

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE COUNCIL OF GOVERNORS
Thursday 27 April 2022
2:30pm – 5:30pm
By Zoom (details sent in calendar invite)

NO.	ITEM	Attachment	Page Number	PRESENTER	TIME
1.	Welcome and introductions			Michael Rake, Chair	2.30pm
2.	Apologies for absence			Michael Rake, Chair	
3.	Declarations of interest			Michael Rake, Chair	
4.	Minutes of the meeting held on 10 February 2022	A	3	Michael Rake, Chair	
5.	Matters Arising and action log	B	10	Anna Ferrant, Company Secretary	
STRATEGY					
6.	Overview of Trust strategy: Above and Beyond	To follow / C		Mat Shaw, Chief Executive	2.40pm
	People Planet Update: Staff survey results 2021	D	12	Caroline Anderson, Director of HR&OD	2.50pm
	Introduction to Tracy Lockett, Chief Nurse	Verbal		Tracy Lockett, Chief Nurse	3:00pm
7.	Governor requested item: How are we seeking to reduce waiting lists and maintain safety and deliver a good patient experience?	E	20	John Quinn, Chief Operating Officer	3.10pm
8.	Children's Cancer Centre (CCC) Project Update	F	25	Gary Beacham, CCC Delivery Director	3.30pm
PERFORMANCE and ASSURANCE					
9.	Update on Transition	G	38	Varsha Siyani, Transition Lead	3.45pm
10.	Chief Executive Report including: <ul style="list-style-type: none"> Integrated Quality and Performance Report (February 2022 data) Finance Report (February 2022 data) 	H	42	Matthew Shaw, Chief Executive	4.00pm
11.	Update from the Young People's Forum (YPF)	I	86	Grace Shaw-Hamilton and Rose Dolan, YPF Governors	4.20pm
12.	Reports from Board Assurance Committees		89		4.30pm

	<ul style="list-style-type: none"> • Quality, Safety and Experience Assurance Committee (April 2022) • Audit Committee (April 2022) • Finance and Investment Committee (February & March 2022) • People and Education Assurance Committee (February 2022) 	J	90	Amanda Ellingworth, Chair of the QSEAC	
		K	92	Akhter Mateen, Chair of Audit Committee	
		L	98	James Hatchley, Chair of Finance and Investment Committee	
		M	103	Kathryn Ludlow, Chair of the People and Education Assurance Committee	
13.	Governor Update – activities between meetings	Verbal		All governors	4.45pm
GOVERNANCE					
14.	Appointment of a Non-Executive Director	N	108	Michael Rake, Chair	4.50pm
15.	Process for electing the Lead Governor and Deputy Lead Governor	O	111	Paul Balson, Head of Corporate Governance	4.55pm
16.	Draft Council of Governors' section in GOSH Annual Report 2021/22	P	120	Adetutu Emmanuel, Stakeholder Engagement Manager	5.00pm
17.	Compliance with the NHS provider licence – self assessment	Q	132	Anna Ferrant, Company Secretary	5.10pm
18.	Membership of Council Committees <ul style="list-style-type: none"> • Nomination and Remuneration Committee • Constitution and Governance Working Group • Membership, Engagement, Recruitment and Retention Committee 	R	159	Natalie Hennings, Deputy Company Secretary	5.15pm
19.	Governance Update <ul style="list-style-type: none"> • Constitution and Governance Working Group • Governor Induction • Governors Sustainability Working Group Update • Governor Providers Workshop 	S	175	Paul Balson, Head of Corporate Governance	5.20pm
20.	Update from the Membership Engagement Recruitment and Retention Committee <ul style="list-style-type: none"> • Governor involvement in membership activities (<i>tools, membership form, 10 new members each, Lagoon engagement stall</i>) • Governor Election Evaluation 	T	193	Adetutu Emmanuel, Stakeholder Engagement Manager	5.25pm
21.	Any Other Business	Verbal		Michael Rake, Chair	5.30pm

**NHS**Great Ormond Street
Hospital for Children
NHS Foundation Trust**DRAFT MINUTES OF THE COUNCIL OF GOVERNORS MEETING**
10th February 2022
Held virtually via videoconference

Sir Michael Rake	Chair
Beverly Bittner-Grassby	Patient and Carer Governor: Parents and Carers from London
Stephanie Nash	
Claire Cooper-Jones	Patient and Carer Governor: Parents and Carers from the rest of England and Wales
Lisa Allera	Patient and Carer Governor: Parents and Carers from the Home Counties
Roly Seal	Public Governors: London
Peace Joseph	
Hannah Hardy	
Eve Brinkley Whittington	Public Governors: Home Counties
Julian Evans	Public Governors: Rest of England and Wales
Mark Hayden*	Staff Governors
Quen Mok	
Benjamin Hartley	
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
Amanda Ellingworth	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Matthew Shaw*	Chief Executive
Helen Jameson	Chief Finance Officer
Anna Ferrant	Company Secretary
Natalie Hennings	Deputy Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Paul Balson	Head of Corporate Governance
Adetutu Emmanuel	Stakeholder Engagement Manager
Nick Martin*	Head of Sustainability and Environmental Management

Daniel Wood*	Children's Cancer Planet Programme Director
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**Denotes a person who was only present for part of the meeting*

58	Apologies for absence
58.1	Apologies were received from: Kudzai Chikowore, Public Governor; Abbigail Sudharson, Patient and Carer Governor; and Olivia Burlacu, Patient and Carer Governor.
59	Declarations of interest
59.1	No declarations of interest were received.
60	Minutes of the meeting held on 23 November 2021
60.1	The Council approved the minutes of the previous meeting.
61	Matters Arising and action log
61.1	Minute 25.2: It was noted that the update from the Transition Manager would be received at the April 2022 Council meeting following an update to the Quality, Safety and Experience Assurance Committee (QSEAC).
62	Sustainability and Climate and Health Emergency Update
62.1	Nick Martin, Head of Sustainability and Environmental Management gave an update on the Trust's commitment to achieve net zero carbon emissions in areas it controlled by 2030 and in areas it influenced by 2040. GOSH's strategy expressed a commitment to care for the environment as an essential element of the Trust's overarching responsibility to safeguard the wellbeing of patients and staff. A staff survey had indicated strong support for this increased sustainability ambition.
62.2	Action: Roly Seal, Public Governor noted that work was taking place to the reduce the proportion of gas anaesthetics used at the Trust and asked how successful this had been. It was agreed that data on this would be provided to the Sustainability Working Group.
62.3	Alison Kelly, Appointed Governor highlighted the importance of the GOSH estate on the Trust's carbon footprint and noted that a number of the Trust's buildings would be less efficient as a result of their age. She asked about the timetable to renew these buildings. Nick Martin said that a masterplan was in place which set out the phases of development for the hospital. Work was currently taking place on Children's Cancer Centre and Nick Martin said that it was important to ensure that decision making during development was in line with the Trust's sustainability ambitions. James Hatchley, Non-Executive Director said that there was a significant focus on planning for the Children's Cancer Centre and the optimal solution given the key priorities and the importance of maintaining flexibility of the space going forward. He added that it was important to communicate with stakeholders, including the Council of Governors, throughout the planning process.

62.4	Action: Alison Kelly asked why it was necessary to demolish the frontage building in order to develop the Children’s Cancer Centre. Nick Martin explained there were several reason including environmental ones and assured Governors that they had been communicated and discussed in detail with Camden Council through the planning application and stages. The Chair suggested this was communicated clearly and regularly as part of the Children’s Cancer Centre updates. It was agreed that the Planning Permission paper would be shared with Alison Kelly.
62.5	Beverly Bittner Grassby, Patient and Carer Governor said that it was important to represent data in a way that supported the ability to measure progress. She suggested that a dashboard should be developed to identify appropriate metrics to be tracked.
63	Young People’s Forum (YPF) Update
63.1	Grace Shaw Hamilton, Appointed Governor said that the YPF had taken part in reviewing the patient bedside entertainment system. Consideration was given to introducing digital games and mindfulness and the YPF said that it was vital that the system could be used easily by patients with limited mobility.
63.2	The YPF had reviewed a script about presenting health data and had given feedback that this should be professional and reassuring and discussion had taken place around whether it should be presented by a human or animated doctor.
63.3	The Forum had also reviewed the projects in which they had been involved and had considered whether updates were required; a workplan was also being developed.
64	Annual Planning Update
64.1	Helen Jameson, Chief Finance Officer said that planning guidance had been published on 24 th December 2022 which set a requirement to undertake 10% more activity than 2019/20 and further guidance was being awaited on how this would be calculated. Focus was being placed on the recovery of patient backlogs and progress with the digital agenda. There had been a delay to Integrated Care Systems (ICSs) becoming fully operational with the date moved to 1 st July 2022.
64.2	The annual planning process had begun in October 2021 but the surge in the COVID19 pandemic in December and January had caused this to be paused in order to focus on delivering care. Planning had now restarted and plans were being aligned with the Trust’s Above and Beyond Strategy working with Directorates across the Trust. Final plans must be submitted by Trusts at the end of April 2022.
64.3	Work was taking place to understand the way in which finances would flow through the system in 2022/23. The inflationary environment was likely to cause a significant challenge and it was anticipated that energy prices would increase by £5million as a result.

	<i>Matthew Shaw joined the meeting.</i>
64.4	Helen Jameson said that the Trust was continuing to focus on increasing International and Private Care (I&PC) revenue however it was not anticipated that there would be an overall increase in non-NHS income of more than 5% which would require Governor approval.
64.5	Matthew Shaw, Chief Executive said that it was likely that GOSH would be projecting a significant deficit for 2022/23 as a result of a combination of factors including receiving a level of funding which was not sufficient to cover the required activity. Helen Jameson agreed that there were a number of unintended consequences as a result of planning assumptions and added that it was important to continue to work with the system and raise these issues as required.
64.6	Jugnoo Rahi, Appointed Governor asked whether there was any clarity on the way in which GOSH, as a hospital which treated patients from across England and Wales would work with a large number of ICSs. Helen Jameson said that discussions were continuing at a local and regional level but a solution had not yet been proposed.
65	Chief Executive Report
65.1	Matthew Shaw said that December 2021 and January 2022 had been challenging with significant sickness absence levels amongst staff which had reached approximately 800 staff per day at its peak. This had now reduced but remained at higher than usual levels. It was vital that staff wellbeing was prioritised and this was a focus alongside the fundamental areas of operation.
65.2	The Trust had achieved 94% of usual levels of elective work in the week beginning 31 st January 2022 which was the second highest in the sector and it was vital to ensure that patients were appropriately prioritised.
65.3	There had been a step change in performance in the quality and safety metrics as a result of a change in the way that they were being managed. Clinical teams had been required to attend Executive Management Team meetings to discuss their metrics.
65.4	The development of the Children's Cancer Centre was a key strategic issue and a positive meeting had taken place with the Chief Executive of the London Borough of Camden who had recognised the international role played by GOSH. The Trust was working with the Borough to understand the benefits that the centre would bring for the local population.
65.5	Matthew Shaw said that a small number of security staff had taken strike action and that whilst GOSH was supportive of the right to strike it was imperative that this action did not impact the Trust's ability to treat patients and maintain the wellbeing of families and staff.
65.6	Quen Mok, Staff Governor welcomed the work that was taking place to improve performance of Duty of Candour and Serious Incident Investigations. She asked if there was a reason for GOSH's extremely high staff sickness rate during the surge of the pandemic. Matthew Shaw said that it was clear that the Trust's staff

	had a high vaccination rate, however it was likely that the high absence rate was due to the young staff population at GOSH.
66	Reports from Board Assurance Committees
66.1	<u>Quality, Safety and Experience Assurance Committee (January 2022)</u>
66.2	Amanda Ellingworth, Chair of the QSEAC said that improvements were being made in the Trust's Quality and Safety Metrics as a result of the focus that was being placed on investing in the team and improving processes. The Committee had received an update on progress with the implementation of the Learning Disability Strategy and had noted that an external review was being planned for the Safeguarding service.
66.3	<u>People and Education Assurance Committee (December 2021)</u>
66.4	Kathryn Ludlow, Chair of the PEAC said that a positive update had been received on progress with the implementation of the People Strategy and its associated frameworks. An impact tracker had been developed which would support future reviews.
66.5	An update had been provided on apprenticeships and the committee had noted that this important project was funded by the GOSH Children's Charity.
66.6	The Committee continued to focus on speaking up and the importance of clarity for staff on the routes for raising concerns. <i>Akhter Mateen joined the meeting.</i>
66.7	<u>Audit Committee (January 2022)</u>
66.8	Akhter Mateen, Chair of the Audit Committee said that the committee had focused on the recommendations and updates from the Risk Assurance and Compliance Group around whether the risks on the BAF continue to reflect the risks to the Trust's strategy.
66.9	An update had been provided by an external organisation which had undertaken a review of the estate and the committee had reviewed the recommendations and action plan. An internal audit report on strategic risk management had been undertaken and had provided a rating of significant assurance which was extremely positive.
66.10	The Committee had agreed an adjustment to the provisioning policy and had recommended updates to the standing financial instructions and scheme of delegation to the Board for approval.
67	Appointment of a Non-Executive Director on the GOSH Board (for approval)
67.1	Sir Michael Rake said that the Trust had been fortunate to have been able to shortlist three outstanding candidates. The interview panel had unanimously agreed that Gautam Dalal was the recommended preferred candidate.

67.2	The Council agreed that Gautam Dalal had excellent and relevant experience and approved the appointment. Anna Ferrant, Company Secretary confirmed that Gautam would join the Board as an Associate NED from 1 st June 2022 and would move into the substantive NED role from 1 st July 2022. The Council approved this timeline.
67.3	Sir Michael Rake thanked the Governors on the Council of Governors' Nominations and Remuneration Committee for their work throughout the appointment process.
68	Children's Cancer Centre (CCC) Project Update
68.1	Daniel Wood, Children's Cancer Planet Programme Director said that a key benefit of the Children's Cancer Centre proposal was around colocation of services. It important that architecture of the building was in keeping with the street as whole so a housing model was being used. All patient accommodation would have access to windows and daylight.
68.2	The project was currently at the RIBA 3 stage of the planning process and work was taking place on each floor of the building to determine its layout, what would be included and their synergies, working with an engaged group of clinical champions. The Full Business Case would be presented to the Board in Autumn 2022.
68.3	Alison Kelly, Appointed Governor asked how work was taking place with the local community to ensure that the environment was pleasant and Daniel Wood said that work on the public realm was ongoing with the Local Authority with the aim of developing a more pedestrianised street which was children and young people appropriate.
68.4	Jugnoo Rahi asked how research space was being incorporated into the design. She highlighted the opportunity to ensure that research was a core element of GOSH services. Daniel Wood said that this was a key area for clinical champion involvement. He added that part of his role was to consider research in the round and how this was embedded into all activity.
68.5	Anna Ferrant highlighted that the Children's Cancer Centre would be considered a significant transaction due to its value and the Council of Governors would be required to approve the transaction by vote. Updates would continue to be provided to the Council.
69	Extension of the External Audit Contract
69.1	Helen Jameson said that the Council of Governors was responsible for awarding the contract for the Trust's external auditors. Following the most recent procurement process, a three-year contract had been awarded with the option to extend for a further 2 years. The third year of the contract would end on 31 st March 2022 and an effectiveness review had been undertaken with responses received from NEDs and Executive Directors on the Audit Committee.
69.2	Akhter Mateen said that although Deloitte had been GOSH's external auditor for a number of years, a new partner was assigned to the Trust each time the contract was renewed to ensure independence.

69.3	The Council approved the recommendation to extend the external audit contract by one year.
70	Governance Update
70.1	Paul Balson, Head of Corporate Governance welcomed Natalie Hennings, newly appointed Deputy Company Secretary to her first meeting of the Council. Newly elected and appointed Governors would join the Trust on 1 st March 2022 and an induction working group was being established to refine the induction programme for new Governors. There was a lack of representation from a public or parent Governor and Eve Brinkley Whittington, Public Governor agreed to sit on the working group.
71	Update from the Membership Engagement Recruitment and Retention Committee (MERRC)
71.1	Adetutu Emmanuel, Stakeholder Engagement Manager presented the Membership Strategy 2022 – 2025 which had key themes of knowledge, inclusivity and sustainability with an underpinning element across all three themes of digital innovation and connectivity. The strategy had been developed in partnership with the MERRC and was recommended for approval by the Committee. The Council approved the Membership Strategy.
71.2	Action: Sir Michael Rake said that Governors had been keen to understand how they could become more involved and engage with their constituents. It was agreed that a note would be sent to Governors explaining the purpose and work of the MERRC and Governors would request to sit on the Committee.
72	Any other business
72.1	The Council discussed how Governors could best utilise the meeting agenda to fulfil their purpose and it was agreed that Governors would continue to be involved in setting the agenda through the Lead Governor.

COUNCIL OF GOVERNORS ACTION CHECKLIST
April 2022

Checklist of outstanding actions from previous meetings

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
25.2	06/07/21	Transition to Adolescent or Adult Healthcare: 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.	Varsha Siyani, Transition Facilitation Manager	January 2022 moved to April 2022	Complete: Transition update on the agenda.
55.1	10/02/22	Sir Michael Rake, Chair said that during the pre-meeting between the Chair and Governors, governors had been keen to continue to provide input into the Council agenda through the Lead Governor. It was also agreed that a working group on sustainability would be established.	Anna Ferrant, Company Secretary and	April 2022	Complete: Governors commented on the Council agenda in April and will continue to do so via the Lead Governor. Governors Sustainability Working Group set up and the first meeting was held on Monday 11th April 2022.
62.2	10/02/22	Roly Seal, Public Governor noted that work was taking place to the reduce the proportion of gas anaesthetics used at the Trust and asked how successful this had been. It was agreed that data on this would be provided to the Sustainability Working Group.	Nick Martin, Head of Sustainability and Environmental Management	April 2022	Complete: Governors Sustainability Working Group set up and the first meeting was held on Monday 11 th April 2022.

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
62.4	10/02/22	Alison Kelly asked why it was necessary to demolish the frontage building in order to develop the Children’s Cancer Centre. Nick Martin explained there were several reason including environmental ones and assured Governors that they had been communicated and discussed in detail with Camden Council through the planning application and stages. The Chair suggested this was communicated clearly and regularly as part of the Children’s Cancer Centre updates. It was agreed that he Planning Permission paper would be shared with Alison Kelly.	William McCready , CCC Programme Manager	February 2022	Complete: Planning permission paper shared with Alison Kelly. This explains why it is necessary to demolish the frontage of the original building.
71.2	10/02/22	Sir Michael Rake said that Governors had been keen to understand how they could become more involved and engage with their constituents. It was agreed that a note would be sent to Governors explaining the purpose and work of the MERRC and Governors would request to sit on the Committee.	Adetutu Emmanuel , Stakeholder Engagement Manager	April 2022	Complete: The Stakeholder Engagement Manager contacted governors outlining the purpose of the MERRC and invited governors to join. Future engagement opportunities have also been circulated and are detailed in the MERRC update paper on the agenda

Council of Governors

27 April 2022

People Planet Update – NHS Staff Survey Results 2021

Summary & reason for item:

The purpose of this presentation is to provide an update on the results of the 2021 NHS Staff Survey. It includes benchmarking comparison with other NHS trusts and confirms our priorities and next steps for responding to the feedback given by staff within the survey.

In summary, we have continued to show progress against a challenging backdrop and have performed well relative to our peers. Our scores for engagement and morale have held up well.

Strengths and areas to build on include:

- Learning and development, providing rewarding and challenging work.
- Improving line management capability, health and wellbeing, EDI and staff communications.

Areas to focus on include workplace relationships; speaking up; reward and recognition; appraisals; burnout; and our continued focus on Health & Wellbeing & Equality, Diversity and Inclusion.

Governor action required:

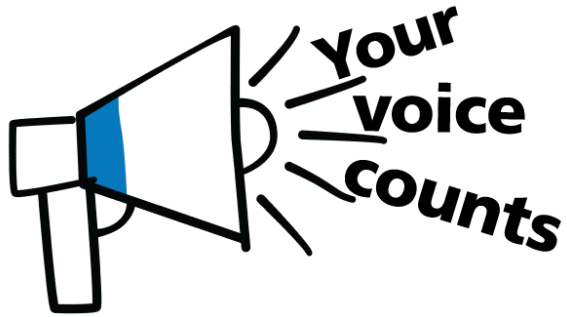
Governors are asked to note the report.

Report prepared by:

Caroline Anderson, Director of HR & OD

Item presented by:

Caroline Anderson, Director of HR & OD



NHS Staff Survey Results

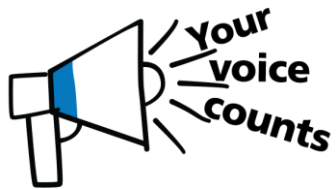
Reflecting the NHS People Promise

Our **People Promise**



For 2021 the results of the NHS Staff Survey are now measured against the 7 people promises and 2 themes from previous years (Staff Engagement and Morale).

Nationally we continue to be benchmarked in the Acute Specialist Trust group but over the next few weeks we will also measure our performance against NCL, London, Childrens Hospital Alliance and the wider NHS.



Steady improvement since 2018

In 2018

GOSH results were below average across nine out of ten survey themes compared to other Acute Specialist trusts.

In 2019.....

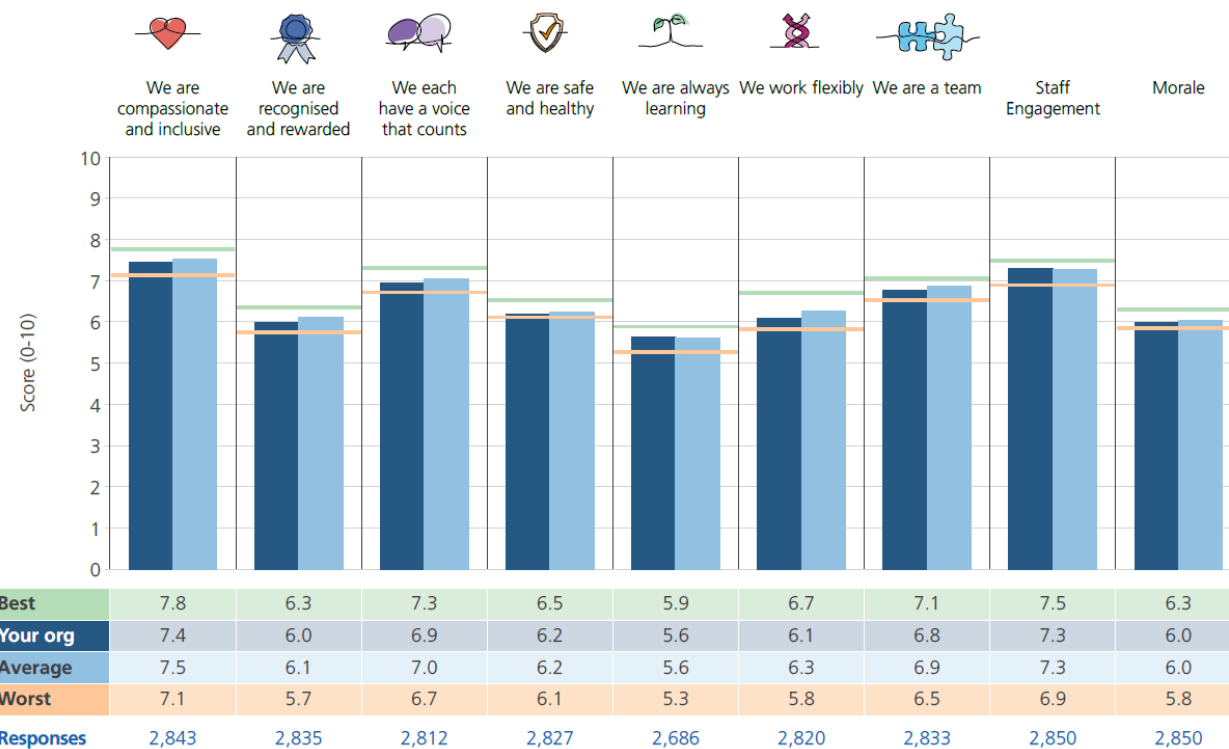
Compared to the Acute Specialist benchmark group the Trust was average for one theme, and below average for 10.

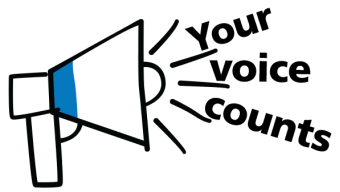
In 2020.....

We were equal to the average amongst our peers for three themes:

In 2021...

We are at the average for four themes and slightly below average for five themes





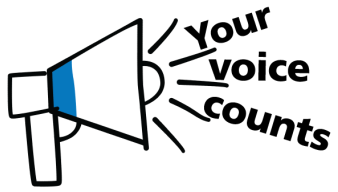
Benchmarking 2021

2021 NHS Staff Survey										
Trusts for comparison	Response rate	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Theme: Staff Engagement	Theme: Morale
Great Ormond Street Hospital for Children	52%	7.4	6.0	6.9	6.2	5.6	6.1	6.8	7.3	6.0
NCL Average (inc GOSH)	53%	7.2	6.0	6.8	6.0	5.6	6.1	6.7	7.1	5.8
London Trusts (inc GOSH)	52%	7.2	5.9	6.7	5.9	5.5	6.0	6.7	7.0	5.7
Acute Specialist average (inc GOSH)	54%	7.5	6.1	7.0	6.2	5.6	6.3	6.9	7.3	6.0
National NHS Average	48%	7.2	5.9	6.7	6.0	5.3	6.0	6.6	6.8	5.8
Children Hospitals Alliance	49%	7.4	5.9	6.9	6.0	5.4	6.1	6.7	7.0	5.9

■ GOSH results are better than average

■ GOSH results are average

■ GOSH results are below average



Some areas where we improved



Above average on all questions relating to **learning and development**



At or above average on **staff engagement and morale**



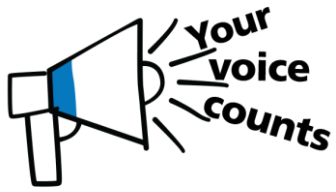
Improvements in **line management capability** – 75% feel encouraged by their line manager



Experience of **bullying or harassment from managers and staff has declined** for the second year in a row



Staff feeling **confident to report concerns in clinical practice** increased to 80%



Some areas where we need to do more



Satisfaction with how we are **rewarded and recognised** has reduced



Below average scores on questions relating to **burnout** – 37% thinking we don't have enough staff and 45% feeling unwell due to **work related stress**



Experience of **abuse and harassment from patients and families** has increased



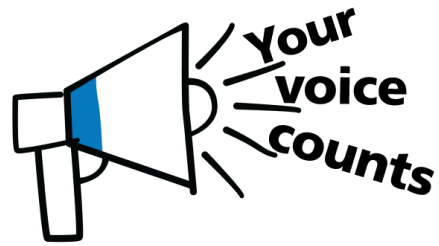
Satisfaction with appraisals has dropped significantly



Scores relating to **teamwork and workplace relationships** have declined



Lowest theme was we work flexibly



Summary

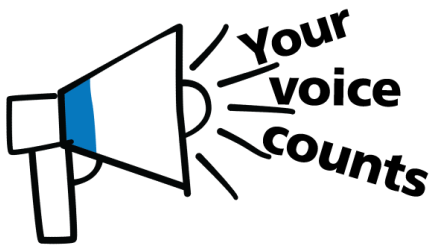
We have continued to show progress against a challenging backdrop and have performed well relative to our peers.

Our scores for Engagement and Morale have held up well.

Strengths and areas to build on include:

- Learning and development, providing rewarding and challenging work.
- Improving line management capability, health and wellbeing, EDI and staff communications.

Areas to focus include: workplace relationships; speaking up; reward and recognition; appraisals; burnout; and our continued focus on Health & Wellbeing & Equality, Diversity and Inclusion.



*The People Strategy and the 2 Frameworks continue to support us well
In 2022/3 the Trust commits to the following priorities across the
organisation and Directorates.*

- Focus on transformation of employee relations and team relationships
- training for managers called I-Care focused on self care and having health and wellbeing conversations
- Targeted approach to wellbeing ‘burnout’ support aligned to high risk teams
- Focused attention on Debiasing Recruitment and continued focus on creating inclusive organisational culture
- Review and revision of the performance management and appraisal process
- Reward & recognition programme prioritised and co-led by Directorates (Praise)
- Continued focus on Apprenticeships and career development support through coaching and mentoring
- Plus creation of a new workplace strategy and refresh of the People Strategy

Council of Governors

27 April 2022

How are we seeking to reduce waiting lists and maintain safety and deliver a good patient experience?

Summary & reason for item:

To provide an overview of the governance, actions and management of the Trust's waiting list through the pandemic and elective recovery while maintaining the patient at the centre of decisions.

Governor action required:

To note the content of the paper

Report prepared by:

Anne Layther, Deputy Chief Operating Officer and Rebecca Stevens, Head of Performance

Item presented by:

John Quinn, Chief Operating Officer

How are we seeking to reduce waiting lists and maintain safety and deliver a good patient experience?

Introduction

At the beginning of the pandemic, with the cancellation of all elective activity across the NHS in March 2020 the Trust built up a large backlog of patients who required admission and treatment, some more urgently than others. The Trust understood the restoration of clinical services presented an operational challenge in the context of reduced staffing (shielding, sickness, self-isolation, support for NCL), the introduction of social distancing measures, and requirements for testing and 14-day isolation prior to admission.

The Trust introduced The Clinical Prioritisation Group (CPG) which was formed to explicitly allow the Trust to focus on developing a methodology for prioritising patients by clinical need. The CPG, chaired by the Medical Director, meet twice a week. The group was comprised predominantly of the Deputy Chiefs of Service with representation from Nursing, Allied Health Professionals and Healthcare Scientists. The link to the operational pathways was facilitated through the Deputy Chief Operating Officer. Support for the group in terms of data and governance was provided by the Performance Team and the Quality & Safety Team.

The group agreed a Surgical and Medical prioritisation framework in conjunction with national Royal College guidelines that supported paediatrics for elective admissions, treatment and diagnostics. International and Private Patient Referrals followed the same prioritisation process as NHS patients. Principles and processes for external requests for support from other providers and Was not Brought advice and guidance was introduced.

Clinical Teams were requested to clinically prioritise all patients on an elective waiting list awaiting an admission or treatment under the following cohorts:

- P1a/P1b – Emergency Treatment needed within 72 hours
- P2 – treatment can be deferred for up to 4 weeks
- P3 – treatment can be deferred for up to 3 months
- P4 – treatment can be deferred for more than 3 months

In June 2020 this was circa 9,000 patients (medical & surgical specialties), the table below shows the clinical prioritisation in June 2020 compared to March 2022.

Period	P1a/P1b	P2	P3	P4	Unprioritised	Total
June 2020	37	657	770	731	6906	9101
March 2022	14	1792	2893	3687	1066*	9452

*March 2022 Unprioritised patients in the majority fall into those added to the waiting list for a treatment plan i.e., infusions at a set point in time.

Reducing the backlog

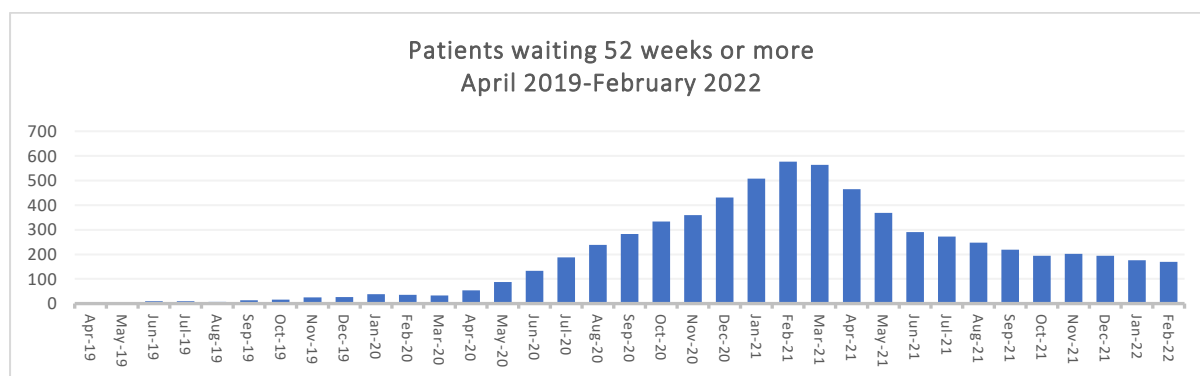
The impact of the pandemic on waiting times for patients on surgical/medical treatment lists (Referral To Treatment) and diagnostics (DM01) was significant. In June 2020 for RTT 59.5% of patients were waiting longer than 18 Weeks, a deterioration from 67% in May. Of these patients, 133 were waiting longer than 52 weeks, with one waiting longer than 104 weeks.

For DM01 53.6% of patients were waiting over 6 weeks for diagnostics, we started to see a recovery from May 2020 until the next peak.

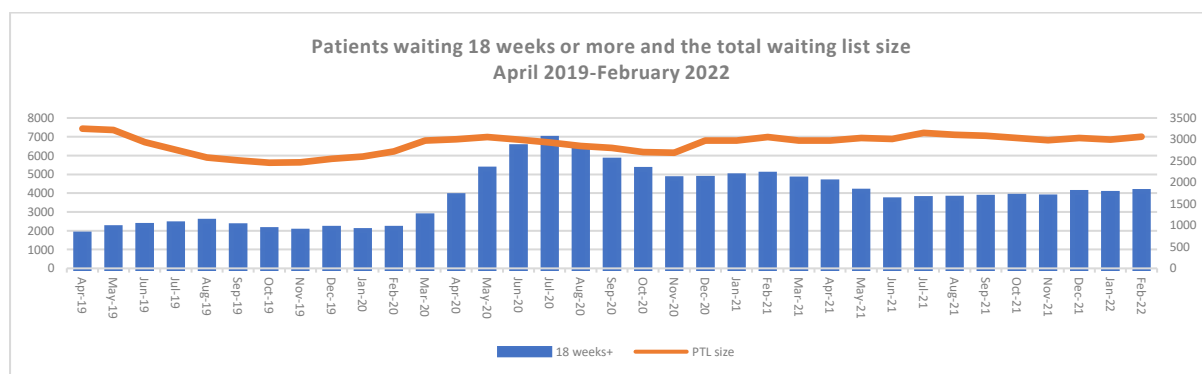
Since that point and through each wave the Trust continued to treat patients with a focus on P1 and P2, long waiting patients over 52 weeks and where appropriate P3 and P4 patients. The actions taken are within the groupings below:

- Weekly Theatre Scheduling Meeting chaired by Deputy Chief Operating Officer
- Waiting List Initiatives agreed and arranged for theatres and outpatients
- Additional lists for MRI patients
- Reconfigured theatre lists where required to meet specialty demand and address peaks in P2 patients
- Organised two successful Super Saturday's with over 100 patients seen each day
- Participated in the national Paediatric Accelerator Programme
- Shared learning with other Providers to support patient care via the national Paediatric Accelerator Group
- Weekly local PTL meeting covering RTT, DM01 and Planned patients. Reviewing all long wait patient plans
- Weekly Challenge Sessions chaired by Deputy Chief Operating Officer and Head of Performance with Directorate General Managers to review long waiting patients and assist in unblocking any issues
- Agreed trajectories with NCL for reducing the number of patients waiting over 52 weeks

Pre-covid, the number of patients waiting 52 weeks or more was usually less than 10. The highest number of 52+ week waits reported by the Trust was in February 2021 where there were 577 patients, of these 10 were 104 weeks or more. As at the end of February 2022, there were 169 patients waiting more than 52 weeks, the 104-week waits were 9 patients. The Trust is currently below the trajectory for 52 week waits agreed with NCL. The data below depicts the progress in reducing patient waits from the height of the pandemic:



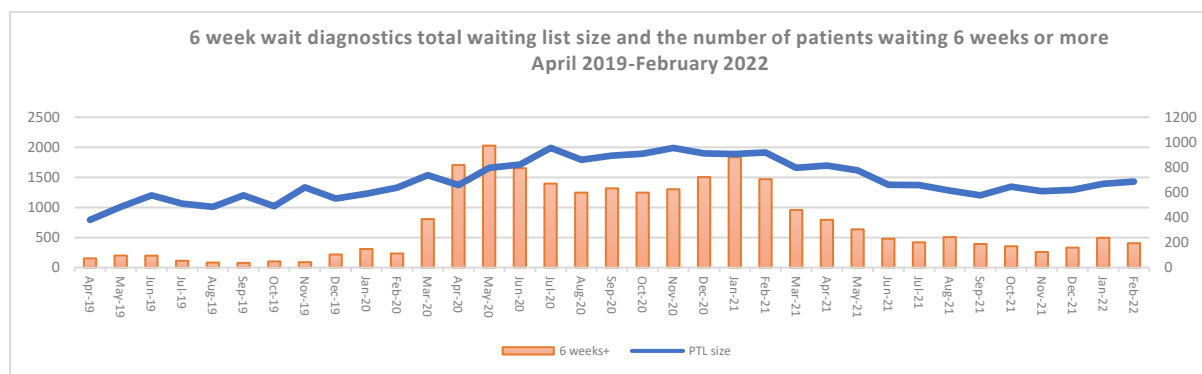
Currently our total RTT waiting list size is circa 7000 patients. However pre-Covid our waiting list size was around 5000 patients. Similarly, pre-covid the number of patients waiting 18 weeks or more was around 700-900, and significantly rose from March 2020. The Trust reported 1733 patients waiting 18 weeks or more as at the end of February 2022.



The Trust is committed to reducing long waiters and has agreed the following trajectories with NCL:

- 104 Weeks – zero by end of July 2022
- 78 Weeks – zero by end of November 2022
- 52 Weeks – no more than 130 patients waiting at the end of March 2023

Pre-Covid, the number of patients waiting 6 weeks or more for a diagnostic test was usually less than 100. The highest number of 6+ week waits was reported in May 2020 (973). As at the end of February, there were 194 patients waiting 6 weeks or more. There is currently no agreed trajectory with NCL.



Patient Safety and Experience

The Trust has been committed to ensure no patient comes to harm and continues to follow and monitor a clinical harm review process.

- Clinical prioritisation of patients captured on Epic and included in waiting times reports, theatres schedules and future admissions reports to support booking processes and bed planning
- Weekly report circulated to clinical and operational teams to review patients breaching P2 clinical must be seen by date

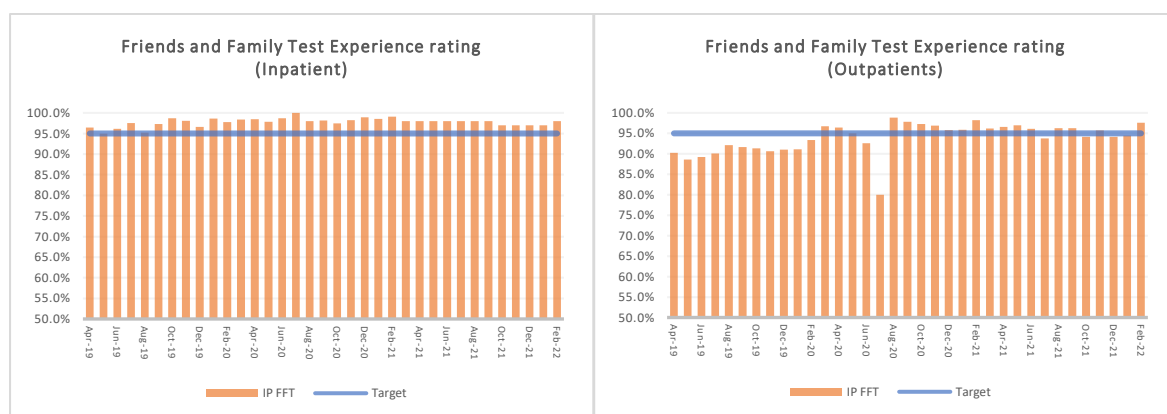
Attachment E

- Harm review undertaken for patients seen over 52 weeks and treated over 52 weeks. At the point of writing no Datix incidents reporting moderate or severe harm
- Weekly clinical prioritisation meetings held by services to review patients and discuss treatment plans

To reduce the risk of patients, their families and staff coming into the hospital the following was implemented:

- Staff have been asked to do twice weekly lateral flow tests for COVID
- Visiting was restricted to one carer during the peak of COVID, and now two carers can visit
- Implemented preadmission COVID screening for all children
- Weekly testing of parents of inpatients
- Introduced Hands, Face, Space and Place
- Created a Well-being hub for staff
- Developed a daily COVID monitoring report

During COVID patient experience and COVID related incidents reported through PALs have been monitored. For both outpatients and inpatients, the Trust did not experience a significant decline in the friends and family test rating.



Despite seeing a slow recovery from COVID, the Trust faces challenges with approximately 30 inpatient and day-care beds having been closed to allow for social distancing. While carer anxiety regarding COVID and not wanting to travel into London or come to the hospital is reducing it is still a challenge in some areas. We continue to have staff absent due to illness and self-isolation due to COVID. We are also experiencing staff fatigue with lower uptake of waiting list initiatives and working additional shifts.

Council of Governors

27 April 2022

Children's Cancer Centre Programme Update

Summary & reason for item:

The purpose of this presentation on the Children's Cancer Centre is to give an overview of progress made on the project to the Council of Governors highlighting on the work to date and planned activities of the key Children's Cancer Centre Programme workstreams, including Clinical Design, Façade Development, Town Planning, Full Business Case Development, Decant and Enabling, Arts and Sustainability.

Governor action required:

The Governors are asked to **NOTE** the Children's Cancer Centre Programme Update.

Report prepared by:

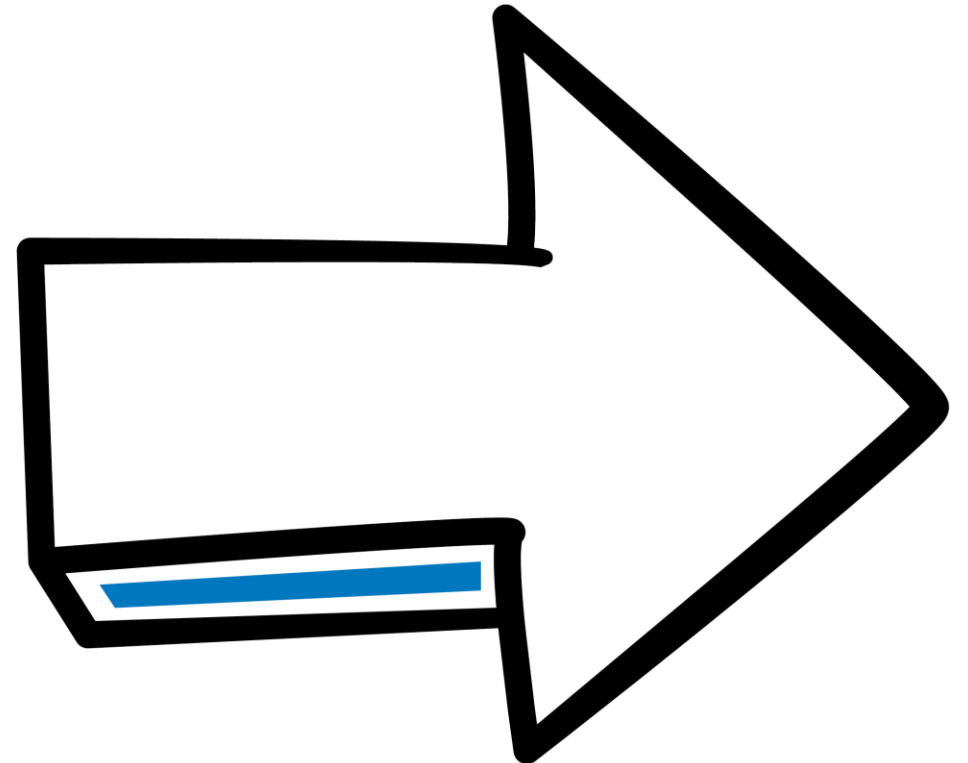
Gary Beacham, CCC Delivery Director
Will McCready, CCC Programme Manager

Item presented by:

Gary Beacham, CCC Delivery Director
Daniel Wood, CCC Planet Programme Director
Will McCready, CCC Programme Manager

Children's Cancer Centre Programme Update

Council of Governors 27th April 2022



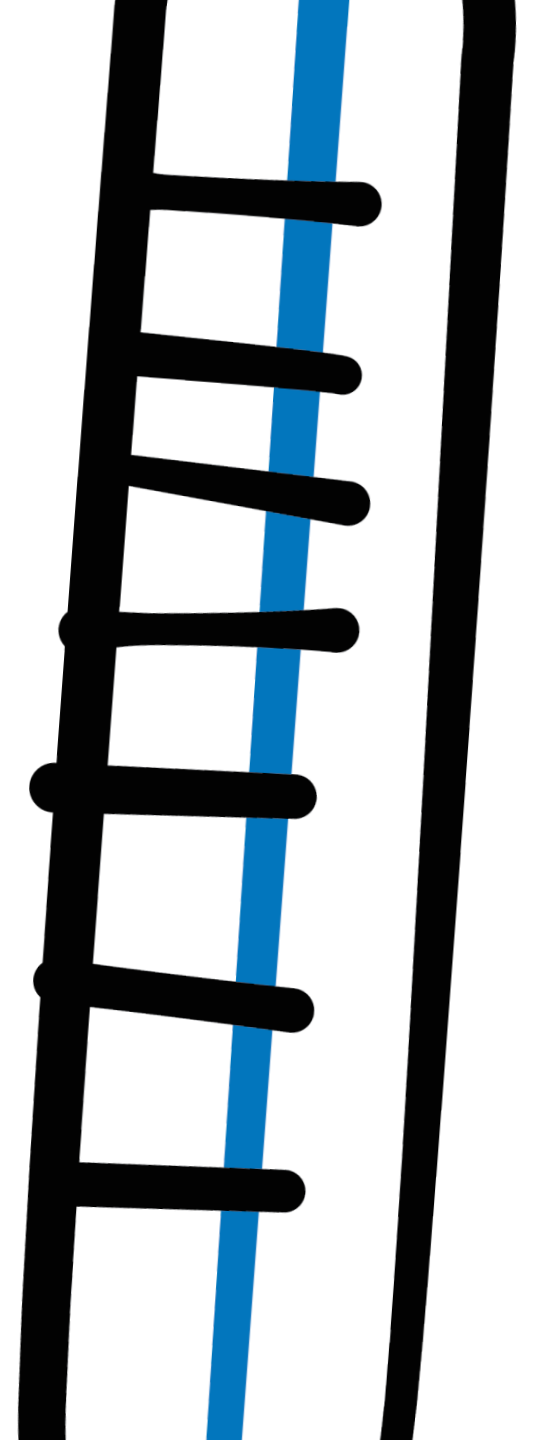
The Children's Cancer Centre

The RIBA 3 design stage is scheduled to complete on the 20th May, at this point clinical user groups are being asked to 'sign-off' the general arrangements and progress to RIBA Stage 4, when detailed room loading will be developed. At this programme milestone a detailed Cost Check Gateway Report will be issued for review by the Project Team which will update on the project budget and the Planning Application will be submitted to London Borough of Camden (LBC).

The governance for the Children's Cancer Planet has been updated and signed off by the Trust Board and Charity Trustees, this is being implement in the coming months.

All workstreams running concurrently to deliver the CCC programme are currently under review, with some amendments proposed that aim to ease the critical path whilst maintaining the overall programme completion date.

This slide deck offers updates from the key programme workstreams running on the project.

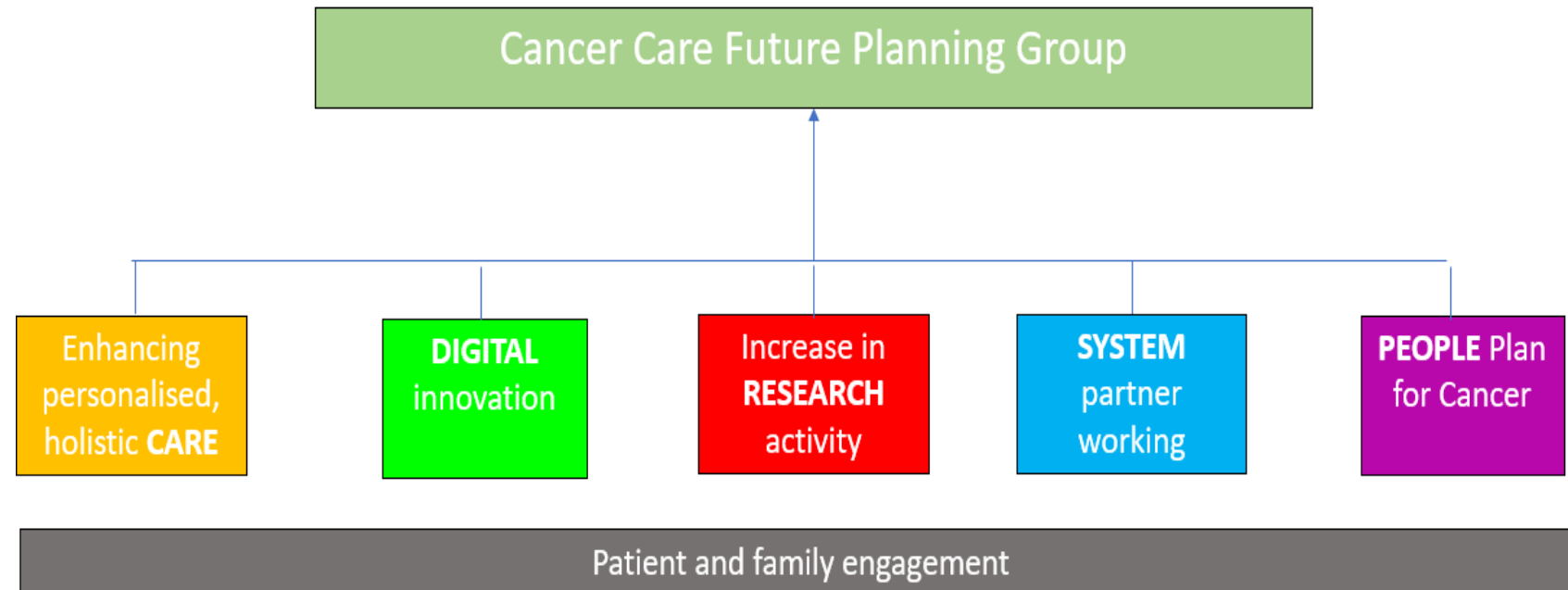


Children's Cancer Planet

The objective of the Children's Cancer Planet is to create a more cohesive and broad overall cancer strategy ensuring that we do not just solely focus on a new building alone to transform the way we deliver care. This strategy is supported by both the Trust and the Charity.

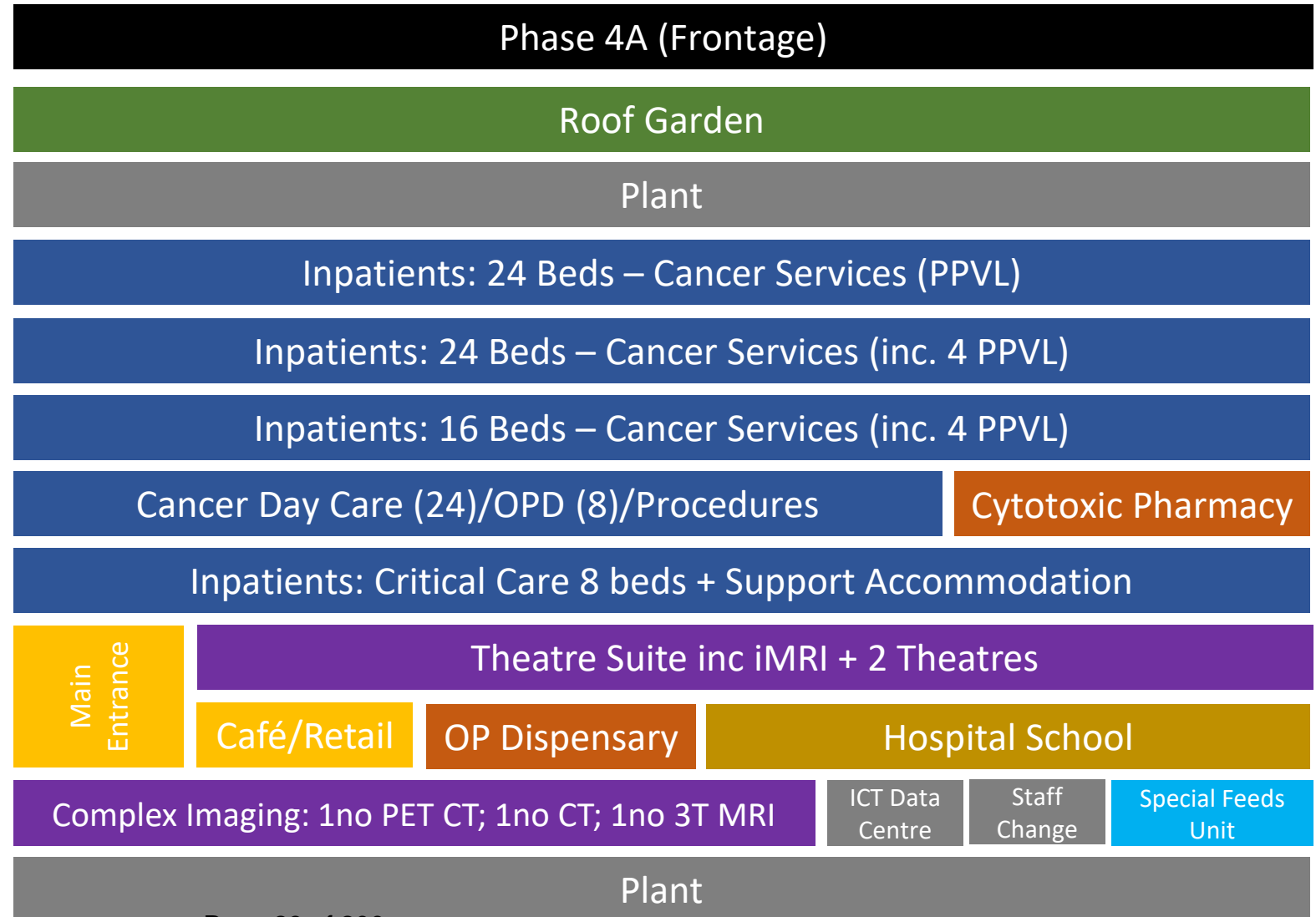
A transformational programme has been established which sits under the Cancer Planet, that prioritises the following areas:

- Enhancing personalised, holistic care
- Digital Innovation
- Increase in research activity
- System and partner working
- People plan for cancer



Clinical Design

- There has been strong clinical engagement in all aspects of the design to date
- General arrangements for all departments have developed well
- Some aspects of the design continue to receive particular attention:
 - Meds management rooms
 - Outside spaces
 - Main entrance
- Development of detailed room-loaded plans will commence in the coming months

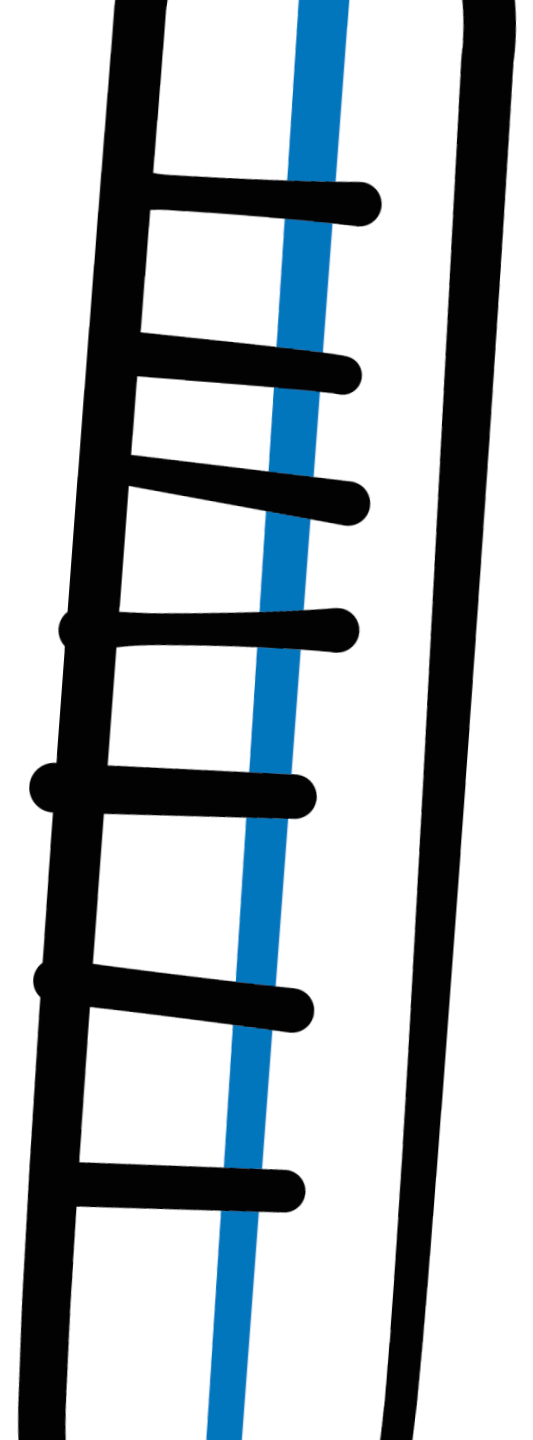


Patient involvement in design

The GOSH Children's and Young Persons Forum (YPF) have been engaged on the CCC project since its conception in 2015 and worked to co-author the initial design brief for the project, setting out their design aspirations and developing the key design themes for the designers. The YPF remain a group that is intrinsically linked to the design process with the CCC Project Team continuing to engage and update the group throughout the design process. The focus of engagement last year was on the façade development, main entrance area, functional content and programme for completion.

