

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE COUNCIL OF GOVERNORS
Wednesday 27 January 2021
3:00pm – 5:30pm
Charles West Room, Level 2, Barclay House

NO.	ITEM	ATTACHMENT	PRESENTER	TIME
1.	Welcome and introductions		Michael Rake, Chair	3:00pm
2.	Apologies for absence		Michael Rake, Chair	
3.	Declarations of interest		Michael Rake, Chair	
4.	Minutes of the meeting held on 25 November 2020	A	Michael Rake, Chair	
5.	Matters Arising and action log	B	Anna Ferrant, Company Secretary	3:20pm
	Selection of indicator for audit (for Quality Report)	C	Rebecca Stevens, Head of Performance	
6.	Operational Plan 2021/22 Update	D	Helen Jameson, Chief Finance Officer, John Quinn, Chief Operating Officer	3:20pm
	PERFORMANCE and ASSURANCE			
7.	Update on impact of Covid on delivery of services at GOSH	F - presentation	Roisin Mulvaney, Project Lead, Medical Director's Office	3:40pm
8.	Chief Executive Report including: <ul style="list-style-type: none"> • Integrated Quality Report December 2020 data (highlights) • Performance dashboard November 2020 data • Finance report November 2020 data (highlights) 	E	Mat Shaw, Chief Executive	4:05pm
9.	Reports from Board Assurance Committees (and agendas): <ul style="list-style-type: none"> • Quality, Safety and Experience Assurance Committee (January 2021) • Finance and Investment Committee (November 2020) • People and Education Assurance Committee (December 2020) <p><i>*There has been no meeting of the Audit Committee since the last Council meeting.</i></p>	Verbal G H	Amanda Ellingworth, QSEAC Chair James Hatchley, FIC Chair Kathryn Ludlow, PEAC Chair	4:40pm

10.	Update from the Young People's Forum (YPF)	I	Chair of YPF	5:00pm
	GOVERNANCE			
11.	Reappointment of a NED- Chris Kennedy	J	Chair/ Company Secretary	5:10pm
12.	Governance Update <ul style="list-style-type: none"> • Update on Induction and GAC elections • Membership Update 	L K	Head of Corporate Governance Stakeholder and Engagement Manager	5:15pm
13.	Any Other Business	Verbal	Chair	5:30pm



DRAFT MINUTES OF THE COUNCIL OF GOVERNORS MEETING
25th November 2020
Charles West Boardroom
Held virtually via videoconference

Sir Michael Rake	Chair
Faiza Yasin	Patient and Carer Governor: Patients outside London
Zoe Bacon	Patient and Carer Governor: Patients from London
Elena-May Reading	
Mariam Ali	Patient and Carer Governor: Parents and Carers from London
Stephanie Nash	
Dr Emily Shaw	
Lisa Allera	Patient and Carer Governor: Parents and Carers from outside London
Dr Claire Cooper-Jones	
Colin Sincock	Public Governors: The rest of England and Wales
Julian Evans	
Fran Stewart	Public Governors: South London and Surrounding Area
Margaret Bugyei-Kyei	Staff Governors
Dr Quen Mok	
Paul Gough	
Dr Sarah Aylett	
Prof Jugnoo Rahi	Appointed Governor: University College London, Institute of Child Health
Josh Hardy	Appointed Governor: Young People's Forum
Grace Shaw-Hamilton	

In attendance:

Akhter Mateen	Non-Executive Director
James Hatchley	Non-Executive Director
Chris Kennedy	Non-Executive Director
Amanda Ellingworth	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Matthew Shaw	Chief Executive
Helen Jameson	Chief Finance Officer
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Paul Balson	Deputy Company Secretary
Adetutu Ojo	Stakeholder Engagement Manager
Ella Vallins*	Head of Strategy and Planning
Rebecca Stevens*	Head of Performance
Chris Rockenbach*	Commercial Director
One member of staff	

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

27	Apologies for absence
27.1	Apologies for absence were received from: Alice Rath, Patient and Carer Governor; Theo Kayode-Osiyemi, Public Governor; Simon Yu Tan, Public Governor; Teskeen Gilani, Public Governor and Lazzaro Pietragnoli, Appointed Governor.
28	Declarations of interest
28.1	No declarations of interest were received.
29	Minutes of the meeting held on 14 July 2020 and 21 October 2020 (extraordinary meeting)
29.1	The minutes of the meetings held on 14 th July 2020 and 21 st October 2020 were approved by the Council.
30	Matters Arising and action log
30.1	Action 17.12 – Matthew Shaw said that there had been 10 late cancellations in October and all but two had been rebooked within 28 days. He added that ‘was not brought’ levels were high at approximately 4.8%.
31	Chief Executive Report
31.1	Matthew Shaw said that the Trust was making good progress in increasing activity that now stood at between 85% - 100% of the previous year’s activity. It was important for the Trust to work towards reducing the backlog of patients. Modelling had shown that with existing levels of activity it would take around one year to return to usual waiting lists although exact timelines would be different for different specialties. Matthew Shaw said that a paper was being presented to the Board meeting on 26 th November which showed that GOSH had undertaken the highest proportion of its usual activity of all paediatric services within London. He added that a vaccination hub was also being brought online for the beginning of December alongside the usual facilities for COVID-19 testing.
31.2	Patients from other North Central London providers were now being treated at GOSH to ensure that services could be reconfigured for the pandemic without paediatric patients being disadvantaged. The Trust had received gastroenterology patients and some complex vascular patients as well as SNAPS.
31.3	Matthew Shaw said that GOSH had established health and wellbeing services for staff which were accessed through the wellbeing hub and he confirmed that this support was also available to Governors.
31.4	Clinical prioritisation work was progressing well and focus had been placed on performance metrics throughout Project Apollo and compliance with the WHO checklist had increased substantially.

31.5	<u>Finance report (highlights) October 2020</u>
31.6	Helen Jameson, Chief Finance Officer said that months one to six of 2020/21 had been paid on a block contract with a retrospective top up to a breakeven position. The payment for the first five months had been received however month six would be paid in December as due diligence was taking place to ensure that Trusts had not over-claimed. GOSH's top up claim at month six had been less than in previous months and it was anticipated that the funding would be received as requested.
31.7	The remainder of the year would be paid on block contract only and it had been assumed that non-NHS income would return to pre-pandemic levels which would not be the case. Trusts had been asked to submit revised financial plans against which they would be managed and GOSH anticipated a £20million deficit at year end. The block contract had been based on months which were not indicative of GOSH's costs or income across the year and a number of high cost treatments had come into use which had not been accounted for. IPP income was at approximately 50% of previous levels and was unlikely to increase as a result of travel restrictions for the majority of the Trust's international referrals.
31.8	It had been shown that patients were less willing to seek medical treatment and therefore referrals were more complex. Therefore it was possible that case mix and profile of patients could change.
31.9	The capital plan continued to slip as a result of delays due to the pandemic in line with the NHS as a whole. Work was taking place with clinical, estates and IT leads to identify programmes of work for 2021/22 which could be brought forward.
31.10	Paul Gough, Staff Governor noted that amongst the changes there had been a number of efficiencies created. He asked how these were being captured to ensure that they could continue when business as usual had resumed. Matthew Shaw agreed that innovations such as virtual consultations had been extremely valuable throughout the period and it was important to strike a balance between consultations in person and online. He added that there had been a step change in metrics such as theatre utilisation and teams were working together proactively and it was important to continue with this momentum.
31.11	Fran Stewart, Public Governor welcomed the work on clinical prioritisation but highlighted the importance of continuing to communicate with families who would be anxious. Matthew Shaw said that the Trust had written to all families and the Quality, Safety and Experience Assurance Committee would continue to monitor this alongside access and responsiveness.
31.12	Professor Jugnoo Rahi, Appointed Governor said that there had been a number of professional bodies producing guidance and asked if that produced by the Royal College of Paediatrics and Child Health had worked well for GOSH. Matthew Shaw said that GOSH had modified the approach and the outcome had been positive. He added that the North Central London STP had welcomed the Trust's approach and expressed an interest in sharing it throughout the area.
31.13	Josh Hardy, Appointed Governor highlighted the importance of creating more integrated physical and mental health services and asked whether these services at GOSH would be available for national patients. Matthew Shaw said

	that current discussions about the provision of tier 4 mental health services would focus on patients from North Central London due to the recognition of the importance of treating individuals with serious mental health concerns locally.
32	Annual Business Planning
32.1	Ella Vallins, Head of Strategy and Planning said that business planning and budget setting for 2021/22 had begun in October following the launch of the Above and Beyond Strategy to ensure that the Trust was in a position to meet its external planning obligations by April 2021. A programme of work had been developed to provide more of a 'bottom up' approach to ensure that input was provided from all areas. Ella Vallins said that the first submission of the budget was required on 20 th November and the first submission of business plans was due on 1 st December.
32.2	Dr Sarah Aylett, Staff Governor said that staff had been asked to develop business cases for service expansion despite the lack of clarity around funding in 2021/22. Ella Vallins said that the Trust was waiting for additional information to be published so a second submission could focus on growth. Helen Jameson said that the commissioning system had changed significantly throughout the pandemic and individuals had been redeployed which led to challenges in having commissioning discussions. She said that whilst the Trust had been told that a block contract would be in place for some time it was important to continue to progress discussions with services.
32.3	Fran Stewart asked for further information on bids that would be submitted to the charity and Helen Jameson said that the Trust had a number of ongoing services which were funded by the GOSH Children's Charity. She said that a more strategic approach was being taken with plans being developed over 3 to 5 years. A committee had been established chaired by James Hatchley, Non-Executive Director to review the approach and it was anticipated that there would be a greater number of bids covering a period beyond one year.
33	Selection by Governors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 20/21
33.1	Rebecca Stevens, Head of Performance said that as a result of the COVID-19 pandemic there had been no requirement for the Quality Report to be audited and therefore the indicator selected by Governors for 2019/20 had not been reviewed. She presented five indicators and asked Governors to indicate a first and second preference by email and feedback would be provided by 18 th December.
34	Governance Update
	<i>Kathryn Ludlow, Amanda Ellingworth and Akhter Mateen left the meeting.</i>
34.1	<u>Update from the CoG Nominations and Remuneration Committee</u>
34.2	<ul style="list-style-type: none"> • <u>NED appraisals October 2020 (two NEDs)</u>
34.3	Anna Ferrant, Company Secretary said that Akhter Mateen and Kathryn Ludlow had been appraised in line with the revised process which had been approved by the Council at its February 2020 meeting. The outcome of the appraisals had been reviewed and recommended by the Council of Governors' Nominations

	and Remuneration Committee for approval. The Council approved the outcome of the appraisals.
34.4	<ul style="list-style-type: none"> • <u>NED reappointment for second term</u>
34.5	Anna Ferrant said that Amanda Ellingworth had expressed a wish to be reappointed for a second three year term and the Board was supportive of this. She said that as Chair of the QSEAC Amanda Ellingworth had worked to reshape the agenda and ensure that the Committee was focused on its function as an assurance Committee. The Council of Governors' Nominations and Remuneration Committee had recommended the reappointment for approval and the Council approved the reappointment of Amanda Ellingworth for a second three year term.
34.6	<ul style="list-style-type: none"> • <u>Change to the Constitution and extension of NED appointment</u>
34.7	Anna Ferrant said that under the current constitution Non-Executive Directors were unable to serve on the Board for a period of more than six years from their appointment date. The Trust had been operating under exceptional circumstances during the COVID-19 pandemic and it was within the Trust's best interests to have the ability to retain particular NEDs due to their expertise for defined periods beyond the usual maximum of six years. Anna Ferrant said that any proposal for an extension would be reviewed by the Council of Governors' Nominations and Remuneration Committee and would require approval by the Council of Governors.
34.8	It had been agreed at the CoG Nominations and Remuneration Committee that the standard term would remain at a maximum of six years and this would only be extended in exceptional circumstances. Anna Ferrant said that as changes to the constitution also required Board approval, subject to approval by the Council, the matter would be considered by the Board at its November 2020 meeting.
34.9	Paul Gough asked whether the additional years would be contiguous or could follow a gap in tenure and it was agreed that any additional years must continue directly from a standard tenure.
34.10	The Council approved the amendment to the Constitution and the extension of the tenure of Akhter Mateen beyond the six year tenure for an additional one year ending on 27 th March 2022.
34.11	<u>General Governance Update</u>
34.12	Action: Paul Balson, Deputy Company Secretary said that one Governor and NED buddying session had taken place in the second week of December and a second was scheduled for 11 th December. This would be hosted by Akhter Mateen, James Hatchley and Chris Kennedy and would focus on the work of the Audit Committee and Finance and Investment Committee. Paul Balson asked Governors to let him know if they were interested in attending.
34.13	Action: An induction programme for new Governors was being developed and an Induction Working Group was being established to support this work. Governors were asked to contact Paul Balson to express an interest in joining the group.

