

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE COUNCIL OF GOVERNORS
Tuesday 23 November 2021
1:30pm – 4:00pm
By Zoom (details sent in calendar invite)

NO.	ITEM	Attachment	PRESENTER	TIME
1.	Welcome and introductions		Michael Rake, Chair	1:30pm
2.	Apologies for absence		Michael Rake, Chair	
3.	Declarations of interest		Michael Rake, Chair	
4.	Minutes of the meeting held on 6 July 2021	A	Michael Rake, Chair	
5.	Matters Arising and action log	B	Anna Ferrant, Company Secretary	
6.	GOSH Well Led Review Report	C	Anna Ferrant, Company Secretary	1:40pm
7.	GOSH operating in the new NHS Landscape – Integrated Care Systems	D	Helen Jameson, Chief Finance Officer	1:55pm
8.	Annual Business Planning 2022/23	E	Helen Jameson, Chief Finance Officer	2:10pm
9.	Selection by Governors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 21/22	F	Rebecca Stevens, Head of Performance	2:25pm
10.	Chief Executive Report including: <ul style="list-style-type: none"> Integrated Quality and Performance Report (IQPR highlights) October 2021 Finance report (highlights) October 2021 	G	Matthew Shaw, Chief Executive Helen Jameson, Chief Finance Officer	2:35pm
11.	Update from the Young People’s Forum (YPF)	H	Amy Sutton, Patient Involvement and Experience /Chair of the YPF	2:50pm
12.	Reports from Board Assurance Committees: <ul style="list-style-type: none"> Quality, Safety and Experience Assurance Committee (October 2021) Audit Committee (October 2021) 	I	Amanda Ellingworth, Chair of the QSEAC	3:00pm
		J	Akhter Mateen, Chair of Audit Committee	
		K		

	<ul style="list-style-type: none"> • Finance and Investment Committee (September and November 2021) • People and Education Assurance Committee (September 2021) 	L	<p>James Hatchley, Chair of the F&I Committee</p> <p>Kathryn Ludlow, Chair of the People and Education Assurance Committee</p>	
13.	Succession Planning – Non-Executive Directors	R	Anna Ferrant, Company Secretary	3:15pm
14.	<p>Governance Update:</p> <ul style="list-style-type: none"> • Attendance at Council of Governor meetings Standard Operating Procedure • Revised Constitution and Governance Working Group Terms of Reference • Questions for Council self-assessment of effectiveness survey 2022 • Establishing the Induction Working Group • Update from the NHS Providers Governors’ Advisory Committee 	N	<p>Paul Balson, Head of Corporate Governance</p> <p>Josh Hardy, YPF Governor</p>	3:25pm
15.	<p>Update from the Membership Engagement Recruitment and Retention Committee</p> <ul style="list-style-type: none"> • Membership Statistics Update • Elections 2021 Update • Update on development of revised GOSH Membership Strategy 	O P Q	Adetutu Emmanuel, Stakeholder Engagement Manager	3:40pm
16.	Chair and NED Appraisal process	M	Anna Ferrant, Company Secretary	3:50pm
17.	Any Other Business	Verbal	Chair	3:50pm

**DRAFT MINUTES OF THE COUNCIL OF GOVERNORS MEETING**
6th July 2021
Held virtually via videoconference

Sir Michael Rake	Chair
Emma Beeden	Patient and Carer Governor: Patients from Home Counties
Olivia Burlacu	
Beverly Bittner-Grassby	Patient and Carer Governor: Parents and Carers from London
Stephanie Nash	
Emily Shaw	
Lisa Allera	Patient and Carer Governor: Parents and Carers from Home Counties
Claire Cooper-Jones	Patient and Carer Governor: Parents and Carers from the rest of England and Wales
Roly Seal	Public Governors: London
Peace Joseph	
Hannah Hardy	Public Governors: Home Counties
Julian Evans	Public Governors: Rest of England and Wales
Margaret Bugyei-Kyei	Staff Governors
Quen Mok	
Graham Derrick	
Benjamin Hartley	
Mark Hayden	
Prof Jugnoo Rahi	Appointed Governor: University College London, Institute of Child Health
Josh Hardy	Appointed Governor: Young People's Forum
Grace Shaw-Hamilton	
Alison Kelly	Appointed Governor: London Borough of Camden

In attendance:

Akhter Mateen	Non-Executive Director
James Hatchley	Non-Executive Director
Chris Kennedy	Non-Executive Director
Amanda Ellingworth	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Matthew Shaw	Chief Executive
Helen Jameson	Chief Finance Officer
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Paul Balson	Head of Corporate Governance
Adetutu Emmanuel	Stakeholder Engagement Manager
Zoe Asensio Sanchez*	Director of Estates, Facilities and the Built Environment

Bryony Freeman*	Head of Performance and Business Improvement, Built Environment
Alison Robertson*	Chief Nurse
Michelle Nightingale*	Named Nurse for Safeguarding

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

17	Apologies for absence
17.1	Apologies were received from: Kudzai Chikowore, Public Governor; Eve Brinkley Whittington, Public Governor; Abigail Sudharson, Patient and Carer Governor; Gavin Todd, Patient and Carer Governor.
18	Declarations of interest
18.1	Anna Ferrant, Company Secretary presented the register of Governors' declared interests and highlighted that Governors were considered to be Decision Makers as a result of their influence in the spending of tax payers' money and were therefore required to make a positive or nil declaration at least annually. She reminded Governors to make any updates through the DECLARE online portal.
19	Minutes of the meeting held on 20 April 2021
19.1	The Council approved the minutes of the previous meeting.
20	Matters Arising and action log
20.1	The Council noted the actions taken since the last meeting.
20.2	Sir Michael Rake, Chair said that discussion had taken place at the pre-meeting about the progress that had been made with rationalising papers and providing them earlier. Governors had welcomed this progress.
21	Chief Executive Report
21.1	Matthew Shaw, Chief Executive said that the Trust's Well Led Review was complete and the initial findings would be discussed with the Board at its July meeting. He said that although it was a challenging time to carry out such a review it was important to ensure that this was done in order to fulfil the Trust's statutory obligations and it would also be helpful in advance of a possible CQC inspection in 2022. Matthew Shaw said that the work to make cultural change must be accelerated and it was important to empower staff throughout the organisation to make decisions as appropriate at their own levels.
21.2	Substantial change was taking place in the NHS and GOSH was working to progress its strategic objectives whilst preparing for a third wave of the COVID19 pandemic. A surge of the respiratory virus RSV was expected in the paediatric population which had the potential to add pressure to the Trust's activity in certain areas such as ICU. Matthew Shaw said that GOSH was also working to ensure that the backlog of patients waiting for treatment was reduced.

21.3	A thank you message from the Chief Executive had been sent to staff and Matthew Shaw said that there was considerable fatigue in some areas of the workforce. He said that it was important to consider how current levels of activity could be sustained while ensuring staff wellbeing was considered. The number of patients who had waited 52 weeks had reduced by half however some patients had waited more than 104 weeks due to either capacity or patients' and families' preference to wait.
21.4	Performance against the 18 week Referral to Treatment target continued to improve and bed utilisation had reached 80% which was challenging for staff. Theatre utilisation had increased which was positive. Work was taking place to improve performance against Duty of Candour metrics and this was being monitored by the QSEAC.
21.5	<u>Finance report (highlights) April 2021 data</u>
21.6	Helen Jameson, Chief Finance Officer said that a budget setting process had taken place based on levels of activity achieved in 2019/20 and the budget had been signed off at the end of March 2021. A block contract had been confirmed for the first six months of 2021/22 however no commitment had been made around funding for the second half of the year. The block contract had not been linked to the levels of activity required to treat the backlog of patients however funding had been provided in lieu of non NHS income as there had been a significant reduction in income from International and Private Care (I&PC).
21.7	It had been confirmed that funding would be received for activity over and above the levels of 2019/20 on a cost and volume basis. The Trust was forecasting a breakeven position in the first six months of the year.
21.8	Accelerator sites had been established in order to support the reduction of waiting lists however the funding provided under this programme could not be used to fund items which were funded by the block contract and would therefore be used to deliver improvement projects. Helen Jameson confirmed that the capital programme remained broadly in line with plan and cash remained strong at £135million.
21.9	Action: Matthew Shaw said that a report on sustainability would be considered by the Board at its July meeting and it was agreed that an update would be provided to the Council of Governors at its next meeting.
21.10	Roly Seal, Public Governor noted that the Trust's theatre utilisation for the reporting period was 76% and asked how this compared across North Central London. Matthew Shaw said that it was important to increase this up to 90% to ensure that assets were being used efficiently. He added that GOSH was likely to benchmark lower than other Trusts in the area however this was partly as a result of the case mix of complex patients.
21.11	Quen Mok, Staff Governor asked how the QSEAC was assured that quality and safety of care was not being compromised given the number of competing priorities. She emphasised the importance of focusing on staff wellbeing going forward. Amanda Ellingworth, Non-Executive Director said that a balanced scorecard was being developed which would present triangulated data and Matthew Shaw said that although bed occupancy rates were approaching 80% this was still below the required level of 85%.

21.12	Beverly Bittner Grassby asked about the referral pathway to GOSH and asked how international patients were being treated in the absence of access to GOSH. Matthew Shaw said that referral pathways were dependent on the service and highlighted that there was a large number of patients waiting for outpatient appointments. He added that there were also likely to be large numbers of patients in the community who would need access to GOSH's services but had not yet been referred. International patients were being stabilised in their home countries and telemedicine was taking place in many cases. In very serious cases patients would continue to be transferred to GOSH. Discussion was taking place about running diagnostics services in the UAE which would support in country care.
21.13	Josh Hardy, Appointed Governor noted that metrics around Duty of Candour were persistently red rated and asked what action was being taken around this. Matthew Shaw said that whilst the Trust was sharing letters with families this was not in the required timeframes and further progress was required in this regard. He said that parents would be waiting for this correspondence and it was important to uphold the Trust's commitment to transparency. Matthew Shaw said that the QSEAC had requested improvement in Duty of Candour metrics by the next meeting in October.
21.14	Margaret Bugyei Kyei, Staff Governor welcomed the thank you message that had been sent to staff. She said that there was considerable fatigue in areas of the workforce and recognition of the hard work taking place was important.
22	Update on redevelopment at GOSH including the Children's Cancer Centre (CCC)
22.1	Zoe Asensio Sanchez, Director of Estates, Facilities and the Built Environment said that the RIBA 3 design stage had begun in April 2021 and was considering spatial coordination. This would be complete in December 2021 and would end with the formal planning. During the year the Full Business Case would also be developed and a Children's Cancer Centre Planet Programme Director was being recruited to focus on this.
22.2	A robust governance structure was in place which focused on paediatric cancer services nationally as well as the building and therefore workstreams on research, clinical champions and workforce modelling had been developed to support this.
22.3	Construction would begin in 2023 however the decant programme was considerable and 30 separate projects were in place. The next gateway was scheduled for September 2021 and would enable the project to proceed to decant and enabling works and planning submissions.
22.4	There had been considerable patient involvement in the design of the building and patients had been clear about the key principles of design which were around access to nature, creating a homely feel and harnessing innovative technology. Zoe Asensio Sanchez said that the project was on track to achieve these ambitions.
22.5	Benjamin Hartley, Staff Governor said that he had held his first clinic in the new Sight and Sound Centre and the environment had been excellent. He asked how

22.6	<p>the Children's Cancer Centre would be named and Matthew Shaw said that there was likely to be a donor name associated with the building.</p> <p>Jugnoo Rahi, Appointed Governor asked how the learning from significant developments could be used in smaller areas such as departments and Zoe Asensio Sanchez said that a lessons learnt process took place after each project which continued once the development was in use. The approach taken was in line with best practice and included other developments from which learning could be identified.</p>
22.7	<p>Quen Mok asked about the approach taken to involve clinical champions and Zoe Asensio Sanchez said that there was a formalised forum involving a broad range of clinicians. She said that they had been involved in the Children's Cancer Centre development for a number of years.</p>
23	Reports from Board Assurance
23.1	<p><u>Quality, Safety and Experience Assurance Committee (July 2021)</u></p>
23.2	<p>Amanda Ellingworth, Chair of the QSEAC said that the Committee had reviewed key quality and performance metrics and requested improvements in Duty of Candour. A driver diagram had been developed to link streams of work to the safety strategy and ensure that the outcomes of the planned work would be to drive the strategy forward.</p>
23.3	<p>An update on medicines management had been received and good work had been taking place with a plan in place to complete the remaining actions arising from the MHRA inspection. A good project had also been undertaken to reduce waste and this had been positive.</p>
23.4	<p><u>Audit Committee (May 2021)</u></p>
23.5	<p>Akhter Mateen, Chair of the Audit Committee said that the May meeting was the annual year-end meeting and the focus had been placed on the external audit and recommending the year end documents to the Trust Board. GOSH been one of a few Trusts which had submitted its annual report and accounts on time and the Auditors had provided an unqualified opinion and had not raised any material issues. The Head of Internal Audit Opinion had provided a rating of 'significant assurance with minor improvement potential'. The documents had been recommended to the Board for approval.</p>
23.6	<p>The Committee continued to review progress with cyber security and a revised governance process was being implemented. Akhter Mateen said that it was vital to remain alert to cyber security issues as these issues were arising regularly internationally.</p>
23.7	<p>The NHS Counter Fraud Authority had changed its requirements for Trusts and applied these retrospectively however GOSH had continued to receive a green rating despite these changes.</p>

23.8	<u>Finance and Investment Committee (June 2021)</u>
23.9	James Hatchley, Chair of the Finance and Investment Committee said that the committee had been focused on the financial challenges and the uncertainty of the NHS system. The Trust had made a surplus in 2020/21 however this had not been representative of the challenges that had been experienced in year. The Committee continued to monitor the performance of International and Private Care. James Hatchley said that budgets were an ongoing area of focus along with the need to balance recovery following surges of the pandemic and the need to treat a backlog of patients.
23.10	Sir Michael Rake said that given the considerable pressures the year end outturn and completion of the accounts in line with the original timeline was a great achievement.
23.11	<u>People and Education Assurance Committee (June 2021)</u>
23.12	Kathryn Ludlow, Chair of the PEAC said that the Committee continued to receive updates from the GOSH Learning Academy and focused on education for GOSH staff. Sickness rates in the Trust were increasing with a key cause being anxiety and depression and the committee was monitoring this.
24	Update on Safeguarding at GOSH
24.1	Alison Robertson, Chief Nurse said that safeguarding practice was guided by both national and international legislation and NHS organisations appointed named professionals to lead the safeguarding service. It was vital to ensure that robust processes were in place in the event that the Trust became aware of allegations against staff and there had been a number of stories reported in the press about individuals employed in positions of trust.
24.2	Alison Robertson gave an overview of GOSH's response to the Operation Sheppey case involving a former porter at the Trust. She confirmed that GOSH had undertaken all the required checks for the individual and they had not highlighted any concerns. The Trust had worked closely with the police throughout the investigation and had undertaken a safeguarding governance review looking at recommendations arising from national enquiries and any gaps identified were developed into an action plan. Internal communications had taken place with staff throughout the case.
24.3	A review had also been undertaken of allegations against staff (AAS) cases from 2015 onwards to ensure that all had been appropriately closed and actions completed. Alison Robertson said that the Trust worked closely with the Local Authority Designated Officer who provided advice and guidance to organisations who had concerns around individuals working with children and young people. The CQC had also undertaken an in depth review of GOSH's AAS processes and had found that the Trust was taking appropriate action with no provider failures raised.
24.4	Alison Robertson said that a new Nurse Consultant for Safeguarding had been appointed following the retirement of the previous post holder and this provided the opportunity to review the current safeguarding arrangements and identify areas of future focus.

24.5	Michelle Nightingale, Nurse Consultant for Safeguarding said that going forward focus would be placed on making improvements to the safeguarding policy and engaging with staff around the policy as well as providing safeguarding supervision to enhance teams' confidence, knowledge and skills in safeguarding. A domestic abuse strategy was being developed and the Trust was working with Violence Against Women and Girls lead for the London Borough of Camden.
24.6	Joint working with the Trusts safeguarding partners in North Central London would continue and had been particularly important during the pandemic to ensure that patients had a safe discharge from GOSH. Michelle Nightingale added that the safeguarding team would be engaging with the Young People's Forum to receive feedback on the service.
25	Update from the Young People's Forum (YPF)
25.1	Josh Hardy, Appointed Governor said that the YPF had given feedback on healthcare priorities for children and young people and were working with HR to increase the involvement of children and young people in recruitment across the organisation.
25.2	Action: Grace Shaw Hamilton, YPF member said that transition to adult services was key for young people and GOSH guidance set out that discussions about transition should begin at age 12 which did not happen in many cases. A new transition manager had begun in the Trust who would support improvement in the area. Matthew Shaw said that significant work was required around transition which had been delayed for many patients as a result the pressure on adult services during the pandemic. It was agreed that an update on transition would be provided to the Council in January 2022.
25.3	Jugnoo Rahi, Appointed Governor highlighted that the latest NHS forward plan proposed that transition could take place up to the age of 23 depending on the patient and their needs. Grace Shaw Hamilton said that she would welcome remaining at GOSH as she had received excellent care. She added that this would provide continuity of care for key aspects of patients' treatment.
26	Update from the Membership Engagement Recruitment and Representation Committee (MERRC)
26.1	Adetutu Emmanuel, Stakeholder Engagement Manager said that the first MERRC meeting of new committee members had taken place and it had been noted that the young people, men and people from a black and minority ethnic background were underrepresented in the membership. Discussion had taken place around how best to focus recruitment work in these areas using imaginative engagement.
26.2	Following a call for members, Alison Kelly, Beverly Bittner Grassby, Olivia Burlacu, Emma Beeden and Grace Shaw Hamilton had joined the Committee and it had been agreed that Olivia Bulacu and Emma Beeden would act as co-chairs.
26.3	Discussion took place around updating the Committee's Terms of Reference and increasing diversity in the membership. Consideration was also given to the

	potential to introduce GOSH influencers and use of the membership newsletter in order to ascertain members' areas of interest.
26.4	Work was taking place to revise the Membership Strategy for 2022 to 2025 and focus would be placed on knowledge, inclusivity and sustainability.
26.5	<u>Use of Twitter for Engaging with the GOSH Membership</u>
26.6	The membership Twitter account would be launched on 26 th July 2021 and would be used to communicate with current and future members as well as connect with like-minded organisations.
26.7	Alison Kelly, Appointed Governor said that the Committee had discussed the benefits of membership and had agreed that it was important to highlight the impact that members could also have.
26.8	Roly Seal, Public Governor asked whether the team was planning to engage with any high profile supporters of the Trust and Adetutu Emmanuel said that MERRC was keen to hear ideas from Governors for engagement activity.
26.9	Claire Cooper Jones noted that engagement was taking place online and by email and asked how communication could take place with individuals from different socioeconomic backgrounds who may not have digital access. Adetutu Emmanuel agreed that it was vital that particular groups were not excluded and said that increasing numbers of engagement activities would take place in person such as on the hospital site or in schools. However she added that it was important to recognise the influence of social media on a large proportion of young people.
27	Reappointment of a Non-Executive Director – Kathryn Ludlow
27.1	Anna Ferrant, Company Secretary said that Kathryn Ludlow had served one three year term as a Non-Executive Director on the Board and was eligible for an additional term of three years. She said that Kathryn Ludlow had been appointed as a result of the gap in legal knowledge on the Board and she had taken on the role of Chairing the People and Education Assurance Committee.
27.2	A reappointment statement had been provided and Anna Ferrant confirmed that the proposed reappointment was supported by the Board.
27.3	The Council approved the reappointment of Kathryn Ludlow for a further three year term.
28	Process for appointment of a new Non-Executive Director
28.1	Anna Ferrant confirmed that Akhter Mateen would be stepping down from the Board in March 2022 and a key duty of the Council was to appoint a new Non-Executive Director. She said that whilst it was important that the individual could sit on the Audit Committee a finance background was not essential. It was noted that the proposal would be considered by the Trust Board on 7 th July.
28.2	Action: The Council of Governors' Nominations and Remuneration Committee would review a person specification which would then be agreed by the Council

	and it was agreed that any key points for consideration should be emailed to Anna Ferrant.
28.3	The Council approved the process for the appointment of a new Non-Executive Director.
29	Appointment of a Lead Governor and Deputy Lead Governor
29.1	Paul Balson, Head of Corporate Governance said that one self-nomination had been received for the Lead Governor role and one for the Deputy Lead Governor role following a call for expressions of interest at the April 2021 meeting.
29.2	The Council approved Claire Cooper Jones as Lead Governor and Beverly Bittner Grassby as Deputy Lead Governor, both for one year terms.
30	Governance Update
30.1	Paul Balson said that the process for appointing a new Chief Nurse had begun and would include a stakeholder panel. Two Governors were requested to sit on the panel and expressions of interest would be sought through the Governor newsletter.
30.2	Two well attended buddying sessions had taken place and positive feedback had been received. A portal solution to enable Governors to access information would be in place by the next meeting.
30.3	<u>Code of Conduct</u>
30.4	The Council approved the Code of Conduct and it was noted that the document would be circulated with the Governor newsletter for signing by all Governors.
30.5	<u>Working with the GAC update</u>
30.6	Josh Hardy had been elected to the Governor Advisory Committee which would be discussing Governor development. Any comments to be fed back to the Committee would be provided to the Corporate Affairs team.
30.7	<u>Membership of Council committees</u>
30.8	<ul style="list-style-type: none"> • <u>Appointment to the Council of Governors' Nominations and Remuneration Committee</u>
30.9	Governors had been asked to submit self-nominations. One staff Governor, Quen Mok had submitted a nomination and would take up the staff governor seat and Claire Cooper Jones, as Lead Governor, would also take a seat.
30.10	An election had taken place via email for the three remaining seats on the Committee and Beverly Bittner Grassby, Stephanie Nash and Josh Hardy had been elected. The Council approved the Governor membership.
30.11	<ul style="list-style-type: none"> • <u>Appointment to the Constitution Working Group</u>
30.12	Three Governors, Alison Kelly; Lisa Allera and Peace Joseph, had expressed an interest in sitting on the Constitution Working Group and one further Governor

	was required. It was agreed that interested Governors would contact Paul Balson. Sir Michael Rake highlighted the importance of the Committee.
31	Any other business
31.1	Action: It was agreed that dates for observing assurance committees would be sent to Governors as calendar appointments.

COUNCIL OF GOVERNORS ACTION CHECKLIST
November 2021

Checklist of outstanding actions from previous meetings

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
52.10	27/01/21	It was agreed that a commercial update would be provided to an appropriate future meeting when sufficient progress had been made.	Chris Rockenbach	November 2021	On agenda under annual business planning
21.9	06/07/21	Matthew Shaw said that a report on sustainability would be considered by the Board at its July meeting and it was agreed that an update would be provided to the Council of Governors at its next meeting.	Nick Martin	November 2021	Provided in Chief Executive Update on agenda.
25.2	06/07/21	Grace Shaw Hamilton, YPF member said that transition to adult services was key for young people and GOSH guidance set out that discussions about transition should begin at age 12 which did not happen in many cases. A new transition manager had begun in the Trust who would support improvement in the area. Matthew Shaw said that significant work was required around transition which had been delayed for many patients as a result the pressure on adult services during the pandemic. It was agreed that an update on transition would be provided to the Council in January 2022.	DD	November 2021	Not yet due.
28.2	06/07/21	The Council of Governors' Nominations and Remuneration Committee would review a person specification for the new Non-Executive Director which would then be agreed by the Council and it was agreed that any key points for consideration should be emailed to Anna Ferrant.	All Governors	October 2021	Update on Succession Planning and NED recruitment is on the agenda.
31.1	06/07/21	It was agreed that dates for observing assurance committees would be sent to Governors as calendar	VG	July 2021	Actioned. Governors are reminded to accept or decline

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		appointments.			meetings as appropriate depending on whether they would like to observe.

Council of Governors

23 November 2021

Well Led Review Report and Action Plan

Summary & reason for item:

Under guidance from NHS Improvement, providers are encouraged to carry out externally facilitated, developmental reviews of their leadership and governance every three - five years. In early 2021, following an open competition, BDO LLP was selected as the preferred bidder to conduct the 2021 GOSH Well Led review.

The Review was conducted between March and June 2021 and the report presented at the Trust Board in July 2021. The report is attached at **Appendix 1** for Governors to review (the report has been previously shared with Governors via email on 4 October 2021 from Sir Mike Rake, Chair and as such is attached with the separate 'For information' pack). **Appendix 2** provides the executive summary and list of recommendations for ease of reference.

The reviewers applied CQC's Well Led framework and associated lines of enquiry. They used a variety of methods to inform their reports and recommendations including interviews with Board and senior managers and observations of the Board and committees. The reviewers also met with groups of staff including staff representing the diversity forums and with patients and some of the Council of Governors (past and present).

The findings include recommendations which are developmental in design to support the Trust in focusing on key priority areas to deliver the changes needed in the Trust's continuing Well Led journey.

There was unanimous recognition that the culture at GOSH has improved significantly over the last 3 years, under the direction of the current leadership team.

Recommendations were made under four headings:

- Developing a high performance team and organisation - Looking to the future to rethink the leadership approach with an emphasis on becoming a high performing team and for GOSH to become a high performing organisation.
- Strengthening governance and assurance – a need to reflect on processes and mechanisms for assurance and devolve more accountability to directorates.
- Improving quality and safety - embedding a safety culture and a culture of continuous improvement.
- Strengthening engagement - accelerate progress of the priority actions of the People Strategy.
- Strategy alignment and delivery - to gain a shared understanding of the future direction of travel for the organisation and the changing landscape in which the Trust will operate.

The Board is committed to the report being shared across the Trust and engaging with staff and Governors about how to deliver against the recommendations. The report has been shared with Governors, members of the Senior Leadership Team and other staff groups and opportunities provided for engagement and feedback on the proposed actions. The report has also been shared with our commissioners.

The spreadsheet attached (please see **Appendix 3**) outlines the initial action plan in response to the recommendations. Taking account of the proposed engagement outlined above, the actions to deliver the recommendations are expected to change going forward. The Executive Management Team will retain overarching responsibility for monitoring delivery of these actions and reporting assurance that the plan is on track and the actions are delivering the expected outcomes. Progress with the plan will be reported at Trust Board and the Council of Governors.

Governor action required:

To review the findings in the report and the associated action plan. Recommendation 8 in the report is specifically about support for Governors and it would be helpful to receive comments on the proposed actions.

Report prepared by: Anna Ferrant, Company Secretary

Item presented by: Anna Ferrant, Company Secretary

INDEPENDENT WELL LED REVIEW FINAL REPORT - JULY 2021

Executive summary

BDO and Arden & GEM have undertaken this independent well-led review on behalf of GOSH to support the Board on its developmental journey. This report sets out our findings and recommendations from that review.

Context

The NHS is in the midst of a period of significant and rapid change reflecting the ongoing management of and recovery from the Covid-19 pandemic, as well as a need to deliver against the strategic change agenda set out in the Long-Term Plan and upcoming legislative change. GOSH, like all other organisations is required to navigate these changes whilst continuing to maintain and improve the quality of care and safety for patients.

The required response to the management and subsequent recovery from the Covid-19 pandemic has necessitated a different style of leadership at the Trust over the last 15 months that necessitates being more operationally focused. This includes an impact on the visibility of Non-Executive Directors (NEDs) and Governors in particular, changes to key management meetings such as the Operational Board becoming Silver Command and a different approach to governance and management of the BAF. We recognise that this will have influenced the ability of the Trust to progress on its development journey at the expected pace and with the desired impact. The next step for Trust leaders is to decide when the time is right to shift away from this and refocus on the areas for ongoing development described in this report. Numerous positive examples of how the Trust responded to the pandemic were noted throughout our review including increased communications and engagement with staff, provision of mutual aid to organisations within London, the Chief Executive's role in establishing the Nightingale Hospital and the resilience of the Executive leadership team.

The high-profile nature of GOSH brings its challenges in terms of increased media scrutiny and the pressurised environment that can sometimes be created due to the often complex and emotional cases the Trust manages. Culture change within NHS organisations can take years to be realised even without the added pressures faced by a Trust of a highly specialised nature.

Due to the current restrictions associated with the pandemic the review has been undertaken remotely via Zoom. We have been able to complete the schedule of planned interviews, observations and focus groups.

However we have not been able to visit the Trust premises, and have therefore not had the opportunity for more informal discussions and observations that provide an additional insight into culture, behaviours and values.

Despite the challenges outlined above, by undertaking this review during this time, the Trust has demonstrated its commitment to its continued development journey

Key Findings

There was unanimous recognition throughout our review that the culture at GOSH has improved significantly over the last 3 years, under the direction of the current leadership team. A historic reputation for poor culture and an external image of defensiveness and lack of transparency has been turned around, evidenced in many ways including improved staff survey scores, the development of the excellent Above and Beyond strategy and strengthening relationships with key partners.

Culture change in particular within the NHS can take many years and the leadership of the Trust can be proud of the impact achieved in a relatively short period of time. It was evident that there is a real desire from the leadership team to become an outstanding organisation, not just to achieve the regulatory status but because of the impact on patients, families and staff. There are not many outstanding accredited hospital NHS Trusts and those that have achieved this level have demonstrated a track record of continuous improvement and collaboration through a leadership style based on visibility, accountability, partnership and openness.

Developing a High-Performance Team and Organisation

The leadership of GOSH has brought the organisation through a profound and significant period of improvement at all levels and across the whole Trust. The calibre of the leaders is generally high and everyone we spoke to had praise for how leaders have shaped an organisation that is much improved from what it was a few years ago.

Looking to the future and in order to build on this success, now is the time to rethink the leadership approach with an emphasis on becoming a high performing team and for GOSH to become a high performing organisation. Key to this will be a renewed external strategic focus amongst the Executive team, the capacity for which will increase as the Executive team take a 'step back' to provide Directorates with greater autonomy and focussed support to tackle operational issues and take greater ownership.

Strengthening Governance and Assurance

The Trust has taken positive steps to ensure they are able to quickly identify and manage potential risks before they become more significantly damaging and unexpected issues, such as the previous medicines management risk that resulted in the downgrading of the Trust's 'Safety' rating. An excellent assurance and escalation framework supports a formal governance system that is generally robust.

There is a need for the Board to now reflect on these processes and mechanisms for assurance, to ensure they continue to be robust in a future where greater responsibility and accountability is devolved to Directorates, to enable the Board to focus more time on strategic issues. There is opportunity too for the Board to decide what role Governors can play to help take forward the strategy of the organisation by representing the Trust's members and the public under the context of the changing NHS policy direction.

Improving Quality and Safety

There is a strong focus overall on quality with excellent accountability mechanisms in place through the Quality, Safety and Experience Assurance Committee (QSEAC) which provides an example of an assurance committee performing well within its remit, supported by a comprehensive strategy, report structure and processes. There is a risk, however that focussing on strategy development and reporting may have resulted in less attention being paid to application and delivery.

The next step at the core of progression towards embedding a safety culture and a culture of continuous improvement is the empowerment of Directorates to own, manage and operationalise clinical, safety and quality strategies effectively and consistently.

We were assured that under the direction of Trust leadership, plans were in place to enable a shift from a reactive process, to proactive quality improvement.

Strengthening Engagement

The Trust has made demonstrable progress to improve engagement with staff, service users and partners evident in improving staff survey results, two-way communication opportunities (such as Big Brief), and continued effective engagement with service users through the Young People's Forum (YPF). The Trust has committed to 2021 being the year in which its priority will be improving Equality, Diversity and Inclusion (EDI), the foundation for which is laid out in its People Strategy and comprehensive 'Seen and Heard' Diversity and Inclusion (D&I) Framework.

Whilst GOSH is on a positive trajectory, a step change is now required to apply the Trust values into practice. Staff we spoke to described a lack of faith that these strategies would make a difference due to slower than desired demonstrable progress having been made thus far. The commitment from the Trust to deliver against these priorities was evident during the review and there is now a need to accelerate progress of the priority actions of the People Strategy at pace and in an inclusive way. This will gain buy in from staff and build trust that strategies will be acted upon through a consistent, fair and unwavering approach, even when this feels uncomfortable or difficult.

Strategy Alignment and Delivery

Strategic focus has greatly improved, under the direction of the current leadership team. The development of the Above and Beyond strategy and strengthened relationships with key partners has moved the Trust away from its historic context of lacking a clear strategic narrative resulting in a perception of an inwardly focussed organisation relying only on its reputation for clinical excellence.

The challenge and opportunity for the Board will now be to gain a shared understanding of the future direction of travel for the organisation and the changing landscape in which the Trust will operate. This includes defining the Trust's role within the NHS Nationally, Regionally and Locally under the emerging context and implications of working within the North Central London ICS and within provider collaboratives; as well as addressing the interplay between the potentially conflicting expectations of NHS commissioners versus those of academic, research and commercial partners. This should inform the content of the Trust's clinical strategy moving forward ensuring the Trust vision of 'Children First and Always' remains at the heart of likely very different future ways of working.

Next Steps

The recommendations within our report are developmental in nature, designed to prompt the thinking of the Board as to what the priority areas of focus need to be to realise the next step change in their continuing improvement journey.

Recommendations

1	<p>Executive Team support and development focussed on:</p> <ul style="list-style-type: none"> • building a greater external strategic focus and stepping outside portfolios; • mutual support and managing conflict; and • stepping back both in terms of the CEO with the Executive team, and the Executive team with the Directorate Leaders.
2	<p>Directorate Leadership Team support and development focussed on:</p> <ul style="list-style-type: none"> • empowering them to work effectively through taking greater ownership; • exploring, challenging and agreeing the expectations of the Executive on the Directorates, and vice versa; and • implementing a distributed leadership model.
3	<p>Board support and development focussed on:</p> <ul style="list-style-type: none"> • Strengthening the Board composition through non-medical health and clinical experience of NEDs; • understanding how the NED's relationship with the Executive may change as a result of their more external and strategic focus and greater reliance on Directorate assurance; • renewed focus on Board priorities in this next stage of the Trust's journey.
4	<p>As greater responsibility and accountability is devolved to Directorates, the Board will need to reflect on their processes and mechanisms for assurance including whether an approach based on earned autonomy would provide an effective method of assurance and empowerment.</p>
5	<p>Committee alignment to BAF risks should be reviewed, with the Audit Committee having ownership for the process of assurance but that the majority of risks are aligned to other assurance committees including the responsibility for undertaking deep dives.</p>
6	<p>Building on the ethos of deep dives by ensuring they are clearly linked back to BAF risks and that discussion is focussed on control, assurances and gaps and results in the production of a clear statement of assurance and actions for mitigation.</p>
7	<p>Strengthened Board ownership of the BAF through streamlining the BAF and providing a clear link to the BAF against each Board agenda item.</p>
8	<p>Continued support for Governors, especially those new to the role, to define, shape and develop their role moving forward both in terms of holding the Board to account and representing the interests of the Trust's members and the public through:</p> <ul style="list-style-type: none"> • Board discussion on agreement on how the role of Governors can support delivery of the Trust strategy moving forward, at a National, Regional and Local level under the context of the changing NHS landscape; • More time between meetings to digest information so the purpose of the meeting can shift to asking questions and holding to account; • Inclusion of Executive Summaries with a clear statement of purpose for all papers being discussed at Council meetings; and • Better use of technology to provide access to key material and relevant information and to enable Governors to communicate with each other between meetings.
9	<p>Acceleration of Directorate ownership of QI including:</p> <ul style="list-style-type: none"> • restarting the Trust's QI programme and ward accreditation schemes; • utilising the wealth of expertise within the GLA; • devolving greater ownership of data for improvement to Directorates ; and • consistent approach to escalation of safety risks & issues.
10	<p>A review be undertaken for Duty of Candour processes which are consistently RAG rated red in the Trust IQPR.</p>
11	<p>Review the function of 'Closing the Loop' and consider how it fits within the assurance and development functions.</p>

12	<p>Ensuring staff networks and the Staff Partnership forum are able to effectively deliver their objectives including:</p> <ul style="list-style-type: none"> • revisit the ToR and agenda of the SPF and provision of development to the group membership on effective meeting management and contribution; and • support from the organisation and more mature staff networks to help more recently set-up groups put effective processes, plans and feedback mechanisms in place
13	<p>Consolidation of Speak Up for Safety and Speak Up for Values into one programme.</p>
14	<p>Accelerating delivery of the actions and milestones laid out in the Seen and Heard Framework and Planner with strong oversight from the Board due to the significant risk associated with failure to deliver. We recommend focussing on:</p> <ul style="list-style-type: none"> • Establishing best practice standards for open and inclusive recruitment and promotion policies; • Mandating the use of diverse panels for all internal recruitment and decision-making processes, including for development opportunities, secondments and acting up; • Developing a reverse mentoring scheme for senior leaders to enhance exposure and understanding of the lived experiences of staff with protected characteristics; and • Introduction of career coaching and mentoring to empower staff to have better conversations with managers.
15	<p>Accelerating the delivery of the actions and milestones laid out in the People Plan for the middle management leadership development, refocussing this around the compassionate leadership framework. We recommend focussing on:</p> <ul style="list-style-type: none"> • how to have difficult and courageous conversations to tackle bad behaviour; • the perceptions of performance management versus bullying; and • active listening, the promotion of psychological safety amongst staff and coaching skills for leaders to develop greater self-awareness and self-efficacy amongst staff.
16	<p>Developing a framework in conjunction with the GOS Charity for formalised decision making with assurance provided through formal reporting on the impact of charitable fund investment.</p>
17	<p>Revision of the Board development programme to include:</p> <ul style="list-style-type: none"> • developing a shared understanding of the future direction of travel and the landscape (and its implications) in which the Trust will operate; • a greater focus on clarifying and defining the Trust’s future role nationally, regionally and locally; • mapping the interplay between the disparate drivers of the NHS as well as education, research and commercial opportunities; • ensuring these discussions inform the content of the new clinical strategy before it is published; and • the inclusion of sessions to include Directorate Leaders in the above debates.

