

Finance and Workforce Performance Report Month 7 2020/21

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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

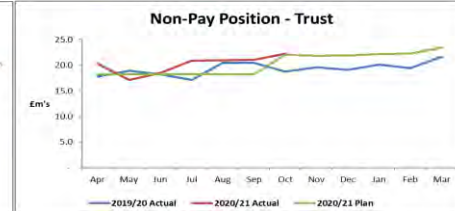
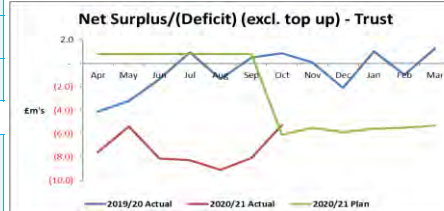
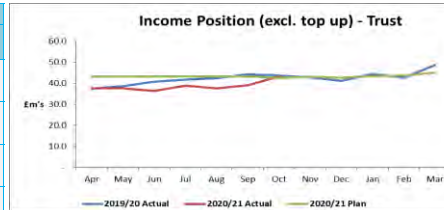
AREAS OF NOTE:

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 c£7m 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.



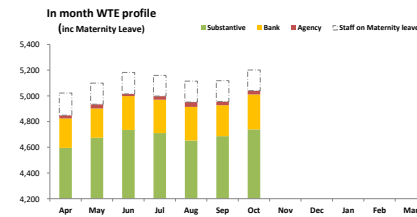
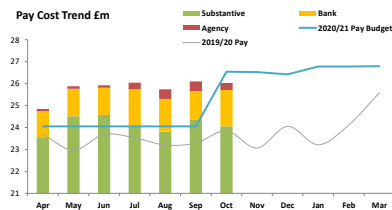
2020/21 Plan for the first 6 months of the year shown on the graphs reflect the original NHSE plan. From month 7 these reflect the latest agreed NHSE plan.

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.

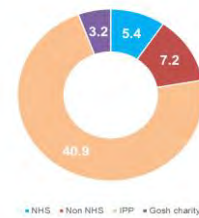


CASH, CAPITAL AND OTHER KPIS

Key metrics	Sep-20	Oct-20
Cash	£119.2m	£126.5m
IPP Debtor days	304	300
Creditor days	30	27
NHS Debtor days	5	6

Capital Programme	YTD Plan M7	YTD Actual M7	Full Year Fcst
Total Trust-funded	£5.5m	£2.9m	£13.3m
Total CIR PDC	£1.7m	£1.2m	£1.7m
Total Covid PDC	£0.0m	£0.9m	£1.2m
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



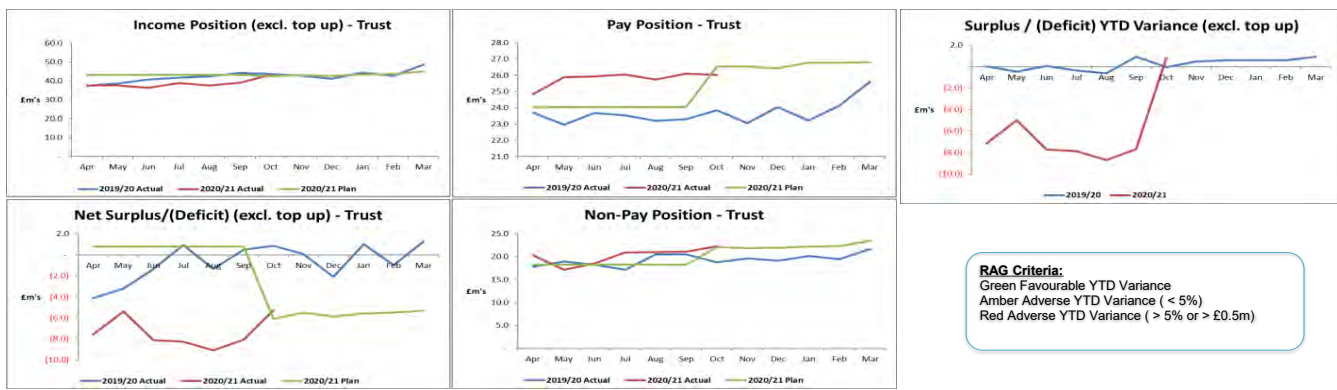
NHSE plan	Income & Expenditure	2020/21								Rating	Notes	2019/20	2020/21	2020/21
		Month 7				Year to Date						Actual	NHSE Plan	Board Approved Plan
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	YTD Variance	M7	M7	M7	
405.34	NHS & Other Clinical Revenue	35.45	35.00	(0.45)	(1.26%)	226.48	226.03	(0.45)	(0.20%)	A	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	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	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	(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	(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%		(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			2.17	6.15	1.58	
(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	

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 c£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 NHSE 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 isnt 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 agree d NHSE Plan

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

Income & Expenditure	2020/21				Rating
	Full year				
	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)

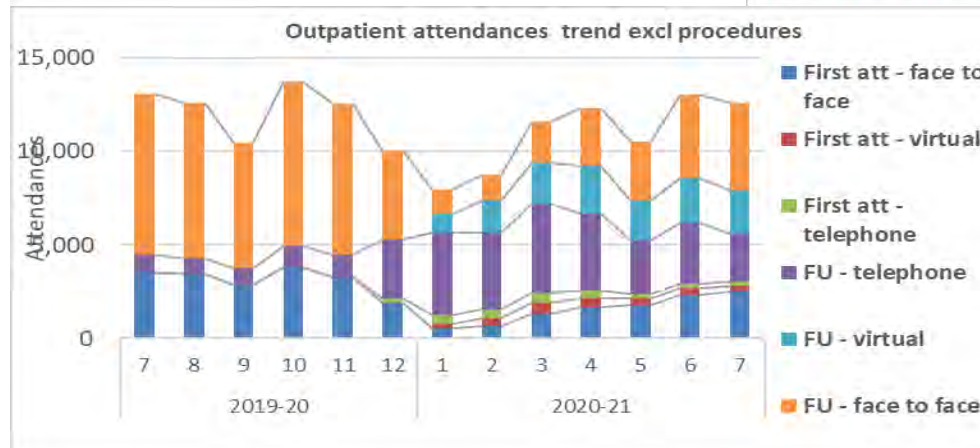
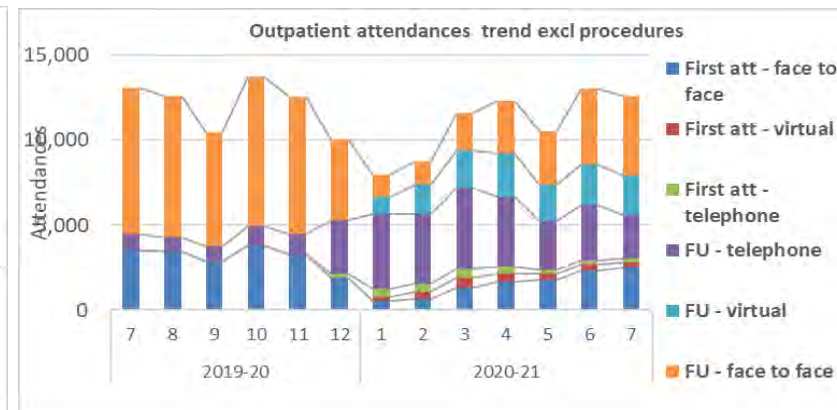
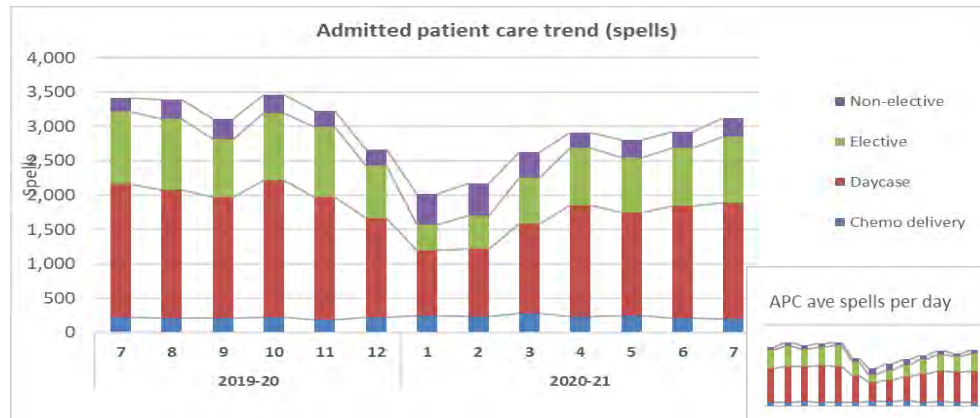
Summary