34.14	Paul Balson highlighted that Governors re-standing for election would have data related to their attendance published for the whole terms. He encouraged Governors who had a current tenure of less than six years to stand for re-election and said that the impact of the change in tenures following the current election had been set out in the ' <i>what this means for me</i> ' document provided to each Governor.
34.14	Action: NHS Providers' Governor Advisory Committee was undertaking an election for new members to sit on the Committee. It was comprised of eight Foundation Trust Governors from England and Wales who were elected by member Trusts. It was noted that two GOSH Governors, Josh Hardy and Claire Cooper-Jones had expressed interest in standing for election and it was agreed that these Governors would provide a written statement and a vote would take place outside the meeting.
34.15	<u>Schedule of Matters Reserved for the Board and Council</u>
34.16	Anna Ferrant said that the Code of Governance required the Trust to have a formal schedule defining the powers which were specifically reserved to the Trust Board and Council of Governors. Updates had been made and the document had been approved by the Trust Board in September 2020.
34.17	The Council approved the schedule of matters reserved for the Board and Council. <i>Kathryn Ludlow, Amanda Ellingworth and Akhter Mateen re-joined the meeting</i>
35	Update on GOSH Commercial Strategy
35.1	Chris Rockenbach, Commercial Director said that although funding was received by the NHS for the basic functions of the hospital, GOSH required a mixed model of public, charity and commercial funding in order to be a cutting edge Trust that was able to invest in new and innovative buildings and equipment. Sir Michael Rake, Chair emphasised the importance of this funding and said that it was vital to increase commercial activity both in order to improve patient outcomes and income.
35.2	Fran Stewart said that she agreed that GOSH should maximise the income that could be gained from its knowledge and asked whether there was an overlap between the work Chris Rockenbach had been leading on and the working group which was being led by Kathryn Ludlow, Non-Executive Director. She expressed some concern about the development of a 'black book' of contacts and the associated potential for a lack of transparency. Kathryn Ludlow, Non-Executive Director said that the working group was looking at a specific issue related to one area of commercialisation. She confirmed that all the work had been within the remit of the commercial director and had not been separate from this work. Michael Rake said that he was very clear about the need to be transparent about the GOSH's commercial activity and added that substantial work was taking place to ensure that the correct value was established for the Trust's data and knowledge. Chris Rockenbach said that the contacts were primarily those the Trust and GOSH Children's Charity had already established and were not working with GOSH in order to leverage from the Trust's brand. He said that the NHS as a whole was not experienced in developing commercial relationships and it was vital to leverage external experience.

35.3	James Hatchley said that the overriding objective of commercial activity must be to accelerate solutions and treatments and this was the guiding principle however the environment for commercialisation was in its infancy. The governance systems in the Trust provided transparency and improvements continued to be made.
35.4	Professor Jugnoo Rahi, Appointed Governor said that the Institute of Child Health had a data science initiative which would be linked into the developments at the GOSH BRC.
35.5	Sir Michael Rake confirmed that the Board were clear the Trust must act prudently around the use and quality of its data however it was also associated with considerable value and it was vital to capitalise on this appropriately and within relevant governance frameworks for the purpose of reinvesting in the provision of patient services.
36	Update from the Young People's Forum (YPF)
36.1	Grace Shaw-Hamilton, Appointed Governor said the YPF had been keen to hold the usual GOSH careers festival virtually and a test event had been held with one company and 20 young people. The learning would be incorporated into the next event which had been scheduled for February 2021.
36.2	Josh Hardy, Appointed Governor said that the YPF had been taking part in the work on Duty of Candour and had reviewed previous cases and provided feedback. Quen Mok, Staff Governor asked if the YPF had made any recommendations which had not already been considered by the team and Grace Shaw-Hamilton said that the group felt that the patient should be apologised to, irrespective of their age.
37	Reports from Board Assurance Committees
37.1	<u>Quality, Safety and Experience Assurance Committee (October 2020)</u>
37.2	Amanda Ellingworth, Non-Executive Director said that the Committee had reviewed the sign-up rate to MyGOSH given the importance of the platform for communication with families. She said she felt the Committee was progressing in its work to ensure that it was focused on assurance and that it was receiving assurance reports. The Committee had welcomed the achievement of HIMMS level 7 and noted that GOSH had been the first UK Trust to achieve this.
37.3	Action: Josh Hardy asked how the Trust could be aware of and tackle challenging issues at an earlier stage and Amanda Ellingworth said that it was important to review reports such as those from the Freedom to Speak Up Guardian and it was agreed that the FTSU annual report would be shared with the Council. Sir Michael Rake said that the Board was focused on the importance of escalating issues at an early stage as required and he said that in many cases this was not as immediate as was necessary. He said that staff acted in good faith and many issues arose without becoming wider adverse issues but it was vital to do all that was possible to mitigate damage although this was often challenging.

37.4	<u>Audit Committee (October 2020)</u>
37.5	Akhter Mateen, Chair of the Audit Committee said that the October meeting had focused on the beginning of the External Auditors' work. The Committee had reviewed data quality and good progress had been made which triangulated with the findings of an internal audit review of data quality kitemarking. Work continued to be required and this was taking place.
37.6	<u>Finance and Investment Committee (September 2020)</u>
37.7	James Hatchley, Chair of the Finance and Investment Committee said that there was a significant likelihood that there would be a substantial deficit as a result of the block contract which would be in place for the second half of 2020/21. It was not clear what the consequences of this would be and work would continue to discuss the importance of receiving an appropriate block contract with NHS England.
37.8	The Committee had reviewed the limiting factors around managing the Trust's waiting lists and placed focus on the positive efficiencies that had been found such as virtual appointments.
37.9	High cost spend and accommodation services had been reviewed. Accommodation was extremely important to a particular patient group and it was vital to ensure that there was sufficient scrutiny around its use to ensure it was being used as efficiently as possible.
37.10	Paul Gough highlighted the challenges around business planning during periods of great uncertainty and asked when there would be more clarity to support planning. James Hatchley said that Helen Jameson was very involved in national planning and would be aware of changes at an early stage. Helen Jameson said that it was anticipated that clarity would be in place for key funding matters until January 2021 and work continued with NHS England to improve the position of NHS funding particularly for 2021/22 to ensure the relevant information was taken into account.
37.11	Fran Stewart highlighted that Britain would be leaving the European union at the end of 2020. She asked if there were any key issues that the Trust was aware of. James Hatchley said that GOSH had been central to planning for the potential consequences of Brexit. He said that as far as possible appropriate planning had taken place particularly around pharmacy.
37.12	<u>People and Education Assurance Committee (September 2020)</u>
37.13	Kathryn Ludlow, Chair of the PEAC said that Committee continued to develop its focus. The Committee had approved the new Health and Wellbeing and Diversity and Inclusion Strategies and had requested that metrics were in place to measure improvements particularly in light of the recent WRES and WDES results in which GOSH had performed worse than the London average in the majority of areas.
38	Any other business
38.1	Sir Michael Rake noted that it was the last meeting of Elena-May Reading, Patient and Carer Governor who had stepped down from the Council. He thanked her for her work during her tenure.

COUNCIL OF GOVERNORS ACTION CHECKLIST
January 2021

Checklist of outstanding actions from previous meetings

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
17.12	14/07/20	Fran Stewart, Public Governor requested further information on the number of cancellations in light of the extreme challenge for families. Matthew Shaw agreed that any cancellations were unacceptable due to the impact on the family and added that impact assessments showed the disproportional effect on families where an individual was subject to a zero hours contract. It was agreed that data on cancellations showing the increase in activity would be presented in the Integrated Quality and Performance Report.	PW	January 2021	On agenda under CEO Update
34.12	25/11/20	Paul Balson, Deputy Company Secretary said that one Governor and NED buddying session had taken place in the second week of December and a second was scheduled for 11th December. This would be hosted by Akhter Mateen, James Hatchley and Chris Kennedy and would focus on the work of the Audit Committee and Finance and Investment Committee. Paul Balson asked Governors to let him know if they were interested in attending.	All Governors	December 2020	Actioned and ongoing
34.13	25/11/20	An induction programme for new Governors was being developed and an Induction Working Group was being established to support this work. Governors were asked to contact Paul Balson to express an interest in joining the group.	All Governors	January 2021	Actioned and update on agenda
37.3	25/11/20	Josh Hardy asked how the Trust could be aware of and tackle challenging issues at an earlier stage and Amanda Ellingworth said that it was important to			Actioned at extraordinary Council meeting in December 2020 and on agenda under Covid update

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		<p>review reports such as those from the Freedom to Speak Up Guardian and it was agreed that the FTSU annual report would be shared with the Council. Sir Michael Rake said that the Board was focused on the importance of escalating issues at an early stage as required and he said that in many cases this was not as immediate as was necessary. He said that staff acted in good faith and many issues arose without becoming wider adverse issues but it was vital to do all that was possible to mitigate damage although this was often challenging.</p>			<p>presentation. FTSU annual report to be circulated to the Governors</p>



Council of Governors

27th January 2021

Selection by the Council of Governors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 20/21

Summary & reason for item:

Following the last Council of Governors meeting, thirteen of the Governors responded to make a selection of the local Quality Indicator to be audited. This paper details the output of this and provides time frames around the next steps.

Governor action required:

To note the selected indicator

Report prepared by: Rebecca Stevens, Head of Performance

Selection by Governors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 20/21

Introduction

As part of the annual preparation for the Quality Report, Deloitte will test the accuracy of data for three indicators as set by NHS Improvement. One of the indicators is to be determined locally.

GOSH asks its Council of Governors to select a local indicator from a shortlist felt to be of most relevance to our organisation and its members. The selection was conducted by e-mail in November and December 2020 to enable every councilor to participate. The list of five indicators provided for the selection are provided below complete with a description of each.

List of local indicators to select from for 19/20:

Domain	Indicator	Description
Safety	CV Line related blood-stream infections (per 1000 line days)	A central venous line (CVL) is an indwelling tube with its tip lying in the central veins. Infections are significant because they harm the patient, disrupt treatment provided through the CVL, and cost money to treat. A large percentage of children at GOSH require CVLs and while the rate of infection is not high, the absolute number is significant. Surveillance of infections is used to drive the preventative intervention programme.
Responsiveness	Last Minute Non-Clinical Hospital Cancelled Operations	Last Minute Non-Clinical Hospital Cancelled Operations is a nationally reported standard on a quarterly standard with a tolerance of less than 0.8% of elective admissions. This indicator is directly related to the experience of the patient as cancellation of the patient on the day of surgery is not acceptable. This has been an area of delivery the Trust has struggled to achieve recently, although there is focused work being completed to reduce the volume.
Productivity and Efficiency	Number of PICU Delayed Discharges Discharge Summary Turnaround rate within 24 hours	Number of patients who are fit and ready for discharge from PICU but who are unable to be discharged due to capacity issues. This can be either a discharge internally within the organisation or to an external hospital. The Trust is required to provide a discharge summary for any inpatients (including daycases) within 24 hours of the patient being discharged, to the patient, GP and referrer as appropriate. Given the recent go-live of the Epic EPR system, there has been a considerable

		focus on this over previous months, with the data used to make up the indicator is taken directly from the Epic system.
People	% of compliance against the Trust mandatory training standard	As employees of GOSH, all staff are required to complete mandatory training which is adjusted based on the role of the individual. The indicator is inclusive of all substantive staff members (we do collect and monitor mandatory training for other staff as well) and the mandatory training they are required to complete which is role specific. Therefore the indicator is made up of each employee, multiplied by the number of courses they have completed, divided by the number they are required to complete.

For information, the last year the Members Council selected the Last Minute Non-Clinical Hospital Cancelled Operations, however, due to Covid-19 the audit was not performed.

Which indicator was selected?

We had six responses in total, each selecting a first and second choice indicator. Summary table of the selection is included below:

Domian	Indicator	1st	2nd	Total
Safety	CV Line related blood-stream (per 1000 line days	0	0	0
Responsiveness	Last minute Non-Clinical Hospital Cancelled Operations	5	1	6
Productivity and Efficiency	Number of PICU Delayed Discharges	0	2	2
	Discharge Summary Turnaround rate within 24 hours	1	3	4
People	% of compliance against the Trust mandatory training standard	0	0	0

Therefore, the selected indicator is our responsiveness indicator- 'last minute cancellations for non-clinical reasons.'

We are awaiting confirmation as to when testing on the data will commence and what processes will be developed in order to proceed. The outcome of the audit will be shared at the next Council of Governors' meeting.

Council of Governors

27 January 2021

Operational Plan 2021/22 Update

Summary & reason for item:

Update on Business Planning 2021/2022, including change to the process.

