narrative of the data along with an overview from the Head of Patient Safety regarding any potential weak signals which have been identified through the week. This new

report will be in place by December 2023 and forms part of a larger project looking at safety metrics across the Trust.

## Headline data

Metric	5 - 11 September	30 August – 4th September	22- 29 August	15 – 21 August
Number of SIs declared / Number reviewed at ERG	1/3	0/2	1/3	2/4
Number of SI investigations underway	7	5	6	5
Stage 2 DoC (letter within 10 days) overdue	0	0	0	0
Stage 3 DoC (report within 60 days) overdue	0	0	0	0
Red complaints overdue / Total open red complaints	0/0	1/1	0/1	0/1
Infection prevention and control – ongoing outbreaks	0	0	0	0
IP&C events – points of note	0	0	0	0
Legal – points of note	0	0	0	0
Resuscitation – points of note	2	0	1	0
Safety Alerts & Compliance Visits (within next 10 working days)	0	1	2	2
Health and Safety – points of note	0	0	0	0
Safety Intelligence Briefings- reports, themes and plans	1	1	0	1

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**Figure 4: Headline data included in Weekly Safety Report**

- **Integrated Quality Performance Report (IQPR)**

The IQPR is a monthly report, bringing together data from across patient safety, patient experience, safeguarding, infection prevention and control, patient access, and then two of the CQC domains of effective and well led. As you can see from the image below, the report is published with arrows which highlight the trends of the specific data sets and supported by red, amber, green (RAG) ratings where appropriate which are clearly defined as part of the glossary of the report.

The report is discussed at the Executive Management Team meeting and is reported to the Public Trust Board and our Commissioners from NHS England and North Central London Integrated Care Board.



Figure 5: Headline metrics in Integrated Quality Performance Report

## Horizon Scanning

Horizon scanning involves the systematic review of publicly available information, allows the Trust to learn from other organisations, identifying any potential threats, risks or emerging issues. Learning from others provides considerable opportunities for improvements in the delivery of safe high quality services for children and young people.

The sources GOSH has accessed to support learning have included regulatory reports, Prevention of Future Death (PFDs) notices issued to other healthcare organisations, and reports from other arm's length bodies including Healthcare Safety Investigation Branch (HSIB) and the Parliamentary Health Service Ombudsman (PHSO) as well as NHS England and other NHS Trusts.

Most recently, understanding the reports in relation to Shrewsbury and Telford, East Kent and Birmingham, and the collation of themes focusing on monitoring safe performance, values and behaviours, teamwork and culture, and organisational behaviours. These themes have been incorporated into the Safety Transformation Plan and have formed part of the business plan for the Medical Director's Office over the upcoming 12 months. Outside of the healthcare sector, the Baroness Casey report into the culture and leadership of the Metropolitan Police Service, have provided insights into organisational elitism, and defensiveness has been a barrier for a healthy organisational culture. GOSH has been criticised in the past for being defensive in its approach, and the Verita review in 2022 highlighted the 'Always Expert' as a weakness for the Trust which stifled the ability to look past hierarchies in relation to safety.

All of this intelligence is gathered, reviewed and embedded into programmes of work and used to help critically review those which are already on-going or to understand whether additional workstreams are required. We published Safety Intelligence Briefings (SIBs) which are issued in response to external publications and incorporate views from both the Safety Surveillance Team but also the clinical teams which the reports relate to and are incorporated into the work of the clinical directorates. In addition to this is the quarterly horizon scanning report which provides greater level of analysis and details of significant reports, and greater scrutiny of what this could mean for us.

## Benchmarking

The Trust has access to a number of external data sources which include *Model Hospital* and the *Getting it Right First Time* (GIRFT) programme. GIRFT is a national programme, aimed at improving through standardisation, both treatment and care; this is achieved through clinically led reviews of particular specialities to review current practice and identify any potential areas of improvement using a data-driven evidence base. At GOSH, GIRFT reports are overseen by the Safety Surveillance Team, with progress on actions reported on a quarterly basis through to QSOCC.

Clinical Outcomes and submissions to National Datasets such as PICANet are all actively managed through the Trust, with benchmarking undertaken at both a national and international level.

## Section 7: Governance

The final section provides an oversight of the governance processes we have in place to ensure that the systems and process are functioning as anticipated. We have focused on three layers of oversight which exist here at GOSH, with each layer having equal importance but creating concentric circles and can be found in Appendix One.

The Trust has in place governance processes and committee structures which support the two-way flow of information from Board to Ward and Ward to Board. These structures are reviewed on an annual basis and all meetings are subject to a meeting effectiveness review in line with their terms of reference.

All formal meetings within the Trust have clear terms of reference in place and appropriate escalation routes clearly document, there is no meeting which doesn't feed into a more strategic committees or groups, with escalations undertaken through exception reporting.

In relation to quality and safety, the governance and information flows have been redesigned over the past twelve months to ensure the correct structures are in place, and there is a clear escalation route between those on the front line and the Executive Team / Trust Board and the relevant sub committees. This is seen through the new quality governance management framework, and through the Chief Medical Officer and Chief Nurse reports which are presented to the Quality, Safety and Experience Assurance Committee (QSEAC) where a number of appendices from the operational / management committees are triangulated to provide a rounded 'picture' of safety, quality and experience.

As demonstrated below this piece of work ensures there is a clear route between a hospital ward and the Trust's governance structures.

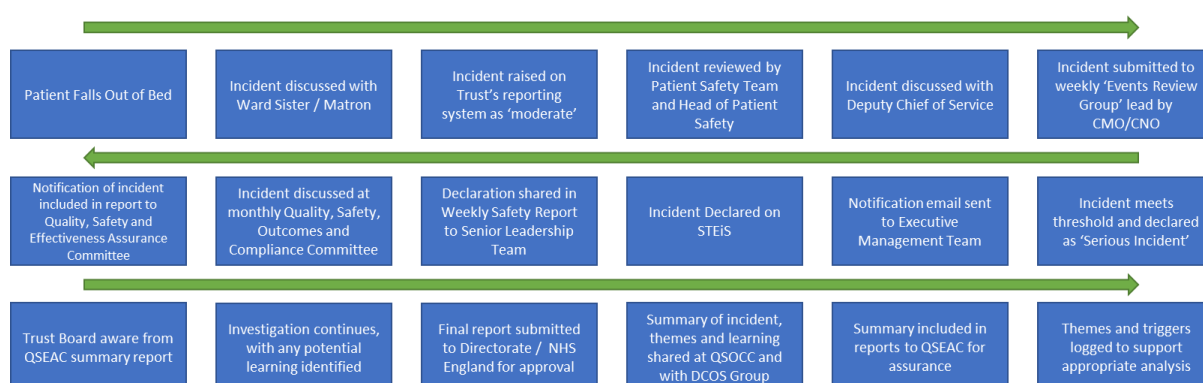


Figure 6: Flow of information from incident to Trust Board

Directorate, Trust-wide and Executive, Trust Board and External levels of safety oversight are set out as Appendix 1.

The Trust’s governance and the new Quality Governance Management structures and their reporting lines is attached as Appendix 2. Within this structure are those meetings which have oversight and accountability of the use of medicines, medical devices and novel treatments which include the Drugs and Therapeutic Committee (DTC) and the Medical Equipment and Supplies Group (MESG). Both committees have delegated authority to make decisions in line with their terms of reference on behalf of the CMO; membership consists of a multidisciplinary team of professions, with support provided from senior members of the Pharmacy Team including the Chief Pharmacist, Medicines Safety Officer and Lead Pharmacist.

### Safety Transformation Board

The Safety Transformation Plan (‘the plan’) has been designed to bring together *Safety* and *Quality* actions under one umbrella programme and incorporates the requirements set out in the National Patient Safety Strategy by NHS England. In addition to this, the plan incorporates the recommendations from independent internal and external reviews including:

1. Review of the effectiveness of the Trust’s safety procedures (‘the Verita Report’),
2. Review into Maternity Services at Shrewsbury and Telford Hospital NHS Trust (‘the Ockendon Report’)
3. Investigation into East Kent Maternity Services (‘the East Kent Report’).

### SAFETY TRANSFORMATION PLAN



Theme	Safety Culture	Data and Insight	Patient Safety Frameworks	Professionalism	Patient Safe Services	Shared Learning	Leadership and Governance
Individual Projects	Psychological Safety Programme	Development of Safety Metrics	Implementation of PSIRF	Developing the Patient Safety Team	Medical, AHP and ACP Job Planning	Translating learning to a change in practice	Embed Patient Safety Accountability
	Freedom to Speak Up	CQC Readiness Programme	Deliver the NHS Patient Safety Priorities	Development of the Clinical Guidelines Process	Modernising Clinical Workforce	Collaboration with Patient Safety Learning	Developing the role of the Deputy Chiefs of Service
	Setting the tone for Patient Safety	Clinical Harm / Internal and External Reviews	Implementation of the Patient Safety Syllabus	Develop Educational Resources	Transforming Care	Horizon Scanning	Clinical Leadership
	MDT Standardisation	Quality Management System	Implementation of Patient Safety Partners	How the Medical Workforce E.A.Ts	Developing Second Opinions		Quality Governance Management Review
	Implementation of Quality Improvement Methodologies	Medical Workforce Planning	Migrate to LFPSE	Development with PGME	Quality Assurance and doing the right thing		Governance Arrangements within Medicines Management
	Incident Investigation and Report Process	Implement a new Risk and Incident Management System		Building capacity and capability within Quality Improvement	Quality Improvement and doing things better		Improve Communications from the MDO
	Medical Wellbeing				Patient Safety Maturity Matrix		Getting the Basics Right with Regulatory requirements

Figure 7: Safety Transformation Plan Workstreams

This singular action plan has been developed to ensure that the Trust has oversight of all relevant actions which are pertinent to patient safety. The plan incorporates 155 separate, high-level actions which span over three years and is based on the standards developed by Patient Safety Learning and covers the seven areas identified in the diagram to the left.

The reports listed above have a number of common themes, some of which have been the subject to further independent and high-profile investigations since the Francis Report was published in 2013. These include lack of teamwork, ineffective leadership, lack of oversight and staff fearful of speaking up in the NHS.



## Attachment E

The Safety Transformation Board is chaired by the Chief Medical Officer, or the Chief Nurse and has broad representation from across the Trust, as well as colleagues from NHS England, North Central London Integrated Care Board and *Patient Safety Learning* who act as ‘critical friends’ providing constructive challenge and ensure that the patient and system voice is integral to the programme.

At the end of March 2022, 51% have either been completed or are on track with only 15% are being recorded as being delayed – 2% of which are ‘Critically Delayed’ and require intervention to rectify. Some of the actions that have been completed include:

- Delivered Incident Investigation training to the Patient Safety Team and Deputy Chiefs of Service, improved the accuracy and terminology used in investigation reports and implemented a standardised report design and sign off process
- Designed and published a new eLearning package in relation to Duty of Candour, and partnered with AvMA (Action Against Medical Accidents) to deliver bespoke training around the application of Duty of Candour with Empathy
- Issued new guidance on Medical Consultant Job Planning and procured a new electronic system to support
- Evaluated and redesigned the Quality Governance Management Framework for the Trust and implemented new meeting structures to improve the flow of information from Ward to Board and to ensure the correct level of accountability and oversight is in place.

The 2% ‘Critically Delayed’ is in relation to two specific actions regarding Clinical Guidelines and will be overseen by the new Associate Medical Director for Clinical Governance with intensive support to ensure the action is recovered at pace.

### Clinical Audit

At GOSH we undertake audits to understand compliance with our safety systems and we have a very active audit programme in place.

Our approach is to ensure that clinical audit provides assurance of the integration of learning from sentinel events, safety notices and learning identified from horizon scanning (safety 1 and 2). It is pleasing to see the approach at GOSH recognised in the NCL ICB response to the GOSH 2023/23 Quality Account

*“GOSH have illustrated how they utilise clinical audit to monitor the effectiveness of actions identified through investigations into Serious Incidents (SIs). An audit of medical documentation across fourteen specialities conducted during December 2022 and January 2023 involving 151 sets of case notes indicated that there was a clear management plans for these patients, more work was needed to ensure that management plans were communicated to parents.*

*The team who conducted the audit have developed an action plan in response to the findings and presented to and approved by the Medical Advisory Group in April 2023, and the Quality Safety Outcomes and Compliance Committee (QSOCC).”*

#### Current priority plan of clinical audit:

Audit	The value of this audit	Status of audit
Mental Capacity Act audit	To evaluate progress with documentation and practice to ensure delivery of effective practice to reduce delays and maintain experience for young people	Audit underway and lead to review progress in September 2023 with MCA documentation

Audit	The value of this audit	Status of audit
Quality of medical documentation re-audit	To build on work completed and respond to findings and changes planned this year	Audit completed- and intervention planned with Medical Advisory Group to implement guidance for junior doctors to set expectations and improve accessibility of information across specialties
MDT Terms of Reference -re -audit	Evaluate further progress with effective MDT documentation and practice following learning from a prevention of future deaths report in 2019	Currently further implementing TOR and re-auditing to evaluate progress. To be reported to October 2023 QSOCC
Flowmeter CAS alert re-audit-	Evaluate and support progress to reduce risk of inadvertent harm associated with non-delivery of a patient safety alert.	Audit completed in July 2023 and improvement in process and reduced risk associated with the alert
Looked after children NICE guidance	Act on NICE guidance to understand the frequency and delivering of key processes for looked after children at GOSH, and to consider health inequalities in this population.	Phase 1 of the audit completed- and to review next stage of the audit in October 2023 with the Safeguarding leads for this work
Palliative Care Referrals-	To review whether patients who died at Great Ormond Street and required palliative care referral were referred	Phase 1 of the audit completed, and next steps to be clarified with Palliative Care team
Complaint - Documentation of surgical /IR CVL (	Review implementation of learning from a complaint to reduce risk of miscommunication at discharge around the type of CVL inserted at GOSH	Audit timeframes to be agreed with Directorate leads, pending implementation of the action from the complaint
Medicine Safety Plan	Support the Medicine Safety Committee with a plan of audits to maintain and understand practice around <ul style="list-style-type: none"> <li>• CD documentation</li> <li>• Storage of medicine</li> </ul>	Controlled Drug audits concluded in July 2023 and outlined below. Planned additional audits in theatres in September 2023. Planned annual storage audit for October 2023
External learning review -child death review process	To review the recommendations made following an external learning review undertaken at GOSH in 2022/2023 which apply to the child death review process at GOSH	Feedback has been received from CDRM attendees – and further audit to evaluate the views of all CDRM attendees will commence in September 2023 and be embedded into the CDRM process
Clinical Harm Review Process	To ensure that reviews are taking place to ensure patients are not coming to harm as a result of delays in their pathways.	To be audited three months following implementation and finalisation of the process at GOSH (planned for September 2023)

**Case Study #7 - Recently Concluded Priority Audit - Controlled Drugs; July 2023**

The results continue to show progress – the average performance with all the criteria measured in the audit is 91%. This compares with 91% in the last audit in September 2022. Baseline performance following recommencement of standard CD audits in May 2019 was 80%.

A report with themes was reviewed at the July 2023 Medicine Safety Committee (MSC). Ward level improvement actions had been shared with Matrons and Heads of Nursing for oversight – and are being monitored by the Clinical Audit Manager and the MSC.

**Support for Speciality and team led audit**

In addition to our priority clinical audit plan, we support clinical teams to engage in clinical audit to review the quality of care provided and to identify where improvements could be made. 126 clinical audits led by clinical staff were completed at GOSH during 2022/23. We aim to have over 100 completed specialty led clinical audits per year. We were able to meet this aim for 2022/23, which is reflects an ability to engage in clinical audit and quality.

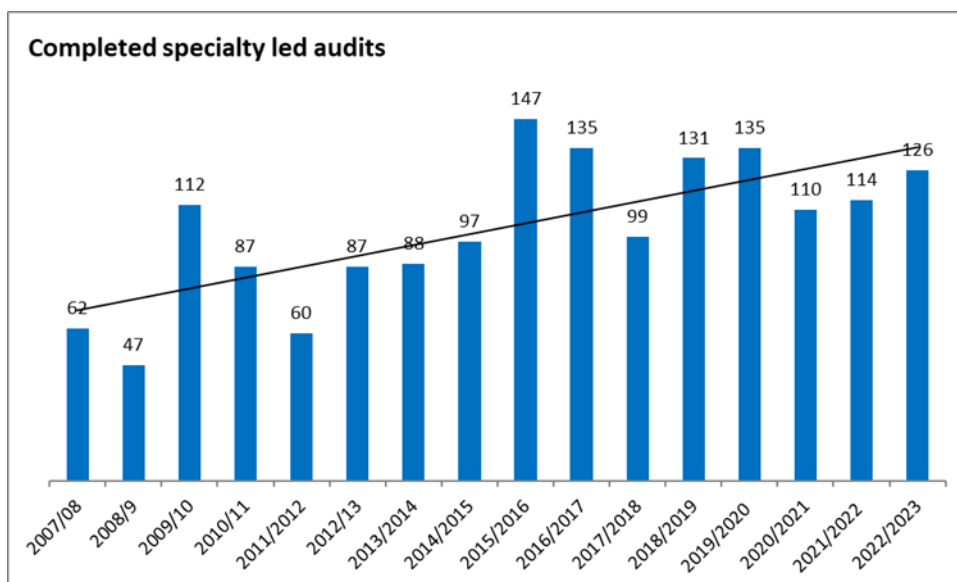


Figure 9: Yearly completion of clinical audits at GOSH

**Audit in focus**

**Case Study #8 - Ambulation and discharge time for paediatric patients undergoing cardiac catheterisation as a day case – Walrus Ward**

The team have worked to ambulate patients at two hours and discharge patients at four hours following post sheath removal. This benefits patients by allows them to be fit for discharge earlier and reduces the need for overnight beds. The team have audited the implementation of the change which has shown both the effectiveness and safety of ambulating patients at two hours.

This work was presented at the 2023 World Congress of Cardiology in Washington:

*“This work has highlighted our achievement, and presenting here has shared our success with some American children’s hospital who are interested in learning from our work here at GOSH” Vicky Gander, Ward Manager Walrus Ward*

## Internal or Invited Reviews

Service level reviews are routinely commissioned across the Trust if safety or quality concerns have been identified. If impartial expert peer review is possible in house, a review is carried out internally. However, if there is any concern regarding this then the Trust has the ability to commission an invited review with the respective Royal College, or through coordination of an expert panel.

In relation to safety concerns, the normal process is for these to be commissioned by the Chief Medical Officer, terms of reference agreed with the reviewing panel, and the commission managed operationally by the Directorate leadership team. The findings and any resulting action plan are then reported through the existing committee structures. For reviews in relation to patient experience, safeguarding or IPC these are commissioned by the Chief Nurse.

The Trust has recently commissioned a number of external reviews through Royal Colleges, subject matter experts, or consultancy firms with expertise in specific fields. These include reviews into:

- Gastroenterology
- Lower Limb Orthopaedics
- Ethics
- Safeguarding

The review team are clearly briefed prior to the review taking place that all safety and quality concerns must be raised in real time to the CMO or commissioning Chief of Service so that the Trust is able to take immediate action. From these reviews, areas of improvement that have been identified are included within specific action plans, managed in Directorate areas and overseen through the Trust's existing governance structures.

## Risk Management

The Trust has a comprehensive Board Assurance Framework (BAF) which currently has 20 risks included and has been rated as 'fully assured' by the internal auditors. This is reviewed on a monthly basis by the Executive Management Team through RACG and is scrutinised by the relevant assurance committees with oversight from the Audit Committee.

The Audit Committee has delegated authority from the Trust Board in relation to the addition, removal or downgrading of any of the items documented on the BAF. A summary of the BAF is presented to the Trust Board meeting at every public meeting, and each agenda item needs to clearly state how it aligns to the strategic risks of the Trust.

Risk registers are in place across all clinical specialities and corporate functions, and monthly Risk and Assurance Groups (RAGs) take place to oversee these at a local level. Risks which are rated as 15 and above, or have an impact on multiple specialities/areas are considered at the Operational Board monthly, and are reviewed in line with Trust Policy.

The Safety Surveillance Team have a role in overseeing the application of the Risk Management Policy, and adherence to the respective time frames listed within. Particular scrutiny is paid to those risks which are long standing, have had no change in scoring, and those which are rated as high impact or consequence with very low probability/likelihood to ensure that appropriate mitigations are in place.

### **Case Study #9 – Mental Health BAF Risk**

In response to a gap analysis internally, and in light of the horizon scanning undertaken around Mental Health in Children and Young People, the Executive Team development a strategic risk in relation to Mental Health which details the following:

A lack of strategic focus on the delivery of mental health services at GOSH contributes to inequitable access to safe, effective care for children and young people with psychological needs.

As a result of this, a review has been undertaken of the mental health services provided by the Trust, and a request to the Care Quality Commission to add an additional regulated activity to our existing registration in relation to the ability to detain patients under the Mental Health Act. This change will enable us to provide the same level of care to our complex patients with both physical and psychological needs.

### **The Mortality Review Process at GOSH**

Mortality reviews take place through three processes at GOSH which include a local M&M, a Mortality Review Group (MRG), and the Child Death Review Meetings (CDRM).

- **Mortality Review Group**

Established in 2012 to review inpatient deaths, and is linked in 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 making referrals to other safety investigation processes at the earliest opportunity.

- **Child Death Review Meetings**

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 and should be held within 12 weeks of the child's death, following the completion of all necessary investigations and reviews. The responsibility of coordinating these meetings is held by the organisation in which the child died. For GOSH this means coordinating with teams across the UK, given the geographical spread of our patients.

CDRMs a multi-professional meeting, including those from external providers, 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. The value of these meetings is enhanced by contributions from colleagues who have contributed to a child's care along all parts of the health and social care pathway.

We monitor our hospital mortality rate and check for any trends and changes in real time, which is reported in our Integrated Quality and Performance Report (IQPR). Importantly we also look at risk adjusted data, which considers how unwell the patient was on admission and the likelihood of death as a potential outcome. A proactive and close attention to our ICU mortality has allowed us to identify and quickly respond to any changes in our mortality, recent examples are described below.

**Case Study #10 – Increase in mortality rate in May 2020**

An increase in the mortality rate in May 2020 prompted a proactive internal review of deaths which was concluded in July 2020 by the Mortality Review Lead and Associate Medical Director for Safety to identify trends and understand the reasons for this. The review concluded:

- Two deaths following admission to GOSH from another Trust because of COVID 19 who would otherwise have died in a local hospital, and where death occurred at GOSH due to natural disease progression.
- One death where there was a COVID impact in terms of delayed presentation in the community.
- The reviews did not indicate care or service delivery problems provided at GOSH which account for increased deaths. There were no triggers noted in risk adjusted data for this period.

**Case Study #11 – Paediatric Intensive Care Audit Network (PICANet) Quarterly RSPRT plot - Cause for concern requiring further investigation (2019)**

Three risk-adjusted resetting probability ratio test (RSPRT) reset points occurred that suggested a higher PICU/NICU mortality rate than expected between the period 01/07/2018 to 30/06/2019. A review was concluded in November 2019, which identified the deaths were associated with significant comorbidities which were not then reflected in the PIM3 scoring methodology used to risk adjust and assess ICU mortality outcomes.

As an outcome the GOSH report led to changes in the national risk adjustment scoring system to account for BMT patients. Following the GOSH review, the Clinical Audit Manager and the Medical Lead for Child Death Reviews were asked by PICANet to make a significant contribution to national guidance with PICANet on how Trusts should respond to trends in RSPRT data which was published in October 2022.

**KPMG Internal Audit**

The Trust has in place an annual Internal Audit programme, conducted by the Trust's Internal Auditors, and overseen through RACG and the Audit Committee on behalf of the Trust Board. The Internal Audit plan is created in partnership with KPMG and the Executive Management Team through understanding the strategy and objectives of the Trust, the risk profile or through consideration of the other forms of management and independent assurance in place.

The schedules as part of the internal audit plan are listed below:

2022-23 Schedule	2023-24 Schedule
<ul style="list-style-type: none"> <li>• Managing Partnerships</li> <li>• Data Quality – Patient Safety and Clinical Prioritisation</li> <li>• Above and Beyond – People Planet</li> <li>• Risk – Patient Safety Alerts</li> <li>• Diagnostics</li> <li>• Core Financial Systems</li> <li>• Governance - Directorates</li> </ul>	<ul style="list-style-type: none"> <li>• Core Financial Controls</li> <li>• Complaints Management</li> <li>• Governance – Serious Incidents</li> <li>• Risk Management – Management of Ventilation and Infection Control</li> <li>• Business Continuity and Disaster Recovery</li> <li>• DSP Toolkit</li> <li>• Data Quality – Workforce Data</li> </ul>

### **Case Study #12 – Clinical Harm Reviews**

Following an internal audit review, and a rating of ‘Partially Assured’ the Trust has redesigned the clinical harm processes it has in place for the review of those on our waiting list.

This process has been designed utilising best practice and existing guidance from North Central London and other NHS Providers. Reporting will take place at the monthly Performance Review Meetings and reported to the Trust Board through the IQPR for oversight and an audit of the process is scheduled to take place in January 2024.

## Section 8: Conclusion

In complex environments such as healthcare, in ensuring that we maintain safe environments and care, the Trust must ensure that it remains open, agile and responsive. The external landscape over the next 12 to 18 months will likely see changes in scrutiny and oversight, partly driven by interrogation of sentinel events in healthcare environments.

The Care Quality Commission were due to launch their new single assessment framework in July of this year, which has now been deferred to November 2023 with the potential roll out starting in the South of England, prior to moving to London and East of England. The Healthcare Safety Investigation Branch (HSIB) becomes the Health Services Safety Investigation Body (HSSIB), an Arm’s Length Body of the Department of Health and Care with statutory rights from 1<sup>st</sup> October and ICBs/Specialised Commissioning is still being worked through in relation to oversight and accountability for safety and quality.

There is significant transformation internally in GOSH over the next 12 months, with the introduction of the new Patient Safety Incident Response Framework (PSIRF). This overhauls the management of incidents and serious incidents (go live January 2024), Learning from Patient Safety Events (LfPSE) the new reporting framework to replace the National Reporting and Learning System (go live in Autumn 2023) and there are plans to be one of the first NHS Trusts to roll out a Quality Management System to support a culture of continuous improvement in the next 6-12 months. This will continue to be monitored through QSEAC.

We are strengthening our leadership in relation to compliance and surveillance with a new Medical Lead role and a Faculty of After Action Review facilitators has been created to support a culture of systems based learning and to move away from that of identifying a singular root cause for incidents. Further to this, we will be the embedding of human factors tools and techniques, allowing the Trust to better understand work as imagined (WAI) versus work as done (WAD).

Safety metric reporting is currently under review to ensure that the narrative and context is provided, so that we are confident we are looking at the right metrics in the right environment to give a true picture of safety on site. Plans are also under way to develop a Paediatric Patient Safety Academic Unit to help improve understanding of patient safety at both GOSH and within the wider Health Service.

One of the areas the Trust is keen to develop, is that of understanding the ‘weak signals’ and to support a culture of professional curiosity whereby staff are empowered to raise concerns when something does not feel safe, where interactions and behaviours deviate from the expected norm. This ‘soft intelligence’ has been demonstrated to be incredibly valuable in gathering organisational safety information and must be supported.





*Listening...*



*Learning...*



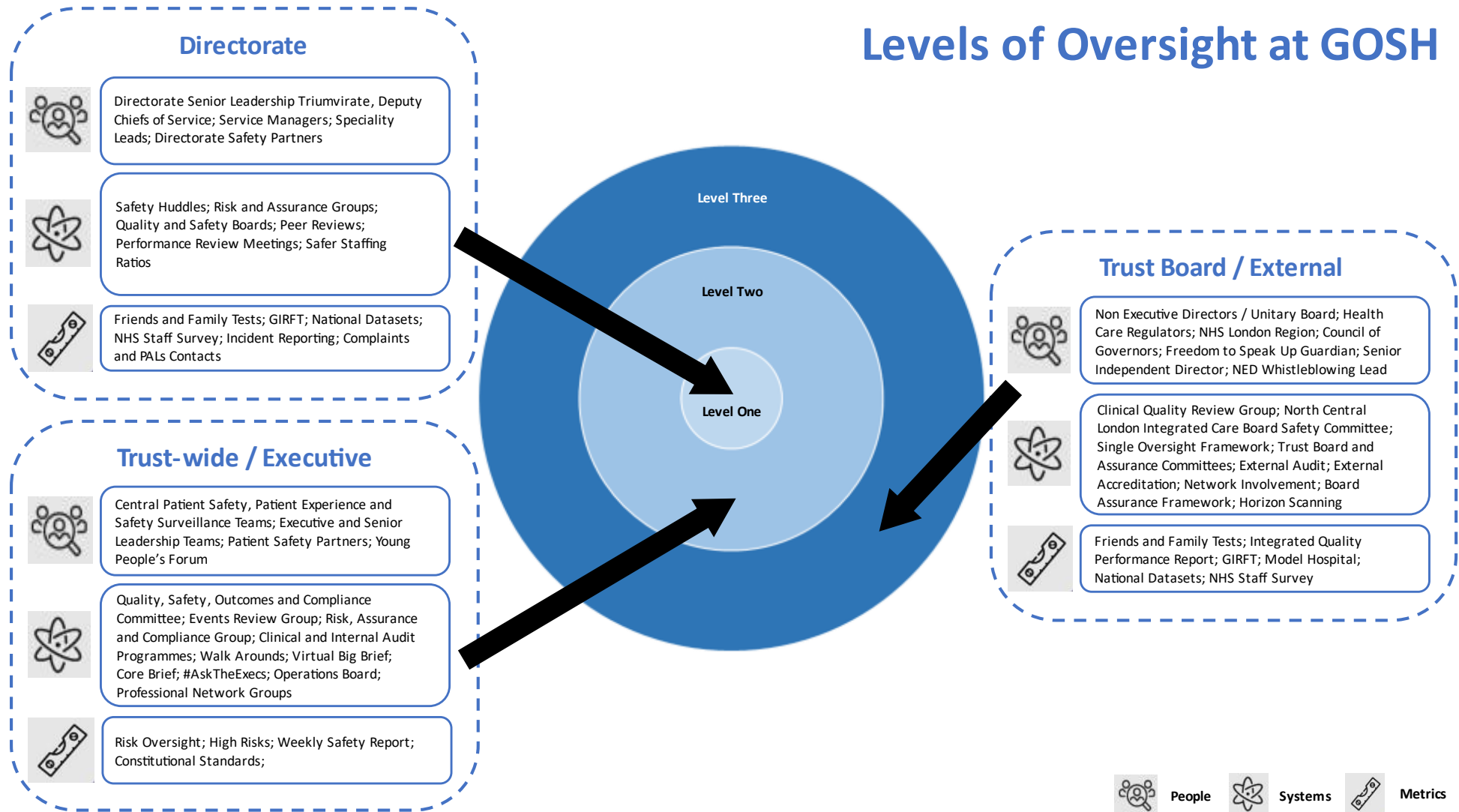
*Leading...*

Although it is extremely rare, it is important to note, that despite having robust and failsafe processes and systems in place, as a Trust we need to be cognisant to the fact that the unthinkable could still happen.

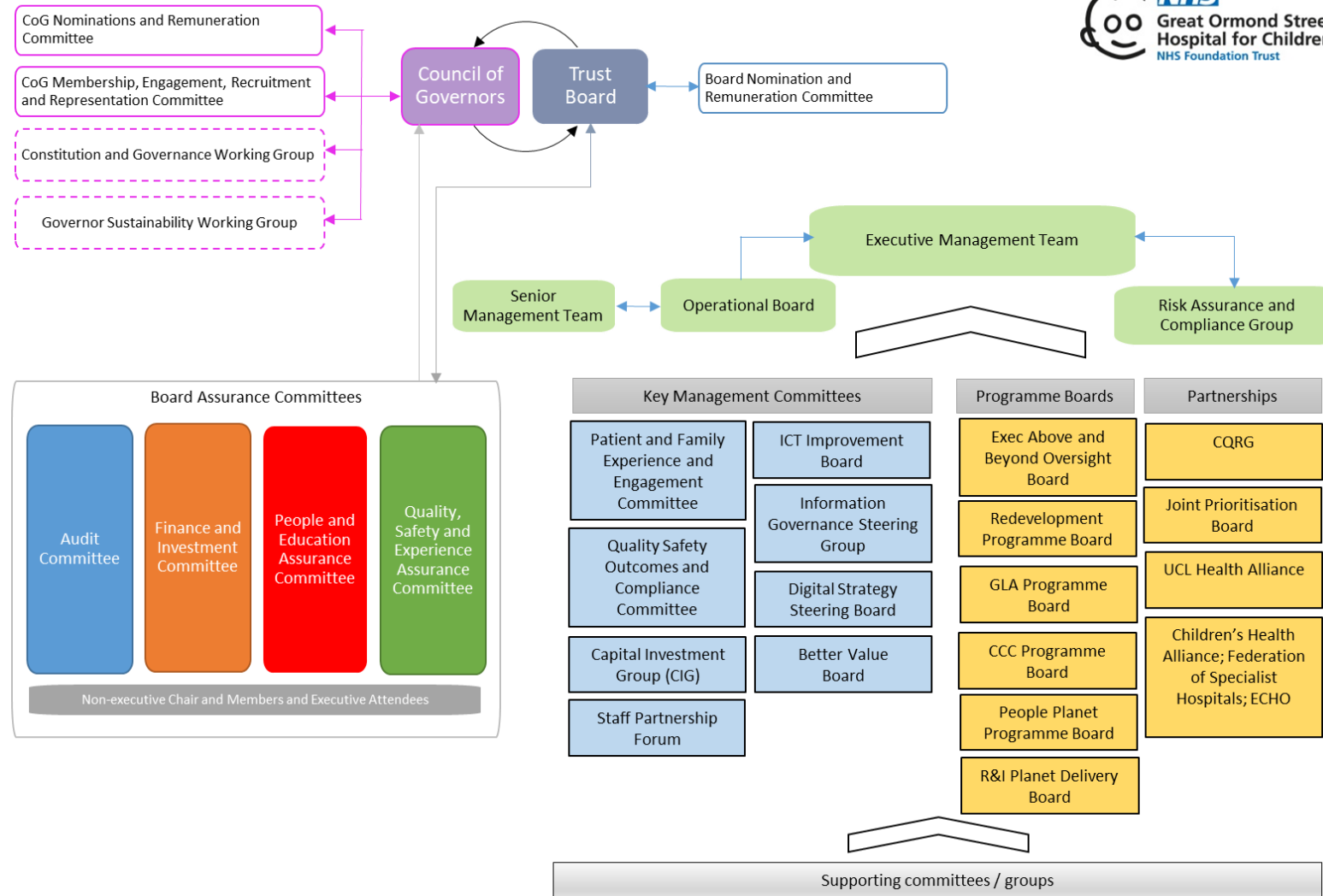
As demonstrated through this paper, we have in place the systems and processes to monitor and to prompt action when needed. However, we need to continue to be vigilant and interrogate our data and the intelligence gathered, open to the need for change where appropriate, we allow and support staff to act on their concerns, that we listen, and most importantly we continue to learn.

Appendix One: Trust Oversight Structures

# Levels of Oversight at GOSH

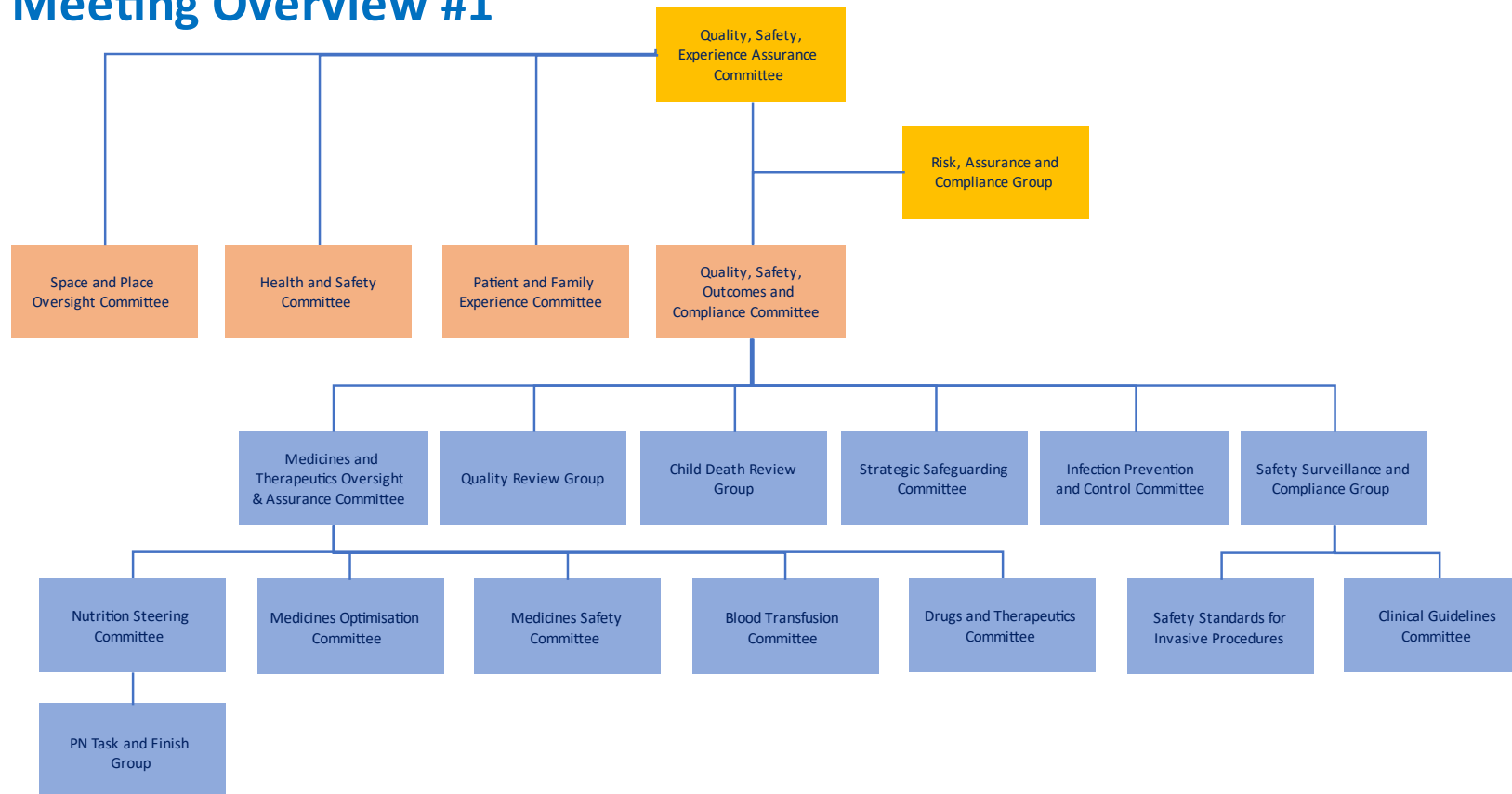


Appendix Two: Trust Governance Structure



Appendix Three: Quality Governance Management Framework

# Meeting Overview #1



# BRAIN DIRECTORATE REVIEW

## Trust Board October 2023

Martin Tisdall - Chief of Service  
Robert Robinson - Deputy Chief of Service  
Zoe Hallett - General Manager  
Alison Taberner-Stokes - Head of Nursing and Patient Experience

### Principles

Children and young people first, always

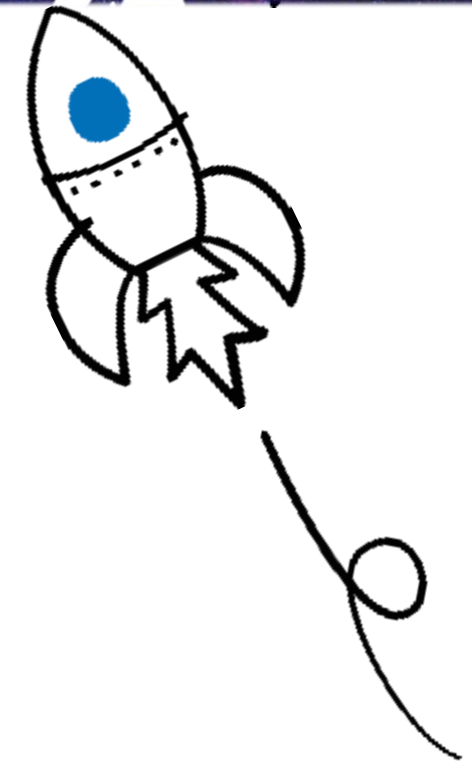
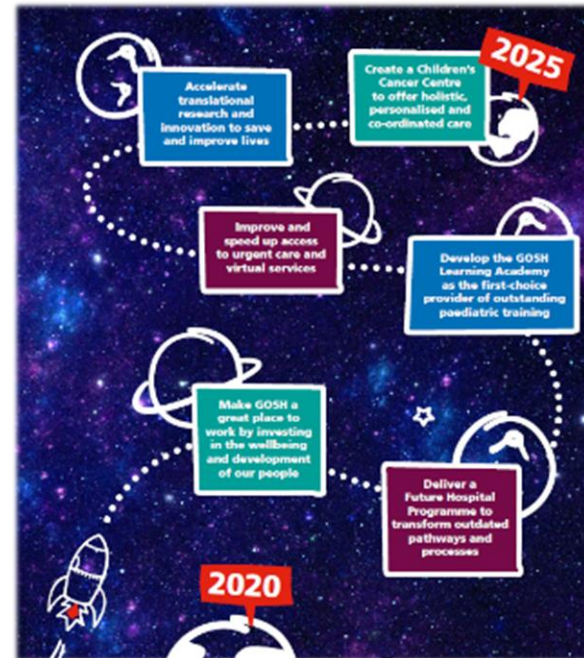
Values-led culture

Quality

Financial strength

Protecting the environment

Partnerships



# Team Organogram



Chief of Service

Martin Tisdall



Head of Nursing and  
Patient Experience

Alison Taberner-  
Stokes



General Manager

Zoe Hallett



Deputy Chief of Service

Robert Robinson

## Endocrine

Specialty Lead: Catherine Peters  
Service Manager: Sarah Robinson

## Epilepsy

Specialty Lead: Christin Eltze  
Service Manager: Kolchum Begum

## Metabolic Medicine

Specialty Lead: Spyros Batzios  
Service Manager: Sarah Robinson

## Neurodisability

Specialty Lead: Jenefer Sargent  
Service Manager: Alex Ssenabulya

## Neurology

Specialty Lead: Prab Prabhaker  
Service Manager: Kolchum Begum

## Neuromuscular

Specialty Lead: Adnan Manzur  
Service Manager: Alex Ssenabulya

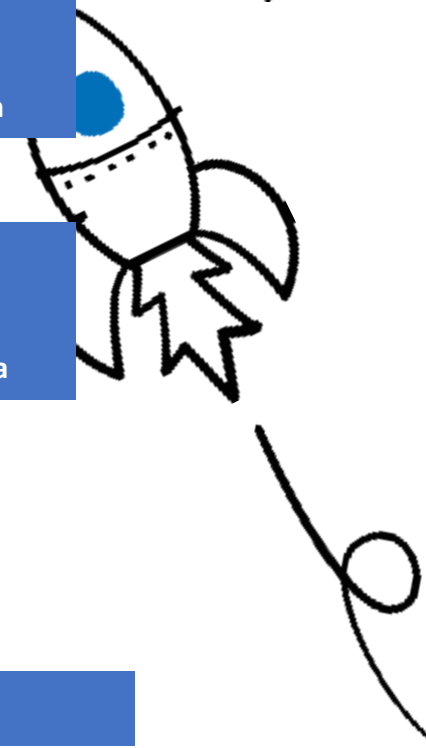
## Neurophysiology

Specialty Lead: Stewart Boyd  
Service Manager: Kolchum Begum

## Neurosurgery

Specialty Lead: Kristian Aquilina  
Service Manager: Alex Ssenabulya

Matron Lucy Thomas





BRAIN



EMT

Ops Board  
(Fortnightly)

Brain Directorate Performance Meeting  
Monthly Last Friday (9am – 10am) P

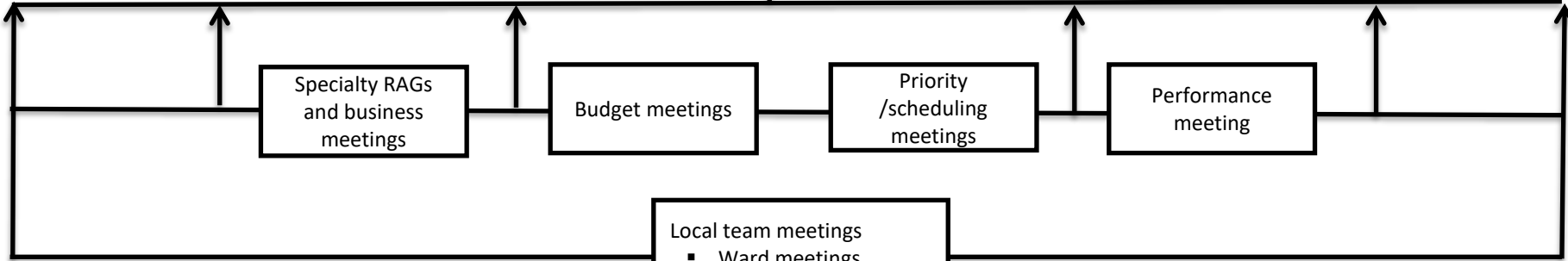
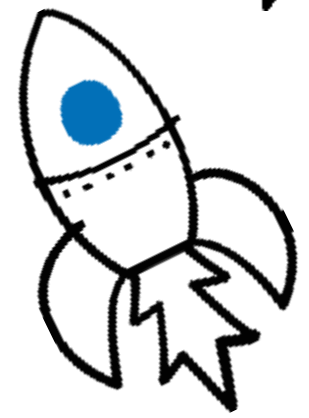
Brain Directorate Leadership Meeting  
Chair: Martin Tisdall Chief of Service  
Monthly Third Friday (2:00pm-3:30pm) P C

External meeting,  
representing GOSH

Directorate Huddle  
Chair: Martin Tisdall  
Weekly Friday (12:45pm – 1:15pm) C P

Directorate Quality & Safety Committee Meeting  
Chair: Robert Robinson  
Monthly Second Friday (8.15am – 9.15am) P C

Key to meeting purpose:  
Performance  
Communication  
Green mtg – external  
Purple mtg – internal  
Not yet in place







# Directorate Profile

## Our Budget



BRAIN

### Our Budget:

- Annual Budget 23/24: £23.41mil

### Our Space

5 wards:

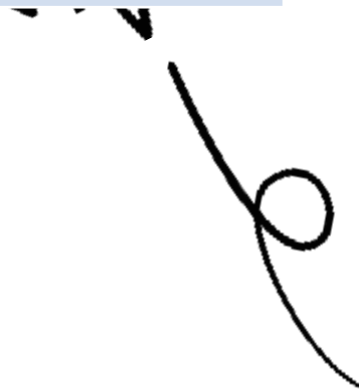
- **Koala** – Neuroscience Ward
- **Possum** – Neuroscience Ward
- **Squirrel Endo/Met** – a specialist endocrine and metabolic
- **Kingfisher** – Nurse lead short stay unit for endocrine, metabolic and gastro patients.
- **RANU** – day case neuroscience and metabolic patients.

### Our Highly Specialised Services:

- Bardet-Biedl syndrome service
- Complex childhood osteogenesis imperfecta service
- Congenital hyperinsulinism service
- Diagnostic service for rare neuromuscular disorders
- Lysosomal storage disorders service
- Multiple sclerosis management service for children
- Vein of Galen malformation service
- Fetal myelomeningocele service @UCLH

## Our Staff

Staff Group	WTE
Additional Clinical Services	21.3
Administrative and Clerical	57.3
Estates and Ancillary	4
Healthcare Scientists	20.1
Medical and Dental	106.2
Nursing and Midwifery Registered	122.7
<b>Grand Total</b>	<b>331.6</b>





# Areas of expertise

Treatment of rare neurometabolic disorders

Treatment of complex epilepsy including novel therapies laser surgery

Gene therapies

Neurology including white matter disorders, migraines & stroke

Treatment of genetic neuromuscular disorders

Rare mitochondrial disorders

Endocrinology including congenital hyperinsulinism and growth hormone issues

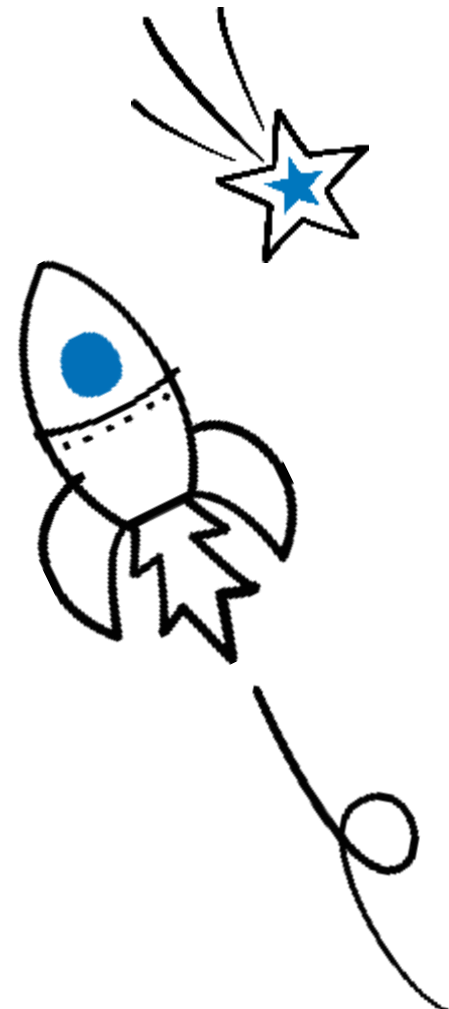
Fetal Surgery for spina bifida

Neurophysiology including invasive monitoring and video telemetry

Multi specialty treatment of complex neurovascular disorders including vein of Galen malformations

Treatment of movement disorders including botulinum toxin injections and SDR surgery

Advanced neurosurgical procedures including the use of Gamma Knife





## Top three successes

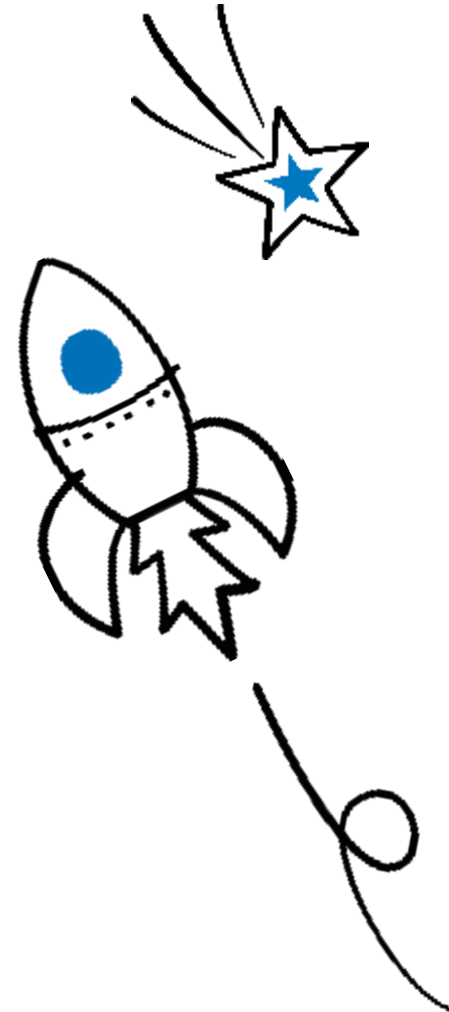
- Leading UK centre for Brain Specialties
- In the last two years successfully commissioned for Upstaza Gene Therapy, Inherited White Matter Disorder, Laser Interstitial Therapy and MS.
- Continued growth of research portfolio (£866K 22/23)

## Top three challenges

- Nursing recruitment and retention
- Managing elective and emergency activity against a backdrop of industrial action
- Matching our resource capacity to the demands on our services

## Top three priorities

- Recruitment and retention improvements to enable realisation of bed base expansion.
- To collaborate with external partners to deliver strategic goals.
- To further develop novel therapeutics from research to clinical delivery





## Research and Innovation – new projects/awards

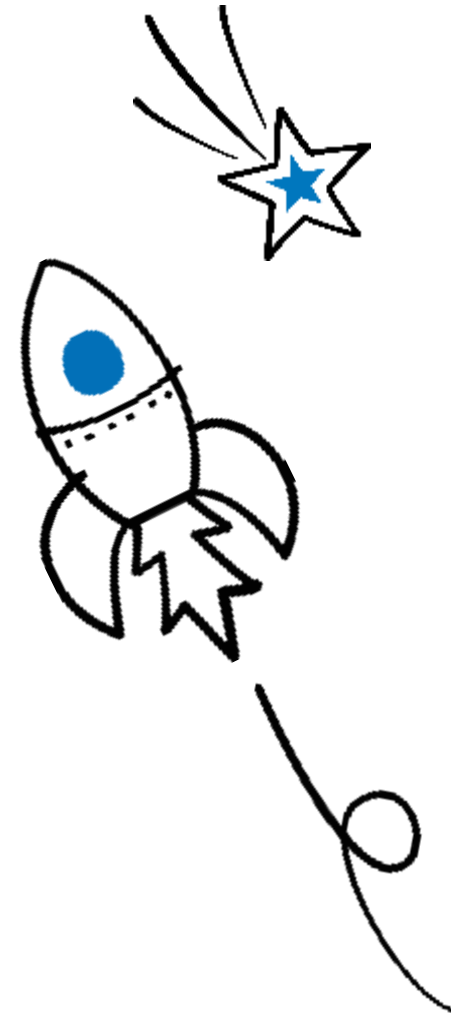
**£866k** Combined funding coming to GOSH  
for commercial and non-commercial projects

### Commercial projects include:

- A Phase 3B/4 Open-Label Multicenter Study Extension Study to Further Evaluate Safety, Tolerability and Efficacy of Intracerebroventricular AX 250 Treatment in Mucopolysaccharidosis Type IIIB (MPS IIIB, Sanfilippo Syndrome Type B) Patients  
Dr Spyros Batzios-Metabolic
- ADMIRAL: An UK, Open-Label Study to Investigate the Safety and Pharmacokinetics of Multiple Ascending Doses of Antisense Oligonucleotide (ASO) STK-001 in Children and Adolescents with Dravet Syndrome  
Professor Helen Cross -Epilepsy
- Young Sarepta OLE: An Open-Label Safety, Tolerability, and Pharmacokinetics Study of Eteplirsen in Young Patients with Duchenne Muscular Dystrophy Amenable to Exon 51 Skipping  
Professor Francesco Muntoni-Neuromuscular

### Non Commercial projects include:

- Lifestyle weight management program: Interviews & stakeholder meetings for demyelinating conditions.  
Dr Cheryl Hemmingway-Neurology
- Natural history of Charcot-Marie-Tooth disease during childhood  
Professor Francesco Muntoni-Neuromuscular



# Principle 1: Children and young people first, always

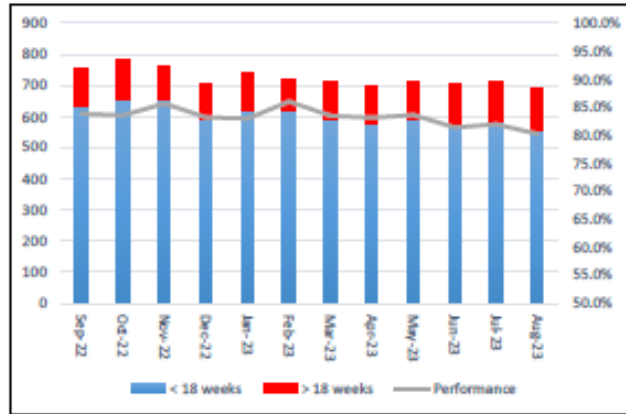
## Restoring elective activity and clinical prioritisation



RTT incomplete pathways:

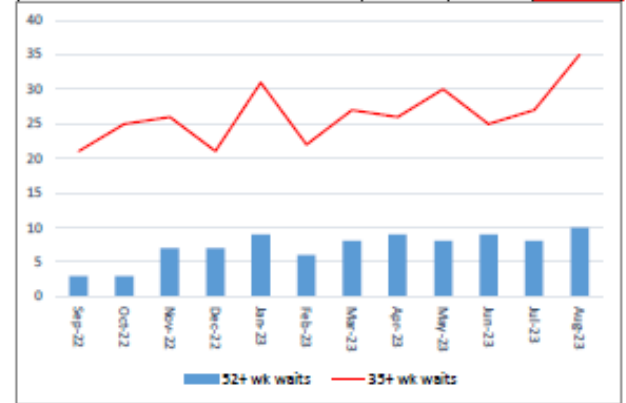
% of patients waiting < 18 weeks = **80.3% August 2023**

RTT incomplete pathways: % of patients waiting <18 weeks	Period	Target	Actual
	Aug-23	92.0%	<b>80.3%</b>



Month	Actual
Feb-23	86.1%
Mar-23	83.5%
Apr-23	83.2%
May-23	83.7%
Jun-23	81.4%
Jul-23	82.0%
Aug-23	80.3%

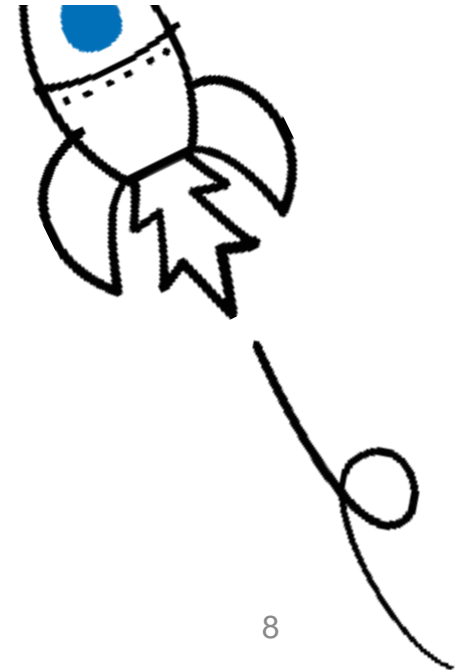
RTT: Incomplete pathways 52 weeks or more	Period	Target	Actual
	Aug-23	0	<b>10</b>



	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
52 wks+	8	9	8	9	8	10
35 wks+	27	26	30	25	27	35

### Challenges:

- Limited capacity for both emergency and elective resulting in prioritisation of emergency work leading to deterioration of RTT position.
- Vacancy rate of front-line nurses high restricting bed capacity
- Cancelled electives through the industrial action.
- Patient cancellations & Do Not Attends (DNA's)



### Situation:

- August 2023: Industrial action and bed closers have impacted on capacity resulting in a decline in RTT performance.

### Actions being taken:

- Continue to treat most clinically urgent cases.
- Ward recruitment and retention plan developed to enable bed opening.
- Recruiting to recently approved business case to facilitate post op therapy for certain long waiters

# Principle 2: A values-led culture

## What are the top three issues for workforce?

- Recruitment and retention of directorate ward nursing workforce
- Developing a strategy for allied health professionals across specialties in the directorate to optimise care.
- Junior doctor workforce resilience - exploring diversification (ie ANP and Physician Associate roles)

Directorate	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Theme: Staff Engagement	Theme: Morale
Blood Cells & Cancer	7.4	5.5	6.8	5.6	5.7	5.6	6.7	7.1	5.7
Body Bones & Mind	7.4	5.9	6.6	5.6	5.9	6.0	6.9	7.1	5.4
Brain	7.5	5.9	6.9	5.8	5.9	6.0	6.7	7.1	5.8
Clinical Operations	7.4	6.2	7.0	6.2	5.2	6.6	6.9	7.0	6.0
Core Clinical Services	7.2	5.5	6.5	5.8	5.3	5.3	6.5	7.0	5.5
Corporate Affairs	8.3	7.3	8.3	7.1	7.2	7.5	8.0	8.6	6.8
Finance	7.3	6.1	6.6	6.4	5.4	6.8	6.8	6.7	5.6
Genetics	7.1	5.8	6.5	5.9	5.0	6.0	6.5	6.7	5.4
Heart & Lung	7.0	5.3	6.7	5.7	5.6	5.5	6.2	7.0	5.6
HR & OD	7.2	6.0	6.6	6.3	5.3	6.4	6.6	7.0	5.5
ICT	8.0	6.5	7.3	6.7	6.3	7.2	7.5	7.6	6.2
Innovation	7.8	6.5	7.3	6.6	5.4	6.2	7.4	7.6	6.3
International	6.8	4.8	6.3	5.4	5.5	6.1	6.2	6.6	5.1
Medical Directorate	7.7	6.5	7.1	6.5	6.0	7.2	7.4	7.5	6.0
Nursing & Patient Experience	7.5	6.1	7.1	6.2	5.9	6.6	6.8	7.5	5.8
Research & Innovation	7.5	5.7	6.8	6.4	5.4	5.8	6.9	7.1	5.8
Sight & Sound	7.3	5.7	6.7	6.2	5.5	5.5	6.4	7.2	5.9
Space and Place	7.3	6.2	6.7	6.7	4.7	6.6	6.8	7.2	6.3
Transformation	8.1	6.9	7.4	7.0	5.7	7.7	7.8	7.8	6.6
Trust	11	17	9	17	7	16	13	9	12

## Key Actions

- Staff engagement program
- Directorate communication strategy.
- Leadership education Program
- New Starters





# Principle 2: A values-led culture



Celebrating Brain!

We asked the whole Brain team what they felt were their successes over the last two years. Here are some of the responses:

Received excellent feedback from trainees in Neurophysiology and Neuromuscular team at the end of their two year training with us

First patient in UK treated with Upstaza Gene Therapy

Metabolic CNS team have provided the care of all CLN2 patients in England during the pandemic and have now transitioned many of those patients closer to home providing expert support to their local units.

Approval of business case to reduce long waiting Selective Dorsal Rhizotomy patients.

The neurosurgical team continue to pioneer fetal surgery in partnership with colleagues at UCH

Stephanie Cawker, Lead PT in Neurodisability, arranged and hosted a team of therapists, nursing and medics from the Singapore Women and Children's Hospital to visit SDR/Movement Disorder/Botos teams in NDS.

The epilepsy and neurosurgical teams have been commissioned to deliver laser interstitial therapy for the treatment of epilepsy



Joanne Mortimer receiving her GEMS award



Neurosurgical Admin Team receiving their recent GEMS award



Brain Directorate Summer Party in June was well attended and enjoyed!



Joint GOSH & Queens Square Gamma Knife Team



# Principle 3: Quality Compliance

## DATIX incidents

- DATIX incident reporting remains consistent: c30/month, overdue incidence remain stable however all are reviewed within one working day by a member of the directorate leadership team.

## WHO checklist

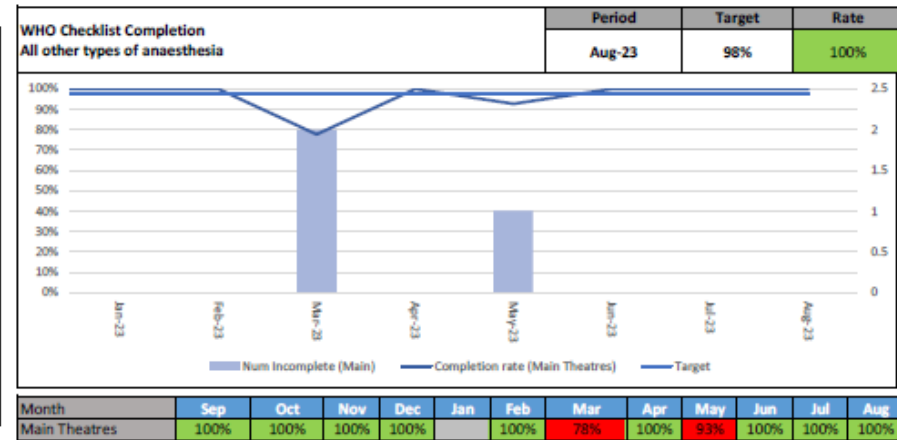
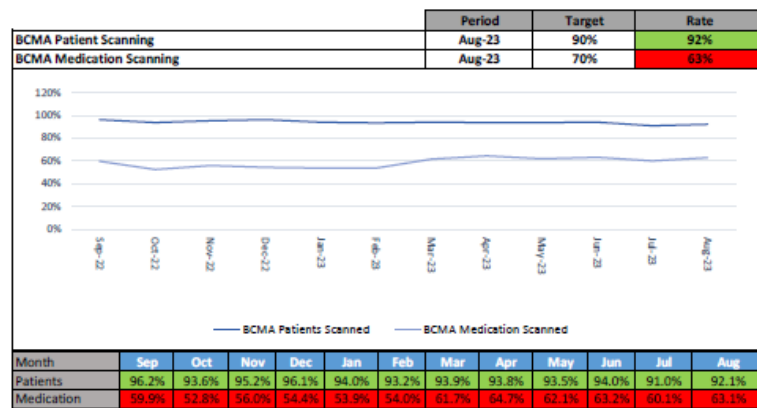
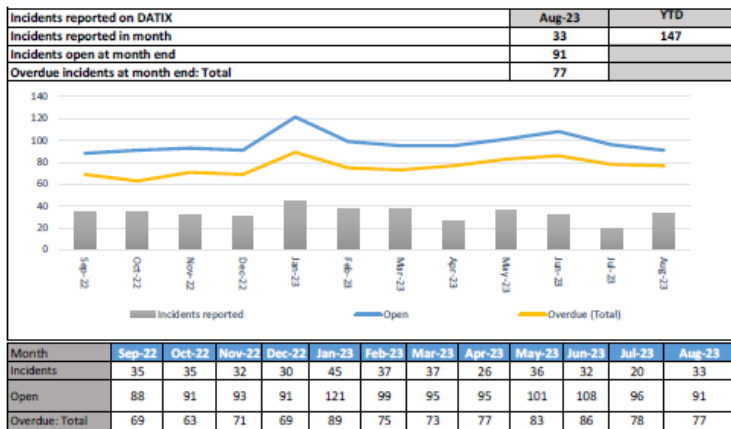
- The Brain team have worked with Theatres to identify where there were issues with completion. The teams have reported compliance for 3 months for all lists

## Serious Incidents

- One SI in 2023, relating to continuity of care.

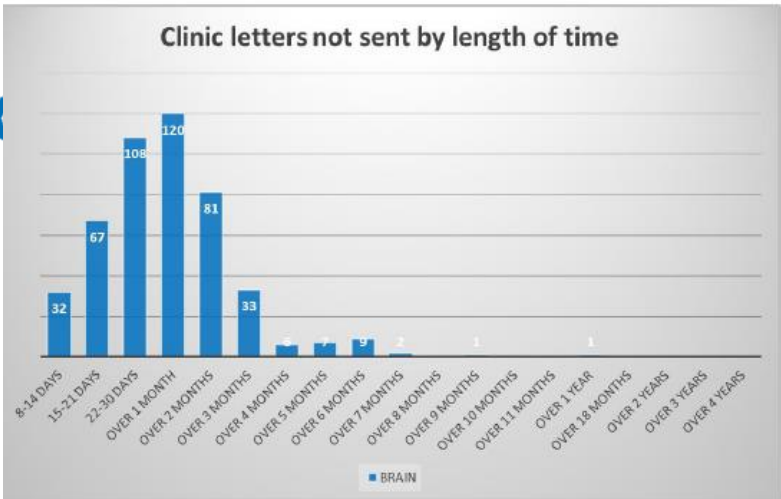
## BCMA scanning compliance

- BCMA medication scanning remains a challenge. Patient scanning has been compliant for over 12 months.





# Principle 3: Quality Compliance

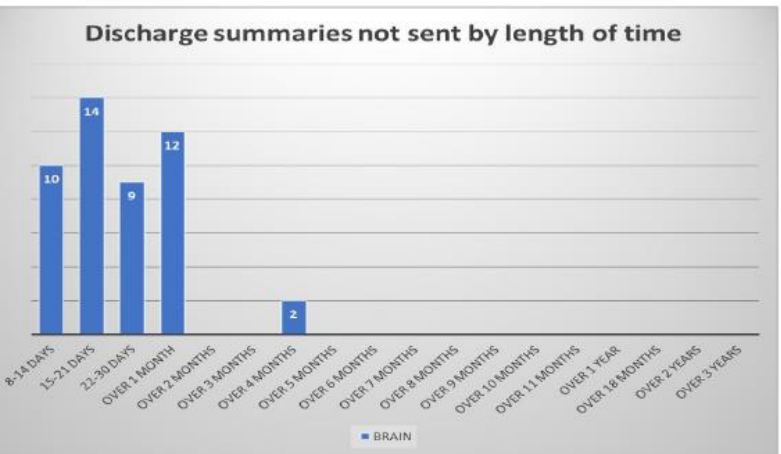


### Clinic letter backlog

- **Improving.** Significantly reduced number of clinic letters older than 4 months.
- Turnaround times currently averaging 8 days, this has remained quite static over last 12 months.
- On-going work to improve data quality and ensure letters not required are marked as such.

### Discharge summary backlog

- **Improving.** Increased focus on process and data accuracy has lead to an improvement in backlog of discharge summaries. Backlog mostly driven by attendances that did not require a summary but was not marked as such.
- On-going discharge summary improvement group meeting within the directorate.

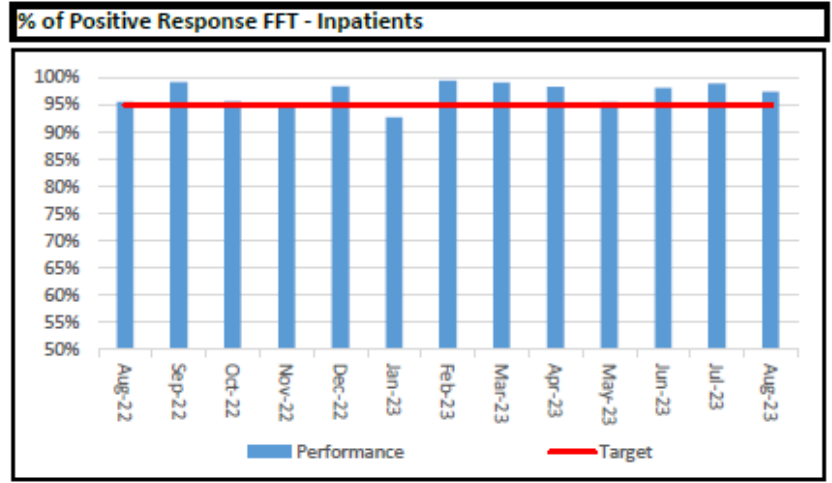


### Friends and Family Test (FFT)

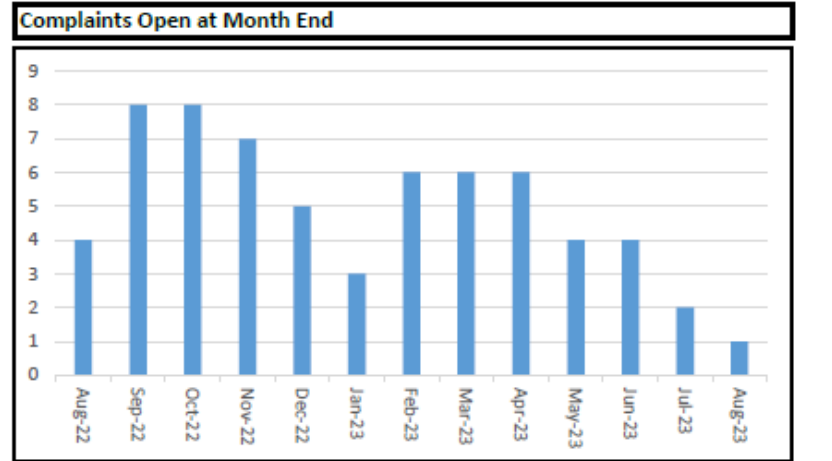
- Inpatient response rate dropped below 25% in August having previously been much high for last 6 months,
- Have maintained a high proportion of positive inpatient responses over last 12 months.

### Complaints

- Recent drop in the number of complaints.
- 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.



Period	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
No.	99%	98%	96%	98%	99%	97%



Period	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
No.	6	6	4	4	2	1



# Principle 4: Financial strength

	Full Year NHSE Plan 22/23 (£m)	Full Year Actuals 22/23 (£m)	M5 YTD Plan 23/24 (£m)	M5 YTD Actuals 23/24 (£m)	Full Year NHSE Plan 23/24 (£m)
Non-Nhs Clinical Income	1.21	1.46	0.63	0.50	1.51
Non Clinical Income	1.10	0.80	0.41	0.40	0.98
Pay	(23.31)	(24.25)	(10.37)	(10.61)	(24.88)
Non Pay Costs	(1.45)	(1.43)	(0.36)	(0.51)	(0.86)
<b>Grand Total</b>	<b>(22.44)</b>	<b>(23.42)</b>	<b>(9.69)</b>	<b>(10.23)</b>	<b>(23.25)</b>

## Efficiency & Savings-Better Value 23/24

- Better Value Target of £875K
- Target partially identified (£273K identified)

Schemes delivering include:

- Non recurrent nursing vacancy
- Review of contracts in non-pay
- New outreach work

Schemes in development include:

- New NHS commissioned work

## 2023/24 Position

### Income:

- Reduced International and Private income due to industrial action and bed closures.
- Research income overperforming YTD

### Pay:

- Increased pay costs due to AfC pay uplift (above expected pay rise budgeted for)

### Non pay:

- Negative variance due to unidentified better value. Underspent on non-pay YTD.



# Principle 6: Partnerships

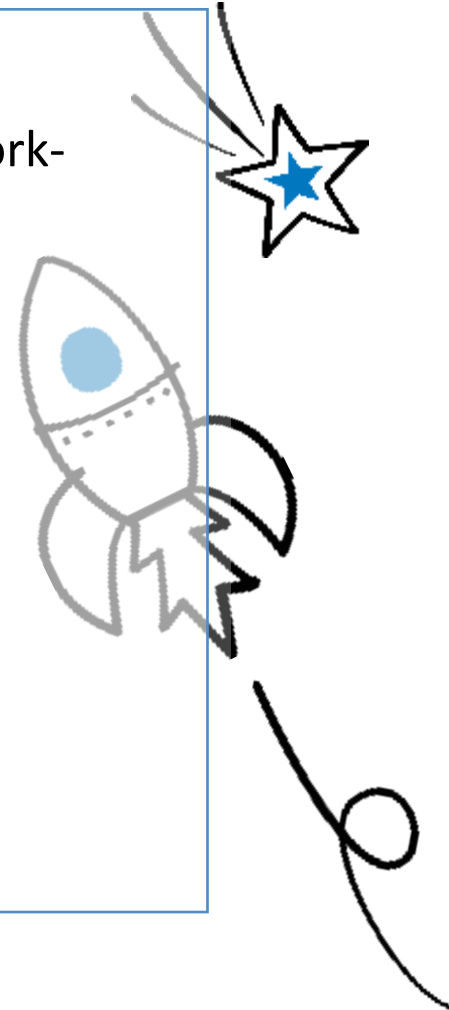


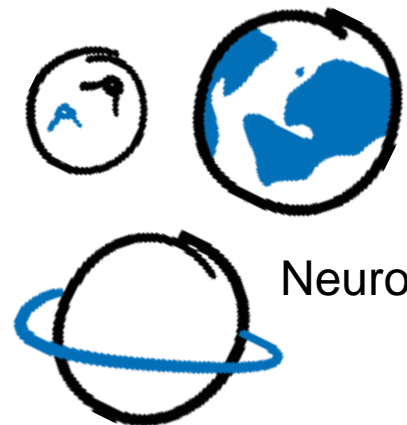
## New and established relationships

- Collaboration with UCH with Gamma Knife and foetal surgery
- New joint metabolic bone consultant post between RNOH and GOSH
- Development in collaboration with RNOH on Neuro-rehab unit.
- Boston, London, Toronto collaboration - Neurovascular

## Network relationships

- North Thames paediatric network- Neurology
- National CESS MDT
- RESCAS
- National MS MDT
- Zolegesma gene therapy





# Clinical Outcomes

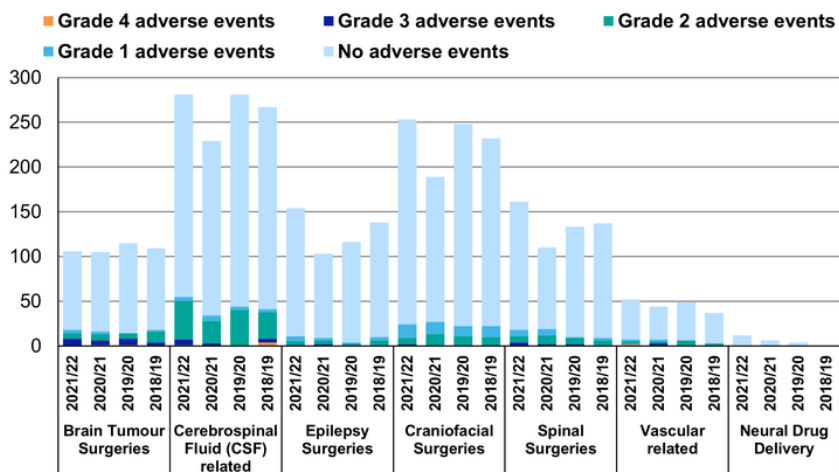
Neurosurgery



## Total Surgeries

## Number and rate of Shunt infections

### Adverse events by sub-specialty



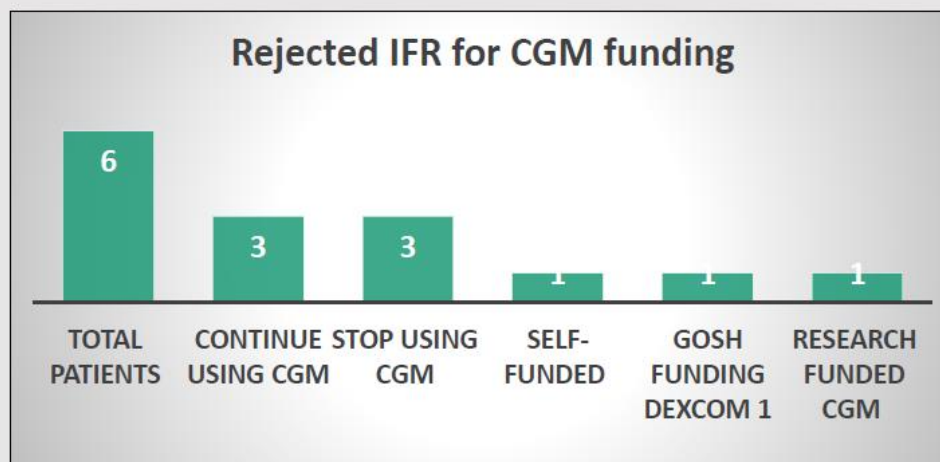
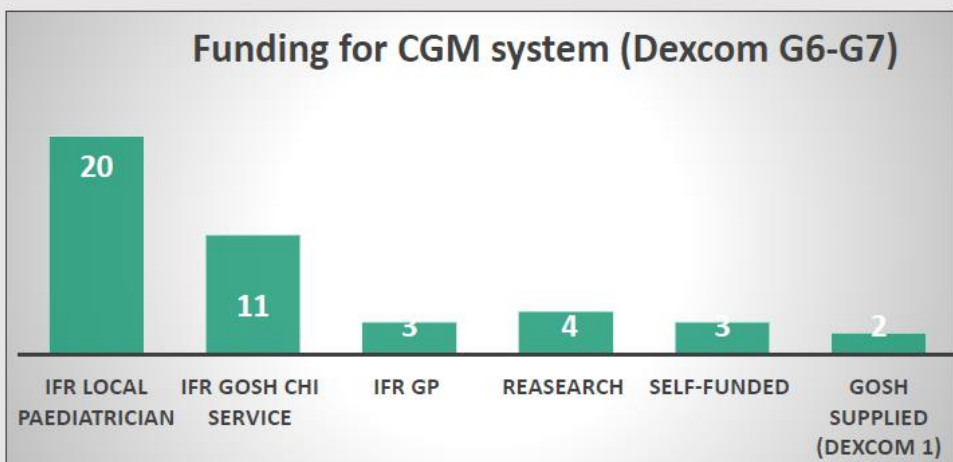
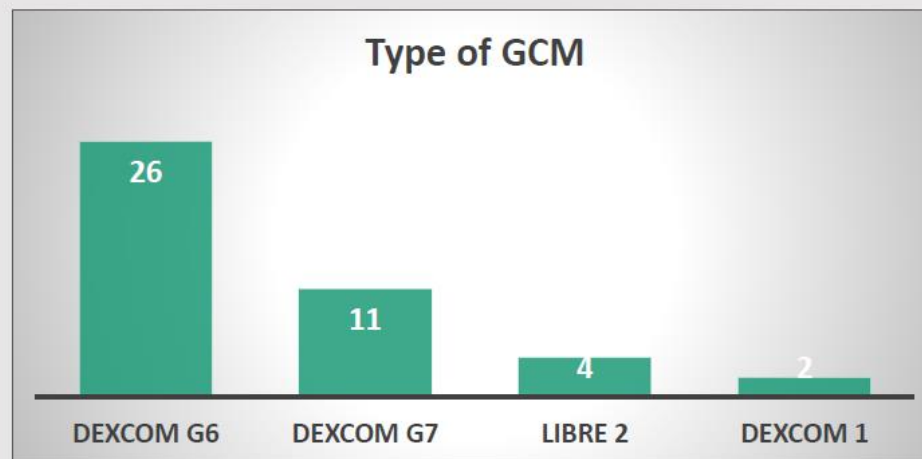
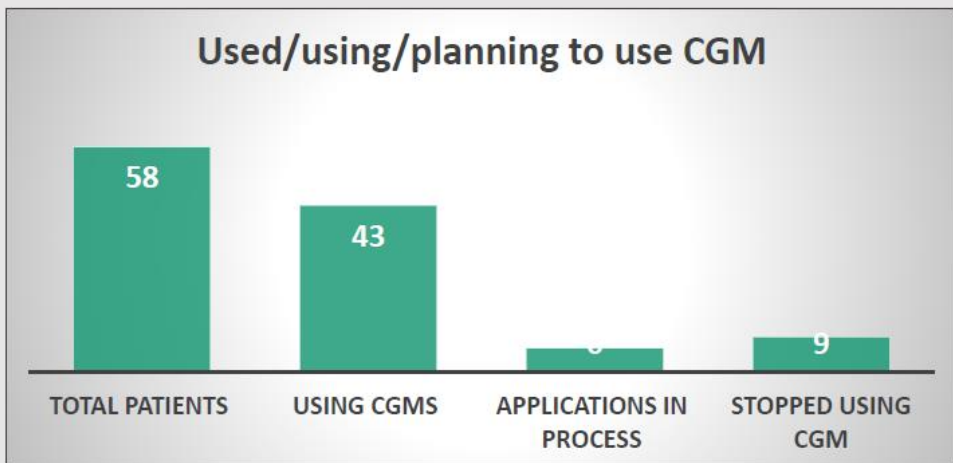
Type of operation	April 18-March 19	April 19-March 20	April 20-March 21	April 21-March 22
Brain Tumour	109	115	105	108
Cerebrospinal Fluid (CSF) related	267	281	229	281
Epilepsy	138	116	103	154
Craniofacial	232	248	189	271
Cranio-Cervical Junction	45	30	37	36
Cranio - Other	76	79	52	65
Spinal Tumour	12	22	16	8
Dysraphism	77	61	68	83
Spinal - Other	48	50	26	62
Vascular related	37	49	44	52
Neural Drug Delivery	-	4	6	12
<b>Total</b>	<b>1,041</b>	<b>1,055</b>	<b>875</b>	<b>1,132</b>

Year	Total number of shunt operations	Number of shunt infections	Percentage of shunt infections
April 2021 to March 2022	190	7	3.70%
April 2020 to March 2021	166	3	1.81%
April 2019 to March 2020	227	4	1.76%
April 2018 to March 2019	196	5	2.55%

# Clinical Outcomes

Endocrine-Congenital Hyperinsulinism-Continued Glucose Monitoring

## CGM at GOSH CHI HSS Service



*Handwritten signature*





**Trust Board**  
**18<sup>th</sup> October 2023**

**September IQPR (August 2023 Data)**

**Submitted by:**

John Quinn COO

**Co-Authors**

Prof Sanjiv Sharma, Chief Medical Officer

Tracy Lockett, Chief Nurse

Caroline Anderson, Director of HR & OD

**Paper No: Attachment G**

**For discussion**

**Purpose of report**

To present the Integrated Quality and Performance Report and narrative to the Board to show the Trust level key performance indicators and to provide the Board with assurance that the indicators on patient safety, patient experience, well led, access and efficiency are monitored regularly.