Rec No.	Recommendation	Related KLOE	Owner	Commentary	Actions to deliver recommendation	Deadline for completion	Progress
1	Executive Team support and development focussed on: <ul style="list-style-type: none"> • building a greater external strategic focus and stepping outside portfolios; • mutual support and managing conflict; and • stepping back both in terms of the CEO with the Executive team, and the Executive team with the Directorate Leaders. 	KLOE 1 KLOE 2	CEO	<p>The Executive Team have appointed the King Fund to support with team development. All directors have completed the Strengthscope assessment individually and the results will be used to inform an executive away day in October on strengths, weaknesses in the team and team dynamics. Future development days are planned.</p> <p>The Well Led Review report will be cascaded by the operational senior management teams for discussion and feedback, bringing comments through the Operational Board. This is timely with appointment of the new Chiefs of Service within the directorate teams.</p> <p>Board strategy days are in the diary. The October day will focus on review of the strategy and the new world. The CEO is holding a 'State of Nation' event for staff in October outlining where we sit in the external world and where we will be positioning ourselves. We have previously agreed a Stakeholder Engagement Strategy and will review progress in November at the Board. GOSH is part of paediatric NCL strategic review; The CEO is a board member of the Provider Alliance; The CEO chairs the Operational Implementation Group for elective care; The CEO and the Chair sits on board of UCLP.</p>	<p>Hold executive away day to enhance team dynamics</p> <p>Cascade the Well Led review report to directorates and key staff groups (GMSC, Staff Forums etc.) and request cascade and feedback</p> <p>Hold an Operational Board in October 2021 to discuss matters of accountability, delegation and team working between the directors and the executive team.</p> <p>State of Nation event to wider trust</p> <p>Progress report on delivery against the Stakeholder Engagement Strategy</p>	04/10/2021 25/09/2021 13/10/2021 01/10/2021 03/12/2021	Actioned and closed Actioned and closed In progress Actioned and closed In progress
2	Directorate Leadership Team support and development focussed on: <ul style="list-style-type: none"> • empowering them to work effectively through taking greater ownership; • exploring, challenging and agreeing the expectations of the Executive on the Directorates, and vice versa; and • implementing a distributed leadership model. 	KLOE 1 KLOE 2	COO	<p>A new three year cycle will start with chief of service in October. To support this a development programme consisting of knowledge based training and OD support is being delivered over the first six months of their roles. This will work on clarity of the role and development towards autonomous leadership within the structure.</p> <p>The operational board is being reviewed in order to take more decision making from the executive team. Directorates are represented on this and through this will support organisational and directorate decision making and accountability.</p>	Review of Operational Board, aligned with enhanced reporting between directorates and departments and monitoring of performance.	31/12/2021	In progress
3	Board support and development focussed on: <ul style="list-style-type: none"> • Strengthening the Board composition through non-medical health and clinical experience of NEDs; • understanding how the NED's relationship with the Executive may change as a result of their more external and strategic focus and greater reliance on Directorate assurance; • renewed focus on Board priorities in this next stage of the Trust's journey. 	KLOE 1 KLOE 2	CoSec/ CEO	<p>The Board is currently seeking a NED who understands healthcare and has a financial/commercial background with an interest in digital. The Board has conducted a skills gap analysis and is working to the findings of that analysis. The Board development programme will include a focus on Board priorities and changes in the external landscape relevant to GOSH. Work is already underway to refine assurance reporting to the assurance committees and the Board. Board strategy and state of nation.</p>	<p>See action under recommendation 17 below on board development programme.</p> <p>Completion of work with the NEDs and executives to present assurance focused reports to the Board and assurance committees.</p> <p>Completion of work to redesign the IQPR for Board and performance monitoring information for directorates.</p>	23/11/2021 31/03/2022 31/03/2022	In progress In progress In progress
4	As greater responsibility and accountability is devolved to Directorates, the Board will need to reflect on their processes and mechanisms for assurance including whether an approach based on earned autonomy would provide an effective method of assurance and empowerment.	KLOE 4 KLOE 5 KLOE 6	COO	<p>Work is underway to review and enhance assurance reporting to the assurance committees and the Board, moving away from submission of management data to presentation of information that provides assurance around delivery, risk management and improvement.</p> <p>The performance framework of the Trust has been changed to ensure that directorates state their assurance on the safety, quality, operational performance, finances and well led domains.</p> <p>The IQPR will be changing in response to support assurance at Board level.</p> <p>The performance framework will be further reviewed to reflect the SOF levels (1-4) and an autonomy framework will be developed though EMT to incentivise good performance within directorates and to support when required.</p>	The revised QPR will be presented to Board within Q4 2021/22. An update on the changes is on the September 2021 Board agenda	31/03/2022	In progress
5	Committee alignment to BAF risks should be reviewed, with the Audit Committee having ownership for the process of assurance but that the majority of risks are aligned to other assurance committees including the responsibility for undertaking deep dives.	KLOE 4 KLOE 5 KLOE 6	CoSec	<p>Currently the Audit Committee oversees the robustness of the assurances presented in the BAF and reports on this to the Board. This report will be revised to make it clearer with regards assurance received and gaps identified. Many risks on the BAF are related to non-clinical risk and therefore sit with the Audit Committee for deep dives. This approach will be retained but will be separate to the assurance review across the whole BAF by the AC.</p>	<p>Review all BAF risks in relation to assurance committee focus and report to RACG for recommendation to the Audit Committee on 13 October 2021</p> <p>Make the report from the Audit Committee to the Board clearer so that there is a clear delineation between assurance of the BAF process versus assurance from deep dives. For November Board and onwards</p>	06-Oct-21 24-Nov-21	Actioned and closed In progress
6	Building on the ethos of deep dives by ensuring they are clearly linked back to BAF risks and that discussion is focussed on control, assurances and gaps and results in the production of a clear statement of assurance and actions for mitigation.	KLOE 4 KLOE 5 KLOE 6	CoSec		Review the deep dive BAF risk process at the NED assurance meeting on 30 September 2021 with the intention of agreeing a consistent process for conducting the deep dives and reporting by the committees on the assurance received and mitigations described.	30-Sep-21	Actioned and closed. Chairs agreed they will continue with setting questions for risk owners prior to the meeting for response and review at the assurance committee meeting
7	Strengthened Board ownership of the BAF through streamlining the BAF and providing a clear link to the BAF against each Board agenda item.	KLOE 4 KLOE 5 KLOE 6	CoSec	The Board coversheet includes a link to the relevant BAF risk. This can be recorded on the agenda as well.	The Board and assurance committee agendas to record the BAF risk relevant to the item being discussed.	30-Sep-21	Actioned and ongoing

8	Continued support for Governors, especially those new to the role, to define, shape and develop their role moving forward both in terms of holding the Board to account and representing the interests of the Trust's members and the public through: A. Board discussion on agreement on how the role of Governors can support delivery of the Trust strategy moving forward, at a National, Regional and Local level under the context of the changing NHS landscape; B. More time between meetings to digest information so the purpose of the meeting can shift to asking questions and holding to account; C. Inclusion of Executive Summaries with a clear statement of purpose for all papers being discussed at Council meetings; and D. Better use of technology to provide access to key material and relevant information and to enable Governors to communicate with each other between meetings.	KLOE 4 KLOE 5 KLOE 6	CoSec	A. The Head of Corporate Governance is working with Lead Governor and Deputy Lead Governor to design the next development session for governors on holding to account (what does this mean?) and effective questioning (NHS Providers running the session). A Council development programme will be developed for sharing and discussing with the CoG in November 2021. A paper will be presented at the CoG in November 2021 on the role of GOSH in the integrated care system and implications for its fit and future working. The Board and Council can use this opportunity to discuss how governors can support the Board. A development session run by NHS Providers on integrated care systems and significant transactions will be planned for January/ February 2022. B. At the last CoG meeting in July 2021 papers were sent out 7 working days before the meeting. This was noted by the Council. Further work underway to send papers sent out to governors (Board and assurance committee papers) as soon as these are ready and before a weekend. C. Work is ongoing to remind all authors of papers to draft clear executive summaries including why the paper is presented and its relevance to the role of a governor. D. The Head of Corporate Governance is establishing a digital central system for accessing information between meetings and communicating with one another. A monthly newsletter is sent out and this has been welcomed by governors.	A. Develop a council development programme for sharing with the CoG in November 2021. Provide a briefing on IC at the CoG and hold a discussion between the Board and the Council on Governors' roles. Hold 1 CoG development session on ICSs and significant transactions by April 2022, (noting that 11 governors will turn over in March 2022) D. Roll out the digital system for sharing documents and corresponding between governors.	31/01/2021 23/11/2021 28/04/2022 15/11/2021	In progress Initial intro on CoG agenda for November 2021. Further discussions to take place in Council development sessions In progress - will request support from NHS Providers Actioned and closed. All governors now have access to the portal. Ongoing review of access and usability
9	Acceleration of Directorate ownership of QI including: • restarting the Trust's QI programme and ward accreditation schemes; • utilising the wealth of expertise within the GLA; • devolving greater ownership of data for improvement to Directorates ; and • consistent approach to escalation of safety risks & issues.	KLOE 3 KLOE 5 KLOE 6 KLOE 8	COO/MD/ CN	Over 90% of Wards and clinical areas have now been trained up on the GOSH Accredited (Ward Accreditation) Phase 1 process and the Q-Teams improvement structure. Wards and Clinical areas have been introduced to the live data from Epic, which is being pulled through to the pilot dashboards and forms part of the measures (Epic are confirming validity of data in the background). Clinical areas have been encouraged to routinely review data. The audit app is due for roll out on the rover devices imminently- ICT are supporting this Verita has been invited in to the Trust to conduct an independent review of management of incidents, claims and complaints and engagement with patients and families across these processes. Service improvement is being strengthened through a renewed Future hospitals and Access programme. New programmes of work are being developed with an SRO, programme lead and support from a project manager. Each SRO and programme lead are from the directorates to ensure that the directorate teams are embedded in Trust wide change initiatives. The restructure of the Q and S Team is complete and the Head of Q and S and the Director of Surveillance starts in December 2021. Work is underway to develop the Safety Transformation Programme and this will be presented at the October 2021 QSEAC meeting.	Presentation of Safety Transformation Programme October 2021 QSEAC	13/10/2021	Actioned and closed - presented at October 2021 QSEAC meeting
10	A review be undertaken for Duty of Candour processes which are consistently RAG rated red in the Trust IQPR.	KLOE 3 KLOE 5 KLOE 6 KLOE 8	MD	Verita has been invited in to the Trust to conduct an independent review of management of incidents, claims and complaints and engagement with patients and families across these processes. One of the areas to be covered is "To identify if processes are supported by a sufficient culture of openness, curiosity and transparency; this includes compliance to Duty of Candour obligations." The findings from the review will be reported to EMT and the Trust Board/ QSEAC. AVMA have completed training on DoC for approximately 20 staff and feedback has been positive. Further training is being commissioned from October 2021.	Review of the findings of the Verita review once completed. Completion date of review is 01/02/2022.	01/02/2022	In progress
11	Review the function of 'Closing the Loop' and consider how it fits within the assurance and development functions.	KLOE 3 KLOE 5 KLOE 6 KLOE 8	MD	Verita has been invited in to the Trust to conduct an independent review of management of incidents, claims and complaints and engagement with patients and families across these processes. One of the areas to be covered is "Whether there are effective and timely processes in place for managing serious incidents from reporting, investigation and approval through to learning/system improvement to avoid recurrence, including incorporation of feedback from external stakeholders such as NHS England/Improvement." This will include looking at the Closing the Loop Group, its role and how it is administered. The findings from the review will be reported to EMT and the Trust Board/ QSEAC. A review of the Q and S meetings will be conducted in Q3 t seek assurance of their effectiveness and this includes the Closing the Loop Group. Further work is being planned to enhance assurance mechanisms across Q and S.	Review of the findings of the Verita review once completed. Completion date of review is 01/02/2022. Effectiveness review of Closing the Loop Group. Review of Q and S assurance processes.	01/02/2022 31/12/2021 01/04/2022	In progress In progress In progress
12	Ensuring staff networks and the Staff Partnership forum are able to effectively deliver their objectives including: • revisit the ToR and agenda of the SPF and provision of development to the group membership on effective meeting management and contribution; and • support from the organisation and more mature staff networks to help more recently set-up groups put effective processes, plans and feedback mechanisms in place	KLOE 6 KLOE 7 KLOE 8	HRD	The Seen and Heard Framework includes the following objective with the associated actions being implemented by HR and tracked by the steering group and People Planet Board: <i>Invest in the staff forums to extend their influence, contribution and impact, ensuring balance between support for their members and delivery of corporate strategies and the Seen and Heard framework</i>	Review and clarify the roles, terms of reference and work programme of the forums Agree resource, time allocation and corporate support to deliver agree commitments Draft the Staff Partnership ToR and review reporting, governance arrangements and support for members of the forum	31/03/2022 01/12/2021 30/11/2021	In progress In progress In progress

13	Consolidation of Speak Up for Safety and Speak Up for Values into one programme.	KLOE 6 KLOE 7 KLOE 8	HRD/ MD	The HRD and MD are meeting week commencing 20 September to discuss how to consolidate, manage and communicate the Speak Up Process going forward.	Actioned to be documented.	TBC	TBC
14	Accelerating delivery of the actions and milestones laid out in the Seen and Heard Framework and Planner with strong oversight from the Board due to the significant risk associated with failure to deliver. We recommend focussing on: <ul style="list-style-type: none"> Establishing best practice standards for open and inclusive recruitment and promotion policies; Mandating the use of diverse panels for all internal recruitment and decision-making processes, including for development opportunities, secondments and acting up; Developing a reverse mentoring scheme for senior leaders to enhance exposure and understanding of the lived experiences of staff with protected characteristics; and Introduction of career coaching and mentoring to empower staff to have better conversations with managers. 	KLOE 6 KLOE 7 KLOE 8	HRD	<p>The Seen and Heard Framework is now supported by a delivery programme, steering group and oversight by the People Planet Board. There are two overarching objectives to enhance oversight of the programme:</p> <p><i>- Establish governance processes to oversee and support the delivery of the Seen and Heard work programme and its component parts</i>. The actions related to this objective are now delivered (established the steering group, defined ToR and governance arrangements and appointed a D&I OD delivery partner to support the Trust to support the delivery of the Seen and Heard Framework. (COMPLETED)</p> <p><i>A. Establish standard reporting template and timescale for EDI to ensure visibility of successes and challenges</i>. A 6 monthly report to TB will commence from November 2021.</p> <p>On diversity and recruitment, the programme includes these objectives (actions to deliver in next column):</p> <p><i>B. Ensure that we are seen as a diverse and inclusive employer through a new Employer Brand that articulates the diverse and inclusive culture we want to create and promotes our Always Values</i></p> <p><i>C. Develop training and resources to promote and support the role and impact of Ally-ship across the Trust</i></p> <p><i>D. Develop a reciprocal mentoring scheme for senior leaders to enhance exposure and understanding of the lived experiences of under-represented and seldom heard groups</i></p>	See Tab on worksheet for actions against each objective (from the Seen and Heard Framework)	Various dates	Diversity annual report presented at Board in November 2021 showing results of workplan so far . All actions monitored at the People Planet Board and assurance sought at PEAC. It is proposed that an update on progress with the framework is presented at the Council in February 2022
			HRD	<p><i>E. De-bias the recruitment process to establish best practice which supports open and inclusive recruitment and provides access to a diverse pool of candidates. Monitor, review and evaluate the impact of changed practice</i></p> <p><i>F. Update our recruitment channels, attraction strategies and processes to ensure they are open and accessible</i></p> <p><i>G. Review use of Executive Search firms, set targets for diverse candidate pools for all senior roles and publish outcomes</i></p> <p><i>H. Establish and standardise open and transparent decision making processes for all appointments including internal vacancies, development opportunities, secondments and acting up.</i></p> <p><i>I. Establish a framework to support development of non-clinical career and training paths starting with admin and clerical Bands 2-5 (COMPLETED)</i></p> <p><i>J. Work with Heads of Profession to establish a programme of career paths review, linked to progression and training</i></p> <p><i>K. Extend the use of non-clinical apprenticeships to support progression and promotion of junior staff</i></p>	See Tab on worksheet for actions against each objective (from the Seen and Heard Framework)	Various dates	Diversity annual report presented at Board in November 2021 showing results of workplan so far . All actions monitored at the People Planet Board and assurance sought at PEAC. It is proposed that an update on progress with the framework is presented at the Council in February 2022
15	Accelerating the delivery of the actions and milestones laid out in the People Plan for the middle management leadership development, refocussing this around the compassionate leadership framework. We recommend focussing on: <ul style="list-style-type: none"> how to have difficult and courageous conversations to tackle bad behaviour; the perceptions of performance management versus bullying; and active listening, the promotion of psychological safety amongst staff and coaching skills for leaders to develop greater self-awareness and self-efficacy amongst staff. 	KLOE 6 KLOE 7 KLOE 8	HRD	<p>The recommendations cited in the Well Led Review Report are responded to and reflected in the Seen and Heard Framework and workplan. The relevant objectives are:</p> <ol style="list-style-type: none"> <i>Reposition the HR Policy framework including development establish a set of principles to govern the fair, transparent and compassionate application of HR policies and processes (COMPLETED)</i> <i>Review and update the key Employee Relations' policies and establish a programme of ongoing review to reflect new HR principles and learning from outcomes</i> <i>Implement a stop and think point into ER processes, prior to a decision to investigate, to promote information resolution before, or as an alternative to formal process</i> <i>Explore flexible working opportunities to ensure a balance between service delivery and home-life to support recruitment and retention, team dynamics and team working</i> <i>Establish career coaching mentoring to support staff at all levels to reach their potential</i> <i>Promote and extend access to the Aspiring and Developing Leaders' programmes, with a focus on under-represented groups</i> <i>Embed D&I and Wellbeing in the leadership and line management development programmes to develop the cultural knowledge and understanding of the organisation to ensure that it becomes culturally aware and rich in cultural intelligence</i> <i>Clarify the role of the executive and senior leadership across the Trust building capability and confidence to operate as visible and inclusive leaders and advocates</i> 	See Tab on worksheet for actions against each objective (from the Seen and Heard Framework)	See Tab on worksheet for actions against each objective (from the Seen and Heard Framework) Orange highlighted actions	Diversity annual report presented at Board in November 2021 showing results of workplan so far . All actions monitored at the People Planet Board and assurance sought at PEAC. It is proposed that an update on progress with the framework is presented at the Council in February 2022

16	Developing a framework in conjunction with the GOS Charity for formalised decision making with assurance provided through formal reporting on the impact of charitable fund investment.	KLOE 6 KLOE 7 KLOE 8	CEO/CFO	<p>The charity and hospital previously agreed to establish a formal framework for how hospital priorities for charitable funding are arrived at. This encompassed all aspects of charitable activity including grant giving against fundraised income; property assets and redevelopment and commissioned projects. the work was overseen by a Steering Group that included representation from the hospital and charity. For all proposals going forward they have to demonstrate adherence to the framework.</p> <p>A short-life assurance group is being established to support the decision making and reporting processes around the Children's Cancer Centre. It is proposed that Trustee and Board members will attend.</p>	<p>Establish a short-life assurance group to support the decision making and reporting processes around the Children's Cancer Centre.</p>	01/11/2021	Actioned and closed
17	<p>Revision of the Board development programme to include:</p> <ul style="list-style-type: none"> • developing a shared understanding of the future direction of travel and the landscape (and its implications) in which the Trust will operate; • a greater focus on clarifying and defining the Trust's future role nationally, regionally and locally; • mapping the interplay between the disparate drivers of the NHS as well as education, research and commercial opportunities; • ensuring these discussions inform the content of the new clinical strategy before it is published; and • the inclusion of sessions to include Directorate Leaders in the above debates. 	KLOE 2	CEO/CoSec	<p>See recommendation 3 above. The Board development programme will include a focus on Board priorities and changes in the external landscape relevant to GOSH. Work is already underway planning our review and response to the Health and Care Bill 2021 via development sessions with the Board in October, December and February 2022.</p>	<p>Review of the Board development programme at EMT</p> <p>Approval of the Board development programme at the February 2022 Board</p> <p>Hold development sessions with the Board in October and December 2021 and February 2022 on implications and opportunities afforded by the Health and Care Bill.</p>	<p>05/01/2022</p> <p>23/11/2021</p> <p>28/02/22</p>	<p>In progress</p> <p>In progress</p> <p>In progress - session held in October and one planned in December 2021.</p>

Council of Governors

24 November 2021

GOSH operating in the new NHS Landscape – Integrated Care Systems

Summary and reason for item:

On 6 July 2021, the Health and Care Bill was published, setting out key legislative proposals to reform the delivery and organisation of health services in England, to promote more joined-up services and to ensure more of a focus on improving health rather than simply providing health care services.

The purpose of the Bill is to establish a legislative framework that supports collaboration rather than competition. The Bill also contains new powers for the Secretary of State over the health and care system, and targeted changes to public health, social care, and quality and safety matters. The Bill will be debated in parliament throughout autumn and winter 2021 and is expected to be passed in time for changes to come into effect in April 2022.

Integrated care systems (ICSs) are partnerships that bring providers and commissioners of NHS services across a geographical area together with local authorities and other local partners to collectively plan health and care services to meet the needs of their local population.

The Health and Care Bill introduces two-part statutory ICSs, comprised of an integrated care board (ICB), responsible for NHS strategic planning and allocation decisions, and an integrated care partnership (ICP), responsible for bringing together a wider set of system partners to develop a plan to address the broader health, public health and social care needs of the local population.

However, a key premise of ICS policy is that much of the activity to integrate care and improve population health will be driven by commissioners and providers collaborating over smaller geographies within ICSs, often referred to as 'places' (normally based around towns within a system), and through teams delivering services working together on even smaller footprints, usually referred to as 'neighbourhoods' (normally based around primary care networks i.e. groups of GP practices). Since April 2021, all parts of England have been covered by one of 42 ICSs.

ICSs have the potential to drive improvements in population health and tackle health inequalities by reaching beyond the NHS to work alongside local authorities and other partners to address social and economic determinants of health.

Governor action required:

The purpose of this paper is to provide a very high level summary of the key proposals and hold a discussion at the Council meeting on what the proposals will mean for the NHS and for GOSH around

matters such as management and provision of services, commissioning, procurement, governance and regulation.

NHS Providers have been invited to lead the Council development session on 14 December 2021 and will cover this topic for further information and discussion.

Governors are asked to consider the high level summary and discuss the potential impact on the management and delivery of services at GOSH at the Council meeting.

Report prepared by: Anna Ferrant, Company Secretary

Item presented by: Helen Jameson, Chief Finance Officer

Annual Planning for Council of Governors



Council of Governors' Role

The Council of Governors play a key role in the Trust Annual Planning.

This is linked to the Trusts activities that are not related to the health service in England. The Council of Governors shall:

- Express view on these activities
- Express a view on the related income to these activities
- Determine that carrying out these activities will not significantly interfere with the primary purpose of GOSH
- Vote for majority approval should the increase in this income exceed 5% of the Trust total income.

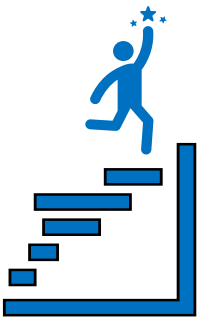


External Landscape

It is important to understand the external landscape that the Trust is operating within.

- The NHS is working to increase activity and reduce waiting times
- Guidance is expected in December for 2022/23 planning
- The NHS is establishing Integrated Care Systems (ICS)
- GOSH is part of the NCL ICS.
- Moving to local determination of funding flows
- New payment systems

Annual Planning



- Set a Trust wide focus that is informed by national guidance
- Link the annual plan to the Trusts Above and Beyond Strategy.
- There are four key priorities for annual planning
 - Supporting Staff
 - Recovery & tackling backlogs
 - Addressing Health inequalities
 - Collaborative system working

There are three tasks covered within the planning process:

- Set clear objectives and Action plans that deliver our strategy and priorities
- Set activity levels
- Set a budget for 2022/23



Activity Planning

- It is expected that 2022/23 plans will be based on 2019/20 outturn
- The NHS may still drive for increased activity to reduce waiting times
- It should be noted that 2019/20 was when EPIC was put in
- The Trust negotiated a block due to reduced activity during implementation

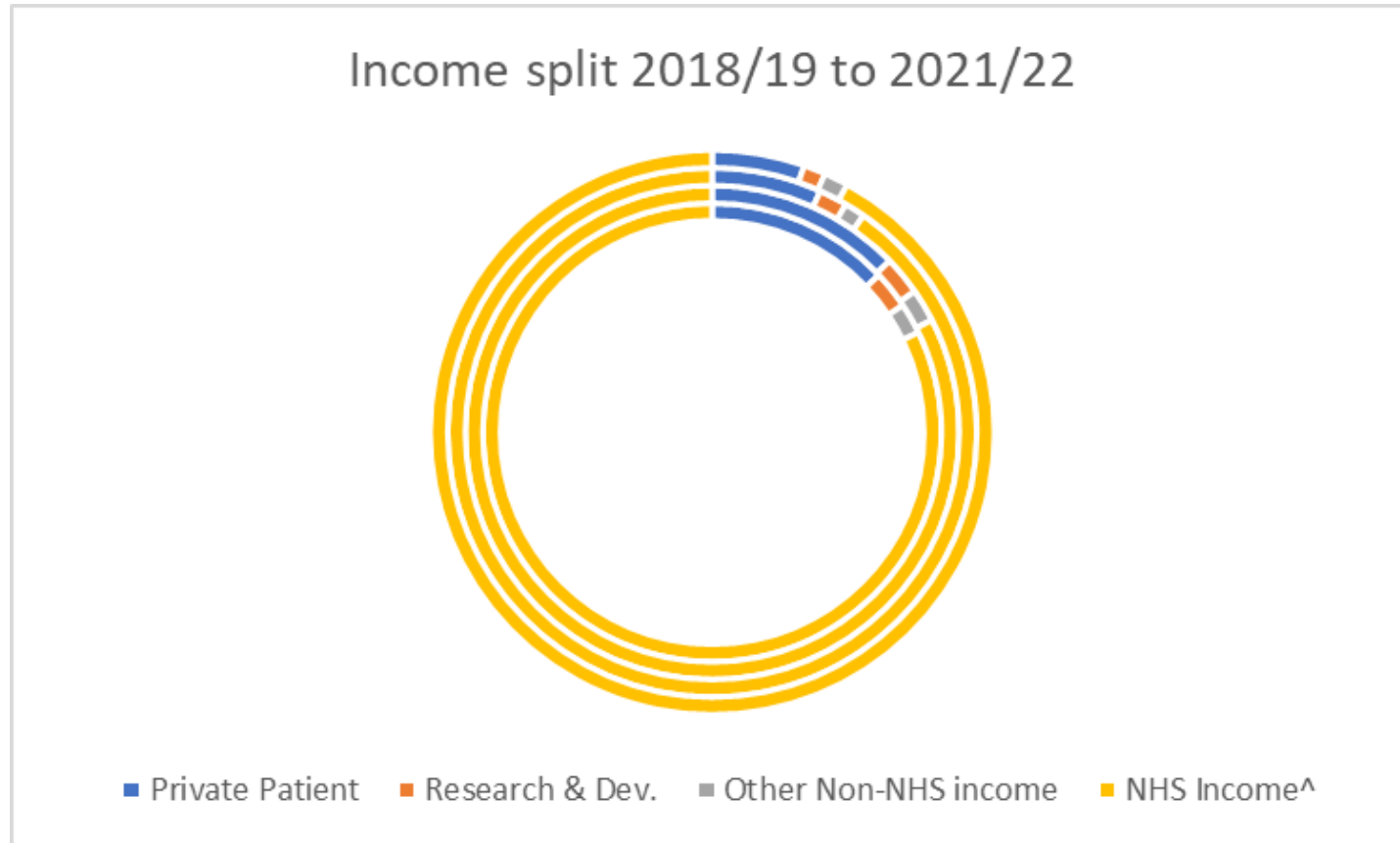
Budget Setting



Budget setting started in October 2021 with the aim to be completed by the end of Q3 and use Q4 to work on the Better Value programme

- National Plan will need to be submitted for 2022/23
- Use 2020/21 Budget as a Baseline
- NHS Income will be updated following guidance
- Additional Covid-19 Costs will be funded
- Pass through Drugs and Devices will be funded
- Better Value programme will be required nationally at 5% (£22.1m for GOSH)
- Inflation in line with Previous years

Commercial income



2018/19 is the centre ring with 2021/22 is the outer most ring

^ NHS Income is any income where the commissioner is NHS England, an NHS CCG, NHS Trust, Foundation Trust or equivalent (this includes those comparable bodies, in Wales, Scotland and N Ireland), the NIHR*, Health Education England** and public health /social care services commissioned by local authorities

Overview of Financial Achievements



- Two Education and training contract with overseas children's hospital and a digital education collaboration
- Five agreements incl.: Data partnership; POC; Joint working pilot; Grant funding award. Also seeking final approval for two additional collaborations
- Seven laboratory medicine agreements
- Five GMP related agreements
- Two IPP agreements

Income of over £16.3m confirmed, with a further £6.5m of opportunities being progressed

The Future



What the future looks like:

- Recovery of non-NHS income to pre-pandemic levels (off-set loss of ERF and NHS support for non-NHS activities)
- Current estimates **do not** require a vote as non-NHS income not planned to exceed 5% growth in 2022/23
- Growth in commercial income but with primary focus on patient benefit across all workstreams whilst ensuring appropriate value exchange for GOSH contribution

Capital Planning



- The Trust is required to complete a five year capital plan
- The ICS now allocate capital funding budgets, budget needs confirming by ICS
- Introduction of IFRS 16 will increase the call on the Trust capital
- Prioritisation of investment based on risks
- Workshops have been held with capital leads to ensure consistent approach

Key dates

December 2021	
3rd December 2021	Submission of capital proformas
10th December 2021	Submission of Final budget & 1st draft better value programme
15th December 2021	Capital plans reviewed by CIG
January 2021	
w/c 5th January	Team meetings to review/develop objectives and plans
26th January 2022	EMT to review updated capital plan
February 2021	
4th February 2022	Submission of Plans, budgets and better value programmes
10th February 2022	Bring back plan to Councilors of Governors for review
w/c 21st February 2022	Trust Board/FIC update
March 2021	
25th March 2022	FIC review
30th March 2022	Trust Board review and Sign off



Any Questions?

Council of Governors

23rd November 2021

Selection by Governors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 21/22

Summary & reason for item:

To select a local Quality Indicator for Deloitte (the Trust's external auditors) to undertake a review as part of the Quality Accounts review.

Governor action required:

Option 1 – Remain with previously selected indicator. Following attendance at the Council of Governors' meeting November 2020 'Last Minute Non-Clinical Hospital Cancelled Operation' was selected as the Governors' choice. However, due to Covid-19 the audit was not performed.

Option 2 – Each governor to select a first preference and second preference from the list below.

Report prepared by: Rebecca Stevens, Head of Performance

Item presented by: John Quinn, Chief Operating Officer

Selection by Governors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 2020/21

Introduction

As part of the annual preparation for the Quality Report, Deloitte (the Trust’s external auditors) will test the accuracy of data for three indicators as set by NHS Improvement. One of the indicators is to be determined locally, and this is an opportunity to select based on relevance to each Trust.

GOSH asks its Foundation Trust Governors to select a local indicator from a shortlist felt to be of most relevance to our organisation and its members. The selection is conducted by e-mail to enable every Governor to participate. The indicator with the most selections will be tested. The second preference option is used in the event of a tie of first preferences. Deloitte’s findings from the data testing will be published in the Quality Report.

Due to Covid-19 the 20/21 audit was not performed but the local choice was Last Minute Non-Clinical Hospital Cancelled Operations, there is the option to remain with this choice for the 21/22 audit. However, if the Council of Governors wish to reconsider the choice, as with the previous process, we have provided a choice of five indicators to choose from, one from each section of the Trust Performance Report.

Last year (2018-19), Governors selected “Number of PICU Delayed Discharges” and the previous year (2017-18) “CV Line related blood-stream infections (per 1000-line days)”. Audits have not taken place for 19/20 and 20/21 due to the Covid-19 pandemic.

List of local indicators to select from for 21/22:

Domain	Indicator	Description
<p style="text-align: center;">Patient Safety</p>	<p>CV Line related blood-stream infections (per 1000 line days) – selected 2017/18</p>	<p>A central venous line (CVL) is an indwelling tube with its tip lying in the central veins. Infections are significant because they harm the patient, disrupt treatment provided through the CVL, and cost money to treat. A large percentage of children at GOSH require CVLs and while the rate of infection is not high, the absolute number is significant. Surveillance of infections is used to drive the preventative intervention programme.</p>

Patient Access	Last Minute Non-Clinical Hospital Cancelled Operations	Last Minute Non-Clinical Hospital Cancelled Operations is a nationally reported standard on a quarterly standard with a tolerance of less than 0.8% of elective admissions. This indicator is directly related to the experience of the patient as cancellation of the patient on the day of surgery is not acceptable. This has been an area of delivery the Trust has struggled to achieve recently, although there is focused work being completed to reduce the volume.
Productivity & Efficiency	<p>Number of PICU Delayed Discharges – selected 2018/19</p> <p>Discharge Summary Turnaround rate within 24 hours</p>	<p>Number of patients who are fit and ready for discharge from PICU but who are unable to be discharged due to capacity issues. This can be either a discharge internally within the organisation or to an external hospital.</p> <p>The Trust is required to provide a discharge summary for any inpatients (including day cases) within 24 hours of the patient being discharged, to the patient, GP and referrer as appropriate. Given the recent go-live of the Epic EPR system, there has been a considerable focus on this over previous months, with the data used to make up the indicator is taken directly from the Epic system.</p>
People	% of compliance against the Trust mandatory training standard	As employees of GOSH, all staff are required to complete mandatory training which is adjusted based on the role of the individual. The indicator is inclusive of all substantive staff members (we do collect and monitor mandatory training for other staff as well) and the mandatory training they are required to complete which is role specific. Therefore the indicator is made up of each employee, multiplied by the number of courses they have completed, divided by the number they are required to complete.

Attachment F

What is required from governors?

If option 1 is agreed this can be noted within the meeting and no further action is required from the Governors.

If option 2 is agreed please can each Governor select a first preference and second preference from the list above. Please clearly state your first preference and second preference and send it in an email to Rebecca.Stevens@gosh.nhs.uk by **12pm Friday 17th December 2021**.

Governors will be informed of the result by email on **Wednesday 22nd December 2021**. The tested indicator will also be noted in the minutes at the next Council of Governors' meeting.

Many thanks for your engagement in this process. I look forward to receiving your selections.

Rebecca Stevens
Head of Performance



Council of Governors

23 November 2021

Chief Executive Report

Purpose

The Chief Executive's report provides the Council with a summary of developments since the last report in July 2021.

Governors are encouraged to seek assurance or pursue any points of interest from the Non-Executive Directors as part of their 'holding NEDs to account' duties.

The report includes:

- New Chief Nurse for Great Ormond Street Hospital
- Ride for Their Lives and COP26
- Power outage on 22 October 2021
- Update on Children's Cancer Centre
- Summary of the 29 September 2021 Trust Board meeting
- Sustainability update
- Wider GOSH News
- **Please note:** summaries of the Integrated Quality & Performance Report (October 2021 data) and Finance report – (October 2021 data) will follow.

Governor action required

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

Report prepared by:

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

Report presented by:

Matthew Shaw, Chief Executive

1 New Chief Nurse for Great Ormond Street Hospital



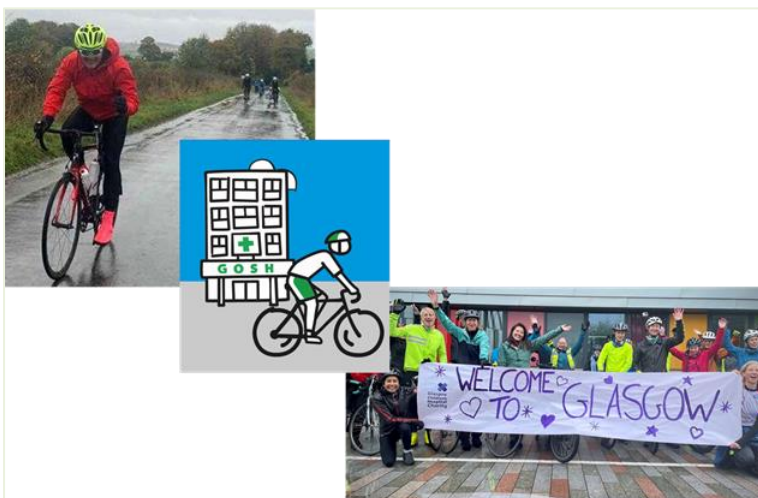
Tracy Lockett has been appointed as Chief Nurse.

Tracy is currently Director of Nursing and Allied Healthcare Professions at Moorfields Eye Hospital, where they worked for the last 13 years.

They will take up their new post on 1 February 2022 and will be introduced to Council in due course.

2 Ride for their lives

Last month 30 passionate healthcare workers cycled from GOSH in London all the way to the Royal Hospital for Children in Glasgow to coincide with the COP26 climate meeting.



The ride aimed to galvanise others to act and to establish a network of likeminded individuals who can help find solutions to build a more sustainable NHS.

The cyclists included staff from GOSH (including Mat Shaw, Nick Martin, Head of Sustainability, Robert Godfrey, Sustainability Manager, Finella Craig, Consultant in Paediatric Palliative Medicine and Staff Governor Mark Hayden) and

Evelina Children's Hospital in London, Bristol Royal Hospital for Children, Sheffield Children's Hospital, the Great North Children's Hospital in Newcastle, and the Royal Hospital for Children Glasgow.

The NHS is already leading healthcare systems globally in managing the climate crisis and has bold plans to be the world's first carbon net zero health system. Achieving this will require action from everyone within the system

If Governors have any suggestions for how the Trust can be more sustainable, please let the Corporate Affairs Team know by emailing foundation@gohs.nhs.uk.

