Great Ormond Street Hospital for Children
NHS Foundation Trust

Meeting of the Trust Board
Wednesday 26 May 2021

Dear Members

There will be a public meeting of the Trust Board on Wednesday 26 May 2021 at 2:00pm by video conferencing.

Company Secretary Direct Line: 020 7813 8230

AGENDA

	Agenda Item STANDARD ITEMS	Presented by	Attachment	Timing
1.	**Apologies for absence**	Chair	**Verbal**	**2:00pm**
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 30 March 2021**	Chair	**G**	
3.	**Matters Arising/ Action Checklist** **Action 216.4:** multiyear trends for metrics such as speaking up, serious incidents and their closure	Chair	**H** **9**	**2:05pm**
4.	**Patient Story**	Chief Nurse	**I**	**2:10pm**
5.	**Directorate presentation: Medicines, Therapies and Tests Directorate**	Chief Operating Officer/ Senior Leadership Team for Directorate	**J**	**2:25pm**
6.	**Chief Executive Update**	Chief Executive	**K**	**2:40pm**
	ANNUAL REPORT AND ACCOUNTS			
7.	**GOSH Foundation Trust Annual Financial Accounts 2020/21 and Annual Report 2020/21 Including:** ○ **the Annual Governance Statement** ○ **the assurance committee annual reports** ○ **Draft Head of Internal Audit Opinion** ○ **Draft Representation Letter** **Draft Representation Letter**	Chief Finance Officer Company Secretary Audit Committee Chair	**L (Accounts)** **10 (Annual Report)** **11 to follow**	**2:50pm**
8.	**Compliance with the Code of Governance 2020/21**	Company Secretary	**M**	**3:00pm**
9.	**Compliance with the NHS provider licence – self assessment 2020/21**	Company Secretary	**N**	**3:05pm**
	STRATEGY and RISK			
10.	**GOSH 2021/22 Budget**	Chief Finance Officer	**O**	**3:10pm**
11.	**Trust Risk Appetite Statement**	Company Secretary	**P**	**3:20pm**

12.	**Board Assurance Framework Update**	Company Secretary	**Q**	**3:25pm**
	PERFORMANCE			
13.	**Integrated Quality and Performance Report – Month 1 2021/22**	Medical Director/ Chief Nurse/ Chief Operating Officer Interim Chief Operating Officer	**R**	**3:30pm**
14.	**Month 1 2021/22 Finance Report**	Chief Finance Officer	**S**	**3:40pm**
15.	**Learning from Deaths Mortality Review Group - Report of deaths in Q3 2020/2021**	Medical Director	**T**	**3:50pm**
16.	**Safe Nurse Staffing Report (February - March 2021)** **Nursing Establishment Review**	Chief Nurse	**U** **8**	**4:00pm**
	ASSURANCE			
17.	**Infection Control Update**	Chief Nurse/ Director of Infection, Prevention and Control (DIPC)	**W**	**4:20pm**
18.	**Annual Reports** • **Annual Freedom to Speak Up Report 2020/21** • **Annual Health and Safety and Fire Report 2020/21** • **Gender Pay Gap Report 2020/21** • **Guardian of Safe Working Report Q4 2020/21 and Annual Report 2020/21**	 Freedom to Speak Up Guardian Director of Estates, Facilities and the Built Environment Director of HR and OD Guardian of Safe Working (Renee McCulloch)	 **X** **Y** **Z** **1**	**4:30pm**
	GOVERNANCE			
19.	**Board Assurance Committee reports** • **Audit Committee update – April 2021 meeting and May 2021 (verbal)** • **Quality, Safety and Experience Assurance Committee update – April 2021 meeting** • **Finance and Investment Committee: Revised Terms of Reference** *There has been no meeting of the People and Education Assurance Committee and the Finance and Investment Committee since the last Trust Board in March 2021*	 Chair of the Audit Committee Chair of the Quality and Safety Assurance Committee Chair of the Finance and Investment Committee	 **2** **3** **4**	**4:45pm**

20.	**Council of Governors' Update – April 2021**	Chair/ Company Secretary	**5**	**4:55pm**
21.	**Declaration of Interest Register (Directors and Staff)**	Company Secretary	**6**	**5:05pm**
22.	**Director and Governor Code of Conduct**	Company Secretary	**7**	**5:10pm**
23.	**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.)			**5:15pm**
24.	**Next meeting** The next confidential Trust Board meeting will be held on Wednesday 7 July 2021 in the Charles West Room, Barclay House, Great Ormond Street, London, WC1N 3BH.			

Attachment G

Great Ormond Street Hospital for Children NHS Foundation Trust

DRAFT Minutes of the meeting of Trust Board on 30th March 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
Caroline Anderson	Director of HR and OD

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
Danielle*	Parent of a GOSH patient
Pippa*	GOSH patient
Zoe Simpson*	Trainee Advanced Clinical Practitioner, Highly Specialised Dietician
Dr Simon Hannam*	Co-Deputy Chief of Service, Heart and Lung Directorate
Dagmar Gohil*	Head of Nursing and Patient Experience, Heart and Lung Directorate
Chris Longster*	General Manager, Heart of and Lung Directorate
Helen Dunn*	Director of Infection Prevention and Control
Lynn Shields*	Director of Education
Richard Brown*	Chief Data Officer
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
3 members of staff	

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

204	**Apologies for absence**
204.1	Apologies for absence were received from Zoe Asensio-Sanchez, Director of Estates, Facilities and the Built Environment.
205	**Declarations of Interest**

205.1	No declarations of interest were received.
206	**Minutes of Meeting held on 3rd February 2021**
206.1	The Board **approved** the minutes of the previous meeting.
207	**Matters Arising/ Action Checklist**
207.1	The actions taken since the last meeting were noted.
208	**Chief Executive Update**
208.1	Matthew Shaw, Chief Executive thanked staff for their work to support GOSH's activity recovery and said that the Trust was approaching 90% activity in comparison to the previous year and above 90% in outpatients when considering both face to face and virtual appointments. The vaccine clinic had closed having delivered 9,000 doses of vaccine to staff and PICU continued to retain the ability to increase the number of beds as necessary. The Board thanked GOSH staff for their work to treat the substantial backlog of patients.
208.2	Staff survey results had shown improvements for the second consecutive year. The Board welcomed the improvements that had been made particularly in the area of staff wellbeing. Matthew Shaw said that a key focus would continue to be on diversity and inclusion.
208.3	Some staff were returning to site and principles were being developed to support managers to speak with staff and ensure that working arrangements were equitable going forward.
208.4	GOSH and Alder Hey Children's NHS Foundation Trust co-chaired the UK Children's Hospital Alliance and Matthew Shaw said that as part of this role he would be joining the national Children and Young People's Transformation Board. The Trust was also working with the GOSH Children's Charity to organise a cycle ride from London to Glasgow for the UN Climate Change Conference in October 2021. A Trust wide webinar had been held in the last week of March to discuss the actions that GOSH was taking around climate change and the ways in which staff could become involved.
208.5	Russell Viner, Non-Executive Director asked about the level of vaccine uptake amongst staff and particularly within staff from a BAME background. Matthew Shaw said that there had been hesitancy from some staff from a BAME background and focused work had taken place to encourage staff to take up the vaccine. It had also been found that staff at a lower band had taken up the vaccine at a lower rate than those at a higher band.
208.6	Chris Kennedy, Non-Executive Director welcomed the improvements that had been made in the staff survey but highlighted that significant work was required to bring response rates into line with non-NHS organisations. Matthew Shaw agreed and said that it was vital to continue to make these improvements.
208.7	James Hatchley, Non-Executive Director asked whether the safe return to site for staff would be a North Central London wide agreed process and highlighted potential staff retention issues if these processes were not comparable between organisations. Caroline Anderson, Director of HR and OD said that individual

	Trusts were free to agree processes for returning to site however the application of these processes would be based on policies at STP level.
209	**Patient Story**
209.1	The Board received a patient story via videoconference from Danielle the parent of GOSH patient Pippa, aged 7. Pippa had been treated at GOSH since she was 3 years old under a number of specialties. Danielle discussed her experience at GOSH overall and in particular related to the Ketogenic Diet team which had been very positive. She said that the contact with the team had been very helpful and they had been able to answer all the questions the family had raised. Danielle said that whilst the ketogenic diet had not had the clinical effect that that been hoped for it had been beneficial to Pippa in other areas of her development.
209.2	Danielle said that there had often been challenging administrative issues during Pippa's time at GOSH and it had been extremely disappointing in instances when administrative actions had not been followed through in the way that had been agreed during discussions. Danielle said that MyGOSH had been extremely helpful in communicating with clinical teams and it was helpful to have access to clinical results when working with a number of different hospitals.
209.3	Alison Robertson, Chief Nurse said that a large proportion of PALS contacts were around communication. A large number of GOSH patients were under more than one specialty and therefore the administrative function was key to ensure there was effective and timely communication between teams as well as with patients and families.
209.4	Matthew Shaw asked whether there had been good communication between specialties during her time at GOSH and Danielle said that this had recently improved considerably due to the involvement of Zoe Simpson, a trainee Advanced Clinical Practitioner Dietician who had been instrumental in navigating between teams within GOSH and between GOSH and other hospitals. Matthew Shaw said that enabling families to receive a more cohesive service was vital for patient and family experience and said that it would be important to consider the provision of roles that would support this. Zoe Simpson said that working in a more senior role was beneficial when working with other Trusts and in order to be a more general point of contact for patients and families.
209.5	The Board thanked Danielle and Pippa for joining the meeting and Zoe Simpson for her excellent work to support families and represent GOSH.
210	**Directorate presentation: Heart and Lung Directorate**
210.1	Dagmar Gohill, Head of Nursing and Patient Experience said that the Heart and Lung Directorate had played a key role in the Trust's response to the COVID-19 pandemic supporting the adult sector with over 50 skilled intensive care nursing staff, other ward staff, Advanced Nurse Practitioners and Clinical Nurse Specialists. ICU had been expanded to a maximum bed occupancy of 57 and a parallel 'COVID ICU' had been brought online for the duration of the pandemic. It was anticipated that this would close at the end of March 2021. An ethos of not refusing any patient had led to a significant reduction in patient refusals across all areas of ICU.

210.2	Chris Longster, General Manager said that was a large backlog of patients in the directorate and there had also been a number of staff shielding. A high turnover of cardiac scrub nurses had also impacted theatre capacity. There had been improvements in 9 of 10 staff survey themes.
210.3	Simon Hannam, Co-Deputy Chief of Service said that focus was being placed on closing incidents and there had been six Serious Incidents across the Directorate however no themes had been identified.
210.4	The Directorate was forecasting a year-end deficit against the directorate control total. There had been growth in pay costs as a result of successful recruitment of additional ICU nurses and a decrease in IPP activity. As a result of the clinical prioritisation process much of the activity was of a high complexity which had resulted in an increase in non-pay costs as had running an additional ICU area for COVID positive patients.
210.5	John Quinn, Chief Operating Officer said that the Directorate had worked extremely hard to provide excellent support to adult services throughout the sector.
210.6	James Hatchley asked for a sense of the levels of fatigue and morale of staff in the directorate. He queried the risk of increased turnover following the pandemic and whether there were any key areas of the directorate which required additional focus. Simon Hannam said that morale was good and he felt that the vaccination programme had contributed to this despite on-going staff fatigue. He said that staff had shown themselves to be very resilient throughout the period. Challenges had arisen around Brexit and the need to acquire visas and overseas doctors were finding the fact that they were unable to visit family difficult.
210.7	Russell Viner said that he had received very positive feedback about GOSH's support of the wider system. He asked if there was learning from the pandemic which would be implemented and opportunities which had arisen. Dagmar Gohil said that work would be taking place to develop a high dependency unit within the Directorate which would require sufficient nursing capacity. Simon Hannam said that there had been discussion about provision for patients with PIMS-TS. He said GOSH was one of the few Trusts with the capability to treat these patients however the majority of PIMS-TS patients did not require ICU treatment. He added that there had been a significant improvement in multidisciplinary team working throughout the pandemic and it was important to continue to move forward with this.
211	**Infection Control Assurance Framework**
211.1	Helen Dunn, Director of Infection Prevention and Control said that the infection control assurance framework published by NHS England continued to be updated. The Trust had one area of non-compliance around ventilation and work was taking place with the estates team to rectify this.
211.2	Hospital acquired COVID-19 infections were being monitored and there were 18 cases in the Trust since March 2020 which appeared to be healthcare associated. All hospital acquired cases had been investigated by the IPC team and 11 cases had confirmed positive parents which highlighted the importance of the hospital strategy to undertake parental screening. Five outbreaks had

211.3	been declared at GOSH all of which had been related to staff; there had been no patient declared outbreaks. Discussion took place about the outcome of the Hands, Face, Space, Place audits which had shown 90% compliance. Akhter Mateen, Non-Executive Director said that it was important for staff to have the ability to speak up about colleagues not adhering to the required precautions. Helen Dunn said that the results of the audits also highlighted the importance of repeated consistent messaging and ensuring all members of staff were receiving key communications.
212	**Planet Update: People and Culture - Making GOSH a great place to work**
212.1	Caroline Anderson said that the People Strategy which had been published in 2019 was built around four key themes: resourcing and workforce planning; capability and skills; modernising HR infrastructure and culture, engagement, health and wellbeing.
212.2	The results from the 2020 staff survey had shown improvements in a number of key areas and the results of 65% of questions had improved since 2019. The importance of continued internal communication had been shown and focus on this would continue as the work programme for the people strategy moved into year two.
212.3	Sir Michael Rake welcomed the substantial improvements that had been made but noted that further work was required. Chris Kennedy highlighted the discrepancy between the improvement in responses to the 'immediate manager' theme of questions and the deterioration in the responses to a similar question in the most recent pulse survey. Caroline Anderson said that focus had been on developing a corporate structure to support a communications infrastructure and going forward this would begin to focus on the staff voice which was likely to improve scores in this area.
212.4	Akhter Mateen welcomed the positive overall trend but expressed some concern about the Trust's results around diversity and inclusion. Caroline Anderson said that although GOSH's scores benchmarked positively against others in North Central London work was required and this was taking place through the Diversity and Inclusion Framework.
212.4	Amanda Ellingworth, Non-Executive Director said that it was important to ensure that continued improvements were made in a timely way and asked whether milestones had been set which could be monitored. Caroline Anderson said that the implementation and improvements as a result of the people strategy was likely to be a five year journey. She said that a set of indicators related to diversity and inclusion and health and wellbeing were in place which were derived from metrics against which the Trust was externally assessed and those which staff had reported being important. Caroline Anderson said that it was important to balance embedding the work that was taking place with moving at pace.
212.6	James Hatchley asked how the governance and delivery structure would interrelate with the directorate structure. He asked how staff would contribute to the work. Caroline Anderson said that staff would be connected through the internal communications process.

213	**Planet update: GOSH Learning Academy**
213.1	Lynn Shields, Director of Education said that there were six overarching priorities set out within the GOSH Learning Academy (GLA) Strategy and the year one milestones had been delivered. The draft year two delivery plan was scheduled for approval at the April meeting of the GLA Programme Board. At the beginning of the COVID-19 pandemic the Trust had been well positioned to support the fast upskilling of staff both within GOSH and externally. The team had successfully run the inaugural learning academy conference and had launched the staff scholarship as well as winning the BAME Apprenticeships Large Employer Award.
213.2	Sir Michael Rake welcomed the work that had been taking place and emphasised its importance. Notwithstanding the challenges of the previous year he said that it was vital that GOSH continued to focus on this work.
213.3	Russell Viner said that he was the lead for undergraduate paediatric education at UCL and GOSH had been able to provide a very positive experience to students at short notice. He added that consideration was being given to how GOSH would be included in student education in the longer term. Kathryn Ludlow, Non-Executive Director said that regular updates on the learning academy were received at the People and Education Assurance Committee and there had been a good uptake of the virtual learning opportunities available.
214	**Annual Business Plan and Budget 2021/2022**
214.1	Helen Jameson, Chief Finance Officer said that the operating plan had now been published by NHS England and Improvement which showed that focus would be placed on recruitment and retention and health and wellbeing however a number of details remained unclear. It was also clear that there would be a focus on supporting children and young people in the community, particularly those with mental health challenges.
214.2	A block income would be received by the Trust with a 0.5% uplift which was lower than had been assumed however additional support would also be received in relation to costs associated with the pandemic along with an incentive at tariff rate for activity above target. Costs would continue to change in response to infection control measures and the patient prioritisation process.
214.3	Helen Jameson said that there were three key components of the financial plan: costs, recovery of non-NHS income and NHS income. Non-NHS income had reduced significantly during the pandemic and GOSH's financial plan assumed an ambitious recovery which would involve substantial work taking place towards the end of the financial year as it was anticipated that referral centres would remain closed for a number of months at the beginning of the year. Akhter Mateen asked whether the payments for over delivery were Trust or system specific and Helen Jameson said that although payments would be system wide it was anticipated that GOSH would receive payments for its over performance in 2021/22.
214.4	John Quinn said that a number of matters set out in the operational plan had also been included in GOSH's assumptions and therefore would be translated into finalised plans.

214.5	The Board **approved** the business and finance plans for 2021/22 noting that they were based on existing information. It was confirmed that an update would be provided to the Finance and Investment Committee and Board in order to seek approval for any changes that were required following a review of the guidance.
215	**Data management and data quality update report**
215.1	Richard Brown, Chief Data Officer said that the two key principles of the data strategy were 'ensuring every child's data is protected' and 'enabling a data driven culture at GOSH'. Epic had been instrumental in protecting patients' data and provided a secure environment and a depth of data to which GOSH had previously not had access. Three data warehouses were in place and information governance and cyber security were key in this regard.
215.2	Focus was being placed on ensuring that correct and complete data was entered into Epic at the time of transaction and this was assessed throughout the data assurance process. A standard set of definitions had been implemented which aligned with NHS Digital and other appropriate standards where necessary.
215.3	Chris Kennedy welcomed the significant improvement that had been made. He asked whether there were any health organisations that led in data and predictive analysis from which GOSH could learn. He asked whether the team had been successful in encouraging staff to discuss and record all clinical discussion through Epic rather than email. Richard Brown said that in primary care good work was taking place around demographics and predictive modelling however there were no specific secondary and tertiary care organisations in the UK which were more advanced than GOSH in this area. It was noted that internationally the Children's Hospital of Philadelphia and Stanford Children's Health were further advanced than GOSH in their use of data. Richard Brown said that there was good discipline around ensuring that any clinical data was stored in Epic and the team had ensured that staff were easily able to add notes and information.
215.4	Anna Ferrant, Company Secretary said that the Trust was required to undertake a self-assessment around the data protection toolkit and there were a number of outstanding improvement actions from the 2019-20 assessment. The Trust was required to report the way in which data flows were managed to the Board. In 2019 a review took place of information flows and of 141 personal data flows reviewed, 12 required further investigation due to having data stored outside the UK. Of these two organisations were contacted to request assurance around Brexit. Anna Ferrant said that it was important that the Board was assured that the Trust was aware of the information that flowed out of the Trust and outside the UK. The Board **approved** the process for managing data flows and **agreed** that the Audit Committee would receive this assurance going forward on behalf of the Board.
216	**Integrated Quality and Performance Report (Month 11) February 2021 data**
216.1	Sanjiv Sharma, Medical Director said that there had been approximately equivalent numbers of incidents reported and closed in month and further work was required to reduce the backlog of open incidents. Performance against completion of the WHO checklist had reduced and focus would be placed on improving this. Four Serious Incident reports were currently overdue as a result

	of delays to receiving reports from external organisations. GOSH had agreed to no longer request deadline extensions and it was anticipated that the overdue Serious Incident investigations would be completed by the middle of April 2021.
216.2	Challenges remained with Duty of Candour and although compliance for stage one remained at 100% compliance there had been no improvement in compliance with stages 2 and 3. This was being managed closely with directorate leads and would continue to be discussed at Directorate performance reviews.
216.3	A consultation was taking place in the Quality and Safety Team involving 32 posts all of which would have refreshed job descriptions. The consultation would be complete by the middle of April 2021 following which recruitment would take place into any vacant posts to ensure that there was sufficient capability and capacity to implement the quality and safety strategies. Amanda Ellingworth asked whether there was confidence that the consultation would ensure that the strategies and the other work could be implemented. Sanjiv Sharma said that there was significant investment in the team and the new model being used was a directorate partnership model which was already working well within the HR and Finance teams. This was being introduced in order to support directorates to take ownership of quality and safety in their areas.
216.4	**Action:** James Hatchley expressed some concern about progress with some metrics over time. He requested data showing multiyear trends for metrics such as speaking up, serious incidents and their closure and red complaints to identify whether progress had been made.
216.5	Alison Robertson said that excellent response rates had been received for the Friends and Family Test in February and all directorates had achieved their targets. A large number of qualitative comments were also received and these were reviewed to ensure the matters of concern raised were addressed.
216.6	In 2020 the Trust had received four red complaints in contrast with 13 which had so far been received in 2021, two of which had been downgraded to amber on investigation. The complaints were spread across the services and following a review to ascertain whether they reached the threshold of a Serious Incident two had been declared SIs and two decisions were pending. A significant proportion of overall complaints were red rated and work was taking place to identify any themes.
216.7	**Action:** Kathryn Ludlow asked whether incidents were likely to be occurring as a result of staff fatigue or key staff having been redeployed. Alison Robertson said that it was challenging to identify themes as a result of the small overall numbers of complaints. It was agreed that this would be discussed with the network for complaints to ascertain whether other Trusts had experienced a similar increase in red complaints and whether there was a view that this was related to the pandemic.
216.8	John Quinn said that the Trust continued to achieve 100% compliance with cancer waits however as a result of the patient prioritisation process RTT was currently at 69%. Focus was being placed on activity levels and the Trust was targeting 110% of the previous year's activity in order to support the reduction of the backlog. Current levels were 94% in terms of elective activity and 120% for outpatients.

217	**Finance Report - Month 11 February 2021 data**
217.1	The financial position had moved substantially in month as a result of NHS income received related to activity in services which had been omitted from the original block contract. The Trust's position was now £2million deficit however it was likely that further top ups would be received.
217.2	Helen Jameson confirmed that cash remained strong at £156million and it was projected that the outturn of the capital plan would be £9million against an £18million plan. Focus continued to be placed on debt which had been reduced to £18million.
218	**Safe Nurse Staffing Report (December 2020 - January 2021)**
218.1	Alison Robertson said that final group of redeployed nurses had now returned to GOSH. Cohorts of newly qualified nurses were spread throughout the year and a pipeline of nursing staff was in place to start in post between March and May 2021. All international nurses who started in post in January 2021 had passed their Nursing and Midwifery Council skills assessments.
218.2	There had been four Datix incidents reported in December 2020 and nine in January 2021 all of which had been investigated. One incident in January resulted in patient deterioration and subsequent readmission to critical care. Alison Robertson said that the relevant shift had been challenging and following the root cause analysis she was satisfied that all possible action had been taken and learning identified.
219	**Board Assurance Committee reports**
219.1	<u>Audit Committee Assurance Committee Update – January 2021 meeting</u>
219.2	The Board noted the update from the Audit Committee.
219.3	<u>Finance and Investment Committee Update –February and March 2021</u>
219.4	James Hatchley, Chair of the Finance and Investment Committee said that the committee had been focusing on the Trust's commercial agenda and the backlog of patients and had requested indicators based on data cut by patients in priority level groups. The committee had reviewed the Sight and Sound Hospital business case and received a tour of the facility.
219.5	<u>People and Education Assurance Committee Update – February 2021 meeting</u>
219.6	Kathryn Ludlow, Chair of the PEAC said that a presentation had been received from Occupational Health and the committee had welcomed the considerable work undertaken by a small team.
220	**Council of Governors' Update - January 2021 meeting**
220.1	Sir Michael Rake said that the last meeting had taken place with a number of Governors who were stepping down following the end of their second terms. The Council had welcomed the on-going communication with them through the challenging period of the pandemic. A new Council had been elected and induction sessions were taking place.

221	**Any other business**
221.1	There were no items of other business.

Attachment H

TRUST BOARD – PUBLIC ACTION CHECKLIST
May 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
216.4	30/03/21	James Hatchley expressed some concern about progress with some performance metrics over time. He requested data showing multiyear trends for metrics such as speaking up, serious incidents and their closure and red complaints to identify whether progress had been made.	SS	May 2021	Response provided on serious incidents and speak up (under Matters Arising) In progress: The Patient Experience Team are pulling together a thematic analysis of the red complaints and this will be presented to PFEEC in June – a section will be included on closure of complaint actions, how we track them and feed back to the family. A report will be presented at the QSEAC.
216.7	30/03/21	Kathryn Ludlow asked whether incidents were likely to be occurring as a result of staff fatigue or key staff having been redeployed. Alison Robertson said that it was challenging to identify themes as a result of the small overall numbers. It was agreed that this would be discussed with the network for complaints to ascertain whether other Trusts had experienced a similar increase in red complaints and whether there was a view that this was related to the pandemic.	AR	May 2021	In progress: The Head of Patient Experience is contacting other Trusts to ascertain whether other trusts have experienced a similar surge in complex complaints

Attachment 9

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board May 2021.

1. Action point from the last meeting

There was an action from the previous Trust Board meeting requesting: "data showing a multiyear journey in terms of speaking up, serious incidents and their closure, red complaints to identify a trend as to whether improvements were being made." This paper provides the update. It is noted that the complaints team will produce a thematic analysis of the complaints and this paper excludes the complaint section.

2. Speak Up Guardianship

The following data are mostly taken from the submitted NGO reporting Speak Up Guardians do. It is quite limited in terms of the story it tells.

	2018/19	2019/20	2020/21
Q1	17	26	66
Q2	18	24	13
Q3	14	31	11
Q4	19	99	25
Total	68	180	115

3 year total : 365

The unusually high numbers in Q4 of 19/20 related to 84 cases registered which actually consisted of 1 case representing 83 staff who had signed a petition at the time. The Guardian had registered each person separately in line with the National Guardians office guidelines. The high number in Q1 of 20/21 was likely to be related to the start of the lock down and increased numbers in April (31) and May (29). The lower numbers of Q2 and Q3 of 20/21 co-incided with the previous permanent Guardian leaving and the new Guardian joining in December.

In terms of themes it is only broken down into:-

	19/20	**20/21***
An element of quality of care/safety	20	18
An element of Bullying and harassment	118**	26
Who raised concerns:		
Admin/clerical Cleaning/catering/maintenance/ancillary	141	12
Allied Healthcare staff	5	16
Doctors	4	6
Healthcare Assistants	9	2
Ambulance		1
Corporate		1
Nurses	21	6
Not known and raised anonymously	-	11
Feedback received	25	19
Would you speak up again?	Yes 24 No 1	Yes 13 No 3 Maybe 3

- The data is for 3 quarterly periods only due to vacancies

**this number is high and takes into account the 84 petition cases that were raised in Feb 20.

3. Serious Incidents

The following tables show the number of serious incidents per year for each of the last three years by category:

Year 2018/2019	
Category	**Number of incidents reported on StEIS**
Accident	1
Diagnostic tests and scans	2
Documentation (incl. records, identification)	1
Infection control incident	2
Information governance	4
Infrastructure	1
Medication - prescription (including administration from incorrect prescription)	2
Medication - storage / missing	1
Medication - drug reaction	1
Skin integrity/Pressure issues	2
Treatment, procedure	4
Other (staff death)	1
Total	**22**

Year 2019/2020	
Category	**Number of incidents reported on StEIS**
Access to clinical services	1
Communication	1
Diagnostic tests and scans	1
Information governance	3
Infrastructure	1
Research	1
Treatment, procedure	7
Other (staff death)	1
Consent	1
Total	**17**

Year 2020/2021	
Category	**Number of incidents reported on StEIS**
Access to clinical services	3
Diagnostic tests and scans	1
Documentation (incl. records, identifica	1
Infection control incident	1
Information governance	2
Treatment, procedure	10
Other	0
Total	**18**

The data show an average of 19 serious incidents per year. Each serious incident follows the national guidance and is reported to NHSE/I as our commissioners. There is a weekly meeting to track all the incidents as per that week with a focus on completion, actions and lessons learnt. The majority of the serious incidents did not meet the deadline due to the pandemic and the complexity of the investigations requiring input from external partners.

NHSE/I at times raised queries for the Trust to note or for a response. The responses are discussed at the Closing the Loop meeting. All actions are tracked by the Patient Safety Managers and reported on at the Closing the Loop Meeting. A summary of each of the completed serious incidents is presented by the clinicians or senior managers (for non-clinical serious incidents) at the Patient Safety & Outcomes Committee.

A revised serious incident policy is under discussion to strengthen our approach in line with the Safety Strategy.

HMK/19/05/2021

Attachment I

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
26 May 2021

Patient Story- experiences of the Hyperinsulinism Service at GOSH **Submitted by:** Alison Robertson, Chief Nurse **Prepared by** Claire Williams, Head of Patient Experience and Engagement	**Paper No: Attachment I** □ **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

Nicola, mother of Felix (now aged 17 months), will attend the Trust Board meeting by zoom to talk about her experiences at GOSH but in particular regarding the Hyperinsulinism (HI)* Service and the HI Clinical Nurse Specialist (CNS) team. Nicola shared her experiences as part of wider engagement to highlight the work of the HI service and learn from feedback.

Felix was diagnosed with hyperinsulinism shortly after birth and GOSH were in close contact with the local hospital regarding his management. Nicola will describe:

- The positive experiences she had with the HI team following Felix's discharge from hospital. She explained that following Felix starting on diazoxide, the HI CNSs were in close contact making changes to his feeding regime. Nicola talked about feelings of isolation in the context of Felix's illness during lockdown and the importance of the support from the CNSs at this time.
- The process of weaning Felix from his medication and Nicola's unexpected anxiety about this particularly given her work as an A&E nurse. Nicola said that the HI team provided a step by step guide and were exceptionally responsive to all queries.
- The positive outcome for Felix who is thriving.
- A difference in her experience when she came into the hospital for an overnight stay. She described the lack of welcome and orientation of the ward and feeling isolated particularly as she was there on her own due to visiting restrictions. Nicola was not shown where any of the facilities were including the toilets, kitchen and the Lagoon. The ward was so busy and she felt unable to ask the nurses for help.
- How uncomfortable the bed was and the lack of information throughout the admission regarding what would happen.

Nicola's experiences of the ward echo a Patient Story presented in April 2019 and in a complaint received in October 2018.The Patient Experience team are working urgently with the ward team to address these issues with a view to sharing actions and learning more widely across wards in the hospital.

Attachment I

**Congenital Hyperinsulinism is a very complex medical condition that presents with severe hypoglycaemia (low blood glucose) in the neonatal, infancy and childhood period. The Congenital Hyperinsulinism centre at Great Ormond Street Children's Hospital NHS Trust has treated over 700 patients and is a national and international referral centre for patients with hyperinsulinism. There is a dedicated and committed multidisciplinary team to deliver the best care possible to these highly complicated patients. Combined with high class clinical service the team have developed cutting edge translational research to understand the genetic basis of Congenital Hyperinsulinism.*	
Action required from the meeting For information.	
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** **□ Quality/ corporate/ financial governance**	**Contribution to compliance with the Well Led criteria** **□ Culture of high quality sustainable care** **□ Engagement of public, staff, external partners** **□ Robust systems for learning, continuous improvement and innovation**
Strategic risk implications BAF Risk 12: Inconsistent delivery of safe care	
Financial implications Not applicable	
Implications for legal/ regulatory compliance • 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	

Medicines, Therapies and Tests
DIRECTORATE REVIEW

Trust Board
May 2021

Allan Goldman - Group Director

Nick Towndrow - General Manager

Kimberly Gilmour - Chief of Laboratory Medicine

Stephen Tomlin - Chief Pharmacist

Angela Barnicoat – Chief of Clinical Genetics

Philippa Wright - Chief AHP

Medicines Therapies and Tests Directorate

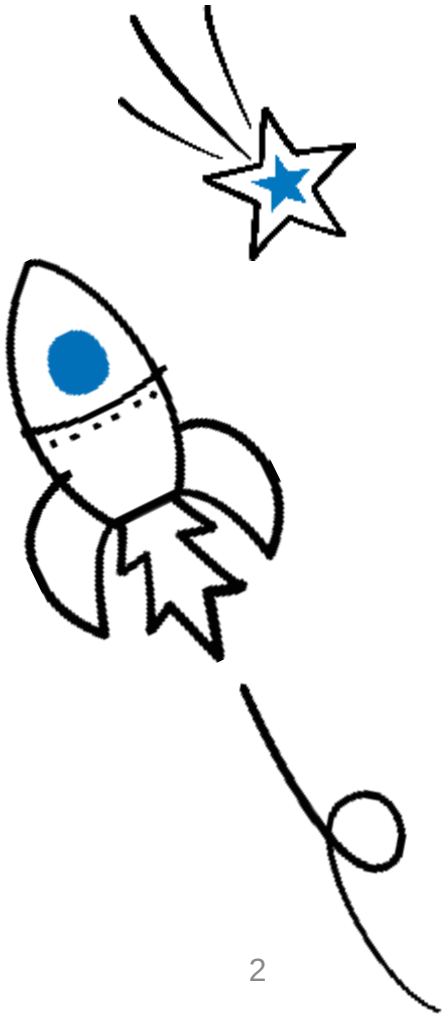
Biomedical Engineering, Clinical Genetics, Laboratory Medicine, Pharmacy, Therapies

Engine room of the Trust – majority of patients attending GOSH receive care or support from an MTT service

Directorate control total (£41.25m)

629 staff - 12% of Trust Total

Department	WTE
Biomedical Engineering	18
Clinical Genetics	37
Laboratory Medicine	255
Pharmacy	146
Therapies	173
Total	**629**



Pharmacy: Services and Staffing

Pharmacy

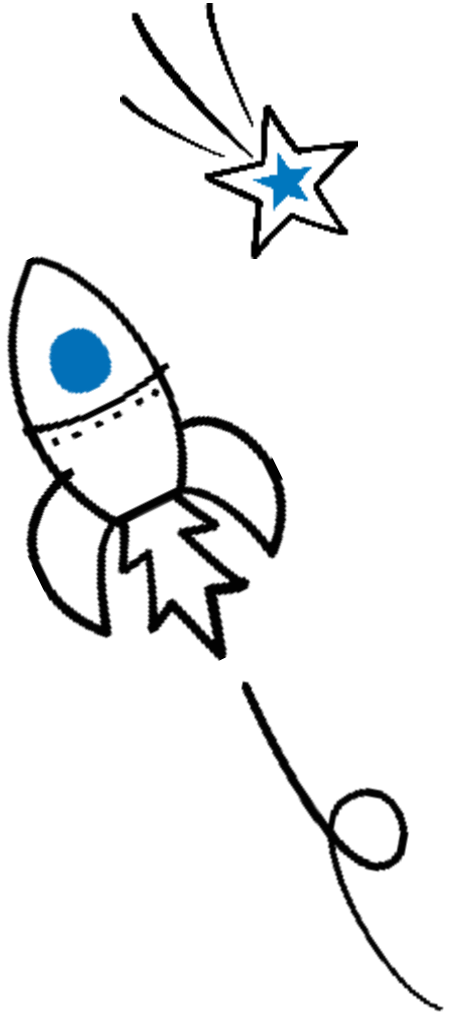
- **Clinical Pharmacy**
- **Dispensary** – av. 7600 medicines per month; **Procurement and**
- **Homecare**
  - £95M drug spend (£80M pass through)
  - 1750 homecare patients, av. 500 prescriptions per month, £50M
  - 1800 purchase orders, stock holding approx. £3m
- **Manufacturing**
  - UK's largest paediatric PN unit – 45 pts/day
  - Aseptic manufacture of 1000 IVs/day,
  - Cytotoxics - largest European paediatric cancer service
- **Clinical Trials** – 260 medicines trials ongoing
- **Pharmacy HPTP**

Laboratory: Services and Staffing

Laboratory Medicine

Over 15,000 tests performed each month

- **Chemistry -** Rapid Response, Enzyme/metabolic, New born screening
  - *Nationally commissioned* for Lysosomal and Glycogen storage disorders
  - *New born screening* – largest service in UK (1:5 babies)
- **Haematology and Blood Transfusion**
  - Rapid Response, transfusion, molecular and flow cytometry
  - Lab supports *national haemophilia service*
- **Immunology –** Diagnostic immunology, *Cell Therapy, Gene Therapy* (ZCR)
  - *Nationally commissioned* for diagnosis of transplantable primary immunodeficiency
- **Microbiology**
  - Bacteriology, Virology, *Molecular Microbiology (sequencing*), IPC
- **Histopathology and Mortuary**
  - *Highly specialised paediatric* pathology and neuropathology
  - *Perinatal and placental* service – non-invasive autopsy (with Radiology)
  - Unique expertise in **electron microscopy**



Therapies: Services and Staffing

Therapies

Integrated into highly specialised multi-disciplinary teams across Trust.

Dietetics & Special Feeds Unit

- Nutrition team, gastro & allergy service, metabolic & ketogenic diet services

Occupational Therapy

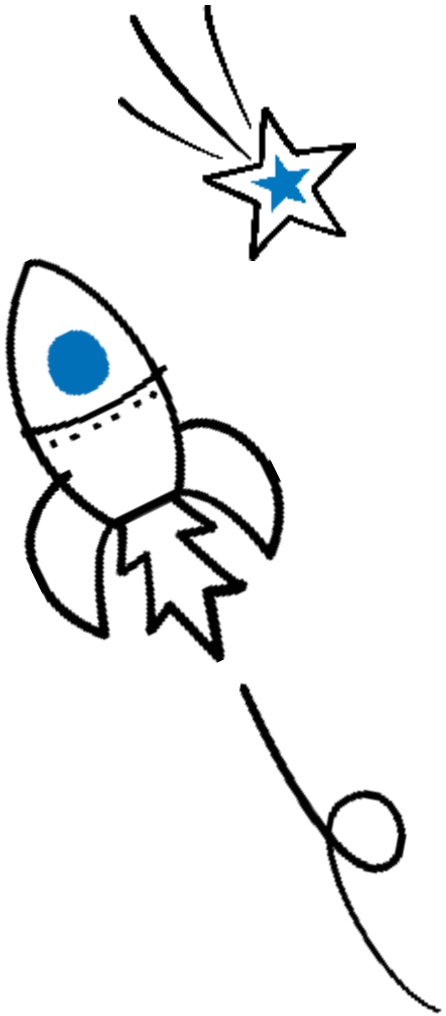
- Hand therapy service, neurodisability service

Physiotherapy & Orthotics

- Cardiac, ICU & respiratory therapy, neurodisability & neuromuscular services, orthopaedics

Speech & Language Therapy

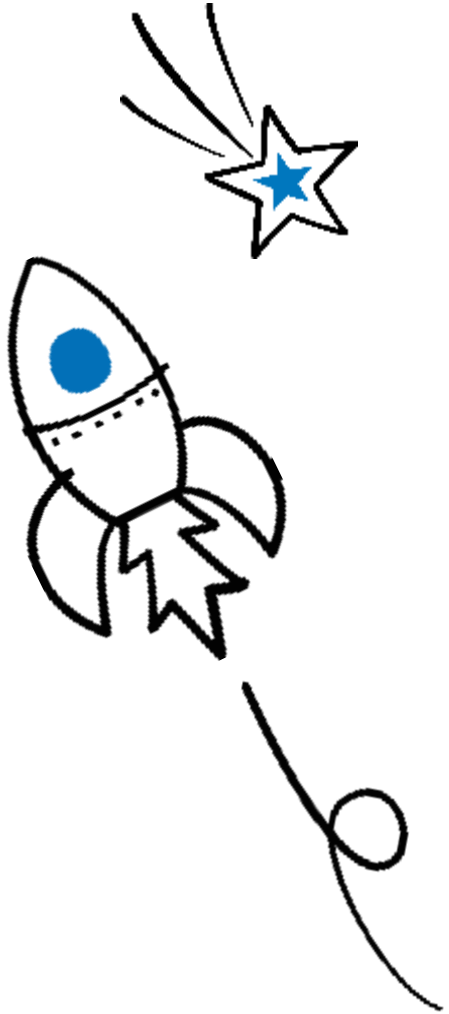
- Cleft, cochlear, craniofacial, macroglossia and neurodisability services



Clinical Genetics & BME: Services and Staffing

Clinical Genetics

- Regional service for population of £5.0m
- 6527 outpatients in 20/21
- Diagnosis and genetic counselling - family history of genetic disorders
- Advice on genetic testing including prenatal diagnosis
- Supporting specialties to deliver genetic services
- **Keeps GOSH RTT in balance, few services treating adults**
- Close links to GOSH/North Thames Genomic Laboratory Hub and Genomic Medicine Service Alliance (GMSA) – **Clinical reconfiguration soon**

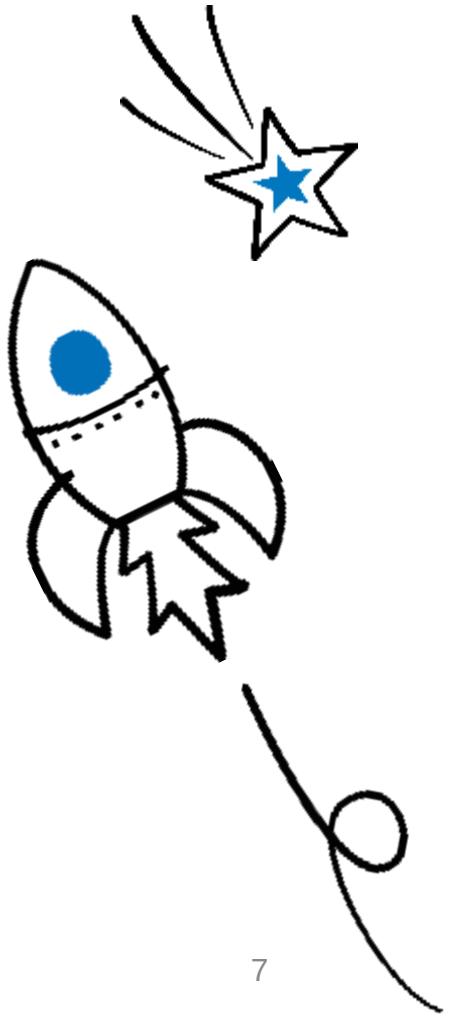


Biomedical Engineering

- Support ITUs, ventilators, infusion pumps, monitors, renal dialysis – electronic and mechanical

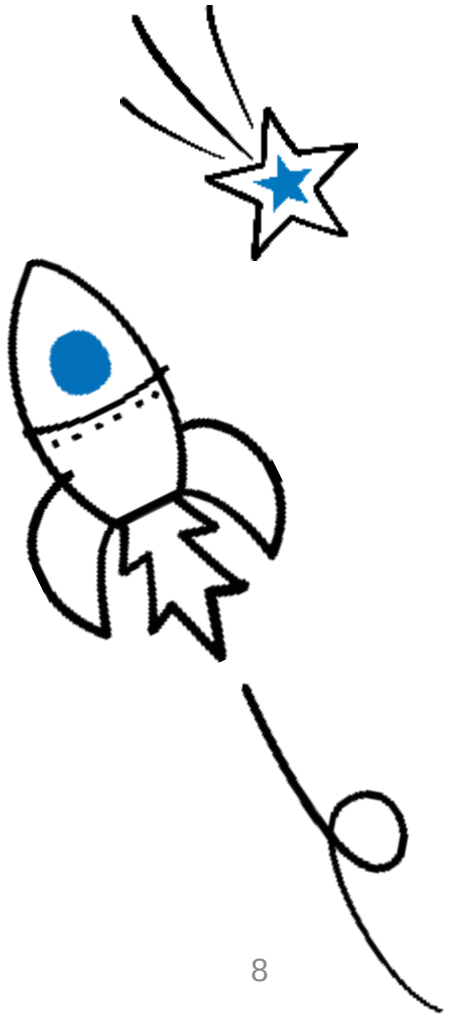
Contribution to Covid response

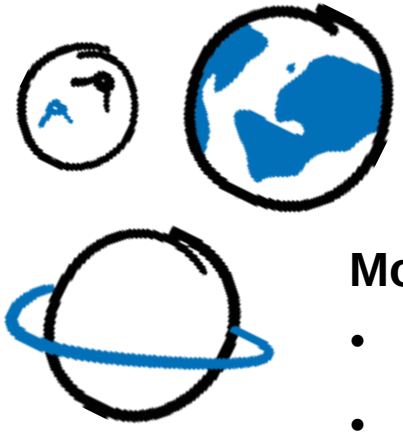
- **Ahead of the game on Covid testing**
  - PCR and serology for GOSH staff rapidly established
  - Support to NCL Trusts, social care, schools and Fire Service
- **Infection Prevention and Control**
- **Chemo manufacturing for UCLH** HaemOnc patients at GOSH
- **Redeployment of staff**
  - AHPs caring for PIMS-TS patients
  - AHPs working in adult intensive care
  - Clinical Genetics doctors joined general paediatric rota
- **Equipment loans** to other Trusts (BME)
- **Virtual appointments Clinical Genetics + Therapies**
  - One of few services to maintain RTT performance
- **Vaccination programme**
  - Pharmacy oversight and Laboratory support
  - AHPs giving vaccine



Successes in the last year

- **Transplant milestones reached - 50 thymus tx and 20 CAR-T** (supported by immunology, cell therapy, histopathology and haematology labs)
- **Refurbishment of Pharmacy Dispensary**
- **AHP Strategy**
- **Laboratory Medicine** reached **finals of Patient Safety Awards** for project on **reducing pre-analytical errors**
- **Histopathology paediatric exemplar Digital Pathology**





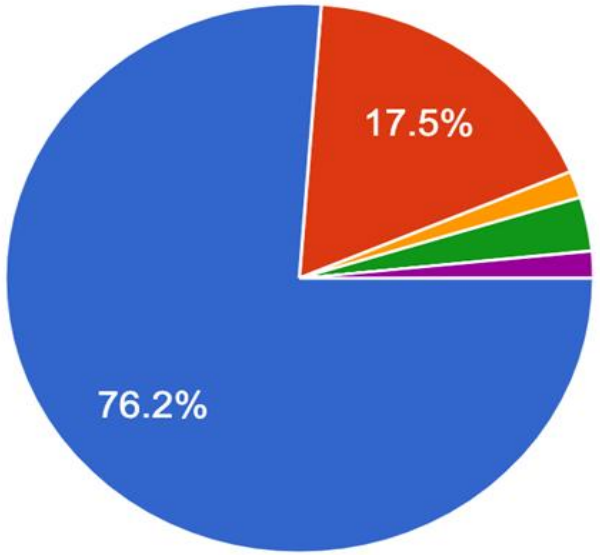
Principle 1: Children and young people first, always

Delivering outpatient care virtually

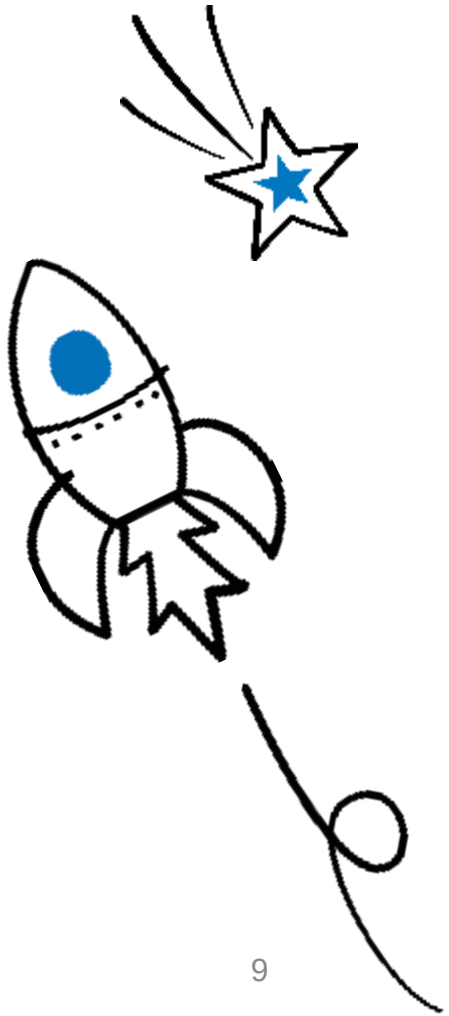
Move to virtual care:

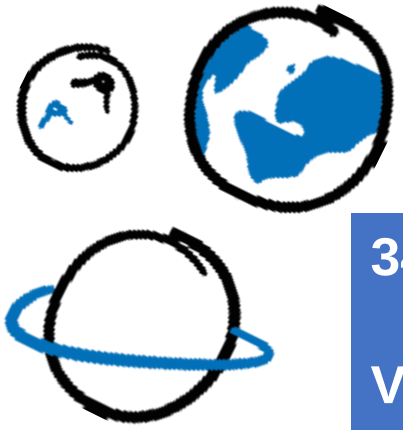
- **Successful transition** across Clinic Genetics and Therapies
- **Rapid recovery of RTT position – 98% in March 2021**
- Pharmacy posting meds to enable virtual care
- Clinical Genetics patient satisfaction survey May/June 2020 – **families remained satisfied with virtual care**
- Now working to embed and optimise

How satisfied were you with the consultation over the phone/video?



93.7% satisfied or very satisfied





Principle 2: A values led culture

Staff Survey 2020

34 questions improved from 2019, 8 no change, 58 deteriorated

Variation at department/specialty level

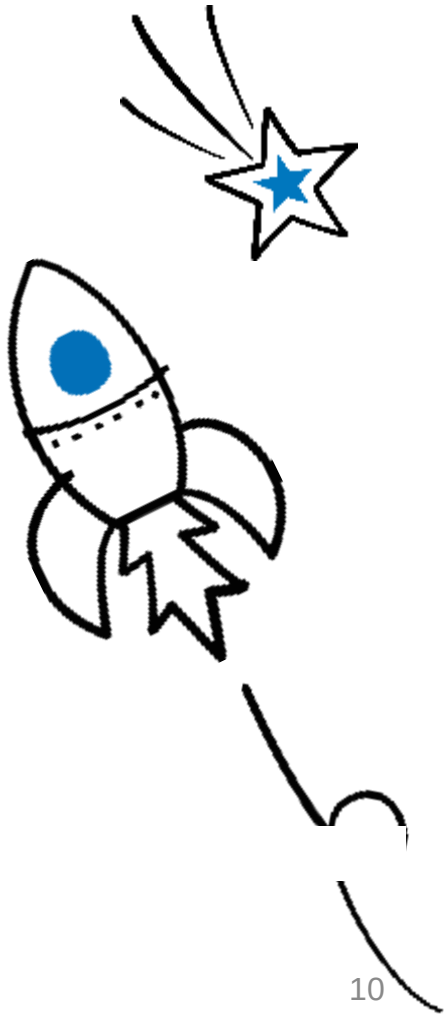
Areas of improvement around Quality & Safety and Health & Wellbeing

Areas of concern around Immediate Line Manager and quality of appraisals

Improved scores on In Touch survey

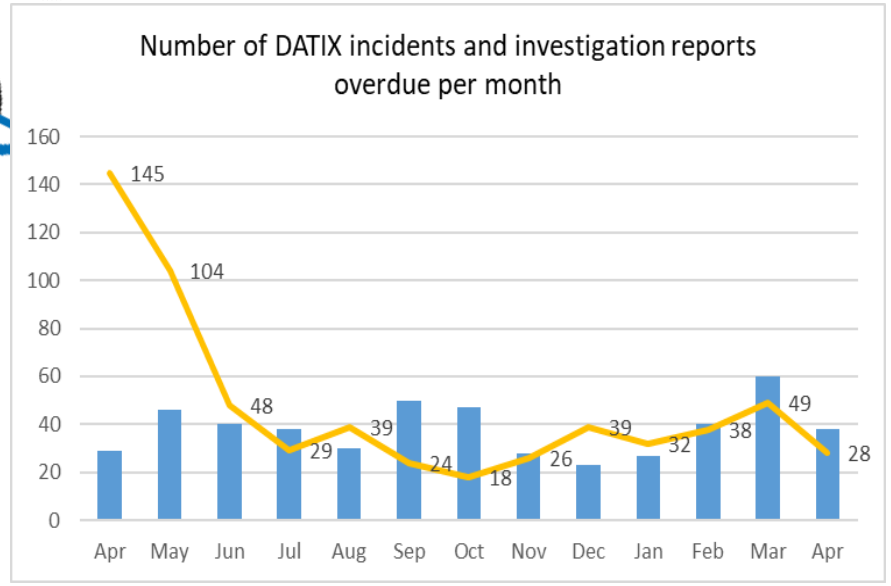
Action Plan:

- **Owned by teams**
- **Builds on existing work**
- **Sharing good practice across Directorate**



Principle 3: Quality

Compliance & Governance



Datix Incidents

- Backlog of overdue incidents reduced between Apr and July 20 and now being maintained
- Increase in reported incidents in February and March 2021 relates to staff reporting of Covid vaccine side effects

No SIs or never Events reported in past year

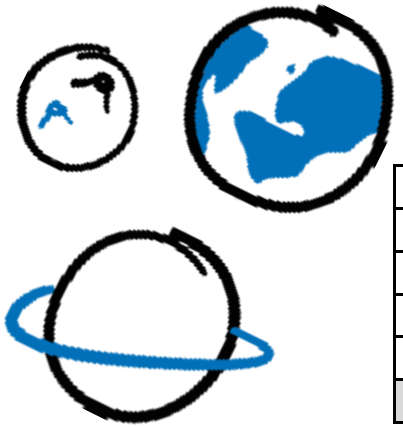
Accreditation

Pharmacy - MHRA Action Plan

- Actions from 2019 inspection will be completed by July (completion of Refurb work)
- Re-inspection to follow
- **Need successful inspection to exit IAG**

Laboratory Medicine have successfully maintained all accreditation:

- **UKAS**
  - Covid antibody accredited, Covid PCR in progress
  - Aim to be first paediatric Trust with accreditation for POCT
- **HTA**
  - Cell therapy, post-mortem and research
- **HSE**
  - Successful inspection in February (Covid safety measures and micro lab containment procedures
- **MHRA (blood transfusion)**



Principle 4: Financial strength (ended year £1.5M positive)

	Full Year Actuals 19-20 (£m)	Full Year Actuals 20-21 (£m)	Full Year Budget 20-21 (£m)
Non Clinical Income	5.46	5.02	4.60
Non-Nhs Clinical Income	0.03	0.01	0.02
Pay	(32.09)	(34.99)	(36.56)
Non Pay Costs	(9.18)	(8.74)	(9.31)
Total	(35.78)	(38.69)	(41.25)

Medicines Expenditure & Savings

- **Pharmacy** identifying and supporting delivery of medicines **savings across the Trust**

- **Trust drug expenditure** approx. £95m
  - £78m pass through (of which £50m home care)
  - £17m non-pass through

- **Savings for 21/22 approx. £350k**
  - Pill school
  - Tacrolimus brand switch
  - IV paracetamol

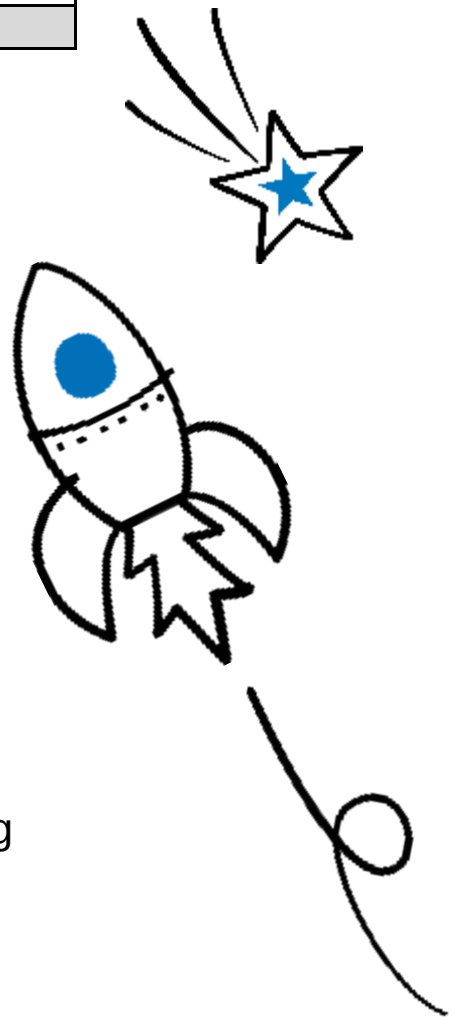
- **Further savings** to commissioners through **Homecare programme**

2020/21 Position

- **Reduced external lab requests** and income during pandemic – now recovering
- Costs for **pan-Trust Covid testing** sit in MTT
- **Benefit of ZCR GMP** income sat with MTT (**now independent directorate**)

2021/22 Position

- Plan meets control total
- **Better Value plan fully identified:**
  - **Commercial work in laboratories**
  - Repatriation of send away virology testing
  - Therapies education & training income
  - Procurement of consumables & reagents



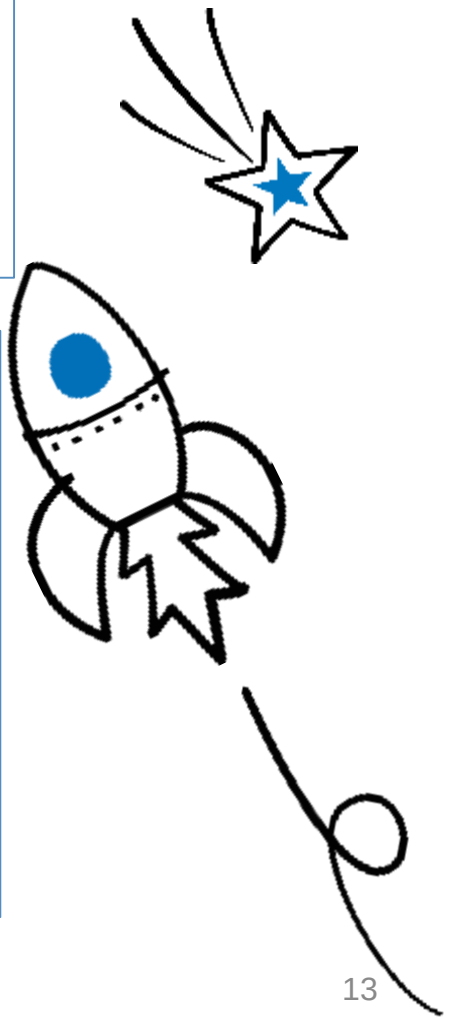
Principle 5: Protecting the Environment

Working differently to be more sustainable:

- Virtual appointments reducing travel
- Pharmacy moving to paperless procurement
- Pharmacy supporting work in Theatres on reducing wastage of anaesthetic gasses
- Reducing use of plastics in Special Feeds Unit

Children's Cancer Centre / Future Pharmacy Development:

- **Cytotoxic manufacturing unit** in Children's Cancer Centre **(CCC)**
- **Alternative plans for PN, CIVAs & Dispensary under review**
- **MTT are a key stakeholder on the CCC project**



Principle 6: Partnerships

System Wide

Pharmacy

- Representation on NHSE paediatric oncology group, national MDT for BMT/CAR-T
- Chief Pharmacist is Professional Lead of Paediatric Pharmacists Group, Vice Chair RCPCH Medicines Committee, Member of Paediatric Medicines CRG

Laboratory Medicine

- Chief of Laboratory Medicine sits on NCL Pathology Board
- Joint neuro-metabolic laboratory service (NHNN)

Therapies

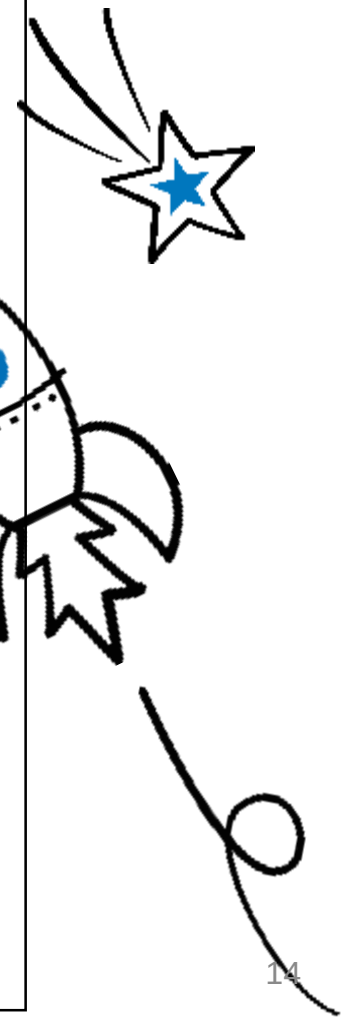
- Workforce Transformation Fellow GOSH/Evelina work on PIMS-TS

Clinical Genetics

- Regional service and part of GMSA
- GOSH consultant now GMSA Medical Director

Research

- **Dedicated research laboratory** for the CRF
- **Clinical trials team** supporting 260 current trials
- **195 publications** from **Labs,** **41** publications by **Pharmacy** staff, **10** publications across **Therapies**
- **NIHR Fellowships** in Pharmacy, Laboratory Medicine, Physiotherapy and Speech & Language Therapy



Opportunities for the coming year

- Delivery of staff survey action plan
- Laboratory reconfiguration – centralised specimen reception, platform working
- Commercial development in Laboratory Medicine
- Clinical Genetics regional reconfiguration
- Delivery of AHP strategy

Attachment K

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board **26 May 2021**	
Chief Executive Report **Submitted by:** Matthew Shaw, CEO	**Paper No: Attachment K** ☐ **For information and noting**
Purpose of report Update on key operational and strategic issues.	
Summary of report An overview of key developments relating to: • 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 ☐ **PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people** ☐ **PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes** ☐ **PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training** ☐ **PRIORITY 4: Improve and speed up access to urgent care and virtual services** ☐ **PRIORITY 5: Accelerate translational research and innovation to save and improve lives** ☐ **PRIORITY 6: Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care** ☐ **Quality/ corporate/ financial governance**	**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** ☐ **Effective processes, managing risk and performance** ☐ **Accurate data/ information** ☐ **Engagement of public, staff, external partners** ☐ **Robust systems for learning, continuous improvement and innovation**
Strategic risk implications [Company Secretary to complete]	**Financial implications** Not Applicable
Implications for legal/ regulatory compliance Not Applicable	**Consultation carried out with individuals/ groups/ committees** Not Applicable

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

GOSH continues to perform well in recovering elective, outpatient and day case activity. We remain open to offering mutual aid where it is needed by partners across the system, but the focus is now very much on seeing as many patients as possible, as quickly as possible.

Funding has been approved nationally for eight pilot accelerator programmes to expedite NHS elective recovery. GOSH is leading on the North Central London system programme through our long-standing role on that ICS group as well as a separate programme for the standalone children's hospitals (GOSH, Alder Hey, Manchester, Birmingham and Sheffield), which will be monitored through a sub-group of the Children's Hospitals' Alliance (CHA), co-chaired by GOSH and Alder Hey.

GOSH has been working with Evelina Children's Hospital (which was not included in the paediatric pilot programme) to identify how we can share the GOSH financial allocation to expedite recovery for children more broadly across the North and South Thames footprint.

The accelerator pilot sites must deliver 120 per cent of last year's baseline activity during June and July. This will clearly be an operational challenge and a careful balance between impacts on staff and the imperative to see patients quickly.

Part 2: People

With the staff vaccination programme now complete and the Government's publication of the roadmap to ease lockdown restrictions, we are now entering a transitional phase and planning next steps for staff returning to work on site. Our hands, face, space and place guidance including restrictions on our use of space will continue for some time. When return to site is required, 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.

Part 3: Quality & Safety

An episode of BBC Panorama on 19 May 2021 referred to a review of GOSH's gastroenterology service in 2015 and featured a former patient, Sammy Bentwood. The programme appeared to suggest that GOSH had deliberately misled the regulator. However, the CQC has made clear that there was no indication of this.

As the board is aware we have recognised that in the past our gastroenterology service was not always offering the best service and we have apologised that we didn't always get the care right. We undertook two independent reviews, took action on recommendations, worked extensively with our regulator and reviewed all gastroenterology patients to ensure treatment was appropriate. We are confident that the service is much improved and delivering high standards of care.

However, we remain committed to being open and transparent when care falls below the high standards we strive for and are reflecting on what Sammy and his family said in the programme about their experience at GOSH. We are in the process of commissioning an expert clinical review to ensure the changes have resulted in a department that delivers best care and of course this will be shared with our regulator in line with usual practice.

As a learning organisation, we continue to actively engage with our leadership teams and partners on how best to support patients, families and staff to create safe spaces to explore

and resolve quality and safety concerns and try to prevent or minimise longstanding public disputes, which are so distressing for all involved.

Part 5: Strategic programmes update

The 2021/22 delivery plan for the portfolio is complete and progress reporting commences in May. Standardised reporting is in place and dashboards and heat maps will be used to track progress dependencies, resources, risks and issues, as well as strategic and organisational impact.

A benefits realisation plan is in place to formally measure the impact of the Portfolio. We will use measures to demonstrate improvements in areas such as assurance of continued business justification, optimised strategic contribution from projects and programmes and risk management. KPIs have also been developed and the Portfolio will be assessed against them during the bi-annual Portfolio reviews.

Tools and processes to underpin the management of the *Above and Beyond* strategy portfolio are now in place which allow us to have a level of visibility and control of our strategic initiatives like never before as well as feeding further strategic conversation about service opportunities and how these relate to portfolio programmes of work, such as Access to Care and the cancer services.

A programme board is now in place for our People and Research planets and we are recruiting a programme director for the Cancer planet. We continue work to merge and develop the programme for access/urgent care and the Future hospital.

See attachment A: Portfolio update

Part 6: Partnerships and service development

NCL Provider Alliance

We have continued to participate in discussions on the NCL Provider Alliance with the nominated chairman Dominic Dodd and other provider executive colleagues. We have signed an MOU committing to participate in the alliance and I have now been appointed as the executive lead for specialist hospitals during the first year of this new partnership.

We anticipate the new organisation will initially focus on NCL waiting times, workforce and translational research. It will look at unifying waiting lists and getting a geographical perspective so that we can advise referring clinicians where to send patients and potentially set up an operational command hub for the ICS going forward.

Given the context of the proposed legislative changes, the Provider Alliance will be considering how it will interact with and maintain independence from the NCL ICS, given the likely role of the ICS in holding providers to account.

Ends

Attachment K

Great Ormond Street Hospital for Children NHS Foundation Trust

Above and Beyond Corporate Portfolio

Background

In 2017, Great Ormond Street Hospital (GOSH) developed a comprehensive set of strategic objectives (the 'House') which described a three-year plan across all organisational functions. It is widely recognised that a lack of coordinated and overarching management / oversight of the deliverables within the strategy was likely a significant contributing factor to a number of these not being achieved, either in full or in part.

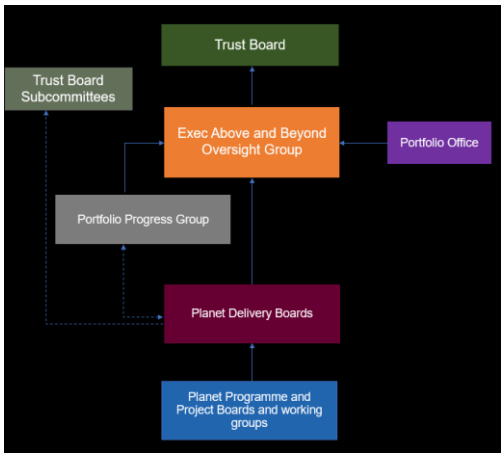
Today, GOSH is committed to ensuring that it achieves all that it sets out to deliver within 'Above and Beyond', its five year organisational strategy. In striving to maximise successful delivery, the Trust elected to implement Portfolio Management, a best practice methodology which uses a series of frameworks, processes and decisions to enable visibility of delivery of the new strategy and significantly increase the likelihood that the currently stated (and as appropriate, revised) strategic objectives and associated benefits are realised.

The Above and Beyond Portfolio

In August 2020 a programme of work to develop a Portfolio of GOSH's strategic projects and programmes along with the tools for ongoing management commenced. The process consisted of data gathering, analysis, and creation of the Portfolio Management Framework and a Delivery Plan that will underpin the management of the portfolio from the start of the 2021/22 financial year. During this time, the following has been established:

1. Governance and Control

Portfolio governance & control mechanisms have been established, including an Executive Oversight Group for making investment decisions and having strategic conversation, as well as a Portfolio Progress Group to manage conflicts and iron out issues preventing delivery. Planet level governance has been standardised, as has reporting to the Portfolio.



2. Investment & Prioritisation Tools

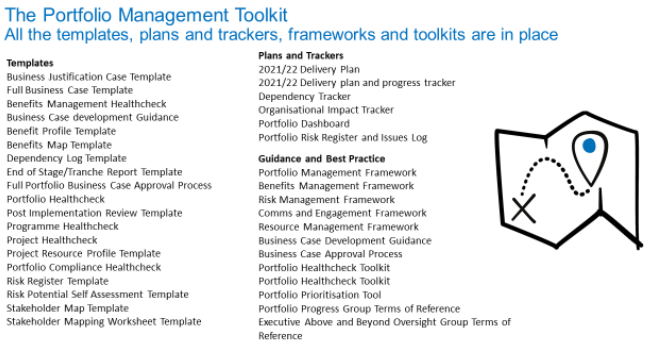
Process and tools to streamline investment decisions, ensuing we are doing the right projects and programmes including:

- Prioritisation criteria based on a rating/weighting system that represent the key factors when considering investment decisions such as strategic impact, risk and financial return. All initiatives have been assessed and we can use the prioritisation to identify initiatives that can be paused in the event of competing 'priorities'. As new initiatives are introduced they too are subject to the prioritisation process
- Standardised Business Case templates with guidance and approval process with increased focus on strategic contribution and using lessons learned to improve accuracy of business case forecasts

Great Ormond Street Hospital for Children
NHS Foundation Trust

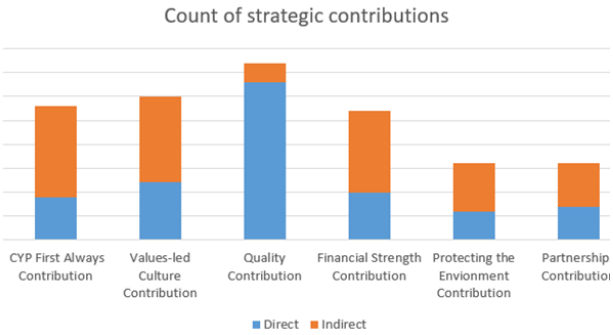
3. Best Practice and Guidance

A toolkit of over 30 frameworks, templates and guides relating to best practice including the Portfolio Management Framework which underpins to running of the portfolio and standardises approaches to key areas such as risk, benefit, finance and resource management.



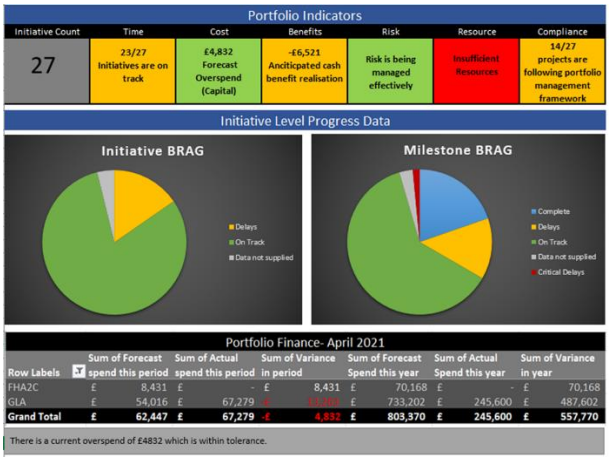
4. Analysis & Balance

An assessment of the initiatives business impact, forecast benefits, costs and resources required has been undertaken allowing us to understand the balance in terms of timing, coverage of strategic objectives, overall risk/return profile and available resources.



5. Delivery Plan and Dashboards

Data on all strategic initiatives has been collected and a 2021/22 Portfolio delivery plan has been developed. This plan gives us a clear view of the portfolio and its programmes and projects. Regular reporting will allow us to manage aggregated risk, cost and benefit as well as identify poorly performing initiatives. Dashboards have been created for portfolio level overview of performance



6. Review Cycle

Healthcheck processes for initiatives and the Portfolio itself to ensure regular review and maturity constantly develops has been established, including self-assessments, executive survey and checklists. These foundations alone do not mean that we have established a mature and capable Portfolio. New process will take time to embed. This will be managed over time with the support of the Portfolio office and using tools and data to measure improvement and the impact of the Portfolio and its practices. Every six months, (October and April) the Portfolio Office will undertake a Full Portfolio Review. It will look to understand;

- The progress to date against the delivery plan in terms of delivery schedule, spend and benefit realisation
- Looking ahead, to confirm that initiatives are still necessary and sufficient in relation to our strategic objectives and to determine level of confidence of delivery
- The level of Project, Programme and Portfolio Management performance

Role of the Portfolio Office

The Portfolio Office is currently staffed by Helen Vigne and David Chatterton who, between them, are experienced practitioners of a suite of project, programme, portfolio, change and benefits management methods. The core functions of the Portfolio office are to

- Provide support and guidance to initiatives while remaining independent
- Define portfolio wide standards, processes and templates
- Provide oversight, scrutiny and challenge to strategic initiatives
- Collate and analyse data in order to make recommendations that will support difficult decisions required of executive in light of changing priority

Other common functions are being provided where resources permit;

Delivery functions such as resource and capacity planning, contract management, flexible resource pool and project start up. While the majority of these functions would require an injection of resource to the Portfolio Office there is some current capacity and the team are providing support to some key initiatives.
David Chatterton is currently developing a benefits management strategy and plan for the CCC programme. Helen Vigne is developing the GOSH business case and providing some light touch programme management support to the discovery phase of the potential Epic partnership project with the Royal Marsden

Centre of excellence functions such as training and coaching, best practice and assurance. The Portfolio has offered time to all planet teams and is currently providing coaching and support to a number of project managers.

Plans to establish a permanent Portfolio Office are still under review subject to greater understanding of the longer term requirements.

Benefits of the Portfolio

Together, the tools and processes described above allow us to have a level of visibility and control of our strategic initiatives like never before. We are starting to have strategic conversations about service opportunities and how these relate to portfolio programmes of work, such as Access to Care and the cancer services.

A benefits realisation plan is in place to formally measure the impact of the Portfolio. We will use the tools described in the review cycle above as well as other measures to demonstrate improvements in areas such as assurance of continued business justification, optimised strategic contribution from projects and programmes and risk management. KPIs have also been developed and the Portfolio will be assessed against them during the bi-annual Portfolio reviews.

Next Steps

The Portfolio Office has set out a quarterly work plan of management, delivery and centre of excellence activities to ensure processes are optimal, stakeholders are supported and resources are managed. Q1 of this year focusses on starting to embed newly introduced ways of working, and providing support in areas where we are less mature, such as benefits management.

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

Q1 April - June 2021

BRAG	Task	Task Function	Key Resources	Progress	April	May	June
Complete	Create a guide to applying the framework to new and existing initiatives within the portfolio	Portfolio Management	Helen Vigne	Plan			
				Actual			
In Progress	Develop a simple framework for proj/prog management to support teams without experience along with useful templates	Centre of Excellence	Helen Vigne	Plan			
				Actual			
In Progress	Create a detailed plan for the quarterly and bi-annual monitoring activities	Portfolio Management	Helen Vigne	Plan			
				Actual			
Not started	Develop a 5 year step change map with links to Portfolio initiatives to allow us to track strategic delivery in more detail	Portfolio Management	Helen Vigne & Ella Vallins	Plan			
				Actual			
Not started	Reporting cycles: Prepare and Issue progress trackers, analyse data and create dashboards / prep for PPG and ABOG	Portfolio Management	Helen Vigne	Plan			
				Actual			
Not started	Update the 2021/22 delivery plan to include People Planet and Sustainability programme initiatives	Portfolio Management	Helen Vigne	Plan			
				Actual			
In Progress	Work with teams to identify, quantify and value benfits for all initiatives	Portfolio Management	David Chatterton	Plan			
				Actual			
In Progress	Undertake baseline healthchecks for portfolio maturity and produce action plans for improvement	Portfolio Management	Helen Vigne	Plan			
				Actual			
In Progress	Provide practical, hands on support to delivery teams: Best practice/documentation creation/framework application etc	Centre of Excellence	Helen Vigne & David Chatterton	Plan			
				Actual			
In Progress	Develop a GOSH Business Justification Case for the GOSH/Marsden Epic Connect partnership	Delivery	Helen Vigne	Plan			
				Actual			
In Progress	Provide some high level programme management to the FBC phase of the GOSH/Marsden Epic Connect partnership	Delivery	Helen Vigne	Plan			
				Actual			
In Progress	Develop and embed a benefits management strategy and plan for the CCC programme	Delivery	David Chatterton	Plan			
				Actual			
In Progress	Build a plan for the development of the Clinical and Business Strategy	Delivery	Ella Vallins & Helen Vigne	Plan			
				Actual			
Not started	Develop a 'database' to capture lessons learned via post implementation reviews	Portfolio Management	Helen Vigne	Plan			
				Actual			

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
26 May 2021

GOSH Foundation Trust Annual Financial Accounts 2020/21 and Annual Report 2020/21 **Submitted by:** Helen Jameson, Chief Finance Officer Anna Ferrant, Company Secretary	**Paper No:** Attachment L (accounts) and 10 (annual report)

Aims / summary

The Trust is required to publish a Foundation Trust annual report and accounts for 2020/21. Board members will find attached the following documents:

- A copy of the annual accounts 2020/21;
- A copy of the annual report 2020/21 incorporating:
  - the Audit Committee Report 2020/21 including the going concern statement
  - the draft Head of Internal Audit Opinion
  - the Annual Governance Statement.

The Chair and Chief Executive Statements will be added to the report before the Trust Board meeting circulated to Board members.

The annual report will be desk top published once approved by the Trust Board. The report has been audited and any final changes arising from the audit will be raised verbally at the meeting. .

A copy of the representation letter to Deloitte, the external auditor is also attached (Attachment 10). The Board is required to declare in writing that the financial statements and other related documents have been properly prepared and without omission of material facts to the best of the management's knowledge and belief. It is also used by the auditor to obtain the Board's confirmation that all necessary information has been provided to them and to confirm judgments made by management where there is no other means of obtaining definitive evidence.

The Audit Committee will consider the annual accounts, report and representation letter at its meeting in the morning of 26 May 2021 and will provide any comments raised at the meeting to the Trust Board that afternoon.

The annual report and accounts will be submitted to NHS Improvement and then submitted to the Department of Health and Social Care.

Action required from the meeting

To consider and approve the annual accounts and report 2020/21.

Contribution to the delivery of NHS / Trust strategies and plans

The Annual Report publically reports on the Trust's performance against its strategic priorities and objectives.

Financial implications

There are no direct financial implications.

Legal issues

There are no direct legal implications.

Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place? A number of staff have contributed to the draft Annual Report. All Executive members have been asked to review the draft and any comments have been incorporated into this draft.
Who needs to be told about any decision The Company Secretary will feed back any actions required to relevant staff.
Who is responsible for implementing the proposals / project and anticipated timescales The Company Secretary is leading the coordination of the Annual Report.
Who is accountable for the implementation of the proposal / project The Chief Executive Officer is ultimately accountable for production and publication of the Annual Report.

Trust name:	Great Ormond Street Hospital for Children NHS Foundation Trust
This year	2020/21
Last year	2019/20
This year ended	31 March 2021
Last year ended	31 March 2020
This year beginning	1 April 2020

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST

Statement of the chief executive's responsibilities as the accounting officer of Great Ormond Street Hospital for Children NHS Foundation Trust

The National Health Service Act 2006 states that the chief executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Great Ormond Street Hospital for Children NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Great Ormond Street Hospital for Children NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

• observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

• make judgements and estimates on a reasonable basis;

• state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual)* have been followed, and disclose and explain any material departures in the financial statements;

• ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and

• prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed

Matthew Shaw
Chief Executive
Date: 26 May 2021

FOREWORD TO THE ACCOUNTS

Great Ormond Street Hospital for Children NHS Foundation Trust

Great Ormond Street Hospital for Children was authorised as an NHS Foundation Trust on 1 March 2012. These accounts for the year ended 31 March 2021 have been prepared by Great Ormond Street Hospital for Children NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 in the form which NHS Improvement, with the approval of the Treasury, has directed.

Signed

Matthew Shaw
Chief Executive
Date: 26 May 2021

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2021

	NOTE	**Year ended 31 March 2021 £000**	Year ended 31 March 2020 £000
Operating income from patient care activities	2	**470,574**	450,234
Other operating income	3.1	**108,568**	99,663
Operating expenses	4	**(566,122)**	(526,183)
Operating surplus		**13,020**	23,714
Finance costs:			
Finance income	9	**0**	456
Finance expenses	10	**25**	(18)
Public dividend capital dividends payable		**(6,749)**	(8,398)
Net finance costs		**(6,724)**	(7,960)
Gains on disposal of assets		**34**	9
Surplus for the year		**6,330**	15,763
Other comprehensive income			
Will not be reclassified to income and expenditure:			
- Impairments	7	**(6,017)**	(4,841)
- Revaluations - property, plant, equipment and intangible assets	20	**0**	28,064
Total comprehensive income for the year		**313**	38,986

Financial performance for the year - additional reporting measures			
Retained surplus for the year		**6,330**	15,763
Adjustments in respect of:			
Capital donations	3.1	**(9,060)**	(31,220)
Depreciation on donated assets		**15,038**	13,470
Prior year PSF post accounts allocation		**0**	(347)
Donated consumables		**(607)**	0
Impairments	4	**1,194**	6,994
Adjusted retained surplus		**12,895**	4,660

The notes on pages 5 to 33 form part of these accounts.

All income and expenditure is derived from continuing operations.
The Trust has no minority interest.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2021

	NOTE	**31 March 2021** **£000**	31 March 2020 £000
Non-current assets			
Intangible assets	11	**35,420**	38,195
Property, plant and equipment	12	**489,139**	498,051
Trade and other receivables	15	**8,189**	7,621
Total non-current assets		**532,748**	543,867
Current assets			
Inventories	14	**11,750**	11,144
Trade and other receivables	15	**53,981**	104,071
Cash and cash equivalents	16	**126,187**	61,314
Total current assets		**191,918**	176,529
Total assets		**724,666**	720,396
Current liabilities			
Trade and other payables	17	**(98,462)**	(94,846)
Provisions	19	**(519)**	(147)
Other liabilities	18	**(4,985)**	(7,323)
Net current assets		**87,952**	74,213
Total assets less current liabilities		**620,700**	618,080
Non-current liabilities			
Provisions	19	**(3,000)**	(2,747)
Other liabilities	18	**(3,449)**	(4,016)
Total assets employed		**614,251**	611,317
Financed by taxpayers' equity:			
Public dividend capital		**131,942**	129,321
Income and expenditure reserve		**362,527**	356,197
Revaluation reserve		**119,782**	125,799
Total taxpayers' equity		**614,251**	611,317

The financial statements on pages 1 to 33 were approved by the Board and authorised for issue on 26 May 2021 and signed on its behalf by:

Matthew Shaw
Chief Executive

Signed:……..
Date: 26 May 2021

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2021

	Public Dividend Capital (PDC)	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Balance at 1 April 2020	129,321	125,799	356,197	**611,317**
Changes in taxpayers' equity for the year ended 31 March 2021				
-Surplus for the year	0	0	6,330	**6,330**
- Net impairments	0	(6,017)	0	**(6,017)**
- Public Dividend Capital received	2,621	0	0	**2,621**
Balance at 31 March 2021	**131,942**	**119,782**	**362,527**	**614,251**

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY FOR THE YEAR ENDED 31 MARCH 2020

	Public Dividend Capital (PDC)	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Balance at 1 April 2019	128,292	102,576	340,434	**571,302**
Changes in taxpayers' equity for the year ended 31 March 2020				
-Surplus for the year	0	0	15,763	**15,763**
-Net Impairments	0	(4,841)	0	**(4,841)**
-Revaluations - property, plant and equipment	0	27,593	0	**27,593**
-Revaluations - intangible assets	0	471	0	**471**
- Public Dividend Capital received	1,029	0	0	**1,029**
Balance at 31 March 2020	**129,321**	**125,799**	**356,197**	**611,317**

Public Dividend Reserve
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health and Social Care as the public dividend capital dividend.

Revaluation Reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and Expenditure Reserve
The balance on the Income and Expenditure reserve is the accumulated surpluses and deficits of the Trust

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2021

	NOTE	Year ended 31 March 2021 £000	Year ended 31 March 2020 £000
Cash flows from operating activities			
Operating surplus		**13,020**	23,714
Non-cash income and expense:			
Depreciation and amortisation		**24,950**	24,574
Net Impairments		**1,194**	6,994
Income recognised in respect of capital donations (cash and non-cash)		**(9,060)**	(31,220)
Decrease/(Increase) in trade and other receivables		**42,457**	(9,381)
Increase in inventories		**(606)**	(1,111)
Increase in trade and other payables		**10,543**	22,357
(Decrease)/Increase in other liabilities		**(2,905)**	1,000
Increase in provisions		**650**	1,882
NET CASH GENERATED FROM OPERATIONS		**80,243**	38,809
Cash flows from investing activities			
Interest received		**0**	426
Purchase of property, plant and equipment		**(26,716)**	(37,430)
Purchase of intangible assets		**(616)**	(10,856)
Sales of property, plant and equipment		**38**	22
Receipt of cash donations to purchase capital assets		**16,333**	29,055
Net cash outflow from investing activities		**(10,961)**	(18,783)
NET CASH INFLOW BEFORE FINANCING		**69,282**	20,026
Cash flows from financing			
Public Dividend Capital received		**2,621**	1,029
PDC dividend paid		**(7,030)**	(8,347)
Net cash outflow from financing		**(4,409)**	(7,318)
NET INCREASE IN CASH AND CASH EQUIVALENTS		**64,873**	12,708
Cash and cash equivalents at start of the year		**61,314**	48,606
Cash and cash equivalents at end of the year	16	**126,187**	61,314

NOTES TO THE ACCOUNTS

1. Accounting policies and other information

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and certain financial assets and financial liabilities.

1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

1.3 Segmental reporting

Under IFRS 8 Operating Segments, the standard allows aggregation of segments that have similar economic characteristics and types and class of customer.

The operating results of the Foundation Trust are reviewed monthly or more frequently by the Trust's chief operating decision maker, which is the overall Foundation Trust Board and which includes senior professional non-executive directors. The Trust Board review the financial position of the Foundation Trust as a whole in their decision making process, rather than individual components included in the totals, in terms of allocating resources. This process implies a single operating segment under IFRS 8.

In addition, the large majority of the Foundation Trust's revenue originates with the UK Government. The majority of expenses incurred are payroll expenditure on staff involved in the production or support of healthcare activities generally across the Trust, together with the related supplies and overheads needed to establish this service. The business activities which earn revenue and incur expenses are therefore of one broad combined nature and therefore on this basis one segment of "provision of acute care" is deemed appropriate.

Therefore, all the Foundation Trust's activities relate to a single operating segment in respect of the provision of acute care.

1.4 Critical accounting judgments and key sources of estimation uncertainty

In the application of the Foundation Trust's accounting policies, management is required to make judgments, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.5 Critical judgments in applying accounting policies

The following are the critical judgments, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

a) As described in note 1.10, the Trust's plant and equipment is valued at depreciated replacement cost; the valuation being assessed by the Trust taking into account the movement of indices that the Trust has deemed to be appropriate. The Trust is required to review property, plant and equipment for impairment. In between formal valuations by qualified surveyors, management make judgments about the condition of assets and review their estimated lives.

b) Management use their judgment to decide when to write off revenue or to provide against the probability of not being able to collect debt especially in light of the changing healthcare commissioning environment. Judgment is also used to decide whether to write off or provide against International Private Patient and overseas debt.

1.6 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period not already included in note 1.5 above, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

a. The useful economic life of each category of fixed asset is assessed when acquired by the Foundation Trust. A degree of estimation is occasionally used in assessing the useful economic lives of assets.

b. When arriving at the valuation for property, Trust management engages a qualified surveyor to assist them in forming estimates.

1.7.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS Contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Integrated Care System level. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019/20)

In the comparative period (2019/20), the trust's contracts with NHS commissioners included those where the trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

1.7.2 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.7.3 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Other income received from commissioners may be in the form of an investment in quality. Any quality investment income surplus may be used in subsequent years to supplement any major projects / capital schemes.

1.8 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following year.

1.8 Expenditure on employee benefits (continued)

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

NEST Pension Scheme

Where staff are not eligible for, or choose to opt out of, the NHS Pensions Scheme, they are entitled to join the National Employment Savings Trust (NEST) scheme.

