



## Meeting of the Trust Board Wednesday 24 November 2021

Dear Members

There will be a public meeting of the Trust Board on Wednesday 24 November 2021 at 1:30pm on Zoom and in Barclay House, 37 Queen Square, Great Ormond Street, London WC1N 3BH.

Company Secretary Direct Line: 020 7813 8230

### AGENDA

	<b>Agenda Item</b> <b><u>STANDARD ITEMS</u></b>	<b>Presented by</b>	<b>Attachment</b>	<b>Page number</b>	<b>Timing</b>
1.	<b>Apologies for absence</b>	Chair	<b>Verbal</b>		<b>1:30pm</b>
<b>Declarations of Interest</b> 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	<b>Minutes of Meeting held on 29 September 2021</b>	Chair	<b>J</b>	<b>3</b>	
3.	<b>Matters Arising/ Action Checklist</b>	Chair	<b>K</b>	<b>12</b>	
4.	<b>Chief Executive Update</b>	Chief Executive	<b>L</b>	<b>13</b>	<b>1:35pm</b>
5.	<b>Patient Story</b>	Chief Nurse	<b>M</b>	<b>22</b>	<b>1:45pm</b>
<b><u>STRATEGY AND PLANNING</u></b>					
8.	<b>Directorate Presentation: Body, Bones and Mind</b>	Chief Operating Officer/ Chief of Service BBM and senior team	<b>P</b>	<b>24</b>	<b>2:00pm</b>
9.	<b>Annual planning and budget setting 2022/23</b>	Chief Finance Officer/ Chief Operating Officer	<b>Q</b>	<b>37</b>	<b>2:15pm</b>
10.	<b>Sustainability Reset</b>	Director of Built Environment and Estates and Facilities	<b>R</b>	<b>49</b>	<b>2:25pm</b>
<b><u>PERFORMANCE</u></b>					
11.	<b>Integrated Quality and Performance Report – Month 7 (October) 2021</b>	Medical Director/ Acting Chief Nurse/ Chief Operating Officer	<b>S</b>	<b>57</b>	<b>2:35pm</b>
12.	<b>Finance Report – Month 7 (October) 2021</b>	Chief Finance Officer	<b>5</b>	<b>113</b>	<b>2:45pm</b>
13.	<b>Safe Nurse Staffing Report (August - October 2021)</b>	Chief Nurse	<b>T</b>	<b>124</b>	<b>2:55pm</b>
<b><u>ASSURANCE</u></b>					
14.	<b>Guardian of Safe Working Update</b>	Medical Director	<b>U</b>	<b>132</b>	<b>3:05pm</b>
15.	<b>Learning from Deaths Mortality Review Group - Report of deaths in Q1 2021/2022</b>	Medical Director	<b>W</b>	<b>139</b>	<b>3:15pm</b>

16.	<b>Seen and Heard annual report 2021 including:</b> <ul style="list-style-type: none"> <li>• Workforce Race Equality Standard 2021</li> <li>• Workforce Disability Equality Standard 2021</li> </ul>	Director of HR and OD	X	151	3:25pm
	<b>GOVERNANCE</b>				
17.	<b>Update on Board Assurance Framework</b>	Company Secretary	Y	181	3:35pm
18.	<b>Board Assurance Committee reports</b> <ul style="list-style-type: none"> <li>• Audit Committee (October 2021)</li> <li>• Quality, Safety and Experience Assurance Committee (October 2021)</li> <li>• People and Education Assurance Committee Update –September 2021</li> <li>• Finance and Investment Committee Update (September 2021). A verbal update on November 2021</li> </ul>	Chair of the Audit Committee  Chair of the QSEAC  Chair of the People and Education Assurance Committee  Chair of the Finance and Investment Committee	1  2  3  4 and verbal	187  190  194  196	3:40pm
19.	<b>Council of Governors' Update – November 2021</b> <ul style="list-style-type: none"> <li>• Constitution and Governance Working Group Terms of Reference</li> <li>• GOSH Constitution Amendment</li> <li>• Succession Planning for Non-Executive Directors</li> </ul>	Chair  Company Secretary	Verbal  6  Z	198  204	3:50pm
20.	<b>Any Other Business</b> (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.)				4:00pm
21.	<b>Next meeting</b> The next public Trust Board meeting will be held on 3 <sup>rd</sup> February 2022 (location to be determined).				

**DRAFT Minutes of the meeting of Trust Board on  
 29<sup>th</sup> September 2021**

**Present**

Sir Michael Rake	Chair
James Hatchley	Non-Executive Director
Chris Kennedy	Non-Executive Director
Amanda Ellingworth	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Akhter Mateen	Non-Executive Director
Professor Russell Viner	Non-Executive Director
Matthew Shaw	Chief Executive
Darren Darby	Acting 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
Zoe Asensio Sanchez	Director of Estates, Facilities and the Built Environment
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Claire Williams*	Head of Patient Experience
Emma*	Parent of a GOSH patient
Eithne Polke*	Chief of Service, Operations and Images
Ciara McMullen*	General Manager, Operations and Images
Andrew Pearson*	Clinical Audit Manager
Helen Dunn*	Director of Infection Prevention and Control
Rachel Millen*	Emergency Planning Officer
Isimat Orisasami	CQC Inspector
Beverly Bittner Grassby*	Governor (observer)
2 members of staff	

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

<b>85</b>	<b>Apologies for absence</b>
85.1	No apologies for absence were received.
<b>86</b>	<b>Declarations of Interest</b>
86.1	No declarations of interest were received.
<b>87</b>	<b>Minutes of Meeting held on 7<sup>th</sup> July 2021</b>
87.1	The Board <b>approved</b> the minutes of the previous meeting.
<b>88</b>	<b>Matters Arising/ Action Checklist</b>

88.1	The actions taken since the last meeting were noted.
<b>89</b>	<b>Chief Executive Update</b>
89.1	<b>Action:</b> Matthew Shaw, Chief Executive thanked staff for their hard work to treat the backlog of patients. He said that GOSH had been voted in the top five children's hospitals by professionals in the US and it was agreed that the criteria against which votes were cast would be obtained.
89.2	Matthew Shaw welcomed the transfer of the cleaning staff from a contractor to becoming substantive staff members. He said that these staff had previously been part of the GOSH team and this was now also reflected contractually. The Trust was committed to developing parity in the Terms and Conditions of these staff with other GOSH employees and work to do this was taking place.
89.3	Work around diversity and inclusion was moving at pace and an excellent talk by an international expert had been held the previous week in a special virtual big briefing on various elements of diversity. A number of events were also planned for Black History Month.
89.4	James Hatchley, Non-Executive Director highlighted the expected surge in RSV cases in children and asked whether there was further information about this. Matthew Shaw said that the NHS continued to experience significant demand and GOSH had been red rated for bed availability. The briefing from the London region had indicated that winter pressures would be extremely challenging.
89.5	Russell Viner, Non-Executive Director said that there had been additional funding outlined by the Government and asked if this had been received. Matthew Shaw said that the Trust had the opportunity to earn additional income over and above the block contract through over performance in 2021/22 however there was significant uncertainty about finances from 2022/23 onwards.
<b>90</b>	<b>Non-Emergency Patient Transport (NEPT) Contract</b>
90.1	Zoe Asensio Sanchez, Director of Estates, Facilities and the Built Environment said that a robust procurement process had taken place with four bidders. The preferred supplier had received the highest scores in all areas and good references had been received from a current NHS client.
90.2	The current provider had been the incumbent for approximately 15 years and performance had significantly deteriorated particularly during the pandemic.
90.3	Sir Michael Rake, Chair said that the transition period was key and asked how this was being managed. Zoe Asensio Sanchez said that ending the old contract would be challenging and a new member of staff was being appointed to manage this.
90.4	James Hatchley said that the contract and the procurement process had been discussed at Finance and Investment Committee and the committee had scrutinised the environmental weighting to ensure it was appropriate to adhere to the Trust's values in this regard. He said that it was important to consider this in all procurement processes.



91	Patient Story
91.1	The Board received a patient story from Emma whose son Bertie had been transferred to GOSH shortly after birth just before the beginning of the COVID19 pandemic and had been under a number of services. Emma said that Bertie's care had been excellent and in particular there had been excellent support from Bertie's Clinical Nurse Specialist. She said that initially it had been possible to come to the hospital as a family however this had changed as a result of the pandemic and there had been clear communication during this time. Emma said that she often required the support of her local hospital but always felt that the communication between the two organisations was good.
91.2	Emma said that when Bertie had been an inpatient for two weeks she had been required to sleep on a pull out chair which had been extremely challenging. When Bertie had been on NICU, vouchers for the Lagoon for breastfeeding mothers had been provided however when she had no longer been breastfeeding the vouchers had not been available. She felt that this had created a disparity between parents who did and did not breastfeed.
91.3	When Emma had stayed in the nurses' home there had not been a fridge for storing expressed milk which would have made the experience less stressful. She said that the accommodation provided was not to an expected standard and there had also been small inconveniences such as no washing up liquid.
91.4	Emma said that Bertie had been slow to recover from an intervention and following investigation it was shown that an issue had arisen during the intervention. She said she felt that the team had been open and transparent with her throughout this period.
91.5	Amanda Ellingworth, Non-Executive Director noted that Emma had been in the hospital during the pandemic and asked if it had been possible to detect staff anxieties during this time. Emma said that she had spoken to staff about their experiences during the pandemic and some days were much busier than others, however she had not felt that Bertie's care had been compromised by the effect of the pandemic.
91.6	James Hatchley asked about Emma's experiences with MyGOSH and Emma said that she used the app and found it extremely useful. She said that she also used a similar app from another London Trust and she felt that MyGOSH had been significantly more advanced.
91.7	Matthew Shaw noted that Emma and Bertie went to the Emergency Department of their local hospital regularly and asked whether it would be helpful to have direct access to GOSH. Emma said that whilst ongoing access to GOSH would be helpful, the local hospital was usually able to support her with Bertie's care quickly.
91.8	Matthew Shaw said that during the strategy discussions it would be important to consider patient pathways which required ongoing direct access to GOSH.
92	Directorate presentation: Operations and Images Directorate
92.1	Eithne Polke, Chief of Service for Operational and Images Directorate said since the Directorate had last reported to the Trust Board the intraoperative MRI

	had opened which had been supported by the GOSH Children's Charity and was a key piece of equipment to ensure that GOSH remained at the forefront of care.
92.2	A successful nurse recruitment programme had taken place during the pandemic. Ciara McMullen, General Manager said that in 2020 there had been a 27% scrub nurse vacancy at the Trust and the team was now fully established making GOSH was one of few hospitals nationally with a fully established scrub nurse team.
92.3	During the surges of the pandemic the directorate had been challenged with PPE. The team had approached manufacturers to agree that they would develop some PPE that was more child friendly to minimise the impact on patient experience.
92.4	Eithne Polke said that new cleaning requirements were impacting on theatre activity whilst the team was trying to increase capacity to treat the backlog of patients. The Trust had been able to continue to run transplant services and an increased number of hearts and lungs had become available as a result of the significant restrictions in delivery of adult services due to the pandemic.
92.5	John Quinn, Chief Operating Officer said that the Directorate would be merging with Medicines, Therapies and Tests to ensure that all clinical support was located in one Directorate. He reported that Eithne Polke would be retiring shortly and thanked her for her work to move the service forward.
92.6	Akhter Mateen, Non-Executive Director said there had been some issues in Radiology when Epic had first gone live and asked whether progress had been made with this. Eithne Polke said that significant progress had been made due to work that had taken place during the stabilisation phase. She said that work was still required however overall the interface had improved and staff were more comfortable with the platform. Eithne Polke said that it was clear that improved outputs were directly related to the team's input at an early stage and added that this could have been improved. She said that going forward it was important to ensure that there was sufficient resource in place to continue to make improvements.
92.7	Chris Kennedy, Non-Executive Director noted that the Directorate was critical to the flow of patients through the hospital and asked whether the correct balance was in place between resource and demand. Eithne Polke said that space was key and it was likely that theatre space and MRI capacity would be the limiting factor in continuing to increase activity. She said that the team was working to consider transformative ways to deliver services. Ciara McMullen said that work was also taking place to make patient flows more efficient. She said that the 6-4-2 theatre scheduling process was standard practice at other Trusts and would have a significant impact on efficiency. She said that there was also work that could take place with other Directorates to improve patient flow.
92.8	Russell Viner, Non-Executive Director congratulated the team on their nurse recruitment during the pandemic and the continued theatre usage which had only reduced for a short time. He said that 7 day working was being actively discussed prior to the pandemic and he felt that considerations were likely to begin again. He asked how close the Directorate was to being able to achieve 7 day working. Eithne Polke said that she felt that 6 day working should be introduced initially as an increased number of staff would be required to achieve

92.9	<p>7 day working. She said that currently emergency services took place at the weekend but far less planned activity.</p> <p>James Hatchley said that the Board had a responsibility to ensure that focus was also placed on the future and technology. He asked whether transformation had the correct focus and whether there were other helpful technologies which could be introduced. He asked if teams and directorates were supported to bring forward new ideas in the regard. Eithne Polke said that artificial intelligence was being discussed with radiology and home reporting stations had been introduced to enable faster consult times. She added that radiologists were keen to move forward with technology.</p>
92.10	<p><b>Action:</b> Amanda Ellingworth asked how the Board could improve the Trust's approach to transformation and Eithne Polke said it was important to empower teams to make radical decisions and make significant change. She said that Board support to implement 6-4-2 theatre scheduling was important as the approach would significantly reduce waste. Matthew Shaw agreed that this would have a considerable change in the way the hospital worked and it was agreed that an update would be provided on progress with implementing this would be provided at a future meeting.</p>
<b>93</b>	<b>Integrated Quality and Performance Report (Month 5 2021/22) August 2021 data (including proposed changes to the IQPR)</b>
93.1	<p>Sanjiv Sharma, Medical Director said that compliance with the WHO checklist had slipped and was now red rated. He said that previous work had shown that focused efforts would move the metric to a green rating.</p>
93.2	<p>Three safety alerts were overdue and would be closed by the end of the day following confirmation from NHS England that the Trust had provided all that was required. Improvement was required in high risk reviews and it was anticipated that this would begin in September once staff had returned from annual leave.</p>
93.3	<p>Route Cause Analysis training for Duty of Candour had begun and the Trust was working with Action Against Medical Accidents (AvMa) for this. Training would also continue as new staff joined the Trust. Sanjiv Sharma said that case numbers involved were small and of five level 3 cases that were overdue in the report 3 had now be sent to the family.</p>
93.4	<p>Akhter Mateen noted that medication incidents had been around 20% in each of the last three months and asked for a steer on whether this was positive or required improvement. Sanjiv Sharma said he felt that there should be a zero tolerance approach towards this as each incident had the potential to cause harm. Amanda Ellingworth asked when a trajectory towards zero would be implemented and John Quinn said that the IQPR was being reviewed and as part of this the appropriate targets would be assessed.</p>
93.5	<p>Darren Darby, Acting Chief Nurse said that the Trust continued to have a strong performance in the Friends and Family Test and in July all metrics had been above target and rated green. Two individual areas had been below the target rate as a result of key staff taking annual leave which demonstrated the importance of the effort made by staff to maintain the figures. One directorate had experienced a reduction in patient experience however there had also been a reduction in complaints and PALS contacts and it was thought that this was as a result of lower patient through put in some areas of the directorate.</p>

93.6	Two red complaints had been received so far in year which was a reduction on the previous year. There was also one overdue red complaint response as a result of working with a former staff member who had left the Trust.
93.7	John Quinn said that the Trust was on target against its waiting times trajectory which continued to improve and activity had been reduced in August to enable staff to take leave. Cancer metrics continued to be on target. It was reported that 13 patients had now waited 104 weeks and of these 10 now had dates to be seen. Work was taking place with the region around moving forward some very long waiting families who continued to choose to wait.
93.8	Amanda Ellingworth asked if work would take place to smooth activity and ensure that there wasn't a reduction in activity at particular times of the year. John Quinn said that said that this was cultural and alongside staff taking additional leave patients and families were also less likely to come to the Trust. He said that work was taking place about using these periods for other activity.
93.9	James Hatchley said that the Finance and Investment Committee had discussed the cancer metrics which continued to be at 100%. He said that that committee was keen to learn from this success.
<b>94</b>	<b>Finance Report (Month 5 2021/22) August 2021 data</b>
94.1	Helen Jameson, Chief Finance Officer said that the Trust remained ahead of plan year to date and was forecasting a small surplus after the first six months of the year. International and Private Care was not yet achieving the projected level of turnover however this had been offset by elective recovery funding. The financial framework guidance for the second half of the year had not yet been published and once it was, a revised plan would be submitted to NHS England which would be presented to the Board for approval prior to submission.
94.2	It was anticipated that elective recovery funding (ERF) would continue but it was possible that changes would be introduced around how this could be earned. Helen Jameson said that other Trusts in North Centre London were challenged in meeting their activity so GOSH may not earn ERF if it were assessed at a system level.
94.3	Focus was being placed on the capital programme which was slightly behind plan and schemes were being identified which could be brought forwards.
94.4	Akhter Mateen congratulated the team on their work to reduce I&PC debtor days. He noted that GOSH was below target in terms of the Better Payment Practice Code (BPPC) which required invoices to be paid on time. Helen Jameson said that GOSH was currently at 91% and while focus was being placed on those Trust which were below 80% an action plan was being developed to increase performance to 95%.
<b>95</b>	<b>Safe Nurse Staffing Report for reporting period June &amp; July 21</b>
95.1	Darren Darby said that the Trust continued to have a good pipeline of nurses joining the Trust however the pandemic created challenges in predicting the workforce. He had met with 75 newly qualified nurses who had joined the Trust and said that there had been a considerably smaller attrition rate in comparison to pre pandemic.

95.2	There had been an increase in the number of Datix reports related to staffing. Teams were encouraged to report this however each report had been reviewed and it was confirmed that there had been no patient harm.
<b>96</b>	<b>Safe Nursing Establishment</b>
96.1	Darren Darby confirmed that the method used for ensuring the appropriate establishments were in place was robust and was developed and triangulated using an evidence based tool. He said that establishments were safe and correct.
96.2	James Hatchley noted that 19 new ICU nurses had joined the Trust and asked where sufficient numbers of nurses were trained for ECMO capability. Darren Darby said that two recruitment workstreams for Heart and Lung Directorate had been successful and had recruited 15 experienced nurses. He said that ECMO training had continued throughout the pandemic as it was a vital resource.
96.3	An international recruitment campaign had funded 15 nurses from the Philippines who had been appointed and would join the Trust in January 2022.
<b>97</b>	<b>Learning from Deaths Mortality Review Group - Report of deaths in Q4 2020/2021</b>
97.1	Andrew Pearson, Clinical Audit Manager said that 23 patients had died in the reporting period and two cases had been found to have modifiable factors, one of which was being reviewed as a Serious Incident. Recommendations had been made in the Serious Incident Report around centralising and governing all types of alerts and a paper on this had been considered by Closing the Loop Group at its last meeting. Andrew Pearson said that nine deaths showed an impact of the pandemic on the experience of the family or patient and the Trust's crude mortality rate was within normal variation with no outliers of concern.
97.2	Sanjiv Sharma said that the alert related to the Serious Incident had not been received and the Trust had been notified at a later date by a third party.
97.3	One death in the period had undergone a Route Cause Analysis and this had been shared with the Coroner and reviewed by the Patient Safety and Outcomes Committee in September 2021.
<b>98</b>	<b>Director of Infection, Prevention and Control Annual Report 2020/21</b>
98.1	Helen Dunn, Director of Infection Prevention and Control said that there had been a change in DIPC during the year. Two wards had been subject to environmental screening and regular meetings were taking place with ward staff to ensure that appropriate cleaning schedules were in place.
98.2	Water testing had been paused during the pandemic due to a lack of staff on site. This was an accepted risk however it had resumed as soon as possible.
98.3	There had been an increase in the number of c.difficile cases and 2 MSRA bacteraemia which had been investigated and found to be unavoidable. Central Venous Line infection rates had reduced.

98.4	There had been 18 hospital acquired cases of COVID19 of which 11 had parents who had also tested positive. At times of high community prevalence parent screening had been introduced.
98.5	The infection control team was working with the estates team around ventilation to ensure that all rooms and cubicles were operating at a minimum of 6 air changes.
98.6	James Hatchley asked if issues around sepsis reporting on Epic remained. Helen Dunn said that this was being addressed as part of ongoing work. She said that the current reporting of sepsis made it difficult to gain an overview of the patients involved across the Trust and the interface was being redesigned to improve this.
98.7	<b>Action:</b> The Board noted that stool screening compliance remained at below 20% which required improvement and it was agreed that the improvement programme would be monitored through QSEAC.
98.8	Russell Viner asked about the target for the flu vaccine and Helen Dunn said that the best update rate ever had been achieved in 2020 and learning had been taken from this about the importance of a vaccine clinic. A similar approach would be taken in 2021.
98.9	<u>Infection Control Board Assurance Framework</u>
98.10	Helen Dunn said that good training about being on site during the COVID19 pandemic had been rolled out to staff however it had become clear that contractors and agency staff were not always aware of the Trust's requirements. Therefore a 'top 5' had been produced which will be audited to monitor compliance.
98.11	A patient safety alert had been published around the use of valved masks in theatres and Helen Dunn said that further fit testing would take place to remove these masks. Amanda Ellingworth asked about a timeline for the removal and Helen Dunn said that the deadline for masks to be removed was November 2021 and an options paper would be presented to Operational Board in advance of this.
<b>99</b>	<b>Emergency Planning Annual Report 2020/21</b>
99.1	John Quinn said that the Trust had completed a RAG rated self-assessment against the NHS core standards for Emergency Preparedness, Resilience and Response and had been green rated in all areas for the first time. A deep dive into oxygen resilience had been undertaken and the Trust had passed this.
99.2	Although the key incident throughout the year had been the pandemic there had also been an incident around infusion lines from a particular supplier which had been managed through emergency planning processes.
99.3	Amanda Ellingworth asked whether the Trust had undertaken live testing of procedures and Rachel Millen, Emergency Planning Officer said that a live exercise had taken place on Sight and Sound in 2020/21. John Quinn added that table top exercises had also taken place including for a potential significant surge in RSV in children.

<b>100</b>	<b>Board Assurance Committee reports</b>
100.1	<u>Quality, Safety and Experience Assurance Committee – July 2021</u>
100.2	Amanda Ellingworth, Chair of the QSEAC said that the Committee had noted that an external review of the clinical ethics service and a five year strategy would be developed.
100.3	<u>Finance and Investment Committee Update – July 2021</u>
100.4	James Hatchley, Chair of the FIC said that future finances were uncertain and I&PC revenue was critical in this regard. He said that it was vital to prioritise waiting lists whilst also focusing on finances. The Committee continued to review cyber security and were also focusing on waiting lists.
100.5	<u>People and Education Assurance Committee Update – September 2021 meeting</u>
100.6	Kathryn Ludlow, Chair of PEAC said that a discussion had taken place on the People Strategy and the committee had emphasised the importance of communicating the work that was taking place.
100.7	Staff sickness absence rates had increased and the committee was monitoring this. Kathryn Ludlow said that it was vital to continue to support staff health and wellbeing.
100.8	The Trust was in the process of identifying Non-Executive Wellbeing and Diversity and Inclusion Champions and agreement on this would be reached outside the meeting.
<b>101</b>	<b>Register of Seals</b>
101.1	The Board <b>endorsed</b> the use of the company seal.
<b>102</b>	<b>Any other business</b>
102.1	There were no items of other business.

**TRUST BOARD – PUBLIC ACTION CHECKLIST**  
**November 2021**

<b>Paragraph Number</b>	<b>Date of Meeting</b>	<b>Issue</b>	<b>Assigned To</b>	<b>Required By</b>	<b>Action Taken</b>
89.1	29/09/21	Matthew Shaw, Chief Executive thanked staff for their hard work to treat the backlog of patients. He said that GOSH had been voted in the top five children's hospitals by professionals in the US and it was agreed that the criteria against which votes were cast would be obtained.	MS	November 2021	On agenda under CEO Update
92.10	29/09/21	Amanda Ellingworth asked how the Board could improve the Trust's approach to transformation and Eithne Polke said it was important to empower teams to make radical decisions and make significant change. She said that Board support to implement 6-4-2 theatre scheduling was important as the approach would significantly reduce waste. Matthew Shaw agreed that this would have a considerable change in the way the hospital worked and it was agreed that an update would be provided on progress with implementing this would be provided at a future meeting.	JQ	February 2022	Not yet due
98.7	29/09/21	The Board noted that stool screening compliance remained at below 20% which required improvement and it was agreed that the improvement programme would be monitored through QSEAC.	Helen Dunn	January 2022	Passed to QSEAC for January 2022 meeting





<b>Trust Board 24 November 2021</b>	
<b>Chief Executive's Report</b>  <b>Submitted by: Matthew Shaw, Chief Executive</b>	<b>Paper No: Attachment L</b> <input type="checkbox"/> <b>For information and noting</b>
<b>Purpose of report</b> Update on key operational and strategic issues.	
<b>Summary of report</b> An overview of key developments relating to: <ul style="list-style-type: none"> <li>• Covid-19 response</li> <li>• Key people, finance and service issues</li> <li>• Trust strategy and partnerships</li> </ul>	
<b>Action required from the meeting</b> None	
<b>Contribution to the delivery of NHS Foundation Trust priorities</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people</b></li> <li><input type="checkbox"/> <b>PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes</b></li> <li><input type="checkbox"/> <b>PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training</b></li> <li><input type="checkbox"/> <b>PRIORITY 4: Improve and speed up access to urgent care and virtual services</b></li> <li><input type="checkbox"/> <b>PRIORITY 5: Accelerate translational research and innovation to save and improve lives</b></li> <li><input type="checkbox"/> <b>PRIORITY 6: Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care</b></li> <li><input type="checkbox"/> <b>Quality/ corporate/ financial governance</b></li> </ul>	<b>Contribution to compliance with the Well Led criteria</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Leadership, capacity and capability</b></li> <li><input type="checkbox"/> <b>Vision and strategy</b></li> <li><input type="checkbox"/> <b>Culture of high quality sustainable care</b></li> <li><input type="checkbox"/> <b>Responsibilities, roles and accountability</b></li> <li><input type="checkbox"/> <b>Effective processes, managing risk and performance</b></li> <li><input type="checkbox"/> <b>Accurate data/ information</b></li> <li><input type="checkbox"/> <b>Engagement of public, staff, external partners</b></li> <li><input type="checkbox"/> <b>Robust systems for learning, continuous improvement and innovation</b></li> </ul>
<b>Strategic risk implications</b> <span style="color: red;">[Company Secretary to complete]</span>	<b>Financial implications</b> <b>Not Applicable</b>
<b>Implications for legal/ regulatory compliance</b> <b>Not Applicable</b>	<b>Consultation carried out with individuals/ groups/ committees</b> <b>Not Applicable</b>

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

## Part 1: Hospital activity update

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GOSH continues to perform well for elective and outpatient activity, achieving 96 per cent volume against baseline for electives and 113 per cent for outpatients and benchmarking well in the system.

There has been high demand on PICU beds in London during recent weeks. Daily sit reps being produced by the regional PICU forum have helped GOSH and colleagues across the system to stay on top of staffing, bed occupancy and CATS transfers, facilitating our response across the system. As ever, the hard work and diligence of our operational colleagues at GOSH and across the NHS has brought us through a difficult period. We should recognise though that the unusually high demands on our resources, especially so early in the year, continues to take its toll on our people.

### Staff wellbeing

We remain concerned about the wellbeing of all our staff, and particularly those working at the frontline of care, with the ongoing drive to recover and uncertainties and winter pressures ahead. In this respect, we are far from alone – and our conversations with NHS leaders across paediatrics and the wider acute sector all tell a similar story.

I have spent time over recent weeks visiting various areas across the hospital – from clinical areas through to our hard-working support teams – to get a sense of how staff are handling the pressure on the ground. As ever, staff have so impressed me with their commitment and their can-do attitude. However, they have shared with me that they are tired and that the situation can sometimes feel relentless.

As leaders, we must continue to look closely at all the data which indicates where people are feeling the pressure, and also make efforts to take time away from our own schedules to hear from staff in person. The challenge of recovery is a marathon and not a sprint, and we'll need to continually ask ourselves whether we are striking the right balance.

I want to thank non-executive director Kathryn Ludlow, who has been appointed to the Wellbeing Guardian role, for her support to ensure our efforts in this area remain on track. I also want to recognise the hard work of our teams for all they continue to do to support their colleagues.

The staff survey was launched at the end of September, and we have changed our distribution methods to ensure that paper copies are available to staff working at the point of care, who will have more difficulty completing the survey online. We hope this will mitigate the risk that ongoing pressures could impact the response rates we have achieved in previous years (over a 50%), which is crucial to the validity of results.

The survey questions have been adapted nationally to reflect the NHS People Promise. Responses will further reflect team dynamics, the extent to which people feel they are treated with kindness and respect and the impacts for them on their psychological wellbeing and resilience. Naturally, we can expect these responses to reflect the pressures of the pandemic, but we hope this will give us some more meaningful insight into the lived experiences of our staff and provide a useful barometer for improvement over coming years. The Survey closes at the end of November and we will begin to see results from the national team from early 2022.

### Update on the National Paediatric Accelerator Programme

With the support of funding, a cross-trust PMO and collective efforts above and beyond the call of duty, GOSH teams and the 9 other paediatric trusts involved in the national accelerator have been achieving amazing things.

Collectively, these hospitals have done extremely well in maintaining high levels of elective activity in spite of the unprecedented pressures over the summer. Performance is expected to improve further for October, and it's been great to see that even within most challenged specialties our initial data shows that children's hospitals are managing to deliver more elective activity that they were pre Covid:

The focused transformational projects being run through the Accelerator are making good progress, for example:

- A £1m innovation project to use AI to predict patient families at risk of missing their appointments has now appointed a programme manager and work is ongoing to facilitate data sharing and collect and review evidence on interventions that work.
- 'Super Saturday' events took place on 16<sup>th</sup> October 2021 across trusts, delivering high volumes of activity including outpatient appointments, theatre lists and engagement activities to remove barriers for patients and families and trial new approaches to care.



### Super Saturday at GOSH

Teams in the immunology lab used Super Saturday to help clear the backlog of tests for rare diseases that had built up whilst the labs had to focus on COVID testing. Kimberly Gilmour, Scientist, Immunology Labs, said: "The results mean that children could get a more effective treatment, a reduced dose of a drug or a real diagnosis."

GOSH also ran lab tours for children on the wards. Kimberley said: "It gives them a chance to see what happens to their blood and is so important, particularly for kids who have a lot of blood tests taken and might feel a bit frightened of needles. The idea is that if you understand what happens to your blood test, then you're more likely to be happy to give that blood."

The next Super Saturday will take place on 8<sup>th</sup> March 2022 and will focus on inequalities, with focused work on dentistry and children and families affected by learning disabilities and autism.

### GOSH is Newsweek's #4 World's Best Paediatric Hospitals for 2022

Our staff received a much-needed boost and a reminder of their international impact last month with the publication of Newsweek's World's Best Hospitals list, ranking GOSH as number 4 in the world for paediatrics, after SickKids Toronto, Boston Children's and the Children's Hospital of Philadelphia.

Working with Statista Inc., Newsweek invited more than 40,000 medical experts across the world – including clinicians and senior managers – to participate in online surveys assessing and recommending hospitals in their area of specialism and validated the survey results through a global board of experts.

## Part 2: People

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### **Mandatory vaccines**

Last week, the Secretary of State announced that staff who work in health and social care settings must be fully vaccinated against COVID-19 by 1 April 2022. As an NHS Trust, we're required to follow through on that decision.

There will inevitably be implications – we have received a lot of concern through our staff forums about complications associated with vaccines, which we have listened to and tried to deal with by briefing on the safety data and offering reassurance.

We have reminded staff that the vaccine is the best way to protect ourselves, our colleagues and our patients, and the best way to reduce the risk of further lockdowns in the future. However, we have also acknowledged that this is a sensitive area and that people will hold a range of views.

Guidance will be published in December that will help us better understand precisely who will be affected by the policy. The lack of certainty around this may be unsettling, and we'll keep up the flow of information with staff and strive to handle our responsibilities with a kind and sensitive approach.

### **Diversity and inclusion**

We are delighted that our Non-Executive Director Amanda Ellingworth will act as our Diversity and Inclusion Guardian championing this area of our collective development, acting as a 'critical friend' to question our impact and decision-making, and empowering colleagues to use our Seen and Heard Framework and seek data, insight and guidance to track progress.

Amanda has been accepted to London WRES Advisors Programme Non-Executive Directors (NEDs) Development Cohort to support the WRES Experts Programme, develop a greater understanding of race equality and support wider efforts to hold Trusts to account in delivering on the ambition to improve NHS workforce race equality.

Within GOSH, we have reset our four staff inclusion forums (BAME, LGBT+ and Allies, Women's and DLTHC) commencing with recruitment for a diverse group of leaders to each forum (Chair, Vice Chair, Secretary, Comms Officer, Engagement Officer, Events Officer and Membership Liaison Officer). Each forum has a budget allocated to reimburse forum leads for their time and professional input and cover expenses for activities. We will continue to support these groups in working to the new 'Forum Roles and Responsibilities Guidance', running development sessions and supporting them in producing TORs and action plans aligned to the Seen and Heard Diversity and Inclusion Framework.

## Part 3: Quality & safety

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### **Histoacryl glue update**

Our thoughts continue to be with the families affected by the events which led to the investigations on the impact of faulty Histoacryl glue. We know how devastating this loss has been and this has been a very upsetting situation for all involved.

A comprehensive serious incident investigation has now been carried out to determine the impact on all patients treated with the faulty product. The investigation found that whilst the passage of glue through the intended vessel may have been contributory in some instances of harm, it was unlikely to be the sole or main factor. In the recent Coronial Inquest, HM Coroner concluded that both children died as a result of their complex and serious medical conditions. The coroner acknowledged that GOSH acted quickly and that a policy which outlines the management process and pathway for all safety alerts has been drafted and is under-review across the Trust prior to being implemented.

Following the last public board update on this issue, the Trust was the subject of some negative press in relation to this case. I, and the Trust, remain fully committed to being open and transparent about our safety and quality issues, in line with our responsibilities and with best practice on recognising and learning from the difficulties inherent in complex clinical care. We continue to encourage our staff to be open and receptive to learning from incidents and support them where this places them under unfair levels of scrutiny.

### **CQC update**

We continue to work closely with the Care Quality Commission and have been selected to be one of the Trusts in London to take part in a programme of pilot assessments and inspections of dental services provided in the London Hospitals sector, which is due to take place in December 2021.

## Part 4: Partnerships

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### **NCL Start Well consultation**

As per the briefing from NCL colleagues at our recent board development session, North Central London has now started stakeholder engagement activity, which will lead to consultation on the system's maternity, neonatal and paediatric services configuration. This aligns to NCL's 'Start Well' ambition to ensure these services consistently deliver outstanding, safe and timely care for local people, wherever they live. It will look to address the issues of inequality that were thrown into sharp focus through the pandemic including the issues of resilient access to specialist, high quality care for children that GOSH has been advocating for throughout. We stand ready to help shape this work with our system partners and to support our clinical teams in having their say on the consultation.

### **Marsden EPIC Partnership**

I'm delighted that GOSH and RM signed a collaboration agreement and contracts with Epic on 22<sup>nd</sup> October, confirming we will now work in partnership on the shared Epic EPR system

For GOSH, working in partnership with The Royal Marsden on future developments to the system means we'll be able to do more, at a faster rate. By sharing skills and expertise across organisations we'll maximise the benefits of the system for staff and patients. We'll also save some money, with any savings invested back into GOSH.

Our existing analysts will continue to focus on optimising Epic for GOSH, and new analysts will implement the system at The Royal Marsden with both teams benefitting from cross-over and shared learning. The new system will go live at The Royal Marsden in March 2023 and the programme is called Connect.

There will be a single EPR team responsible for managing the implementation of the GOSH system at RMH as well as continuing to maintain and optimise the system for GOSH staff and patients; Cally Palmer, RMH CEO will be the SRO for the RMH Implementation and John Quinn will oversee delivery of the GOSH optimisation plans

Both Trusts will be able to 'localise' the system to support their specific clinical needs, supported by a hugely flexible configuration within Epic which allows for different content and workflow based on key criteria such as location or user roles

The patient data will be site specific – staff from RMH would need to actively demonstrate a legitimate relationship (and record this for audit purposes) with a GOSH patient in order to access a GOSH patient chart (and vice versa) – this will benefit patients who have a shared record across the two trusts.

I'm really looking forward to this collaboration between two like-minded Trusts and Dame Cally Palmer, CEO of The Royal Marsden, and I working even closer together. The shared Epic system is the first example of tighter partnership between the two trusts and there are plans to review other potential opportunities



## COP Ride for Their Lives



On 24 October, I joined children’s hospital staff and health sector leaders to set off from GOSH on an 800km cycle ride from London to the UN Climate Change Conference (COP26) in Glasgow.

There were 70 riders overall, with 23 riding the full distance and the others joining for various stages of the journey.

Our mission was to raise awareness of how air pollution and climate change are causing illness and death, especially in children. We carried to world leaders [an open letter](#) signed by organisations around the world representing 45 million health professionals, and the World Health Organization’s (WHO) [COP26 Special Report on Climate Change and Health](#).

Both spell out the many and inseparable links between climate and health, and call for urgent action. The documents were handed to us by Dr Diarmid Campbell-Lendrum, head of WHO’s health and climate department, who cycled from Geneva where they were launched in early October.

The cyclists were from six UK children’s hospitals: Great Ormond Street Hospital for Children (GOSH), Evelina London Children’s Hospital, Bristol Royal Hospital for Children, Sheffield Children’s Hospital, the Great North Children’s Hospital in Newcastle, and the Royal Hospital for Children, Glasgow. They included doctors, nurses, anaesthetists, occupational therapists, electricians, sustainability officers and other healthcare providers.

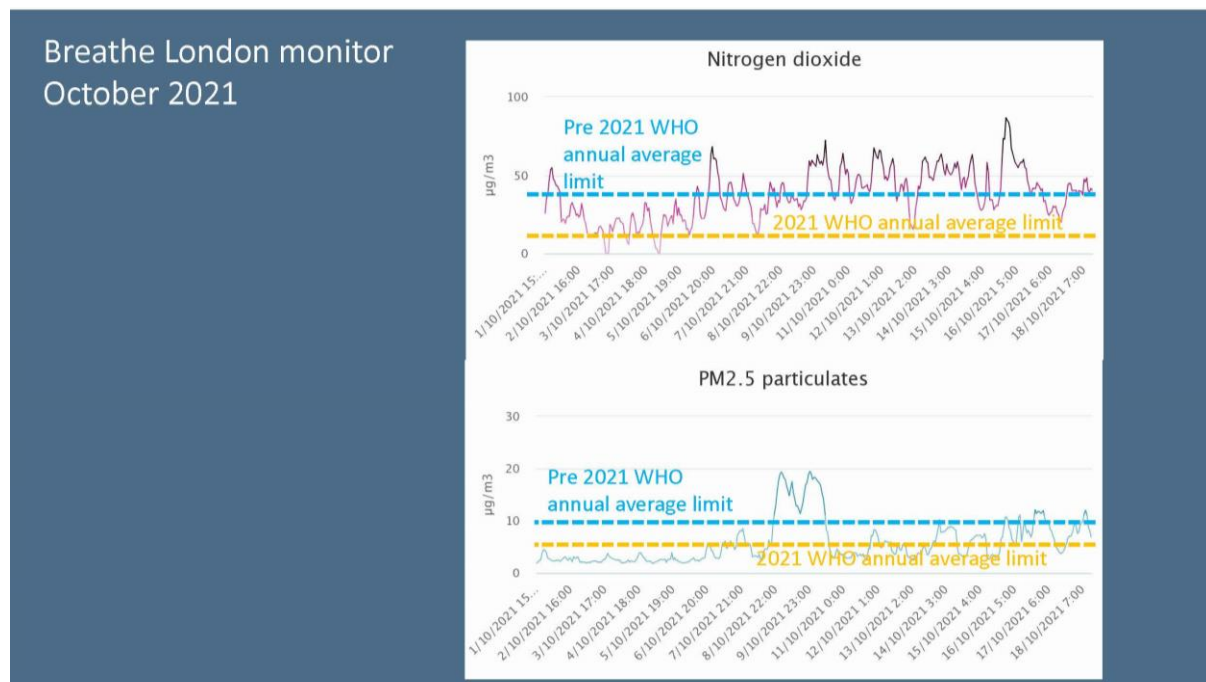


## Attachment L

We were joined by Fiona Godlee, editor in chief of the British Medical Journal, Andrew Goddard, president of the Royal College of Physicians, Robin Stott, a founder of the UK Health Alliance on Climate Change, and Camilla Kingdon, president of the Royal College of Paediatrics and Child Health.

This was a wonderful awareness raising activity which achieved widespread coverage and, while it took its toll on our legs and lungs, it was actually a lot of fun!

However, we should remember the air quality measurements from monitors outside the hospital (shown below) remain at unacceptable levels. We have much to do to keep highlighting the ongoing challenge we face for patients and families visiting or staying in Central London hospitals, and the more global impact of climate change on children's health.



**Ends**

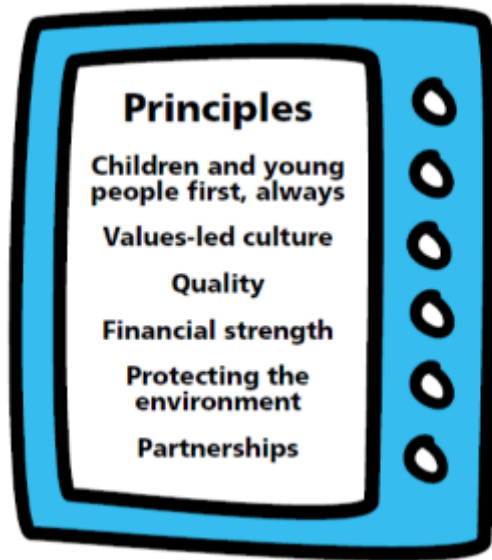
Trust Board 24 November 2021	
<p><b>Patient Story- a long term admission</b></p> <p><b>Submitted by</b> Darren Darby, Acting Chief Nurse  <b>Prepared by</b> Claire Williams, Head of Patient Experience and Engagement</p>	<p><b>Paper No: Attachment M</b></p> <p><input type="checkbox"/> <b>For information and noting</b></p>
<p><b>Purpose of report</b></p> <p>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.</p>	
<p><b>Summary of report</b></p> <p>Anoosha, aged 8 years old, is under the care of multiple specialties at GOSH including Gastroenterology, Nephrology, Cardiology, and Physiotherapy. She has only spent two years of her life at home with the rest of the time in numerous hospitals. Anoosha was admitted to GOSH in December 2019 and was discharged to another hospital in June 2021 for a bowel transplant. Aimee, Anoosha's mum, wants to share her experiences of being in the hospital for such a prolonged time, her thanks for the care provided and her insight into what can be improved.</p> <p>Attending Trust Board via zoom Aimee (and possibly Anoosha) will talk about:</p> <ul style="list-style-type: none"> <li>• The relationships they have developed with the nursing team and how they feel they are part of a family at GOSH.</li> <li>• The way the nurses listen and support Anoosha and Aimee.</li> <li>• The 'phenomenal' care provided to Anoosha including supporting her for transplant and ensuring she was well enough for the procedure.</li> <li>• Timely scans and follow up while an inpatient- this contrasts with experiences at other hospitals.</li> <li>• The role of the Play team who took Anoosha to the park for the first time ever, did cooking with her and arranged other activities.</li> <li>• The support provided during this admission and since they left the hospital which means that Anoosha is excited to come back to GOSH.</li> <li>• The importance of effective communication between medical teams and having to work hard to make sure they work together.</li> <li>• Some issues with doctors who did not listen to the family or take account of their expertise and knowledge of Anoosha and her condition.</li> <li>• Changes to food vouchers and expense of living in the hospital.</li> <li>• Challenges of not seeing her other children for months during lockdown and missing birthday, Eid, Ramadan and other occasions.</li> <li>• Her experiences of MyGOSH.</li> </ul>	

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

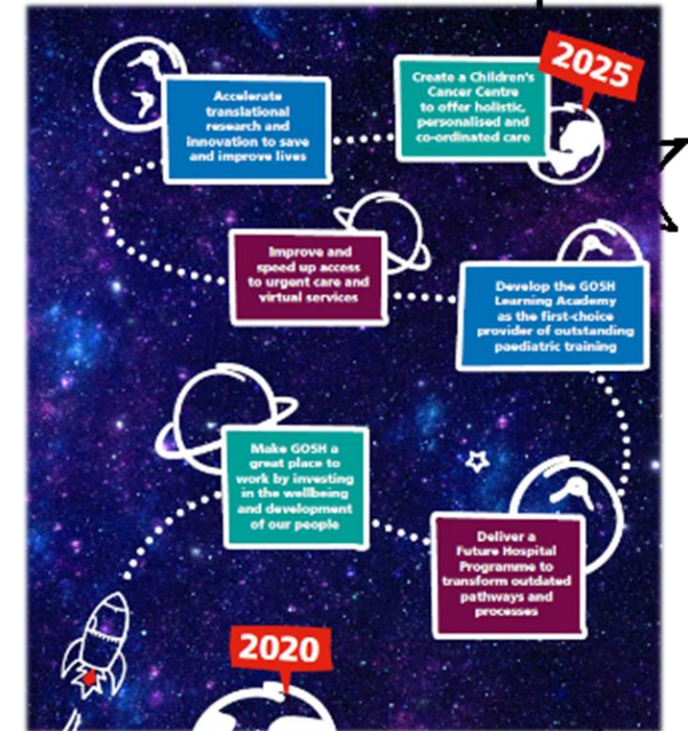


# Body, Bones and Mind (BBM) DIRECTORATE REVIEW

## Trust Board November 2021




Sian Pincott Chief of Service  
Jeremy Nobes General Manager  
Carly Vassar Head of Nursing






# BBM Leadership Team




Chief of Service

Sian Pincott



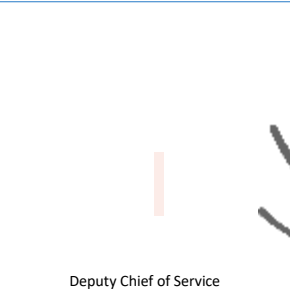
General Manager

Jeremy Nobes



Head of Nursing and Patient Experience

Carly Vassar



Deputy Chief of Service

Vacant



Specialist Paediatric and Neonatal Surgery

Spinal

Orthopaedics

Gastroenterology

General Paediatrics

PAMHS

Nephrology

SWAN





# Directorate Profile

## Our Budget:

- Annual Budget 21/22: £30.6 mil

## Our Space

- **Eagle** – Acute Renal Ward
- **Eagle Dialysis** – Dialysis Unit
- **Squirrel Gastroenterology**– Gastroenterology Ward
- **Gastro Investigation Unit** – Endoscopy theatre and gastroenterology Investigation Unit.
- **Sky** – Spinal and Orthopaedic Ward with HDU.
- **Chameleon** – SNAPS Ward with Neonatal HDU
- **MCU** – Tier 4 Non secure CAMHS inpatient unit
- **Panda Day care** – Feeding and Eating Disorders Unit

## Our Highly Specialised Services:

- Paediatric Intestinal Pseudo-obstruction (PIPO) Service
- Intestinal Transplantation
- Haematopoietic Stem Cell Transplantation for severe immune-mediated gastrointestinal inflammatory disease

## Our Staff

Staff Group	WTE
Additional Clinical Services	66.0
Add Prof Scientific and Technic	55.0
Administrative and Clerical	47.0
Allied Health Professionals	0.5
Estates and Ancillary	5.5
Healthcare Scientists	22.1
Medical and Dental	92.4
Nursing and Midwifery Registered	192.9
<b>Grand Total</b>	<b>481.4</b>

## Our Specialties

- Spinal
- Orthopaedics
- Gastroenterology
- PAMHS – previously separated as CAMHS and Psychology
- Nephrology
- Specialist and Neonatal Paediatric Surgery
- Syndromes without a Name (SWAN)
- General Paediatrics



# Top three success and challenges in the last year

## Top three successes

- #1 Achievements during covid pandemic
- #2 Closure of action plans in gastroenterology and renal
- #3 Commitment to accelerator and backlog recovery

## Top three challenges

- #1 Backlog of inpatient and outpatient waiting lists as a result of COVID-19
- #2 Capacity: inpatient beds, dialysis services and outpatient space
- #3 Space

## Top three priorities

- #1 Reduce waiting times and waiting list backlogs
- #2 Secure future workforce stability including wellbeing
- #3 Ensure safe effective environments during decant moves

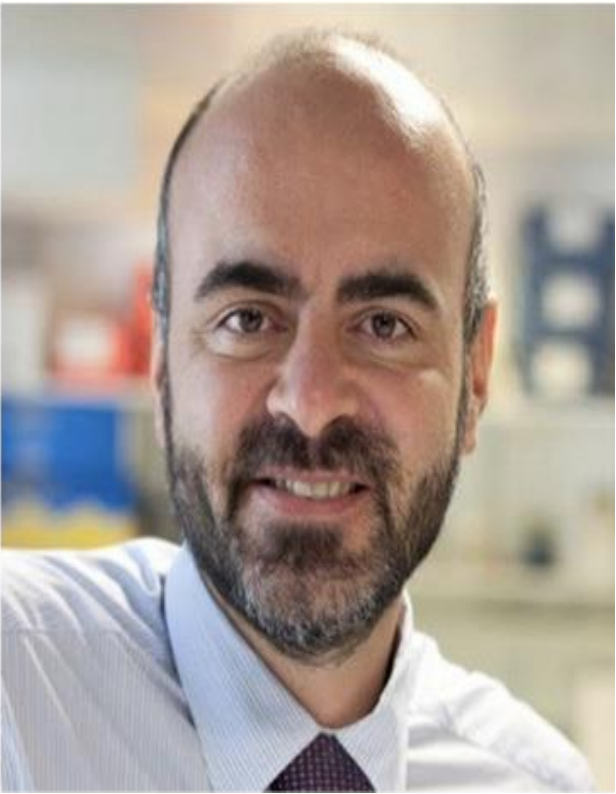




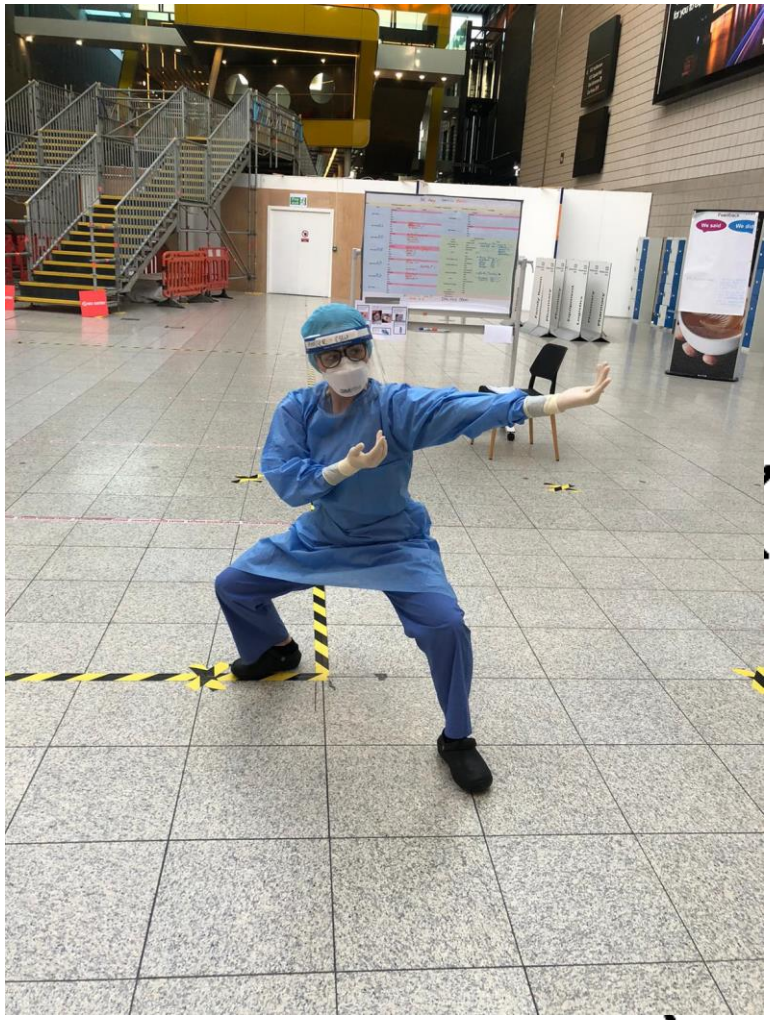


# Successes

**Mandy Byron – BMA  
Paediatrics and Child Health  
Book of the Year**



**Paulo De Coppi –  
President of  
European Paediatric  
Surgeons**



**Amber James – National Apprentice of the  
Year 2020**

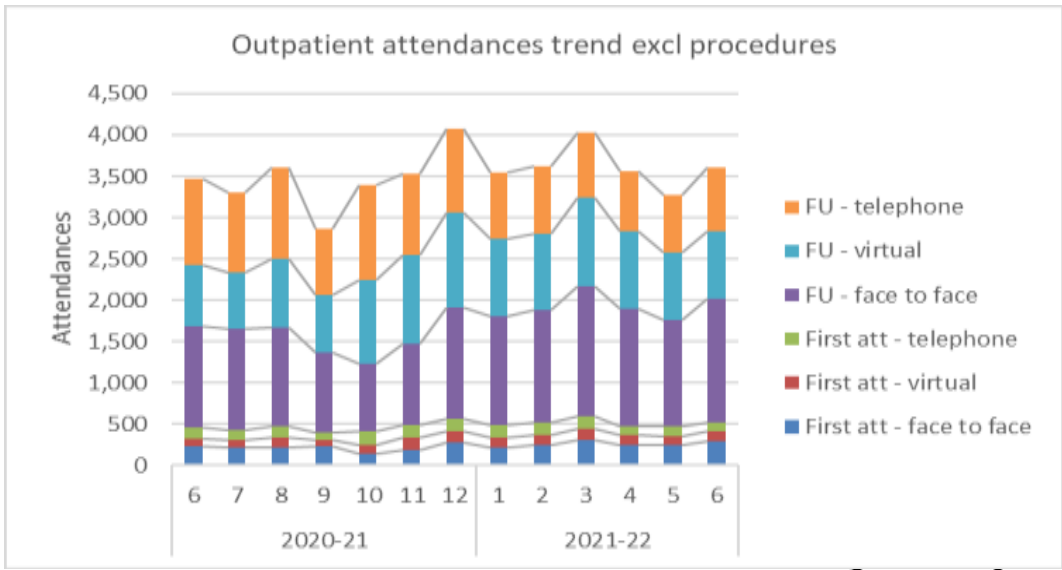




# Principle 1: Children and young people first, always

## Activity

- Delivered 92% of Inpatient and 102% Outpatient activity plan in 20/21
- 58% of outpatient activity delivered remotely in 20/21
- Currently reporting 90.68% of activity so far in 21/22
- Outpatients now over performing and delivering 60:40 split, face to face to virtual

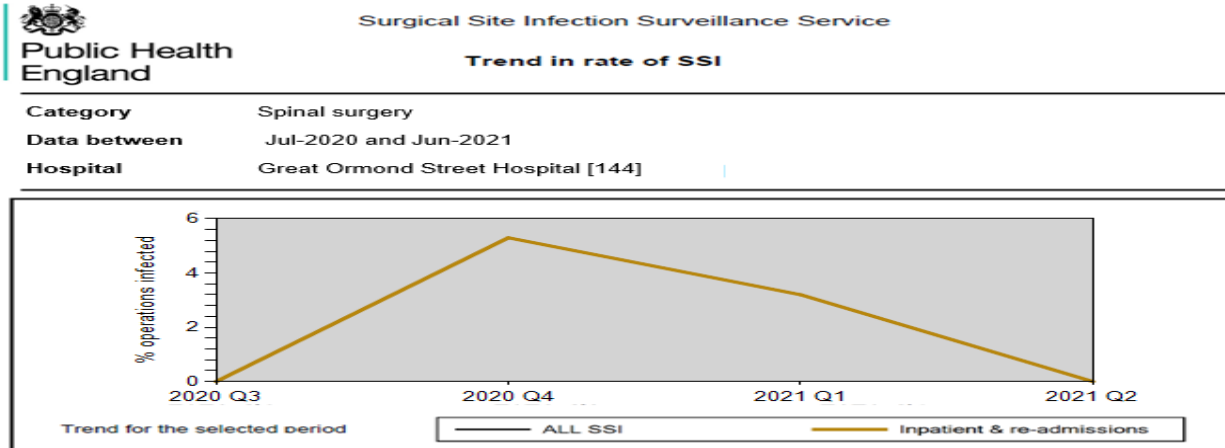


## Research and Innovation

- Significant research portfolio in particular in SNAPS and Renal
- Research income past financial year: £192,353

# Principle 1: Children and young people first, always

## Clinical Outcomes



Source: PHE SSISS for GREAT144

Overall key SSI risk factors stable when compared to 2019-2020 quarters; ✓

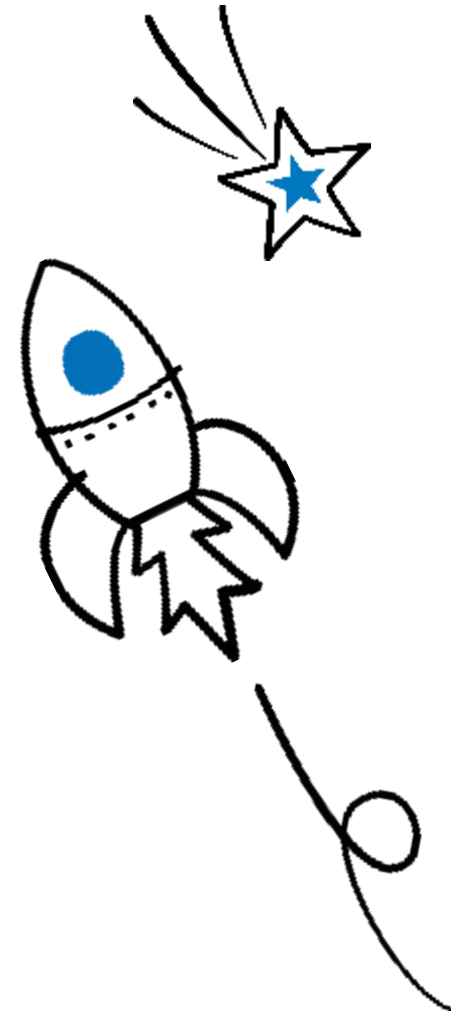
-No significant pattern changes of a series of data points over time for:

-Timely antibiotics pre KTS (100%); ✓

-Pre op wash at ward level (100%); ✓

-Timely pre op MRSA screening (100%); ✓

-Temperature control intra-op (60%). ✓ Historical range before pre-warming started: 30%.





## Principle 1: Children and young people first, always

# Restoring elective activity and clinical prioritisation

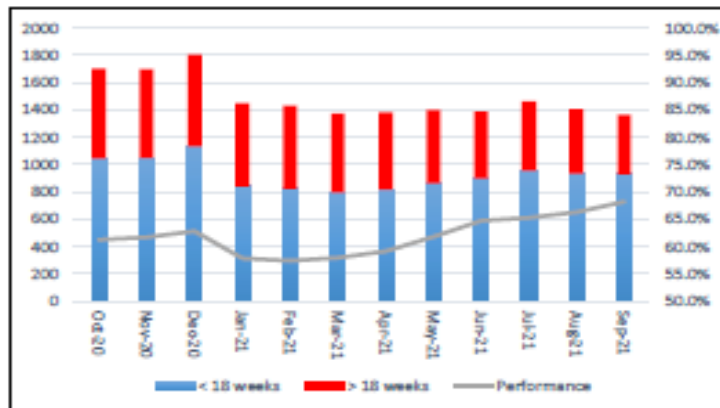
### Situation:

- RTT slowly recovering
- 52 week waits improving

### Challenges:

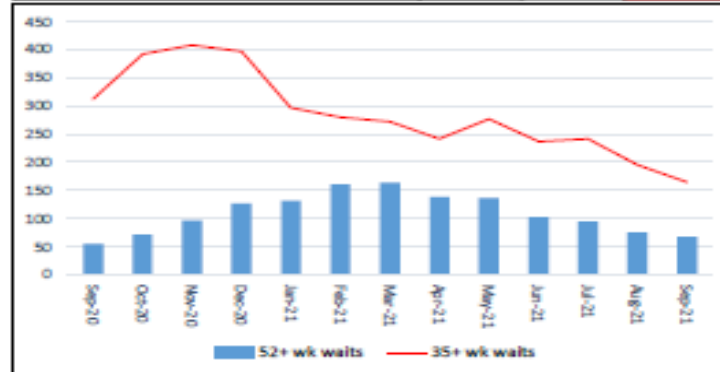
- Theatre capacity
- Social distancing in Kingfisher Ward has meant the closure of 6 beds affecting gastroenterology admissions
- Surgical bed capacity resulting in high numbers of patients out of speciality wards
- MCU day placements stopped due to distancing NHSE involved in decision making
- RFH patients requiring endoscopy

RTT incomplete pathways: % of patients waiting <18 weeks	Period	Target	Actual
	Sep-21	92.0%	68.2%



Month	Actual	Target
Mar-21	57.9%	92.0%
Apr-21	59.2%	92.0%
May-21	61.8%	92.0%
Jun-21	64.7%	92.0%
Jul-21	65.3%	92.0%
Aug-21	66.3%	92.0%
Sep-21	68.2%	92.0%

RTT: Incomplete pathways 52 weeks or more	Period	Target	Actual
	Sep-21	0	67



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
52 wk+	138	136	102	94	73	67
35 wk+	242	277	237	242	195	163

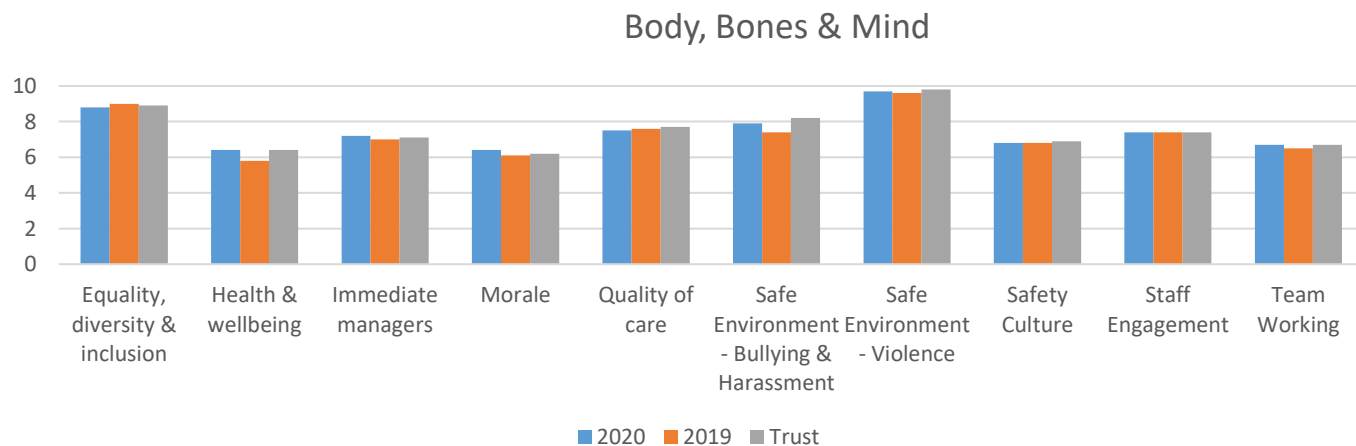
### Actions:

- Focus on ensuring harm reviews
- Accelerator programmes to expand capacity.
- Deliver care virtually as appropriate
- Continue to support patients out of area, challenge potentially on beds with IPP taking ITU step downs.