3 Power outage

On Friday 22 October 2021 a power outage caused by an external source impacted Trust wide ability to connect to the GOSH network. Staff reacted well and implemented several contingency plans.

Power was restored around 3.00pm although some connectivity issues continued. The Chief Executive will provide a verbal update at the meeting on this item.

4 Update on Children's Cancer Centre

Positive progress has been made on this complex programme

The project was able to welcome two new key appointments starting:

- Gary Beacham, Project Delivery Director
- Daniel Wood as Planet Programme Director

An updated project brief was issued to Sisk in September.

Work to finaliseing the design of the imaging and theatre departmentd has progressed well

A recommendation on the level 4 Intensive Care Unit will be presented for review this month to the Programme Board

This month the project wil seek approval of £9.25m Charity funding to maintain progress on the decant and enabling programme

A risk review is in progress. This will create a far more robust process for proactively managing programme risk

Sisk have submitted a revised Pre-construction services agreement (PCSA) design programme which includes an amended planning submission date. This is under review by the project team

5 Trust Board Summary

The most recent meeting of the Trust Board was on **Wednesday 29 September 2021**. The following reports were discussed and may be of further interest to Governors.

Patient story

- 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.

Cleaning staff transfer

- Cleaning staff had transferred from a contractor to become substantive staff members.
- The Trust is committed to developing parity in the Terms and Conditions of these staff with other GOSH employees.

Infection control annual report

- The IPC annual report is a requirement and contains detailed information on the activities of Infection Control Work streams and activities over the previous year.

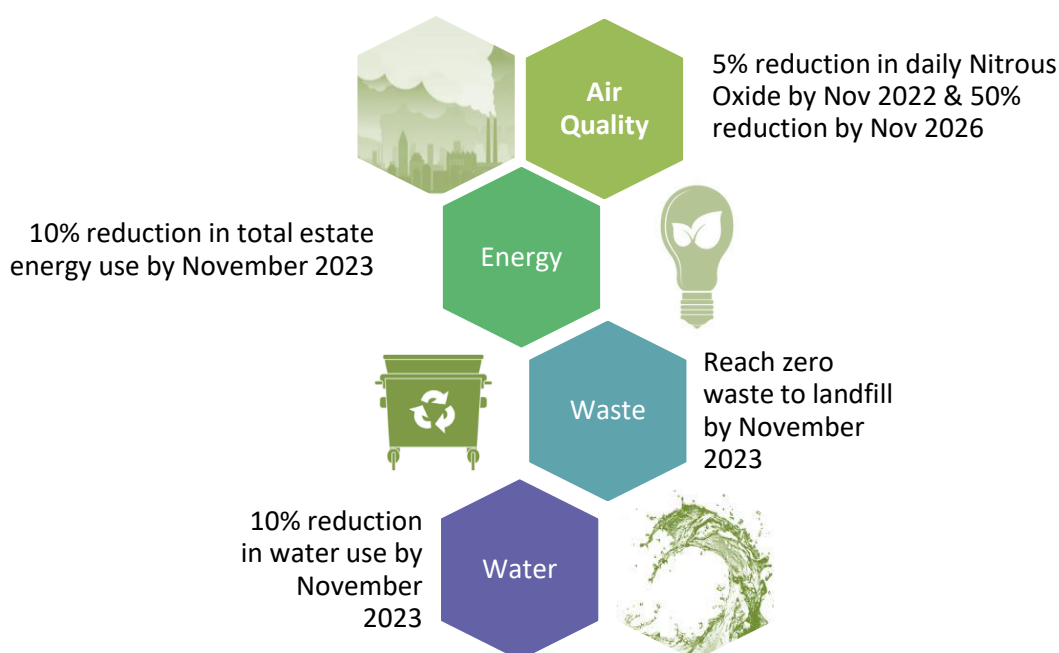
Accessing Board papers

- If you would like to observe the Trust Board or have any queries please contact: Victoria Goddard, Trust Board Administrator Victoria.Goddard@gosh.nhs.uk
- Public Board papers (May 2021) can be found here: <https://www.gosh.nhs.uk/about-us/who-we-are/organisational-structure/trust-board/trust-board-meetings/>

6 Sustainability update

In June 2021 the Sustainability Programme and Climate & Health Emergency (CHE) response team drafted a set of provisional key performance indicators (KPIs) for review at various Trust Committees including the Finance and Investment Committee. Once the list of KPIs are finalised, an update report will be shared with the Council.

The workstreams for each programme area will be overseen by the new Sustainability Board – Chaired by Zoe Asensio-Sanchez, Director of Estates, Facilities and the Built Environment that will report into EMT & other appropriate committees. Some of the key targets are below.



7 Other news

All GOSH news stories can be found here: <https://www.gosh.nhs.uk/news/>. Governors may wish to read the following articles on the website:



To celebrate Black History Month the Trust put together a series of brilliant events



On Saturday 16 October GOSH together with 10 other NHS Trusts celebrated the extra work being achieved to reduce waiting lists. We called the event 'Super Saturday'.



GOSH and The Royal Marsden NHS Foundation Trust have signed an agreement to share a single electronic patient record system (EPR).



The ZCR hosted his Highness Sheikh Mohamed bin Zayed Al Nahyan, Crown Prince of Abu Dhabi, the Secretary of State for Health and the Secretary of State for Education Minister Nadhim Zahawi MP on a tour.



GOSH announced a partnership with ViroCell Biologics to address the global viral vector manufacturing bottlenecks for clinical trials (viral vectors are harmless viruses used to 'trick' cells into accepting new genes).



Council of Governors

23 November 2021

Chief Executive Report –IQPR and Finance Update

Purpose

The Chief Executive's report provides the Council with a summary of developments since the last report in July 2021.

This additional report includes summaries of the Integrated Performance Report (October 2021 data) and Finance report – (October 2021 data).

Governor action required

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

Report prepared by:

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

Report presented by:

Matthew Shaw, Chief Executive

1 Integrated Performance Report (IPR)

The IPR is focused on the key areas/ domains to provide assurance that the Trust's services are delivering to the level our patients, families, Trust Board and our commissioners & regulators expect.

No overdue serious incidents or safety alerts

- Whilst the incident closure rate was not at the expected level, we are focused on improving and an action plan is in place.

Friends and Family Test

- Continued to be positive for Inpatients with regards to experience and response rate (97% in October).
- Outpatients slightly dipped this month (94%) and the operational and clinical teams are working together to address concerns raised.

MRSA and C-Diff

- Zero cases in October
- Year to date position of 1 MRSA case and 6 C-Diff cases

COVID-19

- The impact of the pandemic was still acutely felt within the waiting times for patients.
- Performance at the end of October 2021 was 76.7% which was slightly below trajectory.
- The power outage incident had a significant impact on performance and capacity challenges are being closely monitored.
- For long waiting patients (52 weeks and over), further decreases have been seen. Since April 2021 the number waiting 52 weeks and over has reduced by 370 patients to 194.

Diagnostics waiting times

- For patients waiting under 6 weeks for a diagnostic test, performance continued to improve and was at 87.38% which was 3% above trajectory.
- Challenged modalities have action plans in place to improve waits, however, this has been impacted by unexpected clinician leave and the October power-outage.

Cancer waiting times

- Continued to be above the standards for the financial year,
- September saw a rare breach in 31 Day Subsequent Treatment Surgery. The completed harm review confirmed no harm was identified.

Workforce Indicators

- The Trust was complaint in 5 out of 7 KPIs reported to the Board.
- PDR performance has marginally declined at 86% for October and underachieving directorates are working closely with HR on improvement action plans.
- Sickness Rates have been above 3% for the last 4 months and the month of October was above expected level for this time of year.

2 Month 7 2021/22 Finance Report

The month 7 financial position was a deficit of £3.2m in-month

- This was £2.3m adverse to the approved plan.

The Trust was in the process of finalising the plans for the second half of the financial year.

The Trust has a year to date (YTD) deficit position of £0.9m

- This was ahead of plan due to the Elective Recovery Funding (ERF) payments (£14.9m favourable YTD).

Income overall YTD was £4.1m favourable to plan for the Trust - largely driven by ERF activity

NHS and other clinical income was £18.2m favourable to plan YTD

Private patient income was £9.8m adverse to plan YTD

- This was due to continued COVID-19 travel restrictions

Pay was £1.2m adverse to plan in-month

1. This was 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 remained low as a result of the pandemic and high staff levels have been retained across the board.

Non-Pay was £1.3m favourable to plan in-month.

1. Key drivers of this were lower than planned usage of high cost drugs and devices and utility costs that were lower than planned.

Cash held by the Trust is £127.4m which was £1.2m lower than Month 6.

1. Capital expenditure was currently below plan by £1.7m, with the Trust funded programme below plan by £4.7m and the donated programme £3.0m above plan.

Other

- Cash held by the Trust was £127.4m which was £1.2m lower than Month 6.
- 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.
- I&PC debtor days decreased from 101 days in Month 6 to 93 days in Month 7.
- Creditor days decreased from 23 days to 19 days.

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

Sanjiv Sharma

Medical Director

Darren Darby

Acting Chief Nurse

John Quinn

Chief Operating Officer

Caroline Anderson

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?

	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

Are we managing our data?

	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

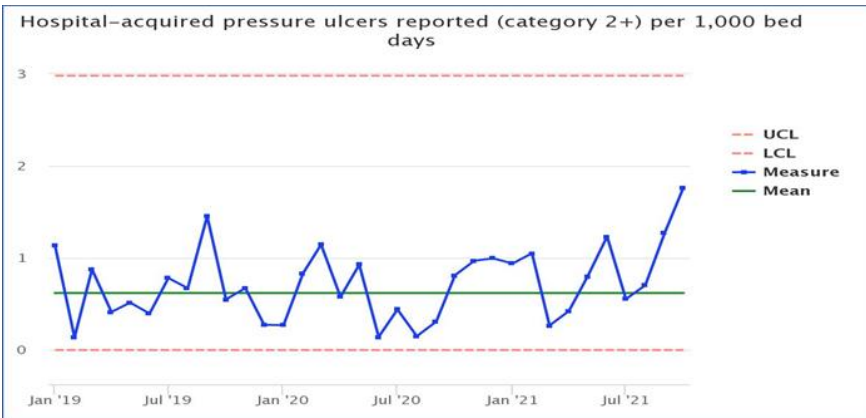
GOSACVCRB (GOS acquired CVC related bacteraemias ('Line infections'))*

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

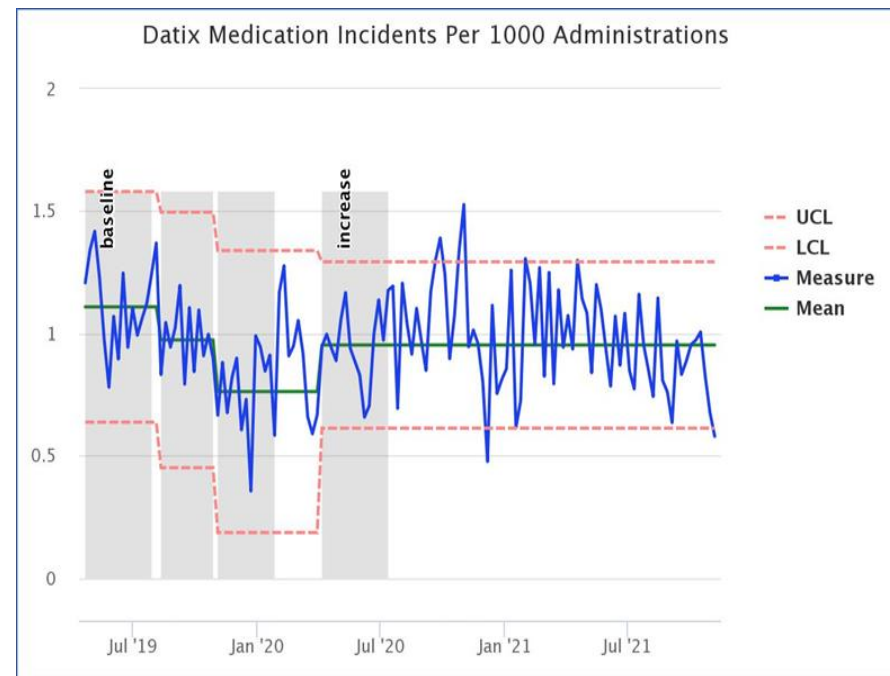
Care Outcome Metric	Parameters	July 2021	Aug 2021	Sept 2021	Oct 2021
Bacteraemias (mandatory reporting – MRSA, MSSA, Ecoli, Pseudomas Klebsiella)	In Month	2	2	10	2
	YTD (financial year)	18	20	30	32
C Difficile cases - Total	In month	2	2	1	0
	YTD (financial year)	3	5	6	6
C difficile due to lapses (Considered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



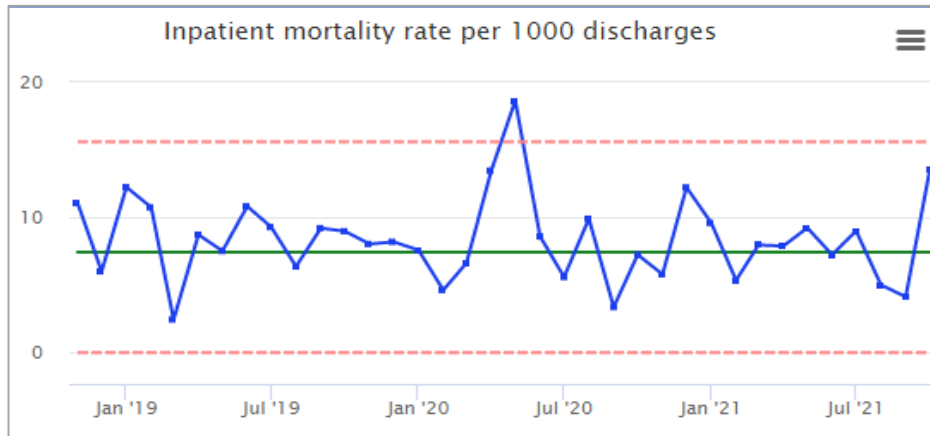
118 medication-related incidents were reported in October 2021.

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



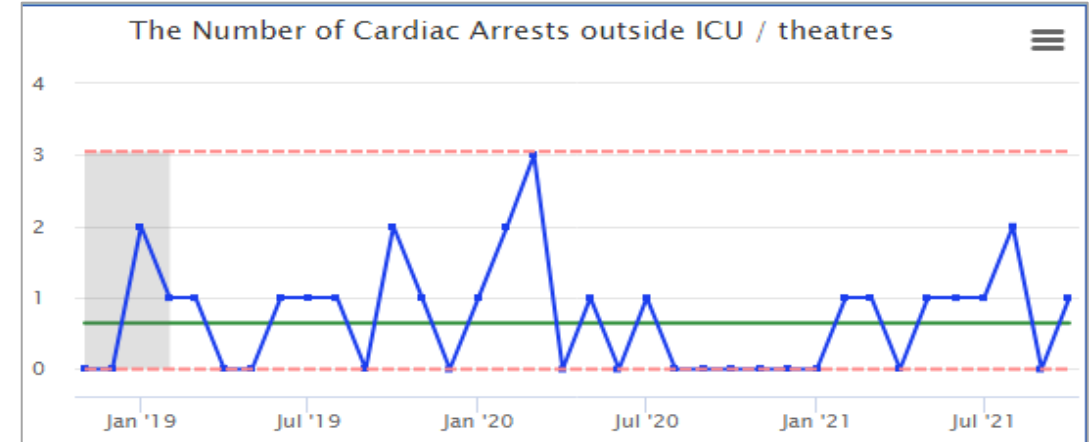
There are no indicators that require us to investigate our mortality, but we note that there were fourteen deaths in October (10 ICU, 2 BMT, 2 Haem/Onc), both August and September saw deaths below the mean for the last two years.

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.

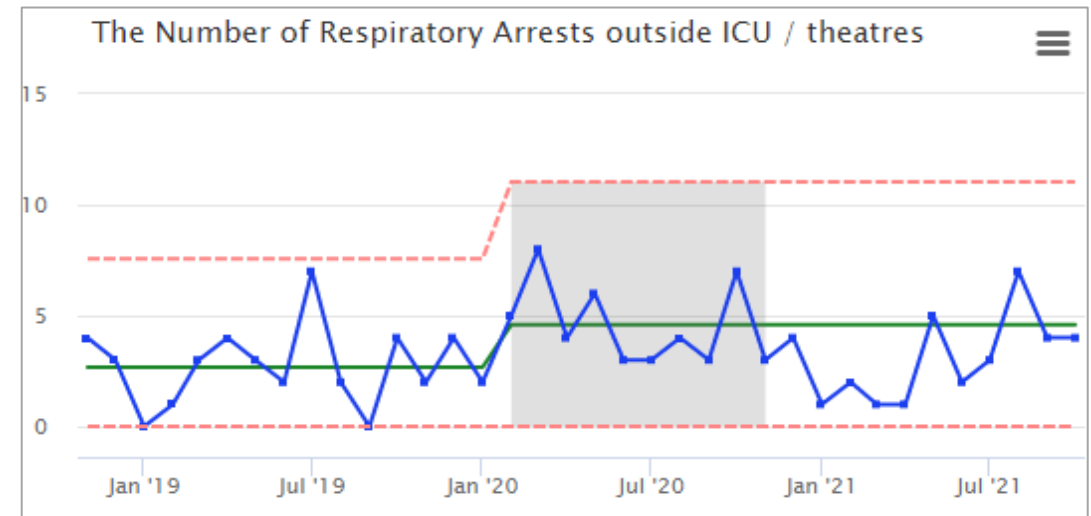
This concluded.

- 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



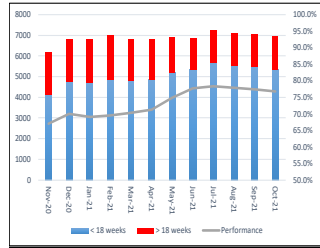
Respiratory Arrests



Do our processes and systems support patient access?

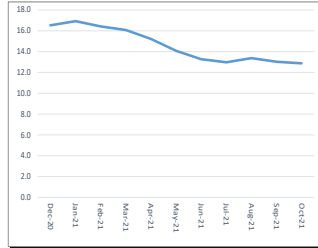
Patient Access

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



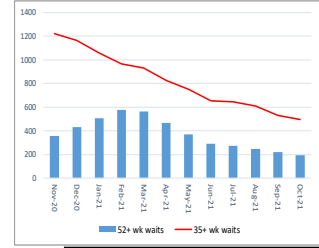
Period	Target	Actual
Nov-20	71.27%	74.92%
Dec-20	77.67%	78.31%
Jan-21	77.82%	77.42%
Feb-21	77.42%	76.70%
Mar-21		
Apr-21		
May-21		
Jun-21		
Jul-21		
Aug-21		
Sep-21		
Oct-21		

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



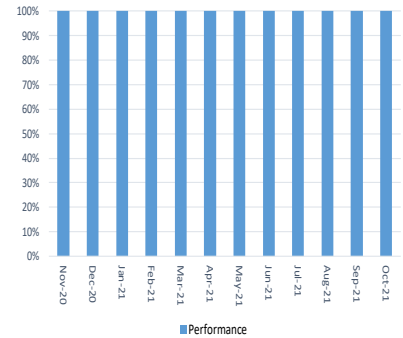
Period	Target	Actual
Nov-20	15.2	14.1
Dec-20	13.3	13.0
Jan-21	13.4	13.0
Feb-21	13.0	12.9
Mar-21		
Apr-21		
May-21		
Jun-21		
Jul-21		
Aug-21		
Sep-21		
Oct-21		

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



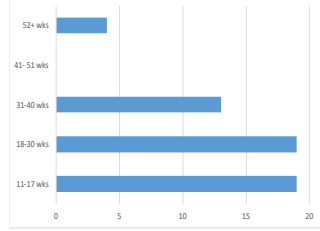
Period	Target	Actual
Nov-20	369	291
Dec-20	732	654
Jan-21	647	609
Feb-21	609	530
Mar-21		
Apr-21		
May-21		
Jun-21		
Jul-21		
Aug-21		
Sep-21		
Oct-21		

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



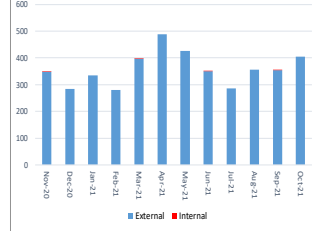
Period	Target	Actual
Nov-20	100.0%	100.0%
Dec-20	100.0%	100.0%
Jan-21	100.0%	100.0%
Feb-21	100.0%	100.0%
Mar-21	100.0%	100.0%
Apr-21	100.0%	100.0%
May-21	100.0%	100.0%
Jun-21	100.0%	100.0%
Jul-21	100.0%	100.0%
Aug-21	100.0%	100.0%
Sep-21	100.0%	100.0%
Oct-21	100.0%	100.0%

RTT: Weeks wait of 18 week RTT pathways received from external Trusts as at Oct 2021	Period	Actual
	Oct-21	405



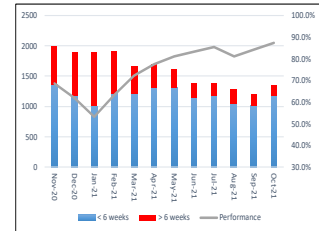
Period	Actual
Oct-21	405

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



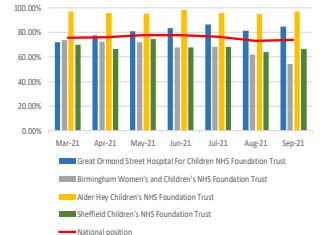
Period	Actual
Nov-20	489
Dec-20	427
Jan-21	351
Feb-21	287
Mar-21	357
Apr-21	356
May-21	405
Jun-21	
Jul-21	
Aug-21	
Sep-21	
Oct-21	

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



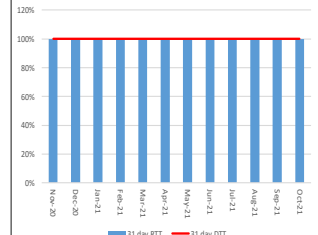
Period	Target	Actual
Nov-20	77.56%	81.15%
Dec-20	83.28%	85.36%
Jan-21	81.06%	84.33%
Feb-21	87.38%	87.38%
Mar-21		
Apr-21		
May-21		
Jun-21		
Jul-21		
Aug-21		
Sep-21		
Oct-21		

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



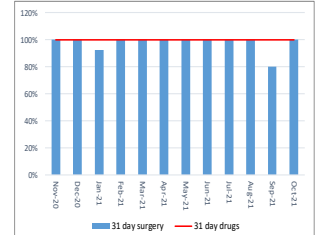
Period	Target	Actual
Mar-21	75.71%	75.97%
Apr-21	77.70%	77.62%
May-21	76.49%	72.88%
Jun-21	72.88%	73.91%
Jul-21		
Aug-21		
Sep-21		

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



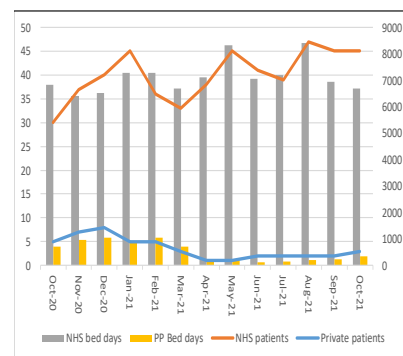
Period	Target	Actual
Nov-20	100%	100%
Dec-20	100%	100%
Jan-21	100%	100%
Feb-21	100%	100%
Mar-21	100%	100%
Apr-21	100%	100%
May-21	100%	100%
Jun-21	100%	100%
Jul-21	100%	100%
Aug-21	100%	100%
Sep-21	100%	100%
Oct-21	100%	100%

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



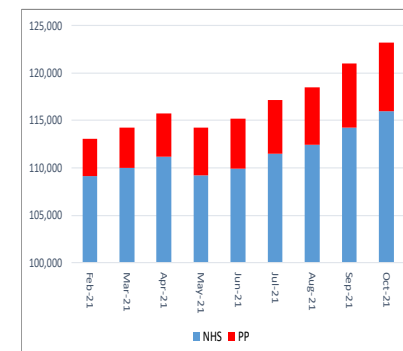
Period	Target	Actual
Nov-20	100%	100%
Dec-20	100%	100%
Jan-21	100%	100%
Feb-21	100%	100%
Mar-21	100%	100%
Apr-21	100%	100%
May-21	100%	100%
Jun-21	100%	100%
Jul-21	100%	100%
Aug-21	100%	100%
Sep-21	100%	100%
Oct-21	100%	100%

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



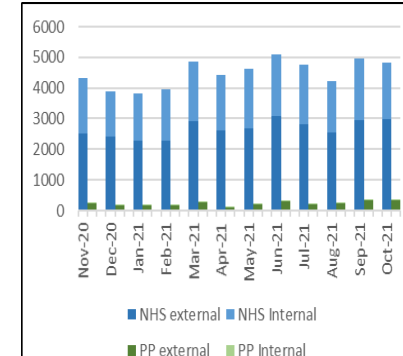
Period	Actual
Oct-20	46
Nov-20	43
Dec-20	41
Jan-21	49
Feb-21	47
Mar-21	48
Apr-21	
May-21	
Jun-21	
Jul-21	
Aug-21	
Sep-21	
Oct-21	

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



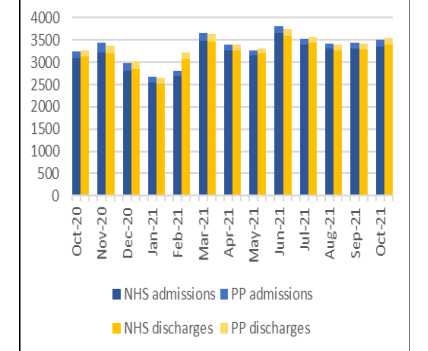
Period	Actual
May-21	109,216
Jun-21	109,904
Jul-21	111,516
Aug-21	112,426
Sep-21	114,251
Oct-21	115,972

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



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

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



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

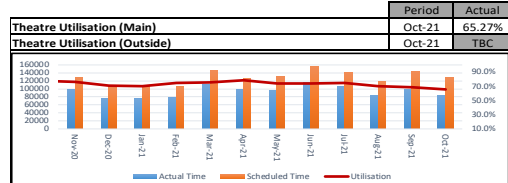
Discharges (NHS & PP)	Period	Actual
	Oct-21	3550



Period	Actual
May-21	3273
Jun-21	3805
Jul-21	3524
Aug-21	3424
Sep-21	3444
Oct-21	3502

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

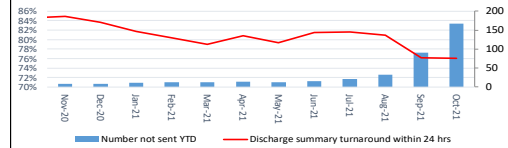
*Theatre session utilisation data is currently being investigated for March and April 2020

Average length of stay	Period	Actual
	Oct-21	TBC



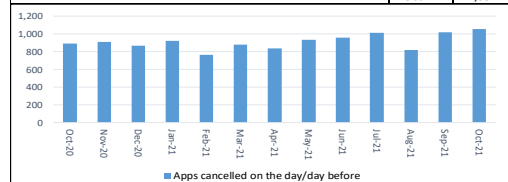
Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Main	TBC	TBC	TBC	TBC	TBC	TBC	TBC

	Period	Actual
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



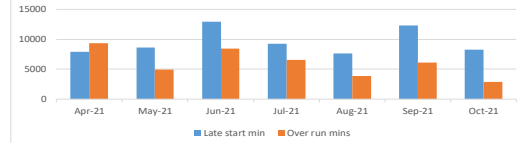
Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Performance	80.78%	79.36%	81.53%	81.56%	80.94%	76.18%	76.03%
Not sent	1	1	2	7	14	58	78

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

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



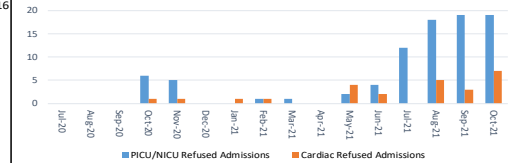
Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Late starts	7885	8656	12941	9298	7679	12330	8278
Overruns	9342	4977	8446	6539	3858	6109	2830

Bed Occupancy	Period	Actual
	Oct-21	73.83%



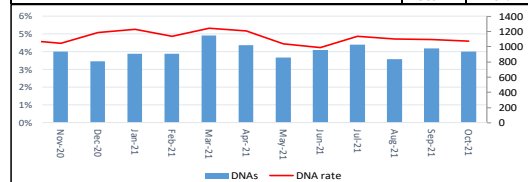
Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Main	75.67%	77.60%	74.11%	72.50%	71.32%	70.67%	73.83%

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



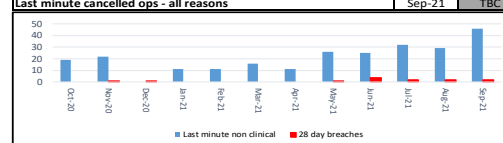
Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
PICU/NICU	0	2	4	12	18	19	19
Cardiac	0	4	2	0	23	3	7

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



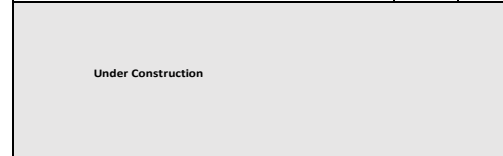
Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Rate	5.18%	4.46%	4.25%	4.87%	4.71%	4.70%	4.61%
DNAs	1021	858	958	1024	840	977	934

	Period	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



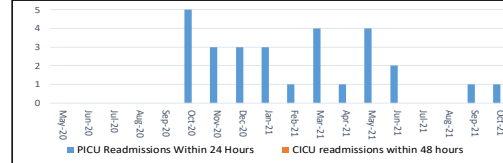
Month	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Non clinical	16	11	26	25	32	29	46
Breaches	0	0	1	4	2	2	2

Average monthly ward bed closures (excluding weekends)	Period	Actual



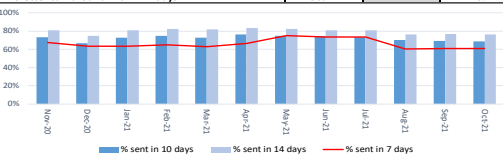
Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Rate							

	Period	Actual
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

	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%
Grand Total	36	1221	97%

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

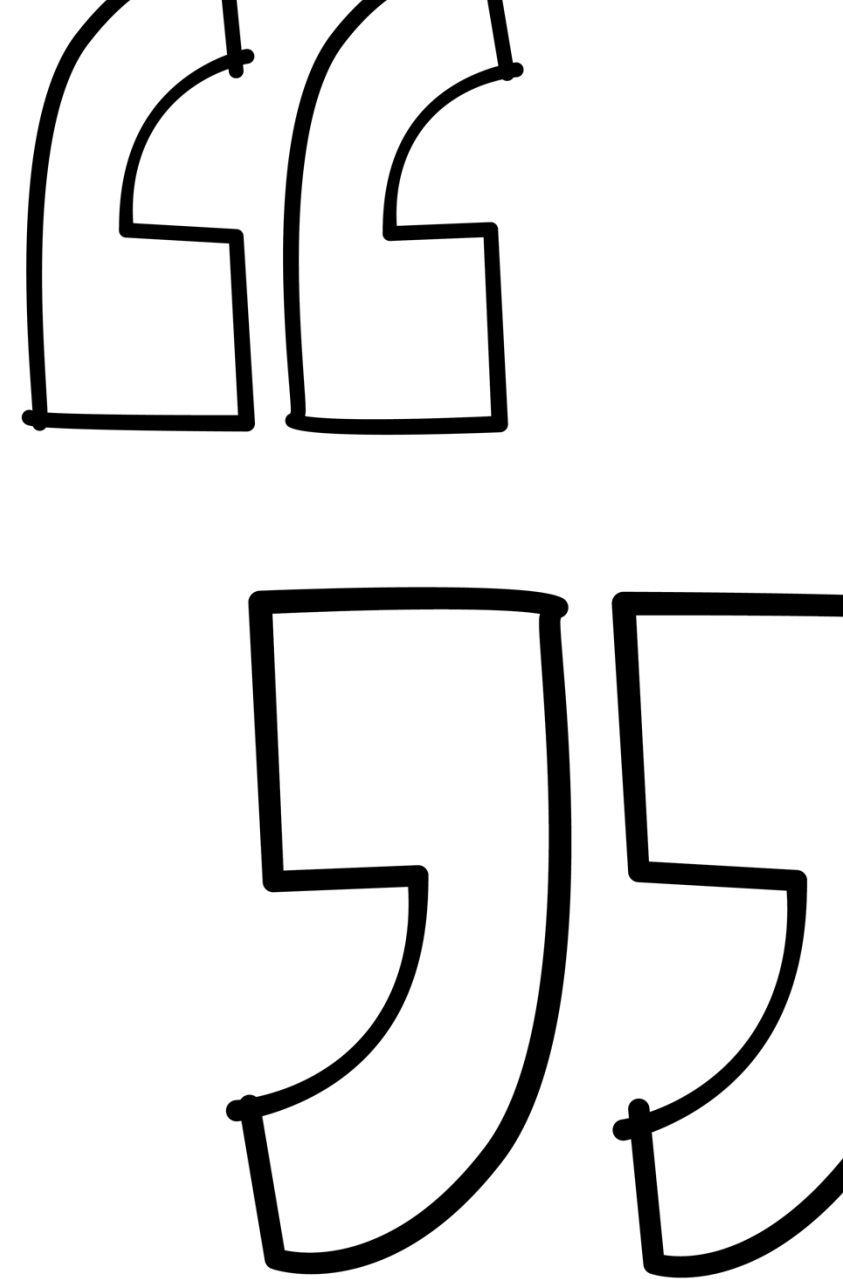
We have a priority clinical audit plan to support learning from incidents, patient complaints, and to investigate areas for improvement in safety and quality

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.

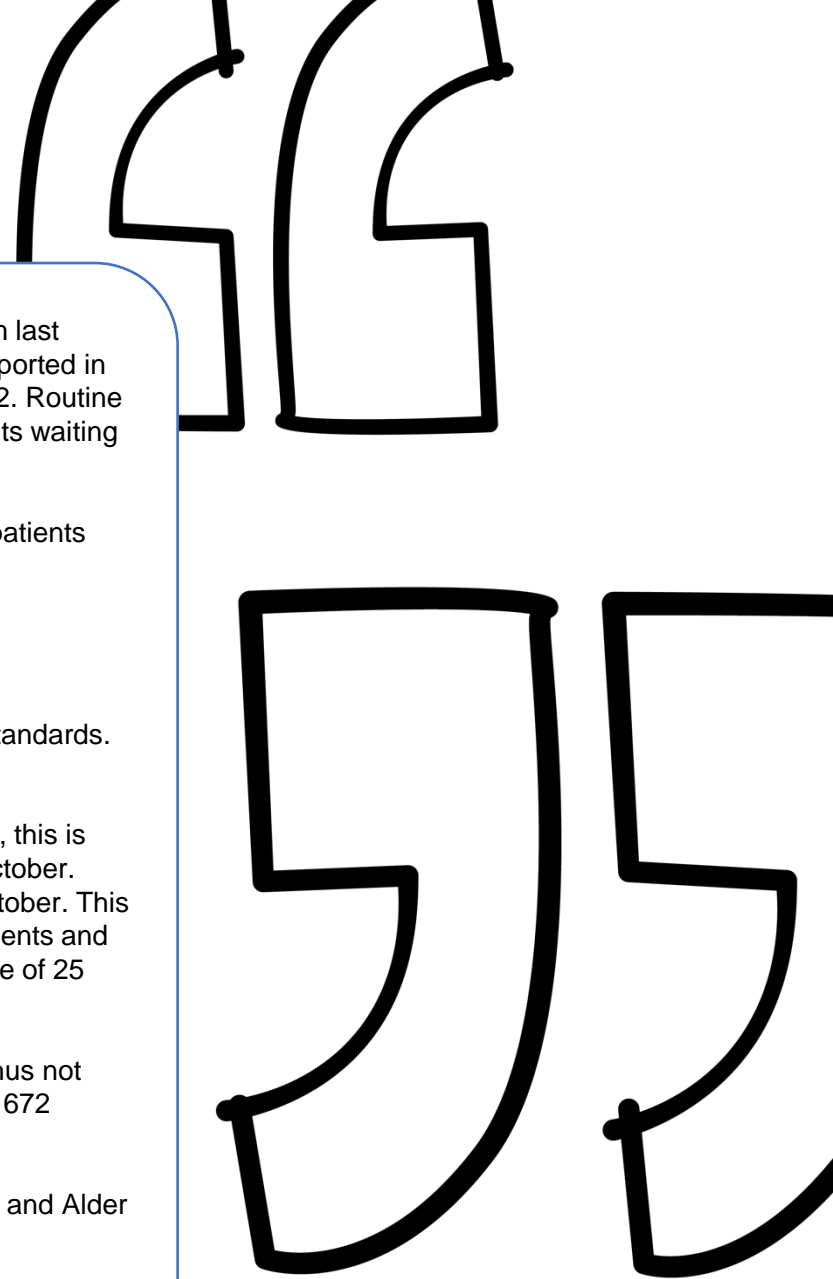
Comparative children's providers have seen similar movements. Sheffield Children and Birmingham Women's and Children's reported performance of around 54-84% for September 2021 whilst Alder Hey was higher at 97.2%.

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.