NEST is a government-backed, defined contribution pension scheme set up to make sure that every employer can easily access a workplace pension scheme.

The employer's contribution rate in 2020/21 was 3% which equated to £34k (2019/20: 3%, £21k).

1.9 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.10 Property, Plant and Equipment

Recognition

Property, Plant and Equipment is capitalised where:
• it is held for use in delivering services or for administrative purposes;
• it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust;
• it is expected to be used for more than one financial year; and
• the cost of the item can be measured reliably.
- Property, Plant and Equipment is also only capitalised where:
• it individually has a cost of at least £5,000; or
• it forms a group of assets that individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
• form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

Measurement

Valuation

Under IAS 16 assets should be revalued when their fair value is materially different from their carrying value. NHS Improvement requires revaluation at least once every 5 years.

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:
• Land and non-specialised buildings – market value for existing use
• Specialised buildings – depreciated replacement cost

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided. Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is added to the asset's carrying value and asset life. Where subsequent expenditure is simply restoring the asset to the specification assumed by its economic useful life then the expenditure is charged to operating expenses.

1.10 Property, Plant and Equipment (continued)

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

The estimated useful life of an asset is the period over which the Foundation Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Foundation Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed during the year, with the effect of any changes recognised on a prospective basis.

Freehold land is considered to have an infinite life and is not depreciated. Property, plant and equipment that has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the DHSC Group Accounting Manual impairments that are due to a clear consumption of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:
• The asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
• the sale must be highly probable i.e.:
-management are committed to a plan to sell the asset;
-an active programme has begun to find a buyer and complete the sale;
-the asset is being actively marketed at a reasonable price;
-the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
-the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated assets

Donated non-current assets are capitalised at their fair value on receipt, with a matching credit to Income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are as described above for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

Government grants

The value of assets received by means of a government grant are credited directly to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

1.10 Property, Plant and Equipment (continued)

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Min life Years	Max life Years
Buildings excluding dwellings	5	54
Dwellings	43	51
Plant & machinery	2	20
Information technology	3	15
Furniture & fittings	1	15

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

1.11 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Foundation Trust's business or which arise from contractual or other legal rights.

They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to the Foundation Trust and for at least a year and where the cost of the asset can be measured reliably and is at least £5,000.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised and expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software that is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, this is interpreted as depreciated replacement cost. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

1.11 Intangible assets (continued)

Impairment

Intangible assets not yet available for use are tested for impairment annually at the financial year end.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

The estimated useful life of an asset is the period over which the Foundation Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Foundation Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

	Min life Years	Max life Years
Intangible assets - internally generated		
Development expenditure	5	10
Intangible assets - purchased		
Software licences	3	13
Licences & trademarks	5	10

1.12 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First Out (FIFO) method.

The Trust provides at 3% for goods with a limited shelf life.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.14 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

1.15 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the Foundation Trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Foundation Trust has transferred substantially all of the risks and rewards of ownership. Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets are categorised as loans and receivables, whereas financial liabilities are classified as other financial liabilities.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments with are not quoted in an active market. They are included in current assets. The Foundation Trust's loans and receivables comprise: current investments, cash and cash equivalents, NHS debtors, accrued income and 'other debtors'. Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

The Foundation Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected

HM Treasury has ruled that central government bodies may not recognise impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Foundation Trust therefore does not recognise loss allowances for impairments against these bodies. Additionally, the Department of Health provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Foundation Trust does not recognise loss allowances for impairments against these bodies.
For financial assets that have become credit impaired since initial recognition, expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.15 Financial assets and financial liabilities (Continued)

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability. They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities. Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

1.16 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Foundation Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability. The asset and liability are recognised at the inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance Costs in the Statement of Comprehensive Income.

The following is the methodology used for the re-classification of operating leases as finance leases:

Finance leases in which the Trust acts as lessee:
- the finance charge is allocated across the lease term on a straight line basis.
- the capital cost is capitalised using a straight line basis of depreciation.
- the lease rental expenditure that would otherwise have been charged to expenditure under an operating lease is removed from expenditure on a straight line basis.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.17 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2021:

	Nominal rate
Short-term	0.51%
Medium-term	0.55%
Long-term	1.99%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

Clinical Negligence Costs

The NHS Resolution (NHSR) operates a risk pooling scheme under which the Foundation Trust pays an annual contribution to the NHSR, which, in return, settles all clinical negligence claims. Although the NHSR is administratively responsible for all clinical negligence cases, the legal liability remains with the Foundation Trust. The total value of clinical negligence provisions carried by the NHSR on behalf of the Foundation Trust is disclosed at note 19.

Non-clinical risk pooling

The Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Foundation Trust pays an annual contribution to the NHSR and in return receives assistance with the costs of claims arising. The annual membership contributions, and any ‘excesses’ payable in respect of particular claims are charged to operating expenses when the liability arises.

1.18 Public Dividend Capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.19 Value Added Tax

Most of the activities of the Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable.
Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.20 Corporation Tax

Great Ormond Street Hospital for Children NHS Foundation Trust has determined that it has no corporation tax liability as the Trust has no private income from non-operational areas.

1.21 Foreign exchange

The functional and presentational currencies of the Foundation Trust are sterling.
A transaction that is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.
Where the Foundation Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:
• monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.
Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.22 Cash, bank and overdrafts

Cash, bank and overdraft balances are recorded at the current values of these balances in the Foundation Trust's cash book.

1.23 Heritage Assets

Heritage assets (under FRS 30 and as required by the FT ARM) are tangible assets with historical, artistic, scientific, technological, geographical or environmental qualities, held principally for their contribution to knowledge or culture. The Foundation Trust holds no such assets as all assets are held for operational purposes - this includes a number of artworks on display in the hospital.

1.24 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

1.25 Charitable Funds

From 2013/14, the divergence from the FReM that NHS Charitable Funds are not consolidated with bodies' own returns was removed. Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entities' returns. The funds of Great Ormond Street Hospital for Children's Charity are not under the control of the Foundation Trust and have not, therefore, been consolidated in these accounts.

1.26 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the trust will not recognise a right of use asset or lease liability for short-term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The implementation date for IFRS 16 in the NHS was revised to 1 April 2022 in November 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022/23 is currently impracticable. However, the Trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

2. Revenue from patient care activities

2.1 Analysis of revenue from patient care activities	Year ended 31 March 2021 £000	Year ended 31 March 2020 £000
Acute Services		
Block contract / system envelope income*	**394,964**	288,987
High cost drugs income from commissioners	**12,569**	75,479
Other NHS clinical income	**373**	416
Mental Health Services		
Block contract / system envelope income	**4,916**	4,849
Other clinical income from mandatory services	**90**	0
Other Services		
Private patient income	**37,402**	64,847
Additional pension contribution central funding**	**12,365**	11,556
Other clinical income	**7,895**	4,100
Total income from patient care activities	**470,574**	450,234

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. From 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

The Trust's Provider Licence sets out the Commissioner Requested Services that the Trust is required to provide. All of the income from activities before private patient income and other non-protected clinical income shown above is derived from the provision of Commissioner Requested Services.

2.2 Analysis of revenue from patient care activities by source	Year ended 31 March 2021 £000	Year ended 31 March 2020 £000
NHS England	**391,601**	356,435
Clinical commissioning groups	**36,157**	23,590
NHS Foundation Trusts	**0**	297
NHS Trusts	**271**	0
Local Authorities	**90**	94
NHS Other	**0**	97
Non-NHS:		
Private patients	**37,402**	64,847
Overseas patients (non-reciprocal)	**148**	637
Injury costs recovery	**102**	119
Other	**4,803**	4,118
Total revenue from patient care activities	**470,574**	450,234

All of the Trust's activities relate to a single operating segment in respect of the provision of acute healthcare services.

2.3 Overseas visitors	Year ended 31 March 2021 £000	Year ended 31 March 2020 £000
Income recognised in-year	**148**	637
Cash payments received in-year	**160**	180
Amounts added to provision for impairment of receivables	**(111)**	120

3.1 Other operating income	Year ended 31 March 2021 £000	Year ended 31 March 2020 £000
Other operating income recognised in accordance with IFRS 15		
Research and development (IFRS 15)	**6,592**	9,406
Education and training	**8,906**	8,740
Non-patient care services to other bodies	**2,029**	1,834
Provider sustainability fund	**0**	4,107
Reimbursement and top up funding*	**46,444**	0
Clinical tests	**4,140**	7,698
Clinical excellence awards	**787**	2,140
Catering	**898**	1,290
Crèche services	**354**	487
Staff accommodation rentals	**41**	65
Other revenue	**2,395**	3,182
	72,586	**38,949**

*The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services.

Other operating income recognised in accordance with other standards		
Research and development (non-IFRS 15)	**17,792**	18,274
Education and training - notional income from apprenticeship fund	**474**	486
Charitable contributions in respect of capital expenditure	**9,060**	31,220
Charitable contributions to expenditure	**5,247**	10,734
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	**3,409**	0
	35,982	60,714
Total other operating income	**108,568**	99,663
of which		
Related to continuing operations	**108,568**	99,663

4. Operating expenses	Year ended 31 March 2021 £000	Year ended 31 March 2020 £000
Services from other NHS bodies	**4,056**	7,101
Purchase of healthcare from non-NHS bodies	**5,143**	4,443
Staff and executive directors costs	**308,182**	273,689
Non-executive directors' costs*	**140**	152
Supplies and services - clinical - drugs	**90,546**	81,496
Supplies and services - clinical - other	**36,283**	37,787
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	**2,798**	0
Supplies and services - general	**4,812**	4,773
Establishment	**3,624**	3,984
Research and development - staff costs	**18,498**	18,805
Research and development - non-staff	**1,992**	2,006
Education and training - staff costs	**2,737**	3,126
Education and training - non-staff	**1,781**	1,932
Education and training - notional expenditure funded from apprenticeship fund	**474**	486
Transport - business travel	**323**	993
Transport - other	**3,573**	3,655
Premises - business rates payable to local authorities	**5,133**	4,611
Premises - other	**35,474**	33,458
Operating lease rentals	**2,797**	2,262
Movement in credit loss allowance: contract receivables/assets	**(239)**	(518)
Movement in credit loss allowance: all other receivables & investments	**(42)**	(59)
Provisions released in year	**0**	(53)
Change in provisions discount rate	**(26)**	(48)
Inventories write down	**418**	339
Inventories written down (consumables donated from DHSC group bodies for COVID response)	**4**	0
Depreciation	**21,760**	21,031
Amortisation of intangible assets	**3,190**	3,543
Impairment of property, plant and equipment	**1,194**	6,994
Audit services - statutory audit	**136**	130
Other auditor remuneration	**0**	5
Clinical negligence insurance	**7,088**	6,801
Redundancy costs	**397**	30
Consultancy costs	**337**	679
Legal fees	**927**	223
Internal audit costs	**103**	122
Losses and special payments	**1**	5
Other	**2,508**	2,200
	566,122	526,183

* Details of non-executive directors' remuneration can be found in the Remuneration Report on page xx.

5. Operating leases

5.1 As lessee

Payments recognised as an expense	Year ended 31 March 2021 £000	Year ended 31 March 2020 £000
Minimum lease payments	**2,797**	2,262

Total future minimum lease payments	Year ended 31 March 2021 £000	Year ended 31 March 2020 £000
Payable:		
Not later than one year	**2,612**	2,797
Between one and five years	**12,281**	13,306
After 5 years	**17,056**	19,775
Total	**31,949**	35,878

6. Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial year ended 31 March 2021.

7. Impairment of Assets

	2020/21 £000	2019/20 £000
Net impairments charged to operating surplus resulting from:		
Changes in market price	**1,194**	6,994
Total net impairments charged to operating surplus	**1,194**	6,994
Impairments charged to the revaluation reserve	**6,017**	4,841
Total net impairments	**7,211**	11,835

8. Employee costs and numbers

8.1 Employee costs	Year ended 31 March 2021 Total	Year ended 31 March 2020 Total
	£000	£000
Salaries and wages	**262,622**	238,072
Social security costs	**26,365**	24,334
Apprenticeship levy	**1,176**	1,090
Pension cost - defined contribution plans employer's contributions to NHS pensions	**28,324**	26,421
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	**12,365**	11,556
Pension costs - other	**74**	46
Temporary staff - agency/contract staff	**3,781**	2,356
Termination benefits	**397**	30
Total gross staff costs	**335,104**	303,905
Recoveries from DHSC Group bodies in respect of staff cost netted off expenditure	**(2,108)**	(2,090)
Recoveries from other bodies in respect of staff costs netted off expenditure	**(507)**	(413)
Total staff costs	**332,489**	301,402
Included within:		
Costs capitalised as part of assets	**2,675**	5,752
Analysed into operating expenditure		
Employee expenses - staff and executive directors	**308,182**	273,689
Research and development	**18,498**	18,805
Education and training	**2,737**	3,126
Redundancy	**397**	30
Total employee benefits excluding capital costs	**329,814**	295,650

8.2 Average number of people employed*	Year ended 31 March 2021 Total	Year ended 31 March 2020 Total
	Number	Number
Medical and dental	**765**	700
Administration and estates	**1,388**	1,346
Healthcare assistants and other support staff	**327**	284
Nursing, midwifery and health visiting staff	**1,601**	1,526
Scientific, therapeutic and technical staff	**994**	960
Other staff	**13**	9
Total average numbers	**5,088**	4,825
of which:		
Number of employees (WTE) engaged on capital projects	**41**	87

*Whole Time Equivalent

8.3 Retirements due to ill-health

During the year there was one early retirement from the Trust on the grounds of ill-health resulting in additional pension liabilities of £45k. (There were no early retirements in 2019/20).

8.4 Staff exit packages

Foundation Trusts are required to disclose summary information of their use of staff exit packages agreed in the year.

	Year to 31 March 2021					
Exit packages number and cost	**Number of Compulsory redundancies**	**Cost of compulsory redundancies**	**Number of other departures agreed**	**Cost of other departures agreed**	**Total number of exit packages**	**Total cost of exit packages**
	Number	**£000**	**Number**	**£000**	**Number**	**£000**
<£10,000	**2**	**19**	**2**	**9**	**4**	**28**
£10,000 - £25,000	**3**	**47**	**0**	**0**	**3**	**47**
£25,001 - £50,000	**2**	**75**	**0**	**0**	**2**	**75**
£50,001 - £100,000	**2**	**151**	**0**	**0**	**2**	**151**
£100,001 - £150,000	**1**	**105**	**0**	**0**	**1**	**105**
Total	**10**	**397**	**2**	**9**	**12**	**406**

	Year to 31 March 2020					
Exit packages number and cost	Number of Compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
	Number	£000	Number	£000	Number	£000
<£10,000	0	0	5	28	5	28
£10,000 - £25,000	1	15	5	88	6	103
£25,001 - £50,000	0	0	2	57	2	57
Total	1	15	12	173	13	188

Any exit packages in relation to senior managers (should they arise) are not included in this note as these would be disclosed in the remuneration report.

The cost of ill-health retirements falls on the relevant pension scheme, not the Trust, and is included in note 8.3.

8.5 Exit packages: other (non-compulsory) departure payment	**Payments agreed 2020/21**	**Total value of agreements 2020/21**	Payments agreed 2019/20	Total value of agreements 2019/20
	No.	**£000**	No.	£000
Voluntary redundancies including early retirement contractual costs	**0**	**0**	1	12
Mutually agreed resignations (MARS) contractual costs	**0**	**0**	1	30
Contractual payments in lieu of notice	**2**	**9**	10	131
Total	**2**	**9**	12	173

9 Finance Income	**Year ended 31 March 2021**	Year ended 31 March 2020
	£000	£000
Bank interest	**0**	456
Total finance income	**0**	456

10 Finance Expenses	**Year ended 31 March 2021**	Year ended 31 March 2020
	£000	£000
Provisions - unwinding of discount	(25)	18
Total finance expenses	**(25)**	**18**

11. Intangible assets

11.1 Intangible assets

	Software licences	Licences and trademarks	IT (internally generated and 3rd party)	Development expenditure	Intangible assets under construction	Total
	£000	£000	£000	£000	£000	£000
Gross cost at 1 April 2020	17,748	623	67	4,790	30,417	**53,645**
Additions - purchased	402	0	0	0	55	**457**
Reclassifications	30,320	0	0	0	(30,362)	**(42)**
Disposals	(6,451)	(235)	(67)	(3,747)	0	**(10,500)**
Valuation/Gross cost at 31 March 2021	**42,019**	**388**	**0**	**1,043**	**110**	**43,560**
Amortisation at 1 April 2020	10,214	421	67	4,748	0	**15,450**
Provided during the year	3,154	23	0	13	0	**3,190**
Disposals	(6,451)	(235)	(67)	(3,747)	0	**(10,500)**
Amortisation at 31 March 2021	**6,917**	**209**	**0**	**1,014**	**0**	**8,140**
Net book value						
NBV total at 31 March 2021	**35,102**	**179**	**0**	**29**	**110**	**35,420**

All intangible assets are held at cost less accumulated amortisation based on estimated useful economic lives.

At 31 March 2021, Software Licences included the Trust's Epic Electronic Patient Record system which integrates all the Trust's patient records in digital form. At 31 March 2021, the system had a net book value of of £28,909k and an estimated remaining useful life of 11 years.

	Software licences	Licences and trademarks	IT (internally generated and 3rd party)	Development expenditure	Intangible assets under construction	Total
	£000	£000	£000	£000	£000	£000
Gross cost at 1 April 2019	11,347	623	67	4,790	25,910	**42,737**
Additions - purchased	219	0	0	0	9,074	**9,293**
Additions - assets purchased from cash donations	0	0	0	0	1,563	**1,563**
Impairments charged to operating expenses	0	0	0	0	(68)	**(68)**
Revaluations	0	0	0	0	471	**471**
Reclassifications	6,182	0	0	0	(6,533)	**(351)**
Valuation/Gross cost at 31 March 2020	**17,748**	**623**	**67**	**4,790**	**30,417**	**53,645**
Amortisation at 1 April 2019	6,901	398	67	4,541	0	**11,907**
Provided during the year	3,313	23	0	207	0	**3,543**
Amortisation at 31 March 2020	**10,214**	**421**	**67**	**4,748**	**0**	**15,450**
Net book value						
NBV total at 31 March 2020	**7,534**	**202**	**0**	**42**	**30,417**	**38,195**

12. Property, plant and equipment

12.1 Property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2020	74,100	333,167	10,651	29,753	100,900	41,265	20,233	**610,069**
Additions - purchased	0	1,366	0	5,040	1,739	2,695	121	**10,961**
Additions - assets purchased from cash donations/grants	0	820	0	5,460	2,694	42	44	**9,060**
Impairments charged to operating expenses	0	(1,576)	0	0	0	0	0	**(1,576)**
Impairments charged to the revaluation reserve	0	(10,443)	(294)	0	0	0	0	**(10,737)**
Revaluations	0	(8,133)	(230)	0	0	0	0	**(8,363)**
Reversal of impairments credited to operating expenses	0	382	0	0	0	0	0	**382**
Reversal of impairments credited to the revaluation reserve	4,720	0	0	0	0	0	0	**4,720**
Reclassifications	0	470	0	(3,551)	1,193	1,792	138	**42**
Disposals/derecognition	0	(275)	0	0	(16,221)	(20,076)	(369)	**(36,941)**
Cost or valuation at 31 March 2021	**78,820**	**315,778**	**10,127**	**36,702**	**90,305**	**25,718**	**20,167**	**577,617**
Accumulated depreciation at 1 April 2020	0	3,210	0	0	67,270	29,814	11,724	**112,018**
Provided during the period	0	9,293	230	0	6,982	3,677	1,578	**21,760**
Revaluations	0	(8,133)	(230)	0	0	0	0	**(8,363)**
Disposals/derecognition	0	(275)	0	0	(16,217)	(20,076)	(369)	**(36,937)**
Accumulated depreciation at 31 March 2021	**0**	**4,095**	**0**	**0**	**58,035**	**13,415**	**12,933**	**88,478**
Net book value at 31 March 2021								
Owned - purchased	75,020	112,033	830	14,697	6,898	9,074	1,563	**220,115**
Finance leased	0	3,066	0	0	0	0	0	**3,066**
Owned - donated / granted	3,800	196,584	9,297	22,005	25,372	3,229	5,671	**265,958**
NBV total at 31 March 2021	**78,820**	**311,683**	**10,127**	**36,702**	**32,270**	**12,303**	**7,234**	**489,139**

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2019	78,941	302,099	10,877	27,796	88,839	34,696	17,620	**560,868**
Additions - purchased	0	2,789	0	6,949	965	532	97	**11,332**
Additions - assets purchased from cash donations	0	7,391	0	11,897	7,366	1,009	1,994	**29,657**
Impairments charged to operating expenses	0	(6,956)	(6)	0	0	0	0	**(6,962)**
Impairments charged to the revaluation reserve	(4,841)	0	0	0	0	0	0	**(4,841)**
Reversal of impairments credited to operating expenses	0	36	0	0	0	0	0	**36**
Reclassifications	0	7,617	0	(16,889)	4,073	5,028	522	**351**
Revaluations	0	20,191	(220)	0	0	0	0	**19,971**
Disposals	0	0	0	0	(343)	0	0	**(343)**
Cost or valuation at 31 March 2020	**74,100**	**333,167**	**10,651**	**29,753**	**100,900**	**41,265**	**20,233**	**610,069**
Accumulated depreciation at 1 April 2019	0	2,131	0	0	61,019	25,420	10,369	**98,939**
Provided during the period	0	8,471	230	0	6,581	4,394	1,355	**21,031**
Revaluations	0	(7,392)	(230)	0	0	0	0	**(7,622)**
Disposals	0	0	0	0	(330)	0	0	**(330)**
Accumulated depreciation at 31 March 2020	**0**	**3,210**	**0**	**0**	**67,270**	**29,814**	**11,724**	**112,018**
Net book value at 31 March 2020								
Owned - purchased	1,800	118,473	883	12,238	5,961	7,106	1,807	**148,268**
Finance leased	0	3,507	0	0	0	0	0	**3,507**
Owned - donated / granted	72,300	207,977	9,768	17,515	27,669	4,345	6,702	**346,276**
NBV total at 31 March 2020	**74,100**	**329,957**	**10,651**	**29,753**	**33,630**	**11,451**	**8,509**	**498,051**

12.2 Valuation of Land and Buildings

For assets held at revalued amounts:

* the effective date of revaluation was 31 March 2021;
* the valuation of land, buildings and dwellings was undertaken by Richard Ayres, a Member of the Royal Institution of Chartered Surveyors and a partner in Gerald Eve LLP; and
* the valuations were undertaken using a modern equivalent asset methodology.

The valuer issued this statement to the Trust on the valuation:

The freehold and leasehold property known as Great Ormond Street Hospital for Children NHS Foundation Trust was valued as at 31 March 2021 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the requirements of the RICS Valuation – Global Standard 2020 and the and the national standards and guidance set out in the UK national supplement (November 2018 edition), the International Valuation Standards, and IFRS as adapted and interpreted by the Financial Reporting Manual (FReM). The valuations of specialised properties were derived using the Depreciated Replacement Cost (DRC) method, with other in-use properties reported on an Existing Use Value basis.

12.3 Charitably Funded Capital Expenditure

Great Ormond Street Hospital Children's Charity donated £9,060k towards property, plant, equipment and intangibles expenditure during the year (2019/20, £31,220k).

The Trust has completed a number of agreements with Great Ormond Street Hospital Children's Charity in connection with amounts donated to fund capital expenditure on building work in relation to buildings used by the Trust for its core activities. The agreements provide that, in the event that there is a material change in use of these buildings, the amounts donated would be repayable based on a formula which takes account of the total value of donations received and the period for which the new building work has been in use by the Trust. There are no past events or events foreseen by the directors which would require the recognition of an obligation to the Charity as a result of these agreements.

13. Commitments

13.1 Capital commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 March 2021	31 March 2020
	£000	£000
Property, plant and equipment	**10,548**	4,071
Intangible assets	**269**	599
Total	**10,817**	**4,670**

13.2 Other financial commitments

The Trust has entered into non-cancellable contracts (which are not leases or PFI contracts or other service concession arrangements). The payments to which the Trust is committed are as follows:

	31 March 2021	31 March 2020
	£000	£000
Not later than one year	**9,007**	9,974
Later than one year and not later than five years	**7,381**	6,836
Total	**16,388**	16,810

14. Inventories

14.1 Inventories

	31 March 2021	31 March 2020
	£000	£000
Drugs	**3,461**	3,445
Consumables	**7,647**	7,678
Consumables donated from DHSC group bodies	**607**	0
Energy	**35**	21
Total	**11,750**	11,144

The cost of inventories recognised as expenses during the year in respect of continuing operations was £118,551k (2019/20: £106,834k); of which £2,798k related to expenses relating to the utilisation of consumables donated by DHSC bodies (2019/20: £0k).

15. Trade and other receivables

15.1 Trade and other receivables	**Current**		**Non-current**	
	31 March 2021	31 March 2020	**31 March 2021**	31 March 2020
	£000	£000	**£000**	£000
Contract receivables: invoiced	**46,727**	84,328	**0**	0
Contract receivables: not yet invoiced / non-invoiced	**4,259**	11,653	**0**	0
Capital receivables	**1,517**	8,790	**0**	0
Allowance for impaired contract receivables	**(11,205)**	(13,353)	**0**	0
Allowance for impaired other receivables	**(137)**	(179)	**0**	0
Prepayments (revenue)	**5,201**	4,101	**6,697**	6,400
Interest receivable	**0**	35	**0**	0
PDC dividend receivable	**208**	0	**0**	0
VAT receivable	**582**	964	**0**	0
Clinician pension tax provision reimbursement funding from NHSE	**0**	0	**1,492**	1221
Other receivables	**6,829**	7,732	**0**	0
Total	**53,981**	104,071	**8,189**	7,621

15.2 Allowances for credit losses on receivables

	Total 2020/21 £000	Contract receivables and contract assets £000	All other receivables £000
Allowance for credit losses at 1 April 2020 - brought forward	**13,532**	**13,353**	**179**
New allowances arising	**6,181**	6,156	25
Changes in the calculation of existing allowances	**(293)**	(236)	(57)
Reversals of allowances (where receivable is collected in-year)	**(6,169)**	(6,159)	(10)
Utilisation of allowances (where receivable is written off)	**(1,909)**	(1,909)	0
Total allowance for credit losses at 31 March 2021	**11,342**	**11,205**	**137**

15.3 Allowances for credit losses on receivables

	Total 2019/20 £000	Contract receivables and contract assets £000	All other receivables £000
Allowance for credit losses at 1 April 2019 - brought forward	14,109	13,871	238
New allowances arising	7,233	7,161	72
Changes in the calculation of existing allowances	(1,414)	(1,322)	(92)
Reversals of allowances (where receivable is collected in-year)	(6,396)	(6,357)	(39)
Total allowance for credit losses at 31 March 2020	**13,532**	**13,353**	**179**

16. Cash and cash equivalents	**31 March 2021 £000**	31 March 2020 £000
Balance at beginning of the year	**61,314**	48,606
Net change in year	**64,873**	12,708
Balance at the end of the year	**126,187**	61,314
Made up of		
Commercial banks and cash in hand	**14**	15
Cash with the Government Banking Service	**126,173**	61,299
Cash and cash equivalents as in statement of financial position	**126,187**	61,314
Cash and cash equivalents	**126,187**	61,314

17. Trade and other payables

17.1 Trade and other payables

	Current	
	31 March 2021	31 March 2020
	£000	£000
Trade payables	**26,314**	18,635
Capital payables	**4,738**	11,592
Social Security costs	**3,682**	3,515
Other taxes payable	**3,052**	2,826
Other payables	**8,938**	10,637
Accruals	**46,161**	44,884
Annual leave accrual	**5,577**	2,684
PDC dividend payable	**0**	73
Total	**98,462**	94,846
Of which, payable to NHS and DHSC group bodies:	19,274	10,882

18. Other Liabilities

	Current		Non-current	
	31 March 2021	31 March 2020	**31 March 2021**	31 March 2020
	£000	£000	**£000**	£000
Deferred income: Contract liability (IFRS 15)	**2,909**	5,892	**0**	0
Deferred income: other (non-IFRS 15)	**1,564**	914	**0**	0
Lease incentives	**512**	517	**3,449**	4,016
Total	**4,985**	7,323	**3,449**	4,016

19. Provisions

	Current		Non-current	
	31 March 2021	31 March 2020	**31 March 2021**	31 March 2020
	£000	£000	**£000**	£000
Pensions relating to other staff	**112**	113	**595**	641
Legal claims	**43**	34	**0**	0
Redundancy	**17**	0	**0**	0
Clinician pension tax reimbursement	**0**	0	**1,492**	1,221
Other	**347**	0	**913**	885
Total	**519**	147	**3,000**	2,747

	Pensions relating to other staff	**Legal claims**	**Clinician pension tax reimbursement**	**Redundancy**	**Other**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
At 1 April 2020	754	34	1,221	0	885	**2,894**
Change in the discount rate	(26)	0	0	0	0	**(26)**
Arising during the year	117	11	271	17	375	**791**
Utilised during the year	(113)	(2)	0	0	0	**(115)**
Unwinding of discount	(25)	0	0	0	0	**(25)**
At 31 March 2021	707	43	1,492	17	1,260	**3,519**
Expected timing of cash flows:						
- not later than one year	112	43	0	17	347	**519**
- later than one year and not later than five years	448	0	1,492	0	913	**2,853**
- later than five years	147	0	0	0	0	**147**
	707	43	1,492	17	1,260	**3,519**

Provisions for capitalised pension benefits are based on tables provided by the NHS Pensions Agency reflecting years to normal retirement age and the additional pension costs associated with early retirement.

"Legal Claims" consist of amounts due as a result of third party and employer liability claims. The values are based on information provided by the Trust's insurer, in this case, the NHS Resolution. The amount shown here is the gross expected value of the Trust's liability to pay minimum excesses for outstanding cases under the Scheme rules. Provision has also been made for cases which are ongoing with the Trust's solicitors.

'Other' provisions of £1,260k relates to a provision for dilapidations (£885k at 31 March 2020). In addition, £375k relating to provisions for enhancements have arisen during year.

NHS Resolution records provisions in respect of clinical negligence liabilities of the Trust. The amount recorded as at 31 March 2021 was £161,338k (£170,257k at 31 March 2020).

20. Revaluation reserve

	31 March 2021	31 March 2020
	£000	£000
Opening balance at 1 April	**125,799**	102,576
Net impairments	**(6,017)**	(4,841)
Revaluations	**0**	28,064
Closing balance at 31 March	**119,782**	125,799

21. Financial instruments

The carrying value and the fair value are equivalent for the financial assets and financial liabilities shown below in notes 21.1 and 21.2. All financial assets and liabilities included below are receivable/payable within 12 months.

21.1 Financial assets by category

	2020/21	2019/20
Carrying values of financial assets at amortised cost	**£000**	£000
Trade and other receivables excluding non-financial assets	**49,477**	98,971
Cash and cash equivalents at bank and in hand	**126,187**	61,314
Total at 31 March	**175,664**	160,285

21.2 Financial liabilities by category

	2020/21	2019/20
	£000	£000
Carrying values of financial liabilities at amortised cost		
Trade and other payables excluding non-financial liabilities	**91,727**	88,432
Total at 31 March	**91,727**	88,432

21. Financial Instruments (continued)

21.3 Financial Risk Management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with NHS England and Clinical Commissioning Groups and the way those bodies are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditor.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. Although the Trust has operations overseas, it has no establishment in other territories. The Foundation Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust's cash balances are held with the Government Banking Service. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, it has low exposure to credit risk. The maximum exposures as at 31 March 2021 are in receivables from customers, as disclosed in the trade and other receivables note.

A high proportion of private patient income is received from overseas government bodies. The Trust has a good record of collection of this income although there can be delays.

These funding arrangements ensure that the Trust is not exposed to any material credit risk.

Liquidity risk

The Trust's net operating costs are incurred under agency purchase contracts with NHS England and local Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Trust receives the majority of such contract income in accordance with Payment by Results (PbR), which is intended to match the income received in year to the activity delivered in that year by reference to a National / Local Tariff unit cost. The Trust receives cash each month based on an annually agreed level of contract activity and there are periodic corrections made to adjust for the actual income due under the contract.

The Trust presently finances its capital expenditure mainly from donations and internally generated funds and is not, therefore, exposed to significant liquidity risks in this area.

22. Related Party Transactions

Paragraph 25 of IAS 24 allows entities which are related parties because they are under the same government control to reduce the volume of the detailed disclosures. Note also that IAS 24 is interpreted such that DHSC group bodies must disclose the Department of Health as the parent department and provide a note of the main entities within the public sector with which the body has had dealings, but that no information needs to be given about these transactions.

Great Ormond Street Hospital for Children NHS Foundation Trust is a body corporate established under the National Health Service Act 2006.

No Board Members or members of the key management staff or parties related to them has undertaken any material transactions with Great Ormond Street Hospital for Children NHS Foundation Trust. Remuneration of senior managers is disclosed in the audited part of the director's remuneration report on page xx.

During the year the Trust has had a significant number of material transactions with the following organisations which fall within the Whole of Government Accounting Bodies and Local Authorities:

NHS England / Improvement
- NHS Clinical Commissioning Groups
- NHS Foundation Trusts
- NHS Trusts
- Department of Health and Social Care
- Health Education England
- NHS Pension Scheme

The Trust also had significant transactions with Great Ormond Street Hospital Children's Charity. The total values are below:

	£000
Income	14,237
Expenditure	1,895
Receivables (31 March 2021)	4,575
Payables (31 March 2021)	1,772

23. Events after the reporting period

There are no events after the reporting period which require disclosure.

24. Losses and special payments

	Number	£000
Bad debts relating to private patients	274	1,803
Bad debts relating to other debtors	181	106
Stores losses	15	418
Total losses	**470**	**2,327**
Ex-gratia payments	6	1
Total special payments	**6**	**1**
Total losses and special payments	**476**	**2,328**
Of which, cases of £300,000 or more:		
Bad debts and claims abandoned	**1**	**1,719**

The amounts above are reported on an accruals basis but exclude provisions for future losses.

25. Off-Payroll engagements

As at 31 March 2021, the Trust had no off-payroll engagements for more than £245 per day lasting for longer than six months. There were no new off-payroll engagements, or any that reached six months in duration, between 1 April 2020 and 31 March 2021, for more than £245 per day and that lasted for longer than six months.

Median Pay

The highest paid Director was the Chief Executive Officer whose remuneration was in the band £215,000- £220,000.
This was 5.1 times the median remuneration for all members of the Trust. The calculation is based upon full-time equivalent Trust staff for the year ended 31 Mar 2021 on an annualised basis.

	2020/21	**2019/20**
Band of the highest paid director's total remuneration (£000)	215-220	210-215
Median total remuneration	43,102	41,439
Ratio	5.1	5.2

Great Ormond Street Hospital for Children NHS Foundation Trust

Annual Report and Accounts

2020 to 2021

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Great Ormond Street Hospital for Children NHS Foundation Trust

Annual Report and Accounts

2020 to 21

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006

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Contents

Insert full page image

Great Ormond Street Hospital (GOSH) at a glance

2020/21
438 beds
32,043 inpatients and daycases
189,336 outpatient attendances
4,970 Staff
5,636 participants in 1,175 active research studies
60 active volunteers who gave around 18,200 hours. This donated time is worth £162,200.
98% of inpatients and 97% of outpatients would recommend GOSH.
74% of staff who would recommend GOSH as a place to work
91.5% of staff who would be happy with the standard of care provided at GOSH if a friend or relative needed treatment.

Present the figures above as a 3x3 jigsaw

Insert full page image

Chair foreword

To be added

Chief Executive foreword

To be added

Overview

On the following pages we provide a summary of the organisation, its purpose, the key risks to the achievement of its objectives and highlight how the Trust has performed during the year.

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) is an acute paediatric provider of specialised and highly specialised treatment and care for children with rare and complex diseases and conditions. Our vision, which sets our direction, is 'helping children with complex health needs fulfil their potential'. Our mission is to put 'the child first and always'. It is supported by our 'Always Values': always welcoming, always helpful, always expert and always one team.

At GOSH we provide over 50 different specialist and sub–specialist paediatric health services. This is the widest range on any single site in the UK.

More than half of our patients are referred to us from outside London and a small proportion come from overseas.

We have a long tradition of clinical research, learning from our special position of treating some of the largest cohorts in the world of children with rare diseases. We host the UK's only paediatric National Institute for Health Research (NIHR) Biomedical Research Centre (BRC) in collaboration with University College London Great Ormond Street Institute of Child Health (UCL GOS ICH).

Together with our partner Higher Education Institutes, we train the largest number of paediatric nurses in the UK and play a leading role in training paediatric doctors and Allied Health Professionals (AHPs).

Our history

In 1852, Dr Charles West founded the Hospital for Sick Children in his terraced house on Great Ormond Street. It was the country's first specialist medical institution for children, with just 10 beds and two clinical staff.

With the generosity and foresight of early patrons such as Charles Dickens and J M Barrie, the hospital grew. Over the decades it has been at the leading edge of treatment and care of children, including pioneering paediatric cardiac surgery and treatment for childhood cancers.

Great Ormond Street Hospital for Children was authorised as an NHS Foundation Trust on 1 March 2012. Much has changed since 1852, but GOSH remains at the forefront of paediatric medicine and research. Every day we do everything in our power to give seriously ill children the best chance to fulfil their potential.

Our structure in 2020/21

The hospital has eight clinical directorates that support our vision to help children and young people with the most complex health needs fulfil their potential. The directorates were named following consultation with our patients and are shown below:

IMAGE OF DIRECTORATES

In addition there are 10 corporate areas – Clinical Operations, Corporate Affairs, Built Environment, Medical, Nursing and Patient Experience, Human Resources and Organisational Development, Research and Innovation, Finance, Communications and Transformation.

During 2020/21, GOSH planned for the pandemic as a major incident in accordance with national direction. The hospital's Gold, Silver and Bronze planning groups have met multiple times every week, with Gold reporting into the Executive Management Team and appraising the Board of developments on a regular basis. For part of the year, we realigned our directorate structure to manage the revised services, moving from eight directorates to four: heart and lung, operations and images, general paediatrics and GOSH specialities.

Celebrating our staff

During the pandemic, our staff went above and beyond their own exceptional commitment by seeking out ways to support patients, families and our local health and social care partners both individually and as teams. Staff accepted patients from across the local health community, redesigned clinical pathways and introduced innovative solutions to deliver patient and corporate services in a safe and efficient way. This report is a testament to our amazing staff and we celebrate their efforts and hard work within it. Throughout the report you will find a selection of stories that showcase some of their amazing work and achievements.

In this report we also reflect on our history and practice around infection control over the years. We provide insights to how our staff have continued to use their knowledge, research and expertise to make improvements in safe practice and care for our patients.

Our history: Victorian infection control

Today's COVID-19 is not the first time that the hospital has had to cope with an infection epidemic.

Victorian London saw a number of severe diphtheria outbreaks. From 1880, GOSH had a dedicated infectious diseases block with four small wards that could be used for specific infections, including diphtheria. However, on several occasions in the 1880s, cases were spread to the main wards or brought in from outside, one of these briefly forcing the complete closure of the hospital.

Following what proved to be the last of these outbreaks, in 1889 an engineering company, Rogers Field, specialising in drainage, was brought in to advise on necessary sanitary and wider infection control issues. Their plans showing the movement of infection around the wards, and analysis of how individual cases were transmitted, survive in the hospital archive.

The hospital was also afflicted by scarlet fever outbreaks in the same period, with all visits of family members being banned due to it during the autumn of 1887.

(Illustration; Example of Rogers Field's mapping of spread of Diphtheria cases around a ward, 1889)

Our strategy

In September 2020, the Trust launched Above and Beyond, our five-year strategy to advance care for children and young people with complex health needs. In developing the strategy, the Trust considered its direction of travel as a provider of specialist and highly–specialist paediatric services and what this means for the shape of the services we provide. This helped us to define the role we will play within local, national, and international healthcare now and in 10 years' time.

Our purpose is to advance care for children and young people with complex health needs

IMAGE OF PLANETS

To maximise successful delivery of the Above and Beyond strategy, the Trust has elected to implement portfolio management. This is a best practice methodology that enables visibility of delivery of the strategy and significantly increases the likelihood that the strategic objectives and associated benefits are realised. The portfolio management framework underpins day-to-day running of the portfolio and provides a single, authoritative and up-to-date source of advice on delivery of the various initiatives. Tracking of portfolio delivery commenced on 1 April 2021.

The six priorities of the Above and Beyond strategy are represented as planets, each with a team responsible for delivering a set of key programmes and projects that will take us to where we want to be in 2025. The planets are as follows:

- Planet 1. Make GOSH a great place to work by investing in the wellbeing and development of our people.
- Planet 2. Deliver a Future Hospital Programme to transform outdated pathways and processes.
- Planet 3. Develop the GOSH Learning Academy as the first choice provider of outstanding paediatric training.
- Planet 4: Improve and speed up access to urgent care and virtual services.
- Planet 5. Accelerate translational research and innovation to save and improve lives.
- Planet 6. Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care.

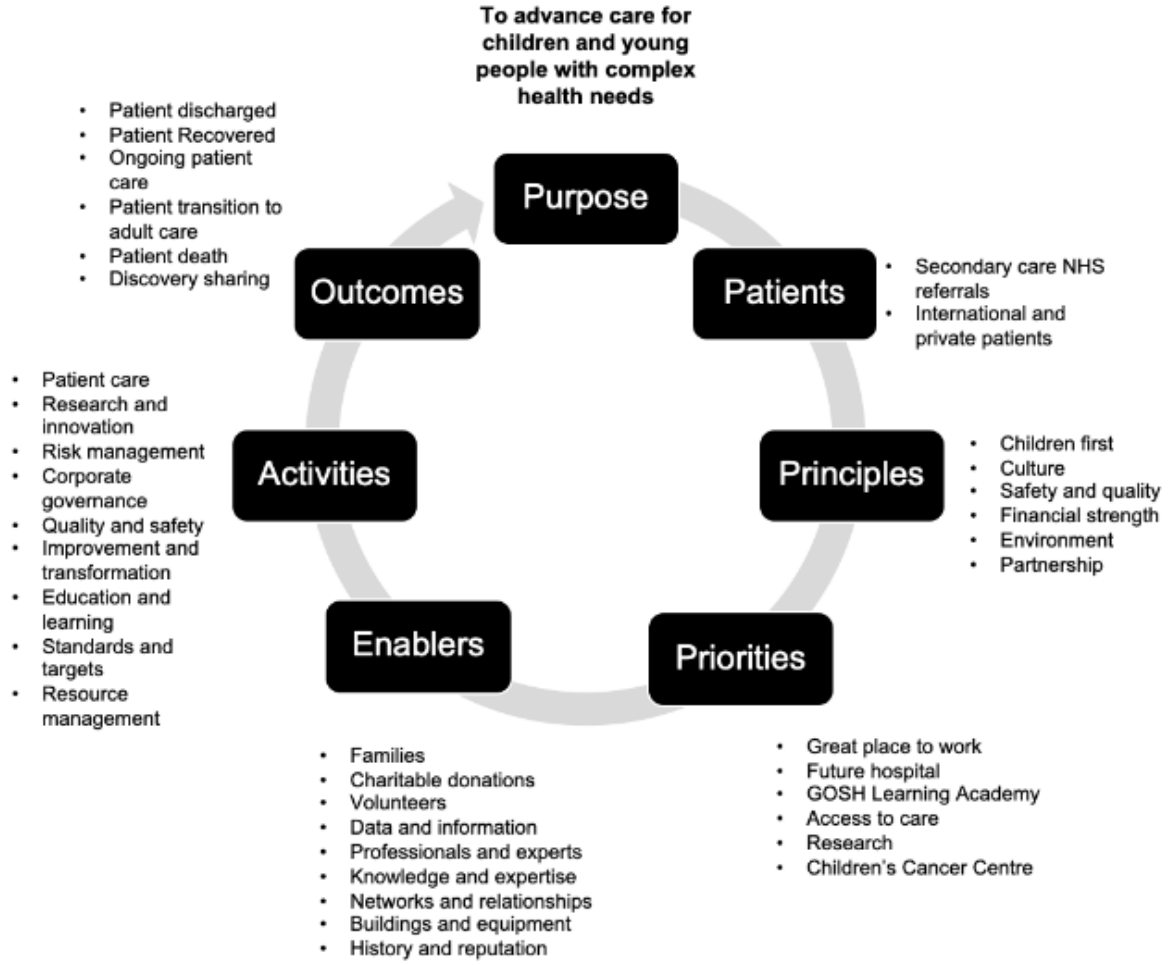
The Performance report provides an overview of delivery of the various initiatives within each of the planets on page XX.

Our business model

Our purpose as a children's hospital is to care for children and young people with complex health needs. We support them and their families to live their best lives and collaborate with the global child health community to develop the treatments, cures and holistic approaches to care that will offer them a brighter future.

How and what we deliver has always and will continue to be driven by the needs of our patients. This has endured since the hospital first opened its doors in 1852. With clarity about our purpose and the needs of our patients, we have developed a set of principles and priorities to guide us. We have a vast set of ‘enablers’ that facilitate the work we do, from human resources, capacity and expert medical knowledge, to the bricks and mortar that house us. Our enablers allow us to get on with the activity of providing care to our patients. Each one of our activities generates an outcome for our patients. As a public sector body, achieving the very best outcomes for our patients is our ultimate goal.

Our business model, including our purpose, patients, principles, priorities, enablers, activities and outcomes are summarised in the diagram below:



To help move us from strategy to activity, the Trust has and is developing enabling strategies that cover the themes of People, Clinical Business, Research, Education and Transformation. Each of these enabling strategies are supported by numerous frameworks that add a layer of detail, so that we are clear about why we do what we do, and how we will do it. Every corporate and clinical directorate in the Trust will have a business plan which sets out the specifics of what we will do, who will do what and when it will be done. Every individual will have an annual Personal Development Plan (PDP) which sets out what they will do to help the directorate deliver on its business plan. A PDP connects every single person working in the Trust right back to Above and Beyond and makes sure we’re all working to the same goal.

Key risks and issues 2020/21

Our Board Assurance Framework (BAF) details the principal risks to the achievement of our operational and strategic plans. It is informed by internal intelligence from incidents, performance, complaints and internal and clinical audit, as well as the changing external environment in which we operate. During the year, the Trust reviewed the mitigations cited for our principal risks in relation to the impact of COVID-19. The principal risks for the Trust during the year and in the immediate future are:

- **Business continuity and operational resilience** in relation to delivery of clinical services during and post the COVID-19 second surge in 2020/21 and political instability caused by Brexit.
- **Management and monitoring of medicines**
- **Financial sustainability** in a changing NHS financial framework
- **Cyber security,** taking account of increased threats during the pandemic
- **Management of personal and sensitive personal data**
- **Hospital culture** in relation to levels of staff engagement and motivation in alignment with the Trust strategy and values.

Further information including the controls in place to mitigate the risks are documented on page XX.

Sustainability

One of the principles under our strategy Above and Beyond, is that we are not caring for children if we do not protect the environment. By 2025, we plan that sustainable business practices will be embedded across our organisation so that our people find it easier to make the right choices. Sustainability will be central to our purpose, given the widely acknowledged impact of climate change on child health across the globe. We are on a journey, starting with the Trust declaring a climate emergency as outlined in the Chief Executive's foreword on page xx. Further information about our work around sustainability can be found on page xx.

Important events since year-end

COVID-19 planning and restoration of clinical services

The restoration from COVID-19 continues into 2021/22. An update on how the Trust deployed its resources and collaborated with partners to deliver paediatric services in North Central London during the pandemic can be found across the Performance Report from page xx.

Reappointment of a Non-Executive Director

Mr Chris Kennedy, Non-Executive Director was reappointed by the Council of Governors for a further 3 year term from 1 April 2021.

Chief Nurse

Professor Alison Robertson, Chief Nurse has informed the Trust that she intends to retire in Q2 2021/22. A recruitment process is underway to appoint her successor.

Opening of Sight and Sound Centre

The GOSH Sight and Sound Centre will become the new home for Ophthalmology, Audiology, ENT and Speech and Language Outpatients. The building will be operational in the summer of 2021. Please see page XX for further information.

Performance report

Overview of our performance in 2020/21

2020/21 continued to be a very busy year for GOSH with 221,379 visits to the Trust across inpatient and outpatient services. Just over half of these were from outside London. As an organisation, we provide more than 50 different specialist and sub-specialist paediatric services, the widest range on any one site within the UK.

The impact of COVID-19 on delivery of services

2020/21 has been an extremely challenging year. The pandemic significantly impacted GOSH and the wider NHS in delivering planned activity. It changed the way the Trust was able to engage with and support its patients and families and tested both the Trust and wider NHS and social care services' resilience. However, it revealed how services can respond comprehensively and collaboratively to a crisis through the sheer determination and will of its staff. COVID-19 became 'business as usual' across the NHS and within GOSH. As such, the impact of the pandemic is recorded across this report.

We worked hard to preserve our philosophy 'the child first and always' and ensure children who require inpatient support are appropriately cared for. Examples are outlined throughout the report but here are some key changes to the way we operate in response to the pandemic:

- We modelled our workforce and clinical pathways services to ensure delivery of safe and effective services. Junior doctor and nursing rotas were reviewed, and we built resilience into the system to take account of staff sickness, upskilling staff to work and provide support where needed.
- When general paediatric services moved to GOSH, we were keen to avoid children and young people with mental health issues being held in unsuitable surroundings within Accident & Emergency departments. To avoid this, we requested and were granted a temporary amendment to GOSH's registration by the Care Quality Commission (CQC) for assessing and/or treating patients detained under the Mental Health Act 1983. Collaboration with our partners was key to ensuring that patients with mental health issues transferred to GOSH were provided with access to safe and effective care.
- Our practice educators supported staff on the wards, especially with developing guidance on the appropriate use of personal protective equipment (PPE).
- The laboratory service worked in partnership with the infection control team and UCL ICH to establish a testing facility for patents and staff. This helped with the safe management of patients on the wards and enabled staff to know when to self-isolate for the protection of their patients, colleagues and family members.

As we moved out of the COVID-19 surge in the last quarter of the year, we continued to operate our four recovery priorities:

- Delivering care for as many children and young people as possible based on clinical urgency.

- Rolling out the GOSH vaccine programme to keep staff, patients and families safe and sustain our services.
- Flexing up Paediatric Intensive Care Unit services as needed to support the sickest children.
- Working with hospitals across the wider healthcare system to support pandemic response and recovery, including taking general paediatric patients and operating an 'always say yes' approach.

Nationally, from 16 March 2020, elective work was postponed to support the COVID-19 pandemic. Our Cancer compliance against all the national standards throughout the 2020/21 were met ensuring our patients who required a cancer treatment received it within the stipulated timeframes.

However, the impact to GOSH patients waiting for a diagnostic test (DM01) and on an incomplete referral to treatment pathway (RTT) was significant. Our DM01 position against the 99% standard deteriorated by 35% at the height of the first wave. We saw the highest level of patients waiting over 6 weeks for a diagnostic test peak in May 2020 where numbers had more than doubled from March 2020. Our RTT performance saw a similar movement in the first wave with our reported position deteriorating by 27%. The number of patients waiting over 18 weeks for treatment peaked in July 2020, being more than double that of the March 2020 position.

As a result of the pandemic, our patients waiting over 52 weeks for treatment increased through the year with us reporting the highest number in February 2021 (577 patients), however, this is improving and we have currently seen a reduction of 112 patients by the end of April 2021. Through delivery of our four recovery priorities outlined above, we have seen a continuous improvement in meeting these national standards and a reduction in the length of time patients are waiting to be seen at GOSH.

Further information on the impact of the pandemic on management of our risks is provided on page xx.

Great Ormond Street Hospital praised in mental health report

In October 2020 our mental health services team received praise in a report looking at inpatient mental health wards during the COVID-19 pandemic.

The Inpatient Mental Health Wards during COVID-19 report, published by the Children's Commissioner, gives an overview of how these services coped during the first wave of the pandemic.

GOSH was praised in the report for its "innovative response" assisting neighbouring trusts in the North Central London region to free up space in adult hospitals for COVID-19 patients. GOSH and NCL partners worked together to provide this service quickly and safely for a really vulnerable group of children and young people, many of whom were really struggling during the lockdown.

Some of the notable challenges faced for mental health wards during the early stages of the pandemic were the access to education for patients and the children and young people staying on wards being unable to have trips away from hospital like they usually would.

The impact of COVID-19 on the patients and families' experience

The Trust was acutely aware of the increased worry and anxiety caused by the COVID-19 pandemic for our patients and families and, in particular, those with long-term health conditions. We sought to ensure that all our patient-facing services assessed the risks to delivery of safe and accessible delivery of care.

We sadly had to limit the number of visitors to the hospital in line with National Guidance. We know this was incredibly frustrating and upsetting for families including siblings and we regularly reviewed our policy and tried vary these rules in exceptional circumstances. The GOSH Children's Charity provided a large number of tablet devices to enable patients/ families to communicate with family and loved ones while the visiting restrictions were in place. The Charity also provided pamper packs, toiletries, food and other items such as device charging facilities to support families at the hospital.

Recognising changes in the way that patients were able to play, the Charity donated items for arts, craft, music and sensory activity packs for patients. With the closure of the hospital playrooms, play continued on Zoom (for example music therapy).

With the availability of our Electronic Patient Record (installed in April 2019) we were in a fortunate position to be able to quickly flex delivery of our services and offer 'virtual' outpatient appointments across our services. Many families told us they actually found it helpful not to spend a long time travelling to GOSH for their appointment. See page xx.

We established a COVID-19 information hub on the website where patients and families could find information about services available, visiting the Trust when required, shielding guidance and other information on how to stay safe during the pandemic.

Our patient and family experience teams reviewed how they could work remotely and provide the same level of service using Zoom. PALS extended its opening hours to seven days a week during the lockdown. Our Young People's Forum held meetings via Zoom and engaged by telephone and email with its members. The Hospital School closed in line with national advice. The School's website provided links to online learning and teachers recorded workshops remotely. The Hospital School also supported families to take the opportunity to engage with their 'home school' via virtual learning platforms.

Our volunteers were unable to support patients and families directly on wards. The service did flex its offer and remained responsive to support requests from patients, families and staff. Further information can be found on page xx.

The impact of COVID-19 on our finances

Historically, over 90% of our NHS funding was received from NHS England specialised commissioning. Unfortunately, this hasn't been enough to cover the costs of delivering NHS care, so the Trust has had to rely on contributions from other areas including:

- Contribution from private patients
- Commercial research
- GOSH Charity investment in the hospital's infrastructure, which enable the estate and equipment to be of much better quality

- GOSH Charity funding for services over and above those in the NHS service specification, for example parent accommodation, chaplaincy, Play Services

In 2020/21, the Trust reported an £12.9m operating surplus prior to capital donations, depreciation in respect of donated assets and impairments, which included £46.4m top up funding from NHS England/NHS Improvement (NHSE/I), in line with the in-year financial framework.

As a consequence of the COVID-19 pandemic, the 2020/21 contracting and planning round was suspended and the NHS introduced a new financial framework. Hospitals were allocated block funding, topped up to breakeven for the first six months of the year so that all additional costs were covered while the healthcare system responded to the national emergency. For the second half of the year (October 2020 –March 2021) this funding was updated to reflect the initial recovery of activity and then implications of a second wave, to ensure finances did not prevent the healthcare service response.

As we enter 2021/22, operating guidance has been issued which splits the annual planning round into two halves of the year, with the initial plan covering April to September 2021. While there is a focus on recovering activity levels through the Elective Recovery Fund (ERF) scheme, it is important we consider the health and wellbeing of the workforce. We must recognise how hard they have worked over the last year to deliver care during the pandemic. It could therefore take a couple of years to bring the healthcare system back into the position it was before COVID-19.

In addition, the 2021/22 capital allocation for the local Sustainability and Transformation Partnerships (STP) has been agreed with the Department of Health and Social Care and the Trust has submitted approval for £18m programme of works.

The Trust continues to capture all the additional costs due to COVID-19 as well as developing recovery plans for its commercial and private patient activity. We are also responding to the NHS competition processes for the implementation of new care pathways and potential transfer of services.

With the planned introduction of the new NHS blended payment system in late 2021/22 or 2022/23, the Trust has responded to the consultation on the potential impact to specialist children services. It continues work with the Children's Hospitals' Alliance and the NHSE/I Pricing Team to ensure that the costs of delivering complex care are reflected in 2022/23 tariffs and beyond.

Capital projects

During the pandemic, the focus of the clinical staff, leadership team and estates and facilities, was on maintaining and expanding operations to provide for the required additional clinical space. Throughout the year and at different stages of the pandemic, risk assessments have been undertaken for each project to understand the likelihood of disruption to the site infrastructure, and the Trust's ability to maintain responsiveness to contractors. As a result, some redevelopment programmes were paused including the respiratory sleep unit and planning for the Children's Cancer Centre and related decant and enabling works. Other works continued and new works approved to support the changing

requirements of the Trust's infrastructure. The works were all conducted safely, applying social distancing working arrangements.

Financial governance and reporting

We have established clear financial governance arrangements for managing spend during the COVID-19 pandemic. These operated in accordance with guidance received from NHSE/I, the Trust's Standing Financial Instruction, Scheme of Delegation and Standing Orders while being agile to the ever changing response to COVID-19 by adopting a suitable approach to maintain safe and effective care and working practices across the Trust.

We have provided mandatory returns to NHSE/I on the cost of COVID-19. These cover, for example, laboratory equipment and consumables, PPE, staff travel and IT investment to enable homeworking and telemedicine. For GOSH, the costs of COVID-19 are further complicated by the high levels of non NHS income that have historically supported the delivery of NHS services, including income from research and international and private care.

International and private care services

Our International and Private Care (I&PC) directorate (formerly International and Private Patients) is an important component of the overall funding model for GOSH. It enables the Trust to invest in enhancements to services and facilities that drive benefits across the NHS and maintain our status as a world-class provider of paediatric services.

The directorate employs 273 clinical and non-clinical staff in London, and maintains an office with a small staff in Dubai to support our key relationships with foreign sponsors in the Middle East. We work with around 300 consultants and 80 AHPs, supporting them to conduct private practice on the GOSH site in dedicated outpatient and inpatient facilities. Within the hospital, we provide 53 dedicated private beds across three wards, and access to NHS specialty beds (e.g. intensive care) as required according to our patients' clinical needs.

As part of the initial NHS response to the COVID-19 pandemic, our private wards suspended non-essential treatment and we worked closely with overseas sponsors to repatriate international patients who were able to travel. During the first national lockdown, our private wards and clinical teams were integrated with the wider hospital, providing additional capacity for GOSH cancer services, as well as *de novo* general paediatric services supporting the wider London population and local NHS Trusts.

As the pandemic has continued, the majority of children and young people from abroad requiring specialist care at GOSH have been unable to travel to the UK on normal routes. We have worked closely with overseas clinical teams, providing remote and virtual support. Some of the most seriously unwell and complex patients have still been able to travel to GOSH for treatment, and the directorate has supported the treatment of NHS patients in spare capacity on the private wards.

These global events have had a detrimental impact on the level of private income we receive through I&PC. We continue to keep the situation under review in order to be positioned for this activity to recommence as the pandemic resolves. Prior to COVID-19, I&PC had plans to grow activity and revenues in order to support further investment in enhancements to services and facilities at GOSH and, in a post-COVID-19 world, this remains our aim.

Significant efforts and planning continue to ensure that we can resume this trajectory as soon as possible.

Going Concern

In considering all the factors mentioned above, the directors have a reasonable expectation that the Trust has adequate resources to continue to operate for the foreseeable future. For this reason, and following reasonable enquiries, the directors continue to adopt the going concern basis for the preparation of the accounts within this report.

A summary of our financial position and plans can be found on page X. Full details of our income and expenditure in 2020/21 can be found in the accounts, from page X.

Key achievements in 2020/21

Despite the immense challenges posed by the pandemic, teams across the Trust continued to make significant progress and achievements with our 2020/21 operational delivery plan. These achievements included:

- GOSH consistently delivered its elective, outpatient and day cases.
- GOSH saw an increase in the numbers of staff participating in the staff survey for the third year in a row and an improvement in results for the second year in a row (see page xx).
- Consistent performance in our 'Hands, Face, Space and Place' guidance that reinforces GOSH community's collective responsibility to keep each other safe.
- Our staff responded and adapted to the new ways of working, whether on the wards or working home.
- Alongside major leaps forward in research (see page xx), we were able to register over 100 new COVID-19 research projects this year (130 since the start of the pandemic).
- GOSH announced its official declaration of a Climate and Health Emergency (CHE), becoming the first UK standalone children's hospital and first London NHS Trust to declare. The declaration is a firm statement of intent and builds upon the hospital's existing sustainability programme to establish greater ambitions for climate action and environmental leadership.
- We increased the number of outpatient video visits from less than 1% in 2019/20 to 24% at the end of 2020/21, with more than 30% delivered by telephone.

Second set of rare conjoined twins separated at Great Ormond Street Hospital in less than 12 months

An expert team at Great Ormond Street Hospital (GOSH) successfully separated a very rare set of twin boys joined at the top of the head, less than a year after separating two similarly conjoined sisters.

Brothers Yiğit and Derman Evrensel began their treatment at GOSH 10 months after sisters Safa and Marwa Ullah were successfully separated by the same team of specialists at the hospital in 2019.

It is incredibly rare for twins born joined at the top of the head – known as craniopagus twins - to be boys. Only 5% of conjoined twins are craniopagus, and less than a third of craniopagus twins are boys.

Lessons learnt from the successful separation of Safa and Marwa in 2019 meant the surgical and medical team at GOSH had an even better understanding of these complex procedures and the ongoing care Yiğit and Derman would need.

This clinical experience and advances in the use of cutting-edge equipment at the world-leading hospital meant Yiğit and Derman's separation could be achieved in around half the time needed to separate Safa and Marwa. Completing the separation over this shorter period of time has supported the boys' recovery and is hoped will lead to better outcomes for them both.

The two-year-old brothers from Turkey needed four major operations, totalling approximately 40 hours, and a number of smaller procedures and were discharged in June 2020.

Staff including plastic surgeons, anaesthetists, theatre nurses, operational department assistants, scientists and engineers with expertise in 3D modelling, VR technology and simulations played an important part in the treatment process.

GOSH really is one of the few places in the world that has the wide range of expertise and specialist infrastructure available to make a successful separation like this possible."

Second set of rare conjoined twins

Our performance in 2020/21

On the following pages, you will find more information about our strategy's 'planet' priorities; what they are, and what we have achieved in 2020/21.

Planet 1: Make GOSH a great place to work by investing in the wellbeing and development of our people

We know that staff who feel safe, supported, valued and cared for provide the very best care for patients. We strive to make GOSH the best place for our staff and volunteers to work so that we can provide the very best care to patients. To do this in 2020 we launched and began the implementation actions and plans outlined in the two Frameworks for Health and Wellbeing 'Mind, Body and Spirit', and Diversity and Inclusion 'Seen and Heard'. These changes will drive the culture that we need to ensure people belong and are supported to be their authentic self at work.

In 2019, GOSH launched its People Strategy. This sets out how we are going to make GOSH a great place to work. More information on the People Strategy can be found on page XX.

Outlined below are the key objectives under this planet and progress with their delivery in 2020/21.

Objective	Achievements
Make sure recruitment is inclusive and the staff that we have in the Trust represent the patients we have in the Trust.	The Nursing Workforce team collaborated with the Black, Asian and minority ethnic (BAME) Forum to create and launch the BAME Buddy Scheme in Nursing. A review of recruitment processes for newly registered nurses resulted in a significant increase in BAME appointments
Create internal career paths and progression opportunities for staff so that we can keep extraordinary talent and give people the chance to grow with us.	The Trust's leadership and line management framework was launched. This offered a range of leadership programmes for aspiring and established leaders including collaboration networks, mentoring and mediation. This framework will prove important in a post COVID-19 workplace with remote working arrangements. We improved nursing recruitment and retention. The nursing recruitment programme was well established prior to COVID-19 and has remained on track delivering a wide range of initiatives focused recruitment, development, training and career paths and staff engagement. The nursing vacancy rate reduced to 4.82% and for the first time Trust wide voluntary

	turnover reduced to 12.92%, below the 14% target.
Ensure that staff voices are heard within the organisation.	We took engagement with our staff very seriously and rolled out several projects to create and capture the staff voice. These included: • Chief Executive Matthew Shaw's monthly 'Mat's Big Briefing'. These are informal sessions, open to all staff and volunteers, to communicate updates and give an opportunity to ask questions on the big things going on at GOSH. • Weekly senior leadership meetings, which include a wider audience of clinical leaders as well as managers. • Regular discussions with formal staff representatives through our Staff Partnership Forum, Local Negotiating Committee and Members Council. • The roll-out of 'Rungway', an online platform that connects staff with their peers and managers across the Trust. • Other methods such as 100 voices (see page xx) and Trust InTouch surveys (see page XX).
Ensure that staff wellbeing is seen as an ongoing priority across the organisation.	The Trust undertook a demographic risk assessment of the impact COVID-19 had on every member of staff. The Trust launched the staff COVID-19 Health and Wellbeing hub – an online resource that aimed to do everything possible to look after staff health and wellbeing during this unprecedented time. The wide range of content on the hub includes: • the Health and Wellbeing Framework: Mind, Body and Spirit • Health and Wellbeing support for Managers to become active wellbeing ambassadors, caretakers and role models creating a wellbeing offering that is sustainable and future-proof • information on financial support services In addition 77% of patient-facing staff received COVID-19 vaccination (73% of all substantive staff have been vaccinated)
Modernisation of the Human Resources & Organisational Development (HR &	We improved the HR & OD function offer for all staff to provide an efficient and effective

OD) infrastructure including policy, processes, systems and workforce information.	service which adds value and contributes to the delivery of the GOSH strategy, priorities and ambitions. We significantly increased communications across the Trust to support engagement, communicate changes and make it easier to hear the staff voice.

Other achievements, news stories and stories of interest from the GOSH archives related to this planet are provided below:

GOSH won Large Employer of the Year prize at the BAME Apprenticeship Awards 2020

The BAME Apprenticeship Awards took place virtually, live on 11 November 2020.

The awards showcased inspirational stories from apprentices and employers, highlighting great examples of diverse recruitment and apprenticeship opportunities in local communities.

GOSH were up against tough competition in the Large Employer category; the Royal Mail, RAF, Natwest and Transport for London, who all have established apprenticeship programs.

GOSH won the award for the way we have recruited and targeted our local population by working with our local authorities (Camden and Islington) to advertise vacancies. It was recognised that we provide opportunities for young people with no prior experience, to start their career in the NHS. We were also commended for the way we supported our apprentices during the pandemic.

Picture / quote from comms

Production of 100 voices to capture the experiences of staff during COVID

100 Voices is an ambitious film project to collect, collate and archive the lived experience and personal reflections of GOSH staff from every part of our organisation. It provided an opportunity for staff to reflect on the COVID-19 crisis in their own words and be part of an historic record.

We asked staff to send in video messages of themselves talking about their experiences of living and working during the pandemic.

The videos were then brought together in an online archive for all to visit. It is an honest reflection of our memories and emotions from this difficult time, as well as something that GOSH staff can look back on in years to come to remember what life was like for us all.

Insert 100 voices Picture

Supporting our cleaning staff

In December 2020, GOSH announced that cleaning and domestic services would be brought in-house after the contract with external provider OCS came to an end in July 2021.

Now more than ever, cleaning and domestic services are essential for a clean, welcoming hospital environment that's safe from infection. This decision, which was made by the Trust

Board, is the best way to secure a high-quality service for the future in line with the Trust's values. The move follows similar decisions in the last 18 months to bring works and catering services in house at GOSH.

Wellbeing Wednesday webinars

In 2020/21 we launched our **new Wellbeing Wednesday webinars -** the 30 minute weekly webinars are all about looking after ourselves and those around us.

We believe that wellbeing cannot be something that is imposed on people by a small group of experts. It comes from individual staff, teams and the community. As such, we wanted to provide a forum to share knowledge and experiences with everyone, harnessing the expertise already within the hospital and sharing examples of good practice. The webinars also help people to feel more connected with one another.

Picture from Comms - Illona

Improved staff survey results

The primary tool for measuring the impact of the GOSH People Strategy is through the NHS staff survey. This 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.

This independent survey asks all staff about their experiences of working at GOSH and provides essential information for GOSH and the wider NHS in England.

For 2020 – a year like the NHS has never experienced before – – the staff survey results are even more important to understand how people are coping and what it feels like for all staff across the Trust.

GOSH's most significant improvement has been in the theme of Health & Wellbeing with responses to the statement '*Organisation definitely takes positive action on health and well-being*' improving by 17% from the previous year. GOSH's results showed a steeper improvement compared to the trend in other Trusts in some questions, but we recognise that we are on a journey and have some way to go to be at the top of our peer group of acute specialist trusts.

This year 7% more staff would recommend us as a place to work (73.5%) which is a good overall indicator of how people are experiencing working life at GOSH, but we want to be over 79% to be with the best performing Trusts.

For more information on the staff survey, see the Staff Report on page XX.

Celebrating our 2020 Staff Awards

In December, we held our annual staff awards with a special online event hosted by our Executive team and special guest Davina McCall.

It was a great opportunity to celebrate our amazing staff, who go above and beyond and make a difference for children and their families every day. Fourteen award categories also celebrated colleagues reaching long-service milestones.

Pavneet Panesar, winner of the GOSH Apprentice or Student of the Year Award, told us what it was like to be part of the online event:

"*To this day, it's still so surreal to have won this award. Never in a million years did I ever think I was going to be in this position! I can remember my jaw dropping and letting out a little scream to myself as soon as I received the email from Mat Shaw as I genuinely was not expecting it!*

"Finding out that I won just gave me goosebumps and I couldn't help but feel so grateful towards my team who had made it all happen. Although everyone is a winner, being presented with an award gave me so much gratitude and I am so incredibly thankful as my team, Histopathology, never fail to support, encourage and inspire me with everything I do."

Picture from Comms

Supporting the wellbeing of our staff

The Culture, Engagement, Health and Wellbeing pillar of the GOSH People Strategy set out a commitment to ensure all our staff feel well led and well managed, but also valued, developed, supported and empowered to be and do their best.

Key to the delivery of this pillar will be the Health and Wellbeing Framework – Mind, Body and Spirit. The purpose of this framework was to provide a joined up and integrated approach to promoting and protecting good staff 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:

Priority	How we delivered this
Our Mind: focusing on mental health and wider wellbeing ensuring that it is embedded across the whole Trust.	We ensured staff had access to wellbeing services, providing signposting and psychological first aid. Care First provided information services and counselling.
Our Body: focusing on the promotion and maintenance of physical health and safe working, whether at home or on site.	We assessed all wards, offices, corridors etc. in the Trust to ensure the appropriateness of their use and ability to social distance. All COVID-19 secure areas were identified.
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.	During the first and second waves of the pandemic, we worked with staff to consider ways of getting to and from work safely, such as working different hours and using alternative modes of transport.

To support the delivery of the framework, we have established a Health & Wellbeing steering group and the Trust is already starting to see positive results in the staff survey. The Trust remains committed to building on this good start.

Volunteers

With the strict lockdown and shielding procedures in place in the hospital over the past year, 95% of our volunteers have not been able to return to their duties supporting patients and families directly on wards. However, the volunteer service has been responsive and flexible to support requests from patients, families and staff, making a tremendous contribution to GOSH. Some of the ways our volunteers have helped included:

- Rapid Response volunteers to assist carers and parents with bags and belongings all the way to their destination. This has been particularly helpful during COVID-19 where the Trust needed to implement a one parent policy, whereby only one carer or parent could accompany a patient into the hospital.
- A shopper volunteer service for families unable to leave the ward/accommodation.
- Encouraging visitors to sanitise and wear the approved facemasks in very friendly and welcoming way.
- Virtual visits providing entertainment for children and young people via tablets and other mobile devices.

Our history: Susan MacQueen, first Infection Control Nurse

Sue MacQueen was appointed as the hospital's first Clinical Nurse Specialist in Infection Control in 1980. This was following a severe Salmonella outbreak at the Trust. Sue had already been a GOSH nurse and Ward Sister for many years.

Over the next 20 years she worked tirelessly within Infection Prevention and Control to improve the care that Children and Young People received. She was also the president and an active member of the Infection Control Nurses Association (ICNA) for many years, sharing her knowledge at a national and international level.

Sue also had a distinguished international advisory role in the field.

(Illustration; Sue MacQueen (right) and colleagues at a GOSH Infection Control promotion,c.2000)

A new team of nurses have joined GOSH after a successful recruitment drive in the Philippines.

The first cohort of 11 Filipino nurses arrived in the UK in January 2021 and after completing their two week COVID-19 self-isolation at a nearby hotel, started work on wards across the hospital.

This was the first recruitment drive of its kind that GOSH has carried out in the Philippines. The plan to recruit nurses from the South East Asian country began in 2019, prior to the COVID-19 pandemic.

Insert picture of Filipino nurses

Planet 2: Deliver a Future Hospital Programme to transform outdated pathways and processes

We deliver ground breaking clinical care at GOSH and we strive to ensure that the experiences that patients have when receiving that care is also world leading. We seek to ensure that patients are treated efficiently, using the very latest technology and digital enablers, meaning they only come to see us in central London when it is absolutely necessary.

In response to the COVID-19 pandemic, the Electronic Patient Record (EPR) was reconfigured to support admission of general paediatric patients from across NCL and oncology patients from a number of other sites. It also provided access to NHS staff from other Trusts, who were caring for patients admitted to GOSH.

A video visit solution, fully integrated within the EPR and the MyGOSH patient portal was safely deployed, enabling vital patient visits to continue virtually without the need to bring families to the hospital. The EPR team will continue to support GOSH's clinical and operational teams in their response to the pandemic, and the transition back to a steady state as and when this is possible.

During 2020/21 the key objectives under this planet and some of the achievements include:

Objective	Achievements
Improve the interoperability of our EPR, improve shared care provider access and improve sustainability by reducing our use of paper.	Historically, external hospitals would need to telephone, email, or write to GOSH requesting patient information. To improve and facilitate communication, GOSH Link (a web based, real-time EPR portal) was implemented across the sector. Hospitals in the NCL sector can now login to GOSH Link remotely 24/7, to review patient information that supports the delivery of direct clinical care. To maintain staff engagement following the successful implementation of EPR we created Transforming Care Link (TCL) Teams for Nursing Staff and AHPs. TCL forums are set up to discuss short-term benefits of digital transformation. TCL forums continued to meet throughout the pandemic virtually. The forums included many external speakers who joined to share processes and ideas for getting the best out of patient data to improve outcomes for our patients and families.
Patient Flow Programme - use data to transform operational processes around how patients move through the hospital, reducing inefficiencies	We developed an Operational Hub (see below), a centre to co-ordinate patient flow by improving operational visibility of key data relating to demand and capacity, current activity and staffing.

and wait times and increasing patient experience.	
Streamline processes to release time for our clinical teams.	We developed a bespoke EPR induction training package for Allied Health students on placement at the Trust for periods of 12 weeks or less. This training package went live in January 2021 and was delivered via trained clinicians with access to online video material to further embed learning. This allowed students to access more relevant and timely training at the earliest convenience rather than them having to attend a full day's EPR induction training on a designated day/time. It enabled staff to have more time available for their clinical placements whilst still equipping them with the skills and knowledge to safely and effectively use the EPR system.
Digitise processes to release time for our clinical teams.	This year we created a pre-visit assessment on EPR to identify patients who should not travel into GOSH due to COVID-19 risk or that needed to be seen with special precautions. We improved visibility of laboratory orders in order to address the high number of incorrect orders that were leading to unnecessary repeat bloods tests. This also reduced time spent by staff investigating incorrect orders. We have configured growth charts for Mid Upper Arm Circumference, Subscapular skinfold and Triceps Skinfold, eliminating the need for clinicians to transfer data from other sources into EPR. This has also made tracking children's growth over time much easier, in particular those that cannot be measured in the standard way. We have automated the creation of glasses prescriptions for EPR, eliminating the need for Ophthalmology staff to write these.
Revise and digitise the processes associated with receiving and processing clinical correspondence received by post.	Historic processes were time-consuming as they required staff to be onsite and move around the hospital to deliver correspondence. Incoming clinical correspondence is now scanned upon arrival into Trust by the Scanning Bureau – administration teams no longer physically handle incoming mail. Insert picture of the mail process – before and after The postal delivery process was completed over a number of days, now clinical information is available to teams within 12-24 hours. The

	digitised process has also enabled home-working for staff, reduced staff movement across the Trust, and freed up time for both Scanning Bureau and Clinical Administration Teams to undertake other tasks.

Our Operational Hub

Operational Hubs are a dedicated space where hospital facilities and services can be monitored and controlled by a team of specialist flow experts, and where important meetings such as the daily Bed Meeting are held. This is achieved through the co-location of critical clinical teams (including Clinical Site Practitioners (CSPs) and Bed Managers) and providing access to real-time information to facilitate decisions around hospital capacity and patient movement (flow). Operational Hubs are considered best practice in the NHS as they provide a space to coordinate safe patient care and high-quality services.

Establishment of an Operational Hub at GOSH required developing and presenting the information that would enable real-time operational and clinical decision making to ensure that care for the right patient was provided in the right place, at the right time. It also required building a space large enough to hold daily flow meetings and display the aforementioned information. The Operational Hub opened in November 2020.

Insert Pictures of the Operational Hub

The Operational Hub has six screens (three of which are touch-screen to facilitate ease of navigation), a large central meeting desk that can be used for coordinating major incidents, and five desks for CSPs and Bed Managers. The six screens show information on:

Occupancy and Capacity

- Number of patients on the wards and in intensive care, right now and expected for the following day, expected discharges and bed availability

Flow oversight

- Detail on patients that do not have an Estimated Date of Discharge and patients that have been in the hospital the longest

Theatres

- Current position in theatres – the number of patients seen, cancelled, late starts and expected overruns

Flow enablers

- Number of infectious patient and their location, bed cleans and patients waiting for prescriptions to take home

Safe Care

- Staffing number on the wards to show where the right number of staff are in place to deliver safe care

CATS GPS

- Details on patients expected to arrive in the trust via ambulance

Going forward there are plans to use predictive analytics to more accurately predict future activity, thus managing access to care more proactively.

British Empire Medal for a GOSH Healthcare Scientist

Elaine Cloutman-Green was awarded a British Empire Medal (BEM) in the New Year's Honours list for her services to healthcare. Elaine works as a Healthcare Scientist within Infection Prevention and Control and is also the Joint Lead Healthcare Scientist for GOSH.

Healthcare Scientists are responsible for 80% of the diagnosis that take place within the NHS and Dr Cloutman-Green holds the responsibility for the 700 Healthcare Scientists who work at GOSH.

In her role within Infection Prevention and Control, Dr Cloutman-Green's job is to find cases of infection and find out how they happen and to work to stop them from happening again.

The COVID-19 pandemic has had a significant impact on Dr Cloutman-Green's day-to-day work within Infection Prevention and Control. Her role within national work for testing, PPE and how to decontaminate and clean during an infection outbreak has become a bigger part of her working week.

HIMMS ACCREDITATION

In 2017 the organisation started its journey towards an EPR. The EPR Vision, simply, was that:

> '*every member of the team caring for a child can always access the relevant information that they need rapidly and from a single place. It is also that patients, parents and carers in other hospitals and care settings can see relevant records and contribute information in between visits to Great Ormond Street Hospital*.'

Healthcare Information and Management Systems Society, Inc. (HIMSS) is an international organisation that collates and drives worldwide best practice in digital healthcare transformation. These insights are built into a series of evidence based best-practice standards that drive excellence in healthcare. After our record had been optimised, it become clear that the output of our aim to harness technology and data to provide safer, smarter and kinder care correlated very closely with the specifications within the HIMMS standards.

In July 2020, a validation visit from HIMSS was scheduled and GOSH was accredited as meeting the stage-6 best practice requirements of both Electronic Medical Record Adoption Model (EMRAM) and the Outpatient Electronic Medical Record Adoption Model (O-EMRAM).

In September 2020, GOSH invited HIMSS analytics assessors back into the hospital to showcase our outpatient care and analytics capabilities. The assessors were able to witness the seamless and secure integration of outpatient video visits within our EPR, enabling continued safe and convenient care of a post-transplant patient and a patient with congenital hyperinsulinism. They also heard from a variety of GOSH staff presenting case studies of how they have harnessed technical capabilities to go above and beyond in the care of children and young people. This visit resulted in GOSH successfully being validated to O-EMRAM stage 7 – the highest possible rating.

GOSH became the first hospital in Europe to hold certifications at level 6 or above in both standards, and the only acute hospital in Europe to be validated to O-EMRAM level 7. This is a prestigious position to have achieved, which matches GOSH's ambition and confirms us among the vanguard of hospitals worldwide using digital systems to do the best for their patients.

Picture from Comms

Planet 3: Develop the GOSH Learning Academy as the first choice provider of outstanding paediatric training

We want our children and young people who are patients everywhere, to be cared for and treated by healthcare professionals who have had the very best training. We want to push the boundaries of teaching methods to make sure healthcare professionals are ready and able to care for patients when they come to hospital.

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).

This initial investment supports the six overarching priorities/programmes set out within the Learning Academy strategy: Academic Education, Clinical Apprenticeships, Clinical Simulation, Digital Learning, Leadership & Management Development, and Speciality Training.

The GOSH 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 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. During 2020/21 the key objectives under this planet and some of the achievements include:

Objective	Achievements
Provide ongoing educational support that expands standardised and quality-assured specialist training programmes for Trust staff and beyond.	We delivered an upskilling education plan to over 2,000 staff to ensure pandemic readiness both within GOSH and the wider system. We extended our offer of educational support across the North Central London sector and welcomed additional undergraduate medial students, nursing students and apprenticeships on placements whose education was interrupted by the pandemic. We supported 300 postgraduate academic students to successfully complete their study.
Expand the academic portfolio and offering of the GOSH Learning Academy.	The GLA successfully created and validated academic modules in partnership with specialist Trusts across London. As a consequence of national pauses in study leave, the delivery of these modules has been delayed until Summer 2021.
Support apprenticeships.	The Trust supported 210 employees in starting apprenticeship programmes to progress their career at GOSH.

Deliver the GOSH Conference – an opportunity to hear from professionals, patients, families and paediatric community leaders about the innovative work that continually takes place across the Trust.	The GLA converted the format of the GOSH Conference from the traditional face-to-face model to a digital environment. This facilitated over 400 staff celebrating the achievements of GOSH over the past year.
Supporting GOSH's COVID-19 pandemic readiness.	Over 2,000 clinical and non-clinical staff within GOSH were upskilled to be able to step into new roles across the organisation as needed throughout the COVID-19 pandemic. This provided GOSH with a versatile and flexible workforce to ensure continuity of care throughout the hospital and an ability to support partners across London. We worked with Infection, Prevention, and Control in the development and implementation of our Staff Testing Clinic, Fit Testing Service, and COVID-19 Education Programme. We facilitated education support to enable the success of the COVID-19 vaccination clinic. We developed critical safety clinical simulation training influencing policy and guidelines in response to the pandemic.
Designing a technology enhanced learning environment.	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.

Learning at Work Week

For our Learning at Work Week, we promoted learning as a lifelong experience with flagship videos and activities that supported key elements of our People Strategy and focus on Diversity and Inclusion and Health and Wellbeing.

The GOSH Learning Academy team created and shared videos of GOSH colleagues speaking about their personal learning journeys. The Chief Executive, Head of Newborn Screening, a nursing associate and a consultant nephrologist among others spoke candidly about their personal learning journeys – the challenges, the strategies, the setbacks and moments of inspiration.

The week was promoted by email and in the hospital's newsletter and events calendar. Event facilitators and subject matter experts highlighted the week at meetings and internal workshops. The learning team shared information during mandatory training and corporate induction. Senior members of the working group showcased the Learning Journey recordings including at the senior leaders' weekly team meeting.

Picture from Comms

The impact of COVID-19 on the GOSH Learning Academy

COVID-19 has changed the way we all interact day-to-day, which has led to the GLA increasing access to education for healthcare professionals through a digital learning programme.

Key examples were our first online Undergraduate Medical Summer School, which attracted over 500 delegates from 16 countries, and delivery of most Continuing Professional Development education in a digital format.

We now offer online courses across our whole portfolio. A recent nephrology course was attended by more than 800 delegates, and the dietetics team have produced content for an international database of educational resources.

GOSH apprenticeships

Apprenticeships are a key tool in the development of all staff groups at GOSH. We started 3.8% of new GOSH employees as apprentices in 2020/21, exceeding the public sector target of 2.3%. The GLA fully supported 30 nurses to study to become Registered Children's Nurses utilising the apprentice pathway.

97% of apprentices are retained at GOSH for 12 months after the end of their apprenticeship. This contributes to a highly skilled workforce across both clinical and non-clinical teams. In 2020/21, the Apprenticeship team had a successful year receiving several national awards including:

- BAME Apprenticeship Awards – Best Large Employer (see page xx)
- National Apprenticeship Awards – Special Recognition Award for Amber James (Sky Ward)

Working at GOSH with the nurse who cared for me

Clara and Kate

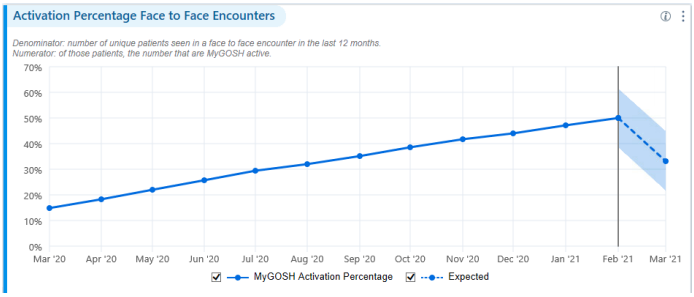
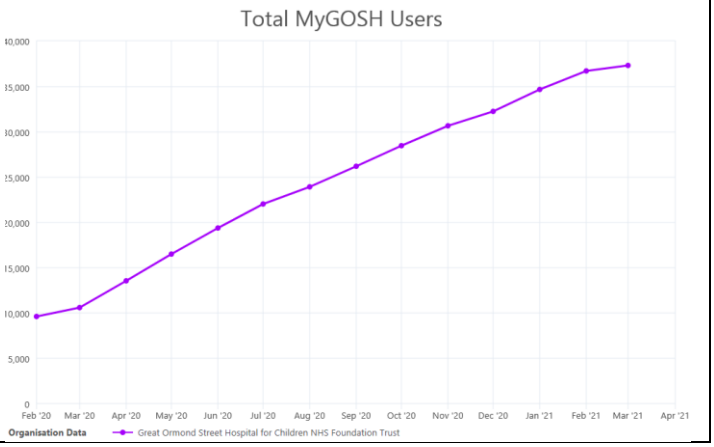
At four years old, GOSH nurse Clara was diagnosed with acute myeloid leukaemia (AML). She spent six months as an inpatient at the Royal London Hospital, where she was cared for by nurse Kate. Fast forward to 2020 and Clara has recently qualified as a nurse at Great Ormond Street Hospital (GOSH) where Kate also works as the Head of Blood, Cells and Cancer.

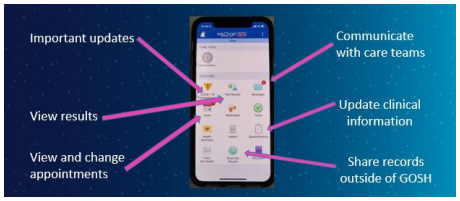
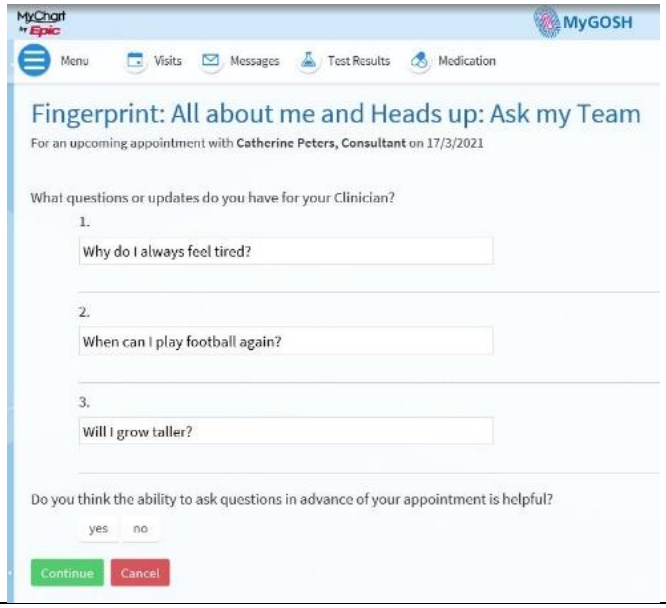
During Clara's time in hospital, nurse Kate became an important source of support for Clara and her family. In many cases, it is rare for nurses to receive updates about the children they care for once they leave hospital. Fast forward to today and, once again, Clara and Kate's paths have crossed: this time at GOSH.

