

**GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST**  
**MEETING OF THE COUNCIL OF GOVERNORS**  
**Thursday 02 February 2023**  
**3:00pm – 5:30pm**  
**HYBRID Charles West Room / By Zoom (details sent in calendar invite)**

NO.	ITEM	ATTACHMENT	PRESENTER	TIME
1.	<b>Welcome and introductions</b>	<b>Verbal</b>	Michael Rake, Chair	3.00pm
2.	<b>Apologies for absence</b>	<b>Verbal</b>	Michael Rake, Chair	
3.	<b>Minutes of the meeting held on 09 November 2022</b>	<b>A</b>	Michael Rake, Chair	
4.	<b>Matters Arising and action log</b>	<b>B</b>	Anna Ferrant, Company Secretary	
<b>STRATEGY AND PLANNING</b>				
5.	<b>Governor requested item: Hearing from members of staff –Dhimple Patel, GOSH Nursing Apprentice (Laurence O’Sullivan-Whiting, Workforce Development Lead)</b>	<b>Verbal</b>	Dhimple Patel, GOSH Nursing Apprentice	3.10pm
6.	<b>Children’s Cancer Centre (CCC) Programme Update</b>	<b>C TO FOLLOW</b>	Gary Beacham, CCC Delivery Director / Daniel Wood CCC Planet Programme Director	3:30pm
7.	<b>Annual Planning Update</b>	<b>D</b>	John Beswick, Chief Finance Officer, John Quinn, Chief Operating Officer	3:45pm
<b>PERFORMANCE and ASSURANCE</b>				
8.	<b>Chief Executive Report including:</b> <ul style="list-style-type: none"> <li><b>Integrated Quality and Performance Report (Month 9 - December 2022 data)</b></li> <li><b>Finance Report (Month 9 - December 2022 data)</b></li> </ul>	<b>E</b>	Mat Shaw, Chief Executive  John Beswick, Chief Finance Officer	3:55pm
9.	<b>Update from the Young People’s Forum (YPF)</b>	<b>F</b>	Rose Dolan, YPF Governors	4:15pm
10.	<b>Reports from Board Assurance Committees</b> <ul style="list-style-type: none"> <li><b>Quality, Safety and Experience Assurance Committee (January 2023)</b></li> <li><b>Audit Committee (January 2023)</b></li> </ul>	<b>Verbal</b>  <b>G</b>	Amanda Ellingworth, Chair of the QSEAC Gautam Dalal, Chair of Audit Committee	4:25pm

	<ul style="list-style-type: none"> <li>• <b>Finance and Investment Committee (January 2023)</b></li> <li>• <b>People and Education Assurance Committee (December 2022 &amp; January 2023)</b></li> </ul>	<b>H</b>	Suzanne Ellis, Chair of Finance and Investment Committee	
		<b>I</b>	Kathryn Ludlow, Chair of the People and Education Assurance Committee	
<b>GOVERNANCE</b>				
11.	<b>Extension of tenure for Non-Executive Director</b>	<b>J</b>	Michael Rake, Chair	4:40pm
12.	<b>Reappointment of Non-Executive Director</b>	<b>K</b>	Michael Rake, Chair	4:45pm
13.	<b>Governance Update</b> <ul style="list-style-type: none"> <li>• Governors' Sustainability Working Group (January 2023)</li> <li>• Governors activities</li> </ul>	<b>L</b>	Natalie Hennings, Deputy Company Secretary	4:50pm
14.	<b>Update from the Membership Engagement Recruitment and Retention Committee including:</b> <ul style="list-style-type: none"> <li>• Progress against the Membership Strategy</li> <li>• Governor Election update</li> </ul>	<b>M</b>	Paul Balson, Head of Corporate Governance	5:00pm
15.	<b>Chair's Appraisal</b>	<b>N</b>	Amanda Ellingworth, Senior Independent Director	5:10pm
16.	<b>Any Other Business</b>		Michael Rake, Chair	5:20pm
<b>Next Meeting</b> Thursday 20 April 2023: 2:30pm – 5:30pm				

# Integrated Quality & Performance Report

## January 2023

Reporting December 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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December saw two days of nursing strikes, an ambulance strike and multiple train strikes. Inevitably this affected performance, however, the hard work of the operational teams preparing for this, and dedication of clinical staff meant that the impact was highly mitigated with more outpatient appointments moving to virtual and inpatient activity rescheduled. The preparation also meant the Trust was well prepared, with effective derogations to the strike, to ensure essential services were able to continue. The feedback from the RCN was that our way of working with them has been really positive and the strike days were conducted very amicably.

As a result activity was down to approximately 80% for the 2 weeks of the strike. This has meant that the main access indicators have seen a reduction (RTT down 2.3% to 70.9%, Diagnostic waits down 6.9% to 82.3%, 52 week waits up 29 to 248). The key indicators, though, all still remain above national averages.

Quality and safety indicators mainly do not show a significant change during this time. Patient Experience generally remains high with Inpatient experience remaining at 98% positive but Outpatients has dropped slightly in month however there is a decline since September. The key issues being related to last minutes changes in appointment and clinicians, which is largely due to the disruption caused by the strike action.

The Better Value programme has now identified £17.7m with £11.2m delivered to date. And, in the Well Led domain, we have seen improvements in both training and appraisal rates across all categories. Sickness levels remain stable at 4%, and whilst above the Trust target, the rate is well below the national average of 5.8%.

Looking forward there has been recovery in patient access and back to more normal activity. Also RTT has dropped but again is recovering. There are though further industrial action by more staff groups over the next months as well as continued strike action of trains and soon to be teachers. All of these have the risk they will affect the ability either for staff to work or patients to be able to get to the Hospital.

## Patient Safety

Incidents		-
Serious Incidents		→
Duty of Candour	■	-
Infection Control	■	-
Mortality		-
Cardiac Arrest		-

## 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	■	↗

## Effective

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

# Patient Safety - Incidents & Risks

## Overview

- **Incidents:** A concerted effort to reduce numbers of overdue incidents has reduced the total open incidents from 1523 to 1367.
- **Serious Incidents:** One new serious incident was declared relating to an unexpected death on Koala Ward. The report is due on 23 March 2023.
- **Duty of Candour:** Two stage 2 duty of candour letters were due in December and both were sent, though one was late. Two of three stage 3 duty of candour letters were sent on time. The one remaining stage 3 is to be completed but has been delayed due to availability of staff in the Tissue Viability team to carry out the root cause analysis (RCA).
- **Risks:** Performance dropped this month as many risk action groups (RAGs) were cancelled in December. There was also a change in the grading of high risks to include risks rated 15 and above (previously 12 and above) which reduced the number of high risks from 64 to 26. This reflects common practice across other NHS organisations.

Patient Safety - Incidents		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Last 12 months	RAG			Stat/Target
		Volume	Volume	Volume	Volume	Volume	Volume	Volume	Volume	Volume	Volume	Volume	Volume	Volume	Volume	Volume	Volume	Volume
New Incidents	Volume	546	556	661	532	608	577	675	620	600	617	592	498		No Threshold			Target
Total Incidents (open at month end)	Volume	1944	1531	1444	1477	1522	1687	1922	2109	2181	2013	1523	1367		No Threshold			Target
New Serious Incidents	Volume	2	1	2	2	4	1	4	2	1	1	1	1		No Threshold			Target
Total SIs (open at month end)	Volume	21	18	17	20	18	14	15	10	12	3	3	3		No Threshold			Target
Overdue SI Actions	Volume	35	15	16	12	12	25	14	4	18	20	15	16		>20	10 - 20	0 - 9	Target
Incidents involving actual harm	%	28%	19%	22%	21%	18%	15%	12%	13%	11%	10%	13%	11%		>25%	15%-25%	<15%	Target
Never Events	Volume	0	0	1	0	0	0	0	1	0	0	0	0		>/=1		0	Stat
Pressure Ulcers (3+)	Volume	1	0	0	0	1	0	0	0	1	1	1	0		>1	=1	=0	Stat
Duty of Candour Cases (new in month)	Volume	5	3	3	3	7	3	8	7	7	3	4	1		No Threshold			Target
Duty of Candour – Stage 2 compliance (case due in month)	%	37%	100%	66%	1/5	3/3	3/5	1/3	1/5	3/6	3/5	3/4	1/2		<75%	75%-90%	>90%	Target
Duty of Candour – Stage 3 compliance (case due in month)*	%	60%	33%	33%	1 / 1	2/6	2/2	1/3	0/0	0/0	2/4	2/5	2/3		<50%	50%-70%	>70%	Target
High Risks (% overdue for review)**	%	12%	6%	21%	28%	32%	5%	5%	40%	9%	4%	5%	35%		>20%	10% - 20%	<10%	Target

\* This measure reflects the total number of Stage 3 DOC and SI reports due in month. Both investigations have a 60 working day compliance, after review of the measure through the DoC policy review process. As of October, this figure will indicate all DoC incidents where internal sign off was completed on time.

\*\* From December 2022 onwards this figure will include risks rated 15+ (previously 12+)

# Patient Safety - Infection Control & Inpatient Mortality

## Overview

- CV Line infections remained within normal variation for the month of December (please note that one child was responsible for 3 of the counts). Klebsiella and E-coli bacteraemia's remain above normal levels. A review of RCAs from directorates is expected at the January IPCC to identify any common themes within specialities. It should be noted that nationally there is an increase in gram negative bacteraemia's, in particular klebsiella species. There was higher than normal incidence of MSSA bacteraemia's, the RCAs on these are still awaited to determine any themes. A higher than usual proportion of C-Diff was reported and treated but no clusters or outbreaks were identified.
- Both the number of cardiac arrests and respiratory arrests outside of ICU/theatres are within normal variation.
- The inpatient mortality rate is within normal variation .Whilst it is useful for understanding the frequency of inpatient deaths, compared to activity, however 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 through M+Ms . This is important as the majority of patient deaths at GOSH are in intensive care areas

## Infection Control

		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	2022/23 YTD	Last 12 months	RAG (22/23 threshold)		Stat/Target		
C Difficile cases	In Month	0	0	0	0	1	2	1	0	1	1	1	3	9		>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	1	0	0	1		>0	N/A	=0	Stat	
MSSA	In Month	3	0	2	2	3	3	2	2	0	1	2	5	20		No Threshold				
E.Coli Bacteraemia	In Month	1	1	3	1	3	2	0	3	2	2	2	2	17		>8	N/A	<=8	Stat	
Pseudomonas Aeruginosa	In Month	0	1	2	0	2	1	0	2	2	1	1	0	9		>8	N/A	<=8	Stat	
Klebsiella spp	In Month	1	2	1	2	6	3	1	3	0	2	5	3	25		>12	N/A	<=12	Stat	
CV Line Infections (note 1)	In Month	1.6	1.3	1.5	2.2	1.7	1.5	2.4	5.4	2.5	2.4	1.8	2.6	2.5		>1.6	N/A	<=1.6	T	

## Inpatient Mortality & Cardiac Arrest

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Last 12 months	RAG	Stat/Target
Number of In-hospital Deaths	9	11	9	8	7	7	10	8	7	12	4	9		No Threshold	
Inpatient Mortality per 1000/discharges	9.6	9.5	7.8	8.1	6.7	6.6	9.0	7.3	6.6	11.6	3.8	10.2		No Threshold	
Cardiac arrests outside ICU/theatres	4	1	1	1	0	0	1	1	2	2	0	2		No Threshold	
Respiratory arrests outside ICU/theatres	5	2	1	1	2	3	0	2	2	2	0	1		No Threshold	
Inquests currently open	12	14	12	14	13	13	14	15	10	12	12	9		No Threshold	


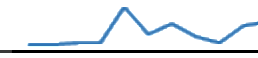
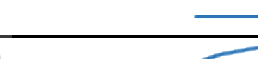


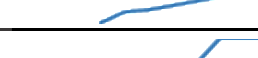
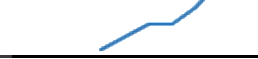



## Better Value:

The Trust's Better Value target for 2022/23 is £22.8 million. The total value of schemes identified is £17.7m; £15.92m has been identified and acknowledged on the finance tracker, with a YTD performance of £11.15m (as of 13/01/23). Good progress is being made with delivering schemes signed off into the live tracker, with a current year end forecast outturn of £15.5m. A further £153k of schemes under development are green in planning and being finalised for the ledger with Finance.




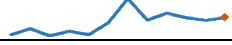

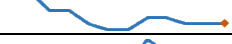

The Better Value Delivery Group are now in the process of ensuring that the delivery of green schemes are completed. The PMO are working to continue moving schemes from amber and red to green. The Strategy and Planning team are now in the process of producing the 23/24 annual plans which will in turn help to inform the Better Value Programme for next year.

## Effectiveness

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Last 12 months
Speciality led clinical audits completed (actual YTD)	109	114	8	16	24	32	48	66	80	90	100	
Outcome reports published (YTD)	7	8	0	0	0	2	2	3	5	7	7	
QI Project completed	0	0	0	0	10	0	1	3	9	2	1	
QI Projects started	0	0	1	1	28	7	15	6	2	14	17	
NICE guidance currently overdue for review							0	0	0	0	0	
Better Value YTD Actual						£3,706,440	£4,633,985	£6,010,393	£8,681,000	£9,848,000	£11,152,000	
% value of schemes identified compared to their Better Value target				77.8%	83.0%	80.4%	89.9%	78.0%	82.4%	77.8%	77.6%	
Number of schemes identified				80	97	102	110	119	125	125	125	
Number of schemes fully signed off and EQIA assessed				4	26	45	46	75	118	118	118	
Number of schemes identified but not signed off				76	71	57	64	34	7	7	7	

## Overview

- The FFT response rate and Inpatient experience rate met Trust targets in December. The outpatient experience rate narrowly missed the target. Negative feedback from outpatient areas related to appointment venue changes at the last minute and poor communication about other appointment investigations. There were comments about not seeing the clinician families were expecting to see. In addition, pre-appointment questionnaires were deemed by families to be a waste of time as they were not used. There were also comments about the relevant blood tests not being requested on the Patient Management System prior to appointments.
- Pals contacts and formal complaints highlighted concerns about referral processes including information requirements, delays and clarification on the remit and management of referrals.

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Last 12 months	RAG		
FFT Experience rating (Inpatient)	97.0%	98.0%	97.0%	98.0%	98.0%	98.0%	98.0%	99.0%	99.0%	98.0%	98.0%	98.0%		<90%	90-94%	>=95%
FFT experience rating (Outpatient)	95.0%	98.0%	94.0%	98.0%	97.0%	97.0%	97.0%	97.0%	97.0%	95.0%	94.0%	93.0%		<90%	90-94%	>=95%
FFT - response rate (Inpatient)	25.0%	37.0%	37.0%	37.0%	35.0%	29.0%	23.0%	28.0%	28.0%	24.0%	24.0%	25.0%		<25%	N/A	>=25%
PALS - per 1000 episodes	7.56	8.42	7.44	8.1	7.59	9.25	12.37	9.46	10.46	9.74	9.51	9.75		No Threshold		
Complaints- per 1000 episodes	0.13	0.13	0.34	0.32	0.27	0.95	0.38	0.43	0.58	0.36	0.55	0.51		No Threshold		
Red Complaints -% of total (note 1)	10%	11%	8%	8%	6%	5%	5%	7%	7%	6%	6%	6%		>12%	10-12%	<10%
Re-opened complaints - % reopened (2)	6%	8%	9%	9%	9%	8%	8%	10%	9%	9%	9%	8%		>12%	10-12%	<10%

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

# Well Led Headlines: December 2022



**Contractual staff in post:** Substantive staff in post numbers in December were 5347.57FTE a decrease of 28.03 FTE since November 2022. Headcount was 5,764 (-39 on the previous month).

**Unfilled vacancy rate:** Vacancy rates for the Trust increased to 7.7% in December (up from 7.1% in November. The vacancy rate remains below the 10% target, and is 1.1% higher than the same month last year (5.8%). Vacancy rates in Nursing & Patient Experience (32%), research & Innovation (44.1%) and Transformation (60.1%) are the highest outliers

**Turnover:** is reported as voluntary turnover over a rolling 12 month period. Voluntary turnover decreased in December, to 14.0%, from 14.3% in the previous month., and is currently within the trust target. There are a number of directorates that are either under the trust target or within 1% of the target, the main outliers to this trend are HR (28.7%), Corporate Affairs (28.3%), research & Innovation (20.9%)

**Agency usage:** Agency Usage for December has remained stable at 1.1% and is within the 2% trust target, corporate areas such as finance (9.3%), Medical Directorate (5.7%), ICT (5.1%) and HR (5%) are the biggest outliers. Bank spend was 5.3% for December, however directorates such as Space and place (14.2%) and International (8.2%) are well above the average

**Statutory & Mandatory training compliance:** The December training rate for the Trust has remained stable at 94%, for the second consecutive month, with all directorates meeting the target.

**Appraisal/PDR completion:** The non-medical appraisal rate has risen from 83% in November to 84%, however only Finance (91%), Medical directorate (91%) and Research & Innovation (91%) are above the trust target, Consultant appraisal rate has increased to 94% this month.

**Sickness absence:** December sickness rates were reported at 4.5%, which is lower than the same month last year (5.9%). In order to benchmark GOSH sickness more accurately, and provide a more realistic target the Trust will be incorporating the national NHS sickness rate into its RAG rating (see Well led page for details.) The national rate for December was 5.8% and GOSH reported sickness rates were 4.5%. The highest areas of sickness for December was Space & Place (6.7%), Clinical Operations (6.5%) and International (6%).

**Freedom to Speak Up.:** The service received 10 contacts in December which was a decrease from the previous month. The main theme being raised in December related to concerns around quality and safety of care. Those raising concerns came from a range of professional backgrounds.

