Meeting of the Trust Board
Wednesday 3 February 2021

Dear Members

There will be a public meeting of the Trust Board on Wednesday 3 February 2021 at 1:30pm held on Zoom

Company Secretary Direct Line: 020 7813 8230

AGENDA

	Agenda Item STANDARD ITEMS	Presented by	Attachment	Timing
1.	**Apologies for absence**	Chair	**Verbal**	**1:30pm**
Declarations of Interest All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.				
2	**Minutes of Meeting held on 26 November 2020**	Chair	**K**	
3.	**Matters Arising/ Action Checklist**	Chair	**L**	
4.	**Chief Executive Update**	Chief Executive	**M**	**1:40pm**
5.	**Directorate presentation: International and Private Care Directorate**	Chief Operating Officer/ Senior Leadership Team for Directorate	**N**	**1:55pm**
	STRATEGY AND PLANNING			
6.	**Declaration of a Climate Emergency**	Director of Estates, Facilities and Redevelopment	**O**	**2:20pm**
7.	**Update on Business Plan and Budget 2021/2022**	Chief Finance Officer/ Chief Operating Officer	**P**	**2:30pm**
8.	**Support for Siblings: update on action following experiences shared at Trust Board**	Chief Nurse	**Q**	**2:40pm**
	RISK			
9.	**Board Assurance Framework Update**	Company Secretary	**R**	**2:50pm**
10.	**Brexit Update**	Chief Operating Officer	**S**	**2:55pm**
	PERFORMANCE			
11.	**Integrated Quality and Performance Report (Month 9) December 2020**	Medical Director/ Chief Nurse/ Interim Chief Operating Officer	**T**	**3:00pm**
12.	**Finance Report - Month 9 (December) 2020**	Chief Finance Officer	**U**	**3:10pm**
13.	**Safe Nurse Staffing Report (October – December 2020)**	Chief Nurse	**V**	**3:20pm**
	ASSURANCE			
14.	**Guardian of Safe Working Report Q3 2020/21**	Guardian of Safe Working – Renee McCulloch	**W**	**3:30pm**

15.	**Learning from Deaths Mortality Review Group - Report of deaths in Q2 2020/2021**	Medical Director	**X**	**3:40pm**
16.	**Board Assurance Committee reports** • **Quality, Safety and Experience Assurance Committee update – January 2021 meeting** • **Finance and Investment Committee Update –November 2020** • **Audit Committee Assurance Committee Update – January 2021 meeting** • **People and Education Assurance Committee Update – December 2020 meeting**	Chair of the Quality, Safety and Experience Assurance Committee Chair of the Finance and Investment Committee Chair of Audit Committee Chair of the People and Education Assurance Committee	**Y** **Z** **Verbal** **1**	**3:50pm**
17.	**Council of Governors' Update – November 2020 and January 2021 (verbal) meeting**	Chair	**2 and verbal**	
18.	**Any Other Business** (Please note that matters to be raised under any other business should be notified to the Company Secretary before the start of the Board meeting.)			
19.	**Next meeting** The next public Trust Board meeting will be held on Wednesday 1 April 2020 in the Charles West Room, Barclay House, Great Ormond Street, London, WC1N 3BH.			

Attachment U

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board 3 February 2021	
Month 9 2020/21 Finance Report **Submitted by:** Helen Jameson, Chief Finance Officer **Presented by:** Helen Jameson, Chief Finance Officer	**Paper No: Attachment U**

Aims / summary

The Trust YTD performance shows a £6.1m deficit which is £4.3m favourable against the revised M7-M12 NHSE/I plan. The revised and agreed NHSE/I plan provides a target deficit for the Trust for the year of £20.6m; this includes the recognition of £39.3m of retrospective top up funding from NHSE for the first 6 months of the year. This funding has now been validated with the final payment having been made in December. The Trust is entering a new phase of challenges relating to both the pandemic given the recent emergence of a new, more transmissible variant of Covid-19, and complexities from the impact of Brexit which will continue to emerge over the coming months.

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

1. The Trust month 9 position is a £0.8m deficit. This is £2.8m favourable to the NHSE/I plan. The YTD position is a £6.1m deficit which is £4.3m favourable to the NHSE/I plan.

2. The key drivers of the Trust favourable variance relate to income. The Trust has seen a YTD favourable performance in relation to NHS CAR-T patients above the block (£0.5m) and increased patient income from devolved nations (£0.4m). Private patient income is significantly favourable in month due to high numbers of bed days associated with complex BMT patients (£1.3m in-month, £1.9m YTD). Non-clinical income is favourable (£1.3m in month) and is driven by additional commercial income relating to the GOSH labs which, having met performance milestones, could recognise income, and additional monies from HEE based on the latest information in the Q3 LDA.

3. Pay is adverse to the NHSE/I plan by £1.3m in month (£1.2m YTD). This is driven by the current phase of the EPR project being confirmed as complete 2 months earlier than planned for which has resulted in staff costs no longer being capitalised for the project. Continued high levels of clinical staffing have been required in order to maintain activity levels, work through backlogs of patients and manage with continued staff sickness and isolation. Turnover levels within the staffing groups has reduced as a result of the pandemic and high staff levels have been retained across the board. The Trust has also uplifted the value of its annual leave accrual, in line with NHS guidelines, as due to the demands of the pandemic it is likely that annual leave carry over levels will be higher than previous years.

4. Non pay is £0.4m favourable to plan. Whilst overall activity reduced for December, spend relating to lab consumables and reagents has remained high with ongoing COVID

testing. The Trust has also seen a reduction in the bad debt provision in-month (£0.5m) in line with Trust policy as a result of payments relating to historical debts.

5. Cash held by the Trust is £135.5m which is £11.8m higher than M08 largely driven by payments received relating to private patient debt (£9.3m). Cash receipts were higher than payments in month.

6. Capital expenditure as at M9 YTD was £4.6m for Trust-funded, including PDC-funded critical infrastructure works, and £7.5m for charity funded. The Trust has also incurred £1.0m of centrally-funded capital spend in relation to Covid-19.

The key movements to note on the balance sheet are:

Indicator	Comment
Cash	Cash held by the Trust at M09 was £135.5m which is £11.8m higher than M08.
NHS Debtor Days	NHS Debtor days decreased from 5 to 4 days, falling within the target of 30 days for the Trust.
IPP Debtor Days	IPP debtor days decreased from 310 days to 292 days as a result of higher than expected receipts in December.
Creditor Days	Creditor days reduced from 30 days to 26 days as a result of payments to creditors which has decreased invoiced payables.

Action required by the meeting
To **note** the Month 9 Financial Position

Contribution to the delivery of NHS / Trust strategies and plans
The delivery of the financial plan is a key strategic objective to ensure we have sufficient funding to meet the needs of our delivery of care.

Financial implications
Changes to payment methods and expenditure trends

Legal issues
N/A

Who is responsible for implementing the proposals / project and anticipated timescales
Chief Finance Officer / Executive Management Team

Who is accountable for the implementation of the proposal / project
Chief Finance Officer / Executive Management Team

Finance and Workforce Performance Report Month 9 2020/21

Contents

Trust Performance Summary for the 9 months ending 31 Dec 2020

KEY PERFORMANCE DASHBOARD

ACTUAL FINANCIAL PERFORMANCE

	In month			Year to date		
	Plan	*Actual*	*RAG*	*Plan*	*Actual*	*RAG*
INCOME	**£42.9m**	**£46.6m**		**£356.4m**	**£361.2m**	
PAY	**(£26.1m)**	**(£27.4m)**		**(£232.9m)**	**(£234.1m)**	
NON-PAY inc. owned depreciation and PDC	**(£20.4m)**	**(£20.0m)**		**(£173.2m)**	**(£172.5m)**	
Surplus/Deficit excl. donated depreciation	**(£3.6m)**	**(£0.8m)**		**(£49.7m)**	**(£45.4m)**	
Top up	**£0.0m**	**£0.0m**		**£39.3m**	**£39.3m**	
Surplus/Deficit excl. donated depreciation	**(£3.6m)**	**(£0.8m)**		**(£10.4m)**	**(£6.1m)**	

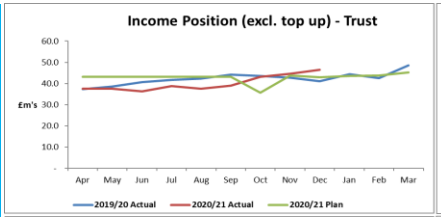
RAG: on or favourable to plan = green, 0-5% adverse to plan = amber, 5%+ adverse to plan = red

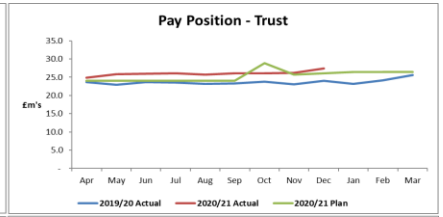
AREAS OF NOTE:

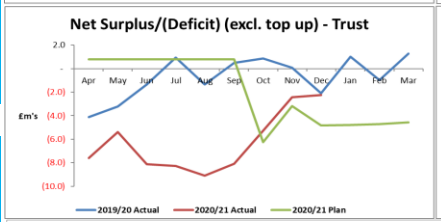
The Trust deficit target for the end of the year is a £20.6m deficit. This includes the first 6 month top-up of £39.3m NHSEI funding through the start of the COVID pandemic. The Trust is entering a new phase of challenges relating to the pandemic given the recent emergence of a new, more transmissble, Covid variant and a third UK lockdown for the remainder of financial year.

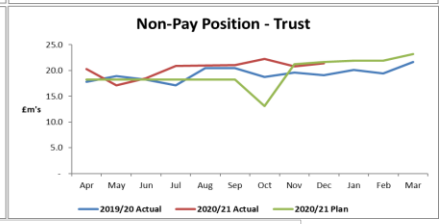
The current YTD performance is a £6.1m deficit which is £4.3m favourable to the NHSE plan, with in-month performance being £2.8m favourable to plan. NHS & Other Clinical income is £1.3m higher than plan YTD as the Trust has seen a higher number of CAR-T patients above agreed block values (£0.5m), and has seen an overperformance on non-NHS devolved nations income YTD (£0.4m). Private patient income is significantly favourable to the NHSE plan by £1.3m in-month due to a high number of bed days relating to complex BMT patients. Despite this the Trust referral private patient pipelines remain challenging in the wake of the latest UK lockdown. Non-clinical income is also favourable to plan by £1.3m in-month through generation of additional commercial income by the GOSH labs and due to the Q3 HEE LDA providing higher levels of education and training income in the annual plan than the Q2 LDA.

Pay costs within the hospital have risen to £27.4m (£1.3m adverse to plan) due to the latest phase completion of EPR which has resulted in staff costs no longer being able to be capitalised. Alongside this there is increased sickness and isolation amongst the staff base given the current UK Covid-19 situation and lockdown (from 24 staff ill or self isolating at the end of November to 162 at the end of December). The Trust has increased the value of its annual leave accrual by an additional £0.5m in M9 based on current circumstances with the pandemic; the Trust is keeping this under review and will continue to amend based on latest information and guidance received. Non-pay spend in-month is £0.4m below plan; elective activity in the hospital reduced in December through a combination of challenges presented by Covid-19 and normal activity reduction during the holiday period. Supplies and services non-pay spend has increased through continued high spend in relation to reagents and lab consumables for additional Covid testing efforts. Increased payment of aged debt has also led, in line with Trust policy, to a £0.5m reduction in bad debt provisioning against the plan.









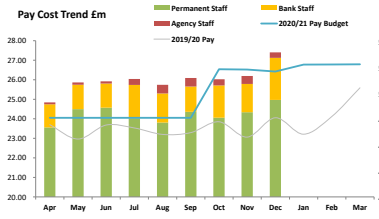
2020/21 Plan for the first 6 months of the year shown on the graphs reflect the original NHSE plan. From month 7 these reflect the latest agreed NHSE plan.

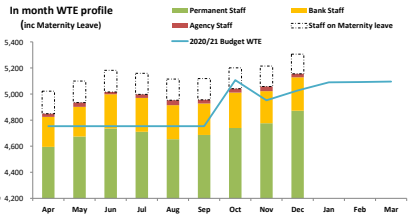
PEOPLE

	M8 Actual WTE	*M9 Actual WTE*	*Variance*
Permanent Staff	4,776.4	4,872.0	(95.6)
Bank Staff	245.4	256.6	(11.2)
Agency Staff	35.8	26.3	9.5
TOTAL	**5,057.6**	**5,154.9**	**(97.3)**

AREAS OF NOTE:

Trust WTEs have increased significantly between M8 and M9. This is largely driven from staff who were working on EPR and whose costs were previously being capitalised; as the as the asset has now been confirmed as complete the ongoing support provided by these staff is now revenue. Staff turnover has much reduced compared to prior year given the effects of the pandemic and the Trust has had to maintain high staffing levels in order to attempt to continue activity levels, work through the backlog of patients and manage staff sickness and isolation (which has increased substantially from figures in November). New international nurses are expected to be on-boarded before the end of the financial year so it is likely that this number will continue to rise, along with any continued or additional requirements associated with the COVID testing service.