For both Kate and Clara, the decision to enter the world of children's nursing was one that always seemed obvious. Clara's choice to go into nursing was inspired by the care she received as a child and the chance to replace memories of fear with ones of joy for her patients.

Planet 4: Improve and speed up access to urgent care and virtual services

We want to make sure that access to our services is as easy and flexible as possible for all patients, parents and carers. Many of our patients do not live within close distance of the hospital. We must consider this when developing and delivering our services, and use the latest technology to communicate with patients wherever they are. This became a key priority during 2020/21 when the first COVID-19 surge arose. The trust needed to quickly and smoothly transition how it offered its services to reduce interruption in delivery of patients' care while reducing their need for unnecessary travel to the hospital. A summary of the key objectives under this planet and some of the achievements include:

Objective	Achievements
Increase the number of patients registered onto our MyGosh patient portal - a safe and secure online portal that enables children, young people and families to have access to specific parts of their GOSH EPR.	MyGOSH means everyone can manage their health and care wherever they can get online. In 2020/21 the Trust aimed to increase usage of the MyGOSH patient portal by streamlining the activation process – the way in which patients get access. Sign-up requests can now be made through the patient portal and the Medical Records Team manage activation of accounts. This has resulted in an increase in activation rate of MyGOSH accounts from 15% of all patients at the end of March 2020 to 50% at the end of February 2021.  The total number of MyGOSH Users has also increased, rising 251% in the last year from 10,619 at the end of March 20 to 37,311 to March 2021. 

Increased functionality of MyGOSH.	The Trust aimed to increase the functionality of MyGOSH during 2020/21. In particular we wanted to provide more patients and families access to their results and give patients the ability to communicate with clinicians ahead of their outpatient visit.  In the last year we increased the list of test results shared automatically using MyGOSH and expanded access to results to include patients attending the Haemodialysis Unit and Safari Day Care. In January 2021 we started the 'Heads Up' initiative which allowed patients to write three questions they wanted answered at their next outpatient appointment. In February 2021, 55% of patients used 'Heads Up'. 
Launch of MyGOSH Bedside pilot.	MyGOSH Bedside pilot is an application that is downloaded by parents/carers to a personal or loaned tablet, allowing them to be more involved in their child's care during an inpatient stay. In January 2021 the pilot project went live on Squirrel Ward for 2 months. MyGOSH Bedside provides parents/carers with a view of their medical record, facilitates patient education and monitors adherence to treatment. The app also contains functionality that allows clinicians to complete a video consultation from a distance.

Exploring different technology to see what works best.	We embedded parent and carer COVID-19 testing into the EPR. From the setup of new COVID-19 tests, we have worked with clinicians and operations teams to make it easier and quicker to find relevant information about the patients we see thereby supporting decision-making about the management of each patient's pathway in relation to their COVID-19 status. We also created the ability to link records making it easier for our staff to identify positive COVID-19 testing within a family.

Our history: the Microbiology Laboratory

A laboratory to investigate infectious diseases was first established at GOSH in the early years of the 20th Century by the hospital's enterprising pharmacist John Wycliff Peck. From 1912, a specialist Clinical Pathologist was appointed for the first time, Dr David Nabarro had already had a notable career, identifying the mode of transmission of Sleeping Sickness in Africa for the first time in 1903. In his 27 years of service at GOSH, Dr Nabarro developed the Microbiology/Bacteriology laboratory to become a centre of national significance in researching paediatric infection.

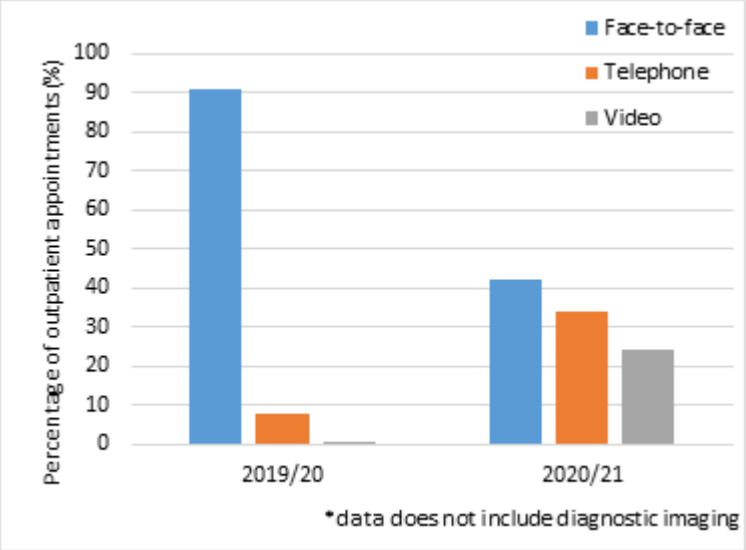
(Illustration; Microbiology Laboratory c.1925 with Dr David Nabarro second from right)

Virtual visits

Conducting outpatient assessments and delivering care using video or telephone reduces the amount of time children are absent from school and parents are diverted from their work as well as eliminate travel time and costs. The environmental impacts of travel that arise from the use of cars are also eliminated.

Historically, the Trust has aimed to increase the numbers of patients seen by telephone and/or video visits over a five-year period. However due to COVID-19 there was a need to do this at pace to ensure that as many patients as possible could access outpatient care at GOSH. In 2019/20 less than 1% of all our outpatient appointments were delivered by video and less than 10% were delivered over the telephone.

By the end of March 2020, the EPR team had developed the capability to complete an outpatient video visit by integrating Zoom with EPR and connecting to patients and relatives through the MyGOSH platform. As well as replacing face-to-face appointments for outpatients, video visits were also used to conduct lung function tests and anaesthetic pre-operative assessments completely remotely. At the end of 2020/21, 24% of outpatient



appointments are being delivered via video, with greater than 30% being delivered by telephone.

A survey of clinicians found that 95% of clinicians are likely to continue to use video visits when the Trust returns to business as usual post COVID-19.

Patients and parents who had participated in a video visit were invited to take part in a survey in the early months of 2021. Three hundred and thirty responses were received with 66% of respondents stating that they were extremely likely to recommend a virtual visit. Early analysis indicated that satisfaction with video visits varied between services. The Trust will undertake more focussed work to improve the quality of video visits in specific services in the future.

World-first paediatric heart transplant technique that has successfully expanded the donor pool

GOSH and Royal Papworth Hospital (RPH) collaborated to introduce a world-first paediatric heart transplant technique that has successfully expanded the donor pool and increased the number of transplants for eligible children in the UK by 50%.

In early 2020, GOSH had a significant number of children and young people on the transplant waiting list. The length of the list meant longer waits, which in turn increased the likelihood that patients may get too ill for transplantation, or worse.

Through the Donation after Circulatory Death (DCD) heart programme, GOSH and RPH unlocked more opportunities for donation, essentially doubling the number of transplants undertaken at GOSH in eligible patients weighing over 20kg. This game-changing work is already underway to make the technique suitable for our much younger and smaller patients.

Project Apollo

In October, we launched Project Apollo. This was a focused week of activity with the aim of helping us unblock issues that frustrate us all. Working across the hospital, despite the challenges of the pandemic, we focused on some key targets:

- no avoidable cancellations
- 100% WHO checklists
- 100% inpatient estimated date of discharge
- 90% of Bar Code Medicine Administration completed on EPR

We also took on individual projects, from trialling a new weekend service in Orthopaedic Physiotherapy to working together to focus on delivering the best service possible to our patients. Across the week, we did really well at hitting all our targets, particularly working together to iron out issues. Project Apollo helped us explore how we make best use of our resources and provided some valuable feedback on areas where we can improve.

Picture from comms

Planet 5: Accelerate translational research and innovation to save and improve lives

GOSH, together with the UCL Great Ormond Street Institute of Child Health (ICH), is world-renowned for translational research and innovation. Our vision is that GOSH becomes a research hospital where research is fully integrated into every aspect of the hospital, to improve outcomes for our patients and the working lives of our staff.

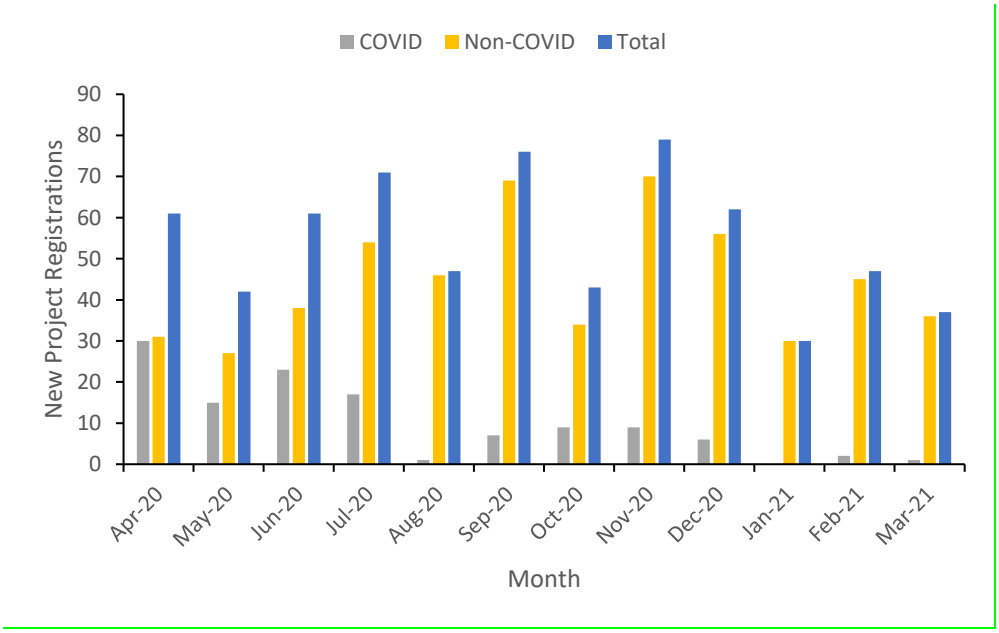
We partner with world-leading experts and centres, commercial and charitable organisations. All our clinical directorates and services have their own research agenda to improve treatment options, outcomes and experience for our patients.

In recent years, we have made significant progress in developing our data infrastructure – putting in place an EPR, the DRE (Digital Research Environment) and DRIVE (Digital Research, Informatics and Virtual Environment) to enable us to collect data and insights to refine new approaches to care. In addition, our senior leaders are developing and implementing strategies to support and recognise staff for their involvement in research and innovation.

In 2020/21 we had 5,636 participants in 1,175 active research studies which was similar to the previous year (1,290). As a result of COVID-19, some studies have been paused, delayed or adapted to online and remote participation.

During 2020/1, research conducted by many other NHS trusts was suspended in order to focus on responding to the pandemic. We were fortunate that our extensive infrastructure and expertise enabled us to maintain essential research activity and deliver a large portfolio of COVID-19 research in parallel. This was despite 35% of research and innovation staff (including 60% nursing workforce) being redeployed to provide frontline support for COVID-19, and many staff being involved in leading and supporting our first all-staff vaccine rollout.

The graph below shows the number of new research project registrations in 2020/21 and the proportion of them that were COVID-19 related.



We adapted many of our studies to the COVID-19 situation, for example by offering remote visits and home dosing where appropriate. Alongside this, we delivered major breakthroughs in COVID-19 research from early stage science to clinical trials and virus manufacture. However, this has not been an easy year for research at GOSH. Our staff have worked tirelessly to support the hospital and the research effort but, as a result of added strains, we have not seen the anticipated growth in some areas - such as in active research studies and commercial research income.

During 2020/21 the key objectives under this planet and some of the achievements include:

Objective	**Achievements**
Improve research infrastructure and capacity across the hospital to support establishment of a research hospital.	Due to our well-established research infrastructure, we have been able to deliver and adapt our world-leading research programme during a global pandemic. Alongside major leaps forward in research (examples below), we were able to register over 100 new COVID-19 research projects this year (130 in total since the start of the pandemic), alongside 500 new non-COVID-19 projects. We recruited over 5,100 participants to research studies, more than 3,000 of which were to a GOSH Staff COVID-19 Serological Survey.
Deliver translational research to improve disease understanding, patient diagnosis, treatment and care.	GOSH has both lead on and partnered in several major breakthroughs that have changed the lives of those with rare and complex diseases worldwide. Some of these breakthroughs include: • Successful clinical trials of Zolgensma - a promising new one-time gene therapy for some infants with type 1 spinal muscular atrophy. • An international collaboration between GOSH, the ICH and Harvard Medical School has shown that the beneficial effects of gene therapy can be seen decades after the transplanted blood stem cells have been cleared by the body. • We played a key role in the world's first COVID-19 human challenge study. The first-of-its-kind study for this virus saw healthy, young volunteers infected with coronavirus to test vaccines and treatments. The virus used was manufactured at GOSH in the brand-new facilities in Zayed Centre for Research into Rare Disease in Children, in collaboration

	with hVIVO and Imperial College London. The study will give doctors greater understanding of COVID-19 and help support the pandemic response by aiding vaccine and treatment development. • GOSH joined the International Precision Child Health Partnership (IPCHiP) - a partnership to accelerate therapeutic development through collaboration with other world-leading children's hospitals. See XX
Enable every patient to be involved in research.	We consented patients through Sample Bank Champions visiting wards and via improved clinical team engagement. Through Sample Bank, the Pulmonary Hypertension team have been able to store explanted lung tissue from patients who received a transplant at GOSH. This tissue offers a unique opportunity for researchers to better understand this rare and complex disease, using tissue that would otherwise be discarded (see below).
Make research more accessible in a clinical setting.	Having a well-embedded EPR has been essential during the pandemic and can now be used to: • Ensure priority research patients are seen, remotely where necessary, and staff can access patient records, collect data and flag adverse events wherever they are working. • More rapidly and efficiently capture research activity. • Provide specific and read-only access for Research Monitors, removing manual data processing. We are also testing patient-facing research information in MyGOSH and capturing patients' expressions of interest in participating in research studies.
Embed research and learning opportunities throughout careers at GOSH, to attract and retain research leaders.	Development of research careers remains a priority. Some of the highlights include: • Three Nursing/AHP internships awarded from NIHR GOSH Biomedical Research Centre (NIHR GOSH BRC) in nursing and dietetics.

	• Funding was awarded by NIHR GOSH BRC for four clinical PhDs, one Advanced Fellowship, one Clinical Doctoral Fellowship, one Doctoral Fellowship and three Pre-doctoral Clinical Academic Fellowships. • The first virtual BRC Academic Training Day was held. Thirty attendees developed their training in independent research.
Enable all staff and patient groups to identify their role in our Research Hospital through better research awareness	Research communications has been strong in a difficult year with reduced resource. In 2020/21 we communicated: • Over 30 research news pieces on GOSH online. • More than 20 research pieces in *Headlines* (staff newsletter) • Two pages on research in every *Roundabout* (staff magazine). • Regular GOSH research news in the media. • On international 'moments' like Rare Disease Day, the Research and Innovation directorate helped create hospital- and charity-wide messaging. • Regular GOSH research news at the weekly Senior Leadership team meetings

Lab-grown mini-organs could offer treatment hope for children with intestinal failure

Pioneering scientists at Great Ormond Street Hospital (GOSH), the UCL Great Ormond Street Institute of Child Health (ICH) and the Francis Crick Institute have grown human intestinal grafts using stem cells from patient tissue that could one day lead to personalised transplants for children with intestinal failure.

Children with intestinal failure cannot absorb the nutrients that are essential for their overall health and development. This may be due to a disease or injury to their small intestine. This was the case for eight-year-old Enzo, pictured above, who developed necrotizing enterocolitis (NEC) shortly after he was born and had surgery at GOSH to remove his large intestine, colon, and most of his small intestine.

In a proof-of-concept study, the research team showed how intestinal stem cells and small intestinal or colonic tissue taken from patients can be used to grow the important inner layer of small intestine in the laboratory with the capacity to digest and absorb peptides and digest sucrose in food.

This is the first step in efforts to engineer all the layers of the intestine for transplantation. The researchers hope that one day, laboratory grown organs could offer a safe and longer-lasting alternative to traditional donor transplants for children like Enzo,

The next crucial steps will be to start growing the other layers of the intestine such as muscle and blood vessels, whilst also scaling up methods to create viable grafts relevant to individual patient needs.

Lab-grown mini-organs

Rare Disease Day

Ahead of Rare Disease Day 2021, we announced a new global collaboration to develop new treatments for paediatric diseases.

We, alongside the ICH, will work with Boston Children's Hospital, the Murdoch Children's Research Institute with The Royal Children's Hospital in Melbourne, and The Hospital for Sick Children (SickKids) in Toronto to evaluate genomic data, clinical data from patients, and scientific and medical expertise to accelerate discovery and therapeutic development.

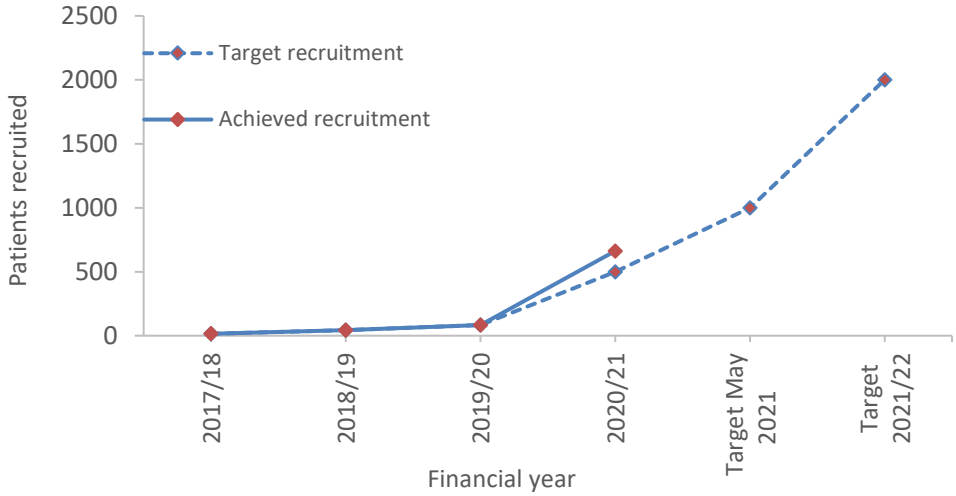
The partnership, known as the International Precision Child Health Partnership (IPCHiP), is the first major global collaboration around genomics and child health. We hope that other institutions will join the collaboration in the future.

Of the more than 7,000 rare diseases that affect millions of individuals globally, only a few hundred have approved treatments. Many of these diseases mean children suffer their whole lives, or may die early from complications, sometimes just a day after birth

Sample Bank launched

GOSH Sample Bank – an initiative to save patients' leftover samples to be used for child health research instead of being discarded – was piloted in 2017 and formally launched in 2019. In 2020/21 recruitment to the Bank took off and exceeded its target of 500, meaning a total of 662 patients' samples are now banked.

We expect recruitment to continue to remain healthy in 2021/22, through increased staff-wide communications. We will also investigate embedding taking consent for Sample Bank in the patient admissions process, in order to reach a target of 2,000 patients recruited by year-end. A pilot scheme to facilitate patient involvement in research, including Sample Bank, via MyGOSH is underway.



Diary of an ICU Research Nurse…during a pandemic

Lauran O'Neill is a Senior Research Nurse in the critical care research team. She's worked at GOSH for around 15 years, but has never been more busy and proud of her colleagues than during the pandemic. Below is her experience of COVID-19 in 2020/21.

Late March 2020: Okay, what just happened?

There's a strange, expectant atmosphere at GOSH. Most of our research studies are suddenly on pause, except ones that are part of essential treatment.

Because most of us have backgrounds in intensive care nursing, it looks like we might be deployed to clinical areas to look after patients.

Early April 2020: COVID-19 research explodes

Our workload has exploded in the space of two weeks. The intensive care units ended up being well staffed, so we weren't needed in clinical roles. We started migrating back to our research roles and thank goodness we did, because suddenly the COVID-19 research studies are coming in thick and fast.

Mid April: A typical day

We're beginning to settle into a strange new normal. The mornings are particularly hectic. We come in at 7am and use our electronic patient record system to find any new patients that are eligible for the COVID-19 studies we're running. Then we speak to each patient's

clinical consultant and their bedside nurse, to check the family are aware of the COVID-19 diagnosis and that it isn't a bad day for us to speak to them.

We speak to the family about whether they'd like to join the study. We have to be super sensitive to the journey that they're on, given how scary things seem right now and the fact that their child is in hospital, not only with COVID-19 but often other significant health issues.

Late April 2020: One month in

We're finding that the vast majority of families are saying yes to joining our COVID-19 studies. They are so willing to help other parents and children in the future by participating in a study, that they're prepared to undergo additional sampling and therefore probably more discomfort for the patient, even though it won't offer immediate benefits for their own child.

Early May 2020: Smiling with your eyes

On some wards, we need to wear full PPE as we consent patients and take samples – that means mask, visor, gloves and full gown.

It has changed a lot for us, day to day. Little things you usually take for granted, like eye contact, body language, touching a mum's arm or them seeing you smile. It's not as easy to rely on those now to connect with families, comfort them or put them at ease. A mum might say she's okay, but we're used to picking up on small cues that might suggest she's struggling. It's much harder to do that now. But I've seen incredible compassion from the nurses across GOSH. They're visibly putting in that extra effort to make sure families get proper human support and connection.

Planet 6: Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care

The Children's Cancer Centre (CCC) project will see the demolition of the Frontage Building and it replaced by a state-of-the-art national resource for children with rare and difficult to treat cancers, offering a holistic care pathway. Cutting-edge research and digital innovation will be embedded within the building.

The way we treat patients will become more and more personalised as time goes on. Increasingly, we will be able to tailor the treatment we provide to be as individual as each child and young person we care for. We want to develop a cancer centre that provides an environment that best supports the delivery of future precision cancer care.

The Centre will be the physical embodiment of GOSH's cancer care vision, creating flexible and therapeutic spaces that can respond to the rapidly changing nature of cancer care.

The CCC design programme was paused in March 2020 at the outbreak of COVID-19. The programme position at that time was favourable for the suspension.

The Built Environment team, clinical champions and external advisors completed a detailed review of the RIBA 2 report. Areas of focus of this work included the impact of locating imaging on level 1 and pharmacy on level 3 of the CCC, the connectivity of the building with the existing estate, development of the sustainability strategy, façade, and external elevation progress as well as commercial and risk clarifications. This process commenced in January 2021 and completed at the end of February 2021, and was a highly productive period of work that produced strong outputs on all programme elements. This work has enabled the creation of an updated, comprehensive and future-proofed Phase 4a redevelopment brief that more accurately represents the new future requirements of the project as well as offering more certainty on project cost, risk and programme.

Moving forward and looking to 2021/22, the Trust is in a strong position to recommence the CCC design process in spring 2021. Construction is planned to start on site in 2023.

During 2020/21 the key objectives (and other redevelopment projects) under this planet and some of the achievements include:

Objective	Achievements
Make sure that the doctors, therapies, nurses and other professionals involved in delivering cancer care are involved in developing the layout of the Centre so that it can respond to how a patient may be treated and cared for.	2021 saw the creation of the CCC Clinical Champions, an expert group of clinicians and AHPs assembled from a wide range of specialities formed with the purpose of offering expert clinical knowledge on all elements of the project. The group has covered a wide range of themes including staff wellbeing, workforce efficiency and innovative models of care, patient and family experience, demand and capacity, privacy and dignity, benefit mapping and 3D simulation. The CCC Clinical Champions are also leading on the development of an expert patient and family group, predominantly comprised of patients and families who have been through cancer care at GOSH and can offer specific insight of their experience to the design team.
Take a sustainable approach to designing the Centre that incorporates nature.	The public realm works associated with the CCC are a key element of the project aspiration. The Trust has an ambition to reduce road traffic on Great Ormond Street and create a more welcoming entrance to the hospital for patients and families. The ambition also includes an increase in greenery to improve air quality. This will require close collaboration with Camden Council who are supportive of our plans. A prototype ‘parklet’, or miniature park has been approved on Great Ormond Street which will create a flexible park space for the local community. We are developing a vision for the public realm around the hospital campus that will progressively deliver improvements with each stage of the redevelopment masterplan.
Establish the best long-term solution for the Imaging Service at GOSH	A detailed piece of work was carried out in Autumn 2020 taking a holistic view of imaging services at GOSH to establish the best future solution for the department. Within the previous plans for the CCC the Imaging Department was located on level 3 which split the service throughout GOSH, creating inefficiencies in staffing and confusion for our patients.

	The outcome of the clinically driven work was a strategy and concept that will create an enlarged, slow-flow imaging department at level 1. The new capacity that will be created in the CCC will link directly with existing imaging spaces in the neighbouring buildings and enable further expansion in the future. The department, which will be accessed by large numbers of inpatients and outpatients, will be in a prominent position on the site. This will future-proof the service and allow for expansion whilst creating a cohesive environment for the team.
Creation of an affordable decant and enabling plan and continuing to progress work safely on the Sight and Sound Hospital during COVID	Before construction can begin, the Trust needs to vacate the Frontage Building. This is a complex programme of works involving the relocation of clinical departments and support services into newly designed areas within the existing estate. The plan needed to be flexible enough to include working practices necessitated by COVID-19 i.e. social distancing and an increased amount of staff working remotely. The GOSH Sight and Sound Centre will become the new home for Ophthalmology, Audiology, ENT and Speech and Language Outpatients. Construction continued throughout the year despite the COVID-19 outbreak. This required close collaboration with our contractor and diligent management to ensure safe working practices. The construction completed in spring 2021 and the building will be operational in the summer of 2021.
Development of an effective Pharmacy department at GOSH	The Pharmacy team at GOSH started planning the creation of a state-of-the-art, progressive Pharmacy department at Great Ormond Street. The initial planning work included a comprehensive feasibility study to ensure the best solution is found for this service. A new Cytotoxic Pharmacy is planned to be co-located with Cancer Day Care within the CCC. This is considered best practice and aligns with the approach at other cancer centres both in the UK and elsewhere. The efficiencies possible as a result of this model will bring significant benefits for staff, patients and families and improve patient safety.

Researchers at University College London and Great Ormond Street Hospital receive £1.7m of grants in new Cancer Research UK-Children with Cancer UK Innovation Awards.

CRUK CCUK logo

The Award is a new initiative to support novel and innovative approaches to childhood cancer research. Co-funded by Cancer Research UK and Children with Cancer UK, five teams of scientists who are leaders in their field have been awarded up to £1 million each to delve into the biology of children's and young people's cancers, with the hope of finding new ways to prevent and treat these complex cancers.

One of the studies awarded just under £1million through this grant is the REVEALL Study (RElapse-specific therapeutic Vulnerability Evaluation in childhood & young adult ALL). This is a joint proposal led by researchers and clinicians from University College London (Cancer Institute and Great Ormond Street Institute of Child Health) and Great Ormond Street Hospital in collaboration with experts from other centres including the Francis Crick Institute and Memorial Sloan Kettering Cancer Center, New York.

Although most children with leukaemia can be cured with standard therapy, treatment can be much more difficult if the disease returns ("relapses"). To address this issue, a nationwide study will be established, recruiting all children in the UK with relapsed leukaemia.

Through the analysis of patient samples the study will characterise leukaemia in detail, uncovering the cancer's genetics and sensitivities to different treatments. This form of personalised medicine will guide which treatments the patients receive, giving them the best chance of survival.

Our history: The Isolation Block

The hospital's first purpose-built clinical block opened along Powis Place in 1875, and in 1880 a separate block devoted for infectious diseases cases was added to the north, with a link corridor. It had four small wards which could be exclusively devoted to particular infections, and was funded by the Cohen sisters of Park Lane in memory of their niece, the Countess of Rosebery.

It continued in use until demolition in the late 1930's, when the western wing of today's Southwood Building occupied the space.

(Illustration; 1888 engraving of the hospital from the north, with Isolation Block on the right)

Sustainability

A key principle of the Trust strategy Above and Beyond, commits to protecting the environment. On 22 February 2021, the Trust announced its official declaration of a Climate and Health Emergency. In doing so, GOSH became the first UK standalone children's hospital and first London NHS Trust to declare. The declaration is a firm statement of intent and builds upon the hospital's existing sustainability programme to establish greater ambitions for climate action and environmental leadership.

"*The declaration of a climate emergency, in my opinion, will only serve to improve GOSH's reputation as a hospital of strong morals and an innovator that is prepared to adapt to the challenges of time*". GOSH Young Person's Forum 2020

In 2020/21 the Trust continued to develop its sustainability agenda after creating and disseminating the world's first Clean Air Hospital Framework (CAHF) within the NHS. This outlined our ambition for net zero emissions targets. Targets were also agreed with teams on carbon emission reduction, NHS '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 Young People's Forum (YPF) members contributing to setting these goals. The Children's Cancer Centre is recognised as a vehicle for demonstrating best practice in CAHF and sustainable construction.

GOSH takes cycling gold

GOSH has become the first hospital in the UK to be awarded gold by Cycling UK's Cycle Friendly Employer Accreditation Scheme.

The accreditation ranks the efforts of employers to make their business more cycle friendly. The gold award for GOSH recognises the hospital's work to foster a culture of sustainable travel among its 5,000 employees.

This has been especially important during the pandemic, with many employees choosing to cycle rather than take public transport. Staff have collectively ridden more than 30,000 miles in 2020.

GOSH has ensured that there are nearly 300 secure places to lock bikes at the hospital. Free bike maintenance for staff was provided, as well as towels for staff who shower at work, and a free trial of an e-bike service was also available.

The hospital is also actively engaging with Transport for London and Camden Council to seek better and safer cycling routes. Improved air quality around the hospital will also benefit patients and families.

The local area

We have worked closely with Camden Council to improve the local area surrounding GOSH. This involved the creation of a vision for a more flexible and child friendly street as well as a link between our hospital and local community for the future. The concept was developed with the YPF and our hospital school, who contributed to the design of beautiful 'parklets' that will enhance the neighborliness of Great Ormond Street, the setting of the Children's Cancer Centre and wider hospital for decades to come.

Impact of COVID-19

In response to COVID-19 and the challenges staff faced in commuting to site, we created the Safe, Active and Sustainable Travel Group. The group reviewed staff commuting statistics and improved staff access to cycle training, bicycle maintenance, route finding, improved cycling infrastructure and active travel support. The work made GOSH the UK's first NHS 'Cycle Friendly Employer' with a Gold award (see above).

Carbon reduction associated with estate energy use

Since 2013/14 the Trust has reduced the amount of tonnes of CO2 (tCO2e) per staff member (for energy only) by 47%, from 5.47 to 2.56 tCO2e. This is mostly due to implementing more efficient mechanical and electrical engineering interventions as well as the modernisation of the estate.

Context info	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Carbon (tCO2e/employee)	5.47	4.70	4.57	4.00	3.00	2.80	2.56
Direct Emissions (tCO_2e)	21,341	19,143	17,711	16,632	13,508	12,995	12,263

The Trust is currently looking into the impact COVID-19 has had on carbon emissions through staff using more active modes of transport.

Staff wellbeing and engagement

We believe that the wellbeing of our patients is closely linked to our environment, so protecting our planet and looking after ourselves come together. Protecting patients and families from the harmful effects of pollution and climate change plays an important part of the care we provide. To support health and wellbeing and improve environmental behaviour amongst staff, the CHEER (Children, Climate and Health Emergency Response) app was launched.

Designed with the input of our patients, CHEER will help all of us work together to tackle climate change and boost our health and wellbeing.

Via the app and website, everyone can set targets and track progress in areas including:

- travelling by bike or walking instead of using a car
- reducing carbon footprint
- doing a mindfulness session or taking a break outdoors
- making more sustainable decisions about the food and products you buy

The app also provides simple guidance to help:

- recycle more
- understand what contributes to a carbon footprint
- learn the best tips for cycling

The app also allows users to see the impact of their actions on carbon emissions. For instance, seeing the impact of the miles active recorded, or how going meat-free equates to bathtubs of water saved.

See PICTURES> Sustainability pictures and achievements

Children, Climate and HEalth Emergency Response

CHEER for GOSH is all about bringing together our hospital, our people and our environment in reponse to the Climate Emergency.

All of the drawings on CHEER have been designed by children of GOSH.

Anaesthetic Gas working group

Some anaesthetic gases are recognised greenhouse gases and remain for a long time in the atmosphere, where they have the potential to act as greenhouse gases. To address this, a GOSH consultant group is working with the Greener Anaesthesia and Sustainability Project (GASP) to reduce the use of inhaled anaesthetic gases in high impact areas.

Above and Beyond - what we have planned for 2021/22

GOSH will continue to work to deliver the six bold and ambitious milestones (planets) that will help us deliver better, safer, kinder care and save and improve lives.

At year two of our Above and Beyond strategy, we plan to deliver the following:

Planet	What we plan to deliver in 2021/22
Making GOSH a great place to work.	• Further develop retention packages and engage with staff in developing a flexible working policy for /the whole workforce. • Be consistently referenced as a great place to work, promoting a modern employment culture and career development. • Develop and implement clear career and training paths for all staff roles. • Embed compassionate and inclusive leadership to drive improvement in patient care and performance. • Prepare for new staff roles required by a future healthcare workforce. • Replace the GOSH intranet with a custom-built, integrated, interactive system. • Further embed diversity and inclusion into our people management policies and processes.
Future Hospital Programme and improving access to urgent care and virtual services	• Establish motivated, multi-disciplinary teams working together to deliver full joined up transformative care for patients. • Use operational research and predictive analytics to manage live resourcing, workforce planning and patient pathway redesign.

	• Align the patient flow, clinical pathway redesign and outpatient transformation programmes as predictive models become more advanced. • Review back office functions to support intelligent service design. • Assess the ability to implement home-based wearables and remote monitoring for patients, to pick up issues early and connect with local care teams • Support the establishment of a London-wide partnership programme to take forward proposals for the future of children's hospital services.
GOSH Learning Academy	• Increased our pool of current and potential leaders with the knowledge, skills and attitudes to develop GOSH as an innovative, compassionate and diverse organisation which advances care for children and young people with complex health needs. • Improve access to open source resources and tools, to improve access to education and training in the care of children and young people. • Establish the GOSH Learning Academy across North Central London as the preferred provider of paediatric healthcare education and training.
Accelerating translational research and innovation	• Continue the ongoing cycle of projects that evaluate research discoveries and new technology in our clinical spaces. • Raise the public and political profile of research and innovation led by specialised children's services, to address the shortage of funding and promote population-wide benefits. • Take more discoveries from the laboratory into the ward, and the ward back to the laboratory. • Develop a tailored plan to involve more patients and staff in research and achieve Research Hospital status by 2025. • Develop the infrastructure, skills and partnerships required to deliver personalised treatment for more children.
Children's Cancer Centre	• Progress with enabling works to ensure the construction programme can commence as soon as possible.

Statement from directors

The directors consider that this annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for readers to assess our performance, business model and strategy.

Signed by the Chief Executive on behalf of the Trust Board of Great Ormond Street Hospital for Children NHS Foundation Trust.

Mr Matthew Shaw

Chief Executive

XX May 2021

Accountability report

Directors' report

In this section of the accountability report we provide an overview of our governing structures. We outline how we ensure we are involving, listening and responding to the groups that have a stake in what we do, particularly our patients and their families, our staff and our governors and members.

How we are governed

Our Trust Board is responsible for overseeing our strategy, managing strategic risks, and providing managerial leadership and accountability. Our Executive Team has delegated authority from the Board for the operational and performance management of clinical and non-clinical services of the Trust. It is responsible for coordinating and prioritising all aspects of risk management issues that may affect the delivery of services.

Our Operational Board, comprising members of the senior clinical and corporate leadership teams, reports to our Executive Team. It provides a regular forum for discussing and making decisions on a range of issues relevant to day-to-day operational management, including quality, efficiency and effectiveness.

The Trust Board – who we are and what we do

The Board is comprised of a chair, deputy chair, senior independent director (SID), three additional independent non-executive directors, and six executive directors. One of the non-executive directors is appointed by University College London.

All Board members have been assessed against the requirements of the fit and proper person test.

Trust Board meetings

In 2020/21, the Board held a total of eight meetings all of which were held wholly or in part by videoconference. Seven meetings included a session held in public. In October 2020, the Board held a strategy meeting. The Board did not meet in June 2020, August 2020, December 2020 or January 2021.

Trust Board members 2020/21

Non–executive directors

Sir Michael Rake FCA FCGI Chair Term: 1 November 2017 to 31 October 2023 Chair of: • Trust Board (attended 8 of 8 meetings in 2020/21) • Council of Governors (attended 5 of 5 meetings in 2020/21)	Insert image

• Trust Board Nominations Committee (attended 1 of 1 meeting in 2020/21) • Council of Governors' Nomination and Remuneration Committee (attended 4 of 4 meetings in 2020/21) Experience: • Adviser, Citibank • Chair, Wireless Logic Limited • Chair, Ola UK Limited • Non-executive director, Huawei Technologies UK (April 2020–April 2021) • Chairman of Newday Ltd • Chairman, Phoenix Global Resources • Vice president, Royal National Institute of Blind People • Senior advisor, Chatham House • Chairman of BT Group Plc until 2017 • Chairman (both UK and international), KPMG (2002 – 2007) • Chairman, Easyjet (2009 – 2013) • Director, Worldpay Group plc (Chairman 2015-2018) • Chartered accountant	
Akhter Mateen Deputy Chair and Chair of the Audit Committee Term: 28 March 2015 to 27 March 2022 Attended 8 of 8 Trust Board meetings in 2020/21 Attended 5 of 5 Council of Governors' meetings in 2020/21 Chair of: • Audit Committee (attended 4 of 4 meetings in 2020/21) Member of: • Finance and Investment Committee (attended 6 of 6 meetings in 2020/21) • Trust Board Remuneration Committee (attended 3 of 4 meetings in 2020/21) • Trust Board Nominations Committee (attended 1 of 1 meeting in 2020/21) Experience • Non-executive director, King's College Hospital NHS Foundation Trust • Non-executive director, Centre for Agriculture and Biosciences International • Trustee, Malala Fund UK • Trustee, Developments in Literacy (DIL) UK • Non-executive director and Audit Committee Chair, Centre for Agriculture and Biosciences International • Group Chief Auditor of Unilever (2011–2012) • Senior global and regional finance roles Unilever, leading finance teams in Latin America, South East Asia and Australasia. (1984-2011)	Insert image
James Hatchley Senior independent director	Insert image

Term: 1 September 2016 to 31 August 2022 Attended 8 of 8 Trust Board meetings in 2020/21 Attended 5 of 5 Council of Governors' meetings 2020/21 Chair of: • Finance and Investment Committee (attended 6 of 6 meetings in 2020/21) • Trust Board Remuneration Committee (attended 4 of 4 meetings in 2020/21) Member of: • Audit Committee (attended 4 of 4 meetings in 2020/21) • People and Education Assurance Committee (attended 4 of 4 meetings in 2020/21) • Trust Board Nominations Committee (attended 1 of 1 meeting in 2020/21) Experience: • Qualified accountant • Group Strategy Director 3i Group PLC and member of the 3i Investment Committee • Board member Scandlines • Chief Operating Officer KKR in Europe (2014 – 2016) • Former independent member of the GOSH Audit Committee and Quality and Safety Assurance Committee	
Lady Amanda Ellingworth Non-executive director Term: 1 January 2018 to 31 December 2023 Attended 8 of 8 Trust Board meetings in 2020/21 Attended 4 of 5 Council of Governors' meetings in 2020/21 Chair of: • Quality, Safety and Experience Assurance Committee (attended 5 of 5 meetings in 2020/21) Member of: • People and Education Assurance Committee (attended 4 of 4 meetings in 2020/21) • Trust Board Remuneration Committee (attended 4 of 4 meetings in 2020/21) • Trust Board Nominations Committee (attended 1 of 1 meeting in 2020/21) Experience: • Background as a senior social worker focusing on children and families • Director, Plan International UK • Deputy Chair, Sir Ernest Cassel Education Trust • Lay adviser Royal College of Medicine (2015 – 2019) • Deputy chair, Barnardo's (2010 – 2019) • Chair, The Guinness Partnership (2005-2016) • Chair, The Caldecott Foundation (2001-2010) • Chair, Guinness Care and Support (2014)	Insert image
Chris Kennedy Non-executive director	Insert image

Term: 1 April 2018 to 31 March 2024 Attended 8 of 8 Trust Board meetings in 2020/21 Attended 4 of 5 Council of Governors' meetings in 2020/21 Member of: • Audit Committee (attended 4 of 4 meetings in 2020/21) • Finance and Investment Committee (attended 5 of 6 meetings in 2020/21) • Trust Board Remuneration Committee (attended 4 of 4 meetings in 2020/21) • Trust Board Nominations Committee (attended 1 of 1 meeting in 2020/21) Experience: • Qualified accountant • Non-executive director and Chair of Audit Committee, Whitbread PLC • Non-executive director, The EMI Archive Trust • Group Chief Financial Officer, ITV PLC • Chief Financial Officer, Micro Focus (2018-2019) • Chief Financial Officer, ARM Holdings (2015 – April 2017) • Chief Financial Officer, easyJet (2010 - 2015)	
Kathryn Ludlow Non-executive director Term: 1 September 2018 to 31 August 2021 Attended 8 of 8 Trust Board meetings in 2020/21 Attended 5 of 5 Council of Governors' meetings in 2020/21 Chair of: • People and Education Assurance Committee (attended 4 of 4 meetings in 2020/21) Member of: • Quality, Safety and Experience Assurance Committee (attended 5 of 5 meetings in 2020/21) • Trust Board Remuneration Committee (attended 4 of 4 meetings in 2020/21) • Trust Board Nominations Committee (attended 1 of 1 meeting in 2020/21) Experience: • Consultant, Linklaters LLP • General Counsel, Centreview Partners UK LLP (June 2019 – November 2020) • Partner, Linklaters (1997 – 2017) • Special Advisor to G3, the Good Governance Group • Trustee of the International Rescue Committee, UK • Trustee of the Hall for Cornwall • Qualified solicitor	Insert image
Professor Russell Viner Non-executive director Term: 1 May 2020 to 30 April 2023 Attended 6 of 7 Trust Board meetings in 2020/21 Member of:	Insert image

- Quality, Safety and Experience Assurance Committee (attended 4 of 4 meetings held in 2020/21)
- Trust Board Remuneration Committee (attended 2 of 3 meetings held in 2020/21)
- Trust Board Nominations Committee (attended 1 of 1 meeting in 2020/21)

Experience:

- President of the Royal College of Paediatrics and Child Health
- Professor of Adolescent Health at the ICH (UK's first professor of Adolescent Health)
- Vice Chair of NHS England Children and Young People's Transformation Board
- Member, NHS Assembly
- Member of Scientific Advisory Group for Emergencies (SAGE) and subcommittees
- Executive Committee member for the International Paediatric Association
- Patron, Association of Young People's Heath, UK

Executive directors

Mr Matthew Shaw

Insert image

Chief Executive

Matthew is responsible for delivering the strategic and operational plans of the hospital through the Executive Team.

Attended 7 of 8 Trust Board meetings in 2020/21

Attendee of:

- Quality, Safety and Experience Assurance Committee (attended 4 of 5 meetings in 2020/21)
- Audit Committee (attended 4 of 4 meetings in 2020/21)
- Finance and Investment Committee (attended 6 of 6 meetings in 2020/21)
- People and Education Assurance Committee (attended 2 of 4 meetings in 2020/21)
- Trust Board Remuneration Committee (attended 3 of 4 meetings in 2020/21)

Experience:

- Orthopaedic surgeon
- GOSH Medical Director (March 2018 to December 2018)
- Clinical Director of the spinal unit at the Royal National Orthopaedic Hospital (2011 – 2018)
- Medical Director for Health Provision, BUPA UK until April 2018.

Professor Alison Robertson

Insert image

Chief Nurse

Alison is responsible for the professional standards, education and development of nursing at GOSH. She is also the Lead Executive responsible for patient and public experience and engagement, safeguarding and infection prevention and control and professional lead for AHPs

Attended 7 out of 8 Trust Board meetings in 2020/21

Attendee of:

- Quality, Safety and Experience Assurance Committee (attended 5 of 5 meetings in 2020/21)
- People and Education Assurance Committee (attended 3 of 4 meetings in 2020/21)

Experience:

- Registered adult and children's nurse

• Executive Director of Nursing, Al Wakra Hospital, Hamad Medical Corporation, Qatar (until March 2019) • Executive Director of nursing and midwifery in five other NHS organisations prior to the above international role • Visiting Professor School of Health Sciences, City University London • Visiting Professor Faculty of Health and Medical Sciences, Surrey University	
Dr Sanjiv Sharma **Medical Director** Sanjiv is responsible for performance and standards (including patient safety) and leads on clinical governance. Attended 8 of 8 Trust Board meetings in 2020/21 Attendee of: • Quality, Safety and Experience Assurance Committee (attended 4 of 4 meetings in 2020/21) • People and Education Assurance Committee (attended 3 of 4 meetings in 2020/21) Experience: • Consultant in Paediatric and Neonatal Intensive Care • Deputy Medical Director for Medical and Dental Education (2016-2018) • Board member, University of Stirling Management School Advisory Board • Co-opted Governor at Haverstock School Camden	Insert image
Helen Jameson **Chief Finance Officer** Helen is responsible for the financial management of the Trust. Attended 8 of 8 Trust Board meetings in 2020/21 Attendee of: • Finance and Investment Committee (attended 6 of 6 meetings in 2020/21) • Audit Committee (attended 4 of 4 meetings in 2020/21) Experience: • Director UCL Partners • Established the North Central and East London office of Health Education England. • Led on finance and governance of the London wide education commissioning system • Former Deputy Director of Finance and Joint Divisional Manager for Surgery and Critical Care at Kingston Hospital NHS Trust • Former assistant Director of Financial Planning and Reporting for South East Coast Ambulance Service NHS Trust	
Caroline Anderson **Director of HR and OD** Caroline is responsible for the development and delivery of a human resources strategy and organisational development programmes. Attended 7 out of 8 Trust Board meetings in 2020/21 Attendee of: • Quality, Safety and Experience Assurance Committee (attended 3	

of 5 meetings in 2020/21) • People and Education Assurance Committee (attended 3 of 4 meetings in 2020/21) • Trust Board Remuneration Committee (attended 2 of 4 meetings in 2020/21) Experience: • Director of HR, OD and Corporate Communications, HM Land Registry (2013 – 2019) • Assistant Director, HR and OD, London Borough of Hackney (2007 – 2013)	
John Quinn **Chief Operating Officer from 4 January 2021** John is responsible for the operational management of the clinical services within the Trust. John is the named Senior Information Risk Owner. Attended 2 of 2 Trust Board meetings in 2020/21 Attendee of: • Quality, Safety and Experience Assurance Committee (attended 1 of 2 meetings in 2020/21) • Audit Committee (attended 1 of 1 meeting in 2020/21) • Finance and Investment Committee (attended 2 of 2 meetings in 2020/21) Experience: • Chief Operating Officer, Moorfields Eye Hospital NHS Foundation Trust (2015 - 2021) • Divisional Manager, University College London Hospitals NHS Foundation Trust (2013 – 2015) • Assistant Director of Operations/Director of Pharmacy, Bucks Healthcare NHS Trust (2002 – 2013) • Qualified Pharmacist	Insert image
Phillip Walmsley **Interim Chief Operating Officer until 3 January 2021** **Interim Director of ICT from 4 January 2021 to 7 February 2021** Phillip was the named Senior Information Risk Owner. Attended 5 of 6 Trust Board meetings in 2020/21 Attendee of: • Quality, Safety and Experience Assurance Committee (attended 1 of 3 meetings in 2020/21) • Audit Committee (attended 3 of 3 meetings in 2020/21) • Finance and Investment Committee (attended 3 of 4 meetings in 2020/21) Experience: • Seconded to GOSH from role as Director of Operations at Weston Area Health NHS Trust • Fifteen years of operational management experience	Insert image

Other directors

Cymbeline Moore, Director of Communications

Cymbeline is the Director of Communications for the hospital and the GOSH Children's Charity

Zoe Asensio-Sanchez, Director of Estates, Facilities and the Built Environment from 1 August 2020

Zoe leads the work to redevelop the Trust's buildings and ensures that it is suitable to support the capacity and quality ambitions of our clinical strategy.

Professor David Goldblatt, Director of Research and Innovation

David leads the strategic development of clinical research and development across the Trust. He is an Honorary Consultant Immunologist and Deputy Director (NHS Engagement), at GOS UCL ICH.

Richard Collins, Director of Transformation

Richard leads the work to drive innovation and deliver projects that strengthen and refine the Trust.

Stephanie Williamson, Acting Director of Built Environment 1 January 2020 to 31 July 2020

Stephanie leads the work to redevelop the Trust's buildings and ensures that it is suitable to support the capacity and quality ambitions of our clinical strategy.

Register of interests

Trust Board members are required to declare any interests that may compromise their role. This is also a standing item at the beginning of each board and committee meeting.

A register of directors' interests can be found at https://gosh.mydeclarations.co.uk/home

Evaluation of Board performance

The Trust conducted a tender process to appoint an independent organisation to carry out a Well Led assessment of the Trust Board and senior management team. The review commenced in March 2021 led by BDO LLP who have no other connection with the Trust. The purpose of the assessment is to provide assurance of the Trust's compliance with the framework and identify any gaps in good practice for improvement.

In the light of the findings from the recent CQC inspection (January 2020) where the Trust was rated 'Requires Improvement' for 'Are Services Safe?', the Trust has requested that the Well Led assessment should determine how the Trust has responded to the recommendations in the CQC report, in particular views on:

- The robustness of the mechanisms for reporting and escalating concerns/ incidents through the organisation (teams and committees) and identifying and mitigating risk.
- How the Trust responds to concerns/incidents and is transparent with stakeholders (patients, the public, regulators etc.).
- The effectiveness of the tools, mechanisms and systems in place to support, facilitate and embed learning across the Trust.
- Knowledge and understanding across staff groups of Above and Beyond, the new Trust Strategy.

Findings will be considered and used to update the Trust's Well Led delivery plan.

Trust Board committees

The Board delegates certain functions to committees. The Board receives any amendments to committee terms of reference, annual reports and committee self-assessments. Members of the Board meet annually to discuss strategic risk and consider how the committees effectively share responsibility for monitoring strategic risk on behalf of the Board. Assurance committee chairs meet to discuss the remit of their committees and avoid duplication.

Audit Committee

The Audit Committee is chaired by a non-executive director. It has delegated authority to review the adequacy and effectiveness of our systems of internal control and our arrangements for risk management, control and governance processes to support our objectives. A summary of the work of the committee can be found on page XX.

Quality, Safety and Experience Assurance Committee

The Quality, Safety and Experience Assurance Committee is chaired by a non-executive director. It has delegated authority from the Board to be assured that we have the correct structure, systems and processes in place to manage quality and safety related matters, and that these are monitored appropriately. A summary of the work of the committee can be found on page XX.

People, Education and Assurance Committee

The People, Education and Assurance Committee is chaired by a non-executive director. It has delegated authority from the Board to be assured that the necessary structures and processes are in place to meet our responsibilities as an employer and training and research hospital. That by focussing on those which promote and value teamwork and collaboration, we create an organisation at which all staff are well led and well managed and where

everybody, irrespective of their role, feels valued, heard, supported, safe and connected. A summary of the work of the committee can be found on page XX.

Finance and Investment Committee

The Finance and Investment Committee is chaired by a non-executive director. It has delegated authority from the Board to oversee financial strategy and planning, financial policy, investment and treasury matters and to review and recommend for approval major financial transactions. The committee also maintains an oversight of the Trust's financial position, and relevant activity data and workforce metrics. A summary of the work of the committee can be found on page XX.

Trust Board Remuneration Committee

The Remuneration Committee is chaired by a non-executive director. It is responsible for reviewing the terms and conditions of office of the Board's executive directors, including salary, pensions, termination and/or severance payments and allowances. A summary of the work of the committee can be found on page XX.

Trust Board Nominations Committee

The Trust Board Nominations Committee is chaired by the Chair of the Board. It has responsibility for reviewing the size, structure and composition of the Board and making recommendations about any changes – giving full consideration to succession planning and evaluating the balance of skills, knowledge and experience in relation to the appointment of both executive and non-executive directors.

During the year the following executive appointments to the Board were made:

- The appointment of Zoe Asensio-Sanchez, Director of Estates, Facilities and the Built Environment from 1 August 2020.
- The appointment of John Quinn as Chief Operating Officer on 4 January 2021. Phillip Walmsley stepped down as Acting Chief Operating Officer.
- The appointment of Phillip Walmsley as Interim Director of ICT from 4 January 2021 until 7 February 2021

Council of Governors

As a foundation trust we are accountable to our members through our Council of Governors.

In 2020/21 the Council of Governors was made up of 26 elected and appointed governors. Governors support and influence the strategic direction of the Trust by representing the views and interests of our members.

The Council of Governors acts as a link to the hospital's patients, their families, staff and the wider community ensuring that their views are heard and reflected in the strategy for the hospital. Although the Council of Governors is not involved in the operational management of the Trust, it is responsible for holding the non-executive directors individually and collectively to account for the performance of the Trust Board in delivering the Trust's strategic objectives. More about the responsibilities of the Council of Governors can be found at https://www.gosh.nhs.uk/about-us/foundation-trust/council-governors.

Constituencies of the Council of Governors

Governors represent specific constituencies and are usually elected or appointed to do so for a period of three years with the option to stand for re-election for a further three years. Please see below for phasing of the Council in 2020 and the impact on governor terms. As a specialist Trust with a UK-wide and international catchment area, we do not have a defined 'local community'. It is important that our geographically diverse patient and carer population is represented in our membership and in the composition of our Council of Governors.

Elections 2021/21 and changes to constituencies

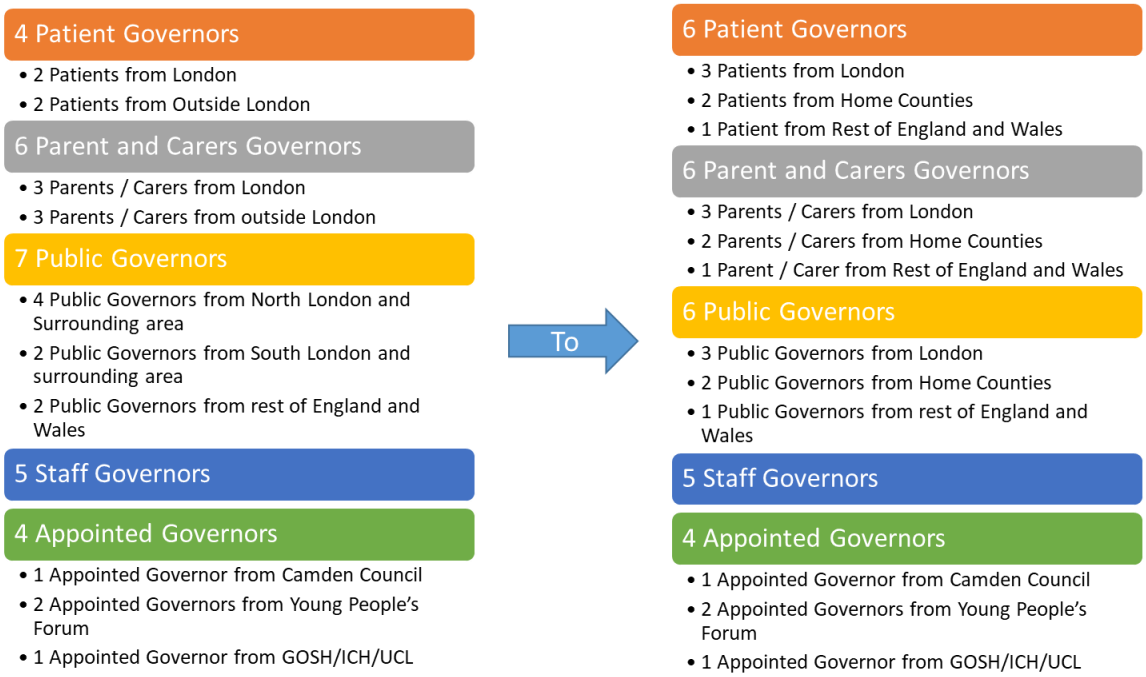
In January 2021, the Trust held an election for the Council of Governors.

During this election, we introduced changes to the Patient and Parent/Carer constituencies and Public constituency to better reflect the patients, families and communities served by GOSH. The classes within these constituencies were updated to ensure they align with current electoral boundaries and provide consistency in how many governors each constituency can vote for.

Following these boundary changes, there are now 27 governors on the Council.

In February 2021, the three-year governor electoral term concluded and Foundation Trust members voted for their governor representatives on the Council of Governors. Following the constituency changes, membership of the Council changed as follows:

1 April 2020 to 28 February 2021



1 March 2021 onwards

New Governors on the Council of Governors

Following the publication of election results in February 2021, the following Governors were elected on 1 March 2021.

Name	Constituency and class	Tenure
Emily Shaw	Parent and Carers London[1]	3
Beverly Bittner-Grassby	Parent and Carers London[1]	2
Stephanie Nash	Parent and Carers London[1]	1
Lisa Allera	Patients and Carers: Parent/Carer from the Home Counties[2]	2
Gavin Todd	Patients and Carers: Parent/Carer from the Home Counties[2]	1
Claire Cooper-Jones	Parent/Carer from Rest of England and Wales	3
Vacant***	Patients and Carers: Patients from Rest of England and Wales[3]	3
Emma Beeden	Patients and Carers: Patients from Home Counties[2]	2
Olivia Burlacu	Patients and Carers: Patients from Home Counties[2]	1
Constantinos Panayi	Patients and Carers: Patients from London[1]	3*
Abbigail Sudharson	Patients and Carers: Patients from London[1]	2****
Vacant***	Patients and Carers: Patients from London[1]	1
Roly Seal	Public: London[1]	3
Peace Joseph	Public: London[1]	2
Kudzai Chikowore	Public: London[1]	1
Eve Brinkley-Whittington	Public: Home Counties[2]	2
Hannah Hardy	Public: Home Counties[2]	1
Julian Evans	Public: Rest of England[3]	3
Margaret Bugyei-Kyei	Staff	3
Quen Mok	Staff	3
Mark Hayden	Staff	2
Benjamin Hartley	Staff	2
Graham Derrick	Staff	1
Alison Kelly	Appointed - Council	**
Jugnoo Rahi	Appointed - UCL GOS ICH	**
Josh Hardy	Appointed - YPF Governor	**

Grace Shaw-Hamilton	Appointed - YPF Governor	**

* Stood down on 6 April 2021.

** Appointed Governors' tenure is determined by the appointing organisation up to a six year maximum term.

*** Vacant Governor seats will remain vacant until the February 2022 Council of Governor elections.

***Awarded the seat with a three year tenure due to vacancies arising.

[1]The London class for patients, parents and carers and public constituencies covers: All 32 London Boroughs and the City of London.

[2]The Home Counties class for patients, parents and carers and public constituencies covers: Bedfordshire, Berkshire, Buckinghamshire, Essex, Hertfordshire, Kent, Surrey, Sussex (East and West).

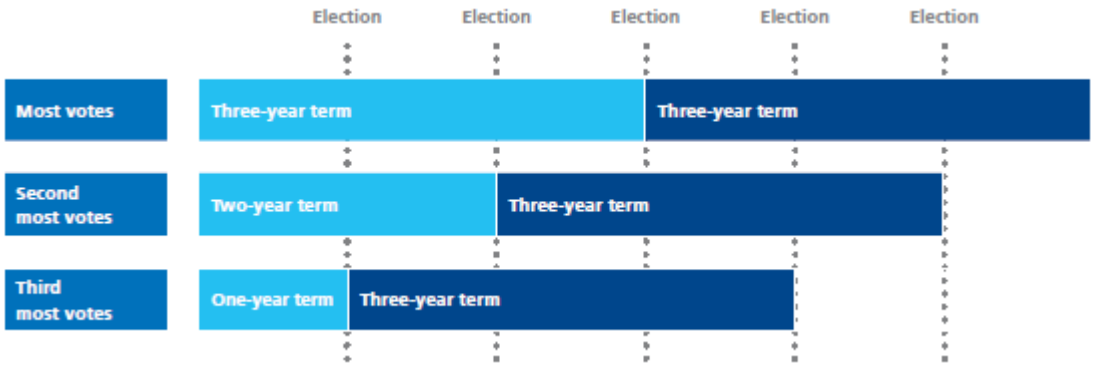
[3]The Rest of England and Wales class for patients, parents and carers and public constituencies covers Bristol, Cambridgeshire, Cheshire, Cornwall, including the Isles of Scilly, Cumbria, Derbyshire, Devon, Dorset, Durham, East Riding of Yorkshire, Gloucestershire, Greater Manchester, Hampshire, Herefordshire, Isle of Wight, Lancashire, Leicestershire, Lincolnshire, Merseyside, Norfolk, North Yorkshire, Northamptonshire, Northumberland, Nottinghamshire, Oxfordshire, Rutland, Shropshire, Somerset, South Yorkshire, Staffordshire, Suffolk, Tyne and Wear, Warwickshire, West Midlands, West Yorkshire, Wiltshire, Worcestershire.

Phasing of elections

In 2018, the GOSH Council of Governors agreed to amend the governor constituencies and implement phasing of elections. This was to reduce the risk that the Council loses its organisational memory at each three-yearly election. More gradual turnover of governors will better retain experience, provide for succession planning and ensure good corporate governance.

At the election in January 2021, governors' terms were amended to either one, two or three years, based on the number of votes received during that election.

In subsequent elections, governor terms will be for three years, with elections held annually. The diagram below shows this.



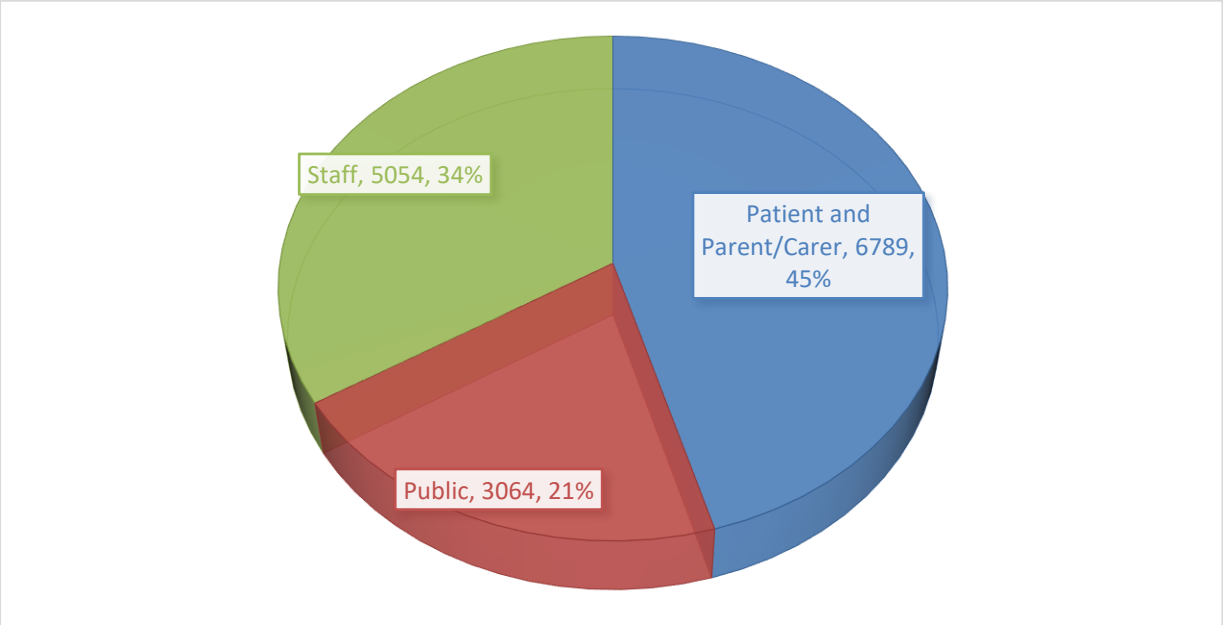
Membership at GOSH

Anyone living in England and Wales over the age of 10 can become a GOSH member, and we strive for our membership to reflect the broad and diverse public communities we serve as well as patients, their families and carers and staff. Automatic membership applies to all employees who hold a GOSH permanent contract or fixed term contract of 12 months or more. There is more on becoming a member at https://www.gosh.nhs.uk/about-us/membership-and-the-council-of-governors/

Membership constituencies and membership numbers 2020/21

On 31 March 2021, our membership totalled 14,898 members including 5,045 staff members.

CIVICA is our membership database provider and holds and manages our public and patient and carer data.



In the past year, our public membership has increased from 2,880 to 3,064 while our patient and parent/carer membership has reduced from 6,947 to 6,789.

As outlined above, we introduced changes to the Patient and Parent/Carer constituencies and Public constituency so that the classes they cover match the electoral areas. In order to

facilitate the election, CIVICA assigned all public, parent/carer and patient members to their new constituencies.

The introduction of the new constituencies means that the membership targets set by the Trust will need to be refreshed. Once the new Membership Engagement, Recruitment and Representation Committee (MERRC) has been appointed in April 2021, the Trust will seek to work with the MERRC to create a set of revised constituency targets that are specific, measurable, achievable, relevant and time bound. The aim is to meet an overall objective of increasing and sustaining the public, patient and parent/carer membership, particularly in children and young people.

Governors' attendance at meetings

The Council of Governors met five times in 2020/21. Governors attended these meetings as follows:

Name	Constituency	Date role began	Date role ended	Council of Governors' meetings (out of 5 unless otherwise stated)	Nominations and Remuneration Committee (out of 4 unless otherwise stated)	Membership Engagement Recruitment and Representation Committee (out of 2 unless otherwise stated)
Mariam Ali[1]	Parents and Carers: London	February 2015	February 2021	5	Not a member	Not a member
Stephanie Nash	Parents and Carers: London	February 2018		5	Not a member	Not a member
Emily Shaw	Parents and Carers: London	February 2018		3	Not a member	Not a member
Lisa Allera	Parents and Carers: Outside London	February 2018		5	4	Not a member
Carley Bowman[3]	Parents and Carers: Outside London	May 2019	July 2020	1(1)	Not a member	0(1)
Claire Cooper-Jones – Lead Governor	Parents and Carers: Outside London	February 2018		5	4	Not a member
Faiza Yasin (Deputy Lead Governor)[1]	Patients: Outside London	February 2018	February 2021	5	Not a member	2
Alice Rath[1]	Patients: Outside London	February 2018	February 2021	2	Not a member	Not a member
Elena-May Reading[4]	Patients: London	February 2018	December 2020	4(4)	Not a member	0(1)

Zoe Bacon[2]	Patients: London	February 2018	February 2021	5	Not a member	2
Fran Stewart[3]	Public: South London and surrounding area**	October 2016	February 2021	5	4	Not a member
Simon Hawtrey-Woore[3]	Public: North London and surrounding area*	February 2015	July 2020	0(2)	Not a member	0(1)
Teskeen Gilani[3]	Public: North London and surrounding area*	December 2016	February 2021	0	Not a member	Not a member
Theo Kayode-Osiyemi	Public: North London and surrounding area*	February 2018	February 2021	0	Not a member	0
Simon Yu Tan[4]	Public: North London and surrounding area*	February 2018	December 2020	0(4)	Not a member	Not a member
Colin Sincock[2]	Public: Rest of England and Wales	February 2018	February 2021	5	4	2
Julian Evans	Public: Rest of England and Wales	February 2018		4	Not a member	Not a member
Sarah Aylett[2]	Staff	February 2018	February 2021	4	Not a member	0
Margaret Bugyei-Kyei	Staff	May 2019		4	Not a member	Not a member
Nigel Mills[2]	Staff	February 2018	April 2019	0(0)	Not a member	0(0)

Paul Gough[4]	Staff	February 2018	February 2021	5	Not a member	Not a member
Quen Mok	Staff	February 2018		5	4	Not a member
Lazzaro Pietragnoli[2]	London Borough of Camden	February 2018	February 2021	1	Not a member	Not a member
Joshua Hardy	Young People's Forum	February 2019		5	Not a member	2
Shelby Davies[4]	Young People's Forum	April 2020	June 2020	1(2)	Not a member	1(1)
Grace Shaw-Hamilton	Young People's Forum	September 2020		3(3)	Not a member	1(1)
Jugnoo Rahi	ICH	February 2018		3	Not a member	Not a member

[1] Stepped down at the end of their second term

[2] Stepped down at the end of their first term

[3] Stepped down prior to the end of their second term

[4] Stepped down prior to the end of their first term

*The public constituency of North London and surrounding area incorporates the electoral areas of:

North London: Barking and Dagenham, Barnet, Brent, Camden, City of London, Hackney, Ealing, Enfield, Hammersmith and Fulham, Haringey, Harrow, Havering, Hillingdon, Hounslow, Islington, Kensington and Chelsea, Newham, Redbridge, Tower Hamlets, Waltham Forest, Westminster.

Bedfordshire: Bedford, Central Bedfordshire, Luton.

Hertfordshire: Broxbourne, Dacorum, East Hertfordshire, Hertfordshire, Hertsmere, North Hertfordshire, St Albans, Stevenage, Three Rivers, Watford, Welwyn Hatfield.

Buckinghamshire: Aylesbury Vale, Buckinghamshire, Chiltern, Milton Keynes, South Bucks, Wycombe.

Essex: Basildon, Braintree, Brentwood, Castle Point, Chelmsford, Colchester, Epping Forest, Essex, Harlow, Maldon, Rochford, Southend on Sea, Tendring, Thurrock, Uttlesford.

**The public constituency of South London and surrounding area incorporates the electoral areas of:

South London: Bexley, Bromley, Croydon, Greenwich, Royal Borough of Kingston upon Thames, Lambeth, Lewisham, Merton, Richmond upon Thames, Southwark, Sutton, Wandsworth.

Surrey: Elmbridge, Epsom and Ewell, Guildford, Mole Valley, Reigate and Banstead, Runnymede, Spelthorne, Surrey Heath, Tandridge, Waverley, Woking.

Kent: Ashford, Canterbury, Dartford, Dover, Gravesham, Maidstone, Medway, Sevenoaks, Shepway, Swale, Thanet, Tonbridge and Malling, Tunbridge Wells.

Sussex: Brighton and Hove, East Sussex, Eastbourne, Hastings, Lewes, Rother, Wealden, Adur, Arun, Chichester, Crawley, Horsham, Mid Sussex, West Sussex, Worthing.

Elected governor vacancies

During the course of the year we had a number of governors step down in their roles as follows:

- An appointed governor stepped down in June 2020
- Two governors, one public and the other in the parent/carer constituency stepped down in July 2020
- Two governors stepped down in December 2020 (one patient governor and one public governor).

As permitted by the Trust's constitution, the Trust agreed to leave the seats vacant until the election in January 2021, as the unexpired period of the term of office was less than 12 months and constituency boundary changes were being implemented.

Trust Board and Council of Governors working together

The Trust chair is responsible for the leadership of both the Council of Governors and the Trust Board. The chair is also responsible for effective relationship building between the Trust Board and governors to ensure that governors effectively perform their statutory duties and contribute to the forward planning of the organisation. There has been a continued focus on developing relationships between the Council of Governors and non-executive directors in this reporting period, with the delivery of several programmes of work to facilitate engagement.

In 2020/21 the Council of Governors has:

- Reviewed the Trust's management of COVID-19.
- Approved role descriptions for the lead governor and deputy lead governor.
- Received regular updates from the Young People's Forum (YPF).
- Received updates on our redevelopment plans including the plans for the Children's Cancer Centre.
- Contributed to the appraisal of the non-executive directors.
- Contributed to the actions in response to the CQC report and recommendations.
- Reviewed the Trust's preparations for Brexit.

- Received updates from the Membership Engagement Recruitment and Representation Committee (MERRC).
- Reviewed and commented on the Trust's operational plans for 2021/22.

Additional examples of how the Council of Governors and Board worked together in 2020/21 include:

- Governors have an open invitation to attend all Trust Board meetings.
- Governors observe at Trust Board assurance committee meetings.
- Governors and Board members worked together on the Constitution Working Group and Induction and Development Session Working Group.
- Executive and non-executive directors attend each Council of Governors' meeting.
- Summaries of the Board assurance committees (Audit Committee, Quality and Safety Experience and Assurance Committee, People, Education and Assurance Committee and Finance and Investment Committee) are presented by the relevant non-executive director chairs of the committees at each meeting of the Council of Governors.
- Summaries of Council of Governors' meetings are reported to the Trust Board.

Governor induction and development

Governor development sessions were developed in partnership with governors to provide them with the skills and knowledge needed to deliver the key duties over their tenure.

To ensure that newly elected governors are provided with enough information and support to fulfil their role, the Corporate Affairs Team and existing governors co-produced the content for two induction meetings ahead of their first meeting on 20 April 2021.

Governor training and education events

Several governors attended external training and events throughout the year and provided reports back to the Trust.

Governors and chair meeting

Prior to each meeting of the Council of Governors, the chair meets with all governors in a private session. This gives the governors an opportunity to discuss any issues directly with the chair.

Governors private meeting with lead governor and deputy lead governor

Governors meet in private with the lead governor/ deputy lead governor. The session allows governors an opportunity to discuss the key issues, network, and prepare for the private session with the chair and the meeting of the Council of Governors.

Buddying with non-executive directors

Buddying sessions were established to assist non-executive directors 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 non-executive directors 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 YPF 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

In 2020/21, members received a monthly email *Get Involved* which shared timely and relevant news, features and opportunities. This maximised engagement with the membership within an appropriate allocation of time and resources. Governors contributed content for their constituents and the wider membership.

Governors' newsletter

Governors received a monthly newsletter from the Corporate Affairs team containing key dates, updates, and training and development opportunities.

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 webinar called 'So you want to be a governor'. It 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 at https://www.youtube.com/watch?v=UyGSNM8Kw-4.

Holding a COVID-19 compliant Annual General Meeting

The Trust was unable to conduct an Annual General Meeting and Annual Members Meeting in person due to the COVID-19 pandemic. The Council approved amendments to the constitution allowing these to be held as virtual events, which took place on 9 September 2020, and undertake virtual voting when required at future events.

Election of GOSH governors to NHS Providers' Governor Advisory Committee

One of the Council's YPF governors was elected to the NHS Providers' Governor Advisory Committee (GAC). The GAC oversees governor support work and provides valuable insight and advice on governor-specific issues.

Membership engagement

GOSH remains committed to recruiting a foundation trust membership reflective of our patient and families. The aim is to ensure that we are achieve this by focusing on the three themes of our membership strategy: **Recruit**, **Communicate** and **Engage**. Using the communications channels listed below, the membership offer will seek to be fit for purpose, more inclusive and rewarding for those who sign up.

1. Social media
2. Website/intranet: news stories and banners
3. Newsletters to members and governors
4. Staff communications: *Roundabout*, *Headlines*, screen savers, virtual Big Brief, coffee mornings, hospital digital screen
5. Targeted events: targeted emails to membership, joint event with internal/external teams and relevant associations, etc.
6. Marketing materials and resources: flyers, posters, member FAQ guide, membership form, young people magazine.

Some of the planned actions to be implemented in consultation with the MERRC, are as follows:

Timeline	Recruit	Communicate	Engage
Three months	Start building an online membership community that is representative of the staff, patients, families and communities the Trust serves.	Educate people to understand what the membership is and how to get involved.	People are engaging with the membership and find the content interesting.
Six months	Increase the membership by an increment agreed by the MERRC, using newly elected/reelected governors acting as ambassadors.	Keep people up to date with the new developments regarding membership, benefits, Council of Governors and their constituents including promotion of the upcoming elections.	People are actively engaging and comfortable with sharing what they would like to see from the membership and what can be done to improve it.
One year	More people, especially younger people, signed up to be members.	Members have a clear understanding about what the membership is about, how they can get involved and what they can do to make a difference – essentially acting as membership champions.	A partnership has been developed between the Trust, its membership and other likeminded organisations, working together for the benefit of the community we serve.

Council of Governors' expenses

Governors can claim reasonable expenses for carrying out their duties. For the year 2020/21, no governors claimed expenses.

Register of interests

A Register of governors' interests is published on the Trust website at https://gosh.mydeclarations.co.uk/home and can also be obtained by request from the

Company Secretary, Great Ormond Street Hospital for Children NHS Foundation Trust, Executive Offices, Barclay House, 37 Queen Square, Great Ormond Street, London, WC1N 3BH.

Contacting a governor

Anyone wanting to get in touch with a governor and/or directors can email foundation@gosh.nhs.uk and the message is forwarded on to the relevant person. These details can also be found at https://www.gosh.nhs.uk/about-us/contact-us/

The Membership Strategy 2019 – 2022

The Trust's membership strategy and its objectives of recruiting, communicating and engaging with our members guided our membership engagement in 2020/21. It aims to strengthen the link between the hospital and its members by maximising involvement and engagement opportunities and focusing on better representing our younger membership community.

In 2021/22 the membership will be revised to incorporate many of the Trust plans to make better use of social media to engage with our membership.

Council of Governors' Nominations and Remuneration Committee

The Council of Governors' Nominations and Remuneration Committee has delegated responsibility for assisting the Council in:

- Reviewing the balance of skills, knowledge, experience and diversity of the non-executive directors.
- Succession planning for the chair and non-executive directors in the course of its work.
- Identifying and nominating candidates to fill non-executive posts.
- Considering any matter relating to the continuation of any non-executive director.
- Reviewing the results of the performance evaluation process for the chair and non-executive directors.

The committee is chaired by the chair of the Trust Board and Council of Governors. Governors nominate themselves each year to sit on the committee.

Membership and attendance of governors at meetings is detailed on page X.

Non-executive director appointments

Non-executive directors are appointed for a three-year term and can be reappointed for a further three years (subject to consideration and approval by the Council of Governors). In November 2020, the Council approved an amendment to the constitution to allow for the extension of chair and non-executive director appointments beyond the usual six year maximum period (two three-year appointments) in "exceptional circumstances". Any additional approved period will be reviewed by the Council annually.

In 2020/21 the Council of Governors approved the following:

- The appointment of Professor Russell Viner for a three-year term (nominated by the University of London) from 1 May 2020 – 30 April 2023.

- The reappointment of Sir Mike Rake, chair for a further three years from 1 November 2021 until 31 October 2024.
- The reappointment of Akhter Mateen for one additional year (seven years in total).
- The reappointment of Lady Amanda Ellingworth for a further three years from 1 January 2021 to 31 December 2023.
- The reappointment of Mr Chris Kennedy for a further three years from 1 April 2021 to 31 March 2024.

The Council also provided feedback on the performance of the chair and non-executive directors as part of their appraisals. The Council ratified the output of these appraisals during the year.

An external search company and open advertising are used for all new non-executive director appointments (except the university nomination, see below). The recruitment process includes inviting candidates to attend stakeholder events where they get the chance to meet staff, parents and patients and to take part in a tour of the hospital. For the university nominated non-executive director position, University College London conducted an internal search and interview process (in line with the Trust Constitution) and recommended a nominee for final approval by the Council.

The chair's other significant commitments are disclosed to the Council of Governors before appointment and when they change. Information about Sir Michael Rake's significant commitments in 2020/21 can be found in the Board's declarations of interest at https://gosh.mydeclarations.co.uk/

The Trust constitution explains how a Board member may not continue in the role if he/she has been:

- Adjudged bankrupt.
- Made a composition or arrangement with, or granted a trust deed for, creditors and has not been discharged in respect of it.
- In the preceding five years, convicted in the British Isles of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her.

Annex 7 of the constitution outlines additional provisions for the removal of the chair and non-executive directors, which requires the approval of three-quarters of the members of the Council of Governors. If any proposal to remove a non-executive director is not approved at a meeting of the Council of Governors, no further proposal can be put forward to remove such non-executive director based upon the same reasons within 12 months of the meeting.

Remuneration report

The Trust Board's Remuneration Committee is chaired by a non-executive director. The committee is responsible for reviewing the terms and conditions of office of our most senior managers, including salary, pensions, termination and/or severance payments and allowances. The committee meets routinely twice a year, in November and March, with extraordinary meetings as required. Attendance at meetings held in during 2020/21 can be found on pages XX–XX.

Under the terms of reference of the committee and for the report below, voting executive members of the Trust Board are defined as senior managers. Authority for approval of changes to other senior management roles on Trust contracts of employment has been delegated by the Remuneration Committee to the chief executive and director of HR and OD. The chief executive keeps the Remuneration Committee informed of any changes to remuneration for these staff.

The Council of Governors' Nominations and Remuneration Committee considers and recommends for approval the remuneration of non-executive directors. The Council of Governors consider the recommendation for approval. Further information is provided on pages XX–XX.

Senior manager remuneration

The committee determines the remuneration of senior managers after taking into account NHSI guidance (see below), any variation in or changes to the responsibilities of the senior managers, market comparisons, job evaluation and weightings and uplifts recommended for other NHS staff. There is some scope for adjusting remuneration after appointment as senior managers take on the full set of responsibilities in their role.

The only non-cash element of the remuneration package are pension-related benefits accrued during membership of the NHS Pension Scheme. Where appropriate, contributions into the scheme are made by both the employer and employee in accordance with the statutory regulations.

Affordability is also taken into account in determining pay uplifts for senior managers. Where it is appropriate, terms and conditions of service are consistent with NHS pay arrangements, such as Agenda for Change and those for very senior managers.

Performance is closely monitored and discussed through both annual and ongoing appraisal processes. All senior managers' remuneration is subject to performance – they are employed on contracts of employment and are substantive employees of the Trust. Their contracts are open-ended employment contracts, which can be terminated by either party with four months' notice. The committee considers on a case-by-case basis whether an element of performance related pay or earn-back pay will be included within senior manager contracts. This is consistent with NHSI guidance.

The Trust's redundancy policy is consistent with NHS redundancy terms for all staff. All new senior managers are now employed on probationary periods in line with all non-medical staff within the Trust.

Senior manager remuneration policy

The structure of pay for senior managers is designed to reflect the long-term nature of our business and the significance of the challenges we face. Remuneration acts as a legitimate and effective method to attract, recruit and retain high-performing individuals to lead the organisation. That said, the financial and economic climate position across the health sector is also considered.

NHS trusts, including foundation trusts, are free to determine the pay for senior managers in collaboration with the Trust Board's Remuneration Committee. Reference is made to:

- benchmarking information available from
    - NHSI on senior manager remuneration
    - other comparable hospitals
    - NHS Providers' Remuneration Survey results
- any recommendations made on pay across the broader NHS for example, changes applied under the Agenda for Change terms and conditions.

Our commitment to senior managers' pay is clear. While consideration is given to all internal and external factors, it is important that GOSH remains competitive so we can achieve our vision of being a leading children's hospital. The same principle of rating both performance and behaviour is applied to senior managers, in line with the Trust's appraisal system. This in turn may result in senior managers having potential increases withheld, as is the case with senior managers under the Agenda for Change principles, should performance fall below the required standard.

Senior manager future remuneration policy

The future policy table below highlights the components of directors' pay, how we determine the level of pay, how change is enacted and how directors' performance is managed.

How the component supports the strategic objective of the Trust	How the component operates (including provisions for recovery of sums paid and how changes are made)	Maximum potential value of the component	Description of framework used to assess performance
Salary and fees			
Set at an internationally competitive level to attract high-quality directors to a central London base. Benchmarked across other NHS trusts in order to deliver the Trust's strategic objectives.	Salaries are reviewed annually and any changes are normally effective from 1 April. Such changes are proposed and made via the Board's Remuneration Committee, chaired by a non-executive director. Outside of this cycle and in exceptional circumstances, changes to/new salaries are agreed by the Chair of the Remuneration Committee and ratified by the committee.	Change to basic salary is usually enacted as a percentage increase in line with national Agenda for Change pay arrangements, to ensure parity across the Trust (senior managers are proportionally not treated more favourably than other staff).	Trust performance and development review (PDR)/annual appraisal to set objectives linked to our strategic objectives. Failure to meet objectives is managed via our performance frameworks.

	Any sums paid in error, malus, recovered due to breach of contract or to be withheld are considered and agreed by the Remuneration Committee and then followed up with the individual.		
Taxable benefits			
None			
Annual performance–related bonuses			
Provides the flexibility and capability to reward high performers adequately for their outcomes. Helps to retain highly specialised senior managers and supports innovation.	The committee reviews application of performance-related pay (PRP) on appointment to a senior manager role (where relevant). The decision to apply PRP will be subject to the measurability of the outputs in relation to delivery of the strategy.	The committee will apply PRP as a maximum of 10% of total salary (excluding pension entitlements).	Trust PDR/annual appraisal process.
Long-term related bonuses			
Not applicable.			
Pension-related benefits (see below)			
Pension benefits (which may be opted out of) are part of the total remuneration of directors to attract high-calibre staff to enable the Trust to meet its strategic objectives.	Pension is available as a benefit to directors and follows national NHS Pension Scheme contribution rules.	Pension is available as a benefit to directors and follows national NHS Pension Scheme contribution rules. Pension entitlements are determined in	Not applicable.

accordance with the HMRC method.

Directors with remuneration (total) greater than £150,000

The committee takes steps to satisfy itself that remuneration is reasonable for those senior managers paid more than £150,000 (and £142,500 pro rata for part-time senior managers), taking account of NHSI's Guidance on pay for very senior managers in NHS trusts and foundation trusts.

The Trust balances the market forces factors for recruiting top director talent with social responsibility in relation to executive pay. Remuneration is regularly benchmarked across peer UK NHS organisations.

Service contract obligations

The Trust requires all senior managers to take continuing responsibility for their roles and requires executive directors to provide on-call cover for the hospital on a rostered basis which broadly equates to one week in every six. Details about length of service can be found on page xx.

Policy on payment for loss of office

Senior managers' contracts primarily stipulate a minimum notice period of four months and are determined by the Remuneration Committee.

In the event of loss of office (eg through poor performance or misconduct), the Trust will apply the principles and policies set out in this area within its relevant employment policies (disciplinary and performance management policy) and any compensation for loss of office will be in line with the contract of employment. The Trust does have the right to use its discretion about compensation payments for loss of office. Any such payments over and above a contractual entitlement will be in line with appropriate guidance from NHSE/I.

Payment in lieu of notice, as a lump sum payment, may be made with the approval of the Trust's Remuneration Committee, in line with NHSI/E guidance.

Remuneration for senior managers in 2020/21

Details of remuneration, including the salaries and pension entitlements of senior managers at GOSH are provided on pages XX–XX.

For the financial year 2020/21 the committee:

- Approved the salary for the incoming substantive chief operating officer based on benchmarking data.
- Approved the salary of the incoming substantive director of estates, development and built environment.
- Conducted benchmarking exercises on existing senior managers' remuneration packages to ensure they were competitive in terms of total remuneration. To inform the benchmarking exercise, data was used from NHSI and other Trust data. Agreed

increases in salary for two very senior managers from 1 April 2021 following consideration of this data.

- Agreed the application of measures to manage pensionable pay for a very senior manager (no change to total remuneration) in line with NHS Employers' pension tax guidance for employers (Pension tax: local options for affected staff) - from 1 April 2021.
- Agreed that very senior managers would be awarded a cost of living payment for 2020/21. The payment was in line with NHSE/I guidance.
- Ratified a proposal from the Chief Executive for a cost of living award for 2020/21 for relevant senior managers on Trust contracts who do not fall under the remit of the Remuneration Committee. The Chief Executive considered the financial position of the Trust, length of tenure in post, performance assessment via appraisals, staff survey results and statutory and mandatory team performance. The payment was in line with NHSI/E guidance.

NHS pension annual tax allowance threshold

For the 2019/20 tax year the annual tax allowance threshold was £40,000 tapering down to £10,000 depending on an employee's income. During this year, the committee became aware that those employees affected (particularly doctors) were requesting to reduce activity, withdraw from additional programmed activities, refuse additional income including Clinical Excellence Awards and consider withdrawing from the NHS Pension Scheme. At that time the Trust worked in partnership with other NHS trusts within the North Central London Sustainability and Transformation Partnership (STP) and approved a local policy for all staff to address operational risks created by the changes introduced to the pension tax regime. The March 2020 Budget announced that the tapered allowance threshold for pensions' tax relief would increase to £200,000 and that the majority of staff would no longer be affected by the new threshold.

