

# Hospital Quality Performance – December 2020 (November data)

## Are our patients receiving safe, harm-free care?

	Parameters	Sept 2020	Oct 2020	Nov 2020
Incidents reports (per 1000 bed days)	R<60 A 61-70 G>70	96 (n=622)	88 (n=651)	86 (n=623)
No of incidents closed	R - <no incidents reptd G - >no incidents reptd	574	546	589
Incident Closure Rate (% of incidents closed within policy)	R 0-64%A>65-75% G>76-100%	77.9%	75.5%	77.8%
Average days to close	R ->50, A - <50 G - <45	34	32.4	29.3
Medication Incidents (% of total PSI)	TBC	19.8%	22.2%	21.1%
WHO Checklist (Main Theatres)	R<98% G>98-100%	93.7%	98%	97%
Near Miss reports (% of incidents reported)	R <8%, A 8-9%, G>10%	4.5%	4.3%	4.2%
New Serious Incidents	R >1, A -1 G – 0	4	1	1
Overdue Serious incidents	R >1, A -1, G – 0	0	1	1
Safety Alerts overdue	R- >1 G - 0	0	1	0
Serious Children's Reviews Safeguarding children learning reviews (local)	New	2	2	2
	Open and ongoing	8	8	8
Safeguarding Adults Board Reviews	New	0	0	0
	Open and ongoing	2	2	2

## Are we delivering effective, evidence based care?

	Target	Sept 2020	Oct 2020	Nov 2020
Specialty Led Clinical Audits on Track	R 0- 60%, A>60-75% G>75-100%	77%	75%	78%
Number of completed specialty led clinical audits per year	Aim =100 p.a G= YTD total at month end is on target	50	56	66
NICE guidance overdue for assessment of relevance	R=1+, G=0	0	0	0
Relevant NICE national guidance without a gap analysis	R=1+, G=0	0	0	0
Participation in mandatory relevant national audits	G=100%	100%	100%	100%

## Are our patients having a good experience of care?

	Parameters	Sept 2020	Oct 2020	Nov 2020
Friends and Family Test Experience rating (Inpatient)	G – 95+, A- 90-94, R<90	98%	98%	98%
Friends and Family Test experience rating (Outpatient)	G – 95+, A-90-94,R<90	97%	96%	97%
Friends and Family Test - response rate (Inpatient)	25%	34%	31%	33%
PALS (per 1000 combined pt episodes)	N/A	8.11	8.56	10.43
Complaints (per 1000 combined pt episodes)	N/A	0.23	0.49	0.43
Red Complaints (%total complaints 12 month rolling)	R>12% A- 10-12% G- <10%	11%	11%	11%
Re-opened complaints (% of total complaints since April 2020)	R>12% A- 10-12% G- <10%	3%	2%	4%

## Are our People Ready to Deliver High Quality Care?

	Parameters	Sept 2020	Oct 2020	Nov 2020
Mandatory Training Compliance	R<80%,A-80-90% G>90%	94%	94%	94%
Stat/Man training – Medical & Dental Staff	R<80%,A-80-90% G>90%	87%	85%	85%
PDR	R<80%,A-80-89% G>90%	86%	86%	86%
Appraisal Compliance (Consultant)	R<80%,A-80-90% G>90%	Actual: 75%	Actual: 87%	Actual: 83%
Honorary contract training compliance	R<80%,A-80-90% G>90%	88%	83%	82%
Safeguarding Children Level 3 Training compliance	R<80%,A-80-90% G>90%	89%	85%	90%
Safeguarding Adults L2 Training Compliance	R<80%,A-80-90% G>90%	93%	94%	95%
Resuscitation Training	R<80%,A-80-90% G>90%	84%	87%	87%
Sickness Rate	R -3+% G= <3%	2.4%	2.6%	2.6%
Turnover - Voluntary	R>14% G-<14%	12.5%	12.2%	11.8%
Vacancy Rate – Contractual	R- >10% G- <10%	8.3%	7.4%	7%
Vacancy Rate - Nursing		6.9%	4.9%	4.6%
Bank Spend		4.9%	5.4%	5.4%
Agency Spend	R>2% G<2%	1%	1%	1.1%

# Hospital Quality Performance – December 2020 (November data)

## Is our culture right for delivering high quality care?

	Target	Sept 2020	Oct 2020	Nov 2020
High Risk Review (% reviewed within date)	R<80, A 81-90% G>90%	92%	98.3%	82.5%
Serious Incident Actions (number of actions overdue)	R- >2 A- 1-2 G- 0	24	23	21
Red Complaints Action Plan Completion (no of actions overdue)	R- >2 A- 1-2 G- 0	0	0	0
Duty of Candour Cases	N/A	8	6	8
Duty of Candour Conversation (Stage 1)	R<75% A 75-90% G>90%	100%	100%	100%
Duty of Candour Letter (Stage 2) Has a letter been sent?	R<75% A 75-90% G>90%	100%	83%	86%
Duty of Candour – compliance with 10 days	R<75% A 75-90% G>90%	81%	67%	50%
Duty of Candour - Stage 3 Total sent out in month	Volume	8	9	4
Duty of Candour – Stage 3 Total (%) sent out in month on time	R<50%, A 50-70%, G>70%	25%	44%	25%
Duty of Candour – Stage 3 Total overdue (cumulative)	G=0 R=1+	2	2	1
Policies (% in date)	R 0- 79%, A>80% G>90%	76%	74%	77%
Safety Critical Policies (% in date)	R 0- 79%, A>80% G>90%	84%	84%	85%
Fit and Proper Person Test Compliance (self assessment)	R - <90%A 90-99% G – 100%	100%	100%	100%
Inquests currently open	Volume monitoring	10	12	9
Freedom to speak up cases	Volume monitoring	3	TBC	2
HR Whistleblowing - New	Volume monitoring	0	0	0
HR whistleblowing - Ongoing	12 month rolling	1	1	1
New Bullying and Harassment Cases (reported to HR)	Volume	0	0	0
	12 month rolling	1	2	2

## Are we managing our data?

	Target	Sept 2020	Oct 2020	Nov 2020
FOI requests	Volume	57	49	36
FOI Closures: % of FOIs closed within agreed timescale	R- <65% A – 65-80% G- >80%	69%	78%	67%
No. of FOI overdue (Cumulative)		2	9	4
FOI - Number requiring internal review	R>1 A=1 G=0	0	0	1
FOI Number referred to ICO	G=0 R=1+	0	0	0
Information Governance Incidents	volume	6	9	18
IG incidents reported to ICO	R=1+, G=0	0	0	0
SARS (Medical Record ) Requests	volume	94	122	120
SARS (Medical Record) processed within 30 days	R- <65% A – 65-80% G- >80%	100%	TBC	98%
New e-SARS received	volume	0	0	0
No. e-SARS in progress	volume	3	3	2
E-SARS released	volume	1	0	1
E-SARS partial releases		NA	1	3
E-SARS released past 90 days	volume	1	0	1

	Target	Sept 2020	Oct 2020	Nov 2020
52 week + breaches reported (ticking at month end)	Volume	282	333	371
52 week + harm reviews to be completed (for treatment completed)		Data not available	49	Data not available

# Do we deliver harm free care to our patients?

## Central Venous Line Infections

### 3. GOSACVCRB (GOS acquired CVC related bacteraemias ('Line infections'))\*

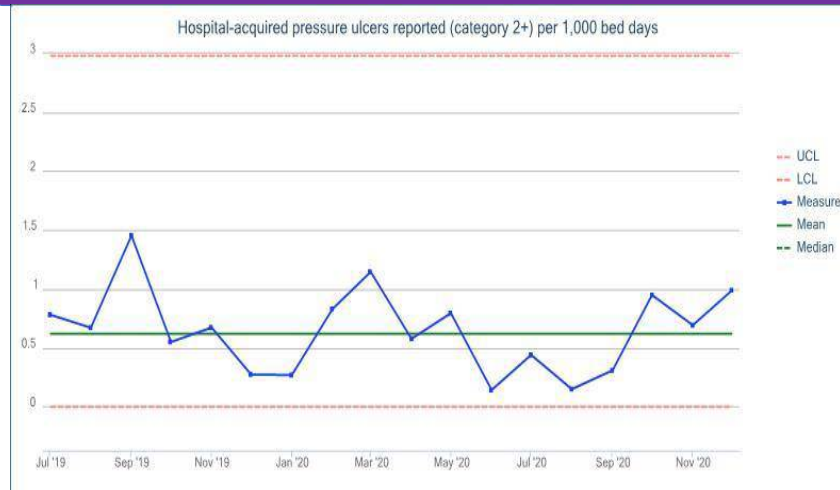
Period	GOSACVCRB_No	DaysRecorded	Rate	Rate_YtD
Year 15/16	75	51976	1.4	1.4
Year 16/17	87	52679	1.7	1.7
Year 17/18	82	50835	1.6	1.6
Year 18/19	82	52959	1.5	1.5
Year 19/20	73	55761	1.3	1.3
Apr-20	8	4829	1.7	1.7
May-20	9	4530	2	1.8
Jun-20	4	4454	0.9	1.5
Jul-20	7	4571	1.5	1.5
Aug-20	4	4237	0.9	1.4
Sep-20	3	3997	0.8	1.3
Oct-20	5	4471	1.3	1.1
Nov-20	9	4509	2	1.4

\*During the initial covid surge, the blood culture assessment was not completed for March of year 2019/20. 4098 line days were removed from the total year days recorded, so this figure is for 11 months data.

## Infection Control Metrics

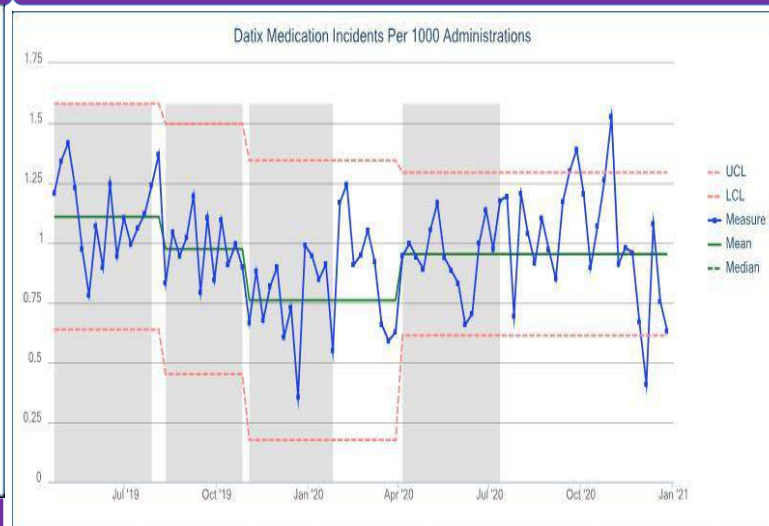
Care Outcome Metric	Parameters	June 2020	Jul 2020	August 2020	Sep 2020	Oct 2020	Nov 2020
Bacteraemias (mandatory reporting – MRSA, MSSA, Ecoli, Pseudomas Klebsiella)	In Month	6	9	8	8	2	3
	YTD (financial year)	23	32	40	48	50	53
C Difficile cases - Total	In month	0	0	0	1	0	4
	YTD (financial year)	4	4	4	5	5	9
C difficile due to lapses (Considered Trust Assigned but awaiting confirmation from	In Month	0	0	0	0	0	4
	YTD	3	3	3	3	3	7

## Pressure Ulcers



		Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20
Volume	R-12+, A 6-11 G =0-5	4	6	1	3	1	2	7	5
Rate	R=>3 G=<3	0.6	0.79	0.14	0.43	0.14	0.31	0.95	0.99

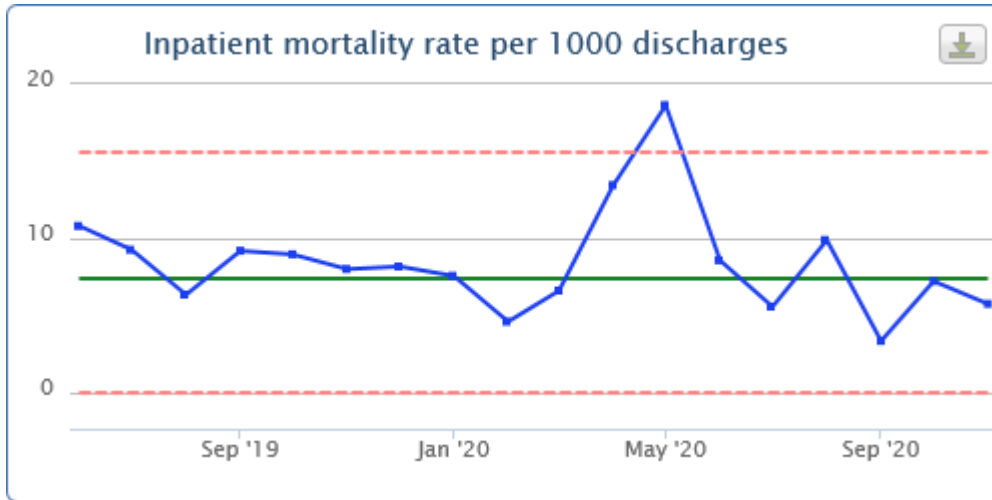
## Medication Incidents



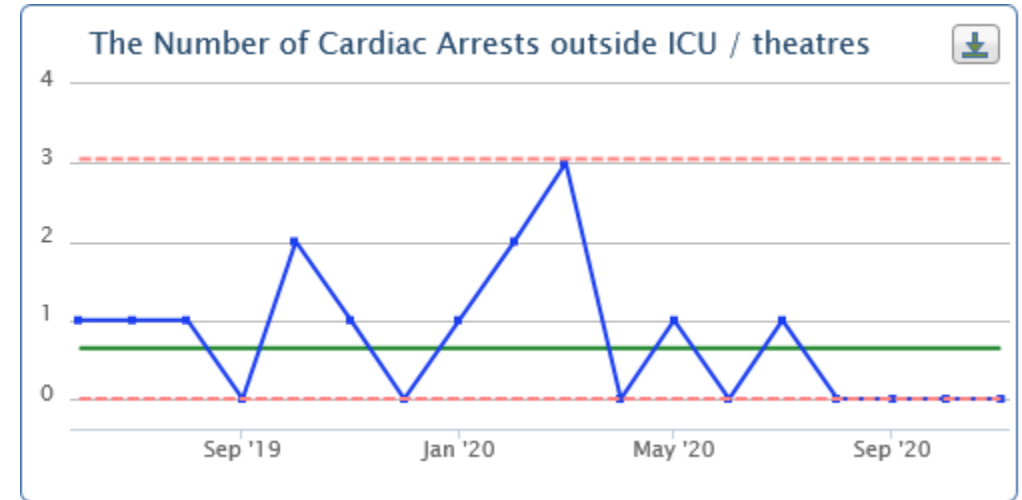
	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20
% medication incidents causing harm	11%	10%	10%	4%	13%	9%	11%	10%

# Does our care provide the best possible outcomes for patients?

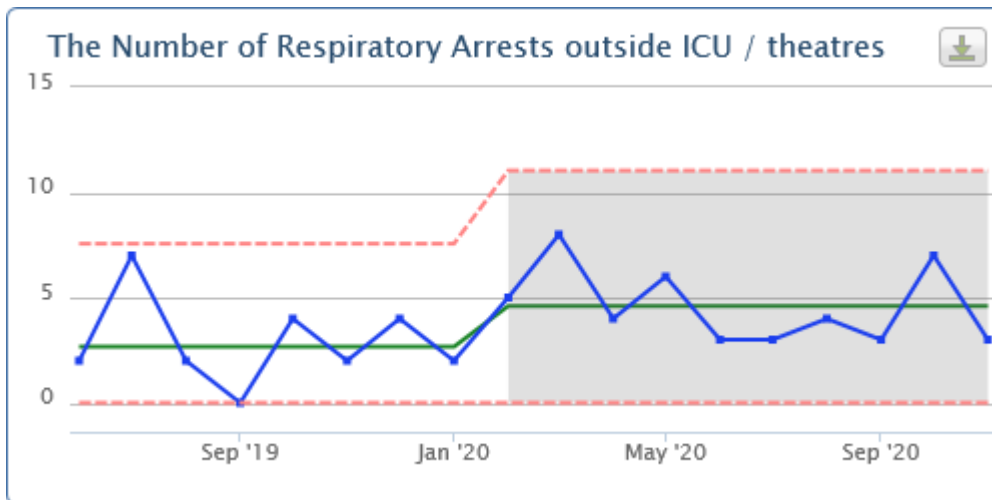
## Inpatient mortality



## Cardiac Arrests



## Respiratory Arrests



The crude mortality rate has is within normal variation. 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

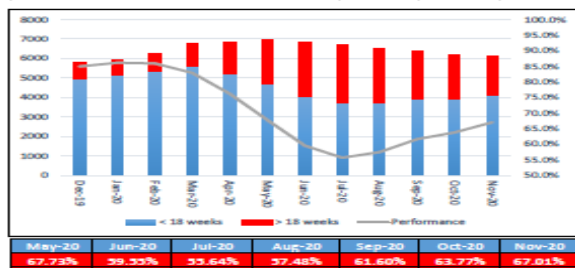
We note an increase in our respiratory arrests from February 2020. We have reviewed the reasons for this with our Lead for Resuscitation Services. There are four children on respiratory wards with long term respiratory complications who are having at least two respiratory arrests each per month approximately. This is considered to be the main cause for any increase.

# Patient Access

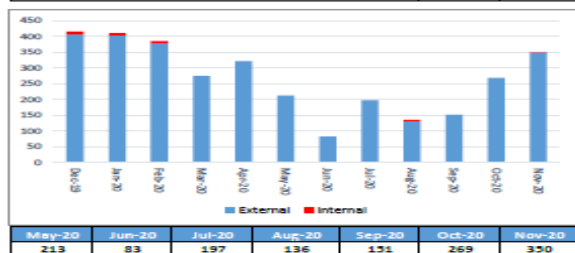
## Patient Access Great Ormond Street Hospital for Children NHS Foundation Trust



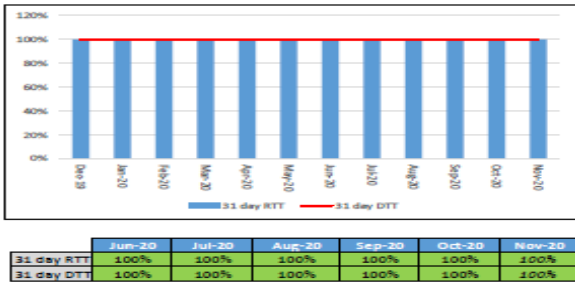
**RTT incomplete pathways: % of patients waiting <18 weeks**



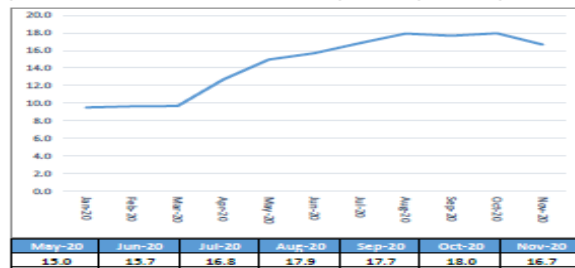
**RTT: Total unknown dock starts**



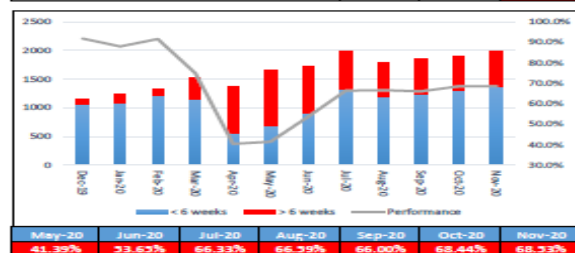
**Cancer: 31 day referral to treatment**  
**Cancer: 31 day decision to treat**



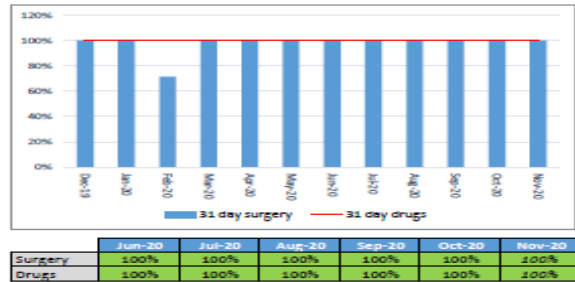
**RTT: Average waits for open pathways**



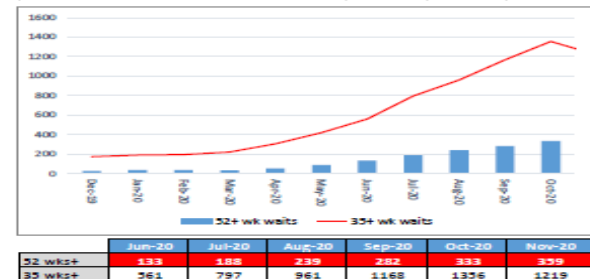
**Diagnostics: % of patients waiting less than 6 weeks for a diagnostic test**



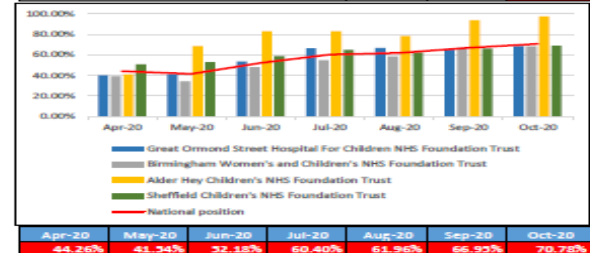
**Cancer: 31 day subsequent treatment (Surgery)**  
**Cancer: 31 day subsequent treatment (Drugs)**



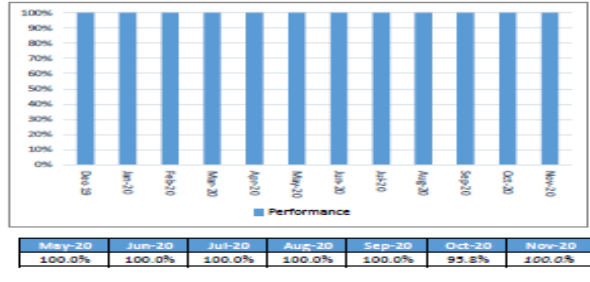
**RTT: Incomplete pathways 52 weeks or more**



**Diagnostics: National % patients waiting less than 6 weeks for a test**



**Cancer: 62 day consultant upgrade**



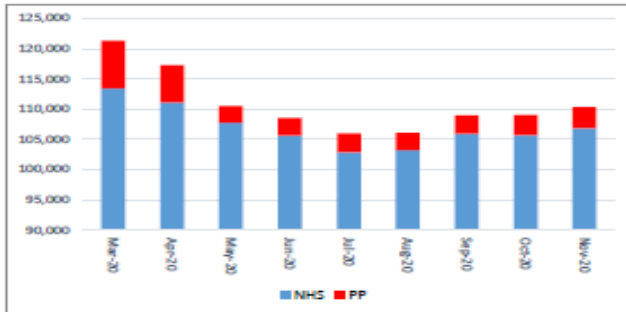
# Patient Access

## Patient Access

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

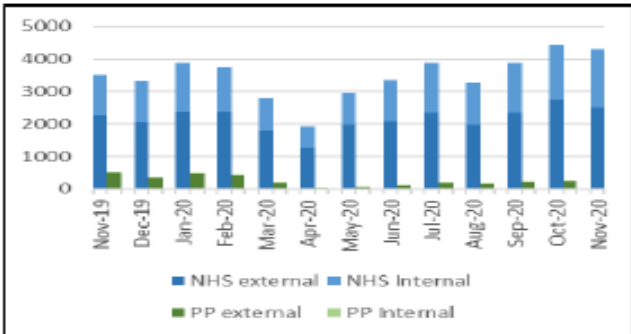


Open referrals at month end (NHS & PP)	Period	Actual
	Nov-20	110,294



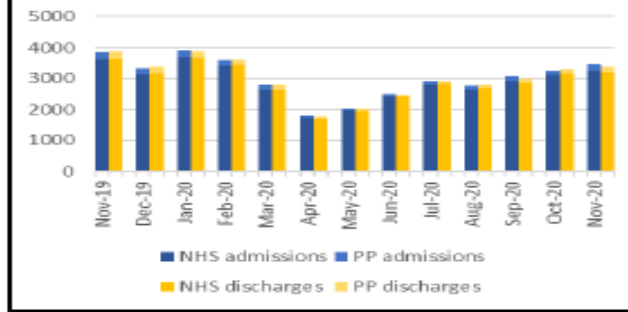
	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
NHS	105,631	102,873	103,225	105,910	105,715	106,851
PP	2,878	3,139	2,801	3,024	3,299	3,443

External Referrals (NHS & PP)	Period	Actual
	Nov-20	2770



	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
External	2223	2536	2140	2563	2981	2770
Internal	1241	1557	1302	1559	1735	1811

Admissions (NHS & PP)	Period	Actual
	Nov-20	3426



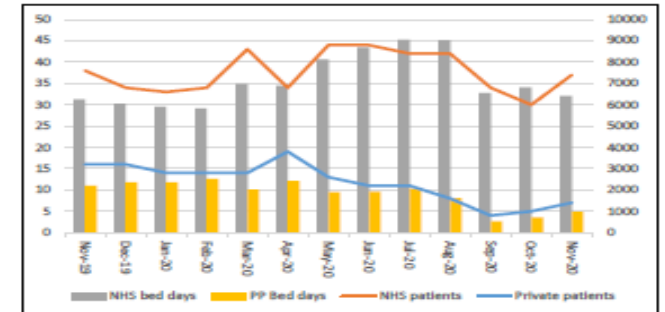
	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Admissions	2483	2891	2754	3052	3230	3426
Discharges	2481	2908	2792	2986	3275	3377

Patients with an EDD	Period	Actual
	Nov-20	

Under construction

EDD	Nov-20
EDD	
> EDD	

Patients not yet discharged with LOS >50 days	Period	Actual
	Nov-20	44

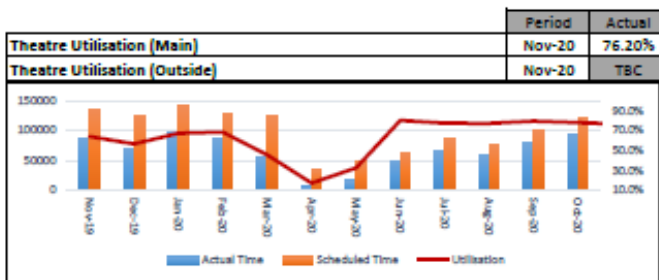


	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Patients	55	53	50	38	35	44
Bed days	10621	11119	10649	7081	7532	7393

# Productivity & Efficiency

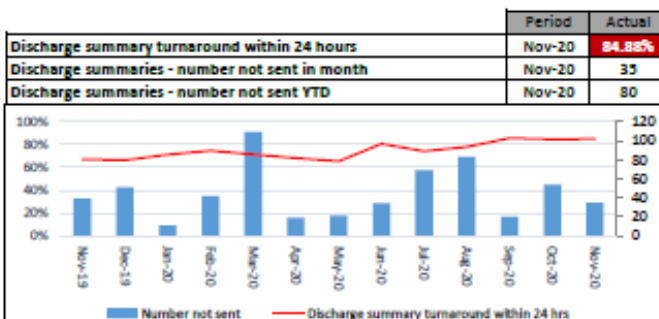
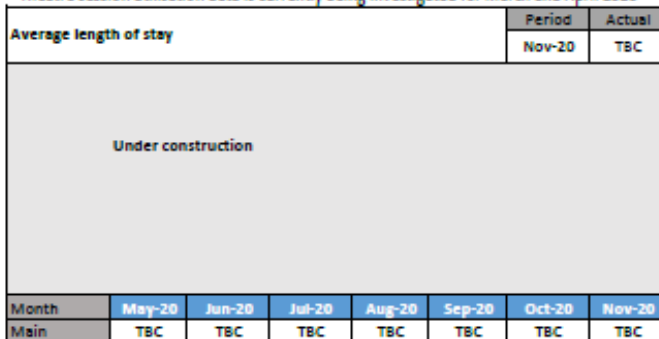
## Productivity & Efficiency

Great Ormond Street Hospital for Children NHS Foundation Trust

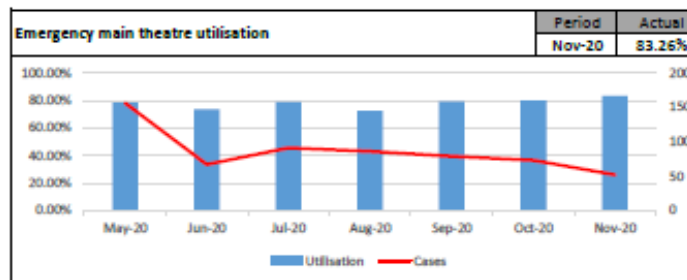


Month	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Main	32.45%	80.07%	77.31%	76.94%	79.29%	77.80%	76.20%
Outside	TBC	TBC	TBC	TBC	TBC	TBC	TBC

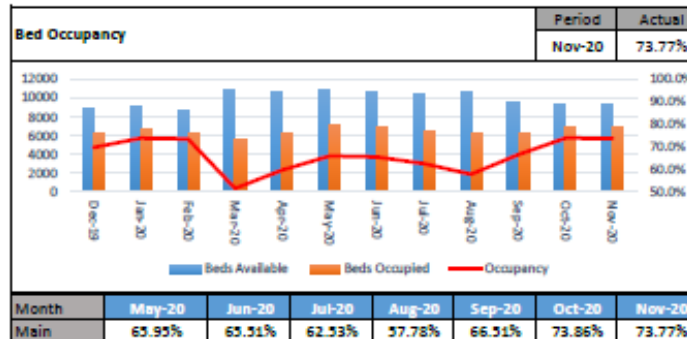
\*Theatre session utilisation data is currently being investigated for March and April 2020



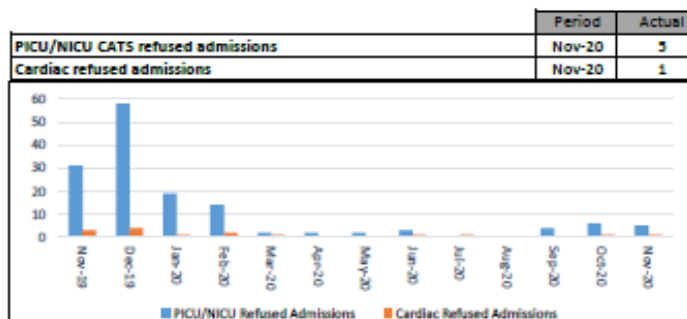
Month	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Performance	65.24%	80.53%	74.03%	77.87%	85.46%	84.53%	84.88%
Not sent	21	34	69	83	20	54	35



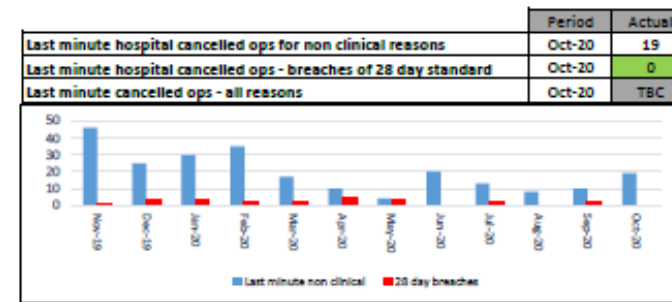
Month	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Cases	156	67	91	86	79	73	52
Utilisation	78.43%	73.52%	78.72%	72.45%	79.11%	79.65%	83.26%



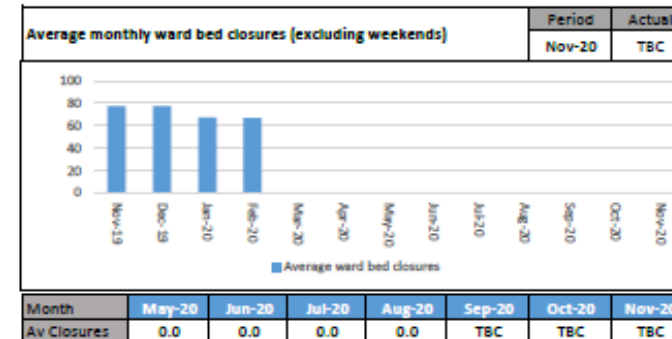
Month	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Main	65.95%	65.51%	62.53%	57.78%	66.51%	73.86%	73.77%



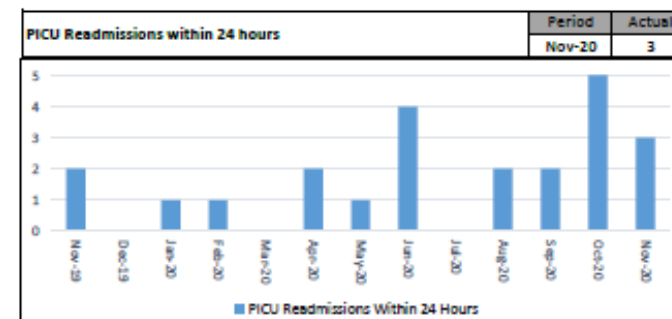
Month	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
PICU/NICU	2	3	0	0	4	6	3
Cardiac	0	1	1	0	4	1	1



Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Non clinical	10	4	20	13	8	10	19
Breaches	4	3	0	2	0	2	0



Month	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Av Closures	0.0	0.0	0.0	0.0	TBC	TBC	TBC



Month	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Readmissions	1	4	0	2	2	5	3





# Are we Safe?

There are currently 9 open **serious incident investigations**. 8 are within agreed timeframes although a small number have required extensions to the standard 60 days timeframes. The 1 SI listed as overdue is due to the delay in requesting an extension. The other investigations requiring extensions have been due to the availability of key pieces of information/ staff but also due to the complexity of the investigations and requiring external input. All extensions were approved by NHSE. There was 1 new Never event declared in November 2020. This was related to a retained guidewire following insertion of a femoral line. Action has already been taken to mitigate the risk through the incorporation of an additional safety check for the guidewire removal as part of the Epic documentation.