- 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

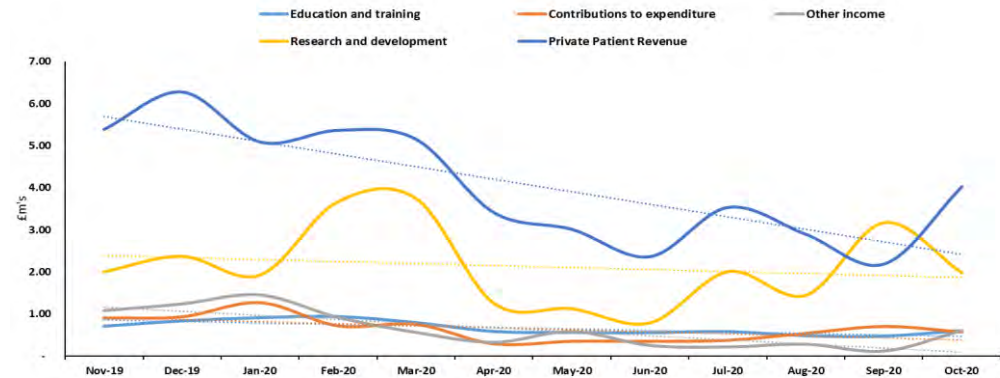
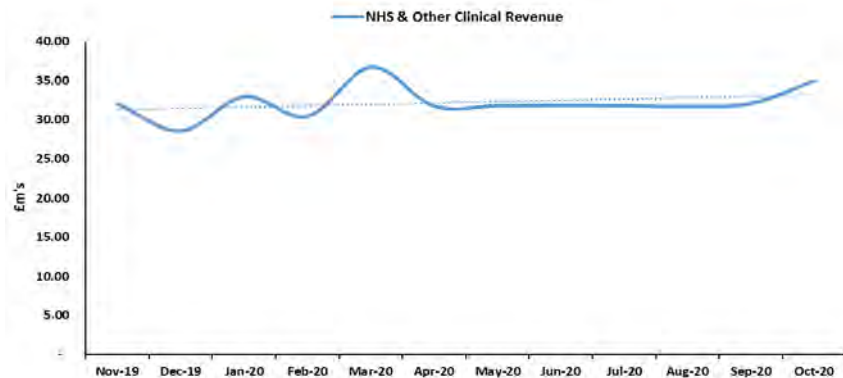


Summary

- 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

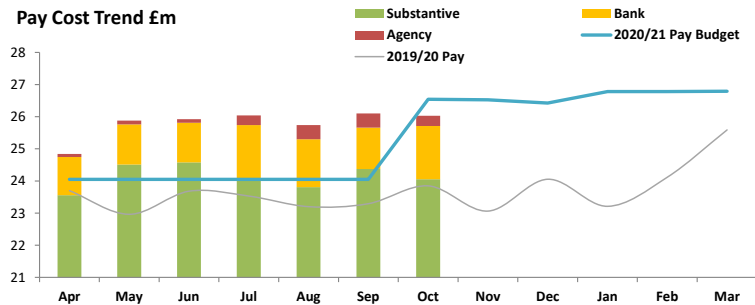


*WTE = Worked WTE, Worked hours of staff represented as WTE

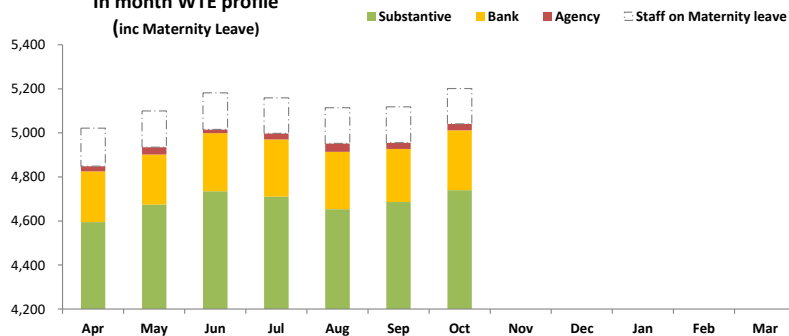
£m including Perm, Bank and Agency Staff Group	2019/20 actual			2020/21 actual			Variance			RAG
	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Volume Var (£m)	Price Var (£m)	£ Variance
Admin (inc Director & Senior Managers)	50.3	1,110.6	45.3	32.1	1,159.9	47.4	(2.7)	(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)

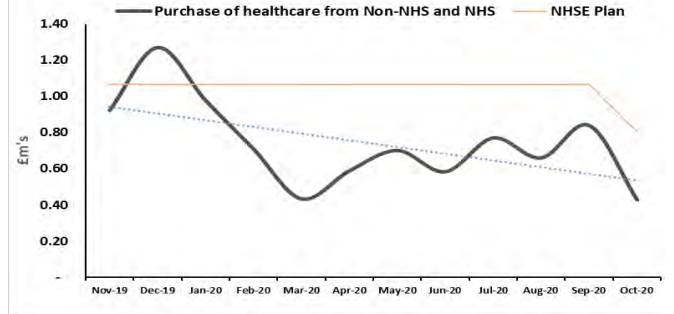
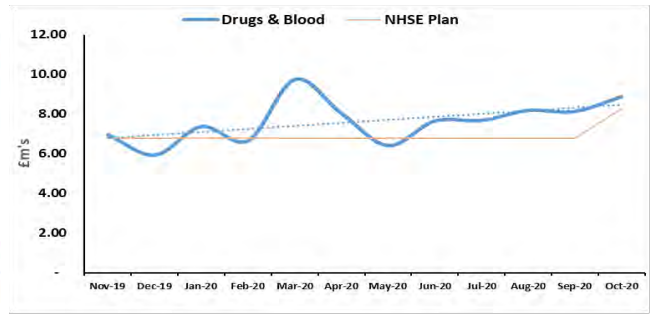


Summary

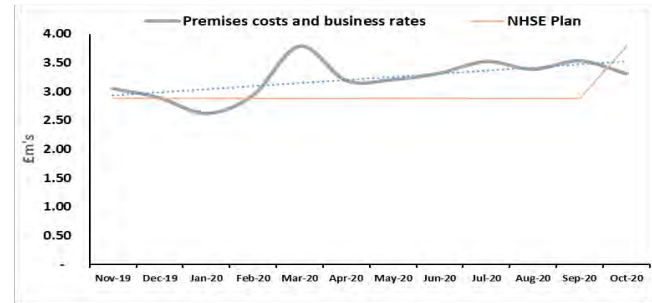
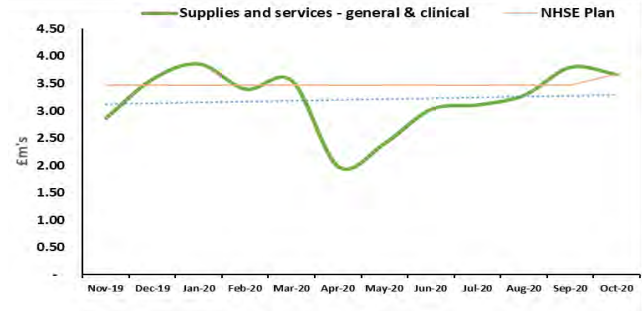
- In-month WTE's have risen significantly between M6 (4,956) and M7 (5,041). This has been driven by the new nursing intake in September and through October. Between August and October, qualified permanent nursing WTE's have risen from 1,441 to 1,563 (122 WTE) and whilst permanent Healthcare Assistant (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.

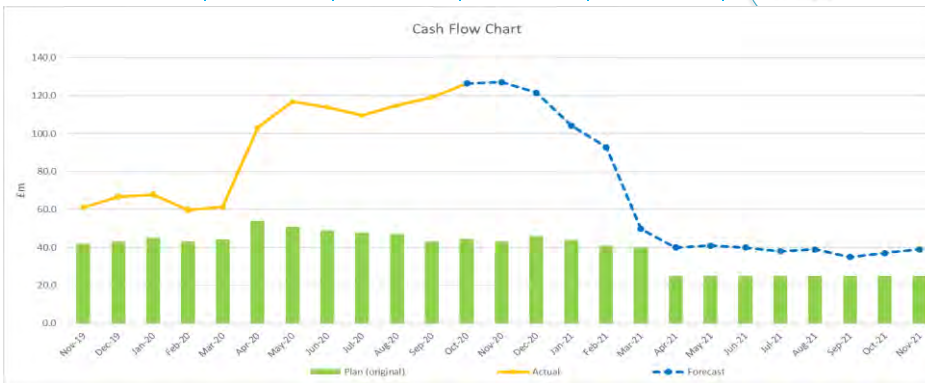
31 Mar 2020 Audited Accounts £m	Statement of Financial Position	YTD Actual 31 Jul 2020 £m	YTD Actual 30 Sep 2020 £m	YTD Actual 31 Oct 2020 £m	In month Movement £m
543.87	Non-Current Assets	543.86	541.57	541.22	(0.35)
115.21	Current Assets (exc Cash)	98.35	96.88	90.99	(5.89)
61.31	Cash & Cash Equivalents	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.



