

Meeting of the Trust Board Tuesday 30 March 2021

Dear Members

There will be a public meeting of the Trust Board on Tuesday 30 March 2021 at 2:15pm held on Zoom

Company Secretary Direct Line: 020 7813 8230

AGENDA

Agenda Item	Presented by	Attachment	Timing	
<u>STANDARD ITEMS</u>				
1.	Apologies for absence	Chair	Verbal	2:15pm
Declarations of Interest				
All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.				
2	Minutes of Meeting held on 26 November 2020	Chair	I	
3.	Matters Arising/ Action Checklist	Chair	J	
4.	Chief Executive Update	Chief Executive	K	2:20pm
5.	Patient Story	Chief Nurse	L	2:30pm
6.	Directorate presentation: Heart and Lung Directorate	Chief Operating Officer/ Senior Leadership Team for Directorate	M	2:45pm
<u>STRATEGY AND PLANNING</u>				
7.	Planet Update: People and Culture - Making GOSH a great place to work including <ul style="list-style-type: none"> • Update on delivery against workforce equality objectives • Staff survey results 2020 	Director of HR and OD	N	3:05pm
8.	Planet update: GOSH Learning Academy	Chief Nurse	O	3:20pm
9.	Annual Business Plan and Budget 2021/2022	Chief Finance Officer/ Chief Operating Officer	P	3:30pm
10.	Data management and data quality update report	Chief Operating Officer	Q	3:40pm
<u>PERFORMANCE</u>				
11.	Integrated Quality and Performance Report (Month 11) February 2021 data	Medical Director/ Chief Nurse/ Chief Operating Officer	R	3:50pm
12.	Finance Report - Month 11 February 2021 data	Chief Finance Officer	S	4:05pm
13.	Safe Nurse Staffing Report (December 2020 - January 2021)	Chief Nurse	T	4:15pm
<u>ASSURANCE</u>				
14.	Infection Control Assurance Framework	Chief Nurse/ Director of Infection, Prevention and Control (DIPC)	U	4:25pm

15.	Board Assurance Committee reports <ul style="list-style-type: none"> • Audit Committee Assurance Committee Update – January 2021 meeting • Finance and Investment Committee Update –February and March 2021 • People and Education Assurance Committee Update – February 2021 meeting <p><i>*There has been no meeting of the Quality, Safety and Experience Assurance Committee since the last Board meeting.</i></p>	Chair of Audit Committee Chair of the Finance and Investment Committee Chair of the People and Education Assurance Committee	<p style="text-align: center;">W</p> <p style="text-align: center;">X</p> <p style="text-align: center;">Y</p>	4:45pm
16.	Council of Governors’ Update - January 2021 meeting	Chair	Z	4:55pm
<u>GOVERNANCE</u>				
17.	Any Other Business (Please note that matters to be raised under any other business should be notified to the Company Secretary before the start of the Board meeting.)			5:00pm
18.	Next meeting The next public Trust Board meeting will be held on Wednesday 26 May 2021.			



**DRAFT Minutes of the meeting of Trust Board on
3rd February 2021**

Present

Sir Michael Rake	Chair
Lady Amanda Ellingworth	Non-Executive Director
James Hatchley	Non-Executive Director
Chris Kennedy	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Akhter Mateen	Non-Executive Director
Professor Russell Viner	Non-Executive Director
Matthew Shaw	Chief Executive
Prof Alison Robertson	Chief Nurse
John Quinn	Chief Operating Officer
Sanjiv Sharma	Medical Director
Helen Jameson	Chief Finance Officer

In attendance

Cymbeline Moore	Director of Communications
Dr Shankar Sridharan	Chief Clinical Information Officer
Richard Collins	Director of Transformation
Mark Sartori	Trustee, GOSH Children’s Charity
Claire Williams*	Head of Patient Experience and Engagement
Trevor Clarke*	Director, International and Private Care
Dr Melanie Hiorns*	Clinical Director, International and Private Care
Kate Rivett*	Head of Nursing and Patient Experience, International and Private Care
Ben Marshall*	Deputy Director, International and Private Care
Nick Martin*	Head of Sustainability and Environmental Management
Hannah Hardy*	Member of the Young People’s Forum
Claire Williams*	Head of Patient Experience and Engagement
Suzanne Collin*	Patient Feedback Manager
Dr Renee McCulloch*	Associate Medical Director and Guardian of Safe Working
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
One member of staff	
One member of the public	

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

173	Apologies for absence
173.1	No apologies for absence were received.
174	Declarations of Interest
174.1	No declarations of interest were received.

175	Minutes of Meeting held on 26 November 2020
175.1	The Board approved the minutes of the previous meeting.
176	Matters Arising/ Action Checklist
176.1	The actions taken since the last meeting were noted.
177	Chief Executive Update
177.1	Matthew Shaw, Chief Executive said that Trust had been successful in completing its four key priorities which had been set over the Christmas period and had placed focus on supporting the wider sector; the vaccination programme; increasing the number of PICU beds; and, maintaining activity for priority one and priority two patients. Focus had also been placed on staff health and wellbeing and hands, face, space, place audits had shown 90% compliance with all areas. Matthew Shaw thanked staff for their hard work during a period of substantial uncertainty.
177.2	The Board welcomed John Quinn to the substantive Chief Operating Officer role and thanked Philip Walmsley for his contribution.
177.3	Matthew Shaw said that in December 2020 the CQC had begun an inspection into the Trust's process for serious incidents and red complaints. All requested information had been submitted by the Trust and the CQC had confirmed that there would be no 'must do' actions or enforcement notices issued. He thanked the team for their work with the CQC. Akhter Mateen, Non-Executive Director asked how the Board could be assured that staff throughout the Trust were aware of learning arising from complaints and serious incidents and Sanjiv Sharma, Medical Director said that the Closing the Loop Group ensured that closed actions had been embedded in the Trust.
177.4	Russell Viner, Non-Executive Director welcomed the work that GOSH had done to support paediatric services in North Central London and said that he had received very positive feedback externally. He highlighted the importance of GOSH's continued relationship with the Children's Hospital Alliance. Sir Michael Rake agreed and said that it was important that GOSH was actively involved in North Central London and paediatric areas.
178	Update on Business Plan and Budget 2021/2022
178.1	Helen Jameson, Chief Finance Officer said that in order to meet the Trust's planning and commissioning expectations a governance process and planning timetable had been developed to support directorates as well as a business planning template and financial and budgetary guidelines. She added that in previous years the revenue plan would have been submitted alongside the business plan and budget however due to the uncertainty around revenue caused by the pandemic this would be delayed.
178.2	Chris Kennedy, Non-Executive Director highlighted that Trusts' capital plan required approval by Integrated Care Systems (ICSs) and asked how this would impact GOSH given its capital expenditure funded by the GOSH Children's Charity. Helen Jameson said that previously GOSH had been able to reach a positive agreement on its capital expenditure plan however this was likely to be

178.3	<p>more challenging for 2021/22 as a result of a change to the calculations involved. She confirmed that this did not affect funding from the GOSH Children's Charity. Sir Michael Rake asked whether the change in calculations had the potential to impact the Children's Centre development and Helen Jameson said it was possible that there would be a shortfall in funding required for the enabling works and therefore it was important to keep this under review.</p> <p>Akhter Mateen highlighted the projected year end outturn of a deficit of £42million including the delivery of a £19.5million Better Value Programme. Helen Jameson said that discussions had moved on since this point but emphasised that there had been a substantial reduction in both NHS and non-NHS income.</p>
179	Directorate presentation: International and Private Care Directorate
179.1	<p>Matthew Shaw said that whilst International and Private Care (I&PC) was vital to GOSH's financial sustainability, there had been a considerable reduction in activity in 2020 and it was likely that this would recover slowly given the ongoing international travel restrictions. He said that the Trust had committed to treating as many patients as possible in 2021/22 with the current staffing levels whilst considering staff wellbeing. He confirmed that I&PC patients were considered under the same clinical prioritisation process as NHS patients and were not being prioritised over and above their clinical priority.</p>
179.2	<p>Melanie Hiorns, Clinical Director for I&PC said that the directorate had worked hard to support the wider system throughout the pandemic by redeploying clinical and administrative teams to external organisations. She said that in working to recover activity the Trust was facing competition from private services which were not subject to the same constraints as those working in conjunction with the NHS. Kate Rivett, Head of Nursing and Patient Experience said that the Directorate had successfully increased virtual appointments by 800%.</p>
179.3	<p>Substantial resources had been made available to support staff wellbeing and there had been a good improvement in results from the staff survey.</p>
179.4	<p>Ben Marshall, Deputy Director of I&PC said that the team was optimistic about returning activity from some clients and added that work would take place to diversify towards these territories. Trevor Clarke, Director of I&PC said that the Trust had a number of agreements with Governments overseas for treatment programmes which worked to both generate income and raise GOSH's profile overseas. He added that the Trust's small presence in the Gulf had been extremely helpful during the urgent repatriation of patients at the beginning of the pandemic and added value for clients.</p>
179.5	<p>Sir Michael Rake emphasised that I&PC was critical to the Trust's financial position and whilst it was possible there would be a non-recurrent payment to partly offset the reduction in non-NHS income it was vital that GOSH worked to close this gap as far as possible.</p>
179.6	<p>Amanda Ellingworth, Non-Executive Director asked whether the newly approved Quality and Safety Strategies were being implemented in the directorate as in the rest of the Trust and Trevor Clarke confirmed that they were and that the service implemented standard GOSH policy in all aspects of its work. He said that any differences were as a result of additions to policy rather than substitutions.</p>

179.7	James Hatchley, Non-Executive Director asked if there had been any changes in terms of GOSH's competitive position in relation to the USA. He asked how the pandemic had impacted the retention of staff in the directorate. Trevor Clarke said that information from UK Trade and Investment showed that activity in the Gulf had significantly reduced and no other organisations or countries had been able to increase their market share during this period. He added that GOSH was in a good position to understand the position of its competitors. Ben Marshall said that the directorate had worked hard to reduce the turnover of staff and this work had had a positive impact. He said that although the pandemic had reduced the number of staff leaving the organisation staff engagement had improved as a result of the actions taken as a result of the previous staff survey.
179.8	Action: Akhter Mateen asked whether the same territories had expressed interest in continuing to refer to GOSH and Trevor Clarke said that the desire and requirement to refer patients was still present. He said the demographics of referrals and the ways in which relationships were built was different in each territory. It was agreed that territories' debt levels and referral of patients would be discussed outside the meeting.
180	Declaration of a Climate Emergency
180.1	Zoe Asensio-Sanchez, Director of Estates, Facilities and the Built Environment said that the Above and Beyond Strategy demonstrated a commitment to sustainability and the environment and was clear that it would not be possible to support children and young people without protecting the environment. In 2020 the NHS declared a climate and health emergency alongside an aim to become the first net zero health system globally. She said that GOSH's plans went beyond the NHS England net zero plan however it was planned over time and therefore would be achievable within capacity; action plans were in place for the short, medium and longer term. Funding had been identified externally for the initial stages of the programme and the GOSH Children's Charity had outlined the importance of the Trust's sustainability achievements to future funding success. They had proposed the creation of a 'Green Fund' to support the Trust's work in this regard.
180.2	Sir Michael Rake said that this had been raised independently by staff during the Zoomaround prior to the Board meeting as a positive action which should be taken by the Trust. Nick Martin, Head of Sustainability and Environmental Management said that work had taken place to understand what would be required of GOSH following the declaration of a climate and health emergency and he felt that it was an appropriate time, both internally and externally, to take this action.
180.3	Chris Kennedy welcomed the work that had taken so far and said that he was fully supportive of the initiative. He said that the target to reach net zero in terms of controllable carbon footprint by 2030 was ambitious and asked whether external assessments had taken place to set the targets. He said that it was important that the action plan and governance around it was overseen by an assurance committee. Nick Martin said that science based targets would be reviewed in year one of the programme and the Trust would work with relevant bodies to do this.
180.4	Akhter Mateen said that the programme would be very important to patients and added that it was essential to incorporate the work into all areas of the hospital so that the Trust's ambitions were visible. Nick Martin said that the Programme

180.5	<p>Board received a patient story at the beginning of each meeting to highlight the expectations of patients. Cymbeline Moore, Director of Communications said that this was a key principle of the strategy and consideration was being given to how this would be included in the Trust's branding. Zoe Asensio-Sanchez emphasised the importance of the programme being a Trust wide response rather than an estates response.</p> <p>Action: James Hatchley recommended that this work was also focused on procurement and added that it was important to have sufficient knowledge about the Trust's suppliers and have the ability to make procurement decisions based on GOSH's priorities. James Hatchley highlighted that sustainability was extremely important to the Young People's Forum and suggested that a member of the YPF should be invited to climate change discussions at Board to hold the Board to account. It was agreed that this would be considered.</p>
180.6	<p>Matthew Shaw said that air quality was directly linked to health and was a core part of the Trust's strategy. He said that some actions could be taken in advance of specific data being available such as lobbying for a cycling track on the Euston Road to enable staff to travel to work more safely. Matthew Shaw added that the Trust had won a gold award for being a cycle friendly employer.</p>
180.7	<p>The Board approved the adoption of the 'Declaration of a climate and health emergency and associated goals, supporting the implementation of the action plan.</p>
181	<p>Support for Siblings: update on action following experiences shared at Trust Board</p>
181.1	<p>Hannah Hardy, member of the Young People's Forum (YPF) and sibling of a GOSH patient provided an update on the activity which had taken place since she presented to the Trust Board in November 2019. Following consultation with the YPF a survey had been designed to establish the needs of siblings and consider how GOSH could support this. There was a good response to the survey and results showed that 45% of respondents felt they needed emotional support while their sibling was at GOSH and 51% of respondents did not feel they received the support they required. Suzanne Collin, Patient Feedback Manager said that a large proportion of respondents recommended the introduction of a pack which could be given to a sibling's school to explain their circumstances.</p>
181.2	<p>Sir Michael Rake welcomed the work that had taken place and emphasised its importance. Amanda Ellingworth, Non-Executive Director asked how the Board could be assured that sufficient action was being taken and highlighted the continued negative feedback that was received about wifi provision. Claire Williams said that improvements had been made to the wifi and feedback was being monitored. She said that the safeguarding firewalls in place meant that patients could often not access content they used at home which was often frustrating for them. Shankar Sridharan, Chief Clinical Information Officer agreed and said that GOSH was part of the London Network for Schools which used a large number of safeguards and limited many games that patients were used to playing. He added that the EPR enabled clinicians to record the patient voice and suggested that siblings could be highlighted to encourage clinicians to be aware of them.</p>

181.3	Russell Viner, Non-Executive Director congratulated Hannah Hardy on her presentation and work to date and asked what the key action would be that GOSH could take that would improve the experience for siblings. Hannah Hardy said that it was important to develop a culture in which siblings were involved and an ethos where all staff were encouraged to 'think triple' and consider the experience of siblings alongside patients and parents or carers.
181.4	Alison Robertson, Chief Nurse said that the action plan was a combination of longer term aspirations and practical changes which could be made in the short term. She said that work around siblings' experience was a key part of the patient experience proposal which would be considered by the GOSH Children's Charity Grants Committee in March 2021. Sir Michael Rake said it would be important to continue to provide an overview at the Board as the matter had not be discussed sufficiently in the past.
182	Board Assurance Framework Update
182.1	Anna Ferrant, Company Secretary said that the Risk Assurance and Compliance Group had undertaken a review of all BAF risks at its January meeting the results of which were reported to the Audit Committee for consideration and recommendation to the Trust Board.
182.2	<u>Risk 5: Unreliable data</u>
182.3	The Audit Committee had noted the active monitoring of the data quality strategy and establishment of a data management framework. The Committee recommended that the consequence score should be reduced from 4 to 3.
182.4	<u>Risk 8: EPR</u>
182.5	The Audit Committee recommended that the risk be subsumed into existing risks on the BAF given that Epic was well embedded across the Trust and was operating as business as usual. The Audit Committee had requested a report on the benefits realisation of the EPR programme to ensure this remained a matter for scrutiny.
182.6	<u>Risk 9: Business continuity</u>
182.7	A robust framework was in place and positive external assurance had been provided through the NHS England emergency planning assessment. Business continuity processes had also been tested throughout the year in live events.
182.8	Akhter Mateen said that the Audit Committee had previously discussed the profile of risks which tended towards a red RAG rating. The Trust's auditors had confirmed that GOSH's profile was broadly similar to that of other Trusts and that risks had changed as a result of the pandemic. He added that it was likely that GOSH was taking a prudent view of the likelihood and consequence scores and highlighted that the financial sustainability risk was rated 25 notwithstanding GOSH's proven ability to meet its Control Total in previous years.
182.9	Action: Russell Viner said that there were matters related to many BAF risks which were outside the Trust's control particularly in terms of the political instability risk and asked whether this was an appropriate risk. Akhter Mateen said that the risk had evolved from a risk which had been focused on Britain's exit from the EU. Sir Michael Rake added that external policy changes had the potential to significantly impact the Trust's activity and it was important to ensure that GOSH could remain flexible whilst moving ahead with long term planning, however he said that he did not believe describing the risk as 'political instability'

182.10	<p>was helpful. It was agreed that the RACG would consider the title and focus of the risk.</p> <p>The Board approved the changes to the BAF as recommended by the Audit Committee.</p>
183	Brexit Update
183.1	John Quinn, Chief Operating Officer said that Brexit oversight meetings continued and Trusts were required to submit daily returns around any issues which arose. Issues reported by GOSH were around timeliness of deliveries. He confirmed that GOSH had sufficient stock and an agreement was in place with another Trust to provide back-up stock if required.
183.2	Sir Michael Rake noted that many industries had experienced considerable disruption and welcomed the preparations that had taken place.
184	Integrated Quality and Performance Report (Month 9) December 2020
184.1	Sanjiv Sharma, Medical Director said that the number of incidents per 1000 bed days was consistent and reflective of a high reporting culture however more incidents had been reported than closed for a third consecutive month. Focused work was taking place to increase the number of incidents which were being closed.
184.2	Performance in terms of reviewing high risks in line with the risk management strategy had reduced substantially. This had been affected by teams' ability to hold their usual Risk Action Group (RAG) meetings during the second surge of the pandemic and a number of absences in the quality team.
184.3	Open actions arising from Serious Incident reviews had more than doubled however a number of actions had been completed but not formally closed due to the timings of the Closing the Loop Group meetings. Sanjiv Sharma said that overall these issues indicated a lack of directorate ownership of the metrics and this was being followed up.
184.4	The quality and safety strategies and their operational delivery plans had been approved and communicated throughout the organisation. The strategies had been peer reviewed by an external body and a consultation was taking place in the Quality and Safety team to ensure that appropriate and sufficient resources were in place to meet the objectives.
184.5	Akhter Mateen asked for a steer on other Trusts' response rates for the Friends and Family Test. Alison Robertson, Chief Nurse said that 25% was an internal response rate target set by the Trust. She said that previously the target had been higher however this had led to a focus on reaching the target rather than the content of the feedback. Alison Robertson said that national reporting had been suspended during the pandemic and benchmarking data was not currently available, however, when benchmarking had been possible GOSH had been at the upper end both in terms of the response rate and likely to recommend.
184.6	James Hatchley asked if the Infection Prevention and Control Team was sufficiently resourced for the activity that was required during the pandemic and Alison Robertson said that the resource had been increased to align with the

184.7	<p>increased demand. A permanent fit testing service had been established which to date had been staffed through the bank but had now been incorporated into business planning. A full time member of staff with responsibilities for education and training had been recruited who was a visible presence in clinical areas and supported staff to understand the requirements and a band 7 Infection Prevention and Control Nurse had also been added to the team.</p> <p>John Quinn said that performance against cancer metrics remained at 100% however GOSH was experiencing challenges around diagnostics. Inpatient activity was at 73% and outpatient activity was at over 90% of usual activity which was very positive. The Trust did have some long waiting patients and 6 patients had been waiting over 104 weeks due to patient and family choice in all cases. It was confirmed that waiting patients were risks assessed on an ongoing basis through the clinical prioritisation process.</p>
185	Finance Report - Month 9 (December) 2020
185.1	Helen Jameson, Chief Finance Officer said that the capital plan had been revised to a £9million spend against an £18million plan. She confirmed that this did not pose a risk to the site and all critical infrastructure issues had been managed appropriately. Capital works had been brought forward where possible however this had been halted due to the second surge of the pandemic. Helen Jameson confirmed that there had been considerable slippage of capital plans across the NHS. The Board encouraged the executive team to be as flexible as possible with the capital plan to enable as much activity to take place as possible.
186	Safe Nurse Staffing Report (October – December 2020)
186.1	Alison Robertson said that there had been one Datix incident in October and two in November in relation to safe staffing and no patient harm had occurred. She said that the registered nursing vacancy rate for the Trust as a whole was 4.85% in October and reduced to 4.59% in November. The vacancy rate in the International and Private Care Directorate was 18% however this was based on three wards and only two were currently open. Nurse recruitment for Hedgehog Ward had been paused as it was currently being used for another purpose.
187	Guardian of Safe Working Report Q3 2020/21
187.1	Renee McCulloch said that there was a Junior Doctor vacancy rate of 9% across the Trust however there were some areas in which this was significantly higher primarily caused by doctors who had not been able to come to the UK from overseas during the pandemic. Five new consultants were working with the Guardian of Safe Working on a programme of improvement for out of hours working which was extremely positive. The pandemic response in the second surge had substantially benefitted from real time daily data and the approach taken to flex the existing rota system where necessary had worked well.
187.2	Challenges were being experienced around ensuring safe social distancing between staff and doctors had been staying on site more whilst on call which had challenged the on call space and space for feet up rest.
187.3	Amanda Ellingworth asked for a steer on the morale and welfare of junior doctors. Renee McCulloch said that individuals were fatigued but remained

187.4	<p>willing to be flexible and had been happy to support the wider sector. The team had been clear that the activity undertaken by GOSH was extremely important within the health system. She added that it was important to encourage junior doctors to seek support if required and focused work had taken place with groups who had been identified as requiring additional support. Specific support was provided for colleagues who had been redeployed to often very challenging and stressful adult settings.</p> <p>Action: Russell Viner asked whether doctors had been seconded to other organisations. He asked whether clinical academics were within the GOSH remit and were able to access available support. Renee McCulloch said that a process was implemented whereby doctors could volunteer for secondment either in their own time, using annual leave or through redeployment. Non-consultant doctors had stayed in their home specialties where possible and consultant were redeployed on an individual basis. Renee McCulloch added that some clinical academics fell under the GOSH remit however the team would not necessarily be aware of those who had been seconded directly from the Institute of Child Health. It was agreed that Renee McCulloch and Russell Viner would discuss this further outside the meeting.</p>
188	Learning from Deaths Mortality Review Group - Report of deaths in Q2 2020/2021
188.1	Sanjiv Sharma reported that there had been 17 patient deaths during the reporting period of which one had been discussed as part of a serious incident. There had been a number of areas of good practice and some learning identified from the cases. It was noted that three deaths had occurred at GOSH rather than other Trusts as a result of the pandemic.
188.2	Kathryn Ludlow highlighted the increase in PIMS-TS patients and asked if there had been deaths associated with that illness. Sanjiv Sharma confirmed that there had been no deaths at GOSH during the second surge of the pandemic when the number of cases had increased showing that there had been increased learning and better treatment for these patients.
188.3	James Hatchley noted that funding by the GOSH Children's Charity for palliative care was reaching an end and asked how this was being managed. Helen Jameson said that discussions were taking place with NHS England around funding for the service which was a known issue nationally.
189	Board Assurance Committee reports
189.1	<u>Quality, Safety and Experience Assurance Committee update – January 2021 meeting</u>
189.2	Amanda Ellingworth, Chair of the Quality and Safety Assurance Committee drew the Board's attention to the Quality and Safety Strategies and operational delivery plans. She confirmed that a full update had been given at the Council of Governors' meeting in January.
189.3	<u>Finance and Investment Committee Update –November 2020</u>
189.4	

189.5	James Hatchley, Chair of the Finance and Investment Committee said that a full update had been given at the Council of Governors' meeting and asked for an update on the progress with the Sight and Sound hospital. Zoe Asensio-Sanchez, Director of Estates, Facilities and the Built Environment said that a plan was in place for the imminent closure of the project and hand over the building.
189.6	<u>Audit Committee Assurance Committee Update – January 2021 meeting</u>
189.7	Akhter Mateen, Chair of the Audit Committee said that the committee had received an update on the progress being made in terms of information governance. New requirements had been introduced to allow families additional opt out rights and the team was working to understand the implications of this and implement the requirements.
189.8	There would be no requirement for the Quality Report to be included in the Annual Report and the metrics within it would not be subject to external audit in line with 2019/20 requirements.
189.9	There had been some slippage in the number of overdue audit recommendations but it was not anticipated that this would become a trend.
189.10	<u>People and Education Assurance Committee Update – December 2020 meeting</u>
	Kathryn Ludlow, Chair of the PEAC said that she had given a full update at the Council of Governors' meeting. She said that GOSH had won an award for its work around apprenticeships for staff from a BAME background which was positive given the focus on equality and diversity as part of the People Strategy.
190	Council of Governors' Update – November 2020 and January 2021 (verbal) meeting
190.1	Sir Michael Rake said that a number of Governors had attended their final meeting in January as their tenures had come to an end. He said that the group had been constructive and had appreciated the communication and the continuation of business as usual during the pandemic.
191	Any other business
191.1	Sir Michael Rake thanked the Executive Team and all staff in the hospital for the work to continue to treat very sick children in challenging circumstances.
191.2	Cymbeline Moore said that in recognition of Children's Mental Health Awareness Week patients had taken over GOSH's social media channels to discuss resilience during the pandemic.