# Principle 2: A values-led culture

## What are the top three issues for workforce?

- Succession planning.
- Nursing recruitment and retention has been challenged with continual redeployments in particularly in highly specialist fields
- Meeting trust values for behaviour



## Key Actions

- Listening events PAMHS
- Directorate communication strategy.
- Wellbeing support through gastro review
- New Starters



# Principle 3: Quality

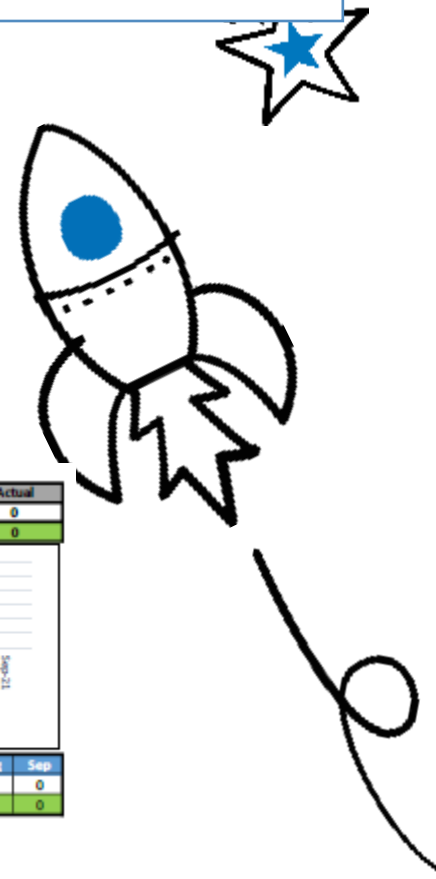
## Quality & Safety Improvements:

- Improvements in WHO checklist
- Friends and Family Test, have achieved target response rate consistently over last year with recommended rate averaging 98%
- Good results in hospital acquired pressure sores – now doing QI project on community acquired

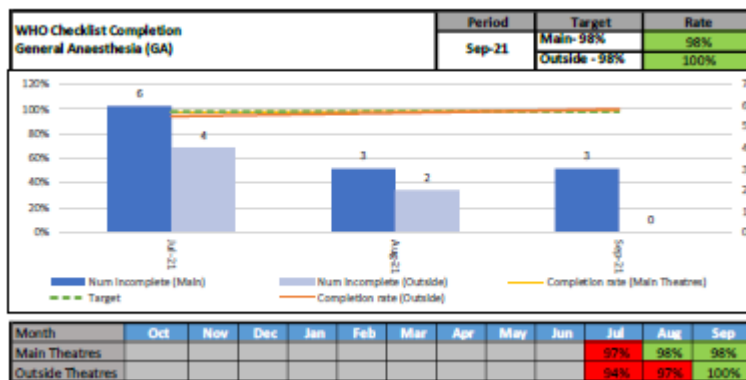
## Complaints Annual Summary

18 reported formal complaints in last 12 months (44,023 patient activity spells)

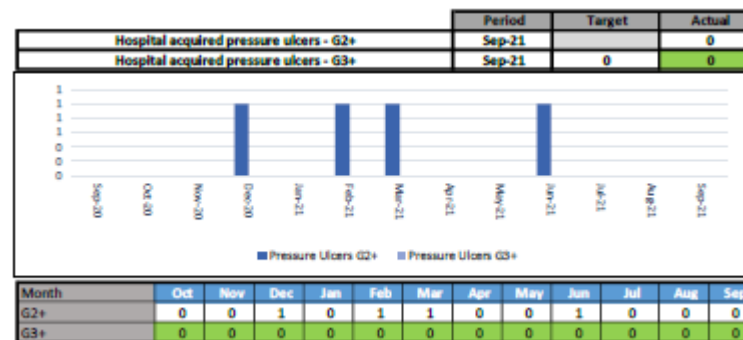
Predominant themes: communication, lack of team involvement, feeling unheard by clinicians



Ongoing Improvement in WHO Checklist Compliance



Pressure Sore Prevention



# Principle 4: Financial strength

Body Bones & Mind		Plan	2021/22	Variance	Plan	2021/22	YTD	Month 5 forecast	2021/22	21/22	Variance
Month	6	M6	M6		YTD	YTD	Variance	for YTD M6	Full year Plan	Full year Forecast	
<b>IS&amp;E Summary (€m)</b>											
Non-Nhs Clinical Income		0.06	0.08	0.02	0.32	0.29	(0.03)	0.27	1.02	0.51	(0.51)
Non Clinical Income		0.03	0.02	(0.00)	0.17	0.23	0.06	0.24	0.34	0.43	0.09
Pay		(2.51)	(2.83)	(0.32)	(15.02)	(15.14)	(0.12)	(14.96)	(30.01)	(30.50)	(0.49)
Non-Pay		(0.16)	(0.09)	0.07	(0.98)	(0.73)	0.25	(0.82)	(1.95)	(1.69)	0.26
<b>Year on Year Total (€m)</b>		<b>(2.59)</b>	<b>(2.82)</b>	<b>(0.23)</b>	<b>(15.51)</b>	<b>(15.34)</b>	<b>0.17</b>	<b>(15.26)</b>	<b>(30.61)</b>	<b>(31.25)</b>	<b>(0.64)</b>

## Efficiency & Savings-Better Value 21/22

- Better Value Target of £485K
- Target partially identified via vacancy factor
- Efficiency projects also identified – infusions project, LOS work – complex nutrition

## 2020/21 Position

- Reduced International and Private income
- Reduction of non-pay expenditure on 19/20

## 2021/22 Position

- Currently positive against plan YTD
- Private Income – Positive variance 14 K
- Pay Budget- Negative MTD position driven by backdated pay awards



# Principle 5: Protecting the Environment

## Commitment to Sustainability:

- Increase use of virtual clinics and telemedicine across the directorate, in particular harnessing technology such as neuropsychology assessments as part of assessments
- Development of complex nutrition CNS to enable care closer to home
- Two individuals from BBM directorate completed Ride to COP26
- Directorate commitment to 'gloves off campaign' including adding this into the Home PN training programme

## Current developments in environment

- Decant moves of MCU and all of psychological medicine into the Southwood building.
- Challenges remain in relation to outpatient space for CAMHs and MDT provision
- Internal moves inside Chameleon to allow space for playroom
- Infusion Lounge – space identified in Kingfisher



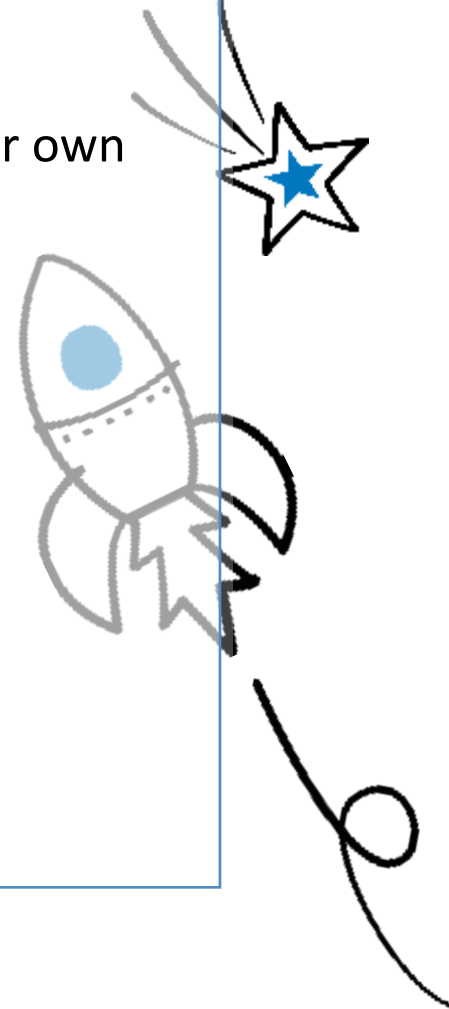
# Principle 6: Partnerships

## System Working

- NCL Paediatric Gastroenterology Network
- RFH gastroenterology diagnostic and inpatient services currently hosted at GOSH
- CREW successful bid – GOSH/UCH/Tavistock
- NCL collaborative provision of General Paediatrics and CAMHS during covid.

## Charity

- Funding for the first cohort of apprentice nurses – growing our own workforce





<b>Trust Board</b> <b>24<sup>th</sup> November 2021</b>	
<b>Annual planning 2022/23</b>  <b>Submitted by:</b> <b>Helen Jameson, Chief Finance Officer</b>	<b>Paper No: Attachment Q</b>  <input type="checkbox"/> <b>For information and noting</b>
<b>Purpose of report</b> To provide an update on the business planning process for 2022/23, including budget setting and the progress made to date.	
<b>Summary of report</b> <p>The current NHS landscape is changing with a move towards Integrated Care systems (ICS), local determination of funding flows and new payment systems. This means that GOSH will need to ensure that its plans align with the North Central London (NCL) ICS and that it works closely on the new funding plans. The guidance around this has not yet been released although NHSE have stated that it should be released in December 2021. This makes the current year particularly complex due to the number of changes that are expected.</p> <p>The Trust still expects that it will be required to submit an annual business plan to NHS England detailing the goals and objectives of the organisation for the coming year. The Trust therefore has started the process with a focus on efficiency while it awaits the guidance to be released. This should put the Trust in a strong position when working with the ICS and national teams. Following the release of the guidance and the work undertaken during the planning process an update will be provided to the February &amp; March FIC meetings ahead of presenting the completed plans to the Trust board in March 2022.. In order to deliver this plan each directorate is pulling together a business plan for the upcoming year with the corporate directorates using the clinical teams plans to shape the support they need to provide/</p> <p>The business planning process is currently on track and inline to continue to follow the timetable. First budgets were submitted on the 5<sup>th</sup> November and directorate business plans and second draft budgets are due to be submitted on the 10<sup>th</sup> December.</p>	
<b>Action required from the meeting</b> To receive an update on the process and progress of business planning for 2021/22	
<b>Contribution to the delivery of NHS Foundation Trust priorities</b>  <input type="checkbox"/> <b>PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people</b> <input type="checkbox"/> <b>PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes</b>	<b>Contribution to compliance with the Well Led criteria</b> <input type="checkbox"/> <b>Leadership, capacity and capability</b> <input type="checkbox"/> <b>Vision and strategy</b> <input type="checkbox"/> <b>Culture of high quality sustainable care</b> <input type="checkbox"/> <b>Responsibilities, roles and accountability</b> <input type="checkbox"/> <b>Effective processes, managing risk and performance</b> <input type="checkbox"/> <b>Accurate data/ information</b>

<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training</b></li> <li><input type="checkbox"/> <b>PRIORITY 4: Improve and speed up access to urgent care and virtual services</b></li> <li><input type="checkbox"/> <b>PRIORITY 5: Accelerate translational research and innovation to save and improve lives</b></li> <li><input type="checkbox"/> <b>PRIORITY 6: Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care</b></li> <li><input type="checkbox"/> <b>Quality/ corporate/ financial governance</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Engagement of public, staff, external partners</b></li> <li><input type="checkbox"/> <b>Robust systems for learning, continuous improvement and innovation</b></li> </ul>
<b>Strategic risk implications</b>	
<b>Financial implications</b> This outlines the Trust financial plan for 2022/23 and the process by which the plan will be set.	
<b>Implications for legal/ regulatory compliance</b> N/A	
<b>Consultation carried out with individuals/ groups/ committees</b> All clinical and corporate directorate leaders are involved in the business planning process. They in turn consult with their service leads and relevant external partners	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Jonathan Wharton and Ella Vallins	
<b>Who is accountable for the implementation of the proposal / project?</b> Jonathan Wharton and Ella Vallins	
<b>Which management committee will have oversight of the matters covered in this report?</b> Trust Board, Finance and Investment Committee, Operational Board, Executive Management Team, Capital investment Group, the Better Value Board and Council of Governors.	

# Approach to Annual Planning & Budget Setting 2022/23



Ella Vallins & Jonathan Wharton  
November 2021

# Annual Planning 2022/23

This paper outlines a proposal for GOSH's internal Annual Planning 2022/23 process and has been prepared following the reviews that have taken place at both EMT and FIC in September. The process contained within this document has been put in place and the planning process was launched across the Trust in October 2021 in order that the Trust can meet its Annual Planning obligations by the new financial year in April 2022. The intent is to keep the overall methods for AP as simple as possible, due to Covid-19 and recovery, but to ensure sufficient governance, scrutiny and challenge to ensure value for money is delivered.

Both EMT and FIC have been provided with an update on the planning process at their November meetings. This paper has been updated to incorporate the most recent information reviewed by EMT and FIC.

# Annual Planning 2022/23

## 2022/23 Annual Planning Outputs

The Trust is undertaking its annual planning process to meet the requirements set out by NHS England (NHSE) as well as providing the organisation with a framework for the coming year. Annual planning is at producing the following outputs:

- To deliver a Trust wide plan that aligns with that of the North Central London (NCL) integrated Care systems (ICS) strategy and plan
- To create Trust objectives that deliver the national and local NHS plans (including reduced waiting times, service access and COVID-19) while linking to the Trusts Above and Beyond Strategy.
- To deliver a budget that supports the annual plan, provides financial assurance and aligns with the local ICS.
- To develop an efficiency programme that maintains service quality and safety while improving the Trusts use of resources.
- Develop a clear capital programme that meets Trust priorities and remains within the capital approved envelope.

All the above will be consolidated to form GOSH's Annual Plan (AP) which will be signed off at Trust Board in March 2022 and used as the basis to fulfil any national or NCL request for planning for 2022/2 - when such request/s arises.

## NHSE National Guidance:

NHSE have advised that national planning guidance will be issued in December 2021. Their priorities are likely to contain similar themes from the planning guidance from this year:

- Supporting staff
- Recovery and tackling backlogs
- Addressing Health Inequalities
- Collaboratively systems working

With a continued focus on restoring services, meeting new care demands and reduce the back logs that are a direct consequence of the pandemic, whilst supporting staff recovery and taking further steps to address inequalities in access, experience, and outcomes

## **Trust Strategy - Above and Beyond**

In September 2020, GOSH launched its five-year strategy Above and Beyond, during September 2021 GOSH Executives will decide upon key areas of focus for the coming year 2022/23 that are rooted in both our Trust Purpose or Principles and fulfil NHSEI directives or priorities. In order to ensure that the Trust understands the focus for the coming year and that local plans can align to it this.

## **Trust Above and Beyond Strategy to Action Plan**

Clinical and corporate directorate goals are being developed to ensure they are driven by Above and Beyond, and link and respond to the Trust's 2022/23 Priorities, Principles and Planets. Goals and actions are also required to be linked to one of the five CQC quality themes, where applicable, to help prepare for the potential of a CQC visit in year 2022/23. It is expected that all Directorates flag any Business Cases that they're intending to submit in year in their Action Plans for 2022/23 to help with the anticipation and financial implication for budget setting.

## **Activity Setting for 2022/23 Annual Planning:**

We understand from National Finance teams that 2022/23 plans will be based on 2019/20 outturn, it is not clear if the outturn referred to is the financial outturn or the activity-based outturn. It should be noted that due to Epic implementation in April 2019/20 GOSH negotiated a financial block to protect from lost income relating to activity in April +May being significantly below BAU levels, so if the activity-based outturn is used we will have a gap associated to this reduction in activity, however if the financial outturn is used we would hopefully not have this gap.

An option for consideration for the basis of 2022/23 activity plans could therefore be Jun 2019 – Feb 2020 scaled to full financial year, or Apr 2019 - Feb 2020 with April and May adjusted up to usual run-rates. It is unlikely March 2020 will be included in any version of the plans nationally (as Covid hit then). Or alternatively – the principle for Activity for 2022/23 could be deliver the activity of 2021/22 with local stretch targets.

This position would need to be reviewed to consider when NHSE issues it's planning guidance.

# Trust Budget Setting for 2022/23

With the changes that are currently going on in the NHS it is important that the Trust starts planning for 2022/23 early and has a clear plan for delivering the budget, this will allow the Trust to develop service models, transformation, recruitment plans, efficiency programs and capital plan ahead of the financial year starting. This will put the Trust in the best position to deliver its capital plan within the Trust limits, financial position, activity plans and improve the care provided. In order for the Trust deliver the budget this paper lays out the key elements for setting the 2022/23 budget & 5 year capital plan and an outline of the process. The paper goes through the key principles of setting the budget along with key learnings from 2021/22.

## 2021/22 Budget Setting overview

There are a number of key areas that will be undertaken within the 2022/23 budget setting process. These are:

- Review the Trusts underlying position taking account of Covid-19 and changes in NHS funding.
- Identification of the Trust pressures
- Set an agreed Trust Surplus/Deficit plan
- Better Value calculation
- Issue Control Totals to all directorates to facilitate the budget setting process.
- Income to be calculated and applied at the end of the process due to national changes to payment methodologies and current lack of guidance.

## 2021/22 Underlying Position

As part of the work being undertaken to look at the ongoing position of the Trust GOSH have been continuing the work on the underlying position of the Trust as this will aid planning for the Trust and the STP. The underlying position of the Trust at the end of 2019/20 was a £12.2m deficit due to non-recurrent income that supported the trust particularly from the Charity. At the end of 2020/21 this had deteriorated to £55.8m due to lost private patient income, Covid-19 costs and additional EPR/ZCR costs. The table below shows the 2021/22 Trust plan and the significant non-recurrent elements within the plan that once removed give an updated underlying run rate.

## Attachment Q

This underlying run rate deficit is being offset in 2021/22 through non-recurrent funding that the Trust has received particularly Elective recovery funding. As this is non-recurrent it still leaves the Trust with an underlying run rate deficit.

	£m
<b>2021/22 Trust plan</b>	<b>(8.4)</b>
Charity Income	(4.1)
Covid income	(8.8)
Lost income	(5.8)
ERF	(4.0)
Private patient Income	(31.5)
<b>Underlying run rate 2021/22</b>	<b>(62.6)</b>

*Covid-19 costs included in plans are currently assumed to be recurrent and therefore can't be removed to offset the non-recurrent income.*

### 2022/23 National Budget Expectations

When the national planning guidance is issued in December 2021 it is expected that STPs will set efficiency targets with the aim of the local system reaching a breakeven position. Historically NHSE has set GOSH a £800k surplus target, which would support bringing the system to balance and it may assume this again. Further to this, it is expected the STP will be set a 5% efficiency saving target. For GOSH this would equate to c£22m.

In addition it is assumed that the STP will be required to continue with the focus of reducing the waiting lists and therefore GOSH will need to deliver an activity plan at a similar level to 2021/22, although there may be an elective recovery fund to support this.

### 2022/23 Trust Revenue Planning

In order to set a budget for 2022/23 the Trust needs to calculate a control total that it will work to. Having reviewed the Budget setting process from 2020/21 the Trust is proposing to:

- Use the 2021/22 plans as the base budget
- Apply key incremental assumptions to the budgets
- Apply a Better Value programme.
- Zero base Private Patient income
- Zero base NHS & Non NHS Clinical Income

With the unknown position of the NHS income and the continuing pressure on the private patient income the initial plans will focus on the expenditure base for the Trust in a similar



way to 2020/21 budget setting. Once guidance has been released the Trust will be able to incorporate the NHS income guidance into the planning process.

### **2022/23 Capital planning**

NHSE will request a a five year capital plan. These requirements also meets the GOSH Children's Charity's need for information about hospital priorities, facilitating the determination of their future business planning needs. The new capital regime means that ICSs allocate capital funding budgets to Trusts even if the costs are funded by their own cash.

The introduction of the new accounting rule IFRS 16, from 1 April 2022 will have a significant impact on the Trust's capital expenditure as it will see capital items used by the organisation, through any kind of contract or lease agreement, being considered a capital asset. This means that any new lease or any renewal of an existing lease after 1 April 2022 which includes an asset will now have to follow the capital approvals process and will be charged against the Trust's capital (rather than revenue) budget.

During 2021/22 capital planning, the Trust prepared a 5 year capital programme. This will be the starting point for 2022/23 planning. The capital budget for 2022/23 has been set at £15m, this will allow the Trust to maintain its cash position in order to be able to fund the Children's Cancer Centre in future years. It is likely that this amount will be approved by the ICS; however it should be noted that the final total envelope for Trust-funded capital expenditure has not yet been agreed by the ICS.

As the Trust continues to plan for the Children's Cancer Centre (£288m) will be included in the plan, with a £38m contribution from the Trust included in the Trust's capital plan for approval by the ICS.

### **2022/23 Budget Setting Process**

This paper contains an overview of the annual planning timetable which contains the budget setting timetable. The process began in October with the aim to complete the initial part of the budget setting process by the 10<sup>th</sup> December. The remainder of the budget setting timetable is then used to develop the better value plans in order that they are in place with enough time to implement them ahead of 2022/23.

Key dates:

Date	Item
06-Oct-21	Budget Setting Launch at Ops Board
08-Oct-21	Corporate Budget Setting Launch
Oct/Nov	Capital Planning Workshops
05-Nov-21	Initial Budget Submission (Pre-Better value) to be Submitted
03-Dec-21	Capital Proforma Submission by Capital Leads
10-Dec-21	Final Budget & Business plan to Be Submitted
15-Dec-21	CIG First review of Capital plan
23-Feb-22	Draft plans presented to FIC
25-Mar-22	Final plans presented to FIC
30-Mar-22	Plans presented to Trust Board for approval

In addition to the directorates submitting their first draft budgets on the 5<sup>th</sup> November the Trust has re-established a Better Value Board. The aim of this board is to oversee the successful development, implementation and delivery of the longer term better value schemes along with the annual planning better value programme allocation. The better value board has been working on the manner in which the better value programme will be pulled together and monitored. This work is not currently completed but will outline how better value targets are allocated, what can be included and the QIA process that will be required.

### Next Steps

The annual planning and budget setting process are continuing across the organisation with the next key date being the 10<sup>th</sup> December 2021 when budget and plans are due for submission. Key next steps within the approval of the plans are:

- Council of Governors update and consultation on the 10<sup>th</sup> February in line with non-NHS income activities
- FIC update 23<sup>rd</sup> February to review the progress and the integration of the NHS funding guidance that is expected to have been released
- FIC review of the final Trust plans and budget for recommendation to the Board for sign off
- Trust Board receive the plan and Budget for review, sign off and delegation of authority to the CEO for submission of the annual planning documentation.

## Appendix A

## Overarching Annual Planning Timetable and Milestones 2022/23

<b>TIMETABLE FOR 2022/23 ANNUAL PLANNING</b>	
<b>August/ September 2021</b>	
10th September 2021	Annual Planning Paper to EMT
15th September 2021	EMT discussion re: Annual Planning
16th September 2021	Trustwide Annual Objectives Agreed
24th September 2021	FIC Initial briefing and review
<b>October 2022</b>	
6th October 2021	Ops Board Annual Plan Briefing
8th October 2021	Corporate Annual Plan Briefing
22nd October 2021	Launch of guidance and plan proforma for Capital Planning
<b>22nd October 2021</b>	GMs to send capital requirements to Capital leads
<b>November 2022</b>	
<b>3rd November 2021</b>	DEADLINE - submission of completed proforma to Deputy Financial Controller by Capital Leads
<b>5th November 2021</b>	DEADLINE - Annual Budget Pre Better Value Submitted
w/c 22nd November 2021	FIC & Trust Board Update
<b>December 2021</b>	
<b>3rd December 2021</b>	Submission of completed proforma to Deputy Financial Controller by Capital Leads

8th December 2021	Consolidation of plan by Deputy Financial Controller
<b>10th December 2021</b>	DEADLINE - All Directorates to submit final Budget, with 1st draft of BV savings DEADLINE - All Directorates to submit Plan and key Objectives
15th December 2021	First review by Capital Investment Group (CIG)
<b>January 2021</b>	
w/c 5th January 2022	Individual Directorates Team Meetings briefing on the Trust objectives and process for creating local objectives.
12th January 2022	EMT to review Estates PPM
19th January 2022	EMT to review ICT PPM
26th January 2022	EMT to review update of Capital
<b>February 2021</b>	
<b>4th February 2022</b>	DEADLINE- Service and Teams Plan on a Page 2022/23 Annual plans and Budgets finalised ready for FIC/Trust Board review and approval
9th January 2022	Approval of prioritised plan by EMT
16th February 2022	EMT Review
w/c 21st February 2022	Trust Board / FIC - Draft Annual Trust Plan
<b>March 2021</b>	
25th March 2022	FIC - Final Annual Trust Plan
30th March 2022	Trust Board Review and Annual plan approval



<p><b>Trust Board</b> <b>24<sup>th</sup> November 2021</b></p>	
<p><b>Sustainability Reset</b></p> <p><b>Submitted by: Zoe Asensio Sanchez Director of Built Environment and Estates and Facilities/ Nick Martin, Head of Sustainability &amp; Environmental Management</b></p>	<p><b>Paper No: Attachment R</b></p> <p>1) Draft structure diagram. For appendix only</p> <p>× For approval × For discussion</p>
<p><b>Purpose of report</b></p> <ul style="list-style-type: none"> <li>- To provide an update on the sustainability programme &amp; response to the 4 KPMG Sustainability Audit recommendations</li> <li>- To provide oversight of the programme direction including, evolving structure, governance and work stream activity.</li> <li>- To outline the &amp; support required to deliver this</li> </ul>	
<p><b>Summary of report</b></p> <p>GOSH has begun to forge a sector leadership position on this agenda and has made significant Net Zero commitments. This recognised ‘health crisis’ is rapidly increasing in importance and intensity (the politics as well as the physics) and therefore prioritisation and support is required for our leadership role to continue and develop. This paper provides oversight of the programme, highlights and priorities and outlines the support required.</p> <p>The recent KPMG Sustainability audit highlighted 4 key findings. These are fundamental to enhancing GOSH’s Climate &amp; Health Emergency response, and propelling the sustainability programme and our leadership credentials forward for many years ahead. These include baseline &amp; ongoing assessment of emissions, a fully embedded governance process for oversight, emissions reduction strategy &amp; supporting action plans and a focus on Trust procurement and supply chain which makes up circa 70% of emissions.</p> <p>This paper is the first stage in a process of ‘resetting’ &amp; enhancing the Sustainability Programme ahead of finalising all baselining, KPIs, targets, workstreams by April 2022. Simultaneously a programme of work formalising a GOSH Trust/ Charity sustainability partnership will be completed. Any investment &amp; resource requirements will be brought forward by each workstream as individual business cases.</p> <p>The paper also provides oversight of the programme structure, highlights and priorities that will be built upon in the coming months in collaboration with our YPF. A more detailed work plan with wide ranging targets is being drafted currently.</p>	
<p><b>Action required from the meeting</b></p> <p>EMT/FIC/Board are recommended to note the reset paper and support further work to identify and meet its needs.</p>	
<p><b>Contribution to the delivery of NHS Foundation Trust priorities</b></p> <p>The paper contributes to the delivery of all priorities.</p>	<p><b>Contribution to compliance with the Well Led criteria</b></p> <p>The paper contributes to compliance with all Well Led criteria</p> <p>× <b>Leadership, capacity and capability</b></p>

<ul style="list-style-type: none"> <li>× <b>PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people</b></li> <li>× <b>PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes</b></li> <li>× <b>PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training</b></li> <li>× <b>PRIORITY 4: Improve and speed up access to urgent care and virtual services</b></li> <li>× <b>PRIORITY 5: Accelerate translational research and innovation to save and improve lives</b></li> <li>× <b>PRIORITY 6: Create a Children’s Cancer Centre to offer holistic, personalised and co-ordinated care</b></li> <li>× <b>Quality/ corporate/ financial governance</b></li> </ul>	<ul style="list-style-type: none"> <li>× <b>Vision and strategy</b></li> <li>× <b>Culture of high quality sustainable care</b></li> <li>× <b>Responsibilities, roles and accountability</b></li> <li>× <b>Effective processes, managing risk and performance</b></li> <li>× <b>Accurate data/ information</b></li> <li>× <b>Engagement of public, staff, external partners</b></li> <li>× <b>Robust systems for learning, continuous improvement and innovation</b></li> </ul>
<p><b>Strategic risk implications</b> Not applicable</p>	
<p><b>Financial implications</b> Not applicable</p>	
<p><b>Implications for legal/ regulatory compliance</b> Increasing regulatory pressure will emerge in regard performance on this agenda</p>	
<p><b>Consultation carried out with individuals/ groups/ committees</b> Where relevant, outline any technical advice sought and discussion at relevant GOSH committees prior to reporting to Board</p> <p>Paper taken to EMT.</p>	
<p><b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Nick Martin, Head of Sustainability &amp; Environmental Management</p>	
<p><b>Who is accountable for the implementation of the proposal / project?</b> Zoe Asensio-Sanchez, Director of Space &amp; Place</p>	
<p><b>Which management committee will have oversight of the matters covered in this report?</b> New Sustainability Board (Chaired by Zoe) will be overseen by EMT or/and Audit Committee</p>	

## Sustainability update and Reset Paper: November 2021

GOSH has begun to forge a sector leadership position on this agenda and has made significant Net Zero commitments. This recognised 'health crisis' is rapidly increasing in importance and intensity (the politics as well as the physics) and therefore prioritisation and support is required for our leadership role to continue and develop. In light of this context - and the recent KPMG sustainability audit recommendations - this paper is the first stage in a process of 'resetting' & enhancing the Sustainability Programme ahead of finalising all baselining, KPIs, targets, workstreams by April 2022. Simultaneously a programme of work formalising a GOSH Trust/ Charity sustainability partnership will be completed. Any investment & resource requirements will be brought forward by each workstream as individual business cases.

The paper also provides oversight of the programme structure, highlights and priorities that will be built upon in the coming months in collaboration with our YPF. A detailed work plan with wide ranging targets is being drafted currently.

### 1. Current status

The KPMG Sustainability audit highlighted 4 key findings. Actions to address these are covered in the paper:

- a. The Trust doesn't currently have a complete & accurate assessment of its greenhouse gas emissions
- b. The governance arrangements & reporting requirements to monitor delivery of the Climate & Health Emergency response & emissions targets have not yet been fully defined
- c. A strategy & supporting action plan which sets out how the Trust will respond to the Climate & Health Emergency & achieve emissions targets has not yet been developed
- d. Environmental considerations are not included as part of the procurement strategy

To act on the audit recommendations and ensure successful implementation of our sustainability ambitions including Net Zero emissions targets, it is necessary for GOSH to commit to enhancing the sustainability programme within the Trust. The recommendations for support will allow for delivery of the outputs below, addressing, monitoring, governance and delivery and embedding sustainability across the Trust at pace and in line with our core business priorities for the years ahead. Building on GOSH's current position on this agenda the support will allow the Trust to professionalise sustainability and forge a global leadership role around climate & pollution impacts on paediatric health.

*Audit gaps:* Initially the *Sustainability Steering Group* – comprising the core sustainability team, green champion working group chairs & CHE responders positioned across the directorates – will facilitate baseline audit data collection from each work stream owner as part of the 'emissions reduction strategy & action planning' process (outlined below) to be undertaken by April 2022. The need to systematise & embed wide-ranging and granular emissions monitoring, including around the complex scope 3 (procurement/supply chain) situation, via an EPIC build or dedicated data dashboard will require support in the longer term.

### 2. Greenhouse gas emissions assessment (a)



The first step to closing this audit gap will be gathering the baseline data, much of which already exists internally and is being collated. The workstream owners will be asked to gather, monitor and report this data into the Sustainability Board alongside their emissions reduction strategy and delivery plans. It is likely that as emissions reporting progresses the core sustainability team will require further support to develop a dashboard or portal so that the Trust can track this information, as outlined in the proposed outputs below. However the initial baseline data review has already commenced (e.g., waste data is readily available).

### 3. Governance overview (b)

The overall sustainability programme comprises workstreams - adapted from the core chapters in the new Greener NHS 'Green Plan' guidance – designed & implemented by owners across the Trust. By April 2022 each workstream will have an 'emissions reduction strategy' and 'delivery plan' to guide them. These will feed into an overarching 'Sustainability Delivery Plan' overseen & monitored by the new Sustainability Board (SB). The SB - chaired by the Director of Space & Place – made up of senior Trust representatives spanning directorates and meeting every 2 months will report into EMT or audit committee.

A soft launch & onboarding will be held in December with the formal launch in January/Feb where the draft terms of reference and proposed membership will be confirmed. This includes external partners and experts from our 'External Advisory Council' – providing a valuable extra layer of scrutiny - who may also be matched with Green Champions working groups to ensure continued review of market development and innovation. Patient voice is integral to our Sustainability Programme so YPF involvement in the SB & Steering group will also be formalised.

*A sustainability steering group* comprising the core Sustainability Team, YPF membership, Green Champion working group Chairs and CHE responders from Trust wide *pathfinder groups* will support the workstream owners' draft and implement their plans.

### 4. strategy & supporting action plan to set out how the Trust will respond to the Climate & Health Emergency & achieve emissions targets (c)

Emissions reduction strategies and action plans will be developed via the workstream owners, including an expectation of sharing responsibility with others in the Trust and proposing business cases for implementation. A detailed template for these and for gathering and reporting data is under review. This includes best practice innovation from the marketplace and partners.

### 5. Environmental considerations to be included as part of the procurement strategy (d)

This is a longer term piece of work which requires a sustainable procurement strategy, led by a working group of key partners, including the GSTT procurement team, materials management team and the contracts team at GOSH. Initial work will include an analysis of expenditure, additional costs and potential savings.

### 6. Priorities and levels of work required

Delivery of the agenda requires a hospital-wide approach, implemented on a workstream basis and summarised below. This work plan is being drafted in detail currently including consideration of the following examples:

- Local actions in departments including development of champions, formal approval for time allocated, grass-roots initiatives and cascading information, ideas and progress
- Hospital-wide action including alongside the Head of Facilities and waste manager, redevelopment, space allocation colleagues and others to deliver improved access to cycle parks, support the CCC Public realm agenda, work to pedestrianise the street and overall emissions work (See 'Space & Place' & 'Community & Public Realm' work streams)
- Contribution to NHS agenda including supporting national initiatives and events, working with press and social media team to promote the work of the Trust and patient engagement and maintaining a high profile (See 'Leading the NHS' work stream)

7. Programme activity and workstreams:

The overall *Sustainability Delivery Plan* is made up of '10 Functional' workstreams & '7 Strategic' workstreams outlined below

This table provides a high-level summary of the overall proposed sustainability programme structure and governance alongside examples of outputs/targets for each workstream.

***Any investment & resource requirements will be brought forward by each workstream as individual business cases:***

Functional Workstreams	Proposed outputs & targets (further detailed targets/KPIs in draft work plan)
1) Procurement & Circular Economy	<ul style="list-style-type: none"> <li>- Trust spend versus LCA (Life Cycle Assessment) analysis conducted (May 2022)</li> <li>- <i>Emissions &amp; Procurement Impact Analysis</i> work to drive and embed a culture/structures of detailed emissions impact reporting for each Directorate/work stream linked to GOSH's Trust wide Net Zero targets. Working across Trust Directorates (with EPIC, DRIVE, Procurement &amp; Finance) this support will also work to embed an LCA (Life Cycle Assessment) approach.</li> <li>- Sustainable Procurement working group convened (April 2022)</li> <li>- Climate related 'impairment of fixed assets' &amp; other financial analysis conducted</li> </ul>
2) Food & Nutrition	<ul style="list-style-type: none"> <li>- Obtain soil association accreditation (June 2022)</li> <li>- Investigate and implement local growing (eg. roof to fork) on GOSH premises or nearby (March 2022)</li> </ul>
3) Our People	<ul style="list-style-type: none"> <li>- 10% of staff are Green Champions by Nov 2022 &amp; 30% by Nov 2022)</li> <li>- Creation of a <i>sustainability fellowship programme</i> (January 2022) &amp; 4 initial Sustainability Fellows (Pharmacy, Medical, ANP, service management)</li> <li>- <i>Clinical Lead for Sustainability</i> based on a consultant PA arrangement. Working with key colleagues the role will embed the CHE response into clinical practice and care pathways across all Trust specialities. This will incorporate waste, education and research.</li> <li>- Sustainability Technician at Grade 8b. A key engineering delivery &amp; liaison role ensuring that all decisions around estate master planning &amp; infrastructure are integrally tied to the 2030 Net Zero target for Estate based emissions.</li> <li>- <i>Sustainability Apprenticeship Programme: 5 x grade 4</i> apprentice roles to support, waste, energy, public realm, green champion engagement &amp; sustainability data monitoring: JD banded and providers in place: We hope to bring on board a young apprentice, potentially from the area</li> <li>- Every Clinical Division to propose a Climate &amp; Health Emergency Responder (CHER) to form &amp; lead a <i>sustainability 'pathfinder team'</i> to support work stream owners. Support of a half day per month not backfilled.</li> </ul>

	<ul style="list-style-type: none"> <li>- An addition to the service manager/ general manager role to ensure consideration for patient pathways and commissioning is accounted for. A pilot within Pharmacy (high emissions due to medication) would be recommended</li> <li>- YPF involvement in the overall delivery plan and Sustainability Board will be formalised</li> <li>- Ongoing programme of dedicated staff communications, engagement &amp; climate literacy education delivered through internal Comms and GLA Operational Sustainability working group</li> </ul>
4) Sustainable Care	<ul style="list-style-type: none"> <li>- Air Quality Geo-Coding embedded into EPIC (Nov 2022)</li> <li>- Single use/Reusable replacement programme (all Laryngoscopes &amp; drug trays by June 2022)</li> </ul>
5) Digital Transformation	<ul style="list-style-type: none"> <li>- Harness EPIC to reduce paper usage and supply live and reliable data related to the ongoing environmental impact of health care delivery (April 2022)</li> <li>- Development of a sustainability data dashboard to streamline programme monitoring and reporting (June 2022)</li> </ul>
6) Travel & Transport	<ul style="list-style-type: none"> <li>- 10% of staff transitioned to active travel (3 days/wk) by May 2023</li> <li>- Target: Staff engagement initiatives delivered every 2 months</li> </ul>
7) Space & Place	<ul style="list-style-type: none"> <li>- 10% reduction in total estate energy use &amp; 15% Co2e by November 2023</li> <li>- Reach zero waste to landfill by November 2023</li> <li>- New Estate Master Plan in place circa June 2022</li> </ul>
8) Medicines	<ul style="list-style-type: none"> <li>- 20% reduction in GHG emissions associated with anaesthetic gases by November 2022</li> <li>- 20% increase in IV procedures by November 2022</li> <li>- Total Intravenous Anaesthesia pumps and Bispectral Index monitors enabling delivery of lower carbon anaesthetics.</li> </ul>
9) Adaptation	<ul style="list-style-type: none"> <li>- Climate Adaptation Plan in place (April 2022)</li> <li>- Adaptation incorporated into Trust risk register</li> </ul>
10) Community & Public Realm	<ul style="list-style-type: none"> <li>- 5% reduction in daily average No2 &amp; PM2.5 by Nov 2022</li> <li>- Great Ormond Street becomes 'One-Way' by November 2022</li> <li>- GOSH establishes the Camden Healthy Streets Alliance with LBC and others (Feb 2022)</li> </ul>
<b>Strategic Work streams</b>	
1) Net Zero target reporting	<ul style="list-style-type: none"> <li>- Emissions baselining (workstream &amp; overall levels) in place by April 2022</li> <li>- All work stream planning (emissions strategies/delivery plans) completed by April 2022</li> </ul>
2) Internal Governance	<ul style="list-style-type: none"> <li>- Sustainability Board (including external advisory board &amp; YPF voice) meets bi monthly (6/year)</li> <li>- All work streams planned &amp; integrated into overall Delivery Plan (April 2022)</li> <li>- Formally embedding emissions reduction reporting into the performance reporting of each directorate</li> </ul>
3) Trust/GOSHCC investment	<ul style="list-style-type: none"> <li>- 10 dedicated sustainability funding partners secured by Nov 2022</li> <li>- £250k from GOSHCC funders by Nov 2022 &amp; £1m by Nov 2023</li> </ul>
4) Communication, Advocacy & Patient Voice	<ul style="list-style-type: none"> <li>- Patient involvement in shaping the Sustainability Delivery Plan and Sustainability Board will be formalised</li> <li>- National/Global Young Person's Sustainability Leadership &amp; advocacy network created (June 2022)</li> <li>- 4 x YPF sustainability session will be held per year</li> <li>- Patient &amp; family engagement strategy in place (June 2022)</li> <li>- Ongoing programme of dedicated patient/YPF communications, engagement &amp; climate literacy education created delivered through internal Comms and GLA Operational Sustainability working group</li> </ul>
5) Offsetting	<ul style="list-style-type: none"> <li>- Offsetting analysis for 2030 Net zero target completed (Nov 2022)</li> </ul>

	- Trust policy on offsetting agreed
6) Research	- Green Champions Research working group defines outputs linked to wider research team (March 2022) - Research team formally supporting medical registrars to focus on health impacts of environment (March 2022)
7) Leading the NHS	- Post COP paediatric hospital sustainability group (March 2022)

8. Recommendation

EMT/FIC/Board are recommended to note the Sustainability Reset paper and support further work to identify and meet its needs.

# GOSH Sustainability (Trust)



ALL GOSH STAFF

All GOSH staff have a responsibility (and an opportunity) to contribute to our Sustainability Programme and the fulfillment of our net zero commitments. We will endeavour to identify and empower Climate & Health Emergency Responders (CHERs) across the Trust, to act as ambassadors and grasp opportunities to embed sustainability within their own teams and areas of work. "Professionalising" our organisational commitment to addressing the Climate & Health Emergency should include the delivery of sustainability education and incorporation into recruitment and appraisal processes.


**NHS**

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

**Trust Board  
24<sup>th</sup> November 2021**

**November IQPR (October 2021 Data)**
**Paper No: Attachment S**
**Submitted by:**

Dr Sanjiv Sharma MD  
Darren Darby Acting Chief Nurse  
John Quinn COO  
Caroline Anderson Director of HR & OD

- For approval  
 For discussion  
 For information and noting

**Purpose of report**

To present the IQPR data and narrative to the Board to show the monthly performance on the key indicators and to provide the Board with assurance that the indicators on patient safety, patient experience and performance are monitored regularly.

**Summary of IQPR report**

- The October report shows that the incident reporting rate has remained similar to September this month. The percentage of incident closure rate has significantly decreased to 40%, this has been a downward trend for last 3 months and average days to close increased from 47 to 56. This is related to resource capacity within the Patient Safety Team.
- The Trust has 4 open serious incidents, but none are overdue for October.
- The position with high risk reviews remains static, however, overdue actions have increased from September. Focus continues on improving the performance in liaison with the directorates.
- The Friends and Family Test response rate in October was 26%, a decrease from the previous month, but still remains above target of 25%. Targets for ratings of experience for inpatients (97%) was achieved and but narrowly missed for outpatients (94%). At directorate level BCC did not achieve the target response rates and an action plan is being agreed.
- There were 10 formal complaints received in October 2021, which is an increase from the previous month and highest this financial year but consistent with October 2021 at 11. One new complaint was graded red and discussions are taking place to determine if it should be a declared SI. Overdue red complaint actions are at 2.
- PALS contacts fell by 15% (to 200) and concerns regarding communication fell for a third successive month. Complex contacts have increased and correlates with the increased number of complaints.
- WHO checklist GA procedures in main theatre for second month was above 98%.
- Increase in Inpatient Mortality, these are being reviewed through the mortality review process and at the time of writing there is no cause for concern indicated.
- RTT – Slight decrease in the position reported at the end of October 2021 at 76.7%, 0.7% decrease from September and 5% below trajectory. 52 Week waits decrease of 25 patients (11%) to 194 at end of October. The power outage had a significant impact on performance and capacity challenges are being experienced in Cardiology and Clinical Genetics.
- DM01 – Increase in the reported position for October 2021 at 87.38%, 3% increase from September and 2.8% above trajectory. 6 Week breaches decreased by 18 to 170.



<b>Action required from the meeting</b> The Board are asked to note the report.	
<b>Contribution to the delivery of NHS Foundation Trust priorities</b> <input type="checkbox"/> <b>PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people</b> <input type="checkbox"/> <b>PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes</b> <input type="checkbox"/> <b>PRIORITY 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training</b> <input type="checkbox"/> <b>PRIORITY 4: Improve and speed up access to urgent care and virtual services</b> <input type="checkbox"/> <b>PRIORITY 5: Accelerate translational research and innovation to save and improve lives</b> <input type="checkbox"/> <b>PRIORITY 6: Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care</b> <input type="checkbox"/> <b>Quality/ corporate/ financial governance</b>	<b>Contribution to compliance with the Well Led criteria</b> <input type="checkbox"/> <b>Leadership, capacity and capability</b> <input type="checkbox"/> <b>Vision and strategy</b> <input type="checkbox"/> <b>Culture of high quality sustainable care</b> <input type="checkbox"/> <b>Responsibilities, roles and accountability</b> <input type="checkbox"/> <b>Effective processes, managing risk and performance</b> <input type="checkbox"/> <b>Accurate data/ information</b> <input type="checkbox"/> <b>Engagement of public, staff, external partners</b> <input type="checkbox"/> <b>Robust systems for learning, continuous improvement and innovation</b>
<b>Strategic risk implications</b> Company Secretary to complete	
<b>Financial implications</b> Not Applicable	
<b>Implications for legal/ regulatory compliance</b> Not Applicable	
<b>Consultation carried out with individuals/ groups/ committees</b> Not Applicable	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> The MD supported by the AMDs	
<b>Who is accountable for the implementation of the proposal / project?</b> MD	
<b>Which management committee will have oversight of the matters covered in this report?</b> RACG, QSEAC, FIC, Closing the Loop and PFEEC.	

# Integrated Quality & Performance Report November 2021 (October 2021 data)



**Sanjiv Sharma**

**Darren Darby**

**John Quinn**

**Caroline Anderson**

Medical Director

Acting Chief Nurse

Chief Operating Officer

Director of HR & OD



# Hospital Quality Performance – November 2021 (October data)

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

	Parameters	August 2021	September 2021	October 2021
Incidents reports (per 1000 bed days)	R<60 A 61-70 G>70	82 (n=587)	89 (n=542)	88 (n= 651)
Incident investigations completed in month		458	560	513
No of incidents closed	R - <no incidents reptd G - >no incidents reptd	412	426	475
Incident Closure Rate (% of incidents closed within policy)	R 0-64%A>65-75% G>76-100%	72%	60%	40%
Average days to close	R ->50, A - <50 G - <45	32	47	56.5
Medication Incidents (% of total PSI)	TBC	19.4%	20.0%	22.1%
WHO Checklist (Main Theatres GA only)	R<98% G>98-100%	97%	98%	99%
Near Miss reports (% of incidents reported)	R <8%, A 8-9%, G>10%	3.7%	2.8%	5.9%
New Serious Incidents		1	1	1
Overdue Serious incidents	R >1, A -1, G – 0	0	0	0
Safety Alerts overdue	R- >1 G - 0	3	0	0
Serious Children's Reviews Safeguarding children learning reviews (local)	New	0	0	0
	Open and ongoing	12	12	10
Safeguarding Adults Board Reviews	New	0	0	0
	Open and ongoing	2	2	2

## Are we delivering effective, evidence based care?

	Target	Aug 21	Sep 21	Oct 21
Specialty Led Clinical Audits on Track	R 0- 60%, A>60-75% G>75-100%	79%	76%	77%
Number of completed specialty led clinical audits per year	Aim =100 p.a G= YTD total at month end is on target	47	54	64
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	August 2021	September 2021	October 2021
Friends and Family Test Experience rating (Inpatient)	G – 95+, A- 90-94, R<90	98%	98%	97%
Friends and Family Test experience rating (Outpatient)	G – 95+, A-90-94,R<90	97%	96%	94%
Friends and Family Test - response rate (Inpatient)	25%	28%	33%	26%
PALS (per 1000 combined pt episodes)	N/A	8.44	9.75	8.45
Complaints (per 1000 combined pt episodes)	N/A	0.38	0.16	0.42
Red Complaints (%total complaints 12 month rolling)	R>12% A- 10-12% G- <10%	11%	10%	10%
Re-opened complaints (% of total complaints since April 2020)	R>12% A- 10-12% G- <10%	4%	4%	4%

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

	Parameters	August 2021	September 2021	October 2021
Mandatory Training Compliance	R<80%,A-80-90% G>90%	91%	91%	91%
Stat/Man training – Medical & Dental Staff	R<80%,A-80-90% G>90%	86%	86%	84%
PDR	R<80%,A-80-89% G>90%	88%	87%	86%
Appraisal Compliance (Consultant)	R<80%,A-80-90% G>90%	94%	94%	95%
Honorary contract training compliance	R<80%,A-80-90% G>90%	76%	75%	75%
Safeguarding Children Level 3 Training compliance	R<80%,A-80-90% G>90%	87%	85%	87%
Safeguarding Adults L2 Training Compliance	R<80%,A-80-90% G>90%	90%	89%	90%
Resuscitation Training	R<80%,A-80-90% G>90%	86%	84%	83%
Sickness Rate	R -3+% G= <3%	3.5%	3.3%	3.8%
Turnover - Voluntary	R>14% G-<14%	11.5%	11.4%	11.5%
Vacancy Rate – Contractual	R- >10% G- <10%	6.9%	5.7%	5.6%
Vacancy Rate - Nursing		5.8%	1.55%	1.01%
Bank Spend		5.1%	5.0%	5.0%
Agency Spend	R>2% G<2%	1.2%	1.3%	1.2%

# Hospital Quality Performance – November 2021 (October data)

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

## Are we managing our data?

	Target	August 2021	September 2021	October 2021
High Risk Review (% reviewed within date)	R<80, A 81-90% G>90%	75.9%	76.3%	75.3%
Serious Incident Actions (number of actions overdue)	R- >2 A- 1-2 G- 0	51	49	60
Red Complaints Action Plan Completion (no of actions overdue)	R- >2 A- 1-2 G- 0	11	1 (11 previously overdue have revised completion dates)	2
Duty of Candour Cases	N/A	7	10	11
Duty of Candour Conversation (Stage 1)	R<75% A 75-90% G>90%	100%	100%	100%
Duty of Candour Letter (Stage 2) Has a letter been sent?	R<75% A 75-90% G>90%	100%	42%	33%
Duty of Candour – compliance with 10 days	R<75% A 75-90% G>90%	66%	12%	33%
Duty of Candour - Stage 3 Total sent out in month	Volume	7	6	5
Duty of Candour – Stage 3 Total (%) sent out in month on time	R<50%, A 50-70%, G>70%	43%	17%	40%
Duty of Candour – Stage 3 Total overdue (cumulative)	G=0 R=1+	5	4	2
Policies (% in date)	R 0- 79%, A>80% G>90%	88%	90%	89%
Safety Critical Policies (% in date)	R 0- 79%, A>80% G>90%	88%	90%	90%
Fit and Proper Person Test Compliance (self assessment)	R - <90%A 90-99% G – 100%	100%	100%	100%
Inquests currently open	Volume monitoring	14	17	19
Freedom to speak up cases	Volume monitoring	12	12	21
HR Whistleblowing - New	Volume monitoring	0	0	0
HR whistleblowing - Ongoing	12 month rolling	0	0	0
New Bullying and Harassment Cases (reported to HR)	Volume	0	0	0
	12 month rolling	3	3	3

	Target	August 2021	September 2021	October 2021
FOI requests	Volume	42	43	34
FOI Closures: % of FOIs closed within agreed timescale	R- <65% A – 65-80% G- >80%	85%	90%	79%
No. of FOI overdue (Cumulative)		1	0	1
FOI - Number requiring internal review	R>1 A=1 G=0	0	0	0
FOI Number referred to ICO	G=0 R=1+	0	0	0
Information Governance Incidents	volume	6	13	17
IG incidents reported to ICO	R=1+, G=0	0	0	1
SARS (Medical Record ) Requests	volume	164	141	130
SARS (Medical Record) processed within 30 days	R- <65% A – 65-80% G- >80%	100%	97%	98%
New e-SARS received	volume	1	1	1
No. e-SARS in progress	volume	4	3	3
E-SARS released	volume	0	2	2
E-SARS partial releases		0	0	0
E-SARS released past 90 days	volume	1	0	0
Description	Target	Aug 2021	Sept 2021	Oct 2021
52 week + breaches reported (ticking at month end)	Volume	247	219	194
52 week + harm reviews to be completed (for treatment completed or seen in month)		98	131	107
Clinical Harm Reviews Returned at point of reporting		16	14	33
Clinical Harm Identified at point of reporting		0	0	0

# Do we deliver harm free care to our patients?

## Central Venous Line Infections

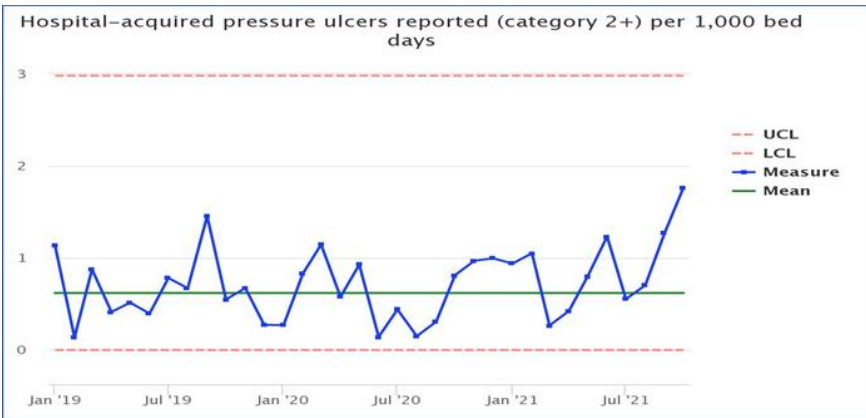
**GOSACVCRB (GOS acquired CVC related bacteraemias ('Line infections'))\***

Period	GOSACVCRB_No	DaysRecorded	Rate	Rate_YtD
Year 18/19	82	52965	1.5	1.5
Year 19/20	73	56284	1.3	1.3
Year 20/21	63	54125	1.2	1.2
Apr-21	4	4388	0.9	0.9
May-21	7	4492	1.6	1.2
Jun-21	3	4600	0.7	1
Jul-21	6	4396	1.4	1.1
Aug-21	8	4376	1.8	1.3
Sep-21	6	4436	1.4	1.3
Oct-21	3	4421	0.7	1.2

## Infection Control Metrics

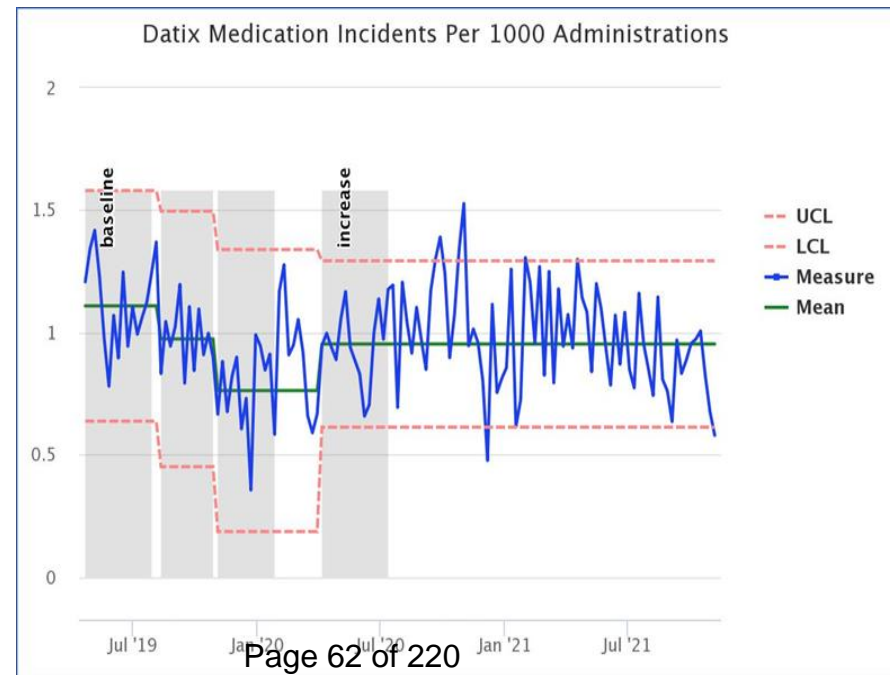
Care Outcome Metric	Parameters	July 2021	Aug 2021	Sept 2021	Oct 2021
Bacteraemias (mandatory reporting – MRSA, MSSA, Ecoli, Pseudomas Klebsiella)	In Month	2	2	10	2
	YTD (financial year)	18	20	30	32
C Difficile cases - Total	In month	2	2	1	0
	YTD (financial year)	3	5	6	6
C difficile due to lapses (Considered Trust Assigned but awaiting confirmation from NHS E)	In Month	0	0	0	0
	YTD	0	0	0	0

## Pressure Ulcers



		July 21	August 21	Sept 21	Oct 21
Volume	R - 12+, A 6-11 G <5	2	4	9	13
Rate	R=>3 G=<3	0.59	0.56	0.59	0.59

## Medication Incidents



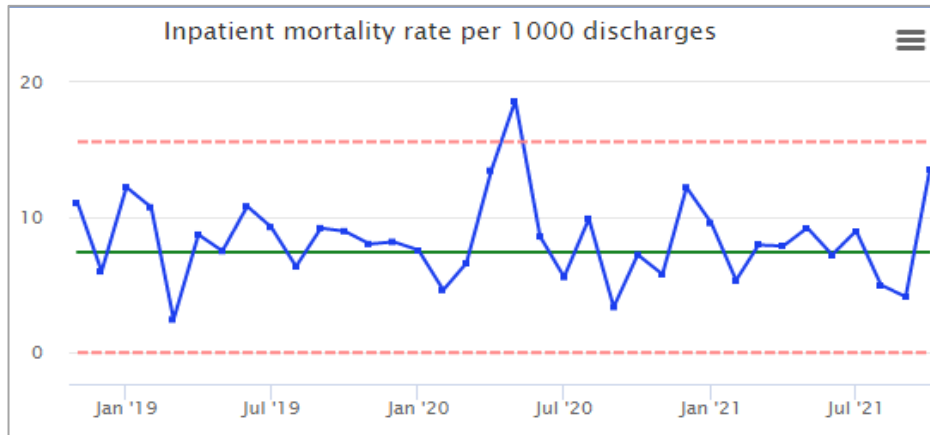
118 medication-related incidents were reported in October 2021.

29% (↔) of these reported incidents were related to drug administration errors from correct prescriptions and 21% (↑) were related to storage or missing medication.

76 medication incident investigations were completed and closed in October. There were no incidents reported as moderate harm with a small number (n=18) causing minor harm.

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

## Inpatient mortality



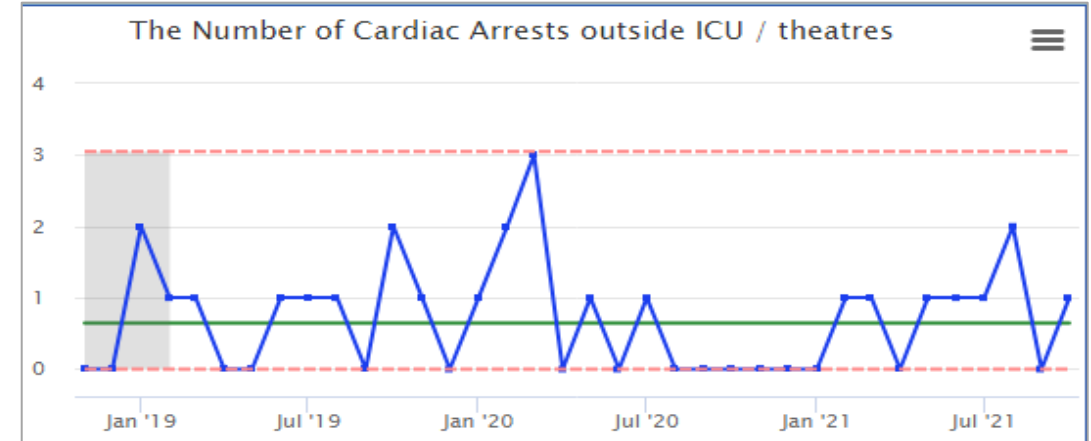
There are no indicators that require us to investigate our mortality, but we note that there were fourteen deaths in October (10 ICU, 2 BMT, 2 Haem/Onc), both August and September saw deaths below the mean for the last two years.

Deaths are all reviewed through our internal mortality review processes, and deaths in October would be planned to be concluded through this process by the end of January 2022. In addition to those processes we took a proactive and early look at the types of admission and reasons for deaths in October 2021. This has been completed by the GOSH Medical Lead for Child Death Reviews, with support from the Clinical Audit Manager.

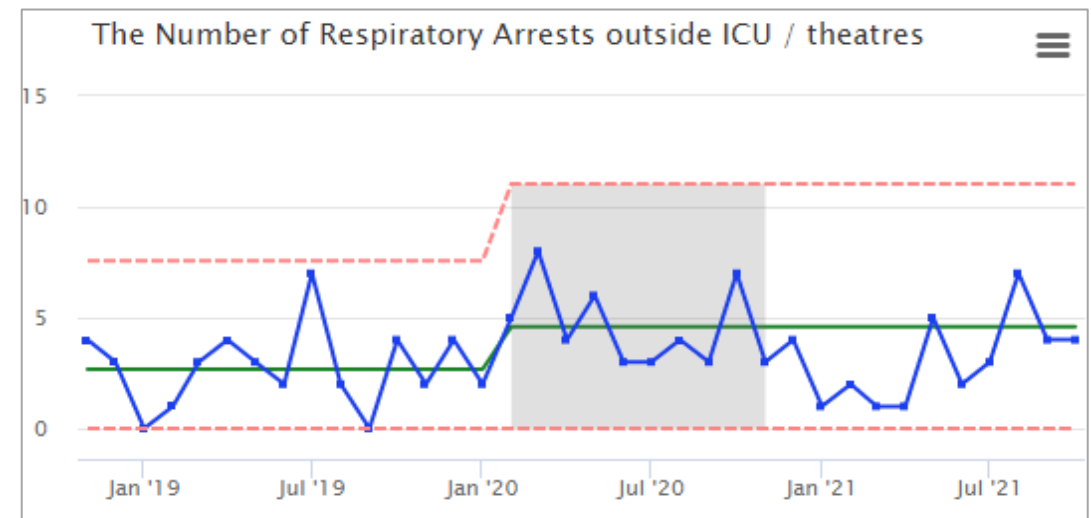
This concluded.

- We do not believe at the time of writing, that these deaths indicate care or service delivery problems provided at GOSH which account for increased deaths.
- There is no unusual patterning of deaths that account for the 14 deaths. 10 deaths were on ICU, and four were for children on BMT /Oncology wards with palliative care involvement
- At the time of writing there have been no serious incidents declared for any GOSH inpatient death that occurred in October 2021.
- There are no indications in our real time monitoring of risk adjusted ICU mortality which indicate a cause for concern that requires investigation. 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.