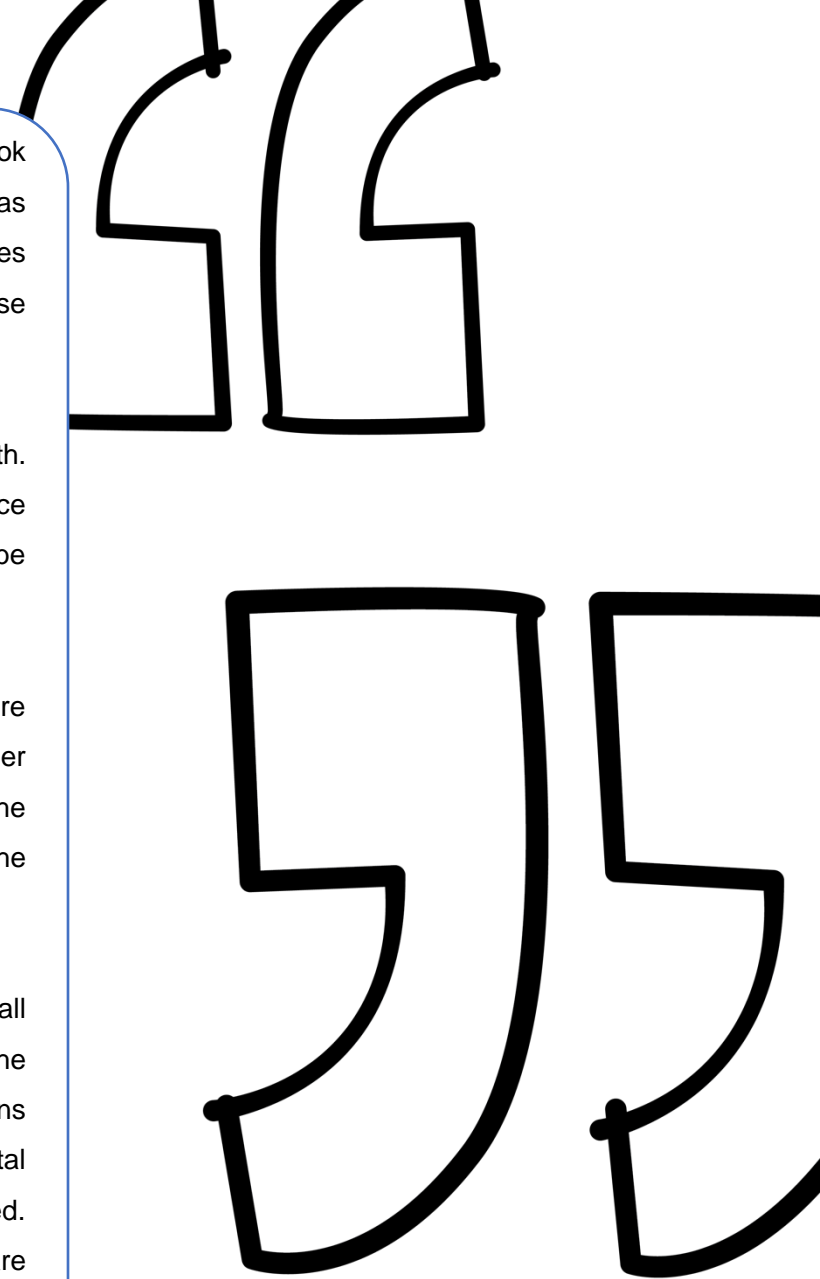
Are we Well Led?

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.

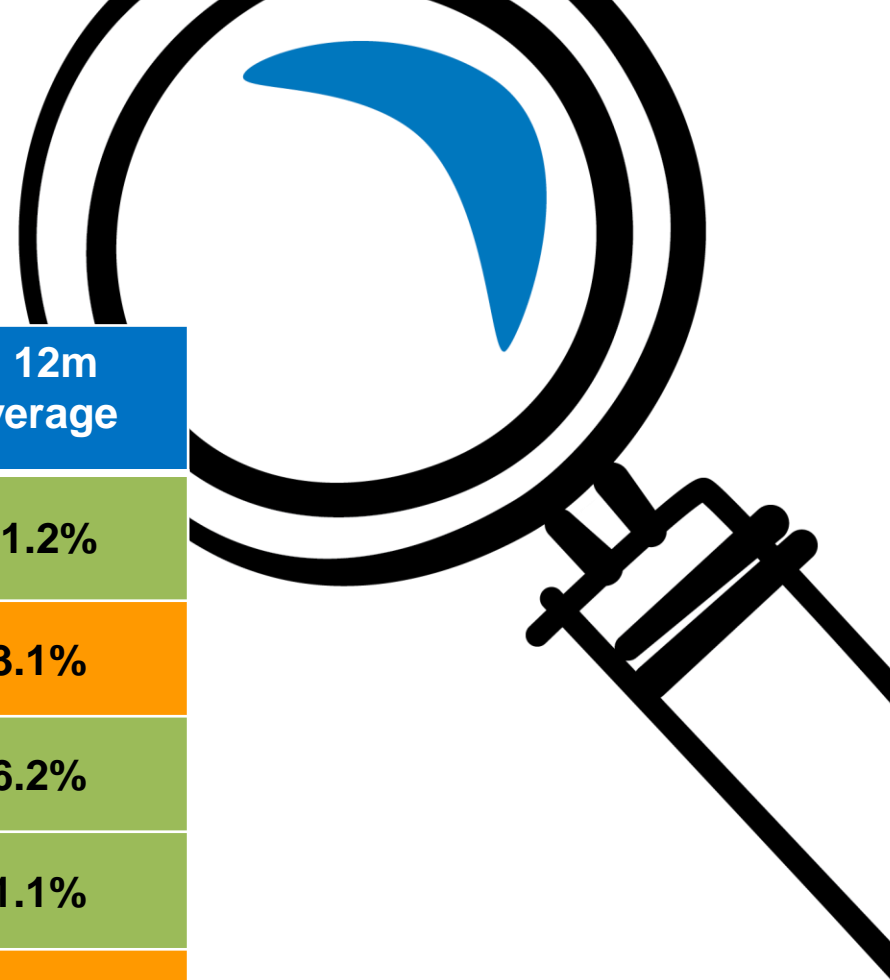
Statutory & Mandatory training compliance: The October training rate for the Trust remained at 91% which is above target with all bar 2 directorates achieving target (Property Services & ICT). The Directorate Management and Learning teams are working to address gaps in compliance. The medical and dental 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:

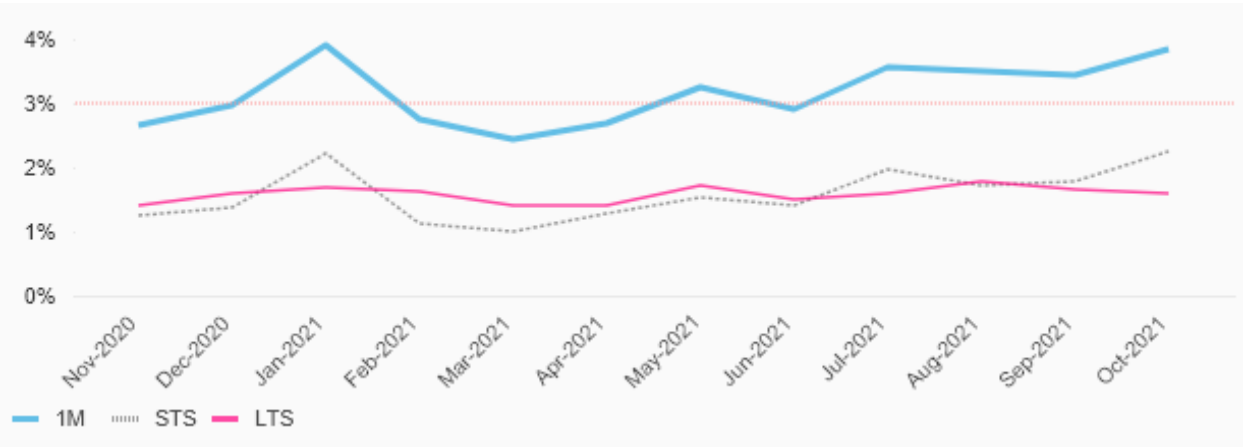
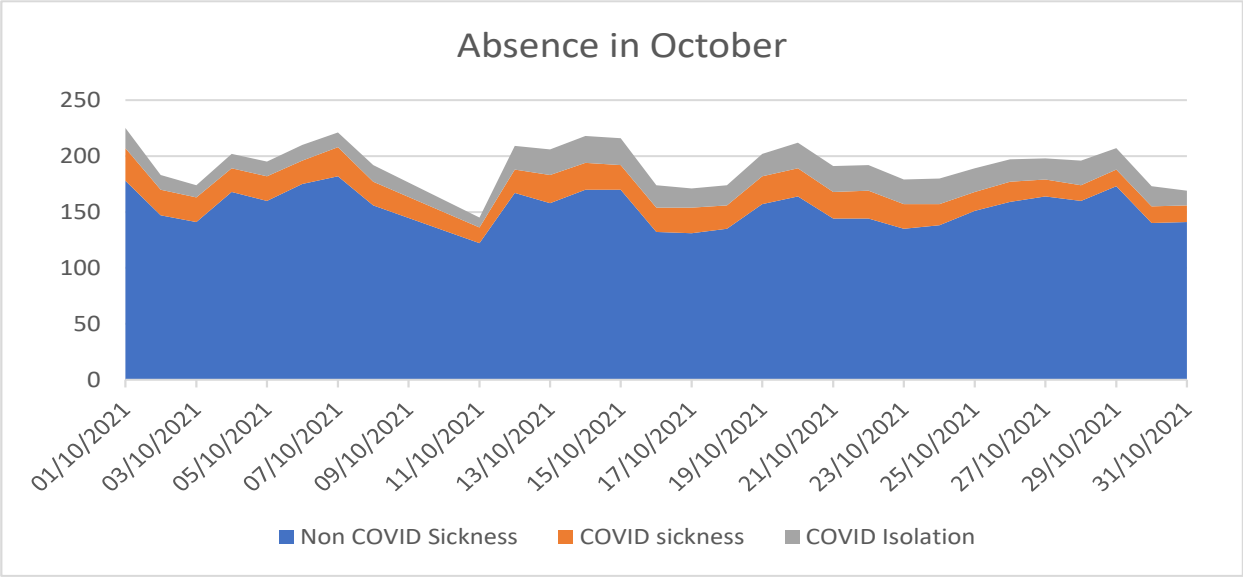
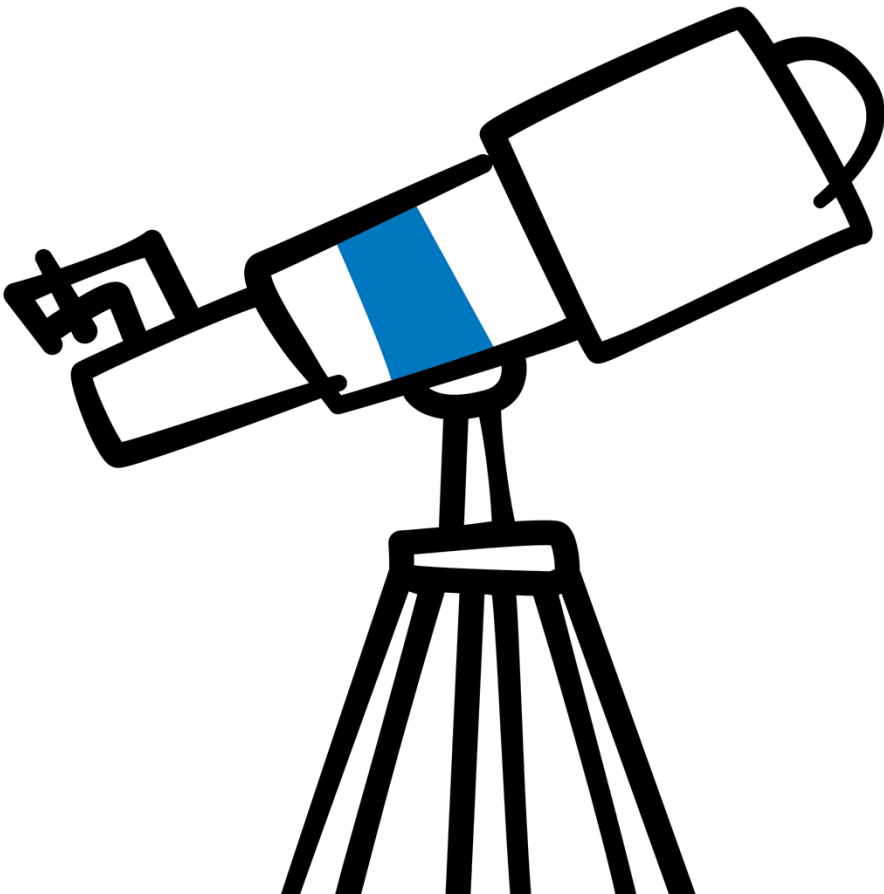
■ Achieving Plan ■ Within 10% of Plan ■ Not achieving Plan

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%

Key: Achieving Plan Within 10% of Plan Not achieving Plan

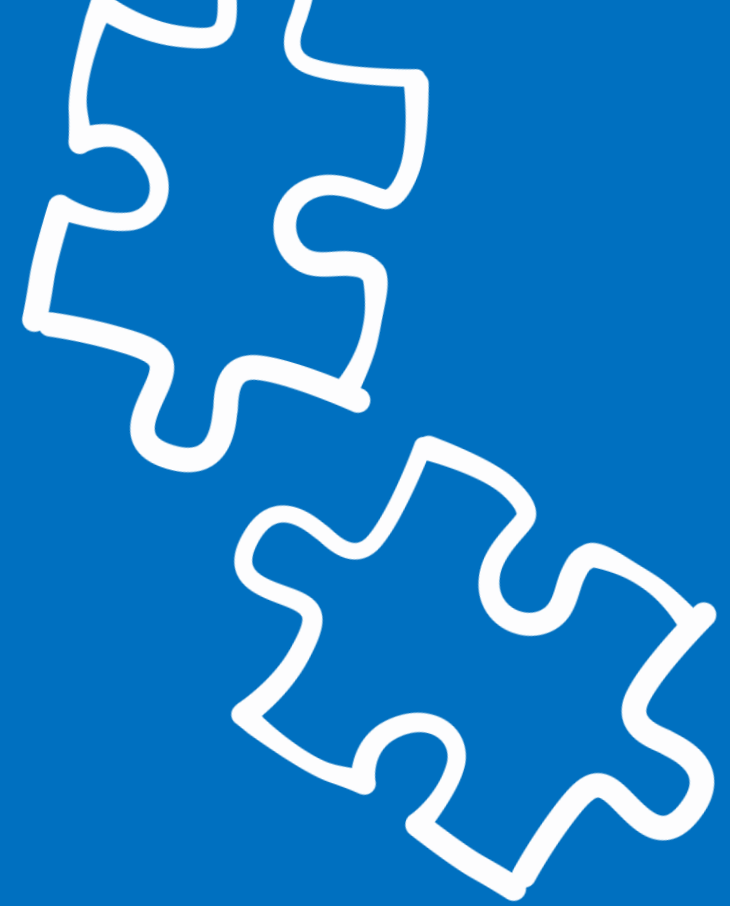
Absences in October



Quality and Safety

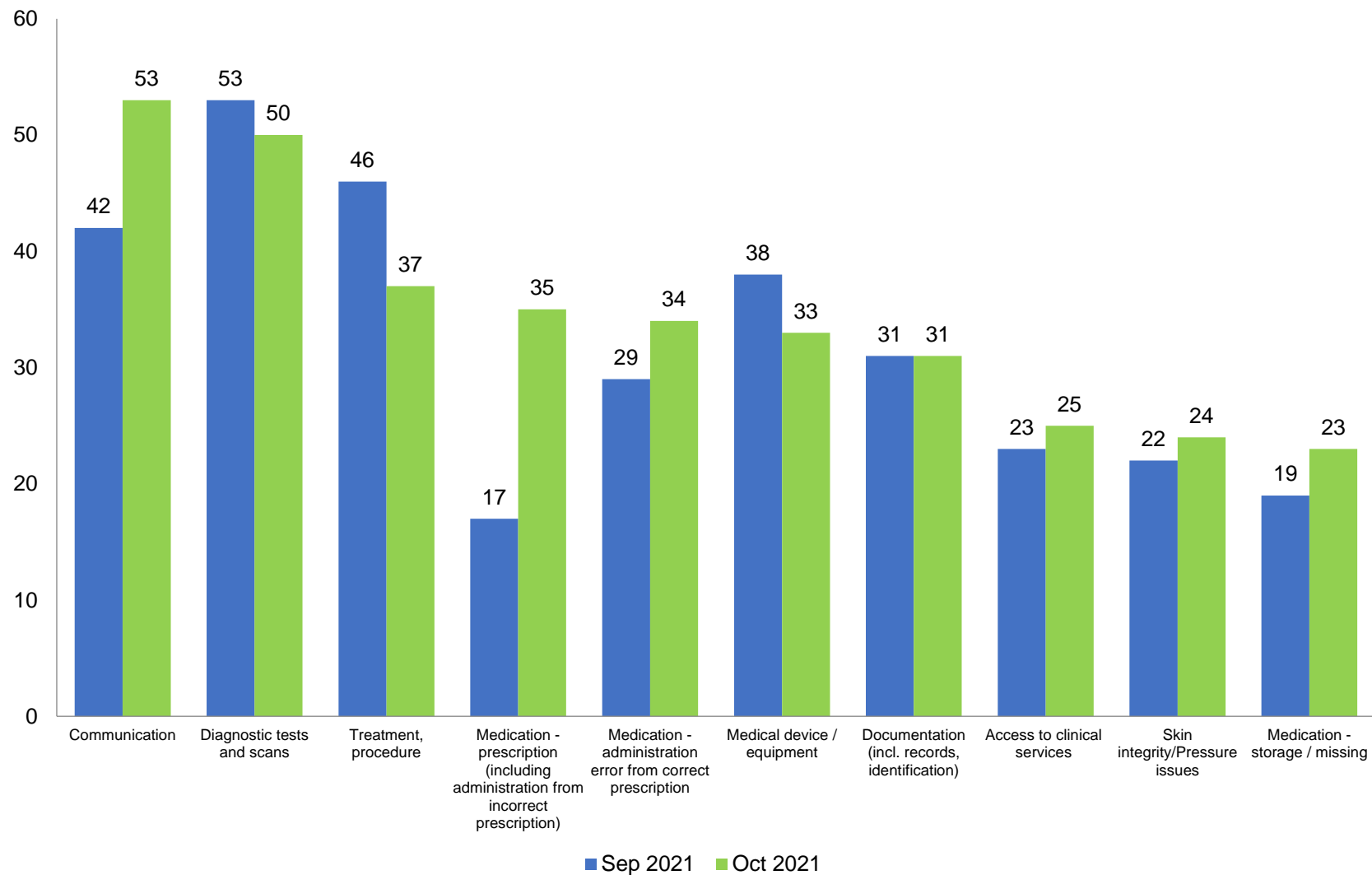
This section includes:

- 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 12th 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. 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%. 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 all 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"> ➤ Design, development and testing of wellbeing indicator ➤ Establishing ‘team self care’: local team-level wellbeing initiatives 	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"> ➤ QI Education Programmes ➤ Project Coaching 	Dal Hothi

The QI team is also supporting the Clinical Pathway Redesign Programme, and associated projects in partnership with the Transformation team.

2. Directorate-level/ Responsive QI Work-

Directorate projects

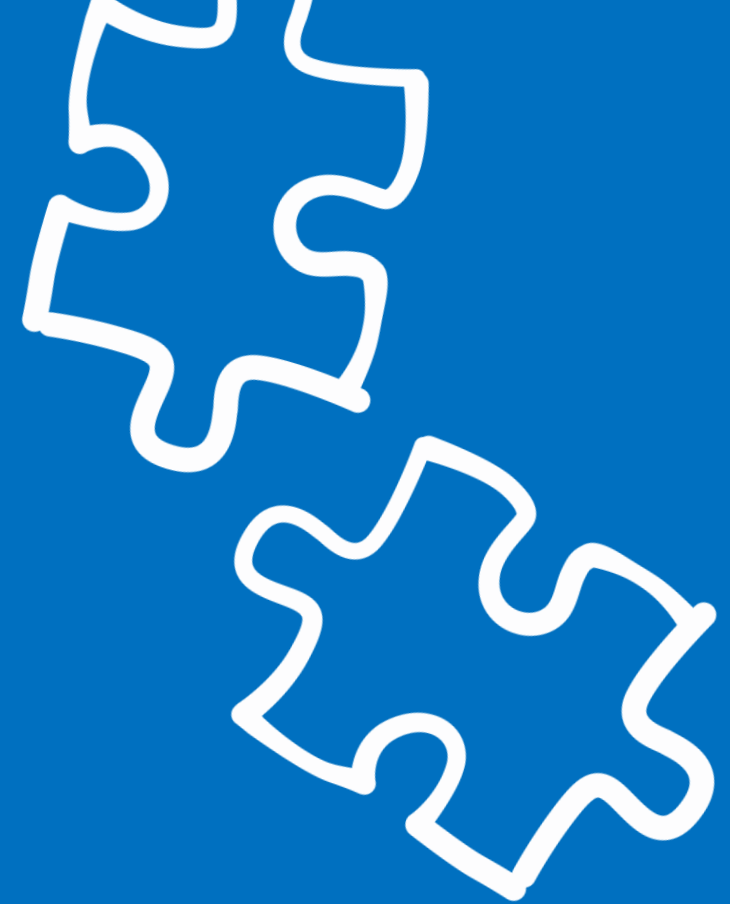
Project Commenced	Area of work	Project lead:	Expected completion date
May 2020	Increase opportunities to empower and enable children and young people to register their complaints	Claire Williams (Head of Patient Experience)	December 2021
Oct 2020 (support paused)	Increase communication skills training 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:

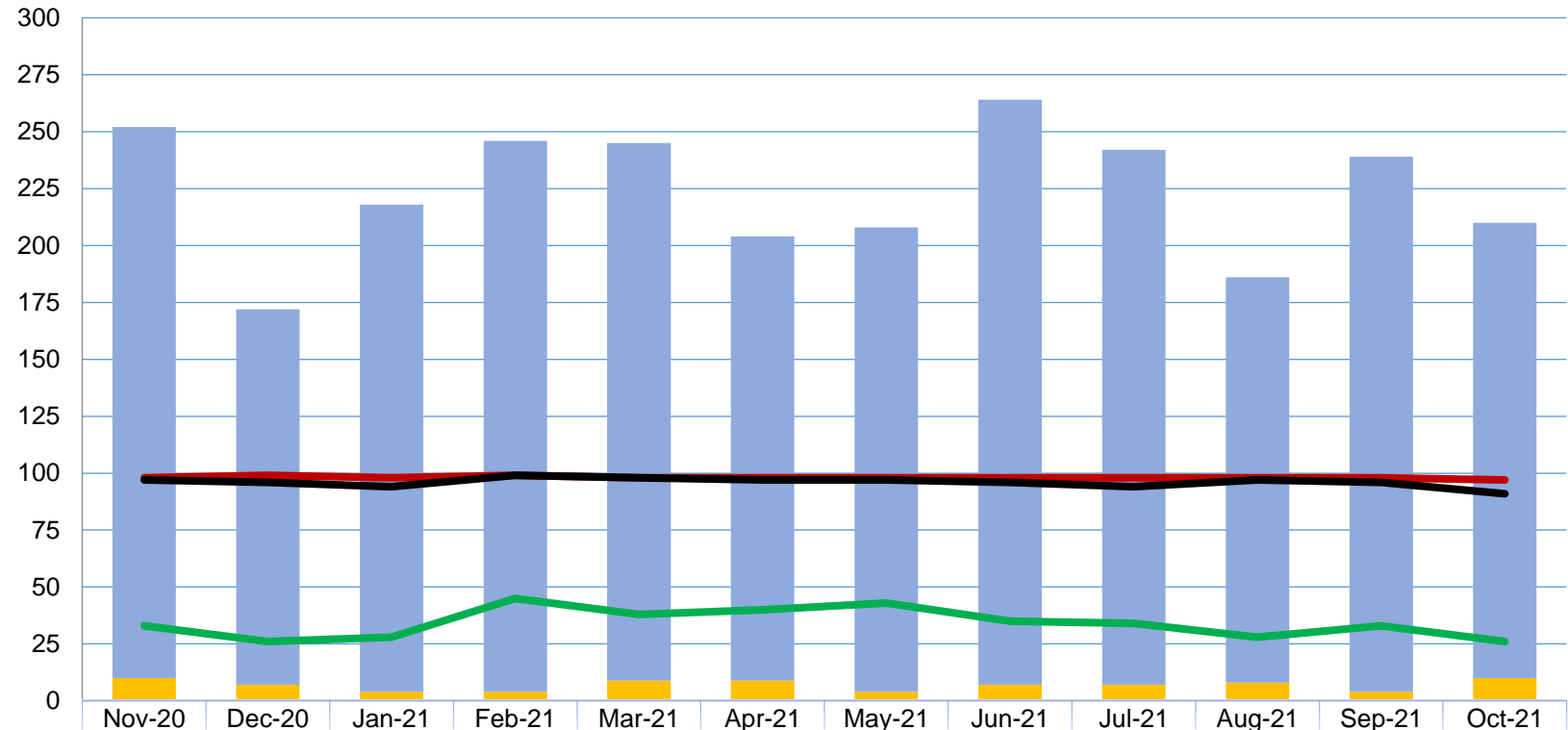
- Integrated overview of patient feedback
- Monthly assessment of trends and themes in complaints
- Overview of Red Complaints
- Pals themes and trends
- Learning and improvements from Pals contacts
- Friends and Family Test feedback trends and themes



Patient Experience Overview

Are we responding and improving?

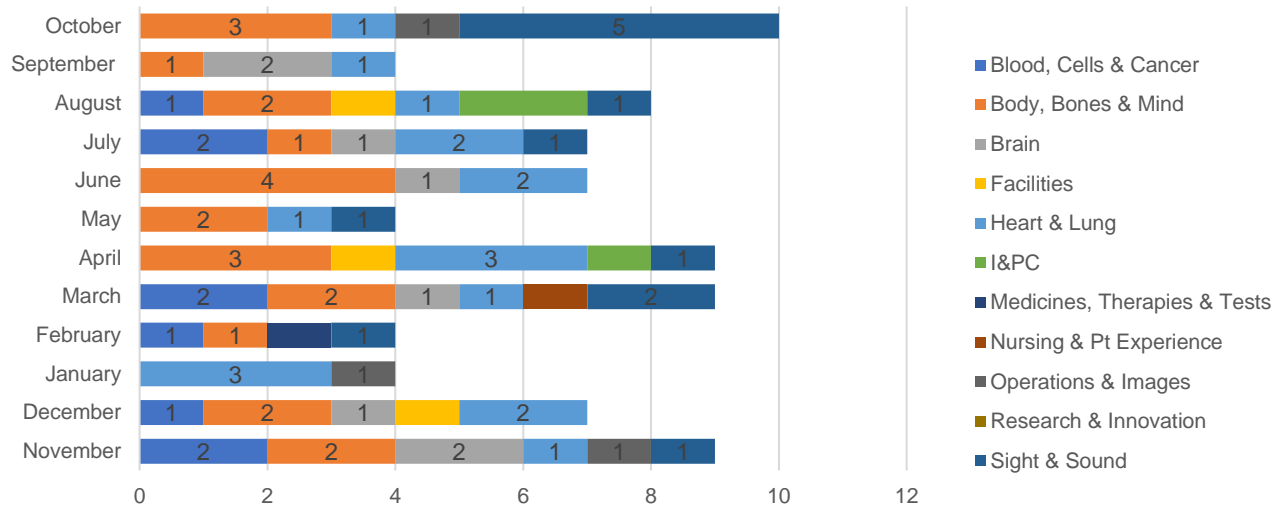
Patients, families & carers can share feedback via Pals, Complaints & the Friends and Family Test (FFT).



■ 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.

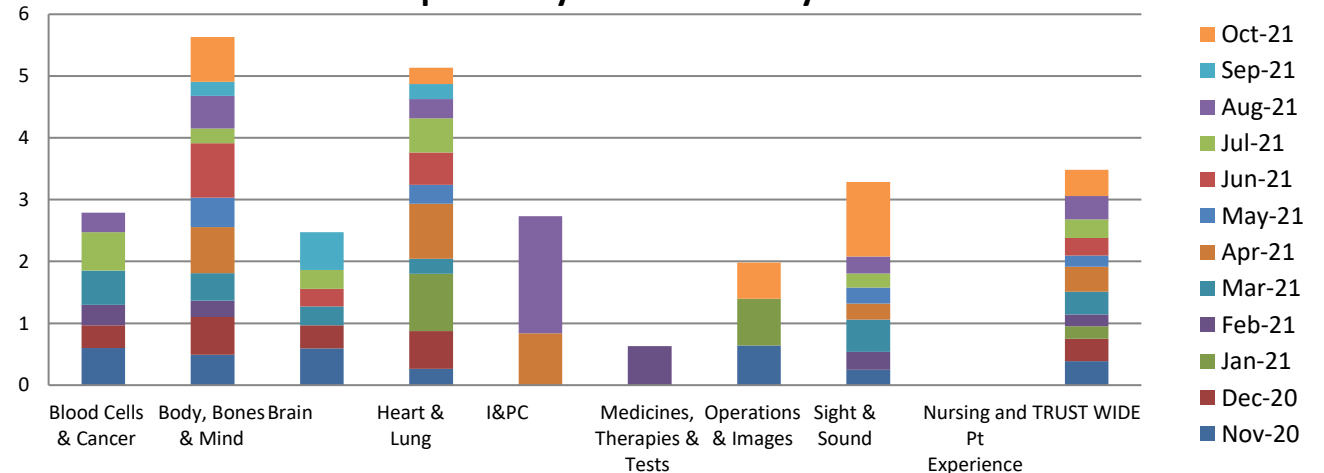
Body, Bones and Mind also saw a significant increase (0.73) compared to last month (0.23).

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 th 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 was not 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 was 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 was 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.

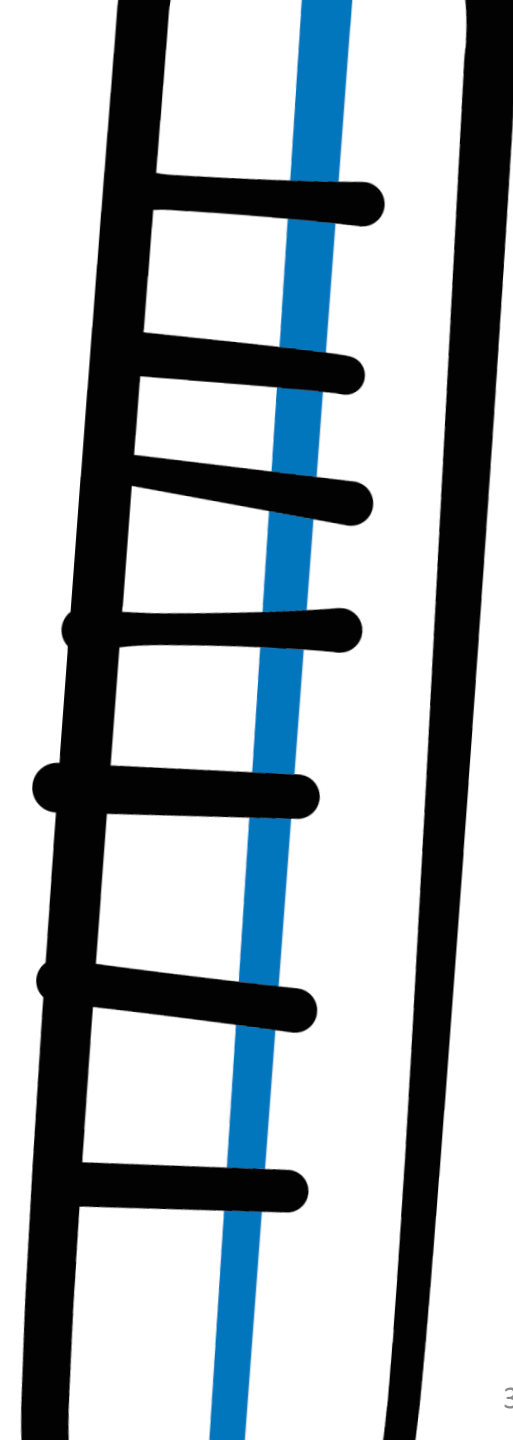
* Includes one historic complaint regraded in April 2021

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
Total:		193	235	200

Top Six Themes

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

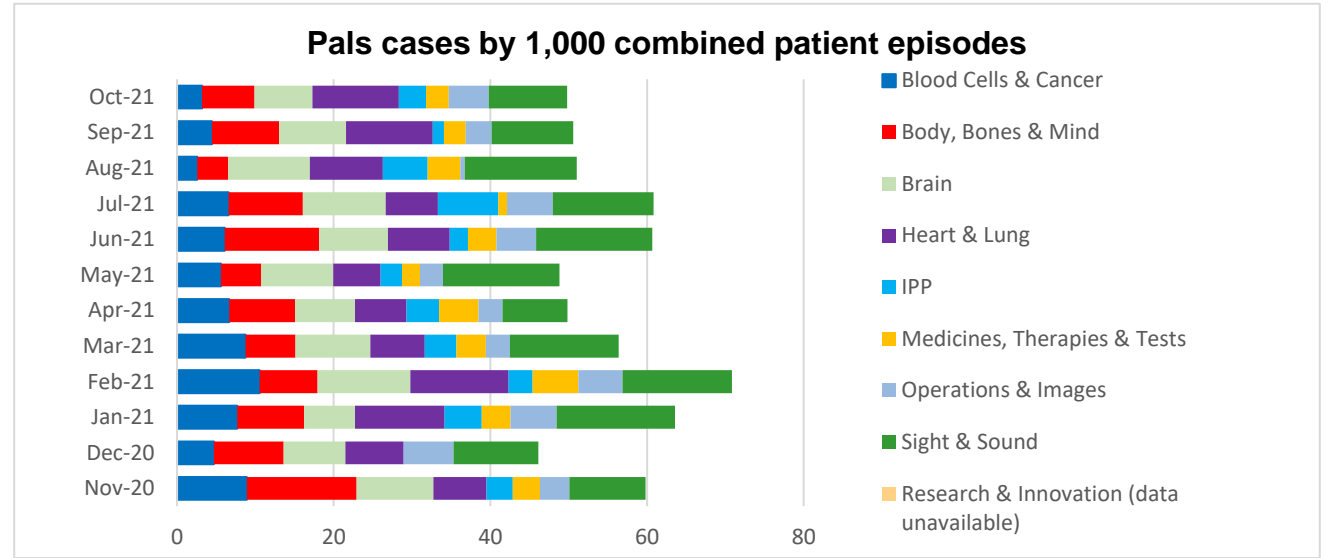
October sees a 33% increase in the number of complex contacts, something Pals believe to be reflective of an influx of complicated and challenging encounters often requiring the input of numerous internal and external specialities. In October complex contacts typically centre around requests for information 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
YTD	276	432	347	385	49	65	89	1	594

PALS – Are we responding and improving?

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

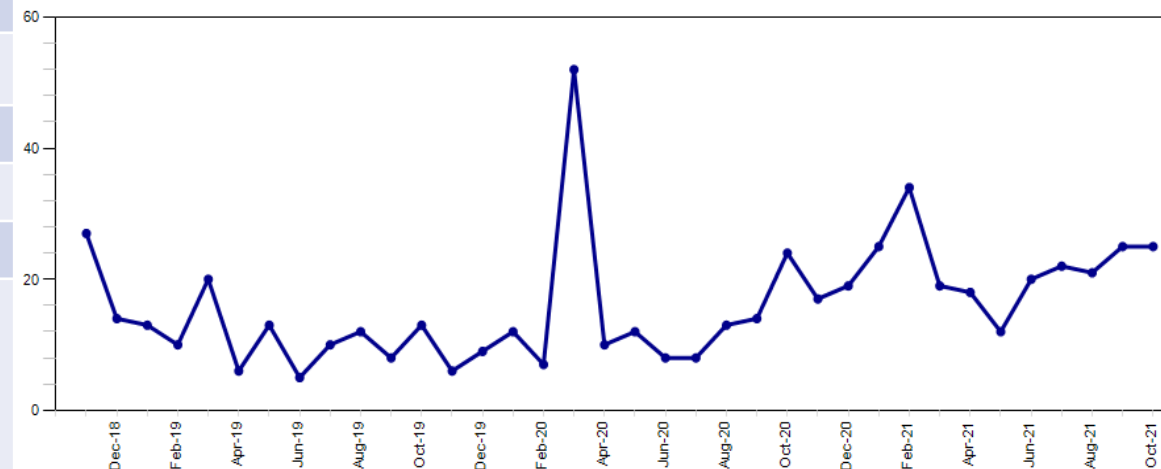
Cardiology- Pals have recorded 29 cardiology contacts in October, approximately 1 in 5 of which revolve around multiple, short notice cancellations of inpatient and outpatient appointments. Families explain that these often occur on the day of arrival and so request support from Pals with claiming back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

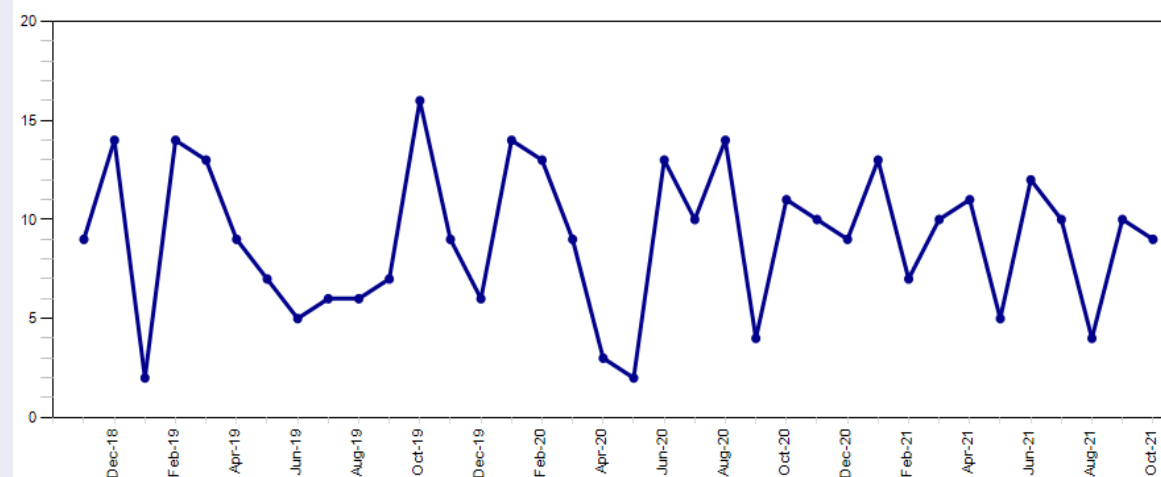
Pals continue to work closely alongside the Cardiology service and conduct weekly audits which are shared with senior management. These ensure that urgent concerns are promptly addressed and that any themes or trends are identified in a timely manner.