**Summary of report**

Activity recovery from the Junior Doctor's and Consultants' strike has been strong, and when compared to 19/20 activity overall is at 117%. However, with impending strikes activity levels are being closely monitored. Activity for month 5 was -4.1% down v plan but 0.6% down up 2022/23 activity levels.

FFT for both inpatients and outpatients is above target and there is very positive feedback about the level of care provided by staff. Once again cancellations remains a dominant cause for complaint.

Three new serious incidents were declared, totalling six open in this month. There is an increase in overdue SI actions but there are plans to close 45% of actions within 3 weeks. Duty of Candour (DoC) saw 100% compliance for stage 3 and 75% compliance with stage 2 (4/7). The average delay was 6.3 days and were due to delays in the initial conversation with families and drafting letters.

RTT and DM01 performance has decreased. Cancer metrics were positive meeting all standards. Issue for focus continue to be long waits for access (+104, 78 and 52 weeks) as these remain a challenge in particular specialties. Programmes of work are being put in place to address this and regular updates are being shared externally on progress.

CV Line infections continue to be slightly higher than normal but 3 episodes are associated with one patient. Zero cases of MRSA or CDifficile were reported in August.

The Trust's Better Value target for 2023/24 is £32.5m, of which £16.5m is an additional contribution from IPC. A detailed programme to deliver the remaining £16m is in development, although has been delayed because of the immediate need to address the operational challenges related to recent industrial actions

Well-led remains a focus for the Trust. Vacancy rates for the Trust has increased slightly to 10.5%. Voluntary turnover increased to 16.1% for the Trust but nursing rates have increased to 16.4%. Sickness has stayed the same at 3.1%, and in nursing it has increased slightly to 4.2%.

**Patient Safety Implications**

The IQPR includes metrics and analysis on Patient Safety.



Attachment G

<b>Equality impact implications</b> There are no specific metric on equality, but the report includes metrics on Access, Freedom to speak up and Patient experience.
<b>Financial implications</b> The IQPR only includes metrics on Better Value and no other specific metrics on Finance, but access and activity performance will also have implications on revenue.
<b>Action required from the meeting</b> To review and comment on the report.
<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



**NHS**

Great Ormond Street  
Hospital for Children  
NHS Foundation Trust

# Integrated Quality & Performance Report

## September 2023

Reporting August 2023 data



**John  
Quinn**

Chief  
Operating  
Officer

**Tracy  
Luckett**

Chief Nurse

**Sanjiv  
Sharma**

Medical  
Director

**Caroline  
Anderson**

Director of HR  
& OD

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Effectiveness	9
Patient Experience	10
Well Led	14
Patient Access	22
Appendices	

For Month 5 of 23/24 all activity was -4.1% down v plan but 0.6% up on 2022/23 activity levels. However, when comparing to 19/20 activity overall is 11.7% up. YTD activity is 2.1% down against plan but 11.1% above 2022/23 and 13.2% above 2019/20. To end of month 5, 17 days have been strike affected out of 104 working days (16%). Typically activity levels on strike days drop to 60% of normal activity. Making this adjustment the Trust would be 4.7% up against plan without the strikes.

Three new serious incidents were declared, totalling six open in this month. There is an increase in overdue SI actions but there are plans to close 45% of actions within 3 weeks. Duty of Candour (DoC) saw 100% compliance for stage 3 and 75% compliance with stage 2 (4/7). The average delay was 6.3 days and were due to delays in the initial conversation with families and drafting letters. All stage 2 letters have been sent. The number of newly reported incidents continues to fluctuate but remains consistent with levels seen in the same period in 2022. Overall number of open incidents has risen but this is due to slowing in closure rates driven by annual leave and industrial action.

FFT for both inpatients and outpatients is above target and there is very positive feedback about the level of care provided by staff. Once again cancellations remains a dominant cause for complaint.

The vacancy rate for the Trust has risen slightly to 10.5% compared to previous months. Voluntary turnover increased to 16.1% for the Trust but nursing rates have increased to 16.4%. Sickness has stayed the same at 3.1%, and in nursing it has increased slightly to 4.2%.

RTT has decreased slightly to 66.8% (from 67.2% in July) and remains above the above the national average of 58%. Diagnostics has decreased to 77.7% and 6 week waits have increased. All Cancer standards have been met. Long waiters continue to be an issue. At a time when NHSE are looking to reduce these, the Trust reported 15 x 104-week waits and 91 x 78-week waits. The current forecast for 78-week waits is 102 by the end of September This is above the provisional trajectory submitted to NCL. Various programmes are being put in place to address long waits including mutual aid from UCLH on dental services, RNOH for Orthopaedics, additional theatre lists and discussion with GSTT regarding Plastic Surgery.

The Trust's Better Value target for 2023/24 is £32.5m, of which £16.5m is an additional contribution from IPC. A detailed programme to deliver the remaining £16m is in development, although has been delayed because of the immediate need to address the operational challenges related to recent industrial actions. There are currently schemes valued at over £10m which are considered to be lower risk and highly likely to deliver in full.

# Integrated Quality & Performance Report, August 2023

## 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:** Incident numbers were higher than typical in August but still within expected upper and lower limits. Overall incident numbers have risen due to a lower than typical number of incidents sent for closure. This is not uncommon in August when staffing across the trust is lower than usual.
- Serious Incidents:** Three new serious incidents were declared in August. These related to an information governance breach, management of an ECMO cannulation, and management of a deteriorating patient. All three SIs are expected to be completed by November.
- Duty of Candour:** Seven stage 2 duty of candour letters were due in August. All were completed, three were delayed and missed the 10 working day deadline by average 6.3 days. This was due to delays in the initial conversation with families and drafting the letter within the 10 days. Five stage 3 duty of candour letters were due in the month, all were sent on time.
- Risks:** Compliance for review of high rated risks dropped in August but overall risk compliance remains high, with 93% of risks being reviewed on time according to the Risk Management policy.
- Overdue SI Actions:** 8 actions went overdue on last day of month. HoPS will address CAMHS action at meeting on 13/10/2023 with view to closing off and will raise actions to attention of owners to close off if completed.

Patient Safety - Incidents		Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Last 12 months	RAG	Stat/Target		
New Incidents	Volume	600	617	592	498	551	550	589	476	528	627	589	657		No Threshold	Target		
Total Incidents (open at month end)	Volume	2181	2013	1523	1367	1441	1489	1836	1939	2187	1950	2100	2382		No Threshold	Target		
New Serious Incidents	Volume	1	1	1	1	1	0	2	1	1	1	1	3		No Threshold	Target		
Total SIs (open at month end)	Volume	12	3	3	3	3	2	3	4	4	5	3	6			Target		
Overdue SI Actions	Volume	18	20	15	16	11	19	9	15	12	5	18	24		>20	10 - 20	0 - 9	Target
Incidents involving actual harm	%	11%	10%	13%	11%	14%	12%	13%	13%	11%	13%	13%	11%		>25%	15% - 25%	<15%	Target
Never Events	Volume	0	0	0	0	0	0	0	0	0	0	0	0		>/=1		0	Stat
Pressure Ulcers (3+)	Volume	1	1	1	0	0	0	1	0	0	0	0	1		>1	=1	=0	Stat
Duty of Candour Cases (new in month)	Volume	7	3	4	1	2	7	3	3	6	4	5	7		No Threshold			Target
Duty of Candour – Stage 2 compliance (case due in month)	%	3/6	3/5	3/4	1/2	1/2	2/4	3/4	2/4	3/3	0/2	3/3	4/7		<75%	75% - 90%	>90%	Target
Duty of Candour – Stage 3 compliance (case due in month)*	%	0/0	2/4	2/5	2/3	1/4	2/3	1 / 1	2/4	3/3	0/1	3/4	5/5		<50%	50% - 70%	>70%	Target
High Risks (% overdue for review)**	%	9%	4%	5%	35%	19%	26%	48%	59%	15%	4%	11%	38%		>20%	10% - 20%	<10%	Target

\* This measure reflects the total number of Stage 3 DOC and SI reports due in month. Both investigations have a 60 working day compliance, after review of the measure through the DoC policy review process.

\*\* From December 2022 onwards this figure include risks rated 15+ (previously 12+)

# Patient Safety - Infection Control & Inpatient Mortality

## Overview

- CV Line infections continue to be slightly higher than normal but 3 episodes are associated with one patient.
- No Cdiff cases have been reported.
- Both the number of cardiac arrests and respiratory arrests outside of ICU/theatres are within normal variation.
- The inpatient mortality rate is 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 on the 9th March 2023 and covers the calendar years 2019-21. 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

		Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	2023/24 YTD	Last 12 months	RAG (23/24 threshold)	Stat/ Target	
Total C Difficile cases	In Month	1	1	1	3	1	2	0	0	1	0	0	0	1			Stat	
C difficile Trust Assigned	Annually								0	1	0					>7	N/A <=7	Stat
MRSA	In Month	0	1	0	0	0	0	0	0	0	0	1	0	1		>0	N/A =0	Stat
MSSA	In Month	0	1	2	5	1	2	2	1	0	1	1	2	5		No Threshold		
E.Coli Bacteraemia	In Month	2	2	2	2	2	0	1	1	2	2	1	3	9		>8	N/A <=8	Stat
Pseudomonas Aeruginosa	In Month	2	1	1	0	2	0	0	2	2	2	0	1	7		>8	N/A <=8	Stat
Total Klebsiella spp	In Month	0	2	5	3	3	4	3	5	2	1	5	2	15				Stat
Klebsiella spp Trust Assigned	Annually								2	1	1	5	2	11		>11	N/A <=11	Stat
CV Line Infections (note 1)	In Month	2.5	2.4	1.8	2.6	1.7	1.9	2.1	1.5	1.7	1.4	3.3	2.3	2.0		>1.6	N/A <=1.6	T

1 GOSACVCRB (GOS acquired CVC related bacteraemias)

2 Lapses of care are reviewed annually with NCL

## Inpatient Mortality & Cardiac Arrest

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Last 12 months	RAG	Stat/ Target
Number of In-hospital Deaths	7	12	4	9	8	13	11	11	8	7	7	6		No Threshold	
Inpatient Mortality per 1000/discharges	6.6	11.6	3.8	10.2	7.8	13.8	10.3	11.8	7.8	6.5	7.0	5.6		No Threshold	
Cardiac arrests outside ICU/theatres	2	2	0	2	2	2	1	0	3	3	1	0		No Threshold	
Respiratory arrests outside ICU/theatres	2	2	0	1	2	0	1	1	5	5	3	4		No Threshold	
Inquests currently open	10	12	12	9	8	6	8	17	15	17	20	18		No Threshold	

Return to CC

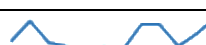









## Better Value:

The Trust's Better Value target for 2023/24 is £32.5m, of which £16.5m is an additional contribution from IPC. A detailed programme to deliver the remaining £16m is in development, although has been delayed because of the immediate need to address the operational challenges related to recent industrial actions. Schemes valued at over £10m are largely considered to be lower risk and highly likely to deliver in full; further work continues with directorates to increase the identified value of the programme, including in light of the actual YTD cumulative financial performance. Many of the schemes included, however, still require final sign-off of their documentation and EQIAs, the Better Value Delivery Group has agreed that all outstanding documentation must be submitted before the end of this month (September). The EQIA panel is meeting in the coming weeks to review all documentation submitted to date. This work is being supplemented by a range of cross organisational schemes in areas such as clinical procurement, pharmacy and laboratory test optimisation, contract reviews, printing and mail, patient transport and accommodation – these being supported by the establishment of dedicated task and finish groups.

*Better value YTD actual for May was an estimate as actuals were not available then.*

## Effectiveness

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Last 12 months
Speciality led clinical audits completed (actual YTD)	66	80	90	100	110	116	126	4	4	15	19	24	
Outcome reports published (YTD)	3	5	7	7	8	9	13	2	2	4	4	5	
QI Project completed	3	9	2	1	0	1	0	8	8	1	5	10	
QI Projects started	6	2	14	17	14	12	19	14	18	11	14	5	
NICE guidance currently overdue for review	0	0	0	0	0	0	0	0	0	0	0	0	
Better Value YTD Actual	£6,010,393	£8,681,000	£9,848,000	£11,152,000	£12,822,000	£14,061,472	£16,048,000		£754,000	£649,000	£824,000	£1,872,000	
% value of schemes identified compared to their Better Value target	78%	82.4%	77.8%	77.6%	77.6%	77.6%	77.6%					63.70%	
Number of schemes identified	119	125	125	125	125	125	125	50	58	78	88	109	
Number of schemes fully signed off and EQIA assessed	75	118	118	118	118	118	118					22	
Number of schemes identified but not signed off	34	7	7	7	7	7	7					100	

Our [Quality Hub](#) shows clinical outcomes, clinical audit activity, and QI work that is taking place across the Trust.

Our [QI -](#) is space to recognise the good work that teams around the Trust do to improve quality, and an opportunity to see the positive outcomes of Quality work at GOSH.


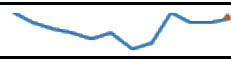





# Patient Experience

## Overview

The Inpatient FFT met the Trust target for response rate and experience rating for August, however, the response rate dropped by 6%, although this is not unusual in the summer months. Both the inpatient and outpatient experience scores remained above target, with inpatients reducing by 1% and outpatients increasing by 1%. The overall amount of feedback received during August increased to 1799 from 1562 in July. Negative comments were varied. There continue to be negative comments about the problematic lifts in the Royal London Hospital for Integrated Medicine, the lack of activities in waiting areas and the need for an onsite shop with a greater variety of stock. Positive comments included lots of praise for individual staff which has been shared. There were comments about how staff care holistically for the whole family and how friendly and welcoming staff are to patients and families. There were also comments about staff professionalism and knowledge. The cleanliness of the hospital was also praised.

9 new formal complaints were received in August, which is consistent with the average number of complaints per month. Numerous complaints were raised regarding short-notice cancellations for surgery, appointments and admissions and the impact this has on families both emotionally, practically and financially. Families also raised concerns about the conduct or manner of staff.

Pals received 174 contacts in August. Contacts primarily related to families wanting clarity on patient's care/ treatment plans, accommodation enquiries, cancellations of OPA/Admissions and families sharing their experiences with ward/medical teams.

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Last 12 months	RAG		
FFT Experience rating (Inpatient)	99.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	99.0%	98.0%	99.0%	99.0%	98.0%		<90%	90-94%	>=95%
FFT experience rating (Outpatient)	97.0%	95.0%	94.0%	93.0%	92.0%	93.0%	90.0%	91.0%	97.0%	95.0%	95.0%	96.0%		<90%	90-94%	>=95%
FFT - response rate (Inpatient)	28.0%	24.0%	24.0%	25.0%	25.0%	28.0%	29.0%	30.0%	27.0%	35.0%	31.0%	26.0%		<25%	N/A	>=25%
PALS - per 1000 episodes	10.46	9.74	9.51	9.75	8.58	9.23	10.77	7.55	10.14	11.07	7.11	7.25		No Threshold		
Complaints- per 1000 episodes	0.58	0.36	0.55	0.51	0.47	0.53	0.42	0.49	0.37	0.31	0.45	0.38		No Threshold		
Red Complaints -% of total (note 1)	7%	6%	6%	6%	5%	4%	4%	4%	4%	5%	5%	4%		>12%	10-12%	<10%
Re-opened complaints - % reopened (2)	9%	9%	9%	8%	6%	4%	4%	4%	4%	5%	4%	3%		>12%	10-12%	<10%

Notes:  
 1. Rolling 12 month average  
 2. Since April 2020

**Contractual staff in post:** Substantive staff in post numbers in August was 5366.1 compared to July (5363.9) , which is 2.2 FTE less than the previous month. The headcount was 5816 for the current month (-2on the previous month).

**Unfilled vacancy rate:** August 2023 vacancy rates for the Trust have increased to 10.5% from 9.9% the previous month. The vacancy rates are highest in International and Private Care (24.3%), Research and Innovation (46.2%) and Transformation (62%).

**Turnover:** is reported as voluntary turnover over a rolling 12 month period. Voluntary turnover decreased marginally to 13.7% down 0.1% from the previous month for the second consecutive month.

**Agency usage:** Agency usage for July has dropped to 1.2%, which is 0.1% less from the previous month but remains within the 2% trust target. Corporate areas such as Finance (9.3%), Medical Directorate (8.4%), are the highest spending directorates.

**Statutory & Mandatory training compliance:** The August training rate for the Trust has remained stable at 93%, decreasing by 1% from the previous month with all directorates meeting the target, with the exception of Space & Place (86%).

**Appraisal/PDR completion:** The non-medical appraisal rate for August is 84%, stable from the previous month with no directorates meeting the Trust target. Consultant appraisal is remains at 95% this month.

**Sickness absence:** August sickness is slightly over the trust target at 3.1%. In order to benchmark GOSH sickness more accurately, and provide a more realistic target the Trust has incorporated the national NHS sickness rate into it's RAG rating (see Well led page for details). The national rate for May was 4.82%.

**Freedom to Speak Up:** 10 staff contacted the FTSU Guardian in August to speak up which is a small increase compared to July (10). The highest themes being raised (each case may have more than one theme) related to patient safety or quality of care, policies/ process and staff safety/ staff wellbeing. Staff speaking up came from a variety of professional backgrounds.

## Well Led Metrics Tracking

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Last 12 months	RAG Levels			Stat/Target	
Mandatory Training Compliance	93.0%	93.0%	94.0%	94.0%	94.0%	94.0%	94.3%	94.0%	93.9%	93.7%	94.0%	93.0%		<80%	80-90%	>90%	Stat	
Stat/Man training – Medical & Dental Staff	83.0%	85.0%	88.0%	90.0%	91.0%	91.0%	89.0%	89.0%	89.0%	90.0%	90.0%	88.0%		<80%	80-90%	>90%	Stat	
Appraisal Rate (Non-Consultants)	77.0%	82.0%	83.0%	84.0%	82.0%	81.0%	82.6%	82.0%	80.7%	82.8%	84.0%	84.0%		<80%	80-90%	>90%	Stat	
Appraisal Compliance (Consultant)	85.0%	85.0%	85.0%	94.0%	95.0%	93.0%	90.7%	90.6%	91.0%	90.6%	91.0%	95.0%		<80%	80-90%	>90%	Stat	
Honorary contract training compliance	68.0%	70.0%	69.0%	69.0%	69.0%	66.0%	65.0%	66.0%	65.0%	71.0%	71.0%	72.0%		<80%	80-90%	>90%	Stat	
Safeguarding Children Level 3 Training	95.0%	95.0%	95.0%	96.0%	97.0%	96.0%	96.0%	96.0%	98.0%	99.0%	99.0%	98.0%		<80%	80-90%	>90%	Stat	
Safeguarding Adults Level 2 Training	93.0%	93.0%	95.0%	95.0%	96.0%	95.0%	95.0%	95.0%	95.0%	95.0%	96.0%	95.0%		<80%	80-90%	>90%	Stat	
Resuscitation Training	82.0%	83.0%	87.0%	87.0%	87.0%	87.0%	86.0%	85.0%	86.0%	86.0%	87.0%	87.0%		<80%	80-90%	>90%	Stat	
Sickness Rate <small>see note 3</small>	3.6%	3.5%	4.0%	4.5%	3.7%	3.0%	3.3%	2.7%	2.8%	3.0%	3.1%	3.1%		>5.3%	3-5.3%	<3%	T	
Turnover Rate (Voluntary)	13.6%	13.9%	14.3%	14.0%	14.2%	14.2%	14.4%	14.4%	14.2%	14.0%	13.8%	13.7%		>14%	N/A	<14%	T	
Vacancy Rate – Trust	7.4%	5.9%	6.3%	6.9%	7.2%	7.0%	7.1%	7.1%	9.8%	9.5%	10.0%	10.5%		>10%	N/A	<10%	T	
Vacancy Rate - Nursing	9.0%	4.5%	5.6%	7.0%	7.7%	8.3%	8.0%	8.0%	10.2%	11.2%	12.6%	14.8%		No Threshold			T	
Bank Spend	5.4%	5.4%	5.4%	5.3%	5.4%	5.4%	5.2%	6.4%	5.8%	5.6%	5.8%	5.8%		No Threshold			T	
Agency Spend	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.3%	1.4%	1.4%	1.3%	1.2%		>2%	N/A	<2%	T	
Quarterly Staff Survey - I would recommend my organisation as a place to work					65.0%					64.0%				60%	No Threshold			T
Quarterly Staff Survey - I would be happy with the standard of care provided by this organisation					87.0%					87.0%				86%	No Threshold			T
Quarterly Staff Survey - Overall Staff Engagement (scale 0-10) <small>See note 1</small>					7.0					7.0				6.8	No Threshold			T
Quarterly Staff Survey - Communication between senior management and staff is effective <small>See note 1</small>					45.0%					44.0%				39%	No Threshold			T
Number of people contacting the Freedom To Speak Up Service	11	15	13	10	7	11	9	18	14	11	8	10		No Threshold			T	
Number of Themes of concerns raised as part of Freedom to Speak Up Service (note 2)	15	21	23	15	9	15	17	31	21	17	10	12		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

Note 3: Sickness rate target has changed to the national average from Nov 22

# Directorate KPI performance August 2023

Metric	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Core Clinical Services	Genetics	Heart & Lung	Sight & Sound	International	Clinical Operations	Corporate Affairs	ICT	Space and Place	Finance	Human Resources & Organisational Development	Medical Directorate	Nursing & Patient Experience	Research & Innovation	Transformation	Innovation
Voluntary Turnover	14%	13.7%	13.6%	16.2%	14.6%	14.6%	15.5%	13.5%	17.6%	14.6%	6.6%	31.6%	5.8%	5.8%	11.3%	32.6%	7.6%	11.0%	16.8%	6.9%	12.3%
Sickness (1m)	3% - National Average (4.82%)	3.1%	2.6%	2.4%	3.3%	2.6%	1.8%	3.6%	4.5%	2.9%	4.9%	0.0%	0.5%	5.0%	1.2%	3.7%	0.1%	4.1%	4.2%	1.2%	0.6%
Vacancy	10%	10.5%	6.8%	4.8%	11.8%	5.2%	-2.2%	6.9%	10.8%	24.3%	16.1%	14.2%	3.7%	13.9%	11.7%	6.0%	14.6%	9.6%	46.2%	62.0%	-4.0%
Agency YTD	2%	1.2%	0.0%	0.2%	0.2%	2.4%	0.0%	0.2%	0.0%	2.7%	2.7%	1.5%	0.0%	4.4%	9.3%	3.1%	8.4%	0.6%	0.0%	0.0%	0.9%
PDR	90%	84%	84%	86%	89%	83%	84%	83%	82%	84%	84%	74%	76%	86%	79%	85%	86%	79%	89%	81%	73%
Stat/Mand Training	90%	93%	93%	91%	93%	94%	98%	92%	94%	96%	95%	90%	99%	86%	94%	96%	95%	96%	97%	96%	94%

Key: ■ Achieving Plan ■ Within 5% of Plan ■ Not achieving Plan

# Safer Staffing- Nursing only

**Vacancy rate:** Average registered nurse (RN) vacancy rate increased to 14.8% in Aug, this has been driven through a combination of factors: an increase in budgeted establishment (72 WTE), a seasonal trend in leavers over summer and the rising cost of living. Recruitment campaigns continue across all directorates in partnership with the HR team. The trust is also planning to re-join the Capital Nurse Consortium to explore new international recruitment pipelines. A pipeline of 144 NRNs are in place for October & January start dates.

**Voluntary Turnover:** Based on a 12 month rolling average, the vol. turnover for Aug has improved to 15.8% but remains above trust target (<14%). We continue to drive forward the retention actions in an effort to retain our skilled and experienced nurses, and this will be monitored through the Nursing Delivery Committee.

**Sickness absence:** Nursing sickness rates remains above trust target (3%) at 4.2% in Aug.

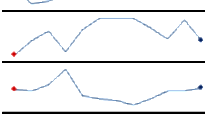
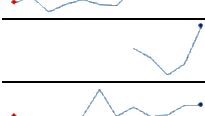

**CHPPD:** CHPPD is a benchmarking metric to provide a picture of care, it does not reflect true skill mix or patient acuity. This has remained stable across the trust at 16.8 in Aug. Safe staffing levels are maintained through bed closures when levels drop as a result of vacancies or short term sickness. Therefore CHPPD only reflects the staffing levels based on open and occupied beds.

**CHPPD Actual vs Plan:** The Trust average was 103% in Aug and remains within acceptable parameters.

**Agency spend:** Agency use remains low at 1.2%. Bank fill rates in Aug were 63% and have now been corrected and backdated, the issue in Healthroster has been identified and addressed. A new contract has been negotiated as part of the NCL framework with a target fill rate of 85% agreed with monthly performance meetings in place to monitor KPIs.

**Safe Staffing Incidents:** There were 6 safe staffing incidents reported in Aug, these are currently being investigated. Two in CCS, one in H&L, one in Brain, one in S&S and one on Mildred Creek (BBM). The main themes relate to skill mix/competencies, staffing levels as a result of short term sickness, and lack of senior, CSP and peer support from other wards.

**Bed closures:** Although the metrics are demonstrating safe staffing levels are being maintained, this only reflects the open bed base and not the full bed base. Bed closures and reduced activity are used to maintain safe staffing levels for inpatients however this impacts on patient experience, delayed treatment and patient outcomes. The top three wards for bed closures in August were Butterfly (168), Bumblebee (134) & Koala (112).

Safer Staffing Metrics	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Last 12 months	RAG Levels			Stat/Target
Vacancy Rate - Nursing	9.0%	4.5%	5.6%	7.0%	7.7%	8.2%	8.0%	8.0%	10.0%	11.2%	12.6%	14.8%		>11%	10.1% - 11%	<= 10%	T
Turnover Rate (Voluntary)	15.3%	15.8%	16.1%	15.4%	16.1%	16.5%	16.5%	16.5%	16.2%	15.8%	16.4%	15.8%		>14%	N/A	<14%	T
Sickness Rate see note 3	4.0%	4.0%	4.3%	5.5%	3.7%	3.4%	3.4%	3.0%	3.4%	4.0%	4.0%	4.2%		>5.3%	3-5.3%	<3%	T
Care Hours per Patient Day (CHPPD)	15.0	15.5	14.4	15.0	15.3	15.0	14.9	16.0	15.9	16.5	16.2	16.8		No Threshold			T
Care Hours per Patient Day (CHPPD)- Actual vs Plan					104%	99%	102%	99%	98%	94.8%	96.7%	103.0%		<80%	80-90%	>90%	T
Agency Spend	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	0.0%	1.0%	0.1%	0.3%	1.3%	1.2%		>2%	N/A	<2%	T
Safe Staffing incidents	13	13	10	15	3	6	13	6	7	3	6	6		No Threshold			T
Bank fill rate	72%	66%	67%	58%	70%	69%	66%	69%	67%	67%	63%	63%		No Threshold			T
Total monthly Bed closures	735	537	320	742	722	600	802	744	865	545	512	558		No Threshold			T

# Directorate performance for Safer Staffing – Nursing Only August 23

Metric	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Core Clinical Services	Heart & Lung	Sight & Sound	International	Research & Innovation
Voluntary Turnover	14%	15.8%	12.9%	14.6%	19.0%	17.0%	16.1%	17.0%	19.4%	18.0%
Sickness (1m)	3%	4%	3.7%	4.0%	4.7%	2.2%	5.3%	5.7%	2.1%	5.0%
Vacancy	10%	14.8%	6.2%	14.9%	27.3%	8.3%	12.8%	8.3%	32.3%	24.9%
Agency YTD	2%	1%	0%	0%	0%	2%	0%	0%	3%	0%
PDR	90%	88%	86%	92%	90%	91%	89%	91%	85%	88%
Stat/Mand Training	90%	94%	93%	94%	96%	95%	94%	93%	95%	96%
CHPPD	-	16.8	15.7	12.5	12.7	n/a	24.3	13.4	13.9	n/a
CHPPD Actual vs Planned	-	103%	112%	95%	98%	n/a	106%	113%	101%	n/a
Incidents	-	6	0	1	1	2	1	1	0	0
Total bed closures	0	558	139	0	117	n/a	0	0	302	n/a

Key: ■ Achieving Plan ■ Within 5% of Plan ■ Not achieving Plan



# Patient Access Metrics

## Access Metrics Tracking

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Trajectory	Last 12 months	RAG Levels			Stat/Target
RTT Open Pathway: % waiting within 18 weeks	71.8%	72.4%	73.2%	70.9%	71.4%	69.8%	67.3%	67.7%	68.4%	66.5%	67.2%	66.8%	Below		<92%	N/A	>=92%	Stat
Waiting greater than 18 weeks - Incomplete Pathways	2,023	2,012	1,944	2,154	2,169	2,280	2,464	2,415	2,526	2,584	2,625	2,709	-		No Threshold			-
Waiting greater than 52 weeks - Incomplete Pathways	202	206	219	248	279	311	356	379	438	420	423	431	Above		>0	N/A	=0	Stat
Waiting greater than 78 weeks - Incomplete Pathways	30	28	28	45	47	52	58	75	89	79	91	91	Below		TBC			T
Waiting greater than 104 weeks - Incomplete Pathways	1	1	3	5	5	3	4	9	11	10	13	15	Above		>0	N/A	=0	Stat
18 week RTT PTL size	7176	7295	7264	7401	7580	7545	7532	7482	7990	7706	7996	8148	-		No Threshold			-
Diagnostics- % waiting less than 6 weeks	83.5%	88.4%	89.2%	82.6%	82.6%	87.6%	81.9%	80.7%	83.7%	83.9%	82.3%	77.7%	Below		<99%	N/A	>99%	Stat
Total DM01 PTL size	1,463	1,714	1,747	1,767	1,663	1,841	1,672	1,668	1,673	1,637	1,765	1,606	-		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	100%	100%	100%	100%	100%	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%	94%	92%	93%	100%	100%	100%	100%	100%	-		No Threshold			-
Cancelled Operations for Non Clinical Reasons (note 1)	33	38	53	27	45	34	28	21	23	30	22		-		No Threshold			-
Cancelled Operations: 28 day breaches	2	5	1	3	3	3	1	1	2	4	5		-		>0	N/A	=0	Stat
Number of patients with a past planned TCI date (note 4)	1,112	1,193	1,270	1,261	1,390	1,356	1,422	1,542	1,552	1,625	1,570	1,592	-		No Threshold			-
NHS Referrals received- External	2,611	2,901	2,920	2,453	2,754	2,667	2,725	2,176	2,843	2,804	2,682	2,525	-		No Threshold			-
NHS Referrals received- Internal	1,820	2,124	2,198	1,625	1,980	2,039	2,136	1,753	2,067	2,024	1,980	1,849	-		No Threshold			-
Total NHS Outpatient Appointment Cancellations (note 2)	6,910	6,352	6,368	6,449	6,308	6,212	7,456	6,061	6,500	6,760	7,158	7,585	-		No Threshold			-
NHS Outpatient Appointment Cancellations by Hospital (note 3)	1,707	1,441	1,366	1,576	1,514	1,740	2,113	1,584	1,498	1,548	1,962	1,642	-		No Threshold			-
Outpatient Clinic utilisation																		-

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 Metrics (cont.)

Access Metrics Tracking	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Trajectory	Last 12 months	RAG Levels	Stat/Target
RTT Priority 2 patients	616	699	701	722	692	742	746	729	725	787	807	717	-		No Threshold	
RTT Priority 2 patients beyond fail safe date	189	176	167	205	159	168	208	207	178	206	239	220	-		No Threshold	
Diagnostics- waiting greater than 6 weeks	241	199	190	307	289	228	303	322	273	264	312	359	-		No Threshold	-
Diagnostics- waiting greater than 13 weeks	27	30	29	28	34	30	25	33	45	32	33	54	-		No Threshold	-
Main Theatre Utilisation (NHS Only)	72.7%	70.2%	69.8%	63.3%	64.7%	65.4%	70.7%	66.1%	70.4%	70.9%	67.4%	66.7%	-		<77% N/A >77%	T
Main Theatres Late Start Minutes	8,186	8,834	9,209	8,419	8,998	6,697	7,423	5,212	6,862	7,115	7,454	7,451			No Threshold	
Main Theatres Overrun	6,493	4,991	4,425	3,188	3,586	3,126	4,645	2,675	4,487	5,178	3,959	3,801			No Threshold	
Bed Occupancy (All Wards NHS & PP)	83.6%	83.1%	83.5%	77.7%	84.3%	84.2%	84.9%	80.2%	81.2%	82.6%	78.9%	78.2%			<80% 80-84% =>85%	T
Bed Occupancy (NHS Wards Only)	84.8%	83.3%	86.0%	78.7%	85.7%	84.4%	85.1%	80.4%	81.9%	83.7%	79.9%	78.5%			<80% 80-84% =>85%	T
Bed Closures (All Wards NHS & PP)	735	577	320	742	722	600	802	744	865	545	512	558			No Threshold	
Bed Closures (NHS Wards Only)	618	464	242	381	496	322	479	367	523	181	194	256			No Threshold	
PICU / NICU Refused Admissions	6	2	20	17	10	2	15	2	2	1	4	5			No Threshold	
Cardiac CATS Refused Admissions	1	3	9	1	3	1	4	3	3	3	1	0			No Threshold	
PICU Readmissions within 48 hours	1	1	1	1	0	3	2	2	3	1	3	1			No Threshold	
CICU Readmissions within 48 hours	1	0	2	1	1	0	2	0	1	0	0	1			No Threshold	
NHS Discharge Summaries with 24 hours	78.6%	73.3%	74.2%	70.8%	72.8%	68.0%	69.8%	70.8%	76.3%	82.0%	79.4%	76.8%			<100% N/A 100%	T
Number of NHS Discharge Summaries not sent (ytd)	950	976	1208	1122	1247	1404	1668	1356	1505	432	424	590			No Threshold	
NHS Clinic Letters sent with 7 days	50.9%	58.0%	57.9%	57.9%	56.1%	55.6%	55.3%	52.8%	59.1%	55.9%	61.8%	57.1%			<100% N/A 100%	T
Number of NHS Clinic Letters not sent (ytd)	4578	4556	5024	4670	5218	5354	6102	6157	6158	6040	5610	5301			No Threshold	

# Patient Access - Activity Monitoring at Month 5

## Overview:

For M5 of 23/24 all activity was -4.1% down v plan but 0.6% up on 2022/23 activity levels. However, when comparing to 19/20 activity overall is 11.7% above. YTD activity is 2.1% down against plan but 11.1% above 2022/23 and 13.2% above 2019/20. It should be noted though that inpatient activity is down.

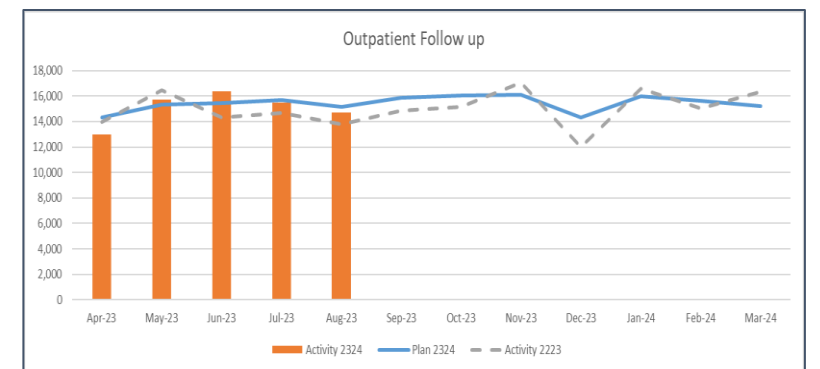
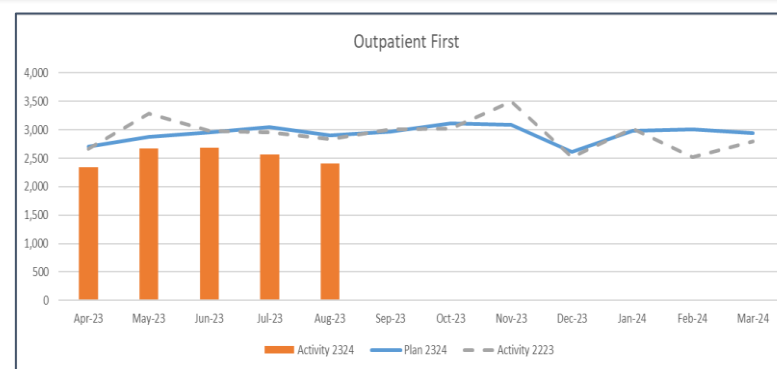
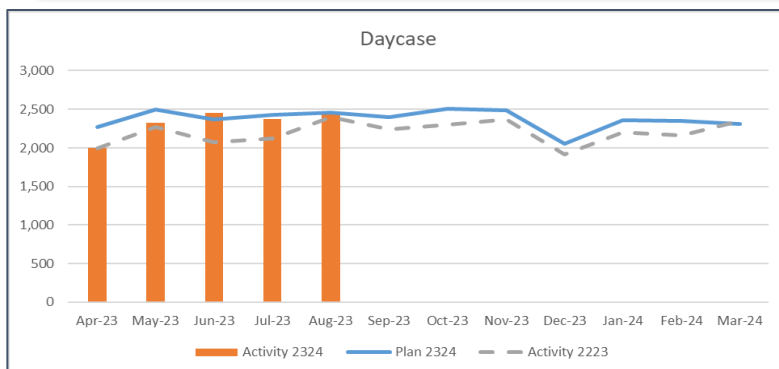
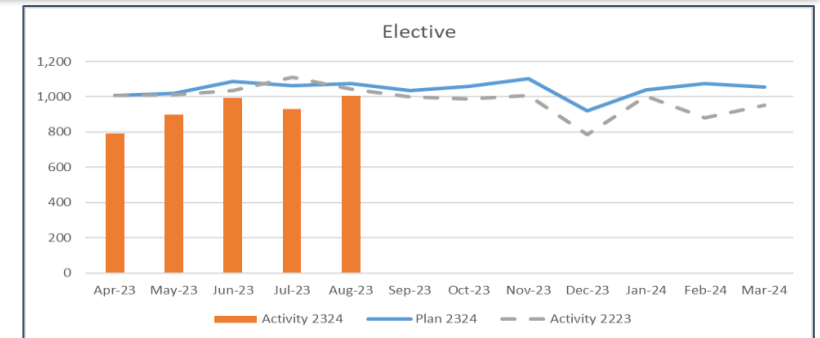
Electives continue to be less than plan at -12.7% and daycases 1.8% below plan. Undoubtedly, this is due to the impact of recent Junior Doctors and Consultant strikes and with future impending strikes activity levels are being closely monitored. To end of month 5, 17 days have been strike affected out of 104 working days (16%). Typically activity levels on strike days drop to 60% of normal activity. Making this adjustment the Trust would be 4.7% up against plan without the strikes.

For M5 23/24, all directorates apart from Sight and Sound were below plan.

With strikes and bed closures continuing this has impacted the delivery of activity, RTT and DM01 waiting time improvements. Continued focus remains on optimising bed capacity, theatres and reducing long waits.

## Overview YTD M5 23-24

POD	Plan 2324	Activity 2324	Activity 2223	Activity 1920	% of 22/23	% of Plan	% of 19/20
Daycase	11,331	11,123	10,841	9,248	102.6%	98.2%	120.3%
Elective	5,160	4,506	4,817	5,699	93.5%	87.3%	79.1%
Emergency	840	761	907	723	83.9%	90.6%	105.3%
First OPA	14,478	12,831	13,611	13,611	94.3%	88.6%	94.3%
Follow-up OPA	75,996	76,192	64,629	64,629	117.9%	100.3%	117.9%
Other	1,057	1,117	1,074	176	104.0%		
<b>Grand Total</b>	<b>108,862</b>	<b>106,530</b>	<b>95,879</b>	<b>94,086</b>	<b>111.1%</b>	<b>97.9%</b>	<b>113.2%</b>



## Overview

Waiting times across the three main national areas of focus remains challenging. The volume of activity being carried out has been impacted by bed closures, strikes, key consultant absence and continued inpatient last minute cancellations.

- **RTT Performance** for August 2023 was **66.8%**, 0.5% decrease from last month and remains below trajectory. The overall PTL size has increased by **152** patients compared to last month, this is mainly due to Clinical Genetics referrals being appropriately actioned. None of the directorates met the 92% standard this month. RTT performance has been affected by the national strikes, inherited breaches, patient and consultant leave, and bed pressures. We do not expect RTT to improve significantly in September due to industrial action taken by Junior Doctors and Consultants.
- There are 15 patients who are waiting above **104 weeks**, a slight increase from last month, when we reported 13 and above the trajectory provided to NHSE. 10 patients are waiting for **Dental** treatment. Three patients were treated in September, and the remaining seven still require a TCI date. One **ENT** patient has a TCI in October. Two **Plastic Surgery** patients have a TCIs, one of the patients is a complex case which had to be coordinated around three surgeons' availability and post op care. One **Neurology** patient was seen in clinic in September but requires further investigations before a decision to treat is made. **78 week waits** have remained the same as last month at 91 and is below the provisional trajectory submitted. **52 week waits** have increased to 431. The long waiters are predominantly in Dental (108), Plastic surgery (70), Orthopaedics (65), ENT (28), Cardiology (22), Ophthalmology (21), Craniofacial (18), SNAPS (14), Spinal Surgery (13) and Urology (14). Revised RTT trajectories and action plans are being produced. Sight & Sound and Body, Bones and Mind directorates are the most challenged.
- At the time of writing the Trust is currently projecting **102** patients, at the end of September 2023, to be waiting 78 week waits or more and is above the provisional trajectory submitted.
- **DM01** performance for August 2023 was **77.65%**, a decrease of 4.65% from the previous month. The number of 6 week breaches has increased this month to 359, compared to 312 last month. 13 week breaches have increased to 54 from 33 last month. The Trust is performing above the backlog forecasted in the trajectories for MRI, CT and Ultrasound but is performing better than trajectory for Endoscopy.
- **Cancer:** It is projected for August that all of the five standards will be met.

## Bottlenecks

- Consultant availability in particular for Dental, Orthopaedics, Spinal and SNAPS
- Junior doctor's and consultant strikes resulted in reduced activity
- 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 as other providers reduce backlogs. (Where patients arrive from referring hospitals with a significant time already on the clock).
- Challenges in diagnostic capacity particularly for MRI 5, MRI sedation, Endoscopy and Echo.
- Respiratory complex patient bed requirement impacting sleep study activity
- Ward decants for required cleaning in some instances reducing bed base for the service
- Bed closures due to combination of patient acuity and staff sickness

## Actions

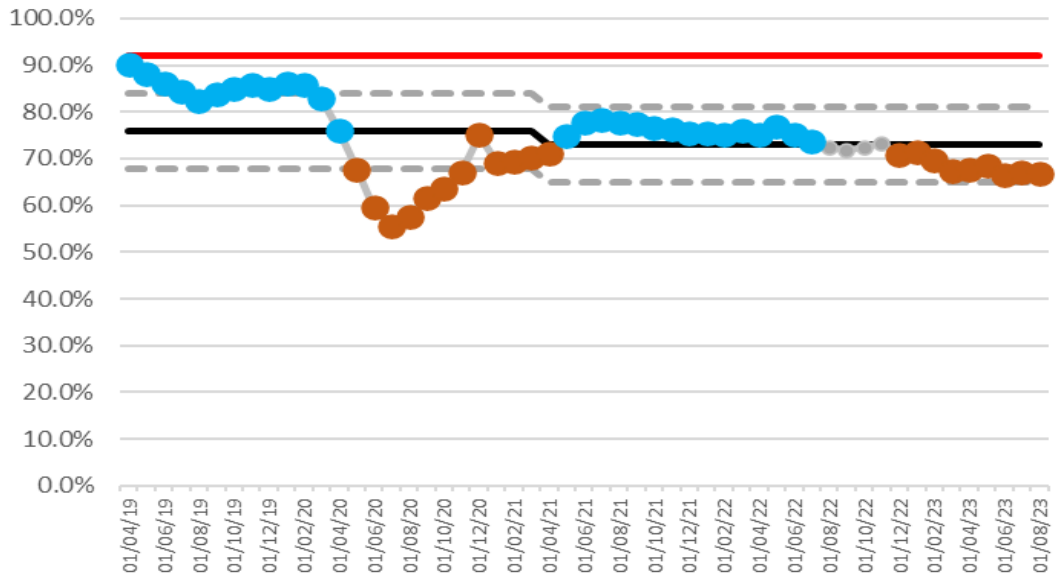
- Revised RTT and Diagnostic trajectories and actions plans have been produced
- Continued focus on reduction of long wait patients
- Mutual aid for Dental Services with UCLH started in June 2023
- Exploring Mutual aid with the Evelina for Plastic Surgery.
- Dental consultant started in July at GOSH working 5 PAs
- Meetings with RNOH regarding Orthopaedic support
- Review of theatre lists from half-day to full-day for some services
- Day-case project commenced reviewing Nightingale Ward usage
- Recruitment of locum Orthopaedic Surgeon
- Recruitment process under way for Spinal Surgeon

# RTT challenges by directorate

- **Body, Bones and Mind:** Highly Complex Patients, single handed consultant specialism where long term cover has recently been recruited to, constraints within theatre and bed (HDU) capacity. For Spinal Surgery: consultant left the Trust in March 2023 reducing capacity to see patients, and injury to Spinal consultant who is awaiting surgery. However, the service is keeping long waiting numbers low. Gastroenterology are running waiting list initiatives to manage 6 week waits and are below submitted trajectories. Discussions are taking place for whole day lists rather than half day lists for Orthopaedics which will increase throughput plus the recruitment of a locum will support throughput. Meetings are taking place with RNOH to reduce Orthopaedic long waits. Four patients so far have been accepted by the RNOH. SNAPs: bed shortage, emergency patients and consultant availability due to sickness and significant outliers impacting booking of patients and increasing cancellations. Establishing 4 bed bay for short stay patients on Sky ward, this is expected to be now in place from end of July 2023.
- **Blood, Cells and Cancer:** Inherited breaches in Dermatology have impacted performance. Immunology is experiencing capacity issues. Capacity constraints for clinics that run quarterly and laser lists. Work is ongoing to create additional capacity and discussions with clinicians regarding laser list booking numbers.
- **Heart and Lung:** Capacity is limited by surgical staffing and general theatre staffing, but most importantly beds on CICU and Bear ward, as well as emergency and urgent patients taking priority, often leading to on-the-day cancellations. ICVD service capacity is challenging and a review has taken place with a business case for increased capacity going to EMT in the coming weeks. Discussion with private provider regarding reducing Cardiac Surgery waiting list is progressing well and is expected to be in place by the end of the summer.
- **Sight and Sound:** Limited HDU bed capacity, which is often shared with neurosurgery is the main challenge for Plastics and Craniofacial specialties. Highly complex patients often require joint surgery with other specialties and are reliant on consultants' availability at the same time. Lack of theatre lists and clinic slot capacity is another challenge the directorate faces. Additional waiting list initiatives are being planned to increase capacity but this is dependent on consultant availability. Limited consultant resource in dentistry nationally and GOSH Dental Consultant on sick leave is contributing to increased long waits. Work with ULCH for mutual aid has started mid-June and GOSH have recruited a Dental Consultant working 5 PAs. Significant risk on reducing 78 week waits over the coming months. Currently working with BBM Team regarding establishing 4 bed bay for short stay patients on Sky ward, this is expected to be in place from end of July 2023.
- **Core Clinical Services:** Main challenge is in Clinical Genetics, recruitment into the previous vacant consultant posts are beginning to positively impact performance and patients are being brought forward.
- **Brain:** Delay in local physiotherapy/rehabilitation funding for SDR patients, VNS capacity constraints the Trust is in discussion for extra lists at UCLH, lack of clinic slot capacity particularly for endocrinology.

# Referral to Treatment times (RTT)

RTT Waits Performance



RTT:

66.8% 0.5%

People waiting less than 18 weeks for treatment from referral.

>52 Weeks:

431 8

Patients waiting over 52 weeks

>78 Weeks:

91 0

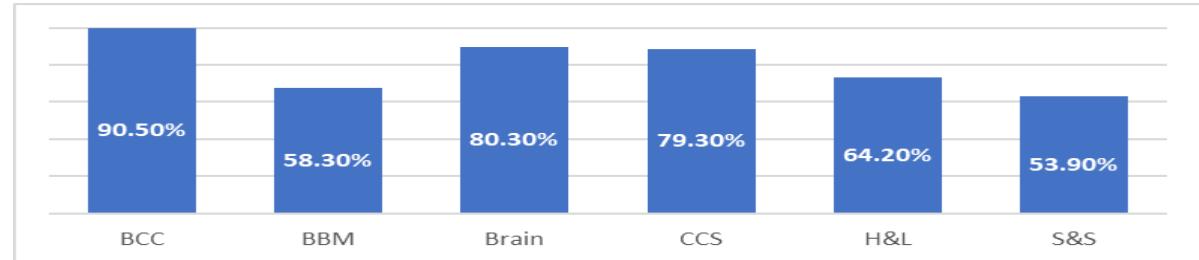
Patients waiting over 78 weeks

>104 Weeks:

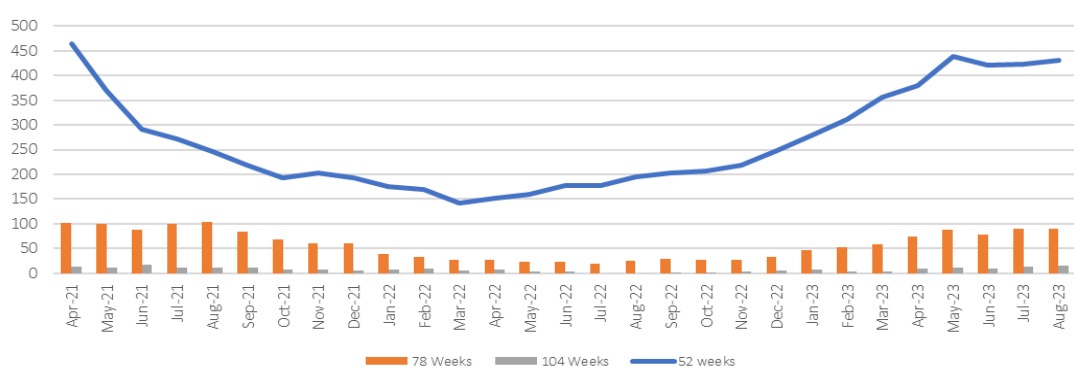
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Patients waiting over 104 weeks

Directorates



RTT Long Waits Monitoring



RTT PTL Clinical Prioritisation – past must be seen by date

P2

220 19

P3

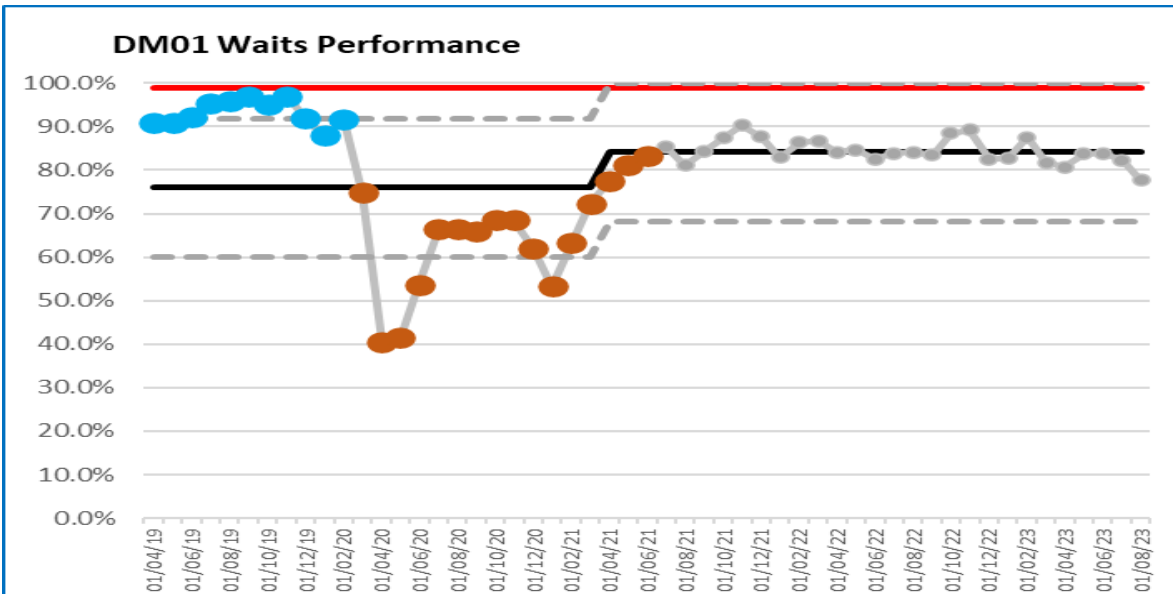
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# Diagnostic Monitoring Waiting Times (DM01)

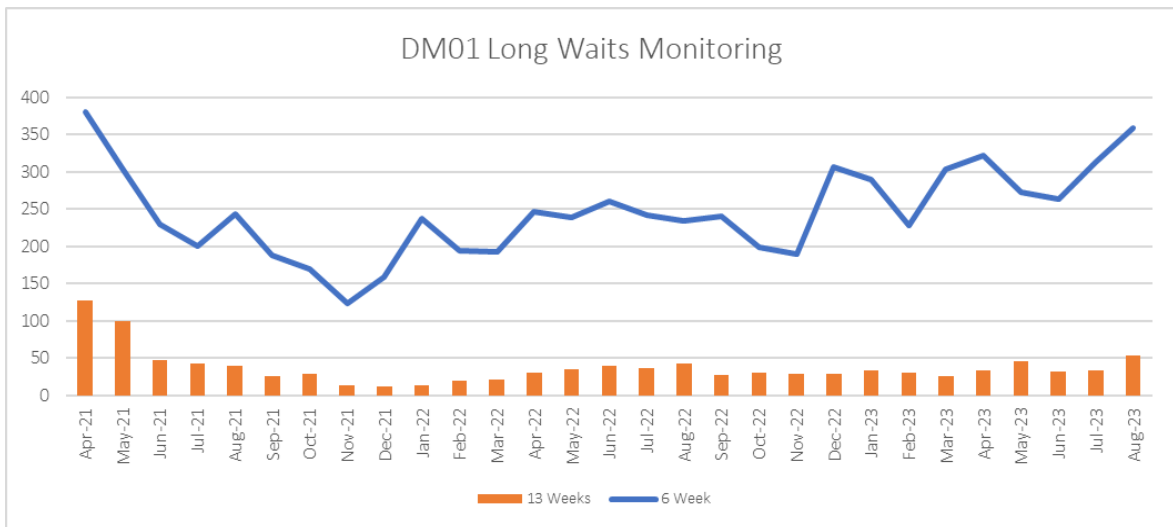
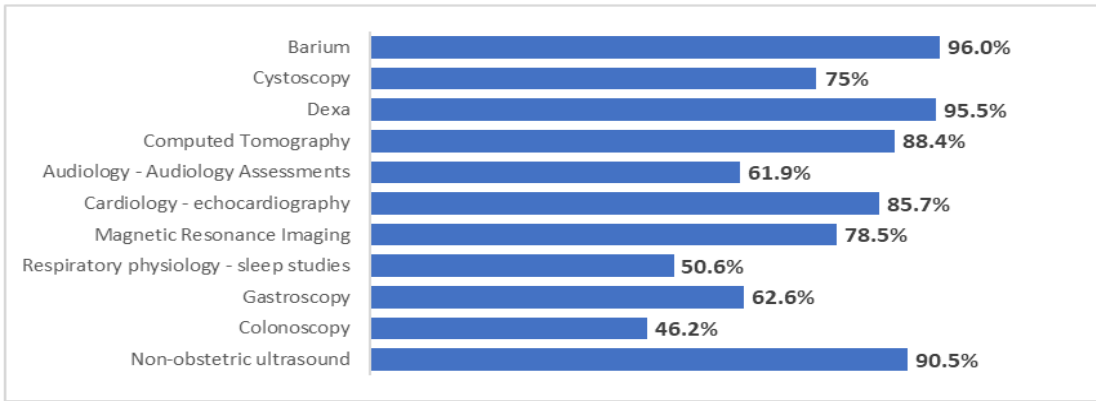


**DM01:**  
**77.6%** **4.7%**  
 People waiting less than 6 weeks for diagnostic test.

**>6 Weeks:**  
**359** **47**  
 Patients waiting over 6 weeks

**>13 Weeks:**  
**54** **21**  
 Patients waiting over 13 weeks

## Modalities not meeting 99% standard





# Productivity and Efficiency

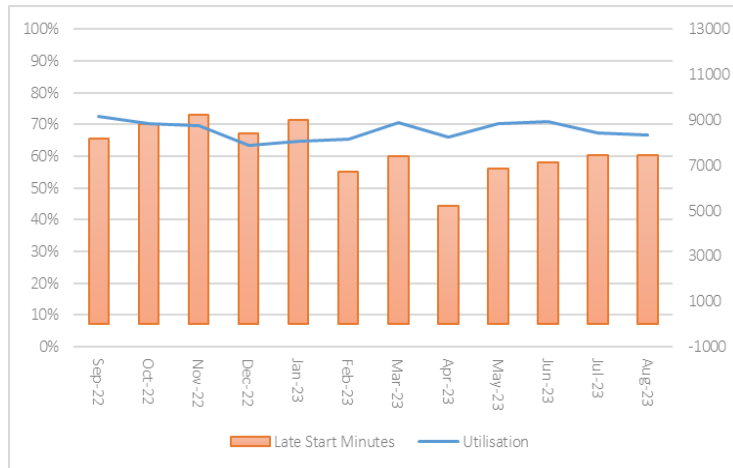
## Main Theatres (NHS)

Theatres Utilisation:

66.7% ↓

Late Start Minutes

7,451 ↓



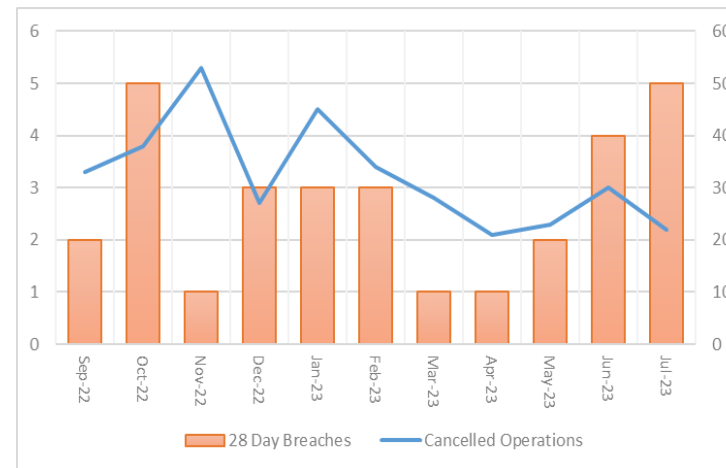
## Last Minutes Non-Clinical Cancelled Operations

Number Cancelled

22 ↓

28 Day Breaches

5 ↑



## Bed Occupancy and Closures

Occupancy all IP Wards

78.2% ↓

Bed Closures all IP Wards

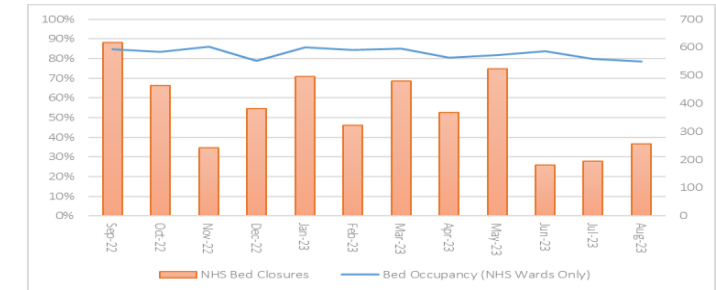
558 ↑

Occupancy NHS IP Wards

78.5% ↓

Bed Closures NHS IP Wards

256 ↑



August 2023 has seen Theatre Utilisation decrease by 0.7% from July, this has been seen within Brain, Heart and Lung and Sight and Sound. Late start minutes decreased slightly in August, where a reason was captured the main driver was due to an overrun. A theatres productivity action plan has been produced covering improved booking process, further embedding of 6-4-2, demand and capacity analysis, reducing late starts, and introduction of reutilisation tracker for sessions handed back.

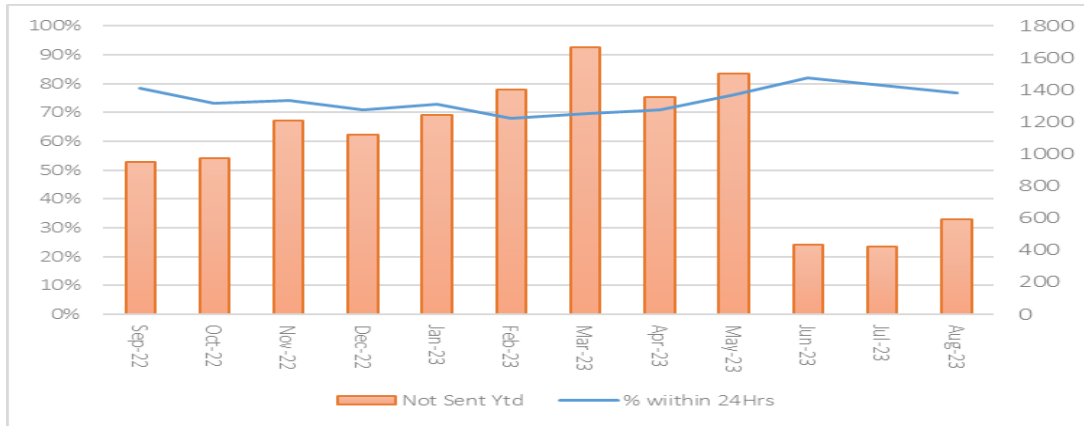
Bed Occupancy as a Trust decreased in August. All directorates apart from Blood, Cells and Cancer and Body, Bones and Mind saw a decrease in bed occupancy. NHS Bed closures have increased in August 2023 mainly due to Blood, Cells and Cancer.

Last minute cancellations have decreased this month compared to last month. Main reasons for these were mainly due to ward bed unavailability, list overrun and urgent cases taking priority across Body, Bones & Mind, Brain, Sight & Sound and Heart & Lung specialties.

## NHS Patient Discharge Summaries

Sent within 24hrs:  
**76.8%** ↓

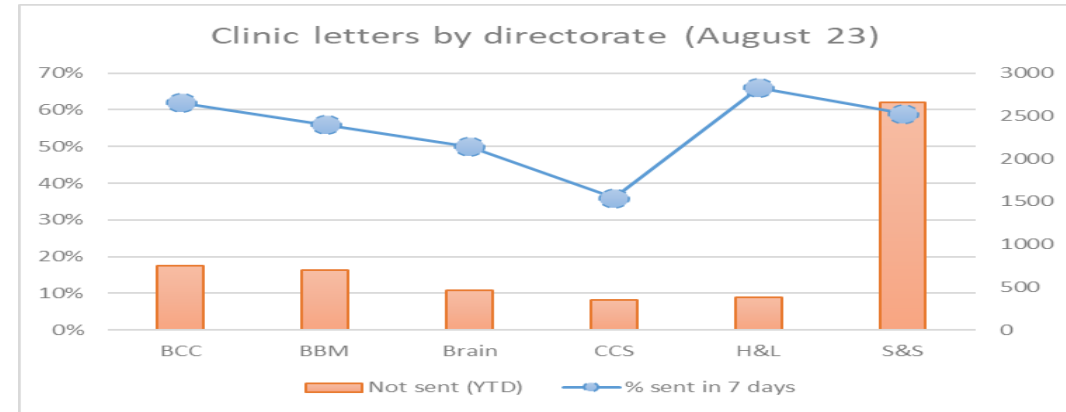
Number not sent ytd  
**590** ↑



## NHS Clinic Letters

Sent within 7 days  
**57.1%** ↓

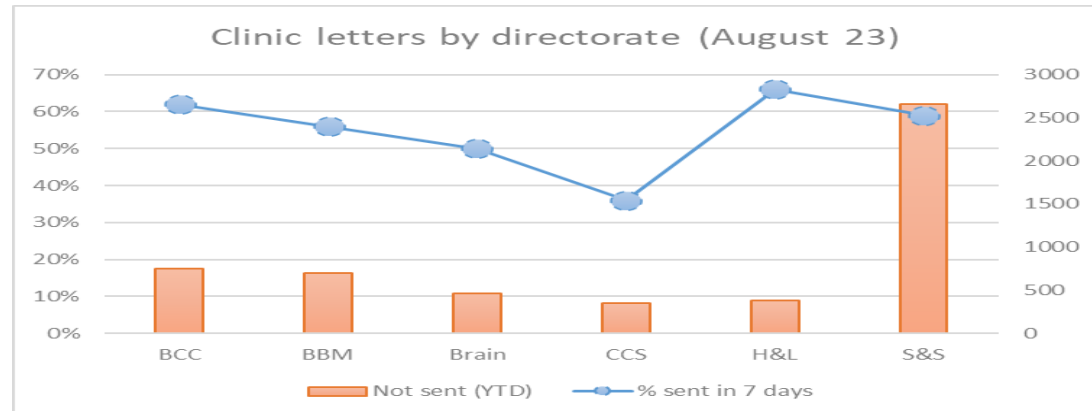
Number not sent ytd  
**5301** ↓



These remain a challenge for a number of the directorates, these standards are being monitored through the weekly Access and Directorate meetings. Focus also continues at consultant meetings and directorate boards to improve performance. Via the Access Meeting directorates had been requested to clear any discharge summaries 10 months or older and clinic letters 18 months and older by end of June 2023.

With regards to Discharge Summaries there is small number outstanding 10 months or older and these are being addressed. Significant improvement has been seen within the number of outstanding discharge summaries with a reduction of over 1000. This is mainly due to the work undertaken by Core Clinical Services.

Clinic letters not sent have reduced and this is a reflection of the work undertaken to reduce backlogs. Core Clinical Services has seen significant reductions, although this is offset by the increases in Sight and Sound and Body, Bones and Mind. Sight and Sound have the largest backlog overall for clinical letters, particularly driven by Plastic Surgery, Audiology and Ophthalmology.

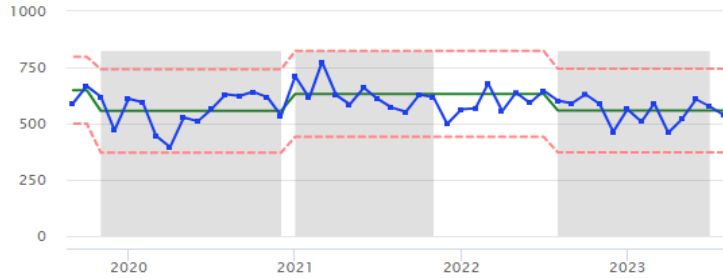


# Appendix

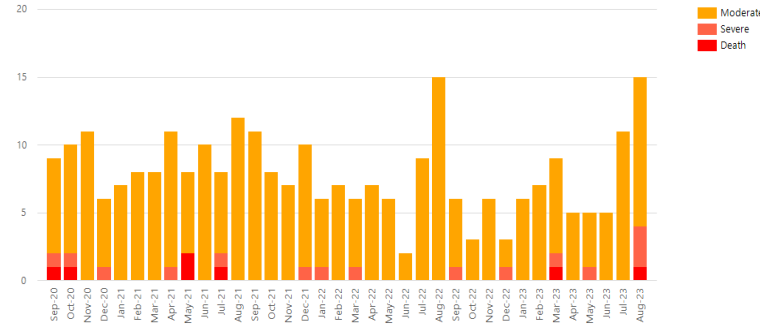
## Integrated Quality & Performance Report

# Appendix 1: Patient Safety (incidents & risks)

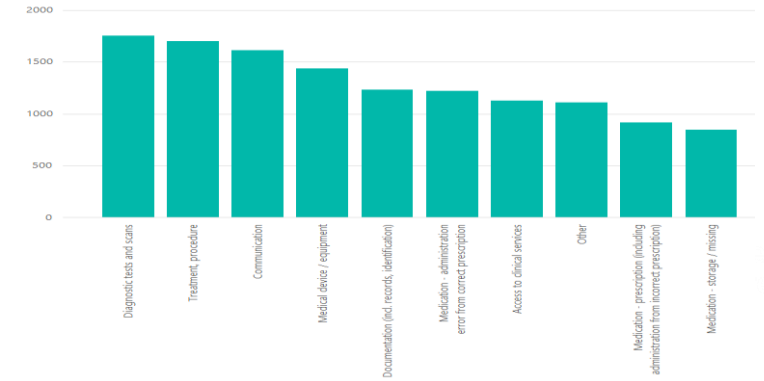
## New Incidents



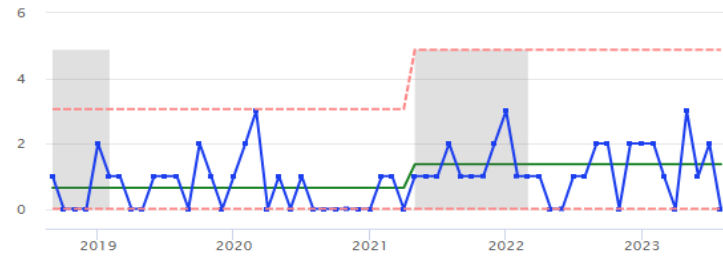
## Incidents by Harm



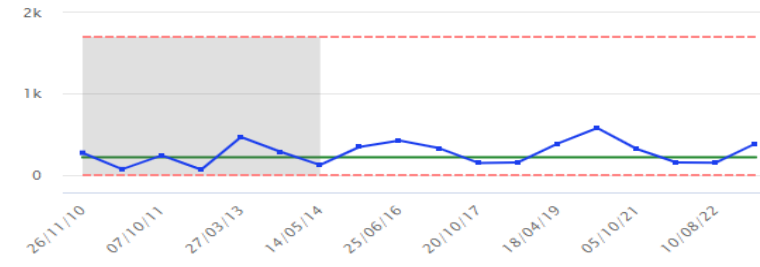
## Top 10 Incident Categories (assigned at the point of incident reporting)



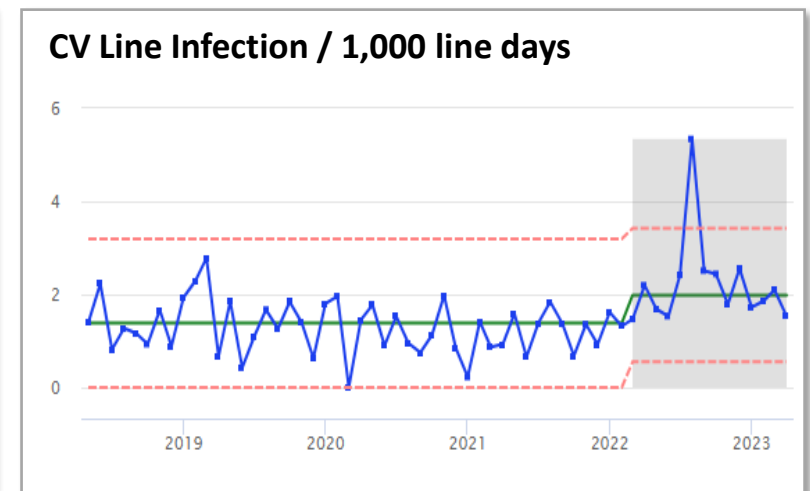
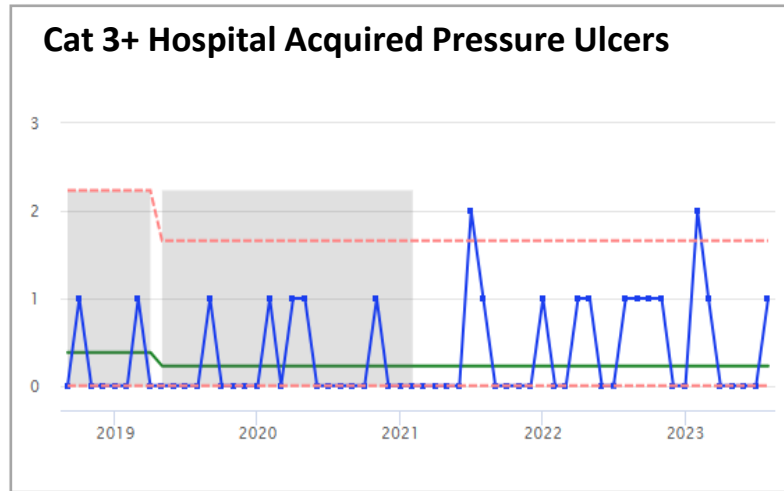
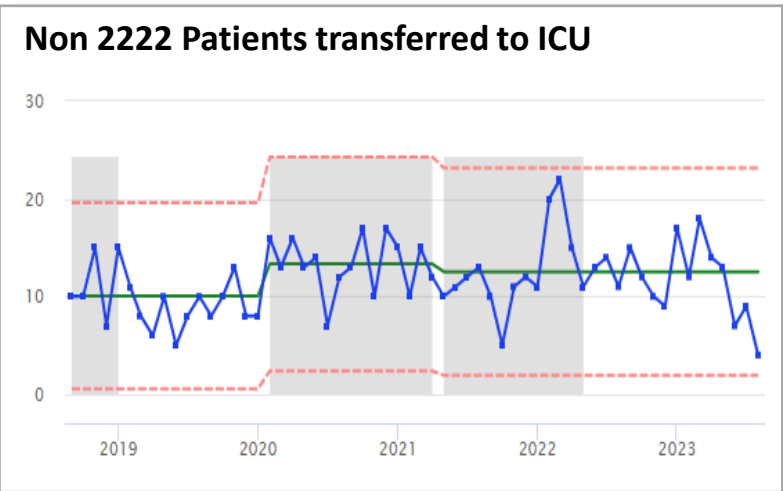
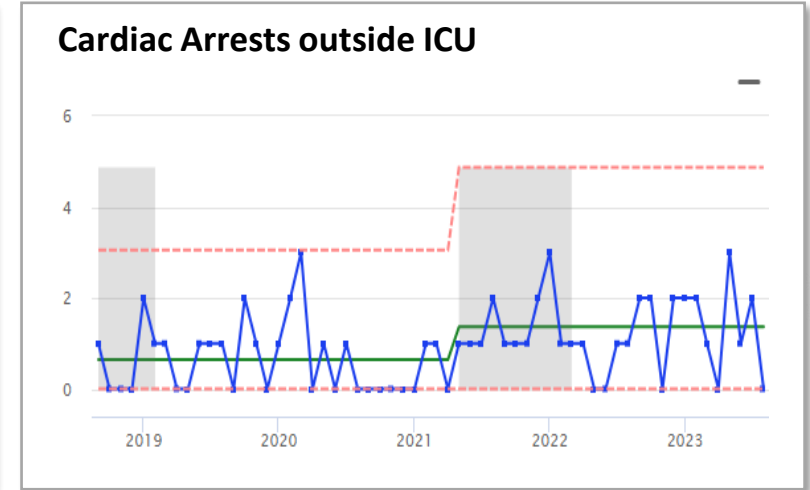
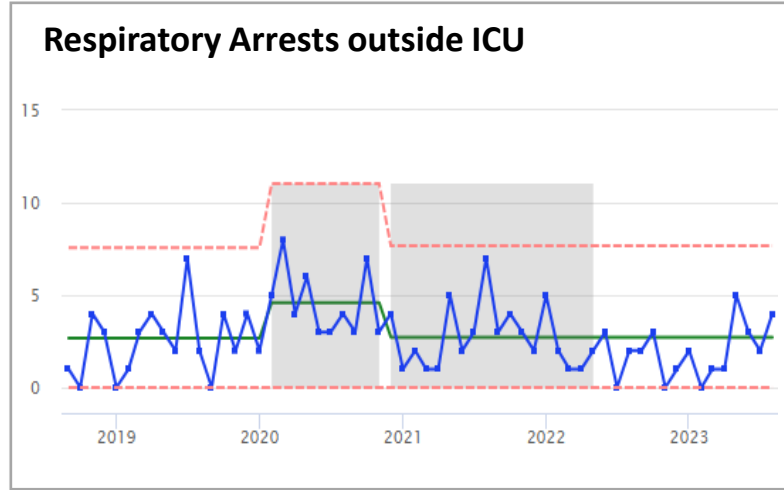
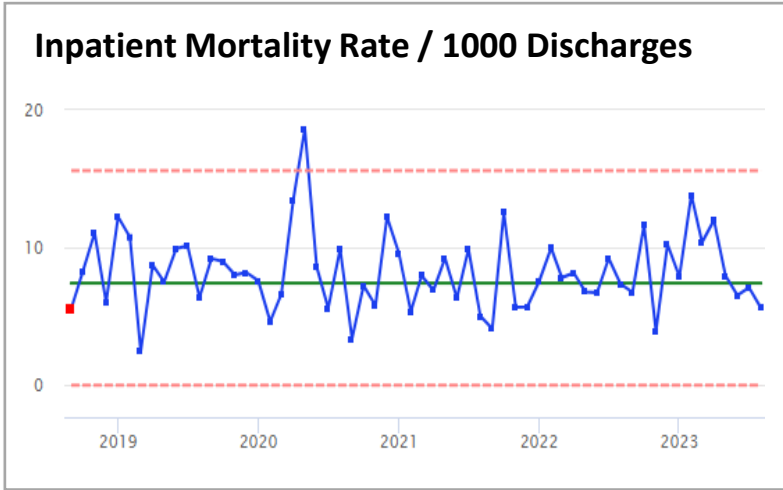
## Medication Incidents



## Days Since never events



# Appendix 2: Patient Safety (Infection & mortality)



# Appendix 3: Friends and Family Test

## Overview:

The inpatient experience score for August was above the Trust target, scoring 98% and all directorates achieved the Trust target of 95% or above. Core Clinical Services and Research and Innovation both scored 100%. The overall Trust response rate was 26%, which is a reduction from the previous month, however, the overall amount of feedback received in the Trust was higher than in July. All directorates with the exception of Brain and Blood Cells and Cancer achieved the 25% response rate, however, for BCC this was due to the ongoing issue with the high discharge numbers (575) from Pelican Ambulatory, since the move to Epic. Without Pelican Ambulatory discharges, BCC achieved a 52% response rate. Outpatients also achieved the Trust target for experience for the fourth consecutive month, achieving 96% in August. Body Bones and Mind, Heart and Lung and Core Clinical Services fell slightly short of the 95% target for their outpatient areas.

## Headline:

Inpatient response rate – **26%** (decreased from July).

Experience measure for inpatients – **98%** (decreased from July).

Experience measure for outpatients – **96%** (increased from July).

Total comments received – **1799** (increased from July).