The incident reporting rate has decreased slightly to 86 per 1000 bed days (n=623) but is still compares favourably with incident reporting rates for peers.

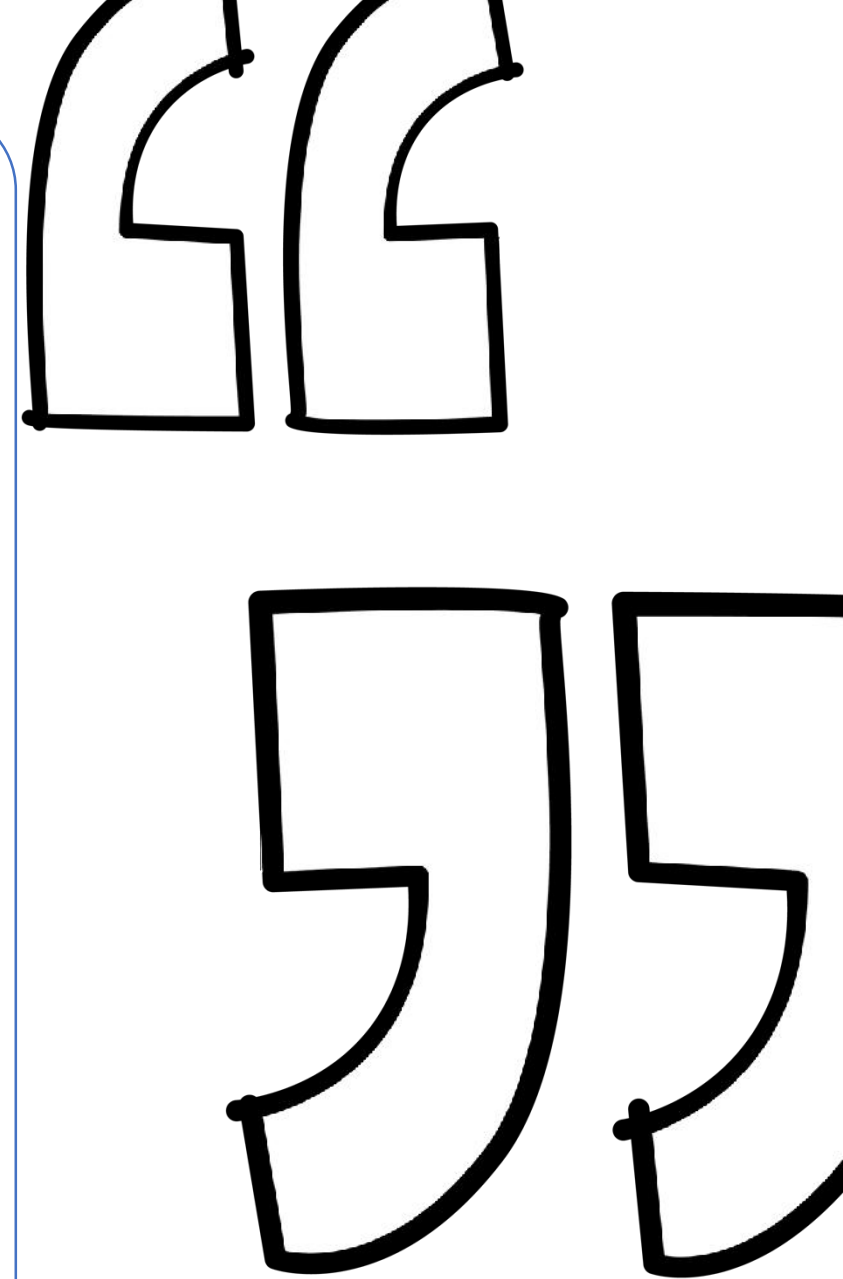
The number of **incidents** being quality checked and closed has increased slightly to 589 when compared to the previous month (n= 546) and unfortunately the numbers reviewed and closed were slightly lower than the number reported. This process continues to be supported by a bank member of staff who has been on leave and also supporting the team in preparing timelines for SI investigations.

The percentage of incidents being closed within 45 working days has sustained good progress with a slight increase to 77.8% of all incidents being closed in line with policy timescale (45 days) with the average days to closure reduced slightly further to 29.3 days. Compliance continues to be monitored weekly and summary reports and milestone documents are circulated to the Executive team, directorate/departmental leads as well as individual handlers.

In terms of **infection control** (please refer to slide 4) there were 3 mandatory bacteraemias reported for November 2020. There were 4 c.Difficile infections. Our line infection rate for the year to date is 1.4 which is in line with previous years reporting.

**Clinical Harm Reviews** are carried out for patients who have waited longer than 52 weeks for their treatment. There are 371 breaches of the 52 week pathway (at month end) for patients on a ticking pathway. A review of the 52+ week review pathway is currently underway. It is reported that the current process is confusing and cumbersome. The aim is to ensure that this is simplified with a 2 stage review process to be implemented. An update of this review will be shared within next month's report.

As at the end of October, the Trust reported a total of 359 patients waiting 52 weeks or more; this is an increase of 26 patients (7.81%). The majority of breaches are within Dental (53), Plastic Surgery (52), Orthopaedics (38), Cardiology (33), Ophthalmology (22), ENT (25), Urology (19), SNAPS (18), Craniofacial (14) and Spinal Surgery (12). This number is in line with the average number of 52 week breaches for comparative paediatric providers.



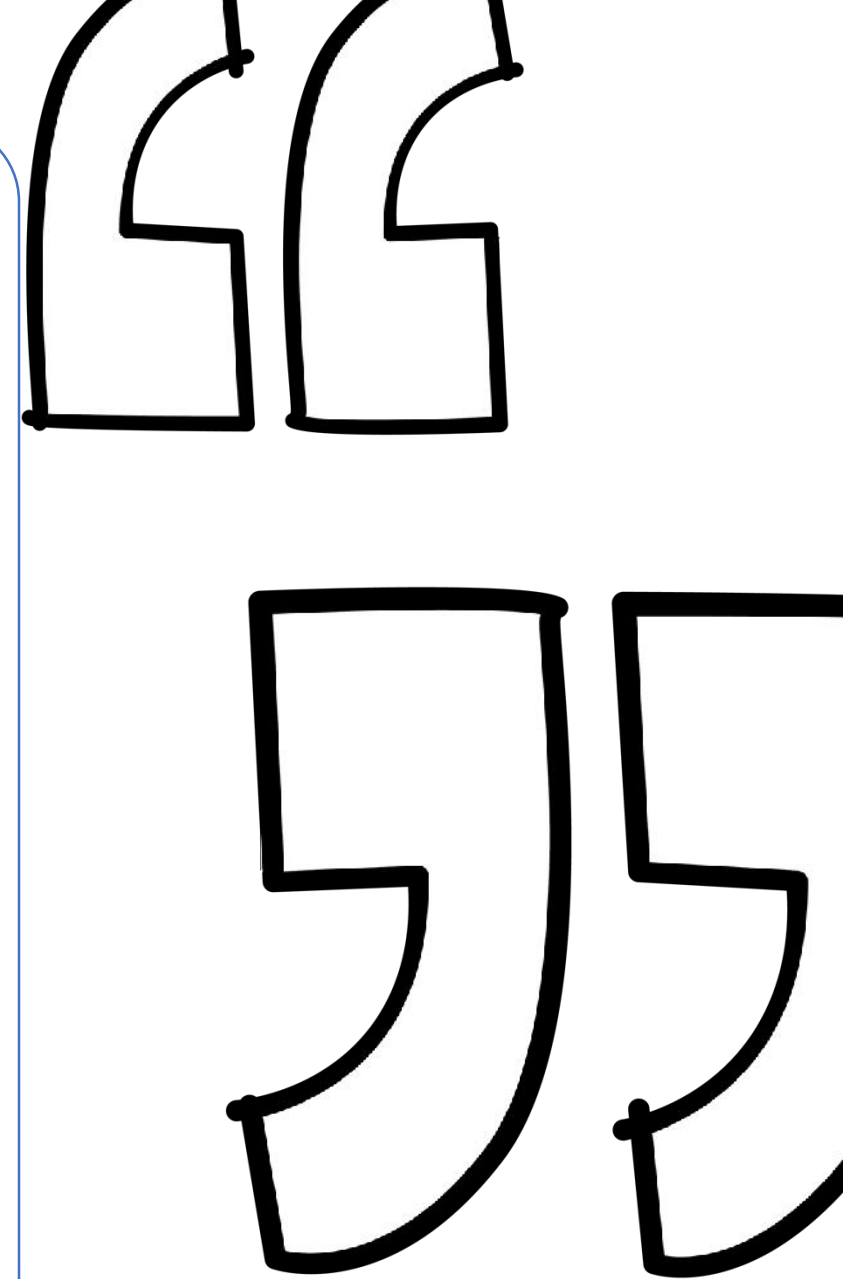
# Are we Caring?

**Friends and Family Test** feedback increased slightly in November and exceeded Trust targets for response rate and ratings of experience. Negative comments were very low (n=15) and related to the hospital environment and facilities. All directorates achieved the inpatient experience of rating (with two directorates having a 100% experience rating). FFT feedback regarding virtual clinics had an 89% experience rating with families raising issues regarding communication. All feedback has been shared with the relevant services to address concerns about appointment letters and the importance of contact details for any appointment changes or queries.

**Formal Complaints-** following a marked increase in complaints in October 2020 (n=11), complaint numbers remained high in November (n=10). This is much higher than complaints received in November 2019 (n=2) and the monthly average of 7 based on the last 12 months but reflects anecdotal information regarding increased complaints nationally. One complaint was later withdrawn following successful local resolution. One complaint (Spinal) was graded red bringing high risk complaints since April 2020 to 8 (double the total received in 2019/20). High risk complaints related to Blood Cells and Cancer, Body, Bones and Mind, Heart and Lung and Sight and Sound directorates and are about 8 separate services. There are no significant themes or trends and currently there are 5 open high risk complaints (3 of which are being investigated as serious incidents).

**Pals contacts** were the highest number received since July 2017. There was a significant increase in contacts relating to communication and families experiencing difficulties in contacting clinical teams. Messaging on the main switchboard now includes contact details for Pals and has resulted in higher call volumes but has also enabled identification and resolution of communication issues. A special report on communication has collated and will be presented at the Patient Experience and Engagement Committee. A high proportion of contacts relate to COVID-19 specific requests for information including queries regarding shielding, tier restrictions in the context of coming to the hospital. These contacts along with FFT and complaints are reviewed daily to inform FAQs and communications for patients and families.

Pals contacts for Urology rose from 7 in October to 13 in November (the highest to date). A common theme related to requests from parents/carers for exceptions to be made to the Trust's COVID-19 policies, particularly the 'one carer rule'. Urology ensured prompt resolution of contacts and Pals continue to work with the service to monitor contacts. FFT for Panther Urology had a 25% response rate and 100% rating of experience in November.



# Are we Effective?

We have repeated our **Hands, Face, Space, and Place audit** in the last month in order to ensure we are taking the right steps to keep each other safe and maintain clinical services. We have seen improvements from previous audits. To sustain progress and focus this audit will be repeated in January.

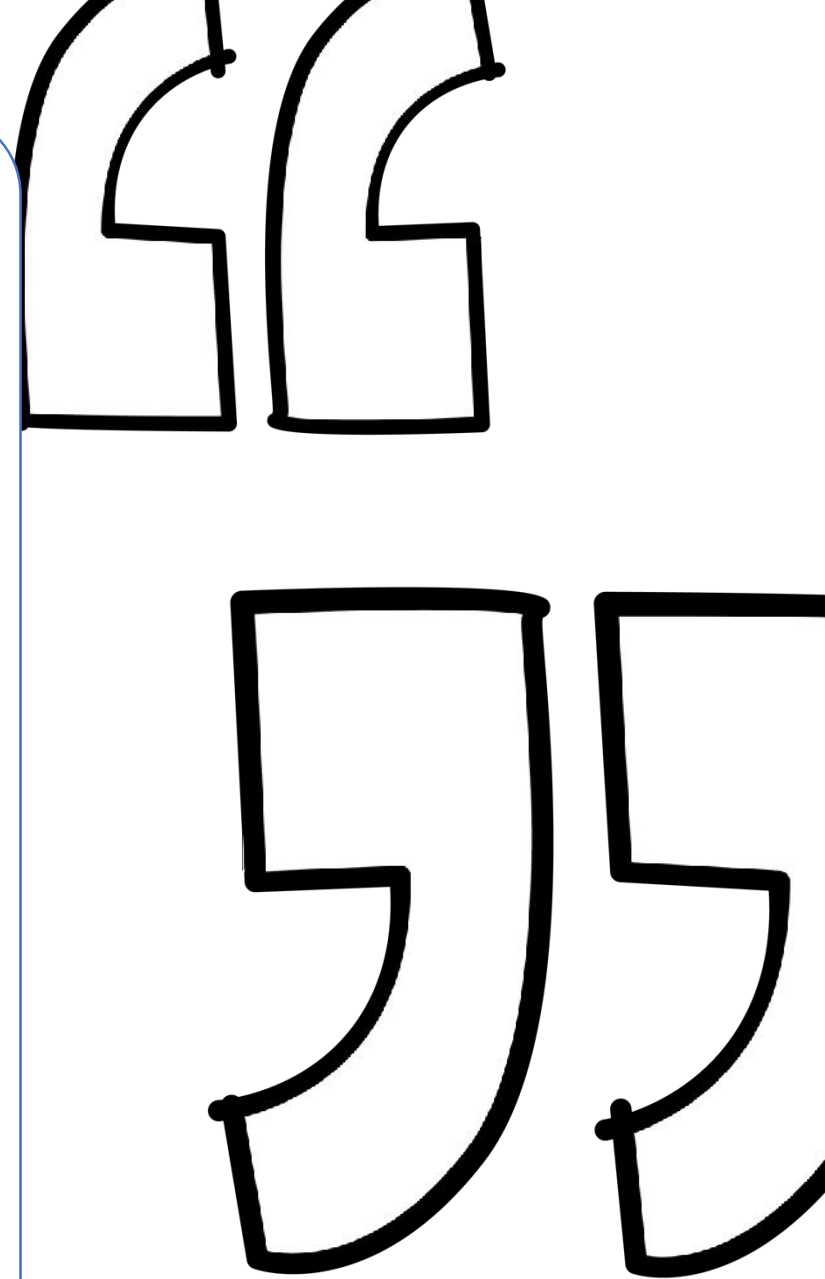
Our long term data suggests we have a good culture of learning and improvement in relation to our **specialty led clinical audit activity**. We aim to have to have over 100 completed specialty led clinical audits per year. We have reported post COVID that there have been challenges meeting this target. At the end of November we are slightly off track (66 audits completed (target =67 completed by end of November) It is anticipated that there may be a reduction in the number of completed clinical audits this year due to the impact of the pandemic, which is reflected in the current position

The Clinical Audit Manager has streamlined a developed a new web form process for clinical staff to start up, and provided updates for specialty led audit. This will reduce clinician time and admin time by ensuring that governance questions (e.g around NRES categorisation) are asked in the web form, and directed to the appropriate channel. This will support our capture and oversight of audit activity. Feedback has been positive.

We continue to monitor our NICE guidance and note that there is no **NICE guidance** overdue for review

Although not at the required standard of 100% compliance for **discharge summaries** considerable focus has been placed on this indicator by both the operational and clinical teams to improve compliance. For the month of November, 84.88% of patients who were discharged from GOSH had a letter sent to their referrer or received within 24 hours. This is a slight increase from the October position of 84.53%. During Project Apollo week in September focus by directorates was on improving discharge letter completion and implementing sustained changes. 91.4% of letters were sent within 2 days of discharge. On average for November, letters were sent within 1.1 days after discharge, similar to October.

For November 2020, performance has slightly increased in relation to **7 day turnaround for clinic letters**; 66.98% compared to 66.91% in October. At the point of writing the report, a backlog of 2,142 letters not yet sent was reported for this financial year of which 1341 are in November 2020.



# Are we Responsive?

Through the challenging period the Trust has faced since the start of the pandemic and which remains, the Trust has continued deliver care for our patients through the hard-work and dedication of our staff

## Comparison of activity to previous year

- **NHS Outpatient attendances** over the last 8 weeks has averaged 102% against previous year, with new attendances being 91.5% and follow-up 104%.
- **NHS Spell discharges** over the last 8 weeks has averaged 90.67% against previous year, with Day-case being 88.40%, Elective 96.05% and Emergency 86.80%.
- **Main Theatre procedures** over the last 8 weeks has averaged 102% against previous year
- **Imaging activity** over the last 8 weeks has averaged 90.9% against previous year, with MRI being 70.3%, Non-obstetric Ultrasound 111% and CT 90.0%

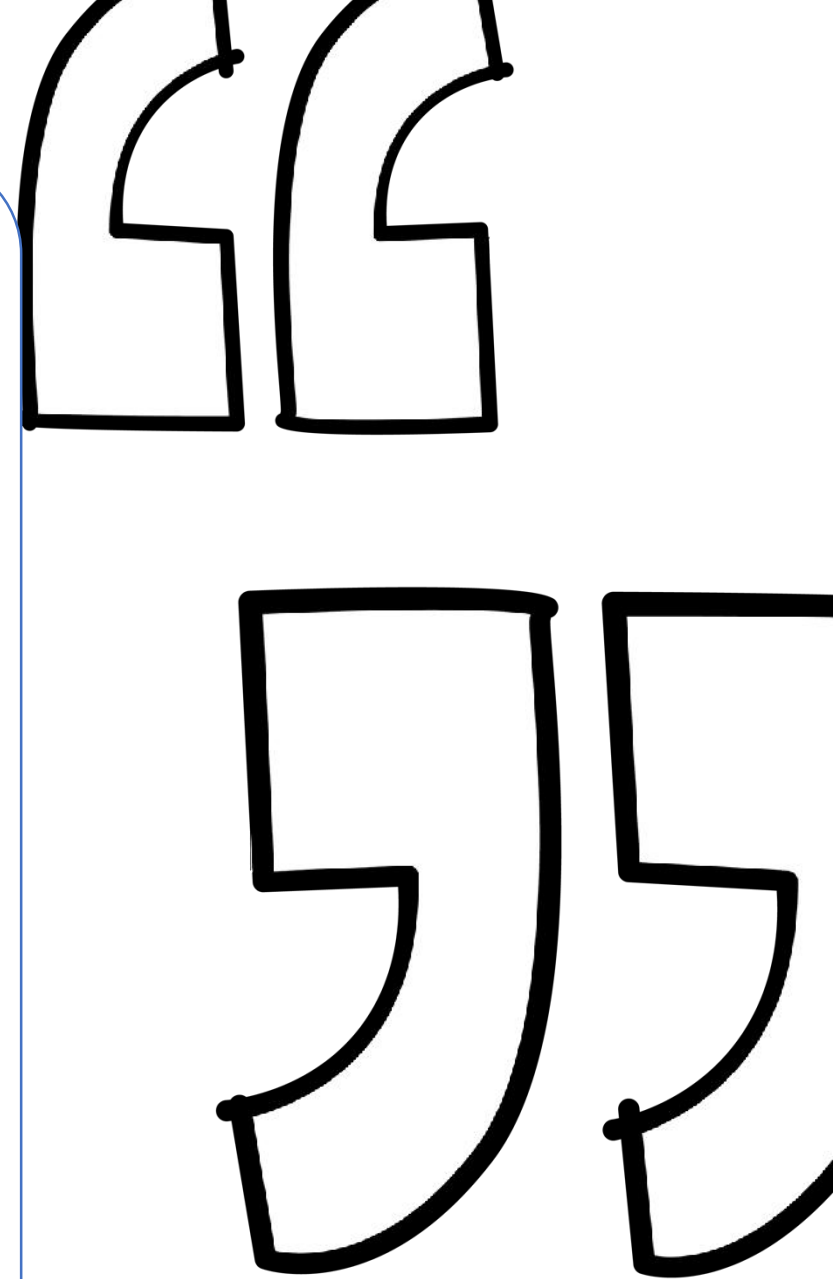
The Trust has embraced utilising **virtual technology** with 31% of new and 62% of follow-up outpatient attendances being conducted via these consultation media methods

**Theatre utilisation** has maintained being above 76% since June 2020, which is on average 10% higher than pre-Covid-19 performance.

We are currently at 68.53% of patients waiting less than 6 weeks for the 15 diagnostic modalities (**DM01**). This is similar to last month's position when we reported 68.44%. The number of breaches reported in November (625) compared to the number of breaches reported in October (598) has increased, this was expected due to government national announcements regarding tiers.

October 2020 **cancer waiting times** data has now been submitted nationally and the Trust achieved 100% across four out of five of the standards we are required to report on, a breach was captured against 62 Day Consultant Upgrade. For November, the Trust is forecasting reporting 100% achievement across all of the five standards.

The Trust did not achieve the **RTT 92% standard**, submitting a performance of 67.01% with 2031 patients waiting longer than 18 weeks. This is an increase in performance from the previous month's 63.7%, as expected.



# Are we Well Led?

There were 8 incidents requiring **duty of candour** in November 2020. Being Open/Duty of Candour conversations took place in 100% of incidents. 86% of the stage 2 follow up letter were completed, with 50% within the timescale of 10 days. 4 investigation reports were shared with families in November 2020. Unfortunately due to the length of time in completing these investigation, only 1 was shared within the expected timeframe. A weekly candour catch up continues up with the directorates to help pre-empt and manage delays.

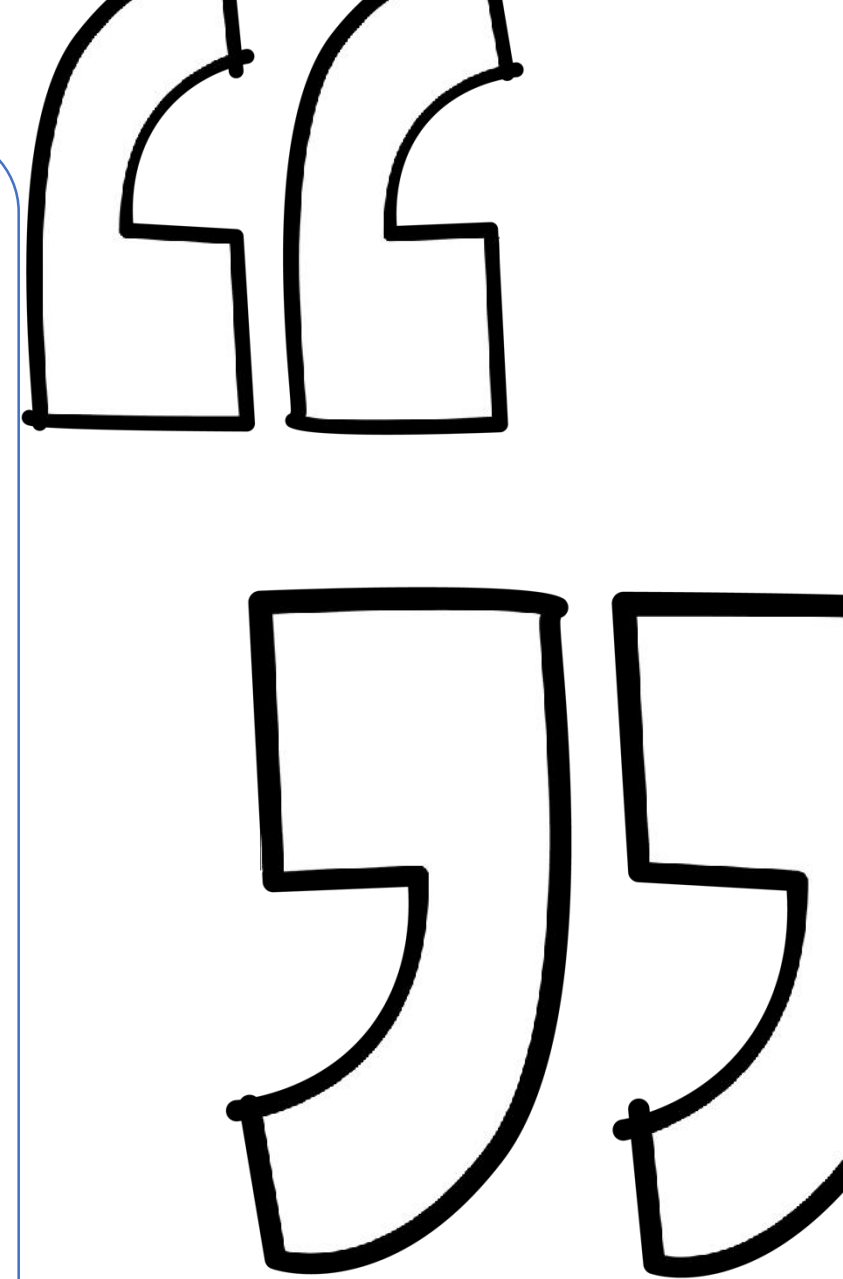
**Risk Register: High risk** monthly review performance increased decreased to 82.5% in November 2020 (cf. 98% in October 2020).

The Trust observed a slightly reduced number of **FOI** requests in November 2020. The compliance timescale had reduced in November 2020. The FOI team is currently one staff member with interim arrangements (1.5days per week) now in place since August 2020. The reduction in compliance is broadly due to the complexity of requests and also length of time it is taking a number of departments to respond. There are currently 4 that are slightly overdue. Training was undertaken by the senior advising solicitor to the Senior leadership team in November 2020. The aim will be to roll this training out to supporting teams although it is likely to be delayed slightly due to the second surge and clinical demands within the Trust.

There are currently 36 open **Serious Incident actions** December 2020, 21 which were due to be completed by the end of November 2020 remain open. Only 4 remain open from 2019, the remainder were due within the 3<sup>rd</sup> Quarter 2020-2021. The Patient Safety Team continue to work with the directorates to ensure completion and closure of the overdue actions by the end of December 2020. A Closing the Loop meeting is due to take place in December 2020 which is due to review the overdue actions to understand and address any barriers to completion of the action and embedding of the learning.