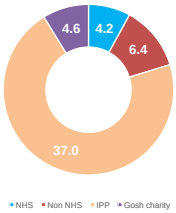


CASH, CAPITAL AND OTHER KPIs

Key metrics	*Nov-20*	*Dec-20*
Cash	**£123.7m**	**£135.5m**
IPP Debtor days	**310**	**292**
Creditor days	**30**	**26**
NHS Debtor days	**5**	**4**

Capital Programme	*YTD Plan M9*	*YTD Actual M9*	*Full Year F'cst*
Total Trust-funded	**£8.8m**	**£3.3m**	**£9.0m**
Total CIR PDC	**£1.5m**	**£1.2m**	**£1.6m**
Total Covid PDC	**£0.3m**	**£1.0m**	**£1.1m**
Total Donated	**£13.7m**	**£7.5m**	**£12.0m**
Grand Total	**£24.3m**	**£13.1m**	**£23.7m**

Net receivables breakdown (£m)

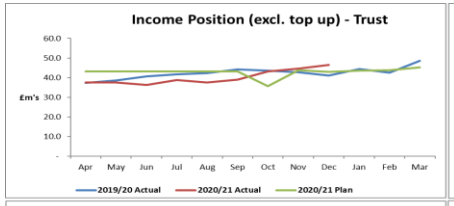


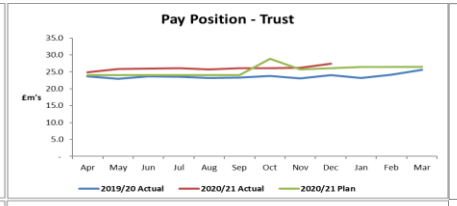
AREAS OF NOTE:

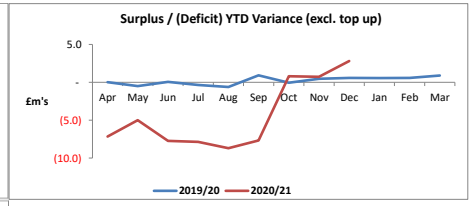
1. Cash held by the Trust increased in month by £11.8m. This largely relates to receipts in relation to IPP debt.
2. The capital programme for the year to date is less than plan by £11.2m of which £5.4m is on the Trust-funded and £6.2m on the donated programme with £0.4m additional spend on PDC funded projects. The Trust has carefully reviewed what can be achieved by 31 March and reduced the Trust-funded forecast outturn to £9.0m. This is a reduction of £4.2m compared to the previous forecast.
3. IPP debtors days decreased in month from 310 days to 292 days.Total IPP debt decreased in month to £37.0m (£42.1m in M08). Overdue debt decreased in month to £35.7m (£39.8m in M08).
4. Creditor days decreased in month from 30 days to 26 days
5. NHS debtor days decreased in month from 5 days to 4 days.

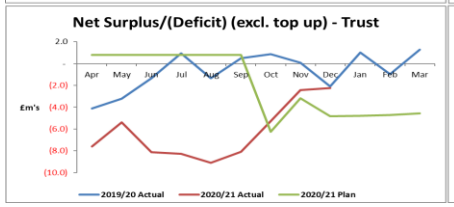
Trust Income and Expenditure Performance Summary for the 9 months ending 31 Dec 2020

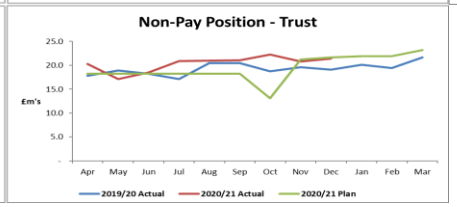
2020/21												2019/20	2020/21	2020/21
NHSE plan	Income & Expenditure	Month 9				Year to Date				Rating	Notes	Actual M9	NHSE Plan YTD M9	NHSE Plan In-month M9
		NHSE Plan	Actual	Variance		NHSE Plan	Actual	Variance		YTD Variance				
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%			(£m)	(£m)	(£m)
407.26	NHS & Other Clinical Revenue	35.92	36.96	1.04	2.91%	298.67	299.95	1.28	0.43%	G	1	28.55	298.67	35.92
37.91	Private Patient Revenue	2.97	4.25	1.28	43.25%	26.87	28.76	1.89	7.04%	G	2	6.28	26.87	2.97
43.62	Non-Clinical Revenue	4.05	5.36	1.31	32.48%	30.86	32.52	1.67	5.40%	G	3	6.17	30.86	4.05
488.80	**Total Operating Revenue**	**42.93**	**46.57**	**3.64**	**8.48%**	**356.40**	**361.23**	**4.83**	**1.36%**	G		**41.00**	**356.40**	**42.93**
(292.40)	Permanent Staff	(24.38)	(24.97)	(0.58)	(2.40%)	(217.91)	(218.18)	(0.27)	(0.12%)	A		(22.72)	(217.91)	(24.38)
(2.71)	Agency Staff	(0.24)	(0.28)	(0.04)	(16.12%)	(2.24)	(2.51)	(0.28)	(12.29%)	R		(0.15)	(2.24)	(0.24)
(17.24)	Bank Staff	(1.50)	(2.16)	(0.66)	(44.00%)	(12.75)	(13.43)	(0.68)	(5.31%)	R		(1.18)	(12.75)	(1.50)
(312.35)	**Total Employee Expenses**	**(26.12)**	**(27.40)**	**(1.28)**	**(4.91%)**	**(232.90)**	**(234.12)**	**(1.22)**	**(0.52%)**	R	4	**(24.05)**	**(232.90)**	**(26.12)**
(96.98)	Drugs and Blood	(8.27)	(7.56)	0.72	8.65%	(70.82)	(70.60)	0.22	0.31%	G		(5.93)	(70.82)	(8.27)
(34.85)	Supplies and services - clinical	(2.99)	(4.11)	(1.12)	(37.51%)	(24.79)	(26.65)	(1.86)	(7.50%)	R		(3.18)	(24.79)	(2.99)
(87.16)	Other Expenses	(7.80)	(7.01)	0.79	10.07%	(64.63)	(62.44)	2.19	3.39%	G		(7.27)	(64.63)	(7.80)
(218.99)	**Total Non-Pay Expenses**	**(19.06)**	**(18.68)**	**0.38**	**1.99%**	**(160.24)**	**(159.68)**	**0.55**	**0.34%**	G	5	**(16.38)**	**(160.24)**	**(19.06)**
(531.34)	**Total Expenses**	**(45.18)**	**(46.08)**	**(0.90)**	**(2.00%)**	**(393.13)**	**(393.80)**	**(0.67)**	**(0.17%)**	R		**(40.43)**	**(393.13)**	**(45.18)**
(42.54)	**EBITDA (exc Capital Donations)**	**(2.25)**	**0.49**	**2.74**	**121.77%**	**(36.74)**	**(32.57)**	**4.16**	**11.33%**	G		**0.57**	**(36.74)**	**(2.25)**
(17.35)	Owned depreciation, Interest and PDC	(1.35)	(1.28)	0.07	5.06%	(12.99)	(12.83)	0.16	1.24%		7	(1.55)	(12.99)	(1.35)
(59.89)	**Surplus/Deficit (exc. PSF/Top up)**	**(3.60)**	**(0.79)**	**2.81**	**78%**	**(49.72)**	**(45.40)**	**4.32**	**9%**			**(0.98)**	**(49.72)**	**(3.60)**
39.31	PSF/Top up	0.00	0.00	0.00		39.31	39.31	0.00				0.00	39.31	0.00
(20.58)	**Surplus/Deficit (incl. PSF/Top up)**	**(3.60)**	**(0.79)**	**2.81**	**77.99%**	**(10.42)**	**(6.09)**	**4.32**	**41.51%**	G		**(0.98)**	**(10.42)**	**(3.60)**
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)	(1.45)	(0.23)		(10.92)	(11.13)	(0.20)				(1.13)	(10.92)	(1.22)
(35.42)	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**(4.82)**	**(2.24)**	**2.58**	**53.52%**	**(21.34)**	**(17.22)**	**4.12**	**19.30%**			**(2.11)**	**(21.34)**	**(4.82)**
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	1.25	0.42	(0.83)		8.40	7.54	(0.86)			6	2.97	8.40	1.25
(22.37)	**Adjusted Net Result**	**(3.57)**	**(1.82)**	**1.75**	**49.05%**	**(12.94)**	**(9.68)**	**3.26**	**25.18%**			**0.86**	**(12.94)**	**(3.57)**











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

Summary

- The month 9 financial position is a deficit of £0.8m, which is £2.8m favourable to plan. The first 6 months of the year showed a deficit of £39.3m which NHSEI funded through top-up payments.
- The latest Trust plan agreed with NHSE for M7-12 totals to a target deficit for the end of the year of £20.6m

Notes

1. NHS Clinical income is £1.0m favourable to the NHSE Plan in-month and £1.3m YTD. Whilst NHS income is predominantly under a block contract for M7-12, in Month 7 there were some revisions to high cost drug reimbursement with inclusion of many now on a cost and volume basis. The Trust has has also seen several CAR-T patients over and above the agreed block volume which has generated an overperformance of c.£0.5m YTD. In addition, the Trust has also seen a significant rise in devolved nations income YTD (£0.4m above plan YTD) due to Vein of Galen activity and higher levels of other activity for Scottish and Northern Irish patients.
2. Private Patient income is £1.9m favourable to the YTD NHSE plan and £1.3m favourable in month. The driver of this is that the Trust had a high number of private patient bed days for complex BMT patients in M9. Patient scheduling remains restricted in line with the wider Trust, and it is likely this will continue to be challenging with Covid cases rising globally and a new UK lockdown for the remainder of the financial year.
3. Non-clinical income is favourable to the NHSE Plan (£1.3m in-month). This is largely driven from additional commercial income relating to the GOSH labs recognised in M9. Additional monies from HEE based on the latest information in the Q3 LDA are also a key driver of this YTD above plan performance. However income remains significantly lower than prior year given the stopping of research studies, reduced E&T programmes, reduced charitable income and Genetics testing given challenges from Covid-19 YTD.
4. Pay is adverse in-month to the NHSE plan by £1.3m. This is driven by the current phase of EPR being confirmed as complete which has resulted in staff costs no longer being capitalised for the project. Continued high levels of clinical staffing have been required in order to attempt to maintain activity levels, work through backlogs of patients and manage with continued staff sickness and isolation (which has increased comparatively to November substantially). Turnover levels within the staffing groups has reduced as a result of the pandemic and high staff levels have been retained across the board.
5. Non pay is £0.4m favourable to the NHSE plan in-month. Elective activity has reduced given the holiday season in December combined with the continued challenges of Covid-19; especially in the wake of the development of a new more transmissible Covid variant. Certain supplies spend has remained high such as lab consumables and reagents given continued operation of the COVID testing service. The Trust has also seen a reduction in the bad debt provision in-month (£0.5m); this is in line with Trust policy and is a key driver in the non-pay favourable variance.

Trust Income and Expenditure Forecast Outturn Summary for the 9 months ending 31 Dec 2020

2020/21					
Income & Expenditure	Full year				Rating
	NHSE Plan (£m)	Forecast (£m)	Variance (£m)	%	YTD Variance
NHS & Other Clinical Revenue	407.26	408.32	1.06	0.26%	G
Private Patient Revenue	37.91	40.41	2.50	6.59%	G
Non-Clinical Revenue	43.62	46.00	2.38	5.45%	G
Total Operating Revenue	**488.80**	**494.74**	**5.94**	**1.21%**	G
Permanent Staff	(292.40)	(293.54)	(1.14)	(0.39%)	R
Agency Staff	(2.71)	(3.39)	(0.68)	(25.09%)	R
Bank Staff	(17.24)	(16.68)	0.56	3.28%	G
Total Employee Expenses	**(312.35)**	**(313.61)**	**(1.26)**	**(0.40%)**	R
Drugs and Blood	(96.98)	(98.28)	(1.30)	(1.34%)	R
Supplies and services - clinical	(34.85)	(36.34)	(1.49)	(4.29%)	R
Other Expenses	(87.16)	(85.11)	2.05	2.35%	G
Total Non-Pay Expenses	**(218.99)**	**(219.73)**	**(0.75)**	**(0.34%)**	R
Total Expenses	**(531.34)**	**(533.34)**	**(2.00)**	**(0.38%)**	R
EBITDA (exc Capital Donations)	**(42.54)**	**(38.60)**	**3.93**	**9.25%**	G
Owned depreciation, Interest and PDC	(17.35)	(17.46)	(0.10)	(0.60%)	
Surplus/Deficit (exc. PSF/Top up)	**(59.89)**	**(56.06)**	**3.83**	**6%**	
PSF/Top up	39.31	39.31	0.00		
Surplus/Deficit (incl. PSF/Top up)	**(20.58)**	**(16.75)**	**3.83**	**18.61%**	G
Donated depreciation	(14.83)	(15.03)	(0.20)		
Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	**(35.42)**	**(31.78)**	**3.63**	**10.26%**	
Impairments	0.00	0.00	0.00		
Capital Donations	13.04	11.99	(1.05)		
Adjusted Net Result	**(22.37)**	**(19.79)**	**2.58**	**11.54%**	

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

Summary

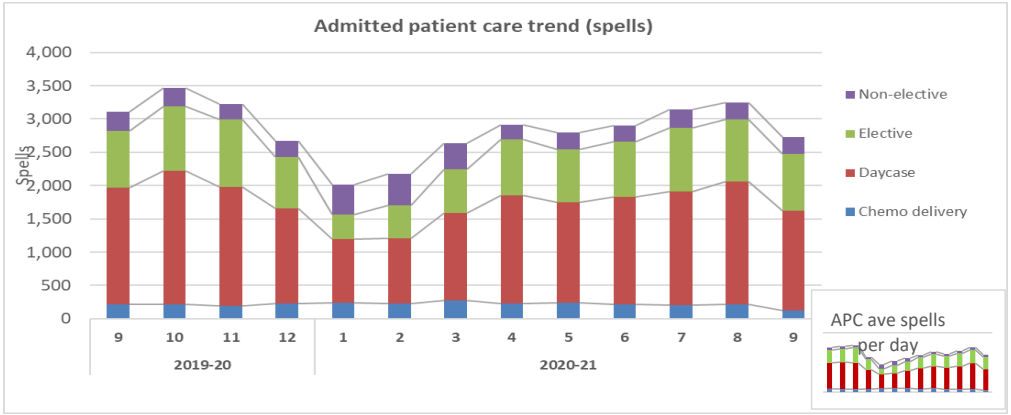
- The latest forecast for GOSH is a £16.8m deficit.
- The M9 forecast sees a £3.8m improvement to the NHSE plan. This is driven largely from unforeseen non-NHS patient income from devolved nations and above plan NHS income from CAR-T patients. The forecast will continue to be reviewed and updated as the implications of the latest wave of COVID-19 infections is understood and NHSE confirms adjustments to the Trust block income.