**14%** of FFT comments are from patients.

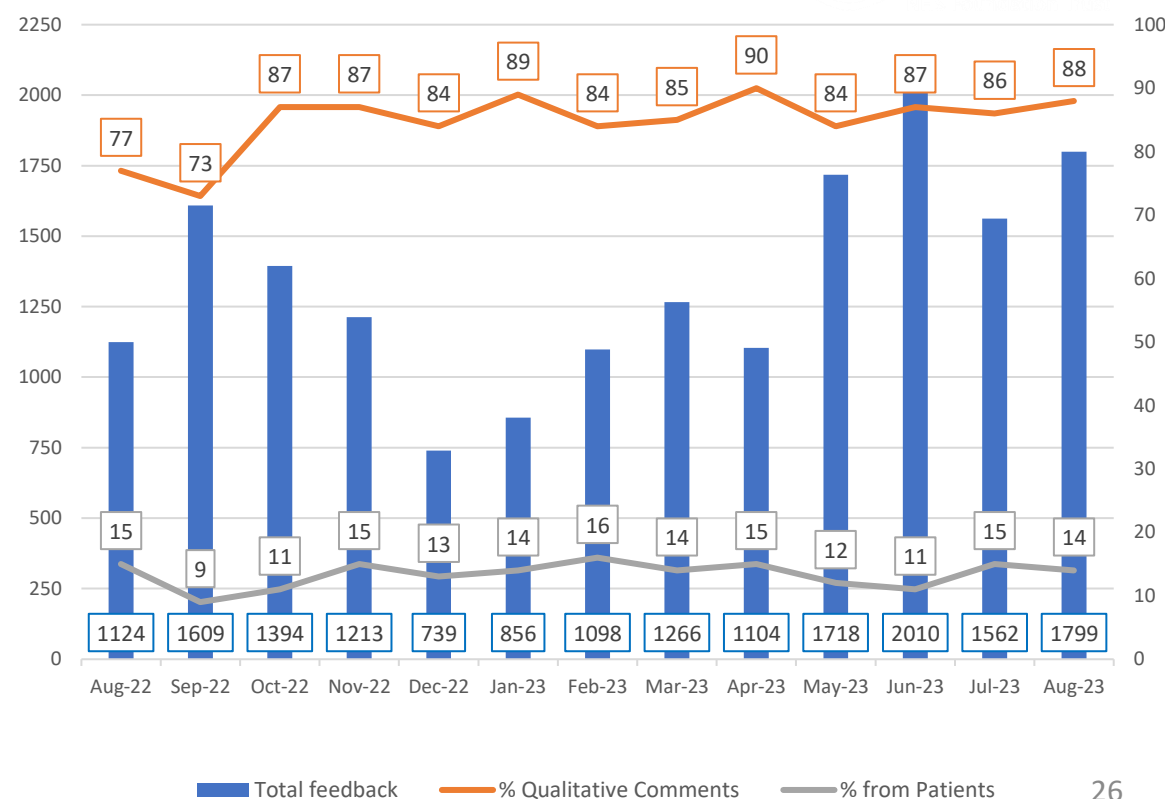
**88%** of responses had qualitative comments.

## Positive Areas:

- Staff care for the whole family.
- Staff explanations of conditions.
- Friendly and professional staff.
- Reassuring staff.
- Families feel like they are in the best hands.
- Sensory garden in S&S.
- Knowledgeable staff.
- Cleanliness.
- Play team.
- Good food.
- Welcoming receptionists.
- Warm friendly environment.

## Areas for Improvement:

- Communication between teams.
- Long delays for discharge medications.
- More toys and activities in waiting areas.
- Lack of pre-admission information about fasting times etc.
- Need for an onsite shop selling personal care items.
- Lifts in RHLIM require fixing.
- Families would like notification before appointments of additional tests.
- Communication of appointment delays.
- Travel reimbursement information to be clearer to families.
- Short notice appointment cancellations.



# Appendix 3: Complaints

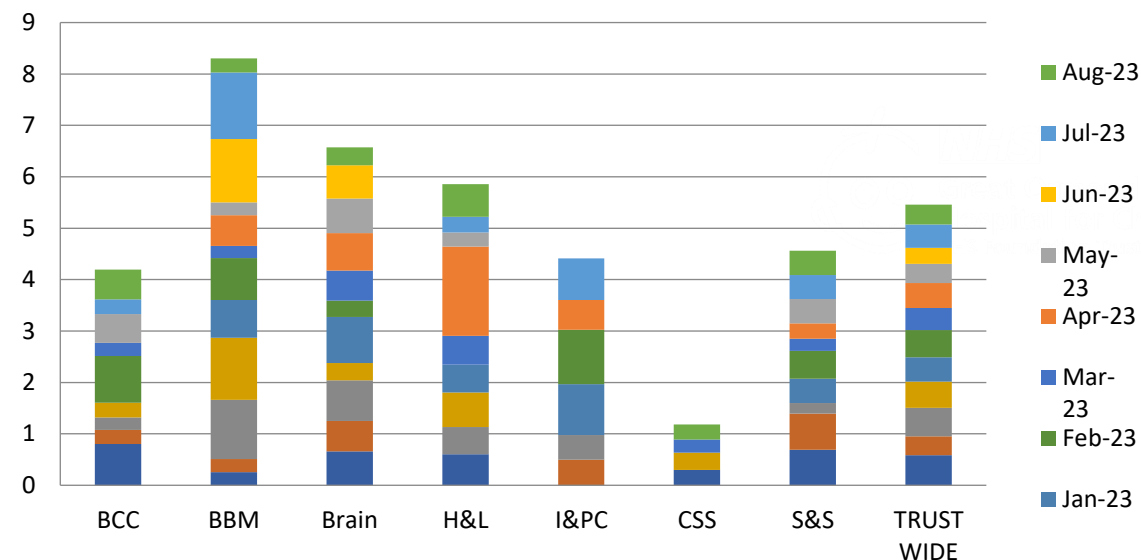
**Headline:** 9 new formal complaints were received in August, which is consistent with the average number of complaints per month. This is a slight decrease on last month (11) and August 2022 (10).

## In August families complained about:

- Two families raised concerns about **procedure cancellations and the lack of ability to bring date forward**, as well as the impact this is having on them.
- A **misdiagnosis**, which was confirmed in another country; and the financial and emotional impact this has caused.
- The **manner and conduct of a clinician**, decisions made regarding patients care, the recent discharge from the service and the communication around this.
- The care received, including the **lack of and poor communication with parents, lack of clinical information shared and the follow up care**.
- A **face to face appointment which was converted to video last minute** and the inconvenience and disruption this caused. Concerns were also raised around **conflicting information given around what happened and a lack of accountability**.
- The **manner in which a receptionist spoke** to parent.
- A **data breach and the sharing of personal data** with the local authority and a clinician not involved in the care of the patient.
- The **lack of notification around the cancellation/rescheduling** of appointments and scans.

## Closed complaints since April 2023

62 complaints (including withdrawn and reopened complaints) have been closed since April 2023 with 17 of these requiring extended response times. 50% of these draft responses were submitted late to the Complaints Team for review.



## Learning actions/ outcomes from complaints closed in August 2023 included:

Action has been taken following concerns raised about the remit of the service, a mis-diagnosis and lack of referral to another team. These actions include:

- Internal training to take place sharing the learning from the mis-diagnosis. Also being shared with other services (with the families consent)
- Review of the website and written information to ensure referrers and families are aware of the remit of the service
- To ensure clear documentation about options for onward referrals and signposting to services we are not able to provide at GOSH.
- Development of formal criteria to assess the need for referrals to local services



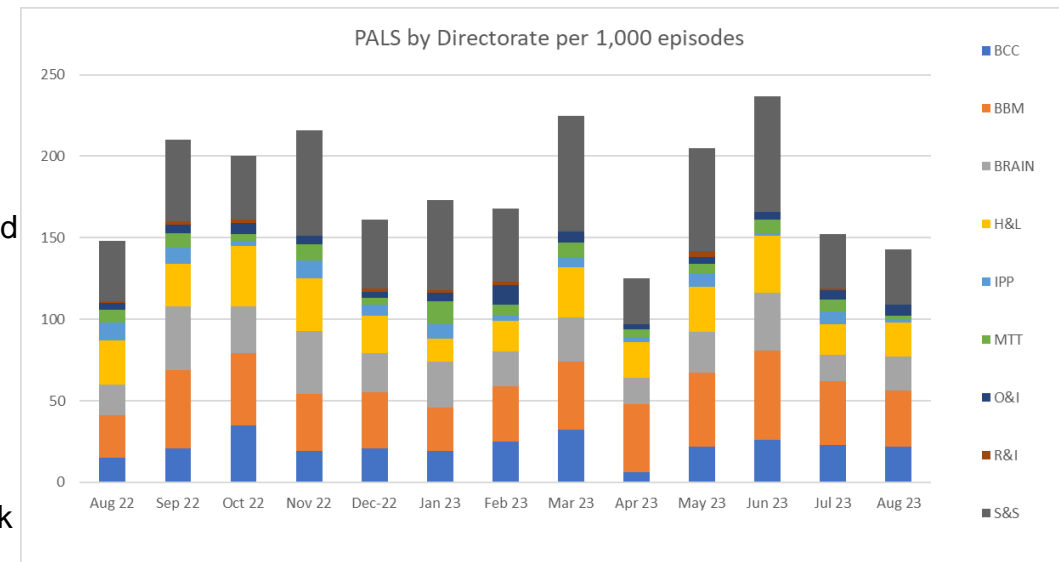
**Headline:** Pals received 174 contacts in August, the same number as in July. These can be attributed to the planned strikes and the reduction of inpatient and outpatient activity in Gosh. Contacts primarily related to families wanting clarity on patient's care/ treatment plans, accommodation enquiries, cancellations of OPA/Admissions and families sharing their experiences with ward/medical teams

**Contacts resolved within 48 hours increased from 77% in July to 97% in August.**

**Care Queries:** Pals were contacted by 91 families in August: Reasons for contacts included families wanting to share their feedback with their experience as an inpatient on wards with nurses and medical teams, families wanting clarification on treatment plans and concerns over cancelled admissions and OPA.

**Significant areas of focus:** The highest number of Pals contacts were received by SNAPS (16), cases remained consistent July (17) Ophthalmology decreased by one case in August (12) and Gastroenterology ( 9) compared to 6 cases received in July

Consistent themes across specialities were families on waiting lists for surgeries and chasing a date for the procedure. OPA and admission last minute cancellations due to lack of beds and planned strikes.

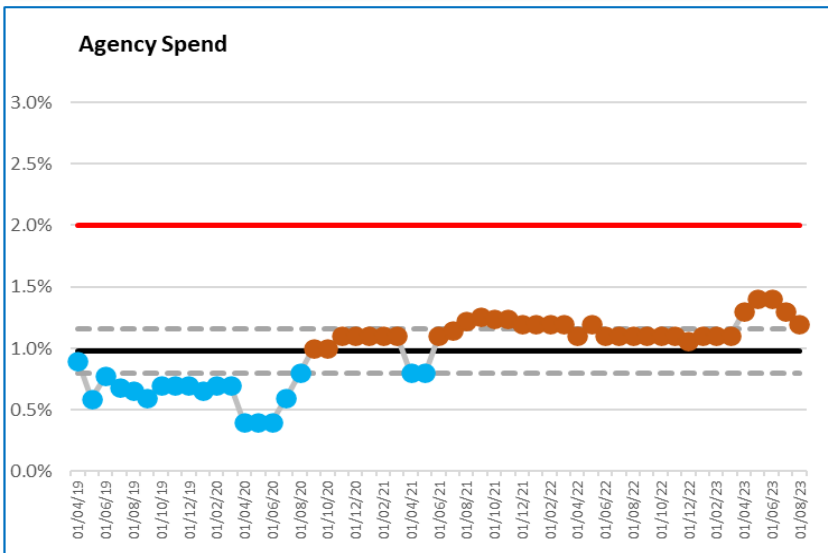
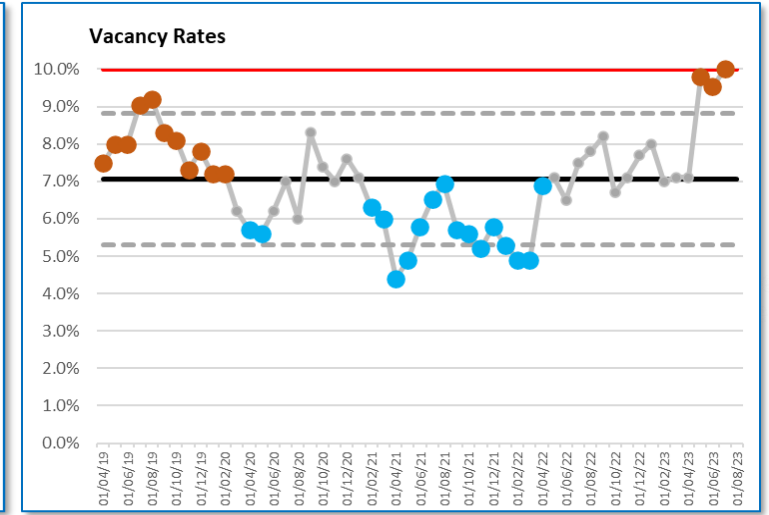
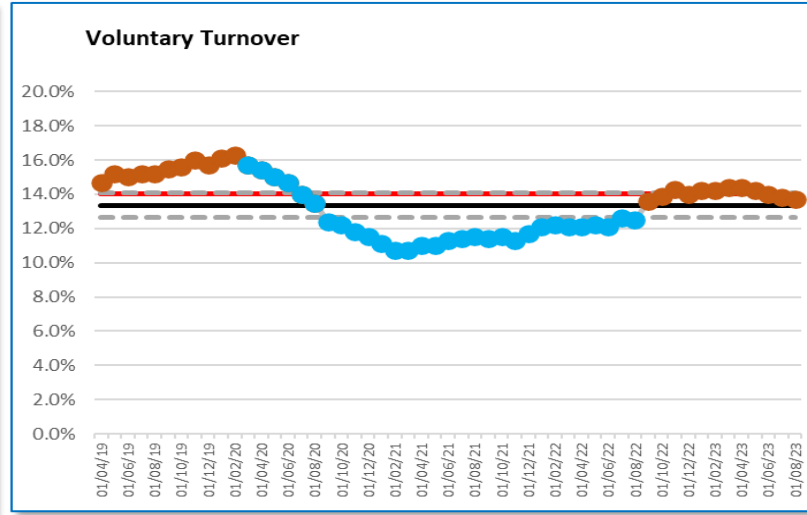
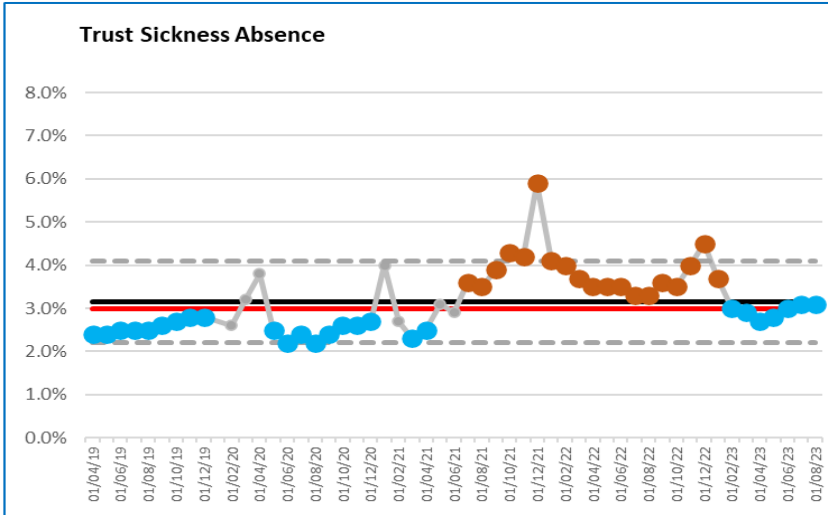


**Pals Learning/Service Improvement:**

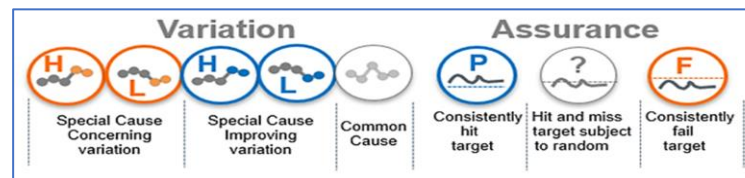
Pals received feedback from families that the washing/tumble drying facilities were out of service in the old nurses home leaving families with no other way to wash and dry their clothes within the Hospital. ***“These cleaning facilities are a lifeline to us in order to do the basic function of keeping our clothes clean. Because of our sons health condition we are unable to work and have no income and so paying for washing / drying is an expense we could do without. There’s also some days where it’s impossible to get out of the hospital in order to visit a launderette”***

It was discussed with the Facilities Manager that the only available option in the interim was Western House where families would need coins to use this facility. Pals recognising the financial impact on families kindly helped to fund this by providing coins to the West House reception team. The Facilities Manager is working on chasing their supplier and will let the team know as soon as the dryers are back in use.

# Appendix 4: Workforce SPC Analysis



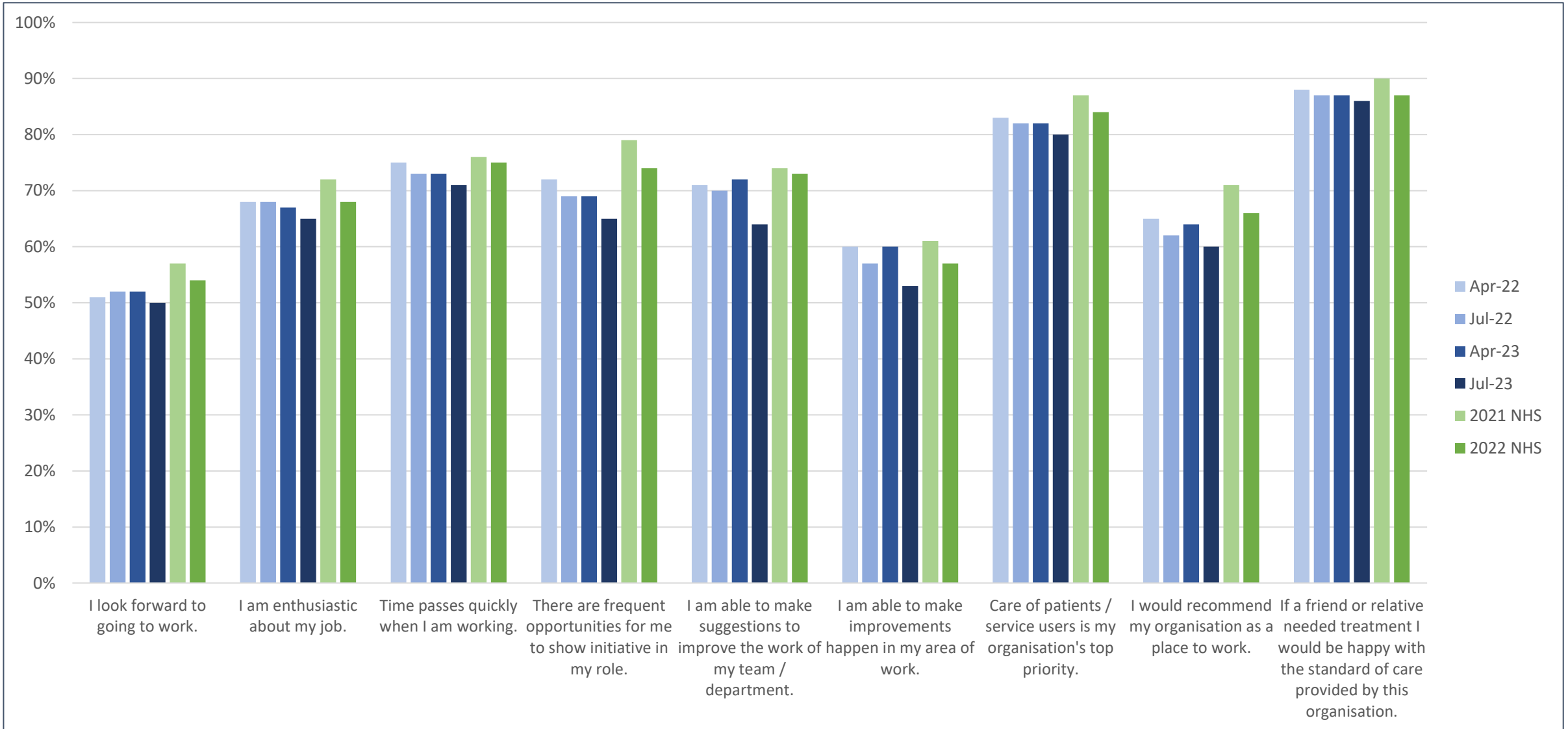
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Trust Sickness Absence	Aug 23	3.1%	3.0%			3.2%	2.2%	4.1%
Voluntary Turnover	Aug 23	13.7%	14.0%			13.4%	12.6%	14.1%
Vacancy Rates	Aug 23	10.5%	10.0%			7.1%	5.3%	8.8%
Agency Spend	Aug 23	1.2%	2.0%			1.0%	0.8%	1.2%



# Appendix 4: Annual Staff Survey Metrics 2022/2023 – Core Questions

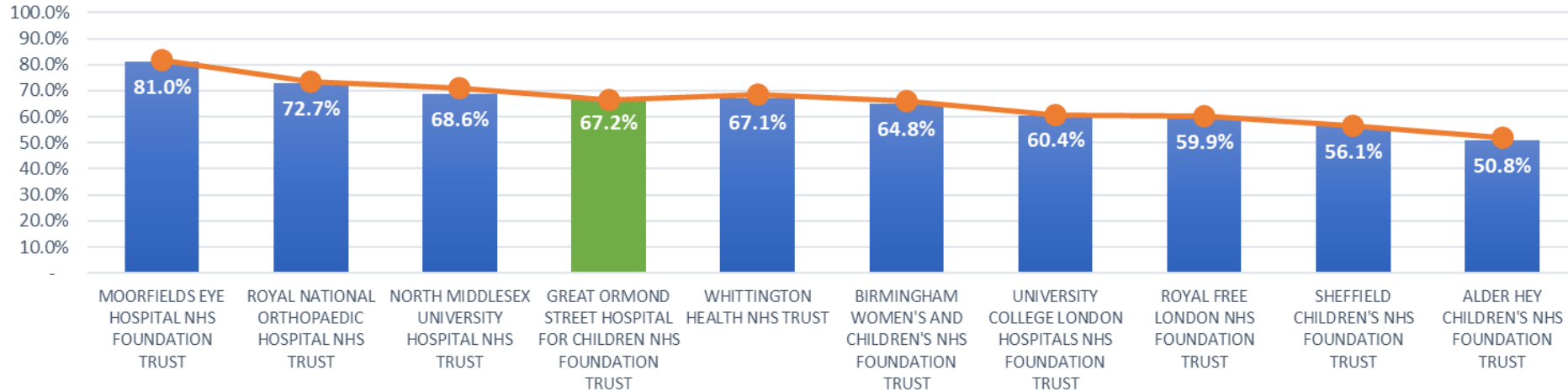
Question	July 2022 (QSS)	April 2022 (QSS)	2021 NHS Staff Survey	2022 NHS Staff Survey	April 2023 (QSS)	July 2023 (QSS)
I look forward to going to work.	52%	51%	57%	54%	52%	50%
I am enthusiastic about my job.	68%	68%	72%	68%	67%	65%
Time passes quickly when I am working.	73%	75%	76%	75%	73%	71%
There are frequent opportunities for me to show initiative in my role.	69%	72%	79%	74%	69%	65%
I am able to make suggestions to improve the work of my team / department.	70%	71%	74%	73%	72%	64%
I am able to make improvements happen in my area of work.	57%	60%	61%	57%	60%	53%
Care of patients / service users is my organisation's top priority.	82%	83%	87%	84%	82%	80%
I would recommend my organisation as a place to work.	62%	65%	71%	66%	64%	60%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	87%	88%	90%	87%	87%	86%

# Appendix 4: Annual Staff Survey Metrics 2022/2023 – Core Questions



## Referral to Treatment

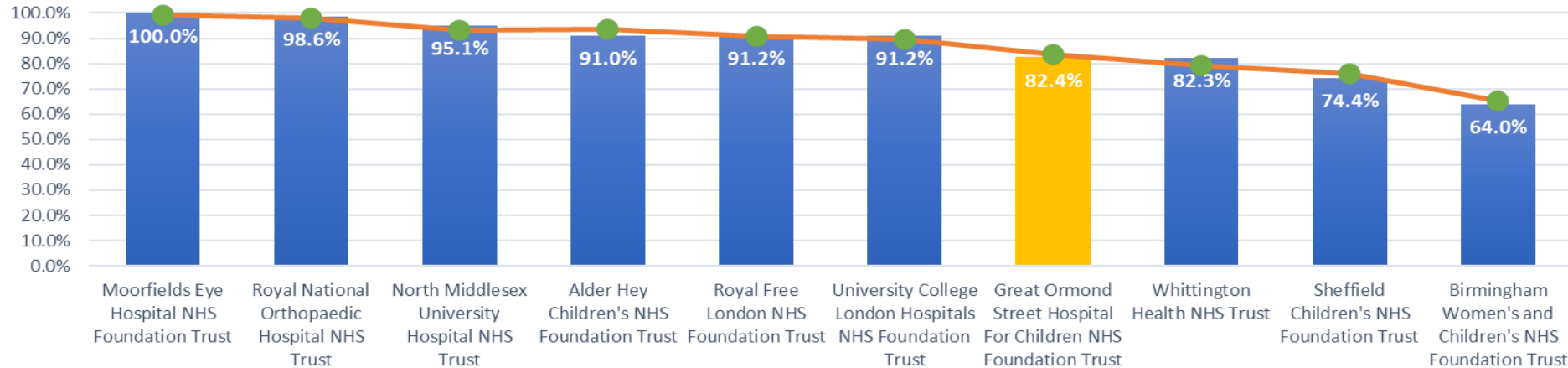
July 2023 % within 18 weeks NCL and Peers



Orange markers indicate June performance. GOSH for the month of July is at fourth place amongst the selected Peers. GOSH is ranked 51<sup>st</sup> out of 167 providers, this is a decrease of 1 place compared to June.

## Diagnostics

July 2023 % within 6 weeks NCL and Peers



Green markers indicate May performance. GOSH for the month of June remains in the 4<sup>th</sup> bottom place amongst selected Peers. GOSH is ranked 71 out of 154 providers, a decrease of 4 places compared to June.

# Appendix 5: Specialty RTT Performance

## Blood, Cells and Cancer

Specialty	Performance				Trajectory	
	Mar-20	Jun-23	Jul-23	Aug-23	Status	Tracking
Bone Marrow Transplant	100.0%	100.0%	100.0%	100.0%	Not Required	
Dermatology	88.7%	85.3%	85.1%	88.7%	Awaiting Sign-off	
Haematology	100.0%	100.0%	100.0%	100.0%	Not Required	
Haemophilia	100.0%	100.0%	94.7%	95.5%	Not Required	
Immunology	95.9%	82.4%	91.1%	92.9%	Not Required	
Infectious Diseases	100.0%	100.0%	75.0%	100.0%	Not Required	
Oncology	100.0%	100.0%	100.0%	100.0%	Not Required	
Palliative Care	100.0%	100.0%	100.0%	100.0%	Not Required	
Rheumatology	92.7%	95.0%	98.7%	92.3%	Not Required	

## Body, Bones and Mind

Specialty	Performance				Trajectory	
	Mar-20	Jun-23	Jul-23	Aug-23	Status	Tracking
CAMHS	92.1%	54.1%	52.1%	54.9%	Not Required	
Gastroenterology	75.0%	64.0%	62.6%	56.1%	To be agreed	
General Paediatrics	68.2%	75.0%	84.2%	76.7%	Not Required	
Nephrology	90.5%	92.6%	87.0%	84.9%	Not Required	
Orthopaedics	69.6%	38.5%	40.1%	41.3%	Signed Off	Below
SNAPS	75.4%	66.8%	68.0%	68.3%	Signed Off	Below
Spinal Surgery	73.0%	69.3%	64.9%	58.0%	Signed Off	Below

## Brain

Specialty	Performance				Trajectory	
	Mar-20	Jun-23	Jul-23	Aug-23	Status	Tracking
Bardet Biedl					Not Required	
Clinical Neurophysiology	100.0%	50.0%			Not Required	
Endocrinology	91.9%	74.3%	75.9%	76.6%	Signed Off	Below
Epilepsy	98.0%	97.6%	95.3%	100.0%	Not Required	
Metabolic Medicine	93.8%	85.4%	82.7%	81.3%	Signed Off	Below
Neurodisability	80.1%	89.8%	89.5%	86.8%	Signed Off	Below
Neurology	89.4%	95.1%	90.7%	90.2%	Signed Off	Below
Neuromuscular	80.7%	79.6%	80.0%	76.9%	Signed Off	Below
Neurosurgery	80.1%	69.5%	74.9%	71.5%	Signed Off	Below

## Core Clinical Services

Specialty	Performance				Trajectory	
	Mar-20	Jun-23	Jul-23	Aug-23	Status	Tracking
Clinical Genetics	93.4%	78.9%	80.3%	79.7%	Signed Off	Below
Interventional Radiology	92.2%	70.0%	59.1%	82.4%	Not Required	
Pain Management	79.5%	94.1%	85.7%	81.8%	Not Required	
Speech & Language Therapy	74.1%	57.6%	78.0%	69.0%	Not Required	

## Heart and Lung

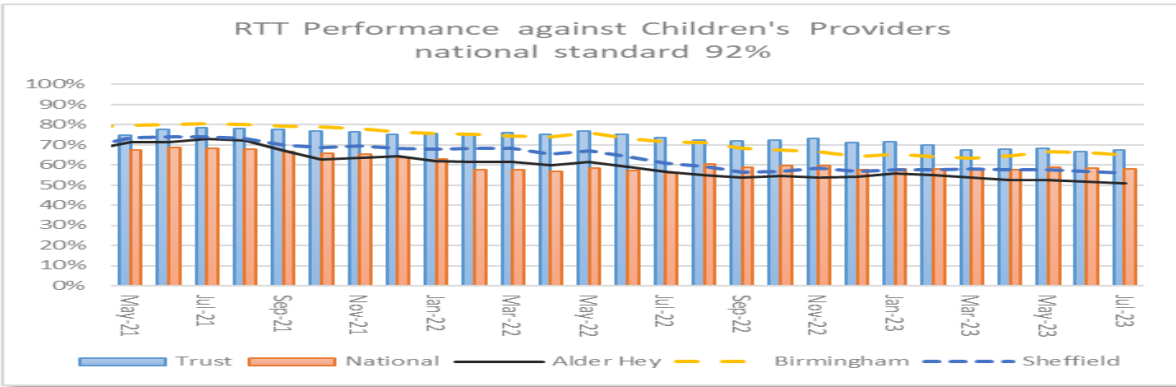
Specialty	Performance				Trajectory	
	Mar-20	Jun-23	Jul-23	Aug-23	Status	Tracking
Cardiac Surgery	88.5%	47.7%	57.1%	63.9%	Signed Off	Above
Cardiology	67.1%	69.7%	66.7%	63.7%	Signed Off	Below
Cardiothoracic Transplantation	100.0%	50.0%	0.0%	20.0%	Not Required	
Pulmonary Hypertension	75.0%	80.0%	80.0%	75.0%	Not Required	
Respiratory Medicine	89.2%	87.0%	79.6%	73.4%	To be agreed	

## Sight and Sound

Specialty	Performance				Trajectory	
	Mar-20	Jun-23	Jul-23	Aug-23	Status	Tracking
Audiology	88.5%	56.1%	55.6%	49.1%	Signed Off	Below
Cleft	78.5%	63.9%	62.2%	62.8%	Signed Off	Below
Cochlear	87.0%	89.5%	78.6%	71.4%	Signed Off	Below
Craniofacial	70.6%	47.0%	50.0%	51.0%	Signed Off	Below
Dental	25.8%	15.0%	20.7%	25.0%	Signed Off	Below
ENT	88.3%	63.9%	63.7%	64.1%	Signed Off	Below
Maxillofacial	82.3%	66.2%	64.0%	60.7%	Signed Off	Below
Ophthalmology	88.0%	59.2%	62.3%	64.0%	Signed Off	Below
Orthodontics	44.8%	70.0%	71.4%	53.3%	To be agreed	
Plastic Surgery	62.9%	46.3%	46.8%	43.1%	Signed Off	Below
Urology	75.4%	58.7%	56.0%	62.2%	Signed Off	Below



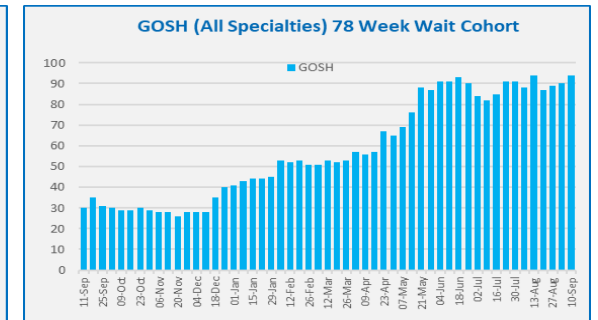
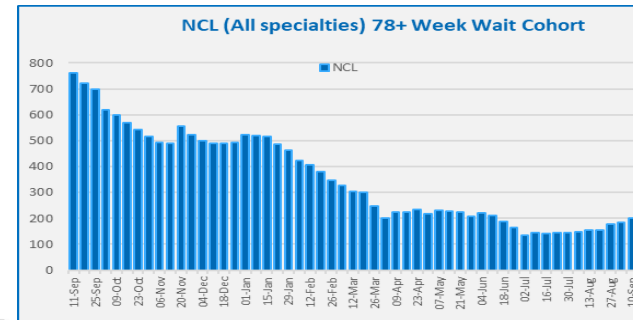
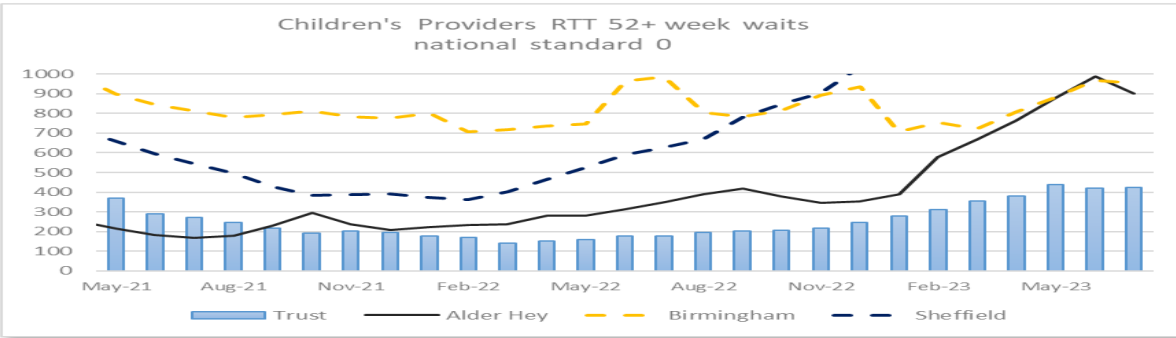
# Appendix 5: National and NCL RTT Performance – July 2023



Overall for NCL the 78+ week wait position is at 202 patients, slightly increasing over the last few weeks. GOSH has the largest volume of 78+ week wait patients in all of NCL, followed closely by the Royal Free.

Monitoring of the 65 week wait national ambition of zero patients at March 2024, most of the NCL providers are performing well against the required removal rate.

NCL are in a strong position regionally with reducing long waits. However, risk remains with inter provider transfers of patients above 52 weeks as well as the impact of Junior Doctor and Consultant strikes.

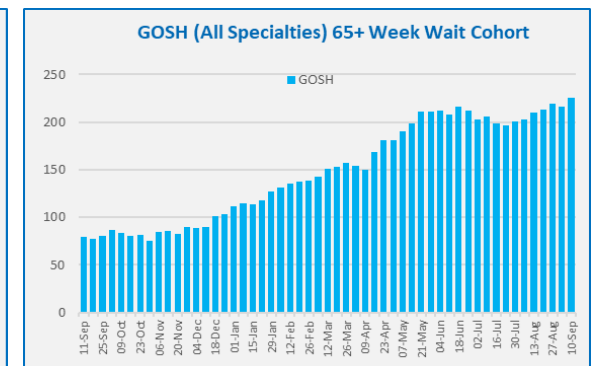
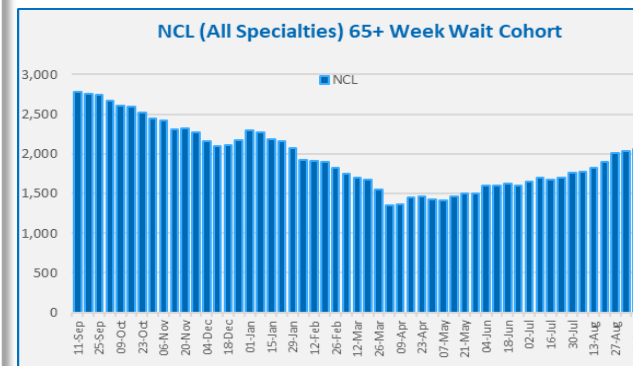


Nationally, at the end of July, 57% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks.

GOSH is tracking 9.4% above the national July performance at 67.2% and is in line with comparative children's providers. (RTT Performance for Sheffield Children (56.1%), Birmingham Women's and Children's (64.8%) and Alder Hey (50.8%).)

The national position for July 2023 indicates an increase in patients waiting over 52 weeks at 379,180 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 July. All 4 providers have seen increases in 52 week waits.





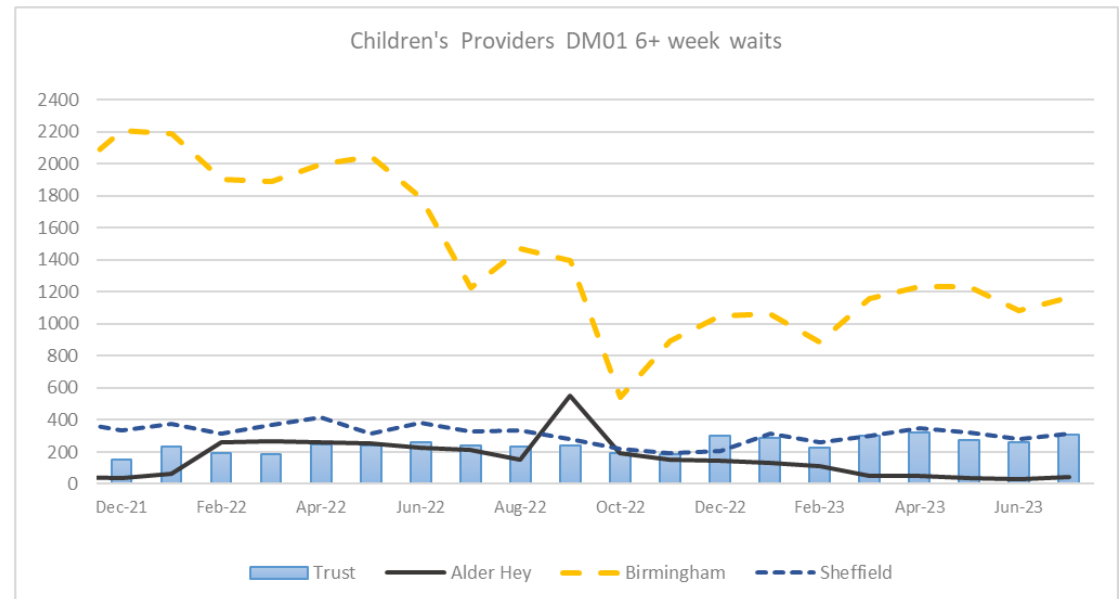
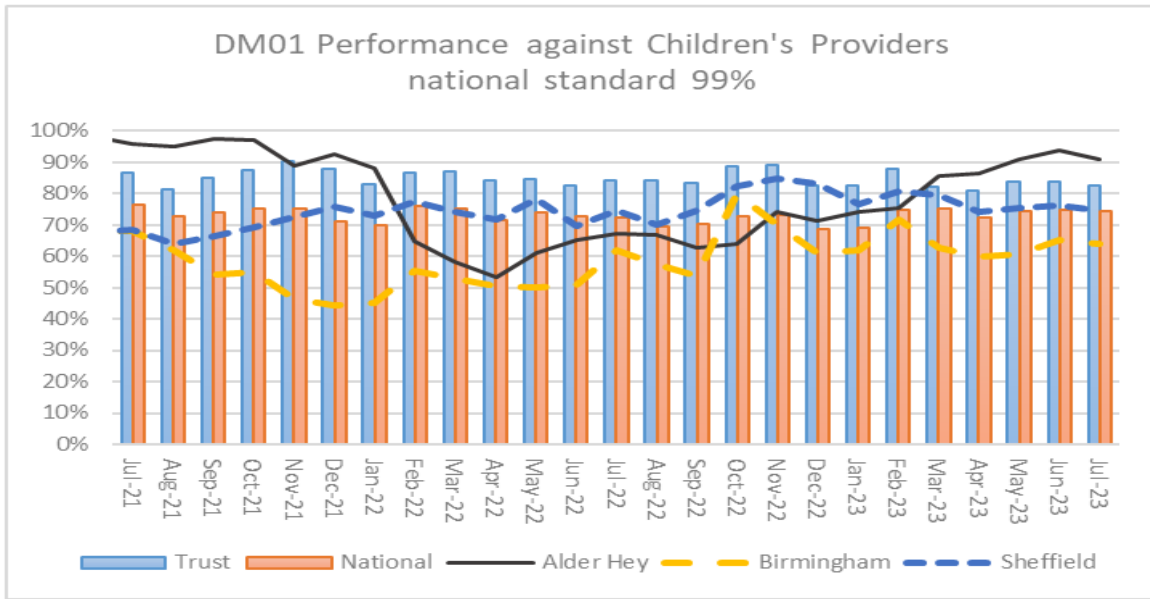
# Appendix 6: National Diagnostic Performance and 6 week waits – July 2023

Nationally, at the end of July, 74.5% of patients were waiting under 6 weeks for a DM01 diagnostic test.

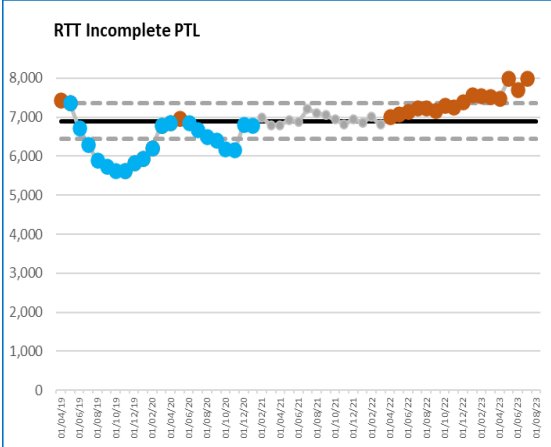
GOSH is tracking 7.9% above the national June performance and is inline with comparative children’s providers. DM01 Performance for Sheffield Children (74.4%), Birmingham Women’s and Children’s (64.0%) and Alder Hey (91.0%).

The national position for July 2023 indicates an increase of patients waiting over 6 weeks at 405,438 patients.

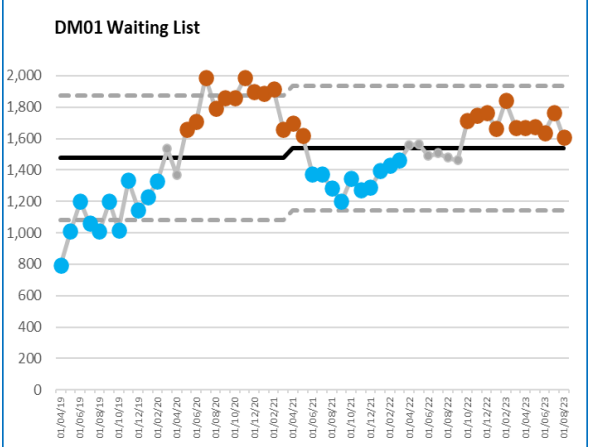
Compared to Birmingham and Sheffield the number of patients waiting 6 weeks and over for GOSH is lower than these providers for July.



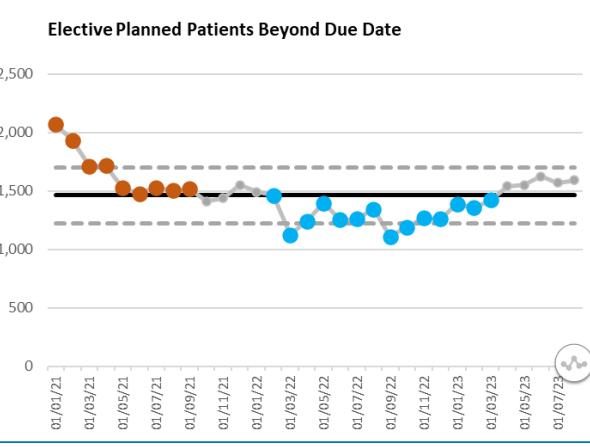
# Appendix 7: Patient Access SPC Trends



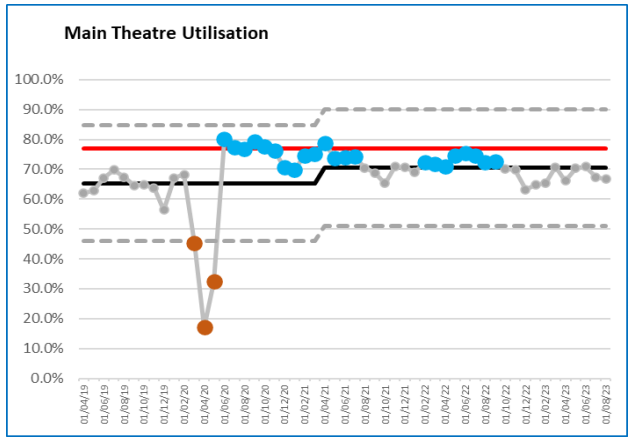
Special cause variation



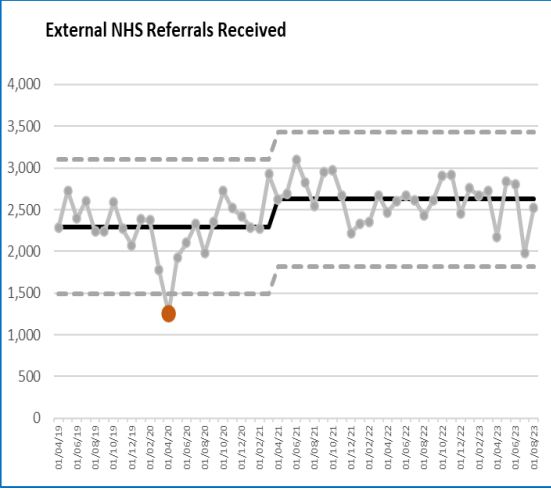
No Significant variation



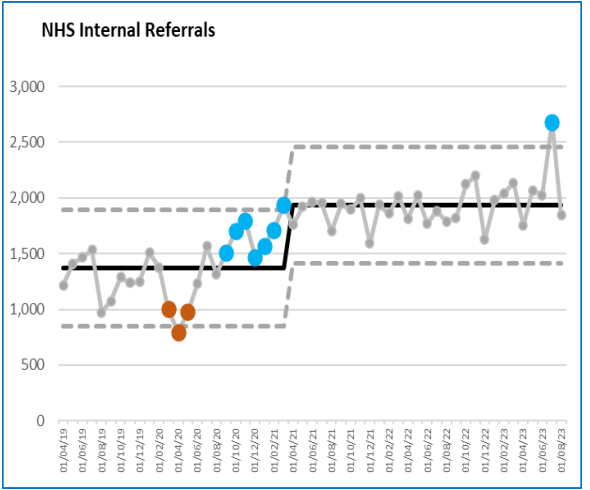
Marginal upward trend, strikes have impacted



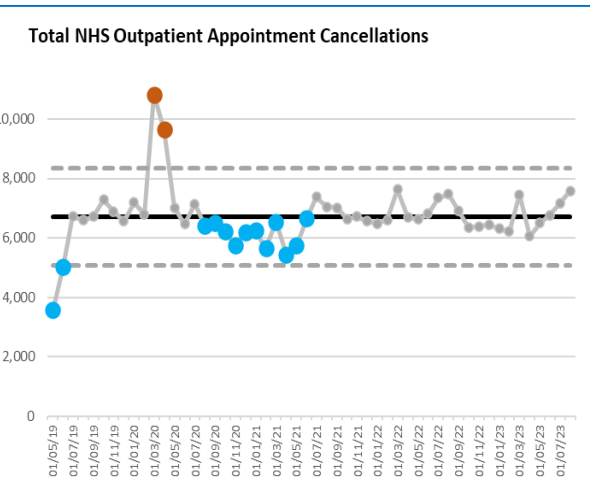
No Significant variation



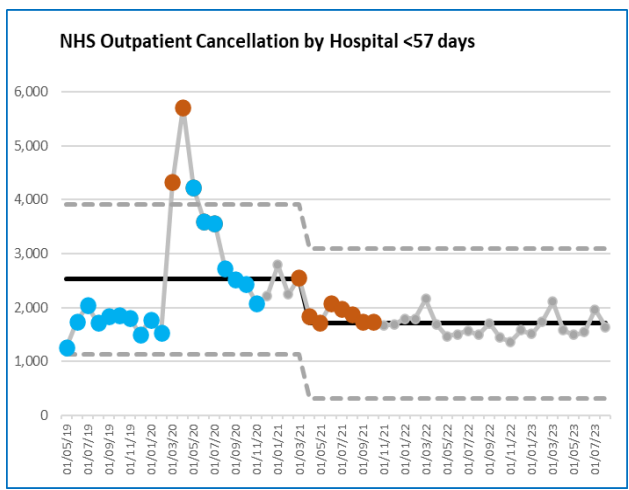
No significant variation, common cause



No significant variation, common cause



No significant variation, common cause



Common cause variation

# Integrated Quality & Performance Report

## September 2023 (Reporting August 2023 data)

**Trust Board**  
**18<sup>th</sup> October 2023**

**Month 5 2023/24 Finance Report**

**Paper No: Attachment H**

**Submitted by:**  
**John Beswick Chief Finance Officer**

**For information and noting**

**Purpose of report**

Key overall headline for the Trust is that it is reporting a £10.6m deficit YTD position at Month 5; a £8.2m adverse position overall to plan and materially impacted by underperformance on:

- Strikes £3.1m adverse to plan
- Other ERF/performance shortfall £1.3m adverse to plan
- Private patients lower than planned levels of income £3.7m

The table below outlines the trust financial position at Month 5

	In Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Income	53.7	48.6	(5.0)	260.1	258.3	(1.8)
Pay	(31.4)	(32.9)	(1.5)	(155.7)	(159.1)	(3.4)
Non-Pay	(21.7)	(20.1)	(1.6)	(104.6)	(108.1)	(3.4)
Finance Costs	(0.4)	(0.3)	0.1	(2.2)	(1.8)	0.4
<b>Surplus/(Deficit)</b>	<b>0.1</b>	<b>(4.7)</b>	<b>(4.8)</b>	<b>(2.4)</b>	<b>(10.6)</b>	<b>(8.2)</b>

The Trust Better Value programme summary:

Better Value programme has a full year 2023/24 target of £32.5m (£16.0m cost related and £16.5m income related).

At M5 £5.0m has been delivered YTD out of £10.6m YTD Target.

**Summary of report**

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

1. Strike Action – The trust has had strikes across multiple staff groups April-Aug resulting in 24 days of strike action. This has seen an impact in lost ERF Income (£2.3m) and additional Pay costs (£0.8m)
2. The total estimated ERF year to date performance is £3.6m adverse to plan and therefore there is an under-performance of £1.3m that is not explained by strikes. It should be noted that the estimated value will change as activity is coded. Further analysis of ERF under-performance is being undertaken as strikes continue to fully recognise their impact.
3. NHS & other clinical income is £1.8m adverse to plan due to increased pass-through drugs for CART activity and additional pay award funding partly offset with underperformance in Research Income (£1.4m).
4. Private patients' income is £3.7m behind plan due to decreased levels of activity mainly associated with the strikes across the Trust. International private patient continues to work on

the future pipeline along with recovery of patient numbers.

5. Pay costs are £3.4m adverse due to the pay award (£4.8m) partially offset with income and increase in Bank and Agency costs due to strike actions. This is offset with high levels of vacancies and non-recurrent benefits.
6. Non pay costs and Finance Costs are £3.0m adverse to plan, due to increased pass-through costs and offset by accelerated depreciation linked to CCC starting in month 2 instead of month 1.
7. The Trust cash balance at the 31st August was £79.7m and £72.9m at month 4 which was an increase of £6.8m from prior month.
8. Total I&PC debt decreased in month to £29.3m (£34.1m in M4). Overdue debt decreased in month to £25.7m (£30.3m in M4).

The key movements to note on the balance sheet are:

Indicator	Comment
Cash	Cash held by the Trust is £79.7m and was £72.9m in M4 which is £6.8m higher than last month.
NHS Debtor Days	NHS debtor days reduced from July (5 days) to August (3 days).
I&PC Debtor Days	IP&C debtor days reduced from 183 days in July to 159 days in August.
I&PC Overdue Debt	IP&C overdue debt reduced from £30.7m in July to £25.7m in August
Creditor Days	Creditor days has increased from 34 days to 35 days.

**Patient Safety Implications**

None

**Equality impact implications**

None

**Financial implications**

None

**Strategic Risk**

BAF Risk 1: Financial Sustainability

**Action required from the meeting**

Trust Board are asked to note the Trust's financial position at month 5, cash flows and finance metrics.

**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

## Finance and Workforce Performance Report Month 5 2023/24

### Contents

<b>Summary Reports</b>	<b>Page</b>
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Activity Summary	4
Income Summary	5
Workforce Summary	6
Non-Pay Summary	7
Better Value	8
Cash, Capital and Statement of Financial Position Summary	9

Trust Performance Summary for the 5 months ending 31 Aug 2023

KEY PERFORMANCE DASHBOARD



ACTUAL FINANCIAL PERFORMANCE

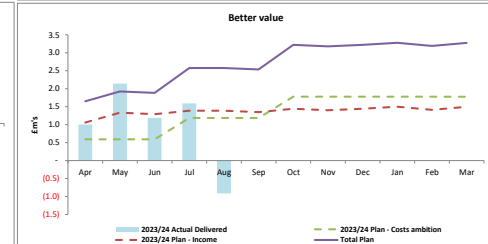
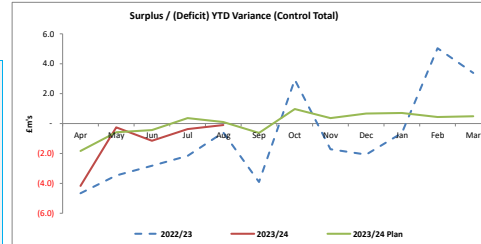
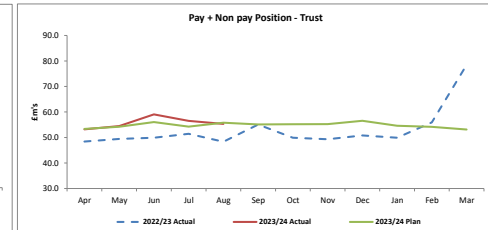
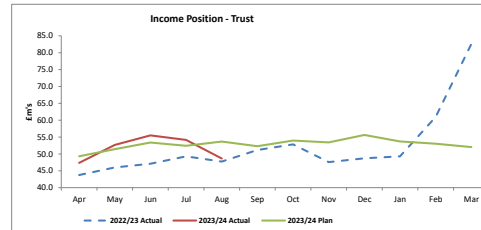
	In month			Year to date		
	Plan	Actual	RAG	Plan	Actual	RAG
<b>INCOME</b>	£53.7m	£48.6m	●	£260.1m	£258.3m	●
<b>PAY</b>	(£31.4m)	(£32.9m)	●	(£155.7m)	(£159.1m)	●
<b>NON-PAY inc. owned depreciation and PDC</b>	(£22.2m)	(£20.4m)	●	(£106.8m)	(£109.9m)	●
<b>Surplus/Deficit excl. donated depreciation</b>	£0.1m	(£4.7m)	●	(£2.4m)	(£10.6m)	●

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 £10.6m deficit which is £8.2m adverse to plan. This is driven mainly by the costs of strikes and their impact on Trust ERF income, lower than planned private activity caused by strikes, lower levels of the Trust Better Value programme delivery and lower Research income than planned expected in future months.

Income is £1.8m adverse YTD mainly due to reduced private patient income (£3.7m) offset with increased levels of passthrough drugs income and additional pay award funding for 23/24, both offset by costs. Non clinical income is behind plan due to contracts not yet signed and research income below plan which is expected in later months. Pay is £3.4m adverse to plan YTD mainly due to high levels of bank and agency usage linked to the additional costs incurred due to the strikes and additional pay award (partly offset by income). Non pay (including owned depreciation and PDC) is £3.1m adverse YTD mainly due to higher levels of drugs and increase in clinical supplies usage. The Trust Better value programme is behind plan by £5.6m.

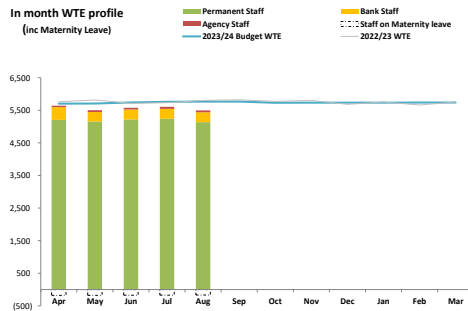
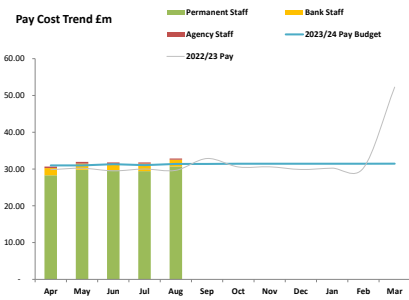


PEOPLE

	M5 Plan WTE	M5 Actual WTE	Variance
<b>Permanent Staff</b>	5,381.4	5,134.8	246.7
<b>Bank Staff</b>	346.1	306.2	39.8
<b>Agency Staff</b>	38.0	54.3	(16.3)
<b>TOTAL</b>	<b>5,765.5</b>	<b>5,495.3</b>	<b>270.2</b>

AREAS OF NOTE:

Month 5 WTEs decreased in comparison to Month 4, largely within Substantive due to vacancies and lower backfill for strikes. Although Substantive staff are below planned levels the use of bank remains high due to continued (but reducing) levels in relation to vacancies. The Trust has seen significant levels of sickness within the domestic team and is working to reduce this and harmonise moving bank staff into substantive ensure the service continues without interruption.

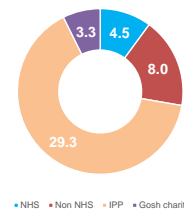


CASH, CAPITAL AND OTHER KPIS

Key metrics	Jul-23	Aug-23
<b>Cash</b>	<b>£72.9m</b>	<b>£79.7m</b>
<b>IPP debtor days</b>	<b>183</b>	<b>159</b>
<b>Creditor days</b>	<b>34</b>	<b>35</b>
<b>NHS Debtor days</b>	<b>5</b>	<b>3</b>
<b>BPPC (%)</b>	<b>90%</b>	<b>90%</b>

Capital Programme	YTD Plan M5	YTD Actual M5	Full Year Fcst
<b>Total Trust-funded</b>	<b>£3.8m</b>	<b>£2.0m</b>	<b>£33.6m</b>
<b>Total PDC</b>	<b>£0.0m</b>	<b>£0.1m</b>	<b>£0.3m</b>
<b>Total IFRS 16</b>	<b>£3.8m</b>	<b>£0.0m</b>	<b>£3.8m</b>
<b>Total Donated</b>	<b>£13.9m</b>	<b>£7.6m</b>	<b>£42.0m</b>
<b>Grand Total</b>	<b>£21.5m</b>	<b>£9.7m</b>	<b>£79.7m</b>

Net receivables breakdown (£m)



AREAS OF NOTE:

- Cash held by the Trust increased in month from £72.9m to £79.7m.
- Capital expenditure for the year to end August was £14.2m, £12.9m less than plan. Trust-funded expenditure was £1.8m less than plan and donated £7.3m less than plan. Right of use (leased) asset expenditure is £3.8m less than plan.
- I&PC debtors days decreased in month from 183 to 159 days. Total I&PC debt (net of cash deposits held) decreased in month to £29.3m (£34.1m in M04). Overdue debt decreased in month to £25.7m (£30.7m in M04).
- Creditor days increased in month from 34 to 35 days.
- NHS debtor days decreased in month from 5 to 3 days.
- In M05, 90% of the total value of creditor invoices were settled within 30 days of receipt; this represented 81% 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 5 months ending 31 Aug 2023



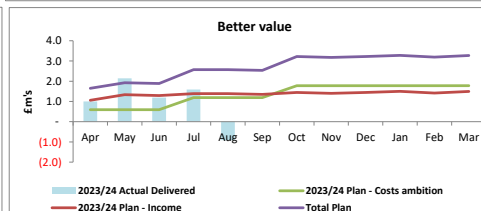
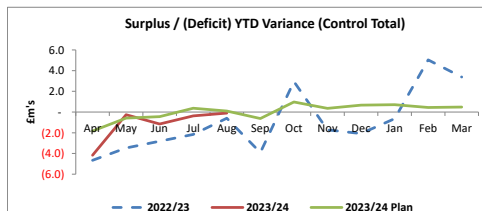
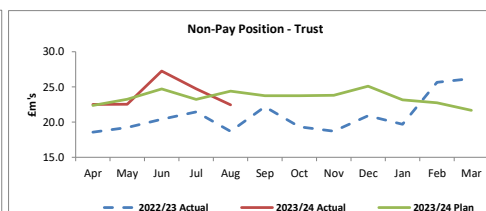
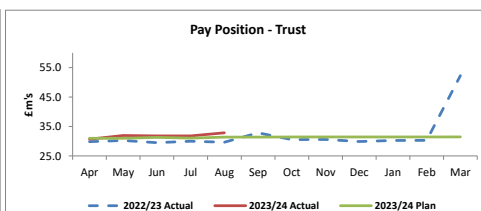
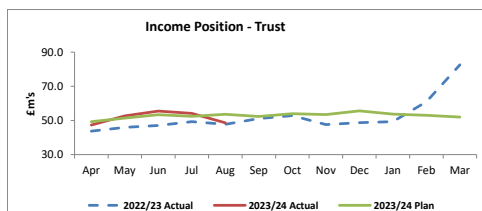
Annual Plan	Income & Expenditure	2023/24								Notes	2022/23 Actual	CY vs PY	
		Month 5				Year to Date						Rating	M5
(£m)		Plan (£m)	Actual (£m)	Variance (£m)	%	Plan (£m)	Actual (£m)	Variance (£m)	%	Variance	(£m)		
483.29	NHS & Other Clinical Revenue	41.40	39.68	(1.71)	(4.14%)	200.64	203.93	3.29	1.64%	G	193.09	10.84	5.31%
78.00	Private Patient Revenue	6.54	3.15	(3.39)	(51.79%)	31.19	27.49	(3.70)	(11.86%)	R	14.86	12.63	45.93%
72.84	Non-Clinical Revenue	5.72	5.78	0.06	1.07%	28.28	26.86	(1.42)	(5.03%)	R	25.88	0.99	3.67%
<b>634.12</b>	<b>Total Operating Revenue</b>	<b>53.66</b>	<b>48.62</b>	<b>(5.04)</b>	<b>(9.39%)</b>	<b>260.11</b>	<b>258.28</b>	<b>(1.83)</b>	<b>(0.70%)</b>	<b>R</b>	<b>233.83</b>	<b>24.45</b>	<b>9.47%</b>
(352.61)	Permanent Staff	(29.45)	(30.69)	(1.24)	(4.20%)	(146.06)	(147.90)	(1.84)	(1.26%)	R	(139.33)	(8.57)	(5.80%)
(3.72)	Agency Staff	(0.31)	(0.31)	(0.00)	(1.20%)	(1.55)	(1.94)	(0.39)	(25.30%)	R	(1.68)	(0.27)	(13.72%)
(19.42)	Bank Staff	(1.62)	(1.85)	(0.23)	(14.29%)	(8.09)	(9.21)	(1.12)	(13.84%)	R	(8.19)	(1.02)	(11.10%)
<b>(375.75)</b>	<b>Total Employee Expenses</b>	<b>(31.38)</b>	<b>(32.85)</b>	<b>(1.47)</b>	<b>(4.69%)</b>	<b>(155.71)</b>	<b>(159.06)</b>	<b>(3.35)</b>	<b>(2.15%)</b>	<b>R</b>	<b>(149.19)</b>	<b>(9.86)</b>	<b>(6.20%)</b>
(102.99)	Drugs and Blood	(9.16)	(9.72)	(0.56)	(6.11%)	(42.78)	(44.95)	(2.17)	400.00%	R	(43.30)	(1.65)	(3.67%)
(41.62)	Supplies and services - clinical	(3.72)	(3.89)	(0.17)	(4.67%)	(17.76)	(19.44)	(1.68)	500.00%	R	(17.32)	(2.13)	(10.93%)
(87.54)	Other Expenses	(7.05)	(4.85)	2.20	31.23%	(34.99)	(35.69)	(0.70)	600.00%	R	(29.45)	(6.23)	(17.47%)
<b>(232.14)</b>	<b>Total Non-Pay Expenses</b>	<b>(19.93)</b>	<b>(18.46)</b>	<b>1.47</b>	<b>7.37%</b>	<b>(95.54)</b>	<b>(100.08)</b>	<b>(4.55)</b>	<b>700.00%</b>	<b>R</b>	<b>(90.08)</b>	<b>(10.01)</b>	<b>(10.00%)</b>
<b>(607.89)</b>	<b>Total Expenses</b>	<b>(51.31)</b>	<b>(51.31)</b>	<b>(0.00)</b>	<b>(0.00%)</b>	<b>(251.24)</b>	<b>(259.14)</b>	<b>(7.90)</b>	<b>800.00%</b>	<b>R</b>	<b>(239.27)</b>	<b>(19.87)</b>	<b>(7.67%)</b>
<b>26.23</b>	<b>EBITDA (exc Capital Donations)</b>	<b>2.34</b>	<b>(2.70)</b>	<b>(5.04)</b>	<b>(214.96%)</b>	<b>8.87</b>	<b>(0.86)</b>	<b>(9.73)</b>	<b>900.00%</b>	<b>R</b>	<b>(5.44)</b>	<b>4.58</b>	<b>534.49%</b>
(25.64)	Owned depreciation, Interest and PDC	(2.24)	(1.99)	0.25	11.33%	(11.26)	(9.78)	1.48	13.18%		(8.28)	(1.50)	(15.30%)
<b>0.60</b>	<b>Surplus/Deficit</b>	<b>0.10</b>	<b>(4.68)</b>	<b>(4.79)</b>	<b>(4,647.36%)</b>	<b>(2.39)</b>	<b>(10.63)</b>	<b>(8.24)</b>	<b>(344.57%)</b>		<b>(13.72)</b>	<b>3.08</b>	<b>29.00%</b>
(24.18)	Donated depreciation	(2.23)	(2.01)	0.22		(11.18)	(9.62)	1.55			(8.26)	(1.37)	(0.14)
<b>(23.58)</b>	<b>Net (Deficit)/Surplus (exc Cap. Don. &amp; Impairments)</b>	<b>(2.12)</b>	<b>(6.69)</b>	<b>(4.57)</b>	<b>(4,647.36%)</b>	<b>(13.57)</b>	<b>(20.26)</b>	<b>(6.69)</b>	<b>(344.57%)</b>		<b>(21.97)</b>	<b>1.72</b>	<b>8.48%</b>
0.00	Impairments & Unwinding Of Discount	0.00	0.00	0.00		0.00	0.00	0.00			0.00	0.00	
41.94	Capital Donations	4.34	3.28	(1.06)		18.19	10.91	(7.28)			3.16	7.75	0.71
<b>18.36</b>	<b>Adjusted Net Result</b>	<b>2.22</b>	<b>(3.41)</b>	<b>(5.63)</b>	<b>(253.52%)</b>	<b>4.62</b>	<b>(9.35)</b>	<b>(13.97)</b>	<b>(302.35%)</b>		<b>(18.81)</b>	<b>9.46</b>	<b>101.21%</b>

## Summary

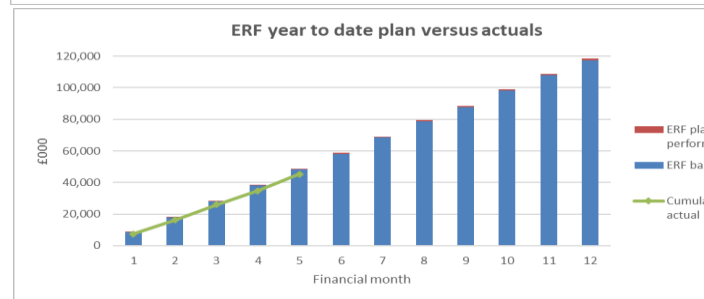
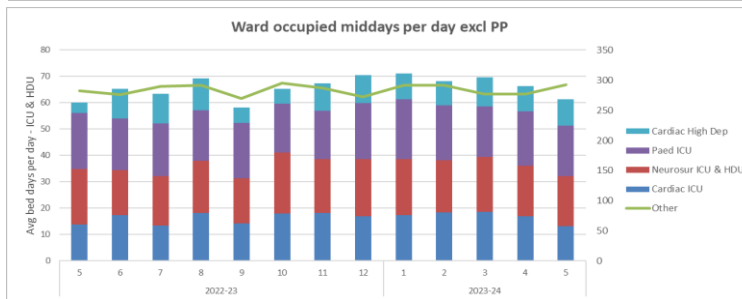
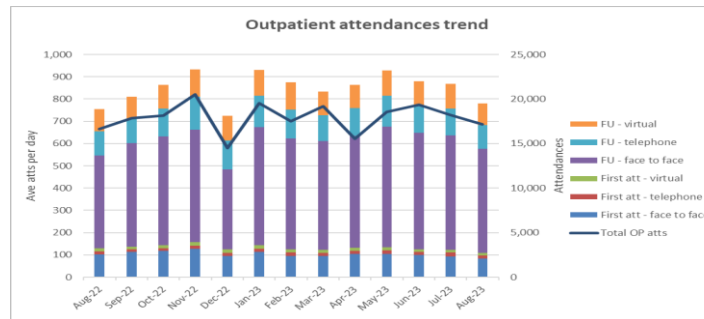
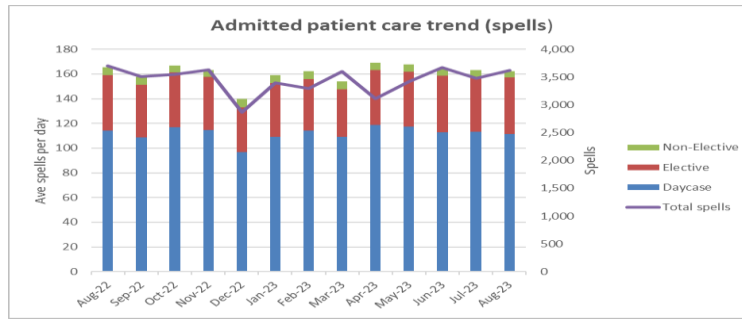
- The YTD Trust financial position at Month 5 is a deficit of £10.6 which is £8.2m adverse to plan.
- The deficit is due to lost income and additional costs associated with the strikes, and lower than planned non clinical income. The position includes both income and expenditure for the NHS Pay awards.

## Notes

- NHS clinical income is £3.3m favourable to plan YTD due to increased income for passthrough drugs and activity (£1.9m) and additional pay award funding (£3.7m) offset with ERF reduction
- Private Patient income is behind plan (£3.7m) due to a reduced activity linked with continued strikes across the Trust. Private patients continue to work on recovery to their plan.
- Non clinical income is £1.4m adverse to plan YTD. This is mainly driven by lower than planned research income which is forecast to meet its milestones in Q3 and income from the charity expected later in the year..
- Pay costs are £3.4m adverse to plan YTD mainly due to AfC and medical pay award (£4.8m), high levels of bank and agency usage linked to the additional costs incurred due to the strikes (£0.8m) offset with vacancies.
- Non pay is £4.6m adverse to plan YTD related to an increase in passthrough costs (£1.9m, offset by income) and increased clinical supplies costs (£1.5m).
- Depreciation is lower than plan due to submission of the Children's Cancer centre investment plan to NHSE in May and the corresponding accelerated depreciation of assets starting in month 2 instead of month 1.



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

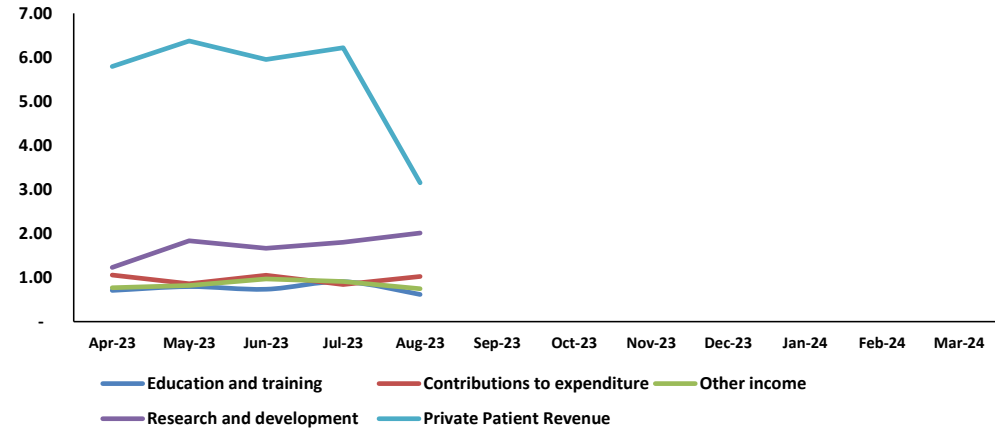
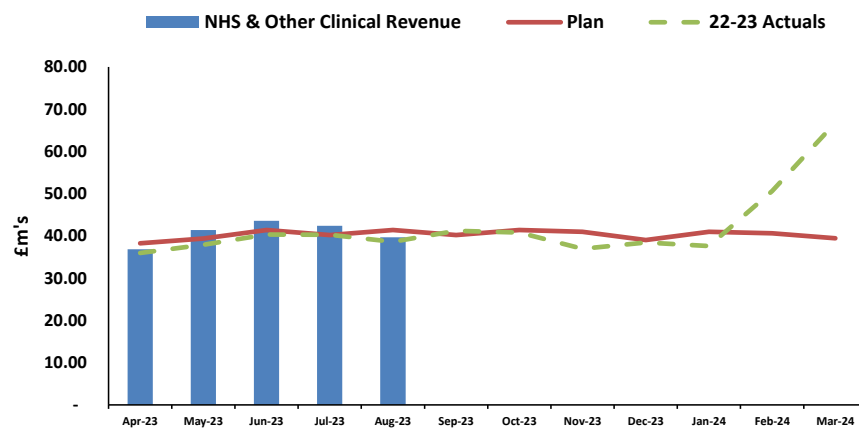


**Summary**

- Admitted patient care per day in August 2023 is lower than July by 0.72 spells per with the largest decrease in daycase at 1.88 spells per day along with a 0.71 spell reduction for non-elective that is partially offset by a 1.87 spell increase for electives. This is the lowest activity per working day this financial year with a 3.9% decrease versus April (6.6 spells per working day); this is driven by lower day cases (7.2 spells) that is partially offset by an increase in electives of 1.15 spells.
- Bed days for August 2023 are 10.3 per working day higher than July in line with the increase in elective activity however critical care days are 5.2 per working day lower than in July with this being offset by other beddays.
- Outpatient attendances decreased further across the board by 10.2% per working day versus July 2023, with the largest decrease in absolute terms for follow-up attendances at 74.5 attendances per working day and first attendances of 13.8 per working day. This is the lowest level of outpatient activity this financial year, reflecting the impact of medical staff strikes and seasonality. The number of outpatient attendances may increase as activity is finalised.
- The ERF scheme has changed between 2022/23 and 2023/24, the new scheme covers Daycase, Elective, Outpatient First and OP Procedures; activity within these PODs is valued at 100% of the NHS payment scheme and effectively returns those PODs back to a cost and volume arrangement. On the basis of current information, which includes some estimates for uncoded work, M5 performance for ERF is an under-performance of £3,579k against the total plan, an increase of £44k versus July. The under-performance would have been significantly higher however the national 2% adjustment to the target for the April strike impact (c£2,069k) has been applied and has therefore improved year to date performance. The estimated impact of strikes within this is £2,301k however there is further analysis being undertaken to assess if the financial impact is greater than currently quantified. Guidance is due to be published that will provide the adjustments to the target as a result of the national view on the impact of strikes on ERF delivery from May onwards.

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

## 2022/23 Income for the 5 months ending 31 Aug 2023



### Summary

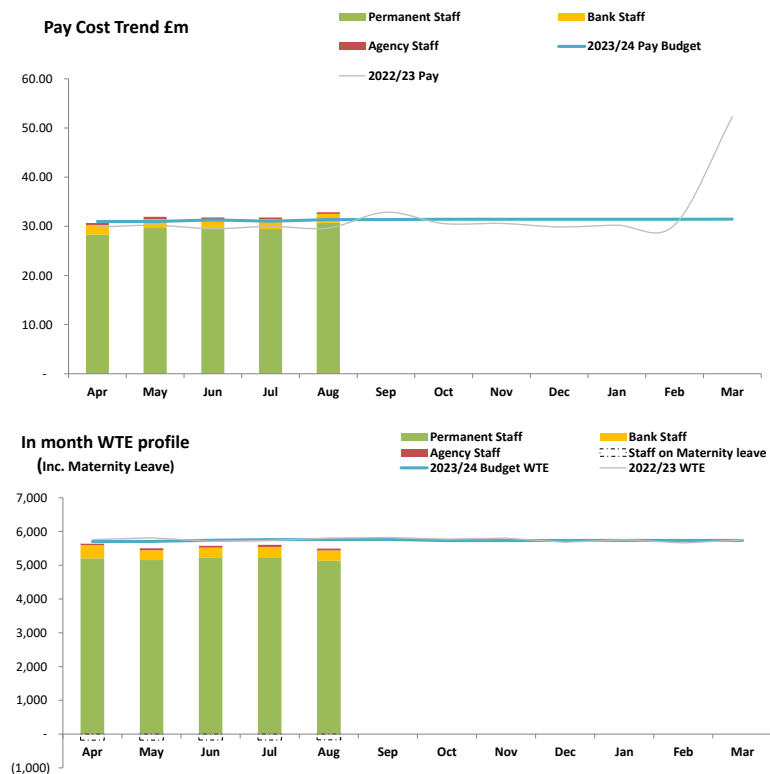
- Income from patient care activities excluding private patients is £3.3m favourable to plan YTD. This is due to increased income for pass through drugs and pay award funding offset with ERF reduction.
- Non clinical income is £1.4m adverse to plan YTD. Mainly driven by lower than planned charity income and research income where milestones are expected to be achieved in Q3.
- Private Patient income is behind plan YTD by £3.7m. This is due to reduced in activity linked to continued strikes across the Trust. Private patient continue to work on recovering the position and delivering the Trust plan.