TRUST BOARD – PUBLIC ACTION CHECKLIST
March 2021

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
155.7	26/11/20	James Hatchley said that it was important to be clear about the GOSH Children's Charity's governance structure related to development projects alongside the hospital's and to include this in future reports.	ZAS	For next redevelopment update report	Not yet due
182.9	03/02/21	Russell Viner said that there were matters related to many BAF risks which were outside the Trust's control particularly in terms of the political instability risk and asked whether this was an appropriate risk. Akhter Mateen said that the risk had evolved from a risk which had been focused on Britain's exit from the EU. Sir Michael Rake added that external policy changes had the potential to significantly impact the Trust's activity and it was important to ensure that GOSH could remain flexible whilst moving ahead with long term planning, however he said that he did not believe describing the risk as 'political instability' was helpful. It was agreed that the RACG would consider the title and focus of the risk.	JQ, AF	May 2021	Not yet due: An update on the BAF will be presented at the May 2021 Board meeting
187.4	03/02/21	Russell Viner asked whether doctors had been seconded to other organisations. He asked whether clinical academics were within the GOSH remit and were able to access available support. Renee McCulloch said that a process was implemented whereby doctors could volunteer for secondment either in their own time, using annual leave or through redeployment. Non-consultant doctors had stayed in their home specialties where possible and consultant were redeployed on an individual basis. Renee McCulloch added that some clinical academics fell under the GOSH remit however the team would not necessarily be aware of those who had been seconded directly from the Institute of Child Health. It was agreed that Renee McCulloch and Russell Viner would discuss this further outside the meeting.	RV, Renee McCulloch	March 2021	Discussion being arranged



Trust Board 30 March 2021	
Chief Executive Report Submitted by: Matthew Shaw, CEO	Paper No: Attachment K <input type="checkbox"/> For information and noting
Purpose of report Update on key operational and strategic issues.	
Summary of report An overview of key developments relating to: <ul style="list-style-type: none"> • Covid-19 response • Key people, finance and service issues • Trust strategy and partnerships 	
Action required from the meeting None	
Contribution to the delivery of NHS Foundation Trust priorities <ul style="list-style-type: none"> <input type="checkbox"/> PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people <input type="checkbox"/> PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes <input type="checkbox"/> PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training <input type="checkbox"/> PRIORITY 4: Improve and speed up access to urgent care and virtual services <input type="checkbox"/> PRIORITY 5: Accelerate translational research and innovation to save and improve lives <input type="checkbox"/> PRIORITY 6: Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care <input type="checkbox"/> Quality/ corporate/ financial governance 	Contribution to compliance with the Well Led criteria <ul style="list-style-type: none"> <input type="checkbox"/> Leadership, capacity and capability <input type="checkbox"/> Vision and strategy <input type="checkbox"/> Culture of high quality sustainable care <input type="checkbox"/> Responsibilities, roles and accountability <input type="checkbox"/> Effective processes, managing risk and performance <input type="checkbox"/> Accurate data/ information <input type="checkbox"/> Engagement of public, staff, external partners <input type="checkbox"/> Robust systems for learning, continuous improvement and innovation
Strategic risk implications BAF Risk 1: Financial Sustainability BAF Risk 2: Recruitment and Retention BAF Risk 3 Operational Performance BAF Risk 4: Strategic Position	Financial implications Not Applicable
Implications for legal/ regulatory compliance Not Applicable	Consultation carried out with individuals/ groups/ committees Not Applicable

Attachment K

Who is responsible for implementing the proposals / project and anticipated timescales? Executive team	Who is accountable for the implementation of the proposal / project? CEO
Which management committee will have oversight of the matters covered in this report? Executive team	

Part 1: COVID-19 response

Throughout the pandemic GOSH has consistently been able to perform more elective, outpatient and day case than other providers in North Central London and our performance continues to ramp up. Theatres are now fully operational and we are working through our backlog as swiftly as we can.

Elective	06-Dec	13-Dec	20-Dec	27-Dec	03-Jan	10-Jan	17-Jan	24-Jan	31-Jan	07-Feb	14-Feb	21-Feb	28-Feb	07-Mar	14-Mar	Vol as % of prior yr (4wks rolling)			Cumulative position starting from April			
	Week 49	Week 50	Week 51	Week 52	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Current Week	Prior Week	Weekly Change	2019/20	2020/21	-/+	%
GOSH	263	254	254	130	107	199	204	222	214	232	233	225	269	262	276	97%	95%	▲	11,937	10,199	-1,738	-15%

Day Case	06-Dec	13-Dec	20-Dec	27-Dec	03-Jan	10-Jan	17-Jan	24-Jan	31-Jan	07-Feb	14-Feb	21-Feb	28-Feb	07-Mar	14-Mar	Vol as % of prior yr (4wks rolling)			Cumulative position starting from April			
	Week 49	Week 50	Week 51	Week 52	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Current Week	Prior Week	Weekly Change	2019/20	2020/21	-/+	%
GOSH	444	471	467	329	195	374	388	357	322	368	367	401	433	460	439	86%	84%	▲	21,587	18,091	-3,496	-16%

Outpatient	06-Dec	13-Dec	20-Dec	27-Dec	03-Jan	10-Jan	17-Jan	24-Jan	31-Jan	07-Feb	14-Feb	21-Feb	28-Feb	07-Mar	14-Mar	Vol as % of prior yr (4wks rolling)			Cumulative position starting from April			
	Week 49	Week 50	Week 51	Week 52	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Current Week	Prior Week	Weekly Change	2019/20	2020/21	-/+	%
GOSH	4,186	4,259	4,141	2,024	973	3,639	3,899	4,076	3,777	4,186	4,137	3,733	4,251	4,398	4,161	121%	120%	▲	160,484	162,716	2,233	1%

Figure 1: Total weekly activity - data presented to the North Central London STP's Operational Implementation Group, 18 March 2021

Despite the fact that (at the time of writing) there is still not visibility on the payment mechanisms and income for the coming year, we are still aiming for 110 per cent activity overall. We have taken the decision to continue to prioritise recovery in order to minimise harm and disruption to children's healthcare and their wider social and educational development.

We continue to operate our 4 recovery priorities:

1. Delivering care for as many children and young people as possible based on clinical urgency.
2. Rolling out the GOSH vaccine programme to keep staff, patients and families safe and sustain our services.
3. Flexing up PICU services as needed to support the sickest children.
4. Working with hospitals across the wider system to support pandemic response and recovery, including taking general paediatric patients and operating an 'always say yes' approach.

Across NCL the COVID-19 situation is continuing to be more manageable. Our partners have been seeing a steady fall in the number of patients in intensive care. In light of this, and given that the number of GOSH patients with COVID-19 and the number of GOSH staff absent because of the virus continues to fall, we have reduced the number of emergency planning meetings with Silver and Gold Command meeting just once a week, on Fridays.

The GOSH vaccine clinic was back up and running in March to give colleagues their second Pfizer-BioNTech jab. On 19th March 2021 over 8,000 vaccines had been distributed by this inspirational team.

Part 2: People

2.1 Staff survey and wellbeing 'pulse' survey

The national embargo for the staff survey was lifted on 11th March 2021 and we will share a full update with the board at today's meeting. It is a credit to the entire organisation that even

in such a difficult year we have seen an increase in the numbers of staff participating in the survey for the third year in a row and an improvement in results for the second year in a row. We have seen an uplift in ranking within specialist trusts and benchmark well against the other trusts in North Central London.

Notable results include:

- 53 questions (65%) have improved since 2019
- 16 questions (20%) remained the same
- 7 questions (9%) deteriorated since 2019
- Most improved was Organisational action on Health & Wellbeing with 17% improvement
- Followed by staff not coming to work when feeling unwell (16% reduction on last year)
- 7% increase in recommending GOSH as a place to work.

These results of the survey reinforce the importance of our priority 'people' workstream for the coming year, in particular our focus on diversity and Inclusion as well as the importance of our focus on Quality and Safety.

It is worth noting that we repeated our Pulse survey in February and there was some deterioration on the overall scores for how colleagues feel they are doing. We can discuss staff engagement in wellbeing in more detail during today's item on the Staff Survey results.

Question	Response	2019 NHS Staff Survey Oct 2019	In Touch June 2020	In Touch Aug 2020	2020 NHS Staff Survey Oct 2020	In Touch Feb 2021
How do you feel you are coping with life at the minute?	Very Well/Pretty Well	-	66%	66%	-	53%
Do you know where you would go for wellbeing help and advice, if you needed support?	Yes	-	80%	82%	-	85%
If you are working on-site, how safe do you feel?	Very Safe/Safe	-	64%	73%	-	73%
My immediate manager is taking a positive interest in my health and wellbeing	Strongly Agree/Agree	71%	71%	72%	73%	68%
Communication between senior management and staff is effective at the moment	Strongly Agree/Agree	44%	63%	69%	50%	70%
Senior managers are acting on feedback	Strongly Agree/Agree	37%	51%	56%	41%	52%
I am involved in deciding on changes introduced that affect my work/team	Strongly Agree/Agree	55%	43%	45%	55%	45%

I feel able to speak up about anything that concerns me in the organisation	Strongly Agree/Agree	-	-	68%	58%
Respondents			1535	1225	1053

Figure 2: Staff wellbeing pulse survey results, February 2021

2.2 Safe return to site for our staff

With the staff vaccination programme nearing completion and the Government's publication of the roadmap to ease lockdown restrictions, we are now entering a transitional phase and planning our next steps for staff returning to work on site.

Our policy remains that colleagues should work from home if they can do so effectively and their line manager agrees. However, we recognise that colleagues in various roles and with certain working styles work more effectively on site. So, in circumstances where this can be managed safely, and in line with our hands, face, space and place guidance, it is appropriate for local teams to be cautiously welcoming small numbers of colleagues back to the hospital.

Aside from these carefully managed local initiatives, we don't expect to ask colleagues who are currently working from home to come back to the hospital any time soon. The restrictions on our use of space will continue for some time. When a return to site is possible, we will not simply revert to how we worked before the pandemic. Instead, we will support a more balanced approach between home and on-site working for the future.

We are drawing up a set of principles to underpin a carefully planned return to site, which will be shared with staff for discussion with their line managers and to give good notice of any changes. Colleagues will naturally feel differently about this next stage of change and we will need to be flexible, supportive and kind to one another as we manage our way through this process.

Part 3: Finance

The uncertain future of NHS financial models introduces risks that are naturally not comfortable for the organisation to navigate, particularly in light of our duty to ensure as many children and young people as possible can get the care and support they need with minimal delays. We therefore continue to control costs where we can and take pragmatic decisions, balancing risks against our core responsibility to care for children and young people and look after our staff.

Part 4: Partnerships

4.1 International Precision Child Health Partnership (IPCHiP)

We were delighted to share the news last month that we are working with UCL Great Ormond Street Institute for Child Health; Boston Children's Hospital; the Murdoch Children's Research Institute with The Royal Children's Hospital (Melbourne); and SickKids in Toronto on the International Precision Child Health Partnership (IPCHiP) – the first major global collaboration around genomics and child health.

The project will see us joining forces to evaluate genomic data, clinical data from patients, and scientific and medical expertise to accelerate discovery and therapeutic development. IPCHIP's goal is to enable the world's top experts in paediatrics and genomics to work together to improve diagnosis, implement personalised treatment decisions, and develop new therapeutic targets and treatments that will benefit children around the world.

4.2 UK Children's Hospitals' Alliance and National Children and Young People's Transformation Programme

As the Board is aware, I am co-chairing the UK Children's Hospitals Alliance (UKCHA) alongside Louise Shepherd at Alder Hey. We now have confirmation that this role qualifies me for a seat at the national meetings of the Children and Young People's Transformation Board. I will be attending my first meeting next month.

We are currently reviewing the priority workstreams for the Alliance, which is meeting every two months to share common challenges and approaches to recovery and restoration, advancing work to establish a task force for complex children and advocating for a fairer paediatric tariff.

My team will now work with Louise's to re-frame the priorities and work plan for the Alliance during the coming financial year around our shared goal to ensure children's services are re-prioritised as we emerge from the third wave and to mitigate the risks to quality and equity of access presented by the proposed fragmentation of specialised commissioning.

4.3 Advocacy on the Climate Health Emergency

We are working with the Great Ormond Street Hospital Charity to organise a group cycle ride from London to Glasgow for COP 26 in October. Our climate emergency advocates have been working hard to generate interest from a wide range of colleagues working in child health in the UK and around the world and we are hopeful that the sector will be represented en masse.

On the back of our Climate Health Emergency declaration COP 26 represents a historic opportunity to bring together the paediatric healthcare movement globally and champion the voices of children and young people. We are holding a GOSH-wide webinar on Friday 26th March to help staff understand the action being taken in relation to our declaration and how staff can get involved.

Other ongoing climate change initiatives include:

- Installation of a new air quality monitor as part of Breathe London Programme
- Tendering for partners to work with us on a gap analysis for the Children's Cancer Centre linking to the broader CHE 2030/2040 target commitments.
- New strands of work with the Catering team (procurement and food wellbeing standard), and the Play team around COP and procurement and the creation of a 'carbon dashboard' to monitor and present our footprint.

Ends

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

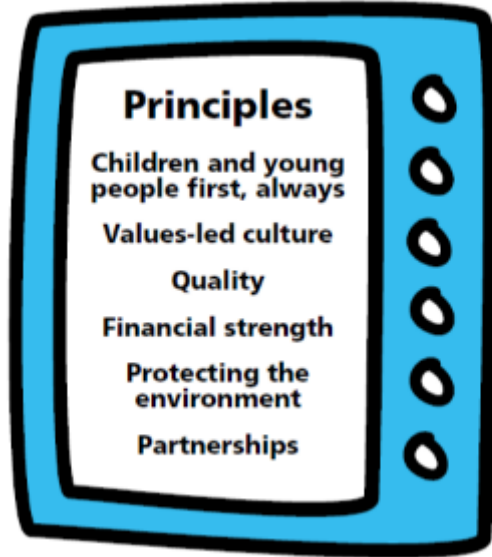
NHS Foundation Trust

Trust Board 30 March 2021	
Patient Story- experiences of Ketogenic Diet team Submitted by: Alison Robertson, Chief Nurse Prepared by Claire Williams, Head of Patient Experience and Engagement	Paper No: Attachment L <input type="checkbox"/> For information and noting
Purpose of report The Great Ormond Street Hospital Patient Experience Team works in partnership with ward and service managers, the Patient Advice and Liaison Service (PALS), and the Complaints and Patient Safety Teams to identify, prepare and present suitable patient stories for the Trust Board. The purpose of the stories is to ensure that the voice of patients and their families is heard, that their experiences are shared, and that this informs further action to share good practice and drive improvements.	
Summary of report Danielle, mother of Pippa (aged 7 years old) will attend the Trust Board meeting by zoom to talk about her experiences at GOSH but in particular the Ketogenic Diet* team. Pippa has Trisomy 21, respiratory and seizure disorders and some hearing and visual impairment. She is under several specialties at GOSH. Danielle contacted the Pals team to share her positive feedback about a dietitian within the Ketogenic Diet team. Danielle will describe: <ul style="list-style-type: none">• experiences with the Ketogenic Team including the support provided to Pippa and her, communication and responsiveness to changes needed to the diet, and action taken 'over and above' to keep Pippa stable and refer her to the correct teams.• the outcome of the ketogenic diet for Pippa and how this has positively affected her interaction with her family.• use of MyGOSH and the difference this has made for the family.• experiences of administrative processes and the importance of consistent, effective communication. *The ketogenic diet can be effective at reducing seizure frequency and intensity in all types of epilepsy. For some children, anti-epileptic medications can be reduced, leading to a reduction in side effects of medications. The ketogenic diet is very high in fat, enough protein for growth and very low in carbohydrate. There are different types of ketogenic diet and dietitians calculate the diet to ensure that it is safe and nutritionally adequate.	
Action required from the meeting For information.	
Contribution to the delivery of NHS Foundation Trust priorities	Contribution to compliance with the Well Led criteria <input type="checkbox"/> Culture of high quality sustainable care <input type="checkbox"/> Engagement of public, staff, external partners

<input type="checkbox"/> PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people <input type="checkbox"/> Quality/ corporate/ financial governance	<input type="checkbox"/> Robust systems for learning, continuous improvement and innovation
Strategic risk implications BAF Risk 13: Inconsistent delivery of safe care	
Financial implications Not applicable	
Implications for legal/ regulatory compliance <ul style="list-style-type: none"> • The Health and Social Care Act 2010 • The NHS Constitution for England 2012 (last updated in October 2015) • The NHS Operating Framework 2012/13 • The NHS Outcomes Framework 2012/13 	
Consultation carried out with individuals/ groups/ committees N/a	
Who is responsible for implementing the proposals / project and anticipated timescales? Head of Patient Experience and Engagement	
Who is accountable for the implementation of the proposal / project? Chief Nurse	
Which management committee will have oversight of the matters covered in this report? Patient and Family Experience and Engagement Committee	



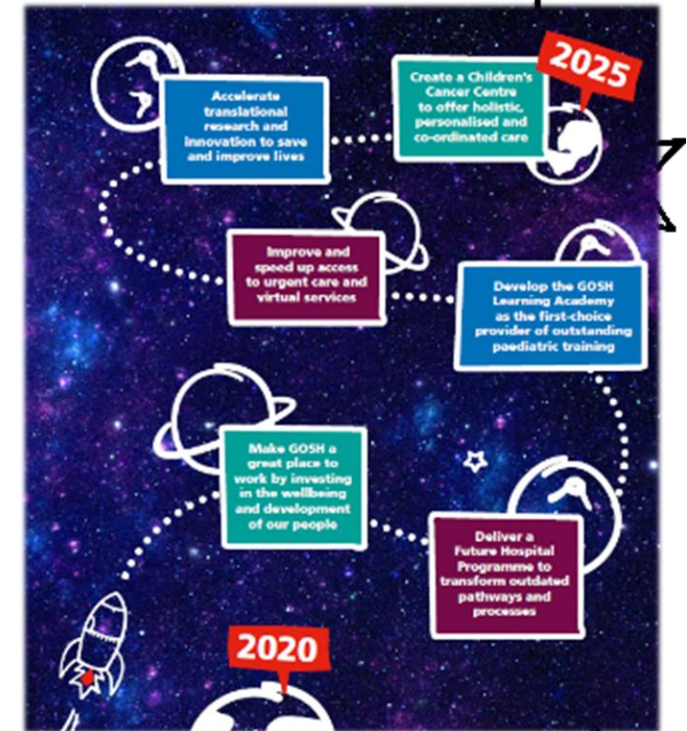
Heart and Lung DIRECTORATE REVIEW




Trust Board 30 March 2021

Daniel Lutman – Chief of Service
Chris Longster – General Manager


Dagmar Gohil – Head of Nursing and Patient Experience
Robert Yates and Simon Hannam – Deputy Chief of Service




Team Organogram




Chief of Service
Daniel Lutman




Head of Nursing and Patient Experience
Dagmar Gohil



General Manager
Chris Longster



Deputy Chief of Service
Simon Hannam



Deputy Chief of Service
Robert Yates



932 WTE over 8 professional Groups

CICU
Cho Ng

Cardiac Surgery
Martin Kostolny

Cardiology
Mike Burch

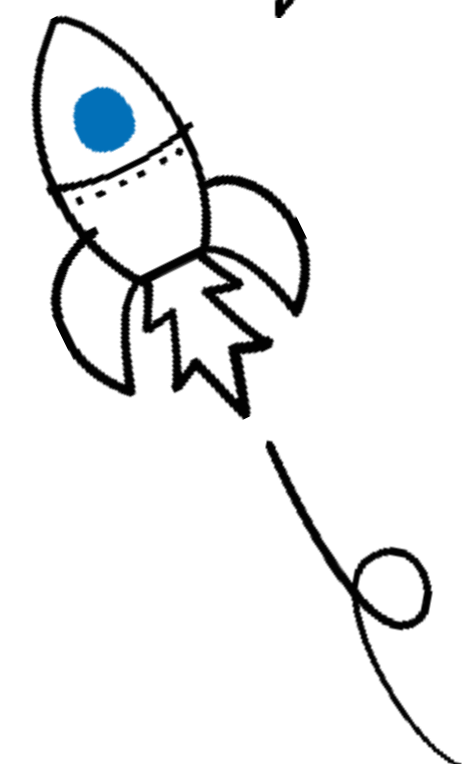
PICU/NICU
Sophie Skellett

CATS
Padmanabhan Ramnarayan

Respiratory
Colin Wallis

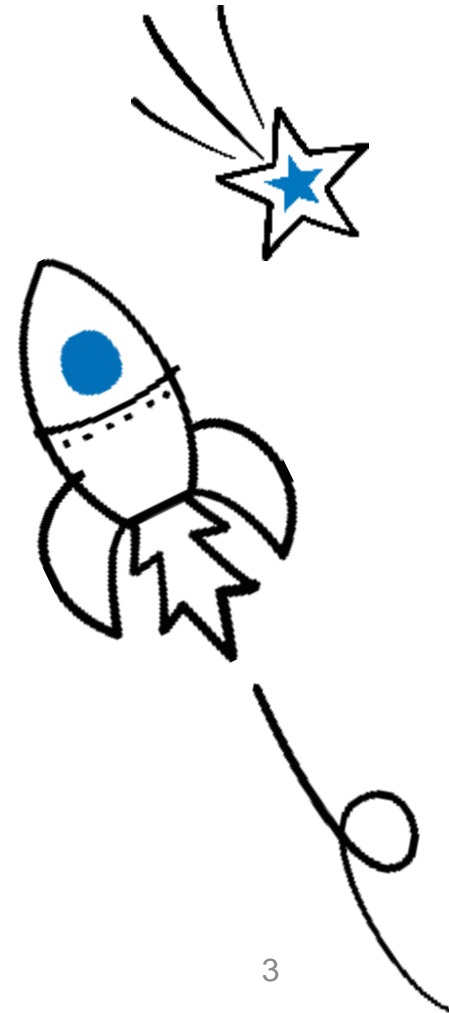
Matrons
Anne MacNiven
Deborah Lees
Bridget Leavey

Service Manager
Emily Trew
Jonny Flett
Daniela Nobre da Costa Pinto



Successes

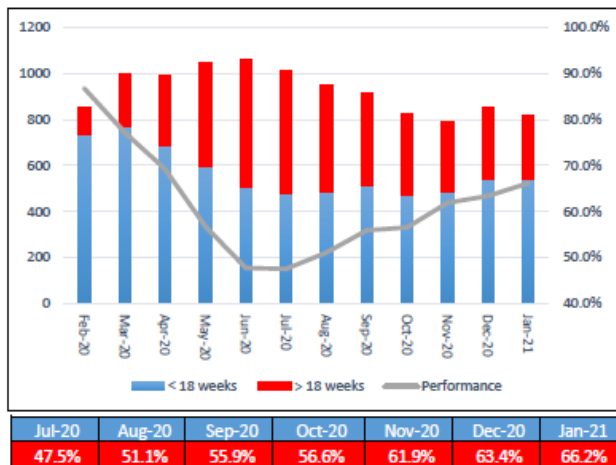
- The directorate has played a key role in the Trust's response to the Covid-19 pandemic: -
 - We supported the adult sector with over 50 skilled intensive care staff and other ward staff, CNSs and ANPs
 - We expanded the ITU to manage increased demand with a maximum bed occupancy of 57 beds. This included running an additional "Covid ITU" in Dolphin for the entire duration of the pandemic
 - Exceptional partnership working across the directorate to manage increasing demand on resource
 - Outstanding research portfolio across CICU and PICU looking at Covid recovery
- Donation after circulatory death (DCD) heart transplant programme has now been made available for children, following a collaboration with GOSH and Royal Papworth. This new technique has successfully expanded the donor pool and increased the number of transplants for eligible children in the UK by 50%.
- Respiratory UKAS accreditation
- Significant improvement in recruitment and retention of nursing staff including a successful programme of international recruitment
- Significant improvement in refusal rate across all ITUs – adoption of "never say no" ethos which is a key foundation of the Heart and Lung vision
- Continued success of ANP recruitment and development programme



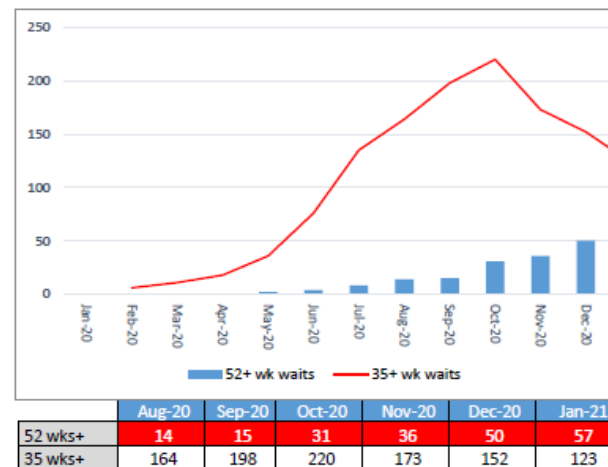
Principle 1: Children and young people first, always

Restoring elective activity

RTT incomplete pathways:
 % of patients waiting < 18 weeks = **62%** Jan 2021

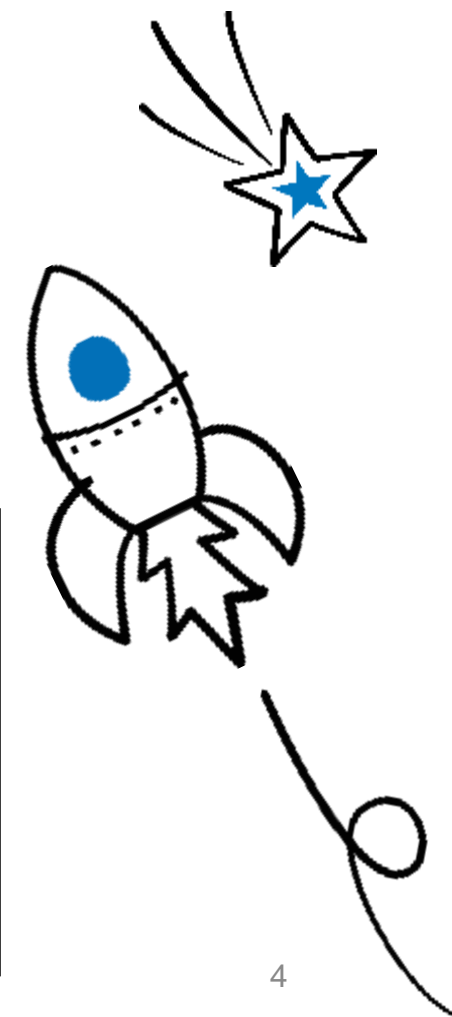
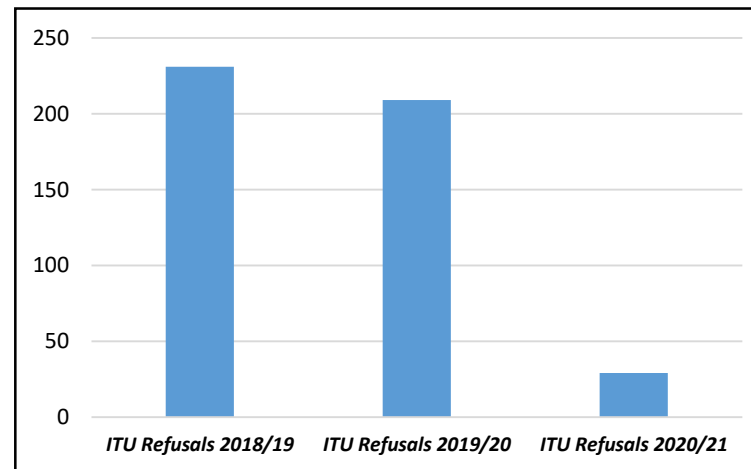