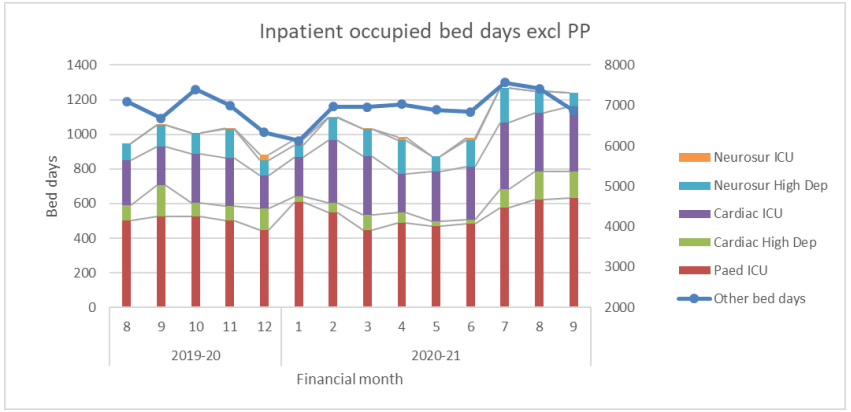
Notes

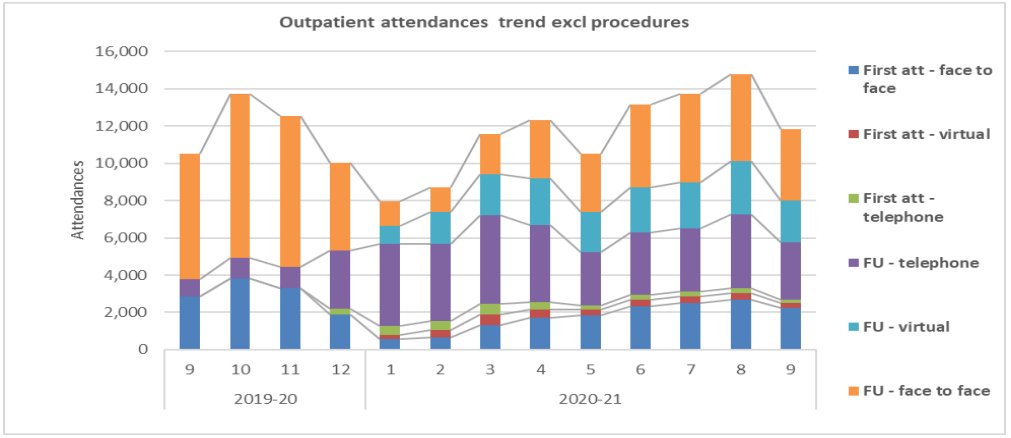
1. The NHS & other clinical revenue is forecast to continue at current block levels with an increase for non-NHS income that has come to light since the previous NHSE plan submission.
2. Non-clinical income is forecast to be £2.4m favourable to plan due to additional education & training monies from HEE and recognition of research & innovation income in line with IFRS15.
3. Private Patient income is forecast to be £40.4m; 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, especially given a new UK lockdown for the remainder of the financial year.
4. Costs are forecasted to increase towards the final few months of the year to facilitate increased activity and include additional diagnostics work in line with national guidelines. Staff costs are also likely to remain high given increases in sickness and isolation as a result of the new wave of Covid through a more transmissible variant. The annual leave accrual is forecast to increase by a further £2.9m. This is not reflected in the current forecast.
5. 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, COVID funding and marginal rate performance.
6. 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 9 months ending 31 December 2020

Great Ormond Street Hospital for Children NHS Foundation Trust





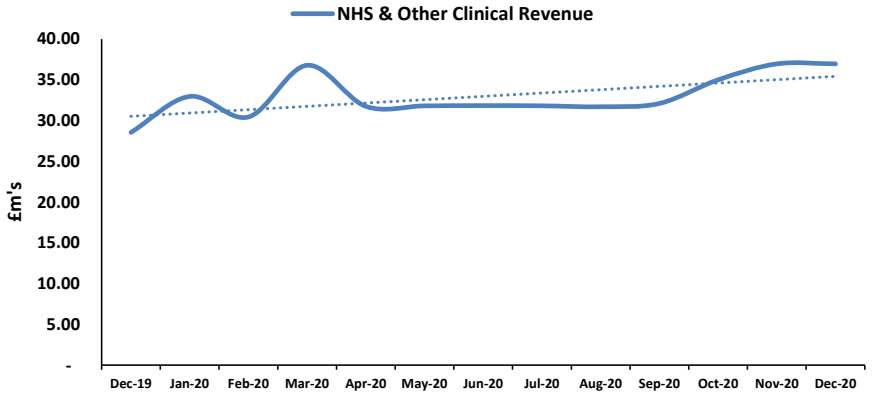


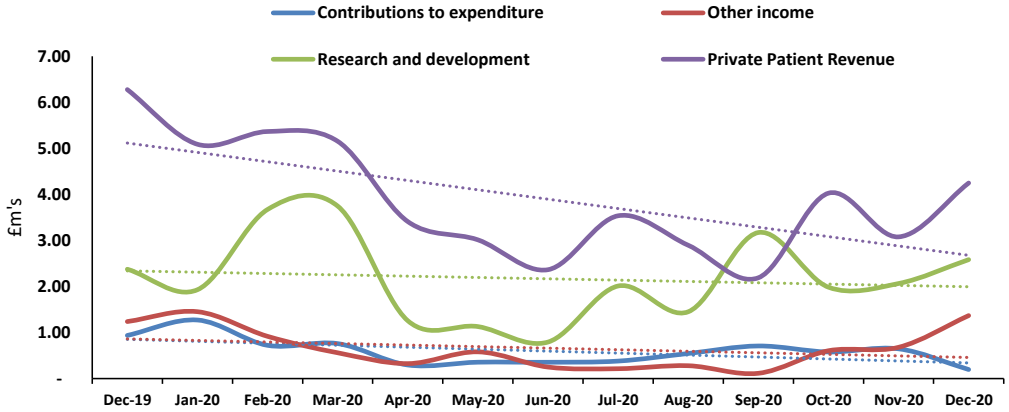
Summary

- Admitted patient care activity levels and therefore bed days have decreased versus November 2020 across all points of delivery. Activity per working day for daycase is 18.8% below December 2019 activity. This is a deterioration versus the 0.1% below 2019 levels reported in November. Elective is 3.4% spells per day below December 2019 however this is an improvement of 5.5% versus the November performance.
- Outpatient attendances for December are below November, both in terms of total attendances and per working day however there is a 20% increase for first and follow up versus December 2019 levels. Non-face to face attendances have slightly decreased as a % of total attendances with 48.9% for December versus the refreshed position of 50.4% for November. This % and activity levels may increase as activity is finalised.
- £1.6m of additional funding for October cost and volume pass through drugs over-performance versus the block payment has been agreed by NHSE. A further £2.6m over-performance has been estimated for November and December that will be subject to challenge by NHSE prior to confirmation of values to be paid.

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

2020/21 Income for the 9 months ending 31 Dec 2020





Summary

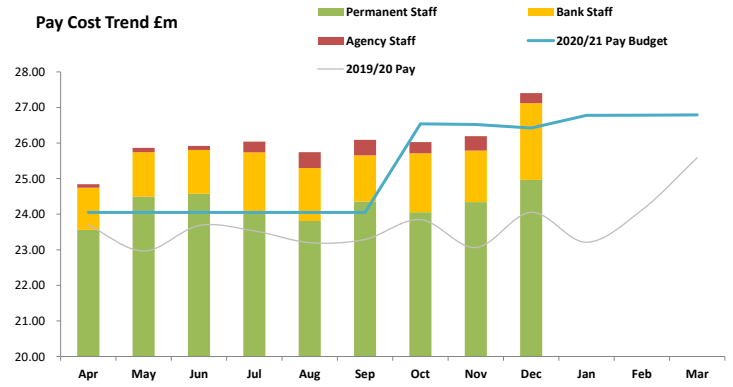
- NHS and Other Clinical revenue was £0.9m favourable to the NHSE Plan YTD. There were some revisions in-year in relation to high cost drug reimbursement with the inclusion of many now on a cost and volume basis. The Trust has seen a number of CAR-T patients above plan YTD and has seen a continued overperformance on devolved nations income in-month similar to M8.
- Private Patient income is £1.9m favourable to plan YTD through the emergence of unforseen high value patients and number of bed days relating to BMT and Haem/Onc patients in M8 and M9. Private patient referrals were ceased in the early months of the financial year due to Covid-19. Whilst the Trust has stated to increase NHS elective work based on prioritisation criteria, the private patient referral pipeline is not expanding as countries are not sending patients for treatment. At this current time, the UK has entered a new lockdown until the end of the financial year given the emergence of a new more transmissible strain of Covid-19 which will further impact this pipeline and all other Trust activity.
- Education & training income is £0.3m above plan YTD due to additional monies from HEE based on the latest information in the Q3 LDA.
- Research income YTD is favourable to the NHSI plan by £0.6m. 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. This is likely to be the case again over the coming weeks of January and Feburary as the NHS system attempts to navigate this new wave of Covid-19. Research contracts continue to be recognised in line with contract milestones and project delivery.
- Other income is £1.2m favourable to the latest NHSI plan. This is linked to additional commercial income from the GOSH labs and billing for lab tests for external organisations recovering earlier than anticipated; although due to lower levels of activity across London and the cessation of Genetics P2P billing on the 1st April, this is lower than previous year.
- Charitable income is £0.5m adverse to 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. Many restarted, but may be once again facing postponement in the face of the new Covid wave and UK lockdown.

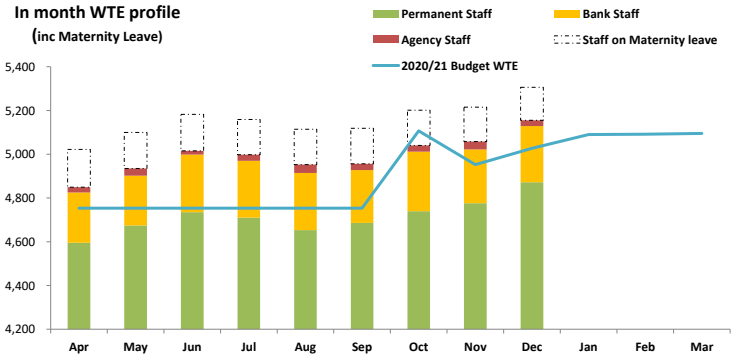
Workforce Summary for the 9 months ending 31 Dec 2020

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

£m including Perm, Bank and Agency	2019/20 actual full year			2020/21 actual			Variance			RAG
Staff Group	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	41.5	1,166.2	47.5	(3.8)	(1.9)	(1.9)	R
Consultants	54.5	352.1	154.7	44.3	385.9	152.9	(3.4)	(3.9)	0.5	R
Estates & Ancillary Staff	4.6	137.9	33.2	3.5	137.6	34.2	(0.1)	0.0	(0.1)	A
Healthcare Assist & Supp	9.1	281.7	32.2	8.5	329.9	34.5	(1.7)	(1.2)	(0.6)	R
Junior Doctors	28.4	347.1	81.9	23.3	372.3	83.5	(2.0)	(1.5)	(0.4)	R
Nursing Staff	80.7	1,526.0	52.9	66.4	1,582.2	55.9	(5.8)	(2.2)	(3.6)	R
Other Staff	0.5	9.1	53.3	0.5	11.6	56.3	(0.1)	(0.1)	(0.0)	A
Scientific Therap Tech	52.1	945.3	55.1	42.7	980.8	58.1	(3.7)	(1.5)	(2.2)	R
Total substantive and bank staff costs	**280.2**	**4,709.7**	**59.5**	**230.8**	**4,966.5**	**62.0**	**(20.6)**	**(11.5)**	**(9.2)**	R
Agency	2.0	28.8	68.8	2.5	28.9	115.8	(1.0)	(0.0)	(1.0)	R
Total substantive, bank and agency cost	**282.1**	**4,738.6**	**59.5**	**233.3**	**4,995.4**	**62.3**	**(21.7)**	**(11.5)**	**(10.2)**	R
Reserve*	2.1	0.0	0.0	0.8	0.0		0.7	0.7	0.0	G
Additional employer pension contribution by NHSE	11.6	0.0	0.0		0.0		8.7	0.0	8.7	G
Total pay cost	**295.8**	**4,738.6**	**62.4**	**234.1**	**4,995.4**	**62.5**	**(12.3)**	**(10.7)**	**(1.5)**	R
Remove maternity leave cost	(3.6)			(2.4)			(0.3)	0.0	(0.3)	A
Total excluding Maternity Costs	**292.2**	**4,738.6**	**61.7**	**231.7**	**4,995.4**	**61.9**	**(12.6)**	**(10.7)**	**(1.9)**	R