# Workforce Summary for the 5 months ending 31 Aug 2023

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

£m including Perm, Bank and Agency Staff Group	2022/23 actual full year			2023/24 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)	68.2	1,286.7	53.0	29.6	1,294.9	54.9	(1.2)	(0.2)	(1.0)	R
Consultants	66.7	394.1	169.2	29.4	389.4	180.9	(1.6)	0.3	(1.9)	R
Estates & Ancillary Staff	16.4	445.7	36.8	7.1	459.2	37.3	(0.3)	(0.2)	(0.1)	A
Healthcare Assist & Supp	12.2	306.9	39.7	5.3	320.0	39.9	(0.2)	(0.2)	(0.0)	A
Junior Doctors	33.5	393.0	85.2	15.3	391.0	93.8	(1.3)	0.1	(1.4)	R
Nursing Staff	100.9	1,616.5	62.4	41.7	1,586.7	63.1	0.3	0.8	(0.5)	G
Other Staff	1.0	17.9	56.2	0.4	16.6	55.5	0.0	0.0	0.0	G
Scientific Therap Tech	67.2	1,072.7	62.7	27.7	1,052.2	63.1	0.3	0.5	(0.2)	G
<b>Total substantive and bank staff costs</b>	<b>366.1</b>	<b>5,533.4</b>	<b>66.2</b>	<b>156.5</b>	<b>5,510.0</b>	<b>68.2</b>	<b>(4.0)</b>	<b>0.6</b>	<b>(4.6)</b>	<b>R</b>
Agency	4.1	39.0	104.2	1.9	53.9	86.5	(0.2)	(0.6)	0.4	A
<b>Total substantive, bank and agency cost</b>	<b>370.1</b>	<b>5,572.4</b>	<b>66.4</b>	<b>158.4</b>	<b>5,563.9</b>	<b>68.3</b>	<b>(4.2)</b>	<b>(0.0)</b>	<b>(4.2)</b>	<b>R</b>
Reserve*	1.1	0.0		0.6	0.0		(0.1)	(0.1)	0.0	A
Additional employer pension contribution by NHSE (M12)	14.6	0.0		0.0	0.0		0.0	0.0	0.0	G
<b>Total pay cost</b>	<b>385.8</b>	<b>5,572.4</b>	<b>69.2</b>	<b>159.1</b>	<b>5,563.9</b>	<b>68.6</b>	<b>(4.4)</b>	<b>(0.2)</b>	<b>(4.2)</b>	<b>R</b>
Remove maternity leave cost	(2.5)			(0.8)			(0.2)	0.0	(0.2)	A
<b>Total excluding Maternity Costs</b>	<b>383.3</b>	<b>5,572.4</b>	<b>68.8</b>	<b>158.2</b>	<b>5,563.9</b>	<b>68.2</b>	<b>(4.6)</b>	<b>(0.2)</b>	<b>(4.4)</b>	<b>R</b>

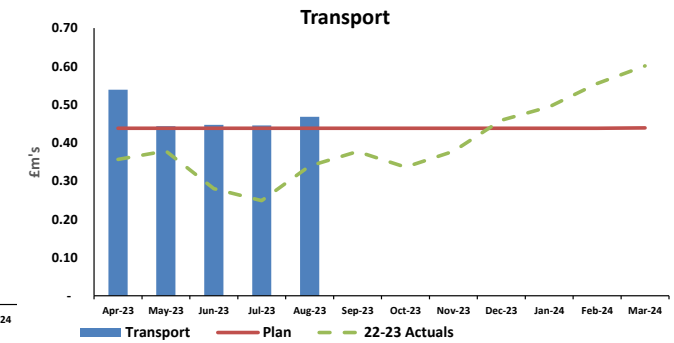
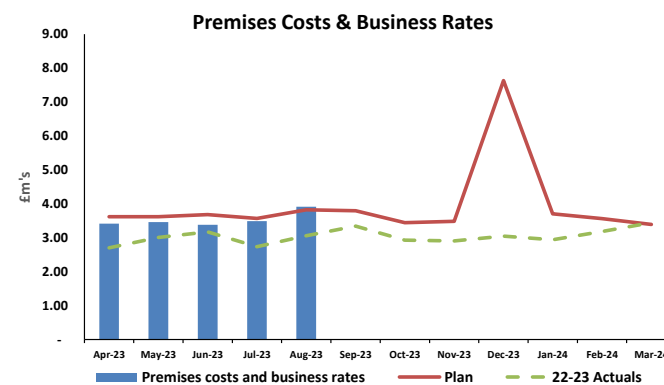
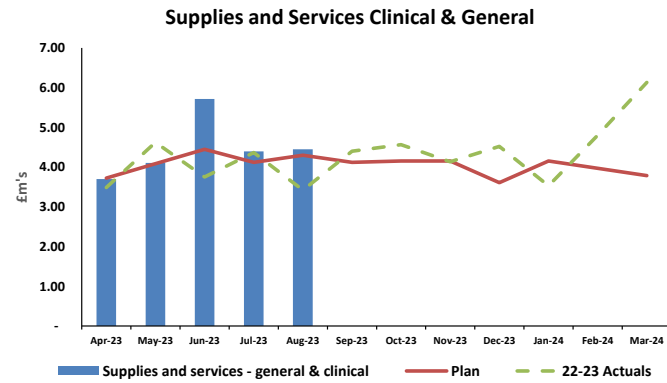
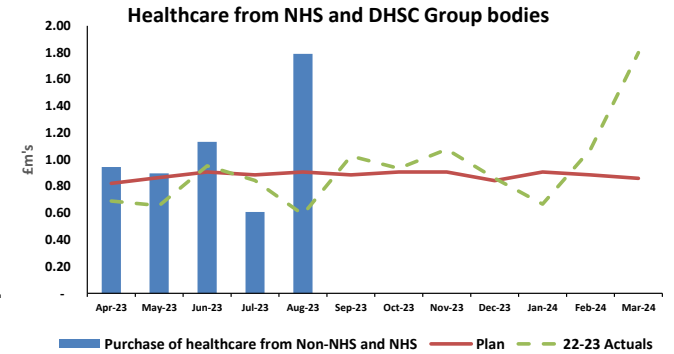
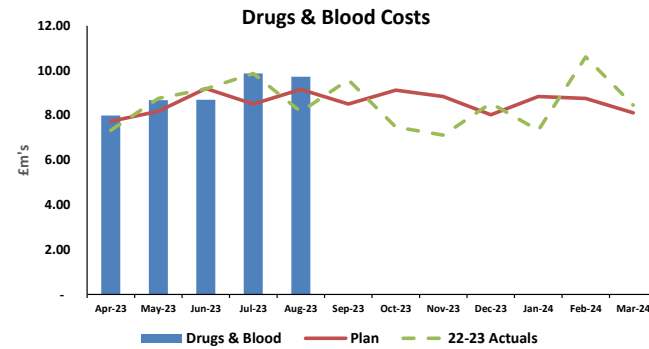
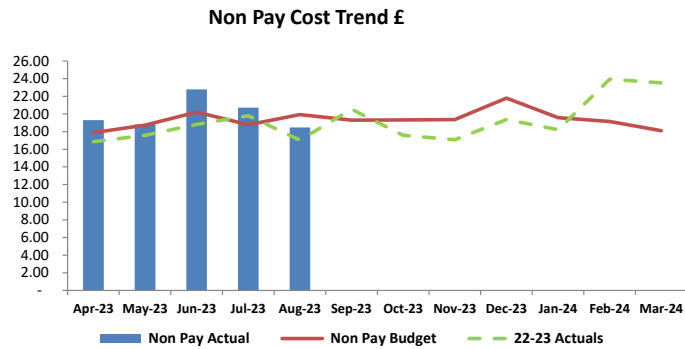
\*Plan reserve includes WTEs relating to the better value programme



## Summary

The table compares the actual YTD workforce spend in 2023/24 to the full year workforce spend in 2022/23 prorated to the YTD.

- Pay costs are above the 2023/24 plan YTD by £3.4m and when compared to the 2022/23 extrapolated actual it is £4.6m higher. This increase from 2022/23 is being driven by price increases (£4.4m). The price variance is driven by the NHS pay award.
- The Trust continues to see high levels of maternity leave (168 WTE) which is contributing to the higher than planned levels of temporary staffing across the Trust.
- Consultants & Junior Doctors are £1.1m adverse YTD to plan due to increased costs from the strikes and medical pay award.
- Estates & Ancillary are £0.4m adverse YTD to plan due to high levels of sickness within the cleaning service. When compared to 2022/23 the key driver of the increase is the increased staffing required to deliver the required levels of cleaning.
- Scientific Therapeutic and Technical Staff are £0.2m adverse to plan YTD due increase in agency usage in order to deliver the services required while vacancies are recruited into.
- Nursing are £0.1m adverse to plan YTD due increase in bank usage to cover vacancies and acuity of patients.
- Agency costs have increased due to the increased number of staff associated with managing the Trust during the continued strikes while the price variance has fallen.

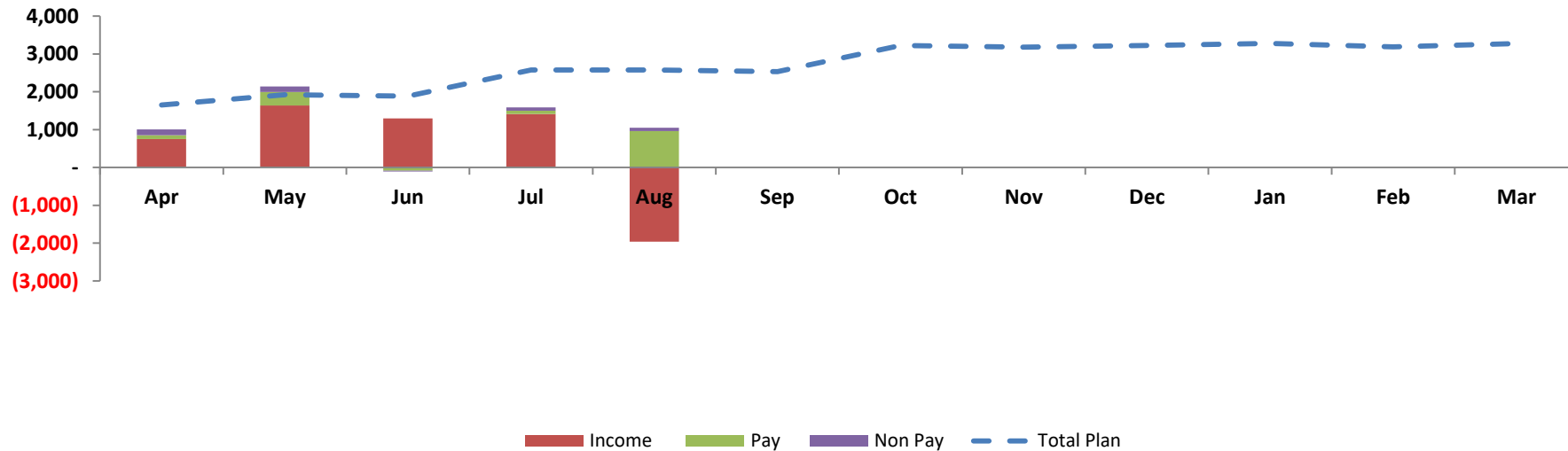


**Summary**

- Non pay is £4.6m adverse to plan YTD.
- Passthrough Drugs and Blood costs are £2.2m adverse to plan YTD due to a number of high cost cases including a number of CAR-T issues this year
- Clinical Supplies are £1.5m adverse to plan YTD due to increase in reagents, surgical instruments and contract service of equipment associated with the activity levels.
- Healthcare from Non NHS Bodies are £0.6m adverse to plan YTD due to increased send away tests, tissue typing for organ transplant and safeguarding review
- Premises costs are £0.5m favourable to plan YTD due to reduced computer software purchase

## Better Value for the 5 months ending 31 Aug 2023

### Better Value £000



### Better Value:

- The Trust is continuing to develop its better value programme for 2023/24 and continues to hold weekly Directorate / PMO meetings to finalise the schemes and develop new ones.
  - At Month 5 £5.0m of the £10.6m plan has been delivered.
  - Month 5 plan was for £10.1m of recurrent savings, Trust has delivered £3.6m.
  - Month 5 plan was for £0.5m of non recurrent savings, Trust has delivered £1.4m.
  - The drop seen in month 5 is associated with the fall in private patient revenue in month 5 and the

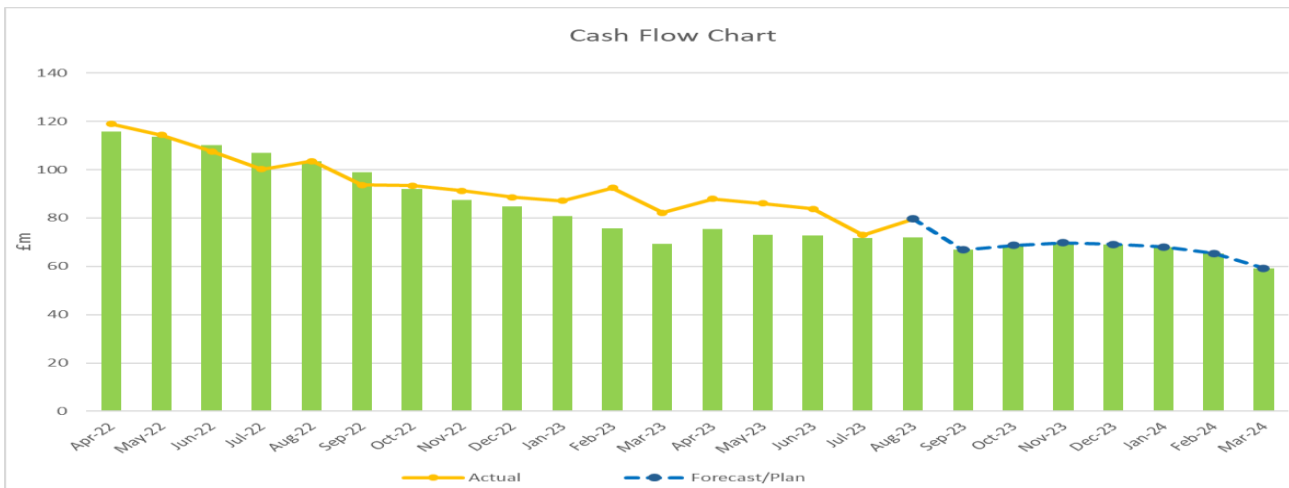
Audited Actual 31 Mar 23	Statement of Financial Position	YTD Actual 31 Jul 23	YTD Actual 31 Aug 23	In month Movement
£m		£m	£m	£m
649.95	Non-Current Assets	645.06	646.19	1.13
106.34	Current Assets (exc Cash)	119.86	114.27	(5.59)
82.17	Cash & Cash Equivalents	72.89	79.69	6.80
(124.23)	Current Liabilities	(129.83)	(136.31)	(6.48)
(33.04)	Non-Current Liabilities	(32.74)	(32.01)	0.73
<b>681.19</b>	<b>Total Assets Employed</b>	<b>675.24</b>	<b>671.83</b>	<b>(3.41)</b>

31 Mar 2023 Audited Accounts	Capital Expenditure	YTD plan 31 August 2023	YTD Actual 31 August 2023	YTD Variance	Forecast Outturn 31 Mar 2024	RAG YTD variance
£m		£m	£m	£m	£m	
6.95	Redevelopment - Donated	17.19	10.41	6.78	39.67	A
3.35	Medical Equipment - Donated	1.00	0.50	0.50	2.28	R
<b>10.30</b>	<b>Total Donated</b>	<b>13.85</b>	<b>7.62</b>	<b>6.23</b>	<b>41.95</b>	<b>R</b>
4.76	Redevelopment - Trust Funded	1.37	0.13	1.24	11.67	R
3.17	Medical Equipment - Trust Funded	0.25	0.67	(0.42)	7.68	R
2.39	Estates & Facilities - Trust Funded	1.25	0.68	0.57	7.36	R
4.65	ICT - Trust Funded	2.24	1.77	0.47	6.88	A
<b>14.97</b>	<b>Total Trust Funded</b>	<b>3.77</b>	<b>2.00</b>	<b>1.77</b>	<b>33.59</b>	<b>A</b>
<b>0.13</b>	<b>Total IFRS 16</b>	<b>3.83</b>	<b>0.00</b>	<b>3.83</b>	<b>3.83</b>	<b>R</b>
<b>0.36</b>	<b>PDC</b>	<b>0.00</b>	<b>0.05</b>	<b>(0.05)</b>	<b>0.33</b>	<b>A</b>
<b>25.76</b>	<b>Total Expenditure</b>	<b>21.45</b>	<b>9.67</b>	<b>11.78</b>	<b>79.70</b>	<b>R</b>

31-Mar-23	Working Capital	31-Jul-23	31-Aug-23	RAG	KPI
7.0	NHS Debtor Days (YTD)	5.0	3.0	G	< 30.0
204.0	IPP Debtor Days	183.0	159.0	R	< 120.0
21.6	IPP Overdue Debt (£m)	30.7	25.7	R	0.0
87.0	Inventory Days - Non Drugs	87.0	88.0	R	30.0
25.0	Creditor Days	34.0	35.0	A	< 30.0
45.4%	BPPC - NHS (YTD) (number)	56.4%	52.9%	R	> 95.0%
78.4%	BPPC - NHS (YTD) (£)	78.4%	74.2%	R	> 95.0%
82.0%	BPPC - Non-NHS (YTD) (number)	82.0%	81.7%	R	> 95.0%
91.9%	BPPC - Non-NHS (YTD) (£)	91.3%	91.5%	A	> 95.0%
80.7%	BPPC - Total (YTD) (number)	81.3%	80.9%	R	> 95.0%
90.7%	BPPC - Total (YTD) (£)	90.2%	90.1%	A	> 95.0%

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

31-Mar-23 Actual	Liquidity Method	Jul-23	Aug-23	RAG
1.5	Current Ratio (Current Assets / Current Liabilities)	1.5	1.4	G
1.4	Quick Ratio (Current Assets - Inventories - Prepaid Expenses) / Current Liability	1.4	1.3	G
0.7	Cash Ratio (Cash / Current Liabilities)	0.6	0.6	R
52.6	Liquidity days Cash / (Pay+Non pay excl Capital expenditure)	40.6	44.4	A
87.3	Liquidity Days (Payroll)/(Cash / Pay)	69.9	76.4	G



**Comments:**

- Capital expenditure for the year to the end of August was £12.9m; the Trust-funded expenditure was £3.3m, which is £1.8m less than plan due to slippage on Estates programmes, some of which is expected to be recovered, and PACS which has a 3-month slippage. Although some recovery of the Trust-funded slippage is expected in the next two quarters, other projects are expected to underspend. A monthly forecast is prepared to quantify the underspend and identify options for potential substitute expenditure; the donated expenditure was £10.9m, £7.3m less than plan due to additional payments on CCC PCSA being later than planned and non-critical slippage on decant and enabling. Right of use (leased) asset expenditure is £3.8m less than plan due to abandoning the proposal to lease space in 40 Bernard St. This will be partially offset but the newly approved leases of office space for CCC decant, which will cost £0.7m.
- Cash held by the Trust increased in month from £72.9m to £79.7m.
- Total Assets employed at M05 decreased by £3.4m in month as a result of the following:
  - Non current assets increased by £1.1m to £646.2m.
  - Current assets excluding cash totalled £114.3m, decreasing by £5.6m in month. This largely relates to Contract receivables invoiced (£4.1m lower in month) and Capital receivables (£4.9m lower in month). This is offset against the increase in Inventories (£0.1m higher in month); and contract receivables not yet invoiced (£3.2m higher in month)
  - Cash held by the Trust totalled £79.7m, increasing in month by £6.8m.
- Current liabilities increased in month by £6.4m to £136.3m. This includes other payables (£1.7m higher in month); deferred Income (£2.8m higher in month); NHS payables (£0.3m higher in month) and Capital creditors (£3.3m higher in month). This is offset against the decrease in expenditure accruals (£1.7m lower month).
- Non current liabilities totalled £32.0m This includes lease borrowings of £26.9m.
- I&PC debtors days decreased in month from 183 to 159 days. Total I&PC debt (net of cash deposits held) decreased in month to £29.3m (£34.1m in M04). Overdue debt decreased in month to £25.7m (£30.7m in M04).
- In M05, 90% of the total value of creditor invoices were settled within 30 days of receipt; this represented 81% 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.
- By supplier category, the cumulative BPPC for Non NHS invoices (by number) was 82% (82% in M04). This represented 92% of the total value of invoices settled within 30 days (91% in M04). The cumulative BPPC for NHS invoices (by number) was 53% (56% in M04). This represented 74% of the value of invoices settled within 30 days (78% in M04).
- Creditor days increased in month from 34 to 35 days.



**Trust Board**  
18 October 2023

**Research Hospital update**

**Submitted by:** Dr Jenny Rivers, Acting Director of Research & Innovation

**Paper No: Attachment I**

**For discussion**

**Purpose of report**

As part of the transition to new research leadership, Trust Board will receive a brief Research Hospital update and are asked to note and discuss the latest bibliographic analysis of research/research impact at GOSH/GOS-Institute of Child Health, in particular the comparator data with other world-leading children's hospitals.

**Summary of report**

Board will be presented with the findings of a bibliometric analysis of the research carried out at Great Ormond Street Hospital and the University College London (UCL) Great Ormond Street Institute of Child Health (GOSH & ICH). Using publication and citation data, the analysis presented covers an assessment of research quality, research strengths and weaknesses, collaboration and key funders. In addition, the performance of GOSH & ICH research is also benchmarked that against a set of international comparators. The analyses presented are based on research published in a five-year window from 2018 to 2022 and Board are asked to note GOSH's current position and discuss future direction based on this analysis.

**Patient Safety Implications**

A diverse research portfolio is vital for high quality patient outcomes and must be delivered safely and effectively, alongside clinical care. Trust Board are asked for continued support of the research and innovation portfolio to achieve this.

**Equality impact implications**

None

**Financial implications**

In order to maintain research infrastructure funding and continue to attract commercially funded clinical studies, it's important that Trust Board understands GOSH's current position in relation to international comparators and supports continued international collaboration to share best practice and work in partnership with global commercial sponsors.

**Strategic Risk**

BAF risk 6: Research Infrastructure

**Action required from the meeting**

Trust Board are asked to note GOSH's position and support future strategic direction of the Research Hospital strategy in line with international partners/comparators.

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

Report compiled in discussion with GOS-ICH, GOSH Charity and NIHR GOSH BRC. Data initially presented to EMT 20.09.23.

Attachment I

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

R&I Director

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

R&I Director

**Trust Board**  
 18<sup>th</sup> October 2023

**GOSH Learning Academy Annual Report  
 2022/23**

**Submitted by:** Tract Lockett, Chief Nurse and  
 Lynn Shields, Director of Education

**Paper No: Attachment J**

- For discussion**
- For information and noting**

**Purpose of report**

As a key planet within the GOSH Above & Beyond Strategy, the GOSH Learning Academy exists to **EDUCATE**, and we are making significant progress towards achieving our ambition of being the first-choice provider of outstanding paediatric healthcare education. This report provides an overview of our progress in 2022/23.

**Summary of report**

We remain on track with our 5-year plan for the GOSH Learning Academy (GLA), this annual report reflects Year 3 and the progress made in 2022/23. We have achieved our strategic aims and targets and are continuing to progress.

Key areas of focus around the GLA impact include:

Learners:

- Delivered 20,000 different learning interactions, in 89,000 learner hours across 1652 education sessions
- 71% of our apprentices on programmes are our existing staff who are developing their career at GOSH

Nationally:

- Largest provider of paediatric specialist postgraduate education nationally, delivering first in country courses such as Paediatric Infection Control, Paediatric Bone marrow Transplant, Whole Genome Sequencing
- Commencing a new partnership with Middlesex University within our ICB, launch paediatric ACP programme aligned to the NHS Long-term plan

Global Healthcare:

- Successful delivery of the first year in two international contracts with an additional 2 in negotiation

External Quality & Assurance:

- Achieved accreditation from external bodies, commended for our work in nursing undergraduate placements by NHSE

Principle Risks:

- Reported through the Trust governance process our three strategic risks include Space & Facilities, Financial Sustainability and establishment of the GLA brand through marketing & comms

Plans for 2023/24

- To build our GLA academic hub to include educational research
- To continue to grow our commercial portfolio
- To refresh the GLA strategy ready for 24/25

**Patient Safety Implications**

We have seen and are reporting improved patient safety and outcomes through *Just in*

Attachment J

<p><i>Case/Just in Time Training</i> and our System Safety Simulation training. This year 35,000 staff have engaged with patient safety education.</p>
<p><b>Equality impact implications</b> We remain focused on increasing access to education and healthcare careers through widening participation. We have been commended for our work and engagement locally within Camden.</p>
<p><b>Financial implications</b> We remain on track with our sustainability plan, and following the successful Midpoint review, we have been awarded the full additional investment of £5.6 million by the GOSH CC to support the next phase from 2023 to 2026</p>
<p><b>Strategic Risk</b> BAF Risk 16: GOSH Learning Academy</p>
<p><b>Action required from the meeting</b> For information and discussion</p>
<p><b>Consultation carried out with individuals/ groups/ committees</b> People &amp; Education Assurance Committee, GLA Executive Oversight &amp; Assurance Committee, GLA Programme Board</p>
<p><b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Lynn Shields, Director of Education, Simon Blackburn, Co-Director of Education</p>
<p><b>Who is accountable for the implementation of the proposal / project?</b> Tracy Lockett, Chief Nurse</p>



**NHS**

Great Ormond Street  
Hospital for Children

Learning Academy

# GOSH

# LEARNING ACADEMY

# ANNUAL REPORT

2022/23





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We delivered **89,852 hours of learning** in 2022/23

We offer over **35 academic modules** in **18 paediatric specialties**

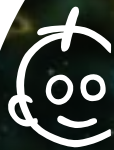
We work in partnership to co-deliver specialist **Cardiology and Oncology** education across our ICB

We hosted **17 International Fellows**, from **4 different countries**, across **11 clinical specialties**

## Planet 3!

We welcome international learners onto all our online courses from **43 countries**

We support over **190 GOSH staff** on their apprenticeship programmes



**NHS**

Great Ormond Street Hospital for Children  
**Learning Academy**

GOSH Learning Academy

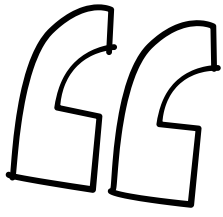
As a trusted partner of NHS England & Health Education England, have been awarded over **£890,000** to support national, specialist education projects

We partner with over **30 universities** to provide undergraduate placements across all clinical professional groups

**86% increase** in the number of live courses on the GLA Virtual Learning Environment, including **37 paid courses** since the implementation of PayPal.



# Director's Foreword



As we come to the end of the third year of the programme, we have the opportunity to reflect on what has been achieved by our talented, hard-working and growing team.

We have followed the success of the midpoint review with implementing many of its recommendations, particularly in strengthening the senior team with a new Co-Director and full time Deputy Director.

These posts, along with our Associate Directors and Business Manager have made the senior team more resilient and sustainable, and free time for proper strategic planning. We are looking forward to the External Advisory Group being established and the critical, scholarly, oversight this will provide.

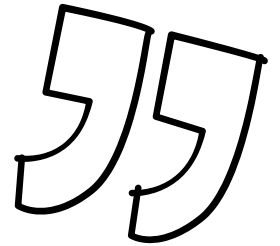
*Lynn Shields*

**Lynn Shields**  
Director of Education

This document considers our performance and key future targets before turning to financial sustainability and impact. The second part of the report considers progress across the range of the GLAs work, some of which is funded from the Charity grant and some of which is funded via our education contracts with NHS England, and other commissioning bodies, as well as income generated directly by us.

We believe this document will show how the collaborative, multi-professional, approach to education at the heart of everything we do in the GLA continues to have benefits that reach beyond the limits of the grant funded priority areas.

We would like to thank everyone from our team who has contributed to what has been achieved and those across the Trust who have continued to support the GLAs work. Working the GLA continues to be our immense privilege.



*Simon Blackburn*

**Mr Simon Blackburn**  
Co-Director of Education





# GOSH LEARNING ACADEMY

# Overview

**As a key planet within the GOSH Above & Beyond Strategy, the GOSH Learning Academy exists to EDUCATE, and we are making significant progress towards achieving our ambition of being the first-choice provider of outstanding paediatric education.**

The education and training provided by our staff remains pivotal to the safety and experience of our patients. The children and young people attending Great Ormond Street Hospital (GOSH) are cared for by a multi-professional workforce, and it is our role to ensure that our people have the required knowledge, skills and capabilities to provide and support the exceptional care that our patients deserve.

In 2020, GOSH launched *Above & Beyond*, a five-year strategy to advance care for children and young people with complex health needs. The strategy outlines the delivery of six key programmes of work that will enable us to deliver better, safer, kinder care, and save and improve more children and young people's lives. Developing the GLA as the first-choice provider of outstanding paediatric education is one of the six priority programmes.





At the inception of The GOSH Learning Academy (GLA) in 2019 the *GOSH Learning Academy Education and Training Strategy* was developed to plan and enable the delivery of the Trust's strategic education and training priorities over a five-year period.

A key component of the strategy is *The GLA Strategic Framework*, which summarises and illustrates our ambition, overall approach, priorities, cross-priority themes and areas for investment.

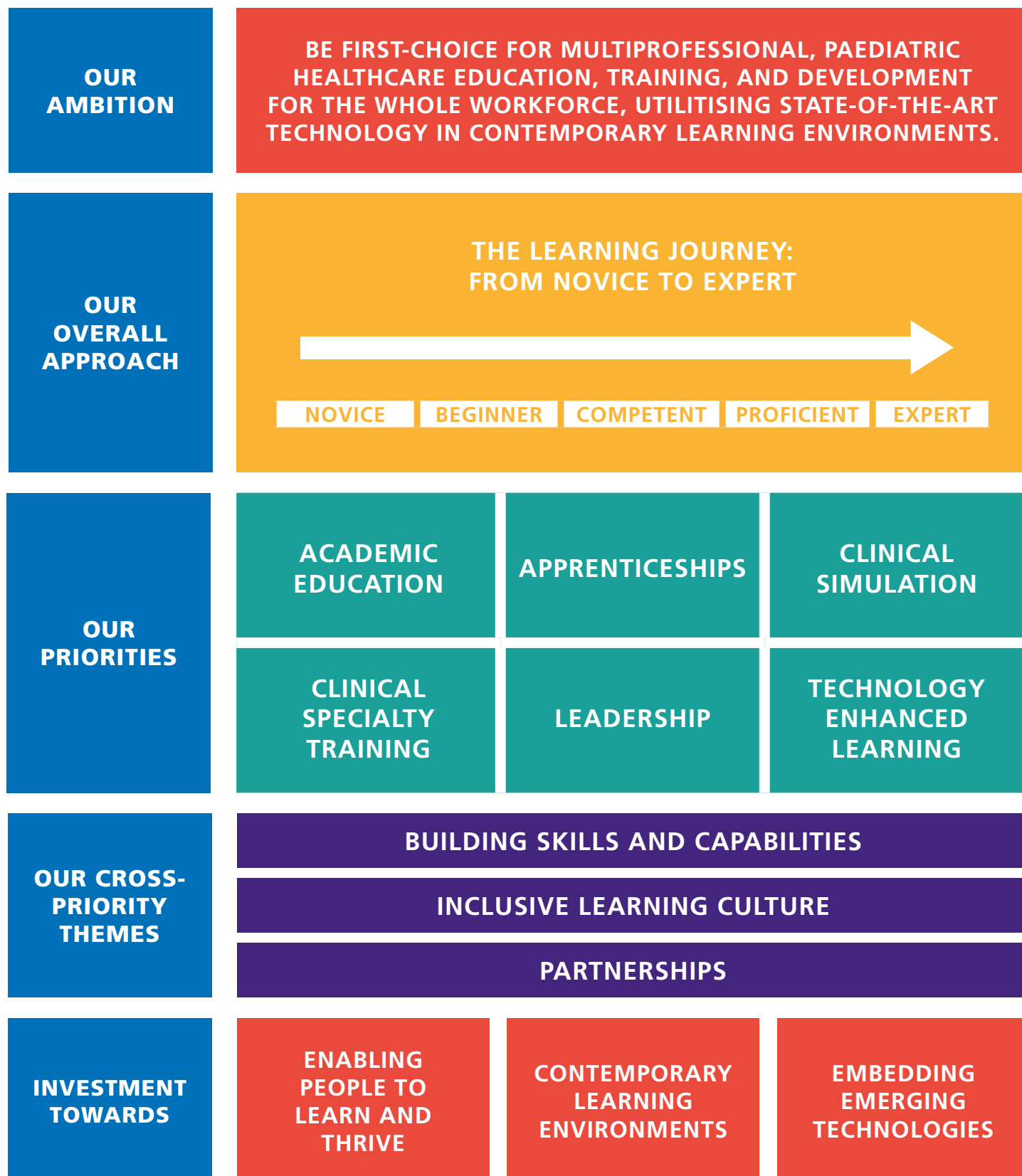


Figure 1 – The GLA Strategic Framework

# Our Governance Structure

## in 2022/23

**As the GLA grows and evolves, so does our governance structure. We have implemented changes to strengthen our leadership and plan for the future, following recommendations of the midpoint review.**

Reporting into the People and Education Assurance Committee (PEAC), the GLA Programme Board meets monthly to review delivery and performance. Additionally, as a 'planet' within the Trust Strategy portfolio 'Above & Beyond', the GLA reports monthly into the overarching Trust Portfolio Progress Group, providing both the Executive team, Trust Board, and GOSHCC Board full oversight on delivery and progress.

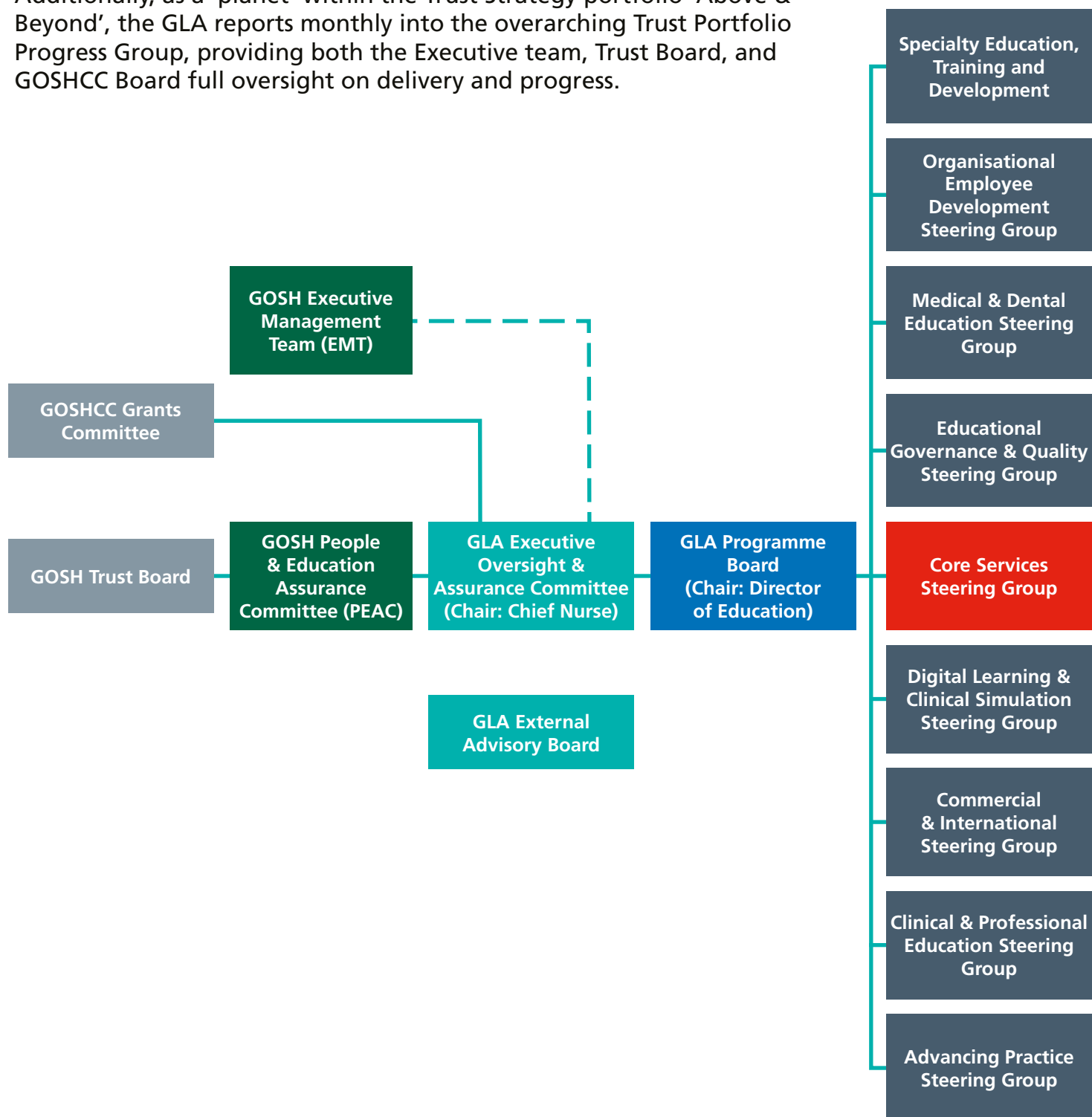


Figure 2 – GLA Governance Map – Phase 2 (Approved April 2023)

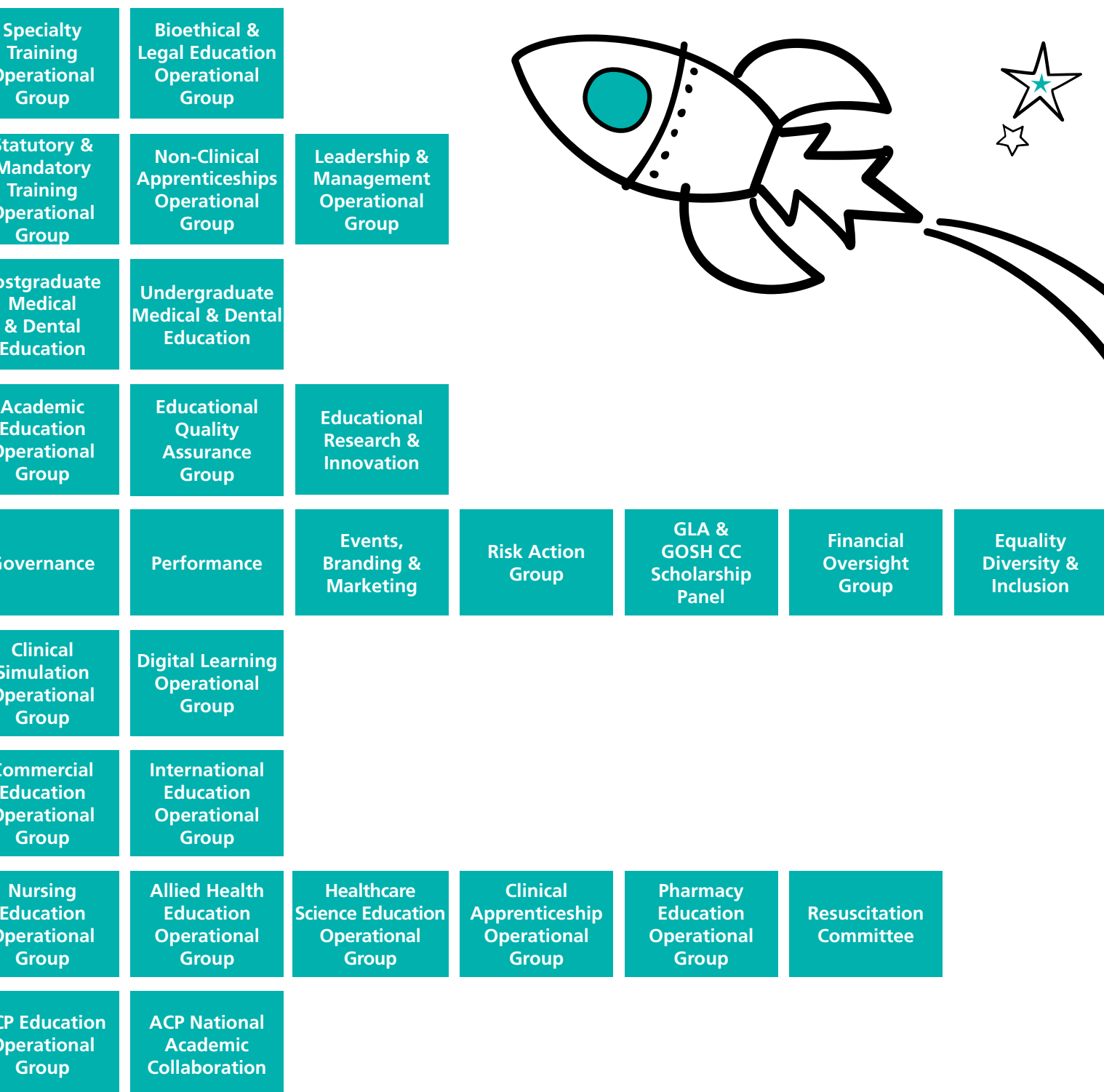


In line with the conditions and recommendations of the midpoint review our governance and reporting structure has been reviewed and updated to reflect the depth, breadth, and scale of the programme of work.

The aim is to increase overall scrutiny across all workstreams and enhanced oversight of finance and risk in order to provide assurance.

This period also sees the introduction of the *GLA External Advisory Board* introduced on the recommendations of the midpoint review.

The board will help us inform and validate approaches, guide us towards new ideas and educational workflows, increased awareness of external markets, and help us to consider the balances and challenges found at the intersections between the NHS, academic education, and commercial education.



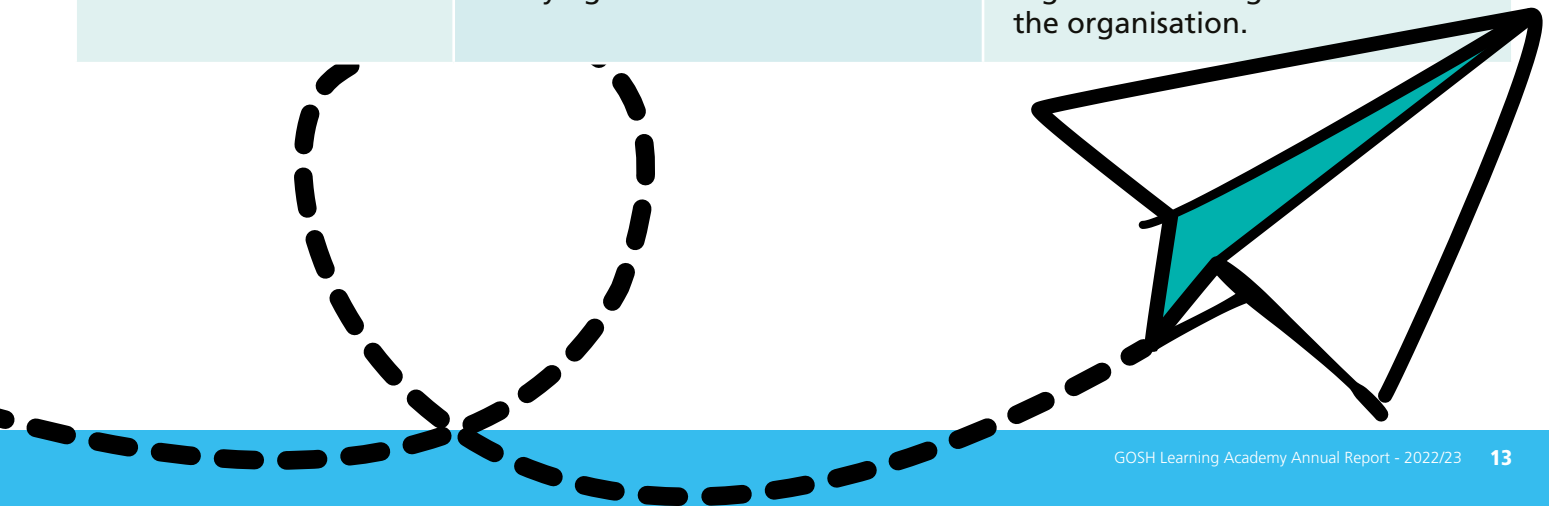
# Key targets & milestones for learning

The GLA had clear targets to achieve by the end of Year 5 of the Charity Grant. Given that we have achieved beyond these targets by Year 3 (see table below), we have revised our targets for Phase 2.

Phase 1	Year 1-3 Forecasted	Actual			
		Year 1	Year 2	Year 3	Total
<b>ACADEMIC EDUCATION</b>					
Candidate Numbers (Internal Portfolio)	1,050	673	943	274	1890
<b>APPRENTICESHIPS</b>					
Apprentice Numbers	55	4	25	35	64
<b>CLINICAL SIMULATION</b>					
Candidate Hours	49500	9060	7302	10923	27285
Candidate Numbers	-	1579	1371	2003	4953
<b>CLINICAL SPECIALTY TRAINING</b>					
Candidate Numbers	1200	2893	8743	4813	6449
<b>LEADERSHIP &amp; MANAGEMENT</b>					
Candidate Numbers (Internal)	900	307	693	924	1924
<b>DIGITAL LEARNING</b>					
Candidate Numbers (Online via DEN)	40	0	2430	3952	6382
Candidate Numbers (Online via any other virtual platform)	0	1364	1987	1717	5068

Breakdown of performance against targets set at the outset of the GLA. It details the targets set for our six priority areas all of which have been met and exceeded by the end of Year 3.

Our initial targets to be achieved by the end of Year 5	Our targets achieved by the end of Year 3	Our revised targets for phase 2
Support an additional <b>3,500</b> learners	We have supported <b>20,084</b> learning interactions.	To sustain <b>20,000</b> learning interactions year on year.
Ensure <b>1,200</b> learners completed a paediatric specialty course by Year 5	To date <b>4,400</b> learners have accessed and completed a paediatric specialty course.	To ensure that a further <b>1,000</b> learners access and complete a paediatric specialty course every year.
Develop and launch a <b>Virtual Learning Environment</b> by Year 3	Due to the need for an online learning platform during the covid-19 pandemic, <b>we launched The GOSH DEN</b> (Digital Education Network) 18 months early in July 2021	To integrate digital and <b>technology enhanced learning in learning design to enhance access to our full learning portfolio.</b>
Seek <b>two</b> International Education contracts	We have secured <b>three</b> long-term international education contracts, and <b>two</b> new contracts are in the negotiating stage.	To secure an additional <b>one</b> contract per year totalling six by the end of phase 2.
Offer <b>18</b> academic modules and enrol <b>1,000</b> students by Year 5	We offer <b>36</b> academic modules and have <b>2,318</b> students enrolled.	To increase the number of modules offered to meet workforce need and academic demand, enrolling a further <b>2,000</b> internal and <b>500</b> external students by the end of phase 2.
Achieve an income target of <b>£600k</b> by Year 3	We achieved an income of <b>£9.1 million</b> through national, international, commercial and education income	To achieve a <b>£1 million surplus</b> year on year supporting the delivery of our sustainability plan.
Support <b>20</b> Undergraduate Nursing Apprenticeships	We have supported <b>26</b> Undergraduate Nursing Apprenticeships to date.  2 left the programme, 8 have graduated, and 16 are still studying.	To aim for a <b>90%</b> success rate for Nursing Apprenticeships. Success will be measured as the apprentice completing their course, registering with the NMC (Nursing and Midwifery Council), and moving into a newly registered nursing role within the organisation.



# Our Performance

## Strategic Aims and Cross-Cutting Themes

We are a key planet in the Above & Beyond Strategy, and our mission is to provide outstanding paediatric education.

We aspire to make the GOSH Learning Academy the first choice for learners and educators. To achieve this, we have defined strategic aims and cross-cutting themes to plan and monitor our progress. Despite a year of pandemic recovery, the effects of the cost-of-living crisis, and sustained industrial action, we maintained high-quality education and development for learners across the world.

Overall, our programme of work remains on track, and our performance against our strategic aims is set out below:

### Strategic Aim 1: GLA recognised as preferred provider of paediatric healthcare education and training

#### Supporting our cross-priority theme: Building Skills & Capabilities

- We have successfully developed and validated two new postgraduate programmes with Middlesex University which will support the development of Advanced Practice and Enhanced Practice for child health in the UK. Both are mapped to relevant national curricular and will be the first of their kind to be launched in the UK. The contents directly underpin key workforce developments outlined in the Long-Term Workforce Plan (NHS England, 2023).
- We are preparing for the new GOSH Children's Cancer Centre and supporting the development of a children's cancer specialist workforce by launching two new paediatric oncology education modules:
  - ▶ Care of the Child and Young Person with an Oncological Condition
  - ▶ Systemic Anti-Cancer Treatment Administration.

These modules align with the Royal College of Nursing (RCN) 2021 framework for professional and regulatory requirements as per Children's Cancer Measures (National Cancer Peer Review, 2013). 50 nurses have already enrolled, and we expect to train nearly 200 more before the centre opens.

By launching new Learning Disability and Autism education programmes and supporting link nurses, we have met the needs of our specialist patients with learning disabilities and autism. As a result, referrals to the LD team have doubled, ensuring that more children get the care they need and deserve.

A multidisciplinary team of experts from the hospital successfully separated conjoined twins in October 2022, after rehearsing the intricate operation with the help of Clinical Simulation and Virtual Reality

- We are proud to celebrate the graduation of the first cohort of GOSH Nurse Apprentices the charity grant enabled Nursing Associates from across GOSH to achieve their Nursing Degree and become Registered Nurses in various specialties.
- By embedding our Systems Safety Clinical Simulation training, we are shaping new guidelines and policies that enhance patient safety and quality of care.
- Technology Enhanced and Digital Learning, such as avatars, remote simulation, and blended extended reality, have been integrated to transform education and create immersive and engaging learning experiences.
- We have invested in the future of our workforce by providing apprenticeship programmes for over 220 employees (4% of our staff) to advance their careers.

## Strategic Aim 2: GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people

### Supporting our cross-priority theme: Partnerships

- We have announced a new academic partnership with Middlesex University. This collaboration will enable us to create innovative and flexible learning pathways for our specialist workforces, and to foster closer working relationships with our partner Trusts across our ICB.
- By collaborating with international centres, the GLA can shape global child health care and create positive change. The GLA has built strong relationships with various stakeholders in the Middle East, focusing on education as a key component.
- The GLA, in collaboration with NHS Workforce, Training and Development and the Association of Clinical Biochemistry and Laboratory Medicine, has launched a series of courses on Whole Genomic Sequencing. These funded courses leverage the expertise and knowledge of subject matter experts from across the UK to enable key personnel to effectively implement new health technologies.
- We have been selected by the Department of Trade and Industry as one of the top two NHS Trusts for international education in healthcare.

## Strategic Aim 3: Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation

### Supporting our cross-priority theme: Inclusive learning

- In March 2023, the team received 'The Widening Participation Recognition Award' at the AAC Awards for their outstanding efforts in offering tailored career guidance to the local community and expanding apprenticeship opportunities at GOSH.
- We received the prestigious Queens Voluntary Service Award (the group equivalent of an MBE) for our innovative Reach Out for Healthcare Science project that engaged and inspired local school students.
- By utilising Apprenticeship pathways, the GLA has enabled learners from diverse backgrounds to achieve greater potential. 52% of the currently enrolled apprentices identify as people from ethnic minority backgrounds.
- To increase access and opportunities for young people from disadvantaged backgrounds, the GLA Widening Participation Programme now offers various initiatives, such as our 'Young Visitors Programme', which reserves work experience placements for students from lower resourced schools.
- We have also introduced Interview Masterclasses, a program that supports attendees to craft a compelling personal statement and enhance their performance at interview, supporting the advancement of careers and improved functional skills in literacy and numeracy.
- We have created an oral application route for GLA Scholarship Funding. The GLA Scholarship panel assists staff members with poor literacy skills access funds for education through a supported oral application, instead of using the online template, which may put them at a disadvantage.
- The GOSH Conference in November 2022 brought together participants from diverse backgrounds to explore the conference theme of 'Towards Inclusion' and learn from experts on how to address health disparities, support each other and overcome barriers.



# Collaborating with the Young Peoples Forum



**Patient engagement is the process of involving patients in their own health, care and treatment, as well as in the design, planning and delivery of health services. It is important because it can lead to improved health outcomes, better patient experience, and more efficient use of resources.**

The Faculty of Advancing Practice led a focus group session with the Young People's Forum to co-design two new postgraduate academic programmes in enhanced and advanced practice. A variety of activities were utilised to explore the feelings, attitudes, and opinions of young people in relation to their participation in healthcare education.

**Engagement was high, and some high-level findings are detailed below:**

- The young people present reported that they understood the necessity for their involvement in the training of healthcare professionals but suggested that they could have some more involvement in agreeing to when and how this happens.
- They felt that our training should include strong elements of general paediatrics, as well as specialist training relevant to the health professional's role. Young persons reported this to be important in ensuring delivery of safe, effective and holistic care.
- Suggested teaching topics related largely to communication, particularly communicating with adolescents, and how this needs to differ to children. The young people also felt that clinicians would benefit from having a greater understanding of shared decision making and respecting their individuality as part of their overall care.
- Importantly, some lived experienced in the room indicated that staff were not always aware of legal issues such as consent and capacity, and therefore identified a need for this to be included in our training.
- A novel suggestion of using young people as 'associate examiners' was suggested and is being explored by the team as a possible assessment method, ensuring the patient voice has not only informed the design of the courses, but continues to be represented throughout training.
- Young people held no fixed views about who should be trained as an advanced clinical practitioner with regards to their base professional status.

The outputs of the session will be used to inform both our own course development at GOSH and the development of the NHSWTE/RCPCH National Curricular Framework for Advanced Clinical Practice.



# Our Impact

## Demonstrating our local impact

### Developing a prepared clinically prepared workforce

Working across all workstreams and specialities the GLA develop a workforce that is clinically prepared for the complex patient population seen at GOSH.

Clinical educators work at the bedside providing education and training responsive to the clinical and patient need. The first planet in the GOSH 'Above and Beyond' strategy is to 'make GOSH a great place to work'. The support our clinical educators provide is pivotal to achieving this goal as they support teams to develop and reach their potential.

Resuscitation and Clinical Simulation teams allow staff to practice and rehearse complex care in a safe environment where latent threats can be identified, and mistakes made without patient harm occurring. Programmes of works such as 'Just in time' have seen a significant decrease in the number of clinical emergencies and an increase in timely escalation of care.

Academic teams provide knowledge and skills to allow our nurses to become qualified in speciality areas. In 2022/2023 an additional 20 PICU nurses gained their PICU qualification, 20 nurses completed an MSc Programme and 5 Advanced Clinical Practitioners completed their studies. With clear correlation between level of nurse education and patient outcome, our increasing commitment to improving the training of our nursing staff will have a direct benefit to our patients care.



We committed to delivering

**17,604**  
learning interactions  
by the end of Year 3

By the end of Year 3  
we had delivered

**20,084**  
learning interactions



## Impact on our Learners

The tables below highlight the increased educational opportunities delivered by the GLA since April 2020 up to and including March 2023.

**Focusing on the 2022/23 figures, the data shows:**

**Learners:** This table shows that 20,084 learning interactions were delivered in 2022/23, exceeding the original Year 3 target of 17,604. A 14% increase against target and a 43% increase when compared to 2021/22.

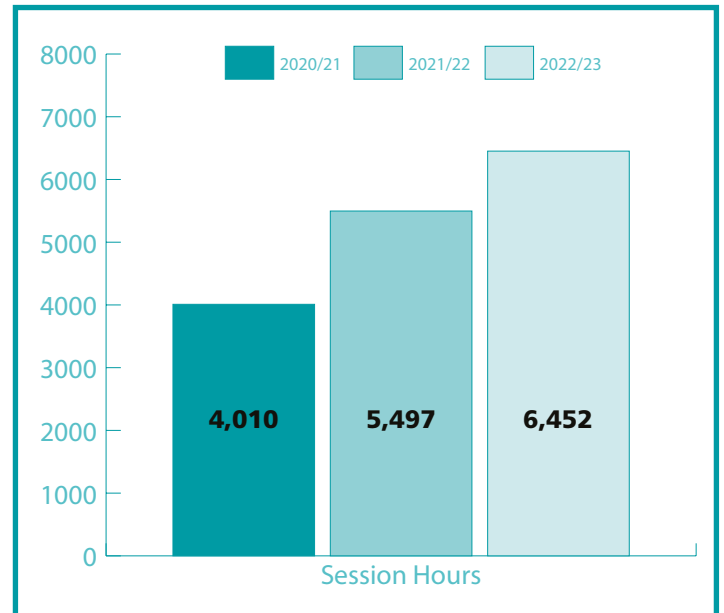
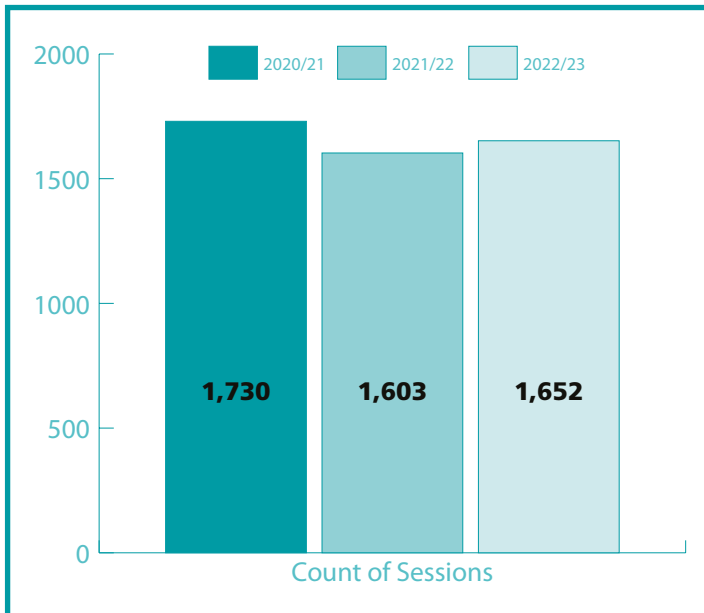
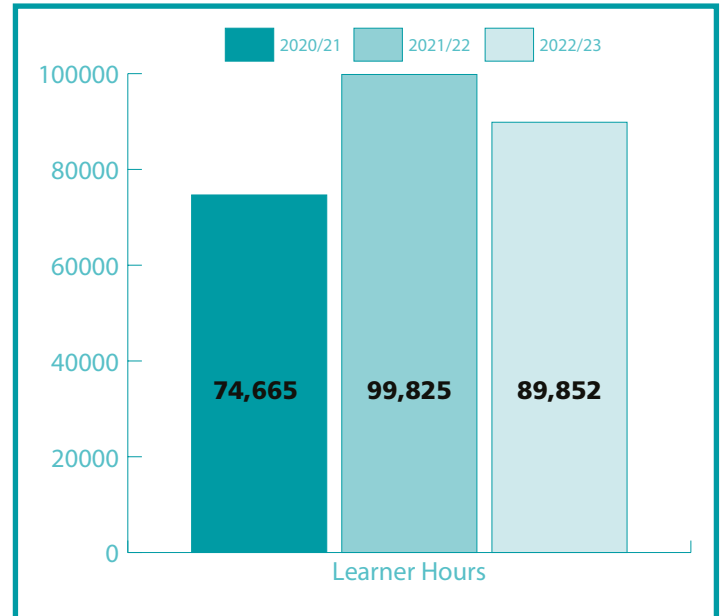
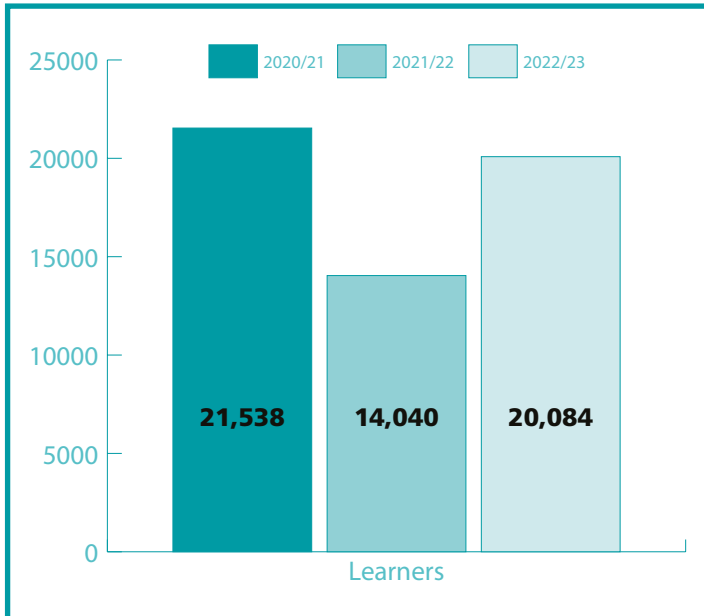
**Learner Hours:** Learner hours demonstrate the number of hours of learning undertaken during the year 2022/23. This is a decrease from the forecasted figure of 92,074.

We believe this to be reflective of a post-pandemic return to longer programmes of education with shorter courses with higher candidate numbers becoming less predominant with re-established stability and public confidence.

**Count of Sessions:** 1,652 educational sessions were held in 2022/23.

**Sum Hours of Sessions:** The sum of sessions held during the year is 6,452 hours.

The data indicates an increase in the number of learners and a corresponding increase in educational activity. When reviewed in tandem this demonstrates the GLA's strong performance and places education, training, and development in a positive post-pandemic position.



## Retention of student workforce

Great Ormond Street supports the education and training of more children's student nurses than any other hospital in England. We partner with 11 schools of nursing and in the last year over 375 students have undertaken a placement at Great Ormond Street Hospital.

Supporting the route to qualification of student nurses allows GOSH to recruit from a rich pool of newly qualified nurses who already the skills that are needed to care for our complex patient population. In 2022/ 2023 we recruited 136 newly qualified nurses of which 40 had undertaken placements at GOSH.

## Apprenticeships

The GOSH Learning Academy supports a wide range of Apprenticeships from all professions across the organisation. 26 nursing apprentices have been supported with 8 graduating in March 2023.

This provides an increase in the number of qualified nurses and retention of staff in our workforce. In 2022/2023 the first Apprentices from the AHP professions have commenced their study with Occupational Therapy and Operating Department Practitioners being trailblazers for these programmes.

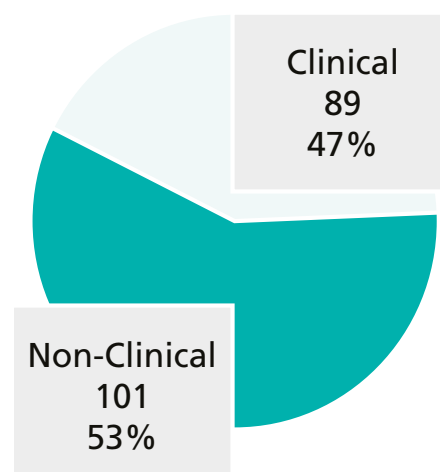
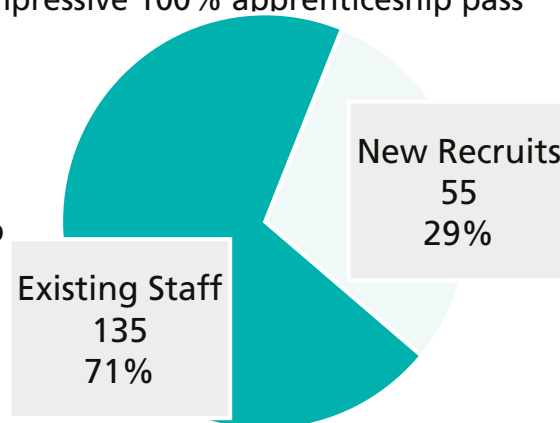
The GLA is recognised as a 'Supporting Provider' of Apprenticeship delivery, meeting the national standard to enter the 'Register of Apprenticeship Training Providers (RoATP)'. This allows our education teams to deliver the level 2 Healthcare Support Worker Apprenticeship. The Healthcare Support Worker (HCSW) apprenticeship incorporates the Care Certificate supporting the recommendations of both the Francis Report, 2013, and the Cavendish Review, 2013.

Successful completion of the programme leads to a substantive role as a Healthcare Support Worker (HCSW) (HCA). We continue our success with an impressive 100% apprenticeship pass rate at first attempt, with 71% achieving Distinctions.

We have embraced the apprenticeship pathway to invest in our teams and develop future career pathways. The table below shows the number of staff undertaking either a clinical or non-clinical apprenticeship at GOSH. In our teams and development of future careers.

More than 50% of our apprentices identify as being from the REACH (Race, Ethnicity and Cultural Heritage) community.

STATUS	NO.
Live	177
Break-in-Learning	13
<b>TOTAL</b>	<b>190</b>



In 2022, the GLA won the **National 'Diversity' Award** for our work to make our Apprenticeships inclusive and open to all by having a clear defined strategy to recruit from our local area.

### GOSH Scholarship Awards

The GLA Scholarship Award was launched in May 2020 as part of the GOSHCC grant award.

of healthcare staff education and patient outcomes being well documented across the evidence base the GLA Scholarship fund is proud to be able to support teams from across the organisation to achieve their potential and create a skilled workforce.

The Scholarship fund is open to all GOSH staff members to apply to gain to funding for education that would otherwise not be available to them. The award aims to support staff by providing partial or full funding to complete episodes of study whether these are individual courses, university modules, degrees, and conference attendance to help staff reach their full potential and improve retention.

Applications are reviewed by a multidisciplinary panel quarterly, scored against a matrix for relevance to the individuals learning needs, the benefit to the department and the benefit to the organisation

- In 2022/2023 the scholarship received 319 applications valued at £449,730. **205** of these applications were successful with **£260,566** being awarded.
- **95%** of applicants are from clinical teams.
- **10% of all staff at GOSH** have successfully applied for a Scholarship Award since its inception allowing them to complete a programme of study that would not otherwise be available to them.
- **17%** of applicants identify as being from a BAME background and **0.5%** of successful applicants have a disability.

The scholarship has supported an additional **113 learners** through a wide range of academic study with **82 academic modules** being supported in addition to **10 learners being supported to complete their MSc qualification and 21 learners to complete a Postgraduate Certificate.**

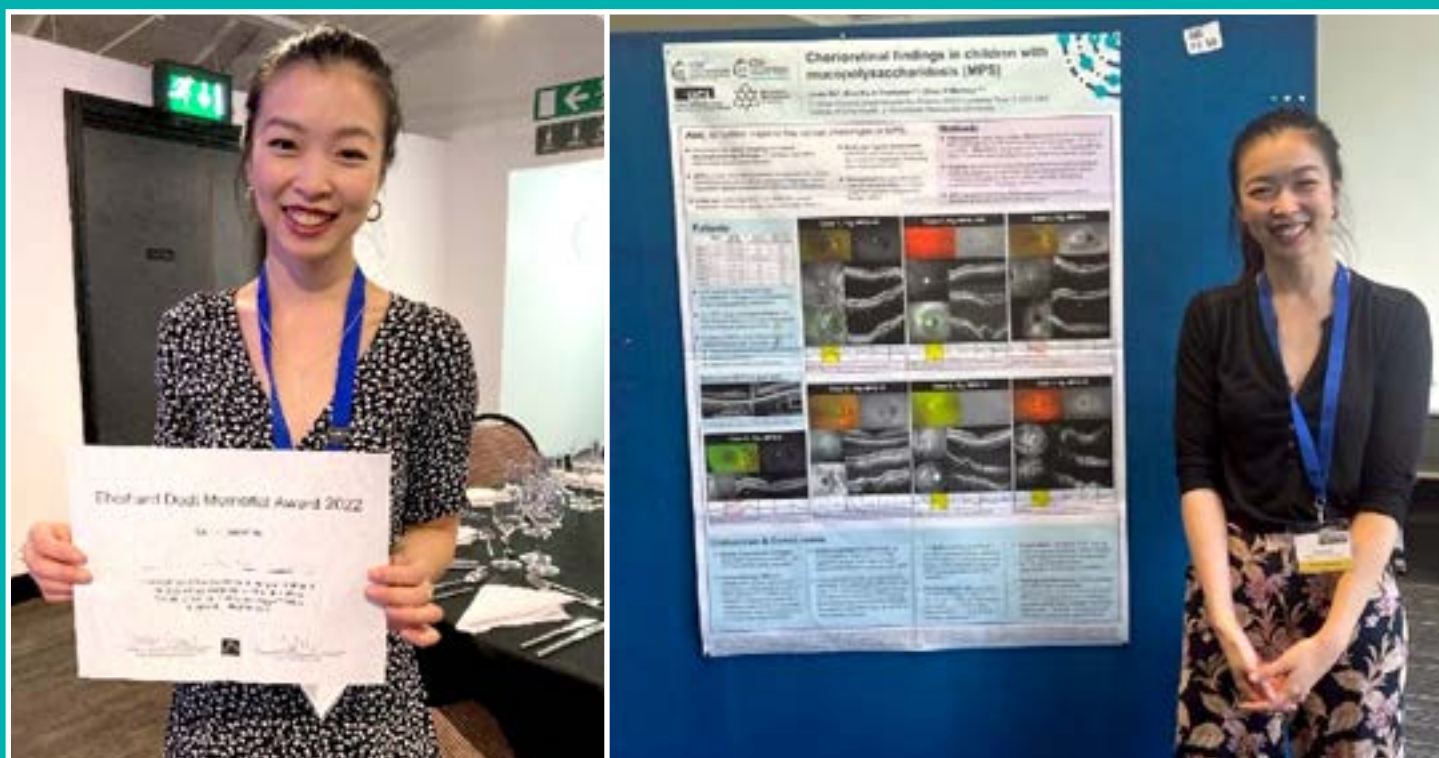
	2020/2021	2021/2022	2022/23
Number of applications	245	184	319



*Apprenticeship team at the National Diversity Award Ceremony.*

## Key areas or development in 2022/2023

1. **Promotion of the verbal application system** – The current written application favours those who have high levels of literacy as the process becomes more competitive. To overcome this and to encourage those from lower banding and non-clinical backgrounds to apply we have introduced an oral application process. The applicant will work with a member of the education team to collate and express their rationale for application. This can be recorded via a variety of platforms for submission to panel.
2. **Update of internal marketing and communication** - As the demand for Scholarship support increases there is an increased need for guidance and support for applications to be completed at a high standard. The scholarship panel will work with education teams, internal communication, and marketing team to ensure that sufficient support and information is available for applicants to meet the required standard and be able to progress.



*I attended the Annual Symposium of the International Society for Clinical Electrophysiology of Vision (ISCEV).*

*August 3-6<sup>th</sup>, alongside some of my clinical colleagues. This was my first opportunity to deliver both an oral and a poster presentation of projects carried at GOSH, to an international forum of clinicians and researchers working in Ophthalmology and vision sciences.*

*For my oral presentation, I was honoured to have been awarded one of three commendations for the Eberhard Dodt Memorial Award (best presentation by a young scientist).*

*I am highly grateful to the Learning Academy for supporting this opportunity, the support from my clinical team, and look forward to further building upon these works*

- **Linda Shi**, Trainee Clinical Scientist





## Demonstrating our direct impact on patient outcomes

Education is a critical factor in the improvement of patient care, with a proven relationship between education and improved patient outcomes. Two key areas, supported by the GLA, highlighting the impact of education of patient safety are Just-in-Case Training, led by the Resuscitation Team, and the System Safety programme of work introducing learning from latent errors, led by the Clinical Simulation Team.

### Just-in-Case (JIC) Training

Our Just-In-Case training encompasses frequent, short, targeted sessions in refreshing and rehearsing essential resuscitation skills that provide relevant educational and practical skill development. The quantity of sessions involving a greater awareness of respiratory deteriorating patterns and a refresher of a physical skills is reflected in the clinical data already reported with the reduction in the respiratory arrest occurrence within the Trust as an example of the staff intervening at an earlier stage.

### Evaluation of this supportive initiative remains encouraging, with an impact on patient outcomes:

- An overall reduction in “2222” emergency reducing by a further 4% (23% reduction in 2022)
- Respiratory arrests in this period have dropped 42% from previous years, and reflected in a rise in transfers from the wards to PICU for Respiratory support 27%
- Neuro calls were noted in 2023-23 to be confined to Neuro specialist wards, with an increase of 49% in this period
- Stood down calls by ward staff, on arrival of the emergency team and the immediate patient assessment remained within the limits of the previous year at 39%. Stood down calls were primarily equated to interventions by ward based clinical staff.
- A rise in unplanned admission to PICU by 24% (expert help required); ‘right bed right time’
- Staff confidence and skill retention has improved (Figure 2) on post event evaluation and feedback (810 staff trained)
- Medical and nursing staff requests for JIC training have not increase significantly in this period. The Resus Team have therefore adapted its approach to JIC and now identifies daily those children in EPIC showing signs of potential concern though the PEWS scoring system and Clinical Site Practitioners (CSP) clinical concern lists in this period 1023 patients were assessed and targeted training opportunities developed.

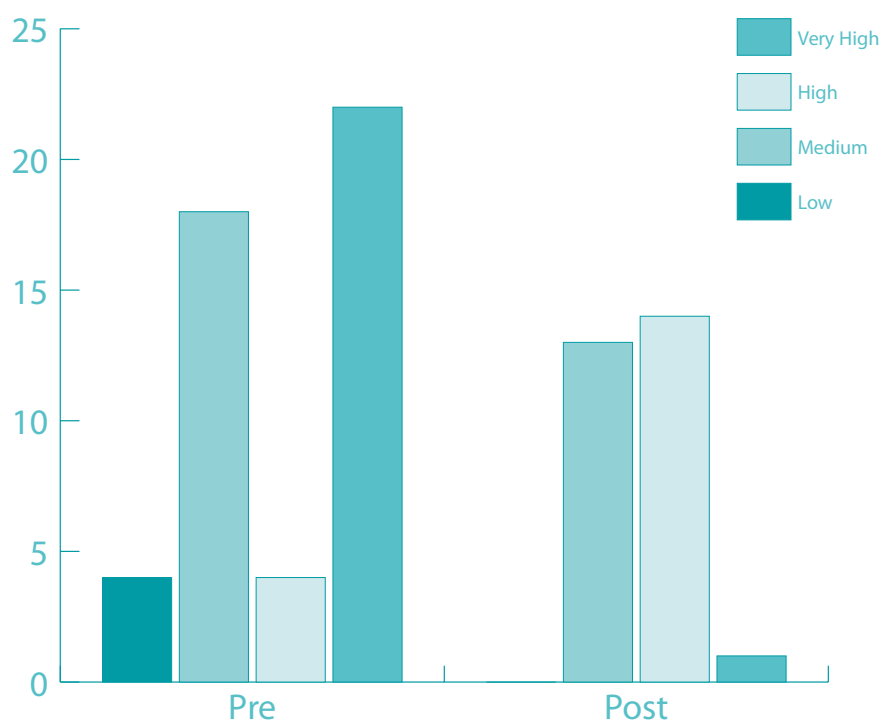


Figure 2: Graph indicating attendee level of confidence before and after training

## System Safety Simulation

In-situ simulation takes place in the real-world environment among teams during their regular work schedule with the goal of providing an experience as close to reality as possible. With in-situ simulation, reliability and safety can be improved, especially in high-risk areas. We have successfully adopted a prospective, system safety approach to simulation delivery, with over 10 protocols being informed and updated by systems- based simulation.

Our work in partnership with the Safety and Risk team to capture latent errors within our Datix reporting system allows the Clinical Simulation team to continue to action learning from these events. The Simulation team pioneered the inclusion of a 'latent error' category within our live Datix reporting framework to ensure both an investigation of the potential event and the cascade of lessons learned.

Below is an overview of latent safety threats that were captured and remedied between 2022-2023. These themes demonstrate the broad impact of simulation from its educational applications to its use as a transformative intervention.

## Focus on Patient Safety

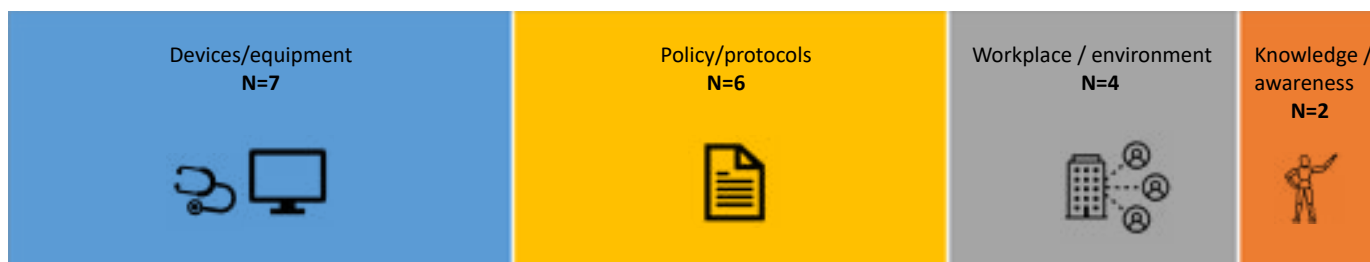
The GLA has appointed a Head of Education for Patient Safety, one of the first roles of its kind nationally. Providing educational expertise and leadership for patient safety education, training, and development in line with the NHS England National Patient Safety Strategy and associated training syllabus.

Our work aims to actively link patient safety outcomes and findings to educational interventions across the organisation; these may be through investigations, post incident review and learning from events.

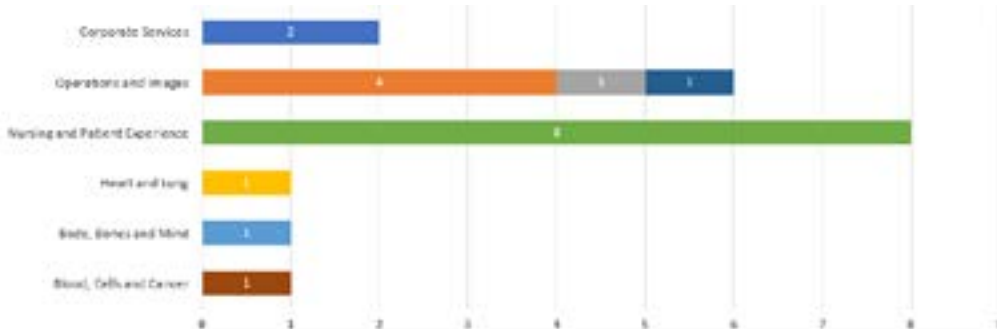
During 2022/23 over 3500 staff have engaged in Patient Safety education. The National Patient Safety syllabus was launched with the first eLearning module which provides foundation knowledge for all staff across the organisation. It is crucial that all staff, whatever our roles, see safety not just as our collective responsibility, but as a key priority.

### Annual summary of latent safety threats 2022-2023

#### Themes



#### Location



#### Actions / outcomes

- Local process revised
- Change to environment
- Policy reviewed
- Procurement of additional resources
- Focused training arranged

## Addressing Education Inequalities

The GLA is committed to improving education inequalities that cause a disparity in access to quality education and training.

We want to ensure that all staff have better access to appropriate resources and support to educational advancement.

### Key principles across the GLA include:

- Access to technology and diverse digital resources.
- Diverse subject matter that promotes inclusivity and cultural awareness
- Flexible learning models that accommodate different learning styles and needs
- Diversity of educators, that relate to the diverse staff groups
- Improved data collection to identify disparities, track progress and inform policy

### Actions to improve equity include:

- Increased free places on Level 2 – Maths and English courses - normally a prerequisite for further apprenticeship study
- Acquiring laptops utilising apprenticeship incentive payments to ensure the necessary IT resources are available to staff to enable their learning
- Verbal application process implemented to encourage Scholarship Award applications from staff who find access via a written form difficult
- Support in Scholarship Award writing application for study leave implemented, with drop-in clinics in targeted areas
- Evaluation of Scholarship Awards application data to inform targeted engagement, support and resources
- Expansion of the GOSH Young Visitors Programme to include work experience opportunities across all professions, with ring fenced posts for students from our local community.

## Case Study - Working to overcome Digital Poverty

Online education assumes all learners have access to the required ICT facilities and most importantly a computer. Computers and internet access are available in the ICH library as well as on wards and in Weston House, but during lockdown these were no longer available.

Learners with just one computer in the home faced significant challenges, especially in those households with school aged children being home schooled. We had reports of watching lectures and completing course work on phones as this was the only way they could get online.

Fifteen laptops were purchased for those learners who could not access learning any other reasonable way. Laptops are loaned on a short-term basis without cost. We estimate that this has kept thirteen learners on programme who would have otherwise not been able to complete their programme.





## Demonstrating our national impact

### Preparation of our future workforce

As a leading Children's Hospital GOSH has a significant role to play in shaping the NHS workforce for the future and is the largest provider of Children's Nursing student placements in the UK. The team of clinical educators around the student allow GOSH to be able to track students' progress to ensure their education is rounded and representative of the clinical environment, to support Practice Assessors and Supervisors in the workplace. Clinical Simulation teams have created new patterns of work and 'simulated' placements. This further increases the number of students we can support.

We have successfully developed and validated two new postgraduate programmes with Middlesex University which will support the development of Advanced Practice and Enhanced Practice for child health in the UK. **These are:**

- MSc Advanced Clinical Practice (Paediatrics and Child Health)
- PGCert Enhanced Clinical Practice (Negotiated Specialty)

Both are mapped to relevant national curricular and will be the first of their kind to be launched in the UK. They mapped to the Advanced Clinical Practice Curricular Framework developed jointly by The Royal College of Paediatrics and Child Health (RCPCH) and NHS Workforce, Training and Education (NHS WTE). The contents directly underpin key workforce developments outlined in the Long Term Workforce Plan (NHS England, 2023).

We have successfully delivered short courses in Safe Prescribing and Advanced Safeguarding of Children and Young people to external candidates, growing our audience for these by 400% to an average of 50 learners per session.

The Allied Healthcare Professional education team designed a range of innovative placements including the use of simulation and leadership placements to increase the number of students supported.

We continue to welcome all year 5 medical students from UCL Medical School for placements at GOSH, this programme has completed two academic years. In addition, we have a large number of students on elective placements attending GOSH. Overall more than 400 medical students a year undertake placements at our hospital.

### Making the voice of Children and Young People heard

Educators from a wide range of GLA workstreams have worked with national agencies to ensure the voice of Children and Young People remains heard throughout the development of programmes of work. Our Learning Disability team have worked closely with national and local team devising education to meet the needs of the Learning Disability and Autism training mandated in the Health and Social Care Act (2022). Our team have ensured that education programmes meet the needs of those working with children and explore the wide range of conditions staff in a specialist environment may occur.

Me First, a communication education programme that was codesigned with young people, has participated in the created of national standards of practice for the transition from paediatric to adult services. The Burdett Trust, which has created these guidelines have named Me First as the recommended communication tool. The team have collaborated with teams from across London, Birmingham, Derby, and Northampton to deliver training and ensure the voice of Children and young people are heard. Sciences to design and deliver a short course on Whole Genomic Sequencing in responsive to gaps in knowledge identified during the COVID pandemic.

This course will be delivered to over 250 people throughout the duration of the programme and will enhance understanding of molecular techniques to support clinical decision making. This has been identified as essential knowledge to ensure future pandemic preparedness and embedding diagnostic innovation.

### Widening Access to Healthcare Careers

The GLA is committed to widening access to healthcare careers for young adults from diverse backgrounds, including underrepresented groups by providing education and training opportunities to those who may not have had equal access in the past. The goal is to create a more inclusive and diverse healthcare workforce that can better meet the needs of a diverse patient population.

In 2023, we won the National 'Widening Participation award' for our outstanding contribution in our work with the local areas and community accessing NHS Careers and advice and for our work with the Young Visitors program, Apprenticeships and support into employment.



The GLA has developed two flagship programmes to support our widening participation agenda:



### Aim High Programme – A Multidisciplinary Approach

This programme began as a course to help prepare school students applying for medical school applications.

In 2022, this was expanded to showcase healthcare careers from across the organisation. The three-day programme gives insight into the different clinical and

non-clinical roles that contribute to patient care. Additionally, students are given advice and support on how to write personal statements, job applications, given interview tips and the opportunity to join mock interviews.

### The GLA Young Visitors Programme (YVP)

This programme launched in Summer 2022, following a hiatus in work experience during the COVID pandemic. Similarly to Aim High, the YVP began as a programme for students applying to medical school who needed a period of medical work experience as part of their application. The programme was expanded to include work experience in other professional areas such as Nursing, Allied Health Professionals, Estates & Facilities and Administration.

A key priority for this programme was to increase the opportunities available to young people in our local community. A percentage of places are reserved for students from local schools in the Borough of Camden. In 2022/23, we received 250 applications to the programme, with 30% of places going to local school students.



## Demonstrating our international impact

### International collaborations

GOSH seeks to utilise our voice to influence care internationally. As an education provider the GLA has worked across 3 continents with a wide range of programmes. The GLA is working with **Onassis Cardiac Surgical Centre** in Athens to develop complex cardiac surgery pathways for their congenital cardiac disease population.