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)



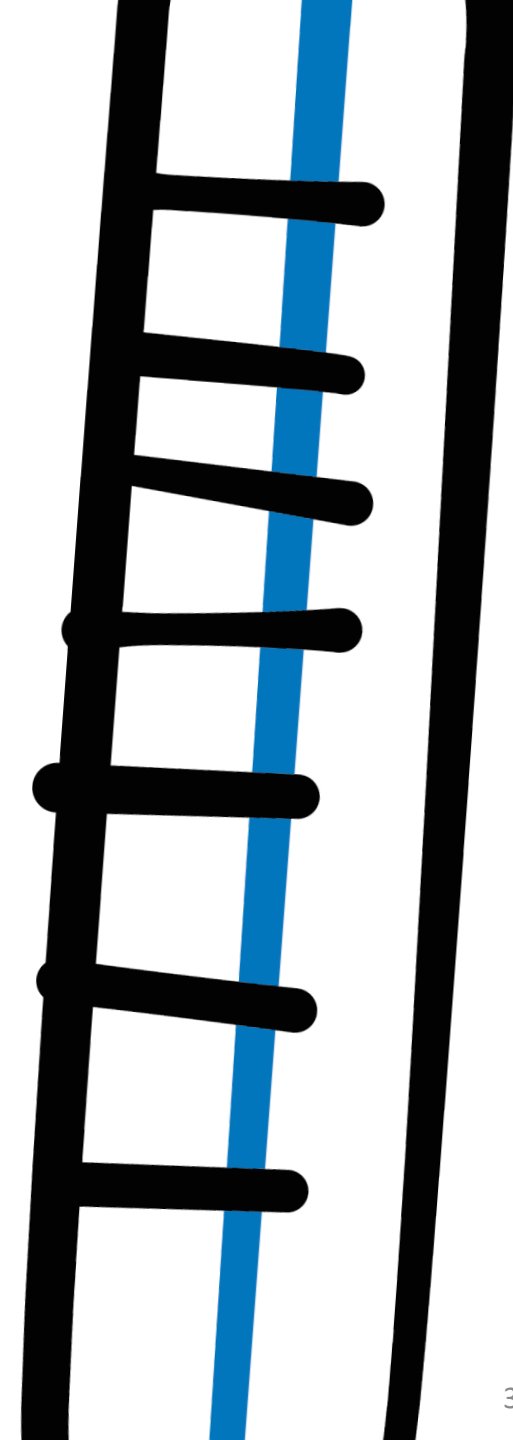
Gastroenterology contacts by patient activity- (total cases excluding formal complaints)



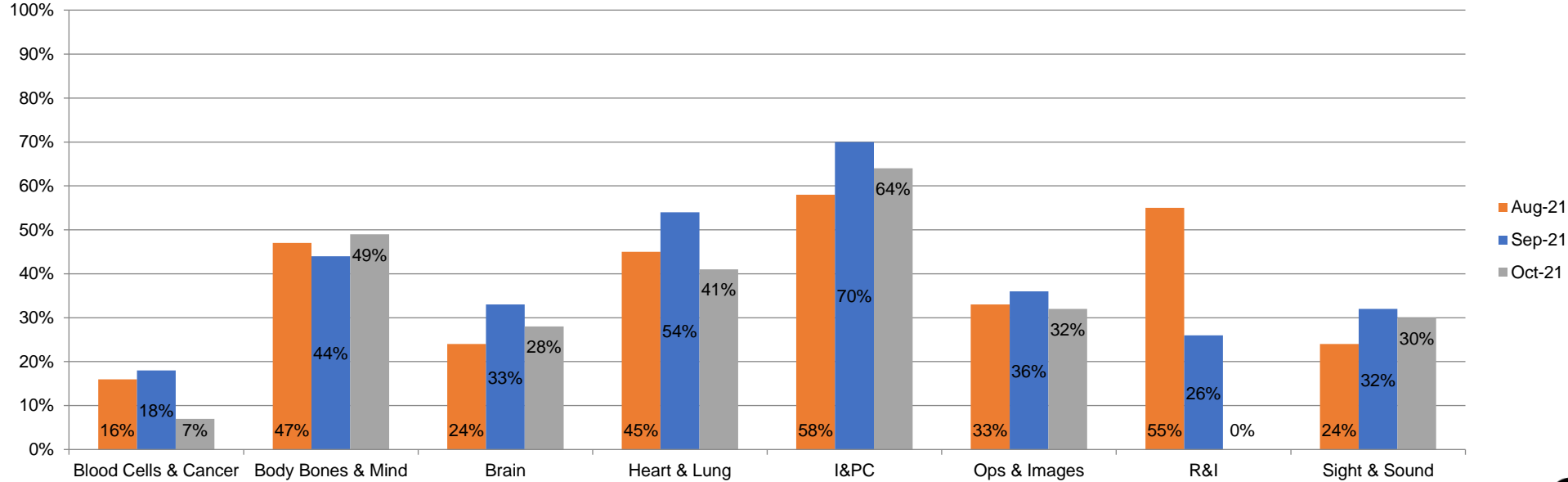
Learning from PALS

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?



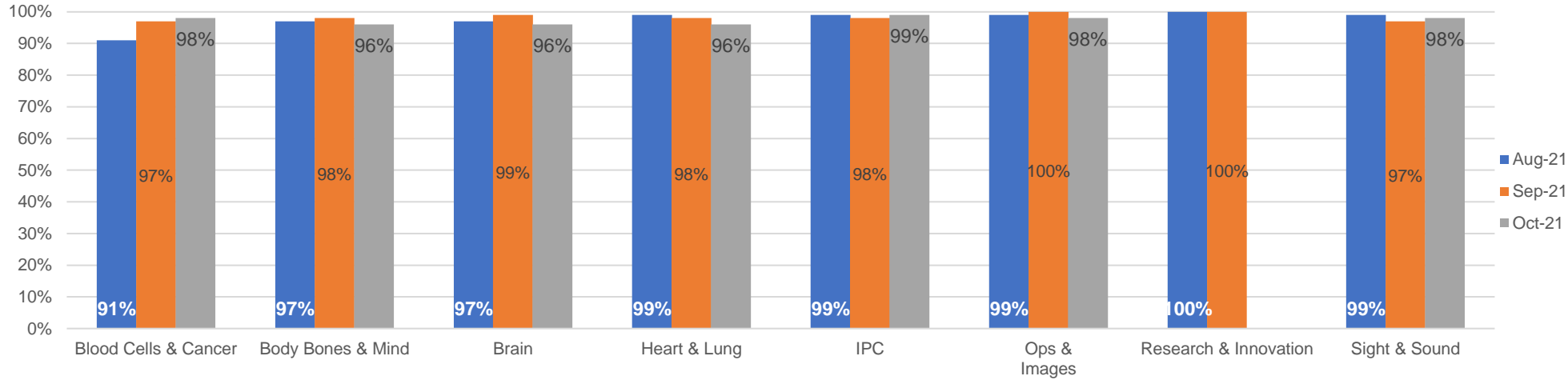
The Trust response rate has decreased this month to increased this month to 26% which is just above the Trust target. At directorate level, Blood Cells and Cancer and Research and Innovation did not achieve the Trust response rate target of 25%. The BCC directorate are, with support from the Patient 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.

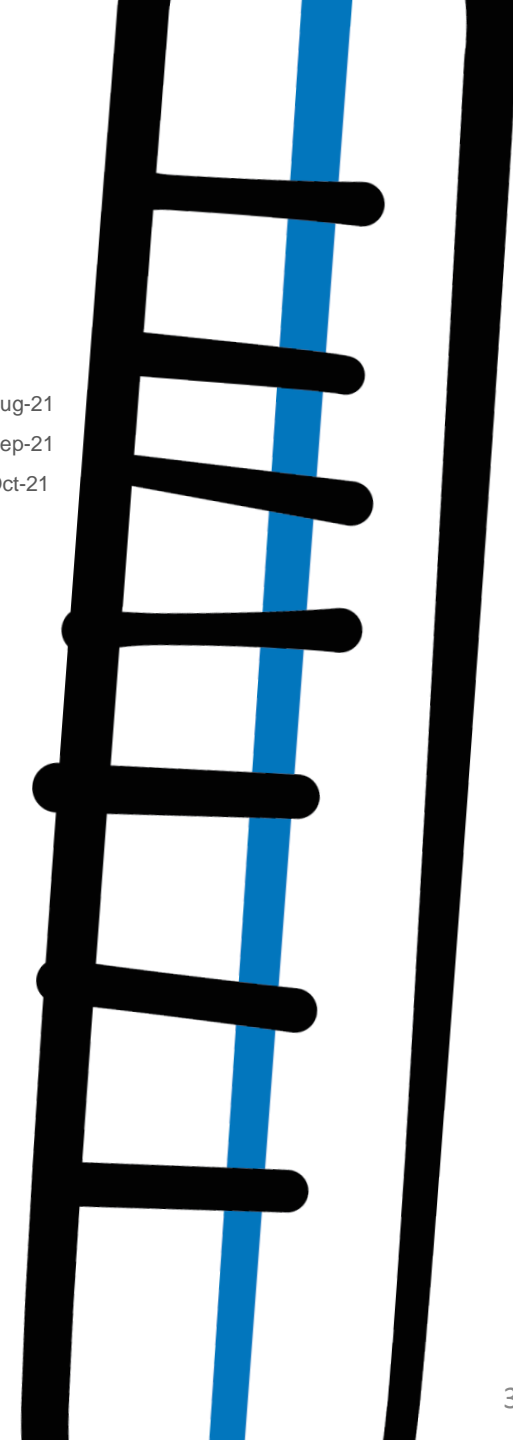
FFT: Are we responding and improving?

Ratings of Experience



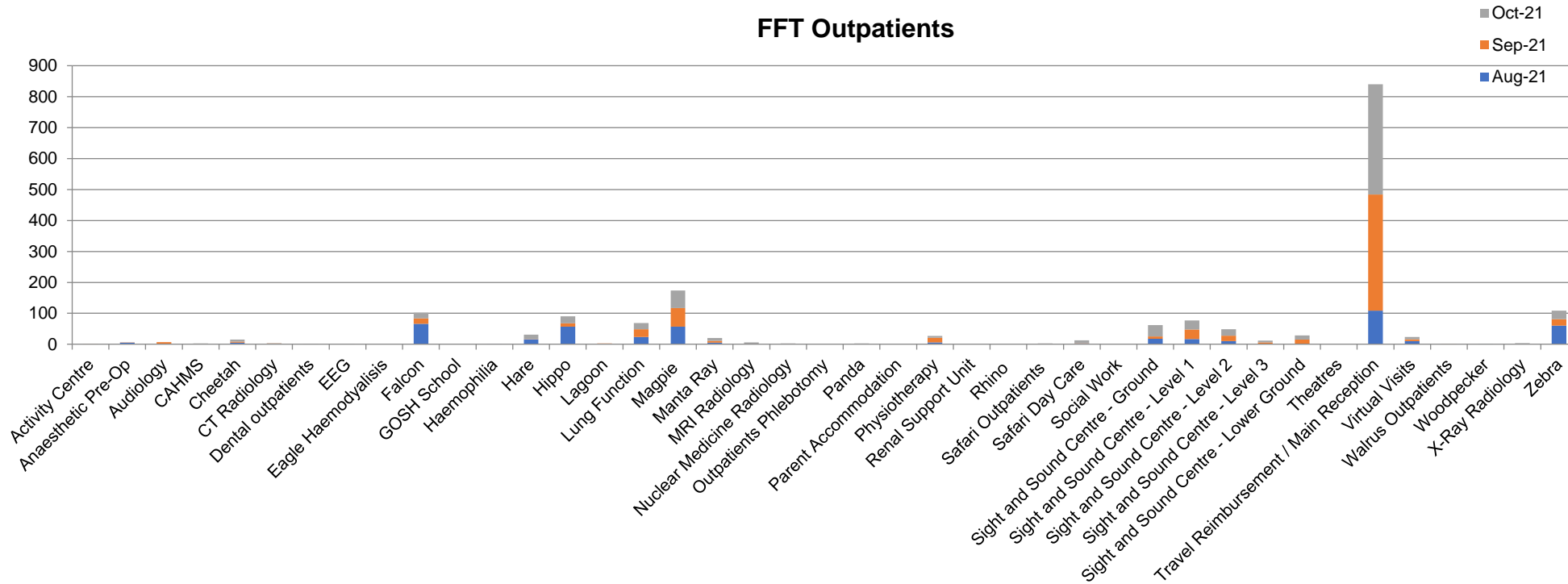
	Inpatient Comments	Outpatient Comments	IPP Comments	Total Feedback	% of FFT comments from CYP	% with qualitative comments (All areas)
Apr 21	989	675	125	1789	16%	87%
May 21	980	432	163	1575	14%	90%
Jun 21	951	409	190	1550	17%	92%
Jul 21	879	304	147	1330	17%	92%
Aug 21	691	481	145	1317	13%	93%
Sept 21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



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

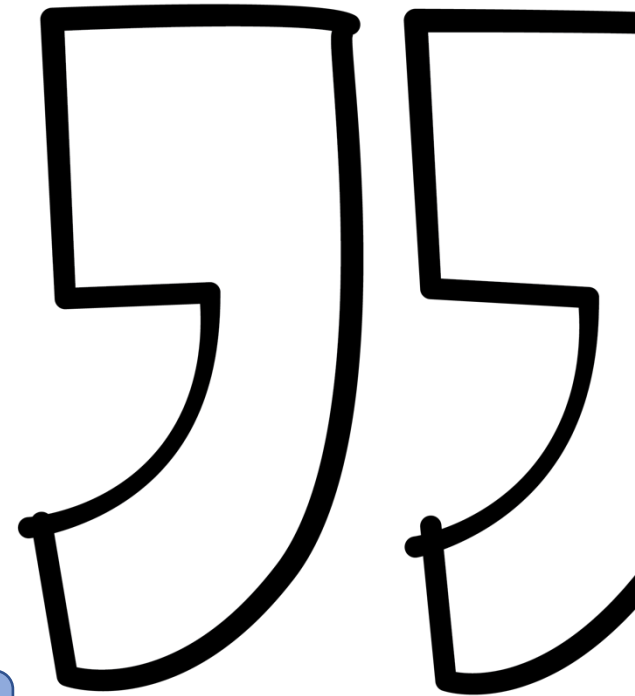
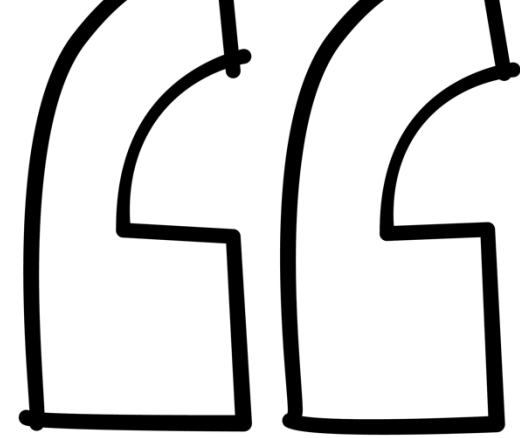
Koala ward has become my second home. Everyone is very friendly and they all look after me even though I am poorly. I am very happy here 😊 You are all stars –

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

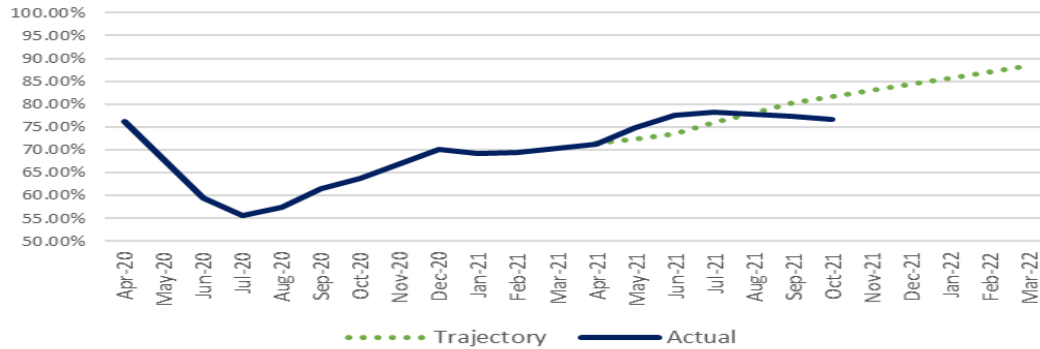


Overview

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 st 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%	↔	

Actual v Trajectory

RTT Performance against Trajectory
national standard 92%



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%

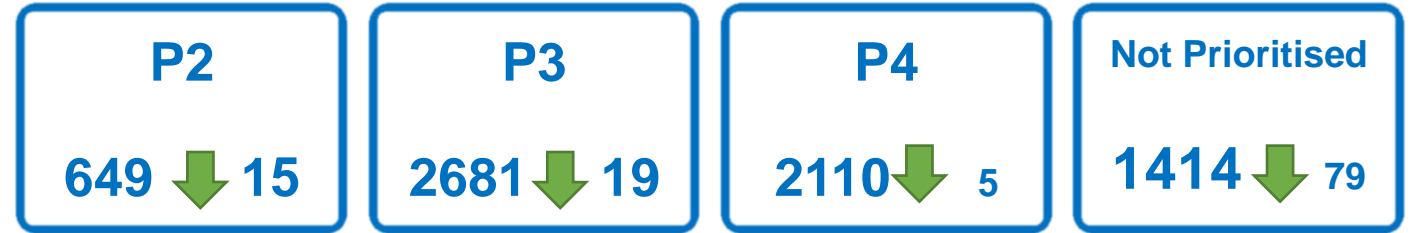
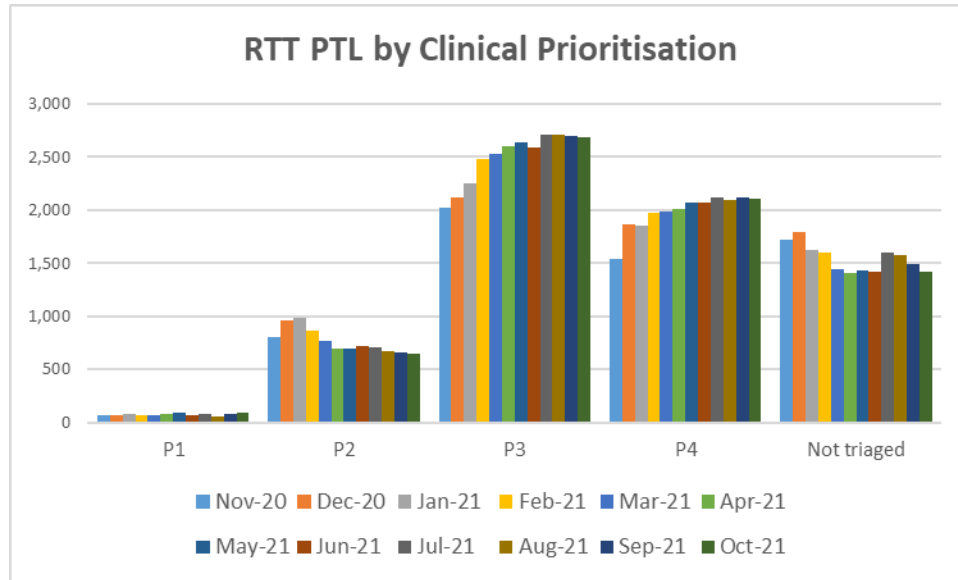
Heart & Lung has improved RTT performance from previous month

Key Specialties

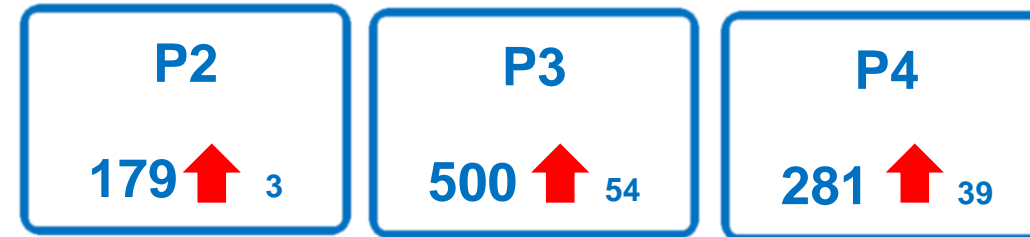
- Gastroenterology breaches have decreased by 10 as at end of October 2021
- Orthopaedic breaches have increased slightly this month (+8) and remain significant at 198. Further impact on long waits due to unexpected clinical absence
- SNAPS breaches decreased by over 50% in the last 12 months
- Spinal 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
Body, Bones & Mind								
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	
Directorate Total	Nov-22	65.3%	66.3%	68.2%	66.3%	-1.93%	435	
Heart & Lung								
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	
Directorate Total	Mar-22	82.5%	82.0%	78.8%	79.9%	1.17%	158	
Sight & Sound								
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	
Directorate Total	Mar-23	70.5%	69.0%	67.7%	67.0%	-0.66%	709	

RTT PTL - Clinical Prioritisation



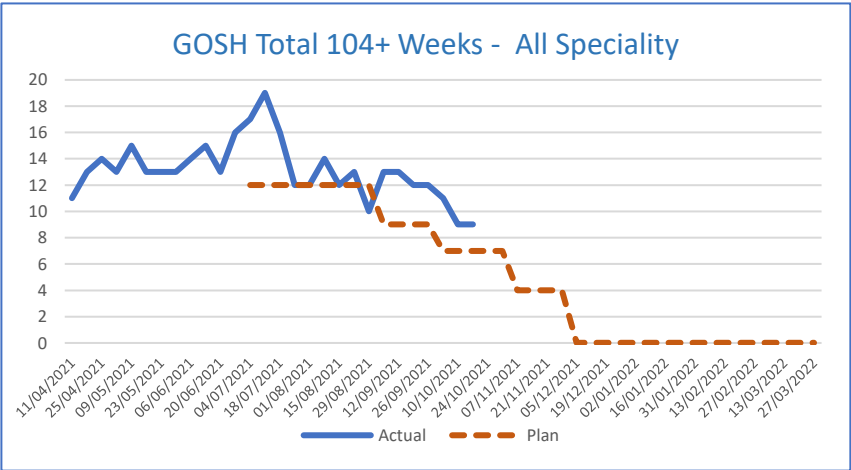
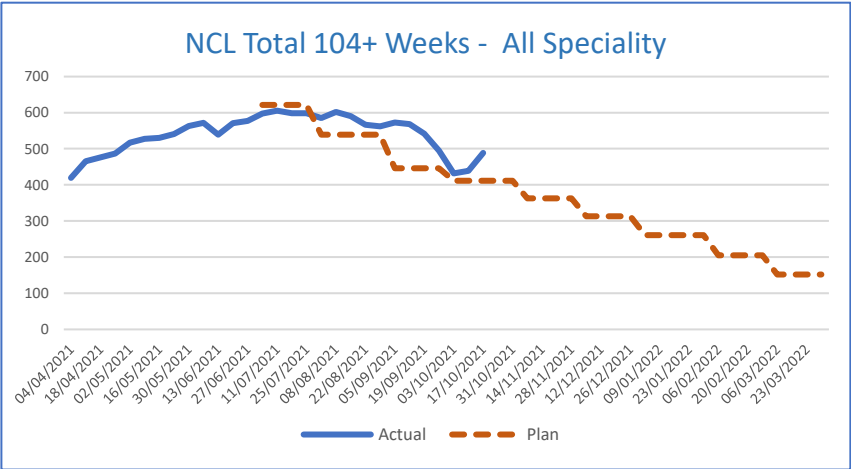
Clinical Prioritisation – past must be seen by date



- 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.

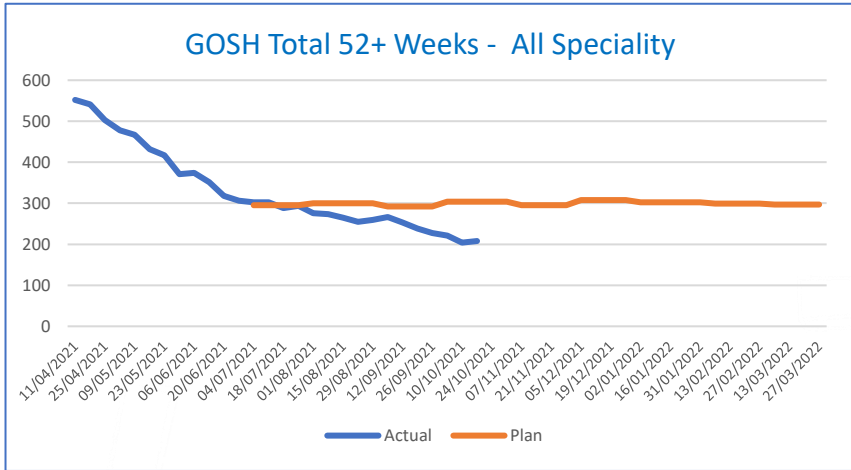
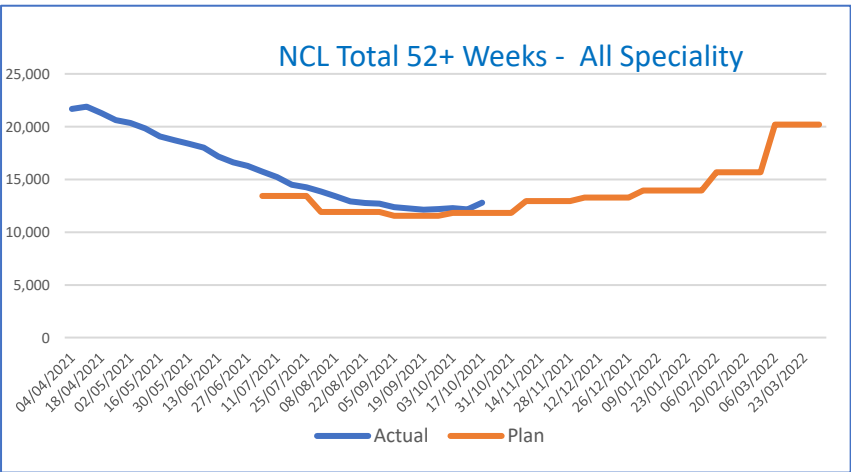
NCL RTT Long Waits Position @ 17th October

104+ Weeks - 488



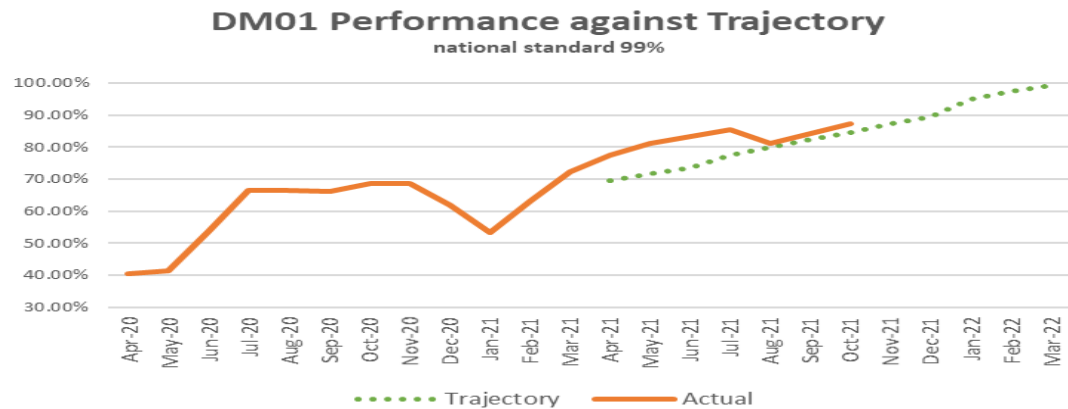
- Overall for NCL the 104 week wait position is above projected plan by 77. Mainly driven by RFH and UCLH numbers. GOSH is slightly above trajectory by 2 patients, however at month end this reduces to being to 1 over target.
- The 52 week wait performance for NCL is 961 above plan. The is mainly due 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%
All Paediatric Specialties		1,173	1,006	1,010	86%	100.4%	2,203	2,019	2,026	92%	100.3%	19,758	20,177	20,415	103%	101.2%

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



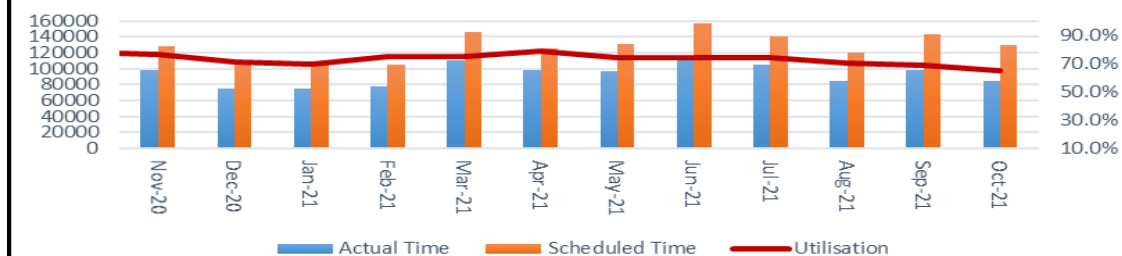
4052 minutes

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

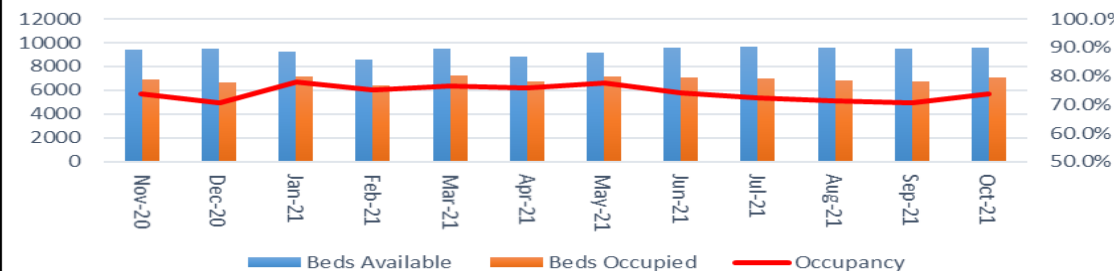


3.16%

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

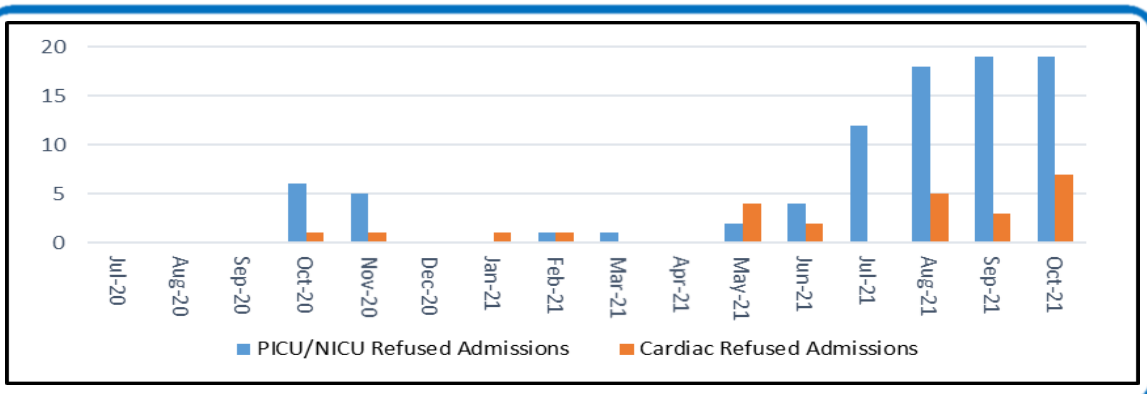
Cardiac CATS refused admissions



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



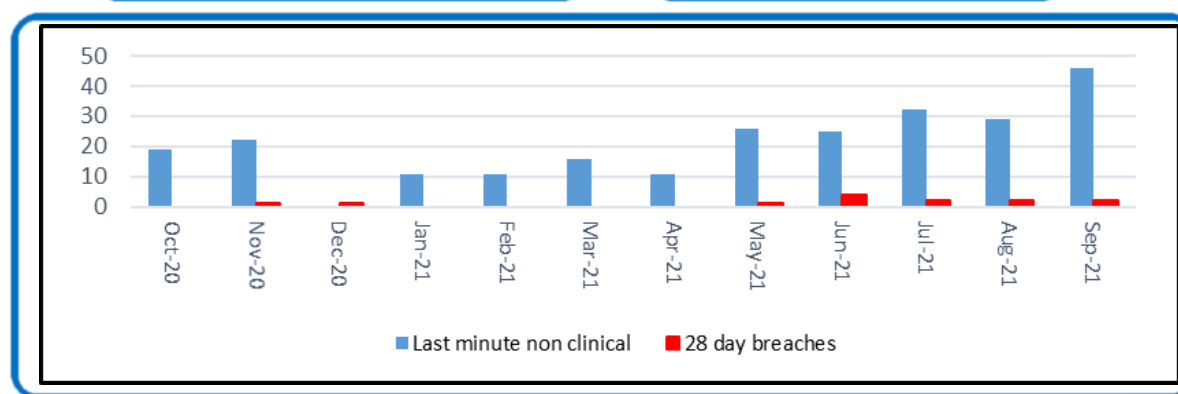
17

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 2nd 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



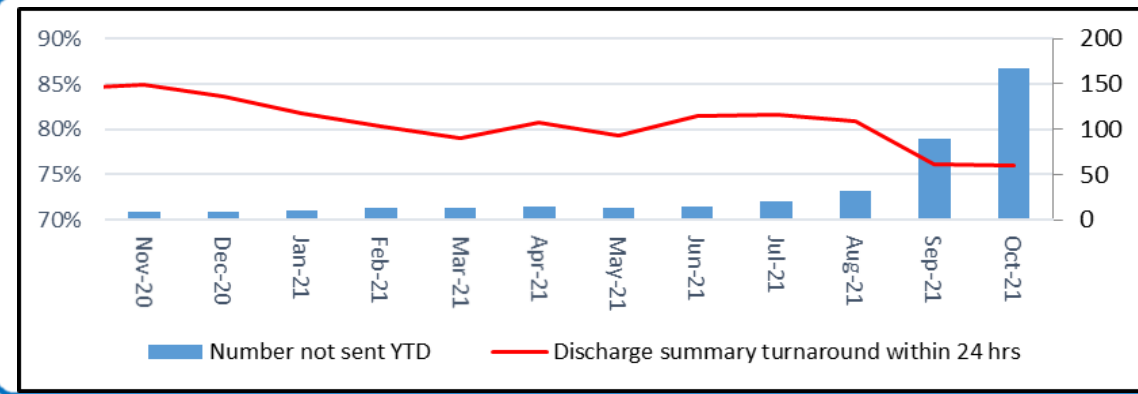
0.7%

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%



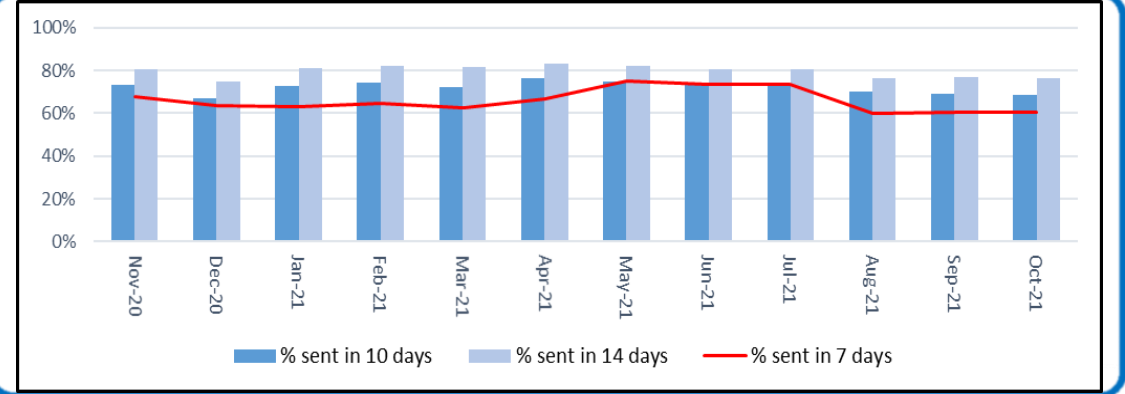
0.5%

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

Finance and Workforce Performance Report Month 7 2021/22

Contents

Summary Reports	Page
Trust Dashboard	2
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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
INCOME	£45.7m	£43.2m	Amber	£321.2m	£325.4m	Green
PAY	(£27.3m)	(£28.5m)	Amber	(£189.0m)	(£192.9m)	Amber
NON-PAY	(£19.4m)	(£18.0m)	Green	(£138.7m)	(£133.3m)	Green
Inc. owned depreciation and PDC						
Surplus/Deficit <small>incl. donated depreciation</small>	(£1.0m)	(£3.2m)	Red	(£6.5m)	(£0.9m)	Green

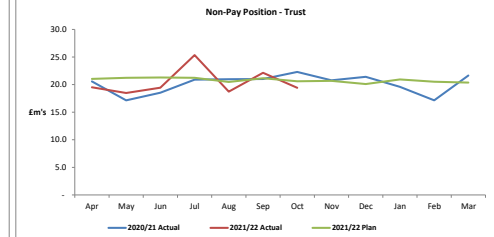
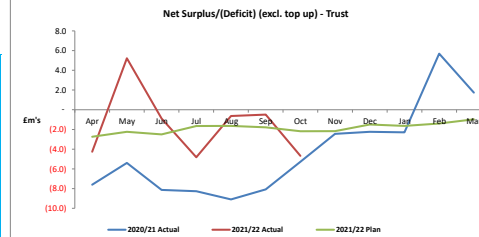
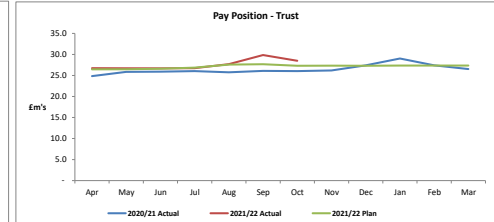
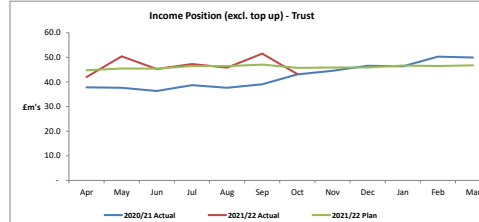
RAG: on or favourable to plan = green, 0-5% adverse to plan = amber, 5%+ adverse to plan = red

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.

