



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

Meeting of the Trust Board Thursday 26 November 2020

Dear Members

There will be a public meeting of the Trust Board on Thursday 26 November 2020 at 1:30pm on Zoom and in Barclay House, 37 Queen Square, Great Ormond Street, London WC1N 3BH.

Company Secretary Direct Line: 020 7813 8230

AGENDA

	Agenda Item <u>STANDARD ITEMS</u>	Presented by	Attachment	Timing
1.	Apologies for absence	Chair	Verbal	1:30pm
Declarations of Interest All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.				
2	Minutes of Meeting held on 16th September 2020	Chair	J	
3.	Matters Arising/ Action Checklist	Chair	K	
4.	Chief Executive Update	Chief Executive	L	1:35pm
5.	Patient Story	Chief Nurse	M	1:45pm
	<u>STRATEGY AND PLANNING</u>			
6.	Research Hospital update: Focus on Biomedical Research Centre Renewal	Director of Research and Innovation/ Director of NIHR GOSH UCL BRC	N	2:00pm
7.	Patient Experience and Engagement Framework Progress Report	Chief Nurse	O	2:15pm
8.	Directorate Presentation: Blood, Cells and Cancer Directorate	Interim Chief Operating Officer/ Chief of Service BCC and senior team	P	2:20pm
9.	Approach to business planning and budget setting 2021/22	Chief Finance Officer/ Interim Chief Operating Officer	Q	2:35pm
	<u>PERFORMANCE</u>			
10.	Integrated Quality and Performance Report – Month 7 (October) 2020 Including: Clinical outcomes overview	Medical Director/ Chief Nurse/ Acting Chief Operating Officer/	R	2:55pm
11.	Finance Report – Month 7 (October) 2020	Chief Finance Officer	S	3:05pm
12.	Safe Nurse Staffing Report (August - October 2020)	Chief Nurse	T	3:15pm
13.	Self-Assessment Flu Vaccination	Director of HR and OD	U	3:25pm

	<u>ASSURANCE</u>			
14.	Built Environment Update: <ul style="list-style-type: none">• Progress with the Sight and Sound Hospital• Children’s Cancer Centre• Fire cladding update	Director of Built Environment and Estates and Facilities	V 7 8	3:30pm
15.	Guardian of Safe Working Update	Medical Director	W	3:50pm
16.	Brexit Update	Interim Chief Operating Officer	X	4:00pm
17.	Update to the infection Control Assurance Framework	Director of Infection Prevention and Control	Y	4:05pm
18.	Learning from Deaths Mortality Review Group - Report of deaths in Q1 2020/2021	Medical Director	Z	4:10pm
	<u>GOVERNANCE</u>			
19.	Amendment to the Trust Constitution	Company Secretary	6	4:20pm
	<u>FOR INFORMATION</u>			
20.	Board Assurance Committee reports <ul style="list-style-type: none">• Audit Committee• Quality, Safety and Experience Assurance Committee• People and Education Assurance Committee Update –September 2020• Finance and Investment Committee	Chair of the Audit Committee Chair of the QSEAC Chair of the People and Education Assurance Committee Chair of the Finance and Investment Committee	1 2 3 4	4:30pm
21.	Council of Governors’ Update – November 2020	Chair	Verbal	
	Reminder of new membership constituencies and Council election	Company Secretary	5	
22.	Any Other Business (Please note that matters to be raised under any other business should be notified to the Company Secretary before the start of the Board meeting.)			
23.	Next meeting The next public Trust Board meeting will be held on 3 rd February 2021 (location to be determined).			

Clinical Outcomes Programme at GOSH

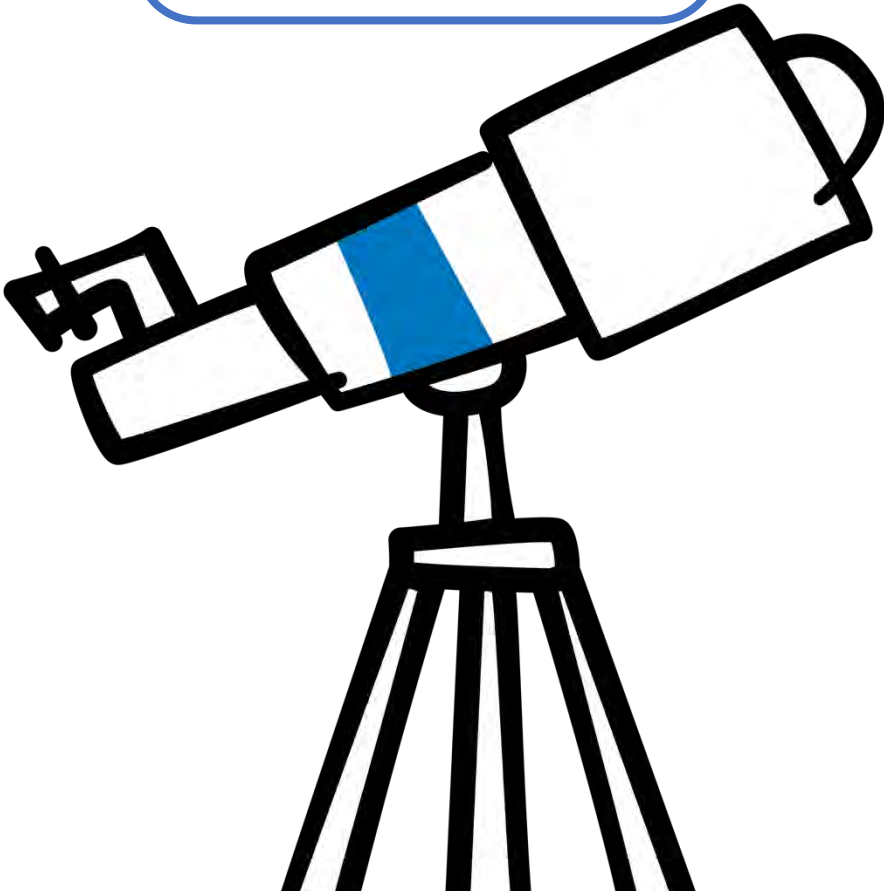
The Clinical Outcomes Programme supports clinical teams to establish their outcome measures, and collect, analyse and publish their outcomes data to the Clinical Outcomes Hub and the Trust website.

We seek to benchmark with other paediatric centres of excellence.



Outcomes published to Trust website

Clinical outcomes are measurable changes in health, function or quality of life that result from our care.



Published for first time

- [Bardet-Biedl](#)
- [Dietetics](#)
- [Perfusion Service](#)
- [Selective Dorsal Rhizotomy](#)

In development

- Gastrointestinal Allergy Nutrition Therapy Service
- Music Therapy
- Range of outcome tools for Allied Health Professionals to support new AHP Strategy

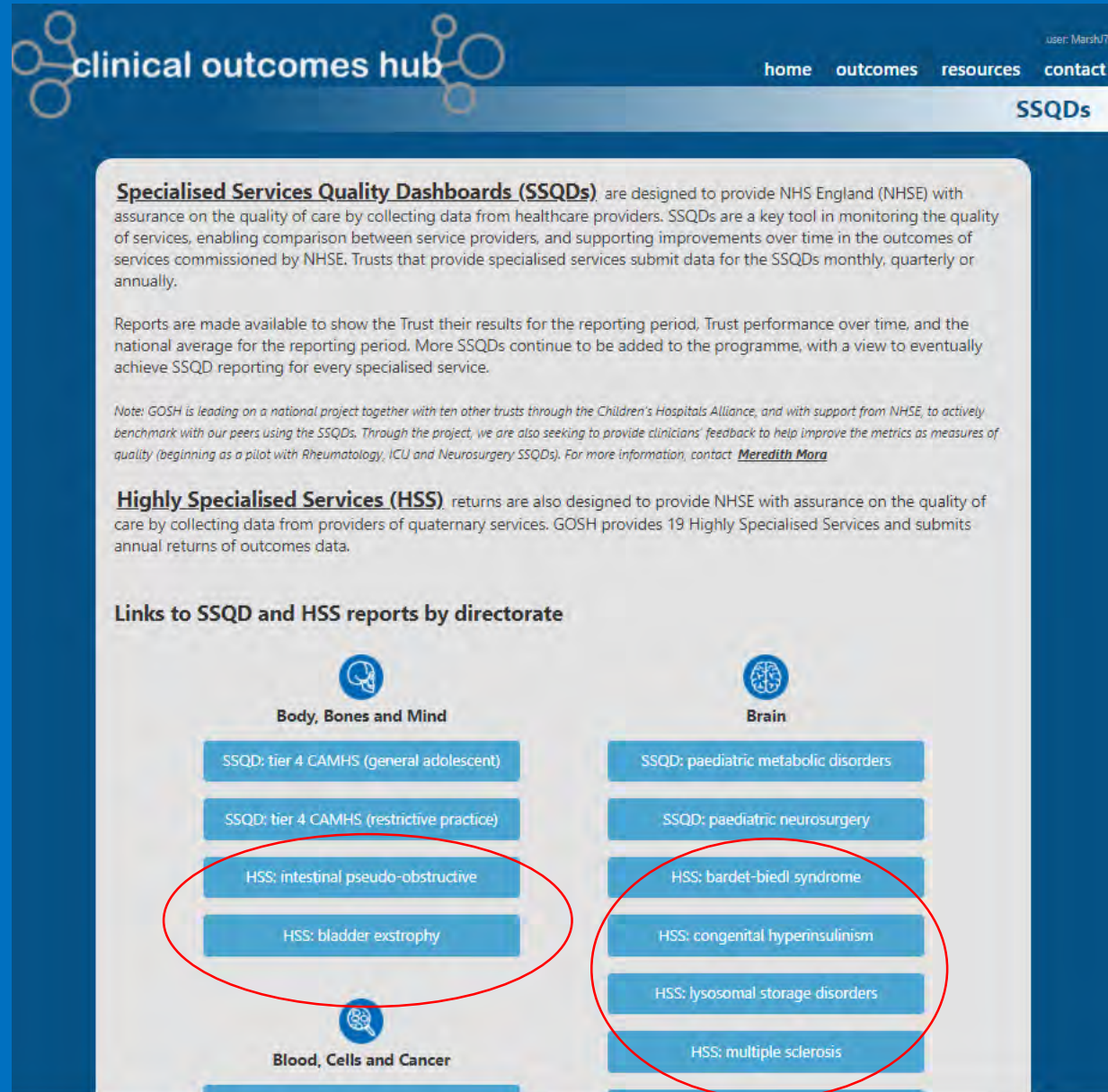
Updated since Oct 2019

- [Cardiothoracic](#)
- [Cleft Lip and Palate](#)
- [Clinical Neurophysiology](#)
- [Cystic Fibrosis](#)
- [Gastroenterology](#)
- [Intensive Care](#)
- [Haemophilia](#)
- [Metabolic Medicine](#)
- [Neurosurgery](#)
- [Urology](#)

Clinical Outcomes Hub Developments

New in 2020 is
access to the Highly
Specialised Services
(HSS) returns for 19
services across
GOSH

<http://gst/ClinicalOutcomes/>



The screenshot shows the Clinical Outcomes Hub website. The header includes the logo, navigation links (home, outcomes, resources, contact), and a user login (user: MarshUT). The main content area is titled "SSQDs" and contains text explaining Specialised Services Quality Dashboards (SSQDs) and Highly Specialised Services (HSS) returns. Below this, there is a section titled "Links to SSQD and HSS reports by directorate" with three columns of links. The first column is for "Body, Bones and Mind", the second for "Brain", and the third for "Blood, Cells and Cancer". The "Body, Bones and Mind" column includes links for SSQD: tier 4 CAMHS (general adolescent), SSQD: tier 4 CAMHS (restrictive practice), HSS: intestinal pseudo-obstructive, and HSS: bladder exstrophy. The "Brain" column includes links for SSQD: paediatric metabolic disorders, SSQD: paediatric neurosurgery, HSS: bardet-biedl syndrome, HSS: congenital hyperinsulinism, HSS: lysosomal storage disorders, and HSS: multiple sclerosis. The "Blood, Cells and Cancer" column is partially visible at the bottom. Red circles highlight the HSS: intestinal pseudo-obstructive and HSS: bladder exstrophy links in the first column, and the HSS: bardet-biedl syndrome, HSS: congenital hyperinsulinism, HSS: lysosomal storage disorders, and HSS: multiple sclerosis links in the second column.

clinical outcomes hub

home outcomes resources contact

user: MarshUT

SSQDs

Specialised Services Quality Dashboards (SSQDs) are designed to provide NHS England (NHSE) with assurance on the quality of care by collecting data from healthcare providers. SSQDs are a key tool in monitoring the quality of services, enabling comparison between service providers, and supporting improvements over time in the outcomes of services commissioned by NHSE. Trusts that provide specialised services submit data for the SSQDs monthly, quarterly or annually.

Reports are made available to show the Trust their results for the reporting period, Trust performance over time, and the national average for the reporting period. More SSQDs continue to be added to the programme, with a view to eventually achieve SSQD reporting for every specialised service.

Note: GOSH is leading on a national project together with ten other trusts through the Children's Hospitals Alliance, and with support from NHSE, to actively benchmark with our peers using the SSQDs. Through the project, we are also seeking to provide clinicians' feedback to help improve the metrics as measures of quality (beginning as a pilot with Rheumatology, ICU and Neurosurgery SSQDs). For more information, contact [Meredith Mora](#)

Highly Specialised Services (HSS) returns are also designed to provide NHSE with assurance on the quality of care by collecting data from providers of quaternary services. GOSH provides 19 Highly Specialised Services and submits annual returns of outcomes data.

Links to SSQD and HSS reports by directorate

Body, Bones and Mind

- SSQD: tier 4 CAMHS (general adolescent)
- SSQD: tier 4 CAMHS (restrictive practice)
- HSS: intestinal pseudo-obstructive
- HSS: bladder exstrophy

Brain

- SSQD: paediatric metabolic disorders
- SSQD: paediatric neurosurgery
- HSS: bardet-biedl syndrome
- HSS: congenital hyperinsulinism
- HSS: lysosomal storage disorders
- HSS: multiple sclerosis

Blood, Cells and Cancer

**Trust Board
26 November 2020****Month 7 2020/21 Finance Report****Paper No: Attachment S****Submitted by:**
Helen Jameson, Chief Finance Officer☐ **For information and noting****Purpose of report**

To present the Month7 financial position of the Trust to the Board and provide an oversight to both what has happened and the Trust forecast. This report will provide assurance of the Financial governance that is in place across the organisation.

Summary of report

In month 7 the NHS switched to a new financial payment system where a new block income value was confirmed with the Trust which had been calculated assuming that all non NHS income would restart and flow as per the previous year. The Trust used this figure and assessed the expected costs and other income over the last 6 months of the year which resulted in a deficit plan of £26.3m which was submitted to NHSE/I. The plan assumes that the Trust will be breakeven in the first 6 months of the year having received £39.3m of retrospective top up funding. The month 6 top up has not been confirmed so the Trust position contains £6.9m of risk until this is confirmed.

This report shows the Trust's finance position against the plan submitted to NHSE/I.

1. The Trust position in month 7 is a £4.1m deficit. This is 0.8m favourable to the NHSE/I plan. The YTD position is the same as the in month due to both actuals and plan being breakeven up to the end of month 6.
2. The key drivers of the Trust favourable variance are due to lower than projected costs associated with undertaking research studies (£0.6m) and the change in rules allowing CEA award income to be invoiced (£0.2m). NHSE has requested a plan resubmission due to the short time frame Trusts were given to pull the month 7-12 plans. The Trust will submit a revised plan mid-November where both of these will be adjusted. This will allow the position to be measured against a more realistic plan.
3. Trust NHS income remains largely on block however it is £0.5m lower than plan linked to lower overseas and devolved nation activity. Private patient income is above plan by £1.0m. This is driven by 2 high value patients which were not forecast due to the referral centres still being

closed. This is not forecast to continue as referral centres are remain closed.

4. Pay is favourable to YTD by £0.7m. This is due to the lower spend in research and will be adjusted following the review. The plan incorporates changes to working patterns to accommodate the Covid-19 response along with expected staffing costs to deliver increased activity in the later part of the year.
5. Non Pay is adverse to plan YTD by £0.2m. The main drivers of this are related to Drugs above plan (£0.6m), the bad debt provision above plan (£0.5m) both being partially offset by reduced research costs. The drugs are high in month due to higher than expected levels of spend associated with increased Car-T treatments, voretigene and cerliponase. The increased bad provision is linked to the high levels of private patient income in month and follows the Trust policy. Both of these are partially offset by low research costs which will be adjusted in the resubmission.
6. Cash held by the Trust is £126.5m which is £7.3m higher than M06. Cash receipts were higher than payments in month.
7. Capital expenditure as at M7 YTD was £4.1m for Trust-funded, including PDC-funded critical infrastructure works, and £6.3m for charity funded. The Trust has also incurred £0.9m of centrally-funded capital spend in relation to Covid-19.

The key movements to note on the balance sheet are:

Indicator	Comment
Cash	Cash held by the Trust at M07 was £126.5m which is £7.3m higher than M06.
NHS Debtor Days	NHS Debtor days increased from 5 to 6 days as a result of an increase in invoiced debt.
IPP Debtor Days	IPP debtor days decreased from 304 days to 300 days due to a decrease in overdue debt.
Creditor Days	Creditor days reduced from 30 days to 27 days as a result of payments to creditors which has decreased invoiced payables.

Action required from the meeting
To **note** the Month 7 Financial Position

Contribution to the delivery of NHS Foundation Trust priorities

☐ **PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people**

Contribution to compliance with the Well Led criteria

☐ **Leadership, capacity and capability**
☐ **Effective processes, managing risk and performance**
☐ **Accurate data/ information**

<ul style="list-style-type: none"> <input type="checkbox"/> PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes <input type="checkbox"/> PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training <input type="checkbox"/> PRIORITY 4: Improve and speed up access to urgent care and virtual services <input type="checkbox"/> PRIORITY 5: Accelerate translational research and innovation to save and improve lives <input type="checkbox"/> PRIORITY 6: Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care <input type="checkbox"/> Quality/ corporate/ financial governance 	
Strategic risk implications BAF Risk 1: Financial Sustainability	
Financial implications Changes to payment methods and expenditure trends	
Implications for legal/ regulatory compliance Not Applicable	
Consultation carried out with individuals/ groups/ committees Discussions have been undertaken at EMT.	
Who is responsible for implementing the proposals / project and anticipated timescales? Chief Finance Officer / Executive Management Team	
Who is accountable for the implementation of the proposal / project? Chief Finance Officer / Executive Management Team	
Which management committee will have oversight of the matters covered in this report? Finance and Investment Committee	

Finance and Workforce Performance Report Month 7 2020/21

Contents

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ACTUAL FINANCIAL PERFORMANCE

	In month			Year to date		
	Plan	Actual	RAG	Plan	Actual	RAG
INCOME	£42.6m	£43.1m	●	£269.7m	£270.1m	●
PAY	(£26.5m)	(£26.0m)	●	(£181.0m)	(£180.5m)	●
NON-PAY Inc. owned depreciation and PDC	(£20.9m)	(£21.1m)	●	(£132.8m)	(£133.0m)	●
Surplus/Deficit excl. donated depreciation	(£4.9m)	(£4.1m)	●	(£44.2m)	(£43.4m)	●
Top up	£0.0m	£0.0m		£0.0m	£39.3m	
Surplus/Deficit excl. donated depreciation	(£4.9m)	(£4.1m)		(£44.2m)	(£4.1m)	

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

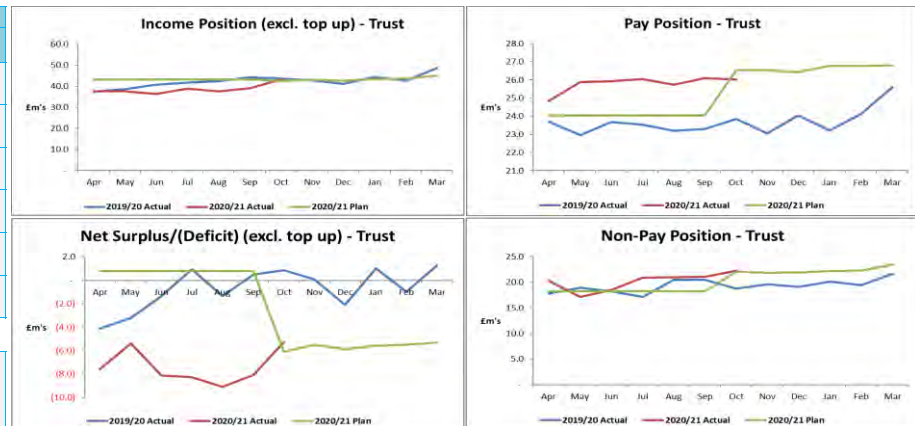
AREAS OF NOTE:

In month 7 the NHS switched to a new financial payment system whereby an new block income value was confirmed to the Trust, which had been calculated assuming that all non NHS income would flow as per the previous year. Using this figure and assessing expected costs and other income for the rest of the year a £26.3m deficit plan was submitted to NHSEI and this is what the in month performance has been measured against. It is assumed that the first 6 months of the year the Trust broke-even with NHSEI funding £39.3m costs through top-up payment. Although £4.1m of this is still to be confirmed.

The in-month performance is a £4.1m deficit which is £0.8m favourable to the NHSE plan; this is driven from lower than projected costs associated with undertaking research studies and due to a rule change whereby CEA award income can now be invoiced. Recognising that all Trusts had to put plans together in very short time lines than usual a revised plan submission is required mid-November. In this resubmission these two items will be updated so the financial position can be measured against a more realistic plan.

Trust NHS income remains largely on block; however the Trust is currently adverse to plan by £0.5m on NHS and other clinical income given lower than expected performance in relation to overseas / devolved nations. Conversely, Private patient income is favourable to the NHSE plan by £1.0m. This is driven by 2 high value patients which were not forecast due to referral offices being closed and this is not expected to be a trend. In line with Trust policy and partially as a result of the significant uplift in private patient income, bad debt provisioning has risen in-month (£1.1m).

Given the continued rise in elective activity, non-pay costs are increasing and in-month are £0.2m adverse to plan. Drugs and supplies and services are both adverse to plan (£0.6m and £0.1m respectively). Pay is lower than plan driven (£0.7m favourable to plan); mainly driven by lower than planned research staffing. The Trust continues to see a high level of staffing cost against prior year with lower staff turnover, as well as higher levels of sickness coverage this month and the full impact of the new nursing intake.



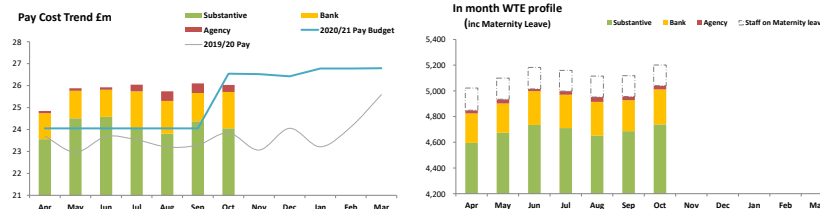
2020/21 Plan for the first 6 months of the year shown on the graphs reflect the original NHSE plan. From month 7 these reflect the latest agreed NHSE plan.

PEOPLE

	M6 Actual WTE	M7 Actual WTE	Variance
PERMANENT	4,686.2	4,739.4	(53.2)
BANK	241.1	271.9	(30.8)
AGENCY	28.6	29.2	(0.6)
TOTAL	4,955.9	5,040.6	(84.7)

AREAS OF NOTE:

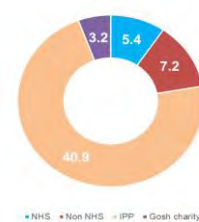
Trust WTEs have risen significantly between M6 and M7, with the Trust seeing the full impact of the new nursing intake but no reduction in bank costs. Although Healthcare Assistant staffing has reduced. Overall, nursing and HCA WTEs across permanent, bank and agency account for an increase of 104 WTEs in-month. Pay costs have remained comparable to M6 because consultant pay rise backpay was issued in M6 with no associated WTEs; this month the volume of additional staff is the driver of pay cost reaching the same level. Agency spend remains high due to support required in pharmacy and the labs to run the Trust testing services. ICT to support cyber security and Comms to manage the increased messaging to support patients and staff wellbeing.



CASH, CAPITAL AND OTHER KPIS

Key metrics	Sep-20	Oct-20	Capital Programme	YTD Plan M7	YTD Actual M7	Full Year Fcst
Cash	£119.2m	£126.5m	Total Trust-funded	£5.5m	£2.9m	£13.3m
IPP Debtor days	304	300	Total CIR PDC	£1.7m	£1.2m	£1.7m
Creditor days	30	27	Total Covid PDC	£0.0m	£0.9m	£1.2m
NHS Debtor days	5	6	Total Donated	£10.9m	£6.3m	£13.3m
			Grand Total	£18.0m	£11.3m	£29.5m

Net receivables breakdown (£m)



AREAS OF NOTE:

- Cash held by the Trust increased in month by £7.3m. Cash receipts were higher than payments made in the month.
- The capital programme for the year to date is less than plan by £6.7m of which £2.4m is on the Trust-funded and £4.6m on the donated programme with £0.3m additional spend on PDC funded projects. In light of this and other delays due to COVID-19 the Trust has reviewed the trust funded capital programme forecast outturn and reduced it by £3m to £13.3m.
- IPP debtors days decreased in month from 304 days to 300 days. Total IPP debt decreased in month to £40.9m (£43.7m in M06). Overdue debt also decreased in month to £39.6m (£41.6m in M06).
- Creditor days decreased slightly in month from 30 days to 27 days.
- NHS debtor days increased in month from 5 days to 6 days.