*Plan reserve includes WTEs relating to the better value programme



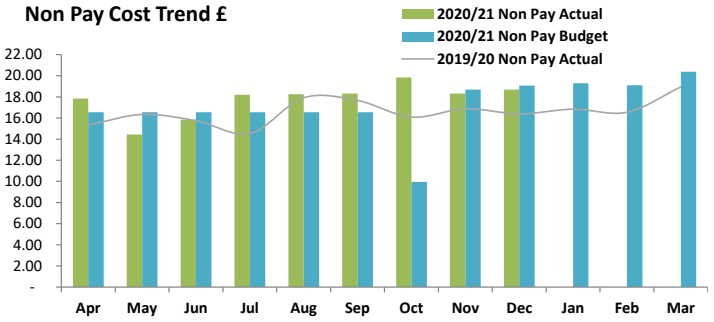


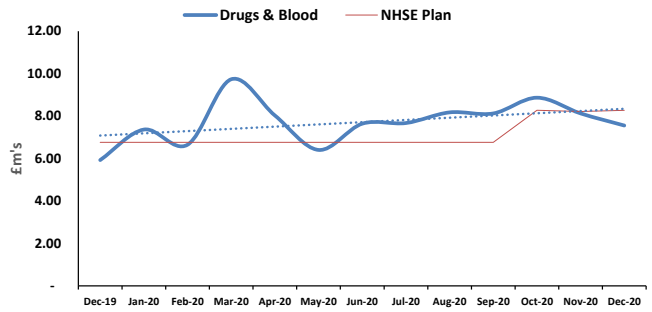
Summary

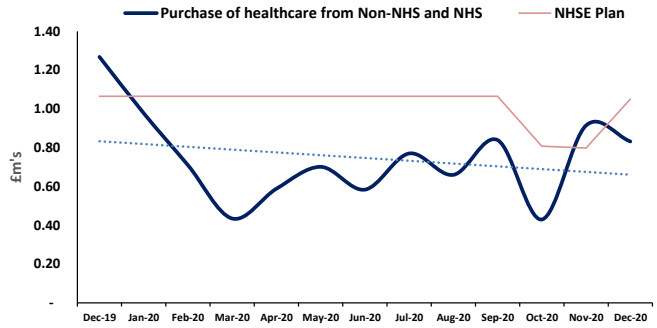
- In-month WTE's have risen significantly between M8 (5,058) and M9 (5,155). Pay costs are high (£27.4m); this in-month change is driven by the current phase of EPR being confirmed as complete which has resulted in staff costs no longer being capitalised for the project, impacting the revenue costs of the organisation. Staff turnover levels have remained low due to the pandemic. In response to the national lockdown and continuing rising Covid cases, the Trust continues to communicate with the wider system in order to respond in the best possible way to systemic activity and staffing challenges.
- High levels of nursing staff from the nursing intake in September and through October has broadly maintained with high bank usage still being incurred within the Trust. Nursing costs are likely to increase again in the coming months as international nurses are on-boarded, if turnover levels remain low.
- Scientific, Therapeutic and Testing WTE's are showing as higher in-month after some staffing categorisation amendments relating to research projects, with corresponding reductions in Administrative staff. Despite this, Admin WTE's show as broadly consistent to M8 at Trust level due to offsetting WTE's relating to EPR staff being seen this month. Junior Doctor staffing has also increased given new starters in the rota's for the ITU's and Cardiac surgery.
- ICT sees continued high levels of agency spend due to workload for the team with regards to cyber security. Agency spend in The Trust is monitored and consideration given as to whether resources can be secured through the bank or fixed term contracts, and is showing at a lower level than in prior months.
- The Trust continues to backfill staff due to sickness cover and shielding with £0.4m of bank costs in month attributed to COVID-19. The number of staff self-isolating or shielding increased to 162 (from 24 at the end of November); following the Christmas period and the emergence of a new more transmissible variant of Covid. Cases have risen sharply and the UK has entered a third lockdown, the longest the country has experienced during the pandemic. At the peak of sickness and shielding in April, the Trust had over 370 staff off work, and therefore it is likely sickness and isolation staff coverage costs will increase in coming months.
- In addition, the Trust has increased the value of its annual leave accrual by an additional £0.5m in M9 based on current circumstances with the pandemic; the Trust is keeping this under review and will continue to amend based on latest information and guidance received.

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

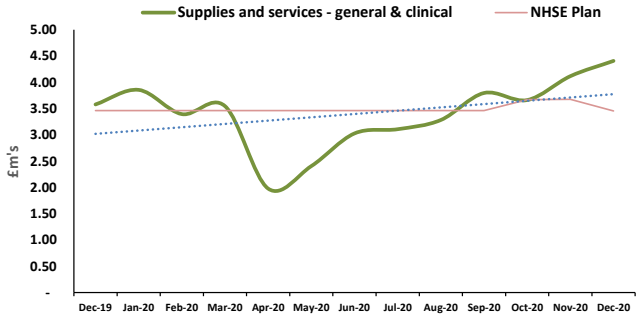
Non-Pay Summary for the 9 months ending 31 Dec 2020

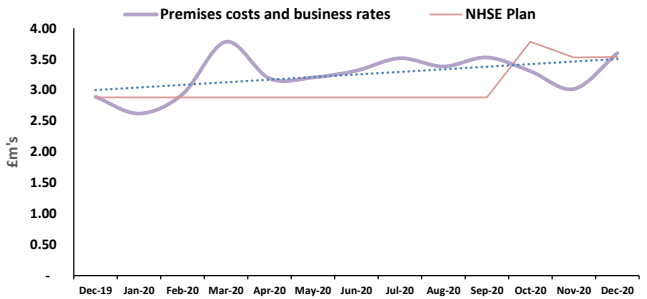






2020/21 Plan for the first 6m of the year shown on the graphs reflect the original NHSE plan. From M7 these reflect the latest agreed NHSE Plan





Summary

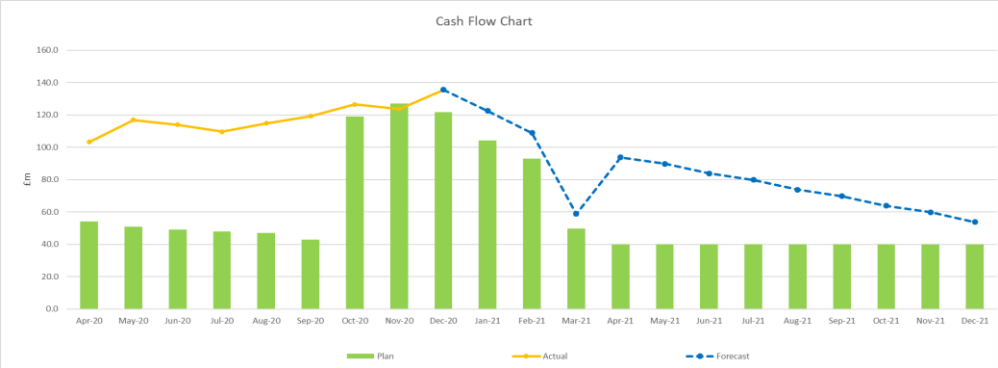
- There have been changes to the process for passthrough drugs from month 7 with a number of drugs returning to cost and volume. The YTD variance against our internal plan is £0.2m adverse is largely driven by CAR-T above expected levels. Passthrough drugs YTD overspend has reduced £0.8m due to seasonality and lower activity over the holiday period.
- 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. Despite some acitivity reductions in M9, these costs remained high with key drivers being lab consumables and reagent. Lab consumables in-month in both M8 and M9 are c. £0.2m higher than the average spend in the first 6 months of the year given continued running of the Covid testing service. Reagents are also £0.2m higher in both M8 & M9 than the average of the first 6 months of the year for the same reason.
- Premises costs have returned to consistent levels as per recent prior months. ICT expenditure involved in improving the Trust cyber security, virtual patient meetings, facilitating remote access and working for staff remains high. 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. In-month the Trust has also received some higher than anticipated utility charges that are currently under scrutiny.
- The Trust has seen a £0.5m reduction 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 £1.7m.

31 Mar 2020 Audited Accounts £m	Statement of Financial Position	YTD Actual 31 Oct 2020 £m	YTD Actual 30 Nov 2020 £m	*YTD Actual 31 Dec 2020 £m*	In month Movement £m
543.87	Non-Current Assets	541.22	540.03	538.87	(1.16)
115.21	Current Assets (exc Cash)	90.99	88.89	85.41	(3.48)
61.31	Cash & Cash Equivalents	126.47	123.66	135.50	11.84
(102.32)	Current Liabilities	(147.41)	(142.93)	(151.99)	(9.06)
(6.76)	Non-Current Liabilities	(6.17)	(6.13)	(6.09)	0.04
611.31	**Total Assets Employed**	**605.10**	**603.52**	**601.70**	**(1.82)**

31 Mar 2020 Unaudited Accounts £m	Capital Expenditure	YTD plan 31 Dec 2020 £m	YTD Actual 31 Dec 2020 £m	YTD Variance £m	Forecast Outturn 31 Mar 2021 £m	RAG YTD variance
21.84	Redevelopment - Donated	11.29	5.47	5.82	9.43	R
7.43	Medical Equipment - Donated	2.43	2.07	0.36	2.56	A
1.95	ICT - Donated	0.00	0.00	0.00	0.00	G
31.22	**Total Donated**	**13.72**	**7.54**	**6.18**	**11.99**	R
6.78	Redevelopment & equipment - Trust Fun	4.66	1.74	2.92	5.37	R
1.90	Estates & Facilities - Trust Funded	1.31	0.07	1.24	1.35	R
11.95	ICT - Trust Funded	2.78	1.52	1.26	3.30	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	(1.00)	G
20.63	**Total Trust Funded**	**8.75**	**3.33**	**5.42**	**9.02**	R
0.00	**PDC (CIR)**	**1.51**	**1.22**	**0.29**	**1.55**	A
0.00	**PDC (Covid)**	**0.29**	**0.96**	**(0.67)**	**1.14**	R
51.85	**Total Expenditure**	**24.27**	**13.05**	**11.22**	**23.70**	R

Working Capital	30-Nov-20	31-Dec-20	RAG	KPI
NHS Debtor Days (YTD)	5.0	4.0	G	< 30.0
IPP Debtor Days	310.0	292.0	R	< 120.0
IPP Overdue Debt (£m)	39.8	35.7	R	0.0
Inventory Days - Non Drugs	74.0	65.0	R	30.0
Creditor Days	30.0	26.0	G	< 30.0
BPPC - NHS (YTD) (number)	39.5%	43.1%	R	> 90.0%
BPPC - NHS (YTD) (£)	74.7%	74.6%	R	> 90.0%
BPPC - Non-NHS (YTD) (number)	84.2%	84.3%	R	> 90.0%
BPPC - Non-NHS (YTD) (£)	88.2%	88.5%	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:

1. Capital expenditure for the nine months to 31 December is less than plan by £11.2m: Trust-funded expenditure is less than plan by £5.4m, 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 £6.2m which relates to slippage on the Sight and Sound and CCC projects. There is £0.4m additional spend on PDC funded projects.
2.Cash held by the Trust increased in month by 11.8m. This is largely as a result of cash received in relation to outstanding IPP debt. The Trust received £9.3m in December (£2.3m in M08). In addition total cash receipts in month were higher than payments which resulted in the increase in cash in month.
3.Total Assets employed at M09 decreased by £1.8m in month as a result of the following:
•Non current assets totalled £538.9m, a decrease of £1.2m in month
•Current assets excluding cash totalled £85.4m, a decrease of £3.5m in month. This largely relates to the decrease in contract receivables including IPP which have been invoiced (£7.5m lower in month); Capital receivables (£0.6m lower in month) and Inventories (£0.2m lower in month).
This decrease is offset by an increase in accrued receivables including IPP relating to work in progress (£1.8m higher in month) and Other non NHS receivables (£3.0m higher in month). Other non NHS receivables includes prepayments VAT receivable (£1.4m higher in month) and Charity debt (£0.6m higher in month)

•Cash held by the Trust totalled £135.5m, increasing in month by £11.8m and as mentioned above is largely as a result of a higher level of IPP receipts in month
•Current liabilities increased in month by £9.1m to £152.0m. Nhs payables increased in month by £6.1m and this largely includes amounts due back to CCGs in relation to block payments received in advance as well as amounts due to be transferred to another Trust for Rare Cancer Diseases. Other movements include deferred income (£0.9m higher in month); expenditure accruals (£1.9m higher in month).
4.IPP debtors days decreased in month from 310 days to 292 days. Total IPP debt decreased in month to £37.0m (£42.1m in M08). Overdue debt also decreased in month to £35.7m (£39.8m in M08).
5.The cumulative BPPC for NHS invoices (by value) remained the same as the previous month at 75%. This represented 43% of the number of invoices settled within 30 days (40% in M08)
6.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 (84% in M08)
7. Creditor days decreased in month from 30 days to 26 days.

Attachment V

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
3rd February 2021

Safe Nurse Staffing Report for reporting period Oct - Nov 2020 **Submitted by: Alison Robertson, Chief Nurse.** **Prepared by: Marie Boxall, Head of Nursing-Nursing Workforce**	**Paper No: Attachment V** **□ For information and noting**

Purpose of report

To provide the Board with an overview of the nursing workforce during the months of October and November 2020 and in line with the National Quality Board (NQB) Standards and Expectations for Safe Staffing (2016) and further supplemented in 2018. It provides assurance that arrangements are in place to safely staff the inpatient wards with the right number of nurses with the right skills and at the right time.

Summary of report

- The report includes measures to ensure preparedness and the health and well-being of staff throughout the current pandemic surge in December 2020 and January 2021.
- Outlined within the report is the strategic support provided to the wider system for our North Central London (NCL) partner trusts.
- The Trust registered nursing vacancy rate was 4.85% in October and dropped to 4.59% in November. The nursing voluntary turnover was in 12.73% November which is below trust target (13%).
- There was one datix incident in October and two datix incidents in November in relation to safe staffing, no patient harm occurred.
- The reported CHPPD for October 2020 was 13.6 made up of 11.18 Registered Nurses and 2.46 HCA hours. This increased slightly in November 2020 to 14.3, 11.65 Registered Nurses and 2.62 HCA hours.

Action required from the meeting

To note the information in this report on safe nurse staffing which reflects actions as the trust experiences the second surge in the pandemic while maintaining care for priority patients and supporting general paediatric activity.

Contribution to the delivery of NHS Foundation Trust priorities	**Contribution to compliance with the Well Led criteria**
□ PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people **□ Quality/ corporate/ financial governance** Safe levels of nurse staffing are essential to the delivery of safe patient care and experience.	**□ Leadership, capacity and capability** **□ Vision and strategy** **□ Culture of high quality sustainable care** **□ Responsibilities, roles and accountability** **□ Effective processes, managing risk and performance** **□ Accurate data/ information** **□ Engagement of public, staff, external partners** **□ Robust systems for learning, continuous improvement and innovation**

Strategic risk implications

Risk 13: Inconsistent delivery of safe care

Attachment V

Financial implications Already incorporated into 20/21 Directorate budgets.
Implications for legal/ regulatory compliance Safe Staffing
Consultation carried out with individuals/ groups/ committees Nursing Board, Nursing Workforce Assurance Group
Who is responsible for implementing the proposals / project and anticipated timescales? Chief Nurse, Director of Nursing and Heads of Nursing
Who is accountable for the implementation of the proposal / project? Chief Nurse; Directorate Management Teams
Which management committee will have oversight of the matters covered in this report? People and Education Assurance Committee

1. Purpose

This paper provides the required assurance that GOSH had safe nurse staffing levels across all in-patient ward areas and appropriate systems in place to manage the demand. This report covers the reporting period for October and November 2020. The report also includes measures to ensure preparedness and the health and well-being of staff throughout the current pandemic surge in December and January 2021. It also outlines the strategic support provided to the wider system for our North Central London (NCL) partner organisations; the North Middlesex, Royal Free, Whittington and University College Hospitals.

