Meeting of the Trust Board
Wednesday 21 September 2022

Dear Members

There will be a public meeting of the Trust Board on Wednesday 21 September 2022 at 2:15pm in the Charles West Room, Barclay House, Great Ormond Street, London, WC1N 3BH.

Company Secretary Direct Line: 020 7813 8330

AGENDA

	Agenda Item STANDARD ITEMS	Presented by	Attachment	Timing
1.	**Apologies for absence**	Chair	**Verbal**	**2:15pm**
Declarations of Interest All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.				
2	**Minutes of Meeting held on 7 July 2022**	Chair	**M**	
3.	**Matters Arising/ Action Checklist**	Chair	**N**	
5.	**Patient Story**	Chief Nurse	**O**	**2:20pm**
4.	**Chief Executive Update**	Chief Executive	**P**	**2:35pm**
	PERFORMANCE			
5.	**Integrated Quality and Performance Report (Month 4 2022/23) July 2022 data**	Medical Director/ Chief Nurse/ Chief Operating Officer	**Q**	**2:45pm**
6.	**Finance Report (Month 5 2022/23) August 2022 data**	Chief Finance Officer	**R**	**2:55pm**
7.	**Feedback from NED walkrounds**	Chair and Non-Executive Directors	**Verbal**	**3:05pm**
	STRATEGY AND PLANNING			
8.	**GOSH Learning Academy Midpoint Review** **Update on apprenticeships at GOSH**	Director of Education	**S** **T**	**3:15pm**
	ASSURANCE			
9.	**Nursing Workforce Assurance Report** **Safe Nursing Establishment Review August 2022**	Chief Nurse	**U** **V**	**3:35pm**
10.	**Learning from Deaths report- Child Death Review Meetings – Q1 2022/23**	Medical Director	**W**	**3:50pm**
11.	**Infection Prevention and Control Annual Report 2021/22**	Director of Infection	**X**	**4:00pm**

		Prevention and Control		
12.	**Emergency Preparedness Resilience and Response Annual Report 2022/23**	Chief Operating Officer	**Y**	**4:10pm**
13.	**Board Assurance Committee reports** • **Quality, Safety and Experience Assurance Committee – July 2022** • **Finance and Investment Committee Update – July 2022** • **People and Education Assurance Committee Update – September 2022 meeting** *The Audit Committee has not met since the last Trust Board meeting in July 2022*	Chair of QSEAC Chair of the Finance and Investment Committee Chair of the People and Education Assurance Committee	**Z** **1** **Verbal**	**4:20pm**
	GOVERNANCE			
14.	**Review of Standing Orders**	Company Secretary	**3**	**4:35pm**
15.	**Any Other Business** (Please note that matters to be raised under any other business should be notified to the Company Secretary before the start of the Board meeting.)			
16.	**Next meeting** The next public Trust Board meeting will be held on Wednesday 23 November 2022.			

Attachment M

Great Ormond Street Hospital for Children NHS Foundation Trust

DRAFT Minutes of the meeting of Trust Board on 6th July 2022

Present

Sir Michael Rake	Chair
James Hatchley	Non-Executive Director
Chris Kennedy	Non-Executive Director
Amanda Ellingworth	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Professor Russell Viner	Non-Executive Director
Gautam Dalal	Non-Executive Director
Tracy Luckett	Chief Nurse
John Quinn	Chief Operating Officer
Sanjiv Sharma	Medical Director
Helen Jameson	Chief Finance Officer
Caroline Anderson	Director of HR and OD

In attendance

Cymbeline Moore	Director of Communications
Dr Shankar Sridharan	Chief Clinical Information Officer
Margaret Ashworth	Interim Chief Finance Officer (Designate)
Dr Sophia Varadkar*	Deputy Medical Director
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Natalie Hennings	Deputy Company Secretary
Claire Williams*	Head of Patient Experience
Sylvia Chegra*	Associate Director of Space and Place, Patient and Family Site Service
Matthew Fenton*	Chief of Service, Heart and Lung Directorate
Dagmar Gohil*	Head of Nursing and Patient Experience, Heart and Lung Directorate
Peter Sidgwick*	Co-Deputy Chief of Service, Heart and Lung Directorate
Michelle Nightingale*	Named Nurse for Safeguarding
Francine Hill*	Associate Director of Space and Place, Strategy, Quality and Safety
Nick Martin*	Head of Sustainability and Environmental Management
Dr Philip Cunnington*	Associate Medical Director and Responsible Officer
Mark Hayden	Governor (observer)
Constantinos Panayi	Governor (observer)
Jackie Gordon	Governor (observer)
2 members of the public (observers)	

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

54	**Apologies for absence**
54.1	Apologies for absence were received from Matthew Shaw, Chief Executive.

55	**Declarations of Interest**
55.1	No declarations of interest were received.
56	**Minutes of Meeting held on 25 May 2022**
56.1	The Board **approved** the minutes of the previous meeting.
57	**Matters Arising/ Action Checklist**
57.1	The actions taken since the previous meeting were noted.
58	**Chief Executive Update**
58.1	John Quinn, Chief Operating Officer said that work continued to maximise activity in order to treat the backlog of patients. Staff had worked well during rail strikes and despite causing significant travel disruption, a large proportion of activity had continued; in some areas this had been more than 90%. Shankar Sridharan, Chief Clinical Information Officer said that there had been good clinic attendance from patients and families who were keen to maintain their appointments and it was important that GOSH was able to continue to provide services as far as possible.
58.2	The Trust was working with the Children's Hospital Alliance on health inequalities and had hosted a webinar on the role of children's hospitals in the context of health inequalities.
58.3	GOSH had celebrated Clean Air Day by hosting Play Street which was visited by the Mayor of London. Great Ormond Street had been closed for the afternoon and the street had become a play area. The street usually had pollution levels which were above the WHO safe limits and the team had discussed children's rights to clean air, particularly during hospital visits, with the Mayor of London.
59	**Finance Report Month 2 (2022/23)**
59.1	Helen Jameson, Chief Finance Officer said that the year-to-date financial position was £8.2million deficit which was £2.4million adverse to plan. This was partly driven by a reduction in NHS income as a result of a smaller block contract, and also the loss of non-NHS income support in 2022/23. IPP income was increasing as was the number of referrals.
59.2	Cash remained strong but had continued to reduce since year end. A significant proportion had been spent on the Trust's capital plan and the cash position would continue to be monitored.
59.3	Sir Michael Rake, Chair said that it would be a challenging year financially and it was vital to ensure that whilst work continued to meet the Better Value targets there was no adverse impact on the quality and safety of services.
60	**Register of Seals**
60.1	The Board **endorsed** the use of the company seal.

61	**Draft Code of Governance and Draft Addendum to Your statutory duties – reference guide for NHS foundation trust governors**
61.1	Anna Ferrant, Company Secretary said that a draft Code of Governance had been issued by NHS England in May 2022 and was currently out for consultation until July 2022. It would replace the Code of Governance which had been in place since 2014 and included a focus on equality, diversity and inclusion highlighting the context of Integrated Care Systems. Under the revised constitution Governors would be required to consider the views of constituents from throughout the ICS and GOSH's Council of Governors already included representation from England and Wales as a whole. Anna Ferrant confirmed that work would now take place to consider how the updated Code of Governance impacted current governance processes, Board and Assurance Committee Terms of Reference and papers.
62	**Appointment of Deputy Chair and Senior Independent Director**
62.1	Anna Ferrant confirmed that Akhter Mateen had now stepped down from his role as Non-Executive Director and Gautam Dalal was now a substantive NED. Akhter Mateen had been Deputy Chair and this was a role appointed by the Council of Governors, taking into account the views of the Board. It was proposed that James Hatchley, current Senior Independent Director took this on in addition to his SID role. An extension of one month was also being sought to James Hatchley's tenure and, subject to approval by the Council of Governors, he would step down from the Board on 30th September 2022. Following this it was proposed that Amanda Ellingworth would take on the roles of Deputy Chair and SID.
62.2	The Board agreed to **support** the proposals to appoint James Hatchley as Deputy Chair until the end of his tenure and to **support** the appointment of Amanda Ellingworth as Deputy Chair from 1 October 2022 and **approve** the appointment of Amanda Ellingworth as Senior Independent Director from 1 October 2022.
63	**Patient Story**
63.1	Claire Williams, Head of Patient Experience presented a patient story by video from Emma, the mother of a 14-year-old GOSH patient, Connie, who was under a number of different specialties at GOSH. Emma said that Connie's care had been excellent, and nurses had been compassionate and welcoming during emergency admissions. She said that she had had a challenging experience around patient transport which had been delayed and she had not been provided with accurate information throughout the time she been waiting. This meant that she had not been able to make alternative arrangements and she and Connie had not arrived home until late at night.
63.2	Emma had made a complaint about the experience and had been satisfied with the outcome. She said that it was important that learning was implemented to ensure that she and Connie and other families did not have the same experience.
63.3	Emma said that the lifts in the Royal London Hospital for Integrated Medicine (RLHIM) were often out of service with only one lift working and, as Connie was a wheelchair user, there was often a delay in being able to get to an appointment which was frustrating. Emma also knew of only two changing places in the Trust which was challenging when coming for an outpatient appointment. She said that

	the cumulative effect of these issues was frustrating particularly when a parent was apprehensive or stressed about an appointment.
63.4	**Action:** Claire Williams said that the RLHIM was owned by UCLH and there was an agreement in place to replace the lifts however work would not begin until 2023. Sir Michael Rake said that the delay was not acceptable, and the use of lifts was vital for patient and family experience and to ensure that they could move safely around the hospital. He requested that this was escalated within UCLH. John Quinn said that work would take place at the same time to improve the size of the lifts which were currently small and agreed to raise the matter with Matthew Shaw for raising with the Chief Executive of ULCH. Sanjiv Sharma, Medical Director said that lifts across the GOSH site were monitored at the weekly safety meeting. Many of the lift parts were from Europe and had been substantially delayed since Britain's exit from the EU.
63.5	Claire Williams said that there were five changing spaces in the Trust and it was important that staff were aware of this so it could be communicated with families.
63.6	Sylvia Chegra, Associate Director of Space and Place for Patient and Family Site Service said that a new transport provider had joined the Trust on 1st March 2022, and they said that they had not been aware of the number of long distance journeys which would be required which impacted the availability of drivers. They had doubled the number of High Dependency Unit vehicles and work was taking place to review complaints which could be remedied by immediate actions such as investing in additional baby and child seats. Consideration was being given to the role of the member of staff on the transport desk in order for them to act as a liaison between patients and families and transport. A workshop had been established which included a number of different users of the transport service, PALS and the Patient Experience Team and would consider what worked well and the drivers of complaints and PALS contacts.
63.7	**Action:** Discussion took place around the decision to move to a new transport provider and the procurement process which had taken place. Sir Michael Rake requested that the procurement process was reviewed to be clear about the information that providers were given about GOSH's requirements.
64	**Clinical Directorate presentation: Heart and Lung Directorate**
64.1	Matthew Fenton, Chief of Service for Heart and Lung Directorate gave an overview of the directorate profile which included intensive care, cardiology and cardiothoracic specialities as well as ECMO. The key challenges in the directorate including recovering the backlog of patients in cardiac surgery and ensuring that there was capacity to meet demand for the service. Substantial focus was being placed on culture in the directorate and the staff survey for the area showed that although staff had a strong sense of purpose and felt that the work was challenging, they also felt stressed, burnt out and were working additional hours. Work was focusing on psychological safety and the principles of the 'Civility Saves Lives' initiative.
64.2	The Board welcomed the work that was taking place in the directorate, particularly around culture. James Hatchley, Non-Executive Director noted the issues with capacity in the area and asked whether there were particular bottlenecks outside of the number of available beds. Matthew Fenton said that a surgeon had been recruited which would support cardiac surgical capacity from August however many patients were highly complex and not all surgeons could

	treat all patients. Peter Sidgwick, Co-Deputy Chief of Service said that it was important that there was capacity in the Trust as a whole to step down long stay patients. Matthew Fenton said that it was important to take an iterative approach to the issue of capacity and added that additional beds alone would have a substantial impact in capacity overall. John Quinn said that it was vital that the directorate completed a demand and capacity analysis to ascertain the actual capacity of the directorate.
64.3	Amanda Ellingworth, Non-Executive Director said that the Board was prioritising the development of an open and transparent culture and asked for a steer on the action the Trust could take to move forward with this. Matthew Fenton said that the directorate was focusing on psychological safety and considering the work on just cultures from the airline industry. He said that it was important to set behavioural expectations and be able to challenge colleagues on this and added that there was a considerable appetite in the Trust for this work although culture change would take time.
64.4	The Board welcomed the work being undertaken in the directorate and noted the focus on partnership working.
64.5	**Action:** Sir Michael Rake said that it was important to ensure there was sufficient time given to directorate presentations and discussion on the Board agenda and it was agreed that in future, consideration would be given to the time required.
65	**Annual Safeguarding Report 2021/22**
65.1	Michelle Nightingale, Named Nurse for Safeguarding said that the focus of the safeguarding team throughout the year had been embedding the learning arising from Operation Sheppey and developing the service. A dashboard had been developed to enable the team to respond to the CQC Key Lines of Enquiry and support the development of a strategy and allocation of key workstreams to named members of the team. There had been an investment in the team to prepare for Liberty Protection Safeguards which would come into place for April 2023 and 14 professionals from safeguarding, social work and learning disabilities had been trained to be Best Interest Assessors.
65.2	Amanda Ellingworth said that the annual safeguarding report had been reviewed by the QSEAC which had welcomed to the focus on areas where there were previously gaps.
65.3	James Hatchley asked if the COVID pandemic had impacted the work of the safeguarding team and Michelle Nightingale said that the level of social deprivation in the community had increased and there was a strong correlation between social deprivation and child abuse, neglect, mental health conditions and domestic abuse. She said that people in the community including patients and families were experiencing higher levels of stress and this was also impacting the team's work.
66	**Integrated Quality and Performance Report: May 2022 data**
66.1	John Quinn said that some changes had been made to the report based on feedback from the Board and further information on activity and referral to treatment targets was now included. Sanjiv Sharma said that progress was being

	made with Duty of Candour and highlighted that of the currently open cases only one was overdue.
66.2	Tracy Luckett, Chief Nurse said that all patient experience indicators were rated green with the exception of complaints as there had been a significant increase in the number of complaints received in June against the monthly average. A large proportion of the complaints had been related to transport and another theme was around communication. Tracy Luckett noted that as activity increased it was likely that there would be a corresponding increase in complaints and PALS contacts, however the increase in complaints was substantially beyond the expected levels.
66.3	Gautam Dalal, Non-Executive Director highlighted the number of medication incidents which had taken place and asked about the nature of these incidents. Sanjiv Sharma said that majority of these incidents were prescribing errors and emphasised the importance of developing and maintaining a high reporting culture.
66.4	John Quinn said that the Finance and Investment Committee had discussed access data at their last meeting. The focus of the NHS as a whole was on long waiting patients and four GOSH patients had waited over 104 weeks which had reduced to two since the report had been written. The Trust was on target to schedule the remaining patients to be seen by the end of July 2022 as required. Diagnostic waits were also improving and at a faster rate than referral to treatment waits.
66.5	James Hatchley asked whether there had been any experience of the clinical prioritisation process which had shown that the prioritisation of particular cohorts should be approached in a different way. John Quinn said that work continued to prioritise patients on the basis of clinical need into four categories P1 – P4 and clinicians reviewed their patients and moved them between the priorities as appropriate. Sanjiv Sharma said that the Trust was an early adopter of the Royal College of Surgeons' clinical prioritisation framework and had adapted it to widen its remit to medical specialties. Shankar Sridharan said that clinical prioritisation was embedded into Epic and was a dynamic process which clinicians understood to be part of their role.
67	**Independent Review of the effectiveness of the Trust's Safety Procedures**
67.1	Sanjiv Sharma said that the Trust had worked with external organisations to develop Quality and Safety Strategies setting out a vision for the Trust's progress over three to five years. The pace of implementation had slowed during the pandemic, but work continued to move forward. Operational delivery plans had been developed and a consultation had taken place to ensure that the quality and safety teams were appropriately resourced which had led to significant investment in the area. A good relationship had been developed with Patient Safety Learning and Action Against Medical Accidents (AvMA) who had provided feedback on work so far.
67.2	The Trust had been keen to commission a review of safety processes and the actions taken when things go wrong. An independent report had been commissioned from Verita and the report reflected GOSH's position at the beginning of 2022. The recommendations made in the review had helped to inform the quality and safety strategies and the Chief Executive of Patient Safety Learning had led a Board Development Session. Verita had also discussed its report with the Board. The action plan had been reviewed by Patient Safety

	Learning to ensure that it was sufficiently ambitious for GOSH to become system leaders in this area and it was aligned with the Blueprint for Action. It was being monitored by the QSEAC on a 6 monthly basis and much of the work had already begun.
67.3	The work undertaken had been shared with NHS England who had welcomed the progress, and the CQC.
67.4	Sanjiv Sharma said that GOSH had been invited to a parliamentary reception as a result of the patient safety work and had been invited to give keynote speeches on the topic.
68	**Sustainability at GOSH: Annual Sustainability report 2021/22**
68.1	Francine Hill, Associate Director of Strategy, Quality and Safety for Space and Place said that work had taken place throughout the year to establish an appropriate governance structure which encompassed 10 programmes of work and fed into the Above and Beyond Oversight Group via the Sustainability Programme Board.
68.2	There was currently a gap between the organisation's commitment and the progress made by the team. One of the areas in which there was a gap was around establishing a CO_2 baseline which had proved challenging. A task and finish group had been developed to support this.
68.3	James Hatchley noted the substantial support from staff throughout the Trust and asked how far the required activity was understood by staff in a way that would impact behaviour. Nick Martin, Head of Sustainability and Environmental Management said that there tended to be a core group of staff engaged in specific projects such as around anaesthetic gases. He added that there had been excellent engagement from staff involved in the ten programmes of work.
68.4	Chris Kennedy, Non-Executive Director said that champions were embedded in directorates and there were action plans in place. He said that although good work was taking place it was important to ensure that appropriate data had been accurately measured. He said that GOSH's progress when compared to other organisations was good however work was required to link quantitative results to targets.
68.5	Suzanne Ellis, Non-Executive Director said that the target for each area had not been clear from the paper along with the way in which each piece of work contributed to the target. She said that it would be helpful to understand the projected impact of each proposed project and to begin to understand the areas that the Trust would look to influence in the longer term such as supply chains as this work would have a longer lead time. Suzanne Ellis added that linking data, digitalisation and sustainability would propel the Trust forward.
69	**2022/23 Business Plan and Budget**
69.1	Helen Jameson said that a bottom-up budget setting process had begun in October 2021 and this was the first year in which Trusts had been required to submit plans as part of a system. All Integrated Care Systems (ICSs) had been required to submit breakeven plans and North Central London (NCL) ICS had done this in June 2022. Trusts within NCL had submitted plans with differing year

	end outturns and GOSH's projected outturn was £10.6million deficit. This included a capital allocation of £15million and anticipated that the Trust's cash reserves would reduce through the year.
69.2	James Hatchley, Chair of the Finance and Investment Committee said that the plan was very demanding and was primarily dependent on two areas: Better Value and an increase in International and Private Care revenue. He said that the proposed Better Value programme was the largest that GOSH had developed and was in the context of a backlog of patients and substantial inflationary pressures.
69.3	The Board **approved** the Trust's 2022/23 financial plan.
70	**National cost collection submission**
70.1	Helen Jameson said that all Trusts were required to report the annual national cost collection and GOSH had been allocated the week of 8th August for submission. Trusts were also required to provide a pre-submission report to the Board providing assurance around costing processes.
70.2	The paper had been reviewed by the Finance and Investment Committee (FIC) and the team was reviewing the data for validation errors. The Board **approved** delegation to the Executive Management Team responsibility for approving the final national cost collection as recommended by the FIC.
71	**Board Assurance Committee reports**
71.1	<u>Quality, Safety and Experience Assurance Committee – 30 June 2022 meeting</u>
71.2	Amanda Ellingworth, Chair of the QSEAC said that the committee had reviewed new format of the Medical Director's report which focused on learning and considered the changing landscape going forward. The Terms of Reference for the review of national decision making around COVID19 had been updated to include consideration of children and the committee had emphasised the importance of using the Trust's voice to highlight the impact of national decision making on children.
71.3	The Committee had received a report on clinical audit and had noted the good work taking place in the area but had also recognised that much audit activity, such as that undertaken by nurses and Allied Health Professionals, would not be captured as part of the clinical audit report.
71.4	<u>Audit Committee Assurance Committee Update – 25 May 2022 meeting</u>
71.5	James Hatchley, Audit Committee Member said that the meeting had focused on the year end reports and had recommended the Annual Report and associated documents and the Annual Accounts to the Board for approval. The Committee had also noted the Head of Internal Audit opinion which was significant assurance with minor improvement opportunities in line with the previous year.
71.6	<u>Finance and Investment Committee Update –21 June 2022 meeting</u>
71.7	James Hatchley, Chair of the FIC said that the committee was focusing heavily on the Children's Cancer Centre and a plan had been developed to enable the FIC

	members to scrutinise chapters of the Full Business Case prior to Trust Board submission in September 2022. The proposal to develop a health alliance between Trusts in North Central London had been reviewed and an extraordinary meeting had been convened to provide the required approvals.
71.8	<u>People and Education Assurance Committee Update – 22 June 2022 meeting</u>
71.9	Kathryn Ludlow, Chair of PEAC said that the committee acknowledged the challenges to staff wellbeing given the pressures internally and the external environment. Committee meetings would have themes going forward and the theme of the most recent meeting had been seen and heard. An updated had been received on diversity and inclusion and it was clear that progress was being made, and presentations had been received from the Pride and REACH staff networks.
71.10	James Hatchley welcomed the work of the PEAC and emphasised the value of a committee which was focused on people.
71.11	Gautam Dalal, Non-Executive Director noted that GOSH had a lower proportion of staff from a BAME background than the London average and asked about the work that was taking place in this area. Caroline Anderson, Director of HR and OD said that the Trust had traditionally had low representation from staff from a BAME background and this had become a focus. Work had taken place on the employer brand and the way in which roles were described as well as the composition of interview panels. Kathryn Ludlow said that nursing had made excellent progress in this area and it was important to learn from their work.
71.12	**Action:** It was agreed that Suzanne Ellis and Gautam Dalal would be given dates for the assurance committee meetings that they did not sit on to observe meetings when possible.
72	**Responsible Officer Annual Report 2021/22**
72.1	Philip Cunnington, Associate Medical Director and Responsible Officer said that it had been a busy and productive year and the majority of the action plan set in the previous year's report was complete. New software to support appraisal was undergoing procurement and good progress was being made in ensuring that appraisal was a personalised exercise.
72.2	Amanda Ellingworth expressed disappointment that patient feedback was a key reason for the deferral of appraisals and asked if this was being followed up. She noted that take up for wellbeing training as part of appraisal was low. Philip Cunnington said that this was a primary cause of deferrals nationally however the mechanism for providing the feedback was not user friendly. He said that real time patient feedback processes would be an optimal solution. Wellbeing training had been piloted with a small group and work was taking place to ensure that this became a competency which was available to all staff.
72.3	The Board **approved** the statement of compliance for signing by the Chief Executive.
72.4	**Action:** It was agreed that the impact on patient safety would be added to the coversheet for all papers.

72	**Any other business**
72.1	Sir Michael Rake noted that it was Helen Jameson's last meeting as she would leaving GOSH in mid-June. He thanked her for her work to support the Trust in an increasingly challenging environment over the last 6 years.

Attachment N

TRUST BOARD – PUBLIC ACTION CHECKLIST
September 2022

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
160.11	02/02/22	An update had been provided to PEAC on apprenticeships and the committee had noted that this important project was funded by the GOSH Children's Charity. It was agreed that consideration would be given to reviewing this at Trust Board.	CA	July 2022 September 2022	On agenda
24.10	25/05/22	Amanda Ellingworth said that it was important to note that the Children's Cancer Centre would not be delivered for a number of years and there was also a risk around it continuing to be relevant and fit for purpose. It was agreed that this would be made explicit as part of the BAF risk.	AF, Gary Beacham	July 2022	**For approval:** The RACG considered the Board action and agreed that the risk statement be amended to ensure that the risk of time elapsing and the building remaining relevant and fit for purpose was added at the end of the risk statement: • Risk of time elapsing and the building remaining relevant and fit for purpose
25.1	25/05/22	It was agreed that updates on health inequalities would be provided to the Board on a 6 monthly basis.	TL	November 2022	Not yet due
63.4	06/07/22	<u>Patient Story</u> Claire Williams said that the RLHIM was owned by UCLH and there was an agreement in place to replace the lifts however work would not begin until 2023. Sir Michael Rake said that the delay was not acceptable, and the use of lifts was vital for patient and family experience and to ensure that they could move safely around the hospital. He requested that this was escalated within UCLH. John Quinn said that work would take place at the same time to improve the size of the lifts which were currently small and agreed to raise the matter with Matthew Shaw for raising with the Chief Executive of ULCH.	MS	September 2022	Update included in CEO Update to Board

Attachment N

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
63.7	06/07/22	Discussion took place around the decision to move to a new transport provider and the procurement process which had taken place. Sir Michael Rake requested that the procurement process was reviewed to be clear about the information that providers were given about GOSH's requirements.	ZAS	September 2022	The NEPTS tender process was managed in partnership with GSTT in line with the procurement process for the tendering of contracts. The tender process commenced in April 2021. As part of the data pack provided for prospective bidders, the previous 3 years of patient transport data, reflecting the number of journeys, distances travelled, and the type of transport required for the various journeys was included. During part of the tender process all suppliers had the option to ask any clarification questions before bidding for the business and all participated in a supplier day where they presented on their proposal and ask any questions of the trust that they may have had including questions on the information pack or specification that was issued as part of the tender.
64.5	06/07/22	Sir Michael Rake said that it was important to ensure there was sufficient time given to directorate presentations and discussion on the Board agenda and it was agreed that in future, consideration would be given to the time required.	AF	September 2022	No presentation at this meeting but noted for future meetings.
71.12	06/07/22	It was agreed that Suzanne Ellis and Gautam Dalal would be given dates for the assurance committee meetings that they did not sit on to observe meetings when possible.	AF	July 2022	Actioned – meeting dates shared and NEDs observing assurance committee meetings
72.4	06/07/22	It was agreed that the impact on patient safety would be added to the coversheet for all papers.	AF	September 2022	Actioned and used at this meeting and onwards. Coversheet also includes reference to equality implications in

Attachment N

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
					light of redefined role of the Trust Board

Attachment O

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
21 September 2022

Patient Story: Experiences of GOSH as a Research Hospital **Submitted by** Tracy Luckett, Chief Nurse **Prepared by** Claire Williams, Head of Patient Experience/ Lauren Telaldi, Head of Research and Innovation Communications	**Paper No: Attachment O** □ **For information and noting**

Purpose of report
The Great Ormond Street Hospital Patient Experience Team works in partnership with ward and service managers, clinical teams, the Patient Advice and Liaison Service (PALS), and the Complaints and Patient Safety Teams to identify, prepare and present suitable patient stories for the Trust Board. The stories ensure that experiences of patients and families are heard, good practice is shared and where appropriate, actions are taken to improve and enhance patient experience.

Summary of report
Charlie, aged 7, was diagnosed with a rare form of Haemophilia B* from birth. Several treatments have been unsuccessful, and Charlie is naturally resistant to conventional drugs used to treat Haemophilia B. Charlie is now the first patient to receive a new drug via a pen injector as part of an innovative research trial at GOSH.

Hannah, Charlie's mum, will attend Trust Board in person, along with representatives from the Research and Innovation directorate. Hannah will talk about:

- Charlie's condition and treatment prior to the trial and how this affected him and Hannah day to day
- Charlie and Hannah's experiences of the trial and the difference this has made for them
- Their impressions of GOSH and how we can make things better.

**Haemophilia is a rare condition that affects the blood's ability to clot. It's usually inherited and effects almost exclusively boys. Children with the condition are unable to produce a specific protein that helps blood to clot.*

Children with haemophilia often suffer from nosebleeds, bruising and painful bleeding into joints and muscles, and skin that bruises easily. Without treatment, symptoms are likely to worsen as children get older, leading to severe joint paint and the need for walking aids alongside increased hospitalisation.

Action required from the meeting
For information

Contribution to the delivery of NHS Foundation Trust priorities	**Contribution to compliance with the Well Led criteria**
□ **PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people** □ **Quality/ corporate/ financial governance**	□ **Culture of high-quality sustainable care** □ **Engagement of public, staff, external partners** □ **Robust systems for learning, continuous improvement and innovation**

Attachment O

Strategic risk implications TBC
Financial implications Not Applicable
Implications for legal/ regulatory compliance • The Health and Social Care Act 2010 • The NHS Constitution for England 2012 (last updated in October 2015) • The NHS Operating Framework 2012/13 • The NHS Outcomes Framework 2012/13
Consultation carried out with individuals/ groups/ committees N/a
Who is responsible for implementing the proposals / project and anticipated timescales? Head of Patient Experience
Who is accountable for the implementation of the proposal / project? Chief Nurse/ Research and Innovation
Which management committee will have oversight of the matters covered in this report? Patient and Family Experience and Engagement Committee/ Quality Safety and Assurance Committee

Attachment P

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board 21 September 2022	
Chief Executive's Report **Submitted by: Matthew Shaw, Chief Executive**	**Paper No: Attachment P** **For information and noting**
Purpose of report Update on key operational and strategic issues.	
Summary of report An overview of key developments relating to our most pressing strategic and operational challenges, namely: • Pandemic recovery: including expediting activity and access to care for children's and young people, including work with system partners • Stabilising our financial position: Financial sustainability and advocating for a fair settlement for children and young people with complex health needs • Transformation to improve systems, processes and capabilities: Projects and programmes that support our quadruple aim to improve access, quality and value and support our staff.	
Patient Safety Implications • No direct implications (relating to this update in isolation).	
Equality impact implications • No direct implications (relating to this update in isolation).	
Financial implications • No direct implications (relating to this update in isolation).	
Action required from the meeting • None – for noting	
Implications for legal/ regulatory compliance Not Applicable	**Consultation carried out with individuals/ groups/ committees** Not Applicable
Who is responsible for implementing the proposals / project and anticipated timescales? Executive team	**Who is accountable for the implementation of the proposal / project?** CEO
Which management committee will have oversight of the matters covered in this report? Executive team	

Remembering our patron – Her Late Majesty Queen Elizabeth II

The GOSH community has been deeply saddened by the death of our Patron, Her Majesty the Queen, who had a long-standing relationship with GOSH. We express our deepest sympathies to the Royal Family especially for their great personal loss, and to the nation for its profound sadness at this time.

The Queen had a long history with GOSH, visiting the hospital in 1952 during the hospital centenary celebrations and again in 2002 to mark its 150th birthday in the year of her Golden Jubilee.

She became Patron for the hospital in 1965, officially opening the first purpose-built building for the Institute of Child Health the following year and visiting again in 1977.

During her reign she attended two cultural events which fundraised for the Hospital, a Christmas performance of 'Peter Pan' at the Barbican in 1982 and the memorial concert for Diana, Princess of Wales in December 1997.

It was in her role as patron she sent a letter of thanks to charitable supporters of GOSH following *The Independent* and *London Evening Standard*'s Give to GOSH appeal in 2015, which raised over £3 million.

The letter, signed by 'Elizabeth R', said, "As one of the world's leading children's hospitals, Great Ormond Street offers a beacon of hope to thousands of children from across the U.K. and beyond every year." The Queen signed off by giving her best wishes "to all the patients, families and staff at Great Ormond Street".

As per national protocol, the Union Jack flag outside the main hospital building was at half-mast until 8am the day after the funeral and a wreath was placed at the main entrance. A book of condolence has been set up to allow GOSH staff to express their sentiments and we will be writing to the Royal Family to share our sympathies.

We provided staff with guidance and resources on our intranet pages (Our GOSH), sharing the latest on what the national period of mourning would mean for events and patient activity at the hospital, as elective and outpatient activity was stood down to allow people to pay their respects. We have also shared information on the support available for those experiencing feelings of grief.

Supporting pandemic recovery

Our teams continue to maximise activity, working closely with our system partners to recover backlogs of care. Activity remains high at around 103-4 per cent of pre-pandemic levels, and we have managed to see a significant number of patients who have been on waiting lists.

However, despite high throughput of activity and targeted actions to address waits, our progress on our referral-to-treatment position has started to reverse. There are a number of complex drivers behind this which our teams are working hard to understand and address.

Given that staff continue to go above and beyond to support recovery, it is essential that we recognise the toll this can take on our teams. I have been visiting wards and clinical areas regularly to get some insight into how staff are coping on the front line of care and I continue to be inspired by their resilience, commitment and skill for problem solving. We very much

looking forward to recognising their efforts more formally during our upcoming staff 'Thank You Week', which has unfortunately been delayed due to the period of national mourning.

It is equally important to recognise the pressures that our management teams have been under, juggling multiple competing priorities – seeing as many patients as possible while ensuring services remain safe, delivering more activity while finding cost savings, and looking after our staff while delivering on our commitment to 'never say no' to admitting a child that needs our help. Succeeding on all fronts is a huge challenge, and we will need to spend some time working with our management teams over the coming weeks to offer support to help them feel as well equipped as possible for the challenges to come.

Given the ongoing pressures on staff it is also important to note the intention of several unions to ballot and the potential for strike action over the coming months. We are working closely with our union representatives to monitor and plan for this and provide what support we can to ensure that the hospital is kept safe during any periods of disruption.

Nationally, we have continued to work with colleagues across the Children's Hospitals' Alliance to highlight the importance of ensuring that children and young people can benefit from their fair share of national funding for elective recovery. We have not yet been able to secure central funding for our proposed pan-alliance virtual wards programme, but we understand that there may be some funding coming forward to run some smaller scale pilot projects to further develop the case for virtual wards in paediatrics.

Supporting our people - well-being payments for staff

Our colleagues' health and wellbeing is of the utmost importance and at GOSH we continue to provide a range of financial support to staff, including access to discounts, season ticket loans, financial and debt management advice via our employee assistance programme, and access to London Credit Union.

In response to the current financial climate we have consolidated and promoted existing resources, and expanded the offer to include practical support, for example:

- We now have an advisor from Citizens Advice Bureau (CAB) on-site for staff to access in person advice and support – including debt and budget advice, access to benefits, legal and immigration advice.
- GOSH is now a referring agent for foodbanks – meaning that, via the CAB advisor, staff can access foodbanks.
- With the support of the GOSH Charity, a hardship fund has been set up. Following a meeting with the CAB advisor to ensure all other avenues of support have been explored, staff to apply for a grant of up to £500 to help with immediate, unexpected financial hardship.

At the time of writing a small number of applications have been received and 11 grants have been paid. All staff seeking to access the fund have been signposted to available support and resources.

Annual General Meeting (AGM) 2022

Our AGM and Annual Members meeting took place early in September and we were pleased to hold the meeting in person for the first time since 2019.

We celebrated our partnerships and how they've helped shape our success in 2021 and 2022 and we took this as an opportunity to look back on our achievements over the last 12 months. 2021/22 continued to be a very tough year, in particular with the Omicron variant leaving the Hospital with its highest sickness and absence rates. It is thanks to the determination and hard work of our staff that we were able to look back on another year in which we went Above and Beyond support our patients and their families, while continuing to build for the future.

Throughout the year, the focus remains on making GOSH a great place to work, focusing our priority on the health and well-being of our staff. It has included working towards a more diverse workforce and inclusive culture. Our staff networks have been instrumental in this work, and we continue to support their priorities in the coming year of increasing awareness and creating a sense of community for the LGBTQIA+; career development on running a external leadership course for Inspirational Women of the Year; increase and promote visibility of REACH and amplify marginalised voices and staff.

We are grateful to our Lead Governor, Beverly Bittner-Grassby, for reflecting at the meeting on the achievements of our Council of Governors, and their priority to develop a Membership Strategy of Digital Innovation and Connectivity, anchored in expert knowledge, inclusivity and sustainability.

Gary Lineker visits GOSH

We were delighted to welcome Gary Lineker to the hospital as part of a fundraising launch with Cure Leukaemia. During the visit Gary and his son, George, who was treated for leukaemia at GOSH, visited Fox and Robin ward. Lead by Professor Persis Amrolia, they spoke with some of the nurses who cared for George when he was at GOSH and visited one of our current patients.

No Future Activity Programme

In addition to providing intensive support to drive through activity and track and monitor performance, our Trust data and operational teams have been working intensively over recent months to resolve an increased volume of patients with 'No Future Activity' (NFA) recorded in Epic.

This increase arose as a result of a technical issue with our implementation of the GOSH Epic system, and we have flagged this with NHSE digital colleagues to support system-wide learning. Significant progress has been made to review and resolve open pathways and we identified one incidence of harm. We are on track to resolve the backlog by October 2022 and will continue to report on progress through performance reporting governance, with escalation to the Board if any issues arise with progress.

Partnerships

Children's Hospital Alliance

We continue to work actively with the Children's Hospitals Alliance across workstreams on Elective Recovery, Innovation, Health Inequalities and Advocacy. The partnership has been selected as a finalist for the HSJ award for Performance Recovery, recognising the success of the Paediatric Accelerator in reducing the impact on Children and Young People affected by service disruption relating to the pandemic. It has also made progress in securing funding for paediatric virtual wards, provided clinical experts to engage with NHSE teams on strategic discussions on Urgent and Emergency Care and is developing a pilot programme for a tool to support clinical decision-making for children on waiting lists.

University College London Hospital

We are delighted that this month will see the first meeting of a new partnership board with UCLH to support strategic alignment of our services to enhance the care we both offer for children and young people, support learning and advance discovery.

Historically our two organisations have collaborated extensively on the design and delivery of clinical services for babies, children and young adults in services including Cancer, Rheumatology, Endocrinology, Neonatal and Urology. Additionally, there are numerous examples of partnership working in areas of estates, workforce and IT system integration.

The two Trusts are developing a Memorandum of Understanding to prioritise further collaboration for the benefit of patients and the Trusts to identify shared objectives and create a foundation upon which to work more closely together at executive team level.

The Partnership board will agree ownership of work programmes and how resources are allocated and oversee individual clinically-led working groups – including (and as a priority) on cancer. Our Boards will retain oversight and be supported to track and monitor progress and retain overall accountability for strategic decisions.

Ends

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
21st September 2022

August IQPR (July 2022 Data) **Submitted by:** John Quinn, Chief Operating Officer **Co-Authors** Dr Sanjiv Sharma, Medical Director Tracy Luckett, Chief Nurse Caroline Anderson, Director of HR & OD	Paper No: Attachment Q ☐ For discussion

Purpose of report
To present the Integrated Quality and Performance Report and narrative to the Board to show the monthly performance on the key indicators and to provide the Board with assurance that the indicators on patient safety, patient experience and performance are monitored regularly.

Summary of report
The Board Integrated Quality and Performance Report has been updated to include the following amendments to support easier reading and navigation:

- Executive Overview
- Patient Safety -Infection Control & Inpatient Mortality Overview
- Well-Led – Freedom to Speak Up Metrics
- Patient Access Waiting Times Overview
- Appendix containing supporting SPC, Graphs and Narrative for each report section

The Trust performance for the month of July is positive overall. Serious Incident actions and Duty of Candour remain a focus but both areas are seeing progress and improvements. A reduction in the number of FTT responses received was seen but experience ratings remain high by our patients and families.

Effectiveness metrics continue to be reviewed with additional inclusions expected over the next quarter. Better Value for the Trust is in a strong position and further work is ongoing with directorates to identify more schemes.

Well-led remains a focus for the Trust particularly PDRs, Honorary Contract training compliance and voluntary turnover which has seen an increase in July 2022. A deeper look into understanding the drivers in this area is being undertaken.

Activity overall is below the internal 2022/23 plan but is above 2019/20 figures. Performance on day-cases and outpatients is good, but elective is down. RTT is below the Trust trajectory and work is underway to further understand the drivers. While the Trust reports zero 104 waits for the month, there is one patient who will tip into the cohort at the end of August. Cancer performance across all areas remains complaint.

Patient Safety Implications
The IQPR includes metrics and analysis on Patient Safety.

Equality impact implications
There are no specific metric on equality but the report includes metrics on Access, Freedom to speak up and patient experience.

Financial implications There are no specific metrics on finance but access performance will have implications on revenue.
Action required from the meeting None
Consultation carried out with individuals/ groups/ committees Reviewed at EMT
Who is responsible for implementing the proposals / project and anticipated timescales? Chief Operating Officer
Who is accountable for the implementation of the proposal / project? Chief Executive

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

Integrated Quality & Performance Report

August 2022

Reporting July 2022 data

John Quinn
Chief Operating Officer

Tracy Luckett
Chief Nurse

Sanjiv Sharma
Medical Director

Caroline Anderson
Director of HR & OD

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Executive Overview

The report format has been changed slightly to allow for easier reading and navigation and some of the more detailed tables are now in an appendix.

Overall the Trust performance is strong:

- Safety and quality metrices are good with some key exceptions. SI actions have improved however focus remains to improve further. Duty of candour remains an area of focus but has also improved. The NFA plan continues to make progress, clinical harm reviews continue where necessary and monitoring through CQRG continues.
- Effectiveness is good and we continue to review the metrices to ensure further assurance is provided.
- Patient experience FFT responses for inpatient is down, however experience ratings are still high.
- Well led metrices remain varied and focus continues with ongoing month-on-month delivery of these. A key target that is being monitored is voluntary turnover, which although green, has seen an increase and hence being looked at more.
- Access targets are strong in terms of recovery. Activity overall is below our internally set plan however is above the 19/20 plan as set in the national guidance (this is driven by day-case and outpatient follow ups). Constitutional targets – RTT is below trajectory and this is being looked into. The Trust though performs strongly compared to peers. 104 week waits were compliant within the national agreed timescales (although the Trust will report 1 patient in this cohort at the end of August). The Trust continues to deliver its cancer standards.

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Integrated Quality & Performance Report, August 2022

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

Patient Safety

Incidents		-
Serious Incidents		↘
Duty of Candour		↘
Infection Control		-
Mortality		-
Cardiac Arrest		-

Effective

Clinical Audits		-
QI Projects		↗
Outcome reports		-
Better Value		↘

Patient Experience

FFT Experience		→
FFT Response		→
PALS		↗
Complaints		→

Well Led

Mandatory Training		↗
Appraisal (Non-Cons)		↘
Appraisal (Cons)		↘
Sickness Rate		↘
Overall Workforce Unavailability		
Voluntary Turnover		↗
Vacancy Rate – Contractual		↗
Bank Spend		→
Agency Spend		→

Patient Access

RTT Performance		↘
52 Week Waits		→
78 Week Waits		↘
104 Week Waits		↘
DM01 Performance		↗
Cancer Standards		-
Cancelled Operations		↘

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Patient Safety - Incidents & Risks

Overview

- **Incidents:** There was a small increase in the total incidents open this month from 1687 to 1922. Of these 1413 (up from 1230 in June) incidents are open with the clinical directorates for investigation. 478 of these (up from 409) are awaiting review before commencing investigation. Investigation is underway for 935 (up from 821 in June). Review and closure of incidents is reviewed every month at Performance Review Meetings with the expectation of improvement.
- **Serious Incidents:** Four new SIs were declared in July 2022. The SIs were across four different directorates – Information Services, International & Private Care, Heart and Lung & Sight and Sound. There were no immediate themes identified across the four SIs.
- **Duty of Candour:** Duty of candour shows here as red for stage 2 and stage 3. Stage 2 for July have since been cleared to 0 overdue. All stage 3 due in July have been completed except for one that was extended necessarily due to SI complexity. To be completed w/c 22nd August.
- **Risks –** High risk review rate has remained high from last month, with only 3 risks (5%) overdue.

		Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Last 12 months	RAG			Stat/ Target
New Incidents	Volume	566	550	626	616	495	546	556	661	532	608	577	675		No Threshold			Target
Total Incidents (open at month end)	Volume	1154	1275	1434	1663	1781	1944	1531	1444	1477	1522	1687	1922		No Threshold			Target
New Serious Incidents	Volume	1	1	1	3	0	2	1	2	2	4	1	4		No Threshold			Target
Total SIs (open at month end)	Volume	20	19	21	22	22	21	18	17	20	18	14	15					Target
Overdue Serious incidents	Volume	0	0	0	0	0	0	0	0	0	0	0	0		>1	=1	=0	Stat
Overdue SI Actions	Volume	50	50	61	59	63	35	15	16	12	12	25	14		>=12	6 - 11	0 - 5	Target
Incidents involving actual harm	%	29%	31%	28%	23%	26%	28%	19%	22%	21%	18%	15%	12%		>35%	25%-35%	<25%	Target
Never Events	Volume	0	0	0	1	0	0	0	1	0	0	0	0		>/=1		0	Stat
Pressure Ulcers (3+)	Volume	1	0	0	0	0	1	0	0	0	1	0	0		>1	=1	=0	Stat
Duty of Candour Cases (new in month)	Volume	7	10	11	4	1	5	3	3	3	7	3	8		No Threshold			Target
Duty of Candour – Stage 2 compliance (case due in month)	%	66%	12%	33%	40%	60%	37%	100%	66%	1 / 5	3/3	3/5	1/3		<75%	75%-90%	>90%	Target
Duty of Candour – Stage 3 compliance (case due in month)	%	43%	17%	40%	75%	0%	60%	33%	33%	1 / 1	2/6	2/2	1/3		<50%	50%-70%	>70%	Target
High Risks (% overdue for review)	%	24%	24%	25%	27%	31%	12%	6%	21%	28%	32%	5%	5%		>20%	10% - 20%	<10%	Target

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Patient Safety - Infection Control & Inpatient Mortality

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

Overview

- Line infections continue to be elevated this month. It has been identified that there is an issue with the supply of the wipes used to clean the needle-free connectors which may be a contributing factor but is not yet confirmed. Meetings are in place to control this risk. The line infections continue to be concentrated within Cardiac and BCC directorates with a new cluster of three identified in NICU this month.
- Both the number of cardiac arrests and respiratory arrests outside of ICU/theatres are within normal variation
- Our inpatient mortality rate is useful to understand the frequency of GOSH inpatient deaths compared to activity, and to signal if there is variation that may require exploration. Our inpatient mortality rate is within normal variation.

Infection Control

		Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	2022/23 YTD	Last 12 months	RAG (22/23 threshold)			Stat/ Target
C Difficile cases	In Month	2	1	0	1	0	0	0	0	0	1	2	1	4		>8	N/A	<=8	Stat
C difficile due to lapses (note 2)	Annually															>8	N/A	<=8	Stat
MRSA	In Month	0	0	0	0	0	0	0	0	0	0	0	0	0		>0	N/A	=0	Stat
MSSA	In Month	0	4	0	3	2	3	0	2	2	3	3	2	10		No Threshold			
E.Coli Bacteraemia	In Month	0	0	0	0	0	1	1	3	1	3	2	0	6		>8	N/A	<=8	Stat
Pseudomonas Aeruginosa	In Month	1	3	1	1	0	0	1	2	0	2	1	0	3		>8	N/A	<=8	Stat
Klebsiella spp	In Month	1	3	1	2	1	1	2	1	2	6	3	1	12		>12	N/A	<=12	Stat
CV Line Infections (note 1)	In Month	1.8	1.3	0.7	1.3	0.9	1.6	1.3	1.5	2.2	1.7	1.5	2.4	1.9		>1.6	N/A	<=1.6	T

Inpatient Mortality & Cardiac Arrest

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Last 12 months	RAG	Stat/ Target
Number of In-hospital Deaths	5	5	13	6	9	9	11	9	8	7	7	10		No Threshold	
Inpatient Mortality per 1000/discharges	5.0	4.1	13.5	4.7	9.6	9.6	9.5	7.8	8.1	6.7	6.6	9.0		No Threshold	
Cardiac arrests outside ICU/theatres	2	0	1	1	3	4	1	1	1	0	0	1		No Threshold	
Respiratory arrests outside ICU/theatres	7	3	4	3	2	5	2	1	1	2	3	0		No Threshold	
Inquests currently open	14	17	19	15	12	12	14	12	14	13	13	14		No Threshold	

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Effectiveness

Better Value:

The Trust's Better Value target for 2022/23 is £22.8 million. As at July 22, the total value of schemes identified is £16.7 million, £14.1million are rated green and the remainder require further work before we can be confident of delivery. There is further a gap of circa £4.3 million which is being addressed through weekly meetings with Directorate leads, overseen by the Better Value Delivery Group

A panel has been formed to manage the flow of EQIA documentation to govern the schemes, and there are now 45 schemes that have been formally approved, with a further 57 being finalised for approval.

Meetings with the directorates that still present the largest gaps have been arranged in an effort to identify further opportunities within their areas, and further work has been undertaken by the PMO to convert amber schemes to a green status.

	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Last 12 months
Speciality led clinical audits completed (actual YTD)	54	64	74	86	99	109	114	8	16	24	32	
Outcome reports published (YTD)	4	6	6	6	7	7	8	0	0	0	2	
QI Project completed	0	1	0	0	0	0	0	0	0	10	0	
QI Projects started	0	0	2	0	1	0	0	1	1	28	7	
% value of schemes identified compared to their Better Value target									77.8%	83.0%	80.4%	
Number of schemes identified									80	97	102	
Number of schemes fully signed off and EQIA assessed									4	26	45	
Number of schemes identified but not signed off									76	71	57	

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Patient Experience

Overview

- **Themes -**. Reflecting increased cancellations (slide 12) there was a rise in PALS and Complaints concerns raised regarding cancellations (often at shot notice) and waiting times. Issues relating to staff attitude/ behaviour can be difficult to investigate but are being addressed individually with wider themes being shared with Patient Safety Education and Simulation Training teams to inform future training and grand rounds. Transport concerns remained a theme for July with a transport improvement plan being monitored on a weekly basis.

Through the review of complaints closed in July 2022, the resulting actions/learning being taken forward include:

- Staff reflection on concerns regarding behaviour/ attitude and incorporation into appraisals/ reviews
- Working with families to ensure understanding during consultations and mediation to improved future communication
- Reminders re communication with families who are unable to remain on site during their child's admission and the importance of sharing information in a timely way
- Creation of aide-memoire tools for use of transdermal patches to prevent errors in use
- Transport: review of transport eligibility criteria, numbers of transport crews, appointment of a Transport Patient Experience Officer and training to improve accuracy of transport requests

- **FFT experience -** The Trust response rate target was not met at 23% but this is an expected trend in the summer months, and three directorates also did not meet the target (BCC-15%, Brain 14% and R&I (21%). The experience rating target was met at Trust level and by each directorate. FFT submissions from patients (18%) fell again this month.
- **PALS contacts** rose to 291 (the highest recorded since January 2018). Contacts primarily related to cancellations and transport issues. Timeliness of responses fell to 68% within 48 hours.
- **Complaints –** 9 formal complaints received (a significant drop in the exceptionally high numbers in June). Concerns relate to care, delays to treatment due to cancellations, poor communication, transport delays and cancellations, and staff attitude and behaviour.

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Last 12 months	RAG		
FFT Experience rating (Inpatient)	98.0%	98.0%	97.0%	97.0%	97.0%	97.0%	98.0%	97.0%	98.0%	98.0%	98.0%	98.0%		<90%	90-94%	>=95%
FFT experience rating (Outpatient)	97.0%	96.0%	94.0%	95.0%	95.0%	95.0%	98.0%	94.0%	98.0%	97.0%	97.0%	97.0%		<90%	90-94%	>=95%
FFT - response rate (Inpatient)	28.0%	33.0%	26.0%	32.0%	27.0%	25.0%	37.0%	37.0%	37.0%	35.0%	29.0%	23.0%		<25%	N/A	>=25%
PALS - per 1000 episodes	8.44	9.75	8.45	6.47	6.32	7.56	8.42	7.44	8.1	7.59	9.25	12.37		No Threshold		
Complaints- per 1000 episodes	0.38	0.16	0.42	0.26	0.24	0.13	0.13	0.34	0.32	0.27	0.95	0.38		No Threshold		
Red Complaints -% of total (note 1)	11%	10%	10%	10%	9%	10%	11%	8%	8%	6%	5%	5%		>12%	10-12%	<10%
Re-opened complaints - % reopened (2)	4%	4%	4%	3%	5%	6%	8%	9%	9%	9%	8%	8%		>12%	10-12%	<10%

Notes: 1. Rolling 12 month average
2. Since April 2020

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Well Led Headlines: July 2022

Contractual staff in post: Substantive staff in post numbers in July were 5,351.8 FTE, a decrease of 23.4 FTE since June 2022. Headcount was 5,786 (-26 on the previous month).

Unfilled vacancy rate: Vacancy rates for the Trust increased to 7.5% in July (up from 6.5% in June). While the vacancy rate remains below the 10% target, it is higher than the 12 month average of 6.0% and higher than the same month last year (6.5%). Vacancy rates in the clinical directorates remained below target in July.

Turnover: is reported as voluntary turnover. Voluntary turnover increased in July, to 12.6% after several months at a stable rate of 12.2%. While it remains below the Trust target (14%), and reflects a common seasonal spike seen in the summer months, this is the highest rate since August 2020 , and there is an expectation that turnover will continue to increase during 2022. Total turnover (including Fixed Term Contracts) also saw an increase in July to 15.1% (from 14.6% in June.)

Agency usage: Agency staff as a percentage of paybill in June remained static at 1.1% in July. This was in line with the 2021/22 June position and remains well below the local stretch target (2%). Agency use is currently sitting within Corporate Non-Clinical Directorates and amongst some Allied Health Professional disciplines, as well as International & Private Care. Bank % of paybill reduced to 5.5% of total pay spend in July, however this is significantly higher than the July 2021 rate of 5.0%.

Statutory & Mandatory training compliance: The July training rate for the Trust increased to 94% for the first time since July 21 with all bar 1 directorates achieving target (Corporate Affairs). Of note is the achievement of Space & Place which exceeded the target for the first time since the insourcing of the domestic staff in August 2021.) The medical and dental staffgroup are the only staffgroup below the 90% target, at 86% for July. Across the Trust there are now 5 topics below the 90% target (including Information Governance where the target is 95%). Safeguarding Children Level 3 compliance for substantive staff is 96%. Across Resus training rates the compliance figure now sits at 81%. Honorary Contractors compliance remains a focus and a proposal to update the Honorary Contracts policy was approved at a July EMT, with changes to policy & procedure being worked up. Compliance improvement in this indicator is expected towards the end of Q3 2022/23.

Appraisal/PDR completion: The non-medical appraisal rate further reduced to 84% in July, with no Directorates achieving the target of 90%, and expected further reductions later this summer. A proposal to improve the process and compliance is being worked up by the HR&OD team. Consultant appraisal rates reduced to 85% in July and remains below target.

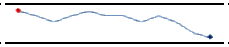
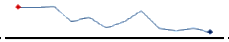
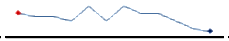
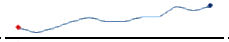
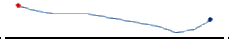
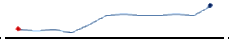
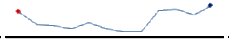
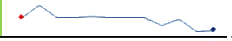
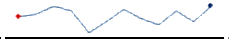
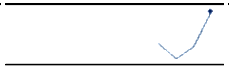
Sickness absence: July sickness rates were 3.3%, a reduction from the June rate of 3.6% and lower than the July 2021 rate (3.6%) The reported rate is above the Trust target of 3%, and the sickness rate was above the target for the 13th month in a row. Sickness rates were highest in Property Services (7.2%).

Quarterly Staff Survey July 2022: Compared to April 2022 and 2021 NHS Staff Survey some areas have seen a deterioration, directorates will be working with HR Business Partners to formulate action plans to support improvements.

Freedom to Speak Up: The service received the highest amount of contacts in July compared to the previous 5 months. Themes being raised in July were more focused on cultures within specific services/teams which was impacting on staff wellbeing and team dynamics. Other concerns being raised related to behaviours not fitting in with Trust values and impacting on staff. One concern was raised specifically about patient care which has been escalated accordingly.

Well Led

Well Led Metrics Tracking

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Last 12 months	RAG Levels			Stat/Target
Mandatory Training Compliance	91.0%	91.0%	91.0%	91.0%	92.0%	92.0%	93.0%	92.0%	93.0%	93.0%	93.0%	94.0%		<80%	80-90%	>90%	Stat
Stat/Man training – Medical & Dental Staff	86.0%	86.0%	84.0%	85.0%	87.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%		<80%	80-90%	>90%	Stat
Appraisal Rate (Non-Consultants)	88.0%	87.0%	86.0%	87.0%	88.0%	87.0%	87.0%	86.0%	87.0%	86.0%	84.0%	83.0%		<80%	80-90%	>90%	Stat
Appraisal Compliance (Consultant)	94.0%	94.0%	95.0%	89.0%	91.0%	87.0%	89.0%	93.0%	87.0%	86.0%	87.0%	85.0%		<80%	80-90%	>90%	Stat
Honorary contract training compliance	76.0%	75.0%	75.0%	74.0%	78.0%	74.0%	78.0%	76.0%	76.0%	74.0%	72.0%	71.0%		<80%	80-90%	>90%	Stat
Safeguarding Children Level 3 Training	87.0%	85.0%	87.0%	86.0%	89.0%	89.0%	89.0%	89.0%	94.0%	94.0%	94.0%	96.0%		<80%	80-90%	>90%	Stat
Safeguarding Adults Level 2 Training	90.0%	89.0%	90.0%	91.0%	92.0%	91.0%	91.0%	92.0%	92.0%	94.0%	93.0%	94.0%		<80%	80-90%	>90%	Stat
Resuscitation Training	86.0%	84.0%	83.0%	83.0%	83.0%	82.0%	81.0%	80.0%	79.0%	77.0%	78.0%	81.0%		<80%	80-90%	>90%	Stat
Sickness Rate	3.5%	3.3%	3.8%	4.2%	5.9%	4.1%	4.0%	3.7%	4.3%	3.6%	3.6%	3.3%		>3%	N/A	<3%	T
Turnover Rate (Voluntary)	11.5%	11.4%	11.5%	11.3%	11.7%	12.1%	12.2%	12.1%	12.1%	12.2%	12.1%	12.6%		>14%	N/A	<14%	T
Vacancy Rate – Contractual	6.9%	5.7%	5.6%	5.2%	5.8%	5.3%	4.9%	4.9%	6.9%	7.1%	6.5%	7.5%		>10%	N/A	<10%	T
Vacancy Rate - Nursing	5.8%	1.6%	1.0%	1.2%	3.0%	2.9%	3.1%	3.5%	5.9%	6.2%	6.1%	7.8%		No Threshold			T
Bank Spend	5.1%	5.0%	5.0%	5.1%	5.2%	5.2%	5.3%	5.2%	5.5%	4.2%	5.5%	5.5%		No Threshold			T
Agency Spend	1.2%	1.3%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.1%	1.2%	1.1%	1.1%		>2%	N/A	<2%	T
Care Hours per Patient Day (CHPPD)	14.9	15.3	16.2	15.6	13.2	14.4	15.8	14.8	14.1	15.7	14.5	16.1		No Threshold			T
Quarterly Staff Survey - I would recommend my organisation as a place to work									65%			62%		No Threshold			T
Quarterly Staff Survey - I would be happy with the standard of care provided by this organisation									88%			87%		No Threshold			T
Quarterly Staff Survey - Overall Staff Engagement (scale 0-10) See note 1									7.5			7.0		No Threshold			T
Quarter Staff Survey - Communication between senior management and staff is effective See note 1									46.0%			41%		No Threshold			T
Number of people contacting the Freedom To Speak Up Service	12	12	21	12	5	21	19	19	16	13	15	20		No Threshold			T
Number of Themes of concerns raised as part of Freedom to Speak Up Service (note 2)									25	21	24	33		No Threshold			T

Note 1 - Survey runs in January, April and July.