## Cardiac Arrests



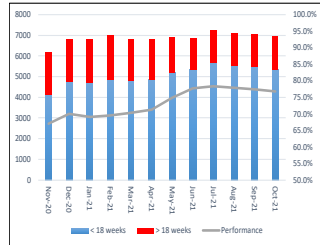
## Respiratory Arrests



# Do our processes and systems support patient access?

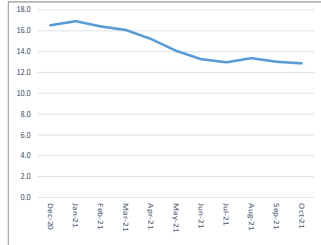
## Patient Access

RTT Incomplete pathways: % of patients waiting <18 weeks	Period	Target	Actual
	Oct-21	92.0%	76.70%



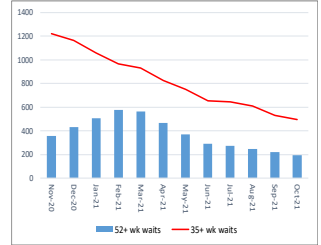
Period	Target	Actual
Nov-20	71.27%	74.92%
Dec-20	77.67%	78.31%
Jan-21	77.82%	77.42%
Feb-21	77.42%	76.70%
Mar-21		
Apr-21		
May-21		
Jun-21		
Jul-21		
Aug-21		
Sep-21		
Oct-21		

RTT: Average waits for open pathways	Period	Target	Actual
	Oct-21	8.1	12.9



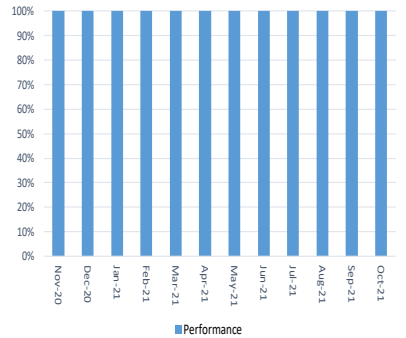
Period	Target	Actual
Nov-20	15.2	14.1
Dec-20	13.3	13.0
Jan-21	13.4	13.0
Feb-21	13.0	12.9
Mar-21		
Apr-21		
May-21		
Jun-21		
Jul-21		
Aug-21		
Sep-21		
Oct-21		

RTT: Incomplete pathways 52 weeks or more	Period	Target	Actual
	Oct-21	0	194



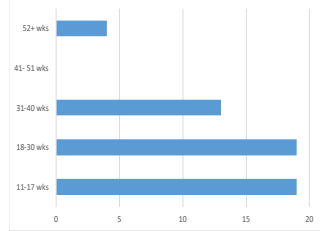
Period	Target	Actual
Nov-20	369	291
Dec-20	732	654
Jan-21	647	609
Feb-21	609	530
Mar-21		
Apr-21		
May-21		
Jun-21		
Jul-21		
Aug-21		
Sep-21		
Oct-21		

Cancer: 62 day consultant upgrade	Period	Actual
	Oct-21	100.0%



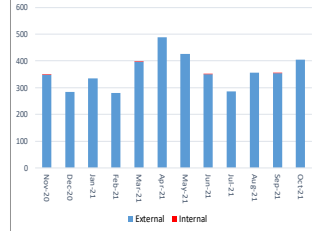
Period	Target	Actual
Nov-20	100.0%	100.0%
Dec-20	100.0%	100.0%
Jan-21	100.0%	100.0%
Feb-21	100.0%	100.0%
Mar-21	100.0%	100.0%
Apr-21	100.0%	100.0%
May-21	100.0%	100.0%
Jun-21	100.0%	100.0%
Jul-21	100.0%	100.0%
Aug-21	100.0%	100.0%
Sep-21	100.0%	100.0%
Oct-21	100.0%	100.0%

RTT: Weeks wait of 18 week RTT pathways received from external Trusts as at Oct 2021
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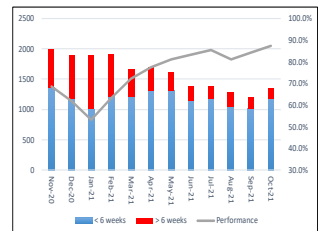
Period	Target	Actual
Nov-20	4573	19
Dec-20	19	19
Jan-21	13	0
Feb-21	0	4
Mar-21		
Apr-21		
May-21		
Jun-21		
Jul-21		
Aug-21		
Sep-21		
Oct-21		

RTT: Total unknown clock starts	Period	Actual
	Oct-21	405



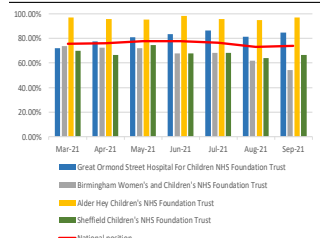
Period	Target	Actual
Nov-20	489	427
Dec-20	351	287
Jan-21	357	356
Feb-21	405	405
Mar-21		
Apr-21		
May-21		
Jun-21		
Jul-21		
Aug-21		
Sep-21		
Oct-21		

Diagnostics: % of patients waiting less than 6 weeks for a diagnostic test	Period	Target	Actual
	Oct-21	99.0%	87.38%



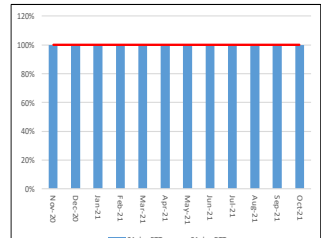
Period	Target	Actual
Nov-20	77.56%	81.15%
Dec-20	83.28%	85.36%
Jan-21	81.06%	84.33%
Feb-21	87.38%	87.38%
Mar-21		
Apr-21		
May-21		
Jun-21		
Jul-21		
Aug-21		
Sep-21		
Oct-21		

Diagnostics: National % patients waiting less than 6 weeks for a test	Period	Target	Actual
	Sep-21	99.0%	73.91%



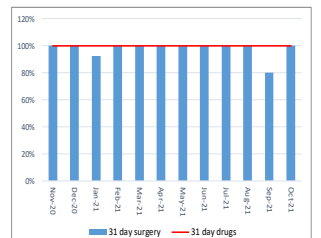
Period	Target	Actual
Mar-21	75.71%	75.97%
Apr-21	77.70%	77.62%
May-21	76.49%	72.88%
Jun-21	73.91%	73.91%
Jul-21		
Aug-21		
Sep-21		

Cancer: 31 day referral to treatment	Period	Target	Actual
	Oct-21	85.0%	100%



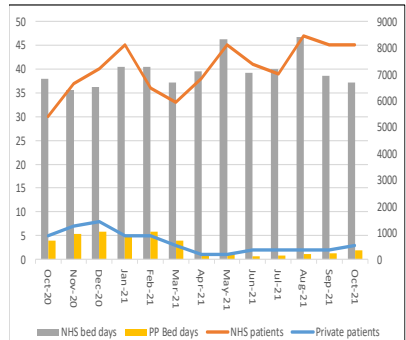
Period	Target	Actual
Nov-20	100%	100%
Dec-20	100%	100%
Jan-21	100%	100%
Feb-21	100%	100%
Mar-21	100%	100%
Apr-21	100%	100%
May-21	100%	100%
Jun-21	100%	100%
Jul-21	100%	100%
Aug-21	100%	100%
Sep-21	100%	100%
Oct-21	100%	100%

Cancer: 31 day subsequent treatment (Surgery)	Period	Target	Actual
	Oct-21	94.0%	100%



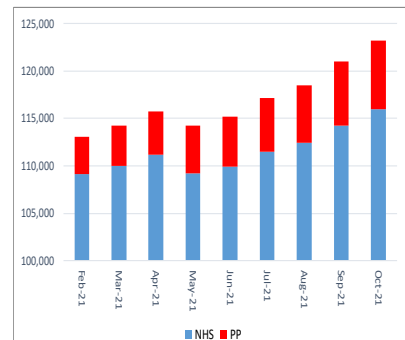
Period	Target	Actual
Nov-20	100%	100%
Dec-20	100%	100%
Jan-21	100%	100%
Feb-21	100%	100%
Mar-21	100%	100%
Apr-21	100%	100%
May-21	100%	100%
Jun-21	100%	100%
Jul-21	100%	100%
Aug-21	100%	100%
Sep-21	100%	100%
Oct-21	100%	100%

Patients not yet discharged with LOS >50 days	Period	Actual
	Oct-21	48



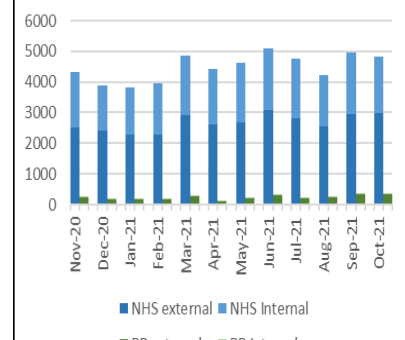
Period	Target	Actual
Nov-20	46	43
Dec-20	41	49
Jan-21	47	48
Feb-21	8572	7178
Mar-21	7345	8619
Apr-21	7192	7036
May-21		
Jun-21		
Jul-21		
Aug-21		
Sep-21		
Oct-21		

Open referrals at month end (NHS & PP)	Period	Actual
	Oct-21	123,237



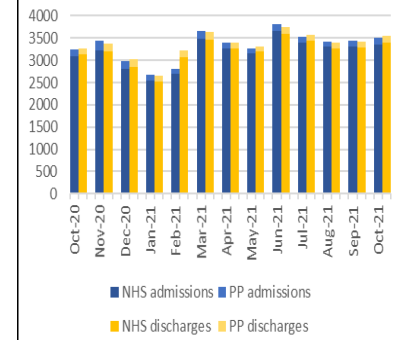
Period	Target	Actual
May-21	109,216	109,904
Jun-21	111,516	112,426
Jul-21	114,251	114,251
Aug-21	114,251	115,972
Sep-21	114,251	115,972
Oct-21	114,251	115,972

External Referrals (NHS & PP)	Period	Actual
	Oct-21	3325



Period	Target	Actual
May-21	2890	3415
Jun-21	3032	2769
Jul-21	3277	3325
Aug-21	3277	3325
Sep-21	3277	3325
Oct-21	3277	3325

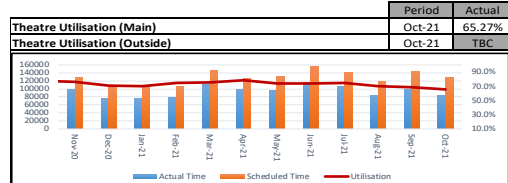
Admissions (NHS & PP)	Period	Actual
	Oct-21	3502



Period	Target	Actual
Oct-20	3273	3805
Nov-20	3524	3444
Dec-20	3424	3502
Jan-21	3419	3550
Feb-21		
Mar-21		
Apr-21		
May-21		
Jun-21		
Jul-21		
Aug-21		
Sep-21		
Oct-21		

# Are we productive and efficient?

## Productivity & Efficiency



Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Main	78.65%	73.84%	74.17%	74.26%	70.42%	68.86%	65.27%
Outside	TBC	TBC	TBC	TBC	TBC	TBC	TBC

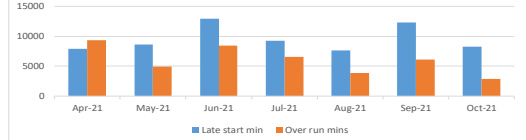
\*Theatre session utilisation data is currently being investigated for March and April 2020

Average length of stay	Period	Actual
	Oct-21	TBC



Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Main	TBC	TBC	TBC	TBC	TBC	TBC	TBC

	Period	Actual
Late starts in Main theatres (minutes lost)	Oct-21	8278
Overruns in Main theatres (minutes lost)	Oct-21	2830



Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Late starts	7885	8656	12941	9298	7679	12330	8278
Overruns	9342	4977	8446	6539	3858	6109	2830

-3.59%

Bed Occupancy	Period	Actual
	Oct-21	73.83%



Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Main	75.67%	77.60%	74.11%	72.50%	71.32%	70.67%	73.83%

-3.16%

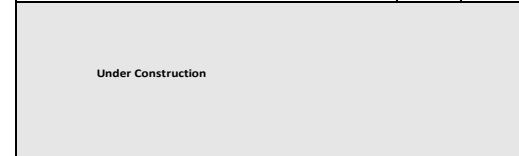
	Period	Actual
Last minute hospital cancelled ops for non clinical reasons	Sep-21	46
Last minute hospital cancelled ops - breaches of 28 day standard	Sep-21	2
Last minute cancelled ops - all reasons	Sep-21	TBC



-4052

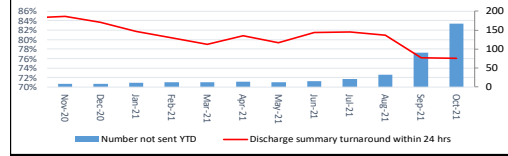
Month	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Non clinical	16	11	26	25	32	29	46
Breaches	0	0	1	4	2	2	2

Average monthly ward bed closures (excluding weekends)	Period	Actual



Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Rate							

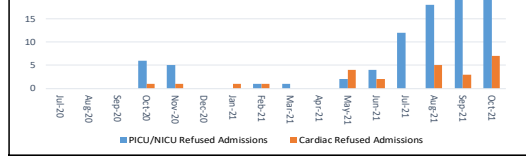
	Period	Actual
Discharge summary turnaround within 24 hours	Oct-21	76.03%
Discharge summaries - number not sent in month	Oct-21	78
Discharge summaries - number not sent YTD	Oct-21	167



Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Performance	80.78%	79.36%	81.53%	81.56%	80.94%	76.18%	76.03%
Not sent	1	1	2	7	14	58	78

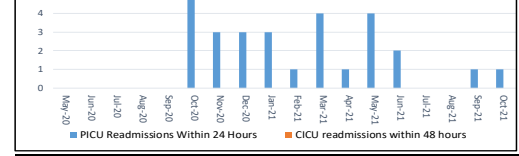
-0.15%

	Period	Actual
PICU/NICU CATS refused admissions	Oct-21	19
Cardiac refused admissions	Oct-21	7



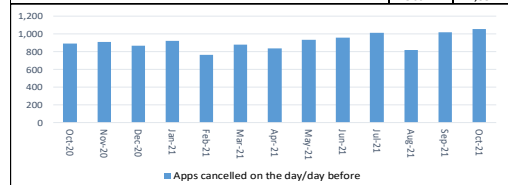
Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
PICU/NICU	0	2	4	12	18	19	19
Cardiac	0	4	2	0	23	3	7

	Period	Actual
PICU Readmissions within 24 hours	Oct-21	1
CICU Readmissions within 48 hours	Oct-21	0



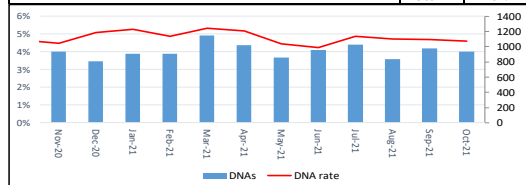
Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
PICU	1	4	2	0	0	1	1
CICU	0	0	0	0	0	0	0

Outpatient appointments cancelled on the day/day before	Period	Actual
	Oct-21	1,052



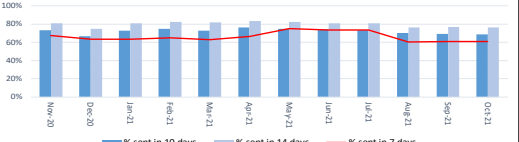
Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Cancellations	839	934	955	1014	818	1015	1052
Attendances	17875	17808	20121	18868	16295	18793	18267

DNA/Was Not Bought rate	Period	Actual
	Oct-21	4.61%



Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Rate	5.18%	4.46%	4.25%	4.87%	4.71%	4.70%	4.61%
DNAs	1021	858	958	1024	840	977	934

	Period	Target	Actual
Clinic letter turnaround within 7 days	Oct-21	100%	60.57%
Clinic letter turnaround within 10 days	Oct-21		69%
Clinic letter turnaround within 14 days	Oct-21		76%



Month	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
7 days	68%	63%	63%	65%	63%	67%	75%	73%	73%	60%	61%	61%
10 days	73%	67%	72%	75%	72%	76%	75%	74%	73%	70%	69%	69%
14 days	81%	75%	81%	82%	82%	83%	82%	81%	81%	76%	77%	76%



# Are we Safe?

There were 4 open **serious incident** investigations in October 2021. A number of reports have been reviewed by NHSE and queries have been forward to the Trust for response. Some of these are overdue for further response as awaiting information from both the patient safety team and the lead directorates. The aim will be to close these by the end of November 2021. The final draft of the revised SI processes/Policy is undergoing final amendments following additional feedback and will be presented to the Operational Board and other relevant committees towards the end of November with the aim that this will be approved by PAG in Quarter 3 2021-22.

The incident reporting rate has decreased slightly at 88 per 1000 bed days . There was a decrease in the numbers of incident investigations completed by the appropriate teams and although 475 were reviewed and closed, which is an increase on the previous month's figure, the overall number of completed investigations and subsequent closures were lower than the number of reported incidents for the same month. The delay in QA and closure is related to the reduction /availability of staff within the Patient Safety Team. Compliance continues to be monitored and summary reports and milestone documents are circulated to the Executive team, directorate/departmental leads as well as individual handlers.

There are no **CAS alerts** that are currently overdue for completion. One alert is due for closure in November, and one due in December 2021.

**WHO checklist:** Performance for GA procedures (all departments) is at 97% and 99% in main theatres.

In Main theatres performance has remained the same as last month.

Row Labels	Incomplete	Complete	%
ANAESTHETICS	2	1	33%
CATH AND EP LAB		39	100%
CT	5	10	67%
GASTRO INVESTIGATIONS UNIT	2	56	97%
INTERVENTIONAL RADIOLOGY	11	283	96%
MAIN THEATRES	8	689	99%
MRI	8	139	95%
NUCLEAR MEDICINE		4	100%
<b>Grand Total</b>	<b>36</b>	<b>1221</b>	<b>97%</b>

# Are we Caring?

Pals contacts fell by 15% in October (n=200) and concerns about communication fell for the third successive month reaching the lowest number over the last 12 months. Complex contacts increased from 38 in September to 57 this month and this is also reflected in increased numbers of complaints (see below). Contacts about transport also fell to their lowest (n=3) in the last 12 months but it is noted that issues about transport were raised via FFT (below). Concerns about staff behaviour have increased significantly over the last three months and are under close review. Cardiology cases remain high (n=29) with families explaining that whilst they use MyGOSH for routine concerns, they prefer to a more direct approach via Pals when needing to discuss urgent, time-sensitive clinical queries. The Brain directorate recorded its lowest volume of Pals contacts since January 2021 (7.37 per 1000 CPE) which is largely attributed to significant decreases in contacts regarding both the Neurodisability and Neurology specialities who, compared to September, recorded a 66% and 80% decrease in Pals contacts respectively.

**Complaints** significantly increased this month (n=10) but numbers were consistent with October last year (n=11). Complaints relate to a variety of issues, including cancelled admissions for surgery, the behaviour of staff, clinical decision making, poor transition of care to adult services and delays in obtaining clinical reviews on the ward. Sight and Sound received 5 complaints this month and saw a significant increase in its complaint rate (1.21) and its highest rate since April 2020. Body, Bones and Mind also saw a significant increase (0.73) compared to last month (0.23). One new complaint was graded red/high risk this month and is due to be discussed at an EIRM to determine if it should be declared an SI. This brings red complaints year to date to 3 (significantly lower than the 7 red complaints at the same time last year).

The Friends and Family Test response rate for October was 26%, a decrease compared with the previous month. At Trust level, targets for FFT response rates and ratings of experience for inpatients (97%) were achieved. However, for outpatients, the experience rating (94%) fell below the Trust target of 95%. Six directorates achieved the target response rate with the exception of Blood Cells and Cancer, and Research and Innovation (who have since confirmed that some feedback received had not been entered into the FFT system within the data submission deadline). All other directorates achieved a rating of experience above 95%. Feedback was consistent with previous months with a common theme of admission and discharge issues. Comments referred to miscommunicated information about admission times and long waits for procedures, particular for those with additional disabilities which was distressing for the patient and their families. There were also some comments about transport issues with families waiting a long time for their transport to arrive or turning up far too early.



# Are we Effective?

## Clinical Audit

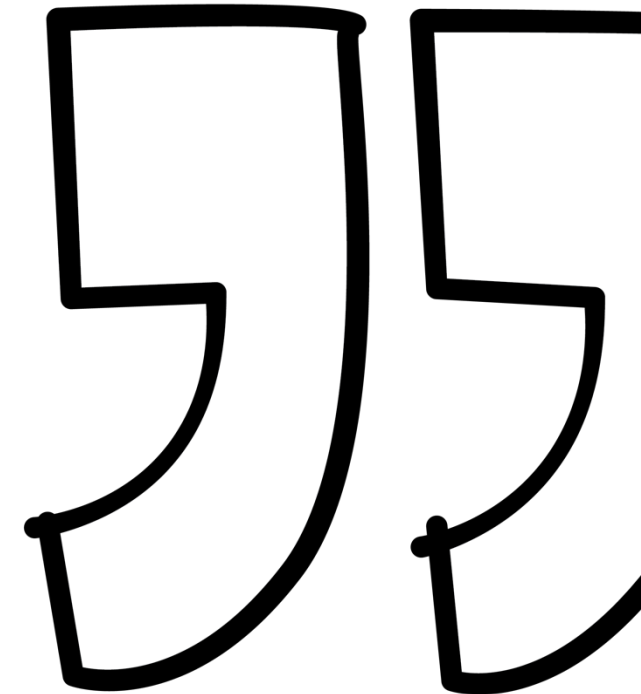
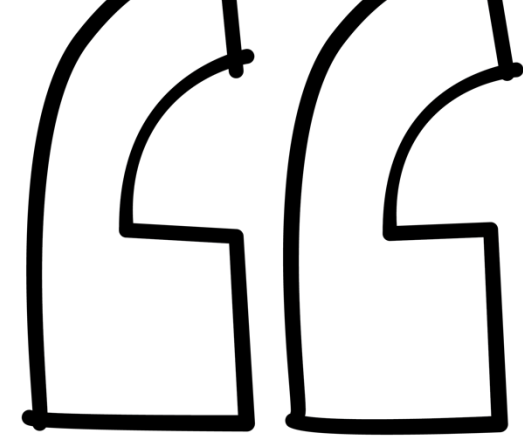
We have a priority clinical audit plan to support learning from incidents, patient complaints, and to investigate areas for improvement in safety and quality

Priority audits completed in the last month include

- Learning from an incident 2020/23369 (consent form scanning in)
- Medicine Storage Audit ( via the Nursing Assurance Round)
- Hands Face Space Audits

We are on track for meeting our target for completed specialty led audit so far for 2021/22 (64 audits completed YTD) .This measure is useful as it gives an indication of engagement in clinical audit. Examples of value added from completed speciality led audit in the last month are highlighted for audits in Plastics, NICU, and Neuromuscular.

We continue to monitor NICE guidance published each month and note that there is no NICE guidance overdue for review.



# Are we Responsive?

We are currently at 87.3% of patients waiting less than 6 weeks for the **15 diagnostic modalities (DM01)**. This is an improvement from last month's position when we reported 84.3%. The number of breaches reported in October (170) compared to the number of breaches reported in September (188) has decreased. The Trust is currently 2.8% above trajectory for returning to meeting the 99% standard by March 2022. 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.

The national diagnostic position for September performance stood at 73.9%, GOSH was tracking 10% above this. Nationally 369,207 patients were waiting 6 weeks and over for a diagnostic test at the end of September.

Comparative children's providers have seen similar movements. Sheffield Children and Birmingham Women's and Children's reported performance of around 54-84% for September 2021 whilst Alder Hey was higher at 97.2%.

September **Cancer Waiting Times** data has now been submitted nationally and the Trust achieved 100% against four out of the five standards. For October, the Trust is forecasting reporting 100% achievement across all five of the standards

The Trust did not achieve the **RTT 92%** standard, submitting a performance of 76.7%, with 1617 patients waiting longer than 18 weeks, this is slight decrease in performance from the previous month's 77.4%. The Trust is below the predicted trajectory by 5% for the month of October. This has resulted from bed pressures and staff/patient illness and isolation as well as due to the major power outage we had in late October. This incident led to many cases and appointments being cancelled. The current PTL consists of 9% of patients being categorised as P2 patients and 69% as P3/P4 patients. As at the end of October, the Trust reported a total of 194 patients waiting 52 weeks or more; this is a decrease of 25 patients (11%) from the previous month. 65% of patients waiting over 52 weeks have a future contact booked.

Nationally, at the end of September, 60.6% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks, thus not meeting the 92% standard. The national position for September 2021 indicates a decrease of patients waiting over 52 weeks with 287, 672 patients compared to 367,142 in April 2021 (21% reduction).

RTT Performance for comparative children's providers is Sheffield Children (69.9%) and Birmingham Women's and Children's (79.3%) and Alder Hey (67.3%). On average 484 52-week breaches were reported in September for these providers.

# Are we Well Led?

There were 11 incidents confirmed as requiring **duty of candour** in October 2021. Being Open/Duty of Candour conversations took place in 100% of incidents. 3 letters (from incidents reported in late September and October) were due to be completed in October. 1 was completed and sent, which was within the 10 day timeframe. 2 remain outstanding. 5 RCA reports were completed and sent to families but unfortunately only 40% were sent out within the timeframe for completion and sharing due to the length of time in completing these investigation. Duty of Candour data is circulated as part of the weekly safety report for review and action by directorates.

**Risk Register: High risk** monthly review performance remained static in October 2021 when compared to the previous month. Compliance by October end was recorded as 75.3%. Risk compliance is now also discussed and reviewed at the monthly Performance reviews with all high risks and Trust-wide risks discussed monthly at the Operational Board meeting. A deeper dive review is due to be undertaken and presented at RACG to understand the areas and barriers for timely review of these risks.

The Trust received 34 FOI requests in October 2021, 3 requests were returned requesting clarification (section 45) which were subsequently received with new deadlines for response – (2 for October and 1 for November). Of remaining FOI requests due in October 2021, 79% were responded to within the legislated timescale(n27), 2 further requests were completed and closed but slightly over the legislated timescale. The remaining 5 requests received in October have November deadlines and currently await data from the departments.

There are currently 79 open **Serious Incident actions** in October 2021, 60 of which are over their initial completion date. A small number of actions have been completed with evidence uploaded in October 2021. The Patient Safety Team continue to work with the directorates to ensure completion and closure of SI 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, there is a plan to highlight the total number of actions in this forum too. 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. SI actions by directorate/department are also reviewed at the monthly Performance meetings

# 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 60 COVID-19 related **incidents** reported in October 2021, four of which were graded as moderate harm. However these incidents are awaiting review and at first sight will be down-graded. All four are related to mild side effects following a booster covid vaccination.

No COVID-19 outbreaks were recorded in October 2021.

# Workforce Headlines: October 2021

**Contractual staff in post:** Substantive staff in post numbers in October were 5312.8 FTE, an increase of 8.7 FTE since September 2021. Headcount was 5732 (an increase of 11 on the previous month).

**Unfilled vacancy rate:** Vacancy rates for the Trust reduced to 5.6% in October from 5.7% the previous month and is lower than the same month last year (7.5%). The vacancy rate remains below the 10% target and it is lower than the 12 month average of 6.2%. Vacancy rates in the clinical directorates remained below target in October.

**Turnover:** is reported as voluntary turnover. Voluntary turnover increased slightly to 11.5% and it remains below the Trust target (14%). Total turnover (including Fixed Term Contracts) remained stable at 14.1% in October.

**Agency usage:** Agency staff as a percentage of paybill in October reduced to 1.2%, and remained 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 remained at 5% in October.

**Statutory & Mandatory training compliance:** The October training rate for the Trust remained at 91% which is above target with all bar 2 directorates achieving target (Property Services & ICT). The Directorate Management and Learning teams are working to address gaps in compliance. The medical and dental staffgroup are the only staffgroup below the 90% target, and reduced to 84% in October. Across the Trust there are now 11 topics below the 90% target (including Information Governance where the target is 95%). Safeguarding Children Level 3 compliance for substantive staff is just below the 90% target (87%). Honorary Contractors compliance remains a focus and work to improve compliance is ongoing.

**Appraisal/PDR completion:** The non-medical appraisal rate reduced to 86% in October with only 4 Directorates achieving target. Individual Directorates are being liaised with to improve compliance. Consultant appraisal rates increased to 95% in October.

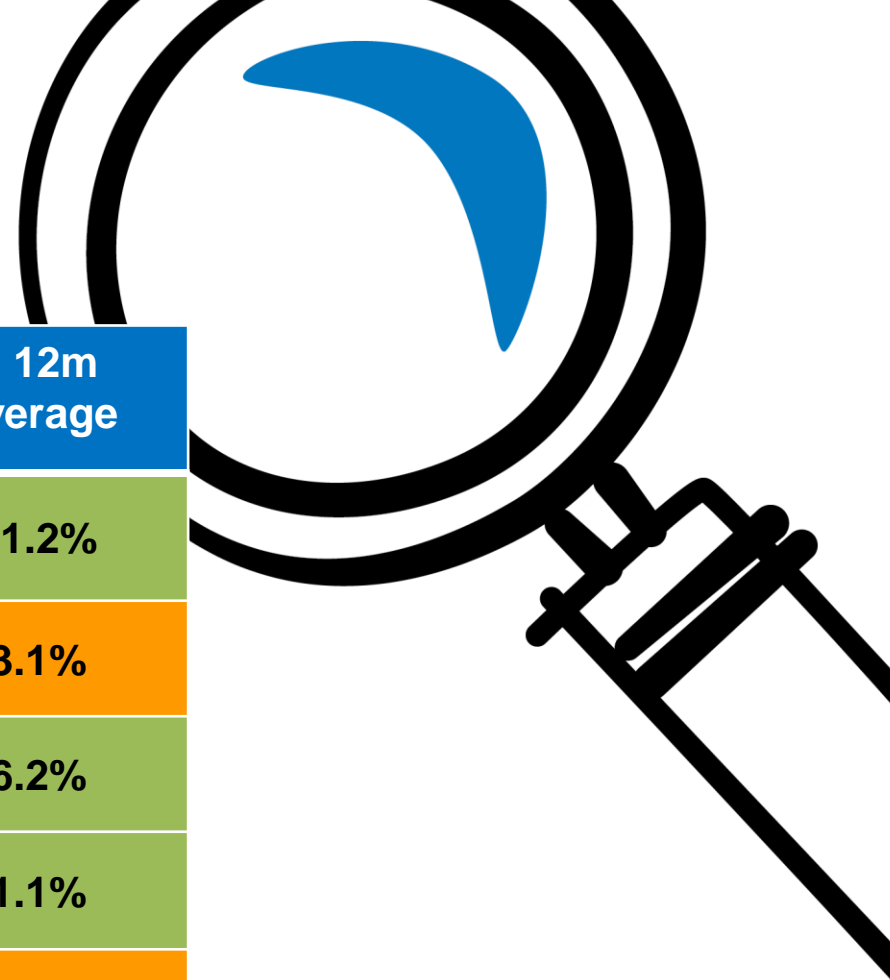
**Sickness absence:** Sickness rates increased in October to 3.8% (from 3.3% in September). Although this is in part driven by the insourcing of domestic staff where sickness rates are higher than the rest of the Trust (Property Services 7.4%), it should be noted that 10 out of 19 Directorates exceeded the 3% target) and current rates are higher than we would expect to see at this time of year (October 2020 was 2.6%). Cough, Cold & Flu was the most common reason for absence (17.9%), followed by Anxiety, Stress and depression (14.6%).



**NHS**

Great Ormond Street  
Hospital for Children  
NHS Foundation Trust

# Trust Workforce KPIs: October 2021



Metric	Plan	October 2021	3m average	12m average
Voluntary Turnover	14%	11.5%	11.4%	11.2%
Sickness (1m)	3%	3.8%	3.5%	3.1%
Vacancy	10%	5.6%	6.1%	6.2%
Agency spend	2%	1.2%	1.2%	1.1%
PDR %	90%	86%	87%	88%
Consultant Appraisal %	90%	95%	94%	91%
Statutory & Mandatory training	90%	91%	91%	93%

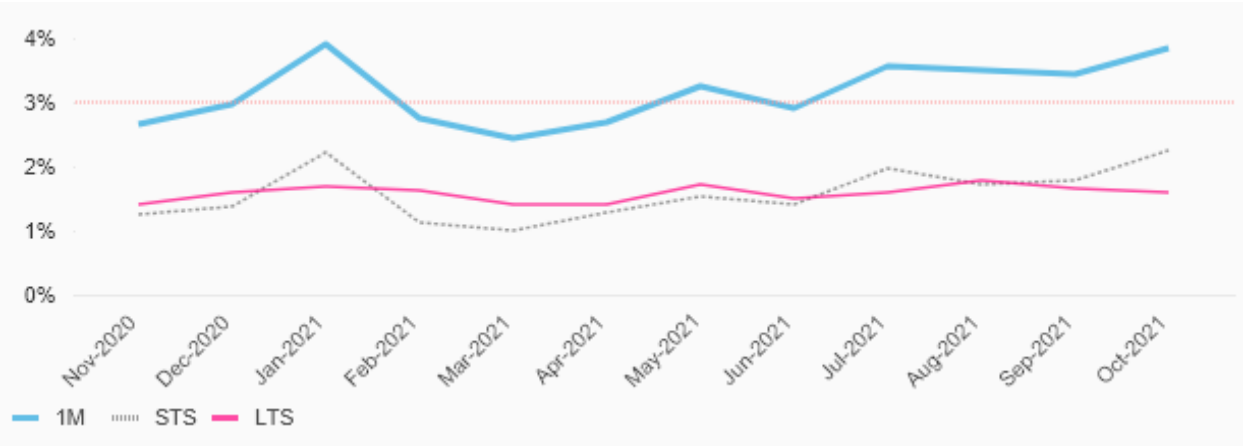
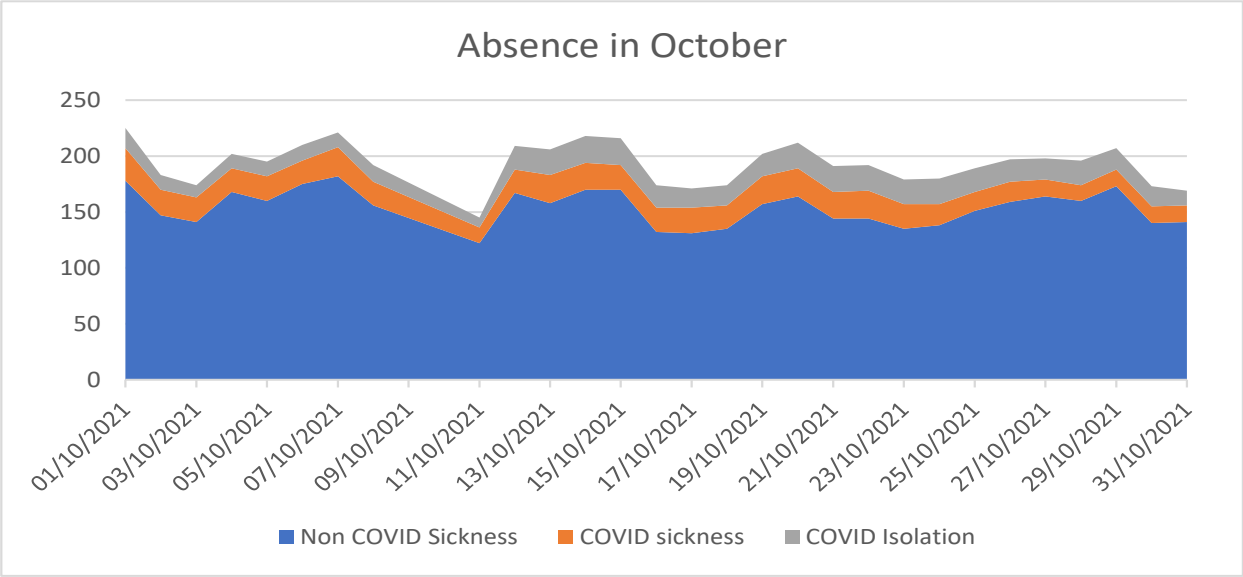
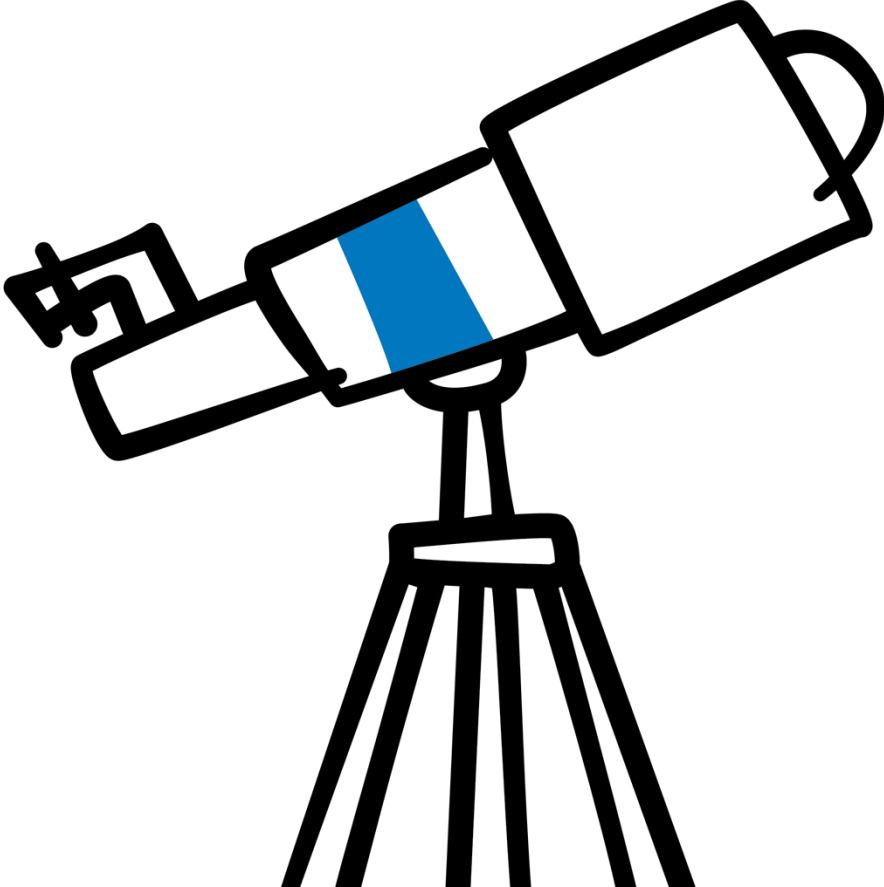
Key:

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

# Directorate KPI performance October 2021

Metric	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Heart & Lung	Medicine, Therapies & Tests	Operations & Images	Sight & Sound	IPP	Genetics	Clinical Operations	Corporate Affairs	ICT	Property Services	Finance	HR&OD	Medical Director	Nursing & Patient Experience	Research & Innovation	Transformation
Voluntary Turnover	14%	11.5%	10.2%	13.3%	8.5%	12.8%	12.0%	12.0%	9.1%	13.5%	8.0%	12.6%	13.1%	12.8%	5.6%	7.6%	13.0%	14.5%	6.2%	14.1%	32.6%
Sickness (1m)	3%	3.8%	5.1%	2.9%	2.9%	3.8%	3.4%	4.5%	1.8%	3.8%	3.2%	4.6%	0.7%	2.8%	7.4%	1.3%	1.5%	0.8%	3.9%	2.4%	0.5%
Vacancy	10%	5.6%	0.5%	-5.1%	2.1%	-1.2%	-0.1%	1.0%	6.5%	7.5%	-5.4%	10.6%	9.6%	22.3%	5.3%	16.8%	12.8%	27.2%	2.4%	12.4%	12.6%
Agency spend	2%	1.2%	-0.1%	0.2%	0.0%	0.3%	1.3%	1.6%	0.1%	1.5%	0.0%	0.2%	6.3%	22.7%	2.0%	9.0%	3.4%	6.6%	1.7%	0.0%	0.0%
PDR %	90%	86%	87%	87%	86%	85%	90%	83%	94%	86%	85%	79%	96%	64%	95%	88%	85%	49%	77%	84%	60%
Stat/Mand Training	90%	91%	92%	91%	92%	90%	95%	91%	95%	97%	95%	98%	93%	88%	61%	98%	96%	95%	96%	98%	98%

# Absences in October

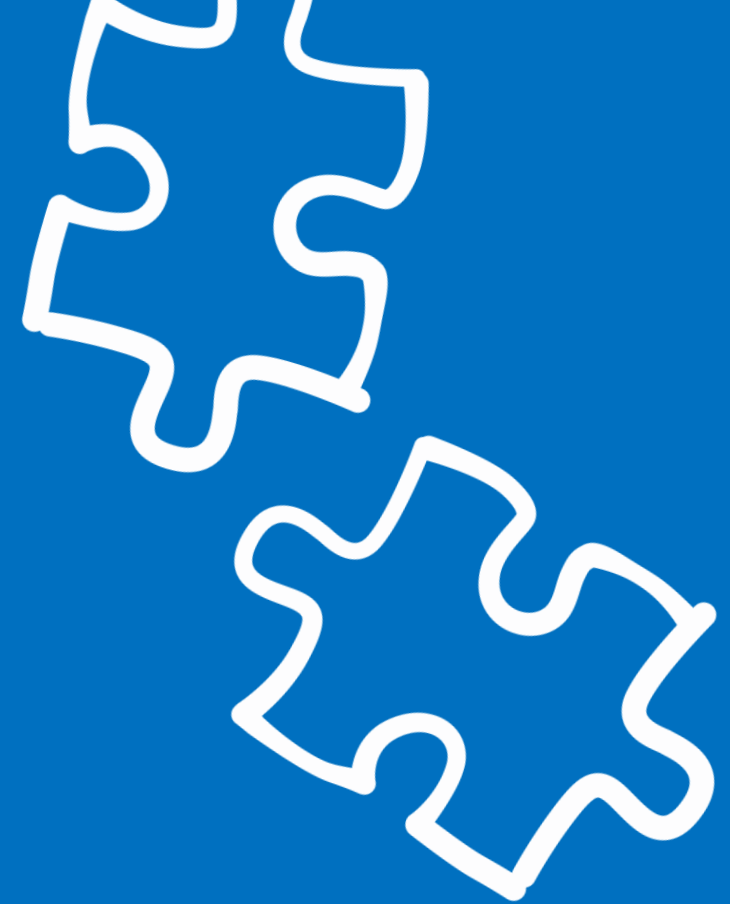




# Quality and Safety

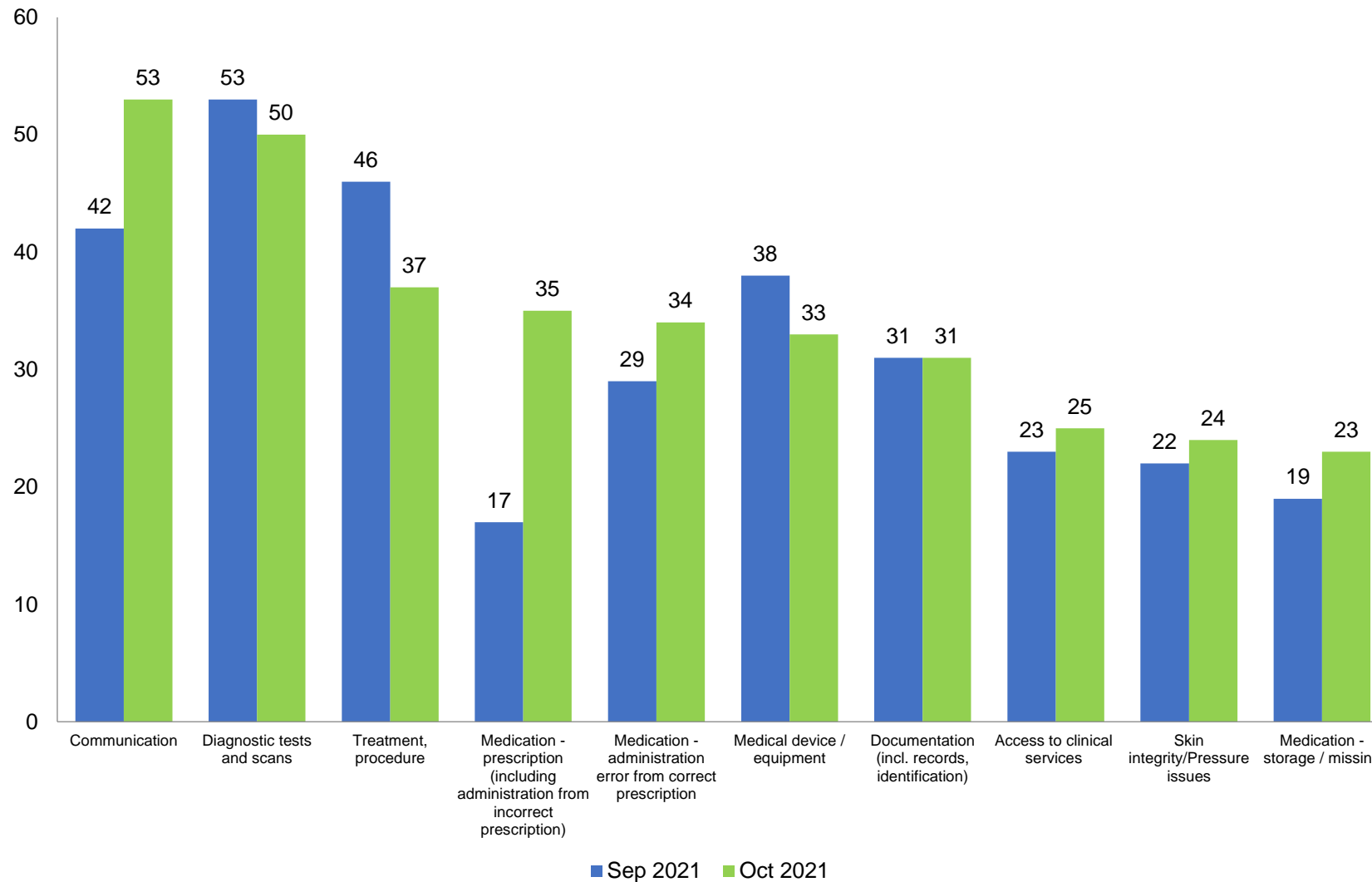
This section includes:

- 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

## Incidents by Category and month reported (top 10)



There was a significant increase in **Communication** incidents from 42 to 53 incidents. Communication between teams (21) was the most common sub-category, followed by communication failure within team (11) and communication failure with family (9). 14 of the incidents were recorded in the Gastroenterology specialty, with the next highest specialty being Clinical Genetics (5).

There was also an increase in **medication prescribing** incidents from 17 last month to 35 this month. The most common sub-category was wrong dose (13) followed by incomplete prescription (4). The most common location for the incidents were Sky Ward and CICU which both had 6 cases each. 8 of the incidents caused minor harm, the remainder being no harm incidents. There are no significant themes amongst these incidents.

# Patient Safety Serious Incident Summary

## New & Ongoing Serious Incidents

Direct orate	Ref	Due	Headline	Update
BCC	2021/16423	02/11/2021	Delays in administration of antibiotics in neutropenic patient.	01/11/2021: Final report with the Medical Director for sign off.
Brain H&L	2021/19865	20/12/2021	Potential missed diagnosis of blocked VP shunt	25/10/2021: All notes received, timeline being drafted
MTT (Pharmacy) Research BC&C	2021/20487	31/12/2021	Critical breach in the manufacture of a trial medication	01/11/2021: Ongoing information gathering
O&I	2021/20790	06/01/2022	Wrong-side nerve block (never event)	25/10/2021: All statements received, panel date to be organised
BBM	2021/22235	27/01/2022	Delays in identifying misplacement of spinal metalwork.	01/11/2021: Information gathering

## 2021/15007 Major haemorrhage during cannulation for extracorporeal membrane oxygenation (ECMO)

### What happened?

The patient (a 2.7kg neonate with congenital diaphragmatic hernia) was admitted to CICU for ECMO assessment. On day 5 of age the patient's clinical condition began to deteriorate, with increasing episodes of desaturation and haemodynamic instability. Following discussion with the patient's family it was agreed to proceed with ECMO cannulation and treatment. The cannulation procedure was performed on CICU by the cardiothoracic surgical registrar on call, supported by a theatre team and perfusionists. The arterial cannula (flexible tube) was inserted into the right carotid artery without complication.

Following insertion of the venous cannula into the right internal jugular vein, difficulty was experienced in confirming the correct placement of the cannula in the vessel, despite the support of echo imaging.

Due to the patient's haemodynamic instability at this time, as well as the uncertainty of the placement of the venous cannula, the decision was made to proceed with central cannulation (placing the cannula directly into the right atrium), and an emergency median sternotomy was performed. The patient was bleeding and there was further difficulty in siting the cannula. Despite multiple recovery efforts the bleeding could not be controlled and following discussion with the patient's parents it was agreed to discontinue any further resuscitation efforts and the patient sadly died

### Learning and recommendations

The patient died as a result of complications arising during the ECMO cannulation procedure. The patient had an underlying condition (CDH) which placed them at high risk for mortality and increased the risks of cannulation. The investigation has not identified any causal factors in terms of care that was delivered or identified how the outcome could have been prevented but identify ongoing learning points.

\*It is important that there are clear processes in place to support cardiothoracic surgical staff in identifying which patients are more challenging to cannulate and when consultant presence might be beneficial. As only 2-3 patients are cannulated each year for ECMO as a result of CDH, experience among team members will be limited. It is therefore important to rehearse this scenario within the simulation environment.

\* It is standard practice (as is the case at other ECMO centres) for consent for ECMO to be led by the intensive care team. Developing this to include the involvement of the surgical team in the consent process for patients having ECMO assessment would further improve the process.

\*Further clarity is required in the existing algorithm with regards to seniority of staff who should be involved in potentially challenging ECMO cannulation.

\*The importance of saving echo images to facilitate subsequent review and discussion around complex procedures

\*The importance of ensuring that theatre staff providing out of hours support for procedures on CICU are supported by clear instruction of where equipment is stored.

# Patient Safety Alerts/ MHRA alerts

## [NatPSA/2021/005/MHRA](#)

Philips Ventilator, Cpap And Bipap Devices: Potential For Patient Harm Due To Inhalation Of Particles And Volatile Organic Compounds

Issued: 23/12/2021

Due: 17/12/2021

## [NatPSA/2021/003/NHSPS](#)

Eliminating the risk of inadvertent connection to medical air via a flowmeter

Issued: 16/06/2021

Due: **16/11/2021 and Closed**

## [CH/2021/002](#)

Changes To Mhra Drug Alert Titles And Classifications

No due date (actions relevant to ongoing 'Alerts' Policy)

## [NatPSA/2021/009/NHSPS](#)

Infection risk when using FFP3 respirators with valves or Powered Air Purifying Respirators (PAPRs) during surgical and invasive procedures

Issued: 25/08/2021

Due: **25/11/2021**

## [NatPSA/2021/008/NHSPS](#)

Elimination of bottles of liquefied phenol 80%

Issued: 25/08/2021

Due: 25/02/2022

## [SDA/2021/014](#)

Tocilizumab (RoActemra®) 162mg/0.9ml solution for injection pre-filled syringes and pre-filled pens – Non Covid-19 indications

Issued: 25/10/2021

Due: N/A

## [SDA/2021/013](#)

Supply Disruption Alert- Diazepam RecTubes® 2.5mg Rectal Solution

Issued: 11/10/2021

Due: N/A

## [SDA/2021/04](#)

Discontinuation of Morphine sulphate (MST CONTINUS®) 20mg, 30mg, 60mg,

100mg and 200mg prolonged release granules for oral suspension

Issued: 26/02/2021

Due Date: N/A

# Clinical Audit

A central clinical audit plan prioritises audits to support learning from incidents, risk, patient complaints, and to investigate areas for improvement in quality.

## Highlights from completed priority audits in last month

Audit	Conclusion
Learning from an incident 2020/23369	<p>Two SI investigations have been completed in the last twelve months where a learning point was that the patient consent form could not be located in the Epic record. The SI action plans indicated a requirement to audit to understand whether consent forms are being scanned into Epic. A sample of 110 procedures which took place between 1st June and 31st August were reviewed by the Clinical Audit Manager.</p> <p>107/110 (98%) of procedures had a consent form scanned into Epic. Consent forms could not be located for three procedures in Epic</p> <p>Audit presented at Records Management Committee on the 12<sup>th</sup> October. Actions to be confirmed by the RMC. Clinical Audit Manager to agree audit action plan with the Health Records Manager</p>
Medicine Storage Audit ( via the Nursing Assurance Round)	<p>The aim of the audit was to provide a structure and support the Heads of Nursing , and Matrons, to identify whether standards are being met, issues that can be managed locally and actioned, and also themes that might require further discussion and resolution.</p> <p>This audit looks at policy standards and includes areas of improvement that were highlighted by the GOSH CQC inspection report in 2020, and some themes that have been remained persistent through CD audits.</p> <p>Audits were completed on 21 wards. Our overall level of performance with meeting all of our standards for medicine storage was 87%.</p> <p>It should be noted that each individual audit has identified learning, areas of good practice, and actions to be taken where standards were not met/ Themes have been reviewed by the Heads of Nursing at the October Nursing Quality Assurance meeting and an action plan agreed to address those themes</p>
Hands Face Space Audits	<p>Walk round audits are now led by the Health and Safety team, but with support provided by the Clinical Audit Manager. Most recent audit was completed in October 2021. The observed data suggests that there is some relaxation of adherence to wearing face masks in our office spaces (53% of office areas reviewed had <b>all</b> members of staff wearing a face mask) Feedback was given at the time of audit, results shared with relevant management teams. The audit results have been shared at SLT, Health and Safety Committee, and Operational Board. There will be continuing random walk round audits to monitor and report compliance.</p>

# Clinical Audit

## Specialty led clinical audit



We are on track for meeting our target so far for 2021/22 completed audits (64 audits completed YTD) This measure is useful as gives an indication of the capacity of teams to engage in reviews of the quality of care provided.

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

Some examples of completed speciality led audits completed in the last month are described below

Team	Audit	Value of audit
Plastics	Assessing the Tongue Reduction Integrated Care Pathway –	<i>“We have demonstrated that through teaching and the implementation of a poster we have improved the awareness of the Tongue Reduction Protocol. Our colleagues are now better informed on where to find and access the protocol. This piece of work has subsequently led to a Quality Improvement Stream and is currently under the Clinical Pathways Redesign Programme.”</i>
NICU	Subgaleal shunts: post-operative complications and perinatal factors	<i>“It helped us to better understand the characteristics of our patients admitted for subgaleal shunt insertion and predict which adverse short and long term outcomes they might present. “</i>
Neuromuscular	Prediction of loss of ambulation in Spinal Muscular Atrophy type IIIA using the ten-meter walk test	<i>“We found that our patients show a significant decrease in their final year leading up to loss of ambulation in their 10m walk test compared to previous years. A loss of more than 3.1 seconds in a year or a time of over 15.6 seconds over the 10m indicated a high risk of losing ambulation. We can now ensure that for patients over these thresholds we ensure that non-ambulant specific equipment is in place such as wheelchairs and standing frames. “</i>

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

## 1. Priority improvement programmes (October 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	<ul style="list-style-type: none"> <li>➤ Design, development and testing of wellbeing indicator</li> <li>➤ Establishing ‘team self care’: local team-level wellbeing initiatives</li> </ul>	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	<ul style="list-style-type: none"> <li>➤ QI Education Programmes</li> <li>➤ Project Coaching</li> </ul>	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	Increase opportunities to empower and enable children and young people to register their complaints	Claire Williams (Head of Patient Experience)	December 2021
Oct 2020 (support paused)	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	Improve nursing staff morale in PICU	Kate Plant (Chief Nurse Junior Fellow)	October 2021
Oct 2020	Improve adherence with tracheostomy safety box equipment and bed space signage	Michaela Kenny (Chief Nurse Junior Fellow)	October 2021
Jan 2021 (Restart)	Reduce waste in the process, standardise activities and enable a process driven pathway to the Orthopaedic CNS activity	Claire Waller (Matron)	January 2022
February 2021 (support paused)	Improve effectiveness of pre-chemotherapy/procedure bloods process on Safari Unit	Dave Burley (Assistant Service Manager)/ Safari Improvement Group	September 2021
March 2021	To produce an educational pathway aimed at transitioning undergraduate nurses to registered nurses, with 100% of host students meeting their core competencies and passing their six month probation	Hannah Fletcher, Clare Paul and Natalie Fitz-Costa (Practice Educators)	March 2024
March 2021	Improve nurse satisfaction of the nursing handover process on Chameleon ward	Sarah Murphy	June 2021 (Paused)
March 2021 (support paused)	Improve communication experiences for hospitalised children and adolescents with learning disabilities and/or Autism.	Ruth Garcia-Rodriguez (Consultant Child and Adolescent Psychiatrist)	September 2021

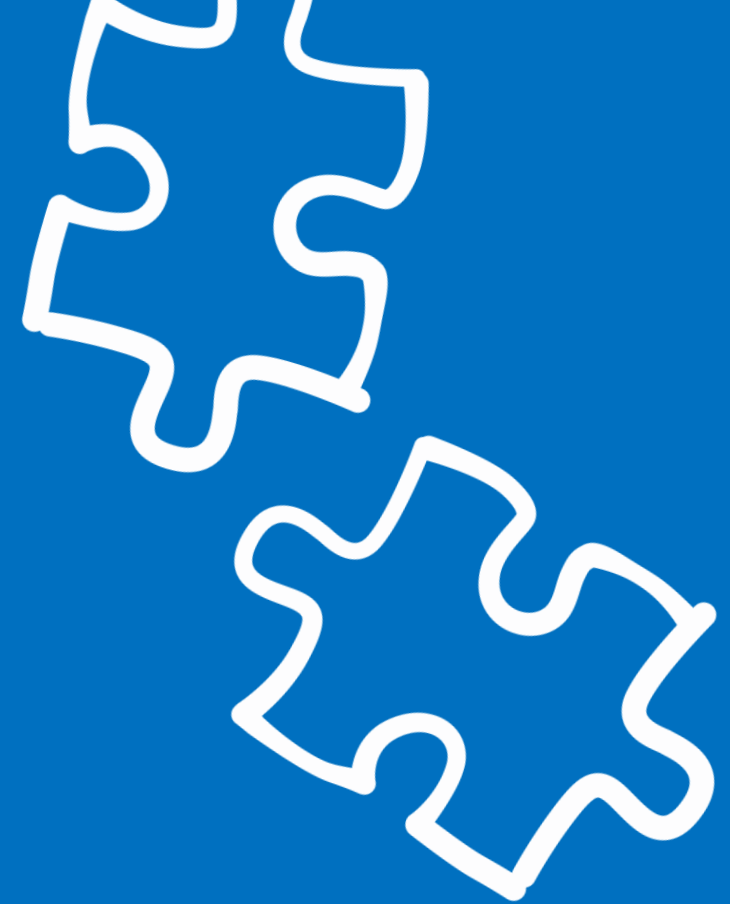
The QI team has held 7 QI project surgeries during the month of October



# Patient Experience

This section includes:

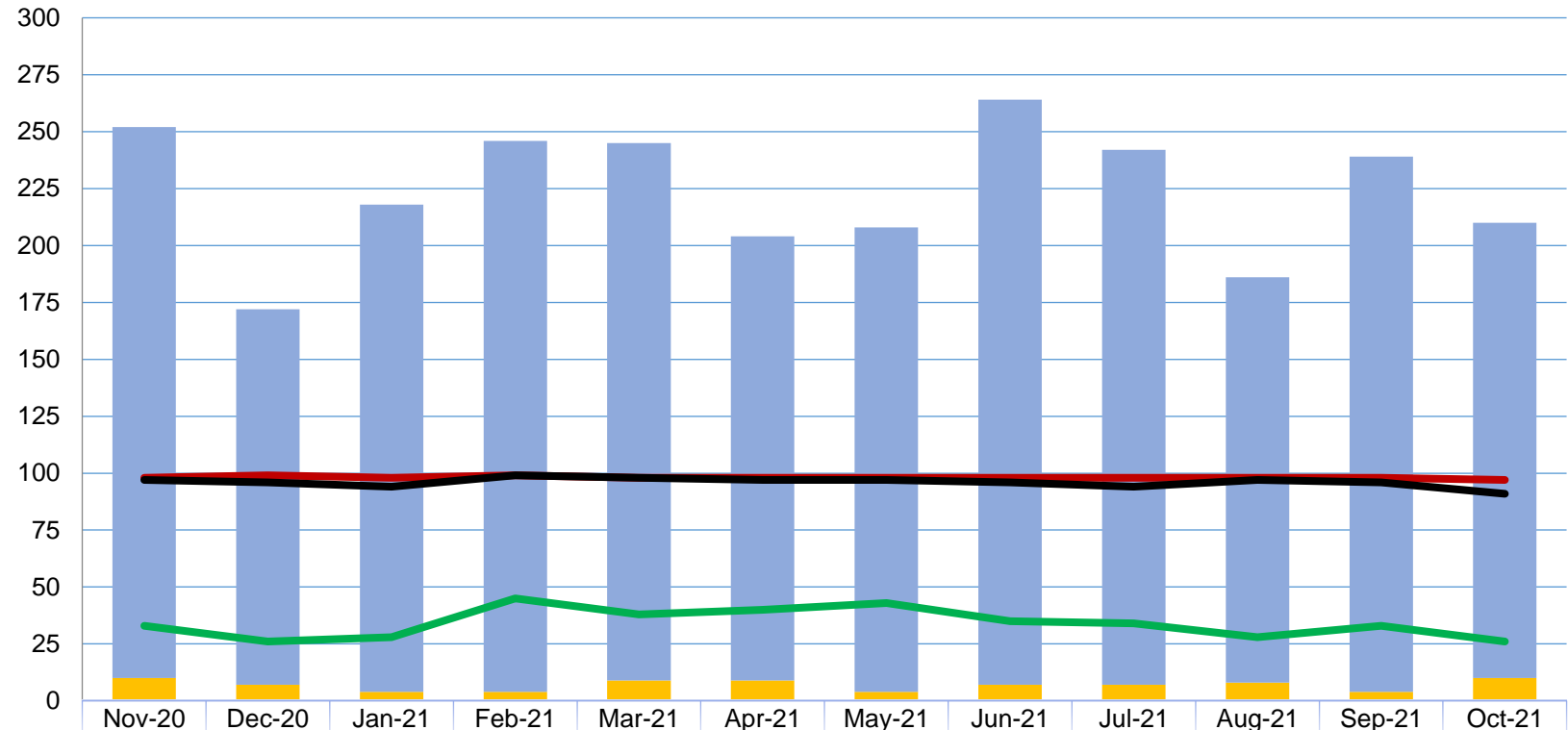
- Integrated overview of patient feedback
- Monthly assessment of trends and themes in complaints
- Overview of Red Complaints
- Pals themes and trends
- Learning and improvements from Pals contacts
- Friends and Family Test feedback trends and themes



# Patient Experience Overview

Are we responding and improving?

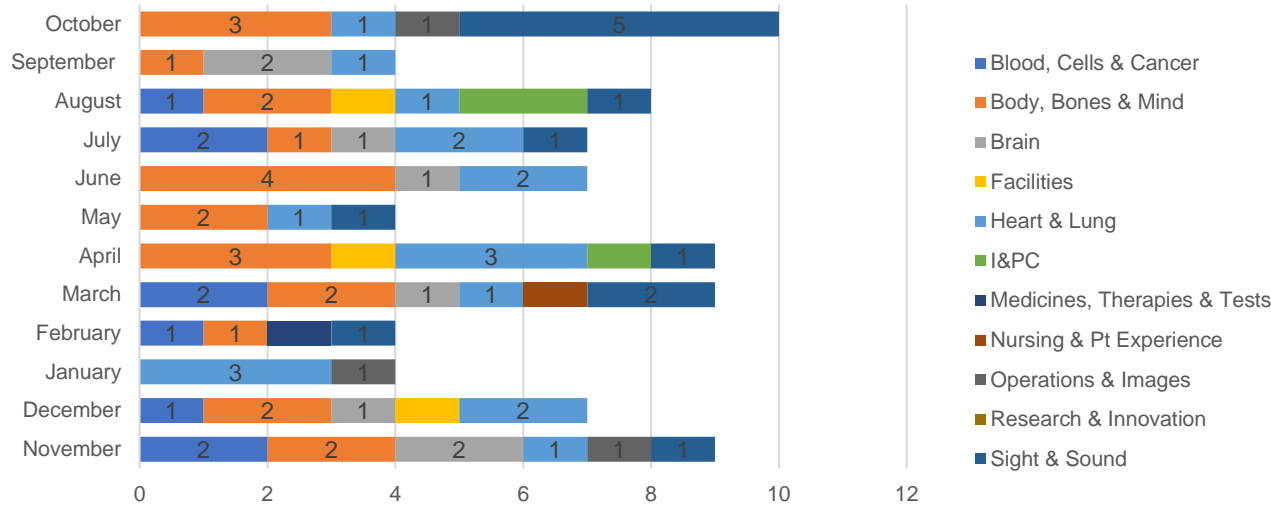
Patients, families & carers can share feedback via Pals, Complaints & the Friends and Family Test (FFT).



	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Pals contacts	242	165	214	242	236	195	204	257	235	178	235	200
Formal Complaints	10	7	4	4	9	9	4	7	7	8	4	10
FFT rating of experience - Inpatients %	98	99	98	99	98	98	98	98	98	98	98	97
FFT rating of experience - Outpatients %	97	96	94	99	98	97	97	96	94	97	96	91
FFT % response rate	33	26	28	45	38	40	43	35	34	28	33	26

# Complaints: Are we responding and improving?

## Numbers of complaints by directorate



There were 10 new formal complaints received in October 2021- this is the highest number since November 2020 but is consistent with the complaints received in October last year (n=11).

The Trust rate of complaints by combined patient activity this month (0.42 complaints per 1,000 CPE) increase more than double from last month (0.16).

Sight and sound received 5 complaints this month and saw a significant increase in its complaint rate this month (1.21) and its highest rate since April 2020.

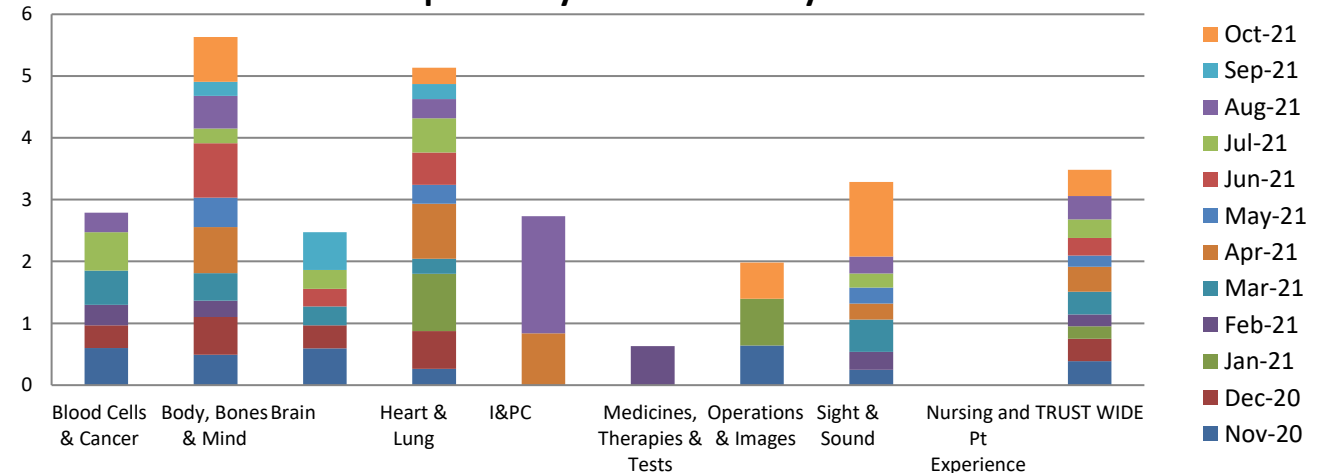
Body, Bones and Mind also saw a significant increase (0.73) compared to last month (0.23).

At the time of writing (11/11/21), there are 16 open/ active complaints. Of 49 new complaints received since 1 April 2021, 36 have been closed (22 within the original timeframe agreed and 14 with extended timeframes).

This month families reported concerns about:

- Delays in undergoing surgery and obtaining a diagnosis, and pain management.
- The rudeness a clinician and the manner in which they were spoken to and about. Request made for change in clinician.
- The surgical outcome and subsequent care provided.
- Restraint.
- The medical team not coming to assess their child when concerns were raised by both the nursing team and family.
- The lack of transition to adult services. The family are concerned that a lack of care during this time may have led to the need to have laser treatment which could have been avoided.
- Clinical decision making during a recent admission.
- Multiple missed virtual appointments where no contact was made by the clinical team on the day.
- The delay in booking transport on multiple occasions which led to the cancellation of the most recent appointment
- The multiple cancellations of their daughters surgery and the impact this has had on the patient and family.

## Complaints by Patient Activity



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

NEW red complaints opened in September 2021	NEW red complaints since APRIL 2021*	REOPENED red complaints since APRIL 2021	ACTIVE red complaints (new & reopened)	OVERDUE red complaint actions
0	3	0	2	2

## New Red Complaint

Ref	Directorate	Description of Complaint	EIRM Outcome:	Update:
21-042	Sight and Sound	Parent has raised a number of concerns around her child's urology surgery and follow up care.	Scheduled for 15 <sup>th</sup> November 2021	Complaint has been graded red - EIRM scheduled for 15 November 2021- to be chaired by the Medical Director. Medical records have also been received from UCLH and reviewed in preparation for the EIRM.

## Active Red Complaints (including reopened complaints)

Ref	Directorate	Description of Complaint	EIRM Outcome:	Update:
21-014	Body Bones & Mind (Spinal)	Mother raised concerns about incorrect placement of spinal screws instruments and the delayed identification of this.	EIRM took place on 24/06/21 and complaint <b>was not</b> declared an SI.	Complaint investigation is underway. Extension granted as specialist input is required to draw conclusions and put together an action plan. In line with the commitment at the first EIRM to reconsider if an SI should be declared if significant information comes to light during the investigation, a further EIRM was convened and a SI was declared. The family have been informed and kept fully up to date.