**Policy performance:** 77% of all Trust policies are currently in date, with 85% (89 of 106) of our Safety Critical policies in date.

Chief Executive requested an organisation wide push to improve performance. All Executives were asked to provide an update on their out of date policies at the 2 December RACG. HR & OD are undertaking a root and stem review of their policies to identify which can be merged, retired or downgraded to departmental SOPs.



# Workforce Headlines: November 2020



**Contractual staff in post:** Substantive staff in post numbers in October were 4900 FTE, an increase of 15 FTE since September, and 237 FTE higher than November 2019.

**Unfilled vacancy rate:** Vacancy rates for the Trust decreased in November to 7% from 7.4% in October and slightly lower than the same month last year. Whilst the vacancy rate remains below the 10% target, it is higher than the 12 month average of 6.8%. Vacancy rates in the clinical directorates (bar IPP) were all below target in November.

**Turnover:** is reported as voluntary turnover. Voluntary turnover continued to reduce to 11.8%, it's lowest level in nearly 5 years, and meets the Trust target (14%). Total turnover (including Fixed Term Contracts) also reduced to 14.9%, again it's lowest rate for nearly 5 years. The reduction is likely at least in part attributable to the impact of COVID and is therefore likely to eventually increase without the ongoing focus on retention as outlined in the People Strategy.

**Agency usage:** Use of agency staff increased slightly to 1.1% of paybill in November. However agency usage remains well below the local stretch target (2%). Agency use is almost exclusively taking place within Corporate Non-Clinical Directorates and amongst some Allied Health Professional disciplines. Bank % of paybill was 5.4% in November.

**Statutory & Mandatory training compliance:** In November the compliance rate across the Trust remained at 94% for the 4<sup>th</sup> month in a row, which remains above the target with all directorates achieving target. Across the Trust there are 10 topics below target including Information Governance where the target is 95%.

**Appraisal/PDR completion:** The non-medical appraisal remained at 86% in November with only 4 Directorates achieving the 90% target. Consultant appraisal rates increased in November to 83%. The Medical Appraisal and Revalidation Committee has established processes to address levels of medical appraisals that commenced from August. PDR non-compliance will be targeted at directorate performance reviews.

**Sickness absence:** Sickness rates for November remained stable at 2.6%, and remains below target. While sickness rates remain within target, November saw an increase in the second half of the month in absences related to COVID-19 either sickness or self-isolation

# Covid-19 at GOSH

We have changed the way that we work at GOSH in March in order to ensure that we play our part in supporting the NHS to respond effectively to Covid-19. This slide brings together a number of key metrics to help understand the overall picture.



There were 47 COVID-19 related **incidents** reported in November 2020 which is an increase when compared to the previous month (29 in October 2020) All incidents related to covid are reviewed by the infection control team and Health & Safety Advisor.

**FFT feedback** suggested that patients were generally satisfied with the care they received both inpatients (98%) and outpatients (97%) with many positive comments about management during the pandemic. PALS numbers continued to rise in November 2020, with the highest number of contacts reported since July 2017. Information remains a prominent theme in November with approximately a third of the 95 contacts received being specifically related to COVID-19. These include requests for reassurance and clarity on Government instructions regarding shielding, isolating and the tier system, with a particular focus on the impact on upcoming admission and appointments. Pals continue to signpost carers to existing information whilst working alongside the Infection control team and other relevant specialities, ensuring that any new, complex or patient specific queries are answered in a timely fashion.

The Trust remains 100% compliant with the review of **NICE rapid COVID-19** guidelines.

There have been 4 **outbreaks** between 1<sup>st</sup> April and the end of November 2020

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

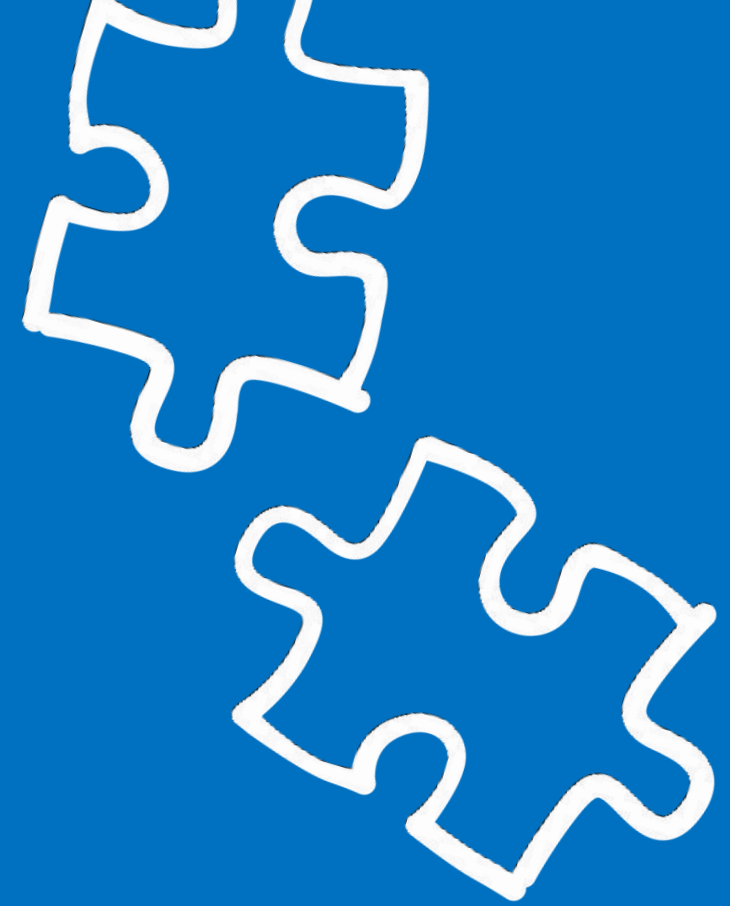
COVID related absences reduced in November most likely due to the national lockdown which was in place for most of November. Most absences continued to relate to self isolation rather than sickness. During December COVID absences began to increase again. Overall sickness rates remained below target at 2.6% in November.

There are currently 75 open **Risks** on the COVID 19 risk register Issues include infrastructure (including staffing, facilities and environment) which was the most common risk type. 3 risks were considered mitigated against and closed in November with 3 new risks identified within the same month The current risk levels have changed slightly with 17 risks currently graded as high, 41 as low and 19 as medium. The covid risks are reviewed at the Silver Command meetings. A review of the covid risk register management is planned for December 2020.

# Quality and Safety

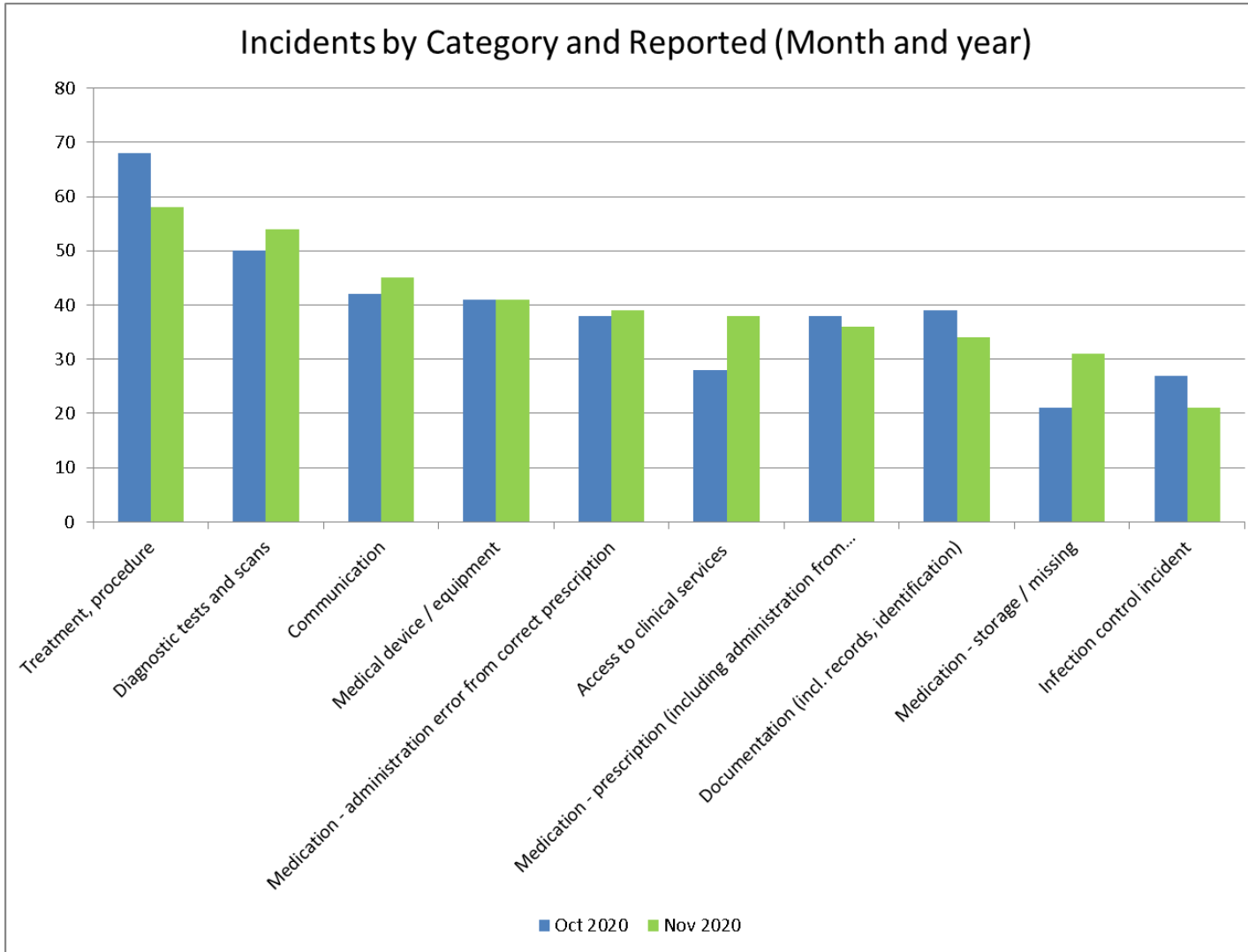
This section includes:

- Analysis of November's patient safety incidents
- Lessons learned from a recent serious incident
- Summary of Serious Incidents
- Overview of Safety Alerts
- Progress update on speciality led clinical audits
- Update on priority audits
- Summary of Hands, Face, Space & Place audit findings
- Overview of WHO Safer Surgery Checklist performance
- Overview of Quality Improvement work





# Understanding our Patient Safety incidents



## Access to clinical services:

There was an increase of 10 cases with access to clinical services during November. There were 2 cases of families not being aware of appointments being booked in for cardiology appointments relating to ICD and Holter monitor appointments. The biggest trend this month related to patients being at risk of lost to follow up. 5 patients in BBM (SNAPS) were identified as having no follow up on discharge summaries and 2 patient in neurology also were planned for follow up but these had not been arranged.

## Communication:

There was a slight increase in communication incidents compared with October. Transition services generated 3 incidents highlighting patients who had been referred to adult services not being contacted from the adult care provider.

The lack of interpreters to support families and patients was highlighted with incidents relating to interpreters not being available at short notice and not being booked in advance

## Reduction in incidents

There was a reduction in both incidents relating to skin integrity/pressure issues and infection control

# Patient Safety – Serious Incident Summary

## New & Ongoing Serious Incidents

Directorate	Ref	Due	Headline	Update
H&L, O&I, BBM	2020/8 287	29/01//2021	Concerns regarding the treatment plan following thoracic surgery in H&L	Further review ongoing
BBM	2020/1 3894	27/11/2020	Delay in monitoring resulting in loss of renal function	Panel took place – some queries ongoing
BBM	2020/1 4532	29/01/2021	Lack of nephrology referral for child with poor kidney function	Ongoing
BBM	2020/1 7315	21/12/2020	Irrecoverable loss of kidney function	Investigation ongoing
BCC/ O&I/ H&L/ BBM	2020/1 8320	21/12/2020	Delay to treatment	Report in draft
O&I	2020/2 0297	21/01/2021	Respiratory arrest following general anaesthetic	Investigation commenced.
O&I	2020/2 3363	04/03/2021	Retention of part of a porta cath following surgical removal	Investigation underway
H&L	2020/2 3369	04/03/2021	Delayed diagnosis impacting on treatment	Investigation underway
H&L	2020/2 2325	18/02/2021	Retained guidewire following insertion of femoral line	Investigation underway

### 2020/16005: Lack of clinical information on admission impacting on patient care.

#### What Happened?

This incident involves an eleven year old boy from Saudi Arabia with a diagnosis of Acute Lymphocytic Leukaemia (ALL) and was accepted to receive CAR-T Cell treatment with a transfer to the UK planned. This transfer was delayed due to the Covid 19 pandemic. On arrival at this Trust the patient was found to have extensive central nervous system disease which had not been disclosed prior to transfer. Had this been known, he would have been excluded from receiving CAR-T Cell treatment. The patient died 48 hours after arriving in the UK.

#### Root Cause

The root cause of the incident is a 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.

#### Lessons Learned:

There are cultural differences which may impact how information is shared between hospitals in the Middle East and GOSH and as a result support systems and guidance are to be introduced into IPP

### 2020/9488 Co-arctation of the aorta not identified antenatally

#### What happened?

The patient's mother attended a fetal echo appointment at an outreach clinic run by Trust A (this Trust) at which no cardiac abnormalities were detected. The clinic was held at Trust B. The baby was born at Trust B and no problems were initially noted. Less than 2 weeks later the baby became very unwell at home and was admitted to Trust B's PICU following presentation in the Emergency Department. An echo scan showed that the baby had coarctation of the aorta and he was transferred to this Trust for ongoing management including surgery. Subsequent review of the antenatal echo scan showed evidence of potential coarctation of the aorta and a left superior vena cava (SVC) draining to the coronary sinus. While these features would not have predicted postnatal coarctation with certainty, if identified at the time of the antenatal scan, they would have prompted further antenatal and postnatal follow up.

#### Root Cause

It has not been possible to identify a clear root cause for this incident. The panel consider that while time pressures may have contributed, it is not certain that allocating more time per patient would have resulted in a different outcome.

#### Lessons Learned

Importance of the Trust adequate staffing of outreach clinics to ensure that patients receive the same time and quality of care as if they were seen in an on-site clinic

# Patient Safety Alerts/ MHRA/ EFN Alerts

NatPSA/2019/006/NHSPS:  
Foreign body aspiration during  
intubation, advanced airway  
management or ventilation

Date issued: 01/09/2020

Date due: 01/06/2021

NHSE/I-2020/003: Estates and  
facilities alert covid 19 response  
oxygen supply and fire safety

Date issued: 19/11/2020

Date due: 19/12/2020

FSN/FA902: Medtronic  
Heartware HVAD System  
Battery Charger AC Adapter  
Controller Power Port  
Incompatibility

Date issued: 03/02/2020

Date due: N/A

FSN – Rashkind – UK DCL  
HCP FA927 Rashkind Balloon  
Septostomy Catheter Recall

Date issued: 11/09/2020

Date due: N/A

FSN – Product recall – BD  
PosiFlushT XS 10mL syringe

Date issued: 20/07/2020

Date due: N/A

FSN – Fannin pre-filled  
N/Saline Syringe 10ml

Date issued: 27/07/2020

Date due: N/A

# Clinical audit at GOSH -priorities

Type	Statutory priority
<p>Involvement in national clinical audits as advised by The Healthcare Quality Improvement Partnership (HQIP)</p>	<p>1 -statutory</p>
<p>Central clinical audit plan prioritises audits to support learning from incidents, risk, patient complaints, and to investigate areas for improvement in quality and safety.</p> <ul style="list-style-type: none"> <li>• Audits to assess implementation of change from risk/SI/complaints</li> <li>• Specific safeguarding , IPC and Meds Management audit plan</li> </ul> <p><b>Looking ahead beyond COVID</b></p> <p>Top six priority audits GOSH which address areas of focus on best practice nationally and which for 2021/22</p> <ol style="list-style-type: none"> <li>1. Adherence to updated GMC guidance on Consent issued Nov 2020</li> <li>2. Medicines Storage and Controlled Drugs</li> <li>3. Duty of Candour</li> <li>4. Mental Capacity Act</li> <li>5. Quality of clinical documentation</li> <li>6. Safety Standards for Invasive Procedures</li> </ol> <p>Those audit priorities will be consulted with relevant stakeholders ahead of confirmation. Additional items will be added where quality assurance is required in response to learning from harm and to assess changes in practice, and as determined by directorates</p>	<p>2 Essential but not statutory, and recognise that failure to deliver may result in</p> <ul style="list-style-type: none"> <li>• consequence related to absence on assurance in a specific area</li> <li>• inability to meet KLOE for effective</li> <li>• inadequate focus on quality of care</li> <li>• increased risk of patient harm /reputational risk/ quality control deficit</li> <li>• failure to deliver objectives of the Quality Strategy (Quality Assurance ... “doing the right thing” )</li> </ul>
<p>Specialty determined and clinically motivated audit</p>	<p>3 Essential to support high quality care and ensure culture of reflection and best practice . An absence of this will be reflected KLOE for effective.</p>

# Clinical Audit –priority plan in progress

Audit	Why are we doing this audit?	Timeframes for audit
Content of clinic letters	To review the content of our clinic letters against best practice standards	This audit is deferred due to COVID 19 and additional priorities.
Learning from a complaint (19-070)	To establish implementation of learning within BMT service that “All vital information regarding the patient and their treatment plan will be discussed at ward round .”	Audit has been completed and action plan to be developed by BMT Consultant Lead
GOSH/IPP response to Patterson Inquiry	To provide assurance that recommendations that are relevant to GOSH have been implemented.	Audit plan approved from the Deputy Director, International & Private Patients Service. Audit to take place in December 2020
Learning from an inquest- GOSH MDT meetings –re-audit	Learning from an inquest has highlighted the need to ensure appropriate attendance and documentation at GOSH multidisciplinary team (MDT) meetings	Audit in progress and aim to be completed by end of January 2021
Learning from complaint (18/093)	Learning from complaint (18/093) re-audit to determine if we have changed our practice on PICU for documenting updates given to families	In progress
Optiflow	To review the effectiveness of change of practice of ICU discharges to wards on Optiflow. This audit supporting Trust project led by HON for Heart And Lung	Prospective audit starting in December 2020
Learning from incidents. Quality of the Surgical Count	To look at how effectively we are using the surgical count to minimise the risk of retained foreign objects. The audit considers learning points raised from two retained foreign objects SI.	Paused due to impact of Covid 19. This will resume when there is capacity to complete the audit . This is being monitored by SSIPS .

## Additional audit priorities

The **Medicines Audit plan** includes a process for assessing key medicine safety standards , including the implementation of ‘must dos’ highlighted by the 2020 GOSH CQC inspection report. These audits are supported by the Clinical Audit Manager and monitored by the Medicines Safety Committee

IPC Assurance Framework

**Infection Prevention and Control (IPC)** measures have been reviewed in light of changes in national guidance to support management of COVID-19. Additional clinical audit in addition to the IPC audit plan , with support from the Clinical Audit Manager has taken place to inform the IPC Assurance Framework

**Safeguarding Audit Plan** –continued support will be provided by the clinical audit dept. to assist with the delivery of the this plan

**Ward Accreditation** – assistance provided to Project Lead to support approach for agreeing standards and input into project aims and processes

Support with managing mandatory reporting of **Learning From Deaths**

# Hands, Face, Space, Place audit

The audit supports our collective responsibility for keeping each other safe by meeting our Hands, Face, Space and Place guidance. We have seen improvements, thanks to all for engagement .

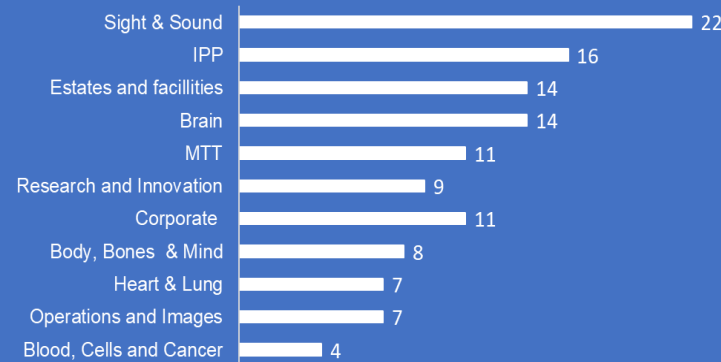


PLACE

14 <sup>th</sup> and 15 <sup>th</sup> October audits (49)	Week of 19 <sup>th</sup> October plus (164 audits )	Week of 23 <sup>rd</sup> November (127 audits)
74%	88%	94%
77%	91%	93%
80%	87%	97%
100%	99%	100%

October audit showed a particular challenge to be in **Medical Records**. The Trust Records Manager has led rapid improvement work with her team , and continued with audits outside of the two Trust wide audit weeks. This has increased performance and is reflected in the Sight and Sound audit results **Body Bones and Mind** also continued with audits to sustain focus and improve practice

## N of audits completed

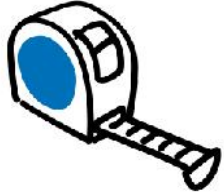


## Themes where we can still be better

1. remembering Hand hygiene when entering a room , and prior to eating
2. Remembering to replace masks after eating
3. Junior doctor space in offices. Brain directorate is working on improving office space for the junior doctor team

**Next audit to ensure sustained focus and improvement will be in January 2021.**

# Specialty led clinical audit



There are currently **251** clinical audits registered at GOSH 25 audit projects have had support from the Clinical Audit Manger in November Support ranges from guidance about governance , direction to reporting mechanism, setting of measures and approach, analysis of data, structuring reports.



## Specialty audits on track

It is important to have timely oversight of the outcomes of specialty led clinical audit in order to be assured that teams are engaging in reviews of the quality of care provided, and that the outcomes of those can be monitored.

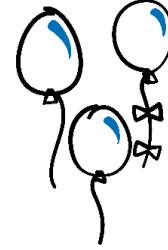
This is essentially about knowing what clinical audit we are doing in the Trust

The Trust is expected to provide evidence to regulators, including the CQC, that specialty led clinical audit activity takes place.

We are on target for speciality audits on track

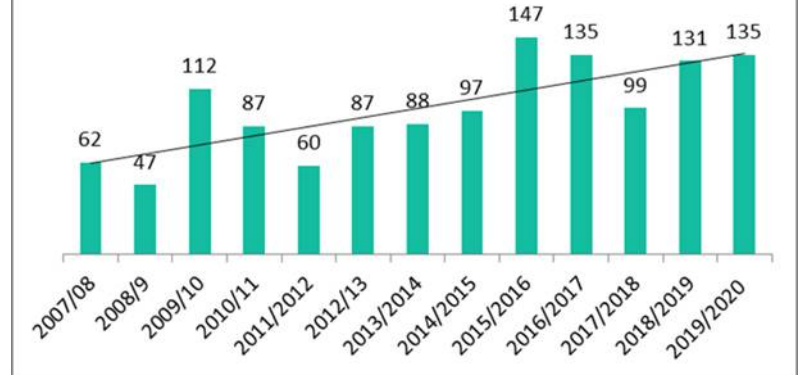
To find out more about clinical audit at GOSH and see what audits are taking place, and learning from completed work please see the link below

[http://goshweb.pangosh.nhs.uk/clinical\\_and\\_research/CGST/clinical-audit/Pages/clinical-audit.aspx](http://goshweb.pangosh.nhs.uk/clinical_and_research/CGST/clinical-audit/Pages/clinical-audit.aspx)



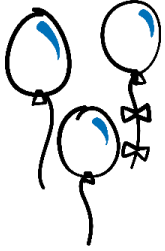
Our long term data suggests we are encouraging a culture of sharing our specialty led clinical audit activity

Completed specialty led audits



We aim to have to have over 100 completed specialty led clinical audits per year. At the end of November we are slightly off track (66 audits completed (target =67 completed by end of November ) It is anticipated that there may be a reduction in the number of completed clinical audits this year due to the impact of the pandemic, which is reflected in the current position

# Specialty led clinical audit



The Clinical Audit Manager has streamlined a developed a new web form process for clinical staff to start up, and provided updates for specialty led audit. This will reduce clinician time and admin time by ensuring that governance questions (e.g around NRES categorisation) are asked in the web form, and directed to the appropriate channel. This will support our capture and oversight of audit activity. Feedback has been positive.

Teams are now asked to self assess the contribution of their audit to making a difference to their team and patient care (on a 1 to 5 star basis) Some examples of >4 star audits completed in the last month.

Specialty	Audit Title	Summary of learning from audit/conclusion	What difference will this make to the work of your team and patient care?
CATS	Cardiopulmonary resuscitation during inter hospital transport of paediatric patients	Small numbers of patients have peri transport cardiac arrests. Transport of patients with ongoing resuscitation can be successful in groups of patients where additional lifesaving therapy (i.e ECMO) can be instigated.	Will confirm some decision making around this process, particularly around the diversion of patients to ECMO centre."
ENT	Post-adenoidectomy VPI	Appropriate investigations and treatment took place for the vast majority of the patients The vast majority of the patients clinically improved	Better understanding of multidisciplinary clinic approach for post-adenoidectomy Velopharyngeal
ENT	Discharge summaries	Significant improvement of compliance with standard following changes Sight & Sound Directorate now meets Trust Timeline Target for discharge letters More efficient administrative work	Discharge summaries sent within 24hrs - better communication with GP and local hospitals



# Quality Improvement - support the QI framework outlined in the Trust Quality Strategy (“doing things better”)

## 1. Trust Priority Projects

Project Commenced	Area of work	Project Lead (PL) Exec Sponsor (ES)	Expected completion date
June 2020	Implementing an effective trust-wide system and process for temperature monitoring of fridges and drug rooms	PL: Rachel Moss ES: Sanjiv Sharma	<b>Complete- handover to operations in November 2020</b>
Oct 2020	All children and young people at GOSH to receive TPN in accordance with their requirements by 30 <sup>th</sup> April 2021	PL: Venetia Simchowit ES: Polly Hodgson	30 <sup>th</sup> April 2021
May 2020	Design and implementation of a Ward Accreditation Programme trust-wide.	PL: Darren Darby ES: Alison Robertson	31 <sup>st</sup> January 2021 (pilot phase) 30 <sup>th</sup> June (trust-wide implementation)
November 2020	Clinical Pathway Redesign (in collaboration with Transformation)	PL: Anthony Sullivan ES: Dal Hothi	Ongoing programme

## 2. QI Education/Training

In line with the 2020-25 Quality Strategy, QI training will be offered to all staff groups from Board to Ward with 1:1 coaching sessions to support local initiatives.

Current education priorities are:

- Aligning the QI training portfolio with GLA training pathways
- Change Management training for Senior Management Team, in partnership with Transformation/Portfolio Management Programmes
- QI training sessions delivered to all nursing teams in preparation for Ward Accreditation process

### 3. Local / Directorate QI Work-

Project Commenced	Area of work	Project lead:	Expected completion date
Jun 2019	To reduce the number of unnecessary blood tests, when ordered in sets/ bundles, in Brain Division	Spyros Bastios (Metabolic Consultant)	QI Support Complete [November 2020]
May 2020	To increase opportunities to empower and enable children and young people to register their complaints	Claire Williams (Head of Patient Experience)	December 2020 <b>[adjusted completion date to March 2021]</b>
June 2020	To improve staff understanding of children and young people's Mental Health and Wellbeing across the Trust by March 2021	Shauna Mullarkey (Clinical Psychologist & Practice Educator)	March 2021
July 2020	To improve the safety and quality of patient handover from Theatre to PICU after complex surgery	Mae Johnson (PICU Consultant)	December 2020 [on track for delivery]
Oct 2020	To improve holistic elements of care for cardiothoracic transplant patients	Helen Spencer (Consultant in Transplant and Respiratory Medicine)	August 2021
Oct 2020	To improve continuous measurement of impact of the Chaplaincy service to GOSH staff, patients and families	Dorothy Moore-Brooks (Deputy Team Leader- Chaplaincy)	December 2020 [on track for delivery]

\* A further 14 local projects have been supported in November 2020 through 1:1 'project surgery' sessions

# Patient Experience

This section includes:

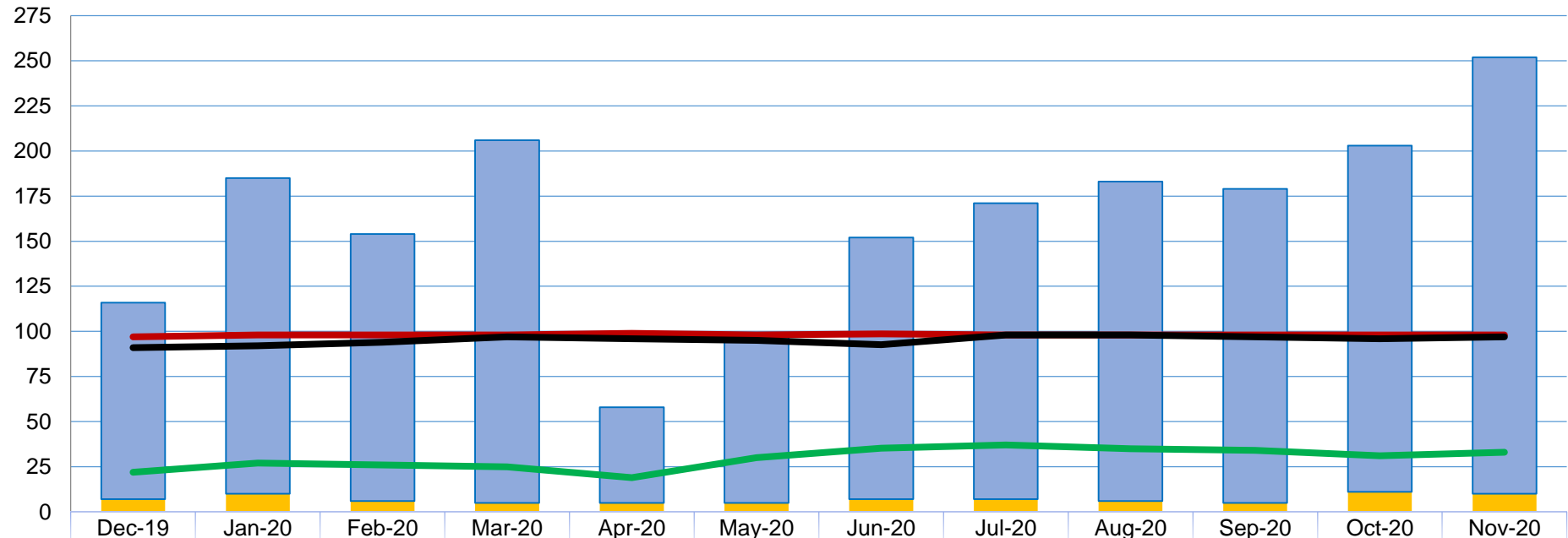
- Integrated overview of patient feedback
- Monthly assessment of trends and themes in complaints
- Overview of Red Complaints
- Lessons learned from a recent complaint
- Pals themes and trends
- Learning and improvements from Pals contacts
- Friends and Family Test feedback trends and themes
- Friends and Family Test – You Said, We Did



# Patient Experience Overview

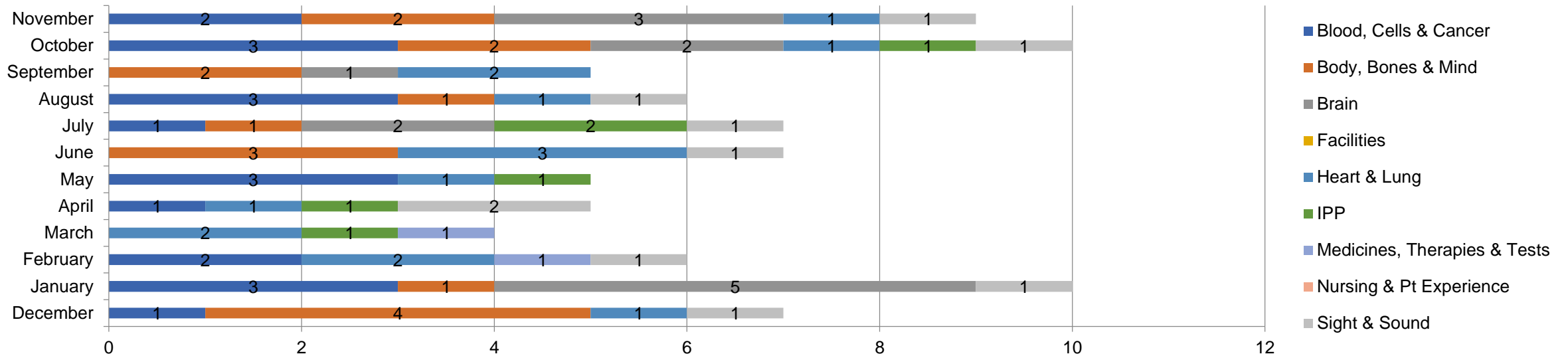
Are we responding and improving?