A session was held with the YPF in December to present the current façade and main entrance designs to seek feedback from the group on what was working well and where we can strengthen the designs. The YPF were very vocal in their support for the designs with attendees noting they were 'blown away with how good the building looks' and 'amazed at the great change this will bring to patients attending hospital'. The YPF loved the fact that you can see the school and café from the street and that these are recognisable, as this creates a big sense of normality to the building and helps reduce some of the arrival anxiety.

The CCC Project Team are presenting the updated façade plans to the YPF on Saturday 23rd April to update on progress and how we have incorporated their feedback into the latest designs.



Façade Design Development

Design Development



November 2021 DRP

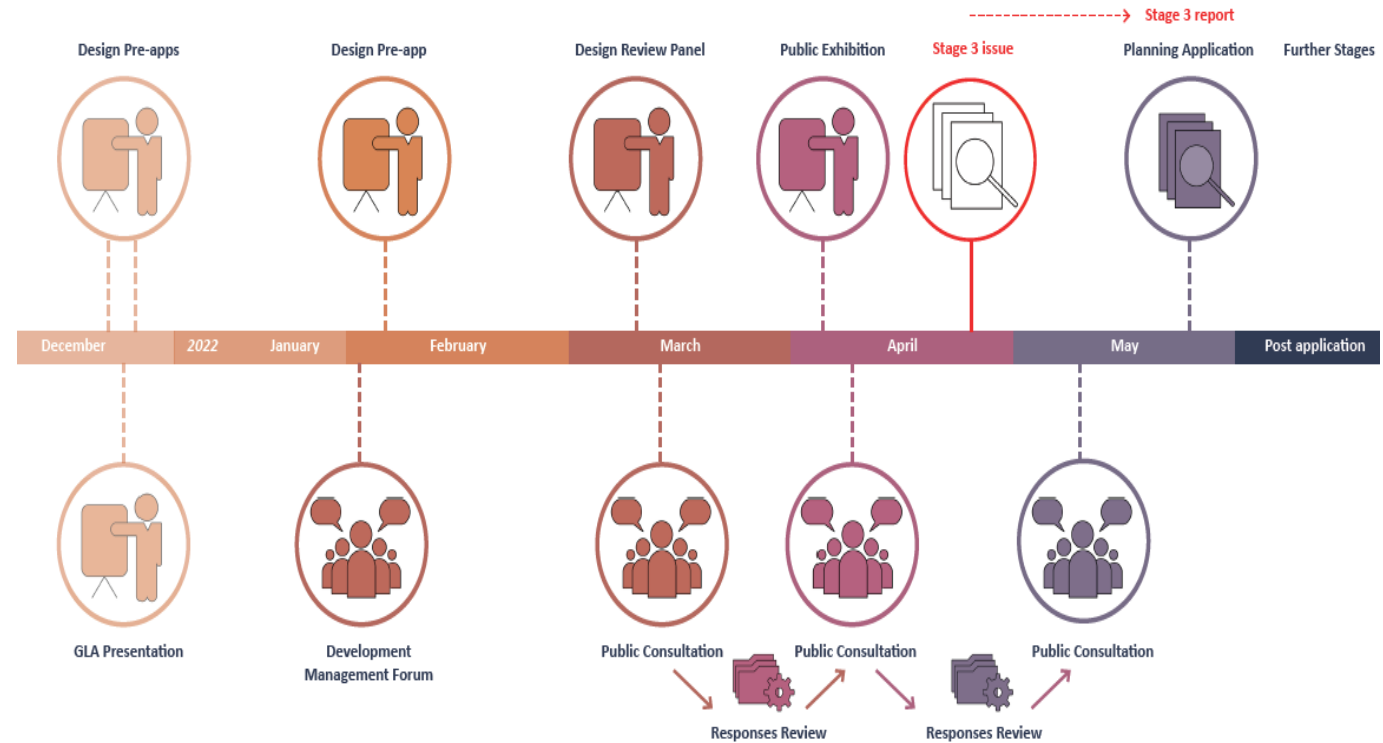


GREAT ORMOND STREET HOSPITAL

CCC Planning Application

Close liaison has been taking place with our construction partner, Sisk, architects, BDP, and the London Borough of Camden throughout 21/22 to develop a number of programme workstreams required to submit a robust planning application. Meetings and workshops have been held with LBC on façade development, clinical design, sustainability, construction logistics, servicing, engineering and landscaping.

A significant programme of community engagement is being undertaken which runs through to submission of the planning application programmed for the end of May 2022. The planning submission is on track and work will progress with LBC through a determination period in the summer and autumn of 2022/2023.

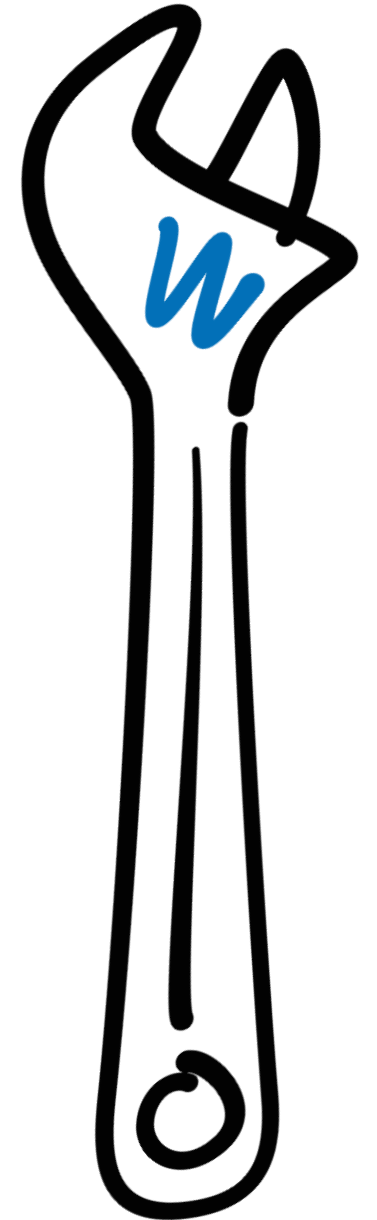


Decant and Enabling Programme

The clinical patient-facing departments that are being designed and built within the scope of the CCC Decant and Enabling Programme will be good quality environments that provide accommodation that is better than the current facilities in most respects. They will deliver comfortable and welcoming spaces that comply with the majority of (and certainly the most important) HBN/HTM standards. Additionally, Covid-19 has resulted in enhanced briefs for ventilation arrangements and the Decant and Enabling Programme provides the opportunity to deliver schemes that provide safer environments that will enhance IPC arrangements and result in much-improved temperature regulation and air changes.

This programme of work is currently running on programme and to budget although there remains a significant amount of risk associated with the projects scheduled to commence in the coming months.

During construction the main entrance will be within the project boundary so an interim arrangement will need to be created, the plan for this is being developed by the CCC Project Team in collaboration with Operational and Clinical Staff.



Welcome to GOSH; art commissions focusing on arrival experience



Sol Calero - illustrative designs



The CCC Art Group has appointed International artist Sol Calero as **Lead Artist**. The theme is Utopian Garden.

Sol will be creating artwork integrated into the architecture and interior design. She is developing designs for the external façade, garden area and internal public spaces.



GOSH Arts has been running a series of creative workshops with teachers and young people. The outcomes of these have informed the brief for the **Creative Residency** hosted by the school. This will involve a co-design process and creation of artwork for the temporary entrance and site hoarding.

CCC Sustainability

The Sustainability workstream is on track to meet BREEAM Excellent with potential for 'Outstanding' level points.

Concept designs, tender for advanced work and overall stakeholder backing documents have been created for an ambitious child friendly public realm. The tender for next phase awaiting final presentation to the CCC Programme Board with additions around future timetable.

It has been ensured that the CCC building will be standalone for heating and cooling, at a point previously this was not being achieved.

Cycle parking arrangements during and post construction are being considered to ensure as many spaces as possible are provided.

A sustainability construction logistics/air quality programme is being agreed with SISK which will include workshops focusing on low emissions vehicles, generators and reuse of materials.



Full Business Case Development

Development of the CCC Full Business Case is in progress and to date is running to programme. The approval process for the FBC has been agreed with the document to be issued to NHSE/I for approval following agreement with the GOSH Trust Board and Charity Board of Trustees.

Through a tender process, we have employed an external expert business case development team (IKON) to help project manage and to produce certain sections of the FBC (they commenced work on the 22/2/22). William Stronach recently started working at the Trust as the financial modeller for the business case.

The aim is that between now and the end of July 2022, we will complete sections of the FBC in a staged way, and these sections will be reviewed and signed off by relevant committees/ stakeholders to avoid a big band approval process in autumn.

The proposed timetable for completion is tight. Added to this there is the significant re-work / refresh we will need to do to certain sections of the OBC. This puts considerable pressure on keeping to the proposed timetable. Consequently, our approach where possible, will be to keep things as simple as possible (e.g. demand & capacity modelling, workforce modelling).

KEY MILESTONES		
WORKSTREAM	STATUS	PLANNED COMPLETION
Complete Strategic Case	ON TRACK	21/4/22
Complete Economic Case	ON TRACK	13/7/22
Complete Commercial Case	NOT STARTED	26/8/22
Complete Financial Case	ON TRACK	29/5/22
Complete Management Case	ON TRACK	29/6/22
Council of Governors Approve Significant Transaction	NOT STARTED	July 22
Submit FBC to Trust and Charity Board	NOT STARTED	Sept 22
KEY ACHIEVEMENTS		
Strategic case: Good progress - Clear plan in place and key items completed (e.g. Investment Objectives, benefits)		
Economic Case: Long list to short list options have been refreshed		
Commercial Case: Minimal progress. Discussion around implication of extension to PCSA		
Financial Case: Narrative drafted. Familiarisation with NHSE/I Long term Financial Model		
Management Case: Progress being made around governance, risk, contingency plans		

Council of Governors

27 April 2022

Transition to Adolescent or Adult Healthcare

Summary & reason for item:

At the July 2021 Council of Governors, a Young Peoples Forum (YPF) member stated 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. The CEO acknowledged that significant work was required around transition which had been delayed for many patients as a result of the pressures on adult services during the pandemic. It was agreed that an update on transition would be provided to a future Council of Governors meeting.

Governor action required:

For Information and to consider and note

Report prepared by:

Varsha Siyani – Transition Facilitation Manager

Polly Hodgson – Chief Nurse: Nursing and Patient Experience

Item presented by:

Tracy Lockett – Chief Nurse

Transition Update Report

1. Introduction

Transition is a coordinated, planned and supportive process that enables young people to gradually move from Children's Services to Adult services. The aim of an effective transition is to empower young people to own and understand their health and understand any changes in their care. The aim is also to instilling confidence in the young person to seek advice when required. Transition should be an inclusive process that delivers support for a young person and their family.

The way young people and their families are prepared for the move from paediatric to adult health services has come under increasing scrutiny in recent years with the publication of the critical CQC report into transition 'From the Pond into the Sea' (CQC, 2014), NICE Transition Guidelines (NICE, 2016) and the inclusion of transition in the NHS 10 Year Plan (NHSE, 2019). It has been recognised that poor transition can result in young people disengaging from healthcare, failure to take responsibility for their condition and ultimately poorer health outcomes (DH, 2003, DH 2006).

2. Transition Facilitation Manager

In response to the national directives and the desire to strengthen the transition pathway within the organisation, the trust introduced a Transition Facilitation Manager's role in May 2021 as a secondment for 18 months. The Transition Facilitation Manager's role is to support and guide the directorates to understand their responsibilities with regards to transition.

The responsibility for transition care is devolved to Directorates. It is an important principle in transition that clinicians and specialties take responsibility for, and are fully engaged with, transitioning their patients (DH, 2003). There are now Directorate Transition Leads in each Directorate who report to the steering group.

2.1 Governance

Chaired by the Transition Facilitation Manager, a steering group, attended by key stakeholders has been active since June 2021. The aim of the steering group is to advise on the programme for transition improvement for the Trust to meet the requirements of the Care Quality Commission and NHS England. The meetings take place on a quarterly basis and reports into the Patient and Family Engagement Committee on a quarterly basis.

2.2 Key Areas of Work

The key focus of the steering group is to define the scope transition in the Trust and implement the roll out of the Growing Up Gaining Independence (GUGI) Framework. This framework has been developed by the Trust as a simple tool to enable clinicians to develop skills, knowledge and understanding associated with emerging adulthood and prepare young people, with chronic health conditions, for adult healthcare.

To agree an educational plan for clinicians to ensure transition is fully embedded into all services and that the GUGI framework is being fully utilised.

Agree Key performance indicators around transition and have these built into EPIC and to develop a monthly reporting dashboard, KPIs include:

- Percentage of young people attending OPD appointment aged 12 or above receiving GUGI Part 1.
- Percentage of young people in outpatients commenced on GUGI Part 2 by specialties in line with timelines outlined in Policy.
- Identify whether young person will transition to adolescent or adult specialist service
- Number of young people aged 18 and above attending outpatient clinics

3. Current Assessment of Compliance and gap analysis

Transition of young people into adult services is not embedded into practice with a number of services self-reporting that this is the case. Brief audits have shown that there is little reference to transition in clinic letters and relevant formal complaints suggest clinicians are not providing adequate information or preparation for young people in a timely manner.

The use of the Growing Up Gaining Independence framework is not routinely used and a very recent high-level report from EPIC showed there were nearly 10,000 contacts (NB this is contacts not patient numbers) with young people over the age of 12yrs in the last year with just over 150 records showing any evidence of transition being discussed.

An internal survey (Jan 2021) undertaken by a member of the Medical team showed poor compliance in relation to transition, the report highlighted this was due to a number of factors including:

- Lack of education and understanding of the NICE guidance.
- Lack of staff resources including time to discuss transition.
- Lack of appropriate funding to support transition services.
- Lack of appropriate services to refer to.
- Complexity of patients and the challenge of intellectual disabilities ranging from mild to severe.

3.1 A young Peoples Survey Stated they required:

- More information and better communication around preparing for transition, what to expect, timeline etc
- Transition to start early and have dedicated time for this (as opposed to an afterthought)
- Better links with adult services, meeting them, better information transfer
- Better coordination of transfer within GOSH
- “Talk to me, answer my questions, ask me”

4. Challenges

Due to the long term and strong connection children, young people and families (CYP&F) have with the hospital CYP are kept here longer than is clinically necessary which means local teams are not always involved, making transitioning difficult.

Young people at GOSH often have complex clinical conditions and are known to multiple specialities. Transition experience differs widely, and more cross team coordination is therefore required.

4.1 Systemic NHS wide barriers:

- There is a distinct lack of resources and services in adult services to meet the demands of CYP who are living longer.
- The age at which the referral is accepted ranges widely across adult hospitals/specialities.
- Covid backlog mean that adult services are not accepting new patients.
- Local teams need to also take ownership of transition and communicate this with GOSH.
- Funding to develop transition services are not clear.

5. Next Steps

The following is planned:

Next 0-3 months

1. Transition to Adolescent and Adult policy has been updated and is with PAG
2. Involve triumvirate to aid in embedding transition into their division through attendance at the steering group and cascading plans and decisions to their counterparts and therefore specialities
3. Establish monthly reporting/dashboard in EPIC for the transition measures
4. Carry out a hospital wide scoping exercise to find out:
 - a. How services are meeting transition measures, standards
 - b. Barriers and facilitators to achieving compliance
 - c. Identifying areas of both good practice and specialities requiring improvement
5. Work with EPR team to build transition into EPIC for GOSH

Next 4-7 months

6. Develop training and comms strategy around transition (as informed by scoping survey)
7. Establishing qualitative measures of compliance for transition
8. Develop improvement projects with Directorate and Speciality leads.
9. Deep dive into Patient Advice and Liaison Service and complaints related to transition
10. Carry on undertaking deep dives of services who self-assess as compliant with the Transition policy
11. Review and develop online resources with frequently asked questions
12. Develop audits to measure compliance against key standards.

Council of Governors

27 April 2022

Chief Executive Report

Summary & reason for item

The Chief Executive's report provides the Council with a summary of developments since the last report in February 2022.

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:

- Summary of the 30 March 2022 Trust Board meeting
- Summaries of the Integrated Quality & Performance Report and Finance report (February 2022 data)
- Wider GOSH News

Appendices

- Integrated Quality and Performance report (February 2022 data)
- Finance Report (February 2022 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

Report presented by:

Matthew Shaw, Chief Executive

1 Trust Board Summary

The Trust Board met on Wednesday 30 March 2022. Highlights from the meeting not covered elsewhere in the Council papers are:

Support for patients and families from Ukraine

- On Monday, 14 March, the Trust welcomed four children from Ukraine. The Chief Executive will provide a verbal update on the matter. The hospital has been signposting offers of help from the public to the Disasters Emergency Committee (DEC).

Patient Story

- The Board heard from Blake aged 14 who is under multiple specialties at GOSH.
- Blake's mum reported that staff had made her and Blake feel welcome and the facilities on Squirrel Ward were excellent. However, as Blake was being seen by multiple specialties, cross-team communication could be improved.

Above and Beyond update

- In 2022, the portfolio office will merge with the programme management office to become a centre of excellence for project and programme management, providing oversight, advice and guidance as well as a flexible resource pool of skilled staff to help deliver the Trust Strategy and its programmes.

Staff survey

- The Trust Board received the results of the 2021/22 staff survey.
- Although the Trust had made forward progress in multiple measures of staff wellbeing, the Trust will continue to work to improve (results are presented at the Council in April 2022).

COVID recovery

- GOSH's activity data continues to benchmark well against the wider sector, although the latter part of 2021 was extremely challenging.

Update on GOSH Wifi access

- In response to patients, GOSH has launched a pilot for a new and improved Wi-Fi service. The new solution will allow staff, patients and guests to securely connect to fast and reliable Wi-Fi, with improved security and more capacity than the current system, enabling the use of media streaming services such as Netflix, YouTube and BBC iPlayer.

2 Integrated Quality & Performance Report (February 2022 data)

The Integrated Quality & Performance Report provides a snapshot of hospital performance in key areas/ domains to provide assurance that the Trust's services are delivering to the level our patients & families, Trust Board, Council of Governors, commissioners and regulators expect. Highlights for the Council's attention are:

Diagnostic Waiting Times	86.4% of patients waited less than 6 weeks for the 15 diagnostic modalities (https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/08/DM01-guidance-v-5.32.pdf) . This was an improvement compared to month 10's position of 83.0%.
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	Regional focus was on patients waiting 13 weeks and over and for the end of February GOSH reported 19 patients waiting 13 weeks and over. Most of these patients had an appointment for the coming months.
Referral to Treatment (RTT)	<p>The Trust submitted an RTT performance of 75.3%, with 1731 patients waiting longer than 18 weeks. The Trust was 12% below the predicted trajectory for the month of February 2022 which was set in March 2021.</p> <p>At the end of February 2022, the Trust reported a total of 169 patients waiting 52 weeks or more; this was a decrease of 7 patients from the previous month.</p> <p>As a system NCL were above plan for both 104 and 52 week waits, GOSH was above trajectory for 104 weeks mainly due to patient choice or the patient being unwell on the day of surgery and was below plan for 52 week waits.</p>
Clinical Prioritisation	Clinical Prioritisation of patients on the RTT Patient Tracking List remained a strong focus, with an emphasis on those past their 'must be seen by date'. At the end of February, 184 Priority 2 patients were past their must be seen date. 119 (64%) were admitted and 65 (36%) were non-admitted).
Cancer Standards:	The Trust reported two breaches in 31 Day Subsequent Treatment for Surgery due to the patients being unwell for January and is projecting two breaches for February for the same reasons. The completed harm reviews indicated no harm identified.

3 Finance Report (February 2022 data)

Income overall was £5.8m adverse to plan.

This was driven by reduced scope to earn Electing Recovery Fund (ERF) (£2.2m) and lower than plan private patient income (£4.3m) due to Covid 19

Pay was adverse to the plan by £2.5m mainly due to high levels of bank and agency staffing to backfill staff isolation and sickness.

Non-Pay was £8.9m favourable to plan. Key drivers of this was lower than planned usage of high cost drugs and devices and a reduction in impairment of receivables due to the Trust continuing to receive regular payment of private patient aged invoices.

Cash held by the Trust in Month 11 was £134.9m which was £7.8m higher than the previous month.

4 Super Saturday

The Trust held a second 'Super Saturday' event in March 2022, delivering high volumes of activity including outpatient appointments, theatre lists and engagement activities to remove barriers for patients and families and trial new approaches to care.

5 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, including March 2022 can be found here: <https://www.gosh.nhs.uk/about-us/who-we-are/organisational-structure/trust-board/trust-board-meetings/>

6 Wider GOSH 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:

Secretary of State for Health and Social Care visits GOSH



- On Tuesday 29 March, Rt Hon Sajid Javid MP Secretary of State for Health and Social Care, visited our hospital to host a roundtable discussion on rare diseases.
- The roundtable presented an opportunity for them to hear from people with lived experiences of rare diseases in the community, as well as from researchers, clinicians and people in industry.
- 75% of rare diseases affect children, and at GOSH we treat over 28,000 children with rare and ultra-rare disease.

Minister for Care and Mental Health meets GOSH apprentices

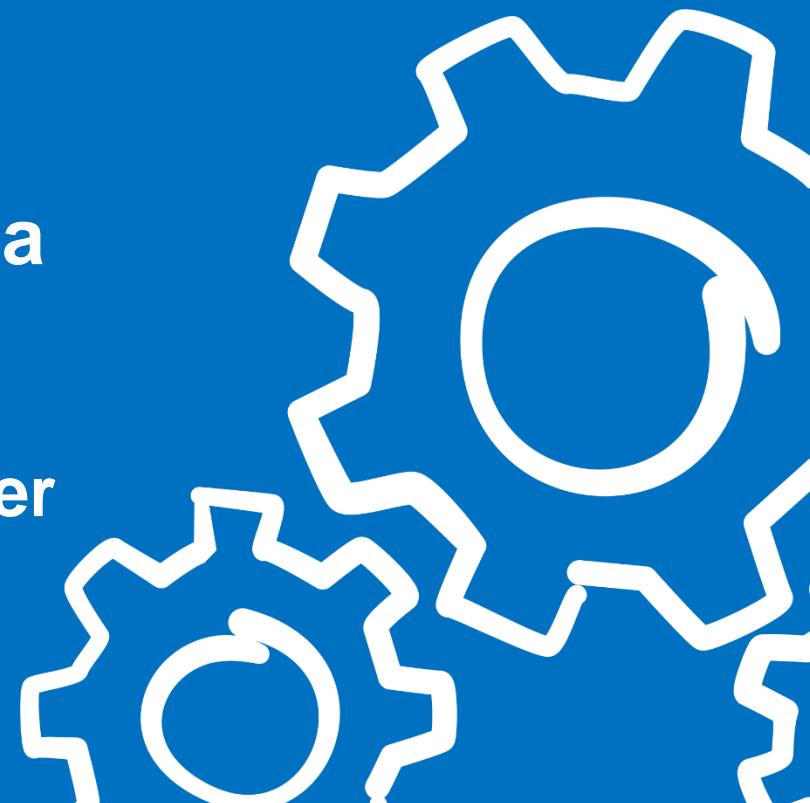


- On Thursday 24 March, Gillian Keegan MP visited our hospital to meet some of our wonderful apprentices and learn more about our apprenticeship's scheme.
- Gillian, the Minister for Care and Mental Health to GOSH spoke with our apprentices and visited them on their wards to learn about all the important work they do, and the value of apprentices in healthcare.
- At GOSH we have 220 apprentices who work over 35 programme areas.

IQPR Trust Performance Update March 2022

Reporting February 2022 data

John Quinn, Chief Operating Officer



Overview

Access Metrics Tracking	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Trajectory	Last 12 months	RAG Levels			Stat/Target	
RTT Open Pathway: % waiting within 18 weeks	70.3%	71.3%	74.9%	77.7%	78.3%	77.8%	77.4%	76.7%	76.4%	75.3%	75.4%	75.3%	Below		<92%	N/A	>=92%	Stat	
Waiting greater than 18 weeks - Incomplete Pathways	2,018	1,952	1,738	1,536	1,565	1,576	1,593	1,617	1,605	1,711	1,688	1,731	-		No Threshold			-	
Waiting greater than 52 weeks - Incomplete Pathways	564	465	369	291	272	247	219	194	202	194	176	169	Below		>0	N/A	=0	Stat	
Waiting greater than 78 weeks - Incomplete Pathways	98	102	99	88	99	103	85	69	60	60	39	34	Below		TBC			T	
Waiting greater than 104 weeks - Incomplete Pathways	9	14	12	17	11	12	12	8	7	5	7	9	Above		>0	N/A	=0	Stat	
18 week RTT PTL size	6,797	6,794	6,929	6,878	7,214	7,107	7,055	6,940	6,814	6938	6858	7004	-		No Threshold			-	
Diagnostics- % waiting less than 6 weeks	72.3%	77.6%	81.1%	83.3%	85.4%	81.1%	84.3%	87.4%	90.2%	87.7%	83.0%	86.4%	Below		<99%	N/A	>99%	Stat	
Diagnostics- waiting greater than 6 weeks	459	381	305	230	201	243	188	170	124	159	237	194	-		No Threshold			-	
Diagnostics- waiting greater than 13 weeks	201	127	99	47	42	40	25	28	13	12	14	19	-		No Threshold			-	
Total DM01 PTL size	1,658	1,698	1,618	1,376	1,373	1,283	1,200	1,347	1,271	1,290	1,394	1,430	-		No Threshold			-	
Cancer waits: 31 Day: Referral to 1st Treatment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		<85%	N/A	>85%	Stat	
Cancer waits: 31 Day: Decision to treat to 1st Treatment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		<96%	N/A	>96%	Stat	
Cancer waits: 31 Day: Subsequent treatment – surgery	100%	100%	100%	100%	100%	100%	80%	67%	88%	100%	75%	60%	-		<94%	N/A	>94%	Stat	
Cancer waits: 31 Day: Subsequent treatment - drugs	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		<98%	N/A	>98%	Stat	
Cancer waits: 62 Day: Consultant Upgrade	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		No Threshold			-	
Cancelled Operations for Non Clinical Reasons (note 1)	16	11	26	25	32	29	46	77	31	22	11	-	-		No Threshold			-	
28 day breaches	0	0	1	4	2	2	2	4	8	0	1	-	-		>0	N/A	=0	Stat	
Main Theatre Utilisation	75.2%	78.7%	73.8%	74.2%	74.3%	70.4%	68.9%	65.3%	70.9%	70.6%	69.1%	72.5%	-		<77%	N/A	>77%	T	
Bed Occupancy (All Wards NHS & PP)	76.5%	75.7%	77.6%	74.1%	72.5%	71.3%	73.1%	75.2%	79.6%	79.9%	75.4%	76.5%	-		No Threshold			-	
Discharge Summaries with 24 hours	79.0%	80.8%	79.4%	81.5%	81.6%	80.9%	76.2%	76.0%	84.5%	79.3%	82.6%	82.5%	-		<100%	N/A	100%	Stat	
Clinic Letters with 7 days	62.6%	66.5%	74.8%	73.4%	73.3%	60.1%	60.7%	60.6%	57.6%	56.6%	58.9%	56.8%	-		<100%	N/A	100%	Stat	
Number of patients with a past planned TCI date (note 4)	1,714	1,718	1,528	1,479	1,529	1,504	1,521	1,411	1,438	1,554	1,494	1,464	-		No Threshold			-	
NHS Referrals received- External	2,923	2,627	2,696	3,100	2,822	2,540	2,949	2,977	2,669	2,219	2,336	2,358	-		No Threshold			-	
NHS Referrals received- Internal	1,934	1,786	1,938	1,977	1,933	1,678	1,989	1,857	1,881	1,504	1,793	1,751	-		No Threshold			-	
Total NHS Outpatient Appointment Cancellations (note 2)	6,549	5,447	5,736	6,651	7,380	7,046	7,016	6,643	6,727	6,560	6,483	6,605	-		No Threshold			-	
NHS Outpatient Appointment Cancellations by Hospital (note 3)	2,559	1,832	1,716	2,073	1,973	1,878	1,734	1,734	1,675	1,684	1,790	1,793	-		No Threshold			-	
Outpatient Clinic utilisation																			-

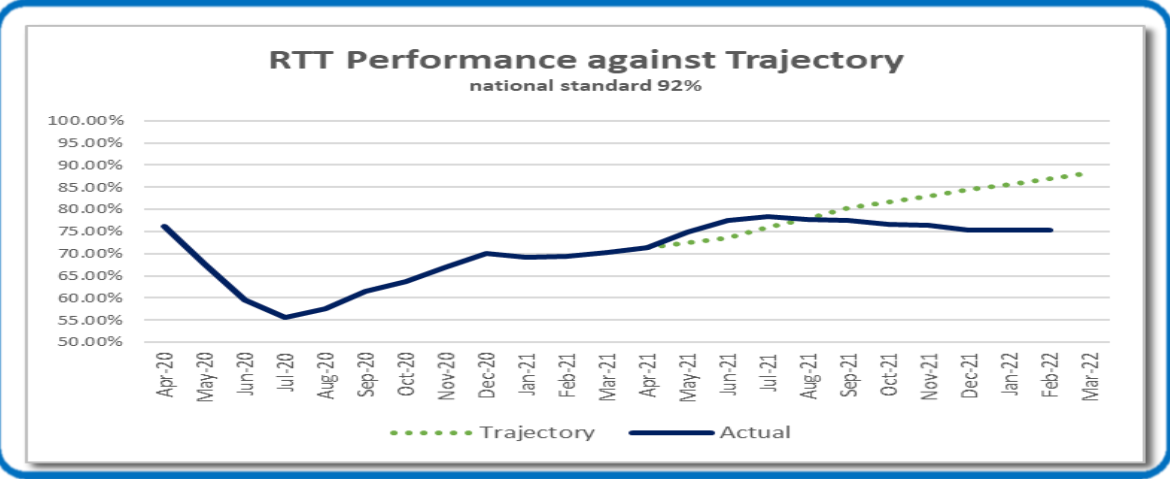
Note 1 - Elective cancelled operations on the day or last minute

Note 2 - Patient and Hospital Cancellations (excluding clinic restructure)

Note 3 - Hospital non-clinical cancellations between 0 and 56 days of the booked appointment

Note 4 - Planned Past TCI date includes patients with no planned date recorded

Actual v Trajectory



75.3%
 People waiting less than 18 weeks for treatment from referral.
 Target 92% ➔ - 0.1%

169
 Patient wait over 52 weeks
⬇ 7

9
 Patients waiting over 104 weeks
⬆ 2

Directorate Performance

Blood, Cells and Cancer – 90.2%	Brain – 81.4%
Body, Bones and Mind – 65.2%	Heart and Lung – 74.9%
Medicines, Therapies & Tests – 91.8%	Operations & Images – 77.6%
Sight and Sound – 68.2%	

Bottlenecks

- Omicron impact continuing;
 - Staff and patient illness and isolation resulting in cancellations, and patients deferring booked appointments.
- Insufficient theatre capacity remains in Craniofacial, Plastic, Orthopaedics and Spinal to reduce long waits
- Specialist surgeon activity particularly for joint cases and complex patients
- Dental consultant availability
- Community/local physiotherapy capacity for the SDR pathway
- Patient illness/covid positive particularly impacting patients 78 weeks and over, now with confirmation of not meeting zero 104 by April 2022. At the time of writing the projection is three confirmed patients, and one risk patient.

Actions

- March 2022 'Super Saturday' planning for additional activity across most services
- Bed closures being signed off by Senior Directorate Team
- Weekly operational meeting with service leads and theatre team to ensure capacity is used appropriately
- Weekly PTL challenge sessions with directorates
- Continued focus on reduction of long wait patients with plan treat the majority of 104 week waits by April 2022.

Challenged Directorates

Directorates – below 80% performance February 2022

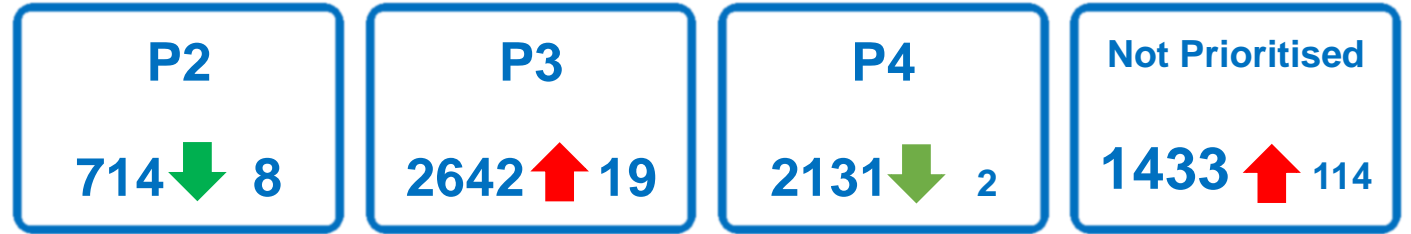
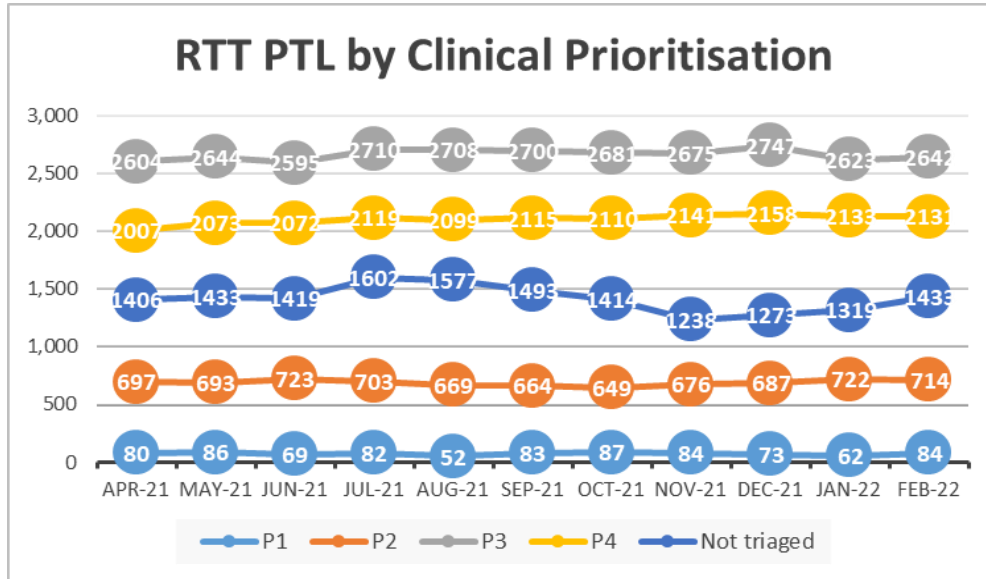
Body, Bones and Mind – 65.2%
 Heart and Lung – 74.9%
 Sight and Sound – 68.2%

Key Specialties

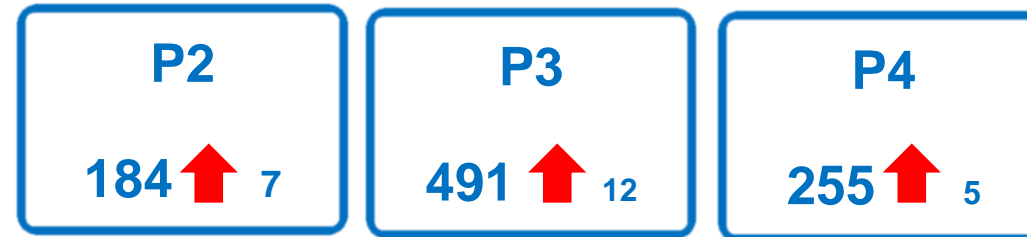
- Orthopaedic breaches have increased this month (+12) to 186. Long waits continue relating to complex patients, patient illness and capacity constraints
- SNAPS breaches increased in for the third month
- Spinal Surgery breaches decreased in February. Challenges in capacity constraints still remain.
- Cardiac Surgery breaches have increased by 2 breaches to 29 in February 2022. Beds capacity, reduced clinician availability and urgent patients has impacted reducing waits
- Craniofacial breaches have increased by 1 breach to 96 in February 2022. Lack of theatre lists and complex patients are impacting increase in breaches
- ENT breaches have decreased a further 13 breaches to 115 in February 2022.
- Plastic Surgery breaches have increased slightly (+4) at the end of February and remains a significant challenge at 186.

	Projected Date (not signed off/validated)	Nov-21	Dec-21	Jan-22	Feb-22	% change	Feb 2022 No. of >18 Weeks	Breaches
Body, Bones & Mind								
CAMHS	N/A - continue to meet	71.7%	70.8%	75.0%	77.7%	2.70%	29	
Gastroenterology	Mar-22	69.0%	70.5%	71.2%	65.8%	-5.38%	51	
General Paediatrics	Feb-22	59.3%	58.3%	48.3%	44.8%	-3.48%	16	
Nephrology	N/A - continue to meet	87.7%	92.4%	95.8%	96.9%	1.13%	2	
Orthopaedics	Does not meet 92%	53.0%	48.1%	51.7%	52.3%	0.63%	186	
SNAPS	Jan-23	79.9%	75.3%	71.9%	69.9%	-1.95%	92	
Spinal Surgery	Does not meet 92%	61.7%	59.5%	61.1%	66.4%	5.32%	61	
Directorate Total	Nov-22	66.7%	64.9%	65.9%	65.2%	-0.71%	448	
Heart & Lung								
Cardiac Surgery	Feb-22	86.2%	74.3%	68.8%	67.0%	-1.75%	29	
Cardiology	Mar-22	77.9%	78.3%	76.7%	75.3%	-1.43%	183	
Pulmonary Hypertension	Sep-21	60.0%	100.0%	75.0%	60.0%	-15.00%	2	
Respiratory Medicine	Dec-21	83.0%	76.6%	79.6%	80.0%	0.37%	11	
Directorate Total	Mar-22	78.7%	78.1%	76.3%	74.9%	-1.42%	226	
Sight & Sound								
Audiological Medicine	Mar-22	76.3%	76.6%	74.6%	73.9%	-0.73%	35	
Cleft	Mar-22	73.5%	72.0%	68.1%	72.9%	4.81%	16	
Cochlear Implant	Mar-22	93.8%	88.9%	81.8%	83.3%	1.48%	2	
Craniofacial	Does not meet 92%	52.3%	50.6%	48.6%	47.8%	-0.85%	96	
Dental	Does not meet 92%	59.5%	51.2%	53.3%	53.0%	-0.33%	7	
Ear Nose and Throat	Dec-21	74.4%	73.3%	76.6%	79.6%	3.04%	115	
Maxillofacial	Mar-22	62.5%	63.4%	60.9%	70.5%	9.63%	31	
Ophthalmology	Oct-22	71.0%	73.2%	73.1%	70.9%	-2.21%	107	
Orthodontics	Dec-22	61.5%	55.2%	59.4%	50.0%	-9.38%	15	
Plastic Surgery	Does not meet 92%	52.1%	53.0%	55.0%	56.4%	1.45%	186	
Urology	Dec-22	79.4%	72.7%	73.8%	77.3%	3.54%	70	
Directorate Total	Mar-22	67.3%	65.9%	66.5%	68.2%	1.71%	750	

RTT PTL - Clinical Prioritisation



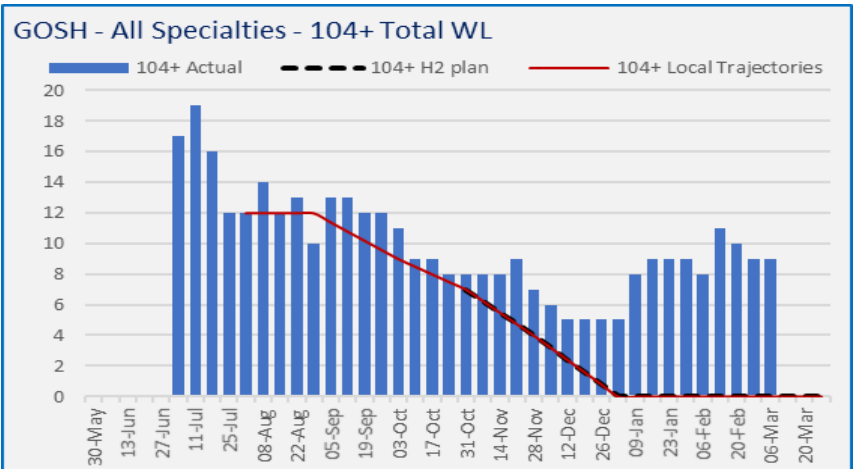
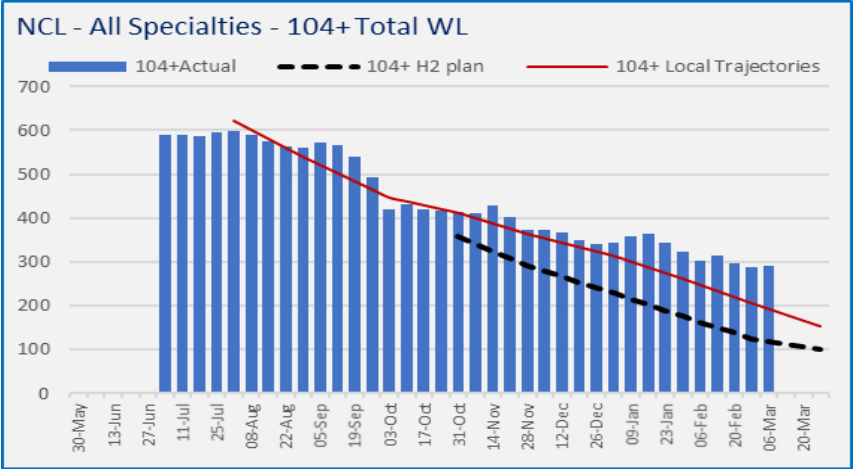
Clinical Prioritisation – past must be seen by date



- The current RTT PTL is 7004 patients, 1433 require clinically prioritising with 1153 being under 18 week waits. The remaining patients on the PTL are cohorted as follows: P1a/P1b – 84 patients (1.2%), P2 – 714 (10.2%), P3 – 2642 (37.7%) and P4 – 2134 (30.4%).
- 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 increased to 184. Of these 119 (64%) are admitted and 65 (36%) are non-admitted.
- The largest volume of P2 breaching patients are within Cardiology (21), Cardiac Surgery (17), ENT (14), Orthopaedics (12), Dermatology (11), Audiological Medicine (10) and Clinical Genetics (10). These make up 51% of the breached P2.
- The Trust receives a high volume of patients on inherited RTT pathways. As at the end of February 2022, 68% of patients on the Trust's RTT ticking waiting list were referred from other Trusts, and some of these patients (56) had been waiting more than 18 weeks at their referring Trust. Five of these patients were waiting 52 weeks or more when they were referred to us.

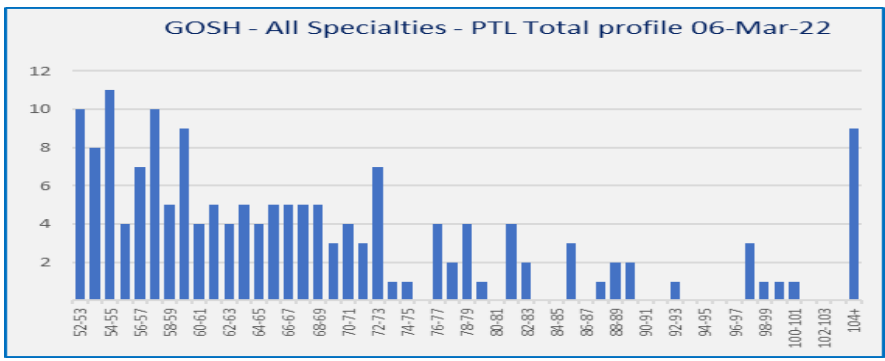
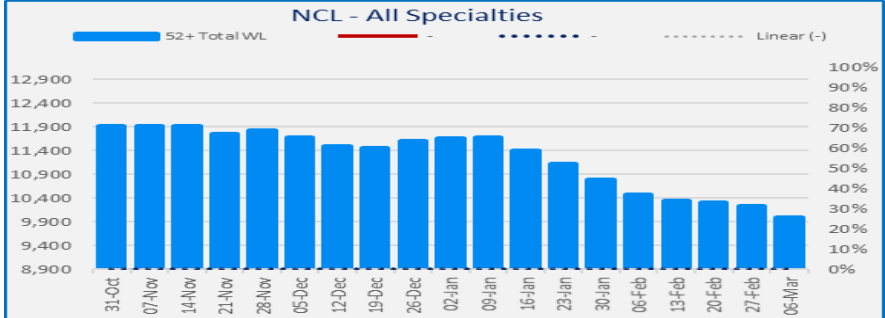
NCL RTT Long Waits Position @ 6th March

104+ Weeks - 287

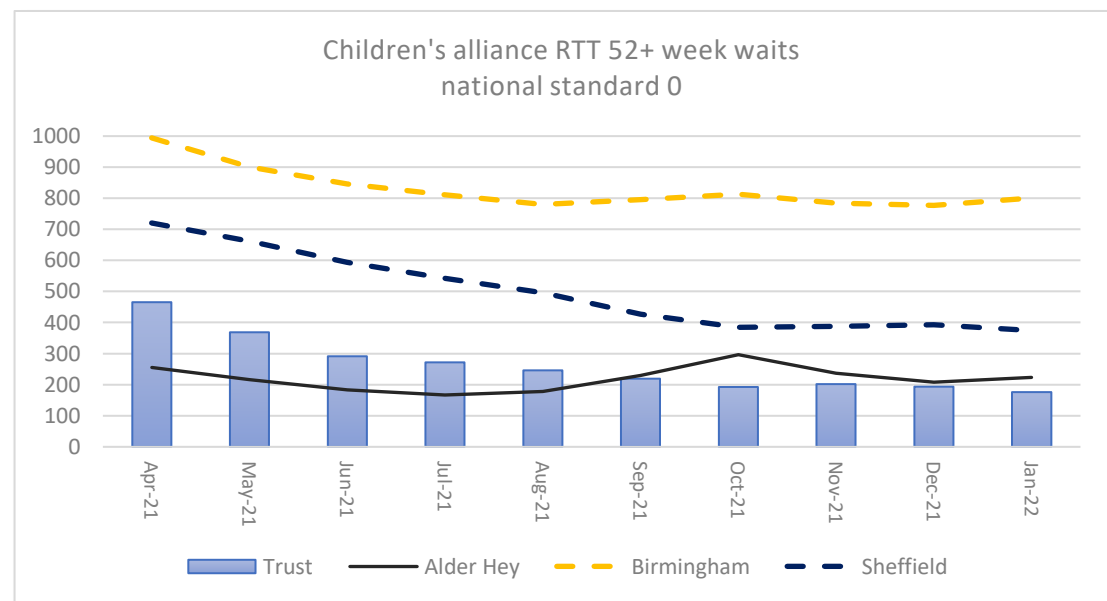
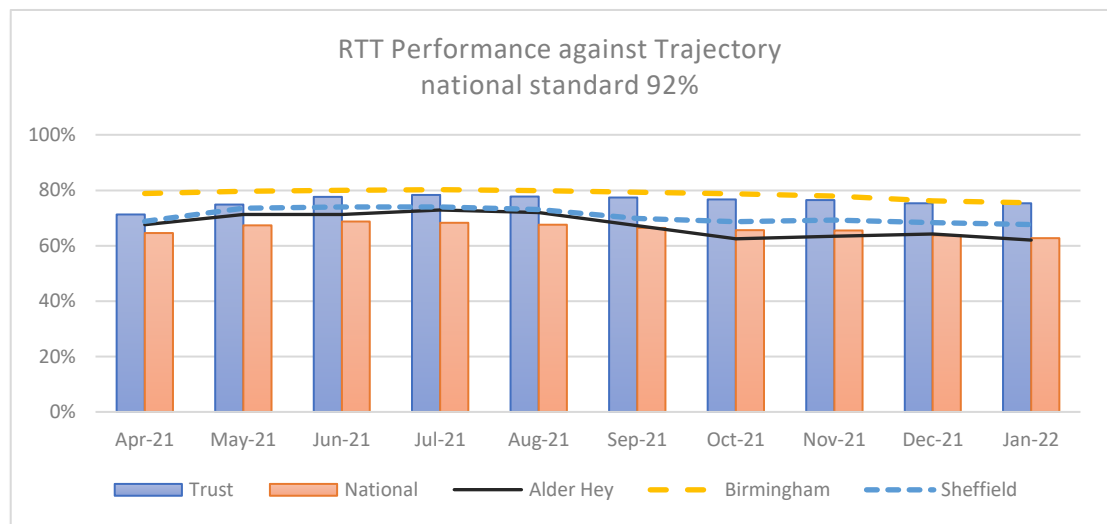


- Overall for NCL the 104 week wait position is above projected plan by 98, at 290 patients. Mainly driven by RFH and UCLH numbers. GOSH is above trajectory by 9 patients.
- Overall, the number of patients waiting 52 weeks for NCL is reducing. Royal Free and UCLH have the most significant volumes. GOSH is below the agreed 52 week trajectory submission.
- The trust has submitted trajectories for 78 week and 52 week volumes.

52+ Weeks - 9,989



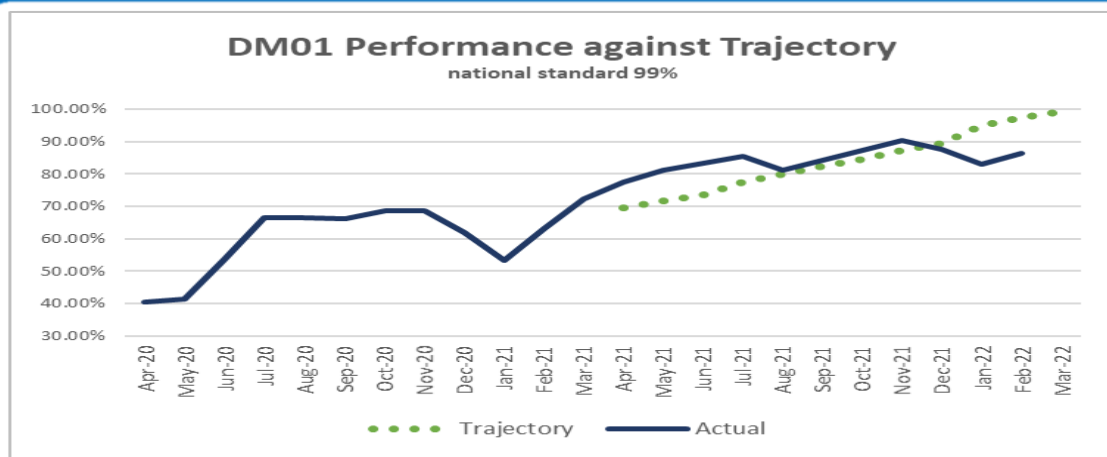
National RTT Performance and 52+ week waits



- Nationally, at the end of January, 62.80% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks.
- GOSH is tracking 12.5% above the national January performance and is inline with comparative children's providers. RTT Performance for Sheffield Children (67.7%), Birmingham Women's and Children's (75.5%) and Alder Hey (62.0%).
- The national position for January 2022 indicates a increase of patients waiting over 52 weeks at 311,528 patients.
- Compared to Alder Hey, Birmingham and Sheffield the number of patients waiting 52 weeks and over for GOSH is lower than all three providers for January.