## Closed red complaints since July 2021

Ref	Directorate	Description of Complaint	EIRM Outcome:	Update:
21-013	Body Bones & Mind (Spinal)	Mother has raised concerns regarding rejection of her child's kidney transplant due to a lack and delay of follow up care/monitoring.	EIRM took place on 02/06/21 and complaint <b>was</b> declared an SI.	Serious Incident declared and completed. SI report shared with family in August 2021. The investigation concluded that there was a failure to bring the patient in for earlier review and that there was missed opportunity to identify any renal deterioration and provide timely treatment. The investigation identified learning regarding MDT management and administration of clinic letters.

\* Includes one historic complaint regraded in April 2021

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

NEW red complaints opened in September 2021	NEW red complaints since APRIL 2021*	REOPENED red complaints since APRIL 2021	ACTIVE red complaints (new & reopened)	OVERDUE red complaint actions
0	3	0	2	2

## Closed red complaints since July 2021

Ref	Directorate(s)	Description of Complaint	EIRM Outcome:	Update:
20-076	Heart & Lung (PICU/CICU) Body, Bones & Mind (SNAPS)	Parents are raising concerns regarding the deterioration of their child's health (including being ventilated, put on ECMO and dialysis) following keyhole surgery (splenectomy). Concerns raised around multiple aspects of care including failure to respond to the patient's condition, pain management in the context of being a sickle cell patient, action causing/ contributing to compartment syndrome.	EIRM took place on 31/03/21 and complaint <b>was</b> declared an SI.	Serious Incident declared and investigation concluded. The SI report and complaint response were shared with the family in September 2021. The investigations could not identify the cause of the patient's deterioration but provided detailed explanation of the care provided, Trust policies and procedures and training. Learning from the investigations will be tracked and monitored via PFEEC/ PSOC and Closing the Loop.
19-085	I&PC (Orthopaedics)	Parents raise concerns about their child's surgery which took place at GOSH privately. Specifically, they question the complications the patient has experienced, the competence of the surgeon and aspects of communication.	Following an external review, the complaint was declared a Serious Incident on 24/02/21	The SI found that there were differing approaches to the patient's care and that a more conservative but nevertheless appropriate course of action was taken. The investigation concluded that the surgeon was competent to perform the surgery, and that some aspects of communication and documentation were not appropriate. The investigation identified learning which will be tracked and monitored via PFEEC/ PSOC and Closing the Loop.

\* Includes one historic complaint regraded in April 2021

# Learning from Complaints

*You said:* There were a number of issues during a Sleep Study admission. Firstly, we were asked to come in during dinner time which was very disruptive and upon arrival staff were busy with other duties and we did not receive an induction to the environment and equipment.

## We did:

- Kangaroo ward cubicles are being used to provide sleep studies during the COVID-19 pandemic. The arrival time for sleep study patients allocated to these cubicles has been changed to an earlier time of 18:00h. This will allow patients to have dinner on the ward or in the nearby Lagoon facilities.
- Earlier arrival time will also avoid nurse handover which will help to facilitate time for ward staff to provide an induction to the environment and equipment.
- Staff responsibilities for these cubicles have been reviewed, confirmed and assigned between Kangaroo ward and Sleep Unit staff. This includes the orientation process and answering any questions about the facilities or general queries.
- Appointment letters have been adjusted to reflect the change of arrival time and to include directions to nurse's station in the event that reception is unmanned.

# PALS – Are we responding and improving?

Cases – Month	12 month trend	10/20	09/21	10/21
Promptly resolved (24-48 hour resolution)		154	194	138
Complex cases (multiple questions, 48 hour+ resolution)		33	38	57
Escalated to formal complaints		4	2	4
Compliments about specialities		2	1	1
<b>Total:</b>		<b>193</b>	<b>235</b>	<b>200</b>

## Top Six Themes

<b>Lack of communication</b> (lack of communication with family, telephone calls not returned; incorrect information sent to families).		58	15	11
<b>Admission/Discharge /Referrals</b> (Waiting times; Advice on making a NHS referral; advice on making an IPP referral, cancellation).		4	3	4
<b>Staff behaviour</b> (Rude staff, poor attitude, inadequate communication with parents, lack of professionalism).		0	10	14
<b>Outpatient</b> (Cancellation; Failure to arrange appointment).		20	68	60
<b>Transport Bookings</b> (Eligibility, delay in providing transport, failure to provide transport)		8	13	3
<b>Information</b> (Access to medical records, incorrect records, missing records, GOSH information, Health information, care advice, advice, support/listening)*		103	126	108

Pals contacts decreased in October compared to the previous month. Pals also note a continued decline in the number of communication-specific contacts, with the 11 recorded in October representing the lowest number received in 2021. Families increasingly report successfully raising routine clinical queries via MyGOSH which are responded to and resolved. However, families typically contact Pals for issues or concerns which require immediate or faster resolution or in instances where they are unsure where to direct more complicated queries (e.g. urgent prescription queries, advice on changes in health etc).

October sees a 33% increase in the number of complex contacts, something Pals believe to be reflective of an influx of complicated and challenging encounters often requiring the input of numerous internal and external specialities. In October complex contacts typically centre around requests for information regarding the provisions available to support children with additional needs. Examples include a Special Educational Needs Coordinator enquiring about the Trust's ability to cater for a patient's unique dietary requirements and a mother querying aspects of her child's planned transfer of care from GOSH to their local hospital.

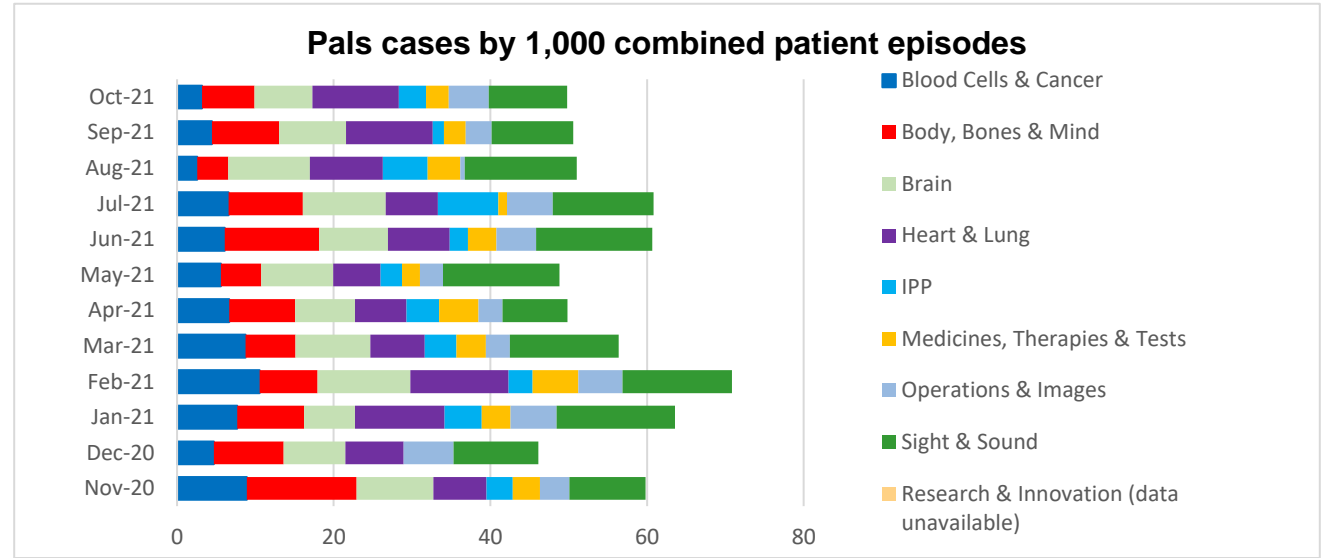
Having identified an increase in contacts relating to transport last month, it is noted that there was a significant reduction in cases (n=3) and this was the lowest in the last 12 months. The Pals team have reviewed categories relating to staff behaviour and are closely monitoring contact numbers following increases over the last three months.

Pals received a fantastic compliment highlighting the '*patient, professional and perfect*' approach employed by a plastic surgeon whilst comforting an extremely anxious patient ahead of a planned day surgery. Mum explained that following a traumatic experience at their local hospital, visits have always been a challenge often resulting in her daughter experiencing panic attacks and nausea. Mum describes the feeling of '*relief washing over her*' when they met their surgeon, who spoke with her daughter in a '*calm, reassuring manner*' whilst explaining things in a '*simple yet unpatronizing way*'. Mum feels that this not only prepared them both for the day ahead but also went a long way in helping her daughter with overcoming her fear of hospitals.



# PALS cases by directorate

In October the Brain directorate recorded its lowest volume of Pals contacts since January 2021 (7.37 per 1,000 CPE). This can largely be attributed to significant decreases in contacts regarding both the Neurodisability and Neurology specialities who, compared to September, recorded a 66% and 80% decrease in Pals contacts respectively.



	BC&C	BB&M	Brain	H&L	IPC	MT&T	O&I	R&I	S&S
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
Apr-21	24	38	25	23	5	6	6	0	33
May-21	19	23	29	21	3	4	5	0	60
Jun-21	23	59	32	31	3	7	10	0	64
Jul-21	23	43	36	25	9	2	11	0	58
Aug-21	9	16	28	32	6	7	1	0	55
Sep-21	18	40	28	45	2	5	6	0	45
Oct-21	13	30	24	44	5	5	9	0	43
<b>YTD</b>	<b>276</b>	<b>432</b>	<b>347</b>	<b>385</b>	<b>49</b>	<b>65</b>	<b>89</b>	<b>1</b>	<b>594</b>



# PALS – Are we responding and improving?

Top specialities – Month	10/20	09/21	10/21
<b>Cardiology</b>	23	28	29
<b>Gastroenterology</b>	11	10	11
<b>Respiratory</b>	5	6	8
<b>Endocrinology</b>	9	1	7
<b>Facilities</b>	8	8	7

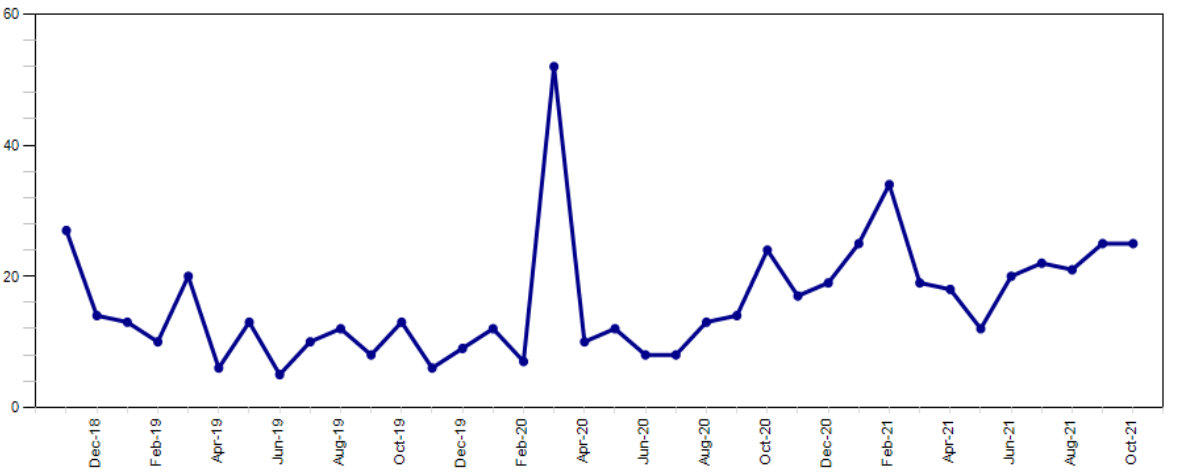
**Cardiology-** Pals have recorded 29 cardiology contacts in October, approximately 1 in 5 of which revolve around multiple, short notice cancellations of inpatient and outpatient appointments. Families explain that these often occur on the day of arrival and so request support from Pals with claiming back the travel and accommodation costs associated with visiting GOSH.

Additional themes for October centre around families sharing their frustrations when attempting to contact the service, with parents reporting that their phone calls, voicemails, and emails often go unanswered. While families are comfortable with using myGOSH messages for routine concerns, they explain that they prefer a more direct approach when needing to discuss urgent, time-sensitive clinical queries relating to patient-specific care queries.

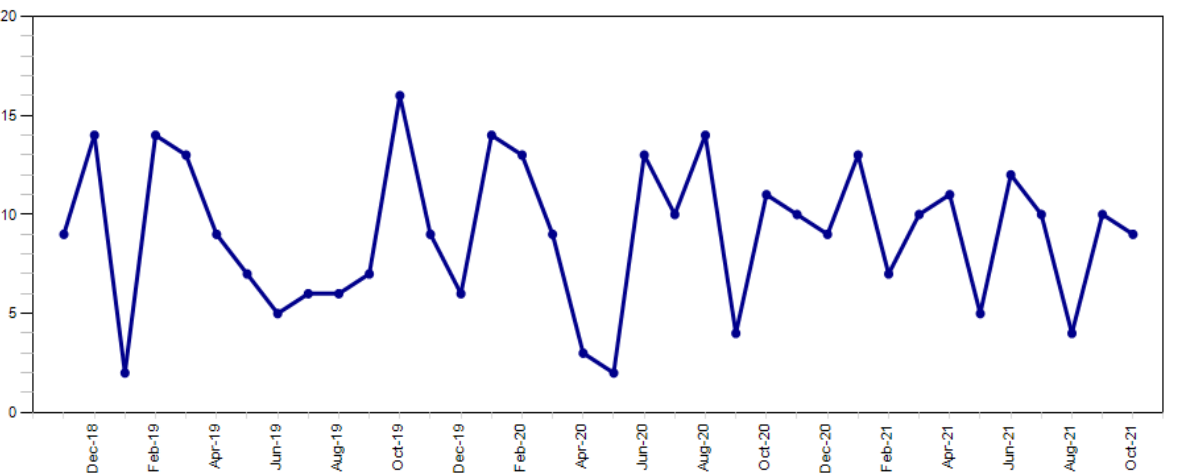
Pals continue to work closely alongside the Cardiology service and conduct weekly audits which are shared with senior management. These ensure that urgent concerns are promptly addressed and that any themes or trends are identified in a timely manner.

**Gastroenterology-** Pals received 11 Gastroenterology contacts in October. Common themes for the month involve parents requesting updates on care plans, particularly relating to timeframes for transfers to GOSH and the tests and treatments that their admissions would involve. The Gastroenterology service remain extremely proactive in contacting families and providing updates and reassurance whilst also promptly addressing concerns. This is evidenced by 90% of October’s contacts being responded to and resolved in under 48 hours.

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



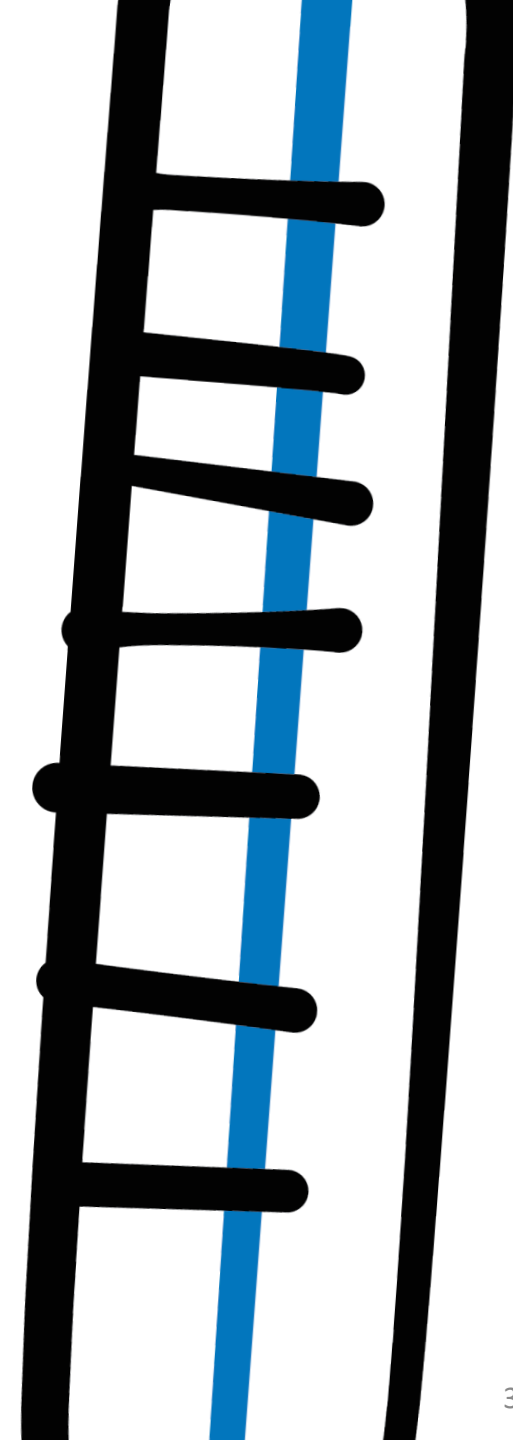
**Gastroenterology contacts by patient activity-** (total cases excluding formal complaints)



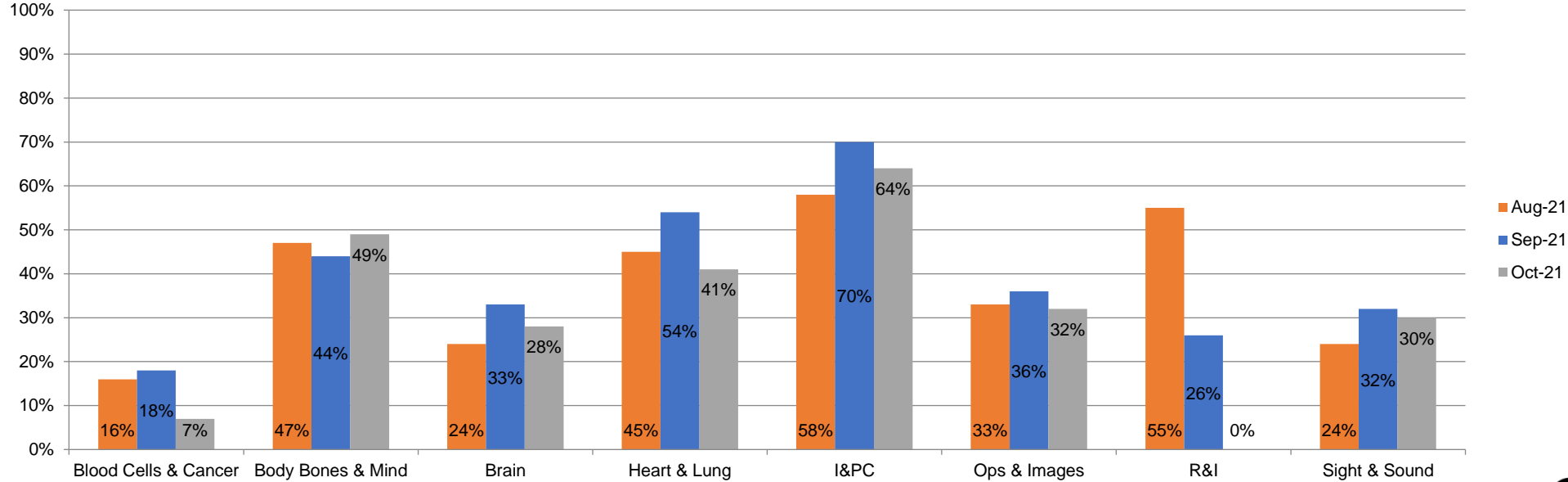
# Learning from PALS

As footfall within the Trust increases, Pals have noted an influx in visits from families requesting the use of both iPhone and Android chargers. Families explain that they have found themselves becoming increasingly reliant on their devices with these now not only being used for entertainment but also for accessing clinical information (via myGOSH), attending remote consultations and communicating with loved ones who, limited by Coronavirus restrictions, are unable to visit.

Pals understand the importance of easily accessible clinical information and reliable communication channels, so are currently working on an audit with the aim of illustrating the increased need for chargers. We hope that this will contribute to the Trust considering the installation of a mobile charging unit which we believe will go a long way in helping to improve the hospital experience for both patients and families.



# FFT: Are we responding and improving?



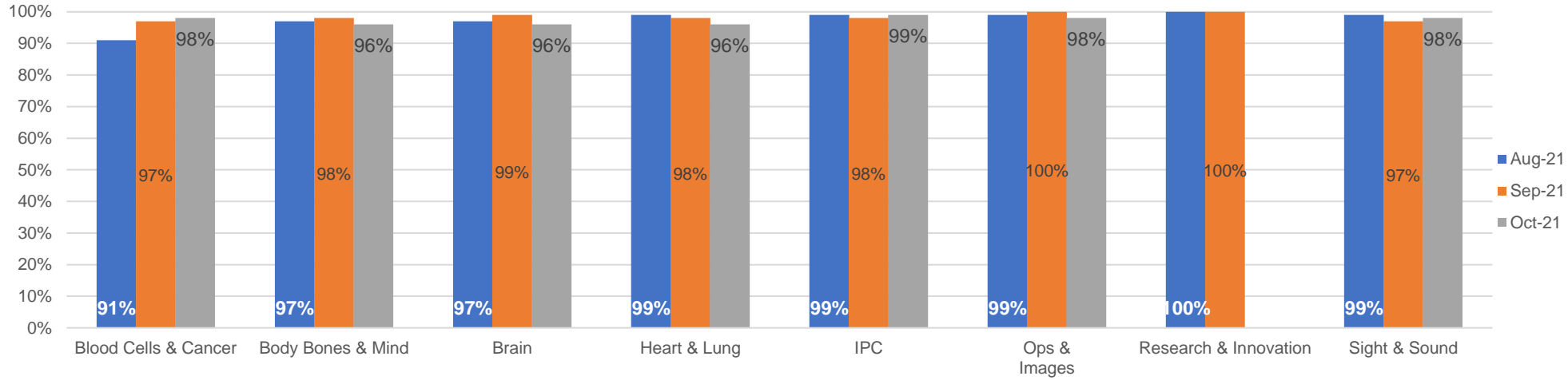
The Trust response rate has decreased this month to increased this month to 26% which is just above the Trust target. At directorate level, Blood Cells and Cancer and Research and Innovation did not achieve the Trust response rate target of 25%. The BCC directorate are, with support from the Patient Experience Team, creating an action plan to improve their response rate. Reminders are sent regarding deadlines for FFT data submission and unfortunately, Research and Innovation have since confirmed that some FFT feedback was not entered on to the FFT database.

Consistent with previous months, negative comments related to admission and discharge. Comments referred to miscommunicated information about admission times and long waits for procedures, particular those with additional disabilities which was distressing for the patient and their families. There were also comments about transport issues with families waiting a long time for their transport to arrive. There were also comments about the visiting rules at GOSH and how some families were advised that siblings could not attend the Trust only to find that other families had brought a number of siblings to the Trust.

Positive comments were about the caring nature of the staff and how they not only looked after the patient, but the wider family too. There were lots of comments about how staff are informative and give patients and families the opportunity to ask lots of questions.

# FFT: Are we responding and improving?

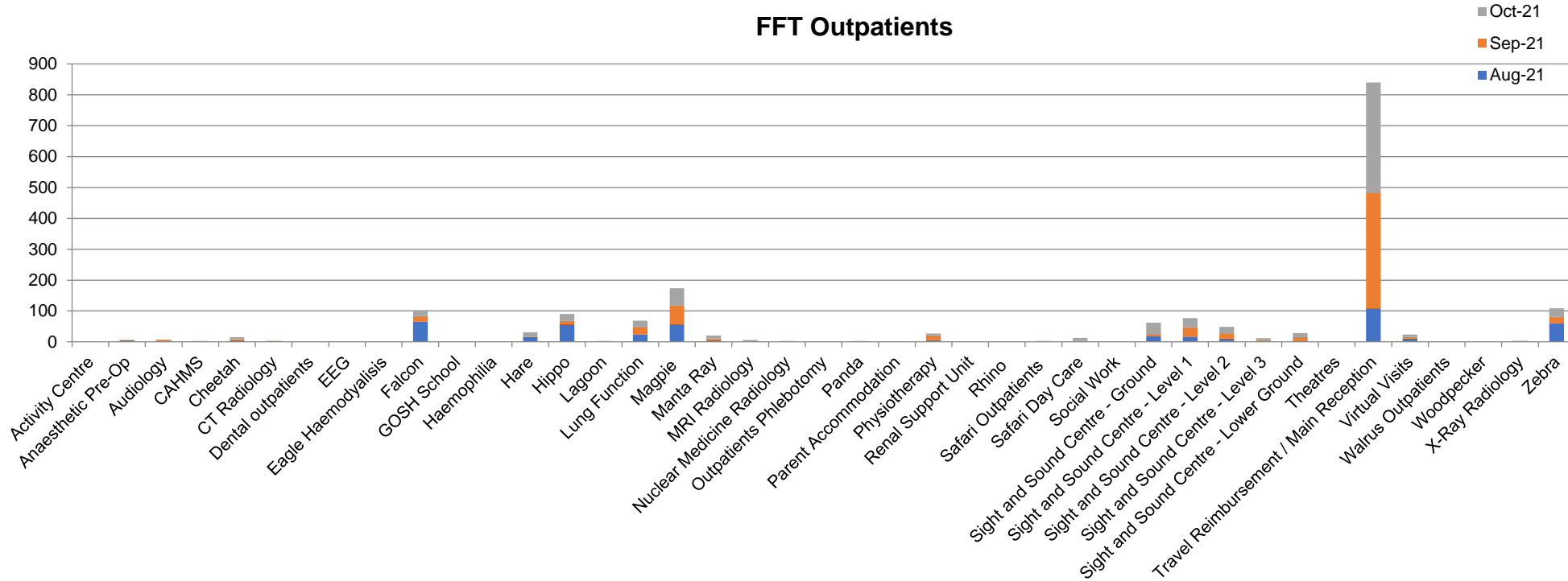
Ratings of Experience



	Inpatient Comments	Outpatient Comments	IPP Comments	Total Feedback	% of FFT comments from CYP	% with qualitative comments (All areas)
Apr 21	989	675	125	1789	16%	87%
May 21	980	432	163	1575	14%	90%
Jun 21	951	409	190	1550	17%	92%
Jul 21	879	304	147	1330	17%	92%
Aug 21	691	481	145	1317	13%	93%
Sept 21	816	640	155	1611	13%	93%
Oct 21	662	682	147	1491	15%	93%

- Inpatient response rate – **26%**
- Experience measure for inpatients – **97%**
- Experience measure for outpatients – **94%**
- **15%** of FFT comments are from patients.
- Outpatient comments increased by **7%** compared with the previous month.
- Inpatient comments decreased by **17%** compared with the previous month.
- Consistently high number of qualitative comments – **93%**

# FFT: Are we responding and improving?



FFT feedback for outpatients increased again in October by 7%. However, at 94% the measure of experience has reduced to below the Trust target of 95%. There were a number of comments across outpatient areas about staff being rude and unprofessional. This has been escalated to the relevant managers and addressed with the staff concerned. There were also comments about last minute amendments to appointments and the poor organisation of the appointments in general which was confusing for families. There were comments about the Sight and Sound Centre not being designed for those with a visual impairment, particularly the lack of braille, signage and the clear glass doors being an issue. There were also comments about a lack of privacy as you can hear the consultations in the next room.

There were many positive comments about the staff being kind, understanding and funny! We received numerous comments about the efficiency of the appointments and the professionalism of the staff. There were also comments about the Sight and Sound Centre being colourful and a cheerful environment to be in. Additionally there were comments that it is a good environment for patients with Autism.

# FFT Focus – Outpatients

*In the Sight & Sound building they have many clear glass doors not all with stickers on them and the buttons in the lift and the signage has no braille making it harder for my visually impaired son.*

**Sight and Sound Centre**

*I am shocked to be a patient in this new building as I can hear everything the doctor and patient is saying behind closed doors!!! I should not be able to hear any of it –*

**Sight & Sound Centre**

*My son's appointment got changed last minute for the week and I was told it would be a phone call. On the date and time stated I sat and waited for the call which didn't come. I contacted my son's nurse to see why no call was made and see if she can get to the bottom of it. I have since got MyGOSH and sent a message asking why I have not had the appointment. I can see it has been opened and read but still no reply. I'm so disappointed with how we have been treated by GOSH –*

**Hippo Outpatients**

*The building location had changed from the letter but we were not told until we arrived. -*

**Falcon**

*I was called 3 times about an appointment. I have the GOSH app and found it really unnecessary. Each caller didn't listen to the fact that I had already filled in all the info they required -*

**Falcon**

All of the above comments have been shared with the relevant service areas.

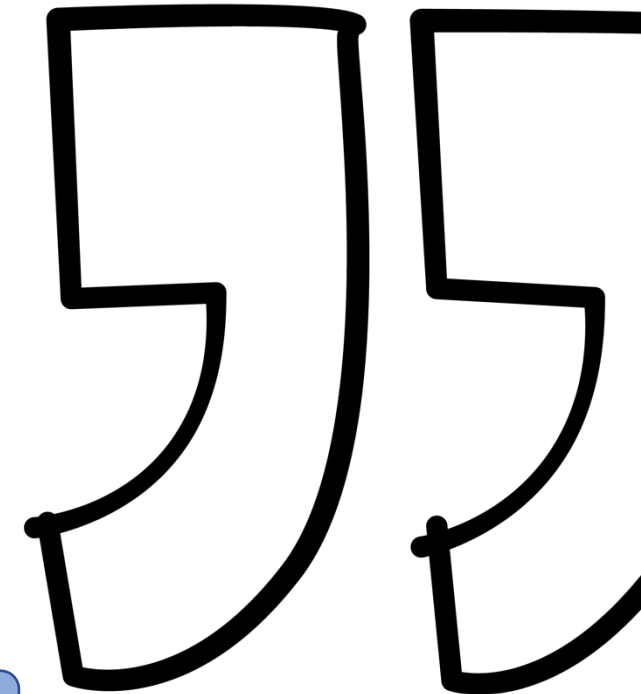
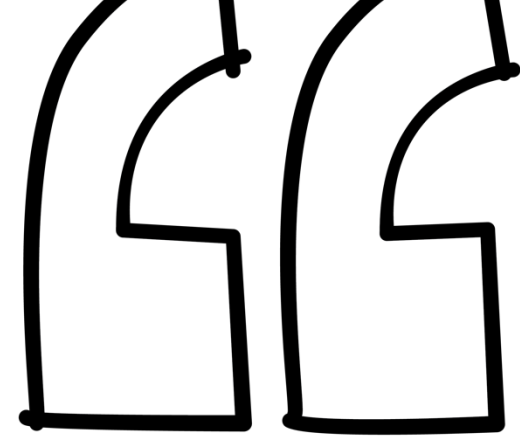
# FFT Comments

*All the staff, their care and attention is just absolutely fantastic. GOSH standards are just so high, each and every visit is wonderful. Our doctor holds a special place in our hearts, they have treated my 12 year old since 6 weeks old. The Anaesthetist is such an amazing, caring person, my 12 year old was very touched by his beautiful nature. Keep up all the great work you really provide such an amazing service, saying thank you is just not enough! –*  
**Nightingale Ward**

*Koala ward has become my second home. Everyone is very friendly and they all look after me even though I am poorly. I am very happy here 😊 You are all stars –*  
**Koala Ward**

*Everything was amazing! Leopard ward was the best, not only for the care my child received and nursed back to health but to me and my husband. They were so compassionate! –*  
**Leopard Ward**

All of the above comments have been shared with the relevant service areas.





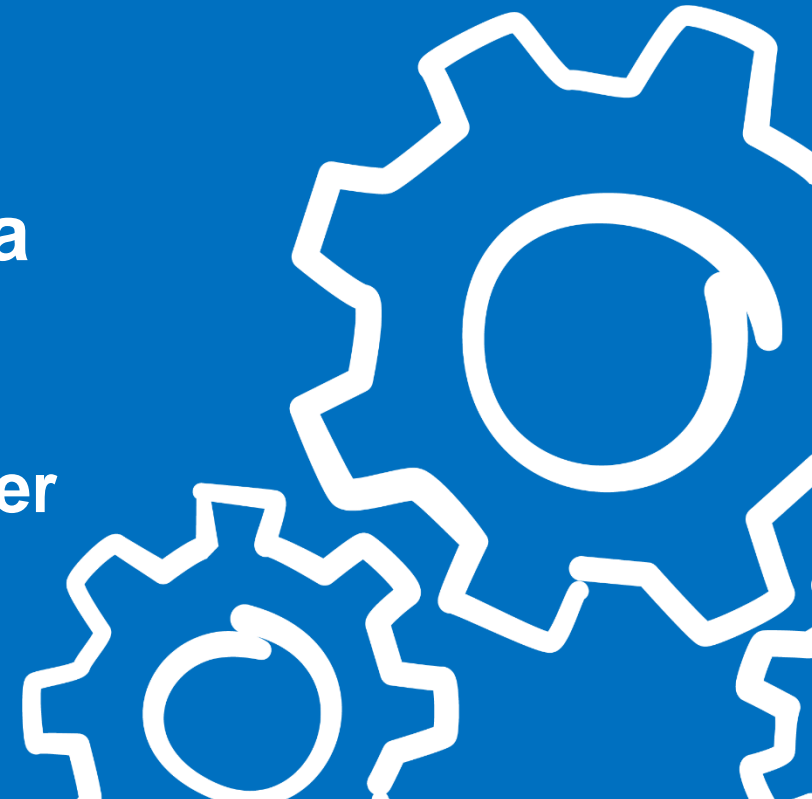
**NHS**

Great Ormond Street  
Hospital for Children  
NHS Foundation Trust

# IQPR Trust Performance Update November 2021

Reporting October 2021 data

John Quinn, Chief Operating Officer





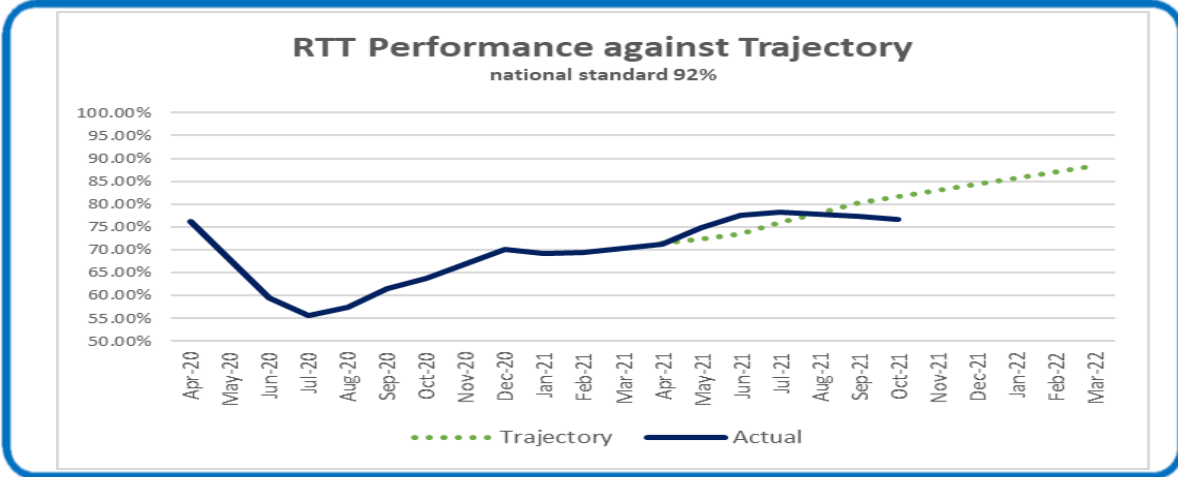
# Overview

Standard	Target	Current Performance	Trend (Change since last month)	Forecast Compliance
Referral to Treatment (RTT)	92% in 18 wks	76.7%	↓ 0.7%	September 2022
No. over 18 Week waits	-	1617	↑ 24	-
52 Week waits	0	194	↓ 25	June 2022
104 Week Waits	0	8	↓4	December 2021
Diagnostics	99% in 6 wks	87.3%	↑ 3.08%	March 2022
31 Day: Decision to treat to 1 <sup>st</sup> Treatment	96%	100%	↔	
31 Day: Subsequent treatment – surgery	94%	100%	↑ 20%	
31 Day: Subsequent treatment - drugs	98%	100%	↔	
62 Day: Consultant Upgrade	No national target	100%	↔	

**Performance**

**Forecast – 81.7%**

## Actual v Trajectory



**76.7%**  
 People waiting less than 18 weeks for treatment from referral.  
 Target 92% ↓ -0.7%

**194**  
 Patient wait over 52 weeks  
↓ 25

**8**  
 Patients waiting over 104 weeks  
↓ 4

### Directorate Performance

Blood, Cells and Cancer – 86.9%	Brain – 83.2%
Body, Bones and Mind – 66.2%	Heart and Lung – 79.9%
Medicines, Therapies & Tests – 93.5%	Operations & Images – 91.4%
Sight and Sound – 66.9%	

### Bottlenecks

- 73% of over 18 week patients prioritised as P3/P4
- Major incident in late October - power outage resulted in theatre, admission and Outpatient appointments cancellations.
- Patients continue to exercise choice and deferring treatment to February half term and Christmas/New Year
- Specialist resource challenges particularly impacting Craniofacial and Plastic Surgery
- Bed availability and staffing pressures into October
- Increased cancellations seen within Cardiology due to high acuity patients and bed capacity
- Capacity issues with Clinical Genetics due to staff retirement, resignation and realignment of capacity to cover prenatal referrals
- Unexpected clinician absence in Orthopaedics and, due to specialisation, some patients cannot be treated by another member of the clinical team.
- Reduction in additional list take-up in October

### Actions

- Super Saturday in October for additional activity across a number of services which resulted in 21 additional day-cases and 73 outpatients
- Bed closures being signed off by Senior Directorate Team
- Surgical Huddles meeting with service leads and theatre team to ensure capacity is used appropriately
- Close monitoring of theatre 6-4-2 model and list being reassigned if not filled
- Clinical Prioritisation and long wait chronological booking resulting in continued reduction of over 52 week waits since April 2021 of 271 patients to 194 patients waiting at end of October 2021
- 52 week and 104 week wait trajectory submitted NCL to for reduction in long waits as part of H2 planning
- Internal RTT trajectories in development by service and directorate

## Challenged Directorates

### Directorates – below 80% performance October 2021

Body, Bones and Mind – 66.2%  
Heart and Lung – 79.9%  
Sight and Sound – 66.9%

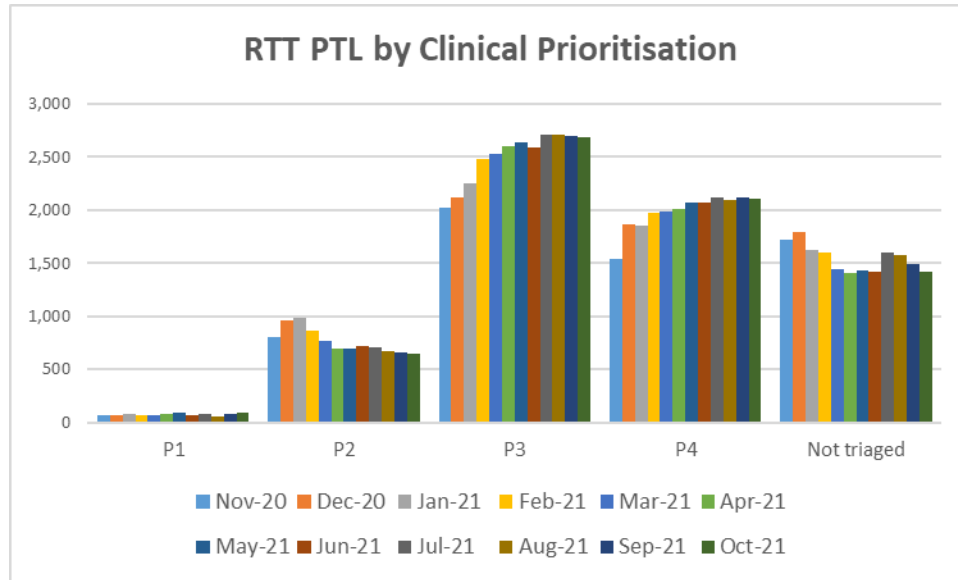
Heart & Lung has improved RTT performance from previous month

### Key Specialties

- Gastroenterology breaches have decreased by 10 as at end of October 2021
- Orthopaedic breaches have increased slightly this month (+8) and remain significant at 198. Further impact on long waits due to unexpected clinical absence
- SNAPS breaches decreased by over 50% in the last 12 months
- Spinal Surgery breaches decreased by 40% over the last 10 months to 70 in October 2021.
- Cardiology breaches have decreased by 11 breaches to 133 in October 2021.
- Plastic Surgery breaches decreased by 15 at the end of October 2021 but remains a significant challenge at 189.
- Dental breaches increased by 8 to 64 by the end of October 2021 mainly due to a consultant leaving the service.

	Projected Date (not signed off/validated)	Jul-21	Aug-21	Sep-21	Oct-21	% change	Oct 2021 No. of >18 Weeks	Breaches
<b>Body, Bones &amp; Mind</b>								
CAMHS	N/A - continue to meet	88.7%	82.7%	84.4%	77.7%	-6.74%	21	
Gastroenterology	Mar-22	76.2%	78.3%	72.8%	71.2%	-1.63%	49	
General Paediatrics	Feb-22	66.7%	51.9%	75.0%	63.0%	-12.04%	10	
Nephrology	N/A - continue to meet	98.8%	97.6%	88.5%	88.0%	-0.46%	9	
Orthopaedics	Does not meet 92%	44.4%	48.2%	52.3%	50.3%	-2.00%	198	
SNAPS	Jan-23	72.0%	74.4%	79.0%	78.7%	-0.29%	60	
Spinal Surgery	Does not meet 92%	51.3%	54.3%	58.1%	61.1%	2.97%	70	
<b>Directorate Total</b>	<b>Nov-22</b>	<b>65.3%</b>	<b>66.3%</b>	<b>68.2%</b>	<b>66.3%</b>	<b>-1.93%</b>	<b>435</b>	
<b>Heart &amp; Lung</b>								
Cardiac Surgery	Feb-22	80.4%	75.0%	77.2%	76.6%	-0.60%	11	
Cardiology	Mar-22	81.7%	81.6%	78.1%	80.4%	2.26%	133	
Pulmonary Hypertensio	Sep-21	85.7%	100.0%	100.0%	66.7%	-33.33%	1	
Respiratory Medicine	Dec-21	91.1%	92.1%	87.8%	78.2%	-9.57%	12	
<b>Directorate Total</b>	<b>Mar-22</b>	<b>82.5%</b>	<b>82.0%</b>	<b>78.8%</b>	<b>79.9%</b>	<b>1.17%</b>	<b>158</b>	
<b>Sight &amp; Sound</b>								
Audiological Medicine	Mar-22	69.1%	68.8%	68.1%	70.2%	2.06%	34	
Cleft	Mar-22	71.4%	83.9%	73.3%	75.8%	2.42%	8	
Cochlear Implant	Mar-22	68.8%	69.2%	72.2%	83.3%	11.11%	3	
Craniofacial	Does not meet 92%	65.4%	59.5%	54.8%	52.6%	-2.21%	90	
Dental	Does not meet 92%	73.5%	73.1%	66.1%	64.2%	-1.81%	64	
Ear Nose and Throat	Dec-21	74.7%	75.7%	74.2%	74.3%	0.11%	117	
Maxillofacial	Mar-22	66.9%	63.9%	69.2%	64.1%	-5.10%	33	
Ophthalmology	Oct-22	79.5%	75.7%	74.3%	70.8%	-3.52%	108	
Orthodontics	Dec-22	59.4%	60.6%	57.1%	53.1%	-4.02%	15	
Plastic Surgery	Does not meet 92%	57.2%	52.1%	51.0%	51.9%	0.90%	174	
Urology	Dec-22	75.4%	78.8%	78.8%	79.2%	0.45%	63	
<b>Directorate Total</b>	<b>Mar-22</b>	<b>70.5%</b>	<b>69.0%</b>	<b>67.7%</b>	<b>67.0%</b>	<b>-0.66%</b>	<b>709</b>	

# RTT PTL - Clinical Prioritisation



<b>P2</b> 649 ↓ 15	<b>P3</b> 2681 ↓ 19	<b>P4</b> 2110 ↓ 5	<b>Not Prioritised</b> 1414 ↓ 79
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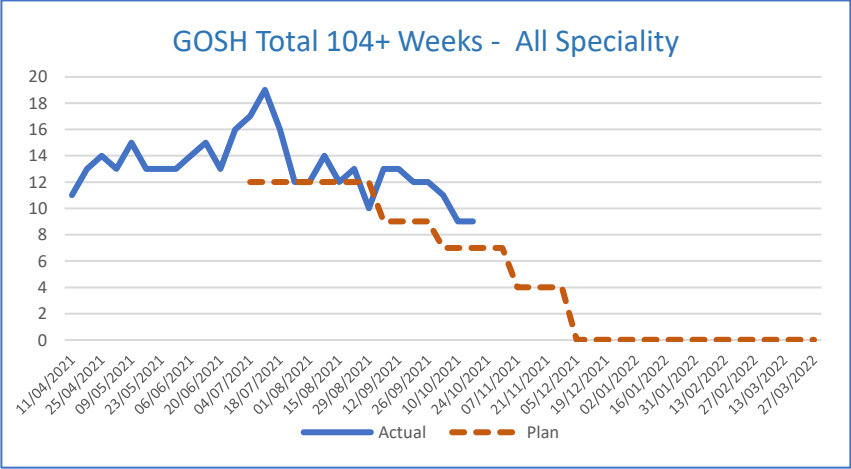
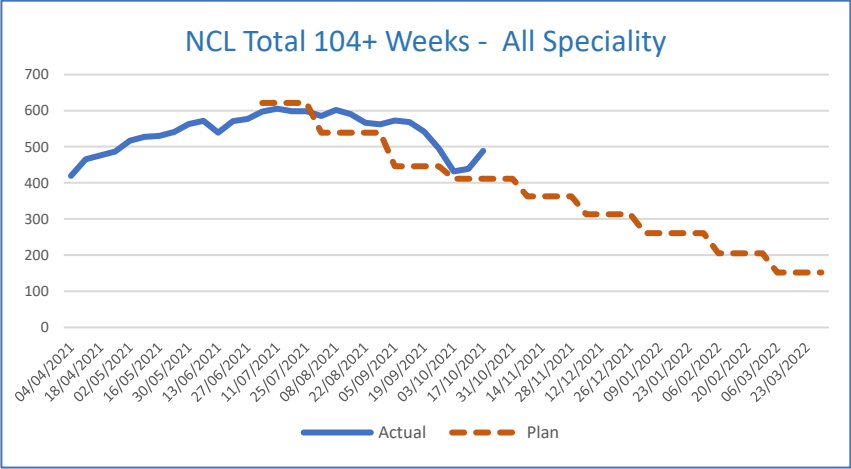
## Clinical Prioritisation – past must be seen by date

<b>P2</b> 179 ↑ 3	<b>P3</b> 500 ↑ 54	<b>P4</b> 281 ↑ 39
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- The current RTT PTL is 6941 patients, 1414 require clinically prioritising with 1140 being under 18 week waits. The remaining patients on the PTL are cohorted as follows: P1a/P1b – 87 patients (1.2%), P2 – 649 (9%), P3 – 2681 (38%) and P4 – 2110 (30%).
- It is recognised some sub-speciality areas including 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 number of P2 patients waiting beyond their must be seen by date has slightly increased to 179. Of these 121 (67%) are admitted and 51 (32%) are non-admitted.
- The largest volume of P2 breaching patients are within SNAPs (20), Cardiology (16), Dental (15), Ophthalmology (12) and Gastroenterology (10). These make up 40% of the breached P2.
- The Trust receives a high volume of patients on inherited RTT pathways. As at the end of October 66% of patients on the Trust’s RTT ticking waiting list were referred from other Trusts, and some of these patients (36) had been waiting more than 18 weeks at their referring Trust. Four of these patients were waiting 52 weeks or more when they were referred to us, with three of them at over 75 weeks wait.

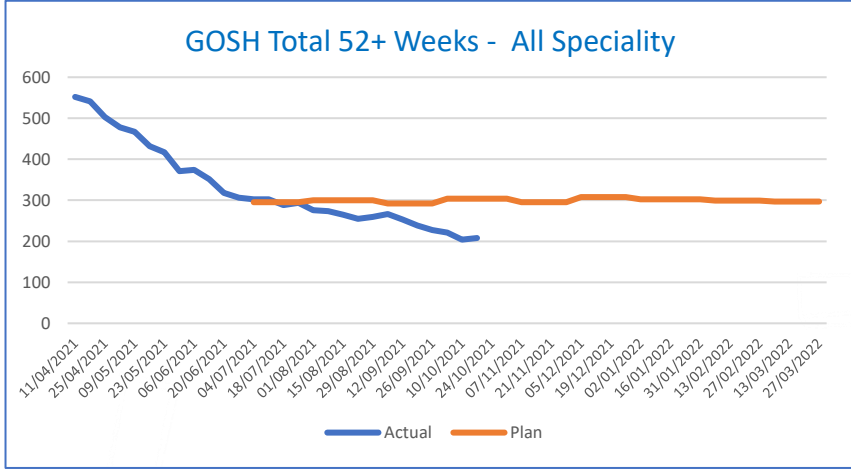
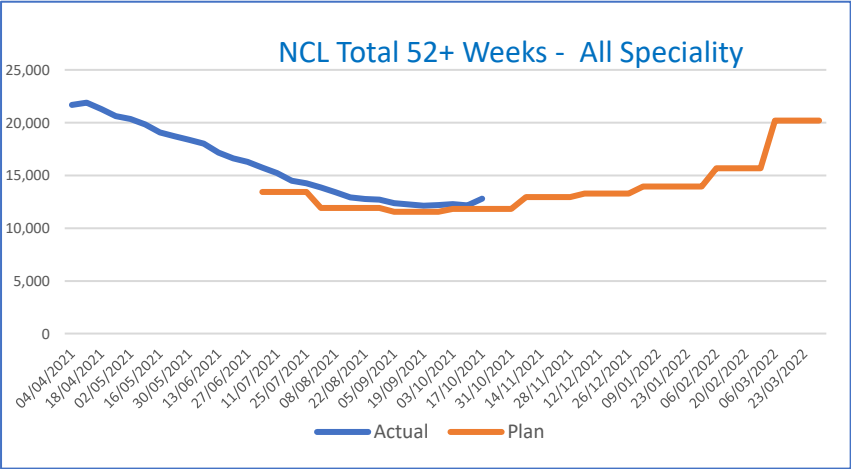
# NCL RTT Long Waits Position @ 17<sup>th</sup> October

**104+ Weeks - 488**



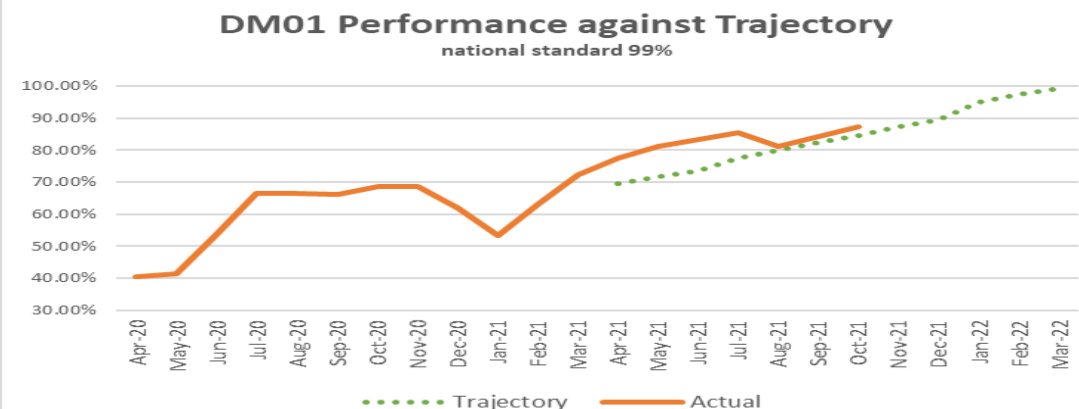
- Overall for NCL the 104 week wait position is above projected plan by 77. Mainly driven by RFH and UCLH numbers. GOSH is slightly above trajectory by 2 patients, however at month end this reduces to being to 1 over target.
- The 52 week wait performance for NCL is 961 above plan. The is mainly due to UCLH and The Whittington being above plan. GOSH is below the original 52 week trajectory submission. A revised trajectory has been submitted part of the H2 planning round.

**52+ Weeks - 12,796**



# Diagnostics - DM01

## Actual v Forecast



## Bottlenecks

- MRI GA and Sedation capacity remains challenging and current demand exceeds available capacity
- Major incident in October – the power outage led to cancellations
- Stress and sedated echo capacity is limited
- 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
- Booking processes within teams

## Actions

- Improved patient engagement and capturing of rejected offers
- Introduction of weekly performance meeting with clinical lead, lead radiographer and booking team to ensure capacity is used appropriately
- Focus on Echo and Sleep Study lists via weekly scheduling meeting

Performance

**87.38%**  
People waiting less than 6 weeks

Target 99%  3.08%

Forecast – 84.5%

**170**  
Number of Breaches

 18

## Modality Focus

Of the 170 breaches, 79 are attributable to modalities within Imaging (67 of which are MRI), 30 in ECHO, 27 in Sleep Studies, 14 in Gastroscopy, 4 in Audiology, 14 in Colonoscopy and 2 in Cystoscopy.

For the first time since November 2019 Operations and Imaging as a directorate have achieved above 90% of patient waiting under 6 weeks for a diagnostic test.

At the end of October 2021, 28 patients were reported to be waiting 13 weeks and over for their diagnostic test, an increase of three patients from September. The majority are booked in November and December.

## Diagnostic Prioritisation

- Review of patients waiting 13 weeks and over, ensure patients are clinically prioritised if not booked.
- Review planned patients 6 weeks past due date
- NCL stated London Providers to only use codes D1 – D3
- Any potential risks will be raised through Trust reporting streams
- Project with Epic to reduce duplication and assist closure of no longer required orders where applicable.

# Cancer Waiting Times

Performance

Forecast –  
100%

## September Actual

**100%**

31 Day Referral to  
First Treatment

Target 96%

**80%**

31 Day: Subsequent  
Treatment – Surgery

Target: 94%

**100%**

31 Day:  
Subsequent  
Treatment – Drugs

Target:98%

**100%**

62 Day Consultant  
Upgrade.

No Target

## October Forecast

**100%**

31 Day Referral to  
First Treatment

Target 96%

**100%**

31 Day: Subsequent  
Treatment – Surgery

Target: 94%

**100%**

31 Day:  
Subsequent  
Treatment – Drugs

Target:98%

**100%**

62 Day Consultant  
Upgrade.

No Target

## Bottlenecks

- September Breach in 31 day subsequent treatment as surgery needed to be cancelled due to an urgent patient requiring the theatre slot.
- A harm review took place and tumour was stable and surgery rescheduled, no harm identified.



# Activity Monitoring

The Trust submits weekly information for NHS Acute Specialties only as part of monitoring 2021/2022 activity against 2019/20. The information below depicts current performance covering the period calendar weeks 14 – 45, 30/03/2021 – 07/11/2021.

Calendar Weeks	Daycase			Elective			Emergency			First outpatient			Follow-up outpatient		
	2019	2021	%	2019	2021	%	2019	2021	%	2019	2021	%	2019	2021	%
14	502	347	69.1%	226	248	109.7%	59	59	100.0%	693	423	61.0%	3637	2265	62.3%
15	503	410	81.5%	250	218	87.2%	65	49	75.4%	694	421	60.7%	3575	2776	77.7%
16	414	478	115.5%	212	219	103.3%	59	53	89.8%	511	599	117.2%	2732	3354	122.8%
17	306	457	149.3%	137	268	195.6%	56	59	105.4%	274	673	245.6%	1701	3478	204.5%
18	344	468	136.0%	218	289	132.6%	57	51	89.5%	339	627	185.0%	2200	3544	161.1%
19	368	405	110.1%	208	206	99.0%	61	40	65.6%	366	497	135.8%	1859	3059	164.6%
20	405	440	108.6%	270	254	94.1%	59	62	105.1%	497	677	136.2%	2697	3712	137.6%
21	431	480	111.4%	269	281	104.5%	51	52	102.0%	597	686	114.9%	2945	3428	116.4%
22	403	467	115.9%	251	270	107.6%	48	61	127.1%	406	662	163.1%	2218	3333	150.3%
23	406	405	99.8%	285	221	77.5%	59	55	93.2%	601	417	69.4%	2775	2476	89.2%
24	443	513	115.8%	298	255	85.6%	48	50	104.2%	643	746	116.0%	2974	3780	127.1%
25	485	462	95.3%	273	278	101.8%	54	61	113.0%	625	619	99.0%	2869	3434	119.7%
26	488	511	104.7%	275	251	91.3%	55	50	90.9%	615	624	101.5%	3085	3316	107.5%
27	438	472	107.8%	284	265	93.3%	53	51	96.2%	583	591	101.4%	2950	3457	117.2%
28	501	452	90.2%	274	245	89.4%	53	58	109.4%	631	708	112.2%	3012	3576	118.7%
29	465	477	102.6%	275	243	88.4%	52	50	96.2%	619	654	105.7%	2772	3319	119.7%
30	508	447	88.0%	279	233	83.5%	45	67	148.9%	536	662	123.5%	2738	3075	112.3%
31	433	468	108.1%	279	244	87.5%	47	68	144.7%	539	536	99.4%	2651	2827	106.6%
32	454	424	93.4%	288	230	79.9%	48	45	93.8%	570	537	94.2%	2573	2966	115.3%
33	418	460	110.0%	284	236	83.1%	39	53	135.9%	584	579	99.1%	2597	2800	107.8%
34	459	464	101.1%	238	253	106.3%	42	54	128.6%	538	574	106.7%	2555	2834	110.9%
35	394	460	116.8%	222	289	130.2%	34	53	155.9%	428	514	120.1%	2144	2969	138.5%
36	375	388	103.5%	229	206	90.0%	41	51	124.4%	561	413	73.6%	2678	2523	94.2%
37	470	428	91.1%	261	226	86.6%	48	59	122.9%	614	652	106.2%	3037	3179	104.7%
38	448	468	104.5%	245	242	98.8%	54	55	101.9%	534	678	127.0%	2862	3338	116.6%
39	480	464	96.7%	246	214	87.0%	50	69	138.0%	593	643	108.4%	2961	3160	106.7%
40	447	429	96.0%	257	222	86.4%	46	57	123.9%	599	580	96.8%	2823	3150	111.6%
41	471	494	104.9%	278	238	85.6%	50	61	122.0%	632	612	96.8%	3034	3419	112.7%
42	498	471	94.6%	227	244	107.5%	38	62	163.2%	621	722	116.3%	3047	3553	116.6%
43	501	441	88.0%	253	219	86.6%	43	63	146.5%	582	598	102.7%	2807	3068	109.3%
44	481	522	108.5%	276	235	85.1%	55	73	132.7%	582	563	96.7%	2879	3060	106.3%
45	478	487	101.9%	255	223	87.5%	54	77	142.6%	622	645	103.7%	2937	3119	106.2%

NHS Acute Specialty Day-case discharges over the last 32 weeks is 103% of 2019/2020 and Elective discharges 96%.  
 NHS Outpatient First Outpatient attendances over the last 32 weeks is 107% of 2019/2020 and Follow-up attendance 115%.



# Children's Alliance Accelerator Activity

As part of the Accelerator Programme the operational teams proposed additional activity, the areas included are based on the following considerations:

- Volume of P2 patients
- Number of Long Waits (52 weeks and over)
- Follow-up patient backlogs

The table below summarises actual activity done in October against what was planned with additional accelerator activity and 19/20 baseline.

Specialty Name	TFC	Elective Inpatient Admissions					Elective Daycase					Outpatients inc OPD procedures				
		2019/20 Baseline	Planned activity with accelerator (2021/22)	Actual activity (2021/22)	% of 19/20 Baseline	% of plan achieved	2019/20 Baseline	Planned activity with accelerator (2021/22)	Actual activity (2021/22)	% of 19/20 Baseline	% of plan achieved	2019/20 Baseline	Planned activity with accelerator (2021/22)	Actual activity (2021/22)	% of 19/20 Baseline	% of plan achieved
Dental	142	3	2	2	67%	100.0%	19	3	3	16%	100.0%	158	147	147	93%	100.0%
Gastroenterology	301	57	59	59	104%	100.0%	62	108	108	174%	100.0%	284	441	442	156%	100.2%
Plastic surgery	219	69	76	77	112%	101.3%	52	46	45	87%	97.8%	782	752	766	98%	101.9%
SNAPS	171	56	53	53	95%	100.0%	37	32	32	86%	100.0%	283	310	315	111%	101.6%
Urology	101	97	72	72	74%	100.0%	224	179	180	80%	100.6%	446	473	478	107%	101.1%
All Priority Specialties		282	262	263	93%	100.4%	394	368	368	93%	100.0%	1,953	2,123	2,148	110%	101.2%
<b>All Paediatric Specialties</b>		<b>1,173</b>	<b>1,006</b>	<b>1,010</b>	<b>86%</b>	<b>100.4%</b>	<b>2,203</b>	<b>2,019</b>	<b>2,026</b>	<b>92%</b>	<b>100.3%</b>	<b>19,758</b>	<b>20,177</b>	<b>20,415</b>	<b>103%</b>	<b>101.2%</b>

For the priority specialties the overall performance for Inpatients and Day-case is below the 19/20 baseline but for Outpatients it is above the 19/20 baseline. However, all specialties against plan plus accelerator is above the agreed targets.

Increases in emergency patients, covid-19 positive and RSV patients, bed pressures as well as the major power-outage incident have impacted activity levels.

# Appendix

# Productivity and Efficiency

## Theatre Utilisation

Performance

**65.27%**  
of scheduled sessions in main theatres were utilised

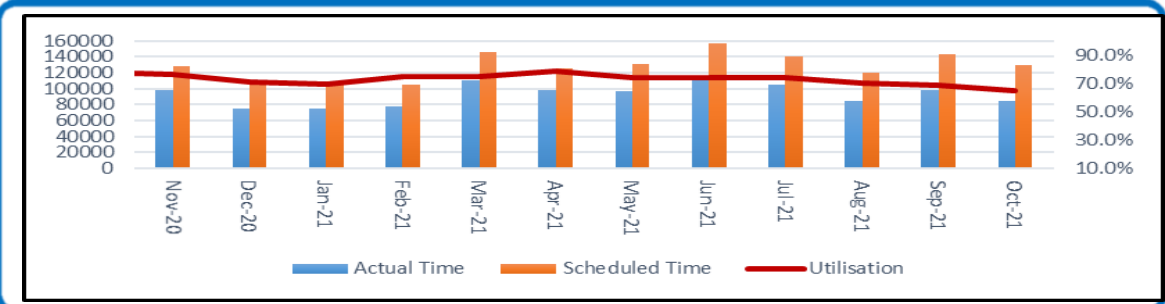
↓ 3.59%

**8278**  
Late start minutes

↓ 4052 minutes

**2830**  
Overrun minutes

↓ 3279 minutes



### Bottlenecks

- Lists not always being fully utilised.
- Significant cancellations on the day in October due to the power outage
- Potential reduction in throughput from June 2021 with no longer having a dedicated Covid-19 theatre due to cleaning turnaround times. Level 2 cleans have significantly impacted theatres

## Bed Occupancy

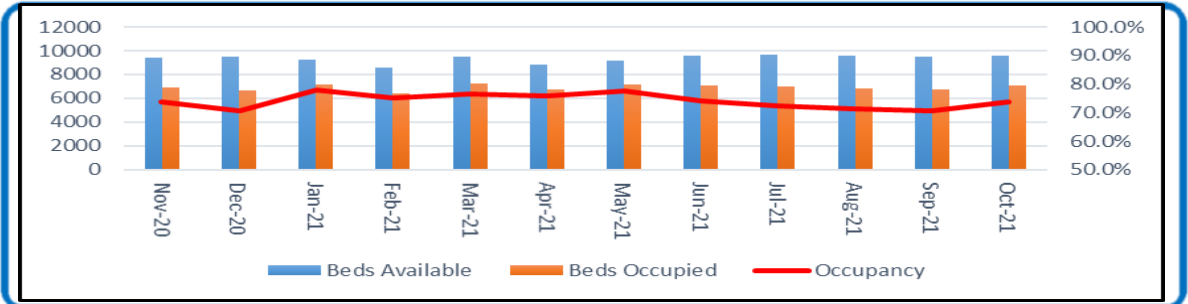
Performance

**73.8%**  
of inpatient beds (including ICU and I&PC) were occupied

↑ 3.16%

**74.2%**  
Of NHS inpatient beds (including ICU were occupied)

Bed Closures



### Bottlenecks

- Bed closures due to social distancing requirements and staffing
- Increased patient acuity on Cardiac wards impacting cancelled operations
- ICU areas experienced significant increases in occupancy
- Potential additional demand pressure through anticipated RSV surge

# Productivity and Efficiency

## PICU/CICU

Performance

19

PICU/NICU refused admissions



7

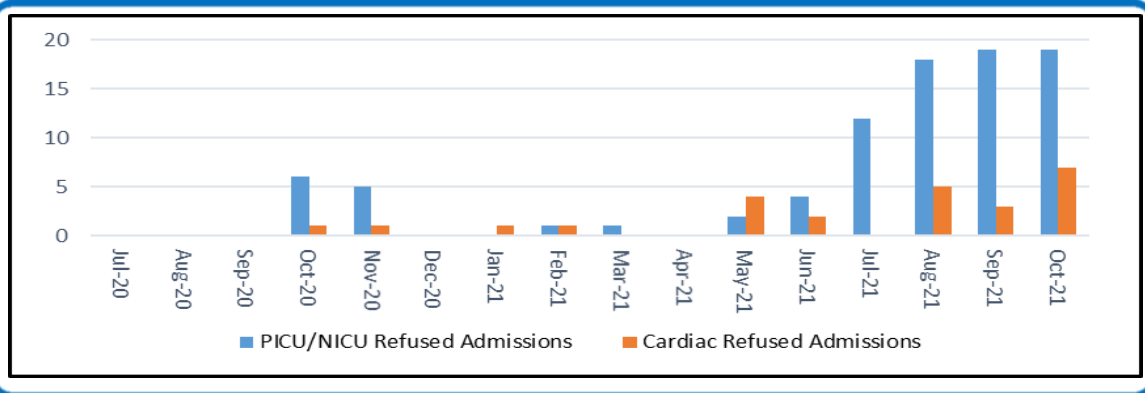
Cardiac CATS refused admissions



4

1

PICU readmissions within 24 hours



### Bottlenecks:

- Number of available PICU and CICU beds

## Cancelled Operations

Performance

29

Last minute cancelled operations for non clinical reasons



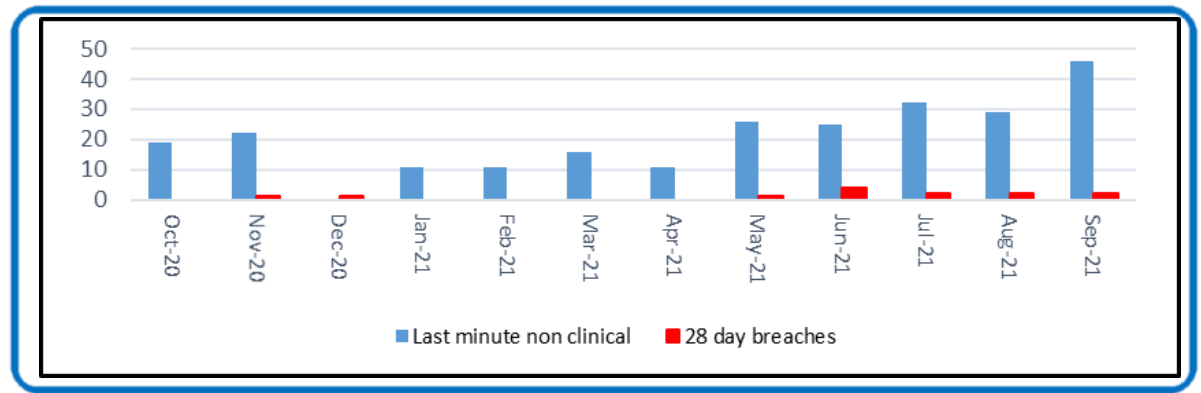
17

2

28 day breaches- last minute cancelled operations



2



### Bottlenecks

- 43% of the cancellations were due to ICU bed not being available, and 20% due to list consultant unavailable.
- Ward bed unavailability, List overrun, Equipment unavailable and urgent patients taking priority.
- 28 day breaches due to no ward bed available and a patient's treatment plan being changed but after the breach date. One patient was treated two days after the breach date and the other patient was treated on 2<sup>nd</sup> November.