Note 2 - people contacting the service can present with more than one theme to their concern

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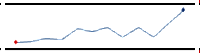
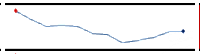
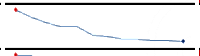
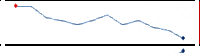
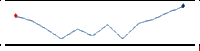
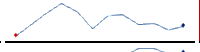
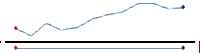
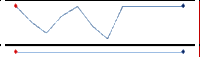
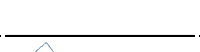
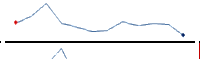
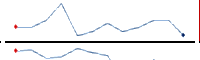
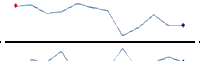
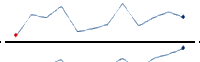
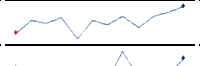
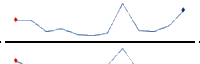
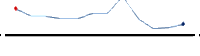
Patient Access - Performance Metrics

Great Ormond Street Hospital for Children NHS Foundation Trust

Access Metrics Tracking

	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Trajectory	Last 12 months	RAG Levels			Stat/Target
RTT Open Pathway: % waiting within 18 weeks	77.8%	77.4%	76.7%	76.4%	75.3%	75.4%	75.3%	76.0%	75.2%	76.8%	75.3%	73.7%	Below		<92%	N/A	>=92%	Stat
Waiting greater than 18 weeks - Incomplete Pathways	1,576	1,593	1,617	1,605	1,711	1,688	1,731	1,635	1,733	1,638	1,765	1,900	-		No Threshold			-
Waiting greater than 52 weeks - Incomplete Pathways	247	219	194	202	194	176	169	142	151	160	177	177	Below		>0	N/A	=0	Stat
Waiting greater than 78 weeks - Incomplete Pathways	103	85	69	60	60	39	34	27	28	24	24	20	Above		TBC			T
Waiting greater than 104 weeks - Incomplete Pathways	12	12	8	7	5	7	9	5	7	4	3	0	Met		>0	N/A	=0	Stat
18 week RTT PTL size	7,107	7,055	6,940	6,814	6938	6858	7004	6811	7009	7070	7150	7239	-		No Threshold			-
Diagnostics- % waiting less than 6 weeks	81.1%	84.3%	87.4%	90.2%	87.7%	83.0%	86.4%	86.8%	84.1%	84.7%	82.6%	83.9%	Below		<99%	N/A	>99%	Stat
Total DM01 PTL size	1,283	1,200	1,347	1,271	1,290	1,394	1,430	1,463	1,556	1,565	1,489	1,506	-		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%	80%	67%	88%	100%	75%	60%	100%	100%	100%	100%	*100%*	-		<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)	29	46	77	31	22	11	15	34	23	31	28		-		No Threshold			-
Cancelled Operations: 28 day breaches	2	2	4	8	0	1	3	1	2	4	4		-		>0	N/A	=0	Stat
Number of patients with a past planned TCI date (note 4)	1,504	1,521	1,411	1,438	1,554	1,494	1,464	1,126	1,244	1,398	1,256	1,261	-		No Threshold			-
NHS Referrals received- External	2,319	2,646	2,590	2,767	2,391	2,439	2,490	2,818	2,470	2,603	2,673	2,607	-		No Threshold			-
NHS Referrals received- Internal	1,703	1,946	1,894	1,997	1,593	1,937	1,861	2,016	1,812	2,023	2,096	2,208	-		No Threshold			-
Total NHS Outpatient Appointment Cancellations (note 2)	7,046	7,016	6,643	6,727	6,560	6,483	6,605	7,637	6,704	6,626	6,816	7,352	-		No Threshold			-
NHS Outpatient Appointment Cancellations by Hospital (note 3)	1,878	1,734	1,734	1,675	1,684	1,790	1,793	2,156	1,690	1,473	1,499	1,569	-		No Threshold			-

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

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Responsive

Patient Access - Activity Monitoring at Month 4

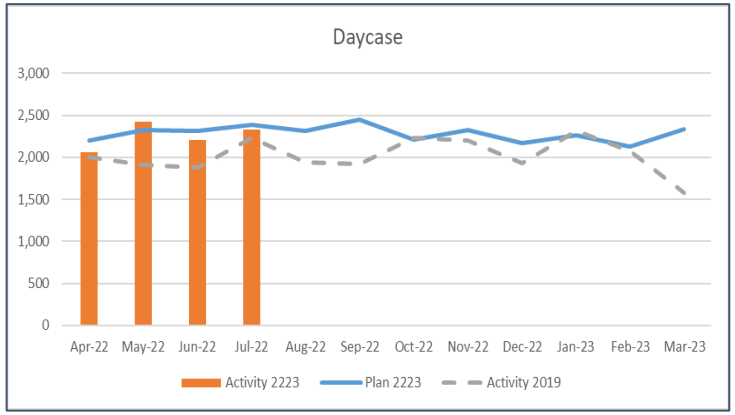
Overview:

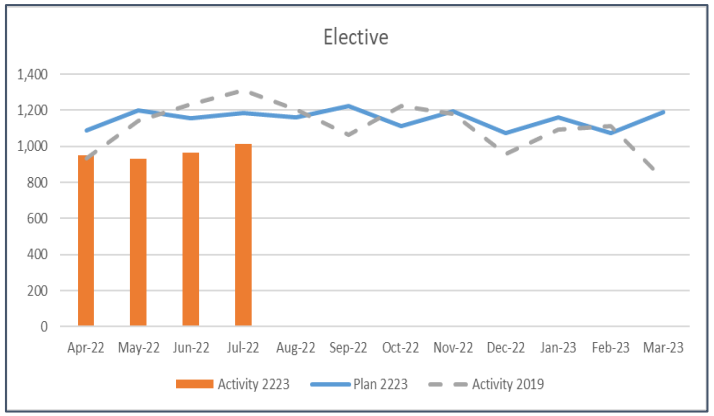
Elective activity is significantly down (at 83%) against 22/23 plan and 19/20. This is driven by a number of factors including bed closures (due to staffing and patient case-mix), day-cases being on inpatient wards, social distancing bed closure (up to early July), and planning assumptions on increased referral activity that has not materialised.

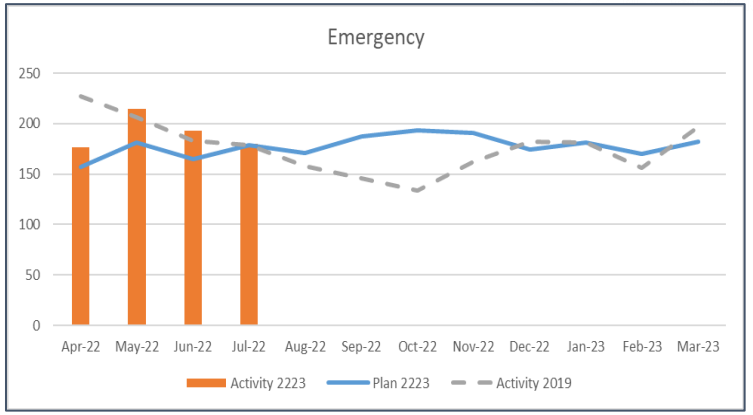
Day-case activity was 205 behind plan (2.2%) but we have seen some promising recovery in August.

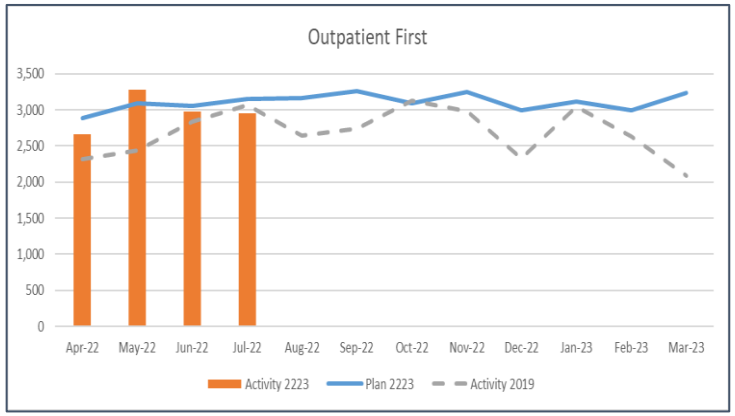
Both First and Follow-up outpatient activity is above 19/20 (12%) but below plan (2%). Delays in caching up clinics is impacting this position.

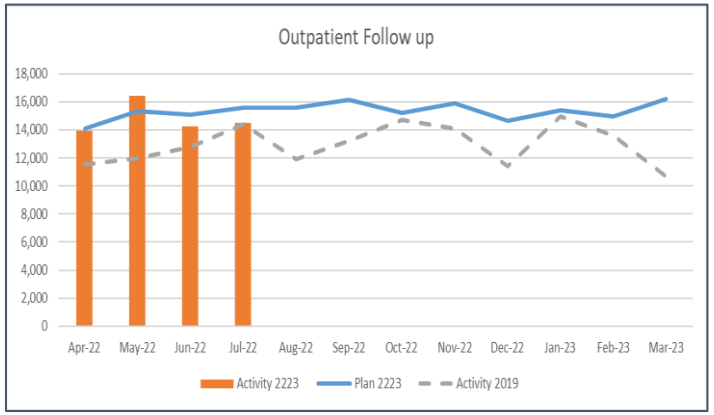
Although staff absence due to sickness is reducing, annual leave is currently limiting our ability to recover in the short term. With lower activity and bed closures this has impacted the delivery of any waiting time improvement. A strong focus is being placed on activity levels over the coming months.











Overview YTD M4

POD	Plan 2223	Activity 2223	Activity 2019	% of 19/20	% of Plan
Daycase	9,222	9,017	8,023	112.39%	97.78%
Elective	4,628	3,860	4,618	83.59%	83.40%
Emergency	683	765	795	96.23%	112.02%
First OPA	12,190	11,875	10,667	111.32%	97.41%
Follow-up OPA	60,122	59,061	50,652	116.60%	98.23%
Grand Total	**86,846**	**84,578**	**74,755**	**113.14%**	**97.39%**

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Responsive

Patient Access - Waiting Times Overview

Overview

Waiting times across the three main national areas of focus has been challenging in July. The volume of activity being carried out has been impacted due to bed closures, increases in both inpatient and outpatient last minute cancellations and annual leave. We anticipate this to continue in August due to upcoming leave.

- RTT Performance for July 2022 was **75.3%,** a 1.6% decrease from last month and is below trajectory. The overall PTL has increased by 3% from April 2022, early investigation suggests clock stops have been lower than clock starts.
- All RTT 104 week waits have now been seen. We do know of one patient who will drop into 104 week wait category at the end of August due to both the complexity of the case and the patient's choice on admission dates. 78 week waits remain at 20 and are above trajectory. 52 week waits have remained the same as last month and are below trajectory. The long waiters are predominantly in Plastic surgery (40), Orthopaedics (32), Cardiac Services (18) and ENT (16). Annual leave (Trust and patient), bed pressures and patient choice will impact August performance and the number of 52 weeks is projected to increase.
- For specialties where an RTT recovery trajectory is signed off, 8 out of 22 are on track or above trajectory. Sight & Sound and Heart & Lung Directorates are most challenged.
- DM01 performance for July 2022 was **83.9%**, an increase of 1.3% from the previous month. The number of 6 week breaches has reduced this month to 242, compared to 260 last month. 13 week breaches have also seen a slight decrease at 37 compared to 39 last month.
- Cancer: All five standards were achieved for June 2022. It is projected for July that all five standards will also be met.

Bottlenecks

Consultant availability in particular for Dental and Orthopaedics

Specialist surgeon availability predominantly for joint cases and complex patients

Community/local physiotherapy capacity for the SDR pathway

Increases in inherited waits above 52 weeks

Challenges in diagnostic capacity particularly for MRI 5, MRI sedation, Endoscopy and Echo (stress and dated echo)

CT Scanner breakdown in July for 6 working days increasing long waits. Dexa scanner breakdown in August will also increase long waits.

Respiratory complex patient bed requirement impacting sleep study activity

Ward decants for required cleaning in some instances reducing bed base for the service

Actions

Additional lists for Dermatology and Ophthalmology

Reopening of Hedgehog ward supporting both NHS and Private work

Continuation of Weekly Access Meeting with General Managers chaired by COO

Continuation of Weekly PTL challenge sessions with directorates

Continued focus on reduction of long wait patients

Mutual aid continuing with the Evelina regarding Cardiac patients

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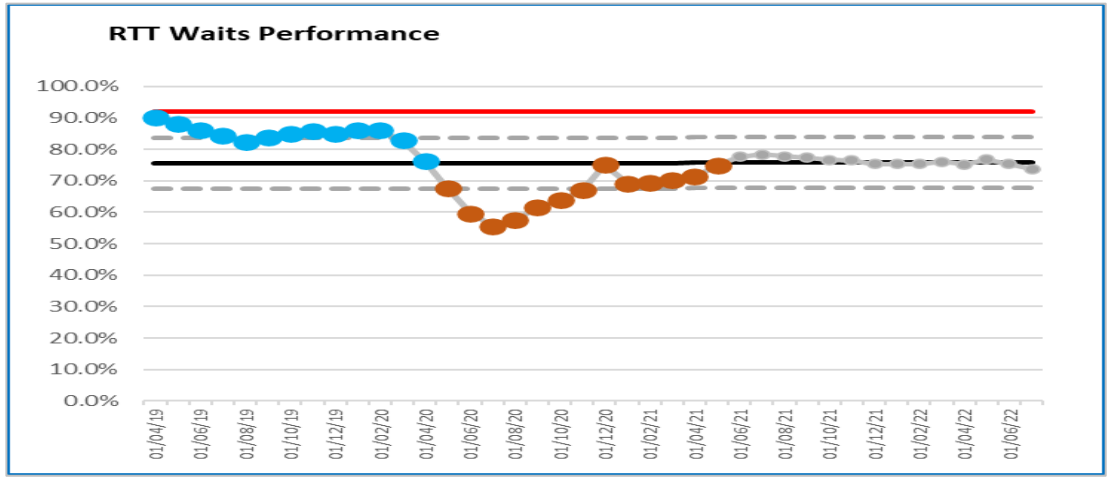
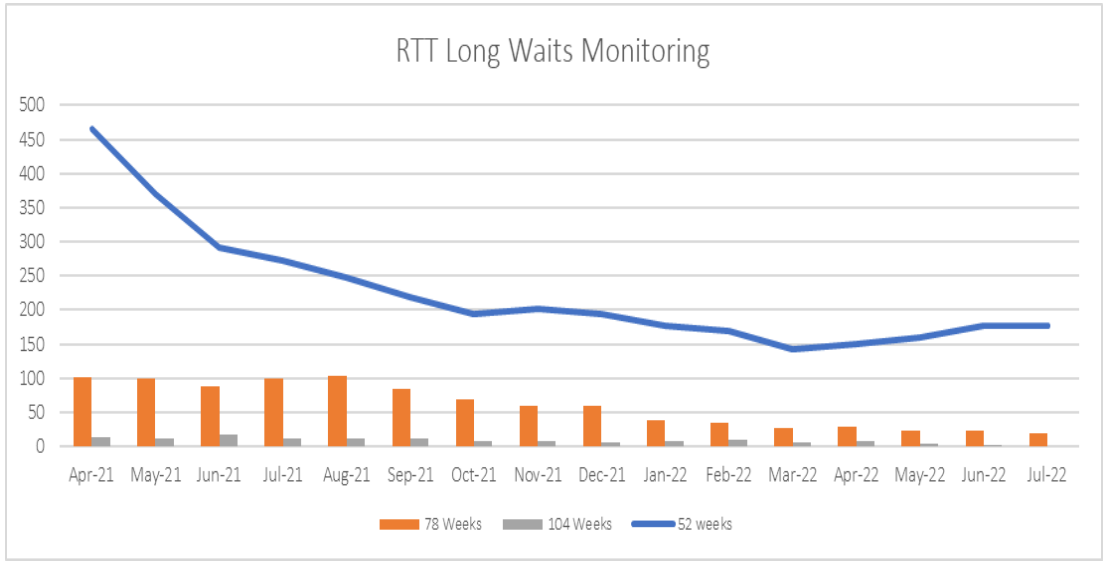
Patient Access - Referral to Treatment times (RTT)





RTT:

73.7% ↓ -1.6%

People waiting less than 18 weeks for treatment from referral.

>52 Weeks:

177 → 0

Patients waiting over 52 weeks

>78 Weeks:

20 ↓ 0

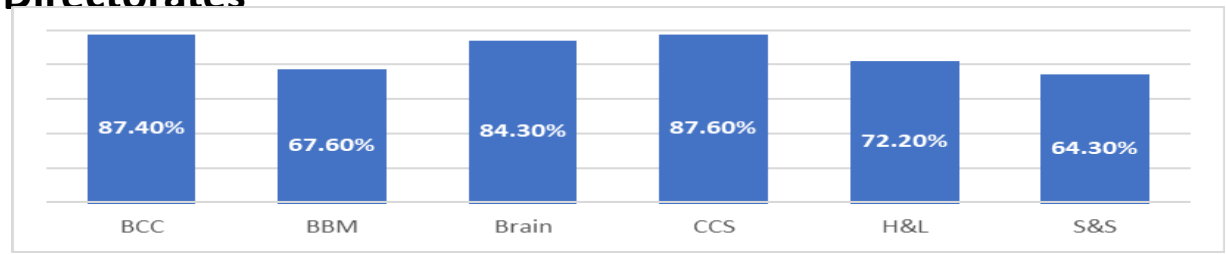
Patients waiting over 78 weeks

>104 Weeks:

0 ↓ 3

Patients waiting over 104 weeks

Directorates



RTT PTL Clinical Prioritisation – past must be seen by date

P2

209 ↑ 28

P3

533 ↓ 23

P4

301 ↑ 5

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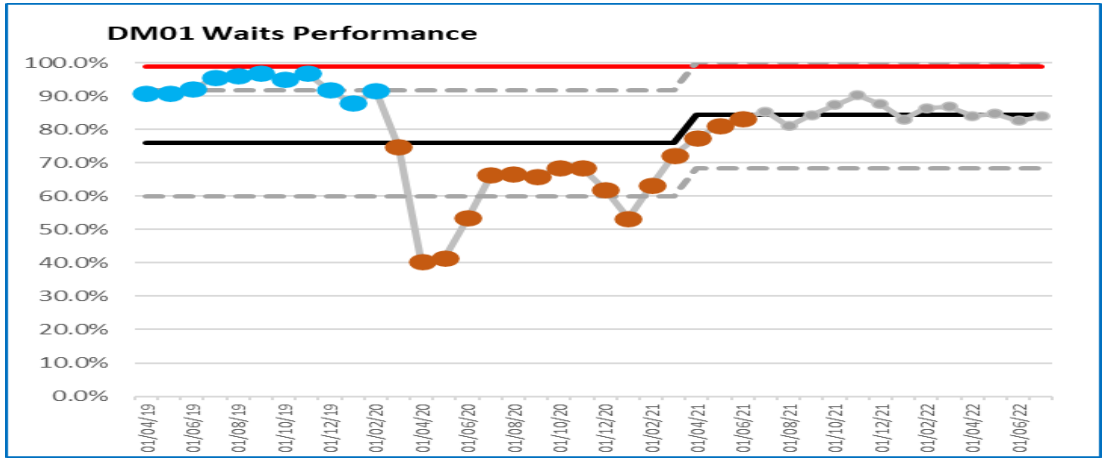
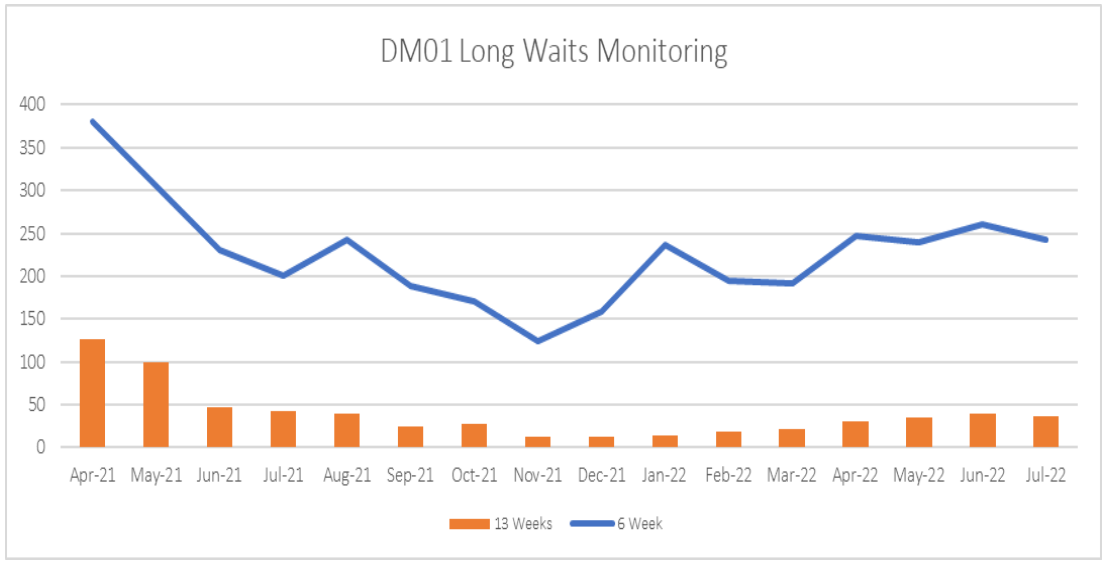
Patient Access - Diagnostic Monitoring Waiting Times





DM01: 83.9% ↑

People waiting less than 6 weeks for diagnostic test.

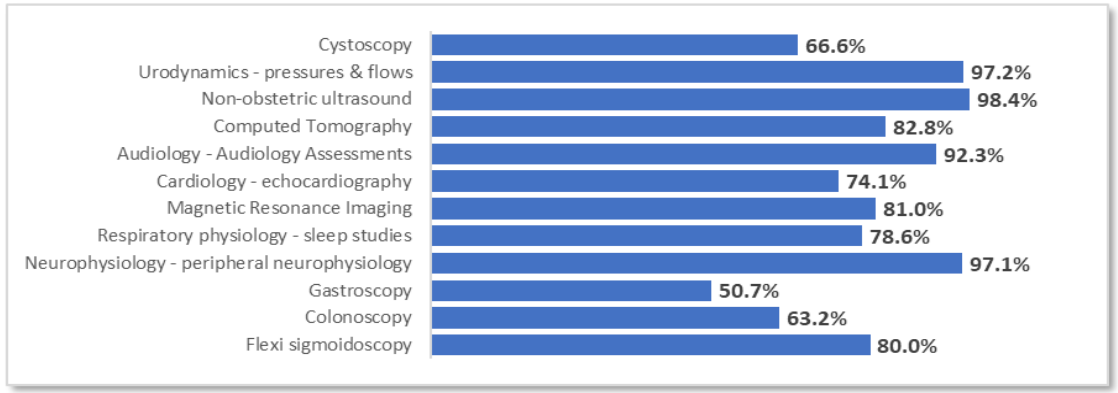
>6 Weeks: 242 ↓ 18

Patients waiting over 6 weeks

>13 Weeks: 37 ↓ 2

Patients waiting over 13 weeks

Modalities not meeting 99% standard



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Responsive

Appendix
Integrated Quality & Performance Report

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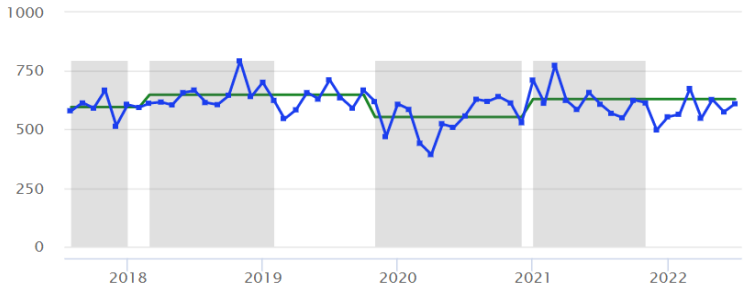
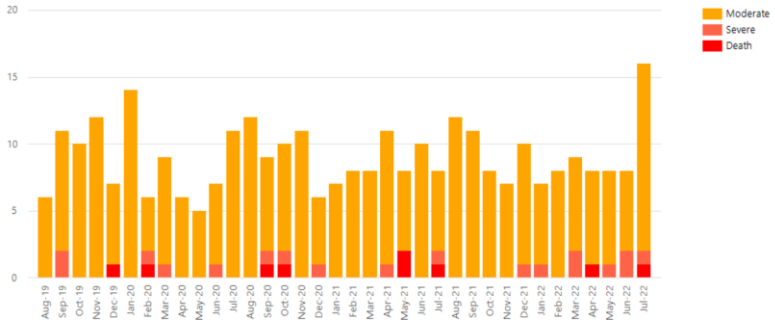
Appendix 1: Patient Safety (incidents & risks)

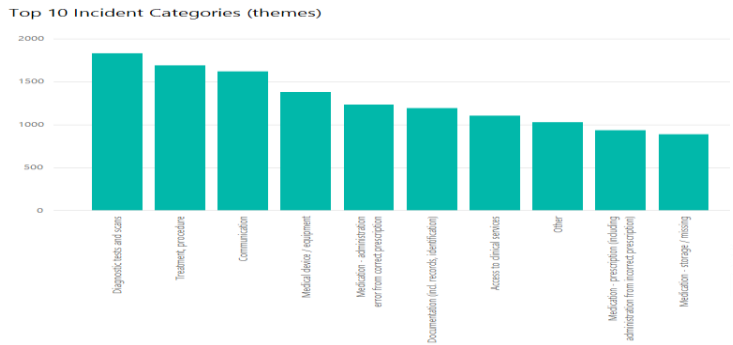
NHS Great Ormond Street Hospital for Children NHS Foundation Trust

New Incidents

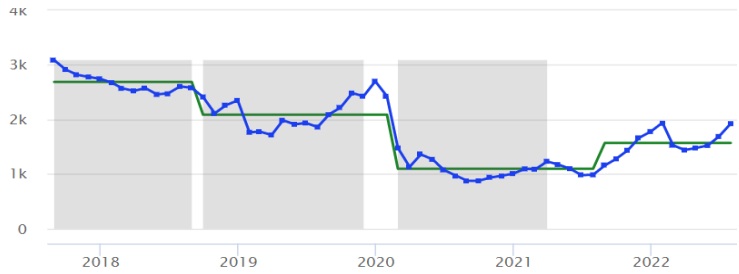


Incidents by Harm

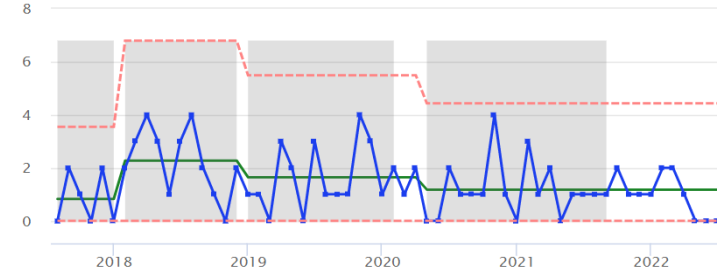




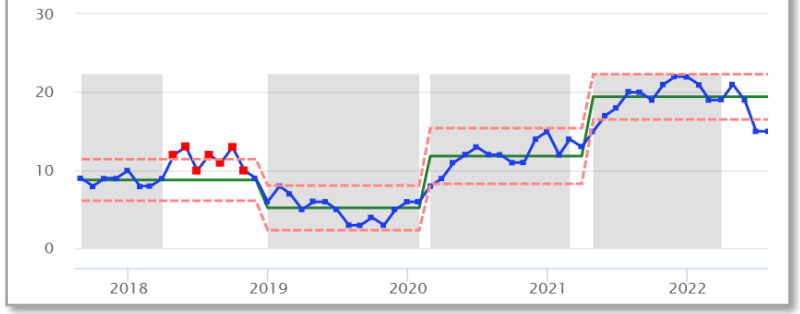
Open Incidents



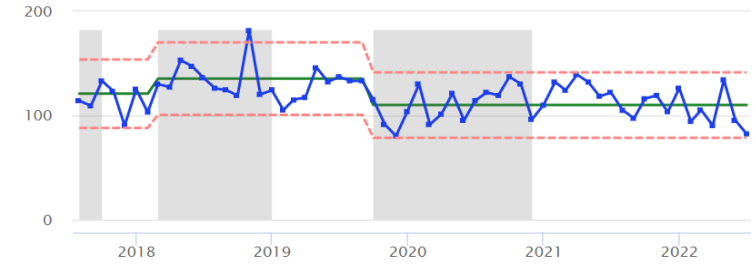
Serious Incidents



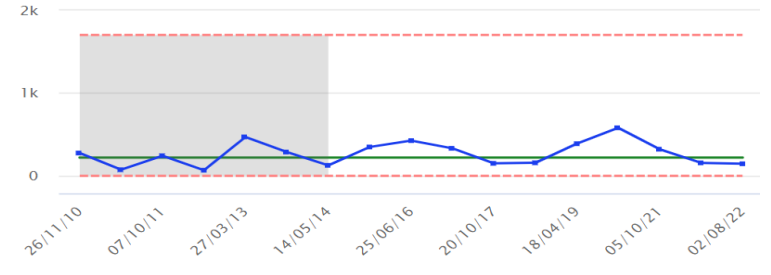
Open Serious Incidents



Medication Incidents



Days Since never events



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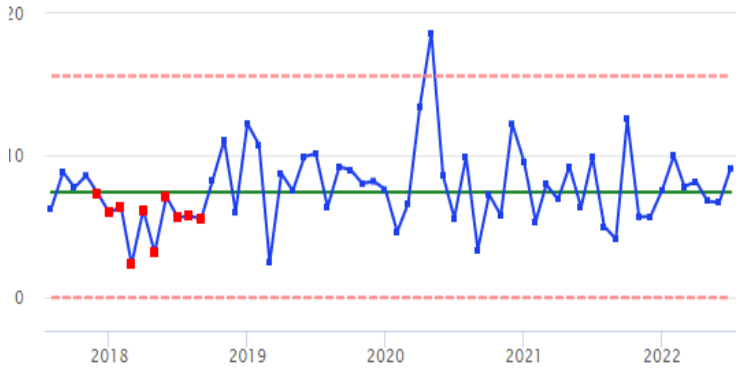
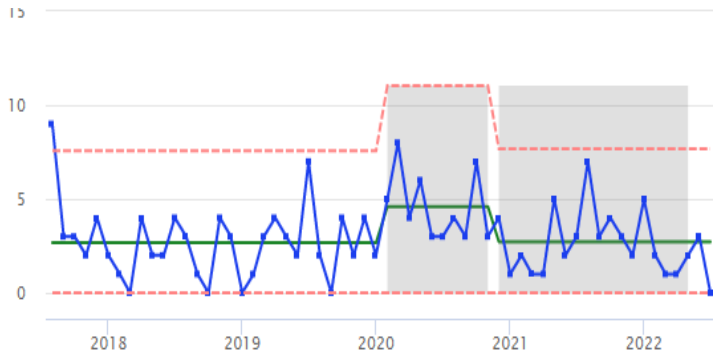
Appendix 2: Patient Safety (Infection & mortality)

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

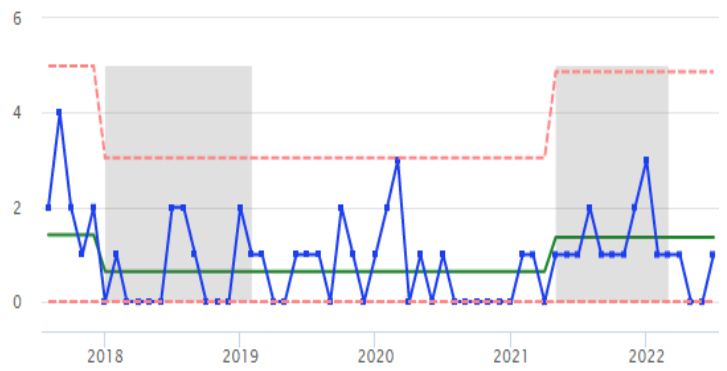
Inpatient Mortality Rate / 1000 Discharges



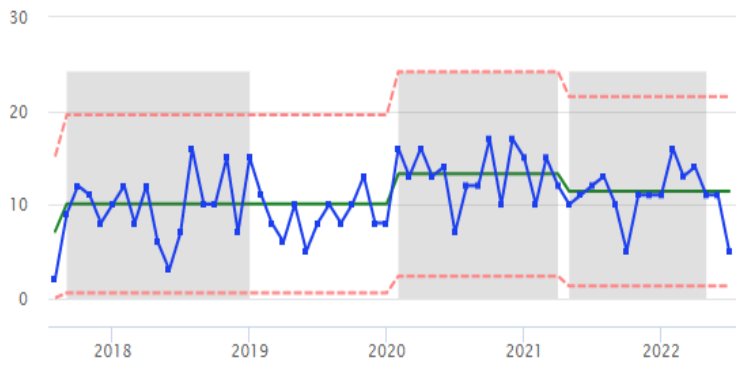
Respiratory Arrests outside ICU



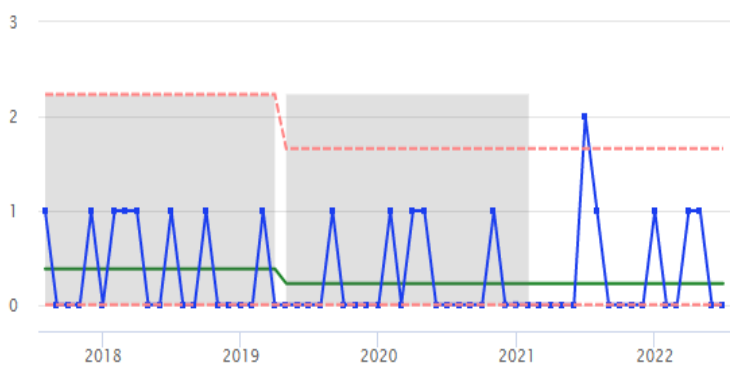
Cardiac Arrests outside ICU



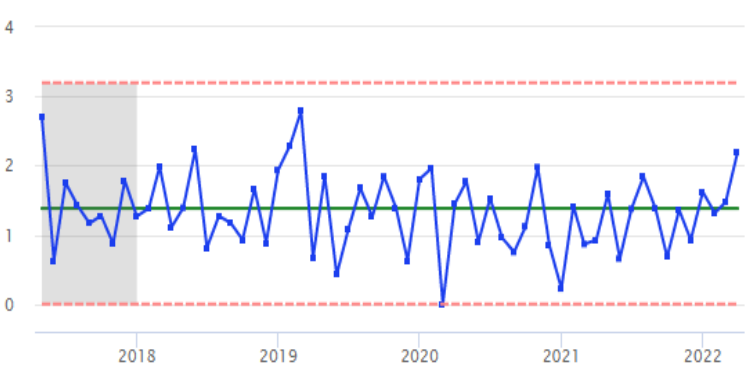
Non 2222 Patients transferred to ICU



Cat 3+ Hospital Acquired Pressure Ulcers



CV Line Infection / 1,000 line days



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Appendix 3: Patient Experience Friends and Family

Overview:

All directorates met the inpatient experience score target for July. However, within outpatients, Body Bones and Mind scored 67% which is below the Trust target. The response rate was not achieved at Trust level or individually by Blood Cells and Cancer, Brain and Research and Innovation. The Patient Experience Team will work with the directorates to improve the response rates in August.

Headline:

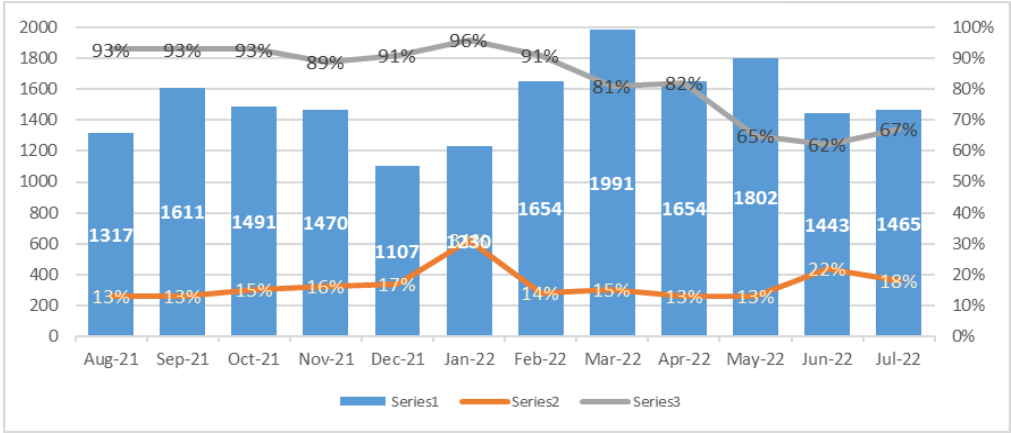
Inpatient response rate – (23%) a reduction of 6% compared with June.

Experience measure for inpatients – 98%

Experience measure for outpatients – 97%

18% of FFT comments are from patients

67% of responses had qualitative comments



Positive Areas:

- Good facilities.
- Helpful and caring staff.
- World-class care.
- Cleanliness.
- Integrated care.
- Calm and reassuring atmosphere within the hospital.

Areas for Improvement:

- Negative comments regarding reception staff.
- Transport – long delays.
- MyGOSH messages – patients are sent to the wrong outpatient area.
- Communication, internal and external communication and pre and post-discharge communication problems.
- Hospital signage.

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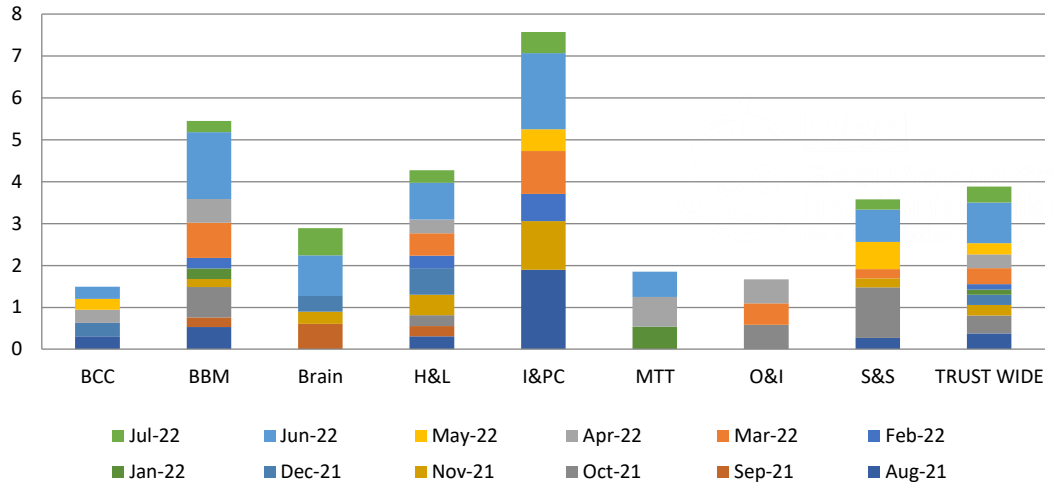
Appendix 3: Patient Experience Complaints

Headline: The Trust received 9 new formal complaints, one of which was later withdrawn. This is a significant drop in number from June when complaints were exceptionally high(n= 22). Complaints by patient activity fell from 0.95 per 1,000 per CPE to 0.38 in July.

Concerns raised: In July families complained about:

- Transport- cancellations, failure to turn up, delays leading to late and/or cancelled appointments.
- Communication with families (including the lack of correspondence received regarding care plans and consent, short notice cancellation of appointments and procedures).
- Staff attitude and behaviour including inappropriate comments, lack of support and assistance provided, causing upset.
- Aspects of care including involvement in decision making, aftercare on the ward, pressure sores and care received during an admission



Complaints related to a number of specialties, with 3 received about the transport service and 2 relating to neurosurgery. One Heart and Lung complaint was withdrawn and attempts are being made to resolve this informally. There are currently two open red/ high risk complaints.

Response times: 12 formal complaints closed in July 2022 (10 responses were sent within the original timeframes agreed with complainants). Since April 2022, the average response time was 36.8 days.

Learning actions/ outcomes from complaints closed in July 2022 included:

- Staff reflection on concerns about behaviour/ attitude and incorporation of learning and changes in practice into appraisal
- Handwashing requirement reminders to staff and review of audits
- Transport improvement plan including increased crews, appointment of Transport Patient Experience officer, and training to improve transport requests and increase accuracy of information about requirements e.g. vehicle type
- Creation of aide-memoire tools for use of transdermal patches to prevent errors in use
- Working with families to ensure understanding during consultations and mediation with a family to improve future communication

Appendix 3: Patient Experience PALS

Headline: Pals received 291 contacts in July (an 37% increase from June). Mirroring the preceding month, 33% of July's contacts centre around Outpatient visits with a prominent theme relating to on-the-day cancellations and delays with hospital provided transport. Pals received two compliments, one of which praises the dental team for *'going above and beyond'* when supporting a nervous patient during a challenging admission.

Response Rates - (response within 48 hours) at 68% (down from 83% in June)

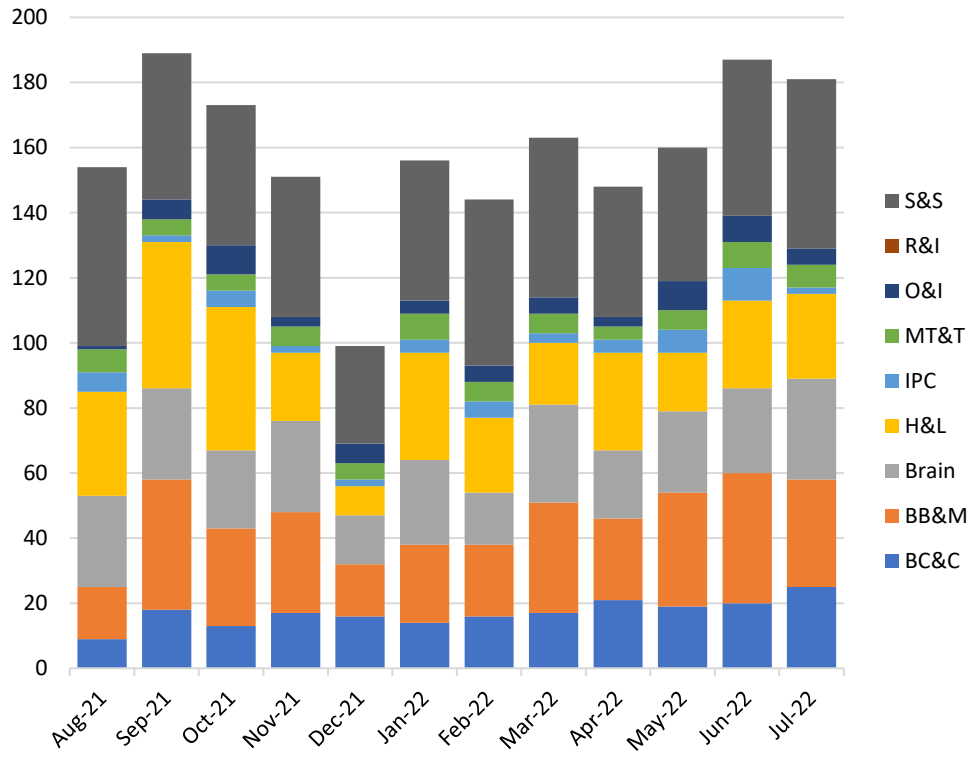
Significant areas of focus:

Outpatients: Families contacted Pals for assistance with reclaiming travel costs following short notice cancellations of Outpatient appointments often with little or no notice provided to families.

Transport: Contacts rose to 23 in July (up from 11 in June) with these typically involving parents/carers providing feedback on various aspects of their transport experience, often regarding vehicle availability, arrival/departure times and driver conduct. Examples include a mother querying the suitability of an assigned vehicle and a father expressing concerns with multiple delays to pre-arranged journeys.

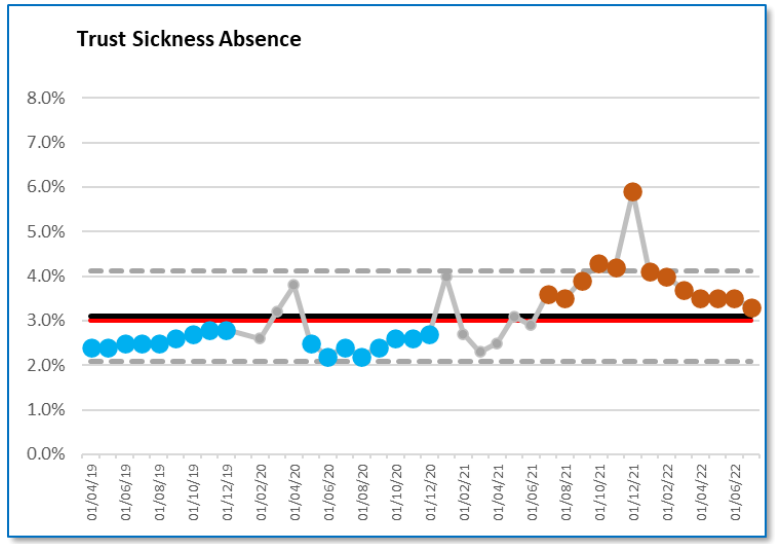
Cardiology: Pals recorded 18 Cardiology contacts in July, the majority of which focus on families requesting additional information on patient specific conditions and the impact these may have on day-to-day life (e.g. travelling abroad and planned returns to in-person schooling) Pals continue to work alongside the Cardiology service who remain efficient at addressing these often complex concerns, something which can be evidenced by 75% of the month's contacts being responded to and resolved within 48 hours.

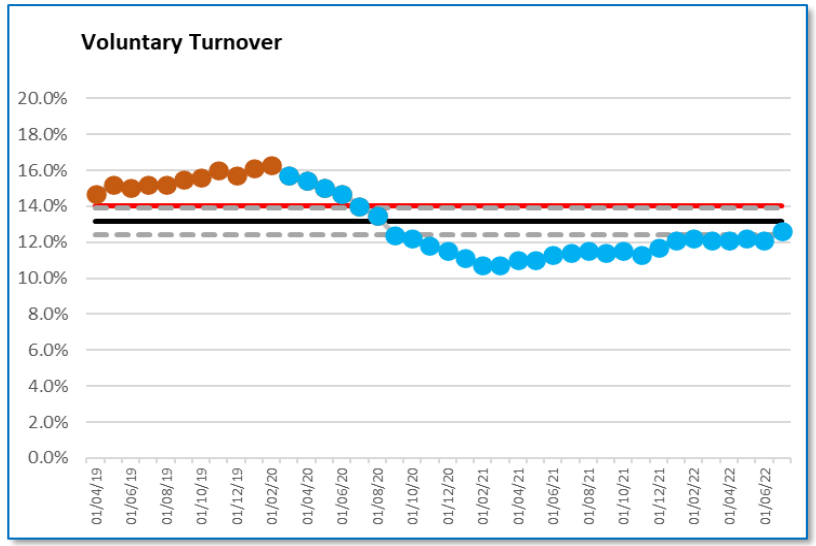
PALS by Directorate per 1,000 patient episodes

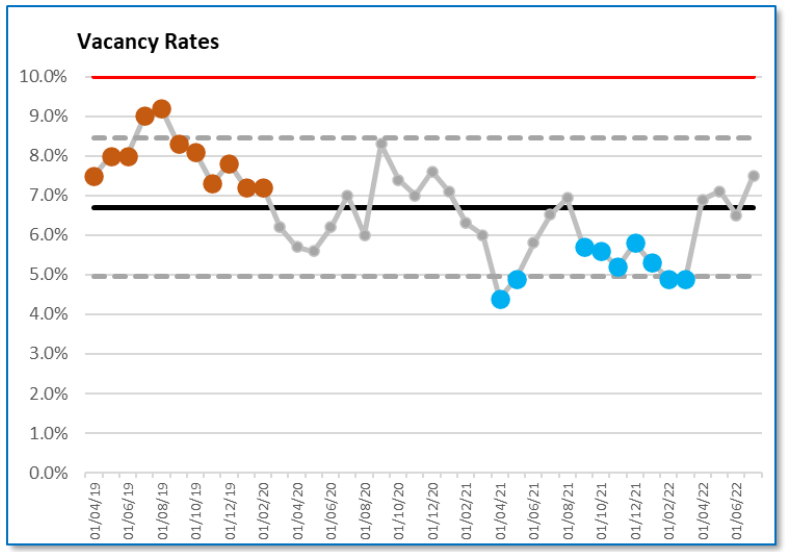


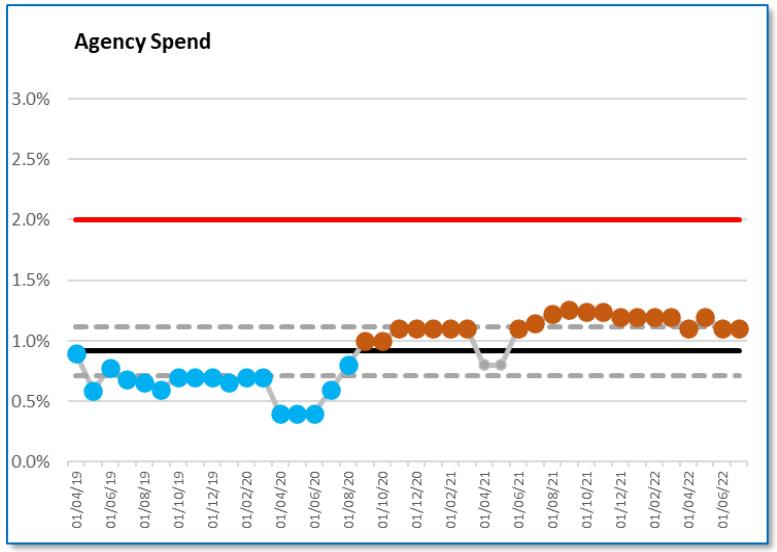
Caring

Appendix 4: Workforce SPC Analysis

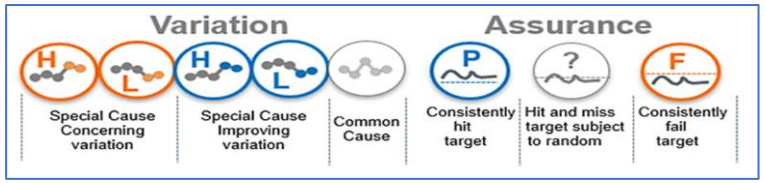








KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Trust Sickness Absence	Jul 22	3.3%	3.0%			3.1%	2.1%	4.1%
Voluntary Turnover	Jul 22	12.6%	14.0%			13.2%	12.4%	13.9%
Vacancy Rates	Jul 22	7.5%	10.0%			6.7%	4.9%	8.5%
Agency Spend	Jul 22	1.1%	2.0%			0.9%	0.7%	1.1%



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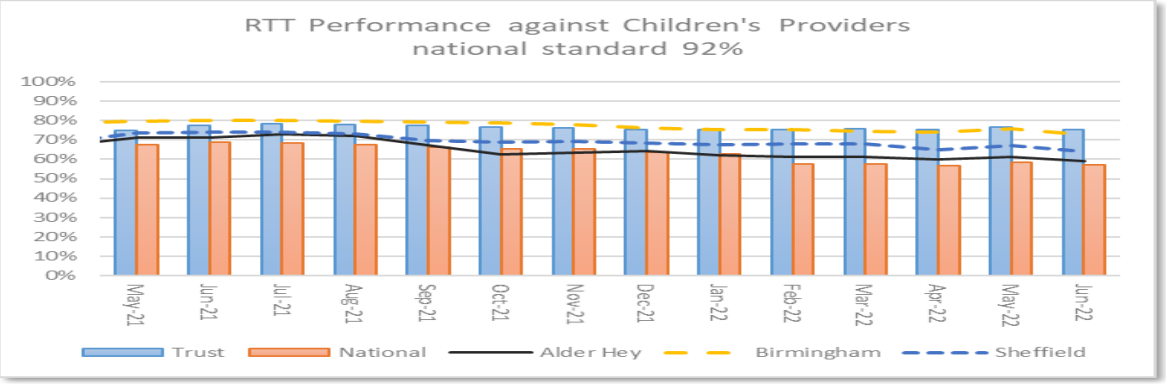
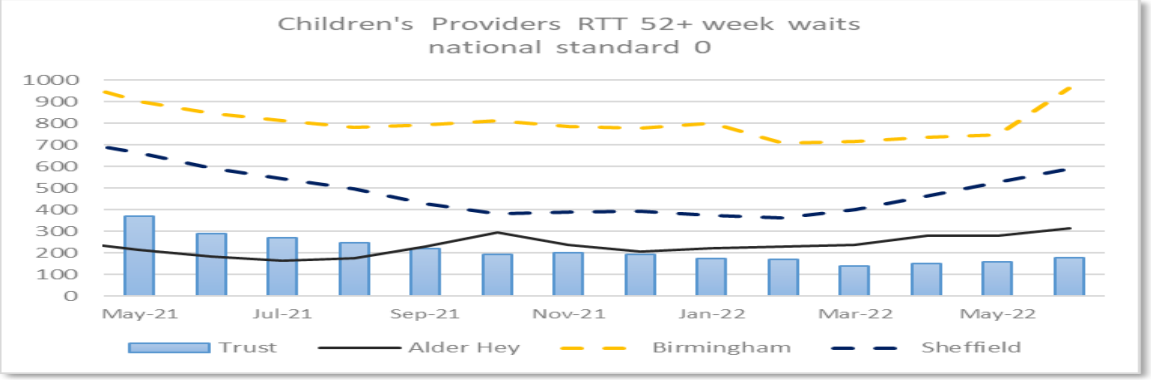
Appendix 5: Patient Access National and NCL RTT Performance – June 2022





Nationally, at the end of June, 57% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks.

GOSH is tracking 18.3% above the national June performance at 75.3% and is inline with comparative children's providers. RTT Performance for Sheffield Children (64%), Birmingham Women's and Children's (72.9%) and Alder Hey (59%).

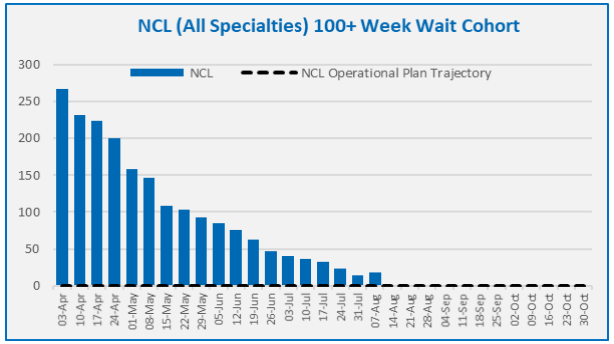
The national position for June 2022 indicates an increase in patients waiting over 52 weeks at 339,001 patients.

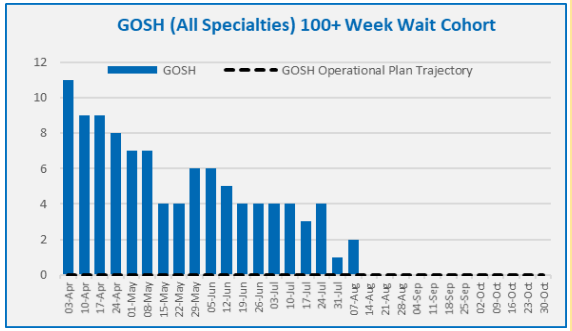
Compared to Alder Hey, Birmingham and Sheffield the number of patients waiting 52 weeks and over for GOSH is lower than all three providers for June.

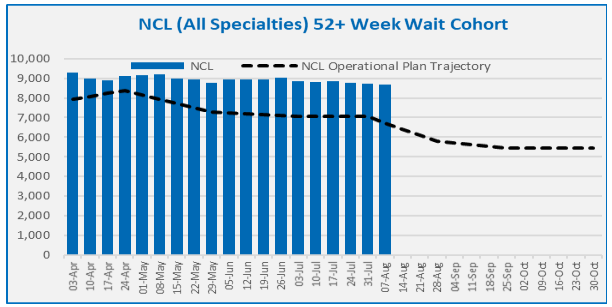
Overall for NCL the 100+ week wait position is above projected plan at 18 patients. Mainly driven by RFH and UCLH numbers. GOSH is above trajectory by 2 patients.

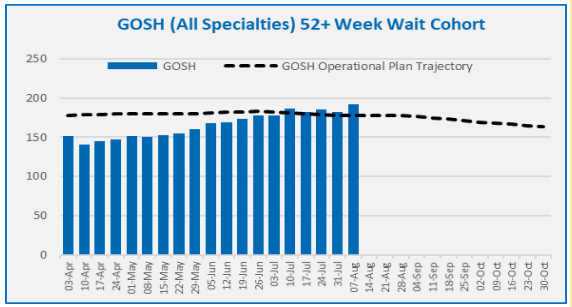
Overall, the number of patients waiting 52 weeks for NCL is reducing. Royal Free and UCLH have the most significant volumes. GOSH is marginally above the agreed 52 week trajectory submission at 10th July 2022.

NCL are in a strong position regionally with reducing long waits. However, risk remains with inter provider transfers of patients above 52 weeks.