Trust Income and Expenditure Performance Summary for the 7 months ending 31 Oct 2020

NHSE plan (£m)	Income & Expenditure	2020/21								Rating YTD Variance	Notes	2019/20	2020/21	2020/21
		Month 7				Year to Date						Actual	NHSE Plan	Board Approved Plan
		NHSE Plan	Actual	Variance		NHSE Plan	Actual	Variance				M7	M7	M7
		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%			(£m)	(£m)	(£m)
405.34	NHS & Other Clinical Revenue	35.45	35.00	(0.45)	(1.26%)	226.48	226.03	(0.45)	(0.20%)	A	1	31.88	226.48	35.66
37.91	Private Patient Revenue	3.08	4.03	0.94	30.61%	20.49	21.44	0.94	4.61%	G	2	5.57	20.49	6.62
43.56	Non-Clinical Revenue	4.04	4.02	(0.01)	(0.27%)	22.69	22.68	(0.01)	(0.05%)	G	3	6.03	22.69	5.52
486.81	Total Operating Revenue	42.57	43.05	0.48	1.14%	269.66	270.14	0.48	0.18%	G		43.48	269.66	47.81
(294.45)	Permanent Staff	(24.74)	(24.06)	0.68	2.74%	(169.56)	(168.88)	0.68	0.40%			(22.24)	(169.56)	(25.08)
(2.71)	Agency Staff	(0.24)	(0.32)	(0.08)	(31.16%)	(1.75)	(1.83)	(0.08)	(4.28%)			(0.17)	(1.75)	(0.01)
(17.18)	Bank Staff	(1.57)	(1.65)	(0.09)	(5.68%)	(9.73)	(9.81)	(0.09)	(0.91%)			(1.39)	(9.73)	(0.21)
(314.34)	Total Employee Expenses	(26.54)	(26.03)	0.51	1.94%	(181.04)	(180.53)	0.51	0.28%	G	4	(23.80)	(181.04)	(25.31)
(96.98)	Drugs and Blood	(8.27)	(8.87)	(0.59)	(7.17%)	(54.32)	(54.91)	(0.59)	(1.09%)	R		(6.63)	(54.32)	(9.01)
(35.12)	Supplies and services - clinical	(3.23)	(3.33)	(0.10)	(3.04%)	(18.73)	(18.83)	(0.10)	(0.52%)	A		(3.38)	(18.73)	(3.36)
(88.64)	Other Expenses	(8.12)	(7.64)	0.48	5.96%	(49.44)	(48.96)	0.48	0.98%	G		(6.11)	(49.44)	(6.55)
(220.74)	Total Non-Pay Expenses	(19.62)	(19.83)	(0.21)	(1.06%)	(122.49)	(122.70)	(0.21)	(0.17%)	A	5	(16.13)	(122.49)	(18.93)
(535.08)	Total Expenses	(46.16)	(45.86)	0.31	0.66%	(303.53)	(303.23)	0.31	0.10%	G		(39.93)	(303.53)	(44.23)
(48.27)	EBITDA (exc Capital Donations)	(3.59)	(2.80)	0.79	22.02%	(33.88)	(33.09)	0.79	2.34%	G		3.55	(33.88)	3.57
(17.35)	Owned depreciation, Interest and PDC	(1.27)	(1.26)	0.01	0.69%	(10.29)	(10.29)	0.01	0.08%		7	(1.58)	(10.29)	(1.62)
(65.62)	Surplus/Deficit (exc. PSF/Top up)	(4.87)	(4.06)	0.80	16%	(44.17)	(43.37)	0.80	2%			1.97	(44.17)	1.96
39.31	PSF/Top up		0.00	0.00		39.31	39.31	0.00					39.31	0.00
(26.31)	Surplus/Deficit (incl. PSF/Top up)	(4.87)	(4.06)	0.80	16.44%	(4.86)	(4.06)	0.80	16.45%	G		1.97	(4.86)	1.96
0.00	PY PSF post accounts reallocation	0.00	0.00	0.00		0.00	0.00	0.00				0.00	0.00	0.00
(14.83)	Donated depreciation	(1.22)	(1.20)	0.02		(8.48)	(8.46)	0.02				(1.11)	(8.48)	(1.08)
(41.14)	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	(6.09)	(5.27)	0.82	13.46%	(13.35)	(12.53)	0.82	6.14%			0.85	(13.35)	0.87
0.00	Impairments	0.00	0.00	0.00		0.00	0.00	0.00				0.00	0.00	0.00
13.04	Capital Donations	0.50	0.60	0.10		6.15	6.25	0.10			6	2.17	6.15	1.56
(28.10)	Adjusted Net Result	(5.59)	(4.67)	0.92	16.47%	(7.19)	(6.27)	0.92	12.79%			3.02	(7.19)	2.46

2019/20 Actual	2020/21 NHSE Plan	2020/21 Board Approved Plan
M7	M7	M7
(£m)	(£m)	(£m)
31.88	226.48	35.66
5.57	20.49	6.62
6.03	22.69	5.52
43.48	269.66	47.81
(22.24)	(169.56)	(25.08)
(0.17)	(1.75)	(0.01)
(1.39)	(9.73)	(0.21)
(23.80)	(181.04)	(25.31)
(6.63)	(54.32)	(9.01)
(3.38)	(18.73)	(3.36)
(6.11)	(49.44)	(6.55)
(16.13)	(122.49)	(18.93)
(39.93)	(303.53)	(44.23)
3.55	(33.88)	3.57
(1.58)	(10.29)	(1.62)
1.97	(44.17)	1.96
	39.31	0.00
1.97	(4.86)	1.96
0.00	0.00	0.00
(1.11)	(8.48)	(1.08)
0.85	(13.35)	0.87
0.00	0.00	0.00
2.17	6.15	1.58
3.02	(7.19)	2.46

Summary

- The month 7 deficit is £4.1m, which is £0.8m favourable to plan. The first 6 months of the year showed a deficit of £39.3m which NHSE funded through topup payments except £7m which is still to be confirmed.
- The latest Trust plan agreed with NHSE for M7-12 totals to a target deficit for the end of the year of £26.3m which should cover all costs including COVID-19. Due to the short time to created the current plan NHSEI require a resubmission in mid November when the Trust will adjust research costs and CEA funding so it is more accurate to measure against as we go forwards. These adjustments would have led to a breakeven position in month.

Notes

- NHS Clinical income is currently £0.5m adverse to the NHSE Plan YTD. Whilst NHS income is predominantly under a block contract for M7-12, the Trust has seen an underperformance on non-NHS activity e.g. devolved nations and overseas.
- Private Patient income is £1.0m favourable to the NHSE plan. The Trust had two high value patients in month which were not forecast due to referral offices being closed, but this isn't expected to be a trend as patient scheduling remains restricted in line with the wider Trust and with Covid cases rising globally.
- Non-clinical income is in line with the NHSE Plan. This income stream remains significantly lower than prior year given the stopping of research studies, reduced E&T programmes, reduced charitable income and Genetics testing. However, this month saw the inclusion of £0.2m of CEA funding due to updated guidance.
- Pay is favourable in-month to the NHSE plan by £0.7m. This is due to lower than planned research pay costs. Following an indepth review of the research studies the plan is going to be resubmitted to NHSE reducing the research pay plan by £1.9m for M7-12.
- Non pay is £0.2m adverse to the NHSE plan in month. Drug costs in-month are £0.6m higher than the NHSE plan due to a CAR-T and Voretigene patient. Elective activity has continued to increase and therefore so has clinical supplies spend; in-month spend is £0.1m adverse to NHSE Plan. In-month the Trust has seen a significant increase in the bad debt provision (£1.1m); this is in line with Trust policy and has risen due to the high levels of private patient income in-month.
- The plan set by NHSE does not include a plan for capital donations.



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

2020/21 Plan for the first 6m of the year shown on the graphs reflect the original NHSE plan. From M7 these reflect the latest agreed NHSE Plan

Trust Income and Expenditure Forecast Outturn Summary for the 7 months ending 31 Oct 2020

Income & Expenditure	2020/21 Full year				Rating
	NHSE Plan	Forecast	Variance		YTD Variance
	(£m)	(£m)	(£m)	%	
NHS & Other Clinical Revenue	405.34	406.09	0.75	0.19%	G
Private Patient Revenue	37.91	37.91	0.00	0.00%	G
Non-Clinical Revenue	43.56	43.63	0.08	0.17%	G
Total Operating Revenue	486.81	487.64	0.82	0.17%	G
Permanent Staff	(294.45)	(292.41)	2.04	0.69%	
Agency Staff	(2.71)	(2.71)	0.00	0.00%	
Bank Staff	(17.18)	(17.23)	(0.05)	(0.29%)	
Total Employee Expenses	(314.34)	(312.35)	1.99	0.63%	G
Drugs and Blood	(96.98)	(96.98)	0.00	0.00%	G
Supplies and services - clinical	(35.12)	(34.91)	0.21	0.60%	G
Other Expenses	(88.64)	(87.10)	1.54	1.73%	G
Total Non-Pay Expenses	(220.74)	(218.99)	1.75	0.79%	G
Total Expenses	(535.08)	(531.34)	3.74	0.70%	G
EBITDA (exc Capital Donations)	(48.27)	(43.70)	4.56	9.46%	G
Owned depreciation, Interest and PDC	(17.35)	(17.35)	0.00	0.00%	
Surplus/Deficit (exc. PSF/Top up)	(65.62)	(61.05)	4.56	7%	
PSF/Top up	39.31	39.31	0.00		
Surplus/Deficit (incl. PSF/Top up)	(26.31)	(21.75)	4.56	17.35%	G
Donated depreciation	(14.83)	(14.83)	0.00		
Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	(41.14)	(36.58)	4.56	11.09%	
Impairments	0.00	0.00	0.00		
Capital Donations	13.04	13.04	0.00		
Adjusted Net Result	(28.10)	(23.54)	4.56	16.24%	

RAG Criteria:

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

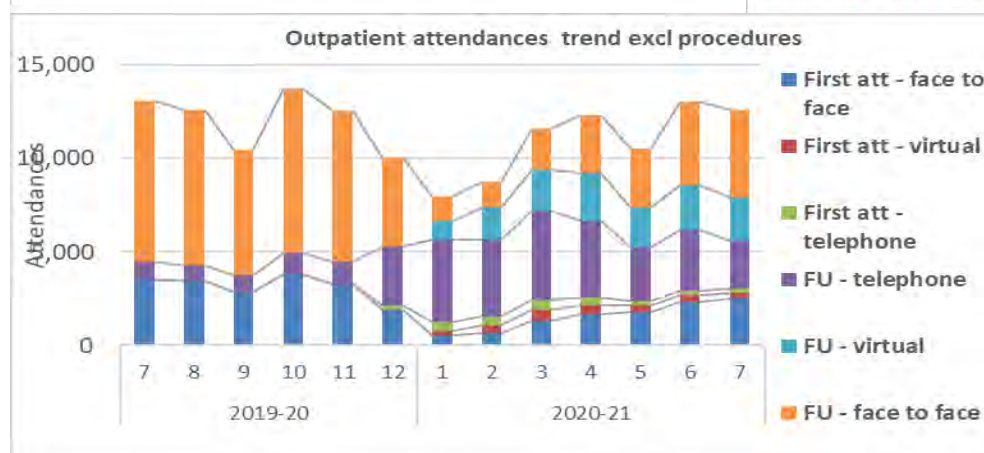
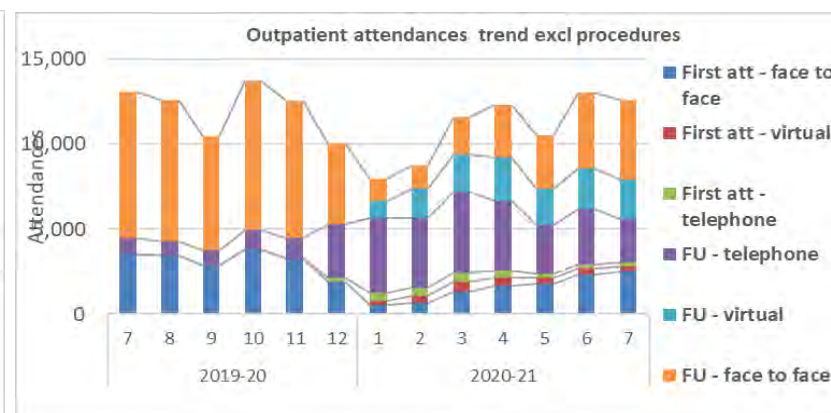
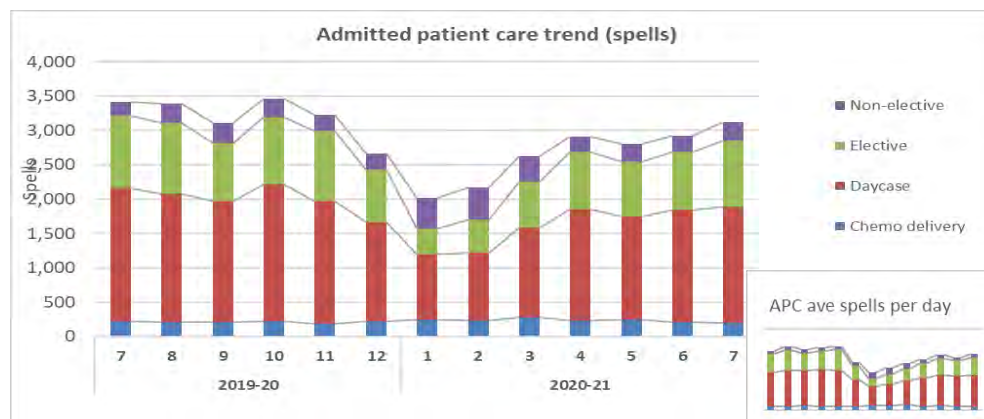
Summary

- The latest forecast for GOSH is a £21.8m deficit.
- The M7 forecast saw a £4.6m improvement to the latest agreed NHSE plan. This is driven from additional unforeseen non-NHS patient income, the inclusion of CEA award funding and the revision of forecast estimates relating to research activity within the Trust.
- NHSEI require all Trusts to submit an updated plan updated plan in mid November recognising that the original timescales were very short.

Notes

- The NHS & other clinical revenue is forecast to continue at current block levels with an increase for non-NHS income that has come to light since the previous NHSE plan submission.
- Private Patient income is forecast to be £37.9m; given the patient referral office being closed due to Covid, this is significantly lower than prior year. Difficulties with admitting patients and international repatriation will continue to impact this income stream.
- Costs are forecasted to increase towards the final few months of the year to facilitate the increased activity and include additional diagnostics work in line with national guidelines.
- There are a number of key risks within the forecast including the size of the NHS block, level of high cost drugs and devices on cost and volume contracts, level of private patient activity, Covid-19 funding and marginal rate performance.
- The latest Trust 7-12 month plan also includes delivery of an agreed savings programme (£3.7m).

2020/21 Overview of activity trends for the 7 months ending 31 Oct 2020

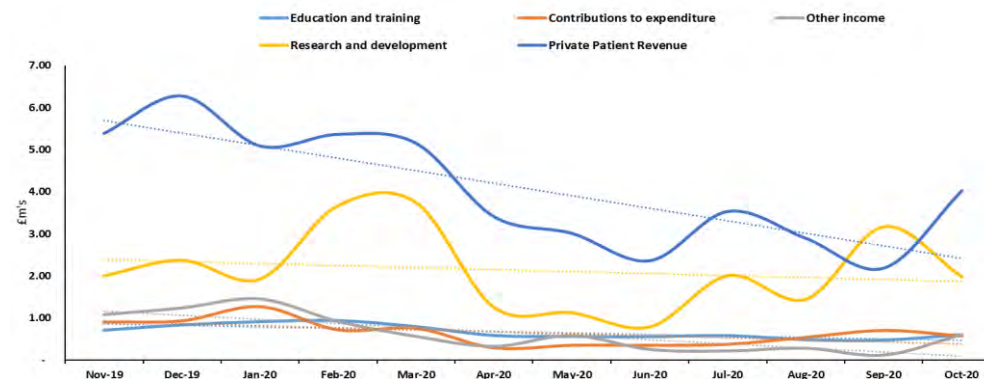
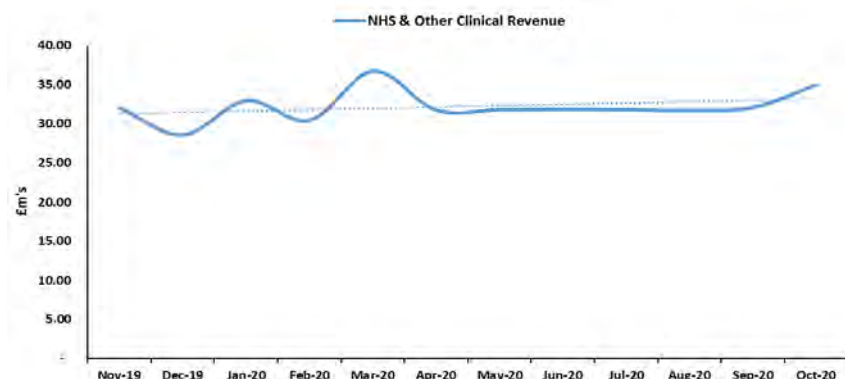


Summary

- Admitted patient care activity levels in October are showing an increase versus September of 8.16 spells per day across all points of delivery that is reflected in total spells. Activity per working day is below levels seen in October 2019 with daycase 8.6% and elective 5.6% below.
- Currently outpatient attendances for October are below September however September numbers have increased by 259 over the last month. A comparison of October (572 per day) to the original September activity (560 per day) shows October is on trend to be higher than September. Non-face to face attendances continue to fall as a % of total attendances with 43.3% for October versus 48.0% for September.
- The upward trends in activity are reflected in increased costs of clinical supplies & services that are comparable to costs in October 2019 (£3.1m v £3.2m in Oct 2019).
- In a change from months 1-6 NHSE high cost drugs will be funded under a mixed payment system in months 7-12. The minority of drugs will be under a block at £0.6m per month and the remainder will be passed through at cost based on a plan of £4.3m per month. Initial figures for October show a £1.4m over-performance for pass through drugs and block spend in line with block income.

NB: All activity accounts are based on those used for income reporting

2020/21 Income for the 7 months ending 31 Oct 2020



Summary

- Private Patient income is £1.0m favourable to the latest NHSE Plan due to two high value patients in month. Private patient referrals were ceased in the early months of the year due to Covid-19. The Trust has stated to increase NHS elective work based on prioritisation criteria; this includes private patients and has led to some new admissions. However the private patient referral pipeline is not expanding as countries are not sending patients for treatment.
- Research income YTD is below the NHSE plan by £0.2m. Compared to prior year, research income is significantly reduced due to research studies having been suspended, except those on Covid-19, at the start of 2020/21 in order to redeploy staff to support the Covid-19 response. Some revisions to income, pay and non-pay relating to research will be submitted in the revised NHSE Plan which will be submitted imminently.
- Other income is £0.3m favourable to the latest NHSE plan. This is due to the inclusion of CEA income this month as instructed by NHS Guidance and was not included at the time of producing the plan. This will be included in the revised NHSE Plan which will be submitted imminently.
- Charitable income is on plan with the latest NHSE plan. Earlier in the year, projects that were being funded were put on hold due to the Trusts response to Covid-19 but many have now restarted.

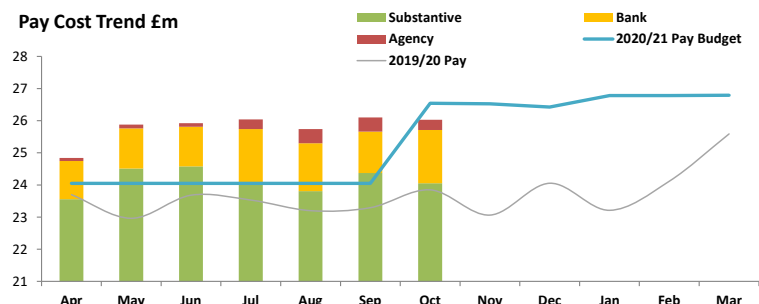
Workforce Summary for the 7 months ending 31 Oct 2020

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

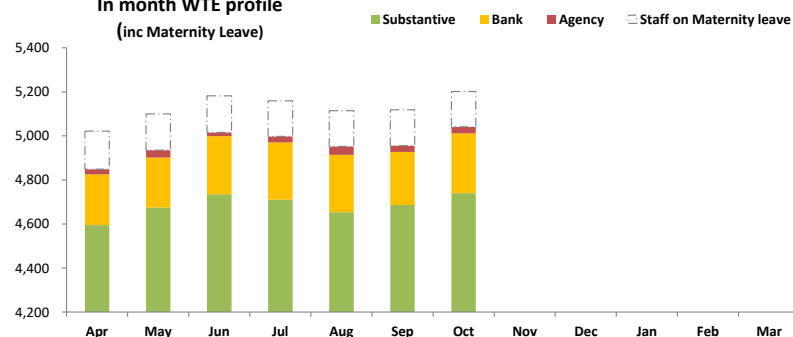
£m including Perm, Bank and Agency Staff Group	2019/20 actual			2020/21 actual			Variance			RAG
	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Volume Var (£m)	Price Var (£m)	
Admin (inc Director & Senior Managers)	50.3	1,110.6	45.3	32.1	1,159.9	47.4	(2.7)	(1.3)	(1.4)	R
Consultants	54.5	352.1	154.7	34.3	384.5	153.0	(2.5)	(2.9)	0.4	R
Estates & Ancillary Staff	4.6	137.9	33.2	2.7	137.7	34.0	(0.1)	0.0	(0.1)	A
Healthcare Assist & Supp	9.1	281.7	32.2	6.8	338.8	34.5	(1.5)	(1.1)	(0.5)	R
Junior Doctors	28.4	347.1	81.9	17.7	365.6	82.9	(1.1)	(0.9)	(0.2)	R
Nursing Staff	80.7	1,526.0	52.9	50.8	1,563.8	55.7	(3.7)	(1.2)	(2.5)	R
Other Staff	0.5	9.1	53.3	0.4	11.8	54.5	(0.1)	(0.1)	(0.0)	A
Scientific Therap Tech	52.1	945.3	55.1	33.2	973.4	58.5	(2.8)	(0.9)	(1.9)	R
Total substantive and bank staff costs	280.2	4,709.7	59.5	178.0	4,935.4	61.8	(14.5)	(7.8)	(6.7)	R
Agency	2.0	28.8	68.8	1.8	28.3	110.8	(0.7)	0.0	(0.7)	R
Total substantive, bank and agency cost	282.1	4,738.6	59.5	179.8	4,963.7	62.1	(15.2)	(7.8)	(7.4)	R
Reserve*	2.1	0.0	0.0	0.7	0.0		0.5	0.5	0.0	G
Additional employer pension contribution by NHSE	11.6	0.0	0.0	0.0	0.0		6.7	0.0	6.7	G
Total pay cost	295.8	4,738.6	62.4	180.5	4,963.7	62.3	(8.0)	(7.3)	(0.7)	R
Remove maternity leave cost	(3.6)			(1.9)			(0.3)	0.0	(0.3)	A
Total excluding Maternity Costs	292.2	4,738.6	61.7	178.7	4,963.7	61.7	(8.2)	(7.3)	(0.9)	R

*Plan reserve includes WTEs relating to the better value programme

Pay Cost Trend £m



In month WTE profile
(inc Maternity Leave)

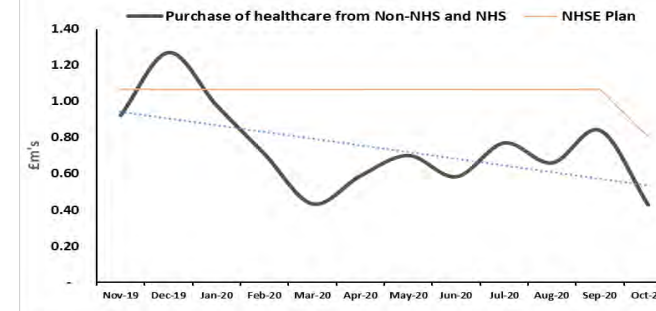
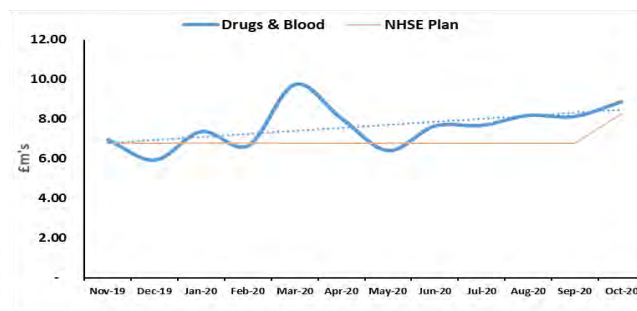


Summary

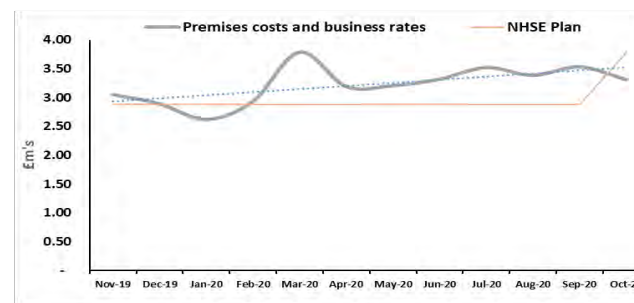
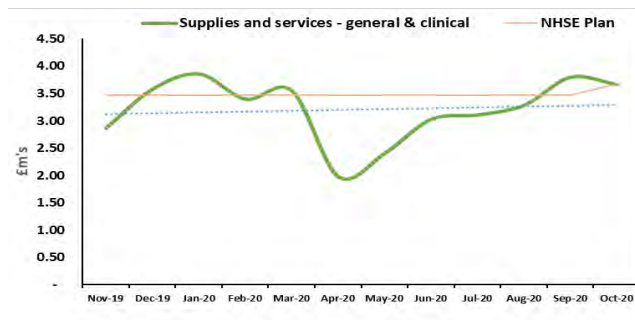
- In-month WTE's have risen significantly between M6 (4,956) and M7 (5,041). This has been driven by the new nursing intake in September and through October. Between August and October, qualified permanent nursing WTE's have risen from 1,441 to 1,563 (122 WTE) and whilst permanent Healthcare Assistant (HCA) staff have reduced over the same period (as nurses receive their pins and qualify), these have only reduced by 51 WTE's. The YTD average cost per WTE remains in line with last month.
- Nursing bank has also returned to higher levels this month (up 18 WTE's from M6) due to double running for new nurses and additional staff sickness / isolation in relation to Covid. Whilst there are other movements within the Trust WTE's, HCA and Nursing combined (permanent, bank & agency) contributes an uplift of 104 WTE's this month.
- Pay costs saw a rise in M6 due to the national award backpay for consultants and WTE's did not rise as these staff were already incorporated within the Trust numbers. This month (M7) the pay cost has maintained at a similar level to last month; however the cost is due to the volume of additional nursing WTE's that have been onboarded. As a result, pay will appear to have sustained in cost terms despite a rise in WTE's.
- The last 3 months have seen the Trust use additional agency spend within administrative staffing in relation to projects across the organisation including ICT cyber security and Comms support. The Trust is monitoring these increases and whether resources can be secured through the bank or fixed term contracts.
- The Trust continues to backfill staff due to sickness cover and shielding with £0.3m of bank costs in month attributed to Covid-19. The number of staff self-isolating or shielding rose to 60 at the end of October (from 37 at the end of September); however with growing cases across the country the monthly requirement may become greater in the short term. At the peak of sickness and shielding in April, the Trust had over 370 staff off work.