# Patient Communication

## Discharge Summaries

Performance

**76.0%**  
of patients who were discharged from GOSH had a letter sent to their referrer or received within 24 hours

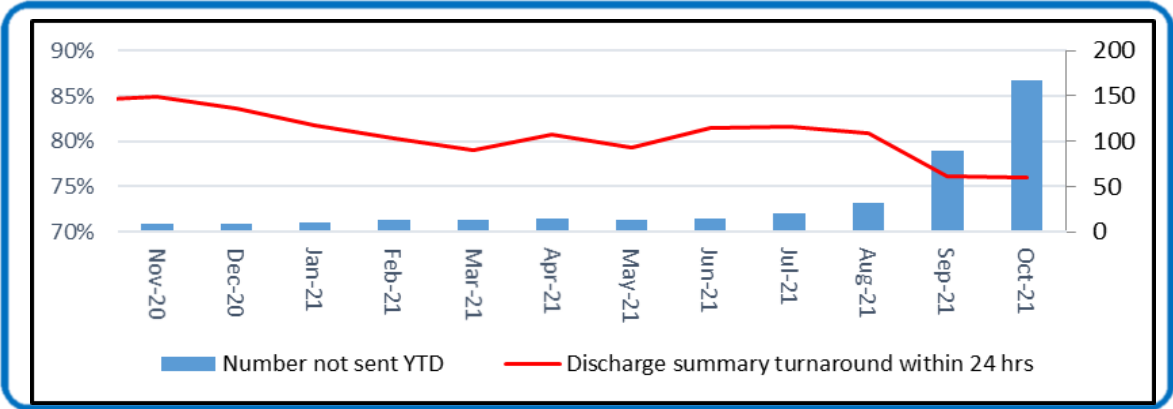
Contractual target: 100% **↓ 0.15%**

**86.1%**  
of letters were sent within 2 days of discharge

**↓ 0.7%**

**167**  
Number of letters not sent ytd

**↑ 16**



- ### Actions
- Focus at consultant meetings
  - Directorates working with clinical teams on real time completion including weekends

## Clinic letters

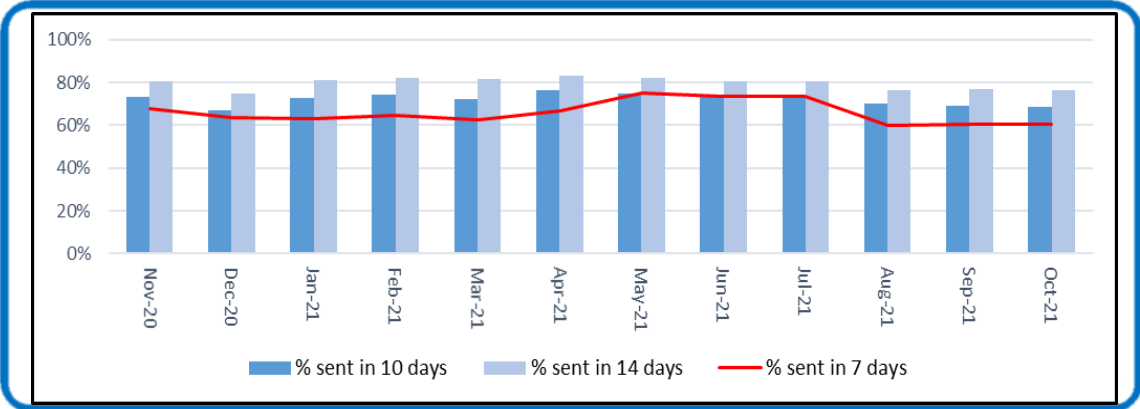
Performance

**60.5%**  
of outpatient clinic letters were sent within 7 days

Contractual target: 100% **↑ 0.5%**

**2,936**  
Number of letters not sent (rolling 12 months)

**↑ 184**



- ### Actions
- Focus at consultant meetings and directorate board
  - Bespoke training provided to refresh teams of Epic workflow
  - Action plans in place to initially meet 10 day turnaround and then reduce to 7 day

**Trust Board**  
**24<sup>th</sup> November 2021**

**Month 7 2021/22 Finance Report**

**Paper No: Attachment 5**

**Submitted by:**

Helen Jameson, Chief Finance Officer

**Presented by:**

Helen Jameson, Chief Finance Officer

**Aims / summary**

The month 7 financial position is a deficit of £3.2m in-month which is £2.3m adverse to the approved plan (prior to H2 guidance). The Trust has a YTD deficit position of £0.9m, which is ahead of plan due to the Elective Recovery Funding (ERF) payments (£14.9m favourable YTD). The methodology by which ERF can be earned has changed from percentage of activity, to RTT pathway (clock stop) activity. This means that it is no longer possible for the Trust to earn the levels of ERF seen in previous months; in Month 7 the ERF income has been included at £0.6m which is an estimate matching to the new proposed H2 plan. The income recognised by the Trust currently therefore may not be received in full, presenting a further risk. The Trust is in the process of finalising the H2 plans and therefore the references in this paper are to the original plan and will be updated for Month 8 once the plan is approved.

Key points to note within the financial position are as follows:

1. Income overall YTD is £4.1m favourable to plan for the Trust, largely driven by ERF activity in prior months. NHS and other clinical income is £18.2m favourable to plan YTD; ERF funding is currently £14.9m favourable to plan, along with funding for the pay award, these are partially offset by lower than plan Covid income given lower than plan spend (£5.6m adverse to plan). Private patient income is £9.8m adverse to plan YTD; this continues to be below plan due to continued travel restrictions related to Covid-19. Non-clinical income is also adverse to plan YTD (£4.2m) due to lower than plan charitable contributions and commercial income from research and development, both due to timing of projects.
2. Pay is £1.2m adverse to plan in-month; this is driven by the September nursing intake and the double running costs during their induction period. Temporary staffing costs (bank and agency) remain high given continuing ERF/ accelerator activity and continuing Covid sickness/isolation. Staff turnover levels have remained low as a result of the pandemic and high staff levels have been retained across the board.
3. Non-Pay is £1.3m favourable to plan in-month. Key drivers of this are lower than planned usage of high cost drugs and devices and utility costs that were lower than planned.

4. Cash held by the Trust is £127.4m which is £1.2m lower than Month 6. Capital expenditure is currently below plan by £1.7m, with the Trust funded programme below plan by £4.7m and the donated programme £3.0m above plan.

The key movements to note on the balance sheet are:

Indicator	Comment
Cash	Cash held by the Trust is £127.4m which is £1.2m lower than M6.
NHS Debtor Days	NHS debtor days decreased from 3 days in Month 6 to 2 days in Month 7, falling within the target of 30 days for the Trust.
IPP Debtor Days	IPP debtor days decreased from 101 days in Month 6 to 93 days in Month 7.
Creditor Days	Creditor days has decreased from 23 days to 19 days.

**Action required by the meeting**

**To note** the Month 7 Financial Position

**Contribution to the delivery of NHS / Trust strategies and plans**

The delivery of the financial plan is a key strategic objective to ensure we have sufficient funding to meet the needs of our delivery of care.

**Financial implications**

Changes to payment methods and expenditure trends

**Legal issues**

N/A

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

Chief Finance Officer / Executive Management Team

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

Chief Finance Officer / Executive Management Team

## Finance and Workforce Performance Report Month 7 2021/22

### Contents

<b>Summary Reports</b>	<b>Page</b>
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Activity Summary	4
Income Summary	5
Workforce Summary	6
Non-Pay Summary	7
Better Value and COVID costs	8
Cash, Capital and Statement of Financial Position Summary	9



ACTUAL FINANCIAL PERFORMANCE

	In month			Year to date		
	Plan	Actual	RAG	Plan	Actual	RAG
<b>INCOME</b>	£45.7m	£43.2m	Amber	£321.2m	£325.4m	Green
<b>PAY</b>	(£27.3m)	(£28.5m)	Amber	(£189.0m)	(£192.9m)	Amber
<b>NON-PAY</b>						
Inc. owned depreciation and PDC	(£19.4m)	(£18.0m)	Green	(£138.7m)	(£133.3m)	Green
<b>Surplus/Deficit</b> <small>excl. donated depreciation</small>	(£1.0m)	(£3.2m)	Red	(£6.5m)	(£0.9m)	Green

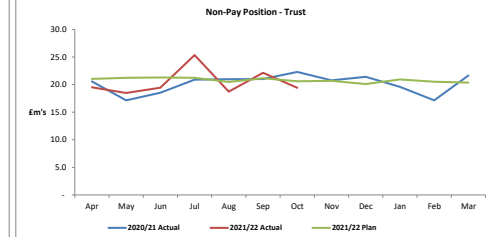
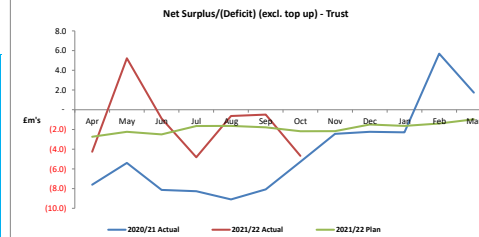
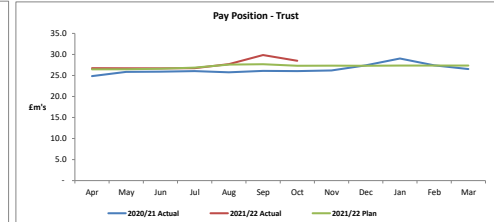
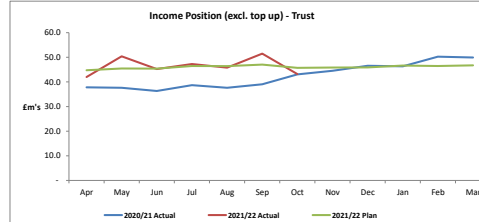
RAG: on or favourable to plan = green, 0-5% adverse to plan = amber, 5%+ adverse to plan = red

AREAS OF NOTE:

The Trust are currently in the process of receiving approval from the Board for their revised H2 plan in line with recent NHSE/I guidance. As a result, no forecast has been included this month and a revised plan will be incorporated in Month 8. In Month 7, the Trust has generated a deficit of £3.2m in-month (£2.3m adverse to plan).

The YTD financial position has been achieved through additional Elective Recovery Funding income for activity levels above 95% of 2019/20 performance, (£14.9m favourable to plan for Months 1-6). The method in which the Trust can recognise ERF funding has changed and has resulted in month 7 ERF income of just £0.7m. The Trust has been recognising less Covid-19 income than plan, which is in line with lower costs being incurred (£5.6m lower YTD). Private patient income recovered in month compared to previous months but is still below plan (£9.8m adverse YTD). The Trust has forecast the private patient income for the year and incorporated it in the H2 proposed plan.

Pay is £1.2m adverse to plan in-month. This is largely driven by the new nursing intake and the double running costs during their induction periods. Staff turnover levels have reduced as a result of the pandemic and high staff levels have been retained across the board. Temporary staffing has also been required to cover sickness and to service additional activity in relation to ERF and accelerator activity. Non-Pay is £1.3m favourable to plan in-month due to the lower levels of spend on pass through drugs and devices in month. Covid costs continue at lower than plan levels for which there is a corresponding lower than plan income.

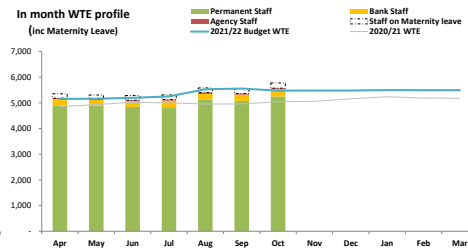
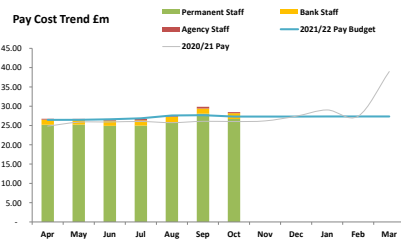


PEOPLE

	M7 Plan WTE	M7 Actual WTE	Variance
<b>Permanent Staff</b>	5,435.6	5,243.3	192.3
<b>Bank Staff</b>	39.7	297.6	(258.0)
<b>Agency Staff</b>	-	30.0	(30.0)
<b>TOTAL</b>	<b>5,475.2</b>	<b>5,570.9</b>	<b>(95.7)</b>

AREAS OF NOTE:

Month 7 WTE's increased from Month 6 due to the new nursing staff that started at the end of September and the double running during their induction. Month 5 saw the onboarding of OCS staff relating to in-housing of the cleaning contract; the majority of those being estates staff. Staff requirements remain high and temporary staff usage in relation to Covid sickness backfill and accelerator activity requirements across the Trust continue. The comparison of volume/price mix for the Trust staffing base when comparing to last year is significantly higher within estates staff due to the aforementioned TUPE transfer of OCS staff and also in administrative staff given the ceasing of capitalising EPR staff costs, now having to be recognised within the revenue position (happened in M10 last year, so 2020/21 only saw a partial effect). Whilst agency staffing across the board has slightly reduced, overall it remains high due to additional senior assistance for the ICT, IPP & Finance directorates; the process of looking to recruit permanently and negate these costs is ongoing.

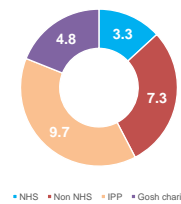


CASH, CAPITAL AND OTHER KPIS

Key metrics	Sep-21	Oct-21
<b>Cash</b>	<b>£128.6m</b>	<b>£127.4m</b>
<b>IPP debtor days</b>	<b>101</b>	<b>93</b>
<b>Creditor days</b>	<b>23</b>	<b>19</b>
<b>NHS Debtor days</b>	<b>3</b>	<b>2</b>
<b>BPPC (£)</b>	<b>90%</b>	<b>89%</b>

Capital Programme	YTD Plan M7	YTD Actual M7	Full Year Fcst
<b>Total Trust-funded</b>	<b>£8.1m</b>	<b>£3.4m</b>	<b>£18.0m</b>
<b>Total Accelerator</b>	<b>£0.0m</b>	<b>£0.2m</b>	<b>£0.2m</b>
<b>Total Donated</b>	<b>£4.2m</b>	<b>£7.2m</b>	<b>£12.2m</b>
<b>Total Grant-funded</b>	<b>£0.0m</b>	<b>£0.0m</b>	<b>£0.4m</b>
<b>Grand Total</b>	<b>£12.4m</b>	<b>£10.7m</b>	<b>£30.7m</b>

Net receivables breakdown (£m)



AREAS OF NOTE:

- Cash held by the Trust decreased in month by £1.2m to £127.4m
- Capital expenditure for the year to date was £1.6m less than plan. The Trust-funded programme was £4.7m less than plan and donated was £2.9m more than plan. To achieve forecast outturn total on plan projects will be identified to be brought forward from 2022/23.
- IPP debtors days decreased further in month from 101 days to 93 days. Total IPP debt (net of cash deposits held) decreased in month to £9.7m (£10.6m in M06). Overdue debt increased in month to £14.7m (£14.4m in M06).
- Creditor days decreased in month from 23 days to 19 days.
- NHS debtor days decreased in month from 3 days to 2 days.
- In M07, 89% of the total value of creditor invoices were settled within 30 days of receipt; this represented 82% of the total number of creditor invoices paid in month. This was below the NHSE target of settling at least 95% of invoices within 30 days.

# Trust Income and Expenditure Performance Summary for the 7 months ending 31 Oct 2021



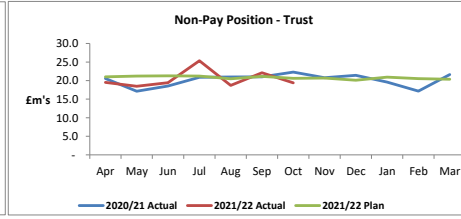
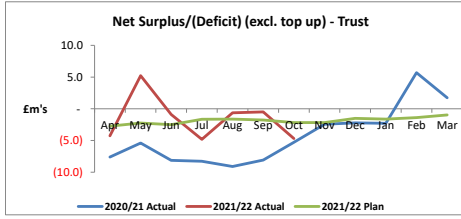
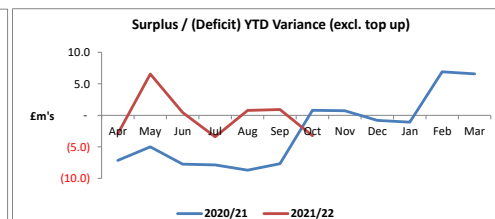
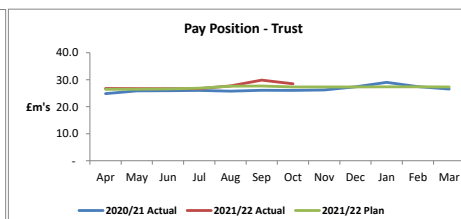
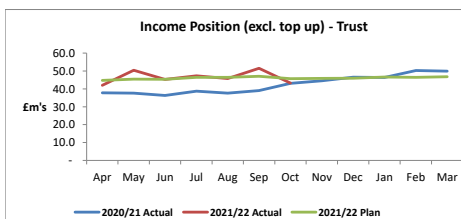
Full year plan	Income & Expenditure	2021/22								Rating	Notes	2020/21	2021/22	2021/22
		Month 7				Year to Date (YTD)						Actual	Plan YTD	Plan In-month
		Plan	Actual	Variance		Plan	Actual	Variance				YTD Variance	M7	M7
(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%		(£m)	(£m)	(£m)			
436.56	NHS & Other Clinical Revenue	35.00	35.93	0.93	2.65%	261.56	279.74	18.18	6.95%	G	1	35.00	261.56	35.00
54.52	Private Patient Revenue	5.52	2.66	(2.87)	(51.89%)	23.91	14.10	(9.81)	(41.02%)	R	2	4.03	23.91	5.52
61.75	Non-Clinical Revenue	5.20	4.63	(0.57)	(10.97%)	35.77	31.53	(4.23)	(11.84%)	R	3	4.02	35.77	5.20
<b>552.83</b>	<b>Total Operating Revenue</b>	<b>45.73</b>	<b>43.22</b>	<b>(2.51)</b>	<b>(5.49%)</b>	<b>321.24</b>	<b>325.38</b>	<b>4.14</b>	<b>1.29%</b>	<b>G</b>		<b>43.05</b>	<b>321.24</b>	<b>45.73</b>
(322.87)	Permanent Staff	(27.09)	(26.68)	0.40	1.49%	(187.32)	(180.81)	6.52	3.48%	G		(24.06)	(187.32)	(27.09)
0.00	Agency Staff	0.00	(0.31)	(0.31)		0.00	(2.39)	(2.39)		R		(0.32)	0.00	0.00
(2.79)	Bank Staff	(0.23)	(1.49)	(1.27)	(562.94%)	(1.66)	(9.72)	(8.06)	(484.88%)	R		(1.66)	(1.66)	(0.23)
<b>(325.66)</b>	<b>Total Employee Expenses</b>	<b>(27.31)</b>	<b>(28.49)</b>	<b>(1.17)</b>	<b>(4.29%)</b>	<b>(188.99)</b>	<b>(192.91)</b>	<b>(3.93)</b>	<b>(2.08%)</b>	<b>R</b>	4	<b>(26.03)</b>	<b>(188.99)</b>	<b>(27.31)</b>
(104.16)	Drugs and Blood	(8.67)	(7.24)	1.43	16.48%	(60.77)	(56.45)	4.32	7.11%	G		(8.87)	(60.77)	(8.67)
(34.65)	Supplies and services - clinical	(3.03)	(3.20)	(0.18)	(5.82%)	(20.39)	(23.02)	(2.63)	(12.90%)	R		(3.33)	(20.39)	(3.03)
(77.87)	Other Expenses	(6.15)	(6.12)	0.03	0.43%	(46.68)	(43.00)	3.68	7.88%	G		(7.64)	(46.68)	(6.15)
<b>(216.68)</b>	<b>Total Non-Pay Expenses</b>	<b>(17.84)</b>	<b>(16.56)</b>	<b>1.28</b>	<b>7.17%</b>	<b>(127.84)</b>	<b>(122.47)</b>	<b>5.37</b>	<b>4.20%</b>	<b>G</b>	5	<b>(19.83)</b>	<b>(127.84)</b>	<b>(17.84)</b>
<b>(542.34)</b>	<b>Total Expenses</b>	<b>(45.15)</b>	<b>(45.05)</b>	<b>0.11</b>	<b>0.24%</b>	<b>(316.83)</b>	<b>(315.38)</b>	<b>1.44</b>	<b>0.46%</b>	<b>G</b>		<b>(45.86)</b>	<b>(316.83)</b>	<b>(45.15)</b>
<b>10.49</b>	<b>EBITDA (exc Capital Donations)</b>	<b>0.57</b>	<b>(1.83)</b>	<b>(2.40)</b>	<b>(419.52%)</b>	<b>4.41</b>	<b>9.99</b>	<b>5.58</b>	<b>126.67%</b>	<b>G</b>		<b>(2.81)</b>	<b>4.41</b>	<b>0.57</b>
(18.70)	Owned depreciation, Interest and PDC	(1.54)	(1.40)	0.13	8.72%	(10.89)	(10.86)	0.02	0.21%			(1.26)	(10.89)	(1.54)
(8.21)	Surplus/Deficit (exc. PSF/Top up)	(0.96)	(3.23)	(2.27)	(236%)	(6.48)	(0.87)	5.61	87%			(4.07)	(6.48)	(0.96)
0.00	PSF/Top up	0.00	0.00	0.00		0.00	0.00	0.00				0.00	0.00	0.00
(8.21)	Surplus/Deficit (incl. PSF/Top up)	(0.96)	(3.23)	(2.27)	(235.82%)	(6.48)	(0.87)	5.61	86.58%	G		(4.07)	(6.48)	(0.96)
0.00	PY PSF post accounts reallocation	0.00	0.00	0.00		0.00	0.00	0.00				0.00	0.00	0.00
(14.20)	Donated depreciation	(1.22)	(1.45)	(0.23)		(8.26)	(9.69)	(1.44)				(1.20)	(8.26)	(1.22)
<b>(22.41)</b>	<b>Net (Deficit)/Surplus (exc Cap. Don. &amp; Impairments)</b>	<b>(2.18)</b>	<b>(4.68)</b>	<b>(2.50)</b>	<b>(114.65%)</b>	<b>(14.73)</b>	<b>(10.56)</b>	<b>4.17</b>	<b>28.31%</b>			<b>(5.27)</b>	<b>(14.73)</b>	<b>(2.18)</b>
0.00	Impairments & Unwinding Of Discount	0.00	0.00	0.00		0.00	0.00	0.00				0.00	0.00	0.00
15.98	Capital Donations	0.78	1.46	0.68		4.23	7.16	2.93				0.60	4.23	0.78
<b>(6.43)</b>	<b>Adjusted Net Result</b>	<b>(1.41)</b>	<b>(3.22)</b>	<b>(1.82)</b>	<b>(129.37%)</b>	<b>(10.51)</b>	<b>(3.41)</b>	<b>7.10</b>	<b>67.57%</b>			<b>(4.67)</b>	<b>(10.51)</b>	<b>(1.41)</b>

## Summary

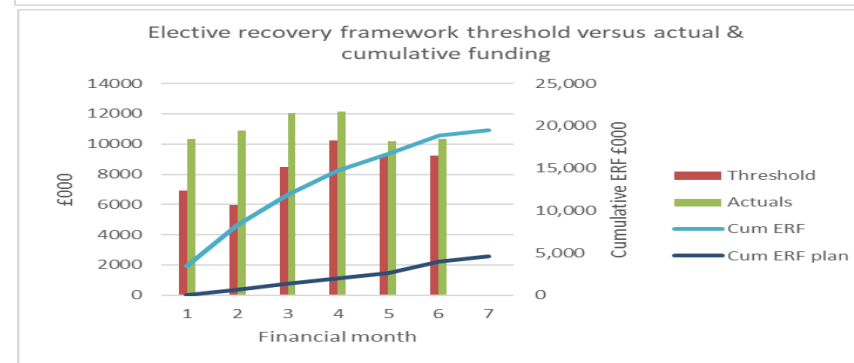
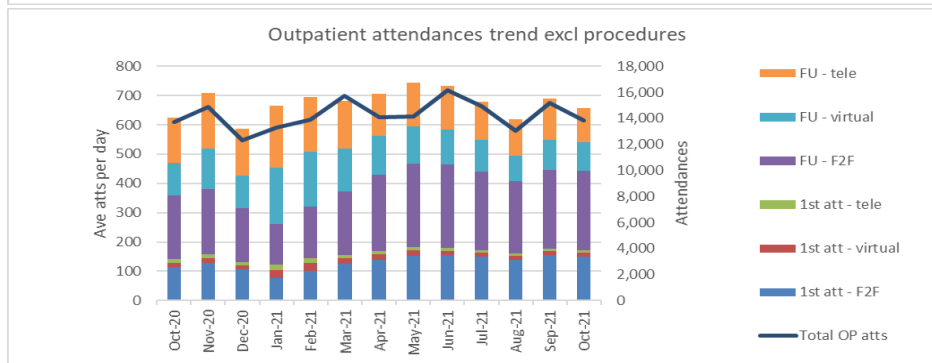
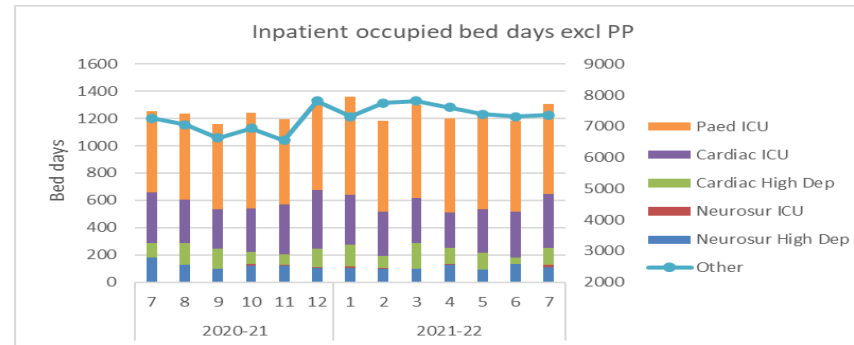
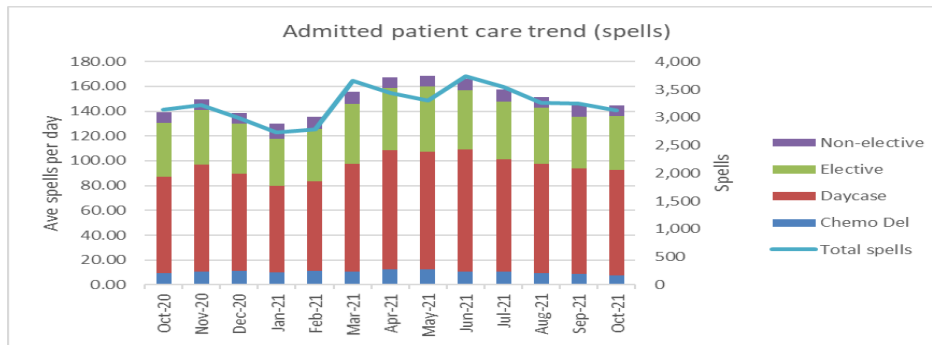
- The month 7 financial position is a deficit of £3.2m which is £2.3m adverse to plan. The Trust has a YTD adverse position of £0.9m (£5.6m favourable to plan) which has been achieved mainly through Elective Recovery Funding for additional day case, elective and outpatient activity in order to reduce patient backlogs and wait times; a significant part of which was not included in the plan.
- The Trust are in the process of submitting H2 plans to NHSE/ I which are yet to be approved by the Board; therefore no forecast is provided this month but this will be provided again from Month 8, and a revised plan will also be included once approved.

## Notes

- NHS Clinical income is £18.2m favourable to plan YTD driven largely by Elective Recovery Fund income being significantly higher than plan (£14.9m) for the first 6 months of the year through additional outpatient, elective and day case activity. The methodology by which ERF can be earned has changed from percentage of activity, to RTT pathway activity with a focus on clock stops and stopping long waits. This means that it is no longer possible for the Trust to earn the levels of ERF seen in previous months; in Month 7 the ERF income has been included at £0.6m which is an estimate matching to the new proposed H2 plan. The YTD overperformance on ERF is partially offset by lower than plan Covid-19 income (£5.6m adverse to plan) due to lower than expected Covid costs incurred. Passthrough income is lower than plan due to lower usage of high cost drugs in month compared to prior months.
- Private Patient income is £2.9m adverse to plan in-month and £9.8m YTD. Travel remains suppressed due to Covid-19 and this remains a key risk for delivery of the current Trust bottom line position. It is likely this income stream will continue to be affected until such time as travelling is normalised further and international sponsors resume normal patient travel volumes.
- Non-clinical income is £0.6m adverse to plan in-month. This is largely driven by lower than plan charitable contributions and research and development income, both due to timing of projects.
- Pay is adverse in-month to the plan by £1.2m. This is partially driven by the new nursing intake and double running during training periods. High levels of bank and agency staffing have continued with sickness backfill and additional activity.
- Non pay is £1.3m favourable to the plan in-month. This is driven by lower usage of high cost passthrough drugs and devices in-month and lower than expected utility costs in-month.



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

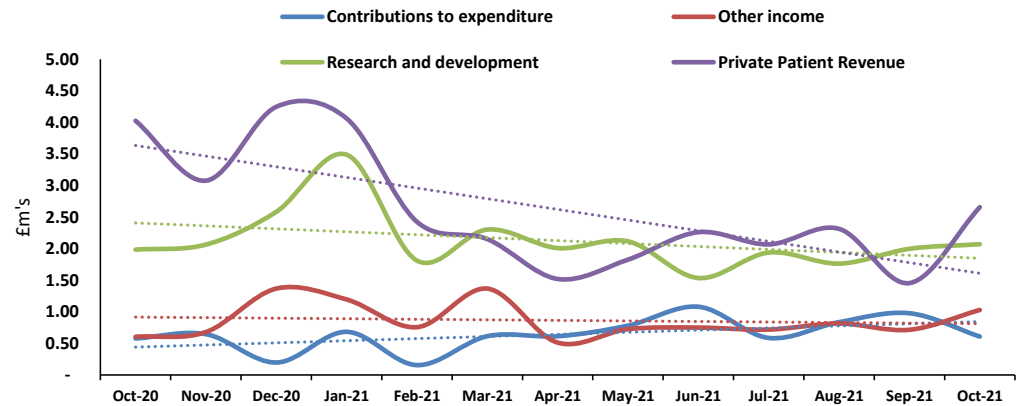
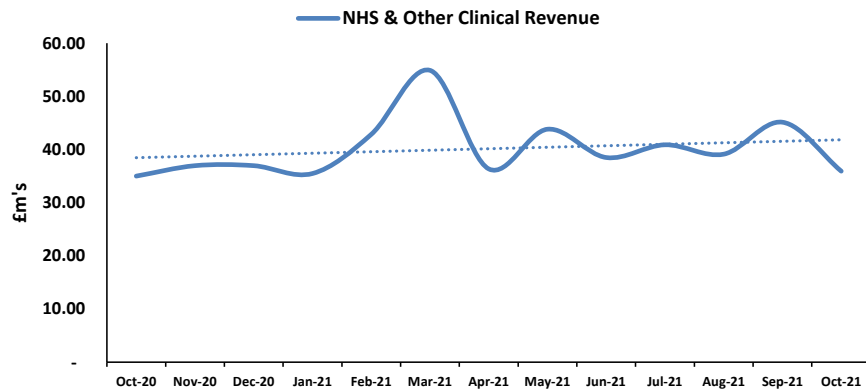


**Summary**

- There is a mixed picture for activity in October with the graphs showing increases in daycase and elective spells per working day and decreases in outpatient. Bed days are in line with the increased activity at 1% higher per working day than September (when adjusted for working days in the month) with a significant increase for Cardiac HDU back to similar levels seen pre-September.
- Outpatient attendances per working day have decreased 4.7% per working day versus September with 82% of the decrease being for follow up attendances. Non-face to face attendances as a % of the total have remained at a similar level of 36% when compared to September (37%) and are at their lowest level since August 2020.
- Clinical supplies and services are at the same level as September (£3.0m) despite increased spells and this is largely driven by reduced laboratory costs.
- The year to date performance for the H1 ERF scheme is £18.9m, £14.9m favourable to plan. The national calculation of ERF for April-June have been shared and the values are lower than the internal estimate due to an issue where episodes starting in a previous financial year have not been included for spells that have ended in 2021/22. This has been queried and it is hoped that the challenge is successful and this funding is agreed. A revised national scheme has been implemented in H2 where funding is received when the number of clock stops are above 89% of 2019/20 levels at a system level. The % above the threshold is applied to the 2019/20 income values by month to derive the payment due. GOSH has estimated income under the scheme of £5.5m to March however the system performance means that no national funding will be received. The system has agreed to fund ERF from their allocations to encourage increased activity and on this basis £0.6m of income has been included for October in line with plan as clock stops are not available for reporting.

NB: activity counts for spells and attendances are based on those used for income reporting

## 2020/21 Income for the 7 months ending 31 Oct 2021



### Summary

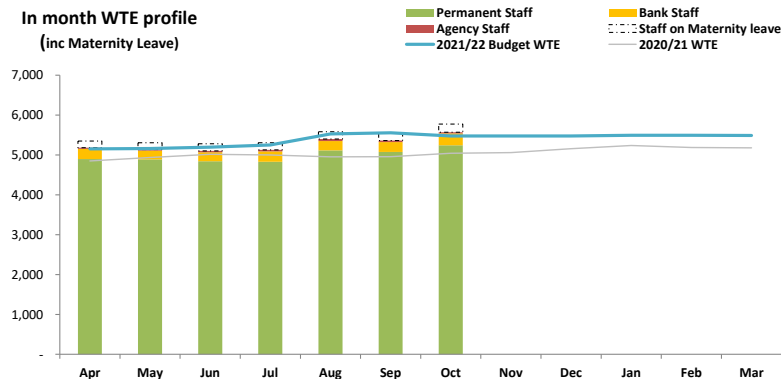
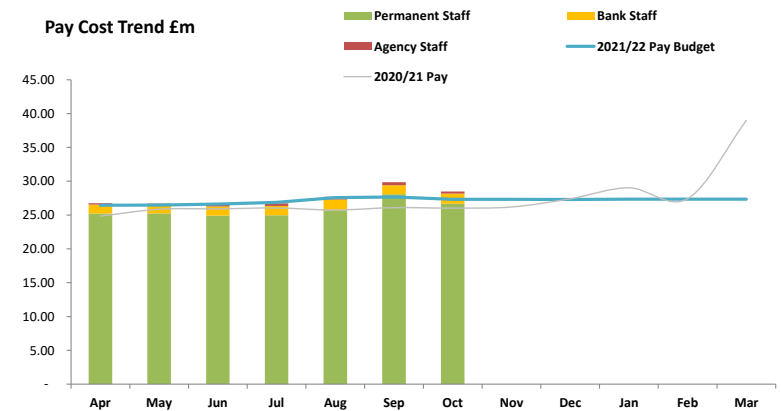
- Trust total income in-month is £2.5m adverse to plan, driven by underperformance in relation to private patient income (£2.9m in -month). NHS and other clinical revenue is favourable to plan by £0.9m in-month, partially offset by non-clinical income being £0.6m below plan due to timing of charitable and research projects.
- NHS Clinical income is £18.2m favourable to plan YTD. This is driven largely by Elective Recovery Fund income being £14.9m higher than plan due to additional outpatient, elective and day case activity (which will not be possible in H2 due to the change in ERF methodology). This is partially offset by lower than plan Covid-19 income (£5.6m adverse to plan) due to lower than plan costs incurred. The Trust is continuing to review its cost base to ensure that all Covid-19 costs are captured and reported YTD.
- Private Patient income is £2.9m adverse to plan in-month and this is a key risk to the Trust's plan delivery. Given the slow return to global travel, sponsors are only sending their most complex patients abroad, resulting in significantly lower income levels for the Trust. The reduced level of referrals is expected to continue and creates an ongoing challenge for the Trust.

## Workforce Summary for the 7 months ending 31 Oct 2021

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

Em including Perm, Bank and Agency Staff Group	2020/21 actual full year			2021/22 actual			Variance			RAG
	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Volume Var (£m)	Price Var (£m)	£ Variance
Admin (inc Director & Senior Managers)	56.5	1,193.8	47.4	35.0	1,240.9	48.4	(2.1)	(1.3)	(0.8)	R
Consultants	60.3	387.7	155.5	36.4	393.4	158.5	(1.2)	(0.5)	(0.7)	R
Estates & Ancillary Staff	4.7	138.7	33.7	4.7	247.5	32.4	(1.9)	(2.1)	0.2	R
Healthcare Assist & Supp	11.3	325.9	34.7	6.6	324.2	34.9	(0.0)	0.0	(0.0)	G
Junior Doctors	31.4	377.0	83.2	18.4	384.1	82.1	(0.1)	(0.3)	0.2	A
Nursing Staff	89.8	1,600.9	56.1	53.9	1,607.1	57.5	(1.5)	(0.2)	(1.3)	R
Other Staff	0.7	12.3	53.8	0.5	15.2	54.4	(0.1)	(0.1)	(0.0)	A
Scientific Therap Tech	56.9	981.8	58.0	34.5	1,020.6	57.9	(1.3)	(1.3)	0.0	R
<b>Total substantive and bank staff costs</b>	<b>311.6</b>	<b>5,018.1</b>	<b>62.1</b>	<b>189.9</b>	<b>5,233.0</b>	<b>62.2</b>	<b>(8.1)</b>	<b>(7.8)</b>	<b>(0.4)</b>	<b>R</b>
Agency	3.7	28.3	129.4	2.4	34.8	117.7	(0.2)	(0.5)	0.2	A
<b>Total substantive, bank and agency cost</b>	<b>315.2</b>	<b>5,046.4</b>	<b>62.5</b>	<b>192.3</b>	<b>5,267.8</b>	<b>62.6</b>	<b>(8.4)</b>	<b>(8.3)</b>	<b>(0.1)</b>	<b>R</b>
Reserve*	1.9	0.3		0.6	0.0		0.5	0.5	0.0	G
Additional employer pension contribution by NHSE	12.4	0.0		0.0	0.0		7.2	0.0	7.2	G
<b>Total pay cost</b>	<b>329.6</b>	<b>5,046.6</b>	<b>65.3</b>	<b>192.9</b>	<b>5,267.8</b>	<b>62.8</b>	<b>(0.7)</b>	<b>(7.8)</b>	<b>7.1</b>	<b>R</b>
Remove maternity leave cost	(3.1)			(2.4)			0.6	0.0	0.6	G
<b>Total excluding Maternity Costs</b>	<b>326.4</b>	<b>5,046.6</b>	<b>64.7</b>	<b>190.5</b>	<b>5,267.8</b>	<b>62.0</b>	<b>(0.1)</b>	<b>(7.8)</b>	<b>7.7</b>	<b>A</b>

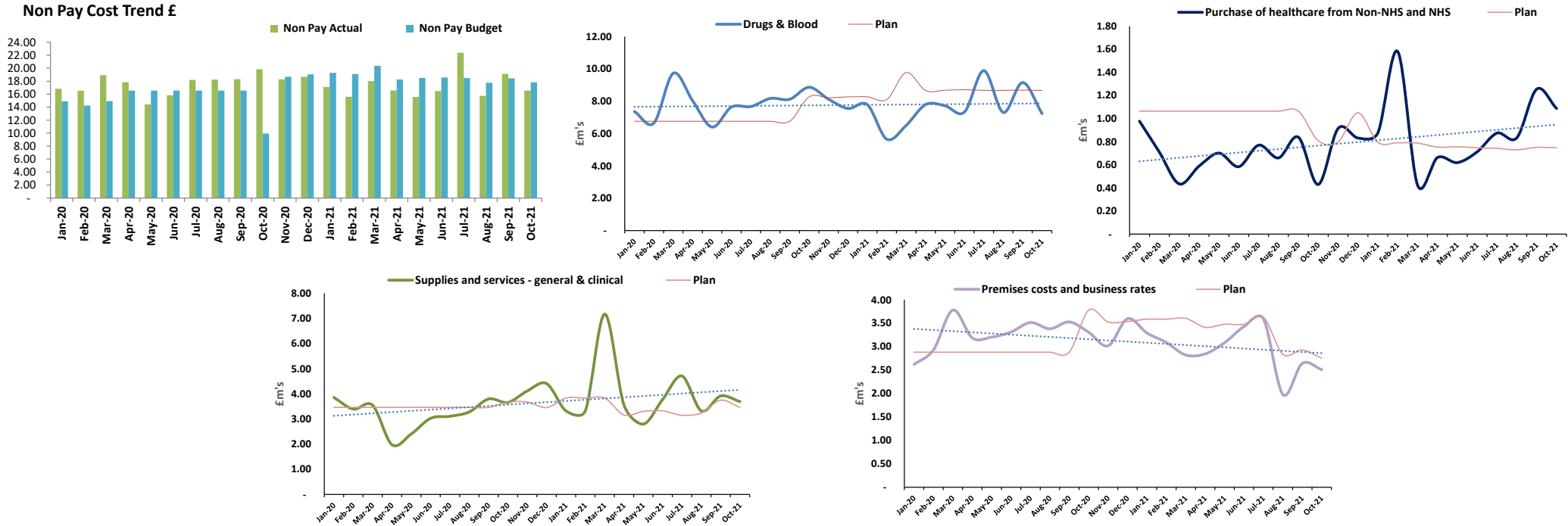
\*Plan reserve includes WTEs relating to the better value programme



### Summary

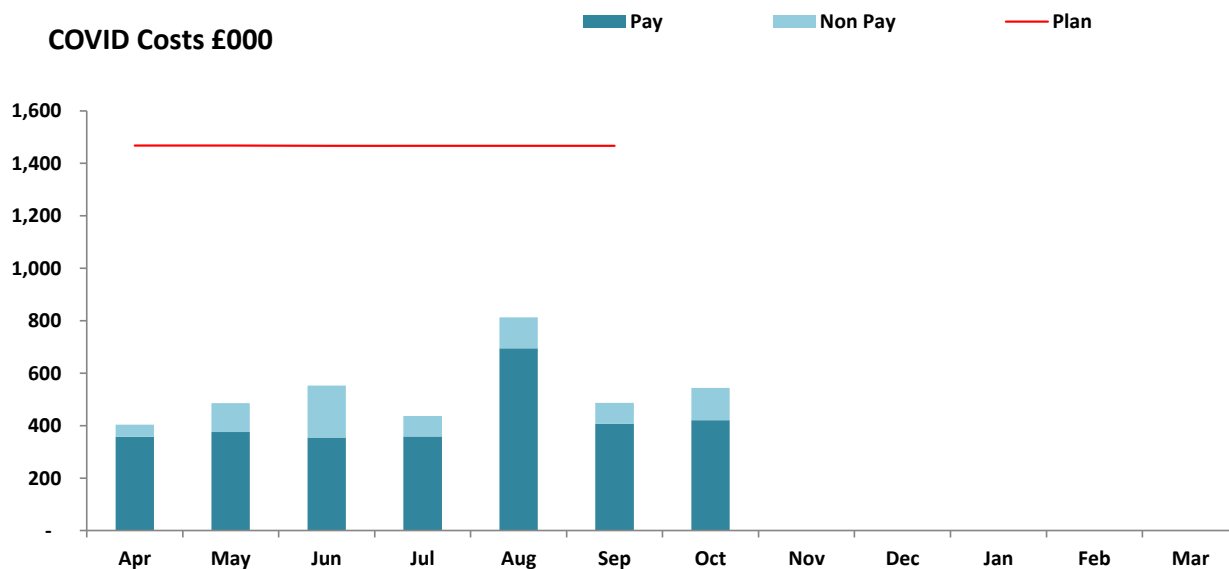
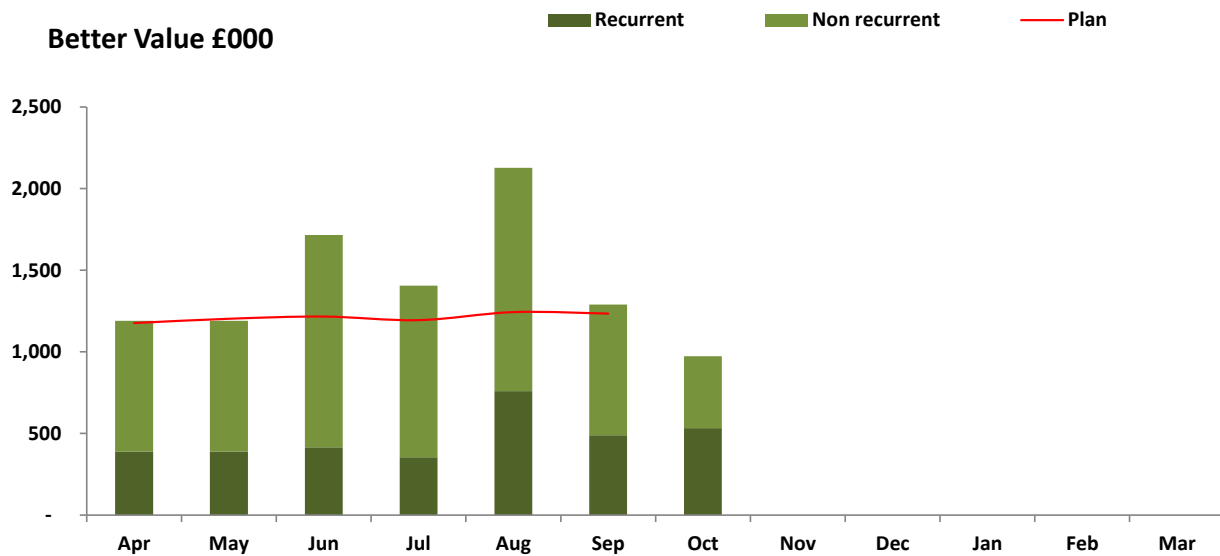
- Pay costs are adverse to plan in-month (£1.2m). This is largely driven by training the new nursing intake, whilst staffing levels overall remain high due to Covid driving turnover and creating additional staffing needs. The impact of the ERF and accelerator activity has required higher volumes of staff to work through the Trust patient backlogs.
- The largest change in volume and price mix comparing prior year to current year is in the Trust administrative staffing line; this is driven from EPR staff costs that were no longer able to be capitalised due to completion of works now having to be recognised within the revenue position of the Trust. This happened in M10 in the prior year and therefore the average WTEs last year only had a partial effect included for this change.
- The other significant movement relates to Estates and Ancillary staff; the Trust cleaning contract with OCS has been brought in-house and the staff have been transferred via TUPE to the Trust. These staff now form part of the permanent staff base and evidently were not at the Trust last year; therefore these stand out as an immediate volume variance.
- Scientific, Therapeutic and Technical staff are showing as having an adverse volume rise this year in comparison to prior year with continued recruitment for activity in labs, pharmacy, radiology and the innovation directorate.
- Nursing bank costs YTD are still lower this year than last year given that last year saw the full impact of the first waves of Covid, associated sickness backfill and the staffing of Dolphin ward. However bank levels do remain high with vacancies, sickness and additional activity requirements. The nursing intake this month has not seen that need alleviate and levels have remained at those seen in previous months.

# Non-Pay Summary for the 7 months ending 31 Oct 2021



## Summary

- Non pay is £1.3m favourable to the plan in-month. This is driven by two key elements as follows:
  - Passthrough drugs and devices and non-passthrough drugs expenditure is lower than plan (£1.2m) due to lower patient volumes requiring high cost drugs in month.
  - Premises costs were lower than plan due to lower than expected electricity costs in-month.
- Covid costs are lower than planned YTD for which there is a corresponding lower than plan income for Covid cost funding (£5.6m adverse to plan YTD). It is expected that non-pay costs will rise with continued additional elective, day case and outpatient activity.



**Better Value and Covid-19 costs**

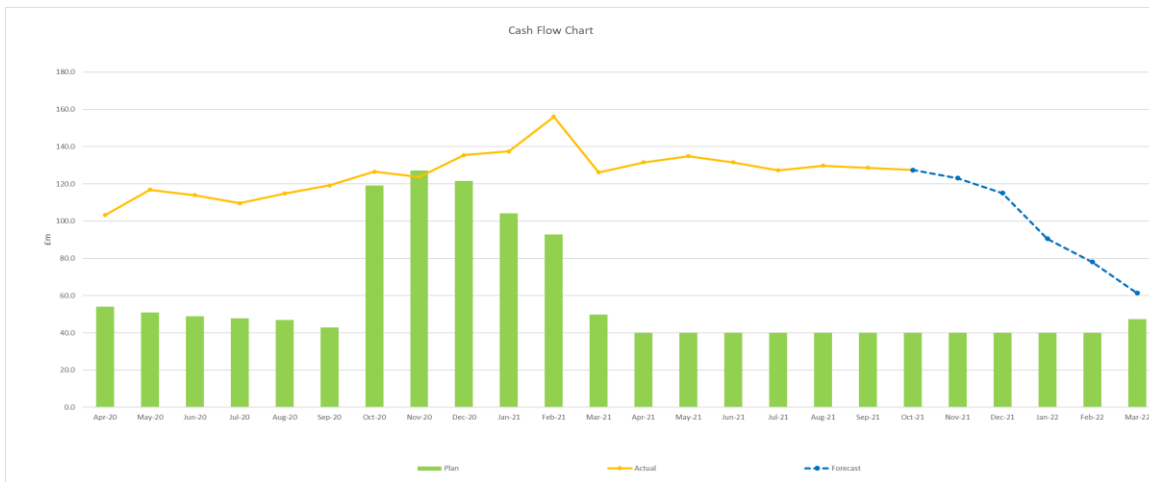
- The Trust had a better value programme plan for H1 of £7.3m; the Trust have achieved £8.9m in H1 largely through controlled spend, through a combination of recurrent and non-recurrent measures. The Trust is working on the better value programme for H2 and the plan will be reflected in the M8 report. The reported numbers reflect the reduced plan linked to updated Trust plan and risk.
- Covid costs YTD have totalled £3.7m largely for additional staffing needs to meet the covid response and a variety of non-pay spends including decontamination, lab and consumables spend. Covid income for M1-M6 was £5.6m below plan YTD as costs

31 Mar 2021 Audited Accounts £m	Statement of Financial Position	YTD Actual 30 Sep 21 £m	YTD Actual 31 Oct 21 £m	In month Movement £m
532.75	Non-Current Assets	526.88	526.58	(0.30)
64.56	Current Assets (exc Cash)	70.82	73.32	2.50
126.19	Cash & Cash Equivalents	128.64	127.43	(1.21)
(102.80)	Current Liabilities	(106.21)	(110.46)	(4.25)
(6.45)	Non-Current Liabilities	(6.07)	(6.03)	0.04
<b>614.25</b>	<b>Total Assets Employed</b>	<b>616.18</b>	<b>610.84</b>	<b>(3.22)</b>

31 Mar 2021 Audited Accounts £m	Capital Expenditure	YTD plan 31 October 21 £m	YTD Actual 31 October 2021 £m	YTD Variance £m	Forecast Outturn 31 Mar 2022 £m	RAG YTD variance
6.50	Redevelopment - Donated	3.88	6.34	(2.46)	9.18	R
2.56	Medical Equipment - Donated	0.35	0.80	(0.45)	2.97	R
0.00	ICT - Donated	0.00	0.02	(0.02)	0.02	G
<b>9.06</b>	<b>Total Donated</b>	<b>4.23</b>	<b>7.16</b>	<b>(2.93)</b>	<b>12.17</b>	<b>R</b>
0.00	Total Grant funded	0.00	0.00	0.00	0.37	G
5.09	Redevelopment & equipment - Trust Funded	5.00	1.80	3.20	6.97	R
1.10	Estates & Facilities - Trust Funded	2.44	0.45	1.99	4.14	R
2.67	ICT - Trust Funded	0.68	1.15	(0.47)	3.13	R
0.00	Sensyne	0.00	0.00	0.00	2.00	G
0.00	Contingency	0.00	0.00	0.00	1.76	G
<b>8.86</b>	<b>Total Trust Funded</b>	<b>8.12</b>	<b>3.40</b>	<b>4.72</b>	<b>18.00</b>	<b>R</b>
<b>0.00</b>	<b>Accelerator programme (Trust funded)</b>	<b>0.00</b>	<b>0.15</b>	<b>(0.15)</b>	<b>0.19</b>	<b>G</b>
<b>2.56</b>	<b>PDC</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>G</b>
<b>20.48</b>	<b>Total Expenditure</b>	<b>12.35</b>	<b>10.71</b>	<b>1.64</b>	<b>30.73</b>	<b>A</b>

31-Mar-21	Working Capital	30-Sep-21	31-Oct-21	RAG	KPI
5.0	NHS Debtor Days (YTD)	3.0	2.0	G	< 30.0
288.0	IPP Debtor Days	101.0	93.0	G	< 120.0
27.1	IPP Overdue Debt (£m)	14.3	14.7	R	0.0
95.0	Inventory Days - Non Drugs	88.0	93.0	R	30.0
31.0	Creditor Days	23.0	19.0	G	< 30.0
41.6%	BPPC - NHS (YTD) (number)	38.8%	39.7%	R	> 95.0%
70.6%	BPPC - NHS (YTD) (£)	70.3%	69.2%	R	> 95.0%
83.4%	BPPC - Non-NHS (YTD) (number)	83.9%	84.0%	R	> 95.0%
88.9%	BPPC - Non-NHS (YTD) (£)	91.9%	91.6%	A	> 95.0%
81.7%	BPPC - Total (YTD) (number)	81.6%	81.9%	R	> 95.0%
87.4%	BPPC - Total (YTD) (£)	89.9%	89.4%	R	> 95.0%

**RAG Criteria:**  
 NHS Debtor and Creditor Days: Green (under 30); Amber (30-40); Red (over 40)  
 BPPC Number and £: Green (over 95%); Amber (90-95%); Red (under 90%)  
 IPP debtor days: Green (under 120 days); Amber (120-150 days); Red (over 150 days)  
 Inventory days: Green (under 21 days); Amber (22-30 days); Red (over 30 days)



**Comments:**

- Capital expenditure for the year to 31 October was £1.6m less than plan; Trust-funded expenditure was £4.7m less than plan; donated was £3.4m more than plan. Priority projects will be identified to be brought forward to 2021/22 from 2022/23 for approval at EMT by 31 Dec to achieve the forecast outturn. Forecast outturn includes the assumption that CDEL will be increased by £0.2m for the Accelerator Programme, but this has not formally been approved.
- Cash held by the Trust decreased in month by £1.2m to £127.4m.
- Total Assets employed at M07 decreased by £3.2m in month as a result of the following:
  - Non current assets totalled £526.6m, a decrease of £0.3m in month.
  - Current assets excluding cash totalled £73.3m, increasing by 2.5m in month. This largely relates to the following: Contract receivables including IPP which have been invoiced (£0.2m lower in month); accrued income (£1.9m lower in month); and other receivables (£2.4m higher in month). Other receivables include VAT receivable which increased by £0.7m in month and Charity receivables which increased by £1.5m in month. In addition, capital receivables was £1.5m higher in month and inventories was £0.7m higher in month.
  - Cash held by the Trust totalled £127.4m, decreasing in month by £1.2m.
  - Current liabilities increased in month by £4.2m to £110.5m. This includes Capital creditors (£0.6m higher in month); expenditure accruals (£2.6m higher in month); and deferred income (£11.1m higher in month and this includes £6.5m of Covid funding and £2.1m of Cancer Drug funding)
 This is offset against the decrease in NHS payables (£8.2m lower in month) and other payables (£1.8m lower in month)
- IPP debtors days decreased further in month from 101 days to 93 days. Total IPP debt (net of cash deposits held) decreased in month to £9.7m (£10.6m in M06). Overdue debt increased in month to £14.7m (£14.4m in M06).
- In M07, 82% of the total number of creditor invoices were settled within 30 days of receipt; this represented 89% of the total value of creditor invoices paid in month. This was below the NHSE target of settling at least 95% of invoices within 30 days. By supplier category, the cumulative BPPC for Non NHS invoices (by number) remained the same as the previous month at 84%. This is represented 92% of the total value of invoices settled within 30 days (92% in M06). The cumulative BPPC for NHS invoices (by number) increased in month to 40% (39% in M06). This represented 69% of the value of invoices settled within 30 days (70% in M06). These scores by supplier category are also both below the NHSE target of settling 95% of invoices within 30 days.
- Creditor days decreased in month from 23 days to 19 days.





<b>Trust Board 24<sup>th</sup> November 2021</b>	
<b>Safe Nurse Staffing Report for reporting period August &amp; Sept 21</b> <b>Submitted by: Darren Darby, Acting Chief Nurse.</b> <b>Prepared by: Marie Boxall, Head of Nursing - Nursing Workforce</b>	<b>Paper No: Attachment T</b>  <input type="checkbox"/> <b>For information and noting</b>
<b>Purpose of report</b> To provide the Board with an overview of the nursing workforce during the months of August & Sept 2021 and in line with the National Quality Board (NQB) Standards and Expectations for Safe Staffing (2016) and further supplemented in 2018. It provides assurance that arrangements are in place to safely staff the inpatient wards with the right number of nurses with the right skills and at the right time.	
<b>Summary of report</b> <ul style="list-style-type: none"> <li>• 46 international nurse have joined the Trust to date, with an additional 11 nurses in the pipeline (arriving Jan 22)</li> <li>• 78 Newly Registered Practitioners (nurses) joined the Trust in September, with a further 20 scheduled to join the trust in January 22.</li> <li>• The Trust nursing vacancy rate increased to 5.84% in August and then decreased to 1.55% in September, with voluntary turnover rates remaining stable and below Trust target at 12.82% in August and 12.79% in September.</li> <li>• There were 13 safe staffing incidents over the reporting period 9 (August) and 4 (September) with no reported patient harm. This was predominantly driven by short term sickness, Covid self-isolation requirements, annual leave and maternity leave.</li> <li>• The reported Care Hours Per Patient Day (CHPPD) was 14.88 in August and 15.30 in September.</li> </ul>	
<b>Action required from the meeting</b> To note the information in this report on safe nurse staffing which reflects actions as the trust experiences the second surge in the pandemic while maintaining care for priority patients and supporting general paediatric activity.	
<b>Contribution to the delivery of NHS Foundation Trust priorities</b> <input type="checkbox"/> <b>PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people</b>  <input type="checkbox"/> <b>Quality/ corporate/ financial governance</b>  Safe levels of nurse staffing are essential to the delivery of safe patient care and experience.	<b>Contribution to compliance with the Well Led criteria</b> <input type="checkbox"/> <b>Leadership, capacity and capability</b> <input type="checkbox"/> <b>Vision and strategy</b> <input type="checkbox"/> <b>Culture of high quality sustainable care</b> <input type="checkbox"/> <b>Responsibilities, roles and accountability</b> <input type="checkbox"/> <b>Effective processes, managing risk and performance</b> <input type="checkbox"/> <b>Accurate data/ information</b> <input type="checkbox"/> <b>Engagement of public, staff, external partners</b> <input type="checkbox"/> <b>Robust systems for learning, continuous improvement and innovation</b>
<b>Strategic risk implications</b> Risk 12: Inconsistent delivery of safe care	

<b>Financial implications</b> Already incorporated into 21/22 Directorate budgets.
<b>Implications for legal/ regulatory compliance</b> Safe Staffing
<b>Consultation carried out with individuals/ groups/ committees</b> Nursing Board, Nursing Workforce Assurance Group
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Chief Nurse, Director of Nursing and Heads of Nursing
<b>Who is accountable for the implementation of the proposal / project?</b> Chief Nurse; Directorate Management Teams
<b>Which management committee will have oversight of the matters covered in this report?</b> People and Education Assurance Committee

## **1. Purpose**

The purpose of this report is to provide the required assurance that GOSH had safe nurse staffing levels across all in-patient ward areas and appropriate systems in place to manage patient demand and capacity. This report covers the reporting period for August and September 2021.

## **2. Recruitment**

We continue to maintain a number of recruitment pipelines to ensure the resilience and sustainability of our nursing workforce, especially as restrictions lift.

### 2.1 International Nurses (GOSH 50) –

46 internationally recruited (IR) nurses have joined the trust to date:

- Cohort 4: 8 nurses arrived July 2021 have completed their OCSE exam on the 22nd September and some have commenced working in their clinical areas as Band 5 Registered Nurses since October 2021.
- Cohort 5: 7 nurses arrived on the 15th October 2021 and are currently working towards their OSCE exams which are scheduled for the 3rd December 2021, expected to be working as Band 5 registered nurses in their areas as of January 2022.
- Cohort 6: (Approx. 11 candidates TBC) Preliminary arrival January 2022. Includes a specific cohort of critical care nurses.

### 2.2 Newly Registered Practitioners (NRPs) –

78 NRPs (nurses) joined the trust in September.

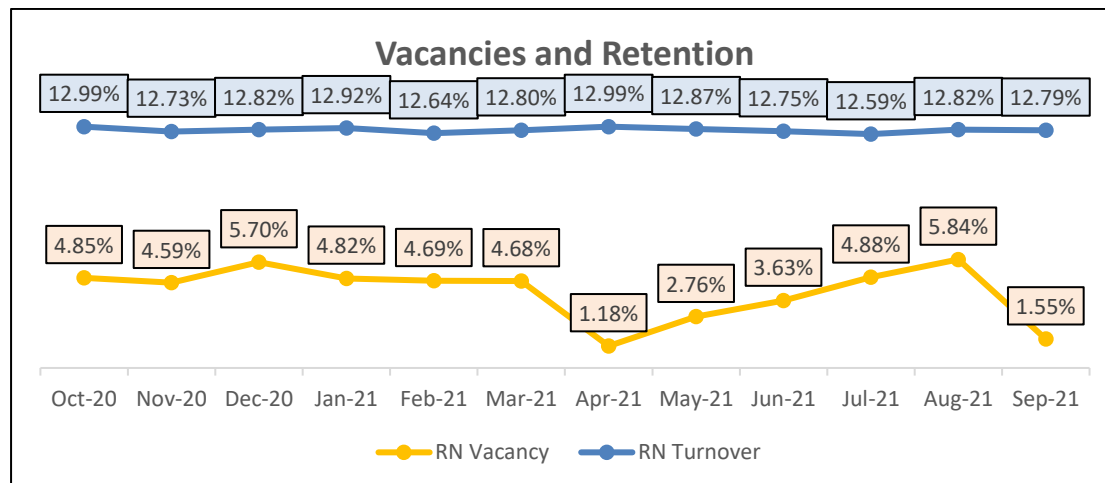
We are anticipating an additional intake of approx. 20 NRNs in January 2022, 10 of which are for the H&L directorate. This is due to a delay in completion of clinical hours and delayed exam boards as a result of the pandemic.