Responsive

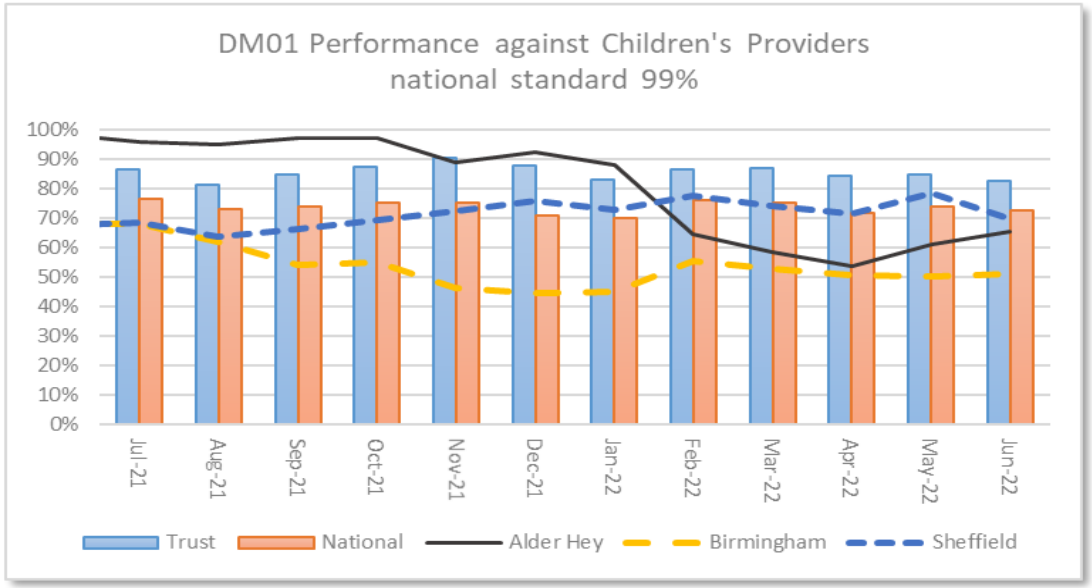
Appendix 6: Patient Access National Diagnostic Performance and 6 week waits – June 2022

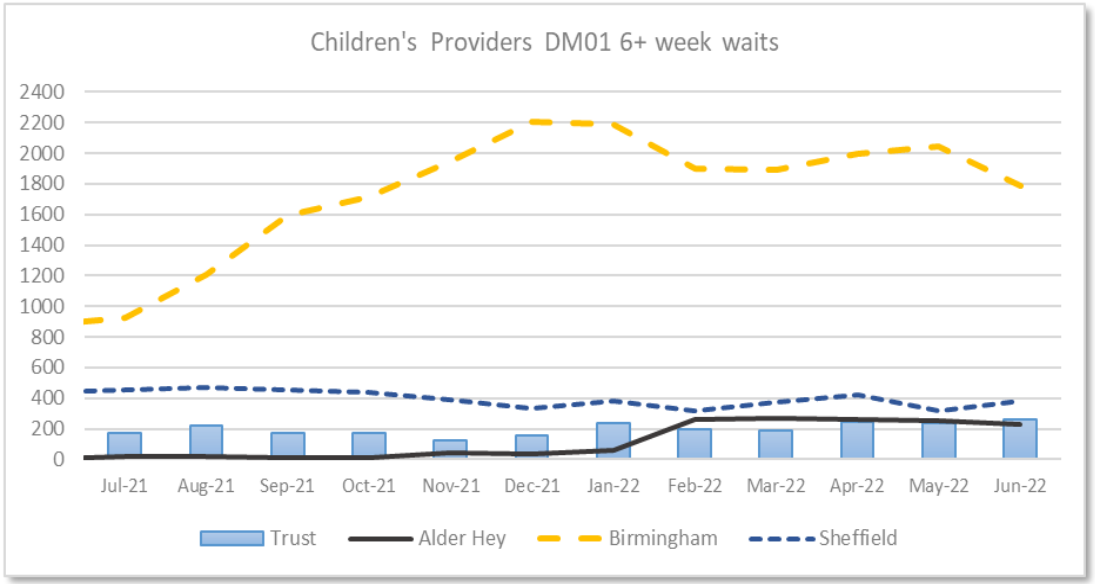
Nationally, at the end of June, 72.5% of patients were waiting under 6 weeks for a DM01 diagnostic test.

GOSH is tracking 10% above the national June performance and is inline with comparative children's providers. DM01 Performance for Sheffield Children (69.7%), Birmingham Women's and Children's (51.0%) and Alder Hey (65.3%).

The national position for June 2022 indicates an increase of patients waiting over 6 weeks at 430,037 patients.

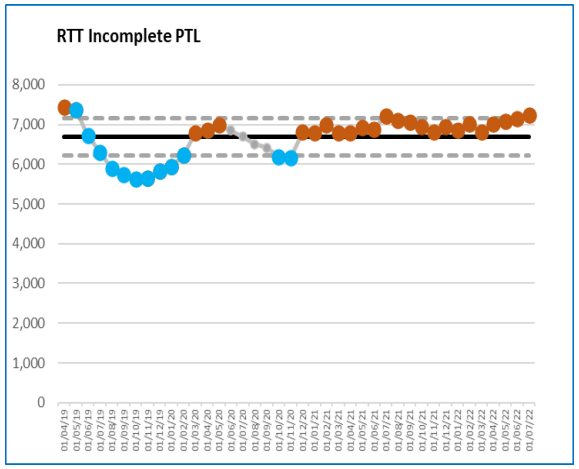
Compared to Birmingham and Sheffield the number of patients waiting 6 weeks and over for GOSH is lower than all these providers for June.

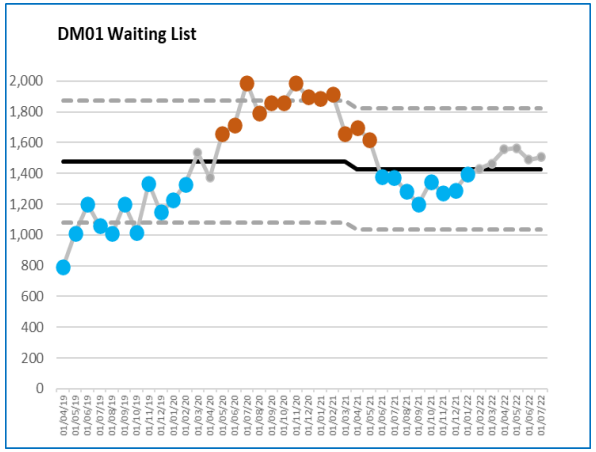


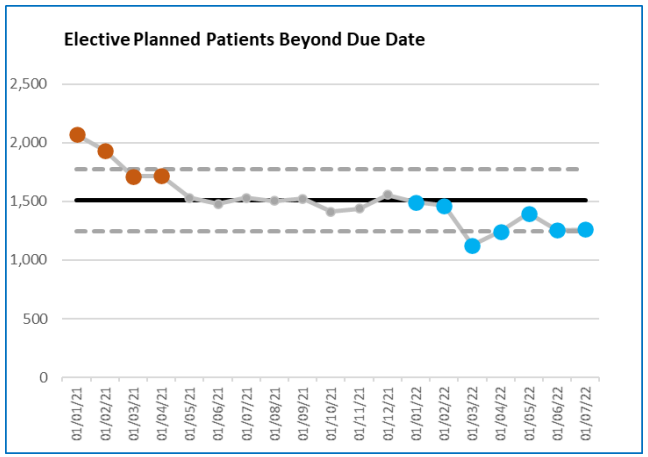


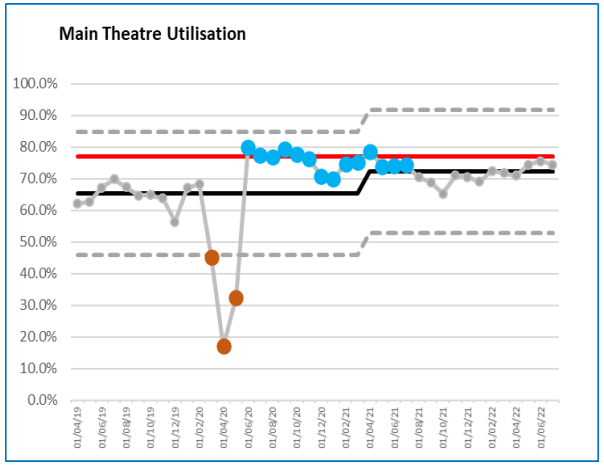
Responsive

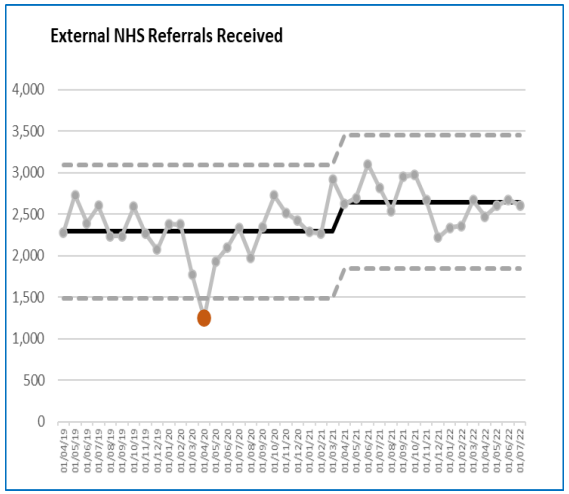
Appendix 7: Patient Access SPC Trends

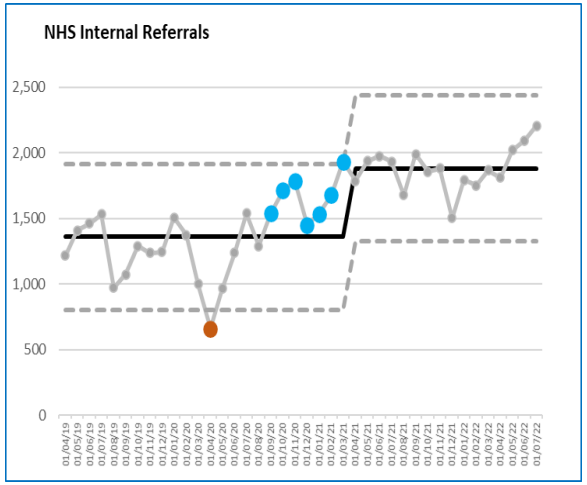


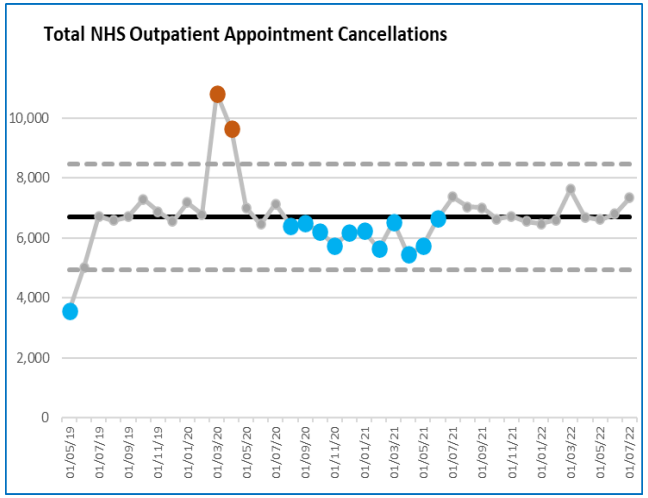


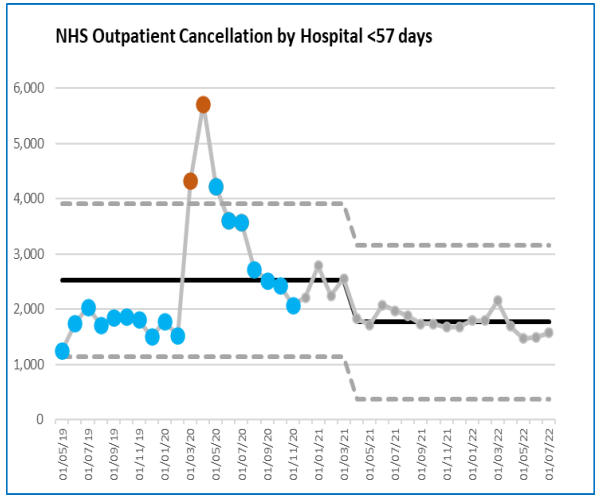












Responsive

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Integrated Quality & Performance Report August 2022 (Reporting July 2022 data)

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Attachment R

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
21st September 2022

Finance Report Month 5	**Paper No: Attachment R**
Submitted by: **Margaret Ashworth, Interim Chief Finance Officer**	☐ **For information and noting**

Purpose of report

The table below outlines the trust financial position at Month 5.

	In Month			Year to Date		
	Plan	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**
Income	47.2	47.7	0.5	231.6	233.8	2.2
Pay	(28.4)	(29.6)	(1.2)	(144.0)	(149.2)	(5.2)
Non-Pay	(19.2)	(18.7)	0.5	(96.6)	(98.4)	(1.8)
Surplus/(Deficit)	**(0.4)**	**(0.6)**	**(0.2)**	**(9.0)**	**(13.8)**	**(4.8)**

The Trust Better Value programme summary:

- Better Value programme has identified £13.4m of the £22.8m target
- At month 5 £5.7m has been delivered YTD out of the £7.2m YTD target.

Summary of report

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

1. NHS & other clinical income is £5.6m favourable to plan YTD due increased passthrough drugs income (offset by expenditure) along with higher than planned overseas income.
2. Private patients' income is £1.6m adverse to plan due to reduced levels of activity in prior months; private patient income saw an in-month improvement linked to increased activity from the referral pipeline with it overperforming against plan by £0.3m.
3. Pay costs are £5.2m adverse to plan YTD which is being driven by the underperformance of the Trust better value programme, additional costs for WLI/RTT to deliver the activity plan and higher levels of sickness cover across the Trust including the domestic team.
4. Non pay costs are £1.8m adverse to plan YTD due to underperformance on the better value programme and additional pass-through drugs expenditure (offset by income). In addition, the trust has seen increases in software licence costs for the Trust EPR system while the cost of clinical supplies are lower than plan.
5. The YTD cash balance has fallen by £20.1m since the start of the year. The main drivers are the reduction in working capital of £6.7m and an increase in the operating deficit of £16.4m, offset by capital expenditure being lower than deprecation by £3.6m.

The key movements to note on the balance sheet are:

Indicator	Comment
Cash	Cash held by the Trust is £103.5m which is £3.3m higher than last month due to an increase in working capital.
NHS Debtor Days	NHS debtor days reduced from 4 days in July to 2 days in August, falling within the target of 30 days for the Trust.
IPP Debtor Days	IPP debtor days increased from 106 days in June to 111 days in August.
Creditor Days	Creditor days has increased from 24 days to 27 days.

Action required from the meeting
Trust Board are asked to note the Trust financial position at month 5, cash flows and finance metrics.

Contribution to the delivery of NHS Foundation Trust priorities

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

Contribution to compliance with the Well Led criteria

□ Leadership, capacity and capability
□ Vision and strategy
□ Culture of high quality sustainable care
□ Responsibilities, roles and accountability
□ Effective processes, managing risk and performance
□ Accurate data/ information
□ Engagement of public, staff, external partners
□ Robust systems for learning, continuous improvement and innovation

Strategic risk implications
BAF Risk 1: Financial Sustainability

Financial implications
The report outlines the Trust's financial position

Implications for legal/ regulatory compliance
Not Applicable

Consultation carried out with individuals/ groups/ committees
This has been discussed with EMT

Who is responsible for implementing the proposals / project and anticipated timescales?
Chief Finance Officer / Executive Management Team

Who is accountable for the implementation of the proposal / project?
Chief Finance Officer / Executive Management Team

Which management committee will have oversight of the matters covered in this report?
FIC

Finance and Workforce Performance Report Month 5 2022/23

Contents

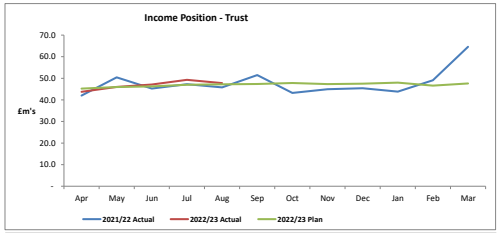
Trust Performance Summary for the 5 months ending 31 Aug 2022

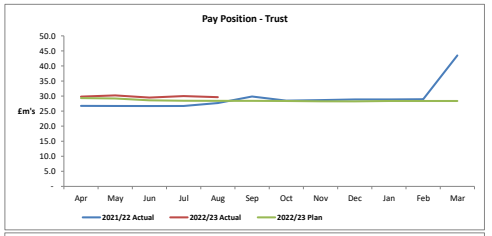
KEY PERFORMANCE DASHBOARD

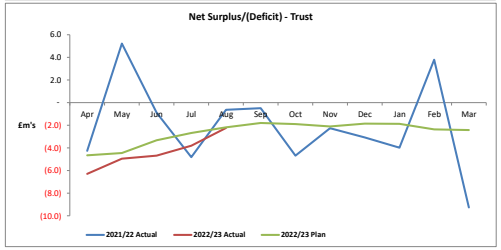
ACTUAL FINANCIAL PERFORMANCE

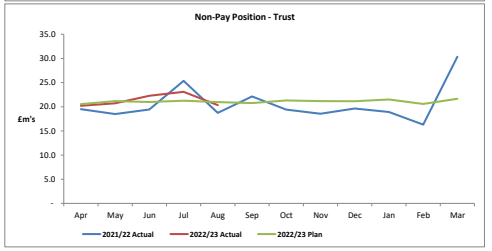
	In month			Year to date		
	Plan	*Actual*	*RAG*	*Plan*	*Actual*	*RAG*
INCOME	**£47.2m**	**£47.7m**		**£231.6m**	**£233.8m**	
PAY	**(£28.4m)**	**(£29.6m)**		**(£144.0m)**	**(£149.2m)**	
NON-PAY **inc.** owned depreciation and PDC	**(£19.2m)**	**(£18.7m)**		**(£96.6m)**	**(£98.4m)**	
Surplus/Deficit excl. donated depreciation	**(£0.4m)**	**(£0.6m)**		**(£9.0m)**	**(£13.7m)**	

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









AREAS OF NOTE:

The YTD financial position for the trust is a £13.7m deficit which is £4.7m adverse to plan. This is driven mainly by delays in the delivery of the Trust Better Value programme, reduced private patient income and commercial income being behind plan.

Income is £2.2m favourable YTD mainly due to increased income for passthrough drugs (£2.7m) with lower then planned levels of Private Patient income (£1.6m) and Non clinical income (£1.7m). Private patient income saw an improvement in activity in month which is forecast to continue going forward, Non clinical income is also forecast to improve as contracts are finalised with commercial and NHS bodies. Pay is £5.2m adverse YTD due to additional costs associated with increasing activity and reducing the waiting lists along with delays in the Better Value programme. Non pay (including owned depreciation and PDC) is £1.9m adverse YTD largely due to increased costs for the Trust EPR system and higher levels of Passthrough Drugs (offset with Income). The Trust Better value programme is behind plan by £3.2m. This is associated with scheme lead in time taking longer than initially planned. the Trust has put additional challenge programmes into place to increase the delivery of the overall programme and has expanded its methods of engagement with all staff across the Trust.

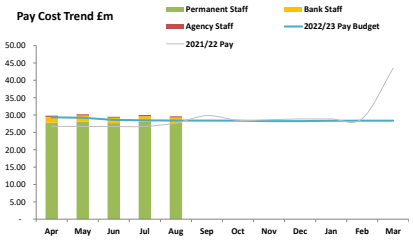
PEOPLE

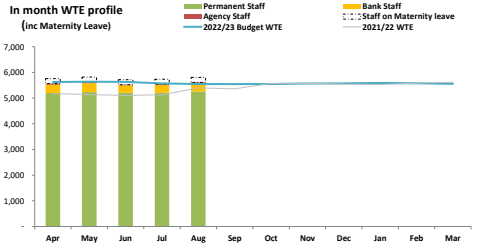
	M5 Plan WTE	*M5 Actual WTE*	*Variance*
Permanent Staff	5,512.5	5,256.4	256.1
Bank Staff	26.6	314.0	(287.4)
Agency Staff	5.6	40.5	(35.0)
TOTAL	**5,544.6**	**5,610.9**	(66.3)

AREAS OF NOTE:

Month 5 WTEs increased in comparison to Month 4, largely within Bank and Agency for Nursing and STT. Although Staff usage is below planned levels the use of bank remains high due to continued (but reducing) levels in relation to Vacancies, Covid isolation and sickness backfill. The Trust has seen significant levels of sickness within the domestic team and is working to reduce this and ensure the service continues without interruption.

The 31th August absence rate due to Covid was 0.27% of the permanent workforce which shows an improvement from prior month, 0.47% on 31st July.



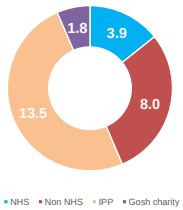


CASH, CAPITAL AND OTHER KPIs

Key metrics	*Jul-22*	*Aug-22*
Cash	**£100.2m**	**£103.5m**
IPP debtor days	**106**	**111**
Creditor days	**24**	**27**
NHS Debtor days	**4**	**3**
BPPC (£)	**89%**	**94%**

Capital Programme	*YTD Plan M5*	*YTD Actual M4*	*Full Year F'cst*
Total Trust-funded	**£3.4m**	**£2.4m**	**£15.0m**
Total IFRS 16	**£0.1m**	**£0.0m**	**£0.6m**
Total Donated	**£4.6m**	**£3.2m**	**£29.7m**
Total Grant-funded	**£0.0m**	**£0.0m**	**£0.0m**
Grand Total	**£8.1m**	**£5.5m**	**£45.3m**

Net receivables breakdown (£m)



AREAS OF NOTE:

1. Cash held by the Trust increased in month from £100.2m to £103.5m.

2. Capital expenditure for the year to date was £5.5m, £2.6m less than plan. The Trust funded forecast total outturn is per plan.

3. IPP debtors days increased in month from 106 to 111. Total IPP debt (net of cash deposits held) increased in month to £13.5m (£12.9m in M04). Overdue debt decreased in month to £16.3m (£16.6m in M04).

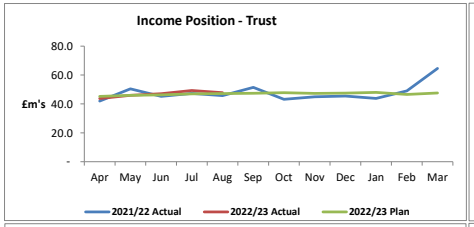
4. Creditor days increased in month from 24 to 27 days.

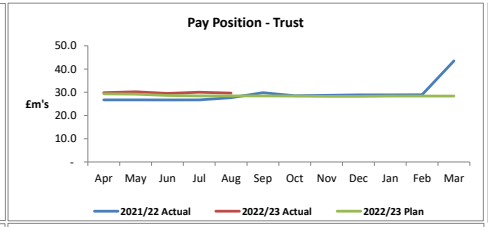
5. NHS debtor days decreased in month from 4 to 3 days.

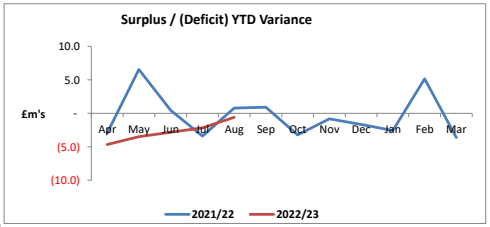
6. In M05, 94% of the total value of creditor invoices were settled within 30 days of receipt; this represented 85% of the total number of creditor invoices paid in month. The percentage of invoices paid in both categories (value and number) is below the NHSE target of settling at least 95% of invoices within 30 days.

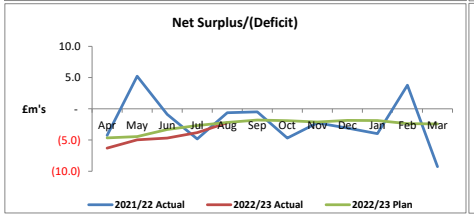
Trust Income and Expenditure Performance Summary for the 5 months ending 31 Aug 2022

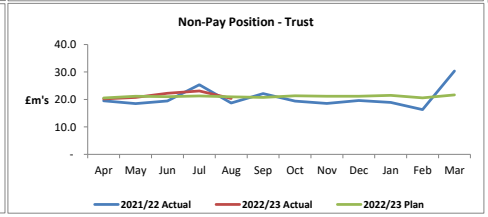
2022/23 Annual Plan (£m)	Income & Expenditure	Month 5 Plan (£m)	Month 5 Actual (£m)	Month 5 Variance (£m)	Month 5 Variance %	Year to Date Plan (£m)	Year to Date Actual (£m)	Year to Date Variance (£m)	Year to Date Variance %	Rating YTD Variance	Notes	2021/22 Actual M5 (£m)	2022/23 Plan YTD M5 (£m)	2022/23 Plan In-month M5 (£m)
452.02	NHS & Other Clinical Revenue	37.98	38.63	0.66	1.73%	187.55	193.09	5.55	2.96%	G	1	39.12	187.55	37.98
46.12	Private Patient Revenue	3.69	3.98	0.29	7.75%	16.46	14.86	(1.59)	(9.67%)	R	2	2.31	16.46	3.69
65.65	Non-Clinical Revenue	5.52	5.13	(0.39)	(6.99%)	27.61	25.88	(1.73)	(6.26%)	R	3	4.35	27.61	5.52
563.78	**Total Operating Revenue**	**47.19**	**47.74**	**0.56**	**1.18%**	**231.61**	**233.83**	**2.23**	**0.96%**	G		**45.78**	**231.61**	**47.19**
(322.02)	Permanent Staff	(26.66)	(27.67)	(1.01)	(3.80%)	(134.86)	(139.33)	(4.47)	(3.32%)	R		(25.71)	(134.86)	(26.66)
(3.65)	Agency Staff	(0.31)	(0.35)	(0.04)		(1.77)	(1.68)	0.10		G		(0.41)	(1.77)	(0.31)
(16.74)	Bank Staff	(1.45)	(1.63)	(0.17)	(12.03%)	(7.39)	(8.19)	(0.80)	(10.81%)	R		(1.58)	(7.39)	(1.45)
(342.41)	**Total Employee Expenses**	**(28.42)**	**(29.64)**	**(1.23)**	**(4.32%)**	**(144.02)**	**(149.19)**	**(5.17)**	**(3.59%)**	R	4	**(27.70)**	**(144.02)**	**(28.42)**
(94.54)	Drugs and Blood	(8.02)	(8.16)	(0.14)	(1.73%)	(39.71)	(43.30)	(3.60)	(9.06%)	R		(7.31)	(39.71)	(8.02)
(41.17)	Supplies and services - clinical	(3.38)	(2.92)	0.46	13.54%	(17.34)	(17.32)	0.02	0.09%	G		(2.77)	(17.34)	(3.38)
(71.02)	Other Expenses	(5.89)	(5.94)	(0.05)	(0.82%)	(30.12)	(29.45)	0.67	2.21%	G		(5.66)	(30.12)	(5.89)
(206.74)	**Total Non-Pay Expenses**	**(17.30)**	**(17.03)**	**0.27**	**1.56%**	**(87.16)**	**(90.08)**	**(2.91)**	**(3.34%)**	R	5	**(15.74)**	**(87.16)**	**(17.30)**
(549.15)	**Total Expenses**	**(45.71)**	**(46.67)**	**(0.96)**	(2.10%)	**(231.18)**	**(239.27)**	**(8.09)**	(3.50%)	R		**(43.44)**	**(231.18)**	**(45.71)**
14.64	**EBITDA (exc Capital Donations)**	**1.48**	**1.07**	**(0.40)**	**(27.21%)**	**0.42**	**(5.44)**	**(5.86)**	**(1,383.66%)**	R		**2.34**	**0.42**	**1.48**
(25.27)	Owned depreciation, Interest and PDC	(1.92)	(1.67)	0.24	12.78%	(9.40)	(8.28)	1.12	11.92%			(1.55)	(9.40)	(1.92)
(10.63)	**Surplus/Deficit**	**(0.44)**	**(0.60)**	**(0.16)**	**(35.85%)**	**(8.98)**	**(13.72)**	**(4.74)**	**(52.81%)**			**0.79**	**(8.98)**	**(0.44)**
(20.99)	Donated depreciation	(1.74)	(1.64)	0.10		(8.32)	(8.26)	0.06				(1.43)	(8.32)	(1.74)
(31.62)	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**(2.18)**	**(2.24)**	**(0.06)**	**(35.85%)**	**(17.30)**	**(21.98)**	**(4.68)**	**(52.81%)**			**(0.64)**	**(17.30)**	**(2.18)**
0.00	Impairments & Unwinding Of Discount	0.00	0.00	0.00		0.00	0.00	0.00				0.00	0.00	0.00
29.61	Capital Donations	1.07	0.50	(0.57)		4.60	3.16	(1.44)				0.93	4.60	1.07
(2.01)	**Adjusted Net Result**	**(1.11)**	**(1.73)**	**(0.62)**	**(56.15%)**	**(12.69)**	**(18.82)**	**(6.12)**	**(48.24%)**			**0.29**	**(12.69)**	**(1.11)**











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

Summary

- The YTD Trust financial position at Month 5 is a deficit of £13.7m which is £4.7m adverse to plan.
- The deficit is due to a combination of reduced clinical income linked to changes in the national funding regime for 2022/23, increased drugs costs and higher than planned spend on pay and maintenance of software.

Notes

1. NHS clinical income is £5.6m favourable to plan YTD due to increased income for passthrough drugs (offset with expenditure), other NHS clinical income and overseas income linked to additional activity.
2. Private Patient income is £1.6m adverse to plan YTD which is due to reduced levels of activity although Month 5 has seen a recovery of the private patient activity resulting in an improved in month income.
3. Non clinical income is £1.7m adverse to plan YTD. This is mainly driven by reduced levels of Commercial income, Charity income and contract finalisation which are areas that the Trust is continuing to work on increasing later in the year.
4. Pay costs are £5.2m adverse to plan YTD mainly due to high to levels of bank usage linked to sickness, additional shifts to reduce the waiting lists and a delay in the delivery of the Better Value programme.
5. Non pay is £2.9m adverse to plan YTD largely due to increase in pass through expenditure (£2.7m) which is offset by additional income.

Trust Income and Expenditure Forecast Outturn Summary for the 5 months ending 31 Aug 2022

2022/23					
Income & Expenditure					Rating
	Plan	Forecast	Variance		YTD
	(£m)	(£m)	(£m)	%	Variance
NHS & Other Clinical Revenue	452.02	452.02	0.00	0.00%	G
Private Patient Revenue	46.12	46.12	0.00	0.00%	G
Non-Clinical Revenue	65.65	65.65	0.00	0.00%	G
Total Operating Revenue	**563.78**	**563.78**	**0.00**	**0.00%**	G
Permanent Staff	(322.02)	(322.02)	0.00	0.00%	G
Agency Staff	(3.65)	(3.65)	0.00	0.00%	G
Bank Staff	(16.74)	(16.74)	0.00	0.00%	G
Total Employee Expenses	**(342.41)**	**(342.41)**	**0.00**	**0.00%**	G
Drugs and Blood	(94.54)	(94.54)	0.00	0.00%	G
Supplies and services - clinical	(41.17)	(41.17)	0.00	0.00%	G
Other Expenses	(71.02)	(71.02)	0.00	0.00%	G
Total Non-Pay Expenses	**(206.74)**	**(206.74)**	**0.00**	**0.00%**	G
Total Expenses	**(549.15)**	**(549.15)**	0.00	**0.00%**	G
EBITDA (exc Capital Donations)	**14.64**	**14.64**	**0.00**	**0.00%**	G
Owned depreciation, Interest and PDC	(25.27)	(25.27)	0.00	0.00%	
Surplus/Deficit	**(10.63)**	**(10.63)**	**0.00**	**0.00**	G
Donated depreciation	(20.99)	(20.99)	0.00	0.00%	
Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	**(31.62)**	**(31.62)**	**0.00**	**0.00%**	
Impairments	0.00	0.00	0.00		
Capital Donations	29.61	29.61	0.00	0.00%	
Adjusted Net Result	**(2.01)**	**(2.01)**	**0.00**	**0.00%**	

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

Summary

- The trust is planning to recover from a straight line forecast and plans to achieve the trust control total of a £10.6m deficit.

Notes

1. The forecast for NHS & other clinical revenue is set to meet plan as there are plans of income and expenditure to be reduced for passthrough drugs and overperformance of Health Education Income .

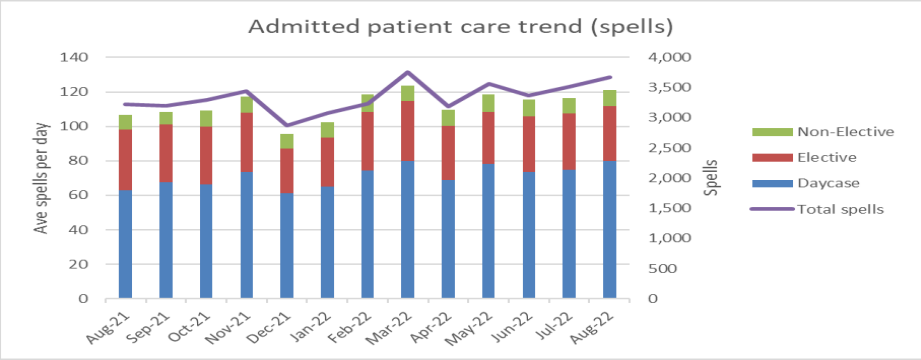
2. Private Patient income is forecast to achieve £46.1m with the Trust working on a Recovery plan to bring in the current referrals in the pipeline and bring in additional patients.

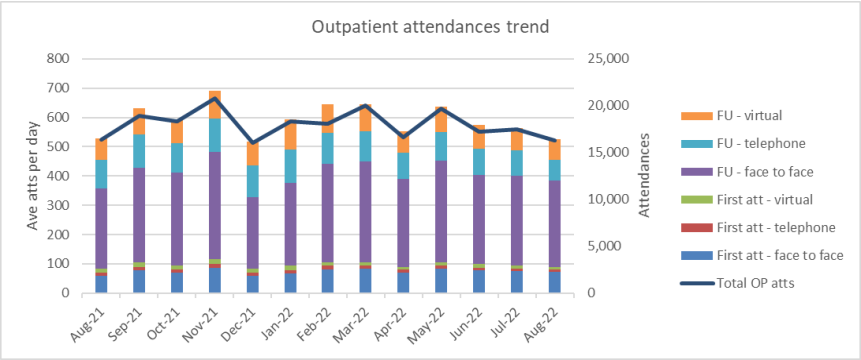
3. Pay is forecast to be within plan with continued reduction in WTEs and with plans to identify and deliver on the trust Better Value programme.

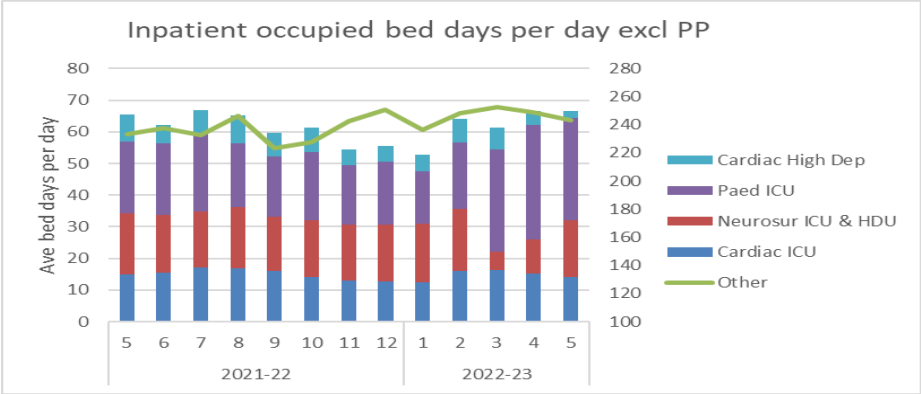
4. Non Pay is planned to recover with forecast to be within plan with identification and continuity to deliver on the trust Better Value programme. In addition with expectation that passthrough drugs costs will reduce off setting income.

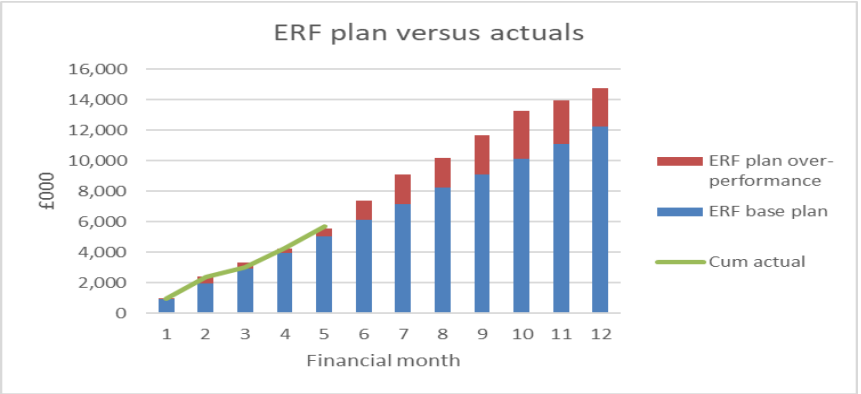
2022/23 Overview of activity trends for month ending 31 August 2022

Great Ormond Street Hospital for Children NHS Foundation Trust







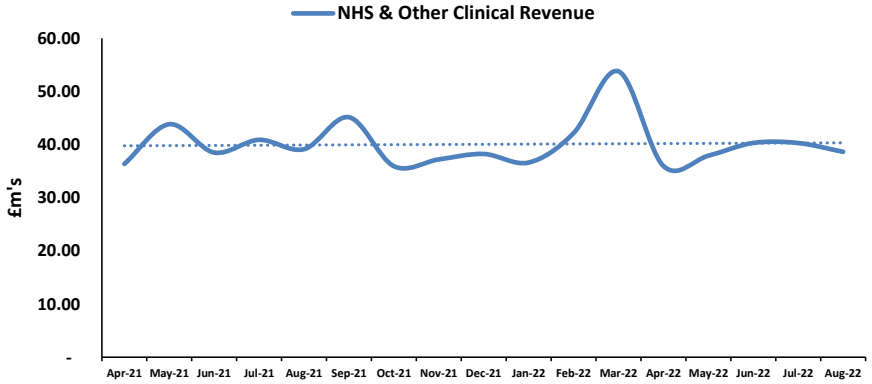


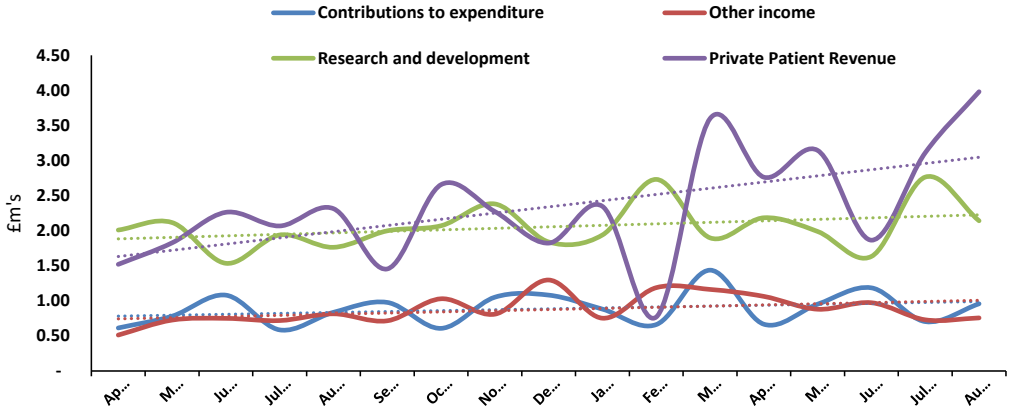
Summary

- Overall activity in July has decreased per working day for all points of delivery with the exception of daycase, non-elective spells and telephone first outpatient attendances, where there has been a increase of 5.1 (6.8%), 0.79 (9.2%) spells per day and 0.06 (0.72%) attendances respectively.
- Bed days for August 2022 are in line with activity levels per working day with critical care bed days remaining stable and a slight decrease in other bed days (-5.4 days).
- Outpatient attendances have continued to decrease with a reduction of 6.9% per working day overall versus July with decreases across both first and follow up attendances at 6.2% and 7% respectively. Face to face % activity levels have further decreased since July, with 70% face to face and 30% non-face to face, a 2% shift to face to face attendances. The number of outpatient attendances may increase as activity is finalised.
- Clinical supplies and services have decreased versus July (£2.4m to £4.1m) whereas activity has slightly increased for admitted patientcare and reduced for outpatient attendances. This is the same picture as that seen in 2021/22 and is driven by reduced costs for pathology, audiology, surgical supplies and theatres.
- The mechanism for calculating the elective recovery fund and the baseline that actual performance will be measured against remains subject to confirmation. On the basis of current information, estimated year to date August performance is £5,676k versus a plan of £5,576k. This a small over-performance of £100k against the total plan consisting of baseline ERF funding and planned over-performance, however this may be subject to

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

2022/23 Income for the 5 months ending 31 Aug 2022





Summary

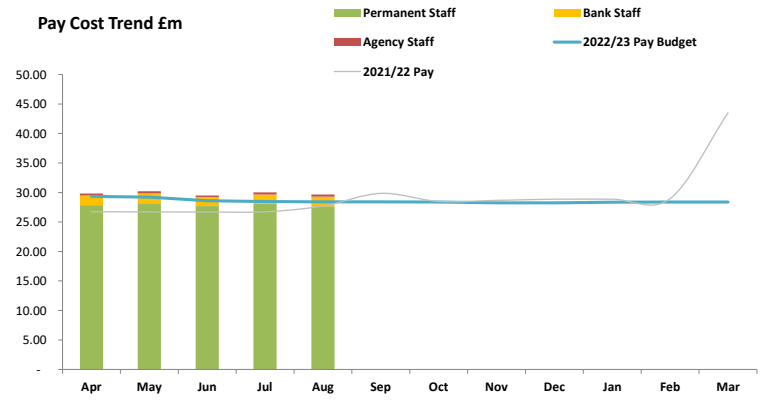
- Income from patient care activities excluding private patients is £5.5m favourable to plan YTD. This is due to significant increases income for pass through drugs, additional genomics funding and high cost patients for devolved nations.
- Non clinical income is £1.7m adverse to plan YTD. Mainly driven by lower commercial activity, Charity income and awaiting finalisation of contracts.
- Private Patient income is £1.6m adverse to plan YTD. This is due to lower activity levels and work is being done to increase activity level. Private patient income has increased and strong referrals are leading to the expected continued increase in private income.

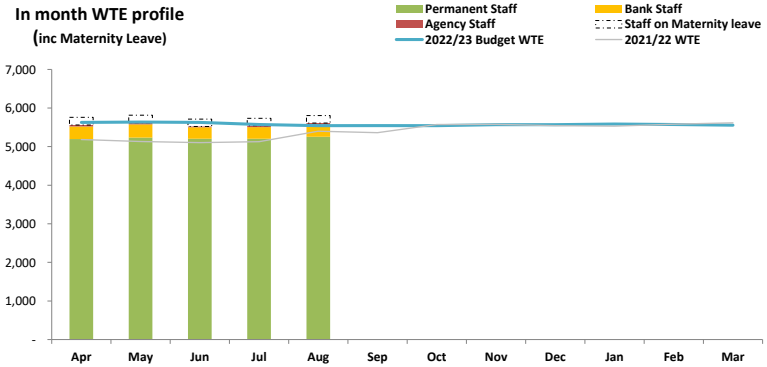
Workforce Summary for the 5 months ending 31 Aug 2022

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

£m including Perm, Bank and Agency	2021/22 actual full year			2022/23 actual			Variance			RAG
Staff Group	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)	61.7	1,251.7	49.3	27.6	1,286.4	51.6	(1.9)	(0.7)	(1.2)	R
Consultants	63.5	396.0	160.4	27.4	395.3	166.0	(0.9)	0.0	(0.9)	R
Estates & Ancillary Staff	10.6	323.6	32.9	6.1	438.6	33.6	(1.7)	(1.6)	(0.1)	R
Healthcare Assist & Supp	11.3	322.5	35.2	4.7	313.3	36.3	(0.0)	0.1	(0.1)	G
Junior Doctors	31.6	385.4	82.0	14.1	384.0	88.0	(0.9)	0.0	(1.0)	R
Nursing Staff	93.8	1,623.3	57.8	39.9	1,613.4	59.3	(0.8)	0.2	(1.0)	R
Other Staff	0.8	15.3	53.9	0.4	17.5	52.3	(0.0)	(0.0)	0.0	G
Scientific Therap Tech	60.2	1,039.5	57.9	26.9	1,087.0	59.3	(1.8)	(1.1)	(0.6)	R
Total substantive and bank staff costs	**333.6**	**5,357.4**	**62.3**	**147.1**	**5,535.5**	**63.8**	**(8.1)**	**(4.6)**	**(3.4)**	R
Agency	4.2	35.8	116.0	1.7	35.6	112.9	0.1	0.0	0.0	G
Total substantive, bank and agency cost	**337.8**	**5,393.2**	**62.6**	**148.7**	**5,571.1**	**64.1**	**(8.0)**	**(4.6)**	**(3.4)**	R
Reserve*	0.5	0.2		0.5	0.0		(0.3)	(0.3)	0.0	A
Additional employer pension contribution by NHSE (M12)	13.6	0.0		0.0	0.0		0.0	0.0	0.0	G
Total pay cost	**351.8**	**5,393.4**	**65.2**	**149.2**	**5,571.1**	**64.3**	**(8.3)**	**(4.9)**	**(3.4)**	R
Remove maternity leave cost	(4.1)			(1.4)			(0.3)	0.0	(0.3)	A
Total excluding Maternity Costs	**347.6**	**5,393.4**	**64.5**	**147.8**	**5,571.1**	**63.7**	**(8.6)**	**(4.9)**	**(3.7)**	R

*Plan reserve includes WTEs relating to the better value programme



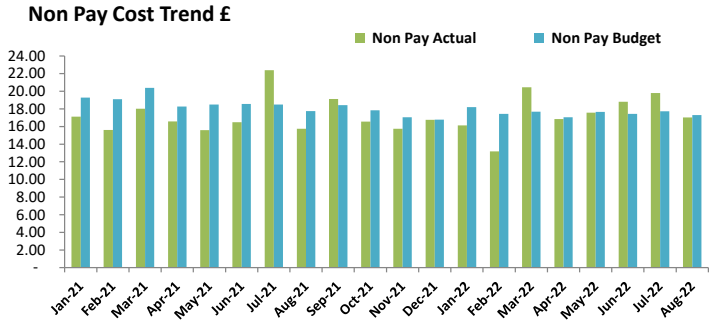


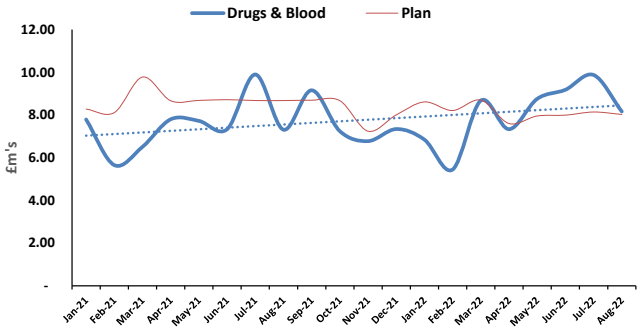
Summary

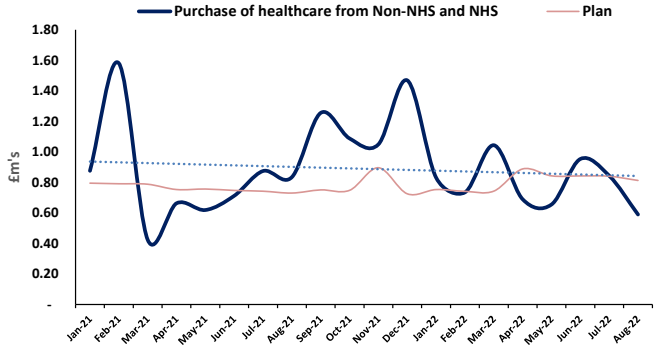
The table compares the actual YTD workforce spend in 2022/23 to the full year workforce spend in 2021/22 prorated to the YTD.

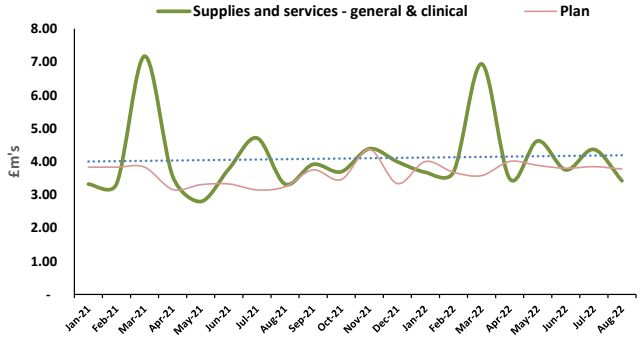
- Pay costs are above the 2022/23 plan YTD by £5.2m and when compared to the 2021/22 extrapolated actual it is £8.3m higher. This increase from 2021/22 is being driven by volume increase (£4.9m) and price increase (£3.9m). The price variance is driven by the NHS pay award and increase in NI payments. The largest element of the volume increase is driven by the full year insourcing of the cleaning service
- July has seen a decrease in the number of staff absent from the Trust due to Covid with the number decreasing from 0.45% on the 31st July to 0.27% on the 31st August.
- The Trust continues to see high levels of maternity leave (194 WTE) which is contributing to the higher than planned levels of temporary staffing across the Trust.
- Consultants & Junior Doctors have seen an increase of £1.9m which is driven by a price variance. This is linked to the NHS pay award, NI and an increase in WLIs and on call cover to deliver the Trust activity plans. .
- Estates & Ancillary are £0.6m adverse YTD to plan due to high levels of sickness in within the cleaning service. When compared to 2021/22 the key driver of the increase is the level of sickness and the full year insourcing of the service.
- Scientific Therapeutic and Technical Staff are £0.7m adverse to plan YTD due to Agency usage within Pharmacy .

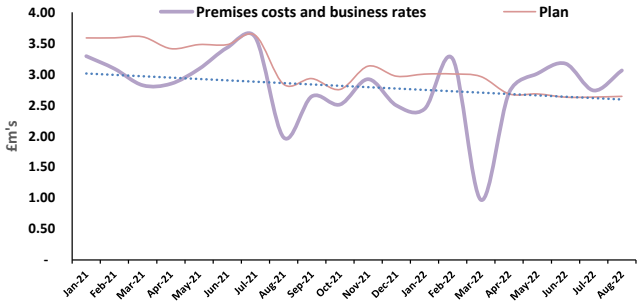
Non-Pay Summary for the 5 months ending 31 Aug 2022







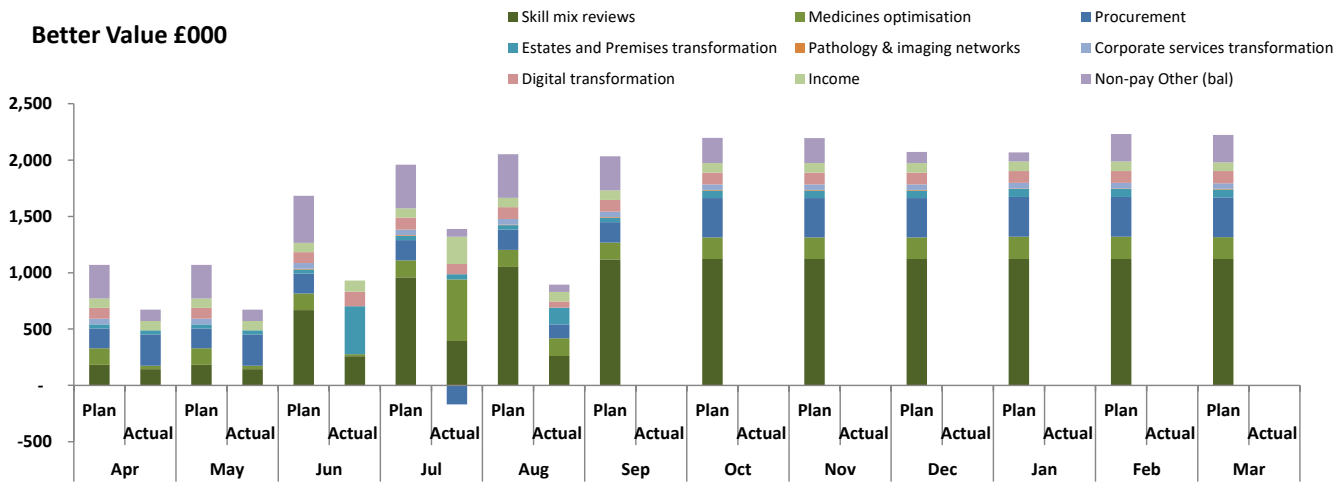


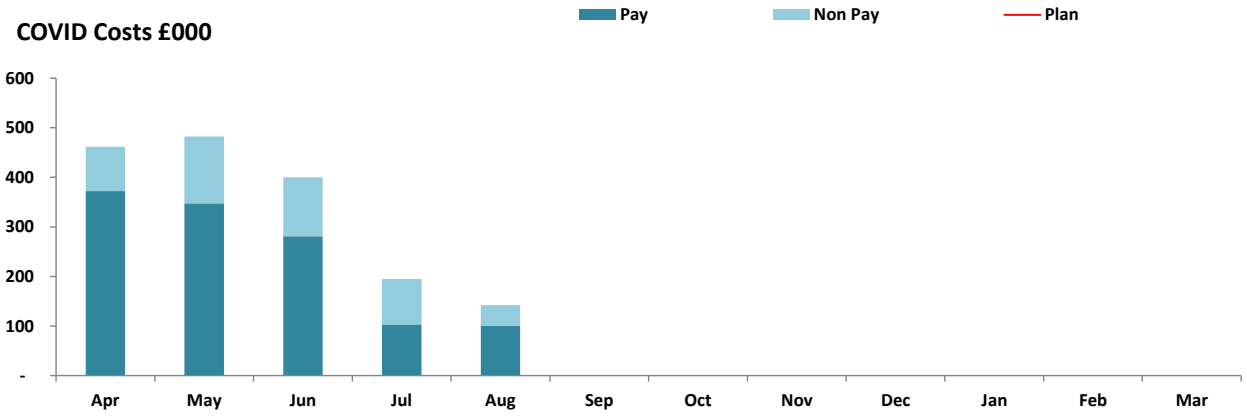


Summary

- Non pay is £0.3m favourable to plan in month and £2.9m adverse to plan YTD.
- Pass through expenditure is £2.7m adverse to plan YTD but this offsets by additional income.
- Premises costs are £1.0m adverse to plan YTD due to increased costs associated with the expanded Trust EPR system.
- Supplies & Services Clinical costs fell in month following reduced levels of ordering linked to summer variation and the reduced access to the procurement system.
- Education and Research Costs £1.0m favourable to plan YTD due to lower then plan spend on courses and conferences.
- Impairment of receivables is £0.7m favourable to plan YTD due to the continued work to increase payment of aged private patient invoices previously provided for.

Better Value and COVID costs for the 5 months ending 31 Aug 2022





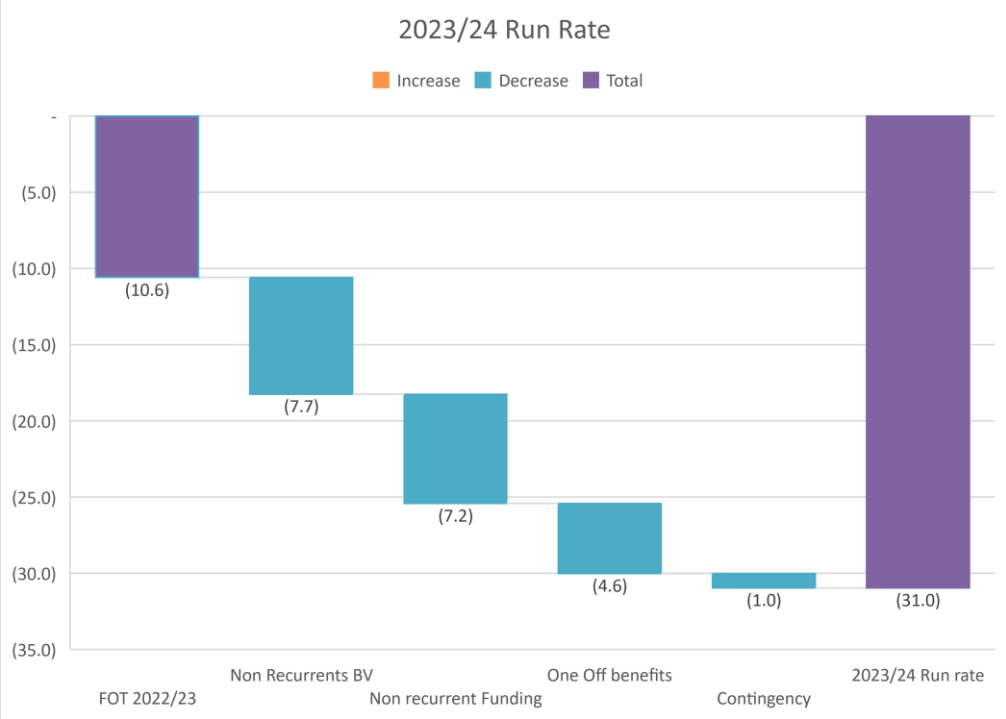
Better Value and Covid-19 costs

- The Trust is continuing to develop it's better value programme for 2022/23 and continues to hold weekly Directorate / PMO meetings to finalise the schemes and develop new ones. In addition the Trust has been holding additional workshops and meetings to drive bottom up scheme development across the Trust.
  - Month 5 £4.6m of the £7.8m plan has been delivered.
  - Month 5 plan was for £4.9m of recurrent savings, Trust has delivered £3.8m.
  - Month 5 plan was for £2.9m of non recurrent savings, Trust has delivered £0.8m.

- Covid costs in month are £0.1m which is significantly lower than the last six months of 2021/22. The costs incurred by the Trust are associated with cleaning, testing and Covid premium payments. It is planned for all covid costs to be removed and this report will track progress with this each month. The main costs in month are associated with pre-screening of patients and the uplifted bank rates.

Underlying Run rate for 2023/24

Run Rate Adjustments	£m
2022/23 Forecast Outturn	**(10.60)**
Better Value Non recurrent	(7.68)
One Off Annual Leave Accrual release	(2.00)
Other non recurrent balance sheet release	(2.60)
ICS regional funding non recurrent	(3.24)
Covid income	(3.93)
Contingency	(1.00)
2023/24 Run rate	**(31.04)**



Notes

This slides shows the run rate for the Trust which looks at the Trust forecast and adjusts it for non-recurrent elements to give the 2023/24 financial run rate. This is important because the Trust has a number of significant non recurrent benefits in the 2022/23 forecast that will not continue into 2023/24, therefore the 2023/24 financial position will start in a worse position than this years forecast. This is important in the context of the Trusts long term planning and the Recovery plan.