2. Covid 19 Pandemic - Second Surge Response

As in the first phase of the pandemic GOSH nursing staff have been required to work in new ways and in different wards, departments and organisations over recent weeks. At times, it has also required nursing staff to work in environments and with patient groups that may be unfamiliar. We followed NHSE/I principles and Nursing and Midwifery Council (NMC) regulatory guidance to support our response and maintain safe staffing measures which were outlined in the previous reports, and updates are provided against these points for the reporting period.

2.1 Deployment

Internal deployment - Nursing staff have been deployed to Pelican (Covid), Paediatric Intensive Care Units (PICU) and the Staff Vaccination Clinic to support expansion or new services in response to the pandemic.

External deployment - 20 GOSH nursing staff have been deployed to the Whittington NCL South Hub (general paediatrics) since early November 2020, with 5 returning in January and 15 remaining until March 2021. An additional 70+ nurses have been deployed to support patient care in the adult ICUs and mental health units/Emergency Departments (EDs) at the Royal Free, University College, North Middlesex and Barnet Hospitals over recent weeks. At time of reporting a total of 67 nurses are currently on external deployment with weekly reviews in place.

Preparedness included upskilling, staff health risk assessments, FIT testing, 'keeping in touch' measures and an enhanced Health and Well-being offer, all of which are outlined below. A Standard Operating Procedure (SOP) has been developed and approved which provides a robust process to ensure safe staffing levels are maintained at GOSH while supporting the system response to the pandemic.

2.2 Building competence and confidence

Although nurses brought transferable skills with them into new clinical areas, they were also offered upskilling and refresher sessions, specifically in general paediatrics, adult vaccination, anaphylaxis, adult Basic Life Support (BLS) and adult ICU skills via the education team to support clinical competence. We also worked with senior nursing staff and education teams to ensure skills and competencies developed during the first surge were maintained to support rapid response during the second surge.

2.3 Health and Well-being

The longer-term effects of the pandemic on our nurses are yet to be seen and the nursing retention plan was previously revised to respond to these challenges. The enhanced Health and Well-being offer continues to grow and evolve, with regular 'catch up' Zooms for deployed staff, letters issued to relevant staff clearly outlining ongoing support and how to access it, regular weekly 'check ins' with line managers

while on deployment and access to tools which promote good health and wellbeing habits.

3. Recruitment

Throughout this period and in an effort to support our response, we continue to grow and develop our nursing workforce. The following have been recruited or commenced in the Trust since the last reporting period:

- 19 newly qualified nurses (NQNs), on the 4th January 2021
- 5 experienced Band 3 Health Care Assistants
- 11 international nurses arrived on the 18th January and will be joining the NMC Temporary Register
- 1 'Return to Practice' Registered Nurse (Child Health)
- 18 Registered Nurse Apprentices (RNA)
- 9 Nursing Associates have now commenced their Registered Nurse 'Top up' programme
- Appointed 12 new Band 2 Health Care Support Worker Apprentices (HCSW), to replace those who have been appointed to RNA apprenticeship.

4. Nursing Vacancy and Voluntary Turnover Rate

The Trust registered nursing vacancy rate continues to improve with the rate decreasing to 4.59% in November from 4.85% in the previous month. The vacant WTE during this period fell by 4.1 WTE from 76.3 WTE to 72.2 WTE, continuing the Trust's positive trajectory. Unregistered HCA vacancies remain very low with only 12 WTE across the whole trust following recent recruitment.

In terms of recruitment there were 11 WTE new starters in October and 26 (23.40 WTE) in November, offset by 20 leavers in October (17.65 WTE) and 21 in November (18.04 WTE). Voluntary turnover has improved consistently throughout the calendar year and is currently 12.73% for November and below Trust target (13%).

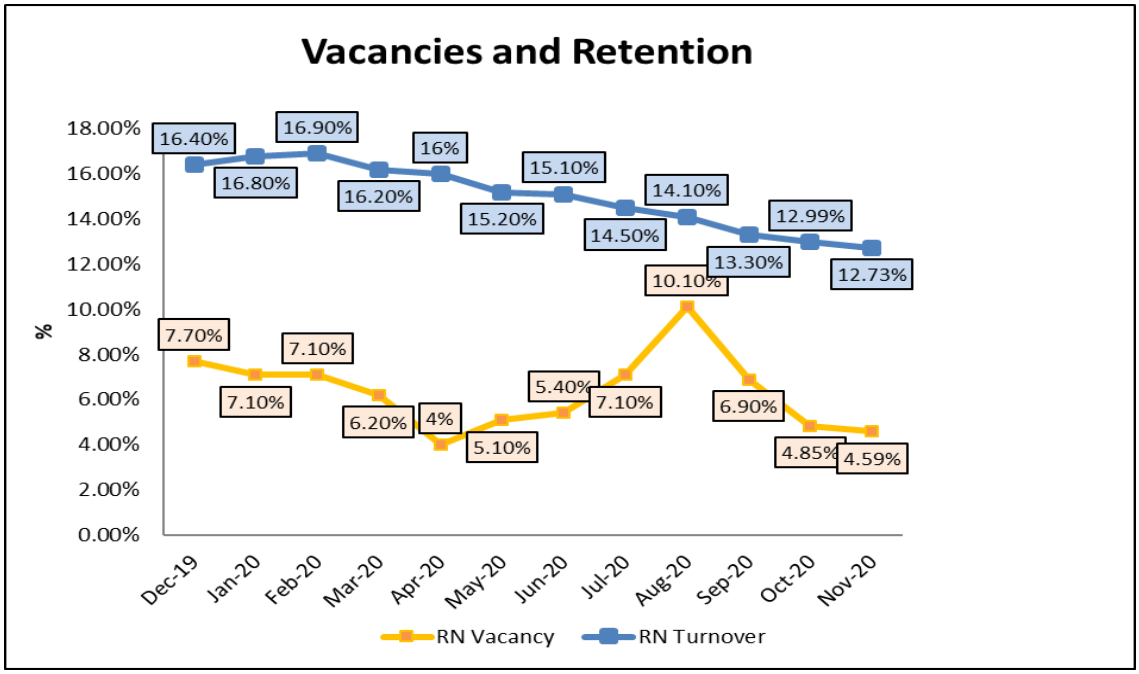


Fig.1 Registered Nurse vacancy and voluntary turnover rate (12 month view)

5. Temporary Staffing

The total number of shifts requested has increased from 2572 in October to 2616 in November, with bank usage increased 7% from 80% to 87%, and agency usage dropped from 1% to 0%. Overall the unfilled shifts between October and November 2020 fell by 6%, from 19% to 13%. Bank usage increased for a number of reasons during this period including patient acuity, self-isolation, high maternity rates and staff sickness.

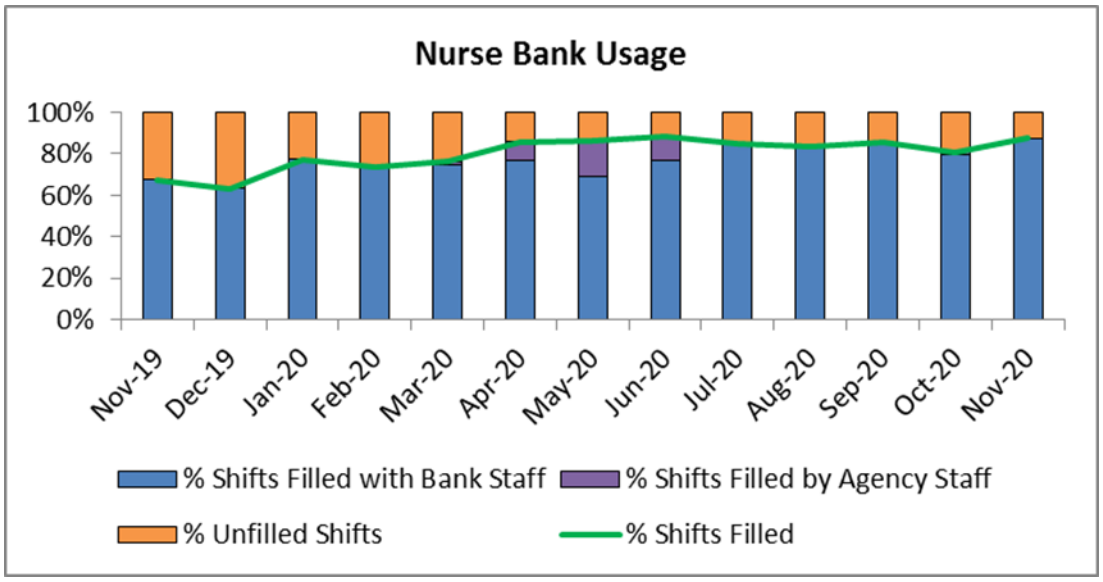


Fig.2 Nurse Bank Usage (13 month view)

6. Incident Reporting

There was one datix incident in October for the International and Private Care (IPC) directorate and two datix incidents in November, one for the Heart & Lung (H&L) directorate and one for the Sight & Sound (S&S) directorate, all of which were categorised as a safe staffing incidents. All have been investigated and closed with no patient harm, and assurance from Heads of Nursing that appropriate mitigation has been put in place.

7. Care Hours Per Patient Day (CHPPD)

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

CHPPD includes total staff time spent on direct patient care but also on activities such as preparing medicines, updating patient records and sharing care information with other staff and departments. It covers both temporary and permanent care staff but excludes nursing students and staff working across more than one ward. CHPPD relates only to hospital wards where patients stay overnight. When we report CHPPD we exclude the 3 ICUs to give a more representative picture across the Trust. The reported CHPPD for October 2020 was 13.6 made up of 11.18 Registered Nurses and 2.46 HCA hours. This increased slightly in November 2020 to 14.3, 11.65 Registered Nurses and 2.62 HCA hours.

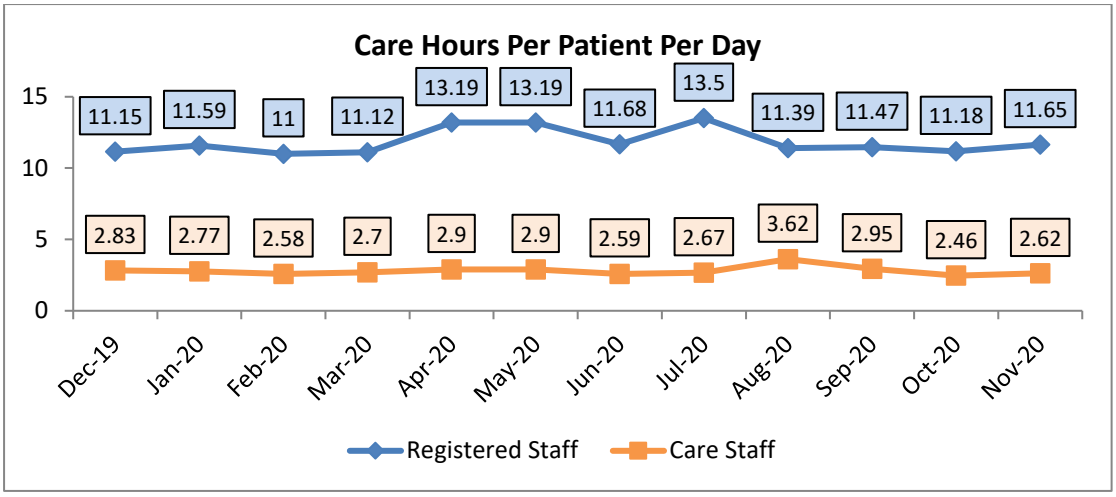


Fig. 3 Care Hours per Day – Breakdown (12 month view)

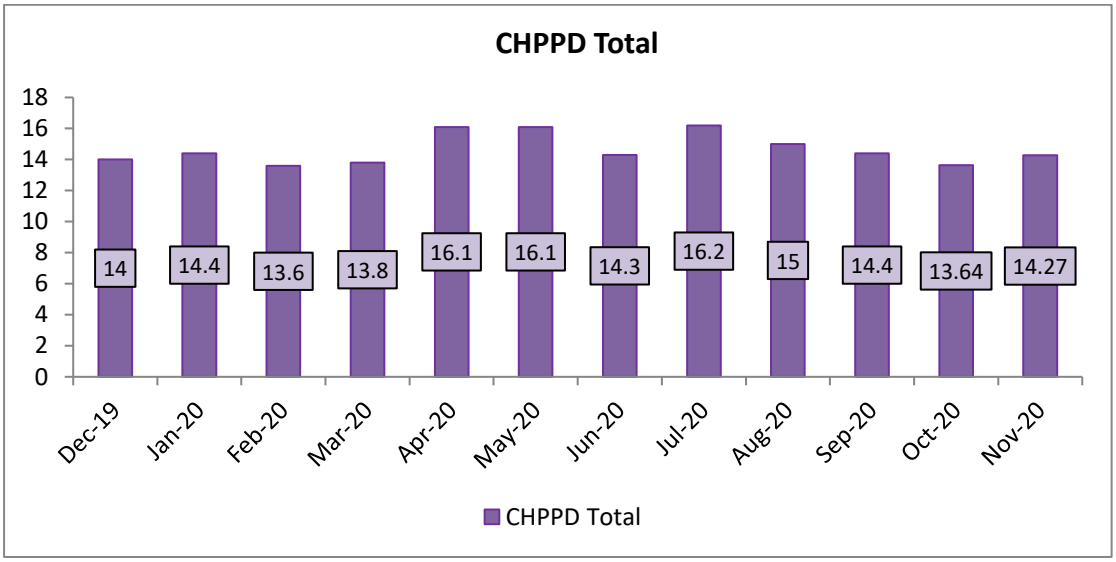


Fig. 4 Care Hours per Day - Total (12 month view)

8. Summary

Due to the current situation and the redeployment of Nursing Workforce Team to the Staff Vaccination Clinic, some usual activity has been paused. The Nursing Workforce Assurance Group (NWAG) meeting which was also scheduled for the first week in January was postponed due to conflicting prioritises. However nursing levels and deployments are reviewed on a daily basis and with greater scrutiny due to the rapidly changing situation. The Safer Nursing Care (SNCT) biannual establishment review will also be rescheduled due to nursing staff capacity, ward mergers, redeployments and unusual service activity which will provide inaccurate and misleading data. This will be reinstated at the earliest possible opportunity.