Council of Governors

25 November 2020

Non-Executive Director Appraisals

Summary & reason for item:

This purpose of this paper is to present the output of appraisals for two Non-Executive Directors at GOSH – Akhter Mateen and Kathryn Ludlow.

Governor action required:

To consider a recommendation from the Council of Governors' Nominations and Remuneration Committee to approve the output of the appraisals for Akhter Mateen and Kathryn Ludlow.

Presented by: Anna Ferrant, Company Secretary

Appraisal of NEDs: November 2020

The GOSH NED appraisal process is aligned to NHS England and Improvement guidance on the appraisal of Chairs in the NHS. This updated process and framework was approved at the February 2020 Council of Governors' meeting:

- The chair individually appraises each non-executive director against the appraisal framework criteria and approved NED framework and competencies (see **Appendix 1**). This is informed by:
 - Stakeholder feedback:
 - The Lead Governor asks fellow governors to provide informal, anonymous and confidential feedback on the performance of the NEDs to inform the appraisal process using a pro-forma. The Lead Governor reports this to the chair about the governors' feedback.
 - The executive directors provide informal, anonymous and confidential feedback via the Chief Executive directly to the chair about the NEDs.
- An appraisal pro-forma is completed during the appraisal.
- Should any disagreement arise between the chair/ NED on the results of the appraisal, the chair will provide a written summary of the difference which will be presented to the Council of Governors' Nominations and Remuneration Committee and reported to the Council for noting.
- A summary report is submitted to the Council of Governors' Nominations and Remuneration Committee for each NED appraised and with a proposal to recommend the outputs to the Council for approval (see **Appendix 2 – Akhter Mateen** and **Appendix 3 – Kathryn Ludlow**).

Consideration by the Council of Governors' Nominations and Remuneration Committee

The committee met on 12 November 2020 and considered the output from the appraisals. Committee members noted the commitment and work of both NEDs and the objectives set for 2021. It was noted that one of Kathryn Ludlow's objectives refers to providing input to development of the GOSH Commercial Strategy. The committee were informed that an update would be presented to the Council on this in November 2020, where Kathryn would be able to provide assurance of the work underway in relation to a commercial agreement on intellectual property rights for research at GOSH.

The committee agreed that the outputs from the appraisals should be recommended to the Council for approval.

Action from the Council of Governors' Nominations and Remuneration Committee

The Council of Governors Nominations and Remuneration Committee recommends for approval the output of the appraisals for Akhter Mateen and Kathryn Ludlow.

Appendix 1

Appraisal of the Chair and Non-Executive Directors (NEDs) 2020 FINAL

The Chair and each NED will be appraised against the following framework, mapped to the approved competencies (see below):

- 1.** Completes the relevant annual declarations and meets all requirements (annual declaration of interests form and raises any potential or actual conflicts at the beginning of a Board/ committee meeting; annual Fit and Proper Person Test declaration and on-going compliance with the regulations; and, the annual code of conduct declaration).
- 2:** Follows up challenges (outside formal meetings when appropriate), to ensure that questions or concerns have been addressed satisfactorily, including questions raised by Governors and delivery CQC recommendations/ actions.
- 3:** Undertakes all relevant statutory and mandatory training in accordance with relevant timescales.
- 4:** Regular attendance at Board and Board committee meetings and participation in a broad range of topics throughout the year.
- 5:** Attends external events and/or hospital visits and /or meetings with executives and Council meetings during the year to gather information and inform viewpoints.
- 6:** Chairs of the Board/ Board committees have reviewed the effectiveness of their Board/committees (on an annual basis) and the Chair has received reasonable feedback.
- 7:** Are courteous to and supportive of other Board members and Governors.
- 8.** Actively engages with the Council of Governors.

Non-Executive Director personal style/leadership competencies

Strategic

1. Contributes to setting an achievable strategy (including creatively and realistically to planning; can balance needs and constraints; debates cogently and has intellectual flexibility)
2. Takes account of internal and external factors to guide decision making and sustainability for the benefit of patients and service users
3. Provokes and encourages new insights and encourages innovation (particularly as chairs of Board assurance committees)
4. Evaluates evidence, risks and options and improvement objectively.

Partnerships

5. Demonstrates deep personal commitment to partnership working and integration
6. Promotes collaborative, whole-system working for the benefit of all patients and service users

People

7. Encourages a compassionate, caring and inclusive environment, welcoming change (and challenge – Board assurance committee chairs)
8. Holds the executive team to account in their focus on all staff, patients and service users.
9. Ensures all voices are heard and views are respected (chairs of Board assurance committees).
10. Acts as a critical friend to all directors.

Professional acumen

11. Ensures good governance, including probity, accountability and openness and transparency, with all stakeholders including patients, families, the public, staff, governors, commissioners and regulators
12. Not influenced by personal feelings, opinions or involvement in other activities in considering and representing facts
13. Understands and communicates the trust's regulatory and compliance context
14. Applies financial, commercial and technological understanding effectively.
15. Persuades with well-chosen arguments; uses facts and figures to support argument.

Outcomes focus

16. Supports an environment in which clinical and operational excellence is maintained
17. Supports a culture of continuous improvement and value for money
18. Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patients safety, experience and outcomes remain the principal focus
19. Supports measurement of performance against (NHS) constitutional standards, including those relating to equality, diversity and inclusion.

Council of Governors

Governance update: General update

Summary & reason for item:

The purpose of this paper is to provide a summary of Governance work undertaken related to the Council of Governors since 14 July 2020. The report includes:

- Update on Non-Executive Director and Governor Buddying
- Election of Foundation Trust governors to NHS Providers' Governor Advisory Committee
- Induction and development programme for the 2021 intake of Governors
- Code of Conduct
- Membership Engagement, Recruitment and Representation Committee (MERRC) update
- 2021 Governors' Elections update
- Publication of Governor attendance statistics

Governor action required:

Governors are asked to:

- Note the update and pursue any items of interest.
- Sign up to attend one or both of the planned Non-Executive Director and Governor Buddying session(s).
- Consider standing for election on the NHS Providers' Governor Advisory Committee.
- Consider joining the 2021 Governor Induction working group.

Report prepared by:

Paul Balson – Head of Corporate Governance

Adetutu Ojo – Stakeholder Engagement Manager

Item presented by:

Paul Balson – Head of Corporate Governance

Adetutu Ojo – Stakeholder Engagement Manager

Update on Non-Executive Director and Governor Buddying

Previously, the Council had agreed to continue with a revised Buddying programme that would establish methods for NEDs and Governors to communicate outside of Council meetings. These plans were paused and required a review as a result of COVID-19.

At the July 2020 meeting of the Council of Governors, the Council agreed a new approach to Buddying which would involve (at least) pairs of NEDs hosting a zoom (virtual) session that focussed on specific Trust Board or Assurance Committee papers. Governors would be invited to attend via Zoom and talk through the NED’s approaches to reviewing board or committees papers, the assurance they seek and questions they ask.

The first session was held on 21 October 2020, 12.00 to 12.45 and was chaired by Kathryn Ludlow and supported by Amanda Ellingworth (Non-Executive Directors). The session focused on the overall work of the People Education and Assurance Committee (PEAC) and the purpose of the Board Assurance Framework. Governors in attendance were:

- Fran Stewart – Public Governor
- Stephanie Nash – Parent Carer Governor
- Grace Shaw-Hamilton – YPF Governor
- Quen Mok – Staff Governor

The following outputs from the session were agreed:

- Staff would benefit from additional and repeated communications on how they can speak up to help change the culture of the Trust.
- Families or patients may need more help to speak up via routes that do not upset relationships with ward/clinical staff.
- Governors would benefit from a development session on the Risk Management Strategy, how risks are scored, monitored and the purpose of the Board Assurance Framework.

These actions would be taken up with the relevant leads by the corporate affairs team.