- The Trust forecast is for a £10.6m deficit which contains £19.4m of non-recurrent benefit. In addition the Trust has assumed £1.0m of contingency for 2023/24. This results in a £31.0m underlying deficit for 2023/24.
- The Better Value programme is split into recurrent and non-recurrent. The non-recurrent element of better value in the forecast is £7.7m which will therefore not continue into 2023/24.
- The Trust is releasing £4.6m in 2022/23 and the Trust will not have these available in 2023/24.
- The Trust is receiving a number of non-recurrent funding streams which are not going to continue into 2023/24.
- This assumes that Private patient income, charitable income and ERF will continue into 2023/24 at the same full year value as 2022/23 (£57.2m). It also assumes that ERF will continue into 2022/23 and that Research income will continue to cover its costs in the same way it is this year

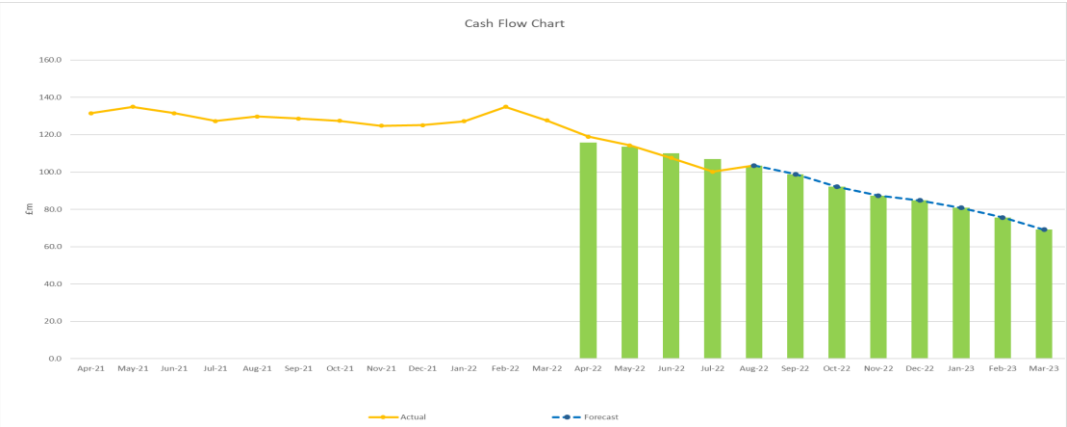
31 Mar 2022 Audited Accounts £m	Statement of Financial Position	YTD Actual 31 Jul 22 £m	*YTD Actual 31 Aug 22 £m*	In month Movement £m
546.40	Non-Current Assets	623.66	621.81	(1.85)
62.22	Current Assets (exc Cash)	75.38	77.17	1.79
123.67	Cash & Cash Equivalents	100.23	103.52	3.29
(104.63)	Current Liabilities	(108.19)	(113.23)	(5.04)
(5.37)	Non-Current Liabilities	(28.48)	(28.41)	0.07
622.29	**Total Assets Employed**	**662.60**	**660.86**	**(1.74)**

31 Mar 2022 Audited Accounts £m	Capital Expenditure	YTD plan 31 August 2022 £m	YTD Actual 31 August 2022 £m	YTD Variance £m	Forecast Outturn 31 Mar 2023 £m	RAG YTD variance
6.12	Redevelopment - Donated	3.92	2.64	1.28	26.40	A
1.61	Medical Equipment - Donated	0.69	0.52	0.17	3.25	A
-	ICT - Donated	0.00	0.00	0.00	0.00	G
7.73	**Total Donated**	**4.61**	**3.16**	**1.45**	**29.65**	A
0.32	**Total Grant funded**	**0.00**	**0.00**	**0.00**	**0.00**	G
12.05	Redevelopment & equipment - Trust Funded	1.10	0.59	0.51	5.70	R
1.44	Estates & Facilities - Trust Funded	1.45	0.94	0.51	3.70	A
3.17	ICT - Trust Funded	0.86	0.85	0.01	4.97	G
-	Contingency	0.00	0.00	0.00	0.61	G
(0.74)	Disposals	0.00	0.00	0.00	0.00	G
15.92	**Total Trust Funded**	**3.41**	**2.38**	**1.03**	**14.98**	A
0.16	**Share allocation**	**0.00**	**0.00**	**0.00**	**0.00**	G
-	**Total IFRS 16**	**0.09**	**0.00**	**0.09**	**0.64**	G
1.53	**PDC**	**0.00**	**0.00**	**0.00**	**0.00**	G
25.66	**Total Expenditure**	**8.11**	**5.54**	**2.57**	**45.27**	A

31-Mar-22	Working Capital	31-Jul-22	31-Aug-22	RAG	KPI
4.0	NHS Debtor Days (YTD)	4.0	3.0	G	< 30.0
131.0	IPP Debtor Days	106.0	111.0	G	< 120.0
12.0	IPP Overdue Debt (£m)	16.6	16.3	R	0.0
87.0	Inventory Days - Non Drugs	85.0	84.0	R	30.0
34.0	Creditor Days	24.0	27.0	G	< 30.0
43.0%	BPPC - NHS (YTD) (number)	61.4%	60.6%	R	> 95.0%
74.4%	BPPC - NHS (YTD) (£)	81.2%	82.5%	R	> 95.0%
83.4%	BPPC - Non-NHS (YTD) (number)	81.5%	82.1%	R	> 95.0%
92.2%	BPPC - Non-NHS (YTD) (£)	92.2%	92.7%	A	> 95.0%
81.7%	BPPC - Total (YTD) (number)	78.8%	84.9%	R	> 95.0%
90.6%	BPPC - Total (YTD) (£)	88.5%	94.4%	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)

Mar-22	Liquidity Method	Jul-22	Aug-22	RAG	Mar-23	RAG
1.8	Current Ratio (Current Assets / Current Liabilities)	1.6	1.6	G	1.8	G
1.7	Quick Ratio(Current Assets - Inventories - Prepaid Expenses) / Current Liabili	1.5	1.5	G	1.6	G
1.2	Cash Ratio(Cash / Current Liabilities)	0.9	0.9	R	0.8	R
77.0	Liquidity days Cash / (Pay+Non pay excl Capital expenditure)	64.3	66.4	G	44.0	A
127.0	Liquidity Days (Payroll)(Cash / Pay)	105.7	109.2	G	73.0	G



Comments:

1. Capital expenditure for the year to date was £5.5m; the Trust-funded programme is £1.0m less than plan; the donated programme is £1.4m less than plan. The Trust funded forecast total outturn is as the plan.
2. Cash held by the Trust increased by £3.3m to £103.5m.
3. Total Assets employed at M05 decreased by £1.7m in month as a result of the following:
- Non current assets decreased by £1.8m to £621.8m.
- Current assets excluding cash totalled £77.2m, increasing by £1.8m in month. This largely relates to the following: Contract receivables including IPP which have been invoiced (£0.5m higher in month); Charity capital receivables (£0.4m higher in month); Inventories (£0.4m higher in month) and Accrued income (£1.0m higher in month). This is offset against the decrease in other receivables (£0.5m lower in month).
- Cash held by the Trust totalled £103.5m, increasing in month by £3.3m.
- Current liabilities increased in month by £5.0m to £113.2m. This includes Capital creditors (£0.2m higher in month); expenditure accruals (£4.4m higher in month); other payables (£0.7m higher in month) and deferred income (£0.8m higher in month). This is offset against the decrease in NHS payables (£1.1m lower in month).
- Non current liabilities decreased in month to £28.4m. This includes lease borrowings of £23.2m.
4. IPP debtors days increased in month from 106 to 111. Total IPP debt (net of cash deposits held) increased in month to £13.5m (£12.9m in M04). Overdue debt decreased in month to £16.3m (£16.6m in M04).
5. In M05, 85% of the total number of creditor invoices were settled within 30 days of receipt; this represented 94% of the tota l value of creditor invoices paid in month. The percentage of invoices paid in both categories (value and number) is below the NHSE target of settling at least 95% of invoices within 30 days.
6. By supplier category, the cumulative BPPC for Non NHS invoices (by number) was 82% (82% in M04). This represented 93% of the total value of invoices settled within 30 days (92% in M04). The cumulative BPPC for NHS invoices (by number) was 61% (61% in M04). This represented 82% of the value of invoices settled with in 30 days (81% in M04).
7. Creditor days increased in month from 24 to 27 days.

Attachment S

Trust Board
21st September 2022

GOSH Learning Academy Midpoint Review **Submitted by: Lynn Shields, Director of Education**	**Paper No: Attachment S** **Paper: GLA Midpoint Review: July 2022** ☐ **For discussion** ☐ **For approval**

Purpose of report
The external, independent review requested by GOSH Children's Charity will take place in October 2022 covering progress up to the completion of Year 3, Phase 1 of the GLA Charity Grant. Further investment and support from the Charity beyond Year 3 is contingent on a successful review by the independent panel.

We have achieved and delivered all our strategic objectives and anticipate a successful external review resulting in further investment from GOSH Children's Charity.

The full Midpoint review report is attached for discussion.

Summary of report
In October 2019, the GOSH Children's Charity (GOSHCC) Board granted approval to release funding of £14.6 million to support the Phase 1 development of the GOSH Learning Academy (GLA). Overall status and progress for the GLA programme remains on track. We have successfully overachieved and delivered across all priority areas outlined in the original GLA case, including our finance sustainability targets.

The below tables summarise key targets and milestones achieved, our charity grant investment spend in Phase 1, and our actual and forecast income generation.

Key targets & milestones achieved include:

What we said we'd do by the end of Year 5:	**What we have achieved so far in Year 3:**
We would support an additional **3500** learning interactions	We have supported over **53,000** learning interactions
We would ensure **1,200 learners** completed a paediatric specialty course by Year 5	To date, in Year 3 **over 20,000 learners** have accessed and completed a paediatric speciality course
We would develop and launch a Virtual Learning Environment **by Year 3**	We launched **18 months early in July 2021** to provide online access to education for our staff during the pandemic
We would seek **two international education contracts**	We have secured **three long-term** international education contracts with a further two pending
We would offer **18 academic modules** and **enrol 1000 students by Year 5**	We currently offer 3**6 academic modules** andhave **2318 students**

	enrolled
We would achieve an income target of **£600k by Year 3**	We are forecasting an income of **£3.8 million by the end of Year 3**

Impact

The GLA has become a valued and trusted partner within the local healthcare ecosystem, and now consistently contributes to teaching within the ICS, London region and wider national and international arena.

Education is a critical factor in the improvement of patient care, with a proven relationship between education and improved patient outcomes. Two key areas, supported by the GLA, highlighting the impact of education of patient safety are Just-in-Case Training, led by the Resuscitation Team, and the System Safety programme of work introducing learning from latent errors, led by the Clinical Simulation Team.

Risk and challenges for continued success include:

- Space and facilities
- Reduction in NHSE/HEE funding

Patient Safety Implications

We are supporting improvement in patient safety across the Trust with the investment in key roles such as Head of Education for patient Safety and the delivery of education interventions such as Just in Time training and System Safety Simulation training.

Equality impact implications

We have made significant progress in reducing education inequalities for our staff and have widened access to healthcare careers at GOSH.

Financial implications

Phase 1 Investment

The report contains an overview of the Phase 1 GLA Charity Grant investment, and a proposed plan for an additional £5.5 million award pending the outcome of the review. The delivered high-level charity grant investment plan for phase 1 is outlined below:

	ORIGINALLY PLANNED PHASE 1 YEAR 1-3	PHASE 1 YEAR 1	PHASE 1 YEAR 2	PHASE 1 YEAR 3 ACTUALS & FORECAST	TOTAL PHASE 1 ACTUAL	REVIEW
Academic Education	£912	£171	£244	£415	£830	
Apprenticeships	£6,376	£629	£2,791	£2,209	£5,629	
Clinical Simulation	£731	£69	£145	£262	£476	
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Leadership & Management	£2,191	£589	£539	£468	£1,596	
Digital Learning	£1,711	£488	£977	£745	£2,210	
Grand Total	**£14,719**	**£2,504**	**£5,825**	**£6,165**	**£14,494**	

A high-level finance summary of the expected investment areas for Phase 2 of the GLA programme grant is outlined within the report.

Sustainability

The GLA Sustainability Plan is built on the substantial growth of the overall GLA Prospectus' education, training, and development offer, expanding internal and external partnerships, and integration of contemporary delivery methods to enable its reach. With our future financial forecast, we anticipate all roles and non-pay costs being GOSH GLA non-charity funded.

A high-level income generation overview is outlined below:

GLA Income Generation	To date	Forecast				
Income stream	**Y1 £**	**Y2 £**	**Y3 £**	**Y4 £**	**Y5 £**	**Y6 £**
Health Education England / NHS England	174,084	609,281	235,625	237,500	157,500	77,500
Courses	64,725	292,572	643,984	710,250	810,250	910,250
HEE: Placement Tariff - UndergraduateMedical	-	459,905	351,000	468,000	468,000	468,000
International: Collaborations	-	1,700	378,251	350,000	350,000	350,000
International: Fellowship Programme	10,000	-	2,250,000	2,500,000	2,500,000	2,500,000
TOTAL	**248,809**	**1,363,458**	**3,858,860**	**4,265,750**	**4,285,750**	**4,305,750**

Action required from the meeting
For discussion and approval to submit to the external review panel

Consultation carried out with individuals/ groups/ committees
To date, the report has been through the GLA governance process and EMT, with additional stakeholder consultation with GOSH Children's Charity.

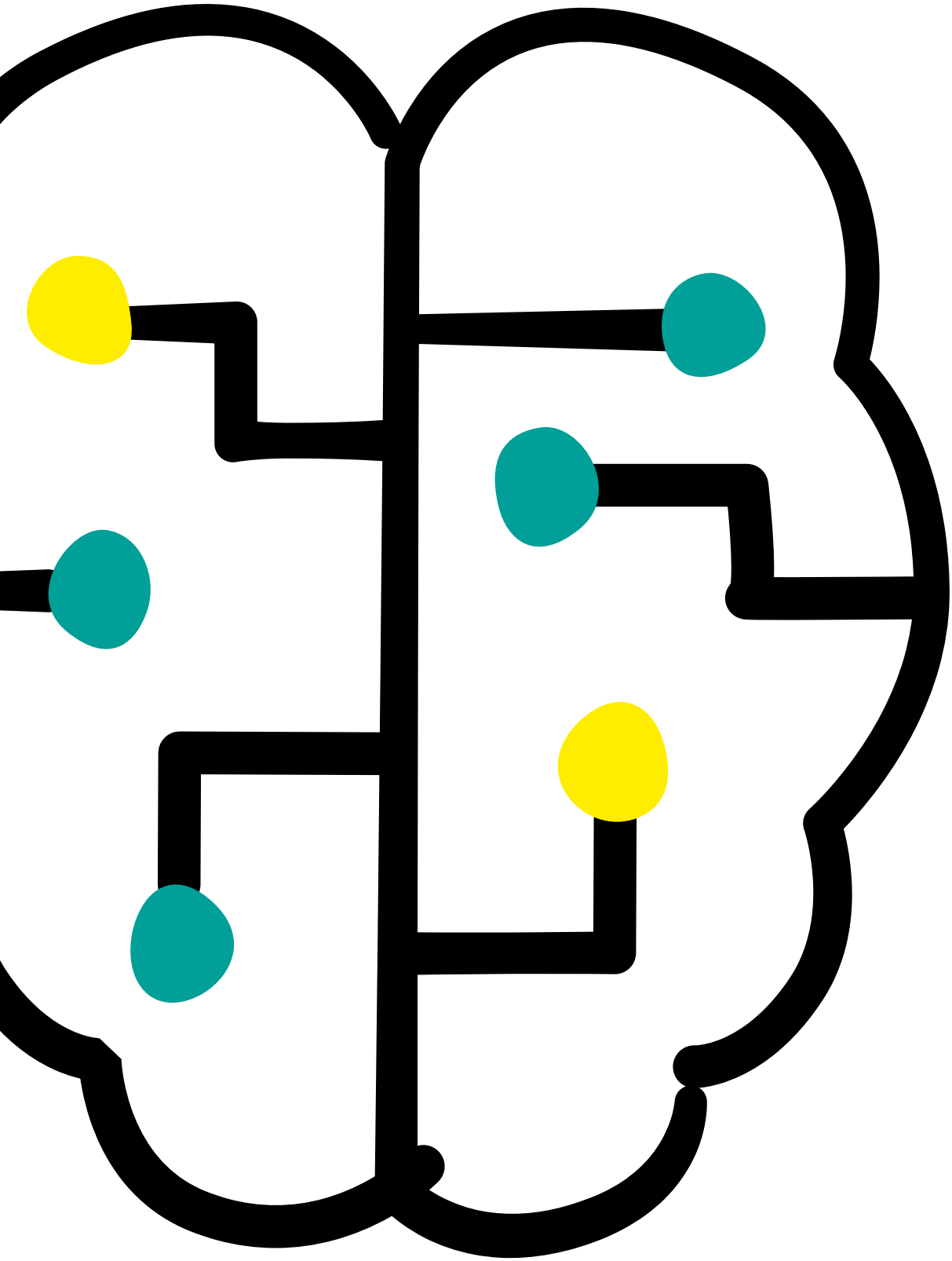
Who is responsible for implementing the proposals / project and anticipated timescales?
Lynn Shields, Director of Education

Who is accountable for the implementation of the proposal / project?
Tracy Luckett, Chief Nurse

NHS
Great Ormond Street Hospital for Children
Learning Academy

Mid-point Review

July 2022



Contents

Planet 3: GOSH Learning Academy

We offer over **35 academic modules** in 18 paediatric specialties

We welcome international learners onto all our online courses from across the globe: over **20 countries** to date and counting!

Our finance sustainability plan is ahead of schedule with a forecasted income of **£3.8 million** expected this financial year

We have delivered **53,000** learning interactions since we launched in October 2019

As a trusted partner of NHS England & Health Education England, have been awarded over **£1.4 million** to support national, specialist education projects

We partner with over **30 Universities** supporting all clinical professional undergraduate students across GOSH

We co-deliver education with our ICS partners to deliver specialist education in **orthopaedics and oncology**

We've secured **3 long-term international education contracts** improving paediatric specialist heathcare provision in-country

We support over **220 GOSH staff** on their apprenticeship programmes

We have invested in the latest education technology to improve learner experience, including our **Virtual Learning Environment** launched in July 2021

Executive Summary

In October 2019, the GOSH Children's Charity (GOSHCC) Board granted approval to release funding of £14.6 millpport the Phase 1 development of the GOSH Learning Academy (GLA), a key planet within the Trust Strategy *'Above and Beyond'*.

This initial investment supported the six overarching priorities set out within the Learning Academy Framework which include:

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

Phase 1 GLA Performance

As a key planet within GOSH's *Above & Beyond Strategy*, we are here to **EDUCATE**, with an overall aim to develop the GOSH learning Academy to be the first-choice provider of outstanding paediatric education. With this driving our ambition, we have set out strategic aims with cross cutting themes to measure our success. Overall, our programme of work remains on track, and our performance against our strategic aims is set out below.

Strategic Aim 1: GLA recognised as preferred provider of paediatric healthcare education and training

Supporting our cross-priority theme: *Building Skills & Capabilities*

What we said we'd do:

Offer an additional **3,500** learning interactions, offer **18 specialist academic modules**, provide **online learning to 200 learners**, support **55 clinical apprentices** improving access to healthcare careers, and ensure **1,200 learners** completed a paediatric specialty course from the GLA prospectus/portfolio

What we did:

We are on track to deliver over **53,000** education, training and development opportunities in phase 1.

Our academic portfolio has expanded to **36 modules, across 18 specialities**, with **2 postgraduate awards available**; we have provided full salary funding for **47 apprentices**, whilst providing educational support for an **additional 32** across the organisation.

To date, **20,400 candidates have accessed one of the GLA's speciality courses**, study days, academic modules or sessions, with an **international reach in over 20 countries**.

Nationally over **33 NHS Trusts** have funded staff to study through our portfolio, with over 1000 learners from across the London Integrated Care System (ICS); we now **co-deliver academic education** in oncology and orthopaedics with our **partner ICS Trusts.**

We are continuing to partner with **over 30 Universities** to support undergraduate clinical training within paediatrics: established a new partnership with **University College London Medical School**, resulting in a new education contract to support undergraduate training.

Strategic Aim 2:
GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people

Supporting our cross-priority theme:
Partnerships

What we said we'd do:

Increase our partnerships within our Integrated Care System and wider networks nationally and internationally

What we did:

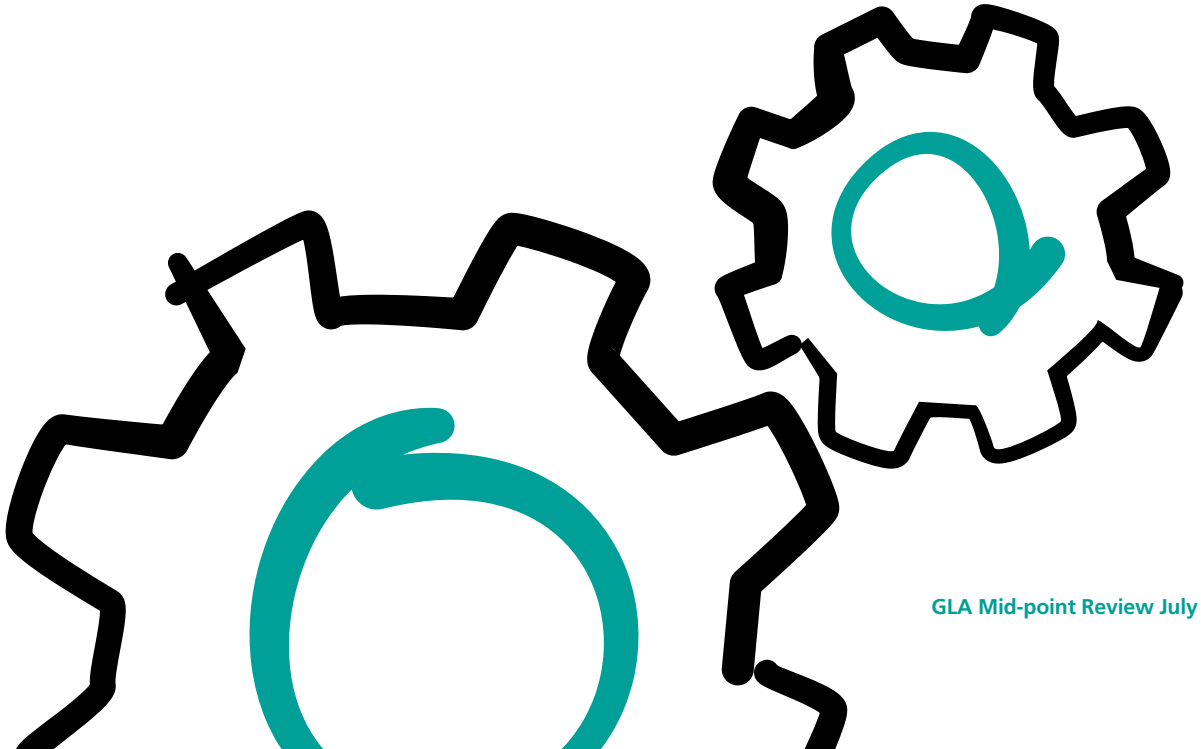
We are now included as a trusted provider on the Health Education England procurement framework; we are a preferred partner with the **Department of International Trade (DIT) and Healthcare UK** with three long-term international education contracts established, with others in discussion.

We secured a funding award of £435k from **the Association of Clinical Biochemistry and Laboratory Medicine** to design, develop, and deliver the first **Whole Genome Sequencing Course** in 2022.

NHS England/Improvement (NHSE/I) launched **'Reducing Procedural Anxiety'**, designed and developed by our GLA Digital Learning and GOSH Play teams.

We are supporting national projects with **Heath Education England**, the **Department of Education** and **The Apprenticeship Ambassadors Network.**

Successfully worked in partnership with **the London Transformation Learning Collaboration** to develop and implement the education programme required to upskill staff at **NHS Nightingale Hospitals** in the pandemic.



Strategic Aim 3:
Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation

Supporting our cross-priority theme: *Inclusive learning*	**What we said we'd do:** Provide leadership and management development for **900 GOSH staff.** **What we did:** Our **Leadership Strategy and Framework** was approved by Trust Board in **March 2019**; we launched three core programmes—**Aspiring, Developing, and Established Leaders** which have been successfully achieved external accreditation by the **Faculty of Medical Leadership and Management**. Supporting Planet 1*: Making GOSH a great place to work* we launched over **10 new Leadership & Management programmes**, with **over 1800** staff enrolling onto a programme. We continue to deliver bespoke **clinical leadership** courses across all professional groups.

Impact of a Pandemic

With our colleagues across the NHS, the Learning Academy programme was affected by the COVID-19 pandemic. Like many areas of GOSH, our programmes of work and priorities adapted to meet the urgent needs of our services and redeployment of critical staff. Through these challenging times, the GLA continued to deliver and support education, training, and development across the Trust, in partnership with the wider NHS. In addition, a six-month extension to the delivery of Phase 1 was approved by GOSH Children's Charity to allow the team to flex to meet the wider NHS need in 2020.

Overall progress

Update from GOSH Learning Academy Programme Board

Overall status for Planet 3: GOSH Learning Academy (GLA) programme remains on track.

Year 3 of the GLA Programme has seen the successful implementation and expansion of the GLA Performance Framework and its constituent Delivery Plans providing oversight and assurance to the Executive Team. Exception Reports are now regularly submitted, highlighting risks and mitigations and areas for escalation if required.

Year 2 had seen alignment to the GOSH Portfolio Progress Group and approval of the GLA: Year 3 – Delivery Plans.

Key targets & milestones achieved include:

What we said we'd do by the end of Year 5:	What we have achieved so far in Year 3:
We would support an additional 3500 learners	We have supported over 53,000 learners
We would ensure 1,200 learners completed a paediatric specialty course by Year 5	To date, in Year 3 over 20,000 learners have accessed and completed a paediatric speciality course
We would develop and launch a Virtual Learning Environment by Year 3	We launched 18 months early in July 2021 to provide online access to education for our staff during the pandemic
We would seek two International Education contracts	We have secured three long-term International education contracts with a further two pending
We would offer 18 academic modules and enrol 1000 students by Year 5	We currently offer 36 academic modules and have 2318 students enrolled
We would achieve an income target of £600k by Year 3	We are forecasting an income of £3.8 million by the end of Year 3

Finance Summary

Phase 1

A high-level finance investment overview for Phase 1 of the GLA Programme is provided below including the investment plan and actual spend. A high level annual income generation projection is also shown. Further financial detail can be found on page XXX

Table 1: Phase 1 Finance Investment Overview

	ORIGINALLY PLANNED PHASE 1 YEAR 1-3	PHASE 1 YEAR 1	PHASE 1 YEAR 2	PHASE 1 YEAR 3 ACTUALS & FORECAST	TOTAL PHASE 1 ACTUAL	REVIEW
Academic Education	£912	£171	£244	£415	£830	
Apprenticeships	£6,376	£629	£2,791	£2,209	£5,629	
Clinical Simulation	£731	£69	£145	£262	£476	
Clinical Specialty Training	£2,799	£558	£1,129	£2,066	£3,753	
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Grand Total	£14,719	£2,504	£5,825	£6,165	£14,494	

Table 2: Phase 1 Income Generation

GLA Income Generation	To date		Forecast			
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Health Education England / NHS England	174,084	609,281	235,625	237,500	157,500	77,500
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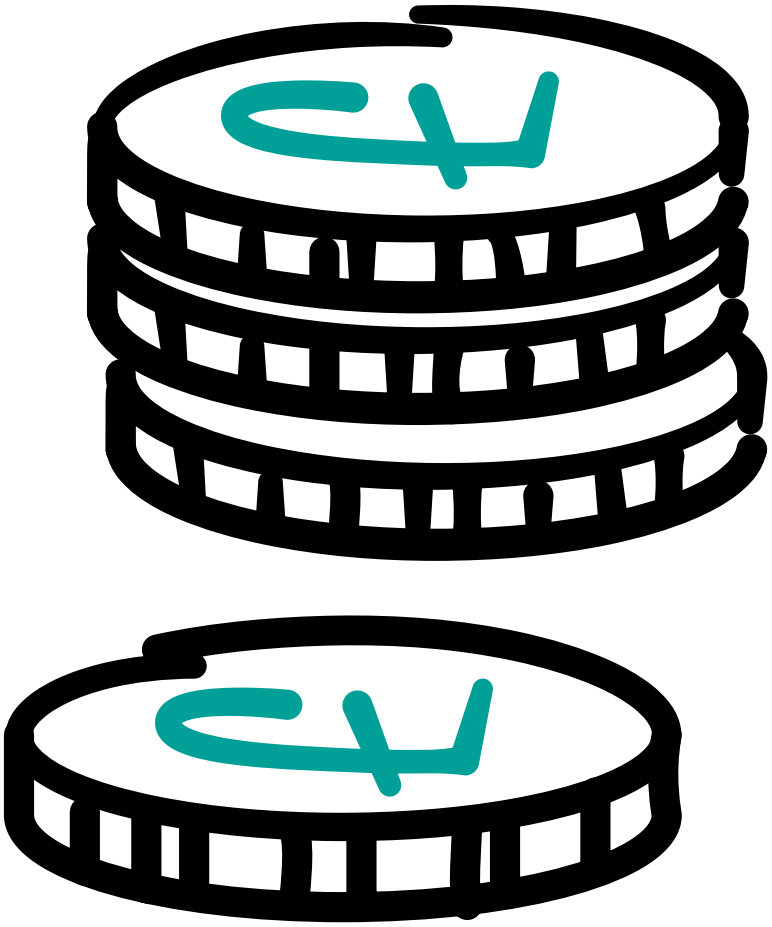


The GOSH Learning Academy Programme

Overview

In October 2019, the GOSH Children's Charity (GOSHCC) Board granted approval to release funding for the initial Phase 1, three-year commitment supporting the development of the GOSH Learning Academy (GLA), a key planet within the Trust Strategy 'Above and Beyond'.

This initial investment supported the six overarching priorities set out within the Learning Academy strategy which include:

1. Academic Education

Through our university partnership model, we offer opportunities for internal and external staff to continue their professional development and enhance their knowledge and competencies in specialised areas of paediatric care.

2. Apprenticeships

We are able to offer apprenticeship routes into a range of careers at GOSH, widening access to healthcare, and we offer a variety of pathways to help people develop in their roles. This is a popular choice in enabling staff to achieve nationally recognised qualification while completing on-the-job training.

3. Clinical Simulation

Our simulation centre allows clinical and non-clinical staff to rehearse complex care scenarios in a multi-disciplinary environment. Simulation is integrated throughout the Learning Academy portfolio to ensure safe and effective practice. We have developed and embedded innovative, high-fidelity technology to enhance simulation education and the learning experience.

4. Digital learning

Fulfilling our commitment to develop and launch our GLA Virtual Learning Environment, we have increased access to new, innovative teaching resources, aligning education to the care provided by our staff. In building our digital capabilities we have helped to provide GOSH staff and the wider system with access to appropriate education tools to develop themselves for the future.

5. Leadership & Management

In providing leadership development for all healthcare staff, whether on the ward or within corporate teams, we are committed to teach new ways of working, team development, and how to improve and innovate within an NHS organisation and the wider NHS system.

6. Specialty Training

Our clinical speciality training covers a wide range of complex conditions experienced by

patients at GOSH and the wider healthcare system, equiping staff with the specialist skills and knowledge to provide excellent care.

Our Vision

Our ambition is to be truly recognised as a learning organisation; to provide a *GOSH Learning Academy Prospectus* nationally and internationally which is recognised as offering world-class paediatric healthcare education and training. As a consequence, GOSH will have an exemplary reputation not just for patient care; but also for the attainment of the knowledge, skills, and capabilities needed for the provision and support of specialist and highly-specialist healthcare to children and young people.

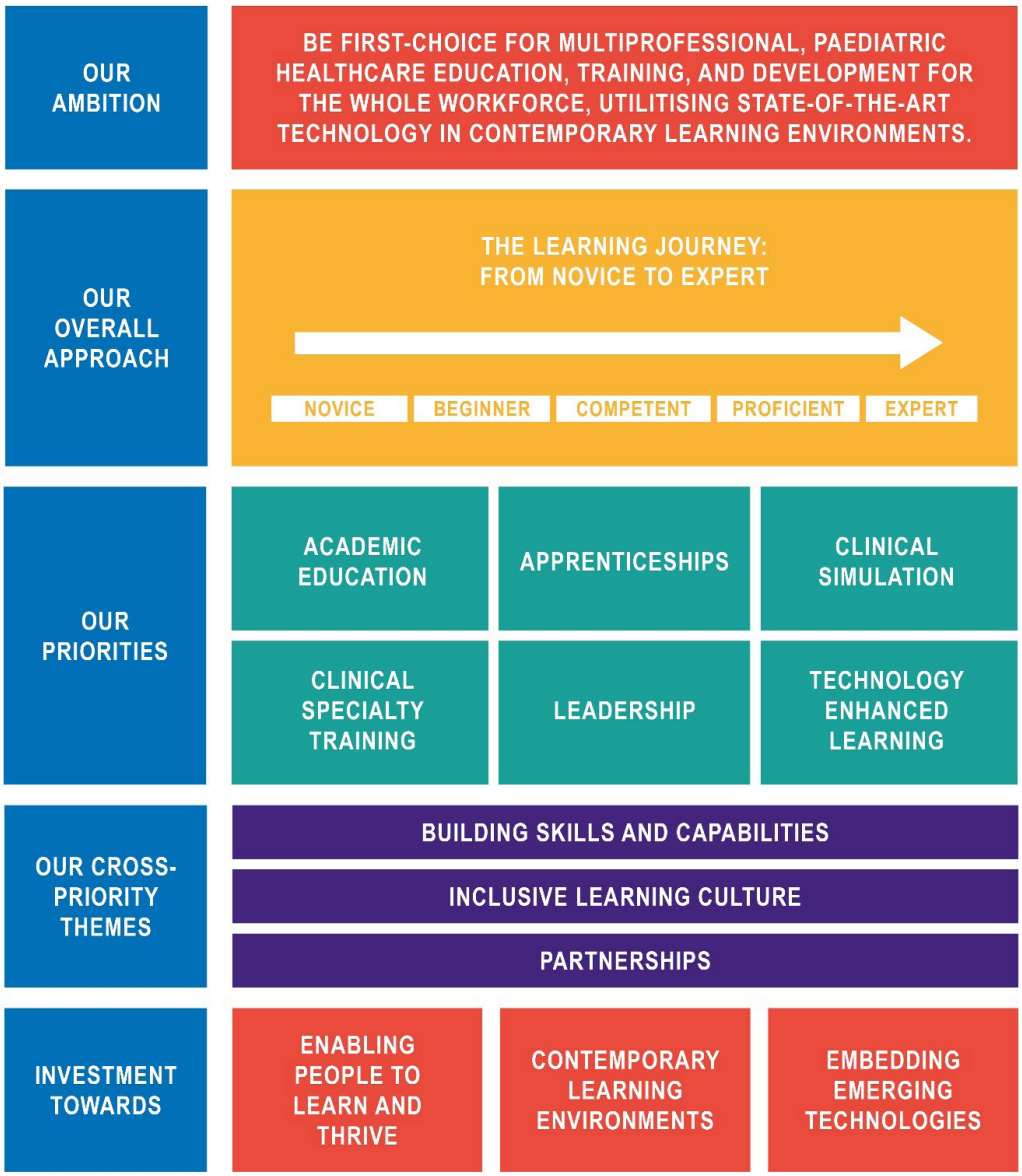
Overall Progress

Overall status for Planet 3: GOSH Learning Academy (GLA) programme remains on track. Year 2 of the GLA Programme has seen the successful implementation and expansion of the GLA Performance Framework and its constituent Delivery Plans. Exception Reports are now regularly submitted for discussion at Programme Board highlighting risks and mitigations in place.

Building the GLA Framework

In response to and aligned with the 2019 Trust Strategy, *Fulfilling Our Potential, the GOSH Learning Academy: Education and Training Strategy* was developed with internal and external stakeholders to deliver the Trust's strategic priorities relating to education and training over the next five years. This included our Strategic Framework which describes how the GLA vision will be implemented in practice. It illustrates our ambition, overall approach, priorities, cross-priority themes, and areas for investment, and continues to underpin all activity within the GLA over the coming years.

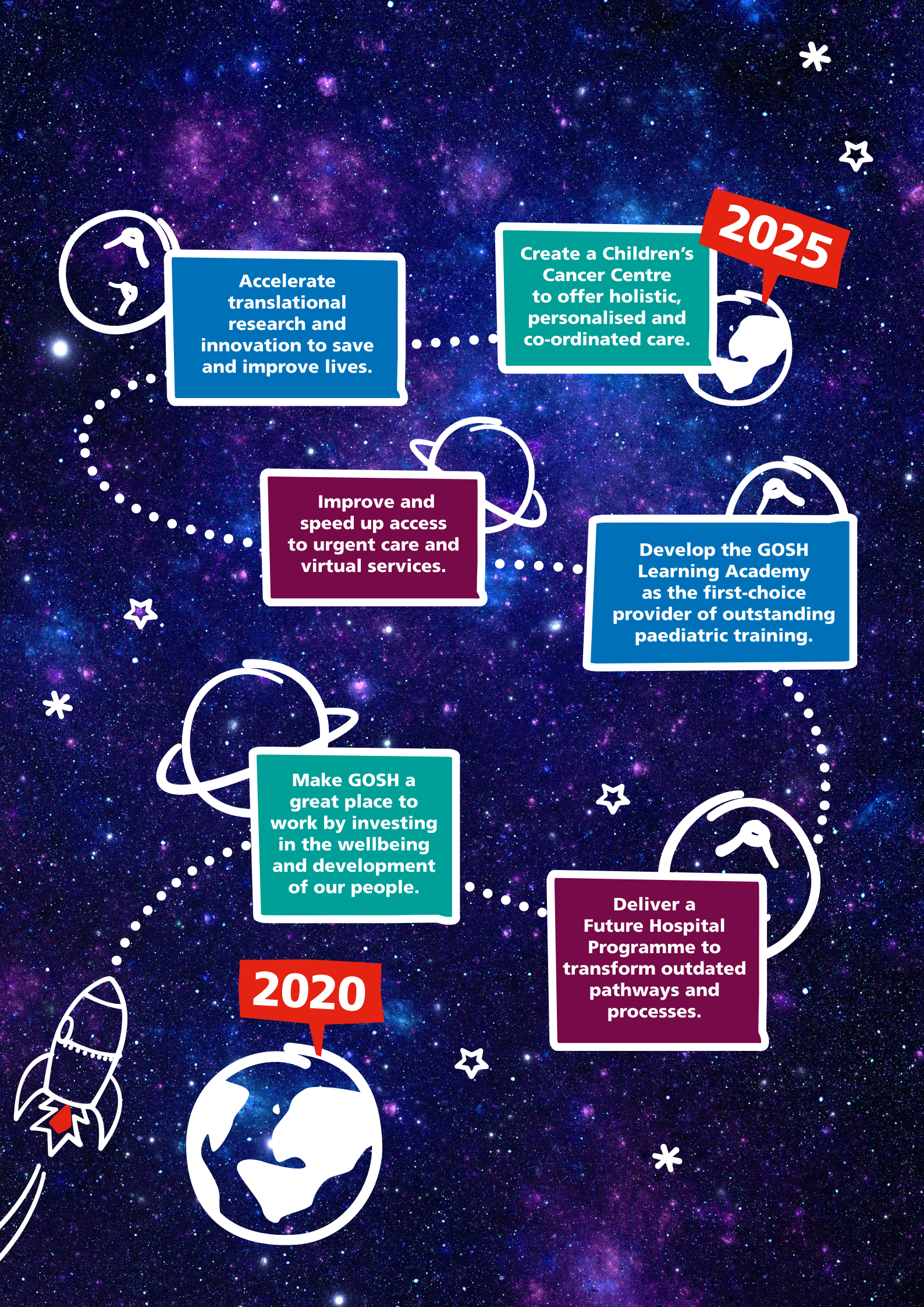
Figure 1 – GLA Strategic Framework



Above & Beyond

In 2020 GOSH launched our five-year strategy to advance care for children and young people with complex health needs: *Above & Beyond.* This framework sets out our purpose as a quaternary specialist children's hospital stating that GOSH is here to **care, research, educate and innovate with digital technology.** We have committed to delivering six key programmes of work to help us deliver better, safer, kinder care and save and improve more lives.

Developing the GOSH Learning Academy as the first-choice provider of outstanding paediatric training is one of the six priority programmes.


2025
Accelerate translational research and innovation to save and improve lives.
Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care.
Improve and speed up access to urgent care and virtual services.
Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training.
Make GOSH a great place to work by investing in the wellbeing and development of our people.
Deliver a Future Hospital Programme to transform outdated pathways and processes.
2020

PLANET 3:
Developing GOSH Learning Academy

Our *Above & Beyond* strategy recognises that staff education, training and development influences every stage of the patient journey. From the teams caring for children and young people on the ward; the facilities staff who make their stay more comfortable; the leaders directing resources for their care; and the administrators planning their transport home – each member of staff needs up-to-date knowledge and skills to provide our patients with exceptional care. The GOSH Learning Academy's mission is clear within *Above & Beyond* – for GOSH to become the first-choice provider for multi-professional paediatric healthcare education, training and development. In developing the Learning Academy and investing more in education, we will help ensure that all GOSH staff receive the best support, education and specialist training at every stage of their career.

Education and training provided to our staff remains pivotal to the experience of our patients. The children and young people attending Great Ormond Street Hospital are cared for by a multi-professional workforce, and it is our role to ensure that our people have the knowledge, skills, and capabilities to provide and support the exceptional care that our patients deserve.

Education and training remain fundamental for all NHS institutions providing services to patients and families, but we aim to have a voice in paediatric healthcare which reaches far beyond our mandatory obligations as an NHS provider. GOSH aims to be 'Always Expert', and the development of the GOSH Learning Academy (GLA) is ensuring our place at the forefront of tertiary and quaternary care for children and young people.

Key achievements and highlights across our original cross-cutting themes

Theme 1: Building Skills & Capabilities

- Expansion of our Academic portfolio from 10 modules to 36 modules across 18 specialties
- Supporting up to 350 postgraduate students to study through the GLA academic programme
- Launching our Virtual Learning Environment: *The Digital Education Network* (GOSH DEN) at pace during the pandemic to ensure all staff and learners remained connected
- Integration of Technology Enhanced and Digital Learning within education, including avatars, remote simulation, and blended extended reality
- Embedding our Systems Safety Clinical Simulation training to inform new guidelines and policies
- Delivery of the digital *GOSH Conferences 2020 & 2021* with over 400 delegates, allowing all GOSH teams to share and celebrate the work that they do
- Supporting over 220 employees on apprenticeship programmes, equating to 4% of our workforce to progress their career at GOSH
- Delivery of a COVID-19 up-skilling education plan to over 2,000 staff to ensure pandemic readiness both within GOSH and the wider system

Theme 2: Inclusive Learning Culture

- Awarded the *Queens Voluntary Service Award (MBE for volunteer groups),* in recognition of our Reach Out for Healthcare Science project working with local schools
- Supporting the national international nurses recruitment campaign by offering a paediatric courses to gain Children's registration with the Nursing & Midwifery Council
- Gaining successful *Faculty of Medical Leadership and Management* accreditation for our development programmes which support our Leadership & Management Framework
- Supporting the national widening access to healthcare campaign with successful clinical placement expansion bids through Health Education England in Nursing and Allied Health
- The successful launch of the *GOSH Children's Charity Scholarship Awards* that is for all staff

Theme 3: Partnerships

- Established a new partnership with University College London (UCL) Medical School, welcoming and supporting more than 400 additional medical students on placement
- Commenced our international education programmes, securing long term contracts with Egypt, Greece and Saudi Arabia, with another two in progress
- Expanded our International Fellowship programme to welcome 15 new international fellows to GOSH, a key pillar of our sustainability plan

Impact

Impact for GOSH

The GLA has become a valued and trusted partner within the local healthcare ecosystem, and now consistently contributes to teaching within the ICS, London region and wider national and international arena.

Benefits to GOSH in the National Environment

We have increased our number of local, key stakeholders, which include ICH, UCL Medical School, Health Education England (London), London South Bank University and Middlesex University, as well as several large NHS trusts nationally including Alder Hey Children's Hospital, University College London Hospital and the Royal Free Hospital.

We want to be the UK National Specialist Paediatric Healthcare provider of choice. There are several key competitors in this space, of whom Alder Hey is the most advanced in terms of income from education and training. We have made great progress in working towards our aim, becoming the Learning Academy of choice for national education opportunities.

Benefits to GOSH in the International Environment

The long-term success of the GLA depends on its sustainability beyond the *GLA Charity Grants Case*. In turn, this depends on the ability to engage and sustain international partnerships. Raising our profile is a key factor in achieving sustainability and building our reputation as the first choice for paediatric healthcare education. In promoting a world class education service internationally, we can engage with multiple clinicians and hospitals which increases our opportunity to build international clinical partnerships resulting in increased financial stability for GOSH.

International educational collaborations are fundamental to the GLA sustainability plan and in addition will make a real-world impact on global childhood health.

The development and implementation of these collaborations had been delayed due to the significant travel restrictions during the COVID pandemic, but we are now fully engaged within these programmes of work.

Key benefit and impacts include:

- Invited to join the UCL Health Alliance Education group to better inform our ICS Chief Executives of the opportunities and challenges within education for our partner Trusts
- Co-delivery of education courses and events relevant to our ICS partners, e.g. Paediatric Bone Marrow Transplant, Paediatric Orthopaedic and Spinal Care
- 33 Trusts from across the UK have funded staff to study through our Academic Education portfolio, with over 100 learners from across the London ICSs

- In partnership with UCL Medical School, a programme committed to the delivery of Year 5 Medical Student Placements was implemented
- Funding award of £435k from the Association of Clinical Biochemistry and Laboratory Medicine to design, develop, and deliver the first Whole Genome Sequencing Course in 2022
- Collaborating with NHSE/I to design, develop, and deliver national Early Warning Score training
- NHSE/I launched 'Reducing Procedural Anxiety', designed and developed by our GLA Digital Learning and GOSH Play teams to support the paediatric COVID-19 vaccination campaign
- Collaborating with NHSE to design 'bite size' resources added to national learning site with sign posting for GLA longer courses
- Supporting the London Transformation Learning Collaboration – working together to develop and share Paediatric Critical Care Education across London
- Many of our specialist modules are unique across the UK and so the impact of this workstream can be seen at a local ICS level and national level, as around 20% of students are from healthcare organisations across both London and the UK

CASE STUDY

A programme in partnership with UCL Medical School was committed to the delivery of Medical Student Placements to all Year 5 students. Following informal provision during the pandemic, this programme started in the 2021/2022 academic year. We currently rotate 8 -10 students per week through this programme which comprises of time allocated to 4 key departments (SNAPS, Urology, Cardiology and Neurology). The students also attend formal teaching and simulation training as part of their placement.

Following the success of this programme we have been commissioned to provide these placements for a further 3-years by UCL Medical School. This programme brought £250,000 of additional income into the GLA in the academic year 2021/2022.

We have successfully appointed two Clinical Teaching Fellows and a Band 5 Undergraduate Education Officer as part of this programme. The programme has incorporated the delivery of high-fidelity simulation on a weekly basis and human factors (clinical) training, which is not part of the medical school curriculum, allowing our students to gain from learning about the future of safe practice.

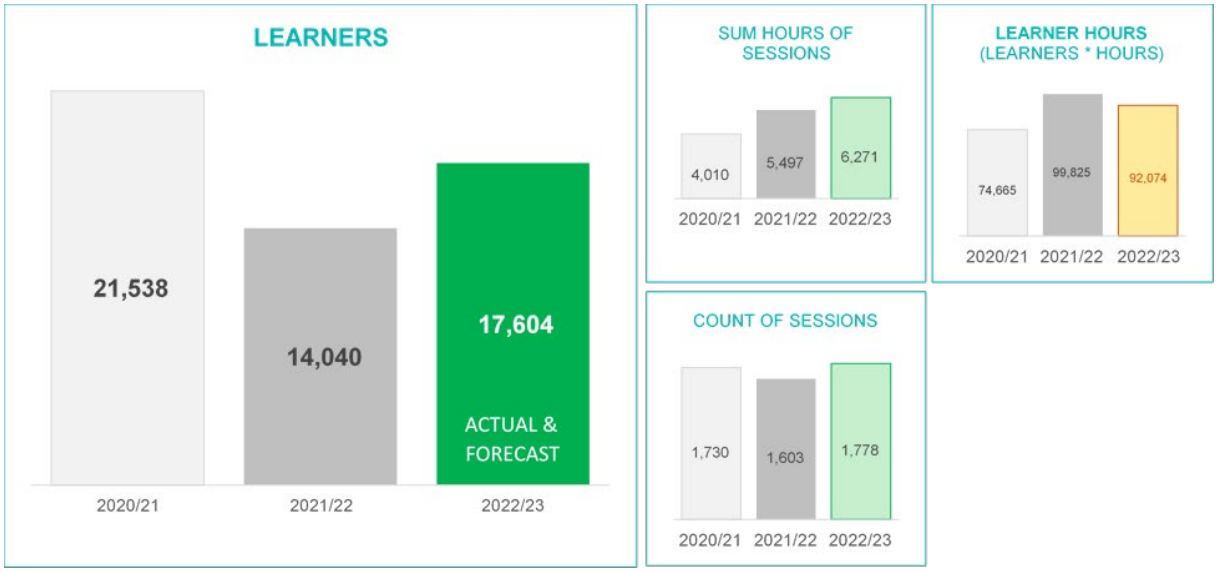
Year 5 Medical students in the Simulation lab with one of the teaching fellows.

Impact on our Learners

Access to education and professional development is at the heart of all that we do. The table below highlights the increased educational opportunities delivery by the GLA for our staff since April 2020.

Figure 1: GLA - Education and Training Delivery

We committed to offering an additional **3,500 learning interactions**	We have delivered **53,182 learning interactions**



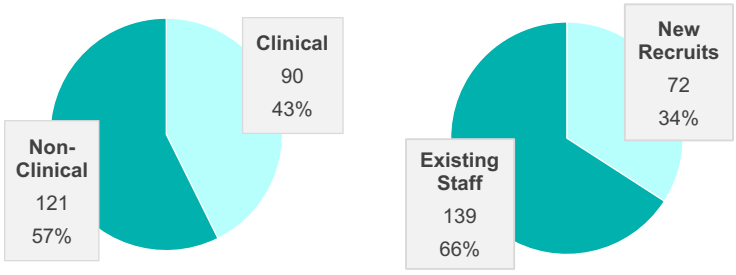
The data indicate that overall activity has significantly increased across our key metrics. There is a slight decrease in Learner Hours forecast for 2022/23. This is due to an increase in longer, more in-depth courses during 2021/22 which were paused during the initial COVID-19 pandemic, as opposed to shorter sessions attended by larger webinar audiences, and a key demonstrator of why multiple metrics are collected to establish current performance.

It should be particularly noted that activity was maintained to a significant degree despite the impact of the pandemic.

Impact on Apprenticeships

We have embraced the apprenticeship pathway to invest in our teams and develop future career pathways. The table below represents the increase in the number of our staff undertaking either a clinical or non-clinical apprenticeship at GOSH:

STATUS	NO.
Live	196
Break-in-Learning	15
Awaiting Compliance Checks	1
TOTAL	211



Impact on Education Inequalities

Education inequalities are avoidable, unfair, and cause systemic differences in accessing educational opportunities between our different groups of staff. Actions to improve equity include:

- Increased free places on Level 2 – Maths and English courses—normally a prerequisite for further apprenticeship study
- Acquiring laptops utilising apprenticeship incentive payments to ensure the necessary IT resources are available to staff to enable their learning
- Verbal application process implemented to encourage Scholarship Award applications from staff who find access via a written form difficult
- Support in Scholarship Award writing application for study leave implemented, with drop-in clinics in targeted areas
- Scholarship Awards applicant data evaluation undertaken to inform targeted engagement and support work
- Relaunching the Young Visitors Programme in partnership with local schools in order to allow access to Medical Work Experience to students in our area
- Introduction of Work Experience programmes across all professions with a third of posts ring fenced for students from schools within our locality

Impact on our Patients and Families

Education is a critical factor in the improvement of patient care, with a proven relationship between education and improved patient outcomes. Two key areas, supported by the GLA, highlighting the impact of education of patient safety are Just-in-Case Training, led by the Resuscitation Team, and the System Safety programme of work introducing learning from latent errors, led by the Clinical Simulation Team.

CASE STUDY – Working to overcome Digital Poverty

As all education moved rapidly to the online environment the GLA reacted to remove barriers to accessing education due to digital poverty.

Online education assumes all learners have access to the required ICT facilities and most importantly a computer. Computers and internet access are available in the ICH library as well as on wards and in Weston House, but during lockdown these were no longer available.

Learners with just one computer in the home faced significant challenges, especially in those households with school aged children being home schooled. We had reports of watching lectures and completing course work on phones as this was the only way they could get online.

Fifteen laptops were purchased for those learners who could not access learning any other reasonable way. Laptops are loaned on a short-term basis without cost. We estimate that this has kept thirteen learners on programme who would have otherwise not been able to complete their programme.

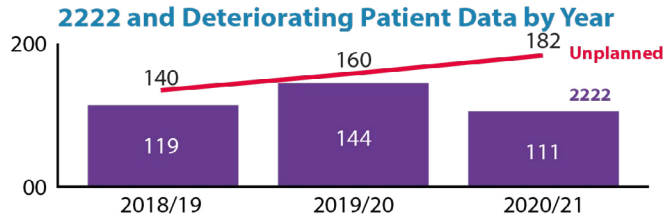
Just-in-Case (JIC) Training

Our Just-In-Case training has been running for 9 months and encompasses frequent, short, targeted sessions in refreshing and rehearsing essential resuscitation skills, learning contents of the Resus PPE trolley and its deployment for all COVID patients, and directing the Clinical Emergency Team. This learning is targeted to clinical areas where rapid patient deterioration is likely.

Early evaluation of this programme is encouraging, with an impact on patient outcomes including:

- An overall reduction in "2222" emergency calls by 23%
- 33% of "2222" calls being stood down by ward staff, prior to the arrival of the emergency team, following resuscitation interventions by ward based clinical staff taught during JIC training
- A rise in unplanned admission to PICU by 14% (expert help required); 'right bed right time'
- Staff confidence and skill retention has improved on post event evaluation and feedback (402 staff trained)
- Medical and nursing staff requests for JIC training have increased by 61%

Figure 2: Graph indicating early identification and intervention (increase in unplanned admissions) with a drop in emergency response (2222 calls)



Introduction of System Safety Simulation

In-situ simulation takes place in the real-world environment among teams during their regular work schedule with the goal of providing an experience as close to reality as possible. With in-situ simulation, reliability and safety can be improved, especially in high-risk areas. We have successfully adopted a prospective, system safety approach to simulation delivery, with over 10 protocols being informed and updated by systems-based simulation. These include fire evacuation within our new clinical building, patient pathways within the new IMRI hybrid theatre, and the COVID-19 patient transfer process.

Our work in partnership with the Safety and Risk team to capture latent errors within our Datix reporting system allows the Clinical Simulation team to continue to action learning from these events. The Simulation team pioneered the inclusion of a 'latent error' category within our live Datix reporting framework to ensure both an investigation of the potential event and the cascade of lessons learned. Since launch in 2020, there have been 47 latent errors identified across 53 themes resulting in 29 actions to improve patient safety. A high level summary is presented below:

Latent Errors - Themes

Themes	No.
Communication	3
Environment	10
Equipment	14
Knowledge	15
Medication	4
Protocol	5
Staffing	2
Total	**53**

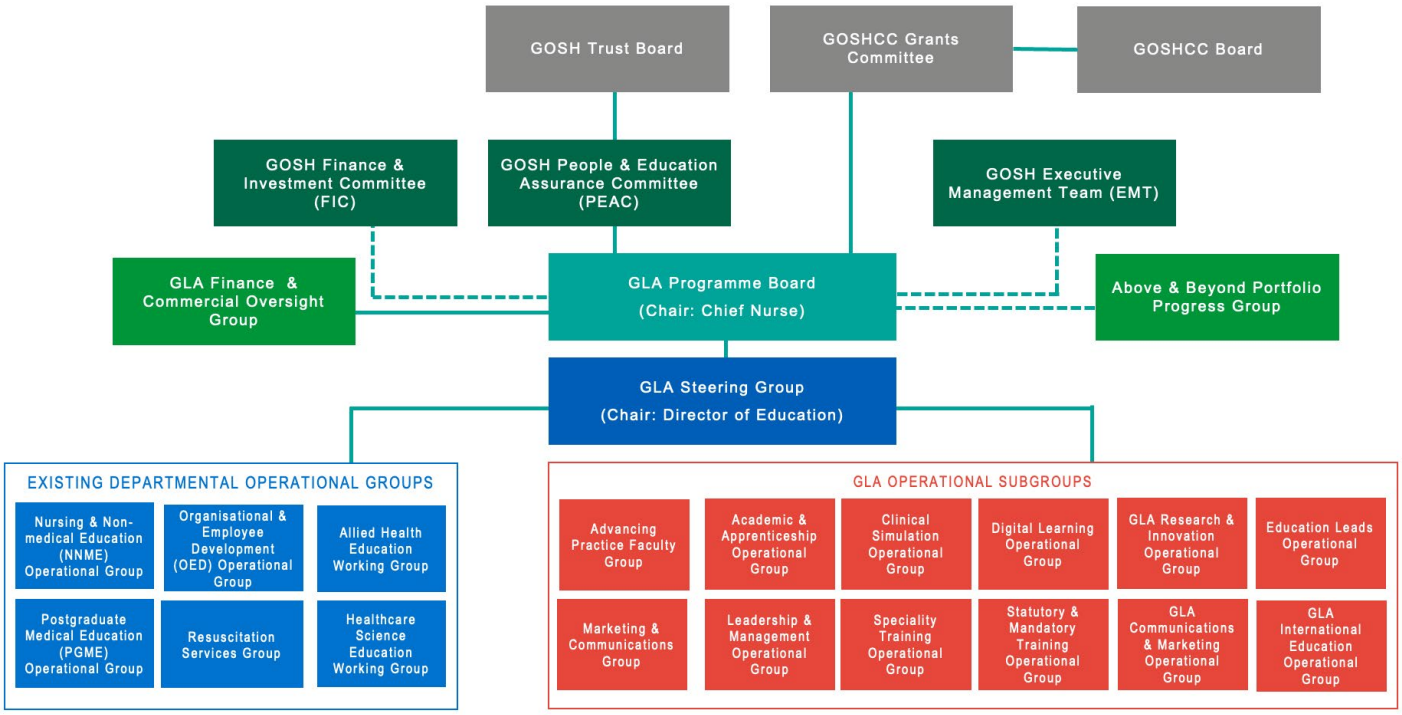
Latent Errors - Actions

Actions	No.
Additional Education	7
Addressed in Scenario	21
Changed Environment	3
Changed Equipment	7
Changed Protocol	2
Escalation	10
No Further Action	3
Total	**29**

The GLA Governance and Management Structure

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

Figure 3: GLA Governance Map



Further developed in Year 2, the GLA Performance Framework provides a suite of reports built on programme and portfolio management methodologies in order enable robust challenge and assurance at GLA Steering Group and GLA Programme Board. Lean, standardised reporting methods have allowed the GLA Senior Team to utilise data and feed more efficiently and effectively into other reporting mechanisms. Reports cover all areas of GLA oversight, including business-as-usual as well as 'step-change' programmes supported through the GLA Charity Grants Case.