Appendix 1: October & November Workforce metrics by Directorate

Oct-20						
Directorate	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover * %	Sickness (1 mnth) %
Blood, Cells & Cancer	85.2%	13.5	3.29	1.40%	7.84%	2.41%
Body, Bones & Mind	93.6%	12.7	19.63	7.90%	17.93%	1.42%
Brain	91.7%	14.3	6.99	4.99%	10.09%	1.84%
Heart & Lung	80.3%	13.7	6.88	1.26%	14.21%	3.74%
International	77.5%	15.7	19.66	18.82%	16.48%	3.90%
Operations & Images	N/A	N/A	-1.07	8.27%	13.94%	3.76%
Sight & Sound	94.0%	12.7	0.68	1.37%	6.25%	3.43%
Research & Innovation	N/A	N/A	N/A	23%	9.52%	4.28%
Trust	86.3%	13.6	79.32	4.85%	12.74%	3.16%

October Nursing Workforce Performance relates to all RN grades

NB. The high vacancy rate in IPP does not impact on patient care. Due to the closure of Hedgehog Ward, the staff have been deployed to Bumblebee Ward therefore high nursing/patient ratios are maintained.

Nov-20						
Directorate	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover * %	Sickness (1 mnth) %
Blood, Cells & Cancer	89.4%	14.8	5.98	2.54%	6.98%	3.55%
Body, Bones & Mind	99.7%	13.5	19.42	7.35%	16.28%	1.79%
Brain	94.5%	14.0	6.26	4.47%	9.19%	1.91%
Heart & Lung	82.8%	13.5	14.88	2.73%	14.66%	4.34%
International	83.2%	16.4	18.13	16.87%	15.16%	4.03%
Operations & Images	N/A	N/A	-9.91	5.87%	15.18%	3.55%
Sight & Sound	104.5%	15.0	0.68	1.37%	6.25%	3.60%
Research & Innovation	N/A	N/A	N/A	18%	8.39%	0.71%
Trust	90.9%	14.3	75.18	4.59%	12.73%	3.40%

November Nursing Workforce Performance *Relates to all RN grades

Attachment W

Trust Board January 2021	
Guardian of Safe Working report **Submitted by:** Dr Renée McCulloch, Guardian of Safe Working	**Paper No: Attachment W**

Aims / summary

This report is the third quarter report of 2020/21 to the Board regarding Junior Doctor working practice at GOSH. This report covers the period 1st October to 31st December 2020 inclusive.

Action required from the meeting

The Board are requested to note the appointment of the medical workforce leads who are supporting a Programme of Improvement to Out of Hours Working.

Contribution to the delivery of NHS Foundation Trust strategies and plans

The Guardian of Safe Working (GOSW) supports and enables a safe and positive working and learning environment for junior doctors. This contributes to the Trusts strategic objective relating to providing safe patient care and an excellent place to work and learn.

Financial implications

Improvement in rest facilities for junior doctors is required.

Who needs to be told about any decision?

n/a

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

Dr Renee McCulloch, Guardian of Safe Working, Associate Medical Director: Workforce
Mr Simon Blackman Deputy Medical Director for Medical & Dental Education

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

Dr Sanjiv Sharma, Medical Director

Attachment W

Guardian of Safe Working
Third Quarter: 1st October 2020 – 31st December 2020

1 Purpose

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

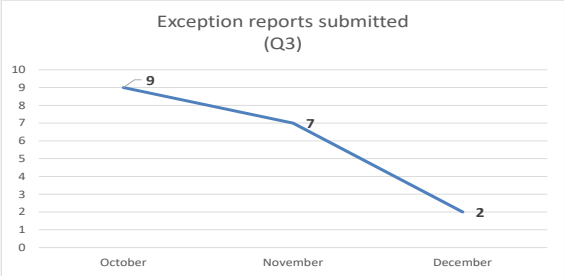
2 Background

See Appendix 1

3 Exception Reporting: High Level Data

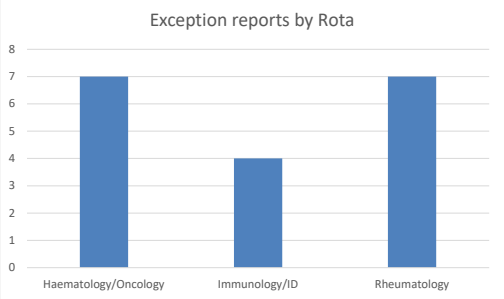
3.1 Number of exception reports (ER) at GOSH remain low reflecting cohort a) senior trainees b) non UK Trust doctors c) poor engagement with ER system

3.2 Numbers of doctors submitting reports increased this quarter following a reduced level of reporting during the operation of COVID rotas



3.3 18 ERs submitted in this quarter

- 15 ER: extra hours worked.
- 3 ER: educational
- 8 doctors submitted the reports (8 SpR)
- ER reports across 3 rotas



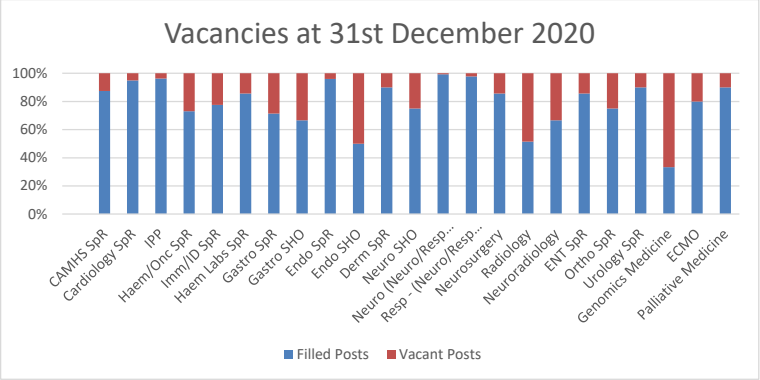
3.4 **Exception Report Outcomes:**

Outcome ERs October to December	
TOIL	2
Compensation	16

Attachment W

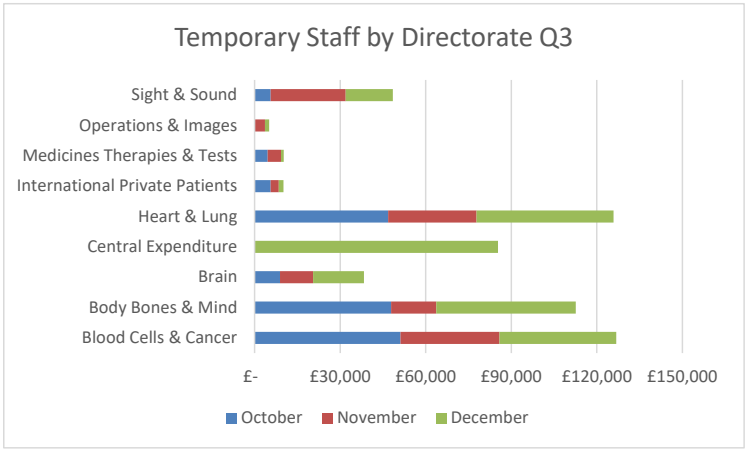
4 Vacancy Rates

4.1 The overall vacancy rate across junior doctor rotas as of 31/12/2020 is 9% with 30.1 FTE vacant out of a total of 326 rota slots.

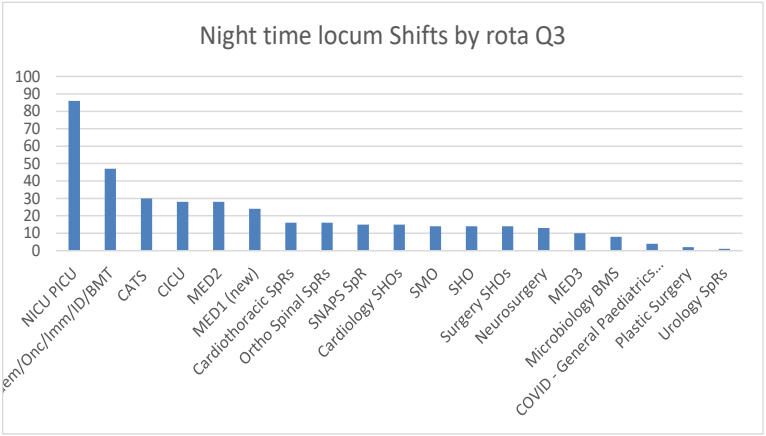


5 Bank and Agency data

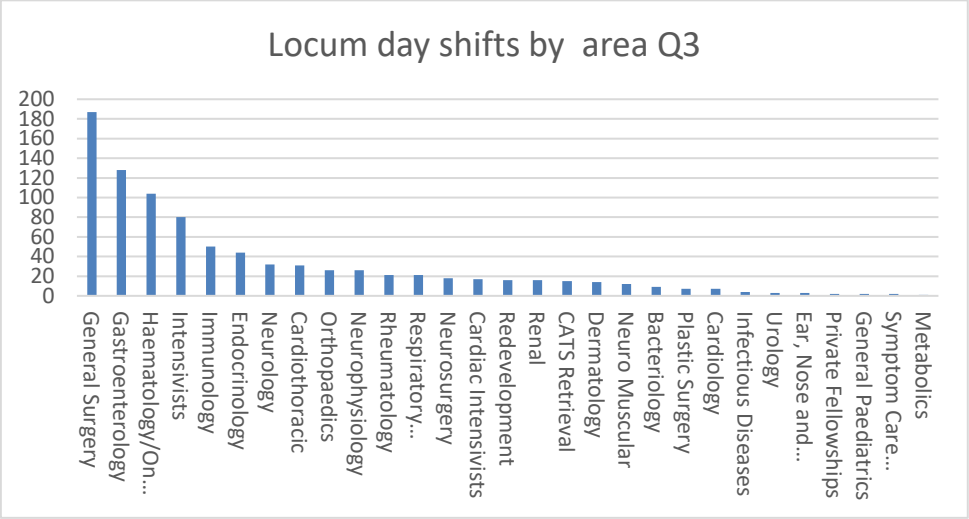
5.1 The Trust spent £557,209 on Junior Dr temporary staffing in Q3 which equates to 6.7% of the quarter's total pay bill.



5.2 When looking at shifts booked in the quarter, the Surgery SHO rota was the most frequent rota using temporary staff with 221 day time shifts filled (16% of the total).



Attachment W



6 Medical Workforce Leads (MWLs)

6.1 Five (consultant) medical workforce leads (1 PA each) to support the Associate Medical Director for workforce/ GOSW in delivering a programme of improvement work related to out of hours working were appointed in November 2020. One element of work, scrutinising the requests for bank shifts, and improving the governance of this is underway.

6.2 The MWLs are closely managing the junior doctor workforce during the COVID response to ensure the integrity of both out of hours rotas and speciality medical workforce resource are appropriately allocated, compliant and supportive.

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

7.1 PICU/ CATs rotas have improved weekend frequency rota – change planned for March 2021

7.2 CAHMs rota remains under review across ELFT/ NCL with respect to safety and compliance

7.3 New changes to safety and rest limits will attract GOSW fines if they are reported – currently no reports.

8 Junior Doctors Forum

8.1 A new leadership course has been launched for the JDF team in positions of responsibility.

8.2 Main issue for JDF in Q3:

- Considerable activity was required to ensure safe working environments and access to equipment for the junior doctors
- Provision of rest facilities. GOSH does not have adequate COVID compliant feet up rest facilities.

9 Summary

9.1 Exception reporting remains variable across the trust

9.2 Systems enabling regulation of response completion and payment time scales are being implemented by GOSW and medical HR.

9.3 Consultant medical workforce leads are in post for one year, providing scrutiny and support to the management of the junior doctor workforce.

9.4 Providing a safe working environment and appropriate equipment to doctors took some time but has now been achieved

9.5 Access to COVID compliant ‘feet up’ rest facilities for junior doctors requires attention.

9.6 Junior doctors are well engaged and the JDF invites the Board members to continue to attend its monthly meetings.

Attachment W

Appendix 1 Background Information for Trust Board

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

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

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

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

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

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

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

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

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

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

Allocate have improvement updates due in 2019 to include:

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

Attachment W

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

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

TCS contract includes but is not limited the following amendments:

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

Attachment X

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
3rd February 2021

Learning from Deaths Report – Learning from Deaths in Q2 2020/21 **Submitted by:** Dr Sanjiv Sharma , Medical Director	**Paper No: Attachment X** For information and noting

Purpose of report

To provide Trust Board with oversight of

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

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

Summary of report

Seventeen children died at GOSH between 1st July and 30th September 2020.
Reviews (i.e. an MRG or a CDRM) have been completed for all cases. We have been able to maintain resilience with our mortality reviews throughout the Covid 19 pandemic.

Of seventeen deaths.

- There were no cases reviewed that had modifiable factors in the child's care at GOSH that may have contributed to vulnerability, ill health or death.
- There was one death in this period which met the criteria for requiring an SI investigation. The SI report is currently awaiting sign off from NHS England. The learning is around the adequacy of information provided to GOSH for an international patient. The action plan from that SI to address this root cause will be monitored by Closing the Loop (February 2021)
- The review process highlighted particular positive aspects of care and communication in seven cases.
- Six learning points were identified around best practice which could improve safety, the co-ordination of care, or patient and family experience.
- There were three deaths at GOSH where it was possible to conclude that the COVID 19 pandemic had an impact on the death occurring at GOSH. In one case whilst it is not possible to definitively conclude, at the MRG review it was felt that late presentation at the local hospital may have had an impact. This case was referred to the Coroner and that additional information could be identified at a later stage through the Coroners and CDRM.

There are no outliers which require investigation noted in real time PICU/NICU risk adjusted mortality. Crude Trust wide mortality is within normal variation.

Action required from the meeting

There are no recommendations or actions for the Board to consider
The learning points in this report will be shared with Closing the Loop to support any actions which made be required to implement them.