Number of RTT patients waiting:
 35 weeks + and also 52 weeks +



Challenges:

- Large backlog of patients built as a result of pause in F2F OPA in wave 1 of the pandemic
- Impact of shielding on key members of staff have also contributed to backlogs in areas such as cardiac MRI
- Significant turnover in Cardiac Scrub nurses has also impacted theatre capacity
- ITUs have worked to significantly to reduce refusals. This will need to continue in 21/22 in order to support directorate and Trust recovery – “never say no”



Principle 2: A values-led culture

Staff survey action plan

If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation

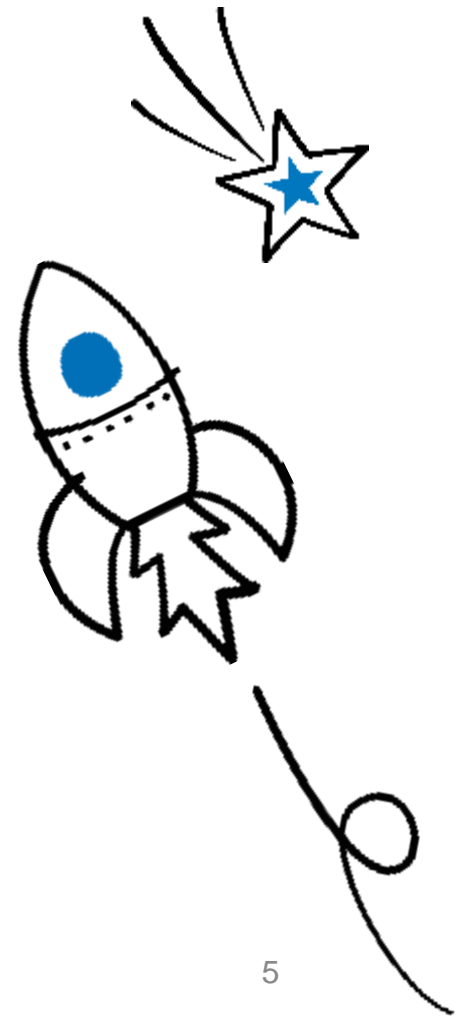
95% of staff agreed with this statement

Better than or equal to trust score and improvement on previous year	35
Worse than trust score and improvement on previous year	32
Better or equal to trust score and worse than previous year	9
Worse than trust score and worse than previous year by up to 5%	9
Worse than trust score and worse than previous year by more than 5%	4



- Of the ten themes, we score higher than the Trust average in two of those – Quality of Care and Safety Culture
- Of the ten themes, compared to our previous years scores we have made improvements in 9 areas; the area where we have seen a slight decrease (0.1) is Immediate Managers
- At a question level, we have seen some real progressive movement in a number of areas, with 67 of the 100 questions seeing an improvement on the previous year, with 44 question responses being better than the Trust as a whole

- Despite success in all of those areas, we recognise that there is still some way to go, specifically in relation to Health & Wellbeing, Immediate Managers and Safe Environment – Bullying and Harassment, where we are ranked one of the lowest areas in the organisation
- We have established staff led working groups for each of these themes to develop improvement plans and share good practice across the directorate

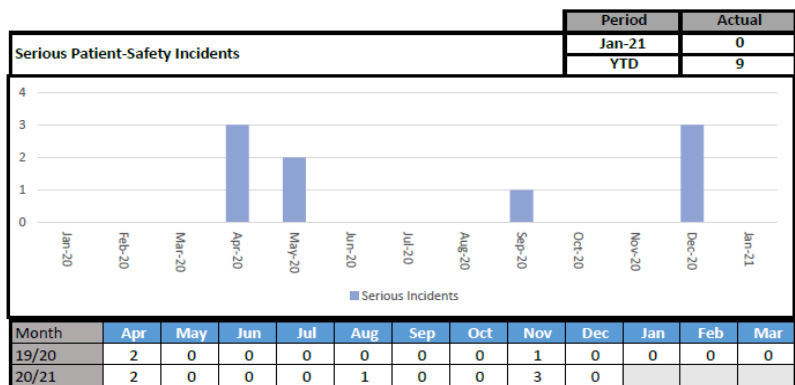
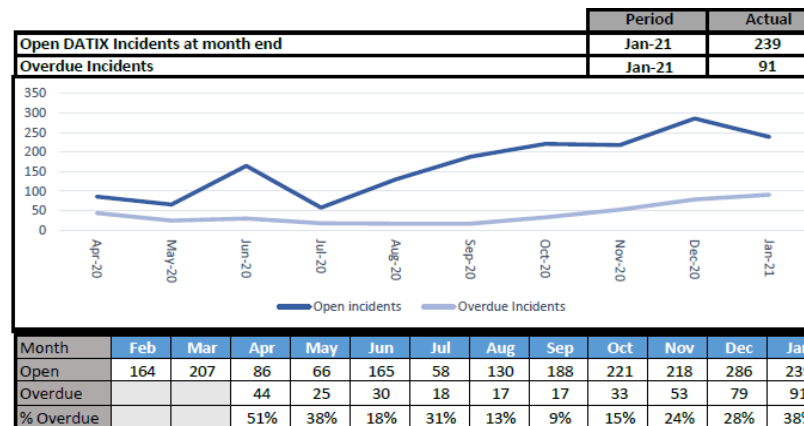


Principle 3: Quality

Compliance

DATIX incidents

- Currently 239 open incidents across the directorate
- There has been a recent drop in reported incidents. This is linked to a specific area of Cardiology which were experiencing a significant number of administrative issues. These issues have been addressed and the issue is improving.
- **!!** Number of overdue incidents has risen in last 3 months. Action being taken now to close these.

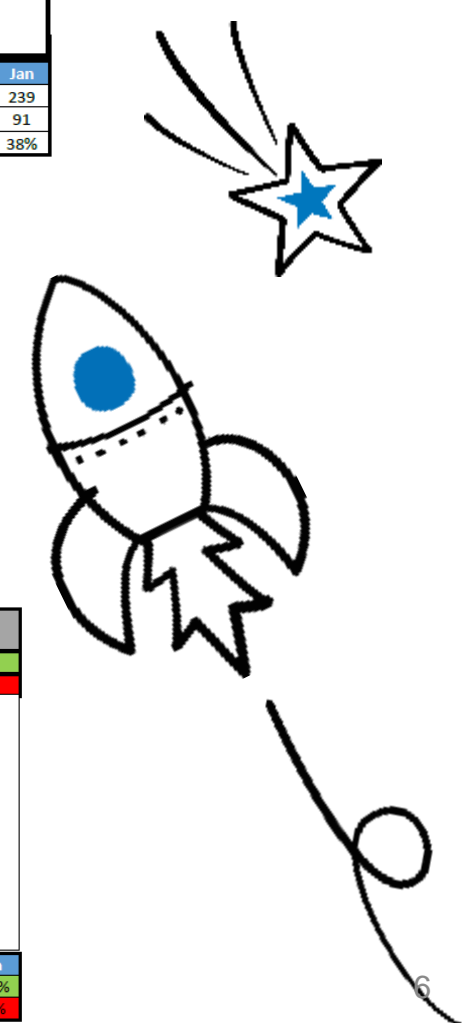
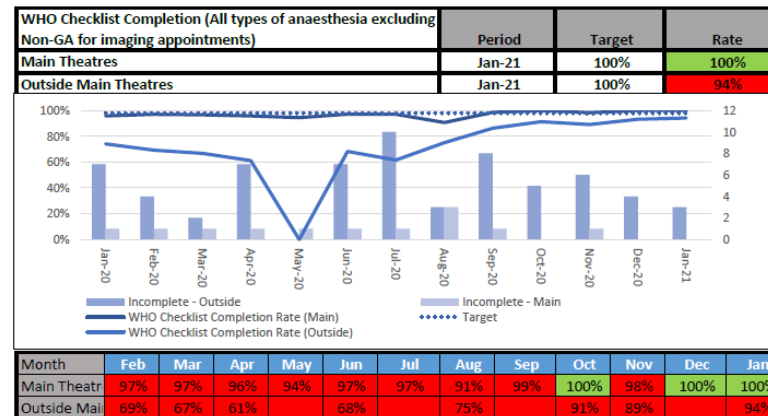


Serious Incidents

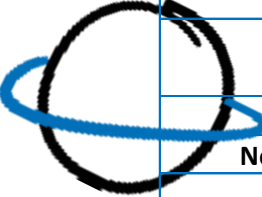
- 6 SIs in last 12 months; reported across PICU, Cardiology and Cardiothoracic Surgery
- Incidents related to delayed or missed diagnosis, retained wires, misplaced line and unexpected death

WHO checklist

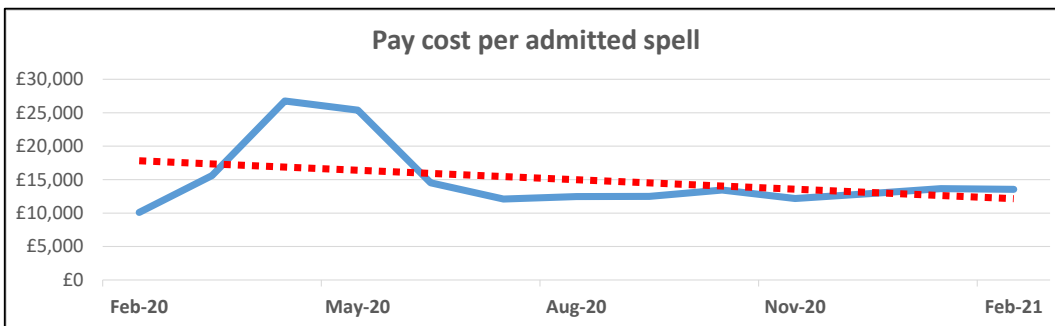
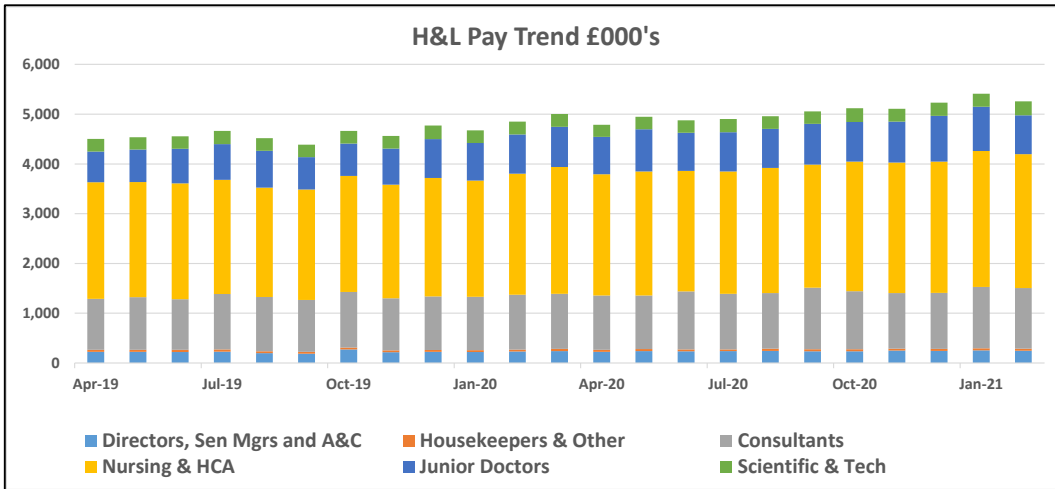
- Good compliance with WHO checklist which is overseen by dCOS. Issues outside of theatre relating to Cath lab and process issues which have now been resolved.



Principle 4: Financial strength



Income & Expenditure totals £m			
Category	Full Year 19/20 Actuals	Full Year 20/21 Forecast (@ M11)	Full Year 21/22 Proposed Budget
Non Clinical Income	1.6	0.4	0.5
Non-Nhs Clinical Income	18.4	12.4	12.2
Pay	(55.7)	(60.7)	(59.9)
Non Pay Costs	(7.9)	(8.6)	(8.2)
Control Total	(43.5)	(56.5)	(55.4)



- Significant drop in IPP income for 20-21 owing to the pandemic and resulting restrictions to both international travel and protocols for referrals based on urgency of need. Caution built into plan for 21/22
- Pay cost growth owing to successes in ITU nursing recruitment enabling expansion of capacity as well as ability to redeploy to NCL. Bank covid rate also a factor in this category – controls on bank usage post-pandemic a key priority. Junior doctor pool has also increased for rota compliance needs and expanded capacity
- Non-pay has increased owing to complexity of cases (including aforementioned DCD pathway success) and increased ITU occupancy throughout the year (including running of Dolphin COVID +VE ITU)
- Non-clinical income impacted by centralised streams for NHSE merit award funding and HEE E&T salary support as well as reductions from 19/20 for non-recurrent charity and R&D
- Pay cost per admitted spell KPI impacted severely by cancellation of non-essential elective/daycase work throughout the pandemic
- Improvements post wave 1 back to pre-pandemic level following recovery of activity and then close management of activity through second wave



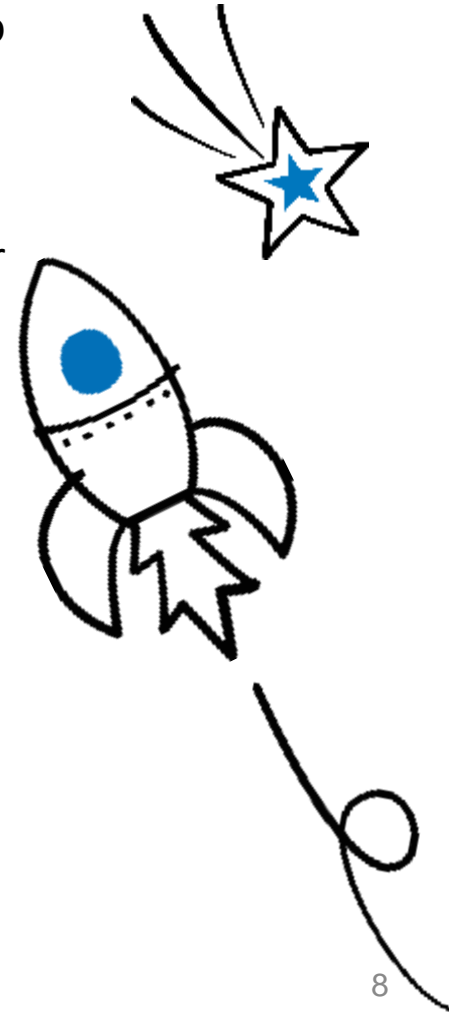
Principle 5: Protecting the Environment

Virtual Appointments

- As a response to the Covid-19 pandemic Heart and Lung have successfully switched a significant proportion of F2F clinical appointments to virtual appointments.
- This has had a number of benefits in terms of efficiency and allowing us to continue to deliver services safely throughout the pandemic.
- It has also had a number of environmental benefits: -
 - Fewer patients travelling into GOSH for appointments
 - Outreach clinics carried out virtually removing the need for the patient or the clinical team to travel

Children's Cancer Centre

- Plans for the Children's Cancer Centre (CCC) are to include a new PICU
- Creating a truly sustainable building is a core element of the Children's Cancer Centre brief
- Heart and Lung are a key stakeholder on the CCC project and will make it a key directorate priority to ensure that the PICU within the CCC follows the same ethos as the rest of the building and is as sustainable as possible



Principle 6: Partnerships



Commercial

- Future of private patient work uncertain in current climate
- Working closely with IPP colleagues to develop IPP strategy in line with “never say no” policy

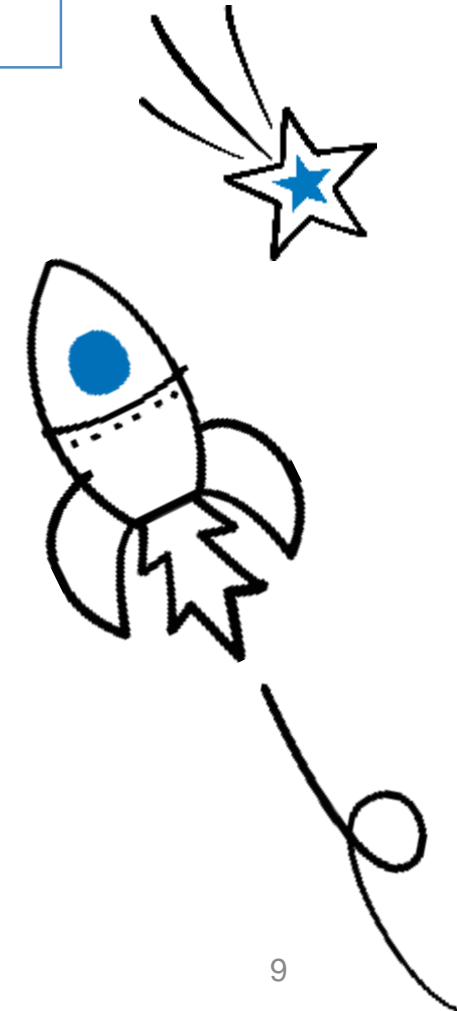
System working

- Worked with NCL partners to deliver support adult and paediatric ITUs during COVID-19 pandemic – surge plan and restoration
- Joint appointment of NICU consultants with UCLH
- Joint appointment of CATS consultant with St George’s, St Mary’s and Kings
- Key stakeholder in CHD network looking to improve patient pathways for cardiac patients in NCL
- Significant Cardiac Outreach Program



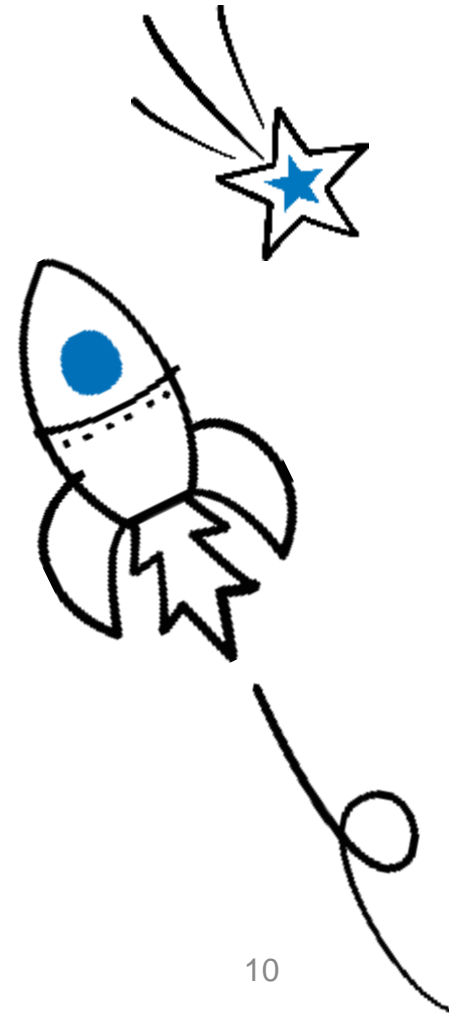
Research

- Focus mainly on treating NHS patients however there are still some key research projects ongoing: -
 - ABC Trial – escalation to CPAP/High Flow Oxygen
 - OxyPICU



2021 – 2022 Priorities

- Develop and publish Heart and Lung Directorate Vision including plans for Alligator expansion and key objectives for the next 5 years
- Recover 19/20 activity levels
- Clear backlog of long waiters across all specialities in line with NCL guidelines
- Produce and deliver the annual plan for Nursing
- Continue to develop relationships across our networks through education, outreach and partnership working in order to improve patient pathways and overall quality of care
- Support plans for the Children's Cancer Centre



Trust Board 30th March 2021	
Update on People and Culture - Planet 1 making GOSH a great place to work Submitted by: Caroline Anderson, Director of HR&OD	Paper No: Attachment N <input type="checkbox"/> For information and noting
Purpose of report To provide the Board with an update on <ul style="list-style-type: none"> • Progress of the People Strategy and year 1 of the delivery plan. • Progress against the Trust's Equality Objectives 2019/20 • Measurement of impact and the annual staff survey results • Update on the priorities for 2021/22 and the Governance and reporting framework for the People Planet programme board 	
Summary The People Strategy and delivery plan was approved by the Trust Board in September 2019 was published in November 2019. Its purpose is to support delivery of Planet 1 of the GOSH Strategy to make GOSH a great place to work. The delivery programme for 2020/21 was established prior to the pandemic and although there have been some delays and adjustments to specific projects, including some of the activities planned in support of the equalities objectives, the majority of the year 1 activities have been delivered as planned. The pandemic and our response to it, has had a significant impact on the Trust, but it has also provided an opportunity to reposition our relationship with staff as we have manifestly put them and their welfare at the heart of our decision making and planning. It has also provided a catalyst to accelerate plans and activity, particularly in relation to communication and health and well-being. The primary tool for measuring the impact of the work of the People Strategy is through the annual NHS staff survey and the national results were published on 11 th March 2020. GOSH received it's best results for many years consolidating last year's improvements and demonstrating good progress across the board with improved scores in 65% of questions, resulting in GOSH being the most improved Trust in the NCL and benchmarking well against the London and national results. There is of course still work to do to meet the commitments and ambitions we have set ourselves, but the results also reaffirmed that the plans set out in the Diversity and Inclusion and Health and Wellbeing frameworks, which will drive our work programme this coming year, are the things we need to focus on and the areas of greatest concern and interest to staff.	
Action required from the meeting To note the progress to date on the People Strategy, the outcome of the staff survey and endorse the proposed programme of work and areas of focus of 2021/22	

<p>Contribution to the delivery of NHS Foundation Trust priorities</p> <p><input type="checkbox"/> PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people</p>	<p>Contribution to compliance with the Well Led criteria</p> <p><input type="checkbox"/> Leadership, capacity and capability</p> <p><input type="checkbox"/> Vision and strategy</p> <p><input type="checkbox"/> Culture of high quality sustainable care</p> <p><input type="checkbox"/> Responsibilities, roles and accountability</p> <p><input type="checkbox"/> Effective processes, managing risk and performance</p> <p><input type="checkbox"/> Engagement of public, staff, external partners</p> <p><input type="checkbox"/> Robust systems for learning, continuous improvement and innovation</p>
<p>Strategic risk implications</p> <p>BAF Risk 16: Culture</p>	
<p>Financial implications</p> <p>'Not Applicable</p>	
<p>Implications for legal/ regulatory compliance</p> <p>Not applicable</p>	
<p>Consultation carried out with individuals/ groups/ committees</p> <p>People and Education Assurance committee</p> <p>EMT</p> <p>Senior leadership team</p> <p>Staff partnership Forum</p>	
<p>Who is responsible for implementing the proposals / project and anticipated timescales?</p> <p>Director of HR&OD and Director of Communications and their Management teams</p>	
<p>Who is accountable for the implementation of the proposal / project?</p> <p>Director of HR&OD</p>	
<p>Which management committee will have oversight of the matters covered in this report?</p> <p>People Planet Programme Board</p>	

GOSH Strategy Update on People and Culture – Planet 1 Making GOSH a Great Place to Work

1 Introduction and context

- 1.1 The purpose of this report is to provide an update on the progress of Planet 1 – Making GOSH a great place of work, including progress on delivery of year 1 of the People Strategy, its impact, as measured through the NHS national staff survey and plans and priorities for year 2.
- 1.2 The People Strategy was published in November 2019, its purpose is to support delivery of the ambitions and commitments set out in the GOSH Strategy, and to make GOSH a great place to work. The People Strategy brought together a programme of existing and new work to ensure they were integrated, mutually reinforcing and focused on addressing the issues and concerns of staff. It was built around four themes – Capacity and Workforce Planning, Skills and Capability, Modernising the HR infrastructure and Culture, Health and Wellbeing.
- 1.3 The year 1 delivery plan was developed following consultation, and prioritised the following areas of work:
 1. Reposition our employee brand
 2. Establish a recruitment and retention programme for non-medical staff
 3. Extend recruitment and retention programme for nurses
 4. Invest in the role and capability of our leaders
 5. Improve line management capability
 6. Improve the effectiveness of our corporate infrastructure
 7. Improve our internal communications
 8. Provide a holistic approach to health and wellbeing
 9. Deliver a D&I strategy
 10. Review our approach to reward and recognition.

2 Progress against Year 1 Delivery Plan and the Impact of Covid

- 2.1 The People Strategy delivery plan was agreed before the pandemic which has significantly impacted on the work we have had to support, much of it, it unanticipated and unplanned, with requirements to delivery at pace, which has delayed progress of some projects, but also provided a catalyst to escalate and extend others.
- 2.2 In addition, the GOSH response to COVID has provided a unique opportunity to reposition our relationship with our staff and our organisational culture, as the impact on staff has been central to our planning, decision making and response.
- 2.3 We have worked proactively over the last year to keep our staff:

Safe- through the provision testing, training, retraining, PPE, equipment, amended working practices and flexible working including home working.

Informed- through significantly increased levels and models of communication and engagement facilitated by technology.

Supported – through Infection control, amended processes, HR practice and policy, Occupational health, and wellbeing support and advice. The Well-being hub has been crucial to the support we have provided to staff.

2.4 In response our staff have been flexible, creative, innovative and supportive of each other, despite high levels of anxiety. However, the impact alongside sickness and the sad loss of family, friends and colleagues has taken its toll.

2.5 The People Strategy delivery plan was reviewed as part of the development of the Project Rainbow recovery strategy, presented to the Trust Board on 26th May.