Year 3 of the GLA Programme will see the GLA Performance Framework develop

significantly in maturity, moving away from manual Excel collection and displays to a live QlikSense dashboard. Initially put on hold until the new, preferred business intelligence tool was procured by the Trust, this is a much-needed step in the right direction which will significantly improve data integrity, analysis, and accessibility.

External Assurance

We are regulated by a number of external bodies, including our partner academic and Higher Education Institutes (HEIs). Feedback and assurance on the quality of our placements for learners, education courses, pastoral support, and academic content includes some of the following:

- Participated in the HEE Self-Assessment (SA) pilot—a process by which organisations carry out their own quality evaluation against a set of standards. The HEE Quality Framework identifies the standards organisations are expected to achieve to provide a quality learning environment for the learners they are responsible for. There is the expectation, via the NHS Education Contract, that organisations will refresh their SA yearly. For the pilot, the GLA submitted data for nursing and were commended for our placement, partnership, supervisor, and assessor governance process in place. The full national audit will be launched in April 2022 to encompass all learners within GOSH.
- GOSH placed 5th in the country for 'Overall Satisfaction' in the 2021 GMC National Training Survey. Thanks to the work from the GLA and clinical teams, we achieved 43 green outliers (above national average) across 15 specialties in the survey. Clinical Genetics continue to receive excellent feedback with nine green outliers and Clinical Radiology significantly improved their results compared to 2019. Haematology received similar feedback compared to the 2019 results, but this is encouraging considering Haematology received five red outliers in last year's survey.
- External Examiner scrutiny across our full Academic Education portfolio commended our courses as exceptional, clinically relevant, and taught by clinical experts with a high level of academic rigor—of particular note was the academic and pastoral support offered to our students during a pandemic.
- Faculty of Medical Leadership & Management (FMLM) accreditation was achieved for all core leadership programmes. The values and behaviours articulated in FMLM leadership standards underpin the principles of the General Medical Council's (GMC's) Good Medical Practice and the guidance in Leadership and Management for all doctors. They are relevant and apply equally for all healthcare professionals across the UK.

Current Leadership Structure

With the Chief Nurse as Executive Sponsor the GLA is led by the Director of Education. The current leadership structure is outlined below.

NHS
Great Ormond Street Hospital for Children
Learning Academy

GOSH Learning Academy: Who's Who

Sanjiv Sharma
Medical Director

Tracey Luckett
Chief Nurse - Executive Sponsor

Caroline Anderson
Director of HR and OD

Lynn Shields
Director of Education

Simon Blackburn
Deputy Director of Education and Director of Medical & Dental Education

Vicky Nash
Associate Director of Education

Buki Ogunde
Operational Manager: GLA

Justin Poisson
Associate Director of Education

TBC
Associate Director of Education: Clinical & Professional

Stephen Whyte
Professional Lead for Advancing Practice

Andreas Marcou
Associate Director of Organisational Employee Development

Review of Phase 1 (up to April 2022)

Establishing the GLA

The GOSH Learning Academy (GLA) is the vehicle for the strategic and operational delivery of the GOSH Education and Training Strategy. Our aim is *to be the first choice for multi-professional paediatric healthcare education, training, and development for the whole workforce, utilising state-of-the-art technology in contemporary learning environments.*

The Learning Academy vision brings together the central, corporate education and training services across GOSH, including Nursing and Non-medical Education, Postgraduate Medical Education, Organisational and Employee Development, the Clinical Simulation Centre, and Resuscitation Training Services and includes the established and fundamental partnerships with our clinical services/departments. Our initial three-year programme (Phase 1) has been established to embark on bringing GOSH to the forefront of paediatric healthcare education.

The education, training, and development provided to our staff remains pivotal to the experience of our patients. The children and young people attending GOSH are cared for by our entire multi-professional workforce—it is our role to ensure that our people have the knowledge, skills, and capabilities to provide the exceptional care that our patients require. World-renowned organisations known for exemplary care rightly prioritise education and training, because they recognise its vital place in positive patient outcomes. Our aim is for GOSH to be in this space.

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

Changes to plan: Adapting to a Pandemic

With our colleagues across the NHS, the Learning Academy programme has been significantly influenced and impacted by the COVID-19 pandemic. Like many areas of GOSH, our programmes of work have effectively been put on hold in order to prioritise the urgent needs of our services and redeployment of critical staff.

Due to these unprecedented circumstances, from March 2019 our Delivery Plan experienced delays to planned pieces of work and anticipated milestones were not reached. This led to phase one of the GLA Programme being extended from 3 to 3.5 years, with an end date of March 2023 agreed following approval and agreement from GOSH Charity and GLA Programme Board.

The GOSH Learning Academy (GLA) strategy and structure has proved very effective at responding to this immense task. As the Trust's position evolved within the initial outbreak, our teams redirected efforts to designing and implementing up-skilling and update programmes, equipping our staff to handle potential increases in critical care patients as well as cohorts of general paediatric patients arriving from hospitals within

London. Teams have also worked hard to ensure essential training continues in our new environment, redesigning courses to ensure they continued without face-to-face components and still ensure fit-for-purpose education for our staff. The GLA facilated a 7-day a week service during this period and remodelled itself within the new, three-directorate structure, Critical Care, General Paediatrics, and GOSH Specialties.

To date, **over 2,000 clinical and non-clinical staff** have attended GLA COVID-19 up-skilling and update sessions, including many colleagues from external Trusts redeployed to GOSH. The audiences targeted ranged from clinical staff currently out of practice to clinical staff needing critical care skills to non-clinical staff who have not worked previously in clinical environments.

The Learning Academy was in ensuring a rapid response to the Trust's training needs but also assisting in the restructuring and redeployment of our clinical experts within GOSH to deliver critical support during this time, including:

- Working with Infection Prevention and Control in the development, implementation, and facilitation of our Staff Testing Clinic and Fit Testing Service, 7 days a week
- Providing essential PPE communication messaging and training across the Trust
- Development of GOSH PPE Safety Officers to support teams
- Provision of a 7-day week Education and Training Service pan-Trust
- Working with Health Education England to support the deployment of Undergraduate Nursing Students into the workforce as Aspirant Nurses (Band 4)
- Working with HR in the development and implementation of the Wellness Hub
- Provision of a 7-day week Resuscitation Service
- Critical Simulation Training focusing on COVID-19 operational processes and logistics, developing new guidelines and protocols to maintain patient and staff safety

Outside of GOSH, we were very proud to have been contacted to provide education for the new Nightingale Hospital. Several of our senior educators were redeployed to up-skill the large volume of staff required.

CASE STUDY

I am doing my Advanced Clinical Practitioner Apprenticeship. I work in dietetics at GOSH within the neuroscience team with a clinical focus on the ketogenic diet.

We experienced significant changes during COVID. We began to work more remotely as a team and our doctors were far busier working on the wards which meant we took on a lot more clinical responsibility.

Skills I developed during my Apprenticeship such as history taking, handover skills to medics, Non-Medical Prescribing skills, improved teaching skills using virtual methods and communication skills via technology were of vital importance as I was able to step up and work with the clinical teams.

CASE STUDY

Ensuring all staff had the right Personal Protective Equipment (PPE) was an essential part of the COVID response at GOSH to keep all staff safe.

We became a team of training officers who fitted everyone for a mask, gave demonstrations of 'donning and doffing' PPE as well as ensuring equipment could be safely disposed of.

Throughout the first wave GOSH was provided with different brands of masks that we needed to fit to people. We were available 7 days a week and worked closely with the Infection Control and Prevention team.

By undertaking this role, we kept staff safe and in the clinical workplace where they were needed.

Delivery of the GLA Programme

Within the current financial climate, GOSH education and training programmes have continued to improve and expand to address clinical needs, integrate contemporary methods, and keep apace of new technologies. We strive to ensure our service provides the education and training necessary for staff to deliver the Trust Strategy and consistently demonstrate the Trust Values. With the investment from GOSH Children's Charity the funding has allowed for education services to deliver above and beyond what our core responsibilities are within the Trust. We are able to report that significant progress has been achieved against our initial agreed strategic aims and milestones

Year 2 delivery against our overarching strategic aims and milestones in the initial *GOSH Learning Academy Charity Grants Case* is outlined below.

Strategic Aim 1

GLA recognised across North Central London Integrated Care System (ICS) as preferred provider of paediatric healthcare education and training

Throughout the pandemic and as we move into our new normal, the GLA continued to be the preferred specialist paediatric education provider of choice for our partners within our Integrated Care System (ICS). Examples include:

- Invited to join the UCL Health Alliance Education group to better inform our ICS Chief Executives of the opportunities and challenges within education for our partner Trusts
- Co-delivery of education courses and events relevant to our ICS partners, e.g. Paediatric Bone Marrow Transplant, Paediatric Orthopaedic and Spinal Care
- 33 Trusts from across the UK have funded staff to study through our Academic Education portfolio, with over 100 learners from across the London ICSs
- Increased collaboration with UCL Medical School
- Supporting our ICS Startwell programme of work by providing access to paediatric specific education programmes

Strategic Aim 2

GLA sought by national bodies for educational interactions and interventions supporting the care of children and young people

As our reputation grows as a trusted provider there has been an increase in national bodies such as NHS England/Improvement (NHSE/I) and Health Education England (HEE) requesting to collaborate with or showcase the work of the GLA through their national programmes of work. Examples include:

- Funding award of £435k from the Association of Clinical Biochemistry and Laboratory Medicine to design, develop, and deliver the first Whole Genome Sequencing Course early in 2022.
- Collaborating with NHSE/I to design, develop, and deliver national Early Warning Score training.

- NHSE/I launched 'Reducing Procedural Anxiety', designed and developed by our GLA Digital Learning and GOSH Play teams to support the paediatric COVID-19 vaccination campaign.
- Collaborating with NHSE to design 'bite size' resources added to national learning site with sign posting for GLA longer courses.
- Supporting the London Transformation Learning Collaboration – working together to develop and share Paediatric Critical Care Education across London

Strategic Aim 3

Bigger pool of high potential leaders with the knowledge, skills, and attitudes to ensure we are a compassionate, inclusive organisation

The GOSH Leadership and Management Competency Framework was launched in the early 2019 to support the delivery of our ambitions for people management and leadership as set out by the *GOSH People Strategy* and *GOSH Leadership Strategy*. The framework sets out to identify and build competency and capability in the five core dimensions identified in the NHSE/I Framework *Developing People: Improving Care*.

The three core programmes—Aspiring, Developing, and Established Leaders—have been successfully mapped to and achieved external accreditation by the Faculty of Medical Leadership and Management (FMLM). This ensures the programmes offered are current and relevant across all healthcare curricular. Additionally, our bespoke clinical leadership programmes are mapped to these standards, ensuring they achieve the learning outcomes desired.

Progress across priority aims, milestones & targets

Significant progress and impact have been made against the six strategic priorities/ programmes in the initial *GLA Charity Grants Case.* High level progress includes:

Academic Education: Largest provider of paediatric healthcare Continued Professional Development (CPD) in London - Our current academic portfolio of 36 academic modules across 18 paediatric specialties is the largest on offer in London. In addition, in certain specialties we offer the only course available in the UK: Paediatric Infection, Prevention, and Control and Paediatric Bone Marrow Transplant are important examples.

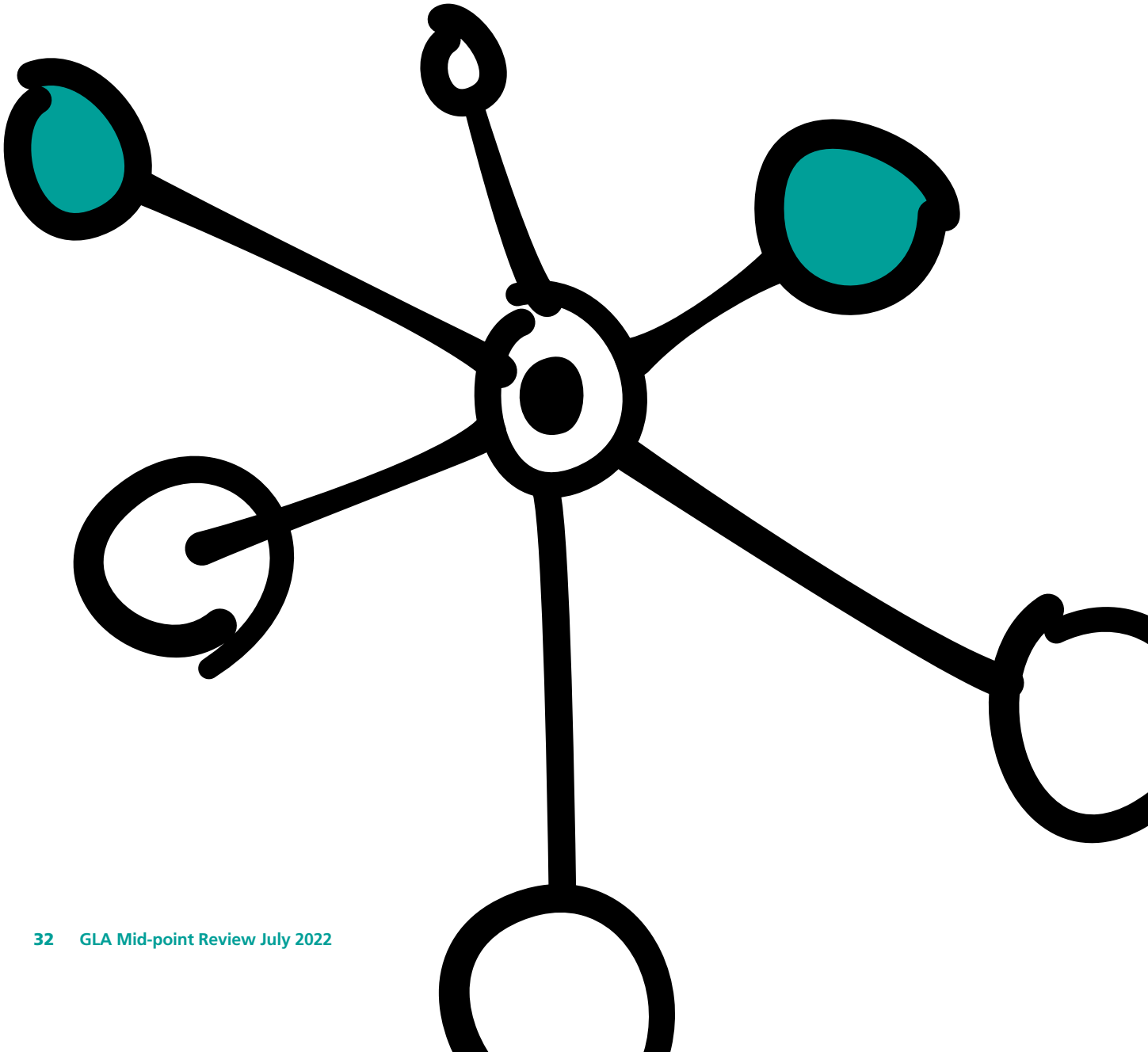
Apprenticeships: Increase in development of clinical and non-clinical apprenticeships within GOSH (target 50 apprentices) - In partnership with the Organisational & Employee Development team, significant progress has been made and we have exceeded this KPI, with national recognition for the work we are delivering. We are proud to support the 220 apprentices currently learning at GOSH.

Clinical Simulation: Accreditation of our simulation service - Application for accreditation for our Clinical Simulation Centre was submitted in February 2022 to the Association for Simulated Practice in Healthcare (ASPiH), the body which sets national standards in partnership with HEE.

Digital Learning: Online learning resources available in some clinical specialties - Following the launch of the Digital Education Network in July 2021, we have achieved all Year 2 key milestones, including partnership working and commercial income generation.

Leadership: Design a leadership development journey; a learning process that spans over time -We have exceeded our Year 2 aims and are on track to deliver Y3, with the Accreditation award received for our leadership development programmes, which map a journey for our Aspiring to Established Leaders.

Specialty Training: GLA standardised and quality-assured programmes continued development and increased instances - We are currently ahead of our Year 2 KPI and on track to deliver Y3 and beyond with significant increase in number of courses or events being offered, increase in learner hours, investment within specialty areas, and the launch of the GOSH Children's Charity Scholarship Awards.



Delivery across our six priority areas

Priority 1: Academic Education

Developing our experienced workforce is vital to maintaining high standards of care for our patients, and the academic portfolio at GOSH provides a fantastic range of modules to enable our nurses and allied health professionals to build on their continuing professional development (CPD). During the term of the GOSHCC grant we have been able to double the number of modules in our portfolio, making the GOSH Learning Academy one of the largest providers of specialist paediatric nursing CPD in the UK.

The GLA aims to provide candidates with accredited learning programmes; delivering the highly specialist knowledge and skills needed to exceed the needs of service users. It aims to provide specialist knowledge for those caring for children and young people in a variety of paediatric settings, allowing them to become qualified in specialty and to apply for more senior positions within their specialist roles.

We work closely across our integrated care system (ICS) to provide education across the sector.

Aim

The portfolio of modules aims to provide and develop knowledge and understanding to underpin clinical practice, ensuring that care delivered is in accordance with the values of the organisation and professional bodies.

The accreditation through a Higher Education Institute (HEI) ensures that educational standards are maintained and can be benchmarked against a range of HEI across the UK. The development of critically reflective practitioners is a focus. Candidates can use the modules to work towards achieving bachelors degrees or master's qualifications which demonstrates GOSH's commitment to its staff and that it creates a workforce who are compassionate, caring and dedicated to their role as advocates for children and young people.

Delivery

All modules are designed, delivered, and assessed by the clinical expert teams across the organisation. A blended approach is taken to delivery with a variety of modalities utilised. Following COVID-19 both students and educators are comfortable working in an online environment via the Digital Education Network (DEN). Online education is supported with face-to-face tutorials, small group discussions and simulation work.

Assurance

The Academic workstream provides assurance via two pathways. As part of the GLA the workstream feeds into the assurance pathway described within this document. The

workstream also feeds into the assurance pathways within the relevant HEI. This involves review of all modules by the HEI, and an external expert from a separate HEI.

Key Performance Indicators (KPI) are benchmarked to KPIs utilised across the Higher Education sector.

Impact

A year-on-year increase in the number of students undertaking academic work can be seen. The academic year 2018/2019 saw 250 students undertaking academic study through our modules. In 2021/2021 over 400 students enrolled onto one of our specialist modules.

Using these modules, we have been able to support increased numbers of students in reaching the point of an academic award such as Postgraduate Certificate (PgCert). Extensive research has clearly demonstrated that increased levels of education and development in the workforce equate to improved outcomes for patients.

Many of our specialist modules are unique across the UK and so the impact of this workstream can be seen at a local ICS level and national level, as around 20% of students are from healthcare organisations across both London and the UK.

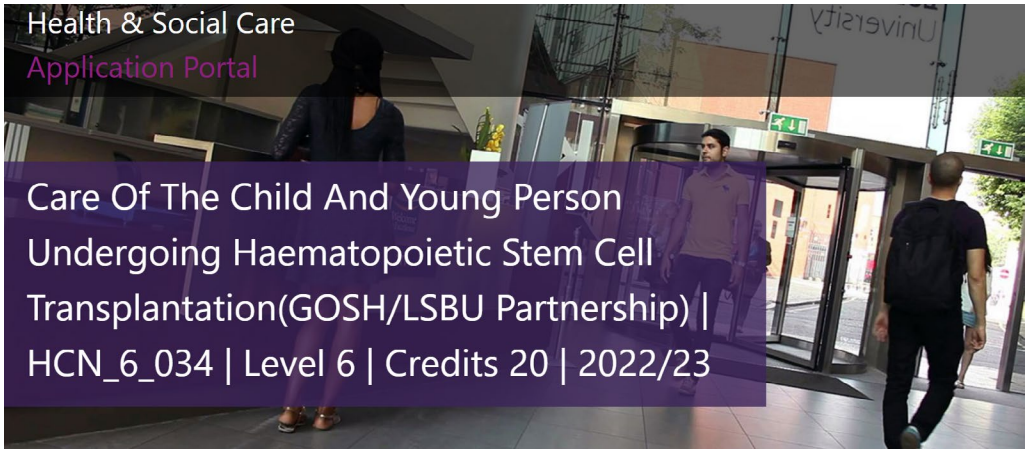
Phase 1 Milestones, KPI's Targets

Initial Target (by end of year 3)	Progress to date	Additional comments
Academic Portfolio will increase to 18 modules and two postgraduate awards	Increase to 36 academic modules, across 18 specialties Two postgraduate awards available: • PgCert in PICU nursing • PgCert in Healthcare practice in Children and Young People.	Increased number of modules validated in response to changing clinical service educational requirements and need
Support 1050 students through academic study	2318 students supported to date	Achieved more than double our target
20% of students will be from external organisations	21% of students studying were from an external organisation	ACHIEVED
Achieve a 95% pass rate across all modules	95.6% pass rate achieved	ACHIEVED

Highlight

Development of the module – 'Care of the Child and Young Person undergoing Haematopetic Stem Cell Transplantation.' This module was developed in partnership with the three lead cancer centers across London – GOSH, University College London Hospital (UCLH), and the Royal Marsden Hospital (RMH).

The need for a validated educational pathway for the subject matter was identified and the GLA approached to develop a programme. Working with the three lead cancer centers allowed us to pool expert knowledge and skills. Students from the centers can access the module at the same reduced cost as GOSH students.



Priority 2: Apprenticeships

There are currently have 235 Apprentices at GOSH on over 30 programmes that are available to our teams. Apprenticeship courses are nationally recognised qualifications completed 'on the job' and funded by our Apprenticeship Levy.

At GOSH we utilise Apprenticeships in two ways, to support the development of our current team in Nursing, Science, Allied Health Professionals, Estates and Facilities and Operational roles and to recruit new local talent into our workforce through our Apprenticeship entry roles.

The GLA has supported the growth in Apprenticeships in many ways; through funding to launch our Nursing Degree Apprenticeships and in new areas of Allied Health. Currently the GLA have fully salary supported an additional 35 apprentices to become Registered Nurses and 10 Allied Healthcare Professionals to achieve their undergraduate degree. Additionally, the GLA has gone on to support 5 Advanced Clinical Practitioners to reach the nationally recognised post graduate standard.

The GLA Apprenticeship education team have been vital in the supporting the successful completion of clinical Apprenticeships by working in conjunction with the HEI, workplace and apprentices to ensure the experience is maximised.

Aim

Our goal with GOSH Apprenticeships is to develop a career pathway for every role at GOSH and to increase our Apprenticeship vacancy opportunities. We work with our local borough partners to advertise and recruit from the local area into Apprenticeship entry roles, which supports increasing the diversity of our workforce and retention of our teams. Our GLA Apprenticeships team and our apprentices have won many awards influencing other NHS trusts and employers to utilize their apprenticeships in the same way. Apprenticeships have helped support the diversity, retention, and development of our workforce. We hope to grow the number of Apprenticeship programs that we have available in new areas like Estates and Facilities and increase the amount of vacancy opportunities that we have.

Delivery

Apprenticeships have the employer at the heart of its delivery model. All programmes are delivered on a tripartite basis with very close liaison with the employer, the apprentice, and the apprenticeship provider. Investing into this space allows us to ensure the experience is world beating and that the Apprentice is empowered to meet their potential.

The GLA currently works with over 30 different education providers to deliver a wide range of Apprenticeships. Working with local and national teams we have been able to support the delivery of more specialist Apprenticeships such within Healthcare Science.

The GLA is registered with the Register of Apprenticeship Providers (RoAP) to be a supporting provider of Apprenticeships. This allows the GLA to deliver the level 2 – Healthcare Support Worker with support from the provider Dynamic Training.

Assurance

Apprenticeships are quality assured by a range of external organisations such as Office for Students (OfS), OFSTED and the QAA (Quality Assurance Authority).

All Apprentices have quarterly tripartite review which includes the HEI, the line manager/ education team and the Apprentice to ensure outcomes are met.

The GLA is on the Register of Apprenticeship Training Providers (RoATP). This is a national register independently verified by Education and Skills Agency. To maintain this registration the GLA undergoes regular benchmarking against other providers for quality and scrutiny of the delivered Apprenticeships.

Impact

The GLA have utilised the Apprenticeship workstream to invest in our clinical teams. The first cohort of Registered Nursing Degree Apprentices began during the highly challenging environment of the second wave of COVID. This was an opportunity for teams to be able to access Graduate pathways that would not have previously been open to them due to financial, personal, or educational reasons.

CASE STUDY

Ricardo Tabosa Santos initially started with GOSH as a Domestic before he moved on to become a Housekeeper

Ricardo embarked on a Learning Academy education pathway as an Apprentice Healthcare Support Worker. On completion, he joined our Apprenticeship for Nursing Associates and is now, supported by the GLA, continuing with his pathway as an Apprentice Registered Nurse. His dream—to be a Ward Manager. Our aim—to ensure he can be!

Approximately 35 nurses are being supported to achieve NMC registration using this funding. The GLA have also been an early adopter, working closely with HEIs, to support a range of AHP's through their undergraduate degree through to registration with the HCPS.

Organisationally, Clinical Apprenticeships benefit the workplace by demonstrating our commitment to staff that have worked within our teams for many years and providing the wards and teams with staff who are committed to GOSH and have a clear understanding of the patient populations and workload. We have seen that this has improved retention and provided faster career development for our staff.

All Apprentices study is funded by the Apprenticeship Levy. This is a fund retained by HMRC based on a percentage of our organisations wage bill. If any of this fund is not used within two years this is lost and reabsorbed into governmental funds. We have increased our spend of this fund by over £100,000/year.

Our team are currently supporting national projects with Heath Education England, the Department of Education and The Apprenticeship Ambassadors network

Phase 1 Milestones, KPI's Targets

Initial Target (by end of year 3)	Progress to date	Additional Comments
Recruit and support: 20 Nursing Degree Apprentices 20 Nursing Associates 10 Allied Healthcare Professionals 5 Advanced Clinical Practitioners	**GLA Supported** 28 Nursing Degree Apprentices 8 Nursing Associates 3 Operating Department Practitioners 2 Occupational Therapist 1 Physiotherapist 1 Dietician 5 Advanced Clinical Practitioners 4 Assistant practitioners **GOSH funded with GLA education support** 20 Healthcare Support Workers 2 Play Specialists 6 Healthcare scientists 4 Pharmacists	We recruited and supported fewer Nursing Associate Apprentices than originally planned due to less demand within the workforce We supported fewer Allied Health Apprentices due to the delay in national approval for courses commencing The GLA Apprentice team also offers education support to all clinical apprentices across GOSH
Achieve the public sector target of 2.3% of staff on an Apprenticeship	5% of the GOSH workforce is currently studying on an apprenticeship programme	The GLA Apprenticeship team supports the establishment of non-clinical apprenticeship programmes
Retention at one year post apprenticeship > 95%	97% retention target achieved	ACHIEVED
Increase access to educational pathways for BAME populations with over 33% of Apprenticeships being undertaken by those as identifying as BAME.	50.5% of Apprentices are from a BAME background.	ACHIEVED

Highlights

- Launch of first clinical apprenticeships across GOSH
- 50.5% apprentices identify as BAME, widening access to healthcare careers
- Winner of six national awards including **Large Employer of the Year 2020** and **National Award for Diversity in Apprenticeships 2022**
- Improved retention in band 3 staff with over 95% of apprentices staying at GOSH for over two years
- Development of clinical apprentice career pathways
- Celebrating our apprentices nominated for special recognition for their work at national awards

Priority 3: Clinical Simulation

Clinical Simulation is a priority area within the Great Ormond Street Hospital and the GLA, facilitating the provision of simulation-based education at GOSH and helping to embed a safety-orientated culture within the organisation. Since the establishment of the GLA, the team has expanded its faculty to provide more hands-on delivery of contemporary education supported by an innovative and skilled group of educators, technicians, and the first UK based clinical simulation psychologist.

Diversification of the Change to Clinical Simulation Centre (CSC) team has allowed the service to develop an expansive portfolio of educational offerings via multiple platforms, encompassing hybrid methodologies for simulation-based education. The development of a cohesive leadership team has facilitated engagement and collaboration with the wider simulation network, whilst providing oversight for the local delivery of workstream goals

Aim

Our Clinical Simulation Centre aims to be the multi-professional simulation centre of choice. Developing, delivering, and expanding our sustainable simulation service, whilst

providing relevant, high-fidelity, and contemporary learning experiences for our multi-professional workforce. The team are passionate about inclusion and continue to work to ensure all professions have access to simulation-based education within and beyond GOSH, supporting the healthcare workforce to be at their best when caring for patients.

Delivery

The CSC provides a multi-faceted simulation service to cover both training for healthcare professionals and systems safety assurance for the organisation. Our centre footprint is based around 2 simulation laboratories, with designated space for debriefing and technical skills. We also offer an extensive in situ programme, dedicated support for departments to test new processes, and have pioneered innovate training using remote, digital, and augmented reality methods. For healthcare professionals, we offer a selection of courses and modalities, including acute scenarios, conversational simulations, and part-task and technical skills training. All CSC led simulation activity is delivered by a diverse team of academic and technical experts in simulation.

We have recently added a qualified psychologist to our team, which has allowed us to strengthen our simulation offerings for healthcare conversations. Examples include our Child & Adolescent Mental Health Service, Learning Disability, Palliative Care and Navigating Uncertainty simulations. This vital post also serves to evaluate and enhance our practice in creating and maintaining psychological safety across our simulation offerings. All faculty responsible for the delivery of simulation are required to have completed our Simulation Provider training pathway or equivalent. In addition to completing the Simulation Provider Certificate, core simulation faculty are supported and encouraged to peruse relevant faculty development opportunities which take into account previous experience and on-going needs.

Assurance

The CSC follows a robust governance structure under the GLA. An extensive data set is captured by our internal dashboard which tracks educational, financial, and quality and safety metrics. Operational meetings take place monthly, feeding a comprehensive performance report to the GLA Steering Group. The service is represented on all the major safety and quality assurance forums within the trust, enabling the escalation of latent safety threats up the trust hierarchy, as well as the opportunity to provide solutions to safety needs identified elsewhere. The service maps its practice to standards set by the Association for Simulated Practice in Healthcare (ASPiH). This provides an additional quality framework to support the effective conduct of simulation-based education within the organisation, ensuring best practice standards are upheld.

Impact

In the time since the GOSH Learning Academy was established the Clinical Simulation Centre has significantly increased the range of simulation modalities available to the healthcare workforce. Innovative use of educational technology has given way to remote methods of simulation, growing the scope and reach of simulation offerings. By developing a diverse portfolio of online simulation programmes we have been able to increase access to simulation opportunities available to local, national and international candidates. By maintaining close partnerships with Trust quality and safety teams,

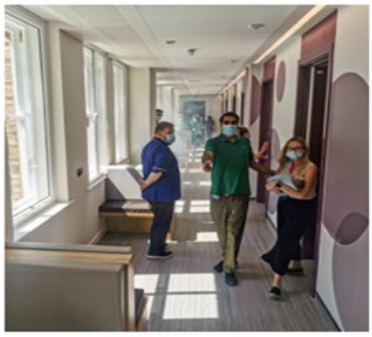
the initial years of the GLA have seen the CSC utilise this position to expand the use of simulation for patient safety. The introduction of simulation to support systems integration has successfully broadened local applications of simulation beyond the educational context. This work has strengthened the case for simulation as a patient safety tool, supporting the learning from agenda and extending the impact of the GLA from workforce to patients and families.

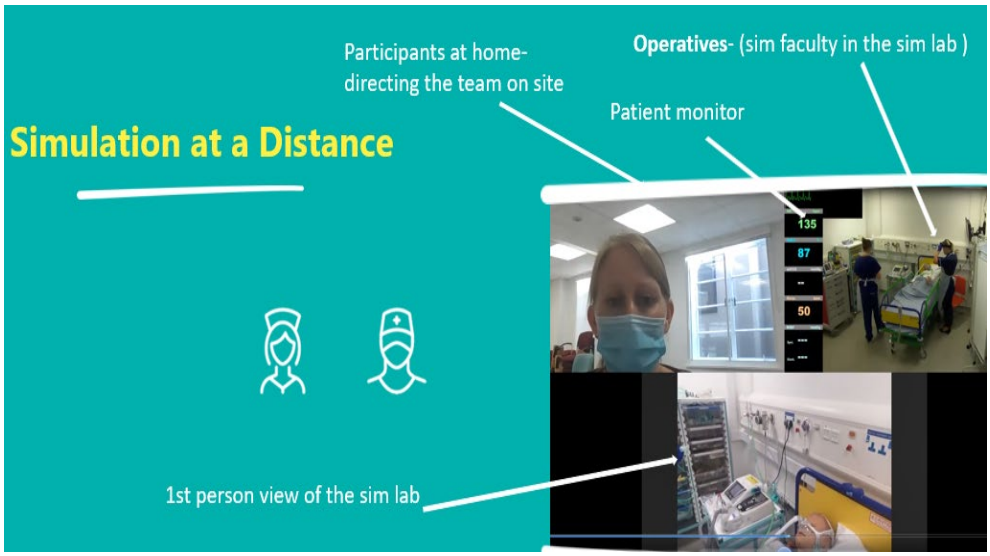
Phase 1 Milestones, KPI's Targets

Initial Target (by end of year 3)	**Progress to date**	**Additional Comments**
Submit application for institutional accreditation with the Association for Simulated Practice in Healthcare	Application submitted in January 2022	Awaiting outcome
To deliver 49,500 candidate hours of SIM education	23,662 multi-professional candidate hours delivered	We are below our predicted target as a result of the restrictions in place for face-to-face training and external candidate access to courses as a result of the pandemic
Publish three articles in peer-reviewed journals	Six articles published in Year 2 Three international plenary sessions delivered	ACHIEVED
Increased accessibility to Virtual Reality and Augmented Reality technology in Simulation education	Introduction of HoloLens Mixed Reality technology in programmes Partnership with University College London to further develop an immersive virtual reality software: VheaRts. Introduction of the first Transesophageal echocardiograph simulator Development of conversational simulation training with the use of a personalised, educator-controlled Avatar	ACHIEVED

Highlights

- In 2020 we introduced simulation for systems integration via the roll out of "systems safety" simulations, an approach that now forms part of our patient safety portfolio.
- In 2021 we partnered with LSBU to launch a HEE funded simulation placement for undergraduate nurses, an initiative which was commended and shared on a national level.
- Over the term of the GLA we have increased our academic output with multiple research publications and presentations at national and international conferences (please see GLA publications list).
- We have pioneered new roles in simulation via the introduction of a Psychologist in Simulation in 2021.
- We have welcomed 5th year medical students from UCL, establishing a successful multimodal simulation course as part of their GOSH placement.
- We have pioneered new methods of delivering simulation. These include remote fully immersive simulation, where participants in far-flung locations 'controlled' avatars who were present in the simulation centre, to offerings which placed more emphasis on discussion and conversation, e.g. our human factors, palliative care and learning disability courses.





Priority 4: Digital Learning

Delivering education and training through digital platforms is a critical element in meeting the objectives within the Trust Strategy – Above and Beyond – as well as achieving the ambition and sustainability goals of all areas and priorities within the GLA. With the launch of the *Digital Education Network* (DEN) – a new Virtual Learning Environment (VLE), GOSH has increased access to state-of-the-art teaching resources, aligning education to the state-of-the-art care provided by our staff. Building these digital capabilities will help to provide GOSH staff with the appropriate tools and opportunities to develop themselves for the future. There is a highly skilled Digital team in place who are experts in producing creative, engaging, and informative digital educational content.

Aim

Our Virtual Learning Environment (VLE) has the multi-faceted ability to create more readily accessible education while establishing sustainable commercial revenues with vastly reduced overheads. As Digital Learning is a dependency for each of the priorities of the GLA, our aim is to innovate, develop and deliver digital content to support the education delivery across the GLA portfolio. Beyond the traditional course format, other areas such as webinars, interactive videos, and podcasts are also being created.

Delivery

Alongside the new VLE and team, clear processes have been established for requesting projects. Completed projects follow a tight governance framework which undergoes regular audit to ensure compliance with the policy. All content is designed, delivered, and reviewed by the clinical expert teams across the organisation. A blended approach is taken to delivery with a variety of modalities used. Content created includes video, podcasts, e-Learning and animation.

Assurance

In addition to the governance framework detailed above in 'Delivery', the workstream also provides assurance by holding a workstream meeting (Digital Learning Operational Group) every month, providing a monthly report for GOSH Learning Academy Steering Group, where the Digital Teams Key Performance Indicators are scrutinised, and taking any additional papers to GLA Programme Board where required.

Impact

The introduction of the DEN has seen education and training continue despite the restrictions of the pandemic. Having an online learning platform with integrated virtual teaching rooms has hugely benefitted the staff education programmes in the Trust. There has been a steady increase in courses available on the DEN, from 10 courses in August 2021, to 83 courses live and running presently. Furthermore, the DEN has improved access to learning as internal study days that may have previously had to be cancelled or missed due to sickness or self-isolation, were able to go ahead with learners attending from home.

The digital learning team has supported this huge transition to online learning and continues to support staff in considering new digital approaches to learning. There is a need to ensure all staff are being educated in all digital literacy skills, from basic to advanced, and the team are being responsive to this.

The DEN has full accessibility and capabilities for external audiences, providing a national and international reach. Having a paywall allows the GLA to build on the commercial portfolio, it provides a portal for a reliable income stream from commercially available online content. The VLE has the multi-faceted ability to create more readily accessible education while establishing sustainable commercial revenues with vastly reduced overheads in comparison to other work-streams.

Phase 1 Milestones, KPI's Targets achieved

Initial Target (by end of year 3)	**Progress to date**	**Additional Comments**
Establishment and recruitment of the GLA Digital Education team	Team fully recruited and embedded within the GLA team Team consists of • Head of Education • Medical Education Lead • Digital Learning Officers • Business Support	ACHIEVED
To design and complete the procurement of a Virtual Learning Environment by year 3	Our Virtual Learning Environment was procured, designed, and launched in year 2 All Continuing Professional Development content successfully uploaded to the site	ACHIEVED – we launched 6 months ahead of plan to ensure access to education during the pandemic
200 people will have undertaken an educational experience online	Since launch in July 2021, over 5,630 learners have undertaken education in our online environment: *The DEN* An additional 4,403 learners accessed our online education sessions via Zoom prior to the launch of our Virtual Learning Environment	ACHIEVED – we extended our reach both nationally and internationally by over 500%

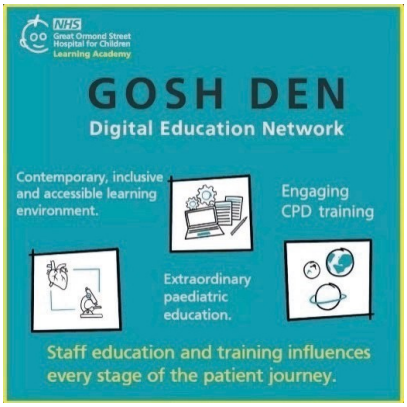
Highlights

Procurement and development of a VLE

The GOSH Digital Education Network (DEN) was launched at pace in July 2021. There was a degree of urgency to launch the DEN due to two key factors:

1. This was at the peak of the pandemic when face-to-face teaching was limited to essential training only.
2. A GLA partner University; LSBU, suffered a cyber-attack which impacted the students on the franchise modules

The DEN provided a viable option for teaching to continue during a challenging time.

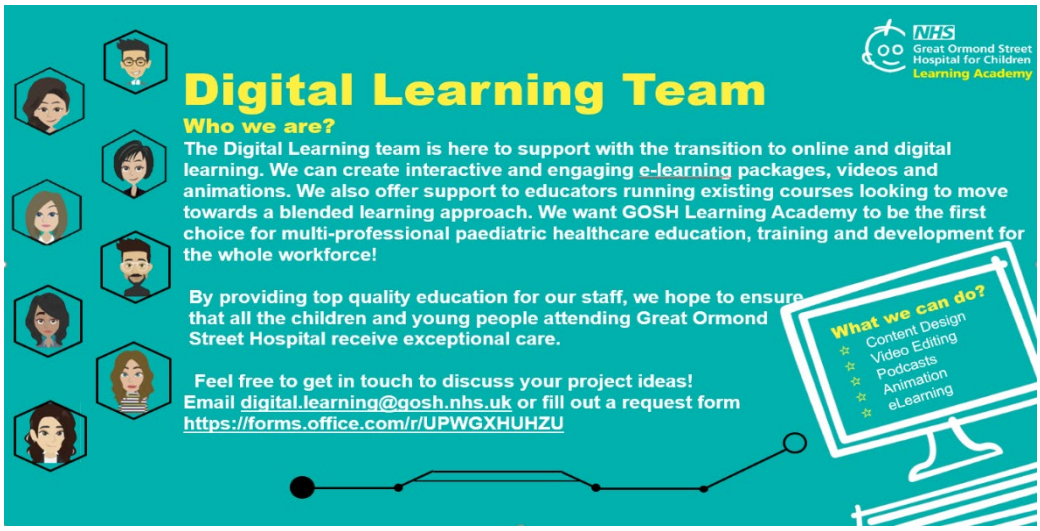


Partnerships

Following the successful launch of the Digital Education Network (DEN) in July 2021 the Digital team have had a few notable collaborations. Firstly, the creation of a play module to support staff with reducing anxiety in children before a procedure. The digital team, play team and HEE worked together to edit this content so it could be shared nationally and used when training healthcare staff to give Covid19 vaccinations to children. Secondly, a collaboration with the Royal Free NHS Trust to host their content on Robotic Process Automation. Here the digital team collaborated closely with the Royal Free team, upskilling them so that they could use the DEN to its maximum potential.

GOSHPods

Launch of the *GOSHPods* podcast series aimed at helping learners negotiate the requirements of the MRCPCH (Membership of the Royal College of Paediatrics and Child Health) examination with over 1,000 people listening.



Priority 5: Leadership & Management

People leadership and management has been identified as an area of critical skill/ knowledge in response to the GOSH's People Strategy 2019 findings that "our relationship with our immediate line manager is essential to providing a supportive work environment". The updated content for leadership and management training has been formed in consultation with GOSH's inclusion leads and staff site representatives, senior HR & OD stakeholders and input from the Leadership and Management Operational Group. It forms part of the GOSH leadership and management framework and supports the knowledge base for our Leadership and Management Competency Framework. We remain adaptive and have flexed all leadership and management development programmes to meet the emerging needs of the organisation and gained FMLM (Faculty of Medical Leadership and Management) accreditation for our multidisciplinary leadership interventions

Aim

To deliver high quality inclusive and engaging programmes to support leaders and managers within GOSH to be able to harness the discretionary effort of our people, ensuring that they feel seen, heard, safe and respected. The success of these Programmes to be measured using our Evaluation Framework, based on Donald L. Kirkpatrick ("Evaluating Training Programmes", 1994), which involves polls, focus groups, questionnaires, and individual completion of our GOSH Competency Self-Assessment at varying points during learning, and confirmed by continued improvement in the leadership and management question in the national Staff Survey.

Delivery

The team have worked to develop a portfolio of programmes with something suited to every staff member. From the Aspiring Leader to the Established Leader to Clinical Leadership each staff group has a range of online and offline resources that they can access.

Programmes of work have been made as accessible as possible to all staff members can access. Short online courses are available with webinars undertaken over a year to shorter more intensive programmes are now available.

Our Practice Educator for Leadership has also developed Leadership programmes linked to specific career pathways such as the band 6, band 7 and Matron development programmes.

Assurance

The workstream sits within the GLA governance structure. Delivery plans are devised at the beginning of the term and scruitinised monthly with KPIs tracked.

Further assurance of the level of quality attained comes from the FMLM accreditation. This demonstrates that we are achieving the nationally benchmarked standard.

Impact

Through our extensive Leadership and Management development offer we are providing staff with the key leadership knowledge, skills, and attributes to be able to confidently apply these in practice, whilst developing a greater capacity for collaborative and compassionate leadership. Creation of objectives and progression points in leadership, utilising frameworks, minimise duplication and maximise the development of our staff. The development of new leadership strategies within teams enhances team working and communication creating high performing teams with the ability to deliver excellent patient care.

Phase 1 Milestones, KPI's Targets

Initial Target (by end of year 3)	Progress to date	Additional Comments
For 900 people to undertake a leadership course by the end of year 3	1,831 staff have attended a Leadership & management development course offered through the GLA	ACHIEVED – we have doubled our target numbers
Delivery of six new leadership and Management courses	Over ten new courses offered including: • Aspiring Leaders – for staff starting their leadership development • Developing Leaders – four our mid-senior leaders within GOSH • Established Leaders – for our most senior leaders within GOSH • Portfolio of FMLM accredited leadership programmes: MILE Leadership Awareness & MILE accelerated for consultants • Junior Sister Programme – preparing our ward managers of the future • Chief Nurse Junior Fellowship Programme – our award-winning programme for junior staff • The Inclusive Managers Essential's programme (TIME) – developing our line management capability to encourage a more supportive, fair and inclusive culture • Building Systems Intelligence – developed for Junior Doctors to prepare them for their future Consultant role • Band 6 Development Programme – to support our newly promoted nurses into their role • Band 7 Development Programme – aimed at Ward managers to build and strengthen their leadership and management capability	ACHIEVED

Highlights

- Achieving FLFM accreditation.
- Providing over twenty different clinical leadership courses.
- Scoring above average across Leadership on the 2021 National Staff Survey.
- Launch of the Leadership and Management Framework and programmes with over 1,000 delegates studying across the whole portfolio.
- Launch of the leadership network COLLABORATE
- Chief Nurse Junior Fellows Programme delivered and second cohort in progress.
- 58 Managers courses delivered with 527 delegates
- 123 delegates on our Aspiring, Developing, and Established Leadership programmes
- 60 delegates on bespoke clinical leadership development programmes
- Delivery of the Developing Systems Intelligence program to our Senior Medical Officers
- Improvement and impact seen across the Staff Survey, including:
  - 17% point improvement on organisational action on Health and Wellbeing
  - 7% point increase in staff recommending GOSH as a place to work

Chief Nurse Junior Fellowship

Established in 2020, the award winning 12-month Chief Nurse Junior Fellow Programme is open to all band 5 nurses at the end of their 18-month rotation or band 5 nurses new to Great Ormond Street Hospital with similar post-registration experience.

It helps our nurses to develop new leadership skills and gain an insight into the senior nursing leadership roles by working alongside a senior nurse. It offers 23 hours per month protected time for participation and includes undertaking an evidence-based quality improvement project linked to an organisational priority with patient care benefit.

Priority 6: Specialty Training

Aim

Specialty Training spans numerous workstreams across the organisation, seeking to bring them together to share knowledge and pool resources thus maximizing impact. These include but are not limited to, Allied Healthcare Professionals, Healthcare Science, Mental Health, Learning Disabilities, and Communication.

The aim of this workstream is to raise the profile of these areas of practice, improving the knowledge skills and aptitude of our staff in these key areas of focus.

The workstream is agile and has changed and adapted to the contemporary landscape since the commencement of the GOSHCC grant in ways we could not have envisaged at the outset. The workstream has responded to need across the organisation and delivered rapid educational strategy to meet needs. These new programmes of work include but are not limited to:

- Increased knowledge of and skills in infection control, essential as we entered the COVID pandemic in March 2020
- Improved and expanded Safeguarding education to map against the intercollegiate document
- Mental health training as we recover from COVID and the effect on the paediatric population.
- Supervision for Advanced Clinical Practitioners (ACP)

By supporting specialties to lead programmes, this work enabled teams to develop effective protocols and pathways of care.

Within this workstream also sits the GOSHCC Scholarship and Sabbatical Fund. This fund has allowed us to fund 540 people from across the Trust to undertake education that would otherwise not have been possible due to a lack of funding.

Delivery

Due to the diverse nature of this workstream education is delivered via a wide range of mediums.

- Digital education – online packages of innovative education were created to educate teams about the risk of COVID, patient care pathways and Personal Protective Equipment (PPE)
- Academic modules – educators from this workstream have validated programmes of work linked to paediatric infection control, administration of systemic anti-cancer therapies (SACT) and Care of the Child and Young Person with an oncology condition.
- Simulation Programmes – The Advancing Practice team have developed programmes of work to support the ACP and Physicians Associates (PA). The Learning Disability Team worked with the Baked Bean Theatre Company to deliver co-produced simulation.

Assurance

All workstreams have a supported Practice Educator (PE) within their teams and have developed individual delivery plans with specific milestones and KPI. Each PE sits within the relevant speciality team to ensure we work in a cohesive manner. Support across each delivery plan is provided by the Head of Education and then fed into the GLA Steering Group.

Impact

Each workstream within the Speciality Training has relevance and impact across the whole organisation. Working together to deliver a cohesive approach to educational needs within the trust has led to increased multidisciplinary collaboration.

The agility of this workstream is the key to its ability to deliver. Working to provide high quality education to contemporary issues allows us to be proactive rather than reactive.

As the organisation changes this workstream changed. New and developing roles such as Physician Associates and Advancing Practice are supported through this workstream. The development of these roles is essential to the organisation's workforce plan, with education being at the fore front as a key part of that delivery.

Phase 1 Milestones, KPI's Targets

Initial Target (by end of year 3)	Progress to date	Additional Comments
Support increased access to Speciality Training programmes.	Key areas invested in include: • Haematology and cancer • Infection, Prevention & Control • Advancing Clinical Practice • Patient Safety • Resuscitation • Allied Health professions • Learning Disabilities • Mental Health • Safeguarding • Healthcare Science • Palliative Care • Communication via Me First	Increased course and development opportunities available through investment in education support
1,200 candidates would access a course across the Specialty portfolio	We have taught over 20,400 candidates across our specialty portfolio	ACHIEVED – By increasing our investment in Educators within Specialties to develop and deliver education for an internal and external market, we delivered more sessions and contributed significantly to our financial sustainability.
Development of *GOSHCC Non-medical and Medical Charity Scholarship Award* and award £250,000 each year.	Launched in Year 2 we have awarded: Year 2 - £228,169 Year 3 - £112,282 at month 3	Launch delayed due to Covid 19 pandemic to Year 2

Highlights

- Supporting our education team meant that they were able to remain in post throughout the COVID period ensuring there was continued focus on key education. The team worked with the clinical areas to adapt what we delivered with what we were seeing in practice. This included providing upskilling training for over 2000 people to ensure we had the workforce we needed as we entered COVID. Throughout the challenges of 2022/2021 we were able to maintain learner hours to the 2019 benchmark.
- Support for an infection control educator to work with teams to provide COVID specific education and later paediatric respiratory surge education. This ensured clear messaging and knowledge was provided across the organisation with hubs of information created.
- As we emerge from the COVID19 pandemic the effect of children's mental health is clear. Our Mental Health educators have developed modules of learning for healthcare professionals to help identify issues, support children, and make appropiate referrals.
- Our Advancing Practice education team, working with HEE, have played a pivotal role in the development of a national curriculum and supervision standards which will shape the development and progression of this role across the UK.
- Development of the only Paediatric Infection Control academic course in the UK.

Phase 1 Risks and Challenges

Learner Experience: Impact of a Pandemic

There are two key areas that have required additional support and input to improve our learners experience, expanded on below.

Students enrolled on clinical academic modules

We observed a significant amount of student fatigue and burnout as reported within our Academic Course Monitoring Report for 2020/21. Initial findings across the portfolio demonstrated that the 'pass rate at first attempt' KPI was not met on several modules. These modules were delivered either during or just coming out of the second significant wave of COVID-19 in early 2021.

Students reported several challenges during this phase including burnout, fatigue, difficulties in being released from clinical work to study, and exposure to paediatrics—this was especially prevalent in Paediatric Intensive Care modules where students at this time were mainly looking after adult patients.

Module leaders were also all under increased pressure after most had been redeployed outside of GOSH during the winter of 2020/21. Throughout this period both students and module leads were offered additional wellbeing support as well as academic support to help them meet the required standard. Our KPI of 80% pass across the academic portfolio was met at the second attempt, resulting in overall pass rate of 95%.

The additional support implemented during this time remained in place for 2021/22. The full Course Monitoring Report, which is part of our academic scrutiny and assurance process, is available on request.

Junior Doctors in HEE Training Posts

Although minimal in number, four departments have received red outliers in the National Training Survey in 2021; Neurology, Oncology, Nephrology and Intensive Care. We have undertaken a review based on the trainees' feedback and have submitted our self-assessment to HEE, complete with proposed actions. Following HEE review, no further action is required from the GLA or GOSH and we are already seeing an improvement in feedback through our Local Faculty Groups (LFGs).

Working with the trainees, it has become clear that the pandemic has impacted learning opportunities, e.g., regional teaching, local teaching, workload, redeployment, face-to-face-support—all common themes across the four departments. Our full submission to HEE is available on request.

Infrastructure and Systems

Trust infrastructure and implementation of new systems remains an on-going issue. Unfortunately, delays have been experienced across several programmes in Year 2 due to the difficulty implementing new software/hardware and the lack of functionality within

legacy systems. Some areas of delay/risk which are being addressed:

- Data – As noted, the data feed for the Digital Education Network (i.e. Blackboard) is still outstanding. This specifically is moving forward, however there is significant difficulties in reporting and monitoring overall Trust education and training activity due to 4 systems currently running in tandem, i.e. GOLD, Blackboard, Participant, and Wozzad, which are neither connected nor allow for mature level of consolidated or automated data collection.
- ICT – As noted on the GLA Risk Register, there have been delays to the roll-out of software and hardware necessary to provide cutting-edge simulated learning, including Microsoft HoloLens. This mostly affects the Clinical Simulation programme of work and has been addressed through GLA investment in ICT resource to move these pieces of work forward.

Marketing and Brand

One of the key priorities with the GLA is to use our voice to influence care. To achieve this, we need to be able to establish ourselves within the ever increasing national and international education- market. There are two core areas for audience targeting for the GLA. Firstly, direct to learners—those seeking their own learning and development opportunities. Secondly, those making decisions about the training needs of others, making recommendations to learners, or controlling budgets. Our draft marketing strategy address both these areas and more; however, our biggest challenge lies in our visibility, positioning across the GOSH websites, and the learner journey to find us. Our proposal also therefore includes the building of a micro-site to host and showcase all that the GLA offers in order to simplify our brand and reduce the number of pages and links directing our users elsewhere.

Academic Partnership

We are reviewing our academic partnership options to ensure we have the best possible choice for our staff to study as well as to build the sustainability and success of the GLA. Current options being explored include:

- **London South Bank University**: This is our current academic partner for our postgraduate portfolio. While initially successful, as we have grown it has not been without challenge in the last 18 months. We are in the process of negotiating a new contract which would not exclude the GLA from collaborating with other university partners.
- **Great Ormond Street Institute of Child Health (UCL)**: We have overcome some of our previous challenges in aiming to create a collaborative education and training partnership between the GLA and UCL GOS ICH. While significant progress has been made in some areas, there remain unresolved challenge around financial partnership agreements.
- **Middlesex University**: Located within our ICS, Middlesex University have a strong reputation in supporting non-medical education pathways with a flexible, responsive approach to partnering with NHS Trusts. On first review of their collaboration proposal, they are a strong candidate to be our partner for the future.

Key Outputs from Phase 1

National recognition awards

- Winner, Large Employer of the Year, *BAME Apprenticeship Awards 2020*
- Apprentice Special Recognition Award - National Apprenticeship Awards 2020
- Finalist in 'Hospital Placement of the Year' category at the national *Nursing Times Awards 2021*
- Winners of the 2021 UK *HSJ Patient Safety Congress Awards* poster presentation category: 'Recognition and management of the deteriorating patient'
- Winner London Regional Large Employer, and Highly Commended for Recruitment Excellence *National Apprenticeship Awards 2021*
- National Finalist Large Employer and Winner of Highly Commended Large Employer, *National Apprenticeship Awards 2021*
- Finalist Large Employer award, National Apprenticeship Awards *2021*
- Winner 'National Award for Diversity in Apprenticeships, National Apprenticeship Awards 2022
- Lorraine Hodson shortlisted in the RCN Nursing Award for Leadership Oct 2022 for the Junior Chief Nurse Fellowship programme
- Practice Educator Lauren Porter shortlisted in Leader of the Year category in the Oct 2022

Publications

1. **Broughton, E**., Actors with Learning Disabilities Co-Delivering Paediatric Simulation, *Archives of Disease in Childhood,* Nov 2019
2. **Sara Cooke, Sara Warraich, Jeroen Poisson, Simon Blackburn, Abhimanu Lall.,** GOSHPODS: paediatric educational podcast series from GOSH, Archives of Disease in *Childhood,* Nov 2019
3. **Amy Leonard**, Craig Knott, Andrew Long, Karen Panesar., GOSH Speaks Up., *Archives of Disease in Childhood,* Nov 2019
4. **Broughton, E., Gumble, E**., Simulation@Distance – Exploring Remote Alternatives to Traditional Clinical Simulation Training, BMJ Simulation and Technology Enhanced Learning, Nov 2020.
5. **Blackburn S**. *Principles and Theories of Surgical Education*. Seminars in Paediatric Surgery, Apr 2020.
6. **Amy Leonard, Nicola Wilson**, Helen Dunn., A Programme to cut inappropriate use of non-sterile medical gloves. *Nursing Times* Aug 2019
7. **Simon Blackburn.,** Learning and Teaching in Paediatrics., *Clinical Education for the Health Professions.* Feb 2022
8. **Laura Potts, Emma Broughton, Linda Chigaru, Pratheeban Nambyiah.,** Making the Invisible Visible: New perspectives on the intersection of human-environment interactions of clinical teams in intensive care, *Journal of Perinatology*, May 21
9. **Emma Broughton**.,Use of Simulation to Visualize Healthcare Worker Exposure to Aerosol in the Operating Room Simulation in Healthcare, *The Journal of the Society for Simulation in Healthcare*, May 2021.
10. **Nicola Gorb**. Theatre of Life, *Royal College of Speech and Language Therapists Professional Journal.* July 2022

Further dissemination and knowledge sharing is on page 78.

Establishing the GLA brand

As we increase our stepwise progression to sustainability, the GLA is focused on building on and looking more widely at how we can gain commercial income from across the local, national, and international stage, supporting the Trust strategy to use our voice to influence care.

National picture – the potential market

There are 1,198,746 FTE staff employed by the NHS in England as of August 2021, according to NHS workforce statistics. Professionally qualified clinical staff make up just over half (53%) of all employees. Around 8% of this clinical staff population are specialists in paediatrics/children (including registered nurses and doctors at all grades). Nearly 2/3 of nurses are specialists in adult care and make up a larger group of potential learners for the GLA.