Patients, families & carers can share feedback via Pals, Complaints & the Friends and Family Test (FFT).



	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
<span style="color: blue;">■</span> Pals	109	175	148	201	53	94	145	164	177	174	192	242
<span style="color: yellow;">■</span> Formal Complaints	7	10	6	5	5	5	7	7	6	5	11	10
<span style="color: red;">—</span> FFT recommendation rate - Inpatients %	97	98	98	98	99	98	99	98	98	98	98	98
<span style="color: black;">—</span> FFT recommendation rate - Outpatients %	91	92	94	97	96	95	93	98	98	97	96	97
<span style="color: green;">—</span> FFT % response rate	22	27	26	25	19	30	35	37	35	34	31	33

# Complaints: Are we responding and improving?



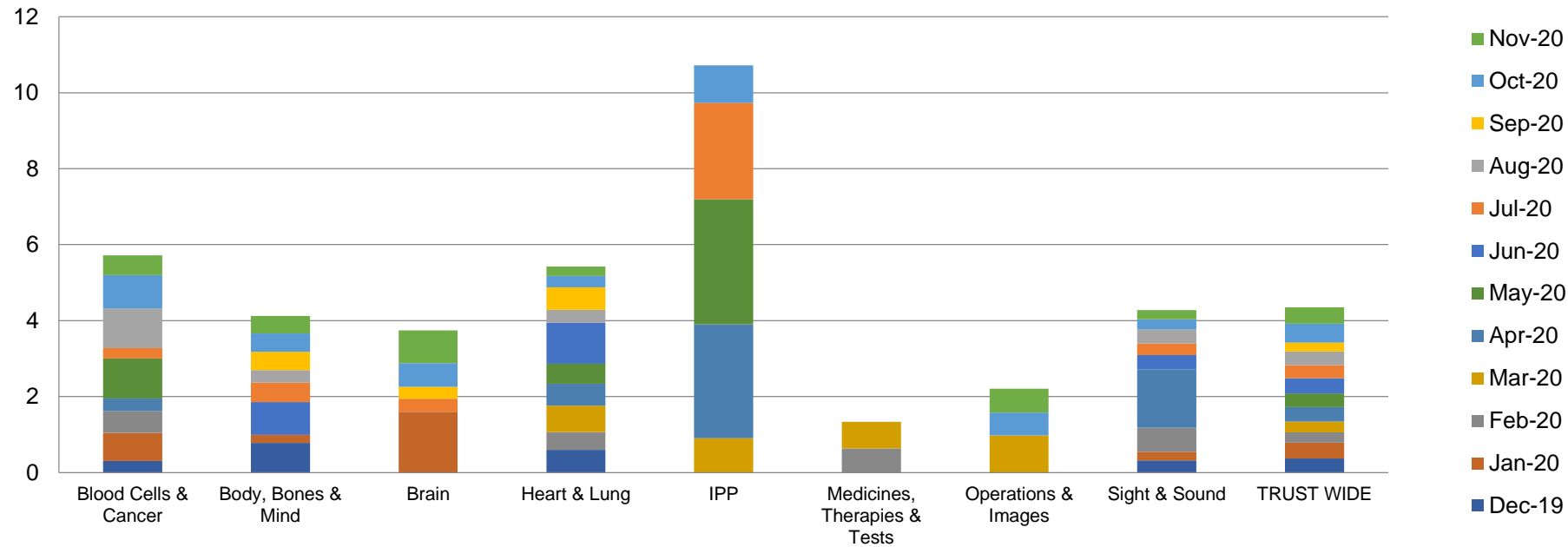
Following a significant increase in the number of formal complaints in October (n=11), formal complaints received in November 2020 remained higher than usual (n=10). This is in contrast to November 2019 (n=2) and reflects anecdotal reports of higher complaint numbers nationally. One complaint relating to Neurology and Genetics was withdrawn following a virtual meeting with a lead consultant. This month families reported concerns about:

- aspects of care provided in November 2019 including lack of investigations, monitoring and review of treatment plan
- delays in prescribing and administering medication in preparation for a procedure leading to delays and distress to the patient and his family
- a lack of communication to inform families that they would not be allowed in to the recovery area post procedure
- a referral made in December 2019 for which an appointment has still not been received
- poor communication and specifically the lack of response to emails and calls
- incorrect diagnosis, inadequate assessment and the care plans.
- a referral to safeguarding which was deemed inappropriate.
- a social work referral and inappropriate comment made by a consultant
- an extravasation injury which occurred
- reports that their child's complaints of pain were ignored and not responded to
- delay in diagnosing a thrombosis

One complaint was graded red and related to concerns about informed consent, communication and harm caused by a spinal procedure.

# Complaints by patient activity\*

\*Combined patient activity (CPE) = the number of inpatient episodes + the number of outpatient appointments attended

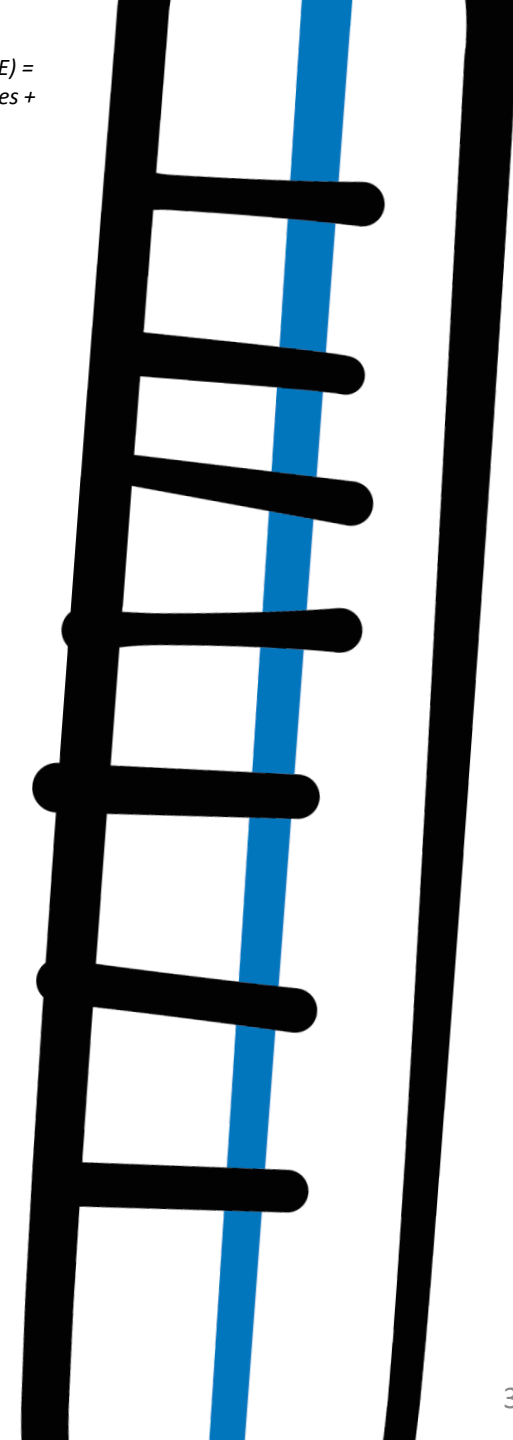


Complaint numbers remained higher than usual this month (0.43). With the exception of October 2020 (0.49 complaints per 1,000 CPE), this was the highest complaints rate since April 2019.

The Brain directorate had its highest complaints rate (0.87) but one complaint was withdrawn following successful local resolution. This brings the Brain complaints rate to 0.58 per 1,000 CPE.

Operations and Images had their highest complaints rate since March 2020.

All other directorates saw a decrease in their complaint rate by patient activity.



# Red/ High Risk complaints: Are we responding and improving?

NEW red complaints opened in November 2020	NEW red complaints since APRIL 2020	REOPENED red complaints since APRIL 2020	ACTIVE red complaints (new & reopened) as of 30/11/20	OVERDUE red complaint actions
1	8	0	4	0

## New Red Complaint (November 2020)

Ref	Directorate	Description of Complaint	EIRM Outcome:	Update:
20-056	Body, Bones and Mind (Spinal)	Concerns around the procedure, consent, the lack of response to questions about the procedure, follow up care and the harm caused	EIRM took place on 10/12/20 and concluded that this does not meet SI criteria.	Investigator appointed and investigation is underway

## Active Red Complaints (including reopened complaints)

Ref	Directorate	Description of Complaint	EIRM Outcome:	Update:
20-012	Body, Bones & Mind (Urology)	Concerns that a lack of follow up and monitoring resulted in further kidney damage.	SI confirmed at EIRM on 03/08/20	Case reviewed at 2 EIRMs and SI declared. Family informed and medical records have been obtained from the local hospital. Investigation underway and is now expected to complete in January 2021.
20-035	Heart & Lung (PICU)	Concerns around aspects of care, surgery and infection prior to the patient's death.	EIRM took place on 05.10.20 and concluded that further information was required to make an informed decision.	Case reviewed at an EIRM on 5/10/20 and the conclusion was inconclusive due to lack of information post discharge from GOSH and regarding the cause of death. Further information has been received from local hospital. Declared an SI.
20-044	Blood, Cells & Cancer (Oncology)	Parents have raised concerns regarding a mis-diagnosis and management of their Serious Incident (including the content of the SI report)	Did not go to EIRM as the same concerns have already been investigated as an SI. Red Complaint being investigated.	Investigators appointed and investigation is underway.

# Pals – Are we responding and improving?

Cases – Month	11/19	10/20	11/20
Promptly resolved (24-48 hour resolution)	161	152	204
Complex cases (multiple questions, 48 hour+ resolution)	10	34	36
Escalated to formal complaints	0	4	1
Compliments about specialities	2	2	1
<b>Total:</b>	<b>173</b>	<b>192</b>	<b>242</b>
Top Six Themes			
<b>Lack of communication</b> (lack of communication with family, telephone calls not returned; incorrect information sent to families).	53	57	99
<b>Admission/Discharge /Referrals</b> (Waiting times; Advice on making a NHS referral; advice on making an IPP referral, cancellation).	11	4	9
<b>Staff attitude</b> (Rude staff, poor communication with parents, not listening to parents, care advice)	5	0	0
<b>Outpatient</b> (Cancellation; Failure to arrange appointment).	48	20	33
<b>Transport Bookings</b> (Eligibility, delay in providing transport, failure to provide transport)	10	8	6
<b>Information</b> (Access to medical records, incorrect records, missing records, GOSH information, Health information, care advice, advice, support/listening )	46	103	95

In addition to a 26% increase on Pals contacts in October 2020, the 242 contacts recorded in November represents the highest number of contacts received by Pals since July 2017.

Despite this increase, 84% of all contacts in November were resolved within 48 hours or less (this is the highest since February 2020).

For the third consecutive month Pals have noted a decrease in the volume of transport-specific contacts (12 in September, 8 in October and 6 in November), with the November total also being the lowest recorded since July 2020. However, at the time of writing, there has been a new spike in contacts which Pals are currently reviewing in order to produce a thematic report with the aim of sharing findings with the wider team and for presentation at PFEEC in January 2021.

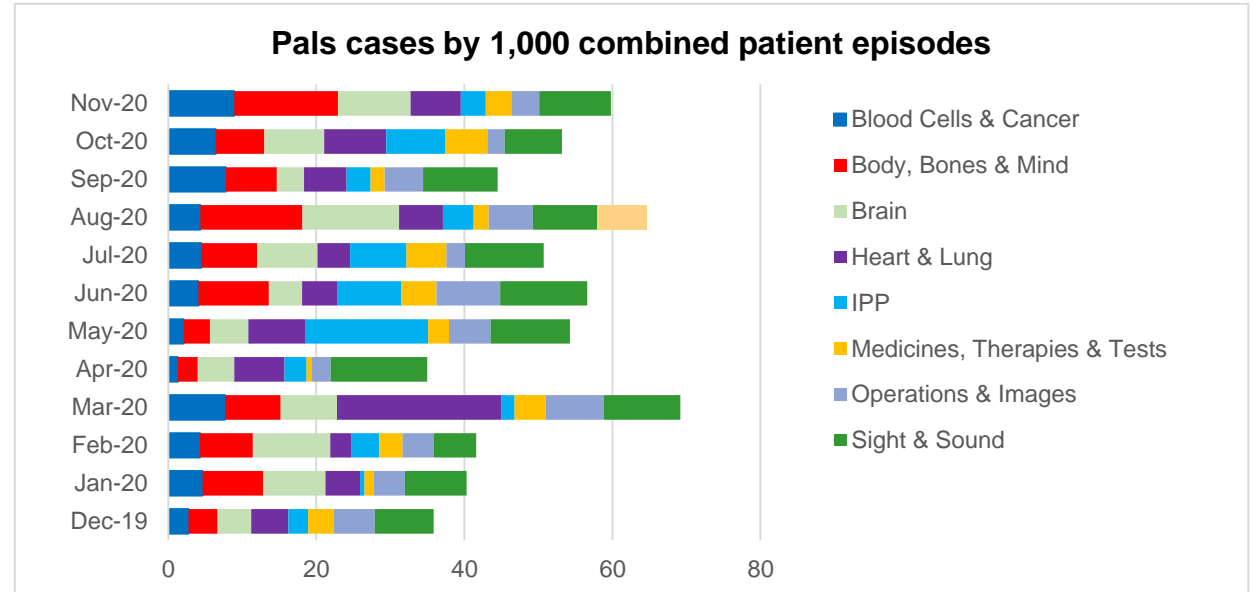
Information remains a prominent theme in November with approximately a third of the 95 contacts received being specifically related to COVID-19. These include requests for reassurance and clarity on Government instructions regarding shielding, isolating and the tier system, with a particular focus on the impact on upcoming admission and appointments. Pals continue to signpost carers to existing information whilst working alongside the Infection control team and other relevant specialities, ensuring that any new, complex or patient specific queries are answered in a timely fashion.

Pals received a wonderful compliment from a mother praising the ENT and SALT team for the exceptional way in which they have adapted their service during the Covid Pandemic. Mum explained that during her son's video consultations, the team had been '*engaging, kind and displayed amazing levels of energy*', something which left both her and her son feeling extremely positive and well cared for.



# Pals cases by directorate

The Body Bones and Mind directorate recorded its highest volume of Pals contacts in 2020 (13.99 per 1,000 CPE). A large contributing factor for this involves requests for exceptions to be made to Covid-specific hospital policy, with a particular focus being placed on the 'one carer' rule.



	BC&C	BB&M	Brain	H&L	IPP	MT&T	O&I	R&I	S&S
Dec-19	9	15	12	17	4	4	7	0	25
Jan-20	19	39	27	23	1	2	7	0	35
Feb-20	15	31	32	12	6	5	6	0	21
Mar-20	25	27	21	65	2	6	8	2	25
Apr-20	4	8	11	13	1	1	1	2	17
May-20	6	11	12	16	5	4	3	0	19
June-20	14	33	13	14	4	8	8	0	31
July-20	17	30	24	15	6	9	3	0	35
Aug-20	14	43	33	18	3	3	8	0	24
Sep-20	27	30	12	20	3	5	8	0	35
Oct-20	24	29	27	29	8	9	4	0	30
Nov-20	34	60	34	27	4	6	6	0	41
<b>YTD</b>	<b>208</b>	<b>356</b>	<b>258</b>	<b>269</b>	<b>47</b>	<b>60</b>	<b>69</b>	<b>4</b>	<b>338</b>

# Pals – Are we responding and improving?

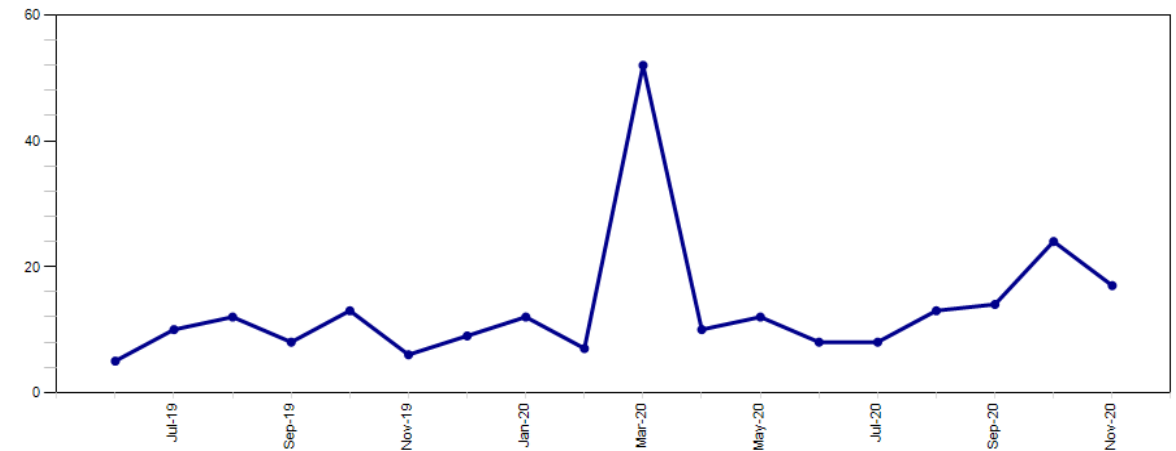
Top specialities - Month	11/19	10/20	11/20
Cardiology	6	23	17
Urology	2	7	13
Dermatology	6	12	12
Spinal Surgery	8	3	12
Endocrinology	2	9	12

**Cardiology**-There has been a 26% decrease in Pals contacts received in November. Themes for Cardiology remain constant in November with a large number of COVID specific contacts centring around requests for additional clarity on the guidelines and Trust processes during the pandemic. Examples include advice sought on self-isolation following a pre-operative Covid test, and a request for an exception to the one carer rule in an upcoming admission.

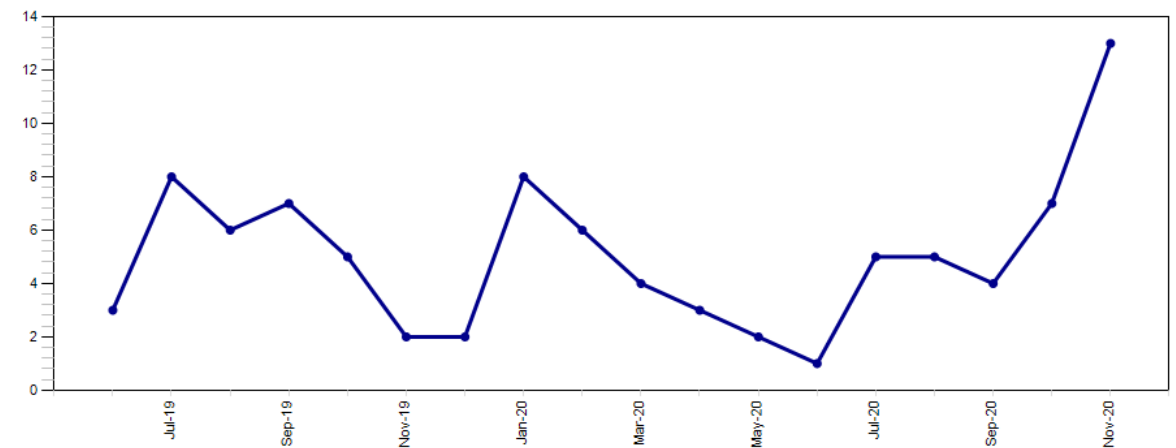
**Urology**-There has been a spike in the number of Urology contacts (n=13- the highest recorded by the speciality to date). However, despite this increase Urology have responded positively, efficiently and proactively with 100% of contacts resolved within 48 hours or less. Similar to Cardiology, a common theme for Urology contacts relate to requests from parents/carers for exceptions to be made to the Trust's Covid policies, particularly the 'one carer rule'. Pals continue to work alongside the Urology team, by identifying emerging and reoccurring themes and sharing these via regular updates to the head of nursing and senior management.

**Dermatology**-Pals would like to draw attention to the positive work undertaken by the Dermatology team in taking pre-emptive steps to better manage communication contacts. After noting a trend of carers experiencing difficulties with contacting the admissions team, Pals audited Dermatology admission letters on Epic and shared the findings with senior management who swiftly acted to ensure that all admission letters include correct and up to date contact information, providing carers with a clear avenue where they are able to share their concerns and queries directly with the team.

Cardiology contacts by patient activity- (total cases excluding formal complaints)

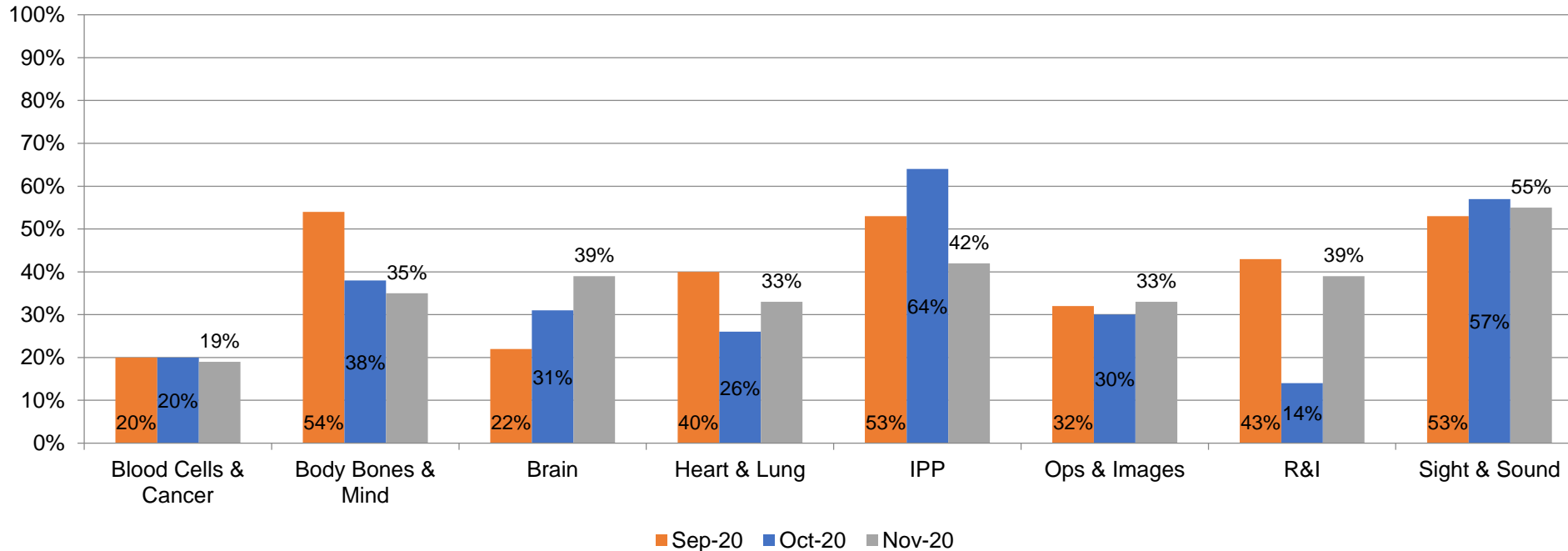


Urology contacts by patient activity- (total cases excluding formal complaints)



# FFT: Are we responding and improving?

## November 2020 - Directorate Response Rate

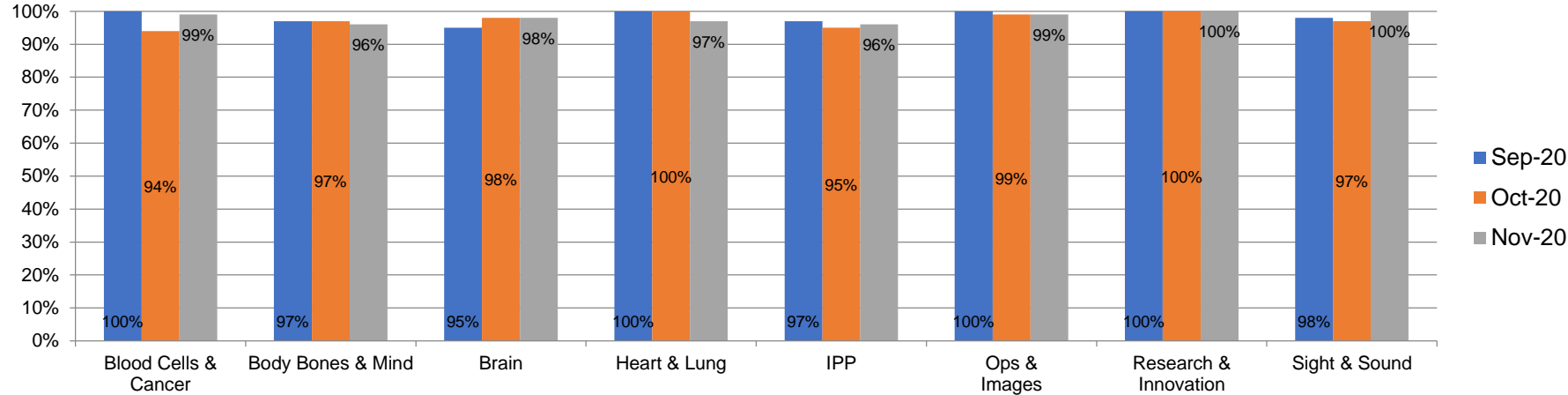


The Trust response rate for November was 33% with seven directorates achieving above the Trust target. We received a very low number of comments with a negative rating (15). The Environment & Infrastructure category had the highest number of negative comments. These comments related to the Respiratory Sleep Unit which remains in the Southwood Building, the temperature of the rooms, comfort of the chairs and the accessibility of the parent rooms in PICB & MSB. Internet connection and parent facilities were also mentioned.

The FFT data has informed the Patient and Family award at this year's staff awards ceremony. Congratulations to Carmita Pereira Noronha from the Travel Reimbursement Team who received a large number of positive FFT comments throughout the year.