Overall, Governors were positive about the format of the session and all Governors are encouraged to attend one or both of the next sessions. The next two sessions are planned for early December as follows:

Session details		Action required
Session 2	Hosted by Amanda Ellingworth and Kathryn Ludlow with a focus on quality of care.	Please use the doodle poll included in the November Governor newsletter to select your preferred date from 7, 8 or 9 December by 1 December 2020, 12.00pm to 12.45pm.
Session 3	Hosted by Akhter Mateen, James Hatchley and Chris Kennedy with a focus on the work of the Audit Committee and the Finance and Investment Committee.	11 December, 2.00pm to 2.45pm. Please let Paul Balson – Head of Corporate Governance know if you are interested in attending.

Election of Foundation Trust governors to NHS Providers' Governor Advisory Committee

The NHS Providers' Governor Advisory Committee (GAC) is comprised of eight Foundation Trust governors from across England and Wales. Members are elected by member trusts (of which GOSH is one). The Committee is chaired by an NHS Providers board member.

The committee oversees governor support work and provides valuable insight and advice on governor-specific issues. For more information about the GAC please see:

<https://nhsproviders.org/training-events/governor-support/governor-advisory-committee>.

The GAC is currently seeking nominations for each of the following categories:

- an acute trust representative
- a mental health trust representative
- a community trust representative
- a patient/carer/service user representative
- an ambulance trust representative
- a public governor representative
- a staff governor representative
- a stakeholder governor representative

In the November Council newsletter, the Corporate Affairs Team invited all elected and appointed GOSH Governors to consider standing.

Previously, NHS Providers specified that any governor wishing to stand for election in the GAC must have must have *at least 12 months* remaining in their tenure. However they noted that some trusts have election timetables (such as GOSH) that may result in some governors not having a tenure of 12 months from Thursday 1 April 2021. As a result this requirement is now a recommendation and not an absolute criterion.

Action required

Interested GOSH Governors are asked to put their name forward to stand for election by contacting Paul Balson – Head of Corporate Governance.

As Trusts are only permitted to nominate one governor (via the Company Secretary), if interest from more than one governor is received, the Council will determine their preferred candidate at the November 2020 Council of Governors' meeting.

Following selection of the preferred GOSH candidate, the Governor will be asked to submit a biography/statement of no more than 250 words alongside a nomination form.

Induction and development programme for the 2021 intake of Governors

Following the 2018 Council of Governors' election, the successful candidates were invited to attend three induction sessions. The summary of these sessions were as follows:

	Induction session 1	Induction session 2	Induction session 3
Date	14 March 2018	25 April 2018	24 July 2018
Content	Tour of Hospital, Getting to Know You, GOSH Strategy – Fulfilling Our Potential, GOSH Always Values	Governor reflections on the role, Working with the NEDs, the role of the Council and the Board in an FT Trust (DAC Beachcroft presentation)	Finance, Performance, Communications and mandatory training

These sessions were followed up with a fourth summary session on 22 August 2018 for Governors who were unable to attend all three of the induction sessions.

Following the July 2018 Council meeting, Governors were asked to complete a template that would inform their development plan for 2018/19 to 2019-2021. This ensured that a balance of what is required / what Governors would like to learn was struck. The Governor Development sessions started on Wednesday 6th February 2019.

Following the declaration of election results on **Wednesday 3 February 2021**, the new Governors will start their terms on **Monday 1 March 2021**. To help these Governors prepare for their roles, the Corporate Affairs Team will again provide access to an induction programme.

This paper asks current Governors to support the design of the 2021 Governor Induction. Elements of the induction will include:

- Brief history and purpose of Foundation Trusts
- A snapshot in time of GOSH: challenges, successes and overall strategy
- The academic aspects of being a Foundation Trust Governor
- What it is *really* like to be a Governor at GOSH.

This induction will be for the 2021 intake of Governors only. The induction programme will then be revised ahead of each annual Council election. A proposed timetable for the design of this induction is as follows:

25 November 2021 Development Session	Governors provided with a detailed summary of the induction and the subsequent development sessions
2 December 2021	Questionnaire and summary of induction and development sessions sent to all governors asking for their views on the induction and development sessions.
TBC	Governors and Corporate Affairs Team form a 2021 Governor Induction working group and meet as required.
18 January 2021	Provisional deadline for papers for the 27 January 2021 Council of

	Governors' meeting.
27 January 2021	Council of Governors' meeting Council approves the 2021 Governor induction programme

Action required

Governors interested in joining the 2021 Governor Induction working group to contact Paul Balson – Head of Corporate Governance by Friday 4 December.

GOSH Code of Conduct for Governors

The Code of Conduct for Governors at Great Ormond Street Hospital for Children NHS Foundation Trust sets out the standards of conduct which the Trust expects of its Governors.

The Corporate Affairs Team send this to all Governors on annual basis to read, sign and return.

The Code should be read in conjunction with the Constitution as well as the Foundation Trust Code of Governance. These documents were sent out in the November Council newsletter.

Governors who have not submitted the form will be sent a reminder after the Council of Governors' meeting.

Action required

Governors to review the Code of Conduct for Governors, sign on page 7 and return to Paul Balson- Head of Corporate Governance as soon as possible.

Membership Engagement, Recruitment and Representation Committee (MERRC) update

The last meeting of the MERRC was on Tuesday 6 October 2020. A summary of what was discussed at the Committee is provided in the highlights below:

Membership Statistics report

The Committee noted the summary report given at the time of our public, parent and carer and patient membership against the old constituencies. It recognised that from the data, members who are less well represented are younger patients (0-21 years); males; and all ethnicities other than those who identify as white. The figures presented in October 2020 are shown below:

Constituency	Membership at 30 th June 2020 (A)	Monthly Target for Sep (B)	Actual figures for Sep (30 th Sep 2020) (C)	Difference between B and C	Target membership for 31 st March 2021
Public	2878	2916	2887	- 29	2959
Patient, Parent and Carer	6943	7046	6945	- 84	7150
Total	9821	9962	9832	- 130	10,109

They agreed that additional engagement and communication strategies, outreach programmes and recruitment drives tailored towards these under-represented groups were necessary in order to achieve our projected figures for 2020 and beyond.

The Stakeholder Engagement Manager will continue to target efforts towards ensuring that these under-represented groups increase in number in the coming months.

On Friday 23 October, our membership database provider, CIVICA Membership Engagement Services (MES) assigned all public and patient members to their new constituencies. The new figures can be seen below:

Constituency	Membership (old constituencies)	Membership (new constituencies)
Public	2887	3041
Patient, Parent and Carer	6945	6790
Total	9832	9831

The Stakeholder Engagement Manager will present these revised constituency statistics to the next MERRC to review the targets, noting that the objective of increasing the overall target membership, especially more young people will remain.

Approval of the use of visual media in the 2021 elections

A paper was presented to MERRC to present the case for use of pictures and videos in the upcoming governor elections. The paper explained the rationale for the switch to using visual media in the elections as well as the pros and cons of using visual media. The paper also highlighted potential risks and mitigations to consider. MERRC endorsed the use of visual media were in support of it for nominees in their application.

2021 Governors' Elections

In line with the upcoming elections, a notice of election was declared by our election provider Civica Election Services (CES) on Tuesday 10 November 2020 and nominations officially opened up to nominees. Nominations are being taken both online via a dedicated elections portal as well as via post. The following actions have been taken as ways of informing all our current members, staff and potential members about the opening of nominations:

- A special 'nominations' email and post was sent out to all members and eligible staff.
- Members received a copy of *Get Involved* which directed them to the elections page on our website and encouraged them to join the 'So you want to be a Governor' session on Wednesday 18 November 2020.
- Several posts were featured on social media channels namely Twitter, LinkedIn and Instagram Stories highlighting the opening of nominations. A news article was also published on the website.
- Internally, two presentations were given at the Senior Leader Team (SLT) meetings encouraging staff to take part. A poster was also displayed on staff computer systems and the opening of nominations announced at the staff Big Brief which also featured a staff

Governor presentation. The message was also placed in the all staff communications newsletter Headlines.

Further communications are due to go out prior to the closing of nominations on Tuesday 8 December.

Current elected Governors with tenures totalling less than six years are encouraged to nominate themselves for re-election in the 2021 Council of Governor elections. Individual options for all Governors were circulated in July 2020 in the 'What this means for me?' documents. If Governors would like another copy of this document, please contact a member of the Corporate Affairs Team.

Publication of Governor Attendance statistics

Elected Governors are asked to note that if they plan to stand for re-election in 2021, their attendance statistics at the Council of Governors' meetings throughout their tenure will be published in election documentation. This in line with section B.7.2 of *The NHS Foundation Trust Code of Governance*, which states that:

Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The names of governors submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to take an informed decision on their election. This should include prior performance information.

Governors' attendance at Council of Governors' meetings is already made publicly available via the Trust's annual report and accounts.

The copy of the code of governance is available [here](#) and on the Council online library.