Diagnostics - DM01

Actual v Forecast



Bottlenecks

- Omicron impact; patient illness and isolation resulting in cancellations, and patients deferring booked appointments. Covid positive patients being contacted every two weeks for update on covid status and discuss rebooking
- MRI sedation capacity remains challenging and current demand exceeds available capacity
- Echo capacity remains limited for stress and sedated Echo.
- Endoscopy patients bookings increased and improvement expected by end of March. All modalities have increased performance
- Respiratory staff long term absence impacting sleep study activity
- Capacity constraints in Neurophysiology, however, reduction in breaches projected at the end of March

Performance

86.4%

People waiting less than 6 weeks

Target 99%



3.4%

Forecast – 94.8%

194

Number of Breaches



43

Modality Focus

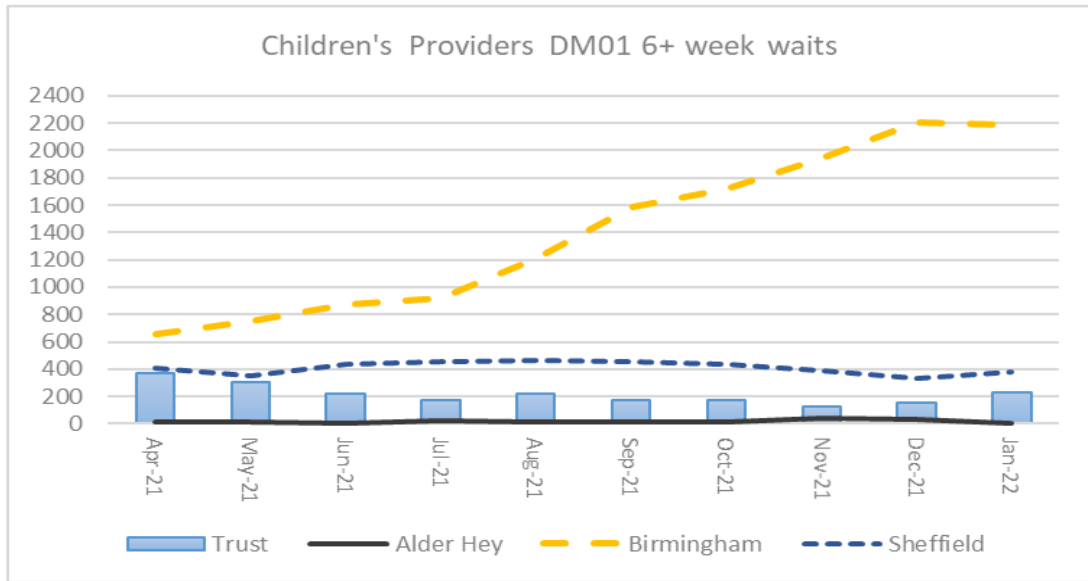
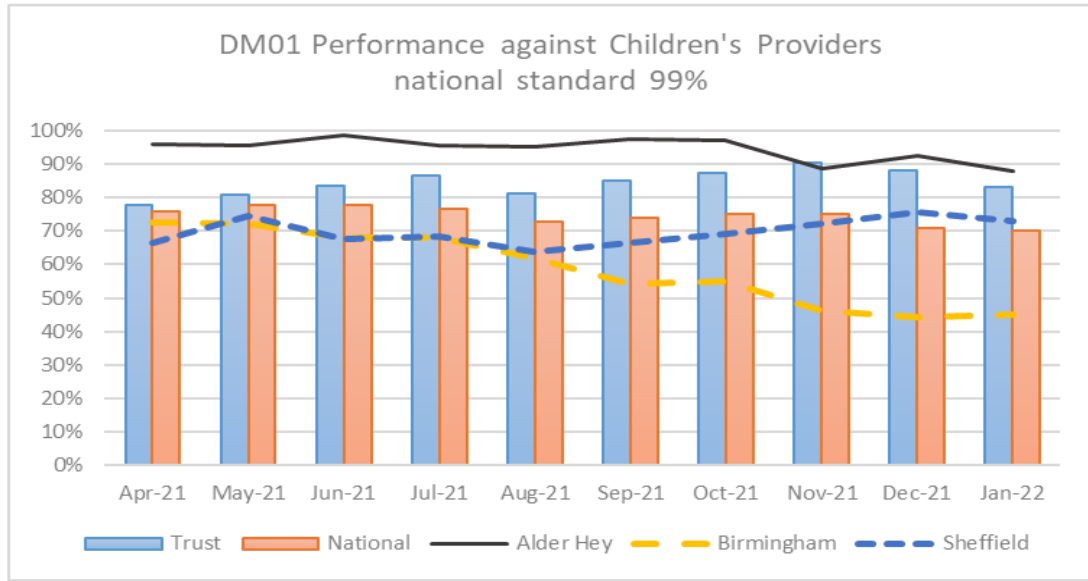
Of the 194 breaches, 69 are attributable to modalities within Imaging (56 of which are MRI), 18 in ECHO, 43 in Sleep Studies, 16 in Gastroscopy, 7 in Audiology, 14 in Colonoscopy, 1 in Cystoscopy, 24 in Neurophysiology and 1 in Flexi sigmoidoscopy.

At the end of February 2022, 19 patients were reported to be waiting 13 weeks and over for their diagnostic test. The majority are booked in March.

Actions

- Weekly scheduling meetings for challenged areas to review utilisation, clinical prioritisation and long waits
- Discussion with services on waiting list initiatives to reduce the backlog
- Participating in NHSE/I demand and capacity modelling for CT, MRI and Ultrasound

National Diagnostic Performance and 6+ week waits



- Nationally, at the end of January, 70.0% of patients were waiting under 6 weeks for a DM01 diagnostic test.
- GOSH is tracking 13% above the national January performance and is inline with comparative children's providers. DM01 Performance for Sheffield Children (72.9%), Birmingham Women's and Children's (45.0%) and Alder Hey (87.9%).
- The national position for January 2022 indicates a increase of patients waiting over 6 weeks at 434,996 patients (+15,742 from December).
- Compared to Birmingham and Sheffield the number of patients waiting 6 weeks and over for GOSH is lower than all these providers for January. However, we are significantly higher than Alder Hey who reported 7 patients, with a total DM01 waiting list of 514.

Cancer Waiting Times

Performance

Forecast –
100%

January Actual

100%

31 Day Referral to
First Treatment

Target: 96%

75%

31 Day: Subsequent
Treatment – Surgery

Target: 94%

100%

31 Day:
Subsequent
Treatment – Drugs

Target:98%

100%

62 Day Consultant
Upgrade.

No Target

February Forecast

100%

31 Day Referral to
First Treatment

Target: 96%

60%

31 Day: Subsequent
Treatment – Surgery

Target: 94%

100%

31 Day:
Subsequent
Treatment – Drugs

Target:98%

100%

62 Day Consultant
Upgrade.

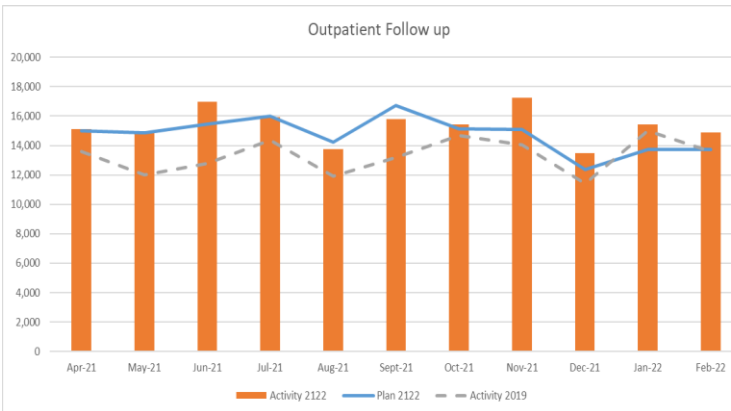
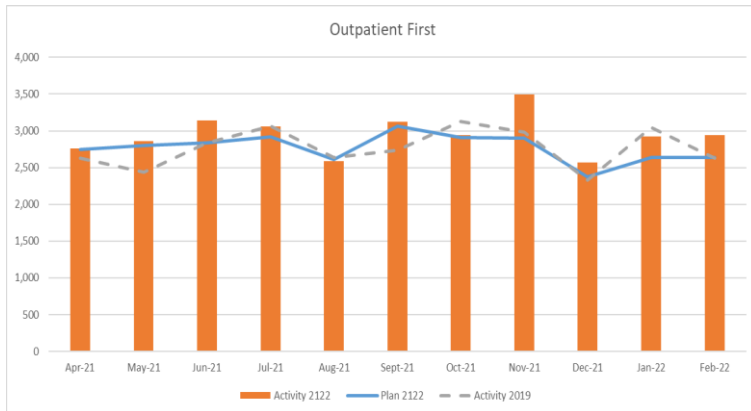
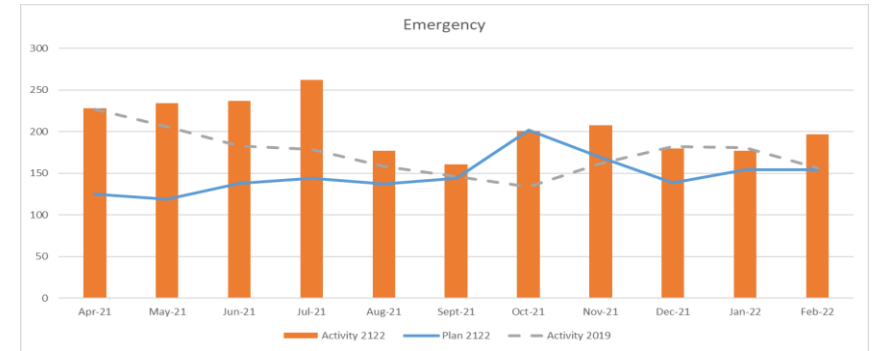
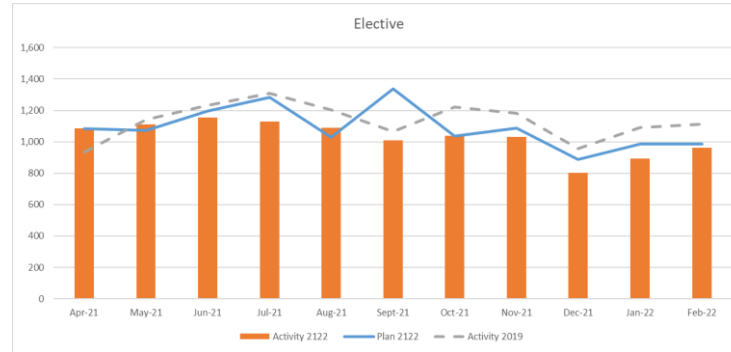
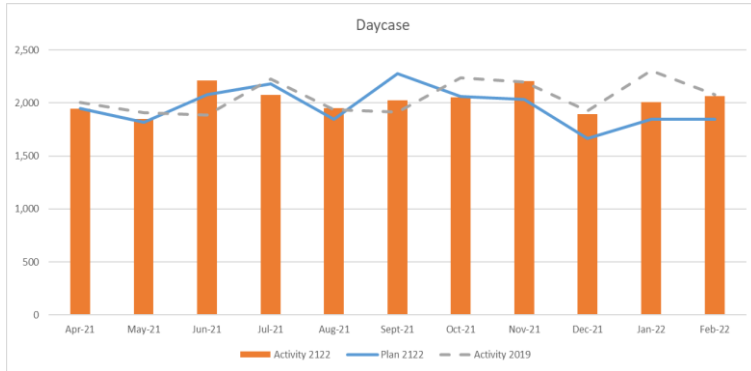
No Target

Breaches

- There were two breaches out of eight patients for the 31 day subsequent Surgery standard in January due to patients being unwell and not able to have surgery before their breach date.
- For February, we will be reporting two out of five patients as breaches for the surgery standard due to patients again being unwell and unable to have surgery before their breach date.

Activity Monitoring

Activity Monitoring by Month



POD2	Plan 2122	Activity 2122	Activity 2019	% of 19/20
Daycase	21,602	22,296	22,623	98.6%
Elective	11,988	11,303	12,454	90.8%
Emergency	1,625	2,262	1,914	118.2%
First Outpatients	30,437	32,400	30,459	106.4%
Follow up Outpatients	162,390	169,018	146,570	115.3%

Appendix

Productivity and Efficiency

Theatre Utilisation

Performance

72.51%

of scheduled sessions in main theatres were utilised



3.43%

9043

Late start minutes



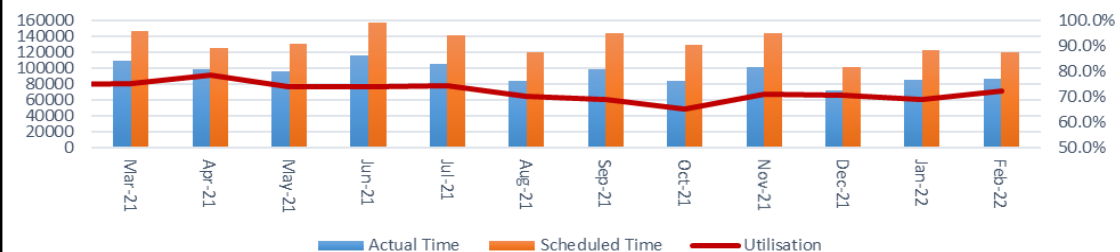
490 minutes

4405

Overrun minutes



833 minutes



Bottlenecks

- February utilisation improved particularly in Brain, Heart and Lung and Sight and Sound. However, Omicron remains challenging with a number of patients being positive on the day and unable to proceed.
- Potential reduction in throughput due to enhanced cleaning turnaround times. Level 2 cleans have significantly impacted theatres

Bed Occupancy

Performance

76.5%

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



1.1%

78.6%

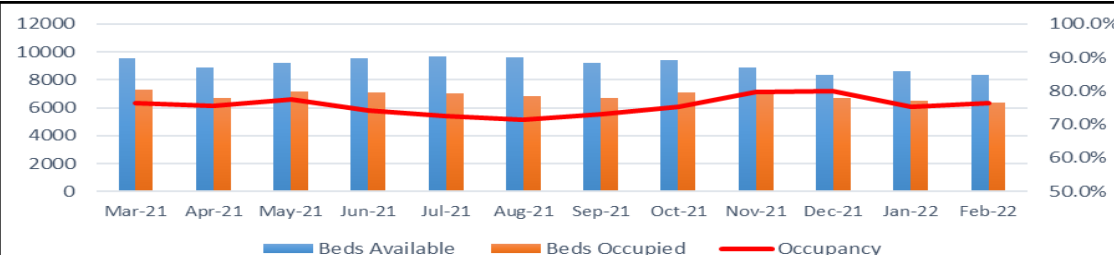
Of NHS inpatient beds (including ICU were occupied)

392

Bed Day Closures



811



Bottlenecks

- Bed closures due to social distancing requirements and reduced staffing, particularly impacting BCC wards
- All directorates except BCC saw increased occupancy levels
- Stepdown from ICU area into general wards due internal and external bed pressures

Productivity and Efficiency

PICU/CICU

Performance

11

PICU/NICU refused admissions



6

0

Cardiac CATS refused admissions



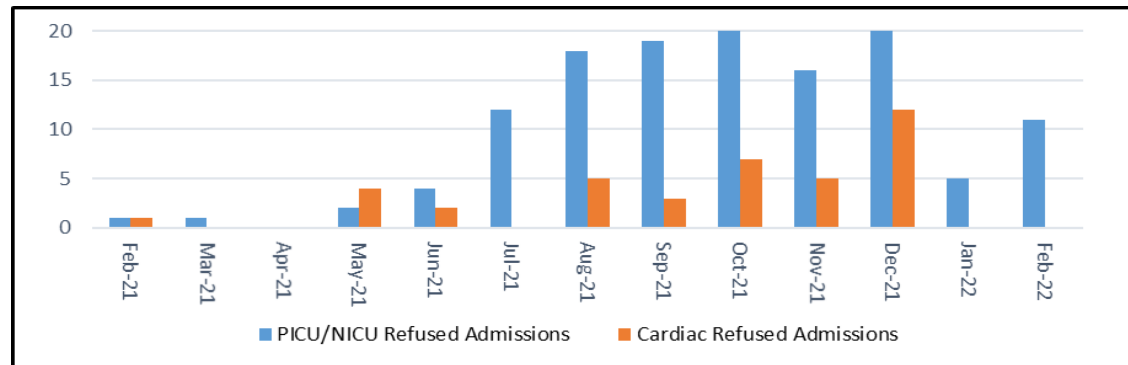
10

2

PICU readmissions within 24 hours



2



Bottlenecks:

- Number of available PICU beds

Cancelled Operations

Performance

11

Last minute cancelled operations for non clinical reasons



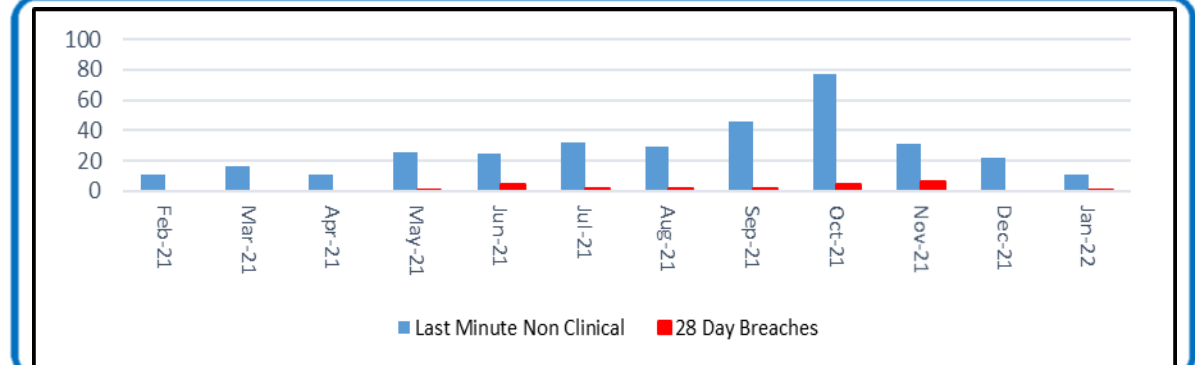
11

1

28 day breaches- last minute cancelled operations



1



Bottlenecks

- List overrun, ICU and ward bed unavailability and urgent patients taking priority.

Patient Communication

Discharge Summaries

Performance

82.49%
of patients who were discharged from GOSH had a letter sent to their referrer or received within 24 hours

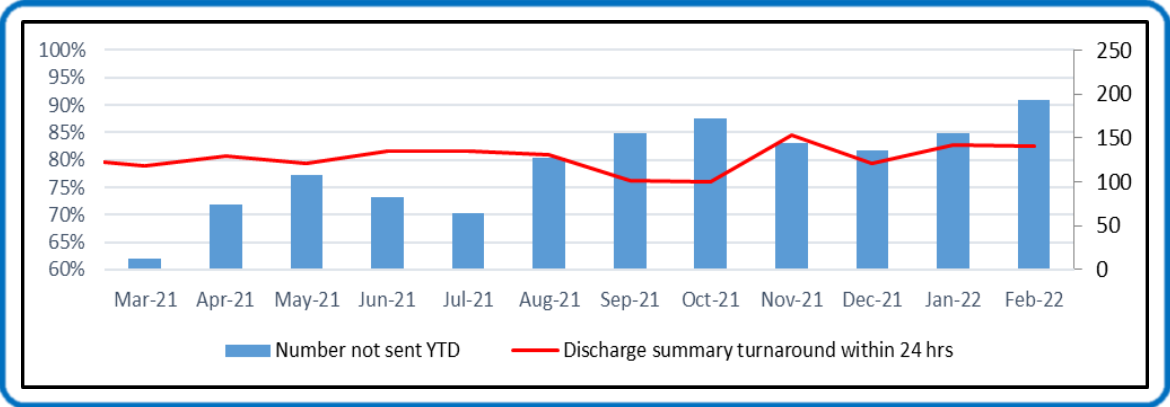
Contractual target: 100% **↓ 0.14%**

91.5%
of letters were sent within 2 days of discharge

↑ 2%

193
Number of letters not sent ytd

↑ 38



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

Clinic letters

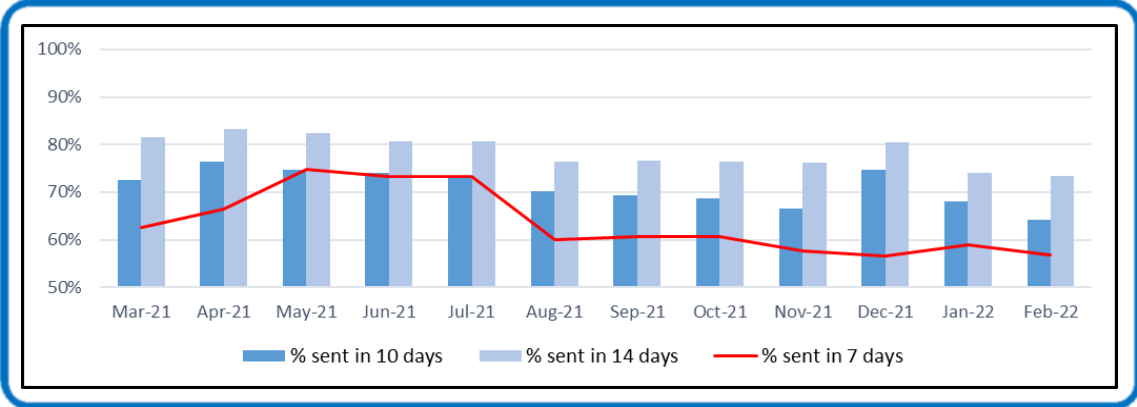
Performance

56.81%
of outpatient clinic letters were sent within 7 days

Contractual target: 100% **↓ 1.9%**

3,596
Number of letters not sent ytd

↓ 336



- ### 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 11 2021/22

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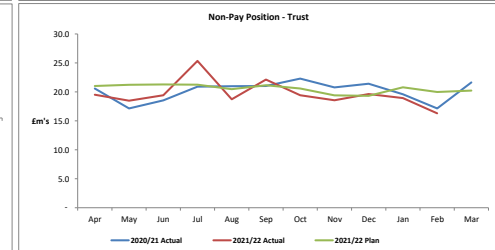
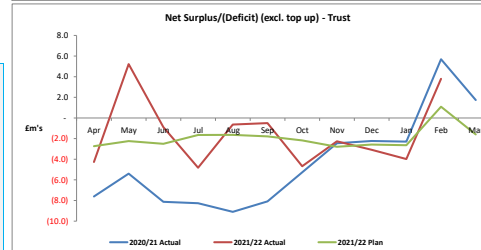
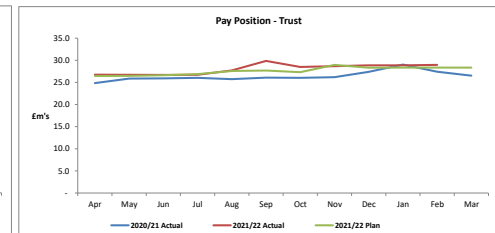
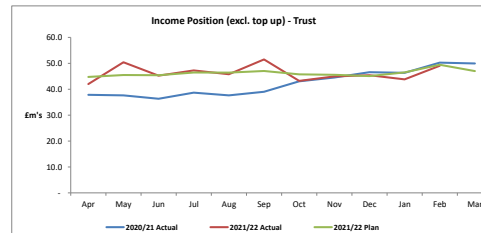
ACTUAL FINANCIAL PERFORMANCE

	In month			Year to date		
	Plan	Actual	RAG	Plan	Actual	RAG
INCOME	£49.4m	£49.1m	Amber	£514.4m	£508.6m	Amber
PAY	(£28.4m)	(£29.0m)	Amber	(£305.7m)	(£308.3m)	Amber
NON-PAY inc. owned depreciation and PDC	(£18.8m)	(£14.9m)	Green	(£209.4m)	(£201.1m)	Green
Surplus/Deficit excl. donated depreciation	£2.3m	£5.2m	Green	(£0.7m)	(£0.8m)	Red

RAG: on or favourable to plan = green, 0-5% adverse to plan = amber, 5%+ adverse to plan = red
YTD Plan is comprised of H1 Actual and H2 plan

AREAS OF NOTE:

The in month Trust financial position at Month 11 is a surplus of £5.2m which is £2.9m favourable to the plan. The YTD financial position is a deficit of £0.8m which is £0.1m adverse to plan. The in month surplus has been caused by confirmation of additional cost and volume activity and reduced drug expenditure, this had been forecast to occur in month 12 so no change in the Trust forecast has been required. The key drivers of the YTD position are reduced income (£5.8m) associated with ERF, NHS activity levels and private patient income. The YTD reduction in activity has been caused primarily by the continued impact of Covid-19 affecting staffing levels, capacity and international travel. In month the shortfall in Private Patient income (£2.6m) has been largely offset by NHS Clinical Income (£1.0m above plan) and Non Clinical Income (£1.2m above plan). Pay is £0.6m adverse to plan in month and £2.6m YTD. This is driven by high levels of bank and agency staffing linked to the Trusts need to cover staff absence from sickness and isolation relating to Covid-19. Non pay (including owned depreciation and PDC) is £4.3m favourable to the plan in month and £8.3m YTD. This is largely driven by lower than planned usage of high cost pass through drugs and devices along with the reduction in the impairment of receivables from the payment of private patient invoices which was particularly high this month offsetting the reduced private patient income.

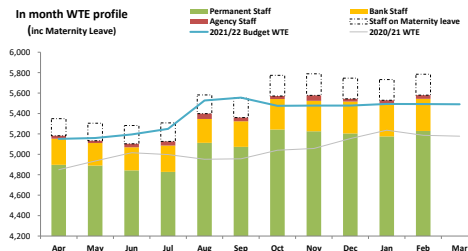
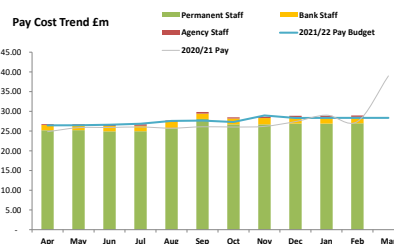


PEOPLE

	M11 Plan WTE	M11 Actual WTE	Variance
Permanent Staff	5,452.3	5,229.5	222.8
Bank Staff	39.7	313.5	(273.8)
Agency Staff	-	36.9	(36.9)
TOTAL	5,492.0	5,579.9	(87.9)

AREAS OF NOTE:

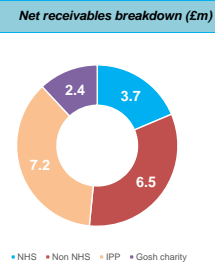
Permanent wtes have increased in M11, principally in Administration and Scientific, Therapeutic and Technical staff reversing the decreases seen over the previous 4 months. This makes them higher than plan due to continued high levels of temporary staff usage in relation to Covid isolation and sickness backfill. The 28th February absence rate due to Covid was 4% which shows a continued improvement from 5% on 31st January. In Month 11 agency staffing increased to 37 wtes from 34 in Month 10 and these are still required to provide additional senior assistance for the ICT, IPP & Finance directorates; who are in the process of recruiting permanently to these roles.



CASH, CAPITAL AND OTHER KPIS

Key metrics	Jan-22	Feb-22
Cash	£127.2m	£135.0m
IPP debtor days	72	69
Creditor days	26	25
NHS Debtor days	6	3
BPPC (£)	91%	90%

Capital Programme	YTD Plan M11	YTD Actual M11	Full Year Fcst
Total Trust-funded	£15.5m	£9.1m	£16.0m
Total PDC	£0.0m	£1.2m	£1.4m
Total Donated	£11.2m	£7.9m	£9.8m
Total Grant-funded	£0.4m	£0.0m	£0.4m
Grand Total	£27.1m	£18.2m	£27.6m



AREAS OF NOTE:

- Cash held by the Trust increased in month from £127.2m to £134.9m.
- Capital expenditure for the year to date was £8.9m less than plan. The Trust-funded programme was £6.4m less than plan, donated was £3.3m less than plan, grant-funded £0.4m less than plan with PDC funded expenditure £1.2 more than plan. The Trust funded forecast overrun is now £2.0m less than plan. The total PDC allocated to the Trust is £1.4m.
- IPP debtors days decreased in month from 72 to 69. Total IPP debt (net of cash deposits held) decreased in month to £7.2m (£7.7m in M10). Overdue debt decreased in month to £11.8m (£12.0m in M10).
- Creditor days decreased in month from 26 to 25 days.
- NHS debtor days increased in month from 6 to 3 days.
- In M11, 90% 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 remains below the NHSE target of settling at least 95% of invoices within 30 days.

Annual Plan	Income & Expenditure (H1 Act + H2 Plan)	2021/22								Rating	Notes	2020/21	2021/22	2021/22
		Month 11				Year to Date						Actual	Plan YTD	Plan In-month
		Plan	Actual	Variance		Plan	Actual	Variance				M11	M11	M11
(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)				
475.16	NHS & Other Clinical Revenue	41.11	42.15	1.04	2.53%	436.77	433.95	(2.82)	(0.65%)	R	1	42.85	436.77	41.11
29.13	Private Patient Revenue	3.34	0.77	(2.57)	(76.93%)	25.57	21.31	(4.26)	(16.64%)	R	2	2.43	25.57	3.34
57.13	Non-Clinical Revenue	4.98	6.14	1.15	23.10%	52.10	53.35	1.25	2.40%	G	3	4.97	52.10	4.98
561.42	Total Operating Revenue	49.43	49.06	(0.38)	(0.76%)	514.44	508.61	(5.83)	(1.13%)	R		50.24	514.44	49.43
(312.37)	Permanent Staff	(26.46)	(26.97)	(0.51)	(1.94%)	(285.92)	(288.29)	(2.37)	(0.83%)	R		(25.52)	(285.92)	(26.46)
(4.84)	Agency Staff	(0.46)	(0.36)	0.10		(4.38)	(3.69)	0.68		G		(0.26)	(4.38)	(0.46)
(16.87)	Bank Staff	(1.44)	(1.64)	(0.20)	(13.58%)	(15.43)	(16.29)	(0.86)	(5.60%)	R		(1.64)	(15.43)	(1.44)
(334.08)	Total Employee Expenses	(28.36)	(28.96)	(0.61)	(2.14%)	(305.72)	(308.27)	(2.55)	(0.83%)	R	4	(27.42)	(305.72)	(28.36)
(98.64)	Drugs and Blood	(8.21)	(5.45)	2.76	33.66%	(89.94)	(82.85)	7.09	7.88%	G		(5.65)	(89.94)	(8.21)
(39.70)	Supplies and services - clinical	(3.26)	(3.45)	(0.19)	(5.78%)	(36.54)	(36.91)	(0.37)	(1.02%)	A		(3.02)	(36.54)	(3.26)
(72.56)	Other Expenses	(5.98)	(4.28)	1.70	28.37%	(66.73)	(64.54)	2.19	3.28%	G		(6.95)	(66.73)	(5.98)
(210.90)	Total Non-Pay Expenses	(17.44)	(13.17)	4.27	24.48%	(193.20)	(184.30)	8.90	4.61%	G	5	(15.62)	(193.20)	(17.44)
(544.97)	Total Expenses	(45.80)	(42.14)	3.66	8.00%	(498.93)	(492.57)	6.36	1.27%	G		(43.04)	(498.93)	(45.80)
16.45	EBITDA (exc Capital Donations)	3.63	6.92	3.29	90.44%	15.51	16.04	0.53	3.41%	G		7.21	15.51	3.63
(17.62)	Owned depreciation, Interest and PDC	(1.38)	(1.75)	(0.37)	(26.85%)	(16.24)	(16.81)	(0.58)	(3.55%)			(0.30)	(16.24)	(1.38)
(1.17)	Surplus/Deficit (exc. PSF/Top up)	2.25	5.17	2.91	129%	(0.72)	(0.77)	(0.05)	(7%)			6.91	(0.72)	2.25
0.00	PSF/Top up	0.00	0.00	0.00		0.00	0.00	0.00				0.00	0.00	0.00
(1.17)	Surplus/Deficit (incl. PSF/Top up)	2.25	5.17	2.91	129.49%	(0.72)	(0.77)	(0.05)	(6.54%)	G		6.91	(0.72)	2.25
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
(15.41)	Donated depreciation	(1.16)	(1.37)	(0.21)		(14.25)	(15.32)	(1.06)				(1.33)	(14.25)	(1.16)
(16.58)	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	1.09	3.79	2.70	247.70%	(14.98)	(16.09)	(1.11)	(7.42%)			5.58	(14.98)	1.09
0.00	Impairments & Unwinding Of Discount	0.00	0.00	0.00		0.00	0.00	0.00				0.00	0.00	0.00
9.30	Capital Donations	0.60	(0.48)	(1.08)		8.70	7.91	(0.78)				0.29	8.70	0.60
(7.28)	Adjusted Net Result	1.69	3.32	1.63	96.18%	(6.28)	(8.17)	(1.90)	(30.19%)			5.87	(6.28)	1.69

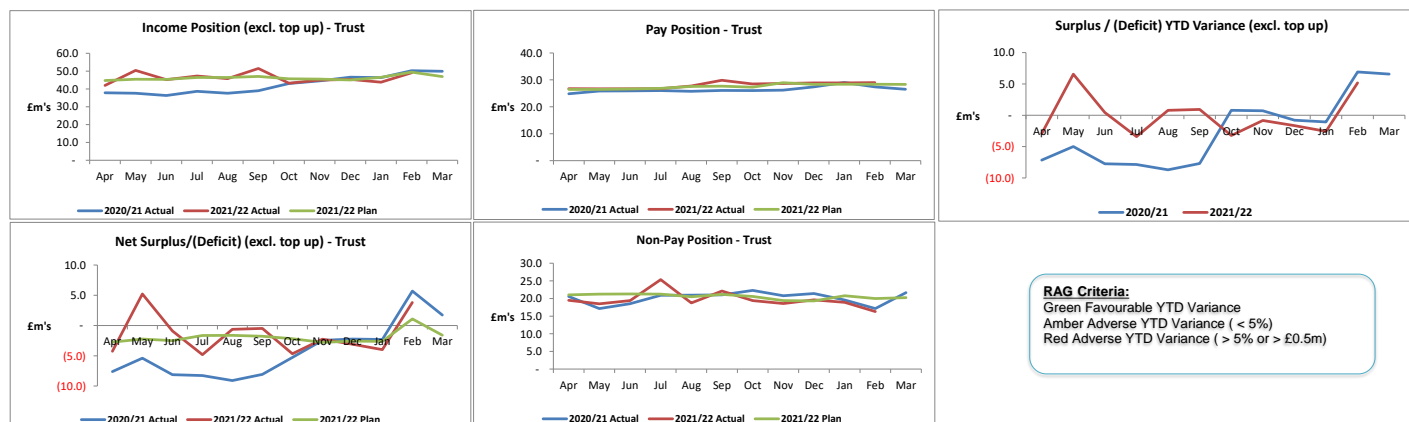
Summary

- The in month Trust financial position at Month 11 is a surplus of £5.2m which is ahead of the plan by £2.9m. As a consequence the YTD deficit reduced to £0.8m which is £0.1m adverse to the plan.
- The in month surplus is due to confirmation of income for cost and volume activity and reduced drug expenditure,. Low private patient income is offset by release of impairment of receivables. This had previously been forecast to occur in month 12.

Notes

- The scope for the Trust to earn ERF has significantly reduced in H2 due to a change in the methodology for eligibility to earn ERF. Although the Trust planned for less ERF in H2 the change in rules and the impact of Omicron have impacted NHS clinical revenue by £2.2m YTD.
- NHS clinical income is £1.0m above plan in month due confirmation of income associated with cost and volume activity (£0.6m), increased Covid income to support with winter pressures and elective recovery (£0.5m). The benefit had previously been forecast in M12.
- Non clinical income is £1.2m above plan in month driven by R&D Grant Income (£0.6m higher than plan) and GOSH Charity Funding (£0.3m higher than plan).
- Private Patient income is £2.6m adverse to plan in month and £4.3m adverse to plan YTD. This is largely due to Covid and the associated suppression of travel. Additionally income reported in Month 11 has been reduced by £1.0m due to a technical adjustment which also sees expenditure reduced by the same amount.
- Pay is adverse to plan in month by £0.6m and adverse to plan YTD by £2.6m. This adverse position has been caused by high levels of sickness and staff isolation linked to Omicron that saw high levels of bank and agency staffing. M11 saw a further reduction in staff absence however there was a significant increase in permanent wtes however there was a significant increase in permanent wtes when compared to previous months.
- Non pay is £4.3m favourable to plan in month and £8.9m favourable to plan YTD. This continues to be driven by lower than planned usage of high cost pass through drugs and devices due to reduced levels of private patient activity and a continuing reduction in impairment of receivables linked to the payment of invoices previously provided for. Additionally Establishment costs are low in month due to a combination of reductions in printing and work permit costs. Supplies and Services - General costs are low in month driven by a review of NHSEI work programme accruals.

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



Trust Income and Expenditure Forecast Outturn Summary for the 11 months ending 28 Feb 2022

2021/22					
Income & Expenditure					Rating
	Plan (H1 Actual + H2 Plan)	Forecast	Variance		YTD Variance
	(£m)	(£m)	(£m)	%	
NHS & Other Clinical Revenue	475.16	470.73	(4.43)	(0.93%)	R
Private Patient Revenue	29.13	25.56	(3.57)	(12.24%)	R
Non-Clinical Revenue	57.13	57.58	0.45	0.79%	G
Total Operating Revenue	561.42	553.87	(7.54)	(1.34%)	R
Permanent Staff	(312.37)	(315.80)	(3.43)	(1.10%)	R
Agency Staff	(4.84)	(3.86)	0.98	20.20%	G
Bank Staff	(16.87)	(17.91)	(1.04)	(6.18%)	R
Total Employee Expenses	(334.08)	(337.57)	(3.50)	(1.05%)	R
Drugs and Blood	(98.64)	(92.28)	6.36	6.44%	G
Supplies and services - clinical	(39.70)	(40.61)	(0.91)	(2.29%)	R
Other Expenses	(72.56)	(71.47)	1.09	1.50%	G
Total Non-Pay Expenses	(210.90)	(204.36)	6.54	3.10%	G
Total Expenses	(544.97)	(541.93)	3.04	0.56%	G
EBITDA (exc Capital Donations)	16.45	11.94	(4.50)	(27.38%)	R
Owned depreciation, Interest and PDC	(17.62)	(17.81)	(0.20)	(1.12%)	
Surplus/Deficit (exc. PSF/Top up)	(1.17)	(5.87)	(4.70)	(402%)	
PSF/Top up	0.00	0.00	0.00		
Surplus/Deficit (incl. PSF/Top up)	(1.17)	(5.87)	(4.70)	(402.26%)	R
Donated depreciation	(15.41)	(16.79)	(1.38)	(8.95%)	
Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	(16.58)	(22.66)	(6.08)	(36.68%)	
Impairments	0.00	0.00	0.00		
Capital Donations	9.30	8.39	(0.91)	(9.77%)	
Adjusted Net Result	(7.28)	(14.27)	(6.99)	(96.04%)	

RAG Criteria:

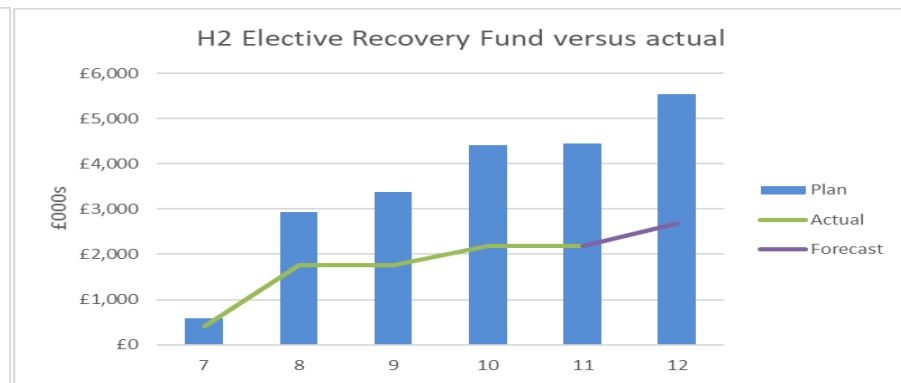
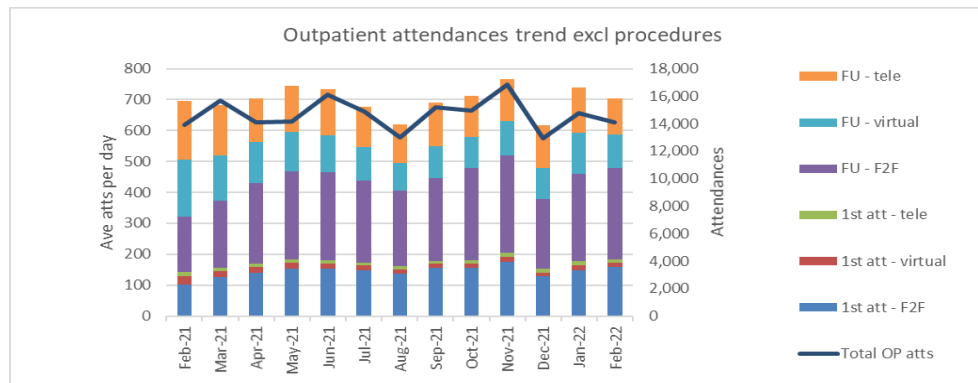
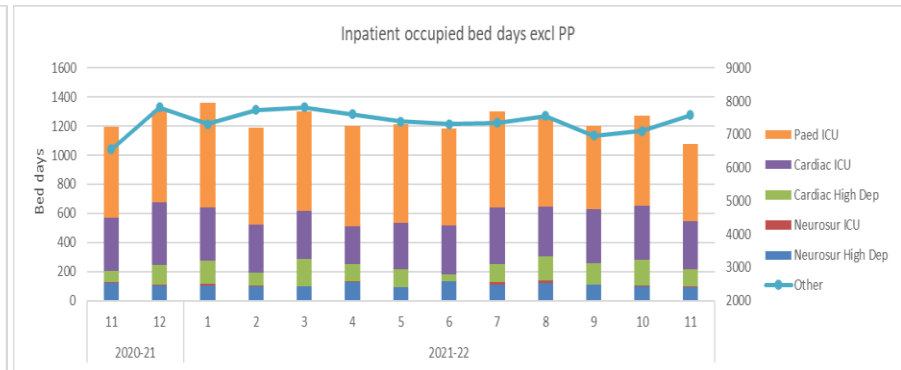
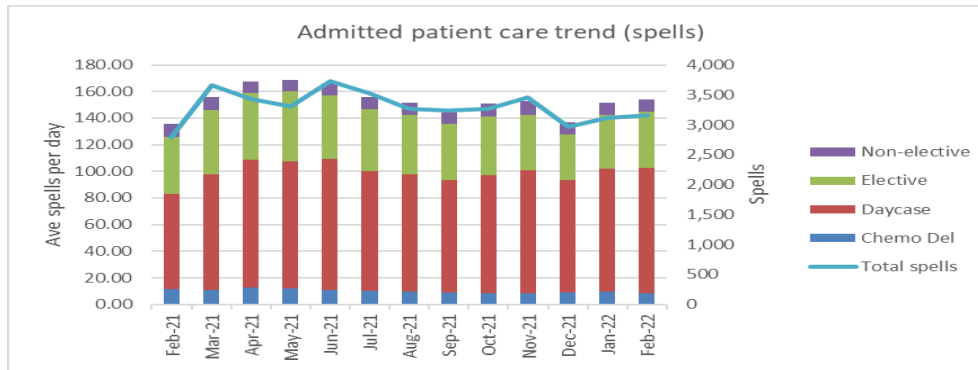
Green Favourable YTD Variance
 Amber Adverse YTD Variance (< 5%)
 Red Adverse YTD Variance (> 5% or > £0.5m)

Summary

- The M11 forecast shows a forecast outturn deficit of £5.9m, which is £4.7m adverse to the revised plan. This is principally driven by a reduction in expected ERF, a shortfall on private patient income and increased pay costs to cover staff sickness and covid-19 isolation. The month 11 surplus has not changed the forecast as the additional income had already been forecast.

Notes

- The forecast for NHS & other clinical revenue is £4.4m lower than plan. This is driven by reduced ERF income in line with lower activity levels (that meet the criteria) and reduced usage of pass through drugs due to Covid.
- Private Patient income is forecast to be £3.6m adverse to plan. The impact of omicron and continued travel restrictions linked to Covid has surprised the Trusts recovery plans.
- Pay is forecast to be £3.5m adverse to plan due to staffing costs that are required to continue to deliver on waiting list reduction and sickness coverage for staff isolating and unwell.
- Non-pay forecast is £6.5m favourable against the plan due to lower forecast usage of high cost drugs and devices, partially offset by reduced income, and the continued payment of private patient invoices resulting the release of provisions. .

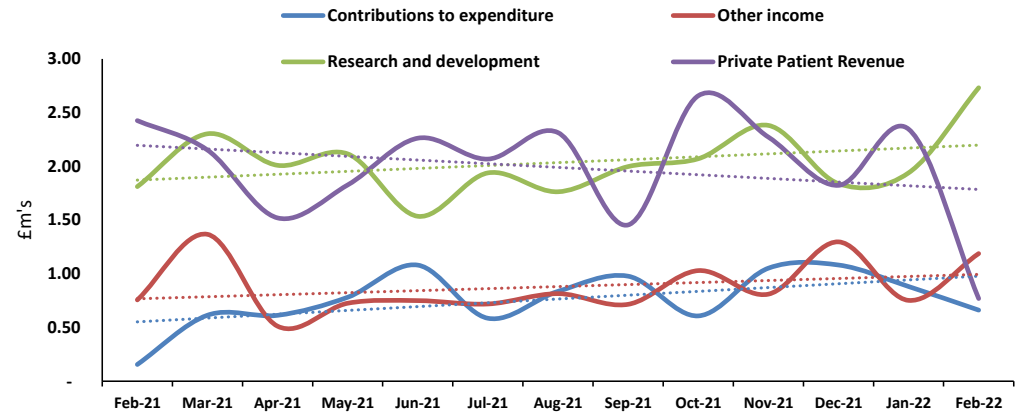
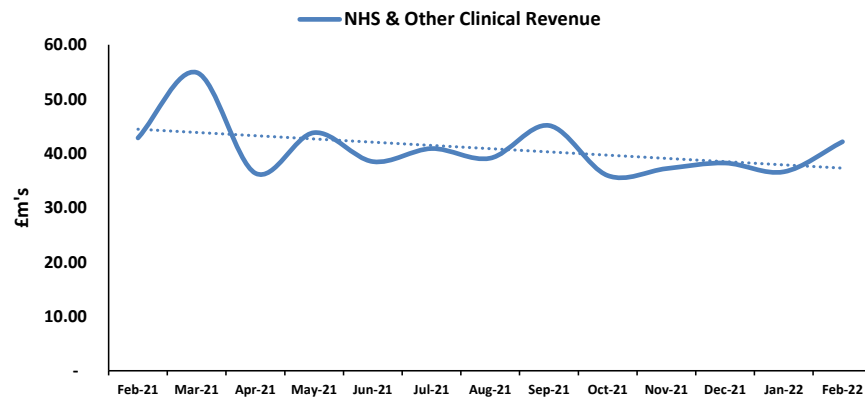


Summary

- Overall activity in February has increased per working day for all points of delivery with the exception of outpatient follow up attendances, showing continued recovery from the impact of Omicron.
- The largest increase for admitted patient care per working day is elective spells at 4.7% that is reflected in increased beddays per working day particularly those outside of critical care.
- Outpatient attendances have decreased 4.8% per working day overall versus January reflecting the impact of half term. There has been an increase of 6.1 first attendances per working day offset by a reduction in outpatient attendances of 41.25 attendances per working day. Non-face to face attendances have returned to similar levels seen in October and November at 35% of total attendances versus 42% in January.
- Clinical supplies and services have increased versus January (£3.2m to £2.6m) reflecting the higher levels of activity.
- The H2 elective recovery fund actual performance based on clock stops continues to under-perform versus plan by £2.2m and the forecast value for March has been reduced by £0.6m to reflect expected volume of clock stops including the impact of Super Saturday. There may be an increase in the value for February as clock stops are finalised.

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

2020/21 Income for the 11 months ending 28 Feb 2022



Summary

- Trust total income YTD is £5.8m adverse to plan, driven by lower than plan ERF income in H2 (£2.2m) and lower than planned private patient income (£4.3m).
- NHS clinical income is £1.0m above plan in month due to a catch up on payments for NHSE cost and volume activity (£0.6m) and increased Covid income to support with winter pressures and elective recovery (£0.6m). Non clinical income is £1.2m above plan in month driven by R&D Grant Income (£0.6m higher than plan) and GOSH Charity Funding (£0.3m higher than plan).
- Private Patient income is £4.3m adverse to plan YTD. 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. Additionally income reported in Month 11 has been reduced by £1.0m due to a technical adjustment which also sees expenditure reduced by the same amount.