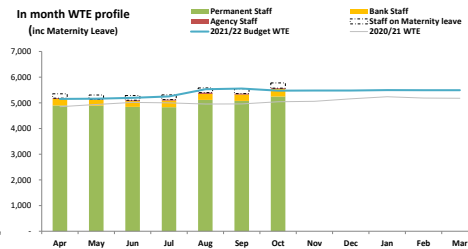
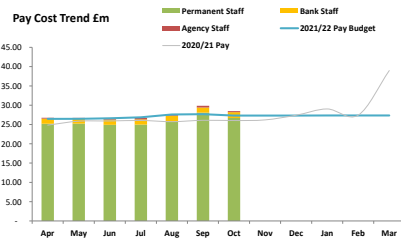


PEOPLE

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

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.

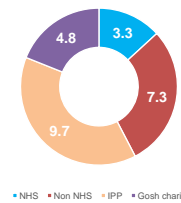


CASH, CAPITAL AND OTHER KPIS

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

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

Net receivables breakdown (£m)



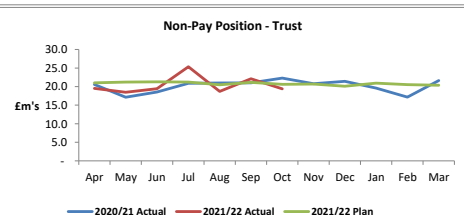
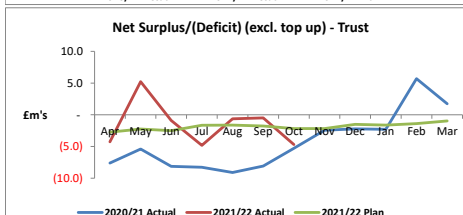
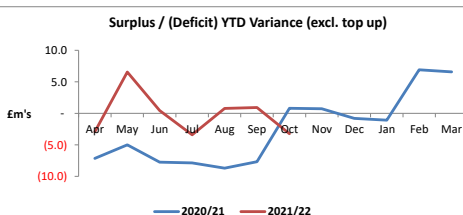
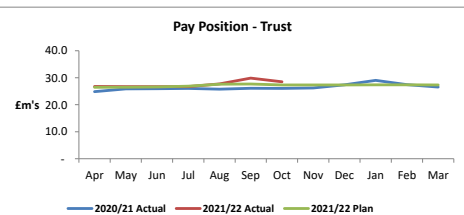
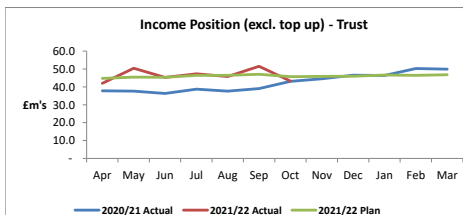
AREAS OF NOTE:

- 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
552.83	Total Operating Revenue	45.73	43.22	(2.51)	(5.49%)	321.24	325.38	4.14	1.29%	G		43.05	321.24	45.73
(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)
(325.66)	Total Employee Expenses	(27.31)	(28.49)	(1.17)	(4.29%)	(188.99)	(192.91)	(3.93)	(2.08%)	R	4	(26.03)	(188.99)	(27.31)
(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)
(216.68)	Total Non-Pay Expenses	(17.84)	(16.56)	1.28	7.17%	(127.84)	(122.47)	5.37	4.20%	G	5	(19.83)	(127.84)	(17.84)
(542.34)	Total Expenses	(45.15)	(45.05)	0.11	0.24%	(316.83)	(315.38)	1.44	0.46%	G		(45.86)	(316.83)	(45.15)
10.49	EBITDA (exc Capital Donations)	0.57	(1.83)	(2.40)	(419.52%)	4.41	9.99	5.58	126.67%	G		(2.81)	4.41	0.57
(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)
(22.41)	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	(2.18)	(4.68)	(2.50)	(114.65%)	(14.73)	(10.56)	4.17	28.31%			(5.27)	(14.73)	(2.18)
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
(6.43)	Adjusted Net Result	(1.41)	(3.22)	(1.82)	(129.37%)	(10.51)	(3.41)	7.10	67.57%			(4.67)	(10.51)	(1.41)



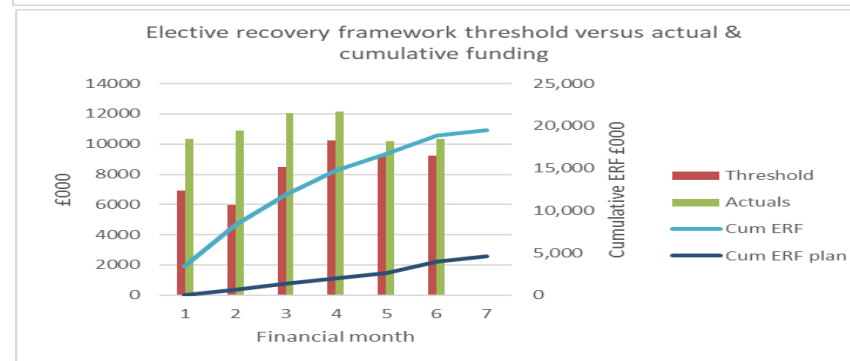
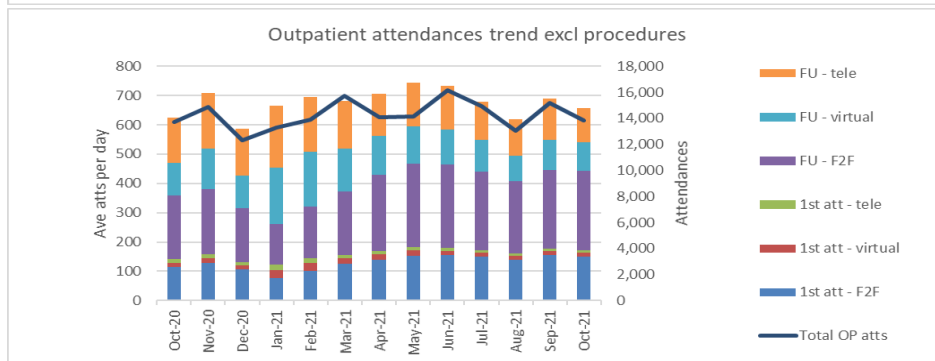
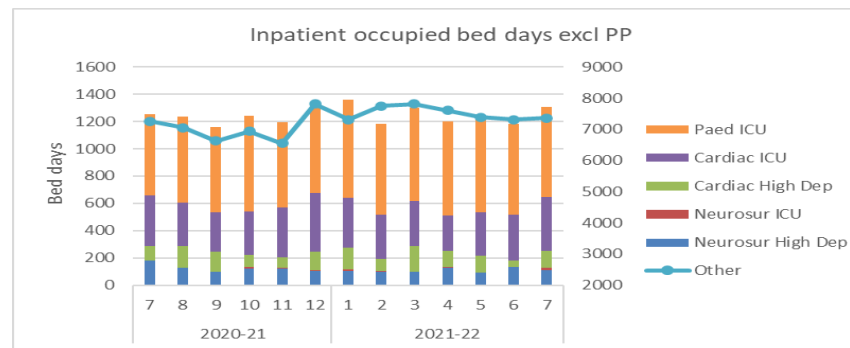
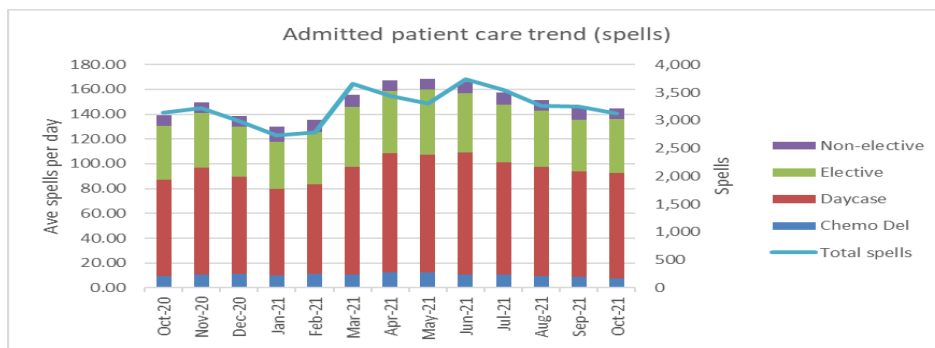
RAG Criteria:
 Green Favourable YTD Variance
 Amber Adverse YTD Variance (< 5%)
 Red Adverse YTD Variance (> 5% or > £0.5m)

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/ 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.

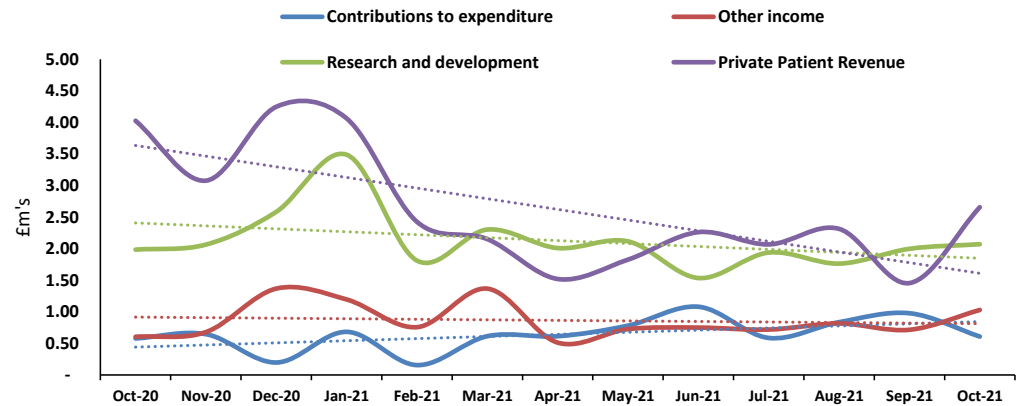
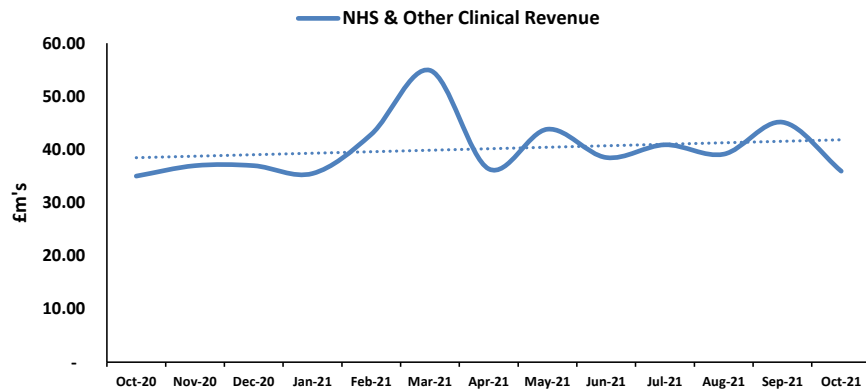


Summary

- 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

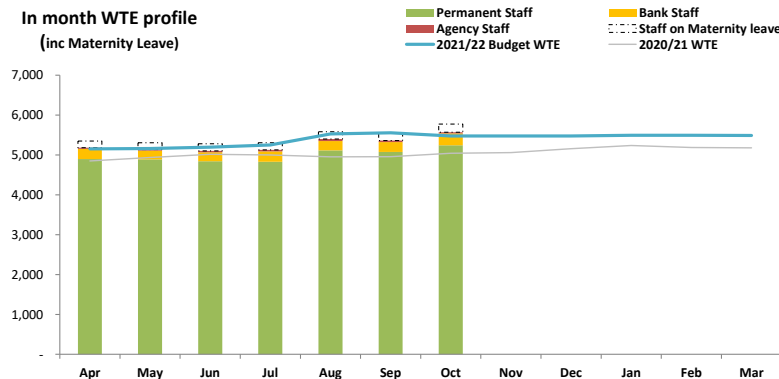
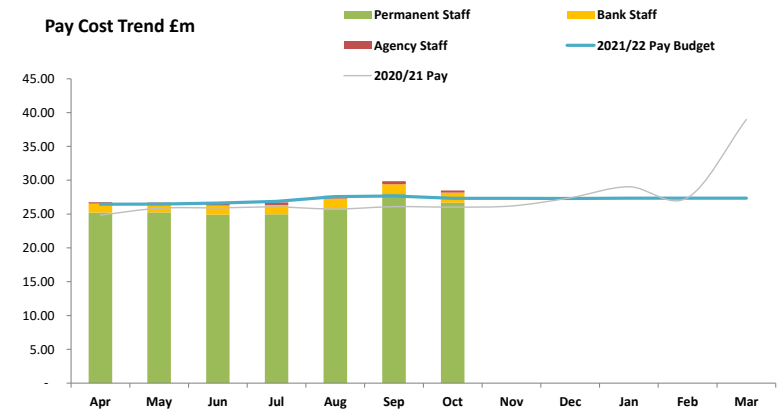
- Trust total income in-month is £2.5m adverse to plan, driven by underperformance in relation to private patient income (£2.9m in -month). NHS and other clinical revenue is favourable to plan by £0.9m in-month, partially offset by non-clinical income being £0.6m below plan due to timing of charitable 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
Total substantive and bank staff costs	311.6	5,018.1	62.1	189.9	5,233.0	62.2	(8.1)	(7.8)	(0.4)	R
Agency	3.7	28.3	129.4	2.4	34.8	117.7	(0.2)	(0.5)	0.2	A
Total substantive, bank and agency cost	315.2	5,046.4	62.5	192.3	5,267.8	62.6	(8.4)	(8.3)	(0.1)	R
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
Total pay cost	329.6	5,046.6	65.3	192.9	5,267.8	62.8	(0.7)	(7.8)	7.1	R
Remove maternity leave cost	(3.1)			(2.4)			0.6	0.0	0.6	G
Total excluding Maternity Costs	326.4	5,046.6	64.7	190.5	5,267.8	62.0	(0.1)	(7.8)	7.7	A

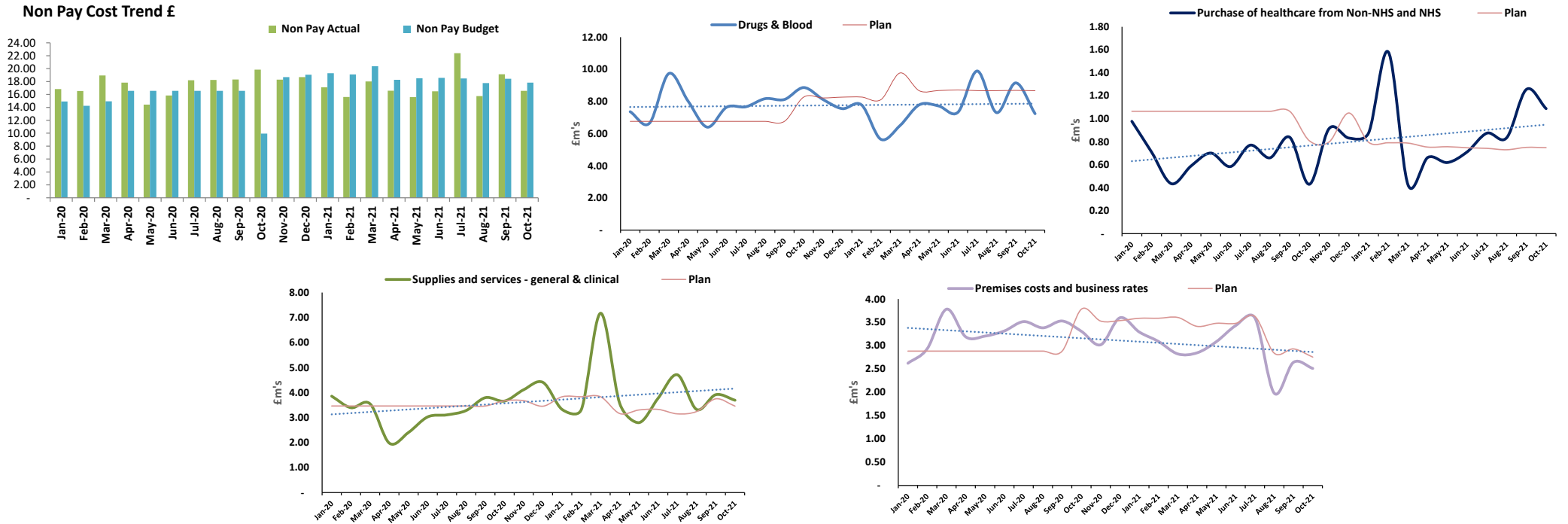
*Plan reserve includes WTEs relating to the better value programme



Summary

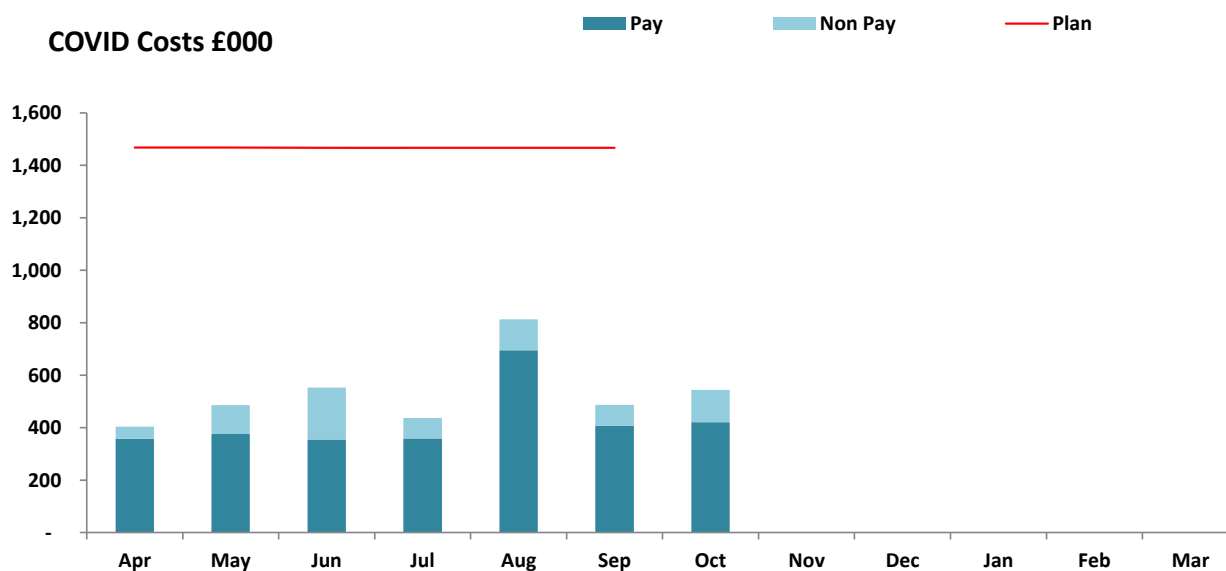
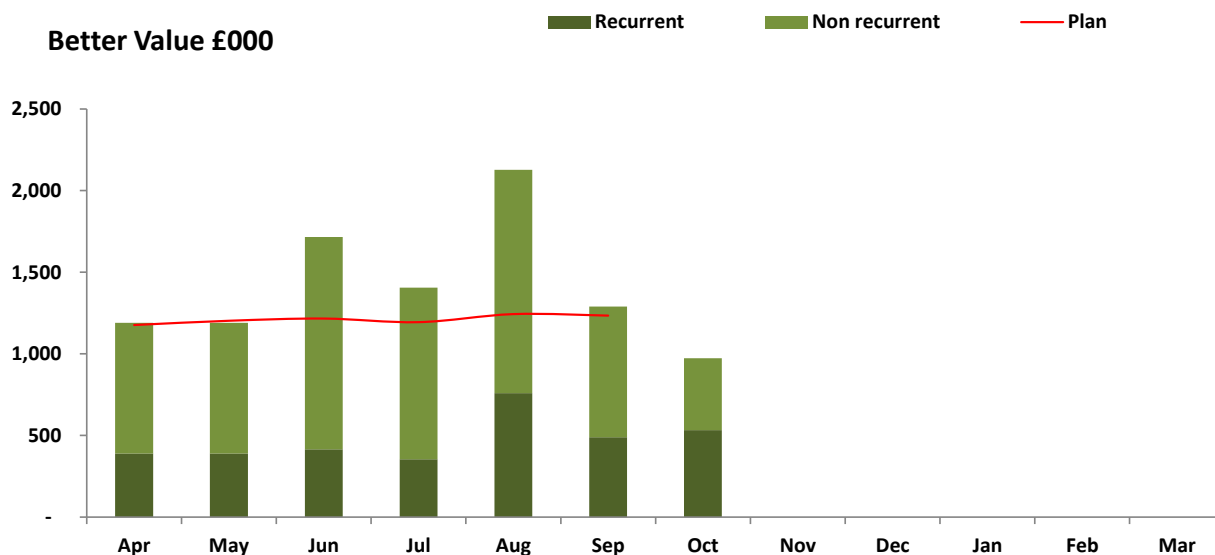
- Pay costs are adverse to plan in-month (£1.2m). This is largely driven by double running in training the new nursing intake, whilst staffing levels overall remain high due to Covid driving down turnover and creating additional staffing needs. The impact of the ERF and accelerator activity has required 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

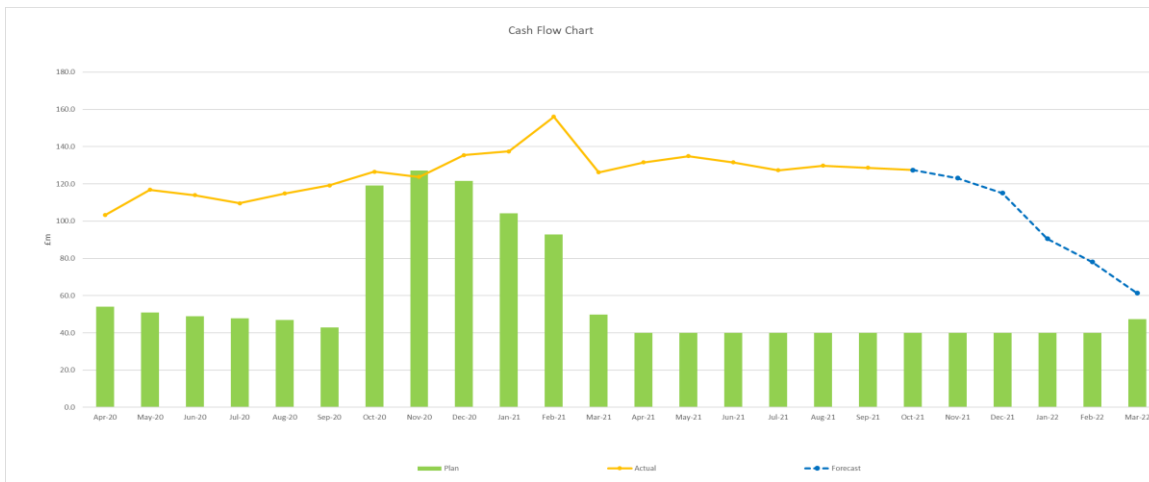
- The Trust had a better value programme plan for H1 of £7.3m; the Trust have achieved £8.9m in H1 largely through controlled spend, through a combination of recurrent and non-recurrent measures. The Trust is working on the better value programme for H2 and the plan will be reflected in the M8 report. 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
614.25	Total Assets Employed	616.18	610.84	(3.22)

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
9.06	Total Donated	4.23	7.16	(2.93)	12.17	R
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
8.86	Total Trust Funded	8.12	3.40	4.72	18.00	R
0.00	Accelerator programme (Trust funded)	0.00	0.15	(0.15)	0.19	G
2.56	PDC	0.00	0.00	0.00	0.00	G
20.48	Total Expenditure	12.35	10.71	1.64	30.73	A

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.

Council of Governors

23 November 2021

Young People's Forum Update

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

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

Three key messages to take away from this report are:

- 1) The YPF continue to work with the Children's Cancer Centre architects; recently collaborating on patient bedrooms and internal social spaces.
- 2) The YPF met with the new Transition Facilitation Manager and told her about their experiences of moving or preparing to move to adult health services.
- 3) The YPF helped plan the "Ride for Their Lives" bike ride to COP26; with two members taking part in the physical rise.

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

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



YPF activity – July 2021 to October 2021

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

The current total of membership: 85

Examples of YPF member activities since the last report are:

- Several YPF members formed a panel for GOSH Summer School to discuss how play benefits hospital treatment.
- Two YPF members were part of the stakeholder panel for Head of Play
- Two YPF members took part in a radiology podcast.

23 involvement opportunities were advertised during this period. Examples include; applying for the NHS Youth Forum, being the patient representative for the transition steering group and giving advice on accessibility for a Wellcome Collection engagement session.

YPF Meetings

Projects the YPF have taken part in during virtual meetings:

Streetscape

The YPF met the architects who are redesigning Great Ormond Street, with the view that part of the street will be pedestrianised in future. The YPF gave feedback on the initial designs and made suggestions on how the designs could be improved from a patient point of view.

Unicorn/KIT Theatre Update

Following on from the initial session in February, Unicorn and KIT Theatre returned to YPF to showcase how the performance has been developed from the YPF's ideas. YPF gave additional feedback and made suggestions on how the performance could be adapted for patients with additional needs.

'Ride for Their Lives' COP26 bike ride planning

The YPF worked on a number of tasks to help plan the bike ride to COP26 to highlight the health implications of climate change. YPF helped to plan the accompanying virtual bike ride; suggesting platforms on which this could be hosted and how it should be advertised. They also helped design the cycling jerseys that were worn by the riders and wrote messages for world leaders. These messages were written on a satchel that contained documents from several health organisations and was carried by the cyclists to COP26 and delivered to policy makers.

Children's Cancer Centre

Continuing the ongoing partnership between the redevelopment team and the YPF on plans for the Children's Cancer Centre, the YPF met with the architects from BDP to work on designs for patient bedrooms and internal spaces for the new building. Prior to the session YPF members were asked to complete a workbook and the architects gave feedback to the YPF on their ideas and how these would be incorporated in the designs.

Sustainable healthcare infographics

The YPF advised on a project on how infographics can be used in a fun, easy to understand way of highlighting the carbon footprint of various parts of the hospital.

Help Us To Help You update

'Help Us To Help You' is a system being co-designed with the YPF to make giving feedback easier. New sets of branding concepts were presented to the YPF. The YPF agreed that the designs were much improved and approved the designs on condition of some minor changes.

Transition Update

As part of her introduction in the role, the new Transition Facilitation Officer Varsha, sent the YPF a survey to find out how well they think the Trust currently prepares patients to move into adult care. Varsha came to YPF to meet them, to discuss the results and to hear more about their experiences. Varsha also asked YPF to review the current Growing Up, Gaining Independence guidelines.

Additional YPF Activity: Chief Nurse Recruitment

The YPF helped to plan the YPF stakeholder panel for the recruitment of the new chief nurse. The YPF decided that a virtual escape room would be a great way to assess candidates on the following skills: communication, leadership, problem-solving, facilitation and teamwork. Five YPF members took part in the stakeholder panel, with YPF chair Hannah feeding back to the interview panel.

YPF Election

Elections are held annually to vote for a new YPF Chair and Vice-Chair. 10 members put themselves forward for these positions; Olivia was elected as Chair and Toby re-elected as Vice-Chair.

Ride for Their Lives bike ride

YPF members Rose and Toby took part in the Ride for Their Lives bike ride to COP26 in Glasgow. As well helping to carry the satchel, Toby and Rose also made media appearances and Toby gave a speech on arrival at Glasgow.



Fig 1: YPF members Rose and Toby carrying the satchel of messages & letters, with Diarmid Campbell-Lendrum, Head of WHO Climate Change Unit.

Council of Governors

23rd November 2021

Summary of the QSEAC meeting

Summary & reason for item:

To provide a summary of the October 2021 QSEAC meeting. The agenda is also attached for information.

Governor action required:

The Council is asked to note the update.

Report prepared by:

Victoria Goddard, Trust Board Administrator

Item presented by:

Amanda Ellingworth, QSEAC Chair.

**Summary of the Quality, Safety and Experience Assurance Committee meeting
held on 14th 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 been operational and 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 which proposed 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 olds 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

Attachment I

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, previous QSEAC meetings or in a previous confidential session.

QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE

Thursday 14th October 2021 at 10:30am – 1:00pm

AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	Apologies for absence	Chair		10:30am
2.	Minutes of the meeting held on 1 July 2021	Chair	A	10:35am
3.	Matters arising/ Action point checklist	Chair	B	
4.	Quality and Safety at GOSH – context over the past 3 months	Medical Director/Acting Chief Nurse	Verbal	10:40am
5.	Medicines Management – MHRA inspection	Chief Operating Officer	C	10:50am
<u>QUALITY AND SAFETY STRATEGIES – UPDATE ON PROGRESS</u>				
6.	Assurance of progress with the Quality Strategy and Safety Strategy	Medical Director	D	11:00am
7.	Update from the Patient and Family Experience and Engagement Committee including assurance of progress with the Patient Experience Framework	Acting Chief Nurse	F	11:15am
8.	Research Hospital Update	Director of Research and Innovation	G	11:25am
<u>QUALITY, SAFETY AND EXPERIENCE PERFORMANCE</u>				
9.	Emerging Significant Risks	Medical Director	H	11:35am
10.	Update from the Patient Safety and Outcomes Committee	Medical Director	I	11:50am
11.	Complaints Annual Report 2020/21	Acting Chief Nurse	J	12:00pm
12.	Safeguarding Update	Acting Chief Nurse	L	12:10pm
<u>QUALITY, SAFETY AND EXPERIENCE INTERNAL ASSURANCE</u>				
13.	Internal Audit Progress Report (Quality focused reports)	KPMG	M	12:20pm
14.	Freedom to Speak Up Guardian Update	Medical Director	N	12:30pm

Attachment I

QUALITY, SAFETY AND EXPERIENCE EXTERNAL ASSURANCE				
15.	External review reports and progress with actions	Medical Director	P	12:40pm
RISK AND COMPLIANCE				
16.	Update on Health and Safety at GOSH (October 2021)	Director of Estates, Facilities and Built Environment	Q	12:45pm
17.	Update from the Risk Assurance and Compliance Group on the Board Assurance Framework	Company Secretary	R	12:50pm
18.	Compliance Update with Always Improving Plan (BAF Risk 13: Inconsistent delivery of safe care)	Medical Director	S	12:55pm
FOR INFORMATION				
19.	Update from the People and Education Assurance Committee (September 2021)	Kathryn Ludlow, Chair of PEAC	T	1:00pm
20.	Matters to be raised at Trust Board	Chair	Verbal	
21.	Any Other Business	Chair	Verbal	
22.	Next meeting	Thursday 20 January 2022 at 10:00am		
23.	Terms of Reference Acronyms	1 NHS Confederation Acronym Buster available at: https://www.nhsconfed.org/acronym-buster		

Council of Governors
23rd November 2021

Summary of the Audit Committee meeting held on 13th October 2021

Summary & reason for item:

To provide an update on the October 2021 meeting of the Audit Committee. The agenda is also attached for information.

Governor action required:

The Council is asked to note the update.

Report prepared by:

Victoria Goddard, Trust Board Administrator

Item presented by:

Akhter Mateen, Chair of the Audit Committee

**Summary of the Audit Committee meeting
held on 13th 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 J

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 J

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.

AUDIT COMMITTEE
Wednesday 13 October 2021 at 2:00pm – 5:00pm
AGENDA

	Agenda Item	Presenter	Attachment	Time
1.	Apologies for absence	Chair	Verbal	2:00pm
2.	Minutes of the meeting held on 26 th May 2021	Chair	A	
3.	Matters arising and action point checklist <ul style="list-style-type: none"> • Update on ICT actions 	Chair	B X	
4.	Minutes of subcommittees (for information): <ul style="list-style-type: none"> • 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) 	James Hatchley, Chair of F&I Chief Executive James Hatchley, NED	C Y D	2:10pm
	RISK			
5.	Update on the Board Assurance Framework	Company Secretary	E	2:20pm
6.	Deep dive of BAF Risk 1: Financial Sustainability	Chief Finance Officer	Verbal	2:30pm
	Deep dive of BAF Risk 4: Strategic Position	Chief Executive	Verbal	
7.	Review of BAF Risk 9: Estates Compliance	Director of Built Environment, Estates and Facilities	G	2:50pm
8.	Update on delivery of Data Quality Strategy (BAF Risk 5)	Chief Operating Officer/ Chief Data Officer	H	3:00pm
9.	Information Governance Update (BAF risk 10) <ul style="list-style-type: none"> • Overview of compliance with data protection requirements • Update on Data Protection and Security Toolkit submission 2021/22 Cyber Security Update (BAF Risk 7) <ul style="list-style-type: none"> • Progress with Cyber Security Remediation Plan 	Chief Operating Officer/ Chief Data Officer Chief Operating Officer/ Director of ICT	I J	3:10pm
10.	Compliance with the Risk Management Strategy	Head of Quality and Safety	K	3:25pm
11.	Value of claims and the drivers behind the increase	Trust Solicitor/ Head of Quality and Safety	L	3:35pm
	EXTERNAL AUDIT			

12.	External Audit Planning Report and VFM 2020/21 report	Deloitte LLP	M	3:45pm
<u>INTERNAL AUDIT AND COUNTER FRAUD</u>				
13.	Internal Audit Progress Report and Internal audit recommendations – update on progress	KPMG	N	3:55pm
14.	Local Counter Fraud progress report	Counter Fraud Manager, Grant Thornton	P	4:05pm
<u>GOVERNANCE</u>				
15.	Approach to Year-End (March 2022) including update on IFRS 16 IFRS 9	Chief Finance Officer	Q Z	4:15pm
16.	Working Capital Update	Chief Finance Officer	R	4:25pm
17.	Whistle blowing Update – October 2021	Deputy Director of HR and OD	S	4:35pm
18.	Freedom to Speak Up Update (July – September 2021)	Freedom to Speak Up Guardian	T	
<u>ITEMS FOR INFORMATION</u>				
19.	Update on Procurement Waivers	Chief Finance Officer	V	4:45pm
20.	Write Offs (1 April 2021- 30 September 2021)	Chief Finance Officer	W	
21.	Any Other Business	Chair	Verbal	
22.	Next meeting	Friday 21 January 2022 10:00am - 1:00pm		



Council of Governors
22 November 2021

Reports from Board Assurance Committees

Finance and Investment Committee (July, September and November 2021)

Summary & reason for item

To provide an update on the July and September meetings of the Finance and Investment Committee. The Chair will provide a verbal update on the November 2021 meeting.

The agendas for the July and September meetings are attached.

Governor action required

Governors who observed the Finance and Investment Committee meeting may wish to speak about their observations at the meeting.

All Governors are encouraged to review the summary report and ask any questions they may have of those Non-Executive Directors who are members of the committee.

Report prepared by

Paul Balson, Head of Corporate Governance

Item presented by

James Hatchley, Chair of the Finance and Investment Committee

Finance and Investment Committee Update

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

- Wednesday 28 July 2021
- 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

FINANCE AND INVESTMENT COMMITTEE MEETING
Wednesday 28 July 2021
4.00pm to 5.00pm
AGENDA

<https://gosh.zoom.us/j/81680179885>

	Agenda Item	Presented by	Attachment	Page #	Time
1.	Apologies for absence	Chair	Verbal		4.00pm
2.	Minutes of the meeting held 23 June 2021	Chair	B	3	
3.	Matters arising, action checklist	Chair	C	8	
4.	Summary of key issues and developments	Chair	Verbal	-	4.05pm
<u>Performance & finance standing updates</u>					
5.	Finance report Month 3	Chief Finance Officer	D	10	4.10pm
6.	Update on financial framework		E	37	4.20pm
7.	GOSH Learning Academy (GLA) income receipts		J	41	4.25pm
8.	Trust insurance update		K	45	4.30pm
9.	Integrated Performance update Month 3	Chief Operating Officer	L	51	4.35pm
<u>Major projects update</u>					
10.	Cyber Security update	Director of ICT	G	66	4.45pm
11.	Major Project updates	Director of Estates, Facilities and the Built Environment	H	79	4.50pm
<u>AOB</u>					
12.	Any other business	Chair	-		4.55pm
13.	Feedback from Governors	Chair	-		
14.	Date of next meeting 24 September 2021				

FINANCE AND INVESTMENT COMMITTEE MEETING

Friday 24 September 2021

1.00pm to 3.00pm

AGENDA

<https://gosh.zoom.us/j/83759420171>

Agenda Item	Presented by	Attachment	Page #	Time	
1.	Apologies for absence	Chair			
2.	Minutes of the meeting held 28 July 2021	Chair	A	4	1.00pm
3.	Matters arising, action checklist	Chair	B	9	
4.	Integrated Performance update	Chief Operating Officer	E	10	
5.	Cyber Security update	Director of ICT	L	25	1.25pm
6.	Major Project updates	Director of Estates, Facilities and the Built Environment	N	36	1.35pm
7.	Summary of the benefits that RMH will gain from partnering with GOSH through the Epic Connect Model	EPR Programme Director	1	45	
8.	Treasury Management Policy	Associate Director of Finance – Financial Controller	H	47	1.55pm
9.	Finance report Month 5	Chief Finance Officer	C	51	2.00pm
10.	2020/21 National Cost Collection	Chief Finance Officer	D	78	2.15pm
11.	Planning for 2021/22	Chief Finance Officer / Head of Strategy & Planning	F	88	2.25pm
12.	Services supported by the Charity	Chief Finance Officer	J	131	2.25pm
13.	High costs spend review	Chief Finance Officer	K	141	2.35pm
14.	Children's Cancer Centre	Director of Estates, Facilities and the Built Environment	O	151	2.45pm
AOB					
15.	Any other Business	Chair	-	-	2.55pm
16.	Feedback from Governors	Chair	-	-	
17.	Date of next meeting 22/11/2021				

Council of Governors

23rd November 2021

Summary of the People and Education Assurance Committee Meeting

Summary & reason for item:

To provide an update on the September 2021 meeting of the People and Education Assurance Committee meeting. The agenda is also provided for information.