This collaboration has a true multidisciplinary approach, recognising the effect of each person in the team has on the overall outcome for children. We are providing a holistic education programme allowing local teams to develop complex technical skills to improve outcomes and increase the numbers of children treated. This programme has led to children who currently need to travel to receive complex surgery receiving care closer to home, which will allow children and families to remain together in their local centre.

**Ain Shams University Hospital (ASUH)** is one of the largest public hospitals in Cairo who, supported by a charity grant from the CIB Financial Group, is working with us to improve patient outcomes in Haematology/Oncology and Critical Care services. Working with teams at ASUH to improve some of the fundamentals of healthcare, develop protocols and guidelines on which to plan care, will result in increased survival of recoverable childhood illness. We also worked on strategies to reduce hospital length of stay, allowing teams to treat larger numbers of children with the limited resourced available to them.

**King Faisal Specialist Hospital & Research Centre** is working with teams across Great Ormond Street including the GLA Saudi Arabia to increase collaboration, knowledge and experience related to Genetics Medicine and Genomic Sequencing. This collaboration will focus on the sharing of knowledge with joint working observerships.

### Specialist Education

The communication tool, Me First has been delivered in Ottawa, Canada. This collaboration has raised the profile of both GOSH and the needs of young people in care planning. Currently there are minimal facilities for effective paediatric palliative care in China but following a commitment by the Chinese government a programme of work has begun. The GLA was approached to work with teams from Butterfly Hospices and Hunan Children's Hospital in China to facilitate an education programme focusing on Paediatric Palliative care.

This initial work has been delivered to over 3000 healthcare professionals and we seek to launch more education and training across 2023 to continue to improve palliative care education across China.

### Medical Education

The GLA has been able to influence medical care across the globe through a range of programmes.

Our medical student offering continues to deliver excellence, as we welcome elective students from around the world, as well as those who are UK based. Summer school successfully introduced 106 student and foundation doctors from 15 countries too paediatrics, inspiring the potential future global workforce.

Our International Medical Fellowship provides senior doctors with specialised knowledge in their clinical area allowing them to influence and change care deliver at their sponsoring organisation.

# External Quality Monitoring and Assurance

**By collaborating with various stakeholders and adhering to external standards, The GLA assures the quality and impact of our education.**

Some of the key accreditations and positive quality indicators we are celebrating this year include:

- **Accreditation from The Association for Simulated Practice in Healthcare (ASPiH)**  
We are proud to announce that we have achieved the national accreditation from the Association for Simulated Practice in Healthcare (ASPiH), a leading organisation that sets and recognises the highest standards of simulation education in healthcare. This accreditation reflects our excellence and commitment in developing clinical skills and simulation for our learners.
- **Accreditation from The Faculty of Medical Leadership & Management (FMLM)**  
We have demonstrated that our core leadership programmes meet nationally agreed standard by obtaining accreditation from The Faculty of Medical Leadership & Management (FMLM). The values and behaviours articulated in FMLM leadership standards underpin the principles of the General Medical Council's Good Medical Practice and The Guidance in Leadership and Management for all doctors but remain relevant and applicable to all healthcare professionals.
- **Feedback from The National Training Survey, The General Medical Council (GMC)**  
Thanks to the work from the GLA and clinical teams in the 2022 GMC National Training Survey, we achieved 31 green outliers across 8 specialties in the survey. Clinical Genetics continue to receive excellent feedback with eleven green outliers and Child and Adolescent Psychiatry, Paediatric Intensive Care Medicine and Paediatric Neurology improved their results compared to 2021.
- **Placement Provider Self-Assessment, NHS Workforce, Transformation and Education (Formerly HEE)**  
We received commendation for our nursing team in relation to placements, partnership, supervision and assessor governance process, as confirmed by a HEE Placement Providers Self-Assessment pilot. The pilot measured how well we meet the HEE Quality Framework standards, which ensure a quality learning environment for all learners. We are proud to demonstrate fulfilment of our NHS Education Contract obligations in the provision of high-quality placements.
- **External Examiners of Academic Modules**  
Our exceptional teaching and assessment, delivered by clinical experts with academic rigor, earned us praise from external examiners for all our academic education programs. They also recognised our outstanding academic and pastoral support to students during the covid-19 pandemic.

## Looking ahead

As part of our overall governance review an Educational Governance and Quality Steering Group has been established that has oversight of the educational provision across the GLA with a remit for embedding, monitoring and reviewing quality standards and strengthening educational governance.





# Our Principle Risks in 2022/23

**It is imperative that risks to the overall success of the GOSH Learning Academy programme of work are identified, and planned mitigations put in place.**

Our future success is reliant on our ongoing financial sustainability. Successfully achieving our ambition to be first choice for paediatric healthcare education is reliant on our ability to integrate modern, technology-enhanced methods, within contemporary learning spaces and our ability to market the world-class education services that we offer internationally.

**Our current high level, strategic risks identified on the Board Assurance Framework are outlined below:**





Risk	Explanation	Mitigation
Space and Facilities	<p>With limited available space and outdated facilities within the Trust precinct, success of business objectives face risk. The ability to enhance and expand education and training is contingent on contemporary learning environments being available. There will be a ceiling for the GLA offer without improvement and expansion of space.</p>	<ul style="list-style-type: none"> <li>• People and Education Assurance Committee – The effects of this risk on GLA business objectives will be reported and reviewed quarterly and actions identified for mitigation.</li> <li>• Board Assurance Framework – quarterly reporting providing updated assurance and mitigation to Trust board</li> <li>• GLA Governance structure</li> <li>• Engagement with Space &amp; Place Directorate Engagement with GOSH CC</li> </ul>
Financial Sustainability	<p>Within the GLA Charity Grants Case, there is an initial investment in the GLA services build and growth to ensure future success. At the end of the five-year grant commitment, the on-going revenue costs to ensure delivery of a similar standard equate to approx. £3,000,000 per annum.</p>	<ul style="list-style-type: none"> <li>• The GLA Sustainability Plan is built on the substantial growth of the overall GLA education, training, and development.</li> <li>• Development of a GLA wide pricing plan to capitalise commercial education opportunities.</li> <li>• This work has commenced in two areas – Digital Learning Service and Event Management Service. Specific pricing plans and costing calculators have been created with the aim of generating income from external projects to contribute to the financial sustainability of the GLA, whilst continuing to support internal projects free of charge. These plans have been benchmarked against other NHS Trusts and the private sector, to ensure we are competitively positioned whilst generating revenue.</li> <li>• <b>Maximisation of revenue streams:</b> <ul style="list-style-type: none"> <li>▶ External Learner Enrolments</li> <li>▶ International Education</li> <li>▶ Incentive Payments</li> <li>▶ External Bids</li> <li>▶ Key partnerships</li> </ul> </li> </ul>
Marketing and Communications	<p>One of the key priorities with the GLA is to use our voice to influence care. To achieve this, we need to be able to establish ourselves within the ever increasing national and international education- market. There are two core areas for audience targeting for the GLA. Firstly, direct to learners—those seeking their own learning and development opportunities. Secondly, those making decisions about the training needs of others, making recommendations to learners, or controlling budgets. Our draft marketing strategy address both these areas and more; however, our biggest challenge lies in our visibility, positioning across the GOSH websites, and the learner journey to find us.</p>	<ul style="list-style-type: none"> <li>• Recruitment of a dedicated Senior Marketing Manager for the GLA</li> <li>• Development of our new GLA microsite to showcase our education offer</li> <li>• A full National and International launch of the GLA</li> <li>• Implementation, delivery and success of our marketing plan monitored through the GLA governance process</li> <li>• Recognised as one of two NHS Trusts nationally by the Department of Trade and Industry for inclusion within their international healthcare offer for education</li> </ul>

# Review of Phase 1

## - Progress Against Conditions to Date

**An external committee conducted a midpoint review of Phase 1 of the GOSH Children's Charity grant to assess, review and evaluate the delivery of grant conditions and provide recommendations for the release of the remaining grant funds to support the delivery of Phase 2, the final three years of our approved strategy.**

The GLA hosted a midpoint review which took place in October, attended by members of the GOSH Children's Charity Board, the GOSH Executive Team, Non-Executive Directors and senior staff from across the organisation.

The event showcased the GLA's accelerated growth, delivery, and achievements across this programme of work since its inception in October 2019. An externally appointed committee consisting of five members with current and relevant expertise in either education, the health service, child health, or industry conducted the review.

### **1. The development of a forward-looking model for financial sustainability to ensure a smooth transition from Charity funding:**

In January 2023, an assurance paper was submitted to the Charity which included a forecasted financial sustainability model detailing a planned step-change from charity funding. Work to manage and monitor progress towards financial sustainability remains a key operational priority.

### **2. Consideration of the best leadership model by the Trust, to align with succession plans of the current director:**

**Successful expansion of the senior leadership team by creating and appointing two additional leadership roles prior to the end of the 2022-2023 financial year:**

- A Co-Director of Education, to provide strategic oversight and delivery of Phase 2
- A Deputy Director of Education, who is responsible for the effective strategic operational management of the GLA, ensuring the delivery of high-quality education within the resources available.



### **3. Establishment of a GLA external advisory board:**

We have appointed a chair and established the draft Terms of Reference for this board.



# Looking forward to 2023-2024 and beyond

**Our vision is clear: we want to be the first choice provider for paediatric specialist healthcare education, training, and development. Our main priorities to achieving this goal in 2023-2024 and beyond are outlined below:**

## **Priority 1: Building our GLA Academic Hub**

A key focus in the coming year, we aim to establish a new GLA Academic Hub connecting our learners, team, educators, and external faculty members in our partner academic institutions, who are interested in developing educational research, encouraging curiosity and action to improve educational experiences.

The quality of our academic offering remains pivotal to our success, and we will continue to benchmark ourselves against the performance indicators from Higher Education in relation to module lead qualification, research output, and learner experience. Effective marketing of our Academic Education Portfolio at both a national and international level is critical to ensuring our sustainability going forward, with an aim to achieve an increase of external candidates accessing and purchasing academic education.

## **Priority 2: Innovation in Education**

Since the establishment of the GLA, the Simulation team has expanded its faculty to provide more hands-on delivery of contemporary education supported by an innovative and skilled group of educators, technicians and the first UK based clinical simulation psychologist. This diversification of the team has allowed the service to develop an expansive portfolio of educational offerings via multiple platforms, encompassing the latest hybrid methodologies. Through greater collaboration with DRIVE and other industry partners, we aim to develop and implement new education technology, particularly virtual and augmented reality (VR and AR), that will have a real-world impact on patient safety.

## **Priority 3: Commercial Education**

There is a great appetite for collaboration and sharing across the NHS which presents us with the opportunity to partner or collaborate with others to strengthen our education provision and to improve our reach. There is a clear identified gap in multi-professional paediatric education, training, and development internationally and, as the preferred Department of Trade and Industry partner of choice, we are establishing GOSH and the GLA as the market leader, delivering high-quality, accessible, and relevant learning opportunities while delivering long-term benefits for the GLA, GOSH and partner paediatric healthcare providers.

## **Priority 4 : GLA Strategy Refresh in 2024/25**

In 2019 we launched our Education Strategy for GOSH Learning Academy 2020-2025. We will refresh our strategy, building builds on the legacy and work of the original, but sets it within our current context, which post Covid has become more complex and challenging. As with the original, the purpose of this People Strategy is to bring together all of the people management issues and related activities to provide visibility, but also to ensure that they are aligned, coordinated and focused on delivering the current and future priorities of the Trust, alongside our commitment to our people.



# GLA Programme Update 2022/23

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**This section of the report highlights progress with the delivery of the six key strategic priorities of the Learning Academy before discussing Clinical Education, Organisational Development, International Education and Business Operations.**





# ACADEMIC EDUCATION

# Academic Education

We aim to provide learners with higher education accredited learning; delivering the knowledge and skills needed to meet the needs of our children, young people, and their families.

Clinically expert Practice Educators deliver specialty modules to equip healthcare practitioners with the confidence and skills to advance their practice whilst also earning academic credit. Through our current partnership with London South Bank University (LSBU) we uphold our academic rigor through adhering to their regulated academic processes, delivering high quality, highly relevant clinical education across our portfolio

## Performance Summary

GLA Strategic Aim	Achievements
GLA recognised as preferred provider of paediatric healthcare education and training	We are continuing to expand our reach and have supported 292 learners this year to successfully achieve their academic goal this year, with 40 of our learners enrolling onto modules from over 10 partner NHS organisations.
	We are the largest provider of paediatric healthcare academic Continuing Professional Development (CPD) in London. Our current portfolio includes 36 modules across 18 paediatric specialities. In addition, in certain specialities such as Paediatric Infection prevention Control, Paediatric Renal Care and Paediatric Bone Marrow Transplantation, we developed and now deliver the only course in the UK.
GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people	Working in partnership with NHS England Workforce, Training & Education and the Royal College of Paediatrics and Child Health, the GLA Advancing Practice Education team have developed a new post graduate Masters course in Paediatric Advanced Practice which meets the needs of our clinical workforce and is aligned to the recommendations within the NHS Long Term Plan.
Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation	We remain a key provider for our partner organisations to develop education programmes to address service needs. Within GOSH, our new educational cancer pathways, which are aligned to national standards, will ensure that we have the workforce that we need to support the delivery of the new Children's Cancer Centre.

### Looking ahead to 2023/24

- We will be celebrating the launch of our new academic partnership with Middlesex University with the aim of enrolling our first joint students in January 2024.
- In response to GOSH's changing workforce needs we will be launching a new suite of academic modules that will be available for a wide range of healthcare practitioners across key areas including Patient Safety, Child and Adolescent Mental and speciality areas such as Theatres & Recovery.



## Our Priorities

<p><b>New academic collaboration</b></p>	<p>As our academic portfolio grows we are looking to develop new academic awards and education pathways to support the workforce within our Integrated Care System (ICS). Located at the heart of our ICS, Middlesex University is our new partner of choice, and we are in the final stages to complete our new partnership agreement.</p>
<p><b>Development of new academic pathways</b></p>	<p>Clear academic pathways that reflect practice and recognise specialist levels of skill and knowledge are an essential part of our academic portfolio development. We are currently developing new Postgraduate Certificates in Paediatric Oncology and Paediatric Intensive Care. We are anticipating up to 50 staff accessing these new courses supporting specialist care delivery for our future workforce.</p>
<p><b>Supporting students to reach their potential</b></p>	<p>In response to feedback from our learners we have acknowledged the challenges that they raised through a full online virtual teaching methodology and introduced a hybrid approach that increases engagement through case-based discussion and simulation training.</p> <p>We have introduced Academic Summer School this year to better prepare our learners for academic study. The programme aims to help prepare learners who are new to academic education and includes reviewing the available academic pathways and levels of study. With our learner's mental health and wellbeing at the centre of what we do, we also include discussion around work, life, and study balance, with sessions on managing time, study hints and tips. The availability of this programme has had a significant impact for our learners, with an improved pass rate from 84% to 90% seen across those who have attended.</p>
<p><b>Widening access to Academic Education</b></p>	<p>We recognise that for some of our learners this might be their first step into academic education. Working with Middlesex University, our soon to be new academic partner, we are creating different ways of learning and working towards an academic qualification. We hope that by introducing academic apprenticeships, micro-credentialing of short courses and establishing a process to accredit prior learning or experience, we will encourage and support learners to study.</p>
<p><b>Develop a workforce for the future Children's Cancer Centre.</b></p>	<p>Building a workforce with the right skills, knowledge and expertise is key to the successful launch of the Children's Cancer Centre in 2027. Recognising the time required to gain the specialist education required we successfully launched two new modules this year: Care of Children and Young People with Cancer and Systemic Anti-Cancer Therapy administration in Children and Young People. To date 126 staff have successfully completed their education.</p> <p>We have strengthened our collaboration with our Children's Cancer partners at UCLH (University College London Hospital) and RMH (Royal Marsden Hospital). This is to ensure we are developing a Children's Cancer specialist workforce in line with the RCN (2021) framework for professional and regulatory requirements as per Children's Cancer Measures (National Cancer Peer Review, 2013).</p>



# CLINICAL APPRENTICESHIPS

# Clinical Apprenticeships

Clinical apprenticeships help provide our staff with the skills, knowledge, and professional values to provide holistic care for our patients and families. We can shape the apprenticeship journey through focused and relevant experiences.

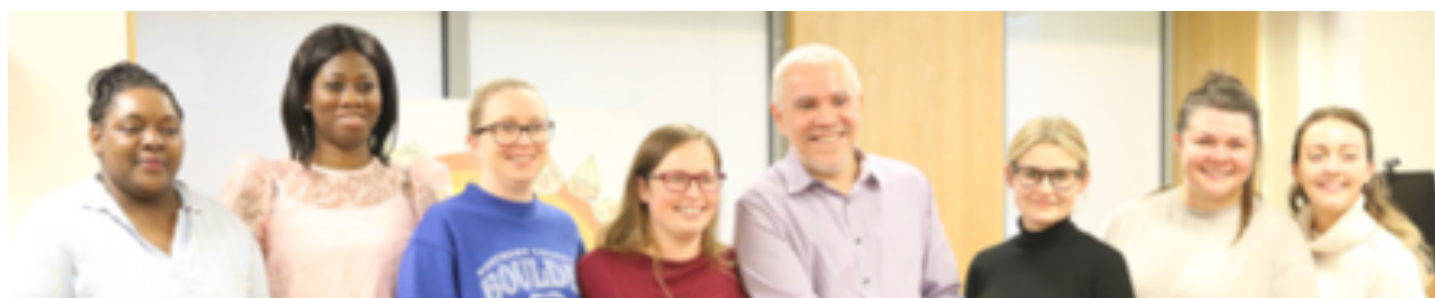
We have a wide range of clinical apprenticeships across nursing, healthcare science and allied health, including entry level roles to healthcare for those that have no prior experience, such as the Healthcare support worker apprenticeship.

## Performance Summary

GLA Strategic Aim	Achievements
<p><b>GLA recognised as preferred provider of paediatric healthcare education and training</b></p> <p><b>GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people</b></p> <p><b>Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation</b></p>	<p><b>Health Care Support Worker Apprenticeship</b> Healthcare support workers play a vital role in our ability to deliver the best care for our patients and the Healthcare support worker Level 2 programme is the first clinical apprenticeship for GOSH and offers a paediatric focus.</p> <p>We continue our success with 100% apprenticeship pass rate at first attempt, with 71% achieving Distinctions. Learner evaluation remains positive and is ahead of our targets with an average score of 4.60 out of 5.00 for teaching delivery and 96% attendance across the care certificate and apprenticeship study days. A total of 22 study days have been delivered over the year. Care certificate completions within 12 weeks are at 86% against a target of 80%. Apprenticeships stipulate quarterly tripartite reviews and 96% of reviews were carried out within a month of when they were due. All those that qualified within the year 2022-23 have stayed at the trust in a new healthcare assistant role.</p> <p><b>Registered Nurse Degree Apprenticeship</b> The apprentices follow an academic programme leading to the completion of a BSc in Children’s Nursing, while working as a full-time employee at Great Ormond Street Hospital.</p> <p>We currently have 21 nursing apprentices across 2 cohorts, the Jan 2021 cohort (16 apprentices) are on a 4-year part-time programme salary funded by the GOSH Learning Academy, and the Feb 2022 cohort (5 apprentices) are on a 3-year full-time programme salary funded by clinical directorates.</p> <p>Our nursing apprenticeship programme has achieved 100% retention rate this year. This accomplishment can be attributed to the comprehensive support provided by our dedicated apprenticeship education team. By offering study days that bridge the gap between academic and real-world clinical application, we have successfully prepared participants for their roles as qualified nurses. This has been reflected in comments and evaluation scoring (5.0 out of 5.0) from participants which further validates the effectiveness of our programme.</p>

## Our Priorities

<p><b>Developing our staff through Apprenticeships</b></p>	<p>We have 94 clinical apprentices, with the majority (66%) being existing staff, demonstrating an investment in our teams and the development of their future career. We work with 14 clinical apprenticeship providers offering qualifications from level 2 to level 7.</p>
<p><b>Widening Participation</b></p>	<p>More than 50% of our apprentices identify as being from the REACH (Race, Ethnicity and Cultural Heritage) community. Feedback from this group includes difficulty in accessing courses, equipment for study and support in applying for courses to advance their career. To address the education inequality raised, we currently offer free places for our staff to undertake level 2 Maths and English courses, a mandatory qualification for any apprenticeship programme. We also have a bank of digital equipment, including laptops that we provide to our apprentices to enable their learning.</p> <p>Additionally, to guide prospective learners and help improve the quality of applications, information sessions around advertised roles and how to write application forms have been delivered with an aim to reduce written and social barriers and promote diversity of applicants.</p>
<p><b>Widening access to healthcare careers</b></p>	<p>Entry level roles have enabled local recruitment and access to healthcare carers for young or inexperienced people. Local recruitment has helped to build strong partnerships with our community and contribute to a diverse and inclusive workforce, representing our patient and family diversity here at GOSH.</p> <p>Our healthcare support worker programme has been fundamental in creating a pipeline of future talent for other roles including Nursing and Allied Health apprenticeships.</p>
<p><b>Building skills and capabilities</b></p>	<p>Apprenticeships combine classroom and work-based learning, and our programmes allow apprentices to put their learning into practice immediately which can have a positive impact on the service or area of work.</p> <p>To support nursing apprentices, we have developed a transition pathway that recognises the unique experience and learning that comes as part of being an apprentice work-based learner. Healthcare support workers are trained in-house in a tailored program giving them the knowledge and skills to provide care in our highly specialised clinical areas.</p>
<p><b>Partnerships</b></p>	<p>The apprenticeship team is working with our London network towards a Region-wide passport for Health Care Assistants as there are recognised challenges around inter-trust mobility for the band 3 workers.</p>



*Congratulations to Sophie Brown, Susan Chanda, Charly Griffiths, Gemma Hayward, Lola Ibiloye, Katie Ivatt, Charlotte Lee and Ricardo Santos.*



## Celebrating our first 'home grown' Newly Registered Nurses

In a major milestone, in March 2023 we celebrated with our first home-grown apprenticeship trained nurses passing their final exams and starting their next stage of their career as Newly Registered Nurses. We have already seen the immediate impact of apprenticeship training, with clinical learning happening in the workplace, with a quarter becoming IV competent within one month of qualification. Our apprentices took a less traditional route by first qualifying as Nursing Associates in 2019 and consolidating their learning within that role before topping up to the full degree qualification. All of their apprenticeship learning has been at GOSH and has been enabled by full salary support through the GLA Charity Grant. Overall, we have retained 89% of the apprentices on this programme to completion.



Left-Right: Alice Knight, Gemma Hayward, Kate Ivatt, Charly Tzen-Ryan, Ricardo, Lola Ibiloye, Hannah Fletcher

## Star achievements

### Five years since the launch of the Healthcare Support Worker apprenticeship in 2018

The programme has been running for five years and has seen a 98% pass at first attempt, with 91% of learners achieving a distinction or merit award and significantly contributes to our overall post qualification retention rate of 80% over 3 years.

Our healthcare support worker programme has been fundamental in creating a pipeline of future talent for other roles including nursing apprenticeships, with 25% of HCSW apprentices progressing to a nursing apprenticeship pathway with GOSH.

Others are on alternative pathways, for example Operating Department Practitioner apprenticeship, or in a different role at GOSH, for example Social Work.

## Looking ahead to 2023/24

- We are committed to widening access to education, training and development through an apprenticeship route, and we aim to continue to grow and support our apprenticeship programme aligned to the NHS long term workforce plan.

## Award Successes and Nominations

Our clinical apprentices have been nominated for awards. Esther Jimoh and Zahra Arefa were apprentice finalists for Health, Medical and Social Care at the Multicultural Apprenticeship Awards 2022. Dhimple Patel won Apprentice of the Year at the GOSH Staff Awards 2022 and is shortlisted as apprentice finalist for Health, Medical and Social Care at the Multicultural Apprenticeship Awards 2023.

As an employer GOSH won the National Widening Participation award 2023 at the Annual Apprenticeship Conference (AACFE) Apprenticeship Awards and is shortlisted for Health and Social Care employer finalist and a Large Employer finalist for the Multicultural Apprenticeship Awards 2023. GOSH also won the NHS London HCSW Programme 2022 award for Innovation in Recruitment.



# CLINICAL SIMULATION



# Clinical Simulation

The Clinical Simulation Centre (CSC) aims to provide relevant, high- fidelity, and contemporary learning experiences for our multi-professional workforce, helping to embed a safety- orientated culture within the organisation.

Diversification of the CSC team has allowed the service to develop an expansive portfolio of educational offerings via multiple platforms, encompassing hybrid methodologies for simulation-based education.

## Performance Summary

GLA Strategic Aim	Achievements
<p><b>GLA recognised as preferred provider of paediatric healthcare education and training</b></p>	<p>Through a blend of face-to-face delivery and remote multi-modal simulation courses we have been able to support 2520 candidates in our Clinical Simulation Centre this year, with 230 external candidates accessing the opportunities that we offer.</p> <p>We successfully achieved external accreditation in March 2023 from the Association for Simulated Practice in Healthcare (ASPiH), benchmarking our Clinical Simulation service to nationally recognised standards. We were commended by ASPiH, and invited to share our experience and learning at the national meeting around the development and delivery conversational simulation courses focused on palliative care for children and young people.</p>
<p><b>GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people</b></p>	<p>At the International Paediatric Simulation Symposia and Workshops Conference 2022 we were awarded the “Rising Star” for the development and delivery of the GOSH Pre-briefing Tool. This tool has also been presented regionally at the London Simulation Network and nationally at the ASPiH 2022 conference and Irish Association for Simulation conference as a workshop. In recognition of our awards, accreditation, and simulation education innovation we have been invited to contribute to the new NHSE Simulation Faculty Development curriculum as part of the London Simulation Network.</p>
<p><b>Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation</b></p>	<p>We continue to support the delivery of programmes to build key clinical skills at GOSH such as the Extracorporeal Membrane Oxygenation (ECMO), Tracheostomy Management courses, part task and specialty-specific training requirements. There has been significant development of the use of conversational simulation to support clinical teams across the organisation, facilitating a new ‘Navigating Uncertainties in Healthcare’ course supporting and empowering teams with the skills to hold open, compassionate discussions with families.</p> <p>Additionally, we have been instrumental in supporting the successful delivery of academic education within the GLA, collaborating with University College London (UCL), UCL Great Ormond Street Institute of Child Health (GOS ICH) and London Southbank University (LSBU).</p> <p>Supporting the People Strategy and our focus on building teams, in a bid to diversify the simulation opportunities offered to staff, we have developed a simulation escape room. This initiative has provided staff with as a fresh take on team training and has increased the simulation opportunities available for non-clinical staff. The Escape Room uses simulation principles in a gamified approach to developing teamwork skills.</p>

## Our Priorities

<p><b>External Accreditation</b></p>	<p>In March 2023, we successfully achieved accreditation from the Association for Simulated Practice in Healthcare (ASPiH), the body which sets national simulation standards in partnership with NHS England. Within the review, we were commended for the development and delivery of conversational and palliative care simulation. The range of support delivered by the centre and breadth of activity was also noted.</p>
<p><b>Diversification of our team structure</b></p>	<p>We appointed the first UK based clinical simulation psychologist into the team in 2021. Through that appointment we have significantly increased our conversational simulation courses and support while building an internal network of staff faculty to support this in the future. This appointment into the team broadened our view of the simulation experience prompting the establishment of the Pre-Brief Tool and increased consideration towards staff and participant psychological safety. The inclusion of psychology-based techniques has expanded the team's skill and approach to debriefing.</p>
<p><b>Launch of the GOSH Pre-briefing tool</b></p>	<p>The Pre-brief Tool was developed to further promote psychological safety in healthcare simulation. By drawing parallels between the simulation pre-brief and the creation of a safe therapeutic environment in clinical psychology it was possible to integrate the concepts of epistemic trust and therapeutic stance into a guide to facilitate the safe exploration of learners' attitudes to simulation in addition to a structured approach for session facilitation.</p>
<p><b>Embedding System Safety Simulation</b></p>	<p>This year saw the continued use of systems safety exercises to improve workflows for staff and patients within the trust. In the past 12 months this approach has been used to rehearse the setup of theatre for conjoined twins, the major haemorrhage protocol with laboratory staff, and well as being formally integrated within Emergency Planning exercises to rehearse and optimise response to critical incidents. Outcomes from these exercises include; improved familiarity with major incident protocols and increased procedural safety within theatres during separation of conjoined twins.</p>
<p><b>Embedding Remote Simulation</b></p>	<p>This can include fully immersive simulation delivered to participants in wide reaching external locations with 'controlled' avatars present in the simulation centre, to offerings which placed more emphasis on discussion and conversation, e.g., our human factors, palliative care and learning disability courses. We have seen the benefits of these new offerings both in terms of increased candidate hours for online offerings and increased reach to candidates who may not otherwise have been able to participate. Our remote courses have become essential as we strive to widen participation in simulation.</p>

## Star achievements

### Implementation a Systems Safety approach to Major Incident Planning

Emergency Planning Simulation – Fire Exercise for Silver Command – August 2022

An emergency planning simulation was conducted in August 2022 to enable the rehearsal of the Trust Silver Command team response to a trust-wide incident. This was delivered as an in-situ exercise in the Trust Boardroom that provides backup for the central Operational Hub. The objectives of the simulation were to rehearse the process of managing a critical incident as the silver command team whilst testing emergency planning protocols and resources to navigate and co-ordinate the emergency response to a fire. The simulation provided the opportunity to practice escalation to Gold command as required and evaluate the role of the loggist to capture critical actions during an incident response.

The exercise highlighted several aspects of the internal management of a major incident. Efficient communication pathways were a dominant theme, both amongst team members directly involved but also through the communications team to the wider staff body.

The exercise also identified the need for easy access to hospital site plans and access to individuals able to interpret their utility. Concerns around the cognitive load for members of the team led to a review of the command structure policy to incorporate mitigations for fatigue. Lastly the utility of the loggists was clearly outlined and hence more training in this domain is to be offered by the emergency planning team.

This process has been further refined and utilised to facilitate ongoing emergency planning work within the trust in a number of different domains.



*SLT participating in an Emergency Planning Exercise*

## Celebrating Children and Young People within Clinical Simulation

The CSC has continued to work with the Baked Bean Charity, which supports children and young people with Learning Disabilities promoting education and social inclusion for children with special educational needs and disabilities.

They have been instrumental in the delivery of several key simulation courses. The partnership with the Baked Bean team has been commended for its inclusivity by external colleagues during the GLA Mid-Point review and Learning Disability Peer review visit by Alder Hey Children's Hospital Trust.

This year their work was further showcased through a recorded performance of their 2022 play 'Is It Just Me?' by their youth group for the GOSH conference. This play focused on the challenges children and young people with learning disabilities face during the transitioning to adult services. This headline performance showcased the importance of advocacy for this group of patients.



*Candidate feedback from LD Simulation course*



*Baked Bean Theatre Team co-facilitating LD Simulation*

## Looking ahead to 2023/24

- Expansion of the Faculty Development programme through internal and external delivery of the Simulation Provider Certificate
- Develop a sustainable faculty for the delivery of conversational simulation
- Embed virtual reality in simulation centre offerings
- Increase opportunities for patients and families to participate in shaping simulation curricula whilst broadening the reach of educational technologies for patients.
- Fully operationalise AV and technological overhaul in simulation centre





# DIGITAL LEARNING

# Digital Learning

We aim to provide an expert service that collaborates with stakeholders, while advising clients on high quality digital education.

We provide expertise on sustainable digital education delivery and offer innovative bespoke education solutions. Expansion of the team to include a multimedia service has widened the team's offering as a vital service, supporting connected learning across all GLA workstreams and beyond, impacting patient care through high-quality digital learning for all staff.

## Performance Summary

GLA Strategic Aim	Achievements
GLA recognised as preferred provider of paediatric healthcare education and training	There are 164 live courses hosted on the GOSH Digital Education Network (DEN), demonstrating an 86% increase from the last financial year. With the integration of PayPal in November 2022, we continued to grow our premium course catalogue and we currently have 37 paid courses available.
GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people	In the 2022/23 financial year, the team have contributed to a number of projects within the GLA to deliver digital education supporting projects commissioned by NHS England, as well as other national bodies.
Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation	Our focus for this year has been to continue to grow our online offering and awareness of our team and services. Our podcast network has grown exponentially, with almost consistently increasing numbers of listens each month. New podcast streams have been added on topics such as Leadership, Sustainability, Communication and Risk Management to ensure we reach all of our workforce.

## Star achievements

### Increased international user base for the GOSH DEN

The growth of GOSH DEN is reflected in the number of users accessing education and training. We have seen the number of external users increase by 60% and a 115% increase in our international reach, in the last 12 months – demonstrating the growing reputation of the GLA as a preferred education provider.





## Our Priorities

<p><b>Expansion</b></p>	<p>We have expanded our services on offer and in May 2022 launched a multimedia service, providing videography and editing services to the organisation. Undertaking 9 filming projects, this service has been popular amongst teams due to the increase in popularity of videos in education, appealing to visual learners and creating an educational resource that can be used by learners to embed learning or an asset that can be applied in other courses.</p>
<p><b>Partnerships</b></p>	<p>In collaboration with several London partner Trusts, we have developed and delivered a podcast series as part of the NHS Careers Untapped project, a NHS England sponsored priority to improve access to healthcare careers, for young people in London who have suffered from the lack of opportunities for work experience in healthcare in recent years due to inequality of access and then, more recently due to the COVID-19 pandemic.</p> <p>Extending our international reach we have supported the delivery of an online fellowship programme with the Good Doctors International in China, hosting a 12-week Nephrology webinar series. Following the success of this project we are exploring this opportunity in other specialties.</p>
<p><b>Impact</b></p>	<p>We successfully launched a series of 3 courses to improve the digital literacy of the organisation's workforce. The Digital Literacy Skills hub, Teaching with Technology and DEN for Instructors are aimed at staff of differing levels of digital maturity. With these courses, we aim to raise the baseline digital literacy of the staff in the hospital, from those who spend very little time with technology, to the educators who are delivering blended learning modules and utilise technology to enhance their training.</p>
<p><b>Learner Experience</b></p>	<p>Improving learner experience is key to growing the GOSH DEN. Results from our annual feedback survey revealed that users were happy with the education they engaged with on the DEN but provided useful insights to help improve the experience of using the system. Areas of development were centred around system navigation, streamlining the enrolment function and the virtual classroom within the system. In addition to this, an external review was commissioned to explore the user journey and processes of the DEN and other learning platforms within the GLA. The external review was in depth and mirrored the areas of development in the internal survey, as well as highlighting improvements in relation to the access via GLA website, language and branding. <b>Recommendations from both reviews were grouped into three development areas:</b></p> <ul style="list-style-type: none"> <li>• Immediate action</li> <li>• Linked to larger GLA/Trust projects e.g., Website</li> <li>• System Limitations – unable to resolve</li> </ul> <p>All recommendations for immediate action have been completed in year and those linked to larger projects will be developed over the next 12 months.</p>

### Looking ahead to 2023/24

- A key priority for the team will be to develop and implement a Digital Learning Content strategy to define an approach to further extend our provision of education and training to our learners. This content strategy will form the basis for the delivery plans for Phase 2 of the GLA.



# LEADERSHIP & MANAGEMENT

# Leadership and Management

The aim of GOSH's leadership and management development programme is to deliver high quality inclusive and engaging development to support leaders and managers within GOSH to be able to harness the discretionary effort of our people, ensuring that they feel seen, heard, safe and respected.

## Performance Summary

GLA Strategic Aim	Achievements
<p><b>Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation</b></p>	<p>Delivered 13 distinct Leadership &amp; Management programmes this year with 410 GOSH staff enrolling onto a programme.</p> <p>The Inclusive Managers' Essentials (TIME) Programme was launched in September 2021 and spans 9 modules. A total of 63 workshops were held with 747 attended across all modules this year.</p> <p>Over 300 nurses from Band 5 through to Band 8 have attended one of the courses delivered on our bespoke Nursing Leadership Pathway Role modelling good leadership with new wellbeing programmes for those responsible for appraisal, training junior doctors to become peer mentors helping them to understand the value of mentoring and appreciate the skills required for good mentorship.</p> <p><b>In 2022/23 the following courses were available, including:</b></p> <ul style="list-style-type: none"> <li>• Aspiring Leaders – for staff starting their leadership development</li> <li>• Developing Leaders Programme (DLP)</li> <li>• Established Leaders (ELP) – for our most senior leaders within GOSH</li> <li>• Chief Nurse Junior Fellow programme</li> <li>• Stepping up to band 7 programme</li> <li>• The Inclusive Managers Essential's programme (TIME) - developing our line management capability to encourage a more supportive, fair, and inclusive culture</li> <li>• Band 6 Development Programme – to support our newly promoted nurses or Allied Health practitioners into their role</li> </ul> <p>Our three core leadership programmes – Aspiring, Developing and Established Leaders – have been successfully mapped and achieved external accreditation from the Faculty of Medical Leadership &amp; Management (FMLM)</p> <p><b>We offer a suite of Learning and Organisational Development interventions that include:</b></p> <ul style="list-style-type: none"> <li>• <b>Coaching</b> Over the last year the GOSH Coaching Service has supported individuals across the Trust, from a variety of professional groups. The main reasons for entering coaching have been varied and include building confidence at work, dealing with difficult relationships and having challenging conversations as well thinking about taking the next step in their career pathway.</li> </ul>

GLA Strategic Aim	Achievements
Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation	<ul style="list-style-type: none"> <li> <b>Mentoring</b>            The GOSH Mentoring Service launched in March 2021. The Service currently has 44 mentors. Mentees have been drawn from across the Trust in terms of their grade and their job role / professional group. The main reason for seeking support from a mentor has been career progression, particularly making a move into more senior positions, or moving career.         </li> </ul>

## Our Priorities

Leadership and Management Development	Successful delivered over 1000 management and leadership training interactions across all of our programmes, while supporting our staff to access external courses where appropriate.
Developing administrative and clerical skills	Launch of a new programme designed to support staff in administrative roles. This provision will continue to grow and be responsive to new and emerging needs.
Leadership and Management skills impacting staff survey	We achieved a higher score for 'We are Compassionate and Inclusive' and 'Staff Engagement' than comparable NHS organisations in London and across the national NHS average.

## Star achievements

### Mentoring

Launched in 2021 our Mentoring Service continues to grow with 44 mentors available from across the organisation in terms of their grade and their job role / professional group. The main reason mentees are seeking support from a mentor includes career progression, particularly making a move into more senior positions, or moving career.

#### Positive feedback has been received from those who have completed their mentoring:

- 'Shortly after I started, I was successful in my application for a new job. The advice I received from my mentor was very helpful getting this.'*
- I wanted to say a massive thank you for all the help and support. My mentor was amazing, and I will be forever grateful.'*

### Team-Based Support Sessions

Teams have been supported in a variety of activities including team building, team facilitation, facilitating listening events and team DISC sessions.

In collaboration with team managers, HR Business Partner and the OD practitioner, a robust diagnostic is undertaken and contracting process to ensure that the agreed interventions are appropriate and aligned.

### Looking ahead to 2023/24

We will be continuing to reach out to new mentors to further build our mentoring offer.

#### Review of all Leadership and Management Programmes

In 2023 a full review of non-clinical specific leadership programmes will be conducted. This review will involve engagement with stakeholders across the organisation to understand current needs and challenges.

The review's output will feed directly into adjusting existing programmes or the development of new programmes and pathways. And be aligned to The Messenger report, NHS People Plan, Long-term Workforce Plan and the refreshed GOSH People Strategy.



# SPECIALITY TRAINING



# Specialty Training

Our clinical speciality training covers a wide range of complex conditions experienced by patients at GOSH and the wider healthcare system, equipping staff with the specialist skills and knowledge to provide excellent care.

We seek to bring our workforce, children & young people and our educators together to share knowledge and pool resources maximising impact.

Our key workstreams include:

- Mental Health
- Learning Disabilities
- Me First – Patient Communication
- Palliative Care
- Infection, Prevention Control

## Performance Summary

GLA Strategic Aim	Achievements
<p>GLA recognised as preferred provider of paediatric healthcare education and training</p>	<p>Our clinical speciality training covers a wide range of complex conditions experienced by patients at GOSH and the wider healthcare system, equipping staff with the specialist skills and knowledge to provide excellent care.</p> <p>Me First is communication education programme co-designed with young people who have a lived experience of chronic health issues to ensure the voice of the child is heard. The 'Train the Trainer' programme which has been commissioned for Northeast London NHS Foundation Trust (NELFT), Royal National Orthopaedic Hospital (RNOH), The Royal Marsden Hospital, and Barts Health NHS Trusts. This will provide teams with skills needed to allow the voice of the Child and Young Person to be placed first and foremost in a range of healthcare settings across London and the Southeast. This will ensure that the needs of the child are fully considered, and experience of healthcare interactions is improved.</p> <p>This project has also commenced its first international collaboration with teams in Canada, delivering a Me first Fundamentals Foundation module and Health Coaching module to a Social Prescribing Hub based in Ottawa, who work with children and young people from disadvantaged backgrounds. The training was delivered to social workers, psychologists, and paediatricians and all the materials have been translated into French increasing our international impact.</p> <p>Palliative care has attracted 3 successful educational bids with external organisations and Integrated Care Systems, providing education for 154 nursing staff and 50 Allied Health Professionals across the UK. We have used this to be able to share our voice widely across the UK influencing care. Increasing knowledge and skills related to paediatric palliative care will improve the patient and family experience.</p>
<p>GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people</p>	<p>Our 'Conversations about Transition to Adult Care' module has been recommended by the Burdett Trust within the core communication skills training course for the National Transition Competency Training Framework, which aims to standardise transition to adult services education nationally by ensuring children have a voice in making decisions about their future care and can advocate for themselves.</p>



## Our Priorities

<p><b>Creation of education on Learning Disability and Autism.</b></p>	<p>The Health and Social Care Act 2022 saw the inclusion of mandatory education and training related to Learning Disability and Autism. The Learning Disabilities (LD) team are working across healthcare and educational organisations to create programmes of learning that are fit for purpose.</p> <p>This was implemented in March 2023, and we are working towards a successful roll out across the organisation in the coming year achieving 80% staff compliance.</p>
<p><b>Creating and disseminating effective clinical guidelines in Infection Control.</b></p>	<p>The launch and subsequent embedding into clinical practice our new pathways for respiratory testing were led by the Lead Practice Educator for Infection Control and Prevention.</p> <p>Supporting patient safety, we worked in partnership with the Electronic Patient Records team to launch the new Sepsis 6 pathway across the organisation, ensuring all guidelines and information were accessible in one place for all staff to improve staff with the tools that they need to identify patients at risk of deterioration.</p>
<p><b>Ensuring Communication models meets organisational need.</b></p>	<p>A key focus for the Me First Team during 2022-23 was to adapt and redesign the offering of training courses in line with staff availability and accessibility, ensuring education is attractive and fit for purpose. New models of training have taken the delivery from a full day of face-to-face education to 'bitesize' sessions that can be included on in the face-to-face format team days or accessed remotely via the virtual learning environment. Courses such as 'Concerns about Safeguarding' have been transferred to the online environment. This has increased our reach and made the day more cost efficient and accessible.</p> <p>In addition to these adaptations to the current portfolio new programmes have also been developed including Me First fundamentals for medics – Specifically aimed at conversations doctors would have with children and young people and improved delivery of the 'Conversations about' series of education. These have subsequently been delivered to over 150 staff throughout the year. This is a 100% year on year increase.</p>
<p><b>Preparing staff in clinical areas to meet the challenge of caring for children with mental and physical health needs.</b></p>	<p>As we move out of the pandemic an increased need to focus on children's mental health is becoming increasingly evident. The Mental Health Education team have adapted education to be rapid and responsive to clinical need. The team provide rapid troubleshooting for clinical teams and bedside teaching that is responsive to the clinical scenario and now includes topics such as making bed spaces and clinical areas safe for children and young people with mental health requirements.</p> <p>This is in response to an increase in patient incidents, risk assessment and staff feedback with a reduction in incidents since the education began.</p>
<p><b>Development and delivery of academic speciality education</b></p>	<p>Education delivered across Speciality Training and Education has been reviewed and formalised into academic modules that can be studied as part of a course or as a standalone module. This is in response to feedback that learners would like to create academic pathways that reflect their clinical role. Paediatric Infection Control and Prevention was the first module to be launched in 2022/23 with 25 students successfully completing the course. 2022/23.</p>

## Star achievements

### Improving the experience of children with learning disabilities.

June 2022 saw a successful Learning Disability Awareness Week aiming to raise the profile of the specific needs of our patients who are autistic or have a learning disability. The educational opportunities for staff to develop the knowledge and skills necessary to provide effective care were promoted.

Activities for staff included Makaton training, the use of therapy dogs for autistic children and young people, and workshops for staff to design communication packs for these children about their clinical areas. This has resulted in an increase in referrals to the Learning Disability Team for support and adaptations as clinical teams developed increased awareness of support mechanisms. This will improve the patient and parent experience, reduce complaints, and reduce length of stay.

### Working with international partners to create new patterns of work.

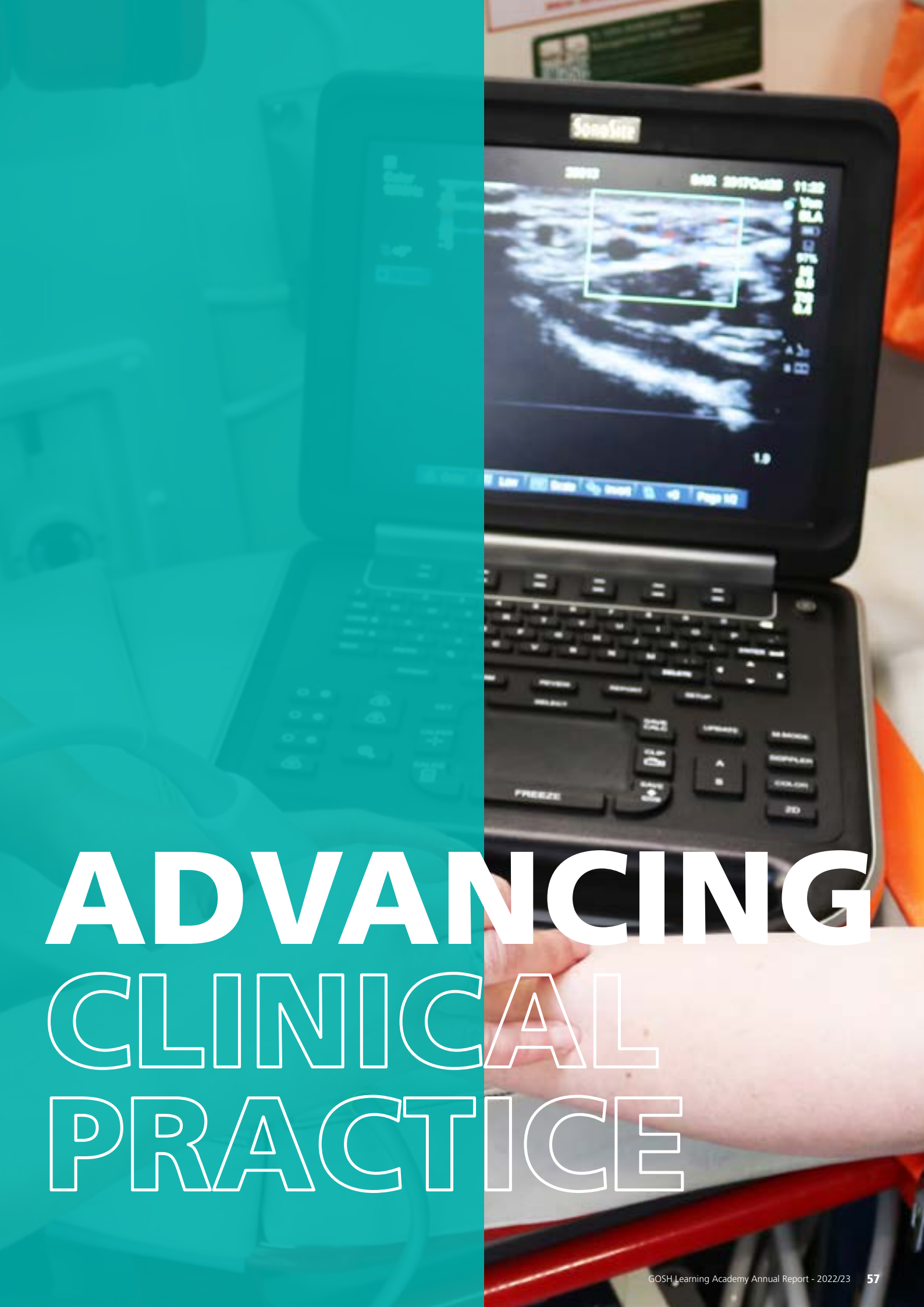
In June 2022, the Palliative Care education team successfully delivered a virtual session (3 hours) at an international conference for China, with over 2700 delegates. The GLA was approached to work with teams from Butterfly Hospices and Hunan Children's Hospital in China to facilitate an education programme focusing on Paediatric Palliative care following a referral by the Department of International Trade (DIT) and Healthcare UK.

Currently there are minimal facilities for effective paediatric palliative care in China but following a commitment by the Chinese government a programme of work has begun. The GLA team spoke at an international multi-professional conference in August 2022. The conference attracted about 80 in person candidates, with increased reach of 2700 online candidates, mostly in country China and some internationally (including the UK, and healthcare workers from Africa). GOSH was held an as international expert and example of best practice, influencing care on a global level.



### Looking ahead to 2023/24

- Successfully roll out of Learning Disability and Autism training (Oliver Magowan) as set out in Health and Social Care Act 2022
- Validation of academic modules in Children's Mental Health, Palliative Care and Safeguarding Children and Young People.
- Increased delivery of 'Conversations about Transition' as the Burdett Trust transition into adult care guidelines are released and implemented nationally.



# ADVANCING CLINICAL PRACTICE



# Advancing Clinical Practice

The Faculty of Advancing Practice was established to provide expert, strategic, oversight and delivery of advancing practice education.

Our key ambitions are to drive uniformity and consistency across advancing practice training, development, and supervision, and to influence, implement and embed national standards for advancing practice across the organisation

## Performance Summary

GLA Strategic Aim	Achievements
<p>GLA recognised as preferred provider of paediatric healthcare education and training</p>	<p><b>We have successfully developed and validated two new postgraduate programmes with Middlesex University:</b></p> <ul style="list-style-type: none"> <li>• MSc Advanced Clinical Practice (Paediatrics and Child Health)</li> <li>• PGCert Enhanced Clinical Practice (Negotiated Specialty)</li> <li>• We have successfully delivered short courses in Safe Prescribing and Advanced Safeguarding of Children and Young people to external candidates, growing our audience for these by 400% to an average of 50 learners per session.</li> </ul>
<p>GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people</p>	<p><b>Throughout the year we have:</b></p> <ul style="list-style-type: none"> <li>• Provided key authorship of the Advanced Clinical Practice Curricular Framework developed jointly by NHS WTE and The RCPCH.</li> <li>• Delivered a 90-minute workshop on Supervision for Advancing Practice Professionals at The RCPCH national conference in Glasgow.</li> <li>• Secured representation on the committee of The Association of Advanced Practice Educators UK (AAPEUK).</li> <li>• Supported the development of planned and emergency care pathways for children and young people as a key stakeholder in the Start Well Programme, The North Central London ICB programme for child health.</li> </ul>
<p>Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation</p>	<p><b>Leadership Development</b> We have supported the leadership development of our team members through apprenticeship, short courses, individualised coaching and internal/external project opportunities. Team members have been promoted to new leadership roles consequently.</p> <p><b>Inclusion</b> All modules developed as part of our advancing practice programmes have been assessed using the Embedding Equality and Diversity in Curriculum (EDEC) self-assessment framework (Higher Education Academy, 2015). This has led to a particular focus on the following aspects of learner attainment:</p> <ul style="list-style-type: none"> <li>• Assess students' learning using multiple methods, allowing, where possible, for student choice in assessment method.</li> <li>• Provide accessible resources in sufficient time and, where possible, in various formats.</li> <li>• Adjust aspect of learning and teaching (content, learning activities, modes of learning, etc) based on student learning needs.</li> </ul>

## Our Priorities

<p><b>Building skills and abilities</b></p>	<p>We will continue to respond to the needs of our practitioners by supporting and developing their ongoing training and development needs through monthly and quarterly teaching sessions. We will explore opportunities to offer up access to these at cost to external candidates as we know that there is demand for this locally, regionally and nationally. We will also aim to run a summer school targeted at qualified practitioners wishing to address skills fade in 2024.</p>
<p><b>Inclusive learning environment</b></p>	<p>We will explore the conversion of both programmes to apprenticeships for the September 2024 academic year. For enhanced clinical practice in particular this will open up a funded route for training for many of the specialist practitioners within the trust, allowing us to formally recommend a career progression pathway linked to national standards and policy. As a specialist provider, we will be enabled to reinvest programmes fees.</p>
<p><b>Prospectus expansion</b></p>	<p>We will continue to explore opportunities to widen our educational offering across short course, module, and programme levels to be responsive to the needs of the organisation and the wider paediatric and child health population.</p>

## Star Achievement

The Faculty of Advancing Practice led a focus group session with the Young People’s Forum to co-design two new postgraduate academic programmes in enhanced and advanced practice. A variety of activities were utilised to explore the feelings, attitudes, and opinions of young people in relation to their participation in healthcare education.

### Engagement was high, and some high-level findings are detailed below:

- The young people present reported that they understood the necessity for their involvement in the training of healthcare professionals but suggested that they could have some more involvement in when and how this happens.
- Training should include strong elements of general paediatrics, as well as specialist training relevant to the health professional’s role. Young persons reported this to be important in ensuring delivery of holistic care.
- Suggested teaching topics related largely to communication particularly communicating with adolescents and how this needs to differ to children. The young people also felt that clinicians would benefit from having a greater understanding of shared decision making and respecting their individuality as part of their overall care.
- Importantly, some lived experienced in the room indicated that staff were not always aware of legal issues such as consent and capacity, and therefore identified a need for this to be included in our training.
- A novel suggestion of using young people as ‘associate examiners’ was suggested and is being explored by the team as a possible assessment method, ensuring the patient voice has not only informed the design of the courses, but continues to be represented throughout training.
- Young people held no fixed views about who should be trained as an advanced clinical practitioner with regards to their base professional status.

The outputs of the session will be used to inform both our own course development at GOSH and the development of the HEE/RCPCH National Curricular Framework for Advanced Clinical Practice. The Faculty of Advancing Practice and Young People’s Forum hope to jointly disseminate their co-design work nationally.



# CLINICAL PROFESSIONAL EDUCATION



# Allied Health Education

Our aim is to ensure that all Allied Health professionals, Allied Health Support Workers, and students are continually developed and equipped with the knowledge and skills to support patient care and develop their careers. We support their entire career through creation of positive learning environments, encouraging personal development, and providing professional advice and guidance to staff.

## Performance Summary

GLA Strategic Aim	Achievements
<p>GLA recognised as preferred provider of paediatric healthcare education and training</p>	<p>We have provided more than 1800 weeks of undergraduate placements.</p> <p>To support the shortfall of placements the AHP Education team has provided alternative placements focusing on leadership, where undergraduates were supported to lead on a project such as creation of a simulation guide, including resources developed and hosted on the DEN. Leadership placements were offered to 6 students. A successful hybrid clinical simulation and clinical placement for dietetic students was facilitated by our Practice Educators.</p> <p>Monthly run student forums have allowed AHP students to connect across the different professions. Students have benefited from guest speakers from within the Trust. Topics have included Speak up for safety, sustainability, how to prepare for an interview, research</p>
<p>GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people</p>	<p>Promoting AHP Professions – Co-ordinated the presentations of 6 AHP professions as well as presented on the Aim High Programme, GLA 3-day event for young persons interested in a career in the NHS.</p> <p>We have delivered 3 student supervision courses this year, which focuses on developing the knowledge and skills of educators in promoting learning of students in any environment.</p> <p>The team has run 3 workplace supervision courses, the teaching includes and introduction to clinical supervision, the various models adopted and how to ensure supervision is effective for both the supervisor and supervisee.</p> <p>First Band 6 AHP Development Programme developed and launched in September 2022. This has been successful with 6 applicants for our pilot cohort, 12 for cohort 2 across 7 Allied Health professions. These programmes have been instrumental in improving job satisfaction, wellbeing, and retention of staff.</p>

GLA Strategic Aim	Achievements
<p><b>Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation</b></p>	<p>The AHP practice education team were successful in obtaining funding from Health Education England to implement the AHP Support Worker Competency, Education, and Career Development Framework which supports the delivery of clear and consistent access to high-quality learning and career progression for Support Workers.</p> <p>Through a training needs analysis, we identified and provided recommendations on resources that would support training and development, and access to clearer career progression. Resources were show cased at the first AHP Support Worker Event hosted by us.</p>

Our Priorities	
<p><b>Student and Workplace supervision courses – development and delivery</b></p>	<p>In 2022, 3 courses were successfully delivered face to face (Overall average feedback 4.7/5, learner hours 135). The workplace supervision aims to promote high quality, regular supervision at GOSH, where staff include all 3 elements of Proctors model of supervision, including wellbeing of staff (Overall average feedback 4.5/5, learner hours 108).</p>
<p><b>Band 6 development programme</b></p>	<p>The band 6 development programme prioritises excellence in education and aims provide learning in the 4 pillars of practice. The training uses interactive and practical elements to ensure learning can be taken back and implemented into the workplace (Overall average feedback 4.3/5).</p>
<p><b>Student placement capacity</b></p>	<p>To continue increasing student capacity and placement hours throughout Allied Health and work towards the London Fair Share target in departments, in particular Physio, OT and SLT.</p>
<p><b>Supporting clinicians with student placements</b></p>	<p>We had 6 students on leadership placements during this time period, increasing from 2 students to 4 students on placement and contributing to the London Fair Share numbers of 7 weeks per WTE (Overall placement feedback score 5/5). We ran a monthly student forum to support staff and students (overall rating of 4.6/5, learner hours 56).</p>
<p><b>Support Worker Project</b></p>	<p>Support Worker (SW) Event to celebrate Support Workers and launch the SW Den page and podcast.</p>



## Star Achievements

### Band 6 Development programme – Implementation and delivery

Cohort 1 was launched in September 2022 and cohort 2 in January 2023. Feedback from cohort 1 helped us to make changes and improve cohort 2. We have a high quality of teaching staff including experts from a wide range of professions at GOSH. Feedback and evaluation will be analysed and feedback to teams in 2023-24.

### AHP Day

The AHP education team worked with heads of services and the Chief AHP to organise and plan our first face to face AHP day. This included our first AHP awards, which had 32 nominations across the different categories from every AHP speciality. The aim was to celebrate our staff and to make them feel valued at GOSH, while promoting the AHP profession. As the theme was Diversity and Inclusion, we collected pledges from AHP staff as to what they wanted to change and what D and I meant to them.

### What the aims for next year are:

We will continue to develop our contribution to the young visitors programme, and focus on the development of Band 7 AHP's. We will be hosting a widening participation event and working on the AHP leadership framework.

### Case Study

James started with GOSH as an AHP Support Worker in the Physiotherapy department. He undertook a 1-year secondment in the AHP Education team leading on implementing the AHP Support Worker Competency, Education, and Career Development Framework which supports the delivery of clear and consistent access to high-quality learning and career progression for Support workers.

This allowed him to develop his leadership skills with the support of the education team. He took up learning opportunities within the GLA, networked and collaborated within the hospital and externally. He gained his confidence in presenting and received an award for his first poster presentation as well as was the runner up for the Capital AHP Rising Shining Star Support Worker awards.

At the end of his secondment, James was successful in obtaining a project officer position in the Children's Cancer Care Centre development.



# Healthcare Science Education

Our Healthcare Science (HCS) education team covers the four areas of Healthcare science: Physiological Sciences, Life Sciences, Physical Sciences & Biomedical Engineering and Bioinformatics.

We support the training and education provision for all our diverse scientists and support staff. Whether they are starting on their first formal training programme, such as a Level 2 apprenticeship, the Scientific Training Programme (STP), as a trainee Biomedical Scientist or if they want to upskill informally to improve their skills, we offer support.

## Performance Summary

GLA Strategic Aim	Achievements
<p>GLA recognised as preferred provider of paediatric healthcare education and training</p>	<p>We aim to support staff to obtain specialist training, helping them to progress within their careers at GOSH. 12 Healthcare science training events were delivered such as the Genetics train the trainer sessions. These created a space for learners and trainers to reflect on their training environment, training practices and feedback delivery. This improved expectation setting and understanding of the challenges of being a learner or a trainer in a pressured environment and encouraged participants to take ownership of their role for the benefit of colleagues and patient care.</p>
<p>GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people</p>	<p>We have been able to bring together trusts across London and organisations and two National events were delivered; the Healthcare Science Education Conference and the Environment Network meeting.</p> <p>In addition we delivered 7 Healthcare Science Outreach events which included the award winning Science4U programme, which was designed to provide students with an insight into the careers of healthcare scientists, through delivery of a conference hosted by the University of Westminster (see Star Achievement)</p>
<p>Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation</p>	<p>Leadership is often an overlooked aspect of our healthcare science workforce. We have designed and developed bespoke leadership sessions around starting your leadership journey, effective communication, effective feedback skills, influencing skills for 70 learners. By developing these skills, we hope our workforce would be better equipped to progress further in their careers.</p>

## Our Priorities

<p><b>Improve placement quality of our trainees</b></p>	<p>We scoped how our Scientific training programme (STP) and Higher Specialist science training programme (HSST) trainees, supervisors and business team interacted with each other around their trainee budget and sought to streamline and improve the experience for all involved.</p> <p>What was highlighted was the need for more transparency, autonomy and expectation setting around their budget. This led to the creating of personalised budget dashboards where trainees can access and view their trainee budget, see transactions, plan intended spend and submit requests via predeveloped email templates to facilitate clearer requesting.</p>
<p><b>Faculty development</b></p>	<p>Staff are supported to obtain specialist training regardless of banding, helping them to progress within their careers via the GOSH Scholarship awards. We also coach our workforce to successfully apply for different funding streams available to them.</p> <p>In additions sessions included three Pathology Apprentice Training Days covering: communication skills, leadership and research &amp; professional practice.</p>
<p><b>National HCS Education Conference</b></p>	<p>Our annual Healthcare Science Education Conference: Co-Production in Education conference. The aim of this conference was to showcase current work and facilitate discussions about teaching across boundaries in education. The conference included national healthcare science education strategy, education theory and options for delivering education locally. We had national attendance of 115 people and achieved an overall evaluation of 4.8/5</p>
<p><b>Leadership development</b></p>	<p>Leadership is often an overlooked aspect of our healthcare science workforce. We designed and developed bespoke leadership sessions around starting your leadership journey, effective communication, effective feedback skills, influencing skills for 70 learners. By developing these skills we hope our workforce would be better equipped to progress further in their careers.</p>
<p><b>Prospectus expansion</b></p>	<p>The HCS education team were approached by the Association of Clinical Biochemistry (ACB) in conjunction with NHS WT&amp;E to facilitate a short course to be delivered in 2022/2023. This course will not only upskill staff from GOSH but also upskill on a national level.</p>
<p><b>Outreach</b></p>	<p>Increasing awareness of HCS roles and careers to inspire the next generation of HCS through programmes such as Science4U. Promoting HCS careers at regional and national events such as Health &amp; Social care Career fair.</p> <p>The Nosocomial project involved science collaborating with the arts to affect change. Our workforce often feels like they are not visible to other staffing groups with their work not being visible to others. We created bespoke career videos for specialisms such as Sleep science, Blood transfusion and audiology, where we meet the healthcare scientists delivering care for patients. Staff describe their specialism, demonstrate some of tests they carry out and detail their career path. Through these videos, we highlight the specialised work undertaken by healthcare scientists at GOSH and how this contributes to patient care, highlight career entry points signposting formal programmes available and we increase the visibility of junior staff who often don't have the opportunity to be seen.</p>



## Star Achievements

### Science 4U

**Aim** - The aim of this programme is to inspire students to study science by demonstrating the importance of science in health and everyday life and to showcase some of the exciting and rewarding careers open to those who study science.

**Delivery** - The conference hosted at the University of Westminster, comprises of interactive demonstrations and displays, workshops, lectures and presentations. Many GOSH HCS volunteer every year to make it happen. Almost 350 secondary school & further education college students (years 9-11) attend with their teachers. Some 80-100 professional volunteer scientists from the NHS, academia and other public sectors, industry and commerce provide the backbone of the conference and hands-on interactive displays.

**Assurance** - Questionnaires are handed out to all participants and feedback has been very positive. All teachers found the event was of benefit to their students.

**Leytonstone School** - I just wanted to say how brilliant the event was. Our students absolutely loved it! . The organisation was superb, the number of activities meant that students were



constantly engaged and enjoying themselves. A massive thank you to you and your team for organising such a wonderful event.

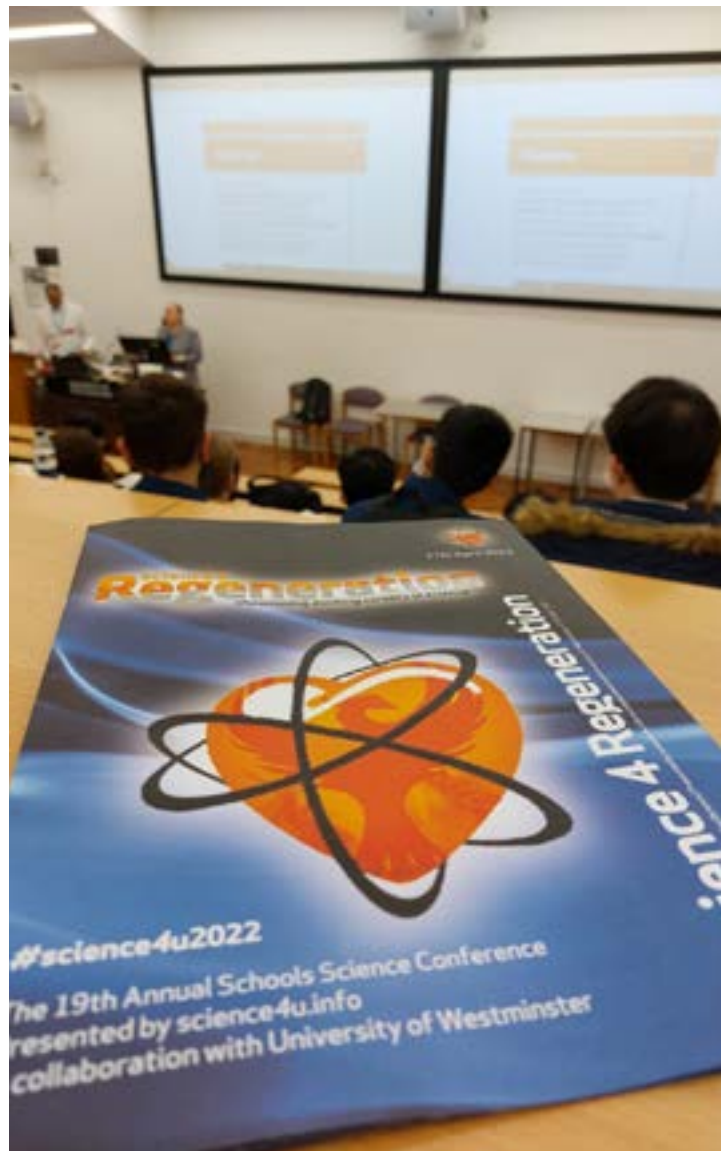
*'I really enjoyed today's event; today's experience made me understand how much I enjoy science and working with people - now I have clear ideas about my future'*

*'It was an enjoyable experience and I've made a choice to take science in my future career'*

*'The most interesting stations were the hearing and learning disabilities stands - The microscopes were good, too, because we don't have them at school'*

*'You learn so much about careers; it really opens your eyes to career options'*

**Impact** - Received a Public Engagement award from PHE and the Queens Voluntary Service Award (the MBE for volunteer groups)







# Nursing Education

Our team of educators provide education and professional development for nurses at all levels, from undergraduates to postgraduates, we collaborate with 11 Higher Education Institutes in London and have successfully placed 375 students in the past year. We welcome aspiring nurses from both the UK and abroad.

At GOSH, our newly registered practitioners undergo a comprehensive induction and preceptorship programme during their first two years led by our graduate team. In addition, the operational educators in clinical areas lead parallel education and training to ensure our nurses acquire the necessary skills and capabilities to deliver exceptional and compassionate care.

## Performance Summary

GLA Strategic Aim	Achievements
GLA recognised as preferred provider of paediatric healthcare education and training	<p>We are the largest provider of undergraduate placements for children’s nursing students in England, and have supported 375 students from 11 Higher Education Institutes.</p> <p>We run the International NMC OSCE preparation course specific to paediatrics with 102 external learners coming from NHS trusts across the UK in the last year. This equates to £102K revenue towards the GLA.</p>
GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people	<p>We have well established partnerships in education with the North Thames Paediatric Network (NTPN), The One Heart Network, and the Integrated Care System (ICS) for North Central London (NCL). The education team have extensive involvement in providing training and education for MDT staff throughout the region on a multitude of diseases and conditions, practical demonstrations of equipment, in response to national alerts or outbreaks and to requests from around the network.</p> <p>Capital Nurse IV passport led by Lead PE for Blood Cells and Cancer (BCC). The Lead PE was part of the pan London group tasked with designing, testing and launching the passport across all trusts in London to enhance the flow of staff between hospitals, reduce duplication of assessments and to have a standardised training and assessment process for IV administration across London to enhance patient care. This ambitious project was launched in GOSH in June 2022 and is on track to achieve the target of 80% compliance amongst required staff.</p>

## Case Studies

Chief Nurse Junior Fellow programme – Our leaders of the future The Chief Nurse Fellowship programme has had 5 learners completing in cohort 2. In total 12 development days were attended to which they each individually presented back their quality improvement projects to a senior nursing team. This equated to 450 hours. An evaluation score of an average of 4.7/5. The Chief Nurse Fellowship programme has highlighted the positive change that our early career nurses can have when supported with QI projects in practice. It gives them the opportunity to not only develop themselves but also make changes that matter to the teams they work within

GLA Strategic Aim	Achievements
<p><b>Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation</b></p>	<p>The Professional Nurse Advocate (PNA) was role developed as part of national initiative led by the Chief Nursing Office in England to support nurses in the recovery of the Covid pandemic. There are 25 PNA's at GOSH who have completed a level 7 module and required to be on the national PNA register, they support the health and well-being of nurses, lead, support, advocate and deliver improvements in patient care through quality improvement. They use a structured model to ensure staff receive consistent support and guidance in the following areas:</p> <ul style="list-style-type: none"> <li>• Restorative clinical supervision</li> <li>• Education and development</li> <li>• Personal action for quality improvement</li> <li>• Monitoring, evaluation and quality control</li> </ul> <p>Since the soft launch in September 2022, 37 formal requests have been received which have resulted in 141 PNA sessions, with 51 sessions including a career conversation. A quality improvement project for the ward or directorate has resulted from 12 PNA session. 127 PNA sessions have included a restorative clinical supervision element.</p>

## Our Priorities

<p><b>Building skills and capability</b></p>	<p><b>Foundation courses qualifications in speciality numbers</b> - The practice education team delivered foundation courses covering 25 different specialist areas for all new nursing staff to GOSH</p>
<p><b>Responsive to winter surge</b></p>	<p>The educators worked in collaboration with colleagues from CATS and the NTPN to provide winter surge webinars for nursing staff, provided face-to-face outreach education to hospitals within our ICS to ensure staff were able to deliver safe patient care children and young people.</p> <p>Additionally, we shared our knowledge and expertise across our ICS and provided online resources created by our teams to enable others to provide safe care.</p>
<p><b>Impact of Education partnerships</b></p>	<p>By building on existing networks established by CATS the educators have successfully collaborated with the One Heart Network, North Thames Paediatric Network, our North Central London ICS , and with the PICU team based in the Amsterdam University Medical Centre, Netherlands providing 20,000 learner hours</p>

## Star Achievements

### Blood, Cells and Cancer (BCC)

To ensure systemic anti-cancer therapies (SACT) training us up to date and standardised across trust the UK. To provide staff with the skills and knowledge to become safe in administration of SACT. The lead practice educator (LPE) for BCC was part of a national group in collaboration with the UK oncology nursing society, tasked with designing and launching a national SACT passport. This was launched at GOSH in September 2022, and the BCC education delivered 4 internal study days with 165 learner hours launched an accredited SACT module in January 2023. This is the first paediatric SACT course in the UK which resulted in 360 learner hours.

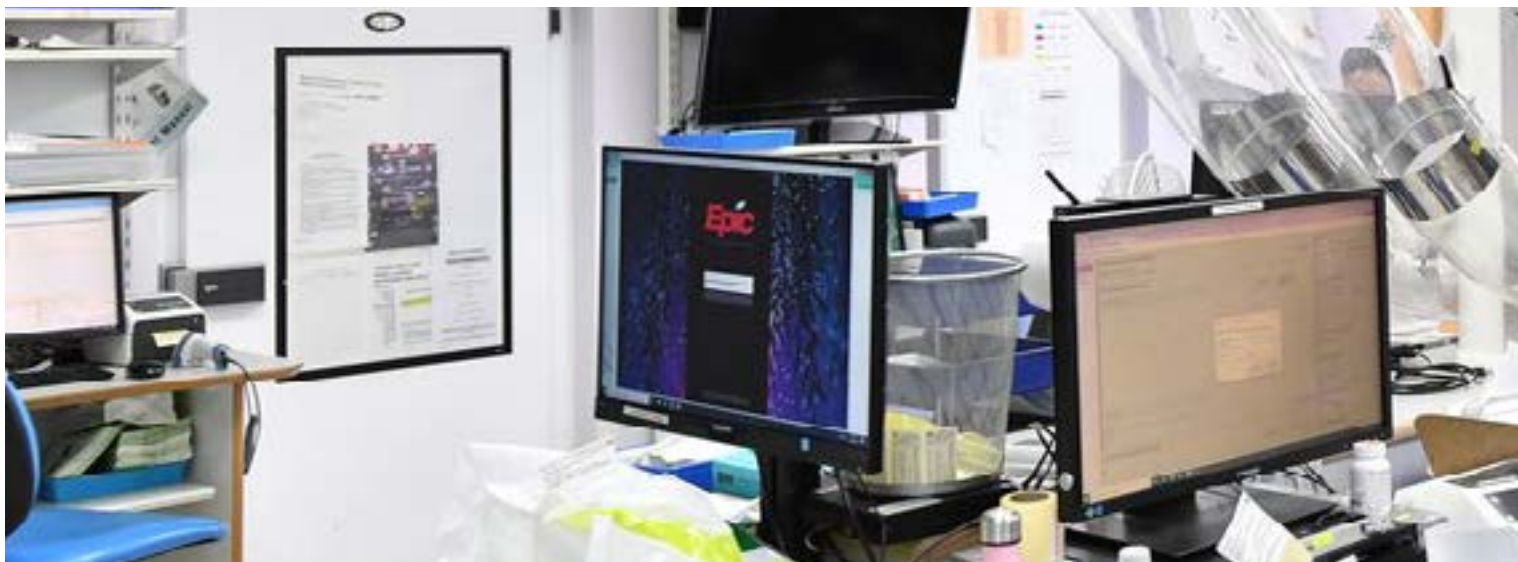


# Pharmacy

Our aim is to ensure that children have access to highly skilled and competent members of the pharmacy team so that every child has access to high quality medicines tailored to their need. We work with pharmacy support workers, pharmacy technicians and pharmacists to embed continuing professional development so they are equipped with the knowledge, skills, and networks to support patient care and develop their career. We work across care boundaries and countries to highlight expert practice in paediatrics starting with pharmacy students through to experts across the globe. We aim to ensure that GOSH pharmacy provides a positive learning environment and is the number one choice for paediatric pharmacy development.

## Performance Summary

GLA Strategic Aim	Achievements
<p><b>GLA recognised as preferred provider of paediatric healthcare education and training</b></p>	<p>Further investment in our newly qualified pharmacist training programme has facilitated the development a range of education and support programmes. Over the next year we aim to enhance this offer and support practitioners to embed their Clinical Diploma in General Pharmacy Practice into their structure training pathway.</p>
<p><b>GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people</b></p>	<p>We continue to achieve a 100% pass rate with our commissioned NHS England (Workforce, Training, and Education) Trainees. We have supported 1 preregistration pharmacy technician and 5 foundation pharmacists to successfully join the register in 2023.</p>
<p><b>Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation</b></p>	<p>We have strengthened our working relationship with University College, London (UCL) School of Pharmacy by increasing the number of undergraduate placements and co-sponsored research projects for undergraduates to five. The pharmacy department aims to become an accredited UCL centre this year.</p>



## Our Priorities

<b>Building skills and capability</b>	Pharmacy continues to participate with the research agenda of the hospital by supporting research education. Two pharmacy employees are undertaking a National Institute of Health and Care Research (NIHR) Clinical Doctoral Research Fellowship. We have supported a colleague from undertaking a bridging fellowship to starting a Pre-doctoral Research Fellowship starting this Autumn and a fellow colleague to complete their ICA fellowship bridging award.
<b>Inclusive learning environment and Widening participation</b>	As we seek to increase access to professional careers the GLA will support learners to complete A Level 2 Science Manufacturing Apprenticeship within our pharmacy manufacturing unit. The pilot seeks to address the workforce shortages in NHS manufacturing units and further provide a structured career pathway for our unregistered workforce in the pharmacy department.
<b>Prospectus expansion</b>	Due to internal factors the focus of Pharmacy education over 2022/2023 has been successful upskilling of internal staff to meet the current workforce need. Across 2022/2023 we will expand our offer with the introduction of a commercialised portfolio of work and expand into graduate placements for specialist practice.

### Star Achievement

The educational team has worked with pharmacy operations to review the skill mix within the dispensary. A dispensing mini-qualification was launched to enable unregistered team members to safely work within this new arena.

This has supported a greater skill mix diversity and has partially addressed workforce shortages within registered pharmacy technician roles. A record number of pharmacy technicians have completed the ACPT course which enabled them to accurately check prescriptions.

This was a key commitment the education team made to our legacy workforce as this skill was incorporated into the new undergraduate program. The continued support and development of technicians has led to a technician led dispensary, improving skill mix, and releasing pharmacists to undertake clinically focused work.



# Resuscitation Services

We aim to create the right conditions and opportunities for staff to thrive and push the boundaries of their resuscitation skills within their scope of practice.

We are a dynamic first choice provider of child centric resuscitation skills for all paediatric practitioners, who want to excel within an organisation that is driven by change and quality.

All of our training is delivered in accordance with the Resuscitation Council (RCUK) guidelines 2021 and is mapped to the Skills for Health Core Skills Training Framework.

## Performance Summary

GLA Strategic Aim	Achievements
<p><b>GLA recognised as preferred provider of paediatric healthcare education and training</b></p>	<p>We deliver resuscitation training in line with RCUK guidance to all clinically facing staff as mapped by their Statutory requirements and strive to maintain over 90% compliance in Level 2&amp;3 resuscitation training in line with CQC and NHS core skills framework</p> <p>We are a world class first choice research driving service within a world class organisation for both education and clinical support of the deteriorating patient. We are working towards expanding access to resuscitation training by devising on-line interactive digital and blended learning that interfaces with resuscitation dataset</p> <p>We offer bespoke training to our staff ranging from Level 3 training for a group of consultants to ensuring our staff are able to assess and manage the acutely unwell patient.</p>
<p><b>GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people</b></p>	<p>We work in collaboration with the Resuscitation council UK to pilot advanced paediatric courses and create information for clinical use UK wide. We advise and support national projects relating to resuscitation and the deteriorating patient in addition to international in research regarding child-centric resuscitation.</p>





GLA Strategic Aim	Achievements								
<p><b>Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation</b></p>	<p>In June 2022 Resuscitation Services revised the resuscitation training delivery across the Trust to ensure staff are now receiving mandatory training which is more tailored and appropriate for their role. Many ward -based staff are now able to attend shorter sessions mapped to Level 2 on the Core Skills Training Framework which deliver the key essentials for those required to manage a deteriorating patient and call for help in an emergency. Staff may be members of the clinical emergency team require more in-depth training and now have better access to book these Level 3 courses due to the reduced audience.</p> <p>In addition to mandatory training, Resuscitation Services has continued to expand the delivery of advanced courses following a hiatus due to COVID. GOSH is a key centre nationally and internationally centre for European Paediatric Advanced Life Support (EPALS) affiliated with the Resuscitation Council (UK) and Advanced Paediatric Life Support (APLS) affiliated with the Advanced Life Support Group (ALSG)</p> <p><b>2022-23 training data is summarised below.</b></p> <table border="1" data-bbox="395 891 1485 1037"> <tbody> <tr> <td>Number of sessions delivered</td> <td><b>473</b></td> </tr> <tr> <td>Teaching hours</td> <td><b>1,366</b></td> </tr> <tr> <td>Number of Learners</td> <td><b>4,028</b></td> </tr> <tr> <td>Learner Hours</td> <td><b>16,165</b></td> </tr> </tbody> </table> <p><b>Advanced course Feedback from (EPALS) Candidates:</b></p> <ul style="list-style-type: none"> <li>• <i>'The day ran incredibly smoothly. More so than any other Resus course I've been to'</i></li> <li>• <i>'The course was exceptionally well organised, fantastic content and very supportive faculty members'</i></li> <li>• <i>'Superb course. Well run. Good focus on continual assessment and core skills. Allowing the MCQ to test the whole syllabus and the face-to-face course focussing on a more pragmatic central bastions of the syllabus means it is manageable in one days and still adequately assesses candidate competency'</i></li> </ul>	Number of sessions delivered	<b>473</b>	Teaching hours	<b>1,366</b>	Number of Learners	<b>4,028</b>	Learner Hours	<b>16,165</b>
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Our Priorities	
<p><b>Building skills and abilities</b></p>	<p>With the intent to reduce emergency "2222" calls the resuscitation team introduced the "Just in Case" programme in 2021/22. This ongoing additional support for clinical staff is reflected in a consistent reduction in the number of "2222" calls over the last period and an increase in calls that were "stood down" as staff had intervened confidently and successfully prior to the arrival of the emergency team - their early intervention had prevented further deterioration.</p>

# Environmental Sustainability

## Education and Training

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**In February 2021, the GOSH Trust Board and Executive Management team - through a year of dialogue with staff and our young people – declared a climate and health emergency and committed GOSH to a process of change.**

This was powered by the statement that ‘we aren’t looking after children if we don’t protect the environment’

This commitment was strengthened by the inclusion in the Above and Beyond strategy, expressing our commitment to care for the environment as an essential element of our overarching responsibility to safeguard the wellbeing of our patients, staff, and community members.