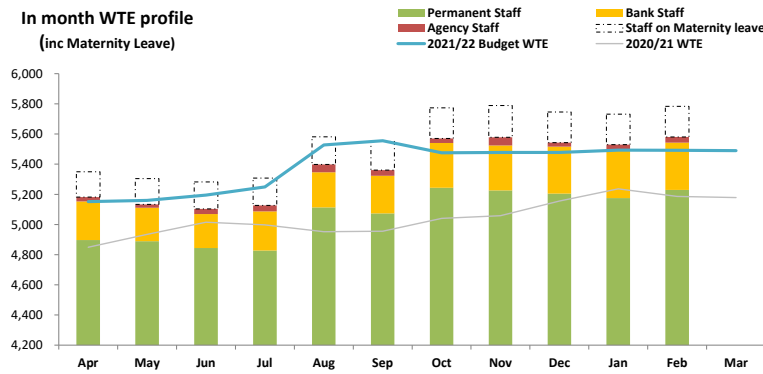
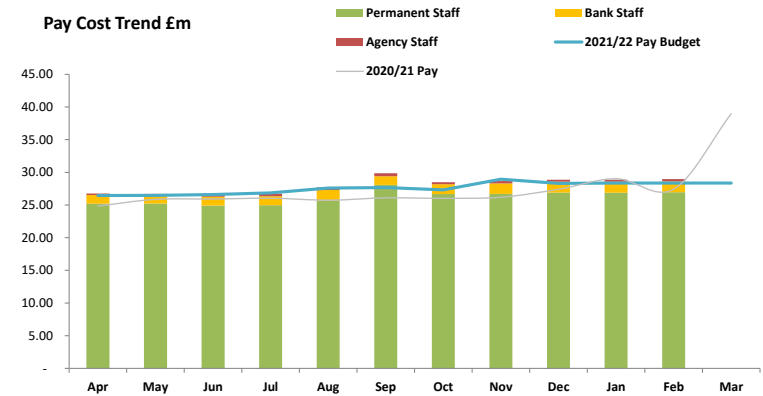
Workforce Summary for the 11 months ending 28 Feb 2022



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

£m including Perm, Bank and Agency Staff Group	2020/21 actual full year			2021/22 actual			Variance			RAG
	FY (£m)	FY 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	55.8	1,250.3	48.6	(3.9)	(2.5)	(1.5)	R
Consultants	60.3	387.7	155.5	58.1	394.9	160.5	(2.8)	(1.0)	(1.8)	R
Estates & Ancillary Staff	4.7	138.7	33.7	9.3	314.2	32.3	(5.0)	(5.4)	0.4	R
Healthcare Assist & Supp	11.3	325.9	34.7	10.4	321.9	35.2	(0.0)	0.1	(0.2)	G
Junior Doctors	31.4	377.0	83.2	29.2	385.5	82.6	(0.4)	(0.7)	0.2	A
Nursing Staff	89.8	1,600.9	56.1	85.7	1,619.8	57.7	(3.4)	(1.0)	(2.4)	R
Other Staff	0.7	12.3	53.8	0.8	15.3	54.2	(0.2)	(0.1)	(0.0)	A
Scientific Therap Tech	56.9	981.8	58.0	54.9	1,035.2	57.8	(2.7)	(2.8)	0.1	R
Total substantive and bank staff costs	311.6	5,018.1	62.1	304.1	5,337.1	62.2	(18.5)	(18.2)	(0.4)	R
Agency	3.7	28.3	129.4	3.7	35.9	112.4	(0.3)	(0.9)	0.6	A
Total substantive, bank and agency cost	315.2	5,046.4	62.5	307.8	5,372.9	62.5	(18.8)	(19.1)	0.2	R
Reserve*	1.9	0.3		0.5	0.2		1.3	1.3	0.0	G
Additional employer pension contribution by NHSE	12.4	0.0		0.0	0.0		11.3	0.0	11.3	G
Total pay cost	329.6	5,046.6	65.3	308.3	5,373.1	62.6	(6.2)	(17.7)	11.5	R
Remove maternity leave cost	(3.1)			(3.8)			1.0	0.0	1.0	G
Total excluding Maternity Costs	326.4	5,046.6	64.7	304.5	5,373.1	61.8	(5.2)	(17.7)	12.5	R

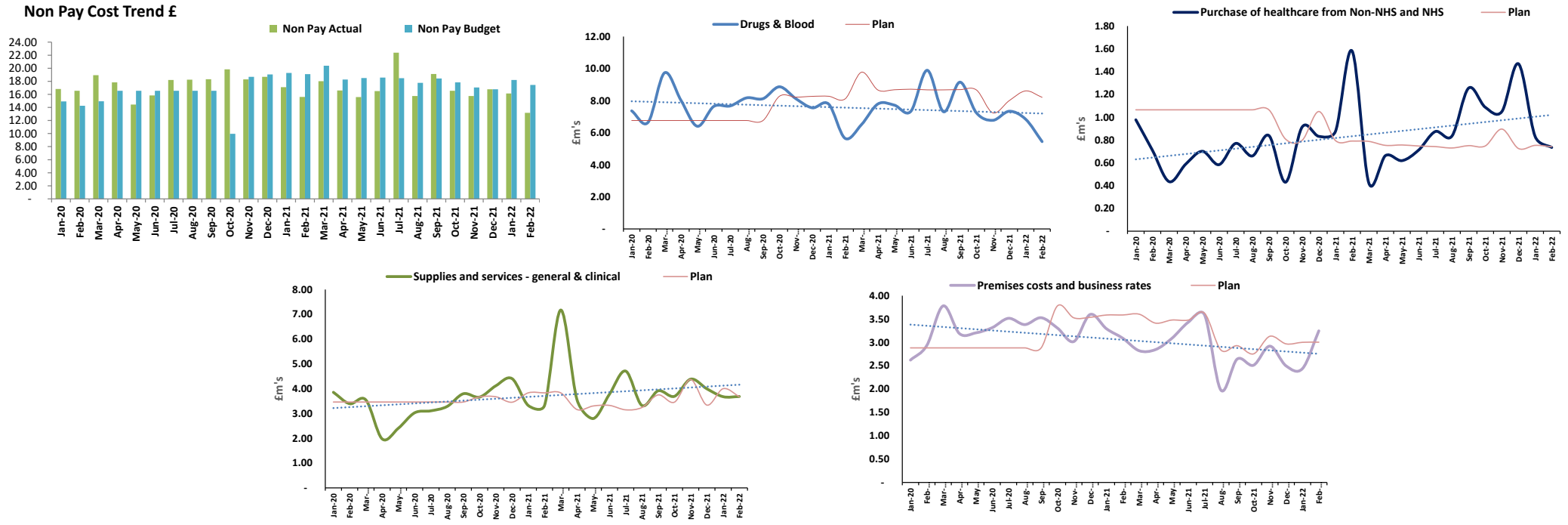
*Plan reserve includes WTEs relating to the better value programme



Summary

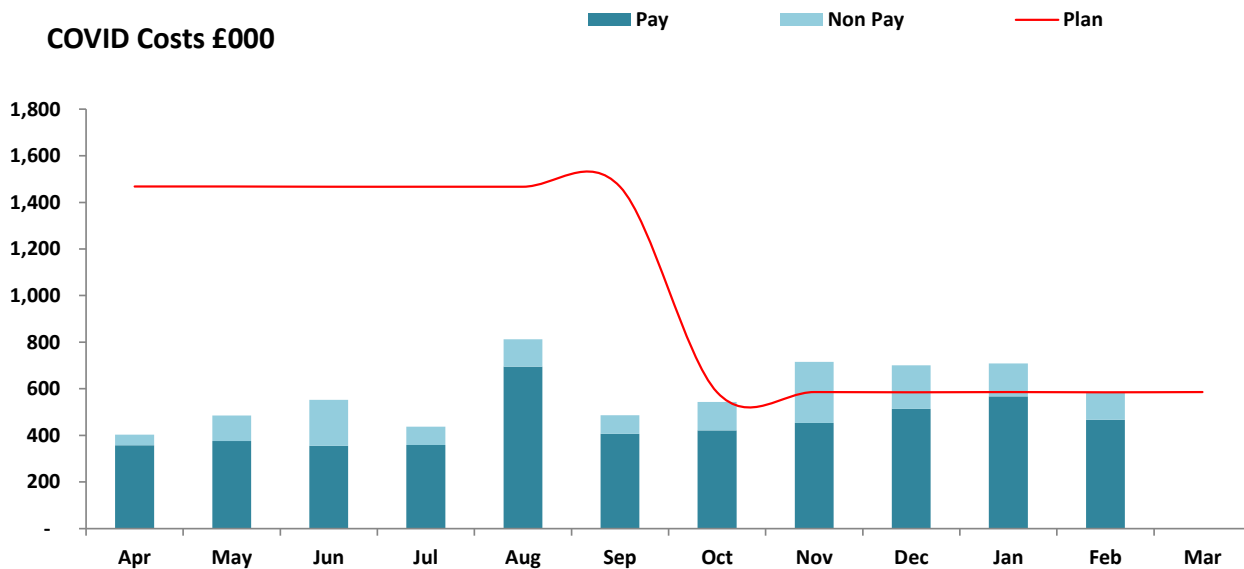
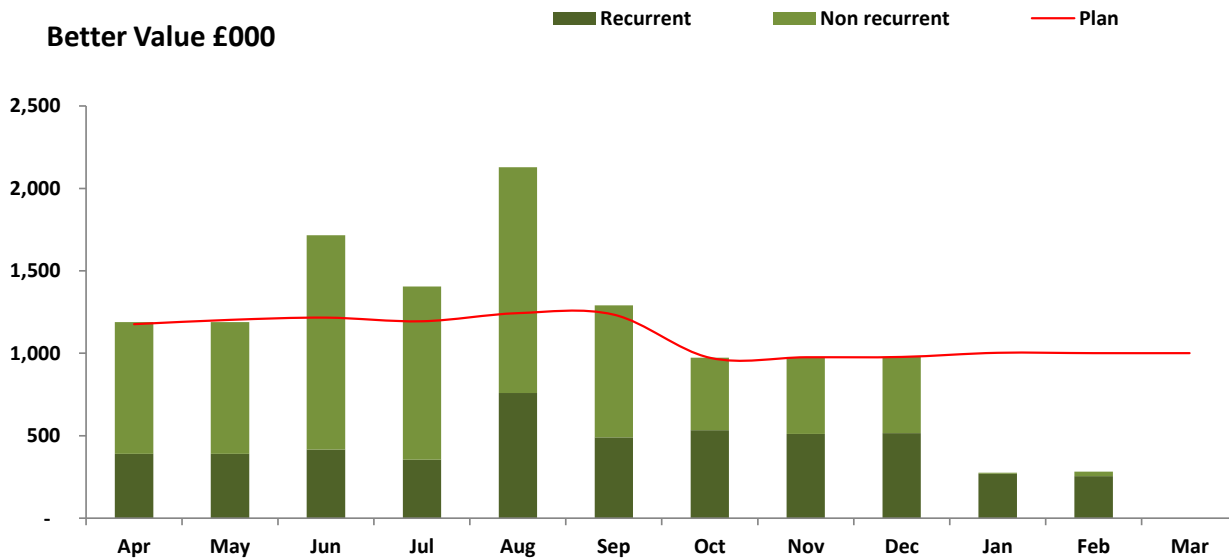
- Pay costs are £0.6m adverse to plan in month and £2.6m adverse to plan YTD. Staffing levels overall remain high due to Covid driving down staff turnover and impacting staff in relation to isolation and sickness.
- February has seen a further reduction in the number of staff absent from the Trust due to Covid with the number falling from 5% on the 31st January to 4% on the 28th February. This shows the reduced impact that Omicron is now having on the Trust staffing levels.
- Although staff costs to cover staff absence has fallen the Trust has seen continued costs relating to reducing the waiting lists.
- The Trust continues to see high levels of maternity leave which is contributing to the higher than planned levels of temporary staffing across the Trust.
- When comparing 2020/21 to 21/22 the largest volume variance increase is seen in the Estates & Ancillary staff. This represents the trust bringing the domestic staff in house. The next largest increases are Scientific staff with Admin shortly behind. These increase are both linked to Covid-19 and represent additional staff required to undertake testing and to undertake additional administrative duties to work on increasing patient activity.
- The price variance has remained mainly the same with a reduction in the Estates and Ancillary staff representing the change in staffing mix following the Trust bringing in house the domestic staff.

Non-Pay Summary for the 11 months ending 28 Feb 2022



Summary

- Non pay is £4.3m favourable to plan in month and £8.9m favourable YTD. These favourable variances are largely due to drug expenditure being lower than plan which is linked to lower patient volumes that are requiring high cost drugs.
- The Trust has seen continued payment of private patient aged invoices that have seen a significant further reduction in impairment of receivables in month. The Trust continues to work to collect payment for these invoices and reduce the debt.
- Establishment costs are low in month due to a combination of a review of accruals, reductions in printing and work permit costs and a catch up on recharges.
- Supplies and Services - General costs are low in month driven by a review of NHSEI work programme accruals.



Better Value and Covid-19 costs

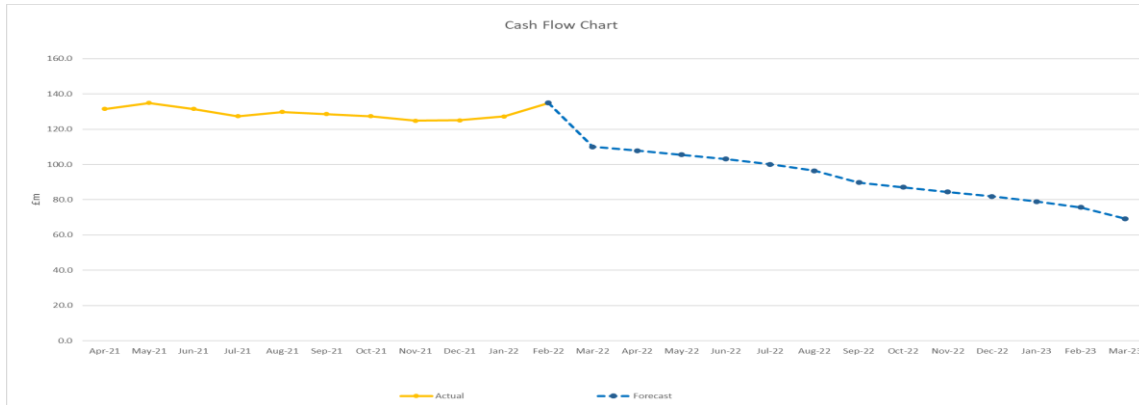
- The Trust has a better value programme plan for H2 of £5.9m as per the new H2 plan submission. The Trust has achieved £12.4m of better value savings YTD largely through controlled spend both recurrently and non-recurrently. Due to the impact of omicron and the Trust work on reducing waiting lists the medium and high risks plans have not been fully developed and did not deliver in Month 9. It is not forecast that these will deliver for the rest of 2021/22.
- Covid costs YTD have totalled £6.4m largely for additional staffing needs to meet the covid response and a variety of non-pay spends including decontamination, lab and consumables spend. These costs have risen with the Omicron variant and the additional costs incurred by the Trust to maintain services.

31 Mar 2021 Audited Accounts £m	Statement of Financial Position	YTD Actual 31 Jan 22 £m	YTD Actual 28 Feb 22 £m	In month Movement £m
532.75	Non-Current Assets	525.03	524.35	(0.68)
64.56	Current Assets (exc Cash)	71.27	66.06	(5.21)
126.19	Cash & Cash Equivalents	127.19	134.95	7.76
(102.80)	Current Liabilities	(114.83)	(113.43)	1.40
(6.45)	Non-Current Liabilities	(5.90)	(5.86)	0.04
614.25	Total Assets Employed	602.76	606.07	3.31

31 Mar 2021 Audited Accounts £m	Capital Expenditure	YTD plan 28 February 2022 £m	YTD Actual 28 February 2022 £m	YTD Variance £m	Forecast Outturn 31 Mar 2022 £m	RAG YTD variance
6.50	Redevelopment - Donated	9.40	6.60	2.80	7.14	A
2.56	Medical Equipment - Donated	1.75	1.26	0.49	2.67	A
0.00	ICT - Donated	0.00	0.02	(0.02)	0.02	G
9.06	Total Donated	11.15	7.88	3.27	9.83	A
0.00	Total Grant funded	0.40	0.03	0.37	0.37	R
5.09	Redevelopment & equipment - Trust Funded	6.96	6.36	0.60	11.71	G
1.10	Estates & Facilities - Trust Funded	5.91	1.01	4.90	1.19	R
2.67	ICT - Trust Funded	2.36	1.72	0.64	3.34	A
0.00	Share allocation	0.00	0.00	0.00	0.02	G
0.00	Contingency	0.30	0.00	0.30	0.00	G
0.00	Disposals	0.00	0.00	0.00	(0.22)	G
8.86	Total Trust Funded	15.53	9.09	6.44	16.04	R
2.56	PDC	0.00	1.20	(1.20)	1.38	G
20.48	Total Expenditure	27.08	18.20	8.88	27.62	A

31-Mar-21	Working Capital	31-Jan-22	28-Feb-22	RAG	KPI
5.0	NHS Debtor Days (YTD)	6.0	3.0	G	< 30.0
288.0	IPP Debtor Days	72.0	69.0	G	< 120.0
27.1	IPP Overdue Debt (£m)	12.0	11.8	R	0.0
95.0	Inventory Days - Non Drugs	91.0	91.0	R	30.0
31.0	Creditor Days	26.0	25.0	G	< 30.0
41.6%	BPPC - NHS (YTD) (number)	44.0%	44.5%	R	> 95.0%
70.6%	BPPC - NHS (YTD) (£)	73.5%	74.3%	R	> 95.0%
83.4%	BPPC - Non-NHS (YTD) (number)	83.9%	83.3%	R	> 95.0%
88.9%	BPPC - Non-NHS (YTD) (£)	92.4%	92.0%	A	> 95.0%
81.7%	BPPC - Total (YTD) (number)	82.2%	81.7%	R	> 95.0%
87.4%	BPPC - Total (YTD) (£)	90.7%	90.4%	A	> 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 28 February was £8.9m less than plan; Trust-funded expenditure was £6.4m less than plan; donated was £3.3m less than plan; grant-funded £0.4m less than plan; and PDC funded expenditure £1.2m more than plan. The forecast Trust-funded outturn is now £2.0m less than plan. £1.4m of PDC has been allocated to the Trust for Targeted Investment Fund projects and NCL programmes, including the Accelerator Programme.
- Cash held by the Trust increased by £7.8m to £134.9m.
- Total Assets employed at M11 increased by £3.3m in month as a result of the following:
 - Non current assets decreased by £0.7m to £524.3m.
 - Current assets excluding cash totalled £66.1m, decreasing by £5.2m in month. This largely relates to the following: Accrued income (£1.1m higher in month and this largely relates in amounts not yet invoiced to NHSE (Battens treatment and Clinical Excellence Awards) and HEE; Contract receivables including IPP which have been invoiced (£2.3m lower in month); other receivables (£2.9m lower in month and this largely relates to receipts from GOSH Charity); capital receivables was £0.5m lower in month and inventories (£0.6m lower in month).
 - Cash held by the Trust totalled £134.9m, increasing in month by £7.8m.
 - Current liabilities decreased in month by £1.4m to £113.4m. This includes deferred income (£3.7m lower in month) and Capital creditors (£0.3m lower in month). This is offset against the increase in expenditure accruals (£0.4m higher in month); other payables (£1.1m higher in month) and NHS payables (£1.1m higher in month).
- IPP debtors days decreased in month from 72 to 69. Total IPP debt (net of cash deposits held) decreased in month to £7.2m (£7.7m in M10). Overdue debt decreased in month to £11.8m (£12.0m in M10).
- In M11, 82% of the total number of creditor invoices were settled within 30 days of receipt; this represented 90% 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) was 83% (84% in M10). This represented 92% of the total value of invoices settled within 30 days (92% in M10). The cumulative BPPC for NHS invoices (by number) was 44% (44% in M10). This represented 74% of the value of invoices settled within 30 days (73% in M10). 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 26 to 25 days.

Appendices

Blood Cells & Cancer Income and Expenditure Performance Summary for the 11 months ending 28 Feb 2022



2021/22										
Annual Plan	Income & Expenditure	Month 11				Year to Date				YTD Variance
		Plan	Actual	Variance		Plan	Actual	Variance		
(£m)	Blood Cells & Cancer	(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	
0.00	NHS & Other Clinical Revenue	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	G
0.93	Private Patient Revenue	0.10	0.02	(0.08)	(79.42%)	0.83	0.07	(0.76)	(91.11%)	R
0.39	Non-Clinical Revenue	0.03	0.06	0.03	98.66%	0.36	0.59	0.23	65.54%	G
1.32	Total Operating Revenue	0.13	0.08	(0.05)	(35.65%)	1.19	0.66	(0.53)	(44.15%)	R
(28.84)	Permanent Staff	(2.42)	(2.39)	0.02	0.90%	(26.43)	(26.15)	0.28	1.06%	G
0.00	Agency Staff	0.00	0.00	0.00	0%	0.00	0.02	0.02	0%	G
(0.16)	Bank Staff	(0.01)	(0.18)	(0.17)	(1,234.99%)	(0.15)	(1.61)	(1.46)	(980.98%)	R
(29.01)	Total Employee Expenses	(2.43)	(2.57)	(0.15)	(5.98%)	(26.58)	(27.73)	(1.16)	(4.36%)	R
(0.84)	Drugs and Blood	(0.07)	(0.47)	(0.40)	(575.04%)	(0.77)	(0.93)	(0.16)	(21.47%)	R
(1.24)	Supplies and services - clinical	(0.10)	(0.13)	(0.03)	(30.63%)	(1.13)	(1.12)	0.01	0.97%	G
(2.82)	Other Expenses	(0.24)	(0.32)	(0.08)	(35.02%)	(2.59)	(2.69)	(0.10)	(3.77%)	A
(4.90)	Total Non-Pay Expenses	(0.41)	(0.92)	(0.52)	(126.15%)	(4.49)	(4.74)	(0.25)	(5.60%)	R
(32.59)	Control total	(2.71)	(3.41)	(0.71)	(26.14%)	(29.88)	(31.81)	(1.93)	(6.47%)	R

Green = Favourable YTD Variance; Amber = Adverse YTD Variance Less than 5%; Red = Adverse YTD Variance greater than 5%

2020/21	CY vs PY	
YTD Actual	Var to PY	
(£m)	(£m)	%
0.00	0.00	0%
0.93	(0.86)	(92.06%)
0.31	0.28	93.22%
1.24	(0.57)	(46.37%)
(24.25)	(1.90)	(7.83%)
0.00	0.02	0%
(1.60)	(0.01)	(0.69%)
(25.85)	(1.89)	(7.31%)
(0.80)	(0.13)	(16.80%)
(1.09)	(0.03)	(2.78%)
(2.56)	(0.12)	(4.82%)
(4.45)	(0.29)	(6.47%)
(29.06)	(2.75)	(9.47%)

Summary - Esther Donto - General Manager

The directorate is £0.7m adverse in month and £1.9m adverse YTD.

The YTD adverse position reflects the £0.8m impact of reduced Private Patient Income due to reduced activity. In addition £1.1m overspend on pay attributed to high levels of bank across several staff groups due to the impact of high sickness, increased levels of PIM'S-TS patients in recent months and gaps in junior doctor rota's. However circa £0.4m of this spend is Covid related.

Notes

Income

YTD is £0.5m adverse and driven by minimal private patients in BCC beds resulting in £0.8m adverse to plan which is a direct result of the Covid pandemic and travel restrictions. However, Commercial Clinical Trial, partially mitigated this position, which is £0.2m favourable.

Pay

£1.1m, is adverse year to date.

Nursing is £0.3m adverse. Months 5 - 11 are reporting high bank usage due to a combination of high sickness levels & the impact of track and trace.

Junior doctors is £0.3m adverse. There are currently several gaps in the junior doctor rota due to maternity leave and sickness which is being covered by bank.

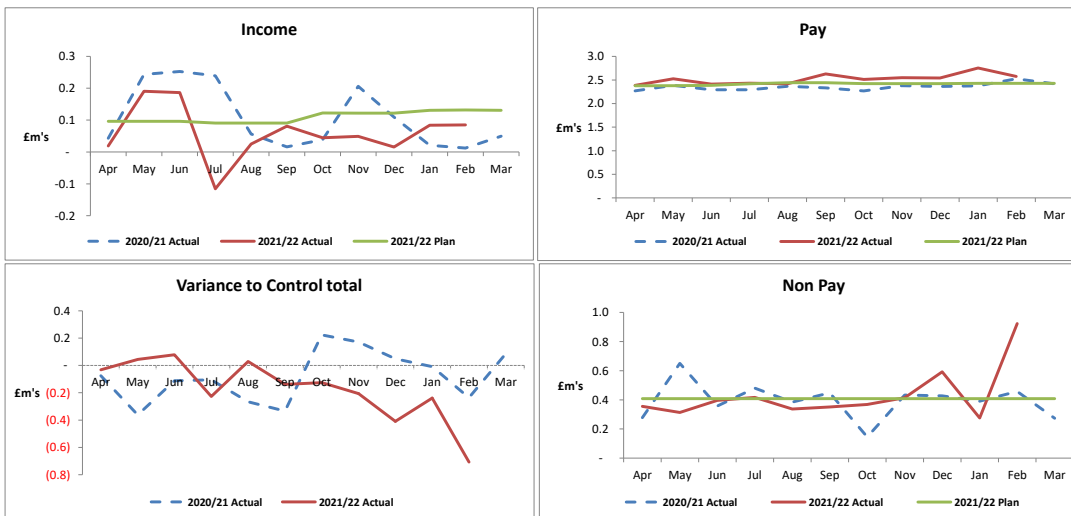
Consultants is £0.4m adverse which is attributable to bank spend which has increased in the past 4 months as well as in month backdated impact of CEA awards.

Non-Pay

Non-Pay year to date is £0.2m favourable partly due to reduced activity levels over the summer months and is now running to plan in line with increased activity. The position also includes £0.2m attributed to Fertility Preservation treatments for GOSH patients which is currently taking place at St Mary's.

RAG Criteria:

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



Body Bones & Mind Income and Expenditure Performance Summary for the 11 months ending 28 Feb 2022



		2021/22								
Annual Plan	Income & Expenditure	Month 11				Year to Date				YTD Variance
		Plan	Actual	Variance		Plan	Actual	Variance		
(£m)	Body Bones & Mind	(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	
0.00	NHS & Other Clinical Revenue	0.00	0.00	0.00	0%	0.00	0.08	0.08	0%	G
1.02	Private Patient Revenue	0.14	0.02	(0.12)	(87.54%)	0.88	0.37	(0.51)	(57.88%)	R
0.34	Non-Clinical Revenue	0.03	(0.01)	(0.04)	(130.35%)	0.31	0.33	0.03	8.38%	G
1.35	Total Operating Revenue	0.16	0.01	(0.16)	(94.86%)	1.19	0.79	(0.40)	(33.82%)	R
(29.61)	Permanent Staff	(2.46)	(2.48)	(0.03)	(1.15%)	(27.15)	(26.48)	0.67	2.47%	G
0.00	Agency Staff	0.00	(0.00)	(0.00)	0%	0.00	(0.03)	(0.03)	0%	G
(0.40)	Bank Staff	(0.03)	(0.17)	(0.14)	(417.28%)	(0.37)	(1.83)	(1.46)	(397.89%)	R
(30.01)	Total Employee Expenses	(2.49)	(2.66)	(0.17)	(6.76%)	(27.52)	(28.35)	(0.83)	(3.00%)	R
(0.07)	Drugs and Blood	(0.01)	(0.00)	0.00	32.43%	(0.06)	(0.07)	(0.01)	(10.32%)	G
(1.21)	Supplies and services - clinical	(0.10)	(0.10)	0.00	4.08%	(1.11)	(0.66)	0.45	40.35%	G
(0.67)	Other Expenses	(0.06)	(0.03)	0.03	47.76%	(0.62)	(0.67)	(0.06)	(9.54%)	R
(1.95)	Total Non-Pay Expenses	(0.16)	(0.13)	0.03	20.09%	(1.79)	(1.41)	0.38	21.41%	G
(30.61)	Control total	(2.49)	(2.78)	(0.29)	(11.68%)	(28.12)	(28.97)	(0.84)	(3.00%)	R

Green = Favourable YTD Variance; Amber = Adverse YTD Variance Less than 5%; Red = Adverse YTD Variance greater than 5%

2020/21	CY vs PY	
YTD Actual	Var to PY	
(£m)	(£m)	%
0.02	0.07	404.38%
0.56	(0.19)	(34.28%)
0.37	(0.03)	(9.20%)
0.95	(0.16)	(17.04%)
(25.25)	(1.23)	(4.88%)
(0.03)	(0.00)	(2.77%)
(2.15)	0.32	14.72%
(27.43)	(0.92)	(3.34%)
(0.04)	(0.03)	(75.15%)
(0.86)	0.19	22.61%
(0.59)	(0.08)	(13.87%)
(1.49)	0.08	5.47%
(27.97)	(1.00)	(3.56%)

Summary - Jeremy Nobes - General Manager

- The Directorate is £0.3m adverse to Plan in month, and £0.8m adverse YTD. Although the monthly variance has remained similar to M10, YTD position has deteriorated by £0.3m. The main contributing factor towards the adverse variance remains to be pay spend.

Notes

Income

- Private Patients income continues to under achieve against plan, this has an adverse effect on the overall income position.

Pay

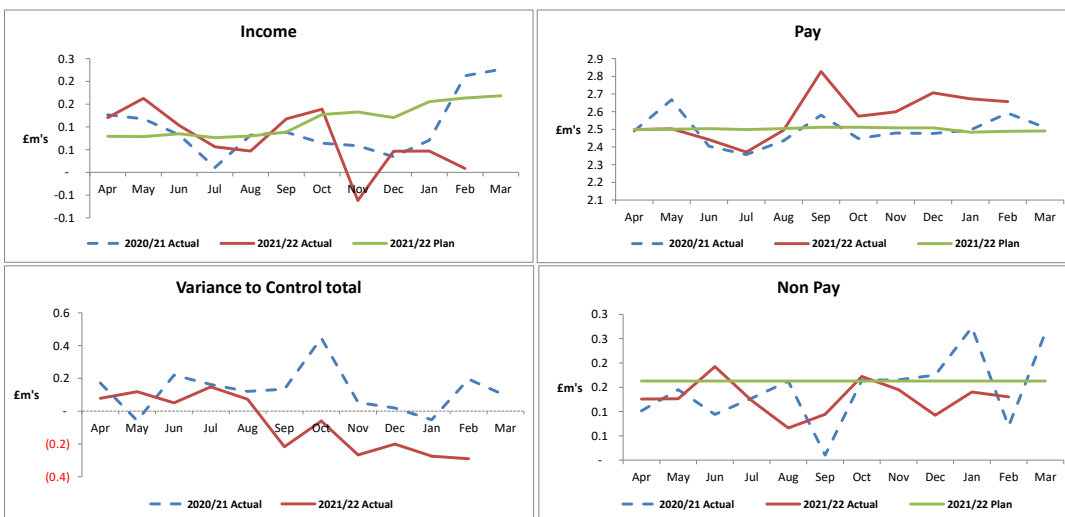
- Pay costs £0.17m adverse to plan in month and £0.83m adverse year to date. This is an increase of £0.20m compared to Month 10.

- Bank spend remains to be the main contributing factor for the pay over spend, mainly in the Junior Doctors staffing group.

Non-Pay

- Non Pay costs are broadly to plan in month and £0.38m favourable year to date driven by underspend in supplies and services clinical

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



2021/22										
Annual Plan	Income & Expenditure	Month 11				Year to Date				YTD Variance
		Plan	Actual	Variance		Plan	Actual	Variance		
		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	
0.00	NHS & Other Clinical Revenue	0.00	0.02	0.02	0%	0.00	0.02	0.02	0%	G
12.11	Private Patient Revenue	1.38	0.48	(0.90)	(65.24%)	10.75	5.50	(5.26)	(48.89%)	R
0.52	Non-Clinical Revenue	0.05	0.03	(0.02)	(41.48%)	0.43	0.56	0.13	31.43%	G
12.63	Total Operating Revenue	1.43	0.53	(0.90)	(63.00%)	11.18	6.08	(5.10)	(45.61%)	R
(58.41)	Permanent Staff	(4.89)	(4.82)	0.07	1.48%	(53.52)	(53.15)	0.37	0.68%	G
0.00	Agency Staff	0.00	(0.01)	(0.01)	0%	0.00	(0.18)	(0.18)	0%	
(0.90)	Bank Staff	(0.07)	(0.39)	(0.31)	(417.02%)	(0.82)	(4.13)	(3.31)	(401.44%)	R
(59.31)	Total Employee Expenses	(4.97)	(5.22)	(0.25)	(5.07%)	(54.34)	(57.46)	(3.12)	(5.74%)	R
(0.80)	Drugs and Blood	(0.07)	(0.11)	(0.04)	(57.92%)	(0.73)	(1.08)	(0.34)	(46.64%)	R
(4.85)	Supplies and services - clinical	(0.41)	(0.56)	(0.16)	(39.25%)	(4.45)	(4.45)	(0.01)	(0.12%)	G
(2.41)	Other Expenses	(0.20)	(0.11)	0.09	46.64%	(2.21)	(2.27)	(0.06)	(2.57%)	A
(8.07)	Total Non-Pay Expenses	(0.67)	(0.78)	(0.10)	(15.45%)	(7.39)	(7.80)	(0.40)	(5.48%)	R
(54.74)	Control total	(4.21)	(5.47)	(1.26)	(29.80%)	(50.55)	(59.18)	(8.63)	(17.06%)	R

Green = Favourable YTD Variance; Amber = Adverse YTD Variance Less than 5%; Red = Adverse YTD Variance greater than 5%

2020/21	CY vs PY	
YTD Actual	Var to PY	
(£m)	(£m)	%
(0.16)	0.18	114.12%
11.77	(6.28)	(53.31%)
0.31	0.25	79.75%
11.92	(5.84)	(49.01%)
(50.79)	(2.36)	(4.65%)
(0.01)	(0.17)	(2,396.09%)
(4.21)	0.07	1.77%
(55.00)	(2.46)	(4.47%)
(0.93)	(0.15)	(16.14%)
(4.86)	0.40	8.33%
(2.04)	(0.23)	(11.36%)
(7.82)	0.02	0.30%
(50.90)	(8.28)	(16.27%)

Summary - Jennifer McCole - Interim General Manager

- The Directorate is £8.6m adverse to plan YTD; private patient activity shortfalls have caused £5.3m of this variance

Notes

Private Patient Income

Private patient income continues to be down against Plan (£5.3m YTD) due to low patient volumes resulting from international travel restrictions and criteria for referrals. Particularly low activity through PICU, Respiratory and CICU.

Non-Clinical Income

- £0.1m favourable to plan YTD following recognition of income for Outreach SLA contracts.

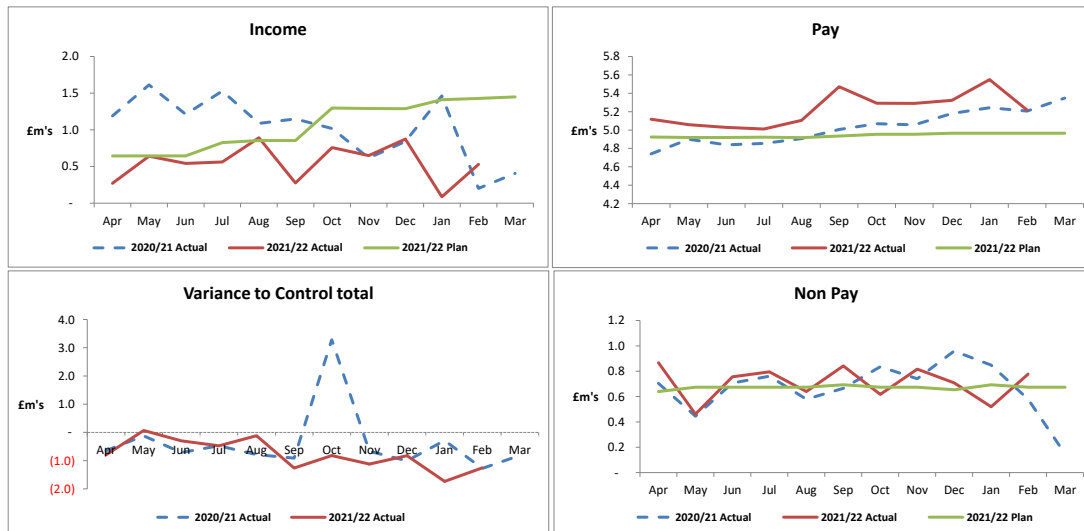
Pay

- £3.1m adverse to plan YTD driven by a combination of medical bank usage (both consultants and junior doctors) where backfill has been required for sickness, leave and vacancies coupled with areas of substantive spend versus budget (£2.1m total medical variance). The ITU's and CATS are the main areas with overspend though the latter is running a 3rd team over the Autumn and Winter period for which expenditure is offset by incremental income in the Trust
- Nursing pay costs are adverse to budget (£0.9m YTD) driven mostly by need to staff beds above plan for CICU and the ensuing additional bank resource. PICU and Bear also overspending vs Plan. STT and Admin staff are in line with budget YTD

Non-Pay

- £0.4m adverse YTD driven by expenditure on clinical supplies and blood costs for increased patient activity across CICU (particularly ECMO which in 21-22 is more than 50% above bed day activity in 19-20 and 20-21).
- The directorate has incurred £0.2m of cost YTD supporting overseas nursing arrivals - work permit and hotel quarantine costs.

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



2021/22										
Annual Plan	Income & Expenditure	Month 11				Year to Date				YTD Variance
		Plan	Actual	Variance	%	Plan	Actual	Variance	%	
(£m)	Brain	(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	
0.00	NHS & Other Clinical Revenue	0.00	0.00	0.00	0%	0.00	0.09	0.09	0%	G
0.83	Private Patient Revenue	0.09	0.09	0.00	5.43%	0.74	0.56	(0.18)	(24.15%)	R
0.84	Non-Clinical Revenue	0.06	0.12	0.06	105.68%	0.77	0.45	(0.32)	(41.44%)	R
1.67	Total Operating Revenue	0.15	0.21	0.07	45.46%	1.51	1.10	(0.41)	(27.16%)	R
(23.13)	Permanent Staff	(1.94)	(1.88)	0.06	3.29%	(21.18)	(19.90)	1.29	6.08%	G
0.00	Agency Staff	0.00	(0.00)	(0.00)	0%	0.00	(0.03)	(0.03)	0%	G
0.00	Bank Staff	0.00	(0.07)	(0.07)	0%	0.00	(1.20)	(1.20)	0%	R
(23.13)	Total Employee Expenses	(1.94)	(1.95)	(0.01)	(0.45%)	(21.18)	(21.13)	0.06	0.27%	G
(0.01)	Drugs and Blood	(0.00)	(0.00)	(0.00)	(242.73%)	(0.01)	(0.05)	(0.04)	(423.85%)	G
(1.14)	Supplies and services - clinical	(0.10)	(0.12)	(0.02)	(16.69%)	(1.05)	(0.84)	0.20	19.38%	G
(0.79)	Other Expenses	(0.07)	(0.08)	(0.01)	(7.92%)	(0.72)	(0.76)	(0.03)	(4.25%)	G
(1.95)	Total Non-Pay Expenses	(0.17)	(0.19)	(0.02)	(14.35%)	(1.78)	(1.65)	0.13	7.49%	G
(23.41)	Control total	(1.97)	(1.93)	0.03	1.68%	(21.45)	(21.67)	(0.22)	(1.03%)	A

Green = Favourable YTD Variance; Amber = Adverse YTD Variance Less than 5%; Red = Adverse YTD Variance greater than 5%

2020/21	CY vs PY	
YTD Actual	Var to PY	
(£m)	(£m)	%
0.00	0.09	0%
1.42	(0.86)	(60.54%)
0.31	0.14	44.38%
1.74	(0.63)	(36.48%)
(19.09)	(0.80)	(4.20%)
0.00	(0.03)	0%
(1.18)	(0.03)	(2.33%)
(20.27)	(0.86)	(4.23%)
(0.02)	(0.03)	(141.78%)
(0.69)	(0.15)	(21.96%)
(0.37)	(0.39)	(104.75%)
(1.08)	(0.57)	(52.44%)
(19.61)	(2.06)	(10.49%)

Summary - Martin Tisdall, Chief of Service

- The directorate is £0.03m favourable to plan in month and £0.2m adverse to plan YTD.

Notes

Income

- Private patient income is significantly higher than the last few months but continues to be adverse to Plan YTD (£0.2m). The adverse position YTD is a result of limited numbers of private patients accommodated on the wards, the number of patients and income generated was therefore lower than the plan.
- Non-clinical revenue is adverse to plan YTD. Whilst a number of the SLA's for outreach clinics have been signed over the last 2 months there are still a small number of agreements that have not been signed off including those for the provision of tests to other Trusts.
- R&D income remains adverse YTD (£110k) due to reduced phasing of trials and payments.

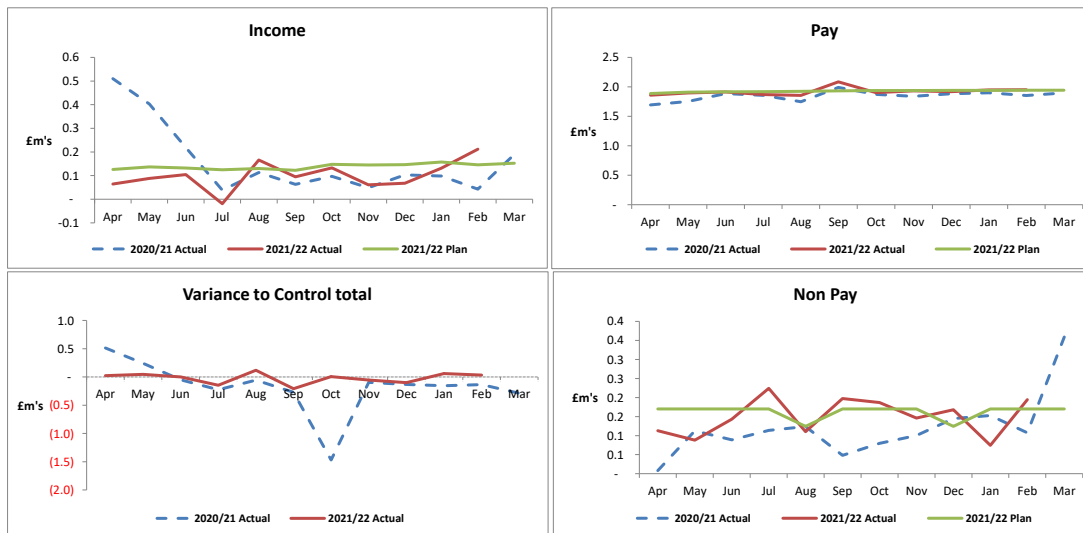
Pay

- In month and YTD pay costs are in line with Plan and remain at a similar level to the last few months.
- There are some vacancies mainly in nursing and junior doctors which are being offset by bank costs.
- There was some spend on agency nursing staff for Koala Ward in February (RMN's for patients).

Non-Pay

- Non-pay costs are adverse to plan in month and favourable YTD due to spend on medical & surgical supplies (i.e. electrodes) and services received from other organisation being lower than planned.
- The better value target for Zolgensma remains a pressure without mitigation (FYE £0.2m).

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



Medicines Therapies & Tests Income and Expenditure Performance Summary for the 11 months ending 28 Feb 2022



2021/22										
Annual Plan	Income & Expenditure Medicines Therapies & Tests	Month 11				Year to Date				YTD Variance
		Plan	Actual	Variance		Plan	Actual	Variance		
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	
0.00	NHS & Other Clinical Revenue	0.00	0.00	0.00	0%	0.00	0.01	0.01	0%	G
0.02	Private Patient Revenue	0.00	0.03	0.02	986.58%	0.02	0.13	0.11	582.83%	G
4.57	Non-Clinical Revenue	0.39	0.45	0.06	16.42%	4.18	4.39	0.20	4.89%	G
4.59	Total Operating Revenue	0.39	0.48	0.09	22.29%	4.20	4.52	0.32	7.66%	G
(36.12)	Permanent Staff	(3.01)	(2.85)	0.16	5.26%	(33.11)	(31.42)	1.68	5.08%	G
0.00	Agency Staff	0.00	(0.05)	(0.05)	0%	0.00	(0.40)	(0.40)	0%	
(0.44)	Bank Staff	(0.04)	(0.10)	(0.06)	(178.24%)	(0.40)	(0.95)	(0.55)	(136.28%)	R
(36.56)	Total Employee Expenses	(3.05)	(3.00)	0.04	1.45%	(33.51)	(32.77)	0.74	2.20%	G
(0.35)	Drugs and Blood	(0.03)	0.02	0.05	157.75%	(0.32)	(0.09)	0.23	72.15%	G
(7.06)	Supplies and services - clinical	(0.59)	(0.63)	(0.04)	(7.58%)	(6.47)	(7.12)	(0.65)	(10.01%)	R
(1.87)	Other Expenses	(0.15)	(0.19)	(0.03)	(20.69%)	(1.72)	(1.66)	0.06	3.48%	G
(9.28)	Total Non-Pay Expenses	(0.77)	(0.80)	(0.03)	(3.91%)	(8.51)	(8.87)	(0.35)	(4.17%)	A
(41.25)	Control total	(3.43)	(3.33)	0.10	2.95%	(37.82)	(37.11)	0.70	1.86%	G

Green = Favourable YTD Variance; Amber = Adverse YTD Variance Less than 5%; Red = Adverse YTD Variance greater than 5%

2020/21	CY vs PY	
YTD Actual	Var to PY	
(£m)	(£m)	%
0.00	0.01	0%
0.01	0.12	1,115.25%
3.36	1.03	30.48%
3.37	1.15	34.10%
(30.18)	(1.24)	(4.12%)
(0.75)	0.35	46.94%
(1.04)	0.09	8.93%
(31.97)	(0.80)	(2.49%)
(0.03)	(0.06)	(233.75%)
(6.15)	(0.97)	(15.74%)
(1.51)	(0.15)	(9.73%)
(7.69)	(1.18)	(15.33%)
(36.29)	(0.82)	(2.27%)

Summary - Nick Towndrow - General Manager

- The Directorate is £0.7m favourable to plan YTD driven mostly by vacancies to budget with some over-performance on income too.

Notes

Income

- £0.3m favourable to plan YTD for external lab test billing and R&D commercial income (Pharmacy clinical deliverables)

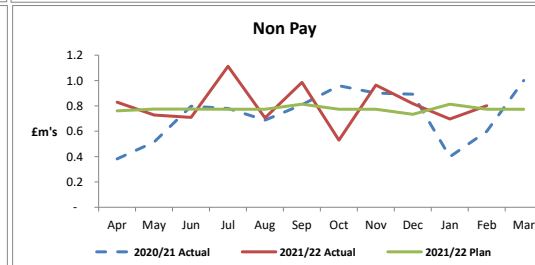
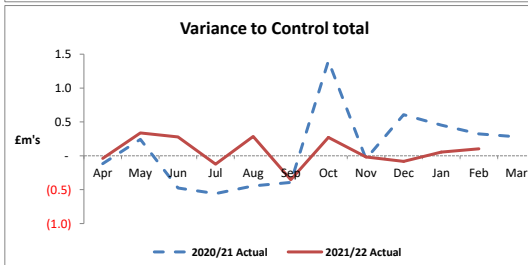
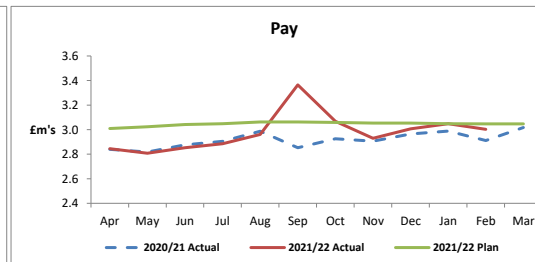
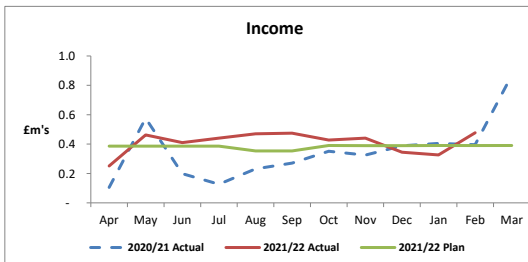
Pay

- £0.7m favourable to Plan - main driver is underspend for vacancies versus budget (net of bank) in the Labs and Therapies

Non-Pay

- £0.4m adverse YTD owing to spends on reagents and consumables in the labs largely in reaction to greater testing demand but also owing to inflationary pressures.

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



Operations & Images Income and Expenditure Performance Summary for the 11 months ending 28 Feb 2022



2021/22										
Annual Plan	Income & Expenditure	Month 11				Year to Date				YTD Variance
		Plan	Actual	Variance		Plan	Actual	Variance		
(£m)	Operations & Images	(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	
0.00	NHS & Other Clinical Revenue	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	G
0.00	Private Patient Revenue	0.00	0.00	0.00	0%	0.00	(0.01)	(0.01)	0%	G
0.49	Non-Clinical Revenue	0.06	0.06	(0.00)	(1.73%)	0.42	0.31	(0.11)	(26.94%)	R
0.49	Total Operating Revenue	0.06	0.06	(0.00)	(1.73%)	0.42	0.30	(0.12)	(28.45%)	R
(33.43)	Permanent Staff	(2.80)	(2.81)	(0.01)	(0.27%)	(30.63)	(30.62)	0.01	0.02%	G
0.00	Agency Staff	0.00	(0.03)	(0.03)	0%	0.00	(0.43)	(0.43)	0%	
(0.24)	Bank Staff	(0.02)	(0.20)	(0.18)	(900.42%)	(0.22)	(1.62)	(1.40)	(635.02%)	R
(33.67)	Total Employee Expenses	(2.82)	(3.04)	(0.21)	(7.58%)	(30.85)	(32.67)	(1.82)	(5.91%)	R
(0.15)	Drugs and Blood	(0.01)	(0.01)	0.00	37.60%	(0.14)	(0.21)	(0.07)	(52.43%)	R
(8.91)	Supplies and services - clinical	(0.70)	(0.63)	0.07	9.55%	(8.31)	(9.60)	(1.28)	(15.45%)	R
(0.82)	Other Expenses	(0.06)	(0.04)	0.03	44.19%	(0.76)	(0.92)	(0.15)	(20.08%)	R
(9.88)	Total Non-Pay Expenses	(0.77)	(0.67)	0.10	12.84%	(9.22)	(10.73)	(1.51)	(16.39%)	R
(43.06)	Control total	(3.53)	(3.65)	(0.12)	(3.29%)	(39.64)	(43.10)	(3.46)	(8.72%)	R

Green = Favourable YTD Variance; Amber = Adverse YTD Variance Less than 5%; Red = Adverse YTD Variance greater than 5%

2020/21	CY vs PY	
YTD Actual	Var to PY	
(£m)	(£m)	%
0.00	0.00	0%
0.00	(0.01)	(289.35%)
0.16	0.14	88.50%
0.17	0.14	80.90%
(27.49)	(3.13)	(11.37%)
(0.60)	0.17	28.43%
(1.32)	(0.30)	(22.66%)
(29.42)	(3.26)	(11.07%)
(0.20)	(0.01)	(7.36%)
(7.75)	(1.85)	(23.86%)
(0.78)	(0.14)	(17.34%)
(8.73)	(2.00)	(22.90%)
(37.98)	(5.12)	(13.48%)

Summary - Ciara McMullin- General Manager

- The Directorate is £0.1m adverse to Plan in month and £3.5m adverse YTD. YTD pay over spend £1.8m and YTD non pay overspend £1.5m.

Notes

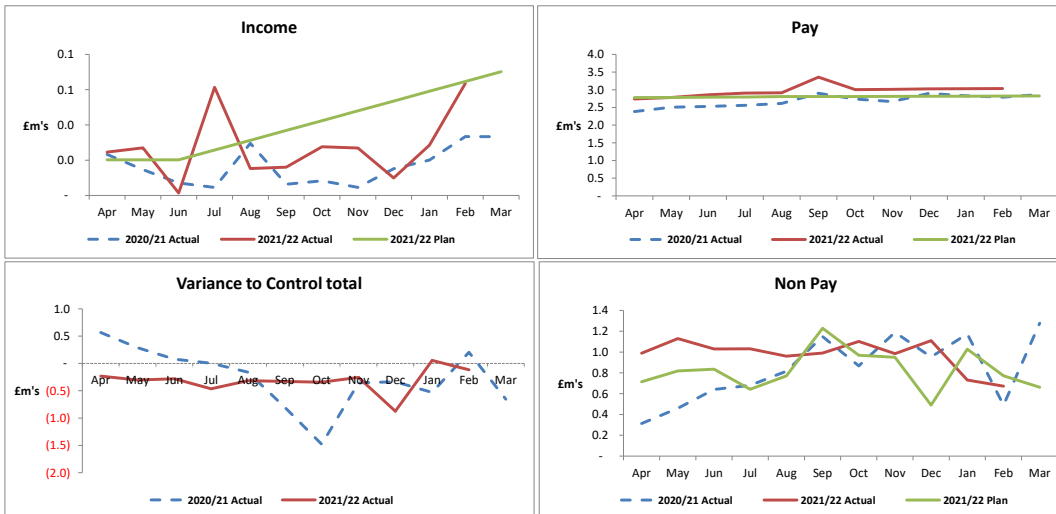
Pay

- Pay costs are £0.21m overspent in month and £1.82m overspent YTD. There is an increase of £0.20m in pay compared to M10- this increase is primarily in bank spend.
- Nursing, Admin, Consultants and Scientific Therapy staffing groups remain as the key contributors towards the over spend.
- Radiographer and Sonographer agency costs incurred to address backlog total £0.12m from M1-M11

Non-Pay

- Supplies and Services category has seen a reduction in spend in month, particularly in theatres.
- The overall non pay spend-mainly on Supplies and Services category remains above plan.

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



Sight & Sound Income and Expenditure Performance Summary for the 11 months ending 28 Feb 2022



2021/22										
Annual Plan	Income & Expenditure	Month 11				Year to Date				YTD Variance
		Plan	Actual	Variance		Plan	Actual	Variance		
(£m)	Sight & Sound	(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	
0.00	NHS & Other Clinical Revenue	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	G
1.39	Private Patient Revenue	0.15	0.01	(0.14)	(94.38%)	1.24	0.74	(0.50)	(40.13%)	R
0.36	Non-Clinical Revenue	0.03	0.27	0.24	803.75%	0.33	0.43	0.10	29.88%	G
1.75	Total Operating Revenue	0.18	0.28	0.10	53.36%	1.57	1.17	(0.40)	(25.45%)	R
(23.17)	Permanent Staff	(1.97)	(2.02)	(0.05)	(2.54%)	(21.20)	(20.14)	1.07	5.04%	G
0.00	Agency Staff	0.00	(0.00)	(0.00)	0%	0.00	(0.01)	(0.01)	0%	G
(0.23)	Bank Staff	(0.02)	(0.14)	(0.12)	(655.39%)	(0.21)	(1.73)	(1.52)	(723.86%)	R
(23.40)	Total Employee Expenses	(1.99)	(2.16)	(0.18)	(8.84%)	(21.41)	(21.87)	(0.46)	(2.14%)	A
(0.04)	Drugs and Blood	(0.00)	(0.00)	(0.00)	(0.56%)	(0.03)	(0.03)	(0.00)	(1.26%)	G
(2.86)	Supplies and services - clinical	(0.23)	(0.42)	(0.19)	(83.16%)	(2.63)	(3.59)	(0.96)	(36.58%)	R
(1.16)	Other Expenses	(0.10)	(0.11)	(0.01)	(13.96%)	(1.06)	(1.15)	(0.09)	(8.29%)	R
(4.05)	Total Non-Pay Expenses	(0.33)	(0.53)	(0.20)	(62.14%)	(3.72)	(4.77)	(1.05)	(28.19%)	R
(25.70)	Control total	(2.13)	(2.42)	(0.28)	(13.29%)	(23.57)	(25.47)	(1.91)	(8.09%)	R

Green = Favourable YTD Variance; Amber = Adverse YTD Variance Less than 5%; Red = Adverse YTD Variance greater than 5%

2020/21	CY vs PY	
YTD Actual	Var to PY	
(£m)	(£m)	%
0.00	0.00	0%
0.92	(0.18)	(19.45%)
0.26	0.17	66.74%
1.18	(0.01)	(0.71%)
(18.42)	(1.72)	(9.34%)
(0.03)	0.02	66.73%
(1.38)	(0.35)	(25.37%)
(19.82)	(2.05)	(10.34%)
(0.02)	(0.01)	(39.79%)
(2.40)	(1.18)	(49.32%)
(1.01)	(0.14)	(14.25%)
(3.43)	(1.34)	(38.97%)
(22.08)	(3.40)	(15.38%)

Summary - Donna Richardson, General Manager (acting)

- The Directorate is £0.3m adverse against plan in month and £1.9m adverse year to date.
- The adverse position of £1.9m is a combination of lower income as a result of reduced levels of I&PC activity through Panther ward, junior doctor overspends to cover long term absences and sickness, an increase in spend on clinical supplies across Audiology & Cochlear which reflects the impact of a step increase in referrals & elective activity as well as the Craniofacial Helmets which are a new in year cost.

Notes

Income

- Private patient activity in January & February fell short of plan taking the year to date position to £0.5m adverse, despite having had a couple of months where activity looked to have recovered in late Autumn. However overall 60% of the IPC target has been achieved.

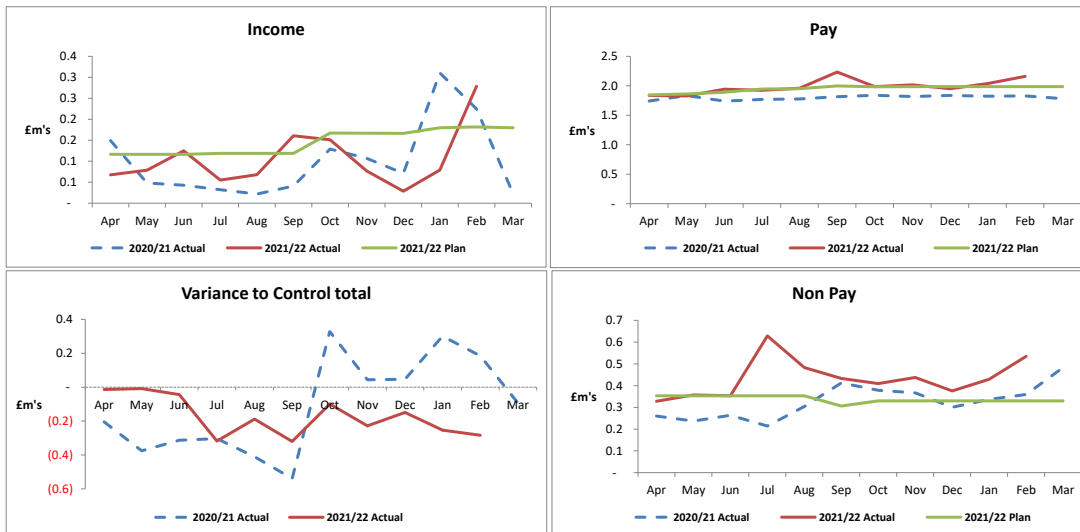
Pay

- Junior doctor spend remains £0.5m adverse to plan due to spend on bank/locum staff to cover long term absences in the teams. All other staff groups are either favourable or close to breakeven as bank spend is offset by vacancies in these staff groups.
- It should also be noted that pay numbers include the impact of bringing six medical photographers in house from 1st August 2021 in place of the non-pay service level agreement with UCL.

Non-Pay

- Non-Pay year to date is £1.0m adverse which remains mostly attributable to activity related spend on Clinical Supplies across Audiology and Cochlear. In recent months this spend has reduced as most of backlog of referrals have now been treated, but there is an uptick forecast again for January.
- The position also reflects helmeting treatment costs for craniofacial patients. These are new costs in year.