## Well Led Metrics Tracking


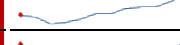



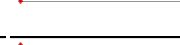

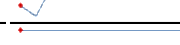
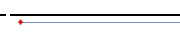

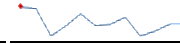
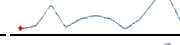
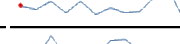



	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Last 12 months	RAG Levels			Stat/Target
Mandatory Training Compliance	92.0%	93.0%	92.0%	93.0%	93.0%	93.0%	94.0%	93.0%	93.0%	93.0%	94.0%	94.0%		<80%	80-90%	>90%	Stat
Stat/Man training – Medical & Dental Staff	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	85.0%	83.0%	85.0%	88.0%	90.0%		<80%	80-90%	>90%	Stat
Appraisal Rate (Non-Consultants)	87.0%	87.0%	86.0%	87.0%	86.0%	84.0%	83.0%	78.0%	77.0%	82.0%	83.0%	84.0%		<80%	80-90%	>90%	Stat
Appraisal Compliance (Consultant)	87.0%	89.0%	93.0%	87.0%	86.0%	87.0%	85.0%	87.0%	85.0%	85.0%	85.0%	94.0%		<80%	80-90%	>90%	Stat
Honorary contract training compliance	74.0%	78.0%	76.0%	76.0%	74.0%	72.0%	71.0%	69.0%	68.0%	70.0%	69.0%	69.0%		<80%	80-90%	>90%	Stat
Safeguarding Children Level 3 Training	89.0%	89.0%	89.0%	94.0%	94.0%	94.0%	96.0%	95.0%	95.0%	95.0%	95.0%	96.0%		<80%	80-90%	>90%	Stat
Safeguarding Adults Level 2 Training	91.0%	91.0%	92.0%	92.0%	94.0%	93.0%	94.0%	94.0%	93.0%	93.0%	95.0%	95.0%		<80%	80-90%	>90%	Stat
Resuscitation Training	82.0%	81.0%	80.0%	79.0%	77.0%	78.0%	81.0%	81.0%	82.0%	83.0%	87.0%	87.0%		<80%	80-90%	>90%	Stat
Sickness Rate <small>see note 3</small>	4.1%	4.0%	3.7%	4.3%	3.6%	3.6%	3.3%	3.3%	3.6%	3.5%	4.0%	4.5%		>5.3%	3-5.3%	<3%	T
Turnover Rate (Voluntary)	12.1%	12.2%	12.1%	12.1%	12.2%	12.1%	12.6%	12.5%	13.6%	13.9%	14.3%	14.0%		>14%	N/A	<14%	T
Vacancy Rate – Contractual	5.3%	4.9%	4.9%	6.9%	7.1%	6.5%	7.5%	7.8%	8.2%	6.7%	7.1%	7.7%		>10%	N/A	<10%	T
Vacancy Rate - Nursing	2.9%	3.1%	3.5%	5.9%	6.2%	6.1%	7.8%	8.8%	9.0%	4.5%	5.6%	7.0%		No Threshold			T
Bank Spend	5.2%	5.3%	5.2%	5.5%	4.2%	5.5%	5.5%	5.5%	5.4%	5.4%	5.4%	5.3%		No Threshold			T
Agency Spend	1.2%	1.2%	1.2%	1.1%	1.2%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%		>2%	N/A	<2%	T
Care Hours per Patient Day (CHPPD)	14.4	15.8	14.8	14.1	15.7	14.5	16.1	16.7	15.0	15.5	14.4	15.0		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) <small>See note 1</small>				7.5			7.0							No Threshold			T
Quarter Staff Survey - Communication between senior management and staff is effective <small>See note 1</small>				46.0%			41%							No Threshold			T
Number of people contacting the Freedom To Speak Up Service	21	19	19	16	13	15	20	20	11	15	13	10		No Threshold			T
Number of Themes of concerns raised as part of Freedom to Speak Up Service (note 2)				25	21	24	33	32	15	21	23	15		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

Note 3: Sickness rate target has changed to the national average from Nov 22

# Performance Metrics

Access Metrics Tracking	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Trajectory	Last 12 months	RAG Levels			Stat/Target
RTT Open Pathway: % waiting within 18 weeks	75.4%	75.3%	76.0%	75.2%	76.8%	75.3%	73.7%	72.3%	71.8%	72.4%	73.2%	70.9%	Below		<92%	N/A	>=92%	Stat
Waiting greater than 18 weeks - Incomplete Pathways	1,688	1,731	1,635	1,733	1,638	1,765	1,900	2,006	2,023	2,012	1,944	2,154	-		No Threshold			-
Waiting greater than 52 weeks - Incomplete Pathways	176	169	142	151	160	177	177	196	202	206	219	248	Above		>0	N/A	=0	Stat
Waiting greater than 78 weeks - Incomplete Pathways	39	34	27	28	24	24	20	25	30	28	28	45	Above		TBC			T
Waiting greater than 104 weeks - Incomplete Pathways	7	9	5	7	4	3	0	0	1	1	3	5	Above		>0	N/A	=0	Stat
18 week RTT PTL size	6858	7004	6811	7009	7070	7150	7239	7229	7176	7295	7264	7401	-		No Threshold			-
Diagnostics- % waiting less than 6 weeks	83.0%	86.4%	86.8%	84.1%	84.7%	82.6%	83.9%	84.1%	83.5%	88.4%	89.2%	82.6%	Below		<99%	N/A	>99%	Stat
Total DM01 PTL size	1,394	1,430	1,463	1,556	1,565	1,489	1,506	1,480	1,463	1,714	1,747	1,767	-		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	75%	60%	100%	100%	100%	100%	100%	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)	11	15	34	23	31	28	43	28	33	38	53	-	-		No Threshold			-
Cancelled Operations: 28 day breaches	1	3	1	2	4	4	4	4	2	5	1	-	-		>0	N/A	=0	Stat
Number of patients with a past planned TCI date (note 4)	1,494	1,464	1,126	1,244	1,398	1,256	1,261	1,347	1,112	1,193	1,270	1,261	-		No Threshold			-
NHS Referrals received- External	2,439	2,490	2,818	2,470	2,603	2,673	2,607	2,431	2,611	2,901	2,920	2,453	-		No Threshold			-
NHS Referrals received- Internal	1,937	1,861	2,016	1,812	2,023	1,767	1,883	1,789	1,820	2,124	2,198	1,625	-		No Threshold			-
Total NHS Outpatient Appointment Cancellations (note 2)	6,483	6,605	7,637	6,704	6,626	6,816	7,352	7,472	6,910	6,352	6,368	6,449	-		No Threshold			-
NHS Outpatient Appointment Cancellations by Hospital (note 3)	1,790	1,793	2,156	1,690	1,473	1,499	1,569	1,493	1,707	1,441	1,366	1,576	-		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

# Patient Access - Activity Monitoring at Month 9

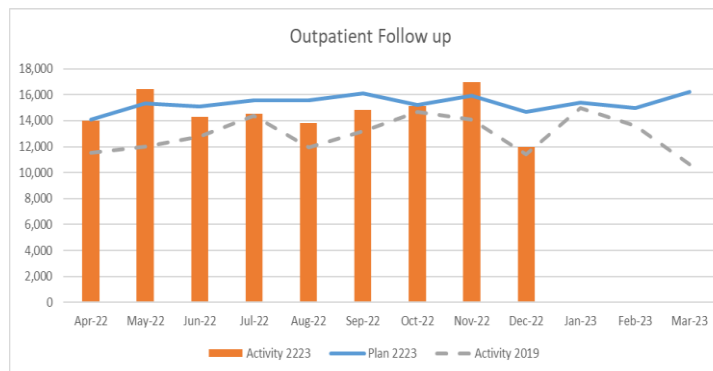
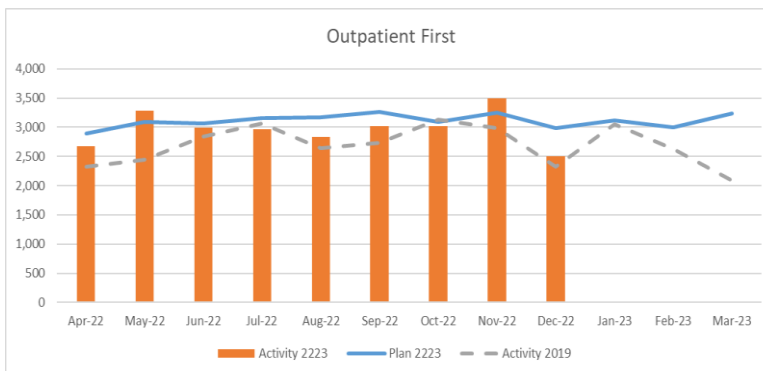
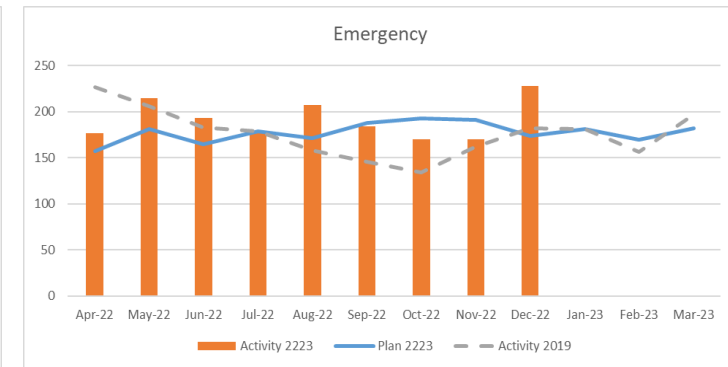
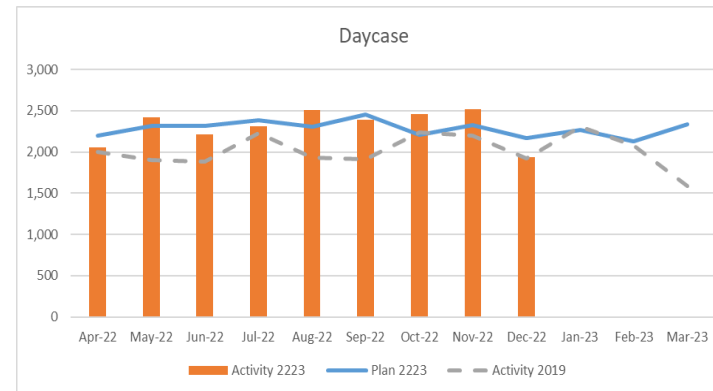
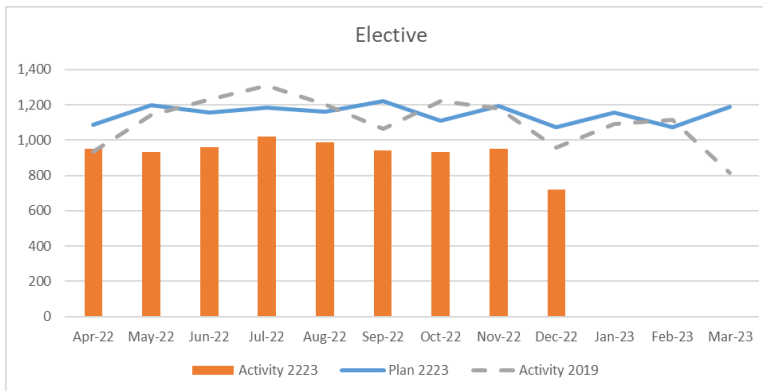
## Overview:

Elective activity continues to be significantly down (at 81%) against 22/23 plan and 19/20. As previously described this is driven by a number of factors including bed closures (due to staffing and patient case-mix), day-cases being on inpatient wards, and planning assumptions.

For the month of December activity was below 20/23 plan across the elective PODs, this was as consequence of the strike action and Christmas period.

Both First and Follow-up outpatient activity is above 19/20 (13.3%) but below plan (4%). This is mainly driven by a reduction in follow-ups.

With strikes, Christmas and New Year period, and bed closures this has impacted the delivery of RTT and DM01 waiting time improvements. Continued focus remains on optimising bed capacity and theatres.



## Overview YTD M9

POD	Plan 2023	Activity 2023	Activity 2019	% of 19/20	% of Plan
Daycase	20,679	20,815	16,309	127.63%	100.66%
Elective	10,393	8,392	10,248	81.89%	80.75%
Emergency	1,600	1,723	1,577	109.26%	107.70%
First OPA	27,959	26,766	24,479	109.34%	95.73%
Follow-up OPA	137,591	131,913	115,909	113.81%	95.87%
<b>Grand Total</b>	<b>198,222</b>	<b>189,609</b>	<b>168,522</b>	<b>112.51%</b>	<b>95.65%</b>

# Patient Access - Waiting Times Overview

## Overview

Waiting times across the three main national areas of focus remains challenging. The volume of activity being carried out has been impacted due to bed closures, strikes, staff absence and continued volume of inpatient last minute cancellations.

- **RTT** Performance for December 22 was **70.9%**, 2.3% decrease from last month and remains below trajectory. The overall PTL has increased by 137 pathways (1.8%) from the previous month. None of the directorates met the 92% standard this month. As predicted, RTT performance in December declined due to the national rail strikes, the Royal College of Nursing industrial action, inherited breaches and reduced activity during the Christmas and New Year period.
- There are now five patients who are waiting above **104 weeks** compared to the three patients we reported last month. Two patients tipped over to the 104+ weeks wait cohort in December, a dental patient and a spinal patient. Out of the five patients, one patient has already been treated whilst three of them have TCIs scheduled in late January and Early February. One patient (Dental) still needs to be dated. **78 week waits** increased significantly to 45 and remains above trajectory. **52 week waits** have increased to 248 and are above trajectory. The long waiters are predominantly in Orthopaedics (54), Plastic surgery (42), ENT (25), Dental (17), Craniofacial (16), Ophthalmology (16), Spinal Surgery (15) and Cardiology (12). For specialties where an RTT recovery trajectory is signed off, 4 out of 22 are on track or above trajectory. Sight & Sound and Body, Bones and Mind are most challenged.
- Achieving zero patients at March 2023 for 78 week waits is a significant risk.
- **DM01** performance for December 2022 was **82.3%**, a decrease of 6.9% from the previous month. The number of 6 week breaches has increased this month to 307, compared to 190 last month. 13 week breaches have seen a slight decrease to 28 compared to 29 last month. Trajectories for MRI, CT, Ultrasound and Sleep Study have been produced with Sleep Study being marginally above plan. The other three modalities are either on or below plan.
- **Cancer:** All five standards were achieved for November 2022. It is projected for December that all five standards will also be met. However, we are forecasting at least two 31 day subsequent surgery & drug breaches in January.

## Bottlenecks

Consultant availability in particular for Dental, Orthopaedics and SNAPS

National Rail strikes and Royal College of Nursing Industrial Action resulted in reduced activity

Reduced activity due to Christmas and New Year period.

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 sedated echo)

Respiratory complex patient bed requirement impacting sleep study activity

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

Bed closures due to combination of patient acuity and staff sickness

## Actions

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

Additional clinics for Endocrinology during December and January

Additional Stress Echo list being run in December

Discussion on mutual aid for Orthopaedics with RNOH and UCLH

Review of theatre lists from half day to full day for some services

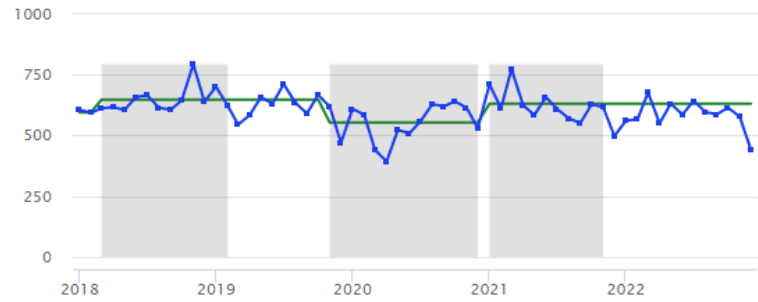
# Appendix

## Integrated Quality & Performance Report

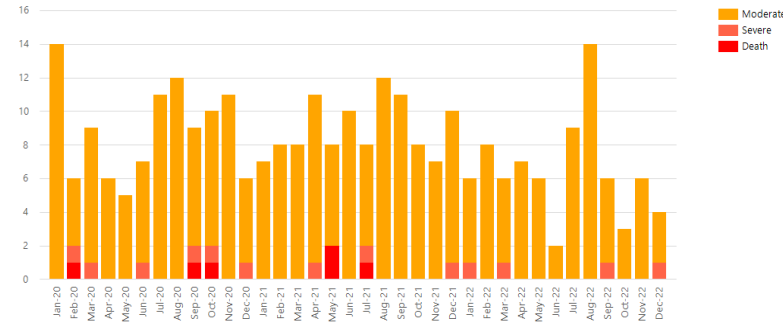


# Appendix 1: Patient Safety (incidents & risks)

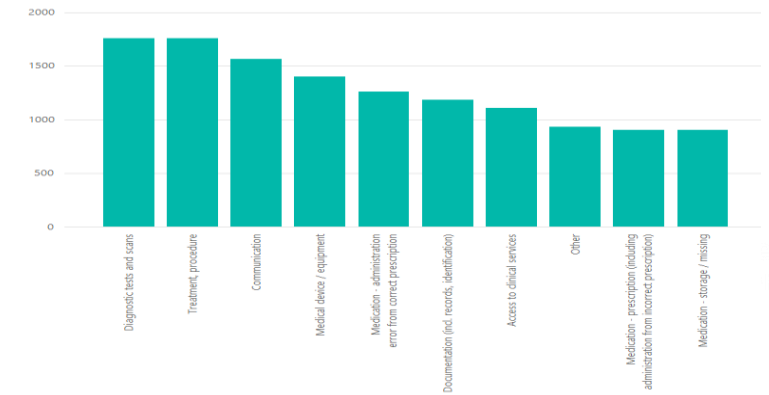
### New Incidents



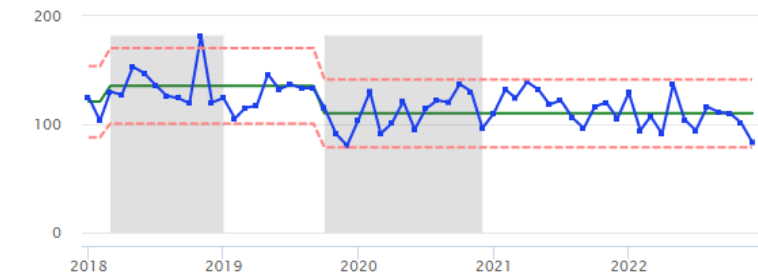
### Incidents by Harm



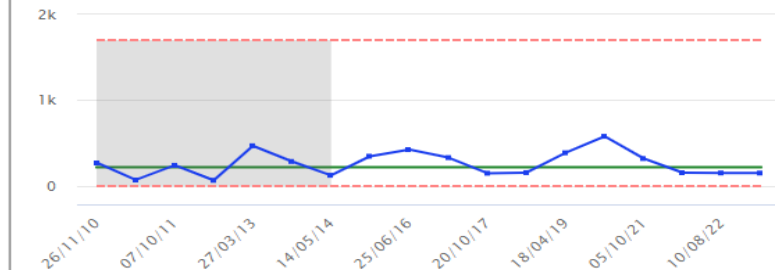
### Top 10 Incident Categories (themes)