2020/21 Plan for the first 6m of the year shown on the graphs reflect the original NHSE plan. From M7 these reflect the latest agreed NHSE Plan

Non-Pay Summary for the 7 months ending 31 Oct 2020



2020/21 Plan for the first 6m of the year shown on the graphs reflect the original NHSE plan. From M7 these reflect the latest agreed NHSE Plan



Summary

- There have been changes to the process for passthrough drugs from month 7 with a number of drugs returning to cost and volume. The in-month variance of £0.6m is largely driven by CAR-T above expected levels and a voretigene patient.
- Supplies and services saw a significant reduction at the start of the year due to the reduction of elective work due to the Covid-19 response. Over the last few months the Trust has seen an increase in spend on clinical supplies as elective activity has increased in line with the Trust restoration plans. In relation to the NHSE Plan, supplies & services in-month have shown as £0.1m adverse to plan given the aforementioned return of elective activity.
- Premises has shown as consistent with the prior few months, which overall is at an increased level given additional ICT expenditure involved in improving the Trust cyber security, virtual patient meetings and to facilitate remote access and working for staff. The Trust has also seen increased costs associated with segregating pathways and putting in additional social distancing measures; these remain vitally important with continued rises in Covid cases nationally. Some costs in-month also came in lower than expected this month relating to electricity and therefore there is a slight drop compared to M6.
- The Trust has seen a £1.1m increase this month in the credit loss allowance due to payments relating to private patient and other debt previously provided for. This has been calculated in line with IFRS9 and the Trust's policy. In total for the year the credit loss allowance now stands at £1.9m.

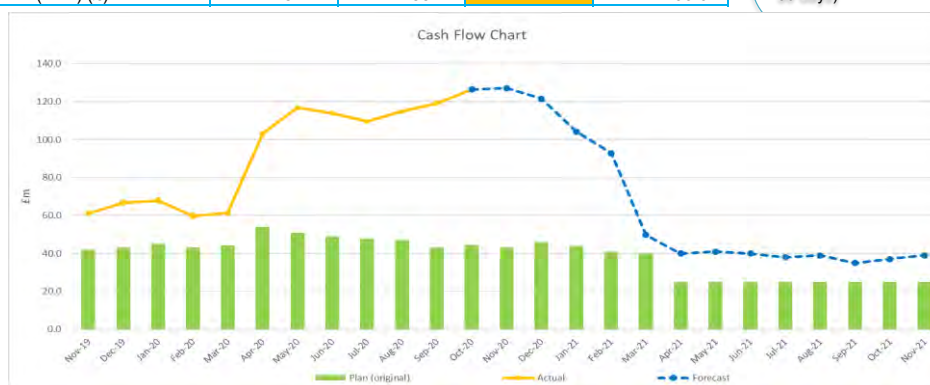
31 Mar 2020 Audited Accounts £m	Statement of Financial Position	YTD Actual 31 Jul 2020 £m	YTD Actual 30 Sep 2020 £m	YTD Actual 31 Oct 2020 £m	In month Movement £m
543.87	Non-Current Assets	543.86	541.57	541.22	(0.35)
115.21	Current Assets (exc Cash)	98.35	96.88	90.99	(5.89)
61.31	Cash & Cash Equivalents	109.56	119.17	126.47	7.30
(102.32)	Current Liabilities	(134.29)	(141.63)	(147.41)	(5.78)
(6.76)	Non-Current Liabilities	(6.30)	(6.22)	(6.17)	0.05
611.31	Total Assets Employed	611.18	609.77	605.10	(4.67)

31 Mar 2020 Unaudited Accounts £m	Capital Expenditure	YTD plan 31 Oct 2020 £m	YTD Actual 31 Oct 2020 £m	YTD Variance £m	Forecast Outturn 31 Mar 2021 £m	RAG YTD variance
21.84	Redevelopment - Donated	8.90	4.49	4.41	10.70	R
7.43	Medical Equipment - Donated	1.95	1.77	0.18	2.56	G
1.95	ICT - Donated	0.00	0.00	0.00	0.00	G
31.22	Total Donated	10.85	6.26	4.59	13.26	G
6.78	Redevelopment & equipment - Trust Funded	2.71	1.62	1.09	7.24	A
1.90	Estates & Facilities - Trust Funded	0.47	0.08	0.39	1.22	R
11.95	ICT - Trust Funded	2.27	1.24	1.03	3.93	R
0.00	Contingency	0.00	0.00	0.00	0.00	G
0.00	Plan reduction and potential projects	0.00	0.00	0.00	0.91	G
20.63	Total Trust Funded	5.45	2.94	2.51	13.30	R
0.00	PDC (CIR)	1.70	1.21	0.49	1.70	A
0.00	PDC (Covid)	0.00	0.90	(0.90)	1.19	R
51.85	Total Expenditure	18.00	11.31	6.69	29.45	A

Working Capital	30-Sep-20	31-Oct-20	RAG	KPI
NHS Debtor Days (YTD)	5.0	6.0	G	< 30.0
IPP Debtor Days	304.0	300.0	R	< 120.0
IPP Overdue Debt (£m)	41.6	39.6	R	0.0
Inventory Days - Non Drugs	84.0	89.0	R	30.0
Creditor Days	30.0	27.0	G	< 30.0
BPPC - NHS (YTD) (number)	36.1%	38.6%	R	> 90.0%
BPPC - NHS (YTD) (£)	67.7%	67.4%	R	> 90.0%
BPPC - Non-NHS (YTD) (number)	83.4%	83.8%	R	> 90.0%
BPPC - Non-NHS (YTD) (£)	87.7%	88.2%	A	> 90.0%

RAG Criteria:

NHS Debtor and Creditor Days: Green (under 30); Amber (30-40); Red (over 40)
 BPPC Number and £: Green (over 90%); Amber (90-85%); Red (under 90%)
 IPP debtor days: Green (under 120 days); Amber (120-150 days); Red (over 150 days)
 Inventory days: Green (under 21 days); Amber (22-30 days); Red (over 30 days)



Comments:

- Capital expenditure for the seven months to 31 October is less than plan by £6.7m: Trust-funded expenditure is less than plan by £2.4m, of which £1.1m relates to a rebate from Epic and the rest mostly slippage on CCC enabling projects; donated is less than plan by £4.6m which relates to slippage on the Sight and Sound and CCC projects. There is £0.3m additional spend on PDC funded projects.
- Cash held by the Trust increased in month by £7.3m. Cash were higher than payments made in the month which resulted in the increase in cash in month.
- Total Assets employed at M07 decreased by £4.7m in month as a result of the following:
 - Non current assets totalled £541.2m, a decrease of £0.4m in month
 - Current assets excluding cash totalled £90.9m, a decrease of £5.9m in month. This largely relates to the decrease capital receivables (£1.5m lower in month); contract receivables including IPP not yet invoiced (£6.1m lower in month) and inventories (£0.3m lower in month). This is offset against the increase in contract receivables included IPP which have been invoiced (£1.3m higher in month) and Other non NHS receivables (£0.7m higher in month).
 - Cash held by the Trust totalled £126.5m, increasing in month by £7.3m and as mentioned above is as a result of higher cash receipts than payments.
 - Current liabilities increased in month by £5.8m to £147.4m which is largely as a result of the increase in expenditure accruals (£3.9m higher than M06) and Other liabilities (£3.3m higher than M06). This is offset against the decrease in capital payables (£1.2m lower than M06) and NHS payables (£0.3m lower than M06)
- IPP debtors days decreased in month from 304 days to 300 days. Total IPP debt decreased in month to £40.9m (£43.7m in M06). Overdue debt also decreased in month to £39.6m (£41.6m in M06).
- The cumulative BPPC for NHS invoices (by value) decreased in month to 67% (68% in M06). This represented 39% of the number of invoices settled within 30 days (36% in M06)
- The cumulative BPPC for Non NHS invoices (by value) remained the same as the previous month at 88%. This represented 84% of invoices settled within 30 days (83% in M06)
- Creditor days decreased in month from 30 days to 27 days.



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

Trust Board 26 th November 2020	
Safe Nurse Staffing Report for reporting period Aug-Sept 2020 Submitted by: Alison Robertson, Chief Nurse. Prepared by: Marie Boxall, Head of Nursing-Nursing Workforce	Paper No: Attachment T For information and noting
Purpose of report To provide the Board with an overview of the nursing workforce during the months of August and September 2020 and in line with the National Quality Board (NQB) Standards and Expectations for Safe Staffing (2016) and further supplemented in 2018. It provides assurance that arrangements are in place to safely staff the inpatient wards with the right number of nurses with the right skills and at the right time.	
Summary of report <ul style="list-style-type: none"> The Trust nursing vacancy rate was 10.10% in August and dropped to 6.9% in September. The nursing voluntary turnover was 13.3% in September which is below trust target. There were no datix incidents in relation to safe staffing reported in August or September. The Trust operated marginally below nationally recommended parameters for safe staffing levels in August and September (Appendices), due to a change in the way data is extracted and a drive for staff to take annual leave ahead of a second surge and winter pressures. The paper evidences a reduction in bank shifts requested in comparison to this time last year, suggesting that additional scrutiny and monitoring on a daily basis and via the Nursing Workforce Advisory Group is having an impact. 	
Action required from the meeting To note the information in this report on safe nurse staffing which reflects actions as the trust moved into phase three in August and September in an effort to work towards normal activity with new ways of working ahead of winter pressures and a second surge in Covid 19 pandemic.	
Contribution to the delivery of NHS Foundation Trust priorities <ul style="list-style-type: none"> <input type="checkbox"/> PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people <input type="checkbox"/> Quality/ corporate/ financial governance Safe levels of nurse staffing are essential to the delivery of safe patient care and experience.	Contribution to compliance with the Well Led criteria <ul style="list-style-type: none"> <input type="checkbox"/> Leadership, capacity and capability <input type="checkbox"/> Culture of high quality sustainable care <input type="checkbox"/> Responsibilities, roles and accountability <input type="checkbox"/> Effective processes, managing risk and performance <input type="checkbox"/> Accurate data/ information <input type="checkbox"/> Robust systems for learning, continuous improvement and innovation
Strategic risk implications BAF Risk 2: Recruitment and Retention	
Financial implications Already incorporated into 20/21 Directorate budgets.	

Implications for legal/ regulatory compliance Safe Staffing
Consultation carried out with individuals/ groups/ committees Nursing Board, Nursing Workforce Assurance Group
Who is responsible for implementing the proposals / project and anticipated timescales? Chief Nurse, Director of Nursing and Heads of Nursing and Patient Experience
Who is accountable for the implementation of the proposal / project? Chief Nurse; Directorate Management Teams
Which management committee will have oversight of the matters covered in this report? People and Education Assurance Committee

1. Summary

This report on GOSH Safe Staffing covers the reporting period for August and September 2020. The paper provides the required assurance that GOSH had safe nurse staffing levels across all in-patient ward areas and appropriate systems in place to manage the demand for nursing staff. The report includes measures taken to ensure safe staffing throughout the Trust as we worked towards resuming normal activity through early phase 3 (1st August 2020).

1.1 Building competence and confidence

Throughout phase three and in an effort to support our response, we continue to grow and develop our nursing workforce at every level.

- Welcomed 106 newly qualified nurses (NQNs), 51 of which had transitioned from their Aspirant Nurse roles and were able to be included in the workforce numbers from the 24th September, as a result of work undertaken over phase two and early phase three to prepare and upskill this cohort.
- Recruited and appointed 14 of our Healthcare Support Workers (HCSW) and 4 external candidates to the Registered Nurse (RN) Apprenticeship
- 9 Nursing Associates appointed to RN Top Up Apprenticeship
- Recruited and appointed the first cohort of 6 Chief Nurse Junior Fellows an exciting new initiative for Band 5 nurses to develop their clinical leadership skills
- 21 Band 6 nurses internally recruited and appointed to Junior Sister/Charge Nurse Role and development programme, with a 60% increase in applications from 2019. The impact and contribution of this role from the 2019 cohort was highly valued and praised during Phase 1 of the pandemic.
- Matron development programme commenced

1.2 Health and Well-being (H&WB)

A high proportion of staff were able to take annual leave to rest and recover ahead of the second surge and winter pressures throughout August and September. We also continue to promote the Health and Wellbeing hub, who have further increased their support and offer as a result of enhanced training and the development of the peer support network.

2. Nursing Vacancy and Voluntary Turnover Rate

The Trust nursing vacancy rate was 10.10% in August and dropped to 6.9% in September. The peak in August was attributable to staff relocation post initial lockdown in phase 1 and the completion of financial 'phasing in' of posts to the budgeted establishment of 46.5 WTE, increasing from 1568.7 WTE to 1615.2 WTE in total. The RN vacancy rate dropped in September due to the appointment of 106 NQNs.

Nursing voluntary turnover was 13.3% in September which is below trust target and is expected to drop further due to ongoing travel restrictions and the second lockdown. However this pattern is being observed across London trusts and it is anticipated that it may increase sharply as restrictions are lifted, which must be planned for.

Safe Nurse Staffing Report for reporting period August - September 2020

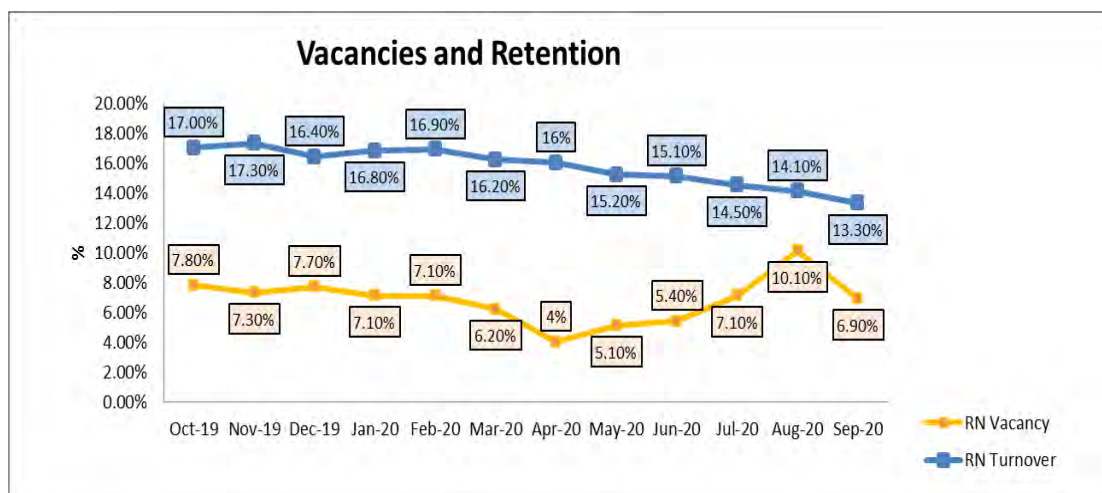


Fig.1 Registered Nurse vacancy and voluntary turnover rate (12 month view)

3. Temporary Staffing

The total shifts requested has increased to 2297 in August and 2024 in September compared to the previous reporting period. However it is more than 1,000 less than this time last year. Contributory factors to the recent upturn include increased bank usage in the Operations and Imaging directorate due to the uplift in theatre and radiology lists while managing sickness and vacancy rates and a peak in turnover across some directorates due to staff relocation post initial lockdown. Overall the figures demonstrate an improved trajectory in relation to number of shifts requested, usage and fill rates. This is as a result of greater scrutiny of actual bank need by ward managers and matrons and improved allocation of resource. We continue to monitor usage and its impact via the Nursing Workforce Assurance Group (NWAG). Bank shifts continue to be paid at the higher Covid rate and is due for review.

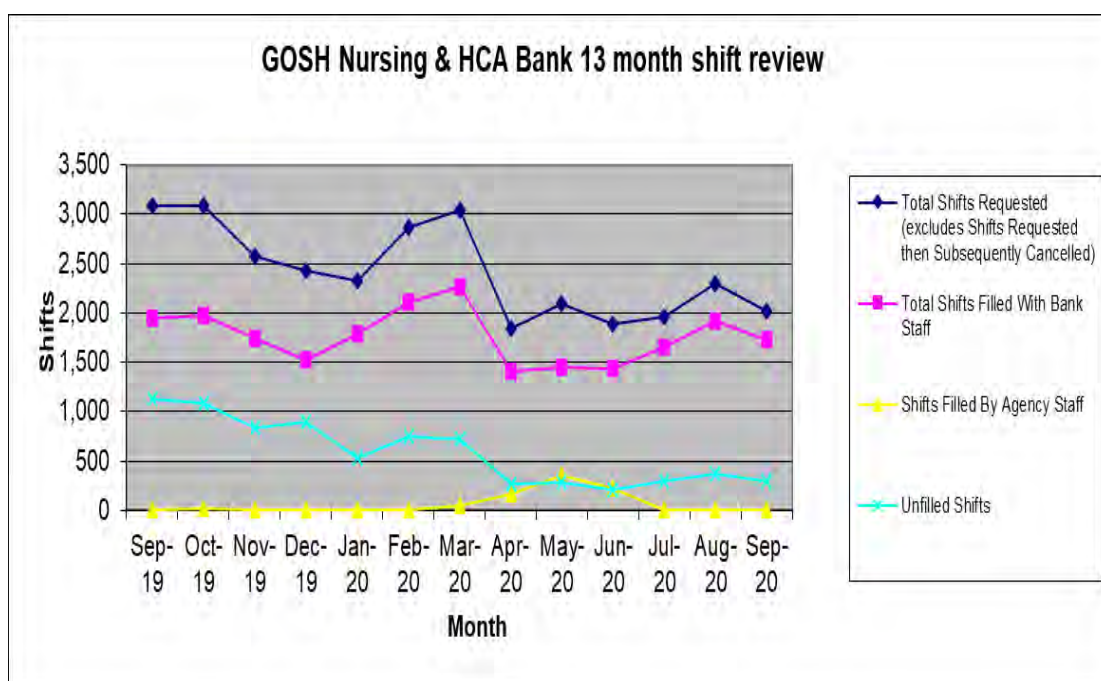


Fig.2 Nurse Bank Shift Demand (13 month view)

Safe Nurse Staffing Report for reporting period August - September 2020

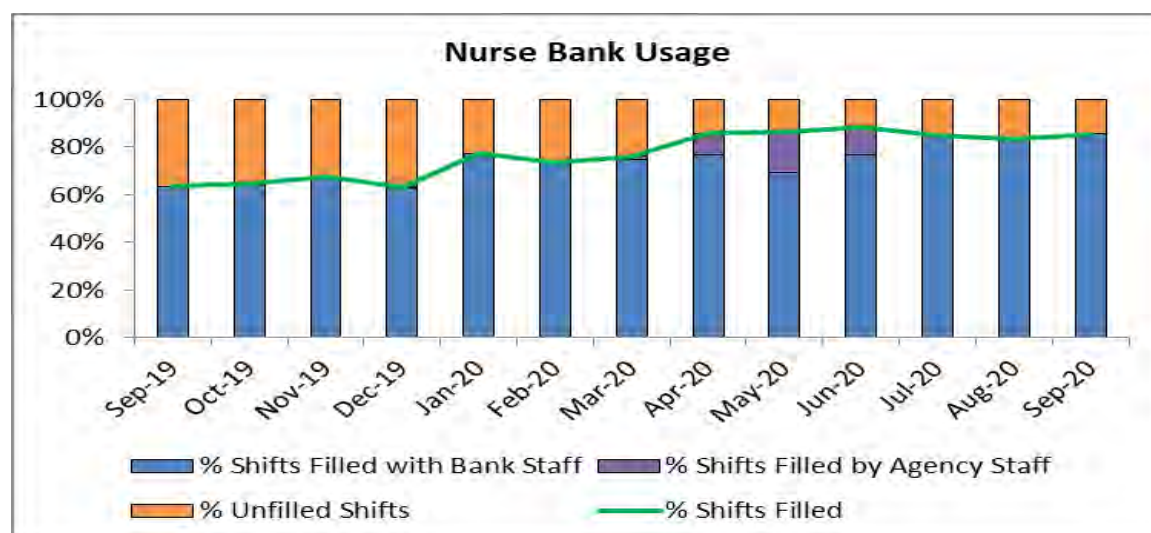


Fig.3 Nurse Bank Fill Rate (13 month view)

4. Incident Reporting

There was one datix incident initially categorised as a safe staffing incident in August for the Heart and Lung directorate however since review by the Directorate Head of Nursing this has been re-categorised and downgraded. There were no datix incidents reported in relation to safe staffing in September.

5. Actual vs Planned

Actual vs Planned (AvP) Hours shows the percentage of Nursing & Healthcare Assistant (HCA) staff who worked (including Bank) as a percentage of planned care hours in month. The National Quality Board recommendations are that the parameters should be between 90-110%. The overall fill rate of AvP was 88.76% in August and 86.42% in September, both of which are marginally below the NQB recommended range. This is attributable to greater unplanned unavailability due to a drive to increase annual leave uptake ahead of winter pressures and a second surge. Any unfilled shifts or lowered staffing levels were mitigated through bed closure. The method of data extraction as part of the data cleanse process has also changed to ensure greater accuracy. There is no longer a requirement to report this data nationally and is included for information.

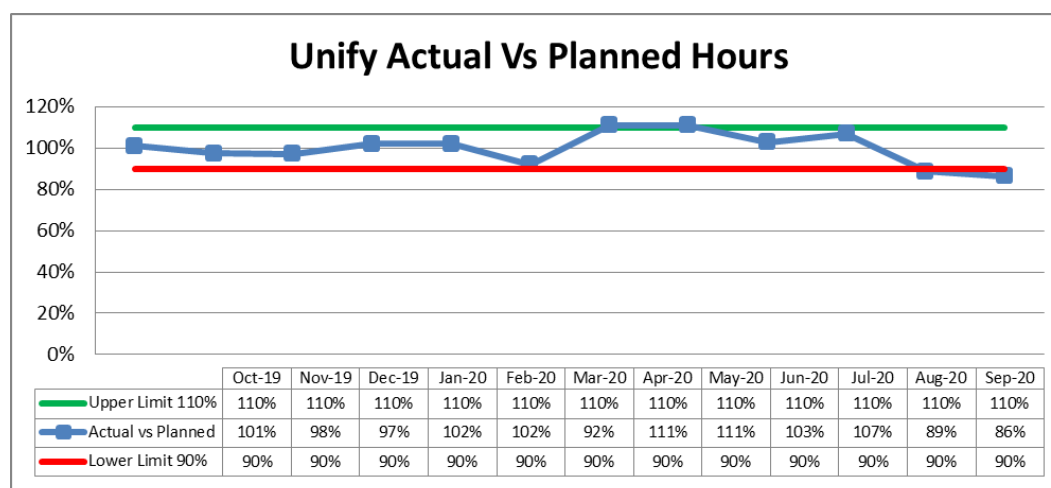


Fig.4 Actual versus Planned Nurse Fill rate 12 month view

6. Care Hours Per Patient Day (CHPPD)

CHPPD is calculated by adding the hours of registered nurses and healthcare assistants available in a 24 hour period and dividing the total by the number of patients at midnight. CHPPD is reported as a total and split by registered nurses and HCAs to provide a complete picture of care and skill mix. CHPPD data is uploaded onto the national Unify system and published on NHS Choices on a monthly basis.