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



International Private Patients Income and Expenditure Performance Summary for the 11 months ending 28 Feb 2022



2021/22										
Annual Plan	Income & Expenditure	Month 11				Year to Date				YTD Variance
		Plan	Actual	Variance		Plan	Actual	Variance		
(£m)	International Private Patients	(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	
0.00	NHS & Other Clinical Revenue	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	G
38.22	Private Patient Revenue	4.44	0.13	(4.31)	(97.12%)	33.54	13.95	(19.59)	(58.40%)	R
0.70	Non-Clinical Revenue	0.06	0.03	(0.02)	(40.90%)	0.64	0.42	(0.22)	(34.10%)	R
38.92	Total Operating Revenue	4.49	0.16	(4.33)	(96.40%)	34.18	14.37	(19.80)	(57.95%)	R
(11.33)	Permanent Staff	(1.01)	(0.81)	0.20	19.80%	(10.32)	(9.19)	1.13	10.93%	G
0.00	Agency Staff	0.00	(0.02)	(0.02)	0%	0.00	(0.10)	(0.10)	0%	
(0.11)	Bank Staff	(0.01)	(0.04)	(0.03)	(342.75%)	(0.10)	(0.42)	(0.32)	(307.08%)	R
(11.45)	Total Employee Expenses	(1.02)	(0.87)	0.15	14.39%	(10.43)	(9.71)	0.72	6.87%	G
(0.44)	Drugs and Blood	(0.03)	(0.08)	(0.04)	(136.34%)	(0.41)	(0.27)	0.14	33.92%	G
(0.90)	Supplies and services - clinical	(0.08)	(0.03)	0.05	59.20%	(0.81)	(0.33)	0.48	59.61%	G
(4.32)	Other Expenses	(0.36)	0.92	1.28	353.57%	(3.95)	3.52	7.47	189.08%	G
(5.66)	Total Non-Pay Expenses	(0.48)	0.81	1.29	269.01%	(5.17)	2.92	8.09	156.56%	G
21.81	Control total	3.00	0.10	(2.90)	(96.69%)	18.58	7.58	(11.00)	(59.19%)	R

Green = Favourable YTD Variance; Amber = Adverse YTD Variance Less than 5%; Red = Adverse YTD Variance greater than 5%

2020/21	CY vs PY	
YTD Actual	Var to PY	
(£m)	(£m)	%
0.00	0.00	0%
19.62	(5.67)	(28.91%)
0.40	0.02	6.05%
20.02	(5.65)	(28.22%)
(9.95)	0.75	7.56%
(0.01)	(0.09)	(1,755.25%)
(0.56)	0.14	25.29%
(10.51)	0.80	7.64%
(0.19)	(0.08)	(44.97%)
(0.44)	0.11	25.57%
(3.17)	6.69	210.85%
(3.80)	6.72	176.92%
5.71	1.87	32.82%

Summary - Ben Marshall - Deputy Director

- The directorate is £2.9m adverse to Plan in month and £11m adverse YTD.

Notes

Income

- The M11 £4.3m and YTD £19.8m adverse variances to plan reflect the continuing impact of the global pandemic on readiness of International Governments to send their patients abroad for treatment. Levels of referrals, outpatient activity and daycase admissions are continuing to climb but complex admissions continue to lag.
- The M11 income position includes £1M Settlement Discount to the Kuwait Military Affairs Office to reverse the interest that had been applied to the historic debt.
- To date, sponsors in the Middle East have only been sending the most complex (and largely medical) patients overseas, and surplus bed capacity has been allocated to NHS patients to support ERF activity.

Pay

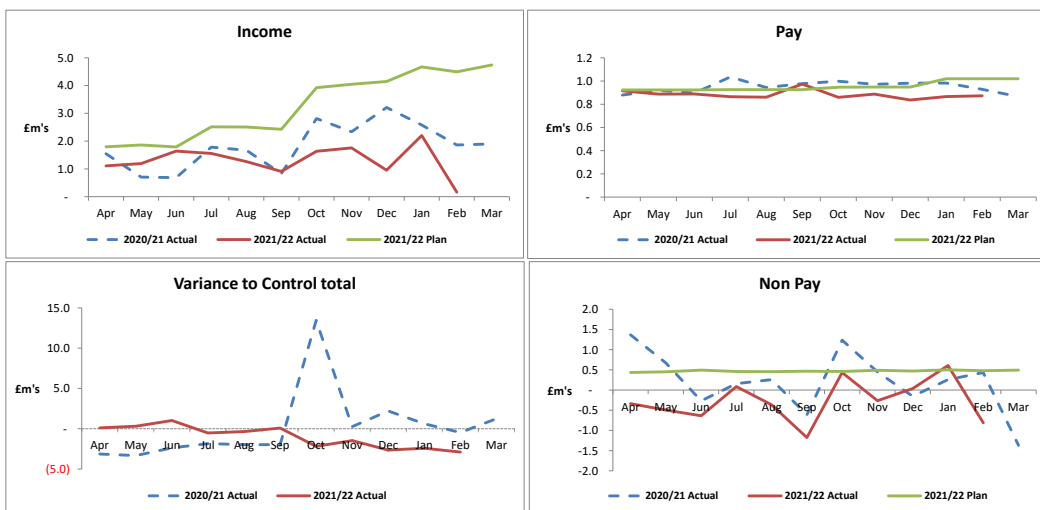
- Pay is close to plan in-month, with a small favourable variance as the directorate continues to hold vacancies in recognition of the reduced activity.
- There has been a slight increase from last month as costs for a Financial Consultant and Interim Systems & Data Manager are now correctly captured.

Non-Pay

- The £1.2m favourable variance is mainly due to releasing the provision against the £1M settlement discount mentioned above.

Note - The performance shown here excludes private patient income occurring within NHS specialty wards.

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



Research And Innovation Income and Expenditure Performance Summary for the 11 months ending 28 Feb 2022



2021/22										
Annual Plan	Income & Expenditure	Month 11				Year to Date				YTD Variance
		Plan	Actual	Variance	%	Plan	Actual	Variance	%	
(£m)	Research And Innovation	(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	
0.00	NHS & Other Clinical Revenue	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	G
0.00	Private Patient Revenue	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	G
22.60	Non-Clinical Revenue	1.85	2.37	0.51	27.75%	20.75	20.47	(0.28)	(1.35%)	A
22.60	Total Operating Revenue	1.85	2.37	0.51	27.75%	20.75	20.47	(0.28)	(1.35%)	A
(17.22)	Permanent Staff	(1.41)	(1.46)	(0.05)	(3.36%)	(15.81)	(14.47)	1.34	8.50%	G
0.00	Agency Staff	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%	G
0.00	Bank Staff	0.00	(0.00)	(0.00)	0%	0.00	(0.17)	(0.17)	0%	
(17.22)	Total Employee Expenses	(1.41)	(1.46)	(0.05)	(3.63%)	(15.81)	(14.64)	1.17	7.42%	G
0.00	Drugs and Blood	0.00	(0.07)	(0.07)	0%	0.00	(0.20)	(0.20)	0%	
(0.77)	Supplies and services - clinical	(0.05)	(0.08)	(0.03)	(55.91%)	(0.72)	(0.76)	(0.04)	(5.45%)	G
(4.17)	Other Expenses	(0.34)	(0.10)	0.24	70.48%	(3.82)	(2.80)	1.02	26.73%	G
(4.94)	Total Non-Pay Expenses	(0.39)	(0.26)	0.14	35.31%	(4.55)	(3.77)	0.78	17.12%	G
0.44	Control total	0.04	0.65	0.60	1,339.50%	0.39	2.06	1.67	430.33%	G

Green = Favourable YTD Variance; Amber = Adverse YTD Variance Less than 5%; Red = Adverse YTD Variance greater than 5%

2020/21	CY vs PY	
YTD Actual	Var to PY	
(£m)	(£m)	%
0.00	0.00	0%
0.00	0.00	0%
21.40	(0.93)	(4.35%)
21.40	(0.93)	(4.35%)
(15.40)	0.93	6.06%
0.00	0.00	0%
(0.41)	0.24	58.18%
(15.81)	1.17	7.40%
0.00	(0.20)	0%
(1.40)	0.64	45.49%
(3.03)	0.23	7.64%
(4.43)	0.66	14.96%
1.16	0.90	78.12%

Summary - Jenny Rivers - Deputy Director

- The directorate has £0.6m surplus in M11 driven by increased commercial income and a cost release.
- Significant improvement in Commercial income through increased billing of activities, with £0.8m gross income (£0.2m above budget on rev & margin)
- £0.2m Cost release on Genomics as work was performed internally rather than at different NHS sites

Notes

Income

- Total income of £2.4m (£0.5m above plan) from increased activity on Not For Profit grants, Commercial and BRC.

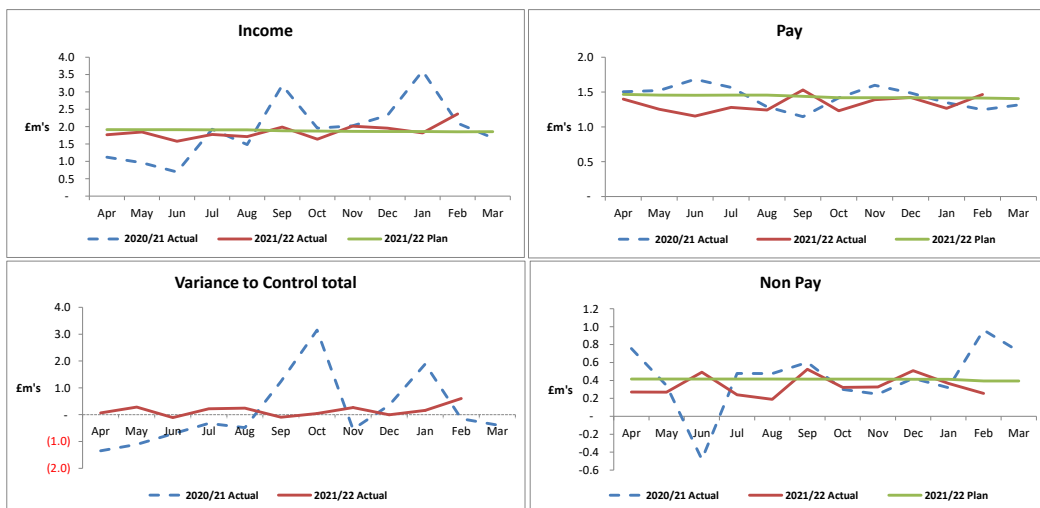
Pay

- Pay of £1.5m increase on run rate £0.1m from increased activity

Non-Pay

- Non-Pay of £0.3m below run rate due to Genomics release (£0.2m) offset by drug costs on delivery on Mission EB project

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



2021/22											2020/21			CY vs PY		
Annual Plan (£m)	Income & Expenditure Corporate and Others	Month 11				Year to Date				YTD Variance	YTD Actual (£m)	CY vs PY				
		Plan	Actual	Variance	%	Plan	Actual	Variance	%			(£m)	%			
		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%			(£m)	(£m)	%		
475.16	NHS & Other Clinical Revenue	41.11	42.13	1.02	2.48%	436.77	433.74	(3.02)	(0.69%)	R	378.42	55.32	14.62%			
(25.39)	Private Patient Revenue	(2.95)	0.00	2.95	100.00%	(22.43)	(0.00)	22.43	100.00%	G	0.00	(0.00)	0%			
26.33	Non-Clinical Revenue	2.42	2.74	0.32	13.31%	23.92	25.40	1.48	6.21%	G	17.39	8.01	46.07%			
476.10	Total Operating Revenue	40.58	44.88	4.29	10.58%	438.26	459.15	20.89	4.77%	G	395.82	63.33	16.00%			
(51.11)	Permanent Staff	(4.55)	(5.45)	(0.90)	(19.74%)	(46.56)	(56.77)	(10.21)	(21.92%)	R	(50.26)	(6.51)	(12.95%)			
(4.84)	Agency Staff	(0.46)	(0.24)	0.22	47.16%	(4.38)	(2.54)	1.84	41.99%	G	(1.68)	(0.85)	(50.74%)			
(14.39)	Bank Staff	(1.23)	(0.34)	0.90	72.71%	(13.15)	(2.63)	10.52	80.00%	G	(2.54)	(0.09)	(3.43%)			
(70.33)	Total Employee Expenses	(6.24)	(6.03)	0.22	3.47%	(64.09)	(61.94)	2.15	3.36%	G	(54.49)	(7.45)	(13.67%)			
(95.93)	Drugs and Blood	(7.99)	(4.72)	3.27	40.91%	(87.46)	(79.91)	7.55	8.63%	G	(81.81)	1.90	2%			
(10.75)	Supplies and services - clinical	(0.90)	(0.74)	0.16	18.15%	(9.85)	(8.43)	1.42	14.40%	G	(7.08)	(1.35)	(19.13%)			
(53.53)	Other Expenses	(4.39)	(4.24)	0.16	3.56%	(49.28)	(55.15)	(5.87)	(11.92%)	R	(60.60)	5.45	8.99%			
(160.22)	Total Non-Pay Expenses	(13.28)	(9.70)	3.59	27.01%	(146.59)	(143.50)	3.09	2.11%	G	(149.49)	5.99	4.01%			
245.55	EBITDA (exc Capital Donations)	21.05	29.15	8.10	38.47%	227.57	253.71	26.14	11.49%	G	191.84	61.88	32.26%			
(17.62)	Owned depreciation, Interest and PDC	(1.38)	(1.75)	(0.37)	(26.85%)	(16.24)	(16.81)	(0.58)	(3.55%)	R	(14.38)	(2.43)	(16.91%)			
0.00	PSF/Top up	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	G	39.38	(39.38)	(100.00%)			
(15.41)	Donated depreciation	(1.16)	(1.37)	(0.21)	0.00%	(14.25)	(15.32)	(1.06)	0.00%	R	(13.68)	(1.64)	(11.97%)			
212.53	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	18.51	26.03	7.52	11.62%	197.08	221.58	24.50	7.93%	G	203.15	18.43	9.07%			

Green = Favourable YTD Variance; Amber = Adverse YTD Variance Less than 5%; Red = Adverse YTD Variance greater than 5%

Summary

- The remaining directorates are £24.5m favourable to the NHSE plan year to date.

Notes

NHS & Other Clinical Income

- All NHS income has been centralised. NHS income is predominantly under a block contract. The adverse variance YTD is primarily driven by Elective Recovery Fund income being lower than plan for H2 (£2.2m) in addition to the income impact of reduced activity

Private Patient Income

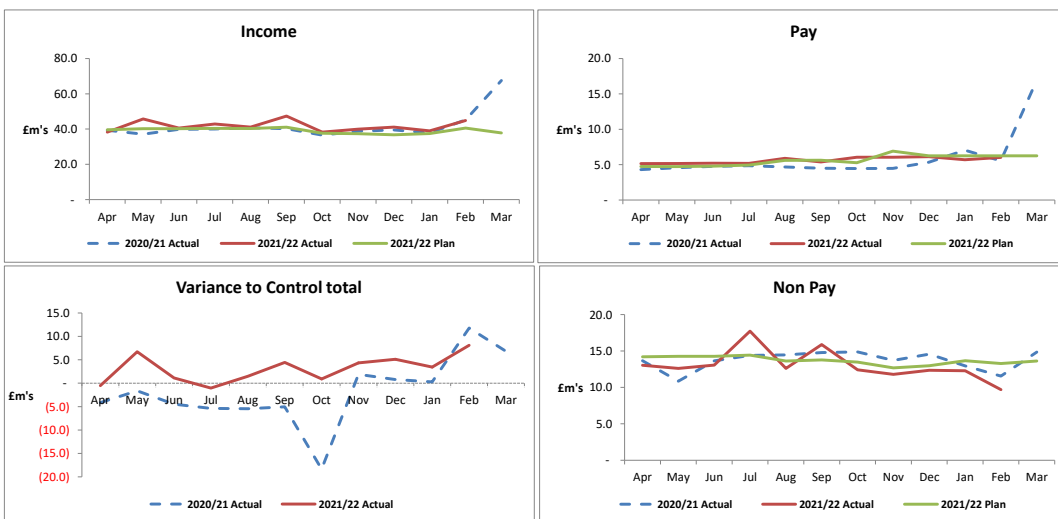
- The private patient plan reduction is currently being taken centrally for the Trust resulting in a the significant adverse number within the private patient plan number here.

Pay

- Realignment of the Trust pay plan to represent the temporary spent split within the H2 plan has been made centrally, resulting in the variance between actuals and plan for these figures.

Non-Pay

- Non-Pay is favourable to the NHSEI plan YTD by £3.1m, due to a reduced forecast for drugs and devices expenditure.



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

Statement of Financial Position as at 28 Feb 2022

Audited Actual as at 31 Mar 2021		Actual For YTD Ending 31 Jan 2022	Actual For YTD Ending 28 Feb 2022	Change in month
£000		£000	£000	£000
	Non Current Assets			
489,139	Property, plant and equipment	486,129	485,769	(360)
35,420	Intangible assets	31,313	31,032	(281)
8,190	Trade and other receivables	7,585	7,549	(36)
532,749	Total Non Current Assets	525,027	524,350	(677)
	Current Assets			
11,751	Inventories	13,000	12,423	(577)
46,669	Contract receivables (IFRS15): invoiced	29,780	25,967	(3,813)
6,464	Contract receivables (IFRS15): not yet invoiced	16,155	17,219	1,064
(11,205)	Allowance for impaired contract receivables	(8,297)	(6,801)	1,496
1,517	Receivables due from NHS charities - capital	5,888	5,412	(476)
4,679	Other receivables - revenue	6,214	4,908	(1,306)
(137)	Allowance for impaired other receivables	(203)	(190)	13
5,202	Prepayments	7,545	6,067	(1,478)
582	VAT receivable	1,185	1,059	(126)
0	Investments	0	0	0
126,187	Cash and cash equivalents	127,191	134,953	7,762
191,917	Total Current Assets	198,458	201,017	2,559
724,666	Total Assets	723,485	725,367	1,882
	Current Liabilities			
(4,737)	Other trade payables - capital	(3,432)	(3,133)	299
(23,209)	NHS payables - revenue	(12,440)	(13,536)	(1,096)
(2,063)	Other trade payables - revenue	(1,794)	(1,420)	374
(4,776)	Other payables	(5,630)	(5,765)	(135)
(5,090)	Private Patient Cash on Account	(7,616)	(8,385)	(769)
(51,851)	Expenditure accruals	(55,415)	(55,787)	(372)
0	PDC dividend payable	(1,703)	(2,488)	(785)
(3,682)	Social Security costs	(4,192)	(4,109)	83
(3,054)	Other taxes payable	(3,540)	(3,414)	126
(2,909)	Deferred income: contract liabilities (IFRS15)	(15,071)	(11,815)	3,256
(1,564)	Deferred income: other (non IFRS15)	(3,000)	(2,583)	417
(512)	Lease incentives	(533)	(533)	0
(519)	Provisions for liabilities and charges	(466)	(466)	0
(103,966)	Total Current Liabilities	(114,832)	(113,434)	1,398
87,951	Net Current Assets	83,626	87,583	3,957
620,700	Total Assets Less Current Liabilities	608,653	611,933	3,280
	Non Current Liabilities			
(3,449)	Lease incentives NCL	(2,991)	(2,961)	30
(3,000)	Provisions for liabilities and charges NCL	(2,905)	(2,898)	7
(6,449)	Total Non Current Liabilities	(5,896)	(5,859)	37
614,251	Total Assets Employed	602,757	606,074	3,317
	Financed by Taxpayers' Equity			
131,942	Public dividend capital	131,942	131,942	0
362,527	Retained earnings	351,033	354,350	3,317
119,782	Revaluation reserve	119,782	119,782	0
614,251	Total Taxpayers' Equity	602,757	606,074	3,317

Notes

Current assets excluding cash at 28 February totalled £66.1m, (£5.2m lower than M10). This is largely due to the following:

- Contract receivables invoiced including IPP (decreased by £2.3m in month).
- Accrued income increased by £1.1m to £17.2m in M10. This largely relates to amounts this largely relates in amounts not yet invoiced to NHSE for Batten's treatment (£1.2m) and Clinical Excellence Awards (£1.0m) and HEE (£0.8m).
- Capital receivables including accruals (decreased by £0.5m in month).
- Other Non NHS receivables (decreased by £2.9m in month) and largely includes receipts from GOSH Charity.

Current Liabilities at 28 February totalled £113.4m, which is £1.4m lower than the previous month. The movement in month includes the following:

- Deferred income decreased by £3.7m in month
- Capital payables decreased by £0.3m in month.
- Other payables increased by £1.1m in month
- Expenditure accruals increased by £0.4m in month.
- NHS payables increased by £1.1m in month.

The Property, Plant and Equipment (PPE) and Intangibles balance decreased by £0.6m in February due to capital expenditure of £1.8m, less depreciation of £2.4m.

NHS Debtor days decreased to 3 days in month and this falls within target of 30 days.

IPP debtors days decreased in month from 72 to 69. Total IPP debt (net of cash deposits held) decreased in month to £7.2m (£7.7m in M10). Overdue debt decreased in month to £11.8m (£12.0m in M10).

Creditor days decreased in month from 26 days to 25 days and this falls within target of 30 days.

Non-Drug inventory days remained the same as the previous month at 91 days.

Statement of Cash Flows for the 11 months ending 28 Feb 2022

	Actual For YTD Ending 31 Mar 2021 £000	Actual For YTD Ending 31 Jan 2022 £000	Actual For YTD Ending 28 Feb 2022 £000	Change in month £000
Cash flows from operating activities				
Operating surplus/(deficit) - excluding charitable capital expenditure contributions	2,766	(14,459)	(9,925)	4,534
Impairment and Reversals	1,194	0	0	0
Charitable capital expenditure contributions	9,060	8,390	7,914	(476)
Operating surplus/(deficit)	13,020	(6,069)	(2,011)	4,058
Non-cash income and expense				
Depreciation and amortisation	24,950	23,575	25,959	2,384
Impairments and Reversals	1,194	0	0	0
Proceeds on disposal	34	9	9	0
(Increase)/decrease in trade and other receivables	49,731	(3,891)	771	4,662
Increase in inventories	(607)	(1,249)	(672)	577
Increase/(decrease) in trade and other payables	9,834	(3,098)	(1,309)	1,789
Increase/(decrease) in other current liabilities	(2,196)	13,161	9,458	(3,703)
Increase/(decrease) in provisions	651	(151)	(157)	(6)
Net cash inflow from operating activities	83,591	28,356	34,059	5,703
Cash flows from investing activities				
Interest received	0	22	65	43
Purchase of property, plant and equipment and Intangibles	(27,329)	(17,763)	(19,805)	(2,042)
	(27,329)	(17,741)	(19,740)	(1,999)
Cash flows from financing activities				
Public Dividend Capital received	2,621	0	0	0
PDC dividend paid	(7,030)	(3,542)	(3,542)	0
Net cash outflows from financing activities	(4,409)	(3,542)	(3,542)	0
Increase in cash and cash equivalents	64,873	1,004	8,766	7,762
Cash and cash equivalents at period start	61,314	126,187	126,187	0
Cash and cash equivalents at period end	126,187	127,191	134,953	7,762

Notes

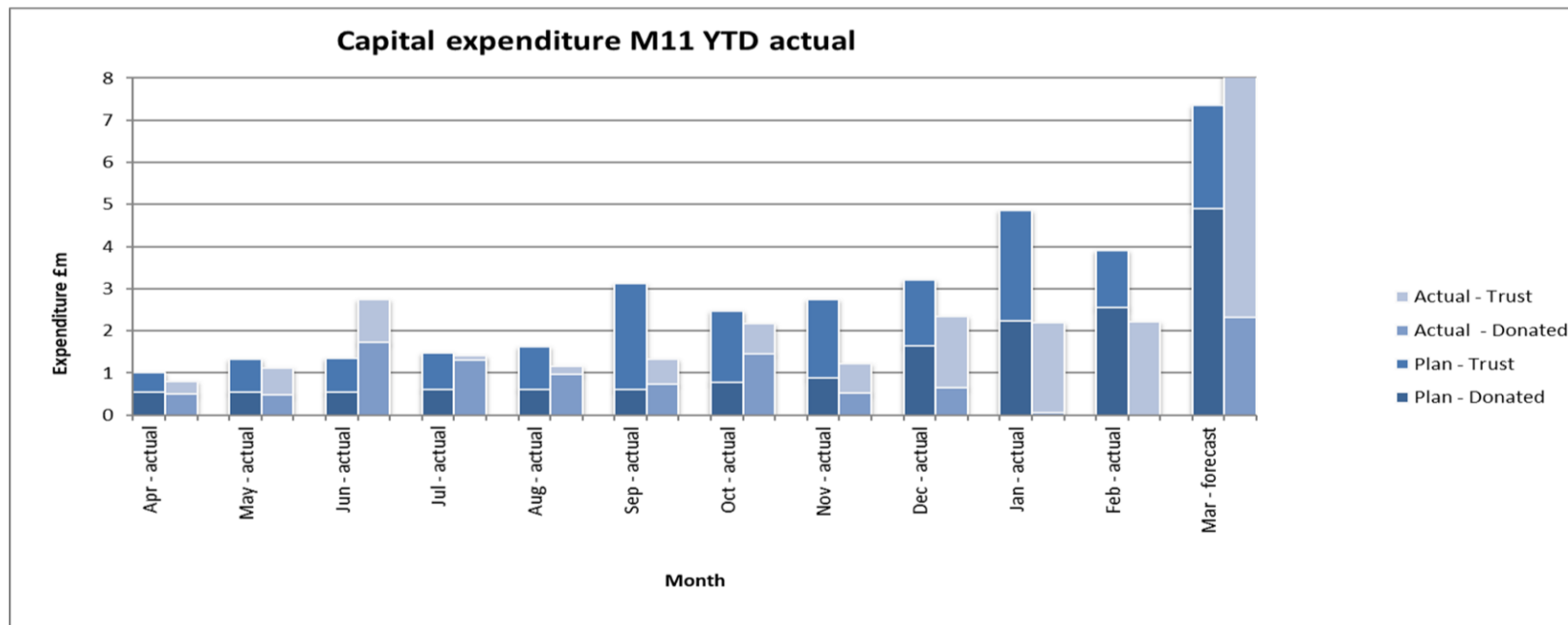
- 1.The closing cash balance was £134.9m, £7.8m higher than M10.
- 2.In M11, 82% of the total number of creditor invoices were settled within 30 days of receipt; this represented 92% of the total value of creditor invoices paid in month. This was below the NHSE target of settling at least 95% of invoices within 30 days.
- 3.By supplier category, the cumulative BPPC for Non NHS invoices (by number) was 83% (84% in M10). This represented 92% of the total value of invoices settled within 30 days (92% in M10). The cumulative BPPC for NHS invoices (by number) was 44% (44% in M10). This represented 74% of the value of invoices settled within 30 days (73% in M10). These scores by supplier category are also both below the NHSE target of settling 95% of invoices within 30 days.

		YTD				Full year 2021/22			
		Plan	Actual	Variance		Plan	Forecast	Variance	
		£000	£000	£000		£000	£000	£000	
Estates and Facilities	Trust-funded	5,906	1,009	4,897	a	6,526	1,194	5,332	f
	Total Estates & Facilities	5,906	1,009	4,897		6,526	1,194	5,332	
Information Technology	Trust-funded	2,364	1,721	643		3,864	3,336	528	
	Donated	0	22	(22)		0	22	(22)	
	Total IM&T	2,364	1,743	621		3,864	3,358	506	
Medical Equipment	Trust-funded	700	802	(102)	b	960	4,830	(3,870)	g
	Donated	1,750	1,263	487	b	2,275	2,671	(396)	
	Grant funded	400	26	374		462	365	97	
	Total Medical Equipment	2,850	2,091	759		3,697	7,866	(4,169)	
Children's Cancer Centre	Trust-funded	0	1,300	(1,300)		0	1,600	(1,600)	h
	Donated	5,725	4,230	1,495	c	6,150	4,775	1,375	h
	Total Redevelopment other	5,725	5,530	195		6,150	6,375	(225)	
Redevelopment enabling	Trust-funded	7,020	2,197	4,823		3,348	2,758	590	
	Donated	0	0	0		7,551	0	7,551	h
	Total Redevelopment enabling	7,020	2,197	4,823		10,899	2,758	8,141	
Redevelopment other	Trust-funded	2,909	2,056	853	d	2,909	2,523	386	
	Donated	3,672	2,372	1,300	e	0	2,372	(2,372)	e
	Total Redevelopment	6,581	4,428	2,153		2,909	4,895	(1,986)	
Share allocation Unallocated	Total share allocation	0	0	0		0	16	(16)	
	Total Unallocated (Trust)	300	0	300		393	0	393	
	Enabling works Charity contribution (T	(3,672)	0	(3,672)		(7,551)	0	(7,551)	
Book value of disposals	Total NBV disposals	0	0	0		0	(217)	217	
Total	Total Trust-funded	15,527	9,085	6,442		18,000	16,040	1,960	
	PDC funded including Accelerator	0	1,202	(1,202)		0	1,385	(1,385)	i
	Total Donated	11,147	7,887	3,260		15,976	9,840	6,136	
	Total Grant funded	400	26	374		462	365	97	
	Grand Total	27,074	18,200	8,874		34,438	27,630	6,808	

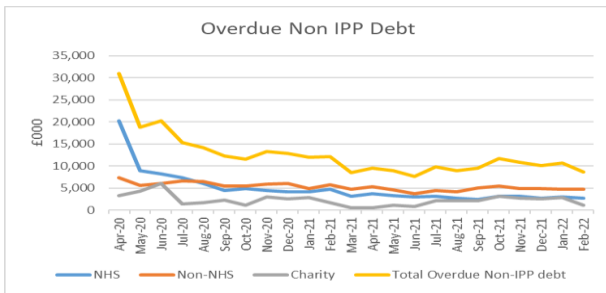
Notes on YTD variance

a	Slippage on several projects inc CCTV (£0.2m) and Lion Ward refurb (£0.9m); air handling unit upgrades reduced necessity £2.4m
b	Equipment ordered for delivery in 2020/21 which was delayed by suppliers
c	CCC PCSA costs lower after delayed start in year (£1.5m)
d	Delayed start to Electrical infrastructure (£1.0m); on-call rooms (£0.6m)
e	Equipment cost on Sight and Sound delayed from 2020/21 due to contractor completion delay
f	Air handling performance achieved with lower capital expenditure (£2.5m); water systems expenditure reduced due to limited access to wards (£0.7m); Lion Ward works delayed to 2022/23 (£0.9m); Barclay House generator replacement delayed to 2023/24 (£0.5m)
g	Equipment replacement purchases agreed in-year, including bedside monitors (£2.7m) and ICU/HDU beds (£0.7m)
h	Reduced Charity contribution in-year; the Trust's contribution over the project will not change
h	Share acquisition agreed in-year
i	New PDC allocations for Targeted Investment Fund and NCL diagnostics programme

Capital expenditure M11 YTD actual

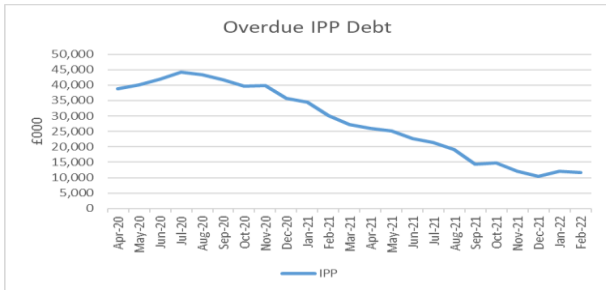


31 Mar 2021 Audited Accounts	Capital Expenditure	YTD plan 28 February 2022	YTD Actual 28 February	YTD Variance	Forecast Outturn 31 Mar 2022	RAG YTD variance
£m		£m	£m	£m	£m	£m
6.50	Redevelopment - Donated	9.40	6.60	2.80	7.14	A
2.56	Medical Equipment - Donated	1.75	1.26	0.49	2.67	A
0.00	ICT - Donated	0.00	0.02	(0.02)	0.02	G
9.06	Total Donated	11.15	7.88	3.27	9.83	A
0.00	Total Grant funded	0.40	0.03	0.37	0.37	R
5.09	Redevelopment & equipment - Trust Funded	6.96	6.36	0.60	11.71	G
1.10	Estates & Facilities - Trust Funded	5.91	1.01	4.90	1.19	R
2.67	ICT - Trust Funded	2.36	1.72	0.64	3.34	A
0.00	Share allocation	0.00	0.00	0.00	0.02	G
0.00	Contingency	0.30	0.00	0.30	0.00	G
0.00	Disposals	0.00	0.00	0.00	(0.22)	G
8.86	Total Trust Funded	15.53	9.09	6.44	16.04	R
2.56	PDC	0.00	1.20	(1.20)	1.38	G
20.48	Total Expenditure	27.08	18.20	8.88	27.62	A



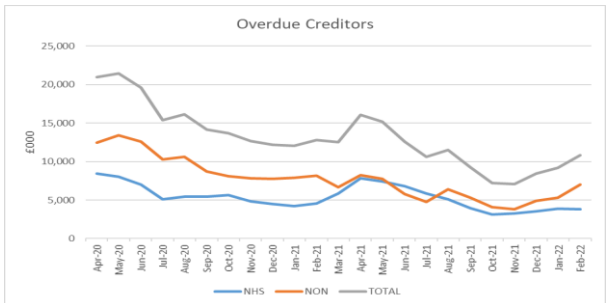
Overdue Non-IPP Debt

Non-IPP overdue debt was £8.6m at 28 February 2022 (£10.7m in M10); of this £2.8m related to NHS (£3.0m in M10), £4.8m related to Non-NHS (£4.8m in M10) and £1.0m related to GOSHCC (£2.9m in M10). Overdue NHS debtors decreased by £0.2m in month. UCLH currently has the largest overdue balance (£0.4m) followed by Barts Health NHS Trust £0.3m). Overdue non-NHS debtors remained the same as the previous month however large movements in month included receipts from Welsh Health Specialised Services Committed (£160k). Kuwait Embassy Cultural Office currently has the largest overdue balance £0.5m) which is £0.1m higher than M10. Overdue debt with GOSH Charity is £1.0m (£2.9m at M10).



Overdue IPP Debt

Overdue IPP debt was £11.7m at 28 February (£12.0m in M10). Overdue Embassy debt totals £9.8m (£10.0m in M10). The debtor with the largest overdue balance is the same as the previous month which was a particular embassy and the overdue debt for this Embassy is £4.5m (£4.8m in M10). As per previous months no new referrals are being accepted until their account has been brought within terms. The total overdue debt due from IPP other is £0.0m (£0.0m in M10); Insurance companies is £1.5m (£1.5m in M10); and Self funded customers is £0.4m (£0.5m in M10).

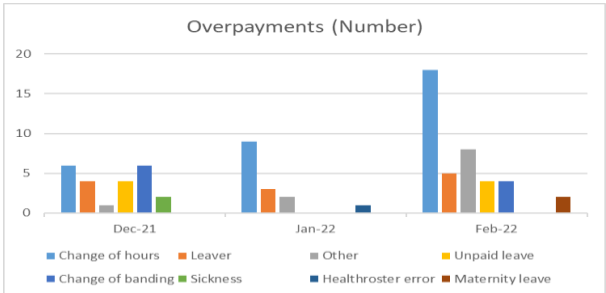


Overdue Creditors

Overdue creditors totalled £10.8m at 28 February 2022 (£9.2m in M10). This is made up of amounts due to NHS organisations which totalled £3.8m (£3.9m in M10) and Non NHS organisations of £7.0m (£5.3m in M10).

Overdue Non NHS creditors increased by £1.7m since the previous month and largely relates to overdue invoices from Illumina Cambridge (£0.8m higher since M10); Polarspeed Distribution (£0.4m higher than M10); Dell computer Corporation Ltd (£0.2m higher than M10) and Lloyds Pharmacy Clinical Homecare (£0.2m higher than M10).

The top 3 largest individual Non NHS creditor balance were UCL (£1.2m which relates to invoices for salary recharges and research activity); Illumina Cambridge (£0.8m which relates to equipment purchased but not yet delivered); and The Anthony Nolan Trust (£0.5m which relates to patient tests).

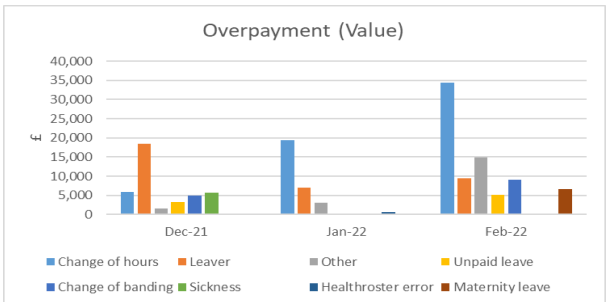


Notes

There were 41 overpayments identified in month (15 in M10). Recovery plans have been agreed for 30 of the total overpayments in month.

The overpayments in month totalled £79k (£30k in M10).

The highest number of overpayments related to Change in hours (18 overpayments which totalled £34k). In addition, 8 related to Other reasons (£15k); 5 related to late notification of leaving dates (£9k); 4 related to late notification of unpaid leave (£5k); 4 related to late notification of change in banding (£9k) and 2 related to late notification of maternity leave (£7k).



Council of Governors

27 April 2022

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) Following a session with the Caldicott Guardian YPF has concerns about the use of big data in the NHS.
- 2) The YPF would like a meal-ordering app to be funded and developed.
- 3) The YPF have made further suggestions to improve the decision-making and informed consent process within the hospital.

Report prepared by:

Amy Sutton, Children and Young People's Participation Officer.

Item presented by:

Grace Shaw-Hamilton and/or Rose Dolan, Young People's Forum Governors.



YPF Activity – January 2022 to April 2022

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: 75

Examples of YPF member activities since the last report are:

- Several YPF members reviewed the transition policy.
- A YPF member was interviewed for Pioneer Magazine about transition to adult healthcare.
- YPF members hosted stakeholder panels alongside parent representatives as part of the recruitment process for two Non-Executive Directors.

18 involvement opportunities were advertised during this period. Examples include applying for the NHS England Transformation Programme, forming a digital activity stakeholder group and transition poster design for International Adolescent Week.

YPF Meetings

Projects the YPF have taken part in during virtual meetings:

Decision-making and Consent Project

Dr Sophia Varadkar, Deputy Medical Director, gave an update on how the Trust is improving the decision-making and informed consent process; a project which YPF first helped with last year. YPF suggested further improvements can be made.

Augmented Reality Games for the Lagoon

As play areas in and around the Lagoon are still closed due to infection control measures, Catering Manager Rudi invited AR design company Poplar Studio to meet YPF to get their ideas on augmented reality games that patients and siblings can access via QR codes in the Lagoon to play on phones and other devices.

YPF Goals 2022

YPF spent some time deciding on improvements that they would like to see in the hospital, projects they would like to revisit and members of staff that they would like to meet. The YPF Chair Team along with the CYPPO will use this to help plan meetings for the rest of the year.

Meal ordering app and catering feedback

Catering Manager Rudi and Head Chef Stephen visited YPF to present a meal ordering app which would allow patients to order food outside of protected mealtimes. A long-held complaint is that 4pm is too early for dinner for many patients. YPF also gave feedback on inpatient/Lagoon food and what they would like to see on menus.

Digital Play research update

Eibhlin, Play Activities Coordinator and Researcher Chris gave an update on how they have used YPF input so far and asked YPF what sort of digitally focussed activities they and other patients may want

to do in the hospital. Following this session several YPF members have formed a digital activity stakeholder group and a YPF podcast is in the pipeline.

Theatres reception improvement project

Theatres reception is the only space in the hospital that feels clinical. There is no colour or artwork. Lily, Graduate Management Trainee asked YPF what they would like to see in the space and also asked for their experiences of visiting the area and how this impacted them. Lily will use information from this session to make a business case to improve the area.

Ethics of Data Sharing

Caldicott Guardian, Sarah Aylett came along to YPF to discuss her role, how GOSH uses and protects patient information and also the role of big data in the NHS. A heated debate was held about the pros and cons of commercial data, with the majority of members feeling uneasy about their health data being used in this way and ask the Trust to be more transparent about this issue.

GOSH Charity Research Strategy

The grants team from GOSH Charity asked YPF for their input on what research areas should be funded and why research in these areas is important. This work will feed into the GOSH Charity Research Strategy for the next five years.

Additional YPF Activity:

YPF Election -YPF Governor

Following Josh's discharge from GOSH, elections were held to pick a new YPF governor. Three YPF members put themselves forward and Rose was elected to position.

DRIVE focus groups

Several YPF members took part in focus groups for two DRIVE projects. In the first session, they reviewed videos as part of a YouTube partnership to produce healthcare videos aimed at children and young people; YPF gave feedback on what the videos should look like and the content. YPF also worked with NTT Disruption to give feedback on how [Jibo the Robot](#) could be used to improve patient experience in the hospital.

Council of Governors

27 April 2022

Reports from Board Assurance Committees

Summary & reason for item

The Council are provided with the following summary reports from Board Assurance Committees that have met since the last Council of Governors meeting.

- People and Education Assurance Committee (February 2022)
- Finance and Investment Committee (February and March meetings)
- Audit Committee (April 2022)
- Quality, Safety and Experience Assurance Committee (April 2022)

These reports provide the Council with a summary of the items discussed at the meetings. The Quality Safety and Experience Assurance Committee met on 20 April 2022 and therefore the agenda is included, and a verbal update will be provided at the meeting by the Committee Chair, Amanda Ellingworth.

All governors are encouraged to observe board assurance committees.

Governor action required

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

Report prepared by

People and Education Assurance Committee – Natalie Hennings, Deputy Company Secretary
Finance and Investment Committee - Paul Balson, Head of Corporate Governance.
Audit Committee - Victoria Goddard, Trust Board Administrator
Quality Safety and Experience Assurance Committee - Victoria Goddard, Trust Board Administrator

Item presented by

People and Education Assurance Committee – Kathryn Ludlow, Chair of PEAC
Finance and Investment Committee - James Hatchley, Chair of the F&I Committee
Audit Committee – Akhter Maheen, Chair of Audit Committee
Quality Safety and Experience Assurance Committee – Amanda Ellingworth, Chair of QSEAC

QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE

Wednesday 20 April 2022 at 2:00pm – 5:00pm
Hybrid Meeting: Charles West Room and video conference

AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	Apologies for absence	Chair		2:00pm
2.	Minutes of the meeting held on 20 January 2022	Chair	A	2:05pm
3.	Matters arising/ Action point checklist	Chair	B	
<u>QUALITY, SAFETY AND EXPERIENCE PERFORMANCE</u>				
4.	Quality and Safety at GOSH – Medical Director Report (BAF Risk 12: Inconsistent delivery of safe care)	Medical Director/ Chief Nurse	C	2:10pm
5.	Patient Safety and Outcomes Committee (PSOC) Report	Medical Director	D	2:20pm
6.	Patient and Family Experience Overview Report for Q4 (BAF Risk 12: Inconsistent delivery of safe care)	Chief Nurse	E	2:30pm
<u>QUALITY SAFETY STRATEGIES</u>				
7.	Quality Governance Management Framework	Medical Director	Presentation	2:40pm
<u>QUALITY, SAFETY AND EXPERIENCE ASSURANCE</u>				
8.	Safeguarding Update (Exceptions Report)	Michell Nightingale, Head of Safeguarding	F	2:50pm
9.	Update on quality impact of Better Value Schemes	Chief Operating Officer	G	3:00pm
10.	Internal Audit Progress Report and 2022/23 Internal Audit Plan (Quality focused reports)	KPMG	H	3:10pm
11.	Freedom to Speak Up Guardian Update	Director of HR and OD	I	3:20pm
12.	Whistleblowing update	Director of HR and OD	Verbal	3:30pm
13.	Research Hospital Update (from a governance and quality/ patient experience perspective)	Director of Research and Innovation	J	3:40pm
14.	Transition Update	Chief Nurse/ Head of Transition	K	3:50pm
<u>RISK, COMPLIANCE AND GOVERNANCE</u>				
15.	Quality Account	Medical Director / Head of Quality	Verbal	4:05pm
16.	Health and Safety Update	Director of Space & Place	L	4:15pm

17.	Update from the Risk Assurance and Compliance Group on the Board Assurance Framework	Company Secretary	M	4:25pm
18.	QSEAC Effectiveness Survey Results	Company Secretary	N	4:35pm
<u>FOR INFORMATION</u>				
19.	Update from the People and Education Assurance Committee (February 2022)	Kathryn Ludlow, Chair of PEAC	O	4:40pm
20.	Matters to be raised at Trust Board	Chair	Verbal	
20.	Any Other Business	Chair	Verbal	
21.	Next meeting	Thursday 30 June 2022 at 10:00am		
22.	Terms of Reference Acronyms	1 NHS Confederation Acronym Buster available at: https://www.nhsconfed.org/acronym-buster		

Summary of the Audit Committee meeting held on 6th April 2022

Counterfraud Update and Annual Report 2022/23

A green rating had been forecast for GOSH in the Government Functional Standard for Counter Fraud. A green rating was predicted in all areas with the exception of declarations of interest as a 100% compliance rate was required in this area which was challenging to achieve by many Trusts. The Committee welcomed the outcome which was an improvement on the previous year. The Committee reviewed the draft Counter Fraud Workplan for 2022/23. It was agreed that an updated version would be presented to the Committee at the May meeting as updates were required

Matters arising

The Committee received an update on the financial impact of the work that had taken place to improve cyber security at GOSH. The Committee welcomed the proportion of spend which had been on bank and agency staff rather than consultancy services.

Work was taking place working with an expert external organisation to understand the options for USB port blocking. It was vital that good communication was in place and an exercise was taking place to be clear about all devices which were plugged into USB ports to ensure that there was no impact on medical devices.

Discussion took place around contingency plans for single suppliers of clinical equipment. The Trust was in a joint procurement service with other organisations which used the same products and mutual aid had been provided during surges of the pandemic.

Trust Board assurance committee updates

The Committee noted the following assurance committee updates:

- Quality, Safety and Experience Assurance Committee – 20 January 2022
- Finance and Investment Committee – February 2022 and March 2022
- People and Education Assurance Committee – February 2022

Board Assurance Framework Update

The Committee considered the following updates to BAF risks as recommended for approval by the Risk Assurance and Compliance Group:

- Risk 2: Recruitment and Retention – The committee approved a revised risk statement ensuring that focus was placed on workforce sustainability.
- BAF Risk 5: Unreliable data – Given the work around referrals with no future activity it was agreed that a further update would be considered at the May meeting following discussion at RACG.
- BAF Risk 8: Business Continuity – A revised risk statement was reviewed which highlighted the risk around service interruption. The committee requested that a further review of the risk took place and emphasised the importance of plans being understood by the organisation and the identification of the sub elements of the risk.
- BAF Risk 12: Inconsistent delivery of care – The committee approved a revised risk statement which removed duplication with other risks and widened the breadth of patient safety and quality areas.
- BAF risk 15: Children's Cancer Centre – The Committee approved a revised risk statement noting that the BAF risk also incorporated the risk assessment for the Children's Cancer Centre.

The Board would receive an updated version of the BAF for final approval in May 2022.

Board Assurance Framework Deep Dives:

- BAF Risk 1: Financial Sustainability

There had been a delay to the transfer of specialist commissioning to Integrated Care Systems which was positive, however the proposed block contract was not sufficient to cover required activity and therefore work was taking place to ascertain what was incorporated in the block and identify any unintended consequences. It was vital to understand the interaction between the increase in International and Private Care income and the requirement to deliver more NHS activity. Commercialisation was a key priority going forward. The Committee expressed concern about the transparency of current and future processes around allocation of funding. The importance of good asset utilisation and better value was emphasised.

- BAF Risk 6: Research Infrastructure

The Competition for NIHR BRC funding was ongoing and was key to the Trust's research capacity. The Committee discussed the implications of a reduction or loss of funding as an outcome of the competition. Following work to align the GOSH Children's Charity and Trust's research priorities this was becoming embedded with weekly meetings taking place. A five-year business plan for activity in the Zayed Centre for Research. The Committee asked the RACG to review the rating of the risk once feedback from the BRC interviews had been received.

BAF Risk 5: Unreliable data – Update on No Future Activity (NFA)

There had been a good reduction in the number of referrals with no future activity and changes had been made to the Epic system. Additional outpatient appointments would be required to review patients, but the number required was not yet clear. No patient harm had been identified so far.

BAF Risk 9: Estates Compliance

Considerable work had taken place since the completion of an external assessment of estates compliance and a joint Audit Committee and QSEAC meeting would be taking place to discuss the matter further. An issue had arisen in a building which was partially occupied by GOSH staff and patients but owned by another London Trust. The importance of ensuring that assurance data was received from other organisations as required was emphasised. The Committee highlighted the importance of ensuring that reports showed consistent information and reflected any critical sub issues which required attention.

Assurance of compliance with risk management strategy

The existing risk management strategy had been updated and a revised strategy was also being developed which would consider risk across all areas of the organisation. The Committee discussed the levels of awareness of Trust Wide Risks at the assurance committee level. It was noted that the RACG would escalate issues as necessary.

- Assurance of compliance with centralised reporting of incidents via NRLS

The Committee agreed that the reporting of incidents and near misses was positive and in line with the Trust's speak up for safety initiative.

Write offs

Processes were being introduced in pharmacy to reduce the recent increase in expired drugs.

External Audit 21/22 Progress update

Timings had been agreed around the audit of the accounts in relation to the year end Audit Committee meeting and auditors were in the early stages of their work. Weekly meetings were taking place to discuss key

matters. There were issues with audit resource constraints however it was anticipated that the planned timelines would be achievable subject to unforeseen circumstances.

Internal Audit Progress Report (February 2022 – March 2022) and Technical Update including recommendations update

Three final reports were received: Quality Governance which received an assurance rating of ‘partial assurance with improvements required’ and Freedom of Information and Data Security and Protection Toolkit which both received assurance ratings of ‘significant assurance with minor improvement opportunities’. It was noted that the Quality Governance report would be discussed at QSEAC.

- Internal Audit Annual Report including Draft annual HOIA

The draft Head of Internal Audit Opinion had been issued and was ‘significant assurance with minor improvement opportunities’ which was in line with the previous year.

- Internal Audit Annual Operational Plan 2022/23

The plan had been reviewed with the Executive and Non-Executive Directors and updates made following feedback received. The Committee approved the plan.

Year-End Update

A first principles valuation of land and buildings had taken place and the potential impact of climate change was being taken into consideration.

IFRS 9 Update

The committee approved the suggested provision proposal based on a revised methodology.

Raising Concerns in the Workplace Update

One case of whistleblowing was currently under investigation and the committee requested that the PEAC review assurance around staff confidence levels to raise concerns.

Audit Committee Effectiveness Survey – results

Overall responses to the effectiveness survey had been positive. Themes had arisen around paper authors being supported to write assurance papers which was in line with results from other assurance committee effectiveness surveys.

Procurement Waivers

The committee welcomed the continued improvement in the number of waivers received.

AUDIT COMMITTEE
Wednesday 6 April 2022, 2:00pm – 5:00pm,
Hybrid meeting
Great Ormond Street Hospital for Children, Great Ormond Street,
London WC1N 3JH
AGENDA

	Agenda Item	Presented by	Attachment	Time
1	Apologies for absence	Chair	Verbal	2:00pm
2	Minutes of the meeting held on 21 January 2022 Action 43.2: Financial impact of the cyber security work Action 43.3: Unencrypted USBs	Chair Mark Coker, Director of ICT Mark Coker, Director of ICT	A Verbal Verbal	
3	Matters arising and action point checklist	Chair	B	2:10pm
4.	Trust Board assurance committee updates Quality, Safety and Experience Assurance Committee – 20 January 2022 Finance and Investment Committee – February 2022 and March 2022 People and Education Assurance Committee – February 2022	Akhter Mateen, Chair (reporting an overview from all committees)	C D and verbal E	2:15pm
	<u>RISK</u>			
5.	Board Assurance Framework Update	Company Secretary	F	2:25pm
6.	Board Assurance Framework Deep Dives: BAF Risk 1: Financial Sustainability (Last reviewed in October 2021) BAF Risk 6: Research Infrastructure (April 2021 – last update)	Chief Finance Officer Director of Research and Innovation	Verbal Verbal	2:35pm
7.	BAF Risk 5: Unreliable data – Update on No Future Activity (NFA)	Chief Data Officer/ Chief Operating Officer	G	2:55pm
8.	BAF Risk 9: Estates Compliance <ul style="list-style-type: none"> Assurance on fire and ventilation issues, Capitec action plan and Legionella 	Director of Space and Place	H	3:10pm
9.	Assurance of compliance with risk management strategy including <ul style="list-style-type: none"> Focus on high risks and trust wide risks and mitigations/ action plans in place Assurance of compliance with centralised reporting of incidents via NRLS	Director of Safety Surveillance	I li	3:25pm

10.	Write offs	Chief Finance Officer	J	3:40pm
	<u>EXTERNAL AUDIT</u>			
11.	External Audit 21/22 Progress update	Deloitte	K	3:50pm
	<u>INTERNAL AUDIT AND COUNTER FRAUD</u>			
12.	Internal Audit Progress Report (February 2022 – March 2022) and Technical Update including recommendations update Internal Audit Annual Report including Draft annual HOIA Internal Audit Annual Operational Plan 2022/23	KPMG	L	4:00pm
13.	Counterfraud Update and Annual Report 2022/23	Counterfraud Officer	N	4:10pm
	<u>GOVERNANCE</u>			
14.	Year-End Update	Chief Finance Officer	O	4:20pm
15.	IFRS 9 Update	Chief Finance Officer	P	4:30pm
16.	Raising Concerns in the Workplace Update	Deputy Director of HR and OD	R	4:40pm
17.	Audit Committee Effectiveness Survey – results	Deputy Company Secretary	S	4:50pm
	<u>ITEMS FOR INFORMATION</u>			
18.	Procurement Waivers	Chief Finance Officer	V	4:55pm
19.	Any Other Business	Chair	Verbal	
20.	Next meeting	Wednesday 25 May 2022, 9:00am – 12 Noon		
21.	Audit Committee Terms of Reference and annual work-plan	For reference only - 1		

Finance and Investment Committee Update

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

- 23 February 2022
- 25 March 2022

Key issues

Finance report Month 11

At Month 11 the Trust's reported a surplus of £5.2m. The improvement in the position was due income being received a month earlier than expected.