In recognition there would be significant people and workforce implications arising from:

- The planning and delivery of the recovery plan.
- The accommodation of new government imposed restrictions and guidance arising from lockdown and its removal.
- The consolidation of working arrangements, implemented at pace, but not yet consolidated, in particular working from home.
- Planning for subsequent waves.

2.6 In order to support the recovery programme the decision was taken to both stand down projects to release capacity and refocus others to ensure they were relevant in the new context. The following areas of work were prioritised and have been progressed alongside the new and emerging areas of work referred to above:

Area of work	Progress
<p>Health and Wellbeing- extending and consolidating the work and impact of the Wellbeing Hub</p>	<ul style="list-style-type: none"> • Health and Wellbeing framework published in September 2020 • H&W Steering group in place • H&W imbedded across the organisation with a wide range of mutually reinforcing initiatives • 77% of patient facing staff received COVID19 vaccination (73% of all substantive staff have been vaccinated)
<p>Diversity and Inclusion - assessment of the impact of COVID19 will inevitably be viewed through a lens of inequality. Creating and publishing an integrated D&I strategy (including rollout of demographic risks assessments), and ensure we imbed the commitments we have articulated into our future working arrangements</p>	<ul style="list-style-type: none"> • D&I framework published in September 2020 • Demographic risk assessments completed for whole workforce • D&I steering group established • D&I lead appointed • Collaboration with BAME Forum to create and launch the BAME Buddy Scheme in Nursing* • Winner of the BAME apprenticeship programme • Review of recruitment process for NQN resulted in an increase in BAME appointments from 20% to 42% * • Recruitment of B2 HCSW apprentices in collaboration with Camden and Islington

	<p>Council to improve local and diverse recruitment. *</p> <p>*Delivered as part of the nursing recruitment and retention programme</p>
<p>Leadership and Line Management - with a renewed focus on leading and managing in the new context e.g. leading and managing remote teams, being a wellbeing leader and holding difficult conversations etc.</p>	<ul style="list-style-type: none"> • Leadership and line management framework development and launched • Line Management development programme delivered • Aspiring, Developing & Established leaders programmes launched • Collaborate network for managers launched • Mentoring programme launched • Mediation for individual and teams in trouble established
<p>Internal communications - to support engagement, communicate changes and decisions, create employee voice and capture the Gosh COVID19 story through our people, as part of our recovery</p>	<ul style="list-style-type: none"> • Significantly increased communications across the board • Daily and weekly bulletins • VBB and launch of a new engagement platform • Webinars and focus groups • Annual staff survey and quarterly pulse survey • Production of 100 voices to capture the experiences of staff during COVID
<p>Employer Brand and EVP – to support recruitment and retention and capture an increased interest in working for the NHS (being delivered through a pro-bono offer from the Blackbridge communications)</p>	<ul style="list-style-type: none"> • Some Work has been delayed by other priorities • New Employer brand has been developed • Plan for next stage is in place
<p>On-going investment in HR processes, systems and infrastructure – to provide an efficient and effective HR & OD function which adds value and manifestly contributes to the delivery of the Gosh Strategy, priorities and ambitions.</p>	<ul style="list-style-type: none"> • Overhaul of the honorary contract policy • Restructure and integration of transactional services • Implementation a new system to automate transactional services (GEARS) • Implementation of apprenticeship programmes for non-clinical and support staff • Establishment of a career path for band 2-4 admin staff
<p>Nursing Recruitment and Retention</p>	<ul style="list-style-type: none"> • Programme was already well established and has remained on track delivering a wide range of initiatives focused recruitment, development, training and career paths and staff engagement • Vacancy rate has reduced to 4.82% and voluntary turnover reduced to 12.92% and below the 14% target for the first time

3 Progress against the 2019 Equality objectives (WRES & WDES Action Plan)

- 3.1 All NHS organisations are required to annually publish data against the NHS Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Trusts are also required to develop and publish an action plan based on their data, to address issues raised - the action plan must be approved by the Trust board. The 2019 WRES and WDES Trust data exercise was completed and published along with associated action plans, following the Trust Board meeting on 16th September 2019.
- 3.2 Previously D&I activity at GOSH has tended towards piecemeal, standalone initiatives. They have therefore lacked connection with the overall direction of travel and have resulted in limited impact towards improving GOSH's performance in this area. Drawing together a number of targeted D&I activities into an integrated D&I Strategy, which complements and reinforces the overarching People Strategy, will ensure GOSH is best placed to meet its ambition of being an open, inclusive employer, whilst also addressing the CQCs recommendation for improvement in this area.
- 3.3 The Culture, Engagement, Health and Wellbeing pillar of the GOSH People Strategy set out a commitment to create an integrated Diversity & Inclusion Strategy (D&I) to embed D&I considerations into workplace relationships, policy and practice, as well as extending the use and influence of the staff networks. The overarching aim both work streams is to establish GOSH as an open, inclusive employer of choice.
- 3.4 As a consequence, while the 2019 actions plans for both WRES and WDES were developed in partnership with key stakeholders – the BAME Staff Forum and Disability and Long Term Health Conditions staff forum it was agreed that the action plans would focus on a relatively small number of shorter-term actions, in recognition that recommendations for longer term, structural changes would form part of the new D&I strategy. The agreed and published action plans, including progress updates are included at Appendix 1.

4 Measuring Impact and staff survey results

- 4.1 The primary tool for measuring the impact of the People Strategy is through The NHS Staff Survey, which last year was supplemented by quarterly IN-Touch pulse surveys. The NHS survey is one of the largest workforce surveys in the world and has been conducted every year since 2003. At GOSH this is our third consecutive year taking part in a full Trust-wide staff survey.
- 4.2 This independent survey asks staff about their experiences of working at GOSH and provides essential information for GOSH and helps develop an overarching picture for staff across the NHS in England. For 2020 – a year like the NHS has never experienced before – two new questions were included in the survey to better understand the impact of the COVID-19 pandemic on staff and to gather information that will help to improve the working lives of staff in the NHS and to provide better care for patients.
- 4.3 The survey was open for eight weeks from 2 October to 27 November 2020. All staff who were on a permanent or fixed-term contract with GOSH prior to 1 September 2020 were eligible to take part. 2,724 questionnaires were returned yielding a response rate of 55.9%. This compares to 2,489 completed questionnaires and a 53% response rate in 2019.

- In comparison to other Acute Specialist Trusts we are showing an increasing response rate against a downward trend elsewhere.
- Themed results show that we have improved in 8 themes this year and remained stable in 2, both of which are related to Safety.
- Our most significant improvement has been in the theme of Health & Wellbeing with the question ‘[Organisation definitely takes positive action on health and well-being](#)’ improving by 17% from last year. This particular question has shown a steeper improvement compared to the trend in other Trusts.
- Compared to the NCL average where we are above average in 8 themes and equal in 1.
- Compared to the National NHS average we are above average in 8 themes and equal in 1, with one theme ‘Equality, Diversity and Inclusion’ showing as better than GOSH by 1 point.
- This year 7% more people would recommend us as a place to work, which has shifted the pattern and shows a really positive move against our peer trusts.
- The individual questions related to immediate line managers have all improved more than those of our peer Trusts.
- Under the theme of Equality, Diversity and Inclusion we have made positive improvements regarding adequate adjustments and very early signs of improvement in the other three main questions, including in harassment and bullying which reduced by 4%.
- The question regarding equal opportunities for career progression for BME staff is lower than our peer group, with the average for our benchmark group being 72.9% and GOSH at 54.8%.

4.4 The full report is attached at Appendix 2 and a presentation on key aspects and conclusions, including benchmarked data with NCL, London, acute specialists and other Paediatric Trusts, will be presented at the Public Trust Board.

5 Year 2 Programme and Priorities

5.1 The People Strategy has been used to drive and underpin our approach to people management across the Trust. As part of the People Strategy we committed to developing a Diversity & Inclusion (D&I) strategy and an integrated and joined up approach to Health and wellbeing (H&W), supported by programmes of work to ensure that those commitments could be delivered.

5.2 The development of these two pieces of work commenced in the Autumn 2019 and while the finalisation of the strategies was delayed by the pandemic, the work and supporting arrangements implemented in response, has provided the opportunity to accelerate and consolidate much of the work expected to be included and has created a much stronger foundation on which to deliver this work. Two strategies have been developed in consultation with staff groups drawn from across the Trust. They have been subject to formal consultation with the Trade Unions and were reviewed and endorsed by the People and Education committee on 10th September 2020 and approved by the Trust Board on the 16th September 2020. In order to differentiate between these new sub strategies and the People Strategy they are publically referred to as frameworks.

5.3 Both the D&I and H&W frameworks represent the practical expression of our commitment to all staff to make GOSH a great place to work for everybody and form two of the four work streams for year 2:

5.4 Work Stream 1

Diversity & Inclusion Framework – [Seen and Heard](#)

Purpose : to ensure that all our people in all their roles are SEEN and HEARD, have EQUAL ACCESS to promotion, education and training and the OPPORTUNITY to be themselves and do their best work.

Work Programme:

- **Opening-up external recruitment**, promoting GOSH as a creative, diverse and inclusive employer of choice
- **Creating internal career paths and opportunities** for progression and ensure fair and transparent access to jobs, training and education
- **Creating a more inclusive work culture for all** to build understanding and connectivity and support value based people management practice
- **Creating channels and safe spaces which amplify the employee voice**, ensuring that we listen, hear and take action as a consequence.

5.5 Work stream 2

Health and Wellbeing Framework – [Mind, Body and Spirit](#)

Purpose: To provide a joined up and integrated approach to promoting and protecting good health and mental wellness, with the commitment that: *At GOSH, every member of staff should feel cared for and cared about. They should be supported to be healthy in mind and body, feel safe and secure while working – whether on site or at home – and feel part of and connected to the GOSH community.*

It is built around three health and wellbeing priorities:

- **Our Mind:** focusing on mental health and wider wellbeing ensuring that it is embedded across the whole Trust.
- **Our Body:** focusing on the promotion and maintenance of physical health and safe.
- **Our Spirit:** focusing on safe travel to and from sites; safety and security while we are working; and the development of the GOSH community and how we work together as #OneTeam.

5.6 Work stream 3

Internal Communications:

Purpose: Establishment of an internal communications framework to support delivery of the GOSH Above and Beyond and People Strategies, to include:

- Programme to imbed the GOSH Above & Beyond Strategy
- Replacement and upgrade of the Gosh website and Intranet
- Implementation of a staff engagement platform
- Implement a revised Employee brand and EVP
- Establish annual calendar of events to celebrate and recognise staff achievements.

5.7 **Work stream 4**

Modernising and reshaping the HR&OD function

Purpose: On-going investment in HR processes, systems and infrastructure – to provide an efficient and effective HR & OD function which adds value and manifestly contributes to the delivery of the Gosh Strategy, priorities and ambitions, to include

- Reposition of the HR Policy framework
- Implementation of the HR Service Desk and GEARS
- Implement an integrated Management Advice service
- Implement a governance and reporting framework for workforce data.

6 **Governance and Assurance**

- 6.1 Delivery of the individual work streams, set out above will be driven and overseen by 4 steering groups with membership drawn from across the Trust. The steering groups report into the newly established People Planet Programme Board chaired by the Director of HR&OD, with the Director of Communications as Deputy Chair. Executive oversight is provided by the EMT Above and Beyond Oversight Board and formal assurance through the People and Education Assurance Committee chaired by Non-Executive Director, Kathryn Ludlow.
- 6.2 The Governance and Assurance framework for delivery the Year 2 programme is set out at Appendix 3

Appendices

Progress on the 2019/20 Equality Objectives –WRES & WDES action Plan (Appendix)
Staff Survey Report (Appendix 2- uploaded for additional reading)
Delivery and Governance Framework (Appendix 3)

2019 Workforce Race Equality Action Plan

Actions	Progress
Pause in employee relations processes, prior decision to investigate	"Stop and Think" process agreed. To go live for employee relations cases from March 2020.
Increased involvement of BAME staff in D&I decisions – new equality objectives, D&I Strategy development	Complete. BAME forum representatives are included as part of D&I Strategy working group
Integration of D&I into new management development programmes	In progress. A number of D&I related competencies are included with the Leadership & Management Competency Framework - and associated activities will be captured as part of the Management Development suite and Leadership Development programmes. Management development programme is currently being evaluated after its first full run and recommendations will be shared at DI steering group
Review / refresh of organisational values, behaviours, culture	In progress. Activity to promote GOSH values and standards of behaviour forms part of "Speak up for Values" programme. Recommendation that we engage with staff on values related behaviours and what we have learned from the pandemic
Develop reverse mentoring scheme for senior leaders to enhance exposure and understanding of lived experiences of BAME staff	Mentoring programme launched in March 2021. Reverse mentoring programme being developed by a sub-group of the DI Steering group
<p>Work to increase Band 8+ BAME recruitment:</p> <ul style="list-style-type: none"> - Analyse demographics of applicants for Band 8+ posts (are we getting a diverse group of applicants?) - Develop a process to audit recruitment decisions/records for Band 8+ posts (were there valid reasons behind selection / non selection decisions?) - Connect selected BAME staff (e.g. band 7 plus) to talent pool – support, develop to apply for more senior posts - Develop / train a cohort of BAME staff to participate in stakeholder panels (for key organisational job roles involving substantial management / leadership responsibility) - Develop a cohort of BAME recruitment champions – to be part of stakeholder panels; to guide and help BAME staff to apply for internal roles, give advice around training opportunities, career development etc. 	Updating the approach to recruitment (particularly for higher graded roles) to encourage a more diverse cohort of candidates, and ensure fair progression through the recruitment stages, will form a significant part of the Diversity & Inclusion strategy to be co-designed with representatives from across GOSH. Plans for delivery to be included in D&I strategy due for publication April 2020
Advertise management qualification apprenticeships to BAME staff – targeted advertisement through the BAME forum.	Complete. Apprenticeship Lead met with BAME forum to promote management level apprenticeships.
Track quality of PDRs by including the opportunity for staff to give feedback centrally once there PDR has been completed.	Redesign of Appraisal and Performance Management process being undertaken in two parts; 1) to meet the requirements of Agenda for Change pay step process (to be complete by March 2021), 2) to improve the overall quality of the Appraisal process (due for completion January 2022).

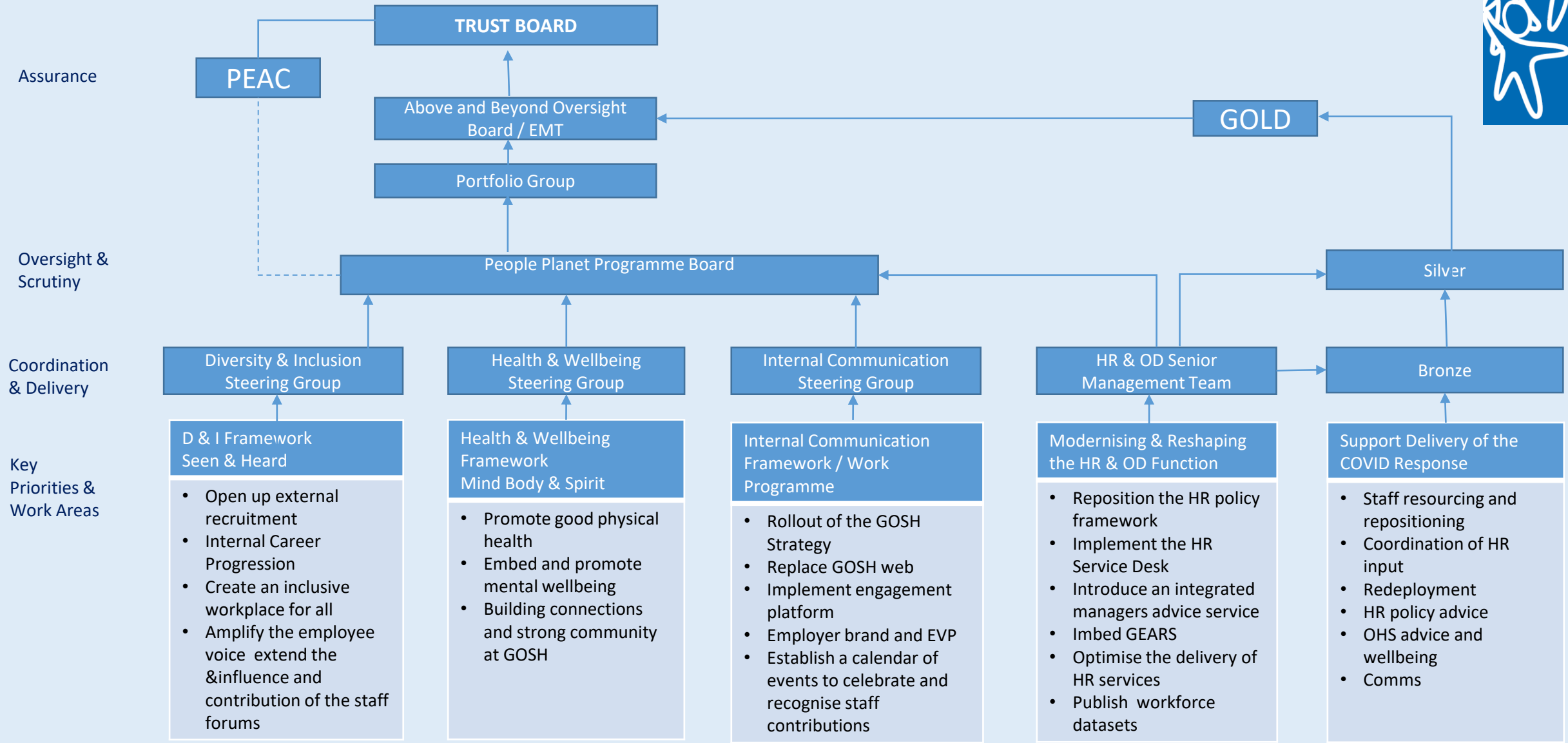
Provide supportive platform where lived experience could be shared by BAME staff.	Ongoing. BAME forum well established with strong membership and engagement across GOSH
---	--

2019 Workforce Disability Standard Action Plan

Actions	Progress
Analyse disability / long term health conditions survey results to explore lived experience of staff and develop action plan in response to key themes	Complete. Results of survey have informed planning of DLTHC forum activity, and are feeding into D&I strategy
Launch Disability & Long Term Health Conditions staff forum	Complete. Forum launched December 2019
Seek to improve data integrity - disability declaration rates on launch of self-service	In progress. In conjunction with Staff Forums the ESR self-service "My Equality Portal" will be promoted, to encourage staff to update their personal records across all protected characteristics.
Review of Managing Attendance and Policy.	Redesign of approach to managing attendance (including policy re-write) forms part of Diversity and Inclusion Framework for 2021. Anticipated completion date for new managing attendance policy – Sept 21
Increased involvement of disabled staff / staff with long term health conditions in D&I decisions – new equality objectives, D&I strategy development	Complete. D< forum representatives are included as part of D&I Strategy working group
Integrate D&I into new manager development programmes	In progress. A number of D&I related competencies are included with the Leadership & Management Competency Framework - and associated activities will be captured as part of the Management Development suite and Leadership Development programmes
Secure "Disability Confident" level 2 status	Complete. Accreditation obtained November 2019
Enhanced engagement with all staff as part of the People Strategy	Complete. D< forum representatives are included as part of part of People strategy working groups
Review / refresh of organisational values	In progress. Activity to promote GOSH values and standards of behaviour forms part of "Speak up for Values" programme. Recommendation that we engage with staff on values related behaviours and what we have learned from the pandemic

ABOVE and BEYOND PLANET 1 – MAKING GOSH A GREAT PLACE TO WORK

Governance And Delivery Structure -



Underpinning Framework	Above & Beyond Strategy	People Strategy D&I & HWB frameworks	HR & OD Core Purpose & Role	Annual Service Plan	HR & OD Programme of Work
------------------------	-------------------------	---	-----------------------------	---------------------	---------------------------



**Trust Board
30th March 2021**

**Planet 3 – GOSH Learning Academy
Year 1 Board Update**

Submitted by: Alison Robertson, Chief Nurse

Paper No: Attachment O

Planet 3 – GLA Year 1 Board Update

For information and noting

Purpose of report

To provide the Board with assurance that GOSH Learning Academy has successfully achieved all previously set targets and milestones agreed, within the extended Year 1 timeframe.

Summary of report

In October 2019, the GOSH Children's Charity (GOSHCC) Board granted approval to release funding for the initial three-year commitment supporting the development of the GOSH Learning Academy (GLA), a key planet within the Trust Strategy '*Above and Beyond*'.

With our colleagues across the NHS, the Learning Academy programme has been significantly influenced and impacted by the COVID-19 pandemic. Through these challenging times, the GLA continues to deliver and support education, training, and development across the Trust and in partnership with the wider NHS.

The greatest risk and challenge that the Learning Academy currently faces is the future, unplanned impact of the COVID-19 pandemic on progress towards sustainability. This includes constraints around international travel and our ability to deliver against international contracts as well as to international students and other learners. This risk is mitigated by our growing experience and expertise in online learning delivery, which will be further enhanced by the new Virtual Learning Environment.

Action required from the meeting

For information and noting

**Contribution to the delivery of NHS
Foundation Trust priorities**

- PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people**
- PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training**

**Contribution to compliance with the
Well Led criteria**

- Leadership, capacity and capability**
- Vision and strategy**
- Culture of high quality sustainable care**
- Responsibilities, roles and accountability**
- Engagement of public, staff, external partners**
- Robust systems for learning, continuous improvement and innovation**

Strategic risk implications

BAF Risk 2: Recruitment and Retention
BAF Risk 16: Culture

Attachment O

Financial implications Despite the challenges presented in 2020/21, the GLA has successfully commenced the journey towards sustainability, with approximately £200k of additional income generated from education delivery or successful Health Education bids. In our budget setting for 2021/2022 we have agreed an income target of £400k, which will be generated from course delivery, additional bids, and incentive payments.
Implications for legal/ regulatory compliance N/A
Consultation carried out with individuals/ groups/ committees
Who is responsible for implementing the proposals / project and anticipated timescales? Lynn Shields, Director of Education
Who is accountable for the implementation of the proposal / project? Lynn Shields, Director of Education
Which management committee will have oversight of the matters covered in this report? GOSH Learning Academy Programme Board Portfolio Progress Group People and Education Assurance Committee



Planet 3: **GOSH LEARNING ACADEMY** Year 1 Report – March 2021

1. Overview

In October 2019, the GOSH Children's Charity (GOSHCC) Board granted approval to release funding for the initial three-year commitment supporting the development of the GOSH Learning Academy (GLA), a key planet within the Trust Strategy '*Above and Beyond*'.

This initial investment supports the 6 overarching priorities/programmes set out within the Learning Academy strategy which include:

- Academic Education
- Clinical Apprenticeships
- Clinical Simulation
- Digital Learning
- Leadership and Management
- Speciality Training

With our colleagues across the NHS, the Learning Academy programme has been significantly influenced and impacted by the COVID-19 pandemic. Like many areas of GOSH, our programmes of work and priorities adapted in order to meet the urgent needs of our services and redeployment of critical staff. Through these challenging times, the GLA continues to deliver and support education, training, and development across the Trust and in partnership with the wider NHS.

Some highlights from Year 1 include:

- Delivery of an upskilling education plan to over 2,000 staff to ensure pandemic readiness both within GOSH and the wider system
- Supporting the redeployment of teams across our Sustainable and Transformation Partnership (STP) during the pandemic
- Working with Infection, Prevention, and Control in the development and implementation of our Staff Testing Clinic, Fit Testing Service, and COVID-19 Education Programme
- Facilitating education support to enable the success of the COVID-19 Vaccination Clinic
- Critical safety clinical simulation training influencing policy and guidelines in response to the pandemic
- Extending our offer of educational support across North Central London and welcoming additional undergraduate medical students, nursing students, and apprenticeships on placements whose education was interrupted by the pandemic.
- Delivery of the digital GOSH Conference 2020 with over 400 delegates, allowing all teams to share and celebrate the work that they do
- The successful launch of the GOSH Children's Charity Scholarship Awards
- Winning the BAME Apprenticeships Large Employer Award 2020
- Supporting 210 employees in starting apprenticeship programmes to progress their career at GOSH
- Supporting 300 postgraduate academic students to successfully complete their study
- Widening access to education through digital learning. A key example—our first online Undergraduate Medical Summer with over 500 delegates from 16 countries. We now offer online courses across our whole portfolio; a recent nephrology course was attended by more than 800 delegates.

Attachment O

- Integration of Technology Enhanced Learning, including avatars, remote simulation, and blended extended reality.

2. Governance

In line with the recommendations within the GLA Charity Grants Case and of Trust Board, our governance structure brings together all aspects of education, training, and development and includes representation from GOSHCC on the GLA Programme Board. Reporting into the People and Education Assurance Committee (PEAC), the Programme Board meets bi-monthly to review delivery. A specific subgroup—GLA Steering Group—oversees and reports directly to Programme Board on all aspects of operational delivery. Additionally, as a 'planet' within 'Above & Beyond', the GLA reports monthly into the overarching Trust Portfolio Progress Group, providing both the Executive team, Trust Board, and GOSHCC Board full oversight on delivery and progress. Further detailed and comprehensive reports regarding delivery plans, benefits mapping, and progress tracking are available from the above boards and committees.

3. Year 1 Delivery

Due to the unprecedented circumstances associated with COVID-19, from early March 2020 our Delivery Plan experienced delays to planned pieces of work and anticipated milestones. As a response, amendments to our programmes of work were discussed and approved by the GLA Programme Board and our partner GOSHCC with an agreed 6-month extension of Year 1 delivery plans.

Key areas of delivery delayed by COVID-19 included:

- National suspension of all non-essential study leave, including academic programmes
- National delay in commencement of clinical apprenticeship programmes
- Delayed procurement of a digital learning (Virtual Learning Environment) platform provider
- Delayed expansion of international collaborations and fellowships due to travel restrictions

The GLA structure has, however, proved very effective at responding to this emerging situation. The GLA has now achieved all previously set targets and milestones agreed, within the extended Year 1 timeframe. The draft Year 2 delivery plan will be presented to Programme Board in April for final approval.

Year 1 delivery against the 6 strategic priorities/programmes in the initial Charity Grants Case is outlined in the next section.