In 2018, 1.9m people were employed across the entire healthcare workforce, including both public and private health sector workers in the UK. It is estimated 1/3 of these workers are privately employed. This suggests there are approximately 60,000 additional people who may also be interested in learning with the GLA.

Benchmarking

Competition in the national market is modest, with Alder Hey Children's Hospital presenting a similar specialism and the most developed education portfolio outside of the GLA, although still in its infancy. Most UK hospitals with established education provision currently align to meeting the needs of their internal communities, rather than the wider market, with little consideration for nuanced positioning.

However, when considering the global perspective, leading international children's hospitals have more advanced education offerings. Those in markets where private healthcare dominates have more established propositions where there is a clear and tangible financial benefit beyond supporting the traditional healthcare workforce. The most impressive of these being Boston Children's Hospital. Their overall position is, 'where the world comes for answers,' which extends through the pillars of their mission—care, research, and education—with resources and case studies bringing this to life and evidencing their claims. With a similar mission to GOSH, there is a natural synergy to considering Boston as a model for the potential of the GLA.

GLA Brand and Marketing

To achieve our full potential and overall strategic aim, a strong brand proposition is required. Extending the reach of the GLA to the international healthcare workforce would significantly increase the size of the audience. In August 2021 we procured a piece of work from a specialist external marketing agency which specialises in working with educational organisations. The team created a marketing strategy for the GLA based on competitor review, focus groups and external stakeholder interviews as well as expert understanding of marketing and communication within the education marketplace.

Having been approved at GLA Programme Board in January 2022, we are now in the testing phase of our brand and marketing proposal with a provisional go-live date of November 2022.

The GLA brand centres around the concept that children deserve the very best - the highest levels of care, the deepest levels of compassion, and the widest range of the latest knowledge.

Education underpins everything we do, we will equip, enable and inspire people to develop all of this – and more.

This has led us to our strap line of '***become your best for them'***

Partnerships & Collaborations

There is a great appetite for collaboration and sharing across the NHS and wider healthcare systems. This presents an opportunity to utilise established systems and networks and partner or collaborate with others to strengthen provision and improve reach. New activity and progress towards our partnership strategic aim includes:

National

- University College London (UCL) Medical School – New partnership to support undergraduate medical student placements at GOSH as part of their curriculum. This has been commissioned for a further 3 years.
- Apprenticeship Providers – Partnered with numerous new providers to meet the needs of the expanding appetite and uptake of new roles within GOSH.
- University College London Business and UCL Institute of Cardiovascular Science – New partnership to support the introduction of a 3D virtual platform into learning: the VheaRts project.
- Royal Free Hospital and DRIVE – Partnership to host Robotic Process Automation courses.
- UCL GOS Institute of Child Health (ICH) – Potential new partnership with ICH to develop and deliver a Paediatric Advanced Clinical Practice Master's Degree programme.

International

Our International Education programme faced serious delays due the COVID-19 pandemic, entirely due to current global travel restrictions. As these have started to lift, we are now progressing forward at pace with several collaborations, some which were paused and some which are newly established.

Current International Collaborations

Collaboration 1: Ain Shams University Hospital, Cairo. Egypt

Ain Shams University Hospital (ASUH) is one of the largest public hospitals in Cairo who, supported by a charity grant from the Commercial International Bank Foundation (CIB Foundation), are working with our international education teams to improve patient outcomes in Haematology/Oncology and Critical Care services.

Working with teams at ASUH to improve some of the fundamentals of healthcare, develop protocols and guidelines on which to plan care, will result in increased survival of recoverable childhood illness.

ASUH is a public hospital that will not turn away any child. Reducing hospital length of stay will allow teams to treat larger numbers of children with the limited resource available to them.

Collaboration 2: Onassis Cardiac Surgical Center, Athens

The Onassis Cardiac Surgical Centre is working with us to develop complex cardiac surgery pathways for their congenital cardiac disease population.

We are providing a holistic education programme allowing local teams to develop complex technical skills to improve outcomes and increase the numbers of children treated. Children currently need to travel to receive complex surgery. Developing these skills will allow children and families to remain together in their local center.

Collaboration 3: King Faisal Specialist Hospital, Riyadh

Our collaboration with King Faisal Hospital in Saudi Arabia has a focus on Clinical Genetics and Counselling. Our teams will work closely together to develop effective local services for the Saudi population.

Collaboration 4: The GLA International Fellowship Programme

The GLA is also proud to facilitate the GOSH International Fellowship Programme. This programme supports senior medics to become a GMC registrant and then come to GOSH for 1-2 years and work within an area of their choosing. Fellows learn a very specific set of skills which is often unavailable in their sponsoring country, that they can then take back and develop paediatric services in their home country.

Under the GLA, applications to this fellowship have increased and the number of Fellows starting in post has increased by 100%. Increased support from the Educational Lead and Business Manager both during the application process and throughout the placement has led to increased satisfaction with the programme. Currently we have twelve Fellows from eight countries on programme with a view to an additional six starting before the end of 2022.

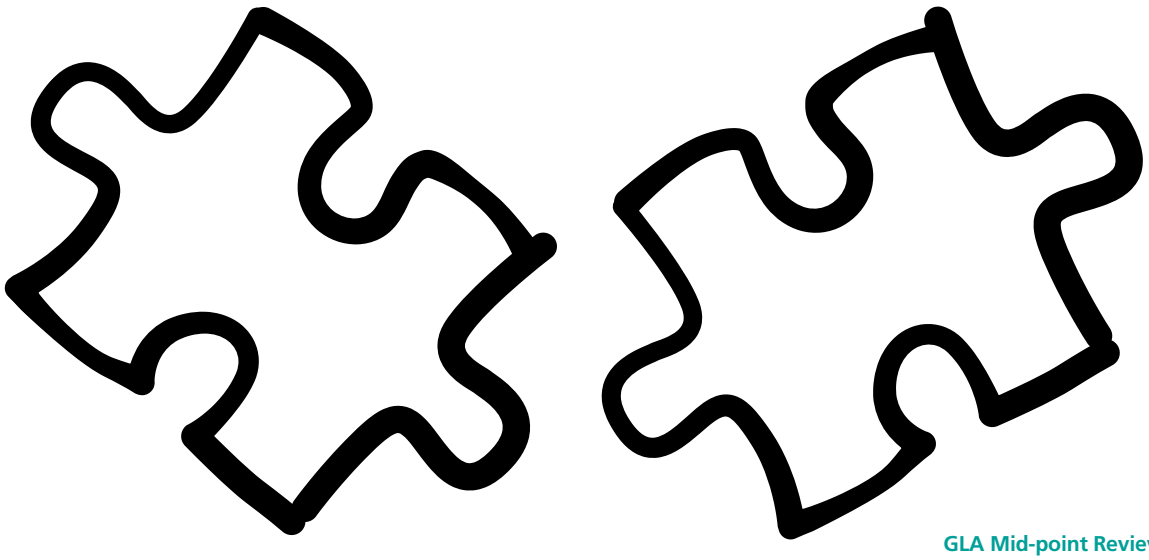
As increasing numbers of fellows complete the programme, we are developing an alumni group. The aim of this group is that the fellows remain connected to GOSH. Alumni receive a newsletter, access to the Digital Education Network (DEN) and an invite to the GOSH conference.

‘During my fellowship time at GOSH I have had the privilege to be surrounded by a brilliant team of doctors, nurses and workers. Working directly with patients at the ward as well as following up with patients in the outpatient department familiarized me to different types of patients, all in which added to my professional experience as well as excellent preparation for understanding and effectively engaging with people. Also, GOSH provided me with the experience to perform medical procedures such as bronchoscopy, total lung lavage, etc. Furthermore, attending multidisciplinary meetings had added value to my knowledge development as well as medical practices in the UK and how they can later pertain to Kuwait and the surrounding region. In short, I would recommend GOSH to any future candidate.’

Dr Muhammad Ghaleb, International Fellow in Paediatric Respiratory Medicine

Developing collaborations

Since the inception of the GLA our international profile has developed significantly, and we are a preferred partner with the Department of International Trade (DIT) and HealthcareUK who frequently recommend our education programmes to international stakeholders. Current collaborations in discussion include Good Doctors International, a virtual learning education company for China, and the Indonesian Healthcare teams.



Phase 1 Finance Overview

Below is a high-level summary of the initial Phase 1 grant investment, and actual spend, including the full forecast for Year 3, ending March 2023.

	ORIGINALLY PLANNED PHASE 1 YEAR 1-3	PHASE 1 YEAR 1	PHASE 1 YEAR 2	PHASE 1 YEAR 3 ACTUALS & FORECAST	TOTAL PHASE 1 ACTUAL
ACADEMIC EDUCATION					
Candidate Numbers (internal portfolio)	1,050	673	943	702	2,318
Education Funding (£'000's)	£252	£159	£164	£173	£496
Education Support (£'000's)	£660	£12	£80	£242	£334
Education Support (WTE)	5.00	0.80	2.10	5.00	5.00
TOTAL	**£912**	**£171**	**£244**	**£415**	**£830**
APPRENTICESHIPS					
Apprentice Numbers	55	4	25	18	47
Education Funding (£'000's)	£5,566	£510	£2,643	£1,943	£5,096
Education Support (£'000's)	£810	£119	£148	£266	£533
Education Support (WTE)	3.20	2.40	3.00	3.00	3.00
TOTAL	**£6,376**	**£629**	**£2,791**	**£2,209**	**£5,629**
CLINICAL SIMULATION					
Candidate Hours	49,500	5876	8134	9652	23,662
Education Funding (£'000's)	£400	£3	£54	£144	£201
Education Support (£'000's)	£331	£66	£91	£118	£275
Education Support (WTE)	1.40	0.70	1.30	1.30	1.30
TOTAL	**£731**	**£69**	**£145**	**£262**	**£476**
CLINICAL SPECIALTY TRAINING					
Candidate Numbers	1,200	2893	8743	9204	20,840
Education Funding (£'000's)	£2,280	£224	£476	£802	£1,502
Education Support (£'000's)	£519	£334	£653	£1,264	£2,251
Education Support (WTE)	2.80	4.30	8.20	18.70	18.70
TOTAL	**£2,799**	**£558**	**£1,129**	**£2,066**	**£3,753**
LEADERSHIP & MANAGEMENT					
Candidate Numbers (Internal)	900	307	693	831	1,831
Education Funding (£'000's)	£1,800	£297	£213	£178	£688
Education Support (£'000's)	£391	£292	£326	£290	£908
Education Support (WTE)	3.00	4.00	4.20	3.20	3.20
TOTAL	**£2,191**	**£589**	**£539**	**£468**	**£1,596**
DIGITAL LEARNING					
Candidate Numbers (Online via DEN)	40	0	2430	3200	5,630
Candidate Numbers (Online via any other virtual platform)	0	1364	1987	1052	4,403
Education Funding (£'000's)	£570	£86	£355	£225	£666
Education Support (£'000's)	£1,141	£402	£622	£520	£1,544
Education Support (WTE)	7.20	6.40	7.40	7.00	7.00
TOTAL	**£1,711**	**£488**	**£977**	**£745**	**£2,210**
EDUCATION FUNDING TOTAL (£'000's)	**£10,868**	**£1,279**	**£3,905**	**£3,465**	**£8,649**
EDUCATION SUPPORT TOTAL (£'000's)	**£3,851**	**£1,225**	**£1,920**	**£2,700**	**£5,845**
EDUCATION SUPPORT TOTAL (WTE)	**22.60**	**18.60**	**26.20**	**38.20**	**38.20**
GRAND TOTAL	**£14,719**	**£2,504**	**£5,825**	**£6,165**	**£14,494**

REVIEW

Variance

Whilst we have worked within our Charity Grant investment there has been variance from our initial investment plan across the priorities. All changes made to the original plan were presented at GLA programme Board, where Charity representation is included ensuring a robust and transparent governance process for all finance decisions made. High level summary is outlined below:

PRIORITY	AMOUNT (£k)	DESCRIPTION
Academic Education	- £82	Underspend due to the delay in recruitment to posts through the pandemic
Apprenticeships	- £747	Delayed recruitment into clinical apprenticeship roles as courses postponed through the pandemic
Clinical Simulation	- £255	Unspent Education Funding (Non-Pay)
Clinical Specialty Training	+ £954	Increase in WTE to develop and deliver education for an internal and external market, in preference to purchasing education from other institutions
Leadership & Management	- £595	Unspent Education Funding (Non-Pay)
Digital Learning	+ £499	Increase in Education Funding and Support reflective of the increased need for virtual learning at pace during the pandemic
TOTAL VARIANCE	**- £226**	**Underspent by £226k**

External funding secured in Phase 1

High level overall income against our six priorities is outlined below, with a further split of this to reflect additional Health Education Bids and commercial income generation.

Overall Income Summary PRIORITY	PHASE 1 YEAR 1	PHASE 1 YEAR 2	PHASE 1 YEAR 3	TOTAL PHASE 1 YEAR 1-3
Academic Education	£50,090	£146,864	£120,525	**£317,479**
Apprenticeships	£94,084	£522,448	£221,975	**£838,507**
Clinical Simulation	£0	£2,197	£15,000	**£17,197**
Clinical Specialty Training	£107,369	£748,413	£2,081,226	**£2,937,008**
Leadership & Management	£35,700	£0	£0	**£35,700**
Digital Learning	£0	£0	£0	**£0**
TOTAL	**£287,243**	**£1,419,921**	**£2,438,726**	**£4,145,891**

Additional breakdown of overall income generation of £1.4 million achieved from successful bids and contracts through Health Education England:

NHS/HEE income PRIORITY	PHASE 1 YEAR 1	PHASE 1 YEAR 2	PHASE 1 YEAR 3	TOTAL PHASE 1 YEAR 1-3
NHS: Health Education England (HEE) Advancing Practice	£0	£86,250	£43,125	£129,375
NHS: Health Education England (HEE) Allied Health Education	£50,000	£56,833	£0	£106,833
NHS: Health Education England (HEE): Apprenticeships	£0	£194,733	£161,850	£356,583
NHS: Health Education England (HEE): Postgraduate Medical Education	£0	£459,905	£351,000	£810,905
NHS: Health Education England (HEE) Specialty Training	£30,000	£0	£0	£30,000
TOTAL	**£80,000**	**£797,721**	**£555,975**	**£1,433,696**

Commercial Activities

Included within our overall income generation and fundamental to the success of the GLA Sustainability Plan is the development of commercial education activity, with a primary focus on the international market, recognising the financial constraints across the NHS. Key commercial activity income included within our overall financial summary above include:

Commercial Education Activity	Income Generated
International Education	Ain Shams: 5-year agreement for £880k Onassis: 3-year agreement for £330k
International Fellowship Programme	£2,260,000 – 18 International fellows on placement across GOSH
Academic Education	£507,479
Courses & Events	£493,802

Progress to Sustainability

The GLA Sustainability Plan is built on the substantial growth of the overall GLA Prospectus' education, training, and development offer, expanding internal and external partnerships, and integration of contemporary delivery methods to enable its reach. Despite the challenges presented in Year 1, the GLA has significantly progressed its journey towards sustainability. With approx. £1.36 million additional income generated at the end of Year 2 we have started the transfer across of GLA charity funded roles to GLA non-charity funded substantive positions. By the end of Year 3 we will have moved 15 roles across into the GOSH GLA budget into substantiative positions. With our future forecast, we anticipate all roles and non-pay costs being GOSH GLA non-charity funded by the end of Year 6.

Revenue Streams

A current review of our revenue streams which were detailed in the original *GLA Charity Grants Case* are detailed below.

External Learner Enrolments

This remains the most recognisable revenue driver for an education and training service and foundation to our sustainability. We continue to identify and develop programmes that capitalise on previously unexplored potential in the GOSH portfolio of specialties, and, as planned, evidence demonstrates there will be continued increase in revenue from external learners attending GLA/GOSH courses and events. This corresponds with our increasing offer and now fully established digital delivery methods that are underpinned by the launch of the Virtual Learning Environment, ensuring our offer is no longer as environment dependent as previously. We continue to develop an attractive offer to external healthcare professionals regionally across the ICS and beyond to nationally/internationally, networking with other organisations looking to avoid duplication in expertise. Most importantly, NHS enrolments are now returning to normal levels, as these were heavily affected by reduction in allowable study leave for staff during the whole of the pandemic.

International Education

One of our most exciting programmes within the GLA was unfortunately the most affected from COVID-19 due to restrictions on international travel. Intense work has continued behind the scenes however to ensure the framework for a successful relaunch in 2022 delivery plan. The International Fellowship Programme has expanded significantly and has recieved significant levels of applications. Collaborations with international partners have also continued with three significant long-term contracts being delivered, two of which are partially delivered abroad in their home countries. The obvious implications for this is a real step towards generating the necessary revenue to ensure overall GLA sustainability but with the added benefit of showcasing the GOSH brand globally.

International education also supports existing referral flows of patients to the International and Private Care directorate or creates new referral relationships generating further financial benefit for the Trust but not captured within GLA sustainability.

Recognising the current financial challenge within the NHS, as our commercial education portfolio expands we will become less reliant on NHS funding, providing a more robust finance plan for the future.

Incentive Payments

The GLA structure is built on flexibility and contemporary training models to capitalise on the newest areas of education and training that are currently publicised and supported through government initiatives (both DHSC and NHS bodies); the resulting revenue generated should not be understated. New ways of working (e.g. Apprenticeships, Advanced Clinical Practice) have long-lasting, widely-available funding streams to incentivise NHS organisations to support their implementation. Our GLA strategy was built on the future direction of travel for healthcare education in the UK, and our services keep abreast of opportunities accordingly to ensure we are on the cutting edge within this space.

Bids

Akin to incentive payments, the GLA was developed and aligned to the future space of healthcare education as outlined within the *NHS Five Year Plan*. Our programme/priority areas were identified and have allowed us to capitalise on revenue available from NHS governing bodies for project/programme bids to fulfil this agenda. Specialty areas (e.g. mental health and learning disability) and endangered staff groups (e.g. Allied Health) are already areas of significant focus/development within the GLA and aligned to the investment-focus of governing bodies such as NHS Health Education England (HEE). Significant revenue has been generated to support already on-going GLA pieces of work that demonstrate GOSH's commitment to drive wider NHS priorities locally, regionally, and nationally; this, at the same time, provides further revenue to sustain the growth of our services.

Key partnerships

Opportunities for the GLA are expanding exponentially as our brand and reputation becomes more widely-known. Marketing education and training to external learners remains a priority but even more-so remains our commitment to expanding internal and external partnerships. Whether public, private, NHS, national, or international, these are the greatest source of publicity and robust, long-term success. We have not limited our aims to solely NHS-based partners; the potential to expand the reach of the GLA beyond our physical boarders and into overseas education, training, and consultancy provides even greater scope, with the launch of our Virtual Learning Environment (VLE) as a key enabler.

Our networks have expanded substantially in Phase 1, and we will continue this work in earnest through Phase 2. We hope continued achievements in this space will build upon each other to enhance our overall marketability and sustainability as a world-class, widely known service.

Key partners and collaborations include:

- NHS England / Health Education England
- Children's Health Alliance

- National Integrated Care Board's
- Department of International Trade and HealthcareUK
- GOSH Children's Charity

On-going Revenue Requirements

Within the *GLA Charity Grants Case*, there is an initial investment in the GLA services build and growth to ensure future success. At the end of the five-year grant commitment, the on-going revenue costs to ensure delivery of a similar standard equate to approx. £3,000,000 per annum.

The progress outlined above includes annual proposed targets towards achieving financial stability and illustrates a journey towards a sustainable GLA service to ensure the retention of improvements and expansions. We recognise our growth and achievements are only short-term successes without a focus on the robust plan to ensure GLA sustainability in the long-term.

The GOSH Learning Academy (GLA) Financial Sustainability Plan is built on the substantial growth of the overall education, training, and development offer, expanding internal and external partnerships, and integration of contemporary delivery methods to enable its ambition.

A high-level summary of our plan below:

GLA FINANCIAL SUSTAINABILITY	TO DATE			FORECAST		
INCOME STREAM	**Y1 £**	**Y2 £**	**Y3 £**	**Y4 £**	**Y5 £**	**Y6 £**
Apprenticeships Provider	94,084	58,741	15,000	20,000	20,000	20,000
Courses	14,635	145,708	333,459	420,000	520,000	620,000
Courses: Academic Education	50,090	146,864	310,525	290,250	290,250	290,250
HEE: Advanced Clinical Practice (ACP)	-	234,390	60,625	57,500	57,500	57,500
HEE: Apprenticeships	-	229,317	160,000	160,000	80,000	-
HEE: Placement Tariff - Undergraduate Medical	-	459,905	351,000	468,000	468,000	468,000
HEE: Other	80,000	86,833	-	-	-	-
International: Collaborations	-	1,700	378,251	350,000	350,000	350,000
International: Fellowship Programme	10,000	-	2,250,000	2,500,000	2,500,000	2,500,000
TOTAL	**248,809**	**1,363,458**	**3,858,860**	**4,265,750**	**4,285,750**	**4,305,750**

Phase 2 of the GLA Programme

Delivery of Phase 2

We remain committed to our original strategic aim of being the first choice for paediatric specialist healthcare education, training, and development. For Phase 2, with our six key priority areas and cross cutting themes unchanged and are outlined below:

Priority 1: Academic Education

We will continue to develop our ambition in this area as we work with more specialist teams and aim to bring an additional two modules on board each academic year. Working with a higher education institute (HEI), we are exploring a partnership with Alder Hey NHS Trust and Middlesex University to develop a national Paediatric Advanced Clinical Practice MSc.

The quality of our academic offering remains pivotal to our success and we will continue to benchmark ourselves against the performance indicators from Higher Education in relation to module lead qualification, research output, and student experience.

Effective marketing of the Academic Education Portfolio at both a national and international level is critical to ensuring our sustainability going forward, with an aim to achieve an increase of 10% year-on-year of external candidates accessing and purchasing academic education.

Priority 2: Apprenticeships

In Phase 2, we will further develop clear career pathways for clinical and non-clinical staff utilising apprenticeships as an effective tool. Feedback from all staff groups suggests they would like clear guidance on how to grow and develop in their role. Established career pathways provide this guidance and demonstrate how GOSH invest in staff to ensure we deliver high quality care.

Priority 3: Clinical Simulation

Since the establishment of the GLA, the Simulation team has expanded its faculty to provide more hands-on delivery of contemporary education supported by an innovative and skilled group of educators, technicians and the first UK based clinical simulation psychologist. Diversification of the CSC team has allowed the service to develop an expansive portfolio of educational offerings via multiple platforms, encompassing hybrid methodologies for simulation-based education. We will continue to develop, deliver, and expand a sustainable simulation service, providing relevant, high-fidelity, and contemporary learning experiences for our multi-professional workforce.

Priority 4: Digital Learning

The population of content and expansion of the Virtual Learning Environment will continue to be seen in Phase 2, with the aim to create sustainable delivery methods and content creation for the future, positioning GOSH as a leader in this area. This investment will allow for greater collaboration with DRIVE and other industry partners, allowing

the GLA to develop and implement new education technology, particularly virtual and augmented reality (VR and AR). Potential facilities development would work in tandem with the uptake of these technologies within newly developed clinical simulation spaces and contemporary learning environments e.g., multimedia space.

Priority 5: Leadership & Management

Our vision is to support our colleagues throughout their career pathway to become more effective in their leadership role across GOSH and the wider system. We are aiming for our leaders to be open-minded and curious to achieve high quality outcomes for children and families at GOSH. In Phase 2 we will continue to build programmes that are linear in progression and aligned to our leadership framework to provide the opportunity for all colleagues to develop their leadership capabilities.

Priority 6: Speciality Training

This area is fundamental to our long-term financial sustainability as we move into Phase 2. Our speciality training portfolio continues to grow and attract learners both nationally and internationally. Educators from across the GLA continue to deliver expertise and content to support our international collaborations resulting in global impact to paediatric healthcare outcomes.

Cross priority themes

There is a great appetite for collaboration and sharing across the NHS which presents an opportunity within Phase 2 to utilise established systems and networks, and partner or collaborate with others to strengthen our education provision and to improve our reach.

We remain committed to our three cross priority themes:

- Building skills and abilities
- An inclusive learning environment
- Partnerships & collaborations

There is a clearly identified gap in multi-professional paediatric education, training, and development nationally and we aim to establish GOSH and the GLA as the market leader, delivering high-quality, accessible, and relevant learning opportunities – delivering long-term benefits for the GLA, GOSH and partner paediatric healthcare providers.

Phase 2 Risks and Challenges

It is imperative that risks to the overall success of the GOSH Learning Academy Phase 2 programme of work are identified, and planned mitigations put in place.

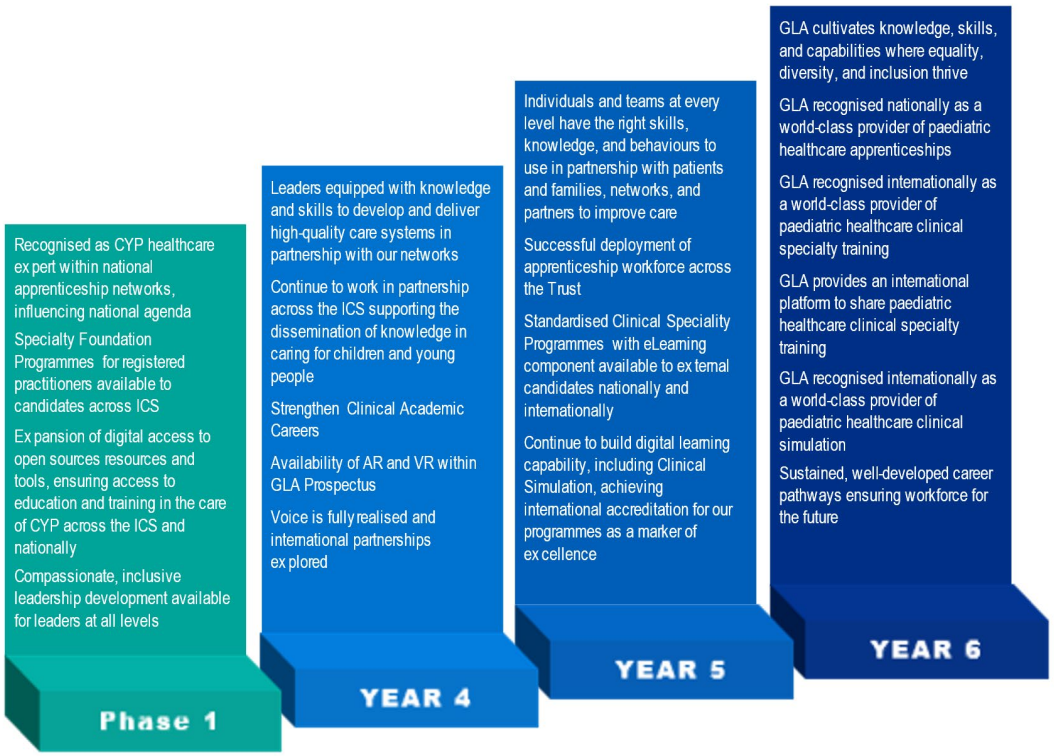
It must be noted, however, that there is a definitive ceiling which the GLA would reach without further investment in necessary facilities development. Areas such as Clinical Simulation, a key driver for improving patient safety, will rely heavily on contemporary learning spaces being made available. Its expansion and the ability to integrate modern, technology-enhanced methods throughout other priorities is severely impacted by the constraints regarding space within the Trust site. This further will affect the GLA's national and international offer, as a world-class education service must have an appropriate, fit-for-purpose venue to host education and training if it hopes to establish and maintain its brand and reputation.

RISK	MITIGATION
Space and Facilities – With limited available space and outdated facilities within the Trust precinct, success of business objectives face risk. The ability to enhance and expand education and training is contingent on contemporary learning environments being available. There will be a ceiling for the GLA offer without improvement and expansion of space.	People and Education Assurance Committee – The effects of this risk on GLA business objectives will be reported and reviewed quarterly and actions identified for mitigation. Board Assurance Framework – quarterly reporting providing updated assurance and mitigation to Trust board GLA Governance structure Engagement with Space & Place Directorate Engagement with GOSH CC
HEE/NHS England funding reductions Following a significant investment in CPD funding, Health Education England and NHS England budget constraints from 2023 onwards will result in significantly less funding available to support education, training, and development across the NHS.	Development of a sustainable specialist education portfolio in Phase 1 with the majority of education delivered in-house at a reduced cost. We are a recognised provider of specialist children's education and training on the HEE Framework to increase reach nationally and access indirect funds available to Trusts. Ability to work in partnership with our ICS and wider networks to ensure delivery of key specialist paediatric education continues. HEE bids – Monies now become available throughout the financial year for bespoke funding for HEE identified priority areas and projects. All bids are actively explored for potential GLA delivery and, if successful, help to mitigate reductions in funding from traditional, recurrent streams. Involved in the national Clinical Placement Expansion programme, ensuring a workforce for the future and additional financial tariff

RISK	MITIGATION
Marketing – Initially as one of the first Learning Academy's launched others, having seen our success, are now being developed, in particular Alder Hey Children's Academy and Kings College Academy.	Development of our new GLA microsite to showcase our education offer A full National and International launch of the GLA Implementation, delivery and success of our marketing plan monitored through the GLA governance process Recognised as one of two NHS Trusts nationally by the Department of Trade and Industry for inclusion within their international healthcare offer for education
Trust infrastructure –The ability for the Trust to provide project support and embed necessary technology to ensure the success of the GLA faces risk with the conflicting demands of the hospital.	People and Education Assurance Committee – The effects of this risk on GLA business objectives will be reported and reviewed quarterly and actions identified for mitigation. ICT Committee – The GLA is working in partnership with the ICT team to ensure risks are identified and mitigation plans are put in place. The appointment of an ICT programme Manger for the GLA in Phase 1 to increase effective and efficient processes.

Phase 2 Success

Below is the projected transformative step-change over the next three years following release of further investment to support Phase 2.



Phase 2 Key Milestones, KPI's targets

Key Objective	How will you measure success?	By when will you measure success?
GLA cultivates knowledge, skills, and capabilities where equality, diversity, and inclusion thrive	Staff Survey results Candidate numbers taught	End of Year 6
GLA recognised nationally as a world-class provider of paediatric healthcare apprenticeships	Number of candidates Number of partnerships and collaborations Delivery of national programmes eg Advanced Practice	End of Year 6
GLA recognised internationally as a world-class provider of paediatric healthcare clinical specialty training	Achieving a 50% agreement rate among the learners that they would refer a colleague to learn with the GLA education proposition, than developing in-house education by December 2022	End of Year 6
GLA provides an international platform to share paediatric healthcare clinical specialty training	Increase in international collaborations to 8 Increase of 20% in international learners accessing education	End of Year 6 Annually
GLA recognised internationally as a world-class provider of paediatric healthcare clinical simulation	Increased national and international engagement with our Virtual Learning Environment: aiming for over 100,000 unique visits per year	End of Year 6
Sustained, well-developed career pathways ensuring workforce for the future	Staff Survey results	Sustained 1 -2% improvement in career development questions

Evaluation and Monitoring

Our current governance and monitoring provides assurance both internally to Trust Board and externally to GPSH Children's Charity and our external regulators. Having been further developed in Year 2, the GLA Performance Framework provides a suite of reports built on programme and portfolio management methodologies in order enable robust challenge and assurance at GLA Steering Group and GLA Programme Board. Lean, standardised reporting methods have allowed the GLA Senior Team to utilise data and feed more efficiently and effectively into other reporting mechanisms. Reports cover all areas of GLA oversight, including business-as-usual as well as 'step-change' programmes supported through the GLA Charity Grants Case.

Importantly, representation from the Charity Grants team are currently embedded throughout our governance process, and we will ensure that this continues in Phase 2.

The only change proposed for Phase 2, is the development and move to a live Qliksense dashboard in Year 3.

Phase 2 Investment Overview

Phase 2 Investment

With the additional Phase 2 investment the GLA would be able to continue to build upon the successful delivery of Phase 1 of the programme, achieving many of our Business Objectives. This second step-up in funding would allow for the services to continue to deliver above and beyond what are its core responsibilities within the Trust whilst building our sustainability. In addition, building on our Phase 1 work we will be able to amplify the impact of other GOSH CC partners and areas of investment such as the Abu Dhabi partnership. We will continue on our journey, supporting *Above & Beyond,* in establishing ourselves as the *first-choice for multi-professional paediatric healthcare education, training, and development for the whole workforce*.

A high level finance summary of the expected investment areas for Phase 2 of the GLA programme grant are outlined below.

	PHASE 1 YEAR 1-3 TOTAL		ORIGINALLY PLANNED PHASE 2 YEAR 4-5	PHASE 2 YEAR 4	PHASE 2 YEAR 5	PHASE 2 YEAR 6	TOTAL PHASE 2 NEW PLAN	GRAND TOTAL PHASE 1 & 2
ACADEMIC EDUCATION								
Candidate Numbers (internal portfolio)	2,318		950	475	475	475	1,425	3,743
Education Funding (£'000's)	£496		£228	£114	£114	£114	£342	£838
Education Support (£'000's)	£334		£522	£105	£105	£105	£315	£649
Education Support (WTE)	5.00		5.00	2.00	2.00	2.00	2.00	5.00
TOTAL	**£830**		**£750**	**£219**	**£219**	**£219**	**£657**	**£1,580**
APPRENTICESHIPS								
Apprentice Numbers	47		0	0	0	0	0	47
Education Funding (£'000's)	£5,096		£0	£0	£0	£0	£0	£5,096
Education Support (£'000's)	£533		£0	£107	£107	£107	£321	£854
Education Support (WTE)	3.00		0.00	1.20	1.20	1.20	1.20	3.00
TOTAL	**£5,629**		**£0**	**£107**	**£107**	**£107**	**£321**	**£5,950**
CLINICAL SIMULATION								
Candidate Hours	23,662		60,000	10,000	10,000	10,000	30,000	53,662
Education Funding (£'000's)	£201		£0	£60	£60	£60	£180	£381
Education Support (£'000's)	£275		£820	£124	£124	£124	£372	£647
Education Support (WTE)	1.30		6.90	1.30	1.30	1.30	1.30	1.30
TOTAL	**£476**		**£820**	**£184**	**£184**	**£184**	**£552**	**£724**
CLINICAL SPECIALTY TRAINING								
Candidate Numbers	20,840		900	4000	4000	4000	12,000	32,840
Education Funding (£'000's)	£1,502		£1,645	£160	£160	£160	£480	£1,982
Education Support (£'000's)	£2,251		£403	£405	£405	£405	£1,215	£3,466
Education Support (WTE)	18.70		2.80	6.00	6.00	6.00	6.00	18.70
TOTAL	**£3,753**		**£2,048**	**£565**	**£565**	**£565**	**£1,695**	**£5,448**
LEADERSHIP & MANAGEMENT								
Candidate Numbers (Internal)	1,831		1,000	500	500	500	1500	3,331
Education Funding (£'000's)	£688		£800	£59	£59	£59	£177	£865
Education Support (£'000's)	£908		£380	£214	£214	£214	£642	£1,550
Education Support (WTE)	3.20		3.00	2.00	2.00	2.00	2.00	3.20
TOTAL	**£1,596**		**£1,180**	**£349**	**£349**	**£349**	**£819**	**£2,415**
DIGITAL LEARNING								
Candidate Numbers (via any virtual platform)	10,033		200	100	100	100	300	10,333
Education Funding (£'000's)	£666		£20	£230	£187	£174	£591	£1,257
Education Support (£'000's)	£1,544		£813	£332	£332	£332	£996	£2,540
Education Support (WTE)	7.00		6.20	4.50	4.50	4.50	4.50	7.00
TOTAL	**£2,210**		**£833**	**£562**	**£519**	**£506**	**£1,587**	**£3,797**
EDUCATION FUNDING TOTAL (£'000's)	**£8,649**		**£2,693**	**£623**	**£580**	**£567**	**£1,770**	**£10,419**
EDUCATION SUPPORT TOTAL (£'000's)	**£5,845**		**£2,938**	**£1,287**	**£1,287**	**£1,287**	**£3,861**	**£9,706**
EDUCATION SUPPORT TOTAL (WTE)	**38.20**		**23.90**	**17.00**	**17.00**	**17.00**	**17.00**	**38.20**
CURRENT TOTAL	**£14,494**		**£5,631**	**£1,877**	**£1,877**	**£1,877**	**£5,631**	**£20,125**
Current Forecasted Variance/ Underspend to grant (£14,795)	**£301**		**£0**	**-**	**-**	**-**	**£0**	**£301**
GRAND TOTAL (w/Forecast)	**£14,795**		**£5,631**	**£1,877**	**£1,877**	**£1,877**	**£5,631**	**£20,426**

REVIEW

Phase 2 Variance

Our initial investment plan was written in early 2019, before the pandemic and the focus on Digital Education to provide access globally to the learning Academy's offer. While travel restrictions have eased their remains a significant appetite for on-line learning and we have therefore readjusted our Phase 2 investment plan to meet the needs of GOSH, our learners and our international partners. All changes made to the original plan have been presented at GLA programme Board, where Charity representation is included ensuring a robust and transparent governance process for all finance decisions made. High level summary is outlined below:

	AMOUNT (£k)	DESCRIPTION
PRIORITY		
Academic Education	-£93	Academic Course Director post moved to GLA non-charity grant funded substantiative position as per sustainability plan
Apprenticeships	+£321	Delayed start to apprenticeship programmes therefore ongoing educational support required post Year 3
Clinical Simulation	-£268	Additional Simulation equipment secured through external funding bids
Clinical Specialty Training	-£353	Multiple roles moved to GLA non-charity grant funded substantiative position as per sustainability plan
Leadership & Management	-£361	Role moved to GOSH HR & OD non-charity grant funded substantiative position as per sustainability plan
Digital Learning	+£754	Increase in Education Funding and Support reflective of the increased need for virtual learning post pandemic
TOTAL VARIANCE	balanced	

Ongoing support beyond Phase 2

We are proud of the work we have achieved in partnership with GOSH Children's Charity in widening and improving access to education and career development for all staff at GOSH.

Prior to the Phase 1 GLA award, GOSH Children's Charity had previously supported development funds of up to £250k per year for staff groups as well as providing additional funding for staff sabbaticals and staff usage of the ICH Library.

We are aiming to be operationally financially sustainable by the end of Y6 and any further support from GOSH Children's Charity would be focused on the education and development of staff at GOSH whilst amplifying and increasing the relationship between the charity and frontline staff.

For this we propose a similar area of investment annually for consideration:

Increasing access to education	AMOUNT (£k)	DESCRIPTION
KEY AREAS		
GOSH Children's Charity Scholarship	**£400**	Building on the success of the new GLA GOSH CC Scholarship fund, we propose increasing the annual fund from £250k to £400k pa to account for the significant reduction in NHS E/HEE funding that will be available to support staff from March 2023. By continuing this award, we would further strengthen the relationship between GOSH and GOSH CC, whilst ensuring all staff have access to education funding.
Increased access to online resources	**£250**	This would enable us to continue to offer enhanced online resources for all staff eg UpToDate, the online clinical guideline tool we have embedded within EPIC and our VLE to ensure our staff have the latest knowledge where and when they need it, and enhanced library resources at UCL GOS ICH, to ensure all staff have access to specialist paediatric research articles in rare and complex diseases
Ongoing investment per year	**£650**	

Appendix 1

Phase 1 Dissemination and Knowledge Sharing

Oral presentations

Date	Presentation Title	Presenters	Venue
Nov 2019	The Impact of In situ Simulation on Clinical Practice	Gabrielle Simpson	GOSH Conference
Nov 2019	Developing a specialist curriculum to equip students for a tertiary level children's hospital	Isabelle De George	GOSH Conference
Nov 2019	Investing in Our Nurse Leaders: Band 7 Development Programme	Sally Robertson, Elaine Sutton	Capital Nurse Expo
Nov 2019	Collaboration across distances via social media	Victoria Heath	Healthcare Science Education Conference 2020
Feb 2020	Ventilation Workshop: Ventilators: Choice; modes; hands-on-time with machines	Ansel Godinho	Paediatric Chronic Ventilation Course 2020
March 2020	Environmentally sustainable healthcare in London - time for action	Nicola Wilson	The London Clinical Senate Forum
March 2020	Science4U School Conference - Workshops in healthcare science careers	Stuart Adams	Science4U Schools Conference
July 2020	Simulation to Support System Safety in Healthcare	Emma Broughton, Pratheeban Nambyiah	Quality Improvement South West (QISW) Conference
Oct 2020	Simulation@Distance: Exploring Remote Alternatives to Traditional Clinical Simulation Training	Eli Gumble	ASPiH 2020 Conference
Nov 2020	Simulation@Distance: Exploring Remote Alternatives to Traditional Clinical Simulation Training	Eli Gumble	GOSH Conference
Nov 2020	Implementation of a structured educational pathway	Clare Paul, Hannah Fletcher	GOSH Conference
Nov 2020	Simulation@Distance: Exploring Remote Alternatives to Traditional Clinical Simulation Training	Eli Gumble	LSN Simulation Symposium
March 2021	Science4U School Conference - Workshops in healthcare science careers	Stuart Adams	Science4U Schools Conference
April 2021	Ventilation Workshop: Ventilators: Choice; modes, interfaces, troubleshooting	Ansel Godinho	Paediatric Chronic Ventilation Course 2021
April 2021	Innovative use of simulation in paediatric sleep studies with titration of non-invasive ventilation: A pilot study	Kyle Russo, Alasdair Ross, Gabrielle Simpson	SESAM Annual Meeting 2021

April 2021	Talking to Families End of Life Simulation Course	Emma Broughton, Tara Kerr Elliot	LSN Simulation Symposium
April 2021	Using Real-Time Motion Capture Animation to Create Avatars for Paediatric Conversational Simulation	Eli Gumble	SESAM Annual Meeting 2021
April 2021	Building Bertie Bowel	Laura Potts, Anaya Abdul	ASPiH 2021 Conference
Oct 2021	The Environment Network: Designing and building for infection prevention	Elaine Coutman-Green	The Enviroment Network Conference 2021
Oct 2021	Innovations in Outreach	Victoria Heath	Healthcare Science Education Conference 2020
Nov 2021	Embracing a Systems Based Approach to Simulation- The Experience of a Paediatric Hospital during a Global Pandemic	Emma Broughton	ASPiH 2021 Conference
Nov 2021	The gloves are off: Safer in our Hands. Saving lives sustainably: sustainable production in the health sector	Amy Leonard, Nicola Wilson	Saving Lives Sustainably, Global Forum 2021
Nov 2021	The role of advancing clinical practice in paediatric endocrinology	Stephen-Andrew Whyte	British Paediatric Society for Endocrinology and Diabetes Annual Conference
April 2022	Science4U School Conference - Workshops in healthcare science careers	Stuart Adams, Ansel Godinho, Victoria Heath, Anthony De Souza	Science4U Schools Conference
June 2022	Beyond the boundaries: The art and science of cross-disciplinary learning	Stephen-Andrew Whyte	Healthcare Science Education: Co-production in Education
June 2022	Ready for launch: The Paediatric ACP Curriculum	Colin Morgan, Katie Barnes, Stephen-Andrew Whyte, Kim Williams	Royal College of Paediatrics and Child Health Annual Conference
	Elements of Design in Education	Marissa Willock, Olivia Wheeler	Healthcare Science Education: Co-production in Education

Poster presentations

Date	Presentation Title	Presenters	Venue
Nov 2019	Evaluation of an innovative emotional resilience syllabus to support students in caring for complex patients in clinical settings.	Lauren Porter, Nicola Gowers	GOSH Conference
Nov 2019	Communicating in Challenging Situations: Enhancing Professional Conversations in a tertiary paediatric centre	Emma Parish, Geoff Wykurz, Sanjiv Sharma	GOSH Conference
Nov 2019	The impact of a summer school on medical student and foundation doctors attitudes to careers in paediatrics	Craig Knott, James King, Jonathan Smith, Caroline Fertleman, Paul Winyard, Justin Poisson, Sanjiv Sharma	GOSH Conference
Nov 2019	Band 7 Development Programme	Sally Robertson	GOSH Conference
Nov 2019	Trainee Nursing Associates: Pilot cohort	Sally Robertson	GOSH Conference
Nov 2019	Improving the integration of International Medical Graduates into GOSH	Konstantinos Dimitriades, Justin Poisson, Emma Parish, Cheryl Hemingway, Sanjiv Sharma	GOSH Conference
Nov 2019	Tech Savvy Teachers: Leading engagement in Postgraduate Medical education with a technology enhanced approached	Emma Parish, Justin Poisson, Simon Blackburn, Sanjiv Sharma	GOSH Conference
Nov 2019	Partnering with industry to develop future clinical leaders	Justin Poisson, Emma Parish, Daljit Hothi, Sophie Skellett, Sanjiv Sharma	GOSH Conference
Nov 2019	Engaging with Paediatric Junior Doctors: Enhancing their learning and ours	Hannah Tobin, Justin Poisson, Emma Parish, Sanjiv Sharma	GOSH Conference
Nov 2019	Internationally educated healthcare professionals: Supporting transitions to new healthcare environments	Sanjiv Sharma, Sophie Park	GOSH Conference
Nov 2019	Paired learning: Bridging the divide Experiences from a Paediatric tertiary care setting	Konstantinos Dimitriades, Sanjiv Sharma, Emma Parish	GOSH Conference
Nov 2019	Developing a tailored induction programme for International Medical Graduates	Poisson J, Knott C, Parish E, Boyd H, Hemingway C, Sharma S	GOSH Conference
Nov 2019	Technology Enhanced Learning: Cultivating innovation and recognising the need for training	Warraich, Sara; Knott, Craig; Poisson Jeroen; Poisson, Justin; Boyd, Holly	GOSH Conference

June 2020	Rapid Design and deployment of of an Adult Critical Care Transport Team - the launch of Big CATS	Cathy Roberts, Mark Clement	World Federation of Pediatric Intensive and Critical Care Societies
June 2020	The First National Training Day for the Children's Air Ambulance and their Clinical Partner Teams in the United Kingdom	Cathy Roberts, Ian Braithwaite, Karen Starkie, Colin Veal, Richard Clayton	World Federation of Pediatric Intensive and Critical Care Societies
June 2020	Covid Proofing a Paediatric Intensive Care Transport Service	Cathy Roberts, Mark Clement, and Maeve O Connor	World Federation of Pediatric Intensive and Critical Care Societies
Sept 2020	Socially Distant but Closer than Ever	Cathy Roberts	Paediatric Critical Care Society
Sept 2020	Covid Proofing a Paediatric Intensive Care Transport Service	Cathy Roberts, Mark Clement, and Maeve O Connor	Paediatric Critical Care Society
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Nov 2020	Rapid Design and deployment of of an Adult Critical Care Transport Team - the launch of Big CATS	Cathy Roberts, Mark Clement	GOSH Conference
March 2021	Just in Case Training	Petra Carroll, Denise Welsby	Patient Safety Congress
Nov 2021	Generation Z student nurses	Natalie Hudson, Tabitha Tonkin	GOSH Conference
May 2022	Development of Induction Package for International Medical Graduates	Marissa Willock, Justin Poisson	NAMEM Conference
June 2022	Incorporating Psychotherapeutic Principles Into Simulation Pre-Briefing	Gareth Drake, Kate Drewek	IPSSW 2022
June 2022	Embracing a Systems Based Approach to Simulation	Emma Broughton	IPSSW 2022
Aug 2022	Aim High: An Insight into Medicine for Young Adults	Justin Poisson	AMEE 2022

SECTION D: Signatories

Director of GLA Programme Lynn Shields	Signature:  Date: 28th August 2022

Executive Sponsor Tracy Luckett: Chief Nurse	Signature:  Date: 28th August 2022

Chief Executive Officer Matthew Shaw	Signature:  Date: 28th August 2022

Great Ormond Street Hospital for Children NHS Foundation Trust

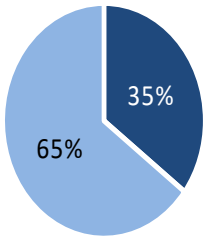
Great Ormond Street
London WC1N 3JH
020 7405 9200
gosh.nhs.uk

Apprenticeships at GOSH

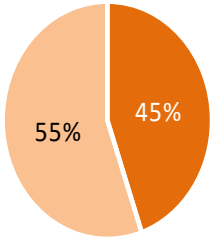
- Recruiting new local talent into entry positions
- Developing our current employees to help them reach their career goals

Current Numbers

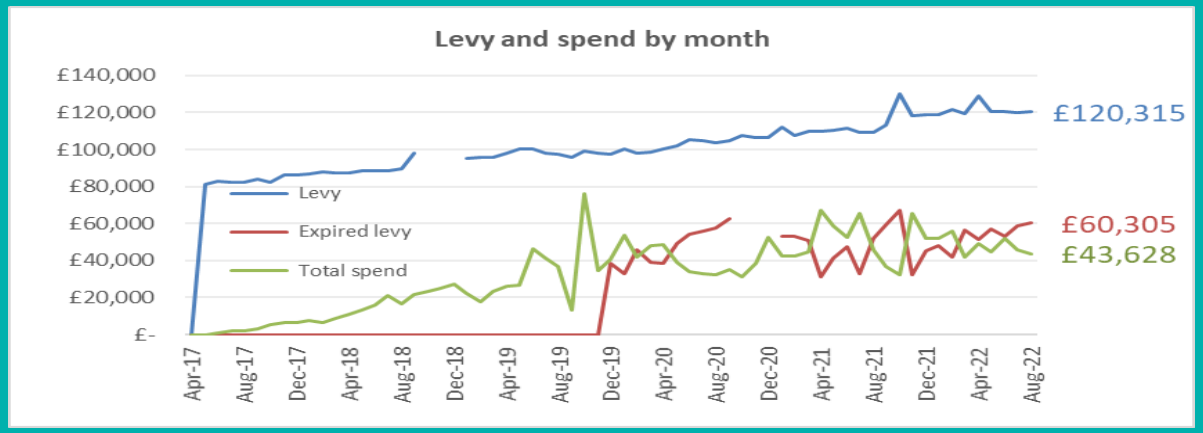
New recruits	83
Existing staff	152



Clinical	105
Non-clinical	130



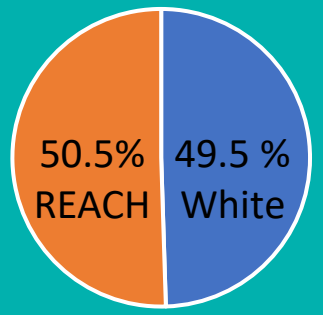
Current number of apprentices		
235	221	Live
	14	Break in learning
	0	Awaiting compliance checks



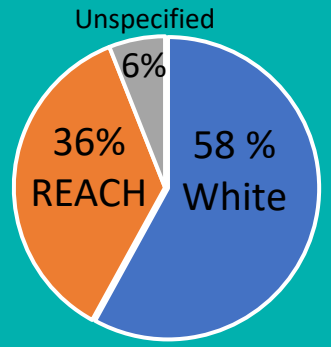
Apprenticeship Data and Impact

Great Ormond Street Hospital for Children Learning Academy

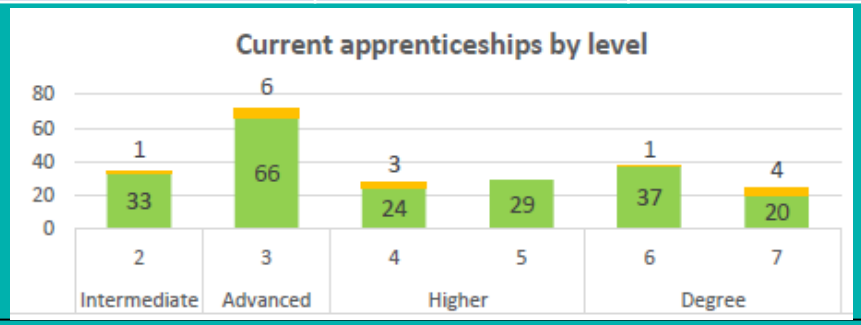
Apprenticeship Ethnicity 2017 - 2022



Trust Wide Ethnicity

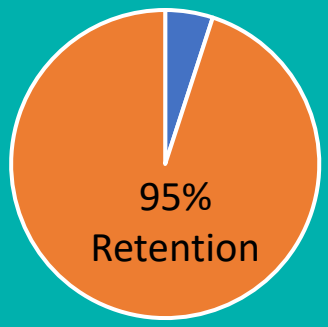


Protected Characteristic	Apprenticeships Percentage	Trust Wide Percentage
Declared LGBTQ+	8%	3%
Declared Disability	8.1%	3%
Gender	70% Female 30% Male	75% Female 25% Male

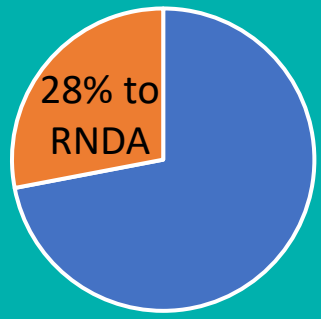


- Contributing to a diverse and inclusive workforce, representing patient diversity
- Positive impact on patient safety and patient experience
- Progressive influence on staff retention and opportunities for further development

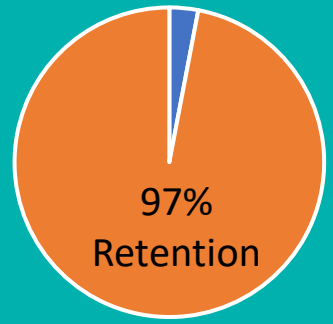
HCSW Post-program Retention



Development from HCSW Apprenticeship to Nursing



On-program RNDA Retention



GOSH Apprenticeships: Celebrating our success

National Apprenticeship Awards 2022
Winner Diversity Award and National Finalist in Large Employer category

BAME Apprenticeship Awards 2021
Highly Commended Apprentice

National Apprenticeship Awards 2021
Winner London Regional Large Employer

National Apprenticeship Awards 2021
National Finalist Large Employer and Winner of Highly Commended Large Employer

BAME Apprenticeship Awards 2021
Finalist in (1) H&SC Employer (2) Large Employer, plus two apprentices in final

BAME Apprenticeship Awards 2020
Winner Large Employer of the Year

National Apprenticeship Awards 2020 -
Apprentice Special Recognition Award

Attachment U

Trust Board
21 September 2022

Nursing Workforce Assurance Report **Submitted by:** Tracy Luckett, Chief Nurse **Prepared by:** Marie Boxall, Head of Nursing Workforce	**Paper No: Attachment U** □ **For information and noting**

Purpose of report The purpose of this paper is to provide the People and Education Assurance Committee (PEAC) with an overview of the nursing workforce activity led by the Nursing Workforce Team (NWT) which includes updates on recruitment, retention, sickness, and formal performance cases. It also aims to provide the committee with the assurance that plans, and processes are in place which align with the National Quality Board (NQB) Standards and Expectations for Safe Staffing (2016 further supplemented in 2018). This report covers reporting period April – June 2022 (Q1)

Summary of report

To note the information in this report in relation to:

1. The RN vacancy rate increased to 6.05% in June 22 but remains below trust target (10%)
2. Voluntary turnover has increased to 14.43% in June 22 and is currently just above target (14%)
3. Sickness rates have decreased to 4.3% in June and remains above target (3%)
4. Central recruitment has resulted in 154 nurses in the pipeline
5. Innovations to our NRN recruitment process has led to the NWT being shortlisted for Best Recruitment Experience at the Nursing Times Workforce Awards 2022 for a second year.
6. Bespoke recruitment activity in O&I has resulted in 35 new staff in the pipeline.
7. New strategies to retention have been outlined in the report including targeted support for ward managers and retention masterclasses
8. There were 27 Datix reports raised in Q1 relating to safe staffing, with no patient harm.
9. CHPPD in Q1 was 14.13 (Apr), 15.72 (May) and 14.59 (June)
10. The biannual staffing establishment process concluded in August with reports submitted to PEAC and Trust Board
11. Temporary staffing usage decreased in Q1 with increased fill rate of 85% in June
12. There are 5 formal disciplinary cases currently underway for nursing

Patient Safety Implications

Appropriate nurse recruitment and retention activity is required to maintain safe staffing levels which has a direct corelation to patient safety.

Equality impact implications

None

Financial implications: All posts involved in the central recruitment campaigns have been incorporated into 22/23 Directorate budgets.

Action required from the meeting

None

Attachment U

Consultation carried out with individuals/ groups/ committees People and Education committee (PEAC)
Who is responsible for implementing the proposals / project and anticipated timescales? NA
Who is accountable for the implementation of the proposal / project? NA

Nursing Workforce Assurance Report August 2022

1. Introduction

The purpose of this paper is to provide the People and Education Assurance Committee (PEAC) with an overview of the nursing workforce activity led by the Nursing Workforce Team (NWT) which includes updates on recruitment, retention, sickness, and formal performance cases. It also aims to provide the committee with the assurance that plans, and processes are in place which align with the National Quality Board (NQB) Standards and Expectations for Safe Staffing (2016 further supplemented in 2018). This report covers reporting period April - June 2022 (Q1) and future planned activity.

2. Workforce Data Overview

Nursing workforce data at directorate and ward/unit level is reviewed monthly at the Nursing Workforce Assurance Group (NWAG). Directorate level breakdown of Registered Nursing budgeted establishment, staff in post, vacancy rate, percentage of temporary staffing, sickness, 12-month voluntary turnover rates, PDR and mandatory training compliance is available in Appendix 1.

2.1 Vacancy and Voluntary Turnover The latest RN workforce position based on validated data:

- RN vacancy rate of 6.05% in June which remains below trust target (<10%). This is a seasonal trend in staff movement during the summer months (travel, relocation), which is mitigated through planned central recruitment activity, as outlined in section 3.
- Voluntary turnover has increased and is currently above target in June at 14.43%. Retention is discussed in more detail in section 4.