Integrated Performance Report Month 11

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 discussed options for increasing performance and reducing the number of patients that had have missed their 'Must be seen by' dates.

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.

2022/23 annual plan

The Committee reviewed the latest iteration of the annual plan and recognised that the NHSEngland planning round was still underway and would change the draft plan and budget and further guidance and information is issued.

Children's Cancer Centre (CCC)

The Committee received a three-part update on the CCC that covered:

- Overall performance the project team's intention of to take a pause and review progress to date.
- Work underway to gauge the impact of inflation on the project (increased costs of building materials) and outline the pre
- The development, consultation, and approval processes for the Full Business Case (FBC). The Committee requested a more detailed paper on the consultation and approval plan for the CCC.

Major projects

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

Better Value

The Committee discussed the first Better Value report since pre-COVID at the February meeting. The report outlined the approach to the savings programme.

Attachment tbc

Estates Return Information Collection (ERIC) return

The Committee reviewed the findings of the ERIC return which comprised of information relating to the costs of providing and maintaining the Trust's estate including buildings, maintaining and equipping hospitals, the provision of goods e.g., laundry and food and the costs and consumption of utilities.

Sight and Sound overspend report

The Committee receive a report that identified the main reasons for the overspend from the original budget figure within the Sight and Sound Business Case.

Feedback from Governors

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

Survey of effectiveness

The Committee reviewed some interim findings on the survey of effectiveness.

End of report

FINANCE AND INVESTMENT COMMITTEE MEETING

Wednesday 23 February 2022

2.00pm to 5.00pm

AGENDA

Agenda Item	Presented by	Attachment	Page #	Time
1.	Chair	<u>Verbal</u>		2.00pm
2.	Chair	<u>A</u>	4	
3.	Chair	<u>B</u>	10	
4.	Head of Corporate Governance	<u>C</u>	12	2.05pm
5.	Chair	<u>Verbal</u>	-	2.10pm
Performance & finance standing updates				
6.	Chief Finance Officer	<u>E</u>	15	2.15pm
7.	Chief Operating Officer & Chief Data Officer	<u>G1</u>	42	2.30pm
		<u>G2</u>	57	
		<u>G3</u>	60	
Annual planning and approval				
8.	Chief Finance Officer	<u>Q</u>	68	2.50pm
9.	Chief Finance Officer & COO	<u>J1</u>	182	3.05
		<u>J2</u>	203	
10.	Chief Finance Officer	<u>K</u>	207	3.25
11.	Chief Finance Officer	<u>P</u>	263	3.35
Major projects update				
12.	Director of Space and Place	<u>L</u>	267	3.40
13.		<u>M</u>	273	3.55
14.		<u>N</u>	290	4.05

	Agenda Item	Presented by	Attachment	Page #	Time
15.	Children's Cancer Centre update	Gary Beacham – CCC Delivery Director David Keith – Cost Consultant (Currie & Brown)	<u>Q</u>	295	4.20
	AOB				
16.	Any other Business	Chair	-		4.50
17.	Feedback from Governors	Chair	-		
18.	<u>Date of next meeting</u> Friday 25 March 2022, 2.00pm to 5.00pm				

FINANCE AND INVESTMENT COMMITTEE MEETING
Friday 25 March 2022
2.30pm to 5.00pm
AGENDA

	Agenda Item	Presented by	Attachment	Page #	Time
1.	Apologies for absence - Chris Kennedy, NED	Chair	<u>Verbal</u>		2.30
2.	Minutes of the meeting held Wednesday 22 February 2021	Chair	<u>A</u>	4	
3.	Matters arising, action checklist	Chair	<u>B</u>	10	
4.	Survey of effectiveness	Head of Corporate Governance	<u>Verbal</u>	-	2.35
5.	Terms of reference for approval	Head of Corporate Governance	<u>C</u>	12	2.40
6.	Summary of key issues and developments	Chair	<u>Verbal</u>	-	2.45
Performance & finance standing updates					
7.	Finance report Month 11	Chief Finance Officer	<u>G</u>	16	2.55
8.	Integrated Performance Report Month 12	Chief Operating Officer	<u>H</u>	43	3.05
Annual planning and approval					
9.	Approval of the 2022/23 annual plan	Chief Finance Officer	<u>J</u>	60	3.15
Major projects update					
10.	Major Project updates	Director of Place and Space	<u>L</u>	79	3.35
11.	Children's Cancer Centre updates <ul style="list-style-type: none"> • FBC Update • Commercial Report • Inflation Update 	Gary Beacham – CCC Delivery Director Daniel Wood CCC Programme Director	<u>M</u>	95	3.40
AOB					
12.	Any other Business	Chair	-		4.10
13.	Feedback from Governors	Chair	-		
14.	<u>Date of next meeting</u> 21/06/2022				

Summary of the People and Education Assurance Committee held on 25 February 2022

The Committee noted summaries of the following assurance committees:

- Quality, Safety and Experience Assurance Committee (January 2022)
- Audit Committee (January 2022)

Junior Nurses Staff Story

Staff stories were received from two Junior Nurses who talked about their experiences in relation to their personal development and educational opportunities available. They discussed staff morale and how staff on the wards were feeling, specifically in relation to wellbeing, bed management and waiting lists. They also talked about some of the challenges around having differing responsibilities and competencies depending on the type of shift they were on and the area of work.

People Strategy Update

It was acknowledged that there hadn't been significant progress since the last meeting due to the HR & OD team being embedded and responding well to challenges over the last few months, including VCOD. Diversity & Inclusion and Allyship has continued to progress across the organisation and there was recognition of the work around recruitment process, reward and recognition and the implementation of the new Trust intranet which was due to be released soon. The Committee discussed how the Trust can balance the impact of the lack of certainty over financial outcomes and increased waiting lists, and the importance of leaders and managers being able to provide clarity in situations where there is high levels of anxiety and ambiguity.

Workforce Metrics Update

The Committee heard how GOSH's workforce has significantly grown by 16% over the last four years. The current vacancy rate is at 5% and the voluntary turnover rate is at 12%, both below target although turnover is higher than the average of other Trusts. Sickness rates remain high, with the second most common reason being stress and anxiety. To support staff the Wellbeing Hub is being actively promoted and there are monthly Wednesday Wellbeing webinars. Statutory mandatory training rates remain above target and Estates and Ancillary were mentioned as a good news story given their compliance and good progress in a short period of time. The Committee is going to consider refreshing its focus around the workforce metrics update to use this as an opportunity to link with the staff story to have the ability to deep dive and get further assurance.

Nursing Workforce update

It was noted that there had been a slight increase in the registered nurse vacancy rate to 3%, which is still good in comparison to others in the sector. The Committee were also informed that the recruitment strategies continue to grow and remain significantly important.

GOSH Learning Academy (GLA)

The Committee were advised that the overall status for the programme remains on track. The GLA are looking at ways to share their resources with other provides and has given Alder Hay Children's Hospital the ability to sign up to DEN, so they are able to access free education. The Committee felt this was a positive step but also recognised the ongoing challenge between ensuring GLA continues to be financially sustainable.

An external independent review requested by GOSH Children's Charity will take place in October 2022 and will cover progress up to the completion of year two (April 2022).

The Committee noted the 'pass rate at first attempt' had dropped for students enrolled on clinical academic modules and were assured it was now back on track with a 90% pass rate overall.

Vaccination as a condition of deployment

There have been fast-moving developments of VCOD over the last few months. 2.7% of staff were identified as either declining to have the vaccination or being unable to ascertain their vaccination status. The legislation was retracted by Government following a consultation on the 16 February 2022 and GOSH were pleased that no formal deployment processes took place. The Committee recognised how well the process had been managed in such difficult circumstances.

Insourcing Domestic Services Update

The Trust were incredibly proud of the work undertaken to transfer 300 staff into GOSH and being able to make a number of improvements to their working conditions. The Committee heard about the next stage to full harmonisation and sought assurance that services had been operating as usual whilst the process has been ongoing.

Lone Workers Update

The current process for protecting lone working staff was outlined to the Committee. Conversations continue to take place with managers and the register of lone workers is constantly being updated. The Committee asked whether there had been any delays and were informed that previously challenges with managers were not greatly improved and the process was picking up pace.

Update on the Board Assurance Framework

The Risk Compliance and Assurance Group and Audit Committee had both discussed in-depth the focus and scores of the recruitment and retention risk and decided that it should remain on the register. However, the challenges around the availability of staff would be added to the Trust Wide Risk Register. The controls and assurances had been documented for the GLA BAF risk and these were approved by the Board in November 2021.

Deep Dive of BAF Risk 2: Recruitment and Retention

Discussion took place around whether there had been any impact of BREXIT on the recruitment of consultants. The Committee heard that the Trust is recruiting 13.5% more staff and were assured that BREXIT had not impacted consultant recruitment. In 2014, a third of new recruits were EEA Nationals, this dipped slightly but was back to 36% in 2021. The Committee was also informed that recent immigration arrangements put in place last January had not made an impact and the Trust is seeing a steady stream of candidates wanting to work at GOSH.

However, it was noted that COVID had potentially changed things for the medical workforce. Doctors in particular choose their career pathway very early and the Trust needs to improve its international footprint visibility if it wants to continue its place in the international space, and this was of concern. On the flip side the Committee heard there is good ongoing work on the pathways for non-consultant colleagues joining GOSH and supporting and keeping them networked when they leave.

The Committee queried whether the risk score was accurate, and it was agreed for the score to be taken to the Risk Assurance and Compliance Group for further discussion and consideration.

Freedom to Speak Up Service Update

The Committee received an update covering the last two months and noted the increase in concerns raised in comparison to the same period last year and generally across the past three years. Themes around infection control (vaccines), discrimination, a culture of not feeling heard and patient care/safety were the most prominent since the last report. Admin/clerical/estates and nurses were again the highest represented groups of workers contacting the service. The committee recognised the culturally challenge for staff which the Trust is trying to promote as a way to try an encourage conversations and resolutions locally.

NHS Wellbeing Guardian

Due to time constraints, it was agreed to defer this item to the next meeting.

Results of the PEAC Effectiveness Survey

Members agreed for the non-executive directors to meet and discuss the results of the survey outside of the meeting.

Governor Feedback

Governors welcomed the helpful papers and gave feedback on the discussion around staff wellbeing with particular reference to sickness absence rates. Governors enjoyed hearing from the two staff members and were pleased that adequate time was given by the Chair to enable a longer discussion. Overall governors felt Non-Executive Directors showed very good knowledge of services and staff and their ability to challenge was very impressive.

PEOPLE AND EDUCATION ASSURANCE COMMITTEE
Friday 25 February 2022 at 2:30 – 5:00pm

AGENDA

	Agenda Item	Presenter	Attachment	Page No	Time
1.	Apologies for absence	Chair	Verbal		2:30pm
2.	Minutes of the meeting held on 8 December 2021	Chair	A		
3.	Matters arising and action point checklist	Chair	B		
4.	Minutes of subcommittees (for information): <ul style="list-style-type: none"> Summary of Quality, Safety and Experience Assurance Committee (January 2022) Summary of Audit Committee (January 2022) 	Amanda Ellingworth, Chair of QSEAC James Hatchley, NED	C D		2:35pm
<u>HEARING THE STAFF VOICE</u>					
5.	Staff story: Junior Nurses	Medical Director/ Chief Nurse	Verbal		2:40pm
<u>STRATEGY</u>					
6.	People Strategy Update	Caroline Anderson, Director of HR & OD	E		2:55pm
7.	Workforce Metrics Update	Sarah Ottaway, Deputy Director of HR & OD	F		3:05pm
8.	Nursing Workforce Update	Marie Boxall, Head of Nursing Workforce	G		3:15pm
9.	Planet 3: GOSH Learning Academy – Assurance Report, February 2022	Lynn Shields, Director of Education	H		3:25pm
<u>RISK</u>					
10.	Vaccination as a condition of deployment (VCOD) Update	Sarah Ottaway, Deputy Director of HR and OD	Verbal		3:35pm
11.	Insourcing Domestic Services Update	Sarah Ottaway, Deputy Director of HR and OD	I		3:45pm
12.	Lone Workers Update	Zoe Asencio Sanchez, Director of Place and Space /	J		3:55pm

		Chris Ingram, Health and Safety Advisor			
13.	Update on the Board Assurance Framework	Anna Ferrant, Company Secretary	K		4:05pm
14.	Deep dive of BAF Risk 2: Recruitment and Retention	Caroline Anderson, Director of HR & OD	Verbal response to NED questions submitted to risk owner		4:10pm
<u>OTHER ASSURANCE</u>					
15.	Freedom to Speak Up Service Update December 2021 – January 2022	Dan Sumpton, Freedom to Speak Up Guardian	L		4:20pm
16.	NHS Wellbeing Guardian	Chair	Verbal		4:30pm
<u>GOVERNANCE</u>					
17.	Results of PEAC Effectiveness Survey 2022	Anna Ferrant, Company Secretary	M		4:35pm
18.	Any Other Business	Chair	Verbal		4:40pm
19.	Next meeting	22 June 2022 1:00pm – 4:00pm			

Council of Governors

27 April 2022

Appointment of a Non-Executive Director (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 James Hatchley when he steps down later this year.

As approved by the Council of Governors in November 2021 the successful candidate will initially be recruited to an Associate NED roles in the first instance on the basis that the candidate will automatically step into the substantive NED position without the need for any further recruitment process, subject to continued satisfactory performance.

The purpose of this paper is to approve the appointment of a Non-Executive Director of the GOSH Trust Board.

Governor action required:

The Council is asked to consider and approve the Committee's recommendations for the appointment of a Non-Executive Director on the GOSH Board.

Author: Dr Anna Ferrant, Company Secretary

Presented by: Mike Rake, Chair

Appointment of a Non-Executive Director (NED) on the GOSH Foundation Trust Board.

1. Introduction

This paper outlines the process followed and recommendation for the appointment of a non-executive director on the Board of Great Ormond Street Hospital for Children NHS Foundation Trust.

2. Appointment of a Non-Executive Director (NED) to the GOSH Trust Board

Recruitment process

At their last meeting held on 4 November 2021 the Council approved to advertise two NED positions together, and agreed to appoint to the positions earlier, both as Associate Non-Executive Directors. This provides an opportunity for the successful candidates to have time to shadow the Board and relevant committees and then step into the substantive NED roles. This approach ensures 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 Council agreed to retain the services of Hunter Healthcare to conduct the recruitment process. The recruitment consultant has an established understanding of the Trust and its needs and also have a strong track record in appointing candidates from diverse backgrounds, something that has been highlighted as important for this process.

The recruitment process followed the below timetable:

- 23 and 24 November 2021: Approval of the recruitment process sought at the Council and Board
- 25 November: New NED posts advertised as an associate NED in the first instance
- 31 December 2021: Closing date for applications.
- 17 January 2022: Council Nominations and Remuneration Committee agreed a long list of applicants.
- Following long listing: Recruitment consultants held assessment interviews with the candidates.
- 31 January 2022: Council Nominations and Remuneration Committee agreed the final short-list for both posts. Interviews for the finance position are taking place on 9 February 2022 and interviews for the digital position took place on 22 March 2022.
- 08 and 09 February 2022: Young Persons Forum (YPF) stakeholder panel and final interview panel (finance).
- 10 February 2022: Council of Governors approved the appointment of NED (finance)
- 21 and 22 March 2022: Young Persons Forum (YPF) stakeholder panel and final interview panel (digital).
- 27 April 2022: Council considers approval of a new NED with digital experience on the Trust Board (as an Associate NED in the first instance).

The search for the digital NED position sought candidates with the following key experience and backgrounds:

- Strong business and financial acumen with experience at Board level experience in a large/complex/changing organisation (NHS or commercial)

- Experience of designing, negotiating and delivering innovative technologies within a commercial or public environment
- Experience and knowledge of risk management and value for money (VFM).

Longlisting and Shortlisting

Longlisting took place on 17 January 2022, conducted by the Council of Governors' Nominations and Remuneration Committee. Overall, 41 applications were received across both positions, and the quality of the candidates was good. Six candidates for each position were put forward for shortlisting. In respect of the previous candidates who were put forward for the digital post (three), the Council agreed to retain these candidates from the previous recruitment process that was put on hold.

The recruitment consultant analysed the applications and spoke to candidates covering digital and finance aspects, candidate interests and any information pertinent to the fit and proper person's test.

Shortlisting took place on 31 January 2022, conducted by the Council of Governors' Nominations and Remuneration Committee. Three candidates for the finance NED post were short-listed and three candidates for the digital NED post.

Stakeholder Focus Group and Final Interview Panel

The shortlisted candidates for the digital NED position were invited to attend a young person's stakeholder panel on 21 April 2022. The purpose of this panel was for candidates to meet a few young people and parent/carers who have used the hospital services and to have an opportunity to ask questions about the hospital and the young people's experiences. A representative from the stakeholder panel was asked to provide feedback to the interview panel following the stakeholder focus groups.

Interviews for the digital NED position were conducted on 22 April 2022 (3 candidates) via Zoom and the panel was made up of the following individuals (all members of the Council Nomination and Remuneration Committee):

- Michael Rake, Chair
- James Hatchley, Senior Independent Director and Non-Executive Director
- Claire Cooper-Jones, Parent/ Carer Governor and Lead Governor
- Stephanie Nash, Parent/ Carer Governor
- Quen Mok, Staff Governor
- Anna Ferrant, Company Secretary (notes)

Prior to the interviews, the Interview Panel decided on a series of questions and areas for discussion with candidates, ensuring that the interviews were consistent, fair and transparent. Documentation was provided to panel members to ensure all agreed criteria were fairly assessed.

Outcome of the interview

The interview panel agreed on their preferred candidate and will be recommending their appointment to the Council of Governors at the meeting.

Action for the Council of Governors: to consider approving the appointment of one non-executive director on the GOSH Board.

Council of Governors

27 April 2022

Process for electing the Lead Governor and Deputy Lead Governor

Summary & reason for item

The Lead Governor and Deputy Lead Governor roles are appointed on an annual basis.

The purpose of this paper is to outline the nomination and election process for the appointment of the GOSH Lead Governor and Deputy Lead Governor ahead of the July 2022 Council meeting.

The Lead Governor and Deputy Lead Governor role descriptions are included as **Appendix 1**. The role descriptions were approved by the Council of Governors in July 2021.

The appointment process (summarised in the role description) is explained in more detail at **Appendix 2**.

Any Governors considering self-nomination can confidentially contact a member of the Corporate Affairs Team for more information.

Governor action required:

- To note the Lead Governor and Deputy Lead Governor role descriptions.
- To approve the nomination and election process -noting that candidates may be subject to an election conducted at the Council of Governors' meeting in July 2022.
- To be aware that the window for nominations for Lead Governor and Deputy Lead Governor will close 5:00pm on **Wednesday 15 June 2022**.

Report prepared by:

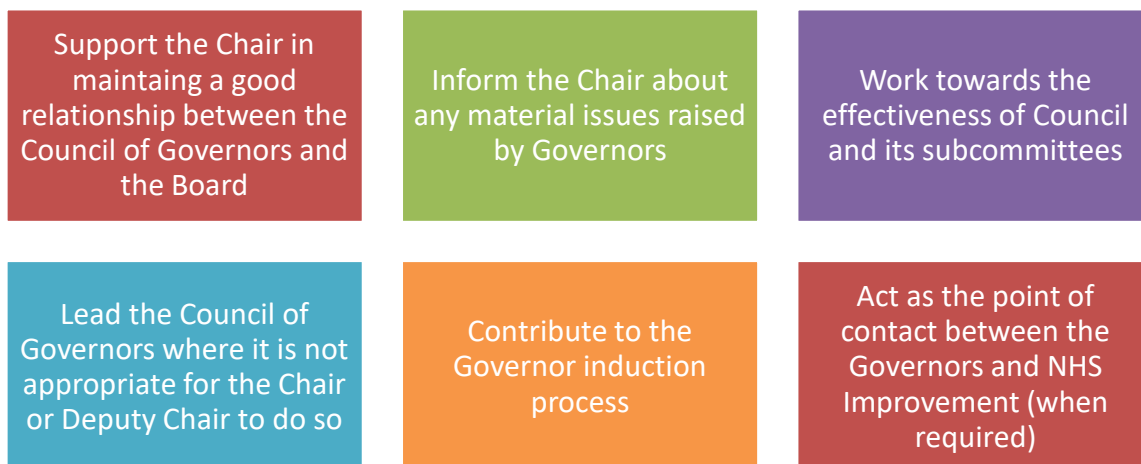
Paul Balson, Head of Corporate Governance

Item presented by:

Paul Balson, Head of Corporate Governance

Role of the Lead Governor and Deputy Lead Governor

The principal responsibilities of the role of Lead Governor are:



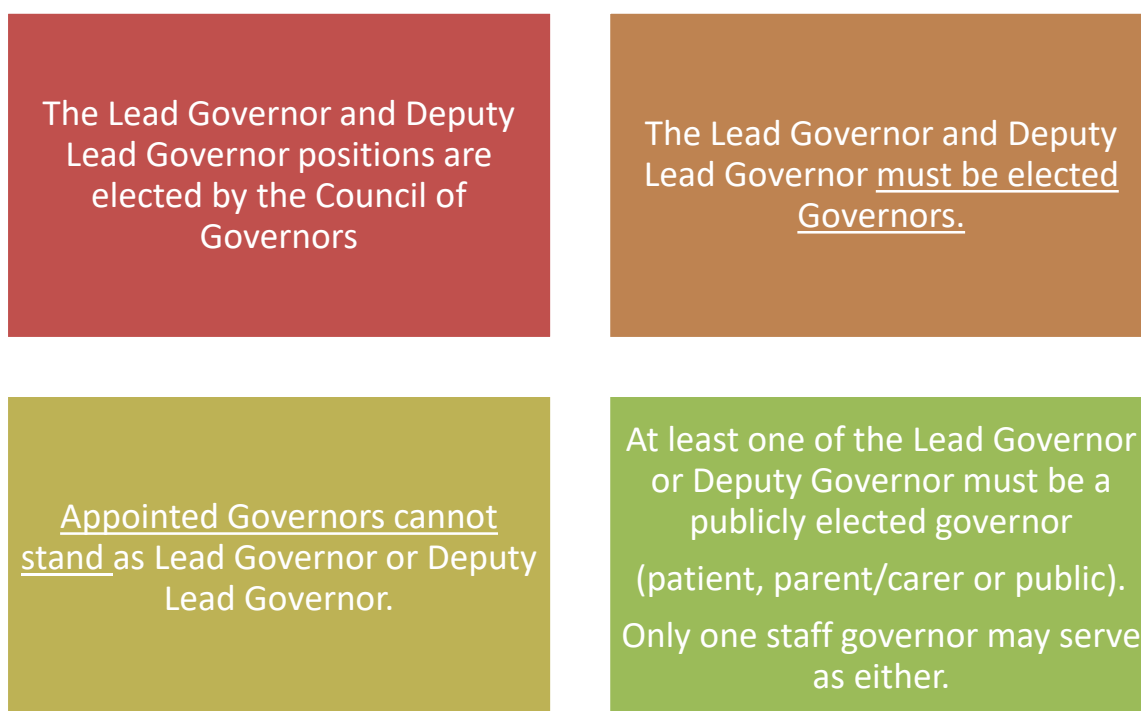
The role of the Deputy Lead Governor is also to support the Lead Governor in these duties and deputise for them when necessary.

Claire Cooper-Jones is the Lead Governor and has been in post since April 2019. Beverly Bittner Grassby is the Deputy Lead Governor and has been in post since July 2021.

The term of office for Lead Governor and Deputy Lead Governor is one year.

The one exception to the one-year term of office was in April 2020 when the Council of Governors extended Claire Cooper-Jones' term of office by a further year to allow the new Governors time to settle into their roles.

Who can become a Lead Governor or Deputy Lead Governor?



The responsibilities of the role are important for the Trust and it is for these reasons the Trust encourages only those Governors who are fully able to commit to the role to stand. It is important that the Lead Governor and Deputy Lead Governor lead by example and:

- attend all Council of Governors' meetings
- attend all Committees they are a member of (e.g. Council of Governors' Nominations and Remuneration Committee) and
- maintain full mandatory and statutory training compliance throughout their term.

Training and support

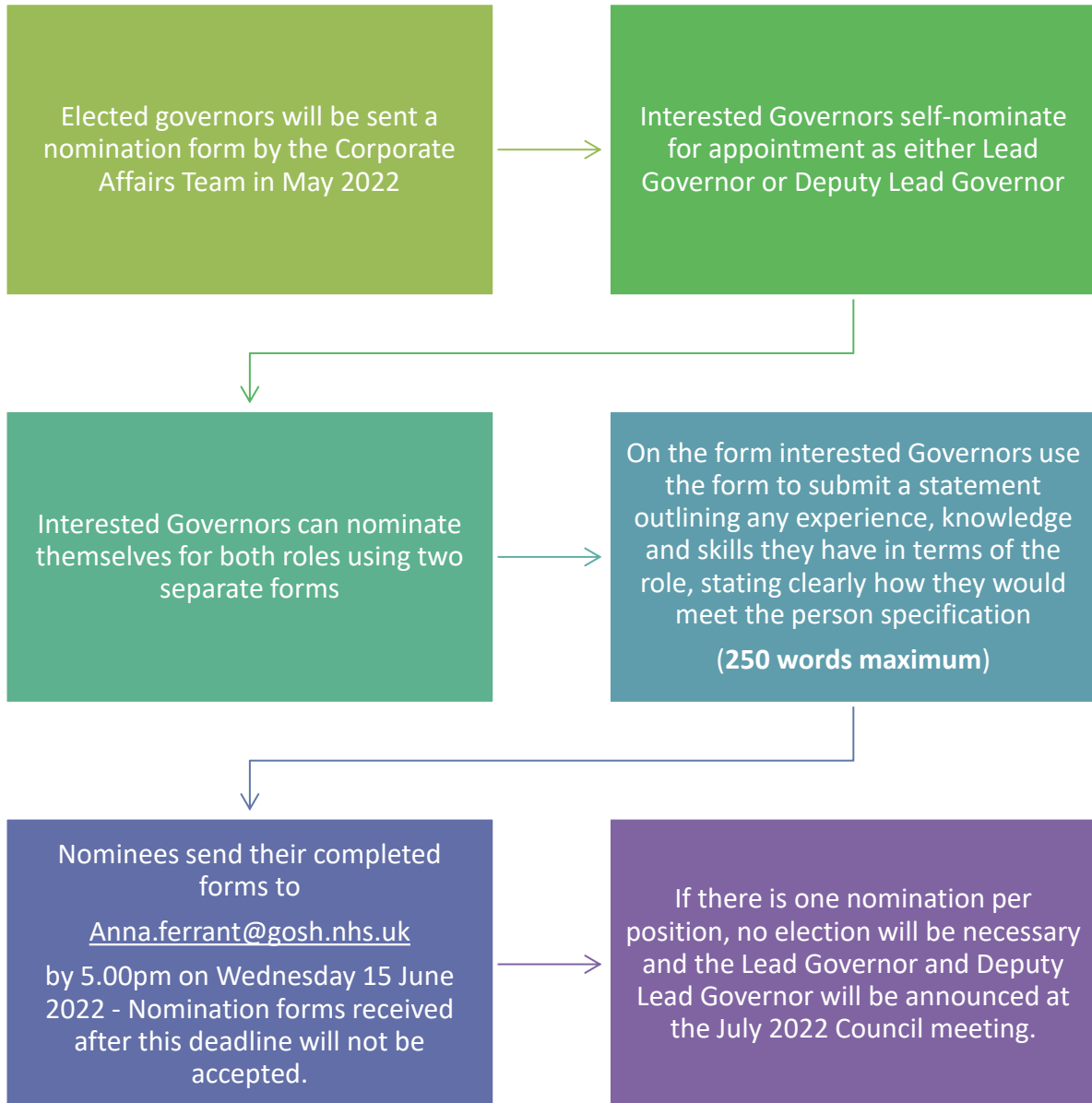
The Lead Governor and Deputy Lead Governor will be supported by the Corporate Affairs Team who will help identify training and support needs. For example:

Networking with other Foundation Trust Lead Governors	In house bespoke support	Support from the Trust Chair
<ul style="list-style-type: none">• The Lead Governor and Deputy Lead Governor will be provided with an email address for the National Lead Governors Association - an unofficial national network of Lead Governors• This can be used to network and share ideas and best practice.	<ul style="list-style-type: none">• Ongoing support will also be available from the Company Secretary and Corporate Affairs Team who will work with the successful candidates to identify needs and tailor training plans.	<ul style="list-style-type: none">• The Chair will have regular contact with the Lead Governor to provide updates on relevant Trust and Board matters

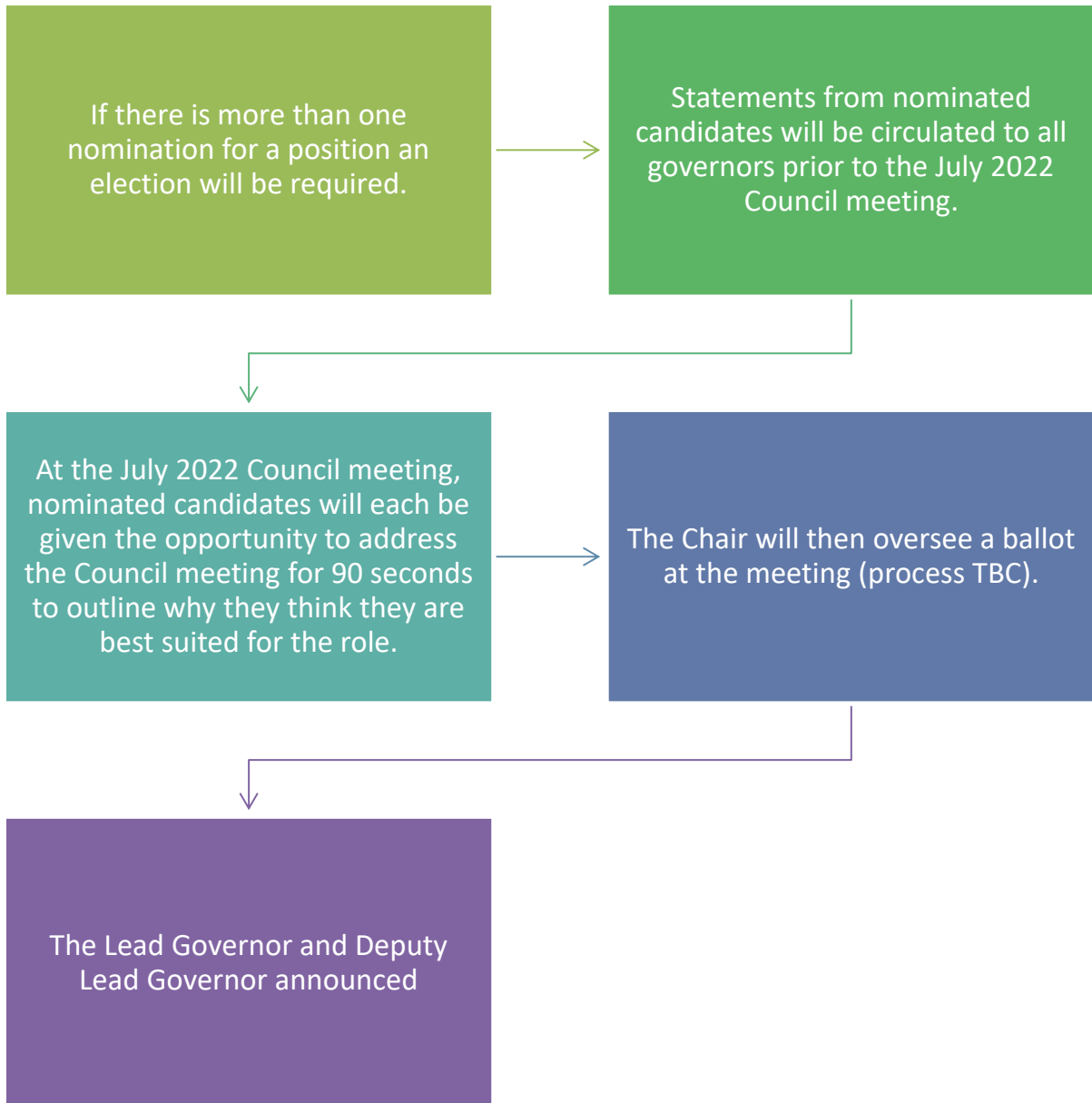
Process and timetable for appointment to the Lead Governor and Deputy Lead Governor roles

The process will take place over two stages: Nomination and Election. These are outlined below:

Nomination stage



Election stage



Action required

- Council is asked to note the Lead Governor and Deputy Lead Governor role description.
- Council is asked to approve the process for the appointment of the Lead Governor and Deputy Lead Governor and note the proposed timetable for the process.

APPENDIX 1

LEAD GOVERNOR ROLE DESCRIPTION

Principal responsibilities

- To support the Chair in facilitating a continuing good relationship between the Council of Governors (CoG) and the Trust Board (the Board).¹
- To bring to the Chair's attention any material issues from the Governors.
- To work towards the effectiveness of the CoG and its subcommittees, including supporting the Chair and Company Secretary in organising any evaluation of the CoG.
- Contribute to the induction process for newly appointed or elected Governors.
- To act as the point of contact between the Governors and NHS Improvement².

Specific Lead Governor tasks

- To chair the CoG pre-meeting³ as required and to ensure that any material matters discussed there are brought to the attention of the CoG and the Chair.
- To chair meetings of the COG that cannot be chaired by the Chair, Deputy Chairman or Non-Executives due to a conflict of interest or any other absence.
- To be a member of the Nominations & Remunerations Committee and any other committees established by the CoG.⁴
- In accordance with the process approved by the CoG, to collate the input of Governors for the senior independent director of chairman for the Non-Executive Directors' and Chair's annual appraisals.
- To liaise with the Company Secretary/ Deputy Company Secretary as and when concerns are raised by Governors.
- Be involved with setting the agendas for the Council of Governors.
- Support the Chair in acting to remove a Governor due to unconstitutional behaviour.

¹ To include: Where requested by the Chair, supporting him/her in contacting the CoG or groups of Governors, or in understanding Governors' views on any matter and where approved by the COG and the Chairman, speaking for and represent the COG at the Trust's Annual Members' Meeting or any other occasion.

² The Lead Governor may only contact NHS Improvement (NHSI), the organisation which includes Monitor, after authorisation from the Council of Governors (COG) and only when all reasonable efforts have been made to resolve the matters that are of concern to the COG. The Lead Governor may only act as a contact between the Governors and NHSI when the normal channels of communication are unavailable.

³ This meeting takes place prior to a Council meeting and the Chair briefing meeting. It is attended by governors only. The purpose of the pre-meeting is to provide a forum to discuss the Council agenda and papers and can receive updates on specific topics as determined by the Governor Development Work Programme.

⁴ The COG may agree that the Lead Governor must share this responsibility with the Deputy Lead Governor.

The Person Specification

To be able to fulfil this role effectively, the Lead Governor will:

- Have integrity in accordance with the Nolan Principles (*The 7 Principles of Public Life*), the Code of Conduct for Governors and be committed to the values of the Foundation Trust.
- Enjoy the confidence of the CoG and the Chair.
- Have an understanding of the statutory duties of Governors, the Trust's Constitution and how the Trust is influenced or regulated by other organisations including the role of and basis that NHS Improvement may take action.
- Have the ability to chair meetings in a manner that works in the best interests of patients and of the Foundation Trust in accordance with the Code of Conduct for Governors.
- Have a willingness to challenge constructively and the ability to influence, negotiate and present a well-reasoned argument.
- Be able to commit the time necessary to represent the position and wishes of Governors in a manner that has their confidence. This includes;
 - Completing mandatory training as required
 - Contributing to the Chair and NED stakeholder feedback appraisal process
 - Completing the Council of Governors' effectiveness survey
- Maintain the confidentiality of information.

Conditions of appointment and Term of Office

- A Governor will nominate themselves for the position of Lead Governor and/or Deputy Lead Governor (including providing an outline of the relevant experience). Separate elections will be conducted for both positions and the elections conducted by the CoG by a 'show of hands' or a secret ballot (as determined by the Chair).
- The Lead Governor (and the Deputy Lead Governor) must be elected governors and will be appointed to via separate elections at a Council meeting. A staff governor may only be appointed as Lead or Deputy in a situation where he/ she will serve with a publicly appointed governor. Thus a staff governor may stand for election as Deputy only if the Lead is a publicly elected governor.⁵ In circumstances where two staff governors each stand for both positions, should the highest voted governor be a staff governor, he/she will be elected as Lead Governor. In this circumstance, the highest voted publicly elected governor will be elected as Deputy Lead Governor.
- The tenure is for 12 months with the option for re-election annually in accordance with due process, for up to the full tenure period of the elected Governor's 'appointment' (subject to removal from office, removal as a Governor or member or any resignation)
- The Lead Governor will be supported and deputised for by a Deputy Lead Governor whose appointment will follow the same procedure above. It is anticipated that where terms of office accord, the Deputy Lead Governor will put themselves forward for Lead Governor position when that position becomes vacant. Should a vacancy for the Lead Governor role arise mid-term, the

⁵ Where the Lead Governor is a staff governor, in any situation where the Lead Governor's position as an employee of the Trust gives rise to a position of potential conflict, the Deputy Lead shall act as Lead until the next meeting of the Council, when the situation shall be considered and a decision made as to how it shall be handled.

Attachment O

Deputy Lead Governor will be required to step up as Lead Governor until the next election for the Lead Governor and Deputy Lead Governor positions.

- Individuals elected to the Lead Governor and Deputy Lead Governor roles are required to fulfil all relevant requirements as outlined in the Constitution.

Approval and review of this document

This document will be reviewed not less than annually.

Deputy Lead Governor

The role of the Deputy Lead Governor is to support the Lead Governor and deputise for him or her when necessary.

Should a vacancy for the Lead Governor role arise mid-term, the Deputy Lead Governor will be required to step up as Lead Governor until the next election for the Lead Governor and Deputy Lead Governor positions.

The Deputy Lead Governor will be expected to meet the person specification of the Lead Governor (above).

Final

Approved July 2020 Council of Governors' Meeting

Appendix 2: The appointment process rules

1. Governors nominate themselves for the position of Lead Governor and/or Deputy Lead Governor and provide of an outline of relevant experience and skills.
2. Separate elections will be conducted for both positions by the Council of Governors in July 2022 via a method as determined by the Chair.
3. The Lead Governor and the Deputy Lead Governor must be elected governors (appointed governors cannot apply).
4. A staff governor may only be appointed as Lead or Deputy in a situation where they will serve with a publicly appointed governor. Thus, a staff governor may stand for election as Deputy only if the Lead is a publicly elected governor. In circumstances where two staff governors each stand for both positions, should the highest voted governor be a staff governor, they will be elected as Lead Governor. In this circumstance, the highest voted publicly elected governor will be elected as Deputy Lead Governor.
5. The tenure of both Lead Governor and Deputy Lead Governor positions is for 12 months with the option for re-election annually in accordance with due process, for up to the full tenure period of the elected Governor's 'appointment' (subject to removal from office, removal as a Governor or member or any resignation).
6. Claire Cooper-Jones, the current Lead Governor can stand again and be elected for a further year.
7. Some elected governors will be subject to an election in November 2022 and if successful, reappointed as governors from 1 March 2023. Should the appointed Lead Governor or Deputy Lead Governor not be re-elected, then a fresh nomination process will be conducted after the April 2023 Council meeting.
8. The Lead Governor will be supported and deputised for by a Deputy Lead Governor whose appointment will follow the same procedure above.
9. Individuals elected to the Lead Governor and Deputy Lead Governor roles are required to fulfil all relevant requirements as outlined in the Constitution i.e., mandatory training, returning of relevant forms etc.

Council of Governors

27 April 2022

Draft Council of Governors' section in GOSH Annual Report 2021/22

Summary & reason for item:

This paper provides a draft copy of the content that will be included in the Trust Annual Report 2021/22.

This includes a summary of the role and work of the Council of Governors during the year, an update on the role of Governors, the past election including an overview of the membership and future plans.

Any sections of text marked with a **highlight** are awaiting confirmation.

Governor action required:

For information. No immediate governor action is required

Report prepared by:

Adetutu Emmanuel, Stakeholder Engagement Manager

Item presented by:

Adetutu Emmanuel, Stakeholder Engagement Manager

Draft Council of Governors' section in GOSH Annual Report 2021/22

Council of Governors

As a Foundation Trust we are accountable to our members through our Council of Governors.

In 2021/22 the Council of Governors was made up of 27 elected and appointed governors. They support and influence the strategic direction of the Trust by representing the views and interests of our members.

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

Constituencies of the Council of Governors

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

	Constituency		Council of Governors
<p>6 Patient Governors</p> <ul style="list-style-type: none"> • 3 Patients from London • 2 Patients from Home Counties • 1 Patient from Rest of England and Wales <p>6 Parent and Carers Governors</p> <ul style="list-style-type: none"> • 3 Parents / Carers from London • 2 Parents / Carers from Home Counties • 1 Parent / Carer from Rest of England and Wales <p>6 Public Governors</p> <ul style="list-style-type: none"> • 3 Public Governors from London • 2 Public Governors from Home Counties • 1 Public Governors from rest of England and Wales <p>5 Staff Governors</p> <p>4 Appointed Governors</p> <ul style="list-style-type: none"> • 1 Appointed Governor from Camden Council • 2 Appointed Governors from Young People's Forum • 1 Appointed Governor from GOSH/ICH/UCL 	Patients from London	Elected	3 Governors
	Patients from Home Counties**	Elected	2 Governors
	Patients from Rest of England and Wales***	Elected	1 Governor
	Parent/Carer from London*	Elected	3 Governors
	Parent/Carer from the Home Counties**	Elected	2 Governors
	Parent/Carer from Rest of England and Wales***	Elected	1 Governor
	Public from London*	Elected	3 Governors
	Public from Home Counties**	Elected	2 Governors
	Public from Rest of England and Wales***	Elected	1 Governor
	Staff	Elect	5 Governors
	Young People's Forum	Appointed	2 Governors
	Camden Council	Appointed	1 Governor
	UCL Great Ormond Street Institute of Child Health	Appointed	1 Governor

*The London constituency covers the following areas:	All London Boroughs (32): Barking and Dagenham, Barnet, Bexley, Brent, Bromley, Camden, City of Westminster, Croydon, Ealing, Enfield, Hackney, Hammersmith and Fulham, Haringey, Harrow, Havering, Hillingdon, Hounslow, Islington, Lambeth, Lewisham, Merton, Newham, Redbridge, Richmond upon Thames, Royal Borough of Greenwich, Royal Borough of Kensington and Chelsea, Royal Borough of Kingston upon Thames, Southwark, Sutton, Tower Hamlets, Waltham Forest, Wandsworth City of London
** The Home Counties Constituency covers the following areas	Bedfordshire, Berkshire, Buckinghamshire, Essex, Hertfordshire, Kent, Surrey, Sussex (East and West)
***The Rest of England and Wales Constituency cover the following areas	Bristol, Cambridgeshire, Cheshire, , Cornwall, including the Isles of Scilly, Cumbria, Derbyshire, Devon, Dorset, Durham, East Riding of Yorkshire, Gloucestershire, Greater Manchester, Hampshire, Herefordshire, Isle of Wight, Lancashire, Leicestershire, Lincolnshire, Merseyside, Norfolk, North Yorkshire, Northamptonshire, Northumberland, Nottinghamshire, Oxfordshire, Rutland, Shropshire, Somerset, South Yorkshire, Staffordshire, Suffolk, Tyne and Wear, Warwickshire, West Midlands, West Yorkshire, Wiltshire, Worcestershire

Elections 2021/22

In November 2021 the Trust conducted an election process for 12 seats across the patient and carer, public and staff constituencies for appointment from 1 March 2022. Following the publication of election results in February 2021, the following Governors were elected / re-elected for three-year terms – unless otherwise stated in the table below:

Name	Constituency	Notes
Sapna Talreja	Parent and Carers from Home Counties	New governor
Kamran Ansari	Parent and Carers from London	New governor
Stephanie Nash	Parent and Carers from London	Re-elected to a two-year term only as they will have reached the maximum aggregate Governor term of office of six years after two years.

Josh Hardy	Patients from Home Counties	Elected in a non- contested seat.
Olivia Burlacu	Patients from Home Counties	Re-elected in a non-contested seat
Constantinos Panayi	Patients from London	New governor
Maisie Stewart	Patients from London	New governor
Georgina Townsend-Tague	Patients from Rest of England and Wales	New governor
Hannah Hardy	Public Home Counties	Re-elected
Sara Ayerman	Public London	New governor
Jacqueline Gordon	Staff	New governor
Tania Ahmad	Staff	New governor

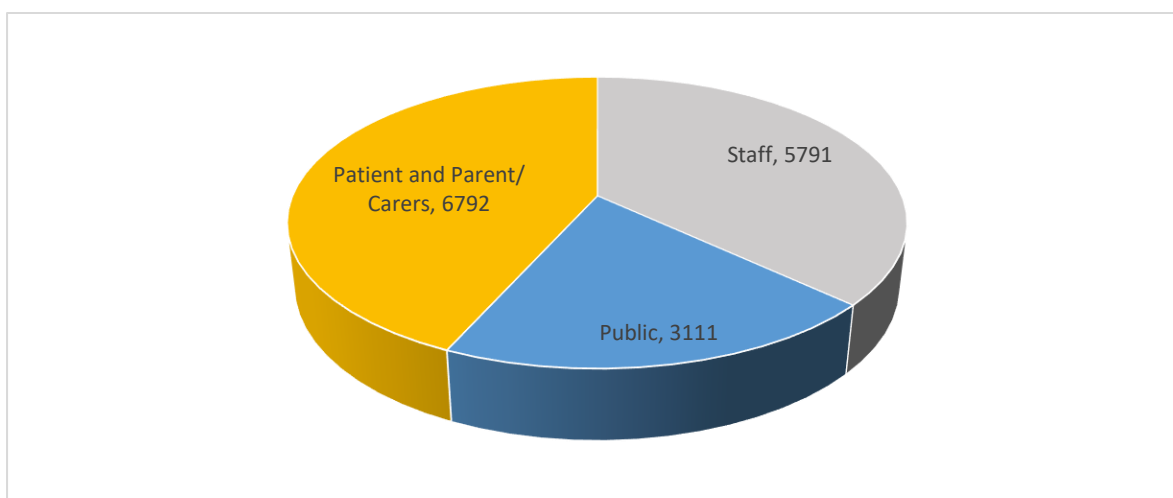
Membership at GOSH

At GOSH, our members consist of anyone who lives in England and Wales and is over the age of 10. It’s important to us that our membership reflects the broad and diverse public communities we serve as well as the patients we see, their families as well as carers and staff. We offer automatic membership to all our staff at GOSH who have a permanent contract or fixed term contract of 12 months or more. There is more on becoming a member at www.gosh.nhs.uk/aboutus/foundationtrust/foundationtrustmembership.

What our membership looked like in 2021/22

On 31 March 2022, our membership totalled 9,903 members including 5,791 staff members.

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



In the past year, our public membership has increased from 2,880 to 3,111 whilst our patient and parent/carer membership has reduced from 6,947 to 6,792. Our plans to increase and retain members are outlined under the update on our Membership Strategy.

Register of interests

A Register of Governors' Interests is published on the Trust website, <https://gosh.mydeclarations.co.uk/home> and can also be obtained by request from the Company Secretary, Great Ormond Street Hospital for Children NHS Foundation Trust, Executive Offices, Barclay House, 37 Queen Square, Great Ormond Street, London, WC1N 3BH.

Council of Governors' expenses

Governors can claim reasonable expenses for carrying out their duties. **For the year 2021/22, no governors claimed expenses.**

Contacting a governor

Anyone wanting to get in touch with a governor and/or directors can email foundation@gosh.nhs.uk and the message is forwarded on to the relevant person. These details are included within the foundation trust 'contact us' section of the Great Ormond Street Hospital for Children NHS Foundation Trust website.

Governors' attendance at meetings

The Council of Governors met five times in 2021/22. Governors attended these meetings as follows:

Name	Constituency	Date role began	Date role ended	Council of Governors' meeting (out of 4 unless otherwise stated)	Nominations and Remuneration Committee (out of 6 unless otherwise stated)	Membership Engagement Recruitment and Representation Committee (out of 4 unless otherwise stated)
Beverly Bittner Grassby	Parents and Carers: London	March 2021		4	4	3
Stephanie Nash	Parents and Carers: London	February 2018		4	6	Not a member
Emily Shaw	Parents and Carers: London	February 2018	September 2021	2(2)	Not a member	Not a member
Lisa Allera	Parents and Carers: Home Counties	February 2018		4	Not a member	Not a member
Gavin Todd	Parents and Carers: Home Counties	March 2021		3	Not a member	Not a member

Name	Constituency	Date role began	Date role ended	Council of Governors' meeting (out of 4 unless otherwise stated)	Nominations and Remuneration Committee (out of 6 unless otherwise stated)	Membership Engagement Recruitment and Representation Committee (out of 4 unless otherwise stated)
Claire Cooper-Jones – Lead Governor	Parents and Carers: Rest of England and Wales	February 2018		4	6	Not a member
Emma Beeden	Patients: Home Counties	March 2021	September 2021	2(2)	Not a member	1(1)
Olivia Burlacu	Patients: Home Counties	March 2021		2	Not a member	2
Abbigail Sudharson	Patients: London	February 2018		1	Not a member	Not a member
Roly Seal	Public: London	March 2021		4	Not a member	Not a member
Peace Joseph	Public: London	March 2021		4	Not a member	Not a member
Kudzai Chikowore	Public: London	March 2021	February 2022	0	Not a member	Not a member
Eve Brinkley Whittington	Public: Home Counties	March 2021		3	Not a member	Not a member
Hannah Hardy	Public: Home Counties	March 2021		4	Not a member	Not a member
Julian Evans	Public: Rest of England and Wales	February 2018		3	Not a member	Not a member
Margaret Bugyei-Kyei	Staff	May 2019	December 2021	3(3)	Not a member	Not a member
Mark Hayden	Staff	March 2021		3	Not a member	Not a member
Benjamin Hartley	Staff	March 2021		4	Not a member	Not a member
Quen Mok	Staff	February 2018		4	6	Not a member
Graham Derrick	Staff	March 2021	November 2021	2(3)	Not a member	Not a member
Joshua Hardy	Young People's Forum	February 2019	February 2022	4	5	Not a member

Name	Constituency	Date role began	Date role ended	Council of Governors' meeting (out of 4 unless otherwise stated)	Nominations and Remuneration Committee (out of 6 unless otherwise stated)	Membership Engagement Recruitment and Representation Committee (out of 4 unless otherwise stated)
Grace Shaw-Hamilton	Young People's Forum	March 2021		4	Not a member	3
Jugnoo Rahi	GOS UCL Institute of Child Health	February 2018		4	Not a member	Not a member
Alison Kelly	London Borough of Camden	March 2021		4	Not a member	2(2)

Elected Governor Vacancies

Between 1 April 2021 and 28 February 2022, the following elected seats were vacant:

- One Patient from Rest of England and Wales seat
- Two Patient from London seats

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

- A Parent/Carer from London stepped down in October 2021
- A Patients from Home Counties stepped down in September 2021
- One Staff Governor stepped down in November 2021
- One Staff Governor stepped down in December 2021

Trust Board and Council of Governors working together

The Trust's Chair is responsible for the leadership of both the Council of Governors and the Trust Board. The Chair is also responsible for effective relationship building between the Trust Board and governors to ensure that governors effectively perform their statutory duties and contribute to the forward planning of the organisation. There has been a continued focus on developing relationships between the Council of Governors and non-executive directors in this reporting period, with the delivery of several programmes of work to facilitate engagement. The key programmes are covered below. Additional examples of how the Council of Governors and Board worked together in 2021/22 included:

- Governors have an open invitation to attend all Trust Board meetings.
- Governors observe at Trust Board assurance committee meetings.
- Governors and Board members worked together on the Constitution and Governance Working Group and Induction Working Group.
- Non-executive directors attend every Council of Governors' meeting.

- Summaries of the Board assurance committees (Audit Committee, Quality and Safety Experience and Assurance Committee, People, Education and Assurance Committee and Finance and Investment Committee) are presented by the relevant non-executive director chairs of the committees at each meeting of the Council of Governors.
- Summaries of Council of Governors' meetings are reported to the Trust Board.
- Governors and Non-Executive Directors participate in the Council's review of effectiveness.

In 2021/22 the Council of Governors has:

- Reviewed the Trusts management and recovering from the COVID-19 pandemic
- Reviewed the Trust's declaration of a climate emergency and sustainability programme
- Approved the reappointment of Non-Executive Directors
- Received regular updates from the Young People's Forum (YPF)
- Received updates on our redevelopment plans including the plans for the Children's Cancer Centre
- Contributed to the appraisal of the non-executive directors.
- Commented on the findings of the GOSH Well Led review report relevant to the Council
- Received updates from the Membership Engagement Recruitment and Representation Committee (MERRC).

Governor induction, training and development

Throughout 2021/22 Governor development sessions were developed in partnership with Governors to provide them with the skills and knowledge needed to deliver their key duties over their tenure. A number of training courses were also delivered by NHSP GovernWell, and several Governors attended external training and events throughout the year and provided reports back to the Trust.

To ensure that newly elected Governors were provided with enough information and support to fulfil their role, the Corporate Affairs Team, existing Governors and NHS Providers co-produced two induction meetings ahead of their first meeting on 27 April 2022.

Governors' private meeting with the Chair

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

Governors private meeting with Lead Governor and Deputy Lead Governor

Governors meet in private with the Lead Governor and Deputy Lead Governor. The session allows Governors an opportunity to discuss the key issues, network, prepare for the private session with the Chair and the Council of Governors' meeting.

Buddying' with Non-Executive Directors

Buddying sessions were established to assist Non-Executive Directors and Governors in communicating outside of Council meetings and understanding each other's' roles and views. The sessions involved Non-Executive Directors hosting virtual tutorial style sessions focusing on a specific Trust Board or Assurance Committee paper or topic.

Post Assurance Committee meeting discussions

Governors are invited to observe board assurance committees and provide feedback to Non-Executive Director after each Committee meeting.

Report from the Young Person's Forum (YPF)

Every Council of Governors' meeting receives a report from the appointed Young Person's Forum governors. This report helps keeps the Council abreast of the key issues affecting our younger members, patients and their siblings.

So you want to be a governor

The Corporate Affairs Team presented a webinar called 'So you want to be a governor'. It provided an opportunity for prospective governors to hear from current governors, ask questions and find out what it meant to be GOSH governor.