Governor action required: For noting

Report prepared by: Ella Vallins, Head of Strategy and Planning

Item presented by: Ella Vallins, Head of Strategy and Planning



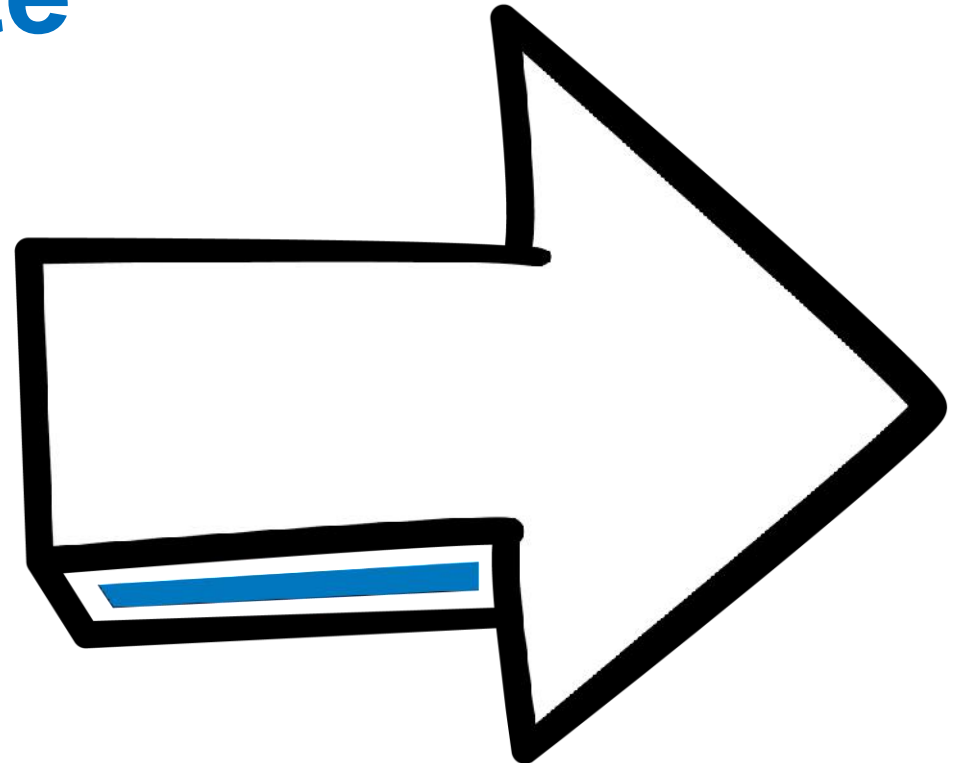
NHS

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Business Planning Update

Ella Vallins

Head of Strategy and Planning



Update:



- The first iteration of business plans and budgets were submitted in December 2020.
- A change in the financial planning process was agreed. A Control Total was issued for each directorate in order to make it easier to set a budget in line with current activity levels and to give a Better Value Programme Team a base line to work from.
- Directorates were requested to work on revising and updating their submissions and deliver a plan in line with the control totals. This formed form the basis of the Challenge Meetings in January.

Budget Planning



Planning for providing BAU levels of activity

Further Executive Challenge Meetings



Need to Close the gap and finalise the plan

Large gap will reduce the available capital.

Next Submission 22nd January

Better Value Programme

Control Total

Non NHS Income

Next Steps

- The Trust currently does not have guidance from NHSEI about the information and timescales associated with the business plan submission for 2020/21. It is anticipated that there will be a reduced number of submission opportunities, with the final submission occurring at the start of April 2021. Work on a draft Operational Plan is underway to enable the Board to sign off the Trust Operational Plan (including budget) in the interim.
- All Directorates and Corporate departments are reducing their agreed Control Total by **1.5%**, in the first instance, and devising with Transformation partners programmes of work that will deliver Trust-wide savings
- Next session of Executive Challenge Sessions set up for Early Feb

Business Planning 2021/22 Timetable

February 2021	
1/2	<ul style="list-style-type: none"> Business Plan submission 2 and Executive Challenge Meeting Panels
3/2	<ul style="list-style-type: none"> Charity Bids to EMT
15/2	<ul style="list-style-type: none"> Bids submitted to the Charity
17/2	<ul style="list-style-type: none"> Finance and Investment Committee (papers 10/2)
19/2	<ul style="list-style-type: none"> Budget submission 4
TBC	<ul style="list-style-type: none"> List of bids shared with Charity
March 2021	
3/3	<ul style="list-style-type: none"> EMT – final report (papers 26/2)
11/3	<ul style="list-style-type: none"> Final business plans and budgets presented to Operational Board (papers 5/3)
18/3	<ul style="list-style-type: none"> Charity Grants Committee (papers 10/3)
TBC	<ul style="list-style-type: none"> Draft Sustainability and Transformation Partnership plans submitted to NHSEI
24/3	<ul style="list-style-type: none"> Finance and Investment Committee (papers 17/3)
30/3	<ul style="list-style-type: none"> Final NHSEI Operational Plan presented to Trust Board (papers 19/3)
April 2021	
TBC	<ul style="list-style-type: none"> Final Operational Plan submitted to Sustainability and Transformation Partnership plans for submission to NHSEI



Any Questions?



Council of Governors

27 January 2021

Update on impact of Covid on delivery of services at GOSH

Summary & reason for item:

To provide Governors with assurance of the management and leadership of the Covid Pandemic in relation to the delivery of safe, responsive services for GOSH patients and families and delivery against regulatory (CQC) requirements.

Governor action required:

To consider and note the presentation.

Report prepared by:

Roísín Mulvaney, Head of Special Projects

Item presented by:

Roísín Mulvaney, Head of Special Projects

Great Ormond Street Hospital

Impact of Covid on the delivery of services at GOSH



Care Quality Commission (CQC) Inspection (published 22nd Jan 2020)

Safe

Effective

Caring

Responsive

Well-led

Overall

Requires improvement
↓
Jan 2020

Outstanding
↔
Jan 2020

Outstanding
↔
Jan 2020

Good
↔
Jan 2020

Good
↑
Jan 2020

Good
↔
Jan 2020

2018

Ratings for Great Ormond Street Hospital for Children NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015
Surgery	Requires improvement ↓ Jan 2018	Good ↔ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018	Requires improvement ↔ Jan 2018	Requires improvement ↔ Jan 2018
Critical care	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Requires improvement Apr 2015	Good Apr 2015
Neonatal services	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015
Transition services	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Requires improvement Apr 2015	Good Apr 2015
Services for children and young people	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015
End of life care	Good Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015
Outpatients	Good ↔ Jan 2018	Not rated	Outstanding ↔ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018

2019

Ratings for Great Ormond Street Hospital NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016
Surgery	Requires improvement ↔ Jan 2020	Outstanding ↑ Jan 2020	Outstanding ↑ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020
Critical care	Requires improvement ↓ Jan 2020	Good ↔ Jan 2020	Outstanding ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020
Neonatal services	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Transition services	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016	Good Jan 2016	Requires improvement Jan 2016	Good Jan 2016
End of life care	Good Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016	Outstanding Jan 2016
Outpatients	Good Apr 2018	N/A	Outstanding Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Child and adolescent mental health wards	Good ↔ Jan 2020	Good ↔ Jan 2020	Good Jan 2020	Good ↔ Jan 2020	Requires improvement ↓ Jan 2020	Good ↔ Jan 2020

Headlines:

Overall Trust rating of **Well Led** – **GOOD**

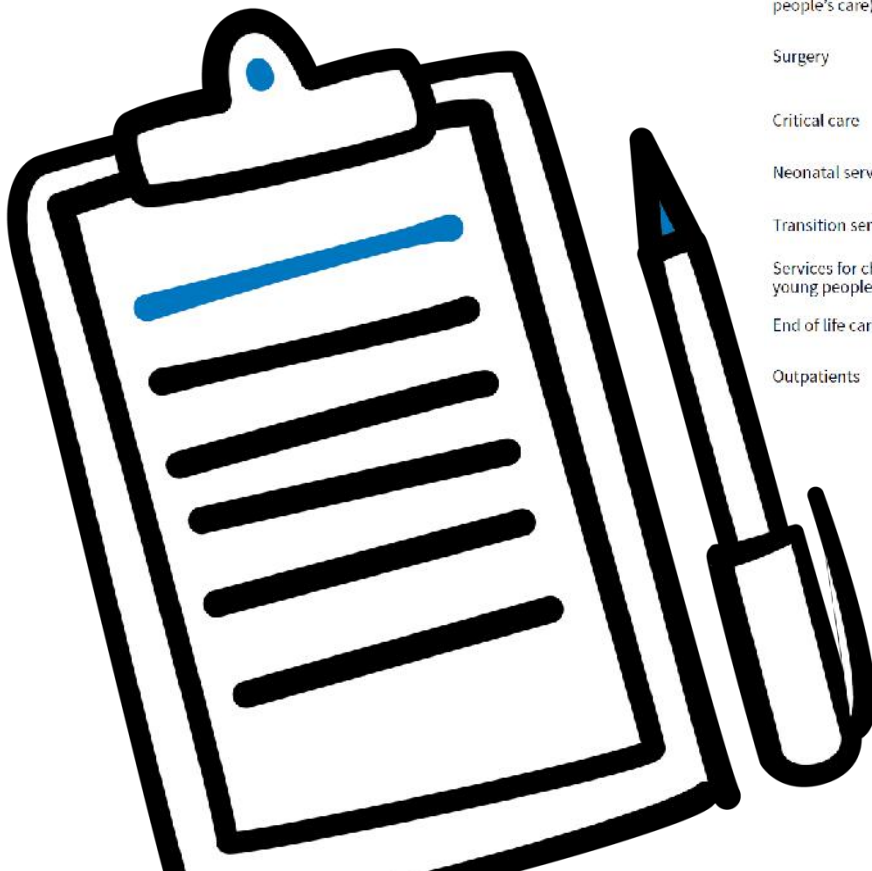
All Hospital services are rated either **GOOD** or **OUTSTANDING**

Rating for Safe has deteriorated to **Requires Improvement**

Surgical Services (spanning 6 of our Directorates) – improved to **GOOD** overall with **Caring** and **Effective** now rated as **OUTSTANDING** and moving to **GOOD** in **Well Led**

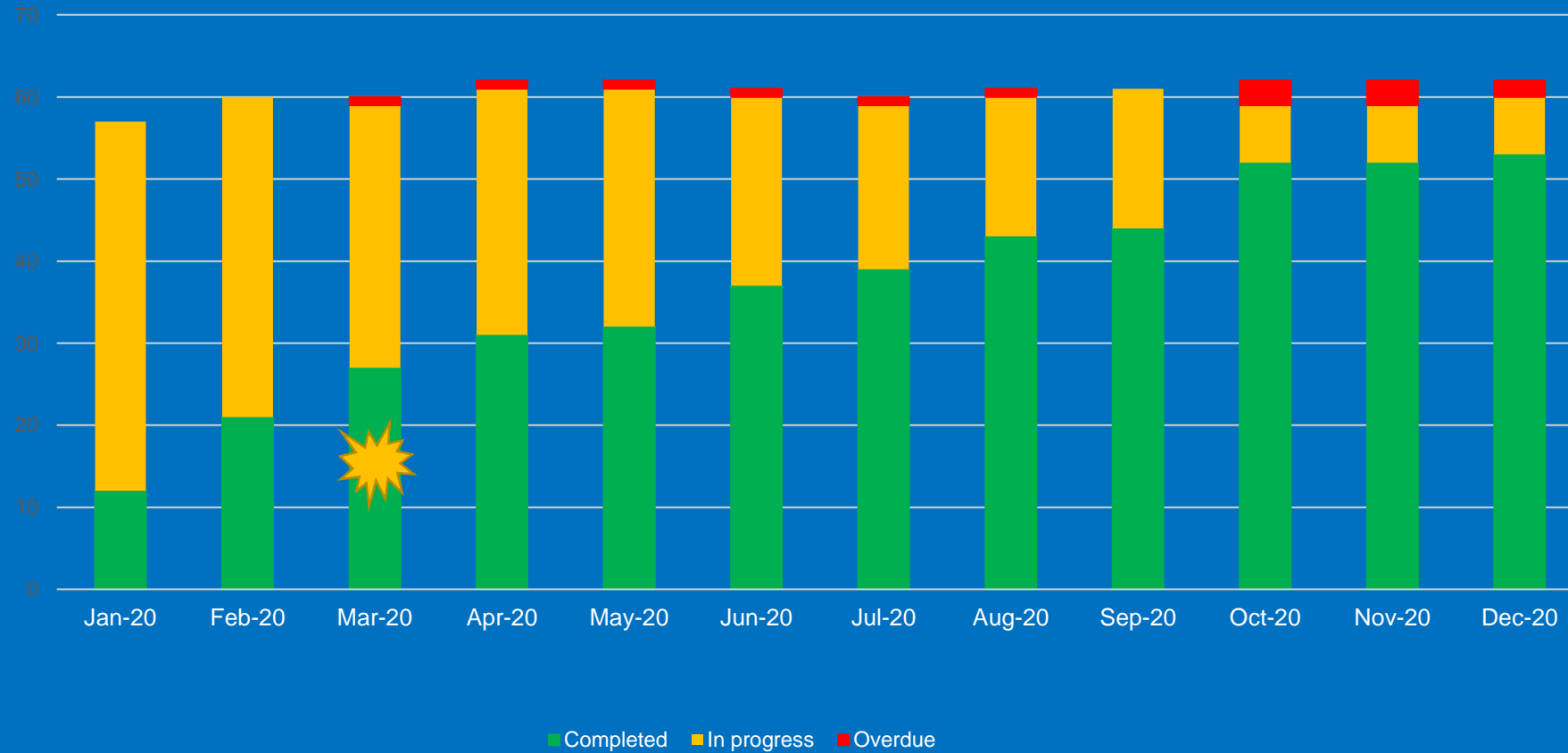
Critical Care – improved to **GOOD** in **Well Led**