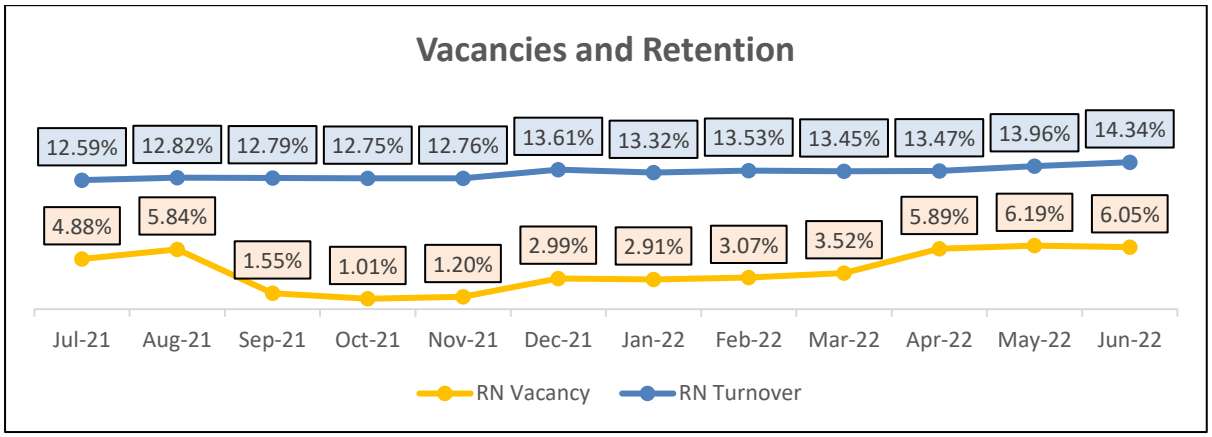
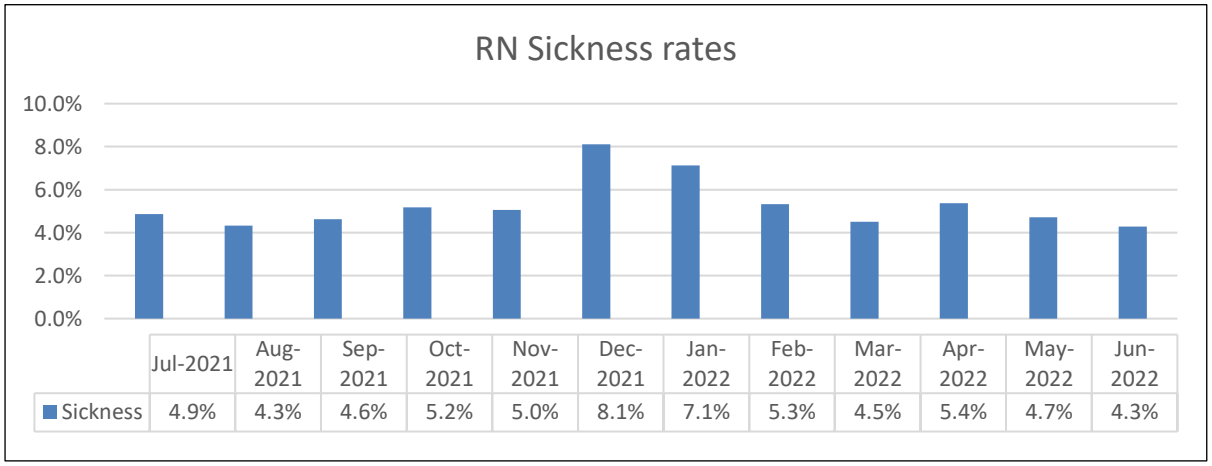


Fig. 1 Registered Nurse (RN) vacancy and voluntary turnover rate (12-month view)

2.2 Sickness Rates have reduced over the last quarter but remain above target (<3%) at 4.3% in June.



	Jul-2021	Aug-2021	Sep-2021	Oct-2021	Nov-2021	Dec-2021	Jan-2022	Feb-2022	Mar-2022	Apr-2022	May-2022	Jun-2022
Sickness	4.9%	4.3%	4.6%	5.2%	5.0%	8.1%	7.1%	5.3%	4.5%	5.4%	4.7%	4.3%

Fig. 2 RN sickness rates 12 month rolling

3. Recruitment

3.1 The NWT continues to maintain regular central recruitment campaigns which minimise vacancy levels, supplement local recruitment activity and support growing services. These campaigns are deliberately staged throughout the year to provide a steady workforce supply to mitigate anticipated peaks and troughs in voluntary turnover. The next Virtual Nurse Recruitment Open Day is planned for September 2022 and aims to attract both experienced nurses and NRNs looking to join the April 2023 cohort. Recruitment activity throughout the last quarter comprised of:

3.2 Apprenticeships Interviews were conducted in May for the band 2 Health Care Support Worker (HCSW) apprenticeship following a good response to the collaborative advertisement with Camden and Islington council the preceding month. This work supports our 'grow your own' approach and our efforts to improve local recruitment and retention. Eight appointments were made into the August 2022 cohort. In conjunction with the clinical apprenticeship education team, the NWT confirmed recruitment plans for three band 2 HCSW cohorts throughout 2023.

3.3 Newly Registered Nurses (NRNs) The trust currently has 94 NRNs in the pipeline for October 2022, with a further 37 planned to join in January 2023, aimed at mitigating the annually observed trend in pre-Christmas staff movement.

3.4 Innovations in Central Recruitment Activity

3.4.1 The NWF has transformed the approach to NRN recruitment this year including starting the process earlier, early ward allocation and numerous 'staying in touch' and engagement events to foster a sense of belonging and to build a connection with the organisation and their new team. This is has resulted in a reduction attrition (18% compared to 30% historically) and has led to the NWT being shortlisted at the Nursing Times Workforce Awards 2022 for Best Recruitment Experience for NRNs.

3.4.2 In August we also launched a bespoke mental health NRN campaign to support recruitment and succession planning on Mildred Creek Unit. Those appointed will be joining the January 2023 NRN cohort.

3.5 Bespoke recruitment campaigns O&I

3.5.1 Operations and Imaging which is now part of the Core Clinical Services had issues with high vacancy rates in recent times. As a result, a targeted campaign was undertaken and there are now 35 staff in the pipeline plus 4 unallocated nurses – 1 x international nurse (November) and 3 NRNs (January). The pipeline overview is outlined below.

Anaesthetic Theatres

- 5 x Band 5 Staff Nurses/ ODPs
- 4 x Band 6 Senior Staff Nurses/ODPs

APOA

- 2 x Band 6 senior Staff Nurses/ODPs
- 1 x Band 7 Team Leader

Woodpecker/Nightingale

- 3 x Band 5 Nurses
- 1 x Band 6 Nurse

Radiology/Cath Lab

- 5 x Band 5 Staff Nurses

Recovery

- 2 x Band 5 Staff nurses/ODPs

Scrub Theatres

- 7 x Band 5 Scrub Nurses/Practitioners
- 2 x Band 3 Apprentice/support worker

3.6 International Nurse Recruitment (IR)

3.6.1 This year we trialled membership of the Capital Nurse IR Consortium as the providers of our international recruited nurses. Due to our specialist requirements and in competition with other member trusts, the consortium team have had limited success in matching appropriate candidates to our specifications, therefore the target has been adjusted to 14 nurses.

3.6.2 3 nurses arrived in Q1 and are now working on NICU x 2 and Elephant. A further 12 nurses are expected to arrive in Q2/Q3, and will be allocated to Koala, Bear x 2, NICU, Butterfly, Bumblebee x 2, Eagle, Kangaroo x 2 and theatres.

Central Nursing Recruitment Activity	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan- 23
Band 2 HCSW	8					
International Nurse Recruitment		6	5			
Newly Registered Nurses			94			37
Return to Practice Nurses						1
Total	**8**	**6**	**99**	**0**	**0**	**38**

Fig 3. Central recruitment pipeline 6-month overview

4. New Strategies to Retention

4.1 Refreshed Retention Plan As we emerge from the pandemic and with the rising cost of living, the Trust may potentially be impacted by voluntary turnover amongst nurses. In response to this we have refreshed the Nurse Retention Driver Plan (Appendix 2) to reflect these changes which align with both the Trust People Plan and NHSEI priorities.

4.2 Retention support Commencing in September 2022, the NWT will be undertaking a structured approach with ward/unit level managers regarding specific retention issues in their areas and use key themes from the retention toolkit (available on the intranet) to support practical suggestions on targeted interventions.

4.3 Retention Masterclasses In addition to individualised meetings, the NWT will be offering a rolling series of Retention Masterclasses open to all nursing managers including Heads of Nursing, matrons, ward managers and junior sisters/charge nurses. These virtual, bitesize sessions will address key themes which emerge from staff feedback and raised at Nursing Workforce Assurance Group to support operational activity at ward/unit level. We will present collaboratively with other trust experts to ensure the content and discussion is as helpful as possible to attendees. Themes covered will include:

- Understanding your staffing data
- Flexible Working
- Effective Rostering
- Getting the most from your 1:1s
- Career Development & Planning
- Staff Engagement
- Staff Reward & Recognition
- Retirement Planning

4.4 NHSE Retention Self-Assessment Tool NHSE recently launched the National Retention Plan 2022/2023 which focuses on evidence-based interventions which have the greatest impact on retaining the nursing and midwifery workforce in the NHS. Part of adopting this plan is to undertake the self-assessment tool which covers the following seven overarching themes:

- Health and Wellbeing
- Autonomy and shared profession
- Leadership and teamwork
- Professional development and careers
- Pride and meaningful recognition
- Flexible working
- Excellence in care

Each element has 8-10 detailed questions which include RAG status, current strengths, areas for improvement, actions, action owner and review date. The NWT are leading on completing the self-assessment tool in collaboration with key stakeholders across the Trust. The tool will enable us to be assessed and the outcomes used to develop a tailored support offer from NHSE.

5. Safe Staffing

5.1 Safe Staffing Incidents There were a total of 27 Datix reports raised in Q1 relating to safe staffing. Assurance has been provided by the Directorate Heads of Nursing that no patient harm occurred as a direct result. Themes which emerged from the reports were:

- lack of specialist ODPs and staffing levels specifically in anaesthetics (O&I)
- staffing levels because of unplanned short-term sickness
- unplanned increase in patient acuity

Directorate	April 22	May 22	June 22	Directorate total
BBM	0	0	0	**0**
BCC	1	0	2	**3**
H&L	4	5	4	**13**
O&I	5	0	4	**9**
S&S	0	0	0	**0**
Brain	0	1	0	**1**
R&I	0	0	0	**0**
I&PC	0	1	0	**1**
Monthly total	10	7	10	

Fig. 4 Safe staffing Datix reports per directorate – Q1

5.2 Care Hours Per Patient Day (CHPPD) is the national principal measure of nursing, midwifery, and healthcare support staff deployment in inpatient settings including ICUs. Alongside clinical quality and safety outcomes measures, CHPPD can be used to identify unwarranted variation and support delivery of high quality, efficient patient care.

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

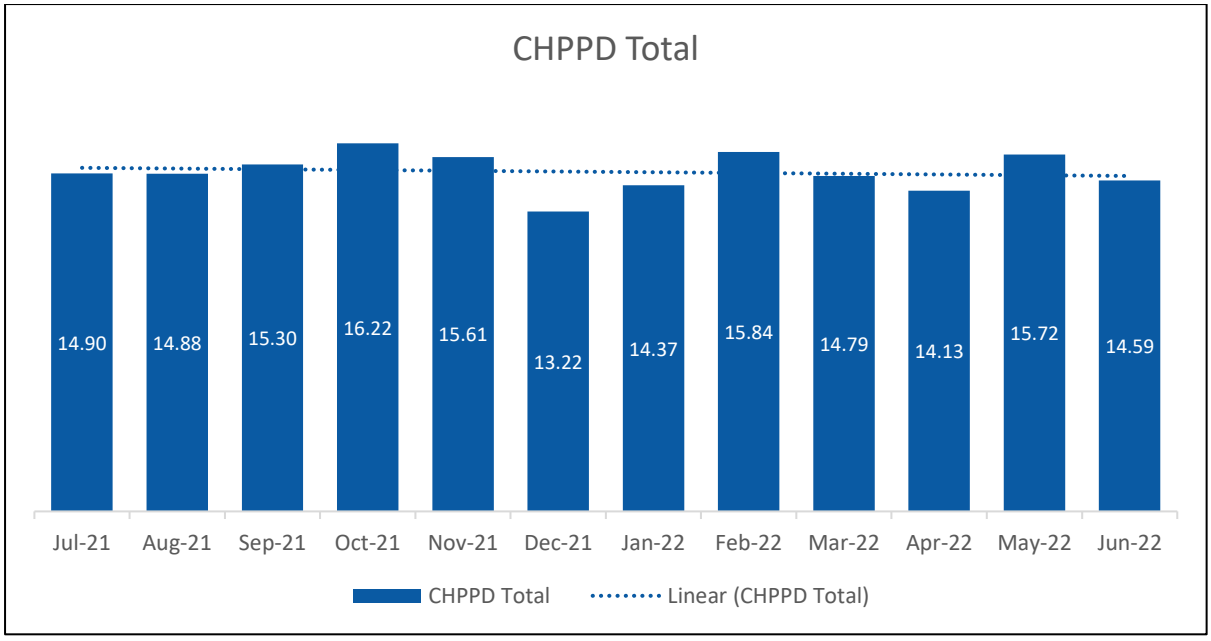


Fig. 5 CHPPD 12 month rolling trend

5.3 Safe Staffing Establishment Reviews The Trust has a responsibility to ensure a safe and sustainable nursing workforce and all Trusts have to demonstrate compliance with the 'triangulated approach' when deciding staffing requirements described by the National Quality Board (NQB) guidance in the 'Developing Workforce Safeguards' by NHS Improvement (2018). This combines evidence-based tools, professional judgement, and outcomes to ensure the right staff with the right skills are in the right place at the right time. The biannual process concluded in August with a full report submitted to PEAC and Trust Board.

5.4 Temporary Staffing As a specialist trust the majority of the temporary staffing shifts are filled by our own substantive staff. Shift requests fell in Q1 by 406 from 2512 in April to 2106 in June, with improved fill rates in June of 85%. Temporary staffing is currently being reviewed to ensure appropriate and cost-effective use of this resource.

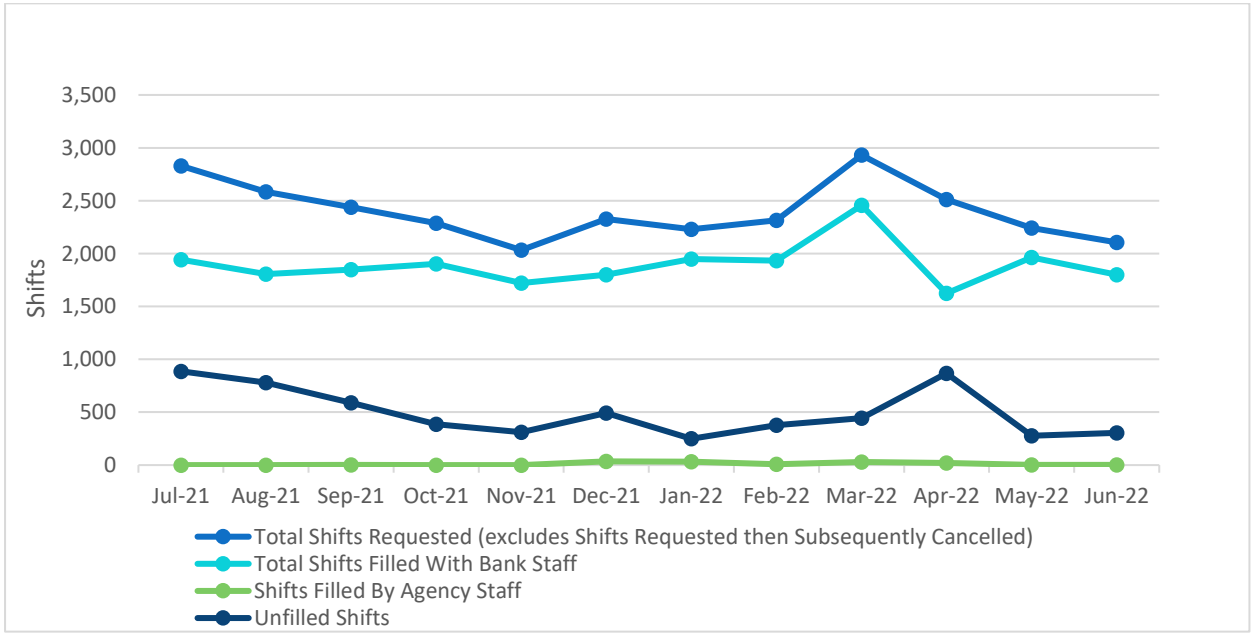


Fig. 6 Nursing & HCA bank requests 12-month overview

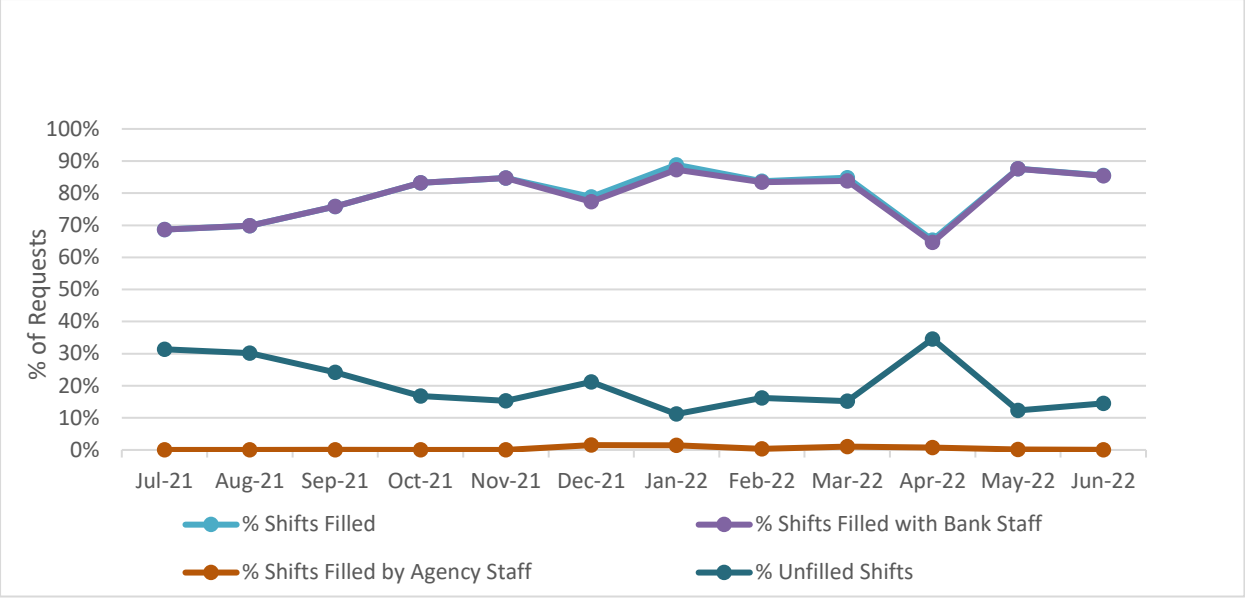


Fig. 7 Nursing & HCA fill rates 12-month overview

6. Professional Governance

6.1 Disciplinaries/NMC referrals To ensure patient safety, maintain professional discipline and employ nurses who share our trust values and behaviours, we occasionally need to investigate and/or address performance. This is to ensure nurses are offered the right level of support and supervision or in serious cases require a referral to the Nursing and Midwifery Council (NMC) to understand whether they pose a risk to the public, so steps may be taken to promote learning and prevent issues arising.

Band	Ward/Unit	Directorate	Type of investigation
6	Scrub Theatres	O&I	Disciplinary
5	Fox	BCC	Disciplinary
7	Dermatology	BCC	Disciplinary
5	Lion	BCC	Disciplinary
5	Scrub Theatre	R&I	Disciplinary

Fig. 8 Status of current RN profession standards issues

7. Conclusion

In conclusion the workforce metrics demonstrate that vacancies remain under target although we are observing a seasonal up turn. Voluntary turnover remains relatively stable and is currently sitting just above target with sickness levels also reducing although still over target. With an established recruitment pipeline in place till the beginning of 2023, we will be focusing our efforts on implementing our refreshed retention plan and working with the directorate HoNs to provided targeted support in hot spot areas. The combination of recruitment and retention activity will support safe staffing levels, which continue to be monitored through monthly NWAG and biannual staffing establishments reviews.

Appendix 1- Directorate Level Workforce metrics

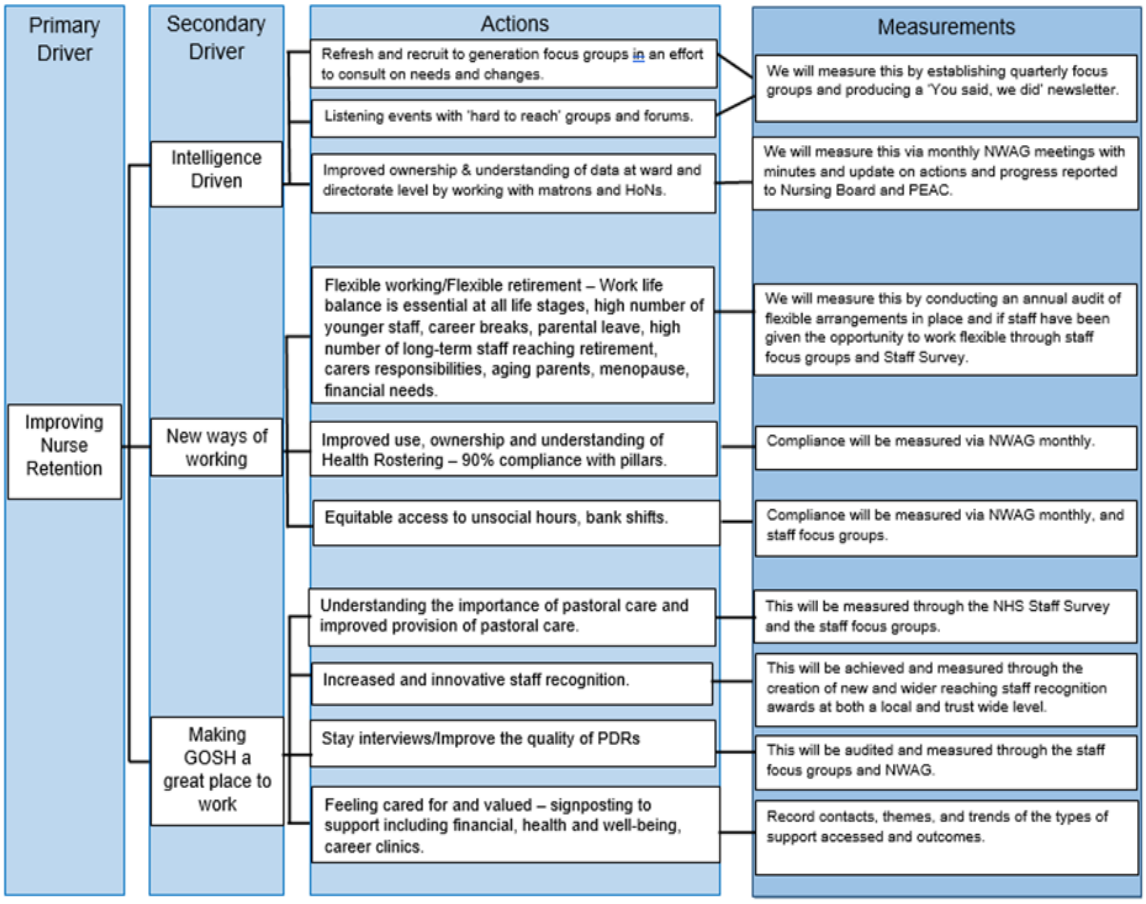
NB The data relates to all RN grades across the Trust. Totals within the narrative may include nursing posts from other directorates not listed in the tables e.g., corporate, education, etc. High vacancy rates in R&I are due to reduced activity over this period as staff are recruited based on funded activity as needed.

April 22					
Directorate	**CHPPD (Inc ICUs)**	**RN Vacancies (FTE)***	**RN Vacancies (%)***	**Voluntary Turnover* %**	**Sickness (1 mo) %**
Blood, Cells & Cancer	10.1	3.4	1.5%	13.5%	6.9%
Body, Bones & Mind	11.3	10.9	5.3%	8.5%	3.5%
Brain	12.0	5.3	3.9%	12.0%	2.2%
Heart & Lung	20.3	14.0	2.6%	15.3%	4.2%
International	13.0	15.6	16.2%	12.5%	3.0%
Operations & Images	N/A	8.0	17.4%	12.2%	10.2%
Sight & Sound	12.5	5.2	6.1%	16.8%	2.2%
Research & Innovation	N/A	14.5	24.6%	16.0%	3.7%
Trust	14.1	95.5	5.9%	13.5%	4.0%

May 22					
Directorate	**CHPPD (Inc ICUs)**	**RN Vacancies (FTE)**	**RN Vacancies (%)**	**Voluntary Turnover* %**	**Sickness (1 mth) %**
Blood, Cells & Cancer	11.1	4.3	1.8%	13.1%	6.9%
Body, Bones & Mind	12.6	15.6	7.6%	10.5%	3.5%
Brain	13.1	7.5	5.6%	11.3%	4.4%
Heart & Lung	22.9	14.3	2.6%	15.3%	4.7%
International	13.0	17.6	18.3%	12.6%	3.4%
Core Clinical Services	N/A	30.1	11.2%	15.7%	5.9%
Sight & Sound	16.2	5.0	5.8%	16.6%	2.3%
Research & Innovation	N/A	11.6	19.6%	20.3%	4.6%
Trust	15.7	100.9	6.2%	14.0%	4.7%

June 22					
Directorate	**CHPPD (Inc ICUs)**	**RN Vacancies (FTE)**	**RN Vacancies (%)**	**Voluntary Turnover* %**	**Sickness (1 mth) %**
Blood, Cells & Cancer	10.3	0.7	0.3%	11.6%	5.5%
Body, Bones & Mind	11.6	18.6	9.0%	11.3%	3.6%
Brain	12.4	8.8	6.5%	9.8%	3.0%
Heart & Lung	21.2	23.3	4.2%	15.7%	4.7%
International	13.2	2.3	3.0%	15.1%	2.6%
Core Clinical Services	N/A	15.9	6.3%	18.2%	4.0%
Sight & Sound	12.6	5.0	5.8%	16.6%	2.3%
Research & Innovation	N/A	11.9	19.4%	20.1%	3.4%
Trust	14.6	97.3	6.1%	14.3%	4.3%

Appendix 2 - GOSH Nursing Retention Driver Diagram



Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
21 September 2022

Safe Nursing Establishment Review August 22 **Submitted by:** Tracy Luckett, Chief Nurse **Prepared by:** Marie Boxall, Head of Nursing Workforce	**Paper No: Attachment V** □ **For information and noting**

Purpose of report To provide assurance to the Trust Board that arrangements are in place to review the establishments on a biannual basis, to determine if inpatient wards are safely staffed with the right number of nurses with the right skills and at the right time. This is in line with the National Quality Board (NQB) Standards and Expectations for Safe Staffing published in 2016 and further supplemented in 2018. It also incorporates NHSE's Developing Workforce Safeguards (2018).

Summary of report

- The assurance process is compliant with the Developing Workforce Safeguards guidance (NHSE/I 2018)
- Evidence in the form of SNCT data demonstrated that patient acuity and complexity has risen across the trust.
- Bear, Pelican and Koala/Possum wards were discussed at length with deep dive reviews to be conducted by their respective Directorate HoNs, to ensure the correct skill mix and senior supervision is in place to protect safe staffing.
- Where there are areas of high staff unavailability (sickness, vacancies, or maternity leave) mitigation is provided through bed closures and use of temporary staffing. Good recruitment pipeline in place to address the vacancies and maternity leave cover.

Patient Safety Implications
Safe staffing levels and appropriate skill mix help maintain patient safety. The biannual review is a regulatory requirement to ensure processes are in place monitor and adjust establishments if needed to maintain safe staffing level in line with patient acuity.

Equality impact implications
None

Financial implications: All posts involved in the central recruitment campaigns have been incorporated into 22/23 Directorate budgets.

Action required from the meeting
None

Consultation carried out with individuals/ groups/ committees
People and Education committee (PEAC)

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

Who is accountable for the implementation of the proposal / project?
NA

1. Purpose

1.1. Since April 2019, NHS Trusts are assessed annually for compliance with National Quality Board (NQB) guidance through the Single Oversight Framework (SOF) as described in Developing Workforce Safeguards (NHSI, 2018). Biannual nursing establishment reviews are undertaken every February and July, to provide assurance that the Trust is maintaining safe levels and to review progress against the implementation of recommendations since the last report.

2. Introduction

2.1. The Trust has a responsibility to ensure a safe and sustainable nursing workforce and to demonstrate compliance with the 'triangulated approach' when deciding staffing requirements described by the National Quality Board (NQB) guidance in the 'Developing Workforce Safeguards' by NHSE (2018). This combines evidence-based tools, professional judgement, and outcomes to ensure the right staff with the right skills are in the right place at the right time.

2.2. The NQB guidance states that providers:

- Must deploy sufficient suitably, competent, skilled, and experienced staff to meet the care and treatment needs safely and effectively.
- Must have a systematic approach to determining the number of staff and range of skills required to meet the needs of the people using the service and to keep them safe at all times.
- Must use an approach that reflects current legislation and guidance where it is available.

2.3. In line with NQB recommendations, a strategic biannual staffing review has been conducted, the key elements of which include:

Requirement	Status
Using a systematic, evidence-based approach to determine the number and skill mix of staff required	
Using a valid and reliable acuity/dependency tool	
Exercising professional judgement to meet specific local needs	
Benchmarking with peers	
Taking account of national guidelines, bearing in mind they may be based on professional consensus.	
Obtaining feedback from children, young people, and families on what is important to them and how well their needs are met. (Further refinement and detailed feedback to be included in future reviews)	

2.4 In addition to this the panel also considered appropriate headroom, which is currently 22% and the recommendation of having at least two registered children's nurses per shift on each ward/unit.

2.5 Methodology

The Children's & Young People's Safer Nursing Care Tool (C&YP SNCT) has been fully implemented across all inpatient services since 2020 with the most recent collection of data gathered over a 4-week period in June 2022. To ensure a triangulated evidence-based approach, comprehensive data packs were provided to the Directorate Heads of Nursing and Patient Experience (HoNs) which contained information on workforce data, bed base, quality metrics, temporary staff usage, staff and patient/family feedback.

2.6 Assurance

Scrutiny and challenge were provided by senior trust representation including the Chief Nurse, Deputy Chief Nurse, Head of Nursing (Nursing Workforce), Deputy Chief Operating Officer, Associate Director of Finance (or deputy), and the Deputy Director of Human Resources. This resulted in a rich discussion which led to further requests for assurance on appropriate skill mix, safe staffing levels and cost-effective use of the nursing resource while maintaining patient quality and safety.

3. Review Outcomes

3.1. Overview - The staffing requirement for each ward was reviewed and cross referenced with each directorate's own information. It is important to note that the review focuses on inpatient care only and the nursing staff required to deliver this. Roles such as Advanced Clinical Practitioners and Clinical Nurse Specialists were not included in the review.

3.2. Sight and Sound (S&S) Directorate – The panel found that both Panther wards (ENT & Uro) are observing increased level of demand for High Dependency Unit (HDU) capacity. The HoN will monitor the situation and the use of temporary staffing to facilitate this and involvement in the current HDU workstream. Adjustments to the establishment will be recommended if needed.

3.3. International and Private Care (I&PC) Directorate - SNCT scoring is based on NHS activity rather than private experience and expectations. Therefore, professional judgement must be applied to reflect additional challenges such as cultural requirements, communication/interpretation support and service user expectation. The review found that delays caused by travel restrictions during the pandemic have resulted in the deterioration of many international patients, leading to higher acuity across both Butterfly and Bumblebee wards. Hedgehog ward recently opened and staffing for this is incorporated into the Bumblebee establishment, however recruitment is currently underway to increase capacity in the longer term.

3.4. Brain Directorate - The review highlighted staffing pressures on both Squirrel Endo-Met and Kingfisher wards attributed to vacancies and maternity leave, however it was agreed that the set establishment

is safe once fully recruited to which is anticipated by October. The panel has requested that the HoN carries out a full staffing and skill mix review required across both Koala and Possum wards with a view to ensuring safety and increasing capacity.

3.5. Blood, Cells and Cancer (BCC) Directorate - The SNCT score highlighted rising acuity for the patient cohort on Pelican ward (10 inpatient beds). The review found that there was little additional staffing capacity for the 11 ambulatory beds. The budget currently covers both inpatient and ambulatory care, with a high reliance on temporary staffing to support, therefore the HoN was requested to carry out a full review to provide additional information and assurance.

3.6. Heart and Lung (H&L) Directorate – The matrons joined the HoN for the review meeting which produced a good discussion. Bear ward was explored in detail as the SNCT scoring exercise highlighted increasing patient acuity due to an increasing number of 'step down' patients to facilitate flow from CICU and PICU. Although the current establishment is correct, it was revealed that some roles had been removed from direct patient care to support other functions including education and family liaison. It was agreed that such posts require additional business cases and must not erode the core establishment responsible for direct patient care. An urgent review by the HoN is required to ensure patient care provision is safe, adequate leadership support is in place for such a large team and additional wrap round roles are excluded from the direct patient care establishment.

Staffing for the intensive care units was also discussed as the current establishments for PICU and CICU are slightly lower than the recommended national critical care guidance (which includes a 31% headroom, compared to the trust standard of 22%) and are not determined by SNCT scoring.

3.7. Operations and Imaging (O&I) – The panel was advised that a tool developed by the Association for Perioperative Procedure is used to provide guidance in combination with professional judgement, to determine recommended staffing levels in theatres, SNCT scoring is not applicable. The HoN is currently undertaking a workforce review including skill mix to reproportion Band 6 roles to Band 5 and working practices to meet service need. A successful recruitment campaign is also underway with 35 staff in the pipeline.

3.8. Body, Bones and Mind (BBM) Directorate – The staffing establishment for Eagle ward covers both the haemodialysis unit (10 beds) and the inpatient bed base which is currently open to 14 beds. The staffing establishment was deemed to be safe and reflective of the patient complexity admitted directly to the ward post-transplant. Peer benchmarking was discussed which demonstrated that nurse to patient ratio is lower at GOSH especially in the under 5 years age group (1:3 compared to 1:1 or 1:2) in other centres. A business case is currently being developed to create renal technicians (Band 4) to support the dialysis unit workforce and safe care.

The Mildred Creek Unit (MCU) has also observed increasing patient acuity and complexity post pandemic especially in relation to eating disorders. It was agreed that the current staffing establishment is safe based on the existing bed base and unit location, however, if relocated this will need to be reviewed to reflect the challenges of nursing in the altered physical environment.

4. Summary

The review identified increasing patient acuity across the trust and the current establishments are safe. Some wards, as outlined in the report, are under pressure due to skill mix and high levels of staff unavailability; with mitigation provided through bed closures, use of temporary staffing and ward/unit managers working clinically. These areas require 'deep dive' reviews to be completed by their directorate HoNs (target date 3rd October 2022), to ensure correct skill mix and appropriate senior supervision and support. As activity and acuity continues to increase and where new services are added, establishments will need to be reviewed and adjusted accordingly. The assurance process is compliant with Developing Workforce Safeguards guidance (NHSE 2018) and will continue to evolve and improve through triangulation of data and intelligence, with regular monitoring at the monthly Nursing Workforce Assurance Group Meeting (NWAG).

Attachment W

Trust Board
21st September 2022

Learning from Deaths report- Child Death Review Meetings – Q1 2022/23 **Submitted by:** Dr Sanjiv Sharma, Medical Director Dr Pascale du Pré, Consultant in Paediatric Intensive Care, Medical Lead for Child Death Reviews Andrew Pearson, Clinical Audit Manager	**Paper No: Attachment W** **For information and noting**

Purpose of report
To provide Trust Board with oversight of
1. Learning from deaths identified through mortality reviews, this includes positive practice, but also where there were modifiable factors.
2. Progress with the implementation of the Child Death Review Meetings (CDRM).

Meets the requirement of the National Quality Board to report learning from deaths to a public board meeting. Child Death Review Meetings (CDRM) are statutory following the publication of the Child Death Review Statutory guidance which applies for all child deaths after 29th September 2019.

Summary of report
This report focuses on learning from twenty-three CDRMs concluded between 1st April and 30th June 2022 for children who died at GOSH.

The CDRMs highlighted:
- In two cases there were modifiable factors identified by the CDRM which applied to both GOSH and the local hospital. Modifiable factors are defined as those, which by means of nationally or locally achievable interventions could be modified to reduce the risk of future child deaths.

- In three cases modifiable factors were identified which apply outside of GOSH.

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

- Particular excellent aspects of care, the co-ordination of care and communication at GOSH were highlighted in nineteen cases

Patient Safety Implications
The reports show and frequently recognise the excellence of care and compassion provided by our staff, with excellent aspects of care, the co-ordination of care and communication at GOSH highlighted in nineteen cases

Some themes for improvement have been identified from the CDRMs (including HDU provision and the communication with local teams) and are described in the report.

Equality impact implications
None identified

Financial implications None
Action required from the meeting There are no recommendations or actions for the Board to consider
Consultation carried out with individuals/ groups/ committees The report has been reviewed by the Patient Safety and Outcomes Committee
Who is responsible for implementing the proposals / project and anticipated timescales? Dr Pascale du Pré, Consultant in Paediatric Intensive Care, Medical Lead for Child Death Reviews
Who is accountable for the implementation of the proposal / project? Medical Director

Learning from Deaths report- Child Death Review Meetings – Q1 2022/23

Aim of this report

To highlight learning from child death review meetings (CDRMs) concluded between 1st April and 30th June 2022 for children who died at GOSH.

Summary

Child Death Review Meetings (CDRMs) are the final meeting to confirm actions and learning in the mortality review process following the completion of all necessary investigations and reviews.

This report focuses on learning from twenty-three CDRMs concluded between 1st April and 30th June 2022 for children who died at GOSH.

The CDRMs highlighted:

- In **two** cases there were modifiable factors identified by the CDRM which applied to both GOSH and the local hospital. Modifiable factors are defined as those, which by means of nationally or locally achievable interventions could be modified to reduce the risk of future child deaths. These are summarised below:
    - The patient was discharged after a planned admission despite abnormal blood tests and feeling unwell and mother given reassurance. Returned to the local hospital two days later in septic shock. No blood cultures were taken as the abnormal blood results (deranged LFTs, abnormal coagulation, hyponatraemia with normal CRP) were attributable to other causes. A learning point is that sepsis as a differential should always been considered in this complex cohort of children. An SI has been concluded at the local hospital.
    - An SI highlighted a delay in identifying sepsis when the patient initially presented to their local hospital and subsequent delays in administering antibiotics. The SI also included some recommendations for GOSH around the review of supportive care protocols by Haematology/Oncology, which have been actioned.

- In **three** cases modifiable factors were identified which apply outside of GOSH.

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

- Particular excellent aspects of care, the co-ordination of care and communication at GOSH were highlighted in **nineteen** cases.

Themes for learning identified in this report

- Escalation when referring children to GOSH –the learning identified was that if the advice sought from the tertiary centre is not as expected by the local, escalation to a tertiary [GOSH] consultant is the recommended course for local hospitals
- Communication prior to transfer to GOSH - the learning identified was that an MDT/Conference call between local/tertiary NICU/surgeons and transport teams is important in determining the appropriateness of transfer on a case-by-case basis and this is a recurring theme from CDRMs.
- There is also no obvious HDU environment at GOSH for children who do not require intensive care with no immediate solution. A key learning point is the need for better communication/outreach between the tertiary centre and the local and the role of honorary

contracts to facilitate this. An HDU options appraisal project was initiated in June 2022 by the Medical Director to evaluate the options for delivering HDU care across the organisation. The HDU options appraisal project aims to determine “what is the safest, most efficient model of delivering HDU care across the organisation” and make a recommendation to the executive management group, within the structure of the future hospitals programme board by December 2022.

- Delay in administration of aminoglycosides due to genetic results not being available.
- Communication with GPs and local hospitals particularly around the time of making a significant diagnosis and end of life. There is a Quality Improvement project to review the When A Child Dies pathway at GOSH.

Contents

26th August 2022

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

Cases where modifiable factors were identified following the conclusion of the CDRM GOSH and outside of GOSH

Quarter of death	Summary	Learning/Actions taken
Q3 2020/21	Patient was discharged after a planned admission despite abnormal blood tests and feeling unwell and mother given reassurance. Returned to local hospital two days later in septic shock. No blood cultures were taken as the abnormal blood results (deranged LFTs, abnormal coagulation, hyponatraemia with normal CRP) were attributable to other causes.	1. There is learning for both GOSH and the local around consideration of sepsis as a differential even when blood results can be attributed to other explanations. 2. The processes around how the Mortality review processes are raised with patient safety team when questions arise from M&M/MRG are being addressed by Mortality Lead and Patient Safety team. 3. The communication with the MRI team around highlighting the level of concern when a very sick patient is transferred for scanning is communicated has been identified as a learning point in order for the GOSH MRI team to be fully aware in case of any adverse event during the scan. 4. Delay in administration of antibiotics locally until after discussion with GOSH who advised to give the antibiotics regardless of gene mutation result, this would not have contributed to the outcome as the Klebsiella was sensitive to Tazocin which was given without delay. However, it is important to note that delays in administration of antibiotics due to genetic results not being available remains a learning point (identified in a recent SI). An SI investigation has been concluded at the local hospital. The GOSH Safety team have advised that there will be multi-disciplinary forum to review the events, what happened subsequently and how the GOSH admission influenced this, to establish if anything could have been done differently as well as provide answers to the family.
Q3 2019 /20	An SI was concluded which highlighted a delay in identifying sepsis when the patient initially presented to their local hospital and subsequent delays in administering antibiotics.	**Learning Identified from SI Investigation:** • Early recognition of sepsis in patients undergoing chemotherapy treatment. • The importance of the timely administration of antibiotics where sepsis is suspected in patient who are undergoing chemotherapy treatment. • The importance of timely observations to identify the deteriorating patient and support early escalation. • Abdominal and generalised pain without changes in the patient's temperature parameters can be an indicator of neutropenic sepsis. • The importance of clear communication between teams when there is a change in antibiotics recommended by the Microbiology team. • The investigation has identified that the delay in giving Meropenem at GOSH was as a result of no access points being available to deliver the drug. The patient was on multiple inotropes and fluids to ensure they remained haemodynamically stable and as such these could not be interrupted.

Recommendations for GOSH

• Review the Supportive Care Protocols shared with local hospital relating to indicators of neutropenic sepsis in haematology and oncology patients and amend to reflect the learning from this case.
• Review the Supportive Care Protocols relating to antibiotic prescribing in patients with neutropenic sepsis so as to provide more clarity when prescribing antibiotics in a wide range of patients.
• Share learning from this case and update members of the PCTs and associated POSCUs, highlighting changes in the Supportive Care Protocols.

The recommendations for the review of the Supportive Care Protocols were actioned and amendments were made in February 2020. These were subsequently shared with the PCTs and associated POSCUs. This has also been shared with the POSCU teams at the monthly joint virtual multi-disciplinary team meetings and via virtual teaching sessions with the POSCU teams focusing on patients undergoing treatment for cancer and blood disorders.

Recommendations for the local hospital have been made around sepsis awareness training, use of PEWS and observation completion, and Febrile Neutropenia care plan.

Learning Identified from CDRM:

1. The child who was [almost] a teenager may have not disclosed their fever due to recurrent admissions and this was at Christmas time which may have caused a delay in presentation. The Haem Onc team have reflected and already communication around the importance of seeking medical advice in febrile neutropenia is a priority for this cohort (and age group) of children.

2. The delay in the joint SI investigation was attributable to the Covid pandemic and the GOSH safety team staffing which has been addressed and a structure for joint SI investigations has been put in place.

3. The delay in administration of aminoglycosides has been identified in this and another SI as well as another CDRM.

Modifiable factors identified outside of GOSH following the conclusion of CDRMs

Quarter of death	Summary	Learning/Actions taken
Q3 19/20	The coroner's conclusion was that XXX was entirely dependent on artificial ventilation due to a neonatal brain stem injury and required 24-hour care at a ratio of 2:1 at all times. There were deficiencies in the training, planning and oversight of the package of care by both the care agency and the commissioning body. The death was a direct and foreseeable consequence of the failings in delivery of his care package. Neglect by the agency, commissioners and nurse on duty contributed to this tragic outcome (there has not been any criminal investigation).	Learning relates to failings in delivery of the care package. A transitional care unit may have been a useful resource given the complexities around this child; this was identified as a learning point which has already been actioned for other long term complex children since this case. There was some learning for GOSH identified. The GP flagged that they did not receive any correspondence after the child was discharged from GOSH (at the time of previous recent admission to GOSH) until the time of final admission. This was fed back to the team at GOSH to ensure that communication is shared appropriately with local hospitals/community teams and GPs.
Q2 21/22	A teenager slipped whilst riding a bicycle and suffered a pancreatic transection that was not immediately recognised, but did ultimately result in admission to a hospital. The patient was treated there for some weeks, but the deteriorating condition did not result in an appropriately prompt referral and thus transfer to the hospital's paediatric intensive care unit (PICU). If an appropriately prompt referral and transfer to PICU had been made, [name] would probably have survived injuries.	Learning Points and recommendations were identified for the local and London hospital by an SI investigation. At CDRM the following learning points were discussed: 1. This case has recognised the importance of transfer of children with pancreatic injuries to surgical liver centres as a key learning point. A patient safety notice around handlebar injuries, pancreatic injuries and abdominal trauma has been shared Wales-wide via the Welsh government with review of the adult and paediatric guidelines for abdominal trauma shared throughout the trauma network. 2. The main learning point both locally and at the London hospital was in relation to the escalation to PICU in a timely way and a number of measures are in place as actions a) daily huddle between clinical teams and PICU, b) development of PICU outreach service (ongoing action), c) review of PEWS scoring and d) culture change in relation to any professional being able to ask for PICU review. 3. The development of cardiology support services for London hospital is also being explored.

		4. The GOSH CICU team reflected that allocation of roles was identified as a potential change to care of ECMO cases that are critically unstable. 5. There was discussion at CDRM about how to improve communication with families and how best to respond appropriately to recognise and respond to high parental anxiety with solutions such as a single point of contact to provide continuity of information as well as recognition of a 'change' in level of anxiety were identified as important factors considered. There is work underway about how best to incorporate parental concern into PEWS scoring (with the acknowledgment that low levels of parental anxiety should not conversely affect PEWS scoring mechanisms).
Q3 21/22	Delay in diagnosis in Dubai for a potentially curable diagnosis. There was no delay in transfer once referred to GOSH. By the time of arrival in UK the advanced nature of the disease meant that no definitive treatment could be administered.	There are educational programmes in the Middle East although no formal arrangement between GOSH and Dubai currently.

Additionally, we were notified that a CDRM was completed by the local hospital for a patient that died at GOSH in 2020. GOSH was not included in the meeting, and that case highlighted some modifiable factors outside GOSH, which have been included in this report. The Medical Lead for Child Death Reviews is reviewing this position with NHS England and has been in contact with the Trust who organised the meeting, as national guidance is that reviews should take place in the organisation where the patient died.

Quarter of death	Summary
Q2 20/21	The CDRM identified modifiable factors and learning, including: • Overcrowding and exposure to recreational drug use • Health visitor follow up during lockdown • Importance of contact with Health Visitors and reiterating safe sleeping advice

Additional learning points around best practice which could improve quality, the co-ordination of care, or patient and family experience at GOSH

Quarter of death	Location of learning	Learning/Actions taken
Q3 21/22	Immunology	This case [inpatient for 3 years prior to death] highlighted the need for clear support for families of long-term patients, particularly during the pandemic when many of the resources (visiting restrictions/parent facilities) were removed in order to ensure provision for these families is considered, in the event of a future pandemic.
Q3 21/22	Oncology	1. Learning identified so far has been a recognition that consideration of the formal radiology reporting of these images in addition to the MDT Oncology review meeting (which does include a radiologist). There will be a meeting between Oncology, Radiology and Surgeons to review this case in hindsight to look at the imaging again and determine any additional learning. 2. The challenges of supporting parents from a mental health perspective in terms of adult services is a challenge in a paediatric hospital without adult services and challenging for the GP to manage when the child is an inpatient, however, there has been some improvement in collaborative working between psychology and psychiatry at GOSH to support parents in this situation acknowledging that parents will always have the option to decline this support. 3. Clear identification of the bereavement keyworker was challenging in this case. There are discussions already in place about how best to identify a bereavement keyworker for children who die on wards at GOSH.
Q3 21/22	PICU/Neuromuscular	1. The teams communicated over a virtual platform ensuring all relevant agencies (social work/respiratory/neuromuscular/physio/LTV/OT etc) were kept in the loop and it was identified that palliative care input was needed and facilitated as a result of this good communication. However, it was discussed at the JAR that there was no obvious single point of contact overseeing the case and despite further discussion at CDRM, there is still no clarity on who is best to take on this role for children with multi-agency involvement and complex social and medical needs. It was evident there was some but also room for improvement with this. Involving the GP at an earlier stage in some of the meetings that took place may have helped. 2. Child's own choices were a significant factor in the care that was able to be provided. The role of mental capacity assessment of children who have complex needs and not wishing to access appointments to ensure they understand the implications of them not attending and the potential consequences of choices was identified as important in ensuring informed choices are made in this cohort of children. There is work underway at GOSH looking at mental capacity around consent processes and it is anticipated that this is an important first step in the establishment of mental capacity assessments in all areas of the Trust. 3. This case identified that Mental health and wellbeing needs to be included in the individualised care plan in the community and not just

		relying on hospital appointments. There was a suggestion that more psychological support for families with complex needs is needed in the community recognising that some parents are reluctant to engage with this. 4. The family did not initiate CPR at the time of the child's collapse at home as they had not been trained in basic life support (BLS). The number of patients and resources required for this input is not currently available within GOSH or in other healthcare settings, however, there is a role for the correct identification and training of particular high-risk groups, and this is already in place.
Q3 21/22	Nephrology	1. This case highlighted the management of complex patients between hospitals, this was recognised at the CDRM as a learning point and already an MDT meeting to ensure better coordinated discussion between hospitals and teams has been instigated for similar complex patients. There were also reflections from the local hospital that this will facilitate more appropriate conversations with families can take place prior to any interventions and around consideration of interventions. 2. In this case once the team were out of conservative options, the CDR recognised that consideration around not proceeding with intervention even if it may be the only option should also be considered in these incredibly complex cases as a learning point.
Q3 21/22	NICU	1. There was discussion around whether the transfer to GOSH was appropriate and the learning identified was that an MDT/Conference call between local/tertiary NICU/surgeons and transport teams is important in determining the appropriateness of transfer on a case-by-case basis and this is a recurring theme from CDR reviews. 2. The Mother fed back that she has a gap in understanding of events on the day prior to transfer and it was possible that the father was updated but that parents being unable to visit at the same time due to having another child at home meant that the mother may have not received all the updates at that time. This highlighted the importance of updating both parents as a learning point.
Q3 21/22	CICU	This case highlighted the need for Post-mortem Consent training in ICU in case the pathologist or mortuary team are not available to support taking consent to ensure familiarity with this process.
Q4 21/22	Metabolic team	This case has highlighted the need for a forum to discuss complex cases between local and GOSH teams (or an outreach service). As an action this will be fed back to the tertiary team and the tertiary centres will be invited to the weekly local complex patients meetings at this local hospital.
Q4 21/22	Neurology/NICU/PICU	A number of learning points were identified at all stages of this child's journey. 1. Fetal medicine team have reflected on including 'viral' when asking families about any history of infections to ensure that HSV and other viral infections are not missed in the history and that any information around infections are appropriately shared with obstetric/neonatal teams. The fetal team also reflected on the combination of polyhydramnios, preterm rupture of membranes and the possibility of a genetic cause as being a learning point to share at a presentation to fetal medicine team.

		2. Managing parental expectations when transferring a child to a ward was identified as a key learning point with better communication and the possibility of antenatal visits to the areas to be facilitated as an action going forwards. 3. The genetic diagnosis was achieved via a trial, and it is important to remember that R14 rapid genome can be sent from local hospitals and that the genetics team will provide an outreach service to facilitate this. 4. There is also no obvious HDU environment at GOSH for children who do not require intensive care with no obvious immediate solution. A key learning point is the need for better communication/outreach between the tertiary centre and the local and the role of honorary contracts to facilitate this.
Q4 21/22	Cardiology	1. This case highlighted the need for better communication with GPs around significant diagnosis and death. Factors identified included the baby not yet being registered with a GP and summaries are not sent routinely to maternal GP. This is a recurring theme for GOSH. The CDOP team will liaise with the GP to create a template of information on how they communicate with GP receptionists to ensure the GP receives adequate information and this will be shared with GOSH as an example of good practice for wider use. It is recommended to give a paper copy of any correspondence to families to give to their new GP if they are known to be moving as there can be significant delays if sent to previous GP surgery as a learning point. 2. GP do not receive correspondence regarding children in need (only if child is on CP plan) which is being addressed already more widely. 3. The step down from the intensive care setting to a ward for end-of-life care was abrupt. This case highlighted the need for more sensitive communication around step down to be fed back to the team. 4. The antenatal involvement of palliative care was really valuable in this case and the provision of a symptom management plan for use within GOSH (previously these were for external transfers only) was greatly appreciated by the ward team as an example of excellent practice and will continue.

Learning from excellence- positive practices, care, and communication at GOSH highlighted through the CDRM reviews

Specialties and teams are indicated where they are explicitly highlighted, but it is recognised that many staff and teams will be involved and contribute to the care provided.

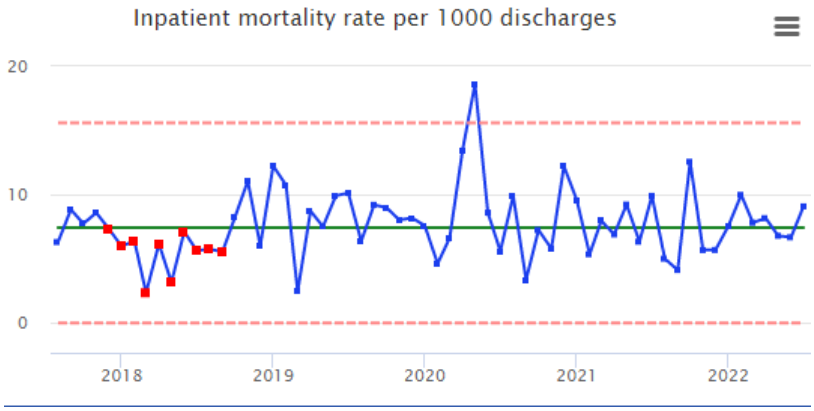
Quarter of death	Specialties/teams highlighted	Summary
Q3 19/20	Respiratory/PICU/Play	Family were grateful to all those at GOSH and named the play specialist who created memories for the sibling from the time they spent together while inpatients at GOSH. The feedback at the CDRM recognised the tremendous efforts of the Leopard team in multiple resuscitations and care for such a complex child in achieving discharge home.
Q3 19/20	PICU	The care in PICU was credited for having been excellent and the rapid coordination with surgical team to remove the portacath on PICU was done efficiently.
Q2 21/22	CATS/CICU	Rapid admission to PICU once the critical care team assessed the patient, with high levels of consultant input. Collaboration between centres (London PICU>CATS>GOSH CICU). Decisions within minutes. Incredible transfer and collaboration. Noted that despite high risk, no CPR needed enroute. Efficiency and expertise of transfer team highly praised. Experienced, skilled, professional transfer of an extremely sick child by the CATs team, with very quick response times for physical attendance, but also decision making by all teams on the evening of transfer. Great support at CICU bedside from surgical, perfusion and ECMO nursing teams to respond to very time critical and changeable situation. An ECMO nurse was named as having been particularly caring towards the family and this will be fed back to the individual involved.
Q3 21/22	Immunology	The child's views were sought when making decisions around ceilings of care which enabled an exceptionally well managed end of life care on the ward for which the parents were extremely grateful.
Q3 21/22	Fox Ward/Play	Incredible flexibility and multidisciplinary teamworking in trying to get this child home despite many complexities. Excellent care provided on Fox Ward over a very lengthy admission. Conversations around end of life and memory making enabled this child's choices to be honoured. The CDRM was well attended by a range of multidisciplinary professionals including the Play specialists who provided some very valuable insights and reflections.
Q3 21/22	Oncology	The child was referred to palliative care from the point of diagnosis and received enhanced supportive care throughout her treatment. Referred to a children's hospice for respite support in August 2021. They were able to enjoy home leave from GOSH to celebrate their birthday and attend the zoo during the final episode of illness. Whilst on the ward child was able to take advantage of the hydrotherapy pool for swimming up to and including the final week of life.
Q3 21/22	Neuromuscular/PICU/ Social work/Respiratory /Physio/Occupational therapy	There were numerous examples of excellence in the holistic care provided for this child by the extended multidisciplinary team who identified this child was deteriorating and becoming increasingly isolated during the pandemic and there were significant challenges in providing care for this child. The teams communicated over a virtual platform ensuring all relevant agencies (social work/respiratory/neuromuscular/physio/LTV/OT etc) were kept in the

		loop and it was identified that palliative care input was needed and facilitated as a result of this good communication. This communication has been taken forward and already in place for other children [with DMD] as a direct consequence of this case.
Q3 21/22	Nephrology	Family expressed gratitude for the care received and that everything possible was tried, everything that could be done was done. Siblings and grandparents were enabled to visit prior to end of life. GOSH were credited by the local team for having gone above and beyond in the care provided for this child.
Q3 21/22	NICU	The family fed back that the communication from the NICU consultant team at GOSH was very clear and this has been fed back to the individuals involved at the CDRM.
Q3 21/22	Neurology	Neurology outreach prior to transfer - the majority of investigations including genetics had already been done at the local supported by GOSH Neurology so that results were available shortly after admission to GOSH.
Q3 21/22	Immunology/BMT/Lion Ward	The child's views were sought when making decisions around ceilings of care which enabled an exceptionally well managed end of life care on Lion Ward who were not familiar with this family (this has and will be fed back to the Lion Ward Matron again following the CDRM). The Immunology Consultant on call at the time this child died was credited for the care provided at this time to this family. Communication between GOSH and the local team was excellent, and the palliative care consultant updated the local team after discussions around ceilings of care in real time which enabled the local team to support the family much more effectively and was greatly appreciated. The family have fed back that they were extremely grateful for the care received and at end of life and this has helped them in their grief hugely.
Q3 21/22	CATs/CICU/Bereavement	CATs and CICU were commended for their care for this very unstable child while investigations were done to confirm the diagnosis. Opinions were sought for external experts. Bereavement teams were thanked by the family for their support (which continued even while they were abroad).
Q3 21/22	PICU	Rapid transfer to GOSH once diagnosis identified was appreciated by the local team.
Q3 21/22	PICU/Neurosurgery	Thorough assessment prior to becoming seriously unwell by a number of professional bodies particularly in light of mother having similar symptoms. Timely and appropriate transfer between hospitals. Organ donation process ran smoothly.
Q3 21/22	Tissue Viability Nurses/Bumblebee Ward	Use of cadaveric skin for areas of severe skin breakdown was a novel concept facilitated and sourced by plastics team. The Tissue Viability Nurses were credited for their daily input for this child (taking 2-3 hours per day) this has been fed back at the CDRM to the TVN team. The team on Bumblebee were credited for providing great care on the ward.
Q3 21/22	Palliative Care /Squirrel Ward	There was a great deal of involvement with the palliative care team [including outreach visit to local hospital] before the diagnosis was made. Patient died in the roof garden according to parents' wishes. The Squirrel nursing team were commended for their care for this child at end of life.