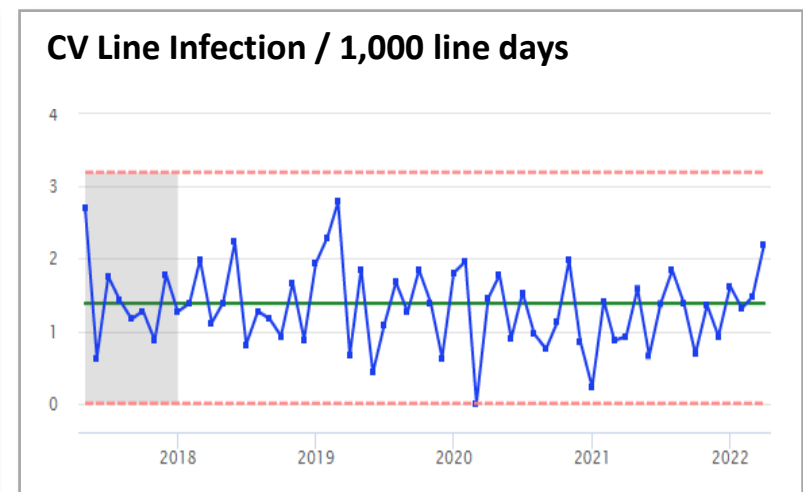
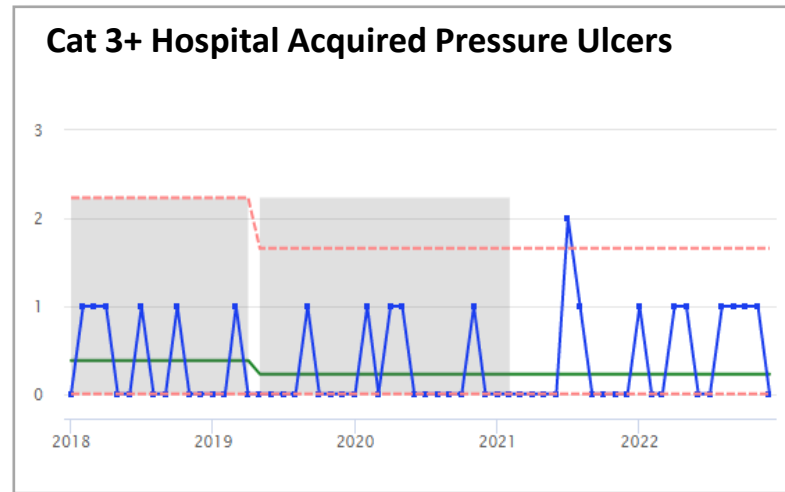
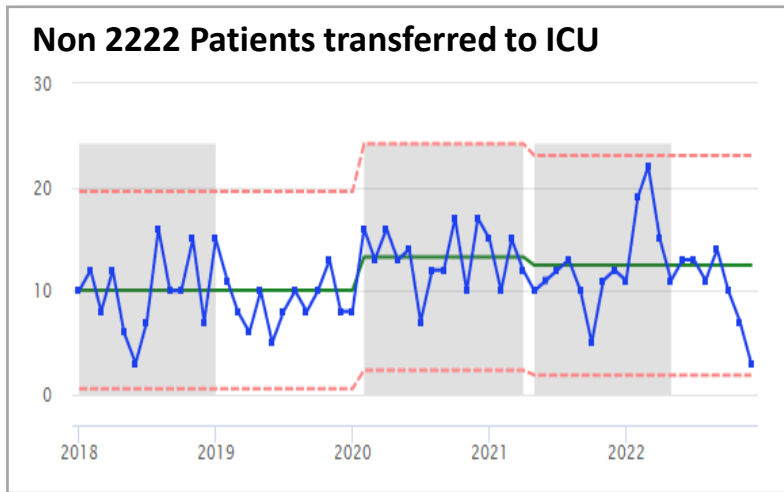
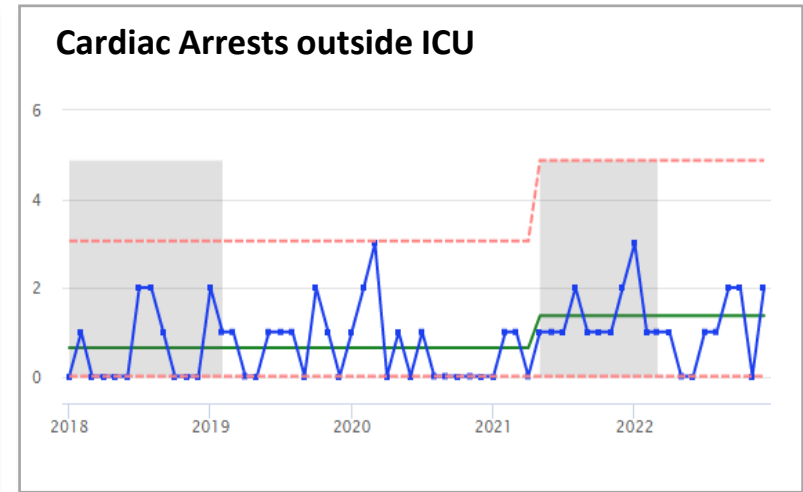
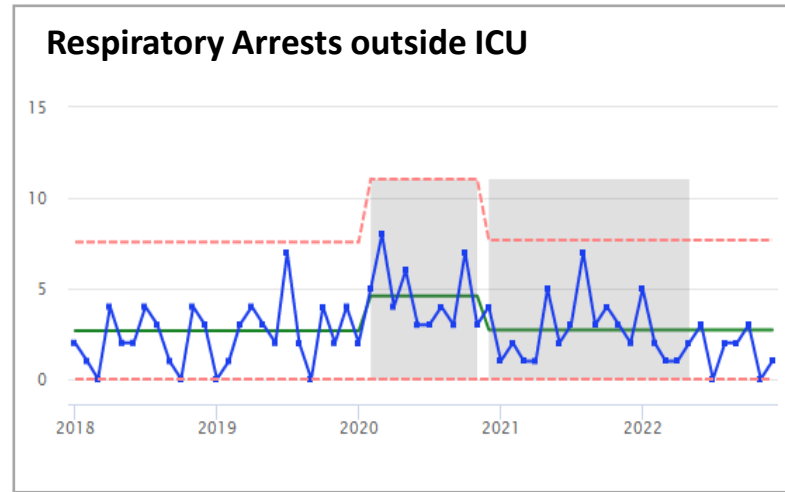
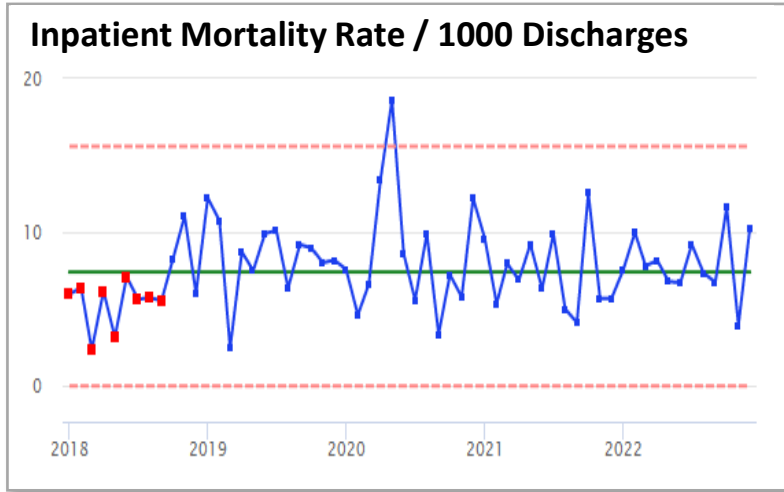
### Medication Incidents



### Days Since never events



# Appendix 2: Patient Safety (Infection & mortality)



# Appendix 3: Friends and Family

## Overview:

The inpatient experience score for December was above the Trust target, scoring 98%, however, outpatients scored below the target at 93%. All directorates met the inpatient experience score target. However, within outpatients, Blood Cells and Cancer had no responses and Core Clinical Services scored 80% which is below the Trust target. The inpatient response rate met the Trust target this month after falling below Target in October and November (25%).

## Headline:

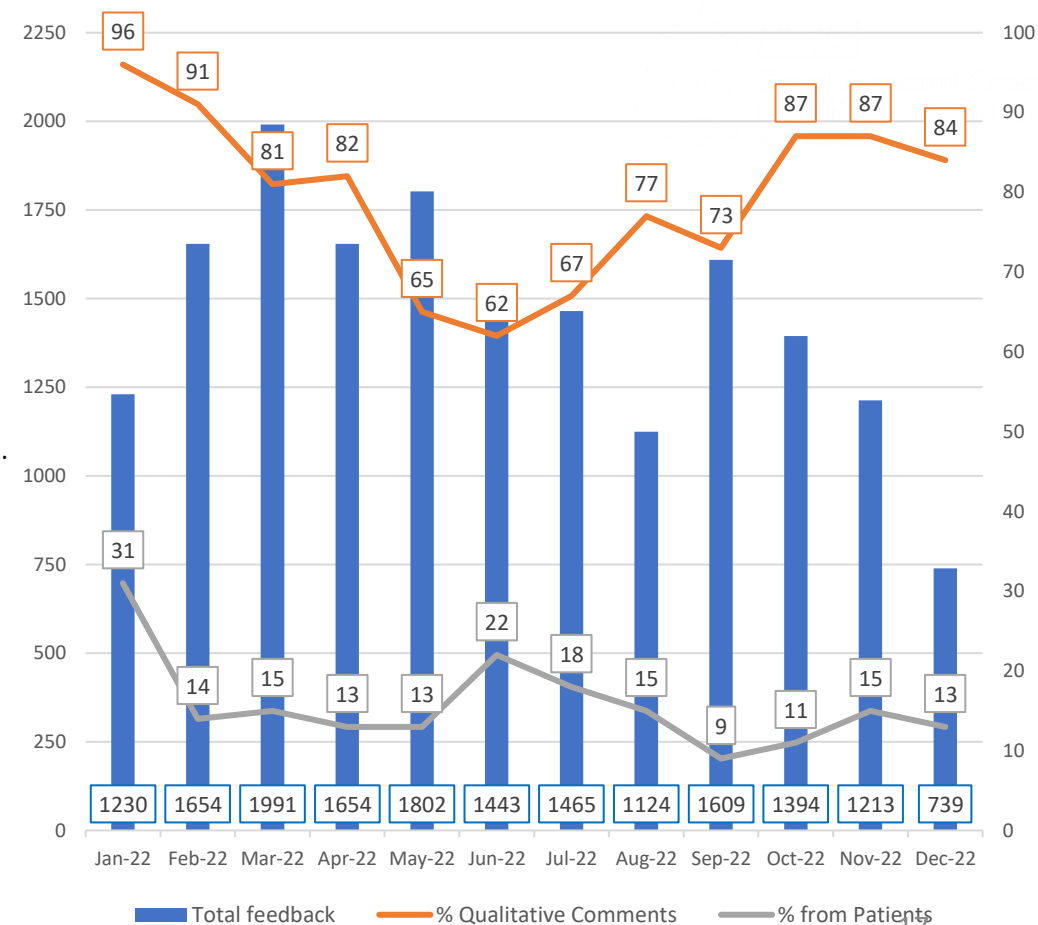
- Inpatient response rate – 25% (increased from November).
- Experience measure for inpatients – **98%** (same as November).
- Experience measure for outpatients – **93%** (decreased from November).
- Total comments received – 739 (decreased from November).
- 13%** of FFT comments are from patients.
- 84%** of responses had qualitative comments.

## Positive Areas:

- Staff going above and beyond.
- Play team.
- Friendly and caring staff.
- Staff expertise and knowledge.
- Kindness of staff.
- Reassuring staff.
- Communication with patients about their condition.
- Staff empowering patients.

## Areas for Improvement:

- Changes to appointment locations.
- Lack of hospital orientation, where to buy food etc.
- Ward orientation.
- Breakfast not offered to a patient.
- Cleaning within some ward areas.
- Lack of privacy.
- Noise at night on the wards.
- Delays in waiting for treatment to start.
- Playrooms being closed.
- Crockery and cutlery to be available to parents.
- Communication and organisation of surgery.
- Access to ward for parents.
- Transport.



# Appendix 3: Complaints

**Headline:** The Trust received 9 new formal complaints in December. This brings the number of complaints received since April 2022 to 102 (24 more than the total of complaints received in the whole of 2021/22).

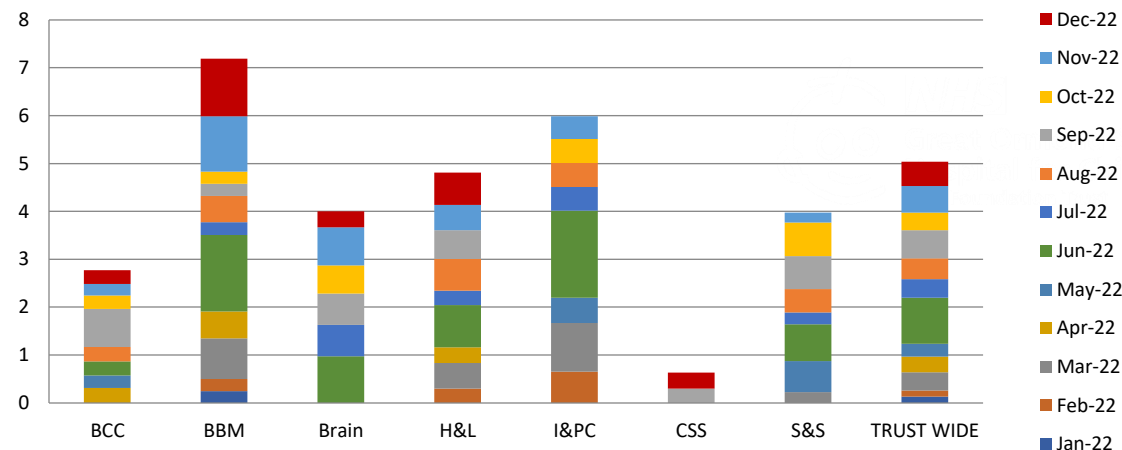
**Concerns raised:** In December families complained about:

- **Aspects of Dermatology care** including whether this was correct and whether additional problems and a lengthy admission could have been prevented. The family also question the lack of review, advice and failure to accept the patient at GOSH.
- **Numerous cancellations** including the lack of empathy when this was communicated to the family, and the inconvenience and significant expense incurred.
- **Management of a referral** to Feeding and Eating Disorder Service including lack of clarification of information required, delays and deterioration in the patients' condition..
- **A preventable procedure cancellation** due to delays in taking consent which led to distress and inconvenience for the patient and family.
- **Cancellation of a PEG insertion**, contradictory explanations for this and poor communication.
- **Lack of investigation of patient's symptoms**
- **Care under CAMHS** including the virtual appointment and consent processes, screening process, communication of diagnosis and the content of the report from an appointment.
- **Lost test results** following a software issue necessitating the test to be completed again, family are seeking reimbursement and costs.
- **Care under Spinal** including misdiagnosis and differing clinical opinions.
- **Communication, clinical care, lack of engagement and culture with GOSH.**

## Closed complaints since April 2022

92 complaints have been closed with 30 requiring extended response times.

Complaints per 1,000 combined patient episodes



## Learning actions/ outcomes from complaints closed in November 2022 included:

- Improvements to the transition of patients. More specifically, the service are creating a standardised Epic letter which is given to patients with an information sheet, to explain the transition process and which Trust/consultant is responsible for the patients' care at each exact point. In addition, when a young person is referred for transition to another clinician, that clinician will be added to the Epic 'Care Team' so that they are automatically informed of key changes to the patients care at GOSH. This changes are being updated within the service's SOP and will be monitored via an audit.
- A clinical audit is taking place to monitor that information within discharge summaries (following an insertion of a central venous line) obtains key information from the operation note and that this is shared with local hospitals where relevant.
- Patient and families experience around consent is being shared with the project looking at the e-consent functionality within EPIC for consideration and learning.

**Headline:** Pals contacts fell by 26% from November to December (n=189). However, this was a 42% increase on Pals contacts in December 2021. Contacts this month related to families seeking assistance with referral outcomes, cancellations of outpatient appointments (OPA) and admissions and clarification on treatment plans from clinical teams.

Families reported difficulties in getting through to clinical teams, which is in part attributed to reduced staffing in December. Review of clinic letters shows that contact details are correct but that many services are also including Pals information resulting in higher contacts directly to Pals.

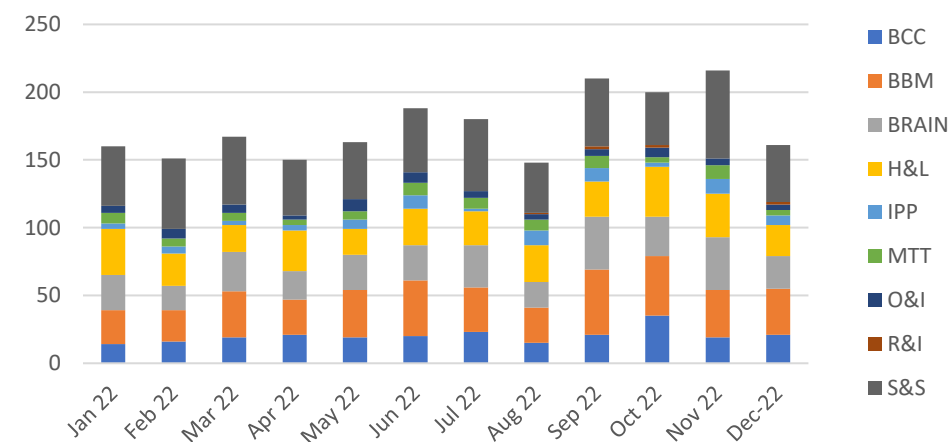
Pals also received 1 compliment in December for the Oncology team.

Contacts resolved within 48 hours increased from 64% in November to 69% in December which reflects the complex nature of the month's contacts.

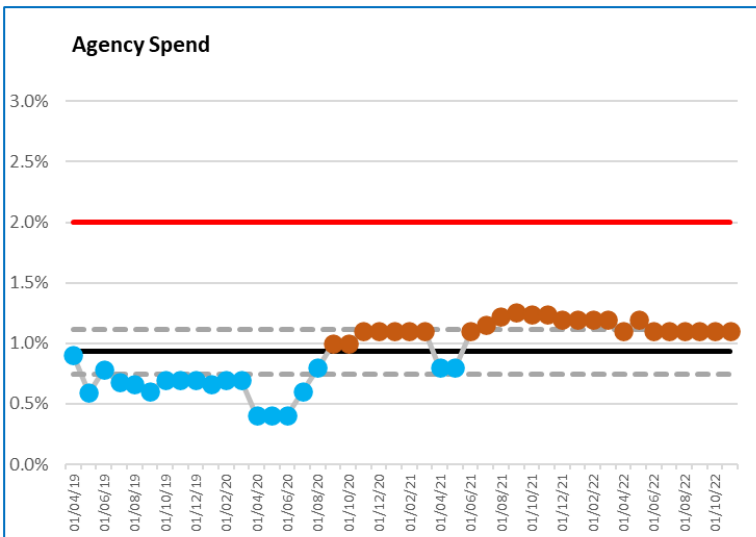
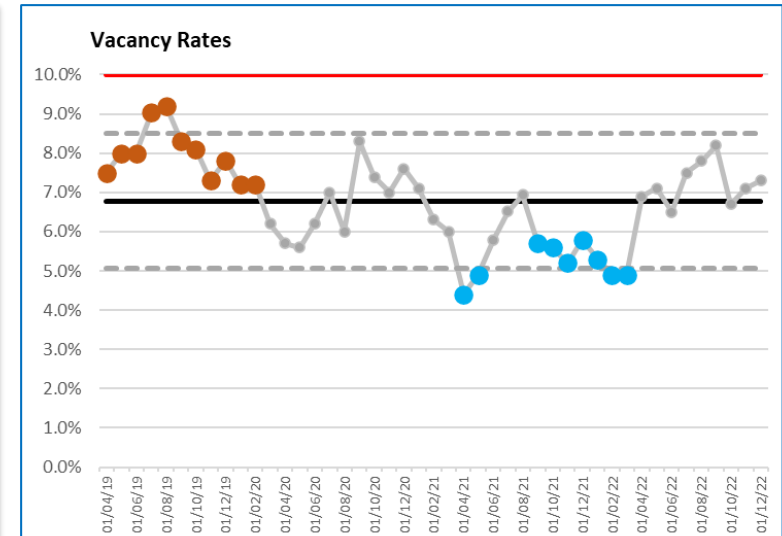
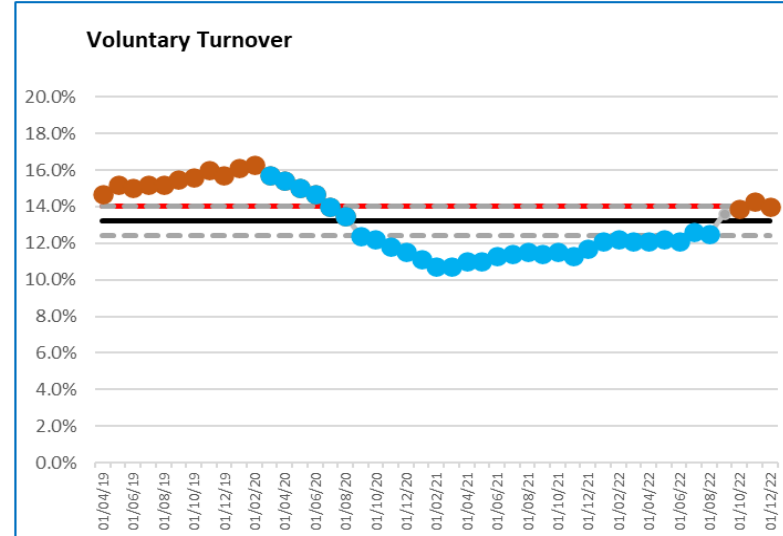
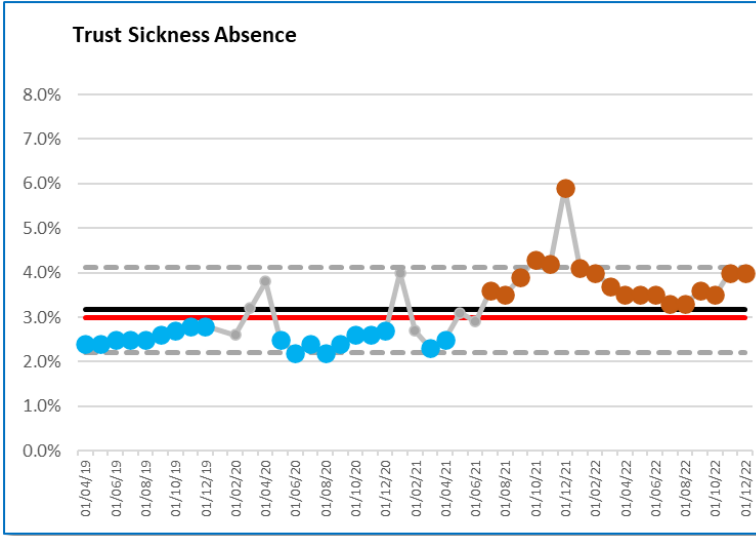
### Significant areas of focus:

- **Gastro:** Pals recorded 17 cases in December ( up by 7 from November) Contacts centred around requesting clarity on treatment plans both inpatient and outpatients, OPA information, surgery cancellations, chasing test results and referral and admission enquiries.
- **Cardiology:** Pals recorded 13 cases in December ( down by 8 cases in November). The majority focus on admission enquiries and cancellations, outpatient enquiries, chasing test results and referral enquiries.
- **Urology-** Pals recorded 9 cases in December (up by 1 in November). Contacts included referral enquiries, unable to get through to admin team, admission enquiries, incorrect info on clinic letter, prescription enquiry and OPA cancellation.