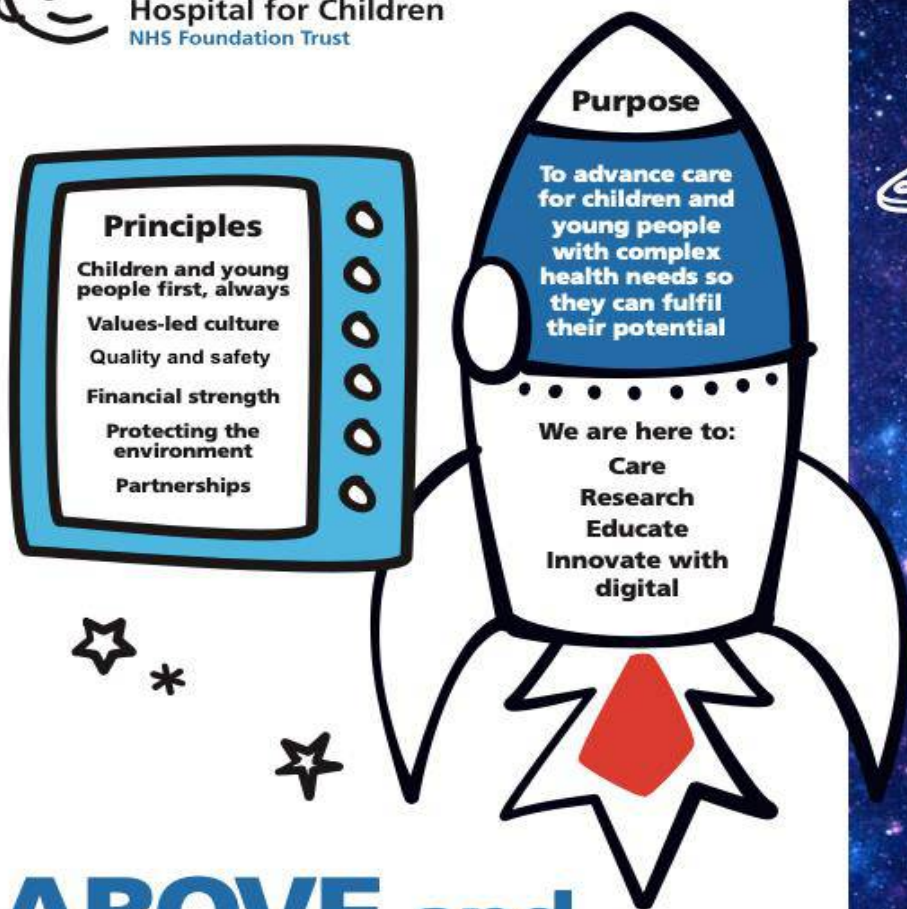
Mental health – rated **GOOD** overall



Always Improving – Keeping Track

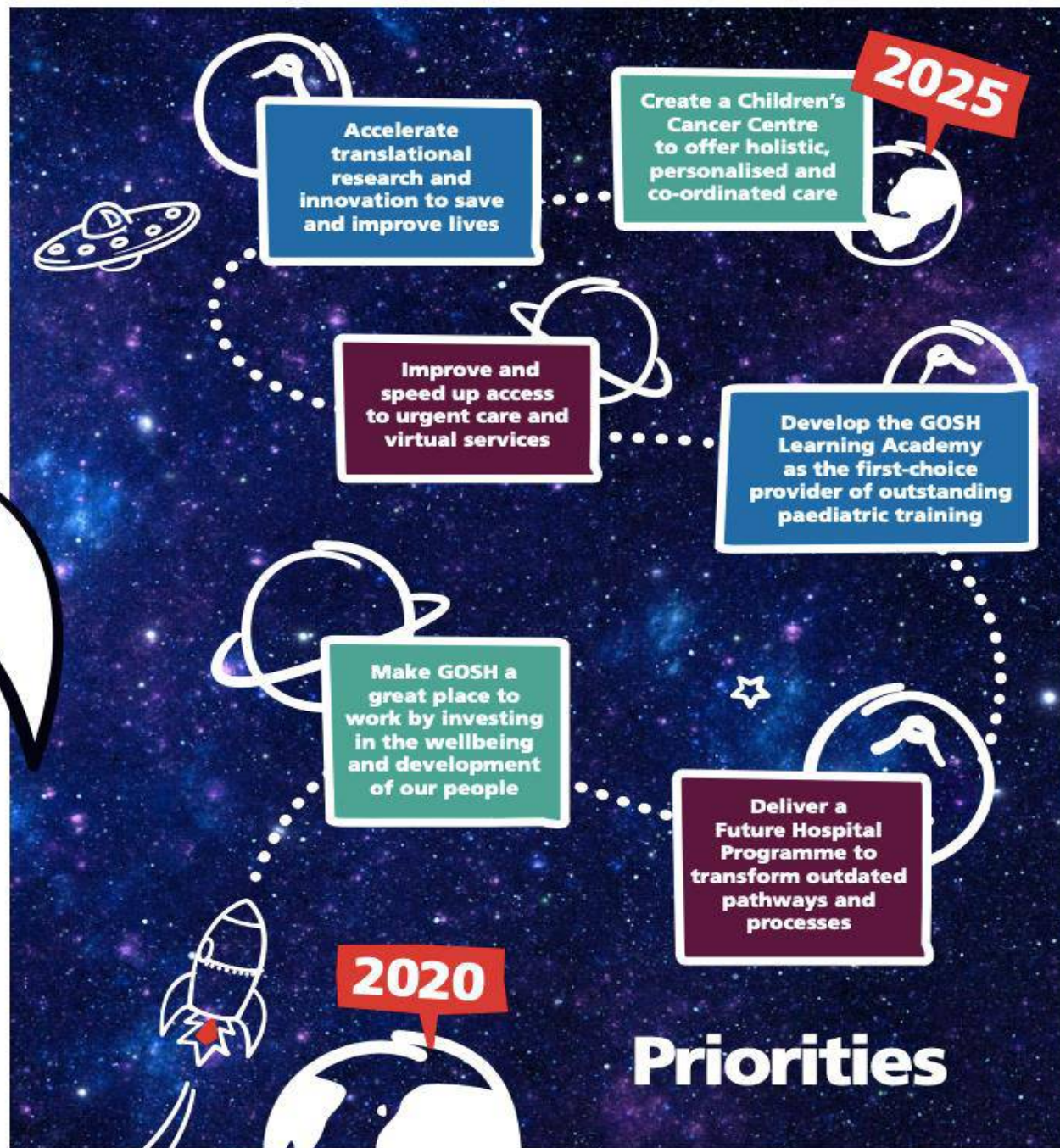
CQC - Must Do & Should Do Action Plan Progress-
December 2020



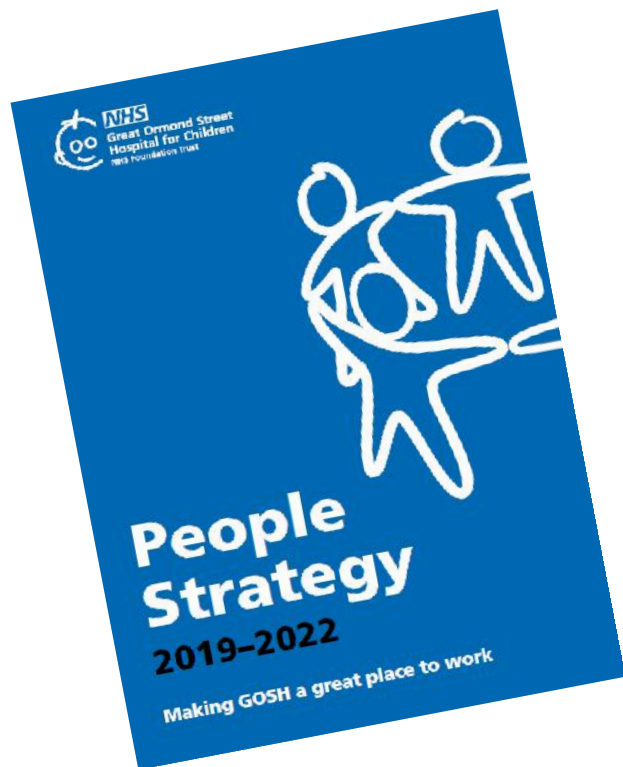


ABOVE and BEYOND

Our five-year strategy to advance care for children and young people with complex health needs.



Our People Strategy



Introduction and purpose

Our people are the head, the heart, the hands and the face of Great Ormond Street Hospital (GOSH). They make us who we are and allow us to do extraordinary things.

We value and respect them individually and collectively for who they are, as well as what they do.

As a Trust we are committed to ensuring all our people are well led and well managed, but also, supported, developed and empowered to be, and do, their best.



Seen and Heard

Our Diversity and Inclusion Framework
Now available on [GOSHWeb](#)



Mind, Body and Spirit

Our Health and Wellbeing Framework
Now available on [GOSHWeb](#)

Our Patient Experience Framework



To ensure that patients and their families **feel safe, well cared for** and **supported** by staff who treat them with kindness, compassion, understanding and respect



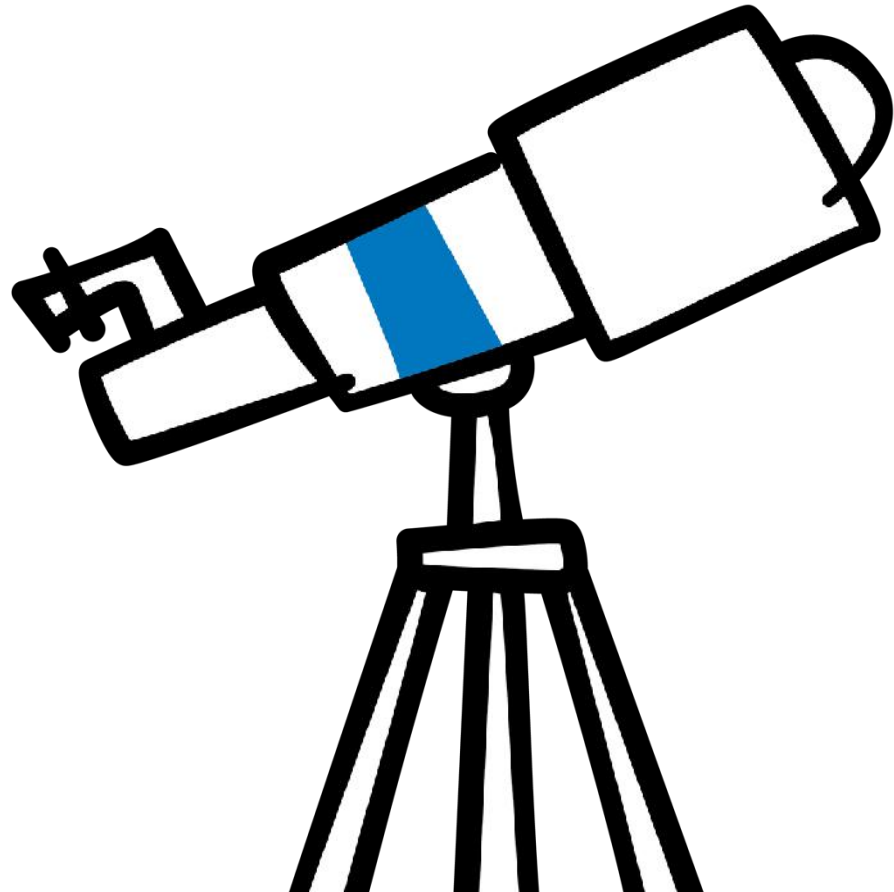
To **lead and innovate** for patient experience and engagement with children, young people and their families, working towards collaborative improvement in their experiences at GOSH



To enhance, develop and expand existing and new initiatives to improve experience for patients and families and the reach of services through **technology, effective use of resources** and **partnership** with others.

Our Quality Strategy

Our Strategic Aim:
Safe, kind, effective care and an excellent patient experience.