Governor action required:

The Council is asked to note the update.

Report prepared by:

Victoria Goddard, Trust Board Administrator

Item presented by:

Kathryn Ludlow, Chair of the PEAC



Summary of the People and Education Assurance Committee meeting held on 14th 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 5th 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 L

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.

PEOPLE AND EDUCATION ASSURANCE COMMITTEE

Tuesday 14 September 2021

1:30pm – 4:00pm

Venue: Zoom Video Conference

AGENDA

Agenda Item		Presented by	Paper	Time
1	Apologies For Absence	Chair	Verbal	1:30pm
2	Declarations of Interest	All	Verbal	
3	Minutes of Meeting Held on 23 June 2021	Chair	A	
4	Action Log September 2021		B	
STRATEGY				
5	Update on Delivery of People Strategy <ul style="list-style-type: none"> • Seen & Heard delivery plan • Mind, Body & Spirit delivery plan 	Director of HR & OD	C, Ci, Cii, Ciii	1:40pm
6	Update from GLA	Director of Education	D	1:55pm
RISK				
7	Update on Board Assurance Framework Deep Dive: Risk 13: Service Innovation " <i>Failure to embrace service transformation and deliver innovative, patient centred and efficient services.</i> " (John Quinn, COO).	Company Secretary / COO	E,Ei	2:10pm
ASSURANCE - WORKFORCE				
8	OCS On-boarding Update and workforce impact (including a view from the TU)	Director of HR & OD	F	2:25pm
9	Changes to the Staff Survey	Director of HR & OD	G, Gi, Gii	2:40pm
10	Quarterly Workforce report (mapped to People Strategy) <ul style="list-style-type: none"> • Sickness and absence update (from June meeting) 	Director of HR & OD	H	2:50pm
11	Safe Staffing Report Nursing Workforce Update	Chief Nurse	I, li, lii, liii	3:00pm
12	Update on Staff focused Freedom to Speak Up cases	Medical Director	J	3:15pm
13	Appointment of trust Well Being Guardian and Diversity & Inclusion Guardian	Company Secretary	K, Ki	3:30pm
GOVERNANCE AND ITEMS FOR NOTING				
14	Summary Report from Quality Safety and Experience Committee	Chair	L	3:35pm

Council of Governors

23 November 2021

Succession Planning for Non-Executive Directors (NED) on the GOSH Foundation Trust Board

Summary & reason for item:

The Council of Governors will be aware that the Council Nominations and Remuneration Committee has led the recruitment of one Non-Executive Director (NED) to the GOSH Trust Board, replacing Akhter Mateen when he steps down in March 2022. During the recruitment process the Committee agreed that a broader discussion was required around NED succession planning over the next 12 months.

The purpose of this paper is to establish a 12 month succession plan and the associated recruitment process for two NEDs on the Board.

Governor action required:

The Council is asked to consider and approve the Committee's recommendations. The recruitment of NEDs to the Board forms a key component of a Governor's duty to hold the NEDs to account for the performance of the Board.

To consider approval of the following:

- 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 and retaining the existing shortlisted candidates.
- 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.
- Approve the Associate NED/ NED Role Description and Person Specifications for both NED positions
- Note the proposal to retain the services of Hunter Healthcare for recruitment to the roles.
- Approve the proposed adjusted recruitment timetable.
- Extend Akhter Mateen's tenure for a further three months in post (until 30 June 2022) after which he will step down from the GOSH Board.

Author: Dr Anna Ferrant, Company Secretary

Presented by: Mike Rake, Chair

Succession Planning for Non-Executive Directors on the GOSH Foundation Trust Board

Introduction

During the recent NED recruitment process the Council 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 committee is also particularly keen to seek to recruit appropriately skilled and experienced candidates from a BAME background and 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.

Whilst approval for the establishment of the roles will be sought from the Board and Council, 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 – replacing Akhter Mateen) and the other Associate NED will step up to a substantive NED role from 1 September 2022 (replacing James Hatchley).

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.

Proposed recruitment process

Advertising of roles

Following the recent shortlisting meeting for a NED candidate on the GOSH Board, the committee proposes that the current recruitment process for a NED with digital healthcare background is suspended for a short time and restarted alongside an additional process to recruit a second NED with a finance background. By appointing both NEDs at the same time allows the appointments to be made from a wider diverse pool of candidates.

The Committee proposes that the decision about which candidate chairs the Audit Committee or Finance and Investment Committee is flexible and made at the interview stage once it is clear which candidate from the broader pool of candidates interviewed across both roles has the most appropriate skills and experience.

The recruitment process for the NED with a digital background will be rerun alongside the new finance NED position to ensure that the search conducted seeks candidates with a digital background plus a deep financial knowledge and experience within a complex organisation. In respect of the current shortlisted candidates for the digital post (three), the Committee proposes that these candidates will be retained on the shortlist and the recruitment consultant will be asked to explain to these candidates the changes in how the chair responsibilities of the committees will be allocated and the proposal to migrate from an Associate NED to a substantive NED position within the year.

A separate discussion will take place in early 2022 about the succession plan for the Deputy Chair and Senior Independent Director roles currently held by Akhter Mateen and James Hatchley.

Recruitment Consultant

It is proposed that the Trust retain the services of Hunter Healthcare to conduct the process for appointing the two NEDs. The recruitment consultant has established an understanding of the Trust and its needs and this will support the new process going forward. The consultant also has a strong track record in appointing candidates from diverse backgrounds, something that has been highlighted as important for this process.

Proposed recruitment timetable

A draft recruitment timetable is proposed 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.

Action for the Council of Governors: To consider approval of the following:

- 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 and retaining the existing shortlisted candidates.
- Initially recruit the successful candidates to Associate NED roles as outlined above (6 month maximum tenure, £6500 per annum pro rata) and 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.
- Approve the Associate NED/ NED Role Description and Person Specifications for both NED positions
- Note the proposal to retain the services of Hunter Healthcare for recruitment to the roles.
- Approve the proposed adjusted recruitment timetable.

Extension to Akhter Mateen's Tenure

The Committee has considered the timing of Akhter Mateen stepping down from the Board and raised a concern about recruiting a new NED to take on the Audit Committee chair position towards the end of the current accounting year. The Chair and the SID have discussed the matter with Akhter Mateen who has agreed that if approved, he would be happy to accept a further extension of his tenure, stepping down at the end of the accounting year on 30 June 2021 so that he can recommend the accounts and annual report to the Board in May 2022. Such an extension poses no conflicts for Akhter in his role here or at the other London Foundation Trust and Akhter has recently received a positive appraisal (see paper on the Council agenda). 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.

Action for the Council of Governors: To consider the recommendation to extend Akhter Mateen's tenure for a further three months in post (until 30 June 2022) after which he will step down from the GOSH Board.

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.

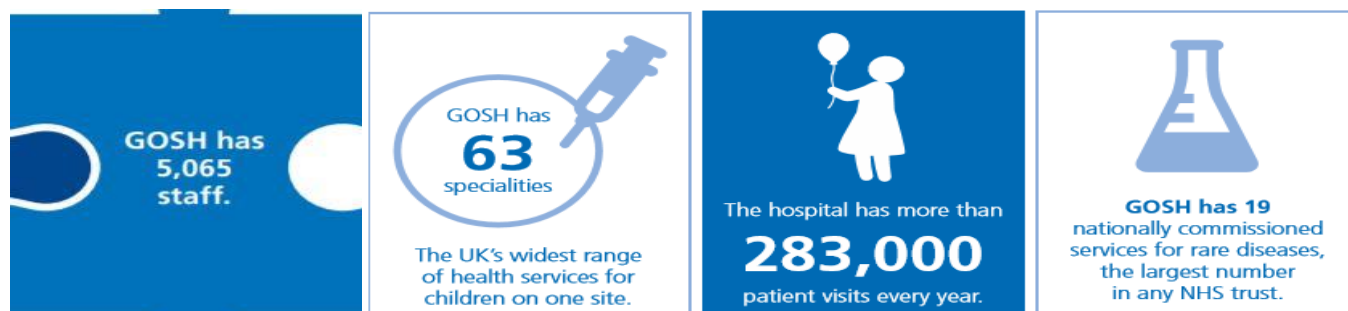
Since its formation in 1852, the hospital has been dedicated to children's healthcare and to finding new and better ways to treat childhood illnesses. Great Ormond Street Hospital receives nearly 300,000 patient visits (inpatient admissions or outpatient appointments) every year (figures from 2016/17).

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.

Attachment R

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 R

- 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.



Council of Governors

23 November 2021

Governance update

Summary / reason for item

The purpose of this paper is to provide a summary of Council of Governors' related governance activity since the last Council meeting in July 2021. Items in this report include:

Revised Constitution and Governance Working Group Terms of Reference

The Council is asked to **approve** the terms of reference for the Constitution and Governance Working Group (formerly Constitution Working Group). The terms of reference have been revised to capture the expanded role of the group.

Governor attendance and training standard operating procedure

The Council is asked to **approve** a Standard Operating Procedure (SOP) concerning the management of Governor attendance at Council of Governors' meetings and the completion of mandatory and statutory training.

Constitution changes

The Council is asked to **approve** two minor changes to the Trust Constitution following on from development of the Governor attendance and training standard operating procedure.

Questions for Council self-assessment of effectiveness survey 2022

The Council is asked to **approve** two questionnaires - one for the Council of Governors and another for the Non-Executive Directors, Chief Executive and Chief Finance Officer that will inform this Council's assessment of effectiveness.

Establishing the Induction Working Group

The Corporate Affairs Team is seeking volunteers to help shape the Governor induction programme for new Governors following the November 2021 elections.

Update on GOSH Council of Governors' Portal (GOSH Cog Portal)

On 13 August the Corporate Affairs Team circulated joining instructions for the GOSH Council of Governors' Portal (GOSH Cog Portal).

Update from the NHS Providers Governors' Advisory Committee

Josh Hardy, Young People's Forum Governor has provided an update from the 7 September 2021 meeting.

Attachments

- Constitution and Governance Working Group Terms of Reference
- Governor attendance and training standard operating procedure
- Full list of questions for the Council's self-assessment of effectiveness survey 2022

Governor action required

- Approve the Constitution and Governance Working Group Terms of Reference
- Approve the Governor attendance and training SOP
- Approve the Constitution amendments
- Approve the questions, process and timeline for the Council self-assessment of effectiveness survey 2022
- Consider volunteering for the Induction Working Group

Report prepared by

Paul Balson, Head of Corporate Governance

Item presented by

Paul Balson, Head of Corporate Governance

1 Constitution and Governance Working Group (CGWG) Terms of Reference

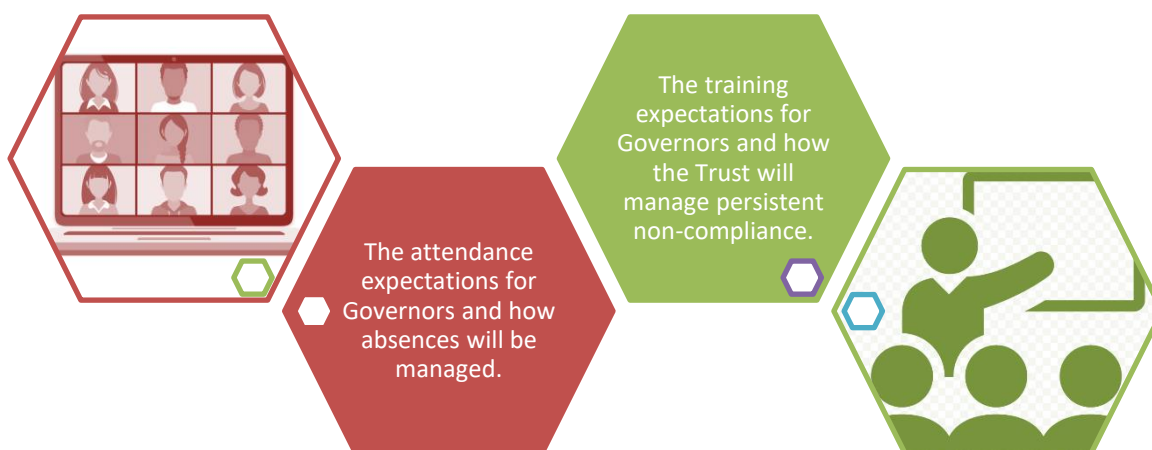
Background	Constitution and Governance Working Group	Action required and next steps
<ul style="list-style-type: none"> •The Constitution Working Group was intended to be a time limited working group of the Trust Board and Council of Governors with the purpose of addressing a number of Constitution issues in January 2018. •Between 2018 and 2020, the group developed several other areas of constitutional and council governance beyond its initial purpose, such as overseeing the Council’s effectiveness review. •The call for members that went to the April 2021 Council of Governors’ meeting noted that one of the first tasks for the Constitution Working Group would be to revise its terms of reference and present them to the Trust Board and Council of Governors’ for approval. 	<ul style="list-style-type: none"> •The Constitution and Governance Working Group held its first meeting on 10 September 2021 and reviewed the draft terms of reference. •The key changes agreed by the group were: <ul style="list-style-type: none"> •An expanded purpose to include (but not limited to): procedure for evaluation of the Council of Governors, developing relevant Standard Operating Procedures, matters on which the Constitution is silent and vacancies amongst governors. •A change of name (from ‘Constitution Working Group) •The Company Secretary is the Chair of the group •A scheduled review of effectiveness every two years was added •The CGWG endorsed the terms of reference to the Council of Governors noting that there was a vacancy for a Senior Management Member. Since the meeting, Jon Schick - Programme Director, Programm Management Office has volunteered to be a member of the group. 	<ul style="list-style-type: none"> •The Council of Governors is asked to approve the Constitution and Governance Working Group (CGWG) Terms of Reference •The terms of reference will also be presented to the November Trust Board for approval.

2 Governor attendance and training SOP

2.1 Background

In order for the Council of Governors to deliver its responsibilities (both individually and collectively) and to ensure broad and balanced input by Governors, it is important that Council of Governors' meetings are well attended. Additionally, the Trust and its membership is better served by Governors who are equipped with the skills and knowledge they need to undertake their role.

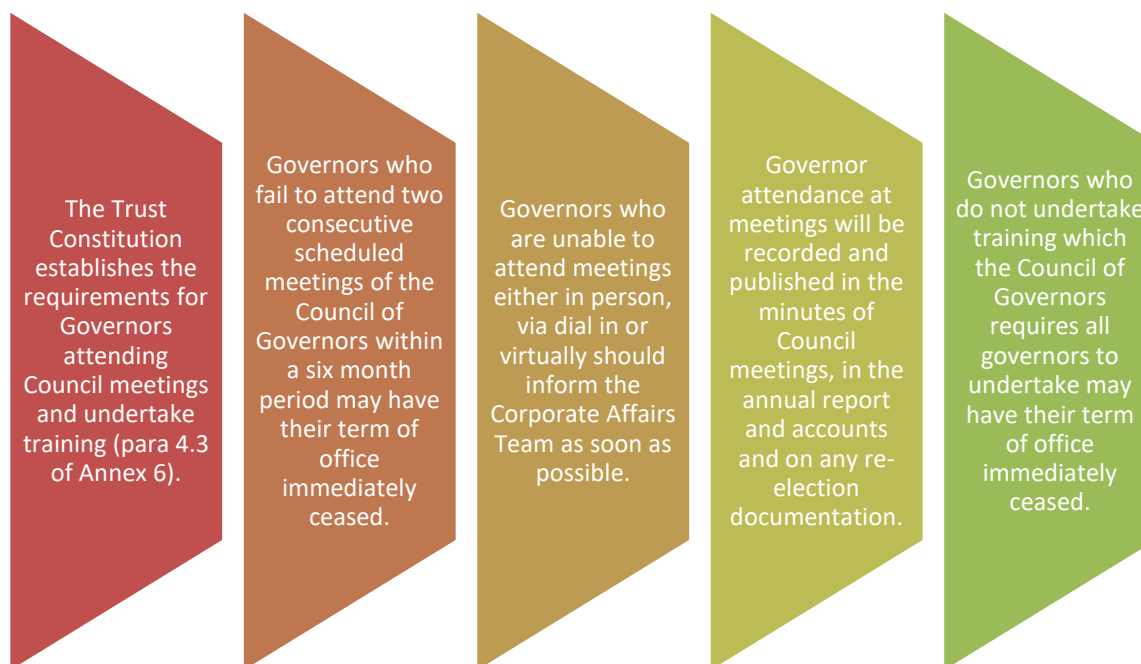
The SOP aims to make clear:



At its September 2021 meeting, the CGWG reviewed a draft document and made a number of amendments and additions. The draft minutes of the 10 September 2021 CGWG are available on the GOSH CoG Portal.

The second revised version was approved electronically by CGWG members endorsed to the Council for approval.

2.2 Summary



Action required: The Council of Governors is asked to approve the Governor attendance and training Standard Operating Procedure.

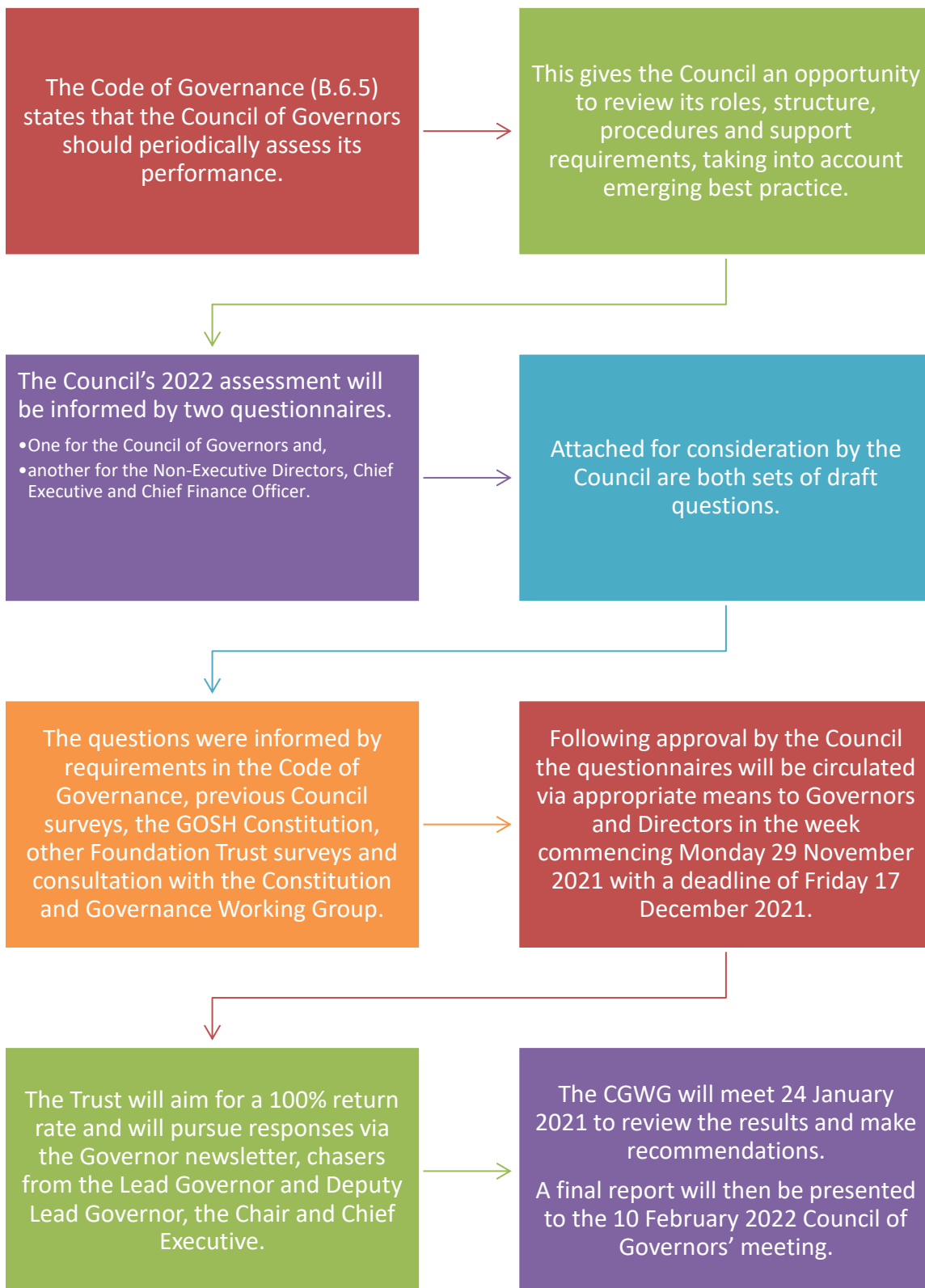
3 Constitution changes

The SOP references the Trust Constitution. Two of the CGWGs changes to the Governor attendance and training SOP necessitate minor amendments to the Constitution. The changes and the rationale are outlined below.

Section of the Constitution	Revision (in red)	Reason for change
Annex 6 Para 4.3.3 Page 71	<p>4.3 A person holding office as a governor shall immediately cease to do so if:</p> <p>4.3.3 they fail to attend two consecutive scheduled meetings of the Council of Governors within a six-month period unless the Chair, Lead Governor and Company Secretary are satisfied that:</p> <p>4.3.3.1 the absence was due to a reasonable cause; and</p> <p>4.3.3.2 they will be able to start attending meetings of the Trust again within such a period as they consider reasonable.</p>	<p>A scheduled meeting is defined in the SOP as one of the four Council of Governors' meetings set in advance at the start of the year.</p> <p>The CGWG agreed that attendance at an extraordinary meeting of Council (Council meetings called at short notice) will not be considered as equal to attendance at a scheduled meeting.</p> <p>This amendment clarifies the expectation around attendance at these meetings.</p>
Annex 6 Para 4.4.1 Page 71	<p>4.4.1 an absence will ordinarily be considered to be due to a reasonable cause if it is due to:</p> <p>4.4.1.1 A personal or family emergency</p> <p>4.4.1.2 Ill health;</p> <p>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;</p> <p>4.1.1.4 A conflict with work, study or exam commitments where the Trust has changed the date of the meeting of the Council of Governors [or the required training] at short notice.</p>	<p>The CGWG requested that 'Study or exam' was added to the list of reasonable causes given the young members on the Council.</p> <p>The CGWG changed the list order so that personal or family emergencies were above 'work commitments' (9.14 to above 9.11).</p>

Action required: The Council of Governors are asked to approve the proposed changes to the Constitution. Approval will also be sought from the Trust Board.

4 Questions for Council self-assessment of effectiveness survey 2022



Action required: The Council of Governors are asked to **approve** the two questionnaires that will inform this Council's assessment of effectiveness and the survey timetable.

5 Establishing the Induction Working Group

Induction 2021

- Governors that started their terms on Monday 1 March 2021 attended two induction sessions on 23 March 2021 and 16 April 2021.
- These sessions were designed by the *Induction Working Group* made up of several governors with support from the Corporate Affairs Team.

The remit of the induction and development session working group is:

- Current Governors and the Corporate Affairs Team will co-produce an induction programme that ensures new Governors (regardless of the length of their tenure) are given the information they require to effectively fulfil the role of a Governor at GOSH.*

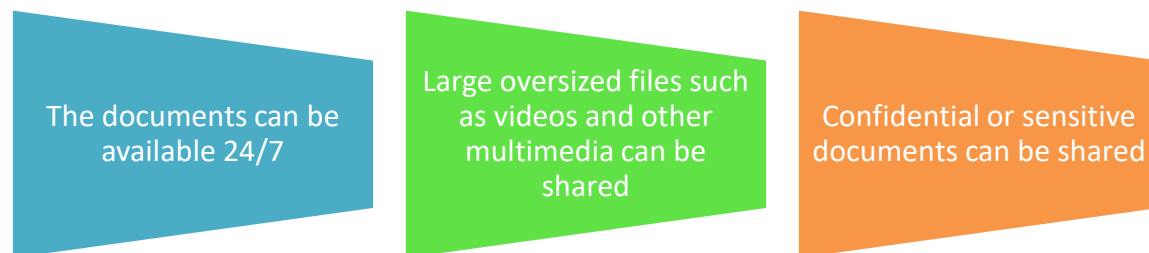
Volunteers required!

- Governors are asked to volunteer for the Induction Working Group and help design the induction programme for governors that start their terms on 1 March 2022 (noting that some of the governors may be current governors that have been re-elected).

Action required: Governors interested in joining the 2021 Governor Induction working group to contact Paul Balson –Head of Corporate Governance by Friday 3 December 2021.

Update on GOSH Council of Governors' Portal (GOSH Cog Portal)

The purpose of the GOSH Cog Portal is to provide a one stop shop for documents relevant to the role of Governor.



In August, Governors received an email from the GOSH ICT Team containing instructions on how to join the GOSH CoG Portal.

Governors who require any additional information, support with accessing the portal or would like a demonstration on how it works should email Paul Balson, Head of Corporate Governance at paul.balson@gosh.nhs.uk

6 Update from the NHS Providers Governor's Advisory Committee

NHS Providers will soon circulate an Impact Survey to all Foundation Trusts to assess the effectiveness of every Council of Governors' (or equivalent)

The Guide for Governors Addendum - which may necessitate changes to our Constitution and Governance arrangements has been delayed due to changes in NHS leadership.

Josh presented on the topic of 'Engaging young people at GOSH' on the 20th September 2021 meeting and shared our practises

It was noted there are different levels of engagement between the hospital and Council across the country.

Some Trusts have embraced technology faster than others and the management structures left some Councils without access to a Corporate Affairs / Governance team.



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.

PLEASE NOTE: Printed copies of this SOP may not be the current version.



STANDARD OPERATING PROCEDURE

GOVERNOR ATTENDANCE AND TRAINING STANDARD OPERATING PROCEDURE

Key Points

- The Trust Constitution establishes the requirements for Governors attending Council meetings and undertake training (para 4.3 of Annex 6).
- Governors who fail to attend two consecutive scheduled meetings of the Council of Governors within a six month period may have their term of office immediately ceased.
- Governors who are unable to attend meetings either in person, via dial in or virtually should inform the Corporate Affairs Team as soon as possible.
- Governor attendance at meetings will be recorded and published in the minutes of Council meetings, in the annual report and accounts and on any re-election documentation.
- Governors who do not undertake training which the Council of Governors requires all governors to undertake may have their term of office immediately ceased.

Version:	1.0
Lead Author:	Head of Corporate Governance
Groups and individuals consulted	Company Secretary Constitution and Governance Working Group
Approving group	Council of Governors
Date Approved	<i>TBC</i>
Target Audience:	The Chair, the Council of Governors and the Corporate Affairs Team
Document Control	
Previous Version Information:	
Changes made from previous version (if applicable)	Not applicable
Consultation	
Keywords:	absence, apologies, attendance, corporate affairs team , council of governors , election, governor, meetings, reasonable cause

Attachment N

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1 Introduction

- 1.1 This Standard Operating Procedure (SOP) covers the management of Governor attendance at Council of Governors' meetings and the completion of mandatory and statutory training at Great Ormond Street Hospital for Children NHS Foundation Trust (hereafter referred to as GOSH).
- 1.2 This SOP is based on the rules published in the GOSH Constitution (in particular Annex 6, paragraph 4.3) and the requirements of the NHS Code of Governance.

2 Aims

- 2.1 To inform Governors of the expectation to attend Council of Governors' meetings and outline the process to be followed when a Governor does not attend two consecutive scheduled meetings of the Council within a six month period (see section 6 below).
- 2.2 To inform Governors of the expectation to complete mandatory and statutory training requirements and outline the process in the case of persistent non-compliance (see section 7 below).

3 Frequency of Council meetings

- 3.1 The Council of Governors meets a minimum of four times in each financial year. These are 'scheduled' meetings that are arranged in advance by the Corporate Affairs Team.
- 3.2 The notice of scheduled meetings is given by post or by email and published on the Trust's website and newsletters as soon as practicable.
- 3.3 Occasionally an extraordinary meeting of Council may need to be convened at short notice. The Corporate Affairs Team will provide as much notice as practicable in the event.
- 3.4 Similarly; a scheduled meeting may need to have its date or timings amended. The Corporate Affairs Team will provide as much notice as practicable in the event.

4 Attendance at Council of Governors' meetings

- 4.1 Unless the Corporate Affairs Team is informed otherwise, it will be assumed that all Governors will be in attendance at scheduled meetings of the Council of Governors.
- 4.2 Governors who are unable to attend a scheduled meeting of the Council of Governors must inform the Company Secretary, Head of Corporate Governance or Trust Board Administrator in advance of the meeting so that their apologies may be recorded in the minutes.
- 4.3 Governors who do not attend scheduled or extraordinary meeting and do not send apologies prior to commencement of the meeting will be recorded as "Did not attend" in a register of attendance maintained by the Corporate Affairs Team.

5 Publication of attendance records

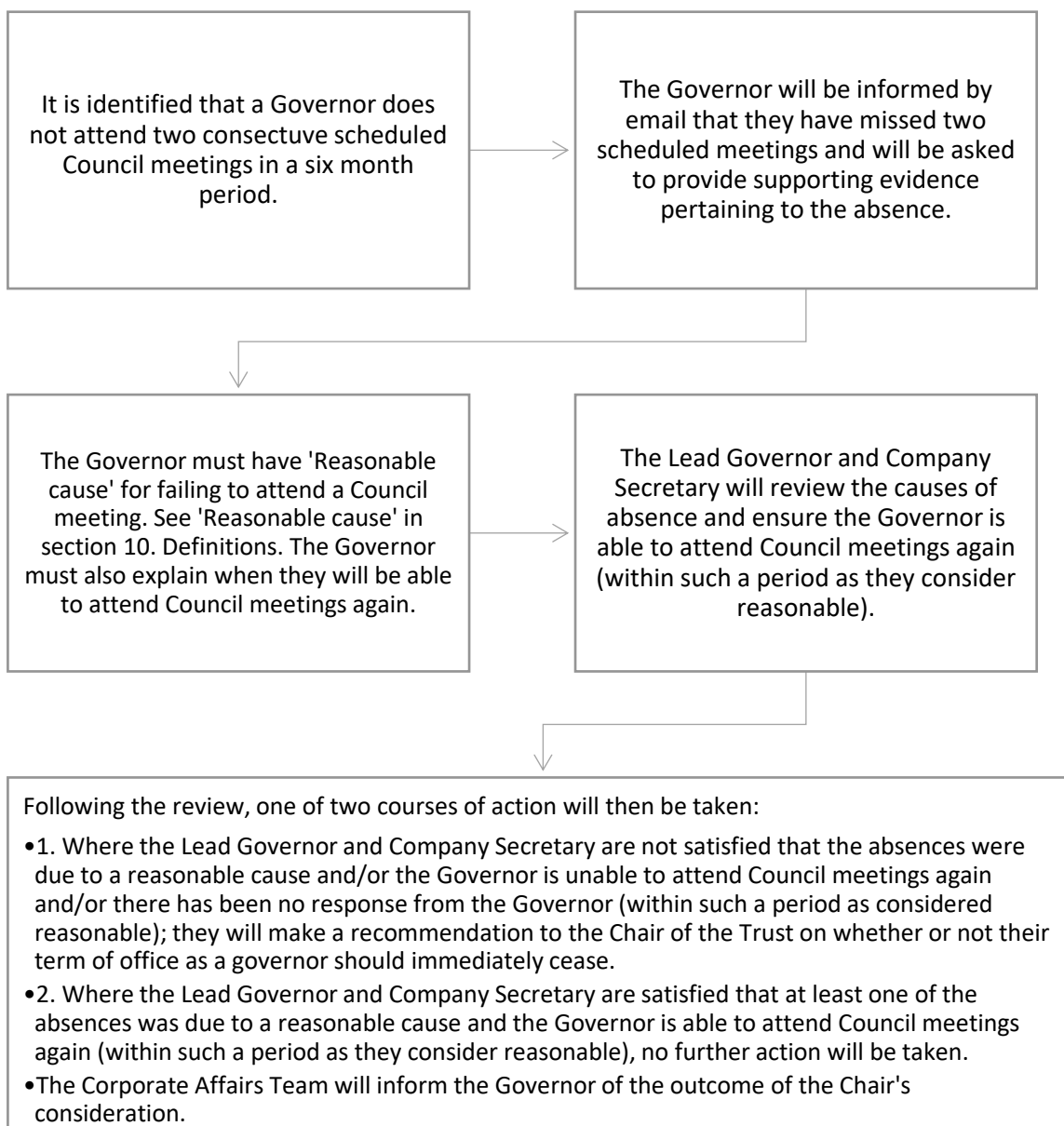
- 5.1 The minutes of the Council of Governors will be drawn up and maintained as a public record.
- 5.2 The Trust annual report and accounts will include a full attendance record of Governors. Governors will be provided with their attendance information in advance of publication.

5.3 Elected Governors who stand for re-election will have their attendance statistics published in election documentation.

6 Governor does not attend two consecutive scheduled Council of Governors' meetings within a six month period

Under para 4.3, Annex 6 of the GOSH Constitution it states that a person holding office as a governor shall immediately cease to do so if they fail to attend two meetings of the Council of Governors in a period of one year unless the Chair, Lead Governor and Company Secretary are satisfied that the absence was due to a reasonable cause; and they will be able to start attending meetings of the Trust again within such a period as they consider reasonable. To support the Constitution, the following process will be followed:

6.1 Process for managing non-attendance of Governors



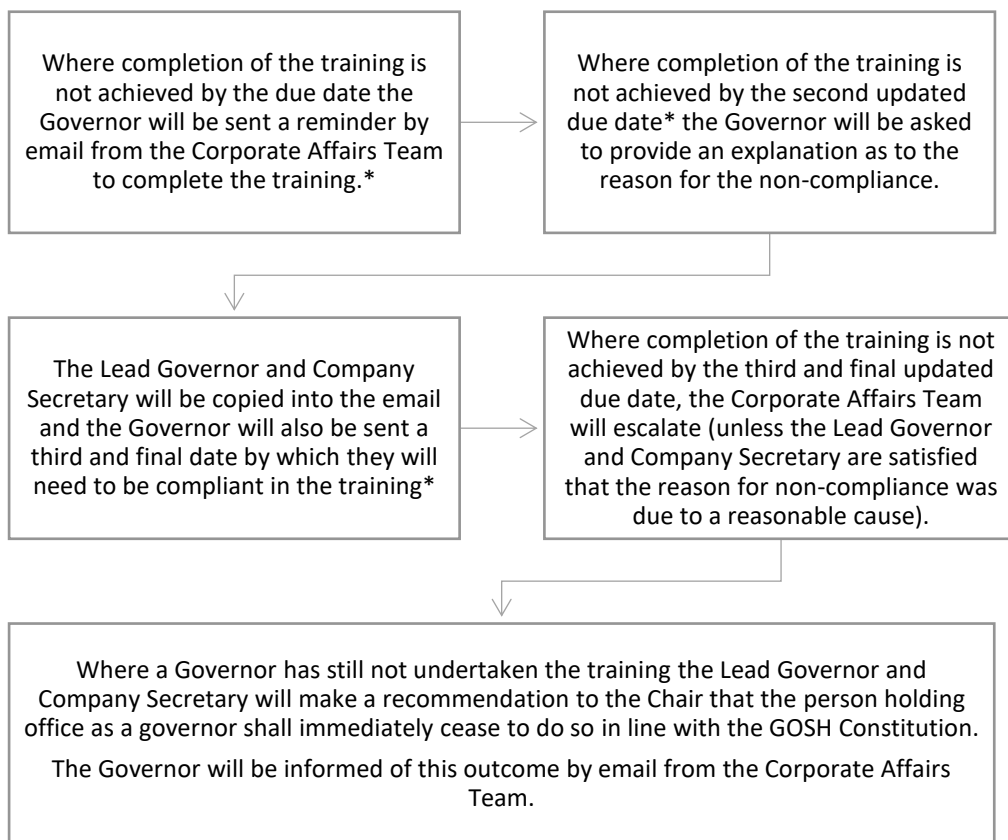
Attachment N

6.2 To note:

- 6.2.1 Governors can attend meetings either in person, via virtual means e.g. zoom or dial-in.
- 6.2.2 When a scheduled Council meeting has had its date changed at short notice (within 1 month of the meeting), this meeting will not count as a missed meeting if a Governor is subsequently unable to attend.
- 6.2.3 Attendance at an extraordinary meeting of Council (Council meetings called at short notice) will not be considered as equal to attendance at a scheduled meeting for the purpose of this SOP.

7 Completion of training required by Governors

- 7.1 All Governors will be issued with a booklet that covers training topics that they must be compliant with. Some training modules can be completed by returning a signed declaration, other modules are of significant importance and will be delivered via face-to-face or live / recorded teleconference sessions.
- 7.2 The Corporate Affairs Team will inform Governors when training is required and provide reminders and assistance as necessary to ensure Governors are compliant with their training.
- 7.3 Where a Governor has not undertaken any training, the following process will be followed:



** The date by which the training must be completed will be set by the Corporate Affairs Team and will be commensurate with the level of risk associated with the training and may become shorter after each new date.*

8 In the circumstances where a person holding office as a governor ceases to hold office as outlined above

- 8.1 Their details will be removed from any posters or structure charts on Trust website or premises.
- 8.2 They will be asked to return their name badge and their access to the site will be amended.
- 8.3 Their IT access (e.g. Trust email and the CoG Portal) will be amended.
- 8.4 Their date of removal will be recorded in the Trust Annual Report and Accounts.
- 8.5 If the person is an elected governor, the seat may remain open until the next annual election or another of the actions within Constitution’s Annex 6 Section 7.2.
- 8.6 If an appointed governor, the appointing organisation will be informed of the action taken and asked to nominate another governor as per the Constitution’s Annex 6 Section 7.2.