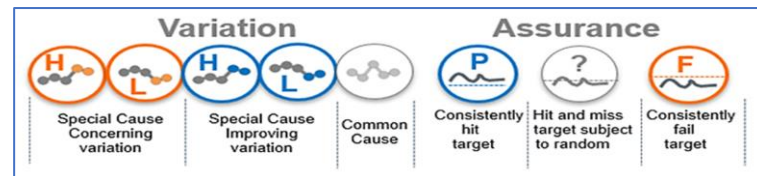
PALS by Directorate per 1,000 episodes



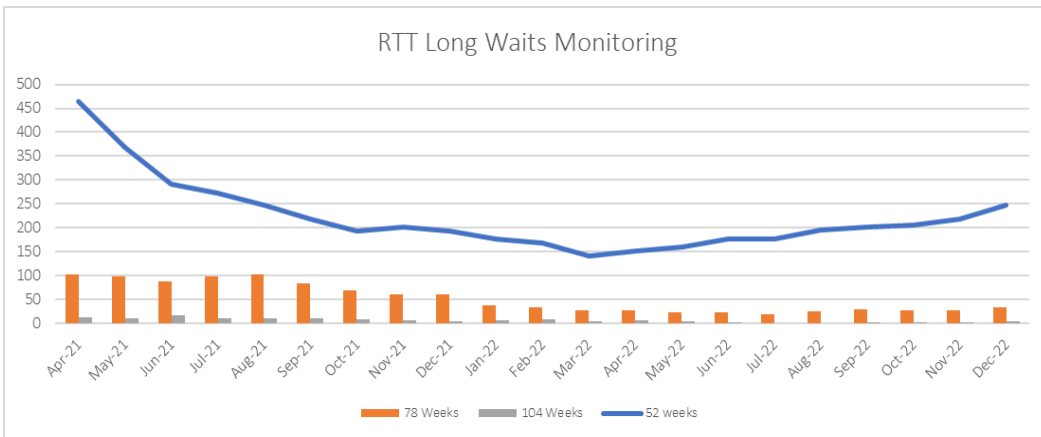
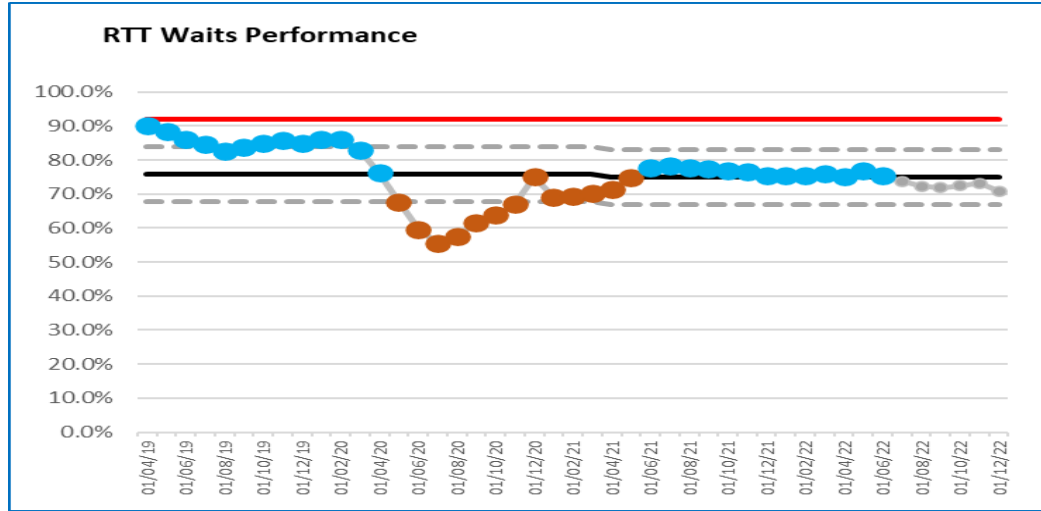
# Appendix 4: Workforce SPC Analysis



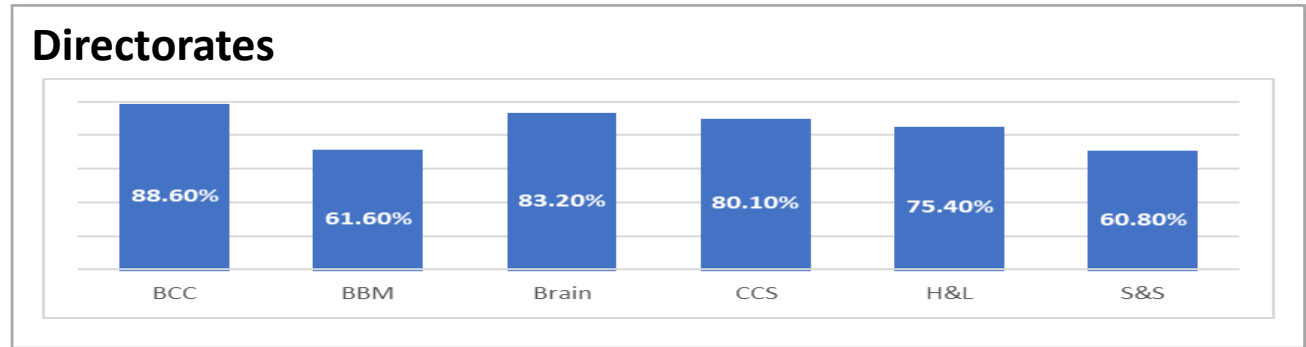
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Trust Sickness Absence	Dec 22	4.5%	3.0%			3.2%	2.2%	4.2%
Voluntary Turnover	Dec 22	14.0%	14.0%			13.2%	12.4%	14.0%
Vacancy Rates	Dec 22	7.7%	10.0%			6.8%	5.0%	8.5%
Agency Spend	Dec 22	1.1%	2.0%			0.9%	0.8%	1.1%



# Appendix 5: Referral to Treatment times (RTT)



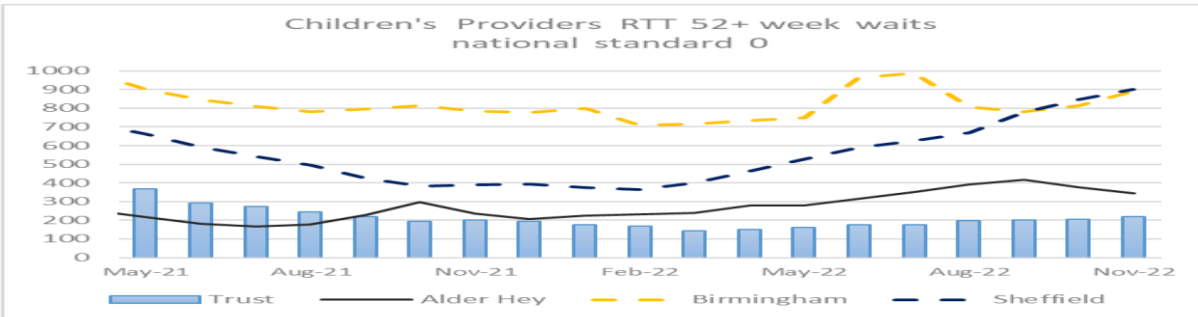
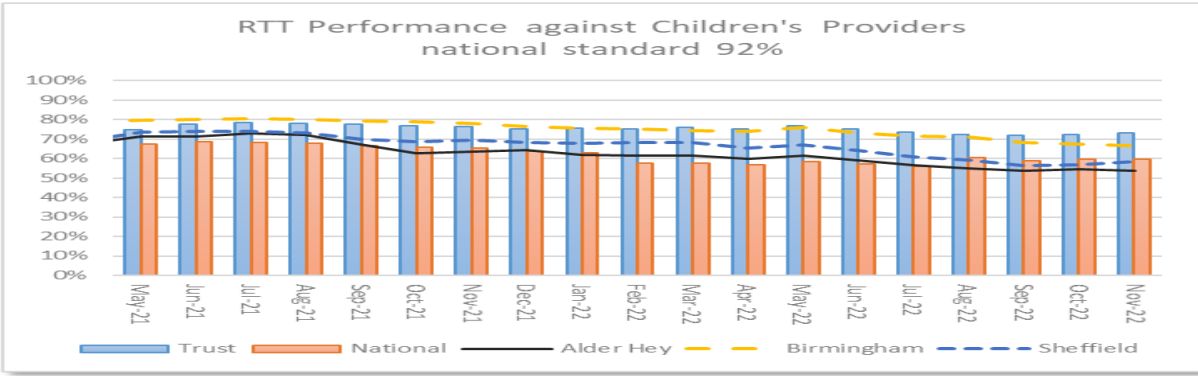
<b>RTT:</b> <b>70.9%</b> 2.3% People waiting less than 18 weeks for treatment from referral.	<b>&gt;52 Weeks:</b> <b>248</b> 29 Patients waiting over 52 weeks	<b>&gt;78 Weeks:</b> <b>45</b> 17 Patients waiting over 78 weeks	<b>&gt;104 Weeks:</b> <b>5</b> 2 Patients waiting over 104 weeks
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## RTT PTL Clinical Prioritisation – past must be seen by date

<b>P2</b> <b>205</b> 9	<b>P3</b> <b>653</b> 39	<b>P4</b> <b>463</b> 61
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# Appendix 5: National and NCL RTT Performance – November 2022



Nationally, at the end of November, 59.6% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks.

GOSH is tracking 13% above the national November performance at 73.2% and is inline with comparative children's providers. RTT Performance for Sheffield Children (58.3%), Birmingham Women's and Children's (66.6%) and Alder Hey (53.9%).

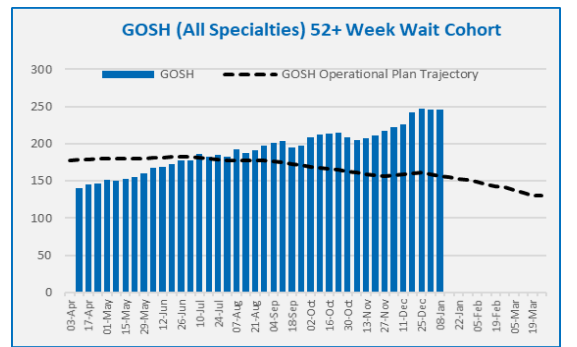
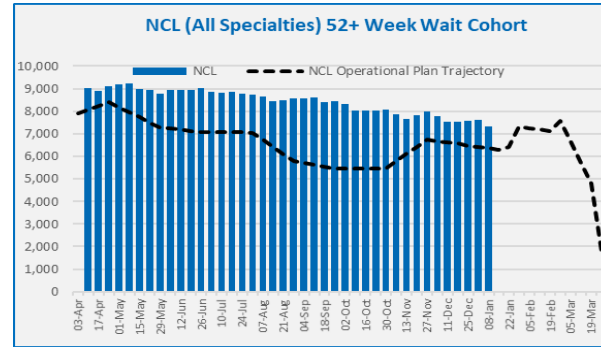
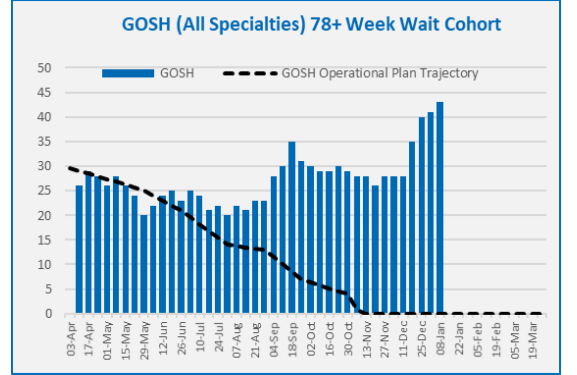
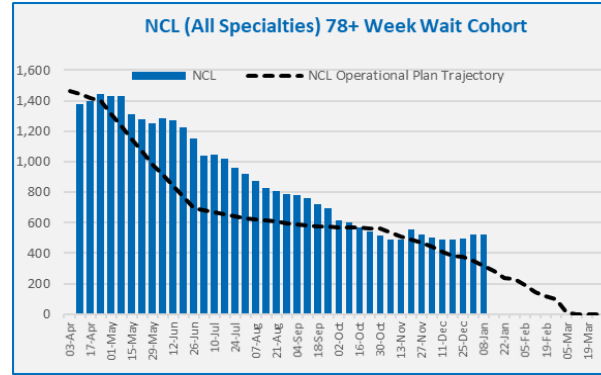
The national position for November 2022 indicates a decrease in patients waiting over 52 weeks at 362,226 patients.

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 November. All 4 providers have seen increases in 52 week waits.

Overall for NCL the 78+ week wait position is above projected plan at 316 patients but has decreased by 1000 from April 2022. GOSH is above trajectory by 43 patients.

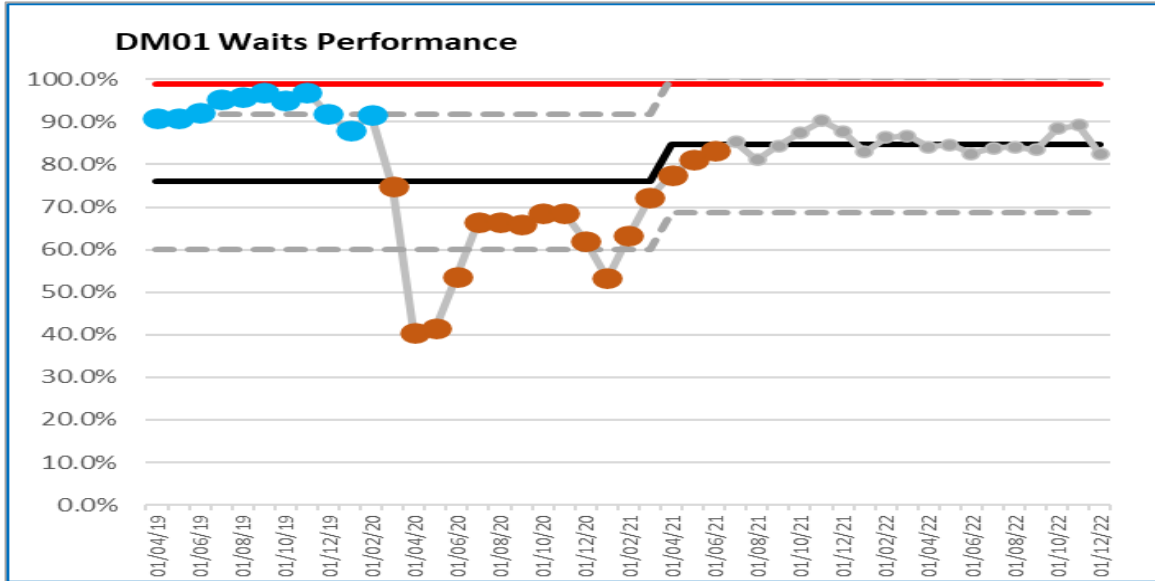
Overall, the number of patients waiting 52 weeks for NCL is reducing. Royal Free and UCLH have the most significant volumes. GOSH is above the agreed trajectory submission at 30<sup>th</sup> November 2022.

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





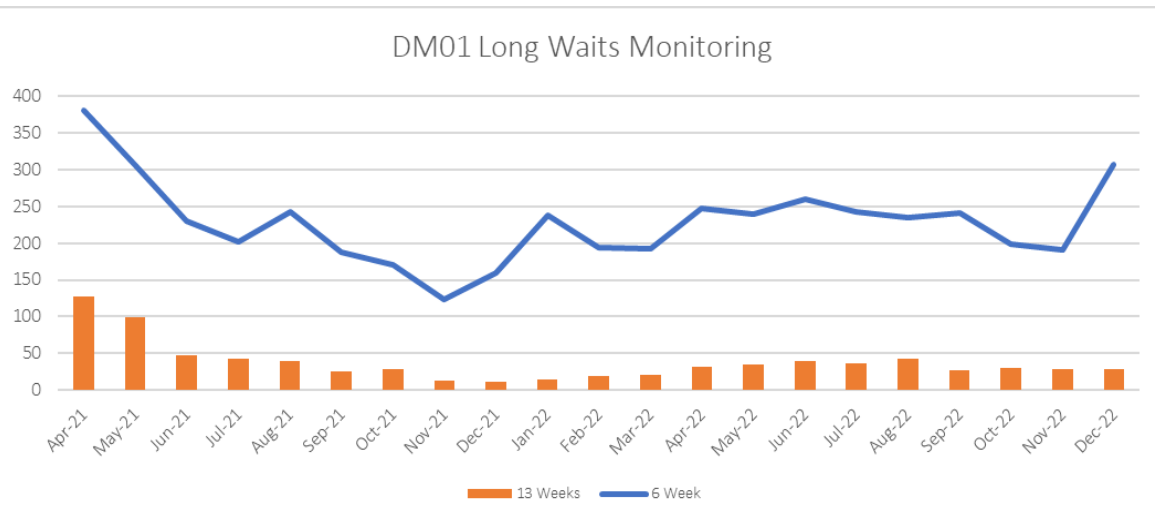
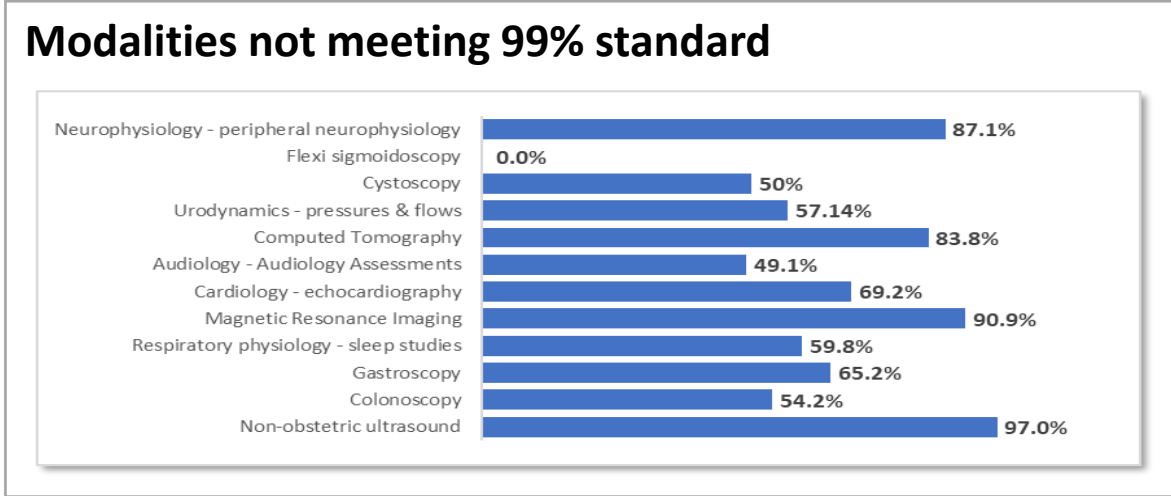
# Appendix 6: Diagnostic Monitoring Waiting Times (DM01)