# FFT: Are we responding and improving?

## November 2020

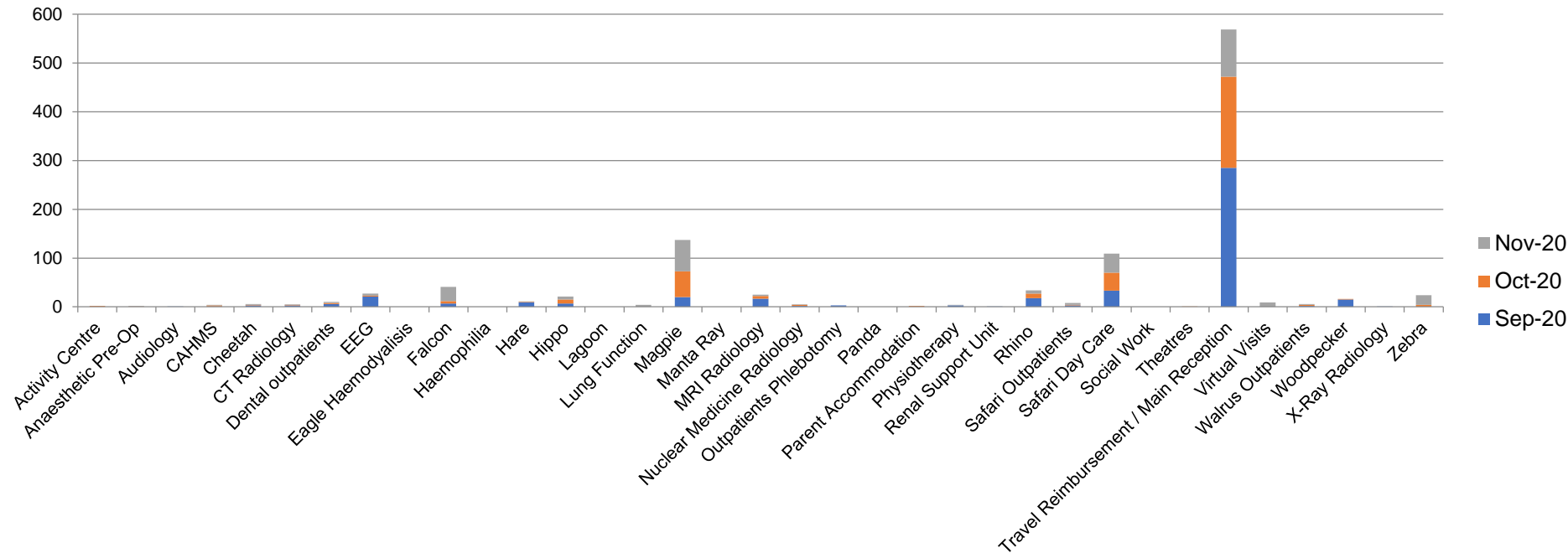


	Inpatient Comments	Outpatient Comments	IPP Comments	Total Feedback	% of FFT comments from CYP	% with qualitative comments (All areas)
Jun 20	514	27	32	573	16.9%	89.7%
Jul 20	701	260	28	989	17.4%	86.0%
Aug 20	627	375	46	1048	14.4%	86.6%
Sep 20	663	461	121	1245	12.2%	89.3%
Oct 20	712	329	147	1188	15.7%	90.9%
Nov 20	827	303	98	1228	13.3%	90.1%

- Inpatient response rate – **33%**
- The experience measure for inpatients = **98%**
- **3.4%** increase in overall responses compared to October 2020
- Consistently high number of qualitative comments – **91%**
- Low number of negative scores overall. 15 - Inpatients, 10 - Outpatients, 4 IPP.
- **13%** of FFT comments are from patients.

# FFT: Are we responding and improving?

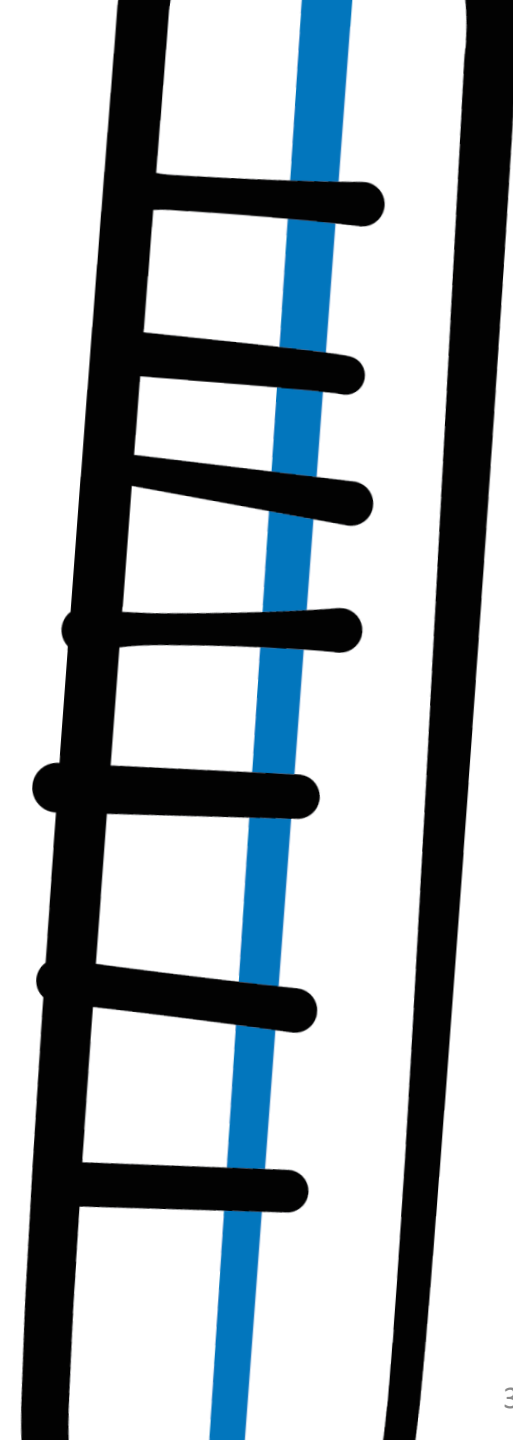
FFT Outpatients - November 2020



Outpatient feedback has reduced very slightly this month with 303 comments received. The experience rating for November 2020 remained above the Trust target at 97%. The Patient Experience team have added 'virtual clinics' as an option on the online feedback webpage so this can be monitored and shared with the virtual visits project group.

This month, the virtual visits experience rating was lower than the overall score at 89%. The negative comments related to the communication prior to the virtual appointment and the incorrect contact details on the letter to make any changes.

The online feedback page for FFT was not working between 20<sup>th</sup> November – 10<sup>th</sup> December due to an ICT issue which has now been resolved.



# FFT Focus- November 2020 – Environment & Infrastructure

“A little bit difficult to access the parents kitchen facilities, to come back in and out. There are no supplies of cutlery so it is hard to make your own food and drink” - PICB

“TVs not working” –  
PICB

“Room felt very claustrophobic” -  
Southwood Building

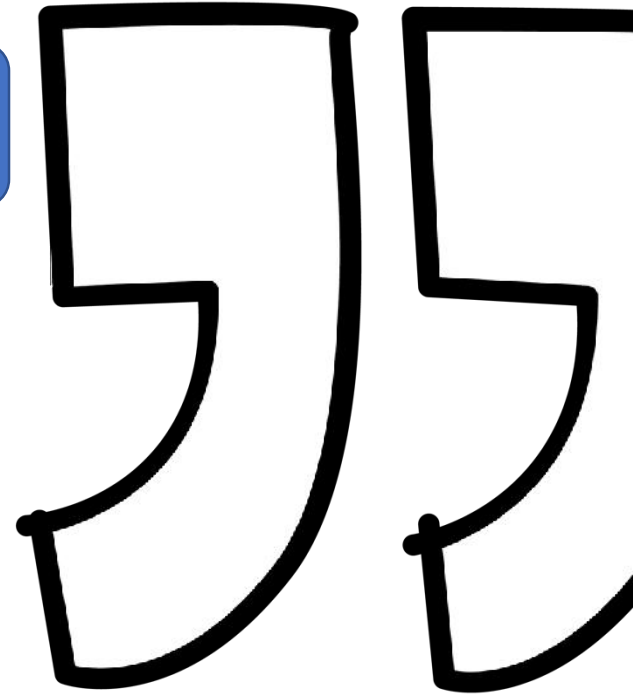
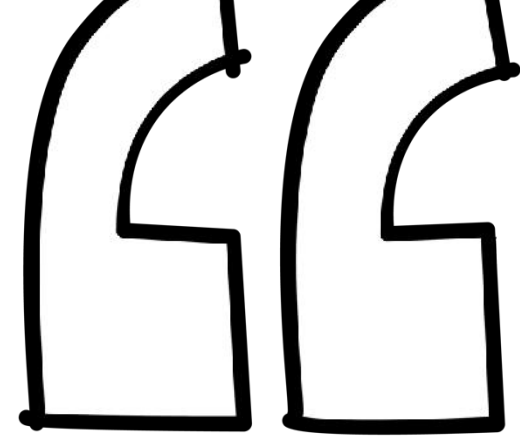
“No room for a wheelchair in very small room. No shower for my son who requires bowel washouts as it was broken”.  
- Southwood Building

“The ridiculously uncomfortable chair that I had to sleep on” - PICB

“VERY cold at night!”  
- Southwood Building

“Weston House cots are not very child friendly, mattress is too thin” – Patient Hotel

“Could we please have better internet”  
- VCB



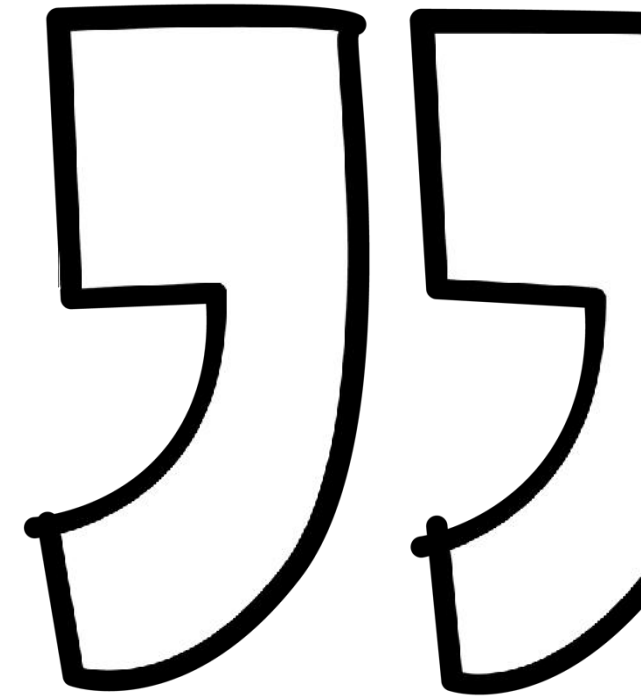
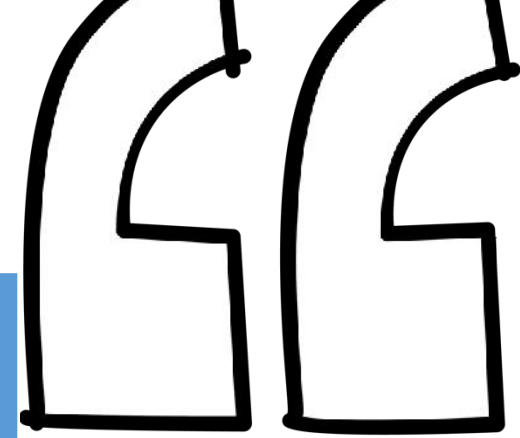
# FFT: Are we responding & improving? Qualitative Comments

*"We were very well looked after. My son was reassured by the doctors and nurses and was made to feel very safe and secure"* - **Nightingale Ward**

*"They put my daughter at ease and were lovely. Explained everything really well and were gentle"* - **Koala Ward**

*"Staff are always helpful, careful to explain what they are doing and building a rapport with my child. Always putting us at ease"* - **Respiratory Sleep Unit**

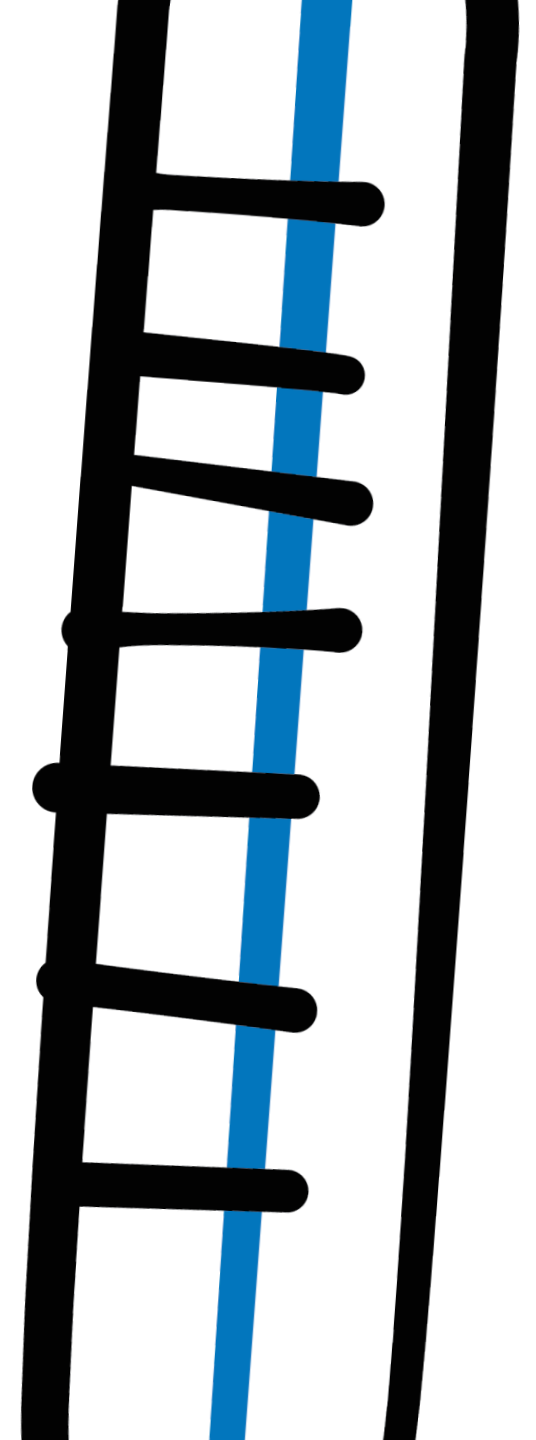
*"We love this ward and this hospital, everyone is always so kind and helpful and has an amazing way of dealing with children and young people"* - **Magpie Ward**



# Trust Successes

Through the challenging period the Trust has faced since the start of the pandemic and which remains, the Trust has continued deliver care for our patients through the hard-work and dedication of our staff

- Comparison of activity to previous year
  - ❑ NHS Outpatient attendances over the last 8 weeks has averaged 102% against previous year, with new attendances being 91.5% and follow-up 104%.
  - ❑ NHS Spell discharges over the last 8 weeks has averaged 90.67% against previous year, with Day-case being 88.40%, Elective 96.05% and Emergency 86.80%.
  - ❑ Main Theatre procedures over the last 8 weeks has averaged 102% against previous year
  - ❑ Imaging activity over the last 8 weeks has averaged 90.9% against previous year, with MRI being 70.3%, Non-obstetric Ultrasound 111% and CT 90.0%
- The Trust has embraced utilising virtual technology with 31% of new and 62% of follow-up outpatient attendances being conducted via these consultation media methods
- Theatre utilisation has maintained being above 76% since June 2020, which is on average 10% higher than pre-Covid-19 performance.



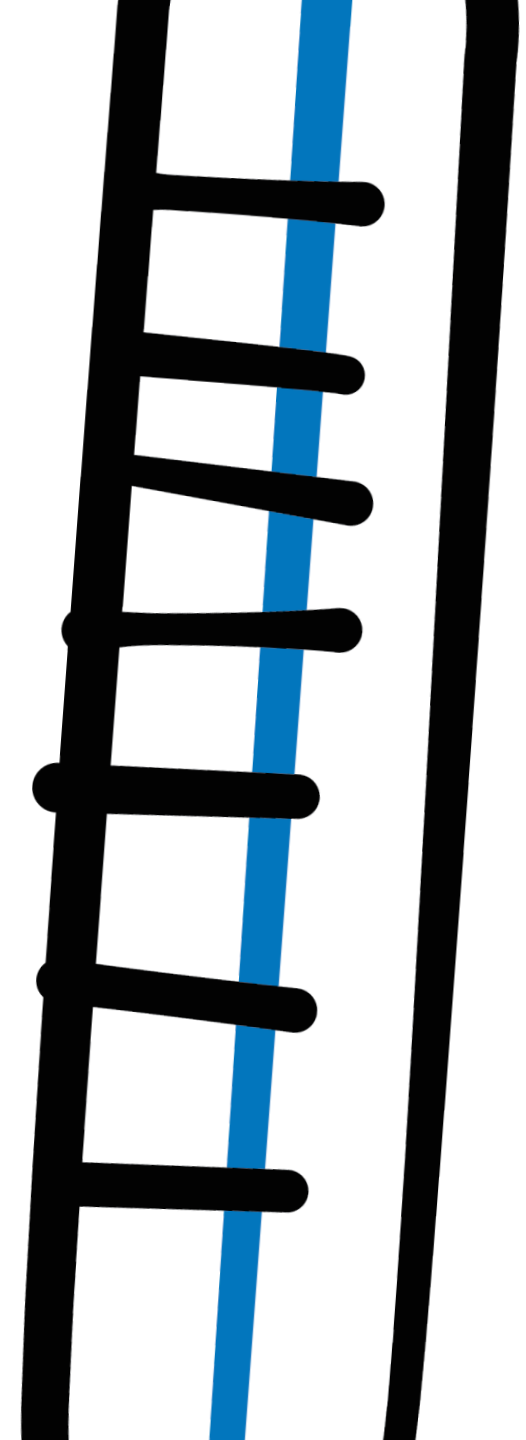


## Patient Access– Diagnostic Waiting Times

- As the national Covid-19 situation remains, the Trust continues to struggle to deliver against the 99% national standard. We are currently at **68.53%** of patients waiting less than 6 weeks for the 15 diagnostic modalities. This is similar to last month's position when we reported 68.44%. The number of breaches reported in November (**625**) compared to the number of breaches reported in October (**598**) has increased, this was expected due to government national announcements regarding tiers.
  - Of the **625** breaches, 417 are attributable to modalities within Imaging (**246** of which are Non obstetric US and **116** of which are MRI), 60 in ECHO, 50 in Sleep Studies, 44 in Gastroscopy, 17 in Audiology, 15 in Colonoscopy, 12 in Cystoscopy, 5 in Urodynamics and 5 in Clinical neuro-physiology.
  - Patients continue to be seen according to their clinical prioritisation with patients requiring a scan within 6 – 72 hours being booked as previously, patients within 2 weeks are being assessed by Radiologist and/or Radiographers and booked accordingly. Routine requests are being categorised to an additional level to ensure patients are not adversely waiting longer than clinically safe. Through the Clinical Prioritisation Group the diagnostic teams are working closely with outpatient and inpatients teams to ensure capacity is opened at appropriate and safe levels.
- 451 of the breaches are connected with Covid-19 (Reduced capacity, unable to book due to Covid-19), 111 are due to clinical prioritisation (patients can wait up to or over 3 months), 24 are a booking process issue (no reasonable offers made), 9 are tolerance (Failed scan, patient shielding or cancelling/delaying due to COVID) and 4 are Trust process issues.
  - Covid-19 is having a significant impact on the Trust's ability to deliver against the standard. Performance has plateaued for the last three months at around 66-68%. Taking into account the current government national guidance it is expected that more patients will decline offers of the appointment which will impact future reporting and therefore it is projected that performance will not improve significantly over the coming months. The national diagnostic position for October 2020 performance stood at 70.78%, a 19% deterioration from March 2020. GOSH saw a 6% reduction in performance over the same period. Nationally 362,084 patients were waiting 6 weeks and over for a diagnostic test at the end of October.
  - Comparative children's providers have seen similar movements. GOSH, Sheffield Children and Birmingham Women's and Children's reported performance of around 68% for October 2020 whilst Alder Hey was higher at 97.52%.

## Cancer Wait Times

- October 2020 cancer waiting times data has now been submitted nationally and the Trust achieved 100% across four out of five of the standards we are required to report on, a breach was captured against 62 Day Consultant Upgrade. For November, the Trust is forecasting reporting 100% achievement across all of the five standards.





# Patient Access – Referral to Treatment

- The Trust did not achieve the RTT 92% standard, submitting a performance of **67.01%** with **2031** patients waiting longer than 18 weeks. This is an increase in performance from the previous month's **63.7%**, as expected.
- The current 18 week position is as a result of the Trust significantly reducing non-essential elective workload since the middle of March 2020. From July 2020 performance has slowly improved, however, is not at the pre-Covid-19 position. It is expected that performance will not improve at the desired rates due to the impact of current government national guidance and patients declining offers of appointments but will slowly improve.
- The Clinical Prioritisation Group assesses all patients who require outpatients, diagnostics or admission to ensure they are prioritised according to clinical need. As at 17<sup>th</sup> December, **90.24%** of patients on the elective waiting list had been prioritised, with **1288** identified for surgery and medical treatment within 4 weeks. During November, 836 patients were operated on. Any patient who experiences an extended wait has a harm review completed.
- The Trust continues to experience extended waits in some sub-speciality areas including Dental/Maxfax, Plastic Surgery, Orthopaedics, and SDR, and continue to work with Commissioners and other providers on the best way to treat these patients in a timely way.
- The Trust continues to monitor the volume of RTT pathways with an unknown clock start (both referred to us externally and internally) and the current position stands at 350 pathways, most of whom were referred to us by external providers.

## National Position

At the end of October, 65.5% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks, thus not meeting the 92% standard

## Referrals, Admissions and Discharges

- The Trust experienced a slight decrease in external referrals in November, 7% decrease compared to October. However the volume of external referrals are now more inline with pre-Covid-19 levels. Internal referrals in the Trust as a whole have increased and are returning to pre-Covid-19 levels with the volume of internal referrals received in November being 30% greater than the volume received in February 2020.
- The volume of admissions in October is the highest seen since March 2020 and is an increase of 91% compared to April but is still lower than previous months in 2019-20. There was an increase in admissions in November compared to October of + 196

## Long stay patients:

- This looks at patients with a LOS over 50 days and currently not discharged as well as the combined number of bed days accumulated during their stay. For the month of November there were 44 patients (both NHS and PP) whose LOS was more than 50 days, accumulating 7393 bed days in total. This is an increase from October by 9 patients and 139 bed days.

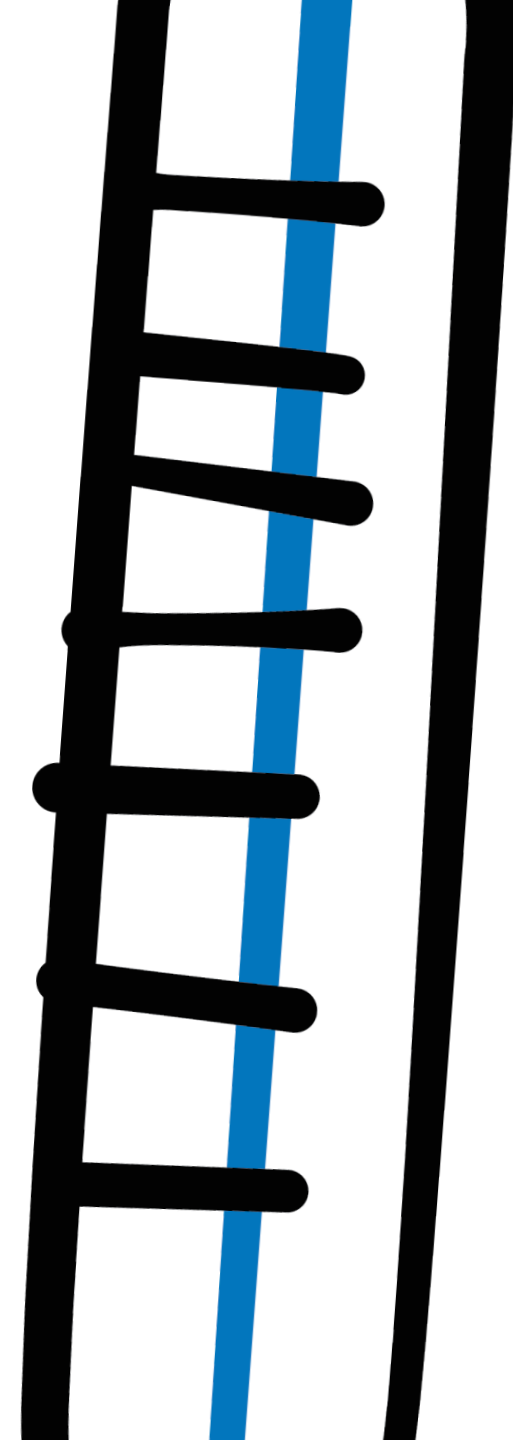
## 52+ Week Waits: Incomplete pathways

As at the end of October, the Trust reported a total of **359** patients waiting 52 weeks or more; this is an increase of 26 patients (7.81%). The majority of breaches are within Dental (53), Plastic Surgery (52), Orthopaedics (38), Cardiology (33), Ophthalmology (22), ENT (25), Urology (19), SNAPS (18), Craniofacial (14) and Spinal Surgery (12).

## National Position

October 2020 indicates a significant increase of over 1363% (compared to April) of patients waiting over 52 weeks (162,888 patients).

RTT Performance for comparative children's providers is Sheffield Children (65.8%) and Birmingham Women's and Children's (77%) and Alder Hey (54.2%). On average 309 52-week breaches were reported in September for these providers.





# Productivity & Efficiency

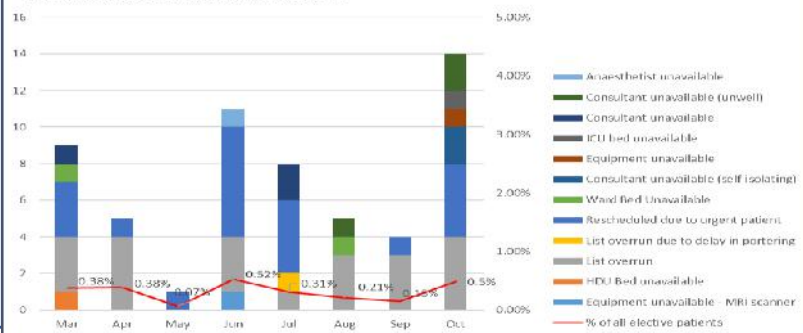
## Theatre Utilisation

- To meet the Trusts operating requirements during Covid-19, main operating theatres scheduling significantly changed mid-March 2020. From beginning of September additional theatre sessions have come online to support operational teams and allocation of these lists has been based on Clinical Priority Category 2 patients and time required in theatres. The Trust has now reduced the number of Covid-19 dedicated theatres to one from two and access to emergency theatre remains in place.
- Scheduled main theatres in November saw utilisation of 76.20%. Out of 300 scheduled sessions in November, 21 were ring fenced for Covid-19 positive patients. We operated on 3 patients in these theatres during the month. Emergency theatre utilisation was 83.26% with the number of emergency theatre cases during November being 52.
- The latest data presented at Clinical Prioritisation Group suggest that the overall theatres minutes to meet the volume of category 2 patients is sufficient, however, shortfalls are seen at a specialty level. Services significantly impacted are Cleft, Dental, SNAPs, Spinal and Urology. The theatres team routinely review theatre allocation to cover the gaps.
- From 17<sup>th</sup> October 2020, Saturday all day theatre lists commenced and will continue until mid-December, during October 13 patients have been operated on covering SNAPs (6), Urology (2), Orthopaedics (2) and Cleft (3). These are currently being funded by NHSE/I.
- Additional processes are in place for the management and monitoring of category 2 patients for administrative and operational teams.

## Last minute non-clinical hospital cancelled operation

The data reflects the drop in elective work following the first wave of Covid-19. It ramped up again in June and we can see that we had a number of cancellations due to urgent patients. This was the most prevalent cause during the end of the first wave. After a good positive trend between August and September, we have seen another increase in last minute surgical cancellations and a rise in those related to list overruns and urgent patients. In October, last minute cancellations represented 0.5% of all elective admissions which is similar to the cancellation rate in June 2020 (the highest rate for the year 2020-21). We will continue to monitor this. The Trust reported zero breaches of the 28 day standard in November.

Last Minute Elective Surgery Cancellations



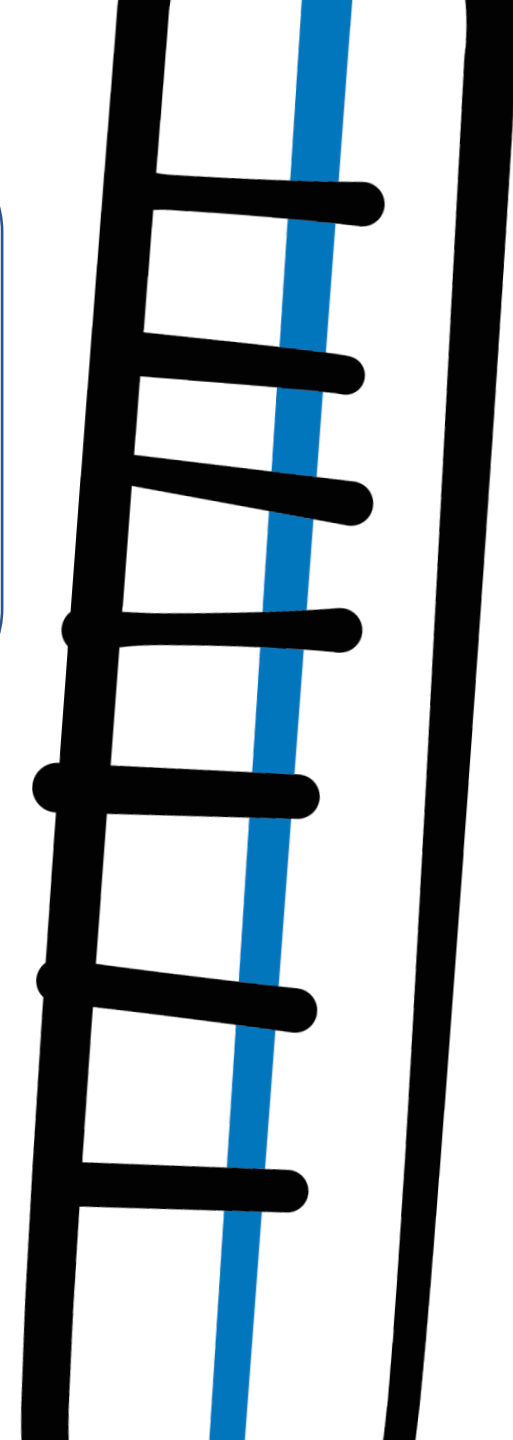
## Bed Occupancy and Closures

The metrics supporting bed productivity are to be improved for future months, however for now, they reflect occupancy and (as requested) the average number of beds closed over the reporting period.