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 nursing students and staff working across more than one ward. CHPPD relates only to hospital wards where patients stay overnight. When we report CHPPD we exclude the 3 ICUs to give a more representative picture across the Trust. The reported CHPPD for August was 17.9 and for September was 17. We also benchmark against our peers (other children's hospitals) with available data (last published pre Covid Feb 2020), this includes trust level CHPPD and two random specialities.

Trust Name	Trust average	Neuro	Haem/Occ
GOSH	17.36	13.25	13.5
Alder Hey	13.91	13.22	12.2
Sheffield CH	13.53	13.99	11.37
Birmingham CH	11.2	7.7	11.74

Fig.5 Peer Benchmarking based on most recently published data (Feb 2020)

Safe Nurse Staffing Report for reporting period August - September 2020

Appendix 1: August & September Workforce metrics by Directorate

Aug-20							
Directorate	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover* %	Sickness (1 mnth) %	Maternity %
Blood, Cells & Cancer	90%	15	13.99	6.02%	8.83%	2.38%	9.17%
Body, Bones & Mind	94%	14.8	23.71	10.01%	17.93%	1.78%	5.68%
Brain	91%	15.2	18.67	13.73%	12.49%	1.63%	4.76%
Heart & Lung	83%	13.5	46.88	8.59%	15.43%	3.53%	4.55%
International	82%	17.6	19.74	18.90%	18.47%	3.00%	3.23%
Operations & Images	N/A	N/A	28.33	12.60%	15.64%	2.93%	6.13%
Sight & Sound	93%	15.9	3.53	7.12%	9.47%	1.99%	5.88%
Research & Innovation	N/A	N/A	15.89	26.95%	11.65%	2.05%	4.35%
Trust	88%	17.9	159.35	10.05%	14.03%	2.78%	5.28%

Fig. 1 August Nursing Workforce Performance *Relates to all RN grades

Sep-20							
Directorate	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover* %	Sickness (1 mnth) %	Maternity %
Blood, Cells & Cancer	89%	13.9	6.77	2.92%	8.35%	2.55%	8.50%
Body, Bones & Mind	97%	13.7	13.45	5.65%	17.02%	1.94%	5.74%
Brain	91%	13.6	17.99	12.85%	10.66%	1.88%	5.34%
Heart & Lung	79%	14.1	25.87	4.74%	14.29%	4.12%	4.20%
International	73%	20.3	17.66	16.90%	16.02%	3.94%	3.19%
Operations & Images	N/A	N/A	24.51	10.91%	14.54%	3.68%	5.96%
Sight & Sound	89%	14.5	2.28	4.59%	8.39%	1.83%	5.77%
Research & Innovation	N/A	N/A	13.78	23.37%	9.48%	3.55%	6.25%
Trust	86%	17	109.43	6.94%	13.28%	3.23%	5.39%

Fig. 2 September Nursing Workforce Performance *Relates to all RN grades



Attachment U



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

Trust Board 26 November 2020	
Trust Flu Plan including Flu Vaccination Self-Assessment Submitted by: Caroline Anderson Director of HR&OD	Paper No: Attachment U For information and noting
Purpose of report To provide assurance to the Board through our plan for delivery of flu vaccinations to our staff, including the requirement to offer the vaccine to all our healthcare workers.	
Summary of report 1. Headline Issues: This year we are required by NHSE to demonstrate that we will offer the flu vaccination to all our HCWs and provide assurance to the Trust Board that we have a plan for the delivery of flu vaccinations that enables optimum uptake. 2. Background: In light of the risk of flu and COVID-19 co-circulating this winter, the flu immunisation programme this year is more important than ever to protecting vulnerable people and supporting the resilience of the health system. For this reason we have been set an ambitious target of offering the flu vaccine to 100% of frontline staff, with an uptake of 75%. The Flu plan demonstrates how we will achieve the above	
Action required from the meeting For information only	
Contribution to the delivery of NHS Foundation Trust priorities <input type="checkbox"/> PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people	Contribution to compliance with the Well Led criteria Responsibilities, roles and accountability <input type="checkbox"/> Effective processes, managing risk and performance <input type="checkbox"/> Engagement of public, staff, external partners
Strategic risk implications None	
Financial implications Not applicable	
Implications for legal/ regulatory compliance Not applicable	
Consultation carried out with individuals/ groups/ committees Flu Planning Group	

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

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

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

Infection Prevention and Control Committee



Great Ormond Street Hospital Flu Plan 2020/21

Flu Plan

In light of the risk of flu and COVID-19 co-circulating this winter, the flu immunisation programme this year is more important than ever to protecting vulnerable people and supporting the resilience of the health system. For this reason we have been set an ambitious target of offering the flu vaccine to 100% of frontline staff, with an uptake of 75%.

NHS England (2020) together with Public Health England and The Department of Health and Social Care produces annual guidance on the national flu immunisation programme and eligibility for vaccination which includes the immunisation of front line health and social care workers. They state that immunisation of front line health and social care workers should be provided by their employer as part of the organisation's policy for the prevention of the transmission of flu to help protect both staff and those that they care for.

Public Health England also gives the following guidance:

- vaccination of health and social care workers protects them and reduces risk of spreading flu to their patients, service users, colleagues and family members
- evidence that vaccination significantly lowers rates of flu-like illness, hospitalisation and mortality in the elderly in long-term healthcare settings
- frontline health and social care workers have a duty of care to protect their patients and service users from infection
- reduces transmission of flu to vulnerable patients, some of whom may have impaired immunity and may not respond well to immunisation
- vaccination of frontline workers also helps reduce sickness absences and contributes to keeping the NHS and care services running through winter pressures
- trusts/employers must ensure that health and social care staff directly involved in delivering care are encouraged to be immunised and that processes are in place to facilitate this
- this scheme is intended to complement, not replace, any established occupational health schemes that employers have in place to offer flu vaccination to their workforce
- overall level of flu vaccine uptake in health care workers with direct patient contact is still below the 100% ambition

The Department of Health and Social Care (2015) state that NHS and social care bodies also have a responsibility to ensure, as far as is reasonably practicable, that health and social care workers are free of, and are protected from exposure to infections that can be caught at work and that this should include arrangements for provision of influenza vaccination for healthcare workers where appropriate.



In line with these recommendations and guidance, GOSH organises an annual free flu immunisation programme for staff. The document lays out the plan for the flu immunisation as part of the GOSH annual flu plan for the flu season 2020-2021.

Introduction

The annual flu programme saves thousands of lives every year, and reduces GP consultations, hospital admissions and pressures on A&E. Vaccinating our staff is essential in protecting both our workforce (and their families), our patients and all visitors to our hospital and services. Information for staff on how to access vaccines on the GOSH site is available in appendix 2.

National figures on flu vaccine uptake from Public Health England (2020) uptake report an overall uptake figure of 74.3% for 2019-20. This represents a 4% improvement from 2018-19 (overall 70.3%) The flu immunisation programme for GOSH 2019-2020 achieved an overall compliance uptake of 58.7 % a reduction of 1.3% compared to the uptake of 60% 2018-19

The 2020-21 flu immunisation programme for GOSH staff will run from launch on 28th September 2020 until February/March 2021, as part of the national flu immunisation programme.

This year there is a requirement for all front line staff to be offered the vaccine. The offer and if accepted or declined must be recorded. This responsibility lies with the line manager to have this important conversation, encouraging individuals to accept the offer of a flu vaccine to protect themselves, their colleagues, patients and families. During this conversation the manager will signpost the employee as to where and how they can get the vaccination and record the outcome of the conversation; that is whether the employee will have the vaccine, or declines as well as if they will get the vaccine from the Trust or off site either through their GP, local pharmacy or another employer. This conversation will be recorded via an online flu questionnaire that will collate the outcomes and enable reporting by directorate.

The percentage uptake ambition for flu immunisation set by Public Health England (2020) for this year's campaign is 75%. The Hospital leadership have an ambition to significantly increase uptake of the flu vaccine.

Vaccination plans GOSH

The delivery of the immunisation programme to GOSH staff will be a multi component approach as recommended by NICE (2018) involving; site based flu leads, OH support (flu nurse facilitator and roving clinics) and peer vaccination programmes together with clear communications strategies and thorough record keeping of vaccines offered/administered and declined (see appendix 1).

Occupational Health Support

The OH Flu Nurse facilitator will run their own roving clinics around the Trust and will be available to support our Flu Leads and Peer vaccinators. The Flu Nurse Facilitator will be available via Cisco mobile phone (extension 6844) to provide support or advice when on site. The Flu Nurse facilitator contact details will be published on the Flu Intranet page.



Although this role is not new, previously this was filled by Bank staff, and at times was left vacant. For 2020-2021 we have employed a 6 month fixed term full time nurse.

Flu Leads

In the flu season 2020-19, we had one single site based flu lead from occupational health, which given the size of GOSH made it very difficult to achieve the uptake ambitions and have the desired impact on the success of the campaign. Based upon this learning there is a need to ensure sufficient flu-lead representation within each directorate, who will plan and lead their directorate flu vaccination programme and help drive the campaign as well attending/reporting into the trust-wide flu plan meetings which in turn report to the executive teams and board.

For the season 2020-21 we will have the following structure of flu leads:

A cross discipline flu lead per directorate, who will work together to coordinate and deliver the strategy for GOSH. This will feed into the directorate structure and process in order to track and monitor performance as the flu season progresses to ensure appropriate steer to the campaign as indicated by uptake rates.

GOSH Flu Leads 2020

Directorate	Name
Brain	Kate Ellis
Sight & Sound	Chantelle Clavier
Medicines, Therapies & Tests	Orlagh McGarrity/Caroline Dalton
Body, Bones & Mind	Amelia Painter
Blood, Cells & Cancer	Mary Foo-Caballero/Michelle Da Silva
Operations & Images	Kathryn Fawkes
Heart & Lung	Claire Steele
IPP	Claudia Tomlin
R&I	Lucinda Dawson/Allyson Gray
Education	Sally Robertson/Ben Low
Medical Champion	Dr Sian Pincott



Role of the lead

- attend/dial into the trust flu plan meetings
- coordinate the peer vaccinators for their area/ensure uptake of training required as identified on the Flu intranet pages
- coordinate/oversee peer vaccination activity in their areas (including the monitoring of uptake)
- feed into the central communications team for promotion of directorate activity
- support the promotion of the flu campaign across their directorate, engaging colleagues, ensuring this is on meeting agendas/safety huddles
- identify key meetings/events which take place in their directorate on at which we can arrange vaccinations
- respond to issues that arise as the campaign progresses

Peer vaccination within services/divisions

This year, following Covid and the requirement for social distancing and inability to gather large groups together, peer vaccination will form a major part of the strategy for the delivery of the vaccine across GOSH. Additionally following learning from the previous flu-season we aim to deliver a new strategy towards the use of peer vaccinators. In the flu-season 2019-20 peer vaccinators were pre-dominantly from the nursing workforce and were often put forward for this task by ward managers. These vaccinators were from a range of staff grades (band 5, 6, 7) and had varying degrees of confidence and ability in their peer vaccinator roles. Of staff names that were put forward a proportion of which never attended training to enable them to carry out these duties and of those that attended training not all of them went on to offer vaccinations as a live peer vaccinator.

It was evident that the areas which had the most success in terms of vaccination uptake were areas with relatively senior peer vaccinators who knew the teams and had influence, but also had the ability and confidence to articulate the rationale for the vaccine and give all the related information required to staff, as well as being able to counsel staff appropriately when opting out (as there was a general reluctance for this across the site). It was our observational experience previously that if managers/leaders in areas were not in favour of the vaccine or declined the vaccine, this subsequently affected the team uptake rates.

Upon this basis the aim is to identify senior peer vaccinators (e.g. ward managers/PEs, clinical leads) across the services who will be trained to administer the flu vaccine to staff across our wards and clinical departments (appendix 2). If there are former peer vaccinators who were 'active' as vaccinators in their clinical areas who are keen to continue in that role, they will be encouraged to do so in addition to the senior designated peer vaccinator for



each area to support the success of the campaign. This year we are exploring allied health professionals and medical champions as peer vaccinators.

Peer vaccinators will be responsible for recording the consent and administration of each vaccine they give. This will be uploaded to a central electronic register (FLUMIS) to maintain a live picture of uptake compliance. They will be supported by the Occupational Health (OH) Team who will continue to offer roving clinics as detailed in appendix 1, 2, and 3.

Comms considerations

- With the COVID-19 pandemic, up to 1/3 of GOSH staff* (*estimate) are working remotely, so an increasing number of staff may be vaccinated at their local pharmacy rather than on-site.
- PHE messaging will be heavily relied on, particularly related to myth busting.
- Additional considerations around those staff who are working remotely and are shielding/immunocompromised, and what this means for them and their flu jab.

Comms timeline

	Comms actions	Messaging
Polling staff August	Polling question in Big Briefing	To be confirmed by group. Draft ideas: -Did you have a flu jab last year? -Are you planning on having a flu jab this year?
Gather and finalise 2020/21 flu messaging Mid-late August	<ul style="list-style-type: none"> • Confirm all messaging from PHE. Download all PHE assets and save in folders, ready for use. • Confirm GOSH clinics times and locations, peer vaccinators, flu champions, roving clinics, etc. • Confirm if there's a GOSH theme/branding, or just using PHE. • Create ppt slides for SLT/screensavers, so they're ready to go. 	N/A
Pre-launch comms Late August	Comms to support OH with intranet page updates	All 2020/21 updated info on campaign theme, peer vaccinators, flu champions, etc



	Comms actions	Messaging
17 Sept	Draft launch comms Week before launch, Darren to present one slide at SLT	
Launch week comms w/c 21 Sept	Mon: Flu campaign launches via Headlines Tues: GOSHWeb news story and rotational banner live Thurs: SLT just a slide for the SLT host to reference Thurs: Big Briefing promotion Friday: Screensavers begin	Flu campaign launch messaging, drawing from PHE and GOSH theme (if there is a particular GOSH focus) Where GOSH roving/clinics are Link to pharmacy finders
w/c 28 Sept	Headlines Screensavers	Reiterate launch messaging, and where/how staff can go about getting their vaccination
w/c 5 Oct	Headlines Screensavers	Myth busting

ONGOING: The Internal Comms team will continue to support the flu campaign over flu season (Sept-January time), with regular messaging across Trust-wide channels (including Headlines, screensavers, GOSHWeb news and banners, Trust Brief, Big Briefings, etc), focusing on regular myth busting, testimonials from staff who've been vaccinated (at work and at their local pharmacy), directorate results.

In addition to the Trust wide communications sessions, the aim is for our site leadership team to support in direct communication/briefing of peer vaccinators in advance of the vaccination launch as to the importance of the campaign and the vaccine and the critical role they play in the messaging to their teams (dispelling some of the myths about the vaccine) and about maintaining the grip on the vaccine uptake in their own areas. Plans include:

- Updates at the Virtual Big Brief
- Weekly update at SLT
- Posters across site
- Flu is an agenda item at the Hospital Infection prevention committee



Ensuring supplies are available in all areas

Previously campaigns had cited access to obtaining the vaccine as a potential barrier. The central supply will be stored within the Pharmacy. This year supplies will be delivered to wards as ward stock items and supplies kept topped up by the ward pharmacists to enable ongoing ease of access to vaccines.

Flu meetings

Throughout the flu season, fortnightly meetings will be held to discuss vaccine uptake and progress with delivery of flu plans across the site.

Tracking progress with vaccine uptake

Throughout the flu season, progress with vaccine uptake will be monitored and shared via trust communications and at SLT. Service/department/divisional progress will be included routinely as part of PR packs/agendas.

Flu will be an agenda item at core and Hospital Executive boards.



Appendix 1

INFORMATION FOR STAFF IN OBTAINING THE VACCINE AT GOSH

This document outlines all you need to know about the vaccine and how to get it at GOSH. Public Health England (2020) has given the following information and guidance:

- getting vaccinated against flu can help protect you, your patients and family
- everyone is susceptible to flu, even if you are in good health and eat well
- you can be infected with the virus and have no symptoms but can still pass flu virus to others including patients or residents
- duty of care as professionals to patients or residents to do everything in your power to protect them against infection, including being immunised against flu
- good infection control measures reduce spread of flu and other acute respiratory infections in healthcare settings but are not sufficient alone to prevent them
- impact of flu on frail and vulnerable patients can be fatal and outbreaks can cause severe disruption in communities, care homes and hospitals
- flu vaccine has a good safety record and will help protect you. It cannot give you flu. Having the vaccination can encourage your colleagues to do likewise
- throughout the last ten years there has generally been a good to moderate match between the strains of flu virus in the vaccine and those that subsequently circulated

The Trust Flu details, downloadable information leaflets can be found on the Trust Intranet page http://goshweb.pangosh.nhs.uk/staff/occupational_health/Pages/2018-Flu-Champions.aspx

The free flu vaccine is available for all GOSH staff and there is a particular drive to vaccinate staff working in a patient-facing roles (clinical or non-clinical) as you have a higher level of exposure to the flu virus and an increased risk of passing it on to patients. Remember you can carry the flu virus even if you do not display symptoms yourself.

It is worth noting that;

- For vulnerable people such as pregnant women, people aged over 65, those with long term health conditions and those who have a weakened immune system - which includes many patients in our hospital - flu can lead to severe infections, complications and even death.
- Infection control measures are essential in reducing the spread of flu, but alone they are not sufficient to prevent it. The single best way to protect yourself from catching and passing on the virus is to get a seasonal flu jab.
- One of the most common reasons for not getting vaccinated is: "I've never had flu before". There's no such thing as natural immunity to influenza. With new strains circulating this year, it's best to get vaccinated. Be flu safe, not sorry!



This flu season the vaccine being offered is the quadrivalent vaccine available in OH sessions, roving clinics and via peer vaccination. For staff over 65years it is recommended that the trivalent vaccine is used. The trivalent vaccine will be available via GPs/Pharmacies. The standard vaccine does contain egg. An alternative vaccine is available for individuals with a serious egg allergy /vegans via their GP.

How to get the vaccine at GOSH

Peer vaccination within services/divisions/sites

Senior peer vaccinators (e.g. ward managers/PDN, clinical leads) across the Directorates will be identified and will be trained to administer the flu vaccine to staff across our wards and clinical departments (appendix 4). If there are former peer vaccinators who were 'active' as vaccinators in their clinical areas who are keen to continue in that role, they will be encouraged to do so in addition to the senior designated peer vaccinator for each area to support the success of the campaign.

Peer vaccinators will be responsible for maintaining a register of staff for those that have received the vaccine, those that do not wish to have it and those that have had it elsewhere as we need to ensure that every member of staff is offered the vaccine and that their response is captured electronically. This will be uploaded to Flumis by the peer vaccinators to maintain a live picture of uptake compliance. They will be supported by the Occupational Health (OH) Team who will continue to offer fixed and roving clinics.

Each week we will have a roving team of vaccinators visiting the wards/departments.

Giving consent for your vaccination

Flu vaccine consent/declined flu vaccines can be recorded electronically on our Flumis database to improve real-time reporting of vaccine uptake.

Other ways to get your flu vaccination

Vaccination by a ward/department colleague

As well as the nominated peer vaccinators within wards and departments, a number of other staff from around the Trust have been trained to provide the flu vaccination to staff in their own ward/department – check with your senior sister/charge nurse for details. Alternatively see the flu champions in the intranet page

http://goshweb.pangosh.nhs.uk/staff/occupational_health/Pages/2018-Flu-Champions.aspx

If you would like to volunteer to become a peer vaccinator for your area please also contact your senior sister/charge nurse or Occupational Health.

Work in a large department with few peer vaccinators?

For areas that have a high number of staff– we can arrange a department specific session(s) with Occupational health for example attending team meetings.

Work nights or weekends?

We are particularly keen to ensure that night/weekend workers are able to access the vaccine. If you work nights or weekend shifts and are unable to access the vaccine through



your ward or department manager or any of the advertised flu clinics, please email Occupational Health for help organising a flu vaccine at a time to suit you. Ward managers (as peer vaccinators) will be able to offer the vaccine at shift handover time (early morning).

Vaccinations from London Pharmacies

Front line NHS workers can also obtain the vaccine in London Pharmacies according to the following criteria:

An appointment can be booked for this at the following web address:
<https://www.londonflu.co.uk>

Anyone obtaining the vaccine in a pharmacy would need to let their manager know so we can update the trust records.

Recording your vaccination

All staff who are vaccinated against flu will be centrally recorded by their ward or department manager, whether you attend a clinic organised by the OH team or a local ward/department session. Please let your manager know that you have either; had the vaccine (and state where this was) or you would not like the vaccine. This information will be reported at the local and IPCC meetings and cascaded to central teams.

Medical staff

Please take advantage of the ward based peer vaccinators

Had your jab already elsewhere?

Let your ward manager know so they can update Trust records. This is to help us understand how well our staff and patients are protected from the flu virus and where we need to target our vaccination efforts.

Decided not to have the jab?

Please let your manager know so that this information can be recorded onto your flu questionnaire.

If you have been a flu peer vaccinator previously and are happy to continue to peer vaccinate however we still recommend you complete the new training available for 2020.

Training is online http://goshweb.pangosh.nhs.uk/staff/occupational_health/Pages/2018-Flu-Champions.aspx

(approx. 1 hours).

If you are new to peer vaccination you will need to be trained as a peer vaccinator and undertake the online training.

http://goshweb.pangosh.nhs.uk/staff/occupational_health/Pages/2018-Flu-Champions.aspx

Appendix 2

LIST OF PEER VACCINATORS

http://goshweb.pangosh.nhs.uk/staff/occupational_health/Pages/2018-Flu-Champions.aspx



Appendix 3

The OH flu nurse facilitator will be undertaking roving sessions across site. If you would like to arrange for her to come to your department at a specific day/time then please contact her on her Cisco phone.