**DM01:**  
**82.6%** **6.9%**  
 People waiting less than 6 weeks for diagnostic test.

**>6 Weeks:**  
**307** **117**  
 Patients waiting over 6 weeks

**>13 Weeks:**  
**28** **1**  
 Patients waiting over 13 weeks



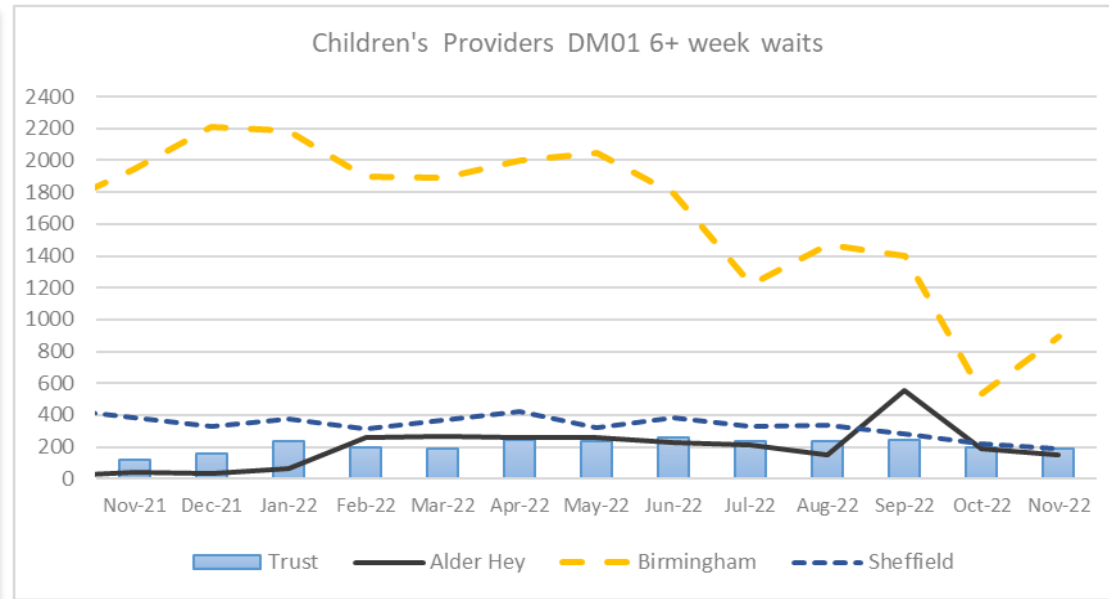
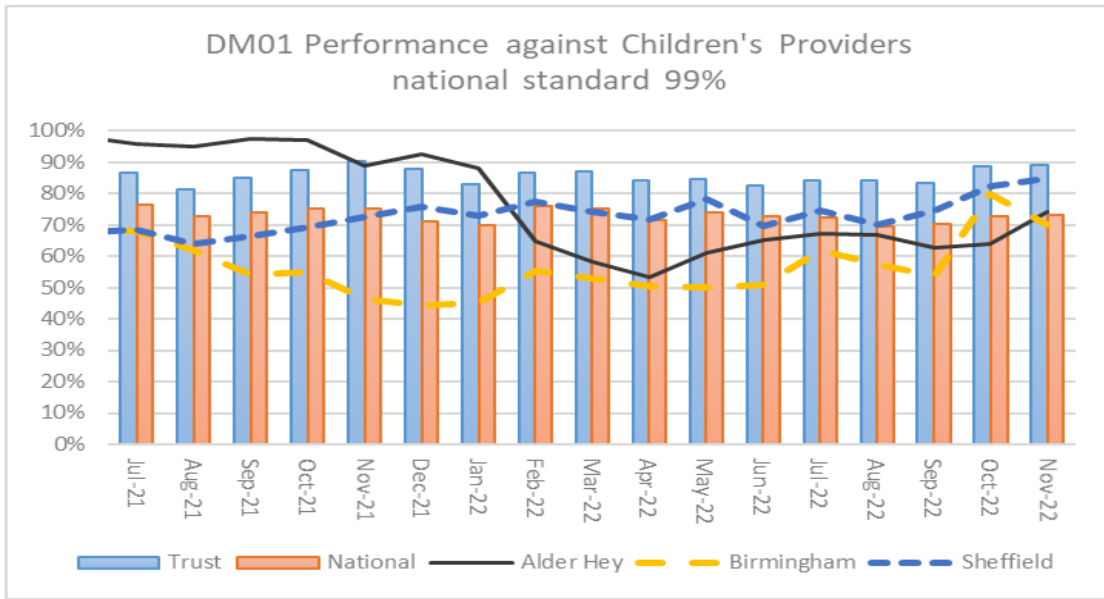
# Appendix 6: National Diagnostic Performance and 6 week waits – November 2022

Nationally, at the end of November, 73.1% of patients were waiting under 6 weeks for a DM01 diagnostic test.

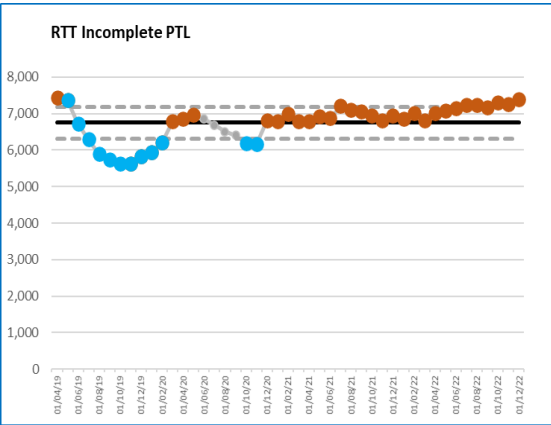
GOSH is tracking 16% above the national November performance and is inline with comparative children’s providers. DM01 Performance for Sheffield Children (84.7%), Birmingham Women’s and Children’s (69.8%) and Alder Hey (74.2%).

The national position for November 2022 indicates an increase of patients waiting over 6 weeks at 1,165,057 patients.

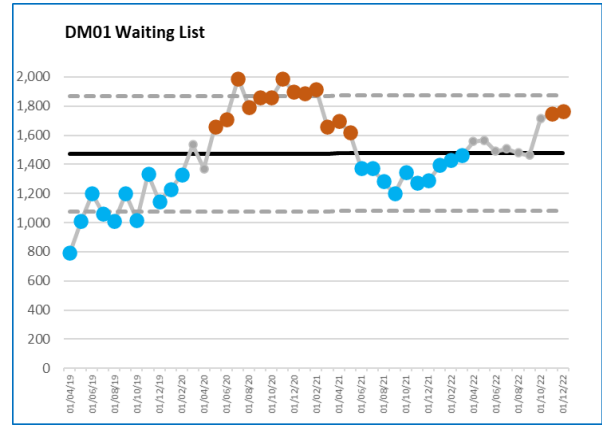
Compared to Birmingham and Sheffield the number of patients waiting 6 weeks and over for GOSH is lower than all these providers for November.



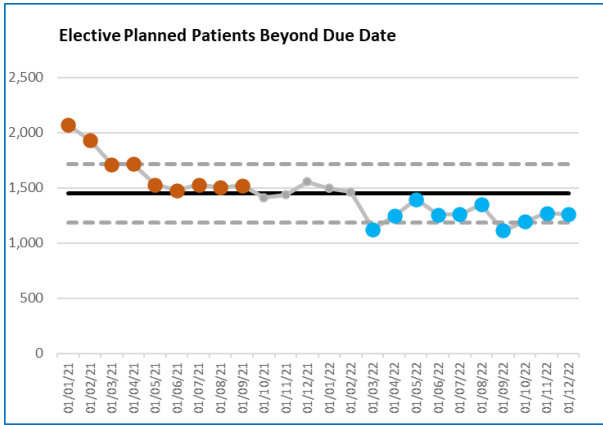
# Appendix 7: Patient Access SPC Trends



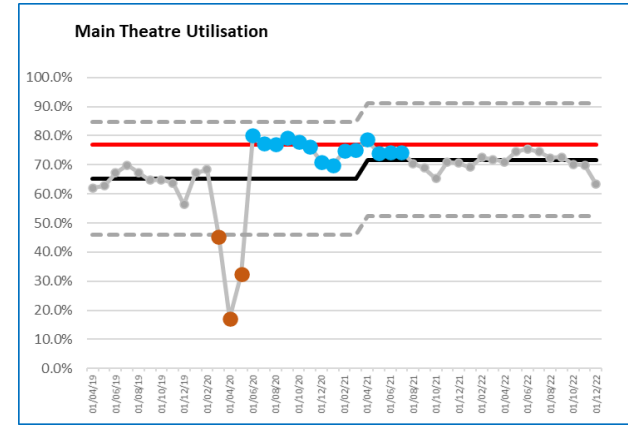
Special cause variation



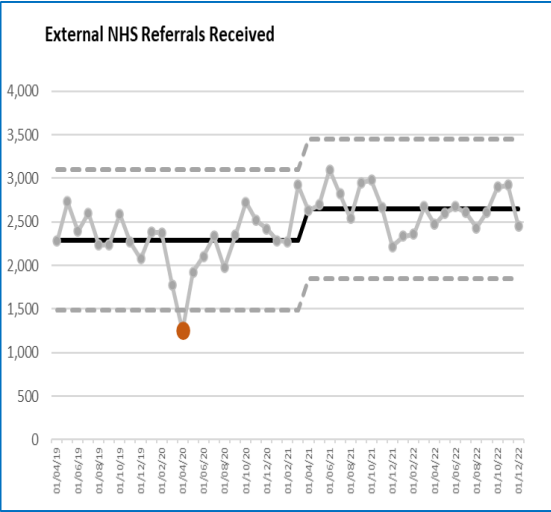
Increase seen, application of planned wait rules



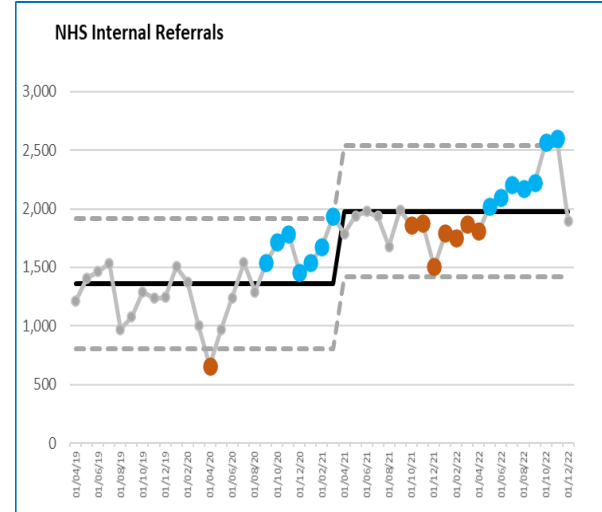
Improving variation



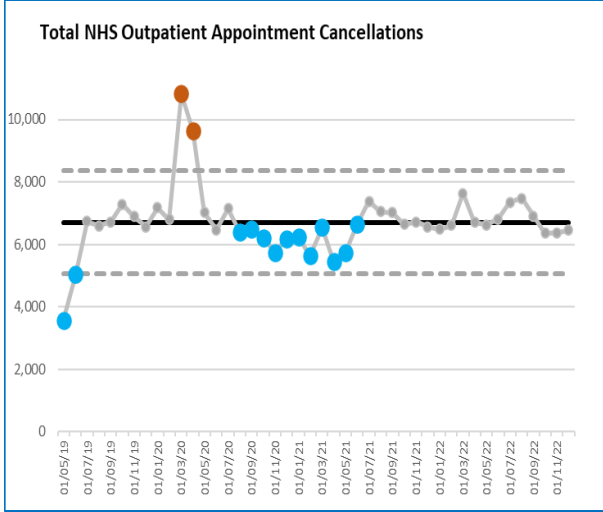
No Significant variation



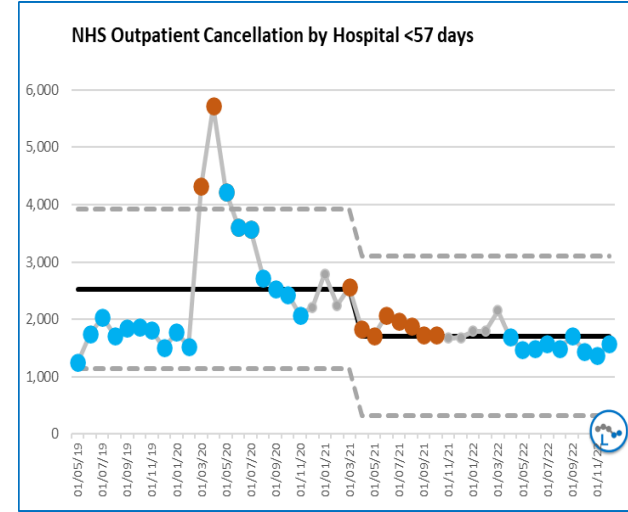
No significant variation, common cause



Significant variation, common cause



No significant variation, common cause



Improving variation

# Integrated Quality & Performance Report

## January 2023 (Reporting December 2022 data)

## Finance and Workforce Performance Report Month 9 2022/23

### Contents

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Activity Summary	5
Income Summary	6
Workforce Summary	7
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Better Value and COVID costs	9
Cash, Capital and Statement of Financial Position Summary	10

ACTUAL FINANCIAL PERFORMANCE

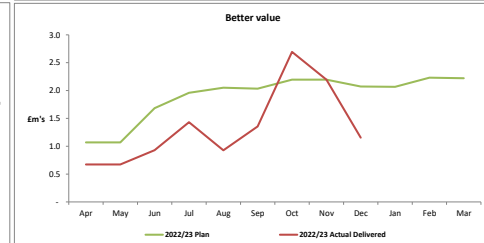
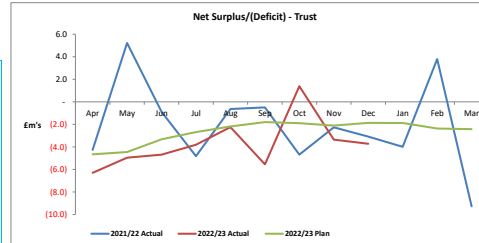
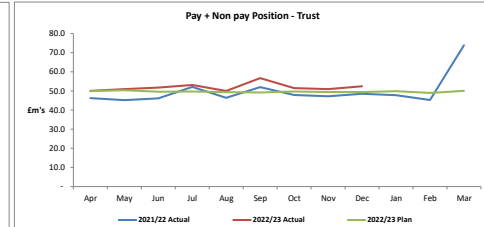
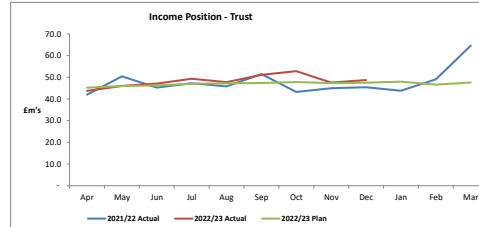
	In month			Year to date		
	Plan	Actual	RAG	Plan	Actual	RAG
<b>INCOME</b>	£47.5m	£48.7m	●	£421.6m	£434.1m	●
<b>PAY</b>	(£28.2m)	(£29.9m)	●	(£257.3m)	(£273.1m)	●
<b>NON-PAY inc. owned depreciation and PDC</b>	(£19.3m)	(£20.9m)	●	(£173.7m)	(£179.5m)	●
<b>Surplus/Deficit excl. donated depreciation</b>	(£0.0m)	(£2.1m)	●	(£9.4m)	(£18.5m)	●

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 £18.5m deficit which is £9.1m adverse to plan. This is driven mainly by delays in the delivery of the Trust Better Value programme, outreach clinics, and commercial income being behind plan.

Income is £12.5m favourable YTD mainly due to increased income for passthrough drugs (£1.7m), long term ventilated patients (£1.7m), Overseas (0.8m) and pay award funding (£4.2m). Private patient income has seen an improvement in activity over the last few months 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 £15.8m adverse YTD due to additional costs associated with increasing activity, pay award, reducing the waiting lists and delays in the Better Value programme. Non pay (including owned depreciation and PDC) is £5.8m adverse YTD largely due to higher levels of Passthrough Drugs (offset with Income). The Trust Better value programme is behind plan by £5.1m. 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.



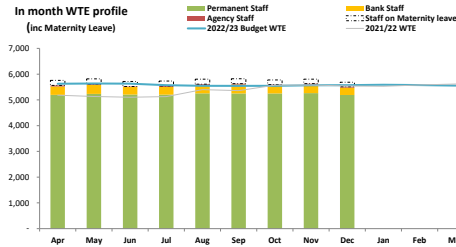
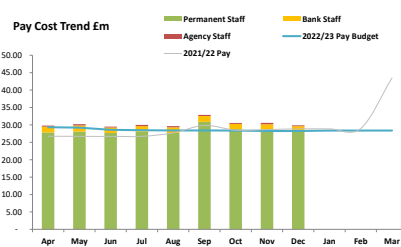
PEOPLE

	M9 Plan WTE	M9 Actual WTE	Variance
Permanent Staff	5,522.7	5,190.5	332.2
Bank Staff	42.2	289.6	(247.4)
Agency Staff	4.7	32.9	(28.2)
<b>TOTAL</b>	<b>5,569.5</b>	<b>5,513.0</b>	<b>56.6</b>

AREAS OF NOTE:

Month 9 WTEs decrease in comparison to Month 8, largely within Bank for Admin and Substantive Estates and ancillary. Although Substantive staff 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 31st December absence rate due to Covid was 0.3% of the permanent workforce which shows a static percentage prior month, 0.3% on 30th November.

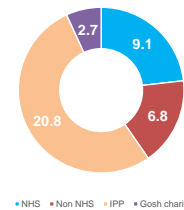


CASH, CAPITAL AND OTHER KPIs

Key metrics	Nov-22	Dec-22
Cash	£91.2m	£88.6m
IPP debtor days	£196.0m	£198.0m
Creditor days	26	24
NHS Debtor days	4	4
BPPC (£)	0.901	0.907

Capital Programme	YTD Plan M9	YTD Actual M9	Full Year Fcst
Total Trust-funded	£7.8m	£6.2m	£15.0m
Total PDC	£0.0m	£0.0m	£0.1m
Total IFRS 16	£0.6m	£0.1m	£0.6m
Total Donated	£14.6m	£7.8m	£29.7m
Total Grant-funded	£0.0m	£0.0m	£0.0m
<b>Grand Total</b>	<b>£23.0m</b>	<b>£14.1m</b>	<b>£45.4m</b>

Net receivables breakdown (£m)



AREAS OF NOTE:

- Cash held by the Trust decreased in month from £91.2m to £88.6m.
- Capital expenditure for the year to date was £14.1m, £8.8m less than plan. The Trust funded forecast total outturn is per plan.
- I&PC debtors days increased in month from 193 to 198. Total I&PC debt (net of cash deposits held) increased in month to £24.0m (£23.8m in M08). Overdue debt increased in month to £21.4m (£20.8m in M08).
- Creditor days decreased in month from 26 to 24 days.
- NHS debtor days remained the same as the previous month at 4 days.
- In M09, 91% of the total value of creditor invoices were settled within 30 days of receipt; this represented 81% 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 9 months ending 31 Dec 2022