Contribution to the delivery of NHS Foundation Trust priorities	**Contribution to compliance with the Well Led criteria**
Quality/ corporate/ financial governance	Culture of high quality sustainable care

	Effective processes, managing risk and performance Accurate data/ information Robust systems for learning, continuous improvement and innovation
Strategic risk implications Risk 13: Inconsistent delivery of safe care	
Financial implications Not Applicable	
Implications for legal/ regulatory compliance Meets the requirement of the National Quality Board to report learning from deaths to a public board meeting. Child Death Review Meetings (CDRM) are statutory following the publication of the Child Death Review Statutory guidance which applies for all child deaths after 29th September 2019.	
Consultation carried out with individuals/ groups/ committees This report has been reviewed and approved by the Patient Safety and Outcomes Committee (January 2021)	
Who is responsible for implementing the proposals / project and anticipated timescales? Dr Pascale du Pré, Consultant in Paediatric Intensive Care, Medical Lead for Child Death Reviews Andrew Pearson, Clinical Audit Manager	
Who is accountable for the implementation of the proposal / project? Medical Director	
Which management committee will have oversight of the matters covered in this report? Patient Safety and Outcomes Committee	

Attachment X

Great Ormond Street Hospital for Children NHS Foundation Trust

Learning from Deaths: Report of deaths in Q2 2020/21

Aim of report

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

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

Background

Mortality reviews take place through two processes at GOSH:

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

Completion of mortality reviews

Seventeen children died at GOSH between 1st July and 30th September 2020.

- Reviews (i.e. an MRG or a CDRM) have been completed for all cases.
- Eleven CDRMs have taken place. Six cannot take place until the completion of necessary coroner investigations and reviews. This in line with the Child Death Review Statutory Guidance.

We have been able to maintain resilience with our mortality reviews throughout the Covid 19 pandemic.

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

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

Total number of inpatient deaths at GOSH between 1st July and 30th September 2020.	17
Number of those deaths subject to case record review (either by the MRG, or at a CDRM)	17
Number of those deaths declared as serious incidents	1

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

Of the seventeen deaths in the period:

Modifiable factors at GOSH (0)
There were no cases reviewed that had modifiable factors in the child's care at GOSH that may have contributed to vulnerability, ill health or death.

Deaths that are subject to an SI investigation (1)

There was one death in this period which met the criteria for requiring an SI investigation.

Incident (2020/16005)	**Update**
This was a death of an International patient The patient was transferred without information regarding the extent of disease being shared with the clinical team at GOSH. The extent of the disease present at the time of transfer would have meant that the patient was not eligible to receive CAR-T cell treatment. Following transfer the patient died 48 hours after admission to Great Ormond Street Hospital	The SI report has been finalised and concludes "The root cause of the incident is the lack of up to date clinical information received from the patient's local hospital to allow for accurate decision making by the GOSH team to guide treatment options." The action plan to address this root cause will be monitored by Closing the Loop (February 2021)

Positive practice (7)
The review process highlighted particular positive aspects of care and communication in seven cases.

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

Good teamwork between medical and surgical team. Ongoing discussions with the parents and withdrawal of treatment was well managed.
The Palliative Care team and Ward teams were credited for their excellent care for this family towards end of life.
Parents expressed their gratitude to those staff at [local hospital 1], Great Ormond Street Hospital and, [local hospital 2], who worked so hard to care for them. Regular commissioned transport team (ANTS) were unable to transfer the child from the local hospital to GOSH but coordinated a separate transport team to do the transfer in a timely way and without the referring team having to make another referral.
Baby was able to be repatriated to [African country] for rapid burial despite Covid-19 pandemic (rapid phone registration of the death facilitated by GOSH and support in the community helped facilitate this). The referral team expressed gratitude for the "incredibly helpful" Haem Onc team at GOSH. The NICU team were very grateful for the input of all the multiple teams involved in caring for this child.
Rapid genetic testing was very helpful in confirming the suspected diagnosis of Trisomy 13 quickly. There was not disagreement between the team and the family regarding the baby's prognosis, providing symptom care, or limitation of care. However, due to their religious view they could not agree to withdraw care. Early escalation to Medical Directors office and legal team when it became obvious that end of life care discussions led by families religious beliefs would be challenging. This

was an effective strategy in allaying moral distress in the team. Given the baby's condition and MDT agreement with a care plan aligning with both the baby's best interest and the family's wishes, there was no need for Ethics consultation or further legal advice. Report provided by GP indicated that mother was very happy with care received at GOSH and that baby was kept very comfortable.
Good clinical care from London Ambulance Service and rapid transfer to hospital. *Good discussion between local and GOSH with regard to transfer to GOSH rather than staying at local*

Additional learning points identified (6)
These were not deaths where modifiable factors were identified, but where learning points were identified around best practice which could improve safety, the co-ordination of care, or patient and family experience.

Location of learning	Learning
GOSH	The lack of parental input in CDRM process or ability to provide routine bereavement follow up due to being an international private patient was noted as a theme for all international private patients who die at GOSH. Given the new move towards Zoom based bereavement follow up it was suggested that there is no reason why international private patients could not be contacted to offer bereavement follow up via email correspondence. This will be explored further with bereavement services.
GOSH	Issues identifying the most appropriate specialty and consultant for patients with complex medical needs and multiple team input (project to be initiated looking at Complex patients)
GOSH	End of life care discussions led by family's religious beliefs. Earlier involvement of the GOSH Chaplains (in this case Rabbi)
GOSH	In cases where children are transferred between units (in this case CICU to NICU) the importance of Consultant to Consultant handover with the introduction of a Joint Ward round prior to transfer has been introduced and improved communication already demonstrated in a subsequent case.
GOSH	Importance of early and documented MDT discussions for children with Infective Endocarditis who may require cardiothoracic surgery.
GOSH	Venous and arterial access were difficult on arrival at GOSH. Some time was spent tried to source a size 5F vascath. Given severity of the OTC deficiency though, any delay did not have any effect on outcome. Size 6.5F vascath appropriate for this size infant. Central line guideline has been updated.

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

Impact of COVID pandemic on deaths at GOSH in Q2
We amended our mortality review process at the start of the COVID pandemic to ensure we indicate where there has been impact of the pandemic on a death occurring at GOSH .

There were three deaths at GOSH where it was possible to conclude that the COVID 19 pandemic had an impact on the death occurring at GOSH.

1. Family were considering repatriation to Qatar however Covid precautions would have meant quarantine for a period of time on arrival to Qatar and it was not clear what medical services (especially palliative care) might be available for him there. Covid did not contribute to death but rather to place of death.
2. Delay in transfer for CART therapy is highlighted on the CDOP form. This death is reviewed as an SI (2020/16005)

3. Due to [London Acute Trust] experiencing many ICU admissions due to COVID, Patient was transferred to GOSH to allow adult patients onto PICU. If this had not happened, she would have stayed at acute trust and not died at GOSH

In one case , whilst it is not possible to definitively conclude, at the MRG review it was felt that late presentation at the local hospital may have had an impact. This case was referred to the Coroner and that additional information could be identified at a later stage through the Coroners and CDRM"

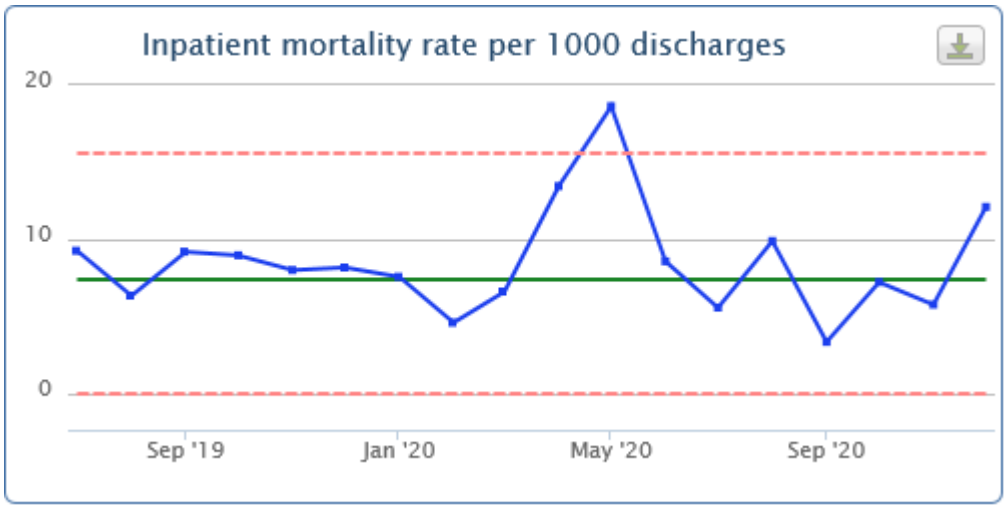
In four cases the impact of the pandemic was noted on the experience of the family

1. COVID 19 visiting restrictions caused anxiety to parents who had requested that grandparents and siblings visit however this was declined until final day of life.
2. Difficulty with restricted visiting. Mother had to be on her own a lot. Sibling unable to visit
3. Family were unable to stay in the accommodation as the sibling was unable to stay due to Covid visiting restrictions .The Family Support worker applied for a grant for the family to facilitate travel to the hospital however this was unfortunately delayed due to Covid and the parental financial difficulties with attending hospital meant some major decisions had to be made on phone.
4. Mother tested positive for Covid-19 and two subsequent tests were negative. In line with infection control at the time. Parents had restricted contact with twins as a result of waiting for test results. This was no felt to have contributed to the outcome but was distressing for the parents particularly in view of the fact their child subsequently died.

Mortality rate

An increase in the mortality rate in May 2020 prompted a pro active internal review to identify trends and understand the reasons for this. This report has been reviewed in a number of forums ,summarised in the Learning from Deaths Report to Trust Board, and shared with NHS England at the Clinical Quality Review Group.

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



Attachment Y

Great Ormond Street Hospital for Children NHS Foundation Trust

Summary of the Quality, Safety and Experience Assurance Committee held on 21st January 2021

Overview and Emerging clinical and risk issues

A CQC inspection was taking place which was focused on Serious Incidents and Red Complaints and the Trust had approached an external organisation to discuss a review of the Serious Incident process. An internally led safeguarding governance review had been completed and an action plan would be developed by the Strategic Safeguarding Committee based on its recommendations.

Closing the Loop Group

The purpose of the group is to ensure that action plans arising from investigations into incidents, claims, deaths and complaints are fully completed and embedded. There were a few outstanding actions which had been delayed by circumstances but plans are in place to close them within the new timeframes.

Update on progress with actions arising from the Renal Review

The Committee highlighted the importance of closing actions from the review in a timely way and that this should be a priority for the team as a whole. Contingency planning had taken place for managing renal patients during the second surge of the pandemic, including close management of supplies.

Update on progress with gastroenterology action plan

It was noted that some actions were reliant on external networks. The committee highlighted the importance that actions were SMART in the way they were designed to ensure they could be completed and tracked effectively and efficiently. Discussion took place around the final action which is to undertake a follow up review and planning was taking place for this.

Update on progress with urology action plan

The Royal College of Surgeons had confirmed that it no longer required progress reports on the action plan but would continue to follow up the outcome of the open Serious Incidents in the service. The Executive Team had expressed concern about the pace at which the actions were being completed and as a result, operational changes had been made.

Integrated Quality and Performance Report (November 2020 data)

Nine Serious Incidents were open in the period, and the committee agreed it was vital that investigations were completed in a timely way. More Serious Incidents had been declared than closed for a third consecutive month and it was important to reverse this trend. The Committee highlighted the importance of reviewing metrics which may signal a fatigued workforce and it was emphasised that performance recovery plans must also include staff recovery. Performance against duty of candour metrics was discussed and it was noted that training would be provided to teams to undertake root cause analyses at local level to support improvement at stages two and three.

Update on the work of the Clinical Prioritisation Group

Demand continued to be greater than hospital capacity and numbers of priority 2 and 3 patients were increasing. A harm assessment process was in place to determine whether each breaching patient could continue to wait or required urgent treatment. So far no harm had been identified to any patients as a result of prioritisation or waiting.

Operational delivery plans for Quality and Safety Strategies
The committee welcomed the comprehensive implementation plans for these two foundational strategies and welcomed their external review that had been commissioned from the Chief Executive of Patient Safety Learning. Her recommendations will be built into the plans. The monitoring of the implementation plans will be built into the framework for planning for a CQC inspection and progress reported to QSEAC

Board Assurance Framework Update including update on compliance with policies
Board Assurance Risks had been mapped to the Above and Beyond Strategy and all risk owners had updated their risks. Approximately 80% of policies were in date including some of the policies which were designated as critical policies which must always be in date. The Committee emphasised the importance of ensuring these critical policies are always up to date and requested an update at the next meeting.

The Committee undertook deep dives into one risk:

- BAF Risk 12: Medicines are not managed in line with statutory and regulatory guidance (including update on IAG matters)

Progress with the MHRA action plan had been made, but further progress was required. The Medical Director continued to meet with the Pharmacy team on a weekly basis in order to drive progress. Key concerns continued to be in manufacturing although the position had improved over previous years. Manufacturing capacity was reduced as a result of estates work but it had been shown that there were no companies nationally which could take on GOSH's activity. The Committee expressed concern at the pace of improvement and requested increased focus and an update at the next meeting.

Compliance Update (Always Improving)
It was noted that 27 action were overdue and these were being focussed on and updates would be provided to QSEAC.

Update from the GOSH Paediatric Bioethics Centre (PBC) Report
An overview was provided on a recent review of the extensive activites of the service. Recommendations included an increase in publications and ethics rounds at GOSH. The service had been criticised by an external body for not having invited a family to a Rapid Review of their child's treatment plan. The Committee noted that GOSH is the only NHS ethics service to routinely invite patients and families to rapid review meetings, but encouraged the service to be transparent about the purpose of Rapid Reviews which is to not to make decisions but to support reflections about a child's best interests. The Committee requested a governance review of the service's Terms of Reference and of its effectiveness against them, and encouraged extra resource to be made available by GOSH for this. It was agreed that the report would come to the March QSEAC meeting.

Internal Audit Progress Report
A review of redevelopment had provided a rating of 'significant assurance with minor improvement potential' and actions arising from recommendations made in the recent volunteer governance review were on track.

Internal audit recommendations update
Four actions would be falling overdue however there were no concerns about their likely completion within the revised timelines.

The work of the Patient and Family Experience and Engagement Committee
The Committee welcomed the substantial number of clinical audits taking place and highlighted the importance of ensuring the information gathered was used effectively. It was noted that improvements to this were anticipated as a result of the Quality Strategy which would see the development of a quality hub which included clinical audit.

Safeguarding Report Q2 2020/21
A task and finish group had been established to address the key actions required by the team which had been developed into an action plan. Discussion took place around how to ensure the right access to safeguarding supervision sessions which would be a focus going forward.