In November 2020, the Remuneration Committee considered the status of the local policy in lieu of the announcement on the taper and approved a 12-month extension to the local policy in support of the limited numbers of staff who have taken this up. In March 2021, the committee noted that any staff member affected by the tax relief threshold could consider requesting application of alternative suggested approaches in guidance from NHS Employers (Pension tax: local options for affected staff).

Ensuring diversity and inclusion

One of the key outputs of the GOSH People Strategy has been the creation of an integrated Diversity and Inclusion (D&I) Framework. The framework includes actions to take in response to the inequalities in remuneration for example in relation to gender, profession etc. Further information can be found here xx.

The Trust annually publishes a Gender Pay Gap Report and the Remuneration Committee review this prior to publication and makes recommendations for further action. In 2020, the GOSH gender pay gap reduced further to 15.4%, down from 19.2% in 2017. Work to continue to address the gender pay gap is included within the commitments of the D&I Framework, Seen and Heard. The emphasis is on creating internal career paths and opportunities for progression, and ensuring fair and transparent access to jobs, training and education.

GOSH uses the following pay systems to ensure pay is equal and consistent regardless of gender:

- Agenda for Change: national pay system which covers all job roles excepting those given below:
- Trust contracts for senior managers and directors
- National Junior Doctors' contract.
- National Consultants' contract.
- Clinical Excellence Awards
- Consistent application of national policy where applicable – for example in 2019 the Remuneration Committee were firm in their decision that any local solution to the pension tax issue would be made available to all staff regardless of profession.

NHS foundation trusts may negotiate local terms and conditions for staff. In common with all other NHS foundation trusts, GOSH has chosen to remain with Agenda for Change rather than move to locally created pay systems due to the protection it affords in terms of ensuring work of equal value is paid equally. Agenda for Change was designed to evaluate the job rather than the person in it and by doing so, ensuring equity between similar jobs in different areas.

Evaluation and remuneration of non-executive directors

The Council of Governors considered and approved a refreshed performance evaluation framework for non-executive directors in 2020, bringing it in line with newly published guidance from NHSE and NHSI. All non-executive directors were appraised throughout 2020/21 against this refreshed framework.

The Council of Governors' Nominations and Remuneration Committee is responsible for recommending remuneration levels for non-executive directors to the Council of Governors. The policy for benchmarking salaries for the chair and non-executive directors is reviewed on a three-yearly basis.

In April 2020, the chair and non-executive directors proposed that the remuneration guidance issued by NHSE and NHSI should be applied from 1 April 2020 for all existing chair and non-executive director positions on the Board and any new positions going forward. The Council endorsed this proposal in April 2020. The salaries of the chair and non-executive directors will be considered again in three years.

No cost of living pay increase was awarded in 2020/21 for the chair or non-executive directors.

The table below shows the salaries for the chair and non-executive directors for 2020/21:

Role	**2021/22 (application of NHSI guidance for a large trust £401m-£500m turnover) – from 1 April 2021**
Chair	**£50k**

Deputy chair	**£15k**
Senior independent director	**£15k**
Other non-executive directors	**£13k**

Details of remuneration for the executive and non-executive directors are provided in the tables on pages XX–XX.

Mr Mathew Shaw

Chief Executive

Date: XX May 2021

Salary entitlements of senior managers 2020/21

Great Ormond Street Hospital for Children NHS Foundation Trust							
Finance Department							
Remuneration Report 2020/21							
Salary entitlements of senior managers		2020/21					
Name	Title	Salary and Fees	Taxable Benefits	Annual Performance-related Bonuses	Long-term Performance-related Bonuses	Pension-related Benefits	Total
Non-executive Directors							
Sir Michael Rake	Chairman of Trust Board	50-55	0	0	0	0	50-55
Lady Amanda Ellingworth	Non-Executive Director	10-15	0	0	0	0	10-15
Mr James Hatchley	Non-Executive Director	15-20	0	0	0	0	15-20
Mr Chris Kennedy	Non-Executive Director	10-15	0	0	0	0	10-15
Miss Kathryn Ludlow	Non-Executive Director	10-15	0	0	0	0	10-15
Mr Akhter Mateen	Non-Executive Director	15-20	0	0	0	0	15-20
Professor Russell Viner	Non-Executive Director (from 1 May 2020)	10-15	0	0	0	0	10-15
Executive Directors							
Ms Caroline Anderson	Director of Human Resources and Organisational Development	130-135	0	0	0	0	130-135
Miss Helen Jameson	Chief Finance Officer	140-145	0	0	0	27.5-30	170-175
Mr John Quinn	Chief Operating Officer (from 4 January 2021)	35-40	0	0	0	5-7.5	40-45
Professor Alison Robertson	Chief Nurse	135-140	0	0	0	0	135-140
Dr Sanjiv Sharma	Medical Director	120-125	0	0	0	87.5-90	205-210
Mr Matthew Shaw	Chief Executive Officer	215-220	0	0	0	50-52.5	265-270
Mr Phillip Walmsley	Interim Chief Operating Officer (until 3 January 2021)	100-105	0	0	0	0	100-105

Salary entitlements of senior managers 20219/20

Great Ormond Street Hospital for Children NHS Foundation Trust							
Finance Department							
Remuneration Report 2019/20							
Salary entitlements of senior managers		2019/20					
Name	Title	Salary and Fees	Taxable Benefits	Annual Performance-related Bonuses	Long-term Performance-related Bonuses	Pension-related Benefits	Total
Non-executive Directors							
Sir Michael Rake	Chairman of Trust Board	50-55	0	0	0	0	50-55
Lady Amanda Ellingworth	Non-Executive Director	10-15	0	0	0	0	10-15
Mr James Hatchley	Non-Executive Director	15-20	0	0	0	0	15-20
Mr Chris Kennedy	Non-Executive Director	5-10	0	0	0	0	5-10
Miss Kathryn Ludlow	Non-Executive Director	10-15	0	0	0	0	5-10
Mr Akhter Mateen	Non-Executive Director	15-20	0	0	0	0	15-20
Professor Ros Smyth	Non-Executive Director (until 31 December 2019)	10-15	0	0	0	0	10-15
Executive Directors							
Ms Caroline Anderson	Director of Human Resources and Organisational Development	130-135	0	0	0	0	130-135
Miss Helen Jameson	Chief Finance Officer	140-145	0	0	0	37.5-40	180-185
Professor Alison Robertson	Chief Nurse	135-140	0	0	0	0	135-140
Dr Sanjiv Sharma	Medical Director, Acting Medical Director (until 30 April 2019)	105-110	0	0	0	30-32.5	135-140
Mr Matthew Shaw	Chief Executive Officer	210-215	0	0	0	67.5-70	280-285
Andrew Taylor	Acting Chief Operating Officer (until 30 September 2019)	90-95	0	0	0	0	90-95
Phillip Walmsley	Interim Chief Operating Officer (from 1 October 2019)	65-70	0	0	0	0	65-70

Pension entitlements of senior managers 2020/21

Great Ormond Street Hospital for Children NHS Foundation Trust								
Finance Department								
Remuneration Report 2020/21								
Pension entitlements of senior managers								
Name	Title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2021 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2021 (bands of £5,000)	Cash equivalent transfer value at 1 April 2020	Real increase/(decrease) in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2021
		£000	£000	£000	£000	£000	£000	£000
Miss Helen Jameson	Chief Finance Officer	2.5-5	0-2.5	35-40	90-95	636	43	690
Mr John Quinn	Chief Operating Officer (from 4 January 2021)	0-2.5	0-2.5	45-50	90-95	845	13	913
Dr Sanjiv Sharma	Medical Director	2.5-5	5-7.5	30-35	65-70	494	89	591
Mr Matthew Shaw	Chief Executive Officer	2.5-5	0-2.5	45-50	90-95	682	63	756

Pension entitlements of senior managers 2019/20

Great Ormond Street Hospital for Children NHS Foundation Trust								
Finance Department								
Remuneration Report 2019/20								
Pension entitlements of senior managers								
Name	Title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2020 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2020 (bands of £5,000)	Cash equivalent transfer value at 1 April 2019	Real increase/(decrease) in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2020
		£000	£000	£000	£000	£000	£000	£000
Miss Helen Jameson	Chief Finance Officer	2.5-5	0-2.5	35-40	90-95	570	52	636
Dr Sanjiv Sharma	Acting Medical Director (until 30 April 2019), Medical Director (from 1 May 2019)	0-2.5	0-2.5	25-30	55-60	442	41	494
Mr Matthew Shaw	Chief Executive Officer	5-7.5	2.5-5	40-45	85-90	591	77	682

Median pay (under review)

The highest paid director in 2020/21 was the Chief Executive Officer whose remuneration was in the band £XXXXX. This was X times the median remuneration for all members of the Trust.

The calculation is based upon full-time equivalent Trust staff for the year ended 31 March 2021 on an annualised basis.

Band of the highest paid director's total remuneration (£000)		
Median total remuneration		
Ratio		

Statement on better payment practice code

The Trust aims to pay its non-NHS trade creditors in accordance with the Prompt Payment Code and government accounting rules. The Trust has registered its commitment to following the Prompt Payment Code.

The Trust maintained its Better Payment Practice Code performance for non-NHS creditor payments and achieved payment within 30 days of 83% of non-NHS invoices measured in terms of number (85% in 2019/20) and 89% by value (89% in 2019/20).

Better payment practice code		2020/21
	Number	£000
Non NHS		
Total bills paid in the year	74,359	317,572
Total bills paid within target	61,993	282,209
Percentage of bills paid within target	83%	89%
NHS		
Total bills paid in the year	3,106	28,409
Total bills paid within target	1,293	20.068

Percentage of bills paid within target	42%	71%
Total		
Total bills paid in the year	77,465	345,981
Total bills paid within target	63,286	302,277
Percentage of bills paid within target	82%	87%

Income from the provision of goods and services

The Trust has met the requirement in section 43(2A) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), which requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

Staff report

Our people are the head, the heart, the hands and the face of GOSH. They make us who we are and allow us to do extraordinary things. We value and respect them individually and collectively for who they are as well as what they do. As a Trust we are committed to ensuring all our people are well led and well managed, but also supported, developed and empowered to be and do their best. Never more so than the last year have we seen our people come together to support their patients, families and each other and this report outlines some of the ways we have sought to support them.

Our People Strategy

In 2019, we published our first integrated GOSH People Strategy. It was developed within the context of the changing NHS and local STP landscape, and what was then our current organisational context. The strategy covers the period from December 2019 to December 2022 and the annual work programmes and projects which support its delivery are overseen by the People and Education Assurance Committee.

The People Strategy is built around four key themes:

1. Capacity and workforce planning – resourcing, retention, and strategic workforce planning.
2. Developing skills and capability – ensuring that the Trust continues to meet its responsibilities as a teaching, training and research hospital, as well as building skills and capability to meet new challenges and changing priorities.
3. Modernising and reshaping the corporate and HR infrastructure – including HR policies, processes, systems, and supporting structures.
4. Culture, engagement, health and wellbeing – ensuring all our staff feel well led and well managed, but also valued, developed, supported and empowered to be and do their best.

The delivery of the Year 1 People Strategy work programmes were assessed at the beginning of 2020/21 at the onset of the pandemic. The work programmes were reprioritised to support the wellbeing of our staff through this most challenging of years. The work plans remained in place and continued but were considered through the lens of COVID-19 and how best to support our staff.

Our staff

In 2020/21, the Trust employed an average of 4,970 full time equivalent (FTE) staff across the year.

On 31 March 2021 the Trust had a headcount of 5,301 substantively employed FTE staff. This represents an increase of 163 (3.2%) on the previous year. The increase was driven mainly by reduced turnover (largely as a result of the pandemic) and increased on-boarding of clinical staff in the first half of the year.

On 31 March 2021, the gender mix of GOSH directors, senior managers and staff was:

Staff group	Female		Male	
Director	43%	6	57%	8

Senior manager	58%	14	42%	10
Staff	77%	4,077	23%	1,186

Analysis of staff costs

The table below provides analysis of the cost of staff for the year 2020/21:

Employee costs	Year to 31 March 2021						Year to 31 March 2020
	Total		Permanently Employed		Other		Total
	£000		£000		£000		£000
Salaries and wages	262,622		250,619		12,003		238,072
Social security costs	26,365		26,365		0		24,334
Apprenticeship levy	1,176		1,176		0		1,090
Pension cost – employer contributions to NHS pension scheme	28,324		28,324		0		26,421
Pension cost – employer contributions paid by NHSE on provider's behalf (6.3%)	12,365		12,365		0		11,556
Pension costs – other	74		74		0		46
Temporary staff – agency/contract staff	3,781		0		3,781		2,356
Termination benefits	397		397		0		30
Total gross staff costs	335,104		319,320		68,230		303,905
Recoveries from DHSC Group bodies in respect of staff cost netted off expenditure	(2,108)		(2,108)		0		(2,090)

Recoveries from other bodies in respect of staff costs netted off expenditure	**(507)**		**(507)**		**0**		**(413)**
Total staff costs	**332,489**		**316,705**		**68,230**		**301,402**
Included within:							
Costs capitalised as part of assets	**2,675**		**2,559**		**116**		**5,752**
Analysed into operating expenditure							
Employee expenses – staff and executive directors	**308,182**		**297,302**		**10,880**		**273,689**
Research and development	**18,498**		**13,710**		**4,788**		**18,805**
Education and training	**2,737**		**2,737**		**0**		**3,126**
Redundancy	**397**		**397**		**0**		**30**
Total employee benefits excluding capital costs	**329,814**		**314,416**		**15,668**		**295,650**
Average number of people employed*	**Year to 31 March 2021**						**Year to 31 March 2020**
	Total		**Permanently Employed ****		**Other**		**Total**
	Number		**Number**		**Number**		**Number**
Medical and dental	**765**		**732**		**33**		**700**
Administration and estates	**1,388**		**1,353**		**35**		**1,346**
Healthcare assistants and other support staff	**327**		**326**		**1**		**284**

Nursing, midwifery and health visiting staff	**1,601**		**1,599**		**2**		**1,526**
Scientific, therapeutic and technical staff	**994**		**922**		**72**		**960**
Other staff	**13**		**13**		**0**		**9**
Total	**5,088**		**4,945**		**143**		**4,825**
***Whole time equivalent**							
**** Includes bank staff**							

Raising concerns at GOSH

This year we welcomed a new Freedom to Speak Up (FTSU) Guardian to the Trust and increased the role from a part time to a full time position.

The increased resourcing of the FTSU service reflects the importance we put on supporting a culture where everyone feels able to speak up about any concern they may have, that these concerns are listened to and that the Trust takes action to address them. This year we also introduced online Speak Up for Safety training when face-to-face training was paused because of COVID-19.

At the end of 2019, our Speak Up for Values programme was launched. It provides a platform to champion GOSH's values for all of our staff. It aims to build on the professionalism and commitment of the majority, while ensuring no one person undermines our culture of safety and reliability. Through the Speak Up programme and active engagement of the FTSU service, GOSH featured in the top ten Trusts across England with greatest overall increase in the FTSU index for 2020. The FTSU index is based on four questions from the NHS staff survey and relates to whether staff feel knowledgeable, secure and encouraged to speak up and whether they felt they would be treated fairly after an incident. It provides us with the opportunity to see how aspects of our speaking up culture compare with other Trusts and how we can develop and improve. We continue to work hard to promote a culture where everyone can feel able to speak up and be heard when they do so.

Sickness absence

The Trust Health and Wellbeing Steering Group and the Health and Wellbeing Recovery Group have supported the wellbeing of staff during COVID-19 and beyond. They have also overseen the consultation and development of the Mind, Body and Spirit Framework (see page XX).

We have built the internal capacity to support people on the ground through Peer Support Workers, Health and Wellbeing Coaches, and Trauma Risk Management (TRiM) Practitioners. This work has been supported financially by the GOSH Charity through a bid to the Sir Tom Moore Funds.

The Trust has monitored and reported sickness on a daily basis throughout the year to manage high risk areas and ensure we contributed to the national and regional understanding of the impact of COVID-19. Sickness absence data for 2020/21 will be published by NHS Digital at https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates.

Equality, diversity and inclusion

During the year, we have engaged and consulted upon the Trust Diversity and Inclusion Framework, Seen and Heard. This was launched in autumn 2020 and sets out four main work streams to improve the experience of all staff:

- **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.

The framework outlines a number of performance measures based on staff experience (measured through the annual staff survey) as well as performance against statutory required measures such as gender pay gap reporting, NHS workforce race equality standard (WRES) and the NHS workforce disability equality standard (WDES).

The Trust completed its statutory returns related to equality, diversity and inclusion in 2020/21. The Trust Board received a report on the key findings, the immediate actions taken and actions planned for the future. These metrics will be monitored by a new Trust-wide Diversity and Inclusion Steering Group and are outlined below:

Measure	Source	Performance at framework launch (Sep 2020)
A more diverse and representative workforce	Workforce demographics	29% BAME which is significantly below the London average of 45%.
Greater diversity at Board and senior leadership levels	WRES Indicator 9	BAME representation at Board level is 8% lower than Trust workforce.
Improvement in recruitment outcomes for BAME applicants	WRES Indicator 2, recruitment data	White applicants are 2.03 times more likely to be appointed than BAME applicants.

Improvement in recruitment outcomes for disabled applicants	WDES Indicator 2, recruitment data	Non-disabled applicants are 1.3 times more likely to be appointed than disabled applicants.
Improvement in "Equality & Diversity" staff survey theme	NHS staff survey	2020 staff survey theme score was 8.9 (out of 10). National average for acute specialist trusts was 9.2.
Improvement in demographic pay gap	Gender pay gap reporting, GOSH pay data	The reported gender pay gap for 2019 was 17%. There was a 13% gap between BAME and white staff, as well as a 15% gap between disabled and nondisabled staff.
More internal applicants being promoted to role at GOSH	Recruitment data	40% of appointees were existing staff members.
Increased access to training and development opportunities	WRES indicator 4, training data	White staff were 1.18 times more likely to access discretionary training.
Improvement is staff feeling GOSH acts fairly regarding career progression	NHS staff survey	77% of respondents felt that GOSH acted fairly with regard to career progression.
Proportion of staff recommending GOSH as a place to work	NHS staff survey	67% of respondents would recommend GOSH as place to work.
Reduction in relative likelihood BAME staff entering formal HR processes (e.g. disciplinary, capability)	WRES indicator 3, Employee Relations data	BAME staff were 2.74 more likely to be in a formal disciplinary process.
Improved staff declaration rates against protected characteristics	HR data	34% of staff have opted to not disclose at least one protected characteristic.

The culture change required to improve in this area will take several years to deliver and embed. Our staff survey results related to equality, diversity and inclusion have shown some early signs of improvement. Overall, we have seen improvements in the ethnic diversity of our workforce – with the proportion of BAME staff increasing to 30% - having been static for several years. During the year, our pipeline of new recruits, particularly in nursing saw an increase of BAME staff.

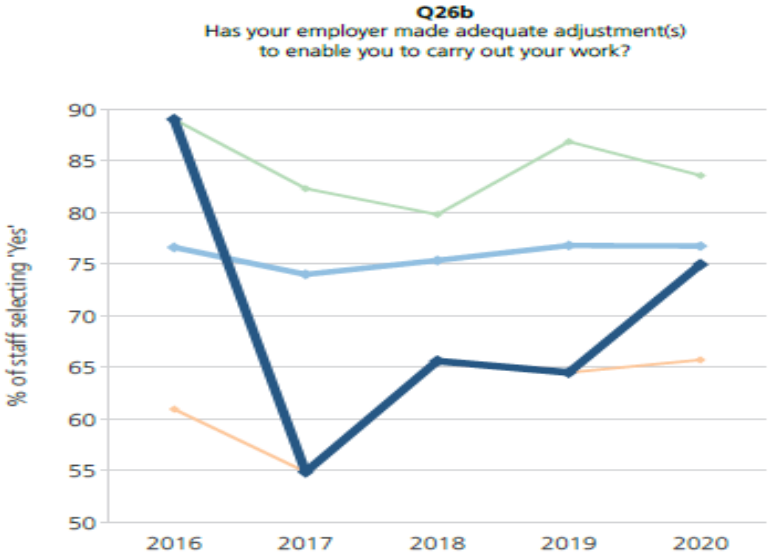
As part of the People Strategy work plan for 2020/21, an HR policy framework will be implemented that will ensure staff are seen and heard, and address any concerns arising from the current application of policies.

We have established staff forums and have extended the support we can provide so that the networks are empowered to manage their events and interactions with their network members. The staff forums played an invaluable role during 2020/21 in helping the Trust respond to COVID-19, and we expect this to continue in 2021/22.

Disability

Due to the impact of the pandemic, we have sadly had to suspend our Project Search programme for this year but aim to work with our partner organisations to get this re-established as soon as possible.

The way that we have supported staff who require reasonable adjustments to do their work has improved as demonstrated by the staff survey results:



	2016	2017	2018	2019	2020
Best	89.0%	82.3%	79.8%	86.9%	83.6%
Your org	89.0%	54.9%	65.6%	64.5%	75.0%

Staff survey results

The NHS staff survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in 10 indicators. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

The response rate to the 2020/21 survey among trust staff was 56% (2019/20: 53%) Scores for each indicator together with that of the survey benchmarking group (acute specialist trusts) are presented below.

For 2020 – a year like the NHS has never experienced before – two new questions were included in the survey to 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 provide better care for patients.

Themed results show that we have improved in eight areas this year and remained stable in two, both of which are related to safety. Our most significant improvement (17%) has been in the theme of Health and Wellbeing and it is important to note that 7% more staff would recommend us a place to work.

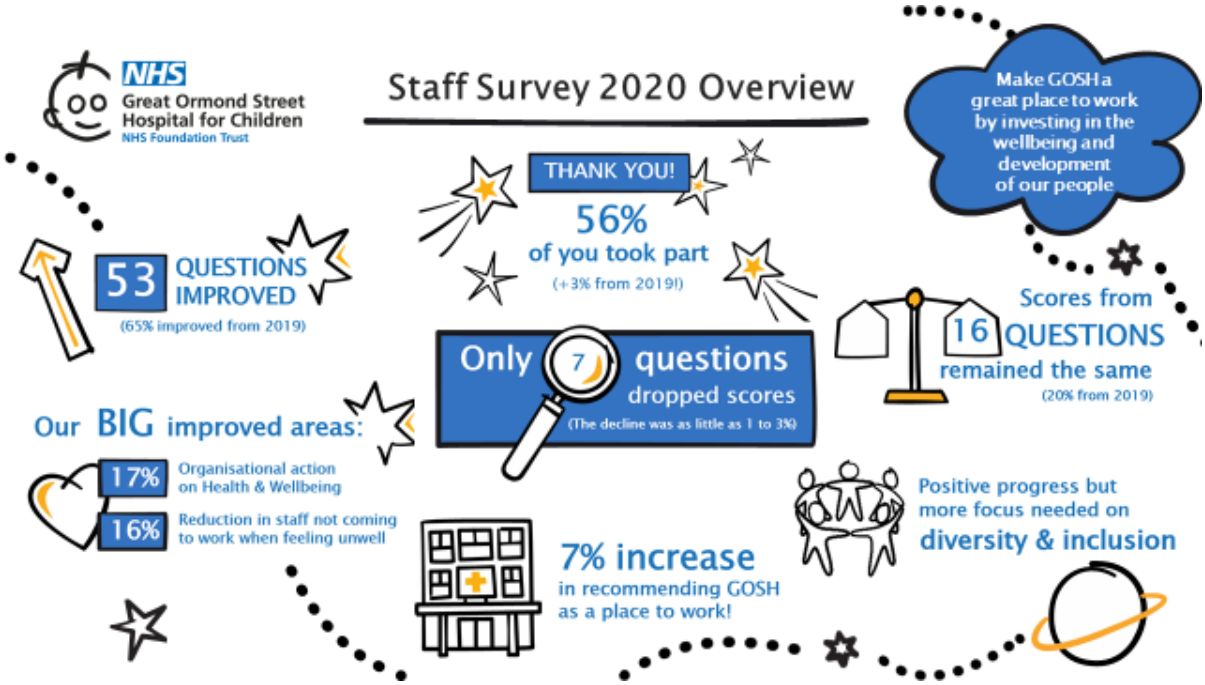
Although none of the themes saw a deterioration on the previous year, we identified that three questions declined on the previous year (the largest decrease being 3% for feeling secure in raising concerns, experiencing musculoskeletal problems, and feeling pressure from colleagues to attend work).

In our benchmark group of acute specialist trusts we are equal to our peers in three themes – Immediate Managers, Safe Environment – Violence, Staff Engagement. and below average in seven of the themes.

The table below shows our performance in each of the 10 staff survey themes over the last three years since we introduced a Trust-wide census survey.

Theme	Trust 2020/21	Benchmark 2020/21	Trust 2019/20	Benchmark 2019/20	Trust 2018/19	Benchmark 2018/19
Equality, diversity & inclusion	8.9	9.2	8.8	9.2	8.9	9.3
Health & wellbeing	6.4	6.5	5.8	6.3	5.7	6.3
Immediate managers	7.1	7.1	7	7.1	6.7	7.0
Morale	6.2	6.4	6	6.4	5.9	6.3
Quality of care	7.7	7.9	7.5	7.9	7.5	7.8
Safe environment-Bullying & Harassment	8.2	8.4	7.9	8.3	7.9	8.2
Safe environment-Violence	9.8	9.8	9.8	9.8	9.7	9.7
Safety culture	6.9	7.0	6.9	7.0	6.7	6.9
Staff engagement	7.4	7.4	7.3	7.5	7.2	7.4
Team working	6.7	6.8	6.6	6.9	6.5	6.9

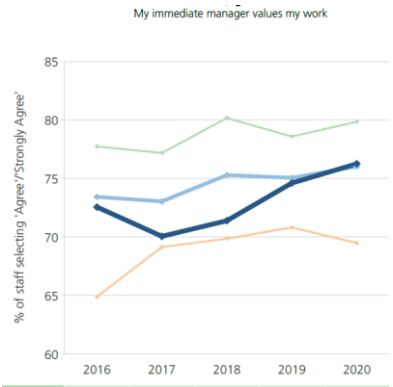
Although there was positive progress in the majority of questions from the previous year, along with an increased response rate, we are not complacent about the areas that still require improvement. Local results have been shared with more GOSH teams than ever before to ensure those improvements can be built on and embedded, and areas where further progress is required can be identified. The launch of the Diversity and Inclusion Framework, Seen and Heard, in 2020 has established a means to measure progress in the coming year.



Recognising reward and performance

We relaunched our Praise programme whereby staff can send a personal thank you and praise to individuals across the organisation. This is a great platform for building morale and recognising each other in an informal way and has been greatly appreciated by staff.

We recognise that recognition of work and achievements by a staff member's immediate line manager is important and our staff survey shows continued improvement for the question '*My immediate manager values my work*'.



	2016	2017	2018	2019	2020
Best	77.7%	77.2%	80.2%	78.6%	79.9%
Your org	72.6%	70.0%	71.4%	74.6%	76.3%
Average	73.4%	73.0%	75.3%	75.1%	76.0%
Worst	64.9%	69.1%	69.8%	70.8%	69.5%

We have taken the opportunity to thank our teams and individuals during our weekly senior leadership team meetings, our weekly Virtual Big Briefings, and local initiatives such directorate 'town halls'.

In 2020, staff came together to celebrate the achievements of all those who work at GOSH at a virtual annual award ceremony. The awards, which have been running for 12 years, recognise the very best of GOSH people; those who epitomise our Always Values. We also

celebrated long service awards for staff who had worked at GOSH for 10, 20, 25, 30, 35 years.

Trade union facility time

Throughout 2020/21 the Trust has engaged with its staff partners to ensure that its response to changes driven by COVID-19 was built in partnership with its staff. The Trust has 16 trade union representatives across the organisation. The representatives spent an average of 5% of their work time on union activities (128 hours per month in total). The total cost of union activities was less than 1% of the total pay bill for the year.

Engaging and listening to staff

We have adapted the ways that we communicate internally to ensure that we reach staff working both onsite and remotely. Through the use of different communication platforms, we have accessed an increasing number of staff and they have proven an excellent way to ensure we share information, listen to concerns and themes and build positive and supportive messages across the trust.

Since the start of COVID-19 we have listened and responded to themes and concerns that have:

- come informally through the wellbeing hub
- been raised informally through Operations Board
- been raised using a media platform Slido at our weekly Virtual Big Brief with our chief executive and relevant senior leaders (see below)
- been recorded in our poll at Virtual Big Brief
- surfaced through our InTouch survey to staff (see below).

Each week we have had up to a 1,000 staff dial into the Virtual Big Brief both from within and outside of the hospital site. The brief is a mix of sharing messages and responding to questions from the Slido platform, where people can vote for certain questions to be answered. In addition to this we run a short poll and we consistently use one question '*How do you feel you are coping with life at the moment*?'. This has helped us see the changes in resilience of our staff over time during the pandemic.

We have also introduced a shorter InTouch pulse survey over 1,000 staff responded to on each occasion. We used seven simple questions: four being the same as four core questions in the annual staff survey, and three being a direct temperature check around health and wellbeing. The results were used to plan new initiatives and respond to emerging themes.

Speaking up at the Trust

The Trust believes that every member of staff has a duty to raise concerns and is committed to supporting staff to raise and openly discuss concerns at the earliest reasonable opportunity. A number of ways in which this can be achieved are promoted across the Trust:

- Staff can use the Trust incident reporting system or talk to their line manager.
- They can make safeguarding referrals or speak to the FTSU team.

- Concerns can also be raised by following the Trust's whistleblowing policy and procedures.
- In addition, professionally registered staff have duties to raise such concerns via their respective professional regulatory bodies, such as the General Medical Council (GMC), Nursing and Midwifery Council (NMC) and the Association of Chartered Certified Accountants (ACCA).
- The Trust has also implemented the 'Speaking up' programme to encourage staff to raise their concerns (see page XX for further information).

GOSH Learning Academy

In October 2019, the GOSH Charity 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 six overarching priorities/programmes set out within the GLA strategy: Academic Education, Clinical Apprenticeships, Clinical Simulation, Digital Learning, Leadership & Management Development, and Speciality Training.

With our colleagues across the NHS, the GLA programme has been significantly influenced and impacted by the COVID-19 pandemic. Like many areas of GOSH, our programmes of work and priorities adapted 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. Further information on the highlights of the year can be found on page xx.

Learning and development

Our learning and development programmes were adjusted to meet the changing environment due to COVID-19 and we moved to remote delivery and online learning to protect staff and follow national guidelines. Further information can be found on page xx including details of the nursing and non-medical education and post-graduate medical education.

The annual Learning at Work Week, promoted by Campaign for Learning, took place in October 2020, to encourage learning as a life-long experience. To showcase this year's theme, the GLA recorded videos with a diverse range of our people who candidly shared their personal learning journeys. The team delivered 15 virtual learning events focussing on key elements of our People Strategy, Health and Wellbeing and Diversity and Inclusion Frameworks. Feedback from over 300 attendees was fantastic, and we are delighted that GOSH won the Impact Award for Learning Journeys, sponsored by LinkedIn Learning.

We maintained statutory and mandatory training compliance at high levels throughout 2020/21, and currently at 93%.

Our staff induction programme was redesigned to support local induction, use of the staff induction handbook, and access to online and digital methods. Necessary face-to-face training was adapted to accommodate smaller groups and social distancing measures. Our

local induction programme included the staff risk assessment tool to ensure risks from COVID-19 were discussed and managed.

Further information on our achievements can be found on page xx.

Nursing and non-medical education

Despite the additional challenges of the COVID-19 pandemic, the Nursing and Non-Medical Education team facilitated educational placements for over 700 undergraduate nurses and AHPs as well as 470 events of continued professional development, including postgraduate academia, conferences, and study days. Further information can be found on page xx.

Postgraduate medical education

The Postgraduate Medical Education (PGME) department saw sustained growth in activity over the last year, with an 18% increase in educational events and 2,287 multi-professional candidates. Despite the challenges of the pandemic, PGME were able to accommodate 150 undergraduate placement weeks in 2020/21. Further information can be found on page xx.

Staff safety and occupational health

The Trust is committed to minimising risks, controlling hazards and preventing harm. This is done through a programme of continuous improvement. There are robust processes for incident reporting and staff are encouraged to report incidents. In 2020/21 GOSH employees reported 1,013 health and safety incidents including 110 patient safety accidents. This has increased from 803 incidents in 2019/2020. The main factor in this increase is COVID-19. Fourteen incidents were reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

The Trust's governance structure ensures statutory compliance within legislative requirements. Assurance via the Health and Safety Committee has been provided on a range of subjects such as violence against staff, sharps compliance, control of substances hazardous to health and fire safety.

COVID-19 has also had a profound effect upon the Trust. An initial review of the space and continuous audit has allowed the Trust to provide a safe environment for our staff, visitors and patients. Maintaining compliance in a complex and diverse hospital can prove challenging. The Trust is continuously assessing and auditing to develop systems to control risk effectively.

In addition to the Occupational Health services required for new and current staff, we have supported staff health and safety throughout COVID-19. Some of the ways we have done this can be seen in the table below.

Psychological Support: **Ensuring staff get access to wellbeing services, providing signposting and psychological first aid. CareFirst providing information services and counselling.**	**Occupational Health Service:** **Providing specific individual guidance and support to keep people well and safe based on their risk. Undertaking fitness to return to work assessments following COVID-19 symptoms.**	**Track and Trace:** **Identifying staff who have had contact with COVID-19infected individuals, offering testing to staff with symptoms, and offering antibody testing. Providing appropriate advice and support including self-isolation.**	**Personal Protective Equipment:** **Supplying and fitting staff with appropriate PPE to carry out their roles safely. Advising on face coverings and other measures to facilitate a safe commute to work.**
Social Distancing: **Assessing all wards, offices, corridors etc. in the Trust to ensure the appropriateness of their use and ability to social distance. Identifying all COVID-19 secure areas.**	**Safer Travel:** **Working with staff to consider ways of getting to and from work safely, such as working different hours and using alternative modes of transport.**	**Risk Assessments:** **Assessing and reassessing the risks to our staff and making reasonable adjustments where practicable to do so.**	**Remote Working:** **Continuing to support remote working where possible and ensure staff have what they need to work safely in the office or at home**

Countering fraud and corruption

We have a countering fraud and corruption strategy. Counter fraud arrangements are reviewed during the year by the Local Counter Fraud Service (LCFS). The LCFS undertakes an ongoing programme of work to raise the profile of counter fraud measures and carry out ad hoc audits and specific investigations of any reported alleged frauds. The LCFS delivers fraud awareness presentations and fraud awareness surveys. The Audit Committee receives and approves the counter fraud annual report, monitors the adequacy of counter fraud arrangements at the Trust and reports on progress to the Board.

Expenditure on consultancy

Consultancy expenditure can be found in note 4 of the annual accounts on page xx.

Exit packages

Information about exit packages can be found on page xx.

Modern Slavery statement for 2020/21

GOSH supports the Government's objectives to eradicate modern slavery and human trafficking, and recognises the significant role the NHS has to play in both combatting it and supporting victims. In particular, we are committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses. Steps taken to date include:

People

The Trust makes appropriate pre-employment checks on all directly employed staff. Only agencies on approved frameworks are used and they are audited to provide assurance that pre-employment clearance has been obtained for all agency staff.

There is a range of policies and procedures designed to protect staff from poor treatment and/or exploitation, which comply with all relevant employment law and the Advisory, Conciliation and Arbitration Service code of practice. These include the provision of fair pay rates based on nationally negotiated terms and conditions of employment. There is also a range of benefits, including health and wellbeing support, and access to training and development opportunities.

Where changes to employment, work, organisation and policies and procedures are proposed, there is communication, consultation and negotiation with Trade Unions.

Efforts to engage and involve staff in matters which affect them include regular staff briefings and consultation with a range of staff forums, including BAME and LGBT, women and staff with disabilities and long-term health conditions.

Procurement and our supply chain

Most of our products are purchased from UK or EU based firms, who may also be required to comply with the requirements of the UK Modern Slavery Act (2015) or similar legislation in other EU states.

A significant number of products are purchased through NHS Supply Chain, whose Supplier Code of Conduct includes a provision around forced labour.

Where possible and consistent with the Public Contracts Regulations, the Trust builds long-standing relationships with suppliers.

Training

Advice and training about modern slavery and human trafficking is available to staff through our Safeguarding Children and Adults training, our safeguarding policies and procedures and our Safeguarding team.

Responding

Any concerns about modern slavery are taken seriously and managed sensitively, and support is provided. This includes referring to external agencies, where appropriate.

Approval

This statement has been approved by the Chief Nurse who chairs the Strategic Safeguarding Committee. The committee reviews and updates the statement on an annual basis.

Off payroll engagements

Information about off payroll engagements can be found on page xx.

Disclosures

Principal activities of the Trust

Information on our principal activities, including performance management, financial management and risk, efficiency, employee information (including consultation and training) and the work of the research and development directorate and International and Private Care is outlined in the Performance Report. Page XX summarises GOSH's purpose and activities.

Going concern

Our going concern disclosure can be found on page XX.

Directors' responsibilities

The directors acknowledge their responsibilities for the preparation of the financial statements.

Safeguarding external auditor independence

While recognising that there may be occasions when the external auditor is best placed to undertake other accounting, advisory and consultancy work on our behalf, the Board seeks to ensure that the auditor is, and is seen to be, independent. We have developed a policy for any non-statutory audit work undertaken on our behalf, to ensure compliance with the above objective. The Council has approved this policy, and it is monitored on an annual basis, or as a query arises.

Code of Governance

Great Ormond Street Hospital for Children NHS Foundation Trust has applied the principles of The NHS foundation trust Code of Governance on a 'comply or explain' basis. The NHS foundation trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Throughout our annual report we describe how we meet the Code. A summary of where detail can be found on the issues we are required to disclose is given in the following table.

Code reference	Section of annual report
A.1.1	Accountability Report: • Council of Governors (role of Council) • Trust Board (role of Trust Board) • Annual Governance Statement (role of Trust Board)
A.1.2	Accountability Report - Trust Board members 2020-21
A.5.3	Accountability Report - Governors' attendance at meetings 2020-21
Additional requirement-FT Annual Reporting Manual	A statement about the number of meetings of the council of governors and individual attendance by governors and directors. Accountability Report - Trust Board members 2020-21 Accountability Report - Governors' attendance at meetings
B.1.1	Accountability Report - Trust Board members 2020-21
B.1.4	Accountability Report - Trust Board members 2020-21
Additional requirement-FT Annual Reporting Manual	Brief description of the length of appointments of the non-executive directors, and how they may be terminated Accountability Report - Trust Board members 2020-21
B.2.10	Accountability Report: Trust Board Nominations Committee

Code reference	Section of annual report
	Council of Governors' Nominations and Remuneration Committee
Additional requirement - FT Annual Reporting Manual	Explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director. Accountability Report - Trust Board members 2020-21: In 2020/21, for the university nominated Non-Executive Director position, University College London conducted an internal search and interview process (in line with the Trust Constitution) and recommended a nominee for final approval by the Council.
B.3.1	Accountability Report - Trust Board members 2020-21
B.5.6	Accountability Report – Membership Engagement
Additional requirement- FT Annual Reporting Manual	Governors having exercised their powers to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions Not applicable
B.6.1	Accountability Report – Evaluation of Board performance
B.6.2	Accountability Report – Evaluation of Board performance
C.1.1	Disclosures -Statement of the chief executive's responsibilities as the accounting officer of Great Ormond Street Hospital for Children NHS Foundation Trust

Code reference	Section of annual report
C.2.1	Annual Governance Statement – review of the effectiveness of its system of internal controls.
C.2.2	Accountability Report – Audit Committee Report and Annual Governance Statement
C.3.5	Not applicable for 2020-21
C.3.9	Accountability Report – Audit Committee Report
D.1.3	Accountability Report - Trust Board members 2020-21 Not applicable for 2020-21
E.1.4	Accountability Report – Contacting a Governor
E.1.5	Accountability Report - Trust Board and Council of Governors working together
E.1.6	Accountability Report - Membership constituencies and membership numbers 2020-21 and Membership Engagement
Additional requirement- FT Annual Reporting Manual	Eligibility for being a member, membership statistics and membership strategy Accountability Report – Council of Governors

Code reference	Section of annual report
Additional requirement- FT Annual Reporting Manual	Details of company directorships or other material interests in companies held by governors and/or directors Accountability Report: - Trust Board and Council of Governors - Register of Interest (Directors) - Register of Interests (Governors)

Transactions with related parties

Transactions with third parties are presented in the accounts on page xx. None of the other Board members, the foundation trust's Governors, or parties related to them have undertaken material transactions with the Trust.

Consultations in year

We consulted with stakeholders including the Young Person's Forum on declaring a climate emergency. (see page xx)

We held an online session called 'So you want to be a governor' on 18 November 2020 for those members considering putting themselves up for nomination. This was an opportunity for people to hear from some of our governors, ask questions and find out what it means to be GOSH governor. The session can be watched at https://youtu.be/UyGSNM8Kw-4

Pension funding

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme, which covers all NHS employers. The Trust makes contributions of 14.3% to the scheme. From July 2013, staff who are not eligible for the NHS Pension Scheme have been subject to the auto-enrolment scheme offered by the National Employment Savings Trust. In 2020/21, the Trust contributed 3% for all staff who remain opted in. In addition to the above, the Trust has members of staff who are in defined contribution pension schemes for which it makes contributions.

Accounting policies for pensions and other retirement benefits are set out in note XX to the accounts.

Remuneration of senior managers

Details of senior employees' remuneration can be found on page XX of the Remuneration report.

Treasury policy

The Trust has not lodged any surpluses with the National Loan Fund in the financial year because interest rates have not been sufficiently high.

Statement of compliance with cost allocation and charging

The Trust has complied, to the extent relevant, with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

Trust Board member expenses

Directors can claim reasonable expenses for carrying out their duties. For the year 2020/21, no claims were made.

How we govern quality

We place the highest priority on quality, measured through our clinical outcomes, patient safety and patient experience indicators. Our patients, carers and families deserve and expect the highest quality care and patient experience. Despite a range of changing and increasing pressures, we must ensure we manage and deliver services in a way that never compromises our commitment to safe and high-quality care. The key elements of our quality governance arrangements are outlined in the Annual Governance Statement on page XX.

Registration with the CQC

GOSH is registered with the CQC as a provider of acute healthcare services. The CQC visited the Trust in October to November 2019 as part of its rolling schedule of inspections. The report was published in January 2020 and services were rated as ‘good’ overall and ‘outstanding’ for being caring and for being effective. The CQC also conducted a well-led inspection and the Trust was rated ‘good’ – further information can be found on page XX. The Trust has developed an action plan in response to the recommendations. Further information on progress with the plan can be found on page xx.

Complaints and how we handle them

All complaints are taken seriously and are valued as an opportunity to learn from what has happened and to improve the patient experience, safety and effectiveness of the care and service we provide to our patients and families.

All complaints are acknowledged within three days and the complaints team try to speak with all complainants to understand their concerns and the outcome they are seeking. Complaints are always shared with relevant members of the executive team and are managed in a fair, open and transparent manner. Timescales are agreed with the complainant while taking into consideration the level of investigation required and individual circumstances.

Formal complaints and their responses are personally reviewed and signed off by the chief nurse and chief executive (or their acting deputies). Depending on the nature of the complaint other members of the Trust Board, including the medical director, will also review the complaint response.

As part of complaint investigations, lessons are identified and action plans are devised to improve the service and experience for our patients and families. The Trust uses the Datix system to record, analyse and report on the learning from complaints.

Complaint trends and the actions taken in response to these are reported to the Trust Board. Compliance of these actions is monitoring by the Complaints team and at the Patient and Family Experience and Engagement Committee. The Closing the Loop sub-committee (reporting to the Patient Safety and Outcomes Committee) also monitors key actions required for some complaints and ensures learning from complaints is cascaded across the Trust to improve outcomes.

If a complainant is dissatisfied with the response to their complaint the Trust aims to work with them to try and resolve their concerns. This includes offering a meeting with the staff members or teams involved where appropriate. If the complainant is not satisfied by the Trust's response, they can request the Parliamentary and Health Service Ombudsman (PHSO) to review their complaint.

In 2020/21, the Trust received 81 complaints (two were later withdrawn at the request of the complainant and one could not be investigated in line with the NHS Complaint Regulations due to the significant lapse in time since the events being complained about). During the year, no new complaints were investigated by the PHSO.

We have devised an extensive improvement plan and our aim is to enhance the complaints service at GOSH to ensure that it continuously delivers an accessible, personal, holistic and high-quality service that improves the experience, patient safety and outcomes for our patients and families. We are committed to involving our patients and families in the complaints process and to meeting the needs of our patients and families.

We have identified the following eight areas and priorities:

- a more accessible complaints service
- Children and Young People's Complaints Service
- learning from complaints
- Digital Feedback Tool
- meeting the needs of patients and families with learning disabilities and autism
- education
- support for staff and families
- quality assurance, partnerships and benchmarking.

Detail of political and charitable donations

The Trust did not make any political donations during 2020/21.

NHSI's Single Oversight Framework

NHSI' Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care

- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where 4 reflects providers receiving the most support, and 1 reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

For 2020/21, the Trust continued to be placed in Segment two by NHSI. Current segmentation information for NHS trusts and foundation trusts is published on the NHSI website. This segmentation information is the Trust's position as at 31 March 2021. Current segmentation information for NHS trusts and foundation trusts is published on the NHSI website.

NHSI well-led framework

As part of their routine scheduled inspection programme, the CQC conducted a well-led inspection of the Trust in October 2019. The report was published in January 2020 and the Trust was rated as 'good'; an improvement since the last inspection.

The Trust developed a delivery plan in response to the recommendations raised in the report and the plan is monitored by the Executive Team and reported to the Trust Board and Council of Governors.

The Board has engaged an external organisation, BDO LLP to undertake an independent Well Led review of the Trust, focusing on the Board and senior management team. The results of the review will be made available in Q3 2021/22 and the findings used to inform the Trust Well Led delivery plan.

Working with partner and stakeholder organisations

During 2020/21 we have entered into or continued formal arrangements with the following organisations, which are essential to the Trust's business.

UCL Partners

GOSH is a member of UCL Partners, an academic health science centre, which works to tackle the greatest health challenges affecting our population, by accelerating the translation of discoveries in areas of unmet need.

UCL Partners brings together expertise from five NHS trusts (GOSH, Barts Health, Moorfields, the Royal Free and University College Hospitals), four NIHR BRCs and three Universities (UCL, the London School of Hygiene and Tropical Medicine and Queen Mary University of London). Chief Executive Mat Shaw sits on the UCL Partners board and the Management Team meetings for the UCL GOS Institute of Child Health.

The UCL Great Ormond Street Institute of Child Health

The Trust has a close and unique partnership with the UCL Great Ormond Street Institute of Child Health (ICH), with which we work together to develop innovative new treatments for children with rare diseases. Together, we host the National Institute for Health Research (NIHR) Great Ormond Street Biomedical Research Centre (BRC) and represent the largest concentration of paediatric research expertise in Europe, and the largest outside of North America. In 2020/21, ICH has taken a prominent role in advancing public knowledge about COVID-19 and researching new ways to tackle the virus.

Great Ormond Street Hospital Children's Charity

The GOSH Charity is a vital partner for the hospital. It offers tremendous support both by raising money directly and through its network of corporate partners. The charity makes it possible for us to redevelop our buildings, buy new equipment and support new systems, fund paediatric research conducted at the hospital and the ICH, and to make the patient experience as good as it can be.

During 2020/21 the charity went to extraordinary efforts to support hospital staff and families through the challenges of COVID-19. The charity worked closely with generous corporate partners to provide vital wellbeing packs to staff on the front line and to fund important equipment to fit-test respirators to clinical staff. Despite being required to switch to a virtual business model for many core activities, the charity achieved a total income of £TBC million in 2020/21. We have worked closely with the charity throughout the year to progress plans for our Children's Cancer Centre. Further information about the work of the charity can be found at www.gosh.org.

North Central London Sustainability and Transformation Partnership

The NHS Long Term Plan, published in January 2019, set out an ambitious ten-year vision for the health system in England that consolidates previous calls for a greater focus on out-of-hospital care and for services to be designed around patient needs rather than institutional boundaries. The intention is that regional partnerships of NHS organisations and local councils (known as Sustainability and Transformation Partnerships, or STPs) will develop into Integrated Care Systems that will have more control over how the care for their local population is delivered and how NHS resources are distributed.

Although just 4% of GOSH patients come from within the North Central London STP, national policy direction means that our contribution to this local network is very important.

The STP has provided an essential platform for planning and delivering paediatric services during the COVID-19 pandemic. By expanding our paediatric ICU capacity, GOSH was able to care for children from across the partnership and free up resources elsewhere to treat adult patients. During the peaks of COVID-19, many GOSH staff volunteered to be redeployed across the hospitals of the NCL partnership in order to support those adult services that were most under pressure.

In 2020/21, GOSH Chief Executive Mat Shaw chaired two key groups to address urgent issues for the local health and care system in the wake of COVID-19. The first of these, the NCL COVID-19 Operational Implementation Group, accelerated the re-start of elective work in the wake of the second surge of the pandemic. The second, the Phlebotomy System Group, set up four hubs to address the urgent need for shared resources to take blood. Mat Shaw, Chief Executive has also participated in NCL STP's capital investment group.

UK Children's Hospitals Alliance

GOSH is part of the UK Children's Hospitals Alliance (UKCHA) – a group of children's hospitals across the UK that includes Alder Hey, Birmingham, Southampton, Manchester, Evelina London, Leeds, Sheffield, the Great North Children's Hospital and Bristol Royal Hospital for Children. The group acts as a unified voice advocating for children and young people's services and runs a variety of projects to share learning, innovation and best practice.

Following last year's departure of the UKCHA chair, GOSH CEO Mat Shaw volunteered to work with Louise Shepherd, CEO at Alder Hey, to assume the co-chair of the UKCHA. By bringing together CEOs, Medical Directors and Directors of Nursing at children's hospitals from across the country, the group was able to identify common approaches to responding to the third wave of COVID-19, review important ongoing work to develop new models of care for complex children, establish a UKCHA paediatric pathology network and advocate for a fairer paediatric tariff. In the coming financial year, the priorities and work plan of the UKCHA will be re-framed to ensure children's services are reprioritised and to mitigate the risks to quality and equity of access presented by the proposed fragmentation of specialised commissioning.

Through our work with the UK Children's Hospitals Alliance, Chief Executive Mat Shaw will now take up a seat on the National Children and Young People's Transformation Board as well as its regional London equivalent.

Federation of Specialist Hospitals

The Federation of Specialist Hospitals (FSH) is a coalition of some of the country's best known and best regarded hospitals, which provide specialist services to patients drawn from all parts of the UK. Established in 2009, the FSH ensures the voice of specialist providers is heard as the NHS rises to the multiple challenges and opportunities of modern medicine. The Federation focuses on supporting the best care for patients in the best location, helping to further good training and knowledge sharing, and conducting and disseminating world leading research and innovation.

We have been working with our partners in the Federation of Specialist Hospitals and the Children's Hospitals' Alliance to review the risks of devolve commissioning for specialised services into local Integrated Care Systems (ICS). This includes the risk that children with complex needs will be a tiny proportion of the patients in each ICS and so their needs are unlikely to register highly on the list of local population health priorities. In addition, the fragmentation of specialised services creates financial and governance challenges in terms of contracting and negotiating with ICSs across the country. These concerns have been reflected in responses to the public consultation on this policy.

North Thames Paediatric Network

GOSH is a member of the North Thames Paediatric Network. The network brings together 24 providers of paediatric services across the North London region; 18 acute care and six specialist providers with inpatient facilities. It also provides a forum for these providers and commissioners of paediatric services to work closely together to ensure that services are configured around children and young people. The Network aims to improve the efficiency and effectiveness of service provision by reducing the variation of treatment, to develop sustainable pathways of care for specialist paediatric services; and to support sustainable services through training and the development of new models of care.

European Children's Hospital Organisation (ECHO)

GOSH is a founding member of European Children's Hospital Organisation (ECHO), a partnership of specialist paediatric hospitals across Europe. GOSH has supported ECHO by establishing a Quality, Safety, Outcomes and Value working group to share best practice for shared benchmarking of clinical outcomes. We collaborate with member organisations to disseminate learning, information and research calls. The organisation has developed its role in advocacy, responding to an EU consultation on cancer care and publishing a joint declaration calling for early and sustained investment in child health together with children's hospitals organisations in Australasia, Canada, and the United States, marking 30 years since the signing of the United Nations Convention on the Rights of the Child.

International Precision Child Health Partnership (IPCHiP)

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. The partnership is 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. Through the partnership 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.

Climate Health Emergency

The Trust has been an active advocate of the Climate Health Emergency, by signing the declaration, looking to build CHE target commitments into the Children's Cancer Centre as this project develops, and developing new strands of work with our Catering and Play teams. Beyond the Trust, Chief Executive Mat Shaw took part in a discussion group with Dr Nick Watts, chair of the NHS Net Zero Expert Panel, as part of 'The Greener NHS' programme. The discussion group explored opportunities for trusts to go further and faster to deliver net zero.

Disclosure of information to auditors

The Trust Board directors who held office at the date of approval of this annual report and accounts, confirm that, so far as they are each aware, there is no material audit information of which the Trust's auditors are unaware. Each director has taken all the steps that he/she ought to have taken as a director to make himself/herself aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

The directors consider that this annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for readers to assess the Trust's performance, business model and strategy.

Signed……..

Mr Matthew Shaw

Chief Executive

Date: XX May 2021

Statement of the chief executive's responsibilities as the accounting officer of Great Ormond Street Hospital for Children NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement (NHSI).

NHSI, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Great Ormond Street Hospital NHS Foundation Trust (GOSH) to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of GOSH and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the accounting officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- Observe the Accounts Directions issued by NHSI, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements.
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance.
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust’s performance, business model and strategy.
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The accounting officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed……..

Mr Matthew Shaw

Chief Executive

Date: XX May 2021

Audit Committee report

Introduction from the chair of the Audit Committee

I am pleased to present the Audit Committee's report on its activities during the year ending 31 March 2021.

The Audit Committee is a non-executive committee of the Trust Board with delegated authority to review the establishment and maintenance of an effective system of integrated governance, risk management and financial, non-financial internal controls, which support the achievement of the organisation's objectives.

Key responsibilities of the committee include consideration of non-clinical risks and their associated controls, monitoring the integrity of the Trust's annual report and accounts and the effectiveness, performance and objectivity of the Trust's external and internal auditors. The committee is also required to satisfy itself that the Trust has adequate arrangements for counter fraud, business continuity, managing security and ensuring that there are arrangements by which staff of the Trust may raise concerns.

The table on page XX sets out, in detail, the responsibilities of the Audit Committee and how we have discharged those duties. The report also highlights the key areas considered by the committee in 2020/21, but I would like to draw particular attention to the following items:

Cyber security: The Audit Committee recommended inclusion of a new Board Assurance Framework (BAF) risk on cyber security due to increased external threat during the COVID-19 pandemic and initiation of the cyber security plan. The committee has scrutinised the controls and assurance cited to mitigate the risk, including robustness of the delivery plan and the resources available to deliver the plan. The committee will retain scrutiny on this area throughout 2021/22.

Planning for Brexit: The committee sought assurance of the controls in place to manage the risk of a 'no deal Brexit' on the supply of medicines, funding of research and assurance of the readiness and testing of the business continuity plans. Once a deal was confirmed, operational teams approached the changes as business as usual and the committee reviewed this in the context of a risk to business continuity. During the year, the committee was provided with assurance on areas of risk related to Brexit including data processing, healthcare for EU nationals and impact on VAT.

Electronic Patient Record (EPR): The Trust's new EPR system went live on 19 April 2019. The Audit Committee and the Board received regular reports on progress with the plans for bringing the asset in to use and the associated impact on patient care, activity and reporting. The Audit Committee recommended that the strategic risk on delivery of the EPR could be removed from the BAF due to the move from a formal optimisation phase into an operational business as usual delivery phase. The Audit Committee committed to scrutinising benefits realisation of the programme during 2021/22.

Financial report requirements: The Audit Committee has received regular updates on the impact of IFRS 9 (including analysis of overdue debt levels by classes of debtor) and the proposed introduction of IFRS 16 (leases).

The Trust has undertaken a review of the appropriateness of the adoption of the going concern basis for the preparation of the accounts. Throughout the year, the Audit Committee has reviewed the impact of COVID-19 on the management of risk and financial, and non-financial internal controls. The committee recognises the significant financial challenges faced by the Trust and the wider NHS during COVID-19 and are confident that Trust management has adopted the appropriate accounting basis.

The Audit Committee is composed of three independent non-executive directors. These are listed on page XX. Two of the non-executive members of the committee are qualified accountants and all three members have recent and relevant financial experience.

The committee met four times over the financial year, and I am satisfied that it was presented with papers of good quality, in a timely fashion, to allow due consideration of the subjects under review. I am also satisfied that meetings were scheduled to allow sufficient time to enable a full and informed debate. All meetings were held virtually and the findings from the committee effectiveness survey found that this did not restrict discussion. Each meeting is fully minuted and summaries of the matters discussed at each meeting are reported to the Trust Board and Council of Governors. Members of the Council of Governors also observed committee meetings throughout the year.

The committee reviews its effectiveness annually and no material matters of concern were raised in the 2020/21 review.

Mr Akhter Mateen

Chair of the Audit Committee

XX May 2021

Audit Committee responsibilities

The committee's responsibilities and the key areas discussed during 2020/21, whilst fulfilling these responsibilities, are described in the table below:

	Principal responsibilities of the Audit Committee	**Key areas formally discussed and reviewed by the committee during 2020/21**

Review of the Trust's risk management processes and internal controls	• Reviewing the Trust's internal financial controls, its compliance with NHSI's guidance for foundation trusts, including the Code of Governance, and the effectiveness of its internal control and risk management systems.
	• Reviewing the principal non-clinical risks and uncertainties of the business and associated annual report risk management disclosures. (Clinical risks are reviewed by the Quality and Safety Assurance Committee.)
		• The outputs of the Trust's risk management processes including reviews of:
		  • The BAF – the principal risks and uncertainties identified by the Trust's management and movement in the impact and likelihood of these risks in the year.
		  • BAF risk deep-dives, reviewing the risk statement, the robustness of the controls cited and the evidence available that the controls were operating as well as the associated risk appetite, and likelihood and impact scores.
		  • An annual assessment on the effectiveness of internal control systems taking account of the findings from internal and external audit reports.
		  • An annual report and fraud risk assessment prepared by the Trust's counter fraud officer.
		  • An annual report from the Trust's security manager.
		  • Assurance of controls in place for emergency planning and business continuity and with particular focus on Brexit and COVID-19 planning.
		  • Assurance of plans to manage debt provisioning.
		  • Assurance of the stabilisation of the EPR and impact on delivery of care, activity and finances.

	Principal responsibilities of the Audit Committee	Key areas formally discussed and reviewed by the committee during 2020/21
Financial reporting and external audit	• Monitoring the integrity of the Trust's financial statements and annual financial returns; reviewing significant financial reporting judgements contained within them. • Making recommendations to the Board regarding the appointment of the external auditor. • Monitoring and reviewing the external auditor's independence, objectivity and effectiveness. • Developing and implementing policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance.	• A commentary on the annual financial statements. • Key accounting policy judgements, including valuations. • Impact of changes in financial reporting standards where relevant (IFRS 9 and IFRS 16). • Basis for concluding that the Trust is a going concern. • External auditor effectiveness and independence. • External auditor reports on planning, risk assessment, internal control and value for money reviews. • External auditor recommendations for improving the financial systems or internal controls. • Review of non-audit work conducted by the external auditors.

	Principal responsibilities of the Audit Committee	Key areas formally discussed and reviewed by the committee during 2020/21
Internal audit	• Monitoring and reviewing the effectiveness of the company's internal audit function, including its plans, level of resources and budget.	• Internal audit effectiveness. • Internal audit programme of reviews of the Trust's processes and controls to be undertaken, and an assurance map showing the coverage of audit work over three years against the risks. • Status reports on audit recommendations and any trends and themes emerging. • The internal audit reports discussed by the committee included: - Core Financial Controls (significant assurance with minor improvement potential). - Volunteer Governance (partial assurance with improvements required). - Data Quality (significant assurance with minor improvement potential). - Delivery of Redevelopment (significant assurance with minor improvement potential). - Cyber Security Action Plan (partial assurance with improvements required). - Pharmacy (significant assurance with minor improvement potential). - EPR Benefits Realisation (partial assurance with improvements required).

	Principal responsibilities of the Audit Committee	Key areas formally discussed and reviewed by the committee during 2020/21
Other	• Reviewing the committee's terms of reference and monitoring its execution. • Considering compliance with legal requirements, accounting standards. • Reviewing the Trust's whistle-blowing policy and operation.	• Review of the Audit Committee terms of reference and workplan in light of external guidance. • Updates on compliance with GDPR and data quality. • Scrutiny of the delivery of the Trust cyber security strategy. • Updates on staff raising concerns policy (whistleblowing) and issues raised with Freedom to Speak Up Ambassadors. • Monitoring of the process for and approval of procurement waivers. • Reporting to the Board and Council of Governors where actions are required and outlining recommendations. • Assurance of compliance with the Bribery Act 2011. • Assurance on the management of claims and associated cost.

Effectiveness of the committee

The committee reviews its effectiveness and impact annually, using criteria from the NHS Audit Committee Handbook and other best practice guidance, and ensures that any matters arising from this review are addressed.

The information from the committee self-assessment survey 2020/21 was used to review the committee's terms of reference with no major changes being made. Respondents noted the ongoing work to prevent duplication of items discussed between committees.

The committee also reviews the performance of its internal and external auditor's service against best practice criteria as detailed in the NHS Audit Committee Handbook.

External audit

The audit and non-audit fees are set, monitored and reviewed throughout the year and are included in note XX of the accounts.

Internal audit and counter fraud services

Internal audit services were provided by KPMG LLP during 2020/21 covering both financial and non-financial audits according to a risk-based plan agreed with the Audit Committee.

The Trust's counter fraud service was provided by Grant Thornton UK LLP during 2020/21. The service provided fraud awareness training to the Board and senior management team, carried out reviews of areas at risk of fraud and investigated any reported frauds.

Key areas of focus for the Audit Committee in the past year

Cyber security

The committee received regular updates on work undertaken to categorise and assess the GOSH strategic cyber security risk profile in line with regulatory and compliance requirements as well as tracking and countering the evolving threat landscape. The committee continues to seek assurance of the robustness of the Trust's cyber security risk assessments and remediation plans including revision to the cyber security governance framework following receipt of the internal audit report into the cyber security action plan. There was one significant cyber security breach during the year; a member of staff's personal device (which they used as a Bring Your Own Device), was compromised (see page XX for further details).

Compliance with GDPR

During the year, the committee was assured that progress continued to be made to maintain compliance with the Data Protection Act 2018. This included an overview of actions taken to complete the Trust's information asset register and to ensure that risk assessments were conducted when processing personal data. The committee was appraised of the impact of COVID-19 on the processing of data and implementation of controls to manage this processing (for example in relation to working with partners, providing access to data to staff working at home and offering virtual appointments to patients and carers). The committee noted the pressures on the Information Governance team around delivery against statutory reporting requirements and continues to scrutinise this.

Board Assurance Framework (BAF)

The Risk Assurance and Compliance Group reviewed each strategic risk on the BAF along with the related mitigation controls and assurances and made recommendations to the assurance committees about changes to controls, assurances and residual risk scores.

During the year, the Audit Committee scrutinised the risk management framework in relation to the impact of COVID-19. Each of the BAF risks have been reviewed throughout the year and the mitigations updated within this context.

For each risk relevant to the Audit Committee, the committee reviewed the risk statement, the robustness of the controls cited and the evidence available that the controls were operating, the associated risk appetite, and likelihood and impact scores. The committee received presentations on relevant strategic risks at each committee meeting based upon focused questions posed to risk owners by Audit Committee members prior to each meeting.

The committee considered and recommended for approval by the Board a revised risk appetite statement.

Internal controls

The committee focused in particular on controls relating to cyber security, information governance, delivery of the Data Security and Protection Toolkit, management of procurement waivers and claims and data quality. Action plans were put in place to address issues in operating processes.

The audit plan of the internal auditors is risk-based, and the Executive Team works with the auditors to identify key risks to inform the audit plan. The Audit Committee considers the links between the audit plan and the BAF. The Audit Committee approves the internal audit plan and monitors the resources required for delivery. During the year, the committee considers any proposed changes to the audit plan and monitors delivery against the plan approved at the start of the financial year.

Fraud detection processes

The committee reviewed the levels of fraud and theft reported and detected, and the arrangements in place to prevent, minimise and detect fraud and bribery. This included a review of the Trust declarations of interest and gifts and hospitality policy. We continue to see assurance of the actions being taken to fully meet the standards under the NHS Counter Fraud Authority Self-Review Tool. The committee noted the updated standards by NHS Counter Fraud Authority (NHSCFA).

Financial reporting

The committee reviewed the Trust's financial statements and determined how to position these within the annual report. We considered reports from management and the internal and external auditors in our review of:

- The quality and acceptability of accounting policies, including their compliance with accounting standards.
- Judgements made in preparation of the financial statements.
- Compliance with legal and regulatory requirements.
- The clarity of disclosures and their compliance with relevant reporting requirements.
- Whether the annual report as a whole is fair, balanced and understandable and provides the information necessary to assess the Trust's performance and strategy.

Going concern

Our Executive Team has carefully considered the appropriateness of reporting on the going concern basis in line with the DHSE Group Accounting Manual 2020/21 (see page XX for further information).

Significant financial judgements and reporting for 2020/21

The committee considered a number of areas where significant financial judgements were taken which have influenced the financial statements.

We identified through discussion with both management and the external auditor the key risks of misstatement within the Trust's financial statements. We discussed these risks with management during the year, and with the auditor at the time we reviewed and agreed the external auditors' audit plan during the year and also at the conclusion of the audit. We satisfied ourselves that these risks of misstatement had been appropriately addressed.

Level of debt provisions

The financial statements include provisions in relation to uncertainty. Judgements in this area are largely related to the timing of recognition of these provisions, the quantum recognised and the amount that has been utilised in previous years. We reviewed and discussed the level of debt and debt provisions, calculated following an evidence-based approach under IFRS 9, with management. This included consideration of new provisions and any release and utilisation of existing provisions. Management confirmed to us that they have applied a consistent approach to the recognition and release of provisions. We also considered the views of the external auditors in respect of the provisions and associated disclosures in the accounts. We concluded that we were satisfied with the level of provisions carried and the disclosure in respect of those provisions.

Valuation of assets

The Trust has historically revalued its properties each year, which combines properties held under freehold with those held under finance and operating leases. Judgements relate to the future life of these buildings, which can change the appropriate accounting treatment and affect the carrying value on the balance sheet. We reviewed reports from management which explained the basis of valuation for the most significant buildings, including the future life and rationale for any impairments associated with structural refurbishment expenditure. We also considered the auditors' views on the accounting treatment for these buildings. We are satisfied that the valuation of these properties within the financial statements is consistent with management intention and is in line with accepted accounting standards.

Donated inventory

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care (DHSC) at nil cost. In line with the Group Accounting Manual (GAM) and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the DHSC. We are satisfied that the valuation of these donated inventory within the financial statements is consistent with management intention and is in line with accepted accounting standards.

Other areas where an inappropriate decision could lead to significant error include:

- the recognition of commercial revenue on new contracts
- the treatment of expenditure related to capital contracts
- Top up income/COVID-19 costs

We consider that the Trust's existing financial control systems should ensure that such items are properly treated in the financial statements. We have discussed the external auditors' findings in these areas. There were no issues of concern reported to us in these areas and consequently, we are satisfied that the systems are working as intended.

Conclusion

The committee has reviewed the content of the annual report and accounts and advised the Board that, in its view, taken as a whole:

- It is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy.
- It is consistent with the Annual Governance Statement, head of internal audit opinion and feedback received from the external auditors, and there are no matters that the committee is aware of at this time that have not been disclosed appropriately.
- It is appropriate to prepare accounts on a going concern basis.

Mr Akhter Mateen

Chair of the Audit Committee

XX May 2021

Quality, Safety and Experience Assurance Committee report

Introduction from the chair of the Quality, Safety and Experience Assurance Committee

I am pleased to present the Quality, Safety and Experience Assurance Committee's (QSEAC) report on its activities during the year ending 31 March 2021.

QSEAC is a non-executive committee of the Trust Board with delegated authority to assure the Board that the necessary structures and processes are in place to deliver safe, high-quality, patient-centred care and an excellent patient experience. The committee also works in partnership with the Audit Committee and the People and Education Assurance Committee to ensure that implications for clinical care of non-clinical risks and incidents and risks and incidents related to staff are identified and adequately controlled.

The table on page XX sets out in detail the responsibilities of the committee and how we have discharged those duties. The report also highlights the key areas considered by the committee in 2020/21.

During the year, QSEAC has sought to refine the breadth and coverage of the information presented at its meetings, focusing on emerging significant areas of clinical risk facing the Trust and seeking assurance of the validity of data and processes through benchmarking and external review. The committee is assured by the transparency of reporting of areas of serious incidents, red rated complaints and risks at every meeting. The committee has welcomed the appetite of the senior management team to learn from these issues through horizon scanning and benchmarking current performance and governance processes and inviting in external experts where necessary. The committee has taken a specific interest in those services where these reviews have been conducted, including Pharmacy, Urology and Gastroenterology (see page XX).

During the year, the committee has reviewed the impact of COVID-19 on the management of clinical risk, delivery of safe and effective care for patients and families and their overall experience at GOSH. It has been assured of the programme of work in place to recover clinical services to business as usual, and the quality and safety framework implemented to ensure appropriate clinical prioritisation of patients during this time. The committee has also welcomed the consideration given to the implications of COVID-19 on safeguarding of children and young people and the impact of COVID-safe processes on the experience of patient and families.

During the year the committee approved the new five-year Quality Strategy and Safety Strategy. The committee welcomed the focus on ensuring safety is the key priority and cascading of learning both Trust-wide and with partners, thereby ensuring that changes are proactively implemented. The Quality Strategy sets out the direction and establishes the means by which GOSH intends to develop staff and services with a common purpose of striving to deliver high-quality clinical care, experiences and outcomes for children and young people with complex health needs. The committee welcomed the external assurance sought from the organisation Patient Safety Learning who had assessed the delivery plans

against its Blueprint for Action, setting out the foundation's priorities and standards. Positive feedback was received along with the identification of additional areas for consideration (which are being incorporated into the plans).

Prior to its final approval at Trust Board, the committee also reviewed the Patient and Family Experience and Engagement Framework. It seeks to ensure that the perspectives of patients and their families are at the heart of what we do and that GOSH consistently delivers experiences that meet, and wherever possible, exceed expectations fulfilling their physical and emotional needs.

The committee met four times over the financial year, and I am satisfied that it was presented with papers of good and improving quality, in a timely fashion, to allow due consideration of the subjects under review. I am also satisfied that meetings were scheduled to allow sufficient time to enable a full and informed debate. Each meeting was fully minuted and summaries of the matters discussed at each meeting reported to the Trust Board and Council of Governors. Members of the Council of Governors also observed committee meetings throughout the year.

The committee reviewed its effectiveness during the year and no material matters of concern were raised in the 2020/21 review.

The committee is composed of three independent non-executive directors. These are listed on page XX.

As chair of the QSEAC, I commend this report to you for the year 2020/21.

XXXX

Lady Amanda Ellingworth

Chair of the Quality, Safety and Experience Assurance Committee

XX May 2021

Quality, Safety and Experience Assurance Committee responsibilities

Key responsibilities of the committee include consideration of clinical risks and the effectiveness of their associated controls; seeking assurance of learning from incidents, complaints, horizon scanning and external reviews and investigations as well as the work in place to improve the experience of our patients and their families.

The committee requests assurance on scheduled matters as well as quality and safety issues arising during the year. Where weaknesses are identified, the committee agrees and tracks the strengthening actions. The committee's responsibilities and the key areas discussed during 2020/21 are outlined below.

Principal responsibilities of the committee	Key areas formally reviewed during 2020/21

Review the establishment and maintenance of an effective system of governance, risk management and internal control in relation to clinical services, research and development.	• The committee received updates at every meeting from the Risk Assurance and Compliance Group about the management of strategic quality related risks. It conducted deep dives into these risks, testing the robustness of the controls and assurances cited. • An integrated quality and safety report was presented at every committee meeting. This included a focus on the experience of our patients and families and tracking the improvements resulting from complaints, Friends and Family Test results and Patient Advice and Liaison Service (PALS) feedback. • A quarterly safeguarding report was presented at every meeting. This provided assurance of processes and structures in place to provide a comprehensive safeguarding service covering an overview of referrals and working with partners, staff training, supervision, updates on policies and guidance and audit results.
Assure the Board that appropriate action is taken to identify implications for the delivery of safe, high-quality, patient-centred care and excellent patient experience arising out of recommendations from external investigations of other organisations/systems and processes.	• The committee received assurance of delivery of identified actions arising from the recommendations in the 2020 CQC report. • The committee chair reported to the Board following every meeting of the committee, on the key matters requiring escalation or assurance. • The committee is charged with seeking assurance around the significant clinical/quality related issues facing the Trust – this includes understanding the findings from external reviews and how learning from complaints, incidents and external reports are cascaded across the Trust to improve outcomes. • Matters pertinent to other assurance committees (Audit Committee and People and Education Assurance Committee) are also reported to those committees as appropriate.
Be responsible for reviewing, on behalf of the Trust Board, progress with quality improvement priorities set in the Quality Strategy and Quality Report.	• The committee approved the Quality and Safety Strategy (both five-year strategies) and their operational delivery plans. • Non-executive director committee members annually review the Quality Report on behalf of the Board.

Review and seek assurance on any issues identified by the Trust Board (as requiring more detailed review that falls within the remit of the committee) including on any quality, safety or patient experience matters or shortcomings arising from the Trust's operational and quality and safety performance. Review when an issue occurs which threatens the Trust's ability to enable excellent clinical care to flourish, that this is managed and escalated appropriately and actions are taken and followed through.	• Every six months, the committee receives an update on recent reports and guidance issued by a range of external stakeholders. This horizon scanning report provides a summary of documents that could/should shape the Trust's approach to quality and governance within the organisation. • At every meeting the medical director reports on emerging significant risks. This is based on the aggregation and integration of information from a broad range of sources in the Trust including: serious incidents, complaints, inquests, clinical negligence claims, harm reviews and other external inspections or reviews. The report outlines how the risks are currently being managed, providing updates on progress where appropriate. • The committee receives updates on actions taken in response to patient stories reported at Board meetings. • The committee received reports from the GOSH Paediatric Bioethics Centre and the work to respond to ethical referrals and development of guidance for treating children with COVID-19.
Assure the Trust Board that the controls to mitigate risk within the areas of responsibility of the committee are in place and working within a regulatory and legislative framework.	• The committee is regularly appraised of progress in the response to the routine CQC report of January 2020 via the newly formed Always Improving Group. The committee noted that all 'must do' actions were completed and work continued on a small number of 'should do' actions. The committee also received updates on other compliance matters including readiness for regulatory inspections and assessments. • The committee receives an update on cases reported to the Freedom to Speak Up Guardian at every meeting (those that relate to quality and safety matters) • A report on compliance with the Freedom of Information Act is presented annually to the committee. • The committee receives quarterly updates on clinical quality, patient safety or other matters considered to be 'qualifying disclosures' under the Public Interest Disclosure Act 1998 (Whistleblowing).

Assure the Trust Board that the annual internal audit and annual clinical audit plans are aligned and focused on the appropriate quality focused risks. Review of findings and recommendations from internal audit, clinical audit and learning from external investigations and reports	• The Trust's internal auditors report to the committee at every meeting and provide an update on any clinical related internal audit reports as well as progress with closing relevant internal audit actions • The clinical audit team reports to the committee every six months and provides an overview of monitoring of specialty-led clinical audits as well as progress with implementation of relevant NICE guidance. • Committee members are annually provided with an opportunity to review the draft Internal Audit Plan for the following year and make suggestions on areas of risk to be audited. • The committee followed up on concerns raised by PICANET on PICU/NICU mortality rates at GOSH. The committee were assured by the work conducted to investigate the matter and the conclusion that the considerable co-morbidities of patients who had died were not reflected in the PICANET methodology used to measure the acuity of patients on arrival to PICU/NICU. • External review findings in Pharmacy, Urology and Gastroenterology were reported to the committee during the year (please see below).

Review of effectiveness of the committee

The QSEAC conducted a self-assessment effectiveness survey in March 2021. Overall, the results of the survey were positive and respondents provided some helpful and supportive feedback on how the committee can function more efficiently and effectively:

All respondents agreed that the committee fulfils its role in obtaining assurance of safe, high-quality, patient-centred care and an excellent patient experience and seeks to understand any shortcomings in these areas. The recommendations proposed a focus on the quality of the reporting to the committee. Whilst respondents noted that a lot of work had been conducted to ensure that the committee receive assurance reports (as opposed to management, data driven reports) and that items are prioritised on the agenda, respondents highlighted the need for further work in this area.

The information from the committee self-assessment survey 2020/21 will be used to review the committee's workplan for 2021/22.

Key areas of focus for QSEAC in 2020/21

CQC compliance

Following a routine CQC inspection in October 2019, the Board welcomed the report and the QSEAC was charged with seeking assurance of progress of the actions in place to respond

to the recommendations. As at Q4 2020/21, all ‘must do’ actions were closed and final work was underway to complete the ‘should do’ actions.

Follow up of the MHRA Pharmacy inspection

An MHRA inspection of Pharmacy in May 2019 highlighted deficiencies in the Trust’s Quality Management System especially in manufacturing. An internal review was undertaken to provide insight into the management of the department and to understand whether there was sufficient organisational understanding and oversight of the problems and challenges faced by the department. The Pharmacy Transformation Programme updated its action plan in response to the inspection and review. The committee received assurance of the implementation of a refreshed Pharmacy quality improvement framework and changes to the estate to support delivery of the service. The MHRA returned to undertake an interim inspection of the Trust in May 2020 and the findings were generally positive. The service has remained under scrutiny by the MHRA with a follow-up inspection expected in March 2021. The committee continues to seek assurance that the actions required around the estate are implemented in order to support delivery of the action plan.

Royal College review of Urology

In March 2019, the GOSH medical director commissioned a Urology service review from the Royal College of Surgeons (RCS), asking for a review of team dynamics, quality and performance data, departmental leadership, and future opportunities for sub-specialisation. The review report was presented at Board in November 2019 and published on the GOSH website. QSEAC monitored progress with the action plan and has received assurance on the provision of coaching and mentorship for the team, changes to team dynamics, and agreement on the management of sub-specialisation. In January 2021, the Royal College confirmed that the review was now closed. Work continues around mentorship and coaching and responses to incidents.

Royal College review of Gastroenterology

In recent years there have been two external reviews relating to Gastroenterology. These reports contain recommendations for actions to improve the quality of care for patients in these services and these actions have been consolidated. QSEAC has retained a keen interest in implementation of the actions. The management team have reported that they will commission another external review of the service from an international panel (a recommendation from the last report). Given the pandemic, it is anticipated that this will take place in Spring 2021.

Internal reviews at GOSH

The work of the senior management team to commence internal reviews of GOSH’s clinical services is commended and the committee has commented on a standard operating procedure for managing these reviews. An internal review of Renal Transplant Services was commissioned and took place between January and March 2020. The report identified no immediate safety concerns and raised communication and governance issues, with recommendations for action. During 2020/21, the committee has maintained scrutiny of delivery of the plan and will continue to do so until the actions are closed.

Conclusion

As chair of the Quality, Safety and Experience Assurance Committee, I am satisfied that the committee adequately discharged its duties in accordance with its terms of reference throughout 2020/21.

Lady Amanda Ellingworth

Chair of the Quality, Safety and Experience Assurance Committee

XX May 2021

Finance and Investment Committee report

Introduction from the chair of the Finance and Investment Committee

I am pleased to present the Finance and Investment Committee's report on its activities during the financial year ending 31 March 2021.

The committee has delegated authority from the Board to oversee financial strategy and planning, financial policy, investment and treasury matters and to review and recommend for approval major financial transactions. The committee also maintains an oversight of the Trust's financial position, and relevant activity data and metrics.

The Finance and Investment Committee's membership consists of three independent non-executive directors (listed on page XX), the chief executive, chief operating officer and chief finance officer. The committee chair is a non-executive director. Two of the three non-executive members of the committee are qualified accountants and all three members have recent and relevant financial experience.

2020/21 was a year in which there was an NHS system-wide focus on coping with and responding to COVID-19.

At the start of the financial year, it was reported that due to COVID-19, the way funding is provided to NHS bodies in 2020/21 would change. Throughout the year, the committee discussed the changing financial frameworks and considered how the Trust could best maintain its financial controls to the same standards as in previous years. It continuously reviewed the Trust's budgeting approach for 2020/21 to ensure efficient use of public funds while also ensuring the safety of patients and staff.

Key responsibilities of the committee

Key responsibilities include:

- Review the Trust's annual and medium-term financial plans.
- Review progress against key financial and operational targets, financial performance ratings, trends, capacity utilisation, productivity and efficiency measures.
- Oversee the Trust's treasury management strategy and borrowings arrangements.

- Review changes in the Trust’s corporate structures, investments or acquisitions including significant transactions.
- Retain oversight on the financial implications of all major investments and business developments.
- Advise the Board on all proposals/business cases for major capital expenditure in line with the scheme of delegation, including estates and IT strategies.
- Review of the Trust’s procurement policies and processes.

Key areas of work

The table below sets out the key areas considered by the committee in 2020/21 that I would like to draw particular attention to:

Response to COVID-19	At the initial onset of COVID-19 the committee ensured a heightened focus on the most relevant and important agenda items to seek to provide additional capacity for the committee's executive members to focus on the day-to-day management of COVID-19. The committee was assured that any deferred items did not present any immediate risk to the Trust and the committee returned to its full agenda from July 2020 onwards. Throughout the year, the committee received updates on the financial and operational challenges associated with the redirection of activity as part of the system response to COVID-19 and making the Trust premises safe for patients, their families and staff. Increasingly during the year the focus shifted to prioritise the recovery agenda both as it relates to financial planning and operational recovery of volumes.
COVID-19 reformation plan	The committee reviewed the local, regional and national status of the NHS as it moved to restoring operations via the Trust's Restoration and Strategy Delivery Group. There was focus on the operational resilience of the hospital workflow to ensure maximum throughput of patients, while ensuring that the health and wellbeing of all staff, including those working from home, was considered in decision making. The committee focused on work to identify any long-term savings from practices which had become commonplace as a result of the COVID-19 pandemic, such as the increased use of teleconferencing to improve patient experience and cost effectiveness for patients, their families and the Trust.
Finance report	A detailed finance report was presented at each meeting to allow discussion on performance against targets. Particular emphasis was placed on understanding the underlying performance of the Trust and the temporary impact of the pandemic on the Trust's financial position.
Review and approval of financial plans	The committee reviewed the Finance and Business Plan for 2021/22. The committee requested more emphasis throughout the document on • the Trust's recovery agenda and related schemes to work smarter with the same resources while recognising the impact of infection control guidance • the need for a sustainable approach for staff, recognising the need for recovery time given the constant pressure they faced throughout the pandemic.
NHS Resolution member contribution notice	The committee noted the increase in contribution to NHS Resolution.

High costs spend review	The committee received a report that compared the Trust's high cost spends for the last two years. It was noted that investment in Trust computer systems was necessary as the Trust continued to upgrade its capabilities to face cyber threats.
Accommodation services report	The committee continued to scrutinise the accommodation strategy to ensure the right balance between cost, quality and availability to patients, their families and staff as well as future development plans.
Productivity and efficiency (Better Value) monthly update	Throughout 2020/21, the committee remained committed to identifying areas for Better Value initiatives within the Trust. The committee noted that COVID-19 had necessitated a number of efficiency schemes being implemented earlier than planned across the Trust. The committee monitored the progress of these schemes as they became embedded in business as usual.
Integrated performance report	The committee received the integrated performance report at every meeting and challenged executives where necessary on performance. The committee retained a specific focus on increasing activity to treat patients who had their appointments delayed by COVID-19.
Cyber security	Throughout the year, the committee focused on cyber security and fraud, particularly the Trust's long-term strategy to reduce the likelihood of future attacks. The committee increased the time spent discussing cyber security and made this a standing item at each meeting in 2021/22.
Annual review of the capital program	The committee reviewed progress made against the 2020/21 capital plan. It was recognised that the Trust was in a good position.
Children's Cancer Centre (CCC)	Progress on monitoring the proposals for the CCC continued to be a major topic on the committee agenda. Committee members were pleased to note that clinical champions were leading the continuing optimisation of the building's design.
Major project updates	The committee received progress updates, details of issues and remedial actions on the Trust's other major redevelopment projects, including: - the Sight and Sound Centre, which the committee recognised would be a world class facility for children with sight and hearing issues - The Zayed Centre for Research into Rare Disease in Children.
Treasury management strategy	The committee reviewed and endorsed the Trust's Treasury Management Policy.

International and Private Care directorate	The dommittee received regular updates on International and Private Care directorate business activity with a focus on appropriate post-COVID-19 re-opening of the facilities.
Governance arrangements between the Trust and charity major projects	The committee received regular reports on milestones, key performance indicators and benefits for the non-recurrent projects supported by the GOSH Charity.
Directorate reviews	The committee contributed to the finance prompts in the directorate reviews template that are undertaken at Trust Board.
Electronic Patient Record (EPR)	The committee received reports on the Trust's EPR and received a positive presentation from frontline staff on its implementation, use and optimisation. We continue to maintain a focus on optimisation of the system as it moves from a major project implementation to a business as usual item.
Post project reviews	The committee remains committed to review completed major estates projects after implementation, to identify areas of best practice and lessons learned that could be applied to future projects.
Commercialisation	The committee received reports on the development of the Trust's Commercial Strategy and considered specific proposals to enhance utilisation of Trust assets and ensure access to additional funding for future investment in patient centric discovery and to enhance financial sustainability. It was noted that although COVID-19 had resulted in delays to several work streams, there had been some notable progress.
Procurement services	The committee received a report from its procurement provider on the procurement efficiencies that had been found. The Procurement team's main focus during the COVID-19 pandemic had been working together with the wider NHS system, the sourcing of Personal Protective Equipment (PPE) for staff and ensuring that the Trust was adequately protected against the risks resulting from the UK leaving the EU.
2019/20 national cost collection	The committee received reports on the 2019/20 national cost collection submission. It was noted that a scaled down submission was agreed with the national team owing to the short-term impact of the EPR implementation on data capture.
2020/21 review of effectiveness	Following the committee's review of effectiveness in 2019/20 a number of actions were implemented. I am pleased to report that the 2020/21 review of effectiveness showed that these actions had a positive impact on the quality of papers received and enhanced the quality of discussion at the committee. Additionally, no material matters of concern were raised in the 2020/21 review. The committee revised and approved its terms of reference.

The committee met six times over the financial year and I am satisfied that it was presented with papers of good quality and in a timely fashion to allow due consideration of the subjects under review.

I am also satisfied that meetings were scheduled to allow sufficient time to enable a full and informed debate. Each meeting was fully minuted and summaries of the matters discussed at each meeting were reported to the Trust Board, Council of Governors, Audit, People and Education Assurance Committee and the Quality, Safety and Experience Assurance Committee.

The chair of the People and Education Assurance Committee and the chair of the Quality, Safety and Experience Assurance Committee observed meetings throughout the year. Members of the Council of Governors also observed committee meetings throughout the year.

Mr James Hatchley

Chair of the Finance and Investment Committee

xx May 2021

People and Education Assurance Committee

Introduction from the chair of the People and Education Assurance Committee

I am pleased to present the People and Education Assurance Committee's (PEAC) report on its activities during the year ending 31 March 2021.

The committee was established in July 2019 with a remit to obtain assurance on behalf of the Board regarding the wellbeing, training, education and management of all the people who work for GOSH. During 2020/21, the committee focussed on methods of supporting an open and collaborative culture, recognising the complexities of a specialist NHS trust like GOSH.

In 2019, the Board approved a new People Strategy. The PEAC's role is to scrutinise delivery of the People Strategy via the associated action plan, seeking assurance of investment in the development and welfare of the whole workforce at GOSH and establishment of the Trust as an open and inclusive employer of choice, able to attract, retain and grow talent. During the year, the committee monitored its progress across four pillars: capacity and workforce planning, developing skills and capability, modernising and reshaping the corporate and HR infrastructure, and culture, engagement, health and wellbeing.