To support this commitment, the GLA launched a programme of Climate and Sustainability Training for our staff in partnership with ‘AimHi Earth.-’ This was a 5-part series equipping staff to understand the essential aspects of our climate. With a range of sessions on a wide range of subjects such as carbon neutrality, pollution, devising local solutions and expert testimony and opinion. The synchronous learning led to 213 learner hours and the resources are now available on the DEN for all GOSH staff.

The climate and sustainability were heavily featured at the GOSH Conference in November 2022 with a workstream focussed on the effect of the environment on the child. Keynote speeches by experts such as Samantha Pegoraro from the World Health Organisation (WHO) looking at the equalities in child health linked to local pollution levels and the clinicians’ approach to sustainability by Mark Hayden.

This investment in education and training has resulted in teams being to articulately discuss the effect of the environment on the health of the child across all relevant education and training programmes. Simulation programmes have provided clinicians the opportunity to have conversations with patients and their families about the risks of air pollution and how to minimise their exposure with supportive education on air pollution training for clinicians available on the Digital Education Network (DEN)





# GLA BUSINESS OPERATIONS

# GLA Business Operations

**The Business Operations Team provide expertise to support the governance, performance, and operational business management of the GLA.**

## Performance Summary

Over the last year, the Business Operations team have expanded to better align business support to the growth of the GLA. This growth has enabled the provision of further business support to the increasing number of GLA workstreams which releases educators to educate and has facilitated the review and streamlining of business systems, processes and protocol ensuring a consistency of approach is applied across workstreams. This growth is reflected in improved response times to queries and faster processing times for operational business tasks.

## Our Business Priorities

- Develop, implement and promote adherence to robust operational policies, processes and protocols
- Lead on GLA quality assurance and the work toward financial sustainability
- Provide strategic oversight, advice and support on GLA finances with oversight of programme budgets
- Provide strategic oversight and up to date information on the GLA's performance

## Star Achievements

In providing oversight of the governance and performance of the GLA, Business Operations have overseen several key areas of work:

### The development and transition to a live QlikSense dashboard

Underpinning the quality and assurance of the GLA are its reporting systems facilitating the ability to report outcomes more readily.

Phase 1 of the dashboard development, concluded in January 2023, has seen the move of eight workstream dashboards from manual Excel dashboards to live QlikSense dashboards providing better accessibility of data with improved governance and oversight. This standardisation of reporting mechanisms is an integral part of the GLA's move toward sustainability.

The second phase of the dashboard development project has several impacting interdependencies such as the refresh and implementation of the Trust's updated learning management system (GOLD), the warehousing of existing data to facilitate automation and ensuring that the GLA's KPI's are uniformly measured and reported across all existing and new dashboards which will result in a longer project delivery timeframe for phase 2.

However, the Phase 2 project plan is progressing, with completion anticipated in March 2024.

## The review of the GLA's pricing strategy

The GLA pricing strategy review was commissioned in July 2022 with the aim of delivering a consistent approach to pricing across the GLA.

Key to this review is incorporating pricing plans for the Digital Education Network (DEN) and the Events Management workstreams which were not fully established at the time the initial strategy was written.

To facilitate appropriate costing of services delivered by the GLA the revised pricing strategy includes both pricing plans which are benchmarked against other providers to ensure the prices were comparable and competitive.

To maintain a measure of consistency in pricing, a review of the delegate categories and rates was conducted with new delegate categorisation proposed which align across GLA workstreams. Furthermore, to enable the GLA to position itself competitively, a review and update of courses provided by other organisations was undertaken to inform benchmarking.

A revised and simplified pricing calculator which enables users to more accurately cost the courses provided completes the strategy supported by a user guide to facilitate understanding and engagement.

The pricing strategy affords the GLA a measure of consistency in pricing and facilitates a better understanding of the cost of providing education both within and external to the Trust. Additionally, enabling the GLA track the impact of education provided within the Trust.



## The development of a suite of evaluation questions to improve how the GLA measures its reach

In 2022/23, GOSH introduced Smart Survey, to be used for all surveys across the Trust, GLA teams have complied with this move with the new tool being used across all programmes. Course evaluation surveys are important to the GLA's work as they allow teams to learn and continually improve based on learners' feedback.

**A set of standard questions has been introduced at the end of each survey, with three purposes:**

- To collect feedback scores in a more consistent way
- To collect additional demographic data on our learners
- To assess whether access to education is comparable among different demographic groups

Due to the sensitive nature of collecting demographic data, the questions were developed in consultation with several key stakeholders within the GLA and across the Trust and aligned to the approach taken in the NHS staff survey.

The survey has been piloted successfully with the Academic modules that finished in July 2023. The new process is being communicated and embedded across the GLA with a full roll out from October 2023. The data obtained will provide clear oversight of learners' feedback and the diversity of the GLA's reach providing clear information on whether different groups of staff are gaining equal access to training and development.



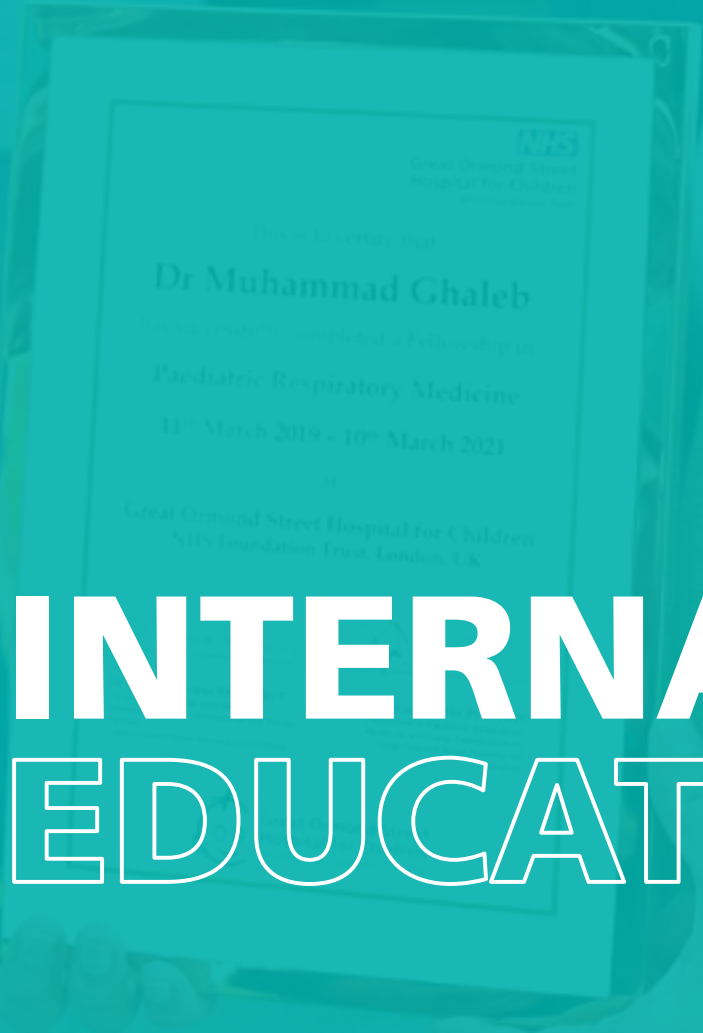
## Looking forward to 2023/24

- Develop and implement the Phase 2 Impact tracker to reflect the depth and breadth of the GLA's programme of work
- To improve the tracking of our learners and learner experience, increasing our understanding of the GLA's reach, impact and areas for improvement
- Develop and implement a GLA performance reporting framework
- Development of a commercially sustainable finance model
- Development of a business operations service delivery plan





# INTERNATIONAL EDUCATION





# International Education

Our International Educational collaborations map against the GOSH mission 'to share our expertise through education and the training of children's healthcare professionals so that more children benefit from our work.'

Working with international centres across the world to influence healthcare delivery provides the GLA with an opportunity to have a direct influence on child health globally

Our team leads on the delivery of two key work streams: International Medical Fellowships and International Education Collaborations.

## Performance Summary

GLA Strategic Aim	Achievements
<p><b>GLA recognised as preferred provider of paediatric healthcare education and training</b></p>	<p>The International Medical Fellowship is currently aimed at doctors coming towards the end of their training programme and would like to gain additional expertise in a key area of paediatric medical practice. Each Fellow undergoes a bespoke programme over 1-2 years. Programmes are designed in partnership with the International Medical Education Lead, local Educational Supervisor and the International Medical Fellow using UK national curriculum as a foundation. Our International Medical Fellows represent the worldwide community. The programme is most accessed by colleagues from Middle Eastern Territories but also Malaysia, Thailand, Germany, and Africa. In 2022/23 we hosted 20 fellows from across 10 countries in 11 different clinical specialities.</p>
<p><b>GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people</b></p>	<p>The GLA is a recognised preferred provider with the UK Department of International Trade. This has led to several organisations approaching the GLA for content and work is on-going to establish new partnerships and collaboration opportunities.</p> <p>In partnership with the Onassis Cardiac Surgical Centre in Athens, Greece we are working to improve complex cardiac surgery pathways for their paediatric congenital cardiac disease population. This collaboration has a true multidisciplinary approach, recognising the impact each team member has on the overall outcome for children. Over the last year we have supported Surgeons, Intensive Care Physicians, Nurses and Cardiac Perfusionists to work on site in Athens with their counterpart.</p> <p>Together we are providing a holistic education programme allowing local teams to develop complex technical skills to improve outcomes and increase the numbers of children treated. Children currently need to travel to receive Complex surgery. Developing these skills in country will allow children and families to remain together in their local centre.</p>

GLA Strategic Aim	Achievements
<p><b>Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation</b></p>	<p>Ain Shams University Hospital (ASUH) is one of the largest public hospitals in Cairo who, supported by a charity grant from the CIB Financial Group, is working with our international education teams to improve patient outcomes in Haematology/Oncology and Critical Care services.</p> <p>Working with teams at ASUH to improve some of the fundamentals of healthcare, develop protocols and guidelines on which to plan care, will result in increased survival of recoverable childhood illness. ASUH is a public hospital that does not turn away any child. We are aiming through increased clinical skills, leadership, and communication strategies to reduce hospital length of stay, allowing teams to treat larger numbers of children with the limited resource available to them.</p>

## Our Priorities

<p><b>Increasing numbers of International Fellows onsite</b></p>	<p>The International Medical fellowship requires the sponsoring organisation to make a significant investment in the Fellow. The GLA is working to review the way we sponsor these medics to reduce the financial burden. This will allow the GLA to offer the Fellowship Programme more widely globally, thereby influencing a wider range of healthcare settings.</p> <p>The GLA has invested in professional marketing and is working toward a marketing plan to highlight the work we do at GOSH (Great Ormond Street Hospital) and what the individual healthcare systems can gain from the programme.</p>
<p><b>Strengthening of our International Collaborations.</b></p>	<p>The GLA has undertaken 11 International visits, with more than 20 GOSH Healthcare professionals travelling to deliver programmes of work across a range of settings. Over 100 members of international staff have been taught as part of this programme.</p>
<p><b>Building of further international contract and relationships</b></p>	<p>Extensive work continues with GOSH international partners across the Middle Eastern and Chinese territories to develop education programmes in a cost effective and impactful way.</p>



*Three things make GOSH a unique place for training: variety and amount of cases, the support from expert supervisors, and the multicultural staff. During my two years of training in metabolic and clinical genetic department, I have been under the supervision of two amazing supervisors who supported me and met me regularly to make sure that I have achieved my goals. Moreover, I have been exposed to a lot of rare metabolic and dysmorphology cases who I have not seen before, learnt from the way of approaching and managing those children. In addition, the multicultural environment enabled me to freely practice my beliefs and engage into the work quickly. Overall, the fellowship at GOSH is a good opportunity for anyone seeking to be trained in an advance centre and with leading experts in the field, I will recommend it to the future candidates.*

- **Dr Aziza Mushiba**, International Fellow in Metabolic Medicine and Clinical Genetics



## Star Achievements

### Successful delivery of Year One of two International Contracts

Year one of the International Contracts have demonstrated significant achievements across both contracts. The end of year one in Ain Shams University Hospital shows children in critical care units have better access to nutrition, improved infection control and sepsis levels, introduction of evidence-based care bundles and nurse administration of chemotherapy.

At Onassis Cardiac Surgical centre, we have seen children who would normally travel great distances being treated closer to their homes and family.

Each international contract has a review meeting at the end of each year. This meeting is attended by all key stakeholders from both GOSH and the partner hospital.

Both review meeting was successful completed with considerable progress identified and planning for the following year made.

- Change in Practice around Infection control clearly identified.
- Agreed plan to upskill nurses to undertake a new range of skills such as chemotherapy delivery and complex ventilation strategies.
- Improved team approach to complex patients and their families.

### Increased support to International Medical Fellowship programmes

The International Medical Fellowship Programme is a key part of the GLA sustainability plan as we progress into phase two of the Charity Grant release.

The programme provides a global impact as it prepares medical teams to deliver increasingly complex care in –country whilst strengthening professional relationships and referral networks.

Review of the current service provision identified that International Medical Fellows need additional pastoral support than had been available. Gaps in support and knowledge were identified around practical aspects of settling into the UK, understanding the UK healthcare system and medical training e-tools such as online portfolios, appraisals, and training opportunities.

Quarterly study days have been introduced for the Fellows to provide peer support, provide reflections, and find individual solutions to practical challenges related to moving and working in a new country. Formal teaching sessions on leadership, teamwork and management that are not universally in all training curriculum worldwide.

This is then further supported by an additional quarterly meeting with the International Education Lead and the educational supervisor to track progress, anticipate problems, and identify gaps in provision. This meeting is further supported with a written report that is shared with fellow and the sponsoring organisation.

This has been well received and has gained positive feedback from teams who report via survey an improved induction and pastoral experience.





# MEDICAL & DENTAL EDUCATION

# Medical and Dental Education

The Medical and Dental Education team are responsible for supporting Undergraduate and Postgraduate Medical and Dental Education at GOSH. We support trainees in NHSE training posts and promote the education of all junior doctors. We offer support to International Medical Graduates, Less than Full Time Trainees and those Returning to Training. We coordinate Undergraduate Medical Education in the trust, hosting students on elective placements, special study modules and are part of the University College London (UCL) Medical School Year 5 clinical rotations.

Our team provides a range of courses to trust staff and beyond, including courses preparing learners for paediatric professional examinations. PGME have successfully delivered over 15,000

learner hours over 107 sessions of education and training to our workforce. Our purpose is to ensure good education to enable our doctors to deliver excellent and safe care to our patients, by supporting and training local teams to ensure learning in practice and delivery. We aim to optimise the care of current and future patients, by enabling the learning of postgraduate and undergraduates, inspiring trainers, and trainees to deliver and support educational delivery.

## Performance Summary

GLA Strategic Aim	Achievements
GLA recognised as preferred provider of paediatric healthcare education and training	<p>Successfully delivered undergraduate programme for 360 University College London Year 5 students in line with agreed Service Level Agreement. The feedback from students indicated the programme has been well received, with many rating our Clinical Simulation Team highly.</p> <p>Implemented the DRECT tool allowing us to capture feedback from all trainees across the Trust, allowing all voices to be heard in relation to education and training. Allowing us to act on the feedback and better support our trainees in a timely manner.</p>
GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people	<p>Successfully delivering on our Membership of the Royal College of Paediatrics and Child Health (MRCPCH) examinations in partnership with the Royal College has led to an agreed proposal strengthening our relationship.</p>
Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation	<p>Increased governance of Educational and Clinical Supervision resulting in all trainees being allocated a supervisor to support their development, education, and training. Allowing us to maintain educational standards set out by NHSE. Building on the educational development of the consultant body, leading to an increase of faculty to deliver on education.</p>

## Our Priorities

### Improved Educational Governance

Educational governance is important in maintaining our relationship with NHSE, our commissioner of postgraduate medical training.

As a trust we have strived to maintain the compliance with Educational Supervisor Accreditation by making this mandatory for consultant Medical Staff in 2022, since doing so, 97% of our educational/clinical supervisors hold an accreditation. The trust expects the same standard of educational supervision for both NHSE and non-NHSE trainees.

We have now implemented a trust wide survey to evaluate the quality of the education environment for all non-consultant doctors in the trust.

We have increased Local Faculty Group compliance by changing the way we engage with stakeholders. We continue to work with teams to ensure a robust approach and this is coupled with our Department Educational Leads Meetings (DELs), which allow us to learn and share from best practice.

### Support Medical Workforce

International doctors make up a significant percentage of our Medical Workforce, with 115 new starters over the last 12 months.

These doctors experience unique challenges, both professional and social, they are new to the NHS and in some cases new to the UK. The Medical Education Team has developed a bespoke induction programme to support IMGs to address key knowledge gaps, communication skills and highlight support structures. The induction is coupled with a communication course, What do you mean? (WDYM) which provides a safe space to explore communication with patients and colleagues in the NHS. The programme commences from the point that employment is offered, through an onboarding phase and is maintained through the duration of employment. By using focused educational activities prior to commencement of clinical work we ensured that our intervention was delivered in a timely manner to maximise impact.

A growing number of junior doctors work less than full time (LTFT) and our organisation is committed providing support this group of doctors by ensuring we have appropriate structures and representation in place. A LTFT Junior Doctor Rep is part of the membership of the Junior Doctors Forum as well as our LTFT Champion.

Improving onboarding and rota building for LTFT trainees has been a key focus this year. A collaborative approach to rota building is being trialled, which will result in defined principles and expectations for both existing and new LTFT doctors at GOSH.

## Our Priorities

### Strengthening Partnerships

GOSH is an approved Exam Centre for the MRCPCH Examinations with the Royal College of Paediatrics and Child Health (RCPCH).

We have now agreed on a proposal with the college to offset the expenditure for the examinations against the income they receive, this has reflected greatly in building an even stronger relationship with the RCPCH. We hope to go on to be able to deliver more official examinations in the future and develop on the education and training which can be gained from this invaluable partnership.

In addition to hosting the formal exam, we have delivered two mock exams both virtual and face-to-face to candidates from across the world and generated over £10,000 of income.

We have also developed a new examiners course as part of the offering for the MRCPCH, this will be launching early 2024, encouraging the increase of faculty for the mock examinations held at GOSH

### Increasing Undergraduate Activity

Our medical student offering continues to deliver excellence, welcoming elective students from over 20 countries, as well as those who are UK based. We work closely with Queen Mary/Barts and the London (QMUL) and University College London (UCL) to support and deliver placements for Student Select Component (SSC) and our UCL year 5 programme has received excellent feedback following its second year. The programme continues to grow and the increase in numbers is a driver to explore placements in other clinical specialties across the Trust.

In 2022/23, we continued our work to showcase paediatric careers with a hybrid version of the GOSH Summer School. The day saw a host of speakers from across the trust deliver talks around mental health, safeguarding and regenerative medicine. We also delivered workshops from multidisciplinary teams, covering Resuscitation, Simulation, and surgical skills to name a few. The day successfully welcomed 106 students and foundation doctors from 15 countries.





# ORGANISATIONAL & EMPLOYEE DEVELOPMENT



# Organisational & Employee Development

The organisation and Employee Development Team (OED) has two principle GLA workstreams, leadership and management and statutory and mandatory training, the former encompassing one of the six overarching GLA priorities.

## Performance Summary

GLA Strategic Aim	Achievements
<p>GLA recognised as preferred provider of paediatric healthcare education and training</p> <p>GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people</p> <p>Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation</p>	<p><b>Statutory and Mandatory Training</b> This workstream provides oversight and coordination of Statutory and Mandatory training requirements for the Trust. It oversees development and delivery of the overall programme of work and provides high-level coordination across the identified priorities.</p> <p>The Statutory and Mandatory Training Group is a subgroup of the GOSH Organisation and Employee Steering Group. The group was established to ensure that statutory and mandatory training offerings are up to date, of high quality and fit for purpose. The group also makes recommendations to the Trust on statutory and mandatory training requirements, working in collaboration with our NCL partners and the National Core Skills Training Framework Steering Group.</p> <p><b>Progress Summary</b> The team have produced engaging and effective teaching strategies, maintaining an overall Trust compliance of 94%.</p> <p>The statutory requirements of mandatory training change over periods of time. It is vital the provided education meets these requirements. One of the largest changes since 2019 has been the change to Safeguarding Children training. The GLA supported teams to bring the Trust into alignment with the intercollegiate document by moving from an annual to a three-year refresher. This enabled more efficient portability of training records for new starters, again preventing duplication of training. The new programme also provides more effective training by utilising case studies, external speakers, conferences to make training more relevant and effective.</p> <p>Other significant changes to delivery include Conflict Resolution training. This period saw the introduction of a new competency (Safe and Respectful Behaviour), providing easier accessibility of training for staff and improved reporting capability which resulted in increased compliance in these topics.</p>

## Our Priorities

<b>Statutory and Mandatory Training</b>	Maintained a consistent statutory and mandatory training compliance of above 90%, with average compliance of 94% ensuring all our staff are safe and effective in their roles
<b>Leadership and Management Development</b>	Successful delivered 924 management and leadership training interactions across all programmes
<b>Developing administrative and clerical skills</b>	Launch of a new programme designed to support staff in administrative roles. This provision will continue to grow and be responsive to new and emerging needs.







## Our Centre

Our CC team looks after more than 2,800 children from 0-20 and beyond. Our wide range of healthcare workers from a variety of backgrounds provides an opportunity for staff to learn in a safe and supportive environment.



## Integrated Simulation

The patient safety of the heart of our practice. Healthcare teams to improve patient care by practice and develop their skills within the simulation. Our integrated simulation practice approach simulation training to a safe environment to make the hospital a safer place.

# PATIENT SAFETY EDUCATION

# Patient Safety Education

Our patient safety education programme, established in early 2022 provides expertise and leadership for patient safety education, training, and development in line with the NHS England National Patient Safety Strategy, also, crucially, education to support those with key roles in delivering the Patient Safety Incident Response Framework (PSIRF).

The aim is to harness education to create safer systems, develop a deeper awareness of risk and harm to make GOSH a safer organisation; by linking patient safety outcomes and findings to educational interventions across the organisation, learning from safety events is shared, enabling vital knowledge to be harnessed.

The aim of this programme is to Listen, Learn and Lead at all times.

## Performance Summary

GLA Strategic Aim	Achievements
<p>GLA recognised as preferred provider of paediatric healthcare education and training</p> <p>GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people</p> <p>Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation</p>	<p><b>From our launch in 2022, over 3500 staff have taken part in or completed patient safety education</b></p> <ul style="list-style-type: none"> <li>We held our inaugural Paediatric Patient Safety &amp; Human Factors conference in February 2023, with over 180 attendees from across the UK, with an expert panel of National and International speakers.</li> <li>We have embedded the NHS Safety Syllabus with Level 1 compliance at 52% across the organisation, with an aim to achieve 80% by March 2024</li> <li>All Patient Safety Team members have now completed the Health Service Investigation Branch (HSIB) Bronze training</li> <li>19 GOSH staff undertaking ISQua (International Quality &amp; Safety Association) fellowships. Those undertaking the fellowship gain a deeper understanding of safety science and risk management.</li> </ul> <p>This is beneficial to the organisation through having growing numbers of those with decision making roles relating to patient safety having up to date knowledge of complex systems and proportionality in safety responses.</p> <ul style="list-style-type: none"> <li>We have implemented Patient Safety &amp; Experience Grand Rounds and webinar series, increasing our opportunity to share learning from events.</li> <li>We now hold monthly safety walkabouts to meet with staff across the organisation to better understand patient safety challenges; this information is fed back to the senior team to create a more rounded understanding.</li> </ul>

## Our Priorities

<p><b>Embedding the National Patient Safety Syllabus</b></p>	<p>Embedded on GOSH GOLD for all staff. Current compliance is 52% with an aim to achieve 80% by 03/2024 and will form a key part of the PSIRF implementation. Staff will receive standard reminders and will be flagged as part of all PSIRF related education communications. Compliance will be escalated as needed through Directorate and Trust management.</p>
<p><b>Implementing the Patient Safety &amp; Experience Grand Round Series</b></p>	<p>Successfully implemented- a broad selection of relevant topics, looking inwards and beyond GOSH to better understand patient safety events and what we can learn from them. (see achievements section)</p>
<p><b>Deliver the inaugural GOSH Paediatric Patient Safety &amp; Human Factors Conference</b></p>	<p>GOSH inaugural Paediatric Patient Safety &amp; Human Factors conference, attend by over 180 participants from across the UK and expert panel of National and International speakers. (see achievements section)</p>
<p><b>Implement the bespoke Patient Safety Education Programme for the Deputy Chiefs of Service</b></p>	<p>Through collaboration with Patient Safety Learning, a dedicated charity, high level speakers and experts were invited to teach about safety science and systems. These monthly events have led to a deeper understanding of these complex areas. This knowledge is being deployed in their approach to oversight and management of patient safety events.</p>
<p><b>Safety Summer School</b></p>	<p><b>A virtual event, topics covered;</b></p> <ul style="list-style-type: none"> <li>• Introduction to Patient Safety</li> <li>• Introduction to Risk Management</li> <li>• Medicine Safety</li> <li>• Psychological Safety</li> </ul>
<p><b>Attending the Young People's Forum</b></p>	<p>Discussing patient safety in general, the role of patient safety education and specific safety issues has provided a valuable source of insight and influence. This group have supported several specific initiatives including recorded a video for the conference entitled, 'What does Patient Safety mean to me?'. This was very well received and supports our ambition to truly co-produce patient safety at GOSH.</p>

## Star Achievements

**Implementation of the Patient Safety Incident Response Framework (PSIRF)** - For PSIRF to be successfully implemented at GOSH, a significant amount of education must be in place. The education required to ensure all of those with designated patient safety roles will be delivered through in-house training on specific tasks, for example Investigative Interviewing skills, also through commissioned training. This is to support the use of After-Action Reviews as the preferred method of understanding events and learning from them. Lastly, following the instruction of NHS England, an education package is to be procured externally. This approach has been taken to ensure all across the NHS have the same level of training for 'PSIRF Readiness'.



- **Develop a Human Factors Faculty** - There are a number of staff at GOSH with expertise in Human Factors, also with strong practical interests in ways to link this to patient safety. The planned faculty will bring together these two strands to wider organisational understanding of Human Factors, also to develop its place in current education.
- **Lead the development of a UK-wide Patient Safety Educators Network** - Link with colleagues in similar roles across the UK to offer peer support and to share resources. In time, this group will provide a voice and influence around decisions relating to patient safety education. Ensuring GOSH is part of the key membership as an advocate for paediatrics in this sphere is a vital in meeting this ambition.

### Patient Safety and Experience Grand Round Webinar Series

These have been devised as a focal point for sharing information related to patient safety and events both with GOSH, and beyond. This is an opportunity for all to listen to challenges and steps taken to address these challenges, what we have learned and what we have yet to do.



### Topics Covered in 2022/23

Learning from a safe fire evacuation	Oliver McGowan and Care of those with Learning Difficulties
The Ockenden Report and GOSH	World Patient Safety Day 2022
The East Kent report and GOSH	Information Governance and Safeguarding Children
Learning from a Serious Incident	Medicine Safety at GOSH
Directorate Safety Learning following an SI	CQC Changes in process

### Case Study

#### Investigative Interviewing Skills- collaboration with the Clinical Simulation Centre

Developing skills in investigative interviewing and undertaking challenging conversations forms an important aspect of PSIRF. Additionally, there has been a drive to improve the quality and consistency of safety reports emanating from GOSH. To this end, a review of approaches was undertaken by the Patient Safety Team and the PEACE model (Preparation & Planning, Engage & Explain, Account, Clarify & Challenge, Evaluation) was recommended. This tool has its roots in the policing service and is a well-established method of interviewing. In collaboration with the Simulation Team, bespoke training in the use of this tool, and practicing interviewing in pairs was developed. The Patient Safety Team and most Deputy Chiefs of Service have been trained in this approach with anecdotal reports suggesting improved data, depth and narrative within reports and increased satisfaction felt by those undergoing this process. Next steps involve creating training videos of these interviews to share with those invited to interview as part of their preparation and to demonstrate what steps are taken to increase confidence and minimise anxiety for all involved.



**NHS**

Great Ormond Street  
Hospital for Children  
**Learning Academy**



## **GOSH Learning Academy**

Great Ormond Street Hospital for Children NHS Foundation Trust



**[Learning.Academy@gosh.nhs.uk](mailto:Learning.Academy@gosh.nhs.uk)**



**<https://www.gosh.nhs.uk/GLA>**



**Trust Board  
 18<sup>th</sup> October 2023**

**Nursing Workforce Assurance Report**

**Paper No: Attachment K**

**Submitted by:** Tracy Lockett, Chief Nurse

**For information and noting**

**Purpose of report** The purpose of this paper is 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 April – June 2023 Q1.

**Summary of report**

To note the information in this report in relation to:

1. The RN vacancy rate was 11.12% in June 2023 and above trust target (10%).
2. RN voluntary turnover decreased to 15.72% in June 2023 and above trust target (14%)
3. Sickness rates improved over the last quarter to 3.71 % in June and above target (3%)
4. Central recruitment continues with 100 newly registered nurses joining the trust in Oct, with a further 44 NRNs in the pipeline for Jan 24.
5. The new retention plan has been launched as part of the Nursing Strategy focusing on 4 'STAY' priorities.
6. There were 15 safe staffing incidents reported in Q1. All were classified as 'Incident occurred but there was no harm'. Key themes include lack of senior support over weekends and outside core hours, junior skill mix and staff shortages due to short term sickness impacts.
7. The reported CHPPD was 15.96 in April, 15.85 in May and 16.52 in June.
8. Temporary staffing shift requests increased in Q1 to 8,755 with an average fill rate of 67.6%.
9. During Q1 there were 4 open NMC referrals under review, 3 are under investigation or awaiting hearing (Trust referrals), and 1 (Anonymous public referral) resulted in no further action being taken by the NMC following initial scoping.
10. The Biannual Staffing Establishment Review commenced in Q1 has been submitted to Trust Board

**Patient Safety Implications**

Appropriate mitigations are in place to maintain safe staffing levels which have a direct correlation to patient safety.

**Equality impact implications**

None

**Financial implications** All posts involved in the central recruitment campaigns have been incorporated into 23/24 Directorate budgets.

**Strategic Risk**

BAF Risk 2: Workforce Sustainability  
 BAF Risk 12: Inconsistent delivery of safe care

**Action required from the meeting**

None

Attachment K

<b>Consultation carried out with individuals/ groups/ committees</b> PEAC
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> NA
<b>Who is accountable for the implementation of the proposal / project?</b> NA

## 1. Introduction

The purpose of this paper is 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). Included is an overview of activity in relation to Nursing Workforce updates on central recruitment, retention, and safe staffing arrangements for the reporting period April 2023 – June 2023 (Q1).

## 2. Workforce Data Overview

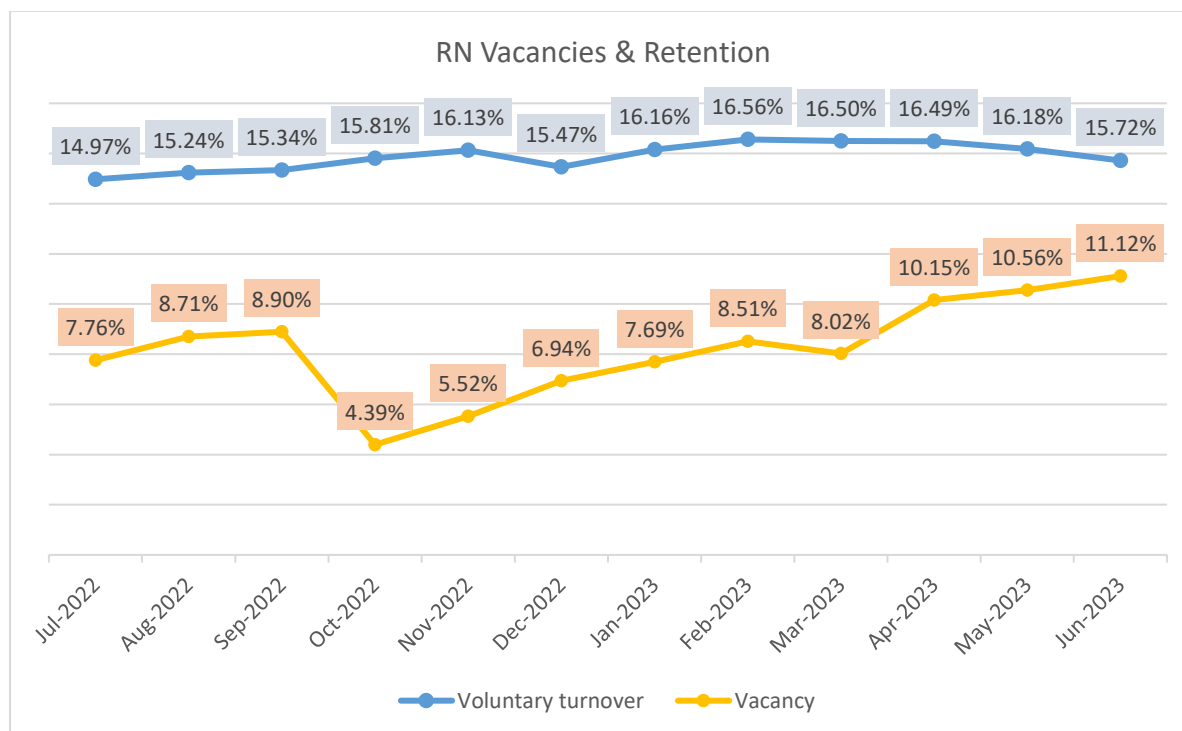
Nursing workforce data at directorate and ward/unit level is reviewed monthly at the Nursing Workforce Assurance Group (NWAG) chaired by the Deputy Chief Nurse to ensure activity is intelligence led and aligned with national and local, strategies and priorities, and to maintain safe staffing through proactive recruitment, retention, and workforce planning.

### 2.1 Vacancy and Voluntary Turnover

The latest RN workforce position based on validated data:

The RN vacancy rate in June was 11.12% and above trust target (10%). This is higher than last year and pre-pandemic levels. Contributory factors include an increase to 23/24 budgeted establishments between March & April (up 40 WTE), plus a historical seasonal trend across the summer months, especially amongst Band 5 staff nurses moving to new roles/trusts or taking time out of nursing. The cost-of-living crisis especially in London, staff burn out and work-life balance are also having an impact.

RN voluntary turnover has remained stable at 16.41% in July, and above Trust target (14%). We are in Quartile 2 for all London providers (see Fig 2) (Model Hospital, July 2023). Retention activity to reduce turnover and retain experienced staff is outlined later in this report.

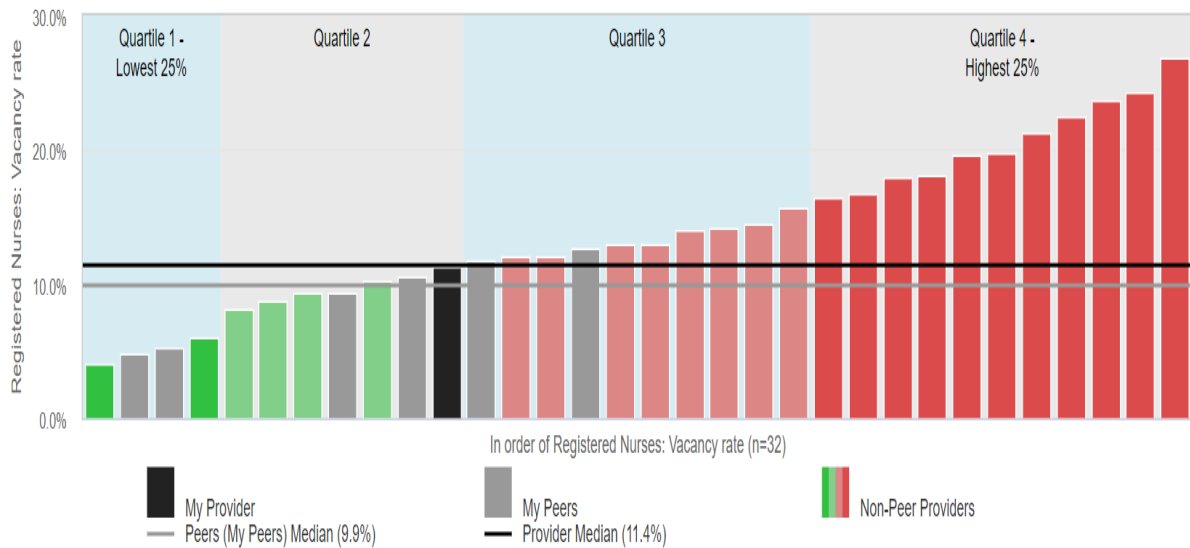


**Fig. 1 Trust Registered Nurse (RN) vacancy and voluntary turnover rate (12-month view)**



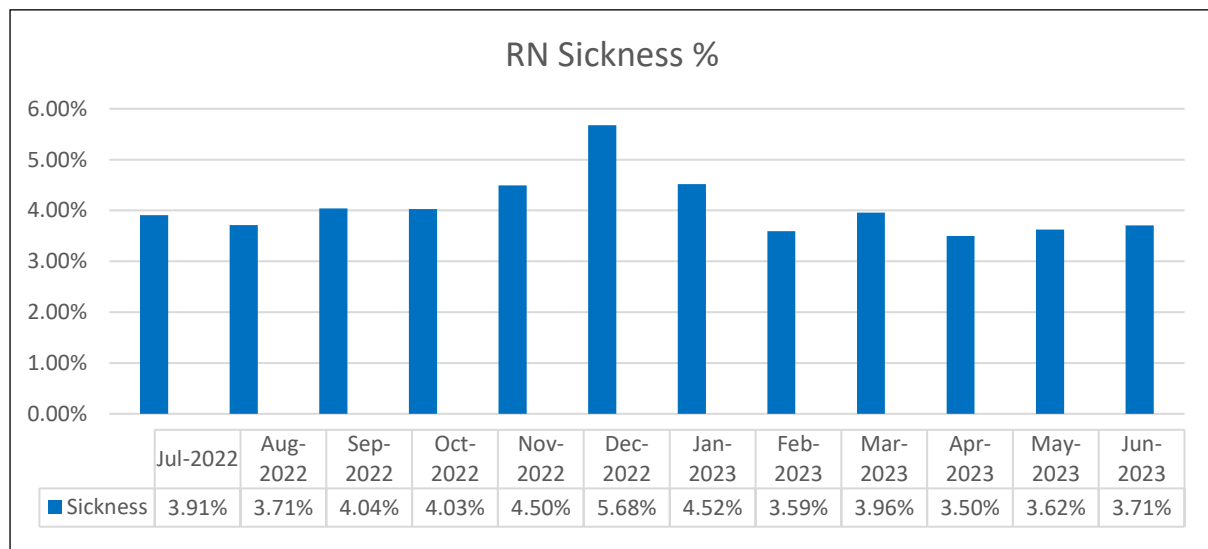
Registered Nurses: Vacancy rate, National Distribution

Download



**Fig. 2 RN vacancy rates across all London Providers, ICS peers highlighted (Model Hospital June 2023)**

**2.2 RN Sickness rates** have increased from 3.5% in April 2023 to 4% in July 2023 and remain above trust target (3%).



**Fig. 3 RN sickness rates 12 month rolling**

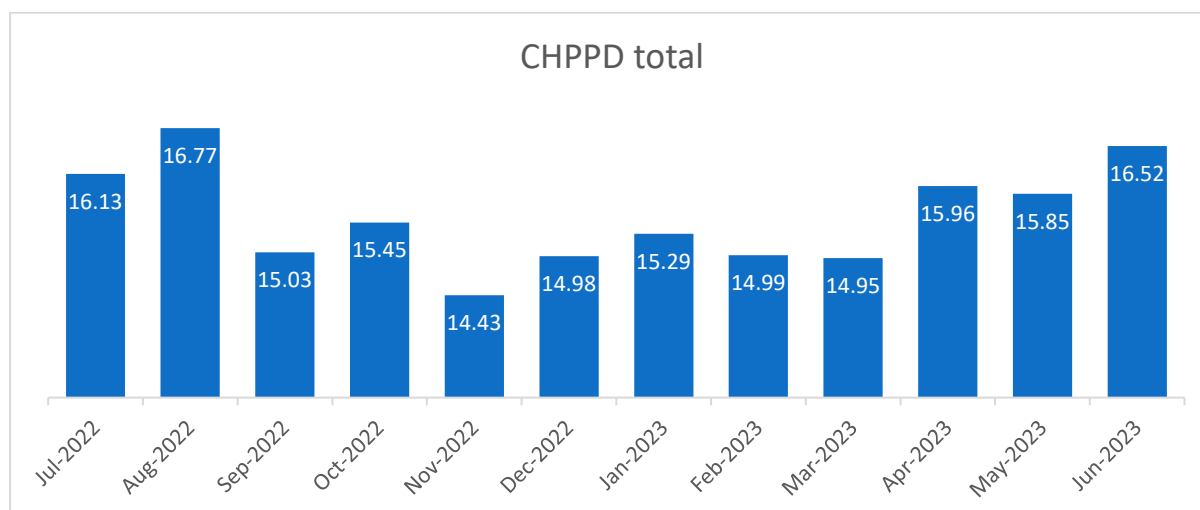
**2.3 Safe Staffing Incident** reporting decreased over Q1 compared the previous Q4 with 15 incidents reported across all directorates. All safe staffing incidents were classified as ‘Incident occurred but there was no harm’. Key themes include lack of senior support over weekends and outside core hours, junior skill mix and staff shortages due to short term sickness impacts. All incidents are reviewed by Heads of Nursing and mitigation put in place where possible to prevent recurrence.

Directorate	April 2023	May 2023	June 2023	Directorate total
H&L	1	2	1	4
BBM	1	0	0	1
CCS	0	2	1	3
BCC	1	0	0	1
I&PC	3	2	0	5
S&S	0	0	0	0
R&I	0	0	0	0
Brain	0	0	1	1
<b>Monthly total</b>	<b>6</b>	<b>6</b>	<b>3</b>	<b>15</b>

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

**2.4 Care Hours Per Patient Day (CHPPD)** CHPPD includes total staff time spent on direct patient care but also on activities such as preparing medicines, updating patient records, and sharing care information with other staff and departments. It covers both temporary and permanent care staff but excludes student nurses and staff working across more than one ward. CHPPD relates only to hospital wards where patients stay overnight.

In isolation, CHPPD does not reflect the total amount of care provided on a ward nor does it directly show whether care is safe, effective, or responsive. It should therefore be considered alongside measures of quality and safety. The trust level CHPPD for June 2023 was 16.52, ward level data is available in appendix 1



**Fig.5 CHPPD 12 month rolling trend**

### 3. Temporary Staffing

It has been flagged by the Acacium group (our temporary staffing providers) that due to a system data error, previous bank shift fill rates were incorrectly reported. An investigation is underway in collaboration with our HR rostering team, the findings of the investigation will be shared once concluded. The data below is correct and backdated for the previous 12 months. In Q1 a total of

8,755 shifts were requested of which 5,879 were filled, an average fill rate of 67.6%. There were 58 agency shifts (>1%) booked in Q1 as Registered Mental Health Nurses were required to support the supervision of children.

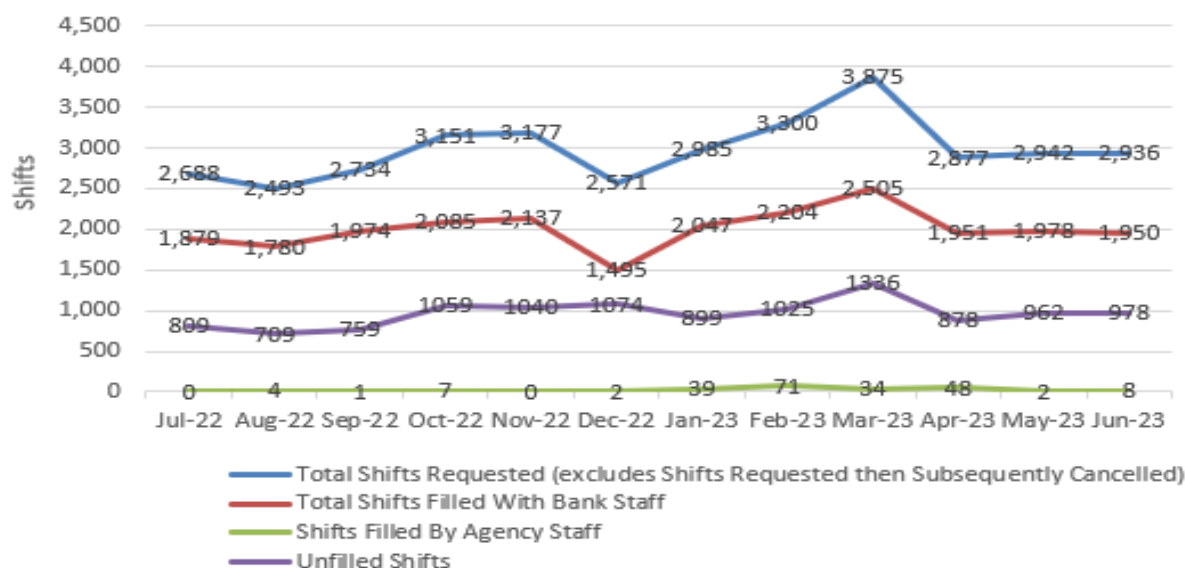


Fig 6. Temporary staffing usage 12-month view

#### 4. Recruitment Activity Overview

**4.1 Centralised Recruitment Campaigns** are staggered throughout the year to maintain pipeline, mitigating peaks and troughs in voluntary turnover. The most recent recruitment activity since the last report comprised of:

**4.2 Newly Registered Nurses (NRNs)** Following a successful virtual GOSH Nursing Open Day, and two rounds of advertisement and recruitment, 156 conditional offers were made to our NRNs, who will commence in post over two ‘step on’ points in October 2023 and January 2024. At the time of writing this report, attrition levels have remained low due to high levels of engagement work driven by the NWF team (18% for October 2024 and 13% for January 2024), with the current pipeline numbers below.

Pipeline Cohort	Conditional offers accepted
October 2023	100
January 2024	44
<b>Total</b>	<b>144</b>

Fig. 7 No. of NRNs with accepted offers

It is recognised that the NRN attrition rate is impacted by a combination of factors, some outside our control, such as resubmission of university assignments, making up of placement hours, or a change in personal circumstances etc. This year however to actively reduce attrition and build on last years targeted NRN comms and engagement, we are planning a series of virtual directorate ‘meet and greets’ throughout August. This gives the NRNs an opportunity to meet their new line managers and team members over the summer. They are offered informal visits to familiarise themselves with their new clinical environments and be invited to any team summer socials which may be happening. It is hoped that this provides the incoming team members a much greater sense of belonging and will influence their decision to commit to their choice and stay with us through to onboarding.

Another strategy to improve their early sense of belonging and stability has been to meet regularly with Accommodation Services to set an earlier deadline for applications and therefore ensure sufficient time over the summer months to enact necessary eviction notices to current non-GOSH staff tenants and allow timely allocation of accommodation for the October and January NRNs who have requested it.

Close collaboration between the NWT and the Student Practice Facilitator and Graduate team continues with fortnightly checks-ins to highlight any issues early with host students which may impact their ability complete their training and commence as planned. This reduces the number of late notice deferrals and avoids the potential consequences of disruption to roster planning and vacancy forecasting. In relation to our host students, who this year again received automatic conditional offers of employment by virtue of us valuing them as important existing team members, we didn't want them to be placed at any disadvantage by them not being required to go through the formal interview process. Therefore, the NWT delivered two sessions to final year host students on application and interview top tips, to help them feel prepared for their next job opportunity, hopefully their next internal promotion within GOSH. These sessions have also been formally mapped into the final semester of GOSH study days for next academic year.

The evolution of our NRN adverts into 2024 will see a more deliberate staggering of adverts, aligned with the various stepping on points to available NRN cohorts throughout the year (January, April, October as dictated by academic nursing course conclusions). This approach aims to maximise availability to interested applicants and give them more flexibility about when they wish to commence their careers with us at GOSH. Our next Nursing Open Day will be held in October 2023, to coincide with recruitment activity for the April 2024 NRN cohort.

**4.3 International Nurse Recruitment (INR)** Since the conclusion of our work with the Capital Nurse Consortium in April, efforts have been focussed on supporting a smaller, ad-hoc pipeline of direct applicant International Nurses. These nurses are signposted to the NWT for further support along their relocation and registration pathway either during their application process on Trac (applicant tracking system) or upon receiving an unsuccessful shortlisting result in the absence of a current Nursing and Midwifery Council (NMC) PIN number and several have approached us independently via our centralised mailbox. To date since April, we have supported and welcomed five Irish nurses into NQN roles in April and two Australian nurses who landed in July, ready to commence in early August 2023. We are currently engaged with a further seven nurses from the USA, Canada, and New Zealand who we anticipate starting throughout October 2023 to February 2024, and a group of Nepalese nurses who are being reviewed.

**4.4 Health Care Support Worker (HCSW) Apprenticeships** are recruited to three times a year and are advertised in collaboration with Camden and Islington council. This is to attract a more local demographic into our workforce with the aim of improving retention. In June 2023, 10 HCSW were recruited into the September 2023 cohort. Following the successful working relationship with the apprenticeship provider Dynamic, a new contract has been negotiated which will see more of the front-end recruitment activity sitting within the remit of the NWT and Clinical Apprenticeship Education Team. This will allow us to run face to face apprenticeship introduction sessions and interviews, allow for greater scrutiny of applications and for us to manage the relationship with candidates earlier on in their journey. Recruitment for the January 2024 cohort will commence in September 2023.

**4.5 Bespoke Directorate Nurse Recruitment Open Days.** The NWT have supported two directorates with bespoke open days since the last report. These events have included clinical speciality education

to attract nurses with an interest in those areas, in addition to tours, simulation, merchandise and lunch. International & Private Care (IP&C) held their open day on 19<sup>th</sup> May 2023, with 5 attendees and 2 appointments. Blood, Cells, and Cancer (BCC) hosted their open day on 21st July 2023, with 11 attendees and 3 appointments. The next event planned is for Heart and Lung on 21st Sept 2023.

## 5. Retention Initiatives – Retention STAY plan 2023

As with most London Trust we are seeing a rise in vacancies and voluntary turnover attributed to several factors which we are aiming to tackle through a combination of new recruitment initiatives and the recent introduction of our new Retention plan ‘STAY’. This will be further complimented by the introduction of the GOSH Nursing Strategy which will be launched in September.

**5.1 Retention Insight Meetings at Ward/Unit Level** have been completed in 98% of all clinical areas since its launch in October 2022. These insight meetings offered a structured approach to open, honest and helpful dialogue with ward/unit managers regarding specific localised retention issues, with wards/units prioritised based on vacancy and voluntary turnover rates in the last year. An initial review of the qualitative data revealed the following key themes, and this soft intelligence continues to inform our activity:

- Cost of living
- Impact of redeployment and ward closures/relocation
- Lack of reward/recognition

**5.2 Retention Masterclasses** have been established since 2022 and run as a rolling series open to all nursing managers and team leaders. These virtual, bitesize classes present themes from the National Health Service England (NHSE) retention toolkit and key data points examined at Nursing Workforce Assurance Group (NWAG) which may be applied in an operational capacity. Retention masterclasses continue to be offered fortnightly as a rolling series. Attendance levels have fluctuated, and HONs have been encouraged to release staff to attend as a priority. Retention masterclass topics are reviewed and refreshed frequently based on the latest best practice and national guidance. Topics delivered to date include:

- Workforce Data
- Career Conversations
- Flexible Working
- Effective Rostering
- Communicating with your team
- Career Development & Planning
- Staff Engagement
- Reward & Recognition

**5.3 Stay conversations** A novel initiative from the retention plan is the roll out of ‘Stay and Grow’ Conversations. These have been presented to directorate nursing senior leadership teams, with templates developed and will be piloted across two wards with the highest Band 5 voluntary turnover rates in October. A ‘stay and grow’ conversation provides an opportunity to explore factors which influence retention such as feeling valued and recognised, having a supportive manager, career and development opportunities, and work life balance or flexible working opportunities on an individual basis.



**5.4 Drop-in Career Clinics** We observed an increase in the uptake of career clinic bookings with the NWT throughout the reporting period (n=17) since April. This is largely due to targeted internal comms via the NWT newsletter, screensavers, ward manager and matron meetings reminders and increased word of mouth. The purpose of the clinics is to highlight the career options for staff within the Trust and signpost them to the right resources and support to have successful careers with us.

All retention initiatives and tools are regularly promoted via the Nursing Workforce assurance meeting, the Ward Manager and Matron meetings, screensavers and the NWF newsletter which is published monthly. Retention plan actions will be monitored for progress and impact via a new dashboard and reported to the new Nursing Delivery Committee.

## 6. Safe Staffing Establishment Reviews

**6.1 Safer Nursing Care Tool (SNCT)** The biannual SNCT process was undertaken in June across all inpatient areas. This exercise is designed to measure patient acuity over a four-week period to ensure are staffing levels match patient care requirements. The outcomes of which informs the establishment review meetings planned for August and September. The Trust has a responsibility to ensure a safe and sustainable nursing workforce and all Trusts are required to demonstrate compliance with the 'triangulated approach' when deciding staffing requirements described by the National Quality Board (NQB) guidance in the 'Developing Workforce Safeguards' by NHS Improvement (2018). This combines evidence-based tools, professional judgement, and outcomes to ensure the right staff with the right skills are in the right place at the right time. The review findings and outcomes will be contained in a separate report to PEAC and Trust Board.

**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 Q1 there were 4 open NMC referrals under review, 3 are under investigation or awaiting hearing (Trust referrals), of these 2 resulted in dismissal, 1 is awaiting a hearing (with no restrictions in place) and 1 (Anonymous public referral) resulted in no further action being taken by the NMC following initial scoping.

## 8. Conclusion

The workforce metrics demonstrate a downturn in respect of vacancy, turnover and sickness rates in comparison to the previous quarter. Although this is an observed trend across the health service especially in London, we are not alone in experiencing workforce recruitment and retention challenges, made worse by the impact of the cost-of-living crisis. Safe staffing is mitigated through bed closures and redeployment of staff to maintain skill mix and support. We continue to take a proactive approach in maximising recruitment pipelines, focusing on internal key retention initiatives and bolstering our health and wellbeing offering to all GOSH staff, in addition to exploring several new and innovative ideas in collaboration with our HR and estates colleagues.

Appendix 1 – RN workforce data (June 2023)

Workforce June 2023									
Directorate	Ward	Budget FTE	Staff in Post FTE	Vacancy %	Vacant FTE	Temp Staffing %	Sickness rates	Vol Turnover %	Maternity %
Blood, Cells & Cancer	Elephant Ward	26.00	22.98	11.6%	3.02	2%	1.2%	20.5%	0%
	Fox Ward	31.63	26.12	17.4%	5.51	1%	3.4%	21.5%	3%
	Giraffe Ward	16.00	17.29	-8.0%	-1.29	1%	2.8%	3.9%	12%
	Lion Ward	24.00	21.83	9.0%	2.17	7%	2.0%	25.1%	0%
	Pelican Ward	21.99	17.91	18.6%	4.08	4%	9.8%	22.5%	0%
	Robin Ward	30.75	26.07	15.2%	4.68	2%	5.1%	23.7%	3%
	Safari Ward	13.00	11.79	9.3%	1.21	7%	8.5%	22.1%	8%
Body, Bones & Mind	Chameleon Ward	37.20	28.22	24.1%	8.98	19%	5.6%	9.2%	10%
	Eagle Ward	45.30	41.36	8.7%	3.94	6%	1.2%	24.2%	6%
	Gastro Suite	8.00	8.76	-9.5%	-0.76	11%	0.0%	10.7%	11%
	Mildred Creak Unit	14.70	11.60	19.7%	2.90	18%	1.9%	50.7%	0%
	Squirrel Ward (Gastro)	21.65	17.46	17.0%	3.69	26%	1.7%	6.1%	9%
	Sky Ward	32.00	23.92	25.3%	8.08	12%	7.5%	18.3%	0%
Brain	Kingfisher Ward	14.62	14.95	-2.3%	-0.33	9%	2.2%	5.2%	20%
	Koala Ward	59.81	44.29	25.9%	15.52	9%	5.5%	41.5%	2%
	RANU (Starfish)	5.00	5.23	-4.5%	-0.23	2%	0.0%	19.4%	0%
	Squirrel Ward (Endo & Meta)	17.00	18.07	-9.9%	-1.68	10%	10.8%	13.2%	3%
Heart & Lung	Bear Ward	63.45	53.17	14.6%	9.28	12%	4.0%	24.2%	2%
	Flamingo Ward (CICU)	134.78	117.72	12.7%	17.06	14%	4.4%	14.3%	4%
	Kangaroo Ward	19.00	18.53	2.5%	0.47	3%	7.1%	12.4%	0%
	Leopard Ward	38.87	34.02	12.5%	4.85	8%	2.5%	24.1%	0%
	Neonatal Intensive Care Unit (NICU)	67.74	59.80	11.7%	7.94	3%	4.9%	22.5%	0%
	Paediatric Intensive Care Unit (PICU)	113.60	109.46	3.6%	4.14	5%	4.8%	16.6%	5%
	Walrus Clinical Investigations Centre	7.69	7.61	1.1%	0.08	0%	3.3%	13.9%	0%
IPP	Bumblebee Ward	37.40	30.39	18.8%	7.01	9%	2.2%	15.5%	3%
	Butterfly Ward	37.40	22.14	40.8%	15.26	23%	1.5%	21.9%	9%
	Hedgehog Ward	16.60	9.60	42.1%	7.00	36%	8.8%	7.4%	0%
Core Clinical Services	Anaesthetic Staff Theatre	48.90	45.32	7.3%	3.58	8%	4.1%	14.5%	0%
	Interventional Radiology Theatres	20.00	14.51	27.4%	5.49	0%	2.3%	26.0%	7%
	Radiology Theatres	9.00	9.00	0.0%	0.00	8%	10.9%	21.1%	0%
	Recovery Theatres	40.74	33.63	16.2%	6.61	12%	2.3%	21.0%	0%
	Scrub Staff Theatre	83.90	78.32	6.1%	5.08	14%	4.1%	13.4%	8%
	Puffin (SDAU) & Woodpecker Ward (PACU)	20.20	19.84	1.8%	0.36	13%	1.5%	18.2%	10%
Sight & Sound	Panther Ward	25.45	23.41	8.0%	2.04	18%	1.9%	22.0%	3%
	Panther Ward (Uro)	22.50	19.25	14.5%	3.25	23%	4.6%	18.6%	5%

**Trust Board  
 18<sup>th</sup> October 2023**

**Biannual Safe Staffing Establishment Review  
 2023**

**Presented by:** Tracy Lockett, Chief Nurse

**Paper No: Attachment U**

**For information and noting**

**Purpose of report** To provide assurance to the Trust Board that arrangements are in place to review the establishments on a biannual basis, to determine if inpatient wards are safely staffed with the right number of nurses with the right skills and at the right time. This is in line with the National Quality Board (NQB) Standards and Expectations for Safe Staffing published in 2016 and further supplemented in 2018. It also incorporates NHSE's Developing Workforce Safeguards (2018).

**Summary of report**

- The assurance process is compliant with the Developing Workforce Safeguards guidance (NHSE 2018)
- Evidence in the form of SNCT data demonstrated that patient acuity and complexity has risen in some areas across the trust.
- Skill mix and the heightened level of support required for newly qualified nurses (NQNs) coming through is also impacting on nursing capacity leading to a skills gap and greater demand on the existing nursing workforce.
- Panther and Pelican wards require an increase to their establishments due to the increasing acuity and skills gap to ensure the correct skill mix and senior supervision is in place to protect safe staffing.
- A number of moves due to decanting of buildings and changes to environment will require repeat establishment reviews and quality impact assessment (QIA).
- Where there are areas of high staff unavailability (sickness, vacancies, or maternity leave) mitigation is provided through bed closures and use of temporary staffing.
- Mildred Creek Unit to have its establishment reviewed using a new NHSE approved tool MHOST.
- 7 new recommendations have been outlined in the report, progress will be monitored via the Nursing Delivery Committee.

**Patient Safety Implications**

Appropriate mitigations are in place to maintain safe staffing levels which has a direct correlation to patient safety.

**Equality impact implications**

None

**Financial implications** Any recommended increase in establishment will need to be incorporated into the 23/24 Directorate budgets.

**Strategic Risk**

BAF Risk 2: Workforce Sustainability  
 BAF Risk 12: Inconsistent delivery of safe care

**Action required from the meeting**

None

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<b>Consultation carried out with individuals/ groups/ committees</b> PEAC
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> NA
<b>Who is accountable for the implementation of the proposal / project?</b> NA

## Purpose

Since April 2019, Trusts are assessed annually for compliance with National Quality Board (NQB) guidance through the Single Oversight Framework (SOF) as described in Developing Workforce Safeguards (NHSI, 2018). Biannual nursing establishment reviews are undertaken every Spring and Autumn, to provide assurance that the Trust is maintaining safe levels and to review progress against the implementation of recommendations since the last report.

## Introduction

Great Ormond Street Hospital (GOSH) has a responsibility to ensure a safe and sustainable workforce and all Trusts must demonstrate compliance with the 'triangulated approach' to deciding staffing requirements described by the National Quality Board (NQB) guidance in the recent 'Developing Workforce Safeguards' by NHS Improvement (2018). This combines evidence-based tools, professional judgement, and outcomes to ensure the right staff with the right skills are in the right place at the right time.

The NQB guidance states that providers:

1. must deploy sufficient suitably, competent, skilled, and experienced staff to meet the care and treatment needs safely and effectively
2. must have a systematic approach to determining the number of staff and range of skills required to meet the needs of the people using the service and to keep them safe at all times
3. must use an approach that reflects current legislation and guidance where it is available

In line with NQB recommendations, a strategic biannual staffing review has been conducted, the key elements of which include:

Requirement	Compliance status
Using a systematic, evidence-based approach to determine the number and skill mix of staff required	
Using a valid and reliable acuity/dependency tool	
Exercising professional judgement to meet specific local needs	
Benchmarking with peers	
Taking account of national guidelines, bearing in mind they may be based on professional consensus.	
Obtaining feedback from children, young people and families on what is important to them and how well their needs are met. (Future plans to include additional feedback from CYP forum)	



In addition to the above, the NQB's expert reference group's cross-check includes:

- Children and young people's ward managers should use at least two methods for calculating ward workload and staffing requirements.
- Boards should ensure there is no local manipulation of the identified nursing resource from the evidence-based figures in the tool being used, as this may adversely affect the recommended establishment figures and remove the evidence base. Children and young people's acuity/dependency tools should include a weighting for parents/carers, so their impact on the ward team is reflected in ward establishments.
- Most parents or carers will stay in the hospital, making a significant contribution to their child's care and wellbeing. However, they also require support, information and often education and training to enable them to care for their child in partnership with hospital staff. Their personal circumstances and responsibilities such as other siblings, work commitments and the travelling distance to the hospital may prevent them from visiting. The child or young person will then depend more on staff for fundamental care, stimulation, and emotional support.
- Time-out percentages (uplift) should be explicit in all ward staffing calculations. Managers should articulate any reasons for deviation from the 21.6% to 25.3% range emerging from the evidence review. GOSH uplift is 22%.
- Staffing resource aligned to levels of patient acuity/dependency should be realistic and determined on quality assured services.
- Adjustments should be made to workforce plans to accommodate ward geography – for example, single-room design wards.
- Two registered children's nurses should be on duty at all times in an inpatient ward.
- Allocate time within the establishment for regular events such as patient inter-hospital transfers and escort duties for patients requiring procedures and investigations if this is not already factored into the validated acuity/dependency tool.
- Allow time for staff to respond effectively to changes in patient need and other demands for nursing time that occur often but are not necessarily predictable: for example, patient deterioration, admissions, and end-of-life care. Capacity to deal with unplanned events should be built into the ward establishment using professional judgement. This is commonly referred to as 'responsiveness time'.

#### **Methodology for Calculating Nursing Numbers**

The Children's & Young People's Safer Nursing Care Tool (C&YP SNCT) has been fully implemented across all inpatient services within the trust with the most recent collection of data gathered over a 4-week period in June. The C&YP SNCT is an adaptation of the Safer Nursing Care Tool for adult inpatient wards developed in 2006 and updated in 2013 which has been used successfully in many organisations. It has been developed to help NHS hospitals measure patient acuity and/or dependency to inform evidence-based decision making on staffing in Children's and Young People's in-patient wards. The tool, when used with Nurse Sensitive Indicators (NSIs), is a reliable method against which to deliver evidence-based workforce plans. An updated and revised version of the tool is expected to be released this

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year. Day case units and outpatient departments rely on professional judgement as no validated tool currently exists, although work is underway to develop one.

Decision support tools, such as those for measuring acuity/dependency, help managers determine safe, sustainable staffing levels and remove reliance on subjective judgements. Professional consensus suggests no single tool meets every area's needs, so NHSEI recommend combining methods.

To ensure a triangulated evidence-based approach, comprehensive data packs were shared with the Directorate Heads of Nursing and Patient Experience (HoNs), general managers and chiefs of service. The review panel for S&S, Brain, H&L were chaired by the Deputy Chief Nurse and the review panels for I&PC, CCS, BBM, BCC were chaired by the Assistant Chief Nurse (Nursing Workforce), panel members included the Deputy Director of Finance, Deputy Director for Human Resources and the Deputy COO. Data packs were shared with all panel members including those unable to attend, and contained:

- Data on the existing budgeted staffing establishment
- Bed base including HDU bed numbers/Telemetry beds
- Safer Nursing Care Tool (SNCT) calculations for guidance based on patient acuity
- Calculations based on national guidance for that specialism e.g., Association for Perioperative Practice (AfPP), Paediatric Intensive Care Standards (PICS),
- Registered/unregistered nursing workforce skill mix proportions
- Variance between data sets and recommended numbers
- Overview of Datix incidents reported since the last review, to identify any themes, trends, or areas of concern.
- Quality metrics
- Patient & family feedback
- Complaints and PALs contacts
- Student placement experience feedback
- Roster management
- Temporary staff usage
- Professional judgement (as determined by HoNs and clinical teams)

#### **Staffing Establishments**

The staffing requirement for each ward was reviewed and cross referenced with directorate's own information. It is important to note that the review focuses on the required number and skill mix of registered and unregistered nursing workforce to provide safe staffing care based on the number of open/funded beds and patient acuity. Roles such as Advanced Clinical Practitioners and Clinical Nurse Specialists were not included in this review. Review questions align with the NHS Workforce Safeguards (2019) and Care Quality Commission (CQC) Key Lines of Enquiry.

#### **Review outcomes**

Overall, the review found that the majority of ward establishments are safe based on the current funded bed base. Some areas need to be flexible with their staffing numbers and bed

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### Safe Nursing Establishment Review (September 2023)

base when there is a peak in activity or when there is a larger proportion of high acuity patients. Two recommendations agreed at the last review were not reflected in the new establishment budgets for this year. HoNs have been asked to revisit this with their triumvirate and finance business partners. Skill mix continues to be a concern due to a high reliance on our newly qualified nurse pipeline, with recent cohorts impacted by disruption to studies and placements over the past three years and throughout the pandemic. There is a high proportion of junior staff in some ward environments, and maintaining a good skill mix and high level of specialist competency is challenging despite the good levels of educational input. Heads of Nursing and Matrons were reminded of the need to ensure visible leadership, and appropriate supervision and support for clinical teams across a seven-day service both day and night to mitigate this and to help retain and develop confidence in staff. The recently launched Nursing Retention Plan and the soon to be launched new Nursing Strategy will focus on how we develop and retain a skilled nursing workforce, including additional supernumerary time educational and Professional Nurse Advocate (PNA) support for newly qualified nurses.

Establishment review outcomes for individual directorates are outlined as follows:

**Sight and Sound (S&S)** – The Directorate HoN in consultation with the clinical teams confirmed the following:

- **Panther ENT** The current staffing establishment is not sufficient to address the additional higher dependency patient activity coming through the ward, which has resulted in a higher reliance on temporary staffing usage. By increasing the establishment by 2 RNs, the HON feels that this will correct the establishment required and reduce the reliance on temporary staffing to bridge the gap. This recommendation was not put forward at budget setting due to conflicting priorities, therefore it will be reassessed by the HON.
- **Panther Urology** The current staffing establishment is safe however increasing patient acuity is impacting on activity levels which need to be mitigated through ward team mergers, temporary redeployment of staff or bed closures. This in turn is impacting on staff morale and high voluntary turnover. To maintain constant activity levels and reduce the need for mitigations professional judgement indicates that an additional 2 RNs are required. This also was a recommendation from the last review which was not submitted at budget setting.
- **Outpatients** The current staffing establishment was safe; however, the skill mix is under review due the challenges of delivering services across four sites. The HON is reviewing the possibility of converting some RN posts to Nursing Associate (NA) posts which will increase workforce numbers and create a career progression pathway for healthcare assistants wishing to transition into RNs via the NA apprenticeship route.

**Body, Bones and Mind (BBM)** – The Directorate HoN in consultation with the clinical teams confirmed the following:

- **Squirrel Gastro** The staffing establishment is safe, which is further supported through the repurposing of inpatient beds to day case activity.
- **Gastro Suite** Although the establishment for the Gastro Suite is not scored and the current establishment is safe, it was highlighted to the panel that the current clinical

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area is not large enough to manage the levels of activity including that from The Royal Free Hospital

- **Chameleon** The current staffing establishment is correct and safe, however peaks in patient acuity and activity are mitigated through beds closures and/or temporary staffing usage. Delivering care with the current ward layout and single cubicles increases the demand on nursing care. A review is also underway of the environment to improve nursing oversight and observation which will reduce the demand. Babies with repleg tubes will continue with 1:1 care after benchmarking with other trusts, due the complexity of their needs and the risks involved if not closely supervised. This has been reflected in the professional judgement applied to the nursing numbers required. The HON will continue to monitor the situation and the deputy COO will support the changes required based on the increasing activity.
- **Eagle** The current establishment covers both the ward and the dialysis unit. It must be noted that the scoring exercise did not include the dialysis unit, as the tool is not designed for this speciality. Due to the increasing demand for patients requiring dialysis, from an NHS and private perspective, it was agreed that the skill mix, and existing structure should be reviewed, with an aim to improving safe staffing levels. The HON is considering increasing band 7 lines and continues to work on the introduction of Band 4 haemodialysis technicians and the establishment on an Advanced Clinical Practitioner career pathway/succession plan. A quality impact assessment (QIA) will be required ahead of any changes or introduction of new roles to ensure safe skill mix.
- **Sky Ward** The staffing establishment is safe based on current bed base and activity levels. The HON is planning to review the skill mix with a potential increase in support roles such as Healthcare assistants (HCAs).
- **Mildred Creek Unit (MCU)** Since the last reporting period an external review has been undertaken, with additional benchmarking against other Child and Adolescent Mental Health Units (CAMHs) units. Based on professional judgement the HON and her team consider the staffing establishment to be safe based on the current bed base and unit location. To provide additional assurance we have applied for the license to use a mental health acuity tool MHOST which will be piloted with the support of the NHSE Safe Staffing Lead once received. As previously recommended additional staff must be recruited in advance of the unit's relocation within the Trust to a different building. The new environment will require an increase in nursing numbers to ensure safe care and observation are provided.

**Brain** - The Directorate HoN in consultation with the clinical teams confirmed the following:

- **Koala** The current staffing establishments are safe and aligns with national staffing recommendations including telemetry, HDU and SNCT score. The junior skill mix was discussed and continues to be a concern. Since the last review the recommendations including increased supernumerary time for Newly Registered Nurses (NRNs), additional education support and introduction of two additional clinical Band 7 posts have been implemented. The impact of these changes is yet to be determined. Recruitment and retention remain challenging, and plans are in place to support this.
- **RANU (located on Possum Ward)**. The current staffing establishment is safe.

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- **Squirrel Endo-met** – The current staffing establishment is safe based on the existing bed base.
- **Kingfisher** – The current staffing establishment is safe based on professional judgement. The HON described plans to introduce an infusion lounge which will support increased activity and improved utilization. A QIA will be required to ensure any changes do not impact on patient safety.

**International and Private Care (I&PC)** - SNCT scoring is designed for NHS activity rather than private experience and expectations. Professional judgement is therefore applied to reflect additional challenges such as cultural differences, language barriers and service user expectation, which impact on direct and indirect care in this area. Benchmarking with other private paediatric providers will be considered to support triangulation. The Directorate HoN in consultation with the clinical teams confirmed the following:

- **Butterfly** The current staffing establishment is safe based on current activity levels; however, it was noted that acuity is increasing due to patients undergoing new innovative cancer and immunology treatments and research. Work is also underway to increase BMT activity which will require a review of the nursing establishment, any changes must be supported with a QIA.
- **Bumblebee** The current staffing establishments are safe based on current activity levels.
- **Hedgehog** The most recent round of SNCT scoring in addition to triangulation with quality outcomes and professional judgement confirm the current establishment is correct and safe.

**Blood, Cells and Cancer (BCC)** – The Directorate Interim HoN in consultation with the clinical teams confirmed the following:

- **Lion, Giraffe and Elephant** The current staffing establishments are safe, all phased posts have now been included. As discussed at the last review there is potential to restructure or reconfigure the current wards to improve the effective use of the nursing resource, this will be discussed with the new incoming HON.
- **Pelican (inpatient) and Pelican (ambulatory)**. It was agreed at the last review that an additional 2 RNs and 2 HCAs would be required to support safe staffing especially due to the increasing demand in ambulatory care. This however was not progressed despite attempts by the Interim HON, this will be revisited and discussed with finance and the newly appointed HON.
- **Fox and Robin** The current staffing establishment is safe however it was raised by the Interim HON that the nursing staff do not feel that the SNCT accurately reflects the acuity and nursing demand for BMT patients. This will be escalated to the NHSE Safe Staffing Lead and a peer review requested, to confirm validation.
- **Safari** As a day-case unit the current staffing levels are safe however once the ward is split across two sites and relocated on Cheetah this will require additional nursing resource and a review of establishment needed.

**Heart & Lung (H&L)** – The Directorate HoN in consultation with the clinical teams confirmed the following:



## Attachment U

### Safe Nursing Establishment Review (September 2023)

- **Bear** The current establishment is safe and with the implementation of additional clinical band 7 nurses staff feel more supported.
- **Leopard** The current staffing establishment is safe for 7 beds however this number often increases to 8-9 patients. This increase in activity must be monitored if it becomes a permanent change then the establishment will need to be amended.
- **Kangaroo** The current staffing establishment is safe based on seven beds.
- **Intensive Care Units – NICU, Flamingo (CICU), PICU**  
The current establishments are safe based on the funded bed base. The establishments for PICU and CICU are slightly lower than the recommended national critical care guidance (which includes a 25% headroom, compared to the GOSH standard of 22%) and are not determined by SNCT scoring. However, the critical care units also have a number of additional support roles such as Family Liaison Roles and Critical Care Educators which supports the provision of care. Since the last review the additional NHSE funding which was expected to support the increased bed base and additional staffing requirement in CICU has been withdrawn. Recruitment plans will continue however to enable increased activity and address the vacancy rates. The High Dependence Unit (HDU) project has commenced which will see the expansion of cardiac beds, establishments are yet to be determined.

**Core Clinical Services (CCS)** – AfPP guidance and professional judgement is used to determine staffing establishments in theatres, SNCT is not applicable. It was recommended during the review that the AfPP tool be peer reviewed and validated to ensure objectivity and accuracy ahead of the next review, and to improve assurance.

The Directorate HoN in discussion with the clinical teams confirmed the following:

**Interventional Radiology (IR)** A consultation continues to improve the nursing structure, resilience, and skill mix. The restructure aims to merge the two units, provide on-call, and expand the service. It is anticipated that this will address the issues in relation to the challenges posed by the physical environment and decreasing the risk when working in isolation. The current structure and environment do not support safe working practices however the number of staff across the two teams are correct while the HON address the skill mix and working practices.

**Scrub** The current establishment is safe.

**Anaesthetics** The current establishment is safe.

**Recovery** The current staffing establishment is safe.

**Anaesthetic Pre-Operative Assessment (APOA)** The current staffing establishment is safe.

**Pain Team, APOA and Sedation team** The current establishments are safe.

**Woodpecker / Nightingale** The current staffing establishment is safe.

### **Summary**

#### **Completed recommendations since the previous report**

1. CCS to conduct a review of current establishments with an emphasis on ensuring the right people with the right skills are in the right place – **Completed**
2. Remove phasing of existing posts to the BCC budgets to achieve full established requirements – **Completed**
3. To review the trust headroom of 22% in line with PICS recommendations and increasing professional, specialist and statutory/mandatory training requirements – **Completed**

#### **Ongoing/new recommendations commenced since last review**

1. To achieve improved the triangulation methodology of Nurse Sensitive Indicators with the implementation of the Ward Accreditation scheme – **Pending implementation of Ward Accreditation**
2. Increase the nursing establishment of the Panther Wards to address increasing acuity, skill mix and retention – **To be reassessed by the HON and discussed with the finance BP.**
3. Review of career pathway options for nursing associate in outpatients – **Commenced**
4. Conduct a focused review of the blended nursing workforce and new roles on Eagle ward – **Commenced**
5. Review of the nursing workforce for MCU ahead of any relocation – **Commenced**
6. Monitor safe staffing levels on Koala Ward while action plan is being implemented – **Ongoing**
7. Increase the nursing establishment on Pelican Ward to support safe staffing levels because of increased day case activity and patient acuity – **To be reviewed by the newly appointed HON and discussed with finance BP.**
8. Ahead of the relocated of Safari across two sites to include Cheetah, a review of establishment will be required - **Ongoing**
9. Report on the outcome of the consultation on IR and Cath lab workforce to improve resilience and skill mix – **Ongoing**

#### **New recommendations following this review**

1. To conduct a safe staffing assessment on MCU with the use of an approved acuity tool MHOST
2. To review the environment for the Gastro Suite to promote safe staffing and patient observation
3. To review the environment for Chameleon Ward to promote safe staffing and patient observation
4. External or peer review of AFPP theatre acuity tool to provide validation
5. Feedback on the acuity assessment of BMT patients using SNCT provided to NHSE
6. Deep dive into the skill mix requirements for I&PC and possible reduction or reconfiguration of staffing establishment as SCNT demonstrates over established.
7. Quality Impact Assessments (QIA) to be submitted by HONs to Chief Nurse for sign off ahead of any changes to establishments/service/environment to ensure patient safety is maintained

## Attachment U

### Safe Nursing Establishment Review (September 2023)

#### **Conclusion**

The review found that some of the previous recommendations had not been included in the budgeted establishment including Panther and Pelican Wards and will be picked up by the HoNs and finance to address if still applicable. Consultations are ongoing in IR theatres and Cath lab, to review the staffing skill mix and potential merger of teams and changes to working practices to improve safety and skill mix. All other areas confirmed that their staffing establishments were correct and safe. However, as activity and acuity continue to increase and new services are added, establishments in some areas (MCU and Safari) will need to be reviewed and adjusted accordingly. Progress against the review recommendations will be monitored via NWAG and the new Nursing Delivery Committee which will provide an additional level of scrutiny, oversight and assurance, to protect patient safety and improve our compliance with Developing Workforce Safeguards guidance (NHSE 2018).



**Trust Board**  
**18<sup>th</sup> October 2023**

**Learning from Deaths report- Child Death  
Review Meetings – Q1 2023/24**

**Submitted by:**

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

**Paper No: Attachment L**

For information and noting

**Purpose of report**

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.

**Summary of report**

To highlight learning from child death review meetings (CDRMs) concluded between 1st April and 30th June 2023 at GOSH.

The reviews highlighted:

- In one case there were modifiable factors identified by the CDRM in the care provided at GOSH. This was around the Tracheal team not having optical coherence tomography (OCT) imaging which can give more information regarding bronchial tree anatomy & stenosis. It has been confirmed by the Safety Team that this issue has been resolved with equipment in place to allow OCT imaging.

In four cases there were modifiable factor identified by the CDRM where there is learning outside of GOSH. This includes two cases around the use of premiloc at UCLH. Actions taken by GOSH to identify a cluster of four deaths in those circumstances in a short period of time where there are modifiable factors are outlined in the report.

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 six cases. Excellent aspects of care, the co-ordination of care and communication at GOSH were highlighted by the CDRMs in twelve cases.

This report highlights learning from CDRMs concluded in Q1. In addition to that we conduct a six-monthly thematic review of learning identified from CDRMs over a longer period to better aggregate and identify wider themes, and that updated analysis is included in the report.

There are thirty-three CDRMs meetings overdue. There are challenges in clinical staffs' capacity and work required to arrange and attend the meetings. There has been impact of industrial action on capacity for clinical staff to attend meetings. All GOSH CDRMs are chaired by the Medical Lead for Child Death Reviews, and there can be constraints in available time in the role to chair multiple meetings. A plan has been agreed with the Chief Medical Officer to resource additional capacity for chairing CDRM meetings and supporting the Mortality Review Group.