**Occupancy:** For the month of November, bed occupancy was similar to October at 73.77% but higher than previous months. This includes IPP wards. For NHS wards only occupancy was at 73.9%. Body, Bones and Mind and Heart and Lung had occupancy levels of above 79% for the month as a directorate.

Where bed closures have been identified these have been accounted, however, if this information was unknown it has been assumed that all beds were open. Therefore, the reported position could be lower than actual.

**Bed closures:** Throughout the Covid-19 period, the Trust assumed that all beds across the organisation were open, and therefore a position of zero has been reported. However, this will now be reassessed and reporting resumed in the coming months.





## Productivity and Efficiency

### PICU Metrics

The KPIs have been agreed collaboratively with the Trusts PICU consultants and are designed to provide a triangulated picture of the service. Further analysis and intelligence will be added in future reports.

#### CATS referral refusals to PICU/NICU:

The Trust reported five CATS referral refusals into PICU/NICU from other providers in November. This was due to lack of available beds in PICU.

#### PICU Emergency Readmissions:

The Trust had 3 readmissions back into PICU within 48 hours for the month of November, compared to five in October.

## Trust Activity

### Outpatient DNA and Cancellation Rates

For the month of November, the Trust reported a DNA rate of 4.47%, a slight decrease to the rate reported in October of 4.67%.

The number of outpatient appointments that were cancelled either on the day or the day before (both by hospital and patient) increased in November compared to October and still lower at 906 in November compared to 1,105 in March. However, this is reflective of the ramp up in increased outpatient activity since March, when the Trust was operating at approximately 30% lower than normal levels due to Covid-19.

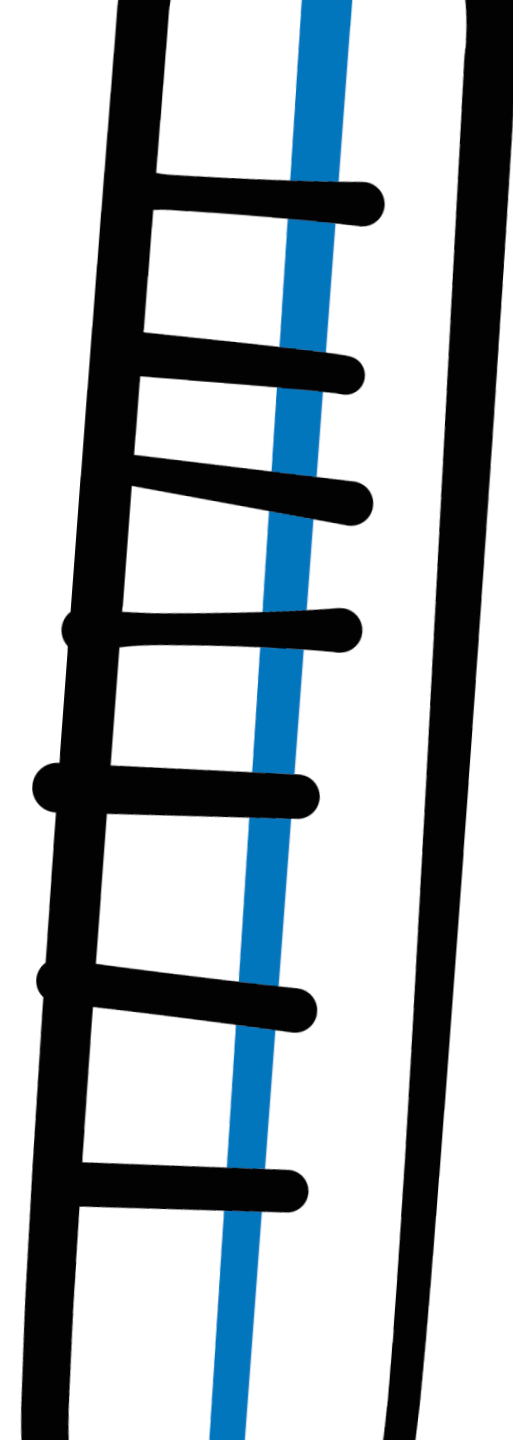
### Trust activity

November 2020 activity for both day case and overnight stays remains below plan due to the Covid19 pandemic. Day Case and Elective are both 28% below their YTD plan. As expected Non Elective admissions are 30% above plan which reflects the peak of the Covid-19 pandemic and the Trust supporting the wider NHS system. Critical care bed days are 7% lower than YTD plan.

NHS Spell discharges over the last 8 weeks has averaged 90.67%, with Day-case being 88.40%, Elective 96.05% and Emergency 86.8%.

Outpatient activity is 18.8% below plan overall, with First Outpatient attendances 33% and Follow-up Outpatients 16% below YTD plan. The Trust has embraced new technology for holding outpatient consultations with over 24,579 taking place virtually and 36,233 via telephone. NHS Outpatient attendances over the last 8 weeks has averaged 102%, with new attendances being 91.5% and follow-up 104%.

The Trust continues to work on recovery plans to return to planned levels in light of the Covid-19 activity reductions, together with other impacts on activity.

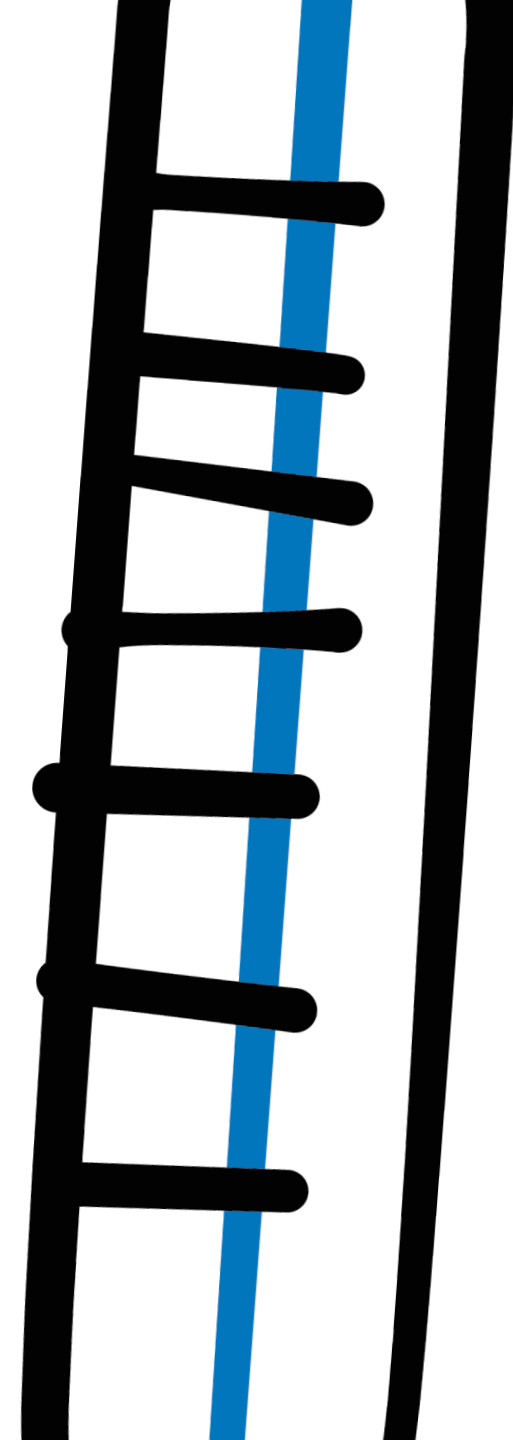


## Productivity & Efficiency– Discharge Summaries

- Although not at the required standard of 100% compliance, considerable focus has been placed on this indicator by both the operational and clinical teams to improve compliance. For the month of November, 84.88% of patients who were discharged from GOSH had a letter sent to their referrer or received within 24 hours. This is a slight increase from the October position of 84.53%. During Project Apollo week in September focus by directorates was on improving discharge letter completion and implementing sustained changes.
- 91.4% of letters were sent within 2 days of discharge. On average for November, letters were sent within 1.1 days after discharge, similar to October.
- Focus includes backlog clearance of discharge summaries and the embedding of the completion of discharge summaries in real time into clinical practice. We now have a backlog of 80 discharge summaries up to November 2020. Focus going forward is around timely completion of discharge summaries in real time, including reviewing the weekend resource that is available across the organisation to complete this task.
- Working groups have been initiated to focus on specific challenges experienced by services and ensure resolutions are agreed and transacted. Training materials and courses have been reviewed and the workflow has been clearly communicated. Targeted support will be offered to individuals/services with poor metrics. The EPR team in conjunction with Service Managers will approach clinicians with additional training and guidance.

## Clinic Letter Turnaround Times

- For November 2020, performance has slightly increased in relation to 7 day turnaround; 66.98% compared to 66.91% in October. At the point of writing the report, a backlog of 2,142 letters not yet sent was reported for this financial year of which 1341 are in November 2020.
- The EPR team have now rolled out the 'clinic letter not required' button within Epic, to specific specialties which can be used for specific patient appointments where a clinic letter will not be required for clinical reasons. In addition, additional training is being provided for Clinicians and Operational Managers around the process to ensure that everyone is aware of the process.
- Focused work is also looking at those areas by speciality where patients have multiple letters within the same service which have not been sent, to understand if some of the earlier letters can be closed off.



# Workforce Headlines: November 2020



**Contractual staff in post:** Substantive staff in post numbers in October were 4900 FTE, an increase of 15 FTE since September, and 237 FTE higher than November 2019.

**Unfilled vacancy rate:** Vacancy rates for the Trust decreased in November to 7% from 7.4% in October and slightly lower than the same month last year. Whilst the vacancy rate remains below the 10% target, it is higher than the 12 month average of 6.8%. Vacancy rates in the clinical directorates (bar IPP) were all below target in November.

**Turnover:** is reported as voluntary turnover. Voluntary turnover continued to reduce to 11.8%, it's lowest level in nearly 5 years, and meets the Trust target (14%). Total turnover (including Fixed Term Contracts) also reduced to 14.9%, again it's lowest rate for nearly 5 years. The reduction is likely at least in part attributable to the impact of COVID and is therefore likely to eventually increase without the ongoing focus on retention as outlined in the People Strategy.

**Agency usage:** Use of agency staff increased slightly to 1.1% of paybill in November. However agency usage remains well below the local stretch target (2%). Agency use is almost exclusively taking place within Corporate Non-Clinical Directorates and amongst some Allied Health Professional disciplines. Bank % of paybill was 5.4% in November.

**Statutory & Mandatory training compliance:** In November the compliance rate across the Trust remained at 94% for the 4<sup>th</sup> month in a row, which remains above the target with all directorates achieving target. Across the Trust there are 10 topics below target including Information Governance where the target is 95%.

**Appraisal/PDR completion:** The non-medical appraisal remained at 86% in November with only 4 Directorates achieving the 90% target. Consultant appraisal rates increased in November to 83%. The Medical Appraisal and Revalidation Committee has established processes to address levels of medical appraisals that commenced from August. PDR non-compliance will be targeted at directorate performance reviews.

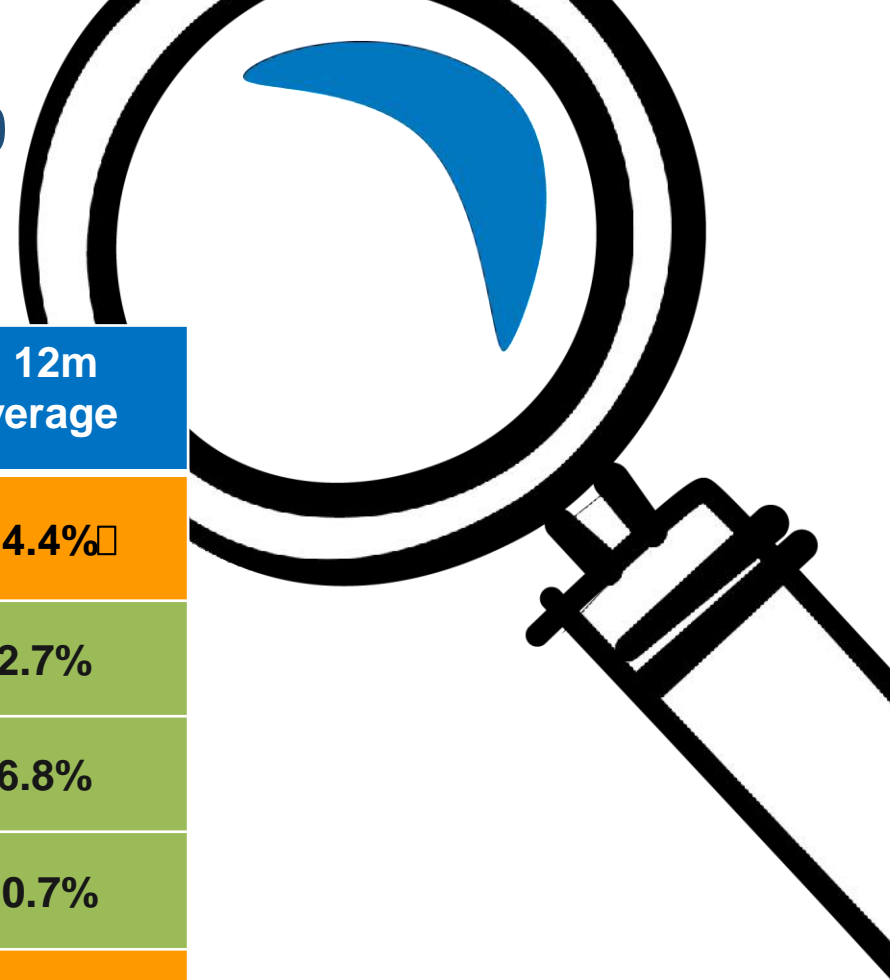
**Sickness absence:** Sickness rates for November remained stable at 2.6%, and remains below target. While sickness rates remain within target, November saw an increase in the second half of the month in absences related to COVID-19 either sickness or self-isolation



**NHS**

Great Ormond Street  
Hospital for Children  
NHS Foundation Trust

# Trust Workforce KPIs: November 2020



Metric	Plan	Nov 2020	3m average	12m average
Voluntary Turnover	14%	11.8%	12.1% <span>□</span>	14.4% <span>□</span>
Sickness (1m)	3%	2.6%	2.5%	2.7%
Vacancy	10%	7.0%	7.6%	6.8%
Agency spend	2%	1.1%	1.0%	0.7%
PDR %	90%	86%	86%	87%
Consultant Appraisal %	90%	83%	79%	84%
Statutory & Mandatory training	90%	94%	94%	94%

Key:

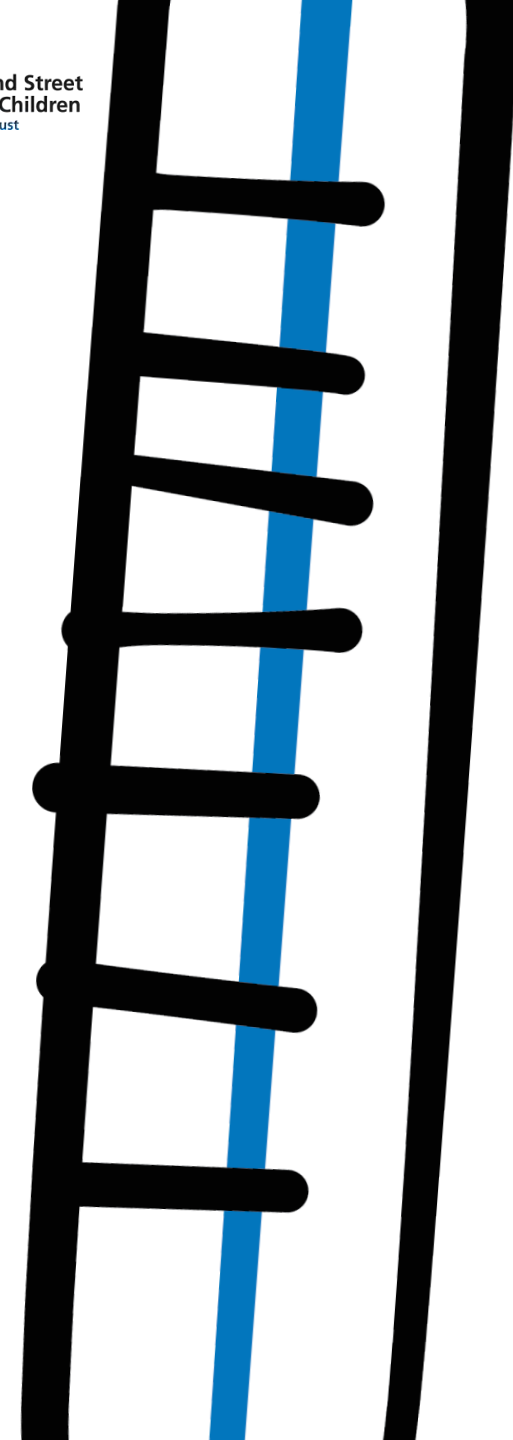
■ Achieving Plan
 ■ Within 10% of Plan
 ■ Not achieving Plan

# Directorate (Clinical) KPI performance Nov 2020

Metric	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Heart & Lung	Medicine, Therapies & Tests	Operations & Images	Sight & Sound	IPP	Genetics
Voluntary Turnover	14%	11.8%	7.5%	18.1%	8.8%	13.0%	13.1%	11.2%	8.9%	10.2%	11.1%
Sickness (1m)	3%	2.6%	2.4%	2.5%	2.5%	3.2%	2.4%	3.0%	1.7%	3.8%	1.4%
Vacancy	10%	7.0%	0.4%	5.8%	5.9%	1.9%	-1.3%	2.7%	6.9%	17.1%	5.4%
Agency spend	2%	1.1%	0.0%	0.1%	0.0%	0.0%	2.3%	2.1%	0.4%	0.1%	0.0%
PDR %	90%	86%	86%	89%	93%	86%	88%	86%	92%	87%	81%
Stat/Mand Training	90%	94%	93%	93%	93%	91%	95%	93%	98%	97%	99%

## Key:

■ Achieving Plan 
 ■ Within 10% of Plan 
 ■ Not achieving Plan





## Directorate (Corporate) KPI performance November 2020

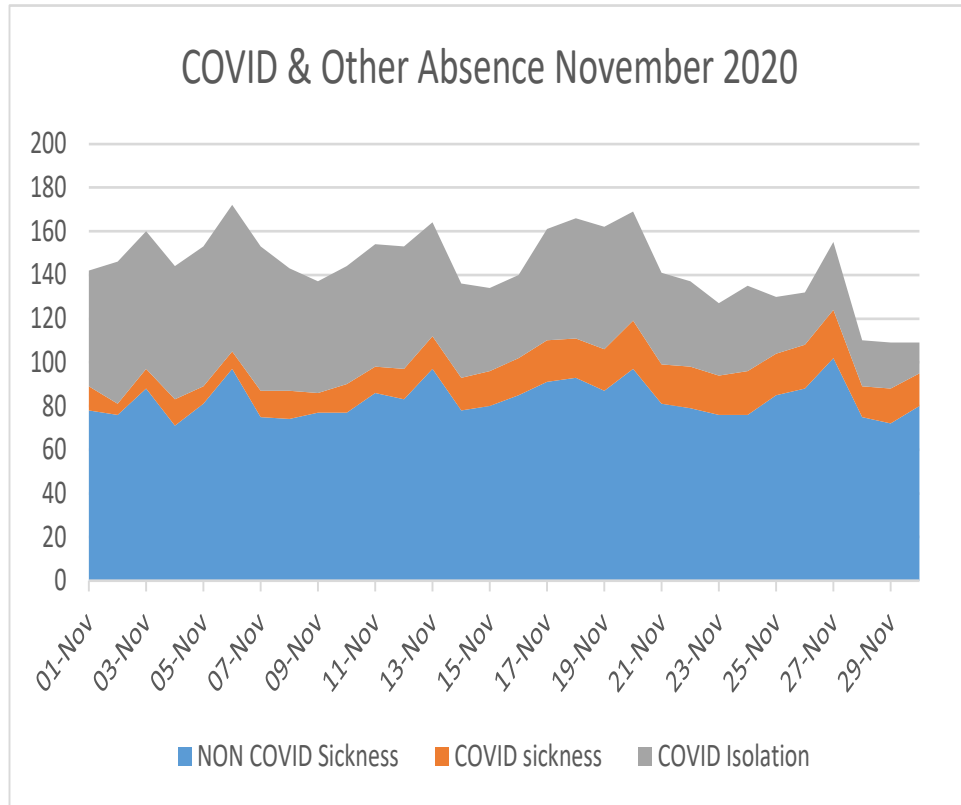
Metric	Plan	Trust	Clinical Operations	Corporate Affairs	ICT	Property Services	Finance	HR&OD	Medical Director	Nursing & Patient Experience	Research & Innovation	Transformation
Voluntary Turnover	14%	11.8%	13.1%	20.9%	8.2%	6.6%	10.6%	8.4%	15.8%	7.2%	18.1%	17.0%
Sickness (1m)	3%	2.6%	2.5%	0.0%	3.1%	3.4%	2.1%	4.2%	0.1%	2.2%	0.6%	2.2%
Vacancy	10%	7.0%	7.1%	20.0%	22.3%	-3.00%	4.8%	4.2%	18.2%	6.1%	11.3%	15.3%
Agency spend	2%	1.1%	2.2%	6.0%	12.3%	5.5%	4.7%	2.1%	3.3%	0.0%	0.0%	0.0%
PDR %	90%	86%	52%	67%	31%	90%	84%	91%	88%	84%	89%	86%
Stat/Mand Training	90%	94%	97%	99%	95%	98%	95%	97%	94%	98%	97%	98%

### Key:

■ Achieving Plan 
 ■ Within 10% of Plan 
 ■ Not achieving Plan

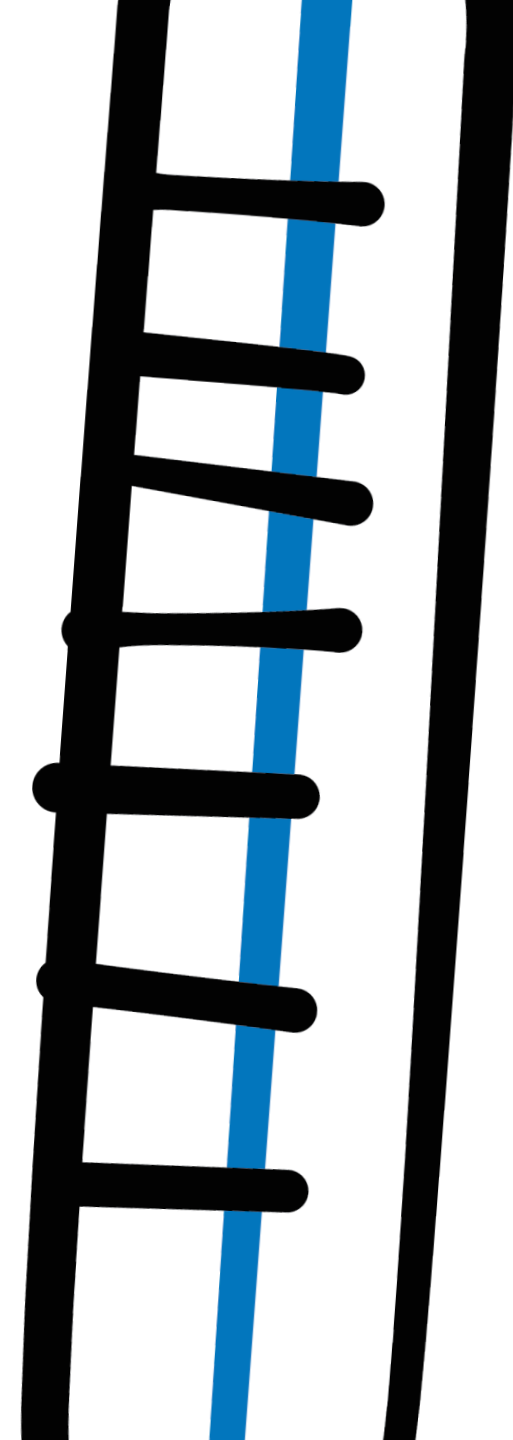


# COVID Absences



COVID related absences reduced in November most likely due to the national lockdown that's covered most of the month. Most absences continued to relate to self isolation rather than sickness. During December COVID absences began to increase again.

Overall sickness rates remained below target at 2.6% in November.



## Finance and Workforce Performance Report Month 8 2020/21

### Contents

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KEY PERFORMANCE DASHBOARD

ACTUAL FINANCIAL PERFORMANCE

	In month			Year to date		
	Plan	Actual	RAG	Plan	Actual	RAG
<b>INCOME</b>	£43.8m	£44.5m	●	£313.5m	£314.7m	●
<b>PAY</b>	(£25.7m)	(£26.2m)	●	(£206.8m)	(£206.7m)	●
<b>NON-PAY Inc.</b> owned depreciation and PDC	(£20.0m)	(£19.6m)	●	(£152.8m)	(£152.5m)	●
<b>Surplus/Deficit</b> excl. donated depreciation	(£2.0m)	(£1.2m)	●	(£46.1m)	(£44.6m)	●
<b>Top up</b>	£0.0m	£0.0m		£39.3m	£39.3m	
<b>Surplus/Deficit</b> excl. donated depreciation	(£2.0m)	(£1.2m)	●	(£6.8m)	(£5.3m)	●

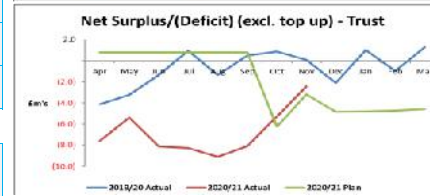
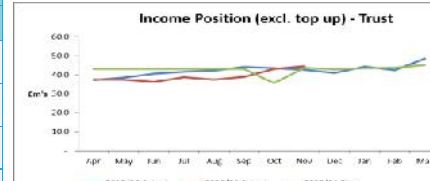
RAG: on or favourable to plan = green, 0-5% adverse to plan = amber, 5%+ adverse to plan = red

AREAS OF NOTE:

Last month the NHS switched to a new financial payment system whereby a new block income value was confirmed to the Trust, which had been calculated assuming that all non-NHS income would flow as per the previous year. Following a resubmission of the Trust plan to NHSEI this month, it has been agreed that the revised 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 YTD performance is a £5.3m deficit which is £1.5m favourable to the NHSE plan. This is driven by higher than plan NHS & Other Clinical income as the Trust has seen higher number of CAR-T patients than plan which are on cost and volume. Private patient income is favourable to the NHSE plan by £0.6m in-month; last month saw 2 high value patients which was not replicated in M8 and referral pipelines remain challenging. Increased payment of aged private patient debt has led, in line with Trust policy, to a £0.3m reduction in bad debt provisioning against the plan.

Non-clinical income is favourable to plan by £0.4m given additional research studies coming online in the month, and due to confirmation of further HEE education and training monies for which there was a YTD recognition. Pay costs within the hospital have risen to £26.2m due to continued growth of elective activity in the hospital in sustaining current referrals and working through patient backlogs, whilst trying to manage staff sickness/isolation and higher retention levels given lower staff turnover. Elective activity within the hospital has continued to increase and supplies and services non-pay spend has moved in line with high surgical instrument and consumables spend, and high spend on reagents and lab consumables as the COVID testing service continues to ramp up.



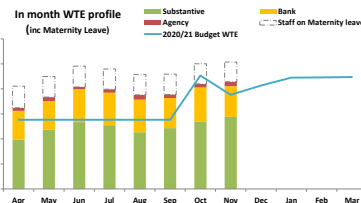
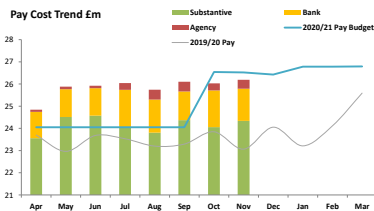
2020/21 Plan for the first 6 months of the year shown on the graphs reflect the original NHSE plan. From month 7 these reflect the latest agreed NHSE plan.

PEOPLE

	M7 Actual WTE	M8 Actual WTE	Variance
<b>PERMANENT</b>	4,739.4	4,776.4	(37.0)
<b>BANK</b>	271.9	245.4	26.5
<b>AGENCY</b>	29.2	35.8	(6.6)
<b>TOTAL</b>	<b>5,040.6</b>	<b>5,057.6</b>	<b>(17.0)</b>

AREAS OF NOTE:

Trust WTEs have broadly maintained between M7 and M8. Staff turnover has reduced compared to prior year given the effects of the pandemic and the Trust has had to uplift WTE's to continue activity levels, work through the backlog of patients and manage staff sickness and isolation. International nurses are expected to be on-boarded before the end of the 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. Agency spend has also risen in month with a continued high workload within ICT to support cyber security. However, the Trust continues to challenge temporary staffing in bank and agency where possible and continues to consider the most cost effective ways of safe staffing.