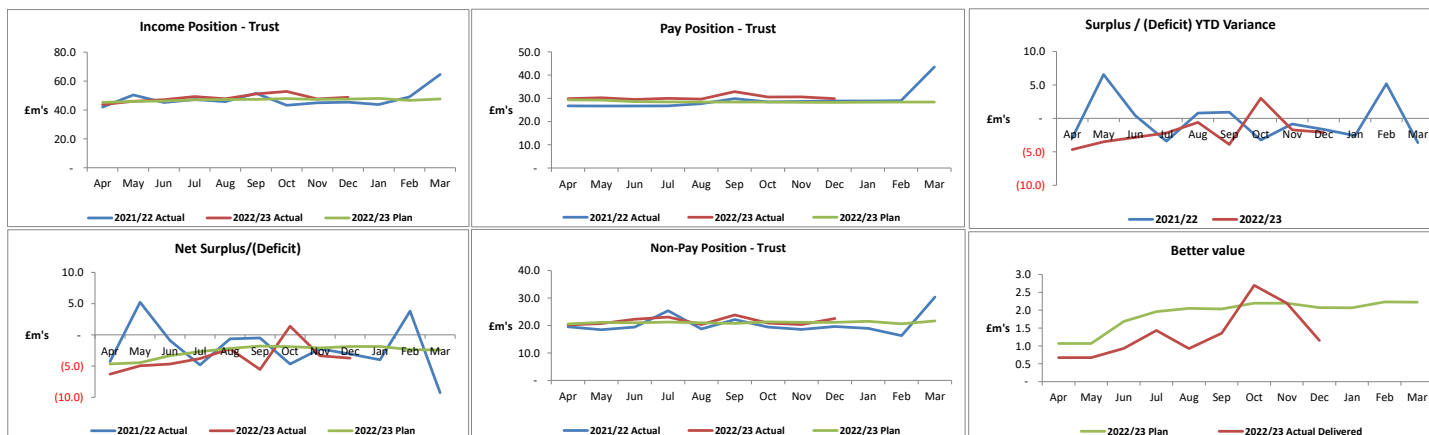
Annual Plan	Income & Expenditure	2022/23								Rating	Notes	2021/22			2022/23		
		Month 9				Year to Date						Actual	Plan YTD	Plan In-month	Actual	Plan YTD	Plan In-month
		Plan (£m)	Actual (£m)	Variance (£m)	Variance %	Plan (£m)	Actual (£m)	Variance (£m)	Variance %			Variance	M9 (£m)	(£m)	(£m)	M9 (£m)	(£m)
452.02	NHS & Other Clinical Revenue	37.96	38.44	0.49	1.29%	339.75	350.54	10.79	3.18%	G	1	38.23	339.75	37.96			
46.12	Private Patient Revenue	4.18	5.66	1.48	35.41%	32.31	35.75	3.44	10.64%	G	2	1.82	32.31	4.18			
65.65	Non-Clinical Revenue	5.39	4.60	(0.79)	(14.58%)	49.56	47.81	(1.74)	(3.52%)	R	3	5.36	49.56	5.39			
<b>563.78</b>	<b>Total Operating Revenue</b>	<b>47.53</b>	<b>48.71</b>	<b>1.18</b>	<b>2.49%</b>	<b>421.61</b>	<b>434.10</b>	<b>12.48</b>	<b>2.96%</b>	<b>G</b>		<b>45.41</b>	<b>421.61</b>	<b>47.53</b>			
(322.02)	Permanent Staff	(26.65)	(28.18)	(1.52)	(5.72%)	(241.59)	(255.61)	(14.02)	(5.80%)	R		(26.92)	(241.59)	(26.65)			
(3.65)	Agency Staff	(0.26)	(0.27)	(0.01)		(2.88)	(2.90)	(0.02)		G		(0.31)	(2.88)	(0.26)			
(16.74)	Bank Staff	(1.34)	(1.44)	(0.10)	(7.50%)	(12.84)	(14.58)	(1.75)	(13.59%)	R		(1.64)	(12.84)	(1.34)			
<b>(342.41)</b>	<b>Total Employee Expenses</b>	<b>(28.24)</b>	<b>(29.88)</b>	<b>(1.63)</b>	<b>(5.78%)</b>	<b>(257.31)</b>	<b>(273.10)</b>	<b>(15.79)</b>	<b>(6.14%)</b>	<b>R</b>	4	<b>(28.86)</b>	<b>(257.31)</b>	<b>(28.24)</b>			
(94.54)	Drugs and Blood	(7.82)	(8.54)	(0.72)	(9.19%)	(71.16)	(76.01)	(4.85)	(6.82%)	R		(7.34)	(71.16)	(7.82)			
(41.17)	Supplies and services - clinical	(3.41)	(3.87)	(0.45)	(13.26%)	(31.00)	(32.75)	(1.74)	(5.62%)	R		(3.41)	(31.00)	(3.41)			
(71.02)	Other Expenses	(5.86)	(6.95)	(1.09)	(18.64%)	(53.50)	(55.88)	(2.38)	(4.44%)	R		(6.02)	(53.50)	(5.86)			
<b>(206.74)</b>	<b>Total Non-Pay Expenses</b>	<b>(17.09)</b>	<b>(19.35)</b>	<b>(2.26)</b>	<b>(13.24%)</b>	<b>(155.67)</b>	<b>(164.64)</b>	<b>(8.97)</b>	<b>(5.76%)</b>	<b>R</b>	5	<b>(16.77)</b>	<b>(155.67)</b>	<b>(17.09)</b>			
<b>(549.15)</b>	<b>Total Expenses</b>	<b>(45.34)</b>	<b>(49.23)</b>	<b>(3.90)</b>	<b>(8.59%)</b>	<b>(412.97)</b>	<b>(437.73)</b>	<b>(24.76)</b>	<b>(6.00%)</b>	<b>R</b>		<b>(45.64)</b>	<b>(412.97)</b>	<b>(45.34)</b>			
14.64	EBITDA (exc Capital Donations)	2.19	(0.52)	(2.71)	(123.89%)	8.64	(3.64)	(12.28)	(142.13%)	R		(0.22)	8.64	2.19			
(25.27)	Owned depreciation, Interest and PDC	(2.23)	(1.57)	0.66	29.44%	(18.02)	(14.88)	3.15	17.45%			(1.43)	(18.02)	(2.23)			
<b>(10.63)</b>	<b>Surplus/Deficit</b>	<b>(0.04)</b>	<b>(2.10)</b>	<b>(2.06)</b>	<b>(5,151.85%)</b>	<b>(9.38)</b>	<b>(18.51)</b>	<b>(9.13)</b>	<b>(97.33%)</b>			<b>(1.65)</b>	<b>(9.38)</b>	<b>(0.04)</b>			
(20.99)	Donated depreciation	(1.82)	(1.62)	0.20		(15.57)	(14.69)	0.87				(1.43)	(15.57)	(1.82)			
<b>(31.62)</b>	<b>Net (Deficit)/Surplus (exc Cap. Don. &amp; Impairments)</b>	<b>(1.86)</b>	<b>(3.72)</b>	<b>(1.86)</b>	<b>(5,151.85%)</b>	<b>(24.95)</b>	<b>(33.21)</b>	<b>(8.26)</b>	<b>(97.33%)</b>			<b>(3.08)</b>	<b>(24.95)</b>	<b>(1.86)</b>			
0.00	Impairments & Unwinding Of Discount	0.00	0.00	0.00		0.00	0.00	0.00				0.00	0.00	0.00			
29.61	Capital Donations	4.22	0.70	(3.52)		14.58	7.83	(6.75)				0.66	14.58	4.22			
<b>(2.01)</b>	<b>Adjusted Net Result</b>	<b>2.36</b>	<b>(3.02)</b>	<b>(5.38)</b>	<b>(228.33%)</b>	<b>(10.38)</b>	<b>(25.38)</b>	<b>(15.01)</b>	<b>(144.62%)</b>			<b>(2.42)</b>	<b>(10.38)</b>	<b>2.36</b>			

## Summary

- The YTD Trust financial position at Month 9 is a deficit of £18.5m which is £9.1m 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

- NHS clinical income is £10.8m favourable to plan YTD due to increased income for passthrough drugs (offset with expenditure), other NHS clinical income, overseas income linked to additional activity, funding for long term ventilated patients and pay award funding.
- Private Patient income is £3.4m favourable to plan YTD which is due to increased levels of activity seen over the last two months.
- Non clinical income is £1.7m adverse to plan YTD. This is mainly driven by reduced levels of Commercial income, Charity income and outreach clinics. The Trust is continuing to work on increasing the income from these later in the year.
- Pay costs are £15.8m adverse to plan YTD mainly due to high levels of bank usage linked to sickness, additional shifts to reduce the waiting lists, national pay award and a delay in the delivery of the Better Value programme.
- Non pay is £8.9m adverse to plan YTD largely due to increase in pass through expenditure (£1.6m) which is offset by additional income, Drugs costs (£1.8m), Clinical supplies (£2.7m) largely on reagents.



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

## Trust Income and Expenditure Forecast Outturn Summary for the 9 months ending 31 Dec 2022



2022/23						Rating	Straight Line
Income & Expenditure	Plan	Forecast	Variance		YTD		
	(£m)	(£m)	(£m)	%	Variance		
NHS & Other Clinical Revenue	452.02	474.41	22.39	4.95%	G	1,051.61	
Private Patient Revenue	46.12	47.12	1.00	2.18%	G	107.24	
Non-Clinical Revenue	65.65	68.10	2.45	3.73%	G	143.44	
<b>Total Operating Revenue</b>	<b>563.78</b>	<b>589.63</b>	<b>25.84</b>	<b>4.58%</b>	<b>G</b>	<b>1,302.29</b>	
Permanent Staff	(322.02)	(340.94)	(18.92)	(5.87%)	R	(766.84)	
Agency Staff	(3.65)	(3.79)	(3.79)	(103.92%)	R	(8.70)	
Bank Staff	(16.74)	(19.33)	(19.33)	(115.47%)	R	(43.74)	
<b>Total Employee Expenses</b>	<b>(342.41)</b>	<b>(364.06)</b>	<b>(21.65)</b>	<b>(6.32%)</b>	<b>R</b>	<b>(819.29)</b>	
Drugs and Blood	(94.54)	(101.36)	(101.36)	(107.21%)	R	(228.04)	
Supplies and services - clinical	(41.17)	(41.24)	(41.24)	(100.16%)	R	(98.25)	
Other Expenses	(71.02)	(72.69)	(72.69)	(102.36%)	R	(167.63)	
<b>Total Non-Pay Expenses</b>	<b>(206.74)</b>	<b>(215.29)</b>	<b>(8.55)</b>	<b>(4.14%)</b>	<b>R</b>	<b>(493.92)</b>	
<b>Total Expenses</b>	<b>(549.15)</b>	<b>(579.35)</b>	<b>(30.20)</b>	<b>(5.50%)</b>	<b>R</b>	<b>(1,313.20)</b>	
<b>EBITDA (exc Capital Donations)</b>	<b>14.64</b>	<b>10.28</b>	<b>(4.36)</b>	<b>(29.80%)</b>	<b>R</b>	<b>(10.92)</b>	
Owned depreciation, Interest and PDC	(25.27)	(20.90)	4.37	17.28%		(44.63)	
<b>Surplus/Deficit</b>	<b>(10.63)</b>	<b>(10.63)</b>	<b>0.00</b>	<b>(0.13)</b>	<b>G</b>	<b>(55.54)</b>	
Donated depreciation	(20.99)	(22.24)	(1.25)	(5.97%)			
<b>Net (Deficit)/Surplus (exc Cap. Don. &amp; Impairments)</b>	<b>(31.62)</b>	<b>(32.87)</b>	<b>(1.25)</b>	<b>(3.95%)</b>			
Impairments	0.00	0.00	0.00				
Capital Donations	29.61	29.69	0.08	0.27%			
<b>Adjusted Net Result</b>	<b>(2.01)</b>	<b>(3.18)</b>	<b>(1.17)</b>	<b>(58.25%)</b>			

### RAG Criteria:

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

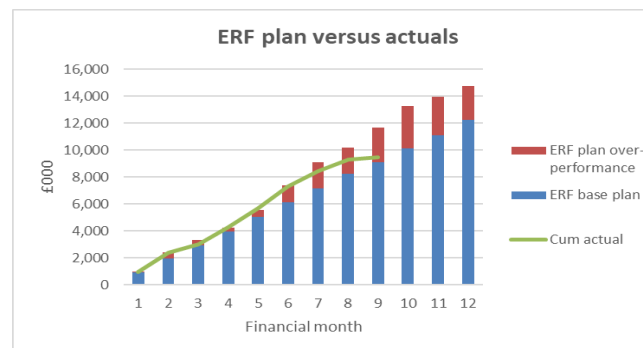
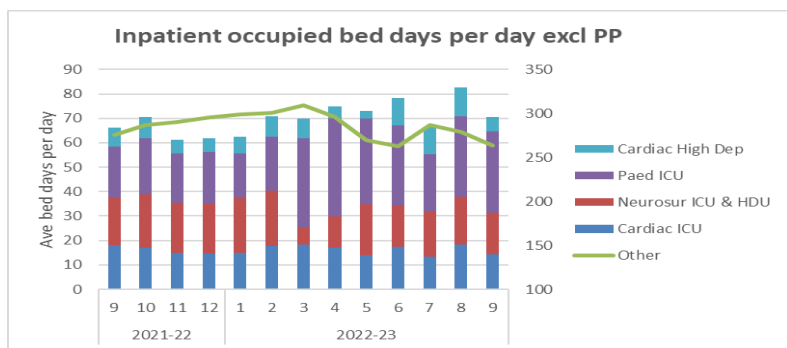
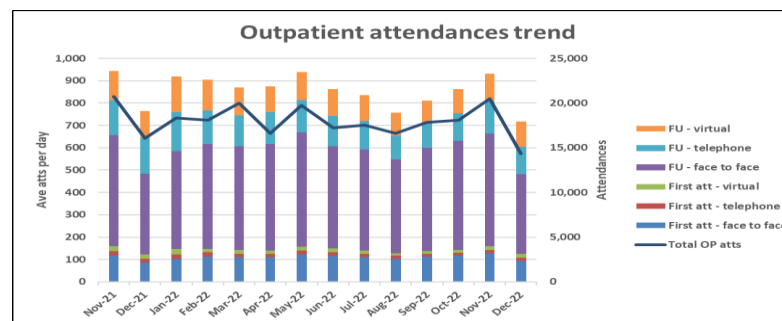
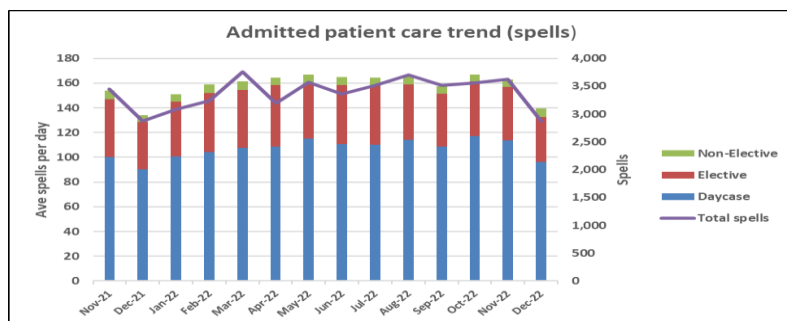
### Summary

- In support of the ICS delivering a breakeven position at the end of the year the Trust control total is a £10.6m deficit.
- The NHS has released a new set of protocols that outline the manner in which a forecast can be updated. The Trust is working with the ICB on reviewing the forecast in line with the ICB and protocol.

### Notes based on £10.6m deficit

- The forecast for NHS & other clinical revenue is above plan due to additional income related to updated pay award, pass through drugs and overseas income.
- Private Patient income is forecast to achieve £47.1m with the Trust continuing to work on its Recovery plan in order to deliver additional activity and bring in the current referrals within the pipeline.
- Pay is forecast to be £21.7m above plan due to the cost of delivering the activity levels, sickness and the additional pay award. All pay inflation has been offset with income.
- Non Pay is £8.6m above plan linked to additional pass through costs (offset by income) and clinical supplies linked to additional activity.



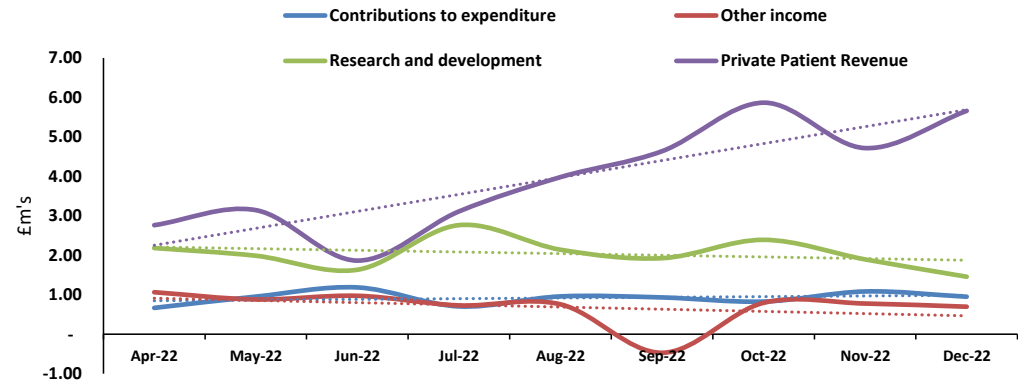
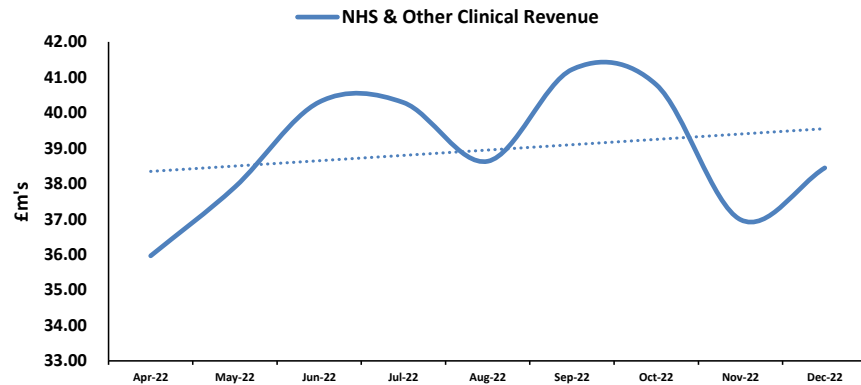


**Summary**

- Admitted patient care activity in December is lower than November by 14.1% overall for all points of delivery with daycases and elective decreasing by 15.6% and 16.0% respectively and non-elective increasing by 29.8%. This follows a similar profile to 2021 and equates to reductions in spells per working day of 17.81 and 6.89 for daycases and elective respectively with an increase of 1.69 for non-elective activity.
- Bed days for December 2022 have decreased in line with activity per working day with critical care decreasing by 12.2 days and other bed days by 15.3 days per working day versus November.
- Outpatient attendances decreased per working day versus November across both first and follow up attendances at 21.24% (33.69 attendances) and 23.39% (180.55 attendances) respectively. Face to face % activity levels have stabilised since August, at circa 70% face to face and 30% non-face to face. The number of outpatient attendances may increase as activity is finalised.
- Clinical supplies and services have increased versus November (£3.5m to £3.4m) whereas activity levels are lower for each point of delivery. This is driven by higher costs for reagents and laboratory consumables across laboratories and newborn screening.
- On the basis of current information, estimated year to date December performance for ERF is £9,481k versus a plan of £11,648k giving an under-performance of £2,167k against the total plan consisting of baseline ERF funding and planned over-performance. This may be subject to change as activity is finalised. This is a deterioration versus November of £1,278k with the estimated impact of the nursing strikes being £620k and the balance being due to a larger than planned reduction for Christmas. Assuming plan is delivered to the end of the year, this would give us a gap of £1.3m versus the forecast outcome however the March plan is prudent.

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

## 2022/23 Income for the 9 months ending 31 Dec 2022



### Summary

- Income from patient care activities excluding private patients is £10.8m favourable to plan YTD. This is due to significant increases in income for pass through drugs, additional genomics funding, long term ventilated patients 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 £3.5m favourable to plan YTD. This is due to increased activity levels over the last couple of months and work is being done to increase activity level further. Private patient income has increased and strong referrals are leading to the expected continued increase in private income.