<p><b>Patient Safety Implications</b></p> <p>Aggregated learning from 152 CDRMs concluded 1st October 2021 – 30th June 2023:</p> <ul style="list-style-type: none"><li>• 60% of learning points are positive learning about excellent care, communication, and co-ordination.</li><li>• Areas most frequently highlighted where there could be improvements are around when a child dies processes, challenges around communicating with local hospitals, and constraints in access to GOSH. Workstreams to address these are indicated in the report.</li></ul>
<p><b>Equality impact implications</b></p> <p>None identified</p>
<p><b>Financial implications</b></p> <p>None</p>
<p><b>Action required from the meeting</b></p> <p>There are no recommendations or actions for the Board to consider</p>
<p><b>Consultation carried out with individuals/ groups/ committees</b></p> <p>The report has been reviewed by the September 2023 QSOCC</p>
<p><b>Who is responsible for implementing the proposals / project and anticipated timescales?</b></p> <p>Dr Pascale du Pré, Consultant in Paediatric Intensive Care, Medical Lead for Child Death Reviews</p>
<p><b>Who is accountable for the implementation of the proposal / project?</b></p> <p>Medical Director</p>



## Learning from deaths report –learning from Child Death Review Meetings. Q1 2023/24

### Aim of this report

To highlight learning from child death review meetings (CDRMs) concluded between 1st April and 30<sup>th</sup> June 2023 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 **sixteen** child death review meetings (CDRMs) which took place at GOSH between 1st April and 30th June.

The reviews highlighted:

- In **one** case there were modifiable factors identified by the CDRM in the care provided at GOSH. This was around the Tracheal team not having optical coherence tomography (OCT) imaging which can give more information regarding bronchial tree anatomy & stenosis. It has been confirmed by the Safety Team that this issue has been resolved with equipment in place to allow OCT imaging.

In **four** cases there were modifiable factors<sup>1</sup> identified by the CDRM where there is learning outside of GOSH. This includes two cases around the use of premiloc at UCLH. Actions taken by GOSH to identify a cluster of four deaths in those circumstances in a short period of time where there are modifiable factors are outlined in the report.

- 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 **six** cases.
- Excellent aspects of care, the co-ordination of care and communication at GOSH were highlighted by the CDRMs in **twelve cases**.
- In this period five 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, where necessary, to seek clarification on any learning points for GOSH for those reviews and have reviewed the outcomes of those CDRMs. Proactively seeking this information, as CDRMs increasingly take place in local boroughs, allows us to increase our surveillance and identification of areas for improvement.

In **one** case an external CDRM highlighted modifiable factors at GOSH. A GOSH SI was concluded in August 2022 which made recommendations in relation to the factors later identified by the CDRM.

- This report highlights learning from CDRMs concluded in Q1. In addition to that we conduct a six-monthly thematic review of learning identified from CDRMs over a longer period to better aggregate and identify wider themes, and that updated analysis is included in the report.  
Aggregated learning from 152 CDRMs concluded 1st October 2021 – 30th June 2023:
  - 60% of learning points are positive learning about excellent care, communication, and co-ordination.

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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)

- Areas most frequently highlighted where there could be improvements are around when a child dies processes, challenges around communicating with local hospitals, and constraints in access to GOSH.

There are thirty-three CDRMs meetings overdue. There are challenges in clinical staffs' capacity and work required to arrange and attend the meetings. There has been impact of industrial action on capacity for clinical staff to attend meetings. All GOSH CDRMs are chaired by the Medical Lead for Child Death Reviews, and there can be constraints in available time in the role to chair multiple meetings.

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Further information follows this summary.

### 12<sup>th</sup> September 2023

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

### GOSH

Month death	Location of learning	Learning /Actions taken
October 2022	Cardiothoracics/CICU	<p>Tracheal team do not currently have OCT imaging which can give more information regarding bronchial tree anatomy &amp; stenosis. Lack of equipment has been raised on the risk register. CT is the next best available test for diagnosis of bronchial stenosis, resources not being available can occur and we need to be able to use best available information. At surgery found to have tracheo-bronchial stenosis/malacia. Poor prognosis seen in tracheal cases bronchial stenosis/ bronchomalacia, LBW, additional comorbidities</p> <p>Bronchial stenosis and malacia are predictive of high mortality If bronchial stenosis had been known then a different surgical strategy would have been taken: a hybrid lab and stenting or a consideration for compassionate care/no surgery.</p> <p><b>It has been confirmed by the Safety Team that this issue has been resolved with equipment in place to allow OCT</b></p>

### Outside of GOSH

Month death	Location of learning	Learning
January 2023	UCLH	Premiloc was administered. UCLH has since stopped administration. Notably other risk factors for perforation makes it difficult to determine an association.
February 2023	UCLH	
December 2022	Other hospitals/national	Delay in diagnosis due to atypical features of Griscelli syndrome and that all initial investigations were normal notably very rare condition eventually diagnosed on genetic investigations. Earlier consideration of R15 genetic investigations [in atypical GBS] has been identified as a learning point. Agreement for funding [from Embassy] of investigations were identified as potential contributing factors in delays especially in these very rare conditions.
December 2022	Local hospital	GP team have reflected on the importance of checking compliance with prescribed course of antibiotics at follow up telephone call. Awaiting outcome of SI investigation locally to determine any further actions or learning.

#### Premiloc administration in babies prior to arrival at GOSH

Two cases above are indicative of a theme which has been noted in other GOSH CDRMs and were reported in our June 2023 Learning from Deaths report.

Four GOSH NICU deaths occurred between the 6th January 2023 and 24th February 2023 where the transferring centre was UCLH.

- In all four deaths the CDRM/Mortality Review Group identified modifiable/potential modifiable factors around the administration of premiloc prior to admission to GOSH. Administration of premiloc

(hydrocortisone steroids) to these babies may have been associated with the subsequent perforations. A series of incidents of perforations was flagged to the UCLH Neonatal unit who reviewed data and have stopped the administration of premiloc.

- This has been raised with the Medical Director and the AMD for Safety, to ensure that appropriate information from GOSH can be shared to inform and support any further UCLH review of these cases. The GOSH Head of Patient Safety has contacted the UCLH Safety team to understand what governance processes may be required to further review this.. We are waiting for clarity on that from UCLH

### Modifiable factors relating to GOSH identified at a local CDRM

It is important to note there is variability nationally in both interpretation and in threshold for each individual case as to whether factors are contributory or modifiable. The National Child Death Mortality Database 2021 report acknowledges “*Whether a factor is deemed to be modifiable is dependent on the circumstances of the death and the interpretation of the modifiable factors may vary across CDOPs*” In externally held CDRMs we cannot necessarily confirm whether there are modifiable factors in line with national criteria with the same confidence and authority we can for cases reviewed at GOSH where there is consistency of review against national criteria – and full representation from the relevant clinical teams in the meetings.

One external CDRM highlighted modifiable factors at GOSH. A GOSH SI was concluded in August 2022 which made recommendations in relation to the factors later identified by the CDRM

Month death	Location of learning	Learning for GOSH
April 2022	GOSH PICU	<ul style="list-style-type: none"> <li>• no direct consultant to consultant discussion which may have expediated the patient transfer via the most appropriate method</li> <li>• Delays in CT scan – no radiographer on site as out of hours. Appropriateness of using contrast in CT. Delays in referral and CT caused delays in diagnosis and treatment</li> </ul> <p>It should be noted that a GOSH SI Investigation (2022/10772) was completed in August 2022 which contained the following recommendations, and monitoring of those actions is overseen by the Patient Safety team.</p> <p>Ensure conference calls take place for patients being retrieved by CATS for potential surgical intervention including the duty consultant surgeon, where appropriate, in order that local teams can directly relay concerns in complex cases and discuss clinical condition and further planning of care.</p> <p>Provide communication Trust-wide on the definition and criteria of time critical transfers when using the CATS service.</p> <p>Produce and disseminate clear guidance on process for staff when transport is booked – this should include what communication to expect and when and how to escalate.</p> <p>Formalise the agreement, and socialisation of process around eGFR results and urgent scanning for patients in PICU, between PICU, Nephrology and Radiology.</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	Specialties	Summary
July 2022	BMT/PM processes/Complaints team	<p>1. Coronial Post-mortem mean that very specific investigations which might have helped determine important information in these complex cases was not done (while might have been requested if this was a hospital PM) to be fed back to HM Coroner to determine how best to request these specific investigations in coronial PMs</p> <p>2. Keyworker fed back that they were not aware of the Complaint made by the family which made it difficult to support the family - as an action from the CDRM. Complaints representative to feedback to Complaints team that Keyworker of bereaved families need to be informed about Complaints.</p>
August 2022	Renal/Learning Disability team	<p>Family feedback that they wanted earlier parallel planning and the teams have reflected on the role of parallel planning in these complex cases and there has been considerable reflection on the importance of recognising the parents lived experience of caring for this child. An Ethics meeting was held however an independent advocate for the child might have been a useful resource. The Trust has commenced training staff in clinical holds for children to enable this to be provided safely by staff and avoiding the need for parents to provide this care as inpatients as another learning point. The process for obtaining Court Orders under the Deprivation of Liberty process was a learning experience for the team involved and the Learning Disability team who took on a lot of this work now have a full time Practice Educator in the team to help with wider awareness of this process going forwards.</p>
October 2022	Cardiology	<p>Local team &amp; GP fed back that there was a significant delay in being informed of the child's death [by GOSH] however communication during the child inpatient stay was excellent. This is a recurring theme and there is work underway around improving communication with local teams.</p>
October 2022	Cardiothoracics/CICU/Palliative Care team	<p>All very high-risk tracheal patients should have palliative care involvement from the beginning as standard.</p>
December 2022	Metabolic/PICU	<p>1. The community paediatric team were copied into discharge summaries but did not have a full oversight of the recurrent admission which might otherwise have facilitated more MDT working and earlier advance care planning discussions. 2. Unfortunately the family's choice of place of care at end of life (home/local) could not be facilitated due to unavailability of appropriate transport team to undertake this. This is very unusual, and it was felt this was related to significant staffing and bed pressures across the region at that time (winter). 3. As a learning point the PICU team have reflected that it is important to manage staff and parental expectations about the memory making and availability of the Rainbow room in end-of-life care which can be affected by other pressures on the service.</p>
January 2023	Immunology/BMT/Bereavement Services	<p>No bereavement team support is available out of hours and uncertainty regarding medical certification of death (eg</p>



MCCD was given to family and then had to be retrieved). Different advice from CSP (out of hours) and subsequently from the bereavement team (in hours) was confusing for the ward team. Notably deaths on GOSH wards are relatively infrequent, and guidance has changed recently. Purple boxes (guidance) were not up to date. Trust wide working group on When a Child Dies ongoing. Bereavement team has offered training and continues to do so, and even after the training wards still need support. Should be part of the GOSH induction/mandatory training for Oncology/BMT/Haem Onc Wards.

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

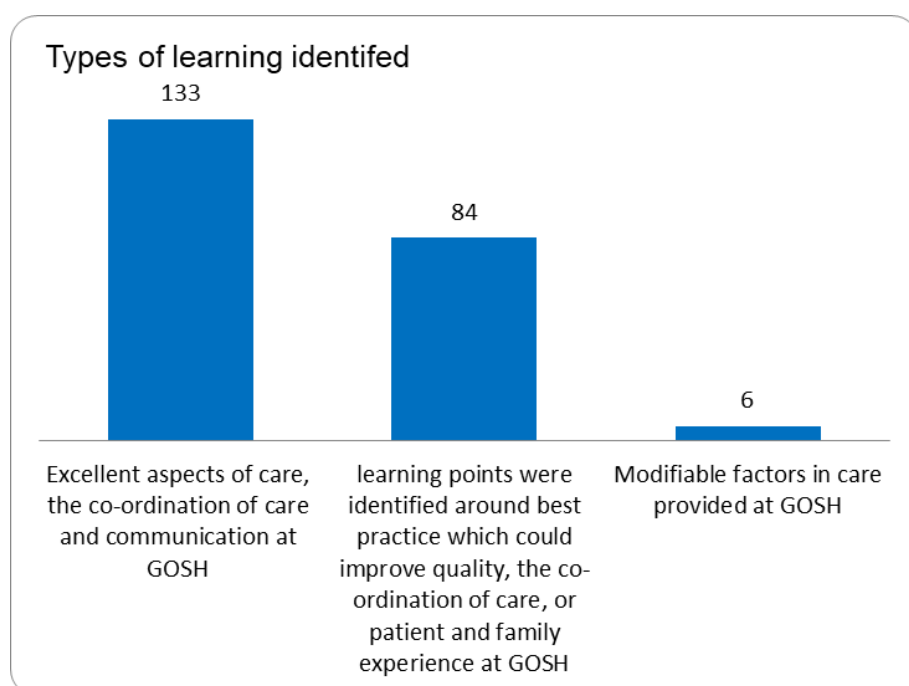
Month of death	Specialties	Summary
August 2022	Urology /Learning Disability Team/Legal team	Excellent support from community palliative care nurse who supported discussions at the local and helped advocate for the family which enabled the child to be transferred to GOSH with agreement on limitations of treatment which was also supported by the involvement of the PICU team in these discussions. Mother feedback that she appreciated that one clinician [Urology Consultant) explained they could do an operation but that didn't mean it would be the right thing. Ethics meeting was held, and Court Orders were obtained under the Deprivation of Liberty process which was credited to the Learning Disability CNS and GOSH legal team.
October 2022	Cardiology	Excellent multidisciplinary teamworking between local hospitals and GOSH. Heart transplant nurses were helpful. Parents were very well informed about the potential difficulties of the pathway [Berlin Heart as a bridge to transplant]. The CICU Consultant who ran the resuscitation was credited for their very professional approach. Parents fed back that they were extremely grateful to all the team involved in their child's care.
October 2022	Multiple GOSH teams/Palliative Care service/Epilepsy	Good teamwork between GOSH teams and across all community teams (school, local hospital, CCN team, Lifeforce, hospice) throughout his life. Teams were credited for being highly responsive [especially Epilepsy service/CNS] which enabled this child to attend school. When family moved area [the family understood very clearly what their child needed from each of the teams and understood their roles. Early palliative care team involvement was valuable. Palliative care consultant held a debrief with the school and this was felt to be enormously helpful. Family fed back that the letter/card sent by the Epilepsy Consultant and CNS was very much appreciated.
October 2022	Cardiothoracics/CICU	Very timely discussion at Tracheal meeting which local found a very useful learning experience, very timely transfer to GOSH just a few days later.
February 2023	NICU/SNAPS	Transferred immediately and operated without delay
November 2022	PICU	Very good relationship with the local
December 2022	PICU	Parents thankful for the care provided at GOSH.

December 2022	Metabolics/PICU	Although family had not yet agreed on limitation of treatment the gradual deterioration was recognised and meant there were timely discussions that enabled the appropriate preparation (parental wishes established etc) when the end-of-life care events took place. Very good communication between GOSH teams and community/hospice teams (EACH symptom care nurses, local palliative care consultant) to try to facilitate a compassionate extubation at home as per mum's wishes. Parents fed back that they were grateful for use of the Rainbow room and said the care provided was wonderful.
December 2022	Immunology/Koala Ward/ Multiple GOSH teams	Excellent MDT teamworking across Trusts and via National HLH meeting. The family were grateful for the full active treatment provided and appreciated the effective symptom care provided [on the ward] once it was established that the outcome was not hopeful. The bedside nurse [Koala Ward] was particularly credited for her care and compassion during their final days.
December 2022	CICU/Renal	Lead team was grateful for the engagement from the renal team
December 2022	Butterfly Ward/Learning Disability team/Play team	Palliative care managed well. Parents kept well informed. Good MDT work. Butterfly and LD play team helped facilitate memory making and time off the ward.
January 2023	Immunology/BMT	Discussed in the National BMT MDT prior to treatment .Nursing team had very good relationship with family.

### Aggregation of learning -themes from CDRMs concluded 1st October 2021 – 30th June 2023

This report highlights learning from CDRMs concluded in Q1. Every six months we conduct a thematic review of learning identified from CDRMs over a longer period to aggregate and identify themes. This is to identify areas of strength, and where we may wish to focus attention and assess whether there may be adequate workstreams taking place or are required, and recognise how themes may relate to known GOSH challenges in the national context.

**One hundred and fifty-two CDRMs concluded 1st October 2021 – 30<sup>th</sup> June 2023-** it should be noted that each CDRM may identify more than one learning point.

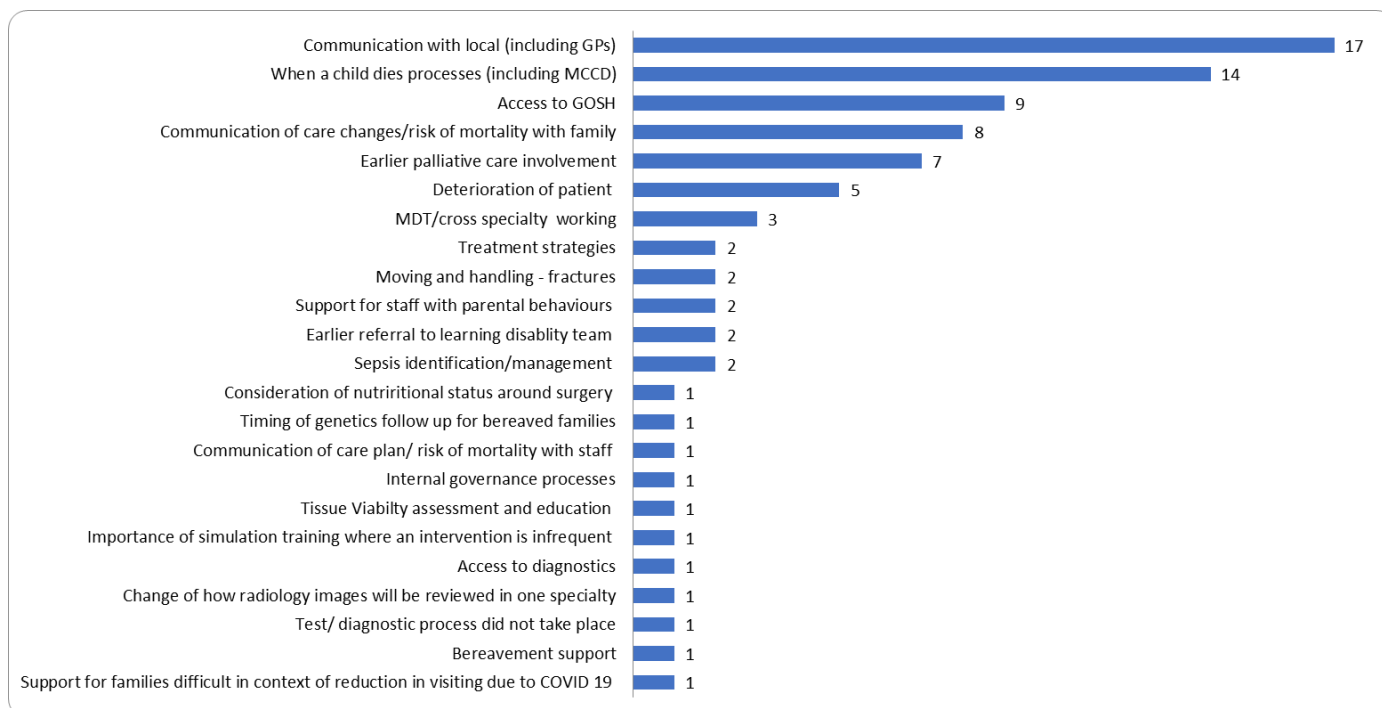


## Themes identified from CDRM meetings at GOSH

### Modifiable factors in care at GOSH (6)

Theme	Dates of death where theme identified
Sepsis identification/management (2)	Dec 2019 October 2021
Access to diagnostics (2)	April 2022 October 2022
Access to GOSH (1)	April 2022
Management of field safety notice (histoacryl glue) (1)	March 2021

### Learning points identified around best practice which could improve quality, the co-ordination of care, or patient and family experience at GOSH (84)

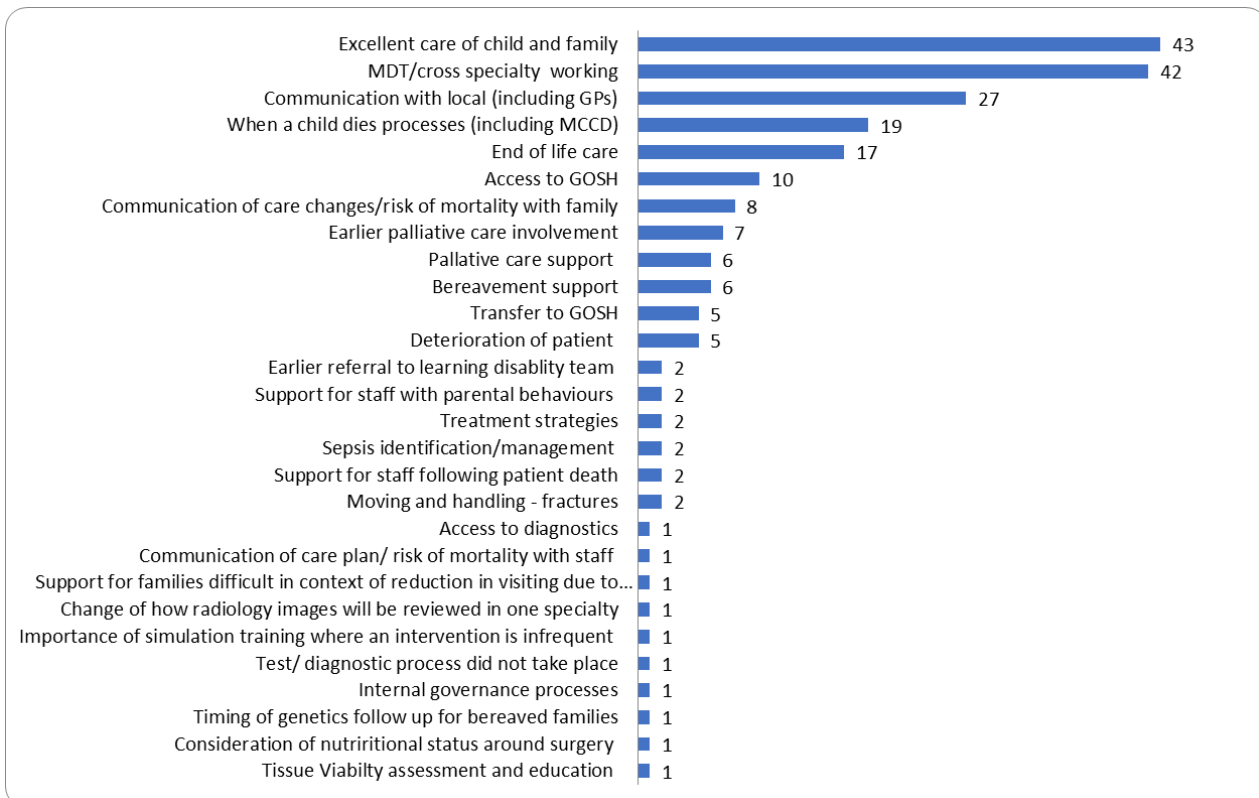


### Examples of the most frequent themes for improvement

Theme	Examples	Workstreams to address this
Communication with local (including GPs) (17)	<p><i>“It was identified at the CDRM that the local teams had not been notified of the child’s death by GOSH. This is not an isolated issue and there is now a quality assurance audit being undertaken to review this led by the Bereavement Services Manager”</i></p> <p><i>“Local team have not received copy of the discharge (death) summary from GOSH PICU.”</i></p> <p><i>“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”</i></p> <p><i>Local team &amp; GP fed back that there was a significant delay in being informed of the child’s death [by GOSH] however communication during the child inpatient stay was excellent. This is a recurring theme and there is work underway around improving communication with local teams.</i></p>	<p>An action plan in response to a NHSE External Learning Review is being coordinated by the Head/Deputy Head of Patient Experience and has these issues in scope.</p>

<p>When a child dies processes (including MCCD) (14)</p>	<p><i>“Notably deaths on GOSH wards are relatively infrequent, and guidance has changed recently. Purple boxes (guidance) were not up to date. Trust wide working group on When a Child Dies ongoing”</i></p> <p><i>“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 “</i></p>	
<p>Access to GOSH (9)</p>	<p><i>“There is also no obvious HDU environment at GOSH for children who do not require intensive care with no obvious immediate solution. A key learning point is the need for better communication/outreach between the tertiary centre and the local and the role of honorary contracts to facilitate this”.</i></p> <p><i>“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).”</i></p>	<p>The GOSH 2023 Clinical Strategy recognises the national context and challenge for GOSH in ensuring access to our services for patients. The strategy is explicit about the priority given to supporting access</p> <p><i>“Expediting access to our patients, who often need us long term, is a key and important strategic priority for us.</i></p>

**Excellent aspects of care, the co-ordination of care and communication at GOSH (134)**



Examples of the most frequent themes

Theme	Examples
<p>Excellent care of child and family (43)</p>	<p><i>“Excellent care provided on Fox Ward over a very lengthy admission. Conversations around end of life and memory making enabled this child's choices to be honoured. The CDRM was well attended by a range of multidisciplinary professionals including the Play specialists who provided some very valuable insights and reflections.”</i></p> <p><i>“Very complex and emotionally challenging case. praised the staff in particular nursing for the care provided. The nursing team were credited for their extraordinary achievements in sibling visitation prior to death and in repatriating this child and family back home after death despite the Covid pandemic. This has been fed back to the individuals involved via the GOSH PRAISE process”.</i></p> <p><i>“The care in PICU was credited for having been excellent and the rapid coordination with surgical team to remove the portacath on PICU was done efficiently”.</i></p> <p><i>“Family were grateful to all those at GOSH and named the play specialist who created memories for the sibling from the time they spent together while inpatients at GOSH. The feedback at the CDRM recognised the tremendous efforts of the Leopard team in multiple resuscitations and care for such a complex child in achieving discharge home”.</i></p> <p><i>“The Bear team were credited for the care provided to this family at end of life with one bedside nurse in particular who was requested by the family to be with them at that moment - the Bear team facilitated this by freeing up this nurse to take the child one-to-one, this positive feedback will be fed back to the individual and to the Bear nursing team.”</i></p>
<p>MDT/cross specialty working (42)</p>	<p><i>“Excellent communication between different teams looking after them in Great Ormond Street Hospital”</i></p> <p><i>“Excellent multidisciplinary teamworking between PICU/ID/Neurology teams enabling this child to receive approval for treatment via DTC within 24 hours of presentation”</i></p> <p><i>“Good teamwork and appropriate escalation out of hours with neurosurgical team support and PICU consultant. Parents updated and wishes respected at time of deterioration.”</i></p> <p><i>“Good teamwork. Genetic diagnosis made very quickly. Metabolic consultant very involved and quick transfer to hospice after death at parents' request”</i></p>
<p>Communication with local; (including GPs (27)</p>	<p><i>“The local team appreciated the collaborative working between Neurosurgery/CATS/PICU. Debrief session in collaboration with local and Neurosurgical Consultant to talk through the events will be shared as an example of good practice”.</i></p> <p><i>“Local team were highly appreciative of the conference call with CICU/Cardiology/CATS coordinated by CATS”</i></p> <p><i>“Communication between GOSH and the local team was excellent, and the palliative care consultant updated the local team after discussions around ceilings of care in real time which enabled the local team to support the family much more effectively and was greatly appreciated. The family have fed back that they were extremely grateful for the care received and at end of life and this has helped them in their grief hugely”.</i></p> <p><i>“Excellent communication between the teams across three different hospitals. Consultant Neurosurgeon was credited for being extremely helpful in coordinating this child's care”.</i></p>



## 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 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 child death review meetings

Sixteen CDRMs took place at GOSH between the 1st of April and 30th June 2023.

CDRM meetings should be held within 12 weeks of the child’s death, following the completion of all necessary investigations and reviews.

At the time of writing fifty-three CDRMs have not been completed within 12 weeks of the child’s death:

- **Twenty** cannot take place until the completion of necessary coroner/external investigations. This is in line with the Child Death Review Statutory Guidance.
- **Thirty-three** are being scheduled at the time of writing due to challenges in clinical staffs’ capacity and work required to arrange and attend the meetings. There has been impact of industrial action on capacity for clinical staff to attend meetings. All GOSH CDRMs are chaired by the Medical Lead for Child Death Reviews, and there can be constraints in available time in the role to chair multiple meetings.

## Feedback on CDRMs

A clinical audit is planned to review the CDRMs as part of an action plan in response to external learning review recommendations which apply to the child death review process at GOSH.

Feedback has been voluntary given from CDRM attendees following meetings and shared with the Medical Lead for Child Death Reviews, examples are highlighted below

*“Just wanted to be in touch to pass on my thanks, and that of NCL CDOP, for the CDRM you completed in respect to Case XXXX We discussed this case at NCL CDOP in June and noted that the CDRM was of a high standard”.*

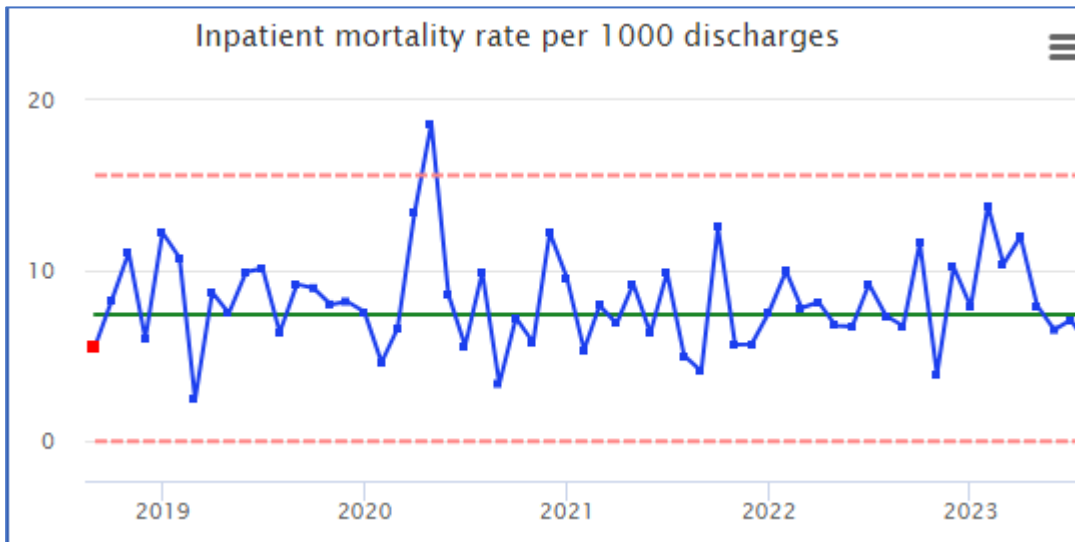
*“This is most helpful and thank you to the GOSH team for conducting such a comprehensive review at your CDRM (with multi-agency input). This is an example of excellent practice”*

*“Good afternoon colleagues, we presented this child for closure at panel. As you will know, we use the child death review analysis form to present an anonymised version of the case. Your analysis was very detailed and clear. The team wanted to let you know about the positive feedback from the panel members. “*

Audit to evaluate the views of all CDRM attendees will commence from September 2023 and be embedded into the CDRM process to allow continual feedback.

## Mortality rate

The inpatient mortality rate is within normal variation and there are no signals of concerns in our risk adjusted ICU mortality data.



## How does GOSH check whether we have concerns in our mortality data?

We monitor our hospital mortality rate and check for any trends and changes in real time, and this is reported every month in our Integrated Quality and Performance Report (IQPR). Importantly we also look at risk adjusted data, which considers how unwell the patient was on admission and the likelihood of death as a potential outcome.

- There have been no outliers detected in our real time risk adjusted monitoring of ICU deaths. This is important as the majority of patient deaths at GOSH are in intensive care areas. Risk adjusted mortality is monitored at the PICU/NICU/CICU Morbidity and Mortality meetings.
- The gold standard for measuring paediatric mortality is through benchmarking by the Paediatric Intensive Care Audit Network (PICANet). The most recent national PICANet report was published on 9th March 2023 and covers the calendar years 2019-21. The report shows GOSH PICU/NICU and CICU risk adjusted mortality as within expected range

A proactive and close attention to our ICU mortality has allowed us to identify and quickly respond to any changes in our mortality, recent examples are described below

### 1. Increase in mortality rate in May 2020

An increase in the mortality rate in May 2020 prompted a proactive internal review which was concluded in July 2020 to identify trends and understand the reasons for this. This report was reviewed in a number of forums and summarised in the Learning from Deaths Report to Trust Board and shared with NHS England at the Clinical Quality Review Group.

The report concluded that

- There are two reasons why the GOSH data shows a crude mortality outlier for May 2020
  - Two deaths following admission to GOSH from another Trust because of COVID 19 who would otherwise have died in a local hospital, and where death occurred at GOSH due to natural disease progression.

- One death where there was a COVID impact in terms of delayed presentation in the community.
- The reviews did not indicate care or service delivery problems provided at GOSH which account for increased deaths. There were no triggers noted in risk adjusted data for this period.

## **2. Paediatric Intensive Care Audit Network (PICANet) Quarterly RSPRT plot - Cause for concern requiring further investigation (2019)**

Three risk-adjusted resetting probability ratio test (RSPRT) reset points occurred that suggested a higher PICU/NICU mortality rate than expected between the period 01/07/2018 to 30/06/2019. A review was concluded at GOSH in November 2019 and shared at the Patient Safety Outcomes Committee. The explanation for the trend was the death of patients with considerable comorbidities which were not then reflected in the PIM3 scoring methodology which is used to risk adjust and assess ICU mortality outcomes.

As an outcome the GOSH report led to changes in the national risk adjustment scoring system to account for BMT patients. Following the GOSH review, the Clinical Audit Manager and the Medical Lead for Child Death Reviews were asked by PICANet to make a significant contribution to national guidance with PICANet on how Trusts should respond to trends in RSPRT data which was published in October 2022.

## **3. Identification of cluster of deaths associated with treatment outside of GOSH**

Four GOSH NICU deaths occurred between the 6th of January 2023 and 24th February 2023 where the transferring centre was UCLH and were reviewed by the Child Death Meeting or Mortality Review Group and were noted on 18th May 2023.

- In all four deaths the CDRM/Mortality Review Group identified modifiable/potential modifiable factors around the administration of preniloc prior to admission to GOSH.
- This was promptly raised with the Medical Director and the AMD for Safety, to ensure that appropriate information from GOSH can be shared to inform and support any further UCLH review of these cases. The GOSH Head of Patient Safety has contacted the UCLH Safety team to understand what governance processes may be required to further review this. We are waiting for clarity on that from UCLH.

We have a process to review all inpatient deaths at GOSH through Child Death Review Meetings to identify learning and areas for improvement, with quarterly reports provided to QSOCC and Trust Board. We also aggregate data over a longer timeframe to identify meaningful themes to inform areas for quality improvement.



**Trust Board  
18<sup>th</sup> October 2023**

**Health Inequality Update**

**Paper No: Attachment M**

**Submitted by:**

Darren Darby, Deputy Chief Nurse on behalf of Tracy Lockett, Chief Nurse

**For information and noting**

**Purpose of report**

To provide the Board with an update on the work of workstreams GOSH is undertaking to help tackle health inequalities in order for us to fulfil our duty in 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.

In November 2022, the Children & Young People Core20PLUS5 was published. Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort and identifies '5' focus clinical areas requiring accelerated improvement. In response to this, the Trust reviewed and refocussed the work of the health inequalities steering group and agreed a work plan as an enabler for change in addressing inequalities for the Trust's patient cohort.

To date, the work has focussed on improving data collection to better understand the demographics of our patient cohort to help inform and prioritise the work. The work on digital inclusion was deemed a priority as access to digital technology (including My GOSH and Telemedicine) can have a significant impact on access, treatment and outcomes. Several other workstreams have now commenced although some have progressed more than others and the report details the status of the individual projects.

The Health Inequalities agenda is of significant importance given the status of recovery and reform of healthcare following the pandemic, and the timely access to healthcare is imperative for children's services. As such, the Trust recognises that work on the health inequalities agenda needs to continue to be profiled and appropriately resourced to demonstrate improvement and therefore is now included on the Board Assurance Framework (BAF).

The report concludes by providing an overview of the status of the work plan against a comprehensive BAF review and provides the board with the current status of assurance. It is important to note that the health inequalities agenda is complex and requires a realistic approach to achieve change and demonstrate impact.

**Patient Safety Implications**

This report updates on tackling health inequalities to ensure equitable access, excellent experience and optimal outcomes.

Failure to progress this agenda may lead to lack of access to services, poorer healthcare outcomes and a less positive patient experience.

**Equality impact implications**

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

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<b>Financial implications</b> Nil at present
<b>Action required from the meeting</b> For discussion
<b>Consultation carried out with individuals/ groups/ committees</b> Health Inequalities Steering Group, EMT
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Tracy Lockett, Chief Nurse
<b>Who is accountable for the implementation of the proposal / project?</b> Tracy Lockett, Chief Nurse



## Health Inequalities – a progress report

### 1.0 Introduction

This report updates the Trust Board on the workstreams GOSH are undertaking to help tackle health inequalities in order for us to fulfil our duty in 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. Along with the Trusts determination to tackle health inequalities as an organisation there are a number of key statutory duties in respect of equity and health inequalities that play key roles in creating high quality care for all. Mainly these duties come from The Equality Act 2010 and, the Health and Care Act 2022. As part of the Health and Care act 2022, Integrated Care Systems (ICSs) were created 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.

Prior to the 2022 Act the 2019 NHS Long Term Plan set out a number of actions to drive down health inequalities making it central to everything that the NHS does.

#### CORE20PLUS5- The Trust Position

In November 2022, the Children & Young People Core20PLUS5 was published. Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort and identifies '5' focus clinical areas requiring accelerated improvement.

**Core20:** The most deprived 20% of the national population as identified by the national index of multiple deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.

- Income Deprivation
- Employment Deprivation
- Education, Skills and Training Deprivation
- Health Deprivation and Disability
- Crime
- Barriers to Housing and Services
- Living Environment Deprivation

**PLUS:** Are population groups identified at a local level. Within Great Ormond Street our targeted data identifies ethnicity, sex, IDACI (The Income Deprivation Affecting Children Index) and people with a learning disability and autism.

Specific consideration should also be taken for the inclusion of young carers, looked after children/care leavers and those in contact with the justice system. Whilst we are improving the data collection to identify 'looked after children' (LAC) via Child Protection - Information Sharing service (CP-IS), there is limited narrative attached and other vulnerabilities are not captured. To address this the safeguarding team will review if the Trust is meeting the needs of these vulnerable children, with an aim to identify areas of development to address health inequalities within this patient group.

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. Reasonable adjustments are a statutory requirement to make sure health services are accessible to all disabled people. To meet this requirement, we are continuing to put 'reasonable adjustment flags' on patient records. Flagging on EPIC is captured on the safeguarding risk register as we recognise that more analysis is needed to fully understand our patient population in order to meet fully our legal duties. We currently have 5644 children (who are all GOSH patients) with a Learning Disability (LD) and/or Autism Spectrum Condition flagged on the EPIC system as requiring reasonable adjustments. This has increased year on year from 5551 in 2021 and 5029 in 2020. For us to improve our compliance we have temporarily increased resources within the learning disability team to be able to add reasonable adjustment flags, working with EPR Team to enable us to identify who at any one time is in Trust with a reasonable

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adjustment flag in place – this will enable us to allocate resources appropriately, but also to audit against this to determine ‘live’ accuracy. We are also planning to work with the Clinical Intelligence Champions ( GOSH staff who have ring fenced clinical time to enhance support the work of the Clinical Intelligence Unit) to support interrogation of existing data and identify solutions. A review, led by a senior clinician, working with the Digital Research Environment over the next three months will undertake a retrospective 5–year review of GOSH patients on the cancer care pathway, which will include interrogating the data on LD/autism. Learning will be taken from this work regarding accuracy of flagging for the Trust going forward. We are also working with the LD education team to develop training for nurses at ward level to enable them to apply the reasonable adjustment flag themselves, therefore reducing reliance on central LD team, freeing up more time for the LD team to concentrate on CYP with more severe LD who require additional support.

**Five:** The five areas of focus are part of wider actions for Integrated Care Board and Integrated Care Partnerships to achieve system change and improve care for children and young people. Governance for these five focus areas sits with national programmes; national and regional teams coordinate local systems to achieve aims.

1. Asthma: Address over reliance on reliever medications; and decrease the number of asthma attacks.
2. Diabetes: Increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds; and increase proportion of those with Type 2 diabetes receiving recommended NICE care processes.
3. Epilepsy: Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.
4. Oral health: Reduce tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under.
5. Mental health: Improve access rates to children and young people’s mental health services for 0–17-year-olds, for certain ethnic groups, age, gender and deprivation.

As a priority, we need to understand our role in addressing these five areas plus recognition of the importance of **making every contact count**. We need to plan to feed into the health inequalities outcomes working group.

### 3.0 GOSH Data for Health Inequalities

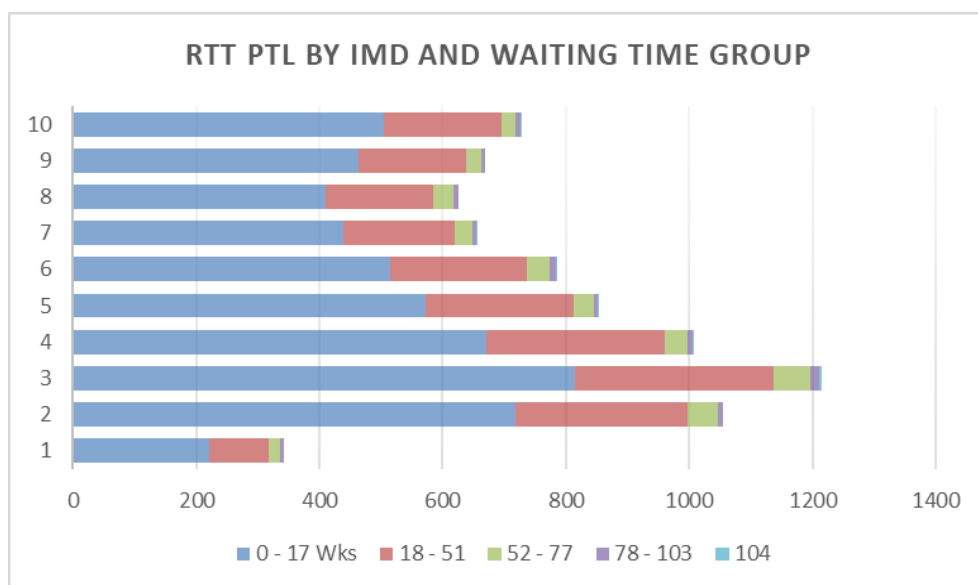
Priority 1 in the NHSE operational planning guidance for tackling health inequalities is restoring NHS services inclusively, breaking down performance reports by patient ethnicity and IMD quintile. To help the Trust understand our population and meet this priority, the performance team are able to profile our patient data by several dimensions. This is important as we start to make interventions. We are able to profile patient cohorts to help us understand if inequalities are a root cause of patient outcomes, access to services, or different experiences etc. We can also start to measure the impact of any intervention we take and to see if the changes we are making are resolving inequalities we may have in our services.

We have profiled the data in the hospital so that we can analyse it by several different dimensions:

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

When analysing the whole Trust for referrals accepted during 2022/23, we can see that 60% of our children are from the postcodes that are in the bottom 50% of the IMD scores and 62% are from the postcodes that are in the bottom 50% of the IDACI scores. It also shows that our patient cohort is 28% Black, Asian and Ethnic minorities against a national average of 15%.

The Trust’s Q2 referral to treatment list was 7,937 awaiting first definitive treatment. Of the patients waiting 52 weeks or more 57% of our children are from the postcodes that are in the bottom 50% of the IMD scores and 61% are from the postcodes that are in the bottom 50% of the IDACI scores. It also shows that within our patient cohort for patients waiting 52 weeks and over 25% are Black, Asian and Ethnic minorities.

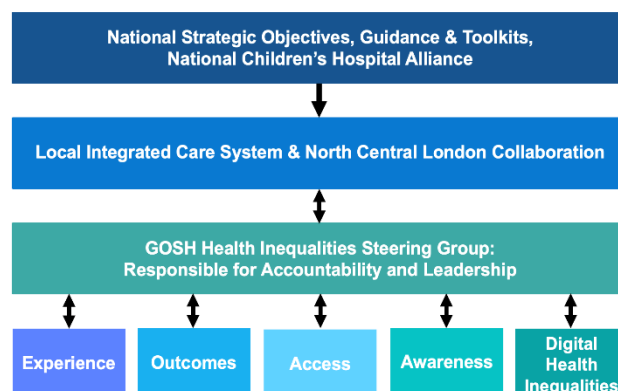


#### 4.0 GOSH Health Inequalities Programme

The formation of a steering group has successfully generated brainstorming, discussions and ambitions to increase the focus within the Trust on the need to help address health inequalities for children and young people, with progress on the initial actions.

<b>Description of Programme</b>	To bridge the gap for patients with complex health needs who are impacted by Health Inequalities by:
	<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</li> <li>Advocating for change and improvement on a national scale.</li> </ul>

The group has now evolved 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. **Appendix 1** is the current RAG rating for board assurance. 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 and strategic objectives, and inclusive of local ICSs and wider collaborations.



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The steering group have defined 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.

	Programme RAG Status:
Access	<b>Commenced</b> Deputy COO identified as lead. Data collection identified as key programme of work
Experience	<b>Commenced</b> The Newly appointed Nurse Consultant for Co-production is leading this workstream The following work has commenced- <ol style="list-style-type: none"> <li>1) Patient Information leaflets are being updated to signpost patients/families who require translation or changes in format to PALS. It is planned that statements will be added to the leaflets in our top languages again signposting PALS to support translations, as needed. The cost of translating all the leaflets is under review, noting the exceptionally low download rate of previously translated materials online (note all covid advice was translated into our top 5 languages but this has very low hit rates online). There is work currently in progress with communication team to consider a patient information officer post to support an accessible information hub on GOSH's website.</li> <li>2) You-Tube patient information videos – The Data, Research, Innovation, and Virtual Environments unit (DRIVE) have resumed the production of health information videos, which are being promoted via GOSH's website and health channel. Feedback on the usefulness of the videos will determine whether this will be something the Trust should continue beyond the YouTube contract period.</li> <li>3) Device Library – the Head of Patient Experience, supported by the play team and ICT is leading a review of device availability within the Trust. The review will determine via an inventory in order to repurpose any unused devices for the benefit of those who do not have access to devices. This work will also crossover with the digital health inequalities working group.</li> </ol>
Awareness	<b>On Track</b> The Trust has appointed a Lead Practice Educator for Health Inequalities, in which we believe is the first in the country, to lead this work. Over the next 18 months, a pan-Trust education programme will be planned, implemented and evaluated to raise awareness of the impact of and how to help reduce health inequalities, with signposting for staff members if health inequalities are identified. This will include involvement of experts by experience in the co-design and co-production of learning materials for staff members.
Outcomes	<b>Commenced</b> Three meetings have been held with the Clinical Quality Assurance Team, with an initial focus on understanding what data is currently captured through EPIC in relation to health inequalities and their effects on health outcomes. The current GOSH dataset does not capture the demographic data needed to look at equity and outcome in sufficient detail.  The team have reached out to The Children's Hospital of Philadelphia (CHOP) to explore how they collate and benchmark this data. Their shared learning was that they capture as much demographic data as is possible via EPIC and as a result can extrapolate data through an equality lens, and that this has revealed disparities in outcomes for some of their services. As a direct result they have been able to implement improvement initiatives to address these issues. This information and gap in dataset have been discussed with executive colleagues. Our recommendation is that we need a strategic approach to resolving these issues within EPIC, and not the introduction of labour intensive quick or local fixes.

	The five clinical focuses of Core20plus5 do not directly correlate with the core functions of a tertiary/quaternary hospital, but our next steps are to work with specialty teams to establish what quantitative or qualitative data can be utilised to demonstrate governance and compliance with their aims.
Digital Health Inequalities	<p><b>On track</b></p> <p>Findings from the <b>Going Digital Study</b> demonstrated there were inevitable variations in patients' and parents'/carers' ability to access and use MyGOSH and virtual care for a variety of reasons including not having English as a first language, having a physical, intellectual or sensory disability, not having the financial means or the skills to be digitally enabled, or due to their cultural or religious beliefs. Variations in clinical teams' approaches to using digital health, face-face or telemedicine were also evident across the Trust. The Digital Health Inequalities working group aims to tackle such issues in an aim to mitigate digital exclusion and promote equitable access to digital health services within the Trust, as well as face-to-face and telemedicine, thereby addressing priority two of the National Priorities for Health Inequalities.</p> <p>The working group set-up is complete; five meetings have been held to date; scoping continues to determine existing workarounds the Trust/gaps that require intervention.</p> <p>Bola Akinwale from NHSE presented to the group the development of a framework for NHS action on digital inclusion. The National Framework has recently been published: NHS England » <a href="#">Inclusive digital healthcare: a framework for NHS action on digital inclusion</a>. The group will work within the five core domains within the framework, to guide working group activity:</p> <ul style="list-style-type: none"> <li>• <b>Access to devices and data</b> so that everyone can access digital healthcare if they choose to and experience the benefits</li> <li>• <b>Accessibility and ease of using technology</b>, so that user-centred digital content and products are co-designed and deliver excellent patient outcomes</li> <li>• <b>Skills and capability</b> so that everyone has the skills to use digital approaches and health services respond to the capabilities of all</li> <li>• <b>Beliefs and trust</b> so that people understand and feel confident using digital health approaches</li> <li>• <b>Leadership and partnerships</b> so that digital inclusion efforts are co-ordinated and help to reduce health inequalities.</li> </ul> <p>Current work includes overcoming the challenges and barriers staff experience to asking for potentially sensitive demographic data, with the aim of having a higher proportion of complete Trust demographic data. This has included feedback from staff in outpatients, and will include a review the prompt document staff members are given during training and development of information posters for display in outpatient departments giving a brief explanation of why we may ask for certain information (including in different languages). This comes under the 'Skills and capability' and 'Beliefs and trust' core domains of NHSE's Digital Inclusion Framework.</p>

## 5.0 Summary

National policy places a strong emphasis on the role Integrated Care Systems and Health Trusts should play in tackling health inequalities. To ensure we have equitable access, excellent experience and optimal outcomes the Trust has several local work programmes underway with several excellent examples of impact, including Sophie's legacy, piloting a scheme which ensures families receive food during their child's stay in hospital. Another example includes research released by the Improve Care Now Network demonstrating the increased risk of relapse for patients from Black, Asian and Ethnic minorities backgrounds with Inflammatory bowel disease in the first year after diagnosis the GOSH mucosal immunology team wanted to better understand the impact for our patients. In surveying our patient cohort, the team have begun to understand more of the barriers to health within the cohort and are now working to develop adaptations to care to ensure equity for all patients. An example of this is that our patient information has always been available in various languages, but this piece of work has shown us that in fact we had no translation for the top 3 languages spoken in the patient cohort which will now be created.



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To determine where efforts should be focussed to ensure maximum impact for children and young people, the collection of data, and its use to determine our patient demographic, will act as an enabler to focus efforts on the priority areas outlined in the programme of work.

The report provides an overview on the progress to date and sets out the direction to achieve change within this agenda.

Appendix 1 Health inequalities Board Assurance framework

	<b>Commenced – work in progress</b>
	<b>Commenced – planning in progress</b>
	<b>Work plan to be determined</b>

National priorities for health inequalities

Key line of Enquiry	P1. Restore NHS services inclusively	P2. Develop digitally-enabled pathways inclusively	P3. Ensure datasets are complete and timely	P4. Proactively engage people at greatest risk in prevention	P5. Strengthen leadership and accountability
<p><b>K1. Leadership capability focused on achieving health equity</b></p>	<p>*Bring questioning and challenge to ensure health equity is at the heart of plans for restoring services and reducing waiting lists.</p>	<p>*Ensure focus on equitable access for all in digital plans, and fair access for all via digital routes, face to face and telephone.</p>	<p>*Ensure relevant and complete datasets are collected and utilised in decision making to tackle inequality.</p> <p>*Ensure collaborative working to complete patient datasets across the system.</p> <p>*Include patient-level data on social factors so that prioritising is based on the whole person, balance of clinical and social factors.</p>	<p>*Collaborative leadership with partners and primary care, place-based approach, empowering communities, and building on assets and strength.</p>	<p>*Tackling inequality is not a separate programme. Embed it in leadership, decision-making, strategies and delivery plans.</p> <p>*Board health inequalities senior responsible officers (SROs) to have passion, commitment and ensure a high profile on health inequalities.</p> <p>*Show leadership across the system. Collaborative working with senior leaders and health inequality leads in the integrated care system (ICS), other provider organisations and primary care networks (PCNs).</p>

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					*Resist pressure on delivering numbers, e.g. waiting list reduction, without taking into account the impact of inequality. Give board backing to operational staff.
<p><b>K2. Clear vision and credible strategy to deliver action on inequalities with robust delivery plans</b></p>	<p>*Clear strategy and plans in place on how inclusivity will be achieved, with regard to socio-economic disadvantage, protected characteristics, disability, ethnicity, LGBTQ+, socially excluded, clinically vulnerable to COVID-19, frail elderly. Check against the Core20PLUS5 measures.</p>	<p>*Specific actions in place to remove barriers to digital access. Ensure equal access via digital, face to face and by telephone for all.</p>	<p>*Delivery plan monitoring to include datasets broken down to characteristic/marker level and remedial actions reported/ assurance provided.</p>	<p>To include: *Improve flu/COVID-19</p>	<p>*Board-level challenge and support to achieve equity for strategies, plans and performance reports, assure excellent access, outcomes and experience for all.  *Ensure staff at all levels of the organisation are aware of the vision and strategy for tackling health inequalities and understand their roles in delivering these.</p>
				<p>*Long-term care management, obesity, smoking, alcohol, cardiovascular disease, hypertension, diabetes, respiratory disease.</p>	
				<p>*Annual health checks for serious mental illness and learning disability. *Maternity continuity of care and focus on the five priorities chosen in the Core20PLUS5.</p>	
<p><b>K3. Equality and diversity are actively promoted in the workplace so that service access and delivery is high quality,</b></p>	<p>*Planning and delivery of services are carried out with the leadership and input of diverse staff, knowledgeable about</p>	<p>*Digitally inclusive, face-to-face and telephone services are delivered by staff sensitive to and knowledgeable</p>	<p>*WRES and WDES datasets are complete and timely and available for scrutiny to underpin strategies and delivery plans.</p>	<p>*Planning and delivery of services are carried out in collaboration with external partners and empowered communities.</p>	<p>*Organisational culture is centred on the needs of all those accessing and using the services.</p>

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<p><b>sustainable and sensitive to the needs of all – and that staff health and wellbeing is being supported</b></p>	<p>their service and those using it.</p>	<p>about the needs of all people using the service.</p>	<p>*The Equality Delivery System (EDS) is in place. *Actively question and draw insight from the data.</p>	<p>*Focus on risk management and safety of staff- ensure equity in staff access to health and wellbeing support. Monitor uptake of support services through inequality lens.</p>	<p>*Executive SRO for health inequalities to ensure integrated working with HR and equality, diversity and inclusion (EDI) executive leads to achieve strategic alignment for workforce EDI and tackling inequality.</p>
<p><b>K4. Clear responsibilities, roles and systems of accountability, to support good governance and management to tackle inequality</b></p>	<p>*Ensure clarity on roles, responsibilities and systems to achieve excellent access, outcomes and experience for all, as services are equitably restored and waiting lists addressed across all specialties.</p>	<p>*Ensure clarity on roles, responsibilities and systems so that digital pathways are inclusive. Equal access for all via digital routes, face to face and telephone.</p>	<p>*Ensure managers at appropriate levels have timely and complete datasets to monitor services, support timely decision-making and have freedom to act, to ensure equity.</p>	<p>*Ensure clarity on roles and responsibilities, in partnership with primary care/voluntary sector/communities for place-based delivery.</p>	<p>*Different leadership and management styles are required to collaborate inside and outside the organisation, with clarity on responsibilities and accountabilities. *Staff are inclusively involved in shaping vision and strategies, and delivery plans. *Give operational staff board backing to focus on inequality as a priority.</p>
<p><b>K5. Clear effective processes for managing risks, issues and performance, with focus on achieving equity</b></p>	<p>*Performance reports and risk logs in place measuring inclusivity of restored services/ equitable management of waiting lists.</p>	<p>*Performance reports and risk logs in place measuring inclusivity/ uptake of digital, face-to-face and telephone services.</p>	<p>*Datasets used as part of performance reporting to be broken down sufficiently for meaningful interpretation and intervention.</p>	<p>*Performance reports and risk logs available, measuring progress on preventative programmes, working with communities, external partners, primary care.</p>	<p>*Performance reports, risk logs and datasets to be monitored and acted upon at the appropriate organisational level, including at board/subcommittee.</p>

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	<p>*Gap analysis of expected uptake against actual undertaken.</p> <p>*Use feedback from patients, staff and communities on fairness. Take notice of complaints.</p>	<p>*Gap analysis of expected uptake against actual undertaken.</p>	<p>*Ensure the monitoring of Core20PLUS5 dataset is completed and used as a key measure set.</p>	<p>*Gap analysis of expected against actual undertaken.</p>	<p>*Datasets to be broken down by ethnicity, deprivation and social factors.</p> <p>*Reports are shared with the public</p>
<p><b>K6. Appropriate and accurate information available on progress against inequality</b></p>	<p>*Appropriate, comprehensive and timely service and speciality-level data being collected.</p> <p>*Data being shared with services to inform timely decision-making at an appropriate level.</p> <p>*Actions taken to address inequity in access, outcomes and experience.</p>	<p>*Appropriate, timely and comprehensive digital, face-to-face and telephone delivery data being collected.</p> <p>*Data being shared with services to inform timely decision-making at an appropriate level.</p> <p>*Actions taken to address inequity in access, outcomes and experience.</p>	<p>*Datasets to be comprehensive, timely and understandable, to support timely decision-making, challenge and assurance.</p> <p>*Work with partners, especially primary care, to ensure patient records are complete, i.e. ethnicity, disability, long-term conditions flags, social factors.</p>	<p>*Datasets must be comprehensive, timely and understandable to support collaborative decision-making, challenge and assurance.</p> <p>*Datasets shared with external partners, primary care and communities.</p>	<p>*Leadership from board to front line to ensure comprehensive data is being collected and made available to services at all levels in a timely manner, to support prompt, informed decision-making.</p> <p>*Datasets to be broken down as a minimum by ethnicity, deprivation and other relevant social factors.</p>
<p><b>K7. People who use services, our communities, staff and external partners are involved and empowered to ensure services have excellent access, outcomes and experience for all</b></p>	<p>*Co-production Working in partnership with staff, partners and communities to restore and reshape services, ensuring equity and excellence in access, outcomes and experience for all.</p>	<p>*Co-production Working in partnership with staff, partners and communities to ensure digital, face-to-face and telephone services provide excellent access, outcomes</p>	<p>*Co-production Sharing meaningful, comprehensive, timely datasets with staff, partners and communities to inform joint decision-making, agreed action and provide assurance.</p>	<p>*Co-production Actively engage with external partners, primary care and communities to seek out those with greatest need and deliver tailored prevention programmes.</p>	<p>*Collaborative leadership required from the board to the front line, within and outside the organisation.</p>



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	<p>*Strength-based collaborative approach exists.</p>	<p>and experience for all.</p>	<p>*Openness in sharing data across organisational boundaries.</p>	<p>Y</p>	<p>*Ensure appropriate access, service delivery and experience to meet the needs of all.</p>	<p>Y</p>	<p>*Community empowerment, strength-based approach, local insight, views and experience of all groups served, including those often excluded.</p>	<p>Y</p>
<p><b>K8. Robust systems and processes for learning, continuous improvement and innovation to achieve equity</b></p>	<p>*Quality improvement methodologies: Model for improvement, appreciative inquiry, co-production.</p>	<p>*Quality improvement methodologies: Model for improvement, appreciative inquiry, co-production.</p>	<p>*Use datasets to support improvement.</p>		<p>*Collaborative learning with partners and communities undertaken.</p>	<p>G</p>	<p>*Ensure an open style of leadership from the board to the front line.</p>	<p>G</p>
	<p>*Listen with curiosity.</p>	<p>*Listen with curiosity.</p>	<p>*Challenge and ask different questions focused on achieving equity.</p>		<p>*Share data and information widely for continuous improvement.</p>	<p>G</p>	<p>*Champion learning and innovation.</p> <p>*Staff trained to use tools and methods to empower them to tackle health inequalities as a core part of their role.</p> <p>*Ensure the culture supports learning and continuous improvement, and role model this from the board leadership.</p> <p>* Listen and hear feedback and stories.</p>	



<b>Trust Board</b> <b>18<sup>th</sup> October 2023</b>	
<b>Emergency Preparedness Resilience and Response Annual Report 2023/24</b>	<b>Paper No: Attachment N</b>
<b>Submitted by: Rachel Millen, Emergency Planning Officer</b>	<b>For Approval</b>
<b>Purpose of report</b> To present an annual review of this year's emergency planning work, and the current compliance of the National NHS England Core Standards.	
<b>Summary of report</b> This report summarises the work of the emergency planning team, key aspects of the organisation's emergency preparedness over the past year and how the trust maintains its readiness to prepare, respond and recover from both emergencies and disruptive challenges. Throughout the year a continuous process of exercising, testing, training, and assurance has taken place. The Trust continues to work with external agencies such as NHS England and other trusts to ensure maximum preparedness and business continuity following any adverse major incidents.	
<b>Patient Safety Implications</b> If compliance of exercise and training becomes low this will have implications to patient safety.  If business continuity plans become out of date for a period of over one month this may have implications to patient safety.	
<b>Equality impact implications</b> None	
<b>Financial implications</b> Not Applicable	
<b>Strategic Risk</b>	
<b>Action required from the meeting</b> Approve the report	
<b>Consultation carried out with individuals/ groups/ committees</b> This was reviewed at the Executive Management Team Group, ahead of review at Trust Board.	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Emergency Planning Officer	
<b>Who is accountable for the implementation of the proposal / project?</b> Chief Operating Officer	

## Great Ormond Street Hospital NHS Foundation Trust

### Emergency Preparedness, Resilience & Response Annual Report 2023/24

#### 1. Executive Summary

The Trust is committed to developing and maintaining policies and procedures by taking a proactive approach to emergency preparedness, resilience, and response (EPRR). The purpose of this report is to provide information relating to Business Continuity and Emergency Preparedness, Resilience and Response across the Trust in 2023/24. It explains incidents, compliance with NHS England (NHSE) core standards, Training and Exercises, and continuing plans to take forward and improve the management of emergency planning and business continuity in the Trust.

#### 2. Introduction

This report summarises the work of the emergency planning team, key aspects of the organisation's emergency preparedness over the past year and how the trust maintains its readiness to prepare, respond and recover from both emergencies and disruptive challenges. Throughout the year a continuous process of exercising, testing, training, and assurance has taken place. The Trust continues to work with external agencies such as NHSE and other trusts to ensure maximum preparedness and business continuity following any adverse major incidents.

#### 3. EPRR Assurance

The Emergency Planning Officer (EPO) completed a RAG rated self-assessment against the NHS Core standards for EPRR on Friday 8<sup>th</sup> September 2023.

Last year the organisation remained 'Fully Compliant'

This year's assurance meeting will take place on Tuesday 24<sup>th</sup> October 2023. NHSE, the Trust's Accountable Executive Officer (Chief Operating Officer), The Trust's Alternative Accountable Executive Officer (Deputy Chief Operating Officer) and EPO will take part in the meeting, where we will review and confirm core standards have been achieved and therefore, we will then be issued a final compliance result. We are continuing to rate the organisation as 'Fully Compliant'.

This year's review will be slightly different from previous submissions. Due to the pressures of strike planning during this period it has been agreed to reduce the assurance meeting to one hour, and specifically review previous action plans.

We will continue to be reviewed by NHSE and NHS North Central London (NCL) Integrated Care Board (ICB).

This year's deep dive will focus on EPRR Training which will include ensuring organisations are aligning themselves in a universal approach to training.

For the second year. We will be tested against a new deep dive question in relation to the London Local Health Resilience Partnership (LHRP) Equality Diversity Inclusion (EDI) subgroup which focuses on the organisation's EDI arrangements for EPRR. The standard will allow an anonymised view of the situation across NHS EPRR in London leading to the identification of themes that the group can support and/or good practice to draw on and share. Completion will remain not a mandatory part of the process and will not contribute to the organisation's overall compliance rating or subsequent report.

At Trust level, The Emergency Planning Group continues to meet on a quarterly basis to review the progress of the yearly work plan and the training & exercise programme. Plans and policies are reviewed and

discussed here before being taken to Policy Approval Group or Operational Board for agreement and sign off.

#### 4. Business Continuity Plans and Polices

The Trust Business Continuity Plan has been reviewed ahead of this year's assurance meeting, confirming a yearly review of the policy has taken place. This continues to support the Business Impact Assess and RAG (red/amber/green) service criticality ratings.

Using the 'Business Continuity Plan Tracker', we continue to review and challenge out of date plans to ensure the level of non-compliance plans stays low. All business continuity plans that remain low will be raised at the emergency planning group.

We also work closely in partnership with Moorfields eye hospital to ensure we share learning from a specialist hospital perspective. As well as arranged for a collaborative business continuity audit of each other's organisational plans.

The GOSH EPO is now the co-chair of the specialist trust EPRR check and challenge policy review group, we are meeting quarterly and review policies ahead of organisational sign off. This has significantly improved the quality of policies since being introduced.

#### 5. Training and Exercises 2022

Training type	Audience/role	Content
Duty Manager refreshers  <i>Yearly</i>	General Managers and Heads of Nursing on the Duty Manager rota with on call function	<ul style="list-style-type: none"> <li>• Incident response</li> <li>• Setting up incident control centre</li> <li>• Scenario training</li> <li>• Lessons identified through minor incidents</li> <li>• Debrief</li> </ul>
Exec on Call Training  <i>Yearly</i>	Training for all Exec on call to confirm competence in understanding and how this will be implemented	<ul style="list-style-type: none"> <li>• Incident Control Room</li> <li>• Key Stakeholders</li> <li>• Press / Media training</li> <li>• Recovery</li> <li>• Mutual Aid</li> <li>• Debrief</li> </ul>
Principles of Health Command  <i>3 Yearly</i>	Executive Management team and Directors fulfilling the Gold rota with on call function	<ul style="list-style-type: none"> <li>• Civil Contingencies Act responsibilities</li> <li>• Defensive decision making</li> <li>• Legal considerations and logging</li> </ul>
Incident Loggist's Training  <i>Monthly</i>	Volunteers from across the Trust fulfil the loggist role We also support local trusts by training some of their staff to support the NCL area.	<ul style="list-style-type: none"> <li>• Emergency management overview</li> <li>• Methods of logging</li> <li>• Legal background and reasoning</li> </ul>
CBRNE (Chemical Biological, Radiological, Nuclear and Explosive)	Reception staff who deal with unattended bookers. CSP staff who deal with unattended bookers.	<ul style="list-style-type: none"> <li>• Identification of CRBNE / HAZMAT situations</li> <li>• Safe isolation of persons</li> <li>• Protection of non-contaminated personnel</li> </ul>

/HAZMAT (Hazardous Material) Training	Security staff who deal with unattended bookers.	<ul style="list-style-type: none"> <li>Working with external stakeholders to ensure safe management of incidents.</li> </ul>
Yearly		

The **Duty Managers** who carry out the Trusts tactical on-call function (Silver rota) will **receive refresher training on a yearly basis** in managing the response to emergencies, with an expectation that they attend at least one session per year. This training incorporates learning from real incidents which have occurred both in the Trust and across the London region and includes setting up the incident control room and running through their roles. This will support the assurance process for on call training arrangements.

**Exec on Call Training** these sessions should take place yearly to support new members of staff who have joined the exec on call rota. Those on Exec on call are expected to complete this training once a year minimum. As like the Duty Manager training this will also support the assurance process for on call training arrangements.

**Principles of Command (Replacing Strategic Leadership in a Crisis)** virtual dates are currently being shared with the Executive team. These sessions are running by NHSE and are focussed on EPRR Planning and response arrangements, Awareness of the requirements of the CCA 2004 and associated guidance, roles, and responsibilities of other emergency partners, planning and response arrangements within the organisation, concept of “Defensive decision making” and Overall performance of the response team. Exec on call staff are only expected to complete these sessions 3 yearly.

#### **CBRNE (Chemical Biological, Radiological, Nuclear and Explosive) /HAZMAT (Hazardous Material) Training**

This is a new training programme that has been rolled out this year, as highlighted as a possible gap in learning.

Due to the increasing risk of a CBRNE / HAZMAT incident occurring in London its crucial all organisations have a clear decontamination plan and are confident we know how to safely isolate a situation until we can receive external support from NHS LAS and London Met Police.

This training will initially prioritise reception staff who will be likely to meet these unattended bookers, followed by security and CSPs who are the next stage in the action plan.

This training will be completed yearly.

#### Exercises

**Exercise Murphy’s Law** – This exercise was created to review the impact of the organisation in relation to an external major incident along several smaller local issues happening internally.

This incident focussed on how the Tactical (Silver) and Strategic (Gold) responded to operational and external communications.

This exercise relied solely on phone call conversations, which allowed staff to treat this as a live simulation.

We were fortunately enough to have the NHS ICBs supporting this exercise.

**Missing Child Exercise** – This tested the initial incident team’s response to finding a missing child. This included participation from our local police colleagues in Holborn.

**Exercise Flambé** is an interactive table-top exercise which explores staff roles during a full ward evacuation because of a fire. The session identifies ‘best practice’ for their specific area and learning from the ‘Live’

evacuation exercises. These sessions are done on a rolling basis and the EPO has had input into the content and supports the training.

This year we also ran the training for Duty Managers and Matrons based on a lesson identified.

**Incident Loggists** are currently trained and ready to log if required. These loggists are now being offered the opportunity to attend exercises to get an opportunity to test their logging skills ahead of a major incident. Loggist refresher dates have become available, and all staff can attend to refresh existing skills.

**Winter Surge 2022/23** to prepare for this year's winter surge, we hosted a tabletop lesson learned session where all directorates reviewed last years winter plans, and we checked and challenged gaps within these, and created possible changes for this year.

We ran a debrief which highlighted the need for regular testing of winter surge arrangements, as the organisations surge plan was originally created to support Covid 19 winter pressures, so the requirements and expectations have changed significantly since this time.

The learning from all training and exercises is shared with the Emergency Planning Group and supports the review process of the relevant emergency plans and training programmes. This is also taken to the Patch Emergency Planning Groups to discuss best practice.

## **6. Incidents**

### **OBW (Octav Botnar Wing) lifts - Out of service**

In June, it was identified that both patient OBW lifts were out of service.

This meant that during this time, patients who required transporting via a bed were unable to be moved, except via fire and evacuation methods using slide sheets.

The existing OBW lifts were still functional but were not large enough to receive patient beds, only wheelchairs. Which some clinically unwell children would have been unable to use.

After the Duty Manager and CSPs (Clinical Site Practitioners) conducted a risk assessment it was agreed that we would receive support from HATS (Healthcare and Transport Services) and if required and they would help transport patients using their local evacuation equipment. Fortunately, throughout the incident there was no requirement to move any patients.

This incident was resolved within 48 hours and the incident stood down. The additional lift was repaired within an additional 7 days, allowing all lifts to be fully functional again.

This did highlight a gap in evacuation training from some directorates, so the trust rolled out additional evacuation of ward training via the practice educators and Education team.

We also ensured that all staff had received exercise flambe training in the last 6 months, in the specific areas impacted by the OBW lift failures.

### **Travel Disruption**

There have been several travels strikes impacting National Rail Services and Transport for London. These have caused disruption to our staff, patients, families, and visitors.



To facilitate a plan for the ongoing and expected continual striking, we have been reviewing staff working in critical areas and reviewing their business continuity measures in the event their initial mode of transport is unavailable.

We have reviewed transportations working closely with Camden Council to support us with the lifting of parking restrictions. This included highlighting a car share option to try and reduce the amount of vehicles and help staff who don't drive. We have also shared information on cycling to work and taking advantage of the free Santander bicycles.

We have also been reviewing accommodation options across the trust and externally. This has included using decant wards and the staff hotel to provide both night and day sleeps. We also had the support of GOSH charity to help fund some external hotel rooms.

We were able to accommodate all staff who were required on site during the strike dates and were able to either run full services as business as usual or only reduce a very small amount of activity.

### **Healthcare Strikes (BMA & RCN)**

Throughout the year there have been a continuous flow of industrial strike action from health care professionals.

To support the continuous impact across the organisation we have stood up the command-and-control structure several times. This has resulted in daily (including weekend) tactical planning to ensure the hospital remains safe.

During the time there has been lots of work done from operational managers to ensure contingency rotas are created, and re allocation of appointments where necessary are implemented.

We have been able to successfully ensure the hospital remains safe, however we are seeing the striking periods increasing and with this we continue to anticipate impact increasing, and plans being but under extensive pressures.

This is something we are aware will likely remain into the following year, and so these are being managed through business as usual where possible, to provide senior managers more time to deal with the situation instead of having to report back several times a day via the command and control structure. This has proven to work effectively during the September BMA strike dates, where for the first time we managed the entire strike via regular strike planning and escalation meetings.

We will continue to monitor and review the situation as it's a continuously adapting situation, and are foreseeing an increase in impact as they continue.

### **7. Next steps**

The EPO supported by the Emergency Planning Group will continue to progress with emergency preparedness across the Trust with emphasis on training and exercises for all senior managers and decision makers. There continues to be a focus on business continuity across the Trust and the need for deeper dives into business continuity plans and local testing.

The EPO will be reaching out to directorates to individually to check and challenge local plans to ensure they include criteria for all services including the non-critical areas.



**Summary of the Quality, Safety and Experience Assurance Committee  
held on 28<sup>th</sup> September 2023**

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

Focus was being placed on managing long waiting patients in the context of industrial action and on developing guidance for patients and their families on the right to a second opinion following calls for the introduction of Martha's Rule. The Committee discussed the implementation of Learning from Patient Safety Events (LfPSE) and noted that the aim was to promote transparency through the health system however it was likely that ongoing modifications would be required for the tool and there was no differentiation between adult and paediatric settings. The committee welcomed the substantial progress that had been made with Duty of Candour and noted that the metric was likely to be removed from the Integrated Quality and Performance Report as a result of the progress made.

**Quality and Patient Experience: Chief Nurse Report**

A restructure of the senior nursing team was taking place which would strengthen a number of functions including safeguarding, patient experience, learning disability and nursing workforce. It was confirmed that there would not be a detrimental impact on any area. Infection Prevention and Control was focusing on the International and Private Care cohort of patients and new processes had been implemented for enhanced surveillance, testing and cleans associated with patients from countries at high risk of Carbapenemase Producing Enterobacteriaceae (CPE). Cases were decreasing as a result and a full report of the effectiveness of the measures would be available at the end of the year once they had been in place for six months. The team was working well with estates and facilities and there was considerably more assurance around water and ventilation. Discussion took place around ward accreditation, and it was noted that whilst the metrics were in place to enable a ward to be assessed, the data was not yet complete and the Trust was not yet in a position to begin accrediting wards.

The number of complaints received in 2023/24 was broadly in line with that of the previous year and there had not been an increase in feedback, either through complaints or PALS, related to strike action which was indicative of good communication in this area. Discussion was taking place with the GOSH Charity about resourcing for work around health inequalities.

Note: A copy of the Annual Patient Experience Report 22/23 is attached for information. This was submitted to the QSEAC in June 2023.

**Medicines Safety & Governance Report**

Since the inception of the drugs and therapeutics committee the increase in activity and complexity in the use of medicines and therapies had led to 50% of the meetings being adhoc or emergency meetings without a full committee membership. A working group was being established to scope governance requirements and align processes. The team was working through the actions from the 2019 CQC inspection and this was being monitored by the Medicines Safety Committee. The QSEAC welcomed the progress that was being made and noted that following a meeting with the Inspection Action Group (IAG) it was likely that the Trust would be able to move away from IAG oversight by Spring 2024 which was positive.

**2023 Gastroenterology Review**

The review team had shared verbally that they had found no outstanding concerns from the previous reviews of the service and that patient safety was at the heart of decision making. They had particularly commended team

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working, good morale and strong nursing and service management teams noting the important role that GOSH played in the patient pathway.

The Committee discussed the areas that had been identified requiring further improvement and it was noted that the review team had been asked to challenge the service to move to outstanding and the terms were not used in the way that they would be by the CQC. Congratulations would be passed to the team prior to the publication of the review more widely.

### **Update on quality related Freedom to Speak Up cases**

There had been 18 contacts to the Freedom to Speak Up throughout the period, six of which had been patient safety related. Questions were being raised in fora such as the Big Brief about safety around speaking up and discussion would take place at the People and Education Assurance Committee in October around detriment for those who had chosen to speak up.

### **Health and Safety Update**

There had been a reduction in sharps incidents by approximately 20% in 2022/23 when compared to 2021/22 as a result of the work to procure more safer sharps devices. RIDDORS had remained low with two in the reporting period and a new Fire Officer was now in post.

### **Oversight of quality and patient safety at GOSH**

Considerable focus in 2023/24 was being placed on the implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LfPSE) and the team had challenged itself to ensure this was being done in a timely way with robust plans. It was agreed that an update on the Patient Safety Transformation Programme would be provided at the November QSEAC meeting.

### **PEWS and the Deteriorating Child Project Update**

The project had developed three work streams plus an additional workstream to identify learning from patient stories. Over the lifetime of the project these areas had shown good improvement and there had been good stakeholder engagement including in areas such as skin tone which was important for patient safety and equality, diversity, and inclusion. The project had been shortlisted for a Health Service Journal Patient Safety Award.

### **Update from the Risk Assurance and Compliance Group on the Board Assurance Framework including draft trust Risk Appetite Statement**

The Committee discussed the risk scores for BAF risk 18 on health inequalities and asked that the element of the risk around looked after children was strengthened noting that the proportion of GOSH patients who are looked after was considerably higher than the general population.

The Committee agreed to reduce the net risk score of BAF risk 11: medicines management from 4x5 to 3x5 to reflect the good progress that was being made in this area.

Discussion took place around whether a separate BAF risk was required for a new service which was being developed at GOSH and it was agreed that this would be paused until the pilot of the service had begun at which point further consideration would be given to whether a separate BAF risk was required.

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

There had been slippage in the development of the Better Value programme and a fully developed programme with signed off schemes was not yet in place. There had been an acceleration of progress over the summer resulting in an increased number of schemes in the programme which were going through the EQIA process. The Executive Team had agreed that a balance was required around the focus that was placed on achieving the Better Value target in the context of competing priorities including ongoing strike action. The Committee noted that that

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the proportion of the target that had been identified at this point in the year was broadly in line with that of other Trusts.

#### **BAF Deep dive - BAF Risk 13: Mental Health Strategy**

A workshop had taken place over summer 2023 to begin the development of the mental health strategy however there had been slippage in completing the strategy. It was important to ensure that mental health provision across the Trust was considered in the round and the availability of hospital wide mental health support equal. The Trust had applied to the CQC for the ability to section patients due to a change in the cohort of patients requiring GOSH's support. In the interim, court applications were required on a case-by-case basis. Considerable training would be required for duty managers, Executives on call and other staff once GOSH had the ability to section patients as this would also be required for patients outside the Mildred Creak Unit.

There was an opportunity for service development and a pilot had been developed in which a mental health liaison team had been established using existing resource and the impact of this would be measured. The Committee discussed the Perplexing Presentation Service, and it was noted that there were a number of benefits to the patient and also to the Trust of not over investigating symptoms however it was important that teams were able to work alongside families in these circumstances.

#### **Governor feedback**

Discussion took place about the increase in incidents in one directorate and it was agreed that further information would be requested about whether any themes had been identified.

## Patient Experience Overview 2022/23



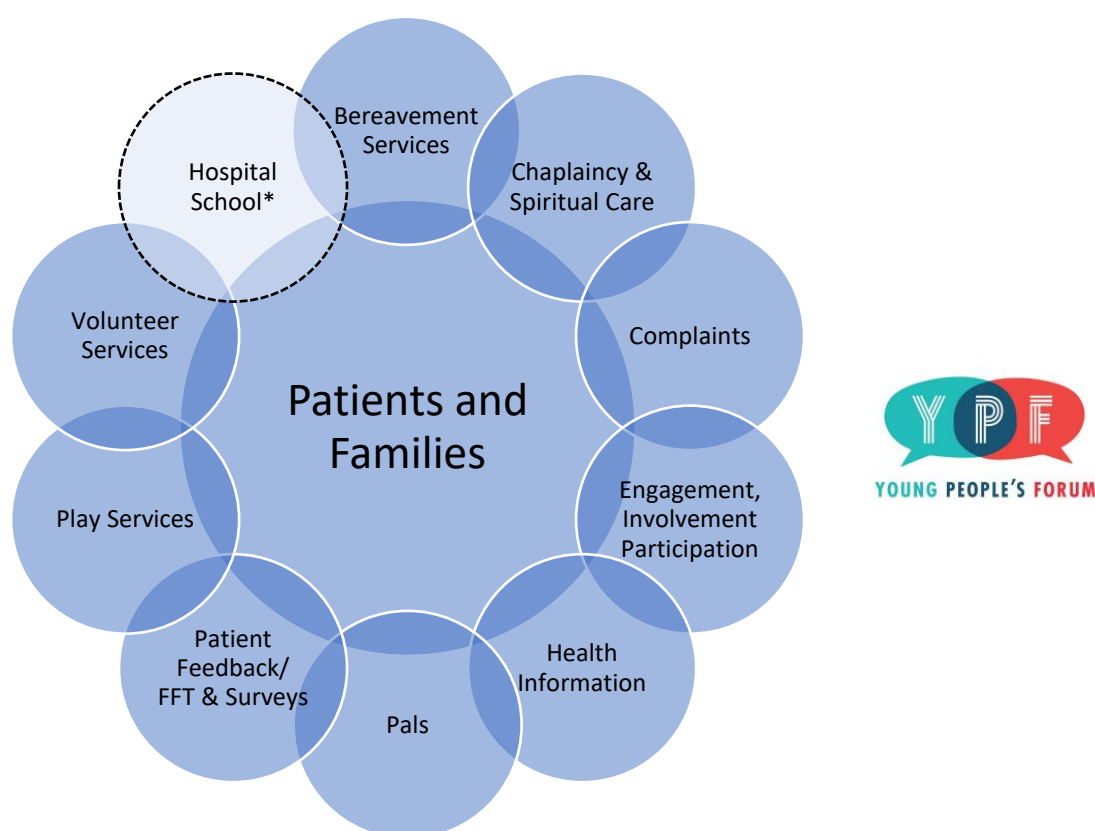
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## Introduction

We know that coming into hospital can be daunting. The work of Patient Experience collectively focuses on supporting our patients and families, enabling them to share their experiences and feedback, using this to shape and improve what we do, and where possible, creating moments of joy even in the most difficult of times. In addition to this, we play an important role in supporting staff to improve the experiences of our patients and families.