## **3. Vacancy and Turnover Rates**

The Trust nursing vacancy rate increased in Aug 2021 to 5.84% but then decreased to 1.55% in Sept. This is due to a total increase of 91 starters (90.92 WTE) following central and local recruitment activity, offset by 23 leavers (21.16 WTE).

**Attachment T**  
**Safe Nurse Staffing Report for reporting period Aug & Sept 2021**

Voluntary turnover has remained relatively stable and below the trust target, however it has fluctuated slightly increasing to 12.82% for August before dropping slightly to 12.79% in September.

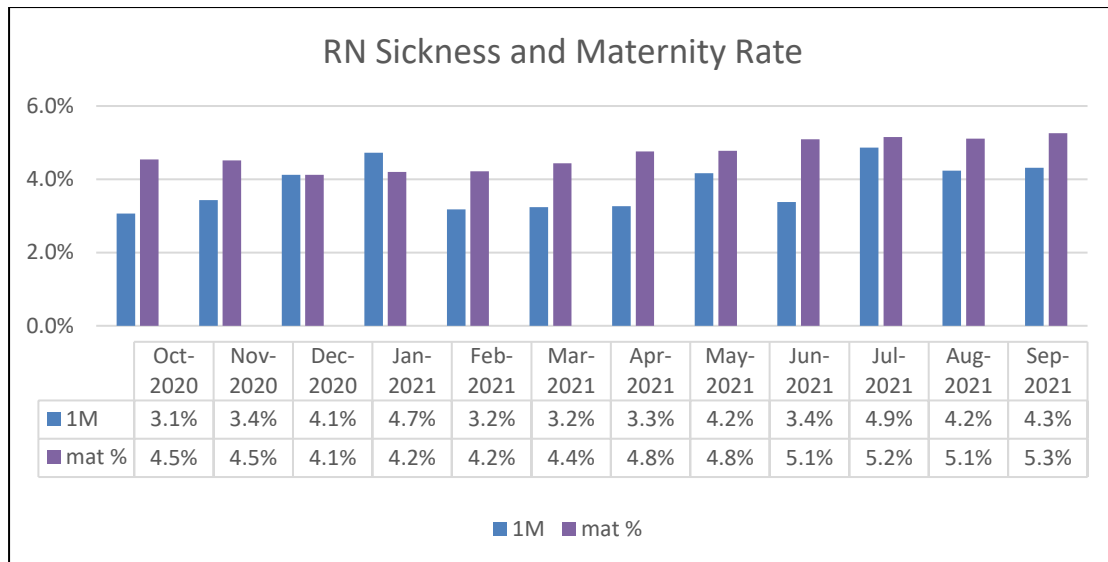


*Fig.1 Registered Nurse vacancy and voluntary turnover rate (12 month view)*

**4. Maternity and Sickness Rates**

Despite low vacancy and stable turnover rates, staffing levels remain challenged by high sickness levels and increasing maternity/parenting rates. GOSH historically has one of the highest maternity rates amongst London trusts due to us having a predominantly young female workforce. A review is currently underway into how we address this through benchmarking with other paediatric trusts and ways to factor this into staffing establishment settings. The total headroom allowance at GOSH is 22% this includes 15% annual leave, 3% sickness, 2% parenting leave, 2% study leave. Staff with nominated caring responsibilities are entitled to up to 18 weeks of parental leave per child, up to each child's 18th birthday, parental leave does not include maternity/paternity leave. There is an expectation that teams cover absences created by maternity/paternity leave through recruitment or bank usage however this may not always be possible especially in small teams, and other options to consider are secondments and internal transfers. We are working with teams to be more proactive in addressing maternity/paternity leave absences.

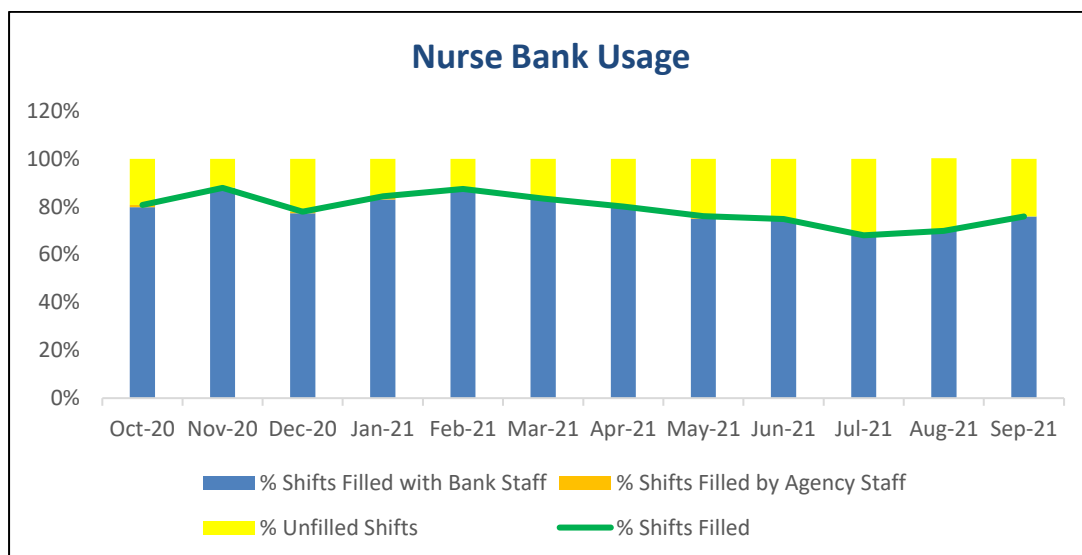
**Attachment T**  
**Safe Nurse Staffing Report for reporting period Aug & Sept 2021**



*Fig. 2 Short term (1m) and Long Term Sickness (LTS) and maternity/parenting rates 12 month rolling trend.*

**5. Temporary Staffing**

The total shifts requested excluding shifts requested then subsequently cancelled decreased in September 2021 to 2440 having been at 2585 in August 2021. Agency usage was only 1 shift in September for a Registered Mental Health Nurse (RMN) with no shifts in August. Shifts filled by bank have increased by 6% from 70% (August) to 76% (September) in this period.



*Fig.3 Nurse Bank Usage (12 month view)*

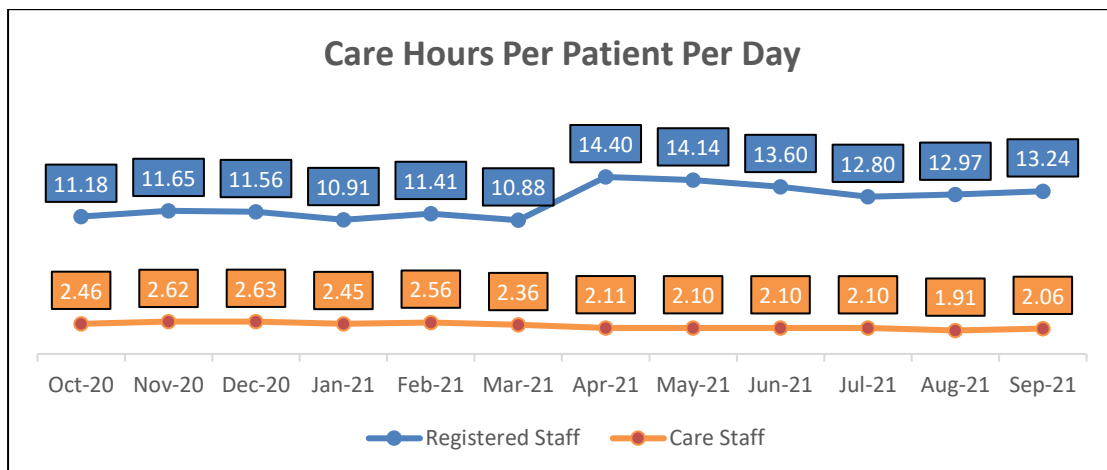
**Attachment T  
Safe Nurse Staffing Report for reporting period Aug & Sept 2021**

**6. Care Hours Per Patient Day (CHPPD)**

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

CHPPD includes total staff time spent on direct patient care but also on activities such as preparing medicines, updating patient records and sharing care information with other staff and departments. It covers both temporary and permanent care staff but excludes nursing students and staff working across more than one ward. CHPPD relates only to hospital wards/units including the ICUs, where patients stay overnight. CHPPD included ICUs as of April 2021 hence the noticeable increase.

The reported CHPPD for August 2021 was 14.88 made up of 12.97 Registered Nurses and 1.91 HCA Hours. In September 2021 the figure was 15.30 in total, 13.24 Registered Nurses and 2.06 HCA Hours.



*Fig.4 Care Hours per Day – Breakdown (12 month view)*

**7. Safe Staffing Incident Reporting**

There were 9 Datix incidents in August; 3 O&I, 3 H&L, 1 BCC, 1 Brain, and 1 S&S. In September there were 4 Datix incidents; 2 O&I, 1 BCC, 1 BBM.

**Attachment T**  
**Safe Nurse Staffing Report for reporting period Aug & Sept 2021**

Assurance has been provided by the HoNs that no patient harm occurred and plans to mitigate the ever changing challenges as a result of the pandemic are under constant review. The incidents were predominantly driven by short term sickness, high maternity rates, Covid isolation requirements and planned annual leave.

**Attachment T**  
**Safe Nurse Staffing Report for reporting period Aug & Sept 2021**

**Appendix 1 – Aug and Sept 2021 Workforce metrics by Directorate**

Aug-21						
Directorate	CHPPD (Inc ICUs)	Actual vs Planned	RN Vacancies (FTE)*	RN Vacancies (%)*	Voluntary Turnover* %	Sickness (1 mo) %
Blood, Cells & Cancer	10.7	69.04%	-6.0	-2.7%	7.1%	4.6%
Body, Bones & Mind	12.4	80.39%	3.5	1.9%	11.8%	5.9%
Brain	12.5	70.95%	6.6	5.0%	12.4%	2.9%
Heart & Lung	19.9	81.63%	39.3	7.2%	15.8%	4.9%
International	15.4	59.75%	1.2	1.5%	13.7%	4.4%
Operations & Images	N/A	N/A	2.9	1.2%	14.9%	5.8%
Sight & Sound	11.8	80.29%	10.0	12.2%	10.5%	6.6%
Research & Innovation	N/A	N/A	15.4	26.2%	11.9%	3.8%
Trust	14.9	76.05%	75.2	4.9%	12.8%	4.9%

Sep-21						
Directorate	CHPPD (Inc ICUs)	Actual vs Planned	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover* %	Sickness (1 mth) %
Blood, Cells & Cancer	12.6	68.6%	-0.8	-0.4%	10.1%	6.2%
Body, Bones & Mind	12.7	85.8%	-6.6	-3.5%	10.8%	4.2%
Brain	13.9	74.9%	-5.0	-3.8%	11.8%	2.9%
Heart & Lung	19.5	79.2%	4.8	0.9%	15.5%	4.1%
International	14.5	62.4%	-1.4	-1.8%	16.4%	3.1%
Operations & Images	N/A	N/A	6.2	2.5%	11.8%	6.2%
Sight & Sound	13.0	91.0%	7.1	8.7%	15.1%	3.7%
Research & Innovation	N/A	N/A	14.2	24.1%	13.5%	2.2%
Trust	15.3	76.5%	21.9	1.5%	12.8%	4.3%

\*Relates to all RN grades. Trust totals within the narrative may include nursing posts from some other directorates not listed in the above tables. Vacancy rates in August in H&L were addressed through a dedicated recruitment campaign which is evident in the September data. High vacancy rates in R&I are due to reduced activity as staff are recruited on the basis of funded activity as needed.



<b>Trust Board</b> <b>24<sup>th</sup> November 2021</b>	
<b>Guardian of Safe Working report</b>  <b>Submitted by:</b> Dr Renée McCulloch, Guardian of Safe Working	<b>Paper No: Attachment U</b>
<b>Aims / summary</b>  This report is the first quarter report of 2021/22 to the Board regarding Junior Doctor working practice at GOSH. This report covers the period 1 <sup>st</sup> April to 30 <sup>th</sup> June 2021 inclusive.	
<b>Action required from the meeting</b> <ul style="list-style-type: none"> <li>• Note requirement for ongoing data cleansing and finance review of bank spend</li> <li>• Requirement for administrative support for the GOSWH</li> <li>• Consideration of junior doctor representation on GOSH committees.</li> </ul>	
<b>Contribution to the delivery of NHS Foundation Trust strategies and plans</b> The Guardian of Safe Working (GOSW) supports and enables a safe and positive working and learning environment for junior doctors. This contributes to the Trusts strategic objective relating to providing safe patient care and an excellent place to work and learn.	
<b>Financial implications</b> <ul style="list-style-type: none"> <li>• Continuing payment for overtime hours documented through the exception reporting practice</li> </ul>	
<b>Who needs to be told about any decision?</b> n/a	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b>  Dr Renee McCulloch, Guardian of Safe Working, Associate Medical Director: Workforce Mr Simon Blackman Deputy Medical Director for Medical & Dental Education	
<b>Who is accountable for the implementation of the proposal / project?</b> Dr Sanjiv Sharma, Medical Director	

## Guardian of Safe Working

### First Quarter: 1<sup>st</sup> April 2021 – 30<sup>th</sup> June 2021

#### 1 Purpose

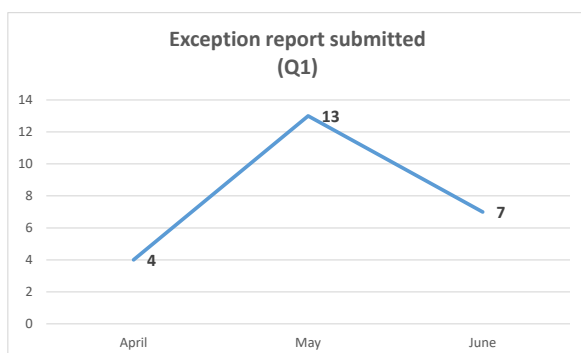
To inform the board on issues arising relating to the junior doctors working at GOSH and the work of the Guardian of Safe Working (GOSW). The GOSW is directly accountable to the trust board.

#### 2 Background

See Appendix 1

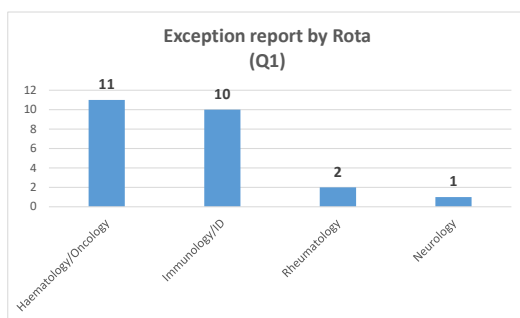
#### 3 Exception Reporting: High Level Data

- 3.1 Number of exception reports (ER) at GOSH remain low reflecting cohort a) senior trainees b) non-UK Trust doctors c) poor engagement with ER system
- 3.2 Numbers of doctors submitting reports increased by 10 from Q4.



#### 3.3 24 ERs submitted in this quarter

- 24 ER: extra hours worked.
- 10 doctors submitted the reports (9 SPR, 1 SHO)
- ER reports across 4 rotas



- *Sick patients, multiple MDT with different teams, last minute urgent jobs to organise with different teams (urgent MRI, LP IT...) Asked for helped when possible, 3 registrars only and lots of active patients.*
- *Stayed late due to unwell patient during ward round, needing to accompany him to MRI and then I think today was a bit exceptional but it would help to have an SHO in BMT that could give a hand with the more routine jobs that then get accumulated because you have been liaising with lots of other things.*
- *Usually shift starts at 8.30 in wards but had to start a 7.30 am in Safari ward, due to unavailability of ANP.*
- *I stayed at work for 2 hours beyond my time, in view of unwell patient on the ward. Doctor scheduled to cover long day was in theatre performing a procedure.*

### 3.4 Exception Report Outcomes:

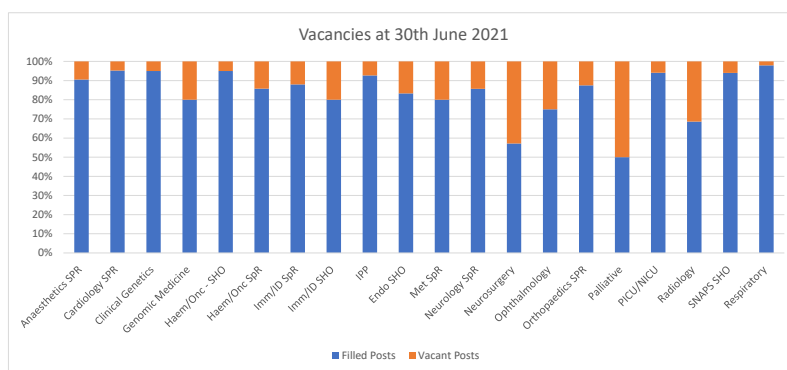
Outcome ERs April to June	
TOIL	0
Compensation	19
Compensation plus change to work schedule, organisation change	6

#### 3.4.1 Action:

3.4.1.1 *Bone Marrow Transplant to address pattern of work: discussed in local faculty group*

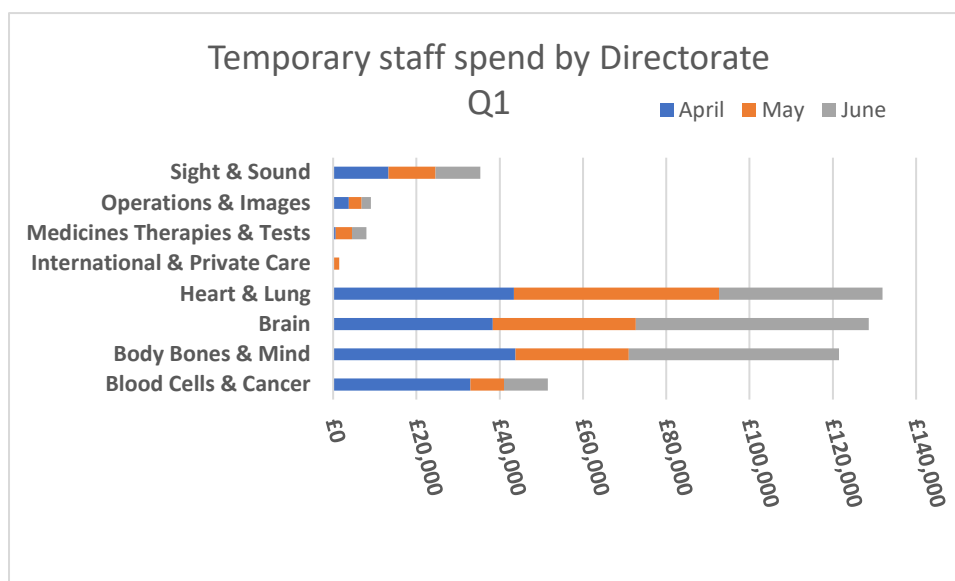
## 4 Vacancy Rates

4.1 The overall vacancy rate across junior doctor rotas as of 30/06/2021 is 7% with 24.3 FTE vacant out of a total of 326 rota slots.



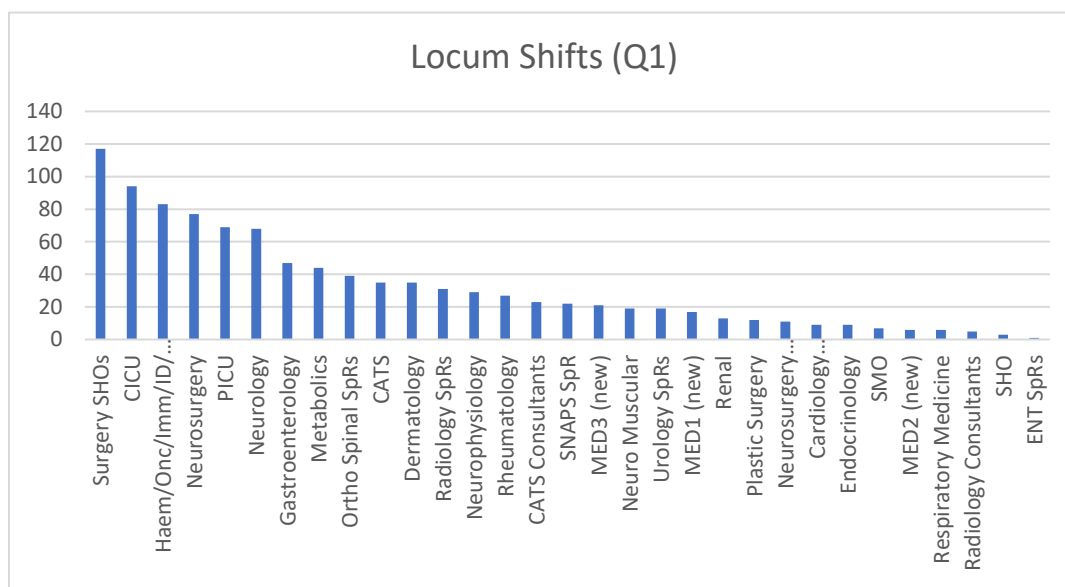
## 5 Finance, Bank and Agency data

5.1 The Trust spent £465,198 on Junior Dr temporary staffing in Q1 which equates to 5.9% of the quarter's total pay bill for Junior Doctors. Of this £465,475 (98%) was Bank spend while £8,723 (2% was Agency).



## Attachment U

- 5.2 When looking at shifts booked in the quarter, the SHO Surgery rota was the most frequent rota using temporary staff with 117 shifts filled (11.7% of the total), followed by CICU (9.4%).
- 5.2.1 The surgical SHO rota is under review by the medical workforce team in respect of minimum numbers and use of bank.
- 5.2.2 ICU bank spend data has been analysed; findings reported back speciality leads and directorate management teams.
- 5.2.3 BCC spend is reduced in May and June as the haem/onc team are finally up to establishment
- 5.2.4 Flexibility and safe medical cover afforded by the new (post COVID) 'medical' team out of hours is reflected in the low MED1 MED 2 MED 3 SMO bank spend.



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

- 6.1 PICU/ CATs rotas are now fully recruited (September 2021) with an additional CATS retrieval team established for expected winter surge
- 6.2 CAMHs rota remains under review with respect to safety and compliance; shared across 5 NHS trusts. This is being led by East London NHS Foundation Trust
- 6.3 Feet up rest is now available throughout the main hospital site
- 6.4 The GOSWH continues to have no formal administrative support

## 7 Junior Doctors Forum (JDF)

- 7.1 JDF has organised new fold-up beds in clinical areas specifically for junior doctor feet-up rest.
- 7.2 JDF are working up a proposal for new bank rates to present to operational board
- 7.3 Representatives of the JDF are all offered leadership development as part of their roles.

**8 Summary**

- 8.1 All GOSH rotas are compliant – challenges continue with respect to vacancy management and unexpected gap from vacancy and sickness related issues.
- 8.2 Ongoing data workforce data cleansing, monitoring and improvement work is required to continue to support and develop safe in and out of hours working practices.
- 8.3 Out of hours medical rota 'concertina' model has addressed a requirement to mitigate unexpected rota gaps and ensure a flexible. 'one team' team approach to out of hours working.
- 8.4 Junior doctors are well engaged and the JDF invites the Board members to continue to attend its meetings.
- 8.5 **A request from the GOSWH for the Board to consider junior doctor representation on key committees within the hospital.**

## **Appendix 1 Background Information for Trust Board**

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

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

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

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

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

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

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

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

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

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

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

Attachment U

**TCS contract includes but is not limited the following amendments:**

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


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

NHS Foundation Trust

**Trust Board  
24<sup>th</sup> November 2021**

Learning from Deaths Report – Learning from Deaths in Q1 2021/22

**Submitted by:**

Dr Sanjiv Sharma , Medical Director

Dr Pascale du Pré, Consultant in

Paediatric Intensive Care, Medical Lead for Child Death Reviews

Andrew Pearson , Clinical Audit Manager

**Paper No: Attachment W**

For information and noting

**Purpose of report**

To provide Trust Board with oversight of

1. Learning from deaths identified through mortality reviews, this includes positive practice, but also where there were modifiable factors.
2. Progress with the implementation of the Child Death Review Meetings (CDRM). This scope of this report is GOSH inpatient deaths that occurred between the 1st April and 30th June 2021

**Summary of report**

25 GOSH inpatient deaths occurred between 1st April and 30th June 2021. All have been reviewed by the Mortality Review Group (MRG) or at a Child Death Review Meeting.

Those reviews highlighted :

- One review identified modifiable factors and the case is being reviewed as an SI investigation. An infant died suddenly on the ward and death was referred to the coroner. Modifiable factors were identified following review at the MRG. These related to the choice of antibiotics the patient was treated with during the neutropenic phase of treatment, and an elevated heart rate for more than 24 hours prior to death.
- Particular excellent aspects of care, the co-ordination of care and communication in 12 deaths.
- Additional learning points were identified around best practice which could improve quality, the co-ordination of care, or patient and family experience in 10 cases. Those learning points and any actions taken are described in the report.
- In 11 cases whilst it is not possible to definitively conclude, it was felt that there may have been an impact of the COVID 19 pandemic on the death occurring at GOSH or on the experience of the family and/or patient. These highlight in particular the limitations around the impact of national restrictions on visiting and access to services. GOSH guidelines on visiting have been frequently reviewed and amended when changes to national policy have allowed.

There are no indicators that require us to investigate our mortality , but we note that there were fourteen deaths in October (10 ICU, 2 BMT, 2 Haem/Onc), both August and September saw deaths below the mean for the last two years. The quality of care provided will be reviewed through our internal mortality review processes, and deaths in October would be planned to be concluded through this process by the end of January 2022.



<p>In addition to those processes we took a proactive and early look at the types of admission and reasons for October 2021 deaths. We did not find any unusual patterning of deaths, or, that these deaths indicate care or service delivery problems at GOSH which account for increased deaths.</p>	
<p><b>Action required from the meeting</b> There are no recommendations or actions for the Board to consider</p>	
<p><b>Contribution to the delivery of NHS Foundation Trust priorities</b> Quality/ corporate/ financial governance</p>	<p><b>Contribution to compliance with the Well Led criteria</b> Culture of high quality sustainable care Effective processes, managing risk and performance Accurate data/ information Robust systems for learning, continuous improvement and innovation</p>
<p><b>Strategic risk implications</b> Risk 12: Inconsistent delivery of safe care</p>	
<p><b>Financial implications</b> Not Applicable</p>	
<p><b>Implications for legal/ regulatory compliance</b> Meets the requirement of the National Quality Board to report learning from deaths to a public board meeting. Child Death Review Meetings (CDRM) are statutory following the publication of the Child Death Review Statutory guidance which applies for all child deaths after 29th September 2019.</p>	
<p><b>Consultation carried out with individuals/ groups/ committees</b> This report has been reviewed by the Patient Safety and Outcomes Committee</p>	
<p><b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Dr Pascale du Pré, Consultant in Paediatric Intensive Care, Medical Lead for Child Death Reviews</p>	
<p><b>Who is accountable for the implementation of the proposal / project?</b> Medical Director</p>	
<p><b>Which management committee will have oversight of the matters covered in this report?</b> Patient Safety and Outcomes Committee</p>	

# Learning from deaths –Q1 2021/22

## Aim of this report

Highlight learning from deaths identified through mortality reviews at GOSH. This scope of this report is GOSH inpatient deaths that occurred between the 1<sup>st</sup> April and 30<sup>th</sup> June 2021

## Summary

**25** GOSH inpatient deaths occurred between 1st April and 30th June 2021. All have been reviewed by the Mortality Review Group (MRG) or at a Child Death Review Meeting. Those reviews highlighted :

One review identified modifiable factors and the case is being reviewed as an SI investigation. An infant died suddenly on the ward and death was referred to the coroner. Modifiable factors were identified following review at the MRG. These related to the choice of antibiotics the patient was treated with during the neutropenic phase of treatment, and an elevated heart rate for more than 24 hours prior to death.

Particular excellent aspects of care, the co-ordination of care and communication in **12** deaths.

Additional learning points were identified around best practice which could improve quality, the co-ordination of care, or patient and family experience in **10** cases. Those learning points and any actions taken are described in the report.

In **11** cases whilst it is not possible to definitively conclude, it was felt that there may have been an impact of the COVID 19 pandemic on the death occurring at GOSH or on the experience of the family and/or patient. These highlight in particular the limitations around the impact of national restrictions on visiting and access to services.

## 11<sup>th</sup> November 2021

Dr Pascale du Pré, Consultant in Paediatric Intensive Care, Medical Lead for Child Death Reviews  
Andrew Pearson, Clinical Audit Manager

## The mortality review process at GOSH

Mortality reviews take place through two processes at GOSH:

1. Mortality Review Group (MRG). This was established in 2012 to provide a Trust level overview of all deaths to identify learning points, themes and risks and take action as appropriate to address any risks. This process is linked with local case reviews undertaken by specialty teams and provides an additional oversight of inpatient deaths in the Trust. This group continues to review deaths to ensure a thorough level of review and challenge can be provided before reviews are finalised at a Child Death Review Meeting (CDRM), as well as identifying learning points and making referrals to other safety investigation processes at the earliest opportunity.

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

## Completion of mortality reviews

Twenty five children died at GOSH between 1st April and 30th June 2021 Reviews (i.e. an MRG or a CDRM) have been completed for all cases.

Fourteen CDRMs have taken place, and eleven have not been completed.

- Six cannot take place until the completion of necessary coroner investigations. This in line with the Child Death Review Statutory Guidance.
- Five are being scheduled at the time due to challenges in Consultant capacity to attend the meetings.

This report highlights learning known at the time of writing, and it is important to note that additional learning could be identified at a later stage through the coroners /CDRM / SI processes .The table below shows the summary of the deaths that occurred during the quarter using NHS England reporting guidance.

Total number of inpatient deaths at GOSH between 1st April and 30th June 2021	25
Number of those deaths subject to case record review ( either by the MRG, or at a CDRM)	25
Number of those deaths declared as serious incidents	1
Number of deaths where a modifiable factor was identified at GOSH that may have contributed to vulnerability, ill health or death.	1
Number of deaths of people with learning disabilities	3
Number of deaths of people with learning disabilities that have been reviewed	3
Number of deaths of people with learning disabilities where a modifiable factor was identified at GOSH that may have contributed to vulnerability, ill health or death.	0

## Deaths that had modifiable factors in the child's care at GOSH that may have contributed to vulnerability, ill health or death. (1)

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

Modifiable factors are defined as factors, which by means of nationally or locally achievable interventions could be modified to reduce the risk of future child deaths.

One review has identified modifiable factors , and the case is being reviewed as an SI investigation

## Deaths that are subject to an SI investigation (1)

<b>Incident reference number (2021/16423)</b>	<b>Update</b>
<p>An infant died suddenly on the ward and death was referred to the coroner. Modifiable factors were identified following review at the MRG.</p> <p>These related to the choice of antibiotics the patient was treated with during the neutropenic phase of treatment, and an elevated heart rate for more than 24 hours prior to her death.</p>	<p>An SI investigation is with NHS England for sign off ( due 23<sup>rd</sup> November 2021)</p> <p>The learning, outcomes and actions identified will be reported to the Patient Safety and Outcomes committee once the SI report is approved.</p>

## Learning from excellence- positive practices , care , and communication highlighted through the reviews

The review process highlighted particular positive aspects of care and communication in twelve cases.

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

Admitting specialties	Summary
Heart Failure Team & CICU	<i>Excellent MDT working in the face of a very challenging and complex case .There were broad international and Berlin Heart team consultations Team at GOSH is confident that the follow up processes of cardiac failure patients is robust and families do have positive experiences</i>
NICU/SNAPS	<i>This mother felt well supported by the family liaison team and Muslim chaplain throughout her admission</i>
Neurosurgery, PICU and oncology	<i>The community nursing team were credited for their huge efforts in getting this family home for a weekend. There were a huge number of examples of positive and the parents have expressed their gratitude on multiple occasions particularly towards the nursing team on Elephant Ward who they regarded as family. The nursing team gave this family as many good memory making experiences as possible including taking the child swimming. The local POSCU hospital also were very grateful for the regular updates and the communication from GOSH.</i>
Neurosurgery	<i>Rapid identification of post operative weakness and imaging. Family kindly agreed to organ donation.</i>
SNAPS/NICU	<i>Fantastic team working between UCLH NICU/GOSH NICU/GOSH Surgeons and Neonatal transport service</i>
PICU	<i>Excellent communication between GOSH and local team during the weeks prior to death including enabling the local team to visit at GOSH on the day of redirection of care. This communication was greatly appreciated by the local team and this has been fed back to the PICU consultant responsible</i>
PICU, Plastic Surgery, Metabolic	<i>Evidence of good multi-disciplinary team working</i>
NICU and SNAPS	<i>Efficient transfers to tertiary centre when baby deteriorated and communication between hospitals/NTS.</i>
Metabolic	<i>Early involvement of palliative care. Family felt safe and supported by the staff in Squirrel Ward. Joint metabolic and Genetics appointment for sharing diagnosis was a particular example of good practice. Comprehensive planning for next pregnancy. Squirrel ward commended for providing excellent end of life care.</i>
Neurology ,Metabolic Medicine	<i>Metabolic team arranged muscle biopsy to be done and parental genetic bloods after death prior to them leaving the hospital avoiding the need for them to return for these investigations. Cardiac arrest was a VF arrest (which is an uncommon occurrence) and this was well managed.</i>
NICU	<i>Dermatology team were credited for their input in this child's care.</i>
PICU	<i>Family were really grateful that they could bring the sibling in to see the child prior to death with support of play specialist (this has been feedback to the individual)</i>

## Learning points identified

Where learning points were identified around best practice which could improve quality, the co-ordination of care, or patient and family experience.

Location of learning	Learning /Actions
Local A+E GOSH (Neurosurgery /PICU and oncology)	<p><b>Local A+E</b> Initial presentation of yellow “bruise like” discolouration and intermittent swelling around his eyes has been identified as an unusual presentation of neuroblastoma Learning around unusual presentation of unusual neuroblastoma has been shared with the Accident and Emergency team.</p> <p><b>GOSH</b> The accommodation available for the family during the end of life period was inadequate with parents crammed into a small room The need for better accommodation for families of children during end of life has been identified as a requirement and is being explored as part of the Children's Cancer Centre at GOSH (redevelopment).</p> <p>Parents expressed a preference for end of life care at home however this could not be facilitated by several community teams despite huge efforts and the CCG commissioners were alerted and a number of different community teams approached to help. This was hugely frustrating for the community teams who felt they had failed this family. This was multifactorial and the team was depleted (to 25%) for a number of reasons including COVID, Maternity leave and staff burnout. The teams wanted to highlight to CDOP that this is a recurring problem.</p>
PICU/NICU/ Cardiology	<p><b>GOSH</b> 1. Better communication between the GOSH and local team prior to admission for tracheostomy might have provided useful information which may not have changed the decision to proceed with tracheostomy but would have changed (elevated) the risk assessment and risk of mortality and therefore the information communicated to the family prior to the tracheostomy</p> <p>This child was an inpatient on NICU at GOSH and the communication and appreciation of the issues (the significance of the combination of heart valve disease and prematurity) for this complex child were perhaps not fully appreciated and communicated, an MDT for children 'graduating' from NICU to PICU may therefore be a possible solution to improve this communication as a learning point</p> <p>The local team highlighted some gaps in post operative communication following inpatient transfer to GOSH for an elective procedure. This highlights the need for not just NICU discharge summary but discharge summary from the surgical/cardiology team to the local and has been fed back to the teams involved.</p> <p><b>Local</b> The local team reflected that having a named consultant to meet with the family on a weekly basis (for complex children) would be helpful in terms of continuity of communication and have actioned this.</p>

## Learning points identified

Location of learning	Learning/actions
Local hospital GOSH NICU	<p><b>Local hospital</b></p> <ol style="list-style-type: none"> <li>1. Local team identified a delay in face to face Dermatology review (initial reviews of photographs), it has been identified that a single email point of referral for dermatology and earlier face to face reviews of neonates with dermatology concerns going forward.</li> <li>2. Slow sensitivity result for fungal infection (resistance to fluconazole) identified that fungal sensitive's are not routine and it is necessary to identify that the patient is preterm and low birthweight on the request in order for a high level of systemic fungal infection to trigger a fungal sensitivity at the local hospital</li> <li>3. Parental concern around skin to skin contact and maternal bonding with baby, mother held baby for first time at end of life due to gowning and gloves (COVID-related and due to concerns around baby's skin integrity). The infection control policy has changed and greater consideration of the importance of handling for maternal bonding has been actioned at local hospital</li> <li>4. A number of concerns around nursing care and the amount of time baby was nursed on his back when this was the most badly affected area - the team have reflected on the importance of positioning for babies with skin problems.</li> <li>5. Mother identified concerns around nurses whispering about her - this was identified for the first time at the CDRM and will be taken back to the Matron at the local hospital for action.</li> </ol> <p>Above learning fed back to local hospital via CDRM process</p> <p><b>GOSH</b></p> <ol style="list-style-type: none"> <li>1. At GOSH the parents were not updated by NICU consultant team until end of life discussions and an apology has been given at the bereavement follow up and written apology sent in the correspondence following the bereavement follow up meeting. The NICU consultant team were particularly busy but have reflected that this could have been done better.</li> </ol> <p>Apology sent by NICU to the parents around updates not being provided.</p>

## Learning points identified

Location of learning	Learning/actions
<p>Local hospital GOSH (Neurosurgery admission)</p>	<p><b>Local hospital</b> The review identified some learning in terms of the ownership of the child once a referral was made between tertiary centres and the role of the local paediatric team in maintaining oversight of the child under these circumstances. Learning point shared with the appropriate individuals in the local hospital in order to determine how this oversight might be streamlined for other children in the future</p> <p><b>GOSH</b> The role of intra-operative EEG monitoring has also been reviewed and a business plan was already written prior to this child's death. This is not a standard of care but in use at other centres and would identify intra-operative changes in cerebral perfusion that might optimise intraoperative haemodynamic management of these cases.</p>
<p>GOSH ( NICU)</p>	<p>Transfers into GOSH can be difficult - in this case referral initially accepted by NICU and then declined due to age of baby.</p> <p>Raised with NICU lead, referral pathways for patients unsuitable for NICU to be escalated to other appropriate ITU (PICU/CICU).</p>
<p>Local hospital</p>	<p>RCOG guideline on scanning in IUGR were not followed and the baby was scanned after 4 weeks (not 2 weeks) and was born in very poor condition (Blood glucose zero, high lactate and intraventricular bleed). It will never be possible to say whether an earlier scan/dopplers (+/- earlier delivery) would have changed the outcome. Also an earlier delivery (if the dopplers were abnormal) would have meant an even more preterm and even smaller baby further elevating the risk of NEC.</p> <p>The team and individuals involved have reflected and identified that scanning should have happened sooner and the unit is developing their own guidelines for management of babies with IUGR</p>
<p>GOSH ( NICU)</p>	<p>The case highlighted the importance of early planning in situations when there are social concerns (non molestation orders etc) between parents and how to manage the expectations of both parents at end of life sensitively.</p>



## Learning points identified

Location of learning	Learning
Local team	<p>1. In cases where there are recurrent referrals from local to GOSH it was identified that Consultant to Consultant referral should be escalated (involving ideally NICU/SNAPS/local Consultants in an MDT).</p> <p>2. Placental histology identified a rare but important diagnosis (CHIV) that is associated with adverse pregnancy outcomes this demonstrates the importance of sending placenta for histology particularly to guide discussions around future pregnancies. The local team will highlight this case at the Quarterly Network Mortality Review meeting and identify a registrar to consider publishing these findings in order to improve awareness within the NICU and Obstetric teams.</p> <p>3. Ophthalmology team have reflected on the dose of Propranolol used for eye examination as this was temporally associated with apnoeas and baby requiring intubation (not possible to determine if the events are related)</p>
GOSH (Neurology)	<p>Clinical incident reported around the deterioration of the patient on Koala Ward and staff feeling of helplessness when trying to escalate concerns.</p> <p>The clinical incident has been reviewed by the Directorate and the following actions have been identified.</p> <ul style="list-style-type: none"> <li>• Situation discussed with Associate Medical Director for Safety who is leading trust wide process around management of the deteriorating child at GOSH. This is a longer term piece of work but this incident will feed into the review.</li> <li>• Discussion with outreach lead consultant. This case was referred to CSPs but not to ICON / outreach who were not aware.</li> <li>• CSP informed team of the event so that they can review the case and consider whether there is learning for the team.</li> <li>• Discussed with Koala ward sisters that in cases such as these they have option to escalate directly to PICU (by nursing or clinical team) if though appropriate.</li> </ul>
GOSH (NICU)	<p>The bedside nurse had not appreciated the poor prognosis (despite a catastrophic brain bleed on scan) and this case highlighted the importance of ensuring that all members of the clinical team are aware of the (poor) prognosis to ensure that consistency between medical and nursing messages in our communication and approach to families. The nurse in this case would have provided memory making etc over the course of the day had there been a better understanding of the prognosis.</p> <p>The NICU Consultant at GOSH has reflected on this and will address this issue with the GOSH NICU team as a learning point.</p>

## Impact of COVID 19 pandemic on deaths at GOSH in Q1 2021/22

We amended our mortality review process at the start of the COVID 19 pandemic to ensure we indicate where there has been impact of the pandemic on a death occurring at GOSH, and the experience of patients and families.

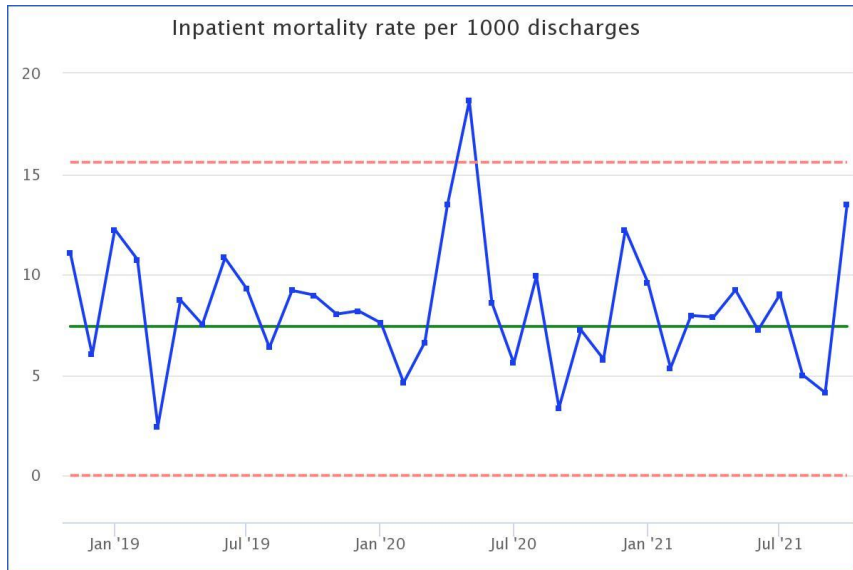
There were no deaths at GOSH in this period where it was possible to conclude that the COVID 19 pandemic had an impact on the death occurring at GOSH (e.g. if the child had died at GOSH because of COVID 19 or received care at GOSH and died when that death may have taken place at GOSH due to relocation of services due to the pandemic)

In 11 cases whilst it is not possible to definitively conclude, it was felt that there may have been an impact of the pandemic on the death occurring at GOSH or on the experience of the family and/or patient. These highlight in particular the limitations around the impact of national restrictions on visiting and access to services.

- *PCR negative but antibody positive - not clear if initial pneumonia may have been due to COVID*
- *POSCU team were saddened not to be able to visit the family at GOSH due to government imposed COVID visiting restrictions.*
- *Father was unable to see the baby after the birth before transfer to GOSH due to COVID visiting restrictions. Once at GOSH the baby was extremely unwell and parents and siblings were able to visit)*
- *Government imposed visiting restrictions impacted on parents ability to visit. None of the extended family had met baby until end of life*
- *Parental concern around skin to skin contact and maternal bonding with baby, mother held baby for first time at end of life due to gowning and gloves (COVID-related and due to concerns around baby's skin integrity)*
- *The inability for siblings to be present in the accommodation due to Government imposed visiting restrictions made it more challenging for the mother*
- *Due to COVID restrictions did not have regular follow-ups and had limited contact with therapy services. Notably she had no face to face contact with the team at GOSH which in hindsight was felt not to have been ideal. The Angio was delayed due to surgical prioritisation during the pandemic and although surgery may have happened earlier without the pandemic it is not possible to say that the outcome would have been any different.*
- *Mother would have found it helpful for her other child to be resident. They had no childcare due to COVID and this made it difficult for mother to visit and spend time on the unit.*
- *Suspected COVID infection prior to transfer from local Main impact was visiting and family thinking that mother could not attend as other relative had been in gosh.*
- *Parents did want to consider transfer to hospice, but are not currently offering a 24 hrs service.*
- *COVID positive on admission swab therefore isolated in cubicle.*

## Mortality rate

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 approximately 80% of patient deaths at GOSH are in intensive care areas. Risk adjusted real time mortality is monitored weekly at the PICU/NICU Morbidity and Mortality meeting using the recognised RSPRT (Risk-adjusted resetting probability ratio test) method.

There are no indicators that *require* us to investigate our mortality, but we note that there were fourteen deaths in October (10 ICU, 2 BMT, 2 Haem/Onc), both August and September saw deaths below the mean for the last two years. The quality of care provided will be reviewed through our internal mortality review processes, and deaths in October would be planned to be concluded through this process by the end of January 2022.

In addition to those processes a proactive and early look at the types of admission and reasons for deaths has been undertaken by the Medical Lead for Child Death Reviews, with the support of the Clinical Audit Manager

This has concluded that

- We do not believe, at the time of writing, that these deaths indicate care or service delivery problems provided at GOSH which account for increased deaths.
- There is no unusual patterning of deaths that account for the 14 deaths. 10 deaths were on ICU, and four were for children on BMT /Oncology wards with palliative care involvement
- At the time of writing there have been no serious incidents declared for any GOSH inpatient death that occurred in October 2021.
- There are no indications in our real time monitoring of risk adjusted ICU mortality which indicate a cause for concern that requires investigation.


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

NHS Foundation Trust

**Trust Board  
24<sup>th</sup> November 2021**

**Seen and Heard Diversity and Inclusion Annual Report**

**Submitted by:** Caroline Anderson  
Director of HR& OD

**Paper No: Attachment X**
 **For information and noting**
**Summary of report**
**Headline issues**

Attached is a copy of the Seen and Heard annual Diversity and Equality report which is submitted for information and endorsement prior to publication on the GOSH intranet. Overall, the reports shows that solid progress has been made against the commitments set out in the People Strategy, but with clear areas where further action and focus is required.

Key data changes are set out below:

- BAME representation in the workforce has increased by 6% to 35% -including 3% in Nursing, between 1 and 3% in senior managers, (band 8a and above) and 2% as a result of insourcing the domestic services contract.
- Improvement in 9 of the WRES indicator scores and a decline in 4, which relate to formal disciplinary processes, access to training, progression, and the ratio of staff to BAME board members.
- Improvement in all 10 DWES indicator scores, with 2 new scores added for the first time this year.
- The Gender pay gap, which is largely driven by the makeup of our workforce, which is 75% female, improved marginally representing continuation of a downward trend over the last 4 years.
- The ratio of clinical to non- clinical staff reduced by 5%, as a direct result of insourcing of the domestic services staff

Areas requiring continued focus relate to: recruitment , progression and promotion, declaration rates against protected characteristics in particular sexuality and disability, and organisational culture

Our response to the D&I workforce issues originally identified in the People Strategy in 2019, are set out in our Seen and Heard Diversity and Inclusion Framework. The framework was published in November 2020 and is built around 4 key themes

1. Opening up external recruitment, promoting GOSH as a creative, diverse and inclusive employer of choice
2. Creating internal career paths and opportunities for progression and ensure fair and transparent access to jobs, education and training
3. Creating a more inclusive work culture for all to build understanding and connectivity
4. Creating channels and safe spaces which amplify the employee voice

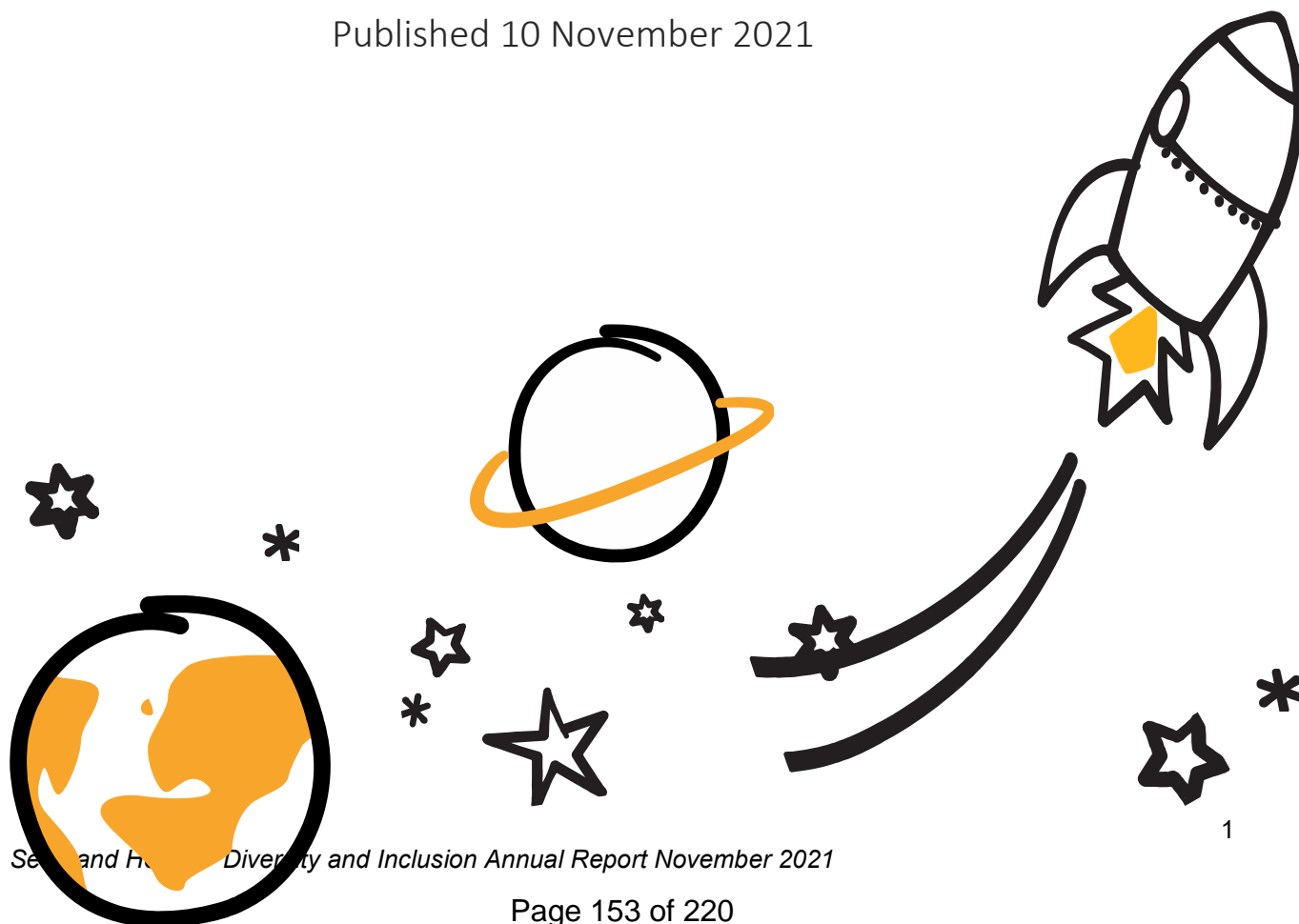
Good progress has been made against the work themes with delivery of a wide range of mutually reinforcing activities, which are set out in the report. The Seen and Heard high level delivery plan is set out at Appendix 3 and the Seen and Heard impact tracker, which sets out the metrics that will be used to demonstrate impact, is attached at Appendix 4.

<b>Action required from the meeting</b> To note and endorse the Report prior to publication	
<b>Contribution to the delivery of NHS Foundation Trust priorities</b> <input type="checkbox"/> <b>PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people</b>  <input type="checkbox"/> <b>Quality/ corporate/ financial governance</b>	<b>Contribution to compliance with the Well Led criteria</b> <input type="checkbox"/> <b>Leadership, capacity and capability</b> <input type="checkbox"/> <b>Vision and strategy</b> <input type="checkbox"/> <b>Culture of high quality sustainable care</b> <input type="checkbox"/> <b>Responsibilities, roles and accountability</b> <input type="checkbox"/> <b>Accurate data/ information</b> <input type="checkbox"/> <b>Engagement of public, staff, external partners</b>
<b>Strategic risk implications</b> Risk 14: Culture	
<b>Financial implications</b>  <b>Not applicable</b>	
<b>Implications for legal/ regulatory compliance</b> The report meets our legal requirement to publish specific equality data sets	
<b>Consultation carried out with individuals/ groups/ committees</b> D&I steering group, HR&OD management team, Executive Management Team	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Carol Dale and Alaettin Carikci	
<b>Who is accountable for the implementation of the proposal / project?</b> Director of HR&OD	
<b>Which management committee will have oversight of the matters covered in this report?</b> Executive Management Team	

# Seen and Heard

## Diversity and Inclusion Annual Report

Published 10 November 2021



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# I. INTRODUCTION

The purpose of this report is to provide a detailed overview of the equality data relating to staff of Great Ormond Street Hospital (GOSH). The report will show key findings, and our progress from last year, highlight levels of improvement as well as areas requiring further attention and go on to highlight next steps.

Promoting and supporting diversity in the workplace is an essential aspect of good people management. We are mindful that we can only provide the highest quality healthcare to children and their families if we represent the diverse communities that we serve, treat our members of staff with respect and give them a powerful reason to stay and grow within the Trust. We are committed to ensuring the best possible experiences and outcomes for patients, service users and the public.

We collect data and review it regularly to ensure that we are not inadvertently behaving in a way that disadvantages members of staff or patients with protected characteristics. Through delivering our commitment to a diverse workforce and an inclusive approach to the service that we provide, we believe that GOSH will develop its capacity and capability to lead by example and be an employer of choice for everyone regardless of their background.

## The NHS People Strategy

The People plan for 2020/21 '*We are the NHS – action for us all*' was published in August 2020.

The Plan sets out what the people of the NHS can expect – from their leaders and from each other – for the rest of 2020 and into 2021.

The Plan sets out practical actions that employers and systems should take, as well as the actions that NHS England and NHS Improvement and Health Education England will take over the remainder of 2020/21. It focuses on:

- **Looking after our people** particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically
- **Belonging in the NHS** highlighting the support and action needed to create an organisational culture where everyone feels they belong
- **New ways of working and delivering care** emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care
- **Growing for the future** particularly by building on the renewed interest in NHS careers to expand and develop our workforce, as well as retaining colleagues for longer.

## Above and Beyond Strategy

The first priority of the Trust's five year strategy 'Above and Beyond' commits to **making GOSH a great place to work by investing in the wellbeing and development of our people**. It states that as a GOSH community, we must value and respect each other, work together as one team, and put in place the support, education and development opportunities to help us be at our best, every day.

## The GOSH People Strategy

In November 2019 we launched our new [People Strategy](#), with a three-year plan to create an inclusive organisation where all our people are valued for who they are, as well as what they do. Launched in October 2020 our new [Diversity and Inclusion Framework](#) (D&I) and [Health and Wellbeing Framework](#) (H&WB) provide the foundations to reinforce the commitments set out in our People Strategy, creating the environment and a work programme to ensure they are delivered and, in doing so, help us meet the expectations set out in the NHS People Plan.



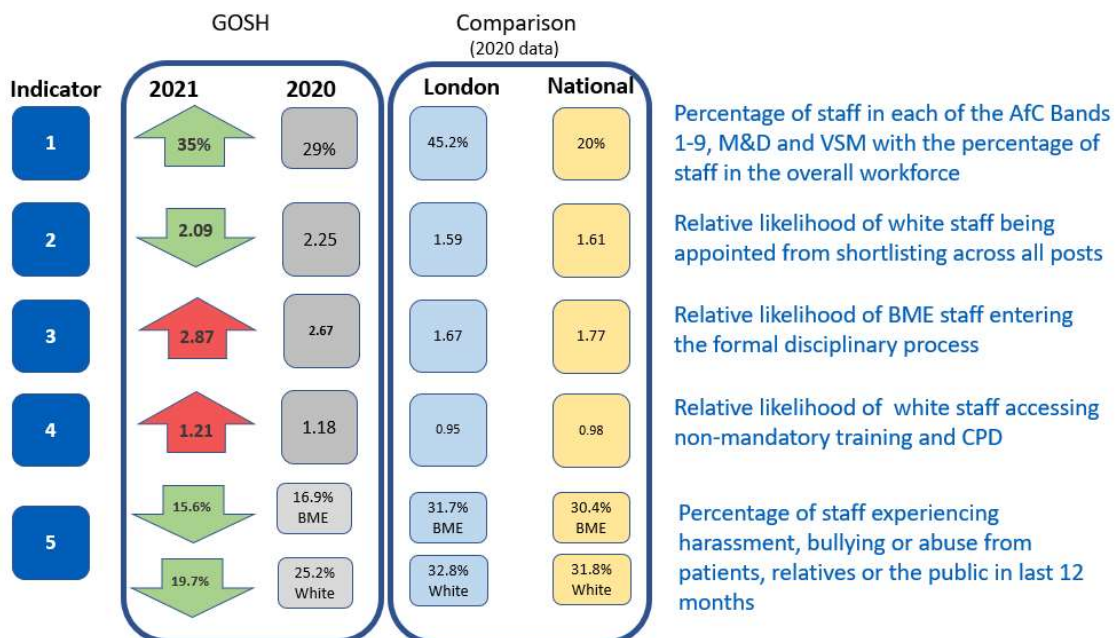
## De-Bias Recruitment and Selection Toolkit

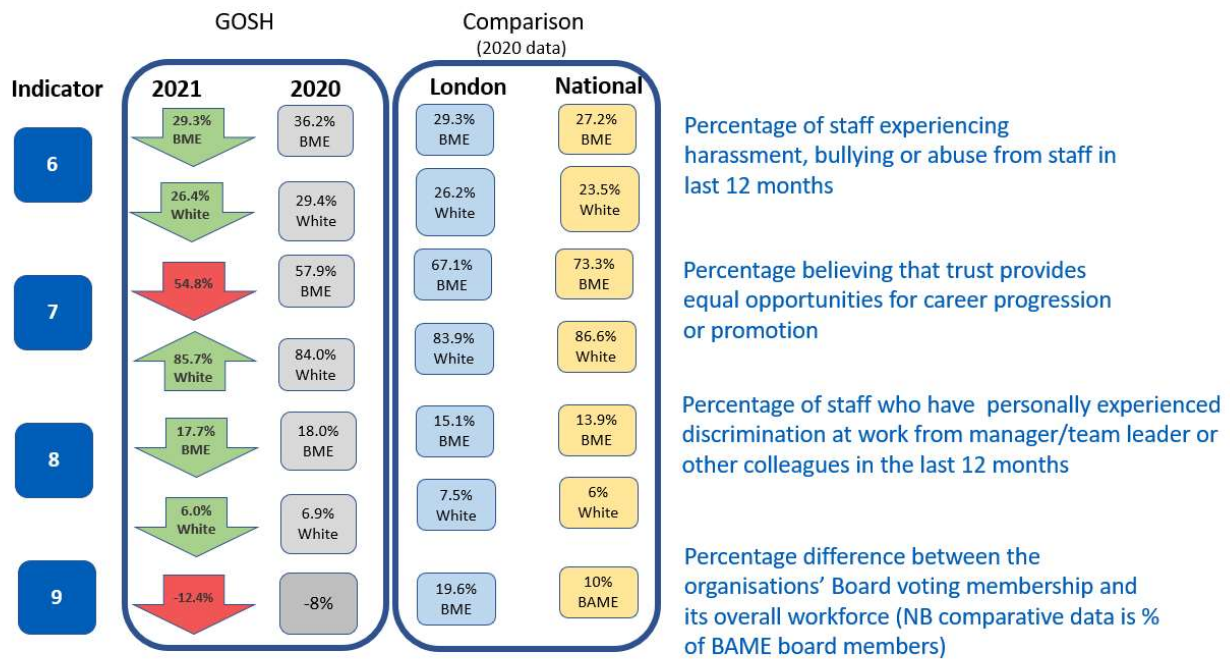
De-bias of recruitment, secondments and professional development opportunities is one of the key priorities identified in the 10 year [London Workforce Race Strategy](#) published in October 2020. In August 2021 the toolkit has been launched to provide a structure for how bias can be eliminated at each stage of the recruitment and selection process. It is the first step in closing the gap in relative likelihood to be appointed after shortlisting between BAME staff compared to their white counterparts – in 2020 the gap stood at 1.6, this means white staff are nearly twice as likely to be appointed after shortlisting than their BAME colleagues an unacceptable gap in a city where 45% of the workforce is from a BAME background and a difference in experience that has been proven to have a negative impact on how our staff feel about working in the NHS. The purpose of this toolkit is to ensure all those involved in recruitment and selection of NHS staff in London are aware of how bias exists within recruitment and selection processes and what actions they can take to ensure the process is equitable and bias is eliminated at each and every stage from Job Design to Onboarding.

At GOSH our Director of HR and OD Caroline Anderson is North Central London STP Executive Lead to implement the toolkit in NCL and ensure that recruiting people with the right values and skills to work on the many different roles we have in the NHS in London is a key foundation so that our organisations are fairer places to work. We need to guard against recruiting people who “fit” our teams and organisations and instead consider what each candidate is bringing in terms of their expertise that will contribute to an inclusive culture.

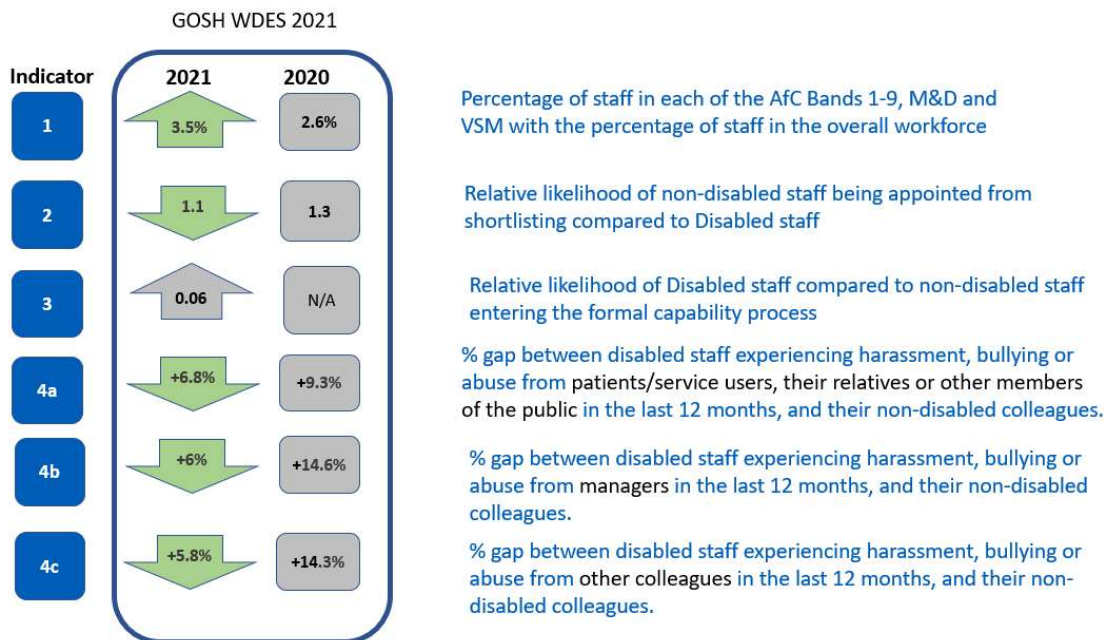
## WRES and WDES Data Comparison

The following chart shows that we are comparing our WRES data with national and regional London data. The colour green refers to positive and red indicates negative change.

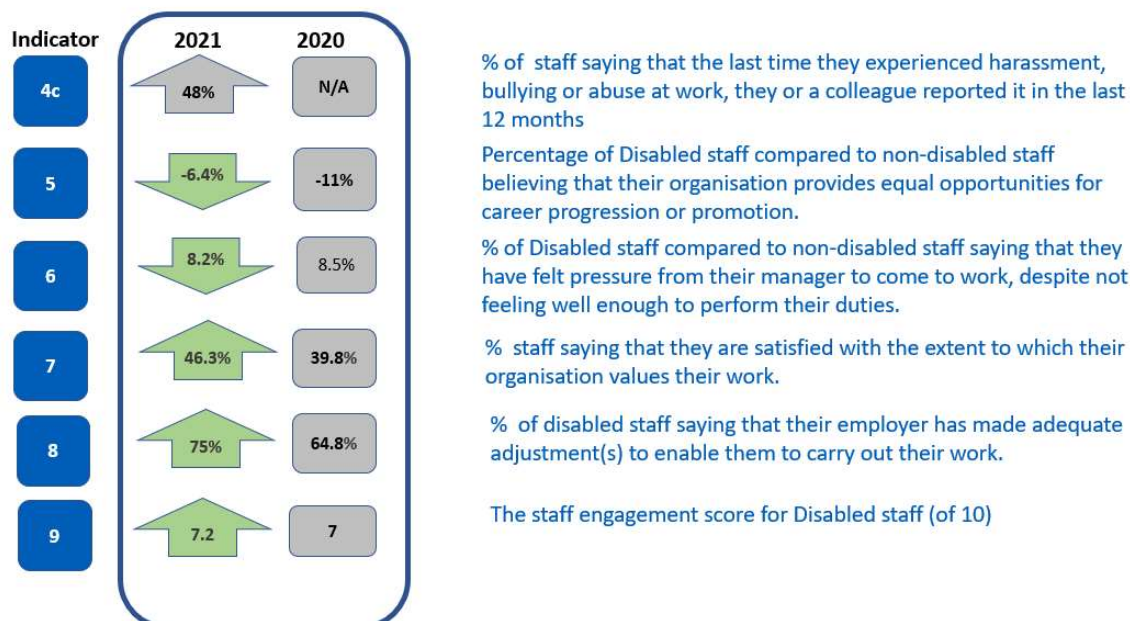




The following chart shows GOSH WDES data for this and last year. The colour green refers to positive and red indicates negative change. Alongside the 9 indicators shown, a final question (Indicator 10) asks the Trust to outline activity to amplify disabled voices in the organisation.