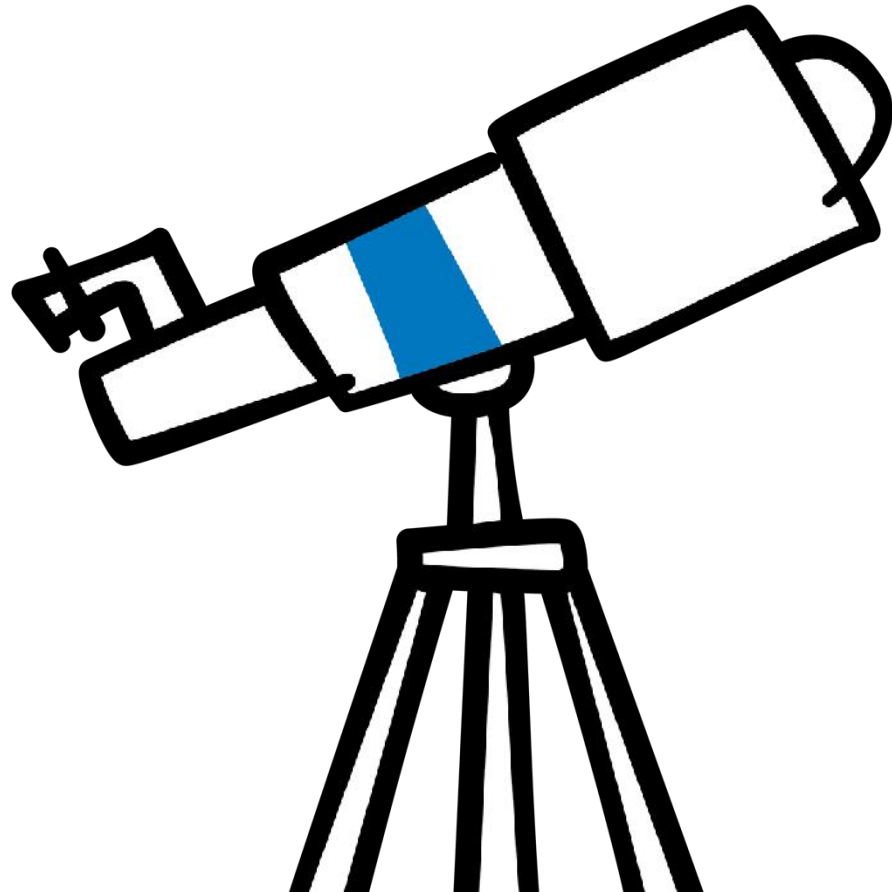
✿ Patients and families will be confident in their care because **clinical outcomes** across all our services will be scrutinised and benchmarked against our international peers and made publicly available on our website.

✿ Maintaining quality means maintaining our core focus on **specialised services for rare and complex conditions**, while supporting our partners in developing **population health and prevention** approaches to improve the health of children everywhere.

✿ Complex patient pathways through the hospital will be replaced by efficient and **integrated 'super-highways'**.

Our Safety Strategy

Our Strategic Aim:
Safe, kind, effective care and an excellent patient experience.



Always Learning – gaining insight and understanding

- Putting safety first: building **system safety and learning capability**
- Getting the basics right: meeting all **regulatory compliance** and governance requirements within specified timescales



Always Involving – making safety everyone's business

- Providing our patients and staff with necessary **skills and opportunities** to improve patient safety
- Being more **proactive** with patient safety through specialty ownership



Always Improving – delivering effective improvement initiatives

- Exploring patient safety incidents and complaints using a **fair, transparent and supportive approach**
- Ensuring the appropriate **analysis** of and **response** to clinical outcome metrics, trends and vulnerabilities
- Working in **collaboration** with our partners to deliver continuous safety improvement.

Are we safe?

Sustaining mandatory training during a pandemic

94% overall compliance overall and this was maintained during the pandemic.

Temporary arrangements were developed and agreed for all topics, transitioning to online wherever possible.

- Resuscitation
- Blood transfusion

Improvement supported through Performance Review

Safeguarding our patients

90% training compliance recovered following dip during the first phase

Working differently to safeguard patients during the pandemic:

- Development of a Safeguarding Business Continuity plan
- North Central London pathways in Peak 1
- Supporting Whittington Hospital in Peak 2
- Pathways for safeguarding patients whose families were worried about coming to the hospital
- Managing safeguarding in the context of remote consultations.

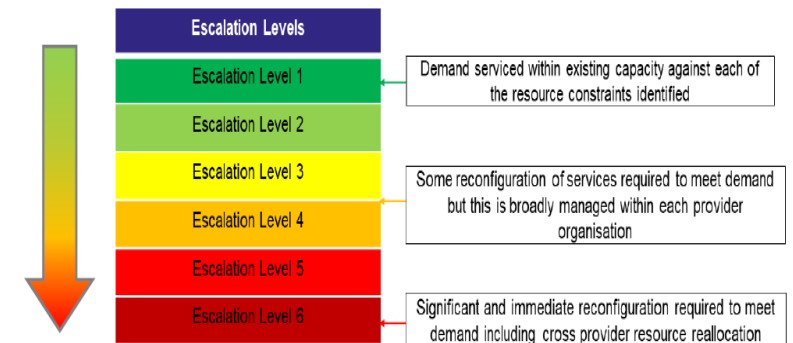
Realistic and workable plans for managing staff and skill levels if the pandemic leads to shortfalls and emergencies

- Surge plan
- Daily Safe Staffing Meeting ahead of bed meeting
- Different experience in Paeds
 - Supporting others by sending staff
 - Taking NCL general paediatric patients here
 - New pathways to support PIM-TS patient management

Escalation Framework

Medical workforce group will establish KPIS to map each escalation level.

The framework can then be used to describe key escalations and step changes (up or down) to provide the balance of services best suiting GOSH's requirements
Different departments may be on differing levels
Trust wide KPIS will relate to overall operational response



Staying Safe during a Pandemic

We've had more than 0.5 million hits on our FAQs for patients!!

Hands, Face, Space, Place audit . Daily report 26th November

The audit is taking place this week and supports our collective responsibility for keeping each other safe by meeting our Hands, Face, Space and Place guidance

Results

Area	14 th and 15 th October audits (49)	Week of 19 th October plus (164 audits)	This week so far 68 audits
Hands	74%	88%	94%
Face	77%	91%	93%
Space	80%	87%	98%
Place	100%	99%	100%

Helping our patients and families understand and stay safe

Frequently asked questions

FAQs



Information for children, young people and families coming to GOSH.

Specialty information sheets

Specialty FAQs



See our specialty-specific COVID-19 information sheets for patients and families.

Shielding guidance for vulnerable children

Isolating and shielding



The Government updated its advice for people who are most at risk of coronavirus (COVID-19) at the beginning of August 2020 and put 'shielding' on pause. Read our amended guidance.

Resources for families

Resources



Resources to help children and young people cope with the changes related to the coronavirus.

Visiting GOSH for an outpatient appointment

Outpatients Information



Here's what to expect when you come to an outpatients appointment.

Coming to GOSH for an admitted procedure, test or operation

Admissions Information



Everything you need to know about coming to GOSH for an admission.

Staying safe at GOSH and outside the hospital

The Stay Safe Guide for Little Octopuses



Watch Otto's video to learn four easy steps for staying safe during COVID-19, whether you're at the shops or visiting GOSH.

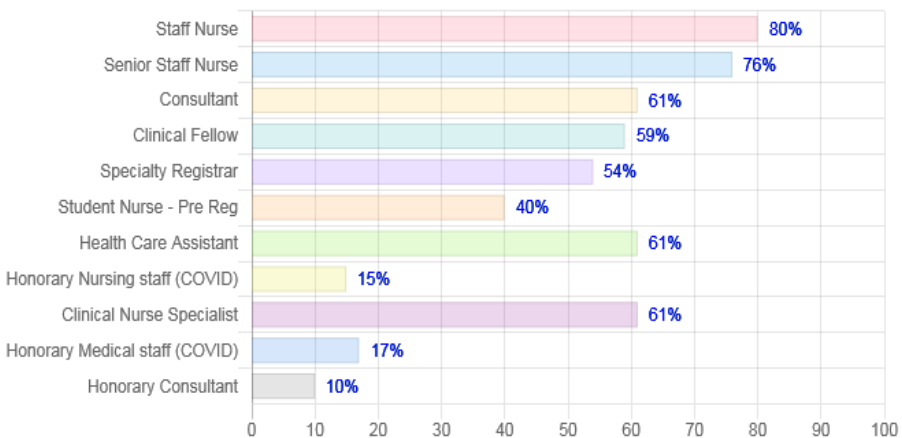
Young people ask their COVID-19 questions to CEO Mat Shaw



Mat talks to Grace, Chair of our Young Person's Forum, to answer questions from patients and siblings around what GOSH is doing during the coronavirus.

Fit Testing

Percentage of appropriate staff tested



Staff vaccinations

- Set up a vaccination hub to run for 4 weeks in January 2020 with the aim of vaccinating all GOSH staff who want a vaccine



Caring during challenging times

Maintaining key services for feedback

- **FFT** continued throughout the pandemic (high response and high satisfaction ratings)
- **Pals** has continued providing a service, remotely initially and now on site by appointment 7 days a week
- FAQs for patients and families
- **Complaints** numbers and themes remained fairly stable throughout.
- Help Us to Help You - CYP feedback

The Young People's Forum (YPF) usually have six onsite meetings a year with a break between April and June so members can concentrate on exams. However, as exams were cancelled and some members were not receiving support from school members requested regular virtual YPF meeting during the first lockdown. As well as a means of continuing long-term projects, the YPF were also consulted on GOSH communications re: Covid-19 and also contributed to an article on the role of young people as society moves out of the pandemic. YPF meetings also offered a means of peer-to-peer support during the lockdown period.

Managing Visitors with kindness during a pandemic

- 1 visitor policy in March
- Building in discretion to allow for individual circumstances
- Challenges in supporting families at the end of life
- Managing moral conflict for staff

Delivering & Supporting Care

Play service continued on site, with a group of staff working on delivering virtual resources including facility zoom play sessions for siblings

Hospital School – covid secure changes to enable teaching to continue

Bereavement – offering online counselling sessions

Volunteers – guiding, assisting with IPC procedures, pharmacy reception, shopper

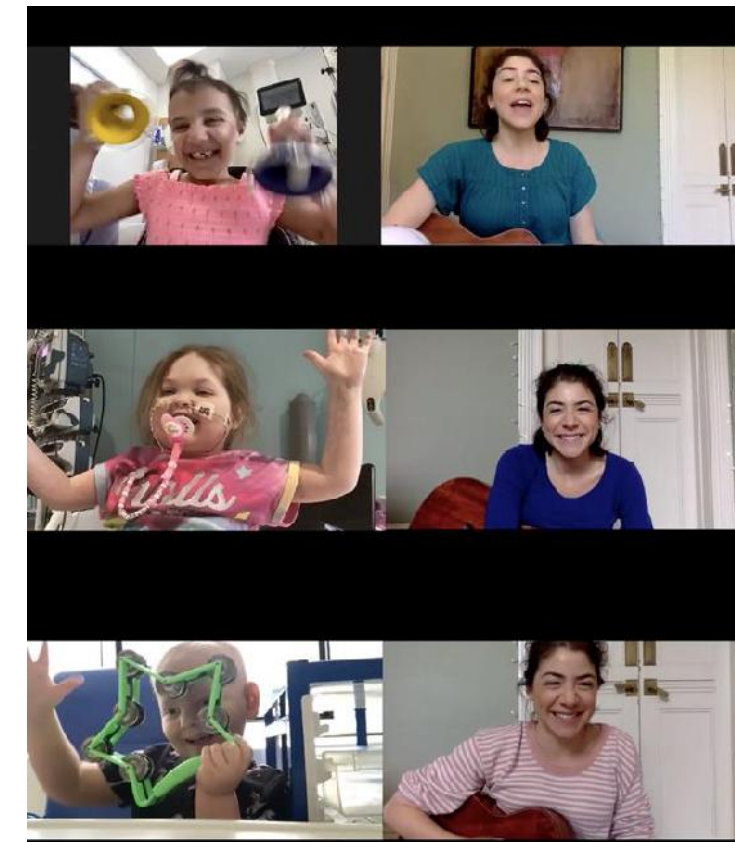
Recording & Responding to Needs

New Flag

Flag type: Reasonable Adjustments

Adjustments in care need to be made for the child in relation to the following: (RA:25829)

- Autism
- Learning Disabilities
- Hearing needs
- Visual needs
- Communication needs
- Mobility needs
- Procedural anxiety
- Behaviours of concern



Within one week of working from home, a new digital music therapy service had been established, and between April-August 2020, over 225 music therapy sessions were delivered online, using Zoom.

- 60 sessions were with patients identified with a Learning Disability
- 28 were patient group sessions
- 87 were family sessions (with a parent/carer actively involved in music)
- 114 were joint sessions with Occupational Therapy, Physiotherapy, Speech & Language Therapy and Play.

Are we effective?

Partnership working in a crisis

GOSH's healthcare science leaders work with teams across the NHS, academia and the commercial sector to contribute to the wider pandemic response. These activities included:

- Running staff testing and validating an assay for detection of the virus
- Establishing a COVID-19 serology testing service for GOSH staff and patients as well as other trusts and supporting the establishment of research study into sero-prevalence in healthcare workers
- Supporting paediatric departments across London to rapidly test patients with suspected PIMS-TS
- Recruiting and training volunteers from UCL, ICH and LSHTM to increase testing capacity and accepting samples from across North London hospitals
- Supporting nationally significant studies linked to the development of a vaccine.