Roving OH Flu facilitator Cisco number 6844

Appendix 4

Peer vaccinator training

http://goshweb.pangosh.nhs.uk/staff/occupational_health/Pages/2018-Flu-Champions.aspx

Appendix 5

Peer vaccinator Training

Online Immunisation Training can be accessed here:

<https://lms.goshgold.org/course/view.php?id=1048>

Please note that there are 3 mini self-assessment tests (each has a certificate and you can save and go back to complete each module) to gain the full certificate at the end, these cover:

- 1) Core Knowledge for Flu Immunisers – Self Assessment
- 2) Live Flu Vaccines - Self Assessment
- 3) Inactivated Flu Vaccines - Self Assessment

Appendix 6

Healthcare worker flu vaccination best practice management checklist

For public assurance via trust boards by December 2020

A	Committed leadership	Trust Self-Assessment
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	To go to November Board
A2	Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers	Complete
A3	Board receive an evaluation of the flu programme 2019/20, including data, successes, challenges and	Included within 2020 flu plan



	lessons learnt	
A4	Agree on a board champion for flu campaign	Caroline Anderson
A5	All board members receive flu vaccination and publicise this	TBA
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Flu team in place, all directorates represented
A7	Flu team to meet regularly from September 2020	Flu team meet monthly with increased meetings from Aug
B	Communications plan	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Comms Plan in place
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Roving clinics across site. Static Drop in clinics not appropriate post covid & social distancing
B3	Board and senior managers having their vaccinations to be publicised	Comms Plan in place
B4	Flu vaccination programme and access to vaccination on induction programmes	In place for face to face inductions
B5	Programme to be publicised on screensavers, posters and social media	Comms Plan in place
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Available via intranet, Comms and reported at SLT
C	Flexible accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Peer vaccinators recruited
C2	Schedule for easy access drop in clinics agreed	Not appropriate see above
C3	Schedule for 24 hour mobile vaccinations to be agreed	Available via peer vaccinators in each clinical area over each shift

Appendix 7

Pre-Planning Check list

Action	When	Lead	Notes	Status
Recruit and on-board flu nurse facilitator	To commence in post Mid September	Head of Staff Health & Wellbeing	Conditional offer 20.07.20	Complete Commences in post 14.09.20
Numbers required from Workforce for reporting	By 28 August	Head of Staff Health & Wellbeing	Workforce made aware & will provide	Received Aug 2020
Leaflets posters etc to be	Jul 2020	Head of Staff	Complete	Delivered



ordered from PHE		Health & Wellbeing		
Renew online flu system licence	Jul 2020	Head of Staff Health & Wellbeing	Complete, system running	Complete 31.07.20
Develop Comms Plan with Comms	Jul 2020	Comms	Comms sent PHE link SLT slide Web pages Screen saver and article planned for newsletter	Comms Plan developed
PGD update and sign off	Mid Sept	Pharmacy	To Include AHPs	Complete
Directorates to Identify Flu Lead and develop directorate flu plan	By Sept 2020	D Darby	Directorate flu Leads identified 19.08.20	Complete
Directorates to identify peer vaccinators from last year & recruit new peer vaccinators where there are gaps	By end Sept 2020	Directorate Flu Leads	Names forwarded to OH	Complete
Training new vaccinators	By end Sept	Nicola Wilson	Training being developed , to go online via intranet. Training packaged to be reviewed 15.09.20 prior to upload to intranet	Complete
Update Intranet Flu pages	By Mid Sept	Lisa Liversidge Nicola Wilson	Ongoing	Complete
Put peer vaccinator packs together and distribute	By end Sept	Staff Health & Wellbeing		Complete
Put posters up around areas		Flu Leads/ vaccinators	Included in peer packs	Complete
Flu vaccines delivery due 18.09.20		Pharmacy		Arrived, further 3 deliveries scheduled.
Storage of vaccines on all wards for access by peer vaccinators		Pharmacy		ongoing
Promotion and guidance for vaccination our long term patients	Beginning Oct	Sian Pincott	?AMS rounds to identify which patients require vaccination.	Ongoing



References

Department of Health and Social Care (2015) *Health and Social Care Act 2008: code of practice on the prevention and control of infections* [accessed 03.07.19] Available: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf

NHS England (2020) *The national flu immunisation programme 2020 to 2021 letter* [accessed 06.08.20] Available: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907149/Letter_annualflu_2020_to_2021_update.pdf

NICE (2018) *NICE guideline [NG103] Flu vaccination: increasing uptake* [accessed 03.07.19] Available: <https://www.nice.org.uk/guidance/ng103/chapter/Recommendations#employers-of-health-and-social-care-staff>

Public Health England (2020) *Flu Immunisation Training Recommendations 2020-2021* [accessed 19.08.20] Available: https://www.gov.uk/government/publications/flu-immunisation-training-recommendations?utm_source=27465a16-0300-4a32-a6a5-9331f2f1f548&utm_medium=email&utm_campaign=govuk-notifications&utm_content=daily

Trust Board 26 th November 2020	
Sight and Sound Centre Project Update Submitted by: Zoe Asensio-Sanchez, Director of Estates, Facilities and the Built Environment	Paper No: Attachment V
Aims / summary The Sight and Sound project is the largest construction project currently under way at GOSH and its successful and timely delivery is of strategic importance to the trust. This paper is a progress update to Trust board, explaining progress so far as the project nears completion of the construction phase. The paper also highlights some key project risks and risk mitigations.	
Action required from the meeting The Trust board is requested to note the content of this briefing and progress update, and to specifically note the highlighted key risks and risk mitigations.	
Contribution to the delivery of NHS Foundation Trust strategies and plans The Sight and Sound project is the largest construction project currently under way at GOSH and its successful and timely delivery is of strategic importance to the trust. The vision for the Sight & Sound project is to deliver a truly outstanding building and create an exemplar facility for children with visual and auditory impairments. High quality architecture, special environments for children including external spaces, a modern arrival space combined with a new model of care all assist to create a unique outpatients experience. This project will link closely with the strategic aims of the Trust.	
Financial implications <ul style="list-style-type: none"> • Kier have now reached their GMP works cost limit of £16,235m. • Kier's projected Final GMP figure £17,818,628.39 (assuming all CE's are paid in full as applied for by Kier) • Mesh (GOSHs Quantity Surveyors) estimate the Final GMP figure to be £16,399,427.29 	
Who needs to be told about any decision? The GOSH Trust Board, Charity Trustees and executive team members of each organisation with information then disseminated throughout the organisations as required.	
Who is responsible for implementing the proposals / project and anticipated timescales? Zoe Asensio-Sanchez	
Who is accountable for the implementation of the proposal / project? Zoe Asensio-Sanchez/Matthew Shaw	



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

Trust Board Paper

26 November 2020

Subject:	Sight & Sound Construction Project : Update Briefing Paper
Authors	Joe Mc Gonagle / Andy Bowman
Executive Lead	Zoe Asensio-Sanchez, Director Estates Facilities & Built Environment.
Date of Paper:	November 2020

1. Executive Summary

The Sight and Sound project is the largest construction project currently under way at GOSH. This paper is an update to Trust board, explaining progress as the project nears completion of the construction phase. The paper also highlights some key project risks and risk mitigations.

2. Project background

The formerly known Italian Hospital is a grade 2 listed building it was constructed in 1898 and further extended in 1940. For 100 years it was used as a Hospital to treat the local Italian Community. In 2017 GOSH approved a Business Case to develop the building and create a new Sight and Sound Centre.

3. Kier construction and recent project history

In March 2017 Kier were appointed Principle Supply Chain Partner under the Department of Health's P22 procurement framework. Kier were responsible for managing the design process from the beginning of RIBA stage 3. Kier were initially unable to meet the GOSH affordability limit and a value engineering exercise was undertaken to reduce the specification to an affordable GMP of £14,723,000.00 +vat.

Work started on site in October 2018, Keir's groundwork and demolition contractors struggled from the start of the project, Keir's site management team appeared inexperienced in managing a "cut & carve" refurbishment project and as such the project suffered from poorly managed issues. In September 2019 Kier appointed a new site manager who has provided real leadership and momentum.

Most of the fabric installation has now been completed to a very high standard. The project is now in the technical commissioning of the services stage, which is experiencing some difficulties, however this is not uncommon in complex technical construction projects.

4. Financial Update:

Gross valuation to date is = **£16,226,757.75** (exc vat) the spend in the last month (September) was **£79k**. Kier have now reached their GMP works cost limit of £16,235m + vat.

Kier's projected Final GMP figure **£17,818,628.39** (assuming all CE's are paid in full as applied for by Kier)

Mesh (GOSHs Quantity Surveyors) estimate the Final GMP figure to be £16,399,427.29

5. Construction Programme update: The last construction programme issued by the PSCP (Keir), to GOSH is Revision Number 25; with a target completion date of 13th November 2020. Revision 26 has been issued and is currently being reviewed by GOSH.

Contractually Kier were due to hand this project over on the 13th November 2020, this completion date was not met and GOSH are awaiting a revised programme from Kier. GOSH estimate that the earliest that Kier will be in a position to hand over the building will be week commencing 14th December 2020.

6. Compensation Events (CE's):

Compensation events are commercial claims made by the PSCP against the client. There have been a total of 134 compensation events to date and currently two unresolved compensation events, which the trust are proactively working to bring to a conclusion, as follows;

CE 52075, Delay caused by the cloud survey.

- Kier is claiming a delay of 25 weeks with a total cost impact of £560k
- GOSH have had this CE independently reviewed and the delay to the critical path has been assessed at 11 weeks and 4 days based on the evidence submitted by Kier to support their case, this equates to a total of £365k which Kier have been paid for.

CE 60240, Delays and additional costs associated with Covid-19.

- GOSH recognise that the covid-19 pandemic has had a detrimental effect on the construction programme of the Sight & Sound Centre. However, following client validation it appears impact from Covid 19 has not had as significant impact on program as Kier originally claimed, they estimated a delay impact cost of £553k.
- GOSH reviewed this CE with our cost consultants and claims team who have provisionally assessed this CE at circa £156k. This money will be paid to Kier W.C 16/11/2020.

7. Key Risks and Risk Mitigations relating to the Sight & Sound project -

- Risk of further Delays to the construction programme due to the Covid-19 virus - Whilst this remains a risk the impending completion of the construction phase diminishes this risk, as does the lessons learned by the construction team during the first wave of the Covid 19 pandemic.
- Risk from Kier not achieving the planned completion date of 13th November. The trusts equipping and commissioning team believe the overall program can still be achieved providing construction completion does not creep into 2021.
- Uncertainty over the amount of financial exposure GOSH may have relating to the delayed completion date and the unresolved CEs. -Financial claims made against the Trust are being reviewed in a robust but fair manner. Worse case scenarios for outstanding CE's have provision against them within the 2020/21 capital plan.
- Risk related to Keir's financial stability – Keir's, share value recently dropped to an all-time low of 47.00p from a value of £1.49p 12 months ago and £14.79 per share 5 years ago.- Whilst this remains a concern and potential risk, the impending completion of the construction phase diminishes this risk to GOSH.

8. Recommendation

Trust board is requested to note the content of this briefing and progress update, and to specifically note the highlighted key risks and risk mitigations.

November 18/11/2020

Trust Board
26th November 2020

Children's Cancer Centre Project Update

Paper No: Attachment 7

Submitted by: Zoe Asensio-Sanchez,
Director of Estates, Facilities and Built Environment

Aims / summary

This paper is submitted to the September Trust Board to update on the current status of the Children's Cancer Centre (Phase 4A) project.

The RIBA 2 design stage completed on the 20th March 2020. Following receipt of this report the Trust suspended the Pre Contract Services Agreement (PCSA) with Sisk as a result of the outbreak of COVID-19. The PCSA currently remains suspended.

Following the Trust review of the RIBA stage 2 report the CCC Programme Board requested further work is completed to understand the future plans for the Imaging Service on the island site as the proposed new service on L3 of the CCC further fragmented the imaging team throughout the site and was deemed suboptimal as the long term solution for this service. This work is complete and a preferred option was presented to the CCC Programme Board on the 18th November and approved.

Conversations regarding the recommencement of the PCSA and the start of the RIBA 3 design stage had commenced with a proposal put forward to commence this work in January 2021. The imaging strategy, impact of COVID on the design and an increased requirement for additional linkages to be created as well as elements of the RIBA 2 report requiring clarification that are articulated further in the paper the Built Environment Team feel this could leave the Trust contractually exposed.

A period of clarification is being proposed to further understand the implications of the imaging strategy, impact of COVID and other project elements requiring clarity. This period aims to future proof the building, update the project brief and increase our assurance on cost. This approach was supported by the CCC Programme Board and Sisk early conversations with Sisk our lead contractor on this have been positive.

An updated project governance proposal is also being presented to the CCC Programme Board for approval that is closer aligned with the organisational move to portfolio management.

Action required from the meeting

This paper is for reference and comment.

Contribution to the delivery of NHS Foundation Trust strategies and plans

The Children's Cancer Centre at Great Ormond Street Hospital will be the physical embodiment of GOSH's cancer vision, providing inspiring and flexible spaces that can respond to the rapidly changing nature of cancer care and the research landscape. It will be a national resource and will act as a key enabler for GOSH to treat children with rare and difficult-to-treat cancers at an even faster pace in order to improve outcomes for children. This project will link closely with the strategic aims of the Trust.

Financial implications The total project cost is £258m of which GOSHCC are funding £250m with £8m allocated from the Trust capital budget.
Who needs to be told about any decision? The GOSH Trust Board, Charity Trustees and executive team members of each organisation with information then disseminated throughout the organisations as required.
Who is responsible for implementing the proposals / project and anticipated timescales? Zoe Asensio-Sanchez
Who is accountable for the implementation of the proposal / project? Zoe Asensio-Sanchez/Matthew Shaw

Executive Summary

The purpose of this paper is to provide the Board of the current position and progress of the Childrens Cancer Centre for information.

A full report will be submitted for Scrutiny at the next CIG meeting in November following the CCC Programme Board on 18th November 2020.

Current Position

The clinical team have established their preferred option for the future strategy of the imaging service which would see the majority of imaging services relocated from level 3 to level 1 to enable co-location with existing imaging facilities.

This was presented and approved by the CCC Programme Board on the 18th November. The implications coming out of this option are being further quantified and will be further presented back to the Programme Board in December.

The decant and enabling programme was also presented to the CCC Programme Board who accepted the plan as a viable solution to emptying the Frontage Building but have requested additional exploration on the totality of the works and the cost of projects to ensure value for money.

The below proposals were also presented to the CCC Programme Board meeting held on the 18th November and were approved.

RIBA 2 Design & Cost Clarification Period Proposal

The RIBA 2 critique highlighted a number of areas that needed to be addressed early in the RIBA 3 stage; the changing economic and healthcare environment have increased the requirement of having more clarity on these elements of the project. Some of these items include but are not limited to:

- COVID impact on the scheme
- Inflation as a result of the programme delay
- Brexit
- Risk Register
- Fire Strategy
- Sustainability Programme
- Clinical Flow Mapping
- Use of Virtual Reality
- Linkages required
- Contingency

In addition, since the RIBA 2 report was signed off there have been significant alterations to the decant and enabling programme and scope of works. The impact of all this work is being quantified, but will require further detailed investigation to establish and comprehensively understand the full impacts.

With the PCSA contract being paused on receipt of the RIBA 2 report, the Trust have been unable to liaise with Sisk on any of the above as would be normal practice because this would breach the contract pause agreement and incur cost.

Commencing RIBA 3 in January without seeking further clarity on the above items could create a convoluted and disorganised RIBA 3 period. It is therefore proposed to bring forward a distinct piece of work to allow for dialogue with SISK and the design team to gain greater assurance on project cost, risk and programme as well as the development of a more holistic Cancer Centre that integrates more effectively with the existing estate.

An updated, comprehensive and future proofed Phase 4a brief that more accurately represents the new future requirements of the project will be created and signed off in this period. The environments in which the Trust and Charity are operating have shifted significantly since the RIBA 2 report was submitted and the CCC should flex in line with this. We have learned from previous projects that the earlier change is incorporated into the project the less it costs.

Initial discussions on this proposal with Sisk were held on Monday 16th November and were supported. It is likely that this piece of work will incur some cost to be met from the Trust's capital plan. The Trust feel that part of this work can be seen to be closing out issues from the RIBA 2 report which form part of Sisk's requirements and some of this will be addressing new issues arising from the Trust requested changes to the brief and the impact of COVID etc.

We believe the cost and programme impact of this can be mitigated by reducing the level of detailed design required on the Phase 4B scheme which is allocated within the PCSA agreement and agreeing with Sisk a reduction to the generous 23 week contract mobilisation period currently within the programme.

The Built Environment Team have consulted with our legal advisors Michelmores on the safest way to procure this work and the advice is that a bespoke appointment would give the Trust more flexibility and leave us less exposed on cost by developing a work plan and selecting members of the Sisk team required, thereby maintaining control.

It is felt if the PCSA suspension is lifted with this work carried out as a contract variation there may be a requirement to suspend the PCSA programme again prior to RIBA 3 commencing. A bespoke agreement would see both parties working in collaboration to address issues and facilitate a smooth RIBA 3 period. Three months PCSA costs have been allocated in the updated capital plan for 20/21.

Programme Governance & Structure

Clearly defined programme and project management arrangements are key to ensuring robust governance and well managed, successful projects. The Children's Cancer Centre Project will be the largest single investment in the GOSH estate and is a complex programme of work with a number of interdependencies and many highly engaged stakeholders.

The current project structure has been reviewed in line with requirements and outputs of the next Phase of the Cancer Centre. The timeline for the Full Business Case delivery is planned to commence in March 2021 running for a year until March 2022. This will allow for the approvals process with all internal and external approvals needing to be achieved by August 2022 to allow the construction contract to be signed the following month. The resource of the CCC Project Team is currently being reviewed to ensure it is at an adequate level to deliver a project of this scale.

A draft Children's Cancer Service governance proposal is attached as **Appendix A**.

The proposed workstreams are:

- Clinical Service and Pathways
- Research
- CCC (the building)

Directly feeding into the new Trust Portfolio Structure will be a newly formed Children's Cancer Service Planet Board, chaired by the project executive sponsor and will report into the Portfolio Oversight Board. The CCC Programme Board, the Clinical Programme Board and the Research Programme Board will report into the CCS Planet Board.. A newly created CCS Programme Director role will be the link ensuring there is cohesion throughout the governance structure.

Children's Cancer Service Planet Programme Director Role

The CCS Planet Programme Director will deliver the Children's Cancer Service as Senior Responsible Officer (SRO) and will offer strategic programme leadership to the complex Children's Cancer Service and Children's Cancer Centre programmes. A key element of this role is to own the Full Business Case delivery process from outset to approval, bringing together complex work from numerous departments into a comprehensive overarching document that demonstrates the best use of Trust capital and charity funding.

The CCS Planet Programme Director will be required to hold work streams to account for performance, influencing and negotiating on programme elements required to deliver the project. The post holder will lead on the effective operational delivery of the Cancer Service and Cancer Centre, ensuring that new performance measures are embedded into everyday working practices and providing assurance to the Trust and Charity executive teams of this. The job description has been drafted and shared with the Programme Board. Key elements that will sit within the Programme Directors remit include:

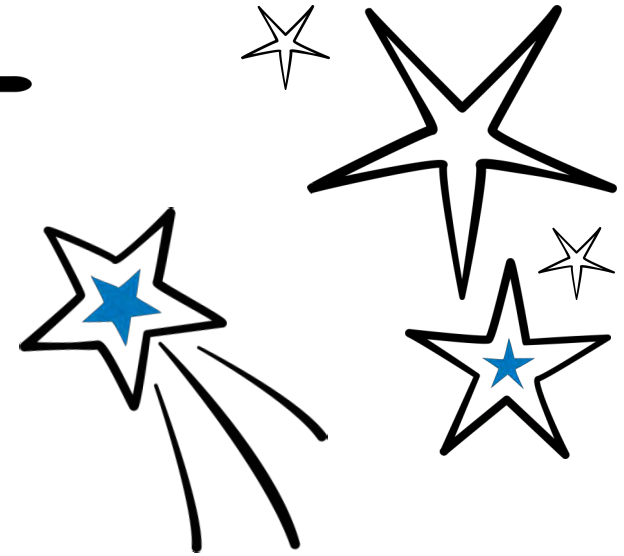
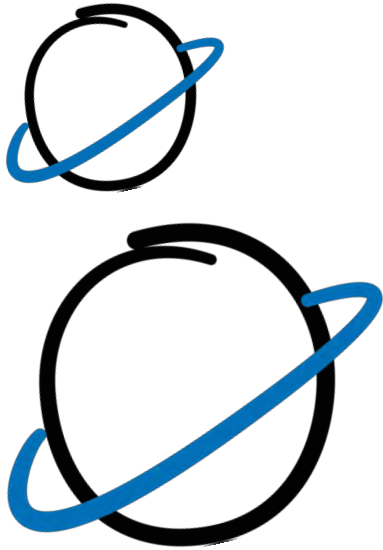
- Full Business Case Development
- Benefit Development & Realisation
- Risk Management
- Project Governance
- Communications & Stakeholder Management
- Programme Delivery & Planet PMO
- Change Management & Contingency
- Incorporating Learning & Best Practice

In tandem with the above it is proposed to commence the recruitment of a dedicated Project Director for the Childrens Cancer Centre. This role will report into the Director of EF&BE who is the SRO for the CCC workstream, and will be a dedicated resource to drive the delivery of the construction programme from RIBA 3 to completion.

Recommendation

The Board are asked to **note** this paper.

Planet CCS Proposal



Trust Board

EMT Portfolio
Board

Portfolio Oversight
Board

CCS Planet Board
Exec Project Sponsor
TBC

SRO - Planet Programme Director

- Full Business Case Development
- Benefit Development & Realisation
 - Risk Management
 - Project Governance
- Communications & Stakeholder Management
 - Programme Delivery & Planet PMO
 - Change Management & Contingency
 - Incorporating Learning & Best Practice

Clinical Programme
Board

Lead

Clinical Programme
Director

CCC Programme
Board

Lead

CCC Programme
Director

Research Programme
Board

Lead

Research Programme
Director

Workforce
Workstream

Digital
Workstream

Fundraising
Workstream

Finance & Commercial
Workstream

Estates
Workstream

Trust Board 26 th November 2020	
Fire Cladding Report including Fire Safety Submitted by: Zoe Asensio-Sanchez, Director of Estates, Facilities and Built Environment	Paper No: Attachment 8
Aims / summary <p>This paper has been produced in order to provide assurance about fire safety at Great Ormond Street Hospital (GOSH). The first part of the report outlines the steps the Trust has taken to ensure the cladding the Trust has is safe. The second part of the report gives an overview of other fire safety duties the Trust is complying with to keep the site safe.</p> <p>Post the tragic Grenfell fire incident on Wednesday 14th June 2017 a nationwide initiative was put in place by the National Health Service Improvement Team (NHSI) to inspect and test cladding across Healthcare premises. This report reviews the measures taken by NHSI and facilitated by the Trust to establish that the cladding used across the premises does not present any extra risk.</p>	
Action required from the meeting <p>The Trust board is requested to note Note the report, and the actions identified to improve compliance with key performance metrics.</p>	
Contribution to the delivery of NHS Foundation Trust strategies and plans <p>This contributes to Principle 3 Safe, kind effective care and excellent patient experience.</p>	
Financial implications <p>None</p>	
Who needs to be told about any decision? <p>The GOSH Trust.</p>	
Who is responsible for implementing the proposals / project and anticipated timescales? <p>Zoe Asensio-Sanchez</p>	
Who is accountable for the implementation of the proposal / project? <p>Zoe Asensio-Sanchez/Matthew Shaw</p>	



Report To: Public Trust Board

Report From: Chris Ingram, Fire, Health and Safety Manager

Date of report: 10 November 2020

Re: Fire Safety Report including cladding

This report has been produced in order to provide assurance about fire safety at Great Ormond Street Hospital (GOSH). The first part of the report outlines the steps the Trust has taken to ensure the cladding the Trust has is safe. The second part of the report gives an overview of other fire safety duties the Trust is complying with to keep the site safe.

Introduction

Post the tragic Grenfell fire incident on Wednesday 14th June 2017 a nationwide initiative was put in place by the National Health Service Improvement Team (NHSI) to inspect and test cladding across Healthcare premises. This report reviews the measures taken by NHSI and facilitated by the Trust to establish that the cladding used across the premises does not present any extra risk.

Aims

- To establish if there is any cladding used within Trust property that poses the risk of rapid or hidden fire spread (typically Aluminium Composite Panels 'ACP') with the aim to remove and replace where required.

Methodology

The GOSH Fire, Redevelopment and Estates Teams liaised with NHSI and their instructed parties ARUP Group Limited in the successful locating and removal of samples (25cmx25cm) where required. These samples were then taken and tested off site in a controlled environment by Building Research Establishment (BRE). A formal report was not produced as this was not part of the scope. The results were confirmed in an email to the Trust on the 5th July 2017. Pictures of the samples were also taken and these are in the possession of the Trust's Fire Safety Team and spare samples kept in the Estates Department.

Results

The following locations were inspected on the 30th June 2017

- Southwood Building - escape stairwell
- Variety Club Building - between windows by 'Rubik's cube' entrance
- Variety Club Building - stairwell by 'Rubik's cube' entrance
- Variety Club Building - 'Rubik's cube'
- Variety Club Building - balcony adjacent 'Rubik's cube' entrance
- Weston House - roof plant room
- Barclay House - 7th floor
- Octav Botnar Wing - roof plant room
- MSCB West façade
- East link
- MSCB East façade
- MSCB North façade

The following response was received later that day from ARUP Fire Engineer, Victoria Callaghan, "I have come back from the cladding inspection at Great Ormond Street Hospital where we have found no ACP panels." This was reported to NHSI via email.

On the 5th July 2017 it was reported by Trust Fire Officer that 'Arup and NSHI have confirmed that they will not be doing any further testing on the cladding at GOSH. They have informed us we can return to our usual fire procedure/preventions'.

On the 14th July 2017 ARUP re-inspected three locations to further establish the claddings outer skin material. The following response was received by ARUP Fire Engineer Victoria Callaghan, "Of the three facades looked at today (Southwood stair, Barclay House and the East Link) only Southwood stair came back as aluminium (the other two were steel)'. We have now been instructed to sample the aluminium façade and we will need to do this next week."

These samples from Southwood stair were later logged on the National Health Service Improvement (NHSI) master record of not being any concern.

Conclusion

ARUP, NHSI and BRE have completed the required surveys on GOSH cladding and have concluded that no extra risk is posed by the cladding material used. Although no formal report was produced the Trust has received written reassurance from ARUPs Fire Engineer that this is the case. This assurance was also provided to and by NHSI.

Other Fire Safety Assurance

Description of work and Lead	Progress	Timescale	Original RAG rating	Current RAG rating
Fire Safety Team Fire Safety mandatory training – Trust standard is to be above 90% compliance. Weekly 'face to face' Zoom fire training continues.	Fire Safety Training is currently at 88% compliance for bi-annual training and 92% for annual training. We have liaised with Coms and L&D to better label the courses available via ZOOM. It is the Fire Teams belief that some people assume 'Face to Face' is still not available due to social distance restrictions.	Monthly – Reported as part of the E&F KPIs.		
Fire Safety Team Fire Risk Assessments	100% of Risk Assessments are complete.	Monthly – Reported as part of the E&F KPIs.		
L1 Fire detection system in place.	This is maintained by the Estates Department through a specialist contractor. The alarm system is tested weekly in all buildings	Tested weekly		
Fire Safety Team Fire doors	A fire compartmentation survey of the Main Nurses Home has now been completed and discussions are taking place to plan remedial works raised. A new fire door protocol has been written and is awaiting further input from department heads before being implemented.	Ongoing		
Fire Safety Manager Fire Safety Committee	The new fire safety committee has commenced (08/10/2020) and will meet monthly to discuss fire related issues, projects and initiatives.	Monthly		
Fire Safety Team Expiration of Fire drills of Non-Clinical Buildings, due to social distancing regulations.	All fire drills have now been completed.	Drills are completed on an annual basis or when circumstances change		

Future Aims/Projects

- Fire Team are composing a Fire Sprinkler Report which will be a standard issue for all future Redevelopment projects. This will mean Project Managers will have to provide clear rational as to why sprinklers were not installed with cost savings not being the only valid reason.
- Continue to work closely with the Redevelopment Team with new projects including the Children's Cancer Centre and the Sight and Sound Centre to ensure that the buildings are built in a safe manner which adheres to fire and safety regulations. A comprehensive fire safety handover is completed for any newly refurbished area/redevelopment.
- West Link Corridor is to have a fire compartmentation survey completed.
- There is a push to increase the number of Fire Wardens in non clinical areas. Further wardens are required due to a significant number of wardens currently working at home.