GOSH WDES 2021



### National Workforce Disability Equality Standard (WDES) 2020 Annual report

The National WDES team is now in the process of analysing the 2021 WDES data collection and drafting the WDES 2021 annual report which they aim to publish this winter. The second WDES National Annual report has been published by NHS England which gives us the opportunity to compare year on year results and the key findings were:

- 3.5% of staff have declared a disability on the NHS Electronic Staff Record (ESR). This is up from 3.1% in 2019.
- Non-disabled job applicants were 1.2 times more likely to be appointed from shortlisting.
- Disabled staff were 1.54 times more likely to enter the formal performance management capability process.
- 26.3% of Disabled staff reported harassment, bullying or abuse, compared to 18.5% of nondisabled staff.
- 78.2% of Disabled staff believe they have equal opportunities for career progression. This has improved from 77.6% last year.
- 30.6% of Disabled staff stated they had experienced presenteeism. This compares to 21.2% of non-disabled staff. This has improved from 32.1% last year.
- 39.1% of Disabled staff said they felt valued, compared to 50.4% of nondisabled staff. This has improved from 37.3% last year.
- 26.2% of Disabled staff felt that their employer had not made adequate adjustments.
- Disabled staff reported an NHS Staff Survey engagement score of 6.64 compared to 7.13 for non-disabled staff.
- 92.8% of trusts reported they had taken steps to facilitate the voices of Disabled staff. This is up from 85% in 2019.
- 3% of board members have declared a disability. This is up from 2% in 2019. Two-thirds of trusts do not have any board members who have declared a disability

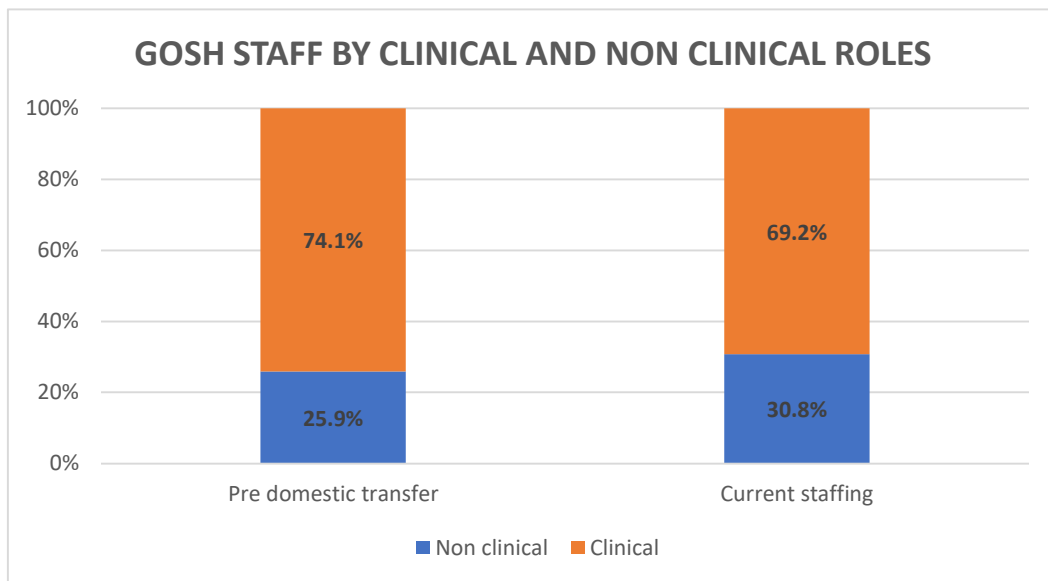
## Appointment of GOSH NED Diversity and Inclusion Guardian

We have gained real momentum in terms of our diversity and inclusion agenda at GOSH. We are delighted to have a dedicated Non-Executive Director (NED) Diversity and Inclusion Guardian, Amanda Ellingworth, who will champion the creation of a culture with diversity and inclusion at its heart for the benefit of all GOSH stakeholders. The Guardian will act as a 'critical friend' to question the impact of decision on issues of D&I, ensure the Board holds themselves and senior leaders to account for the way employees in all their diversity are managed and empowered and seek data to show that Seen and Heard Framework is working and impactful and prompt improvements if needed.

Amanda has been accepted to London WRES Advisors Programme Non-Executive Directors (NEDs) Development Cohort I which was developed by London EDI team with the aim of maintaining the essence of the established WRES Experts Programme. The programme has been designed to enable NEDs gain a greater understanding of race equality and hold their Trusts to account, so they succeed in their ambition to improve workforce race equality.

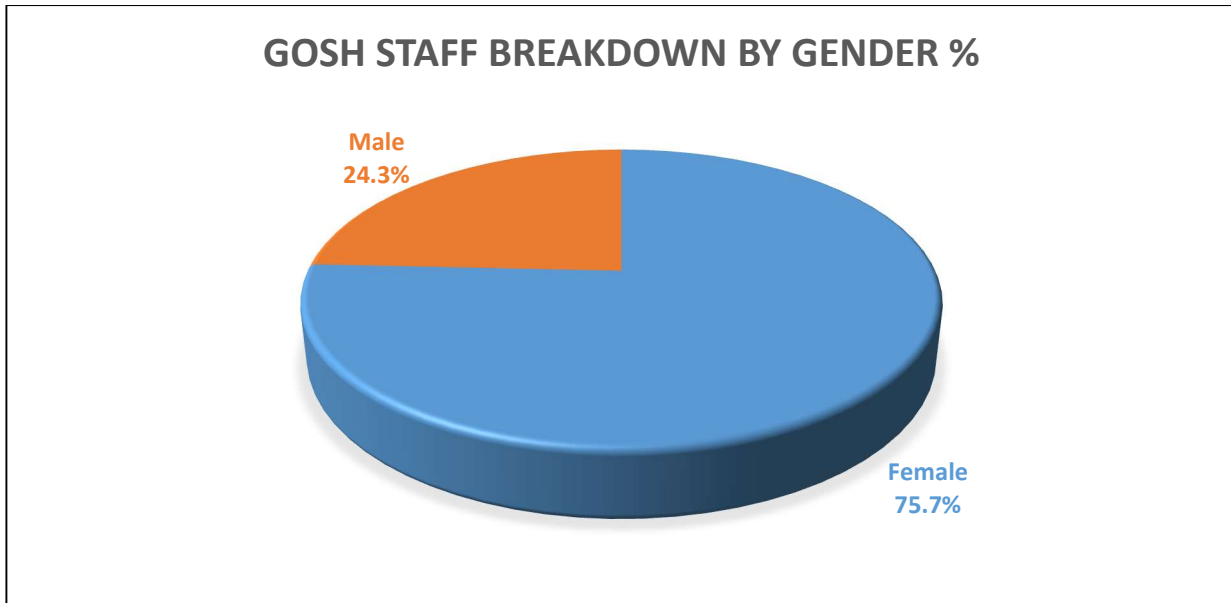
Our Director of HR and OD Caroline Anderson has also taken up the Chair role of North Central London BAME network to lead on this strategic piece of work regarding race equality and influence the wider healthcare system based in NCL.

## II. OUR PEOPLE: WORKFORCE DEMOGRAPHICS AND PAY INFORMATION BY PROTECTED CHARACTERISTICS



The data suggests that 25.9% of our workforce had non-clinical roles whereas 74.1% had clinical roles. We can see that the transfer of domestic services has increased our non-clinical workforce by just under 5%

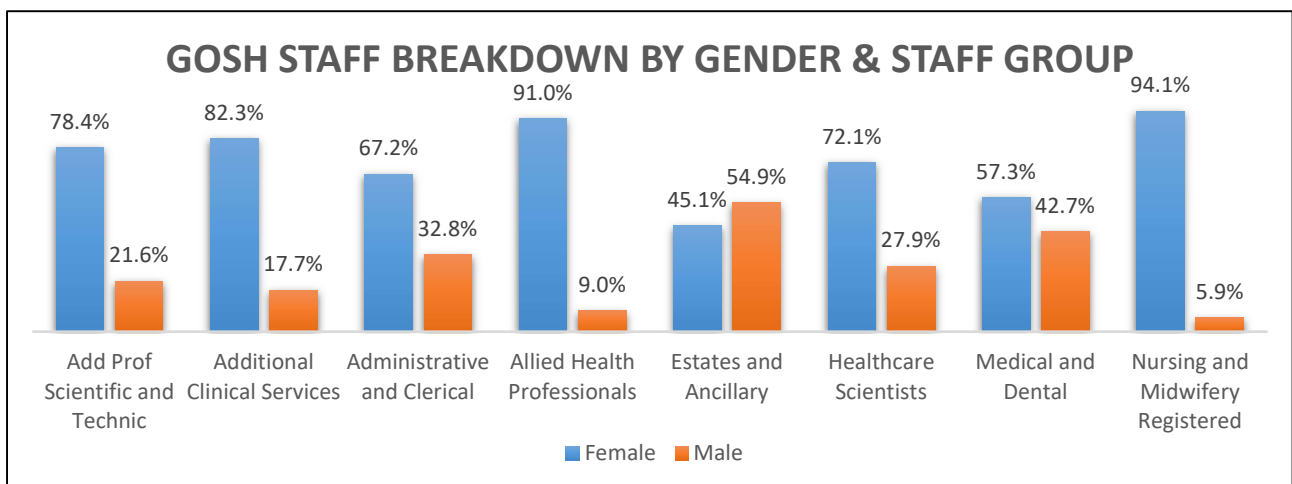
## 1: Gender: Total workforce



The current proportion of male to female staff is 24.3% to 75.7% at GOSH. This matches the NHS gender split. For Medical staff it is 55% male. (Source Gender in the NHS infographic 2019). Over the last six months we have shown a small increase on the 23% reported in July.

The promotion of NHS careers without any gender bias is aimed at attracting both female and male candidates however societal drivers regarding gender-related career choices still strongly influence the above picture for certain professions such as nursing and AHP's.

## 1:1 Gender by staff group



We can see that nursing and AHP groups are predominantly female with only estates and ancillary staff having more male than female ratio.



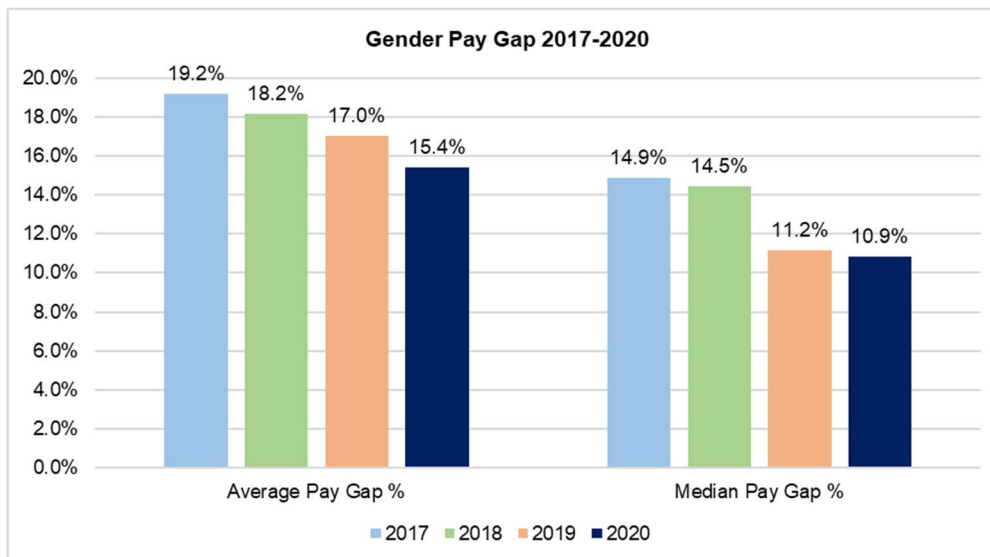
## 1:2 Gender by pay band

Gender by Pay Band %		
Pay Band	Female	Male
Domestic staff	50%	50%
Band 2	63%	37%
Band 3	76%	24%
Band 4	76%	24%
Band 5	87%	13%
Band 6	85%	15%
Band 7	84%	16%
Band 8A	77%	23%
Band 8B	72%	28%
Band 8C	68%	32%
Band 8D	77%	23%
Band 9	80%	20%
VSM & Ad hoc	49%	51%
M&D Career Grade	75%	25%
M&D Consultant	50%	50%
M&D Junior Doctor	63%	37%
<b>Grand Total</b>	<b>75.7%</b>	<b>24.3%</b>





## 1:3 Gender Pay Gap

Public sector employers report and publish their gender pay gap information by 30 March of each year. We will be submitting our data again by March 2022 therefore this part of the report remains the same. The gender pay gap is the difference between the average (mean or median) earnings of men and women across a workforce. Organisations with a headcount of 250 or more on their 'snapshot date' must comply with regulations on gender pay gap reporting. Gender pay gap calculations are based on employer payroll data drawn from a specific date each year. This specific date is called the 'snapshot date'. The Trust has published its gender pay gap report to understand the size and causes of our pay gaps and identify any issues that need to be addressed. We believe that publishing and monitoring the gender pay gap will help us understand how effective our actions are in reducing it.

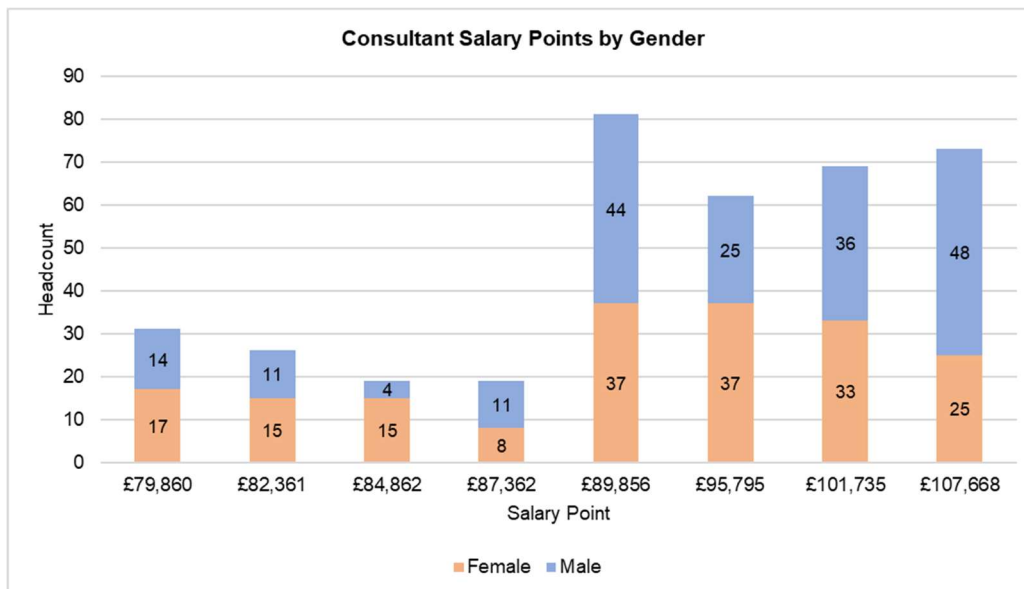
In common with many NHS Trusts GOSH has a gender pay gap. In 2020 the average pay for a male employee was £4.06 per hour (15.4%) higher than the average female hourly rate. The median hourly rate gap was lower at £2.37 per hour (10.9%). Both % and £ value are slightly lower than the previous year, and represent a continuation of the trend of a decreasing gender pay gap.



When considering the data at a more granular level it is clear that there are two main drivers for the gap at GOSH. The first one is the difference our consultant workforce makes on pay levels across the organisation. Whilst we have a fairly equal number of men and women consultants (51% and 49% respectively), female consultants form part of a much larger population of women when looking at the gap at the organisational level (as the Trust is 77% female). Consequently, their effect on female average pay is less than male consultant pay is on male average pay:

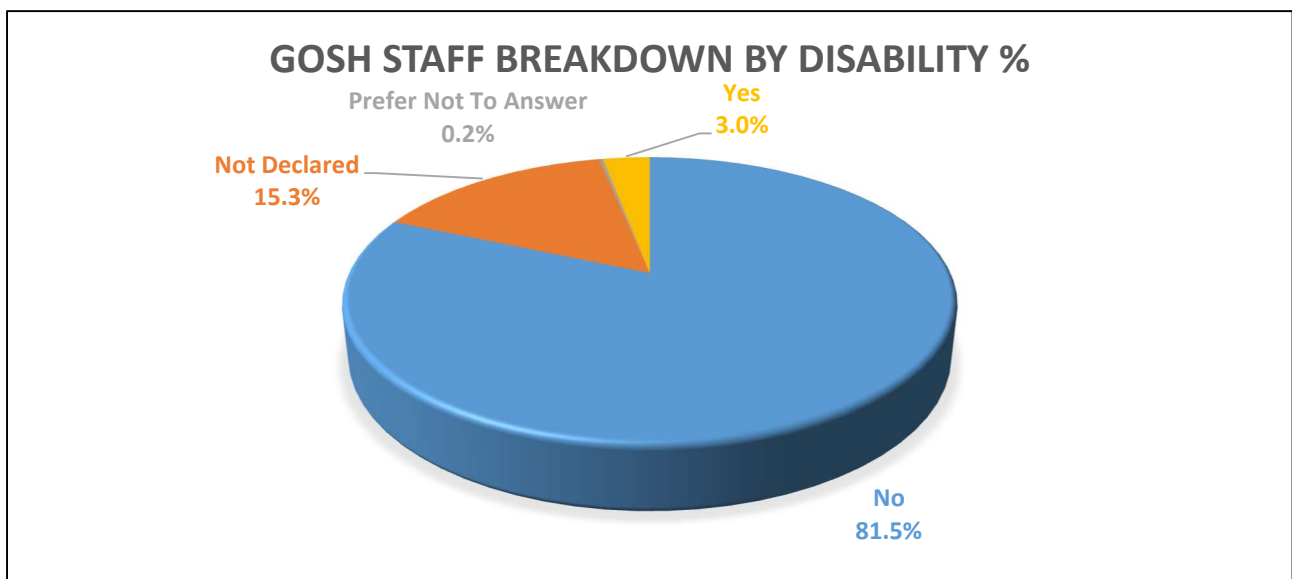
Gender pay gap (non-medical)		Gender pay gap (medical/dental)	
Mean	Median	Mean	Median
			
Women on a mean average earn 3p per hour more than men.	Women on a median average earn 14p per hour more than men.	Men on a mean average earn £2.93 per hour more than women.	Men on a median average earn £5.76 per hour more than women.
-0.14%	-0.75%	7.07%	13.45%

Within the consultant workforce the distribution of men and women along the consultant payscale broadly represents the traditional demographic of the medical workforce (i.e. predominately male). Over time, as the demographic shift within the trainee medical workforce filters through to the consultant workforce, and female consultants' progress up the payscale, the ratio of female consultants at higher points of scale will increase and contribute to a reduction in gender pay gap at GOSH.



The second driver for the gender pay gap at GOSH is related to the nursing workforce which is overwhelmingly female dominated. As it is the largest workforce within the Trust and the nurses are concentrated at lower pay bands compared to other clinical staff this situation reinforces the gender pay gap in the Trust.

## 2: Disability: Total workforce



The data shows that GOSH has a recorded workforce composition of 3% Disabled staff which remains the same as 6 months ago (3.07%) This number is based on reported information on the Trust's Electronic Staff Record (ESR) HR system. When reviewed against the NHS Staff Survey declaration this number is low as 12% of respondents to 2019 Survey question disclosed they had any physical or mental health conditions, disabilities or illnesses. Similarly, 2019 WDES National NHS report says that 3.6% non-clinical and 2.9% of clinical workforce identify as disabled.

The Seen and Heard Diversity and Inclusion Framework has a measure of success an improvement to the declaration rates of disabled staff to address the reported gap between HR data and the Staff Survey data. By improving the quality of the datasets, the validity of the WDES submission will be enhanced, and actions arising to improve the experience of disabled staff will be more based in the experience of those staff.



In 2017 we received Disability Confident Committed accreditation which was achieved by making organisational commitment that ensure that our recruitment process is inclusive and accessible, vacancies are communicated, disabled people are offered an interview, reasonable adjustment is provided as required and existing disabled colleagues are supported in their career. Work to achieve Level 2 status by becoming a Disability Confident Employer will commence later this year in collaboration with the Disability and Long Term Health Conditions Forum as part of our action plan for the Workforce Disability Equality Standard (WDES) data collection and reporting. We will also kick off a campaign to raise awareness on invisible disabilities to encourage colleagues to disclose their disability status on ESR.

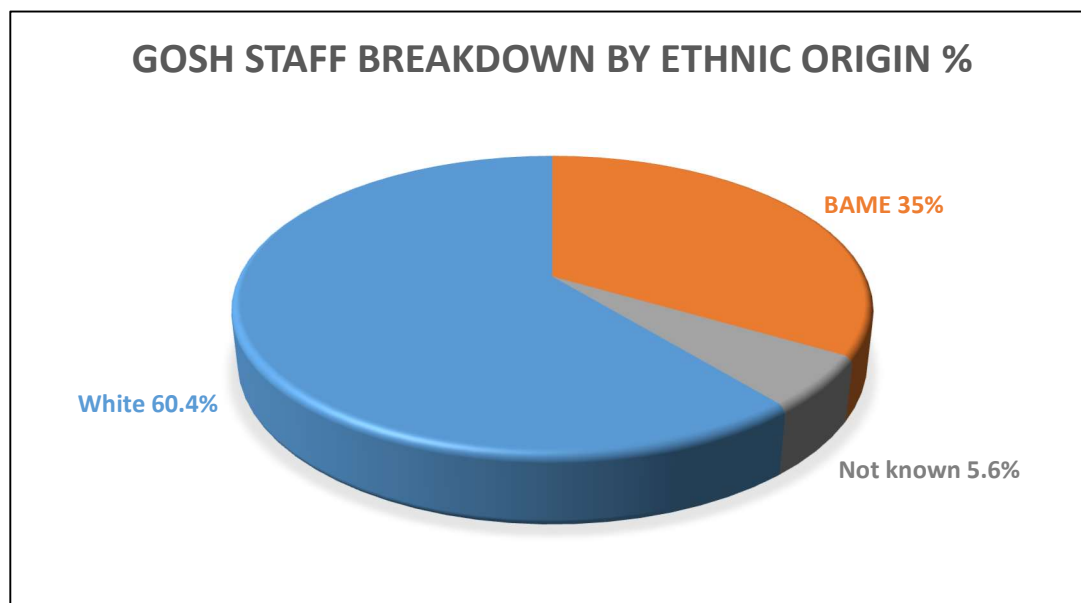
## 2.1 Disability by staff group

Staff Group	Yes	No	Not declared	Prefer not to answer
Add Prof Scientific and Technic	2.0%	79.3%	18.8%	0.0%
Additional Clinical Services	5.1%	82.6%	12.2%	0.0%
Administrative and Clerical	3.2%	83.0%	13.8%	0.0%
Allied Health Professionals	2.4%	78.6%	17.9%	1.0%
Estates and Ancillary	2.1%	82.1%	15.0%	0.8%
Healthcare Scientists	0.3%	78.9%	20.5%	0.3%
Medical and Dental	0.9%	80.7%	18.2%	0.3%
Nursing and Midwifery Registered	4.1%	81.9%	13.8%	0.2%
<b>Grand Total</b>	<b>3.0%</b>	<b>81.5%</b>	<b>15.3%</b>	<b>0.2%</b>

## 2.2 Disability by pay band

Pay Band	Yes	No	Not declared	Prefer not to answer
Band 2	4.4%	77.8%	17.2%	0.5%
Band 3	3.7%	86.2%	10.1%	0.0%
Band 4	2.4%	80.8%	16.8%	0.0%
Band 5	5.0%	87.0%	8.0%	0.1%
Band 6	3.7%	82.6%	13.3%	0.4%
Band 7	2.6%	78.3%	19.0%	0.1%
Band 8a	2.3%	74.9%	22.6%	0.3%
Band 8b	1.4%	71.7%	26.8%	0.0%
Band 8c	2.9%	75.0%	22.1%	0.0%
Band 8d	0.0%	60.9%	39.1%	0.0%
Band 9	20.0%	60.0%	20.0%	0.0%
M&D Career Grade	0.0%	69.2%	30.8%	0.0%
M&D Consultant	0.5%	69.8%	29.4%	0.3%
M&D Junior Doctor	1.3%	92.0%	6.4%	0.3%
VSM & Ad Hoc	0.0%	71.0%	29.0%	0.0%
DSG - Ad Hoc	1.3%	84.7%	13.0%	1.0%
<b>Grand Total</b>	<b>3.0%</b>	<b>81.5%</b>	<b>15.3%</b>	<b>0.2%</b>

### 3: Ethnicity: Total workforce



Our BAME staff representation is 35% which is an increase from 31% in 2020 and we have 5% of staff for whom ethnicity data is recorded as null/unknown. Across the NHS nationally, 20% of the workforce with 76% white (Ethnicity in the NHS infographic 2019). However, the BAME workforce in London is higher at 45% (London Workforce Race Equality Strategy 2020). At the moment our BAME staff representation is lower than the London average.

#### 3.1. Ethnicity by staff group

Staff Group	BAME	12 month change	White	Not known
Add Prof Scientific and Technic	33.0%	-1%	57.3%	9.7%
Additional Clinical Services	43.4%	+1%	49.5%	7.1%
Administrative and Clerical	43%	+2%	50.8%	6.1%
Allied Health Professionals	14.6%	+2%	82.0%	3.4%
Estates and Ancillary	67.5%	+21%*	24.6%	7.9%
Healthcare Scientists	40.2%	0%	55.6%	4.2%
Medical and Dental	36.1%	+3%	58.4%	5.5%
Nursing and Midwifery Registered	20.1%	+3%	78.0%	4.6%
<b>Grand Total</b>	<b>35%</b>	<b>+4%</b>	<b>60.4%</b>	<b>5.6%</b>

\* Includes domestic staff insourced August 2021

The trends noted in last year's report have continued in that BAME staff continue to be very significantly disproportionately underrepresented in Registered Nursing and Allied Health Professionals, however we can see improvements on the previous report. The Trust continues its close working relationship with London Southbank University which is responsible for providing paediatric nursing students to the wards, in order to ensure that diversity is maximised at professional entry level.

BAME colleagues in nursing roles has increased to 20.1% following the work by the Nursing Workforce Team to adjust our advertising, processes and by focussing our recruitment on London and South East. We are starting to see the impact of this work and similar impact with Allied Health Professionals.

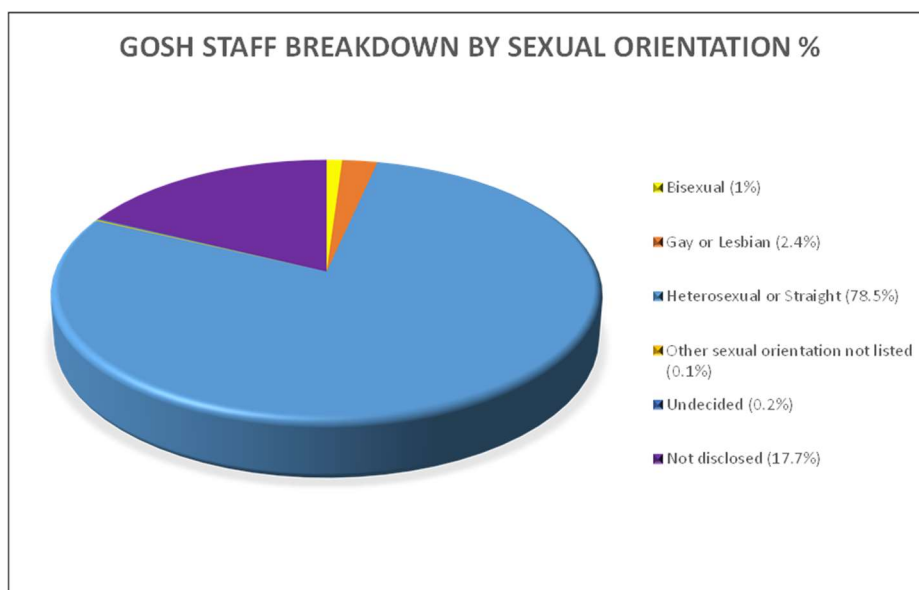
### 3:2 Ethnicity by pay band

The data shows that the highest percentage of BAME staff members are within pay bands 2-3, whilst there remains an underrepresentation of BAME colleagues in pay bands 8A-9 and VSM level. New starter data for the Trust shows 28.4% of new starters at Band 8a at the Trust are BAME which is an increase on the 5 year average of 20.6%

Pay band	BAME	12 month change	White	Not known
Domestic staff	78%	N/A	16%	6%
Band 2	51%	-	41%	9%
Band 3	52%	-	42%	7%
Band 4	46%	+1%	46%	8%
Band 5	33%	+6%	61%	5%
Band 6	27%	-	68%	5%
Band 7	21%	+1%	77%	3%
Band 8A	21%	+3%	76%	2%
Band 8B	15%	-1%	81%	4%
Band 8C	11%	+2%	85%	4%
Band 8D	9%	+1%	86%	5%
Band 9	0%	-	100%	0%
VSM & Ad hoc	16%	-1%	84%	0%
M&D Career Grade	50%	-	50%	0%
M&D Consultant	29%	+2%	68%	4%
<b>Grand Total</b>	<b>35%</b>	<b>+4%</b>	<b>60.4%</b>	<b>5.6%</b>

### 4: Sexual orientation: Total Workforce

As NHS organisations do not monitor trans/non-binary status and gender identity, the below chart captures the data of colleagues who identify as bisexual, gay and lesbian. Currently the LGBT staff representation is 3.5% and we have 17% of staff for whom sexual orientation data is recorded as null/unknown



## 4:1 Sexual orientation by staff group

Staff Group	Bisexual	Gay or Lesbian	Heterosexual or Straight	Other sexual orientation not listed	Undecided	Not disclosed
Add Prof Scientific and Technic	1.9%	1.6%	76.3%	0.0%	0.0%	20.2%
Additional Clinical Services	2.4%	2.0%	81.0%	0.0%	0.8%	13.7%
Administrative and Clerical	0.8%	2.5%	80.2%	0.3%	0.2%	16.1%
Allied Health Professionals	0.0%	3.9%	79.8%	0.0%	0.2%	16.2%
Estates and Ancillary	0.9%	1.1%	70.5%	0.0%	0.0%	27.3%
Healthcare Scientists	0.4%	4.4%	69.8%	0.0%	0.0%	25.4%
Medical and Dental	0.7%	2.5%	78.3%	0.0%	0.1%	18.3%
Nursing and Midwifery Registered	1.1%	2.4%	80.9%	0.3%	0.1%	15.3%
<b>Grand Total</b>	<b>1.0%</b>	<b>2.4%</b>	<b>78.5%</b>	<b>0.1%</b>	<b>0.2%</b>	<b>17.7%</b>

## 4:2 Sexual orientation by pay band

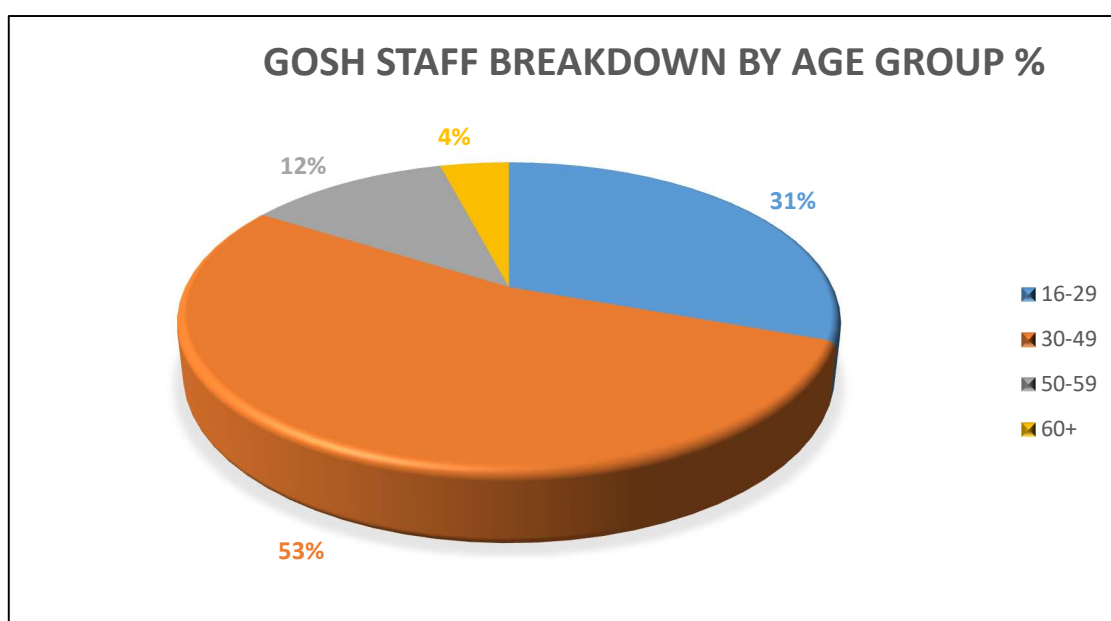
Pay Band	Bisexual	Gay or Lesbian	Heterosexual or Straight	Other sexual orientation not listed	Undecided	Not disclosed
Band 2	2.3%	3.2%	73.5%	0.0%	0.6%	20.4%
Band 3	0.9%	1.9%	83.2%	0.0%	0.4%	13.7%
Band 4	1.5%	1.7%	79.1%	0.0%	0.3%	17.5%
Band 5	1.3%	1.6%	85.5%	0.3%	0.3%	11.0%
Band 6	1.0%	2.5%	79.0%	0.1%	0.0%	17.3%
Band 7	0.9%	3.2%	75.8%	0.3%	0.2%	19.6%
Band 8a	0.7%	4.4%	72.1%	0.3%	0.0%	22.5%
Band 8b	0.0%	3.7%	71.0%	0.0%	0.0%	25.3%
Band 8c	0.0%	3.7%	70.8%	0.0%	0.0%	25.4%
Band 8d	0.0%	7.6%	57.6%	0.0%	0.0%	34.7%
Band 9	0.0%	0.0%	90.8%	0.0%	0.0%	9.2%
M&D Career Grade	0.0%	0.0%	74.2%	0.0%	0.0%	25.8%
M&D Consultant	0.0%	2.2%	67.2%	0.0%	0.0%	30.6%
M&D Junior Doctor	1.3%	2.9%	86.5%	0.0%	0.3%	9.1%

VSM & Ad Hoc	0.0%	3.1%	70.4%	0.0%	0.0%	26.6%
DSG - Ad Hoc	1.3%	0.7%	69.7%	0.0%	0.0%	28.0%
<b>Grand Total</b>	<b>1.0%</b>	<b>2.4%</b>	<b>78.5%</b>	<b>0.1%</b>	<b>0.2%</b>	<b>17.7%</b>

## 5: Age: Total Workforce

The data shows that the Trust continues to employ relatively young staff, with the majority of staff falling into 30-49 age bracket.

We are keen to support the retention of older workers and provides advice and policies to support this. However, we do know from exit surveys and leaving reasons data on ESR, that as staff become older and some decide to raise a family, they may move away from London and choose to work with locally based hospitals. The Trust offers a range of initiatives to try and retain such staff including a comprehensive flexible working policy, a staff hotel to support staff travelling long distances to work and on-site subsidised staff nursery, holiday play schemes and salary sacrifice childcare vouchers.



### 5:1 Age by staff group

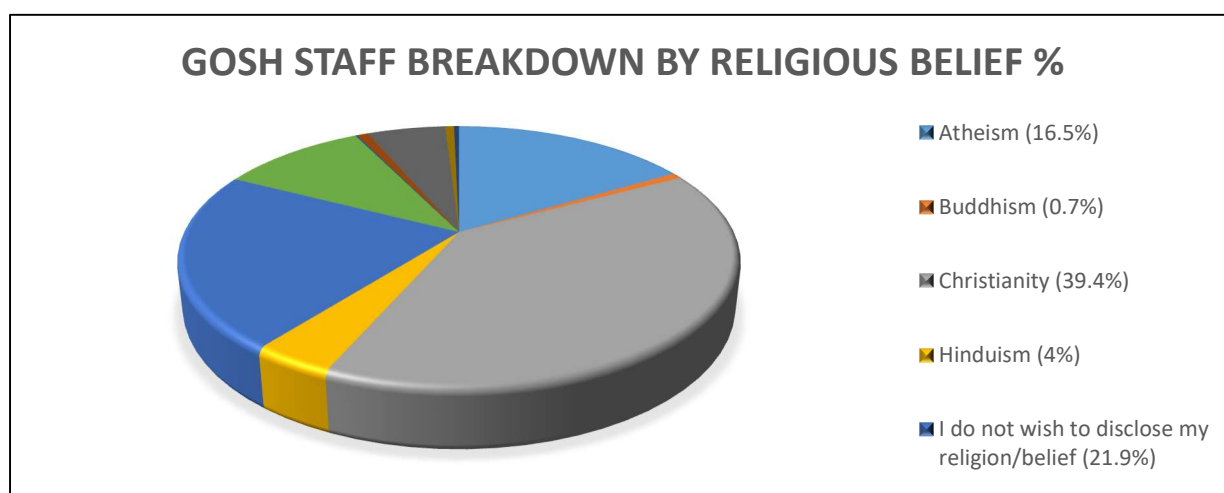
Staff Group	16-29	30-49	50-59	60+
Add Prof Scientific and Technic	27.3%	59.0%	10.6%	3.1%
Additional Clinical Services	45.5%	42.8%	9.6%	2.2%
Administrative and Clerical	27.1%	52.7%	14.4%	5.8%
Allied Health Professionals	27.3%	62.0%	8.5%	2.3%
Estates and Ancillary	6.3%	47.8%	32.8%	13.0%
Healthcare Scientists	20.8%	62.4%	13.0%	3.8%
Medical and Dental	4.9%	79.5%	11.5%	4.1%
Nursing and Midwifery Registered	50.6%	43.2%	5.0%	1.2%
<b>Grand Total</b>	<b>30.5%</b>	<b>53.5%</b>	<b>11.9%</b>	<b>4.1%</b>

## 5:2 Age by pay band

Pay Band	16-29	30-49	50-59	60+
Band 2	34.1%	37.0%	22.0%	6.9%
Band 3	42.2%	41.4%	12.0%	4.4%
Band 4	40.4%	42.0%	12.8%	4.8%
Band 5	64.6%	28.8%	4.8%	1.7%
Band 6	38.0%	54.4%	5.8%	1.8%
Band 7	17.7%	71.4%	9.5%	1.4%
Band 8a	4.8%	74.9%	14.8%	5.4%
Band 8b	1.9%	68.0%	23.1%	7.0%
Band 8c	0.0%	63.5%	28.3%	8.2%
Band 8d	0.0%	55.6%	33.8%	10.6%
Band 9	0.0%	22.3%	77.7%	0.0%
M&D Career Grade	0.0%	83.9%	4.0%	12.1%
M&D Consultant	0.0%	64.8%	26.0%	9.2%
M&D Junior Doctor	8.5%	90.2%	1.1%	0.2%
VSM & Ad Hoc	0.0%	33.2%	42.9%	23.9%
DSG - Ad Hoc	3.6%	48.1%	33.9%	14.4%
<b>Grand Total</b>	<b>30.5%</b>	<b>53.5%</b>	<b>11.9%</b>	<b>4.1%</b>

Highest % in age group by Pay band

## 6: Religion or belief: Total Workforce



The data shows that Christianity is the dominant religion at GOSH however we have 21.9% of staff that do not wish to disclose their religion or belief.

### III. OUR PROGRESS

Last year we launched “Seen and Heard: Our Diversity and Inclusion Framework 2020-2022” which sets out our ambitions and priorities at an organisation-wide level. It builds upon the work that is already in place and demonstrates our commitment to diversity and inclusion for our workforce, the way we deliver our service and best patient care and our influence with stakeholders. It sets out what our workforce can expect from the organisation, leaders and from each other to foster a culture of inclusion, belonging and work differently by embracing new ways of working in teams, across organisations and sectors, supported by technology. Promoting and supporting diversity in the workplace is an essential aspect of good people management. We recognise that we must give our colleagues a powerful reason to stay and grow within GOSH, and this comes from a sense of belonging. We will reap the benefits of a diverse workforce through creating an inclusive culture that embraces different perspectives and celebrates diversity.

We have worked to ensure that the strategy is aligned to our existing priorities and NHS values as well as the key objectives set out in the NHS People Plan and NHS Constitution. Seen and Heard: Our Diversity and Inclusion Framework 2020-2022 is a living document, which will be reviewed regularly, in collaboration with the staff networks and leadership teams to ensure that it remains current in response to new challenges in demand and services.

It has been developed from a range of sources which include involvement and engagement with colleagues, staff networks, quantitative information collected through the NHS Workforce Race Equality Standard (WRES), NHS Workforce Disability Equality Standard (WDES) and analysis of staff survey data; a review of policies and procedures to explore how diversity and inclusion values are considered across the organisation and a review of national drivers of best practice and benchmarking.

To identify gaps and challenges, monitor progress and hold the organisation to account for its delivery against key objectives and goals relating to diversity and inclusion we have established a Diversity and Inclusion Steering Group as a formal sub-committee reporting through appropriate governance to People Planet Programme Board. We believe that the Framework will help us continue our journey towards developing an inclusive culture and move beyond compliance with equalities legislation to make GOSH an employer of choice for everyone.

The Framework is structured around four key themes of:

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

Below you will find examples which illustrate how we have considered diversity and inclusion in our work within each section. We are committed to building on this existing good practice to celebrate success and identify gaps and challenges.

## Theme 1: Opening up external recruitment, promoting GOSH as a creative, diverse and inclusive employer of choice

WRES Indicator 9 - Percentage difference between the organisations Board Voting membership and its overall workforce									
	2019			2020			2021		
	White	Bame	Unknown	White	Bame	Unknown	White	Bame	Unknown
Voting Board Member % By Ethnicity	76.9%	23.1%	0.0%	71.4%	21.4%	7.1%	75.0%	18.8%	6.3%
Executive Board Member % By Ethnicity	71.4%	28.6%	0.0%	75.0%	25.0%	0.0%	75.0%	25.0%	0.0%
Overall workforce % By Ethnicity	65.7%	28.9%	5.4%	64.9%	29.4%	5.7%	63.5%	31.2%	5.3%

The Workforce Race Equality Standard (WRES) was introduced by NHS England and the NHS Equality and Diversity Council in 2015. The WRES was developed as a result of evidence that NHS staff from a Black, Asian and Minority Ethnic backgrounds (BAME) have a poorer experience at work and have less opportunities than their white colleagues. Implementation of the WRES is a requirement for both the NHS Trusts and provider organisations. The WRES is a key component in how organisations measure their work to deliver tangible and lasting interventions to race equality and inclusion, as well as supporting how, as a Trust, we deliver on our obligations under the Public Sector Equality Duty (PSED).

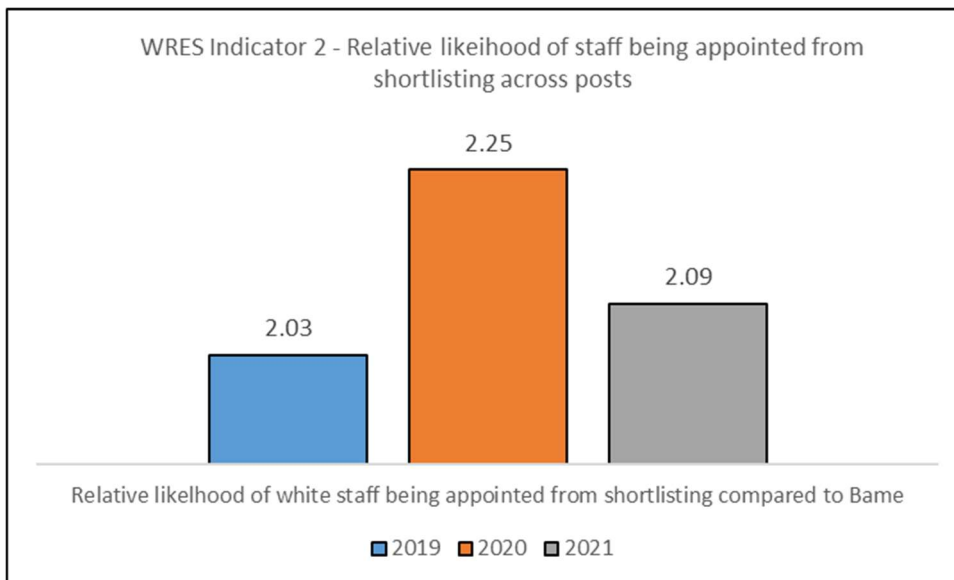
WRES Indicator 2 - Relative likelihood of staff being appointed from			
	2019	2020	2021
Relative likelihood of white staff being appointed from shortlisting compared to Bame	2.03	2.25	2.09

WRES indicator 9 captures the percentage difference between the organisation's Board voting membership and its overall workforce. The percentage of BAME voting Board Member shows some positive improvement as it has increased from 15.4% to 23.1% in 2019 however, we've seen a decreasing trend since 2020. The main driver behind this decline is the change of the workforce number given the number of Board members has remained unchanged.

The percentage of Executive Board Member has remained stable over the last six months. The main driver behind this decline is the change of the workforce number given the number of Board members has remained unchanged.

We have seen an improvement in the relative likelihood of staff being appointed from a BAME background since the last report in May 2021, but white staff are still more than twice as likely to be appointed from shortlisting.





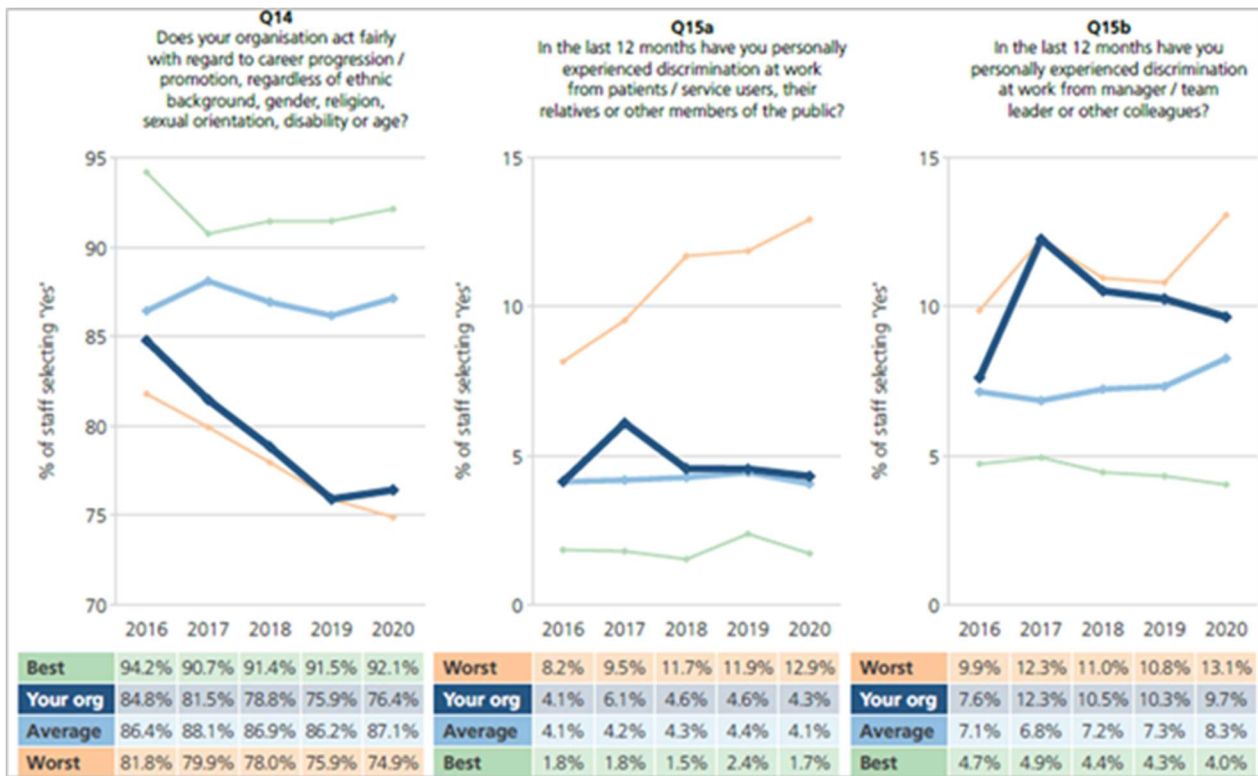
In 2018 the Workforce Disability Equality Standard (WDES) was launched to in the NHS to improve the experiences of disabled staff working in and seeking employment in the NHS. This work is a fundamental part of our diversity and inclusion work and understanding how it affects our staff is hugely important to us.

WDES Indicator 2			
	2019	2020	2021
Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	1.6	1.33	1.12

WDES indicator 2 shows that relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts is 1.12% which is an improvement on 2020. When reviewed against the National WDES Annual Report which states that non-disabled job applicants were 1.2 times more likely to be appointed from shortlisting we are doing slightly better when it comes to appointing shortlisted disabled applicants.

Staff Survey Equality, diversity & inclusion Theme		2018	2019	2020
	Trust Score	8.9	8.8	8.9
	National Average	9.3	9.2	9.2

The trust score of the NHS staff survey Equality, Diversity and Inclusion theme dropped to 8.8 in 2019 however increased to 8.9 in 2020 which suggest that diversity and inclusion initiatives may be beginning to show some positive impact. This data remains the same until we complete our current annual staff survey and get the results in early 2022.



The Trust continues its commitment to provide apprenticeship programmes and to promote GOSH as a diverse and inclusive workplace. Working alongside our local Council partners Camden and Islington, we have increased our recruitment from the local area and have higher statistics than the national average, for recruiting 16-24's year olds and employee's from BAME backgrounds onto Apprenticeships at GOSH. They have also shown to increase retention and are now moving onto Career pathways via Apprenticeships now that we have more programs available.

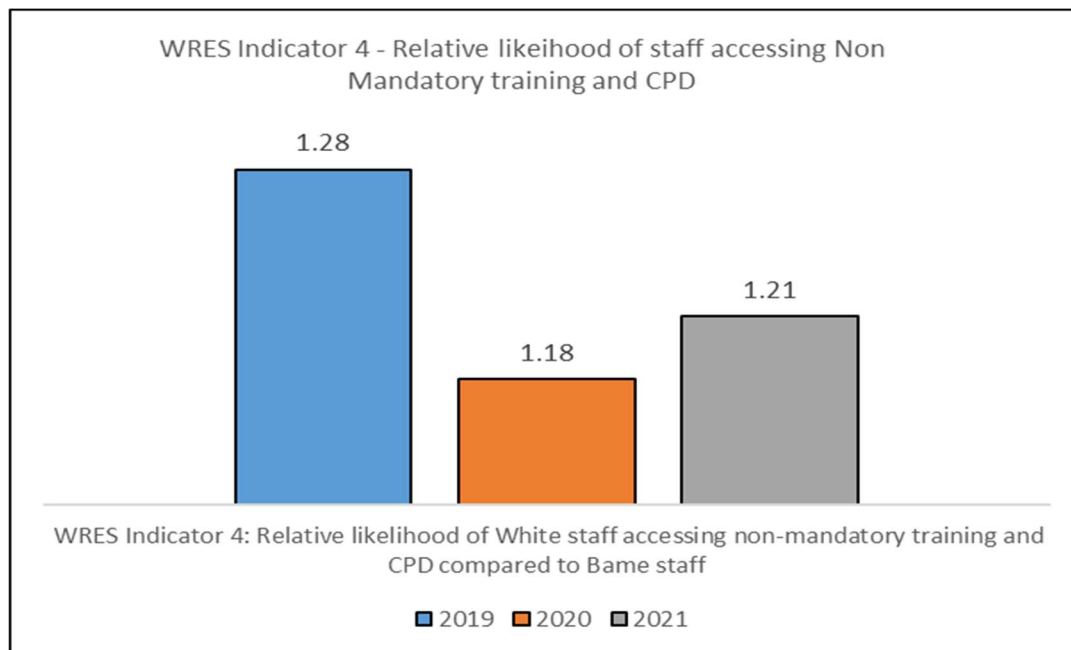
Following on the back of our 2020 success of being awarded the 'Large Employer award' at the BAME Apprenticeship awards, also our Apprentices Amber, Ricardo and Zahra winning awards we have been awarded the below.

- London Region- Large Employer award winner for Apprenticeships (This means we will be in the shortlist for the National awards in December out of 9 Regions)
- London Region – Highly commended in Apprenticeship recruitment

The work around debiasing the recruitment process has started following the appointment of the Head of HR Operations. It will require looking at the whole process from job design, JDs and adverts all the way through to selection, appointment and on boarding. It will touch all of our teams and functions not just recruitment but also Human Resources Business Partner's, Policy, Service Desk, Workforce Data, Learning and Development and Apprenticeships. Currently work is underway to set up a working group which has representatives from various part of the Trust including the staff networks.

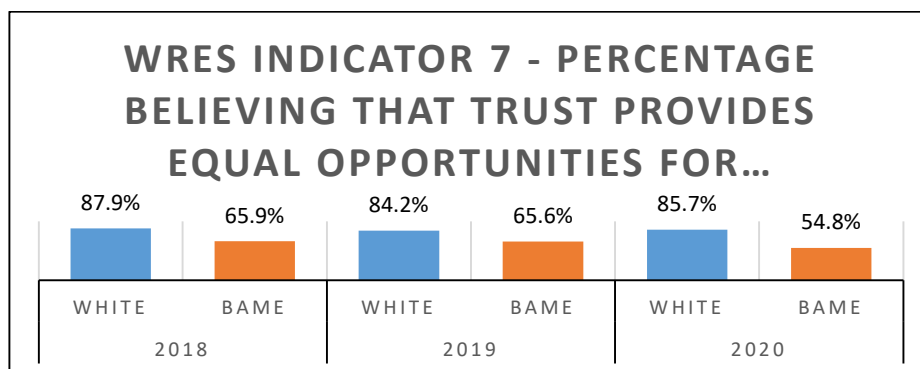
**Theme 2: Creating internal career paths and opportunities for progression and ensure fair and transparent access to jobs, education and training**

WRES indicator 4 shows that the relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff is 1.21% which is a slight increase on the relative likelihood of 1.18% recorded in 2020.



WRES Indicator 7 - Percentage believing that trust provides equal opportunities for career						
% staff believing that the trust provides equal opportunities for career progression or promotion	2018		2019		2020	
	White	Bame	White	Bame	White	Bame
	87.9%	65.9%	84.2%	65.6%	85.7%	54.8%

This data remains the same until we complete our current annual staff survey and get the results in early 2022.



54.8% of BAME staff believe that GOSH provides equal opportunities for carer progression as opposed to 85.7% of white staff. This shows a gap of nearly 30.9 percentage points between the experience of BAME staff and their white colleagues. This is a decline on the 65.6% reported in 2019 staff survey. This data remains the same until we complete our current annual staff survey and get the results in early 2022.

To upskill our line managers so they feel competent and confident in their ability to make sound people management decisions we adapted our plan for a two day Management Development Programme to deliver 8 bitesize modules lasting between 90 minutes to 2 hours covering different module/subject each month with two golden threads running through: health and wellbeing and diversity and inclusion.

Module 1 of TIME (The Inclusive Managers' Essentials) which is the title of Module 1 Cultural Intelligence and Diversity & Inclusion has been delivered to 62 line managers across the Trust. Polls taken at the end of the training has given an average score of 4.7 out 5 across four questions.

From Sept 2020 to Sept 2021 7 cohorts of Aspiring Leaders Programmes have been delivered to 51 colleagues. We provided Aspiring, Developing and Established Leaders programmes to our colleagues to develop collective and inclusive leadership at all levels and advocate sharing leadership responsibility and accountability across the organisation.

26 colleagues have attended the Developing Leaders Programme which is aimed at mid-senior level managers and project managers. First cohort of the Established Leaders Programme aimed at senior managers, strategy and policy influencers commenced in May 2021 with 9 senior leaders.

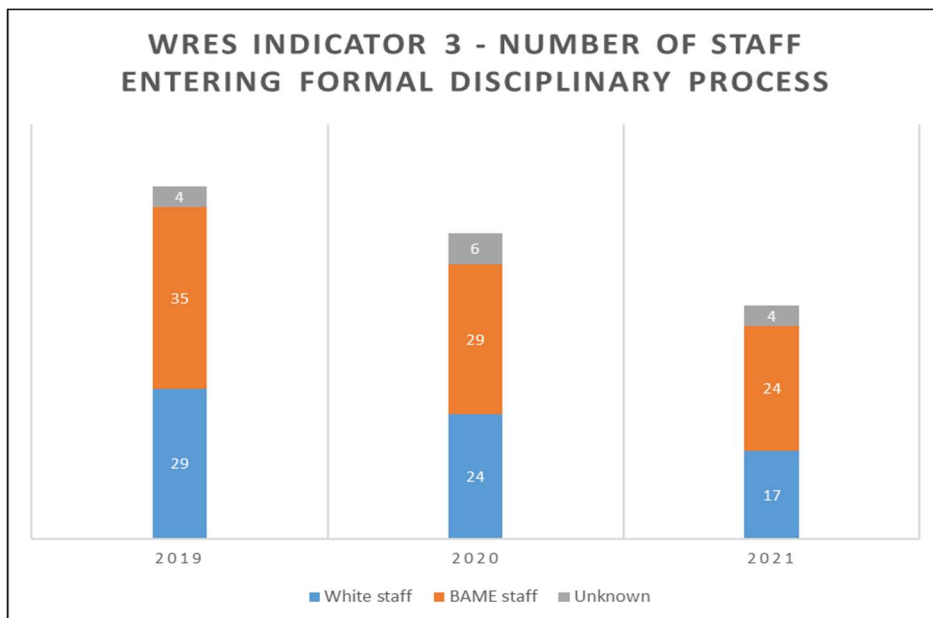
We launched GOSH mentoring scheme in March 2021, provided bespoke training to the participants. Currently we have 36 mentors ranging from Band 5 to VSM. The mentoring continues with good uptake supporting all staff including our BAME colleagues in their mentorship needs.

**Theme 3: Create a more inclusive work culture for all to build understanding and connectivity and support value-based people management practice**

The number of BAME staff entering the formal disciplinary process has dropped to 24 in 2021 and it has been on the decreasing trend since 2019. However, this corresponds to a reducing number of staff entering the disciplinary process overall and so the relative likelihood has increased to 2.87.

Recently we have introduced a Stop and Think, Triage System using a Disciplinary Decision Tree questionnaire for employee relations cases to work with the manager at the outset to agree whether formal action is required and allocate the right level of Managers Advisory support /resource. Introducing the Stop and Think will allow managers to take time to make reflections to ensure that any decision is not based on any implicit bias. We believe that this intervention is highly likely to help us reduce the percentage significantly in future.

WRES Indicator 3- Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal			
	2019	2020	2021
likelihood of staff entering the formal disciplinary process	2.03	2.67	2.87



- In July we took over our CEO’s VBB to launch a new staff engagement format called “Big Conversations” on allyship which will run from September 2021 to March 2022. It offers a chance for colleagues to discover more about how to be an ally in their day to day work, and is also a moment for staff to let us know what we could do Trust-wide to be a better ally.
- As part of the “Big Conversations” on allyship we invited colleagues to make short videos so they can share their pledges for different protected characteristics with all staff and raise awareness
- We kicked off “Big Conversations” on allyship with the keynote of global allyship expert Karen Catlin. 485 colleagues joined the session. Highest audience number over the last three months achieved since June 2021.
- To capture the feedback of our colleagues and develop our allyship toolkit we hosted three listening events and explored seven different forms of allyship. 40 colleagues attended the sessions.

- To carry on having “Big Conversations” on race equality and disability inclusion we had WRES & WDES staff engagement event. 50 colleagues attended the virtual event to influence our future actions as a Trust to create a more inclusive workplace. We ran four break-out sessions to understand what we need to do to further our commitment to race equality and disability inclusion at GOSH. The feedback of our colleagues has been reflected in the final version of our Diversity and Inclusion implementation plan.
- We developed infographics to discuss our 2021 WRES & WDES data with wider audience
- To celebrate South Asian Heritage Month, we produced a video featuring our Medical Director Dr. Sanjiv Sharma. Having looked at the analytics we have received highly satisfactory engagement. On Twitter, the post sharing the video had the highest level of engagement we’ve achieved over the past months (406 engagements, inc. 67 reactions and 2,505 video views). On LinkedIn, the post achieved the third highest engagement level in the past months (152 engagements, incl. 72 reactions and 1,128 video views). Internally via Headlines newsletter, the video had double the reach of an average Headlines item.
- 48 colleagues joined the Implicit Bias session delivered by Alaettin Carikci for our HR and OD team
- We organised a series of events to mark Black History Month and celebrate the outstanding contributions of the Black communities to the NHS, British society, and culture
- 110 colleagues attended the session organised by the BAME network to discuss White Privilege delivered by John Amaechi
- 50 colleagues joined the session delivered by Emma Dabiri as part of the “Big Conversations” to explore how we could be an ally for race equality
- 47 colleagues dialled in to the session delivered by Alaettin Carikci on How to Be an Anti-racist
- To promote the events and celebrate Black History Month we produced screen savers, sent all staff emails, shared book and podcast recommendations so colleagues have access to resources and toolkits.
- To influence the wider healthcare system and share best practices we established a D&I Working Group in collaboration with University College London
- Exec members of the Disability and Long-Term Health Conditions forum attended the NHS Disability Summit
- We signed up for Stonewall Diversity Champions Programme to further our commitment to LGBT+ inclusion in the workplace
- LGBT+ and Allies Forum members and the Board level Sponsor of the network Dr. Sanjiv Sharma had an introductory meeting with our Stonewall account manager
- To ensure that our policies are inclusive of LGBT+ members of staff and the language used is gender neutral we reviewed Maternity/Adoption Policy and Uniform and Dress Code Policy

#### **Theme 4: Creating channels and safe spaces which amplify the employee voice – ensuring that we listen, hear and take action as a consequence**

- We launched our very first Seen and Heard Diversity and Inclusion Framework and developed an implementation plan to embed inclusion across the Trust
- We set up a Diversity and Inclusion Steering Group which reports to the People Planet Programme Board
- We appointed a Non-Executive Diversity and Inclusion Guardian to ensure the Board holds themselves and senior leaders to account for the way employees in all their diversity are managed and empowered
- We appointed a Board level Sponsor for BAME, Disability and Long-Term Health Conditions, Women's and LGBT+ and Allies staff forums
- We appointed a Head of Diversity and Inclusion to help us shape how we establish new ways for the voices of our underrepresented groups to be heard and implement the key objectives set out in the Seen and Heard D&I Framework
- We advertised Diversity and Inclusion Officer role to provide support to our staff forums and Head of D&I for the implementation of the Seen and Heard D&I Framework
- We published our Diversity and Inclusion bi-annual report in June 2021
- To reset our four staff forums, we kicked off a recruitment campaign and advertised seven executive roles for each staff forum which are Chair, Vice Chair, Secretary, Comms Officer, Engagement Officer, Events Officer and Membership Liaison Officer.
- Following a rigorous selection process, diverse panel members appointed new exec members to BAME, LGBT+ and Allies, Women's and DLTHC forums.
- We allocated £46,000 to support the four forums throughout the year (£11,500 per forum). Within each forum's budget, £2,500 is set aside to make "responsibility payments" to forum leads.
- We developed Staff Forum Roles and Responsibilities Guidance 2021/22 to set out how we will work with the staff forums going forward
- We set up intranet pages for our Staff Forums so they share their upcoming events and action plans with all staff
- Staff networks increased the number of their members. Currently DLTHC has 46, BAME has 190, Women's network has 163 and LGBT+ and Allies has 237 members.
- We identified 6 Senior Colleagues at pay band 8B and above and joined White Allies Programme of the NHSE/I to upskill and empower white colleagues, so they play an active role in supporting anti-racism in the Trust. Participants have already completed their September, October and November trainings.
- Two of our colleagues have been shortlisted for BAME Apprenticeship Awards and GOSH has been shortlisted as a finalist in both the Health and Social Care Category and the Large Employer Category
- We set up a "Reverse Mentoring Working Group" and invited Assoc. Prof Stacy Johnson to Diversity and Inclusion Steering Group to understand whether the Trust would benefit from rolling out reverse mentoring programme for our colleagues with protected characteristics
- During 2020-21 3106 members of staff completed the Equality and Diversity e-learning programme mandated for all staff so we increased the compliance rate to 95%.
- We piloted Active Bystander training for HR and OD Team to challenge poor behaviours and bring about change through reinforcement of messages defining the boundaries of unacceptable behaviour. Work is underway to roll it out for the wider Trust.
- We rolled out facilitated conversations to our OD team to build a pool of skilled, trained mediators and facilitators and reduce the formal ER processes.