This report highlights the key areas considered by the committee in 2020/21, but I would like to draw particular attention to the following items:

Delivery of GOSH People Strategy and COVID-19: The GOSH response to COVID-19 provided a unique opportunity to reposition the Trust's organisational culture. The impact of the pandemic on staff was central to planning, decision-making and responding and the committee was assured of the processes put in place to ensure staff were safe, informed and supported. The committee was impressed by the remarkable ways in which staff continued to go above and beyond to deliver exceptional patient services while dealing with immediate changes to working practices, locations, workloads and the personal impact of sickness and anxiety for themselves, their families and friends.

The delivery plan for the People Strategy was revised in light of the need for a recovery plan, the accommodation of new government-imposed restrictions and guidance arising from the lifting of lockdowns, consolidation of working arrangements and planning for future COVID-19 phases. The committee continued to receive assurance of delivery of the revised plan throughout the year.

Diversity and Inclusion, and Health and Wellbeing: Both the NHS Workforce Race Equality Standard (WRES) and the GOSH staff survey have shown a clear gap in experience between BAME and White staff. This exists during recruitment as well as working at GOSH, including career progression and BAME representation across the hospital. NHS Workforce Disability Standard (WDES) data also showed that disabled staff were under-represented in the higher bands of the workforce, that applicants were less likely to be appointed and gave poorer staff survey results.

In response to these disappointing data and as part of the People Strategy, the Trust committed to developing a Diversity and 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. The D&S Strategy focuses on ensuring that all staff in the organisation have the opportunity to be seen and heard in all aspects of work, with a particular focus on progression and promotion and transparency around those areas. The H&W Strategy focuses on both mental and physical health. Both strategies represent the practical expression of our commitment to all staff to make GOSH a great place to work for everybody. Work conducted on collecting and publishing data and information on progress has been key. The committee was assured of the purpose and intention of the strategies and the plans in place for delivery and will continue to scrutinise the impact of these strategies.

GOSH Learning Academy (GLA): The committee received quarterly updates from the GLA. During the pandemic the GLA was integral in not just ensuring a rapid response to the Trust's training needs but also in assisting in the restructuring and redeployment of our clinical experts within GOSH to deliver critical support during this time. The GLA team assured the committee that it would reset the GLA milestones to accommodate the suspension of the business as usual plan during the pandemic.

People and Education Assurance Committee responsibilities

The principal purpose of the PEAC is to assure the Board that the necessary structures and processes are in place to meet our responsibilities as an employer and training and research hospital. By focussing on those structures and processes which promote and value teamwork and collaboration, we intend to create an organisation at which all staff are well led and well managed and where everybody, irrespective of their role, feels valued, heard, supported, safe and connected. The committee also works in partnership with the Audit Committee and the Quality, Safety and Experience Assurance Committee to ensure that any staff-related matters that have an impact on the management of clinical or non-clinical risk are shared and considered by the appropriate assurance committee.

The committee met four times over the financial year, and I am satisfied that, despite the impact of the pandemic, meetings were scheduled to allow sufficient time to enable a full and informed debate. Each meeting is fully minuted and summaries of the matters discussed at each meeting are reported to the Trust Board and Council of Governors. Members of the Council of Governors also observed committee meetings throughout the year.

The committee's responsibilities and the key areas discussed during 2020/21, whilst fulfilling these responsibilities, are described in the table below:

Principal responsibilities of the committee	Key areas formally reviewed during 2020/21
Delivery of the People Strategy via its associated action plan, seeking assurance of investment in the development and welfare of the whole workforce at GOSH and establishment of the Trust as an open and inclusive employer of choice, to attract and retain talent. Alignment of the deliverables within the People Strategy to ensure that appropriate people resources are allocated to deliver the Trust-wide strategic objectives and successfully innovate GOSH services. Review those entries on the Trust's Board Assurance Framework (BAF) which are to be overseen by the committee.	• The committee received updates on development of the delivery plan for the People Strategy as well as progress reports on relevant aspects of the plan. The committee has been assured of the work to enhance data and information reporting to support monitoring of the delivery plan. • The committee reviewed and commented on the D&I Strategy and H&W Strategy (see above). • For each risk relevant to the PEAC, the committee reviewed the risk statement, the robustness of the controls cited and the evidence available that the controls were operating, the associated risk appetite, and likelihood and impact scores. The Risk Assurance and Compliance Group also reviewed each strategic risk on the BAF along with the related mitigation controls and assurances and made recommendations to the committee about changes to controls, assurances and residual risk scores.
Assurance of delivery of the strategic priorities relating to education and training and the plans for the GOSH Learning Academy (GLA).	• The committee received regular updates on the development of the GLA, its structure, funding and recruitment plans to support the establishment of work programmes: academic education, clinical simulation, apprenticeships, clinical specialty training, leadership and technology enhanced learning.
Seek assurance of creation of opportunities for career development and advancement across all disciplines and professions	• The NHS WRES data was shared with the committee. It was noted that GOSH performs poorly across the indicators of the WRES and WDES and among other actions, the committee was assured of the creation of the strategies outlined above. • The committee listened to experiences direct from staff in relation to the support, development and opportunities available to them and the functioning of their teams (see below for further details).
Seek assurance of enhancing leadership and line management capability, developing compassionate and inclusive leaders.	• Progress with development of the leadership and management competency framework had been previously outlined to the committee. While formal leadership programmes and interventions were postponed to allow focus on meeting the demands and pressures of COVID-19, the committee was appraised of how the pandemic created a number of leadership learning and development opportunities including

Principal responsibilities of the committee	Key areas formally reviewed during 2020/21
Seek assurance of development in the competence and skills of GOSH staff to deliver existing and future innovative services.	visibly seeing leadership in action by teams and staff providing corporate and system leadership as part of the emergency planning response. The committee will continue to monitor progress with delivery of the leadership framework as the Trust moves out of COVID-19 planning.
Seek assurance of improvements in Trust internal communication with staff, embedding GOSH values across the Trust.	• The committee was updated on the plans outlined in the People Strategy on communication and engagement. It noted that COVID-19 had presented a demand for enhanced communications with staff via newsletters, the intranet, weekly briefings etc. • The Trust captured staff experiences directly via the Big Brief Q and A sessions, 100 voices etc. and the monthly In Touch surveys and results were shared with the committee.
Seek assurance that the Trust is compliant with relevant legislation and regulations relating to workforce and education matters. Receive and review the findings of relevant internal and external audit reports covering workforce, education and training and staff engagement and to assure itself that recommendations are appropriately responded to and implemented in a timely and effective way.	• The Trust's internal auditors report to the committee and provide an update on any staff related internal audit reports as well as progress with closing relevant internal audit actions. • Committee members were provided with an opportunity to review the draft Internal Audit Plan for the following year and to make suggestions on areas of risk to be audited. • As chair, I report to the Board following every committee meeting on the key matters requiring escalation or assurance. Matters pertinent to other assurance committees (Audit Committee and Quality, Safety and Experience Assurance Committee) are reported to them.

Effectiveness of the committee

The committee is required to review its effectiveness annually. The committee's first full year self-assessment survey was conducted in April 2021 and the findings will be presented at the June 2021 PEAC meeting. Findings from the review will be used to revise and update the committee Terms of Reference.

Assessing the culture at GOSH

One of the key priorities for the committee is to assess the impact of policy, process and the external environment on staff and the culture in the hospital. The committee has sought to do this by hearing from staff directly and reviewing relevant data, as follows:

Hearing staff voice and experiences: committee members are determined to seek assurance direct from staff and external stakeholders on the extent to which GOSH's

processes foster a culture in which staff feel able to speak, that they are being heard and supported, and have an opportunity to develop. During 2020/21 the committee heard directly from a range of staff. This included international medical graduates, the Junior Doctors' Forum and union bodies on the impact of the pandemic on their work and personal circumstances. The committee also received an update from the Occupational Health team on the support provided to staff during the year and the roll out of the wellbeing programme including risk assessments and vaccinations. These presentations and discussions provided the committee with an opportunity to question and understand staff experiences of the systems and processes implemented during the year and how these impacted on their work and affected them personally.

GOSH staff survey: while the results are not where we want them to be, the committee welcomed the improvement in the staff response rate to the survey and, in particular, the decrease in the number of staff experiencing bullying and harassment. During 2021/22, the committee will request assurance that the findings from the survey are being used to hold conversations across teams at GOSH and develop an understanding of the learning arising from the survey and planned improvements to be made.

Freedom to Speak Up: the committee noted that the Trust has a number of resources in place to support people to speak up about concerns. The committee welcomed the programme of work underway to streamline the different pathways for raising concerns in order to provide the highest quality and easiest way for staff to raise their concerns.

Staff claims: the committee is briefed on any employment claims made against the Trust by employees. The committee is focussed on seeking to ensure that GOSH has appropriate procedures and processes to resolve issues which might give rise to future grievances and claims.

Conclusion

As chair of the People and Education Assurance Committee, I am satisfied that the committee adequately discharged its duties in accordance with its terms of reference during 2020/2021.

Kathryn Ludlow

Chair of the People and Education Assurance Committee

XX May 2021

Head of Internal Audit opinion 2020/21

Basis of opinion for the period 1 April 2020 to 31 March 2021

Our internal audit service has been performed in accordance with KPMG's internal audit methodology which conforms to Public Sector Internal Audit Standards (PSIAS). As a result, our work and deliverables are not designed or intended to comply with the International Auditing and Assurance Standards Board (IAASB), International Framework for Assurance Engagements (IFAE) or International Standard on Assurance Engagements (ISAE) 3000. PSIAS require that we comply with applicable ethical requirements, including independence requirements, and that we plan and perform our work to obtain sufficient, appropriate evidence on which to base our conclusion.

Roles and responsibilities

The Board is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. The Annual Governance Statement (AGS) is an annual statement by the Accountable Officer, on behalf of the Board, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- the purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process; and
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The Assurance Framework should bring together all of the evidence required to support the AGS.

The Head of Internal Audit (HoIA) is required to provide an annual opinion in accordance with PSIAS, based upon and limited to the work performed, on the overall adequacy and effectiveness of the Trust's risk management, control and governance processes (i.e. the system of internal control). This is achieved through a risk-based programme of work, agreed with Management and approved by the Audit Committee, which can provide assurance, subject to the inherent limitations described below.

The purpose of our HoIA Opinion is to contribute to the assurances available to the Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the system of internal control. This Opinion will in turn assist the Board in the completion of its AGS, and may also be taken into account by other regulators to inform their own conclusions.

The opinion does not imply that the HoIA has covered all risks and assurances relating to the Trust. The opinion is derived from the conduct of risk-based plans generated from a

robust and Management-led Assurance Framework. As such it is one component that the Board takes into account in making its AGS.

Opinion

Our opinion is set out as follows:

- Basis for the opinion;
- Overall opinion; and
- Commentary.

Basis for the opinion

The basis for forming our opinion is as follows:

- An assessment of the design and operation of the underpinning aspects of the risk and assurance framework and supporting processes; and
- An assessment of the range of individual assurances arising from our risk-based internal audit assignments that have been reported throughout the period. This assessment has taken account of the relative materiality of these areas.

Overall opinion

Our overall opinion for the period 1 April 2020 to 31 March 2021 is that:

'Significant assurance with minor improvement opportunities' can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.'

Commentary

The commentary below provides the context for our opinion and together with the opinion should be read in its entirety.

Our opinion covers the period 1 April 2020 to 31 March 2021 inclusive, and is based on the eight audits that we completed in this period.

The design and operation of the Assurance Framework and associated processes

The Trust's Board Assurance Framework does reflect the Trust's key objectives and risks and is regularly reviewed by the Board. The Executives review the Board Assurance Framework on a monthly basis and the Audit and Risk Committee reviews whether the Trust's risk management procedures are operating effectively.

The range of individual opinions arising from risk-based audit assignments, contained within our risk-based plan that have been reported throughout the year

We issued three partial assurance reports and zero no assurance opinions in respect of our 2020/21 assignments. Our partial assurance reports related to the following areas:

- Volunteers Governance – We identified that while there are mostly well designed controls for the initiation of volunteering and monitoring of volunteer activity we identified inconsistencies in how these were applied including an absence of formal risk assessments.
- EPR Benefits Realisation – We reviewed how the Trust determined whether it was on course to realise the benefits that were set out within the original business case for the EPR transformation programme and identified that due diligence carried out to define the benefits was not adequate and resulted in the benefits being re-baselined 18 months afterwards with a significant devaluation.
- Cyber Security Action Plan – We identified a lack of due diligence around project closure, ensuring that all original risks/issues have been remediated.

Within every review, including our partial assurance reports identified above, we identified areas of good practice and reflected these back to the Trust. An example of this is within our work on EPR Benefits Realisation where we identified that a key mechanism for assessing benefits was the 60 'day in the life' studies that were conducted prior to go-live. These provided the Trust with a baseline for the complex benefits and thus enabled more effective measurement of benefits delivered. This was an innovation unique to the EPR Transformation Programme. We also recognised that Trust wide meetings, newsletters and reminders were in place to ensure that the use of the EPR system was communicated and understood widely across the Trust.

We raised three high risk recommendations in the period which related to the above three reviews.

- Volunteers Governance – We identified that formal risk assessments are not undertaken in order to consider whether the proposed volunteering activities with partners are appropriate or whether any mitigating controls need to be put in place to ensure the safeguarding of patients and carers.
- EPR Benefits Realisation – We identified that due diligence carried out to define the benefits was not adequate and resulted in the benefits being re-baselined 18 months afterward, at which time the original £78m benefits were reduced to £58.5m, a devaluation of £19.5m.
- Cyber Security Action Plan – We identified a lack of formal due diligence in place around the closure of projects.

We assessed whether these findings, individually or in aggregate, required modification to our Head of Internal Audit opinion. The above findings do not prevent us from issuing significant with minor improvements assurance as the organisation is implementing the recommendations raised as a result of our work to address the issues identified. While the high priority recommendations from the EPR Benefits Realisation and Cyber Security Action Plan review remain outstanding there is an action plan for their implementation that is anticipated to be delivered.

As the partial assurance reports and high risk recommendations relate to single areas assessed during the delivery of our internal audit plan, we are satisfied that they are isolated elements that do not represent pervasive risks and do not impact more widely on the overall control environment and thus we are satisfied this does not require us to modify our opinion.

KPMG LLP

Chartered Accountants

London

31 March 2021

Annual Governance Statement

1 Scope of responsibility

As accounting officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, while safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

2 The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of GOSH, to evaluate the likelihood of those risks being realised and the impact should they be realised and to manage them efficiently, effectively and economically. The system of internal control has been in place in GOSH for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts.

3 Capacity to handle risk

As chief executive, I have overall responsibility for ensuring there is an effective risk management system in place within the Trust for meeting all relevant statutory requirements, and for ensuring adherence to guidance issued by regulators, which include NHS Improvement (NHSI) and the Care Quality Commission (CQC). Further accountability and responsibility for elements of risk management are set out in the Trust's risk management strategy.

During 2020/21, the Trust implemented its emergency management processes in response to the COVID-19 pandemic, with clear accountability at an executive (Gold), senior operational (Silver) and local operational (Bronze) team level and a clear cascade system implemented on a daily basis. All decisions reached were risk assessed at the appropriate level or passed to the relevant accountable planning level for discussion and risk assessment. Further information can be found on page xx.

Capacity for the routine management of risk was reviewed, with the quality and safety teams cross-covering colleagues to maintain resilience and key meetings being held virtually. The executive team conducted risk assessments of key areas of delivery: safety of patients, quality of care, patient experience, workforce, activity, performance and finances. These assessments were reported at Board and monitored at relevant Gold, Silver and Bronze levels. As a result of these risk assessments, planned work was reprioritised based on the impact on safety and effectiveness of delivery of care and the wellbeing and availability of the workforce.

Trust Board and assurance committees

The Board has a formal schedule of matters reserved for its decision, and delegates certain matters to committees, as set out below. Matters reserved for the Board in relation to risk management include:

- determining the overall strategy
- creation, acquisition or disposal of material assets
- matters of public interest that could affect the Trust's reputation
- ratifying the Trust's policies and procedures for the management of risk
- determining the risk capacity of the Trust in relation to strategic risks
- reviewing and monitoring operating plans and key performance indicators
- prosecution, defence or settlement of material incidents and claims

The Board has a work programme, which includes all matters it is required to consider by statutory, regulatory and other forms of guidance. It also receives a range of strategic and operational performance information, which enables it to scrutinise the effectiveness of the Trust's operations, and deliver focused strategic leadership through its decisions and actions. The Board maintains its commitment that discussion of patient safety will always be high on its agenda.

In 2020/21 there were three Board assurance committees in place: the Audit Committee, the Quality, Safety and Experience Assurance Committee (QSEAC) and the People and Education Assurance Committee (PEAC). These committees scrutinise the controls in place to mitigate the strategic risks to the organisation and assurances that these risks are working effectively. They review the Trust's non-clinical risks (Audit Committee), clinical and quality risk management processes (QSEAC) and seek assurance that the necessary structures and processes are in place to deliver the Trust's vision for a supported and innovative workforce and an excellent learning environment (PEAC). All three committees raise issues that require the attention of the Board. In addition to the three assurance committees, the Finance and Investment Committee considers financial performance, productivity and use of resources. The chairs of these committees report to the Board after every committee meeting and to the Council of Governors. Each committee is charged with reviewing its effectiveness annually and making improvements to the way it works and is administered (see the committee annual reports). Board member attendance at the Board and its committees is provided at page xx.

Risk Assurance and Compliance Group

The Risk Assurance and Compliance Group (RACG) comprises executives, quality, safety and compliance leads. The group is chaired by the chief executive and reports to the Audit Committee, QSEAC and PEAC. The RACG monitors the effectiveness of risk management systems and the control and assurance processes across the Trust, including the effectiveness of the controls cited to mitigate the strategic risks on the Board Assurance Framework (BAF) and the timeliness of the closure of gaps in controls and assurances of these risks. It considers the breadth of compliance requirements applied to the Trust and monitors responses to external and internal reviews of services and implementation of the policy governance framework.

Operational Board

The Operational Board comprises senior managers from the directorates and corporate departments and has oversight and delivery of Trust-wide operational performance. It holds responsibility for reviewing high-rated risks and Trust-wide risks (risks that have been identified as affecting more than one directorate) and considering whether these should be escalated to the RACG for consideration for inclusion on the BAF. During 2020/21, the Operational Board was temporarily replaced with the emergency management processes in response to the COVID-19 pandemic in order to ensure clarity and transparency of decision-making and communication.

Standing committees

Standing committees are responsible for managing cross-Trust issues relevant to their area of expertise and, as such, have delegated authority within their terms of reference for a specific remit. This includes assessing the effectiveness of the control systems in place to reduce the risks relevant to their areas of expertise. Standing committees with responsibility for risk management include, but are not limited to:

- Patient Safety and Outcomes Committee
- Patient, Family Experience and Engagement Committee
- Health and Safety Committee
- Information Governance Steering Group.

Risk Action Groups

Local Risk Action Groups (RAGs) are multidisciplinary meetings that discuss the principal risks to patient safety and service delivery within a directorate or department. The RAGs review low, medium and high risks, approve scores, monitor actions to mitigate the risks and accept low and medium risks where appropriate. The RAGs receive information monthly on their clinical and non-clinical incidents (reported through the central reporting system) to consider actions to control risks and identify key themes. These are the key management forums for consideration of risks. The RAGs report into the directorate boards and equivalent in corporate areas.

Risk Management team and staff training

The Trust has a central Risk Management team that administers the risk management processes. Each clinical operational directorate has a deputy chief of service who is responsible for championing safety and is supported by an individual within the Risk Management team. The Risk Management team also meet regularly with their peers at other trusts to share learning.

All staff receive relevant training to enable them to manage risk in their directorate, specialty or department. At a Trust level, we emphasise the importance of preparing risk assessments where required and the importance of reporting, investigating and learning from incidents. Support is available to staff from various corporate areas of the Trust to discuss and document risks including the Quality and Safety team, Health and Safety team, emergency planning officer and Information Governance team.

Learning from good practice

The following frameworks are in place to support learning from auditing of current practice and best practice:

- Closing the Loop: Closing the Loop is a sub-committee that reports to the Patient Safety and Outcomes Committee and is responsible for overseeing the implementation of key actions identified in response to learning from errors and excellence. The group aims to deliver on the organisational Quality Priority of embedding a learning culture which supports our people to learn and thrive, by:
    - Monitoring action plans from Serious Incidents, Red Complaints and Learning from Deaths.
    - Taking referrals from other groups or committees at GOSH to support the delivery of actions associated with systemic or Trust-wide quality issues.
    - Identifying opportunities for spreading learning from error and learning from excellence through communication, education and quality improvement techniques.
- Clinical audit: clinical audit is undertaken at GOSH to ensure that the quality of care and services are reviewed against best practice standards, and improvement actions taken where those standards are not met.
- Clinical outcomes: the GOSH Clinical Outcomes Programme was established in 2010 and is run by a dedicated team that supports clinical staff to collect, analyse and publish their clinical outcomes. GOSH has published more outcomes data to its hospital website than any other paediatric hospital in the world. GOSH leads on benchmarking of the Specialised Services Quality Dashboards, in partnership with the Children's Hospital Alliance and NHSE. This initiative is live on the NHSE portal and we are now able to compare our results - in detail - online with other member hospitals for purposes of improvement, not ranking.
- Horizon Scanning: lessons learned in other organisations can often be transferred into wider learning for NHS Trusts. A quarterly horizon-scanning review is conducted and presented at the QSEAC, providing a short overview of recent reports and guidance issued by a range of external stakeholders that could shape the approach to quality and governance within the organisation. The report identifies any learning and provides the Trust with an opportunity to review and implement change where appropriate.

Cascading risk and embedding learning

There are a range of ways in which information on risk is embedded across the Trust. Lessons are learnt from specific incidents, complaints and other reported issues. These include:

- Quality impact assessments, for example of the Better Value schemes.
- Equality impact assessments of our policies, programmes of work and strategies.
- Privacy impact assessments where personal data is processed.
- Risk management training.
- Incident reporting.
- Establishment of a cyclical internal review process of clinical services and cascading of the findings and learning.

- Reports to and cascaded from RAGs, directorate boards and the Operations Board where high risks and Trust-wide risks are discussed.
- Cascading from key risk meetings such as Closing the Loop and the Patient and Safety Outcomes Committee.
- Articles within internal newsletters and screen-savers.

4 The risk and control framework

The risk management strategy and process

The Trust's risk management strategy sets out how risk is systematically managed. This extends across the organisation, from the frontline service through to the Board, to promote the mitigation of clinical and non-clinical risks associated with healthcare and research and to ensure the continuous review of business continuity plans across the Trust.

The strategy identifies the organisational risk management structure, the roles and responsibilities of committees and groups that have some responsibility for risk, and the duties and authority of key individuals and managers with regard to risk management activities. It describes the process to provide assurance for the Trust Board review of the strategic organisational risks, and the local structures to manage risk in support of this policy.

The strategy is integrated into the management, performance monitoring and assurance systems of the Trust, to ensure that safety and improvement are embedded in all elements of the Trust's work, partnerships and collaborations and existing service developments. This enables early identification of factors, whether internally or externally driven, which may prevent the Trust from achieving its strategic objectives.

Risk appetite

The Trust defines its risk appetite as the amount of risk it is prepared to accept, tolerate, or be exposed to at any particular time, in the context of the highly specialised services the Trust offers. The Board is committed to doing everything possible to reduce risk for children and to deliver high-quality, efficient and effective care.

The Trust is in the process of revising and updating its risk appetite statement. Consideration has been given to the environment is which we operate and a review of the Trust strategy and the priorities cited. The Trust Board will consider the revised risk appetite at its meeting in May 2021.

The Board recognises that the Trust delivers clinical services and research activity within a high-risk environment. The delivery of GOSH's strategic objectives and its relationships with its patients, the public, its funders and other strategic partners determines the Trust's long-term sustainability. As such, the Board has agreed that the Trust has an overall low appetite for risks relating to its clinical service and research delivery and, in particular, safety and compliance objectives, including preventable patient harm, public and employee health and safety. The Trust is open to innovative practice (clinical, operational and commercial) within a governance framework where risk assessments (clinical, ethical, financial, data and multi-disciplinary) are undertaken and actions implemented.

Identification, evaluation and control of risk

The Trust's Assurance and Escalation Framework presents a single, comprehensive overview of the governance and assurance structures and systems through which the Trust Board and other stakeholders receive assurance. The Trust routinely reviews and reports this assurance through the following key governance processes and frameworks including:

- The Performance Management Framework. This is the most significant of the Trust's frameworks and policies in place that outline how the Trust's performance objectives and standards will be met, reviewed and managed.
- The Trust's risk management strategy (see above) sets out how the organisation identifies, monitors, escalates and manages risks in a timely fashion and at an appropriate level. Further detail on the identification and evaluation of strategic and local risks is provided below.
- The Trust has in place a comprehensive and integrated Compliance Framework that seeks to ensure ongoing compliance with statutory and regulatory requirements through integrated, rigorous and proactive structures, policies and practices. It ensures appropriate controls are in place to maintain compliance with statutory and regulatory requirements and that external guidance and alerts are considered in a fulsome and responsive way.
- The policy framework, which provides for clear and accessible policies, procedures and guidelines which support staff in undertaking their duties in a safe and effective way that takes account of all relevant legislation, regulation and guidance. The Trust's policy framework is administered by the Policy Approval Group (PAG) and monitored by the RACG.
- The Trust's committee structure, developed from the Trust Board down, is currently under review to ensure each committee or group has a clear purpose, scope and authority. Some committees have statutory functions, others have authority to make decisions and direct actions, and others provide advice, support and oversee specific functions.

Identification and monitoring of strategic risks

The Trust's BAF is used to provide the Board with the assurance that there is a sound system of internal control in place to manage the risks of the Trust not achieving its strategic objectives. The BAF is used to provide information about the controls in place to manage the key risks, and details the evidence provided to the Board indicating that the control is operating. The BAF includes cross-references to assurance obtained from internal and external audits and self-assessments of compliance with other regulatory standards. It has been monitored and updated throughout the year.

The RACG reviews all strategic (BAF) risks on the assurance framework (including the related mitigation controls and assurance available as to the effectiveness of the controls). This includes testing the robustness of the controls cited through analysis of available outcome data, external assurance reporting and application of governance processes.

The Audit Committee, QSEAC and PEAC scrutinise the BAF risks relevant to their remits on a rotational basis and at least annually. These assurance committees look for evidence that the controls are appropriate to manage the risk and independent assurance that the controls

are effective. They monitor progress with actions to reduce or remove control or assurance gaps.

In addition, the Trust Board recognises the importance of scanning the horizon for emerging risks and reviewing low-probability/high-impact risks to ensure that contingency plans are in place. The Board has included such matters in Board discussions of risks as well as holding development sessions during the year and inviting external speakers to present on risk matters relevant to paediatric and wider healthcare.

In 2020/21, all risks were reviewed in light of the impact of COVID-19 and the controls, assurances and timelines for completion of actions were updated accordingly. With the implementation of the refreshed Trust strategy, work was also conducted during the year to assess whether any additional risks/changes to existing risks was required. The following changes to the BAF were made in 2020/21:

- Inclusion of a new risk on cyber security due to increased external threat during the COVID-19 pandemic and initiation of the cyber security plan.
- Realisation of the separate BAF risks on delivery of the Better Value programme and the International and Private Care plans as a result of the COVID-19 pandemic (due to a shift in focus to delivery of NHS services, support of partners in responding to the pandemic and restrictions on international travel). As a result, both risks were temporarily removed from the BAF and subsumed into the Financial Sustainability risk for further consideration (once the situation changed).
- Removal of the BAF risk on delivery of the electronic patient record (EPR) due to the move from the formal optimisation phase into an operational business as usual delivery phase. The Audit Committee committed to scrutinising benefits realisation of the programme during 2021/22.
- The two BAF risks on delivering a research hospital and maintaining funding for research were merged so as to recognise the interlinkages between the two.

Identification and monitoring of local risks

Each directorate and department is required to identify, manage and control local risks whether clinical, non-clinical or financial, in order to provide a safe environment for patients and staff and to reduce unnecessary expenditure. This ensures the early identification of risks and the devolution of responsibility for management of risks to staff at all levels of the organisation. In practice, this is achieved through the involvement of staff in risk action groups, risk training and occasional surveys.

Risks are identified through diverse sources of information such as:

- formal risk assessments
- audit data
- clinical and non-clinical incident reporting
- complaints
- claims
- patient/user feedback
- information from external sources in relation to issues which have adversely affected other organisations

- operational reviews
- use of self-assessment tools
- mortality reviews - identifying learning points, themes and risks.

Further risks are also identified through specific consideration of external factors, progress with strategic objectives, and other internal and external requirements affecting the Trust.

Risks are evaluated using a '5x5' scoring system that enables the Trust to assess the impact and likelihood of the risk occurring and prioritise accordingly. Assessments are made as to whether the prioritised risks are acceptable or not.

Control measures aimed at both prevention and detection are identified for accepted risks, to either reduce the impact or the likelihood of the risk. An assessment is then made of the effectiveness of the control on reducing the risk score, and what assurance is available to the Board that the control is both in place and operating effectively to reduce risk. A designated person becomes responsible for monitoring, reviewing and reporting on the effectiveness of the control in place. Risks and controls are evaluated periodically and also when new or changed risks are identified, or if the degree of acceptable risk changes.

Principal risks in 2020/21

The principal risks for the Trust during the year and in the immediate future are:

- **Business Continuity** in relation to:
    - planning and response to COVID-19
    - political instability caused by Brexit and the ongoing reconfiguration of the health economy and its impact on delivery of services.
- **Management and monitoring of medicines** in line with statutory and regulatory guidance.
- **Financial sustainability** in a changing financial framework for the NHS where:
    - the NHS is responding to the COVID-19 pandemic
    - money available to NHS organisations is allocated by different methodology to the NHS tariff system
    - the cost of delivering services is higher due to infection control guidelines and the changing profile of patients
    - the impact of suspended air travel on delivery of International and Private Care services, which are crucial to supporting funding of NHS services at GOSH.
- **Cyber security,** taking account of increased threat levels during the pandemic.
- **Management of personal and sensitive personal data** and the risk of processing this data.
- The **culture** across the hospital in relation to levels of staff engagement and motivation in alignment with the Trust strategy and values.

These risks are broken down into component parts covering their different drivers, with appropriate mitigating actions for each component identified. A summary of these six risks to our operational and/or strategic plans in 2020/21 and the mitigations in place to manage them are outlined below:

Risk	Explanation	Mitigating actions implemented and underway
Business Continuity and operational resilience	The trust is unable to deliver normal services and critical functions during and post periods of significant disruption, with particular emphasis on • delivery of services during and post the COVID-19 second surge in 2020/21 • political instability caused by Brexit.	Gold, Silver and Bronze command stepped up for managing COVID-19 pandemic and responding to central returns. Cascade communication system implemented. Chief executive and GOLD Command linked up with NHSI/NHSE on scenario planning and supporting wider NHS to manage the COVID-19 pandemic across North Central London. Programme of work implemented to respond to delivery of services during the pandemic and post the second surge: • Continuation of the Clinical Prioritisation Group to make decisions on the delivery of clinical services and prioritisation of patients and services. • 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. • Continued monitoring of compliance against Referral to Treatment and Diagnostic and Cancer standards within the context of the implications arising from clinical prioritisation plans. • Individual directorate meetings with those clinical areas of the trust who are not achieving trajectory. • Comprehensive vaccination programme (for staff) in place to support delivery of services. • In March 2021, a focus on recovery of all clinical services (see page XX) Major Incident Planning Group meets regularly and reviews implementation and testing of plans and business continuity plans are in place across all directorates/ departments in the Trust. The Trust is rated fully compliant across all core standards for Emergency Preparedness, Resilience & Response by NHS England in October 2020. During 2020, Brexit Steering Group monitored the impact of Brexit on delivery of services, supply of medicines, equipment and consumables, staff recruitment and retention, finance and research. Steering Group stepped down in March 2021 and any issues identified with delivery of products/ staffing etc. are monitored and responded to as part of business as usual at Operational Board.

Medicines management	Medicines are not managed in line with statutory and regulatory guidance (procuring, storing, prescribing, manufacturing and giving of medicines (including self-administration)) and that processes are not appropriately documented or monitored.	Drugs and Therapeutics Committee (DTC) in place. Medicines are dispensed by competent pharmacy staff and there is a program of training and competence assessment now in the dispensary. Following an MHRA inspection of pharmacy manufacturing facilities in 2019, a hospital Pharmacy Transformation Programme was established. Quality assurance processes for manufacturing of medicines have been reviewed and updated. Medicine management policies updated and cascaded. Scheduled estates work is underway to improve pharmacy facilities. A review of team resourcing and leadership has been conducted. The MHRA returned to undertake an interim inspection of the Trust in May 2020 and the findings were generally positive. The service has remained under scrutiny by the MHRA with a follow-up inspection expected. An internal audit of pharmacy provided a rating of significant assurance with minor improvement potential.
Financial sustainability	Failure to be financially sustainable and deliver productivity and efficiency targets and International and Private Care (I&PC) income plans.	With the announcement, in March 2020, of a new financial framework for the NHS the Trust updated and adapted its governance and reporting processes to ensure a tight grip on spending. New tracking systems were introduced for identifying COVID-19-related costs. Monthly reporting continued with a focus on forecast outturn and the impact of the different stages of the pandemic upon spend and income. Financial governance and reporting processes were maintained in line with the Standing Financial Instructions and Scheme of Delegation to ensure appropriate oversight of spend during the COVID-19 crisis. Work continued with commissioners to support the implementation of newly approved treatments and care pathways. Continued involvement in forums to influence future funding mechanisms for complex paediatric care and approach to developing tariffs post COVID-19. Work to expand I&PC referral partnerships in UK and overseas placed on hold as a result COVID-19 and travel bans but work continued to minimise I&PC debt.
Management of personal and sensitive personal data	Personal and sensitive personal data is not effectively collected, stored,	The Information Governance Steering Group oversee information governance at GOSH and provides assurance to the Audit Committee that controls are in place and actions identified in order to comply with seven key principles of GDPR and the Data Protection Act 2018.

	appropriately shared or made accessible in line with statutory and regulatory requirements.	Data Protection Privacy Impact Assessments (DPIA) undertaken for new projects and policies. All new systems require an appropriate security review by ICT with a focus on any personal data held offsite. A patient and carer privacy notice and research privacy notice is published on the website outlining how the Trust gathers, uses, discloses and manages patient data. Mandatory training on information governance and reminding staff of their requirements with regards to confidentiality and the processing of personal data. Collection of evidence for the Data Security and Protection Toolkit (DSPT) and establishment of action plans to close identified gaps. The Trust did not achieve all standards under the DSPT 2019/20 and is currently working to close gaps in the DSPT 2020/21 (due to submission by 30 June 2021). A working group has been established to oversee this submission. Improved Information Asset Register implemented.
Cyber security	The risk that technical infrastructure at the Trust (devices, services, networks etc.) is compromised via electronic means.	The ICT Board oversee cyber security at the Trust and provides assurance to the Audit Committee that controls are in place, robust and identified actions are being closed in a timely way. A cyber security programme is in the process of being delivered. A restructure of the ICT department was conducted in 2020/21 in order to ensure there are adequate resources in place to deliver all elements of the plan going forward. A revised ICT/cyber governance framework was implemented in May 2021.
Culture and staff engagement	GOSH fails to develop its culture and levels of staff engagement and motivation in alignment with its strategy and values.	Trust People Strategy and delivery plan in place and monitored by the People Planet Programme Board. PEAC seeks assurance of delivery of the plan and impact on culture across the hospital. Recruitment policies in place and diversity groups established (LGBTQ+, BAME, disability) and sponsored by an executive director. GLA Programme Board monitors delivery of the GLA plan. Includes oversight of delivery of the leadership and line management framework and training and development of all staff groups and professions. HR Business Partners embedded across clinical and corporate directorates and supporting managers with

	consistent implementation of policies and expectations of staff. Health and Wellbeing Framework and Diversity and Inclusion Framework developed and published. Plans underway to enhance communication channels across the Trust– many improvements implemented during 2020/21 as part of the COVID-19 response.

Involvement of stakeholders in risk management

The Trust recognises the importance of the involvement of stakeholders in ensuring that accidents are minimised and that patients, visitors, employees, contractors and other members of the public are not exposed to any unnecessary risks or hazards.

Risks are assessed and managed to ensure that the Trust's systems reflect consideration of all these stakeholder interests. Stakeholders are also involved in the Trust's risk management process where appropriate. For example:

- Patient views on issues are obtained through the Patient Advice and Liaison Service (PALS).
- Patient representatives are involved in Patient-led Assessments of the Care Environment (PLACE) inspections.
- There are regular discussions of service issues and other pertinent risks with commissioners.
- Staff are involved in strategic planning groups with the STP, commissioners and other healthcare providers.
- The Board receives patient stories at every Board meeting and tracks learning and actions agreed from these stories via the QSEAC.
- The PEAC receives staff stories at every meeting and tracks learning and agreed actions.
- Governors observe Board assurance committees to seek assurance of how risk is scrutinised and mitigated.
- Non-executive directors undertake zoomarounds with teams prior to Board meetings and feedback their findings at the meeting (walkarounds were suspended in 2020/21 due to the COVID-19 pandemic for safety reasons)
- The CQC scheduled inspection report published in January 2020 has been used to reflect on how the Trust manages relevant risks. Other regulatory and compliance reports are considered, monitored and cascaded in a similar way.
- The Board has agreed a Board development programme which includes presentations from external speakers on various risk related topics.

Internal audit function

The Trust contracts with KPMG LLP for its internal audit function. All internal audit reports are presented to the Audit Committee with reports relevant to the QSEAC and PEAC reported as required. Further information about the work of internal audit can be found on page XX. KPMG appraises the Audit Committee of progress with adoption and closing of identified internal audit management actions. The Trust has focused on ensuring that these recommendations are responded to and closed within the stated timescales.

Workforce safeguards

Above and Beyond (our five-year strategy to 2025) guides GOSH as we advance care for children and young people with complex health needs. It is based on six principles, one of them being 'Above and beyond in our culture'. By 2025, the aim is that GOSH will be a tolerant, inclusive, open and respectful place where staff are valued for who they are as well as what they do. Our people will enjoy coming to work and will live the GOSH Always Values: Always Kind and Welcoming, Always Helpful, Always Expert and Always One Team. We will form strong, supportive multi-disciplinary teams in which everyone has the freedom to learn and contribute and no-one is afraid to speak up.

The GOSH People Strategy was launched in 2019 and its purpose is to bring together all of the people-related issues and activities in order to provide visibility and ensure that they are aligned and coordinated. The strategy is built around four themes:

- Capacity and workforce planning
- Skills and capability
- Modernising and reshaping the corporate and HR infrastructure
- Culture, engagement, health and wellbeing

A plan has been developed to deliver the strategy based upon 10 workstreams. These include:

- repositioning our employee brand
- establishing a recruitment and retention programme for non-medical staff
- investing in the role and capability of our leaders
- improving line management capability
- providing a holistic approach to health and wellbeing
- delivering a diversity and inclusion strategy
- reviewing our approach to reward and recognition.

As a result of COVID-19 emergency planning, the programmes of work were reprioritised during 2020/21 and onwards. We have already defined two frameworks: Seen and Heard – to support the work for diversity and inclusion, and Mind Body and Spirit for staff health and wellbeing. We are developing two operational steering groups that will take this work forward and lead on their implementation. We have continued to support the 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.

Assurance against our workforce strategies is provided by the following groups and committees:

- The newly established People Strategy Board will report into the executive-led Above and Beyond Oversight Group that monitors implementation of the Trust's strategy.
- GOSH Learning Academy Programme Board.
- Nursing Board.

- Nursing Workforce Advisory Group, which reports into the Nursing Board on all aspects of workforce, planning, establishment reviews, rostering etc.
- Modernising Medical Workforce Board.

The PEAC seeks assurance that the necessary structures and processes are in place to deliver the Trust's vision for a supported and innovative workforce and an excellent learning environment.

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 project outline document (POD)/specialty level for future years. Furthermore, national, international and local drivers are considered 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. A vacancy control panel reviews these risk assessments and challenges new appointments. New positions and business developments identified through this process are aligned with our operational plans.

Business developments, within or outside the activity planning cycle, 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. Organisational change across the Trust are also 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

The Trust Board regularly receives workforce analysis and key performance indicators, benchmarked metrics including staffing profile, voluntary and non-voluntary turnover, sickness, agency usage (as a percentage of the 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 in order to identify themes or impact on service delivery. In addition, other quality metrics such as staff survey results are reported to the Board, Executive Management team and at directorate performance meetings to provide an overall picture of workforce issues within each directorate, including cultural and leadership issues.

Nurse recruitment and retention workstreams are overseen by the Nursing Workforce Advisory Board which reports to the Executive Management team and the Trust continues to participate in the NHSI retention work with a retention plan for nursing. As part of the workforce planning processes and safe staffing assessments, the Trust uses the paediatric acuity and nurse dependency assessment tool (PANDA), which the Trust co-designed, as an acuity tool for inpatient paediatric services. We have now implemented the SafeCare system which will integrate the existing PANDA acuity information with information from the rostering system.

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. These include nurse recruitment strategies, an integrated Nursing Workforce Programme Board, overseas fellowship programme (for medical staff) and other actions.

Assurance of safe staffing is provided to the PEAC via workforce numbers, data and metrics. These include statutory and mandatory training compliance, appraisal rates, temporary staffing spend, annual staff survey and pulse survey results, quality metrics such as patient feedback, serious incidents etc.

Other means of assurance include:

- Nurse Safe Staffing – Care Hours Per Patient Day (CHPPD) information is reported at every formal Board meeting and the Guardian of Safe Working also reports to every Board meeting about safe working practices for junior doctors.
- The Modernising Medical Workforce Board reviews current and future workforce challenges while the Nursing Workforce Advisory Group ensures that there is a bottom up approach which supports the development of our trust-wide plans for nursing.
- A bed management meeting is held twice a day. Any issues of safety relating to staffing are notified to the Executive Management team via the weekly safety report.

In a year where business as usual has been dominated by the COVID-19 pandemic, current workforce challenges are documented below including the governance framework through which they are monitored and managed:

Workforce Challenge	Initiatives in place
Potential volatility in post pandemic establishment	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. We plan to connect with staff groups (staff forums, Junior Drs forums) to understand staff experience and how to improve it so that people see GOSH as a place to make a career.
Staff Health and wellbeing	The Health and Wellbeing Framework is in place and steering group established. Wellbeing hub set up and training for peer support workers, TRiM practitioners and health and wellbeing coaches. Further work planned to focus of team resilience and recovery supported by Sir Tom Moore funding. Leadership and management programmes have central theme of health and wellbeing. Appraisal Policy being updated to reflect a focus on constructive wellbeing conversations. REACT Mental Health training is being rolled out by internal trainers.

Driving a culture of inclusivity	The Diversity and Inclusion Framework is in place and a new steering group will drive the programme of work. We will support our forum groups to achieve momentum and reach. We will focus on career opportunities and how to support staff to build a career at GOSH. We will set up an internal mentoring scheme to specifically support groups who are less heard.
Brexit	Regular communications to EU staff. Ongoing support for staff affected. Updated HR processes to capture and record settled status. Monitoring of leaver levels of European nationals.
Use of agency workers	Agency usage is a workforce KPI reported at Trust Board through the Integrated Quality Performance Report, as well as at directorate Performance Review Meetings. The Trust also reports externally to NHSI on agency usage on a weekly basis. HR Business Partners work with directorates to establish recruitment plans to recruit to permanent roles replacing agency staff.

Trust quality governance arrangements

The Trust places a high priority on quality, measured through clinical outcomes, clinical audit, and patient safety experience indicators. The Board is committed to placing quality and safety at the top of its own agenda, to encourage continuous improvement in safety and quality and to establish mechanisms for recording and benchmarking clinical outcomes.

Governance structure

There is clear accountability at Board level for safety and clinical quality objectives and structured reporting of performance against these objectives:

- 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, deputy chief nurse and the director of nursing – corporate.
- Working with the directorate management teams, and in particular the deputy chiefs of service, 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.
- The quality improvement specialists at GOSH work to support, enable and empower teams to continuously improve the quality of care provided to patients across GOSH.

Quality and safety strategies and Patient Experience Framework

The Board approved the following in 2020/21:

- **Quality Strategy (2020-2025)**: 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 while supporting the wider organisation to achieve goals and objectives.
- **Safety Strategy (2020-2025)**: patient safety is one of the cornerstones of high-quality healthcare. Our intention is to cultivate and nurture a just, kind and civil safety culture that supports the reduction of avoidable harm to children and young people with complex health needs and empowers our staff to continuously and consistently learn and improve our care processes.
- **Patient and Family Experience and Engagement Framework**: this seeks to ensure that the perspectives of patients and their families are at the heart of what we do and that GOSH consistently delivers experiences that meet, and wherever possible, exceed expectations fulfilling their physical and emotional needs. The framework takes into consideration the Patient Experience Improvement Framework produced by NHSI, feedback from patients, families and our staff and other internal strategies.

As a result of COVID-19 emergency planning, the programmes of work for these strategies were reprioritised.

Monitoring and reporting

The delivery of high-quality care and highly specialised services in a complex healthcare environment requires good processes for the early identification of potential risks, early intervention and robust arrangements for ongoing review, with accountability at the correct level in the organisation to ensure effective and timely resolution.

Each specialty and clinical directorate has an internal monitoring structure so teams regularly review their progress and identify areas where improvements may be required.

Each directorate's performance is considered at monthly performance review meetings. Working with the directorate management teams, the aim is to support 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.

Key quality and performance indicators are presented on a monthly basis to the Trust Board. The report, includes progress against external targets, internal safety measures, operational efficiency/process measures, well-led and other clinical quality measures such as complaints, incidents and reports from specific quality functions within the Trust, such as PALS. It also includes the external indicators assessed and reported monthly by the CQC. The report is aligned to the CQC key lines of enquiry: Safe, Effective, Caring, Responsive and Well Led. It asks the question: are our patients receiving high-quality care?

The Board receives a regular update on current and ongoing concerns which the organisation is managing. This covers cases: where the Trust has caused harm or potential harm to our patients; the delivery of services to the patients have not met delivery/ compliance requirements; that create a difficult working culture for our staff; that can worry patients and their families; that threaten the delivery of our strategy or result in regulatory action. Examples include:

- Royal College reviews into gastroenterology and urology
- updates on the roll out of Duty of Candour regulations
- updates on progress with actions arising from externally led inspections such as the MHRA inspection into manufacturing in the pharmacy department
- learning from individual patient and staff cases.

Risks to quality are managed through the Trust risk management process, which includes a process for escalating issues. There is a clear structure for following up and investigating incidents and complaints and disseminating learning from the results of investigations.

Closing the Loop is a group which monitors and oversees the completion of actions and learning identified through patient safety investigations, complaints, harm, legal cases, and learning from deaths. It has proven invaluable to cascading learning.

The Managing Internal/ External Review standard operating procedure provides a clear process for approving the need for a review (internal or external). It also sets out the scope of the review to ensure that it is fair and proportionate, that staff are supported during the review, robust governance arrangements are in place, and recommended actions are implemented in a timely and appropriate way.

The Trust has recently established the deteriorating child committee, which will oversee ongoing implementation of relevant processes including PEWS (Paediatric Early Warning System) and Sepsis 6. PEWS is a score-based system designed to identify potential deterioration in children and young people.

Quality assurance and improvement

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.

In the past year the GOSH nursing team (with support from the Quality Improvement team) has developed a Ward Accreditation Programme. It is a structured method for self and peer review of ward processes which we hope to test, refine and roll out over the next 12 months. The programme will be aligned to other quality assurance processes, triangulating different sources of data to highlight areas for improvement.

All quality improvement (QI) projects are monitored through QI project dashboards that 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 directorates.

Our ambition around quality assurance and improvement continues through our plans 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 to focus on raising awareness of quality management of GOSH staff from Board to ward.
- Continued benchmarking both internally and externally with national and international partners.

In late 2017, the Trust launched the Safety and Reliability Improvement Programme in partnership with the Cognitive Institute and the Medical Protection Society. COVID-19 inevitably impacted the way in which we were able to deliver Speak Up for Safety but a few projects were launched:

- Praise: to acknowledge the excellence demonstrated by colleagues during the COVID-19 pandemic, this 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 (PPE): 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.
- Our Speak Up for Our Values programme was established 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. The Trust trained 24 peer messengers whose role is to share feedback with individuals highlighted via the iSpeakUp messaging system, which indicates behaviour falling below the standards expected by the Trust.

Risk management during the COVID-19 pandemic

Operating within a pandemic gradually became business as usual for the Trust as well as the rest of the NHS. The trust did not experience any significant business continuity issues during the year. We continuously reviewed and revised our business continuity plans to respond to the issues arising both internally and those affecting our partners.

GOSH approached the pandemic as a major incident in accordance with national direction. The hospital's Gold, Silver and Bronze planning groups met multiple times every week, with Gold reporting into the Executive Management team and the Board appraised of developments on a regular basis. Key aspects of our COVID-19 risk management framework during 2020/21 are outlined throughout the report and below:

Partnership working

During the COVID-19 crisis GOSH was and remains committed to supporting the NHS and our North Central London (NCL) network, to care for all paediatric patients. The Trust remodelled the GOSH workforce and expanded the intensive care bed capacity. As a contingency, GOSH requested an extension from the CQC to the age of our patients, in readiness to accept patients with COVID-19 up to the age of 65 as a back-up capacity plan. We also held discussions with partners on how to ensure that children and young people had access to immediate and effective care during the pandemic. We agreed to take all general paediatric inpatients from our NCL partners during this period and University College London Hospitals (UCLH) transferred its paediatric haematology and oncology service to GOSH. Some NCL provider staff transferred over to GOSH with these patients and we are grateful for their support.

Infection control

The Trust worked hard to ensure that sufficient and appropriate PPE has been available for relevant clinical staff. We provided ongoing communication, education, training and support for staff throughout this period. In order to reduce the risk of infection, we made the difficult decision to limit hospital visitors to one carer per family per day, with siblings unable to visit the hospital.

The laboratory service worked in partnership with the infection control team and ICH to establish a testing facility for patents and staff. This helped with the safe management of patients on the wards and enabled staff to know when to self-isolate for the protection of their patients, colleagues and family members. The GOSH staff testing programme also helped to reduce the burden on the national testing facilities.

Guidance and communication

A clinical hub was set up on the intranet providing links to national, Royal College and academic society guidelines, guidelines for patients from network hospitals during their stay at GOSH and providing a repository of key papers relating to conditions in children, with a weekly literature review.

The infection control team provided daily advice to the Trust and clinical staff on queries about both patient and staff matters, including guidance on PPE and symptom management

and our practice educators supported staff on the wards, especially with developing guidance on the appropriate use of PPE.

Supporting patient care

To support the Trust in clinical prioritisation of patients, the EPR team worked with clinical and operational colleagues to rapidly develop a ‘first of type’ digital solution to support management of patients based on clinical assessments, ensuring that patients were not harmed due to delays in treatment. This dynamic solution supported both prospective and retrospective assessment and was designed and deployed to over 4,000 clinical and operational staff in four weeks. This solution, which was fully integrated into the existing workflows, has been shortlisted for a Health Service Journal award in the Operations and Performance Initiative of the Year category.

The EPR was also configured to record the testing status of carers, helping staff to balance effective infection and prevention control measures with the urgent need for our children and young people to be supported by their family/carers during their time in hospital.

The quality and volume of clinical data captured in the EPR, leveraged by the digital research environment platform, was used to rapidly assess the impact of COVID-19 on our paediatric population at a pace not previously possible. This not only supported decisions about how our patient population might need to be managed and supported differently to an adult population, but was also used to inform the national dialogue. In particular, that the risks associated with families not engaging with the health service where their child was ill outweighed the risk of the child suffering harm from COVID-19, and allowed us to evaluate and modify the national adult COVID-19 risk-group criteria as appropriate to our complex paediatric patients.

Restoration of our services

During 2020/21, in response to the pandemic, the Trust delayed and reduced its activity in line with NHSE requirements. In order to bring services back on-line, we established a Clinical Prioritisation Group. The group agreed and monitored implementation of a robust, evidence-based methodology for the safe clinical prioritisation of our patients. Our approach has been reflective of the availability of required drugs, PPE and other resources, as well as the external environment and clinical support available for our patients outside of GOSH.

Staff risk assessment and vaccination programme

At the beginning of the pandemic, the Trust implemented an individual staff risk assessment process to understand those staff who were at greatest risk of contracting COVID-19 and ensure appropriate mitigations were applied.

We established our GOSH Hands, Face, Space and Place guidance and have consistently reinforced the GOSH community’s collective responsibility to keep each other safe. Our audits were established to encourage and empower staff to take responsibility for meeting standards and review and change practice where necessary. This was supported by daily transparent feedback and learning during audit weeks.

The Trust rolled out its COVID-19 vaccination programme in January 2021. Staff were extremely enthusiastic about receiving the vaccination and as at 31 March 2021, 73% of

staff, including cleaning staff and bank and agency staff had received their first dose and 68% had received their second.

Never Events

The Trust reported one Never Event in 2020/21. This serious incident related to a retained foreign object. A central venous line was inserted to administer medications for a critically unwell patient on PICU. A few hours following the procedure, it was noted on x-ray imaging that the guidewire (used to help insert the catheter) was still inside the line. This should have been removed following confirmed placement of the central line. The patient required a procedure to remove the guidewire and additional investigations to confirm that the wire had not caused any long-term harm. An investigation was completed and found there were multiple factors involved in this incident. Learning will be disseminated.

Data quality

Data is central to the operation of the hospital. In the two years that EPR has been running we have generated more data than we did in the previous 18 years. Looking after our data, including elective waiting list data and seeking to ensure it is accurate, available and secure, is a key priority for the Trust. One of the five guiding principles of the GOSH Digital Strategy is related to enabling a data driven culture in GOSH incorporating:

Right first time: our starting position for data quality is making sure correct and complete data is entered at the time of transaction, be that at receipt of goods to the site or in carrying out a clinical procedure. We check for this through our data assurance processes (see below).

Information standards: these set out what is 'right'. This is ensuring that we have a set of standard definitions and usage of the data so that everyone is using common terminology and where necessary that this aligns with NHS Digital and other appropriate standards.

Data Assurance and Validation: we run data assurance processes, reviewing critical data, identifying issues and working across teams to fix the issues at source, be that through the training of clinical staff, changing processes or making modification to the EPR system. We also run a schedule of planned audits of data quality across the Trust.

Enabling an information self-service culture: we want the information and data that users need to make informed decisions to be available at the point of need. We have focused on doing this through EPR providing workstations-on-wheels (WOWs) and screens are tailored to user roles with information filtered for their needs. We have provided extensive training in the use of the system and continue to do so as we roll-out new functionality, change or improve processes.

Professional Data Development: we want to ensure the people curating and analysing our data are trained so that the data is used effectively and accurately. The techniques and tools to manipulate and present data are constantly evolving and it important our data analysts are up-to-date. We have developed a professional development framework that we are rolling out to all data analysts in GOSH that will not only train them in the latest techniques but also around safe and effective use of the data. This includes focus on data quality and data governance.

Progress with the Digital Strategy is monitored by the Data Quality Committee and assurance is regularly sought by the Audit Committee on the impact of the strategy on overall data quality. This is reported annually to the Board.

An internal audit report in 2020/21 rated an assessment of the controls and assurance in place for data quality kite marking as 'significant assurance with minor improvement opportunities'. The report found that "*The kitemarking process is effectively designed to provide an appropriate level of review and scrutiny over data assurance and data audit for the indicators reported to the Board*." Further improvements to the kitemarking process were identified around delivery of action plans to support insufficient kitemarks and presentation to the Audit Committee of a schedule of indicators for audit.

Information on our performance against national treatment standards can be found on page XX.

Cyber security

We take the confidentiality and security of the data that we hold with the utmost seriousness and have controls in place to ensure the security of data and access to it.

Through policies, for instance Information Security Policy, Network Security Policy, Password policy, and security solutions (e.g. dual-factor authentication), we ensure that access to data is only provided to those individuals that should be accessing it and that the data, while held or communicated electronically, is secured through the use of UK Government approved encryption standards.

The Trust has solutions in place to detect any security related incidents to provide assurance that a robust, repetitive and well managed process exists to respond to incidents.

Work continues on delivery of the Cyber Security Plan. The plan is in the process of being updated and further information around controls and assurances is provided on page XX.

Risks to information security and operational systems are managed in the same way as other Trust risks but are subject to separate evaluation and scrutiny by the ICT Board and Information Governance Steering Group with oversight provided by the Audit Committee.

Compliance with CQC registration

The Trust is fully compliant with the registration requirements of the CQC.

The Trust has identified an executive director and a manager who are respectively accountable and responsible for ensuring compliance with the CQC registration standards. It is the responsibility of these staff to collate evidence of compliance with the standards and report this to the Risk Assurance and Compliance Group and the QSEAC.

In October 2019, the CQC conducted a scheduled unannounced inspection of three services (critical care, surgery and child and adolescent mental health services (CAMHS)) and an announced inspection against the well-led criteria. The report was published in January 2020. The Trust retained a rating of '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 GOSH 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 EPR 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 that is managed by the head of quality and safety, with oversight through the Always Improving Committee.

The Trust has a programme of work in order to ensure CQC compliance. 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.

During 2020/21, the CQC conducted two reviews, neither of which resulted in a breach of regulation. Actions have been identified in response to any recommendations.

NHSI Well Led framework

The CQC rated the Trust as 'Good' for Well Led in January 2020. The CQC identified that the Trust must improve how the risks around medicines management are documented on the BAF. This includes documenting risks around the storing, administration and destroying of medicines in line with legislation and the trust medicines management policies. This action was delivered with the inclusion of a new medicine management risk on the BAF. At the time of writing, the Trust is undergoing an independently led Well Led assessment (see page xx).

The findings from the assessment will be considered and an action plan developed to monitor implementation of the findings.

Compliance with the foundation trust licence conditions

The Trust has reviewed its compliance with the NHS foundation trust licence conditions, and, in relation to condition four, it has concluded that it fully complies with the requirements and that there are processes in place to identify and mitigate risks to compliance. No significant risks have been identified. Mitigations include:

- Governance structures including clarity of role of directors as outlined below and under the Accountability Report.
- Reporting lines and accountabilities – assurance was provided by the Internal Audit report into directorate governance in 2020.
- The Trust's assurance and escalation framework details the governance and assurance structures and systems through which the Trust Board and other stakeholders receive assurance. It includes the range of forums and processes available to staff, patients, families and other stakeholders to raise and escalate concerns or risks. The framework was updated in 2020.
- Submission of timely and accurate information to assess risks to compliance with the Trust's licence.
- The board's oversight of the trust's performance – as outlined below.

Governance structure, responsibilities and reporting

The Trust's committee structure has been developed from the Trust Board down, to ensure each committee or group has a clear purpose, scope and authority. Some committees have statutory functions (for example the Trust Board, Health and Safety Committee, Infection Prevention and Control Committee), others have authority to make decisions and direct actions (for example Executive Management team and Operational Board) and others provide advice, support and oversee specific functions.

The Trust has terms of reference and work plans in place for the Board, Council and relevant committees. The Board committees conduct annual effectiveness reviews (surveys) on the delivery of their terms of reference and running of the committees. Findings are reviewed and where appropriate, changes to the terms of reference and workplans of the committees are made.

The Trust's assurance and escalation framework details how the Trust presents a single, comprehensive picture of the governance and assurance structures and systems through which the Trust Board and other stakeholders receive assurance.

There are eight clinical directorates, each with a chief of service, deputy chief of service, head of nursing and general manager. The Senior Leadership team meets weekly (around 100 senior managers from across the clinical and corporate areas of the Trust join a virtual meeting). An Operational Board meets fortnightly (but over the past year has operated under the Gold/ Silver/ Bronze command structure). The purpose of the Operational Board is to bring together clinical and corporate senior leadership members to ensure the robust, effective and efficient operational management of the Trust.

The Trust's risk management strategy identifies the organisational risk management structure, the roles and responsibilities of committees and groups that have some responsibility for risk, and the duties and authority of key individuals and managers with regard to risk management activities.

Oversight of performance by the Board

The Board receives an integrated performance and quality report at every meeting. Further information on how the Board retains oversight can be found under 'Review of economy, efficiency and effectiveness of the use of resources', below.

Declarations of interest

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past 12 months, as required by the Managing Conflicts of Interest in the NHS guidance. From April 2021, the Trust has extended its definition of decision-making staff.

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations. Information about the Trust's approach to the ongoing management of the implications of the NHS Pension Annual Tax Allowance Threshold can be found on page XX.

Equality, inclusivity and diversity

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. The Trust has launched the Diversity and Inclusion Strategy that focuses on ensuring all staff in the organisation have the opportunity to be seen and heard in all aspects of work with a particular focus on progression and promotion. Further information can be found on page xx.

Carbon reduction

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that it complies with its obligations under the Climate Change Act and the Adaptation Reporting requirements. GOSH recognises that climate change and environmental degradation pose a real, immediate, and growing threat to human health and the climate and ecological emergency is a health emergency. As a result, in February 2021, the Trust became the first London hospital to declare a Climate and Health Emergency (CHE), see page XX

5 Review of economy, efficiency and effectiveness of the use of resources

The Board has agreed standing orders and standing financial instructions, which provide the framework for ensuring appropriate authorisation of expenditure commitments in the Trust. The Board's processes for managing its resources include approval of annual

budgets for both revenue and capital, reviewing financial performance against these budgets, and assessing the results of the Trust's cost improvement programme on a monthly basis. The Trust also has a prescribed process for the development of business cases for both capital and revenue expenditure and, where significant, these are reviewed by the Trust Board.

The Trust's performance management framework is aligned to the directorate management structure. The Finance and Investment Committee reviews the operational, productivity and financial performance and use of resources both at Trust and directorate level (see page XX). More details of the Trust's performance and some specific Trust projects aimed at increasing efficiency are included in the performance report.

The Trust's external auditors are required to consider Value for Money (under the revised Code of Audit Practice) and whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. They report the results of their work to the Audit Committee. The report from the external auditors can be found on page xx.

6 Information governance

Our Information Governance (IG) Framework ensures compliance with the principles relating to the processing of personal data. Currently we are enhancing the framework and our approach to IG through:

- Updates to ensure our policies, procedures and guidance better support our staff and align to the future plan.
- Ensuring that we have embedded throughout the Trust a 'data protection by design and default' approach.
- Streamlining the process to standardise the agreements we enter with third parties that process GOSH personal data.
- Maintaining the documentation of the processing activities, including the lawful basis for processing personal data.
- Ensuring the appropriate security measures such as our commitment to meeting the standards of the Data Security and Protection Toolkit (DSPT) annually.

The updated IG Framework aims to support our future strategy to protect data as an asset and provide a balanced and proportionate approach to risk, placing the child first and always. This will also give confidence to data subjects whose personal data we process, that we are managing their data appropriately.

Risks to data processing are managed in the same way as other Trust risks, but are subject to separate evaluation and scrutiny by the Information Governance Steering Group, in turn providing assurance to the Trust's Audit Committee.

During 2020/21, the Trust has been compiling its submission for the DSPT. This annual submission demonstrates GOSH's position against the legal requirements providing assurance that we are practicing good data security and our personal information is handled correctly. This was due for submission 31 March 2021. However, NHSX recognised that it was difficult for many organisations to fully complete the Toolkit without impacting on their

COVID-19 response. The final deadline for the 2020/21 Toolkit submission is now 30 June 2021.

The Trust was unable to comply with all standards under the 2019/20 DSPT and as a result was recorded as 'standards not fully met (plan agreed)'.

Work is underway to close the small number of outstanding actions from 2019/20 and submit our response to the 2020/21 Toolkit (by the June 2021 deadline).

This year there have been two serious information governance incidents (classified at a reportable level using the Incident Reporting Tool within the DSPT):

- Phishing attack (cyber incident): a member of staff's personal device which they used as a Bring Your Own Device, was compromised and the attacker used a credential grabber to establish the individual's GOSH account details and gain access to their account.
- Allegation of personal data shared with the wrong individual: a patient was having a planned procedure and a third party known to the mother of the patient arrived at the patient's appointment unannounced and unwanted.

Both of these cases have been reported to the Information Commissioner's Office (ICO) and NHSE as Serious Reportable Incidents with an internal root cause analyses completed and shared. The ICO took no enforcement action for either incident. However, the ICO did recommend that Trust implement any measures identified through our investigations into the matters to prevent reoccurrence. The ICO also provided their own recommendations and these have been taken forward.

7 Review of effectiveness

As accounting officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust, who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee, QSEAC, PEAC and Risk Assurance and Compliance Group and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is also informed by:

- Monitoring of the BAF risks by the Risk Assurance and Compliance Group that I chair. The group stress-tests the BAF risks on a rotational basis to check that the data available supports the robustness of the controls and validity of the assurances that are cited.
- Reviews of the strategic risks facing the Trust by the Board assurance committees. This includes deep dives into each BAF risk on a rotational basis every year, with

committee members scrutinising the effectiveness of controls and seeking assurances that any gaps in controls will be closed in a timely manner.

- Internal audit reports providing evidence that the controls are in place and effective in mitigating the risk.
- The Trust clinical audit programme.
- Reviews of compliance with CQC standards and other regulatory bodies (see above for explanation of the work programme in place).
- Consideration of performance against national targets (see above on waiting list data as an example).
- The assessment against the Data Security and Protection Toolkit (see above for further information).
- Health and safety reviews.
- Relevant reviews by external bodies.
- Horizon scanning for risks and learning from reviews in the wider NHS.
- Reviews conducted by the new group, Closing the Loop.
- Results of the assessment of compliance with the NHSI Code of Governance for NHS foundation trusts (which are set out in the annual report on page xx).

The Head of Internal Audit Opinion is one of 'significant assurance with minor improvement opportunities'. The instances where the assurance was not sufficient or controls were not adequate when subject to routine audits during 2020/21 are outlined below (all reports below were rated 'partial assurance with improvements required'). Plans are in place to implement necessary actions. The Risk Assurance and Compliance Group monitors progress with these actions at every meeting and reports this to the relevant Board assurance committee where further scrutiny takes place:

- **Volunteer governance**: the Trust invited the auditors to review the controls in place for the management of direct volunteers and those volunteering at the Trust through third parties and to assess how well lessons had been learned from incidents that had occurred involving volunteers. While there were some well-designed controls for the initiation of volunteering at the Trust and monitoring of volunteer activity, the audit identified inconsistencies in how these were applied and a number of areas where judgments were made in how controls were applied, based on formal risk assessments. The auditors acknowledged that due to the impact of COVID-19 all volunteer recruitment ceased in February 2020 and no external volunteers have been on site since March 2020. The report was considered at all three assurance committees and a plan put in place to implement necessary actions.

  Cyber security action plan: the auditors performed a high level review of the cyber remediation plan currently in progress. The review focused on the adequacy, leadership and governance over the plan, and information risk management of the action plan. The review found that while programme management structures have been established and all workstreams reported as in progress and on track, there was an issue identified with a lack of consistent documentation and records management. One high priority finding was raised in relation to a lack of due diligence around project closure and ensuring that all original risks/issues have been remediated.

- **EPR benefits realisation**: the review focused on how the Trust determined whether it was on course to realise the benefits that were set out within the original business case for the EPR transformation programme. It assessed the methodology for monitoring, tracking and reporting post-implementation benefits of the system, as well as the improvement implementation plan. The audit showed that in relation to realisation of benefits, the project has been worthwhile and the investment of time, money and resources have had a positive impact for stakeholders. While there was a comprehensive and coordinated approach to cash-releasing benefits realisation management over the course of the EPR implementation (including appropriate governance and reporting structures), the audit found that the due diligence carried out to define the benefits was not adequate and a re-baselining of the targets benefits had occurred after implementation. The need for enhanced measuring and tracking of the identified non-cash releasing benefits was also identified.

Assurance of core systems and controls

The governance section within the annual report explains how the Trust is governed and provides details of its Board committee structure, the frequency of meetings of the Board and its committees, attendance records at these meetings and the coverage of the work carried out by committees.

During the year, the Board and its assurance committees have reviewed the risks and assurance available in relation to the following key operational risks:

- Business continuity in relation to COVID-19: in response to COVID-19, the Trust put in place a system of Gold, Silver and Bronze emergency planning meetings to manage the incident and scenario plan. Regular updates were provided to Board members at meetings and fortnightly between meetings. The Audit Committee retains responsibility for seeking assurance of the robustness of the emergency planning framework at GOSH throughout the year.
- Escalation of key clinical risks from management committees through to Board: the QSEAC has sought assurance around emerging risks that impact on patient safety and experience and how these are escalated promptly. The committee also receives regular assurance about how the Trust is scrutinising the quality of services and learning from these reviews.
- Medicines management: the Executive Management team retained a dedicated focus on delivery of the pharmacy transformational plan and leadership of the team with regular reporting to the Risk Assurance and Compliance Group and the QSEAC.
- Brexit: the Board received updates on mitigations in place to manage the risk of leaving the EU without a deal.
- Data protection and data quality: the Audit Committee has scrutinised compliance with GDPR and the programme of work in place to improve the quality of data throughout the year, reporting assurances and gaps to the Board (see above on data quality).
  Redevelopment of the site: during the year, the Board and the Finance and Investment Committee have actively considered and balanced the risks involved in redeveloping the frontage buildings of the hospital into a Children's Cancer Centre.

- Level of international and private practice debt: throughout the year the Audit Committee has scrutinised the mitigations in place to secure payment from authorities for outstanding debt. The committee has retained a focus on the impact arising from the realisation of the risk of International and Private Care services not being delivered as a result of the COVID-19 pandemic.
- Cyber security: with the increase in the level of threat faced by NHS organisations to the security of their data, the Audit Committee has sought assurance throughout the year of the controls in place to secure GOSH systems and enhance the cyber maturity of the organisation. The Board agreed to add a separate cyber security risk to the BAF. The Trust agreed a cyber-remediation plan and restructured the ICT directorate to support its delivery. A revised governance framework is being established to ensure robust review of the cyber remediation plan (that it meets both operational need and compliance requirements) and to enhance monitoring of its delivery and embedding across the Trust.

8 Conclusion

My review confirms that GOSH has a generally sound system of internal control that supports the achievement of its policies, aims and objectives. There are no significant internal control issues identified in 2020/21 and I am confident that the gaps in internal controls and matters where assurances can be improved (as set out above), are being actively addressed.

Mr Matthew Shaw

Chief Executive

XX May 2021

Independent auditor's report

INDEPENDENT AUDITOR’S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF THE GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST

Accounts

Glossary

ACAS	Advisory, Conciliation and Arbitration Service
BAF	Board Assurance Framework
BAME	Black Asian and Minority Ethnic
BRC	Biomedical Research Centre
CAHF	Clean Air Hospital Framework
CHESS	Children's Hospital Education Specialist Symposium
COVID-19	An infectious disease caused by severe acute respiratory syndrome first identified in December 2019 and resulted in a pandemic.
CHP	Combined Heat and Power
CRF	Clinical Research Facility
CQC	Care Quality Commission
D&I	Diversity and inclusion
DHSC	Department of Health and Social Care
DRIVE	Digital Research Informatics & Virtual Environment
DSP	Data Security and Protection
DSPT	Data Security and Protection Toolkit
ECHO	European Children's Hospital Organisation
EEA	European Economic Area
EMT	Executive Management Team
EPIC	The service provider of the EPR
EpiCARE	The European Reference Network for rare and complex epilepsies
EPR	Electronic Patient Record
ERN	European Research Networks
EU	European Union
FTE	Full-time equivalent
FTSU	Freedom to Speak Up

GDPR	General Data Protection Regulations
GEMS	GOSH Exceptional Member of Staff
GOSH	Great Ormond Street Hospital
H&W	Health and wellbeing
HEE	Health Education England
ICH	UCL Great Ormond Street Institute of Child Health
I&E	Income and Expenditure
I&PC	International and Private Care
IGSG	Information Governance Steering Group
IP	Intellectual Property
LCFS	Local Counter Fraud Service
LITT	Laser interstitial thermal therapy
MES	Membership Engagement Services
NCL	North Central London
NED	Non-executive director
NHS	National Health Service
NHSI	NHS Improvement (Monitor)
NIHR	National Institute for Health Research
NIHR BRC	National Institute for Health Research Great Ormond Street Biomedical Research Centre
PALS	Patient Advice and Liaison Service
PEAC	People and Education Assurance Committee
PDR	Performance and development review
PHSO	Parliamentary and Health Service Ombudsman
PICB	Premier Inn Clinical Building
PLACE	Patient-led Assessments of the Care Environment
PPE	Personal Protective Equipment
QIA	Quality impact assessment
QSEAC	Quality, Safety and Experience Assurance Committee

RACG	Risk Assurance and Compliance Group
SDMP	Sustainable Development Management Plan
SID	Senior independent director
STP	Sustainability and Transformation Partnerships
(TRiM)	Trauma Risk Management
UCL	University College London
UCLH	University College London Hospitals
UCLP	UCL Partners
WHO	World Health Organisation
WOW	Workstation on wheels
YPF	Young People's Forum

Chair foreword

The last 12 months have shown the commitment and strength of character of our hospital and its dedicated staff who have shown resilience and commitment as never before.

At the beginning of April 2020 the UK was just a few days into its first lockdown. Many of our staff were working from home for the first time and those on site were working in new ways. It was an anxious time where understanding of the disease was limited and guidance changed frequently. Colleagues felt the twin pressures of concern for their vulnerable friends and relatives and commitment to our hospital and the children and young people it treats amidst the complexities of securing appropriate protection. The staff reacted by coming together with a sense of common purpose and collective determination.

Our team and our hospital were held together by our shared values and our strong culture. That culture was something we relied on and nurtured in equal measure throughout the past year as we sought to meet the immediate demands of the pandemic and put processes in place that would stand us in good stead for the future.

We know that GOSH can only provide the best care for patients if our hospital is a great place to work. That thinking underpinned the launch of our People Strategy in 2019 and it sits at the heart of our new Trust strategy, Above and Beyond. We made culture, engagement, health and wellbeing key elements of those strategies. Our people should be well-led and well-managed, but also supported, developed and empowered to be, and do, their best.

In the face of the pandemic, our People Strategy work programmes were reprioritised. Staff wellbeing became our key focus. Recognising that our team can't look after their patients unless they look after themselves, we launched our Health and Wellbeing Framework - Mind, Body and Spirit - to support the physical and mental health or our team. We set up a COVID-19 Health and Wellbeing hub, providing a range of self-service help and advice alongside psychological first aid and formal counselling. Wednesday's became Wellbeing Wednesdays, with weekly webinars to support colleagues looking after themselves and others. In our annual staff survey of autumn 2020 I was pleased to see an increase of 17% in the proportion of staff who feel GOSH takes positive action on health and wellbeing.

Our tremendous GOSH Charity was vital in helping foster our resilience. By providing welfare packages of food and essential supplies, and much valued gifts from generous corporate partners, the charity was a lifeline for our front line staff. With funding for important equipment, such as a new machine to make sure respirators are properly fitted to the staff who use them, the charity helped keep our

people safe. And thanks to their support for families, a difficult and stressful time was made that little bit easier.

I know that the charity's fundraising activities were severely hampered by the pandemic. Their resilience and determination to support the hospital by pivoting their activity - often by moving it online - resulted in a much smaller shortfall than had originally been anticipated. On behalf of the Board I thank all charity staff for all their hard work and our thousands of donors for their vital ongoing support.

The pressures of COVID-19, and the need to keep our team together while social distancing forced them apart, made staff engagement more important than ever. We established and embedded new working practices to support social distancing, hand hygiene, Personal Protective Equipment (PPE) including mask wearing and home working. We introduced a new communication platform funded by GOSH Charity, so that staff can post questions and give their views to their leaders, managers and peers. And we instigated a regular all-staff executive briefing and Q&A – the weekly Big Brief. We also ran a bi monthly pulse check survey to keep abreast of how staff are feeling.

A culture that supports health and wellbeing and staff engagement has a positive impact on recruitment and retention, which we have seen steadily improve over the last 12 months. Our recruitment programme stayed on track despite the pandemic, with improvements to our training and clearer career paths. By the end of the year our nursing vacancy rate sat below 5% and our Trust wide voluntary turnover was less than 13%, beating our 14% target.

We are determined to build a culture that is inclusive, and while there remains much to do we made positive strides this year. In 2020 we launched our Diversity and Inclusion framework, Seen and Heard, which sets out to embed internal career paths and opportunities for progression and ensure fair and transparent access to jobs, training and education. Black and minority ethnic colleagues are under-represented at GOSH, being 29% of the workforce against a London average of 45%. Closing this gap will take several years but we have put the building blocks in place.

By way of example, the Nursing Workforce team collaborated with the Black Asian and Minority Ethnic forum to launch the BAME Buddy Scheme in Nursing, and a review of our recruitment processes for newly registered nurses resulted in a significant increase in BAME appointments. In November, GOSH won the Large Employer of the Year prize at the BAME Apprenticeship awards, where we were commended for the way we supported our apprentices during the pandemic.

Our culture is caring and inclusive, but also inquisitive and challenging. It values innovation, improvement and the search for knowledge. And while the pandemic was a major interruption to some of our research activity, I'm proud to say we were able to register over 100 new COVID research projects this year, and launch 500 new non-COVID projects, despite 35% of research and innovation staff being redeployed

to provide frontline support for COVID. For example, we played a key role in the world's first COVID-19 human challenge study – the first of its kind in which healthy, young volunteers were infected with coronavirus to test vaccines and treatments. The virus used was manufactured at GOSH in the brand-new Zayed Centre for Research into Rare Disease in Children, in collaboration with hVIVO and Imperial College London. The study will help doctors understand COVID-19 and help support vaccine and treatment development.

Innovation continued in many other clinical areas too. This included a collaboration with the Royal Papworth Hospital (RPH) to introduce a world-first paediatric heart transplant technique that has successfully expanded the donor pool and increased the number of transplants for eligible children in the UK by 50%.

Collaboration and partnership are central to the culture at GOSH. Our strong partnerships in London were reaffirmed as we worked closely together through the pandemic particularly within our sustainability and transformation partnership (STP). Our relationships across the UK and the world have helped support scientific achievement.

I am particularly pleased that ahead of Rare Disease Day 2021 we announced a new global collaboration to develop new treatments for paediatric diseases. Alongside UCL Great Ormond Street Institute for Child Health, GOSH will work with Boston Children's Hospital, the Murdoch Children's Research Institute with The Royal Children's Hospital in Melbourne, and The Hospital for Sick Children (SickKids) in Toronto as part of the new International Precision Child Health Partnership (IPCHiP) - the first major global collaboration around genomics and child health.

Culture needs to be robust in the face of external shocks, and while GOSH has been rightly celebrated for some excellent achievements, we have also been in the spotlight in connection with the distressing case of a previous employee who was convicted in March 2021 of numerous crimes against children. Our thoughts remain with the brave victims and their families whose stories were shared in court and we have worked to support members of the GOSH community who have been affected by the case.

A strong culture is an accountable culture, and our Foundation Trust is accountable to our members through our Council of Governors. These support the Trust and help shape our future by representing the views of patients, families, staff and the wider community. In January 2021 we held an election for the Council of Governors. I would like to thank all our Governors for the last year and welcome those who have joined our Council for the first time. I would also like to welcome a new addition to our Trust Board. Professor Russell Viner is President of the Royal College of Paediatrics and joined us in April 2020 as a Non-Executive Director.

This last year has perhaps been the hardest in recent memory for the NHS and Great Ormond Street. The pandemic is not over, but I am confident that our

dedicated team can continue to deliver the best possible care for the children and young people with rare and complex diseases while also supporting other parts of the health system. The experience of the last 12 months has also taught us a great deal and accelerated some shifts in culture and ways of working which will help us thrive along the journey we are following.

ENDS

Chief Executive foreword

The last year has been one of extreme contrasts, for the hospital and for the colleagues who work here. We've seen moments of terrible sadness that touched our whole community and moments of excitement and joy as we made new scientific breakthroughs and brought new opportunity to children with rare and complex conditions. The year began with our fast and flexible response to a surging pandemic, led into the launch of our new strategy to give us direction for the coming years, and concluded with the team's tremendous work to tackle the second wave of the pandemic while restoring our elective services.

Throughout, we worked hard to stay true to our purpose; to advance care for children and young people with complex health needs so they can fulfil their potential. As we learned more about COVID-19 and grew to understand the impact of the disease on children and young people, it became clear that the disease posed a relatively low risk to them directly. However, it had the potential of creating distress for families as visiting access had to be severely limited in order to prevent the spread of the virus. It also became clear that the pandemic could also be damaging to the health of children and young people: some families were not seeking hospital support for other conditions; and the restrictions placed on young people – including not attending school - were impacting on their mental health.

Our first priority was to make the hospital as safe as we could, with clear rules on social distancing, PPE - including mask wearing -, hand hygiene and working from home where possible and clear patient pathways to minimise the risk of cross infection. Our team then set about transforming the way patients' accessed care, rolling out a system for virtual appointments in a matter of weeks so that outpatient services could continue as safely as possible.

By the end of March 2020 the Electronic Patient Record (EPR) Team had developed the capability to complete an outpatient video visit by integrating Zoom with EPR and connecting to patients and relatives through the MyGOSH platform, the online portal that enables children, young people and families to access their patient records. As well as replacing face-to-face appointments for outpatients, video visits were also used to conduct lung function tests and anaesthetic pre-operative assessments completely remotely. We increased the number of outpatient video visits from less than 1% in 2019/20 to 24% at the end of 2020/21, and delivered more than 30% by telephone. A survey of clinicians found that 95% of clinicians are likely to continue to use video visits when the Trust returns to business post COVID-19.

We re-modelled our workforce and clinical pathways services. Junior doctor and nursing rotas were reviewed to take account of staff sickness and colleagues learned new skills that could be flexibly applied across the Trust. We temporarily provided support and services to children and young people with mental health issues and our

practice educators helped develop and embed new guidance on the appropriate use of PPE.

Never before has the NHS more needed a collective response and we prioritised working with colleagues across London and beyond. We increased our Paediatric Intensive Care Unit service from 40 to 80 beds, to support the sickest children from across North Central London and free up ICU capacity at other hospitals to support adult, COVID-19 patients. And we worked with hospitals across the wider healthcare system by taking general paediatric patients to release their capacity. Throughout, we operated an ‘always say yes’ approach to the young patients who needed our care.

Education is one of the principal ways we can achieve our purpose. Our team adapted to the new normal and our GOSH Learning Academy transferred most of our continuing professional development education to a digital format and staged our first online Undergraduate Medical Summer School which attracted more than 500 delegates from 16 countries.

The restrictions needed to control the virus were hard felt by our International and Private Care (I&PC) Directorate (formerly International and Private Patients) as international travel ceased for all but the most urgent of cases. As part of the NHS response and throughout that first lockdown, our private wards suspended non-essential treatment and our private wards and clinical teams were integrated with the wider hospital.

That spirit of pulling together exemplified the whole of our response and the team celebrated together and suffered together throughout the course of the year. We were desperately sad to lose three of our valued colleagues to COVID-19. Many of our staff were touched by loss outside work.

As we moved through the summer, our focus turned to the restoration of services in order to meet the needs of children and young people left on growing waiting lists. We were clear that while the pandemic was a devastating event, it was not something that should derail us from our long-term mission. So, we chose to launch our new strategy, Above and Beyond, in September 2021. I was personally thrilled to launch Above and Beyond with astronaut Tim Peake, who reminded us all of the important part every member of a team has to play in achieving its mission.

Above and Beyond sets out the principles and priorities that will shape our mission over the next five years. We are focusing on six priorities, each supported by a delivery team and a set of key programmes and projects. Through their efforts, we will: make GOSH a great place to work; transform outdated pathways and processes; provide outstanding paediatric training; improve access to urgent care and virtual services; accelerate translational research and innovation, and; create a world leading children’s cancer centre.

As we moved into the final third of the year, we continued to think long term while restoring our patient services as quickly as possible. Equipped with our experience from early in the year, we set down four clear priorities for our recovery. Our first concern remained to deliver care for as many children and young people as possible based on clinical urgency. Second, we knew that the vaccine programme would be key to our emergence from the pandemic, and we set up a clinic to offer vaccines to all our staff. Over two intensive four-week clinics, and thanks to our volunteer vaccinators and support workers, we vaccinated 77% of our patient facing staff and 73% of our substantive staff overall.

As we restored services, we made other changes and commitments to support our long term success. The need for infection control during the pandemic reaffirmed the importance of our cleaning staff and in December 2020, GOSH announced that cleaning and domestic services would be brought in-house after the contract with external provider OCS came to an end in July 2021. This Trust Board decision will help us secure a high quality service for the future in line with the Trust's values.

We can't improve the opportunity of children and young people if we don't consider the type of planet we are leaving for them, which is why in 2021 we became the first UK standalone children's hospital and first London NHS Trust to declare a Health Climate Emergency. Over the course of our new strategy and beyond, we'll build on our current sustainability programme to provide even greater environmental leadership.

During the year we saw a number of changes to our executive team. I'd like to thank Phil Walmsley, our interim Chief Operating Officer for his invaluable help in steering our operations through the pandemic. I'd also like to welcome John Quinn, our new COO who has taken on the role on a permanent basis, and Zoe Asensio-Sanchez, our new Executive Director of Estates, Facilities and the Built Environment, who joined the team in August. In May 2021 after 38 years in nursing our Chief Nurse Alison Robertson also announced she is planning to retire in October. Alison has done a phenomenal job of leading and empowering our nursing, patient experience and AHP colleagues. With 20 years' experience as a chief nurse, Alison's sound judgement and compassionate understanding of what matters most to patients, families and colleagues will be sorely missed.

I'd like to pay tribute to each and everyone one of our team and our partners who have helped us get through such a tumultuous year while achieving so much. Together, we will do our upmost to take our hospital Above and Beyond.

Attachment M

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
26 May 2021

Compliance with the Code of Governance 2020/21 **Submitted by:** Anna Ferrant, Company Secretary	**Paper No: Attachment M**

Aims / summary

Monitor (now NHS England/ Improvement) last revised the NHS Foundation Trust Code of Governance in July 2014. This code consists of a set of Principles and Provisions. Foundation trusts are required to report against the Code of Governance in their Annual Report on the basis of either compliance with the Code or an explanation where there is a gap in compliance.

A review has been conducted against all the Code's provisions and an outline of the evidence to support compliance against each of the criteria is attached at **Appendix 1** (for information). The text in red highlights those criteria against which the Trust is required to explain any areas of non-compliance.

The review has found that the Board has applied the principles and met the requirements of Code of Governance during 2020/21. It is proposed that the text provided below is published in the annual report 2020/21 explaining the Trust's compliance with the Code. The section (highlighted in yellow) outlines where in the annual report reference to the provisions of the Code are located that must be disclosed.

Code of Governance

Great Ormond Street Hospital for Children NHS Foundation Trust has applied the principles of The NHS foundation trust Code of Governance on a 'comply or explain' basis. The NHS foundation trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Throughout our annual report we describe how we meet the Code. A summary of where detail can be found on the issues we are required to disclose is given in the following table.