Council of Governors

25 November 2020

Schedule of Matters Reserved for the Trust Board and Council of Governors

Summary & reason for item:

The NHS Code of Governance requires that there should be a formal schedule of matters which defines those powers specifically reserved to both the Trust Board and the Council of Governors.

The document has been formatted to reflect decision making powers of the Trust Board and the Council as well as monitoring responsibilities. Updates to the document are shown in red text.

The Board approved this document in September 2020.

Governor action required:

To note the matters reserved to the Trust Board and Council including recent amendments.

Report prepared by:

Anna Ferrant, Company Secretary

Item presented by:

Anna Ferrant, Company Secretary

No.	Reference	Matters reserved to the Trust Board	TB	CoG	Board Committee
1. Strategy and Management					
1.1	Code A1c, C2 TB ToR	Responsibility for the overall leadership of the Trust within a framework of processes, procedures and controls which enable risk to be assessed and managed.	x		
1.2	Code A1d B8.a TB ToR	Responsibility for ensuring compliance with its provider licence, constitution, mandatory guidance issued by regulatory bodies, relevant statutory requirements and contractual obligations.	x		Audit Committee and Quality, Safety and Experience Assurance Committee
1.3	Code A1f TB ToR	Setting the strategic aims of the Trust (taking into consideration the views of the Council) and ensuring that the necessary financial and human resources are in place for the Trust to meet its objectives	x	In consultation with the Council of Governors	
1.4	Code A1h TB ToR	Responsibility for ensuring that the NHS foundation trust functions effectively, efficiently and economically.	x		Finance and Investment Committee
1.5	Code A1e Code A1i BoD ToR	Setting the Trust's vision, values and ensure its obligations to members, patients and other stakeholders as understood, clearly communicated and met	x		
1.6	Con 43 Code A1f	Approval of an annual business plan.	x	In consultation with the Council of Governors	Finance and Investment Committee
1.7	SFIs	The exercise of financial supervision and control by: -ensuring the financial strategy is consistent with and an integral part of the Trust's business plan -Requiring the submission and approval of budgets within approved allocations/overall income -Defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money)	x		Finance and Investment Committee
1.8	Code A1 SFIs	Review of performance in the light of the Trust's strategy, objectives, business plans and budgets and ensuring that any necessary corrective action is taken	x		Finance and Investment Committee

1.9	Code A1g TB ToR	Ensuring the quality and safety of healthcare services, education, training and research delivered by the Trust and applying the principles and standards of clinical governance set out by the Department of Health, the Care Quality Commission and other relevant NHS and regulatory bodies.	x		Quality, Safety and Experience Assurance Committee/ People and Education Assurance Committee
1.10	NHS Act 2006	Extension of the Trust's activities into new business or geographic areas.	x		Finance and Investment Committee
1.11	NHS Act 2006	Any decision to cease to operate all or any material part of the Trust's business.	x		Finance and Investment Committee
2. Structure and organisation					
2.1	NHS Act - Code	Major changes to the Trust's management and control structure.	x		TB Nominations Committee Audit Committee
2.2	HSCA 2012 Constitut 49	Major changes to the Trust's corporate structure, including, but not limited to, acquisitions, mergers, separations or dissolution of the Trust and significant transactions falling within the definition outlined in the Trust's Constitution.	x	x final approval to be provided by the CoG	Finance and Investment Committee Audit Committee
2.3	TB SOs	The establishment of Trust Board sub-committees, their Terms of Reference and the delegation of authority to them. Monitoring reports from these committees in respect of their exercise of delegated powers.	x		
2.4	NHS Act 2006	The establishment of subsidiary companies, charities, partnerships, joint ventures or other corporate entities linked to or managed by the Trust.	x		Finance and Investment Committee Audit Committee

2.5	NHS Act 2006 Constitut 49 Code A5.15	Application for acquisitions, mergers, separations or dissolution of the Trust	x	CoG approves application (more than half of governors approve an application for a merger, acquisition, separation or dissolution)	Finance and Investment Committee/ Audit Committee
2.6	NHS Act 2006 Constitut 49 Code A5.15	<p>Approval of entering into a significant transaction falling within the definition agreed in the Trust's Constitution. "Significant transaction" means a transaction which meets any one of the tests below:</p> <ul style="list-style-type: none"> - the total asset test; or - the total income test; or - the capital test (relating to acquisitions or divestments). <p>The total asset test is met if the assets which are the subject of the transaction exceed 25% of the total assets of the Trust;</p> <p>The total income test is met if, following the completion of the relevant transaction, the total income of the Trust will increase or decrease by more than 25%;</p> <p>The capital test is met if the gross capital of the company or business being acquired or divested represents more than 25% of the capital of the trust following completion (where "gross capital" is the market value of the relevant company or business's shares and debt securities, plus the excess of current liabilities over current assets, and the Trust's total taxpayers' equity).</p>	x	CoG approves application (more than half of governors who vote)	Finance and Investment Committee/ Audit Committee/ Quality, Safety and Experience Assurance Committee
2.7	Con 43.7 CoG A5.15	<p>Approval of increase (by 5% or more) of the proportion of the Trust's total income attributable to activities other than the provision of goods and services for the health service</p> <p>(Councillors determine together whether the trust's non-NHS work will significantly interfere with the trust's principal purpose, which is to provide goods and services for the health service in England, or its ability to perform its other functions.)</p>	x	CoG approves application (more than half of governors who vote)	Finance and Investment Committee/ Quality and Safety Assurance Committee/ People and Education Assurance Committee

3. Financial and Governance Reporting and Controls

3.1	Con 42	Approval of annual report and accounts.	x		Audit Committee
3.2	TB ToR	Approval of governance and other compliance declarations to NHS Improvement, the CQC and other relevant regulatory bodies, requiring board approval by statute, regulation or under contractual obligations.	x	x (in consultation with CoG where stated)	
4. Internal Controls					
4.1	CoG C2	Ensuring maintenance of a sound system of internal control and risk management including: -Receiving reports on and reviewing the effectiveness of, the Trust's risk and control processes to support its strategy and objectives -Undertaking an annual assessment of these processes -Approving an appropriate statement for inclusion in the annual report.	x		Audit Committee
5. Contracts					
5.1	SFI 8.1 SoDeleg	Major capital projects	x		Finance and Investment Committee
5.2	NHS Act 2006	Contracts which are material strategically or by reason of size, entered into by the Trust [or related subsidiary] in the ordinary course of business, for example, bank borrowings with a repayment period of over one year or acquisitions or disposals of fixed assets.	x		Finance and Investment Committee
5.3	NHS Act 2006	Contracts of the Trust [or any subsidiary] not in the ordinary course of business, for example loans with a repayment period of over one year or major acquisitions or disposals	x	x (subject to approval by the CoG where any of the significant transactions tests are met	Finance and Investment Committee
5.4	NHS Act 2006	Major investments [including the acquisition or disposal of interests or voting shares or the making of any takeover offer].	x	x (subject to approval by the CoG where any of the significant transactions tests are met	Finance and Investment Committee
5.5	High risk transactions	All investments which fall within the Regulator's definitions of High Risk transactions	x		Finance and Investment Committee
6. Communication					
6.1	TB SOs	Approval of resolutions and corresponding documentation to be put forward to governors at a general meeting.	x		

6.2	Code E1	Ensuring appropriate consultation with members, patients and the local community.	x	x	
6.3	Code E2	Ensuring that the NHS foundation trust co-operates with other NHS bodies, local authorities and other relevant organisations with an interest in the local health economy (including ensuring that processes are in place to enable cooperation and collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each)	x		
7. Board membership and other appointments					
7.1	Code A4	Appointment of the Senior Independent Director.	x	In consultation with the CoG	
7.2	TB SOs	Appointment to boards of subsidiaries.	x		
8. Remuneration					
9. Delegation of authority					
9.1	TB SOs SoM	The division of responsibilities between the Chair, Chief Executive and other executive directors.	x		
9.2	TB SOs	This schedule of matters reserved for board decisions.	x		
10. Corporate Governance matters					
10.1	CoG A1 CoG A1.8	Establishing the values and standards of conduct for the Trust and its staff and operating a code of conduct that builds on these values.	x	In consultation with the CoG	
10.2	Code A5.15	Approve a change to the constitution (more than half the members of the Board voting approve the amendment)	x	x	
10.3	CoG B.6.e	Evaluation of the Trust Board	x	Report findings to the Council	
11. Policies					
11.1	Con Annex 9	Approval of Standing Orders for the Trust Board.	x		Audit Committee
11.2	TB SO 2.4	Standing Financial Instructions, Scheme of Delegation and Matters Reserved for the Trust Board and Council of Governors.	x		Audit Committee
12. Other					
12.1	SoDeleg	Prosecution, defence or settlement of litigation [involving above £500k or being otherwise material to the interests of the Trust].	x		Audit Committee
12.2	NHS Act 2006	Any decision likely to have a material impact on the Trust from any perspective, including, but not limited to, financial, operational, strategic or reputational impact.	x		Relevant assurance committee