Recommendation

The Board are asked to **Note** the report, and the actions identified to improve compliance with key performance metrics.



Trust Board 26 November 2020	
Guardian of Safe Working report Submitted by: Dr Renée McCulloch, Guardian of Safe Working	Paper No: Attachment W
Aims / summary This report is the second quarter report of 2020/21 to the Board regarding Junior Doctor working practice at GOSH. This report covers the period 1 st July to 30 th September 2020 inclusive.	
Action required from the meeting Space for on call doctors to rest remains an outstanding issue – permanent solutions to rest facilities is required Requirement for administrative support for exception reporting is requested.	
Contribution to the delivery of NHS Foundation Trust strategies and plans The Guardian of Safe Working (GOSW) supports and enables a safe and positive working and learning environment for junior doctors. This contributes to the Trusts strategic objective relating to providing safe patient care and an excellent place to work and learn.	
Financial implications <ul style="list-style-type: none"> Increased costings due to the 5th nodal point addition to salary scale in 20/21 and estimated on costs as per 2019 contractual amendments Continuing payment for overtime hours and fines documented through the exception reporting practice Investment in permanent rest facilities 	
Who needs to be told about any decision? HROD – administrative support	
Who is responsible for implementing the proposals / project and anticipated timescales? Dr Renee McCulloch, Guardian of Safe Working, Associate Medical Director: Workforce Mr Simon Blackman Deputy Medical Director for Medical & Dental Education	
Who is accountable for the implementation of the proposal / project? Dr Sanjiv Sharma, Medical Director	

Guardian of Safe Working **Second Quarter: 1st July 2020 – 30th September 2020]**

1 Purpose

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

2 Background

See Appendix 1

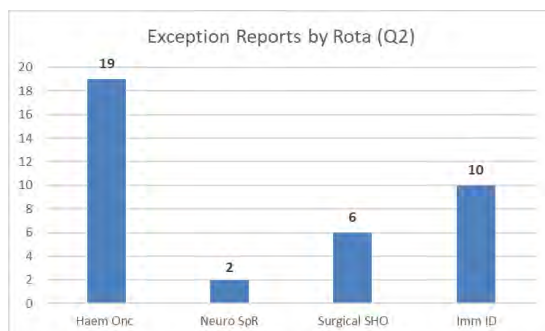
3 Exception Reporting: High Level Data

- 3.1 Number of exception reports (ER) at GOSH remain low reflecting cohort a) senior trainees b) non UK Trust doctors c) poor engagement with ER system
- 3.2 Numbers of doctors submitting reports increased this quarter following a reduced level of reporting during the operation of COVID rotas



3.3 37 ERs submitted in this quarter

- 36 ER: extra hours worked.
- 1 ER: working pattern
- 14 doctors submitted the reports (3 SHO, 11 SpR)
- ER reports across 4 rotas



3.4 Exception Report Process and Outcomes:

GOSW is requesting formal administrative support for the management of the exception reporting process. This is recommended in the 2019 contract refresh and is standard in many other Trusts. Manual checking of rota breaches facilitates assurance related to compliance of working hours.

3.5 **Fines: first GOSH fine levied:**

Surgical Core ST3 Health Education England (HEE) trainee:

Worked 80.5 hour week (breached 72 hour rule)

Inadequate rest after 4 long days (received less than 48 hours rest following the fourth shift)

Filled out 6 exception reports for one week to detail hours worked: initially filled in a Datix due to error related to wrong child having an X-ray

Flagged as an immediate safety concern (retrospectively)

Investigation found error made by rota coordinators who requested extra bank work.

Escalated to manager.

3.6

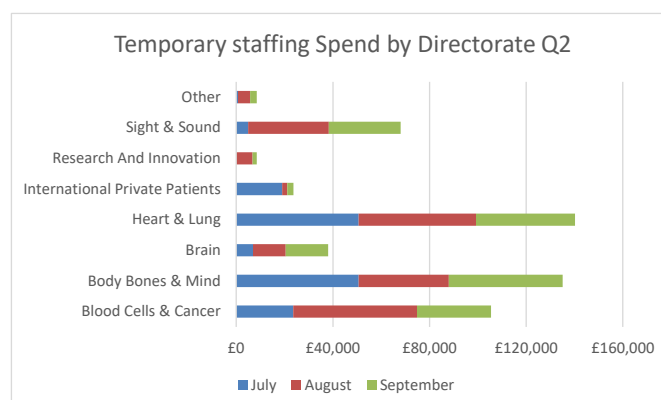
Outcome ERs July to September	
TOIL	2
Compensation	29
Compensation plus fine	6

4 **Vacancy Rates**

- 4.1 The overall vacancy rate across junior doctor rotas as of 30/09/2020 is 8.5% with 27.1 FTE vacant out of a total of 326 rota slots.
- 4.2 Haematology and Oncology; immunology and infectious diseases and more recently gastroenterology departments are affected by high vacancy rates. Delays in onboarding due to CV19 travel restrictions and system processing (e.g. visa applications) are the limiting factors.

5 **Bank and Agency data**

- 5.1 The Trust spent £508,719 on Junior Dr temporary staffing in Q2 which equates to 6.9% of the quarter's total pay bill. The vast majority (£495,612) of this was Bank pay with the remainder (£13,107) Agency shifts.



- 5.2 When looking at shifts booked in the quarter, the Surgery SHO rota was the most frequent rota using temporary staff with 285 shifts filled (23% of the total), followed by NICU/PICU (13%)

6 COVID Rota Planning for Second Surge

- 6.1 Escalation plans are in place for managing increased junior doctor absence over the coming 6 months.
- 6.2 To date out of hours capacity has been able to flex to accommodate unexpected gaps. Cluster outbreaks in junior doctor cohort in radiology was covered by consultants working down.
- 6.3 There are several intervention levels which involve careful reassignment of doctors; the include moving people from days to nights and enabling more leadership overnight and collaborative cross speciality working based on clinical situational awareness. Pan Trust redeployment COVID rotas would only be activated as a last resort.
- 6.4 Five new Medical Workforce Lead (MWL) positions (consultant level -1PA each) have been agreed by the executive team to develop and support out of hours working, including escalation processes for COVID rota planning and management.

7 Ongoing Compliance Issues with 2016 TCS: Implementation of the New Amendments October 2019 – August 2020:

- 7.1 Social distancing and travel restrictions have resulted in very limited rest space which is currently inadequate for junior doctors. 2019 contractual changes to safety and rest limits will attract GOSW fines if they are reported. A review of space for sleep and rest is currently underway.
- 7.2 PICU/ NICU/ CICU/ CATs rotas are currently non-compliant for weekend frequency (all <1 in 3 weekend activity). Further discussion regarding workforce development options are occurring. Agreement to continue with working at this frequency will be discussed in November JDF.
- 7.3 CAHMs rota remains under review with respect to safety and compliance It is a shared rota with five other Trusts and is therefore complex. It is currently a non-resident on call rota and may require changing to meet compliance. Trainees are currently auditing activity.

8 Junior Doctors Forum

- 8.1 JDF is now running remotely. There is good representation across the directorates. The junior doctors are invited to management meetings. A leadership programme is about to be commenced for JDF representatives.
- 8.2 Issues affecting Junior Doctors at present are: safe day time working space; access to equipment to support digital working and access to safe rest areas.
- 8.3 Junior doctors have been involved in multiple projects across the Trust. Inclusion and membership of a junior doctor in all transformation and medical director office projects is being facilitated. They are being recognised as a great asset.

9 Summary

- 9.1 We are currently at reasonable junior doctor staffing levels across the trust despite vacancy 'hotspots' in Haematology/ Oncology/ Immunology/ Infectious diseases and gastroenterology due CV19 onboarding delays.
- 9.2 Intensive care and CAMHs rotas remain under review with complex situational issues impacting on compliance.
- 9.3 Rest facilities are inadequate for a) social distancing b) numbers of clinicians requiring onsite facilities
- 9.4 ER process requires improved administrative resource.
- 9.5 Junior doctor are well engaged and the JDF invites the Board members to continue to attend its meetings.

Appendix 1 Background Information for Trust Board

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

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

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

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

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

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

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

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

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

The Trust uses 'Allocate' software for rota design and exception reporting. There have been issues with navigation of software and consistency of use (wide range of inputs for the same exception reports). There are no automated ways to identifying breaches. This must be done manually.

Allocate have improvement updates due in 2019 to include:

- Ability to close exception when trainee fails to respond (Jan 2020)
- Guardian quarterly board data report (not yet available)
- Simplify the adding of overtime hours
- Process for tracking time of in lieu and overtime payments
- Allow supervisor and Guardian role for the same user
- Standardised themes for breach types.

Publication of Amendments 2016 TCS September 2019:

Context for 2018 contract review

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

TCS contract includes but is not limited the following amendments:

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

Implementation of New Amendments 2016 TCS

The 'refresh' requirements for the 2016 contract is in progress at GOSH –a staggered timeline is in place for implementation to be completed between October 2019 and August 2020.



Trust Board 26 November 2020	
EU Exit Assurance template Submitted by: Phil Walmsley, Interim COO	Paper No: Attachment <input type="checkbox"/> For approval <input type="checkbox"/> For discussion <input checked="" type="checkbox"/> For information and noting
Purpose of report To provide the Board with assurance that the Trust has an acceptable level of preparedness for the upcoming EU transition period	
Summary of report The attached template is the document used to review the Trusts preparedness at regular Brexit steering group meetings. There has been very little by way of specific guidance from the Regional or National teams, but the group continues to plan for these unknowns by ensuring robust business continuity practices and scenario planning.	
Action required from the meeting None - For information and noting	
Contribution to the delivery of NHS Foundation Trust priorities <input checked="" type="checkbox"/> Quality/ corporate/ financial governance	Contribution to compliance with the Well Led criteria <input checked="" type="checkbox"/> Leadership, capacity and capability <input checked="" type="checkbox"/> Vision and strategy <input checked="" type="checkbox"/> Responsibilities, roles and accountability <input checked="" type="checkbox"/> Effective processes, managing risk and performance <input checked="" type="checkbox"/> Accurate data/ information <input checked="" type="checkbox"/> Engagement of public, staff, external partners
Strategic risk implications BAF Risk 14: Political Instability	
Financial implications Unknown at this time. Systems are in place to capture possible price increases in goods, for example.	
Implications for legal/ regulatory compliance Compliance with GDPR and processing data	
Consultation carried out with individuals/ groups/ committees None	

Attachment X

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

Chief Operating Officer

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

Chief Operating Officer

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

Brexit Steering Group

Great Ormond Street Hospital for Children

Questions to support EU Exit Executive meetings

Operational communications

- Is the board sighted on published operational guidance for EU Exit and subsequent publications and information shared at the recent national workshops?
 - CEO updated the Board at Board meetings in 2019. Brexit on the agenda for board meeting on 26 November 2020.
 - COO updated Operational Board based on regional workshop in 2019.
 - Chair and Board members updated by email with latest GOSH preparations for a no-deal exit in November 2019, and on business continuity plans in March 2020.
- Have you taken steps to communicate EU Exit preparation actions to front-line staff?
 - Communications have gone out via intranet, the external website and through a regular update to the Senior Leadership Team meeting.
 - Screensaver displays around the hospital to remind EU staff of support available.
 - Communicated directly with EU staff encouraging them to apply for the EU settlement scheme, hosted drop in sessions to walk EU staff through application process.
- Have you discussed EU Exit impact across the local health system and through LHRP?
 - COO attended regional meeting, and staying up to date via regional forum.
 - Acting COO and Emergency Planning Officer attended Regional EU Exit Workshop for the London region on the 19th September 2019.
 - COO and Emergency Planning Officer attended EU Exit End of Transition Period Workshop on the 4th November 2020.

Operational readiness for a response

- Has the organisation established its EU Exit team and planned for the potential to respond out of hours or over a sustained period of time?
 - Emergency processes are in place.
 - EU Exit team has been established and began meeting regularly again commencing September 2020.
- Have you established a single point of contact for EU Exit and communicated the escalation process across the organisation?
 - Yes – Phillip Walmsley, Chief Operating Officer (COO).
 - Escalation to EU Exit Steering Group communicated via intranet.

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

Supply

- Are national contingency arrangements for supply understood across the organisation and the local actions required in progress?
 - Arrangements for supply are understood by the EU Exit group, and these have been communicated across the organisation as appropriate.
 - Local action to ensure forward planning to accommodate possible additional lead time on orders will be communicated to teams at the appropriate time.
- Are plans in place to “walk the floor” to escalate any further EU dependent supply issues that are not addressed nationally?
 - Supply issues that are not covered nationally have been addressed so far as practical and possible. The situation is being re-addressed in the light of the revised list of suppliers made available w/b 2 November 2020.
- Are plans in place to manage with longer lead times for supplies, and for potentially receiving deliveries out of hours?
 - Communication will be shared to allow for longer lead times at the appropriate time.
 - Arrangements for out of hours delivery have been put in place.
 - Stock levels of certain items have been impacted by COVID but are generally healthy.

Workforce

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

Clinical Trials

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

Data

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

Finance

- Are systems in place to record the costs of EU Exit preparations and impact?
 - Procurement recorded suppliers who had notified that costs would increase by more than 5% on 1 April 2019, and/or had identified Brexit as a cause of increased cost. 20 suppliers identified at that time. Procurement team have begun recording cost increases again from 06/11/2020.
 - Note – concern that there may be an additional wave of increased costs if any tariffs are added as a result of EU Exit.
 - Systems were in place to monitor the cost of EU preparations and impact. There was a rise in some costs, some of which were disputed successfully.
- Do you have any risks or concerns to flag?
 - Business Continuity Plans are all up to date to deal with potential risks.
- Is any additional support or information required from a national or regional level?
 - Not at present

Geography / Health Demand

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

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

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

Please RAG rate:

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



Trust Board 26 November 2020	
Infection Control Assurance Framework Submitted by: Helen Dunn, Director of Infection Prevention and Control	Paper No: Attachment Y
Aims / summary The purpose of this report is to provide assurance that Infection Prevention and Control (IPC) Measures have been reviewed in light of changes in national guidance to support management of COVID-19. The report provides assurance that the Trust meets the required standards as set out in the Assurance Framework published by NHS England on the 22 nd May 2020 and updated on 15 th October 2020 and that where there are gaps in performance, assurance or mitigation there is a clear plan to manage this.	
Action required from the meeting Note the assurances offered, including the plans to undertake more detailed audits over the following months to help identify additional areas for improvement.	
Contribution to the delivery of NHS Foundation Trust strategies and plans Delivery of consistently safe high quality care	
Financial implications None	
Who needs to be told about any decision? Director of Infection Prevention and Control Chief Nurse	
Who is responsible for implementing the proposals / project and anticipated timescales? Director of Infection Prevention and Control	
Who is accountable for the implementation of the proposal / project? Director of Infection Prevention and Control Chief Nurse	

Infection Prevention and Control Assurance Framework

Introduction

Effective infection, prevention and control is fundamental to our efforts to respond to the COVID-19 pandemic. The purpose of this report is to provide assurance that Infection Prevention and Control (IPC) Measures have been reviewed in light of changes in national guidance to support management of Covid-19. The report provides assurance that the Trust meets the required standards, and that where there are gaps in performance, assurance or mitigation there is a clear plan to manage this.

As our understanding of COVID-19 has developed, PHE and related guidance on required infection prevention and control measures has been published, updated and refined to reflect the learning. This continuous process will ensure organisations can respond in an evidence-based way to maintain the safety of patients, services users and staff.

NHS England developed and published a Board Assurance Framework to support providers to self-assess compliance with Public Health England (PHE) and other COVID-19 related IPC guidance. The use of the framework is not compulsory, but is a useful source of internal assurance to support organisations to maintain quality standards at this time.

The Assurance Framework was first published on 4th May 2020. There have been 3 further versions issued, most recently on the 15th October 2020 (version 1.4).

The key changes include:

Assurance Framework category	Significant Additions
1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users	<ul style="list-style-type: none"> Ensuring resources are in place to enable compliance Monitoring of compliance with PPE Staff testing and self isolation strategies Training provided to all staff Process for sign off of daily sitreps Ensuring Trust Board oversight of ongoing outbreaks and action plans.
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	<ul style="list-style-type: none"> Ensure cleaning standards and frequencies are monitored in non-clinical areas Ensure dilution of air with good ventilation (e.g. open windows in admission and waiting areas) Risk assessments for use of detergents for cleaning.
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion	<ul style="list-style-type: none"> Clearly displayed and written information available to prompt patients, visitors and staff to comply with hands, face and space advice.
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people	<ul style="list-style-type: none"> Screening and triage of all patients Staff must be aware of the agreed template for triage questions Triage must be undertaken by clinical staff who are trained and competent in clinical case definition Face coverings must be used by all outpatients and visitors Face masks to be available for all patients with respiratory symptoms Provision of clear advice on the use of face masks for all medical and high risk pathway inpatients if this can be tolerated and does not compromise their clinical care.

6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection	<ul style="list-style-type: none"> • Separation of patient pathways and staff flow to minimise contact between pathways e.g. separate entrances/exits and one way systems. • Hygiene facilities and messaging available for all patients, staff and visitors e.g. instructional posters on hand washing, face coverings etc. • Rapid and continued response through ongoing surveillance of infection transmission within the local population • Case investigation of positive cases, with two or more positive linked cases triggering and outbreak investigation. • Robust policies and procedures in place for identifying and managing outbreaks.
7. Provide or secure adequate isolation facilities	<ul style="list-style-type: none"> • Restrict access between pathways if possible • Ensuring wards/areas where there are covid positive patients are clearly signposted, with physical barrier as appropriate.
8. Secure adequate access to laboratory support as appropriate	<ul style="list-style-type: none"> • Ensure screens are taken on admission and that these are given priority and reported within 48 hours • Regular monitoring and reporting of testing turnaround times with focus on time taken from patient to time result is available. • Regular monitoring and reporting that identified cases have been tested and reported in line with testing protocols.
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection	<ul style="list-style-type: none"> • Ensure that risk assessments are undertaken and documented for any staff members in at risk or shielding groups, including BAME and pregnant staff. • Ensure that staff who carry out fit test training are trained and competent to do so. • Ensure that all staff required to wear an FFP respirator have been fit tested for the model used, and that this is repeated each time a different model is used. • Records of fit testing are kept by the trainee and centrally in the organisation • Processes for redeployment of staff who fail to be adequately fit tested in line with the national algorithm • Ensure covid secure workplaces, and make sure staff are aware of the need to wear a face mask when moving through covid-19 secure areas

Legislative Framework

The assurance framework is developed from the existing 10 criteria in the Code of Practice on the prevention and control of infection, which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The other important legislation to note in this context is the Health and Safety at Work Act 1974 which places wide ranging duties on employers to protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temporary staff, visitors and the general public. The act also imposes a duty on staff to take reasonable care of health and safety at work for themselves and for others. Robust risk assessment is central to this. Where risk cannot be eliminated, it must be assessed, managed and mitigated. In the context of COVID-19 there is an inherent level of risk for NHS staff who are treating and caring for patients as well as for the patients themselves. All organisations must ensure that risks are identified, managed and mitigated effectively.

Response to SARS CoV2 (COVID-19)

The IPC team has been extremely busy throughout wave 1 of the pandemic and leading into wave 2. A responsive IPC service has remained in place which has flexed up to cover 6/7 day a week service at the height of the pandemic. Essential IPC business has remained in place with quarterly audit days running and normal microbiology, virology and appropriate investigation of healthcare associated infections. The annual report was delayed until the September 2020 IPCC and trust board.

In addition to this guidelines, flowcharts, FAQ's and teaching sessions have been created and updated as guidance has been issued and subsequently amended in line with national policy. Testing has been established in the laboratory for

symptomatic/asymptomatic patients, parents and symptomatic test. As of October 2020, the following tests have been undertaken:

- Patient test- 10222 (1.23% positive)
- Parent test 2484 (.59% positive)
- Staff 1416 (18.94% positive)

In addition the IPC have undertaken the contact tracing for patients and staff since this was introduced in August 2020.

The significant increase in workload has led to an additional band 8a lead practice educator joining the team and a band 7 IPC nurse post going out to advert.

Outbreaks

There have been 4 outbreaks between 1st April 2020 and 16th November 2020. The following services were affected:

Location	Number of positive staff	Reported externally?
Ventilation Technician Department (Heart & Lung)	3	Yes
MRI sedation service (Operations & Images)	3	Yes
Blood Cells and Cancer services	5	Yes (currently still open)
Recovery (Operations & Images)	2	Yes (currently still open)

The review of the cases has identified the following themes:

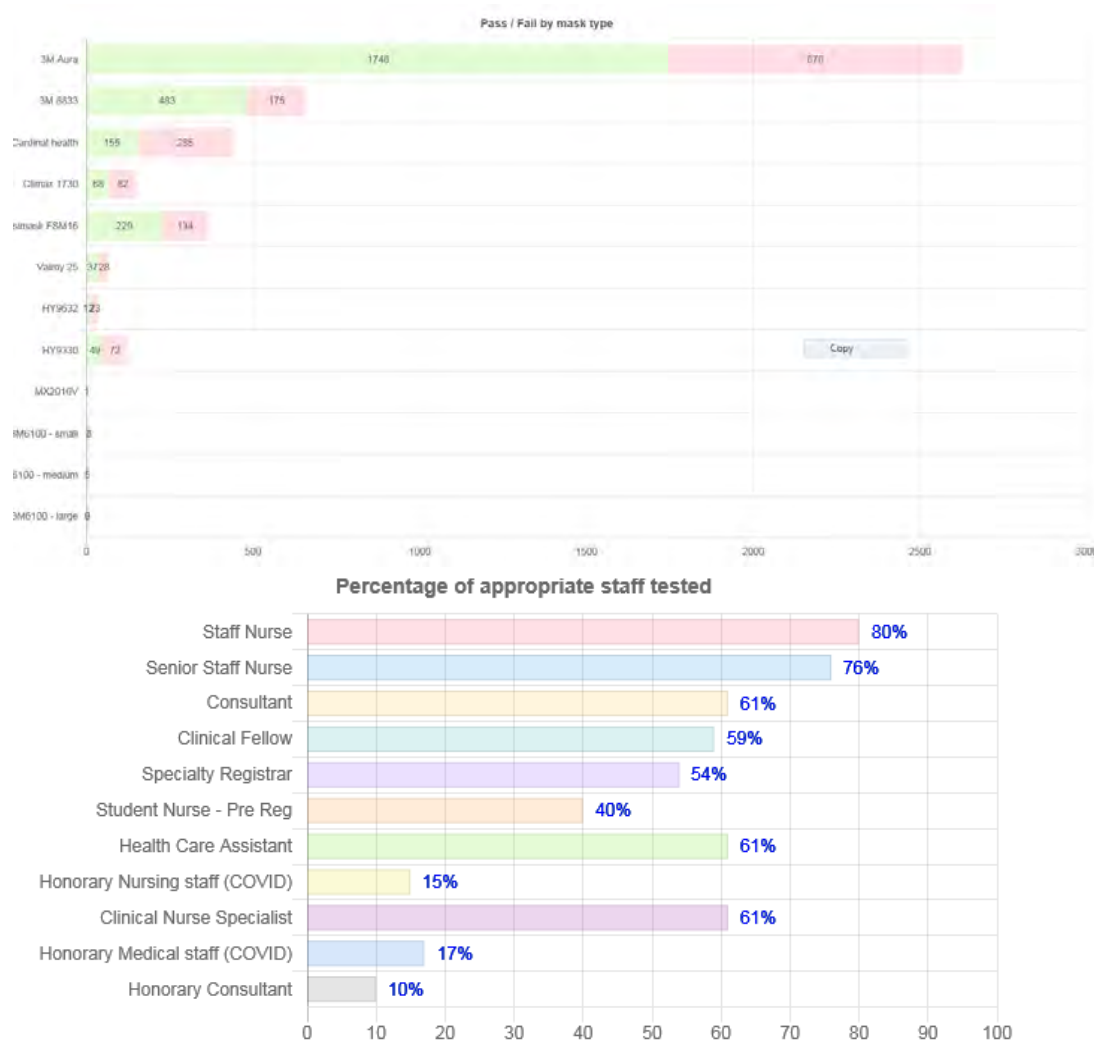
- Use of rest and break spaces
- Social distancing and risk of not wearing of masks at all times when not alone (except when eating and drinking).

Fit Testing

Fit testing is recognised as a key element of protection for staff. We have fit tested 3140 staff. This is all recorded on a central database. The key challenges which we have faced are around consistency in the brand/make of FFP3 masks supplied centrally, particularly where this has meant we need to re-fit-test all relevant staff. There has also been a higher failure rate in some of the masks provided through the central system.