Code reference	***Section of annual report***
A.1.1	*Accountability Report:* • *Council of Governors (role of Council)* • *Trust Board (role of Trust Board)* • *Annual Governance Statement (role of Trust Board)*
A.1.2	*Accountability Report - Trust Board members 2020-21*
A.5.3	*Accountability Report - Governors' attendance at meetings 2020-21*
Additional requirement- FT Annual Reporting Manual	*A statement about the number of meetings of the council of governors and individual attendance by governors and directors.* *Accountability Report - Trust Board members 2020-21* *Accountability Report - Governors' attendance at meetings*

B.1.1	*Accountability Report - Trust Board members 2020-21*
B.1.4	*Accountability Report - Trust Board members 2020-21*
Additional requirement- FT Annual Reporting Manual	*Brief description of the length of appointments of the non-executive directors, and how they may be terminated* *Accountability Report - Trust Board members 2020-21*
B.2.10	*Accountability Report:* *Trust Board Nominations Committee* *Council of Governors' Nominations and Remuneration Committee*
Additional requirement - FT Annual Reporting Manual	*Explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director.* *Accountability Report - Trust Board members 2020-21:* *In 2020/21, for the university nominated Non-Executive Director position, University College London conducted an internal search and interview process (in line with the Trust Constitution) and recommended a nominee for final approval by the Council.*
B.3.1	*Accountability Report - Trust Board members 2020-21*
B.5.6	*Accountability Report – Membership Engagement*
Additional requirement- FT Annual Reporting Manual	*Governors having exercised their powers to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions* *Not applicable*
B.6.1	*Accountability Report – Evaluation of Board performance*
B.6.2	*Accountability Report – Evaluation of Board performance*
C.1.1	*Disclosures -Statement of the chief executive's responsibilities as the accounting officer of Great Ormond Street Hospital for Children NHS Foundation Trust*
C.2.1	*Annual Governance Statement – review of the effectiveness of its system of internal controls.*
C.2.2	*Accountability Report – Audit Committee Report and Annual Governance Statement*
C.3.5	*Not applicable for 2020-21*
C.3.9	*Accountability Report – Audit Committee Report*
D.1.3	*Accountability Report - Trust Board members 2020-21* *Not applicable for 2020-21*

E.1.4	*Accountability Report – Contacting a Governor*
E.1.5	*Accountability Report - Trust Board and Council of Governors working together*
E.1.6	*Accountability Report - Membership constituencies and membership numbers 2020-21 and Membership Engagement*
Additional requirement- FT Annual Reporting Manual	*Eligibility for being a member, membership statistics and membership strategy* *Accountability Report – Council of Governors*
Additional requirement- FT Annual Reporting Manual	*Details of company directorships or other material interests in companies held by governors and/or directors* *Accountability Report:* - *Trust Board and Council of Governors* - *Register of Interest (Directors)* - *Register of Interests (Governors)*

Action required from the meeting
Note the review and approve the statement to be included in the 2020/21 annual report.

Contribution to the delivery of NHS Foundation Trust strategies and plans
Good corporate governance

Financial implications
None

Legal issues
Compliance with the Code is required in order to retain authorisation as a Foundation Trust

Who needs to be / has been consulted about the proposals in the paper (staff, councillors, commissioners, children and families) and what consultation is planned/has taken place?
N/A

Who needs to be told about any decision?
N/A

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

Who is accountable for the implementation of the proposal / project?
Chair of Trust Board and Council of Governors

Compliance with the Code of Governance 2019-2020

Key	
	Fully compliant with the requirement
	Partially compliant with the requirement
Red text	Criteria against which Monitor expects the Trust to explain any areas of non-compliance.

Para	Code of Governance Requirement	Disclosure
A.1.1	The board of directors should meet sufficiently regularly to discharge its duties effectively. There should be a schedule of matters specifically reserved for its decision. The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors. These arrangements should be kept under review at least annually.	A schedule of matters is in place and was updated in September 2020 and approved by the Board and Council. The Constitution was revised in July and November 2020 in consultation with the Board and Council. It includes an overview of how the Council and Board operates (standing orders).
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.	The annual report identifies these individuals and outlines the number of meetings attended by Board members.
A.1.3	The board of directors should make available a statement of the objectives of the NHS foundation trust showing how it intends to balance the interests of patients, the local community and other stakeholders, and use this as the basis for its decision-making and forward planning.	This statement is incorporated in the Trust's Annual Plan and is documented in the refreshed Trust Strategy.
A.1.4	The board of directors should ensure that adequate systems and processes are maintained to measure and monitor the NHS foundation trust's effectiveness, efficiency and economy as well as the quality of its health care delivery. The board should regularly review the performance of the NHS foundation trust in these areas against regulatory and contractual obligations, and approved plans and objectives.	The Board receives regular reports on quality, safety, patient experience and workforce and these are presented in an integrated report. A seperate report is presented on finance and activity. These reports monitor the Trust's plans and strategies. Corporate risks are reviewed at the Risk, Assurance and Compliance Group (an executive led group chaired by the CEO) and the actions shared with the Audit Committee, Quality, Safety and Experience Assurance Committee (QSEAC) and the People and Education Assurance Committee.. Assurance of the robustness of the controls in place to mitigate these risks is sought by these assurance committees. The annual report provides a summary of the adequacy of these systems. External sources of assurance are sought on high risk/ complex areas .
A.1.5	The board of directors should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and delivery of performance. Where appropriate and, in particular, in high risk or complex areas, independent advice, for example, from the internal audit function, should be commissioned by the board of directors to provide an adequate and reliable level of assurance.	The Board receives regular reports on quality, safety, finance, patient experience and workforce. These include relevant metrics, milestones and measures. The assurance committees seek assurance of the robustness of the controls in place to mitigate risk and direct the internal audit function to provide assurance that these controls are robust. The assurance committees approve the internal audit and clinical audit plan every year.
A.1.6	The board of directors should report on its approach to clinical governance and its plan for the improvement of clinical quality in accordance with guidance set out by the DH, NHS England, the CQC and Monitor. The board should record where, within the structure of the organisation, consideration of clinical governance matters occurs.	The Board receives an integrated quality and performance report at each Board meeting (see above). The Quality, Safety and Experience Assurance Committee, a committee of the Board, seeks assurance of the adequacy of controls in place to manager quality risks and provides a summary report of matters considered at its last meeting to the next available Board meeting. The Patient, Safety and Outcomes Committee monitors the development and implementation of clinical risk management processes and evidence based standards and ensures that learning is disseminated and embedded across the Trust. The Trust has approved a Quality Strategy and Safety Strategy.The Quality Report is published annually. Progress with the Quality Strategy is reviewed by the QSAEAC on an annual basis. Compliance with CQC standards and other regulatory and statutory requirements are monitored by the Always Improving Group and reported to the Risk Assurance and Compliance Group. An Assurance and Escalation Framework is in place. Learning from incidents, audits, reviews etc. is captured and cascaded by the Closing the Loop Group.
A.1.7	The chief executive as the accounting officer should follow the procedure set out by Monitor for advising the board of directors and the council of governors and for recording and submitting objections to decisions considered or taken by the board of directors in matters of propriety or regularity, and on issues relating to the wider responsibilities of the accounting officer for economy, efficiency and effectiveness.	The Chief Executive is aware of his role and responsibility as accounting officer for the Trust and signs the statement in the annual report.
A.1.8	The board of directors should establish the constitution and standards of conduct for the NHS foundation trust and its staff in accordance with NHS values and accepted standards of behaviour in public life, which includes the principles of selflessness, integrity, objectivity, accountability, openness, honesty and leadership (The Nolan Principles).	Standards of conduct are included in staff job descriptions. The Trust Board and Council of Governors' Code of Conduct was refreshed in 2019 and reflects these values (including the Trust's Always Values and accepted standards of behaviour in public life). The Code of Conduct has recently been reviewed and updated and is subject to approval at the Board and Council in May and July respectively.
A.1.9	The board of directors should operate a code of conduct that builds on the values of the NHS foundation trust and reflect high standards of probity and responsibility. The board of directors should follow a policy of openness and transparency in its proceedings and decision-making unless this is in conflict with a need to protect the wider interests of the public or the NHS foundation trust (including commercial-in-confidence matters) and make clear how potential conflicts of interest are dealt with.	See above on the Code of Conduct for directors and governors. The directors and governors are asked to submit an annual, mandatory declaration of interests using the new web portal reporting system and are prompted to declare any interests at the start of every Board meeting. The live register of interests for directors and governors is published on the GOSH website. The Trust Board ToR states: "Encourage and promote openness, honesty and transparency about performance with patients and their representatives, the public, staff, governors, members and other stakeholders;"

Para	Code of Governance Requirement	Disclosure
A.1.10	The NHS foundation trust should arrange appropriate insurance to cover the risk of legal action against its directors. Assuming the governors have acted in good faith and in accordance with their duties, and proper process has been followed, the potential for liability for the council should be negligible. Governors may have the benefit of an indemnity and/or insurance from the trust. While there is no legal requirement for trusts to provide an indemnity or insurance for governors to cover their service on the council of governors, where an indemnity or insurance policy is given, this can be detailed in the trust's constitution.	This cover is provided under the LTPS (NHSLA). The Trust has also arranged top up insurance to provide additional indemnity for risks not covered by the NHSLA e.g.: • Claims made against the Entity itself • Past Directors, Governors, Employees.
A.2.1	The division of responsibilities between the chairperson and chief executive should be clearly established, set out in writing and agreed by the board of directors.	The responsibilities of the Chair and Chief Executive are set out in writing in their Job Descriptions. A summary of these responsibilities are also documented.
A.2.2	The roles of chairperson and chief executive must not be undertaken by the same individual.	The Chair and Chief Executive roles are undertaken by two separate individuals.
A.3.1	The chairperson should, on appointment by the council, meet the independence criteria set out in B.1.1. A chief executive should not go on to be the chairperson of the same NHS foundation trust.	The Chair meets the independence criteria and has not been chief executive of the Trust.
A.4.1	In consultation with the council of governors, the board should appoint one of the independent non-executive directors to be the senior independent director to provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary. The senior independent director should be available to governors if they have concerns that contact through the normal channels of chairperson, chief executive, finance director or trust secretary has failed to resolve, or for which such contact is inappropriate. The senior independent director could be the deputy chairperson.	The senior independent director is Mr James Hatchley appointed by the Board in consultation with the Council in April 2017. The deputy chair is Akhter Mateen, appointed in April 2017. The SID attends Council meetings, is available to speak with governors individually and invites comments from governors on the appraisal of the Chair during the period.
A.4.2	The chairperson should hold meetings with the non-executive directors without the executives present. Led by the senior independent director, the non-executive directors should meet without the chairperson present, at least annually, to appraise the chairperson's performance, and on other such occasions as are deemed appropriate.	The Chair held meetings with the NEDs during the year without the executives present. The Senior Independent Director (SID) lead the performance evaluation of the Chair and consults with the other NEDs, executives and the governors on his performance.
A.4.3	Where directors have concerns that cannot be resolved about the running of the NHS foundation trust or a proposed action, they should ensure that their concerns are recorded in the board minutes. On resignation, a director should provide a written statement to the chairperson for circulation to the board, if they have any such concerns.	Any matters raised are recorded in the minutes of the meetings and the minutes reviewed and approved at the next relevant Board meeting.
A.5.1	The council of governors should meet sufficiently regularly to discharge its duties. Typically the council of governors would be expected to meet as a full council at least four times a year. Governors should, where practicable, make every effort to attend the meetings of the council of governors. The NHS foundation trust should take appropriate steps to facilitate attendance.	The Council of Governors meets 4 times a year as a minimum (excluding extraordinary meetings). Governor attendance at meetings is recorded in the annual report. Governors are provided with regular reminders about meetings (including opportunities to observe Board andf assurance committees) via the monthly Governor bulletin.
A.5.2	The council of governors should not be so large as to be unwieldy. The council of governors should be of sufficient size for the requirements of its duties. The roles, structure, composition, and procedures of the council of governors should be reviewed regularly as described in provision B.6.5.	The Council is made up of 27 governors. When revising the Constitution in July 2018, the Board and Council agreed that this was of a sufficient, representative size. The Trust undertakes annual elections wwhere apporximately a third of govenors seats are subject to election. The Council of Governors has a terms of reference which will be subject to review in 2021 . The Constitution includes key procedures of the Council.
A.5.3	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor. A record should be kept of the number of meetings of the council and the attendance of individual governors and it should be made available to members on request.	This information is recorded in the annual report which is published on the website. The Constitution includes an expectation of the number of meetings that governors should attend. A record of attendance for governors is maintained and is available in the annual report, as part of the information published for governors seeking re-election and on request throughout the year.
A.5.4	The roles and responsibilities of the council of governors should be set out in a written document. This statement should include a clear explanation of the responsibilities of the council of governors towards members and other stakeholders and how governors will seek their views and keep them informed.	The annual report outlines the role and responsibilities of the Council, highlighting the responsibilities of the Council towards members and stakeholders. This is also included on the GOSH website and in other promotional material. The schedule of matters highlights the Council's responsibilities. This document was upated in September 2020.
A.5.5	The chairperson is responsible for leadership of both the board of directors and the council of governors (see A.3) but the governors also have a responsibility to make the arrangements work and should take the lead in inviting the chief executive to their meetings and inviting attendance by other executives and non-executives, as appropriate. In these meetings other members of the council of governors may raise questions of the chairperson or his/her deputy, or any other relevant director present at the meeting about the affairs of the NHS foundation trust.	The chief executive provides a written report at each Council meeting. Non-executive directors attend the Council meeting on a regular basis and answer questions from governors which is recorded in the Council meeting minutes. Executive Directors are invited to present on relevent reports. Governors receive feedback from the non-executive chairs of the Board assurance committees. Governors are invited to attend to observe the Board and assurance committee meetings.Governors have contact details of their 'Buddy' NED to ask questions inbetween meetings. Governors hold a private meeting with the Chair prior to every Council meeting to discuss matters raised in the Council papers and ask questions.
A.5.6	The council of governors should establish a policy for engagement with the board of directors for those circumstances when they have concerns about the performance of the board of directors, compliance with the *new provider licence* or other matters related to the overall wellbeing of the NHS foundation trust. The council of governors should input into the board's appointment of a senior independent director (see A.4.1).	The Constitution details how such issues will be managed. The SID is available to discuss concerns about the performance of the board of directors and/or compliance with licence requirements. All of the Non-Executive directors attend each Council meeting and are available to answer questions about performance matters. The Chair holds a private meeting with Governors prior to each Council meeting and provides the opportunity to ask any question and receive updates on key matters. Governors are invited to attend buddying sessions with NEDs throughout the year.

Para	Code of Governance Requirement	Disclosure
A.5.7	The council of governors should ensure its interaction and relationship with the board of directors is appropriate and effective. In particular, by agreeing the availability and timely communication of relevant information, discussion and the setting in advance of meeting agendas and, where possible, using clear, unambiguous language.	Governors are invited to attend the Board and observe the assurance committees. A monthly bulletin is sent to governors, updating them on development opportunities, requests for information, media news stories and the key meeting dates for diaries. The Trust seeks to spell out all acronyms in Council papers. A glossary of terms has also been circulated to governors. Governors are paired up with Non-Executive Director 'Buddies' who they can contact for information outside of the Board and Assurance Committee meetings. Information is circulated to governors on significant issues arising between Council meetings via email. Governors are asked fo their views about topics for development sessions that take place before Councio meetings. From 2021/22, Govenors will be asked for comments on proposed agenda items for the next meeting of the Council.

Para	Code of Governance Requirement	Disclosure
A.5.8	The council of governors should only exercise its power to remove the chairperson or any non-executive directors after exhausting all means of engagement with the board of directors. The council should raise any issues with the chairperson with the senior independent director in the first instance.	The Council will seek to engage with the Trust Board should this situation arise, through the Lead Governor and Senior Independnet Director.
A.5.9	The council of governors should receive and consider other appropriate information required to enable it to discharge its duties, for example clinical statistical data and operational data.	At every meeting, the Council receives a report from the Chief Executive which includes information on key news and developments as well as finance and performance targets and quality indicators (covreing safety and patient experience) and workforce. Governors receive feedback from the non-executive chairs of the Board assurance committees. Governors are invited to attend to observe these assurance committee meetings. Governors who attended the Assurance meetings share their feedback with other Governors. Emails are sent to governors on significant matters arising between Council meetings. A monthly bulletin is sent out to governors, updating them on development opportunities, requests for information, media news stories and dates for diaries. The Chair of the Council holds a private meeting with governors prior to each Council meeting to answer any questions.
A.5.10	The council of governors has a statutory duty to hold the non-executive directors individually and collectively to account for the performance of the board of directors.	The Lead Governor holds a private meeting with other Governors on Council days to discuss the Council agenda and consider issues to raise at the Council meeting that day. Governors receive externally facilitated training on how to hold the NEDs to account for the performance of the Board. Governors make up the majority of members on the Council Nominations and remuneration Committee whch is responsible for considering recommendations for appointment, removal, performance asessment and remuneration of the Chair and NEDs.
A.5.11	The 2006 Act, as amended, gives the council of governors a statutory requirement to receive the following documents. These documents should be provided in the annual report as per the *NHS Foundation Trust Annual Reporting Manual*: (a) the annual accounts; (b) any report of the auditor on them; and (c) the annual report.	These documents were presented to the Council at the Annual Member's meeting in September 2020.
A.5.12	The directors must provide governors with an agenda prior to any meeting of the board, and a copy of the approved minutes as soon as is practicable afterwards. There is no legal basis on which the minutes of private sessions of board meetings should be exempted from being shared with the governors. In practice, it may be necessary to redact some information, for example, for data protection or commercial reasons. Governors should respect the confidentiality of these documents.	The agenda and minutes of confidential meetings of the Board are emailed out to Governors via an encrypted email. A new portal is being set up where Governors will have access to these documents at all times and can be easily found in one place. The public agenda and papers are available on the Trust website and the link is sent to governors via the newsletter. Governors are invited to attend Board public meetings.
A.5.13	The council of governors may require one or more of the directors to attend a meeting to obtain information about performance of the trust's functions or the directors' performance of their duties, and to help the council of governors to decide whether to propose a vote on the trust's or directors' performance.	The executive directors (when appropriate) and non-executive directors attend most Council meetings and provide information about performance of the Trust. This includes updates from those non-executive directors who chair Board assurance committees (Audit Committee, Quality, Safety and Experience Assurance Committee, People and Education Assurance Committee and the Finance and Investment Committee).
A.5.14	Governors have the right to refer a question to the independent panel for advising governors. More than 50% of governors who vote must approve this referral. The council should ensure dialogue with the board of directors takes place before considering such a referral, as it may be possible to resolve questions in this way.	Governors are provided with a copy of the Code of Governance on appointment.
A.5.15	Governors should use their new rights and voting powers from the 2012 Act to represent the interests of members and the public on major decisions taken by the board of directors. These new voting powers require: • More than half of the members of the board of directors who vote and more than half of the members of the council of governors who vote to approve a change to the constitution of the NHS foundation trust. • More than half of governors who vote to approve a significant transaction. • More than half of all governors to approve an application by a trust for a merger, acquisition, separation or dissolution. • More than half of governors who vote, to approve any proposal to increase the proportion of the trust's income earned from non-NHS work by 5% a year or more. For example, governors will be required to vote where an NHS foundation trust plans to increase its non-NHS income from 2% to 7% or more of the trust's total income. • Governors to determine together whether the trust's non-NHS work will significantly interfere with the trust's principal purpose, which is to provide goods and services for the health service in England, or its ability to perform its other functions. NHS foundation trusts are permitted to decide themselves what constitutes a "significant transaction" and may choose to set out the definition(s) in the trust's constitution. Alternatively, with the agreement of the governors, trusts may choose not to give a definition, but this would need to be stated in the constitution.	The Constitution covers all of these rights and voting powers.

Para	Code of Governance Requirement	Disclosure
B.1.1	The board of directors should identify in the annual report each non-executive director it considers to be independent. The board should determine whether the director is independent in character and judgement and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the director's judgement. The board of directors should state its reasons if it determines that a director is independent despite the existence of relationships or circumstances which may appear relevant to its determination, including if the director: • has been an employee of the NHS foundation trust within the last five years; • has, or has had within the last three years, a material business relationship with the NHS foundation trust either directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the NHS foundation trust; • has received or receives additional remuneration from the NHS foundation trust apart from a director's fee, participates in the NHS foundation trust's performance-related pay scheme, or is a member of the NHS foundation trust's pension scheme; • has close family ties with any of the NHS foundation trust's advisers, directors or senior employees; • holds cross-directorships or has significant links with other directors through involvement in other companies or bodies; • has served on the board of the NHS foundation trust for more than six years from the date of their first appointment; or • is an appointed representative of the NHS foundation trust's university medical or dental school.	The annual report details the independence of all of the non-executive directors. It notes that one NED is nominated by University College London. All directors are asked to annually declare any interests, including the matters outlined under B.1.1. Directors are also prompted to declare any interests at the start of every Board meeting
B.1.2	At least half the board, excluding the chairperson, should comprise non-executive directors determined by the board to be independent.	The Board is comprised of a Chair, Deputy Chair, Senior Independent Director (SID), three additional independent Non-Executive Directors, and six Executive Directors. One of the Non-Executive Directors is appointed by University College London.
B.1.3	No individual should hold, at the same time, positions of director and governor of any NHS foundation trust.	None of the directors on the GOSH Board are governors on the GOSH Council of Governors, nor a governor on another Trust's Council of Governors.
B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust. Both statements should also be available on the NHS foundation trust's website.	This information is included in the annual report (accountabiility report) and on the Trust website.
B.2.1	The nominations committee or committees, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors. The nominations committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the NHS foundation trust and the skills and expertise required within the board of directors to meet them.	There are two nomination committees at GOSH: one for the appointment of the Chair and NEDs and one for the appointment of executive directors. Both have approved terms of reference and are responsible for taking into account succession planning. The executives have in place a succession plan for executive positions.The Board will undertake a full skills assessment in 2021/22.
B.2.2	Directors on the board of directors and governors on the council of governors should meet the "fit and proper" persons test described in the provider licence. For the purpose of the licence and application criteria, "fit and proper" persons are defined as those without certain recent criminal convictions and director disqualifications, and those who are not bankrupt (undischarged). Trusts should also abide by the updated guidance from the CQC regarding appointments to senior positions in organisations subject to CQC regulations	The directors on the Board have all been required to sign a statement declaring that they meet the criteria of a 'fit and proper person'. Further checks are conducted with regards director disqualifications and bankruptcy and on an annual basis. Directors are subject to a DBS check on appointment and every 3 years. Governors are asked to make a declaration about their fitness to hold the role of Governor and are subject to a DBS check every three years (and on appointment/ election).
B.2.3	There may be one or two nominations committees. If there are two committees, one will be responsible for considering nominations for executive directors and the other for non-executive directors (including the chairperson). The nominations committee(s) should regularly review the structure, size and composition of the board of directors and make recommendations for changes where appropriate. In particular, the nominations committee(s) should evaluate, at least annually, the balance of skills, knowledge and experience on the board of directors and, in the light of this evaluation, prepare a description of the role and capabilities required for appointment of both executive and non-executive directors, including the chairperson.	There are two nominations committees - the Trust Board Nominations Committee and the Council Nominations and Remuneration Committee. A Board skills analysis is undertaken to enable the Board and Council to review the structure and composition of the Board.The next analysis will be undertaken in 2021/22.
B.2.4	The chairperson or an independent non-executive director should chair the nominations committee(s).At the discretion of the committee, a governor can chair the committee in the case of appointments of non-executive directors or the chairman.	The Council Nominations and Remuneration Committee is chaired by the chair of the Board and Council. The terms of reference state that when the chair is being appointed or reappointed, the deputy chair shall take his or her place, unless he or she is standing for appointment, in which case another non-executive director shall be identified and agreed prior to the meeting to take his or her place. A majority of the committee is made up of governors (at meetings and at NED appointment panels). The Board Nominations Committee is chaired by Sir Michael Rake, Chair.
B.2.5	The governors should agree with the nominations committee a clear process for the nomination of a new chairperson and non-executive directors. Once suitable candidates have been identified the nominations committee should make recommendations to the council of governors.	In 2020/21 the Council of Governors approved the following: • The appointment of Professor Russell Viner for a 3 year term (nominated by the University of London) • The reappointment of Sir Mike Rake, Chair for a further three years from 1 November 2021 until 31 October 2024. • The reappointment of Akhter Mateen for one additional year (7 years in total). • The reappointment of Lady Amanda Ellingworth for a further 3 years from 1 January 2021 to 31 December 2023. • The reappointment of Mr Chris Kennedy for a further 3 years from 1 April 2021 to 31 March 2024. The process for new appointments is approved by the Council prior to a search commencing.
B.2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should consist of a majority of governors. If only one nominations committee exists, when nominations for non-executives, including the appointment of a chairperson or a deputy chairperson, are being discussed, there should be a majority of governors on the committee and also a majority governor representation on the interview panel.	The Council of Governors nominations and remuneration committee comprises the chair of the Trust, the deputy chair, lead governor, two governors from the public constituency and/or the patient and carer constituency, one staff governor and one governor from any constituency (patient and carer, public, staff or appointed). A majority of the committee is made up of governors (at meetings and on appointment panels).

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B.2.7	When considering the appointment of non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position.	The Council takes into account the views of the Board and the nominations committee on the qualifications, skills and experience required for the a new NED position. For the reappointment of the NED, it considered the results of the NED's appraisal, attendance, input and engagement with stakeholders including the Council.
B.2.8	The annual report should describe the process followed by the council in relation to appointments of the chairperson and non-executive directors.	The annual report includes an overview of the process followed for appointment of new NEDs.
B.2.9	An independent external adviser should not be a member of or have a vote on the nominations committee(s).	An independent external adviser is not a member of the nominations committees and does not have a vote. Independent external advisers are invited to attend the interview panels for all executive and NED appointments but do not have a vote.
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments. The main role and responsibilities of the nominations committee should be set out in publicly available, written terms of reference.	This information is presented in the annual report. The Trust Board Nominations Committee and the Council of Governors' Nominations and Remuneration Committee Terms of Reference are published on the Trust website. The Board Nominations Committee ToR are under review
B.2.11	It is a requirement of the 2006 Act that the chairperson, the other non-executive directors and – except in the case of the appointment of a chief executive – the chief executive, are responsible for deciding the appointment of executive directors. The nominations committee with responsibility for executive director nominations should identify suitable candidates to fill executive director vacancies as they arise and make recommendations to the chairperson, the other non-executives directors and, except in the case of the appointment of a chief executive, the chief executive.	The Nominations Committee terms of reference details these requirements.
B.2.12	It is for the non-executive directors to appoint and remove the chief executive. The appointment of a chief executive requires the approval of the council of governors.	The Nominations Committee terms of reference details these requirements. The Council approved the appointment of the current Chief Executive in November 2018.
B.2.13	The governors are responsible at a general meeting for the appointment, re-appointment and removal of the chairperson and the other non-executive directors.	This process is documented in the Trust Constitution.
B.3.1	For the appointment of a chairperson, the nominations committee should prepare a job specification defining the role and capabilities required including an assessment of the time commitment expected, recognising the need for availability in the event of emergencies. A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise, and included in the next annual report. No individual, simultaneously whilst being a chairperson of an NHS foundation trust, should be the substantive chairperson of another NHS foundation trust.	The Chair JD and terms and conditions define the role and capabilities required including an assessment of the time commitment expected. The Chair's significant commitments are documented in the annual report and declared in the register of interests as well as presented to the Board. The Chair is not a chair of another NHS Foundation Trust.
B.3.2	The terms and conditions of appointment of non-executive directors should be made available to the council of governors. The letter of appointment should set out the expected time commitment. Non-executive directors should undertake that they will have sufficient time to meet what is expected of them. Their other significant commitments should be disclosed to the council of governors before appointment, with a broad indication of the time involved and the council of governors should be informed of subsequent changes.	The terms and conditions of the NEDs were revised and approved by the Council in February 2020. Significant commitments and experience are presented to the Council when considering apporoal of the appointment. The non-executive directors' significant commitments are reported in the Trust annual report.
B.3.3	The board should not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity, nor the chairperson of such an organisation.	None of the executives or the Chair have taken on a non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity. The Deputy Chair is also a NED on another Foundation Trust.
B.4.1	The chairperson should ensure that new directors and governors receive a full and tailored induction on joining the board or the council of governors. As part of this, directors should seek out opportunities to engage with stakeholders, including patients, clinicians and other staff. Directors should also have access, at the NHS foundation trust's expense, to training courses and/or materials that are consistent with their individual and collective development programme.	New directors and governors receive information as part of their induction and are required to attend a tailored Trust corporate induction programme. The Governor induction process has been refreshed including external speakers attending and training on roles and responsibilities. Governors receive information on an on-going basis via presentations to meetings and separate development sessions. Directors have access to development programmes organised and run by NHS Providers, the Kings Fund, Deloitte etc.Governors are invited to attend similar external events and report back to the Council. The Board has a Board Development Progamme in place. It holds 4-5 Board Developmnent sessions a year, inviting external speakers to present on matters of risk, innovation, policy develeopment etc.
B.4.2	The chairperson should regularly review and agree with each director their training and development needs as they relate to their role on the board.	The Chair held appraisal meetings with the NEDs during the year and discussed their training and development as they relate to the Board.
B.4.3	The board has a duty to take steps to ensure that governors are equipped with the skills and knowledge they need to discharge their duties appropriately.	New directors and governors receive information as part of their induction and are required to attend a tailored Trust corporate induction programme. The Governor induction process includes external speakers attending and training on roles and responsibilities. Governors receive information on an on-going basis via presentations to meetings and separate development sessions.Governors are consulted on the content of their development programme. Governors attend meetings with other governors run by external organisations such as Deloitte and NHS Providers and report back to meetings.
B.5.1	The board of directors and the council of governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make. The board of directors and the council of governors should agree their respective information needs with the executive directors through the chairperson. The information for the boards should be concise, objective, accurate and timely, and it should be accompanied by clear explanations of complex issues. The board of directors should have complete access to any information about the NHS foundation trust that it deems necessary to discharge its duties, including access to senior management and other employees.	The Board agenda and information contained within the reports is under constant scrutiny to ensure that the appropriate level of information is available to directors. The Board receives an integrated quality and performance report at every public meeting. The communication team regularly send around press updates to the Board and the Council. The Board work calendar mirrors reporting around the Well Led KLOEs and Trust strategy. Any significant matters are communicated to the Board as soon as possible by email, rather than wait for the next board meeting. The executive directors and the Company Secretary regularly email governors between meetings on significant matters to ensure that information is shared in a timely way, rather than wait for the next Council of governors meeting. The Council of governors receive a monthly ebulletin updating them on important matters, highlighting access to training events and other events where they can meet members.

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B.5.2	The board of directors and in particular non-executive directors, may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area that comes before the board of directors, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis. When complex or high-risk issues arise, the first course of action should normally be to encourage further and deeper analysis to be carried out in a timely manner, within the NHS foundation trust. On occasion, non-executives may reasonably decide that external assurance is appropriate.	The non-executive directors do request deeper analysis of high risk areas during Board and assurance Committee meetings. Access to external assurance/ advice is made available on request, for example legal advice around agreements regarding large scale development contracts or commercial matters.
B.5.3	The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the NHS foundation trust's expense, where they judge it necessary to discharge their responsibilities as directors. Decisions to appoint an external adviser should be the collective decision of the majority of non-executive directors. The availability of independent external sources of advice should be made clear at the time of appointment.	Where requested, external advice is sought, for example legal advice or HR advice.
B.5.4	Committees should be provided with sufficient resources to undertake their duties. The board of directors should also ensure that the council of governors is provided with sufficient resources to undertake its duties with such arrangements agreed in advance.	The Company Secretary, Head of Corporate Governance, Trust Board Administrator and Stakeholder and Engagement Manger supports the duties of the Board, Council and their respective committees. The People and Education Assurance Committee is currently supported by the HR team with input from the Company Secretary.
B.5.5	Non-executive directors should consider whether they are receiving the necessary information in a timely manner and feel able to raise appropriate challenge of recommendations of the board, in particular making full use of their skills and experience gained both as a director of the trust and also in other leadership roles. They should expect and apply similar standards of care and quality in their role as a non-executive director of an NHS foundation trust as they would in other similar roles.	Non-executive directors provide feedback on information received at Board meetings. As a result and where necessary, additional information is provided/ professional and legal advice is sought.
B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	The Council fed comments into development of the GOSH operational plan 2020/21 and were also informed of the plans to implement the Trust Strategy and People Strategy. Further work will be conducted in 2021/22 on engagement with members thriough bthe work of the Membership Engagement Recruitment and Retention Commitiee (MERRC). The Board has appoved a Stakeholder Engagemnt Plan.
B.5.7	Where appropriate, the board of directors should take account of the views of the council of governors on the forward plan in a timely manner and communicate to the council of governors where their views have been incorporated in the NHS foundation trust's plans, and, if not, the reasons for this.	The Council fed comments into development of the GOSH operational plan 2020/21 and were also informed of the plans to implement the Trust Strategy and People Strategy.
B.5.8	The board of directors must have regard for the views of the council of governors on the NHS foundation trust's forward plan.	The Trust Board took account of the views of the Council of Governors on the NHS foundation trust's forward plan.
B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted, bearing in mind the desirability for independent assessment, and the reason why the NHS foundation trust adopted a particular method of performance evaluation.	As part of their routine scheduled inspection programme, the CQC conducted an independent well-led inspection of the Trust in October 2019 (reporting in January 2020) and during 2020/21, the Board monitored progress with the action plan. The Trust conducted a tender process to appoint an independent organisation to conduct a Well Led assessment of the Trust Board and Senior Management Team. The review commenced in March 2021, led by BDO LLP who have no other connection with the Trust. The purpose of the assessment is to provide assurance of the Trust's compliance with the framework and identify any gaps for improvement areas of good practice. Findings will be considered and used to update the Trust Well Led delivery plan. The Board assurance committees conduct annual self assessments and use the findings to review the terms of reference and workplans where relevant.
B.6.2	Evaluation of the boards of NHS foundations trusts should be externally facilitated at least every three years. The evaluation needs to be carried out against the board leadership and governance framework set out by Monitor. The external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.	The Trust conducted a tender process to appoint an independent organisation to conduct a Well Led assessment of the Trust Board and Senior Management Team. The review commenced in March 2021, led by BDO LLP who have no other connection with the Trust. The purpose of the assessment is to provide assurance of the Trust's compliance with the framework and identify any gaps for improvement areas of good practice. Findings will be considered and used to update the Trust Well Led delivery plan.
B.6.3	The senior independent director should lead the performance evaluation of the chairperson, within a framework agreed by the council of governors and taking into account the views of directors and governors.	The SID leads the performance evaluation of the Chair and discusses the Chair's performance with the executive directors, NEDs, external stakeholders and governors (via the Lead Governor). The Chair performance review process is aligned with guidance from NHSE/I.
B.6.4	The chairperson, with assistance of the board secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for non-executive directors relevant to their duties as board members.	All directors are subject to performance evaluation, identifying any personal professional development requirements. Non-executive directors individually attend professional development events held by the Kings Fund, the NHS Providers, auditor companies etc. The Board has a Board Development Progamme in place. It holds 4-5 Board Developmnent sessions a year, inviting external speakers to present on matters of risk, innovation, policy develeopment etc.
B.6.5	Led by the chairperson, the council of governors should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities, including their impact and effectiveness on: • holding the non-executive directors individually and collectively to account for the performance of the board of directors. • communicating with their member constituencies and the public and transmitting their views to the board of directors; and • contributing to the development of forward plans of NHS foundation trusts. The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice.	An evaluation of the Council was conducted in 2019 with regular updates to the Council on progress with the agreed actions. The structure and composition of the Council was reviewed and refreshed in 2018 at the time of the review of the Constitituion. Members can communicate with governors via the foundation trust GOSH email address (emails are sent on to the relevant governor) This information is also presented in the annual report. Governors have been involved in drafting the letters accompanying the Member Matters publication.
B.6.6	There should be a clear policy and a fair process, agreed and adopted by the council of governors, for the removal from the council of any governor who consistently and unjustifiably fails to attend the meetings of the council of governors or has an actual or potential conflict of interest which prevents the proper exercise of their duties. This should be shared with governors. In addition, it may be appropriate for the process to provide for removal from the council of governors where behaviours or actions of a governor or group of governors may be incompatible with the values and behaviours of the NHS foundation trust. Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor agreeable to both parties should be requested to consider the evidence and determine whether the proposed removal is reasonable or otherwise.	The Constitution details the process for removal of a governor including the requirements to attend a certain number of Council meetings and management of potential conflicts of interest. A Standard Operating Procedure is being drafted to outline the process for managing governor attendance. This will be agreed with the Council.

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B.7.1	In the case of re-appointment of non-executive directors, the chairperson should confirm to the governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role. Any term beyond six years (e.g., two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-executive directors may, in exceptional circumstances, serve longer than six years (e.g., two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive's independence.	Following the performance evaluation and at the time of reappointment, the chair confirms to the governors the performance of the individual proposed for re-appointment continues to be effective and demonstrates commitment to the role. In November 2020, the Council approved an amendment to the Constitution to allow for the extension of Chair and Non- Executive Director appointments beyond the usual 6 year maximum period (2 x three year appointments) in "exceptional circumstances". Any additional approved period will be reviewed by the Council annually. During 2020/21, the Council, approved the reppointment of Akhter Mateen for an additional year (7 years in total) on the basis of the impact of the Pandemic on the Trust and the importance of Board stability during this time (taking into account his experience and knowledge of the Trust and NHS).
B.7.2	Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The names of governors submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to take an informed decision on their election. This should include prior performance information.	The Foundation Trust conducted a Council election in January 2021. The information presented to members for the elected governors who wished to be re-appointed included information about their attendance at meetings and involvement in committees and other activities. The next Foundation Trust election is scheduled for November 2021 to January 2022.
B.7.3.	Approval by the council of governors of the appointment of a chief executive should be a subject of the first general meeting after the appointment by a committee of the chairperson and non-executive directors. All other executive directors should be appointed by a committee of the chief executive, the chairperson and non-executive directors.	The Trust is compliant with this requirement. The Board's Nominations Committee Terms of Reference details the appointment process for executive directors.
B.7.4	Non-executive directors, including the chairperson should be appointed by the council of governors for the specified terms subject to re-appointment thereafter at intervals of no more than three years and subject to the 2006 Act provisions relating to removal of a director.	The Trust is compliant with this requirement. The process for appintment a new NED is subject to approval by the Council. The panel appointing a NED is made up of a majority of Governors and the Council approves the appointment.
B.7.5	Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years.	The Trust complies with this requirement. A Council election was conducted in January 2021. During this election, tenures available were staggered to prevent the turnover of the entire Council at the end of a 2 x 3 year tenure. All tenures going forward will now be for 3 years (up to 6 years maximum).
B.8.1	The remuneration committee should not agree to an executive member of the board leaving the employment of an NHS foundation trust, except in accordance with the terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the board first having completed and approved a full risk assessment.	The Board is aware of this requirement.
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	These statements are presented in the annual report.
C.1.2	The directors should report that the NHS foundation trust is a going concern with supporting assumptions or qualifications as necessary.	This statement is presented in the annual report and states that the Trust is a going concern.
C.1.3	At least annually and in a timely manner, the board should set out clearly its financial, quality and operating objectives for the NHS foundation trust and disclose sufficient information, both quantitative and qualitative, of the NHS foundation trust's business and operation, including clinical outcome data, to allow members and governors to evaluate its performance.	The Trust publishes an annual report outlining financial, quality and operating objectives for the NHS foundation trust. The Quality Report 2020/21 will be published later in the year. The Council of Governors receives performance and financial information at each meeting and all directors attend Council meetings to answer any questions where required. The annual plan is consulted on with the Council. Public Board meetings and Council of Governors meetings are advertised and the papers are available on the GOSH website.
C.1.4	The board of directors must notify Monitor and the council of governors without delay and should consider whether it is in the public's interest to bring to the public attention, any major new developments in the NHS foundation trust's sphere of activity which are not public knowledge, which it is able to disclose and which may lead by virtue of their effect on its assets and liabilities, or financial position or on the general course of its business, to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the NHS foundation trust. The board of directors must notify Monitor and the council of governors without delay and should consider whether it is in the public interest to bring to public attention all relevant information which is not public knowledge concerning a material change in: • the NHS foundation trust's financial condition; • the performance of its business; and/or • the NHS foundation trust's expectations as to its performance which, if made public, would be likely to lead to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the NHS foundation trust.	The directors maintain an open dialogue with the regulators (both NHS England/Improvement and CQC), reporting any significant matters and ensuring that these are also flagged with the Council both between meetings and at the next relevant Council meeting.
C.2.1	The board of directors should maintain continuous oversight of the effectiveness of the NHS foundation trust's risk management and internal control systems and should report to members and governors that they have done so in the annual report. A regular review should cover all material controls, including financial, operational and compliance controls.	The Trust is compliant with preparing and reviewing the annual governance statement. The Risk Assurance and Compliance Group (RACG) comprises executives, quality, safety and also compliance leads. The Group is chaired by the Chief Executive and reports to the Audit Committee, the Quality, Safety and Experience Assurance Committee and the People and Education Assurance Committee. The RACG monitors the effectiveness of risk management systems and the control and assurance processes across the Trust, including the effectiveness of the controls cited to mitigate the strategic risks on the Board Assurance Framework (BAF) and the timeliness of the closure of gaps in controls and assurances of these risks. It considers the breadth of compliance requirements applied to the Trust and monitors responses to external and internal reviews of services and implementation of the policy governance framework. The NEDs meet once a year to focus on risk management, including how the Trust scans for emerging risks, risk appetite, escalation of risk and the relationship between incident reporting and risk management.
C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	The annual report presents this information.

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C.3.1	The board of directors should establish an audit committee composed of at least three members who are all independent non-executive directors. The board should satisfy itself that the membership of the audit committee has sufficient skills to discharge its responsibilities effectively, including ensuring that at least one member of the audit committee has recent and relevant financial experience. The chairperson of the trust should not chair or be a member of the audit committee. He can, however, attend meetings by invitation as appropriate.	The Trust is compliant with this requirement. The Audit Committee presents an annual report within the Trust Annual Report.
C.3.2	The main role and responsibilities of the audit committee should be set out in publicly available, written terms of reference. The council of governors should be consulted on the terms of reference, which should be reviewed and refreshed regularly. It should include details of how it will: • Monitor the integrity of the financial statements of the NHS foundation trust, and any formal announcements relating to the trust's financial performance, reviewing significant financial reporting judgements contained in them; • Review the NHS foundation trust's internal financial controls and, unless expressly addressed by a separate board risk committee composed of independent directors, or by the board itself, review the trust's internal control and risk management systems; • Monitor and review the effectiveness of the NHS foundation trust's internal audit function, taking into consideration relevant UK professional and regulatory requirements; • Review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements; • Develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm; and • Report to the council of governors, identifying any matters in respect of which it considers that action or improvement is needed and making recommendations as to the steps to be taken.	The Audit Committee's terms of reference outline its role and responsibilities and are published on the GOSH website.
C.3.3	The council of governors should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors. The council of governors will need to work hard to ensure they have the skills and knowledge to choose the right external auditor and monitor their performance. However, they should be supported in this task by the audit committee, which provides information to the governors on the external auditor's performance as well as overseeing the NHS foundation trust's internal financial reporting and internal auditing.	The Council was involved in the appointment of Deloitte LLP in 2018/19.
C.3.4	The audit committee should make a report to the council of governors in relation to the performance of the external auditor, including details such as the quality and value of the work and the timeliness of reporting and fees, to enable to council of governors to consider whether or not to re-appoint them. The audit committee should also make recommendation to the council of governors about the appointment, re-appointment and removal of the external auditor and approve the remuneration and terms of engagement of the external auditor.	The Council receives an update from the Audti Committee Chair on the performance of the external auditors. The external auditors were appointed by the Council in 2018 via an open tender process and a working group inclusing governors and Audit Committee members
C.3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	This statement is not applicable for 2020/21.
C.3.6	The NHS foundation trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust. The current best practice is for a three- to five-year period of appointment.	Deloitte LLP have been appointed for up to 5 years from 2018/19, following a competitive tender process.
C.3.7	When the council ends an external auditor's appointment in disputed circumstances, the chairperson should write to Monitor informing it of the reasons behind the decision.	The Trust will be compliant with this requirement, should the situation arise. Deloitte were re-appointed as the Trust's external auditors following a competitive tender process.
C.3.8	The audit committee should review arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters. The audit committee's objective should be to ensure that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action. This should include ensuring safeguards for those who raise concerns are in place and operating effectively. Such processes should enable individuals or groups to draw formal attention to practices that are unethical or violate internal or external policies, rules or regulations and to ensure that valid concerns are promptly addressed. These processes should also reassure individuals raising concerns that they will be protected from potential negative repercussions.	This matter is the responsibility of the Audit Committee and documented in its terms of reference. The Committee receives a quarterly report on an whistle blowing and Freedom to Speak up cases and actions taken to address issues raised. The QSEAC considers any reports that are related to the quality of care and the PEAC receives an update on any reports related to staff issues.
C.3.9	A separate section of the annual report should describe the work of the committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	The Trust Annual Report includes an Audit Committee annual report and covers the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed and the effectiveness of the external audit process. The Audit Committee considers application of the non audit services policy and reports this to the Council of Governors.
D.1.1	Any performance-related elements of the remuneration of executive directors should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels. In designing schemes of performance-related remuneration, the remuneration committee should consider the following provisions: i) The remuneration committee should consider whether the directors should be eligible for annual bonuses in line with local procedures. If so, performance conditions should be relevant, stretching and designed to match the long-term interests of the public and patients. ii) Payouts or grants under all incentive schemes should be subject to challenging performance criteria reflecting the objectives of the NHS foundation trust. Consideration should be given to criteria which reflect the performance of the NHS foundation trust relative to a group of comparator trusts in some key indicators, and the taking of independent and expert advice where appropriate. iii) Performance criteria and any upper limits for annual bonuses and incentive schemes should be set and disclosed. iv) The remuneration committee should consider the pension consequences and associated costs to the NHS foundation trust of basic salary increases and any other changes in pensionable remuneration, especially for directors close to retirement.	Executive directors are not awarded annual bonuses.The Remuneration Committee remuneration policy has the flexibility to consider whether an element of performance related pay will be included within senior manager contracts. This is consistent with NHSI guidance.

Para	Code of Governance Requirement	Disclosure
D.1.2	Levels of remuneration for the chairperson and other non-executive directors should reflect the time commitment and responsibilities of their roles.	The terms and conditions of service of the Chair and the NEDs were updated in February 2020 and approved by the CoG. The Council of Governors' Nominations and Remuneration Committee is responsible for recommending remuneration levels for non-executive directors to the Council of Governors. In April 2020, the Council approved the proposal from the Chair and NEDs to adopt (from 1 April 2020) the remuneration levels cited in guidance from NHSE/I on Chair and NED remuneration. This required a reduction in salary for the Chair and NEDs. There has been no uplift applied to the Chair and NEDs' remuneration in 2020/21.
D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	No executive director has been released on this basis during the period.
D.1.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination. The aim should be to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing director's obligation to mitigate loss. Appropriate claw-back provisions should be considered in case of a director returning to the NHS within the period of any putative notice.	All executive director contracts require 6 months' notice period. The Chief Executive and executive director terms and conditions of employment are set by the Board Remuneration Committee (except for pension entitlements which are managed in accordance with the provisions of the NHS Pension Scheme). Contracts issued to directors allow the Trust to terminate employment in accordance with employment legislation (for instance, for unsatisfactory performance, capability, ill health). On termination due to poor performance, directors would receive their right to notice of dismissal (except in cases of gross misconduct where dismissal without payment of notice can occur) and any other relevant contractual entitlement (such as payment of outstanding annual leave). Non-contractual payments on dismissal cannot occur without the authorisation of the Remuneration Committee and taking into account guudance from external bodies NHSI and the Treasury); the Committee, therefore, can ensure Directors are not financially rewarded (beyond their contractual entitlements) if their employment is terminated on the grounds of poor performance.
D.2.1	The board of directors should establish a remuneration committee composed of non-executive directors which should include at least three independent non-executive directors. The remuneration committee should make available its terms of reference, explaining its role and the authority delegated to it by the board of directors. Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the NHS foundation trust.	The Trust Board has established a Remuneration Committee, chaired by a NED and including all non- executive directors as members (therefore complying with the requirement for at least three independent NEDs). Terms of reference are in place. A remuneration consultant was not employed during the period.
D.2.2	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments. The committee should also recommend and monitor the level and structure of remuneration for senior management. The definition of senior management for this purpose should be determined by the board, but should normally include the first layer of management below board level.	The terms of reference of the Trust Board Remuneration Committee covers these areas. The Chief Executive determines the remuneration for non Board senior managers (first layer below Board) and reports this to the Remuneration Committee for monitoring purposes.
D.2.3	The council should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive.	The Council of Governors' Nominations and Remuneration Committee is responsible for recommending remuneration levels for non-executive directors to the Council of Governors. In April 2020, the Council approved the proposal from the Char and NEDs to adopt (from 1 April 2020) the remineration levels cited in guidance from NHSE/I on Chair and NED remuneration. This required a reduction in salary for the Chair and NEDs.
D.2.4	The council of governors is responsible for setting the remuneration of non-executive directors and the chairperson.	This is the case - see above.
E.1.1	The board of directors should make available a public document that sets out its policy on the involvement of members, patients and the local community at large, including a description of the kind of issues it will consult on.	The Patient and Family Experience and Engagement Committee is responsible for overseeing involvement of members, patients and the local community at large. Information from the committee is reported to the Board (via the integrated quality and performance report) and the Council. The Board has approved a Patient Experience Framework.
E.1.2	The board of directors should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums (e.g. Local Healthwatch, the Overview and Scrutiny Committee, the local League of Friends, and staff groups)	A summary of patient and local community engagement activity is included in the annual report. The Trust has also approved a Stakeholder Engagement Strategy.
E.1.3	The chairperson should ensure that the views of governors and members are communicated to the board as a whole. The chairperson should discuss the affairs of the NHS foundation trust with governors. Non-executive directors should be offered the opportunity to attend meetings with governors and should expect to attend them if requested by governors. The senior independent director should attend sufficient meetings with governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of governors.	The Chair presents a summary report of the previous Council meeting to the Trust Board. The Chair holds a private meeting with governors prior to every Council meeting. NEDs (and executive directors) regularly attend Council meetings (including the SID). The NEDs provided opportunities for governors to meet with them via the buddying system throughout the year in addition to the normal general meetings) Emails from governors raising any concerns are shared with the executive and non-executive directors.
E.1.4	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	All governors are promoted on the Trust website and members can communicate with them via the foundation trust GOSH email address. This information is also presented in the annual report. Governors have been involved in drafting content for the Get Involved newsletter to Members. See B.5.6 for information about consultation held during the year with members.
E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	All NEDs attend Council of Governors meetings and executives attend where required. The Council of Governors and the Board have reviewed how they work together via an effectiveness survey and made recommendations for enhanced communication including continuing the NED buddying program and circulating a monthly news bulletin to governors. Consultation and survey results are shared with the Board and the Council. Governors attend the Board assurance committees and the public Board as observers. The annual report outlines how the Board and the Council of Governors have worked together during the year.
E.1.6	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report. This information should be used to review the trust's membership strategy, taking into account any emerging best practice from the sector.	The Membership Engagement, Recruitment and Representation Committee (MERRC) routinely reviews the representation of the membership and report this to the Council. This information is also presented in the annual report and in the annual membership report. The Trust Membership Strategy wwill be reviewed in 2021/22.

Para	Code of Governance Requirement	Disclosure
E.1.7.	The board of directors must make board meetings and the annual meeting open to the public. The trust's constitution may provide for members of the public to be excluded from a meeting for special reasons.	The Constitution details that there will be Board meetings held in public and provides for the exclusion of members of the public for special purposes. The annual meeting is also held in public.Due to COVID-19 and the need for social distancing, public Board meetings have been held virtually in 2020/21. Members of the public and governors are able to observe virtually. Agendas and papers are published on the GOSH website prior to the meeting.
E.1.8	The trust must hold annual members' meetings. At least one of the directors must present the trust's annual report and accounts, and any report of the auditor on the accounts, to members at this meeting.	The annual members' meeting is held every year (September 2020) and the directors present the annual report and accounts and the report from the auditors. The Lead Goverbor presnted the Annual Membership Report. All governors, FT members and members of the public are invited.
E.2.1	The board of directors should be clear as to the specific third party bodies in relation to which the NHS foundation trust has a duty to co-operate. The board of directors should be clear of the form and scope of the co-operation required with each of these third party bodies in order to discharge their statutory duties.	A schedule of third parties is in place and maintained.
E.2.2	The board of directors should ensure that effective mechanisms are in place to co-operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each. The board of directors should review the effectiveness of these processes and relationships annually and, where necessary, take proactive steps to improve them.	The Board and its committees and the executive team review the mechanisms in place for cooperating with third parties on a regular basis, including referrers, NHSE/I, CQC, commissioners, external auditors, the Charity etc. The Chief Executive and other directors regularly discuss attendance at key stakeholder meetings at the EMT. A Stakeholder Engagement Stratgey has been approved by the Board. A section in the Annual Report details our key partners.

Attachment N

Trust Board
26 May 2021

Compliance with the NHS provider licence – self assessment **Submitted by:** Anna Ferrant, Company Secretary	**Paper No: Attachment N**

Aim
To present the annual self assessment of compliance with NHS Improvement ("NHSI") license conditions for providers of NHS services.

Summary

The NHS provider licence is NHSI's main tool for regulating providers of NHS services. The licence sets out important conditions that providers must meet to help ensure that the health system works for the benefit of NHS patients. These conditions gives the regulator the power to:

- set prices for NHS funded care in partnership with the NHS England and require information from providers to help them in this process;
- enable integrated care across the NHS system;
- safeguard choice and prevent anti-competitive behaviour which is against the interests of patients;
- support commissioners to protect essential health services for patients if a provider gets into financial difficulties; and
- oversee the way that NHS foundation trusts are governed.

An FT Board is required by NHS England/ Improvement (NHSE/I) to annually declare compliance or otherwise with a small number of FT licence conditions and one requirement under the Health and Social Care Act. No guidance has been released by NHSE/I this year. However, it is good governance to assure the Board that these key conditions under the licence have been met.

Licence condition
Condition G6(3): Providers must certify that their board has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution.
Condition CoS7(3): Providers providing commissioner requested services (CRS) must certify that they have a reasonable expectation that the required resources will be available to deliver the designated service.
Condition FT4(8): Providers must certify compliance with required governance standards and objectives
NHS England/ Improvement (NHSE/I) require the Board to state whether it is satisfied that during the financial year most recently ended the Trust has provided the necessary training to Governors, as required in s.151(5) of the Health and Social Care Act to ensure that they are equipped with the skills and knowledge they need to undertake their role.

Appendix 1 documents evidence against the four conditions stating the executive directors' recommendations for each condition.

In previous years, NHSE/I have required an FT Board to take into account the views of governors when considering whether the Trust confirms compliance with the above declarations. In April 2021, the Council of Governors were asked for their views on the attached conditions and evidence cited. Governors were satisfied with the evidence cited and the Council agreed with the recommendations

proposed by the GOSH executive team for all conditions.
Action required from the meeting The Board is asked to **consider and agree** the Trust's response to the four conditions, taking into account the views of the governors.
Contribution to the delivery of NHS / Trust strategies and plans Providers are normally required to complete an annual self-certification that confirms their continued eligibility to hold an NHS provider licence.
Financial implications None
Legal issues None
Who is responsible for monitoring the license conditions? Company Secretary and Chief Finance Officer
Who is accountable for the implementation of the proposal / project The Board is responsible for ensuring continued eligibility to hold an NHS provider licence.

Attachment N

Appendix 1: FT Licence self-certification – four requirements that must be signed off by the Board

The board must sign off on self-certification for the following licence conditions and H&SCA requirement, taking into account the views of governors.

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
G6 – Systems for compliance with licence conditions and related obligations (scope = past financial year 2020/21)	The Licensee shall take all reasonable precautions against the risk of failure to comply with the Conditions of this Licence, any requirements imposed on it under the NHS Acts, and the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS. The steps that the Licensee must take ….shall include: (a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and (b) regular review of whether those processes and systems have been implemented and of their effectiveness. A statement shall be provided for Monitor to certify compliance with this condition no later than 2	The Executive Team have considered the evidence cited and recommend 'Confirmed'. *Response to be considered by the Board in light of assurance provided here and taking into account the views of the governors*	The Trust has systems and processes to monitor risks of failure through lack of compliance or adverse variances in performance: The Trust's Assurance and Escalation framework sets out how the organisation identifies, monitors, escalates and manages concerns and risks in a timely fashion and at an appropriate level. This covers the following key areas: • Risk Management • Compliance • Performance • Information Governance • Safeguarding • Infection Control • Health and Safety <u>Risk Management</u> The Trust's risk management strategy, which sets out how risk is systematically managed, extends across the organisation from the front-line service through to the Board, to promote the reduction of clinical and non-clinical risks associated with healthcare and research, and to ensure the business continuity of the Trust. The strategy identifies the organisational risk management structure, the roles and responsibilities of committees and groups that have some responsibility for risk, and the duties and authority of key individuals and managers with regard to risk management activities. It describes the process to provide assurance for the Trust Board review of the strategic organisational risks, and the local structures to manage risk in support of this policy.

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
	months from the end of the financial year.		**ASSURANCE**: In the CQC report, published in January 2020, the Trust retained a rating of 'Good' overall. The GOSH CQC report (2020) stated: *Staff at all levels were clear about their roles, areas of responsibility and accountability. This included delegation of responsibility to committees. The trust had an assurance and escalation framework with groups and committees providing the board with assurance or escalating concerns and/or risks relating to the quality of services, performance, targets, service delivery and achievement of strategic objectives.* The Trust is in the process of reviewing and refreshing the GOPSH risk management framework including the risk management policy, incident reporting and risk management training processes and is seeking external review where relevant. <u>Response to COVID-19</u> During 2020/21, the Trust implemented its emergency management processes in response to the COVID-19 pandemic, with clear accountability at an executive (Gold), senior operational (Silver) and local operational (Bronze) team level and a clear cascade system implemented on a daily basis. All decisions reached were risk assessed at the appropriate level or passed to the relevant accountable planning level for discussion and risk assessment. Capacity for the routine management of risk was reviewed, with the quality and safety teams cross-covering colleagues to maintain resilience and key meetings being held virtually. The Executive Team conducted risk assessments of key areas of delivery: safety of patients, quality of care, patient experience, workforce, activity, performance and finances. These assessments were reported at Board and monitored at relevant Gold, Silver and Bronze levels. As a result of these risk assessments, planned work was re-prioritised based on the impact on safety and effectiveness of delivery of care and the wellbeing and availability of the workforce. <u>Board Assurance Framework</u> The Trust's Board Assurance Framework is used to provide the Board with assurance that there is a sound system of internal control in place to manage the key risks to the Trust of not achieving its strategic objectives. The BAF records the controls in place to manage the key risks, and

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			highlights how the control is operating. The BAF includes cross-references to assurance obtained from internal and external audits, and self-assessments of compliance with other regulatory standards. It has been monitored by the Board assurance committees and updated throughout the year. In 2020, the Board updated the BAF and ensured it was aligned with the refreshed 5 year Trust strategy. The Risk Assurance and Compliance Group (RACG) monitors progress with the BAF. This includes a 'stress test' of BAF risks to check (using key performance indicators and external assurance information) whether the controls and assurances cited are working and appropriate. <u>Quality Governance</u> There is clear accountability at Board level for safety and clinical quality objectives and structured reporting of performance against these objectives. The Trust approved three new strategies/ frameworks in 2020/21 – the Quality Strategy, the Safety strategy and the Patient and Family Experience and Engagement Framework all outlining plans for embedding quality governance processes across the Trust and improving outcomes. **ASSURANCE**: Closing the Loop is a group which monitors and oversees the completion of actions and learning identified through patient safety investigations, complaints, harm, legal cases, and learning from deaths and this has proven invaluable to cascading learning. The 'Managing Internal/ External Review' standard operating procedure provides a clear process for approving the need for a review (internal or external). It also sets out the scope of the review to ensure that it is fair and proportionate, that staff are supported during the review, robust governance arrangements are in place, and recommended actions are implemented in a timely and appropriate way. Examples of the Trust response to external reviews include:

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			1. Following an MHRA inspection of pharmacy manufacturing facilities in 2019, a hospital pharmacy transformation programme was established and the following work undertaken: o Quality assurance processes for manufacturing of medicines have been reviewed and updated. o Medicine management policies updated and cascaded. o Scheduled estates work is underway to improve pharmacy facilities underway. o A review of team resourcing and leadership has been conducted. The MHRA returned to undertake an interim inspection of the Trust in May 2020 and the findings were generally positive. The service has remained under scrutiny by the MHRA with a follow inspection expected. 2. In March 2019 the GOSH Medical Director commissioned a Urology Service Review from the Royal College of Surgeons (RCS), asking for a review of team dynamics, quality and performance data, departmental leadership, and future opportunities for sub-specialisation. The review report was presented at Board in November 2019. QSEAC monitored progress with the action plan and has received assurance on the provision of coaching and mentorship for the team, changes to team dynamics, and agreement on the management of sub-specialisation. In January 2021 the College confirmed that the review was now closed. Work continues around mentorship and coaching and responses to incidents. <u>Compliance</u> The foundation trust is fully compliant with the registration requirements of the Care Quality Commission. The Trust has identified an executive director and a manager who are respectively accountable and responsible for ensuring compliance with the CQC registration standards. It is the responsibility of these staff to collate evidence of compliance with the standards. In the CQC report in January 2020, the CQC issued 2 enforcement notices:

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			• *Regulation 12: Safe Care and Treatment: This recommendation related to the robustness of access control measures in PICU medication room; the safe storage of IV fluids in theatres, interventional radiology and on one of the surgical wards; the process for denaturing controlled drugs on wards; and the temperature monitoring arrangements for medication rooms.* • *Regulation 17: Good Governance: This recommendation related to the articulation of the breadth of the medicines risk on the board assurance framework; and the need to ensure that the EPR system fully meets the needs of the staff in the CAMHS service to deliver safe care.* During 2020/21, the CQC conducted two reviews, neither of which resulted in a breach of regulation. Actions have been identified in response to any recommendations. **ASSURANCE**: A CQC action plan was developed to address all actions arising from the findings in the CQC report. An executive led committee, Always Improving, reviewed progress against this action plan whilst supporting the ongoing work with the Trust's CQC compliance. This committee reported into the Risk, Assurance and Compliance meeting with regular reports to Board and the Council of Governors. The Quality, Safety and Experience Assurance Committee receives updates on CQC compliance and all other compliance areas on a regular basis. A database supports monitoring of ongoing inspections, audits and self -assessments. In total, the hospital was advised of 4 'Must Do' actions which were required to bring services in line with legal requirements. The Trust was also advised of 18 'Should Do' actions (10 Trust wide, 2 Critical Care, 3 Surgery and 3 Mental Health) which were required to comply with minor breaches that did not justify regulatory action and to prevent the service from failing to comply with legal requirements in future, or to improve services. All 'must do' actions related to regulatory requirements have been closed and work continues on a limited number of 'should do' actions.

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			Following the restructure of the Quality and Safety Team (currently underway), the Trust will continue to conduct mock inspection framework (CQC Quality Rounds) in clinical directorates and review potential areas/sources of learning for example reviews of themes from other CQC reports and evaluation of CQC Insight reports. <u>Information Governance</u> The Information Governance Steering Group monitors information governance risks and compliance with GDPR. Currently we are enhancing the framework and our approach to IG. The updated IG Framework aims to support our future strategy to protect data as an asset and provide a balanced and proportionate approach to risk, placing the child first and always. This will also give confidence to data subjects whose personal data we process, that we are managing their data appropriately. **ASSURANCE**: Over the last few months the Trust has been compiling its submission for the Data Security and Protection Toolkit (DSPT). This annual submission demonstrates GOSH's position against the legal requirements providing assurance that we are practicing good data security and our personal information is handled correctly. This was due for submission 31 March 2021. However, NHSX recognised that it was difficult for many organisations to fully complete the Toolkit without impacting on their COVID-19 response. The final deadline for the 2020/21 Toolkit submission is now 30 June 2021. The Trust was unable to comply with all standards under the 2019/20 DSP Toolkit and as a result was recorded as 'standards not fully met (plan agreed)'. Work is underway to close the small number of outstanding actions from 2019/20 and submit our response to the 2020/21 Toolkit (by the June 2021 deadline). This year there have been two serious information governance incidents (classified at a reportable level using the Incident Reporting Tool within the DSPT). Details are as follows:

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			• Phishing attack: A member of staff's personal device which they used as a Bring Your Own Device, was compromised and the attacker used a credential grabber to establish the individual's GOSH account details and gain access to their account. • Allegation of personal data shared with the wrong individual: A patient was having a planned procedure and a third party known to the mother of the patient arrived at the patient's appointment unannounced and unwanted. Each of these cases have been reported to the Information Commissioner's Office (ICO) and NHSE as Serious Reportable Incidents with an internal root cause analyses completed and shared. The ICO took no enforcement action for either incident. However, the ICO did recommend that Trust implement any measures identified through our investigations into the matters to prevent reoccurrence. The ICO also provided their own recommendations and these have been taken forward. <u>Infection Control</u> The Infection Prevention and Control Committee (IPCC) meets monthly and reports to Patient Safety and Outcome Committee. A continuous advice service is provided by IPC Team / Consultant Microbiologists. The Director of Infection Prevention and Control meets bi-weekly with the Chief Nurse. **ASSURANCE:** The Board receives an update on the Infection, Prevention and Control Board Assurance Framework across the year. The Director of Infection, Prevention and Control regularly reports to the Board. The CQC conducted a routine review of infection control processes in 2020 during the first wave of the pandemic. No actions were identified. <u>Health and Safety</u> The Trust is committed to effectively minimising risks, controlling hazards and preventing harm to all. This is done through a proactive programme of risk assessment and audit. There are clear

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			processes for incident reporting and we encourage a culture in which staff report incidents. The Trust's governance structure ensures statutory compliance is undertaken within legislative requirements. Assurance via the Health and Safety Committee has been provided on a range of subjects such as sharps compliance, Control of Substances Hazardous to Health and fire safety. **ASSURANCE**: The Quality, Safety and Experience Assurance Committee receives a quarterly assurance report on management of health and safety at GOSH. <u>Safeguarding</u> The Strategic Safeguarding Committee, chaired by the Chief Nurse, oversees all safeguarding matters across the Trust and reports into the Patient Safety and Outcomes Committee (PSOC). **ASSURANCE**: During the year, the Chief Nurse requested that a review of the Trust's safeguarding arrangements to determine the robustness of the controls in place to deliver an effective safeguarding service against recommendations made following the publication of national reports into sexual abuse. Recommendations were accepted and an action plan developed. The plan is monitored by the Strategic Safeguarding Committee and assurance provided to the Quality, Safety and Experience Assurance Committee. <u>Performance monitoring</u> Directorate performance reviews usually take place on a monthly basis (the frequency as changed during 2020 due to the impact of COVID-19 – see above) and are attended by directorate management and Trust executives. These reviews are designed to facilitate a triangulated and risk-focused discussion across a number of key domains: Caring, Safe, Responsive, Well-Led (people, management and culture), Effective, Finance, Productivity. The information presented at the performance reviews include an integrated dashboard which provides a one page summary of key metrics across the domains, allowing rapid identification of linked risks and issues. An integrated performance report is then scrutinised at each Trust Board meeting. This provides a summary of the key issues in each domain and actions planned to

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			resolve, as well as an integrated dashboard – this provides trust level data using the same format as the directorate integrated dashboard reviewed in the monthly performance reviews. **ASSURANCE**: The January 2020 CQC report stated: *"There were clear reporting lines from ward to board and from board to wards, to manage performance and identify, potential issues or failure to meet local and national standards. These were informed by the integrated quality and performance report which included both safety and financial information and discussed at the monthly directorate performance review meetings, attended by the directorate management team and representatives from the trust executives".* <u>Escalation</u> The Trust has systems and processes in place to support staff and patients in escalating concerns in provision of care or management of systems. These include the complaints process, PALS, Freedom to Speak Up Guardian, Guardian of Safe Working, Raising Concerns Policy, Duty of Candour process, Counterfraud service etc. The Trust is one of the first UK hospitals to partner with the Cognitive Institute in their Safety and Reliability Improvement Programme. Signing up to this partnership recognises our commitment to achieving zero preventable harm and delivering the best possible outcomes through providing the safest, most effective and efficient care. Safety Champions from across the hospital have been appointed. The Trust assesses compliance with the FT licence annually.
CoS7 – Availability of resources (scope = next financial year 2021/22)	The Licensee shall at all times act in a manner calculated to secure that it has, or has access to, the Required Resources. The Licensee shall not enter into any agreement or undertake any activity which creates a material	The Executive Team have considered the evidence cited and recommend "Confirmed" for (a) "After making enquiries the	The Trust sets its budget on an annual basis and actively manages and monitors its financial position and resource levels on a regular basis throughout the year through routine performance reporting to the Board and its Committees. The Executive Team actively monitors the finance position to ensure that the mitigations in place are effective and appropriate. The 2021/22 planning guidance has been issued for the first half of the year and the trust will use the expenditure and non NHS income budgets it has set alongside the latest confirmed funding for NHS income (include loss of non NHS income, COVID-19 costs, elective recovery fund) to

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
	risk that the Required Resources will not be available to the Licensee. The Licensee, not later than two months from the end of each Financial Year, shall submit to Monitor a certificate as to the availability of the Required Resources for the period of 12 months commencing on the date of the certificate, in one of the following forms: (a) "After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate." OR (b) "After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required	Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate." *Response to be considered by the Board in light of assurance provided here and taking into account the views of the governors*	submit its plan to NHSE. Further to this, it has been confirmed the Trust will also be funded for the second half of the year but the financial framework for this will be released in the coming months. No material agreements which might create a material risk have been entered into. The Trust Audit Committee and Board will review for approval the 2020/21 annual report and accounts (26 May 2021), on a going concern basis, confirming that the Directors have a reasonable expectation that the organisation has the required resources available for the next 12 month licence (a). The Trust is implementing a robust savings plan for 2021/22. The Trust continues to work with other hospitals and the NHSE pricing team to ensure appropriate remuneration through tariffs for complex children's care. **ASSURANCE**: Both External and Internal Audit services provide assurance that reporting is accurate and there is no material mis-statement. The internal auditors conducted an audit into the Trust's financial controls and provided an assurance rating of 'Significant assurance with minor improvement potential' (March 2021).

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
	Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services". OR (c) "In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate".		
FT4- NHS foundation trust governance arrangements (scope = next financial year 2021/22)	The Licensee shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	The Executive Team have considered the evidence cited and recommend "Confirmed". *Response to be considered by the Board in light of*	The Trust has a range of governance and assurance structures and systems in place including a Trust wide strategy, scheme of delegation, risk management framework, accountability framework, compliance framework, escalation framework, policy framework and assurance framework and a financial management framework (see controls and assurances above). Directors and governors are asked to sign a code of conduct and declare any interest for publication on a Register of Interests. ASSURANCE: The Trust has implemented a new electronic declaration portal for staff and directors to update declarations immediately and to ensure timely reporting publicly.

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
PLEASE NOTE – all four parts need to be confirmed for an overall 'confirmation'		*assurance provided here and taking into account the views of the governors*	The Counterfraud service conducted a review of Compliance with Declarations of Interest, Gifts & Hospitality & Sponsorship Policy. It concluded that the evidence presented demonstrated partial compliance with the relevant NHS Counter fraud Authority Standards for Provides. The findings showed that not all staff identified as decision makers had made a declaration or a nil return. An action plan is in place to respond to this finding. All directors are subject to an annual appraisal. Directors complete a self-assessment for the Fit and Proper Person Test (and are reviewed against the criteria annually) and are required to declare any interests annually. **ASSURANCE**: In January 2020, the CQC stated: "*The trust had a process and a recently updated and approved fit and proper persons (FPP) policy to assess that staff with director level responsibilities, including the NEDs, were compliant with FPP in accordance with Regulation 5 of the Health and Social Care Act (2014)…….FPP checks were completed on appointment and annual reviews were the responsibility of a member of the human resources team, supported by the company secretary.* A self-assessment is prepared annually against the Code of Governance and will be reported to the Board in May 2021. The Trust Board considers that from 1 April 2020 to 31 March 2021 it was compliant with the provisions of The NHS foundation trust Code of Governance. Further information about corporate governance systems and standards at GOSH is detailed below.
	The Licensee shall: (a) have regard to such guidance on good corporate governance as may be issued by Monitor from time to time;	The Executive Team have considered the evidence cited and recommend "Confirmed".	The Trust has regard to guidance on good corporate governance as issued by NHS Improvement.

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
	(b) comply with the following paragraphs of this Condition.	*Response to be considered by the Board in light of assurance provided here and taking into account the views of the governors*	
	The Licensee shall establish and implement: (a) effective board and committee structures; (b) clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) clear reporting lines and accountabilities throughout its organisation.	The Executive Team have considered the evidence cited and recommend "Confirmed". *Response to be considered by the Board in light of assurance provided here and taking into account the views of the governors*	The Board has a formal schedule of matters reserved for its decision, and delegates certain matters to committees. The Board has a work programme, which includes all matters the Board is required to consider by statutory, regulatory and other forms of guidance. It also has a range of strategic and operational performance information, which enables it to scrutinise the effectiveness of the Trust's operations, and deliver focused strategic leadership through its decisions and actions. The Board maintains its commitment that discussion of patient safety will always be high on its agenda. There are three Board assurance committees - the Audit Committee, the Quality, Safety and Experience Assurance Committee and the People and Education Assurance Committee. These committees assess the assurance available to the Board in relation to risk management, review the Trust's non-clinical and clinical and quality risk management processes and review the structures and processes in place to deliver the Trust's vision for a supported and innovative workforce, an excellent learning environment and a culture that aligns with the Trust's strategy and always values. All three committees raise issues that require the attention of the Board at every Board meeting.

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			In addition to the three assurance committees, the Finance and Investment Committee considers financial performance, productivity and use of resources. The chairs of these committees report to the Board following every committee meeting. The Trust has terms of reference and work plans in place for the Board, Council and assurance committees. The Board committees conduct annual effectiveness reviews (surveys) on the delivery of their terms of reference and running of the committees. Findings are reviewed and where appropriate, changes to the terms of reference and workplans of the committees are made. The assurance committees receive summary reports from other assurance committees to prevent matters falling between them. These summary reports are also reported at the Board and the Council. At the Council, the chairs of the assurance committees present the summary reports and are held directly to account by the governors at the Council meeting. Governors are also invited to attend assurance committees and Board meetings throughout the year. The Trust's Assurance and Escalation Framework presents a single, comprehensive picture of the governance and assurance structures and systems through which the Trust Board and other stakeholders receive assurance. The Trust routinely reviews and reports this assurance through the following key governance processes and frameworks including: • Performance Management: The Trust has a range of frameworks and policies in place that outline how the Trust's performance objectives and standards will be met, reviewed and managed. • The Trust's Risk Management Strategy (see above) sets out how the organisation identifies, monitors, escalates and manages risks in a timely fashion and at an appropriate level. • The Trust has in place a comprehensive and integrated Compliance Framework that seeks to ensure on-going compliance with statutory and regulatory requirements through integrated, rigorous and proactive structures, policies and practices. It ensures appropriate controls are in place to maintain compliance with statutory and regulatory

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			requirements and that external guidance and alerts are considered in a fulsome and responsive way. • Policy Framework: This provides for clear and accessible policies, procedures and guidelines which support staff in undertaking their duties in a safe and effective way that takes account of all relevant legislation, regulation and guidance. The Trust's policy framework is administered by the Policy Approval Group (PAG) and reported through to the Risk Assurance and Compliance Group. • Committee structure: The Trust's committee structure, developed from the Trust Board down, is currently under review to ensure each committee or group has a clear purpose, scope and authority. Some committees have statutory functions, others have authority to make decisions and direct actions, and others provide advice, support and oversee specific functions. The review is being conducted via the Risk Assurance and Compliance Group. • The Risk Assurance and Compliance Group monitors progress with the strategic risks on the Board Assurance Framework (see above). There are eight directorates, each with a Chief of Service, Deputy Chief of Service, Head of Nursing and General Manager. The Senior Leadership Team meets weekly virtually (around 100 senior managers from across the clinical and corporate areas of the Trust). An Operations Board made up of senior operational managers from across the Trust meets fortnightly. The purpose of the Operational Board is to bring together clinical and corporate senior leadership members to ensure the robust, effective and efficient operational management of the Trust. The Trust's risk management strategy sets out how risk is systematically managed. This extends across the organisation, from the front-line service through to the Board, to promote the reduction of clinical and non-clinical risks associated with healthcare and research, and to ensure the business continuity of the Trust. **ASSURANCE**: See assurances cited on risk management above.

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
	The Licensee shall establish and effectively implement systems and/or processes: (a) to ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) for timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;	The Executive Team have considered the evidence cited and recommend "Confirmed". *Response to be considered by the Board in light of assurance provided here and taking into account the views of the governors*	The Board has agreed standing orders and standing financial instructions, which provide the framework for ensuring appropriate authorisation of expenditure commitments in the Trust. The Board's processes for managing its resources include approval of annual budgets for both revenue and capital, reviewing financial performance against these budgets, and assessing the results of the Trust's cost improvement programme on a monthly basis. In addition, the Trust has a prescribed process for the development of business cases for both capital and revenue expenditure and, where significant, these are reviewed by the Trust Board. Each specialty and clinical directorate has an internal monitoring structure so teams regularly review their progress and identify areas where improvements may be required. Each directorate's performance is considered at monthly performance review meetings (see above). The Finance and Investment committee reviews the operational, productivity and financial performance and use of resources both at Trust and directorate/ department level. The Board has a work programme (aligned with the Well Led Assessment Key Lines of Enquiry), which includes all matters the Board is required to consider by statutory, regulatory and other forms of guidance. It also has a range of strategic and operational performance information, which enables it to scrutinise the effectiveness of the Trust's operations, and deliver focused strategic leadership through its decisions and actions. The Board maintains its commitment that discussion of patient safety will always be high on its agenda. A Board development programme is in place and updated regularly. The Board assurance committees scrutinise the strategic risks facing the trust on a rotational basis every year, with committee members reviewing the effectiveness of controls and seeking assurances that any gaps in controls will be closed in a timely manner. Key performance indicators are presented on a monthly basis to the Trust Board. The report integrates quality and performance data and includes progress against external targets, internal safety measures, operational efficiency/process measures, well-led and other clinical quality measures such as complaints, incidents and reports from specific quality functions within the Trust such as the Patient Advice and Liaison Service (PALS). It also includes the external indicators

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			assessed and reported monthly by the CQC. The report is aligned to the CQC key lines of enquiry: Safe, Effective, Caring, Responsive and Well Led. It asks the question: are our patients receiving high quality care? **ASSURANCE**: The Trust has invited in external, independent assessors to review compliance with NHSI's Well led criteria. This is a routine assessment conducted every 3-5 years by FTs. Results are expected in July 2021.

s.151(5) of the Health and Social Care Act (not a licence condition) (scope = past financial year 2020/21)	NHS Improvement require the Board to state whether it is satisfied that during the financial year most recently ended the Trust has provided the necessary training to Governors, to ensure that they are equipped with the skills and knowledge they need to undertake their role.	The Executive Team have considered the evidence cited and recommend "Confirmed". *Response to be considered by the board in light of assurance provided here and taking into account the views of the governors*	**Governor Induction and training and development:** During 2020/21, governors received mandatory Trust training via the Trust's internal online training portal (GOLD). This was monitored by the Head of Corporate Governance. Governors were reminded and supported to complete the training during the year. For 2021/22, the majority of mandatory training is now document in a handbook and Governors are required to read and sign the handbook. Governor development sessions were developed in partnership with Governors to provide them with the skills and knowledge needed to deliver their key duties over their tenure. To ensure that newly elected Governors (from March 2021) are provided with the skills and knowledge to fulfil their role, the Corporate Affairs Team and existing Governors co-produced an induction programme. After each session Governors complete an evaluation of the induction to ensure that the Trust can continuously improve the quality of induction provided. Several Governors attended external training and events throughout the year and provided reports back to the Trust. Ahead of each Council meeting, Governors meet in private with the Lead Governor/ Deputy Lead Governor. The session allows Governors an opportunity to discuss the key issues, network, and prepare for the private session with the Chair and the Council of Governors' meeting. Governors then also meet with the Chair in a private session. This gives Governors an opportunity to discuss any issues directly with the Chair and to gather information about the Trust and its activities and processes. To assist NEDs and Governors communicate outside of Council meetings and understand each other's' roles and views, Buddying sessions between NEDs and Governors were facilitated. This involved NEDs hosting virtual tutorial style sessions focusing on a specific Trust Board or Assurance Committee subjects. The sessions are set to continue in 2021/22 for the new Council of Governors.

			ASSURANCE: Following a Council self-assessment of effectiveness, 19 recommendations to improve Council effectiveness and shape the training and development needs were approved. Throughout 2020/21 the Council worked to deliver the actions. Key actions closed included: • The papers for Assurance Committees are shared on an online Governor portal so all Governors can have access, not just the Governors who observe the Committee. • A training needs analysis was undertaken with Governors and the results informed the content of Council development sessions. • Governors are asked to complete a post meeting evaluation of Council papers and meeting. Governors receive a regular newsletter from the Corporate Affairs team containing items for action, Trust news items, key dates and development and training opportunities.

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
26th May 2021

GOSH 2021/22 Budget **Submitted by:** Helen Jameson, CFO **Presented by:** Helen Jameson, CFO	**Paper No: Attachment O**

Key points to take away:

1. Following the approval of the budget at the previous Trust board meeting the Trust has received updated income figures for the first 6 months of the year which need to be incorporated into the plan. The key movements include additional Covid funding (£8.8m), additional Non NHS income top up (£5.8m) and Elective recovery funding (3.9m). The overall change is an increase in income for the first 6 months of the year (H1) of £16.6m.

2. NHSE/I are requiring all Trusts submit their plans split into two halves of the year. The budget has been split for a £5.5m deficit for H1 and a 2.7m deficit for H2. This gives an overall deficit of £8.2m. This is a £16.6m improvement on the previous position.

3. The key elements in the Trust phasing are Private patient income, Better value programme and Trust contingency. The Trust plan includes improvement throughout the year on private patient income and therefore H2 has an increased private patient income number. The element of the better value programme that is being developed has been weighted with more in H2 to allow for schemes to be developed and implemented. The Trust contingency has been phased to H2.

4. An update is expected in September on the income figures for H2 and a plan to be submitted to NHSE/I. The Trust proposes to bring an update at this time to FIC and the Trust Board for approval.

5. The NHS is developing an accelerator programme in H1 to ensure finances don't prevent additional activity being undertaken. It is likely that GOSH will be part of this which may jeopardise the delivery of some better value savings although additional income would be expected for this work. An update will be provided on this programme once the impact is confirmed.

Introduction

Following the approval of the Trust plan and budget signed off at the previous Trust board meeting the Trust has received updated income figures for the first 6 months of the year. In line with the approval from the previous Trust board meeting The Trust have updated the budget and have brought it back to the Trust Board for Approval.

The update received by the Trust is for the H1 income and a second update is expected later in the year which will need to be reflected in H2. The Trust is asking that the budget with the updated income figures is approved with the agreement that an update will be brought to the Board for approval should a change be required following an update to the H2 figures
Action required by the meeting The Board are asked to approve the plan for 2021/22 which aligns to the previous plan with the update NHS income figures. Confirm the approach being undertaken with regards to monitoring H1 against this updated plan and bring back an updated plan for H2 following NHSE/I guidance. Note the NHS is developing an accelerator programme which will require additional activity to be delivered for which the Trust will receive additional income but which may reduce the ability to deliver better value savings in year.
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

GOSH 2021/22 Budget

Background

At the last Trust Board meeting the board reviewed and approved the GOSH annual Operation Plan including budget for 2021/22. The operational plan had a bottom line control total of a £24.8m deficit for 2021/22 and was approved with the following understanding:

- That when the Trust is issued the NHS Income numbers the plan would be updated
- The Expenditure plan was agreed to deliver the operational plan
- When NHSE issued the block funding for H1 any additional income would go to reduce the deficit
- The updated plan would be brought back to the Board for approval.

NHSE has issued updated income figures for the first half of the financial year (H1). The plan below has been updated for these and in line with the national NHS planning approach the plan has been split into two halves (H1 and H2).

Update

NHS Income

Since the board approved the 2021/22 plan the Trust has received updated income figures for the first 6 months of the year which need to be incorporated into the plan. The key movements are:

- Covid-19 funding (£8.8m) – costs must be demonstrated to secure these funds
- Non NHS income top up (£5.8m) – loss of income needs to be demonstrated to secure funds
- Elective Recovery Funding (£3.9m) – in line with activity plan submitted
- Other CCG decreases (£0.5m) – Including Genomics transfer to NHSE and additional historic adjustments
- Reduced NHSE activity income (£1.4m), Payment has not yet been agreed for this activity.

This is a total increase in NHS income for H1 of £16.6m. No adjustment has been assumed for H2 as the financial framework for this is not expected to be released until September 2021.

Plan Phasing

Following the requirement from NHSE that the Trust submits a plan for H1 2021/22 all the costs have been phased as per the directorate budget plans with the following being overlaid:

- Private patient income phasing – With the drop in activity in February and March the phasing has been adjusted with the directorate to show a lower plan for the first half of the year (£18.4m) with the expectation travel will resume and referrals to pick up for H2 (£36.1m).
- Better Value – The £14.0m of better value not currently identified and removed from budgets has been phased with £4.8m in H1 (2% better value for H1) and £9.2m in H2.
- Trust contingency – All £1.0m has been phased to H2

Updated Plan

£m	Board 2021/22 Plan	Updated 2021/22 Plan	Movement
NHS & Other Clinical Revenue	419.9	436.5	16.6
Private Patient Revenue	54.5	54.5	0.0
Non-Clinical Revenue	61.7	61.7	0.0
Total Operating Revenue	**536.1**	**552.7**	**16.6**
Employee Expenses	(333.7)	(333.7)	0.0
Total Employee Expenses	**(333.7)**	**(333.7)**	**0.0**
Drugs and Blood	(104.2)	(104.2)	0.0
Other Clinical Supplies	(34.7)	(34.7)	0.0
Other Expenses	(83.6)	(83.6)	0.0
Total Non-Pay Expenses	**(222.5)**	**(222.5)**	**0.0**
Total Expenses	**(556.2)**	**(556.2)**	**0.0**
EBITDA	**20.2**	**3.6**	**16.6**
Owned depreciation, Interest and PDC	(18.7)	(18.7)	0.0
Surplus/Deficit (exc.Top up)	**(38.8)**	**(22.2)**	**16.6**
Top Up	0.0	0.0	0.0
Better Value to be removed from Budgets	14.0	14.0	0.0
Surplus/Deficit (incl.Top up & Better Value)	**(24.8)**	**(8.2)**	**16.6**
Donated depreciation	(15.1)	(15.1)	0.0
Net (Deficit)/Surplus (exc Cap. Don)	**(39.9)**	**(23.3)**	**16.6**
Capital Donations	16.0	16.0	0.0
Impairment	0.0	0.0	0.0
Net Result	**(30.1)**	**(7.3)**	**22.8**

(Table has been updated to reflect the correct capital donations figure. Previous table was in error but the narrative was correct)

The updated plan above is phased into two halves below. It is key to note that the NHS income for H2 will need to be updated once the new financial frameworks/envelopes are issued.

£m	H1 2021/22 Plan	H2 2021/22 Plan
NHS & Other Clinical Revenue	226.5	210.0
Private Patient Revenue	18.4	36.1
Non-Clinical Revenue	30.6	31.0
Total Operating Revenue	**275.5**	**277.2**
Employee Expenses	(165.2)	(168.6)
Total Employee Expenses	**(165.2)**	**(168.6)**
Drugs and Blood	(52.1)	(52.2)
Other Clinical Supplies	(17.2)	(17.5)
Other Expenses	(42.1)	(41.5)
Total Non-Pay Expenses	**(111.3)**	**(111.2)**
Total Expenses	**(276.5)**	**(279.8)**
EBITDA	**1.0**	**2.6**
Owned depreciation, Interest and PDC	(9.3)	(9.3)
Surplus/Deficit (exc.Top up)	**(10.3)**	**(11.9)**
Better Value to be removed from Budgets	4.8	9.2
Surplus/Deficit (incl.Top up & Better Value)	**(5.5)**	**(2.7)**

The H1 plan is a £5.5m deficit (including ERF income) and currently the H2 plan is a £2.7m deficit. .

The H2 improved position is driven by the recovery of private patients, delivery of additional better value, partially offset by increased pay and non-pay. However, NHSE have indicated that updated NHS income figures (which could include some COVID-19 and non NHS income top up, although likely to be lower than H1) will be released in

September once negotiations have concluded with Treasury. At this point it is expected a H2 plan will need to be submitted to STP/NHSE. It is proposed that an updated plan is taken to the Trust Board for approval at this point

Further to this the NHS is developing an accelerator programme (in H1) to ensure finances don't prevent additional activity to be undertaken. It is likely that GOSH will be part of this which may jeopardise the delivery of some better value savings although this would be replaced by additional income. The Board and FIC will be updated on the programme when it is confirmed and the impact on the Trust finances for both H1 and H2 of 2021/22.

Conclusion

Trust Board are asked to:

- Approve the updated plan which aligns to the previous plan with the updated NHS income figures.
- Confirm the approach being undertaken with regards to monitoring H1 against this updated plan and bring back an updated plan for H2 following NHSE guidance (expected around September).
- Note the NHS is developing an accelerator programme which will require additional activity to be delivered, for which the trust will receive additional income but this may reduce the ability to deliver better value savings in year

Attachment P

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
26 May 2021

Revised Trust Risk Appetite **Submitted by: Anna Ferrant, Company Secretary**	**Paper No: Attachment P** **For approval**

Purpose of report
To present, for approval, a refreshed Trust Risk Appetite statement.