KEY	
NHS Act 2006	NHS Act 2006
HSCA 2012	Health and Social Care Act 2012

Constitut	GOSH Constitution (2018)
Code	Code of Governance (2014)
SoDeleg	Scheme of Delegation (2019)
SFI	Standing Financial Instructions (2019)
TB SO's	Trust Board of Directors Standing Orders (2018)
CoG Sos	Council of Governors' Standing Orders (2014)
Green highlight	Powers of the Board (decision rights)
White highlight	Recommending, monitoring and leadership responsibility of the Board
Committee column	The committees in the final column have an assurance role but do not make decisions in these matters, unless coloured in blue highlight

No.	Reference	Matters reserved to Board Committees	Committee	Reporting to TB	Informing/ approval of CoG
1. Strategy and Management					
2. Structure and organisation					
3. Financial and Governance Reporting and Controls					
3.3	SOs	Approval of any significant changes in accounting policies or practices.	Finance and Investment Committee	x	
3.4	SOs SFI 4.1	Approval of treasury management policies, including external funding (borrowing arrangements), banking arrangements and operating cash management policy.	Finance and Investment Committee	x	
4. Internal Controls					
5. Contracts					
6. Communication					
7. Board membership and other appointments					
7.3	NHS Act 2006 Con 23	Changes to the structure, size and composition of the Trust Board.	TB Nominations Committee	x	Approval where the changes impact on the number of NED appointments
7.4	NHS Act 2006 Con 29	Appointment and removal of the Chief Executive.	TB Nominations Committee	x	Approval of the appointment
7.5	NHS Act 2006 Con 29	Appointment and removal of Executive Directors to the Trust Board	TB Nominations Committee	x	Informing
7.6	BoD SO 20.8	Appointment of Acting Executive Directors.	TB Nominations Committee	x	Informing
7.7	NHS Act 2006 Con 31	Continuation in office of any director at any time, including the review of suspensions, termination of service of an executive director as an employee of the Trust, subject to the law and their service contract.	TB Nominations Committee	x	
8. Remuneration					
8.1	NHS Act 2006 Con 35	Determining the remuneration policy for the executive directors, Company Secretary and other senior executives and managers.	TB Remuneration Committee	x	
8.2	NHS Act 2006 Con 35 CoG D1	The introduction of any performance related remuneration or bonus scheme for executive directors or staff.	TB Remuneration Committee	x	
9. Delegation of authority					
10. Corporate Governance matters					
8.2	Audit Code	Approval of a policy delegating authority by the Council to the CEO and Audit Committee for commissioning additional services from the external auditor	Audit Committee	x	Approval
11. Policies					
12. Other					
12.3	CoG C3	Review and approve arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters.	Audit Committee	x	
12.4	Cons 47	Approval of the overall levels of insurance for the Trust including Directors' and Officers' liability insurance [and indemnification of directors].	Finance and Investment Committee	x	
KEY					
NHS Act 2006		NHS Act 2006			
HSCA 2012		Health and Social Care Act 2012			
Constitut		GOSH Constitution (2018)			
Code		Code of Governance (2014)			
SoDeleg		Scheme of Delegation (2019)			

SFI	Standing Financial Instructions (2019)
TB SO's	Trust Board Standing Orders (2018)
CoG Sos	Council of Governors' Standing Orders (2018)
Audit Code	Monitor (NHSI) Audit Code
Blue highlight	Powers of the Committees (decision rights) - these committees report these decisions to the Board

No.	Reference	Matters reserved to the Council of Governors	CoG	TB	Committee
1. Strategy and Management					
1.1	Code A1f TB ToR	Providing input to the strategic aims of the Trust as recommended by the Board	x	Board approves strategy	
1.2	Con 43 Code A1f	Providing input to the annual business plan as recommended by the Board.	x	Board approves plan	
2. Structure and organisation					
2.1	NHS Act 2006 Constitut 49 Code A5.15	Approves application for acquisitions, mergers, separations or dissolution of the Trust	x (more than half of governors approve an application)	Board approves application	Finance and Investment Committee
2.2	NHS Act 2006 Constitut 49 Code A5.15	<p>Approval of entering into a significant transaction falling within the definition agreed in the Trust's Constitution. "Significant transaction" means a transaction which meets any one of the tests below:</p> <ul style="list-style-type: none"> - the total asset test; or - the total income test; or - the capital test (relating to acquisitions or divestments). <p>The total asset test is met if the assets which are the subject of the transaction exceed 25% of the total assets of the Trust;</p> <p>The total income test is met if, following the completion of the relevant transaction, the total income of the Trust will increase or decrease by more than 25%;</p> <p>The capital test is met if the gross capital of the company or business being acquired or divested represents more than 25% of the capital of the trust following completion (where "gross capital" is the market value of the relevant company or business's shares and debt securities, plus the excess of current liabilities over current assets, and the Trust's total taxpayers' equity).</p>	x (more than half of governors voting)	Board approves application	Finance and Investment Committee/ Quality, Safety and Experience Assurance Committee/ People and Education Assurance Committee
2.3	Con 43.7 Code A5.15	<p>Approval of increase (by 5% or more) of the proportion of the Trust's total income attributable to activities other than the provision of goods and services for the health service (more than half of governors who vote)</p> <p>Governors to determine together whether the trust's non-NHS work will significantly interfere with the trust's principal purpose, which is to provide goods and services for the health service in England, or its ability to perform its other functions.</p>	x (more than half of governors voting)	Board approves increase	Finance and Investment Committee/ Quality, Safety and Experience Assurance Committee/ People and Education Assurance Committee

3. Financial and Governance Reporting and Controls					
3.1	Con 44	Receiving the annual report and accounts, auditor reports and annual reports at a general meeting.	x		
4. Internal Controls					
5. Contracts					
6. Communication					
6.1	CoG E1 Con 16.1.2	Represent the interests of the members of the Trust as a whole and the interests of the public	x		Membership Engagement and Recruitment and Representation Committee
7. Board membership and other appointments					
7.1	NHS Act 2006 Con 23	Changes to the structure, size and composition of the Board.	x (approve changes to NEDs)		CoG Nominations Committee
7.2	NHS Act 2006 Con 12	Changes to the structure, size and composition of the Council and membership.	x (and requires membership approval)		Constitution Working Group
7.3	NHS Act 2006 Con 26	Appointment and removal of the Chair of the Board and Council.	x		CoG Nominations and Remuneration Committee
7.4	NHS Act 2006 Con 29.2	Approval of the appointment of the Chief Executive	x	x (NEDs appoint and remove CEO but recommend the appointment to the Council)	
7.5	NHS Act 2006 Con 26	Approval of the process for appointment and the appointment and re-appointment of the Chair and Non-Executive Directors.	x	x (COG consults with the Board)	CoG Nominations and Remuneration Committee
8. Remuneration					
8.1	NHS Act 2006 Con 35	Setting the remuneration and term of office of the non-executive directors (and market testing every three years using external professional advisers).	x		CoG Nominations and Remuneration Committee
9. Delegation of authority					
10. Corporate Governance matters					
10.1	NHS Act 2006 Con 40.2	Appointment, reappointment or removal of the external auditor.	x		Audit Committee

10.2	HSCA 2012 Con 2	Holding the Non-Executive Directors to account for the performance of the Board, including ensuring the Board acts so that the Trust does not breach the conditions of its licence.	x	x (in consultation with the Board)	
10.3	Code B.6.d	Assess collective performance of the Council and impact on the Foundation Trust	x (and report to membership)	x (in consultation with the Board)	Constitution Working Group
10.4	CoG SOs	Establishing the visions, values and standards of conduct for the governors and members and operating a code of conduct that builds on these values.	x	x (in consultation with the Board)	Constitution Working Group
10.5	Code B6.6	Approval and implementation of policy for removal of governors who consistently and unjustifiably fails to attend the meetings of the council; has an actual or potential conflict of interest which prevents the proper exercise of their duties; or, where behaviours or actions of a governor or group of governors may be incompatible with the values and behaviours of the NHS foundation trust.	x (majority of those voting whether there is a case to be answered/ to uphold the statement of case/ to impose sanctions as deemed appropriate)		
10.6	Code A5.15	Approve a change to the Constitution (more than half the members of the Council voting approve the amendment)	x	x	
11. Policies					
11.1	ConAnnex 8	Standing Orders for the Council of Governors.	x	x	
12. Other					
12.1	CoG B.6.e	Evaluation of the Council of Governors	x	Report findings to the Board	Constitution Working Group

KEY	
NHS Act 2006	NHS Act 2006
HSCA 2012	Health and Social Care Act 2012
Blue highlight	GOSH Constitution (2018)
SoDeleg	Scheme of Delegation (2019)
SFI	Standing Financial Instructions (2019)
TB SO's	Trust Board Standing Orders (2018)
CoG Sos	Council of Governors' Standing Orders (2018)
Yellow highlight	Powers of the Council (decision rights)
White highlight	General duties and monitoring role of the Council
Green highlight	Council is consulted (advisory role)
Committee column	The committees in the final column have an advisory role

Council of Governors

25 November 2020

Update on GOSH Commercial Strategy

Summary & reason for item:

To inform the Council of Governors on the background of commercial at GOSH, why GOSH needs commercial, and the achievements in the first year along with future plans.