3.1 Academic Education

3.1.1 Aim

Our aim is to provide a high quality academic education portfolio to facilitate the development of specialist skills and knowledge vital to the care of patients within GOSH and the development of staff across the organisation.

3.1.2 Delivery, Assurance, and Impact

Setting GOSH apart from its competitors, the newly created Academic Course Director role provides the GLA with a similar governance structure seen in Higher Education Institutes, providing assurance of portfolio quality and performance to GLA Programme Board.

Key Performance Indicators, milestones, and targets achieved include:

- Expansion of academic portfolio from 15 to 19 specialist postgraduate modules
- Expansion of partnership working with other specialist NHS Institutions
- Recognition of the GLA as a provider of Health Education England's (HEE) Education Framework
- 291 of 300 students (97%) successfully passed their studies in 2020/21
- 20% of students on our programmes are from outside GOSH
- Improved recruitment and retention within specialist areas, supporting staff career development.

3.2 Clinical Apprenticeships

3.2.1 Aim

To deliver clinical apprenticeships across the workforce to develop roles that meet the needs of our patient population.

3.2.2 Delivery, Assurance, and Impact

Key Performance Indicators, milestones, and targets achieved include:

- 3.8% of the GOSH workforce are currently studying on an apprenticeship programme—exceeding the public sector target of 2.3%
- Increase of investment of GOSH apprenticeship levy from £48,441 in 2018/19 to £429,529 in 2020/221
- Evaluation scores of GOSH programmes delivered are above 4.5/5.0 on average
- 97% of apprentices are retained at 12 months after end of the programme
- Expansion of programmes available to include Allied Health, Play, and Healthcare Sciences
- Recruitment of 26 Nursing Degree Apprentices, who are fully salary supported by GLA

3.3 Digital Learning

3.3.1 Aim

Development of a Virtual Learning Environment (VLE) and establishment of a Digital Learning Team, ensuring successful build and delivery.

3.3.2 Delivery, Assurance, and Impact

The Virtual Learning Environment (VLE) has the multi-faceted ability to create more readily accessible education while establishing sustainable commercial revenues with vastly reduced overheads. Digital learning is a dependency for each of the priorities of the GLA, and it is anticipated that most courses will have an online component. Beyond the traditional course format, other areas such as webinars, interactive videos, and podcasts are also being created.

Key Performance Indicators, milestones, and targets achieved include:

- Recruitment of the Digital Learning Team
- Following a 6-month delay, successful procurement of Virtual Learning Environment (VLE) platform provider within the extended Year 1 delivery target
- Planned launch of new VLE platform June 2021

3.4 Clinical Simulation

3.4.1 Aim

To develop, deliver, and expand a sustainable simulation service, providing relevant, high-fidelity, and contemporary learning experiences for our multi-professional workforce.

3.4.2 Delivery, Assurance, and Impact

New technology and advances are at the heart of this priority, with the team currently progressing the implementation of HoloLens as an additional virtual, mixed-reality education tool that can be integrated within Microsoft Teams. By building skills and knowledge while raising awareness of human factors and patient safety, the Clinical Simulation team will integrate the 'Learning From' agenda at GOSH as we work towards becoming a learning organisation.

The team continue to be at the forefront of Clinical Simulation delivery and presented their data on remote simulation at the International Pediatric Simulation Symposia (IPSS), the National Advanced Practice Conference, and GOSH Conference, generating a world-wide interest in our approach during the pandemic.

Following approval at Programme Board, the team will develop the proposal for a new Extended Reality Lab at GOSH. This is a hyper-reality simulation environment which allows any setting to be projected onto blank walls, increasing fidelity of training, and allows for acclimatisation to new environments. It also has applications for educational research and in the management of child anxiety.

Key Performance Indicators, milestones, and targets achieved include:

Attachment O

- Progress towards SESAM (Society for Simulation in Europe) Institutional Accreditation
- Working in partnership with Health Education England on the London Virtual Placement project
- Successful abstract submission and presentation of remote simulation training work at International and National conference
- Redeployment of staff across the STP within Adult Critical Care services
- Responsiveness to Trust needs and an ability to provide simulation education for staff to develop skill and competence with our new cohort of PIMS-TS patients
- Provision of 'in-situ' full PPE simulation and team rehearsal, focusing on staff and patient safety

3.5 Leadership and Management

3.5.1 Aim

To develop leadership and management capability to deliver an organisation where all staff are well-led, well-managed, and feel valued, heard, supported, safe and connected.

3.5.2 Delivery, Assurance, and Impact

Having been on pause for 6 months during the pandemic, all of our Leadership and Management programmes and interventions have now recommenced. This includes the new Management Development Programme and both Aspiring and Developing Leadership Programmes, clinical leadership programmes such as medical MILE (Modular Individualised Learning Experiences), and bespoke team interventions related to developing high-performing teams and multi-professional team dynamics such as the Matron Development Programme.

Key Performance Indicators, milestones, and targets achieved include:

- Launch of the Leadership and Management Framework and programmes
- Launch of the leadership network COLLABORATE
- Supporting the delivery of the Wellbeing Hub
- Launch of the Chief Nurse Junior Fellows Programme
- 58 Managers courses delivered with 527 delegates
- 123 delegates on our Aspiring, Developing, and Established Leadership programmes
- 60 delegates on bespoke clinical leadership development programmes
- Improvement and impact seen across the staff survey, including:
 - 17% improvement on organisational action on Health & Wellbeing
 - 7% increase in staff recommending GOSH as a place to work

3.6 Speciality Training

3.6.1 Aim

To develop, expand, and deliver standardised and quality-assured Specialist Training Programmes for the whole workforce.

3.6.2 Delivery, Assurance, and Impact

Key Performance Indicators, milestones, and targets achieved include:

- Recruitment into key education roles across the Trust including
 - Allied Health
 - Blood, Cells, and Cancer
 - Infection, Prevention, and Control
 - Learning Disabilities
 - Mental Health
 - Quality, Safety, and Resuscitation
- Launch of the GOSH Children's Charity Scholarship Awards, with over £150k awarded in funding to staff from across the Trust to support continued professional development (CPD) that would otherwise be unfunded
- Development of CQC mandatory COVID-19 education for all staff to ensure compliance
- A successful bid to support trainee placement expansion within Allied Health
- A successful bid to support the award-winning Reach Out for Healthcare Science programme
- Increased delivery of Just in Case / Just in Time training, an essential component of the Recognition of the Deteriorating Child safety programme

Attachment O

- Continued expansion of our specialist education and training portfolio
- Increased education and training opportunities for staff to develop and succeed in their role at GOSH.

4. Partnerships

During our first year of the Learning Academy programme, we have seen a sustained increase in partnership opportunities and the potential for future collaborations both within the NHS and wider healthcare landscape.

Areas currently under discussion include:

- Collaboration with UCL Medical School, particularly with regard to being involved in the teaching of Child Health in Year 5, but also in several other areas. We have offered 75 examiners for this year's finals OSCE and are offering short notice electives to UCL students who have had to remain in the UK this summer.
- Collaboration with CapitalNurse in the development of a national NMC (Nursing and Midwifery Council) International Paediatric education programme, with the aim for the Learning Academy becoming a national provider
- Fully engaged with other specialist Trust partners such as The Royal Marsden NHS Foundation Trust, Royal National Orthopaedic Hospital, Moorfields Eye Hospital, and the Tavistock and Portman NHS Trust to support our aims of Learning Together.
- Working with the Institute of Child Health (ICH) to explore potential areas of collaboration in the future
- Though delayed due to travel restrictions from the pandemic, multiple international education and training collaborations have made progress, and the Learning Academy is working together with the Commercial Director and International and Private Care (IPC) on collaborations to commence in the coming year.

5. Commercial Opportunities

The potential to expand the reach of the GLA beyond our physical borders and into overseas education, training, and consultancy provides significant opportunities, with the launch of our Virtual Learning Environment (VLE) enabling us to enhance our offer. This work will build on the achievements above.

6. Risks and Challenges

The greatest risk and challenge that the Learning Academy currently faces is the future, unplanned impact of the COVID-19 pandemic on progress towards sustainability and further release of the GOSHCC Grant to support Phase 2 of the GLA Programme (Years 4-5). This includes constraints around international travel and our ability to deliver against international contracts as well as to international students and other learners. That said, we are well-positioned to move into Year 2 of our delivery plan. Risk is further mitigated by our growing experience and expertise in online learning delivery, which will be further enhanced by the new Virtual Learning Environment.

7. Sustainability

With a substantial expansion of the overall GLA education, training, and development offer, there will be an expected increase in revenue from external candidates. The further integration of technology enhanced learning will establish an attractive offer to external healthcare professionals across the STP and beyond, networking with other organisations looking to avoid duplication in expertise.

Despite the challenges presented in 2020/21, the GLA has successfully commenced the journey towards sustainability, with approximately £200k of additional income generated from education delivery or successful Health Education bids. Recognising the impact that the COVID-19 pandemic has had on our Sustainability Plan, we have therefore been conservative and pragmatic in our budget setting for 2021/2022 with an income target of £400k, which will be generated from course delivery, additional bids, and incentive payments.


NHS

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

**Trust Board
30 March 2021**

**2021/22 Business Planning and budget
setting update including plan**

Paper No: Attachment P

Submitted by:

Helen Jameson, CFO
Ella Vallins, Head of Strategy and Planning
Jonathan Wharton, Associate Director

Presented by:

Helen Jameson, CFO
John Quinn, COO

Key points to take away:

1. The Board are asked to approve the business plan and finance plan for 2021/22 which details the priorities for the year ahead and the financial plan for 2021/22. Linking directly from the Trust's strategy Above and Beyond and tied to the CQC themes. Recognising that no formal guidance has been issued by NHSE/I and that the financial framework for the NHS is still to be agreed. Once this has happened the plan will be re-presented to FIC and Trust Board with updated NHS income.
2. The business plan reflects the Trust's ambition to restore activity and reduce the waiting lists that have arisen due to Covid-19 and the Trust's financial plan has focused on the expenditure required to deliver these level of activity.
3. The financial plan for 2021/22 is £24.8m deficit including a £19.5m Better Value Programme which assumes known block income. Once the financial framework is understood NHS income will be updated and potentially reduce the deficit or alter the capital allocation.
4. The Trust's Capital envelope for 2021/22 has yet to be confirmed by the ICS. For planning purposes it has been assumed that this will be £18m, in line with the level allocated for 2020/21.

Introduction

This paper contains the Finance and Business Plan for 2021/22 based on the current information that the Trust has. The Trust has not received guidance from NHSE/I and so it working on setting an operational plan that delivers increased activity levels, supports the Trust workforce and delivers on the Trust Above and Beyond strategy. The financial plan has been developed with a focus on supporting the business to control its costs, recognising the NHS income remains unknown at this time.

The Trust is seeing to work on delivering this plan from April and will then respond to any guidance from NHSE/I when it is received bringing any changes to The Trust Board and FIC for approval should a change to the agreed plans be required.

Action required by the meeting

The Board are asked to approve the Business plan and Finance plan for 2021/22 noting that these plans are based on current information and will allow the Trust to operate on activity recovery. When information is received from NHSE/I an update will be brought to FIC & the Board in order to seek approval for any changes that may be required following NHSE/I guidance.

Contribution to the delivery of NHS / Trust strategies and plans

Trust Strategic Business Plan 2021/22

Financial implications

Activity and Financial Plan 2021/22

Legal issues

n/a

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

CFO and COO

Who is accountable for the implementation of the proposal / project

All

DRAFT

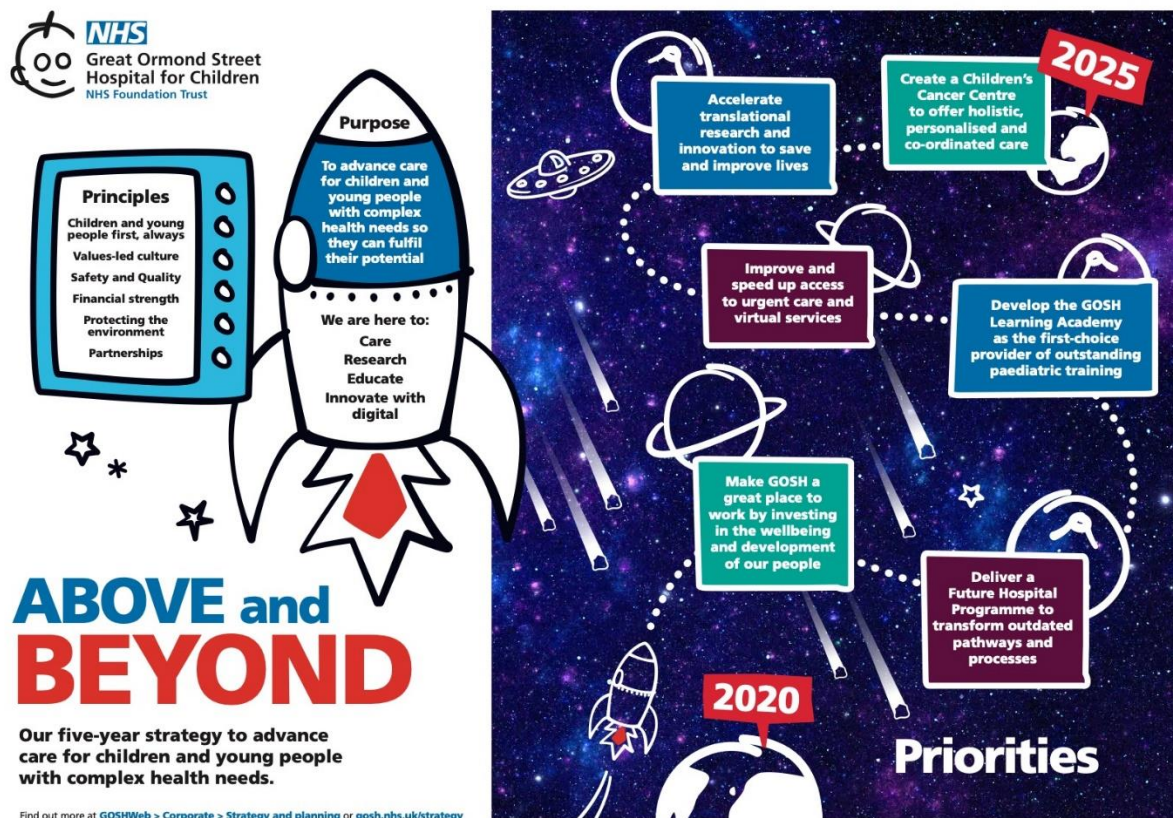
Trust Business Plan

2021/22

1. Background and Introduction

2020/21 was a year of significant change for Great Ormond Street Hospital. The organisation produced and published its five year strategy, Above and Beyond, and the COVID-19 pandemic ensued. Together, these two key events generated a tsunami of change to which the organisation has and continues to respond.

This Business Plan is informed by the strategic direction of Above and Beyond, which sets the organisation's vision for the next five years and lays out priorities that are strategically important. The Trust's overarching purpose is to **'advance care for children and young people with complex health needs so they can fulfil their potential'**.



The Trust's Strategy remains robust. Its publication was delayed due to the first wave of the COVID-19 pandemic, but following scrutiny, the purpose, principles and priorities are, above and beyond, the overarching beacons for the work of the Trust. The prioritisation of delivery and deployment of resources has changed from that initially planned and programmes of work, such as telehealth have risen to the fore, sooner than they would have done in a world without COVID-19. Nevertheless, the Trust remains committed to achieving Above and Beyond and it will do it in a flexible and responsive way, responding to the unexpected challenges of the world with a new, global healthcare awareness and focus.

Throughout the ongoing COVID-19 pandemic, collaboration with partners has been key. GOSH has remained committed to supporting the NHS and the North Central London (NCL) network, to care for all paediatric patients. GOSH redeployed resources and supported the NCL Sustainability and Transformation Partnership (STP), as well as other London partners. Executives and Senior Trust members of staff supported NCL-wide planning and response teams.

Through extensive partnership working across all levels of the organisation, directorates and departments in the Trust responded to the needs of both its own patients and patients from

other organisations, across the STP landscape. The Trust redesigning clinical pathways and introduced innovative solutions in delivering patient and corporate services in a safe, efficient and responsive way. In addition to these pressures, we have endured the loss of valued colleagues and we have responded by raising the importance of staff health and wellbeing through initiatives like the Wellbeing Hub. We continue to be inspired and amazed by our colleagues who are all working relentlessly to provide outstanding care to advance care for children and young people.

Even with unprecedented challenges, the organisation has achieved many great things in 2020/21.

Key achievements in 2020/21

- Recognition by the Children’s Commissioner for good practice in opening a new paediatric ward specifically for children presenting to hospitals within North Central London with acute mental health support needs during the first wave of COVID-19-19
- Developed a Little Room of Horrors (escape room) for staff as part of Break-the-Chain week, raising awareness of infection control
- Supported the launch of electronic patient records at the Royal Devon and Exeter Hospital.
- Launched new app called CHEER (children, climate and health emergency response) to help motivate staff and track their sustainable travel, electrical device use and food choices
- Zayed Centre for Research won a European Healthcare Design Awards, American Institute of Architecture UK Design Award, Architecture Master prize, and ‘caring’ category at New London Architecture Awards
- Apprenticeship Team won a BAME Apprenticeship Award
- Minimal Residual Disease Team in Haematology won an Innovations in Healthcare Science Award
- Lion Ward won a Solving Kids’ Cancer NHS Hero Award
- GOSH Institute for Child Health achieved gold award in the Athena SWAN Charter
- Medical Journalists’ Association award won by the BBC for their coverage of Sifa and Marwa, craniopagus conjoined twins’ story
- Developed the COLLABORATE Leaders’ Network to share exemplary and new practice in leadership and management

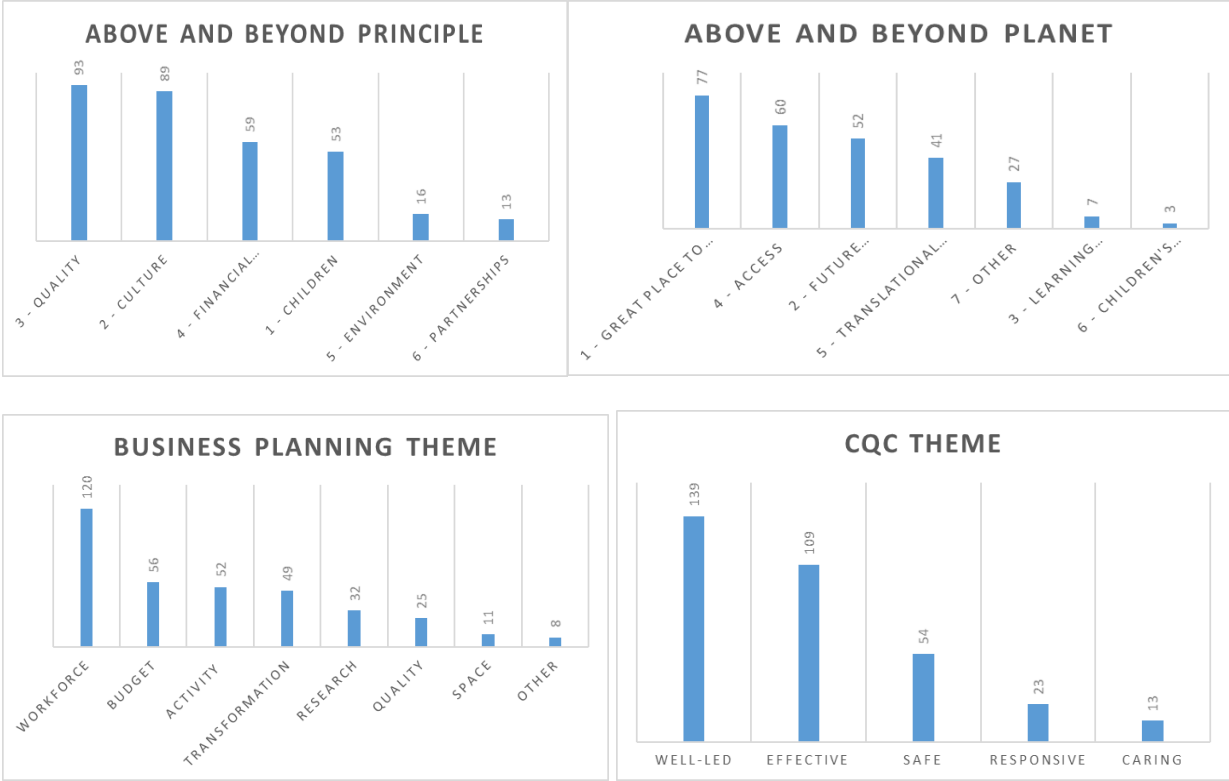
2. Implementing Above and Beyond

The key strategic objectives for 2021/22 are:

<p>Make GOSH a great place to work by investing in the wellbeing and development of our people</p>	<ul style="list-style-type: none"> • External recruitment, promoting GOSH as a creative, diverse and inclusive employer of choice • Create internal career paths and progression opportunities • Create a more inclusive work culture • Create channels and safe spaces which amplify the employee voice • Ensure that wellbeing is considered across the organisation • Provide occupational health and support services that meet the needs of our changing context • Ensure staff feel safe and secure while working
---	--

Deliver a Future Hospital Programme to transform outdated pathways and processes	<ul style="list-style-type: none"> • Continue to optimise and integrate electronic patient records • Inpatient flow • Outpatient transformation • Clinical pathway redesign • Pharmacy transformation • Technology integration • Patient / family / partner contribution
Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training	<ul style="list-style-type: none"> • Building sustainability • Utilise our education voice • Broaden our education portfolio • Support educational research and innovation e.g. virtual reality • Ensure education accessible for all • Launch our Virtual Learning Environment • Continue with patient safety simulation programmes • Ensure we have the skills and knowledge to support the Trust's six priorities • Partnership working DRIVE, STP, HEE
Improve and speed up access to urgent care and virtual services	<ul style="list-style-type: none"> • Technology to support care • Always say yes, safely • To right size services • Optimise use of electronic patient records • Working in partnership • Increase use of MyGosh patient portal • Refine theatre scheduling • Open Operations Hub • Revised Bed meeting implementation
Accelerate translational research and innovation to save and improve lives	<ul style="list-style-type: none"> • Continue to transform GOSH into a Research Hospital • Maximise the use of the rich data sets and analytic capacity • Maximise the use of patient biological samples by building a fit for purpose Sample Bank • Harness digital innovation • Renew NIHR funding to support our world-class Biomedical Research Centre and Clinical Research Facility • Establish and embed a fit for purpose commercial strategy • Support and develop clinical academic careers
Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care	<ul style="list-style-type: none"> • Clinically lead project – this is not just about a building • Meaningful patient and family engagement to inform design • Clear transparent governance between the Hospital and Charity • Early consideration of future digital and research innovations • Robust and proactive cost, programme and risk management • Sustainable approach to design incorporating nature • Establishing the best long term solution for our Imaging and Intensive Care services

In delivering on these priorities, directorates across the organisation have developed directorate-level business plans. The goals and actions from each business plan have been reviewed and the Trust is reassured that the Strategic objectives of the organisation, as well as Care Quality Commission standards will be met in the forthcoming year. The below graphs detail the implementation by: Above and Beyond principle and priority (planet), business planning theme, and CQC standard



3. Recovery

In February 2021, NHSEI set out clear expectations for the recovery of services following the COVID pause. All Integrated Care Systems / ICPs were set the challenge to develop a plan of recovery from Wave 2 COVID in the short term, ahead of the longer term national planning round, beginning in quarter one of 2021/22. The planning domains were set out as: staff wellbeing, de-surge critical care, elective recovery and Wave 3 surge.

In response to the direction from NHSEI, the NCL recovery is planned across three phases: ICU decompression, elective recovery and ramp up, and new elective baseline. Across each phase, detailed programmes of work have been developed to support consistent movement towards the goal but also with recognition that the programme may need to flex to cope with a third potential wave. Across each phase, the ongoing health and resilience of staff has been considered and recuperation and ongoing wellbeing has been given clear consideration.

It is important that we reach the children and young people who are in greatest need of care. The COVID pandemic impacted our ability to deliver services, resulting in a backlog of patients that require care. As a Trust, we are acutely aware of the impact that this COVID-pause has had on the provision of children’s healthcare. The impact on the long term health of children waiting longer for their care than necessary is of grave concern to the organisation. One of our main priorities for the coming year is to provide care to those children’s whose waits are extending beyond reasonable expectations of delivery in ‘normal times’.

To mitigate against any risks to patients, a clinical prioritisation process was established in April 2020 to help us understand the backlog of patients whose care was paused due to COVID.

This prioritisation process provides us with a picture of patient demand. This demand is assessed against our capacity (staffing, space, time) allowing us to model our service delivery requirements for the future.

In considering our capacity, changes to our infection prevention and control procedures mean that keeping our clinic rooms, waiting areas and theatres clean and infection free takes longer than in pre-COVID times. The cleaning regime and time between patients is significantly increased. Fallow periods now have to be timetabled into clinic usage to ensure that appropriate cleaning time is factored in. For example, in planning future theatre usage, an additional 20 minutes is required for each patient. This reduces the number of patients that can be operated on in any given day and adds pressure on to the waiting lists and reduces our ability to bring patients in to hospital from the waiting list as quickly as we would want.

For inpatients and outpatients, all patients must now be tested for COVID and their care will wither follow the High Risk COVID-19 (RED) Pathway, Medium Risk COVID-19 (AMBER) Pathway or the Low Risk COVID-19 (GREEN) Pathway. Personal protective equipment worn by staff must be appropriate to the risk. Donning and doffing PPE increases time taken to care for patients.

Therefore, in considering how we ensure children and young people waiting for care are seen, **the immediate operational priorities for 2021/22 are:**

1. Recovering our services to deliver care for our children and young people
2. Keeping our commitment to **Never Say No** as an approach to accepting patients.
3. Supporting the vaccine programme, which is key to keeping our staff, patients and families safe and sustaining our services.

4. Activity

Following the first and second waves of covid-19 GOSH has been quick to recover its activity to near 2019/20 levels. The latest 4 week average on 8 March 2020 shows that elective activity is at 90% and outpatient activity is at 120% of 2019/20 levels.