A dedicated fit testing testing operations 3 days a week providing fit testing to the organisation. This service is funded until December 2020 and work is underway to ensure that it continues through 2021.

Attachment Y



Infection Control Audits

The infection control team have continued the 'business as usual' approach to healthcare infections, and continue to run regular audits centrally as well as supporting infection control link audit days to ensure there is a continued focus on all aspects of infection control. There have been additional audits and programmes of work in response to COVID-19 including:

- Hands, Face, Space and Place Audits

Hands, Face, Space and Place audits (n=49) were initially undertaken on the 14th and 15th October. Several areas for improvement were identified, particularly in rest and meeting spaces, and shared offices. An extraordinary SLT meeting was organised to share the results with senior leaders in the organisation and to agree next steps. It was agreed that following swift action at local level a second audit should be undertaken in the week commencing 19th October (n=164). Significant improvement was noted

% of rooms observed meeting standard	14 th and 15 th October audits (49)	16 th October plus (164 audits)
Hands	74%	88%

Face	77%	91%
Space	80%	87%
Place	100%	99%

Next audit is due to take place in the week commencing 23rd November 2020.

- **Break the Chain Week**

The Infection Control Team developed and rolled out 'Break the Chain' week (running from 2nd – 6th November), which was focussed on educating staff around the Trust. Each ward had a Break-the-Chain Champion working in a supernumerary capacity to provide education and support to staff each day during the week. During this week, we initiated the traffic light bed side PPE posters to help staff quickly identify the PPE requirements required to care for that patient. Over 100 staff participated in the infection control focussed Little Room of Horrors in which teams were invited to try to identify all the infection control risks in the simulated clinical space.

Assurance Monitoring Plan

Based on our self-assessment against the Assurance Framework, we have identified a programme of work to support further implementation and improvement in our ways of working in response to COVID-19. This includes a range of daily monitoring, regular audits, responsive investigation and action following positive tests and outbreaks. Issues and risks are managed operationally through Silver (and/or Gold) as they arise day to day, with the Infection Control Committee taking an oversight of all infection control issues. The Infection Control Committee reports into Patient Safety and Outcomes Committee as part of the hospital Risk Management Strategy. The most recent update was presented in November 2020.

**Trust Board
26 November 2020****Learning from Deaths.
Mortality Review Group - Report of
deaths in Q1 2020/21****Paper No: Attachment Z****Submitted by:**

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

Aims / summary

The Child Death Review Statutory Guidance outlines the statutory NHS requirements for child death reviews for all child deaths occurring after 29th September 2019. This requires a Child Death Review Meeting (CDRM) that is 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.

This scope of this report is GOSH inpatient deaths that occurred between 1st April and 30th June 2020.

Thirty one children died at GOSH between 1st April and 30th June 2020

- Reviews (i.e. an MRG or a CDRM) have been completed for all cases.
- Twenty six CDRMs have taken place. Four cannot take place until the completion of necessary coroner investigations and reviews. This in line with the Child Death Review Statutory Guidance. One death was for a patient over the age of eighteen and not subject to the CDRM process.
- The review process highlighted particular positive aspects of care and communication in twenty one cases.
- There was one death where there were modifiable factors in the child's care at GOSH that may have contributed to vulnerability, ill health or death. Actions have been implemented in response to this case.
- There were no deaths in this period which met the criteria for requiring an SI investigation.
- There were seven learning points identified at GOSH and elsewhere.

The learning points in this report will be shared with Closing the Loop to support any actions which made be required to implement and support them.

An increase in the mortality rate in May 2020 prompted a pro active internal review to identify trends and understand the reasons for this. That report has been reviewed in a number of forums including QSEAC, PSOC , summarised in the Q4 2019/20 Learning from Deaths Report to Trust Board, and shared with NHS England at the Clinical Quality Review Group. The crude mortality rate has returned to within normal variation since May .There have been no outliers detected in our real time risk adjusted monitoring of PICU/NICU deaths. This is important as the majority of patient deaths at GOSH are in intensive care areas. Risk adjusted mortality is monitored weekly at the PICU/NICU Morbidity and Mortality meeting.

Action required from the meeting The board is asked to note the content of the paper.

Contribution to the delivery of NHS Foundation Trust strategies and plans This report meets the requirements of the National Quality Board to report learning from deaths to a public board meeting.
Financial implications- none.
Who needs to be told about any decision? n/a
Who is responsible for implementing the proposals / project and anticipated timescales? The Medical Director is the executive lead with responsibility for learning from deaths.
Who is accountable for the implementation of the proposal / project?

Learning from Deaths: Report of deaths in Q1 2020/21

Aim of report

1. Highlight learning from deaths identified through mortality reviews, this includes positive practice, but also where there were modifiable factors. Modifiable factors are defined as factors, which by means of nationally or locally achievable interventions could be modified to reduce the risk of future child deaths.
2. Identify progress with the implementation of the Child Death Review Meetings (CDRM).

This scope of this report is GOSH inpatient deaths that occurred between 1st April and 30th June 2020.

Background

Mortality reviews take place through two processes at GOSH:

1. **Mortality Review Group (MRG).** This was established in 2012 to provide a Trust level overview of all deaths to identify learning points, themes and risks and take action as appropriate to address any risks. 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 thorough level of review and challenge can be provided before reviews are finalised at a Child Death Review Meeting (CDRM), as well as identifying learning points and making referrals to other safety investigation processes at the earliest opportunity.
2. **Child Death Review Meetings (CDRM)** These are now in place at GOSH following the publication of the Child Death Review Statutory guidance which applies for all child deaths after 29th September 2019. Child Death Review Meetings are “a multi-professional meeting where all matters relating to a child’s death are discussed by the professionals directly involved in the care of that child during life and their investigation after death.” They include clinicians or professionals from external providers. CDRM meeting should be held within 12 weeks of the child’s death, following the completion of all necessary investigations and reviews.

Completion of mortality reviews

Thirty one children died at GOSH between 1st April and 30th June 2020

- Reviews (i.e. an MRG or a CDRM) have been completed for all cases.
- Twenty six CDRMs have taken place. Four cannot take place until the completion of necessary coroner investigations and reviews. This in line with the Child Death Review Statutory Guidance. One death was for a patient over the age of eighteen and not subject to the CDRM process.

This report highlights learning at the time of writing, and it is important to note that additional learning could be identified at a later stage through the coroners /CDRM / SI processes

The table below shows the summary of the deaths that occurred during the quarter using NHS England reporting guidance.

Total number of inpatient deaths at GOSH between 1st April and 30th June 2020	31
Number of those deaths subject to case record review (either by the MRG, or at a CDRM)	31
Number of those deaths declared as serious incidents	0
Number of deaths where a modifiable factor was identified at GOSH that may have contributed to vulnerability, ill health or death.	1

Number of deaths of people with learning disabilities	3
Number of deaths of people with learning disabilities that have been reviewed	3
Number of deaths of people with learning disabilities where a modifiable factor was identified at GOSH that may have contributed to vulnerability, ill health or death.	0

Of the thirty one deaths in the period:

Modifiable factors at GOSH (1)

There was one case reviewed by that had modifiable factors in the child's care at GOSH that may have contributed to vulnerability, ill health or death.

Context	Action
BMT donor was a known adenovirus poor responder. The option to screen alternative potential donors was considered carefully at the time of transplant however the potential delay to the transplant (resulting from further screening of donors) was not felt to be appropriate at the time and other considerations were instigated to mitigate the risk of adenovirus activation (use of ATG in the conditioning regime to improve T cell reconstitution).	However in retrospect and given that this child died from adenoviraemia, all future potential donors are now to be screened for adenovirus response and this has already been actioned at GOSH

Deaths that are subject to an SI investigation (0)

There were no deaths in this period which met the criteria for requiring an SI investigation.

Positive practice (21)

The review process highlighted particular positive aspects of care and communication in twenty one cases.

This does not mean that exemplary care and communication is not practiced more widely than in those cases, but the review process has highlighted particular examples of excellence in those cases. These are summarised below.

<i>Excellent Multidisciplinary approach (Cardiothoracics, interventional cardiology, renal etc) with extensive multidisciplinary discussions held on a Sunday afternoon</i>
<i>Excellent MDT working with CICU, palliative care, neurology. Parents views considered and dialogue continued even when parents were struggling with the idea of a one way extubation initially.</i>
<i>Legal team and Keyworker were commended for their support during the legal process</i>
<i>The ENT team were commended for their frequent input during this child's admission. The PICU team were commended for their support and prompt attendance on the Ward at the time of the respiratory arrest. The family have reported that they appreciated the opportunity to have active treatment with CART cell therapy and felt that the team had tried everything.</i>
<i>Excellent end of life care. Really well loved by nursing team on Lion Ward. Testimony to the team that mother still asks after the nurses from Lion Ward.</i>
<i>Excellent admission to Butterfly from PICU - move facilitated very quickly to enable end of life care in a ward environment which was greatly appreciated by the family.</i>
<i>Member of staff and a family member were able to act as face to face interpreters. No access to face to face translator for difficult discussions during Covid pandemic. Significant difficulties having conversations using a telephone interpreter. NICU enabled the family to visit despite the one parent visiting policy Family able to be present for end of life despite covid restriction, facilitated rapid burial as per family wishes.</i>
<i>Excellent continuity provided by nursing staff and psychology input for the family which resulted in successful organ donation</i>

<p>– Physically difficult communication at time of arrest as everyone in full PPE, but excellently handled by team</p> <p>– Team ran arrest with 'in-room' and 'out-of-room' team – ran well</p>
EB nurse went to the local hospital to review the baby.
Good MDT working between PICU/Neuro/Neuro IR/cardiology/anaesthetics, hot reporting of MRI and ready to proceed if needed immediately. Chaplaincy and family liaison support for family
Transfusion happened very quickly, within 2-3 weeks of diagnosis being made. Parents fed back that they felt well supported at GOSH.
Successful transfer to GOSH. Parents involved in decision making with adequate support from interpreters.
Excellent communication with this family throughout his care which resulted in a family who were aware and prepared for this tragic outcome perhaps even before the clinicians themselves. Peaceful death in Lion Ward with family present.
It was a very positive experience the early and effective involvement of palliative care team. Overall excellent team work between PH, CICU and interventional radiology teams.
Despite being at an unfamiliar hospital there was very good MDT working between teams and mother. Good symptom care provision with relevant teams involved including CAMHS
Excellent MDT working and involvement with palliative care.
Rapid treatment (resuscitation) instigated despite requirement for PPE for initial resuscitation at the local. Very helpful anaesthetic team at [local] Hospital. This has already been fed back via a favorable event reporting form locally.
Excellent symptom management and palliative care input
The GP practice commended the team at GOSH for the high quality of correspondence throughout this child's treatment.
The team at [local] commended the tertiary centre for the efficiency with which the child was accepted and transferred across and appreciated that their provisional diagnosis of VGAM was supported by the accepting team.

Additional learning points identified (7)

These were not deaths where modifiable factors were identified, but where learning points were identified around best practice which could improve safety, the co-ordination of care, or patient and family experience.

Location of learning	Learning
GOSH	It was noted that there were some challenges once care was redirected following an extensive MDT discussions when the new surgical team and nursing team arrived on Monday morning and interpreted a small amount of fluid in the urinary catheter as significant which led to a rollercoaster for parents and a delay in one way extubation by approximately 24 hours. This highlights the need for sensitivity when updating parents on single organ specific signs (in this case production of a small volume of urine) in the context of the bigger picture which in this case cause confusion and distress for a family where care had been redirected towards palliation. This is not an isolated learning point and has been identified in other cases.
GOSH	LD nurse specialist should be notified if parents known to have learning disability and can offer support including support with assessment of capacity
Local	This child had significant mucositis and coagulation derangement with a nosebleed that was treated with tight packing locally. It was felt that this form of packing which requires tight packing can further exacerbate the mucositis and can cause further damage to the mucosa on removal. The Floseal system which is used at GOSH (a gel-like fibrin glue that is applied using a syringe and forms a hemostatic clot) was recommended as a less invasive method of packing and this has already been fed back to ENT colleagues in [local hospital]

GOSH	It was noted that there was a lack of parallel planning for this child with rapidly progressive high risk ALL (although there was some parallel planning in [local hospital]). Despite the ongoing active treatment with CART cell therapy it is an important learning point to "hope for the best but plan for the worst" in high risk cases.
GOSH	Learning points identified, although did not contribute to death: (1) Heparin could have been commenced sooner when cold leg identified (2) Would have been helpful to take additional blood samples before immunoglobulins given, as some investigations post immunoglobulin are inaccurate
GOSH	This child was diagnosed with metastatic neuroblastoma in August 2018. He was urgently admitted to the inpatient unit at Great Ormond Street Hospital and an MRI scan which showed diffuse metastatic disease with leptomeningeal spread. He deteriorated and died approximately 36 hours later. The oncology team have reflected on the importance of making parents aware of the poor prognosis at the time of relapse and risk of relapse in other areas and sudden deterioration. The team now also routinely screen for CNS disease in neuroblastoma at review in order to identify CNS disease.
GOSH	Nurse said [patient] was "trying to help with suctioning". Parents wanted to know if she was truly responding at that time? This highlights the need for sensitivity when updating parents on clinical signs at all times and the impact that a seemingly innocuous comment may have on families in the longer term.

The learning points in this report will be shared with Closing the Loop to support any actions which made be required to implement them.

Modifiable factors for care provided outside of GOSH (1)

The MRG/CDRM found modifiable factors in the child's care outside of GOSH in one case

Context
At the Mortality Review Group modifiable factors locally have been identified however we do not have all the information available to provide an accurate assessment of this.
Once we have the outcome from the Coroner's investigation and CDRM we will be better placed to ascertain any modifiable factors.

Increase in mortality rate in May 2020

An increase in the mortality rate in May 2020 prompted a pro active internal review to identify trends and understand the reasons for this. This report has been reviewed in a number of forums 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

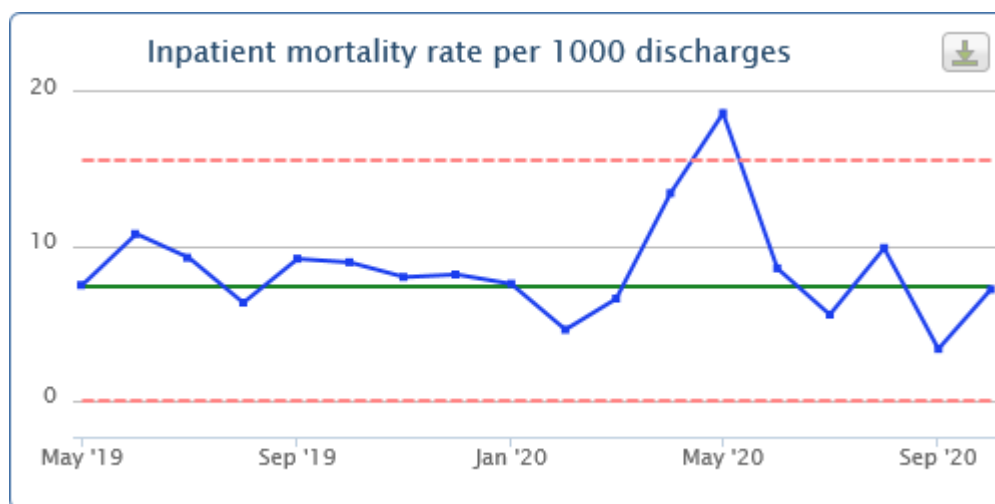
1. Two deaths following admission to GOSH from another Trust because of COVID 19 who would otherwise have died in a local hospital, and where death occurred at GOSH due to natural disease progression.

2. One death where there was a COVID impact in terms of delayed presentation in the community. Excluding those deaths from the GOSH mortality rate for May 2020 would indicate a mortality rate of 14.9 per 1000 discharges which is (just) inside the upper control limit of (15.58) from the statistical process control chart which indicated this outlier. It is important to note that there are four deaths in May 2020 where it is not possible to definitively conclude at the time of writing that the death

occurred at GOSH due to the impact of COVID. From the available information it is likely that these may not have been deaths at GOSH without COVID. To definitively understand those deaths and causes, would require completion of the CDRM process and any coroners outcomes.

- The reviews do not indicate care or service delivery problems provided at GOSH which account for increased deaths.
- There are no triggers noted in risk adjusted data for this period. There has been no reset noted in the RSPRT this period. 16/24 deaths in April and May 2020 were on PICU/NICU.
- The crude mortality rate for June has returned to within normal variation.
- In a number of deaths it is highlighted that the families experience was particularly difficult because of limitations of the visiting policy which was necessitated due to C-19. The inability to provide bereavement follow up face to face has also been mentioned in all cases as another consequence of Covid.”

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



4th November 2020

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



Trust Board 26 November 2020	
Amendment to the GOSH Constitution Submitted by: Anna Ferrant, Company Secretary	Paper No: Attachment 6 <input type="checkbox"/> For approval
Purpose of report The purpose of this paper is to consider providing the Council with the authority to extend the maximum length of tenure of Non-Executive Directors (including the Chair) on the GOSH Board. Any proposal for an extension would be approved by the Council in exceptional circumstances and it would be the role of the CoG Nominations and Remuneration Committee to consider these circumstances and report these to the Council. Provision of this authority will require an amendment to the Trust Constitution. Any amendment to the Constitution requires approval from the Council of Governors and the Trust Board.	
Action required from the meeting The Council of Governors' Nominations and Remuneration Committee recommends for approval an amendment to the Trust Constitution in order to allow for the extension of Chair and Non- Executive Director appointments beyond the usual 6 year maximum period (2 x three year appointments) in "exceptional circumstances". The Council of Governors will consider this amendment at its meeting on 25 November 2020 and a verbal update will be provided to the Board.	
Contribution to the delivery of NHS Foundation Trust priorities <input type="checkbox"/> Quality/ corporate/ financial governance	Contribution to compliance with the Well Led criteria <input type="checkbox"/> Leadership, capacity and capability
Strategic risk implications None	
Financial implications Not Applicable	
Implications for legal/ regulatory compliance Compliance with the Trust Constitution in relation to amendments to the Constitution.	
Consultation carried out with individuals/ groups/ committees Where relevant, outline any technical advice sought and discussion at relevant GOSH committees prior to reporting to Board	
Who is responsible for implementing the proposals / project and anticipated timescales? Company Secretary	
Who is accountable for the implementation of the proposal / project? Chair	

Amendment to the GOSH Constitution

Background

Under Annex 7, para 1.1.9, the GOSH Constitution states:

the Chair and other non-executive directors may not serve on the Trust Board for a period of more than 6 years from the date of their first appointment.

This is based on Monitor's Code of Governance which states:

B7.1. ... Any term beyond six years (eg, two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-executive directors may, in exceptional circumstances, serve longer than six years (eg, two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive's independence.

The Trust Constitution does not currently provide any flexibility for an extension to a NED's tenure despite the Code of Governance citing that NEDs may serve longer than 6 years in 'exceptional circumstances'.

Other foundation trusts already include such a flexibility within their Constitution. For example, UCLH and Guys and St Thomas'.

Therefore, in agreeing to such an amendment to the Constitution, the Trust would be consistent with Monitor's Code of Governance and other trusts' constitutions.

Justification for proposed amendment

Along with the rest of the NHS, the Trust has been operating under exceptional circumstances for the last 9 months during the Covid pandemic.

It is in the best interests of the Trust to have the ability to retain particular NEDs (because of their external management roles, expertise, knowledge of Trust processes etc.) for defined periods of time on top of the usual maximum six year term;

Beyond Covid, the proposed amendment will introduce much needed flexibility to allow, where needed, continuity in the management of the Trust where the CoG Nominations and Remuneration Committee consider exceptional circumstances apply;

The proposed amendment is in line with Monitor's Code of Practice and statements in other FT Constitutions;

If approved, the CoG Nominations and Remuneration Committee will determine whether such exceptional circumstances apply, and whether the term of office of a particular NED should be extended beyond the usual 6 years.

Proposal

As stated above, any change to the tenure of the NEDs will require an amendment to the Constitution.

It is proposed that Annex 7, paragraph 1 of the Constitution is amended to allow for the CoG Nominations and Remuneration Committee to consider exceptional circumstances to authorise an extension to a NED's tenure and recommend these for approval to the Council. It is proposed that a cap is applied to any such extension and that this is based on the independence criteria highlighted in the Financial Reporting Council's UK Corporate Governance Code 2018 (upon which the Monitor Code of Governance is based). This states that a director's independence is likely to be impaired or could appear to be impaired where they have *served on the board for more than nine years from the date of their first appointment*. It is also proposed that any extension is reviewed annually by the Council.

On this basis, the Board and Council are asked to consider the following amendment to the Constitution (new text in red):

Amendment to paragraph 1.1.4:

where the nominations and remuneration committee considers that either the Chair or the non-executive director coming to the end of their term of office should be reappointed for a further term, the committee shall, following consultation with the Chair or in the case of the Chair's re-appointment the Deputy Chair, make a recommendation to the Council of Governors to that effect; this will include consideration of an extension of a non-executive director or Chair tenure in exceptional circumstances under paragraph 1.1.9 below.

Amendment to Paragraph 1.1.9:

~~*the Chair and other non-executive directors may not serve on the Trust Board for a period of more than 6 years from the date of their first appointment.*~~

The Chair and non-executive Directors shall be eligible for appointment for two three year terms of office. In exceptional circumstances, the Council of Governors may agree that a non-executive Director (or Chair) should serve one or more defined additional periods, up to a maximum of nine years in aggregate. The additional approved periods will be reviewed by the Council annually.

An amendment in the Constitution requires approval from the Council via a majority of governors present and voting at the meeting. The amendment is supported by the

Trust Board and will require formal approval by the Board via a majority of directors present and voting.

The CoG Nominations and Remuneration Committee considered the amendment at its meeting on 12 November 2020. The Chair emphasised to committee members that under the FRC Code of Governance, public companies are allowed to extend the tenure of directors up to 9 years and that whilst the NHS Code of Governance states 6 years, it also provides for exceptional circumstances where NEDs can be extended beyond 6 years and subject to annual reappointment. The NHS Code makes no reference to a cap on the number of years and the Trust has sought to apply a cap in line with the FRC Code.

The committee highlighted how the Constitution had been reviewed in full in 2018 and the length of NED tenures had not been raised at the time. However, the length of governor tenures had been considered at the time and the Council had agreed to limit a governor term to 6 years maximum (2 x 3 years) to ensure that the membership of the Council is refreshed, with new members having an opportunity to stand and bring their experience to the Council. It would also retain the independence of governors and remain in line with the tenure for NEDs.

The committee asked whether governor terms should be extended. It was noted that there is no reference to applying a similar extension in the Code of Governance (unlike for NEDs). In addition, a governor's role is to scrutinise rather than take decisions and take responsibility for the day to day running of the Trust and governors are not required to have specific skills/ expertise in the role. It is therefore not clear what exceptional circumstances, if any, would apply to justify the extension of the normal 6 year maximum term of any particular Governor.

The committee emphasised that whilst it was important to have a framework in place to ensure that any extension requested was subject to rigorous review, members were minded that such requests should not become the norm and refreshing Board membership was key.

The committee were assured by the Chair that the inclusion of this framework for extending a NED term would only be sought in exceptional circumstances and would need to be considered by the Committee and Council on an annual basis. The Chair emphasised that that 6 years was appropriate and that only when extenuating circumstances existed (such as the impact of the Covid-19 pandemic) and the importance of retaining knowledge and experience on the Board at this time, along with the ability of the NED to commit for a further year and remain independent, would such an extension be requested for consideration and approval.

The Company Secretary stated that should an extension be applied, the recruitment process for replacement of that NED should start early within the extended period to ensure that there is a smooth transition to the new NED.

Attachment 6

The committee noted that the Constitution Working Group would be re-established when the new Council terms begins in March 2021 and that the length of governor terms would be reviewed again.

Action for Trust Board

The Board is asked to approve the amendment to the Constitution to allow for the extension of Chair and Non- Executive Director appointments beyond the usual 6 year maximum period (2 x three year appointments) in “*exceptional circumstances*”. The Council of Governors will also consider this amendment at its meeting on 25 November 2020 and a verbal update will be provided to the Board.

Summary of the Audit Committee meeting held on 26th October 2020

The Committee noted the minutes of the September Finance and Investment Committee and the summaries of the October Quality, Safety and Experience Assurance Committee and September People and Education Assurance Committee.

Update on the Board Assurance Framework

Discussion took place around the general profile of red net risk scores on the BAF and in many cases the distance from the risk appetite score. It was noted that evidence that mitigations were having the planned effect was required before there could be an impact on the net risk score. The Committee asked the Risk Assurance and Compliance Group to review the gap between the net risk score and the risk appetite and agreed that this would be discussed at the annual Trust Board Risk Management meeting.

Financial Sustainability (risk of deficit and tariff arrangement post covid)

The Trust's NHS income would be moving to a full block contract with only some high cost drugs being paid on a cost and volume basis. There were a number of risks to this process for GOSH and the Trust was working with NHS England to review these matters. Discussion took place around the process of providing funds to Integrated Care Systems (ICSs) to allocate to the system and the impact of the large number of very different Trust's with whom GOSH shared an ICS. The Audit Committee asked the Finance and Investment Committee to review the Trust's progress with Better Value given the changes.