Aims / summary
The Risk Assurance and Compliance Group has led a review and update of the Trust Risk Appetite Statement. The approach taken for this review is based on the '*Risk Appetite Guidance Note*' from the Government Finance Function, updated in October 2020. The guidance states:

When developing its risk appetite, an organisation needs to consider the norms of the environment and the sectors in which it operates, its own culture, as well as governance and decision-making processes.

It goes on to state that a risk appetite statement should:

- *provide a structure for an organisation to work within. When correctly applied, statements describe acceptable outcomes relating to decisions being taken.*
- *drive thinking about results and outcomes the organisation seeks to realise, as well as about what would need to change if outcomes were not acceptable;*
- *describe the organisation's typical challenges and the basis on which different outcomes are justified;*
- *describe the organisation's acceptable behaviour in reasonable circumstances. In circumstances where a decision is to be made and there are no directly comparable situations, Risk Appetite Statements can provide illustrative guidance that can be adapted, documented and applied; and*
- *be set against a five-point scale, with descriptors which are relevant to the organisation. These scales should be separate from scales used to assess the likelihood and impact of a risk.*
- *be dynamic and updated as necessary to reflect any significant changes in the context their organisations operate within, whether driven by societal, economic or political changes, for example.*

On this basis, the GOSH risk appetite statement has been redrafted, with consideration given to a review of the Trust strategy (and priorities) and the context of the risks cited on the Board Assurance Framework. Each risk has been considered at a strategic and operational layer, recognising risk appetites for different activities.

The Audit Committee has reviewed the draft Statement and made amendments. The Committee recommends the Statement for approval by the Trust Board.

Action required from the meeting
To consider and approve the revised Trust Risk Appetite Statement.

Attachment P

Contribution to the delivery of NHS Foundation Trust priorities The revised Statement will support decision making across all priorities: **□ PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people** **□ PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes** **□ PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training** **□ PRIORITY 4: Improve and speed up access to urgent care and virtual services** **□ PRIORITY 5: Accelerate translational research and innovation to save and improve lives** **□ PRIORITY 6: Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care** **□ Quality/ corporate/ financial governance**	**Contribution to compliance with the Well Led criteria** **□ Responsibilities, roles and accountability** **□ Effective processes, managing risk and performance**
Strategic risk implications Supports assessment of risk across the Trust.	
Financial implications Not Applicable	
Implications for legal/ regulatory compliance Not applicable	
Consultation carried out with individuals/ groups/ committees Risk Assurance and Compliance Group Audit Committee	
Who is responsible for implementing the proposals / project and anticipated timescales? Company Secretary	
Who is accountable for the implementation of the proposal / project? Chief Executive	
Which management committee will have oversight of the matters covered in this report? Risk Assurance and Compliance Group	

GOSH Revised Risk Appetite Statements

See Annex 1 for risk category descriptors.

Quality: The Board's risk appetite for preventable patient harm and patient experience is **Averse**. The approach taken is one where the Trust strives to maintain safety and deliver high quality care. Within this, our risk appetite is:

- **Averse** in relation to failure to deliver effective, evidence based care and expected outcomes. The Trust will seek to only undertake activates where the benefits of care provided (and expected outcomes) outweigh the risk to a patient. In some cases, ethical considerations for treatment decisions, continuing care and/or undertaking new procedures/ interventions will be required where there is a risk of harm to a child and/or reduction in the delivery of the known benefits of the care/ intervention.
- **Averse** to the failure to deliver a good patient/ family experience including person-centred care, meeting patients' needs, infection, prevention and control, staff and communications and patient discharge.
- **Averse** in terms of non-compliance with regulations, legal requirements and guidance. The Board acknowledges that healthcare and the NHS operates within a highly regulated environment, and that, as a Foundation Trust, the Trust has to meet high levels of compliance expectations from an overwhelming number of regulatory sources. It will endeavour to comply with the law and meet these expectations within a framework of prudent controls, balancing the prospect of risk elimination against cost and pragmatic operational imperatives. Only in very rare circumstances, where the risk of non-compliance is outweighed by the availability of resources to deliver care within an emergency situation e.g. a pandemic, will the risk appetite be **Minimal** and this will be applied on a case by case basis.
- **Open** to development of innovative practice**:**
    - delivered via research programmes and clinical trials where such innovation is appropriately approved and consented. Research is a key component of our strategy and our activity, and is, by definition, innovative. Innovation will be pursued with a desire to 'break the mould' and challenge all current clinical work practices
    - delivered via innovative practice arising from the development/ use of medical devices and innovative procedures including compassionate use of medicines
    - delivered via collaborations with external partner organisations/ commercial entities to develop new, innovative ways of working through analysis of anonymised data (see risk appetite statement on processing personal data below).

  Authority for seeking innovative practice is devolved to clinicians/ corporate staff and team levels and governance structures are in place to ensure that a detailed risk assessment (clinical, ethical, financial, data and multi-disciplinary) of all clinical and non-clinical programmes and projects is performed and programmes are prioritised and monitored.

Financial: The Board's appetite for financial risk is **Cautious**. Our financial decisions are heavily scrutinised, with value for money being a key factor in decision making. We will accept risks that may result in some small-scale financial loss or exposure on the basis that these can be expected to balance out but will not accept financial risks that could result in significant reprioritisation of budgets. Our appetite for risks associated with business as usual activity is naturally lower than with our transformation activity. Within this our risk appetite is:

- **Averse** for financial risk in respect of meeting its financial plan and achieving the financial risk ratios set out in the plan
- **Averse** for financial propriety and regularity risks with a determined focus to maintain effective financial control framework accountability structures.
- **Averse** in terms of risks related to our qualification of accounts, associated processes and deviation from reporting timetables.
- **Minimal** as to risk relating to breaching individual control totals.
- **Cautious** for risks related to the NHS economic environment. The Board is prepared to accept some financial risk created by external tariff and commissioning changes but not to the extent that the organisation cannot continue to be financially sustainable within the current and following financial period.
- **Cautious** for risks related to investment. The Board recognises that at times we need to invest to achieve future financial and non-financial benefits and that we may need to support investments for longer term return while minimising the possibility of financial loss by managing associated risks to a tolerable level.
- **Open** in relation to our budget spend with the intention that we should maximise the use of resource each year.

Commercial: The Board's appetite for commercial related risk is **Open**. In light of the specialist nature of the work undertaken at GOSH and the demand for some of its services world-wide, the Trust's commercial strategy will consider potential markets where children could benefit from the care available and demand is high. In the main, this will be within well-established business areas and markets on a controlled basis, where the delivery options available do not compromise delivery of NHS services. Within this our risk appetite is:

- **Open** in relation to International collaborations.
- **Minimal** in relation to commercial activities involving processing of identifiable personal/ special category data (patients, parent/ carer and staff data).

Operational delivery and performance: The Boards appetite for risk to delivery of services is **Minimal**. The Trust has robust policies, framework and assurance and communications mechanisms in place to mitigate risks arising from inadequate, poorly designed or ineffective/inefficient internal processes resulting in fraud, error, impaired customer service (quality and/or quantity of service), non-compliance and/or poor value for money.

The Board's appetite for risk to performance of its services is **Minimal**. The Trust is committed to meeting standards on high quality patient care, national standards or those that may result in financial consequences. The Trust will look at innovative ways to meet these standards. Within this, our risk appetite is:

- **Averse** to breaching standards which are directly linked to patient care including those related to the timeliness of delivery of care i.e. Referral to Treatment targets.
- **Averse** in relation to the risk to the continuity of our services.
- **Averse** for risks of any fraud or corruption perpetrated by its staff. The Trust takes all allegations of suspected fraud or corruption very seriously and has a robust anti-fraud policy and public interest and gift and hospitality disclosure policy/ governance framework.

Workforce: We are committed to recruit and retain staff that meet the high quality standards of the organisation and will provide on-going training and development to ensure all staff reach their full potential and are able to build rewarding careers. The Board's appetite for risks related to management of its workforce is **Averse** in that we The Board's risk appetite is **Eager** to innovative work practices that deliver safe, effective practice and **Eager** to support and promote diversity and inclusion, health and wellbeing and the GOSH community. Further detail on our workforce risk appetite is below:

- **Averse** to a degradation of Trust culture. Our approach to reporting and investigating incidents or circumstances that may compromise the safety of any patients, parent/ carers or staff members, and/or contradict our values is open and transparent. We will not accept risks associated with unprofessional conduct, bullying, or an individual competence to perform roles or tasks safely.
- **Eager** to create an open, creative and inclusive working environment and culture at GOSH that supports and promotes inclusion and diversity and supports Health and wellbeing
- **Eager** to embrace new, innovative and more flexible ways of working that deliver required work outputs but that are supportive of work-life balance (as appropriate and without compromising patient safety, delivery of services or statutory compliance)
- **Minimal** for risks associated with the implementation of non-NHS standard terms and conditions of employment, innovative resourcing, and staff development models for purpose of delivery of patient safety, quality care, maintenance of services and financial sustainability.
- **Averse** for staff being non-compliant with Trust polices legislation, or any frameworks provided by professional bodies.

Data quality and processing: The Board's appetite for risks related to the production of accurate, quality data is **Minimal**. The Trust has a Data Quality Strategy and plan in place and regularly monitors data accuracy and validity. Some data items are unable to be quality assured at source and appropriate safeguards/ commentary are applied in these cases.

The Board's appetite for risks related to the processing of patient and staff data and maintenance of patient confidentiality is **Averse**. The Trust processes both personal and special category personal data for patients and staff and operates within a GDPR compliant framework, where risks to the processing of this data is considered, documented and mitigated appropriately. All staff and contractors processing data are expected to contribute to and promote a culture of safe processing and awareness.

Security and Information Technology: The Board's appetite for risks related to data security and technology risk is **Averse**. Availability and security of all data is key to the timely delivery of our services, provision of safe and effective care and a level of confidence for our patients and families that their data is safe. Any breach of our data could also result in financial loss. Within this, our risk appetite is:

- Prolonged outage of core systems: The Board's risk appetite for risks to the availability of systems which support its critical business functions is **Averse**. Maximum recovery times have been identified and agreed with each business area and critical activity recovery plans are in place.
- Security - Cyber-attack on systems or networks: The Board's risk appetite for threats to its assets arising from external malicious attacks is **Averse**. To address this risk, the Board operates strong internal control processes and utilises robust technology solutions.
- On-going technological development: The implementation of new systems and processes creates new opportunities, but may also introduce new risks. Risks are also formally assessed prior to deciding on any new IT investment. The Board's risk appetite remains **Averse**, noting the consequences of a breach of patient/ staff data.

Estates, facilities and redevelopment:

The Board's appetite for risks arising from property deficiencies or poorly designed buildings is **Averse**. The Trust has an effective procurement and contract monitoring framework in place, where the focus is on delivery of flexible spaces for personalised and coordinated care that significantly improve the public realm aspects of Great Ormond Street in order to benefit the local community not just our patients, staff and visitors.

The Board will not tolerate ineffective/ inefficient safety management resulting in non-compliance and/or harm and suffering to staff, contractors, patients, families or the public and as such the risk appetite is **Averse**. The Trust is committed to effectively minimising risks, controlling hazards and preventing harm to all. This is done through a proactive programme of risk assessment and audit. The Trust's governance structure ensures statutory compliance is undertaken within legislative requirements. Assurance via the Health and Safety Committee has been provided on a range of subjects such as violence against staff, sharps compliance, Control of Substances Hazardous to Health and fire safety. Maintaining compliance in a complex and diverse environment can present challenges and the Trust is continuously assessing and auditing in order to develop systems to manage risk more effectively.

Annex 1: Risk Appetite Scale

Risk	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimal	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken my carry a high degree of inherent risk that is deemed controllable to a large extent.
Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

Attachment Q

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
26 May 2021

Update on the Board Assurance Framework **Submitted by:** Anna Ferrant, Company Secretary	**Paper No: Attachment Q**

RACG review of the Board Assurance Framework (BAF)

The purpose of this paper is to provide an update on the Board Assurance Framework (BAF) and to remind Board members of the current status of risks on the BAF. A summary of all risks is presented at **Appendix 1**. All BAF risks were updated in April/ May 2021. A copy of the full BAF is provided for information only.

The Risk Assurance and Compliance Group monitors the BAF on a monthly basis, reporting to the Audit Committee, Quality, Safety and Experience Assurance Committee and the People and Education Assurance Committee. The Audit Committee has oversight of all BAF risks. In April 2021, the Audit Committee requested that the RACG review the appropriateness of all BAF risks and their gross and net scores in relation to the robustness of the controls and assurances cited.

At the meeting on 26 May (prior to this Board meeting), the Audit Committee was asked to consider the following and make a recommendation to the Board:

BAF Risk 1: Financial Sustainability: From a short-term perspective (6-12 months) and on the basis that the Trust has some mitigations in place to control the risk, the Committee was asked to consider a reduction in net score from 25 to 20 (4 Likelihood x 5 Consequence). The Audit Committee will report its deliberations and make a recommendation on this at the Board meeting.

BAF Risk 4: GOSH Strategic Position: This is a new risk, bringing together two previous risks on the BAF on strategic position and political instability. The Board is asked to approve the new risk statement and note that the RACG will revisit and score the risk at the July 2021 RACG meeting after the impact of the White Paper has been discussed at the Trust Board risk management meeting in June 2021.

"*Failure to optimise the Trust strategy under current and future NHS, financial, political and social frameworks*."

BAF Risk 6: Research infrastructure: On the basis of external factors outwith the control of the Trust which could have an impact on the success of the award of future research funding, the Audit Committee has been asked to consider a change in the gross risk score from 3 Likelihood x 4 Consequence = 12 to Gross score: 4 Likelihood x 4 Consequence = 16. The Audit Committee will report its deliberations and make a recommendation on this at the Board meeting.

BAF Risk 7: Cyber Security: The Audit Committee held an extraordinary deep dive meeting in May to discuss the cyber remediation plan. The committee was informed of plans to make

improvements to the ICT/cyber governance framework, including a refresh of the ICT Board and inviting in a number of external parties to review the cyber programme and provide assurance on progress. The Audit Committee will retain a focus on this risk over the next year. No changes to the risk score at recommended at present. **BAF Risk 9: Estate compliance:** This is a new risk statement, replacing the original redevelopment BAF risk. The board is asked to approve the new risk statement**:** *Inadequate maintenance of the estate affects the safety of the environment in which care is delivered by staff to patients and carers***.** The Audit Committee was informed of the work underway to seek assurance of delivery of compliance requirements across areas of the estate. It was proposed to the Committee that the gross and net scoring is considered by the RACG once this work is completed in the next few weeks.
Action required from the meeting Committee members are asked to note the update to the BAF and approve the recommended reduction in score for the recruitment risk.
Financial implications None
Legal issues None
Who is responsible for implementing the proposals / project and anticipated timescales Risk Owners
Who is accountable for the implementation of the proposal / project N/A

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

Great Ormond Street Hospital for Children NHS Foundation Trust: Board Assurance Framework (May 2021)

No.	Short Title	Trust Principle	Trust Priority	Risk type and description	Gross Risk		Net Risk		Risk Appetite	Mitigation time horizon	Executive Lead	Reviewed By	Last Updated by Risk Owner	Assurance Committee	Last Reviewed by Assurance Committee
					L x C	T	L x C	T							
1	Financial Sustainability	**Principle 4: Financial Strength**		Failure to continue to be financially sustainable	5 x 5	**25**	5 x 5 4 x 5	**25** **20**	**Low (1-6)**	1-2 years	Chief Finance Officer	**Helen Jameson, Chief Finance Officer**	20/04/2021	Audit Committee	April 2021
2	Recruitment and Retention	**Principle 3: Safety and quality**	**Priority 1: Make GOSH a great place to work/ Priority 3: Develop the GOSH Learning Academy**	The risk that the organisation will be unable to recruit and retain sufficient highly skilled staff	4 x 5	**20**	2 x 5	**10**	**Med (8-10)**	1-2 years	Director of HR and OD	**Sarah Ottaway, Associate Director of HR and OD/ Caroline Anderson Director of HR and OD**	20/05/2021	People and Education Assurance Committee	February 2021 March 2021 (TB on GLA)
3	Operational Performance	**Principle 3: Safety and quality**	**Priority 2: Deliver a Future Hospital Programme / Priority 3: Improve and speed up access to urgent care and virtual services**	Failure of our systems and processes to deliver efficient and effective care that meets patient/carer expectations and supports retention of NHS statutory requirements and the FT licence.	4 x 5	**20**	3 x 5	**15**	**Low (1-6)**	1 year	Chief Operating Officer	**Sue Chapman, John Quinn, Rebecca Stevens**	0/05/2021	Audit Committee/ QSEAC	January 2021 Audit Committee and QSEAC
4	GOSH Strategic Position	**Principle 6: Partnerships**		NEW: Failure to optimise the Trust strategy under current and future NHS, financial, political and social frameworks.	**Under review by RACG (July 2021)**				Med (8-10)	5-10 years	Chief Executive	**Matthew Shaw/ Louisa Desborough**	07/05/2021	Audit Committee	NEW RISK
5	Unreliable Data	**Principle 3: Safety and quality**	**Priority 2: Deliver a Future Hospital Programme**	Failure to establish an effective data management framework:	4 x 4	**16**	4 x 3	**12**	**Low (1-6)**	1-2 years	Chief Operating Officer	**Richard Brown, Chief Data Officer**	04/05/2021	Audit Committee	January 2021
6	Research infrastructure	**Principle 3: Safety and quality/ Principle 4: Financial Strength**	**Priority 5: Accelerate translational research and innovation to save an improve lives**	The risk that the Trust is unable to accelerate and grow research and innovation to achieve its full Research Hospital vision due to not having the necessary research infrastructure.	3 x 4 4 x 4	**12** **16**	3 x 4	**12**	Med (8-10)	1-2 years	Director, Research & Innovation	**Jenny Rivers, Dep Dir, R&I**	20/04/2021	Audit Committee	April 2021
7	Cyber Security	**Principle 3: Safety and quality**	**Priority 2: Deliver a Future Hospital Programme**	The risk that the technical infrastructure at the Trust (devices, services, networks etc.) is compromised via electronic means.	5 x 5	**25**	4 x 5	**20**	Low (1-6)	1-2 years	Chief Operating Officer	**Mark Coker, Director of ICT/ John Quinn, COO**	04/05/2021	Audit Committee	January 2021 May 2021
8	Business Continuity	**Principle 3: Safety and quality/ Principle 5: Protecting the Environment**	**Priority 2: Deliver a Future Hospital Programme**	The trust is unable to deliver normal services and critical functions during periods of significant disruption. Due to: Gaps in planning, logistical challenges or unexpected events causing difficulties for staff and patients. Impact: An adverse effect on the trust's operational performance	4 x 5	**20**	4 x 3	**12**	**Low (1-6)**	1 year	Chief Operating Officer	**Rachel Millen, Emergency Planning Officer/ John Quinn, Chief Operating Officer**	05/05/2020	Audit Committee	January 2021
9	Estates Compliance	**Principle 3: Safety and quality**	**Priority 2: Deliver a Future Hospital Programme**	NEW: Inadequate maintenance of the estate affects the safety of the environment in which care is delivered by staff to patients and carers.	**Under review by RACG (June 2021)**				**Low (1-6)**		Director of Estates, Facilities and Built Environment	**Zoe Asensio-Sanchez, Director of Estates, Facilities and Built Environment**	04/05/2021	Audit Committee	NEW RISK

No.	Short Title	Trust Principle	Trust Priority	Risk type and description	Gross Risk		Net Risk		Risk Appetite	Mitigation time horizon	Executive Lead	Reviewed By	Last Updated by Risk Owner	Assurance Committee	Last Reviewed by Assurance Committee
					L x C	T	L x C	T							
10	Information Governance	**Principle 3: Safety and quality**	**Priority 2: Deliver a Future Hospital Programme**	Personal and sensitive personal data is not effectively collected, stored, appropriately shared or made accessible in line with statutory and regulatory requirements.	4 x 5	**20**	3 x 5	**15**	**Low (1-6)**	1 year	Chief Operating Officer	**John Quinn, Chief Operating Officer / Julian Marku, Head of Information Governance**	04/05/2021	Audit Committee	January 2021 April 2021 (SARS)
11	Medicines Management	**Principle 3: Safety and quality**	**Priority 2: Deliver a Future Hospital Programme**	Medicines are not managed in line with statutory and regulatory guidance (procuring, storing, prescribing, manufacturing and giving of medicines (including self-administration)) and that processes are not appropriately documented or monitored.	5 x 5	**25**	4 x 5	**20**	**Low (1-6)**	1-2 years	Chief Operating Officer	**Steve Tomlin, Chief Pharmacist/ Chris Longster, GM/ John Quinn, Chief Operating Officer**	30/04/2021	Quality, Safety and Experience Assurance Committee	May 2020 (TB) January 2021 (QSEAC)
12	Inconsistent delivery of safe care	**Principle 3: Safety and quality**	**Priority 2: Deliver a Future Hospital Programme**	Patients are not consistently cared for within a comprehensive safety system which ensures they are protected from avoidable harm and focuses on openness, transparency and learning when things go wrong.	4 x 4	**16**	3 x 4	**12**	**Low (1-6)**	1-2 years	Medical Director	**Sanjiv Sharma, Medical Director,**	20/05/2021	Quality, Safety and Experience Assurance Committee	Reports on quality of services at every Board and QSEAC
13	Service Innovation	**Principle 1: Children and young people first and always**	**Priority 2: Deliver a Future Hospital Programme**	Failure to embrace service transformation and deliver innovative, patient centred and efficient services.	4 x 4	**16**	3 x 4	**12**	**Med (8-10)**	1-5 years	Director Of Transformation	**Richard Collins, Director of Transformation**	04/05/2021	People and Education Assurance Committee	December 2020 June 2021
14	Culture	**Principle 2: Values led culture**	**Priority 1: Make GOSH a great place to work**	There is a risk that GOSH fails to develop its culture and levels of staff engagement and motivation in alignment with its strategy and values,	4 x 4	**16**	3 x 4	**12**	**Low (1-6)**	1-5 years	Chief Executive	**Caroline Anderson Director of HR and OD**	20/05/2021	Trust Board/ People and Education Assurance Committee	February 2021 March 2021 (TB)

GOSH BAF Risks – Gross Scores May 2021

Likelihood		Consequences				
		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	5 Almost Certain					7. Cyber Security; 1. Financial Sustainability; 12. Medicines Management
	4 Likely				5. Unreliable data; 14: Culture; 12. Inconsistent delivery of safe care; 13. Service Innovation	2. Recruitment & Retention; 3. Operational Performance; 8. Business Continuity; 10. Information Governance
	3. Possible				6. Research Infrastructure and resourcing	
	2. Unlikely					
	1.Rare					

GOSH BAF Risks – Net Scores May 2021

Likelihood		Consequences				
		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	5 Almost Certain					1. Financial Sustainability
	4 Likely			5. Unreliable data; 8. Business Continuity		12. Medicines Management; 7. Cyber Security
	3. Possible				14: Culture; 6. Research Infrastructure and resourcing; 13. Service Innovation; 12. Inconsistent delivery of safe	10. Information Governance; 3. Operational Performance
	2. Unlikely					2. Recruitment & Retention
	1.Rare					

QSEAC & Audit Committee | QSEAC | Audit Committee | Trust Board | People and Education Assurance Committee

Attachment R

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
26 May 2021

Integrated Quality and Performance Report (March data) **Submitted by: Dr Sanjiv Sharma, Medical Director**	**Paper No: Attachment R** **For discussion**

Purpose of report

To present the latest Integrated Quality and Performance Report (IQPR) to the Trust Board.

To provide an update on the latest position regarding the quality, safety, patient experience, performance and workforce issues as at the end of March 2021.

Summary of report

- The number of closed incidents remained static but work is ongoing to continue to close the incidents and progress has been made since then.
- The report highlights some worsening of indicators in:
    - High risk reviews and SI actions: work is ongoing with the directorates with the Patient Safety Managers attending the Directorates' Risk Action Groups.
    - Red complaint actions: the 5 overdue actions are in hand.
    - Duty of Candour: There were 7 incidents requiring duty of candour in March 2021. Being Open/Duty of Candour conversations took place in 100% of incidents. 71.4% of stage 2 letters completed within the timescale of 10 days. 3 investigation reports were shared with families in March 2021.
- The number of formal complaints had gone up from 4 to 9, relating to clinical incidents, communication, delays and aspects of care.
- The medication incident report showed that 120 incidents were reported in March and the vast majority of them were classed as minor.
- The crude mortality rate is within the expected variation.
- 5 serious incidents were opened in March. Two serious incidents under investigations are overdue. The SIs are monitored at a weekly meeting.
- The Friends & Family Tests rate was lower in March but remained above the Trust target.
- The PALS contacts remain high but with a significant reduction in Covid related queries.
- 100 clinical audits were planned and were achieved.

Action required from the meeting

The Trust Board are asked to note the report

Contribution to the delivery of NHS Foundation Trust priorities	**Contribution to compliance with the Well Led criteria**
□ PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people **X PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes**	**X Leadership, capacity and capability** **X Vision and strategy** **X Culture of high quality sustainable care** **X Responsibilities, roles and accountability** **X Effective processes, managing risk and performance**

Attachment R

X PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training **□ PRIORITY 4: Improve and speed up access to urgent care and virtual services** **□ PRIORITY 5: Accelerate translational research and innovation to save and improve lives** **□ PRIORITY 6: Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care** **X Quality/ corporate/ financial governance**	**X Accurate data/ information** **□ Engagement of public, staff, external partners** **X Robust systems for learning, continuous improvement and innovation**
Strategic risk implications Covers all BAF risks	
Financial implications Not applicable	
Implications for legal/ regulatory compliance 'Not Applicable'	
Consultation carried out with individuals/ groups/ committees Not applicable	
Who is responsible for implementing the proposals / project and anticipated timescales? The MD supported by the AMDs.	
Who is accountable for the implementation of the proposal / project? MD	
Which management committee will have oversight of the matters covered in this report? PSOC	

Great Ormond Street Hospital for Children
NHS Foundation Trust

Integrated Quality & Performance Report April 2021

(March 2021 data)

Sanjiv Sharma	Alison Robertson	John Quinn	Caroline Anderson
Medical Director	Chief Nurse	Chief Operating Officer	Director of HR & OD

Hospital Quality Performance – April 2021 (March data)

Are our patients receiving safe, harm-free care?

	Parameters	Jan 2021	Feb 2021	Mar 2021
Incidents reports (per 1000 bed days)	R<60 A 61-70 G>70	92 (n=691)	94 (n=627)	90 (n=782)
Incident investigations completed in month		-	-	345
No of incidents closed	R - <no incidents reptd G - >no incidents reptd	623	632	633*
Incident Closure Rate (% of incidents closed within policy)	R 0-64%A>65-75% G>76-100%	71.6%	65.8%	71.6%
Average days to close	R ->50, A - <50 G - <45	30.8	37	36
Medication Incidents (% of total PSI)	TBC	16%	22%	15%
WHO Checklist (Main Theatres)	R<98% G>98-100%	99%	96%	97%
Near Miss reports (% of incidents reported)	R <8%, A 8-9%, G>10%	4.5%	5.7%	3.5%
New Serious Incidents	R >1, A -1 G – 0	0	1	0
Overdue Serious incidents	R >1, A -1, G – 0	4	3	2
Safety Alerts overdue	R- >1 G - 0	0	0	0
Serious Children's Reviews Safeguarding children learning reviews (local)	New	2	0	0
	Open and ongoing	10	12	12
Safeguarding Adults Board Reviews	New	0	0	0
	Open and ongoing	2	2	2

Are we delivering effective, evidence based care?

	Target	Jan 2021	Feb 2021	Mar 2021
Specialty Led Clinical Audits on Track	R 0- 60%, A>60-75% G>75-100%	81%	84%	86%
Number of completed specialty led clinical audits per year	Aim =100 p.a G= YTD total at month end is on target	84	92	110
NICE guidance overdue for assessment of relevance	R=1+, G=0	0	0	0
Relevant NICE national guidance without a gap analysis	R=1+, G=0	0	0	0
Participation in mandatory relevant national audits	G=100%	100%	100%	100%

Are our patients having a good experience of care?

	Parameters	Jan 2021	Feb 2021	Mar 2021
Friends and Family Test Experience rating (Inpatient)	G – 95+, A- 90-94, R<90	98%	99%	98%
Friends and Family Test experience rating (Outpatient)	G – 95+, A-90-94,R<90	94%	99%	98%
Friends and Family Test - response rate (Inpatient)	25%	28%	45%	38%
PALS (per 1000 combined pt episodes)	N/A	10.59	11.54	9.78
Complaints (per 1000 combined pt episodes)	N/A	0.19	0.19	0.37
Red Complaints (%total complaints 12 month rolling)	R>12% A- 10-12% G- <10%	12%	13%	13%
Re-opened complaints (% of total complaints since April 2020)	R>12% A- 10-12% G- <10%	3%	3%	5%

Are our People Ready to Deliver High Quality Care?

	Parameters	Jan 2021	Feb 2021	Mar 2021
Mandatory Training Compliance	R<80%,A-80-90% G>90%	94%	94%	94%
Stat/Man training – Medical & Dental Staff	R<80%,A-80-90% G>90%	85%	86%	84%
PDR	R<80%,A-80-89% G>90%	86%	89%	91%
Appraisal Compliance (Consultant)	R<80%,A-80-90% G>90%	90%	89%	91%
Honorary contract training compliance	R<80%,A-80-90% G>90%	73%	90%	90%
Safeguarding Children Level 3 Training compliance	R<80%,A-80-90% G>90%	90%	90%	90%
Safeguarding Adults L2 Training Compliance	R<80%,A-80-90% G>90%	96%	96%	96%
Resuscitation Training	R<80%,A-80-90% G>90%	90%	89%	89%
Sickness Rate	R -3+% G= <3%	4.0%	2.7%	2.3%
Turnover - Voluntary	R>14% G-<14%	11.1%	10.7%	10.7%
Vacancy Rate – Contractual	R- >10% G- <10%	7.1%	6.3%	6.0%
Vacancy Rate - Nursing		4.9%	4.7%	4.7%
Bank Spend		5.6%	5.6%	5.3%
Agency Spend	R>2% G<2%	1.1%	1.1%	1.1%

Hospital Quality Performance – April 2021 (Mar data)

Is our culture right for delivering high quality care?

	Target	Jan 2021	Feb 2021	Mar 2021
High Risk Review (% reviewed within date)	R<80, A 81-90% G>90%	78%	75%	66%
Serious Incident Actions (number of actions overdue)	R- >2 A- 1-2 G- 0	29	30	48
Red Complaints Action Plan Completion (no of actions overdue)	R- >2 A- 1-2 G- 0	0	0	5
Duty of Candour Cases	N/A	3	4	7
Duty of Candour Conversation (Stage 1)	R<75% A 75-90% G>90%	100%	100%	100%
Duty of Candour Letter (Stage 2) Has a letter been sent?	R<75% A 75-90% G>90%	66%	80%	71.4%
Duty of Candour – compliance with 10 days	R<75% A 75-90% G>90%	33%	75%	57%
Duty of Candour - Stage 3 Total sent out in month	Volume	2	3	3
Duty of Candour – Stage 3 Total (%) sent out in month on time	R<50%, A 50-70%, G>70%	50%	0%	33%
Duty of Candour – Stage 3 Total overdue (cumulative)	G=0 R=1+	3	3	5
Policies (% in date)	R 0- 79%, A>80% G>90%	80%	87%	91%
Safety Critical Policies (% in date)	R 0- 79%, A>80% G>90%	85%	89%	90%
Fit and Proper Person Test Compliance (self assessment)	R - <90%A 90-99% G – 100%	100%	83%	83%
Inquests currently open	Volume monitoring	12	7	6
Freedom to speak up cases	Volume monitoring	4	11	10
HR Whistleblowing - New	Volume monitoring	0	0	0
HR whistleblowing - Ongoing	12 month rolling	1	1	1
New Bullying and Harassment Cases (reported to HR)	Volume	0	0	0
	12 month rolling	2	2	2

Are we managing our data?

	Target	Jan 2021	Feb 2021	Mar 2021
FOI requests	Volume	44	43	43
FOI Closures: % of FOIs closed within agreed timescale	R- <65% A – 65-80% G- >80%	70.3%	78%	96%
No. of FOI overdue (Cumulative)		3	2	0
FOI - Number requiring internal review	R>1 A=1 G=0	0	1	0
FOI Number referred to ICO	G=0 R=1+	0	0	0
Information Governance Incidents	volume	11	10	10
IG incidents reported to ICO	R=1+, G=0	0	0	0
SARS (Medical Record) Requests	volume	102	119	140
SARS (Medical Record) processed within 30 days	R- <65% A – 65-80% G- >80%	100%	99%	99%
New e-SARS received	volume	0	1	1
No. e-SARS in progress	volume	3	4	2
E-SARS released	volume	0	0	3
E-SARS partial releases		0	0	2
E-SARS released past 90 days	volume	0	1	0

Dec	Target	Jan 2021	Feb 2021	Mar 2021
52 week + breaches reported (ticking at month end)	Volume	507	577	564
52 week + harm reviews to be completed (for treatment completed)		58	58	94

Do we deliver harm free care to our patients?

Central Venous Line Infections

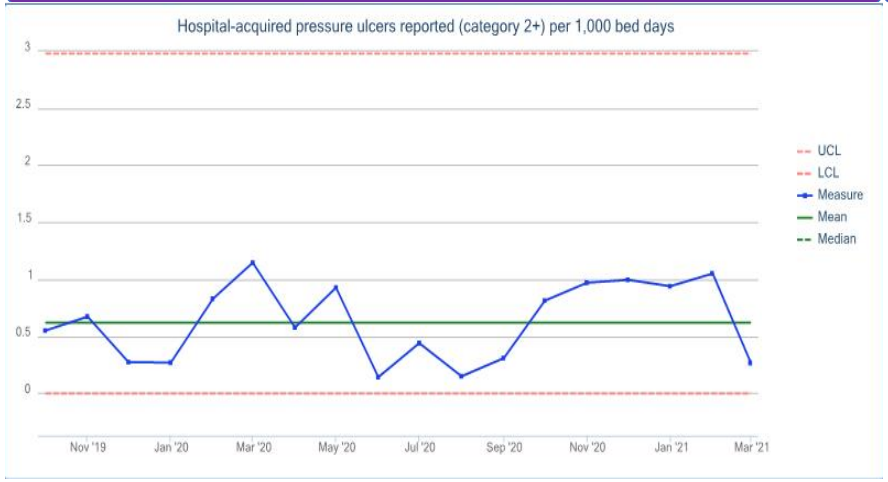
Period	GOSACVCRB_No	DaysRecorded	Rate	Rate_YtD
Year 18/19	82	52959	1.5	1.5
Year 19/20	73	56083	1.3	1.3
Year 20/21	64	54026	1.2	1.2
Apr-20	8	4886	1.6	1.6
May-20	9	4577	2.0	1.8
Jun-20	4	4529	0.9	1.5
Jul-20	7	4584	1.5	1.5
Aug-20	4	4207	1.0	1.4
Sep-20	3	4034	0.7	1.3
Oct-20	5	4486	1.1	1.3
Nov-20	9	4550	2.0	1.4
Dec-20	4	4701	0.9	1.3
Jan-21	1	4483	0.2	1.2
Feb-21	6	4230	1.4	1.2
Mar-21	4	4759	0.8	1.2

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

Infection Control Metrics

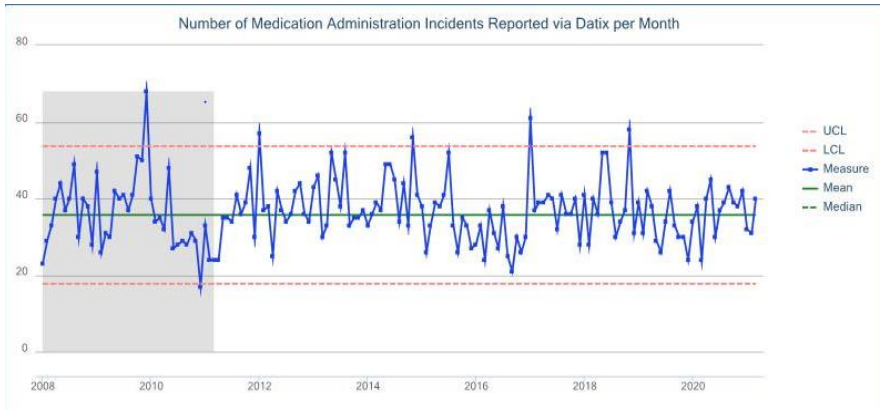
Care Outcome Metric	Parameters	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
Bacteraemias (mandatory reporting – MRSA, MSSA, Ecoli, Pseudomas Klebsiella)	In Month	8	8	2	3	4	3	6	5
	YTD (financial year)	40	48	50	53	57	60	66	71
C Difficile cases - Total	In month	0	1	0	4	0	0	1	0
	YTD (financial year)	5	6	6	10	10	10	11	11
C difficile due to lapses (Considered Trust Assigned but awaiting confirmation from NHS E)	In Month	0	1	0	4	0	2	1	0
	YTD	3	4	4	8	8	10	11	11

Pressure Ulcers



		Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Volume	R – 12+, A 6-11 G <5	1	2	7	5	7	7	4	2
Rate	R=>3 G=<3	0.14	0.31	0.95	0..99	1.0	0.59	0.6	0.59

Medication Incidents



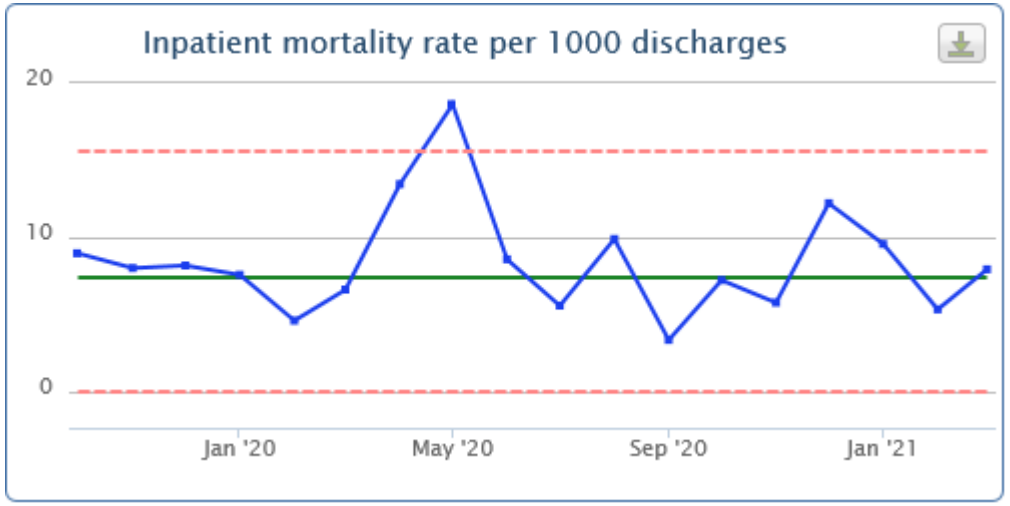
120 medication-related incidents were reported in March 2021. By category these were broken down as follows:

- Administration error-33%
- Dispensing error-18%
- Prescription error (incl admin from incorrect prescription)- 17%
- Storage/missing medication -22%

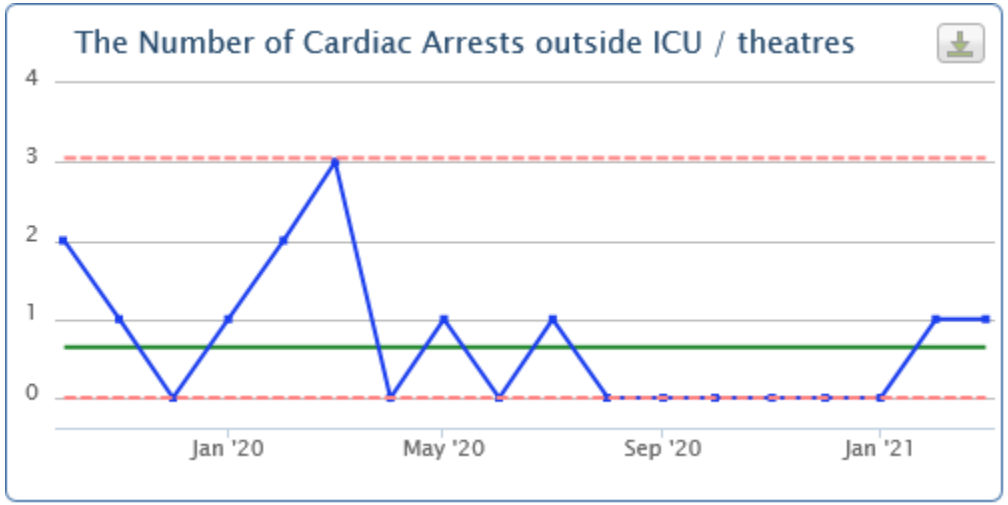
163 medication incident investigations were completed and closed in March. None of these incidents were reported as causing significant harm with only a small number (n-10)causing minor harm.

Does our care provide the best possible outcomes for patients?

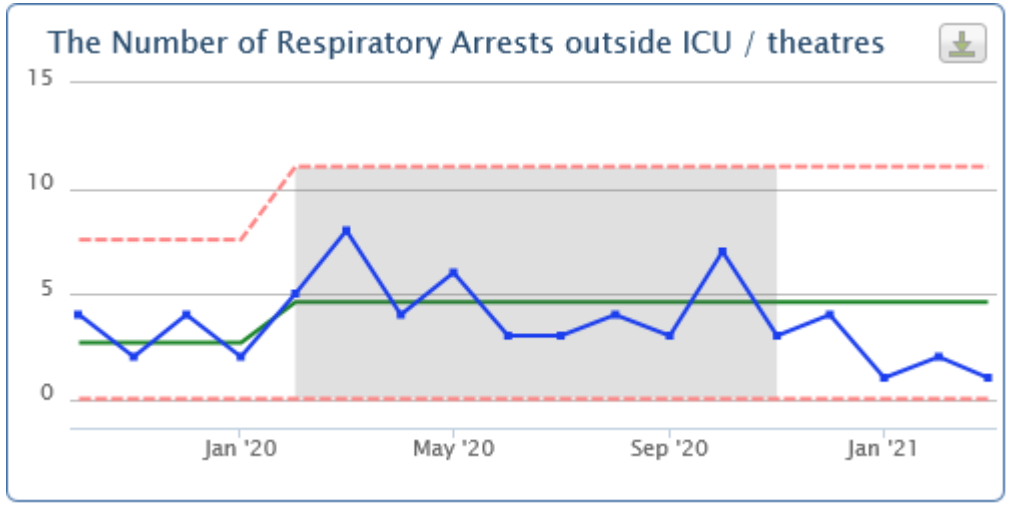
Inpatient mortality



Cardiac Arrests



Respiratory Arrests



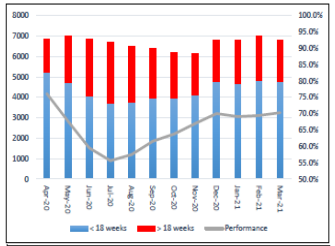
The crude mortality rate is within normal variation. There have been no outliers detected in our real time risk adjusted monitoring of PICU/NICU deaths. This is important as the majority of patient deaths at GOSH are in intensive care areas. Risk adjusted mortality is monitored weekly at the PICU/NICU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

The gold standard for measuring paediatric mortality is through benchmarking by the Paediatric Intensive Care Audit Network (PICANET) .The most recent PICANET report was published on the 11th February 2021 and covers the calendar years 2017-2019. The report shows GOSH PICU/NICU and CICU risk adjusted mortality as within expected range

Do our processes and systems support patient access?

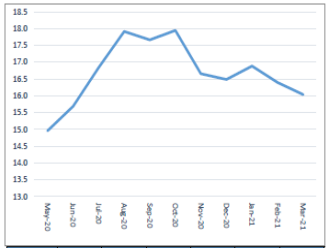
Patient Access

RTT incomplete pathways: % of patients waiting <18 weeks	Period	Target	Actual
	Mar-21	92.0%	70.31%



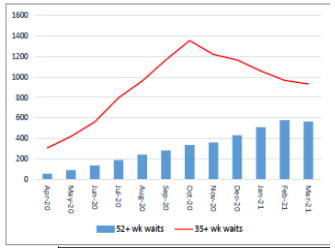
Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
61.60%	63.77%	67.01%	70.05%	69.13%	69.46%	70.31%

RTT: Average waits for open pathways	Period	Target	Actual
	Mar-21	8.1	16.0



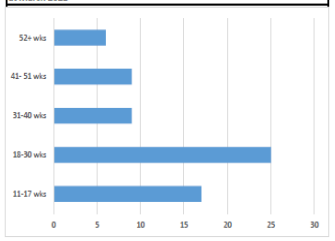
Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
17.7	18.0	16.7	16.5	16.9	16.4	16.0

RTT: Incomplete pathways 52 weeks or more	Period	Target	Actual
	Mar-21	0	564



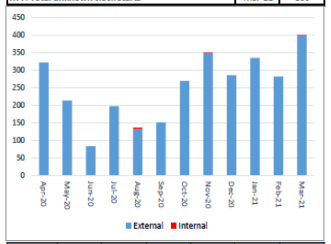
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
52 wks+	333	359	431	507	577	564
35 wks+	1356	1219	1165	1058	967	931

RTT: Weeks wait of 18 week RTT pathways received from external Trusts as at March 2021



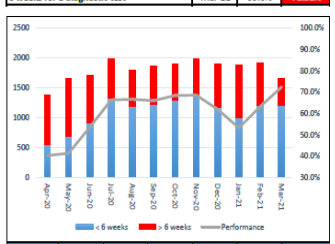
	0-10 wks	11-17 wks	18-30 wks	31-40 wks	41- 51 wks	52+ wks
Total	4190	17	25	9	9	6

RTT: Total unknown clock starts	Period	Actual
	Mar-21	399



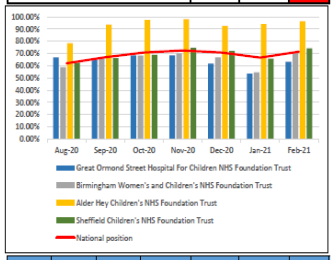
Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
151	269	350	285	334	281	399

Diagnostics: % of patients waiting less than 6 weeks for a diagnostic test	Period	Target	Actual
	Mar-21	99.0%	72.32%



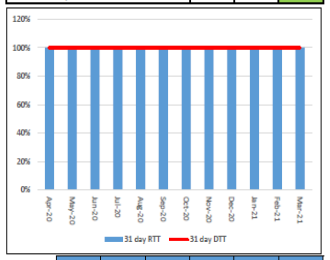
Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
66.00%	68.44%	68.53%	61.92%	53.29%	63.19%	72.32%

Diagnostics: National % patients waiting less than 6 weeks for a test	Period	Target	Actual
	Feb-21	99.0%	71.54%



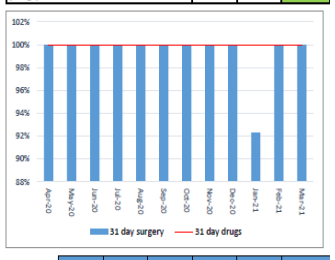
Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
61.96%	66.95%	70.78%	72.48%	70.83%	66.66%	71.54%

	Period	Target	Actual
Cancer: 31 day referral to treatment	Mar-21	85.0%	100%
Cancer: 31 day decision to treat	Mar-21	96.0%	100%



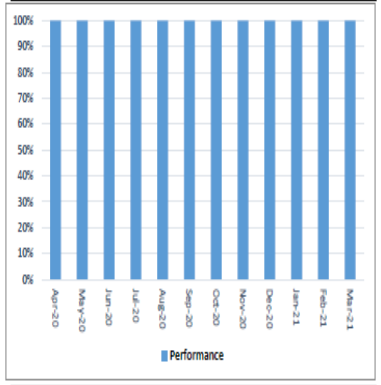
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
31 day RTT	100%	100%	100%	100%	100%	100%
31 day DTT	100%	100%	100%	100%	100%	100%

	Period	Target	Actual
Cancer: 31 day subsequent treatment (Surgery)	Mar-21	94.0%	100%
Cancer: 31 day subsequent treatment (Drugs)	Mar-21	98.0%	100%



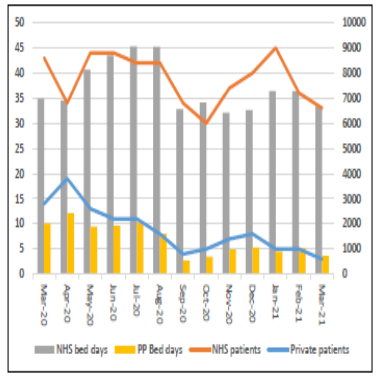
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Surgery	100%	100%	100%	92%	100%	100%
Drugs	100%	100%	100%	100%	100%	100%

Cancer: 62 day consultant upgrade	Period	Actual
	Mar-21	100.0%



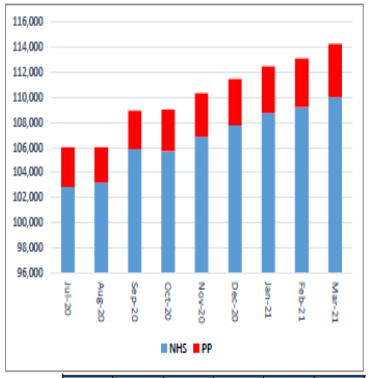
Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	100.0%

Patients not yet discharged with LOS >50 days	Period	Actual
Bed days	Mar-21	36
	Mar-21	7,402



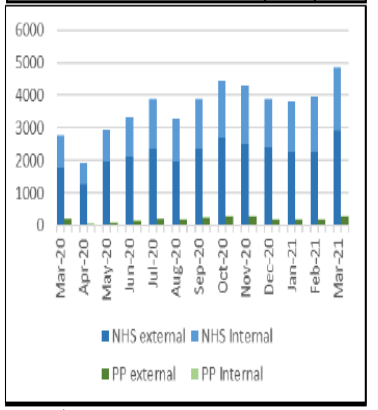
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Patients	35	44	48	50	41	36
Bed days	7532	7393	7582	8180	8324	7402

Open referrals at month end (NHS & PP)	Period	Actual
	Mar-21	114,238



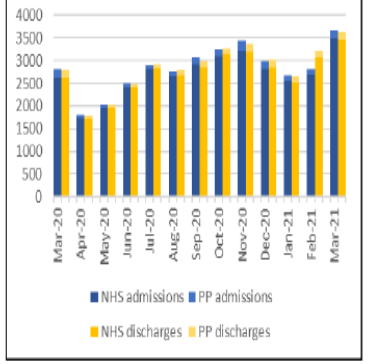
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
NHS	105,715	106,851	107,787	108,746	109,171	109,984
PP	3,299	3,443	3,649	3,719	3,920	4,254

External Referrals (NHS & PP)	Period	Actual
	Mar-21	3184
Internal Referrals (NHS & PP)	Mar-21	1970



	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
External	2981	2770	2597	2449	2428	3184
Internal	1735	1811	1463	1543	1690	1970

Admissions (NHS & PP)	Mar-21	3659
Discharges (NHS & PP)	Mar-21	3633



	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Admissions	3230	3415	2964	2651	2784	3659
Discharges	3275	3365	3017	2619	2776	3633

Are we productive and efficient?

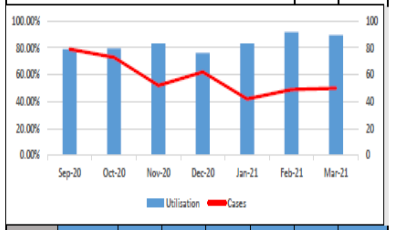
Productivity & Efficiency

	Period	Actual
Theatre Utilisation (Main)	Mar-21	75.18%
Theatre Utilisation (Outside)	Mar-21	TBC

Month	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Main	79.29%	77.80%	76.20%	70.77%	69.85%	74.68%	75.18%
Outside	TBC	TBC	TBC	TBC	TBC	TBC	TBC

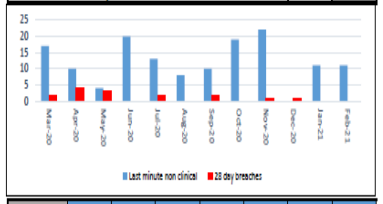
*Theatre session utilisation data is currently being investigated for March and April 2020

Emergency main theatre utilisation	Period	Actual
	Mar-21	89.42%



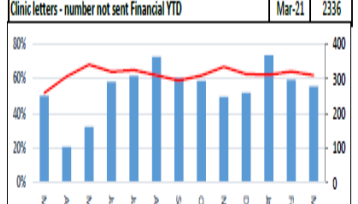
Month	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Cases	79	73	52	62	42	49	50
Utilisation	79.11%	79.65%	83.26%	76.15%	83.07%	91.53%	89.42%

	Period	Actual
Last minute hospital cancelled ops for non clinical reasons	Feb-21	11
Last minute hospital cancelled ops - breaches of 28 day standard	Feb-21	0
Last minute cancelled ops - all reasons	Feb-21	TBC



Month	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Non clinical	8	10	19	22	0	11	11
Breaches	0	2	0	1	1	0	0

Clinic letter turnaround within 7 days	Period	Actual
	Mar-21	62.11%
Clinic letters- number not sent in month	Mar-21	1297
Clinic letters - number not sent Financial YTD	Mar-21	2336



Month	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Performance	59.06%	61.91%	66.98%	62.76%	62.39%	64.33%	62.11%
Not sent	1506	1492	1341	1133	1399	1372	1297

DNA/Was Not Brought rate	Period	Actual
	Mar-21	5.31%

Month	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Rate	4.86%	4.67%	4.47%	5.08%	5.26%	4.86%	5.31%
DNAs	879	870	933	806	909	906	1148

Outpatient Clinic Utilisation	Period	Actual
	Mar-21	TBC

Under Construction

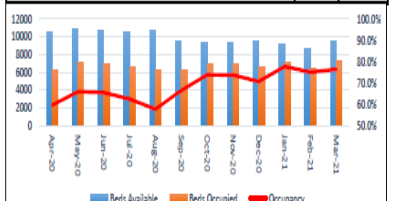
Month	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Rate	TBC	TBC	TBC	TBC	TBC	TBC	TBC

Average length of stay	Period	Actual
	Mar-21	TBC

Under construction

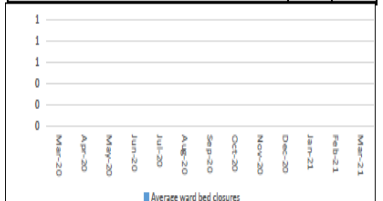
Month	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Main	TBC	TBC	TBC	TBC	TBC	TBC	TBC

Bed Occupancy	Period	Actual
	Mar-21	76.48%



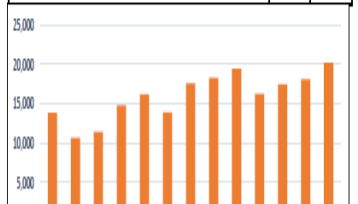
Month	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Main	66.51%	73.86%	73.77%	70.74%	77.79%	77.79%	76.48%

Average monthly ward bed closures (excluding weekends)	Period	Actual
	Mar-21	TBC



Month	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Av Closures	0.0	0.0	0.0	0.0	TBC	TBC	TBC

Outpatient appointments cancelled on the day/day before	Period	Actual
	Mar-21	877



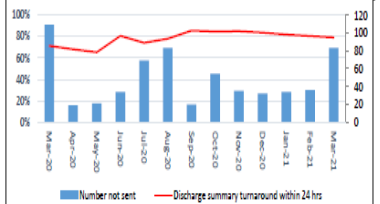
Month	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Cancellations	939	888	906	867	921	765	877
Attendances	16631	17392	18498	15395	16529	17289	19349

Outpatients past review date	Period	Actual
	Mar-21	TBC

Under Construction

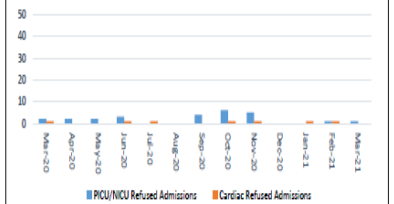
Month	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
# of Patients	TBC	TBC	TBC	TBC	TBC	TBC	TBC

Discharge summary turnaround within 24 hours	Period	Actual
	Mar-21	79.03%
Discharge summaries - number not sent in month	Mar-21	83
Discharge summaries - number not sent YTD	Mar-21	123



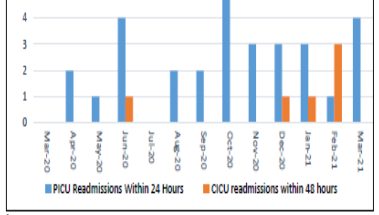
Month	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Performance	85.46%	84.53%	84.88%	83.59%	81.77%	80.35%	79.03%
Not sent	20	54	35	32	34	36	83

PICU/NICU CATS refused admissions	Period	Actual
	Mar-21	1
Cardiac refused admissions	Mar-21	0



Month	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
PICU/NICU	4	6	5	0	0	1	1
Cardiac	0	1	1	0	1	1	0

PICU Readmissions within 24 hours	Period	Actual
	Mar-21	4
CICU Readmissions within 48 hours	Mar-21	0



Month	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
PICU	2	5	3	3	3	1	4
CICU	0	0	0	1	1	3	0

Are we Safe?

There were 5 open **serious incident** investigations in March 2021. 3 were within agreed timeframes The 2 SI listed as overdue have been due to the availability of key pieces of information/ staff but also due to the complexity of the investigations and requiring external input. These are close being completed and are currently within quality review and assurance phase prior to being finalised before final sign off. 1 SI report in March was submitted to NHSE. 5 are awaiting their review and final approval. Discussions have been taking place with regard to support and processes around investigations that are held up as a result of outstanding information required from external organisations.

The incident reporting rate remains stable at 90 per 1000 bed days (n=782). An increase was observed in the number reported but an increase in activity was also observed. The number of incidents being quality checked and closed is recorded as 633 which appears lower than the number reported. However, it should be noted that the number of investigations completed in March was 385 with the total awaiting closure at 787. Unfortunately, due to the increase in number of investigations completed, this caused a slight backlog in quality review and closure with a large number of March incidents not being closed until the first week of April. The percentage of incidents being closed within 45 working days has sustained good progress in line with policy timescale (45 days) with the average days to closure also the same as the previous month. Compliance continues to be monitored weekly and summary reports and milestone documents are circulated to the Executive team, directorate/departmental leads as well as individual handlers.

No Covid-19 outbreaks were noted in March 2021.

WHO checklist: There has been an overall improvement in % performance by 1%, however this is mainly due to an increased total number of cases completed. Dermatology continues to have a high level of cases with a who checklist partially completed and we have seen a further rise in BBM incompletions – particularly SNAPs and Ortho (who are normally at 100%). Sian/Carly I can will send you the details. In ENT, Diagnostics MLBs seem to make up the majority of cases where not all sections are completed. The good news story for the month is the Gastro Endcoscopy suite, where performance is now at 96% for GA cases and 95% for all cases combined (up from 80% last month).

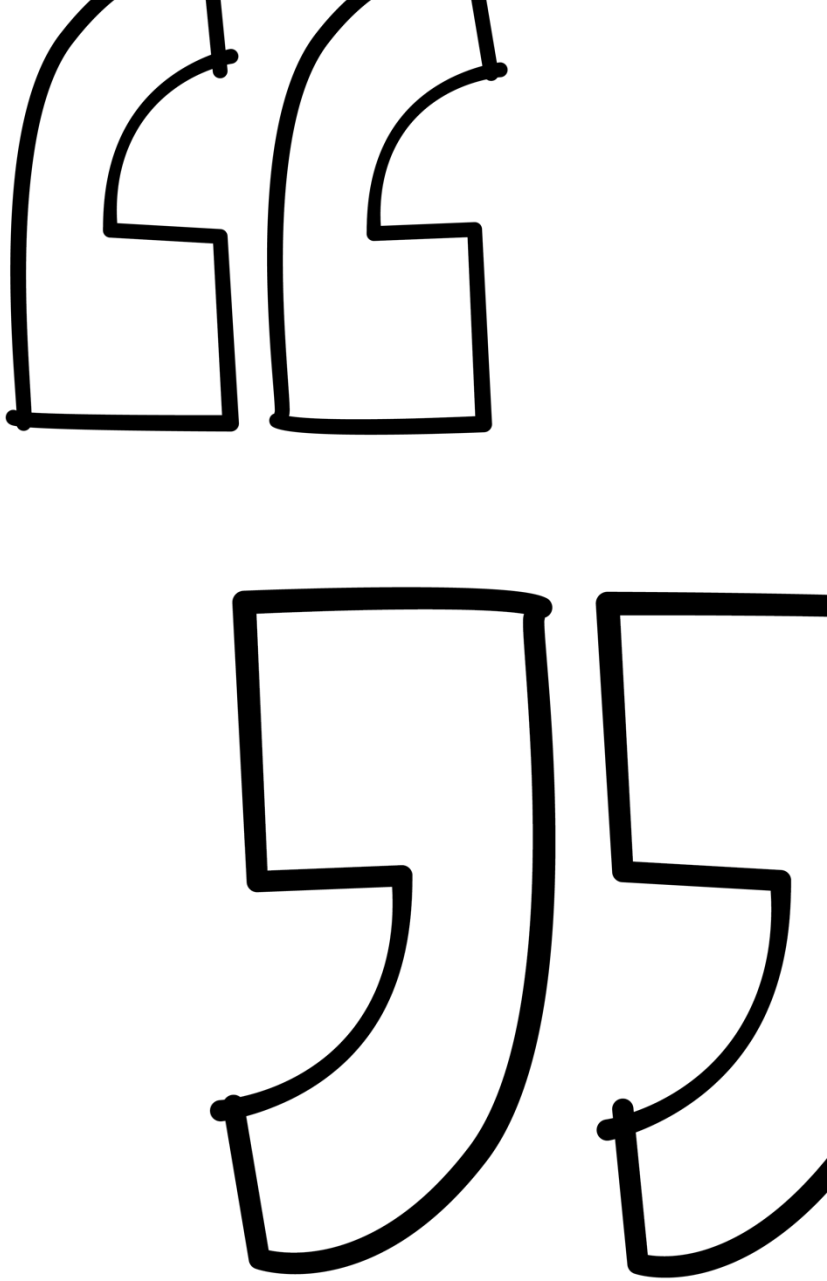
Row Labels	Incomplete	Complete	%
ANAESTHETICS	2	2	50%
CATH AND EP LAB		48	100%
CT	2	16	89%
GASTRO INVESTIGATIONS UNIT	3	78	96%
INTERVENTIONAL RADIOLOGY	19	337	95%
MAIN THEATRES	23	839	97%
MRI	21	146	87%
NUCLEAR MEDICINE	3	8	73%
Grand Total	**74**	**1474**	95%

Are we Caring?

The **Friends and Family Test** response rate for March was 38%. This is a reduction compared with February, but remains above the Trust target. All directorates significantly exceeded the response rate (which ranged from 31 to 58%). The experience measure for both Inpatients and Outpatients remained high at 98%. Negative feedback primarily related to issues in the ward environment including lack of facilities for patients and families (including cutlery in kitchen areas and faulty bedside TVs), noise at night time and the layout of some toilets which some patients/ families find difficult. Following a substantial increase of Outpatient responses in February, March submissions have remained high (503).

There were 9 new **formal complaints** in March which is more that double than last month (n= 4). These complaints raised concerns relating to clinical incidents, communication, delays and aspects of care. There were two new red/ high risk complaints which relate to multiple specialties but are being led by Body, Bones and Mind and Sight and Sound. One of these complaints is being investigated as a Serious Incident and this is detailed further on slide 8. This brings the metric for high risk complaints to red at 13% is red this month (unchanged from last month). High risk complaints primarily related to concerns about clinical incidents, care and in particular complications during surgery and lack of follow up care. A further review of high risk complaints over the last 12 months will be completed and presented to PFEEC. There were five overdue high risk complaint actions this month bringing the metric to red. Further review has confirmed that progress has been made against the actions and additional information is being sought by the Complaints team.

Pals contacts remained high (n=236) this month but there was a significant reduction in Covid-specific contacts. There was an increase in complex contacts with families raising concerns about multiple teams including clinical teams outside of GOSH. The highest number of contacts again related to Cardiology (n= 20) and Dermatology (n=19). Review since January 2021 shows that there were 46 Dermatology contacts and 80 Cardiology contacts with the main themes relating to communication about outpatients with families seeking to confirm appointments (including if appointments are virtual or face to face), cancellations and additional information about appointments.



Are we Effective?

Clinical Audit

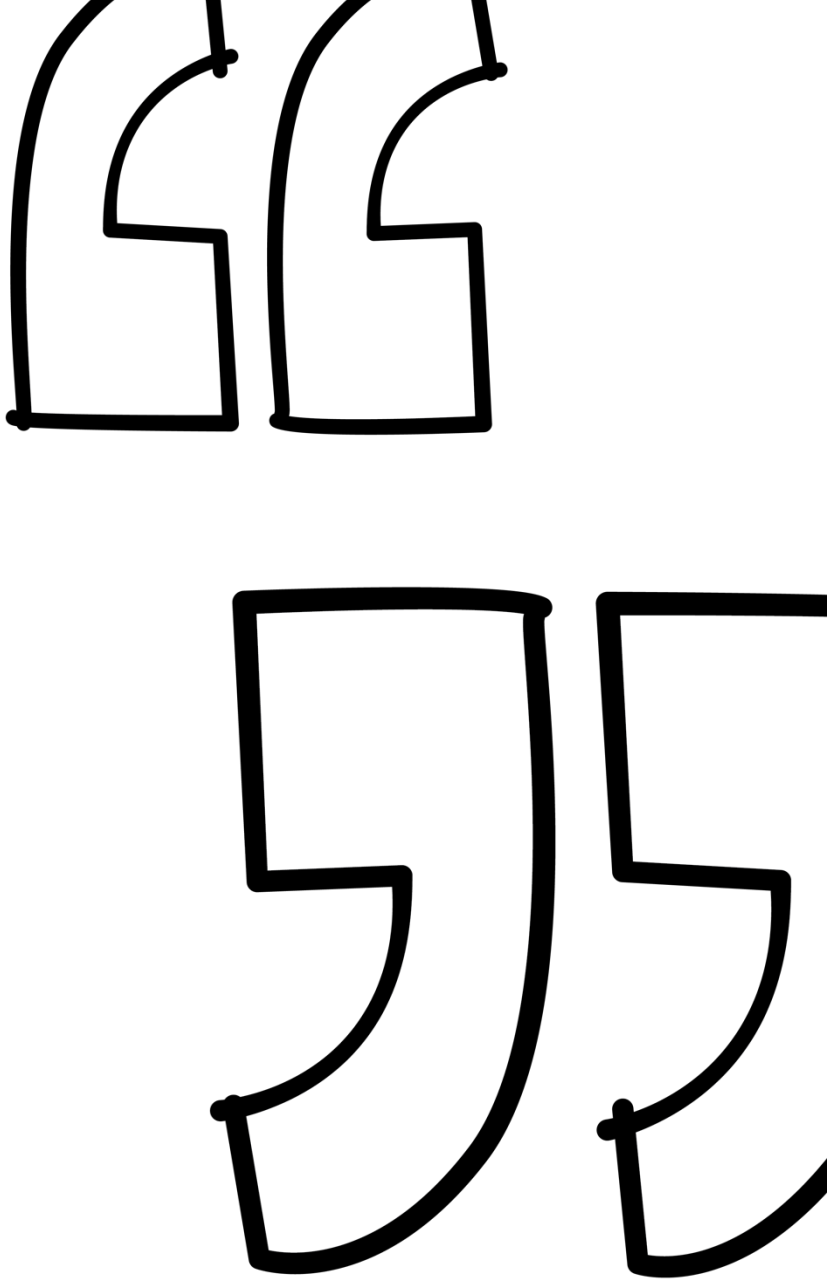
We aim to have to have over 100 completed specialty led clinical audits per year. We were able to meet this target for 2020/21, which is testament to the commitment of teams to engage in quality and clinical audit in the context of the COVID 19 pandemic .We have seen a small reduction in the number of completed clinical audits this year due to the impact of the pandemic, which was anticipated. The process for updating and sharing the outcomes of speciality led audit was significantly updated and streamlined by the Clinical Audit Manager in December 2020 to make it easier for clinicians to update and share outcomes.

We have a priority clinical audit plan to support learning from incidents, areas risk, patient complaints, and to investigate areas for improvement in quality and safety. Key priority audits in progress are highlighted in the Clinical Audit section of the report.

We have completed priority two Trust wide audits in March 2021and these are highlighted in the Clinical Audit section of the report.

Implementation of learning from a complaint - regular head circumference monitoring at outpatients for children with Mucopolysaccharidosis I (MPS1) following bone marrow transplant.
Hands Face Space Place Audit

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



Are we Responsive?

We are currently at 72.32% of patients waiting less than 6 weeks for the **15 diagnostic modalities (DM01).** This is a significant increase from last month's position when we reported 63.19%. The number of breaches reported in March (459) compared to the number of breaches reported in February (705) has also decreased. Routine requests are being categorised to an additional level to ensure patients are not adversely waiting longer than clinically safe, with patients waiting beyond the must be seen by date clinically reviewed.

February 2021 **Cancer Waiting Times** data has now been submitted nationally and the Trust achieved 100% across all five standards. For March, the Trust is forecasting reporting 100% achievement across all standards too.

The Trust did not achieve the **RTT** 92% standard, submitting a performance of 70.03%, with 2018 patients waiting longer than 18 weeks, this is a slight increase in performance from the previous month's 69.46%. The current PTL consists of 11% of patients being categorised as P2 patients and 66% P3/P4 patients. As at the end of March, the Trust reported a total of 564 patients waiting 52 weeks or more; this is a decrease of 13 patients (2.25%) from the previous month. 66% of patients waiting over 52 weeks have a future contact booked.

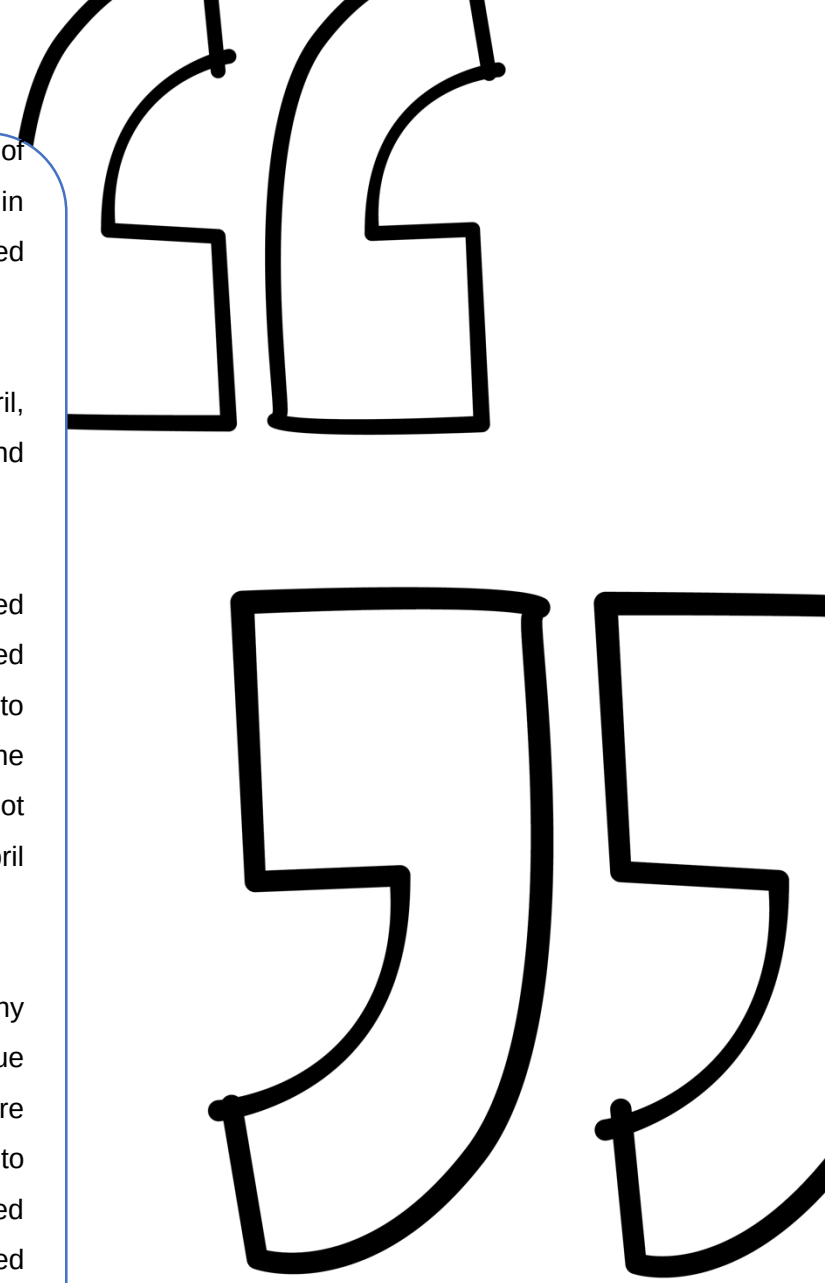
Are we Well Led?

There were 7 incidents requiring **duty of candour** in March 2021. Being Open/Duty of Candour conversations took place in 100% of incidents. 71.4% of stage 2 letters completed within the timescale of 10 days. 3 investigation reports were shared with families in March 2021. Unfortunately due to the length of time in completing these investigation, none were shared within the expected timeframe. A weekly candour catch up continues up with the directorates to help pre-empt and manage delays.

Risk Register: High risk monthly review performance was reduced in March 2021. (66% in March cf 75% in February 2021) In April, with the increase in resource, the Patient Safety Managers will be again be attending the directorate RAG to provide guidance and support. Risk compliance is now also discussed and reviewed at the monthly Performance reviews.

The Trust received 43 **FOI** requests in March 2021, 3 of which were deemed as non-valid and 5 further requests were returned requesting clarification. Of the 35 FOI requests that were due in March, 100% were responded to, with 96% within the legislated timescale which is a marked increase when compared with the previous month. The remaining 4% in non-compliance is broadly due to the complexity of requests and also length of time it is taking a number of departments to complete their review of data requested. The section 12 exemption clause only covers the exceeding 18 hrs timeframe to locate, identify and retrieve the information. It does not cover the amount of resource required to review often large amounts of data for accuracy and if required, redaction of data. By 1 April 2021 there were 0 that were overdue.

There are currently 56 open **Serious Incident actions** in March 2021 of which 48 are over their agreed date for completion. Many actions have been completed in March, however 19 new SI actions that were due for closure in March are reported now as overdue and are awaiting evidence before closure can be completed. The Patient Safety Team continue to work with the directorates to ensure completion and closure of the overdue actions . Closing the Loop meetings occur monthly which review the overdue actions to understand and address any barriers to completion of the action and embedding of the learning. Also actions owners are contacted directly to ensure actions are completed and evidence provided. Where there are delays in completing the action but there is a defined later date for completion/approval/closure, the action deadlines are extended to reflect the reasons for delay.



Covid–19 at GOSH

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

There were 108 (cf 56 in Feb and 200 in Jan 2021) COVID-19 related **incident** reported in March 2021, with 107 (cf 10 in Feb 2021) of these were associated with requested reports from staff who experienced any level of reaction following covid vaccinations. The increase in March vs the number in February are related to the offers of the 2nd doses of vaccine provided. All of these have been reviewed by the vaccination team and OH. Of the remaining covid-related incidents, these continue to be reviewed by the infection control team and Health & Safety Advisors.

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

The Silver committee reviews all high risks (12+) weekly with an monthly thematic review of any other organisational covid risks. There were 16 risks rated at 12 and above. The top themes are: reduction in activities (and the risks to children and income), staffing and non-compliance to data protection (staff working differently, data stored on unencrypted devices and loss of data). There are no changes to the risks themes.

Workforce Headlines: March 2021

KPI Performance: As is shown on the next slide, the Trust finished the financial year meeting all of it's Workforce KPIs at Trust [illegible].

Contractual staff in post: Substantive staff in post numbers in March were 4952.4 FTE, an increase of 11 FTE since February 2021.

Unfilled vacancy rate: Vacancy rates for the Trust reduced to 6% in March from 6.3% the previous month and 7.0% in January. The vacancy rate remains below the 10% target and it is lower than the 12 month average of 6.7%. Vacancy rates in the clinical directorates (bar IPP) were all below target in March.

Turnover: is reported as voluntary turnover. Voluntary turnover remained at 10.7% in March%, this is the first month since February 2020 that has not seen a month on month reduction, however it continues to exceed the Trust target (14%). Total turnover (including Fixed Term Contracts) reduced to 13.6%, it's lowest rate for more than 5 years. The low rates are likely at least in part attributable to the impact of COVID and while turnover is expected to remain below target for much of 2021, it is expected to begin to increase by Quarter 1 2021/2022.

Agency usage: Use of agency staff remained at 1.1% of paybill in March, with agency usage remains well below the local stretch target (2%). Agency use is almost exclusively taking place within Corporate Non-Clinical Directorates and amongst some Allied Health Professional disciplines. Bank % of paybill was 5.3% in March.

Statutory & Mandatory training compliance: In March the compliance rate across the Trust remained at 94% for the 8th month in a row, which remains above the target with all directorates achieving target. The medical and dental staffgroup are the only staffgroup below the 90% target (86%) Across the Trust there are 7 topics below target including Information Governance where the target is 95%. Safeguarding Children Level 3 compliance for substantive staff remained on target at 90%, while Honorary contract holders increased to 91% following an improvement project for this cohort.

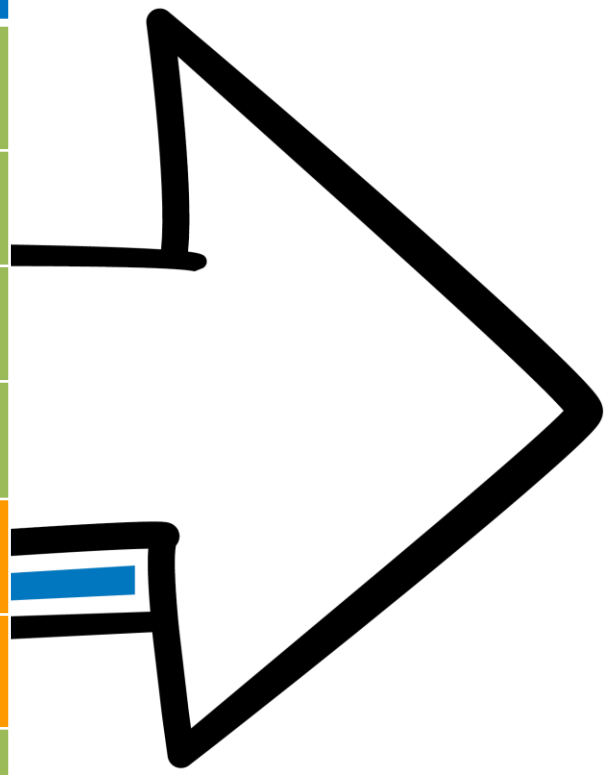
Appraisal/PDR completion: The non-medical appraisal increased to 91% in March with 13 Directorates achieving the 90% target for the first time since June 2020. Consultant appraisal rates also increased to 91% in March

Sickness absence: Sickness rates in March reduced to 2.3% from 2.7% in February as the impact of COVID subsided. The sickness rate does not include staff required to self isolate at home, as some of those may be working. COVID absences continued to reduce to less than 0.3% of staff availability in March.

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Workforce KPIs : March 2021

Metric	Plan	March 2021	3m average	12m average
Voluntary Turnover	14%	10.7%	10.8%	12.8%
Sickness (1m)	3%	2.3%	3.0%	2.7%
Vacancy	10%	6.0%	6.5%	6.7%
Agency spend	2%	1.1%	1.1%	0.8%
PDR %	90%	91%	89%	87%
Consultant Appraisal %	90%	91%	90%	84%
Statutory & Mandatory training	90%	94%	94%	94%

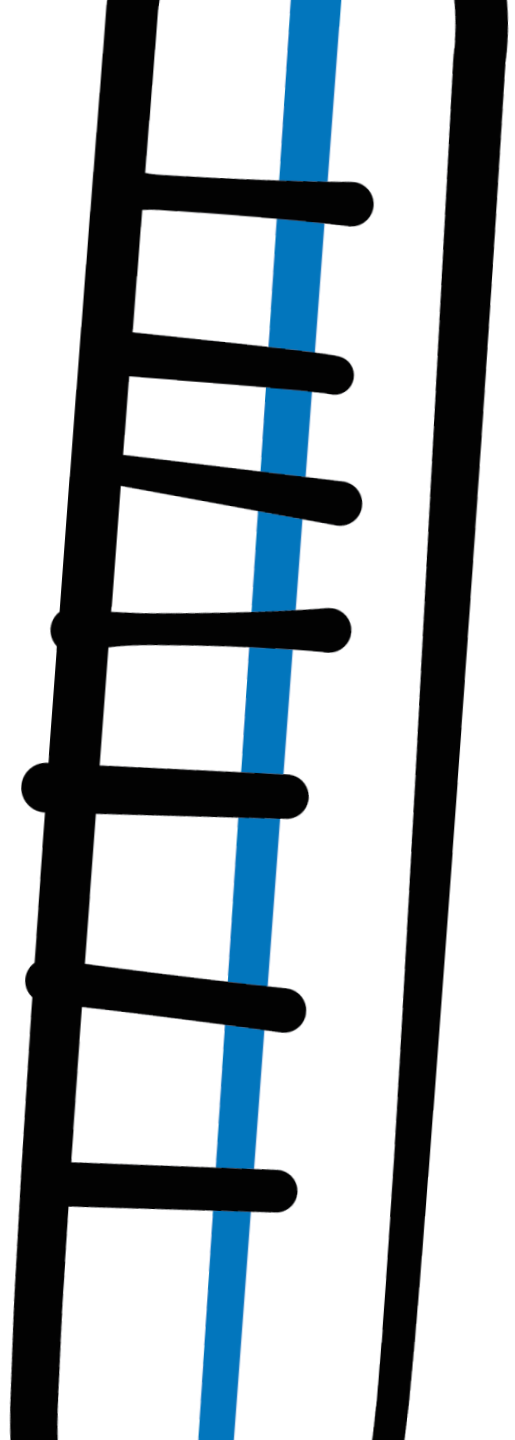


Directorate (Clinical) KPI performance March 2021

Metric	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Heart & Lung	Medicine, Therapies & Tests	Operations & Images	Sight & Sound	IPP	Genetics
Voluntary Turnover	14%	10.7%	7.6%	**16.0%**	6.8%	13.4%	11.0%	12.7%	8.6%	9.1%	10.3%
Sickness (1m)	3%	2.3%	2.9%	1.7%	2.2%	2.7%	1.6%	1.9%	2.0%	**3.7%**	1.7%
Vacancy	10%	6.0%	0.7%	1.4%	6.4%	3.4%	-4.1%	1.6%	8.5%	**17.4%**	8.7%
Agency spend	2%	1.1%	0.0%	0.1%	0.0%	0.0%	**2.3%**	2.0%	0.1%	0.1%	0.0%
PDR %	90%	91%	94%	92%	92%	91%	88%	90%	95%	95%	88%
Stat/Mand Training	90%	94%	92%	93%	93%	91%	94%	92%	98%	97%	99%

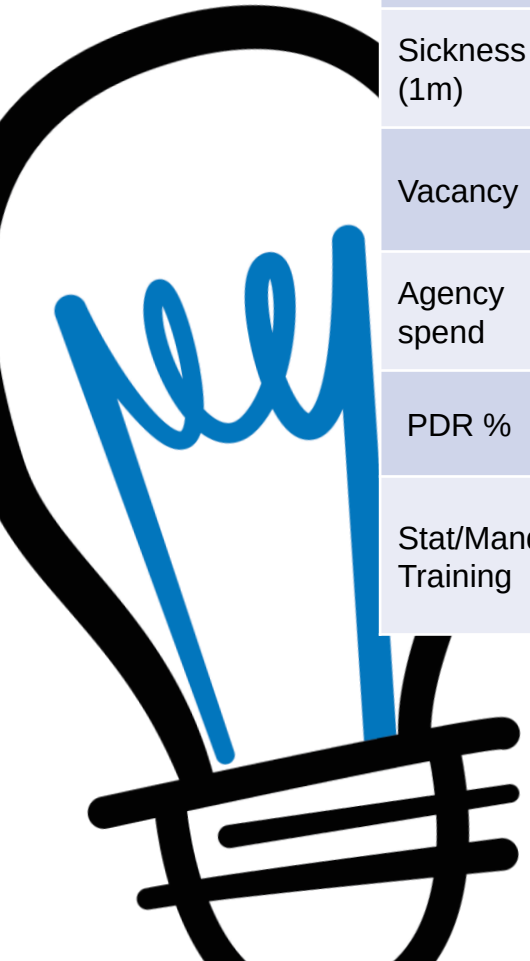
Key:

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



Directorate (Corporate) KPI performance March 2021

Metric	Plan	Trust	Clinical Operations	Corporate Affairs	ICT	Property Services	Finance	HR&OD	Medical Director	Nursing & Patient Experience	Research & Innovation	Transformation
Voluntary Turnover	14%	10.7%	15.0%	**23.7%**	11.5%	5.2%	5.9%	2.3%	**16.8%**	6.4%	10.3%	10.7%
Sickness (1m)	3%	2.3%	0.8%	0.0%	**3.8%**	2.9%	1.6%	**4.5%**	0.1%	**3.5%**	2.1%	0.1%
Vacancy	10%	6.0%	-0.8%	**13.8%**	**14.5%**	-2.1%	6.5%	4.1%	8.2%	3.0%	10.2%	**13.1%**
Agency spend	2%	1.1%	0.9%	**4.8%**	**17.6%**	**4.4%**	**5.3%**	**2.8%**	**5.1%**	0.6%	0.0%	0.0%
PDR %	90%	91%	88%	90%	**70%**	94%	91%	91%	79%	90%	95%	91%
Stat/Mand Training	90%	94%	96%	95%	92%	97%	95%	97%	97%	97%	98%	96%



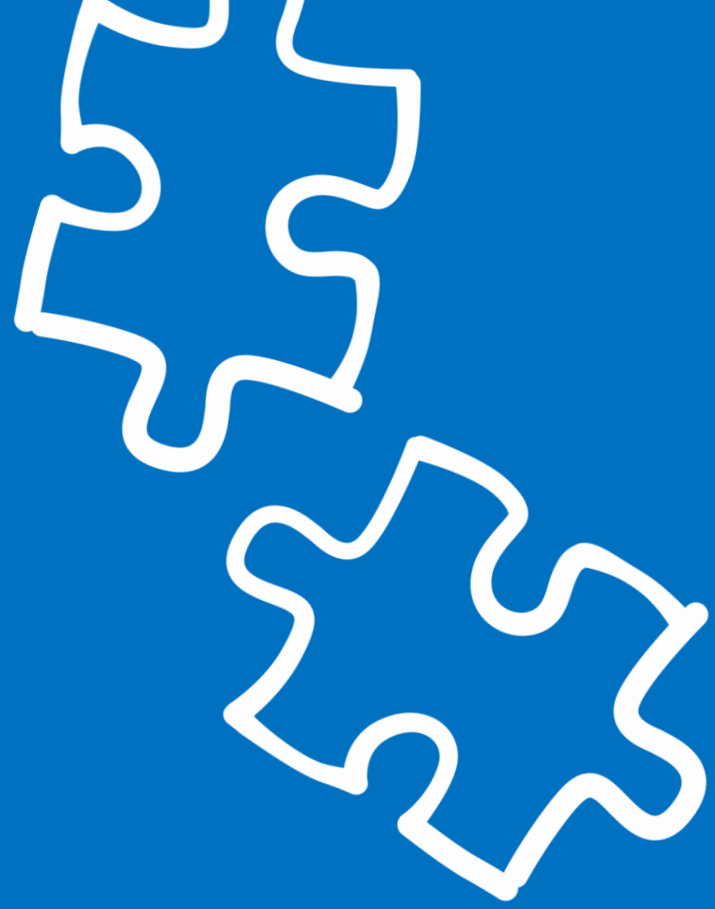
Key:

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

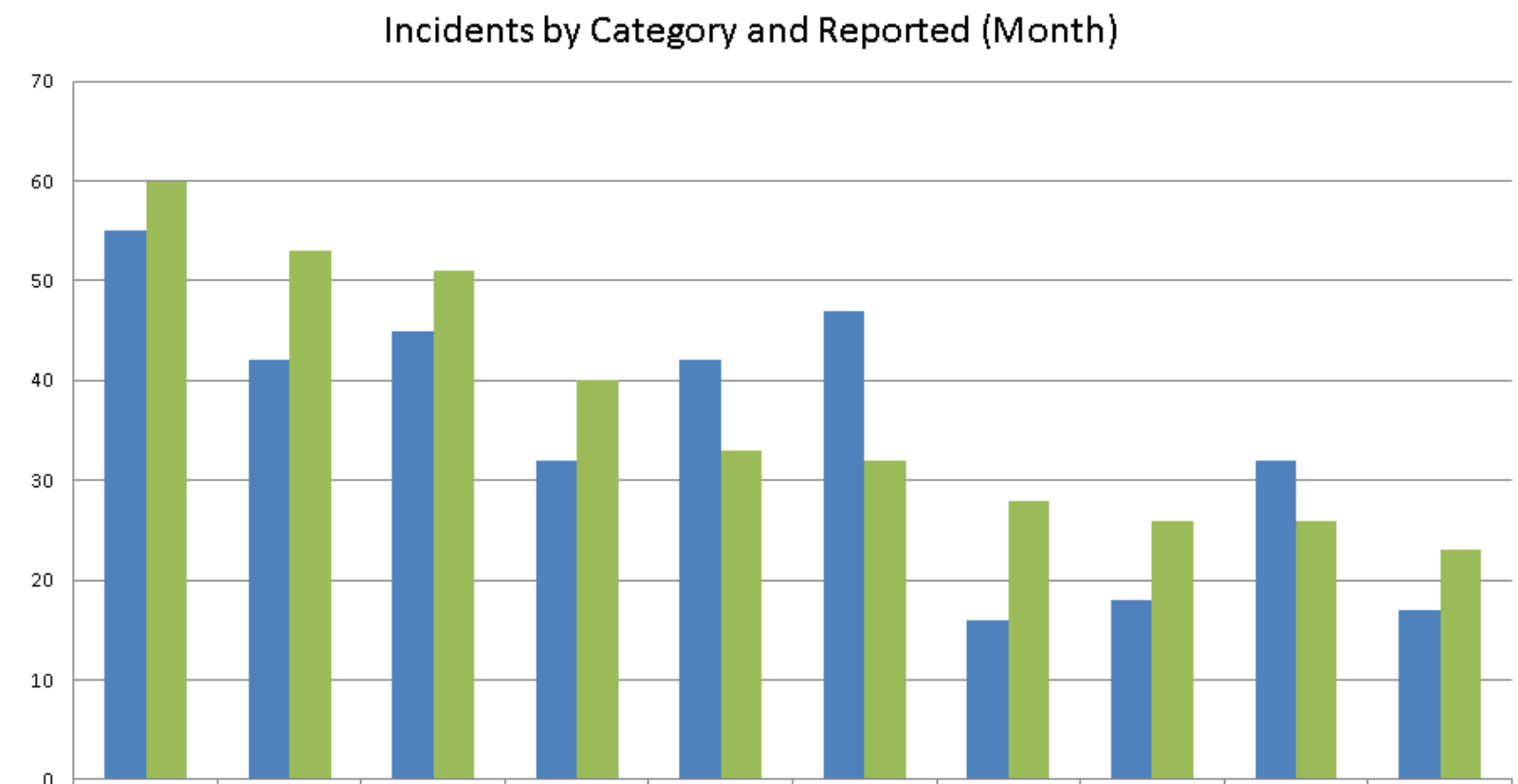
Quality and Safety

This section includes:

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



Understanding our Patient Safety incidents



	Communication	Documentation (incl. records, identification)	Diagnostic tests and scans	Medication - administration error from correct prescription	Medical device / equipment	Treatment, procedure	Violence / Abuse / Harassment	Access to clinical services	Medication - storage / missing	Skin integrity/Pressure issues
Feb	55	42	45	32	42	47	16	18	32	17
Mar	60	53	51	40	33	32	28	26	26	23

Violence/Abuse/Harassment saw an increase this month from 16 to 28 incidents. 10 incidents were sub-categorised as inappropriate/violent behaviour, 8 as verbal abuse and 7 as assault by patient, with the remaining 2 incidents categorised as other. The majority of these incidents (18) took place on the Mildred Creek Unit and mostly related to a single patient.