As part of the Nursing and Patient Experience directorate, Patient Experience offers the services below. This report will provide a top-level summary overview of activity during 2022/23, priorities next year and an update on the Patient and Family Experience Framework and collaboration with GOSH Children's Charity (GOSH CC).



*\*The Hospital School is under the jurisdiction of Camden LA & the Department of Education and has a dotted reporting line to Patient Experience.*

Patient Experience have been working closely with GOSH Children's Charity (GOSH CC) to explore how we better demonstrate the impact of our charity funded services (Chaplaincy, Play and Volunteering). Across all of Patient Experience, there has also particular focus on improved data collection which has been fundamental to this first combined Patient Experience Annual Overview Report. In addition, the data confirms a general rise in activity and demand for services across Patient Experience.

Feedback consistently tells us that patients and families generally have very good experiences at GOSH. We want to build on these strong foundations as well as ensuring that we hear from harder to reach groups. We are working on a new Patient and Family Experience strategy which, in consultation with staff, patients, families and other stakeholders, will set out our aims and priorities



over the next few years. This will be instrumental in further discussions with GOSH CC about future collaboration and also wider consideration of the financial sustainability of Patient Experience services at GOSH.

Children, young people, and families are at the heart of what we do. Our Young People's Forum has gone from strength to strength this year and demand for the insight and contributions of the patient and sibling YPF members is higher than ever with tasks ranging from executive recruitment panels, food testing sessions and review of the Cancer Centre design proposals. All decisions about the YPF are made by the members/ elected Chairs and in continued support of this, the YPF report (page 29) as been created by our elected YPF Chair and Co-Chair.

**Patient and Family Experience- June 2023**

## Patient and Family Experience- our foundations

The **Patient and Family Experience and Engagement Committee** is chaired by the Chief Nurse and feeds into the Quality Safety and Experience Assurance Committee. It oversees the patient and family experience and engagement across the Trust and has authority to make decisions in relation to development and delivery of patient and family experience and engagement within the Trust. Five PFEEC meetings were held in 2022/23 (the frequency of meetings will be increased in 2023/24 in line with a review of the terms of reference). The meetings review feedback themes and actions to address this (including but not limited to wi-fi, food, concerns about transport), annual reporting of services including the Hospital School and Citizen's Advice, and compliance with relevant guidelines, practice and statutory requirements. PFEEC is attended by members of Patient Experience, Heads of Nursing, Learning Disabilities, representatives from Space and Place, parent, and governor representatives (and when possible, members of the Young People's Forum) along with other ad hoc attendees.

The **Framework for Excellence in Patient and Family Experience** was created to guide the work of everyone in GOSH to make sure that patients and their families are at the heart of what we do (see below) and is based on the NHS England Patient Experience Improvement Framework <sup>1</sup>.

PATIENT AND FAMILY EXPERIENCE FRAMEWORK			
<b>Our Ambition</b>	Make children, young people and family experience out of this world		
<b>Our Approach</b>	Caring and Respecting	Listening, Engaging and Improving	Accessibility
<b>Our Cross-Priority Themes</b>	Empowering patients and families/carers and supporting resilience	Joy	Enhancing support for seldom heard groups
	Contributing to positive staff experiences	Partnership opportunities	Impact beyond GOSH
<b>Our Priorities</b>	Patients	Families and Carers	
	Siblings	Skills for Staff	
<b>Investment Towards</b>	Patient Experience Services for Children, Young People and Families	Patient Experience Improvement Projects for Children, Young People and Families	

<sup>1</sup> An evidence-based organisational development tool that gives Trusts a framework to assess their current approaches to experience of care. The framework is based on CQC reports and themes from trusts rated as adequate and outstanding.

The GOSH framework, produced in collaboration with patients, families, staff and GOSH CC, also formed the basis of a proposal to the Grants Committee for existing grants and additional funding for some specific initiatives to support patients and their families.

In the absence of additional funding, some initiatives have been limited but our commitment to ensuring excellence in patient and family experiences and amplifying our current resources and services is unchanged. A summary of some of the wider focus areas in 2022/23 are set out below. In addition to this, we continue to work closely with GOSH CC to support their work on Patient and Family Experience priorities and an impact framework.

<b>Play training for healthcare professionals</b>	<p>Virtual training content is available via the GOSH Learning Academy and feedback has been excellent. Learning disabilities Play training is also being delivered in house. The Play team are also developing an online library of arts and crafts play packs to enable entertainment and distraction.</p> <p>The addition of further training content has slowed due to a restructure of the Play management team. However, a proposed Play Practice Educator post will resume the development of further training packages and a competency framework.</p>
<b>Expansion of Music Therapy service</b>	<p>Music therapy students are now enabling us to increase the reach of music therapy. However, our data confirms that the demand for this service continues to rise. In light of this, avenues for additional funding to increase qualified music therapists are being explored and a business case is being finalised. Feedback consistently supports the benefits of music therapy and tells us that patients want more music therapy</p>
<b>Wi-Fi and bedside entertainment</b>	<p>Working in collaboration with ICT and others, the wi-fi reliability, access to websites and reach has improved although feedback remains variable (families i. In addition, a revised bed side entertainment system, informed by patient feedback, is being finalised.</p>
<b>Deteriorating Patients</b>	<p>Patient Experience have been part of this trust-wide project to improve how we identify and respond to changes in patients' conditions and concerns from families. The project, gradually being extended across the Trust, has been nominated for two national awards. This project responds to issues identified following review of the high risk/ red complaints.</p>
<b>My Name is badges</b>	<p>In addition to feedback from the YPF, additional views are being sought from patients and families about the content of the badges prior to a funding proposal being finalised.</p>
<b>Food on Demand</b>	<p>A pilot optimising patient choice on food and when patients want their meals has been very successful with evidence of positive outcomes in relation to health and wellbeing of patients. A working party to consider wider implementation of this has been set up.</p>

<b>Wider accessibility to Chaplaincy and Spiritual Care</b>	Informed by data, we have increased chaplaincy volunteers to provide a more equitable service across the hospital.
<b>Hospital Transport</b>	Following a workshop with the Transport team and external provider, a comprehensive action plan was agreed to improve reliability of transport, communication, booking processes including patient/ family vehicle requirements. Close monitoring shows that with the exception of a few minor peaks, there has been a significant reduction in transport complaints.
<b>Cost of living</b>	Responding to the cost-of-living increases and a rise in requests for travel reimbursement, the Patient Experience team successfully applied for additional funding from GOSH CC to support these families.

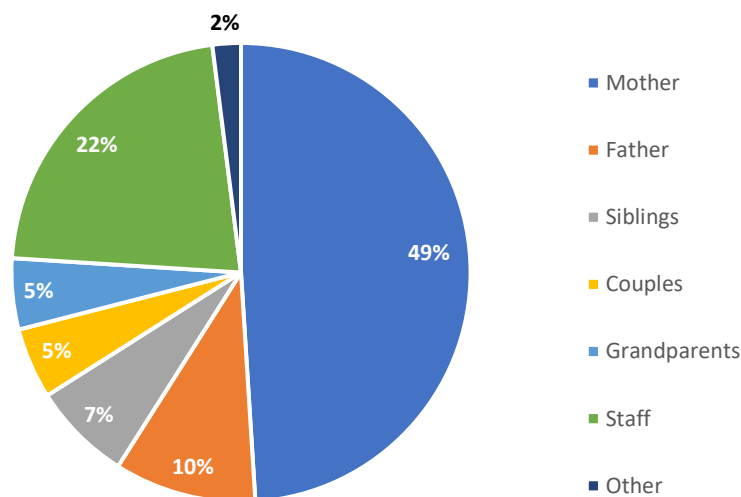
Patient Experience continue to work with services to promote the voice of patients and what is important to them. Feedback informs areas of focus along with guidance including but not limited to the NICE guidance: Babies, children and young people's experience of healthcare (appendix 1).

## Bereavement Services

Caring for children and families does not stop when a child dies. Support may be required to prepare for the death of a child and support may be needed after a child dies. The Bereavement service works with patients, families and staff to create memory aides, provide emotional support and review GOSH services to ensure we are providing the best care we can for children who die, and their families. Our Bereavement Service was instrumental in the production of the National Bereavement Standards and our pathways are compliant with these standards and the When a Child Dies guidance.

The Bereavement Service provides bereavement counselling to families and staff, co manages the Child Death Helpline, delivers education and training to GOSH staff and external organisations, advises and contributes to national bereavement policy/ guidelines/ standards, and supports post death processes including 'When A Child Dies', registering a death, Child Death Review, bereavement key worker and the Medical Examiner Service.

In the context of increased demand, bereavement counselling has been the key focus for the Bereavement Service in 2022/23. The Bereavement team write to families a few weeks after their child has died and on the first and second anniversaries (sending more than 500 cards and letters last year offering and signposting support). In 2022/23 following an increase in deaths and requests for counselling, Bereavement Services have provided 301 bereavement support sessions. The breakdown of these sessions is set out below with 49% (an increase of 10% in 2021/22) being provided to bereaved mothers.



There has also been an increase in Child Death Review and Mortality Review Group meetings supported by the Bereavement Service (see below).

102 inpatient deaths at GOSH between April 2022 and March 2023

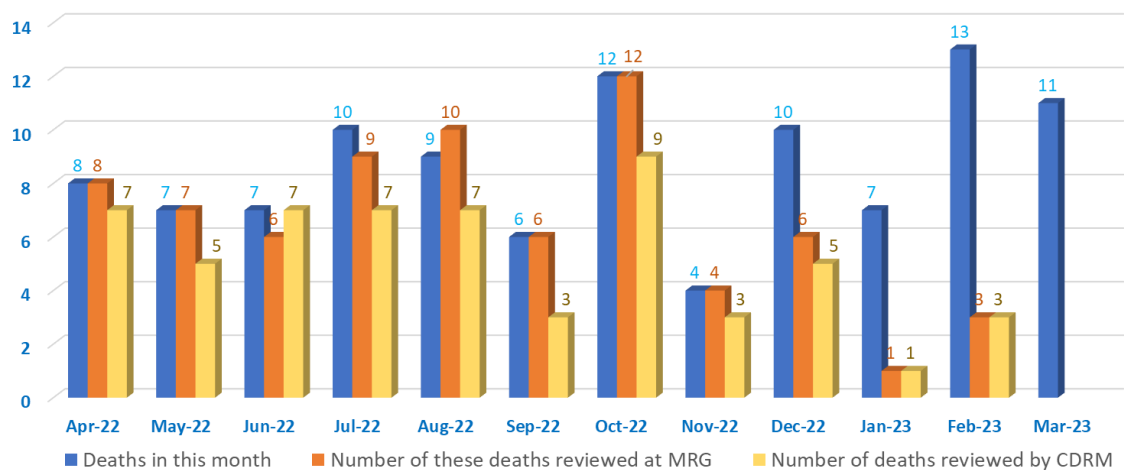
77 of which have been reviewed by the Mortality Review Group – 25 cases still to be reviewed for deaths in the months of Dec, Jan, Feb, Mar 23 this is due to reviewers' capacity

58 CDRMs have taken place within this time frame 5 cases have been completed by the local CDOP/Hospital as they were JAR cases

3 Cases are still to be reviewed by the local CDOP/Hospital – JAR cases - **initial response meeting for unexpected deaths**

40 Cases still to be reviewed by GOSH – 18 of which are overdue. Delay due to consultant capacity to attend MRG/CDRM at an earlier stage

13 cases still to be reviewed are coroners/inquest or police investigations - **as per statutory guidance to wait for final reports and outcomes before holding CDRM**



In addition to increased counselling, other areas of focus for the Bereavement Service include:

- The pilot and implementation of the Medical Examiner Service
- Ongoing review and improvement of the Child Death Review Meeting processes
- Review of the Child Death Helpline
- Increased face to face training both within GOSH and externally
- Publication of 'When a Child Dies' section of the Great Ormond Street Hospital Manual of Children and Young People's Nursing Practices
- Publication of 'Death and Dying in Childhood' section of the Textbook of Children and Young People's Nursing – Death and Dying in Childhood.
- Grief Awareness Week

Feedback about the Bereavement Service is overwhelmingly positive.

*"Huge thank you for your help in answering questions about my twin. I really appreciate all the time you have given me, I am already a little more at ease with my thoughts/grief. I will never forget the kindness you have shown me."*

*"I can't tell you how much I appreciate you. Your support, guidance and encouragement have got me through this with no scars, just coping strategies and confidence in my ability to move forward. I wouldn't be the person I am today, without you."*

*"First and foremost, thank you for delivering such a heavy course with such care and compassion, it is testament to the to your roles in caring for the families at GOSH. Each of you brought a different elements to the day and I really couldn't praise the delivery of the*



*two-day course higher. I genuinely feel honoured to work alongside such dedicated professionals.”*

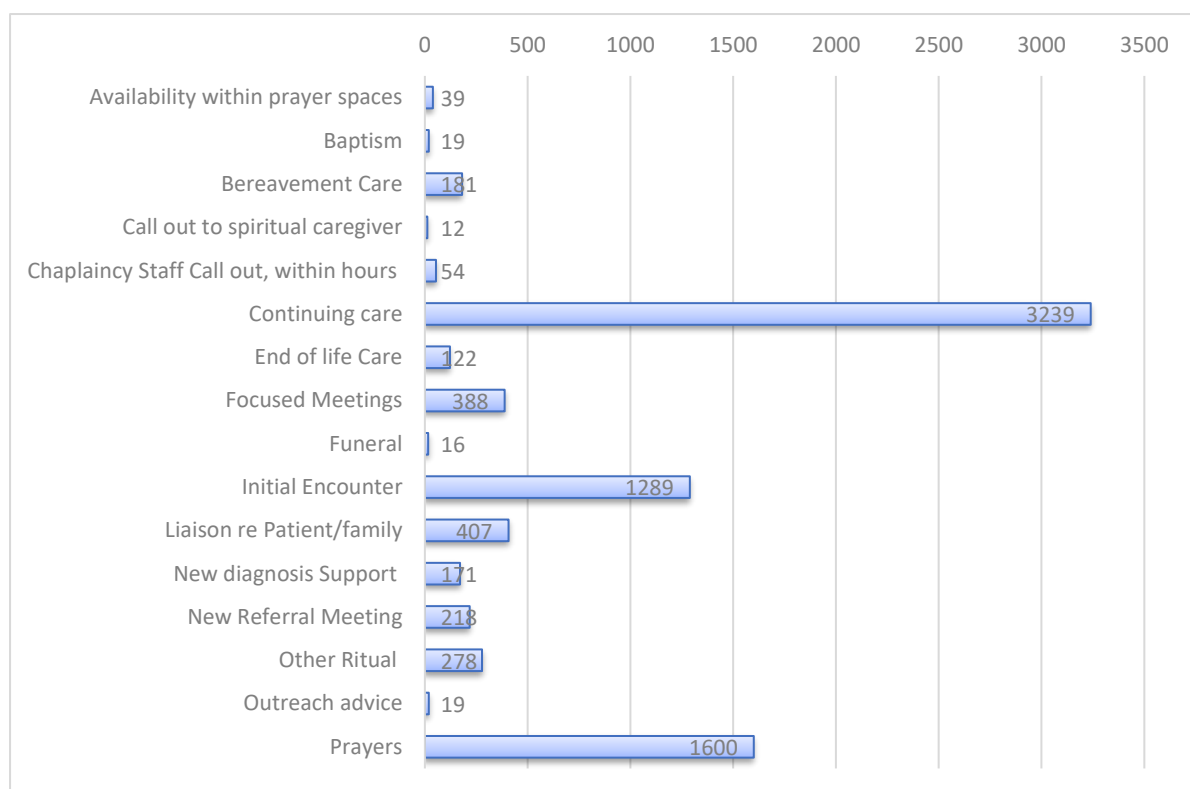
**Focus for 2023/24**

- Online feedback tool for bereaved families
- QI programme review of When a Child Dies pathway
- Review of Education strategy in collaboration with Palliative Care team to review after death care training

## Chaplaincy and Spiritual Care

The Chaplaincy and Spiritual Care Service (CSC) support all patients, families, and staff of all faith groups and those who wish to explore philosophical concerns too. Spiritual care continues to be a necessary component of the holistic care provided by GOSH. Through chaplains and spiritual caregivers - patients, families and staff are all provided with opportunities to process, share and explore their spiritual life and its relationship with illness, challenge and loss.

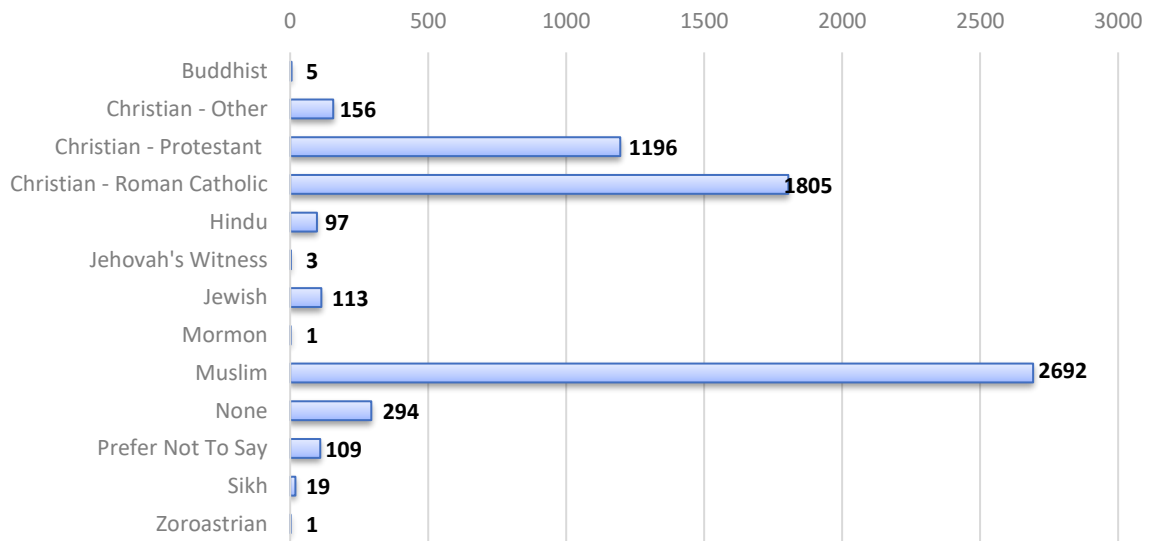
In 2022/23 CSC recorded almost **14,000 encounters with patients, families and staff**. This was a slight reduction from the previous year. CSC continue to work to improve data collection to reflect events with multiple participants (for example funerals and memorial services) and the variable duration of support provided. With the exception of around 900 staff support sessions (a third of which related to wellbeing), the remaining encounters relate to support offered to children, young people and their families. The nature of support provided to CYP and families is set out below.



The majority of CSC support is provided in the Intensive Care Units within the hospital. At ward level and consistent with previous years, Bear ward had the most encounters (n=799). This is attributed to factors including the length of stay and close associations/ relationships with CSC.

A breakdown of encounters according to faith/ philosophy is set out below and is key in ensuring that we are meeting the needs of patients, families and staff and that our staffing reflects this. There has been a significant increase (29%) in the number of Muslim patients, families and staff seeking support from CSC.

### Annual Data by Faith 2022-23



Throughout the year the CSC have also celebrated several religious festivals across faiths and continue to develop a calendar of events for patients, families, and staff.



#### Feedback from patients, families, and staff

Whilst conscious of the sensitivity of requesting feedback from users of the CSC, the introduction of a short survey has enabled us to capture qualitative feedback (as below), along with improved recording of compliments made via social media and cards/ letters to CSC.



Other highlights in 2022/23 include:

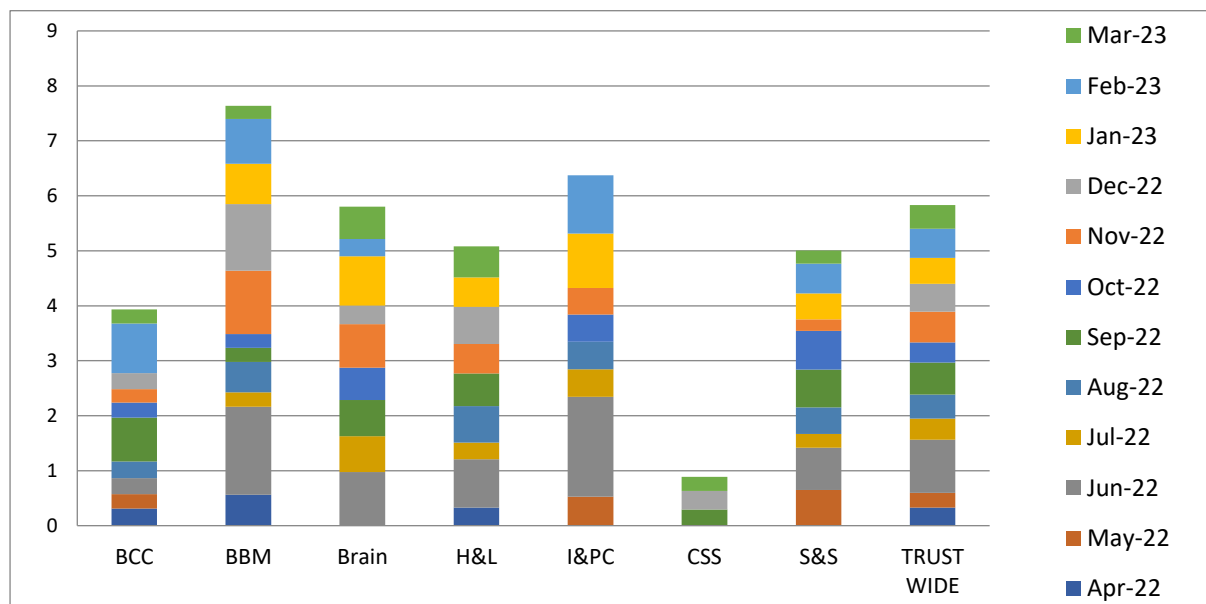
- Working with Comms to host 'Songs of Praise' and a 'Dickens' Christmas Special' with Miriam Margoles
- The Annual Remembrance Service was held face to face for the first time since 2019.
- Continuing to provide special faith-based services by working to reach service users in new ways
- Receiving increasing requests for the service to supply teaching locally, nationally, and internationally.
- Continuing to build on the service's work in staff support providing a greater number of services including wellbeing – both through Trust sources and distinctive to Spiritual Care; bespoke liturgies for staff transitional events and running staff support sessions
- Introducing a team newsletter with an increasing readership throughout the Trust.

**Focus for 2023/24**

A benchmarking exercise is underway to look at the structure and provision of Chaplaincy and Spiritual care in national and international paediatric care settings. This will inform a wider Service Review and potential restructure of the service and model of care.

## Complaints

The formal complaints process is subject to the NHS Complaints Regulation and the Trust's Complaints Policy which reflects our statutory requirements, applicable guidelines, and good practice. In previous years, numbers of formal complaints at GOSH have been very low in comparison to other trusts. Following promotion of the complaints process and national trends of increased complaints, there was a 75% increase in complaints in 2022/23 (n=137 including 5 complaints later withdrawn following successful resolution by the relevant service). This contrasts with 78 complaints (with 2 withdrawn complaints) in 2021/22. A more detailed analysis of complaints is set out in the Annual Complaints Report. In a recent similar Trust comparison, from receiving significantly fewer complaints than Alder Hey and Sheffield in previous years, GOSH's complaint numbers in 2023 are more aligned. Based on complaint numbers YTD, both GOSH and Sheffield will receive higher numbers of complaints in 2022/23



Consistent with last year and reflecting the wide range and nature of services, BBM received the highest complaints both in term of actual numbers (n=29) and in the context of patient activity below (as above). At service level, the majority of complaints were about Gastroenterology (n=11). However, it must be noted that one of these complaints was withdrawn and two were from the same parent who has subsequently made a further three complaints.

Of note BCC have seen a significant rise in complaints from 3 in 2021/22 to 14 in 2022/23. There were 3 high risk complaints (from a total of 7 across all clinical directorates) and 8 medium risk complaints. The majority of complaints related to Oncology (n=5) and were about aspects of care in relation to often complex conditions and communication with families.

As with previous year, communication remains a prominent and consistent issue with families expressing concerns that they do not feel listened to, or they are struggling to obtain information. Families also raise that their knowledge and expertise of their child's condition is dismissed. The deteriorating patients project is key in implementing a trust wide measure to address this and consideration of Ryan's Rule or a similar scheme will enable families to raise concerns if they feel they are not being held.

Other prominent issues highlighted by complaints related to hospital transport, cancellation of procedures, delays, safeguarding procedures and rude/ abrupt staff. Learning related to:

- A comprehensive transport improvement plan, performance tracking and communication support for staff.
- Staff reflection on language used during end of life and attendance on bespoke training course exploring communication and talking to families facing the loss of a child.
- Implementation of a new consent policy
- Discussion and reminders will take place within service meetings to reiterate the importance of accurate and complete documentation with the patient notes.
- 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.
- Improved admission planning to ensure appropriate skills and training on outlier wards.
- Referral processes including clarity about requirements and communication with families.

It would also not be possible to look at complaints without considering the external learning review completed by Niche Health and Social Care Consulting and commissioned by NHSE. The investigation identified several areas of suboptimal care and poor communications. In addition to action already taken, the Trust is working to respond to and address recommendations to improve:

- Consistency of care
- Infection prevention and control
- Ventilation and fungal infection monitoring and works assessments.
- Medicines Management and informed consent
- Pain management
- After Death processes including education and training for staff and information for families
- Bereavement support and Palliative Care
- Governance
- Record keeping
- Culture
- Complaint management and investigation
- Child Death Review processes
- Support for families

Good progress has been made and is being overseen by the Chief Nurse.

One complaint reviewed by PHSO was not upheld. Two complaints (including one historic complaint) are still under investigation.

#### **Focus on 2023/24**

Revision of complaints training

External learning review recommendations

Embedding PHSO Complaint standards

Enhancing family engagement and support for families raising a complaint

KMPG audit of complaints handling.

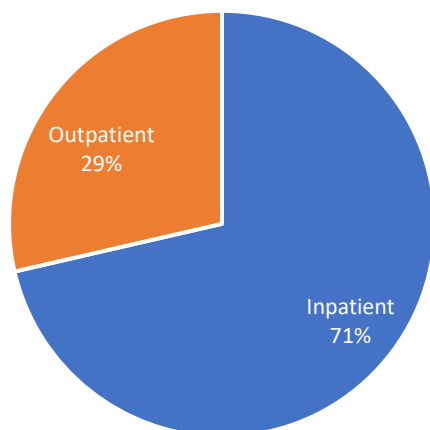


## Compliments

We are conscious that much of the compliments and gratitude expressed to staff through cards etc in clinical areas is not recorded centrally. Numbers of formal compliments registered by Pals are very low (n=33 in 2022/23). In addition to this, Friends and Family Test feedback is exceptionally positive with 13,839 patients or families rating their experiences at GOSH as 'good' or 'very good'.

Positive feedback is shared with the individuals and services named and is used to increase morale and improve good practice. Work is underway with the GOSH CC to explore how we can collaborate to better enable patients and families to say thank you to teams/ services.

## Friends and Family Test Feedback and Surveys



The Friends and Family Test (FFT) continues to be the baseline feedback method across

**16,072** submissions in 2022/23

**15%** of comments from CYP

KPIs: the **experience measure** for inpatient and outpatient areas is **95%** and the **response rate** for inpatient areas is **25%**

Average response rate **27%**

Average Experience rate (IP) **98%**

Average Experience rate (OP) **95%**

GOSH.

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec-22	Jan 23	Feb 23	Mar 23
Inpatient Response	27%	35%	29%	23%	28%	28%	24%	24%	25%	25%	28%	29%
Inpatient Experience	98%	98%	98%	98%	99%	99%	98%	98%	98%	98%	98%	98%
Outpatient Experience	98%	97%	97%	97%	97%	96%	95%	93%	93%	92%	93%	90%

During 2022/23 the Trust response rate of 25% was achieved in 9 out of 12 months (75%). The Trust target for experience score within inpatients (95%) was achieved every month during 2022-2023.

Outpatient areas achieved the Trust experience score in 7 out of 12 months (58%) with months November 2022 – March 2023 falling short of the 95% target. However, the average for the year totalled 95% which met the Trust target.

The collation of data and analysis of rates of experience and response are in line with NHSE requirements relating to FFT.

Experience ratings by Division - All directorates met the average yearly KPI score for experience apart from outpatient areas in Blood Cells & Cancer, Body Bones and Mind, and Core Clinical Services.

Themes of feedback relate positively to the standard of care received, the warmth, care, professionalism, and expertise of our staff and facilities at the hospital. As with Pals contacts and complaints, communication is prominent in relation to areas for improvement with particular focus on ensuring that correspondence and instructions for appointments are correct. In addition, FFT

feedback highlights concerns about delays, waiting areas and the condition of some areas of the hospital. As below, all feedback is shared with services.

### **FFT project with Imperial College and NHS England**

GOSH successfully applied to be part of a project with NHS England and Imperial College pre-pandemic. The project aim was to *“use new digital processing of Friends and Family Test data to drive improvements in patient experience”*. Natural Language Processing will be used to apply sentiment and themes to the FFT data to aid reporting and encourage action to be taken on the feedback received. GOSH was the only Paediatric hospital involved in phase 1 and was key to ensuring that the children and young people’s feedback was included.

In the second phase of the project, GOSH has worked closely with Imperial to scale up the project and tailor the algorithm to what we need. By working with other Trusts, it was clear that GOSH FFT data contains a higher percentage of qualitative comments and longer FFT comments than many other Trusts, so a bespoke web app was created by our QI data analysts to allow our data to be managed in the most suitable way for our type of data.

The next stage of the project is currently in progress. The Business Intelligence team have produced FFT dashboards with key feedback data which can be used by any member of staff across the hospital who has a GOSH ICT login. We are currently receiving feedback about the dashboards from the pilot ward teams to ensure that the dashboards are useful for them. We will make any changes necessary and then launch the dashboards across the Trust before the end of 2023.

This project has been a real collaboration within GOSH with a variety of teams involved including Patient Experience, Quality Improvement, Information Services, Business Intelligence, GOSH Drive, Information Services and ICT all bringing their unique expertise to the project. Not only has it been a great example of collaboration within GOSH but also with the other Trusts involved in the project including Imperial College London, Oxleas NHS Foundation Trust, Humber Teaching Foundation Trust, Lancashire and South Cumbria NHS Trust, Maidstone and Tunbridge Wells NHS Trust, Northern Care Alliance NHS Foundation Trust, and the University Hospital Southampton NHS Trust. To showcase such a great teamwork and collaboration the Project Team will be applying for a Patient Experience Network National Award.

### **FFT project with Nottingham University Hospitals NHS Trust and NHS England**

The Feedback Team at GOSH is keen to ensure that the CYP voice is heard and is always willing to support projects which will improve patient experience and maximise the use of FFT data. GOSH is acting in a supportive role rather than participating directly in this project which, once completed, will also provide other NHS Trusts with the algorithm on an open-source basis.

### **Online FFT Entries**

Online FFT entry allows us to process the data quickly and efficiently and negates the need for staff having to type the feedback into the database. The number of online entries predominantly comes from outpatient areas with 74% of all online entries relating to outpatient areas. Completing the paper form is still the most popular way of providing feedback.

QR codes which link directly to the online feedback form have been added to all posters advertising FFT. A hyperlink is added to the ‘after visit summary’ which patients receive after an appointment

via MyGOSH. The team will work with the Epic team to explore opportunities to increase inpatient feedback.

### **Actions arising from FFT comments.**

All FFT comments are shared with the relevant services who provide confirmation of actions taken to address any areas for improvement. Positive feedback and comments praising individual staff members are shared to promote good practice and increase morale.

An example of a recurring issue and action taken to address this is set out below:

*We were called to attend hospital at 10:30 for an MRI scan that took place at 16:00. It was a very long, especially when the patient is 4 years old and fasting for a long time. It would have been more appropriate if we were called to attend at 13:00 – to allow the child some rest. Also, would have been spared very strong hunger. The child fasted unnecessarily for 9 hours.*

*MRI are providing more detailed admission information to explain admission times and reviewing their processes to see if anything else can be changed.*

### **Feedback Friday**

Each week a positive comment is added to our @greatormondst Twitter handle to share our feedback comments with the GOSH followers.

### **Patient and Family Surveys**

In 2022 GOSH moved away from using Survey Monkey as our survey tool and procured Smart Survey. The FFT team were Patient Experience representatives on the Project Board and are Super Users and administrators for the new software.

In the time since Smart Survey was launched in 2022, the feedback team have created 34 surveys for a variety of teams across the Trust including Haematology, Oncology, Renal, Cardiology, Audiology, and Psychology to name a few. In addition to this, the team have supported 27 other surveys providing teams with Smart Survey support or support with survey development.

### **Transport and Fare Reimbursement**

Travel reimbursement was removed from FFT on the 1<sup>st</sup> December 2023 with agreement from the Service Manager and Head of Nursing for Sight and Sound as the responses received were focused on the two members of staff who worked on the Travel Reimbursement desk rather than the outpatient service. As they had such high FFT responses, this resulted in a reduction of FFT numbers from outpatient areas in the months of December 2022 (94) and January 2023 (111). The numbers have steadily increased since then, responses have now exceeded 800 which is higher than when Travel Reimbursement was included.

### **Focus for 2023/24**

Conclusion of FFT projects and launch of FFT dashboards across the hospital

Optimising additional time gained from digital processing of FFT feedback to increase analysis of data and themes, and wider learning from feedback.

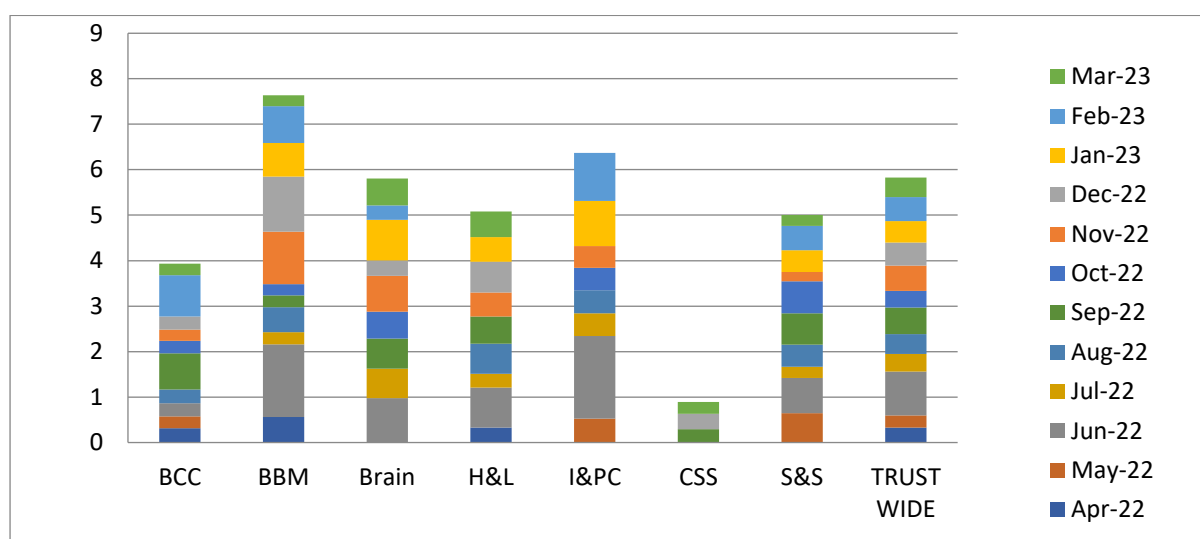


Collaboration with I&PC to explore amendments to feedback system to meet requirements of the independent, government mandated Patient Healthcare Information Network.

## Patient Advice and Liaison Service

The Patient Advice and Liaison Service team provides a free and confidential service which assists patients and families with navigating the difficulties and challenges involved with their NHS care. The Pals team operates daily between Monday and Friday and in addition to walk-ins and in person meetings, we are also accessible by telephone, video call, email, letter, and online submission forms.

Between April 2022-April 2023 Pals received **2,746 contacts**. This is a 14% increase from 2021/2022 (2,409 cases). Contacts per 1,000 combined patient episodes, set out below, show minor variance in numbers except for BBM and CCS.



Care advice was a prominent subject theme for Pals with approximately one-in-four (26%) of the years contacts being specifically related to this. This has increased by 48% compared to 2021/2022.

Pals have noted that these two themes are often linked, with the most common cause for contact being parents/carers wishing to discuss clinical information in greater detail but experiencing difficulties in locating the appropriate staff member to do so.

### Learning from Pals contacts.

Pals were visited by several patients and families with the following issues:

- 1) Additional mobility requirements and the challenges involved with accessing wheelchairs whilst visiting the Trust.

*Families explain that upon entering the hospital it is becoming increasingly difficult to obtain a wheelchair, with requests for these often resulting in lengthy waits and delays to appointments/admissions. Families explained that while they found staff to be extremely 'kind and helpful' when attempting to locate available wheelchairs, it would be extremely beneficial for the Trust to have a greater supply of these, particularly in the main reception area.*



**Actions:** Pals understand the day-to-day barriers faced by patients with additional mobility requirements and the importance of the Trust having adequate facilities in place to help navigate these. Pals have shared this feedback with senior members of the hospital's Estates and Facilities team who have arranged additional wheelchairs to be provided and made available to both patients and their families.

- 2) Several families wished to raise the financial challenges associated when visiting GOSH, particularly those in receipt of Universal Credit and based outside of London.

*Families explain that as the cost of living continues to surge, they are experiencing a greater number of financial obstacles and find themselves often having to borrow money in order to attend crucial appointments and admissions at the Trust.*

**Actions:** Pals signposted to the various support currently available (Travel reimbursements, meal vouchers etc) families described being unaware of these. Pals understand the ever-increasing impact of the current cost of living crisis, so are working alongside the Reimbursement, Outpatient and Communication teams to explore ways of making information on financial support more accessible and available. We feel that this will go a long way in providing families with an extra layer of relief and reassurance in an already emotive and stressful time.

- 3) Pals received feedback on interactions with staff members when unintentionally arriving late to hospital visits.

*Family explain that travelling to Gosh can be a stressful and difficult experience, and this is made even more so when they are left feeling 'guilty or irresponsible' when arriving late, especially when this is due to factors outside of their control (such as delayed transport or faulty lifts). Families were keen to stress that they understand that on some occasions arriving late may result in appointments being cancelled, however suggest this news be delivered in a more 'understanding and empathetic' way.*

**Actions:** Pals understand both the challenges involved with travelling to Gosh and also the importance of feeling welcomed and valued and so are working with the Trust's Learning team to re-evaluate the Conflict Resolution training with the aim of including scenarios and examples which we hope will support staff with establishing alternative ways to navigate difficult conversations in a kinder and more sensitive manner.

- 4) Following an increase in concerns raised to Pals about poor maintenance of hoists and escalation of these issues by Pals,

**Actions:** the following actions have been implemented:

- Additional wheelchairs have been ordered.
- Regular checks on the condition and battery life of hoists.
- Regular audits of the moving and handling equipment.
- Increased hoist training for staff

GOSH continued to provide an accessible and comprehensive Pals Service throughout 2022/23 and have implemented the following initiatives with the aim of further developing the service:

- Daily, Weekly and Monthly audits of contacts, ensuring that these continue to be proactively escalated and that families are also provided with regular updates on the status of their concerns.
- Fortnightly reviews with Complaints and Feedback services to discuss challenging contacts and ensure that these are appropriately shared among the different teams.
- Delivering weekly reports to Specialty Service Management. Pals work closely with members of both administrative and clinical management and by sharing regular contact updates which ensure that teams are provided with real-time data regarding their respective Pals contacts, something which will improve awareness of recurring or emerging themes and allow for pre-emptive steps to be taken to address these.
- Pals have reintroduced coffee/tea mornings where we invite ASMs and SMs across all the divisions. The aim is to help get to know other specialties better and discuss how Pals could be more helpful. These meetings so far have been very useful in getting to meet each other and understand the challenges specialties may have. We have also discussed together what we can learn from Pals cases going forward.
- Pals have been invited to deliver a talk about the Pals service to new starters and new managers and how we can continue to support staff and families.

#### Feedback about Pals

*She listened to my concerns and took them seriously. She communicated what the next steps were and kept me informed until the conclusion. Thank you so much. You are so important!*

*I was so impressed with the speedy response and offered resolution. They get answers from departments when I have tried many times but can't get through*

*The team is helpful and friendly. Also, they are very effective and help me contact the corresponding medical teams that I could not get in touch with.*

*I think pals is a great asset to GOSH as they are a great go to service to help families resolve issues*

*Honestly can't thank them enough. The gentleman that helped me has to deal with me being very tearful. He not only made me feel less stupid for being upset but got me a glass of water, tissues and kept checking if I was ok. That made me feel so much better knowing someone cared!*

*Yes. The lady I met was very helpful and was able to help me solve my problem fairly quickly, I am appreciative and thankful for the good work at PALS*

**Focus for 2023/24**

Building on the above initiative, Pals will continue to improve data, analysis of themes and wider learning from Pals contacts.

Wider awareness of the Pals service

Reintroduction of Pals volunteers.

## Play Services

In 2022/23 Play have worked extensively to improve data collection. This data informs us of which CYP we were seeing in which areas and for what reasons. This has been a huge success with GOSH CC as we have tangible numbers to share with donors (and potential donors) to better demonstrate impact.

A snapshot of data in March 2023 illustrates:

- 49% of therapeutic play input related to distraction and 14% was for emotional support.
- The majority of support from Play Workers related to normalising play in hospital (51%), while developmental play accounted for 17% of interactions. In 17% of cases, CYP received play resources without an actual play session.
- 92% of the Music Therapy interactions are for therapeutic support.

In the context of challenges of recruiting Play Specialists, Play Services have also successfully implemented an apprenticeship programme supporting staff to qualify as Health Play Specialists. This has been positive in relation to career development and staff retention.

Other highlights of 2022/23 include:

### **Our First dedicated NICU Play Specialist**

We have been focussing our efforts on babies over the past few months to ensure our youngest patients and their carers get the support they need in those crucial early stages of development. Our NICU team have, for the first time, had the dedicated support of a Play Team member! Our soon to be qualified Play Specialist is highly experienced in providing play for babies as well as support for new parents and has also supported training our volunteers.

### **Celebrations**

The Play Team have been working with our external partners, the Chaplaincy team and the Morgan Stanley out of hours project to ensure that each religious festival or celebration has the same impact and response as Christmas and Easter!



December- Hannukah party! With the support of Camp Simcha we gave out around 800 soft toys and chocolates for our inpatients and outpatients.

March- Purim party! Again, with our friends at Camp Simcha, we had magicians, music, dressing up a selfie mirror and hundreds and hundreds of Hamantaschen to give out. Our

Morgan Stanley Activity Co-Ordinator then went to the wards for an ‘afterparty’ where the CYP made shakers and took part in re-enacting the story of Purim.

April- Eid al-Fitr celebrations! Thanks to the support of Helping Little Muslims, we handed out around 500 balloons and gifts and with our Morgan Stanley grant we managed to hand out 250 Eid celebration activity packs for the children who would be on the ward and unable to celebrate with friends and family.

### Music Therapy

Our Parent-Reported Experience Measure [PREM] is sent to parents and carers post-discharge. To date, 178 parents/carers have completed the PREM. From the data collected so far, the poignancy and breadth of responses suggest that the music therapy service at Great Ormond Street Hospital is both impactful and highly valued:



- 100% reported an improvement in their child’s mood
- 99% found that MT distracted their child from pain/discomfort
- 96% agreed that ‘Music therapy made it easier for my child to be in hospital’
- 98% of parents/carers reported a reduction in their own stress and anxiety
- 98% found MT to be a source of comfort
- The majority of respondents receive MT once a week: 92% would like that increased.

The music therapy service was established in March 2019, and in March 2023 our Music Therapist saw her 3,000th patient

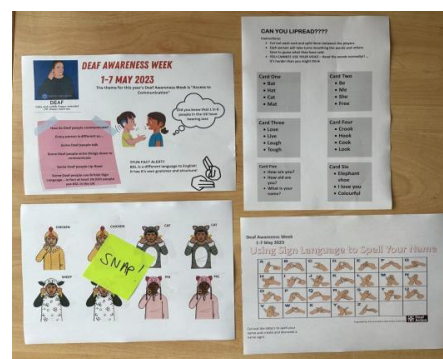
### Morgan Stanley Out of Hours Project

The Out of Hours Team have been working hard to provide adaptive and adjustable activities which are inclusive, accessible and diverse during evenings, weekends and school holidays. Here are just a couple of highlights from a multitude of successful activity programmes:

Deaf Awareness Week- Abi, our Activities Co-Ordinator, was uniquely placed to be able to research and design the Deaf Awareness Packs, with the theme “Access to Communication” due to their degree in British Sign Language.

Packs included a game of snap that uses the different signs for animals so that CYP could play and learn at the same time.

There was also a lipreading game included in the pack, it is an engaging way to highlight how challenging communication can be for someone who is deaf or hearing impaired.



Memorial Service With guidance from the Bereavement Team, we created activities where we provided compostable seed pots to decorate so that children attending the memorial could have a tangible outcome that was connected to the service, and to their sibling, friend or family member who had died.



Extending the theme of growth and life beyond the Memorial Service, they created a 'Memory Tree' where participants could write a wish or a message to their loved one and attach it to the branches of the tree. This made for a beautiful collective outcome, and something that both the CYP and their families could engage in equally. This was an impactful and beneficial way to reach children, particularly siblings, who have a connection to GOSH.

**Focus in 2023/24**

- Further development of Out of Hours activities and support for CYP
- Impact framework
- Continued development of apprenticeship programme to support staffing
- Attendance at National Association of Health Play Specialists National Conference
- National Play Day- playing on a shoestring
- Play Street





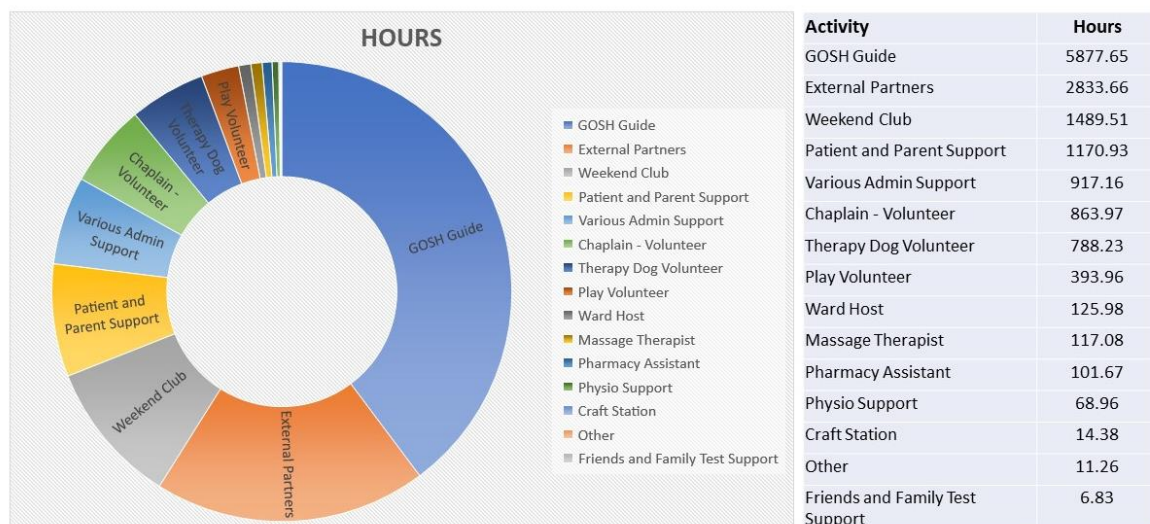
## Volunteer Services

Following the two years where the volunteer programme was closed, 2022/23 focused on strengthening the governance (in line with recommendations made following an external audit) and rebuilding of the programme. Volunteer Services are compliant with relevant guidelines and good practice in relation to volunteer management.

Since reopening recruitment for new volunteers in October 2022, we have seen a significant increase in new recruits, helped by our new volunteer management system, which has simplified the recruitment and training process.

As of the 31 March 2023, there were 322 active volunteers, with a further 243 going through the training and vetting process.

Volunteers play an important part in the patient and family experience journey. Their roles are diverse and varied, designed to support staff to deliver services. In the past 12 months volunteers contributed 14,803 hours, which equates to over **£177,000 of donated time**.



We attract skilled, motivated, and enthusiastic people to the GOSH volunteer programme and offer extensive, valuable training and support to individual volunteers.

Therapy Dog Programme- A particular highlight over the past year has been our therapy dog programme, where we have actively been recruiting more therapy dogs – we have 24, with 5 more being trained. The dogs, all shapes, sizes, and breeds, not only provide comfort and distraction for patients, often undergoing a procedure, but are important to patient rehabilitation with the Physiotherapy and OT department.



The Therapy dogs are proving to be very popular, and we have seen an increase in requests from staff groups needing some K-9 input into Well-being days or regular visits to non-clinic areas.

### External Partner Organisations

Alongside the individual volunteering programme, Volunteer Services also manages the partnerships with external organisations, mostly charities, who provide a variety of services for patients and families. These organisations provide specialist services, such as professional entertainers, specific medical and social care, and advice and support. There are currently 17 external charity partner groups registered with GOSH.

### External Partners

- New SLA for all groups
- Risk assessments on all activity
- Training and preparation
- Scheduled reviews



for Children in Hospital



## Feedback



## Focus for 2023/24

Further recruitment of volunteers and development of roles informed by patient and family need/ feedback

Increased feedback from patients/ families to demonstrate impact of Volunteer Services.

Support for Patient Safety Partners



## Young People's Forum

Engaging with CYP and families in an open and transparent way helps services best understand the goals of service users, gives services users easy opportunities to feedback, and enables the hospital to promote the improvements made from that feedback. The Young People's Forum is led by young people themselves to engage with staff and help improve services for children and young people.

Priorities for the YPF are decided by the members and it is very much their forum. As such, they have produced their own report (attached below). The YPF members feedback about the role in the YPF, the opportunities it presents and supportive community is positive. They cite activities ranging from being involved in recruitment panels, nurse training sessions, hospital inspection, creating podcasts and video content and informing decisions about the Children's Cancer Centre.

Demand for YPF input is higher than ever and their feedback, insight and contributions have directly influenced and shaped decisions and services around the hospital. Feedback from staff and organisations engaging with the YPF is overwhelmingly positive focussing on the insightful perspective the YPF offer, their honesty and willingness to share their experiences to make things better.

Some of the key projects the YPF have been involved in and have influenced include:

- ICU ward design
- Patient involvement in recruitment including the Chief Financial Officer, Chair of the Board, and Heads of Nursing
- Participation in Ethics video about the rights of children and young people in hospital and wider society shown to the Royal College of Paediatrics and Child Health
- Nursing Leadership training
- Sustainability at GOSH
- Patient Safety Education
- Deteriorating Patients and assessment of different skin tones
- Wi-Fi- discussions about access and testing
- Use of patient Data
- Redevelopment of the main entrance
- Foundation trust membership and recruitment
- GOSH CC Patient and Family Experience review

The attached report has been created by the Young People's Forum (Appendix 1).

## Conclusion

2022/23 has been an exceptionally busy year for Patient Experience with increased feedback across the Trust and rising demand for patient/ family experience services and support for staff. The new Patient and Family Experience Strategy and collaboration with GOSH CC will bring a greater structure and focus on strategic priorities for Patient Experience. Data collection and impact management will be key in 2023/24 along with continued review of how services can be amplified, and we can increase our reach.

Patient Experience is everyone’s responsibility and all the work outlined in this report is achieved with the support, help and cooperation of other teams throughout the Hospital, with GOSH CC and other partners We look forward to continuing to improve experience in the hospital and to stretching our skills and resources to do this.

## Appendix 1





## Finance and Investment Committee update

Since the last report to Trust Board there have been two FIC meetings:

Date & meeting type	Summary of meeting purpose
2 August 2023 Scheduled meeting	Standard agenda: Finance report, Performance report, Capital Projects update as well as approval of the Trust Treasury Management Policy and review of insurance renewal options.
29 September 2023 Scheduled meeting	Standard agenda: Finance report, Performance report, Capital Projects update as well as review of the Technology Strategy and NHS 2022-23 National Cost Collection Submission

This report summarises the key developments and discussions arising from both meetings. For a copy of the minutes please contact Paul Balson, Head of Corporate Governance ([Paul.Balson@gosh.nhs.uk](mailto:Paul.Balson@gosh.nhs.uk)).

### Key points to raise on the wider financial environment

The Chief Executive provided a summary of the challenges North Central London Integrated Care System had faced (including strike action) and their adverse impact on Cost Improvement Plans. The Committee considered practicable actions for the Trust over the next two to three years.

### Finance report Month 5 (August data)

The Trust position at Month 5 was a £10.6m deficit year to date. This was £8.2m adverse overall to plan.

Strike action had impacted performance by £3.1m.

International and Private Care income was £3.7m behind plan due to decreased levels of activity mainly associated with strikes action.

The Committee noted that there was significant pressure in the NHS at present to reduce the backlog of patients awaiting treatment, but were pleased to see that the management team were committed to balancing realistic recovery targets and staff welfare.

### Performance report Month 5 (August data)

Overall, Trust performance was good. However, it was unable to make a significant impact on the backlog – the primary factor was the nature, frequency and phasing of strike action.

The Committee was informed that the Trust continued to assess the wellbeing of patients on the waiting list.

The Committee discussed the risks associated with non-achievement of NHSE activity targets and reiterated the need to have due consideration for staff wellbeing when setting ambitious performance targets.

### 2022-23 National Cost Collection Submission

The Committee noted that all Trusts are required to report a 'National cost collection' in line with national guidance. The costs collected are used as the basis for tariff setting in future years and provide a measure of efficiency against other comparable Trusts. National guidance



requires the submission collection to be formally reviewed and signed off by the Board or a delegated committee.

The Committee endorsed the submission pending delegated authority from the Trust Board to approve.

**FOR ACTION:** The Trust Board is asked to grant delegatory authority to the Finance and Investment Committee for the National Cost Collection Submission.

### **Pharmacy provision in the Children’s Cancer Centre**

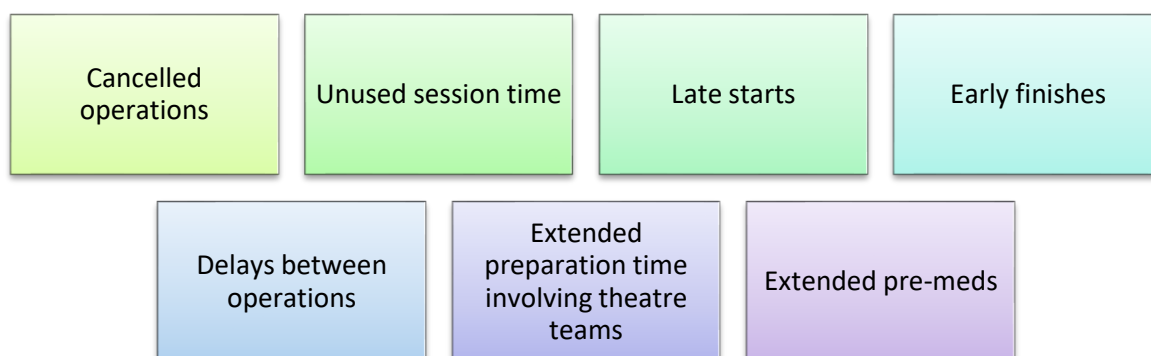
The Committee received an update on the pharmacy estate plans with regard to the CCC and details of the phased improvement projects. The Committee requested a detailed programme timeline of improvements for Pharmacy estate in the Trust.

### **Technology Strategy**

The Committee were pleased to receive the Trust’s Technology Strategy and requested regular updates on the strategy and levels of capital and revenue investment. The ICT team were also encouraged to be more entrepreneurial and horizon scan for technologies that could be pioneered at GOSH as well as continue to streamline the number of legacy systems in the Trust.

### **Theatre utilisation**

The Committee discussed a report on Theatre utilisation and the key factors affecting it including:



The Committee then discussed the Trust’s plans to improve utilisation, including the establishment of a multidiscipline ‘Theatre Utilisation Group’.

### **Insurance update (August)**

Following discussion, the Committee noted that:

- Next year’s insurance cover was the same as last year with a 5% increase on building on contents cover.
- Based on likelihood and cost, terrorism cover was not required
- The Trust’s ICT team had initiated a gap analysis on the insurer’s cyber requirements and requested quotes – to be discussed at EMT.
- Additional information and assurance on a partner organisation’s nuclear material was required.

### **Major projects (August and September)**

The Committee noted progress on all major projects at the Trust. The Committee was positive about the good relationship it had with the contractor working on the decant and demolition of the frontage building.

### **Board Assurance Framework**

The Committee reviewed updates to control, assurance and actions required the risks under its remit:

- International and Private Care
- Transformation
- Financial Sustainability
- Children's Cancer Centre

### **Feedback from Governors (September)**

Peace Joseph, Public Governor from London observed the meeting, they fed back that it was pleasing to see the Trust forging ahead with its aims despite the challenges whilst balancing the wellbeing of staff.

**End**

## **Key Points from the People and Education Assurance Committee (PEAC) held on 29 September 2023**

### **Workforce Metrics**

- In August 2023 targets were achieved for three of the six key workforce metrics (voluntary turnover, agency spend and statutory and mandatory training). Vacancy, sickness and PDR rates were within 10% of target.
- The voluntary turnover rate has continued to reduce in recent months and was 13.7% for August 2023. This is not reflective of all areas of the Trust. During the year to August 2023, 657 staff have resigned. The most commonly reported reasons were relocation and promotion, but for around 20% of resignations records were incomplete and reasons recorded as unknown.
- The vacancy rate has increased to 10.5%, exceeding the trust target of 10% for the first time in several years. A reduction is expected over the next quarter following onboarding of 97 newly registered nurses in October.
- Sickness absence remains stable at 3.1% which is above the local Trust target of 3%, but below the NHS average of 4.8%.
- The August rate for PDR of 84% is an improvement on the 12-month average of 81% (target 90%). Analysis indicates a possible correlation between staff who leave and staff who have not had an appraisal, though it was suggested that the numbers may simply reflect that managers do not do appraisals for departing staff. Improvements to the appraisal process are required to make it more meaningful.

### **Nursing Workforce Assurance Report**

- The registered nurse vacancy rate increased in June 2023 to 11.12% which is above the Trust target of 10% and higher than last year and the pre-pandemic level. The contributory factors include an increase to 2023/24 budgeted establishments, seasonal trend across the Summer months, the cost of living crisis, staff burnout and work life balance.
- Voluntary turnover of registered nurses remained stable at 16.41% in July 2023 but remains above the Trust target of 14%. Retaining nursing staff continues to be a challenge. There is a high turnover of newly qualified nurses with some dropping out during training. There are a number of retention initiatives in place, such as the STAY plan, retention insight meetings, masterclasses and drop in clinics all of which are regularly promoted by a range of methods.

### **Biannual Safe Staffing Establishment Review**

- In line with National Quality Board recommendations, a strategic biannual staffing review has been conducted and the Trust's compliance status is rated green for all requirements.
- The review found that the majority of ward establishments are safe based on the current funded bed base. Some areas need to be flexible with their staffing numbers and bed base when there is a peak in activity or when there is a larger proportion of high acuity patients.

- Skill mix continues to be a concern due to a high reliance on newly qualified nurses and with recent cohorts impacted by disruption to their studies and placements over the past three years. The focus for the coming year is on increasing recruitment of experienced nurses, improving the retention of specialist nurses and improving the support and senior oversight of the junior nurses through a number of initiatives. Senior and experienced nurses have a leadership role in supporting junior nurses.

### **GOSH Learning Academy Annual Report 2022/23**

- The GLA remains on track with its 5-year plan. The key impacts of the GLA over the last year include:
  - delivery of 20,000 different learning interactions;
  - 71% of apprentices on programmes with existing staff who are developing their careers;
  - 3,500 staff engaged with patient safety education;
  - a new Post Graduate Masters course in Paediatric Advanced Practice;
  - a communication education programme (Me First) codesigned with young people and
  - participation in the creation of national standards of practice for the transition from paediatric to adult services.
- The GLA's three principle risks are space and facilities, financial sustainability and the establishment of brand through marketing and communications.
- Space constraints are being considered alongside the demand for clinical space in the context of the Children's Cancer Centre decant programme. A workshop is being held to look at the GLA modelling going forward, including doing more external education. Leasing space may be an option.
- Very thorough answers were provided to questions asked as part of a deep dive of the BAF Risk relating to the GLA, including that:
  - The pandemic, economic situation' lack of space and staff fatigue have all changed the education landscape. Staff now have less time to dedicate to study so alternative methods - eg bitesize online courses - have been introduced.
  - Education is accessible to all groups – more work is needed on looking at levels of take up per group;
  - Positive feedback is received but a consistent feedback approach is being worked on;
  - Courses are evaluated externally through national accreditation, surveys and annual assessments.
  - Strikes have had an impact on education and a conference had to be moved three times leading to financial loss;
  - The new Education, Governance and Quality Steering Group will focus on ensuring a golden thread runs through all learning.
  - Other Trusts and organisations are catching up and in some cases overtaking the GLA in their education offerings. The GLA benefits from its branding, reputation and opportunities for international commercial income.
  - The GLA needs to respond and actively promote the service as a key priority at GOSH or the financial sustainability risk (currently 6) will increase. A workshop is scheduled to consider the strategic aim for the next 5 years.

### **Refreshed People Strategy**

- The refreshed People Strategy includes a broader set of impact trackers that are benchmarked to the NHS community.
- A more frequent “temperature check” is planned to understand how staff are feeling at that moment in time. This will supplement the annual staff survey and quarterly staff pulse survey feedback. The annual staff survey is about to be released and the Trust will be pushing hard for a good response rate.

### **Your Voice Counts – People Pulse Survey Q2**

- A quarterly staff survey was carried out in July 2023 and noted that, whilst the response rate was low, the Trust scored higher than the Acute Specialist average across all sub themes and better than the NHS average across two of the three sub themes.

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

- Key achievements over the last 12 months include:
  - providing free and subsidised food in the staff canteen;
  - a hardship fund which supported 144 members of staff and paid out a total of £44,000;
  - the development of a wellbeing toolkit for managers and wellbeing champions;
  - the services of a dedicated Citizen Advice Bureau that supported 177 individual cases;
  - support offered to 287 staff through the Wellbeing Hub;
  - 484 annual contracts and 189 new cases through the Employee Assistant Programme;
  - relaunching the GEM awards;
  - holding the first post Covid staff awards;
  - Approving the Menopause policy and running menopause cafes.
- In the coming year, the team want to build a strong wellbeing community with the support of staff and line managers and those who can influence and embed health and wellbeing in practice. More use could be made of the Care First service. Particular focus will be given to the launch of “The Hive” which is a single point of access and information for staff.

### **Staff Voice: Psychology Service**

- Helen Griffiths joined the Trust a year ago and is Head of Psychological and Mental Health Services.
- When Helen first started, the psychological support service for staff, which had been provided during the COVID period, had just come to an end, with a variation to be offered instead by CareFirst through the employee assistance programme. The switch was controversial with staff. However providing quasi psychological support to staff brought with it governance issues and was not intended to be a permanent solution, but rather a means of support during the pandemic.
- Helen’s team has a role in supporting staff by reflective practice, known as clinical supervision, which brings value to the organisation. There are other good solutions such as the newly established Hive for wellbeing support.

## Attachment Q

- Helen felt that the current offer by GOSH is good. She is passionate about introducing a clinical wellbeing toolkit, so that staff are aware of the options and preventative solutions available.
- It was noted that traumatic events occur at GOSH and staff do not necessarily know that they need help and support. In some parts of the workforce there is a lot of anxiety and stress that is not always acknowledged. Further work needs to be done to encourage staff to come forward. There is also a cultural divide between services where some groups are open to support and others see it as potentially punitive. Addressing this should be a priority to ensure recovery, learning and a supportive approach.

### **Freedom to Speak Up Service Update: April 2023 – June 2023 (Q1) and Freedom to Speak Up Policy update**

- Forty people raised a concern with the FTSU service during the first quarter. Staff safety and wellbeing was reported as the most prominent theme, with administrative and medical staff raising the most contacts with the service. The Trust is looking to introduce a dedicated Wellbeing Officer to support staff and keep communication flowing so those raising concerns are clear on the steps being taken and feel psychologically safe.
- A review had been undertaken to determine whether staff feel detriment after speaking up. It is very difficult to determine how many staff feel this way. There are processes in place to support staff who feel they have experienced detriment, and the grievance process is in place to manage and investigate such cases. However, the onus is on a staff member who may already feel vulnerable after speaking up and be facing additional barriers. Fear of retribution is one of the major factors why staff do not speak up, and there is value for the Trust to work to understand the reasons why staff could be hesitant to do so.
- The Trust is revisiting the approach to speaking up and combining the Freedom to Speak Up Policy and Protected Disclosure Policy to make the process easier for staff who may find it confusing to know which process to follow.

### **Staff Focused Whistleblowing Concerns**

- One new issue has been raised which is potentially a whistleblowing complaint. It been discussed in detail with the Committee Chair who has prepared a note of the issues for investigation and a report on these will be presented to the Confidential Quality, Safety and Experience Assurance Committee.

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

- The Risk Assurance and Compliance Group (RACG) considered the proposal to increase the risk score of BAF Risk 14: Culture due to the context the Trust is operating but felt on balance of all mitigations in place and the work undertaken the scores should remain the same.
- Work had also been conducted on updating the Trust risk appetite statement which would be discussed in further detail with the Trust Board.





## Summary of the Council of Governors' meeting held on 5<sup>th</sup> July 2023

### **An update on waiting times and the impact on patients and their families**

The average waiting time had increased by 8 weeks over the initial peak of the pandemic and following partial recovery this had been challenged by the ongoing periods of strike action. GOSH's referral to treatment performance was in line with that of others and approximately 60% of the Trust's breaches of the 18-week referral to treatment target were within 6 specialties, each of which had action plans in place. Long waiting patients were being monitored daily and the majority of these patients were in lower clinical priority categories. Cancer waiting times continued to be maintained at 100% performance against target.

Impact on patients and families is monitored in several ways including through the Friends and Family Test and ratings had remained high with 98% of respondents reporting that they would recommend GOSH to their friends and family.

Harm reviews were undertaken when patients were seen and the process for this had recently been reviewed by the internal auditor and refreshed in response to their recommendations.

The Council discussed the drives of the challenges in some specialties and noted that in some cases there were national challenges and in some cases demand had considerably increased.

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

The CCC Full Business Case had been submitted to NHS England at the end of May 2023 and was in the process of being reviewed. Full planning permission had been granted the London Borough of Camden and public engagement had begun. The GOSH Charity had reported positively on their fundraising progress.

Discussion took place about RIBA4 and the concern that had been expressed by key contractors about their ability to meet the forthcoming programme deliverables. A revised RIBA4 design programme had been submitted which was currently being reviewed and it was noted that an extension to RIBA4 was not likely to have a material impact on the overall programme.

### **Reports from Board Assurance Committees**

The Council noted summaries of the following assurance committee meetings:

- Quality, Safety and Experience Assurance Committee (June 2023)
- People and Education Assurance committee (May 2023)
- Audit Committee (June 2023)
- Finance and Investment Committee (May 2023)

### **Chief Executive Report**

There had been an increase in the number of open incidents and the patient safety team was working with directorates to support their investigation and closure. Some areas had a vacancy rate which was above target and focused work was taking place in these areas.

### **Finance Report (April 2023 data)**

The Trust was £2million behind plan at the end of month 2 (2023/24) of which £1.6million was due to the impact of strike action. Cash remained strong and International and Private Care was performing in line with target.

### **Update on the work of the GOSH Children's Charity**

The Charity was mid-way through its current 5-year strategy which was comprised of three key pillars which were underpinned by enablers. Priorities were set annually supported by the joint hospital and charity Priorities Steering Committee and the primary priority was the Children's Cancer Centre. The Council highlighted the importance of digital innovation in healthcare and noted that the Charity funded GOSH's innovation hub, DRIVE. Discussion took place about the Charity's ability to fund the CCC and noted that considerable financial modelling had taken place over the five years of the project under a number of scenarios. Joint Board discussions took place to ensure the two organisations were working together in this regard.

### **Update from the Young People's Forum (YPF)**

The YPF had considered the proposed options for high dependency care at GOSH and had contributed to work on safeguarding, making recommendations around the importance of digitally available information.

### **Appointment of the Lead Governor and Deputy Lead Governor**

One nomination had been received for the role of Lead Governor and the Council approved the appointment of Beverly Bittner-Grassby. No nominations were received for the Deputy Lead Governor role, however the Council agreed that it was helpful for this role to be in place and Claire Cooper-Jones agreed to become Deputy Lead Governor. This was approved by the Council.

### **Appraisal process for the Chair and Non-Executive Directors and the role of governors**

The Council agreed a proposal to extend the timetable for the Chair and Non-Executive Director appraisals to ensure that the new Chair was able to join the Trust and work alongside Non-Executive Director colleagues prior to undertaking their performance reviews.

### **External Auditor Appointment Process**

The Council approved the timetable and process for appointing an external auditor. There would be two Governor seats on the steering group and one Governor nominated themselves, which was agreed. It was agreed that the additional seat would be agreed outside the meeting.

### **Council of Governors' Effectiveness Review Questions**

A Council of Governors' effectiveness review would be undertaken as required by the Code of Governance and it was agreed that comments on the proposed questions would be provided by email. Questions were broadly in line with those of the previous review to enable comparison of responses.

### **Governance Update**

All seats had been filled on the Council of Governors' Nominations and Remuneration Committee and Sustainability Working Group however two vacant seats remained on both the Constitution and Governance Working Group and the Membership Engagement, Recruitment and Retention Committee. It was agreed that interested Governors would contact the Deputy Company Secretary.

### **Update from the Membership Engagement Recruitment and Retention Committee**

The Trust had been invited to present at a regional membership meeting and an action plan was being developed of engagement opportunities which had been proposed by Governors.

### **Any other business**

Governors thanked the Chair for his support of the Council during his tenure which would end at the end of October 2023.

**Trust Board  
18 October 2023**

**Revised Fit and Proper Persons Test Policy and Framework**

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

**Paper No: Attachment S**

**For information and noting**

**Purpose of report**

To present the new Fit and Proper Person Test (FPPT) Framework developed by NHS England in response to the recommendations made by Tom Kark KC in his 2019 Review of the FPPT.

**Summary of report**

The FPPT was originally introduced in 2014 via Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The legislation has not changed but this new framework aims to support NHS organisations' compliance with the regulations and makes some changes to the checks and balances that are intended to ensure directors satisfy the regulatory requirements.

The Framework applies to all board members of NHS organisations and the key points include:

- Integrated care boards (ICB), CQC and NHSE board members are now within the FPPT scope, in addition to NHS provider trust and foundation trust (FT) board members, including interim/ acting up and non-voting members.
- The framework introduces a new standardised board member reference. These references will be created whenever a board member leaves an NHS organisation, regardless of whether they are moving immediately to another NHS role and should be sought by employing NHS organisations when making a job offer. The reference is based on the NHS standard reference template but includes additional questions relevant to the FPPT. This will be implemented by **30 September 2023** for all new board appointments or board members leaving after this date.
- The Electronic Staff Record (ESR) will be used to store information related to FPPT checks and references. This will provide a standard way to record and report compliance internally. Retrospective population of data is not required.
- Annual self-attestations by board members to confirm adherence to the regulations will continue. You already complete these and the forms have been standardised and simplified.
- NHS England will now have oversight through receipt and review of the annual FPPT submissions (to the relevant NHS England regional director from NHS organisations). The annual submission includes:
  - The FPPT outcome for board members, including new starters and leavers within the period.
  - Details of any reviews and inspections of the FPPT process, including CQC, internal audit, board effectiveness reviews etc.
  - Declaration from the Chair (for board members) and the SID (for the Trust Chair) that the submission is complete, and the conclusion drawn is based on testing the FPPT framework.
- Every three years, NHS organisations are required to have an internal audit to assess the processes, controls and compliance supporting the FPPT assessments. The internal audit should include sample testing of FPPT assessment and associated documentation.
- The Trust Chair is accountable for taking all reasonable steps to ensure the FPPT is effectively implemented in their organisation.

## Attachment S

<b>Patient Safety Implications</b> The aim of strengthening the FPPT is to prioritise patient safety and good leadership in NHS organisations. The Framework will help board members build a portfolio to support and provide assurance that they are fit and proper, while demonstrably unfit board members will be prevented from moving between NHS organisations
<b>Equality impact implications</b> None
<b>Financial implications</b> None
<b>Action required from the meeting</b> The Trust Board are asked to note the report.
<b>Consultation carried out with individuals/ groups/ committees</b> The Corporate Governance Team and Human Resources department have consulted on the new changes and are reviewing processes and policies to ensure compliance.
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Anna Ferrant, Company Secretary and Caroline Anderson, Director of HR&OD
<b>Who is accountable for the implementation of the proposal / project?</b> Mike Rake, Trust Chair

**Trust Board  
 Fit and Proper Persons Test Policy and Framework**

**1.0 Introduction**

NHS England has developed a [Fit and Proper Person Test \(FPPT\) Framework](#) in response to recommendations made by Tom Kark KC in his 2019 Review of the FPPT. This also takes into account the requirements of the Care Quality Commission (CQC) in relation to directors being fit and proper for their roles. The new Fit and Proper Persons Test (FPPT) Framework for board members was published on 02 August 2023.

**2.0 Background**

The FPPT was originally introduced in 2014 via Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The legislation has not changed but this new framework aims to support NHS organisations' compliance with the regulations and makes some changes to the checks and balances that are intended to ensure directors satisfy the regulatory requirements.

The Kark Review (2019) was commissioned by the government in July 2018 to review the scope, operation, and purpose of the FPPT as it applies under the current Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This included looking at how effective the FPPT is:

*“... in preventing unsuitable staff from being redeployed or re-employed in the NHS, clinical commissioning groups, and independent healthcare and adult social care sectors.”*

The review highlighted areas that needed improvement to strengthen the existing regime and these can be viewed [here](#).

This new FPPT Framework supports the implementation of the recommendations from the Kark Review. The purpose is to strengthen/reinforce individual accountability and transparency for board members, thereby enhancing the quality of leadership within the NHS. The Framework will help board members build a portfolio to support and provide assurance that they are fit and proper, while demonstrably unfit board members will be prevented from moving between NHS organisations.

**3.0 Implementation**

NHSE expect organisations to implement the FPPT Framework in line with the timetable below:

<b>As soon as possible</b>	<ul style="list-style-type: none"> <li>communicate with all board members whose details will be included in Electronic Staff Record (ESR) for the purpose of FPPT. The Electronic Staff Record is a payroll database system used by 99% of NHS trusts. It provides a hub for employees to have control over their personal data with their employer including access to payslips, pension statements and e-learning.</li> </ul>
<b>From 30 September 2023</b>	<ul style="list-style-type: none"> <li>use the new board member reference template for references for all new board appointments</li> </ul>

	<ul style="list-style-type: none"> <li>complete and retain locally the new board member reference for any board member who leaves the board for whatever reason and record whether or not a reference has been requested (this means a reference is now automatically produced for any director leaving an NHS organisation, even if the reference has not been requested by another organisation. It is held on the individual director's ESR).</li> <li>use the Leadership Competency Framework (LCF) as part of the assessment process when recruiting to all board roles</li> </ul>
<b>By 31 March 2024</b>	<ul style="list-style-type: none"> <li>fully implement the FPPT Framework incorporating the Leadership Competency Framework, including updating the ESR database</li> </ul>
<b>By Q1 2024</b>	<ul style="list-style-type: none"> <li>incorporate the Leadership Competency Framework into annual appraisals of all board directors for 2023/2024, using the board appraisal framework</li> </ul>

#### 4.0 Main elements of the new FPPT Framework at a glance

- ⇒ The **FPPT is applicable to all board members**: executive and non-executive, interim/ acting and permanent, and voting and non-voting.
- ⇒ The FPPT is carried out on an individual board member basis.
- ⇒ The **Electronic Staff Record (ESR)** will be used to store information related to FPPT checks and references for applicable board members as outlined above. This will provide a standard way to record and report compliance internally. Retrospective population of data is not proposed.
- ⇒ The **Leadership Competency Framework (LCF) will be used to support the FPPT** for individual board members as part of their annual appraisal with a summarised record added to ESR.
- ⇒ The **board member reference (BMR)** template is to be completed for any board member: the reference should be completed when a board member leaves the organisation irrespective of whether a reference has been requested by a future employer.
- ⇒ **NHS England will have oversight of the process** through receipt and review of the annual FPPT submissions from GOSH to the relevant NHS England regional director.
- ⇒ Every three years, NHS organisations should have an **internal audit to assess** the processes, controls and compliance supporting the FPPT assessments. The internal audit should include sample testing of FPPT assessment and associated documentation.
- ⇒ The scope of the **FPPT applicability has broadened** to include Integrated care board (ICB), CQC and NHSE board members.

#### 5.0 What checks are different

The below tables outlines the assessment and checks are currently undertaken by GOSH and the additional checks introduced by the new FPPT framework that will also be required:

##### On appointment and annually

\* Fields marked with an asterisk (\*) – these do not require validation as part of the annual FPPT unless a specific reason arises. However, these fields should still be updated in the event of a change to the information held.



Check	Currently undertaken	New (additional following FPPT guidance 2023)
First name*	√	
Second name/surname*	√	
The national insurance number is an additional check where there may have been a change of name highlighted in the initial or annual assessment.	√	
Organisation* (i.e. current employer)	√	
Staff group*	√	
Job title*	√	
Occupational code*	√	
Position title*	√	
Employment history* – This would include detail of all job titles, organisations, departments, dates and role descriptions  – Any gaps that are because of any protected characteristics, as defined in the Equality Act 2010, would not need to be explained	√	
Training and development	√	
References* - Available references from previous employers, including references where the individual resigned or retired from a previous role	√	
Last appraisal and date <i>(For Chair and NEDs, information about appraisals is only required from their appointment date forward. No information about appraisals in previous roles is required).</i>	√	
Disciplinary findings That is, any upheld finding pursuant to any NHS organisation policies or procedures concerning employee behaviour, such as misconduct or mismanagement.		√
Grievance (upheld) against the board member		√
Whistleblowing (upheld) against the board member		√
Actions or investigations relating to any ongoing or discontinued matters relevant to FPPT and pursuant to the NHS organisation's Disciplinary/ Grievance/ Whistleblowing/Employee behaviour policies should also be recorded		√
Type of DBS disclosed*	√	
Date DBS received*	√	
Date of medical clearance* (including confirmation of occupational health assessment).	√	
Date of professional register check (e.g. membership of professional bodies)	√	
Insolvency check	√	
Disqualified directors register check	√	
Disqualification from being a charity trustee check*	√	
Employment tribunal judgement check	√	
Social media check	√	

Check	Currently undertaken	New (additional following FPPT guidance 2023)
Fit and Proper Persons Requirement Personal Disclosure Form	√	
Self-attestation form signed (replaces above FPPR personal disclosure form)		√
Board member reference*		√
Sign-off by Chair/CEO		√

## 6.0 Recording

The Director of HR&OD is responsible for ensuring FPPT checks are entered onto the Electronic Staff Record (ESR). The recording of this information will be delegated to a member of the HR Department who will complete the testing (validation) and record the outcome on the FPPT ESR data fields for the annual assessment. The ESR record is live and should be updated for any changes or matters arising at any point in time. The FPPT in ESR is commissioned by NHS England.

Other documentation that supports the FPPT conclusion should be saved/recorded and retained as appropriate and in accordance with our Corporate Records Management Policy. This documentation will be available for the chair/chief executive in carrying out the annual appraisal and FPPT assessment for the NEDs and executives respectively, and for the chair in carrying out the overall FPPT review for the organisation.

Each board member has been issued with a privacy notice outlining the information collected and processed for FPPT including the how it will be stored, and your data protection rights.

## 7.0 Actions and next steps

Since the new FPPT Framework was issued in August 2023, the Trust has been reviewing its Fit and Proper Person's Policy. A communication has been sent to all board members outline the new FPPT framework along with a privacy notice relating to the information collected and processed for FPPT.

Our next steps will be:

- Presenting the FPPT Policy to the Policy Approval Group on 27 October 2023 for final policy endorsement.
- Fully implement the FPPT Framework incorporating the Leadership Competency Framework, including updating the ESR database by 31 March 2024.
- Incorporate FPPT into the annual appraisals (by April 2024 for the Chair and NEDs).
- Drafting an annual FPPT report for submission to NHS England.