In order to deliver our core purpose to advance care for children and young people with complex needs the Trust plans to deliver 100% of 2019/20 elective, daycase and outpatient activity in 2020/21 with a stretch target of 110%.

In order to support the delivery of additional activity and recover the backlog dynamic theatre and bed models have been developed to review the alignment of resources and maximise capacity across the Trust.

In addition the Trust has set itself a number of standards to support recovery of activity:

- No patient waiting longer than 100 weeks by the end of June 2021.
- At least 90% reduction for patients waiting 52 weeks and over across all specialties by March 2021.
- Diagnostic target to be achieved by March 2021
- Theatre utilization to be a minimum of 85%

Attachment P

Below is the table that summarises the current proposed activity plan for 2021/22 activity

Point of Delivery	M1-12 2019/20 actuals	2021/22 Plan	Growth/Reduction over 2019/20 actuals	% change from M1-12 2019/20 actuals
Daycases	21,388	22,147	759	3.55%
Elective Spells	11,729	11,854	125	1.07%
Non Elective Spells	2,922	2,857	-65	-2.22%
Outpatient First	37,402	54,251*	16849	45.05%
Outpatient Follow Up	102,717	112,253	9536	9.28%
Total Outpatient	140,119	166,504	26385	18.83%
Packages of Care	55,236	54,798	-438	-0.79%
Beddays	6,274	5,583	-691	-11.01%**

* There is an increase in first outpatient appointments due to increased pre-operative assessment attendances, (estimated activity 2550 anaesthetist led and 10,200 nurse led first outpatient appointments), have been included for 2021/22 that will support compliance with clinical guidance (Association of Anaesthetics for GB & Ireland)

** Bed days have been reduced due to a planned pathway change in Rheumatology

This position will be reviewed in light of any further planning guidance from NHSE/I, which is expected in the first quarter of the new financial year

Attachment P

4. Vaccination Programme

As of the end of the first phase of the vaccine programme, 4,551 staff members had received their first injection and over 200 people have been trained as vaccinators

Next steps are

- Planning for administering the second vaccine dose expected to commence in March 2021
- Supporting Islington Business Design Centre to deliver up to 2,500 vaccines a day
- Currently reviewing vaccinations of patients

5. Quality, Safety and Patient Experience

6.1 Overview

Under the Executive directorship of the Medical Director, Quality Improvement at the Trust is part of the broad remit of the Quality and Safety team that incorporates Clinical Audit, Patient Safety, Risk Management, Quality Improvement Facilitators and Analysts, Clinical Outcomes, Freedom of Information and Compliance.

Executive oversight of Patient Experience and Engagement is through the Chief Nurse who, with the Medical Director, ensures an organisation wide approach to integrated delivery of the Quality Governance agenda. They are supported in this work by a number of senior roles including the Associate Medical Directors for Patient Safety and for Wellbeing, Leadership and Improvement, Head of Quality and Safety, Head of Patient Experience, Head of Special Projects and the Director of Nursing – Corporate.

Working with the Directorate management teams, and in particular the Deputy Chiefs of Service and the Heads of Nursing and Patient Experience, the aim is to continue to develop a culture of continual identification of learning from events and making changes that are effective, sustainable and improve the quality of the service and experience of our children, young people and their families.

With the support of the two new Associate Medical Directors new strategies were developed for Quality and for Safety following the launch of the Trust's refreshed strategy in September 2020.

6.2 Quality

6.2.1 Quality Strategy

The Quality Strategy (2020-2025) was approved by Trust Board in August 2020. Our ambition is to support and nurture GOSH in its quality journey, advancing improvement, assurance and innovation for exemplary patient care and experience. To deliver on our strategy, our intention is to link across to other services and teams, working collaboratively to maximise our ability to fulfil our aims whilst supporting the wider organisation to achieve goals and objectives.

The Quality Management portfolio of work will sit across the following six programmes of work, underpinned by the key principles outlined in the strategy:

- Highly reliable clinical systems
- Wellness at work
- Caring for the complex patient: Delivering what matters most
- Continuously finding better ways to work

- Building capacity and capability for improvement
- Quality Assurance (“doing the right thing”)

Our Quality Strategy

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



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

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

✂ Complex patient pathways through the hospital will be replaced by efficient and **integrated ‘super-highways’**.

6.2.2 Quality Assurance

We know from benchmarking data, adverse events and local audits that we are not consistently delivering the same standard of care for every patient, every time. Reliably implementing best practice remains a challenge across the NHS, triggering a number of initiatives, including audits and peer reviews, inspection and mandated monitoring, and most recently the National GIRFT programme.

We have already done significant work supporting clinical services within GOSH to define the standards against which work can be judged. These standards arise from regional, national or international practice guidelines and will include clinical outcomes, patient reported and patient experience outcomes, and staff related outcomes. Over the next 2 years we support clinical services in establishing an all-encompassing one-stop dashboard where they can transparently display every aspect of their work, including outcomes, audit data and project repository, quality assurances, QI projects, key Safety metrics, lessons learnt, excellence, patient narratives, feedback and staff related data alongside internal and external benchmarking data.

In addition, led by senior Nursing staff, the Trust has also developed a Ward Accreditation Programme, a structured method for self and peer review of ward processes which we hope to test, refine and spread over the next 12 months. This will become a key process in providing Quality Assurance at ward level and is expected to launch in June

Quality improvement can only be achieved through collaborative working, harnessing the collective expertise and capabilities within multiple teams to deliver positive change. The critical phases of each QI project/programme will be:

- Understanding ‘why’ the project is important, who are the key enablers and what is the team
- Diagnostics and design
- Testing and Delivery
- Spread and Sustain

We expect for all Quality Improvement projects and programmes will reach the ‘Spread and Sustain’ phase within 12 months. If project/programme delivery is delayed, there will be a hard-

stop at 12 months to review progress and establish whether the project needs to stop or be re-scoped to enable the desired change.

In the tables below we have summarised our key areas of focus for service improvement in 2021-2022.

Quality Theme	Programme of Work	Specific Project
Patient Safety	Deteriorating Child	- Sepsis 6 - Step Down from ICU - Step Down from Theatres
	Establishing Partnership working with Patients and their Families in our Safety Processes	- Design a pilot programme for training patient partners - Support the development of new SI processes
	Designing a Learning and Wellbeing Management system for Sis and Complaints	- Design, test and refine the framework - Establish training packages to support the effective delivery of the framework
Establish Highly Reliable Clinical Systems	Labs Quality Improvement Work	- Ongoing programme of work supporting local QI lead
	Pharmacy Service Improvement	- TPN project
	Ward Accreditation Programme	- Design, test and refine - Spread and implement, trust wide
Advancing Wellness at work	Establish Digital Infrastructure for Wellbeing Service	- Developing digital processes that support Wellbeing Group working
	Wellbeing Indicator	- Design and socialise App Being Management system
Continuously finding better ways to work	Establish partnerships with Transformation Team and Clinical Directorates	Established the role, responsibilities and function of the QI team as a partner in the Clinical Pathways Redesign programme
	Local Improvement Initiatives	Mentor local Qi projects

We will continue to advise, mentor and facilitate services on projects and plans to continuously improve their outcomes and support displaying these externally. We will continue to collaborate with the Children's Alliance and Clinical Reference Group to put forward recommendations and suggested amendments to the SSQD metrics, so they are improved measures of quality, safety and outcomes. These amendments have been brought together from the Trusts' clinical leads' feedback.

6.2.3 Quality Improvement Plan

The Quality Improvement specialists work to support, enable and empower teams to continuously improve the quality of care provided to patients across GOSH. In the past year the teams have successfully completed the migration of the Early Warning Scoring system to a nationally validated system. PEWS (Paediatric Early Warning System) is a score-based system designed to identify potential deterioration in children and young people using a combination of factors such as physiological findings, escalation responses and a strong communication framework.

This year also saw the completion of the Sepsis 6 campaign and the Improving Tracheostomy care and education. These projects have been closed following sustained improvement and handed over to operational 'business as usual'.

The team continue to focus on the following projects:

- Improving Patient Flow through the Hospital
- Improvement activities requested as part of Commissioning for Quality and Innovation (CQUIN)
- Medication Safety
- Vessel Health project
- Reducing pre-analytical lab sampling rejections

All Quality Improvement (QI) projects are monitored through QI project dashboards. The data is predominantly displayed using Statistical Process Control (SPC) charts, developed by the QI analyst team, displayed within Quality and Safety, on the GOSH intranet. The measures include: outcome, process and balancing measures as required. These dashboards are reviewed for improvement or deterioration by the steering group for each project, and these report to the Quality Improvement Committee, chaired by the Medical Director with clinical and operational representation from the clinical divisions.

Further to the support of large trust-wide projects, the QI team also provides a service to support smaller improvement projects, providing QI advice, training and support to clinical or non-clinical staff who wish to run a QI project in their area. The QI team provide comprehensive training in improvement methodologies and tools to clinical and non-clinical staff across the Trust. This is part of the ongoing support and encouragement we provide to staff who wish to undertake QI projects throughout the Trust.

Participation in national clinical audits is monitored by the Clinical Audit Manager within the Quality and Safety Team. There is a central clinical audit plan where work is prioritised to provide assurance and to review implementation of learning from serious incidents, risk, patient complaints, and to identify areas for improvement.

6.2.4 Building Quality Management Capability and Capacity

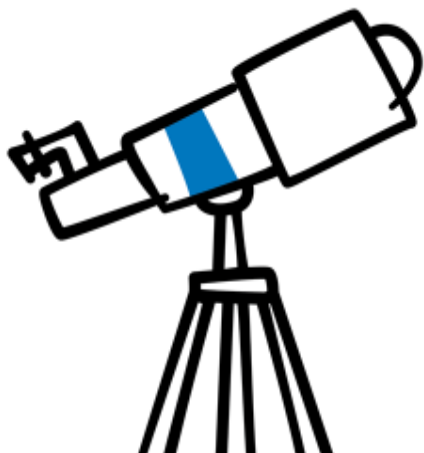
The 'Building Capability and Capacity' programme will be led in collaboration with the GOSH Learning Academy and key stakeholders in the regional and national improvement communities. Our ambition is to support the training and development of colleagues across GOSH; mentoring front line staff with improvement work to build confidence and ability towards delivering positive change. The objective of 2021-22 is focus on raising awareness of Quality Management of GOSH staff from Board to Ward.

6.3 Safety

6.3.1 Safety Strategy

Our Safety Strategy

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



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

- **Always Involving** – making safety everyone's business
 - Providing our patients and staff with necessary **skills and opportunities** to improve patient safety
 - Being more **proactive** with patient safety through speciality ownership

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

6.3.2 Extending collection of clinical outcomes and safety measures and ensuring they are appropriately benchmarked

Every specialty collects clinical outcomes. Clinical outcomes are measurable changes in health, function or quality of life that result from our care. Clinical outcomes are primarily measures of treatment effectiveness. However, they may also comprise other elements that can impact treatment effectiveness, such as safety and efficiency. Clinical outcomes data are captured in many different ways, usually by healthcare professionals. In addition, Patient-Reported Outcome Measures (PROMs) are used to include the measurement of clinical outcome from the patient's (and/or their family's) perspective

Support is on-going to see all identified outcome measures collected, and consistently. The Electronic Patient Record (EPR) will be a significant enabler and the team is actively engaged with the EPR delivery team to maximise the benefits that can be derived from this. The Trust continues to develop the number of dashboards with the functionality of the clinical outcomes hub in a cycle of refinement and growth.

Work continues on benchmarking with ICHOM and the Children's Alliance. The European collaborative (ECHO) work is also underway with the Clinical Outcomes Lead appointed as the co-chair of Quality, Outcomes and Value working group, with Erasmus. 10/10 Children's Alliance hospitals signed up to benchmarking of the Specialised Services Quality Dashboards. NHSE has confirmed the provision of technical support for this project.

6.4 Learning from Deaths

Mortality reviews take place through two processes at GOSH:

- **Mortality Review Group (MRG)**. This was established in 2012 to provide a Trust level overview of all deaths to identify learning points, themes and risks and take action as appropriate to address any risks. This process is linked with local case reviews

undertaken by specialty teams and provides an additional oversight of inpatient deaths in the Trust. This group continues to review deaths to ensure a thorough level of review and challenge can be provided before reviews are finalised at a Child Death Review Meeting (CDRM), as well as identifying learning points and making referrals to other safety investigation processes at the earliest opportunity.

- **Child Death Review Meetings (CDRM)** These are now in place at GOSH following the publication of the Child Death Review Statutory guidance which applies for all child deaths after 29th September 2019. Child Death Review Meetings are “a multi-professional meeting where all matters relating to a child’s death are discussed by the professionals directly involved in the care of that child during life and their investigation after death.” They include clinicians or professionals from external providers. CDRM meeting should be held within 12 weeks of the child’s death, following the completion of all necessary investigations and reviews.

We meet the requirement of the National Quality Board to report learning from deaths to a public board meeting by providing quarterly learning from deaths reports to Trust Board. This is to ensure that there is open monitoring, transparency and oversight of learning from death. and provide oversight of

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

We have a Medical Lead for Child Death Reviews in post and a Child Death Review Co-ordinator to meet the requirements to hold CDRMs, and to ensure we can highlight learning to be acted on in the organisation.

We have been able to maintain resilience with our mortality reviews throughout the Covid 19 pandemic and continue to ensure these reviews take place, and that learning is identified

The process is aligned to our Safety Strategy and we review and triangulate learning from our mortality reviews alongside learning from incident reporting and other quality and safety indicators at our Patient Safety and Outcomes Committee. The learning points raised through our mortality reviews are shared with Closing the Loop to ensure that any actions which made be required to implement learning are identified and tracked.

We monitor our key mortality measures in real time to ensure we can proactively identify any variance that may require investigation and report this in our monthly Integrated Quality and Performance Report which is received by Trust Board

6.5 Care Quality Commission

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Jan 2020	Outstanding ↔ Jan 2020	Outstanding ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020

The CQC inspected the hospital between September and November 2019. Following their assessment the Trust was rated Good overall. This included Caring and Effective being rated as Outstanding and Well Led improving to Good. Our rating for Safe deteriorated to Requires Improvement. All hospital services are now rated either good or outstanding.

Enforcement notices were issued in relation to regulation 12 – safe care and treatment as a result of concerns about medication storage. An enforcement notice was also issued in relation to regulation 17 in respect of the use of Epic in CAMHS.

Ratings for Great Ormond Street Hospital for Children NHS Foundation Trust

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

Following the CQC report in January 2020 the Trust has produced an Always Improving Plan which is managed by Head of Special Projects for Quality and Safety, with oversight through the Always Improving Committee.

The Trust has a programme of work in order to ensure CQC readiness and to achieve an Outstanding rating for the Trust. This work is being rolled out with a view that compliance and governance are interlinked with quality, safety and experience and embedded in day to day working within the Trust.

In addition to monitoring the action plan from the previous CQC visit, the Trust is committed to ensuring that compliance and governance is embedded in to every day work. A peer review quality round framework, based on CQC inspections has been rolled out across the Trust to ensure a rolling programme which promotes compliance and encourages shared learning.

6.6 Speak Up Programme

In the last quarter of 2017, the Trust launched the Safety and Reliability Improvement Programme in partnership with the Cognitive Institute and the Medical Protection Society. The Programme's objective is to deliver the best possible patient outcomes by providing the safest, most effective and efficient care through reducing preventable harm.

The overarching aim of the Programme is to create a transformational, organisational change within GOSH to build an outstanding culture of safety and reliability. The programme aims to

enable all staff, including front line staff, to take responsibility and be held accountable for behaviours and attitudes that create a culture of safety and reliability.

The original plan projected that there would be four distinct phase to the Programme:

Phase 1 - Programme Needs Analysis and Orientation: The initial phase of the programme, was successfully carried out between 2017 and 2018.

Phase 2 - Leadership Development and the Safety Champions Programme: Phase 2, involved the implementation of a Safety Champion Programme. The Programme was piloted in the Brain Directorate. Learning from the pilot instigated improvements such as the development of a new video to include GOSH staff, within the familiar GOSH environment.

Following the pilot, 27 Safety Champions from across the Trust were recruited and over 250 training sessions were delivered between June 2019 and March 2020. Speak Up was also included in the organisation's new-starter induction training. The feedback was universally positive with some colleagues saying that inclusion of Speak Up in the Trust induction showed a level of commitment to patient safety that they had not experienced elsewhere.

Covid-19 inevitably impacted the way in which we were able to deliver Speak Up for Safety training. An online learning resource was developed, presented by three of our trained and accredited Safety Champions. The new video launched at the end of July 2020 as a means of implementing a quick response to a change in training delivery impacted by COVID. Currently overall attendance at both face to face and online training is 80% of all staff (correct as of 1/2/21).

Phase 3 - Improvement Projects: As part of Phase 3, a number of projects designed to build a safety culture were delivered conducted

- **Praise:** To acknowledge the excellence demonstrated by colleagues during COVID-19 pandemic, 'Praise', the online feedback tool to share praise with colleagues across the organisation, was launched in June 2020. Individuals commended through Praise receive a certificate celebrating their kindness or achievement. To date over 1,000 Praise messages have been submitted and received.
- **Correct and Safe Use of Personal Protective Equipment:** To support staff with speaking up in the moment when they see colleagues who are not complying with our latest measures to reduce the transmission of COVID-19, we developed top tips for how to use the Safety C.O.D.E when addressing someone who is not wearing their face mask correctly. This was included within the 'Wearing masks to stay safe' information pack for managers which was circulated in November 2020 and has also been shared as part of the Hands, Face, Place, Space audits. In January 2021 it was rolled out further to all GOSH staff as part of the new mandatory COVID-19 training module developed by the Infection Prevention Control team.

Phase 4 - Promoting Professional Accountability Programme, renamed Speak Up for Our Values, was designed to deliver the systems, processes and behaviours to enable a shift in culture by giving leaders essential tools and strategies to address unreasonable and unprofessional behaviours across all staff groupings.

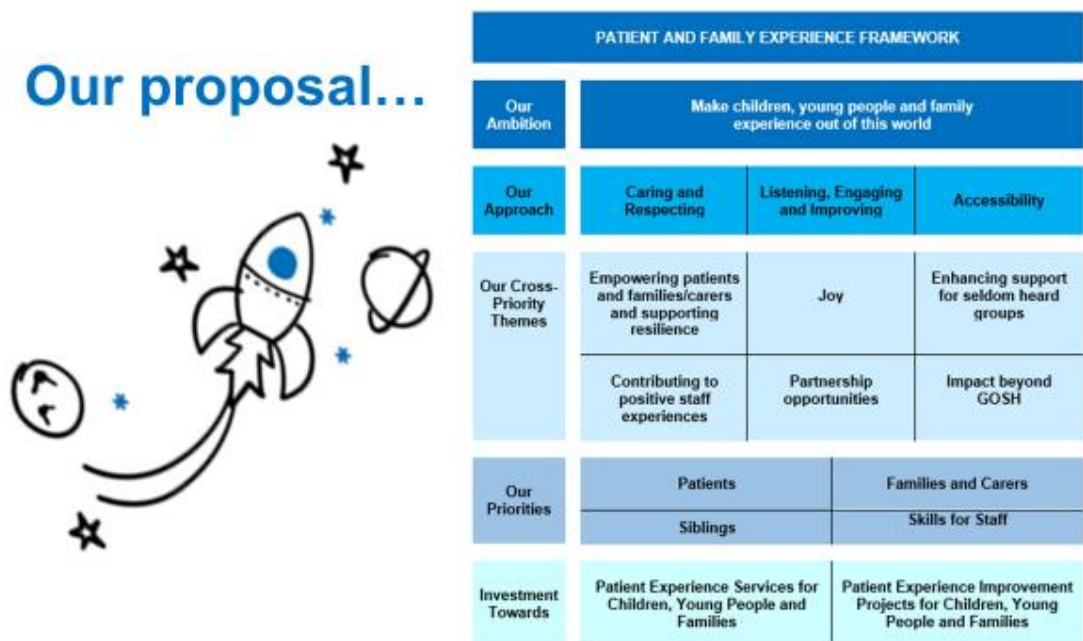
As part of Speak Up for Our Values, the Trust trained 24 Peer Messengers. Their role is to share feedback with individuals about whom a message has been received via the iSpeakUp Messaging System, indicating behaviour falling below the standards expected by the Trust.

A Triage Team was established and trained, to receive and review the messages received via the System. The Team allocate messages to an appropriate Peer Messenger, taking band and professional grouping into consideration.

Speak Up for Our Values was launched in October 2020, some seven months later than anticipated, due to COVID.

6.6 Patient Experience




Building on the success of existing services and the previous Patient Experience framework, the Patient Experience team is working with the Charity to develop and deliver a Programme for Excellence in Patient and Family Experience. A proposal was presented to Charity Grants Committee in March 2021 with a view to being finalised in June 2021.



Our updated Patient Experience Framework will focus on the following:

Our Patient Experience Framework



- 
 To ensure that patients and their families **feel safe, well cared for** and **supported** by staff who treat them with kindness, compassion, understanding and respect
- 
 To **lead and innovate** for patient experience and engagement with children, young people and their families, working towards collaborative improvement in their experiences at GOSH
- 
 To enhance, develop and expand existing and new initiatives to improve experience for patients and families and the reach of services through **technology, effective use of resources** and **partnership** with others.

The framework will be the overarching guide for the future delivery of services such as:

- Play Service
- Chaplaincy and Spiritual care
- Volunteer Services
- Patient Advice and Liaison Service and complaints
- Citizens Advice
- Social work service
- GOSH Arts
- Archive and Heritage service
- Parent and Family Accommodation
- Bereavement
- Involvement, engagement and participation
- Patient feedback

We aim to achieve excellence in patient and family experience by focussing on: patients, families and carers, siblings, and skills for staff. Services and further initiatives will be shaped by patient and family feedback and will follow our continuous learning journey below.



We are in the fortunate position of building on strong foundations. We receive around 1-1,500 pieces of feedback each month. This tells us that patients and families have positive experiences with Friends and Family Test feedback ratings of experience consistently achieving between 96 and 99%.

Building on success to go above and beyond



Amplifying existing services and the charitable support already provided



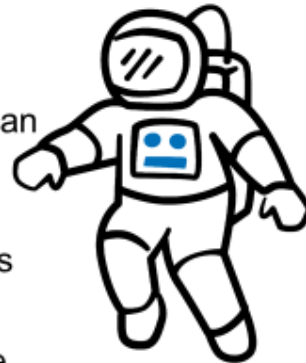
Understanding from our families how we can make this better



Understanding and learning from our peers



Understanding opportunities for excellence learning from the international landscape



6.7 Young People's Forum

The Young People's Forum (YPF), represents patients aged 10 to 21. The YPF have a strong voice in helping to improve the experiences of teenage patients who are treated by GOSH. The YPF voice their opinions and make suggestions on a range of topics and issues. They use their own experiences to guide and support the hospital. The YPF group is a subgroup of the Patient and Family Engagement and Experience Committee (PFEEC).

The overall aim of the YPF is to listen and to improve the experience of teenage patients and their siblings. They highlight the issues most important to young patients, champion their concerns and to put forward their thoughts and ideas. They support GOSH to always think about the specific needs of young people on their patient journey. They provide opportunities for young people to take part in activities to help them understand how the hospital works and enables young people to understand what the hospital does well. It allows young people to be informed and gives them the chance to get involved with improvement areas and projects and the development of services. The YPF engages with other hospital youth forums across the country on national issues and gets involved with national consultations/surveys/campaigns as and when appropriate.

In 2020/21, the YPF have been involved in:

- Co-wrote a paper for the Archive of Disease in Childhood journal on the role of young people as society recovers from the Covid-19 pandemic
- Formed a stakeholder panel for the recruitment of the Chief Operating Officer
- YPF Chair filmed a Q&A with the Chief Executive about how GOSH is tackling Covid-19
- Advised on the on development of Ward Accreditation
- Helped plan the first virtual GOSH Teens Careers Festival
- Advised on the development of a training module for clinicians to improve communication with patients

Six YPF meetings are held every year. Currently meetings are being held monthly, virtually, during COVID. If needed, short meetings and group phone/Zoom calls are also be held to allow members to work on specific projects. YPF members suggest topics, speakers and projects for the agenda. This is organised for the YPF by the Children's and Young People's

Participation Officer. Meetings are led by the YPF Chair, with the support of the YPF Vice-Chair and GOSH staff. Two YPF representatives report into the Council of Governors.

In 2021/22, the YPF plans to

- Create a video for children and young people about how to make a complaint
- Co-create a virtual adventure for patients in isolation
- Co-develop a virtual reality program to ease anxiety
- Help design a training program for nurses
- Co-design a mental health toolkit
- Advise on the development of sibling support

7 People and Workforce Planning

7.1 People Strategy

Our People Strategy was launched in 2019 and had ten key priorities:

1. Reposition our employee brand.
2. Establish a recruitment and retention programme for non-medical staff.
3. Extend recruitment and retention programme for nurses.
4. Invest in the role and capability of our leaders.
5. Improve line management capability.
6. Improve the effectiveness of our corporate infrastructure.
7. Improve our internal communications.
8. Provide a holistic approach to health and wellbeing.
9. Deliver a Diversity and Inclusion strategy.
10. Review our approach to reward and recognition

Throughout 2019/20 we had specific work streams to achieve the positive changes in these key areas. The positive impact of these work streams can be seen in improvements to our staff survey.

The staff survey was open for eight weeks from 2 October to 27 November 2020. All staff who were on a permanent or fixed-term contract with GOSH prior to 1 September 2020 were eligible to take part. 2,724 questionnaires were returned yielding a response rate of 55.9%. This compares to 2,489 completed questionnaires and a 53% response rate in 2019.

- In comparison to other Acute Specialist Trusts we are showing an increasing response rate against a downward trend elsewhere
- Themed results show that we have improved in 8 themes this year and remained stable in 2, both of which are related to Safety.
- Our most significant improvement has been in the theme of Health & Wellbeing with the question 'Organisation definitely takes positive action on health and well-being' improving by 17% from last year. This particular question has shown a steeper improvement compared to the trend in other Trusts.
- Compared to the NCL average where we are above average in 8 themes and equal in 1
- Compared to the National NHS average we are above average in 8 themes and equal in 1, with one theme 'Equality, Diversity and Inclusion' showing as better than GOSH by 1 point.
- This year 7% more people would recommend us as a place to work, which has shifted the pattern and shows a really positive move against our peer trusts
- The individual questions related to immediate line managers have all improved more than those of our peer Trusts.
- The question regarding equal opportunities for career progression for BME staff is lower than our peer group, with the average for our benchmark group being 72.9% and GOSH at 54.8%.