Governor action required:

To note the contents of the presentation

Report prepared by:

Chris Rockenbach, Commercial Director

Item presented by:

Chris Rockenbach, Commercial Director

Council of Governors

25th November 2020

Young People's Forum Update

Summary & reason for item: To provide an update of the activities of the Young People's Forum since the last Members' Council Meeting.

Governor action required: The Council is asked to note the update.

Three key messages to take away from this report are:

- 1) The YPF co-authored an article with the Ethics team about the role of young people as society recovers from the Covid-19 pandemic, which was published in the Archive of Disease in Childhood journal in August.
- 2) Several YPF members have helped plan the virtual GOSH Teens Careers Festival.
- 3) The YPF reviewed the current Duty of Candour process and made recommendations to improve the process from the point of view of children and young people.

Report prepared by: Amy Sutton, Children and Young People's Participation Officer.

Item presented by: Josh Hardy and/or Grace Shaw-Hamilton, Young People's Forum Governors.



YPF activity – August 2020 to October 2020

The Young People's Forum (YPF) is a group of current patients and siblings aged 10-21 who have a strong voice in helping to improve the experiences of GOSH patients. They use their own experiences to guide and support the hospital. Due to the Covid-19 pandemic meetings are currently being held virtually on a monthly basis.

The current total membership: 83

Examples of YPF member activities since the last report are:

- The article co-authored with the Ethics team about the role of young people as society recovers from the Covid-19 pandemic was published in the Archive of Disease in Childhood journal in August. It can be found [here](#).
- YPF Chair Hannah interviewed Chief Executive Mat Shaw as part of the GOSH strategy launch.
- YPF daily activities during October half term which included scripting and storyboarding a video on the complaints process for young people.

15 involvement opportunities were advertised during this period. Examples include; applying to join the NHS Youth Forum and joining a learning disabilities advisory group.

YPF Meetings



In July YPF members completed a survey to help the Children and Young People's Participation Officer decide how best to continue YPF meetings. Through the survey YPF requested shorter, monthly virtual meetings; from August virtual YPF meetings take place on the third Saturday every month and will continue to do so for the foreseeable future.

Fig 1. YPF October virtual meeting

Projects the YPF have undertaken during virtual meetings:

Ward Accreditation

Darren Darby, Head of Nursing (corporate), Mani Randhawa, Lead Nurse for Quality and Rhiannon Follet, Head of Quality Improvement attended YPF in August to gain the YPF's views on what makes a ward safe to help them develop a ward accreditation scheme within the hospital.

YPF Dragon's Den

As part of the ongoing project around Patient Experience funding, the Patient Experience team asked for YPF's help to prioritise the various potential projects. The projects were split into three themes: Support, Skills and Stuff with the YPF ranking 13 projects within each theme from what they thought would have the most impact to the least impact. The YPF then scored the top five projects from each theme using criteria set by the GOSH Children's Charity (GOSHCC). This work was later presented to GOSHCC.

Duty of Candour

The YPF were asked to come up with a process of what should happen when things go wrong in the hospital and how GOSH should apologise in those circumstances. The processes they came up with were very similar to the current process, however, the YPF noted that it should be more personalised to the wishes of the patient/family.

Additional YPF Activity:

YPF Election

An election is held annually for YPF members to vote for their Chair and Vice Chair. In August an election pack was emailed to YPF members containing role descriptions, an explanation of the voting process, and how members could declare their interest.

Twelve members declared their interest to be Chair; this is the highest number of candidates ever for YPF elections. This election also saw the youngest candidate to enter at 10 years old. All candidates wrote statements to explain why they wanted the role; these were sent out to YPF members one week before voting opened.

Ten members declared their interest to be Vice Chair and the same process was used.

Hannah and Toby are the new Chair and Vice-Chair and they will be mentored and supported by the Children and Young People Participation Officer.

An election also took place to fill the vacant YPF Governor role. Again a record number of candidates put themselves forward for this role, with six young people. Similarly to the Chair election, candidates wrote statements which were sent out and voting took place online. YPF member, Grace, was duly elected YPF Governor.

GOSH Recruitment

YPF members formed stakeholder panels for the recruitment of the Chief Operating Officer and also for the Head of Nursing for Blood, Cells and Cancer. The YPF panels tested the candidates for qualities such as leadership, communication, facilitation, problem-solving and teamwork.

GOSH Teens Careers Festival - Update

Several YPF members took part in a planning session for virtual GOSH Teens Careers Festival. It was decided that a trial event of the virtual GOSH Teens Careers Festival will take place on 18 November with one corporate partner. A larger virtual event is planned for February half term 2021.

Council of Governors

25 November 2020

Summary of the October Quality, Safety and Experience Assurance Committee

Summary & reason for item: To provide an update on the October meeting of the Quality, Safety and Experience Committee.

Governor action required: The Council is asked to NOTE the update.

Report prepared by: Victoria Goddard, Trust Board Administrator

Item presented by: Amanda Ellingworth, Chair of Quality, Safety and Experience Committee

**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 taking 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.

QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE
Thursday 1st October 2020 at 2:30pm – 5:30pm by video conference
AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	Apologies for absence	Chair		2.30pm
2.	Minutes of the meeting held on 2 July 2020	Chair	A	2:35pm
3.	Matters arising/ Action point checklist	Chair	B	2:40pm
	<ul style="list-style-type: none"> Update on MyGOSH (action 22.7 – July 2020) 	Chief Nurse	C	
LEARNING FROM DATA ANALYSIS, INVESTIGATIONS, REVIEWS, AUDIT AND SURVEYS				
4.	<p>Overview assurance report on learning from data analysis, investigations, reviews, audit and surveys. Including:</p> <p>Overview and Emerging clinical and risk issues – to focus the committee’s attention on the areas under its remit of most concern</p> <p>Quality focused internal reviews</p> <p>Quality focused external reviews (national reviews and local reviews of other organisations) (CQC infection control report)</p> <p>Closing the Loop Group - incidents, claims, deaths and complaints</p> <p>Integrated Quality and Performance Report (August 2020) including:</p> <ul style="list-style-type: none"> the work of the Patient Safety and Outcomes Committee including updates on key programmes of work <p>Update on the work of the Clinical Prioritisation Group</p>	<p>Medical Director</p> <p>Medical Director</p> <p>Chief Operating Officer</p> <p>Medical Director/ Chief Nurse</p> <p>Medical Director</p> <p>Medical Director/ Chief Nurse/ Interim Chief Operating Officer</p> <p>Medical Director</p>	<p>D</p> <p>E</p> <p>I (Presentation)</p>	2:50pm
5.	Safeguarding Report Q1 2020/21	Chief Nurse	F	3:35pm
6.	Internal Audit Progress Report	KPMG	G	3:55pm
7.	Internal audit recommendations update	KPMG	H	4:05pm

<u>EMERGING SIGNIFICANT RISKS</u>				
8.	Freedom to Speak Up Guardian Update (July – August 2020) – Quality related	Freedom to Speak up Guardian	J	4:15pm
9.	Update on whistle blowing cases (July – August 2020) – Quality related	Director of HR and OD	K	4:25pm
10.	Health and Safety Update Q2 2020/21	Director of HR and OD	L	4:35pm
<u>RISK AND GOVERNANCE</u>				
11.	Update from RACG: <ul style="list-style-type: none"> • Board Assurance Framework Update • Compliance Update (Always Improving) <ul style="list-style-type: none"> ○ CQC standards ○ Other regulators/ professional bodies ○ Accreditations 	Company Secretary Head of Quality and Safety	M N	4:45pm
<u>FOR INFORMATION</u>				
12.	Update from People and Education Assurance Committee (June and September 2020) <i>Note: There has been no Audit Committee held since the last QSEAC meeting</i>	Director of HR and OD	O	5:00pm
13.	Matters to be raised at Trust Board	Chair	Verbal	
14.	Any Other Business	Chair	Verbal	
15.	Next meeting	Thursday 21st January 2021 2:30pm – 5:30pm		
16.	Terms of Reference	1		
	Acronyms	NHS Confederation Acronym Buster available at: https://www.nhsconfed.org/acronym-buster		

Council of Governors

25 November 2020

Summary of the October 2020 Audit Committee meeting

Summary & reason for item: To provide a summary of the October Audit Committee meeting. The agenda is also provided.