9 Definitions

Corporate Affairs Team	The team at GOSH with responsibility for facilitating the Council of Governors’ and its Committees.
GOSH Constitution	Contains detailed information about how GOSH will operate. It sets out, the membership constituencies, the size, composition and powers of the board and council of governors.
Reasonable cause	<p>Under the GOSH Constitution, an absence will ordinarily be considered to be due to a “reasonable cause” if it is due to:</p> <ul style="list-style-type: none"> 9.1.1 <i>A personal or family emergency</i> 9.1.2 <i>Ill health;</i> 9.1.3 <i>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;</i> 9.1.4 <i>A conflict with work, study or exam commitments where the Trust has changed the date of the meeting of the Council of Governors [or the required training] at short notice. For clarity: work commitments <u>will not</u> be considered a reasonable cause unless the Trust has changed the date of the meeting of the Council of Governors or the required training at short notice;</i>
Scheduled meeting	One of the four Council of Governors’ meetings set in advance at the start of the year.

10 Monitoring arrangements

10.1 The effectiveness of this SOP will be monitored by the Head of Corporate Governance who will make any adjustments as necessary.

10.2 At such time, the SOP is no longer required; it will be removed.

11 References

11.1 Great Ormond Street Hospital for Children NHS Foundation Trust Constitution.

11.2 Monitor – The NHS Foundation Trust Code of Governance.

Proposed questions for Governors

Area	#	Question	Agree Undecided Disagree Free text box (Unless otherwise specified)	
1	Governance, structure and composition of the Council of Governors	1.1	I have a good understanding of my role and responsibilities as a member of the Council of Governors including holding the non-executive directors to account for the performance of the board.	
		1.2	I have a good understanding of my role and responsibilities as a member of the Council of Governors including communicating with member constituencies and the public and transmitting their views to the board,	
		1.3	I have a good understanding of my role and responsibilities as a member of the Council of Governors including contributing to the development of the Trust strategy, annual report and accounts.	
		1.4	I understand the difference between the role of the Council and the role of the Trust Board.	
		1.5	I understand the difference between the role of an Executive Director and Non-Executive Director.	
		1.6	The Council of Governors has an appropriate membership (in terms of number of Governors and the Constituencies they represent).	
2	Contribution of the Council of Governors	2.1	Governors are appropriately consulted on the development of the Trust's forward plans and significant changes to the delivery of the Trust's business plan.	
		2.2	Governors are provided with sufficient information to know what the key risks and challenges facing the organisation are.	
		2.3	Governors are provided with sufficient guidance and background information when asked to make decisions.	
		2.4	Governors are provided with sufficient opportunity to observe the Assurance Committees* and the Non-Executive Directors. (*Audit Committee, Quality, Safety Experience Assurance Committee, People and Education Assurance Committee and the Finance and Investment Committee).	
		2.5	Governors are provided with the meeting papers for the Assurance Committees of the Trust Board sufficiently in advance.	
		2.6	Governors are provided with the opportunity to follow up issues arising from the Assurance Committees of the Trust Board with Non-Executive Directors.	

Area	#	Question	Agree Undecided Disagree Free text box (Unless otherwise specified)
	2.7	Governors have appropriate access to the Chair, the Board and the Senior Independent Director (James Hatchley).	
	2.8	The Trust Board has regard for the views and contribution of the Council of Governors.	
3 Management of the Council of Governors Meeting	3.1	Governors have the opportunity to influence the Council of Governors' meeting agenda.	
	3.2	The Council of Governors' papers provide the right amount of information.	
	3.3	The Council of Governors' papers are circulated with sufficient time for review.	
	3.4	Meetings are chaired effectively	Agree or disagree Explain if disagree
	3.5	Council of Governor agenda items are properly introduced	Agree or disagree Explain if disagree
	3.6	Appropriate time is allocated to discuss Council of Governor agenda items fully	Agree or disagree Explain if disagree
	3.7	Discussions are appropriately summarised at Council of Governor meetings.	Agree or disagree Explain if disagree
	3.8	During a Council meeting, Governors are given the opportunity to bring up a topic or ask a question that is not on the meeting agenda.	
	3.9	Council of Governor actions are followed up and reported back on at the next meeting	
	3.10	I am aware of the Governor attendance and mandatory training standard operating procedure (SOP) and its content	Yes No Comment
4 Culture and behaviour	4.1	Meetings are not dominated by individual Governors.	
	4.2	What, if anything is preventing you from contributing more to Council meetings?	Free text box
	4.3	Council conversations are appropriate for Council	

Area	#	Question	Agree Undecided Disagree Free text box (Unless otherwise specified)
	4.4	Governors received relevant and appropriate induction training that prepared them to undertake the role.	
	4.5	To undertake their role, Governors received relevant, appropriate and ongoing training at Development Sessions.	
	4.6	The private sessions between the Chair and Council are beneficial to Governors' role. If you disagree, please state why.	Agree or disagree Explain if disagree
	4.7	The private sessions between the Lead Governor and Governors are beneficial to Governors' role. If you disagree, please state why.	Agree or disagree Explain if disagree
	4.8	The buddying sessions between the NEDs and the Governors are beneficial to Governors' role.	Agree or disagree Explain if disagree
	4.9	What works well at Council meetings?	Free text box
5 Final comments	5.1	What do you wish you knew at the beginning of your tenure that you know now?	Free text box
	5.2	Is there another way Governors could get their voice across to the Trust and what could the Council or Corporate Affairs do to support this?	Free text box
	5.3	What advice would you give to new Governors starting in February 2022?	Free text box
	5.4	What will you take away from your experience as a Governor since the last election (February 2021)?	Free text box
	5.5	Would you make changes to the management or development of the Council of Governors to make it more effective in 2021/22?	Free text box
	5.6	Do you have any other comments related to the effectiveness of the Council of Governors?	Free text box
	5.7	Anything else?	Free text box

Questions for the NEDs Chief Executive and Chief Finance Officer

To inform a full evaluation of the Council of Governors' performance, feedback from the NEDs who the Council of Governors' hold to account for the performance of the Board and the Executive Directors will be valuable.

Area	Question	Agree Undecided Disagree Free text box (Unless otherwise specified)
1 Governance, structure and composition of the Council of Governors	Governors understand the difference between the role of the Council and the role of the Trust Board.	
	Governors understand the difference between the role of an Executive Director and Non-Executive Director.	
	At Council meeting, Governors direct their questions to the NEDs.	
2 Contribution of the Council of Governors	The Trust Board has regard for the views and contribution of the Council of Governors.	
	Name one thing that has changed a result of the contribution of Governors – either at Council meetings, Assurance Committees, through buddying sessions or via Board meetings	Free text
3 Management of the Council of Governors Meeting	Council meetings are chaired effectively	Agree or disagree Free text – Why?
	Council agenda items are properly introduced	Agree or disagree Free text – Why?
	Appropriate time is allocated to discuss Council agenda items fully	Agree or disagree Free text – Why?
	Discussions at Council meetings are appropriately summarised.	Agree or disagree Free text – Why?
4 Culture and behaviour	The behaviour of Governors is consistent with the Trust's values.	
5 Council of Governors' effectiveness	The Council is effective in performing its role in holding the non-executive directors individually and collectively to account for the performance of the board of directors.	

Attachment N

Area	Question	Agree Undecided Disagree Free text box (Unless otherwise specified)
	The Council is effective in performing its role in communicating with member constituencies and the public and transmitting their views to the board of directors.	
	The Council is effective in performing its role in contributing to the development of the Trust strategy, annual report and accounts, etc.	
6 Final comments	Would you make any changes to the management or development of the Council of Governors to make it more effective in 2022/23?	Free text box
	Do you have any other comments related to the effectiveness of the Council of Governors?	Free text box
	Anything else?	Free text box



Council of Governors

23 November 2021

Membership statistics report as at 12 October 2021

Summary & reason for item

This report provides a summary of our public, parent and carer and patient membership (it does not include staff membership) as discussed at the Membership Engagement Recruitment and Representation Committee (MERRC) meeting.

CIVICA Engagement Services (CES) is our membership database provider and holds and manages our public and patient, parent and carer data. Statistical analyses were run within the database and the attached report produced to highlight key findings.

Action required

1. Review the membership statistics update

Report prepared by

Adetutu Emmanuel, Stakeholder Engagement Manager

Item presented by

Adetutu Emmanuel, Stakeholder Engagement Manager

Membership statistics report as at Oct 2021

Anyone living in England and Wales over the age of 10 can become a GOSH member, and the Trust strives for our membership to reflect the broad and diverse public communities we serve as well as patients, their families and carers, and staff.

This report provides a detailed demographic breakdown of our public, parent and carer and patient membership (it does not include staff membership). Please note the change in documentation of the statistics as advised by the Membership Engagement Recruitment and Representation Committee (MERRC).

CIVICA Engagement Services (CES) is our membership database provider and holds and manages our public and patient, parent and carer data. Statistical analyses were run within the database and the attached report produced to highlight key findings.

Current membership figures

Table 1 below shows the overall membership figures for our public and patient, parent and carer constituencies at 12 Oct 2021, compared with figures in May 2021

Our current membership figures currently stands at:

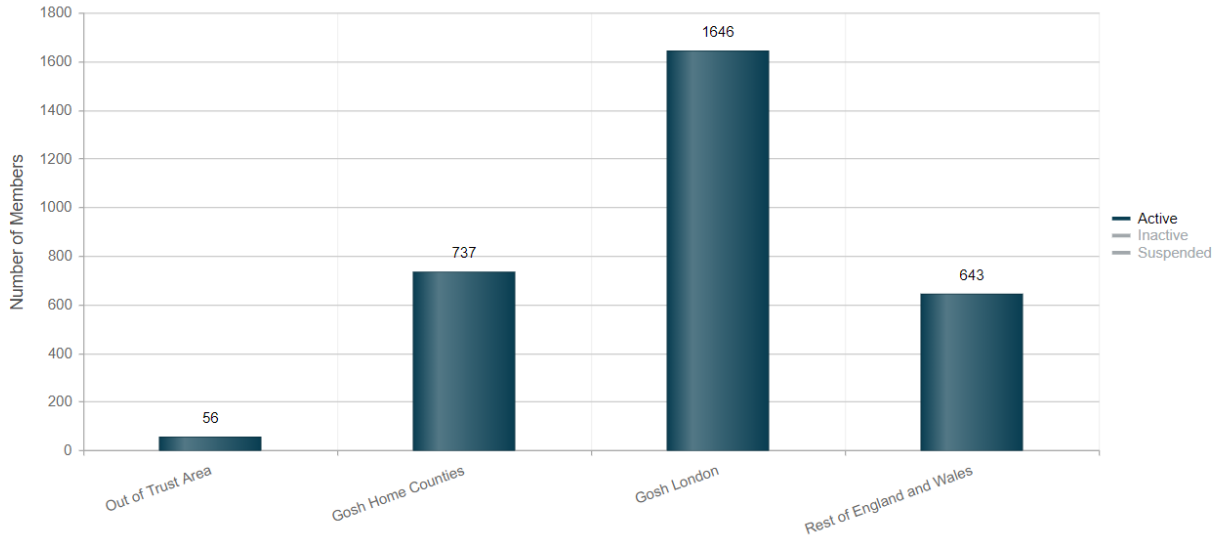
Table 1		
<i>Constituency</i>	Actual figures for end of May 2021	Actual figures for beginning of Oct 2021
<i>Public</i>	3072	3082
<i>Patient, Parent and Carer</i>	6789	6793
<i>Total</i>	9861	9875

ATTACHMENT O

Graph 1 & 2 below show the current breakdown of our membership by region and constituencies according to the new boundaries:

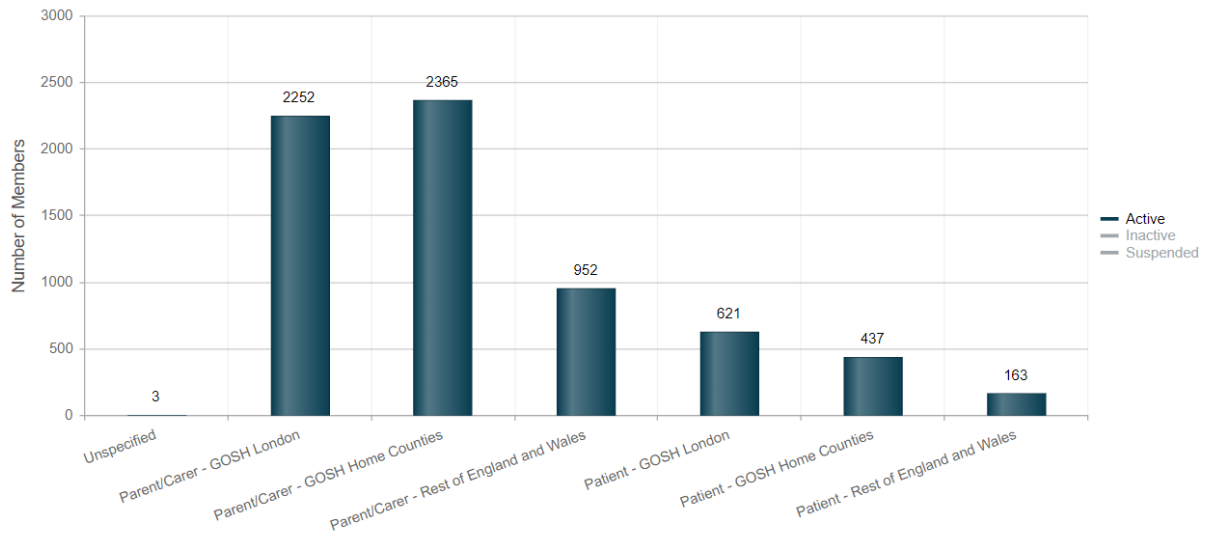
Graph 1

Public Constituencies



Graph 2

Patient/Service users Constituencies



Constituency demographics

Table 2 below reflects the ethnicity breakdown as requested at the last meeting of the MERRC.

Table 2				
		Constituency		
Area	Ethnicity	Patient	Parent/Carer	Public
London	White	284	1320	864
	Mixed	53	94	99
	Asian	118	336	281
	Black	93	272	197
	Other	15	51	35
Home Counties	White	362	2006	557
	Mixed	15	33	22
	Asian	22	126	45
	Black	14	69	36
	Other	0	8	1
Rest of England & Wales	White	141	846	486
	Mixed	6	15	5
	Asian	2	41	29
	Black	4	13	25
	Other	2	5	3

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Graph 3 & Table 3 also breaks down our membership by Gender in both the Public and Patient, Parent/Carer constituencies

Graph 3

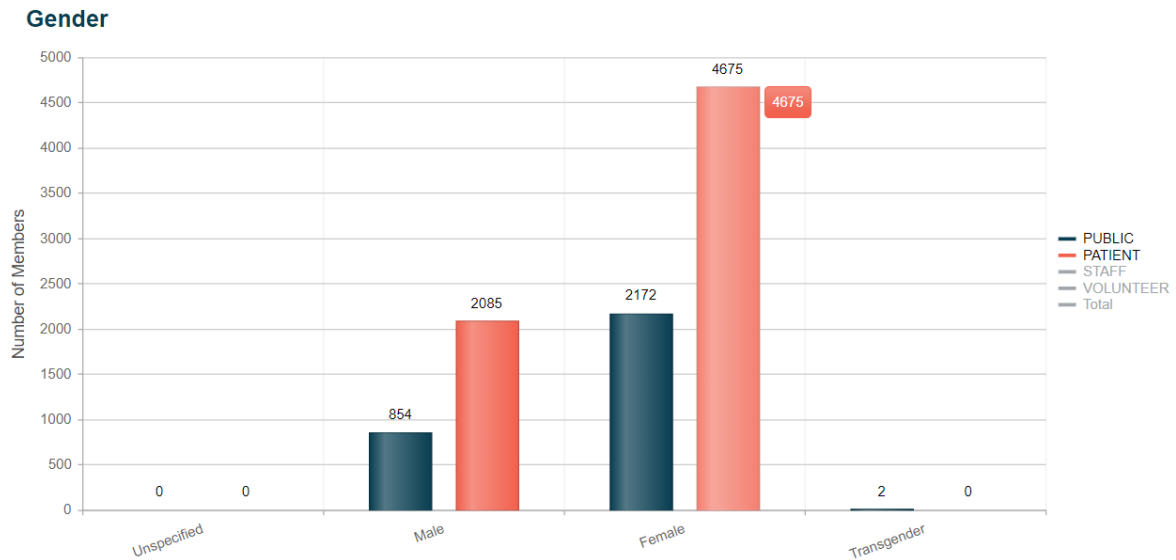


Table 3

<i>Constituency</i>	Public	Patient, Parent/Carer
<i>Male</i>	854	2085
<i>Female</i>	2172	4675
<i>Transgender</i>	2	0

Summary

As you can see, the data shows the following findings:

- The current membership figures reflect a slow and low increase in the number of new members joining.
- The number of patients reflected in our membership requires work in terms of recruitment especially as we represent a children and young people’s NHS Foundation Trust. This is in line with what is previously known in that the representation of young patient and public members (0-21) is significantly lower than the other constituencies
- We also have a low representation of male members in both the patient and public categories.
- Compared to white ethnicities, we are underrepresented in the ethnic minority categories.

The MERRC have agreed that a recruitment drive is needed to increase the amount of interest shown in members’ applications particularly in the areas that are underrepresented, young white males and generally in young people. Ways

ATTACHMENT O

discussed included survey polls on Twitter to understand reasons for not signing up, targeted drives to youth clubs/schools, liaising with internal hospital forums like the BAME and also identifying what the overall patient population reflects in terms of gender, ethnicity and age. It was also noted that on the issue of gender, did the hospital report on sex or gender as this could play a role in how we measure the statistics.

Considerations and future plans

It is important to note that due to the impact of the pandemic, engagement activities are still limited to online/ virtual means until the time where we can conduct more face to face recruitment drives.

In the meantime, video and photo resources are being created to ensure we have content that can be used on virtual platforms. These resources will be applicable for use during elections and over the course of the year to promote membership.

The MERRC also discussed that the updated membership strategy will seek to address ways to increase the recruitment and retention of members ensuring we are not just attracting people to become members but also keeping our current members engaged. Examples of how could be the use of targeted newsletters to both young and older people, ensuring our communications are accessible and inclusive but most importantly showing members that their contributions towards the development of the Trust are valued.



Council of Governors

Tuesday 23 November 2021

2021/22 Elections Communications & Engagement Update

Summary & reason for item

This report provides an update on the dates set for the upcoming 2022 election as well as the seats up for election and proposed communications channels.

Action required

1. To discuss any further communications channels to explore in promotion of the upcoming elections

Report prepared by

Adetutu Emmanuel, Stakeholder Engagement Manager

Item presented by

Adetutu Emmanuel, Stakeholder Engagement Manager

ATTACHMENT P

Council of Governor elections now take place annually. At the 2021 elections, allocation to Governor seats was phased to ensure a gradual turnover of Governors, retaining experience, providing for succession planning and ensuring good corporate governance.

The current seats subject to election in early 2022 are as follows. The Council is asked to note that the number of seats subject to election is higher than expected following phasing due to three governors stepping down from the positions within the year:

Seat	Who	Reason
Patients and Carers: Parent/Carer from London	Vacancy	VACANT (previous seat held by Emily Shaw)
Patients and Carers: Parent/Carer from London	1 year term coming to an end	Stephanie Nash
Patients and Carers: Parent/Carer from the Home Counties	1 year term coming to an end	Gavin Todd
Patients from Rest of England and Wales	Vacancy	VACANT (Never filled)
Patients from Home Counties	Vacancy	VACANT (previous seat held by Emma Beeden)
Patients from Home Counties	1 year term coming to an end	Olivia Burlacu
Patients from London	Vacancy	VACANT (Never filled)
Patients from London	Vacancy	VACANT (Never filled) & 1 year term coming to an end
Public: London	1 year term coming to an end	Kudzai Chikowore
Public: Home Counties	1 year term coming to an end	Hannah Hardy
Staff	1 year term coming to an end	Graham Derrick
Staff	Vacancy (after 10 January 2022)	Margaret Bugyei-Kyei

During the 2022 election, the proposed promotional channels that will be used to inform and attract members to Governor seats are as follows

Channel	Who
Governor newsletter	Governors
<i>Get Involved</i> newsletter	Members
Headlines	Staff
Social media (Twitter)	Staff, Patients, Parent/Carer, Public
Internal Screensavers	Staff
Hospital screen	Staff, Patients, Parent/Carer, Public
Social media (LinkedIn)	Staff, Patients, Parent/Carer, Public
SLT	Staff
Virtual Big Brief	Staff

ATTACHMENT P

The planned communications and engagement activities and key date are as follows:

Action	Description	Date
'Nominate' graphic on trust staff screensavers		08 November 2021
'Nominate' graphic on trust digital screen	To show for the duration of the nomination period	08 November 2021
Post on social media about the opening of nominations	Social media posts with the info on Governor and a link to web page for nomination and nomination criteria (LinkedIn, Twitter)	09 November 2021
Notice of Election / nomination open		09 November 2021
Send <i>Get Involved</i>	Article to include information about opening of nominations to members	12 November 2021
Article on the intranet	Feature of staff Governor on the benefits of becoming a Governor and info on the upcoming elections as well as ' <i>So you want to be a Governor session</i> '	15 November 2021
Article in Headlines	Link to article on intranet	15 November 2021
Feature at SLT	Mention that nominations are open	18 November 2021
Mention in the Big Brief about the opening of nominations for the elections	Potentially invite staff Governor to pitch in	18 November 2021
Post on social media promoting the video resources	Features the videos created by Governors	22 November 2021
Virtual ' <i>So you want to be a Governor session</i> ' to discuss what it means to be a Governor	Chance for people to book in and have a QnA with Governors on what it's like to be one - 30mins AGM/Big Brief format using slido for questions	25 November 2021
Article in Headlines	Article to include notice that nominations close in a week	29 November 2021
Post on social media that nominations close in a week	Features the videos created by Governors	29 November 2021
Present at SLT		02 December 2021
Reminder on the Big Brief	Nominations close soon	02 December 2021
Nominations deadline/Close		07 December 2021

ATTACHMENT P

Mention in the Big Brief about the opening of the elections	Matt big briefing to encourage staff to vote plus details of how to vote	13 January 2022
Article in Headlines	Article to include notice that elections open tomorrow	17 January 2022
Post on social media	Social media posts with the 'Vote now' graphic and a link to web page for voting	18 January 2022
Voting packs despatched/Elections Open		18 January 2022
'Vote now' graphic on trust staff screensavers		21 January 2022
'Vote now' graphic on trust digital screen	To show for the duration of the voting period	21 January 2022
Article in Headlines	Article to include notice that elections close in a week	31 January 2022
Close of election		08 February 2022
Declaration of results		09 February 2022
Post on Social media	Social media posts thanking people for voting and winner synopsis with link to the website	09 February 2022
Article in Headlines	Article to feature new Council of Governors, their aspirations and how to get in touch with them	14 February 2022
Mention in the Big Brief about the result of the elections	Matt to announce success of elections	17 February 2022

Members of the Membership Engagement Recruitment and Representation Committee (MERRC) reviewed this plan and were happy with the activities proposed.

Action for Council

1. To note the report and discuss any further communications channels to explore in promotion of the upcoming elections.



Council of Governors

23 November 2021

Membership strategy update

Summary & reason for item

This report provides an update on the progress of the membership strategy and key dates

Action required

1. Governors to note down the key areas of focus for the membership strategy as well offer comments;
2. Governors to be aware of the proposed timeline for delivery;
3. Governors to offer ideas that contribute to the success of the strategy and its intended objectives.

Report prepared by

Adetutu Emmanuel, Stakeholder Engagement Manager

Item presented by

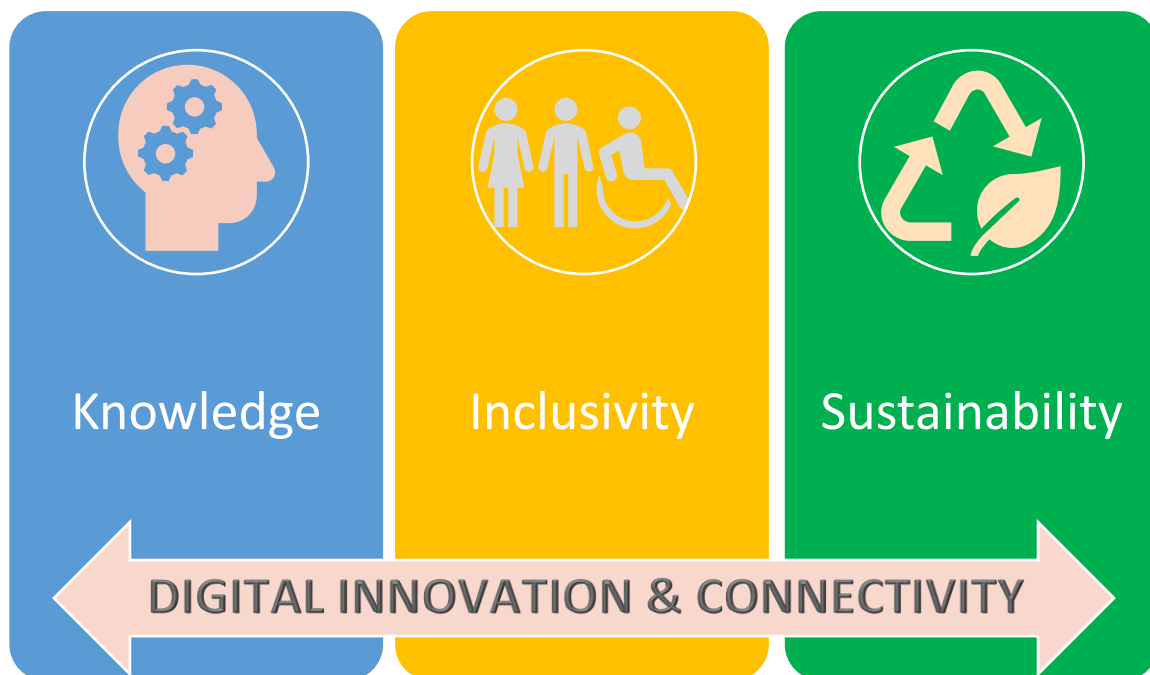
Adetutu Emmanuel, Stakeholder Engagement Manager

Membership Strategy

At the July 2021 Council of Governors' meeting, it was announced that the Membership Engagement Recruitment and Representation Committee (MERRC) had proposed that the new strategy run from 2022 until 2025 with the following new key themes:

- Knowledge
- Inclusivity
- Sustainability

The underpinning element to be highlighted across all three themes is the need for digital innovation and connectivity.



This will form the framework of the strategy and will be the basis of the membership objectives over the three year period. The new strategy is aimed at complementing the wider Trust strategy ensuring there is a consistent and cohesive alignment of strategic efforts and there will be an intentional drive to display how the membership activities are being implemented plus their outcomes and learnings ('Show and Tell' approach).

Key areas to focus on the strategy are proposed as follows:

- Highlighting that members matter, especially because of their experience
- Creating a robust, clear and attractive membership offer (the 'WHY') to help aid the recruitment and retention of members. This will have a heavy focus on targeting the groups who we have seen to be under represented in our membership statistics (young patient and public members under the age of 21, male members in both the patient and public categories and members in the ethnic minority categories).
- Reviewing the use of various communications channels and ensuring they are accessible, inclusive and have diverse representation
- Taking intentional steps to ensure the communications/ engagement activities are conducted in a way that is sustainable and that the membership feeds into the sustainability agenda of the Trust

Attachment Q

- Elevating the profile of the Council of Governors and demonstrating how they partner with the senior management to make decisions that benefit different member groups across the Trust (patients, Parent/Carers, Public and Staff)
- Collaborating with stakeholders both internally and externally to promote the benefits of membership
- Outlining the way we will measure success though regular reviews to ensure we are on the right track, accommodate any learnings and ensure there is continued commitment to developing, engaging and communicating with our members.

Timeline

Below is an estimate in terms of key dates for the release of the strategy.

Action	Date
First Draft submitted to MERRC	6 Jan 2022
Comments back from MERRC	20 Jan 2022
Second draft to Council	27 Jan 2022
Final approval of Strategy by Council	10 Feb 2022
Final draft to design team	21 Feb 2022
Publish the final version	4 April 2022
Mention in the staff newsletter (Headlines) about the new strategy and on the intranet and web page story	4 April 2022
Announcement on social media	4 April 2022
Targeted email to members	4 April 2022
Mention in the big brief	7 April 2022

Actions for Council

1. Governors to note down the key areas of focus for the membership strategy as well offer comments;
2. Governors to be aware of the proposed timeline for delivery;
3. Governors to offer ideas that contribute to the success of the strategy and its intended objectives.

Council of Governors

23 November 2021

GOSH Chair and Non-Executive Director (NED) Appraisals

Summary & reason for item:

The Council Nominations and Remuneration Committee has considered the outputs from the Chair and NEDs' appraisal processes and recommend these for approval by the Council of Governors

Oversight and engagement in the Chair and NED appraisal process is one way that Governors hold the NEDs to account in their role.

Governor action required:

- To consider and approve the output from the Chair and NEDs' appraisal processes.

Submitted by: Anna Ferrant, Company Secretary

Presented by: Chair, Sir Mike Rake and Senior Independent Director, James Hatchley

Appraisal of GOSH Chair

The GOSH Chair and NED appraisal processes are aligned to NHS England and Improvement (NHSE/I) guidance on the appraisal of Chairs in the NHS. The Council of Governors re-approved this process and framework at the April 2021 Council of Governors' meeting.

Below is a summary of the Chair appraisal process conducted in October 2021:

- On 20 October 2021, the Senior Independent Director (SID – James Hatchley) appraised the Chair. Mike Rake against the appraisal framework criteria and approved Chair competencies (see **Appendix 1**). This was informed by:
 - Governor feedback:
 - The Lead Governor asked fellow governors to provide informal, anonymous and confidential feedback on the performance of the Chair (in his role as Chair of the Council) to inform the appraisal process. The Lead Governor reported the governors' feedback to the SID.
 - Executive Director feedback:
 - The Executive Directors provided informal, anonymous and confidential feedback via the Company Secretary directly to the SID about the Chair.
 - Non-Executive Director feedback:
 - The NEDs provided informal, anonymous and confidential feedback directly to the SID about the Chair.
 - External partner feedback:
 - Assessments of the Chair's effectiveness was also sought from stakeholders who represent external partner organisations (in agreement with the Chair). The following stakeholders were contacted for feedback:
 - Chairman of UCL Partners
 - Chair of UCLH
 - Chair of Trustees, GOSH Children's Charity.
 - Requests for input were also sent to the Group Chairman of the Royal Free Hospital and the NHS Regional Director for London but no responses were received.
- An appraisal pro-forma was completed during the appraisal. A summary of the form is included in the report at **Appendix 2**. This includes the findings from the appraisal meeting and additional information about the Chair's commitment to the role including attendance at meetings, compliance with annual declarations, and involvement in activities during the year to gather information and inform viewpoints.

The Committee considered the output from the Chair's appraisal, receiving feedback from the Senior Independent Director (James Hatchley) at the meeting. James highlighted the positive feedback received from all stakeholders and how external stakeholders had commented on the strong partnership between the Chair and Chief Executive. Following comments in the previous appraisal, the Chair had taken forward his objective to engage with the local Integrated Care System. The Committee noted the appraisal output including information on activities during the year and recommended the Chair's appraisal to the Council of Governors for approval.

Action for Committee: To approve the output from the Chair appraisal process.

Appraisal of GOSH Non-Executive Directors (NEDs)

Below is a summary of the NEDs' appraisal process conducted in October 2021:

- During early October 2021, the Chair individually appraised each non-executive director (NED) against the appraisal framework criteria and approved NED framework and competencies (see **Appendix 1**). This was informed by:
 - Governor feedback:
 - The Lead Governor asked fellow governors to provide informal, anonymous and confidential feedback on the performance of the NEDs to inform the appraisal process. The Lead Governor reported the governors' feedback to the Chair.
 - Executive Director feedback:
 - The Executive Directors provided informal, anonymous and confidential feedback via the Company Secretary to the Chair about the NEDs.
- An appraisal pro-forma was completed during each appraisal. A summary of the forms are included in the NEDs' reports at **Appendix 3**. This includes the findings from each appraisal meeting and additional information about the NEDs' commitment to the role including attendance at meetings, compliance with annual declarations and involvement in activities during the year to gather information and inform viewpoints.

The Committee considered the output from the NEDs' appraisals, receiving feedback from the Chair at the meeting. Sir Mike said that feedback received during the appraisal process had confirmed that the performance of the Board had been at a high level and Board members were committed, engaged and highly qualified. It had been challenging for NED Board members to have a presence at the Trust during the pandemic and to achieve personal engagement with staff and Governors, however NEDs had been engaged with individual Executive Directors to provide support during this time. Sir Michael Rake said that the current group of Board members underlined the importance of ensuring that individuals had the appropriate skill mix, background and style. The Committee noted the appraisal output including information on activities during the year and recommended all NED appraisals to the Council of Governors for approval.

Action for Committee: To approve the output from the NEDs' appraisal process.

Ends.

Appendix 1
Appraisal of the Chair and Non-Executive Directors (NEDs)

The Chair and each NED will be appraised against the following framework, mapped to the approved competencies (see below):

- 1.** Completes the relevant annual declarations and meets all requirements (annual declaration of interests form and raises any potential or actual conflicts at the beginning of a Board/ committee meeting; annual Fit and Proper Person Test declaration and on-going compliance with the regulations; and, the annual code of conduct declaration).
- 2:** Follows up challenges (outside formal meetings when appropriate), to ensure that questions or concerns have been addressed satisfactorily, including questions raised by Governors and delivery CQC recommendations/ actions.
- 3:** Undertakes all relevant statutory and mandatory training in accordance with relevant timescales.
- 4:** Regular attendance at Board and Board committee meetings and participation in a broad range of topics throughout the year.
- 5:** Attends external events and/or hospital visits and /or meetings with executives and Council meetings during the year to gather information and inform viewpoints.
- 6:** Chairs of the Board/ Board committees have reviewed the effectiveness of their Board/committees (on an annual basis) and the Chair has received reasonable feedback.
- 7:** Are courteous to and supportive of other Board members and Governors.
- 8.** Actively engages with the Council of Governors.

Approved by Council of Governors in February 2020.

Chair personal style/leadership competencies

Strategic

1. Leads the Board in setting an achievable strategy (Contributes creatively and realistically to planning; can balance needs and constraints; debates cogently and has intellectual flexibility)
2. Takes account of internal and external factors to guide decision making and sustainability for the benefit of patients and service users
3. Provokes and encourages new insights and encourages innovation
4. Evaluates evidence, risks and options and improvement objectively.

Partnerships

5. Develops external partnerships with health and social care system stakeholders
6. Demonstrates deep personal commitment to partnership working and integration
7. Promotes collaborative, whole-system working for the benefit of all patients and service users
8. Seeks and prioritises opportunities for collaboration and integration for the benefit of the service as a whole.

People

9. Creates a compassionate, caring and inclusive environment, welcoming change and challenge
10. Builds an effective, diverse, representative and sustainable team and holds them to account in their focus on all staff, patients and service users.
11. Ensures all voices are heard and views are respected, using influence to build consensus and manage change effectively.
12. Supports, counsels and acts as a critical friend to directors, including the chief executive.

Professional acumen

13. Owns governance, including probity, accountability and openness and transparency, with all stakeholders including patients, families, the public, staff, governors, commissioners and regulators
14. Not influenced by personal feelings, opinions or involvement in other activities in considering and representing facts
15. Understands and communicates the trust's regulatory and compliance context
16. Leverages knowledge and experience to build a modern, sustainable board for the benefit of patients and service users.
17. Applies financial, commercial and technological understanding effectively.
18. Persuades with well-chosen arguments; uses facts and figures to support argument.

Outcomes focus

19. Creates an environment in which clinical and operational excellence is maintained
20. Embeds a culture of continuous improvement and value for money

Attachment M

21. Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patients safety, experience and outcomes remain the principal focus
22. Measures performance against (NHS) constitutional standards, including those relating to equality, diversity and inclusion.

Non-Executive Director personal style/leadership competencies

Strategic

1. Contributes to setting an achievable strategy (including creatively and realistically to planning; can balance needs and constraints; debates cogently and has intellectual flexibility)
2. Takes account of internal and external factors to guide decision making and sustainability for the benefit of patients and service users
3. Provokes and encourages new insights and encourages innovation (particularly as chairs of Board assurance committees)
4. Evaluates evidence, risks and options and improvement objectively.

Partnerships

5. Demonstrates deep personal commitment to partnership working and integration
6. Promotes collaborative, whole-system working for the benefit of all patients and service users

People

7. Encourages a compassionate, caring and inclusive environment, welcoming change (and challenge – Board assurance committee chairs)
8. Holds the executive team to account in their focus on all staff, patients and service users.
9. Ensures all voices are heard and views are respected (chairs of Board assurance committees).
10. Acts as a critical friend to all directors.

Professional acumen

11. Ensures good governance, including probity, accountability and openness and transparency, with all stakeholders including patients, families, the public, staff, governors, commissioners and regulators
12. Not influenced by personal feelings, opinions or involvement in other activities in considering and representing facts
13. Understands and communicates the trust's regulatory and compliance context
14. Applies financial, commercial and technological understanding effectively.
15. Persuades with well-chosen arguments; uses facts and figures to support argument.

Outcomes focus

16. Supports an environment in which clinical and operational excellence is maintained
17. Supports a culture of continuous improvement and value for money
18. Prioritises issues to support service improvement for the benefit of the population of the system as a whole, ensuring patients safety, experience and outcomes remain the principal focus
19. Supports measurement of performance against (NHS) constitutional standards, including those relating to equality, diversity and inclusion.