- Under the theme of Equality, Diversity and Inclusion we have made positive improvements regarding adequate adjustments and very early signs of improvement in the other three main questions

This demonstrates that our people strategy is taking effect and our continued focus for the next two years will also be to implement the two frameworks: Seen and Heard – to support the work for Diversity and Inclusion, and Mind Body and Spirit for staff Health and Wellbeing. Two operational steering groups will take this work forward and will lead on their implementation.

Alongside this we will continue to modernise and reshape the HR and OD functions through repositioning the HR policy framework, implementing the HR Service Desk, introducing an integrated manager's advice service, and embedding the GEARS HR management software system.

We will support the ongoing delivery of the COVID-19 response through staff resourcing and repositioning, the coordination of HR input, managing redeployment, providing HR policy advice, providing occupational health service advice and wellbeing support.

This work will require effective communications and collaborative working to replace and improve our existing intranet, implement a new engagement platform, roll out our employer brand and EVP, establish an annual events and listening programme, and provide a programme of reward and recognition.

7.2 Workforce planning methodology and alignment to integrated plans

The Trust undertakes workforce planning throughout the organisation as part of its business planning and operational activities in order to support the Trust's strategic approach to workforce. The plan is informed by activity and finance planning to establish demand requirements at POD/specialty level for future years. Furthermore, considerations regarding national, international and local drivers are included in the drawing up of plans. A gap analysis, in conjunction with a risk analysis, is carried out to support the Trust's business plans to meet the level of anticipated demand. New positions and business developments identified through this process are aligned with our operational plans.

Business developments, either within the activity planning cycle, or outside are subject to scrutiny by clinical and corporate professionals to ensure business plans are fit for purpose, have considered risk and mitigations, considered downside strategies and retain or improve quality and outcomes. Similarly, organisational change across the Trust is subject to similar considerations, prior to and during consultations. Workforce implications are considered in a similar way.

The Trust recognises the challenging financial environment it must adapt to and, as such, stresses quality and workforce risk as an integral part to its Better Value programme. Proposed schemes, during scoping and revisited throughout the programme, have an associated Quality Impact Assessment (QIA) undertaken to address consequence and likelihood of risk occurring

7.3 Governance of Workforce challenges, risks and issues

The launch of the Trust People Strategy in 2019 increased the focus on workforce issues in the Trust and actions to deliver changes across the four pillars of the strategy. The Director of HR&OD has established the governance framework to support delivery of the strategy. The People Strategy Board will report into the Executive led Above & Beyond Oversight group that monitors implementation of the Trust Above and Beyond Strategy.

The People & Education Assurance Committee is a Board level committee chaired by a Non-Executive Director that meets regularly to review workforce performance, risks and issues. The

Committee additionally has oversight of identified workforce risks in the organisation recorded on the Board Assurance Framework.

The Trust Board regularly receives workforce analysis and key performance indicators, benchmarkable metrics including staffing profile, voluntary and non-voluntary turnover, sickness, agency usage (as percentage of paybill) and vacancies. Monthly Directorate performance reviews are Executive-led and consider this workforce data at a drill-down level in conjunction with finance, activity and quality data to identify themes or impact on service delivery.

Nurse recruitment and retention workstreams are overseen by the Nursing Workforce Assurance Group which reports to the Executive led Nursing Board. Services, specialties and directorates hold risk registers that are reviewed and updated to provide a feedback mechanism to Trust risk registers. Trust-wide strategies to mitigate workforce risks are formulated which include nurse recruitment strategies, an integrated Nursing Workforce Programme Board, overseas fellowship programme (for medical staff) and other actions which all form part of the Trust’s developing workforce plans.

7.4 Current Workforce Challenges

The HR&OD Directorate has identified a number of challenges or programmes that are managed through the governance structure outlined above.

Workforce Challenge	Impact on Workforce	Initiatives in place
Potential volatility in post pandemic establishment	<p>The Trust has historically had high turnover, most recently peaking at 16.2% in February 2020. Since then turnover has dropped to 11.1% in January 2021, its lowest for many years.</p> <p>However the Trust still benchmarks higher than London peers and it is likely that once the impact of the pandemic eases, the Trust will see increased turnover, as staff make decisions to leave the Trust. This is likely to disproportionately affect particular cohorts such as junior doctors (fellows) who are more likely to be recruited internationally and may opt to return to their home countries after lockdown, as well as our newly qualified nurse cohorts.</p>	<p>We will continue to offer staff wellbeing support and enhance our Employee value proposition, which is linked to the ongoing programme of work on the culture of the Trust, to promote the Trust as an employer of choice.</p> <p>We will connect with staff groups such as the staff forums, Junior Drs forums to understand staff experience and how to improve it to ensure people see GOSH as a place to make a career.</p>
Staff Health and wellbeing	<p>High levels of anxiety and fatigue following a year of managing through the pandemic. Changes to working patterns and environment and increased isolation for those working remotely.</p>	<p>Health and wellbeing framework in place and health and wellbeing steering group established. Wellbeing hub set up and training for peer support workers, TRiM practitioners and health and wellbeing coaches.</p> <p>Further work planned to focus of team resilience and recovery supported by Sir Tom Moore funding</p>

		<p>Leadership and management programmes have central theme of health and wellbeing.</p> <p>Appraisal Policy being updated to reflect a focus on constructive wellbeing conversations</p> <p>REACT MH training being rolled out by internal trainers</p>
Driving a culture of inclusivity	<p>Feedback from staff indicates that some groups do not feel they have equal access to career and job opportunities.</p>	<p>Diversity and Inclusion framework in place and a new Diversity and Inclusion steering group will drive the programme of work.</p> <p>We will support our forum groups to achieve momentum and reach</p> <p>We will focus on career opportunities and how to support staff to build a career at GOSH</p> <p>We will set up an internal mentoring scheme to specifically support groups who are less heard</p>
Brexit	<p>13% of our workforce are EU citizens increasing to 22% of our medical staff and 28% of our estates staffgroup. The Trust has not seen a significant increase in turnover from European nationals</p> <p>As the rules around settled status are embedded by June 2021, the Trust will be engaging with EU colleagues to ensure they have completed the Settled Status process and obtained the relevant documentation to remain in the United Kingdom working.</p>	<p>-Regular communications to EU staff.</p> <p>-Ongoing support for staff affected.</p> <p>-Updated HR processes to capture and record settled status</p> <p>Monitoring of leaver levels of European nationals</p>
Use of Agency workers	<p>The Trust in general manages the use of agency staff, which have a disproportionate impact on the paybill as well as quality, well.</p> <p>Agency usage in February 2021 was 1.1% of total paybill (against a target of 2%) however for some corporate and Allied Health Professional roles that are hard to recruit to, the Trust has pockets of high long term agency usage</p>	<p>Agency usage is a workforce KPI reported at Trust Board through the IQPR report, as well as at Directorate PRMs.</p> <p>The Trust reports externally to NHSI on agency usage on a weekly basis.</p> <p>HR Business Partners work with Directorates to establish recruitment plans to recruit to permanent roles replacing agency staff</p>

7.5 Learning

As of April 2021, the GOSH Learning Academy and its constituent services will be entering Year 2 of its programme and delivery plan to deliver on the Trust's Education and Training Strategy. Major programmes of work:

- Nursing and Non-medical Education – Continue to work with internal and external stakeholders to support and deliver first-choice education, training, supervision, and assessment to undergraduate, graduate, and postgraduate nursing and non-medical learners.
- Postgraduate Medical Education – Continue to work with internal and external stakeholders to support and deliver first-choice education and training to undergraduate, postgraduate, LTFT, Return to Practice, and international medical workforce.
- Digital Learning – Our Digital Learning Team has now been fully established and our new Virtual Learning Environment (VLE) is timetabled to launch in April 2021 following an implementation phase. This will become the prime delivery method for education and training for internal and external learners. It enables our services to overcome challenges posed by the COVID-19 pandemic, integrates state-of-the-art content, and expands availability exponentially to wider audiences, locally, nationally, and internationally.
- Apprenticeships – With new clinical apprenticeships commencing January 2021—Advanced Clinical Practice and Registered Nursing—our portfolio is due to grow significantly in 2021/22 in both clinical and non-clinical roles. As standards are approved nationally, even more roles, e.g. Physiotherapy, will integrate into workforce planning and commence.
- Academic Education – Our specialist postgraduate academic portfolio continues to grow year-on-year and is already one of the largest available for paediatric, specialist academic learning, with two more modules due to launch 2021/22. Our reach and attendance within the portfolio will increase significantly with the launch of the VLE.
- Clinical Simulation – During the pandemic, our Clinical Simulation service has designed and integrated new methods of delivery, increasing areas such as in-situ training in clinical areas. The service continues to expand its prospectus as well as move towards achieving SESAM accreditation in 2021/22 and becoming a recognised, world-class centre.
- Leadership – As a whole, our portfolio continues to outstrip previous years, with a more comprehensive multi-professional offering available than ever before. Piloted programmes within 2020/21 are now due for wider launch in 2021/22, e.g. Established Leaders Programme, and currently running programmes will increase, including Aspiring Leaders, Developing Leaders, Management Development, and Chief Nurse Junior Fellows Programmes. The GLA Medical Leadership Proposal has been approved and will continue to be delivered through 2021/22. Bespoke clinical leadership programmes will be delivered in 2021/22 for identified areas, e.g. Ward Managers and Clinical Nurse Specialists.
- Specialty Training – Key areas in 2020/21 were identified for increased provision which will continue successfully into 2021/22, including mental health, infection prevention and control, learning disability, ICT, and Cancer. The successful launch of the GOSH Children's Charity Scholarship Awards in 2020/21 means that more continued professional development funding will be available in 2021/22 for our entire workforce than ever before.

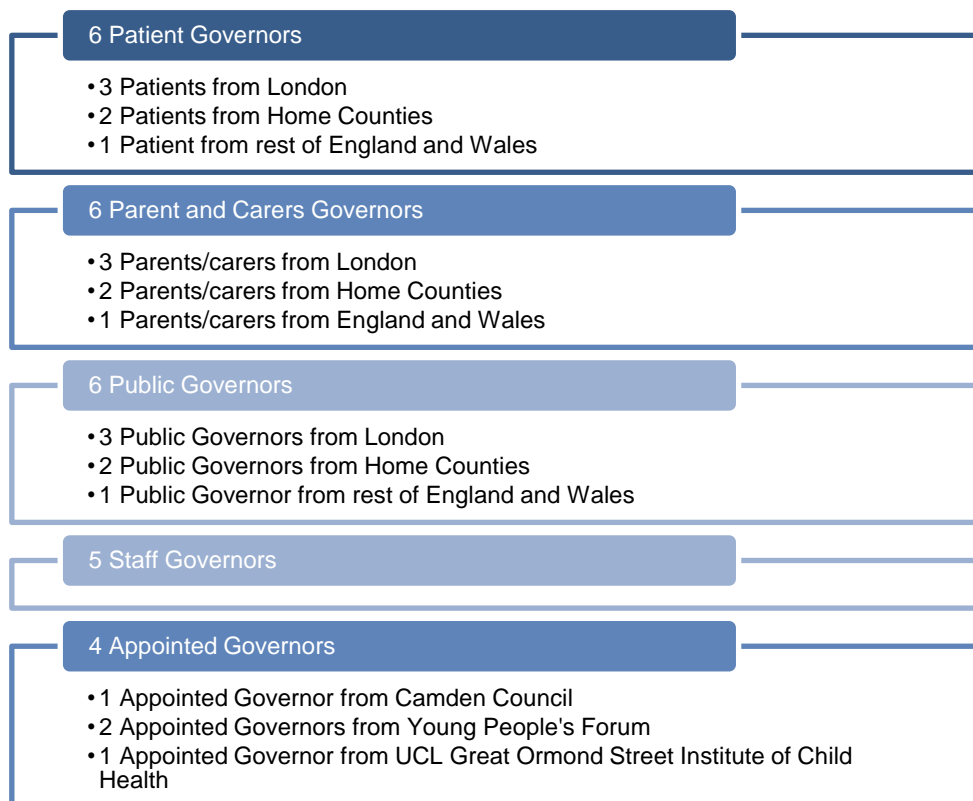
8. Membership and Elections

8.1 Council of Governors election in 2020/21

The Foundation Trust held an election for new representatives on the Council of Governors in 2020/21. The election spanned November 2020 to February 2021. This election was different to previous elections in two ways:

- **Changes to constituency boundaries:** Following a review, governors approved changes to constituency boundaries and the number of governors they elect in order to reflect the population served by the hospital and electoral boundaries..
- **Phased Governor Elections:** The Council of Governors agreed to implement phasing to the election of governors in order to reduce the risk of the Council being totally replaced every three years, thereby losing its organisational memory.

For this election only therefore, the length of Governors' terms were awarded as one, two or three years based on the number of votes they received. Subsequent Council elections will be held annually for full three-year terms. The newly elected governors began their tenures on 1 March 2021. The structure of the Council of Governors from 1 March 2021 is as follows:



- **Council of Governors elections in 2021/22:** In November 2021 the Foundation Trust will hold elections for seven seats each for a three year tenure, these seats are:
 - One Staff Governor
 - One Patients GOSH London Governor
 - One Patients GOSH Home Counties Governor
 - One Public London Governor
 - One Public GOSH Home Counties Governor
 - One Parents Carers London Governor
 - One Parents Carers Home Counties Governor

8.2 Governor recruitment, training and development, and activities to facilitate engagement in 2020/21

- **‘Buddying’ with non-executive directors:** Buddying sessions were established to assist NEDs and Governors in communicating outside of Council meetings and understanding each other’s’ roles and views. The sessions were paused and reviewed as a result of COVID-19. In October 2020 the revised approach was launched and involved NEDs hosting virtual tutorial style sessions focusing on a specific Trust Board or Assurance Committee paper. The sessions will continue in 2021/22 for the new Council of Governors.
- **Report from the YPF:** Every Council of Governors’ meeting receives a report from the appointed Young Person’s Forum governors. This report helps keeps the Council abreast of the key issues affecting our younger members.
- **Governors’ online library:** Governors have access to an online library of resources designed by the Corporate Affairs team that provides them with 24/7 access to key documents and information. The format and functionality of the library will be improved in 2021/22.
- **Changes to Member Matters:** Members received a monthly email, ‘Get Involved’, which enabled the sharing of timely and relevant news, features and opportunities and maximised engagement with the membership, while allocating appropriate time and resources. Governors contributed content for their constituents and the wider membership in ‘Get Involved’.
- **Governors’ newsletter:** Governors received a monthly newsletter from the Corporate Affairs team containing key dates, developments and training and development opportunities.
- **Private Governors’ meeting:** Governors held private meetings led by the Lead Governor and Deputy Lead Governor ahead of the private session with the Chair and the main Council meeting.
- **Feedback from Governor Training and education events:** Several Governors attended external training and events throughout the year and provided reports back to the Trust.
- **Post meeting surveys: Governors** were asked to complete a post-meeting evaluation of Council papers. The findings from each evaluation were taken into consideration by the Corporate Affairs Team and reported to the Lead Governor.
- **So you want to be a governor:** The Corporate Affairs Team presented a ‘So you want to be a Governor’ webinar that provided an opportunity for prospective governors to hear from current Governors, ask questions and find out what it meant to be GOSH Governor. The session was recorded and is available here: <https://www.youtube.com/watch?v=UyGSNM8Kw-4>.
- **Holding a COVID-19 compliant AGM and AMM:** As the Trust was unable to conduct an Annual General Meeting and Annual Members Meeting in person, the Council approved amendments to the Constitution that allowed the Trust to hold a virtual AGM and AMM on 9 September 2020 and undertake virtual voting when required at future events.

- **Induction and Development session planning:** To ensure that newly elected Governors are provided with enough information and support to fulfil their role, the Corporate Affairs Team and existing Governors prepared two induction meetings ahead of their first meeting on 20 April 2021.
- **Election of Foundation Trust governors to NHS Providers' Governor Advisory Committee:** The Council nominated one of its Young People's Forum to stand for election in the NHS Providers' Governor Advisory Committee (GAC). The GAC oversees governor support work and provides valuable insight and advice on governor-specific issues.

8.3 Membership engagement plans for 2021/22

The Trust is committed to recruiting a membership reflective of the population it serves, in particular the underrepresented stakeholder groups. Supported by ideas from the Young People's Forum and the Membership Engagement, Recruitment and Representation Committee, the Trust will:

- Involve the new Council of Governors as well as existing members in engagement outreach opportunities in order to ensure the membership is engaged, their views are heard and that we are responsive.
- Increase the number of young people (11-16-year-olds) in both the Patient and Public constituencies via new and existing creative avenues.
- Communicate with the wider membership and Council of Governors through improved 'Get Involved' newsletters, social media, website pages and digital screens.
- Collaborate with both internal (patients, parents, carers, staff, volunteers, etc.) and internal stakeholders (Colleagues at other FT's, Health and Social Care organisations, Local Councils, etc.) to foster better partnerships.
- Work with the MERRC to create marketing content / resources for engagement such as leaflets, agendas, magazines and FAQs.
- Conduct a post-election evaluation following on from the 2021 Council of Governors' elections and implementing the learnings to the smooth running of the next Council elections in 2021/22.
- Refresh the Membership Engagement Strategy for 2021-24.

8.4 Young People's Forum

The Young People's Forum (YPF), represents patients aged 10 to 21. The YPF have a strong voice in helping to improve the experiences of teenage patients who are treated by GOSH. The YPF voice their opinions and make suggestions on a range of topics and issues. They use their own experiences to guide and support the hospital. The YPF group is a subgroup of the Patient and Family Engagement and Experience Committee (PFEEC).

The overall aim of the YPF is to listen and to improve the experience of teenage patients and their siblings. They highlight the issues most important to young patients, champion their concerns and to put forward their thoughts and ideas. They support GOSH to always think about the specific needs of young people on their patient journey. They provide opportunities for young people to take part in activities to help them understand how the hospital works and enables young people to understand what the hospital does well. It allows young people to be informed and gives them the chance to get involved with improvement areas and projects and the development of services. The YPF engages with other hospital youth forums across the country on national issues and gets involved with national consultations/surveys/campaigns as and when appropriate.

In 2020/21, the YPF have been involved in:

- Co-wrote a paper for the Archive of Disease in Childhood journal on the role of young people as society recovers from the Covid-19 pandemic
- Formed a stakeholder panel for the recruitment of the Chief Operating Officer
- YPF Chair filmed a Q&A with the Chief Executive about how GOSH is tackling Covid-19
- Advised on the on development of Ward Accreditation
- Helped plan the first virtual GOSH Teens Careers Festival
- Advised on the development of a training module for clinicians to improve communication with patients

Six YPF meetings are held every year. Currently meetings are being held monthly, virtually, during COVID. If needed, short meetings and group phone/Zoom calls are also be held to allow members to work on specific projects. YPF members suggest topics, speakers and projects for the agenda. This is organised for the YPF by the Children's and Young People's Participation Officer. Meetings are led by the YPF Chair, with the support of the YPF Vice-Chair and GOSH staff. Two YPF representatives report into the Council of Governors.

In 2021/22, the YPF plans to

- Create a video for children and young people about how to make a complaint
- Co-create a virtual adventure for patients in isolation
- Co-develop a virtual reality program to ease anxiety
- Help design a training program for nurses
- Co-design a mental health toolkit
- Advise on the development of sibling support

9. Sustainability

GOSH continues to work to improve the physical environment for patients, families, staff and visitors. The Trust is currently in the midst of an extensive redevelopment programme which has included opening the Zayed Centre for Research into Rare Diseases in Children (November 2019) alongside many smaller capital projects. The Trust will be opening the Southwood Courtyard space and the Sight and Sound Centre in 2021 and planning for the Children's Cancer Centre is underway. The team work closely with teams across the hospital as well as architects and construction partners. Patient engagement and consultation is central to the work of the team.

To undertake investment most effectively, the Estates Department is constantly reviewing clinical priorities alongside elements relating to the Estate such as all forms of building compliance with a particular focus on site wide ventilation, fire doors and water monitoring. To ensure the estate is as efficient as possible, the team are attending to backlog maintenance with a focus on the most urgent aspects and will be bringing some of the soft services in house this year which will improve the performance of services.

The Trust continues to develop the sustainability agenda and aims to become Clean Air Hospital after creating and disseminating the world's first Clean Air Hospital Framework (CAHF) within the NHS. Our ambitions include challenging net zero emissions targets in line with declaring a climate and health emergency. There are a set of targets agreed with teams internally, including carbon emission reduction targets, NHS SDU 'sustainable development assessment tool' scores, clean air hospital ratings, as well as embedding UN sustainable development goals. We have an active support network of staff and YPF members contributing to these goals. The Children's Cancer Centre (CCC) is recognised as a vehicle for

demonstrating best CAHF and sustainable construction practice. A key principle of the Trust strategy 'Above and Beyond', commits to 'Protecting the Environment' and notes that in order to look after children, we must protect the environment.

10. Transformation, Research and Innovation

Transformational Change has been expedited during COVID-19. Before the impact of the pandemic on children was known, we rapidly mapped critical care competencies across 1,900 of our medical and nursing workforce and delivered nearly 800 core competency upskilling and refresher sessions. We swiftly pivoted to outpatient consultations, virtually piloted remote monitoring for shielding patients (such as home spirometry for shielding cystic fibrosis patients), offered play therapy through Zoom and used the MyGOSH online patients' portal to keep in touch with families.

In addition, we set up a COVID-19 workspace through the Digital Research Environment to analyse patient data, to improve our understanding of the effects of this new disease on patients and to help us predict what we might need operationally to mitigate the impact of the pandemic and support recovery. We developed a COVID-19 information hub to support worried patients and families, which was accessed over 400,000 times through our website, we switched to remote working wherever possible and have run multi-disciplinary teams, international webinars, Grand Rounds, London-wide teaching sessions and tens of thousands of day-to-day meetings through the Zoom platform.

Using Zoom has proved transformational for staff engagement. Our Senior Leadership Team attendance increased from 70 people to an average of 150 people. Our GMSC attendance increased from 25 to 200 and our weekly all-staff 'Big Brief' meetings increased from 280 to 880, with a maximum so far of over 1,000 people.

As a research hospital we were able to scale up staff testing ahead of the sector and contribute data and knowledge to support the global research effort. We recruited and trained volunteers from UCL, ICH and LSHTM to increase testing capacity and accepted samples from hospitals across North London. We validated assays for detection of the virus, developing rapid diagnostic tests for patients in ICUs at GOSH and beyond. We recruited nearly 4,000 staff for the Co-STARs study into zero-prevalence in healthcare workers.

The Trust's Digital Research and Innovation Virtual Environment (DRIVE) offers a world-leading data infrastructure alongside a data engineering and analytics team able to leverage clinical and operational data and support a translational data science program. Created alongside the implementation of the EPR, the data lake now has 20 years of curated legacy patient data, and during 2021-22 we will expand data integration from our EPR and other sources and expand the depth and breadth of our data lake.

During 2021/22, we will look to create an 'Innovation Hub' that will further develop infrastructure to enable prototype testing and safe access to curated data and front-line expertise/ testing via a Future Hospital Ward. The Hub will provide a route to deployment for new technology within the hospital and in 2021/22 we will refine and deploy the New Technology Framework for Proof of Concept studies in DRIVE. We will develop collaborative partnerships with industry delivering: added value in kind; expertise; and/or joint marketing endeavours. Overall, this will help small/medium enterprises and start-ups get their products into a real-world trial with patients.

During 2021/22, we will further develop a commercial framework, working with the Commercial Director, to secure a revenue share for products that go-to-market after evaluation in DRIVE and the Future Hospital Ward. The first commercial contract is now in place and involves using computer object detection to support our adherence to Infection, Prevention and Control procedures and this functionality will be further developed during 2021/22. We are also working

on a co-development project with a DRIVE Industry Partner to deploy social robotics within the Future Hospital Ward.

During 2021/22, we will engage with GOSHCC and external expertise to design and commission the website refresh and further develop a social media presence. We plan to recruit a Marketing Executive to update and refresh the website and manage content across all online channels.

Alongside this we will continue to our pan-Gosh priority of getting the basics right. A number of workstreams are planned to implement efficiencies and innovations across the organisation in the coming year such as:

- Robotic process automation, to support with routine administrative tasks
- Exploration of commercial opportunities to maximise the use of space and resources, such as iMRI scanners, during non-traditional office hours
- Utilising data available via DRIVE to develop partnerships for future research and/or commercial knowledge building
- Renegotiation of all contracts with options to reduce cost for extended term, harmonisation, reduced scope / service levels, and partnership with other providers. Termination of contracts no longer required
- Procurement of alternative products / devices, decreased variation. Improved stock management and waste reduction
- Changes in medicines management, improved cost efficiency and reduction in waste
- Reduction in required space (and associated costs) through service reconfiguration / new ways of working. Termination of leases on non-Trust owned property. Renegotiation of leases, where termination is not an option
- Meeting the reduced turnaround time for genetic testing, as part of our role in delivering the North Thames Genomic Laboratory Hub, potentially extending our operating to seven day working
- We continue to prepare for Whole Genome Sequencing (WGS), expected to go live later this year.

11. NHS Landscape Considerations

Under current commissioning arrangements, only around 3% of patients at GOSH are from the local area known as North Central London (NCL), with our main commissioner being NHSE for specialised services from all over England. The proposal to transfer/delegate the commissioning of specialised services to Integrated Care System (ICS) bodies will have a significant impact on GOSH. A localised population health approach will focus on the small numbers of local children who access our services, and have limited focus on those who form the majority of our patients and who come from elsewhere in the UK and beyond. GOSH will be required to enter into multiple contracts across the country where the year-on-year budget will be of limited predictability.

It is proposed that a key duty of ICS leaders will be to deploy both revenue and capital resources effectively to protect the future sustainability of local services for the local population. It is unclear how funding and investment in services for low volumes of children with complex needs requiring expensive care will be prioritised by ICSs who will have multiple conflicting demands for higher volumes of patients being treated in their local area.