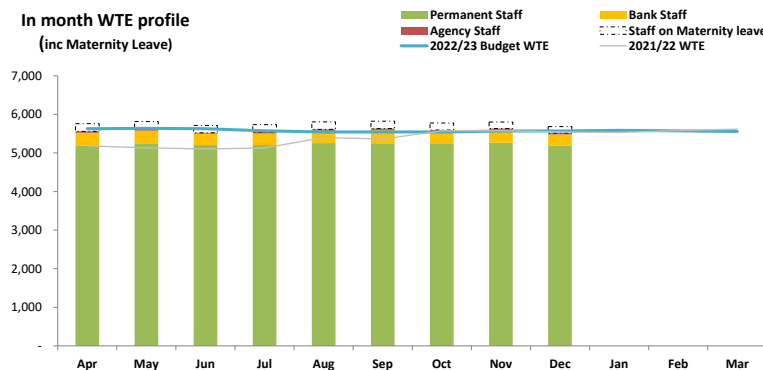
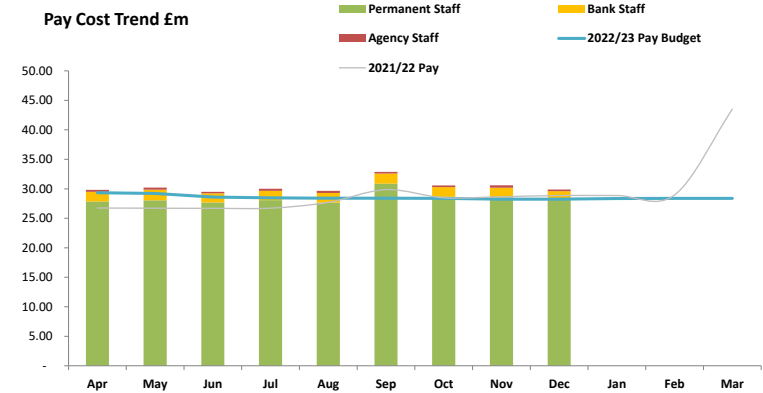
# Workforce Summary for the 9 months ending 31 Dec 2022

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



£m including Perm, Bank and Agency Staff Group	2021/22 actual full year			2022/23 actual			Variance			RAG
	FY (£m)	FY Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Volume Var (£m)	Price Var (£m)	£ Variance
Admin (inc Director & Senior Managers)	61.7	1,251.7	49.3	50.5	1,285.2	52.4	(4.3)	(1.2)	(3.0)	R
Consultants	63.5	396.0	160.4	50.1	395.6	168.7	(2.4)	0.1	(2.5)	R
Estates & Ancillary Staff	10.6	323.6	32.9	11.7	443.2	35.1	(3.7)	(3.0)	(0.7)	R
Healthcare Assist & Supp	11.3	322.5	35.2	8.8	310.8	37.7	(0.3)	0.3	(0.6)	A
Junior Doctors	31.6	385.4	82.0	25.8	393.7	87.5	(2.1)	(0.5)	(1.6)	R
Nursing Staff	93.8	1,623.3	57.8	73.0	1,617.0	60.2	(2.6)	0.3	(2.9)	R
Other Staff	0.8	15.3	53.9	0.7	17.8	54.0	(0.1)	(0.1)	(0.0)	A
Scientific Therap Tech	60.2	1,039.5	57.9	48.7	1,080.6	60.1	(3.6)	(1.8)	(1.8)	R
<b>Total substantive and bank staff costs</b>	<b>333.6</b>	<b>5,357.4</b>	<b>62.3</b>	<b>269.2</b>	<b>5,543.8</b>	<b>64.8</b>	<b>(19.0)</b>	<b>(8.7)</b>	<b>(10.3)</b>	<b>R</b>
Agency	4.2	35.8	116.0	2.9	36.7	105.3	0.2	(0.1)	0.3	G
<b>Total substantive, bank and agency cost</b>	<b>337.8</b>	<b>5,393.2</b>	<b>62.6</b>	<b>272.1</b>	<b>5,580.6</b>	<b>65.0</b>	<b>(18.8)</b>	<b>(8.8)</b>	<b>(10.0)</b>	<b>R</b>
Reserve*	0.5	0.2		0.9	0.0		(0.6)	(0.6)	0.0	R
Additional employer pension contribution by NHSE (M12)	13.6	0.0		0.0	0.0		0.0	0.0	0.0	G
<b>Total pay cost</b>	<b>351.8</b>	<b>5,393.4</b>	<b>65.2</b>	<b>273.1</b>	<b>5,580.6</b>	<b>65.2</b>	<b>(19.4)</b>	<b>(9.4)</b>	<b>(10.0)</b>	<b>R</b>
Remove maternity leave cost	(4.1)			(2.5)			(0.6)	0.0	(0.6)	R
<b>Total excluding Maternity Costs</b>	<b>347.6</b>	<b>5,393.4</b>	<b>64.5</b>	<b>270.6</b>	<b>5,580.6</b>	<b>64.7</b>	<b>(20.0)</b>	<b>(9.4)</b>	<b>(10.7)</b>	<b>R</b>

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



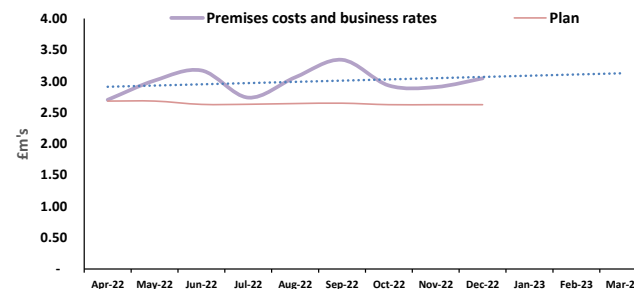
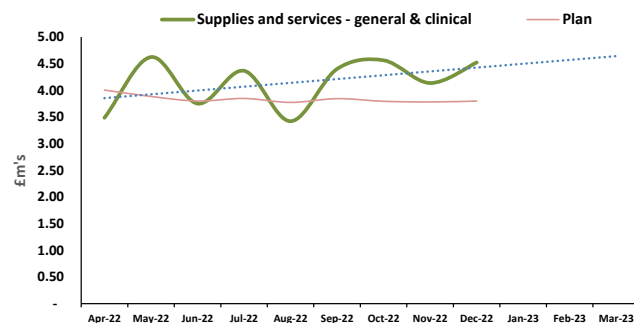
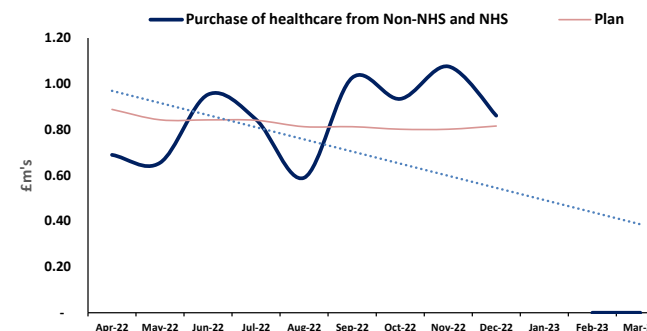
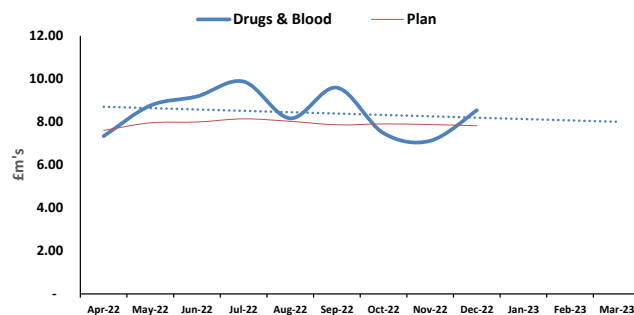
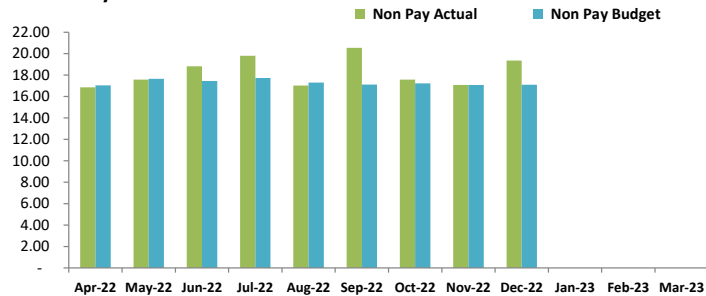
## Summary

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 £15.8m and when compared to the 2021/22 extrapolated actual it is £19.0m higher. This increase from 2021/22 is being driven by volume increase (£9.4m) and price increase (£10.7m). 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.
- December has seen the number of staff absent from the Trust due to Covid remain the same with 0.3% for both 30th November and 31st December.
- The Trust continues to see high levels of maternity leave (172 WTE) which is contributing to the higher than planned levels of temporary staffing across the Trust.
- Consultants & Junior Doctors are £4.8m adverse YTD to plan due to rota compliance and an increase in WLIs and on call cover to deliver the Trust activity plans.
- Estates & Ancillary are £1.9m 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 £1.5m adverse to plan YTD due to Agency usage within Pharmacy.

## Non-Pay Summary for the 9 months ending 31 Dec 2022

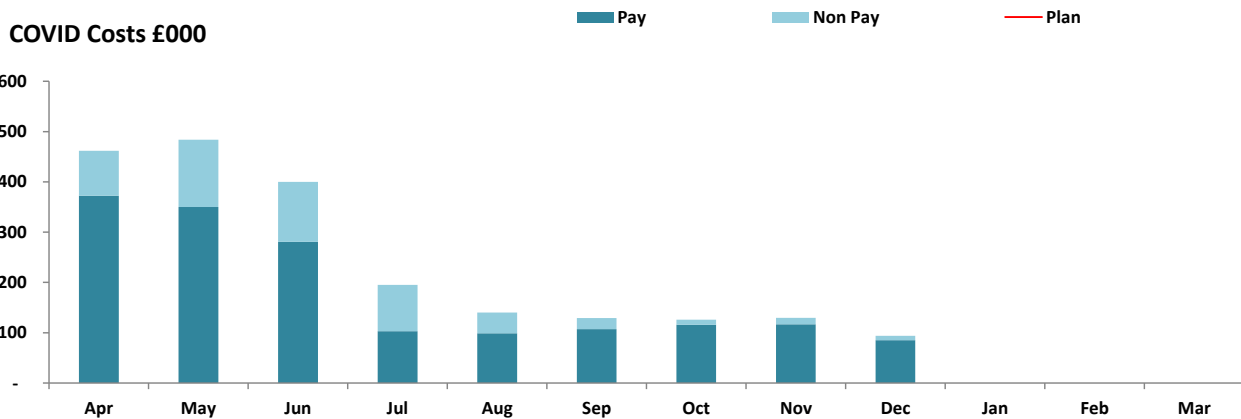
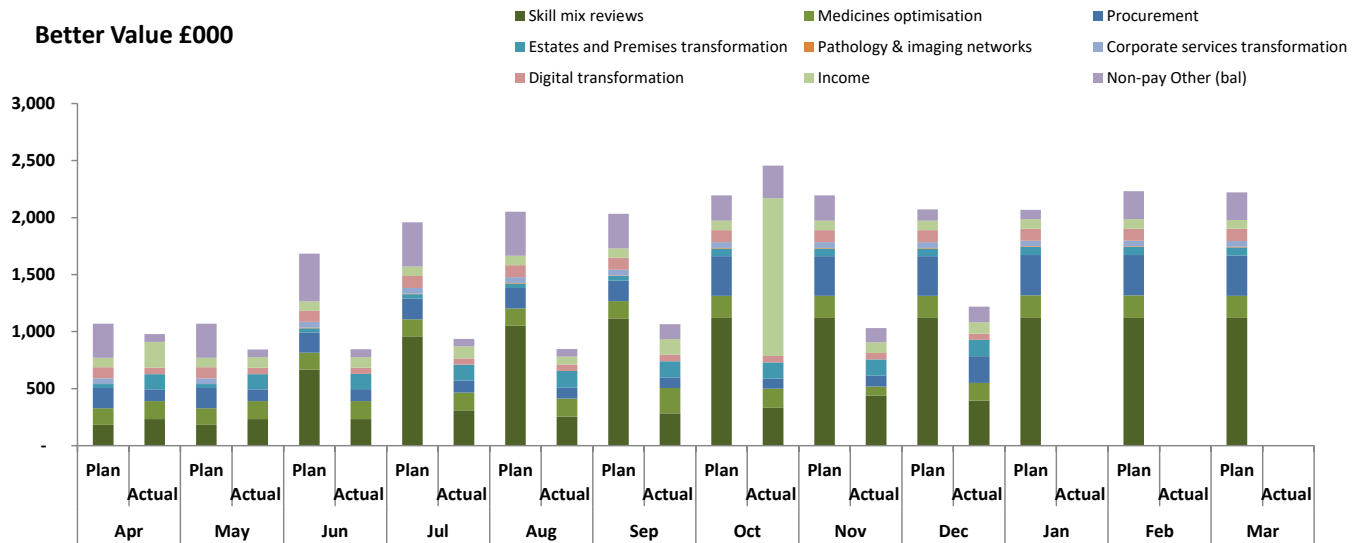
### Non Pay Cost Trend £



### Summary

- Non pay is £2.3m adverse to plan in month and £8.9m adverse to plan YTD.
- Pass through expenditure is £1.6m adverse to plan YTD but this offsets by additional income.
- Premises costs are £1.4m adverse to plan YTD due to increased costs associated with the expanded Trust EPR system, ward refurbishment and ventilation works
- Supplies & Services Clinical costs increased in month due to reagents ordering, leading to clinical supplies as £2.7m adverse position
- Drugs costs are £1.8m adverse to plan YTD due to increase in costs for CAR-T
- Impairment of receivables is £0.4m adverse to plan YTD due to the bad debt increased.

## Better Value and COVID costs for the 9 months ending 31 Dec 2022



### **Better Value and Covid-19 costs**

- The Trust is continuing to develop its 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 held additional workshops and meetings to drive bottom up scheme development across the Trust.
  - Month 9 £11.2m of the £16.3m plan has been delivered.
  - Month 9 plan was for £10.9m of recurrent savings, Trust has delivered £8.1m.
  - Month 9 plan was for £5.5m of non recurrent savings, Trust has delivered £3.1m.
- Covid costs in month are £0.1m which is significantly lower than the last six months of 2021/22 and it is continuing to reduce. 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.

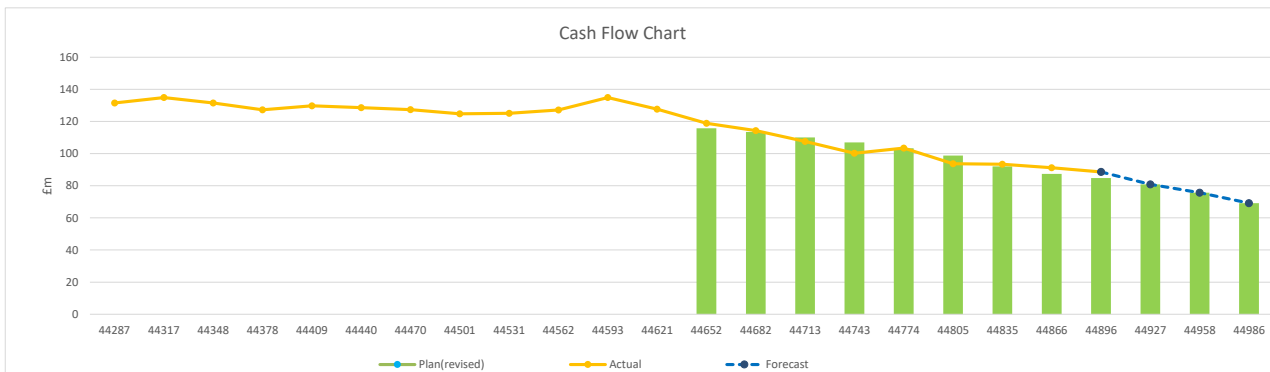
31 Mar 2022 Audited Accounts £m	Statement of Financial Position	YTD Actual 30 Nov 22 £m	YTD Actual 31 Dec 22 £m	In month Movement £m
546.40	Non-Current Assets	617.94	616.40	(1.54)
62.22	Current Assets (exc Cash)	89.85	91.59	1.74
123.67	Cash & Cash Equivalents	91.17	88.57	(2.60)
(104.63)	Current Liabilities	(116.77)	(117.58)	(0.81)
(5.37)	Non-Current Liabilities	(26.19)	(26.00)	0.19
<b>622.29</b>	<b>Total Assets Employed</b>	<b>656.00</b>	<b>652.98</b>	<b>(3.02)</b>

31 Mar 2022 Audited Accounts £m	Capital Expenditure	YTD plan 31 December 2022 £m	YTD Actual 31 December 2022 £m	YTD Variance £m	Forecast Outturn 31 Mar 2023 £m	RAG YTD variance
6.12	Redevelopment - Donated	12.36	5.82	6.54	26.44	R
1.61	Medical Equipment - Donated	2.21	2.00	0.21	3.25	G
-	ICT - Donated	0.00	0.00	0.00	0.00	G
<b>7.73</b>	<b>Total Donated</b>	<b>14.57</b>	<b>7.82</b>	<b>6.75</b>	<b>29.69</b>	<b>R</b>
<b>0.32</b>	<b>Total Grant funded</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>G</b>
12.05	Redevelopment & equipment - Trust Funded	1.88	1.31	0.57	5.45	A
1.44	Estates & Facilities - Trust Funded	2.96	1.61	1.35	3.29	R
3.17	ICT - Trust Funded	2.91	3.29	(0.38)	5.26	A
-	Contingency/unallocated	0.00	0.00	0.00	0.98	G
(0.74)	Disposals	0.00	0.00	0.00	0.00	G
<b>15.92</b>	<b>Total Trust Funded</b>	<b>7.75</b>	<b>6.21</b>	<b>1.54</b>	<b>14.98</b>	<b>A</b>
<b>0.16</b>	<b>Share allocation</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>G</b>
-	<b>Total IFRS 16</b>	<b>0.64</b>	<b>0.10</b>	<b>0.54</b>	<b>0.64</b>	<b>R</b>
<b>1.53</b>	<b>PDC</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.08</b>	<b>G</b>
<b>25.66</b>	<b>Total Expenditure</b>	<b>22.96</b>	<b>14.13</b>	<b>8.83</b>	<b>45.39</b>	<b>A</b>

31-Mar-22	Working Capital	30-Nov-22	31-Dec-22	RAG	KPI
4.0	NHS Debtor Days (YTD)	4.0	4.0	G	< 30.0
131.0	IPP Debtor Days	196.0	198.0	R	< 120.0
12.0	IPP Overdue Debt (£m)	20.8	21.4	R	0.0
87.0	Inventory Days - Non Drugs	79.0	80.0	R	30.0
34.0	Creditor Days	26.0	24.0	G	< 30.0
43.0%	BPPC - NHS (YTD) (number)	46.2%	47.8%	R	> 95.0%
74.4%	BPPC - NHS (YTD) (£)	78.5%	79.8%	R	> 95.0%
83.4%	BPPC - Non-NHS (YTD) (number)	81.1%	81.7%	R	> 95.0%
92.2%	BPPC - Non-NHS (YTD) (£)	92.0%	91.8%	A	> 95.0%
81.7%	BPPC - Total (YTD) (number)	83.2%	80.5%	R	> 95.0%
90.6%	BPPC - Total (YTD) (£)	90.1%	90.7%	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	Nov-22	Dec-22	RAG	Mar-23	RAG
1.8	Current Ratio (Current Assets / Current Liabilities)	1.6	1.5	G	1.8	G
1.7	Quick Ratio (Current Assets - Inventories - Prepaid Expenses) / Current Liabilities	1.4	1.4	G	1.6	G
1.2	Cash Ratio (Cash / Current Liabilities)	0.8	0.8	R	0.8	R
77.0	Liquidity days Cash / (Pay+Non pay excl Capital expenditure)	58.3	56.6	A	44.0	A
127.0	Liquidity Days (Payroll)/(Cash / Pay)	96.9	94.1	G	73.0	G



**Comments:**

- Capital expenditure for the year to date was £14.1m; the Trust-funded programme is £1.5m less than plan and right of use £0.5m less than plan; the donated programme is £6.8m less than plan. The Trust funded forecast total outturn is as the plan.
- Cash held by the Trust decreased from £91.2m to £88.6m.
- Total Assets employed at M09 increased by £0.3m in month as a result of the following:
  - Non current assets increased by £3.0m to £620.9m.
  - Current assets excluding cash totalled £92.0m, increasing by £2.1m in month. This largely relates to Charity capital receivables (£0.4m higher in month); Inventories (£0.8m higher in month) and Other receivables (£0.9m higher in month).
  - Cash held by the Trust totalled £88.6m, decreasing in month by £2.6m.
  - Current liabilities increased in month by £0.8m to £117.6m. This includes expenditure accruals (£2.1m higher in month); and deferred income (£1.6m higher in month). This is offset against the decrease in Capital creditors (£1.6m lower in month); other payables (£0.4m lower in month) and NHS payables (£0.9m lower in month)
  - Non current liabilities totalled £27.6m which is £1.4m higher in month. This includes lease borrowings of £25.2m.
- I&PC debtors days increased in month from 193 to 198. Total I&PC debt (net of cash deposits held) increased in month to £24.0m (£23.8m in M08). Overdue debt increased in month to £21.4m (£20.8m in M08).
- In M09, 91% of the total value of creditor invoices were settled within 30 days of receipt; this represented 81% 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.
- By supplier category, the cumulative BPPC for Non NHS invoices (by number) was 82% (81% in M08). This represented 92% of the total value of invoices settled within 30 days (92% in M08). The cumulative BPPC for NHS invoices (by number) was 48% (46% in M08). This represented 80% of the value of invoices settled within 30 days (79% in M08).
- Creditor days decreased in month from 26 to 24 days.

## Appraisal of GOSH Non-Executive Directors 2022

### Amanda Ellingworth

Appointed 1 January 2018, tenure expires 31 December 2023  
Appraisal window: 1 October 2021 – 30 September 2022

#### Summary of work undertaken and appraisal of Amanda Ellingworth (Appraisal conducted by Mike Rake, Chair – 29 September 2022)

##### Responsibilities of NED

Chair of the Quality, Safety and Experience Assurance Committee  
Member of the People and Education Assurance Committee  
Member of the Trust Board  
Member of the GOSH Nominations Committee  
Member of GOSH Remuneration Committee  
Board Diversity and Inclusion Guardian  
Board Creative Health Champion

##### Summary of evidence against objectives

**OBJECTIVE 1: Completes the relevant annual declarations and meets all requirements (annual declaration of interests form and raises any potential or actual conflicts at the beginning of a Board/ committee meeting; annual Fit and Proper Person Test declaration and on-going compliance with the regulations; and the annual code of conduct declaration).**

Has completed all self-assessments (Code of Conduct, FPPT and declarations of interest).