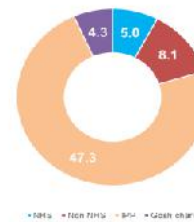


CASH, CAPITAL AND OTHER KPIS

Key metrics	Oct-20	Nov-20
<b>Cash</b>	£126.5m	£123.7m
<b>IPP Debtor days</b>	300	310
<b>Creditor days</b>	27	30
<b>NHS Debtor days</b>	6	5

Capital Programme	YTD Plan M8	YTD Actual M8	Full Year Fcst
<b>Total Trust-funded</b>	£7.7m	£2.9m	£13.3m
<b>Total CIR PDC</b>	£0.9m	£1.2m	£1.7m
<b>Total Covid PDC</b>	£0.3m	£1.0m	£1.1m
<b>Total Donated</b>	£12.4m	£7.1m	£13.3m
<b>Grand Total</b>	<b>£21.3m</b>	<b>£12.2m</b>	<b>£29.4m</b>

Net receivables breakdown (£m)



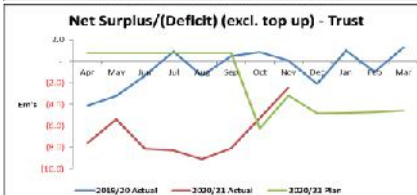
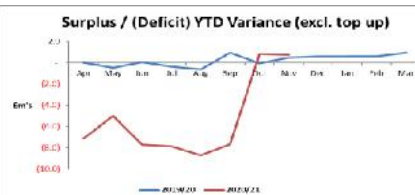
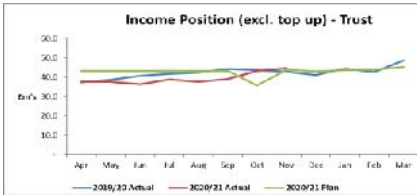
AREAS OF NOTE:

- Cash held by the Trust decreased in month by £2.8m.
- The capital programme for the year to date is less than plan by £9.1m of which £4.8m is on the Trust-funded and £5.3m on the donated programme with £1.0m additional spend on PDC funded projects. In light of this and other delays due to COVID-19 the Trust has reviewed the trust funded capital programme forecast outturn and reduced it by £3m to £13.3m.
- IPP debtors days increased in month from 300 days to 310 days. Total IPP debt increased in month to £42.1m (£40.9m in M07). Overdue debt increased slightly in month to £39.8m (£39.6m in M07).
- Creditor days increased in month from 27 days to 30 days.
- NHS debtor days decreased in month from 6 days to 5 days.

Trust Income and Expenditure Performance Summary for the 8 months ending 30 Nov 2020



NHSE plan	Income & Expenditure	2020/21								Rating	Notes	2019/20	2020/21	2020/21
		Month 8				Year to Date						Actual	NHSE Plan YTD	NHSE Plan In-month
		NHSE Plan	Actual	Variance		NHSE Plan	Actual	Variance				M8	M8	M8
(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)				
407.26	NHS & Other Clinical Revenue	36.28	36.96	0.68	1.88%	262.75	262.98	0.23	0.09%	G	1	32.04	262.75	36.28
37.91	Private Patient Revenue	3.41	3.08	(0.34)	(9.83%)	23.90	24.51	0.61	2.54%	G	2	5.39	23.90	3.41
43.62	Non-Clinical Revenue	4.12	4.48	0.36	8.78%	26.81	27.16	0.35	1.31%	G	3	5.30	26.81	4.12
<b>488.80</b>	<b>Total Operating Revenue</b>	<b>43.81</b>	<b>44.52</b>	<b>0.71</b>	<b>1.62%</b>	<b>313.47</b>	<b>314.66</b>	<b>1.19</b>	<b>0.38%</b>	<b>G</b>		<b>42.73</b>	<b>313.47</b>	<b>43.81</b>
(292.40)	Permanent Staff	(23.97)	(24.34)	(0.37)	(1.54%)	(193.52)	(193.22)	0.30	0.16%	G		(21.81)	(193.52)	(25.74)
(2.71)	Agency Staff	(0.24)	(0.40)	(0.16)	(66.50%)	(2.00)	(2.23)	(0.24)	(11.83%)	R		(0.21)	(2.00)	0.00
(17.24)	Bank Staff	(1.52)	(1.45)	0.07	4.90%	(11.26)	(11.26)	(0.01)	(0.05%)	G		(1.04)	(11.26)	0.00
<b>(312.35)</b>	<b>Total Employee Expenses</b>	<b>(25.74)</b>	<b>(26.19)</b>	<b>(0.45)</b>	<b>(1.77%)</b>	<b>(206.78)</b>	<b>(206.72)</b>	<b>0.06</b>	<b>0.03%</b>	<b>G</b>	4	<b>(23.06)</b>	<b>(206.78)</b>	<b>(25.74)</b>
(96.98)	Drugs and Blood	(8.22)	(8.13)	0.09	1.15%	(62.54)	(63.04)	(0.50)	(0.79%)	A		(6.94)	(62.54)	0.00
(34.85)	Supplies and services - clinical	(3.14)	(3.71)	(0.57)	(18.28%)	(21.80)	(22.53)	(0.74)	(3.38%)	R		(2.59)	(21.80)	0.00
(87.16)	Other Expenses	(7.33)	(6.47)	0.86	11.77%	(56.83)	(55.43)	1.41	2.47%	G		(7.33)	(56.83)	(18.69)
<b>(218.99)</b>	<b>Total Non-Pay Expenses</b>	<b>(18.69)</b>	<b>(18.30)</b>	<b>0.38</b>	<b>2.06%</b>	<b>(141.18)</b>	<b>(141.00)</b>	<b>0.17</b>	<b>0.12%</b>	<b>G</b>	5	<b>(16.87)</b>	<b>(141.18)</b>	<b>(18.69)</b>
<b>(531.34)</b>	<b>Total Expenses</b>	<b>(44.42)</b>	<b>(44.49)</b>	<b>(0.07)</b>	<b>(0.16%)</b>	<b>(347.95)</b>	<b>(347.72)</b>	<b>0.23</b>	<b>0.07%</b>	<b>G</b>		<b>(39.93)</b>	<b>(347.95)</b>	<b>(44.42)</b>
(42.54)	EBITDA (exc Capital Donations)	(0.61)	0.03	0.64	104.43%	(34.49)	(33.06)	1.42	4.13%	G		2.79	(34.49)	(0.61)
(17.35)	Owned depreciation, Interest and PDC	(1.34)	(1.26)	0.08	6.19%	(11.64)	(11.54)	0.09	0.79%		7	(1.56)	(11.64)	(1.34)
<b>(59.89)</b>	<b>Surplus/Deficit (exc. PSF/Top up)</b>	<b>(1.95)</b>	<b>(1.23)</b>	<b>0.72</b>	<b>37%</b>	<b>(46.12)</b>	<b>(44.61)</b>	<b>1.52</b>	<b>3%</b>			<b>1.24</b>	<b>(46.12)</b>	<b>(1.95)</b>
39.31	PSF/Top up	0.00	0.00	0.00		39.31	39.31	0.00				39.31	0.00	
<b>(20.58)</b>	<b>Surplus/Deficit (incl. PSF/Top up)</b>	<b>(1.95)</b>	<b>(1.23)</b>	<b>0.72</b>	<b>37.00%</b>	<b>(6.82)</b>	<b>(5.30)</b>	<b>1.52</b>	<b>22.24%</b>	<b>G</b>		<b>1.24</b>	<b>(6.82)</b>	<b>(1.95)</b>
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)	(1.22)	0.00		(9.71)	(9.68)	0.02				(1.16)	(9.71)	(1.22)
<b>(35.42)</b>	<b>Net (Deficit)/Surplus (exc Cap. Don. &amp; Impairments)</b>	<b>(3.17)</b>	<b>(2.45)</b>	<b>0.73</b>	<b>22.90%</b>	<b>(16.52)</b>	<b>(14.98)</b>	<b>1.54</b>	<b>9.32%</b>			<b>0.08</b>	<b>(16.52)</b>	<b>(3.17)</b>
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	1.00	0.87	(0.13)		7.15	7.12	(0.03)		6	2.31	7.15	1.00	
<b>(22.37)</b>	<b>Adjusted Net Result</b>	<b>(2.17)</b>	<b>(1.58)</b>	<b>0.59</b>	<b>27.30%</b>	<b>(9.37)</b>	<b>(7.86)</b>	<b>1.51</b>	<b>16.09%</b>			<b>2.39</b>	<b>(9.37)</b>	<b>(2.17)</b>



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

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

**Summary**

- Month 8 has closed as a deficit of £1.2m, which is £0.7m 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**

- Clinical income is £0.2m favourable to the NHSE Plan 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. Within the month the Trust has seen 3 CAR-T patients which is a key driver in the £0.7m favourable variance to plan on NHS & Other clinical income. The Trust has also seen a significant rise in month of devolved nations income due to an ECMO patient being seen on cost & volume.
- Private Patient income is £0.6m favourable to the YTD NHSE plan and £0.3m adverse in month. The Trust had two high value patients in M7 which has not replicated in M8. Patient scheduling remains restricted in line with the wider Trust and with Covid cases rising globally.
- Non-clinical income is favourable to the NHSE Plan (£0.4m). Research and education & training income are higher in-month driving this favourable variance, due to additional studies coming online and notification from HEE of additional education & training monies with a YTD adjustment respectively. 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.
- Pay is adverse in-month to the NHSE plan by £0.5m. Continued high levels of 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.
- Non pay is £0.4m favourable to the NHSE plan in month. Elective activity has continued to increase and therefore so has clinical supplies spend, particularly around surgical instruments and consumables. Lab consumables and reagents have seen high spends in relation to the COVID testing service. The Trust has also seen an uplift in the bad debt provision (£0.2m); this is in line with Trust policy but is c.£0.3m below plan which is a key driver in the non-pay favourable variance.

## Trust Income and Expenditure Forecast Outturn Summary for the 8 months ending 30 Nov 2020

Income & Expenditure	2020/21				Rating
	Full year				
	NHSE Plan	Forecast	Variance		YTD Variance
	(£m)	(£m)	(£m)	%	
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
<b>Total Operating Revenue</b>	<b>488.80</b>	<b>494.74</b>	<b>5.94</b>	<b>1.21%</b>	<b>G</b>
Permanent Staff	(292.40)	(293.56)	(1.16)	(0.40%)	R
Agency Staff	(2.71)	(3.39)	(0.68)	(25.09%)	R
Bank Staff	(17.24)	(16.66)	0.58	3.36%	G
<b>Total Employee Expenses</b>	<b>(312.35)</b>	<b>(313.61)</b>	<b>(1.26)</b>	<b>(0.40%)</b>	<b>R</b>
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
<b>Total Non-Pay Expenses</b>	<b>(218.99)</b>	<b>(219.73)</b>	<b>(0.75)</b>	<b>(0.34%)</b>	<b>R</b>
<b>Total Expenses</b>	<b>(531.34)</b>	<b>(533.34)</b>	<b>(2.00)</b>	<b>(0.38%)</b>	<b>R</b>
<b>EBITDA (exc Capital Donations)</b>	<b>(42.54)</b>	<b>(38.60)</b>	<b>3.93</b>	<b>9.25%</b>	<b>G</b>
Owned depreciation, Interest and PDC	(17.35)	(17.46)	(0.10)	(0.60%)	
<b>Surplus/Deficit (exc. PSF/Top up)</b>	<b>(59.89)</b>	<b>(56.06)</b>	<b>3.83</b>	<b>6%</b>	
PSF/Top up	39.31	39.31	0.00		
<b>Surplus/Deficit (incl. PSF/Top up)</b>	<b>(20.58)</b>	<b>(16.75)</b>	<b>3.83</b>	<b>18.61%</b>	<b>G</b>
Donated depreciation	(14.83)	(15.03)	(0.20)		
<b>Net (Deficit)/Surplus (exc Cap. Don. &amp; Impairments)</b>	<b>(35.42)</b>	<b>(31.78)</b>	<b>3.63</b>	<b>10.26%</b>	
Impairments	0.00	0.00	0.00		
Capital Donations	13.04	13.26	0.22		
<b>Adjusted Net Result</b>	<b>(22.37)</b>	<b>(18.52)</b>	<b>3.85</b>	<b>17.21%</b>	

### RAG Criteria:

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

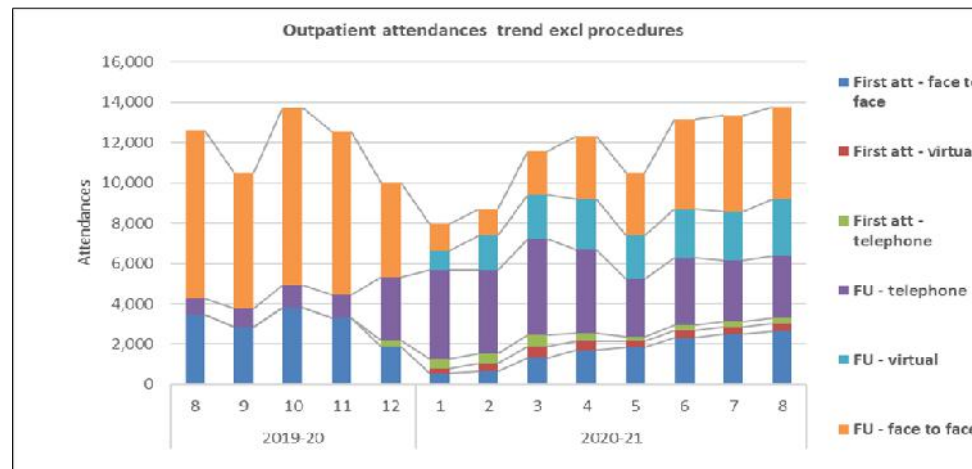
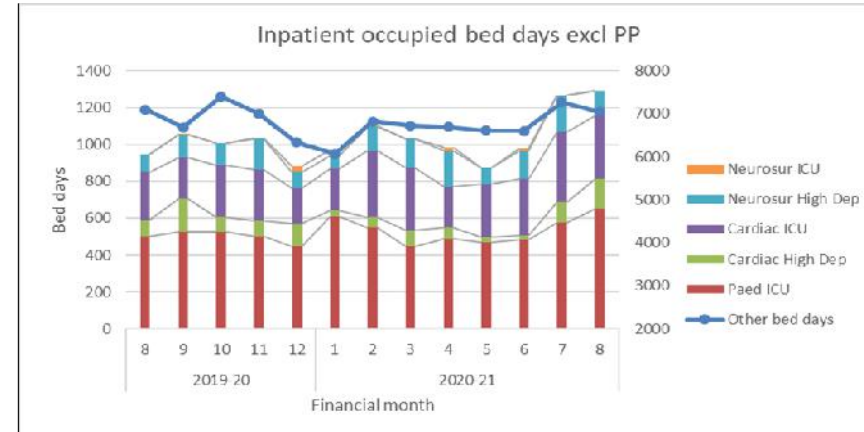
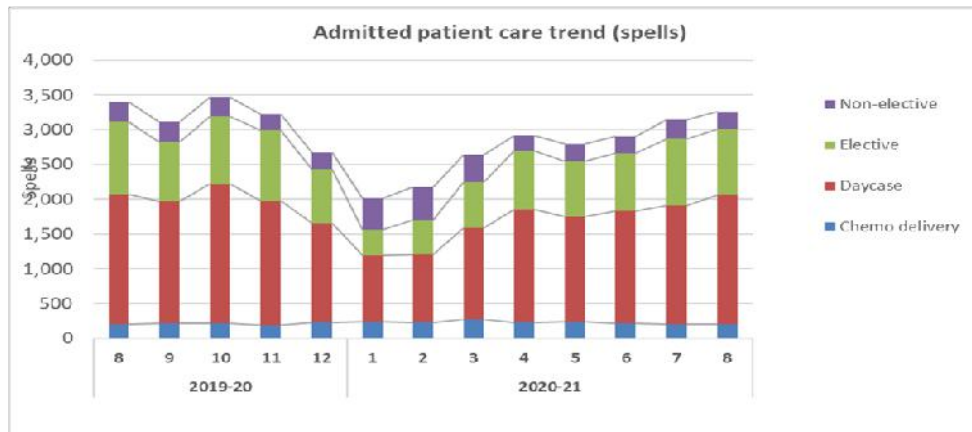
### Summary

- The latest forecast for GOSH is a £16.8m deficit.
- The M8 forecast sees a £3.8m forecast improvement to the latest agreed NHSE plan. This is driven largely from additional unforeseen non-NHS patient income and above plan NHS income from CAR-T patients.

### Notes

- The NHS & other clinical revenue is forecast to continue at current block levels with an increase for non-NHS income that has come to light since the previous NHSE plan submission.
- Non-clinical income is forecast to be £2.4m favourable to plan due to additional education & training monies from HEE confirmed this month (offset by expenditure) and recognition of research & innovation income in line with IFRS15.
- 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.
- Costs are forecasted to increase towards the final few months of the year to facilitate the increased activity and include additional diagnostics work in line with national guidelines.
- There are a number of key risks within the forecast including the size of the NHS block, level of high cost drugs and devices on cost and COVID funding and marginal rate performance.
- The latest Trust 7-12 month plan also includes delivery of an agreed savings programme (£3.7m).

## 2020/21 Overview of activity trends for the 8 months ending 30 November 2020

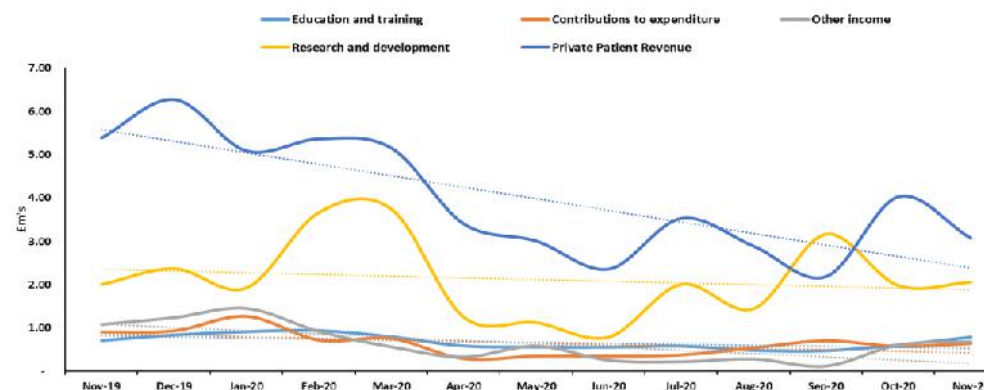
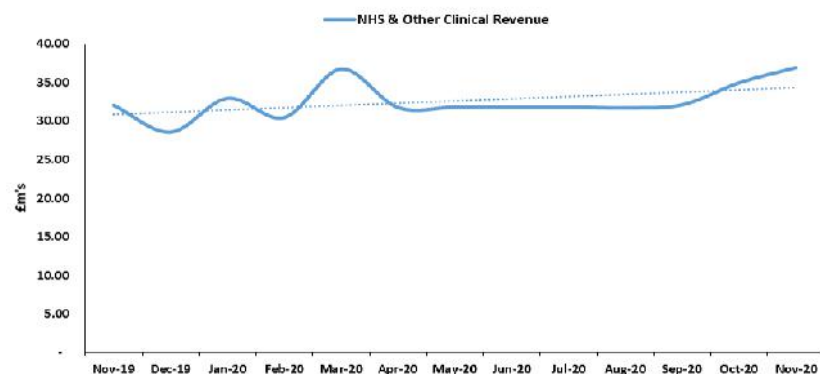


### Summary

- Admitted patient care activity levels in November are showing an increase versus October of 12.39 spells per day across all points of delivery that is reflected in total spells and bed days. Activity per working day is below levels seen in November 2019 with daycase improving to only 0.1% and elective 8.9% below.
- Outpatient attendances for November are above both in terms of total attendances and per working day with the biggest increases for face to face first attendances and virtual follow ups.. Non-face to face attendances have slightly increased as a % of total attendances with 47.6% for November versus 45.5% for October.
- The upward trends in activity are reflected in increased costs of clinical supplies & services (£3.4m v £3.1m in Oct 2020).
- In a change from months 1-6 NHSE high cost drugs will be funded under a mixed payment system in months 7-12. The minority of drugs will be under a block at £0.6m per month and the remainder will be passed through at cost based on an NHSE plan of £4.3m per month. Initial figures for ytd November show c£2.5m over-performance for pass through drugs that will be validated by NHSE before payment and block

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

## 2020/21 Income for the 8 months ending 30 Nov 2020



### Summary

- NHS and Other Clinical revenue was £0.7m favourable to the NHSE Plan YTD in-month and is now £0.2m favourable YTD. In Month 7 there were some revisions to high cost drug reimbursement with inclusion of many now on a cost and volume basis; within the month the Trust has seen 3 CAR -T patients and a significant rise of devolved nations income due to an ECMO patient.
- Private Patient income is £0.3m adverse to the latest NHSE Plan in-month but is £0.6m favourable to plan YTD. Private patient referrals were ceased in the early months of the year due to Covid-19. The Trust has stated to increase NHS elective work based on prioritisation criteria; this includes private patients and has led to some new admissions. However the private patient referral pipeline is not expanding as countries are not sending patients for treatment.
- Education & training income is £0.2m above plan in month due to HEE notifying the Trust of a backdated correction being made to the payment schedule resulting in a YTD catchup and increase in future month payments.
- Research income YTD is below the NHSE plan by £0.1m. 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.
- Other income is £0.3m favourable to the latest NHSE plan. This is linked to 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 on plan with the latest NHSE plan. Earlier in the year, projects that were being funded were put on hold due to the Trusts response to COVID-19 but many have now restarted.



## Workforce Summary for the 8 months ending 30 Nov 2020

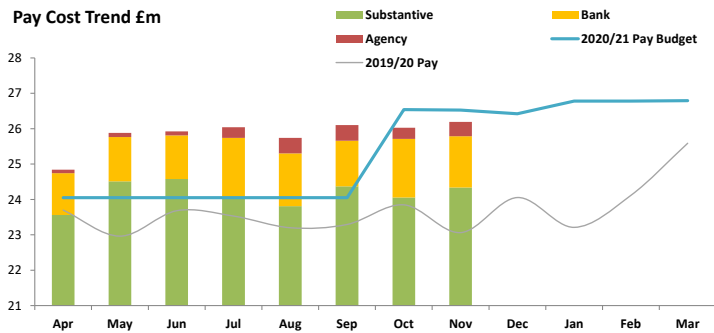
\*WTE = Worked WTE, Worked hours of staff represented as WTE



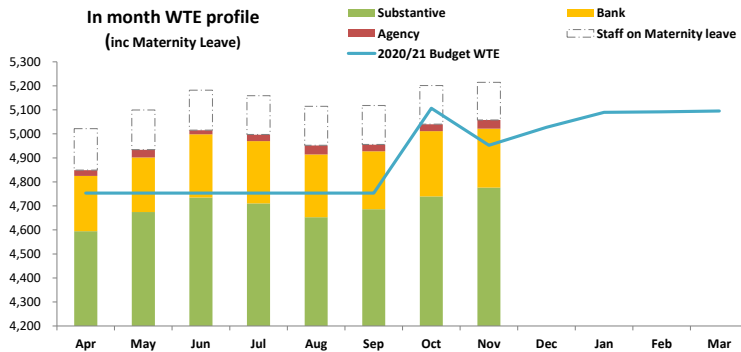
Staff Group	2019/20 actual full year			2020/21 actual			Variance			RAG
	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Volume Var (£m)	Price Var (£m)	
Admin (inc Director & Senior Managers)	50.3	1,110.6	45.3	36.7	1,162.1	47.4	(3.2)	(1.6)	(1.6)	R
Consultants	54.5	352.1	154.7	39.2	385.7	152.3	(2.8)	(3.5)	0.6	R
Estates & Ancillary Staff	4.6	137.9	33.2	3.1	137.7	33.8	(0.1)	0.0	(0.1)	A
Healthcare Assist & Supp	9.1	281.7	32.2	7.7	333.4	34.5	(1.6)	(1.1)	(0.5)	R
Junior Doctors	28.4	347.1	81.9	20.3	368.6	82.7	(1.4)	(1.2)	(0.2)	R
Nursing Staff	80.7	1,526.0	52.9	58.5	1,574.4	55.7	(4.6)	(1.7)	(2.9)	R
Other Staff	0.5	9.1	53.3	0.4	11.4	56.8	(0.1)	(0.1)	(0.0)	A
Scientific Therap Tech	52.1	945.3	55.1	37.9	973.0	58.4	(3.1)	(1.0)	(2.1)	R
<b>Total substantive and bank staff costs</b>	<b>280.2</b>	<b>4,709.7</b>	<b>59.5</b>	<b>203.7</b>	<b>4,946.2</b>	<b>61.8</b>	<b>(16.9)</b>	<b>(9.4)</b>	<b>(7.5)</b>	<b>R</b>
Agency	2.0	28.8	68.8	2.2	29.2	114.5	(0.9)	(0.0)	(0.9)	R
<b>Total substantive, bank and agency cost</b>	<b>282.1</b>	<b>4,738.6</b>	<b>59.5</b>	<b>205.9</b>	<b>4,975.5</b>	<b>62.1</b>	<b>(17.8)</b>	<b>(9.4)</b>	<b>(8.4)</b>	<b>R</b>
Reserve*	2.1	0.0	0.0	0.8	0.0		0.6	0.6	0.0	G
Additional employer pension contribution by NHSE	11.6	0.0	0.0	0.0	0.0		7.7	0.0	7.7	G
<b>Total pay cost</b>	<b>295.8</b>	<b>4,738.6</b>	<b>62.4</b>	<b>206.7</b>	<b>4,975.5</b>	<b>62.3</b>	<b>(9.5)</b>	<b>(8.8)</b>	<b>(0.7)</b>	<b>R</b>
Remove maternity leave cost	(3.6)			(2.1)			(0.3)	0.0	(0.3)	A
<b>Total excluding Maternity Costs</b>	<b>292.2</b>	<b>4,738.6</b>	<b>61.7</b>	<b>204.6</b>	<b>4,975.5</b>	<b>61.7</b>	<b>(9.9)</b>	<b>(8.8)</b>	<b>(1.1)</b>	<b>R</b>

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

### Pay Cost Trend £m



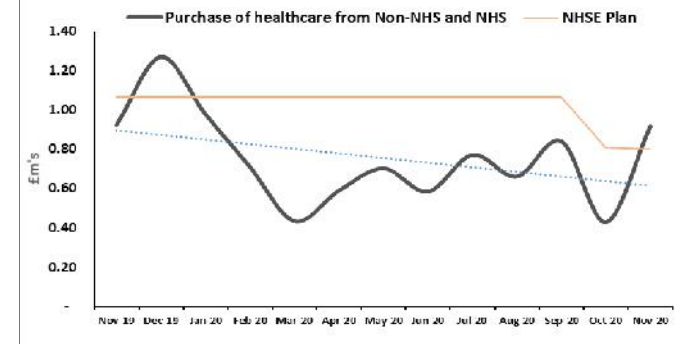
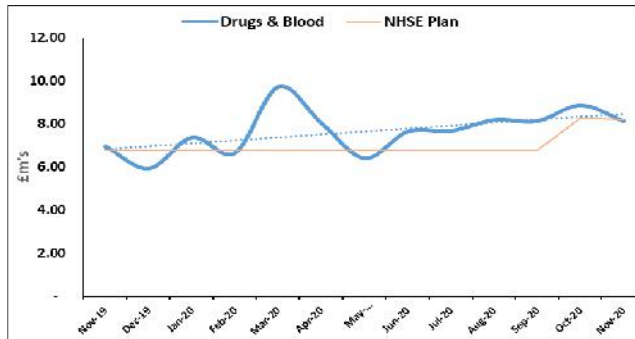
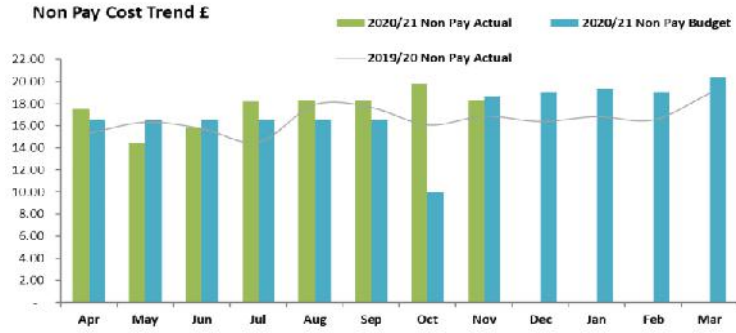
### In month WTE profile (inc Maternity Leave)



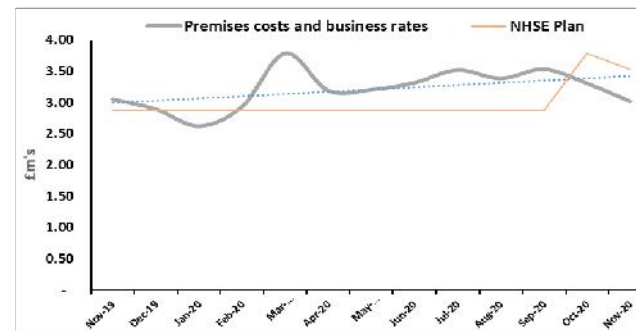
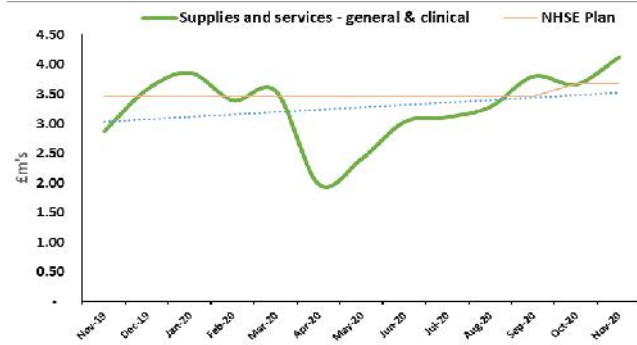
### Summary

- In-month WTE's have risen slightly between M7 (5,041) and M8 (5,058). Pay costs have also remained high (£26.2m) as the Trust looks to uplift levels of activity through the hospital, work through the backlog of patients and continue to manage staff sickness and isolation. Turnover levels have reduced in the Trust due to the pandemic and high levels of staffing across the board have been maintained.
- High levels of nursing staff from the nursing intake in September and through October has broadly maintained, with further bank usage being seen to fill gaps in the staffing roster. This is likely to increase again in the coming months as international nurses are on-boarded and if turnover levels remain low.
- Scientific, Therapeutic and Testing permanent staff have risen in month (9) with an equivalent drop in STT agency and bank spend due to additional permanent recruitment. Consultants have risen slightly in month; some additional research studies have come online in November which has seen a small rise in the number, and there were a small number of miscodes for staff which shows the profile as raised in month.
- This month saw a number of agency staff payments within ICT due to high workloads 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.
- 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 dropped to 24 at the end of November (from 60 at the end of October); with the latest government communications meaning families can mix more freely indoors over the Christmas period, it is likely cases will continue to grow across the country. At the peak of sickness and shielding in April, the Trust had over 370 staff off work.