Supporting changes to MDT working

Learning from the 2019 Preventing Future Deaths Report

- Standardised TOR
- Developed standardised recording tools, including attendance, on Epic
- Baseline MDT Audits
- Audit of specific MDTS – e.g. Spinal
- Medical Workforce group set up & undertaking MDT practice surveys using zoom and other platforms
- Benefits of zoom in enabling joint working



Are we responsive?

Managing Access to Services during a pandemic

- Operational Hub
- Zoom enabled in Epic to support remote appointments
- Project Apollo
- Clinical Prioritisation Group & Dashboard



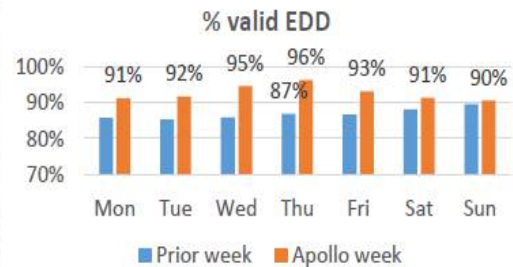
What happened during our mission

During the week before Project Apollo there were 8 avoidable on the day cancellations. This reduced to only 3 during the week of Project Apollo.

Number of delayed starts reduced from 34 in previous week to 29 in Project Apollo week.

What was the result?

- % compliance improved during Apollo week. Best performance was on Thursday with 96% compared to 87% at the same point the week before.



Ethics Support

Support Communication with Patients, Staff & Stakeholders

Clinical Prioritisation Group

Restoration and Strategic Delivery Group

Gold

EMT

System Influence

Surgical Medical Diagnostic Outpatient

Urgent & Emergent

72 hours - 4 weeks

4 weeks & beyond

CoS
HoN&PE
GM

Deputy
Chiefs of
Service

NCL
Paediatrics

Specialty
Leads

Data &
Analytics

Operational
Leadership
Team

Resources:
• Covid impact
• Workforce
• PPE
• Consumables
• Medication

Theatre/IR
Scheduling
Groups

Operational
Hub

Silver

Clinical assessment & prioritisation

Resource Dependency Assessment & Implementation

Clinical Prioritisation

What is clinical prioritisation?

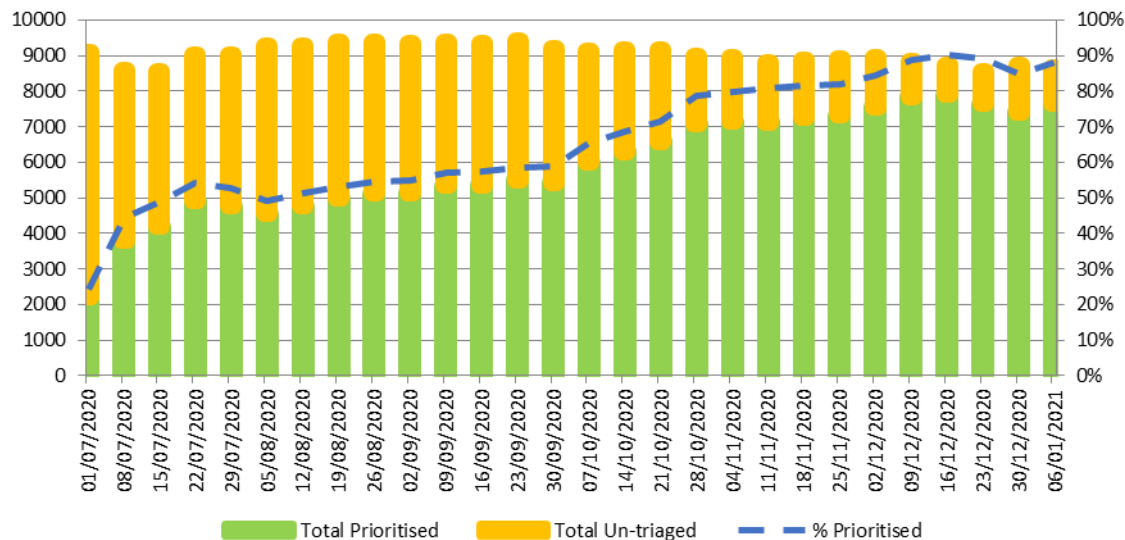
This is the term used to describe a new way of ordering waiting lists developed in the wake of the first peak of the pandemic.

It was developed by the Royal College of Surgeons, and it aims to categorise patients based on how long they can *safely* wait for a procedure.

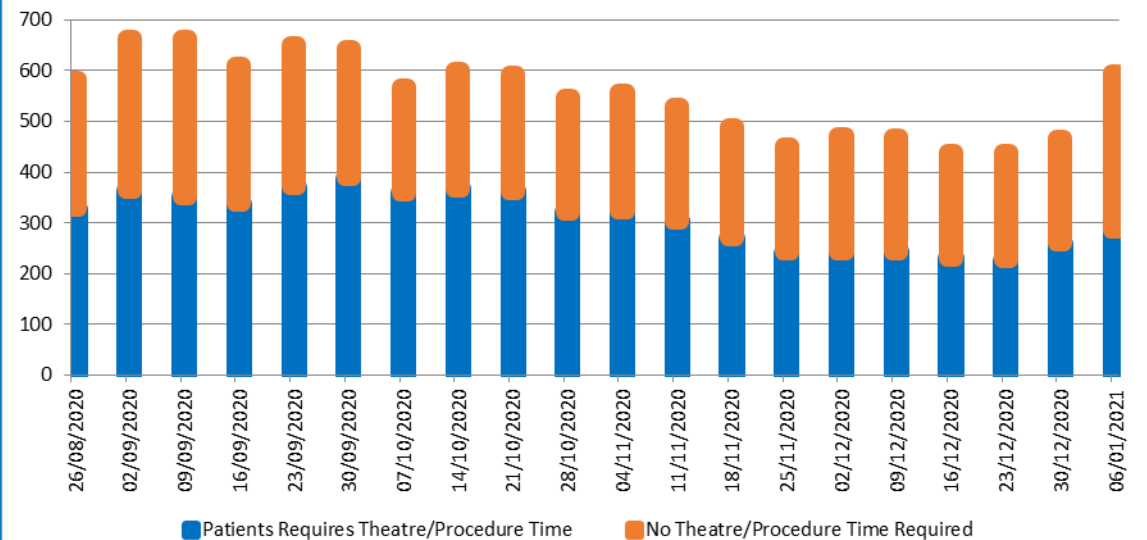
We developed two GOSH frameworks using the guidance: a surgical and a medical framework. We have also developed a guide to help us prioritise patients awaiting diagnostic tests.

Priority Score	What does that mean?
Priority 1a	Patient needs to be admitted with 24 hours
Priority 1b	Patient needs to be admitted within 72 hours
Priority 2	Patient needs to be admitted within 4 weeks
Priority 3	Patient needs to be admitted within 3 months
Priority 4	Patient is safe to wait more than 3 months

Prioritisation of Elective Waiting Lists



Category 2 patients past must be seen by dates



Support for Mental Health Services



- Changed our CQC registration urgently to support NCL need to care for paediatric mental health patients
- Creating a safe environment
- Training and supporting staff
- Working with NCL
- Invited informal peer assessment to ensure safety

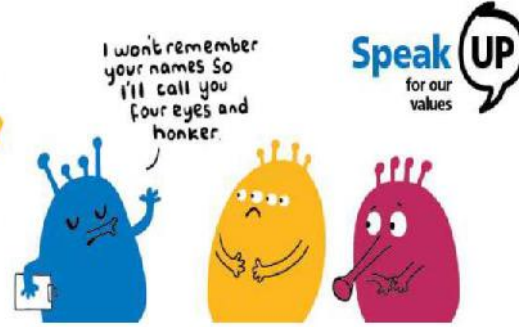


“There have been other innovative responses to the challenges faced by inpatient mental health wards, for example Great Ormond Street Hospital opened a new paediatric ward specifically for children presenting to hospitals within North Central London with acute mental health presentations during the first wave of Covid-19. This brought together specialist mental health professionals and paediatrics, providing short term support for crisis presentations, joined up with local crisis teams in the region to deliver multi-disciplinary care for children, young people and their families dealing with mental health crises during the pandemic”

Are we well led?



See someone acting in a way that's not right? Speak up!



WHAT WE DON'T WANT TO SEE... people that don't get to know others

- Supports those who champion our values and helps to change the behaviours of those who don't
- [Praise](#) launched in June to recognise and celebrate our colleagues
- This Monday we launched [iSpeakUp](#) to address unprofessional behaviour
- All about making GOSH a great place to work for everyone

~100% of staff risk assessed

Well Being Hub

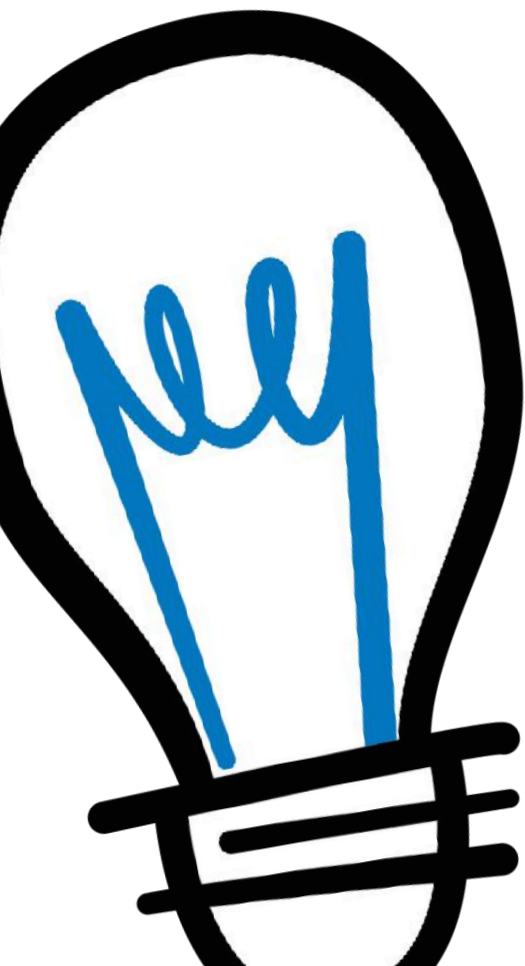
- Screen time
- Moving more
- Eating well
- Taking breaks
- Improving sleep
- Relaxation
- Leading learning at home

How is the trust working with partners in response to or during the COVID-19 crisis?

- The NCL ITU Expansion Group, which devised the plan for the first Nightingale field Hospital and was able to significantly expand ITU capacity.
- The Operational Implementation Group, which developed the plan for reinstating services across NCL, including through issues such as availability of PPE and drugs. The group expedited the re-start of elective work and considered how to establish the role of lead providers to facilitate greater flexibility and shared working across the STP area.
- The Phlebotomy System Group, which set up 4 hubs to address the urgent need for shared resources to take blood and has looked at efficiencies, capacity and workforce challenges.

Question	Response	2019 NHS Staff Survey	In Touch June	In Touch August
How do you feel you are coping with life at the minute?	Very Well/Pretty Well	-	66%	66%
Do you know where you would go for wellbeing help and advice, if you needed support?	Yes	-	80%	82%
If you are working on-site, how safe do you feel?	Very Safe/Safe	-	64%	73%
My immediate manager is taking a positive interest in my health and wellbeing	Strongly Agree/Agree	71%	71%	72%
Communication between senior management and staff is effective at the moment	Strongly Agree/Agree	44%	63%	69%
Senior managers are acting on feedback	Strongly Agree/Agree	37%	51%	56%
I am involved in deciding on changes introduced that affect my work/team	Strongly Agree/Agree	55%	43%	45%
Number of respondents			1535	1225

Good Governance, Learning & Improving



Risk Management

- We continued our risk management processes throughout the first peak.
- We supplemented them with a covid specific risk register which was monitored through Silver control
- We've seen improved levels of monthly high risk review through the pandemic
- Risk Management committees all continued using online platforms from April 2020 including Trust Board.

Clinical Skills Updates during Pandemic

Survey of clinical staff – 700 medical and 1,200 nursing staff responded declaring their skill set particularly in relation to critical care, HDU, trache support CPAP/NIV support
 400 staff received additional training on advanced respiratory support and trache care.
 >700 staff received additional training over 4 weeks, including clinical skills update, upskilling from HDU to ICU, Cleaning training for non-clinical staff, non-nurse clinical skills, PICU skills update for anaesthetists etc.