Governors' newsletter

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

Annual General Meeting (AGM) and Annual Member Meeting (AMM)

As the Trust was unable to conduct an Annual General Meeting and Annual Members Meeting in person, we held a virtual AGM and AMM on 8 September 2021 with the theme '**Innovative care during the pandemic**'.

NHS Providers' Governor Advisory Committee

One of the Council's Young People's Forum Governors was successfully elected to the NHS Providers' Governor Advisory Committee (GAC). The GAC oversees governor support work and provides valuable insight and advice on governor-specific issues. The Governor provided feedback to the Council on national changes affecting the Council of Governors. The Governor stood down from the role in November 2021.

The Membership Strategy 2019 – 2022

2021/22 was the last year of the Trust's current membership strategy and its objectives of recruiting, communicating and engaging with our members guided our membership engagement in 2020/21. It aimed to strengthen the link between the hospital and its members by maximising involvement and engagement opportunities and focusing on better representing our younger membership community.

The Membership Strategy 2022 – 2025

At GOSH, we are committed to building a supportive community of members with shared experiences, no matter their background or experience, who feel connected to GOSH and are empowered to make a difference at GOSH. In 2021/22 the Trust launched its membership Twitter page [@GOSHMembership](#). The page serves as a way of becoming more active on social media and help us reach more of our younger members.

In April 2022 the Trust will launch its new membership strategy which will seek to address ways to increase the recruitment and retention of members. This will ensure we attract people to become members and keeping current members engaged. Most importantly, it will aim to show members that their contributions towards the development of the Trust are valued. The new strategy will cover 2022 until 2025 with the following new key themes:

- **Knowledge** (*How we use the information our members provide us with so that we can equip them with the knowledge they need to be strong ambassadors for GOSH*)
- **Inclusivity** (*Ensuring our membership is truly reflective of the different families, communities, and staff we serve, in particular our young people*)
- **Sustainability** (*Tying into the Trust's wider sustainability agenda and taking meaningful steps so we can make sure that we are protecting the environment for generations to come*)

The underpinning element to be highlighted across all three themes is the need for digital innovation and connectivity which in recent times has proven to be a necessity considering the global pandemic.

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 will complement 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).

Overall, in this new strategy, the key areas of focus will be 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
- 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 through 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.

Council of Governors' Nominations and Remuneration Committee

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

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

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

Membership and attendance of governors at meetings is detailed on [page X](#).

Non-executive director appointments

Non-executive directors are appointed for a three-year term and can be reappointed for a further three years (subject to consideration and approval by the Council of Governors).

In 2021/22 the Council of Governors approved the following:

- The reappointment of Chris Kennedy for a further three years from 1 April 2021 to 31 March 2024.
- The reappointment of Kathryn Ludlow for a further three years from 6 September 2021 to 5 September 2024.
- Extension to the tenure of Akhter Mateen from 28 March 2021 until 30 June 2022.
- Approved the appointment of two new non-executive directors on the GOSH Board in 2022.

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

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

The chair's other significant commitments are disclosed to the Council of Governors before appointment and when they change. Information about Sir Michael Rake's significant commitments in 2021/22 can be found in the Board's declarations of interest at

<https://gosh.mydeclarations.co.uk/>

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

- Adjudged bankrupt.
- Made a composition or arrangement with, or granted a trust deed for, creditors and has not been discharged in respect of it.

- In the preceding five years, convicted in the British Isles of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her.

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

Council of Governors

27 April 2022

Compliance with the NHS provider licence Request for governor views on the Trust self-assessment

Summary & reason for item:

To request Governors' views on the annual Trust self-assessment of compliance with NHS Improvement ("NHSI") licence conditions for providers of NHS services

Governor action required:

To review the attached self-assessment, request clarification and provide comments on the evidence cited against the relevant Licence conditions.

[Items highlighted in **yellow** are awaiting updates.]

Report prepared by:

Anna Ferrant, Company Secretary

Item presented by:

Anna Ferrant, Company Secretary

Compliance with the NHS provider licence Request for governor views on the Trust self-assessment

Overview

The NHS provider licence is NHS Improvement's (NHSI – the regulator) main tool for regulating providers of NHS services (NHS Foundation Trusts, like GOSH).

The licence sets out important conditions that providers must meet to help ensure that the health system works for the benefit of NHS patients. These conditions give the regulator the power to:

- set prices for NHS funded care in partnership with the NHS England and require information from providers to help them in this process.
- enable integrated care across the NHS system.
- safeguard choice and prevent anti-competitive behaviour which is against the interests of patients.
- support commissioners to protect essential health services for patients if a provider gets into financial difficulties; and
- oversee the way that NHS foundation trusts are governed.

NHSI requires Foundation Trust (FT) Boards to annually declare compliance (or otherwise) with a small number of the FT licence conditions. It also asks for an annual declaration against one requirement under the Health and Social Care Act. These declarations are published on the GOSH website.

The Council is asked to note that the requirements for the declaration in 2022 and prepared attached evidence base against each of the requirements.

Why is this relevant to the Council of Governors?

NHSI require that an FT Board must take into account the views of Governors when considering whether the Trust confirms compliance with these declarations.

Overview of requirements for declaring compliance with the FT Licence

Licence condition	Deadline and comment
Condition G6(3): Providers must certify that their board has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution.	The deadline for this declaration is 31 May 2022 . The G6 self-certification also needs to be published within one month of sign off by the Board.
Condition CoS7(3): Providers providing commissioner requested services (CRS) must certify that they have a reasonable expectation that the required resources will be available to deliver the designated service.	The deadline for this declaration is 31 May 2022 .
Condition FT4(8): Providers must certify compliance with required governance standards and objectives	The deadline for this declaration is 30 June 2022 .

	Board is required to identify risks to achieving the governance standards and any mitigating actions taken to avoid those risks.
NHS Improvement require the Board to state whether it is satisfied that during the financial year most recently ended the Trust has provided the necessary training to Governors, as required in s.151(5) of the Health and Social Care Act to ensure that they are equipped with the skills and knowledge they need to undertake their role.	The deadline for this declaration is 30 June 2022 .

Action required

Appendix 1 provides a list of evidence against the four requirements outlined above. Within the appendix areas listed in green represent positive assurance and those in red represent negative assurance.

The Executive Directors reviewed the evidence cited against the standards at their meeting on 20 April 2022 and propose the Trust states ‘*confirmed*’ compliance against all requirements.

Governors are asked for their views on the evidence cited and the proposed status for each requirement. Governor and Executive comments will be reported to the Board in May 2022.

Appendix 1: FT Licence self-certification – four requirements that must be signed off by the Board

The board must sign off on self-certification for the following licence conditions and H&SCA requirement, taking into account the views of governors.

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
<p>G6 – Systems for compliance with licence conditions and related obligations (scope = past financial year 2021/22)</p>	<p>The Licensee shall take all reasonable precautions against the risk of failure to comply with the Conditions of this Licence, any requirements imposed on it under the NHS Acts, and the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.</p> <p>The steps that the Licensee must takeshall include:</p> <p>(a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and</p> <p>(b) regular review of whether those processes and systems have been implemented and of their effectiveness.</p> <p>A statement shall be provided for Monitor to certify compliance with this condition no later than 2</p>	<p>The Executive Team recommend 'confirmed' compliance.</p> <p><i>Response to be considered by the Board in light of assurance provided here and taking into account the views of the governors</i></p>	<p>The Trust has systems and processes to monitor risks of failure through lack of compliance or adverse variances in performance:</p> <p>The Trust's Assurance and Escalation framework, reviewed in January 2022 sets out how the organisation identifies, monitors, escalates and manages concerns and risks in a timely fashion and at an appropriate level. This comprise of 14 elements:</p> <ul style="list-style-type: none"> • Risk Management Framework • Accountability Framework • Compliance Framework • Escalation Framework • Transparency and Openness • Policy Framework • Strategy and Planning Processes • Business Continuity • Performance Management • Quality Improvement • Workforce Analysis and Planning • Data Assurance Framework • Data Quality Kite Mark Process • Mechanisms for achieving transparency and openness

	<p>months from the end of the financial year.</p>		<p><u>Risk Management</u></p> <p>The Trust has an established Risk Management Policy that sets out the framework for GOSH to systematically manage its risks and underpins the commitment by the Trust Board to ensuring a robust risk management system is in place. This extends across the organisation from the front-line service through to the Board to promote the reduction of clinical and non-clinical risks associated with healthcare and research and to ensure the business continuity of the Trust. A review of the Risk Management Policy is underway. The purpose of this review is to document the breadth of different risks managed by the Trust in the policy and improve the framework for escalating, monitoring and reporting on risk across all levels of the Trust.</p> <p>The Trust has a risk management meeting structure in place that enables the effective flow of risk management information. There are a series of operational risk committees, with delegated responsibility from the Executive Management Team. The Operational Board has oversight of trust-wide risks, including the proposal to include a risk on the register.</p> <p>The Board assurance committees scrutinise the effectiveness of the risk management framework and report to Trust Board.</p> <p>Risk Appetite statement: The Trust Risk Appetite statement was updated in May 2021. The approach taken for reviewing the Trust’s Risk Appetite statement was based on the ‘Risk Appetite Guidance Note’ from the Government Finance Function and was led by the Risk Assurance and Compliance Group. Consideration was given to a review of the Trust Strategy and priorities and the context of the risks cited on the Board Assurance Framework. Each risk was considered at a strategic and operational layer, recognising risk appetite for different activities.</p> <p>The Audit Committee, an assurance committee of the Board receives an assurance report of compliance with the risk management policy.</p>
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			<p>Board Assurance Framework (BAF)</p> <p>The Trust’s Board Assurance Framework is used to provide the Board with assurance that there is a sound system of internal control in place to manage the key risks to the Trust of not achieving its strategic objectives.</p> <p>The BAF records the controls in place to manage the key risks and highlights how the control is operating. The BAF includes cross-references to assurance obtained from internal and external audits, and self-assessments of compliance with other regulatory standards. It has been monitored by the Board assurance committees and updated throughout the year.</p> <p>The Risk Assurance and Compliance Group (RACG) is the executive committee responsible for monitoring progress with the BAF. This includes a ‘stress test’ of BAF risks checking (using key performance indicators and external assurance information) whether the controls and assurances cited are working and appropriate. The Board Assurance Committees also undertake deep dives into each of their assigned BAF risks.</p> <p>ASSURANCE: In 2021, the Trust commissioned an independent, developmental Well-Led Review of its leadership and governance, led by BDO and Arden & GEM. The report highlighted the risk register and the risk appetite statement to be both good and comprehensive, detailing that they are adequately supported by effective active risk management at the Risk Assurance and Compliance Group (RACG). The findings went on to confirm that where potential significant risks have been identified, the Board has undertaken higher profile decision-making and scrutiny and is now rightly seen as being more directly involved with managers on understanding how key issues are being managed. NEDs make a key contribution to governance and assurance, with key reports on quality matters for example providing an opportunity for Board members to triangulate information and give greater confidence that all key risks and issues are known.</p> <p>ASSURANCE: In December 2021, KPMG the Trusts Internal Auditors conducted an internal audit into the GOSH BAF. The scope of the audit covered how the BAF is</p>
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			<p>prepared and whether there are appropriate governance arrangements in place for monitoring the BAF to obtain assurance that risks are effectively managed. The auditors provided an assurance rating of <i>'Significant assurance'</i>(GREEN). Areas of good practice highlighted in the audit included:</p> <ul style="list-style-type: none"> • A full review of the BAF takes place at least once a year by Board. • Risks are assigned both an Executive owner and a management owner to provide responsibility for implementation and monitoring of actions and oversight of the risk. • Assurance committees are assigned to each of the risks which undertake cyclical deep dives to assess the effectiveness with which the risks are being managed. • The current BAF is structured in a way which makes it clear what the risk is (including the cause, effect, and impact), the key controls in place and the associated assurances on those controls. <p>Six low rated key findings were identified, and an action plan is in place with timelines for completion. This included formally identifying KPIs for each BAF risk and using these as a proxy to monitor the robustness of the controls cited (actioned).</p> <p><u>Quality Governance</u></p> <p>The Trust's Internal Auditors, KPMG conducted an Audit on Quality Governance in March 2022. This included reviewing the quality strategy and the ways in which the Trust has set quality objectives and the reporting of quality and safety performance from Board to ward. The Auditors provided an assurance rating of <i>'Partial assurance with improvements required'</i>. There was a number of management actions, and a plan has been developed with a timeframe for all of these to be completed by March 2023.</p> <p>The Quality Strategy for the 2021-2025 was developed and approved by the Trust Board in August 2020, however progress against this has been limited as the Trust responded to the pandemic. The Patient Safety Delivery Plan was created in April</p>
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			<p>2021 as a consequence of Safety and Quality Strategies, towards redefining the shape and activity of the Patient Safety and Quality Teams and setting the direction of changes needed to take place within the organisation to improve safety. The Delivery Plan is monitored through the Transformation Implementation Board, which features representation from NHSE and the NCL ICS to ensure system collaboration and receives dedicated update reports from the relevant workstreams to ensure appropriate governance is in place.</p> <p>ASSURANCE: Whilst there were a number of areas to improve on as a result of the audit there were areas of good practice that were highlighted, and these included:</p> <ul style="list-style-type: none"> • A Quality Strategy has been developed and approved during 2020, which provides a methodology to support the implementation and embedding of quality improvement. • Formal action plans have been developed to support the Trust in delivering these programmes of work set out in the strategy. The action plans set out for each programme the deadline and the officer responsible for delivery. • The strategy sets out key performance indicators which it will use to assess progress and • success in delivering the priorities laid out in the strategy. • Quality and Safety is a standing agenda item for the Board to discuss and monitor at all meetings and they are updated on the Integrated Quality and Performance Report (IQPR) which sets out performance against all key quality metrics. <p>The Medical Director’s Office have undertaken a quality governance structure review and has developed a Quality Governance Management Framework, which is going to the Executive Management Team and Quality, Safety and Experience committee for approval.</p> <p>The Closing the Loop Group which monitors and oversees the completion of actions and learning identified through patient safety investigations, complaints, harm, legal cases, and learning from deaths and this has proven invaluable to cascading learning.</p>
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			<p>The ‘Managing Internal/ External Review’ standard operating procedure provides a clear process for approving the need for a review (internal or external). It also sets out the scope of the review to ensure that it is fair and proportionate, that staff are supported during the review, robust governance arrangements are in place, and recommended actions are implemented in a timely and appropriate way.</p> <p>Examples of the Trust response to external reviews include:</p> <ol style="list-style-type: none"> 1. Following an MHRA inspection of pharmacy manufacturing facilities in 2019, a hospital pharmacy transformation programme was established. The Trust has since had a number of inspections, most recently in November 2021 and whilst the Trust remains under the scrutiny of the Inspection Action Group, this visit was more successful, and the Trust no longer has any critical findings. A letter received from the IAG on 9th December 2021 requires the Trust to seek third party consultancy support (MHRA approved) to review and improve aseptic processes. The Pharmacy team are seeking to engage such a resource. 2. A virtual inspection of Respiratory and Lung Function took place in December 2021 and no mandatory findings/actions identified. 3. A virtual inspection by the HTA of the renal and cardiothoracic teams took place in October 2021 this included the submission of documentation. An on-site inspection of both specialities took place in November 2021 this was attended by two HTA inspectors. This inspection related to the Trust’s transplant licence and included inspectors following the pathway followed by transplant organs once they enter the organisation. The team has been informed that this inspection went well and the HTA were happy with the Trust’s documentation submission; and a draft report is anticipated. <p>The Quality Team also:</p> <ul style="list-style-type: none"> • conduct internal reviews into specialty areas across the Trust. In 2021/22, this included endocrinology, critical care, ophthalmology, renal. The results are reported to the RACG and the actions managed by the relevant directorates.
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			<ul style="list-style-type: none"> Oversee responses to the Getting it Right First Time (GIRFT) reviews. In 2021/22 this included pathology, paediatric cranial neurosurgery, paediatric surgery, paediatric trauma and orthopaedics, paediatric critical care, dermatology, ophthalmology, hospital dentistry, imaging and radiology and spinal surgery. <p>ASSURANCE: Verita undertook an independent review on the effectiveness of the Trusts safety procedures in February 2022; this included whether there are effective processes in place for managing safety risks in red complaints and in claims and inquest. The outcome of the review estimated the Trust are at the 'Reactive' level and suggested a number of improvements which will be considered by the Quality Safety Experience Assurance Committee.</p> <p><u>Compliance</u> The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission. The Trust has identified an executive director and a manager who are respectively accountable and responsible for ensuring compliance with the CQC registration standards. It is the responsibility of these staff to collate evidence of compliance with the standards.</p> <p>The Trust appointed a Director of Safety Surveillance in November 2021 to oversee safety compliance. The Director of Safety Surveillance reports on a monthly basis to the RACG on compliance matters. This report is considered and provides further assurance of the effectiveness of controls in place to manage clinical and non-clinical risks. A database supports monitoring of ongoing inspections, audits and self - assessments.</p> <p>The Director also submits a review of the regular Insight Report from the CQC on GOSH. This is a data rich report on various indicators mapped to the CQC standards.</p> <p>The Closing the Loop Group monitors actions arising from inspections and reviews.</p>
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			<p>ASSURANCE: The Trust did not have any CQC enforcement notices during 2021/22. In December 2021, Trust participated in a pilot CQC inspection of dental services provided in a hospital setting; Initial feedback indicated that there were no concerns.</p> <p><u>Information Governance</u></p> <p>The Information Governance Steering Group monitors information governance risks and compliance with GDPR and this reports in Executive Management Team. There are clear roles and responsibilities with regards to the ownership of data security with a SIRO, a Caldicott Guardian and a (DPO) all in post.</p> <p>The Information Governance team provides assurance to the Audit Committee that controls are in place and actions identified in order to comply with seven key principles of GDPR and the Data Protection Act 2018.</p> <p>Data Protection Privacy Impact Assessments (DPIA) are undertaken for new projects and policies. All new systems require an appropriate security review by ICT with a focus on any personal data held offsite.</p> <p>A patient and carer privacy notice and research privacy notice is published on the website outlining how the Trust gathers, uses, discloses and manages patient data.</p> <p>Mandatory training on information governance is in place reminding staff of their requirements with regards to confidentiality and the processing of personal data.</p> <p>ASSURANCE: This year there have been four serious information governance incidents (classified at a reportable level using the Incident Reporting Tool within the DSPT). Details are as follows:</p> <ul style="list-style-type: none"> • Personal data shared with the wrong individual: a clinic letter containing confidential information was sent to the incorrect email address. This was recalled but there was no confirmation if the recall was successful. The Local Authority were informed due to safeguarding concerns.
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			<ul style="list-style-type: none"> • Personal data shared with the wrong individual: the address and telephone number was shared without consent during an outpatients appointment. The individual informed the Police due to safeguarding concerns. • Personal data shared with the wrong individual: a clinic letter containing personal information was shared with a patients nursery. Parts of the information should have been redacted. • Patient Record System Flagging System: there have been three incidents where confidential information has been shared across platforms including MYGOSH which is viewable to family members without consent and with potential safeguarding concerns. <p>ASSURANCE: Data Security and Protection Toolkit (DSPT): Initially, the Trust did not achieve all standards under the DSPT 2020/21 and presented an action plan to close all gaps. In XXX the Trust closed all outstanding actions and was informed by NHSD that it was compliant in full against the standards.</p> <p>ASSURANCE: The Trust’s Internal Auditors, KPMG conducted an Audit on data Security and Protection Toolkit in March 2022. This included assessing the overall design and operation of key mandatory data security and protection toolkit controls at the Trust. The findings of the audit provided <i>Significant assurance with minor improvement opportunities</i> (amber/green). The audit concluded there are robust controls in place over the preparation and governance of the DSP Toolkit and listed a number of areas of good practice.</p> <p><u>Infection Control</u> The Infection Prevention and Control Committee (IPCC) meets monthly and reports to Patient Safety Outcomes Committee. A continuous advice service is provided by IPC Team / Consultant Microbiologists. The Director of Infection Prevention and Control meets regularly with the Chief Nurse.</p> <p>ASSURANCE: The Board receives an update on the Infection, Prevention and Control Board Assurance Framework across the year. The Director of Infection, Prevention</p>
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			<p>and Control regularly reports to the Board, including compliance with Infection prevention and Control Board Assurance Framework.</p> <p><u>Referrals with No Future Activity</u> The Trust has become aware of a backlog of open referrals with no future activity. Some of these are as a result of administrative issues within the Epic system. A Taskforce has been established to lead and manage the process to resolve this issue. The taskforce has representation from the Medical Director’s Office, the Clinical Directorates, Data Assurance team, Performance Management, Clinical Operations and the EPR Team. The taskforce reports to the Operations Board and EMT. Audit Committee retain oversight of data quality related issues and QSEAC retain oversight of patient safety related issues.</p> <p><u>Health and Safety</u> The Trust is committed to effectively minimising risks, controlling hazards and preventing harm to all. This is done through a proactive programme of risk assessment and audit. There are clear processes for incident reporting, and we encourage a culture in which staff report incidents. The Trust’s governance structure ensures statutory compliance is undertaken within legislative requirements. Assurance via the Health and Safety Committee has been provided on a range of subjects such as sharps compliance, Control of Substances Hazardous, Impact of COVID-19, Ventilation, Fire Safety and Lone Working.</p> <p>Estate compliance remains a key risk for the organisation and is monitored through a risk on the Board Assurance Framework. There are several workstreams that are ongoing, covering areas such as ventilation, fire, management of legionella and these form a significant part of the Above and Beyond Programme for the Space and Place Directorate. The Audit Committee and Quality Safety Experience Assurance Committee continue to receive updates on progress in these areas.</p> <p>ASSURANCE: The Quality, Safety and Experience Assurance Committee receives a quarterly assurance report on management of health and safety at GOSH.</p>
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			<p><u>Safeguarding</u></p> <p>The Strategic Safeguarding Committee, chaired by the Chief Nurse, oversees all safeguarding matters across the Trust and reports into the Patient Safety and Outcomes Committee (PSOC).</p> <p>ASSURANCE: In January 2021 a Safeguarding Governance Review was completed by the Head of Special Projects. The review made a number of recommendations split into four areas:</p> <ol style="list-style-type: none"> 1. Safeguarding Service: Safeguarding Policy Development. 2. Safeguarding Service & Patient Experience 3. Human Resources: Embedding changes to the DBS Policy 4. Patient Experience & HR: Managing visitors on site <p>Joint working across Human Resources, Safeguarding Service, Patient Experience and the Communication Team, resulted in all actions being completed during 2021 and the identified areas where relevant, were included as part of the Safeguarding Implementation Plan 2021/22 and contributed to the overarching Safeguarding Strategy 2021-2024.</p> <p><u>Performance monitoring</u></p> <p>Directorate performance reviews usually take place on a monthly basis and are attended by directorate management and Trust executives. These reviews are designed to facilitate a triangulated and risk-focused discussion across a number of key domains: Caring, Safe, Responsive, Well-Led (people, management and culture), Effective, Finance, Productivity. The information presented at the performance reviews include an integrated dashboard which provides a one-page summary of key metrics across the domains, allowing rapid identification of linked risks and issues. An integrated performance report is then scrutinised at each Trust Board meeting. This provides a summary of the key issues in each domain and actions planned to resolve, as well as an integrated dashboard – this provides trust level data using the same format as the directorate integrated dashboard reviewed in the monthly performance reviews.</p>
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			<p>ASSURANCE: The Trust Board receives the latest data on operational performance and quality/ safety matters at every Trust Board meeting via the Integrated Quality and Performance Report. This tracks performance against key indicators, set nationally and internally at GOSH. The Board are assured by the quality of data reported following an internal audit in 2021/22 which provided an assurance rating of <i>‘Significant assurance with minor improvement opportunities’</i> (AMBER-GREEN). Areas of good practice highlighted in the audit included:</p> <ul style="list-style-type: none"> • Supporting evidence of clock stop and start dates was available in all instances. • External organisations are chased up to three times for supporting evidence to be provided. • There are a number of spot checks and audits completed by the Data quality team to help to reduce the number of errors identified. • NHSE guidance is followed for Referral To Treatment rules. • Data is frozen prior to reporting and validation. • There is oversight from the Data Quality Review Group who scrutinise the Referral To Treatment Data Quality Audit report outcomes. • Weekly Challenge Sessions with Directorates to review individual patient pathways, unblock barriers to bookings and monitor performance. • Daily Data Quality Metric Reviews by the Data Assurance Team to correct data and identify areas where additional training is required, or Epic can be enhanced. • Refresh and Relaunch of Referral To Treatment Training for Trust Staff in January 2021 <p><u>Business Continuity</u></p> <p>The Major Incident Planning Group meets regularly and reviews implementation and testing of plans and business continuity plans are in place across all directorates/ departments in the Trust. In response to COVID-19, the Trust put in place a system of Gold, Silver and Bronze emergency planning meetings to manage the incident and scenario plan. Regular updates were provided to Board members at meetings and fortnightly between meetings. The Audit Committee retains responsibility for seeking assurance of the robustness of the emergency planning framework at GOSH</p>
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			<p>throughout the year. Operating within a pandemic gradually became business as usual for the Trust as well as the rest of the NHS. The trust did not experience any significant business continuity issues during the year. We continuously reviewed and revised our business continuity plans to respond to the issues arising both internally and those affecting our partners</p> <p>ASSURANCE: The Trust has achieved NHSE Green status for compliance against the ISO 22301 Standard upon which the NHSE Business Continuity Management Framework is based.</p> <p><u>Escalation</u> The Trust has systems and processes in place to support staff and patients in escalating concerns in provision of care or management of systems. These include the complaints process, PALS, Freedom to Speak Up Guardian, Guardian of Safe Working, Raising Concerns Policy, Duty of Candour process, Counter Fraud service etc.</p> <p>The Audit Committee seeks assurance, at every meeting, that controls are in place to support staff when raising concerns in accordance with the Raising Concerns at Work Policy. The Board receives a Guardian of Safe Working Report quarterly. The Executive Team actively monitor the responses to duty of candour and hold the directorates to account at performance reviews and via deep dives at Executive Management Team meetings.</p> <p>ASSURANCE: KPMG, the Trust internal auditors conducted an audit on the Trust's Freedom of Information framework. It provided a rating of 'Significant assurance with minor improvement opportunities' (AMBER-GREEN). The audit concluded that the controls in place over recording, monitoring and responding to FOI requests to be well designed. The FOI policy is easily accessible for staff, clearly defines roles and responsibilities is compliant with the Act. Performance is monitored through weekly reporting to the Executive Management Team (EMT) and annually to QSEAC.</p>
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			<p><u>Freedom to Speak Up</u></p> <p>The Freedom to Speak Up (FTSU) service is part of wider programme of speaking up within the Trust which includes Speak Up for Safety and Speak Up For Values. The service offers independent and confidential support to people so they can speak up and be heard when they feel unable to do so by other routes.</p> <p>The FTSU service is provided by a full-time FTSU Guardian and a small group of FTSU ambassadors. The Guardian works in partnership with the Speak Up programme manager and Associate Medical Director responsible for speaking up.</p> <p>The Guardian reports directly to the Medical Director and meets regularly with the Chief Executive and other senior leaders to provide updates, escalate concerns and provide an overview on thematic concerns. The Guardian also meets with the non-executive director (NED) who is responsible for FTSU and for Whistleblowing. The FTSU Guardian provides quarterly data to the National Guardians Office (NGO) and reports quarterly to the Quality, Safety & Experience Assurance Committee and the People & Education Assurance Committee.</p> <p>ASSURANCE: The 2021 staff survey results showed that the Trust has seen an improvement in people feeling secure to raise concerns about unsafe clinical practice at almost 80%.</p> <p>The Trust assesses compliance with the FT licence annually.</p>
<p>CoS7 – Availability of resources (scope = next financial year 2022/23)</p>	<p>The Licensee shall at all times act in a manner calculated to secure that it has, or has access to, the Required Resources.</p> <p>The Licensee shall not enter into any agreement or undertake any activity which creates a material risk that the Required Resources</p>	<p>The Executive Team recommend ‘confirmed’ compliance. <i>Response to be considered by the board in light of assurance provided here and taking into account the</i></p>	<p>The Trust sets its budget on an annual basis and actively manages and monitors its financial position and resource levels on a regular basis throughout the year through routine performance reporting to the Board and its Committees. The Executive Team actively monitors the finance position to ensure that the mitigations in place are effective and appropriate.</p> <p>The Trust has received NHSE guidance on the new funding arrangements for 2022/23. The current 2022/23 NHSE and NCL contracts have resulted in a fall from the 2021/22 levels of income. From April 2022 funding allocations will be reset to move systems to a fair share distribution of resources and the requirement to sign</p>

	<p>will not be available to the Licensee.</p> <p>The Licensee, not later than two months from the end of each Financial Year, shall submit to Monitor a certificate as to the availability of the Required Resources for the period of 12 months commencing on the date of the certificate, in one of the following forms:</p> <p>(a) “After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.”</p> <p>OR</p> <p>(b) “After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might</p>	<p><i>views of the governors</i></p>	<p>contracts with commissioners will be reinstated. The Trust has set budgets for 2022/23 and worked closely with Directorates to refine these in line with their activity plans following NHSE guidance.</p> <p>No material agreements which might create a material risk have been entered into.</p> <p>Our International and Private Care (I&PC) directorate is an important component of the overall funding model. As part of the initial NHS response to the COVID-19 pandemic, our private wards suspended non-essential treatment and we worked closely with overseas sponsors to repatriate international patients who were able to travel. We have worked closely with overseas clinical teams, providing remote and virtual support. Some of the most seriously unwell and complex patients have still been able to travel for treatment, and the directorate has supported the treatment of NHS patients in spare capacity on the private wards.</p> <p>These global events have had a detrimental impact on the level of private income we receive through I&PC. The Finance and Investment Committee and Trust Board monitor this at every meeting. During 2022/23 the Trust plans for this activity to recommence as the pandemic resolves, although it will take over one year to return to pre-pandemic levels. To offset this and support improvement of care and development of future treatments the Trust continues to develop commercial income streams.</p> <p>Research remains strong with the renewal of the CRF contract, and the Trust is currently awaiting to hear whether it is successful in the BRC renewal process.</p> <p>The Trust’s cash position remains strong entering the 2022/23 financial year (£124m) and therefore has enough resources available for the next 12 months.</p> <p>The Trust Audit Committee and Board will review for approval the 2021/22 annual report and accounts (25 May 2022), [TBC]on a going concern basis, confirming that the Directors have a reasonable expectation that the organisation has the required resources available for the next 12-month licence (a).</p>
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	<p>reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services”.</p> <p>OR</p> <p>(c) “In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate”.</p>		
<p>FT4- NHS foundation trust governance arrangements (scope = next financial year 2022/23)</p> <p>PLEASE NOTE – all four parts need to be confirmed for an overall ‘confirmation’</p>	<p>The Licensee shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</p>	<p>The Executive Team recommend ‘confirmed’ compliance.</p> <p><i>Response to be considered by the Board in light of assurance provided here and taking into account the views of the governors</i></p>	<p>The Trust has a range of governance and assurance structures and systems in place including a Trust strategy, scheme of delegation, risk management framework, accountability framework, compliance framework, escalation framework, policy framework and assurance framework and a financial management framework (see controls and assurances above).</p> <p>Directors and governors are asked to sign a code of conduct and declare any interests annually for publication on a Register of Interests.</p> <p>Directors complete a self-assessment for the Fit and Proper Person Test (and are reviewed against the criteria annually). The Trust has a FPPT Policy, and an annual report is presented to the Nomination and Remuneration Committee. During 2021/22 all directors were compliant with the FPPT, and no issues were raised.</p> <p>All directors are subject to an annual appraisal.</p>

			<p>ASSURANCE: A self-assessment is prepared annually against the Code of Governance and will be reported to the Board in May 2022. The Trust Board considers that from 1 April 2021 to 31 March 2022 it was [TBC] compliant/ non-compliant with the provisions of The NHS foundation trust Code of Governance [and proposes to explain its compliance (on a comply or explain basis) for the following criteria in the annual report: XXXX]</p>
	<p>The Licensee shall: (a) have regard to such guidance on good corporate governance as may be issued by Monitor from time to time; (b) comply with the following paragraphs of this Condition.</p>	<p>The Executive Team recommend 'confirmed' compliance.</p> <p><i>Response to be considered by the Board in light of assurance provided here and taking into account the views of the governors</i></p>	<p>The Trust has regard to guidance on good corporate governance as issued by NHS Improvement.</p>
	<p>The Licensee shall establish and implement: (a) effective board and committee structures; (b) clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) clear reporting lines and accountabilities throughout its organisation.</p>	<p>The Executive Team recommend 'confirmed' compliance.</p> <p><i>Response to be considered by the Board in light of assurance provided here and taking into account the</i></p>	<p>The Board has a work programme, which includes all matters the Board is required to consider by statutory, regulatory and other forms of guidance. It also has a range of strategic and operational performance information, which enables it to scrutinise the effectiveness of the Trust's operations and deliver focused strategic leadership through its decisions and actions. The Board maintains its commitment that discussion of patient safety will always be high on its agenda.</p> <p>The Board has a formal schedule of matters reserved for its decision, and delegates certain matters to committees.</p> <p>There are three Board assurance committees - the Audit Committee, the Quality, Safety and Experience Assurance Committee and the People and Education</p>

		<p><i>views of the governors</i></p>	<p>Assurance Committee. These committees assess the assurance available to the Board in relation to risk management, review the Trust’s non-clinical and clinical and quality risk management processes and review the structures and processes in place to deliver the Trust’s vision for a supported and innovative workforce, an excellent learning environment and a culture that aligns with the Trust’s strategy and always values. All three committees raise issues that require the attention of the Board.</p> <p>In addition to the three assurance committees, the Finance and Investment Committee considers financial performance, productivity and use of resources.</p> <p>The chairs of these assurance committees report to the Board and the Council of Governors following every committee meeting.</p> <p>The Trust has terms of reference and work plans in place for the Board, Council and assurance committees. The Board committees conduct annual effectiveness reviews (surveys) on the delivery of their terms of reference and running of the committees. Findings are reviewed and presented to the committee and where appropriate, changes to the terms of reference and workplans of the committees are made.</p> <p>The assurance committees receive summary reports from other assurance committees to prevent matters falling between them. These summary reports are also reported at the Board and the Council. At the Council, the chairs of the assurance committees present the summary reports and are held directly to account by the governors at the Council meeting. Governors are also invited to attend assurance committees and Board meetings throughout the year.</p> <p>The Trust’s Assurance and Escalation Framework presents a single, comprehensive picture of the governance and assurance structures and systems through which the Trust Board and other stakeholders receive assurance. The Trust routinely reviews and reports this assurance through the following key governance processes and frameworks including:</p>
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			<ul style="list-style-type: none"> • Performance Management: The Trust has a range of frameworks and policies in place that outline how the Trust’s performance objectives and standards will be met, reviewed and managed. • The Trust’s Risk Management Strategy sets out how the organisation identifies, monitors, escalates and manages risks in a timely fashion and at an appropriate level. • The Trust has in place a comprehensive and integrated Compliance Framework that seeks to ensure on-going compliance with statutory and regulatory requirements through integrated, rigorous and proactive structures, policies and practices. It ensures appropriate controls are in place to maintain compliance with statutory and regulatory requirements and that external guidance and alerts are considered in a fulsome and responsive way. • Policy Framework: This provides for clear and accessible policies, procedures and guidelines which support staff in undertaking their duties in a safe and effective way that takes account of all relevant legislation, regulation and guidance. The Trust’s policy framework is administered by the Policy Approval Group (PAG) and reported through to the Risk Assurance and Compliance Group. • Committee structure (as detailed above) • The Risk Assurance and Compliance Group monitors progress with the strategic risks on the Board Assurance Framework. <p>There are seven directorates, each with a Chief of Service, Deputy Chief of Service, Head of Nursing and General Manager. The Senior Leadership Team meets weekly virtually (around 100 senior managers from across the clinical and corporate areas of the Trust). An Operational Board made up of executives and senior operational managers from across the Trust meets fortnightly. The purpose of the Operational Board is to bring together clinical and corporate senior leadership members to ensure the robust, effective and efficient operational management of the Trust and delivery of the operational performance against the Trusts strategic objectives.</p>
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			<p>The Trust’s risk management strategy sets out how risk is systematically managed. This extends across the organisation, from the front-line service through to the Board, to promote the reduction of clinical and non-clinical risks associated with healthcare and research, and to ensure the business continuity of the Trust.</p> <p>ASSURANCE: The well-Led review in 2021 looked at governance and assurance and recognised that the Board is well-managed, and the quality of board and committee papers is excellent. Looking to the future the report recommended that in order to become a higher performing organisation, the leadership approach is considered by enabling a renewed external strategic focus amongst the executive team and at the same time providing directorates greater autonomy and focussed support to tackle operational issues and take great ownership and accountability.</p> <p>An action plan capturing all 13 recommendations of the review is in place and the Executive Management Team 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 is also reported at Trust Board.</p> <p>The review also suggested reviewing the governance flow of meetings and the Corporate Affairs Team are currently undertaking a Corporate Governance Review looking into the number of meetings and their effectiveness, this will include Executive Management Team meeting and looking to make Operational Board become more of a decision-making forum.</p> <p>See further assurances on risk management as cited above including the findings of the Well-Led review.</p>
	<p>The Licensee shall establish and effectively implement systems and/or processes: (a) to ensure compliance with the Licensee’s duty to operate</p>	<p>The Executive Team recommend ‘confirmed’ compliance.</p>	<p>The Board has agreed standing orders and standing financial instructions, which provide the framework for ensuring appropriate authorisation of expenditure commitments in the Trust. The Board’s processes for managing its resources include approval of annual budgets for both revenue and capital, reviewing financial performance against these budgets, and assessing the results of the Trust’s cost</p>

	<p>efficiently, economically and effectively; (b) for timely and effective scrutiny and oversight by the Board of the Licensee’s operations; (c) to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;</p>	<p><i>Response to be considered by the Board in light of assurance provided here and taking into account the views of the governors</i></p>	<p>improvement programme on a monthly basis. In addition, the Trust has a prescribed process for the development of business cases for both capital and revenue expenditure and, where significant, these are reviewed by the Trust Board.</p> <p>Each specialty and clinical directorate has an internal monitoring structure so teams regularly review their progress and identify areas where improvements may be required. Each directorate’s performance is considered at monthly performance review meetings (see above).</p> <p>The Finance and Investment Committee reviews the operational, productivity and financial performance and use of resources both at Trust and directorate/ department level.</p> <p>The Board has a work programme which includes all matters the Board is required to consider by statutory, regulatory and other forms of guidance. It also has a range of strategic and operational performance information, which enables it to scrutinise the effectiveness of the Trust’s operations and deliver focused strategic leadership through its decisions and actions. The Board maintains its commitment that discussion of patient safety will always be high on its agenda.</p> <p>The Board assurance committees scrutinise the strategic risks facing the trust on a rotational basis every year, with committee members reviewing the effectiveness of controls and seeking assurances that any gaps in controls will be closed in a timely manner.</p> <p>Key performance indicators are presented on a monthly basis to the Trust Board. The report integrates quality and performance data and includes progress against external targets, internal safety measures, operational efficiency/process measures, well-led and other clinical quality measures such as complaints, incidents and reports from specific quality functions within the Trust such as the Patient Advice and Liaison Service (PALS).</p>
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			<p>ASSURANCE: The external, independent assessors reviewed compliance with NHSI’s Well led criteria. (Details provided in above sections).</p>
<p>s.151(5) of the Health and Social Care Act (not a licence condition) (scope = past financial year 2021/22)</p>	<p>NHS Improvement require the Board to state whether it is satisfied that during the financial year most recently ended the Trust has provided the necessary training to Governors, to ensure that they are equipped with the skills and knowledge they need to undertake their role.</p>	<p>The Executive Team recommend ‘confirmed’ compliance.</p> <p><i>Response to be considered by the board in light of assurance provided here and taking into account the views of the governors</i></p>	<p>Governor Induction and training and development:</p> <p>During 2021/22 governors received mandatory training through a handbook that they were required to read and sign. Their completion of the training was then recorded onto our internal online training portal GOLD. This was monitored by the Head of Corporate Governance and governors were reminded and supported to complete the training during the year. The Trust also included an additional mandatory course for governors on COVID-19. For 2022/23, we will be working towards governors having an online profile on the GOSH DEN (Digital Education Network), this is an online educational platform which is part of our GOSH Learning Academy that would enable governors to complete their mandatory training interactively.</p> <p>Governor development sessions were developed in partnership with Governors to provide them with the skills and knowledge needed to deliver their key duties over their tenure. A number of training courses were also delivered by NHSP GovernWell, and several Governors attended external training and events throughout the year and provided reports back to the Trust.</p> <p>To ensure that newly elected Governors (from March 2022) are provided with the skills and knowledge to fulfil their role, the Corporate Affairs Team and existing Governors co-produced an induction programme. Governors will be asked to complete an evaluation of the induction in June to ensure that the Trust can continuously improve the quality of induction provided.</p> <p>Ahead of each Council meeting, Governors meet in private with the Lead Governor/ Deputy Lead Governor. The session allows Governors an opportunity to discuss the key issues, network, and prepare for the private session with the Chair and the Council of Governors’ meeting. Governors then also meet with the Chair in a private</p>

			<p>session. This gives Governors an opportunity to discuss any issues directly with the Chair and to gather information about the Trust and its activities and processes.</p> <p>To assist NEDs and Governors communicate outside of Council meetings and understand each other's' roles and views, Buddying sessions between NEDs and Governors were facilitated. This involved NEDs hosting two virtual tutorial style sessions focusing on a specific Trust Board or Assurance Committee subjects.</p> <p>Governors have the opportunity to observe Board Assurance Committees throughout the year. All future dates are circulated in advance and following the meeting governors have a private session with the NED Chair's to provide their feedback. This supports governors both in their duty to hold NEDs to account for the performance of the Board and also helps to support their knowledge and understanding of what's happening in the Trust.</p> <p>ASSURANCE: Our 2021/22 Governors effectiveness survey shows that 92% of governors agreed they were provided with sufficient opportunity to observe the assurance committees and see the NEDs in action.</p> <p>Governors are invited to join the Membership Engagement Recruitment and Retention Committee; this committee oversees the recruitment and retention of members and most importantly supports maximises engagement opportunities for the members. Through the committee, governors support the Trust to develop and engage with members to get them involved, an example over the last year was the 'Thinking about becoming a governor' workshop held as part of the governor election.</p> <p>Governors receive a regular newsletter from the Corporate Affairs Team containing items for action, Trust news items, key dates and development and training opportunities.</p> <p>Governors are also given the opportunity and supported to get involved in specific areas of interest. An example of is the Governors Sustainability Working Group which was set up following governors interest in understanding and being more</p>
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			<p>involved in the Trusts sustainability agenda. Governors will also use this working group going forward to engage with their constituents on the sustainability objective within the Trusts Membership Strategy.</p> <p>ASSURANCE: The Council of Governors are asked to complete a self-assessment of effectiveness approx. every 18 months. Throughout 2021/22 the Council continued to work to deliver the actions of the previous survey where there were 19 proposed recommendations to improve Council effectiveness and shape the training and development needs were improved. Key actions closed during the year included:</p> <ul style="list-style-type: none"> • Refined the buddying programme between NEDs and Governors to improve communication outside of Council meetings • Shared the Assurance Committee work plans for 2020/21 to allow Governors to make informed decisions about which meetings to observe. • Council development session content and format were informed on the results of the training needs analysis undertaken by governors <p>The most recent survey undertaken in March 2022 proposed 11 recommendations which will be actioned during 2022/23. Responses specific to knowledge, understanding and training included:</p> <ul style="list-style-type: none"> • 100% of Governors and NEDs and EDs agreed that Governors knew the difference between the roles of the Council and the Board • 100% of Governors and NEDs and EDs agreed that Governors knew the difference between the roles of a NED and an Executive Director • 92% of Governors agreed that they had a good understanding of their role and responsibilities with regards to holding the Non-Executive Directors to account and contributing to the development of the Trust Strategy, annual report and accounts.
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Council of Governors

27 April 2022

Membership of Council Committees and Working Groups

Summary & reason for item:

GOSH has established two Council Committees – Nomination and Remuneration Committee and Membership, Engagement, Recruitment and Retention Committee and one Working Group – the Constitution Governance Working Group.

Governor membership on these committees is reviewed annually to ensure that all governors have the opportunity to express an interest in being a member and join a committee during their tenure.

Given this is the first Council meeting for a number of new governors, this paper outlines the purpose and role of each Committee/Working Group, so governors are clear on the difference between them. It also sets out members requirements, where applicable, and the commitment that is required.

In our May Governor Newsletter, all governors will be invited to express an interest in joining a Committee or Working Group and membership will then be confirmed at the Council meeting in July 2022.

Governor action required:

Governors are asked to familiarise themselves with the Council Committees and Working Groups in preparation for considering nominating themselves to join one (or more) when expressions of interest are sought in the May Governors Newsletter.

Report prepared by:

Natalie Hennings, Deputy Company Secretary

Item presented by:

Natalie Hennings, Deputy Company Secretary

Membership of Council Committees and Working Groups

1. Introduction

The NHS Foundation Trust Code of Governance (the Code) is guidance that helps NHS foundation trusts to deliver effective corporate governance. Through using this guidance and our Trust Constitution GOSH has established a number of Governor Committees and Working Groups to enable governors to fulfil their statutory duties.

The following formal Committees and Working Groups have been established:

- Nomination and Remuneration Committee (N&R)
- Membership, Engagement, Recruitment and Retention Committee (MERRC)
- Constitution and Governance Working Group (CGWG)

This paper will set out the purpose, roles and responsibilities of each committee and working group in further detail with their terms of reference appended.

2. Council Committees and Working Groups

2.1 Nomination and Remuneration Committee

The Council of Governors are responsible at a general meeting, for the appointment, re-appointment and removal of the Chair and the other Non-Executive Directors. They are also responsible for setting the remuneration of the Chair and Non-Executive directors. Both of these responsibilities support governors with their statutory duty to hold the Non-Executive directors individually and collectively to account.

The Code of Governance requires that these tasks are carried out by a Committee and GOSH has established a Nomination and Remuneration Committee for this purpose. The areas of responsibility for the Committee are split between a nominations role and a remuneration role.

- **Nomination role:** The committee reviews the balance of skills, knowledge, experience and diversity of the non-executive directors on the board; both in terms of its ability to address immediate and future challenges and opportunities. It makes recommendations as appropriate, following these periodical reviews. The committee agrees and carries out a process for the interviewing, nomination and selection of a chair and non-executive directors when appropriate.
- **Remuneration role:** The committee decides and reviews the terms and conditions of office of the foundation trust's non-executive directors in accordance with all relevant foundation trust policies (including remuneration).

Committee members: The Chair or a Non-Executive Director should chair the Nomination and Remuneration Committee and other members include the deputy chair, the lead governor, two governors from the public constituency and/or the patient and carer constituency, one staff governor and one governor from any constituency (patient and carer, public, staff or appointed).

Meeting frequency: The Committee meets mostly as and when nomination and remuneration decisions are required, however this will not be less than once a year. Meeting length will vary but will be between approx. 1-2 hours each meeting.

The terms of reference for the Nomination and Remuneration Committee are attached to this paper as **Appendix 1**.

In summary: The Committee works to consider skills and experience required in our Non-Executive Directors; nominates, interviews and appoints our Non-Executives; monitors the output from the appraisal process; and, then determines Non-Executive Directors' remuneration while in post.

Being a member of this Committee is an important, interesting and varied role.

2.2 Membership, Engagement, Recruitment and Retention Committee

The Membership Engagement Recruitment and Retention Committee oversees the recruitment and retention of members and supports maximises engagement opportunities for the members. As part of this work, the Committee reviews and monitors progress against the Membership Strategy and helps develop and deliver a programme of engagement working alongside the Patient Experience Team and Volunteering Team. The Committee develops communication tools to support engagement and reviews recruitment materials as well as overseeing the content and production of our membership newsletter.

Committee members: There are ten governor members, including the Lead Governor and of which at least six are from the patient and carer or public constituencies. Other members include the Stakeholder Engagement Manager, Head of Volunteer Services, PPI and Patient Experience Officer and a Communications team representative.

Meeting frequency: The Committee meets quarterly before each formal Council of Governors' meeting and lasts between 1-2 hours each.

The terms of reference for the Membership Engagement Recruitment and Retention Committee are attached to this paper as **Appendix 2**.

In summary: The Committee works to recruit new members and engage existing ones through communication and engagement opportunities ensuring GOSH members are diverse and representative of the people we provided services for.

2.3 Constitution Governance Working Group

The Constitution is the Trust's governing document. It is a set of fundamental principles and processes according to which the Trust is governed. The Constitution Working Group undertakes periodic reviews of the Constitution and its appendices to ensure compliance with the Health and Social Care Act 2012. It proposes amendments to the Council of Governors and Trust Board where appropriate. The Working Group also supports the Trust Board and Council of Governors in any governance matters outlined in the Constitution such as the procedure for evaluation the Council, vacancies amongst governors and matters that are silent in the Constitution.

Committee members: The Company Secretary is Chair of the Working Group and other members include the Lead Governor and Deputy Lead Governor, four additional Governors (at least two elected governors), a Non-Executive Director, Deputy Company Secretary, Head of Corporate Governance and a Senior Manager.

Meeting frequency: The Committee meets mostly as and when required but no less than once per election cycle (end of February to 1st of March the following year). Meeting length will vary but will be between approx. 1-2 hours each meeting.

The terms of reference for the Constitution Governance Working Group Membership Engagement Recruitment and Retention Committee are attached to this paper as **Appendix 3**.

In summary: The Constitution Governance Working Group reviews and makes recommendations on the Constitution and its appendices to ensure compliance with the law and supports the Trust Board and Council of Governors in any governance matters outlined in the Constitution.

All the Council Committees and Working Groups are supported by the Corporate Affairs Team. Governors are able to be a member of more than one Committee or Working Group, but we ask that you ensure you are able to dedicate the time commitment outlined so the Committee and/or Working Group is able to fulfil its responsibilities.

If you are still unsure, the below scenarios give you some examples based on particular interests:

		Nominations & Remuneration Committee	Membership Engagement, Recruitment & Retention Committee	Constitution Governance Working Group
<i>I would like</i>	<i>To be involved in the planning of events and opportunities to engage with GOSH members</i>		√	
	<i>To discuss revisions to the Constitution based on recommendations received from members or internal reviews</i>			√
	<i>To be creative and help design and influence the information we have available about membership and what it means</i>		√	
	<i>To be involved in the recruitment process for the Trust Chair and Non-Executive Directors</i>	√		
	<i>To discuss changes to the structure of the Council of Governors and suggest revisions to the Constitution as a result</i>			√
	<i>To be involved in deciding and reviewing the terms of conditions for Non-Executive Directors</i>	√		
	<i>To review the results of the Council of Governors effectiveness survey and suggest recommendations to the Council of Governors</i>			√

		Nominations & Remuneration Committee	Membership Engagement, Recruitment & Retention Committee	Constitution Governance Working Group
	<i>To Interview and nominate candidates as non-executive directors for approval by the Council of Governors</i>	√		
	<i>To be involved in the communication and promotion of future elections and support by talking about the governor role to encourage other members.</i>		√	
	<i>To consider succession planning for the chair and non-executive directors</i>	√		
	<i>To be involved in periodically reviewing the balance of skills, knowledge, experience and diversity of the non-executive directors on the board and be a part of making recommendations to the Trust Board</i>	√		

3. Governor action required

Governors are asked to familiarise themselves with the Council Committees and Working Groups in preparation for considering nominating themselves to join one (or more) when expressions of interest are sought in the May 2022 Governor Newsletter.

FINAL Council of Governors' Nominations and Remuneration Committee

Terms of Reference

The Council of Governors' Nominations and Remuneration Committee is authorised by the Council of Governors to act within its terms of reference. All members of staff are requested to co-operate with any reasonable request made by the Council of Governors' Nominations and Remuneration Committee.

1. Nominations role

1.1 The Council of Governors' Nominations and Remuneration Committee will:

- Periodically review the balance of skills, knowledge, experience and diversity of the non-executive directors on the board and make recommendations to the board of directors with regard to the outcome of the review.
- Give consideration to succession planning for the chair and non-executive directors in the course of its work, taking into account the challenges and opportunities facing the NHS foundation trust and the skills and expertise needed on the board of directors in the future.
- Keep the leadership needs of the foundation trust under review at non-executive level to ensure the continued ability of the NHS foundation trust to operate and compete effectively in the health economy.
- Keep up to date and fully informed about strategic issues and commercial changes affecting the NHS foundation trust and the environment in which it operates, having regard to any relevant legislation and requirements of the independent regulator.
- Agree with the Council of Governors a clear process for the nomination of a chair and non-executive directors.
- Take into account the views of the board of directors on the qualifications, skills and experience required for each position.
- Prepare a description of the role and capabilities required for an appointment of non-executive directors, including the chair.
- Interview and nominate candidates as non-executive directors for approval by the Council of Governors respectively, ensuring that candidates are eligible for appointment under the Constitution.
- Ensure that a proposed chair's or non-executive director's other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.
- Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.
- Receive a regular report from the Chair on compliance with the Fit and Proper Persons Regulations for new and existing post-holders and report these to a

confidential meeting of the Board, in line with the Fit and Proper Person's Test Policy.

- Ensure that on appointment non-executive directors including the chair receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside board of directors meetings.
- Review the results of the performance evaluation process for the chair and non-executive directors.
- Review annually the time requirement for non-executive directors.
- Advise the Council of Governors in respect of re-appointment of any non-executive directors in relation to a term beyond six years (in accordance with paragraph 7, Annex 9 of the Constitution and Monitor's Code of Governance).
- Advise the Council of Governors in regard to any matters relating to the removal of office of a non-executive director including the chair (in accordance with Annex 7 of the Constitution).

2. Remuneration role

- 2.1 To decide and review the terms and conditions of office of the Foundation Trust's non-executive directors in accordance with all relevant foundation trust policies, including:
- Salary, including any performance-related pay or bonus;
 - Provisions for other benefits, and allowances.
- 2.2 To adhere to all relevant laws, regulations and policy in all respects, including (but not limited to) determining levels of remuneration that are sufficient to attract, retain and motivate non-executive directors whilst remaining cost effective.
- 2.3 To advise upon and oversee contractual arrangements for non-executive directors, including but not limited to termination payments.

3. Request for advice

- 3.1 The Council of Governors' Nominations and Remuneration Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.
- 3.2 The committee is authorised, subject to funding approval by the company secretary, to request professional advisors and the attendance of individuals and authorities from outside the foundation trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise its functions.