A number of services that meet the highly specialised service criteria are included within this devolved commissioning model. These services are for small numbers of patients with rare conditions that need adequate levels of funding to maintain service viability. There is the potential of fragmentation of commissioning and differentiation of specification standards when specialised services are devolved to each ICS.

This commissioning change has the potential to create a financial risk to GOSH and also disadvantage children requiring specialist care which is only provided outside of the locality of their home-ICS. Inconsistent approaches to the provision of care will result in a postcode lottery for our sickest children.

At GOSH is it our mission to advance care for children and young people with complex health needs. To mitigate against any fragmentation and differentiation, GOSH will collaborate with regional, national and international peers – consolidating specialist services, developing outreach and integrated models of care and advancing the education, digital and research programmes that will improve outcomes for children. We will continue to work in partnership within the NCL locality and develop relationships with other ICSs in other parts of the UK.

12. Stakeholders and Partners

12.1 GOSH Children's Charity

The continued excellence in healthcare delivery at GOSH is in no small part attributable to the charitable donations of the GOSH Children's Charity. The Charity supports by funding:

- **Rebuilding and refurbishment:** some of the donations have supported the building of the Zayed Centre for Research into Rare Diseases, the redevelopment of the Pharmacy the soon to open Sight and Sound Centre
- **Child and family support:** the Charity supports the funding of parent and family accommodation, the Play Service, GOSH Arts, the Spiritual Care Team, Patient Advice and Liaison Service
- **Research:** charitable donations have supported breakthroughs in cancer, neuroscience, immunology, genetics, surgery, nursing and hormone therapy. Currently the Charity prioritises six areas of research, alongside the UCL Great Ormond Street Institute of Child Health (ICH): cancer, birth defects and tailor-made transplants, heart conditions, hormone and cell function disorders, immune system disorders and muscle-wasting disorders.
- **Equipment:** with the help of the Charity, children and young people have benefitted from life-saving defibrillators, the latest equipment for a vital cardiac catheter suite, modernisation of operating theatres, including the very latest inter-operative MRI scanning equipment. Also the Electronic Patient Record (EPR) system would not have been possible without charity funding.
- **Grant funding:** The Charity offers grants outside of GOSH which directly and/or indirectly benefits patients - for example the clinical research starter grant, the Dr Simon Newell Early Career Investigator Award alongside national calls for paediatric research proposals

12.1 International and Private Care

Our International & Private Care (I&PC) directorate at GOSH is internationally-renowned for providing cutting-edge treatment of children and young people with rare and complex conditions. In 2019/20, we worked with foreign governments and other international sponsors to welcome 5,742 children from overseas. The children came from 107 different countries, that lacked the facilities and/or expertise to treat rare and complex paediatric conditions. I&PC generated an income of nearly £65M in 2019/20, having seen around a 10% compound annual rate of growth over the last 10 years. The plan for 2020/21 was to continue to develop emerging international markets and diversify our provision in areas such as provision of training

to medical and other clinical staff from other countries; assistance with complex case diagnosis and treatment; and helping to develop research capability. Our aim was to continue the year-on-year income growth that has supported the development of wider Trust plans.

The COVID-19 pandemic and the GOSH response required us to reconfigure our private service in March 2020 in order to support NHS operations. As part of the NHS response to the pandemic, I&PC wards suspended non-essential treatment. Some of the wards and clinical teams were integrated with the wider hospital, and we worked with our international sponsors to repatriate international patients that were able to travel. During this period, I&PC provided additional capacity for GOSH cancer services, as well as dedicated general paediatric services supporting the wider London population and local NHS Trusts. I&PC worked closely with UCLH to host their cancer services in the Octav Botnar Wing.

Host nation and UK border restrictions have limited children and young people travelling from abroad for specialist care at GOSH via normal routes, and we have continued to work closely with overseas clinical teams providing remote and virtual support. We have also worked closely with our patients and families who have needed to remain in the UK for ongoing essential care and treatment. We continue to liaise with our overseas sponsors and in-country stakeholders in order to maintain relationships and ensure that we are positioned for patients to be referred and admitted as soon as the international travel situation improves.

The pandemic has had a detrimental impact on the level of I&PC income we generate. The funding we receive for NHS activity is not sufficient to cover the cost of delivering it, and we rely on the contribution from private patients to support the delivery of NHS specialist services. I&PC have focussed on the recovery of historic debt in order to maintain cash flow throughout this period, and also optimise systems and processes so that we are more able to maximise productivity when the global situation resolves or activity increases. We have also signed several partnership agreements with international stakeholders that are expected to enhance our profile and increase referral activity. We maintain our Gulf office in Dubai, a facility that has proved invaluable throughout this period both in supporting the repatriation and admission of children and young people, but also maintaining and enhancing our relationships with key institutions in the Middle East.

Plans to grow our profile in 2021/22 are well-advanced, with Russia and China being a particular area of focus in order to raise the GOSH profile and increase referral activity from those regions. In March 2021 we will launch a new global webinar series to promote our specialist treatments, expert and multi-disciplinary clinical teams, and broaden our professional networks. We are also planning to recommence our programme of international visits, once global travel allows, taking specialty Consultants out to visit key stakeholders and organisations in order to educate on clinical developments; impart information on our services and clinical expertise; and cement clinician-to-clinician relationships. Whilst we monitor and wait for the international travel situation to improve, our services are supporting the NHS Specialty directorates through offering additional bed capacity and support with complex multi-specialty patients.

13. Financial Planning

2020/21 has seen significant pressures placed on the NHS due to Covid-19. This has meant that GOSH has had to adjust the way in which it works in order to deliver the care that its patients, and those in the wider sector, need. In line with this the financial governance across the NHS has been adapted in order to provide funding so that Trusts could make these changes. As a consequence, GOSH moved to a block contract with retrospective top up for 6 months to cover the costs of delivering Covid-19 care. Part way through the year the Trust was required to submit a plan for the last 6 months of the year in order to start to recover lost activity, however the second wave of Covid-19 then hit the country.

With all these changes within the Trust and system it is important that the Trust has a plan to operate to for 2021/22, although this has been created in the absence of formal guidance from NHSE/I.

In setting a Trust wide financial plan there are a number of assumptions that are being worked to, these are:

- The Trust should have an approved business plan and budget for 2021/22
- The plan will need to be signed off by the Trust Board
- The Trust will need to aim for breakeven or minimise any deficit
- The Trust will need to demonstrate financial controls
- Income will remain in line with the Month 7-12 financial payment systems
- Financial plans and business plans need to line up and represent activity plans
- The M7-12 Plan submitted to NHSE will be used a base line for the 2021/22 plan (£20.6m deficit)
- Inflation from 2020/21 guidance is to be applied to pay (2.5%), Drugs (4.1%) and non-pay (2.0%)
- NHS income will continue into 2021/22 in line with M7-12
- The Trust will identify a better value savings programme equal to 3.5% of spend (£19.5m)

The Trust will take its completed business plan and budget to the Finance and investment committee meeting and Trust Board meetings in March 2021 where they will be presented for sign off. The Trust will then use this as its plan for 2021/22.

13.1 Approach to financial planning

Initial Submission Phase: The initial phase of the financial planning process that was undertaken in October 2020 is considered a 'top-down' approach and provided the Trust with a bridge which incorporated the Trust planning assumptions. Due to the Trust not having received any guidance or being set a control total this process enabled the Trust to identify the Surplus/deficit target for 2021/22. This number has changed as information on activity, funding, international travel, research and charity funding has been available to the Trust.

13.2 Detailed Budget Development Phase

The detailed budgets have been worked on by the directorate management teams, this work was started in October 2020 so that the budgets could be completed ahead of the Trust board Sign off in March 2021. These budgets have been submitted for review a number of teams with reviews being undertaken by the Planning and strategy Team, Finance team and the Executive management team. The budgets have been challenged by an Executive panel and the management team have taken the challenge and direction and produced updated budget submissions. The Trust better value programme has a number of work streams and as schemes have been worked up the Trust budgets have been adjusted to identify the saving and facilitate in year monitoring.

13.3 Profiling

The Trust has aligned the 2021/22 plan in line with an agreed proposal that in summary assumes:

- Elective income is principally driven by working days.
- Non elective income is driven by calendar days in month.
- Each directorate has reviewed its plans and phased them in line with expectations relating to recruitment, activity and turnover.
- Business Cases and Pay / Non-Pay etc. have been reviewed and phased according to updated local modelling.

- The Better Value programme has been phased to align to the expected commencement of the programmes and the expected monthly savings from each scheme.

13.4 Summary Financial Statements 2021/22

The statements below outline the current forecast outturn and the current directorate bottom-up plans for 2021/22.

The forecast outturn position is from the month 11 Trust board report and is the latest forecast position for the Trust. This includes additional income that has been agreed from NHSE for 2020/21 but has not been confirmed for 2021/22.

The directorates have finalised their plans for 2021/22 and these have been used to build the Trust plan for 2021/22. The Trust plan assumes that some of the income received in 2020/21 over and above the block is recurrent and includes this. It is expected that some of the income received in 2020/21 will be non-recurrent and has therefore been excluded, however this will not be known until the 2021/22 block is issued. The bridge outlines the Trusts movement from the month 11 Forecast outturn position to the 2021/22 planned deficit of £24.8m.

Following the sign off of the business plan should NHSE issue income or capital funding that is different to what is currently anticipated these two parts of the trust plans will need updating. In this situation the Trust will bring an update paper to FIC and subsequently the board for approval to make a change to these parts of the plan.

13.5 Statement of Comprehensive Income

£m	2020/21 FOT	2021/22 Plan
NHS & Other Clinical Revenue	418.8	419.9
Private Patient Revenue	37.6	54.5
Non-Clinical Revenue	48.7	61.7
Total Operating Revenue	505.0	536.1
Employee Expenses	(319.1)	(333.7)
Total Employee Expenses	(319.1)	(333.7)
Drugs and Blood	(91.9)	(104.2)
Other Clinical Supplies	(36.1)	(34.7)
Other Expenses	(83.5)	(83.6)
Total Non-Pay Expenses	(211.5)	(222.5)
Total Expenses	(530.5)	(556.2)
EBITDA	25.5	20.2
Owned depreciation, Interest and PDC	(15.9)	(18.7)
Surplus/Deficit (exc.Top up)	(41.4)	(38.8)
Top Up	39.4	0.0
Better Value to be removed from Budgets	0.0	14.0
Surplus/Deficit (incl.Top up & Better Value)	(2.0)	(24.8)
Donated depreciation	(15.0)	(15.1)
Net (Deficit)/Surplus (exc Cap. Don)	(17.1)	(39.9)
Capital Donations	12.0	9.8
Impairment	(6.0)	0.0
Net Result	(11.1)	(30.1)

13.6 Statement of Financial Position

£m	2020/21 FOT	2021/22 Plan
Non-Current Assets	527.6	527.5
Inventory	10.9	10.9
Debtors	62.7	57.0
Cash	142.0	47.3
Creditors	(142.4)	(72.0)
Provisions & Non-Current Liabilities	(6.0)	(6.0)
Total Assets Employed	594.8	564.7
PDC Reserve	132.0	132.0
I&E Reserve	345.1	315.0
Revaluation Reserve	117.7	117.7
Total Taxpayers' Equity	594.8	564.7

13.7 Statement of Cash Flows

£m	2020/21 FOT	2021/22 Plan
<u>Cash flows from operating activities</u>		
Operating (deficit) / surplus - excluding charitable	(17.1)	(39.9)
Impairment and Reversals	(6.0)	0.0
Charitable capital expenditure contributions	12.0	9.8
Operating surplus	(11.1)	(30.1)
<u>Non-cash income and expense</u>		
Depreciation and amortisation	25.6	25.4
Impairments and Reversals	6.0	0.0
Gain on disposal	0.0	0.0
Decrease in trade and other receivables	41.5	5.7
Decrease in inventories	0.6	0.0
Increase/(Decrease) in trade and other payables	23.9	(39.4)
Increase/(Decrease) in other current liabilities	22.2	(23.0)
Decrease in provisions	(0.1)	0.0
Net cash inflow (outflow) from operating activities	119.7	(31.3)
<u>Cash flows from investing activities</u>		
Interest received	0.0	0.0
Purchase of property, plant and equipment and Int	(23.6)	(27.8)
Net cash used in investing activities	(23.6)	(27.8)
<u>Cash flows from financing activities</u>		
Public Dividend Capital received	2.7	0.0
PDC dividend paid	(7.0)	(5.5)
Net cash outflows from financing activities	(4.3)	(5.5)
Increase/(decrease) in cash and cash equivalents	80.7	(94.7)
Cash and cash equivalents at period start	61.3	142.0
Cash and cash equivalents at period end	142.0	47.3

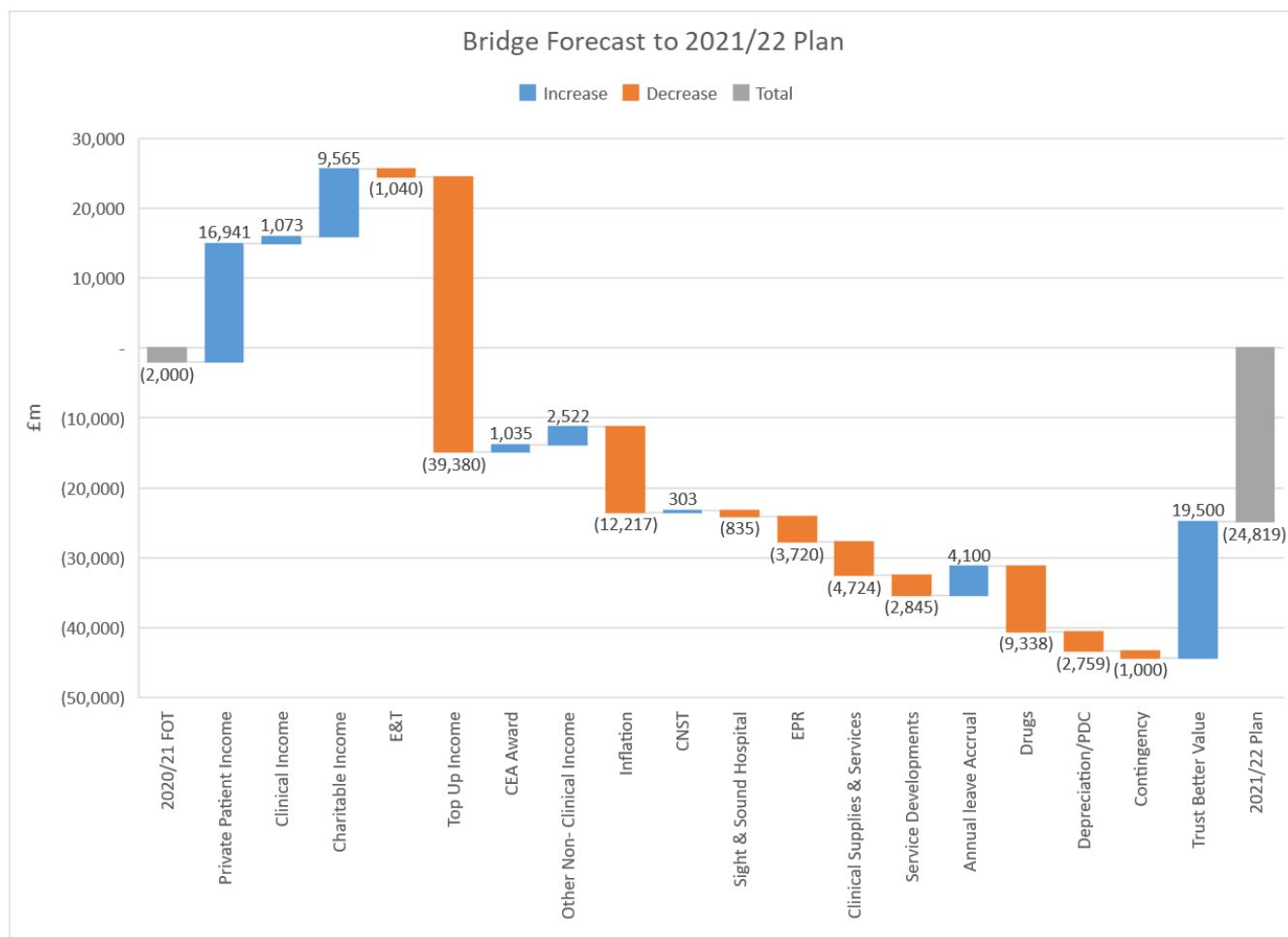
13.8 Bridging/Planning Assumptions

The forecast outturn includes additional costs and lost income in month 1-6 that are not reflective of the ongoing costs of running the hospital. These were offset by a retrospective top up that broke the Trust even, it is unknown what (if any) of this would be incorporated in the NHS contracts going forward.

The plan for 2021/22 is a deficit of £24.8m. This is due to a number of factors that have impacted on the Trust over the last 12 months. The main reasons for this deficit are:

- Loss of Private patient income, only a partial recovery in 2021/22
- Increased costs due to longer term impacts from Covid-19 including social distancing and testing.
- No Better value savings in 2020/21 due to Covid-19. This did not therefore cover increased costs due to inflation and legacy costs associated with Trust programmes including EPR and ZCR

- NHS funding envelope not having been updated for new service provisions that were already underway and model did not take account of all specialist activity.



The plan includes the following assumptions (note these will be updated in line with the final adjustments that we receive and in line with our tariff and control total negotiations).

Heading	Actual	Notes
2020/21 FOT	(£2.0m)	Month 11 Trust forecast outturn
Private Patient Income	£16.9m	Increase in Private patient income. This is only a partial recovery on previous levels or Income.
Clinical Income	£1.1m	Planned movement on Clinical income and NHSE, devolved nations and overseas visitors.
Charitable Income	£9.6m	Trust work programs funded through charitable contributions planned to restart.
E&T	(£1.0m)	Additional income received in 2020/21 not planned to continue in 2021/22
Top Up Income	(£39.4m)	Retrospective Top up wont be paid in 2021/22, Unknown what (if any) elements will be included in NHS contracts.
CEA Award	£1.0m	Income for national CEA awards that were not in the M7-12 plan

Other Non- Clinical Income	£2.5m	Income planned from the opening of the new GMP lab along with partial recovery of other income including lab testing income and outreach clinics.
Inflation	(£12.2m)	Impact of inflationary increases in pay (2.5%), Drugs (4.1%) and non-pay(2%).
CNST	£0.3m	Reduction in Trust Clinical Negligence insurance premium
Sight & Sound Hospital	(£0.8m)	The increase in costs associated with the opening of the Sight & Sound hospital
EPR	(£3.7m)	EPR optimisation has now concluded and the cost of running the EPR system is recognised fully in the Trust revenue.
Clinical Supplies & Services	(£4.7m)	Increased cost associated with increased activity
Service Developments	(£2.8m)	Cost of a number of service developments including the PN service, Nusinersen, PIMS-TS and the opening of bed capacity.
Annual leave Accrual	£4.1m	The annual leave provision is not projected to increase again next year
Drugs	(£9.3m)	Increased costs of drugs associated with new high cost drugs and the increased level of activity in 2021/22
Depreciation/PDC	(£2.8m)	Increase in Depreciation in line with Assets and an increase in PDC as cash reserves expected to fall as NHS payments return to previous schedules.
Contingency	(£1.0m)	A contingency to provide funds for unexpected costs in 2021/22.
Trust Better Value	£19.5m	Trust better value programme that was calculated to be a stretching target but also achievable
2021/22 Plan	(£24.8m)	Planned deficit for 2021/22

14. NHS Income

Owing to the current impact of COVID-19 the decision has been made to continue with the existing nationally set block funding for at least quarter 1 of 2021/22. The 2021/22 plan for NHS income has therefore been based on the following key assumptions:

- Income for NHS England (NHSE) and Clinical Commissioning groups (CCGs) will continue at current block levels with an assumed uplift of 1.37% and zero growth
- It is assumed that NHSE will continue to fund all specialised and highly specialised services as per current arrangements
- No funding has been included for the impact of COVID-19 or restoration of activity, although this may become available in year
- Recurrent agreed 2020/21 adjustments to blocks have been included
- Pass through drugs funded under a block arrangement in 2020/21 have been included at the 2020/21 estimated value for both NHSE and CCG
- The cost and volume pass through drugs plan for NHS England have been based on 2020/21 quarter 3 actuals annualised
- The plan for pass through devices has been based on estimated values within the current blocks for both CCGs and NHSE however it is expected that these will be funded on a cost and volume basis for NHSE from June 2021

The total estimated clinical income is £416.8m with £86.7m of this being for pass through drugs and devices.

15. Better Value

The Trust has adopted an executive-led approach to oversee the identification and progression of schemes against five main themes:

- **Workforce** – considering schemes such as more effective management of bank & agency spend (including bank rates and active substantive recruitment); tighter management on vacancy; cohorting patient care to allow for greater flexibility of staff; new roles and; robotic process automation
- **Commercial** – considering schemes such as access to research data; partnerships; shared EPR; education; recovering lost revenue and better utilisation of GOSH assets (e.g. MRI capacity)
- **Procurement & Contracts** – considering schemes such as better management of waste and reduction; exchange; stopping; renegotiation / amalgamation of contracts; shared contracts (e.g. NCL partners)
- **Built Assets** – considering schemes such as termination of leases (with relocation of staff, including long-term extension of current blended on-site and home working); reduced footprint within Trust premises (reducing associated costs) and extending space to partners
- **Services** – considering schemes such as improved patient flow; cohorting of services; service improvements through longer term transformation programmes

Members of the transformation team are providing project management support and other key stakeholders are involved in regular meetings to progress opportunities. This includes the establishment of a 'line by line' tracker for each opportunity and its current status. PODs and QIAs (including equality impact assessment) will be developed as required (and in accordance with the revised process agreed with the auditors). The mechanism for recognising how the saving will be demonstrated (e.g. removed from budgets at the outset or through alternative methods) will also be agreed for each scheme.

Theme	Value	Description
Directorate schemes	£6.9m	Local directorate generated schemes covering savings across all themes
Built Assets	£0.2m	Releasing off-site, non-clinical space
Procurement and contract savings via GSTT	£2.4m	Including a range of initiatives linked to theatre equipment and consumables for spinal and orthopaedic work, reduced cost of theatre packs and renegotiated prices. These sums relate to contract and price changes, and are in addition to local work within directorates to reduce wastage and tightly control procurement spend.
Workforce	£1.7m	Supporting staffing through substantive teams and reducing reliance on bank and agency
Commercial and non-commissioner income	£2.3m	Numerous commercial partnerships.
Improving flow and reducing long length of stay	£0.8m	Working with clinical teams to improve flow and address our longest lengths of stay with the aim of releasing 6 beds across the hospital.
Other Schemes	£5.2m	Various other schemes being worked on across the Better Value work streams

It is recognised that the Trust will need to deliver additional activity (against plan) for at least the next 12-18 months in order to address a current backlog in some services. Where additional activity is delivered it is expected that this will be funded by NHS income.

16. Capital Plan

Capital expenditure is funded from a combination of Trust funds and charity funds (almost exclusively donated by the Great Ormond Street Hospitals Children's Charity (GOSHCC). Charity funding assumed in this plan has been allocated based on Grants Committee approvals on final business cases and specific known schemes.

The Trust's capital allocation is issued by NCL ICS. The ICS allocation had not been confirmed at the time this plan was prepared and is assumed to be £18m, consistent with the 2020/21 plan. This is based upon the level of forecast depreciation for the year (£11.2m) and the use of cash reserves (£6.8m). It is possible that the ICS will set the Trust's limit at the level of forecast depreciation. It is assumed that the Trust funding available for years 2-5 of the five year plan will also be unchanged from the assumptions in the 2020/21 plan.

The Trust is currently planning Phase IV of the Redevelopment Master Plan which encompasses the redevelopment of the Frontage of the Hospital into the 'Children's Cancer Centre'. The cost of the design during 2021/22 will be funded the GOSH Children's Charity. The Charity will also be contributing to the cost of enabling works required to accommodate the services and other functions decanted from the Frontage building.

Trust Funded Schemes (£18.0m)

Schemes proposed for 2021/22 have been reviewed and prioritised within the assumed Trust funding envelope of £18m. All proposals were assessed to determine the risks requiring the scheme to be undertaken and the degree to which completion of the scheme would mitigate those risks. Where proposed schemes could not be accommodated within the available funding the residual risks were assessed to determine whether they were at an acceptable level. In order to include those schemes already contractually committed or in the top priority group, some schemes were re-phased partially or completely into 2022/23 and the contingency reduced to £0.4m. The following allocations have been provisionally agreed:

- Schemes already approved in prior years (£1.5m)
- Enabling works for the Children's Cancer Centre and associated works (£5.1m)
- New schemes in the top priority group (£11.1m)
- Contingency for urgent expenditure arising in-year (£0.4m)

Donated funding (£45.1m)

The GOSH Children's Charity is the source of donated funding. The decision to grant donated funding to capital schemes is made by the Charity Grants Committee in response to requests from the Trust. These grants may cover a single purchase or extend over multiple years' in the case of larger projects.

Projects funded by the GOSHCC for 2021/22 are estimated at £m and currently fall into the following groups:

- The Children's Cancer Centre and enabling works to other buildings to accommodate decanted services.
- Medical equipment. The timing of expenditure in each year will be determined by the Trust's Equipment Replacement Plan which continues to be developed.

Capital Plan

Funding	Area	2021/22	2022/23	2023/24	2024/25	2025/26
Trust	Redevelopment	6,257	3,152	0		
	ICT	3,864	4,445	2,045	2,145	3,245
	Estates	6,526	3,560	9,920	7,160	6,042
	Equipment	960				
	Contingency	393		919	555	508
Trust Total		18,000	11,157	12,884	9,860	9,795
Innovate UK Grant Total	ICT	462				
Donated	Redevelopment	13,701	14,077	372		
	Medical equipment	2,275	2,275	2,275	2,275	2,275
Donated Total		15,976	16,352	2,647	2,275	2,275
Grand Total		34,438	27,509	15,531	12,135	12,070
Impact of bringing leases on balance sheet under IFRS16			54,478	1,070	250,164	25