Health and Safety incidents showed a large increase in March 2021 as the vaccine clinic provided second doses to those staff who had their first dose of vaccine earlier in the year. 191 Health and Safety incidents were reported in total, of which 67 listed the covid-19 vaccine clinic as their location.

Patient Safety – Serious Incident Summary

New & Ongoing Serious Incidents

Directorate	Ref	Due	Headline	Update
H&L. O&I, BBM	2020/8287	12/02/21	Concerns regarding the treatment plan during thoracic surgery	09/04/21: Report being finalised ahead of sharing with key staff involved
O&I	2020/23363	04/03/2021	Retention of part of port-a-cath following procedure to remove device	19/04/21: Draft with panel for comments
H&L, BCC	2020/24328	17/03/2021	Patient had catastrophic pulmonary haemorrhage	12/04/21 Draft with AMD for comment
BBM	2021/4284	24/05/2021	Surgical management and follow up of orthopaedic patient	19/04/21 Panel meeting rearranged for the 23rd April 2021
BBM, H&L, BCC, O&I	2020/7299	30/06/2021	Unexpected deterioration of patient following elective surgical procedure	19/04/2021: Information gathering
N&PE	2020/7626	06/07/2021	IG breach – father had access to mother's secure address via MyGOSH	19/04/2021: Information gathering

2020/17315: Irrecoverable loss of renal function

What happened?

The patient was treated for bilateral vesicoureteral reflux (VUR) with Deflux . An ultrasound scan performed a year later showed possible left ureteric obstruction and a 3 month ultrasound was requested to monitor this. This ultrasound was subsequently booked by the radiology team for 10 months later. When the patient was reviewed, the left kidney was obstructed and was contributing only 2% to overall renal function.

On investigation it was found that factors contributing to this were:

- An initial error by the requesting consultant who booked the scan as a category 5 rather than category 6 scan
- A delay in the scan being booked by the Radiology team due to a post-EPIC implementation backlog
- An inability for the booking administrator to see a note from the consultant which specified the required timescale; this was due to the layout of the EPIC system at the time.
- Capacity within the Urology service, meaning the patient did not have an outpatient appointment within the normally expected timescale.

Learning and recommendations

- Ensure that all EPR users booking radiology scans understand the difference between category 1-5 and category 6 requests.
- Ensure a clear process is in place in radiology for those situations where scans are re-categorised from category 1-5 to category 6.
- Set up a joint Urology-Radiology working group to explore ways of improving communication between the two services and ensure that when appointments are rescheduled in urology, any linked radiology appointments are also rescheduled (and where the situation is the same, but in reverse).
- EPR training is provided to all new staff, all staff moving to a new role, and any staff member who requests it via their line manager.
- Capacity work should be carried out in urology to reduce the backlog of patients so they can be seen in clinic within an appropriate timeframe.

Trust-wide learning

Ensure that all radiology requests are correctly categorised. Category 1-5 requests are "as soon as possible", e.g. the patient may be brought for their scan the next day if there is availability. For a scan needed on a specific date, e.g. in 4 weeks or 3 months, category 6 should be used.

Patient Safety Alerts/ MHRA/ EFN Alerts

NatPSA/2020/006/NHSPS: Foreign body aspiration during intubation, advanced airway management or ventilation

Date issued: 01/09/2020

Date due: 01/06/2021

NatPSA/2020/008/NHSPS:

Deterioration due to rapid offload of pleural effusion fluid from chest drains

Date issued: 01/12/2020

Date due: 21/06/2021

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

Date issued: 03/02/2020

Date due: N/A

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

Date issued: 11/09/2020

Date due: N/A

FSN – Product recall – BD PosiFlushT XS 10mL syringe

Date issued: 20/07/2020

Date due: N/A

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

Date issued: 27/07/2020

Date due: N/A

FSN - NR-FIT EVDs

NR-FIT EVDs - Product Recall

Date issued: 21/01/2021

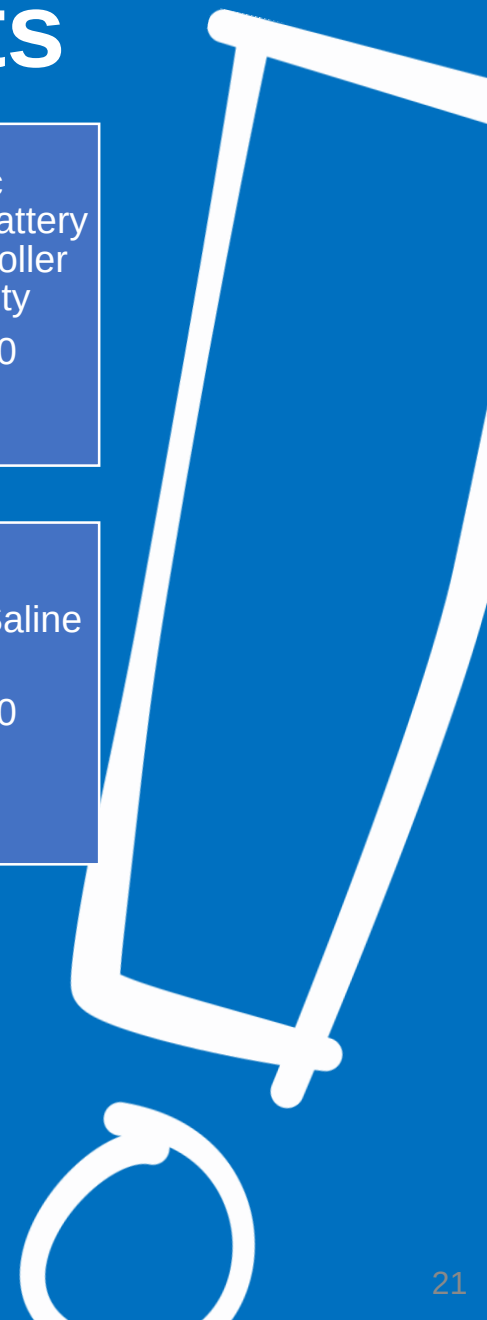
Date Due: N/A

CEM-CMO-2021-008

Fang Tian FT-045A FFP3 masks RECALL - Immediate Action Required

Date issued: 24/02/2021

Date Due: N/A



Clinical Audit –current priority plan

Central clinical audit plan prioritises audits to support learning from incidents, risk, patient complaints, and to investigate areas for improvement in quality and safety.

Focus for 2021/22

Top six priority audits recommended for GOSH

1. Adherence to updated GMC guidance on Consent issued Nov 2020
2. Medicines Storage and Controlled Drugs
3. Duty of Candour
4. Mental Capacity Act
5. Quality of clinical documentation
6. Safety Standards for Invasive Procedures

Those audit priorities will be consulted with relevant stakeholders. Additional items will be added in response to learning from harm , to assess changes in practice, as determined by directorates ,directed from PSOC and Closing the Loop, and in response to emerging national or Trust guidance where clinical quality assurance is of value.

GOSH/IPP response to Patterson Inquiry
Audit report drafted.
Recommendations to be agreed with IPP Management team in April 21

Learning from an incident Respiratory arrest following residual anaesthetic agent in patient cannula following a general anaesthetic (2020/20297)
Timeframes for audit completion are May 2021.

Spinal MDT meeting -how well is it working?
To assess effectiveness of the Spinal MDT following learning from the death of a patient and Prevention of Future Death report .
Work completed and will be reviewed at April 21 Closing the Loop meeting

Learning from complaint (18/093) re-audit to determine if we have changed our practice on PICU for documenting updates given to families To be completed in April 2021

Optlifow Audit to review the effectiveness of change of practice of patients being transferred from ICU to wards on Optiflow. This audit supports a Trust project led by the HON for Heart And Lung .Audit report drafted

Hands, Face, Space, Place audits
Support our collective responsibility for keeping each other safe by meeting our Hands, Face, Space and Place guidance. Audits planned every two months, dependent on national guidance and Trust guidance on Safe Working .
Next audit to be completed in May 21

Review of frequency of IPP Consultant ward round presence
Request from the Medical Director and IPP management team that we provide assurance as to whether the standards for IPP Consultant ward rounds are being met. Recommendations to be agreed with IPP Management team in April 21

Medicines Clinical Audit Plan
Key audits to focus on best practice with medicines management. Monitored and directed by the Medicines Safety Committee.

Clinical Audit –priority audit completed in last month

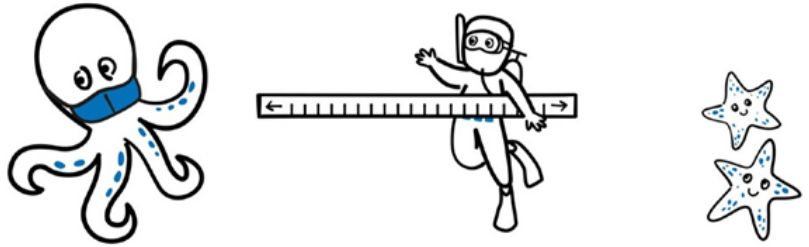
Implementation of learning from a complaint (reference 18/095)

Aim of audit

To assess progress with ensure regular head circumference monitoring at outpatients for children with Mucopolysaccharidosis I (MPS1) following bone marrow transplant This audit was indicated as being important to provide assurance about a change in practice agreed following the outcome of a complaint investigation

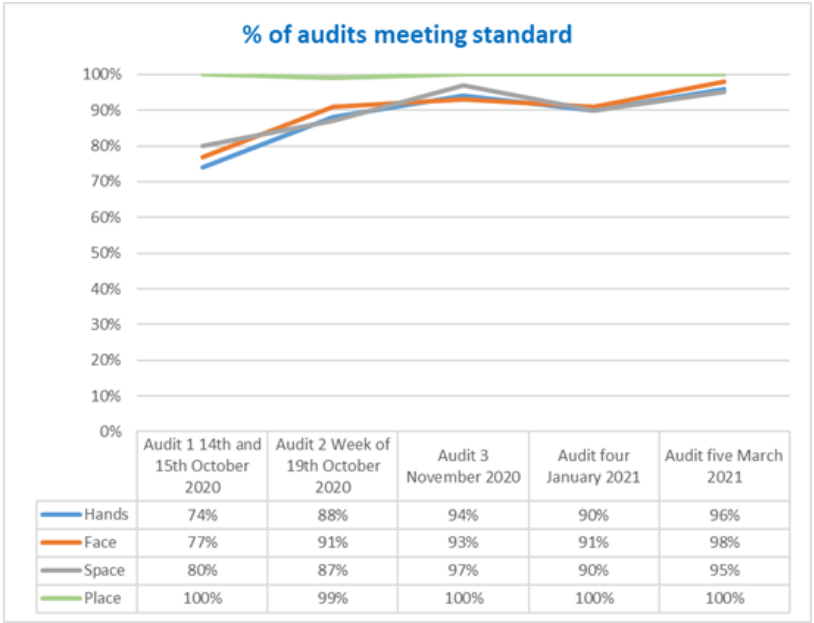
Key findings

The audit results provide assurance that the BMT team has significantly improved the monitoring of head circumference in children with MPS1 post-BMT. The audit was reported to the March 2021 Closing the Loop meeting



Hands, Face, Space, Place audit . Week of 22nd March

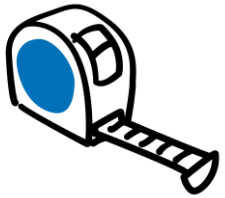
While the COVID-19 national situation is improving, it's important that we continue to keep ourselves, our colleagues and our patients safe. One crucial way that we can do this is by following our Hands, Face, Space and Place safety guidelines. We audit this as part of our commitment to safety



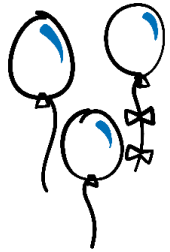
	Audit 1 14th and 15th October 2020	Audit 2 Week of 19th October 2020	Audit 3 November 2020	Audit four January 2021	Audit five March 2021
Hands	74%	88%	94%	90%	96%
Face	77%	91%	93%	91%	98%
Space	80%	87%	97%	90%	95%
Place	100%	99%	100%	100%	100%

The latest Hands, Face, Space and Place audit results were very positive. We've exceeded 95% in all safety standards and have improved in all the areas we could have since we last did the audit in January 2021. The results show we're staying vigilant with hand washing and sanitising, as well as wearing our masks appropriately. Results in our 'Space' standards have improved but show some challenges in following social distancing measures in certain rest areas. These have been reported to the relevant directorate management teams to address with support from the Space Manager

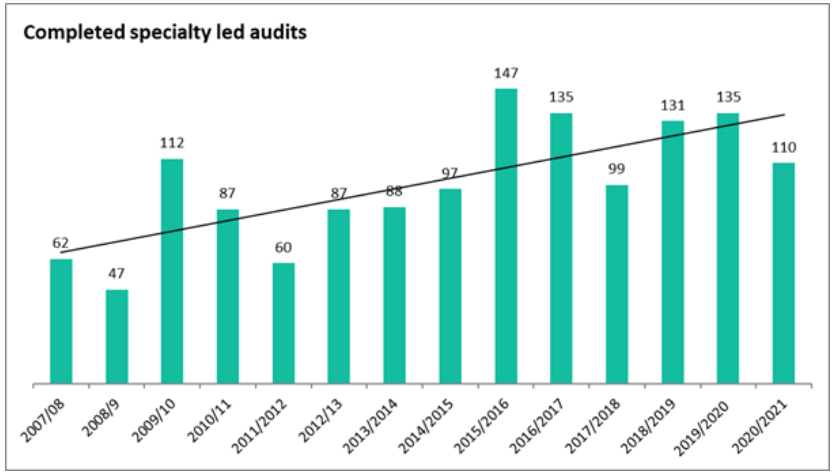
Specialty led clinical audit



There are currently 261 clinical audits registered at GOSH.



We aim to have to have over 100 completed specialty led clinical audits per year. We were able to meet this target for 2020/21 , which is testament to the commitment of teams to clinical audit .We have seen a small reduction in the number of completed clinical audits this year due to the impact of the pandemic, which was anticipated.



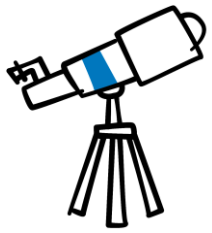
Specialty audits on track
It is important to have timely oversight of the outcomes of specialty led clinical audit in order to be assured that teams are engaging in reviews of the quality of care provided, and that the outcomes of those can be monitored.

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

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

We are on target for speciality audits on track

In December 2020 the Clinical Audit Manager streamlined processes and developed a new web form process for clinical staff to start up and provide updates for specialty led audit. This will reduce clinician time and admin time by ensuring that governance questions are asked in the web form, and directed to the appropriate channel and just make it easier and simpler to share outcomes. This is intended to support our capture and oversight of audit activity and learning . Feedback has been positive and this helped impact on meeting our target for completed audits.



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

http://goshweb.pangosh.nhs.uk/clinical_and_research/CGST/clinical-audit/Pages/clinical-audit.aspx

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

1. Priority improvement programmes (March 2021)

Programme of work	Priority projects	Executive Sponsor (ES)
Highly reliable clinical systems	➢ Identification and responsiveness to the deteriorating patient	Sanjiv Sharma
	➢ Increasing safety and reliability of TPN prescription and delivery	Polly Hodgson
	➢ Co-designing the SI framework	Sanjiv Sharma
	➢ Establishing a Tri-parallel process for Sis, Red Complaints and High Profile cases	Sanjiv Sharma
Wellness at Work	➢ QI support to initiatives led by Wellbeing Group: development of a wellbeing indicator tool, supporting implementation of team-level wellbeing initiatives and digitalising wellbeing hub processes	Dal Hothi
Caring for the complex patient	➢ Safe management of patients with high BMI	Sanjiv Sharma
Continuously finding better ways to work	➢ Introduction of a Ward Accreditation Programme to increase clinical quality and oversight of quality metrics from Board to Ward	Alison Robertson
	➢ Reducing pre-analytical laboratory sample rejections/ building laboratory capability for improvement	Dal Hothi
Building capacity and capability for improvement	➢ QI Education Programmes ➢ Project Coaching	Dal Hothi
The QI team is also supporting the Clinical Pathway Redesign Programme, and associated projects in partnership with the Transformation team.		

2. Directorate-level/ Responsive QI Work-

Directorate projects

Project Commenced	Area of work	Project lead:	Expected completion date
May 2020	To increase opportunities to empower and enable children and young people to register their complaints	Claire Williams (Head of Patient Experience)	December 2020 **[adjusted completion date to May 2021]**
Oct 2020	To increase communication skills training across all Allied Health Professionals placement pathways at GOSH	Ali Toft (AHP Information Officer) and Vicki Smith (AHPs Education Lead)	September 2021
Oct 2020	To improve holistic elements of care for cardiothoracic transplant patients	Helen Spencer (Consultant in Transplant and Respiratory Medicine)	August 2021
Oct 2020	To improve nursing staff morale in PICU	Kate Plant (Chief Nurse Junior Fellow)	August 2021
Jan 2021 (Restart)	To reduce waste in the process, standardise activities and enable a process driven pathway to the Orthopaedic CNS activity	Claire Waller (Matron)	June 2021
February 2021	To improve effectiveness of pre-chemotherapy/procedure bloods process on Safari Unit	Dave Burley (Assistant Service Manager)/ Safari Improvement Group	June 2021
March 2021 (Restart)	To reduce the number of unnecessary blood tests, when ordered in sets/ bundles, in Brain Division	Spyros Bastios (Metabolic Consultant)	December 2021
March 2021	To improve nurse satisfaction of the nursing handover process on Chameleon ward	Sarah Murphy	June 2021
March 2021	Improving communication experiences for hospitalised children and adolescents with learning disabilities and/or Autism.	Ruth Garcia-Rodriguez (Consultant Child and Adolescent Psychiatrist)	September 2021

Patient Experience

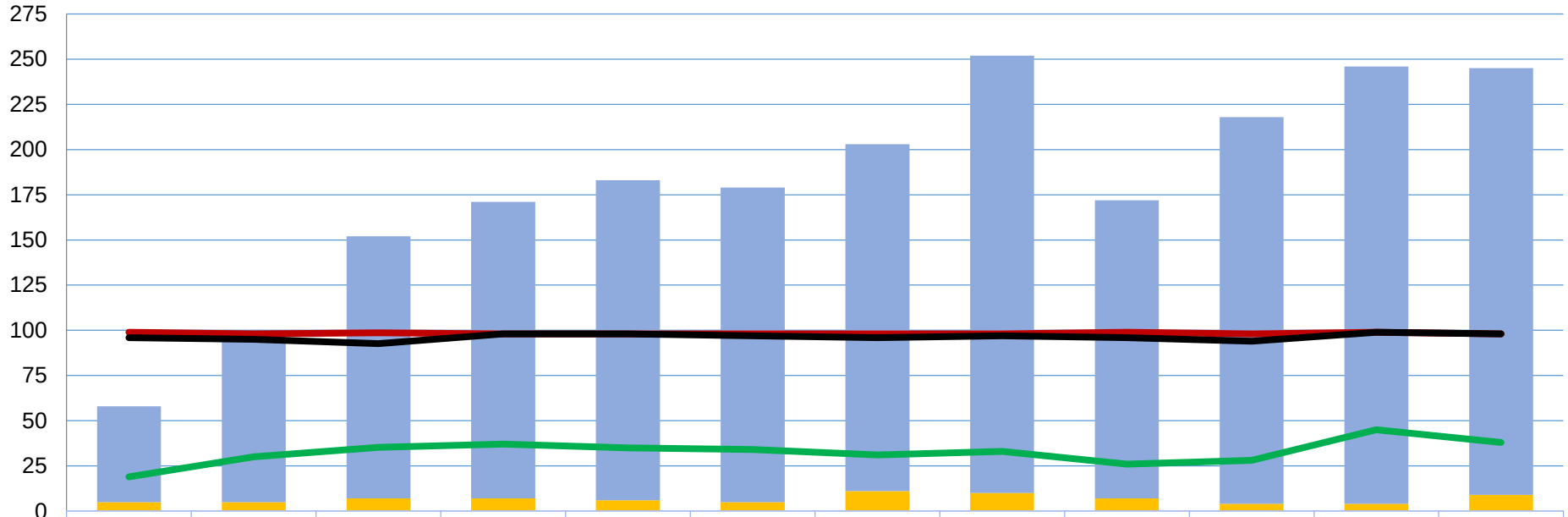
This section includes:

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

Patient Experience Overview

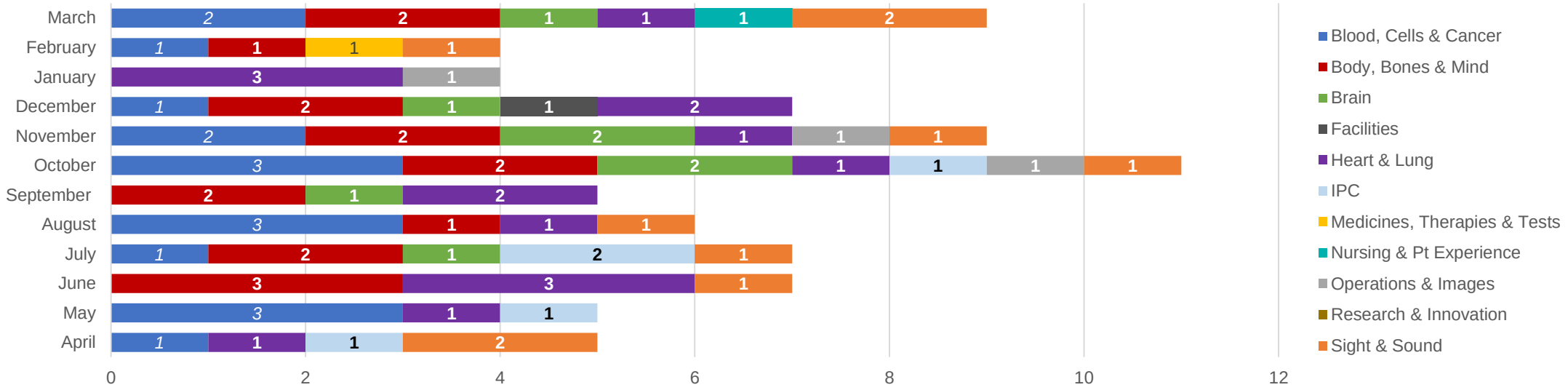
Are we responding and improving?

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



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Pals	53	94	145	164	177	174	192	242	165	214	242	236
Formal Complaints	5	5	7	7	6	5	11	10	7	4	4	9
FFT recommendation rate - Inpatients %	99	98	99	98	98	98	98	98	99	98	99	98
FFT recommendation rate - Outpatients %	96	95	93	98	98	97	96	97	96	94	99	98
FFT % response rate	19	30	35	37	35	34	31	33	26	28	45	38

Complaints: Are we responding and improving?

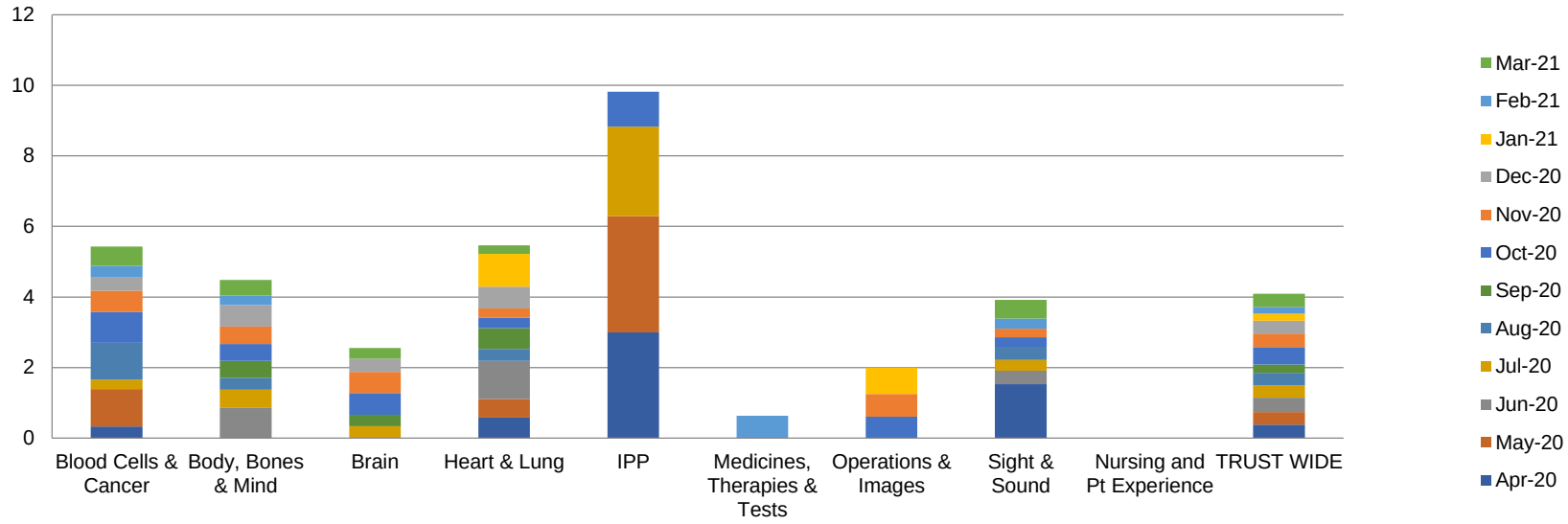


The number of formal complaints in March 2021 (n=9) significantly increased by 5 in comparison to February 2021 (n=4). Two of these complaints were graded as red/high risk and are detailed further on slide 8. This month families reported concerns about:

- The side effects of care and treatment and difficult discussions that took place around end of life care.
- The one parent rule on the ward and the manner in which the nurse spoke to them regarding this.
- Delays to care and treatment due to their child's referral being rejected by the speciality and the lack of communication around this.
- The parent not being part of their child's psychology sessions and the structure of these sessions.
- The unexpected deterioration of their child's health following keyhole surgery.
- The content of a letter that was sent out by the Social Work team. The parents feel that the letter has potentially jeopardised their chances of becoming foster parents.
- Multiple clinical incidents that occurred whilst under the care of GOSH, including a lack of action taken when their child had a compromised airway. The parents would like to understand these incidents further and what learning has taken place.
- A lack of clinical observations during treatment, delayed transport, access to mental health services and the management of their complaint.

Complaints by patient activity*

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



Trust wide complaint numbers significantly increased this month and this is also reflected in the rate of complaints by combined patient activity this month (0.37 complaints per 1,000 CPE) compared to last (0.19 complaints per 1,000 CPE). This is the highest rate since November 2020 (0.39).

Complaints were received under five directorates this month. Three directorate received two complaints each and saw an increase in their complaint rate:

- Blood, Cells and Cancer saw a increase in their complaint rate (0.55) from last month (0.33).
- Bone, Bones and Mind also had an increase in its complaint rate (0.44) from last month (0.27)
- The Sight and Sound directorate had its highest complaints rate (0.52) since February 2020.

Heart and Lung and Brain both received one complaint and saw a decrease in their complaint rate.

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

NEW red complaints opened in **March 2021**	**NEW** red complaints **since APRIL 2020****	**REOPENED** red complaints **since APRIL 2020**	**ACTIVE** red complaints (new & reopened) as of 31/03/21	**OVERDUE** red complaint actions
2	12* + 1 historic complaint	0	6	0

New Red Complaint

Ref	Directorate	Description of Complaint	EIRM Outcome:	Update:
20-076	Body Bones & Mind (plus input from Heart & Lung, Blood Cells & Cancer)	Parents are concerned about the management of their child's Sickle Cell Disease and her deterioration.	EIRM took place on 31/03/21 and declared an SI.	SI investigation underway and is due to be completed by the end of June 2021. Concerns also raised by the parents to their MP.
20-078	Sight and Sound (plus input from Ops & Images and heart & lung)	Concerns around 3 incidents that took place in theatres, on ICU and Panther ward. Parents describe these as near death errors.	EIRM took place on 7th April and complaint was not declared an SI.	Complaint investigation now underway and due on 17 May 2021 . Family have been updated.

Active Red Complaints (including reopened complaints)

Ref	Directorate	Description of Complaint	EIRM Outcome:	Update:
19-085	IPP (Orthopaedics - led by BBM)	Parents raise concerns and questions about their child's surgery which took place at GOSH privately.	Further EIRM took place on 24/2/21 and declared an SI. Complaint also regraded from Amber to Red at this time.	An external review of the surgery/care took place. Following this, the EIRM (24/2/21) concluded the SI criteria was met and an SI investigation needed to take place with the input of the Portland Hospital. The Complaints Manager has updated the family.
20-035	Heart & Lung (PICU)	Concerns around aspects of care, surgery and infection prior to the patient's death.	EIRM first took place on 05.10.20 and concluded that further information was required to make an informed decision. Subsequent EIRM declared an SI.	Awaiting further information from local hospital – which has caused a delay to the investigation. An extension has been requested and family have been provided with an update.
20-059	Heart and Lung (Cardiology)	Concerns that the patient was discharged too early and there was a lack of testing carried out. Query if these factors led to the patient's death.	SI confirmed at EIRM on 17/12/20	Case reviewed at EIRM and declared an SI. Family have been informed of this decision. Investigation is underway and the aim is to complete by April 2021.
20-069	Medicines, therapies and tests (Clinical Genetics)	Concerns regarding a delay in diagnosis and a lack of follow up care and testing, which the parents feel led to a loss of vision for their child.	EIRM took place on 01/03/21. Not declared an SI. Concerns are being investigated as a red complaint.	Multi-speciality complaint. An RCA investigation (led by MTT) is underway and due at the end of May. The Complaints Manager met with the family to discuss their concerns and to provide an update following the EIRM.

**Two complaints were later re-graded to amber following the completed investigation. 1 additional complaint, opened in March 2020, was graded as high risk in January 2021.*

Pals – Are we responding and improving?

Cases – Month	03/20	02/21	03/21
Promptly resolved (24-48 hour resolution)	162	198	177
Complex cases (multiple questions, 48 hour+ resolution)	37	38	52
Escalated to formal complaints	2	5	2
Compliments about specialities	0	1	5
Total:	**201**	**242**	**236**
Top Six Themes			
Lack of communication (lack of communication with family, telephone calls not returned; incorrect information sent to families).	70	128	128
Admission/Discharge /Referrals (Waiting times; Advice on making a NHS referral; advice on making an IPP referral, cancellation).	6	2	4
Staff attitude (Rude staff, poor communication with parents, not listening to parents, care advice)	0	0	0
Outpatient (Cancellation; Failure to arrange appointment).	28	16	12
Transport Bookings (Eligibility, delay in providing transport, failure to provide transport)	7	11	6
Information (Access to medical records, incorrect records, missing records, GOSH information, Health information, care advice, advice, support/listening)	90	85	86

In addition to a slight decrease in March's contacts overall, there was a continued decline in Covid-specific contacts (n=36- the lowest number received to date).

There was a 36% increase in the number of complex contacts received- this is reflective of an influx of complicated and challenging encounters. These typically involve parents sharing detailed requests, requiring the input of numerous teams both within GOSH and in the wider community. Examples include a mother requesting clarification regarding her child's prescription after receiving conflicting information from her GP and a father raising several concerns with hospital policy regarding family accommodation. Pals continue to work closely with the speciality teams and would like to highlight the ongoing positive approach taken while working towards resolving often difficult and emotionally-charged contacts.

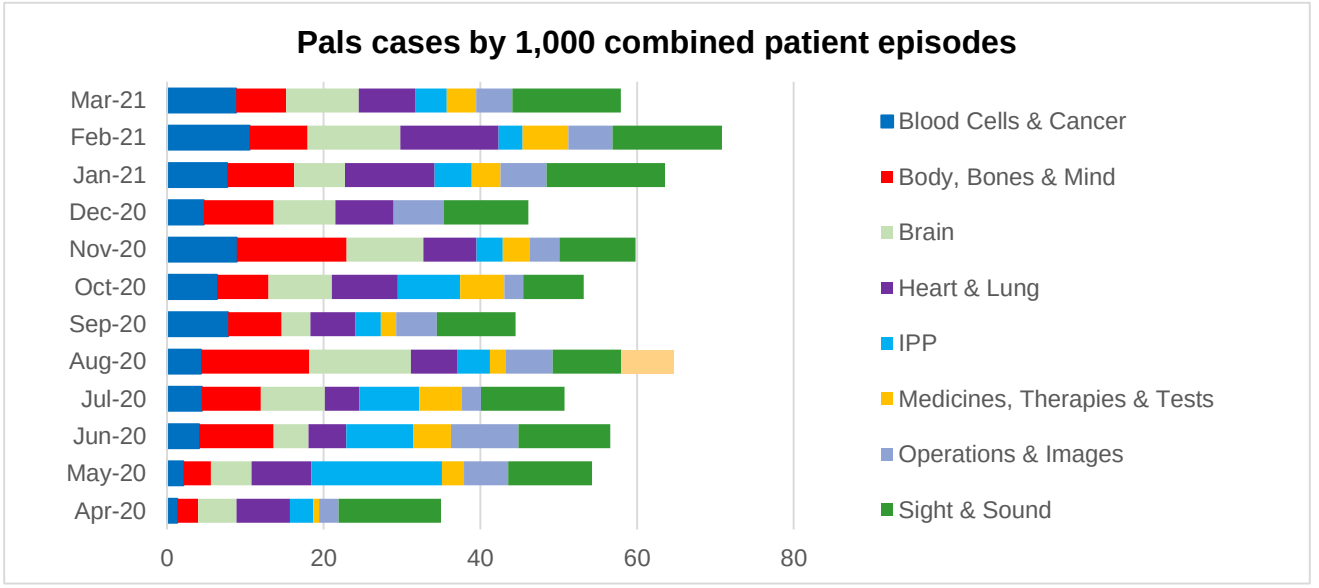
Communication and information remain prominent themes in March with these representing 54% and 36% of the month's total contacts respectively. Pals have noted that in March these two themes are often linked, with the most common cause for contact being parents/carers wishing to discuss clinical information in greater detail but experiencing difficulties in locating the appropriate staff member to do so. Pals are currently working alongside the hospital switchboard team, helping to manage high call volumes and ensuring that parents/carers are having their concerns heard by the appropriate staff members whilst also being updated with correct and current contact details should these be required in the future.

Pals have received 5 compliments in March. Whilst these all praise the service provided by the various different teams in the trust, Pals would like to highlight one in particular which we feel embodies the hospital's 'Welcoming' and 'Helpful' values:

Pals were contacted by a mother whose son is due to attend a day case admission. She explained that as someone with severe Autism, she wanted to request the possibility being allocated a side room as this would greatly reduce her chances of experiencing sensory overload and allow her to be '*the best mum possible'.* Pals shared this request with the senior nursing team and have since received feedback from the patient's mother who praised everyone involved for their 'patience, warmth, kindness' and for generally being 'awesome.' She explained how it took her a day to build up the confidence to reach out to GOSH and expressed concerns of being viewed as a burden by an extremely busy hospital. However, after the *'positive and dignified*' way in which she was spoken to, she was left feeling not only proud of herself for '*overcoming her personal fears*' but *also 'valued and empowered'* enough to make any future calls with less worry.

Pals cases by directorate

The Heart and Lung directorate recorded 30 Pals contacts in March 2021 (7.19 per 1,000 CPE). A contributing factor for this involves a number of requests for further information and explanation regarding patient-specific care plans.



	BC&C	BB&M	Brain	H&L	IPP	MT&T	O&I	R&I	S&S
Apr-20	4	8	11	13	1	1	1	2	17
May-20	6	11	12	16	5	4	3	0	19
June-20	14	33	13	14	4	8	8	0	31
July-20	17	30	24	15	6	9	3	0	35
Aug-20	14	43	33	18	3	3	8	0	24
Sep-20	27	30	12	20	3	5	8	0	35
Oct-20	24	29	27	29	8	9	4	0	30
Nov-20	34	60	34	27	4	6	6	0	41
Dec-20	15	31	22	25	0	0	9	0	38
Jan 21	26	33	20	38	4	6	8	0	52
Feb 21	36	29	37	44	3	10	9	0	50
Mar-21	36	30	32	30	5	7	9	1	55
YTD	**253**	**367**	**277**	**289**	**46**	**68**	**76**	**3**	**427**

Pals – Are we responding and improving?

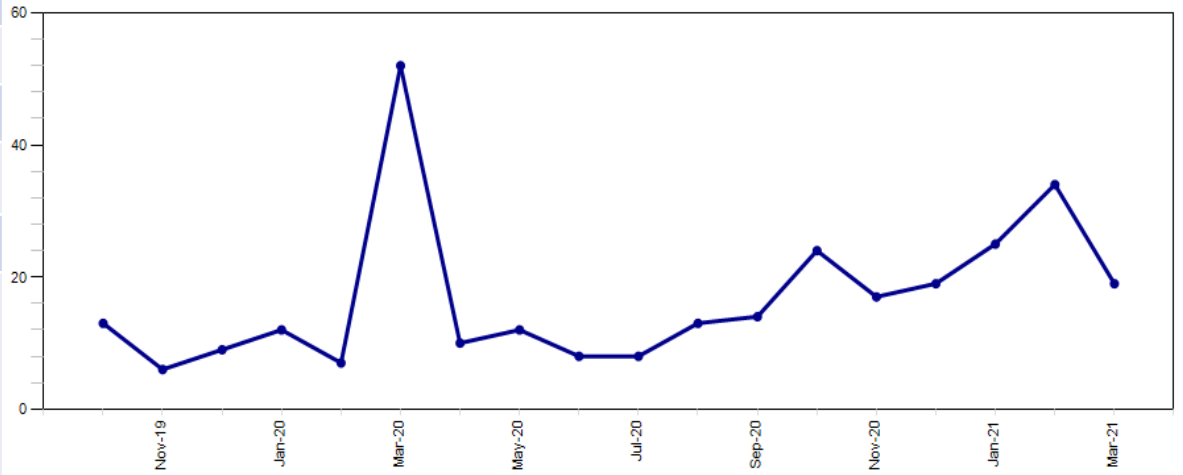
Top specialities - Month	03/20	02/21	03/21
Cardiology	52	34	20
Dermatology	3	13	19
Ophthalmology	0	9	12
Endocrinology	2	10	11
Gastroenterology	8	8	10

Cardiology- The Cardiology team has demonstrated a steady, incremental improvement during the last twelve months, something which can be illustrated by the 20 contacts received in March 2021 representing a 62% decrease from March 2020 and 41% decrease in comparison to February 2021 respectively.
A common theme for contacts in March centres around parents requesting further information on patient-specific care plans. These include a mother requesting guidance on the effect her son's ADHD medication may have on his irregular heartbeat, and a father requesting a call-back from a clinician to help him better understand some of the medical terminology contained in his daughters discharge summary. Pals continue to share all concerns raised with the Cardiology team who, as ever, remain prompt in their approach.

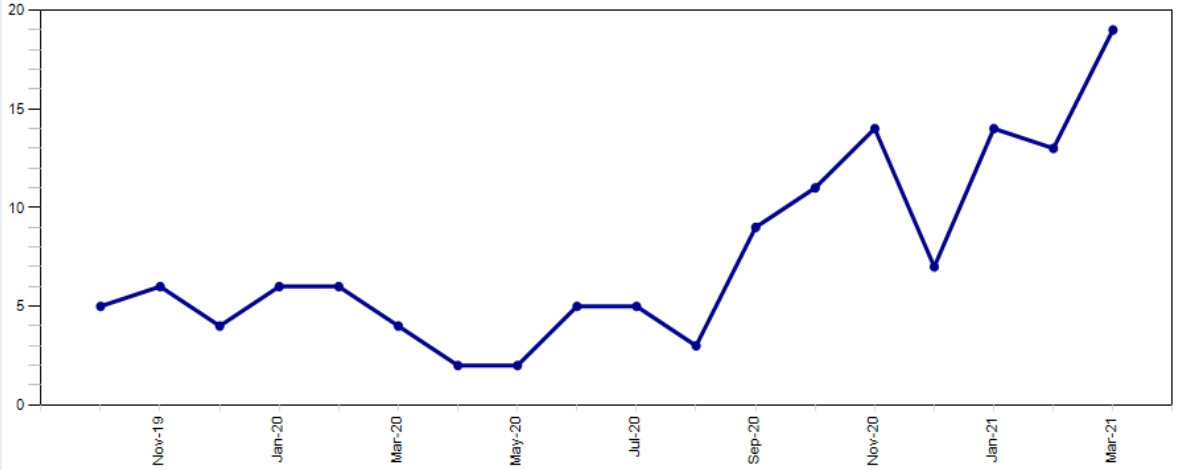
Dermatology- Pals have received 19 Dermatology contacts in March with commonly raised concerns involving families reporting that phones remain answered and messages are not responded to. However, this is contrasted by the way in which the service respond to Pals contacts with 86% of those escalated in March being resolved within 48 hours or less.

Two prominent themes in March involve parents/carers requesting to speak to clinicians regarding emerging or worsening symptoms and families requesting confirmation of upcoming hospital visits. Examples of these include a concerned mum requesting advice on the unknown marks appearing on her child, and a father confirming an admission after it had disappeared from his MyGOSH app.

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



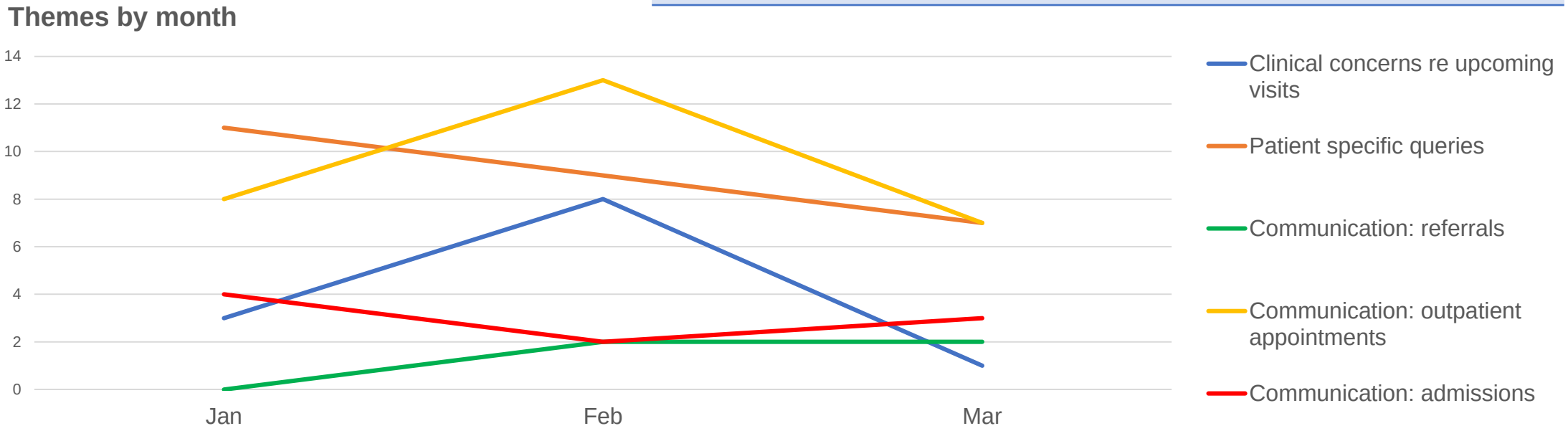
Dermatology contacts by patient activity- (total cases excluding formal complaints)



Spotlight on Cardiology Pals contacts (Q4 20-21)

- 80 contacts (Jan- 26, Feb- 34, Mar 20)
- Main themes- clinical advice (39) & communication (41)
- In March all contacts reduced apart from queries about admissions (which increased from 2 to 3) & referrals which were unchanged at 2 in February and March.

Issue	Total
Clinical concerns re upcoming visits (ward facilities, one carer policy etc.)	12
Patient specific queries (care plans, emerging symptoms medication etc.)	27
Communication about referrals	4
Communication about Outpatient appointments (confirmation/ cancellations/ changes requested etc.)	28
Communication about admissions	9

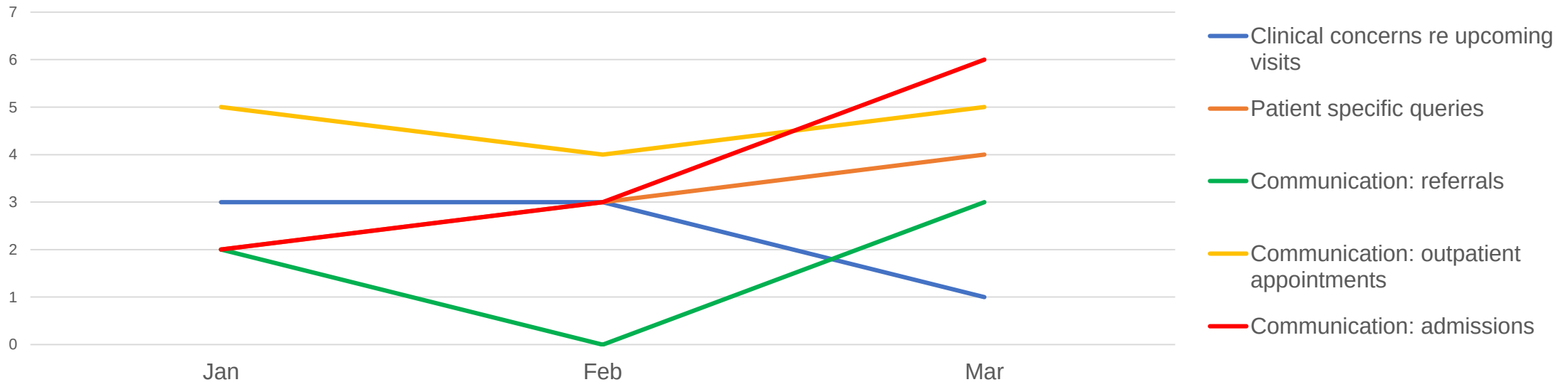


Spotlight on Dermatology Pals contacts (Q4 20-21)

- 46 contacts (Jan- 14, Feb- 13, Mar 19)
- 65% of contacts communications issues most commonly about outpatient appointments & inpatient admissions.
- Apart from queries about upcoming visits, all contacts have increased.

Issue	Total
Clinical concerns re upcoming visits (ward facilities, one carer policy etc.)	7
Patient specific queries (care plans, emerging symptoms medication etc.)	9
Communication about referrals	5
Communication about Outpatient appointments (confirmation/ cancellations/ changes requested etc.)	14
Communication about admissions	11

Themes by month

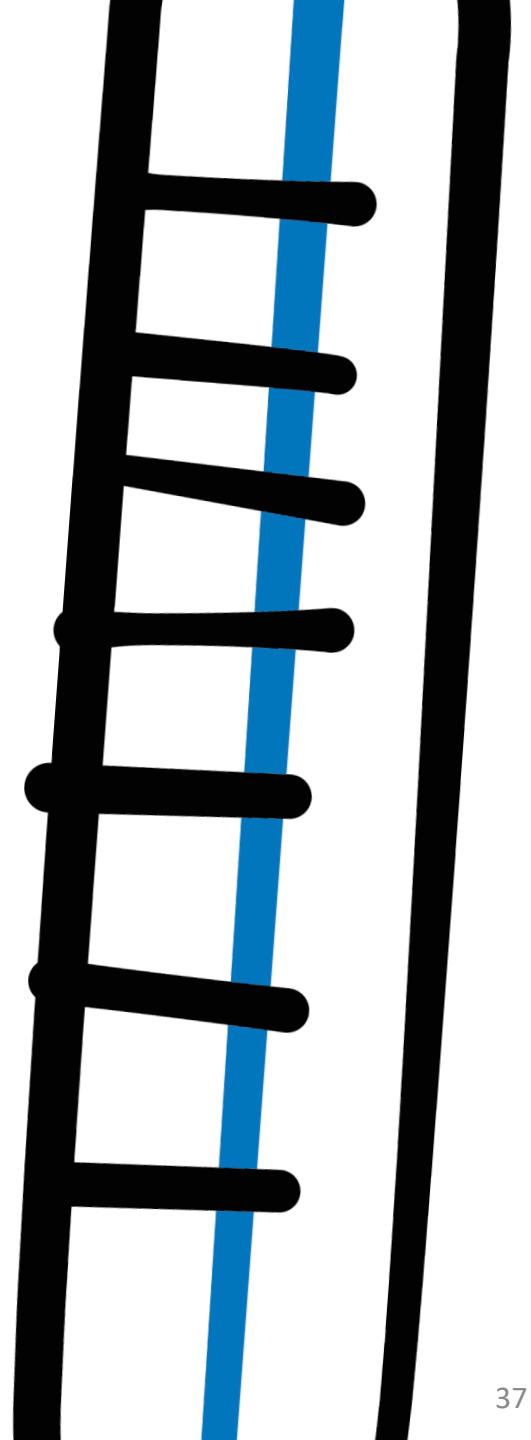


Learning from Pals

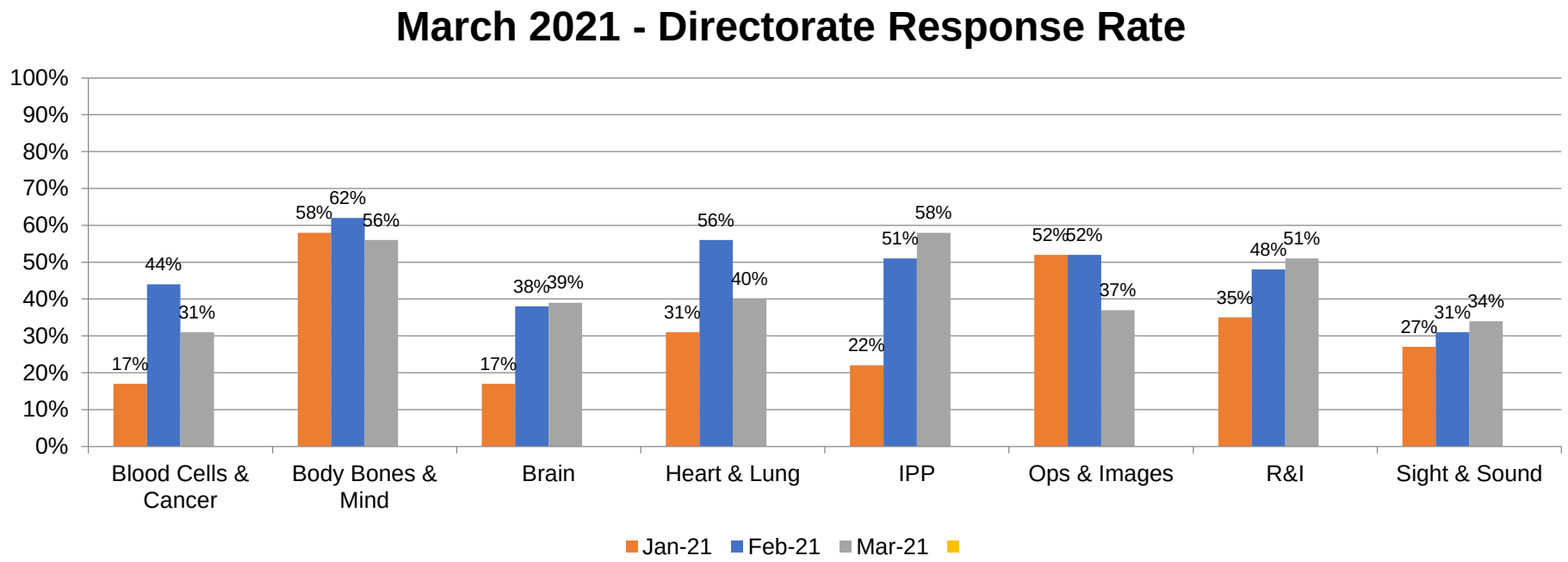
Pals were visited by parents who, following the early transfer of their child from Intensive Care to a speciality ward, found themselves subject to the hospitals one-carer policy and unable to afford the travel costs for the patient's father to return home. During the pandemic, they had both been made unemployed and had very limited financial support. The earlier transfer and change in visitor restrictions left one parent 'penniless and stranded in central London'. The family were signposted to support but due to the immediate nature of their request and it being late in the day, they found that no support was available. The family described having to ask for help for a fare 'costing less than a pint of beer' as being 'humiliating' and 'a reminder of how far they had both fallen due to circumstances out of their control.'

While this was eventually resolved via the help of a family member. Pals understand that other families who find themselves in a similar situation may not have access to a support network. Pals, alongside the social work team, are in the process of exploring an idea involving un-registered, topped up, Oyster cards which could be provided to families struggling to travel home and needing immediate support. While this may only be beneficial to a small number of families, Pals strongly believe that this could provide an additional level of support for those who find themselves in financial difficulties, something which is becoming increasingly common.

Pals are currently in the process of creating a report outlining the practicalities of this idea (including information on any similar schemes employed by other Trusts and the costs involved) with the aim of taking this forward as a Patient Experience improvement project



FFT: Are we responding and improving?

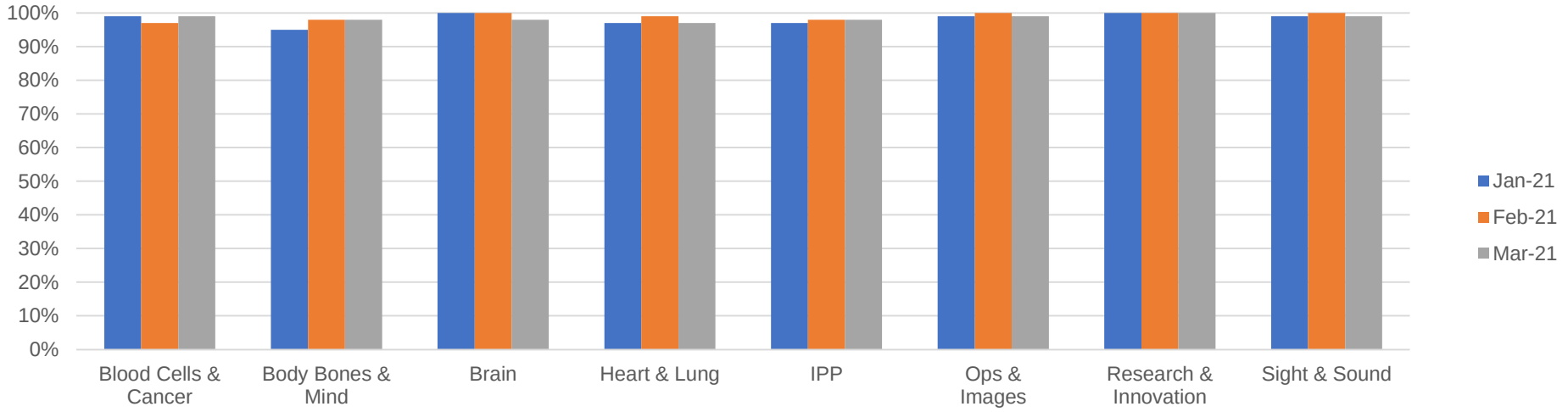


The Trust response rate decreased slightly from February to 38%, however the response rate is still substantially higher than the Trust target of 25%. All directorates achieved above the Trust target for the response rate and the experience measure.

The highest percentage of negative comments related to environment and infrastructure (n=30). Comments included feedback about facilities for families (including a lack of cutlery in kitchen areas), bedside TVs not working, noise at night time and cleanliness in some areas revealed when furniture had to be moved.

Online feedback saw a reduction during February due to a GOSH ICT problem. However, the online feedback form has been working throughout March and online submissions increased by over 700%. The FFT team are working with our social media team to carry out some additional advertising of the online feedback form.

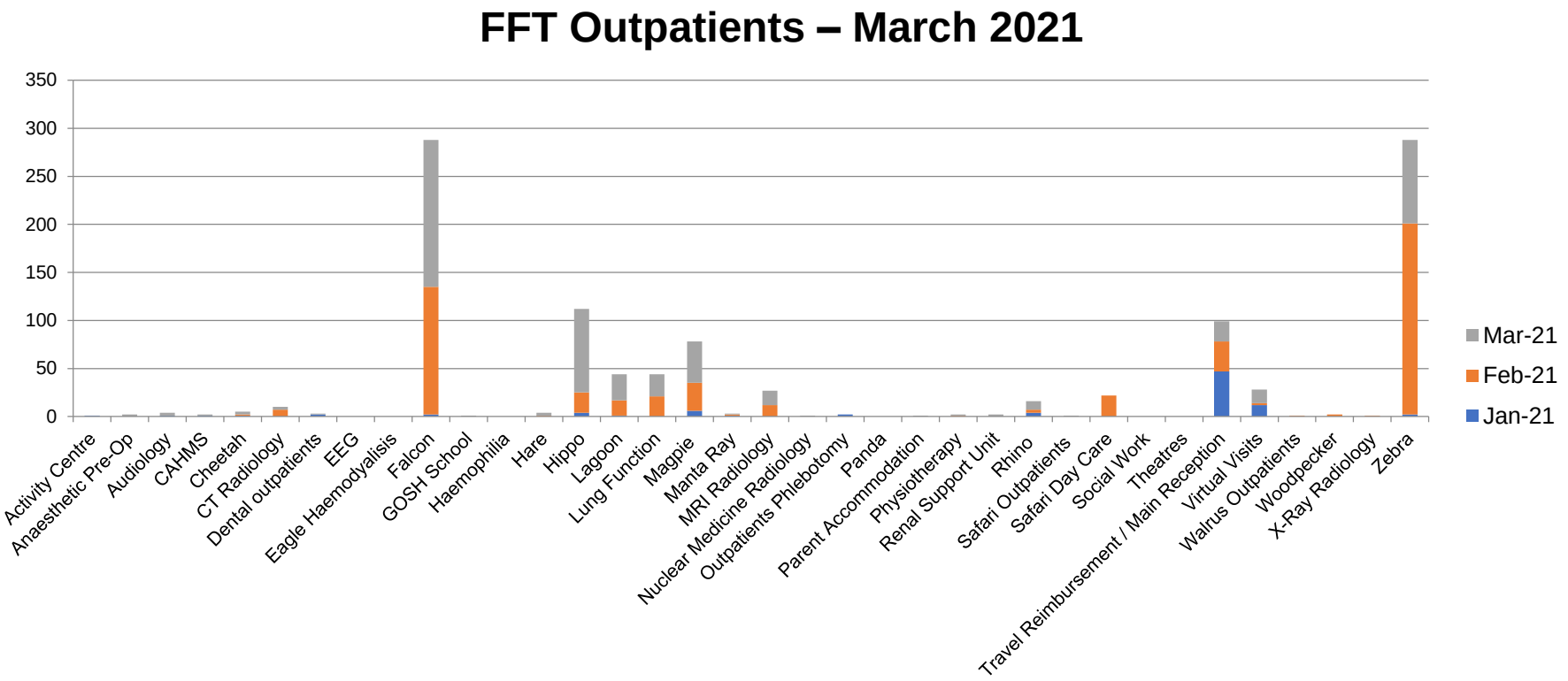
FFT: Are we responding and improving?



	Inpatient Comments	Outpatient Comments	IPP Comments	Total Feedback	% of FFT comments from CYP	% with qualitative comments (All areas)
Sep 20	663	461	121	**1245**	**12.2%**	**89.3%**
Oct 20	712	329	147	**1188**	**15.7%**	**90.9%**
Nov 20	827	303	98	**1228**	**13.3%**	**90.1%**
Dec 20	559	185	46	**790**	**12.8%**	**88.7%**
Jan 21	539	87	37	**663**	**15.1%**	**95.9%**
Feb 21	887	504	100	**1491**	**21.6%**	**83.6%**
Mar 21	986	503	169	**1658**	**15.4%**	**87.3%**

- Inpatient response rate – **38%**
- The experience measure for inpatients and outpatients = **98%**
- Very high percentage of responses with qualitative comments – **87%**
- **15 %** of FFT comments are from patients.
- All directorates achieved the Trust target for the Response Rate & Experience Rating.
- Highest percentage of negative comments were related to the ward environment and facilities for patients and families.
- Highest number of positive comments (n=605) related to the qualities of our staff including their warm, reassuring, helpful approach

FFT: Are we responding and improving?



Outpatient feedback has remained constant at just over 500 submissions. The experience rating for March was marginally reduced, however it remains an excellent score at 98%. Falcon received the highest number of responses with 153 submissions.

There were a very small number of negative scores for outpatient areas during March (9). These comments related to miscommunication about the location of the clinic, appointments being cancelled at very short notice, arriving for appointments where the relevant tests had not been booked.

There were a really high number of positive scores (494). These related to the warm welcome families received on their arrival from reception and clinical staff, despite staff wearing masks. There were many comments about how safe patients and families felt during the pandemic and how staff made them feel comfortable and secure whilst at GOSH. There were also a lot of positive comments about Falcon Outpatients environment and the Zayed Centre that it is located in.

FFT Focus- March 2021 – Environment & Infrastructure

‘All nurses were super lovely to my daughter, very attentive, but it would be better to have more nurses working.’ **Bear Ward**

‘More staff on the ward, the staff had so much to do and seemed a little stressed.’ **Sky Ward**

‘It’s frustrating to hear staff apologising all the time either because of short of staff, or there is an communication problem, otherwise staff are very polite.’ **Falcon Outpatients**

‘Friendly staff- physiologist and doctor. My son did go to bed very late because it took a long time for the physiologist to setup the equipment but they were extremely short staffed so it was understandable.’ **Respiratory Sleep Unit**

All of the above comments have been shared with the relevant service areas.

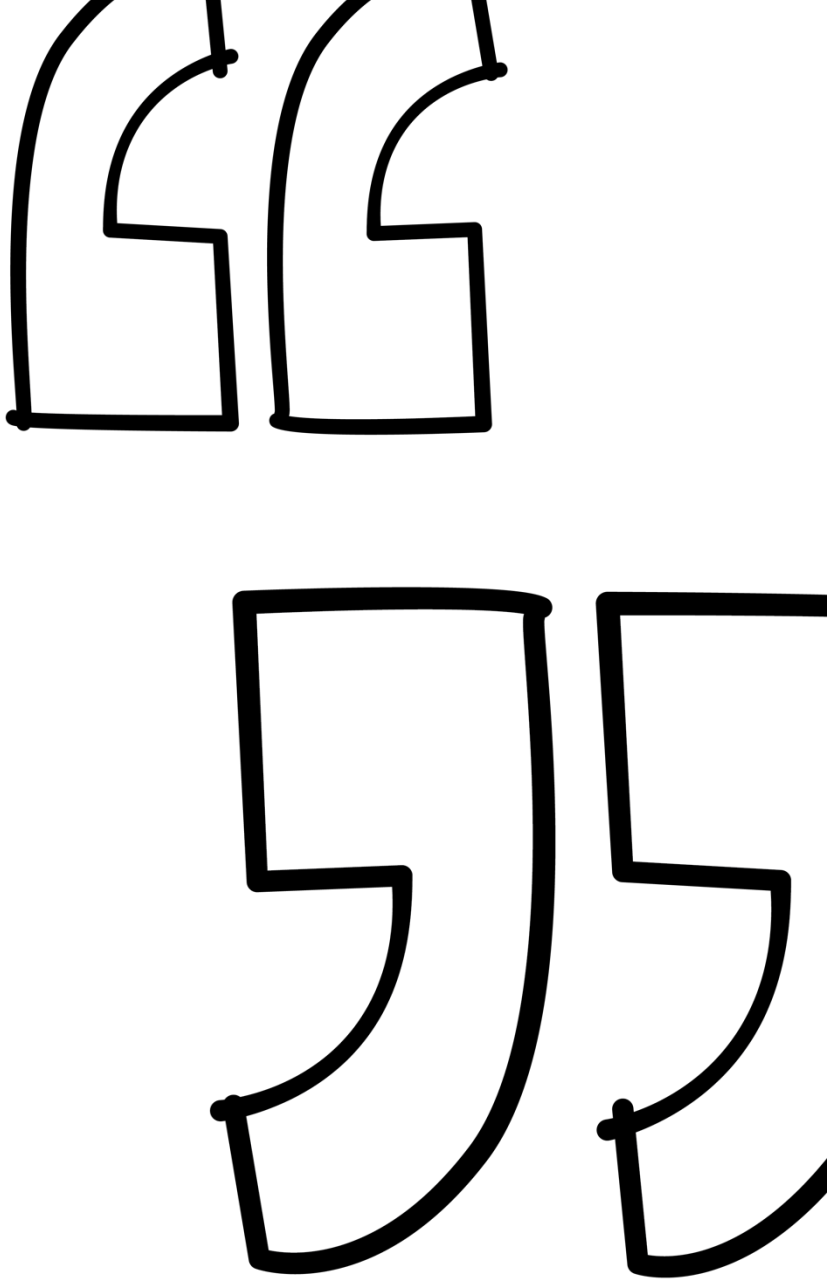
FFT: Are we responding & improving? Qualitative Comments

“Exemplary standard of care, many small details thought about and good communication between nurses and the surgical team”. – **Chameleon Ward**

“All the staff were very friendly and happy to help. It was our first visit to GOSH so we felt very at ease during our visit. We were very well informed with the process and the results. Thank you” – **Cheetah Outpatients**

“Very organised, very attentive, very efficient, very understanding and helpful as well as accommodating. A wonderful experience”. – **Interventional Radiology**

“Amazing staff from the moment I entered GOSH. A big thank you for putting me at ease as I was very nervous for my daughter with this appointment but they were very helpful and professional”. – **Zebra Outpatients**



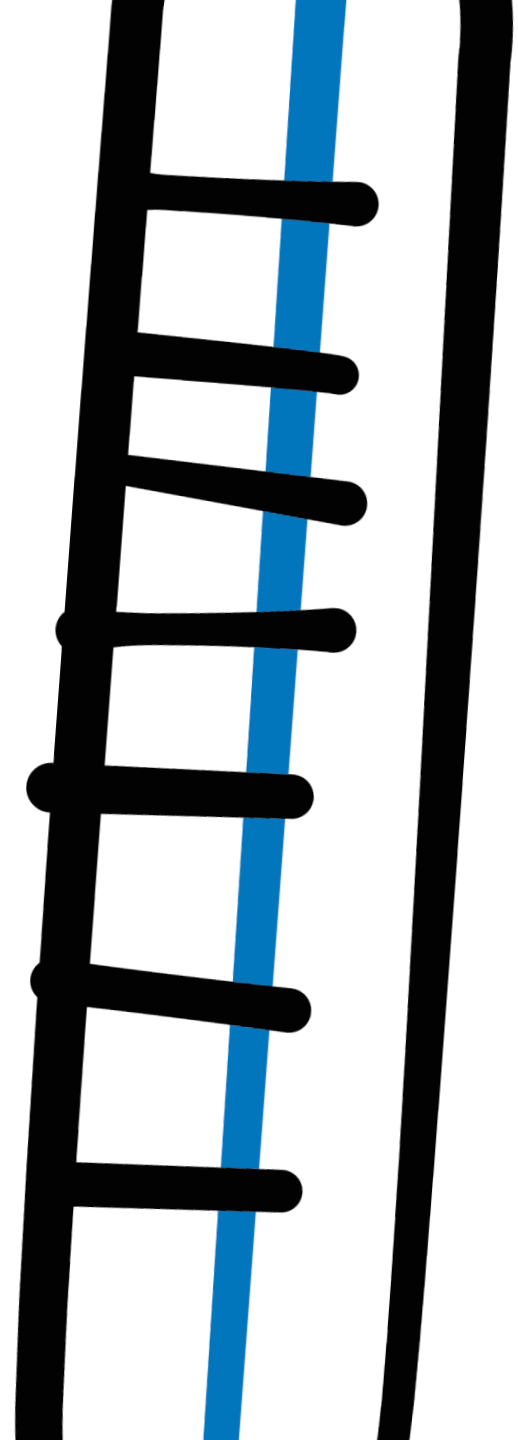
Patient Access– Diagnostic Waiting Times

- As the national Covid-19 situation remains, the Trust continues to struggle to deliver against the 99% national standard. We are currently at **72.32%** of patients waiting less than 6 weeks for the 15 diagnostic modalities. This is a significant increase from last month's position when we reported 63.19%. The number of breaches reported in March **(459)** compared to the number of breaches reported in February **(705)** has decreased. The improvement is a reflection of second Covid-19 wave reducing, families accepting more appointments and imaging action plan being put in place.
- Of the **459** breaches, 323 are attributable to modalities within Imaging (**129** of which are Non obstetric US and **163** of which are MRI), 52 in ECHO, 19 in Sleep Studies, 22 in Gastroscopy, 6 in Audiology, 19 in Colonoscopy, 16 in Cystoscopy, and 2 in Flexi sigmoidoscopy.
- Patients continue to be seen according to their clinical prioritisation. Routine requests are being categorised to an additional level to ensure patients are not adversely waiting longer than clinically safe, with patients waiting beyond the must be seen by date clinically reviewed.
- Some of the challenges faced by the Trust include some patients who are still choosing not to come in, cancelling at the last minute and requesting future dates mainly due to schools reopening and wanting future appointments during school holidays.
- The Trust has also supported Royal Free Hospital Gastroenterology diagnostic P2 patients by providing a 4 hour session a week.

- 210 of the breaches are connected with Covid-19 (Reduced capacity, unable to book due to Covid-19), 228 are due to clinical prioritisation (patients can wait up to or over 3 months), 7 are a booking process issue (no reasonable offers made), 3 due to a Trust process issue and 11 due to tolerance.
- Covid-19 is having a significant impact on the Trust's ability to deliver against the standard. However, the March improvement seen is in line with the increase in performance after the first wave and early indications are the Trust will see a further improvement in April.
- The national diagnostic position for February performance stood at 72%, a 17% deterioration from March 2020. GOSH saw an 11.5% reduction in performance over the same period. Nationally 337,663 patients were waiting 6 weeks and over for a diagnostic test at the end of January.
- Comparative children's providers have seen similar movements. GOSH, Sheffield Children and Birmingham Women's and Children's reported performance of around 63-74% for February 2021 whilst Alder Hey was higher at 96%.

Cancer Wait Times

- February 2021 cancer waiting times data has now been submitted nationally and the Trust achieved 100% across all five standards. For March, the Trust is again forecasting reporting 100% achievement across all five standards.



Patient Access – Referral to Treatment

- The Trust did not achieve the RTT 92% standard, submitting a performance of **70.03%** with **2018** patients waiting longer than 18 weeks. This is a slight increase in performance from the previous month's **69.46**%.
- Performance has slowly improved, however, remains below the pre-Covid-19 position. It is expected that performance will not improve at the desired rates due to the impact of current government national guidance and patients declining offers of appointments. However, the last three months performance have been the highest since May 2020 and the second wave did not have the same impact as the first.
- With the Trust continuing to experience extended waits, patients are prioritised according to clinical need. As at 9th April, **90.81%** of patients on the elective waiting list had been prioritised, with **1323** identified for surgery and medical treatment within 4 weeks. During March, 806 patients were operated on. Any patient who experiences an extended wait has a harm review completed.
- The current RTT PTL is 6796 patients, 1445 require clinically prioritising with 982 being under 18 week waits. The remaining patients on the PTL are cohorted as follows:, P1a/P1b – 63 patients (0.9%), P2 – 772 (11.4%), P3 – 2530 (37.2%) and P4 – 1986 (29.2%).
- It is recognised some sub-speciality areas including Dental/Maxfax, Plastic Surgery, Orthopaedics, Spinal and SDR have significant backlogs with many of these patients being within the clinical priority groups of 3 and 4.
- The Trust receives a high volume of patients on inherited RTT pathways. As at the end of March, 63% of patients on the Trust's RTT ticking waiting list were referred from other Trusts, and 1.15% of these patients had been waiting more than 18 weeks at their referring Trust. Six of these patients were waiting 52 weeks or more when they were referred to us, with one of them at 85 weeks wait.
- The Trust continues to monitor the volume of RTT pathways with an unknown clock start (both referred to us externally and internally) and the current position stands at 399 pathways, most of whom were referred to us by external providers.

National Position

At the end of February, 59.65% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks, thus not meeting the 92% standard.

Referrals, Admissions and Discharges

- The Trust experienced a significant increase in referrals in March, 25% increase compared to February. External referrals saw a 31% increase compared to February and the volume of external referrals are now more inline with pre-Covid-19 levels. The volume of internal referrals experienced an increase of 17% in March, 1970 compared to 1690 in February , higher than previous months.
- There was a significant increase (31%) in the volume of admissions in March compared to February and an increase on previous months. The volume of admissions is now in line with pre-Covid levels.

Long stay patients:

- This looks at patients with a LOS over 50 days and currently not discharged as well as the combined number of bed days accumulated during their stay. For the month of March there were 36 patients (both NHS and PP) whose LOS was more than 50 days, accumulating 7402 bed days in total. This is a decrease from February by 5 patients.

52+ Week Waits: Incomplete pathways

As at the end of March, the Trust reported a total of **564** patients waiting 52 weeks or more; this is a decrease of 13 patients (2.25%). The majority of breaches are within Orthopaedics (100), Plastic Surgery (79), ENT (58), Dental (57), Cardiology (53), Urology (36), SNAPS (33), Ophthalmology (32), Craniofacial (19), Spinal Surgery (15) and Maxillofacial (11).

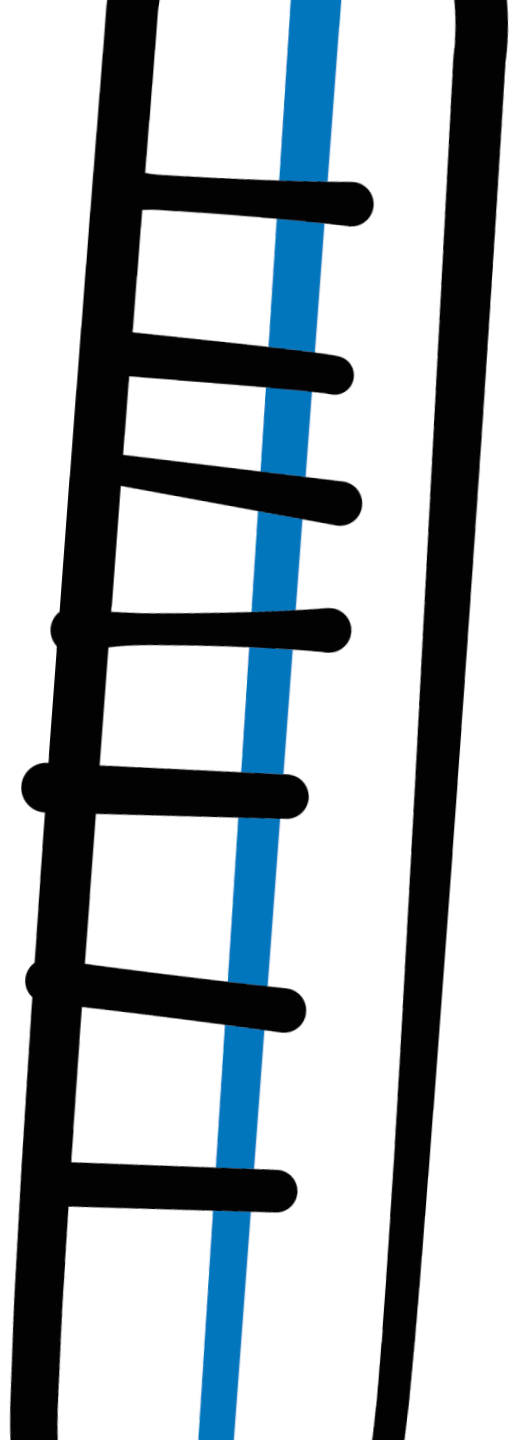
Currently for these patients 63% are in either P3 or P4 category, 79 (14%) are P2 patients.

372 (66%) patients have a future contact booked.

National Position

The national position for February 2021 indicates a significant increase of patients waiting over 52 weeks with 366,194 patients compared to 10,864 in April.

RTT Performance for comparative children's providers is Sheffield Children (66.8%) and Birmingham Women's and Children's (77.4%) and Alder Hey (63.6%). On average 668 52-week breaches were reported in February for these providers.



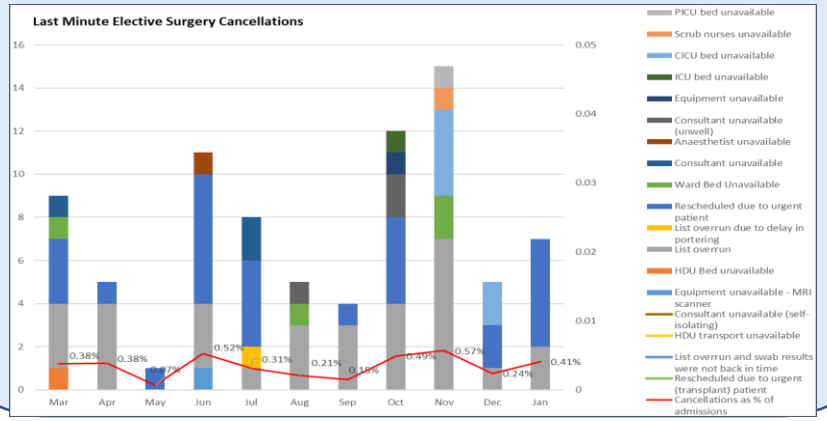
Productivity & Efficiency

Theatre Utilisation

- To meet the Trusts operating requirements during Covid-19, main operating theatres scheduling significantly changed mid-March 2020. To support operational teams and the Trust priorities during January to mid February allocation of these lists continue to be based on the volume of Clinical Priority Category 2 patients.
- Scheduled main theatres in March saw utilisation of 75.18%. This is slightly lower than February but circa on average 3% lower than previous months. Out of 291 scheduled sessions in February, 31 were ring fenced for Covid-19 positive patients. We operated on 7 patients in these theatres during the month. Emergency theatre utilisation was 89.42% with the number of emergency theatre cases during March being 50.
- Both Body, Bones and Mind (85.39%) and Brain (82.88%) achieved above 80% utilisation, while Heart and Lung and Sight and Sound were above 70% utilisation
- Additional processes are in place for the management and monitoring of category 2 and 3 patients for administrative and operational teams.

Last minute non-clinical hospital cancelled operation

After a good positive trend between August and September, we saw an increase in last minute surgical cancellations in October and November and a rise in those related to list overruns and urgent patients. In February, last minute cancellations represented 0.36% of all elective admissions in that month, a decrease from the rate in January (0.45%). The main cancellation reason in February was due to patients being rescheduled due to an urgent patient. The Trust did not report any breaches of the 28 day standard in February.



Bed Occupancy and Closures

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

Occupancy: For the month of March, bed occupancy was slightly higher compared to February, at 76.48% with this quarter seeing the highest levels of occupancy than previous quarters of the financial year. This includes IPP wards. For NHS wards only occupancy was at 78.2%. Body, Bones and Mind, Heart and Lung and Blood, Cells and Cancer had occupancy levels of 81%, 81.3% and 81.8% respectively for the month as a directorate. ICU areas saw significant pressures during March at 76.4%

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

Bed closures: This measure is being reassessed and reporting will be resumed in the coming months.

Productivity and Efficiency

PICU Metrics

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

CATS referral refusals to PICU/NICU:

The Trust reported one referral refusal into PICU/NICU from another provider in March due to bed unavailability and no refusals into CICU.

PICU and CICU Emergency Readmissions:

The Trust had 4 readmissions back into PICU within 48 hours for the month of March, an increase from the number reported in February (1). The Trust did not report any readmissions back into CICU for the month of February.

Trust Activity

Outpatient DNA and Cancellation Rates

For the month of March, the Trust reported a DNA rate of 5.31%, an increase to the rate reported in February of 4.86%.

The number of outpatient appointments that were cancelled either on the day or the day before (both by hospital and patient) increased in March compared to February but still lower at 877 in March compared to 1,105 in March 2020. However, this is reflective of the ramp up in increased outpatient activity.

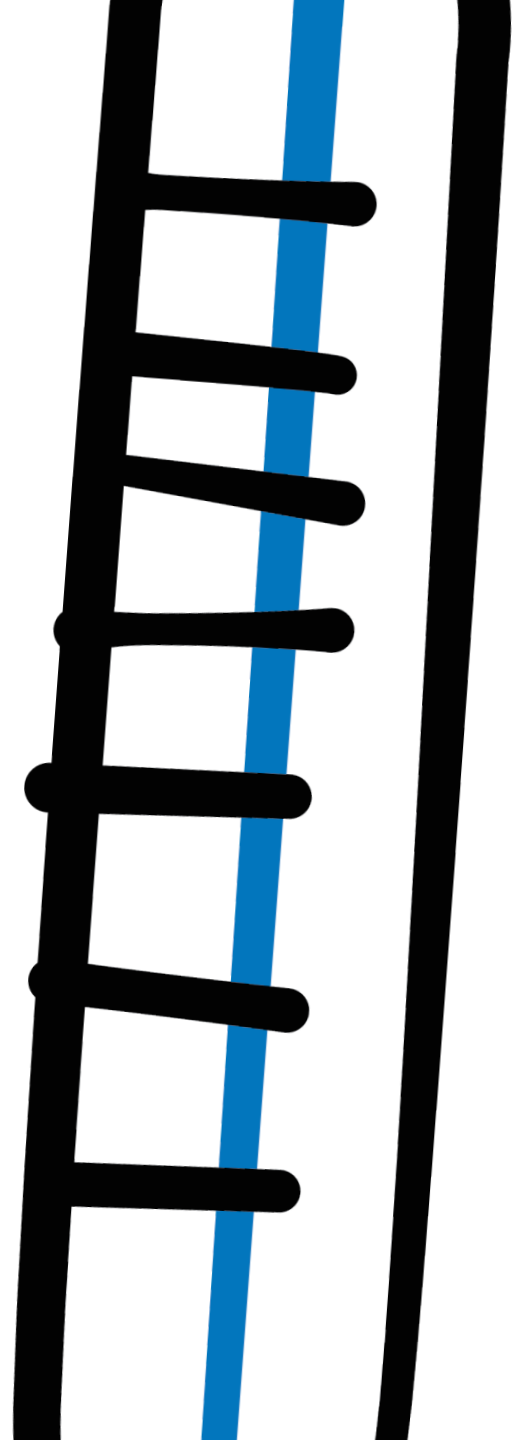
Trust activity

March 2021 activity for both day case and overnight stays remains below plan due to the Covid19 pandemic. Day Case and Elective are both 25% below their YTD plan. As expected Non Elective admissions are 29% above plan which reflects the peak of the Covid-19 pandemic and the Trust supporting the wider NHS system. Critical care bed days are 4% lower than YTD plan.

Outpatient activity is 15.24% below plan overall, with First Outpatient attendances 30% and Follow-up Outpatients 12% below YTD plan. The Trust has embraced new technology for holding outpatient consultations with over 37,867 taking place virtually and 49,013 via telephone.

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

Going to the new financial year comparison against 19/20 levels of activity will continue as per the national directive. For the NHS services included within the planning submission, the first 3 weeks of April 2021 suggest Day-Case and Elective spells to be 87.8% of 19/20, Emergency 89.6% and Outpatients to 82% of 19/20.



Productivity & Efficiency– Discharge Summaries

- Despite considerable focus being placed on this indicator by both the operational and clinical teams to improve compliance the Trust remains below the 100% standard. For the month of March, 79.03% of patients who were discharged from GOSH had a letter sent to their referrer or received within 24 hours. This is a slight decrease from the February position of 80.35%.
- 88.1% of letters were sent within 2 days of discharge. On average for March, letters were sent within 1.33 days after discharge, similar to February.
- Focus includes backlog clearance of discharge summaries and the embedding of the completion of discharge summaries in real time into clinical practice. We now have a backlog of 83 discharge summaries up to March 2021. Focus going forward is around timely completion of discharge summaries in real time, including reviewing the weekend resource that is available across the organisation to complete this task.
- Directorates have been tasked with producing action plans to improve the position. It should be noted that Heart and Lung performance was 98% March and the directorate has been above 95% for the last 13 months.

Clinic Letter Turnaround Times

- For March 2021, performance has slightly decreased in relation to 7 day turnaround; 62.11% compared to 64.33% in February. At the point of writing the report, a backlog of 2,336 letters not yet sent was reported for this financial year of which 1297 are in March 2021.
- Focused work within directorates include weekly report of outstanding letters being escalated to specialty leads, admin support being put in place to clear backlog and support from the EPR team to help resolve issues with letters not linked to encounters.
- Particular improvements for reducing clinic letter backlog over the last 3 months has been seen with Brain, and Sight and Sound.