Deep Dive into BAF Risk 3: Operational Performance

The Committee received an update on the progress that was being made to return to business as usual and prioritise the backlog of patients. GOSH's performance in this regard was progressing well when compared with other North Central London Trusts however all organisations were challenged by the balance required between urgent and elective care. The committee emphasised the importance of communicating with patients and families who were waiting for appointments and it was agreed that the QSEAC would monitor this. Discussion took place about the manual nature of many of these processes and it was noted that work was taking place to move them within Epic where possible and validators were in place.

Deep dive into BAF Risk 5: Data quality Update

A data strategy was being developed and data quality would be a key part. Many areas of reporting were not yet embedded into Epic which posed a risk and work was taking place to increase the reporting that could take place directly from the data warehouse.

Review of BAF Risk 4: Strategic Position

A portfolio management process is being established to ensure that there is oversight of the implementation of the Trust's strategy. The Committee welcomed the work that had taken place in this area.

Information Governance (BAF risk 7)

The Trust had been confirmed to be non-compliant in terms of the data protection toolkit and an action plan was in place to close the gaps by January 2021. The cyber security work would support the Trust to become compliant. The committee was advised that a prudent approach had been taken to the self-assessment.

Cyber security Update (BAF Risk 11)

Substantial work had taken place to improve the Trust's cyber security. The committee discussed disaster recovery and it was confirmed that focus had been placed on Epic in this regard and it was agreed that further discussion would take place at Risk Assurance and Compliance Group.

Compliance with the Risk Management Strategy and assurance of compliance

Compliance with reviewing red risks in line with the strategy was at 94% which was an improvement when compared to the same point in the previous year. The committee considered the grading of risks and it was confirmed that multidisciplinary risk action group meetings took place where risks were discussed and a member of the patient safety team sat on each group. Corporate risk action groups did not meet as regularly and work was underway to improve this process. Training was being considered to support staff to discuss their risks appropriately.

Value of claims and the drivers behind the increase

In 2019/20 there had been a reduction in clinical negligence scheme costs and costs overall in comparison to the average over the previous five years. In 2020/21 there had been a substantial increase in the number of 'risk pooling scheme' claims which was being kept under review by the legal team.

External Audit Planning Report

Risks around income had been identified due to ongoing discussions with NHS England about payment arrangements and the risk around International Private Patient (IPP) revenue had been reduced to being an area of focus as a result of reduced activity in year. Guidance on the Quality Report had not yet been released. The committee discussed property valuations and it was confirmed that the Royal Institute of Chartered Surveyors had developed guidance which removed the requirement for a material uncertainty emphasis of matter as in 2019/20.

Internal Audit Progress Report

The Committee noted the outcome of the review of Volunteer Governance which had provided an outcome of 'partial assurance with improvements required'. There were currently only very limited numbers of volunteers at GOSH (due to Covid) and therefore the Trust had the opportunity to implement the recommendations in advance of greater numbers of volunteers being on site. The Committee requested an update in 6 months' time. A review of data quality kitemarking had provided a rating of significant assurance with minor improvement opportunities showing that the framework in place was generally robust.

Internal audit recommendations – update on progress

There were no overdue recommendations and it was confirmed that this performance was the best of KPMG's clients in London.

Local Counter Fraud progress report

A number of awareness raising sessions had been delivered to different groups of staff and there had been an increase in the number of cases being investigated which was positive and in line with other Trusts.

Freedom to Speak Up Update (July – September 2020)

It was reported that there had been a reduction in cases received and the majority of cases continued to be around bullying and harassment. Focus would continue to be placed on raising awareness of the service to staff.

Approach to Year-End (March 2021)

The Committee noted that the EPR system was nearing completion and emphasised the importance of adhering to the regulations.

Working Capital Update

Discussion took place around the impact of the pandemic on IPP debt and it was reported that one territory had closed all offices. It was noted that whilst patients were not being referred the team was working to minimise debt.

Whistle blowing Update – October 2020

One complex case had been raised with parts going through different processes. The committee said it was important to continue to raise awareness of the whistleblowing service and encourage an increasing number of reports.

Update on Procurement Waivers

It was noted that there had been an increase in waivers due to the requirement to work quickly during the first wave of the pandemic and therefore agreements had been made in the absence of contracts.

Write offs

The Committee approved the write off of an IPP debt which was fully provided for. It was agreed that future reports would divide debt into that which GOSH could have impacted through systems and process and that which was outside the Trust's control.

**Summary of the Quality, Safety and Experience Assurance Committee
held on 1st October 2020**

Matters arising: Update on MyGOSH

Discussion took place around whether the target of 50% patient and family usage was a sufficiently ambitious target. It was agreed that 50% would be good progress against the current sign-up of 30% and focus would be placed on areas in which clinicians required additional support to help families sign up.

Overview assurance report on learning from data analysis, investigations, reviews, audit and surveys.

- Emerging significant risks

Work was focusing on returning to business as usual and seeing patients in order of clinical priority. All 'must do' actions arising from the CQC report were now complete and there were two challenging 'should dos' given the pandemic around financial sustainability and RTT performance and the Trust's approach to this had been discussed with the CQC.

- External reviews

An update was received on progress with the actions arising from the review of the urology service and the review of the Ventricular Assist Device Programme.

- Internal reviews

A SOP for the management of interval reviews had been developed and a review of the renal service had taken place which had not identified any patient safety concerns. A previous spike in Red complaints had been investigated and no themes or commonalities had been found. The closing the loop group had been working to ensure that there was closer monitoring of actions arising from complaints and serious incidents.

- Integrated Quality and Performance Report

The Committee welcomed an increase in the incident closure rate and a reduction in the time-to-close metric. The importance of continuing with the improved rates as the business-as-usual approach was emphasised. The WHO checklist compliance rate was an area of focus and was receiving day-by-day scrutiny, picking up issues in real time which had led to the rate in recent days being above target. The Friends and Family Test response rate continued to be above target.

- Update on the work of the Clinical Prioritisation Group

The group had been established in order to ensure that patients were prioritised across the Trust in terms of clinical need. Substantial work had taken place already however 4000 patients continued to require categorisation by the deadline. Contact was being made with patients whose treatment was being delayed and the committee requested that further review took place to ascertain whether any additional cohort of patients required communication.

Focus was being placed on the clinical letter turnaround time and the discharge summary completion rate and work was taking place to review the process to ensure that there were no outstanding issues in this regard.

Safeguarding Report Q1 2020/21

Substantive appointments had been made to the Named Nurse, Named Doctor and Head of Social work appointments and it was confirmed that appropriate interim and handover arrangements were in place to avoid any gaps in the service. A review of safeguarding governance arrangements was taking place to ensure that all actions arising from national enquiries were in place. It was noted that virtual visits required a manual check for child protection flags as opposed to an automatic flag for a face to face visit and this was on the local risk register.

Internal Audit Progress Report

The Committee received a review on Volunteer Governance which had received a rating of 'partial assurance with improvements required'. The Trust had worked with internal audit to set terms of reference of the review and the recommendations made would support improvement in the areas which required focus. The number of volunteers currently in the Trust was greatly reduced and this provided an opportunity to bring individuals back in as changes were made.

Internal audit recommendations update

The Committee noted that there were no overdue recommendations and welcomed the improvement.

Freedom to Speak Up Guardian Update (July – August 2020) – Quality related

The committee discussed the profile of staff members who were contacting the Freedom to Speak Up Guardian which had changed considerably following a change in the Guardian. This highlighted the importance of ensuring that the service's ambassadors were a diverse group and were well advertised throughout GOSH.

Update on whistle blowing cases (July – August 2020) – Quality related

The Committee suggested that there was likely to be a rise in cases as the Diversity and Inclusion Framework became embedded into the Trust, which was positive.

Update from RACG:

- Board Assurance Framework Update

Work continued at the RACG to the review the BAF which would be reviewed with the purpose of becoming more succinct.

- Compliance Update (Always Improving)

GOSH had become the first Trust in the UK to be awarded HIMSS level 7 which was a digital maturity accreditation. Quality Rounds had restarted in the Trust and excellent feedback had been received from the GIRFT team following a virtual deep dive into neurosurgery. The Committee received and noted an updated from the People and Education Assurance Committee.

Health and Safety Update Q2 2020/21

The Committee welcomed the appointment of a substantive Fire Officer. A plan had been developed to ensure that the Trust could work through some challenging issues to become compliant with safer sharps requirements.

**Summary of the People and Education Assurance Committee
held on 10th September 2020**

People Strategy Delivery Plan: Diversity and Inclusion Strategy and Health and Wellbeing Strategy

The Diversity and Inclusion Strategy and Health and Wellbeing Strategy were presented to the Committee as practical expressions of the Trust's commitment to staff. The Diversity and Inclusion Framework focused on progression, promotion and transparency around those issues. The Health and Wellbeing Strategy focused on both physical and mental wellbeing and ensuring the infrastructure was in place to support staff health and wellbeing. The metrics to monitor impact had been drawn from the Workforce Race Equality Standards and Workforce Disability Equality Standards. Funding was being drawn from a number of streams including the Learning Academy and hospital funds and focus was being placed on training for line managers and policies and ensuring there was clear cultural intelligence across the Trust. Discussion took place around the importance of receiving feedback from diverse young people who would have different perspective on GOSH's issues in these areas.

Discussion took place around unconscious bias within the organisation and the external perception of the Trust as one which was not as welcoming for employees from the BAME background. A London mentorship programme was being explored for BAME colleagues. The Committee said that it was important to learn from others Trust's work where it was more progressed than GOSH. It was emphasised that this work was essential in order for the Trust to be able to fulfil its strategy to go 'above and beyond'.

Staff Stories (Covid Focus)

- Junior Doctors' Forum

The Committee received stories for two Junior Doctors about their challenging personal and professional circumstances during the first surge of the COVID-19 pandemic. Junior Doctors were moved away from their home specialties and therefore were not able to access their usual training and felt pressure to support their usual teams. Junior Doctors at GOSH were from a large number of countries internationally and many were separated from families and children which had led to an impact on their mental health. The importance of ensuring there was compassionate leadership embedded into the group was emphasised. It had been found that Junior Doctors were less likely to access the Staff Wellbeing Hub and although there had been a large number of communications during the time junior doctors had not always been able to access these due to being on the wards rather than at desks.

- Staff Side – Unite

The Committee discussed similar issues with receiving communication that many staff had reported and the importance of ensuring that a gap did not develop between staff working on site and those working at home. The value of senior leadership team visits to areas was emphasised and discussion took place around contracted staff, some of whom were not working on equal terms and conditions with their NHS colleagues.

GOSH Learning Academy

All workstreams under the Learning Academy that had been paused during the first surge of the pandemic had now begun and the academic portfolio was now online. Fellowship courses were being launched and accreditation was being sought for the aspiring leaders programme.

Update on Board Assurance Framework

Discussion took place around a recommendation to reduce the net risk score for the recruitment and retention risk in recognition of the work that had been done in this area and positive position in terms of the pipeline for recruitment. It was emphasised that this change would not impact the focus on the risk or the frequency with which it was reviewed. Committee members highlighted the challenging staffing hotspots in the Trust and the potential impact of Brexit and it was agreed that this matter would be discussed further by the Trust Board.

- Deep Dive: Culture Risk

A staff survey was being launched in October and would provide updated metrics for progress comparison. The Trust was making progress in understanding the workforce and functionality of teams. The Committee requested that good practice was shared with other London Trusts.

Safe Staffing Report

Progress was being made in redeploying nurses who had been shielding. Shielding had been reduced to 40 staff by August and it was anticipated that almost all staff would return by September. 110 nurses would be joining the Trust in September.

Nursing workforce report

The vacancy rate in July had been 7.1% and it was anticipated that this would be approaching zero as a result of the newly qualified nurses. Discussions took place around staffing in IPP and it was noted that as a result of a recruitment drive, the area was well staff, notwithstanding the reduced activity levels. It was vital that teams were able to develop and embed within IPP.

Nursing Establishment Review

Work had been taking place with the Operations and Images directorate which had a staffing rate below the national recommendations. This had been deemed safe by the Directorate Head of Nursing and Patient Experience as it had been mitigated by the use of their own staff on bank. Additional work would take place to review this considering both the data and professional judgement.

AHP Strategy

The strategy contained 7 priorities which were supported by the Above and Beyond Strategy and the People Strategy. A member of the team how was now involved in national groups for Health Education England and NHS Improvement which was positive and would support the Trust be responsive to information from these bodies. Work would take place to work with the local community to raise awareness of AHP careers and encourage diversity.

WRES and WDES

The Trust had performed worse than the London average on 7 of 9 WRES metrics and 8 of 9 WDES metrics. Marginal improvements had been made in terms of disciplinary rates for staff for BAME backgrounds however significant improvements continued to be required. The diversity and inclusion and health and wellbeing strategies would support improvements in these areas.

Update on staff focused whistle blowing cases

A whistleblowing complaint had been received however it had transpired that it was a grievance and was now being investigated as such. The outcome was likely to be around management capabilities and development of an investment in the relevant team.



Key issues for the Trust Board's attention

Trust financial position at month 4

At the time of reporting (month 4) the Committee was informed that the Trust's position was a £7.1m deficit. This was offset by an accrual for the NHS top up payment of £7.1m which, in line with NHS Guidance, gave the Trust a breakeven position for Month 4.

The total accrual for NHS top up payments for Month 4 year to date was £24.5m. NHSE had paid £15.7m of this top-up.

The Chair noted that the challenges presented by COVID-19 had placed the Trust in the exceptional circumstance of a facing a deficit end-of-year position.

The Committee was informed that there had been a renewed focus by the finance team to reduce the number of overdue debtors.

The Committee reviewed the performance of telephone and virtual appointments over the period and recommended that QSEAC develop a trajectory for the measurement and monitoring of the momentum associated with the roll-out of telephone and video appointments.

The Committee requested that future finance reports are clearly linked to the various estates reports.

COVID-19 update

The Trust was performing well against national targets to recover activity, but delivery of new outpatient appointment target is dependent on receiving referrals and not necessarily within the Trust's control.

The Trust continues to update policies and procedures to ensure the hospital remains safe and in line with national infection control guidelines.

The Committee noted ongoing work to identify any COVID 'silver linings' (savings from practices which had become common place as a result of the COVID pandemic e.g. use of zoom to reduce the cost of selected meetings) for the Trust in the 'new normal'.

Other reports

Performance update Month 4

Key discussion points in response to Month 4 were:

- The Committee noted Project Apollo's focus on improving the performance of discharge summaries and other key KPIs.
- The Chair requested that a summary report modelling the Trust's winter ICU activity be shared with the committee NEDs.
- The Chair also requested a directorate level breakdown of 52 week waits and a estimate of how long it would take to treat all patients on the list given current constraints.

- The Chair also asked about how communication was channelled to waiting patients and asked if this needed to be reviewed in the light of the exceptional circumstances that have resulted from the Covid pandemic

High costs spend review

The Committee received a report that compared the Trust's high cost spends for the last two years. It was suggested that future reports focused on the largest contracts held by the Trust to highlight indicators to give assurance that value for money was obtained.

The Committee noted that investment in computer systems was likely to increase as the Trust continued to upgrade its capabilities to face cyber threats.

Accommodation services report

The Chief Finance Officer and Director of Estates, Facilities and the Built Environment presented the paper which outlined the types of accommodation available to patients, their families and staff as well as future plans.

The Committee noted the report and noted that there was a joint representation on a committee at the Charity which was looking at the accommodation strategy in general and that increasing the efficiency and generating more income from this estate should be covered as part of this work. It was also agreed that the lines of accountability for any potential initiatives should be clearly established as a result of this work.

Treasury Management Policy

The Committee approved the policy.

Major Projects

The Committee received an update on the Trust's major projects:

EPR	The Committee noted that although the Trust had achieved HIMSS Stage 7, which showed that staff were using health data effectively; there were reservations about the Trust's overall IT infrastructure. The Chair requested that the Committee hear the staff perspective on EPR via a group of staff presenting a story on EPR to a future FIC or Trust Board
ZCR	UCL had moved into the premises.
Children's Cancer Centre	Works were suspended as agreed, but would remobilise in due course in line with the overall project timetable.
Sight and Sound Project	Works were progressing well.

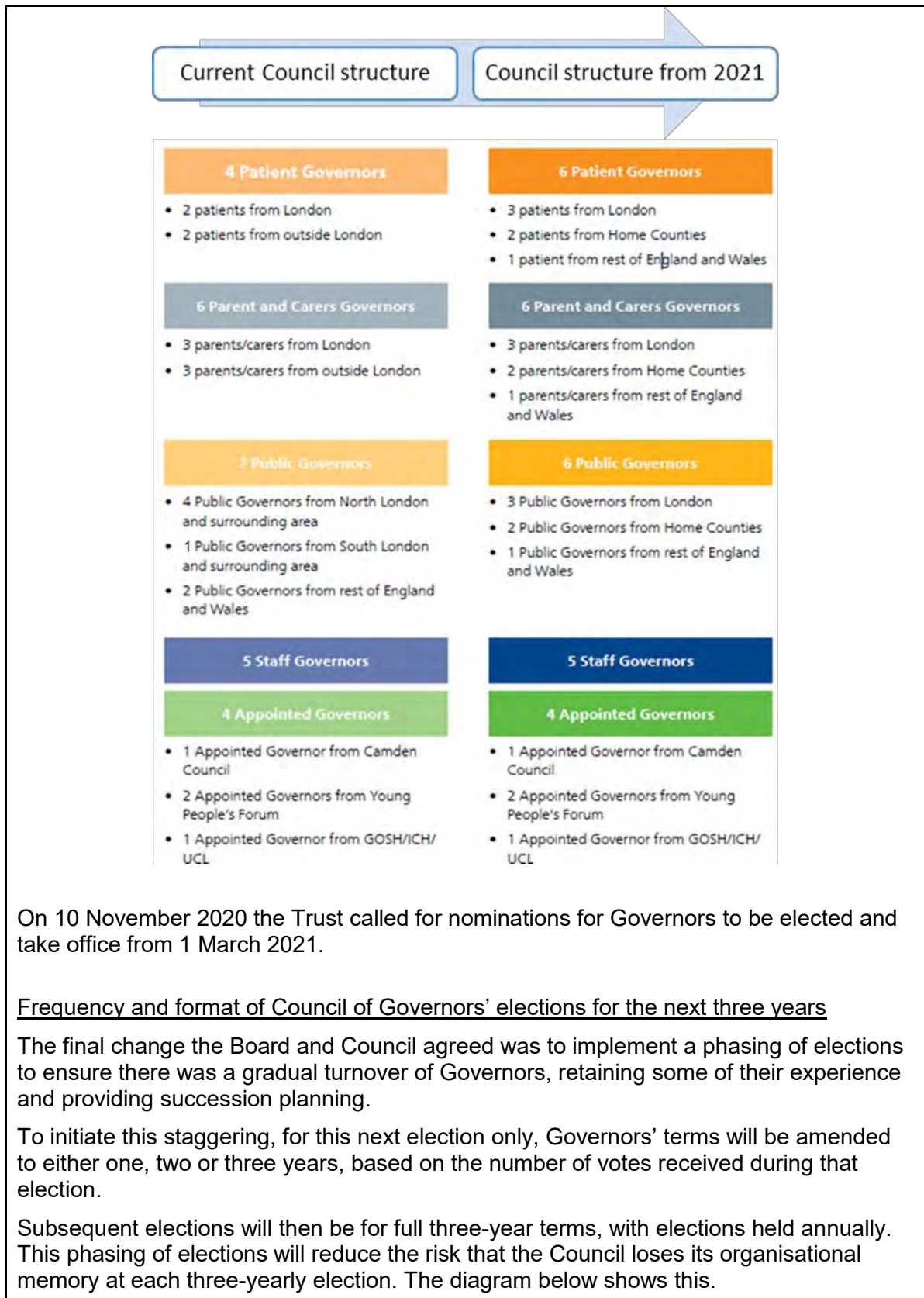
Non-Executive Director in observance

Amanda Ellingworth, Non-Executive Director was in observance at the meeting.

End of report



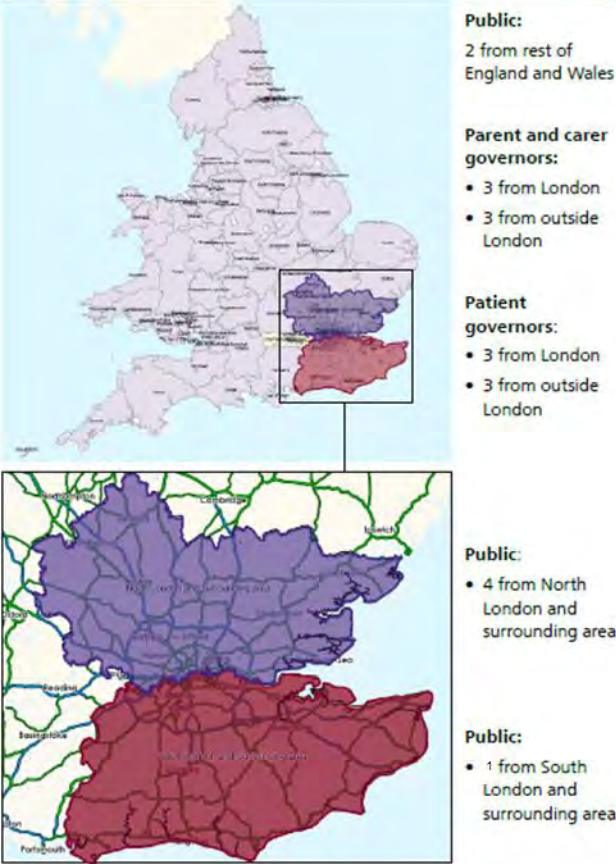
Trust Board Thursday 26 November 2020	
Council of Governors' Update – New membership constituencies	Paper No: Attachment 5
Submitted by: Anna Ferrant – Company Secretary	For information and noting Appendix 1: Map of changes
Purpose of report To inform the Board of how the changes to the Trust Constitution approved in July 2018 will affect the Council of Governor elections in January 2021. Specifically: <ul style="list-style-type: none">• The membership constituencies and classes• The structure of the Council of Governors• The frequency and format of Council of Governors' elections	
Summary of report In January 2021, the Trust will conduct elections to appoint a new Council of Governors who will represent the members and constituencies they come from. The election timetable will span a number of months from November 2020 to February 2021. During this election, the Trust will introduce changes approved at the July 2018 Council of Governors' meeting. What the changes were and how they will affect the Council of Governors are outlined below. <u>The membership constituencies and classes</u> In July 2018, the Board and Council agreed to revise the constituency boundaries to align with current electoral boundaries and ensure they are relevant to the location of GOSH patients. These changes affected the <i>Patient Constituency</i> , <i>Parent and Carer Constituency</i> and the <i>Public Constituency</i> . They did not affect the <i>Staff Constituency</i> or the <i>Appointed Governors</i> . A map showing the changes is provided at Appendix 1 . <u>The structure of the Council of Governors</u> The Board and Council also agreed to revise the number of Governors within each constituency and class. The number of governor seats allocated to each class and constituency now broadly reflects the relative proportions of members in each of the proposed classes. Three governors be allocated to each London class (public, patient and carer), two to each Trust Home Counties class (public, patient and carer), and one to each Rest of England and Wales class (public, patient and carer). This means that the number of Governors elected will also change. In the current structure there are 26 Governors and this number will be increased to 27 in 2021. The diagram below shows the change in constituencies, classes and the number of Governors to be elected/ appointed for 2021 and onwards.	



<p>The phased elections will affect the <i>Patient Constituency, Parent and Carer Constituency, Public Constituency</i> and <i>Staff Constituency</i>. These changes do not affect the tenure of appointed governors who are:</p> <ul style="list-style-type: none"> • Young Person's Forum Governors (two) • GOS ICH Governor • Camden Council Governor. 	
<p>Action required from the meeting</p> <p>The Trust Board is asked to note the update and pursue any items of interest.</p>	
<p>Contribution to the delivery of NHS Foundation Trust priorities</p> <ul style="list-style-type: none"> <input type="checkbox"/> PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people <input type="checkbox"/> Quality/ corporate/ financial governance 	<p>Contribution to compliance with the Well Led criteria</p> <ul style="list-style-type: none"> <input type="checkbox"/> Leadership, capacity and capability <input type="checkbox"/> Vision and strategy <input type="checkbox"/> Responsibilities, roles and accountability <input type="checkbox"/> Engagement of public, staff, external partners
<p>Strategic risk implications</p> <p>Good governance</p>	
<p>Financial implications</p> <p>None</p>	
<p>Implications for legal/ regulatory compliance</p> <p>Not Applicable.</p>	
<p>Consultation carried out with individuals/ groups/ committees</p> <p>The changes to the Constitution were consulted on with the Constitution Working Group, a Council of Governors' development session and the Board and Council of Governors.</p>	
<p>Who is responsible for implementing the proposals / project and anticipated timescales?</p> <p>Corporate Affairs Team</p>	
<p>Who is accountable for the implementation of the proposal / project?</p> <p>Chair</p>	
<p>Which management committee will have oversight of the matters covered in this report?</p> <p>Council of Governors.</p>	

Appendix 1:
Map of changes

Current constituency boundaries and the governors they elect



Constituency boundaries and the governors they elect from March 2021