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



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**

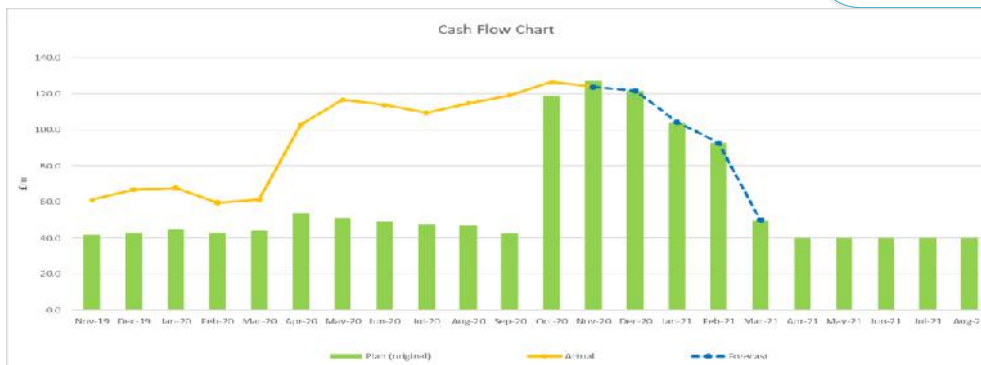
- There have been changes to the process for passthrough drugs from month 7 with a number of drugs returning to cost and volume. The YTD variance of £0.5m is largely driven by CAR-T above expected levels.
- Supplies and services saw a significant reduction at the start of the year due to the reduction 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. Lab consumables in-month are £0.2m higher than the average spend in the first 6 months of the year given continued running of the Covid testing service and in preparation for higher levels of testing imminently. Reagents are £0.1m higher for the same reason, whilst surgical instruments and consumables are also significantly higher given continued completion of elective activity.
- Premises has shown as consistent with the prior few months, which overall is at an increased level given additional ICT expenditure involved in improving the Trust cyber security, virtual patient meetings and to facilitate remote access and working for staff. The Trust has also seen increased costs associated with segregating pathways and putting in additional social distancing measures; these remain vitally important with continued rises in Covid cases nationally.
- The Trust has seen a £0.2m increase this month in the credit loss allowance due to payments relating to private patient and other debt previously provided for. This has been calculated in line with IFRS9 and the Trust's policy. In total for the year the credit loss allowance now stands at £2.1m.

31 Mar 2020 Audited Accounts £m	Statement of Financial Position	YTD Actual 31 Jul 2020 £m	YTD Actual 31 Oct 2020 £m	YTD Actual 30 Nov 2020 £m	In month Movement £m
543.87	Non-Current Assets	543.86	541.22	540.03	(1.19)
115.21	Current Assets (exc Cash)	98.35	90.99	88.89	(2.10)
61.31	Cash & Cash Equivalents	109.56	126.47	123.66	(2.81)
(102.32)	Current Liabilities	(134.29)	(147.41)	(142.93)	4.48
(6.76)	Non-Current Liabilities	(6.30)	(6.17)	(6.13)	0.04
<b>611.31</b>	<b>Total Assets Employed</b>	<b>611.18</b>	<b>605.10</b>	<b>603.52</b>	<b>(1.58)</b>

31 Mar 2020 Unaudited Accounts £m	Capital Expenditure	YTD plan 31 Oct 2020 £m	YTD Actual 31 Oct 2020 £m	YTD Variance £m	Forecast Outturn 31 Mar 2021 £m	RAG YTD variance
21.84	Redevelopment - Donated	10.22	5.13	5.09	10.70	R
7.43	Medical Equipment - Donated	2.19	1.99	0.20	2.56	G
1.95	ICT - Donated	0.00	0.00	0.00	0.00	G
<b>31.22</b>	<b>Total Donated</b>	<b>12.41</b>	<b>7.12</b>	<b>5.29</b>	<b>13.26</b>	<b>R</b>
6.78	Redevelopment & equipment - Trust Funded	3.59	1.23	2.36	6.15	R
1.90	Estates & Facilities - Trust Funded	1.61	0.08	1.53	1.16	R
11.95	ICT - Trust Funded	2.51	1.58	0.93	3.52	A
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	2.47	G
<b>20.63</b>	<b>Total Trust Funded</b>	<b>7.71</b>	<b>2.89</b>	<b>4.82</b>	<b>13.30</b>	<b>R</b>
<b>0.00</b>	<b>PDC (CIR)</b>	<b>0.88</b>	<b>1.22</b>	<b>(0.34)</b>	<b>1.70</b>	<b>A</b>
<b>0.00</b>	<b>PDC (Covid)</b>	<b>0.29</b>	<b>0.97</b>	<b>(0.68)</b>	<b>1.14</b>	<b>R</b>
<b>51.85</b>	<b>Total Expenditure</b>	<b>21.29</b>	<b>12.20</b>	<b>9.09</b>	<b>29.40</b>	<b>R</b>

Working Capital	31-Oct-20	30-Nov-20	RAG	KPI
NHS Debtor Days (YTD)	6.0	5.0	G	< 30.0
IPP Debtor Days	300.0	310.0	R	< 120.0
IPP Overdue Debt (£m)	39.6	39.8	R	0.0
Inventory Days - Non Drugs	89.0	74.0	R	30.0
Creditor Days	27.0	30.0	A	< 30.0
BPPC - NHS (YTD) (number)	38.6%	39.5%	R	> 90.0%
BPPC - NHS (YTD) (£)	67.4%	74.7%	R	> 90.0%
BPPC - Non-NHS (YTD) (number)	83.8%	84.2%	R	> 90.0%
BPPC - Non-NHS (YTD) (£)	88.2%	88.2%	A	> 90.0%

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



**Comments:**

- Capital expenditure for the eight months to 30 November is less than plan by £9.1m: Trust-funded expenditure is less than plan by £4.8m, 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 £5.3m which relates to slippage on the Sight and Sound and CCC projects. There is £1.0m additional spend on PDC funded projects.
- Cash held by the Trust increased in month by £2.8m. Cash receipts in month were higher than payments which resulted in the increase in cash in month.
- Total Assets employed at M08 decreased by £1.6m in month as a result of the following:
  - Non current assets totalled £540.0m, a decrease of £1.2m in month
  - Current assets excluding cash totalled £88.9m, a decrease of £2.1m in month. This largely relates to the decrease in contract receivables included IPP which have been invoiced (£1.4m lower in month) and Other non NHS receivables (£1.9m lower in month). Other non NHS receivables includes prepayments (£0.6m lower in month); VAT receivable (£0.3m lower in month) and Charity debt. This increase is offset against the increase in contract receivables including IPP not yet invoiced (£0.3m higher in month) and capital receivables (£0.8m higher in month).
  - Cash held by the Trust totalled £123.7m, increasing in month by £2.8m and as mentioned above is as a result of higher cash receipts than payments.
  - Current liabilities decreased in month by £4.5m to £142.9m which is largely as a result of the settlement of the PDC balance in month (£4.0m lower in month). Other movements include Private patients cash on account (£1.7m lower in month); expenditure accruals (£3.0m higher in month).
- IPP debtors days increased in month from 300 days to 310 days. Total IPP debt increased in month to £42.1m (£40.9m in M07). Overdue debt also increased in month to £39.8m (£39.6m in M07).
- The cumulative BPPC for NHS invoices (by value) increased in month to 75% (67% in M07). This represented 40% of the number of invoices settled within 30 days (39% in M07)
- 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 M07)
- Creditor days increased in month from 27 days to 30 days.



## Council of Governors

27 January 2021

### Reports from Board Assurance Committees:

#### Finance and Investment Committee (November 2020)

**Summary & reason for item:** To provide an update on the November meeting of the Finance and Investment Committee.

The agenda for the meeting is attached.

**Governor action required:** The Governors are asked to NOTE the report and pursue any points of clarification or interest.

**Report prepared by:** Helen Jameson, Chief Finance Officer and Paul Balson, Head of Corporate Governance

**Item presented by:** James Hatchley, Chair of the Finance and Investment Committee

## **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 was £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.

## **Governors in observance**

The meeting was observed by Fran Stewart – Public Governor.

**End of report**

## FINANCE AND INVESTMENT COMMITTEE MEETING

Monday 30 November 2020

12.00pm to 2.00pm

Great Ormond Street Hospital for Children NHS Foundation Trust

### AGENDA

	Agenda Item	Presented by	Attachment	Time
1	Apologies for absence	Chair	<u>Verbal</u>	
2	Minutes of the meeting held 24 September 2020	Chair	<u>A</u>	12.00pm (5mins)
3	Matters arising, action checklist	Chair	<u>B</u>	
4	Summary of key issues and developments	Chair	<u>Verbal</u>	12.05
<b>Performance &amp; finance standing updates</b>				
5	Finance report Month 7	Chief Finance Officer	<u>C</u>	12.15
6	Integrated Performance update Month 7	Interim Chief Operating Officer	<u>D</u>	12.20
7	Clinical Prioritisation Update <ul style="list-style-type: none"> <li>Activity Monitoring through 'Magic Numbers' report</li> </ul>	Interim Chief Operating Officer	<u>E</u>	12.25
<b>Annual Planning and Approval</b>				
8	COVID-19 update	Interim Chief Operating Officer	<u>F</u>	12.35
9	New financial payment system for months 7-12 and beyond	Chief Finance Officer	<u>G</u>	12.50
10	2021/22 Financial Planning	Chief Finance Officer	<u>H</u>	1.00
11	National Cost Collection Analysis report publication	Chief Finance Officer	<u>I</u>	1.10
<b>Major projects update</b>				

	<b>Agenda Item</b>	<b>Presented by</b>	<b>Attachment</b>	<b>Time</b>
<b>12</b>	EPR <ul style="list-style-type: none"> <li>• Presentation from Paediatric Oncology Shared Care Units. (POSCU) team</li> </ul>	Director of Transformation	<u>J</u>	1.20
<b>13</b>	Children's Cancer Centre recommencement	Director of Estates, Facilities and the Built Environment	<u>K</u>	1.30
<b>14</b>	Major projects update	Director of Estates, Facilities and the Built Environment	<u>L</u>	1.40
<b>15</b>	Built Environment debriefs <ul style="list-style-type: none"> <li>• Overview of processes to date</li> <li>• Next steps and template</li> </ul>	Director of Estates, Facilities and the Built Environment	<u>M</u>	1.50
<b>AOB</b>				
<b>16</b>	Any other Business	Chair	-	
<b>Close 4.00pm</b>				
	<u>Next meetings</u> <ul style="list-style-type: none"> <li>• 17/02/2021</li> <li>• 24/03/2021</li> <li>• 23/06/2021</li> </ul>			



## Council of Governors

27 January 2021

**People and Education Assurance Committee meeting  
December 2020**

**Summary & reason for item:** To provide an update on the December 2020 meeting of the People and Education Assurance Committee meeting. The agenda of the meeting is also attached for information.

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

**Report prepared by:** Bella Summers, EA to the Director of HR and OD

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

Summary of the People and Education Assurance Committee  
Held on 2<sup>nd</sup> December 2020

*Staff stories – Staff side Local Negotiating Committee (LNC)*

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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*

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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)*

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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*

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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*

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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 Report (mapped to people strategy)*

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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*

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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*

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Assurance from the Quality Safety 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*

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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*

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Summary reports were reviewed and noted.

#### *Update on staff focussed Freedom to Speak Up cases*

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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.

## People and Education Assurance Committee

Wednesday 2<sup>nd</sup> December 2020

3:00– 5:00PM

Zoom: <https://gosh.zoom.us/j/81049907604>

### AGENDA

Agenda Item		Presented by	Attachment	Time
1.	Apologies For Absence	Chair	Verbal	3:00pm
2.	Declarations of Interest	All	Verbal	
3.	Minutes of Meeting Held on 10 <sup>th</sup> September 2020	Chair	A, Ai	
<b>STRATEGY</b>				
4.	Workforce update	Deputy Director of HR & OD	B, Bi	3:05pm
5.	Staff Stories Staff-side LNC	Director of HR & OD	Verbal	3:15pm
6.	People Strategy Delivery Plan Update	Director of HR & OD	Presentation To Follow C	3:30pm
7.	GOSH Learning Academy (including update on delivery of leadership framework)	Director of Education	D, Di	3:40pm
<b>RISK</b>				
8.	Update on Board Assurance Framework Deep Dive: Risk 15: Service Innovation	Company Secretary	E, Ei	3:50pm
<b>ASSURANCE - WORKFORCE</b>				
9.	Nursing Workforce Update	Chief Nurse	F, Fi, Fii	4:00pm
10.	Workforce metrics report (mapped to People Strategy) covering: <ul style="list-style-type: none"> <li>• Hard metrics (staff turnover, appraisal rates, sickness, training etc.)</li> <li>• Soft metrics (take-up and outputs from coaching and mediation; speak up for safety feedback etc.)</li> </ul>	Director of HR & OD	G	4:10pm
11.	Overview of staff feedback: & Update on progress with actions arising from staff feedback: <ul style="list-style-type: none"> <li>• Staff survey results / action plans</li> <li>• Staff Friends and Family Test results / action plans</li> </ul>	Deputy Director of HR & OD	H, Hi	4:20pm

	<ul style="list-style-type: none"> <li>• Speak Up for Safety feedback / action plans</li> <li>• Pulse surveys / action plans</li> <li>• Exit interviews</li> <li>• Other staff engagement activities / action plans</li> </ul>			
12.	Internal Audit Staff Related Reports	Internal Auditor - KPMG	I, li	4:30pm
<b>GOVERNANCE AND ITEMS FOR NOTING</b>				
13.	Update on staff focused whistle blowing cases	Director of HR & OD	J	4:40pm
14.	Summary report from the Quality Safety and Experience Assurance Committee  Summary update from Finance and Investment Committee	Chair	K  Ki	4:45pm
15.	Update on staff focused Freedom to Speak Up cases	Medical Director	L	4:50pm
16.	Any Other Business	Chair	Verbal	5:00pm
Next meeting				
The next meeting of People and Education Assurance Committee will be held on 18 <sup>th</sup> February 2021 1:30 – 4PM				

## Council of Governors

27 January 2021

### Young People's Forum Update

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

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

Three key messages to take away from this report are:

- 1) YPF members have recently presented at several events, including YPF governor Grace at GOSH Conference.
- 2) YPF have continued their passion for sustainability and redevelopment by contributing to the planning and design of a parklet to be developed outside the hospital.
- 3) The YPF have been advising the patient experience team on the best ways to support GOSH siblings.

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

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



### YPF activity – November 2020 to January 2021

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

The current total of membership: 83

Examples of YPF member activities since the last report are:

- YPF Governor Grace was the patient speaker at GOSH conference speaking about how her experiences of being a GOSH patient have inspired her to pursue a career in nursing.
- YPF member Ezara-Mai spoke at Principles of UK Children's Care Study Days about teenage patient experience in a paediatric setting.
- YPF Chair Hannah and YPF member Olivia hosted the December Grand Round Christmas special with video contributions from other YPF member talking about the work of YPF

Five involvement opportunities were advertised during this period. Examples include; applying to join the NSPCC Young People's Board for Change and auditioning for an audio recording of Peter Pan to raise money for GOSH Children's Charity (three YPF members were cast as Lost Boys).

### YPF Meetings

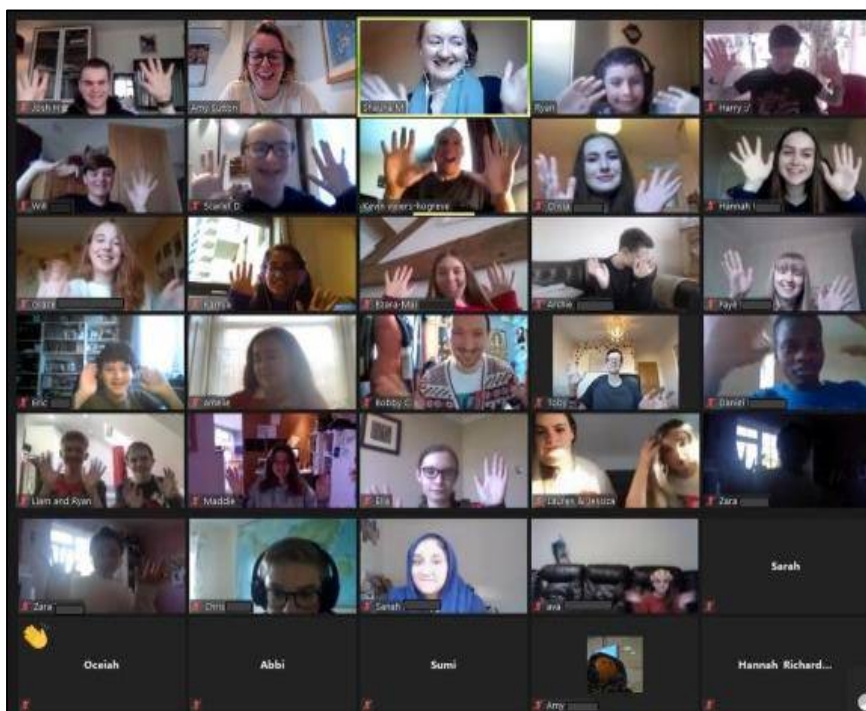


Fig 1. YPF December virtual meeting



Projects the YPF have taken part in during virtual meetings:

### **Virtual Reality (VR) Tool**

In November the clinical simulation centre practice educators came along to ask for the YPF's input on developing a VR tool to help patient anxiety around going to theatre. The YPF discussed what makes them feel worried and what makes them feel safe. They also discussed design ideas of what the VR anaesthetic room should look like. The team have taken the YPF's ideas and are currently designing the VR tool and aim to bring it back to YPF in spring 2021.

### **GOSH Parklet**

The sustainability team are currently working with students from Central St. Martins to design a parklet (a mini park using car parking spaces) to be located outside Great Ormond Street Hospital. The students met with YPF as a stakeholder group to hear their desires and how they would use the parklet. The YPF expressed the importance that the area should feel disconnected from the hospital as they view this as a good place to escape the realities of hospital. The YPF also thought it important place to be able to connect with nature and materials used should be sustainable and responsibly sourced.

### **Mental Health Services**

Kevin and Shauna the mental health practice educators heard from YPF about their positive and negative experiences of mental health support within GOSH. YPF talked about their experiences, what helped and what support they think is currently missing. Kevin and Shauna have taken away all the feedback to review and will return to the YPF in 2021 to develop additional mental health services and support.

### **Additional YPF Activity:**

#### **Sibling Support**

As part of an ongoing project within the patient experience team around support for siblings, the sibling members of YPF are currently setting up a working group to help the team develop various tools to help the sibling experience at GOSH.

#### **On the horizon:**

YPF have been asked to help in the recruitment of:

- Director of Built Environment/Redevelopment
- Transition Improvement Manager
- Lung Function Physiologist

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**Attachment J**

**Council of Governors**

**27 January 2021**

**Reappointment of a Non-Executive Director (Chris Kennedy)**

**Summary & reason for item:**

The Council is asked to review the recommendation from the Council of Governors' Nominations and Remuneration Committee to approve the reappointment of Chris Kennedy, Non-Executive Director on the GOSH Foundation Trust Board.

**Presented by:** Anna Ferrant, Company Secretary

**Council of Governors**  
**27 January 2021**  
**Reappointment of a GOSH Non-Executive Director (Chris Kennedy)**

Introduction

Chris Kennedy was appointed for a three year term on 1 April 2018. His current term expires on 31 March 2021 and under the Trust Constitution he is eligible for reappointment for another three years, subject to approval of the Council of Governors.

Chris has expressed a wish to be reappointed for another three years and the Board fully supports this.

Committee's responsibilities

As outlined in Monitor's "Your Statutory Duties – A reference guide for NHS foundation trust governors", the procedure for all reappointments to the Board must be formal, rigorous and transparent. As part of the process, governors should consider the relevant aspects of the NHS foundation trust's constitution and the *Code of Governance* as outlined below:

- **the requirements of the NHS foundation trust's constitution concerning the number of non-executive directors:**

The Trust Constitution states that the Board is made up of:

- a non-executive Chair
- 6 other non-executive directors; and
- 6 executive directors.

All positions on the Board are filled.

- The requirements under the Code of Governance concerning the length of tenure of a Chair/ NED:

*B.7.1. In the case of re-appointment of non-executive directors, the chairperson should confirm to the governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role. Any term beyond six years (e.g., two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-executive directors may, in exceptional circumstances, serve longer than six years (e.g., two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive's independence.*

This request is for a second term of three years, as allowed under the Trust Constitution.

## Council of Governors

### Governance update: General update

**Summary & reason for item:**

The purpose of this paper is to provide a summary of Governance work undertaken related to the Council of Governors since 26 November 2020. The report includes:

- Update on Non-Executive Director and Governor Buddying
- Election of Foundation Trust governors to NHS Providers' Governor Advisory Committee
- Induction and development programme for the 2021 intake of Governors

**Governor action required:**

Governors are asked to:

- Note the update and pursue any items of interest.
- Approve the plan of action for selecting GOSH's NHS Providers' Governor Advisory Committee preferred members.
- Complete the 2021 Council of Governors' Induction Programme Survey

**Report prepared by:**

Paul Balson – Head of Corporate Governance

**Item presented by:**

Paul Balson – Head of Corporate Governance

### **Update on Non-Executive Director and Governor Buddying**

Previously, the Council had agreed to continue with a revised Buddying programme that would establish methods for NEDs and Governors to communicate outside of Council meetings.

The first session of the new format was held on 21 October 2020 and was chaired by Kathryn Ludlow and supported by Amanda Ellingworth (Non-Executive Directors). The feedback from this session was reported to the November 2020 Council of Governors.

The second session was held on 7 December 2020 and was chaired by Amanda Ellingworth and supported by Kathryn Ludlow. Governors in attendance were: Paul Gough, Quen Mok, Josh Hardy and Stephanie Nash. Key points raised in discussion included:

- An overview of the Board Assurance Framework, the two risks allocated to the Quality Safety and Experience Assurance Committee and how the Committee received assurance from its reports.
- The group discussed the importance of organisation culture for both staff wellbeing and patient experience.
- The Governors approved the format of the buddying sessions and suggested that it would be beneficial for all Governors to make an effort to attend.

The third session was held on 11 December 2020 and was chaired by Akhter Mateen and supported by James Hatchley and Chris Kennedy. Governors in attendance were: Josh Hardy, Fran Stewart and Emily Shaw. Key points raised in discussion included:

- A summary of the role of the Audit Committee was provided, specifically the four main areas of reporting: financial reporting, risk and internal controls, internal audit and counter fraud and external audit.
- The group agreed that an organisation's culture that was open and honest is essential.
- A summary of the role of the Finance and Investment Committee (FIC) was provided, to monitor the Trusts Long Term Financial Model, achievement of the annual targets and review of the short term business cases.
- The group were guided through examples of why part of the role of NEDs on FIC was to strike a balance between support and challenge with the Executive Directors.

The next round of Buddying sessions will be arranged after the new Council is appointed.

### **Governors' attendance and statutory and mandatory training Standard Operating Procedure**

For the next Council of Governors' meeting, the Corporate Affairs Team is developing a Standard Operating Procedure (SOP) that will cover the requirements for Governors to:

- attend Council meetings,
- complete mandatory and statutory training.

The SOP will be based on the Trust Constitution and will detail the actions the Chair, Lead Governor and Corporate Affairs Team can take in the event a Governor is non-compliant with these requirements.

A draft of the SOP will be sent to the Lead and Deputy Governor for consultation and then sent for consultation to members of the Nominations and Remuneration Committee prior to an official launch at the April 2021 meeting of the council of governors.

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

As Governors will recall from the November 2020 Council meeting, the NHS Providers' Governor Advisory Committee (GAC) are holding elections for their new Committee members. The committee oversees governor support work and provides valuable insight and advice on governor-specific issues.

Following the last meeting, the Trust selected Josh Hardy – Appointed Governor as its nomination in the elections.

Nominations closed on 20 December 2020 and the election is now underway. There are a total of 55 candidates statements for the eight seats.

As a Foundation Trust, GOSH is a member of NHS Providers and the Council of Governors is entitled to vote in the forthcoming election via single transferable vote. This means that the Council as a whole, not individual Governors, is asked to rank their preferred candidates in order of preference.

In order to obtain list of the Council's preferred candidates, the following process is proposed.

1. On Friday 29 January 2021, Governors will be sent the list of 55 candidate statements.
2. Governors will be asked to order their preferred candidates' names in order of preference until they are unable to express a preference for any of the remaining candidates.
3. Governors will return their individual lists to Paul Balson, Head of Corporate Governance [paul.balson@gosh.nhs.uk](mailto:paul.balson@gosh.nhs.uk) by Wednesday 10 February 2021 at 5pm.
4. The Governor preferences will then be combined into a GOSH Council's preferred list of candidates.
5. This Company Secretary will then report the outcome to NHS Providers through exercising a vote on behalf of the GOSH Council of Governors.

The election will close at **5pm on 26th March 2021**.

You can find out more information about the work of the Governor Advisory Committee [here](#) and more information on Single Transferable Vote is available [here](#).

**Action required:** The Council is asked to approve the process for providing a GOSH Council's preferred list of candidates and if approved, provide Paul Balson, Head of Corporate Governance [paul.balson@gosh.nhs.uk](mailto:paul.balson@gosh.nhs.uk) with their preferred candidates by Wednesday 10 February 2021 at 5pm.

### **2021 Council of Governors' Induction Programme Survey**

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

At the November 2020 Council meeting, Governors were asked if they wished to join a 2021 Governor Induction working group and help shape the induction programme for the new governors. The following Governors joined the group:

- Paul Gough – Staff Governor
- Fran Stewart – Public Governor

## Attachment L

- Josh Hardy – Nominated Governor

To steer the working group, the following survey will be circulated to Governors on Friday 29 January 2021:

Please rate the induction and development sessions programme overall on a scale of 1 – 10?	What aspect of the induction and development sessions did you enjoy most?	What aspect of the induction and development sessions did you find most useful?	What aspect of the induction and development sessions did you find least useful?
What aspect of the induction and development sessions did you enjoy least?	What was the most important learning you took away from the Development sessions?	What do you wish you knew at the beginning of your tenure that you know now?	Any other suggestions on how we can improve Governor Induction and development sessions in the future?
What creative ways can Governors get more involved in the membership?	What has been the highlight of your time as a Governor?	What advice would you give to new Governors?	What will you take away from your experience as a Governor?
What would make the experience as a Governor even better?			

Governors will be asked to complete the survey by Wednesday 10 February at 5pm. The findings will be used to inform the 2021 Governor Induction Working Group's work who will meet virtually to finalise the programme.

**Action required:** Governors to complete the Governor induction survey by Wednesday 10 February at 5pm.



**Council of Governors**

**27 January 2021**

**Membership Engagement, Recruitment and Representation Committee  
(MERRC) update**

**Summary & reason for item:**

This paper is to provide an update from the MERRC at the Council of Governors' meeting

**Governor action required:**

Governors to contribute ideas/ suggestions via email ([foundation@gosh.nhs.uk](mailto:foundation@gosh.nhs.uk)) on how to ensure future Councils would like to receive membership reports and how Governors can contribute to ensuring membership is for for purpose and engaging.

**Report prepared by:**

Adetutu Emmanuel (Ojo), Stakeholder Engagement Manager

**Item presented by:**

Adetutu Emmanuel (Ojo), Stakeholder Engagement Manager



## Membership Engagement, Recruitment and Representation Committee (MERRC) update

The last meeting of the MERRC was on Tuesday 6 October 2020 and a subsequent meeting will be held in April 2021 upon conclusion of the Council of Governors' election plus appointment of a new Council. A new MEERC chair will need to be appointed as the previous chair did not stand for re-election and expressions of interest will be publicised in March 2021.

### 1. Membership Statistics report

Our current membership figures currently stands at:

Constituency	Figures for November based on new constituencies (16 <sup>th</sup> November 2020) (A)	Monthly Target for Jan 2021 (B)	Actual figures for Jan (20 <sup>th</sup> Jan 2021) (C)	Difference between B and C	Target membership for 31 <sup>st</sup> March 2021
Public	3041	2945	3057	+112	2959 (+98 above target)
Patient, Parent and Carer	6790	7115	6784	- 331	7150 (-366 below target)
<b>Total</b>	9831	10060	9841	- 219	10,109 (-268 below target)

Please note, the 2021/22 target will be reset in March 2021 to account for the new constituencies and the Stakeholder Engagement Manager will put this forward to the new MERRC at the next meeting.

Notwithstanding, there is still a need to ensure better representation in younger patients (0-21 years); males; and all ethnicities other than those who identify as white.

Once a new MERRC is formed, a top priority will be to explore additional methods of engagement and communication strategies, outreach programmes and recruitment drives tailored towards these under-represented groups in order to achieve our projected figures for 2021 and beyond.

### 2. Membership Reporting and Strategy

We are looking for new ways to ensure that the Membership reports you receive are truly reflective of the information you would like to know about and also how Governors in turn can help shape the membership strategy. If you have any ideas on what information you'd like to hear about or any ways Governors can contribute to help ensuring the membership is engaging and fit for purpose, please contact the Stakeholder Engagement Manager via email ([foundation@gosh.nhs.uk](mailto:foundation@gosh.nhs.uk))

### 3. 2021 Governors' Elections

Voting in our Governors' elections are underway and will close on Tuesday 2 Feb 2021. If eligible to vote, you should have received an email from [GOSHCouncilVoting@cesvotes.com](mailto:GOSHCouncilVoting@cesvotes.com) or via post with your unique voting details. Please ensure you cast your vote before the deadline to help decide who sits on the new Council.