Health and Safety Update Q3 2020/21
Substantial progress had been made with the Safer Sharps programme which was welcomed by the Committee.

Freedom to Speak Up Guardian Update (September - December 2020) – Quality related
The recent appointment of the FTSU guardian was warmly welcomed. There had been a recent decrease in the number of cases received and it was important to increase communications to ensure staff were aware of the service. Discussion took place around the different routes available to staff to raise concerns and the importance of simplifying this as far as possible was emphasised.

Update on whistle blowing cases (September - December 2020) – Quality related
It was noted that no new cases had been raised in the reporting period and one case remained ongoing.

The Committee noted updates from the December meeting of the People and Education Assurance Committee and October meeting of the Audit Committee.

Research Governance Update
The team was under significant pressure and careful prioritisation had taken place focusing on patient safety. In the short term additional resource had been provided and the trust remained compliant with regulatory requirements.

Attachment Z

Finance and Investment Committee Update –November 2020

Key issues

Trust financial position at month 7

The Trust position in month 7 was a £4.1m deficit. This was 0.8m favourable to the NHSE/I plan. Trust NHS income remained largely on block however it as £0.5m lower than plan linked to lower overseas and devolved nation activity.

The Committee noted that the month 7 report had been discussed in detail at the Trust Board meeting.

New financial payment system for months 7-12 and beyond

The Committee noted that following national guidance, the Trust would operate under a new financial framework for months 7-12.

The Committee noted that the new framework had been discussed at the Trust Board and the Trust had maintained its financial controls to the same standards.

2021/22 Financial Planning

The Committee was informed that in the absence of national guidance on 2021/22 financial planning, the Trust had initiated planning using a number of basic assumptions. These were that the Trust would likely be required to submit a plan in April 2021 and it was unlikely that there would be any changes to Trust NHS income. The Committee noted that the plan would be updated for any implications of new guidance.

The current working assumption is the Trust would have a starting baseline of a £59.7m deficit. This deficit was expected to increase to £64.9m.

The directorates have initiated work to create a budget to deliver their services for 2021/22. Their final submissions will inform the Trust's Better Value Programme.

The Committee noted the challenges of maximising activity, reducing cost, utilising all space and maintaining staff morale.

COVID-19 update

The Committee received an update from the Interim Chief Operating Officer who reported that:

- The Trust was on target for recovery against activity targets
- Regular Face, Space and Wash audits were underway
- The challenges remaining included making narrow corridors safe, ensuring all staff had access to rest spaces and some minor issues around correct use of PPE.

The Committee also discussed the Trust's plans for delivering the COVID-19 vaccine and associated vaccination targets.

EPR: Presentation from Paediatric Oncology Shared Care Units (POSCU) team

The Committee received a report from the POSCU team on the implementation and use of Epic. The Committee members welcomed the report and discussed future expansion of Epic functionality, the level of support provided by the Epic team and the risks associated with expanding Epic access to Primary Care.

Other reports

Performance update Month 7

The Committee noted the report, specifically that theatre activity was above business as usual levels when compared to 2019/20 and that although there had been an improvement in discharge summaries, performance was still not where the Trust would like it to be.

Clinical Prioritisation Update

The Committee was informed that of the c8800 patients on the Trust's waiting list, 1600 patients required a care review. It was found that 800 of these patients were on treatment plans that required them to be seen at set intervals. These patients would be scheduled for a appointment as soon as possible. The Trust was continuing to work through the remaining 800 patients.

Major Projects

The Committee received an update on the Trust's major projects. With regards to the Children's Cancer Centre, the Chair requested a focused session on progress made, modelling, assumptions and next steps for the Children's Cancer Centre.

Built Environment debriefs

The Committee received an overview of the revised approach to the Built Environment debriefs and welcomed the open and transparent approach.

End of report

Attachment 1

Summary of the People and Education Assurance Committee
Held on 2nd December 2020

Staff stories – Staff side Local Negotiating Committee (LNC)

Lee Hudson joined the meeting to give a verbal update on challenges faced throughout the Covid-19 pandemic from his perspective as Chair of the Local Negotiating Committee (LNC) of the British Medical Association. The pandemic had exemplified the collaboration between the unions within the organisation. He highlighted that the change to paediatric services across North Central London (NCL) and the reconfiguration of services at GOSH had caused unease and anxiety for the medical teams and junior doctors within the organisation and NCL colleagues. However medical colleagues were well supported by the Trust and leadership teams throughout the first wave. The impact of the pandemic was noted to have had a positive influence on the relationship between GOSH and NCL and had resulted in better understanding on both sides. GOSH was able to combine specialist care for mental health patients and the hope for continued integration of combined care was highlighted. The importance of continuing the wellbeing structures that had been put in place were highlighted and for the Trust to continue listening to staff as it had done throughout the first wave.

Workforce Update

Throughout the pandemic work had focused on ensuring the implementation of activities to support staff to fulfil their roles, effective management of the workforce and protecting service provision whilst maintaining health and safety across the organisation. Surge plans were developed for the nursing and medical directorate teams including junior doctor and staffing rotas in response to the pandemic. Monitoring and escalation of issues were overseen by the command meetings that had been introduced. The wellbeing hub provision was stepped up in response to the pandemic with the introduction of peer support workers, Trim practitioners and health and wellbeing coaches. Support was put in place to ensure sustainable and comfortable home working arrangements for staff who were working from home.

The implementation of and rollout of asymptomatic staff testing was noted to commence within the next week ensuring safe and accurate reporting of results alongside planning the vaccination programme. Staff recognition had continued and been well supported by the charity.

In response to the pandemic it was noted that risks include unavailability of staff, the organisation being overwhelmed with patients and outbreaks in areas and assurance was given that all directorates had small specialised teams to look at potential risks to ensure safeguarding was in place and if the situation was to become critical the organisation would return to the command control system. The Non-Executive Directors offered to attend group meetings in order to show support to colleagues and boost morale within the organisation.

GOSH Learning Academy (including update on delivery of leadership framework)

GOSH has won the large employee for BAME apprenticeship award. It was recognised for the effort around diversity and inclusion and support provided to the apprentices. The collaborative leadership network had recently been launched for staff members interested in developing senior leadership skills. A further achievement had been the procurement of the virtual learning environment with support from ICT and agreement from the Digital Strategy group.

Update on Board Assurance Framework (BAF) – Deep Dive: Risk 15 – Service Innovation

An up to date record of all risks would be presented at the February 2021 meeting including an in depth review of the BAF at the Annual Board Risk Management meeting in January 2021.

Verbal Deep Dive: Service Innovation.

Three risks were highlighted with a focus on people. With regards to change, it was noted that the organisation was tired following the implementation of EPR and in response to the pandemic and that large scale change was not on the agenda until next spring with a current focus on small changes to make life easier for staff. The transforming care links had been established with good engagement from the nursing and allied health teams and the Digital Strategy group had been prioritising ideas about how information was cascaded through to local teams. The Diversity and Inclusion and Health and Wellbeing frameworks had been published and would be converted into action plans including opening up opportunities within the hospital regarding transparency of recruitment, retention and promotion. Learning opportunities translated through transformation service innovation from the Leadership Development and Aspiring Developing Leadership programmes. Discussion took place around the My GOSH family uptake and challenges were highlighted with regards to signing up families due to constraints within administrative teams focusing on activities related to the pandemic. Assurance was given that consideration was being given to capability and how the uptake could be extended. GOSH was part of the NCL transformation group and discussions regarding system wide sharing and leverage of transformation opportunities were ongoing. The medical team was leading work to look broadly at the way clinicians work and was capturing elements of transformation in the clinical environment with good engagement. The committee agreed to continue discussion regarding ensuring there were alternatives to digital solutions for those members of staff who are less able to access systems digitally.

Nursing Workforce Update

Alison Robertson noted the narrowing gap between vacancies and turnover, and highlighted that reduced turnover was partly a consequence of staff having been unable to continue with life plans at this time. It was expected that GOSH would see a significant rise in nurses leaving the organisation following the pandemic. Assurance was given that the focus remains on recruitment and retention activities. The first cohort of international nurses would arrive in mid-January. The general paediatric team had settled back into business as usual following the first wave and approximately 20 nurses were currently supporting the Whittington Hospital. The Committee was assured that previous concerns regarding quality and safety within the International Private Patients department had settled and they were running on a much surer footing along with significantly improved vacancy and turnover rates. Discussion took place regarding resignations of a large group of the cardiac scrub team and it was noted that GOSH was not able to compete with the financial incentives offered by the Portland Hospital. The departing team had been reminded of the longer term benefits of staying in the NHS. Exit interviews were discussed and it was agreed that a comprehensive report including statistics would be included on the agenda for the February meeting. With regards to increased BAME representation within the Trust, Alison Robertson said the organisation had taken different decisions regarding advertising and had prioritised universities and local recruitment.

Workforce Metrics Repot (mapped to people strategy)

Turnover had reduced over the last year and GOSH was noted to be above average in comparison to local Trusts. The Committee asked that a breakdown of data by department be included in the report.

The Committee was advised that the process of policies and appraisals was due to be reviewed in 2021.

Overview of Staff Feedback: and update on progress with actions arising from staff feedback

Two committees had been set up during the pandemic to focus on staff wellbeing and recovery. They included the introduction of peer support workers, Trim practitioners and health and wellbeing coaches. They had been partially funded through the Sir Tom Moore fund and specifically focussed on supporting hidden groups within the organisation. The health and wellbeing framework had been developed to support the large programme of work including mind body and spirit. The annual staff survey closed at 56%, with full data expected in late January. Discussion took place regarding home working and it was noted the decision would be made locally regarding permanent home working.

Internal Audit Staff Related Reports

Assurance from the Quality Safety Experience and Assurance Committee and the Audit Committee was noted to have been given regarding the delivery of actions and deadlines which had so far been met. The audit had allowed a structured approach to strengthen the governance arrangements to ensure processes were in place and risks had been mitigated for the return of the volunteers to site.

Update on Staff Focused Whistleblowing Cases

The Committee was advised that the process of whistleblowing would be cross referred to ensure chain of command and best practice were being followed. As a consequence of the pandemic it was noted that the Non-Executive Directors had not been able to take part in the informal walk rounds and Anna Ferrant was in the process of organising zoom rounds and invitations to meetings to ensure the NED's were kept connected with the organisation and staff.

Summary report from the Quality Safety and Experience Assurance Committee and Finance and Investment Committee

Summary reports were reviewed and noted.

Update on staff focussed Freedom to Speak Up cases

The committee was advised that the newly appointed Freedom to Speak up Guardian (FTSU) would commence his role in December and introduction meetings had been arranged. An early focus would be to form a better understanding of the harmonisation between the Speak Up programme and the FTSU role and to ensure information was live within the organisation and training embedded across all directorates.

Attachment 2

Great Ormond Street Hospital for Children
NHS Foundation Trust

Summary of the Council of Governors' meeting
Held on 25th November 2020

Chief Executive Report
Good progress was being made in returning to business as usual and GOSH had undertaken the highest proportion of usual activity of all paediatric services within London. A vaccination hub was being brought online for the beginning of December. Paediatric patients from other North Central London Trusts were being treated at GOSH and health and wellbeing services continued to be available for staff and Governors.

- Finance report (highlights) October 2020

Contractual arrangements for months 7-12 would be based on a block and there were risks associated with the assumptions made in the way this had been calculated. It was noted that GOSH was continuing to raise these issues at a regional level. There had been some positive changes resulting in efficiencies as a result of the pandemic and the Council emphasised the importance of capturing these changes. They highlighted the importance of good communication with patients and families who would be anxious about waiting times.

Annual Business Planning
An overview of the business planning process was provided and it was noted that first submissions were due on 1st December 2020. A more strategic approach was being taken to bids which were submitted to the GOSH Children's Charity and it was anticipated that there would be an increase in plans covering a period beyond one year.

Selection by Governors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 20/21
The Council was asked to select a first and second preference from a list of five indicators and one would be tested by the Trust's auditors as part the Quality Report.

Governance Update:

- **Update from the CoG Nominations and Remuneration Committee**
  - **NED appraisals October 2020 (two NEDs)**

The Council approved the outcome of the appraisals of Akhter Mateen and Kathryn Ludlow as recommended by the Council of Governors' Nominations and Remuneration Committee.

  - **NED reappointment for second term**

The Council approved the appointment of Amanda Ellingworth for a second three year term on the GOSH Board as recommended by the Council of Governors' Nominations and Remuneration Committee.

  - **Change to the Constitution and extension of NED appointment**

Under the existing Constitution Non-Executive Directors were unable to serve on the Board for a period of more than six years from their appointment date. Due to the exceptionAL circumstances under which the Trust had been operating during the pandemic it was proposed that it was in GOSH's best interest to have the ability to retain NEDs with particular experience for defined periods

beyond six years. The Council agreed that this period must continue directly from the standard tenure and would only be considered in exceptional circumstances. The Council approved the amendment to the Constitution and approved an extension of one year for the tenure of Akhter Mateen.

- **General Governance Update**

Governors were asked to express an interest in attending a buddying session with three Non-Executive Directors focusing on the work of the Finance and Investment Committee and Audit Committee. An induction programme for new Governors was being developed and an Induction Working Group would be established. Governors were asked to express an interest in sitting on the group. Two Governors had expressed interest in standing for election to NHS Providers' Governor Advisory Committee and it was agreed that these Governors would provide a written statement and a vote would take place outside the meeting.

Schedule of Matters Reserved for the Board and Council

The Council approved the schedule of matters reserved for the Board and Council.

Update on GOSH Commercial Strategy

An update was provided on the work that was taking place to maximise the Trust's commercial income. The Council noted the importance of this work and emphasised that it must be transparent. The overriding principle of supporting the acceleration of solutions and treatments for patients as a result of commercial activity was highlighted.

Update from the Young People's Forum (YPF)

The YPF held a test event, in preparation for a virtual careers fair, with one organisation which was positive and had generated learning. The group had taken part in work around the duty of candour and made recommendations to improve the process from a patient and family perspective.

Reports from Board Assurance Committees

The Council received updates from the following Board Assurance Committees:

- Quality, Safety and Experience Assurance Committee (October 2020)
- Audit Committee (October 2020)
- Finance and Investment Committee (September 2020)
- People and Education Assurance Committee (September 2020)