Governor action required: The Council is asked to NOTE the summary.

Report prepared by: Victoria Goddard, Trust Board Administrator

Item presented by: Akhter Mateen, Chair of the Audit Committee

**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.

AUDIT COMMITTEE
26 October 2020 at 12 Noon – 3:00pm
AGENDA

	Agenda Item	Presenter	Attachment	Time
1.	Apologies for absence	Chair	Verbal	12 Noon
2.	Minutes of the meeting held on 27 th May 2020	Chair	A	
3.	Matters arising and action point checklist	Chair	B	
4.	Minutes of subcommittees (for information): <ul style="list-style-type: none"> • Finance and Investment Committee (September 2020) • Summary of Quality, Safety and Experience Assurance Committee (October 2020) • Summary of People and Education Assurance Committee (September 2020) 	James Hatchley, Chair of F&I	C	12:10pm
		Chief Executive	D	
		James Hatchley, NED	E	
	<u>RISK</u>			
5.	Update on the Board Assurance Framework	Company Secretary	F	12:20pm
6.	Financial Sustainability (<i>risk of deficit and tariff arrangement post covid</i>) (covers part of BAF Risk 1)	Chief Finance Officer	Verbal	12:30pm
7.	Deep Dive into BAF Risk 3: Operational Performance	Interim Chief Operating Officer	H	12:40pm
	Review of BAF Risk 4: Strategic Position	Chief Executive	I	
	Deep dive into BAF Risk 5: Data quality Update	Interim Chief Operating Officer	J	
8.	Information Governance (BAF risk 7) <ul style="list-style-type: none"> • Overview of compliance with data protection requirements • Data Protection and Security Toolkit submission (30 September 2020) • Implementation of recommendations from past internal audits Cyber security Update (BAF Risk 11) <ul style="list-style-type: none"> • Progress with Cyber Security Remediation Plan (including implementation of recs from Microsoft report) • Cyber incidents since last Audit Committee in May 2020 	Interim Chief Operating Officer/ Chief Information Officer	K	1:10pm
			Y	
9.	Compliance with the Risk Management Strategy and assurance of compliance	Head of Quality and Safety	L	1:25pm

Attachment G

10.	Value of claims and the drivers behind the increase	Trust Solicitor/ Head of Quality and Safety	M	1:35pm
EXTERNAL AUDIT				
11.	External Audit Planning Report	Deloitte LLP	N	1:45pm
INTERNAL AUDIT AND COUNTER FRAUD				
12.	Internal Audit Progress Report	KPMG	O	1:55pm
13.	Internal audit recommendations – update on progress	KPMG	P	
14.	Local Counter Fraud progress report	Counter Fraud Manager, Grant Thornton	Q	2:05pm
GOVERNANCE				
15.	Approach to Year-End (March 2021)	Chief Finance Officer	R	2:15pm
16.	Working Capital Update	Chief Finance Officer	S	2:25pm
17.	Whistle blowing Update – October 2020	Deputy Director of HR and OD	U	2:35pm
18.	Freedom to Speak Up Update (July – September 2020)	Freedom to Speak Up Guardian	V	
ITEMS FOR INFORMATION				
19.	Update on Procurement Waivers	Chief Finance Officer	W	2:45pm
20.	Write Offs (1 April 2020- 30 September 2020)	Chief Finance Officer	X	2:55pm
21.	Any Other Business	Chair	Verbal	
22.	Next meeting	Friday 29 January 2021 2:00pm – 5:00pm		

Council of Governors

25th November 2020

**Reports from Board Assurance Committees:
Finance and Investment Committee (September 2020)**

Summary & reason for item:

To provide an update on the September meeting of the Finance and Investment Committee.
The agenda for the meeting is also attached.

Governor action required:

Governors are asked to NOTE the report and pursue any points of clarification or interest.

Report prepared by:

Paul Balson, Deputy Company Secretary

Item presented by:

James Hatchley, Chair of the Finance and Investment Committee

Key issues for the Council'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 an estimate of how long it would take to treat all patients on the list given current constraints.

Attachment H

- 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

FINANCE AND INVESTMENT COMMITTEE MEETING
Thursday 24 September 2020
2.35pm to 5.00pm
Great Ormond Street Hospital for Children NHS Foundation Trust
AGENDA

	Agenda Item	Presented by	Attachment	Time
1	Apologies for absence	Chair	Verbal	
2	Minutes of the meeting held 1 July 2020	Chair	A	2.35
3	Matters arising, action checklist	Chair	B	
4	Summary of key issues and developments	Chair	Verbal	2.40
<u>Performance & finance standing updates</u>				
5	Finance report Month 4	Chief Finance Officer	C	2.55
6	Integrated Performance update Month 4	Interim Chief Operating Officer	D	3.00
7	Activity Monitoring through 'Magic Numbers' report	Interim Chief Operating Officer	To follow	3.15
<u>Annual Planning and Approval</u>				
8	COVID-19 update	Interim Chief Operating Officer	F	3.30
9	Accommodation Services	Business Performance Quality Compliance Manager	H	3.45
10	Treasury Management Policy	Financial Controller	I	4.00
11	High costs spend review	Chief Finance Officer	K	4.05
<u>Major projects update</u>				
12	EPR Actions to improve data quality System security	Director of Transformation	M	4.20
13	Major projects ZCR Children's Cancer Centre Sight & Sound Project	Director of Estates, Facilities and the Built Environment	L	4.35
<u>AOB</u>				

	Agenda Item	Presented by	Attachment	Time
14	Any other Business	All	-	4.55
	<u>Close 5.00</u>			
15	Date of next meeting: 30 November 2020			

Council of Governors

25 November 2020

Summary of the September People and Education Assurance Committee

Summary & reason for item: To provide an update on the September meeting of the People and Education Assurance Committee. The agenda is also provided for information.

Governor action required: The Council is asked to NOTE the update.

Report prepared by: Victoria Goddard, Trust Board Administrator

Item presented by: Kathryn Ludlow, Chair of the People and Education Assurance Committee.

**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.

Attachment I

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.

PEOPLE AND EDUCATION ASSURANCE COMMITTEE
Thursday 10th September 2020
11:30 – 14:00
Venue: ZOOM

AGENDA

Agenda Item	Presented by	Author	Time
1. Apologies For Absence	Chair	Verbal	11:35
2. Declarations of Interest	All	Verbal	
3. Minutes of Meeting Held on June 2020	Chair	Bella Summers	
STRATEGY			
4.. People Strategy Delivery Plan: <i>Diversity and Inclusion Strategy</i> <i>Health and Wellbeing Strategy</i>	Director of HR & OD	Sarah Ottaway / Carol Dale	11:45
5. Staff Stories (Covid Focus) <ul style="list-style-type: none"> Junior Drs Forum Staff-side (Unite/ RNC/ LNC) 	Renee McCulloch/ Chair of JD Forum	Verbal	12:05
	Lee Hudson/ Mark Davies/ Barbara Childs	Verbal	12:20
6. GOSH Learning Academy	Director of Education	Lynn Shields	12:35
RISK			
7. Update on Board Assurance Framework Deep Dive: Culture Risk	Company Secretary	Anna Ferrant	12:45
	Director of HR & OD	Caroline Anderson	
ASSURANCE - WORKFORCE			
8. Safe Staffing Report Nursing workforce report Nursing Establishment Review	Chief Nurse	Darren Darby	1:00
		Darren Darby	
		Darren Darby	
9. AHP Strategy	Chief Nurse	Phillipa Wright	1:20
10. WRES and WDES	Director of HR & OD	Matt Guilfoyle	1:35
11. Update on staff focused whistle blowing cases (To follow)	Director of HR & OD	Jane Taylor	1:45
12. Any Other Business	Chair	Verbal	
<p align="center">Next meeting</p> <p>The next meeting of People and Education Assurance Committee will be held on 2nd December 2020 14:30 – 17:00 TBC Zoom / Charles West Boardroom 1 & 2</p>			