**OBJECTIVE 2: Follows up challenges (outside formal meetings when appropriate), to ensure that questions or concerns have been addressed satisfactorily.**

- Continued to lead the work on developing the QSEAC agenda and committee papers to become more assurance focused and increase the discussion of patient experience
- Continued to highlight the importance of learning lessons throughout the Trust where issues arose in a specific area.
- Continued to request focus on 'always policies' to ensure that they remained in date at a rate of 100%.
- Highlighted the importance of triangulating KPIs and feedback from staff, patients and families to identify whether activity levels, quality and safety and staff wellbeing were well balanced.
- Focused on diversity and inclusion including recommending the use of reverse mentorship and the disaggregating data in the staff survey by protected characteristics to identify the experience of different groups of staff.
- Emphasised the importance of the Trust's strategic direction and operational decisions being in the best interests of patients irrespective of the impact on GOSH.
- Highlighted the importance of GOSH using its world class status to drive general improvement in NHS services, especially in paediatric care and use its voice in national reviews in areas such as social care.

- Requested triangulation, and benchmarking, of data in all relevant reports as well as trend analysis taking into account the skewed nature of data during surges of the COVID19 pandemic.
- Sought assurance of timelines and trajectories be developed for meeting objectives particularly for long term goals such as those around culture.
- Cautioned against overreliance on a small number of posts and ensuring the resilience of staffing structures.
- Emphasised the importance of considering missed opportunities to raise concerns in root cause analyses and post incident reviews.
- Ensured the ongoing focus of the QSEAC on transition given its importance to patients and families.
- Sought ongoing assurance of plans to move beyond meeting regulatory standards and work in line with best practice.
- Recently agreed to take on Senior Independent Director and Deputy Chair roles on the Board.

**OBJECTIVE 3: Undertakes all relevant statutory and mandatory training in accordance with relevant timescales.** All mandatory training completed.

**OBJECTIVE 4: Regular attendance at Board and Board committee meetings and participation in a broad range of topics throughout the year (1 October 2021 – 30 September 2022).**

Trust Board	Trust Board Nominations Committee	Trust Board Remuneration Committee	Quality, Safety and Experience Assurance Committee	People and Education Assurance Committee
7 meetings attended of 7 held	1 meeting held in year	3 meetings attended of 3 held	4 meetings attended of 4 held	4 meetings attended of 4 held

**OBJECTIVE 5: Attends external events and/or hospital visits and /or meetings with executives and Council meetings during the year to gather information and inform viewpoints**

- Took part in Non-Executive Director walkrounds throughout the year
- Joined virtual Senior Leadership Team meetings and the Big Brief throughout the year.
- Joined a workshop on the non-financial elements of the Children’s Cancer Centre Full Business Case
- Attended the Risk Assurance and Compliance Group
- Met face to face with the Interim Chief Pharmacist
- Regular meetings with Chief Medical Officer and
- Met face to face many other key staff once covid restrictions allowed
- Attended Network meetings and Equality Diversity and Inclusion Steering groups
- Observed the Quality Committee meeting of another specialist London NHS Foundation Trust and invited them back to observe and comment on our QSEAC
- Took part in a tour of the Children’s Cancer Centre footprint



- Attended a meeting of the Patient and Family Engagement and Experience Committee
- Completed 3-day NED Race Advisor programme at NHS London Race Strategy

**OBJECTIVE 6: Board effectiveness feedback and has reviewed the effectiveness of the relevant assurance committee and received reasonable feedback.**

General feedback received from external Well Led Review July 2021: *The leadership of GOSH has brought the organisation through a profound and significant period of improvement at all levels and across the whole Trust. The calibre of the leaders is generally high and everyone we spoke to had praise for how leaders have shaped an organisation that is much improved from what it was a few years ago.*

QSEAC effectiveness review conducted in March 2022 and no issues raised. There was positive feedback on Amanda as Chair of the meeting.

**OBJECTIVE 7: Are courteous to and supportive of other Board members.**

Yes – demonstrated commitment to implementing the Trust’s values

**OBJECTIVE 8: Actively engages with the Council of Governors**

Yes.

- Has attended 4 out of 4 Council of Governor meetings.
- As Chair of QSEAC has received feedback from Governors following each committee meeting

**Performance against the competencies (provided by Mike Rake, Chair)**

Summary of significant emergent themes from stakeholder assessments:

*Amanda demonstrates a strong commitment to high quality care, safety and exceptional patient experience.*

*Amanda Chairs the Quality, Safety and Experience Assurance Committee very well, she is active in agenda planning and ensures the right issues are focused on from a patient perspective. She is very passionate, incredibly supportive and is able to think more widely about the patients and families. She considers all factors and using her wider experience can offer suggestions on how to improve services and processes. Amanda is extremely good at representing facts, ensuring compliance and has a strong desire to improve governance.*

*Amanda regularly meets with a number of the Executive team, which is very much welcomed, and she also frequently asks for feedback on herself.*

*Stakeholders felt Amanda is the most visible NED. She is committed and brings value outside of the executive management team; she dedicates a huge amount of time to the Trust and regularly attends Senior Leadership Team meetings and Virtual Big Briefs.*

*The executives felt that Amanda is very good and respectful when holding Executives to account and Amanda also respectfully challenges other NEDs at meetings. Likewise, governors felt she is very*

*good at challenging the status quo, praising where praise is due, shows good focus and holds all the team to account.*

*Amanda has attended all Council of Governor meetings throughout the year. She always comes well prepared having read the papers and listens actively to discussions.*

Highlighted areas of strength:

*Amanda dedicates a lot of time to the Trust. She is able to use her experience as a social worker to have difficult conversations and is passionate about advocating for people and good people management. She is approachable, compassionate and thoughtful, encouraging others to talk and bring their views. She is an active diversity and inclusion guardian.*

Identified opportunities to increase impact and effectiveness:

*None.*

Identified personal development/support needs:

*None.*

Identification of objectives for next 12 months:

- 1. To undertake the role and responsibilities of the Senior Independent Director and Deputy Chair by supporting the Chair in leading the Trust Board and lead a succession planning process for the Non-Executive Directors.*
- 2. To work with the Company Secretary on the recruitment process for a new Trust Chair.*
- 3. Continue to work with the PEAC Chair and Director of HR and OD to enhance and develop the work of the HR team.*
- 4. Continue to work with the Chief Medical Officer and Chief Nurse to ensure the work of the QSEAC efficiently supports continuous improvement and a learning culture.*

## Appraisal of GOSH Non-Executive Directors 2022

### Russell Viner

Appointed 1 May 2020, tenure expires 30 April 2023

Appraisal window: 1 October 2021 – 30 September 2022

### Summary of work undertaken and appraisal of Russell Viner (Appraisal conducted by Mike Rake, Chair – 29 September 2022)

#### Responsibilities of NED

Member of the Quality and Safety Assurance Committee

Member of the Trust Board

Member of the GOSH Nominations Committee

Member of GOSH Remuneration Committee

#### Summary of evidence against objectives

**OBJECTIVE 1: Completes the relevant annual declarations and meets all requirements (annual declaration of interests form and raises any potential or actual conflicts at the beginning of a Board/ committee meeting; annual Fit and Proper Person Test declaration and on-going compliance with the regulations; and the annual code of conduct declaration).** Has completed all self-assessments (Code of Conduct, FPPT and declarations of interest).

**OBJECTIVE 2: Follows up challenges (outside formal meetings when appropriate), to ensure that questions or concerns have been addressed satisfactorily.**

- Utilised considerable experience in clinical and research settings and knowledge of the NHS environment to provide support and challenge to the executive team.
- Used knowledge of the academic expertise at GOSH's partner organisations to suggest closer links in key areas which required academic underpinning.
- Sought assurance around the work taking place on health inequalities and emphasised the need to consider digital exclusion as a key component.
- Recommended the use of the Children's Hospital Alliance's lobbying and benchmarking capability to ensure that the paediatric voice was considered in national policy.
- Sought assurance around the assumptions made in the design of the Children's Cancer Centre in a post pandemic context given the likely changes to the way services would be delivered.
- Sought assurance around the timelines associated with the Children's Cancer Centre in the context of the development of a joint cancer strategy between GOSH and UCLH and emphasised the importance of the integration of research into the building.
- Emphasised the importance of the inclusion of outpatient activity as part of the Cancer Planet.
- Highlighted the impact of the increase in the cost of living on families and their ability to attend appointments at GOSH as a central London hospital.
- Emphasised the importance of parity of esteem for patients in CAMHS services.
- Focused on the need to create a step change in the programme of cultural change.
- Sought assurance around the impact of high staff absence rates as a result of the Omicron

surge of the COVID19 pandemic.

- Sought assurance around the management of the large number of workstreams associated with the Patient Safety Delivery Plan.
- Highlighted the importance of maintaining the knowledge of senior consultants reaching the end of their careers whilst ensuring they remained up to date with best practice.
- Focused on the triangulation of the number of complaints and Datix incidents given that research showed that importance of a high reporting culture in safe organisations.

**OBJECTIVE 3: Undertakes all relevant statutory and mandatory training in accordance with relevant timescales.** All mandatory training completed.

**OBJECTIVE 4: Regular attendance at Board and Board committee meetings and participation in a broad range of topics throughout the year (1 October 2021 – 30 September 2022).**

Trust Board	Trust Board Nominations Committee	Trust Board Remuneration Committee	Quality, Safety and Experience Assurance Committee
7 meetings attended of 7 held	1 meeting held in year	2 meetings attended of 3 held	4 meetings attended of 4 held

**OBJECTIVE 5: Attends external events and/or hospital visits and /or meetings with executives and Council meetings during the year to gather information and inform viewpoints**

- Attended meetings of the Audit Committee
- Attended NHS England webinar on audit and risk
- Attended walkrounds throughout the year

**OBJECTIVE 6: Board effectiveness feedback and has reviewed the effectiveness of the relevant assurance committee and received reasonable feedback.**

General feedback received from external Well Led Review July 2021: *The leadership of GOSH has brought the organisation through a profound and significant period of improvement at all levels and across the whole Trust. The calibre of the leaders is generally high and everyone we spoke to had praise for how leaders have shaped an organisation that is much improved from what it was a few years ago.*

QSEAC effectiveness review conducted in March 2022 and no issues raised

**OBJECTIVE 7: Are courteous to and supportive of other Board members.**

Yes – demonstrated commitment to implementing the Trust’s values

**OBJECTIVE 8: Actively engages with the Council of Governors**

Yes.

Has attended 2 out of 4 Council of Governor meetings.

Engaged with Governors during feedback sessions at the end of QSEAC meetings during Governor feedback sessions.

**Performance against the competencies (provided by Mike Rake, Chair)**

Summary of significant emergent themes from stakeholder assessments:

*Russell brings a wealth of experience and knowledge to the Trust Board. He is always balanced and is able to talk and consider matters more widely by applying an external context.*

*Russell asks questions in an enquiring and informed way and is very supportive at meetings. The executives felt that other non-executive directors feel reassured by Russell's presence.*

*The governors would like to see Russell more at Council of Governors meetings and further understand his role in research.*

Highlighted areas of strength:

*Russell's informed perspective about health equalities has been extremely well received and he has made good connections for the Trust to take forward.*

Identified opportunities to increase impact and effectiveness:

*The governors note that Russell has a very busy external role, but they are keen to welcome his contribution at Council of Governor meetings and better understand his external role in the context of research at the hospital.*

*Russell is well connected, and the executives would be keen to speak about other relevant links.*

Identified personal development/support needs:

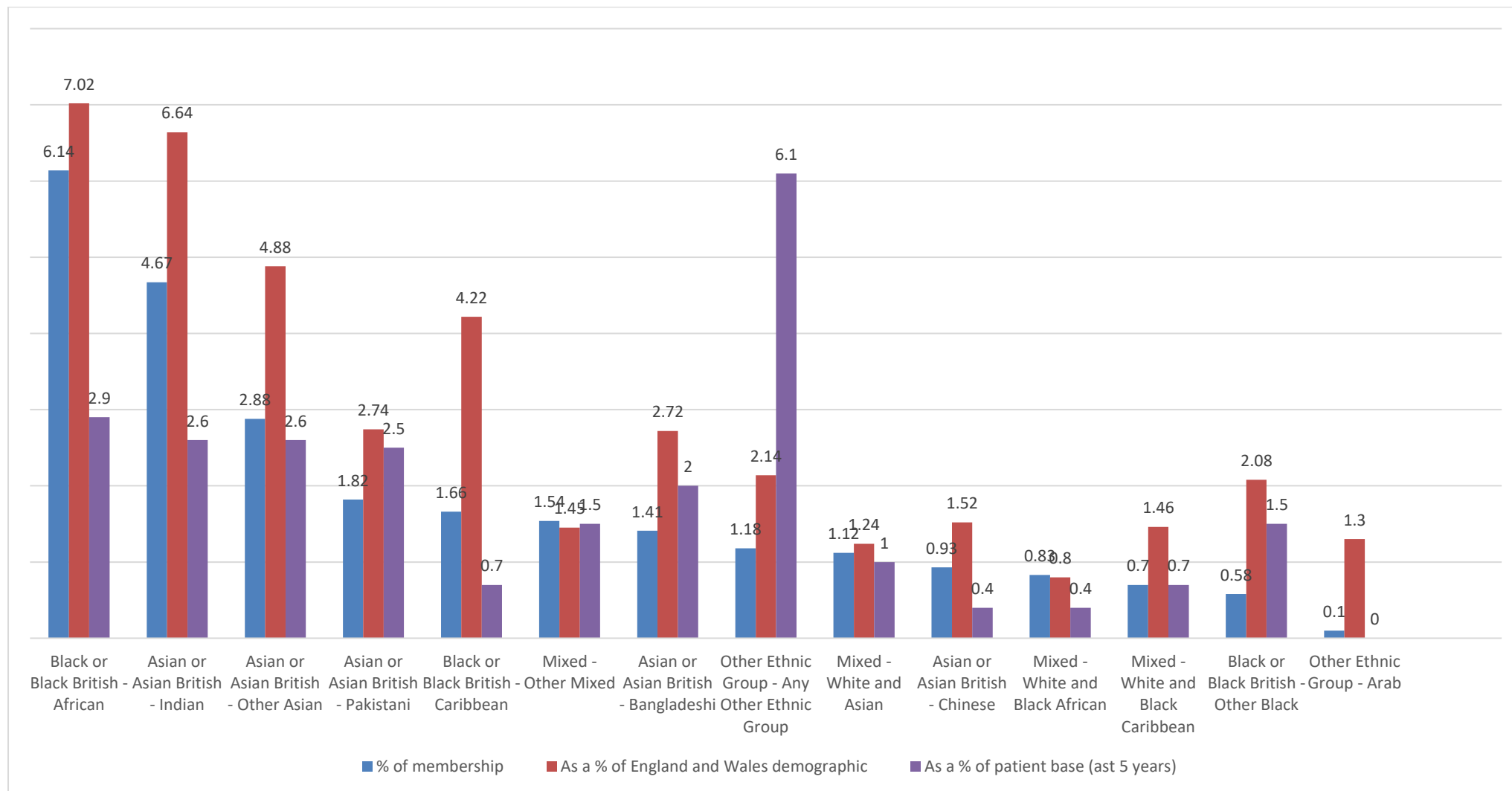
*Russell would like to broaden his knowledge of financial matters at GOSH and will observe Audit Committee and Finance and Investment Committee on a rotational basis over the next year.*

Identification of objectives for next 12 months:

1. *To attend and contribute at three Council of Governor meetings over the next year*
2. *To give a presentation on research to governors, either at a council meeting or part of their council development sessions, including an overview of his external role.*

### MERRC report Appendices

#### 1 Membership Demographics vs % of England and Wales and patients from last 5 years



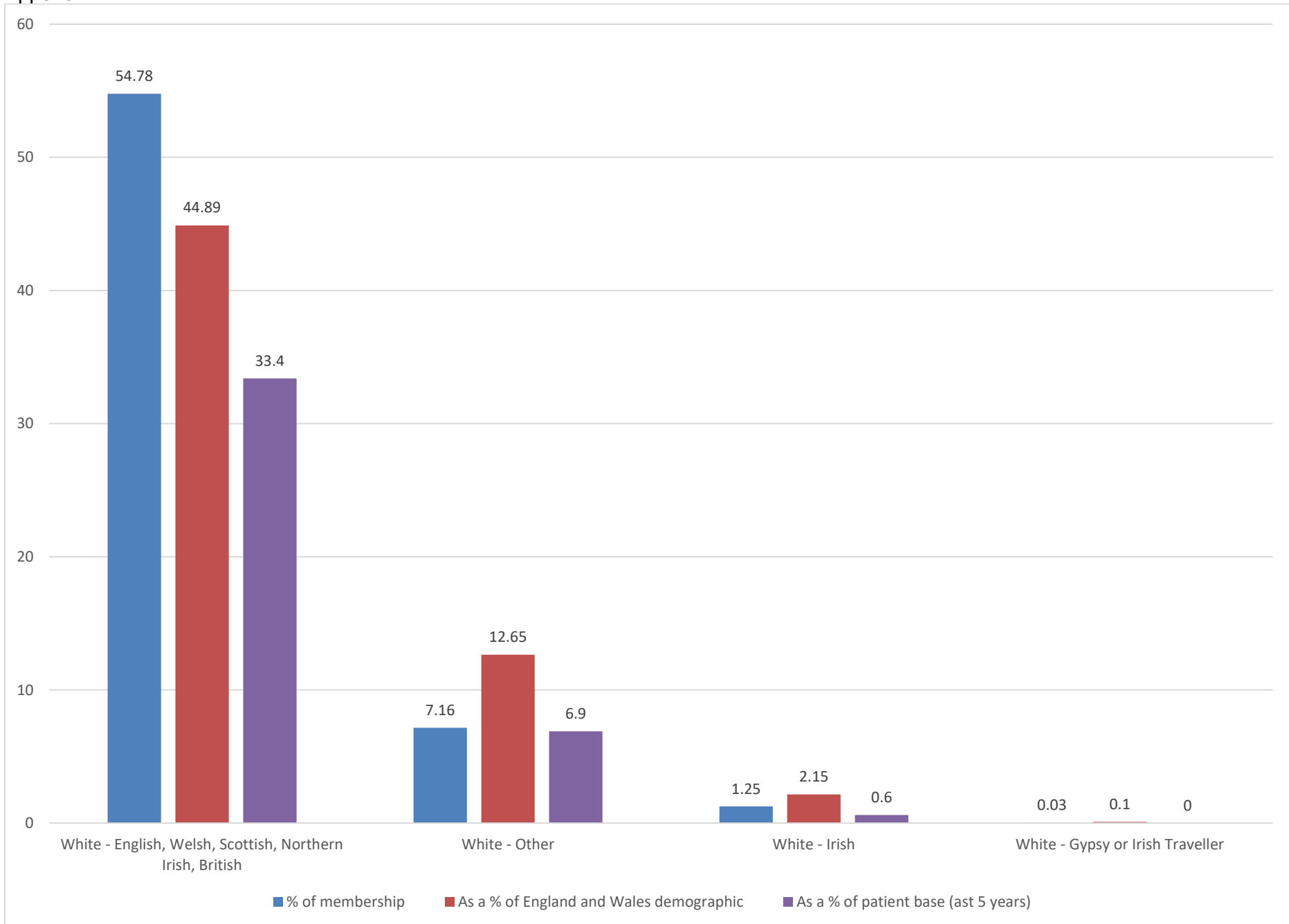
Council of Governors Meeting: 02 February 2023

MERRC Update

Appendix 1

**2 White and White other vs % of England and Wales and patients from last 5 years**

Council of Governors Meeting: 02 February 2023  
MERRC Update  
Appendix 1





### **Appraisal of the GOSH Trust Chair**

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

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

**Approved by Council of Governors in February 2020 and received in July 2022.**

**Chair personal style/leadership competencies**

Strategic

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

Partnerships

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

People

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

Professional acumen

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

Outcomes focus

20. Creates an environment in which clinical and operational excellence is sustained

## Attachment N

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