- Our OED team have focused new leadership and management development programmes to support our leaders and managers on issues such as diversity and inclusion, recruitment & selection and effective line management
- As part of the annual Staff Award we launched Star Ally award to recognise and celebrate the contributions of our members of staff to our allyship journey

## IV.OUR NEXT STEPS

- Four key themes of the Seen and Heard Diversity and Inclusion Framework will continue to be our focus for the next two years. Diversity and Inclusion Steering Group will take this work forward and the oversight of this work will be through a new People Planet Programme Board.
- “Big Conversations” on allyship will continue with speaker series for all staff to raise awareness on different forms of allyship and normalise difficult conversations. This will include the following:

<b>International Men’s Day</b> (25 November 2021): a session will be delivered by Elliott Rae to raise awareness on fatherhood, redefining masculinity and parenting
<b>Disability History Month</b> (15 December 2021): a session will be delivered by Kerry Pace to discuss allyship for our neurodivergent and disabled colleagues
<b>Mental Health Awareness</b> (26 January 2022): a session will be delivered by Daniel Edmund to explore allyship for colleagues with mental health challenges
<b>LGBT History Month</b> (17 February 2022): a session will be delivered by inclusion expert Rachel Reese to discuss allyship for our trans/non-binary and gender non-conforming colleagues
<b>Women’s History Month</b> (17 March 2022): a session will be delivered by Hira Ali to explore intersectional feminism and discuss how our male colleagues can own gender equality in the workplace to be a better ally

- Following the presentation of Assoc. Prof. Stacy Johnson to D&I Steering Group, we made a decision to launch reverse mentoring programme so our senior leaders gain cultural humility, embed diversity and inclusion in the directorates they lead and our colleagues with protected characteristics raise their profile and enter into a refreshing mentoring relationship with a senior leader.
- We will deliver Inclusive Comms trainings to Comms Directorate which will feed into Debiasing Recruitment work led by Head of HR Operations
- To empower staff across the Trust community to challenge poor behaviours which has become normalised and bring about change through the reinforcement of messages defining the boundaries of unacceptable behaviour we will roll out Active Bystander training to all staff
- Following the appointment of exec members to our staff forums, Cherron Inko-Tariah will deliver three sessions for the forum exec members, Sponsors/Board members and all staff.
- We will work with staff forum’s, so they develop TOR’s and action plans which align with the four key components of the Seen and Heard Diversity and Inclusion Framework



## V. SUMMARY

From this review of our data we can see that we have seen some areas of improvement, which includes a reduction in the number of BAME colleagues entering the formal disciplinary process. However, we have more work to do to bridge the gap between white and BAME colleagues experience regarding access to career progression, and we need to attend to every step of the internal and external recruitment process to reduce bias.

We recognise that we have significant non-disclosure about disability and LGBT+ information which, whilst we are similar to the NHS in this respect, will be a priority in the next 6 months to enable us to fully understand the diversity of our people. We will also take particular interest in the annual staff survey results which will start to be available from January 2022, with full benchmarking with other Trusts later. The Staff survey questions are different this year and we will use these to help understand how staff are feeling as we move through the pandemic.

As a result of listening through the range of activities it has become very clear that many staff on the ground believe that our values do not reflect what kind of an organisation we are and we would like to be in the future.

We are pleased with the start of the work on debiasing recruitment which will provide a structure for how bias can be eliminated at each stage of the recruitment and selection process. It is the first step in closing the gap in relative likelihood to be appointed after shortlisting between BAME staff compared to their white counterparts.

Our Seen and Heard framework is designed to specifically address the challenges and the work plan is linked to these measures as KPI's. We will report to the People Planet Programme Board on a bi-monthly basis and report back to the People and Education Assurance Committee in 6 months' time.

## APPENDICES

1. GOSH 2020 WRES INFOGRAPHICS
2. GOSH 2020 WDES INFOGRAPHICS
3. SEEN AND HEARD DELIVERY PLAN
4. SEEN AND HEARD IMPACT TRACKER



**Trust Board  
24 November 2021**

**Update on the Board Assurance Framework**

**Paper No: Attachment Y**

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

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 November 2021. A copy of the full BAF is provided for information.

The Risk Assurance and Compliance Group manages the BAF and regularly reviews the controls, assurances and gross and net risk scores. The Group makes recommendations for changes to the BAF to the Audit Committee and the other assurance committees, where relevant. Recommendations for changes to the BAF are then presented for final approval to the Board on a regular basis.

In October 2021, the Audit Committee recommended the following changes to the BAF:

**NEW BAF Risk 16 GOSH Learning Academy (GLA):** The Audit Committee previously accepted the proposal from the RACG that a risk should be added to the BAF on the GLA, noting delivery of the GLA is a key trust priority under the current three year Trust strategy. The risk statement was reviewed by the Audit Committee in October 2021 and following a slight amendment to the wording of the statement, the Committee recommend this to the Board for approval and inclusion on the BAF. The relevant controls, assurances and risk scores will be determined by the RACG and considered by the Audit Committee in January 2022.

*Risk of the GOSH Learning Academy not establishing a financially sustainable framework, impacting on its ability to deliver the outstanding education, training and development required to enhance recruitment and retention at GOSH and drive improvements in paediatric healthcare.*

**NEW BAF risk: Children's Cancer Centre (CCC):** The Audit Committee previously accepted the proposal from the RACG that a risk should be added to the BAF on the CCC noting delivery of the CCC is a key trust priority under the current three year Trust strategy. The RACG proposed wording for the risk to the Audit Committee in October 2021. The Audit Committee requested that the risk statement is amended to include a failure to deliver against the approved budget. The relevant controls, assurances and risk scores will be determined by the CCC Planet Board meeting in December 2021, considered by the RACG in January 2022 and presented to the Audit Committee in January 2022.

*The risk that inadequate planning of the Children's Cancer Centre and the impact of the external economic and political environment on these plans may result in a failure to deliver the expected patient and business benefit and a failure to deliver against the approved budget and deliver value for money.*

<b>Action required from the meeting</b> Board members are asked to note the update to the BAF and approve the recommended new BAF risks.
<b>Financial implications</b> None
<b>Legal issues</b> None
<b>Who is responsible for implementing the proposals / project and anticipated timescales</b> Risk Owners
<b>Who is accountable for the implementation of the proposal / project</b> N/A

Great Ormond Street Hospital for Children NHS Foundation Trust: Board Assurance Framework (November 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	4 x 5	20	Cautious	1-2 years	Chief Finance Officer	Helen Jameson, Chief Finance Officer	05/11/2021	Audit Committee	April 2021 Oct 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	Cautious	1-2 years	Director of HR and OD	Sarah Ottaway, Associate Director of HR and OD/ Caroline Anderson Director of HR and OD	11/11/2021	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	Minimal	1 year	Chief Operating Officer	Sue Chapman, John Quinn, Rebecca Stevens/ Richard Brown	15/11/2021	Audit Committee/ QSEAC	January 2021 Audit Committee and QSEAC
4	GOSH Strategic Position	All Strategy Principles	All priorities	Failure to optimise the Trust strategy under current and future NHS, financial, political and social frameworks.	4 x 4	16	3 x 4	12	Cautious	5-10 years	Chief Executive	Matthew Shaw/ Ella Vallins	18/11/2021	Audit Committee	Oct 2021
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	Minimal	1-2 years	Chief Operating Officer	Richard Brown, Chief Data Officer	16/11/2021	Audit Committee	January 2021 Oct 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 5	15	3 x 4	12	Minimal	1-2 years	Director, Research & Innovation	Jenny Rivers, Dep Dir, R&I	10/11/2021	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	Averse	1-2 years	Chief Operating Officer	Mark Coker, Director of ICT/ John Quinn, COO	9/11/2021	Audit Committee	January 2021 May 2021 Oct 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	Averse	1 year	Chief Operating Officer	Rachel Millen, Emergency Planning Officer/ John Quinn, Chief Operating Officer	02/11/2021	Audit Committee	January 2021
9	Estates Compliance	Principle 3: Safety and quality	Priority 2: Deliver a Future Hospital Programme	Inadequate maintenance of the estate affects the safety of the environment in which care is delivered by staff to patients and carers.	5 x 4	20	4 x 4	16	Averse	1 year	Director of Estates, Facilities and Built Environment	Zoe Asensio-Sanchez, Director of Estates, Facilities and Built Environment/ Bryony Freeman	10/11/2021	Audit Committee	October 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							
10	Information Governance	<b>Principle 3: Safety and quality</b>	<b>Priority 2: Deliver a Future Hospital Programme</b>	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	Averse	1 year	Chief Operating Officer	<b>John Quinn, Chief Operating Officer / Julian Marku, Head of Information Governance</b>	08/11/2021	Audit Committee	January 2021 April 2021 (SARS) Oct 2021
11	Medicines Management	<b>Principle 3: Safety and quality</b>	<b>Priority 2: Deliver a Future Hospital Programme</b>	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	Averse	1-2 years	Chief Operating Officer	<b>Steve Tomlin, Chief Pharmacist/ Nick Towndrow, GM/ John Quinn, Chief Operating Officer</b>	16/11/2021	Quality, Safety and Experience Assurance Committee	May 2020 (TB) January 2021 (QSEAC)
12	Inconsistent delivery of safe care	<b>Principle 3: Safety and quality</b>	<b>Priority 2: Deliver a Future Hospital Programme</b>	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	Averse	1-2 years	Medical Director	<b>Sanjiv Sharma, Medical Director/ Hussein Khatib/ Nikki Fountain</b>	16/11/2021	Quality, Safety and Experience Assurance Committee	Reports on quality of services at every Board and QSEAC
13	Service Innovation	<b>Principle 1: Children and young people first and always</b>	<b>Priority 2: Deliver a Future Hospital Programme</b>	Failure to embrace service transformation and deliver innovative, patient centred and efficient services.	4 x 4	16	3 x 4	12	Open	1-5 years	Chief Operating Officer	<b>John Quinn, Chief Operating Officer/ Anthony Sullivan, Transformation Programme Manager</b>	16/11/2021	People and Education Assurance Committee	December 2020 September 2021
14	Culture	<b>Principle 2: Values led culture</b>	<b>Priority 1: Make GOSH a great place to work</b>	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	Averse	1-5 years	Chief Executive	<b>Caroline Anderson Director of HR and OD</b>	11/11/2021	Trust Board/ People and Education Assurance Committee	February 2021 March 2021 (TB) December 2021
15	Cancer Centre	<b>All Strategy Principles</b>	<b>Priority 6: Create a Children's Cancer Centre to offer holistic, personalised and coordinated care</b>	The risk that inadequate planning of the Children's Cancer Centre and the impact of the external economic and political environment on these plans may result in a failure to deliver the expected patient and business benefit and a failure to deliver against the approved budget and deliver value for money.	Under review – for final consideration at January 2022 RACG					1-5 years	Director of Estates, Facilities and Built Environment	<b>Zoe Asensio-Sanchez, Director of Estates, Facilities and Built Environment/ Gary Beacham, Children's Cancer Centre Delivery Director</b>		Audit Committee	
16	GOSH Learning Academy	<b>Principle 2: Values led culture / Principle 3: Safety and quality</b>	<b>Priority 1: Make GOSH a great place to work/ Priority 3: Develop the GOSH Learning Academy</b>	Risk of the GOSH Learning Academy not establishing a financially sustainable framework, impacting on its ability to deliver the outstanding education, training and development required to enhance recruitment and retention at GOSH and drive improvements in paediatric healthcare.	Controls and assurances under review – for final consideration at January 2022 RACG					1-2 years	Chief Nurse	<b>Darren Darby, Acting Chief Nurse/ Lynn Shields, Director of Education</b>		People and Education Assurance Committee	

GOSH BAF Risks – Gross Scores November 2021

		Consequences				
Likelihood		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, 5. GOSH Strategic Position, 13. Service Innovation, 9. Estates Compliance	2. Recruitment & Retention, 8. Business Continuity, 10. Information Governance, 3. Operational Performance
3. Possible						6. Research Infrastructure and resourcing
2. Unlikely						
1. Rare						

GOSH BAF Risks – Net Scores November 2021

		Consequences				
Likelihood		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain						
4 Likely				5. Unreliable data, 8. Business Continuity	9. Estates Compliance	12. Medicines Management, 7. Cyber Security, 1. Financial Sustainability
3. Possible					14: Culture, 5. GOSH Strategic Position, 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						





**Summary of the Audit Committee meeting  
held on 13<sup>th</sup> October 2021**

Matters arising: Update on ICT actions

Good progress was being made in completing the actions and a newly appointed ICT manager would focus on cyber. Disaster recovery plans were in place and the Trust was working with a third party to review these.

Cyber Security Update (BAF Risk 7)

The team remained on target to complete key actions by the end of 2021. An external ICT Director was providing assurance on the workplan and was satisfied with plans and progress. The Committee requested an update on the financial impact of the work at the next meeting.

The Committee noted summaries of the following subcommittee meetings:

- Finance and Investment Committee (June 2021, July 2021, September 2021)
- Summary of Quality, Safety and Experience Assurance Committee (July 2021)
- Summary of People and Education Assurance Committee (September 2021)

Whistle blowing Update – October 2021

Discussion took place around the number of routes available to staff to raise concerns and work was taking place to bring these routes together and ensure they were accessible. The importance of taking action when concerns were raised was emphasised. It was noted that GOSH had been ranked in the top third of Trust's nationally for speaking up and was amongst the top ten most improved Trusts.

Update on the Board Assurance Framework

All BAF risks had been reviewed and mitigations, gaps and scores had been discussed. The Committee approved the wording, subject to minor amendments, of two new risks on the BAF as previously agreed by the Committee: GOSH Learning Academy, and Children's Cancer Centre. The Committee noted that the overall profile of BAF risks continued to tend towards a red rating notwithstanding recent updates that had been made.

The Committee undertook deep dives into the following BAF risks:

- BAF Risk 1: Financial Sustainability

The Trust had been notified of a significant change to the way in which Elective Recovery Funding (ERF) would be calculated in the second half of the year which was a considerable risk to GOSH. Discussion was taking place with the Children's Hospital Alliance and the Shelford Group about how Trusts could work both nationally and locally under Integrated Care Systems.

- BAF Risk 4: Strategic Position

The Trust was well positioned to influence future changes in the system and the committee welcomed the work that had taken place to improve GOSH's involvement in the system and approach to partnership working.

Review of BAF Risk 9: Estates Compliance

Good progress was being made to improve fire compliance. A full external audit of estates had been undertaken and the results would be presented at the next committee meeting. The Committee expressed concern about the risks around fire and the electricity supply and requested an action plan from the audit of estates at the next meeting.



## Attachment 1

### Update on delivery of Data Quality Strategy (BAF Risk 5)

Focus was being placed on Referral to Treatment (RTT) targets and monthly clock stop audits were taking place. The new framework for Elective Recovery Funding was based on clock stops and included a data quality element. GOSH had been assessed as meeting a 99.1% confidence level against a minimum requirement of 95%. A positive internal audit had been completed and discussion took place around the error rate which was identified in the audit. It was reported that focused RTT and PTL staff training was ongoing. It was noted that some patient pathways were complex and therefore patient flows and documented decision points had been designed to support clinicians to understand the requirements.

### Information Governance Update (BAF risk 10)

The Trust's Data Security and Protection Toolkit had been submitted and the self-assessment had shown full compliance for the first time. This was in the process of being audited by NHS Digital. Discussion took place around Subject Access Requests (SARs) and the importance of balancing being open and transparent with requests that were reasonable. The Committee requested that a discussion on the approach to managing SARs took place at the Children's Alliance.

### Compliance with the Risk Management Strategy

A Datix technical manager had been appointed who would focus on the risk register module.

### Value of claims and the drivers behind the increase

Analysis had shown that there had been a reduction in the value on claims against the Trust. The majority of claims were related to historic incidents and checks took place to ensure that Serious Incident investigations had been undertaken. The Committee emphasised the importance of learning from claims and of supporting the staff involved.

### External Audit Planning Report and VFM 2020/21 report

No significant weaknesses had been identified in the Value for Money Assessment for 2020/21 and the Committee congratulated the finance team.

The areas of focus for 2021/22 were in line with that of the previous year and IFRS16 would apply and would become a disclosure item in 2022/23. Procedures around climate change would be reviewed and the Trust's approach to this would be reviewed at the next meeting.

### Internal Audit Progress Report and Internal audit recommendations – update on progress

The Committee noted that the deadlines of two internal audit recommendations had been extended following approval by the RACG. It was agreed that the review of Freedom of Information (FOI) would take place in 2021/22 and the review of management of partnerships with UCL Business would begin in 2022/23 as discussions remained ongoing.

An amber red assurance rating had been received for the review of sustainability driven by the lack of a complete assessment of the Trust's carbon emissions. It was noted that this was an extremely broad area and it was vital that support was provided by the Trust as a whole. It was important that structures were embedded and consideration would be given to the way in which this was included in individuals' personal objectives.

### Local Counter Fraud progress report

Six new cases had been received in the reporting period and three further referrals had been received since the report had been written. The Committee expressed some concern about some responses which had been received to the Counter Fraud survey in which some staff had not been aware of how to raise concerns around

## Attachment 1

fraud. It was noted that there had been challenges with being on site to raise awareness throughout the pandemic however the number of referrals continued to increase.

### Approach to Year-End (March 2022) including update on IFRS 16

The approach taken was in line with that of previous years. NHS England and Improvement had confirmed that implementation of IFRS16 was planned from 1st April 2022.

### IFRS 9

There had been a significant reduction in debtors and the Committee welcomed this progress. The provisioning policy was being reviewed and a proposal would be considered by the Committee at its January 2022 meeting.

### Working Capital Update

The Trust was required to pay 95% of invoices on time and was currently at 90.9%. An action plan had been developed to improve this.

### Freedom to Speak Up Update (July – September 2021)

A plan would be considered by the Board on the way in which the Freedom to Speak Up Guardian role would interact with the Speak Up for Safety programme. FTSU contacts had been increasing year on year and work was taking place to ensure that all staff at GOSH had access to the Guardian irrespective of their access to technology during their working day. The committee requested an update on the areas of the Trust who were contacting the FTSU Guardian by staff group.

### Update on Procurement Waivers

The Committee discussed a waiver related to the CCTV system and it was noted that the ICT and security teams were working to develop a proposal on the way forward.

### Write Offs (1 April 2021- 30 September 2021)

The Committee approved the proposed write offs.

### Governor feedback

Governors welcomed the helpful papers and gave feedback on the discussion around sustainability and the risk management discussion.

## **Summary of the Quality, Safety and Experience Assurance Committee meeting held on 14<sup>th</sup> October 2021**

### Quality and Safety at GOSH – context over the past 3 months

Work continued to treat the backlog of patients whilst balancing staff wellbeing. The staff vaccine clinic had delivered 2,600 COVID19 booster vaccines and 2050 flu vaccines so far. Although staff were being encouraged to take leave, they continued to report fatigue and lower morale and whilst the accelerator programme had increased activity a number of beds had been closed due to staff sickness. The Trust had been asked to consider a potential Respiratory Syncytial Virus (RSV) surge in children and increasing ICU capacity as part of winter planning.

The Trust continued to move ahead with the safety transformation programme and a number of Serious Incident investigations had been completed within the timescale and submitted to NHS Improvement. Significant investment was being made in the Quality and Safety Teams and appointments were being made into the posts. Recruitment was also taking place into operational leadership posts. The HTA was reviewing the Trust's renal and cardiothoracic services and the first part of this had been positive. A review of laboratory services had also been positive.

### Medicines Management – MHRA inspection

A follow up inspection had highlighted poor practice in terms of aseptic technique which had led to a critical finding. Mitigations had been implemented and it was anticipated that the action plan would be complete by the end of 2021. As a result, products continued to be manufactured at ward level which was a risk and these products continued to be highlighted on the risk register. Discussion was taking place with the regional pharmacy team and Freedom to Speak Up at GOSH to ensure that staff were able to speak up when they witnessed poor practice.

### Assurance of progress with the Quality Strategy and Safety Strategy

A driver diagram had been developed to ensure that all programmes of work linked back to the strategy and this would be developed into a framework. Discussion took place around ensuring that clinicians were engaged in the process and the importance of increasing psychological safety and normalising error to develop a culture of transparency and high reporting.

### Update from the Patient and Family Experience and Engagement Committee including assurance of progress with the Patient Experience Framework

A proposal had been made to the GOSH Children's Charity Grants Committee for an additional budget for further projects to support patients and families. Existing grants only had been agreed and a delivery plan for this work would be considered at the next QSEAC. PALS contacts had increased significantly and this was in line with other Trusts' observations. Complaints and PALS contacts around communications were reducing and focus was being placed on using MyGOSH to improve communication. 'Mystery shopping' tests would also take place.

### Research Hospital Update

Good progress had been made in Allied Health Professionals and Nurses leading their own research and members of staff were championing research within those teams. Discussion took place around recognising quality improvement as research, given that it was focused on collecting data to improve patient care and identify harm and it was noted that work was taking place to review the relationship between quality improvement, transformation and research.

### Emerging Significant Risks

Compliance with Duty of Candour was being scrutinised at Directorate performance reviews, Patient Safety and Outcomes Committee and by the Executive Management Team. The first round of training had taken place on root cause analysis. The Committee discussed the increase in Subject Access Requests and Freedom of Information Requests and the costs associated with this. It was agreed that discussion would take place at Trust Board around reviewing this with other Trusts.

### Update from the Patient Safety and Outcomes Committee

A policy was being developed on the management of safety alerts and there were currently six overdue alerts which would be closed by the end of the day. Discussion took place about the movement of quality and safety monitoring from NHS England to Integrated Care Systems and it was emphasised that GOSH was keen to continue to hold oversight meetings with NHS England.

### Complaints Annual Report 2020/21

Improvement was required on the timeliness of investigations as a high proportion of cases required an extension to reporting timescales. A higher number of complaints were received in some areas and work was taking place to support teams to ensure that learning had been embedded. Work continued to understand the patient and family experience of making a complaint and discussion about this was taking place with other Trusts.

### Safeguarding Update

All five safeguarding risks had been successfully mitigated with the exception of one around the Mental Capacity Act in adults. The legal, learning disability and safeguarding teams were working to ensure that required timeframes were not breached for undertaking this work. This was pertinent as the Trust was experiencing an increase in the admission of 16 and 17 years old patients with a learning disability. The Trust was moving ahead with training for staff to become best interest assessors. Discussion was taking place around health inequalities and family hardship and it was noted that whilst GOSH did support families it was possible that additional support was required.

### Internal Audit Progress Report (Quality focused reports)

One report on Referral to Treatment (RTT) Data Quality was received which provided a rating of 'significant assurance with minor improvement potential'. The Committee welcomed the improvement since the last review.

### Freedom to Speak Up Guardian Update

Cases continued to increase and a programme of communications had taken place around the FTSU service which had been focused on safety and quality of care and contact had been made with the Guardian as a result. Discussion took place around the experience of staff who used the service and it was noted that feedback was requested from individuals who generally reported that they would be happy to use the service again. Work was taking place to highlight the value of speaking up and being heard notwithstanding the outcome of discussions. A weekly meeting took place around FTSU cases along with serious incidents, complaints and PALS contacts to triangulate information.

### External review reports and progress with actions

A positive review had taken place of chemical laboratories and an action plan had been developed which would be monitored by the Chemical Pathology Quality Meeting.

Update from the Risk Assurance and Compliance Group on the Board Assurance Framework

The BAF had been updated by risk owners and work was taking place to ensure that risks were concise.

Compliance Update with Always Improving Plan (BAF Risk 13: Inconsistent delivery of safe care)

Three 'should do' actions were outstanding from the CQC action plan, all of which were in progress. Preparations were beginning for a possible CQC inspection in 2022.

Update on Health and Safety at GOSH (October 2021)

Support was required to appoint an additional member of staff to work on safer sharps and support clinical procurement of products. A lone working audit had been completed and further work was required in this area which would be monitored by the Health and Safety Group.

Update from the People and Education Assurance Committee (September 2021)

The Committee noted the update.

Feedback from Governors

Discussion took place around the value of taking papers as read to ensure that there was sufficient time for discussion. It was noted that a number of areas which did not receive a longer discussion had been discussed either at Trust Board or previous QSEAC meetings.





## Summary of the People and Education Assurance Committee meeting held on 14<sup>th</sup> September 2021

### Update on Delivery of People Strategy

Work had started on updating the branding around the people strategy prior to the pandemic and had been centred on 'change you can believe in'. Further consideration was required as a result of the change that had taken place in the organisation during the pandemic. The strategy was moving into year two and the Committee discussed the prioritisation of the implementation of the People Strategy emphasising its importance. Discussion took place around staff engagement and the committee noted that although there was staff awareness on many elements of the strategy, communications with different groups of staff was complex and required different approaches.

### Update from GLA

The Trust had achieved the 5<sup>th</sup> best score for Junior Doctor experience based on a General Medical Council survey of Health Education England sponsored training posts which was positive noting it was a subset of GOSH's overall Junior Doctor cohort. Discussion took place around the income that was being generated by the GLA and it was agreed that this would be the focus of future papers to the Committee. The Trust was the market leader in this area and all courses offered were fully accessible to GOSH staff.

### Changes to the Staff Survey

The survey had been amended in response to the NHS People Plan and the Trust had developed a programme to maximise uptake including ensuring that paper based questionnaires were provided to groups of staff who did not routinely sit at a desk such as band 5 and 6 nurses. A new section of questions on health and wellbeing had been introduced covering staff fatigue. Discussion took place as to the Trust's target for achievement and agreed that it was important to ensure that results did not decrease on the previous year and were tracked over a number of years in order to identify the cumulative effect of incremental change.

### Update on Board Assurance Framework

#### Deep Dive: Risk 13: Service Innovation

There were external risks to GOSH around the future configuration of NHS services along with the expansion of other Trusts. A transformation programme had been developed which included a theme on inpatient flow and administration in order to focus on the issues such as communication and transport which featured highly in PALS contacts. Themes would be structured both in terms of innovative thinking for the future and about work on the fundamentals of current practice. Focus was being placed on the specific responsibilities of the various roles within a project team.

### OCS On-boarding Update and workforce impact

Work was beginning to review the T&Cs of the staff who had been transferred to GOSH. This was complex as T&Cs were mixed and work was taking place to ensure that changes were not detrimental to any group. Communication was vital and an additional member of bank staff had been engaged to support this. It was confirmed that the KPIs for the cleaning service had not changed and work was taking place to ensure that reporting was robust.

### Quarterly workforce report

There had been an increase in voluntary turnover and vacancies and also in sickness rates. Sickness at GOSH had traditionally been low and a deep dive would take place into the data. The primary cause of

### Attachment 3

sickness was related to anxiety, stress and depression. Statutory and mandatory training was currently at 94%. It was confirmed that turnover was rising in corporate but not clinical areas.

#### Safe staffing report and nursing workforce update

Work had been taking place between nursing, HR and workforce to gain assurance about the data was being reported and there was now confidence that the correct vacancy rate of 4.88% was being reported and this triangulated with other data. Recruitment activity had been sustained throughout the pandemic and 82 newly qualified nurses would be joining the Trust in September 2021. All international cohorts would have joined to the Trust by the end of October 2021.

Test and Trace contacts had impacted some clinical areas and a number of Datix reports had been made related to staffing. Reviews of each report had shown that although staff were likely to have felt under pressure their shifts were not deemed to be unsafe and no patient harm occurred.

#### Appointment of trust Well Being Guardian and Diversity & Inclusion Guardian

It was agreed that discussion would take place amongst NEDs as to who would take on the roles.

#### Update on Staff focused Freedom to Speak Up cases

There had been an increase in the number of staff raising concerns which was positive and positive responses had been received from senior members of staff who were managing the issues. Specific work was taking place with groups of staff who were raising a number of concerns. Discussion took place around staff engagement with speaking up and whether they felt able to do so and the importance of ensuring that staff were assured that concerns would be acted upon was emphasised.

The Committee noted updates from the following committees:

- Summary Report from Quality Safety and Experience Committee
- Summary report from Audit Committee
- Summary Report from Finance and Investment Committee

#### GLA Pricing Plan

The committee noted the report.



## **Finance and Investment Committee Update**

The Finance and Investment Committee (FIC) held regular scheduled meetings on:

- Friday 24 September 2021
- Monday 22 November 2021

### **Key issues**

#### Finance report month 5

At Month 5, the Trust's performance showed a £0.8m surplus. This was £1.3m favourable to the plan.

The Committee discussed how variances in Elective Recovery Fund (ERF) and COVID spend could affect the Trust's year end position.

#### Integrated Performance Report Month 5

The Trust continued to perform broadly in line with planned activity levels following the COVID-19 activity reductions. Work was ongoing to clear the backlog of patients.

The Committee noted that 'bottlenecks' in performance were mostly due to single handed consultant specialist activity, insufficient theatre capacity, bed availability including social distancing measures and the ongoing impact of COVID-19 on patients and staff due to isolation.

#### Approach to Annual Planning & Budget Setting 2022/23

The Committee noted the planning undertaken since August 2021 to meet NHSE/I requirements by April 2022, although there were several unpredictable factors to consider, the Trust had planned as far as reasonably practicable and would adjust the plan when additional clarity and certainty was made available.

#### Children's Cancer Centre

The Committee reviewed progress noting that the Trust was in as good a position as possible given the risks and inflationary pressures. The Committee also discussed the remits of the newly appointed Delivery Director and Programme Director.

#### Major projects

The Committee noted progress on all major projects at the Trust.

The Committee enquired as to what impact the recent fuel shortages had had on the Trust. The Director of Estates, Facilities and the Built Environment reported that work was ongoing with the newly appointed Energy manager to identify if there were any issues.

#### High cost spend review

Although 2020/21 saw the Trust change its working practices to deal with the COVID-19 pandemic, the Trust did not see a significant change in non-pay spend. The Committee discussed the savings associated with reduced office space.

Of particular interest to the Committee was how the Trust could demonstrate its commitment to climate change, particularly with the Trust's suppliers. The Committee was informed that an environmental procurement strategy was in development. This document would inform environmental procurement discussions with suppliers.

Summary of the benefits that The Royal Marsden Hospital will gain from partnering with GOSH through the Epic Connect Model

The Committee reviewed the paper and requested a follow up session with the Chief Executive.

PLICS National Cost collection

The Committee noted that the national cost collection was being prepared in line with national guidance for submission on 1st Oct 2021. The model had been rebuilt owing to the change to Epic and throughout the year there have been further refinements and improvements. The Committee discussed the value and accuracy of using the data for benchmarking and comparison.

Cyber Security update

The Committee noted that good progress had been made across all areas of the Cyber remediation plan.

Overview of ongoing charity funding

The report provided an overview of the ongoing funding from the charity that enhanced the patients' and family experience.

Treasury Management Policy

The Committee approved the Treasury Management Policy which describes the parameters within which the Trust can or should invest cash.

Trust insurance update – July 2021

The Committee noted the premium of £271,574 for 2021/22 and scheduled a thorough review of insurance arrangements ahead of the 2022/23 negotiations.

Sustainability at GOSH and Climate Emergency – June 2021

The Committee received a report on the key performance indicators that would be used to determine the effectiveness of GOSH's sustainability and Climate Emergency programmes.

Procurement update – June 2021

The annual review of the procurement service was presented. During 2020/21 the service continued to develop and deliver savings despite the impact of the COVID-19 pandemic.

Feedback from Governors

The Chair sought feedback from Governors in observance at the end of each meeting.

**End of report**

<p><b>Trust Board</b> <b>24 November 2021</b></p>	
<p><b>GOSH Constitution Amendment and Revised Constitution and Governance Working Group Terms of Reference</b></p> <p><b>Submitted by:</b> Anna Ferrant, Company Secretary</p>	<p><b>Paper No: Attachment 6</b></p> <p><b>For approval</b></p>
<p><b>Purpose of report</b> To provide an update to the Trust Board on Council of Governors' activity requiring Trust Board approval.</p> <p><u>Revised Constitution and Governance Working Group Terms of Reference</u></p> <p>The Trust Board is asked to approve the terms of reference for the Constitution and Governance Working Group (formerly Constitution Working Group), a sub-committee of the Trust Board and Council of Governors.</p> <p><u>Constitution changes</u></p> <p>The Trust Board is asked to approve two minor changes to the Trust Constitution endorsed by the Constitution and Governance Working Group following its review of the 'Governor attendance and training standard operating procedure'.</p>	
<p><b>Revised Constitution and Governance Working Group (CGWG) Terms of Reference</b></p> <p>The Constitution Working Group is a working group of the Trust Board and Council of Governors with the purpose of considering and advising on Constitutional issues. It includes a member of the Board, a manager and Governors.</p> <p>Since its inception in 2018, the group has developed a related interest in other areas of constitutional and council governance beyond its initial purpose, for example, providing comments on the Council of Governors' effectiveness review.</p> <p>The Constitution and Governance Working Group held its first meeting on 10 September 2021 and reviewed its draft terms of reference. The key changes proposed by the group are:</p> <ul style="list-style-type: none"> <li>• An expanded purpose to include (but not limited to): the procedure for evaluation of the Council of Governors; developing relevant standard operating procedures related to the Council; matters on which the Constitution is silent and vacancies amongst governors.</li> <li>• A change of name (from the 'Constitution Working Group')</li> <li>• The Company Secretary is the Chair of the group</li> <li>• A scheduled review of effectiveness every two years.</li> </ul> <p>The Trust Board is asked to <b>approve</b> the Constitution and Governance Working Group Terms of Reference. The Council of Governors has been asked to approve the terms of reference the day before the Board meeting and feedback will be provided verbally at the Board meeting.</p>	

## Constitution changes

At its September 2021 meeting the Constitution and Governance Working Group reviewed the 'Governor attendance and training Standard Operating Procedure (SOP)' the objectives of which are to make clear: the attendance expectations for Governors at Council meetings and how absences will be managed and the training expectations for Governors and how the Trust will manage non-compliance. The SOP is subject to consideration at the Council meeting on 23 November 2021. The proposals in the SOP require minor amendments to the Constitution and these are recommended by the CGWG to the Council and Board for approval.

The amendments to the Constitution and the rationale are outlined below.

Section of the Constitution	Revision (in red)	Rationale
Annex 6 Para 4.3.3 Page 71	4.3 A person holding office as a governor shall immediately cease to do so if: 4.3.3 they fail to attend two <b>consecutive scheduled meetings of the Council of Governors within a six-month period</b> unless the Chair, Lead Governor and Company Secretary are satisfied that: 4.3.3.1 the absence was due to a reasonable cause; and 4.3.3.2 they will be able to start attending meetings of the Trust again within such a period as they consider reasonable.	This amendment clarifies the expectation around attendance at these meetings.
Annex 6 Para 4.4.1 Page 71	4.4.1 an absence will ordinarily be considered to be due to a reasonable cause if it is due to: 4.4.1.1 A personal or family emergency 4.4.1.2 Ill health; 4.4.1.3 A conflict with personal commitments in circumstances where the Trust has changed the date of the meeting of the Council of Governors [or the required training] at short notice; 4.4.1.4 A conflict with work, <b>study or exam</b> commitments where the Trust has changed the date of the meeting of the Council of Governors [or the required training] at short notice.	The CGWG request that 'Study or exam' is added to the list of reasonable causes given the young members on the Council.  The CGWG propose that the list order is changed so that personal or family emergencies were above 'work commitments' (9.14 to above 9.11).

The Trust Board is asked to approve the proposed changes to the Constitution. Approval will also be sought from the Council of Governors and a verbal update on the outcome will be provided at the Trust Board meeting.

### Action required from the meeting

- The Trust Board is asked to approve the terms of reference for the Constitution and Governance Working Group (formerly Constitution Working Group).
- The Trust Board is asked to approve two minor changes to the Trust Constitution

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

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

Leadership, capacity and capability

<input type="checkbox"/> <b>PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people</b>  <input type="checkbox"/> <b>Quality/ corporate/ financial governance</b>	<input type="checkbox"/> <b>Effective processes, managing risk and performance</b>  <input type="checkbox"/> <b>Engagement of public, staff, external partners</b>
<b>Strategic risk implications</b> Not applicable. Good governance and compliance with Health and Social Care Act 20026 and as amended 2012	
<b>Financial implications</b> Not Applicable	
<b>Implications for legal/ regulatory compliance</b> Not Applicable	
<b>Consultation carried out with individuals/ groups/ committees</b> The Constitution and Governance Working Group membership consists of a Non-Executive Director, a Manager and Governors.	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> The Company Secretary, Chair, Lead Governor and Head of Corporate Governance	
<b>Who is accountable for the implementation of the proposal / project?</b> Chair	

## **Constitution and Governance Working Group**

### **Terms of Reference**

#### **1 Authority and Scope**

- 1.1 The Constitution and Governance Working Group (CGWG) is a subgroup of the Trust Board and the Council of Governors and is chaired by the Company Secretary.
- 1.2 The CGWG has delegated authority from the Trust Board and the Council of Governors to make recommendations to the Trust Board and Council of Governors on Constitution changes and governance matters related to the Council of Governors.

#### **2 Purpose**

- 2.1 To review the Constitution and its appendices to ensure compliance with the Health and Social Care Act 2012.
- 2.2 To review the Constitution and appendices (at least every three years) in light of:
  - 2.2.1 best practice guidance including that set out in the Foundation Trust Code of Governance (July 2014);
  - 2.2.2 proposed changes to strengthen governance arrangements for the membership, Council of Governors and Trust Board;
  - 2.2.3 proposed changes to the structure of the Council of Governors or Trust Board;
  - 2.2.4 relevant recommendations and resolutions arising from internal reviews and reports to the Council of Governors and Trust Board.
- 2.3 To make recommendations to the Trust Board and Council of Governors on changes to the Constitution and appendices.
- 2.4 To support the Trust Board and Council of Governors in any governance matters outlined in the Constitution, including but not limited to:
  - 2.4.1 Procedure for evaluation of the Council of Governors (Annex 6 of the Constitution)
  - 2.4.2 Developing relevant Standard Operating Procedures
  - 2.4.3 Matters on which the Constitution is silent
  - 2.4.4 Vacancies amongst governors.
- 2.5 To undertake any other matter delegated to it by the Trust Board or Council of Governors.

#### **3 Reporting**

- 3.1 The CGWG will report to the Trust Board and Council of Governors as and when

required. This will be in the format of a formal report as well as the submission of any minutes.

- 3.2 Where necessary, the CGWG will present supplementary workshops at Council of Governors' Development Sessions.
- 3.3 Where required, the CGWG will present Constitution changes to the next Annual Members' Meeting.
- 3.4 See [Appendix 1](#) for the approvals required to amend the constitution.

#### **4 Membership**

- 4.1 The CGWG is made up of the following members: – their nominated deputies are listed in [brackets]:
  - Company Secretary (Chair)
  - Deputy Company Secretary (Deputy Chair)
  - A Non-Executive Director [another Non-Executive Director]
  - Programme Director PMO
  - Lead Governor
  - Deputy Lead Governor
  - Head of Corporate Governance
  - Four additional Governors (at least two elected Governors).
- 4.2 The membership of the CGWG will be reviewed on an annual basis.
- 4.3 Additional members and attendees may be invited as appropriate, including individuals from outside the Trust such as Legal Advisors.
- 4.4 Meetings will be chaired by the Company Secretary. The Deputy Company Secretary will be the Deputy Chair.

#### **5 Quorum**

- 5.1 The quorum will be a minimum of:
  - The Chair or Deputy Chair
  - The Non-Executive Director Member
  - Programme Director
  - Three of the five Governors

#### **6 Meetings**

- 6.1 Meetings will be held as required but no less than once per election cycle (end of February to 1st of March the following year).
- 6.2 Meetings can be held in-person or virtually.
- 6.3 Papers will be sent out at least four working days before the meeting.
- 6.4 Secretariat support for the CWG will be provided by the Head of Corporate Governance.

## **7 Monitoring**

7.1 The CGWG will review its effectiveness every two years. This will involve monitoring and reporting on:

- Frequency of meetings
- Compliance with the purpose of the CGWG as outlined in the terms of reference
- Attendance at meetings



## 8 Constitution and Governance Working Group Annual Workplan

Item	Purpose	Frequency
Approval of minutes of previous meeting	To approve the minutes of the previous CGWG meeting.	Every meeting
Approval of the CGWG Terms of Reference	For recommendation to the Council of Governors and Trust Board	Every two years
Procedure for evaluation of the Council of Governors	To oversee the procedure (draft the questions, review feedback and make recommendations) for evaluation of the Council of Governors in line with Annex 6 of the Constitution.	Every 18 months
Review of the Constitution	To review the Constitution for fitness of purpose and recommended any changes to the Trust Board, Council of Governors and Annual Membership Meeting as required.	At least once every three years
Review the CGWG's effectiveness	To report on frequency of meetings, compliance with the purpose of the CGWG and meeting attendance	Every two years
Review of CGWG membership	To review the membership of the CGWG after each election.	Annually in April at the Council of Governors' meeting.

## 9 Appendix 1: Approvals required to amend the constitution

The Trust Constitution states at section 45 that:

45.1 The Trust may make amendments of its constitution only if –

45.1.1 More than half of the members of the Council of Governors of the Trust voting approve the amendments, and

45.1.2 More than half of the members of the Trust Board of the Trust voting approve the amendments.

45.2 Amendments made under paragraph 45.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.

45.3 Where an amendment is made to the constitution in relation the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust):

45.3.1 At least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment; and

45.3.2 The Trust must give the members an opportunity to vote on whether they approve the amendment.

45.4 If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.

45.5 Amendments by the Trust of its constitution are to be notified to Monitor. For the avoidance of doubt, Monitor's functions do not include a power or duty to determine whether or not the constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

<b>Trust Board</b> <b>24 November 2021</b>	
<p><b>Succession Planning for Non-Executive Directors</b></p> <p><b>Submitted by:</b> Anna Ferrant, Company Secretary</p>	<p><b>Paper No: Attachment Z</b></p> <p><input type="checkbox"/> <b>For approval</b></p>
<p><b>Purpose of report</b></p> <p>The Council Nominations and Remuneration Committee has led the recruitment of one Non-Executive Director (NED) to the GOSH Trust Board, replacing the Deputy Chair when they step down in March 2022. During the recruitment process, the Committee proposed that a broader discussion was required around NED succession planning over the next 12 months.</p> <p>The purpose of this paper is to establish a 12 month succession plan and the associated recruitment process for two NEDs on the Board.</p>	
<p><b>Action required from the meeting</b></p> <p>The Board is asked to consider the Committee’s recommendations which are subject to review and approval by the Council of Governors:</p> <ul style="list-style-type: none"> <li>• Recruit to two NED positions from a wider pool of diverse candidates allowing flexibility for appointment to the respective Audit Committee and Finance and Investment Committee chair roles.</li> <li>• Initially recruit the successful candidates to Associate NED roles on the basis that both candidates will automatically step in to the substantive NED positions without the need for any further recruitment process, subject to continued satisfactory performance.</li> <li>• Consider the Associate NED/ NED Role Description and Person Specifications for both NED positions.</li> <li>• Consider the proposed adjusted recruitment timetable.</li> </ul> <p>To note the recommendation to the Council to extend the Deputy Chair’s tenure for a further three months in post (until 30 June 2022) after which they will step down from the GOSH Board.</p>	
<p><b>Contribution to the delivery of NHS Foundation Trust priorities</b></p> <p><input type="checkbox"/> <b>Quality/ corporate/ financial governance</b></p>	<p><b>Contribution to compliance with the Well Led criteria</b></p> <p><input type="checkbox"/> <b>Leadership, capacity and capability</b></p> <p><input type="checkbox"/> <b>Vision and strategy</b></p> <p><input type="checkbox"/> <b>Responsibilities, roles and accountability</b></p>
<p><b>Strategic risk implications</b></p> <p>All risks</p>	
<p><b>Financial implications</b></p> <p>Cost of Headhunters for two appointments. Additional cost of two Associate NED positions on</p>	

Board for 3 and 5 months.

**Implications for legal/ regulatory compliance**

Adhering to the requirements laid down in the GOSH Constitution.

**Consultation carried out with individuals/ groups/ committees**

Council of Governors' Nominations and Remuneration Committee

Council of Governors

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

Company Secretary

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

Chair

**Which management committee will have oversight of the matters covered in this report?**

Council of Governors

## **Succession Planning for Non-Executive Directors on the GOSH Foundation Trust Board**

### **Introduction**

During the recent NED recruitment process the Council of Governors' Nominations and Remuneration Committee agreed that a broader discussion was required around the succession plans in place over the next 12 months for NEDs on the Board. The NEDs stepping down from the Board in the next 12 months are as follows:

- Akhter Mateen, Deputy Chair, Audit Committee Chair and Finance and Investment Committee member (currently due to step down 27 March 2022)\*
- James Hatchley, Senior Independent Director, Finance and Investment Committee Chair, Audit Committee member (steps down 31 August 2022).

\*See proposal below regarding Akhter Mateen's tenure.

### **Proposal**

The Committee proposes that it is more effective and efficient to seek recruitment to both NED positions at the same time. By advertising the positions together, this approach will enable the trust to appoint to the positions earlier (as Associate Non-Executive Directors – please see below) and provide an opportunity for the successful candidates time to shadow the Board and relevant committees and then step in to the substantive NED roles. It will also reap economies of scale during the appointment process. This approach will ensure a robust succession plan for the two experienced NEDs leaving the Board in 2022 who each chair an assurance committee at GOSH (the Audit Committee and the Finance and Investment Committee).

The Board and the Council are keen to seek to recruit appropriately skilled and experienced candidates from a diverse background. The Committee highlighted that recruiting from a wider pool of candidates across both posts will help support this.

### **Associate NEDs**

In order to facilitate this approach, both positions will be recruited in the first instance to the role of associate non-executive directors. Associate non-executive directors (Associate NEDs) are not directors of the Trust and do not have the associated rights (including voting rights) or liabilities. They operate as a full member of the team but without the same degree of accountability. An Associate NED will receive access to all Board and committee meetings and papers and the time commitment will be 2.5 days a month. For information, the role of Associate NED is a new role but most of the same terms and conditions apply to it as for a substantive non-executive director.

These non-voting roles will not require a change to the Trust Constitution. The Committee proposes that both positions are recruited to for a maximum 6 months (from around 1 March 2022). The period of time appointed as an Associate NED will not count towards the tenure for a substantive NED.

It is proposed that both candidates will automatically migrate to substantive NED positions without the need for any further recruitment process, subject to continued satisfactory performance. The plan is for one Associate NED to step up to a substantive NED role from 1 July 2022 (please see below) and the other Associate NED will step up to a substantive NED role from 1 September 2022.

Many Trusts are appointing Associate NEDs to their Boards for the purpose of succession planning, a smooth transition for new NEDs to their substantive roles and an opportunity to

get to know the Trust and how it operates supporting an effective handover for departing NEDs. Looking at a few examples, Associate NEDs tend to be remunerated at around half the salary of a substantive NED. For GOSH the Committee proposes that this will be £6,500/ per annum.

A separate discussion will take place in early 2022 about the succession plan for the Deputy Chair and Senior Independent Director roles.

#### Proposed recruitment timetable

A draft recruitment timetable is being considered by the Council of Governors below.

- **23 and 24 November 2021:** Approval of the recruitment process sought at the Council and Board
- **25 November:** New NED post advertised as an associate NED in the first instance
- **31 December 2021:** Closing date for applications.
- **w/c 10 January 2022:** Medium-list agreed by Council Nominations and Remuneration Committee.
- **Following medium listing:** Recruitment consultants hold assessment interviews with short-listed candidates.
- **w/c 31 January 2022:** Council Nominations and Remuneration Committee agrees final short-list.
- **w/c 7 February 2022:** Final interviews and stakeholder panel.
- **10 February 2022:** Council considers approval of new NED on the Trust Board.

The Board is asked to consider the Committee's recommendations which are subject to review and approval by the Council of Governors:

- Recruit to two NED positions at the same time, from a wider pool of diverse candidates allowing flexibility for appointment to the respective Audit Committee and Finance and Investment Committee chair roles.
- Initially recruit the successful candidates to Associate NED roles on the basis that both candidates will automatically step in to the substantive NED positions without the need for any further recruitment process, subject to continued satisfactory performance.
- Consider the Associate NED/ NED Role Description and Person Specifications for both NED positions (**see Appendices 1 and 2** for information)
- Consider the proposed adjusted recruitment timetable.

To note the recommendation to the Council to extend the Deputy Chair's tenure for a further three months in post (until 30 June 2022) after which they will step down from the GOSH Board.

#### Extension to Akhter Mateen's Tenure

The Board is asked to note that the Council Nominations and Remuneration Committee has considered the timing of Akhter Mateen stepping down from the Board and queried recruiting a new NED to take on the Audit Committee chair position towards the end of the current accounting year. The Committee proposes that Akhter Mateen's tenure is extended

to cover this period. Akhter Mateen is happy to accept a further extension of his tenure, stepping down at the end of the accounting year on 30 June 2021 so that the accounts and annual report can be recommended to the Board in May 2022. Such an extension poses no conflicts for Akhter in the role here or at the other London Foundation Trust and Akhter has recently received a positive GOSH appraisal. The extension also meets the requirements recently adopted in the Trust Constitution (see below). The Committee agreed that this proposal ensures good governance and additionally would allow time for the new candidate (as an Associate NED) to shadow the Audit Committee and gain knowledge of the GOSH audit landscape before stepping in to the substantive role.

For information, para 1.1.9 of Annex 7 of the Trust Constitution states:

*In exceptional circumstances, the Council of Governors may agree that a non-executive Director (or Chair) should serve one or more defined additional periods, up to a maximum of nine years in aggregate. The additional approved periods will be reviewed by the Council annually.*

# Non-Executive Director

## Great Ormond Street Hospital for Children NHS Foundation Trust

### Role Description

#### GOSH Profile

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) is an international centre of excellence in child healthcare. GOSH is an acute specialist paediatric hospital with a mission to provide world-class care to children and young people with rare, complex and difficult-to-treat conditions.

Together with our research partner, the UCL Great Ormond Street Institute of Child Health, we form the UK's only academic Biomedical Research Centre specialising in paediatrics.

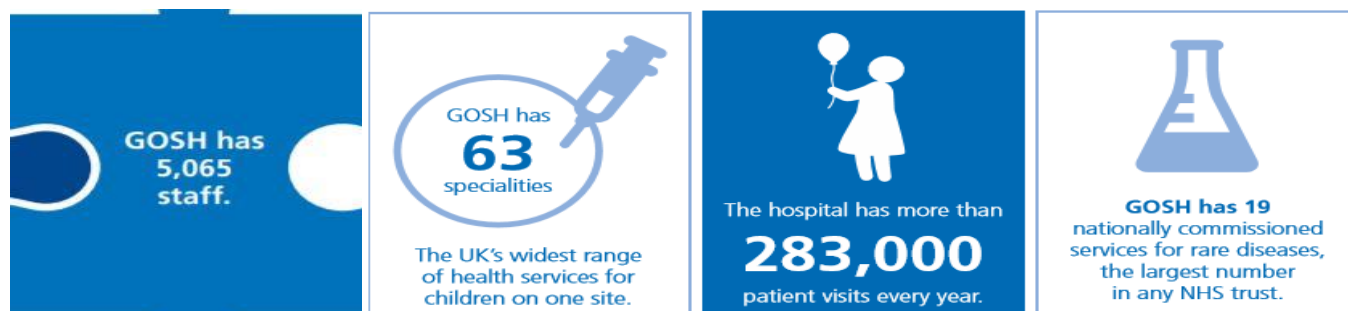
Since its formation in 1852, the hospital has been dedicated to children's healthcare and to finding new and better ways to treat childhood illnesses. Great Ormond Street Hospital receives nearly 300,000 patient visits (inpatient admissions or outpatient appointments) every year (figures from 2016/17).

Most of the children we care for are referred from other hospitals throughout the UK and overseas. There are 60 nationally recognised clinical specialities at GOSH; the UK's widest range of specialist health services for children on one site. More than half of our patients come from outside London and GOSH is the largest paediatric centre in the UK for services including paediatric intensive care and cardiac surgery.

Through carrying out research with the Institute of Child Health, University of London and international partners, GOSH has developed a number of new clinical treatments and techniques that are used around the world.

The UK's only academic Biomedical Research Centre (BRC) specialising in paediatrics is a collaboration between GOSH and UCL Great Ormond Street Institute of Child Health. We are a member of University College London (UCL) Partners, joining UCL with a number of other hospitals – an alliance for world-class research benefitting patients. In partnership with six other NHS trusts, we are the lead provider for North Thames Genomics Medicine Centre, part of the national 100,000 Genomes Project.

GOSH offers a wide prospectus of learning to all staff groups. Together with London South Bank University, we train the largest number of paediatric nurses in the UK. We also play a leading role in training paediatric doctors and other health professionals.





## **GOSH Values**

The Trust has developed the Always Values with our staff, patients and families that characterise all that we do and our behaviours with our patients and families and each other. Our Always Values are that we are:

- Always Welcoming
- Always Helpful
- Always Expert
- Always One Team



These values are extremely important to us and we expect everyone who works at GOSH in any capacity, including employees, bank staff, contractors, agency staff, people who hold honorary contracts, students and volunteers to share and uphold Our Always Values. Each value is underpinned by behavioural standards and employees will be expected to display these behaviours at all times. You can find a full copy of Our Always Values on our intranet.

The Trust also expects that everyone who works here shall act in such a manner as to justify public trust and confidence and to uphold and enhance the good standing and reputation of Great Ormond Street for Children NHS Foundation Trust. Individuals must therefore at all times carry out their duties with due regard to the Trust's Equality at Work Policy.

## **Job Summary**

The successful candidate will initially be appointed as an Associate NED for a maximum of 6 months. The Associate Non-Executive Director (Associate NED) role is used successfully in the NHS to support Board succession strategy and achieve a balance of Board level skills. Subject to continued satisfactory performance, it is intended that the successful candidate will migrate into a substantive non-executive director role without the need for any further recruitment process.

For the avoidance of doubt, Associate Non-Executive Directors are not Directors of the Trust and do not have the associated rights or liabilities, instead they have the ability to learn and influence. They operate as a full member of the team but without the same degree of accountability.

The Trust Board is collectively responsible for the success of the Trust, including delivering high standards of clinical and corporate governance, responsibility for financial viability, using resources effectively in line with financial controls and ensuring value for money. For clarity, the responsibilities of an Associate NED and substantive NED are provided below:

### **Associate NED responsibilities**

#### **General responsibilities**

- Support the Chair, Non-Executive Directors and Executive Directors in setting the strategic direction of the Trust;
- Uphold the Always Values of the Trust and champion an open, honest and transparent culture within the Board and the Trust;

- Ensure that the organisation promotes human rights and equality, diversity and inclusion for all its patients, staff and other stakeholders;
- Work positively and collaboratively with the Council of Governors to promote the success of the Trust.
- Support the Chair, Non-Executive Directors, Chief Executive and Executive Directors in the governance and stewardship of the Trust. Ensure effective stewardship through planning, strategy, control and value for money.
- Safeguard the good name and reputation of the Trust and be an ambassador for the Hospital.
- Participate in ward/departmental visits and occasional external stakeholder meetings.

#### Board activities

- Prepare for, attend and contribute to Trust Board meetings, Council of Governors' meetings, and Board development activities;
- Support and challenge, where appropriate, the Chief Executive and other directors to ensure that the Board conforms to the highest standards of corporate governance and makes appropriate decisions;
- To the extent that the required time commitment allows, participate in those activities where it has been agreed that Associate Non-Executive Directors' involvement would bring an external and independent perspective.
- Provide advice and guidance on issues relevant to their own skills, expertise and experience.
- Meet periodically with the Trust Chair/ Non-Executive Directors in the absence of Executive Directors to discuss issues of interest or concern;
- Participate in any Trust Board induction, training and evaluation identified as an individual and as part of the Board or committee;
- Participate in an annual review and appraisal of own performance with the Chair and contribute to both the annual appraisal of the Chair and Executive Directors, and periodic reviews of the performance of the Board.
- Take opportunities to develop and refresh knowledge and skills and remain well informed of the main areas of the NHS Foundation Trust's activity.

#### Council of Governors' activities

- Build and maintain close relations between the foundation trust's constituencies, and stakeholder groups to promote the effective operation of the trust's activities;

- Attend Council of Governors' meetings and maintain regular contact with governors to understand their issues and concerns, feeding back these comments/ concerns to the Trust Board.

### **Non-Executive Director Responsibilities**

Non-Executive Directors work alongside other Non-Executive and Executive Directors as an equal member of the Board. A NED at GOSH plays a crucial role in bringing an independent perspective to the Board in addition to any specific knowledge and skills.

#### **General responsibilities**

- Support the Chair, Non-Executive Directors and Executive Directors in setting the strategic direction of the Trust;
- As a member of the Board, set the Trust's values and standards. Uphold the Always Values of the Trust and champion an open, honest and transparent culture within the Board and the Trust;
- Ensure the Trust complies with the Terms of Authorisation, the Constitution and any other applicable legislation and regulations, including the maintenance of mandatory services and retention of property;
- Ensure that the organisation promotes human rights and equality, diversity and inclusion for all its patients, staff and other stakeholders;
- Work positively and collaboratively with the Council of Governors to promote the success of the Trust.
- Set challenging objectives for maintaining and improving performance of the Trust and ensure effective implementation of the Trust Board decisions by the Chief Executive and the senior management team;
- Hold the Chief Executive and other directors to account for the effective management and delivery of the organisation's strategic aims and objectives, including achieving the Trust's commitment to patients by improving the quality of care, patient and family experience and meeting targets for treatment; and promoting and delivering against the Trust's sustainability plans.
- Ensure that quality and financial controls and systems of risk management are robust and that the Board is kept fully informed through timely and relevant information;
- Ensure, through the leadership of the Chief Executive, that reporting lines and accountabilities are robust and support the effective oversight of the organisation including the development of effective risk and performance management processes
- Safeguard the good name and reputation of the Trust and be an ambassador for the Hospital. Represent the Trust with international, national, regional or local bodies or individuals, to ensure that the views of a wide range of stakeholders are considered;

- Ensure that the Board, and the organisation, observe the Secretary of State's and other government policies and priorities, including regulatory requirements and the Code of Governance and Codes of Conduct and Accountability;

#### Board activities

- Ensure the appropriate delegation of authority from the Board to the senior management team;
- Support and challenge, where appropriate, the Chief Executive and other directors to ensure that the Board conforms to the highest standards of corporate governance and makes appropriate decisions;
- Meet periodically with the Trust Chair in the absence of Executive Directors to discuss issues of interest or concern;
- With the Board nomination committee, initiate change and succession planning for executive director appointments which can meet the needs of the Foundation Trust.
- With the Board remuneration committee, determine appropriate levels of remuneration for Executive Directors;
- Participate in the appointment and where necessary the removal of the chief executive and other executive directors, as appropriate;
- Participate in any Trust Board induction, training and evaluation identified as an individual and as part of the Board or committee;
- Work with the Senior Independent Director on the annual performance evaluation of the chair, in line with the process agreed by the Council of Governors and reporting back to the Council of Governors appropriately;
- Undergo an individual and board performance appraisal and attend any additional training highlighted as a result of the evaluation process.
- Take opportunities to develop and refresh knowledge and skills and remain well informed of the main areas of the NHS Foundation Trust's activity.

#### Council of Governors' activities

- Build and maintain close relations between the foundation trust's constituencies, and stakeholder groups to promote the effective operation of the trust's activities;
- Attend Council of Governors' meetings and maintain regular contact with governors to understand their issues and concerns, feeding back these comments/ concerns to the Trust Board;

### **Review**

These role descriptions will be subject to review by the Trust Board and Council of Governors as appropriate.

### **Other information**

Great Ormond Street Hospital for Children NHS Foundation Trust is a dynamic organisation, therefore changes in the core duties and responsibilities of this role may be required from time to time. These guidelines do not constitute a term or condition of employment.

### **Confidentiality**

On appointment you may be given access to confidential information which must only be disclosed to parties entitled to receive it. Information obtained during the course of employment should not be used for any purpose other than that intended.

### **Human Rights Act**

You are required to comply with the regulations of the Human Rights Act 1998 during the course of your appointment.

### **Sustainable Development**

You will be required to demonstrate a personal commitment to the Trust's Sustainable Development Plan and to take personal responsibility for carrying-out your work duties in a way which is compliant with this Plan.

## **Non-Executive Director (Digital)**

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

#### **Person Specification**

We are seeking to appoint a non-executive director with a strong financial background who has experience of designing, negotiating and delivering innovative technologies within a commercial or public environment. We are looking for a candidate who has Board level experience in a large/complex/changing organisation and will champion effective, safe services and an excellent patient and family experience. You will be personally influential and demonstrate intellectual ability with the capacity to analyse and master complex information and handle differing views in a flexible way.

The candidate will sit on the Trust Board and the following committees of the Board:

- Audit Committee
- Finance and Investment Committee.

The successful candidate will initially be appointed as an Associate NED for a maximum of 6 months. The Associate Non-Executive Director (Associate NED) role is used successfully in the NHS to support Board succession strategy and achieve a balance of Board level skills.

For the avoidance of doubt, Associate Non-Executive Directors are not Directors of the Trust or Board members and do not have the associated rights or liabilities, instead they have the ability to learn and influence. They operate as a full member of the team but without the same degree of accountability. As an associate non-executive director, the candidate will have access to Board and committee meetings and papers.

Subject to continued satisfactory performance, it is intended that the successful candidate will migrate into a substantive non-executive director role without the need for any further recruitment process. On appointment to the substantive non-executive director position, the candidate will be expected to chair either the Audit Committee or the Finance and Investment Committee (relevant to their skills and experience).

The Trust is especially keen to increase the diversity of the Trust Board to better mirror its workforce and the users of our services. We particularly welcome applications from women and from people who would bring diversity of experience, background and culture to the Board including people from ethnic minority communities.

Essential criteria

- Strong business and financial acumen and background, with considerable experience at Board level for a large/complex/changing organisation (NHS or commercial).
- Experience of designing, negotiating and delivering innovative technologies within a commercial or public environment (and managing workforce/ transformation/ cultural implications).
- Experience of delivering and/ or improving patient, family, service user, client or customer services.
- Experience and knowledge of risk management and value for money (VFM).
- High level of understanding/interest in healthcare issues, specifically in relation to corporate governance.
- Experience of delivering and/ or improving patient, family, service user, client or customer services.
- Demonstrate a strong commitment to the principles of the NHS and the Trust's Always Values.
- Demonstrable strong commitment to sustainability and take personal responsibility for carrying-out duties and complying with the Trust sustainability plans.
- Ability to contribute to the hospital's strategic development and challenge constructively across all areas of the business.
- The diplomacy and empathy to engage, promote and sustain relationships with internal stakeholders (Board members, Governors on the Council of Governors and staff members) and external stakeholders.
- Excellent communication skills and awareness of the sensitivity of the services GOSH provides.
- Upholds the highest standards of conduct, displaying the principles of selflessness, integrity, objectivity, accountability, openness, honesty, and leadership.
- Qualified to be a member of the NHS Foundation Trust with a residence within one of its public constituency boundaries.

Desirable criteria

- Experience/knowledge of the integrated healthcare landscape and commissioning of NHS services.
- Demonstrate a strong commitment to excellent paediatric healthcare.

## **Non-Executive Director (Finance)**

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

### **Person Specification**

We are seeking to appoint a financially-qualified non-executive director to join our unitary Board. We are looking for a candidate who has Board level experience in a large/complex/changing organisation and will champion effective, safe services and an excellent patient and family experience. You will be personally influential and demonstrate intellectual ability with the capacity to analyse and master complex information and handle differing views in a flexible way.

The candidate will sit on the Trust Board and the following committees of the Board:

- Audit Committee
- Finance and Investment Committee.

The successful candidate will initially be appointed as an Associate NED for a maximum of 6 months. The Associate Non-Executive Director (Associate NED) role is used successfully in the NHS to support Board succession strategy and achieve a balance of Board level skills.

For the avoidance of doubt, Associate Non-Executive Directors are not Directors of the Trust or Board members and do not have the associated rights or liabilities, instead they have the ability to learn and influence. They operate as a full member of the team but without the same degree of accountability. As an associate non-executive director, the candidate will have access to Board and committee meetings and papers.

Subject to continued satisfactory performance, it is intended that the successful candidate will migrate into a substantive non-executive director role without the need for any further recruitment process. On appointment to the substantive non-executive director position, the candidate will be expected to chair either the Audit Committee or the Finance and Investment Committee (relevant to their skills and experience).

The Trust is especially keen to increase the diversity of the Trust Board to better mirror its workforce and the users of our services. We particularly welcome applications from women and from people who would bring diversity of experience, background and culture to the Board including people from ethnic minority communities.

#### Essential criteria

- Strong business and financial acumen (with a finance qualification and background) and an ability to understand complex strategic issues.
- Board level experience in a large/complex/changing organisation (NHS or commercial).
- Experience and knowledge of risk management and value for money (VFM).
- High level of understanding/interest in healthcare issues, specifically in relation to corporate governance.
- Experience of delivering and/ or improving patient, family, service user, client or customer services.



## Attachment Z

- Demonstrate a strong commitment to the principles of the NHS and the Trust's Always Values.
- Demonstrable strong commitment to sustainability and take personal responsibility for carrying-out duties and complying with the Trust sustainability plans.
- Ability to contribute to the hospital's strategic development and challenge constructively across all areas of the business.
- The diplomacy and empathy to engage, promote and sustain relationships with internal stakeholders (Board members, Governors on the Council of Governors and staff members) and external stakeholders.
- Excellent communication skills and awareness of the sensitivity of the services GOSH provides.
- Upholds the highest standards of conduct, displaying the principles of selflessness, integrity, objectivity, accountability, openness, honesty, and leadership.
- Qualified to be a member of the NHS Foundation Trust with a residence within one of its public constituency boundaries.

### Desirable criteria

- Demonstrate a strong commitment to excellent paediatric healthcare.