Grand Rounds
 GOSH Conference

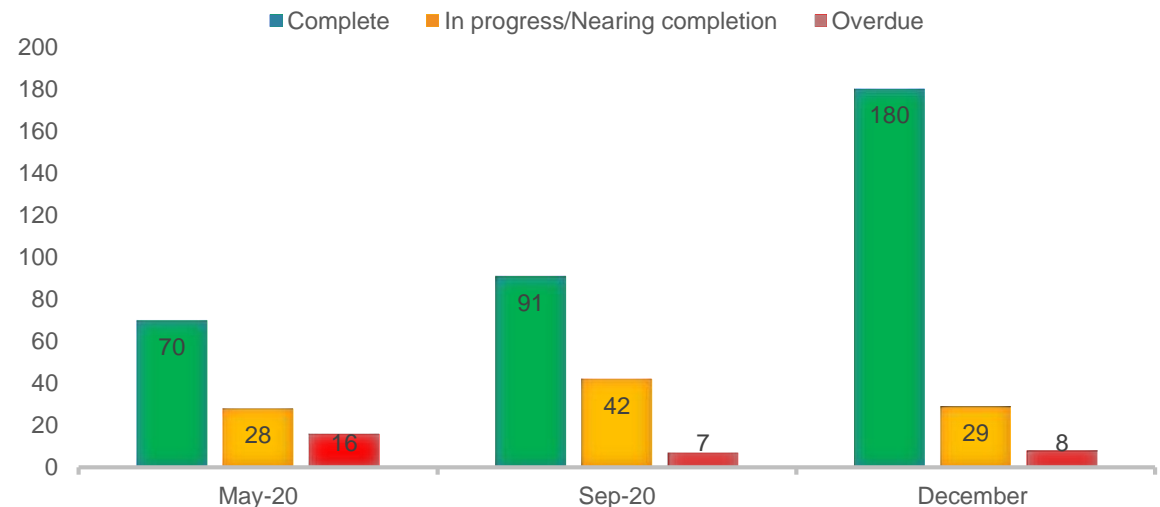
Little Room of Horrors...

Over 60 staff participated in an Infection control focused Little Room of Horrors!

The Winning Team was Recovery at 8 minutes 46 seconds!!



CLOSING THE LOOP OVERVIEW



Managing Risk during a Pandemic

- In 'unprecedented' situations and when we are required to act quickly in response to evolving situations it's important that we still take a moment to evaluate the risks of our proposed actions.
- Using 'dynamic' risk assessment processes which differ from our usual risk management strategy in form, but not principle.
- Importance of a collaborative approach
- Gold-Silver-Bronze incident structure.

Relevant team works with the Quality & Safety team to identify the hazards, current controls and any additional controls we would need to put in place to further mitigate the risk.

Potential covid related risk identified at local level. Discussed at **Bronze**. If the risk cannot be resolved easily and quickly locally, it's escalated to **Silver**

Silver consider the issues raised by **Bronze** and if it cannot be resolved easily and quickly with support of **Silver**, a risk assessment is completed

Risk assessment is completed (ideally within a day or two) and submitted to **Silver** for review and **approval** of the risk gradings, current controls and proposed actions.

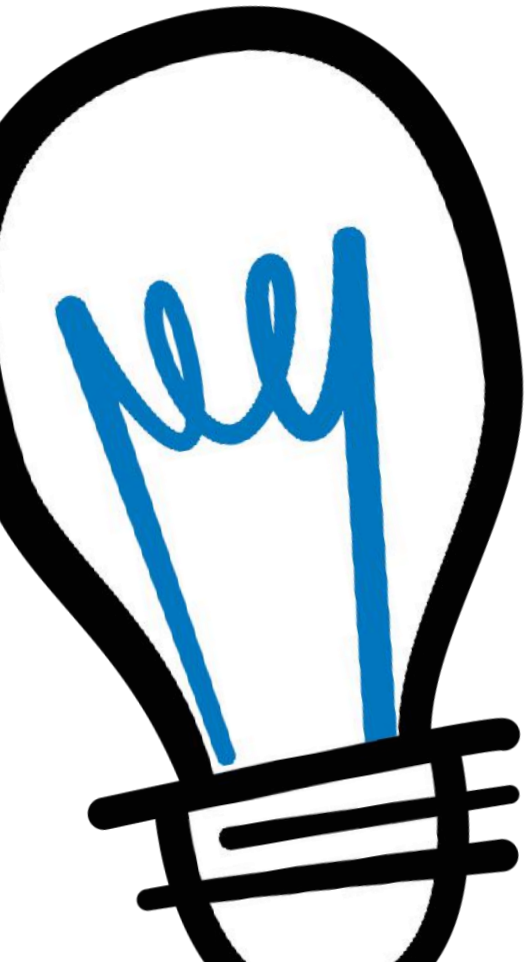
Risks which remain **high**, and **Trust-wide** risks are reviewed regularly at the Silver meeting. **Low/Medium** risks are reviewed locally a monthly overview is provided to **Silver**.

Silver notifies **Gold** of new risks or significant changes.



Learning & innovating in a crisis & Innovation

- We established onsite testing facility for symptomatic staff and household contacts in March 2020.
- Well Being Hub
- Amazon accounts for staff to enable them to purchase equipment to work from home
- Value of remote consultations for some sections of our patient group – who travel from all over the country to their outpatient appointments.
- Optiflow
- Collaborative working between the comms and patient experience team to produce patient and family centred comms
- Research – Co-STARS
- TRIM practitioners
- Recognising, managing and developing new pathways for PIM-TS
- Using our voice to ensure that children needs and rights were heard in the crisis.



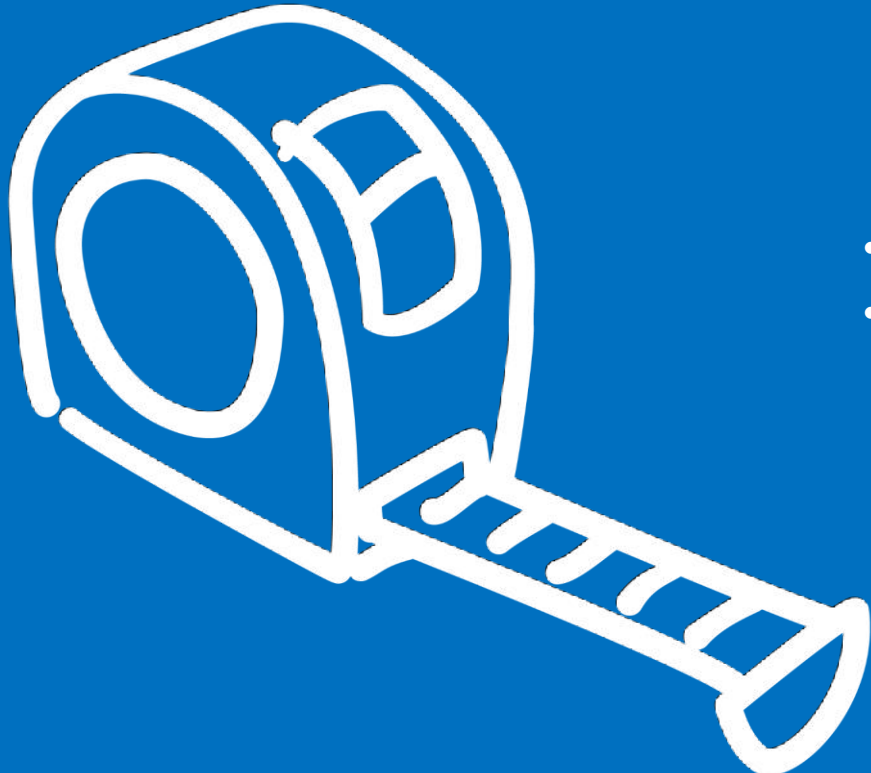
Always Improving....

New CQC Inspection

On 3rd December CQC advised us that they would be doing a focussed inspection looking at our Serious Incidents and our Red Complaints.

What happens next?

- CQC are undertaking a table top review of our submissions
- If they have queries, they will send those to us. Queries are likely to be about aspects of the SI or Red complaint investigation, including whether we can evidence that we've taken the actions which we had planned and how we have undertaken our duty of candour
- So far, the CQC haven't asked to interview any staff.
- We are hoping to hear the findings of the inspection by the end of January 2021.



CQC Consultation 2021

CQC are currently consulting on their future strategy. This appears to include more frequent 'focussed inspections' driven by data and a risk based approach.



Council of Governors

27 January 2021

Chief Executive Report – January 2021

Purpose

The purpose of this paper is to provide a summary of key work priorities and achievements since the 25 November 2020 report to the Council of Governors.

The report includes:

- Introduction and plans for 2021
- Coronavirus (COVID-19) information on shielding for children, young people and families
- Great Ormond Street Hospital Flu Plan 2020/21
- Trust Board Summary (November 2020 Trust Board)
- Integrated Quality & Performance Report – December 2020 (November data)
- Response to Governor query on cancelled appointments
- Finance report – November 2020 data
- Other news
- Appendices
 - Integrated Quality & Performance Report – December 2020 (November data)
 - Finance report (highlights) November 2020 (October 2020 data)

Governor action required:

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

Report prepared by:

Paul Balson, Head of Corporate Governance, paul.balson@gosh.nhs.uk

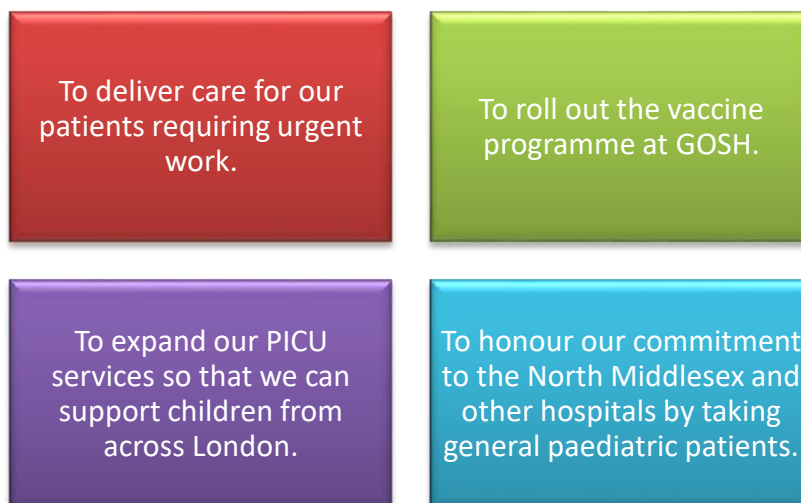
Report presented by:

Matthew Shaw, Chief Executive

1 Introduction and plans for 2021

As Governors will be aware, the challenges of 2020 were immense and the Trust should be proud of the way everyone came together to find a way through. Whilst 2021 promises to be a far better year with vaccines available and our own roll out well underway, the situation remains challenging.

The NHS is under significant pressure from the recent rise in COVID-19 infections. In response, GOSH is focusing on four core priorities as well as providing the wider system with any support that can be freed up. The priorities are:



A verbal update on progress against these priorities will be provided at the meeting.

Beyond these priorities, the Trust has redeployed staff where possible to other hospitals under pressure. This is being managed in a flexible through the staffing hub.

In addition the Trust asks everyone to support each other and remain vigilant about our Hands, Face, Space, Place guidelines and celebrate the good stuff that we do along the way.

2 Coronavirus (COVID-19) information on shielding for children, young people and families

As more is learnt about coronavirus, guidance is changing around who should take extra steps to protect themselves and what those steps should be. The vast majority of children and young people (even those with underlying conditions) do not need to formally 'shield' in the same way as clinically extremely vulnerable adults are required to shield.

However, it is known that when parents receive a text or letter from the Government and/or GOSH to let them know that their child needs to start or stop 'shielding', that this can cause a great deal of anxiety. The Trust has therefore put together some advice from GOSH to clarify what this means for children and young people and their families. This advice is available on the Trust website [here](#).

3 Great Ormond Street Hospital Flu Plan 2020/21

In light of the risk of flu and COVID-19 co-circulating this winter, the flu immunisation programme this year is more important than ever to protecting vulnerable people and supporting the resilience of the health system.

For this reason the Trust has been set an ambitious target of offering the flu vaccine to 100% of frontline staff, with an uptake of 75%. This year there is a requirement for all front line staff to be offered the vaccine. The 2020-21 flu immunisation programme for GOSH staff launched on 28th

September 2020 and will run until February/March 2021, as part of the national flu immunisation programme.

4 Trust Board Summary

The most recent meeting of the Trust Board was held on 26 November 2020. Highlights from this meeting that are not reported elsewhere within the Council of Governors' papers are summarised below.

4.1 Chief Executive Update

The Chief Executive reported that the Trust continued its focus on returning to business as usual and treating the backlog of patients. At the time of reporting, the Trust was the top performing paediatric service in London in activity compared to the previous year. Staff were thanked for their work to achieve this.

It was noted that Phillip Walmsley, Interim Chief Operating Officer would be leaving the Trust at the end of January and John Quinn would be joining the organisation as substantive Chief Operating Officer on 4th January 2021. Phillip Walmsley was thanked for his contribution to the Trust.