Q3 21/22	Metabolic/PICU	Coordination of investigations at local by good communication between metabolic and local team. Regular review by metabolic team with excellent documentation and discussions with parents by both PICU and Metabolic.
Q4 21/22	PICU	Parents fed back that they felt the end-of-life care afforded their baby dignity and respect (this will be fed back to the bedside nurse involved).
Q4 21/22	Bear Ward/Palliative Care	The antenatal conversations and involvement of palliative care was really valuable in this case and the provision of a symptom management plan for use within GOSH (previously these were for external transfers only) was greatly appreciated by the ward team as an example of excellent practice and will continue. The family were enabled to have memory making before redirection of care including leaving the ward. The Bear team were credited for the care provided to this family at end of life with one bedside nurse in particular who was requested by the family to be with them at that moment - the Bear team facilitated this by freeing up this nurse to take the child one-to-one, this positive feedback will be fed back to the individual and to the Bear nursing team.

Mortality rate

The inpatient mortality rate is within normal variation.



Our inpatient mortality rate is useful to understand the frequency of GOSH inpatient deaths compared to activity, and to signal if there is variation that may require exploration. We recognise that it is not risk adjusted data, that is, it doesn't account for how unwell the patient was on admission and the likelihood of death as a potential outcome. There are two additional processes by which we can effectively understand our mortality outcomes at GOSH.

- The gold standard for measuring paediatric mortality is through benchmarking by the Paediatric Intensive Care Audit Network (PICANet). The most recent PICANet report was published in January 2022 and covers the calendar years 2018-2020. The report shows GOSH PICU/NICU and CICU risk adjusted mortality as within expected range.
- There have been no outliers detected in our real time risk adjusted monitoring of PICU/NICU deaths. This is important as the majority of patient deaths at GOSH are in intensive care areas (86% of GOSH inpatient deaths in 2021 were on ICU). Risk adjusted mortality is monitored weekly at the PICU/NICU Morbidity and Mortality meeting.

The mortality review process at GOSH

Mortality reviews take place through two processes at GOSH:

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

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

Completion of mortality reviews

The focus of this report is on the outcomes of CDRMs. In addition, we are also reporting on progress with the completion of CDRMs for the most recent time period where this can be assessed.

Twenty-six children died at GOSH between 1st January and 30th March 2022.
Reviews (i.e.an MRG or a CDRM) have been completed for 24 deaths.

Ten CDRMs have taken place, and sixteen have not been completed.

- Three cannot take place until the completion of necessary investigations (coroners/serious incident). This in line with the Child Death Review Statutory Guidance.
- Twelve are being scheduled at the time of writing due to challenges in capacity to arrange and attend the meetings.
- One is being organised by the local CDOP.

The table below shows the summary of the deaths that occurred between 1st January and 30th March using NHS England reporting guidance (NHS England reporting guidance (National Guidance on Learning from Deaths, 2017).

Total number of inpatient deaths at GOSH between 1st January and 30th March	26
Number of those deaths subject to case record review (either by the MRG, or at a CDRM)	24
Number of those deaths declared as serious incidents	1
Number of deaths of people with learning disabilities	2
Number of deaths of people with learning disabilities that have been reviewed	2

Modifiable factors identified at GOSH that may have contributed to vulnerability, ill health or death can only be confirmed following the conclusion of CDRM and therefore cannot be included in the table above.

One death in this period has been declared an SI:

Incident reference number (2022/11379)	**Update**
A baby with an antenatal diagnosis of vein of galen malformation was transferred to GOSH PICU a few hours after birth. The baby was stepped down from PICU to Koala Ward less than 24 hours later. Embolization of the malformation was deemed to be required and was arranged. During induction of anaesthesia for the procedure, the patient had a cardiac arrest, and following extensive resuscitation attempts it was agreed to discontinue resuscitation and the infant sadly passed away.	An SI investigation is underway, led by the Brain directorate with input from PICU and Interventional Radiology. A panel meeting is planned for late July. The learning, outcomes and actions identified will be reported to the Patient Safety and Outcomes committee once the SI report is approved.

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
21 September 2022

Infection Prevention and Control Annual Report **Submitted by: Helen Dunn, Director of Infection Prevention Control (DIPC)**	**Paper No: Attachment X** ☐ **For approval**

Purpose of report
The Director of Infection Prevention Control (DIPC) is required to submit and present an annual report to the trust board which subsequently is a public document. This was first laid out in Winning Ways (2003) where the report framework was described. Subsequently this is reinforced by the requirements of the Health & Social Care Act (2015).

Summary of report
The annual report describes the work undertaken by the Infection Prevention Control (IPC) team within GOSH from April 21- March 22. It describes the staffing in place, reporting structures and governance processes which are followed. Mandatory reporting figures are included and surveillance of resistant organisms through screening is described. Any significant infection control incidents and outbreaks which have caused harm or reduced bed capacity are noted. The management and detection of respiratory and enteric viruses is included with figures describing year on year trends reflecting the effect of the pandemic and changes in testing over time. Audit results including hand hygiene, care bundle compliance and central venous line surveillance describe current trends and the ongoing quality improvement work at the heart of IPC. The work of the committees and working groups reporting into the Infection Control Committee is described and acknowledged. The final section of the report includes a section on our COVID-19 response and any escalations from the BAF.

Key achievements and challenges are listed below with further narrative included in the executive summary and the main report. All challenges have action plans against them, have been resolved or are being managed with mitigations in place.

Achievements:
- Management of COVID-19
- Sepsis
- Launch of paediatric IPC academic module

Challenges:
- Adenovirus on Robin & Fox
- Lack of authorised person on site (water and ventilation)
- Legionella in RHILM
- Care bundle compliance

Patient Safety Implications
Patient safety is at the core of IPC and any risks or areas of challenge often may have potential patient safety implications.
Care bundle compliance is constantly monitored through quarterly auditing and ongoing monthly surveillance of line infection rates and work is ongoing to continue and improve the documentation of line care within the EPR. Further work has been identified around improving the clinical guidelines and resources which staff have access to which is being led by the IPC team and Education team.

Equality impact implications None
Financial implications None
Action required from the meeting For noting and approval prior to the document being made public and uploaded onto the internet.
Consultation carried out with individuals/ groups/ committees Presented at the Infection Prevention Control Committee (IPCC) and approved in July 22 Reviewed by the Chief Nurse Presented at EMT- Sep 22
Who is responsible for implementing the proposals / project and anticipated timescales? Described in annual plan (Appendix B)
Who is accountable for the implementation of the proposal / project? N/A

Attachment X

Great Ormond Street Hospital for Children NHS Foundation Trust

Executive Summary of the

Infection Prevention and Control Annual Report 2021/2022

1. Purpose

Great Ormond Street Hospital for Children NHS Trust recognises the obligation placed upon it by the Health and Social Care Act Code of Practice of the prevention and control of infections (2015) and related guidance. The report describes the work of the Infection Prevention & Control (IPC) team and associated committees including the Infection Prevention Control Committee (IPCC). Governance structures are detailed within the report and described briefly within the executive summary. Key achievements and ongoing challenges are highlighted with mitigations described if required.

2. Infection Prevention and Control Staffing

The Infection Control Team continues to be established using a multi-disciplinary team approach. There is a Director of Infection Prevention Control (DIPC) in place. There continues to be additional executive support with the Chief Nurse taking on the role as Executive Lead for IPC.

2.1 Governance

The Infection Prevention and Control Committee (IPCC)

The IPCC meets every month (except Aug & Dec). The committee's function is to receive and provide assurance around IPC as well as escalating any significant risks which are identified. Any risks linked to IPC are reviewed in the meeting and escalations made as appropriate. Details of the committees that report into the IPCC are listed within the main body of the report but includes quarterly reports from Space & Place on ventilation and water management. The committee reports to Patient Safety and Outcome Committee and the Trust Board regularly.

Themes of work from the IPCC and challenges identified

Key achievements:

Management of COVID-19: The team have continued to provide the trust wide response to covid-19, updating clinical guidelines, creating patient pathways, and reviewing new evidence and guidance as it was released. In addition, throughout the year the completed staff risk assessments and set up the exemption pathway process enabling staff to come back onsite after they had been exposed to individuals who had covid-19.

Sepsis update: The sepsis navigator was rebuilt within the Epic to improve visibility of sepsis management. At the same time the clinical guideline for sepsis was updated and the antimicrobial guidance was also reviewed. A training package was also developed to update staff

Launch of paediatric IPC academic module: The Lead Practice Educator built and delivered the first paediatric infection control academic module which was delivered at South Bank University. This is part of the IPC strategic plan to improve education and awareness around paediatric IPC.

Areas of focus, interventions to mitigate risks and areas of improvement

Increased acquisition of adenovirus on Robin and Fox ward: A business plan was submitted and approved in principle for the ongoing whole genome sequencing (WGS) of samples from patients to

help determine if transmission is occurring. Screening of communal areas has been undertaken on a weekly basis by the IPC team since November 21 providing information on virus load in the general environment to the monthly monitoring meetings. This has already been demonstrated to support rapid IPC response and intervention reducing the risk whilst awaiting the appointment of a member of staff to undertake the WGS.

Lack of authorised persons on site*:* Challenges remained throughout the year in providing assurance on status and planned preventative maintenance (PPM) for water and ventilation to the IPCC and the organisation. This was recognised by the Space & Place team and an improvement programme undertaken which has led to the recruitment of both these posts. Both AP posts are filled. Work continues to have an AP for ventilation employed by GOSH. Significant improvements have been made with regards to water management linked with the filling of this post

Legionella in RHILM: In March 2022 this risk was added following communications from UCLH that the water in this building had tested positive for legionella. Initial action plans included added filters to taps used for hand hygiene within the building (no showers as an outpatient area) and treatment of the whole water system was planned and undertaken. Monitoring of the situation is being carried out by the Water Safety Group.

Care bundle compliance: Care bundle compliance remains below the required standard. There have been previous issues around the recording of information in the Electronic Patient Record (EPR) which have been addressed and continue to be reviewed. Capital Nurse has been implemented as a piece of education around Intravenous care, but more work is required around standardising relevant clinical guidelines to set the standard required for staff and act as a clinical resource.

3. Organisms Subject to Mandatory Reporting

Targets were provided for 21/22 and include:

C.diff <7

E.coli <8

Pseudomonas aeruginosa <18

Klebsiella sp <21

The MRSA RCA showed that the infection was unavoidable. C.diff figures were lower than the previous year which were likely to have been elevated sue to the different population within GOSH at the time of the pandemic.

Organism	**Number reported 19/20** ***(HAI)***	**Number reported 20/21** ***(HAI)***
E-coli	19 (14)	8 (5)
Klebsiella Sp	14 (10)	16 (11)
Pseudomonas aeruginosa	14 (8)	14 (8)
MRSA	2 (1)	1 (1)
MSSA	20 (9)	19 (13)
Cdiff	13 (10)	8 (5)

4. Surveillance of MRSA and Multiple 'Resistant' Gram Negative Organism Including Screening

A lot of work has been undertaken this year to improve compliance around MRSA and resistant gram-negative screening. Definitions are now included in the screening reporting to allow accurate reporting and monitoring. Work has also been undertaken with the EPR teams to highlight screening requirements to clinical staff as a prompt on the patient record. Stool screening compliance has risen to 30% (was previously 20%). The target for MRSA screening is 80% and it averages between 70-80% (was previously 50-60%).

MRSA transmission remains low and there continue to be hospital acquired resistant gram negatives.

5. Investigation of Infection Prevention and Control Incidents and Outbreaks

Two outbreaks of COVID-19 have been reported. One outbreak involved staff and the other was within the Mildred Creek Unit and affected patients.

The IPC team managed the response to the patient safety alert regarding the 'Infection risk when using FFP3 respirators with valves or Powered Air Purifying Respirators (PAPR) during surgical and invasive procedures' (NatPSA/2021/009/NHSPS).

6. Management of Respiratory and Enteric Viruses

Numbers for respiratory viruses have significantly increased this year due to the lockdown ending, most of the viruses have been detected on admission to the hospital. Whilst cross transmission still occurs of both respiratory and enteric viruses it remains at a much lower rate than pre-pandemic.

Respiratory viral infections detected:	**Total**	**Community onset**	**Hospital onset**
Total in 2019/20	932	611	321
Total in 2020/21	626	522	104
Total in 2021/22	1567	1384	243
Enteric viral infections detected:			
Total in 2019/20	349	192	157
Total in 2020/21	131	71	60
Total in 2021/22	234	127	107

7. Audit and Compliance to Policy

Hand hygiene and bare below the elbow's compliance data has remained stable ranging between 76-87%. Areas of improvement are still identified and included within local and trust wide action plans and then monitored at the directorate infection control committees.

Care bundle compliance remains below the required standard and an IV working group led by IPC and the practice education team has formed to address the guidelines and any issues with education and adherence to these guidelines, including recording of information on Electronic Patient Record (EPR). This has fallen behind because of workload within the IPC team. This will be carried out in the next financial year in collaboration with the Education team.

We remain an outlier for spinal surgical site surveillance, but overall infection rates have dropped. Other surgical site surveillance including neurosurgery and cardiac continues.

8. Central Line Surveillance

1.2/1000 line days (66 episodes). (Rate 1.2 last year). Whilst rates of line infection remained low the areas with the highest number of infections per line days included cardiac (CICU & Bear) and NICU.

9. Wider Infection Prevention and Control Service

Estates & Facilities- Regular testing has taken place for legionella and pseudomonas aeruginosa. Work is underway to improve the recording of PPM and a new contractor was appointed to maintain the cooling towers. Annual verification was not completed for all rooms where specialist ventilation was in place. Risk assessments are in place and being monitored for the regular cleaning of chilled beams and the reduction in air changes from the 6 a/c requested by IPC with the Mittel building.

The facilities team was brought in house in August 2021. Patient Led assessment of the care environment (Place) did not take place during the year due to the pandemic.

Antimicrobial Stewardship- The team continue to review policy as required and monthly fungal MDT are in place with an appropriate policy to support. Resistance reporting and prescribing audits continue to take place, but there has been no CQUIN in place for the financial year 2021/22.

Sepsis- Despite having no named individual dedicated as the sepsis lead, work has continued to update the clinical guideline and associated antimicrobial guidance and create a new sepsis navigator within Epic which is now launched so that we have a functioning sepsis bundle within our EPR.

Occupational Health- Influenza uptake decreased to 57.5% (71.6% in 20/21). There were 66 attendances for exposure to blood bourne viruses an increase on the previous year (50). The majority of the incidents occur during disposal. The staff also provided return to work assessments for those who had been off with COVID-19.

10. COVID-19 Response and COVID-19 Board Assurance Framework (BAF)

The IPC team has maintained a responsive service as part of the pandemic, regularly reviewing guidance and ensuring that risks are identified and mitigated.

There were 21 hospital acquired COVID-19 cases in the last year compared with 17 the previous year. All cases were investigated, and a large number are associated with parents being positive, highlighting the importance of parent testing at points in the pandemic and the daily symptom check.

Lateral flow testing (LFT) was introduced in December 2020 and any staff who test positive either by LFT or PCR are risk assessed by the IPC team and any contacts identified. 2 outbreaks were reported as described earlier, one related to staff and one to patients.

FIT testing has been provided and is now an established service with records of staff tested available. Both qualitative and quantitative testing is undertaken.

Audits have been conducted on IPC audit days, and with the clinical audit manager to ensure compliance with the BAF and identify any areas for improvement. A bespoke COVID-19 training module is available for all staff and compliance is monitored.

In the reporting period there remains a significant risk currently identified for compliance with the COVID-19 BAF is the around the lack of assurance around ventilation within the organisation and the identification that not all standard bedrooms in the trust were commissioned to 6 air changes when

they were opened despite them being designed to 6 air changes. An action plan and remediation plan were requested within the year 2021/22 and an RCA was underway. Mitigations in place include extended fallow time being in place following aerosol generating procedures (AGPs). Since the completion of the annual report a trust-wide risk has been created and is managed by the Space & Place team and reported through the Ventilation Safety Group.

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board 21st September 2022	
Emergency Preparedness Resilience and Response Annual Report 2021/22 **Submitted by:** Rachel Millen, Emergency Planning Officer	**Paper No: Attachment Y** ☐ **For Approval**
Purpose of report To present an annual review of this year's emergency planning work programme, and the current compliance of the national NHS England and Improvement core standards.	
Summary of report This report summarises the work of the emergency planning team, key aspects of the organisation's emergency preparedness over the past year and how the trust maintains its readiness to prepare, respond and recover from both emergencies and disruptive challenges. Throughout the year a continuous process of exercising, testing, training, and assurance has taken place. The Trust continues to work with external agencies such as NHS England and other trusts to ensure maximum preparedness and business continuity following any adverse major incidents.	
Patient Safety Implications If compliance of exercise and training becomes low this will have implications to patient safety. If business continuity plans become out of date for a period of over one month this may have implications to patient safety.	
Equality impact implications None	
Financial implications Not Applicable	
Action required from the meeting Approve the report	
Consultation carried out with individuals/ groups/ committees This was reviewed at the Executive Management Team Group.	
Who is responsible for implementing the proposals / project and anticipated timescales? Emergency Planning Officer	
Who is accountable for the implementation of the proposal / project? Chief Operating Officer	

Great Ormond Street Hospital NHS Foundation Trust

Emergency Preparedness, Resilience & Response Annual Report 2021/22

1. Executive Summary

The Trust is committed to developing and maintaining policies and procedures by taking a proactive approach to emergency preparedness, resilience and response (EPRR). The purpose of this report is to provide information relating to Business Continuity and Emergency Preparedness, Resilience and Response across the Trust in 2021/22. It explains incidents, compliance with NHS England (NHSE) core standards, Training and Exercises, and continuing plans to take forward and improve the management of emergency planning and business continuity in the Trust.

2. Introduction

This report summarises the work of the emergency planning team, key aspects of the organisations emergency preparedness over the past year and how the trust maintains its readiness to prepare, respond and recover from both emergencies and disruptive challenges. Throughout the year a continuous process of exercising, testing, training and assurance has taken place. The Trust continues to work with external agencies such as NHSE and other trusts to ensure maximum preparedness and business continuity following any adverse major incidents.

3. EPRR Assurance

The Emergency Planning Officer (EPO) will complete a RAG rated self-assessment against the NHS Core standards for EPRR on 8th September 2022.
Last year the organisation remained 'Fully Compliant'
This year's assurance meeting will take place on Tuesday 27th September. NHSE, the Trust's Accountable Executive Officer (Chief Operating Officer), The Trust's Alternative Accountable Executive Officer (Deputy Chief Operating Officer) and EPO will take part in the meeting, where we will review and confirm core standards have been achieved and therefore, we will then be issued a final compliance result. We are continuing to rate the organisation as 'Fully Compliant'.
This year we will be reviewed by NHSE, NHS North Central London (NCL) Integrated Care Board (ICB) and peer reviewed by The Royal National Orthopaedic Hospital, in exchange we will peer review The Tavistock and Portman Mental Health Trust.

This year's deep dive will focus on Evacuation and Shelter arrangements which will highlight the importance of regular evacuation testing and shelter arrangements. We will also be tested against a brand-new deep dive question in relation to the London Local Health Resilience Partnership (LHRP) Equality Diversity Inclusion (EDI) subgroup which focuses on the organisation's EDI arrangements for EPRR. The standard will allow an anonymised view of the situation across NHS EPRR in London leading to the identification of themes that the group can support and/or good practice to draw on and share. Completion is not a mandatory part of the process and will not contribute to the organisation's overall compliance rating or subsequent report.

At Trust level, The Emergency Planning Group continues to meet on a quarterly basis to review the progress of the yearly work plan and the training & exercise programme. Plans and policies are reviewed and discussed here before being taken to Policy Approval Group or Operational Board for agreement and sign off.

4. Business Continuity Plans and Polices

The Trust Business Continuity Plan had been reviewed ahead of this year's assurance meeting, confirming a yearly review of the policy has taken place. This continues to support the Business Impact Assess and RAG (red/amber/green) service criticality ratings.

Using the 'Business Continuity Plan Tracker', we continue to review and challenge out of date plans to ensure the level of non-compliance plans stays low. All business continuity plans that remain low will be raised at the emergency planning group.

We also work closely in partnership with Moorfields eye hospital to ensure we share learning from a specialist hospital perspective. As well as arranged for a collaborative business continuity audit of each other's organisational plans.
We are also now working directly with University Central London Hospital to work closely on business continuity planning for shared spaces.

5. Training and Exercises 2022

Training type	Audience/role	Content
Duty Manager refreshers *Yearly*	General Managers and Heads of Nursing on the Duty Manager rota with on call function	• Incident response • Setting up incident control centre • Scenario training • Lessons identified through minor incidents • Debrief
Exec on Call Training *Yearly*	Training for all Exec on call to confirm competence in understanding and how this will be implemented	• Incident Control Room • Key Stakeholders • Press / Media training • Recovery • Mutual Aid • Debrief
Principles of Health Command *3 Yearly*	Executive Management team and Directors fulfilling the Gold rota with on call function	• Civil Contingencies Act responsibilities • Defensive decision making • Legal considerations and logging
Incident Loggist's Training *Monthly*	Volunteers from across the Trust fulfil the loggist role We also support local trusts by training some of their staff to support the NCL area.	• Emergency management overview • Methods of logging • Legal background and reasoning

The ***Duty Managers*** who carry out the Trusts tactical on-call function (Silver rota) will ***receive refresher training on a yearly basis*** in managing the response to emergencies, with an expectation that they attend at least one session per year. This training incorporates learning from real incidents which have occurred both in the Trust and across the London region and includes setting up the incident control room and running through their roles. This will support the assurance process for on call training arrangements.

Exec on Call Training these sessions should take place yearly to support new members of staff who have joined the exec on call rota. Those on Exec on call are expected to compete this training once a year minimum. As like the Duty Manager training this will also support the assurance process for on call training arrangements.

Principles of Command (Replacing Strategic Leadership in a Crisis) virtual dates are currently being shared with the Executive team. These sessions are running by NHSE and are focussed on EPRR Planning and response arrangements, Awareness of the requirements of the CCA 2004 and associated guidance, roles, and responsibilities of other emergency partners, planning and response arrangements within the organisation, concept of "Defensive decision making" and Overall performance of the response team. Exec on call staff are only expected to complete these sessions 3 yearly.

Exercises

Exercise Fire Starter – This exercise tested staff's ability to manage a fire in CBL Level 0, considering the impacts to the mortuary, labs and other services impacted due to the evacuation. This focused specifically on the Silver Command management of the incident and how they ensured business continuity remained throughout to reduce disruption.

Business Continuity Exercise – By turning off EPIC systems out of hours, we tested staff's ability to stand up the business continuity arrangements and revert to downtime procedures.

Missing Child Exercise – This tested the initial incident response team's response to finding a missing child. This included participation from our local police colleagues in Holborn.

Live Cyber Exercise – The Cyber Response Team sent phishing emails out to all staff to test staff's cyber resilience. This exercise also tested ICT's internal response to a possible threat and how they managed the trusts software and systems and declaration of an incident.

Exercise Flambé is an interactive table-top exercise which explores staff roles during a full ward evacuation as a result of a fire. The session identifies 'best practice' for their specific area and learning from the 'Live' evacuation exercises. These sessions are done on a rolling basis and the EPO has had input into the content and supports the training.

Incident Loggist's are currently trained and ready to log if required. These loggists are now being offered the opportunity to attend exercises to get an opportunity to test their logging skills ahead of a major incident. Loggist refresher dates have become available, and all staff can attend to refresh existing skills.

The learning from all training and exercises is shared with the Emergency Planning Group and supports the review process of the relevant emergency plans and training programmes. This is also taken to the Patch Emergency Planning Groups to discuss best practice.

6. Incidents

Long Yard Nursery

On Wednesday 20th April, at approximately 10:15am the fire alarm in the nursery sounded. This resulted in the Nursery Team evacuating the building and the Fire Response Team attending the scene to investigate. 34 children and 17 staff were evacuated in approximately 2 minutes. This happened before the Fire Response Team arrived. The Fire Response Team attended the site and established the location of the alarm. No smoke was present at this time. The Security Supervisor opened the door very slightly and saw thick, black smoke. He then closed the door and radioed back to the Security Control Room asking them to call the LFB. Estates isolated the electrical power to the location and opened the vent extract system for the building. The LFB arrived approximately 6 minutes later and entered the Laundry Room and extinguished the fire. The damage caused would indicate that excessive heat was present, and smoke was at floor level. This most likely means that the room was completely full of smoke.

A Fire Investigator (FI) from the LFB attended after the incident and confirmed the probable cause of the fire as the Tumble Dryer. This was removed from site for the LFB to complete a forensic investigation. Insurance information has been provided to the Fire, H&S Manager and Nursery Manager and the expected turnaround time for the FI's report is 3 weeks.

The nursery team were temporarily decanted to the school in the main hospital and returned to their building on the following Monday. A full debrief was undertaken and a full review of the Nursery BCP and decant plan has been completed.

Travel Disruption

There have been several travels strikes impacting National Rail Services and Transport for London. These have caused disruption to our staff, patients, families, and visitors.

To facilitate a plan for the ongoing and expected continual striking, we have been reviewing staff working in critical areas and reviewing their business continuity measures in the event their initial mode of transport is unavailable.

We have reviewed transportations working closely with Camden Council to support us with the lifting of parking restrictions. This included highlighting a car share option to try and reduce the amount of vehicles and help staff who don't drive. We have also shared information on cycling to work and taking advantage of the free Santander bicycles.

We have also been reviewing accommodation options across the trust and externally. This has included using decant wards and the staff hotel to provide both night and day sleeps. We also had the support of GOSH charity to help fund some external hotel rooms.

We were able to accommodate all staff who were required on site during the strike dates and were able to either run full services as business as usual or only reduce a very small amount of activity.

What was highlighted during this, was the significant number of staff who no longer live in London, several of the existing business continuity methods relied on using buses or other trains which wasn't an option which increased the pressure on accommodation and staff driving in to work.

Hospital Flooding

During August we experience flash floods across London and other regions, these floods caused impact across GOSH buildings and has some implications to the wider community area.

The areas specifically impacted during these floods are;
Sight & Sound Italian House, Powis Place, Zayed Centre for Research, Weston House, Barclay House, Frontage Building, Octav Botnar Wing, The Mortuary, and the Main Hospital Entrance.

Although most of the flooding only caused superficial damage and services were able to continue to run, this did have an impact on Weston House, which meant temporary closure which resulted in the accommodation team having to relocate all patients and families to external accommodation with the support of GOSH charity.

The estates department were aware of the prone to flooding areas and continue to monitor and try to mitigate the flood risks, however with most old buildings there will always be a likelihood of minor flooding, and this will need to be reviewed regularly.

The estates team worked quickly with internal staff and contractors to manage all the flood spaces and reviewed all flood areas on the same day.

7. Next steps

The EPO supported by the Emergency Planning Group will continue to progress with emergency preparedness across the Trust with emphasis on training and exercises for all senior managers and decision makers. There continues to be a focus on business continuity across the Trust and the need for deeper dives into business continuity plans.

Attachment Z

Summary of the Quality, Safety and Experience Assurance Committee meeting held on 30th June 2022

Quality and Safety at GOSH – Medical Director Report

Changes were being made to both the CQC and the Health Services Safety Investigations Body (HSSIB) in conjunction with the move to Integrated Care Systems (ICSs). The Committee emphasised the importance of regulatory and monitoring bodies focusing on promoting a learning culture. The legal team had reviewed the trend in claims over five years and the number remained broadly consistent. GOSH was in the bottom 25% for the number of claims received however the value was often high due to the lifelong impact of the issues for which the claim was being made.

- June 2022 'On the Horizon' – Horizon Scanning Report and Impact for GOSH

The Terms of Reference for the COVID19 inquiry had been published and the committee said that it was important to be clear about the impact of decisions taken nationally on children and young people. It was noted that GOSH did not submit data to the national neonatal audits and the committee discussed the importance of making contributions to national data, agreeing that an update would be given at the next meeting on the reasons for this.

Patient and Family Experience Overview Report

There had been a significant increase in the number of complaints received in June 2022 when compared with the average monthly number of complaints and work was taking place to understand the themes. The Committee noted that in general GOSH received a low number of complaints and work had been taking place to promote the ways in which complaints could be made. A new transport provider had started in March 2022 and data was being received from a number of sources such as complaints, PALS and the friends and family tests to show that there were issues with the service provision. Work was taking place to review the issues raised. Families were also reporting experiencing hardship and it had been agreed that the petrol mileage rate had been increased which had been helpful to families.

Infection Control

There had been a rise in the number of mandatory bacteraemia reported and a root cause analysis (RCA) was being undertaken. There had also been an increase in CVL infections, and this was being monitored. An outbreak of vancomycin resistant enterococci (VRE) had been reported in one directorate in April and all hospital acquired VRE infections in March had been in the same directorate. Monthly outbreak meetings had been established as a result. It was reported that other hospitals had also seen VRE outbreaks and the importance undertaking rapid RCAs to identify themes and trends was highlighted.

Safeguarding annual report

The goals of the first year of the strategy had been met and the team was currently successfully mitigating the service's risks. The introduction of Liberty Protection Standards had been delayed as a result of the pandemic and was currently undergoing consultation. Mitigations were in place until this came into effect. Discussion took place around the importance of supervision and the challenges of ensuring this was in place in a hospital setting. A key component of the safeguarding strategy was around increasing the visibility of the safeguarding team which was leading to an increase in the number of staff seeking supervision.

Quality Report 2021/22

The Committee noted the final version of the Quality Report which had been approved by QSEAC members outside the meeting and uploaded to the GOSH website.

Update on quality impact of Better Value Schemes
Discussion took place around the impact of Better Value on staff and agreed that this would be discussed by the PEAC. It was noted that the Trust was working at high activity levels and the committee emphasised the importance of reviewing the hospital's position overall including feedback from patients and staff to identify the balance between activity and better value.

Clinical Audit Update and Clinical Audit Annual Workplan 2022/23
The Committee welcomed the good performance in terms of the number of audits which had been undertaken in the previous year and discussed the positive impact of Epic on audits. Discussion took place about non-medical audits and the committee agreed that it was important to ensure that all audit work taking place throughout the Trust could be captured and any gaps identified.

Freedom to Speak Up Guardian Update
A successful recruitment campaign had taken place in theatres and eight staff had been appointed which was very positive as workforce in the area was critical. Considerable change and pressure in the Trust was leading to an increase in employee relations and speak up activity.

Whistleblowing update (Quality focused cases)
An additional whistleblowing allegation had been received since the paper had been submitted and the matters raised were being reviewed as part of existing work.

Update on progress with ventilation action plan and decant plan
The first ward had been decanted and learning was being gathered as the process of cleaning and maintenance was undertaken. It was confirmed that the programme would include all wards.

Health and Safety Update including Progress report on Sharps
All areas of work had been RAG rated green with the exception of safer sharps which was rated amber as a result of sharps risk assessments not being available to staff. This was in the process of being improved.

Update from the Risk Assurance and Compliance Group on the Board Assurance Framework
BAF risks would be updated and would report through the RACG. It was noted that the mitigations of the estates risk had not led to any reduction in the risk score and as a result the committee asked that the RACG focus on this risk.

DEEP DIVE: Medicines Management Update (BAF Risk 11: Medicines Management)
Work had been separated into three areas: medicines safety, Epic and the MHRA. An external review of medicines safety had been commissioned and the Trust was awaiting the report. Epic was the least well progressed area and work was taking place to bring the Epic and pharmacy teams together to consider the prioritisation of improvements. The Committee highlighted that KPIs had not been identified for the estates work required in pharmacy and requested that this was followed up by the Executive Team.

Update from the People and Education Assurance Committee (June 2022)
The focus of the meeting had been equality and diversity and updates had been received from the PRIDE and REACH networks.

Governor feedback
Governors welcomed the horizon scanning report and highlighted the importance to patients and families of having an effective transport service.

Attachment 1

Great Ormond Street Hospital for Children NHS Foundation Trust

Finance and Investment Committee Update

The Finance and Investment Committee (FIC) held a regular scheduled meeting on 21 June 2022 and an unscheduled meeting on 10 August 2022.

The Committee also approved the insurance for the Trust via email following a developmental workshop earlier in the year.

Additionally, on 30 May 2022 and 10 August the Non-Executive Directors and Associate Non-Executive Director members of FIC held two extra sessions with the CCC Programme Director to help shape the Children's Cancer Centre Full Business Case (CCC FBC).

Suzanne Ellis – Associate Non-Executive Director and Gautam Dalal – Non-Executive Director were introduced to the Committee.

Trust Insurance

On 4 Feb 2022 the FIC Members held a workshop with the Trust insurance broker.

At the workshop the NEDs requested additional information that would inform their decision later in the year. Following review of the documents from the insurance broker, the FIC NEDs approved the insurance for the Trust electronically.

Picture Archiving and Communication System (PACS) approval

On 10 August 2022, the Committee Non-Executive Directors met to reviews the PACS replacement Project. The project was approved on the condition that additional information on the long-term financial aspects of the business case were provided.

The Chair met with representatives from ICT and Finance on 25 August 2022 and following review of the information, approved the business case.

Highlights from the June 2022 meeting

Joining the UCL Health Alliance update

The Committee reviewed the proposal for GOSH to joining the North Central London collaborative of providers called: UCL Health Alliance. Joining presents an opportunity for GOSH to collaborate with other provider organisations across NCL on priorities which are best addressed through collective action at system level.

The UCL Health Alliance Business Plan was also reviewed as part of the discussion.

GOSH 2022/23 Budget Setting Update

The Committee reviewed the final version of the 2022/23 financial plan that aligned with the NCL plan and requirements for the system to breakeven in year. The plan presented a £10.6m deficit.

The Better Value programme for 2022/23 is for £22.9m with £16.2m of schemes identified with ongoing work to identify the remaining £6.7m.

Finance report Month 2

At Month 2 the Trust reported a deficit position of £0.5m. This was due to a smaller block (including COVID funding), less Elective Recovery Fund (ERF) funding being allocated to the Trust and the end of non-NHS income support in 2022/23.

Integrated Performance Report Month 2

The Committee received the month 2 report and requested further information on the increase in 'Clinic Letters not sent' and more detail on the directorates with challenging RTT performance.

CCC Full Business Case meeting

On 30 May 2022 and 10 August 2022, the NEDs received briefings on the CCC Team's planned approach to activity, workforce and financial modelling - highlighting the key assumptions being used for each element of the CCC FBC.

Suzanne Ellis – Associate Non-Executive Director was also introduced to the Committee NEDs at this meeting.

2021-22 National Cost Collection (PLICS submission)

The Committee noted the changes to the National cost collection process for the 2021-22 return.

International & Private Care recovery

The committee received an update on approaches to increase activity in International and Private Care.

Insurance update

The Committee noted the proposed timetable for dealing with renewal and the scope of the insurances proposed to be purchased. The Committee asked the Audit Committee to specifically look into the requirements associated with relevant insurers' cyber security policies.

Annual procurement report

The Committee reviewed the savings made through joint procurement and requested more information on the Trust's work to embed sustainability within procurement practices.

Children's Cancer Centre (CCC)

The Committee received an update on several of the CCC workstreams

Major projects

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

2022/23 forward plan

The Chair and ANED Suzanne Ellis reviewed the Finance and Investment Committee's workplan for the remained of the financial year.

Feedback from Governors

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

Thanks to Akhter Mateen (NED) and Helen Jameson (CFO)

The Chair and other Committee members thanked Akhter Mateen, NED and Helen Jameson, Chief Finance Officer for their work for the Committee.

End of report

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
21 September 2022

Amendment to Annex 9 of the Constitution: Standing Orders of the Trust Board **Submitted by:** Anna Ferrant, Company Secretary	**Paper No: Attachment 3** ☐ **For approval**

Purpose of report

During the pandemic NHSEI issued guidance *'Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic'.* This guidance stipulated government social isolation requirements constitute 'special reasons' to avoid face-to-face gatherings as permitted by legislation. All system meetings to be virtual unless there is a specific business reason to meet face to face.

As we are coming out of the other side of the of the pandemic, we recommend the Board formally adopts electronic communication and decision making for the Trust Board and its committees going forward. This will align the standing orders with those of the Council of Governor standing orders, updated in July 2018.

We propose to remove the Standing Orders for the Practice and Procedure of the Trust Board from the Constitution for the purpose of making timely changes.

Minor changes have been made to the Standing Orders replacing 'his' and 'her' with a gender-neutral pronoun and this will be applied throughout the Constitution.

Summary of report

The proposed amendments to Annex 9 of the Constitution (Trust Board standing Orders) and the rationale are outlined below:

Section of the Constitution	**Addition**	**Rationale**
Annex 9 Para 3.4 Page 91	The Trust Board may agree that members can participate in its meetings (including its committee meetings) by means of electronic communication. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting. A director so participating shall be entitled to vote and be counted in the quorum. Electronic communication shall mean communication by telephone, teleconference and video or computer link.	The addition enables Trust Board meetings (including committee meetings) to be held electronically and for participation electronically to be deemed as Trust Board members being present.

Removing the Standing Orders for the Trust Board from the Constitution
The Standing Orders for both the Trust Board and the Council of Governors are currently included as part of the Constitution (Annex 8 and Annex 9) and any changes to the Constitution need to be approved by the Council and the Board.

For the purpose of making timely changes we propose to remove the Standing Orders for the Trust Board from the Constitution. This mean when changes need to be made, they will require the approval of the Trust Board who meet more frequently. The Council of Governors will then be informed of any changes at their next subsequent meeting.

If the two changes proposed above are recommended by the Trust Board, this will be reported to the Trust Constitution Working Group and then taken to the Council of Governors for final endorsement in November 2022.

Patient Safety Implications
None

Equality impact implications
None

Financial implications
None

Action required from the meeting
The Trust Board is asked to approve two minor changes to the Trust Constitution

Consultation carried out with individuals/ groups/ committees
None

Who is responsible for implementing the proposals / project and anticipated timescales?
The Company Secretary, Chair and Deputy Company Secretary.

Who is accountable for the implementation of the proposal / project?
Chair

ANNEX 9

Standing Orders for the Practice and Procedure of the Trust Board

1. Interpretation and definitions

1.1 The definition and interpretation of words and expressions contained in these Standing Orders are as set out at paragraph **Error! Reference source not found.** of the constitution.

1.2 Save as otherwise permitted by law, the Chair of the Trust shall be the final authority on the interpretation of these paragraphs and the Standing Orders (on which they should be advised by the Chief Executive or Company Secretary).

2. Meetings of the Trust Board

2.1 Subject to paragraph 2.2 below, all meetings of the Trust Board are to be open to members of the public.

2.2 The Trust Board may resolve to exclude members of the public or staff from any meeting or part of meeting on the grounds that:

2.2.1 publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted following an appropriate resolution by the Trust Board; or

2.2.2 there are special reasons stated in the resolution and arising from the nature of the business of the proceedings.

2.3 The Chair may exclude any member of the public or staff from a meeting of the Trust Board if that person is interfering with or preventing the proper conduct of the meeting.

2.4 Nothing in the Standing Orders shall require the Trust Board to allow members of the public, staff or representatives of the press to record proceedings in any manner whatsoever, other than in writing, or to make any oral report of proceedings as they take place, without the prior agreement of the Trust Board.

2.5 The Trust will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Trust Board's meetings and may change, alter or vary these terms and conditions as it sees fit.

3. Calling and Notice of Meetings

3.1 Save in the case of emergencies or the need to conduct urgent business, the Company Secretary shall give at least fourteen clear days' written notice of the date and place of every meeting of the Trust Board to all directors. Notice will be given by post or by email and also be published on the Trust's website.

3.2 Meetings of the Trust Board may be called by the Company Secretary, the Chair, or by four directors who give written notice to the Company Secretary specifying the business to be carried out. The Company Secretary shall send a written notice to all directors as soon as possible after receipt of such a request and shall call a meeting on at least fourteen clear days' but not more than twenty eight days' notice.

3.3 Lack of service of such a notice on any director shall not affect the validity of a meeting.

3.4 The Trust Board may agree that members can participate in its meetings (including its committee meetings) by means of electronic communication. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting. A director so participating shall be entitled to vote and be counted in the quorum. Electronic communication shall mean communication by telephone, teleconference and video or computer link.

4. Agenda and supporting papers

4.1 A director desiring other matters to be included on an agenda shall make their request known to the Chair, in writing at least seven (7) clear days before the meeting. The director should indicate whether the item of business is to be transacted in the presence of the public and should provide the appropriate paper, document or supporting information. Where a request for an item of business to be included on an agenda is made less than seven clear days but more than three clear days before a meeting such item of business may, at the discretion of the Chair, be included and shall be tabled as an agenda item at the commencement of the relevant meeting.

5. Petitions

5.1 Where a petition has been received by the Trust, the Chair shall include the petition as an item for the agenda of the next meeting.

6. Chair of the Meeting

6.1 At a meeting of the Trust Board, the Chair, if present, shall preside. If the Chair is absent from the meeting the Deputy Chair shall preside.

6.2 If the Chair is absent from part of a meeting of the Trust Board due to a conflict of interest the Deputy Chair shall preside. If the Deputy Chair is absent, or unable to participate in that part of the meeting due to a conflict of interest, then the remaining non-executive directors present shall choose which non-executive director present shall preside for that part of the meeting.

7. Notices of motion

7.1 A director desiring to move or amend a motion shall send a written notice thereof at least seven clear days before the meeting to the Chair. The Chair shall insert in the agenda for the meeting all notices so received. This Standing Order 7.1 shall not prevent any motion being moved during the meeting, without notice, on any business mentioned on the agenda.

8. Withdrawal of motion or amendments

8.1 A motion or amendment once moved and seconded may be withdrawn by the proposer, with the concurrence of the seconder and the consent of the Chair.

9. Motion to rescind a resolution

9.1 Notice of a motion to amend or rescind any resolution, or the general substance of any resolution passed within the preceding six calendar months, shall bear the signature of the director who gives it and also the signature of four other directors. When any such motion has been disposed of by the Trust Board, it shall not be for any directors' other than the Chair to propose a motion to the

same effect within six months. The Chair may do so, however, if they consider it appropriate.

10. Motions

10.1 The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.

10.2 When a motion is under discussion, or immediately prior to discussion, it shall be open to a director to move:

10.2.1 an amendment to the motion;

10.2.2 the adjournment of the discussion or the meeting;

10.2.3 the appointment of an ad hoc committee to deal with a specific item of business;

10.2.4 that the meeting proceed to the next business;

10.2.5 that the motion be now put; or

10.2.6 a motion resolving to exclude the public, including the press.

10.3 Such a motion, if seconded, shall be disposed of before the motion which was originally under discussion or about to be discussed. No amendment to the original motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the original motion. In the case of motions under Standing Order 10.2.4 and Standing Order 10.2.5, to ensure objectivity motions may only be put by a director who has not previously taken part in the debate on the original motion.

11. Chair's ruling

11.1 The decision of the Chair of the meeting (with advice from the Company Secretary) on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final and observed at the meeting.

12. Voting

12.1 Questions arising at a meeting of the Trust Board shall be decided by a majority of votes.

12.2 In the case of an equality of votes the person presiding at or chairing the meeting shall have a second and casting vote.

12.3 No resolution of the Trust Board shall be passed if it is opposed by all of the independent non-executive directors present or by all of the executive directors present.

12.4 At the discretion of the Chair, all questions put to the vote shall be determined by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.

12.5 If a director so requests, their vote shall be recorded by name.

12.6 Subject to Standing Order 12.7 below, in no circumstances may an absent director vote by proxy. Absence is defined as being absent at the time of the vote.

12.7 An officer, who has been appointed formally by the Trust Board to act up for an executive director of the Trust Board during their absence, or to cover a vacant executive director post, shall be entitled to exercise the voting rights of the executive director.

12.8 An officer attending the Trust Board to represent an executive director without formal acting up status may not exercise the voting rights of the executive director. An officer's status when attending a meeting shall be recorded in the minutes.

13. Minutes

13.1 The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where the person presiding at it shall sign them. The signed minutes will be conclusive evidence of the events of that meeting.

13.2 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

13.3 Minutes shall be circulated in accordance with directors' wishes. The minutes of the meeting shall be made available to the public except for minutes relating to business conducted when members of the public are excluded under the terms of Trust Board Standing Order 2.2.

14. Record of Attendance

14.1 The names and job titles of the Chair and the other directors present at the meeting shall be recorded in the minutes.

15. Quorum

15.1 No business shall be transacted at a meeting unless at least five directors are present including:

15.1.1 at least two non-executive directors, one of whom must be the Chair or the Deputy Chair, unless either of them are absent for part of a meeting due to a conflict of interest; and

15.1.2 not less than two executive directors, one of whom must be the Chief Executive or another executive director nominated by the Chief Executive.

15.2 An officer in attendance for an executive director but without formal acting up status may not count towards the quorum.

15.3 If the Chair or director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see Standing Order 23), that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be

recorded in the minutes of the meeting. The meeting must then proceed to the next business.

15.4 The Trust Board may agree that its members can participate in its meeting by telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting. However, subject to Standing Order 12.7 above, in no circumstances shall this paragraph be construed as allowing an absent director to vote by proxy.

16. Joint directors

16.1 Where more than one person is appointed jointly as a member of the Trust Board, those persons shall count as one person.

16.2 Where the office of a member of the Trust Board is shared jointly by more than one person:

16.2.1 either or both those persons may attend or take part in meetings of the Trust Board;

16.2.2 if both are present at a meeting they should cast one vote if they agree;

16.2.3 in the case of disagreements no vote should be cast; and

16.2.4 The presence of either or both those persons should count as the presence of one person for the purpose of Trust Board Standing Order 15.

17. Urgent decisions

17.1 Where a matter requiring decision arises for which, under normal circumstances, the approval of the Trust Board would be appropriate but which could not be obtained in the timescale within which action is required, either the Chair or the Chief Executive is authorised to act (the latter with the prior consent of the Chair or, in the absence of the Chair, the Deputy Chair). When action is taken under this authority, the Chair or Chief Executive shall seek endorsement of the Trust Board at its next formal meeting.

18. Delegation to committees

18.1 Any of these powers may be delegated to a committee of directors or to an executive director.

18.2 The Trust Board shall establish committees, including an audit committee, a Board of Director's nominations committee (appointment of executive directors and recommending appointment of non-executive directors to the next general meeting of the Council of Governors) and a Trust Board remuneration committee.

18.3 Each such committee, and any sub-committee, shall have such terms of reference and powers as the Trust Board shall determine from time to time. Such terms of reference shall have effect as if incorporated into these Standing Orders.

18.4 Where committees are authorised to establish sub-committees, they may not delegate executive powers to the sub-committee unless expressly authorised by the Trust Board.

18.5 The Trust Board shall have the power to approve appointments and dismiss the members of any committee or subcommittee that is established under the power afforded to the Board under Standing Order 18, as applicable.

19. Committees established by the Trust Board

19.1 The committees to be established by the Trust Board shall include the following:

19.1.1 Audit Committee

An audit committee will be established and constituted to provide the Trust Board with an independent and objective review on its financial systems, financial information and compliance with relevant laws and guidance. Its Terms of Reference will be approved by the Trust Board and reviewed on a periodic basis.

The NHS Foundation Trust Code of Governance recommends a minimum of three independent non-executive directors be appointed, of which one must have significant, recent and relevant financial experience.

The duties and decisions to be taken by the committee are contained in the relevant part of the schedule of reservation and delegation of powers.

19.1.2 Trust Board Remuneration Committee

A Trust Board remuneration committee will be established and constituted. The duties and decisions to be taken by the committee are contained in the relevant part of the schedule of reservation and delegation of powers.

The NHS Foundation Trust Code of Governance recommends the committee be comprised exclusively of non-executive directors, and should include at least three independent non-executive directors.

19.1.3 Trust Board' Nominations Committee

A Trust Board' nominations committee will be established and constituted. The duties of and decisions to be taken by the committee are contained in the relevant part of the schedule of reservation and delegation of powers.

The committee, with external advice as appropriate, is responsible for the identification and nomination of executive directors.

20. Delegation to officers

20.1 Those functions of the Trust which have not been retained as reserved by the Trust Board or delegated to a committee or sub-committee shall be exercised on behalf of the Trust by the Chief Executive. The Chief Executive shall determine which functions they will perform personally and shall nominate officers to undertake the remaining functions for which they will still retain accountability to the Trust Board.

20.2 The Chief Executive shall prepare a scheme of delegation identifying their proposals, which shall be considered and approved by the Trust Board, subject to any amendment agreed during the discussion. The Chief Executive may

periodically propose amendments to the scheme of delegation that shall also be considered and approved by the Trust Board, as it see fit.

20.3 Nothing in the scheme of delegation shall impair the discharge of the direct accountability to the Trust Board of the director responsible for finance to provide information and advise the Trust Board in accordance with statutory or regulatory requirements. Outside these statutory or regulatory requirements, the role of the director responsible for finance shall be accountable to the Chief Executive for operational matters.

21. Confidentiality

21.1 A member of a committee shall not disclose a matter dealt with by or brought before the committee without its permission until the committee has reported back to the Trust Board or shall otherwise have concluded the matter.

21.2 A director of the Trust or a member of a committee shall not disclose any matter reported to the Trust Board or otherwise dealt with by the committee notwithstanding that the matter has been reported or action has been concluded if the Trust Board or committee shall resolve that it is confidential.

22. Additional Provisions

22.1 The Trust Board may establish additional protocols and procedures for the operation of the Trust Board, and the economic, effective and efficient operation and good governance of the Trust generally from time to time as appropriate.

23. Declaration of interests

23.1 Declaration of interests

23.1.1 Each director shall comply with paragraph **Error! Reference source not found.** of the constitution regarding conflicts of interest.

23.1.2 Interests that a required to be declared by a director in accordance with paragraph **Error! Reference source not found.** of the constitution are:

23.1.2.1 any actual or potential, direct or indirect, financial interest which is material to any discussion or decision they are involved, or likely to be involved, in making, as described in Standing Orders 23.2.2 and 23.2.6 (subject to Standing Order 23.2.3); and

23.1.2.2 any actual or potential, direct or indirect, non-financial professional interest, which is material to any discussion or decision they are involved or likely to be involved in making, as described in Standing Orders 23.2.4 and 23.2.6; and

23.1.2.3 any actual or potential, direct or indirect, non-financial personal interest, which is material to any discussion or decision they are involved or likely to be involved in making, as described in Standing Orders 23.2.5 and 23.2.6.

23.1.3 An interest must be declared under paragraph **Error! Reference source not found.** of the constitution to the Company Secretary:

23.1.3.1 within five days of the director's appointment; or

23.1.3.2 if arising later, as soon as reasonably practicable following that director becoming aware of the interest.

23.1.4 If during the course of a meeting the Trust Board, a director has an interest of any sort in a matter which is the subject of consideration the director concerned shall disclose the fact, and the Chair shall decide what action to take. This may include excluding the director from the discussion of the matter in which the director has an interest and/or prohibiting the governor from voting any such matter.

23.1.5 Subject to Standing Order 23.2.6, if a director has declared a financial interest in a matter (as described in Standing Order 23.2.2) they shall not take part in the discussion of that matter nor vote on any question with respect to that matter.

23.1.6 Any interest declared at a meeting of the Trust Board and subsequent action taken should be recorded in the meeting minutes of the meeting. Any changes in interests should be declared at the next Trust Board meeting following the change occurring.

23.1.7 This Standing Order 23.1 applies to a committee or sub-committee and to a joint committee or sub-committee as it applies to the Trust Board and applies to a member of any such committee or sub-committee (whether or not they are also a member of the Trust) as it applies to a member of the Trust.

23.2 Nature of interests

23.2.1 Interests which should be regarded as "material" are ones which a reasonable person would take into account when making a decision regarding the use of taxpayers' money because the interest has relevance to that decision. Material interests are to be interpreted in accordance with guidance issued by Monitor.

23.2.2 A financial interest is where a director may receive direct financial benefits (by either making a gain or avoiding a loss) as a consequence of a decision that the Trust Board makes. This could include:

23.2.2.1 directorships, including non-executive directorships held in any other organisation which is doing, or is likely to be doing business with the Trust;

23.2.2.2 employment in an organisation other than the Trust; or

23.2.2.3 a shareholding, partnerships, ownership or part ownership of an organisation which is doing, or is likely to do business with the Trust.

23.2.3 A director shall not be treated as having a financial interest in any a matter by reason only:

23.2.3.1 of their membership of a company or other body, if they have no beneficial interest in any securities of that company or other body;

23.2.3.2 of shares or securities held in collective investment or pensions funds or units of authorised unit trusts;

23.2.3.3 of an interest in any company, body or person with which they are connected which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a governor in the consideration or discussion of or in voting on, any question with respect to that contract or matter; or

23.2.3.4 of any remuneration or allowances payable to a director in accordance with the constitution.

23.2.4 A non-financial professional interest is where a director may receive a non-financial professional benefit as a consequence of a decision that the Trust Board makes, such as increasing their professional reputation or status or promoting their professional career. This could include situations where a director is:

23.2.4.1 an advocate for a particular group of patients;

23.2.4.2 a clinician with a special interest;

23.2.4.3 an active member of a particular specialist body; or

23.2.4.4 an advisor for the Care Quality Commission or National Institute of Health and Care Excellence.

23.2.5 A non-financial personal interest is where a director may benefit personally as a consequence of a decision that the Trust Board makes in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include where a governor is:

23.2.5.1 a member of a voluntary sector board or has a position of authority within a voluntary sector organisation with an interest in health and/or social care; or

23.2.5.2 a member of a lobbying or pressure group with an interest in health and/or social care.

23.2.6 A director will be treated as having an indirect financial interest, indirect non-financial professional interest or indirect non-financial personal interest where they have a close association with another individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a decision that the director is involved in making. This includes material interests of:

23.2.6.1 close family members and relatives, including a spouse or partner or any parent, child, brother or sister of the director;

23.2.6.2 close friends and associates; and

23.2.6.3 business partners.

23.2.7 If directors have any doubt about the relevance or materiality of an interest, this should be discussed with the Chair. Influence rather

than the immediacy of the relationship is more important in assessing the relevance of an interest.

23.3 Register of interests

23.3.1 The Company Secretary will ensure that a register of interests is established to record formally declarations of interests of directors.

23.3.2 Details of the register will be kept up to date and reviewed annually by the Trust Board.

23.3.3 The register will be available to the public.

24. Canvassing of and Recommendations by Members in Relation to Appointments

24.1 Canvassing of members of the Trust or of any committee of the Trust directly or indirectly for any appointment with the Trust shall disqualify the candidate for such appointment. The contents of this paragraph shall be included in application forms or otherwise brought to the attention of candidates.

24.2 A member of the Trust Board shall not solicit for any person any appointment under the Trust or recommend any person for such appointment; but this paragraph shall not preclude a member from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

24.3 Informal discussions outside appointment panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.

25. Relatives of Members of the Board or Officers of the Trust

25.1 The Chair and every member and officer of the Trust shall disclose to the Trust Board any relationship between themselves and a candidate of whose candidature that member or officer is aware. It shall be the duty of the Chief Executive to report to the Trust Board any such disclosure made.

25.2 On appointment, members (and, prior to acceptance of an appointment in the case of executive directors) should disclose to the Trust whether they are related to any other member or holder of any office of the Trust.

25.3 Where the relationship to a member of the Trust is disclosed, the provisions of Standing Orders 31 and 32 may apply.

26. Standards of business conduct

26.1 Directors of the Trust shall comply with standing financial instructions prepared by the director of finance and approved by the Trust Board for the guidance of all staff employed by the Trust.

26.2 Directors of the Trust must behave in accordance with the NHS Foundation Trust Code of Governance or its equivalent(s) from time to time.

26.3 Each director will uphold the seven principles of public life as detailed by the Nolan Committee.

27. Gifts and Hospitality

27.1 Directors must comply with the Trust's policy on gifts and hospitality as is in place from time to time.

28. Custody of Seal

28.1 The common seal of the Trust shall be the responsibility of the Company Secretary and kept in a secure place.

29. Sealing of Documents

29.1 Where it is necessary that a document shall be sealed, the seal shall be affixed in the presence of two executive directors duly authorised by the Chief Executive, and shall be attested by them.

29.2 Before any building, engineering, property or capital document is sealed it must be approved and signed by the director of finance, or an officer nominated by the director of finance and authorised and countersigned by the chief executive, or an officer nominated by the Chief Executive who shall not be within the originating directorate.

29.3 All deeds entered into by the Trust and all documents conveying an interest in land must be executed by the application of the Trust's seal.

30. Register of Sealing

30.1 An entry of every sealing shall be made and numbered consecutively in a record provided for that purpose, and shall be signed by the persons who shall have approved and authorized the document and those who attested the seal. A report of all sealing shall be made to the Trust Board at the next meeting of the Trust Board.

31. Signature of documents

31.1 Where any document will be a necessary step in legal proceedings on behalf of the Trust, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive or any nominated executive director or the Trust Board shall have delegated the necessary authority to some other person for the purpose of such proceedings.

31.2 In land transactions, the signing of certain supporting documents will be delegated to managers and set out clearly in the scheme of delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

31.3 The Chief Executive or nominated officers shall be authorized, by resolution of the Trust Board, to sign on behalf of the Trust any agreement or other document (not required to be executed as a Deed) the subject matter of which has been approved by the Board or committee or sub-committee to which the Board has delegated appropriate authority

32. Schedule of Matters Reserved to the Trust and Scheme of Delegation of powers

32.1 The arrangements made by the Board as set out in the "Schedule of Matters Reserved to the Board" and "Scheme of Delegation" of powers shall have effect (as adopted from time to time) as if incorporated in these Standing Orders.

33. Suspension of Standing Orders

33.1 Except where this would contravene any statutory provision or any direction made by the regulator or any term or condition set out in the Trust's constitution, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the members of the Board are present (including at least one executive director and one non-executive director) and that a majority of those members present vote in favour of the suspension.

33.2 The reason for the suspension shall be recorded in the Board minutes.

33.3 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chair and members of the Trust.

33.4 No formal business may be transacted while Standing Orders are suspended.

33.5 The Audit Committee shall review every decision to suspend Standing Orders.

34. Variation and amendment of these Standing Orders

34.1 These Standing Orders shall be amended only if:

34.1.1 a notice of motion has been given pursuant to Standing Order 7 of this Annex; and

34.1.2 more than half the total of governors voting approve the amendment;

34.1.3 more than half of the members of the Trust Board voting approve the amendment (including no fewer than half the total of the Trust's independent non-executive directors);

34.1.4 members' approval is obtained (if required by statute); and

34.1.5 the variation proposed does not contravene a statutory provision, a direction made by the regulator, or any term or condition set out in the constitution

35. Duty to report non-compliance with Standing Orders and Standing Financial Instructions

35.1 If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Trust Board for action or ratification. All members of the Trust Board and staff have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive or Company Secretary as soon as possible.

36. Review of Standing Orders

These Standing Orders shall be reviewed periodically by the Trust Board. The requirement for review extends to all documents having the effect as if incorporated in Standing Orders