4. Membership

- 4.1 The Council of Governors' Nominations and Remuneration Committee will comprise the chair of the trust, the deputy chair, the lead governor, two governors from the public constituency and/or the patient and carer constituency, one staff governor and one governor from any constituency (patient and carer, public, staff or appointed). Each member of the Committee shall have one vote.
- 4.2 The Committee will normally be chaired by the NHS foundation trust chair. Where the chair has a conflict of interest, for example when the Committee is considering the chair's re-appointment or salary, the Committee will be chaired by the deputy chair.

- 4.3 When the chair is being appointed or reappointed, the deputy chair shall take their place, unless he or she is standing for appointment, in which case another non-executive director shall be identified and agreed prior to the meeting to take their place.
- 4.4 Council of Governors will nominate themselves on an annual basis to sit on the Committee. The total length of tenure on the Committee for a governor will normally be 3 years.
- 4.5 Where the number of governors prepared to serve on the Committee is greater than the number of places available, then Committee members will be selected by election by their governor peers. Wherever possible, a mix of nominations will be sought from governors within their first and second term on the Council of Governors.
- 4.6 A quorum shall be five members, including the chair or deputy chair and at least one governor from the public constituency or the patient and carer constituency.

5. Attendance

- 5.1 Meetings of the Committee may be attended at the invitation of the chair by the chief executive; head of human resources (operations); the company secretary; and any other person who has been invited to attend a meeting by the Committee so as to assist in deliberations.

6. Frequency of meetings

- 6.1 Meetings shall be held as required, but not less than once a year.

7. Minutes and reporting

- 7.1 The minutes of all meetings of the Committee shall be formally recorded.
- 7.2 The Council of Governors' Nominations and Remuneration Committee will report to the Council of Governors after each meeting. The chair of the Committee will be required to brief the board of directors.
- 7.3 The Council of Governors' Nominations and Remuneration Committee shall ensure that board of directors benefits are accurately reported in the required format in the Foundation Trust's annual report.
- 7.4 Members of the Committee will be required to attend the annual general meeting to answer questions from the Foundation Trust members and the wider public.

8. Review

- 8.1 The terms of reference of the Committee shall be reviewed by the Council of Governors and the Trust Board at least annually.

Final Approved by Council of Governors July 2019

Membership Engagement Recruitment and Representation Committee 2022 Terms of Reference

1. Authority and Scope

The Membership Engagement Recruitment and Representation Committee is a subcommittee of the Council of Governors of Great Ormond Street Hospital NHS Foundation Trust and is chaired by a public or patient/carer Governor.

The Committee has delegated authority from the Council of Governors to make decisions on behalf of and be accountable to the Council of Governors for recruiting and engaging with the Trust's membership and representing the interests of the patients, carers, families and the general public in the areas served by the Trust.

2. Purpose

The purpose of the Committee is to oversee the recruitment and retention of members and maximise engagement opportunities for the members.

3. Duties

Membership

- 3.1 Review the Membership Strategy
- 3.2 Develop a work programme structured around the membership strategy and form an action plan which the committee will review and monitor progress/success
- 3.3 Consider actions for growing a representative membership which includes patients and their parent/carers ensuring there is an increase in diversity within constituency demographics by targeting specific groups
- 3.4 Identify and develop engagement opportunities and events, working alongside the Patient Experience Team, Volunteering Team and communications team
- 3.5 Agree the promotion and involvement required from Governors to ensure appropriate support at all recruitment and engagement events
- 3.6 Review the membership profile against the demography of the population to inform decisions on future membership strategy and activities
- 3.7 Review the effectiveness of the annual recruitment activities and engagement events
- 3.8 Present an annual report on the Membership Strategy at the annual members meeting
- 3.9 Create a connection between patients and technology

Communication

- 3.10 Develop a communications strategy using existing and new tools to support implementation of the Membership Strategy that are of use to all membership and the wider public

- 3.11 Ensure the membership is acting as a medium for feedback by listening to members so that they can make a difference by improving the overall hospital experience
- 3.12 So as to raise the profile of Governors, consider the tools to aid communication as well as requirements of Governors in communicating with
 - their constituencies
 - themselves
 - the Board of Directors
 - other internal/external stakeholders
- 3.13 Develop quality monitoring systems for Foundation Trust membership and communications and provide assurance to the Council of Governors that the Foundation Trust membership is being appropriately communicated with
- 3.14 Review membership recruitment material and the welcome and introduction pack for members
- 3.15 Review communication methods for members. These will include:
 - Newsletter (*Get Involved*)
 - Volunteers Newsletter
 - E mail communications (including with staff)
 - Regular contributions in the Roundabout
 - Communication via the internet / Social media
- 3.16 Work closely with the Communications & Charity team to maximise opportunities for positive public relations using the media and other fora to promote the Trust

4. Reporting

- 4.1 The Committee will report to the Council of Governors on a quarterly basis. This will be in the format of a submission of minutes and summary report

Membership

- 4.2 The Membership and Engagement Committee is made up of the following members:
 - Eight representatives of the Council of Governors of which at least six representatives are from the Patient, Parent/Carer, Public, or staff Constituencies
 - Head of Volunteer Services
 - PPI and Patient Experience Officer
 - Stakeholder Engagement Manager
 - Communications representative
- 4.3 Additional members may be invited to attend the Committee as appropriate
- 4.4 The Chair of the Committee will be elected from the Governor representatives
- 4.5 For a quorum, there must be a minimum of seven members present, including at least three Patient, Parent/Carer or Public Governors, one staff Governor, the Stakeholder Engagement Manager, the Head of Volunteer Services or PPI and Patient Experience Officer and the Communications representative

5. Meetings

- 5.1 Meetings will be held on a quarterly basis allowing timely reporting to the Council of governors
- 5.2 Members will be expected to attend a minimum of two meetings out of four meetings per year
- 5.3 Papers will be sent out at least four working days before the meeting
- 5.4 Secretariat support for the Committee will be provided by the Stakeholder Engagement Manager

6. Monitoring

The Committee shall review its terms of reference on an annual basis.

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:

Attachment R – Appendix 3

- 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.

Council of Governors

27 April 2022

Governance update

Summary / reason for item

This paper provides a summary of Council of Governors' related governance activity since the last Council meeting in April 2022.

Council self-assessment of effectiveness survey 2022 – results

The Council is asked to review the 13 recommendations arising from the Council self-assessment of effectiveness. The recommendations are endorsed by the Constitution and Governance Working Group (CGWG).

Eligibility for membership of the patient and carer constituency

At present, a Governor can represent the Patient, Parent and Carer Constituency up to a limit of ten years after their last visit to GOSH (once patients, parents and carers reach the limit they move into the public constituency).

In response to a request from a parent of a former patient, the CGWG reviewed the ten-year rule and, following a debate, decided not to recommend to change the limit. The Council is asked to approve this decision.

Governor Code of Conduct 2022/23

The Council is asked to approve the Code of Conduct for Governors. Once approved, the document will be circulated to Governors to sign and complete in the May 2022 newsletter.

Governors observing Trust Board and Assurance Committees

Governors are encouraged to observe Non-Executive Directors at Trust Board and Assurance Committees – the paper provides details on how they can do this.

Council training and development programme

The Council training and development programme aims to equip governors with the knowledge and skills they need to perform their role. This is presented to the Council of Governors for comment.

Governors Sustainability Working Group update

The Council is provided with an update on the key discussions and next steps from the first meeting of the Governors Sustainability Working Group. This was an action from the last Governor meeting.

Update from the Induction Working Group

The Induction Working Group met and designed the induction programme for the Governors whose terms started on 1 March 2022.

Governor Providers Workshop

Peace Joseph – Public Governor from London and Hannah Hardy – Public Governor from Home Counties attended the NHS Providers one day Governor Providers Workshop and have provided their feedback for the Council.

Update on Council of Governors' Portal

A solution has been identified and will be launched on 1 July 2022 to all Governors.

Governor action required

- Approve the recommendations arising from the 2021/22 Council review of effectiveness.
- Approve the decision of the Constitution and Governance Working Group, that the membership age limit should remain the same, i.e., a member can remain in the Patient, Parent and Carer Constituency up to a limit of ten years after their last visit to GOSH.
- Comment on the Training and Development Programme
- Note the Governors Sustainability Working Group update
- Note the feedback from the Governor Providers Workshop
- Note the update on the Council of Governors' Portal.

Report prepared by

Paul Balson, Head of Corporate Governance

Item presented by

Paul Balson, Head of Corporate Governance

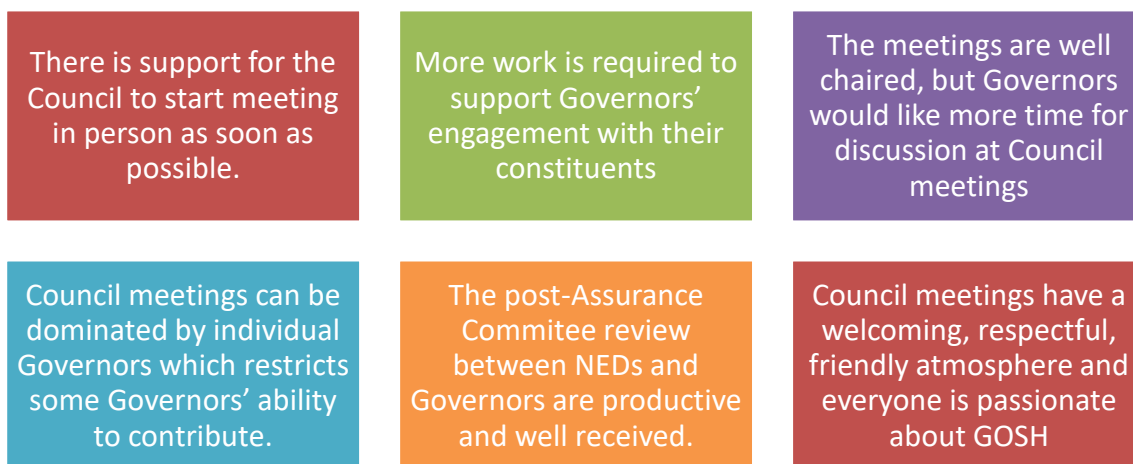
Council self-assessment of effectiveness survey 2022 – results

The Council's 2022 assessment was informed by questionnaires sent to both the Council of Governors, the Non-Executive Directors (NEDs), Chief Executive and Chief Finance Officer (EDs).

13 of 13 Governors and 8 of 8 of NEDs, the Chief Executive and Chief Finance Officer (NEDs and EDs) asked to participate responded.

The Constitution and Governance Working Group met on 4 April 2022 to analyse the responses, highlight areas where the Council of Governors had performed well and provide recommendations where performance could be improved.

The top 6 themes that arose from the survey were:



A list of recommendations agreed at the Constitution Working Group are below. The Corporate Affairs Team will report on progress against these over the next 18 months:

1. Following the launch of the Membership Strategy 2022-2025 (in early April) a monitoring and progress report will be taken to each MERRC and Council on membership and governor engagement.
2. Corporate Affairs Team to outline the types of consultations Governors are invited to be a part of.
3. Governors to be encouraged to attend at least one of each Assurance Committee meeting in their tenure.
4. Corporate Affairs Team to continue to review papers specifically for use of jargon and acronyms, include a glossary as an appendix to each set of papers, continue to police report length and in the future add a link in the papers that directs governors straight to a glossary on the Portal.
5. NED Assurance Committee Chairs to agree and document a uniform process for meeting with Governors after the main business has been discussed at Assurance Committees.
6. Recommendations to provide more time for discussion of issues at Council meetings:
 - o Signpost to Trust Board papers that are on the internet ahead of Council meetings and Governors to use these to inform comments, questions and rationale for future Council meeting items.
 - o Where items are presented to Council for information, presenters take the papers as read and limit their presentations to a limited number of bullet points.

7. Corporate Affairs Team to produce a one-page reminder for Governors on '*What it means to be a governor*' which will include a summary of the way NEDs are held to account by Governors at GOSH – observing Assurance Committees, interacting at Buddying sessions and advise Governors asking questions at Council.
8. In the Governors handbook (currently under development) include common scenarios Governors will find themselves in at Council meetings or observing Assurance Committees and provide exemplar questions that could be asked.
9. Corporate Affairs Team to facilitate '*Intra Governor development sessions*' led by Governors to cover topics such as: 'How we deliver our duties', 'This is how we digest Council and Assurance Committee papers'.
10. Corporate Affairs team to ensure that report authors explicitly address actions in papers that address actions raised at council.
11. Council of Governors (via the private meetings) to be politely reminded that all Governors want to make a point – allow everyone to contribute - try to ration your response – allow pauses.
12. Lead Governor to explain the purpose of the private meetings to Governors at the next Council meeting and Corporate Affairs to include a summary of the purpose in the meeting invites and newsletters.
13. Buddying sessions will continue on a supply and demand basis: if Governors request a Buddying session on a particular topic via the private meeting with the Lead Governor, the Corporate Affairs Team will facilitate a session with the appropriate NED(s).

In addition, the feedback from the following questions will be considered by the Induction Working Group when designing the 2023 Governor induction plan.

- What will you take away from your experience as a Governor since the last election (February 2022)?
- What advice would you give new Governors starting in February 2023?
- What do you wish you knew at the beginning of your tenure that you know now?

Action: The Council is asked to approve the recommendations arising from the 2021/22 Council review of effectiveness.

Eligibility for membership of the patient and carer constituency

In 2012 GOSH was authorised as a Foundation Trust and its Constitution was approved. Within the 2012 constitution (in summary) it stated that to join the patient and carer constituency, the individual needed to have last attended GOSH as a patient or carer within the prior six years.

In February 2018, as part of a wider suite of Constitution reviews and amendments, the Trust amended the six-year rule to a 10-year rule for members in the Patient and Carer Constituency.

During the 2021/22 Council of Governors' election a parent of a former patient requested that the Trust review the time limit within the constitution, recommending that Governors representing the Patient Constituency should only be able to do so up to three-years after leaving the care of GOSH. This would mean that members can only remain members of the constituency up to 3 years after leaving the care of GOSH. The Corporate Affairs Team agreed to undertake a review with the Constitution and Governance Working Group.

The Constitution and Governance Working Group discussed the request in depth and considered approaches taken by other Foundation Trusts. Following discussion, the Constitution and

Governance Working Group made the decision that the ruling within the Constitution should remain the same, i.e., a member can remain a member of the Patient, Parent and Carer Constituency up to a limit of ten years after their last visit to GOSH. The Council of Governors is asked to approve this decision.

The factors that were considered as part of this decision were:

- The impact and experience a child has at GOSH stays with them into adulthood and beyond. These experiences would be most beneficial as a member and governor rather than their memory of the hospital and what was happening in hospital.
- Members vote for their governor based on their election statement which often refers to when they were at GOSH. Members use this information to determine whether they feel a candidate's experience is relevant and current.
- By reducing the time limit, GOSH could potentially exclude patients with early life experience at GOSH from being a patient member and becoming a patient governor. To be a member you must be at least 10 years old but to be a governor you must be at least 16 years old and therefore if the ruling was reduced to three years as suggested, any member who is discharged up to the age of 14 years old would not have the opportunity to stand as a patient governor.
- If a 3 year rule was adopted, patient governors would only be able to stand as a governor for a maximum of one term if the ruling reduced to three years, this would mean there would be a high turnover of patient governors with young people not having the opportunity to stand for two full terms.
- The Constitution and Governance Working Group, many of whom have direct experience, felt that the majority of patients are not ready to be governors within three years of being discharged as other life events (such as attending school and college) become a priority and only after may they feel able to contribute as a Governor.
- As a children's hospital, the Trust is trying to increase its number of younger patient members, by reducing the time limit this would further reduce the number of patient (and parent/carer members) in the constituency and would be more difficult to conduct future focused engagement activity with these members who have direct experience.

Action: The Council is asked to approve the decision of the Constitution and Governance Working Group, that the age limit should remain the same, i.e., a member can remain a member in the Patient, Parent and Carer Constituency up to a limit of ten years after their last visit to GOSH.

Council of Governors' Code of Conduct 2022/23

A part of their role, Governors are expected on an annual basis, to complete a Code of conduct form.

The Code of Conduct sets out the standards of conduct the Trust expects of its Governors and covers the expectations of the Principles of Public Life, the core principles of the NHS as defined in the NHS Constitution, the Trust's Always Values and other relevant key Trust policies.

The Constitution and Governance Working Group reviewed the updated version and requested review of the length of the document. The Council is presented the Council of Governors' Code of Conduct 2022/23 for approval.

The draft Code of Conduct is provided at **Appendix 1**.

Once approved, the Code of Conduct will be circulated to all Governors to sign and return to the Corporate Affairs Team.

Governors observing Trust Board and Assurance Committees

One of the primary roles of Governors is to hold Non-Executive Directors to account and at GOSH it is felt that one of the best ways to support Governors' understanding of the work of Non-Executive Directors is to 'see the NEDs in action' at Assurance Committee meetings.

Governors are welcome to observe Trust Board and Assurance Committee meetings. After the Council of Governors' meeting on 27th April, the Corporate Affairs team will send calendar appointments for the following meetings which Governors are welcome to observe:

Trust Board

Audit Committee

Quality, Safety and Experience Assurance Committee (QSEAC)

Finance and Investment Committee (FIC)

People and Education Assurance Committee (PEAC)

Governors interested in observing an Assurance Committee are asked to accept the calendar appointment or decline if you they are not.

Meetings are held in a webinar format so Governors will be able to see and hear proceedings but do not appear on screen. At the end of the assurance committee meetings, Governors are invited into the meeting to provide feedback. Papers are sent to Governors who have requested to observe in advance of the meeting at the same time as they are sent to committee members.

For information meeting dates until the end of June 2022 are provided below:

- **Wednesday 25th May 9:00am – 12 Noon Audit Committee**
- **Wednesday 25th May 2:30pm – 6:00pm Trust Board (exact timings tbc)**
- **Tuesday 21st June 2:00pm – 5:00pm Finance and Investment Committee**
- **Wednesday 22nd June 1:00pm – 4:00pm PEAC**
- **Thursday 30th June 10:00pm - 1:00pm QSEAC**

Governors are encouraged to attend at least one of each Trust Board and Assurance Committee in their tenure.

Council of Governors Training and Development Programme

In order to equip governors with the knowledge and skills they need to perform their role effectively, the Trust needs to provide the Council with adequate training and development opportunities.

At its April meeting, the Constitution and Governance Working Group reviewed the Corporate Affairs Team's schedule of plans for Governors in place for 2022 which took into consideration current interests, local and national developments and internal requirements.

The updated plan is attached as **Appendix 2** for comment.

Action: The Council is asked to comment on the Training and Development Programme

Governors Sustainability Working Group update

The Governors Sustainability Working Group was set up following expressions of interest from governors to be more involved and hear more about the trusts progress against its sustainability agenda.

The first meeting was held on **Monday 11th April 2022** and was attended by governors, Beverley Bittner-Grassby, Peace Joseph, Mark Hayden and Jacqueline Gordon. The group were given an overview of the Climate and Health Emergency and Nick Martin, Head of Sustainability explained the governance structure and gave some examples of projects and the progress being made.



Governors asked about issues such as supply chain and how GOSH is balancing cost vs sustainability and heard about the collaboration work underway by Greener NHS.

The group also discussed how assurance is monitored through the governance structure and considered whether future updates on Sustainability could be co-presented at Council of Governors meetings with the NED Sustainability Lead

The group were keen to explore how they could further support the sustainability objective within the new Membership Strategy; both in terms of engaging with their constituents and supporting GOSH's sustainability agenda.

A future meeting is being arranged to discuss this in more detail.

Update from the Induction Working Group

The Induction Working Group made up of Eve Brinkley-Whittington, Hannah Hardy, Stephanie Nash and Alison Kelly reviewed the draft induction plans for the Governors whose terms started on 1 March 2022. Their feedback shaped the style, format and content of the two induction sessions for the new Governors.

The Governor induction programme for any new Governors starting on 1 March 2023 will be informed by relevant feedback from the survey of effectiveness feedback from Governors elected to Council in March 2022 who will be asked for feedback in May/June 2022.

The Induction Working group will ask for governors to volunteer in November 2022.

Governor Providers Workshop

On Monday 11 April, Hannah Hardy – Public Governor from the Home Counties and Peace Joseph – Public Governor from London attended the NHS Providers Virtual Governor Workshop.

The key highlights for the Council's attention from the event are:

- There are new statistics that NHS organisations are measured on as part of the Backlog Recovery Plan. Some highlighted were: 12+ month waits should be eliminated, 95% of diagnostic tests should be performed in less than 6 weeks by 2025, and it is expected that by 2024-25 trusts should be operating at 30% more activity than pre-pandemic levels.

- NHSEI staff survey results were the worst that they have been in 5 years, reflecting the exhaustion of staff across the NHS. A key finding was that the poor processes to tackle bullying, discrimination, and harassment amongst staff as well as unequal developmental and progression opportunities for underrepresented staff groups. There were many queries mentioned by other governors about how this will potentially affect retention of staff. Despite the disappointing survey results, there was a c25% increase in overall workforce from enthusiastic university graduates and the hope is that this enthusiasm does not wane.
- It was noted that the transition to Integrated care systems (ICSs) will not affect the statutory duties of governors, however, it does mean that when governors are holding to account, they should consider the Trust's contribution to the wider ICS as well.
- Governors asked why there was no governor representation on ICBs. NHS Providers responded that it was a matter that was still being deliberated. However, a cause for consideration is that not all NHS organisations have Foundation Trust status and cannot therefore have Governors. It was noted that complexities will exist within the ICSs which must be navigated with care collaboratively to reduce friction and achieve the intended result.
- The ICSs were undertaking scoping work on Patient Safety Committees to ensure quality is embedded within the system. A clinical negligence regime review will also be undertaken to reduce costs (clinical negligence cost the NHS over £10bn in 20/21).

Action: Governors are asked to note the update.

Update on Council of Governors' Portal

The Council of Governors' online portal will be a one stop shop for all information related to being a Governor at GOSH.

Several options have been trialled by the Corporate Affairs Team. following a successful trial, the Corporate Affairs Team has identified an online solution that is secure, accessible and user friendly. This solution will be rolled out to Governors on Friday 1 July 2022.

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST

CODE OF CONDUCT FOR GOVERNORS

1 Introduction

- 1.1 It is essential that each person involved in the governance of Great Ormond Street Hospital for Children NHS Foundation Trust (the Trust) adopts the highest standards of conduct.
- 1.2 As part of the Trust's governance structure, the Council of Governors (COG) and Governors are expected to adhere to the following standards of conduct
- 1.3 This Code should be read with the Constitution and other documents relevant to the governance of the Trust, as defined in [Appendix A](#).

2 Application of this Code

- 2.1 This Code applies to Governors when they are acting in that capacity.
- 2.2 The Trust recognises that the role of Governor is part-time and unpaid. The Trust will act proportionately when applying these expectations.
- 2.3 This Code applies to Governors when acting in any another capacity only where there are concerns relevant to the person's role as a Governor.

3 Values and Principles

- 3.1 Governors, as holders of public office in the Trust, are required to adopt the Principles of Public Life¹ as follows:
 - 3.1.1 **Selflessness:** Holders of public office should act solely in terms of the public interest.
 - 3.1.2 **Integrity:** Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
 - 3.1.3 **Objectivity:** Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
 - 3.1.4 **Accountability:** Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
 - 3.1.5 **Openness:** Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
 - 3.1.6 **Honesty:** Holders of public office should be truthful.
 - 3.1.7 **Leadership:** Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.
- 3.2 Governors are expected to support the core principles of the NHS as defined in the NHS

¹ The Principles of Public Life are defined [here](#).

Constitution² and summarised below:

- 3.2.1 The NHS provides a comprehensive service, available to all.
- 3.2.2 Access to NHS services is based on clinical need, not an individual's ability to pay.
- 3.2.3 The NHS aspires to the highest standards of excellence and professionalism.
- 3.2.4 The NHS aspires to put patients at the heart of everything it does.
- 3.2.5 The NHS works across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population.
- 3.2.6 The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- 3.2.7 The NHS is accountable to the public, communities and patients that it serves.
- 3.3 Governors are required to adopt the Trust's values which, with the associated behavioural standards, are:
 - 3.3.1 **Always Welcoming**: respect, smiles, friendly
 - 3.3.2 **Always Helpful**: understanding, helps others, patient, reliable
 - 3.3.3 **Always Expert**: professional, safe, excellence, improving
 - 3.3.4 **Always One Team**: listen, communicate, involve, open
- 3.4 Governors are expected to adopt and comply with any codes of conduct or policies of the Trust which describe standards of behaviour. The relevant policies are listed at [Appendix B](#).

4 The role and conduct of Governors

- 4.1 The role of each Governor and of the Council of Governors is defined in the Trust's Constitution and other relevant policies and procedures. Any Governor who is non-compliant with any of these requirements, or is aware of non-compliance by others, must notify the Company Secretary immediately.
- 4.2 The Council of Governors is an important part of the Trust's governance structure. Governors must work constructively and collaboratively with the Board of Directors (the Board), which, as required by the Trust's Constitution and NHS Provider Licence³, is responsible for the governance of the Trust. Governors commit to developing (with the Board) and adopting arrangements to facilitate a constructive relationship between the Council of Governors and the Board, and with relevant staff.
- 4.3 In order to carry out their roles effectively, Governors in addition to adopting the values and principles above, are expected to:
 - 4.3.1 Demonstrate commitment to the Trust as a whole and act in its best interests at all times, including in relation to any other Governor interests (see section 8);
 - 4.3.2 Conduct themselves in a manner that reflects positively on the and not in any way that would reasonably be regarded as bringing their office or the Trust into disrepute;
 - 4.3.3 Recognise that the Trust is fully committed to the protection of children. All

² The NHS Constitution is available [here](#).

³ The Trust's NHS Provider Licence is available [here](#).

Governors are required to participate in appropriate assessments relevant to child protection.

- 4.3.4 Understand the role and authority of the Council of Governors and the governance of the Trust;
- 4.3.5 Recognise that the Council of Governors acts collectively and corporately. Each Governor must adopt and support its decisions;
- 4.3.6 Accept that no Governor has any individual responsibilities or authority and must not seek to act other than through the Council of Governors;
- 4.3.7 Contribute to the development of and support the Trust's mission, vision, and strategy;
- 4.3.8 Consider information and advice provided in the course of the business of the Council of Governors. No Governor should adopt a position that is unreasonably contrary to advice or to recommendations, or unreasonably withhold approval on any matter;
- 4.3.9 Focus on the key issues for the Trust and not give undue attention to any single issue, or act in support of or advocate for any member, group of members, campaign (or similar);
- 4.3.10 Obtain and have regard to advice from the Chair, the Chief Executive (including in his capacity as Accounting Officer) and the Company Secretary, in respect of matters of conduct, responsibilities and compliance with the Constitution and other relevant governance requirements;
- 4.3.11 Participate in training and development provided by or through the Trust,
- 4.3.12 Commit the necessary time to the role, including attendance at general meetings of the Council of Governors, and training and development events.⁴

5 Fit and proper person

- 5.1 It is a condition of the Trust's NHS Provider Licence that each Governor serving on the Council of Governors is a 'fit and proper person' (as defined in the Trust's NHS Provider Licence). Governors must certify on appointment, and each year, that they are/remain a fit and proper person.

6 Accountability of Governors

- 6.1 Each Governor is accountable to the Council of Governors and, through arrangements put into place by the Trust, to the members who elected them, or the organisation that appointed them, for their performance and conduct.
- 6.2 The Governors collectively are accountable for the effectiveness of the Council of Governors as an important part of the Trust's governance, for which the Board is responsible.
- 6.3 In connection with this, Governors accept the role of the Chair as the leader of the Council of Governors as defined in the Constitution and other governance documents (at [Appendix A](#)).

⁴ During elections the Trust will communicate to members the time commitment associated with the Governor role so that members who nominate themselves as candidates understand the Trust's expectations. The Trust will make clear that a Governor may be removed from office if he/she fails to comply with requirements in the constitution with respect to attendance at meetings. The Trust expects that staff who are elected as Staff Governors will be allowed appropriate time to fulfil their duties in that role (and will not be required to use annual leave for this purpose).

7 Confidentiality

- 7.1 The Council of Governors must work openly and transparently. Most of its business is conducted in public but it may be necessary for briefings to be provided in confidence or for confidential matters to be considered.
- 7.2 Governors must not disclose information, which is stated as being confidential, other than when it is lawful to do so.
- 7.3 Governors recognise that any disclosure of confidential information puts at risk the Trust's compliance with its duties of confidentiality and, where such data is personal data, the General Data Protection Regulation (Regulation (EU) 2016/679), Data Protection Act 2018 (or any future data protection legislation) and other relevant law. Such a disclosure may also undermine the Trust's ability to function effectively and/or its reputation and may therefore be contrary to the requirements of this Code.
- 7.4 The Trust will investigate any breaches of confidentiality on the part of Governors and will take appropriate action.
- 7.5 No provision of this Code shall preclude any Governors from making a protected disclosure within the meaning of the Public Disclosure Act 1998. Where a governor is considering making any such disclosure, they must seek advice from the Company Secretary.

8 Governors' interests

- 8.1 The Trust recognises that some Governors hold roles in other organisations or have other interests. These roles enable Governors to make an informed contribution to the governance of the Trust.
- 8.2 All decision-making in the Trust must be robust and based upon openness and transparency. Governors must always be impartial, honest and beyond suspicion in the conduct of their Trust business. Governors must not seek to use their position improperly to confer any advantage or disadvantage on any person. It is an offence under the Bribery Act 2010 to give, promise or offer a bribe, and to request, agree to receive or accept a bribe.
- 8.3 Governors must declare any relevant interests and address any conflicts between such interests and those of the Trust.
- 8.4 Where there is any doubt as to the relevance of an interest for any Governor, or the process through which an interest should be addressed, advice must be sought from the Company Secretary.

9 Representing the Trust

Media

- 9.1 Where the work of the Council of Governors is relevant to a matter that is the subject of reporting in the media, or discussions with stakeholders, the Chair, supported by the Trust's Communications Department, will speak on behalf of the Governors. In doing so the Chair may consult with the Lead Governor or other Governors, as appropriate.
- 9.2 To protect Governors and to ensure a co-ordinated and managed approach, no Governor may approach the media or any other stakeholder, or respond to requests for comment, or otherwise seek to represent the Trust. Any Governor receiving a request for comment must, without responding, refer it immediately for action by the Trust's Company Secretary.
- 9.3 Any Governor who is approached in a personal capacity by the media or any other

stakeholder may respond but must make it clear that they are doing so in a personal capacity and not as a representative of the Trust. Responses must have regard to this Code and to the reputation of the Trust. Before commenting Governors should seek advice from the Trust's Company Secretary.

Visits to premises of the Trust or other organisations

- 9.4 The Trust may from time to time invite Governors to visit the Trust's services or facilities, including premises which are not open to members of the public, or premises operated by other organisations. Governors must comply with any arrangements made by the Trust (or the other organisation) for such visits, including requirements about infection control and dress.
- 9.5 To ensure the privacy of patients and so that the Trust's services function effectively, Governors may not visit any of the Trust's premises uninvited in their capacity as a Governor. nor visit the premises of any other organisation without the permission of the Trust and the other organisation concerned.
- 9.6 The above provisions do not prevent any Governor from visiting the Trust in a personal or other capacity, including as a patient, a carer of a patient, or as a volunteer.

10 Training & development

- 10.1 Each Governor is required to participate in training and development opportunities that have been identified as appropriate for them (except with reasonable cause in the opinion of the Chair, Company Secretary and Lead Governor).

11 Interpretation of this Code, and compliance

- 11.1 Any Governor who requires advice on the provisions or application of this Code should ask the Company Secretary.
- 11.2 All Governors are required to comply with this Code. Each Governor must confirm this within 28 days of their election or appointment by signing and returning to the Company Secretary a copy of this Code.
- 11.3 Any suspected or actual non-compliance with this Code will be addressed in accordance with the Constitution.

12 Approval and review of this Code

- 12.1 This Code was approved by the:
- 12.1.1 Trust Board on TBC
 - 12.1.2 Council of Governors on TBC
- 12.2 This Code will be subject to review, led by the Chair and Company Secretary, not more than one year from its date of approval.

13 Declaration

I [Click or tap here to enter text.](#) have read, understood and agree to comply with this Code of Conduct for the Council of Governors of Great Ormond Street Hospital for Children NHS Foundation Trust.

Signature [Click or tap here to enter text.](#)

Date [Click or tap to enter a date.](#)

Attachment S

14 APPENDIX A: GOVERNANCE DOCUMENTS

If there is any discrepancy between this Code and the Constitution or any document defined here, those documents shall prevail.

These documents will be available on the Governors Portal

- 1 Constitution, including its appendices**
- 2 Standing Orders**
- 3 Standing Financial Instructions**
- 4 Any terms of reference for the Council of Governors or any committees established by it**
- 5 Schedule of matters Reserved to the Board and Council of Governors**
- 6 Foundation Trust Code of Governance**
- 7 Code of Conduct for Governors**
- 8 Governor attendance and training standard operating procedure**
- 9 Acceptable Use of ICT Policy**
- 10 Any role descriptions or similar for Governors**

Attachment S

15 APPENDIX B: POLICIES AND PROCEDURES

These policies will be available on the Governors Portal

- 1 Declarations of Interest, Gifts, Hospitality and Sponsorship Policy**
- 2 Countering Fraud, Bribery and Corruption Policy**
- 3 Confidentiality Policy**
- 4 Disclosure and Barring Service Policy**
- 5 Fire Policy**
- 6 Health and Safety Policy**
- 7 Media Policy**
- 8 Safeguarding Children and Young people Policy**

Council of Governors Training and Development Programme 2022

The planned Council Development Programme for 2022 is set out below

Date	Session	Above and Beyond Priority / Governor Duty	Lead	Venue	Taken place / attending
21 March	Governor Induction Session #1		Corporate Affairs Office	Virtual 1:30 – 4:00pm	√
12 April	Governor Induction #2 What it's like to be a governor / What is holding to account		Led by NHS providers	Virtual 2:00 – 4:30pm	√
07/13 April	Hospital Tours <ul style="list-style-type: none"> Thursday 7 April from 1.00pm, and Wednesday 13 April from 11.00am 		Paul Balson, Head of Corporate Governance	GOSH	√ - 07 April X – 13 April (no governor attendance)
27 April	Council of Governors meeting: <ol style="list-style-type: none"> Mandatory Training – Safeguarding and Prevent (new governors only) Mandatory Training – Information Governance (all governors) Meet the new governors (Claire to lead) 		Corporate Affairs Office	Virtual	
27 April	Planet 1: Our People: what are staff are feeling, the challenges, how we are supporting them. To include our Seen and Heard Strategy and Mind, body and Spirit Framework <i>[rationale: Staff Survey results available and would have gone to board at the end of March]</i> Planet 6: Children's Cancer Centre Update: Overview on progress and development	Planet 1: Make GOSH a great place to work by investing in the wellbeing and development of our people Planet 6: Create a Children's Cancer Centre to offer holistic,	Caroline Anderson, Director of HR&OD and Sarah Ottaway, Deputy Director Zoe Asensio-Sanchez, Director of Space and Place	Virtual	

Attachment S

		personalised and co-ordinated care	Gary Beacham, Children's Cancer Centre Delivery Director		
30 June	Membership Engagement Stall	Representing members	Adetutu Emmanuel, Stakeholder Engagement Manager	The Lagoon, GOSH	
21 June	NHS Providers - Significant Transactions		Led by NHS Providers	Virtual	
14 July	Membership Engagement Stall	Representing members	Adetutu Emmanuel, Stakeholder Engagement Manager	The Lagoon, GOSH	
07 July	Council of Governors meeting		Corporate Affairs Office	Virtual / Face to Face	
	1. National Landscape (NCL and STP World)		Anna Ferrant, Company Secretary		
	2. CQC Update		Nikki Fountain, Business Manager		
	3. GovernorHub – Online Portal Training		Paul Balson, Head of Corporate Governance		
07 July Planet item: Council Meeting	Planet 6: Children's Cancer Centre Update: Overview on progress and development <i>[rationale: in advance of potential significant transaction at July CoG]</i>	Planet 6: Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care	Zoe Asensio-Sanchez, Director of Space and Place Gary Beacham, Children's Cancer Centre Delivery Director	Virtual / Face to Face	
August / September	Hospital Tour		Paul Balson, Head of Corporate Governance	GOSH	
22 September	Membership Engagement Stall	Representing members	Adetutu Emmanuel, Stakeholder Engagement Manager	The Lagoon, GOSH	
09 November	Council of Governors meeting	Holding to account / representing members	Corporate Affairs Office	Virtual / Face to Face	
	1. How we manage risk at GOSH		Anna Ferrant, Company Secretary		
	2. Membership Engagement		Adetutu Emmanuel, Stakeholder Engagement Manager		
09 November Planet item: Council Meeting	GOSH Learning Academy: How far have we come and where do we aspire to be <i>[rationale: Full review going to Board in September]</i>	Planet 3: Developing the GOSH Learning Academy as the first-choice provider for outstanding paediatric training	Lynn Shields, Director of Education	Virtual / Face to Face	
08 December	Membership Engagement Stall	Representing members	Adetutu Emmanuel, Stakeholder Engagement Manager	The Lagoon, GOSH	

Attachment S

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KEY
Council of Governors Meeting and Development Sessions
Development Session within the Council Meeting
Hospital Site Visit
Membership Engagement (Lagoon)
NHSP GovernWell Training Courses

Council of Governors

27 April 2022

Update from the Membership Engagement Recruitment and Representation Committee (MERRC)

Summary & reason for item:

To provide an update from the Membership Engagement Recruitment and Representation Committee. Governors have a duty to represent the interests of the members of the NHS foundation trust and the public. MERRC has a role in supporting Governors in exercising this duty.

This report sets out items that were discussed at the last MERRC held on **24 March 2022** and also includes:

- Membership Statistics Report;
- Update on the launch of the new Membership Strategy for 2022-2025;
- Details of the supporting engagement plan;
- Governor Toolkit and Marketing Materials Suite;
- Governor Election evaluation.

Governor action required:

- Membership Statistics Report: No immediate action is required
- Update on the launch of the new Membership Strategy for 2022-2025: No immediate action is required
- Details of the supporting engagement plan and engagement activity dates:
- Governor Toolkit and materials:
 - Recommend any additional items needed as part of the marketing materials to be developed
 - Generate ideas to take forward that will improve the membership offer and increase recruitment
- Governor Election evaluation: No immediate action is required however we would like Governors to consider ways in which the elections can be better publicized and increase the number of nominations and votes we receive.

Report prepared by:

Adetutu Emmanuel, Stakeholder Engagement Manager

Item presented by:

Adetutu Emmanuel, Stakeholder Engagement Manager

Membership Engagement Recruitment and Representation Committee

At the MERRC meeting held on 24 March 2022 the Committee received reports and had discussions on the following areas:

1. Membership Statistics Report as at March 2022

The committee received a report on the membership figures as at March 2022. 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). The reporting for this quarter had been developed to include members' demographics as requested by the MERRC previously.

Current membership figures

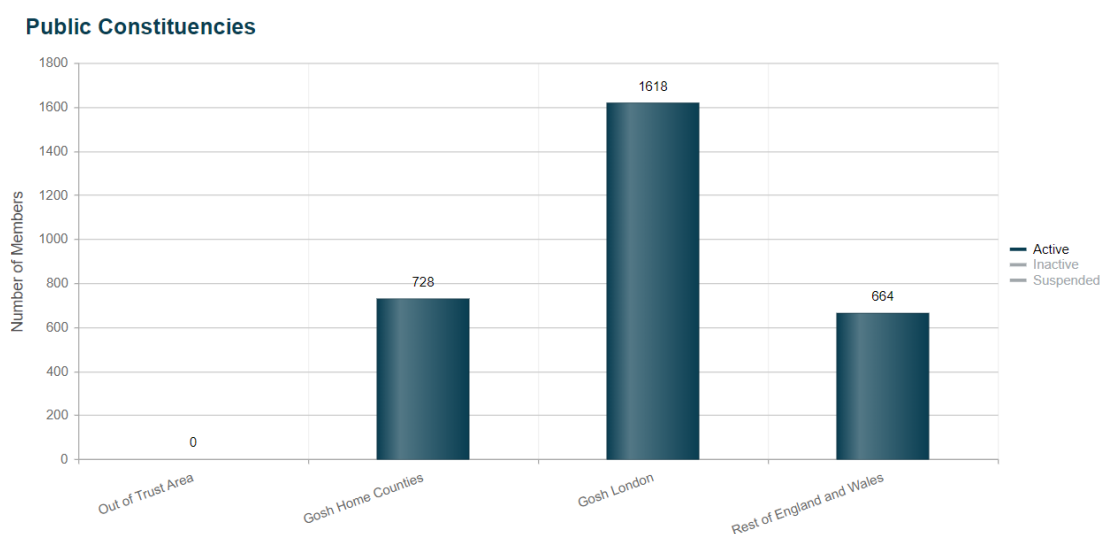
Table 1 shows the overall membership figures for our public and patient, parent and carer constituencies at January 2022, compared with figures in March 2022.

Table 1		
Constituency	Actual figures for end of January 2022	Actual figures for beginning of March 2022
Public	3062 Active // 46 Inactive*	3065 Active // 46 inactive
Patient, Parent and Carer	6712 Active // 78 Inactive // 1Suspended	6713 Active // 78 Inactive // 1Suspended
Total	9774 Active // 124 Inactive // 1 Suspended // 9899 Total	9778 Active // 124 Inactive // 1 Suspended // 9903 Total

* inactive due to incorrect postal addresses

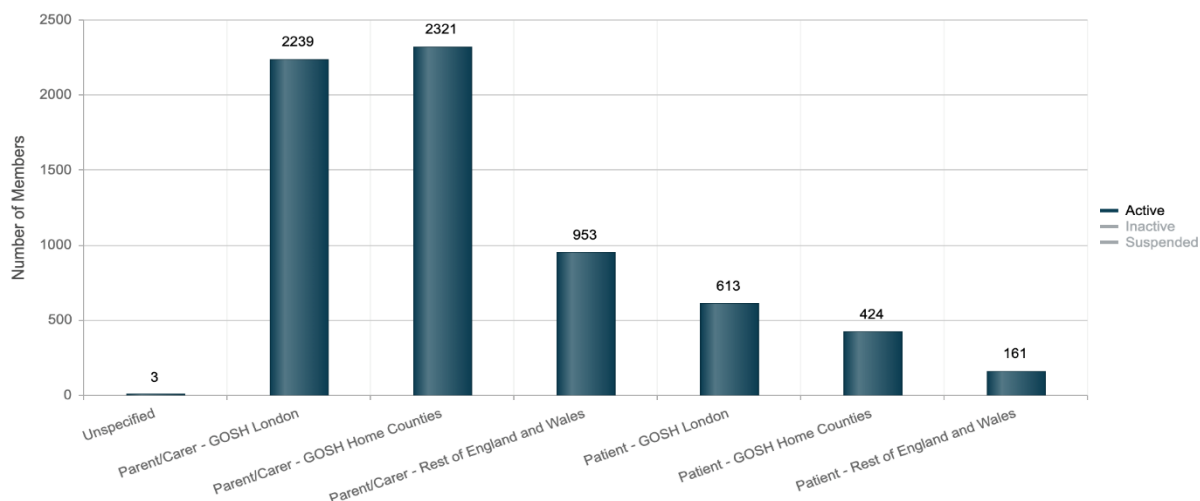
Graph 1 & 2 below show the current breakdown of our membership by region and constituencies according to the new boundaries:

Graph 1:



Graph 2

Patient/Service users Constituencies



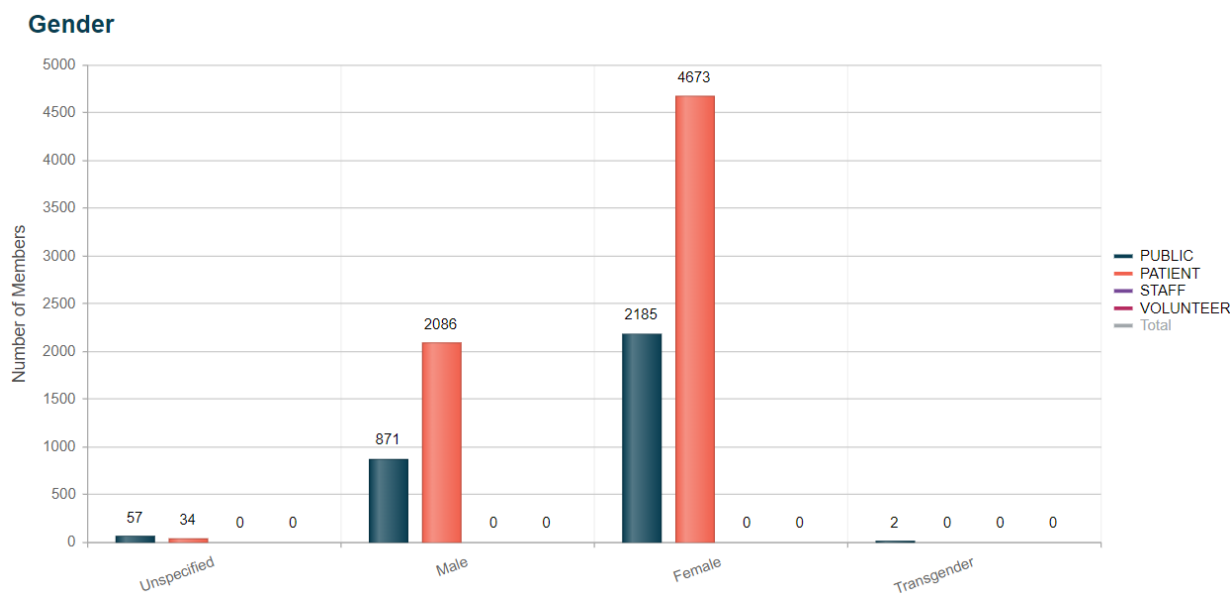
Constituency demographics

Table 2 below reflects the ethnicity breakdown

Table 2				
Area	Ethnicity	Constituency		
		Patient	Parent/Carer	Public
London	White	286	1320	846
	Mixed	53	94	97
	Asian	119	339	278
	Black	93	272	193
	Other	15	51	36
	Not stated	59	180	168
Home Counties	White	359	2001	554
	Mixed	15	33	20
	Asian	22	126	45
	Black	14	69	34
	Other	0	8	1
	Not stated	24	121	74
Rest of England & Wales	White	141	847	501
	Mixed	6	15	6
	Asian	2	41	30
	Black	3	13	28
	Other	2	5	3
	Not stated	8	32	96

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

Graph 3



Constituency	Public	Patient, Parent/Carer
Male	871	2086
Female	2185	4673
Transgender	2	0
Unspecified	57	34

Summary of Committee discussion:

The Committee acknowledged the slight increase in the number of members, particular in the public constituency and the overall increase in female members compared to the last quarter. Thinking about the underrepresented categories the Committee were updated on how the activity plan will support addressing these areas, particular targeting our ethnic minority categories and increasing our male members.

A database cleanse has been done and some members have been made inactive due to incorrect postal addresses. A project of work will be carried out post-election to see if these members can be reinstated.

- Through discussions with the MERRC and with the support of Governors, work will commence to promote the membership and deliver the activity plan for 2022

- As standard, we will look to target young patient and public members (0-21) plus male members in both the patient and public categories and those in the ethnic minority categories.

The Committee queried whether the memberships statistics could be compared to the overall patient population including inner London demographics. The Stakeholder Engagement Manager will investigate whether this is possible for the next meeting.

2. Update on the launch of the new Membership Strategy for 2022-2025

On Monday 4 April 2022 we launched our new membership strategy which was co-produced along with the MERRC and was previously signed off at the last Council meeting. We had our in-house design team finalise the document and its launch was announced on Twitter, to our members via email as well as included in internal channels. The strategy also comes with a strategy on a page document as well as an activity plan covering each theme which are also attached. The strategy can be found on our website [HERE](#). A big thank you to everyone who supported in the creation of this document.

The MERRC will monitor progress against the strategy at each meeting and this will be reported through to the Council of Governors.

3. Details of the supporting engagement plan

We have developed a set of engagement activities for Governors to get involved with and governor volunteers to support these have been requested through the Governor Newsletter. Forthcoming dates for our engagement calendar this year include:

- **Membership stall in the Lagoon:** June 30th, July 14th, September 22nd and December 8th
- **Thursday 26 May // Tuesday 27 September // 4pm:** Virtual 'Meet the team' session for members which will be an opportunity for current and potential members to ask questions and find out more about membership/CoG. This session will have a similar set up to the 'So You Want To Be a Governor' session we run during the elections.
- **Thursday 16 June:** Play Day
- **Wednesday 10 August & Wednesday 19 October** - Hosting in person and virtual listening events on topics that members tell us are important to them
- **Wednesday 7 September** AGM AMM
- **Tuesday 20, Thursday 22, Tuesday 27, Thursday 29 September:** Targeted school and youth group presentations
- **Thursday 22 November Time TBC** Virtual So You Want To Be a Governor' session
- Targeted focus groups sessions for underrepresented categories – no dates set

4. Governor Toolkit and Marketing Materials Suite

The MERRC were presented with a suite of proposed marketing material that will be used to support the delivery of the new membership strategy. The plan is that within the month of May/ Beginning of June 2022 there will be co-production of the Governor toolkit with the MERRC of which first drafts will be submitted at the 9 June MERRC meeting. The toolkit is a set of materials to help governors engage with members and public and will include:

- **Digital items**
 - Membership form
 - Presentation explaining GOSH as a Foundation Trust, Council of Governors, membership, etc)
 - Infographics
 - Videos/GIFs
 - Screensavers for staff devices and main hospital screen
 - Sign up QR code
- **Print items**
 - Membership form
 - Posters
 - Small card/flyer with scannable QR code that links to website
 - Roll up banner
 - Freebies (pop sockets, recycled colouring pencils and mindfulness book, reusable bags)

There will also be inclusion of membership communications in the volunteer's newsletter, internal staff e-bulletins (Headlines) plus the promotion of membership on the staff intranet.

5. Governor Election evaluation

Following our recent election, we evaluated the election campaign and presented the findings to the MERRC, these were:

Election Statistics

- A total of 12 seats were up for election and. they included:
 - Patients and Carers: Parent/Carer from London X2
 - Patients and Carers: Parent/Carer from the Home Counties
 - Patients from Rest of England and Wales
 - Patients from Home Counties X2
 - Patients from London X2
 - Public: London
 - Public: Home Counties
 - Staff X2
- There were 41 nominations in total of which 33 were verified, 7 saved for later (those who applied but did not submit their final applications) plus 1 application which was deemed invalid.
- The Trust was able to successfully appoint governors to all seats, nine of these were contested and two were uncontested.

Engagement and Communications

There were quite a number of ways the election was communicated, and these included the following:

- Creation of a detailed elections page on the GOSH website which held all the election information: <https://www.gosh.nhs.uk/about-us/membership-and-the-council-of-governors/elections/elections-202122/>
- Creation of several internal screensavers used to advertise the elections to staff and patients

- Creation of a series of membership resource videos which featured three Governors talking about their experiences as Governors and encouraged people to join as members and run in the elections
- We held a 'So you want to be a Governor' session on Zoom for those considering putting themselves up for nomination. This was an opportunity for people to hear from some of our Governors, ask questions and find out what it means to be GOSH Governor.
- Creation of the nomination platform on CIVICA website as well as a postal form plus dedicated email addresses branded with GOSH titling
- Continued use of supporting documents with the announcement of nominations which included a 'Who we are' document, an 'Eligibility Criteria' document, an election announcement letter to staff and email receiving members plus an accompanying letter to postal members
- We continued in the use of pictures and videos in the elections in the election
- Articles were published in the staff quarterly magazine Roundabout as well as in editions of the weekly newsletter Headlines as well as at Thursday morning Senior Leader Team (SLT) meetings and the staff wide platform *Big Brief* on several occasions. In one instance of the *Big Brief*, a staff governor was invited to speak about the elections and the roles of a governor.
- The elections were also heavily advertised in the member facing communications channel *Get Involved*
- In line with the robust communications and engagement plan, there was a focus placed on social media interaction which is why we had several posts on Instagram, LinkedIn and Twitter to promote the membership, Council of Governors and Elections
- During the nomination and voting periods, we also had targeted reminder emails to members in order to increase the turn out and voting numbers.

Learnings

Compared to last year, we have been able to fill all seats on our Council however there are still learnings we need to take forward for future elections so that we can improve:

Pre-election commencing

- We need to ensure the elections are publicised across all communication platforms (both online and in person). Because of the pandemic, membership recruitment and Council of Governors' election awareness has been greatly impacted which is why it will need to be factored into the way we work going forward
- Ensuring the correct election processes are followed and enough time is given for the administrative/logistical aspect of the elections to take place
- Continue exploring creative ways to advertise/promote the membership, what it offers and benefits of being a Governor. Ongoing work outlined in the new strategy will seek to address this

During election

- It is important that we seek out new ways to improve the voting turnout. This could be by increasing engagement with members during the election period and harnessing the experiences of current Governors to further encourage members to nominate themselves as well as vote

- It is worth considering the classes of staff Governors we recruit across the Trust to ensure we are representing all staff

Post-election

- Making sure to thank voters and encourage them to partake next time
- Highlight the profiles of new Governors on social media and other comms

Overall, the election process was a success, and it was managed well. Candidates continued to embrace the use of pictures/videos and the result was election of a strong set of Governors who reflect the patients, families, staff and communities we serve. As mentioned, for future elections, we need to make sure our communications are engaging, accessible, and demonstrates the benefits Governors make thereby making the role attractive. Governors also have an important job to do in increasing the awareness of the elections and acting as champions for the membership/ Council of Governors so that voting turnout increases.

We will use these findings to further improve our election campaign for this year. Our planning will commence in September in readiness for nominations to open in November. Below sets out the Elections Schedule for 2022/23

Activity	Date
Trust to send nomination material to election provider	28 October 2022
Notice of Election / nomination open	08 November 2022
'So You Want To Be a Governor' session	24 November 2022
Nominations deadline/Close	06 December 2022
Final date for candidate withdrawal	08 December 2022
Summary of valid nominated candidates published	10 December 2022
Electoral data to be provided by Trust	12 December 2022
Notice of Poll published	09 January 2023
Voting packs dispatched/Elections Open	17 January 2023
Close of election	07 February 2023
Declaration of results	09 February 2023