4.2 Patient Story

The Board received a patient story via videoconference from Mike, the parent of a GOSH patient. During an appointment in which Lucas had been frustrated due to a delay and had refused eye drops, Mike had been asked to restrain Lucas, to enable the eye drops to be administered which he and Lucas had both found upsetting. Mike said that when he made a complaint he found the complaints process helpful. Changes were implemented at the next appointment such as the presence of a play worker which had led to a very positive experience for Lucas.

4.3 Brexit Update

The Interim Chief Operating Officer reported that the existing fortnightly Brexit meeting had moved to weekly and leads for each area had been asked to highlight any concerns. An internal communications plan would begin in December and would ask staff to flag any concerns immediately.

4.4 Directorate Presentation: Blood, Cells and Cancer Directorate

The Trust Board received a Directorate presentation from Clarissa Pilkington, Chief of Service for Blood, Cells and Cancer. The presentation covered Directorate performance during the COVID-19 pandemic including and progress made towards the objectives of the Trust's 'Above and Beyond' strategy.

4.5 Other items

4.5.1 Research Hospital update: Focus on Biomedical Research Centre Renewal

The Director of the NIHR GOSH Biomedical Research Centre presented an update on the Trust's Research Hospital implementation with a focus on activities to strengthen the Trust's position for NIHR Biomedical Research Centre (BRC) renewal (expected to be 2022).

4.5.2 Patient Experience and Engagement Framework Progress Report

The Head of Patient Experience and Engagement presented an update on the Patient Experience and Engagement Framework which was approved at Trust Board in January 2020. The Framework set out the Trust's ambitions for enhancing patient and family experience at GOSH.

The Trust Board noted progress to date in developing a three year patient experience proposal for the GOSH Children's Charity to consider in 2021 and the significant work had taken place to request

feedback from patients and families and consideration was also being given to equality and diversity objectives.

4.5.3 Approach to business planning and budget setting 2021/22

The Chief Finance Officer presented an update to the Board on the business planning process for 2021/22, including budget setting and the progress made to date.

4.5.4 Safe Nurse Staffing Report (August - October 2020)

The Director of Nursing reported that safe staffing levels had been in place for all shifts throughout the period and no Datix reports had been received in this respect.

4.5.5 Built Environment Update

The Director of Estates, Facilities and the Built Environment presented an update on the Trust's major projects including: the Sight and Sound Hospital and Children's Cancer Centre.

4.5.6 Guardian of Safe Working Update

The Trust Board received a report from the Guardian of Safe Working regarding Junior Doctor working practice at GOSH. The report covered 1 July to 30 September 2020.

4.5.7 Update to the infection Control Assurance Framework

The Director of Infection Prevention and Control presented a report that provided assurance that Infection Prevention and Control measures had been reviewed in light of changes in national guidance to support management of COVID-19.

The report stated that that the Trust met the required standards and that where there are gaps in performance, assurance or mitigation there is a clear plan to manage this.

4.5.8 Learning from Deaths Mortality Review Group - Report of deaths in Q1 2020/2021

The Trust Board received a report from the Medical Director, Medical Lead for Child Death Reviews and Clinical Audit Manager that reported on all Child at GOSH between 1st April and 30th June 2020.

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

4.6 Board Assurance Committee reports

The Trust Board received reports from:

- Audit Committee
- Quality, Safety and Experience Assurance Committee
- People and Education Assurance Committee Update
- Finance and Investment Committee

4.7 Any other business

It was reported that the report arising from the Dixon Enquiry had been published during the meeting and work was taking place to review the report.

4.8 Accessing Board papers

The full sets of papers, including those for the Trust Board meeting in November 2020 are uploaded here: <https://www.gosh.nhs.uk/about-us/who-we-are/our-organisational-structure/trust-board/trust-board-meetings>. The February 2021 agenda and papers will also be on the website prior to the meeting.

If you would like to observe the Trust Board or have any queries please contact: Victoria Goddard, Trust Board Administrator Victoria.Goddard@gosh.nhs.uk.

5 Integrated Quality & Performance Report – December 2020 (November data)

The Integrated Quality & Performance Report provides a three month snapshot of hospital performance in key metrics relating to quality (safety, experience, effectiveness, responsiveness and whether we are well led). Highlights for the Council's attention are:

5.1 Are we safe?

There were was one serious incident declared in November 2020. This related to a retained guidewire 'Never Event' on the critical care unit. There was one overdue serious incident. It is expected that the investigation will be completed in January 2021.

The Trust observed 3 months of improved incident closure timescales. The average days taken to investigate an incident has dropped from 54 days in August to 29 days in November.

World Health Organisation (WHO) checklist documentation compliance within Main Theatres was at 97% (98% in October).

The compliance rate across the Trust for statutory & mandatory training In November remained stable at 94%.

5.2 Are we caring?

Friends and Family Test performance in November reported a 99% experience rating for inpatients and 97% experience rating for outpatients.

New red category complaints accounted for 11% of total complaints in each of the last three months. There was no evidence of a thematic concern.

Pals contacts increased in November. The team noted the highest number of contacts since July 2017. This was attributable mainly to the role the team have taken on in supporting families who are unable to reach the relevant clinical team via switchboard.

5.3 Are we effective?

The Trust remains fully compliant with all NICE national guidance gap analysis completion.

78% of specialty led clinical audits were on track in November. Hands, face, space & place audits showed good levels of compliance with COVID-safe guidance in the hospital.

84.8% of patients discharged from GOSH in November had a letter sent to their referrer within 24 hours, with 91.4% sent within 48 hours.

For November 2020, performance remained similar to October for seven day clinic letter turnaround; 66.98% compared to 59.06% in September.

5.4 Are we responsive?

In October 2020 the Trust achieved 100% in 4 out of 5 cancer waiting times standards – with one breach of the 62 day consultant upgrade standard.

The Trust submitted a 67% RTT position with 2031 patients waiting longer than 18 weeks and 359 waiting over 52 weeks.

NHS Outpatient attendances over the previous eight weeks averaged 102%, with new attendances being 91.5% and follow-up 104% against the previous year.

NHS Spell discharges over the previous eight weeks has improved, averaging 90.67% (October - 88.24%) with Day-case remaining 88.4%, Elective increasing significantly from 87.16% to 96.05% and Emergency declining from 94% to 86.8%.

Main Theatre procedures over the last 8 weeks averaged 102% (October = 89.34%) against the previous year.

Diagnostic modalities (DM01) performance was 68.53% with 625 breaches. Imaging activity over the time period averaged 90.9%, with MRI being 73% (Oct -100.9%) Non-obstetric Ultrasound 111% (Oct -102.1%) and CT 90% (Oct - 65.9%)

Theatre utilisation maintained being above 76% since June 2020, which was on average 10% higher than pre-COVID-19 performance.

5.5 Are we Well Led?

Compliance with Duty of Candour for initial conversations was 100% for November 2020. 86% of stage 2 letters were completed and four stage 3 investigation reports were shared with families to complete the duty of candour process. There was only one overdue stage 3 investigation report.

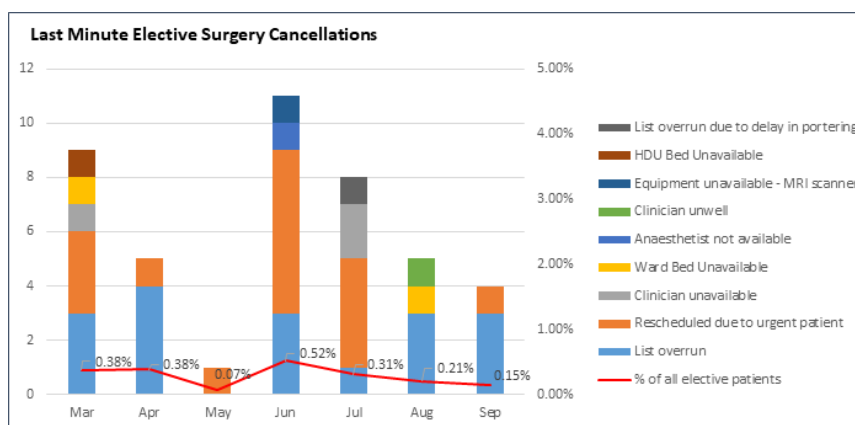
The non-medical appraisal rate for November remained 86% with four directorates achieving their target. Consultant appraisal rates fell from 86% to 83% in November. The Medical Appraisal and Revalidation Committee established processes to address levels of medical appraisals that commenced from August. Non-compliance will be targeted at directorate performance reviews.

Honorary contract performance has dipped below 90% - with September reporting an 88% compliance rate and October reporting 83% and November as 82%. The HR team have contacted Directorates and individuals in November, reminding them of the training requirements and that they will not be able to have their contract extended if they are non-compliant with Safeguarding Children training and at least all but one of their remaining topics. From December the HR team will introduce monthly reminders outlining individual responsibilities to non-GOSH email addresses to ensure compliance. Should they remain non-compliant they will be unable to apply for an extension, and will be terminated.

6 Governor query on cancelled appointments

At the July 2020 meeting of the Council, Fran Stewart - Public Governor requested further information on the number of cancellations in light of the extreme challenge for families.

The Trust carried out an analysis of cancellations for the period March-Sept 2020. The numbers were based on the Quarterly Monitoring of Cancelled Operations Return (QMCO) definition which is: *surgery that is cancelled last minute by the hospital for non-clinical reasons*. The numbers are as follows:



Reason	Total	%
List overrun	17	0.11%
Rescheduled due to urgent patient	16	0.11%
Clinician unavailable	3	0.02%
Ward Bed Unavailable	2	0.01%
Anaesthetist not available	1	0.01%
Clinician unwell	1	0.01%
Equipment unavailable - MRI scanner	1	0.01%
HDU Bed Unavailable	1	0.01%
List overrun due to delay in portering	1	0.01%
	43	0.29%

The reduction in cancellations for March, April and May reflected the drop in elective work following the first wave of COVID-19. It increased in June where it can be seen that we had a number of cancellations due to urgent patients.

This was the most prevalent cause during the end of the first wave. What the Trust has seen since then is that the reason code “*rescheduled due to an urgent patient*” has mostly disappeared and we have seen a good positive trend downwards. Whilst any last minute cancellation is not good it should be noted that it at its worst it was at 0.52% of elective admissions and has now dropped to 0.15% (1 in 670). The Trust will continue to monitor this.

7 Finance report – November 2020 data

The report presents the Trust’s finance position at Month 8 against the current plan submitted to NHSE/I for Month 7-12. Highlights for the Council’s attention are below:

In Month 7, the NHS switched to a new financial payment system whereby the Trust is paid a block amount of income which was determined by NHSE/I.

The Trust updated its plan in line with the request from NHSE to all Trusts. In line with the additional income agreed with the STP the planned deficit reduced to £20.6m.

The Trusts year to date performance was a £5.3m deficit which was £1.5m favourable to the plan. This is due to two 2 high value private patients last month and increased CAR-T patients, which is partly offset by increased staffing and costs of clinical supplies related to increased activity.

8 Other news

8.1 NHS Charities Together donation helps support GOSH staff disproportionately affected by COVID-19

NHS Charities Together, the umbrella organisation for NHS Charities, donated a further £50,000 to Great Ormond Street Hospital Children’s Charity (GOSH Charity) to help support GOSH staff who are disproportionately affected by COVID-19.

In recognition of the stress and anxiety placed on staff as a result of the pandemic, both the hospital and the charity have set up a number of wellbeing and support initiatives. As part of this, the hospital established a trust-wide wellbeing service in March.

In addition to the wellbeing services and initiatives already in place, staff surveys and regular pulse checks have shown that more support is needed across staff groups who have been, and continue to be, disproportionately affected by COVID-19. These groups include:

- Black, Asian and Minority Ethnic (BAME) communities.
- Staff groups in the NHS who are often behind the scenes (“hidden groups”). For example those in support services, such as cleaning, catering or mortuary staff.
- Any members of staff with a potential vulnerability.

This latest grant from NHS Charities Together will be used to fund an innovative new programme to support staff groups disproportionately affected by COVID-19. It will help with the prevention, detection and management of the emotional trauma and stress caused by the pandemic. The programme will consist of: Cultural intelligence leadership, Development of the Wellbeing Practitioners Network and a Mentoring Programme across the North Central London region.

8.2 GOSH to bring cleaning and domestic services in-house from July 2021

On 9 December the Trust announced that cleaning and domestic services will be brought in-house after the current contract with external provider OCS comes to an end in July 2021.

Cleaning and domestic services are essential for a clean, welcoming hospital environment that is safe from infection. This decision, which has been made by the Trust Board, is the best way to secure a high quality service for the future in line with the Trust’s values. The move follows similar decisions in the last 18 months to bring works and catering services in house at GOSH.

9 Attachments

- Integrated Quality & Performance Report – December 2020 (November data) Appendix 1
- Finance report (highlights) December 2020 (November 2020 data) Appendix 2

Integrated Quality & Performance Report

December 2020 (November data)



Sanjiv Sharma

Alison Robertson

John Quinn

Caroline Anderson

Medical Director

Chief Nurse

Chief Operating Officer

Director of HR & OD

Data correct as of 12th January 2021