

Meeting of the Trust Board Thursday 30 March 2023

Dear Members

There will be a public meeting of the Trust Board on Thursday 30 March 2023 at 2:15pm held in the Charles West Room, Barclay House, Great Ormond Street.

Company Secretary Direct Line: 020 7813 8230

AGENDA

	Agenda Item <u>STANDARD ITEMS</u>	Presented by	Attachment	Timing
1.	Apologies for absence	Chair	Verbal	2:15pm
Declarations of Interest All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.				
2	Minutes of Meeting held on 1 February 2023	Chair	J	2:20pm
3.	Matters Arising/ Action Checklist	Chair	K	
4.	Chief Executive Update	Chief Executive	L	2:25pm
5.	Patient Story	Chief Nurse	M	2:45pm
6.	Feedback from NED walkrounds	Chair	Verbal	3:05pm
<u>STRATEGY AND PLANNING</u>				
7.	Research and Innovation at GOSH <ul style="list-style-type: none"> • Update on research and progress with the Research Planet • Update on Innovation at GOSH 	Director of Research and Innovation Director of Innovation/ Chief Research Information Officer	N O	3:15pm
8.	Update on GOSH Annual Plan 2023/2024	Chief Operating Officer/ Chief Finance Officer	Verbal	3:55pm
<u>PERFORMANCE</u>				
9.	Integrated Quality and Performance Report - Month 11 (February 2023 data)	Chief Operating Officer/Medical Director/ Chief Nurse/	Q	4:00pm
10.	Finance Report - Month 11 (February 2023 data)	Chief Finance Officer	R	4:10pm
<u>ASSURANCE</u>				
11.	Learning from Deaths report- Child Death Review Meetings – Q3 2022/23	Chief Medical Officer	S	4:20pm
12.	Nursing Workforce Assurance Report	Chief Nurse	T	4:30pm
13.	Staff Survey Results 2022	Director of HR and OD	U	4:40pm
14.	Board Assurance Committee reports <ul style="list-style-type: none"> • Quality, Safety and Experience Assurance Committee update – 	Chair of the Quality, Safety and Experience	V	4:50pm

	<p>January 2023 and March 2023 meeting (verbal)</p> <ul style="list-style-type: none"> Finance and Investment Committee Update – February 2023 Audit Committee Assurance Committee Update – March 2023 meeting People and Education Assurance Committee Update – February 2023 meeting 	<p>Assurance Committee</p> <p>Chair of the Finance and Investment Committee</p> <p>Chair of Audit Committee</p> <p>Chair of the People and Education Assurance Committee</p>	<p>W</p> <p>X</p> <p>Y</p>	
15.	Council of Governors' Update – February 2023 meeting	Chair	Z	5:05pm
	<u>GOVERNANCE</u>			
16.	Update on Board Assurance Framework	Company Secretary	1	5:10pm
17.	Declarations of Interest and Gifts and Hospitality Register	Company Secretary	2	
18.	Compliance with the Code of Governance 2022/23 and update on the new Code of Governance	Company Secretary	3	
19.	Revised Trust Board Terms of Reference	Company Secretary	4	
20.	<p>Any Other Business (Please note that matters to be raised under any other business should be notified to the Company Secretary before the start of the Board meeting.)</p>			5:20pm
21.	<p>Next meeting The next public Trust Board meeting will be held on Thursday 8 June 2023 in the Charles West Room.</p>			



**DRAFT Minutes of the meeting of Trust Board on
1st February 2023**

Present

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

In attendance

Cymbeline Moore	Director of Communications
Jason Dawson	Director of Space and Place
Dr Shankar Sridharan	Chief Clinical Information Officer
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Claire Williams*	Head of Patient Experience
Kerry*	Mother of GOSH patient
Tim Liversedge*	Chief of Service, Core Clinical Services
Ade Ifederu*	Deputy Chief of Service, Core Clinical Services
Amparo Piquer*	Head of Nursing and Patient Experience, Core Clinical Services
Ruth Leighton*	General Manager, Core Clinical Services
Ella Vallins*	Head of Strategy and Planning
Renee McCulloch*	Associate Medical Director and Guardian of Safe Working
Jacqueline Gordon	Governor (observer)
1 member of GOSH staff	

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

152	Apologies for absence
152.1	Apologies for absence were received from Suzanne Ellis, Non-Executive Director.
153	Declarations of Interest
153.1	No declarations of interest were received.
154	Minutes of Meeting held on 23 November 2022

154.1	The Board approved the minutes of the previous meeting.
155	Matters Arising/ Action Checklist
155.1	Action: Minute 125.1 – An update would be provided by the Chief Operating Officer at the next meeting.
155.2	Minute 137.1 – John Quinn, Chief Operating Officer confirmed that the latest planning guidance had been received on 27 th January 2023 and some uncertainties remained. The internal planning process would continue with the existing assumptions and updates would be made as clarification was received. John Beswick, Chief Finance Officer said that there would be a move from block contracts to incorporate payment by results. Work was taking place to identify the tariff for services falling outside the block and the process for payment for volume-based activity.
156	Chief Executive Update
156.1	Matthew Shaw, Chief Executive thanked staff for their work to prepare for industrial action and confirmed that the hospital had been safely staffed throughout the period. Good relationships had been maintained with staff and unions. Matthew Shaw apologised to patients and families whose appointments had been cancelled during this time and acknowledged the inconvenience this would cause.
156.2	GOSH continued to perform well in terms of activity when benchmarked against others however further work was required in order to make progress against the backlog of patients. He said that industrial actions was likely to continue for some time and the British Medical Association was currently balloting junior doctors.
156.3	Discussions were taking place with NHS England about a technical error in GOSH's funding and meetings were also scheduled with the North Central London (NCL) Integrated Care Board (ICB). Matthew Shaw said that in-year resolution of this issue was vital for the current year and future years.
157	Patient Safety Statement and Transformation: How We Listen, Lead and Learn
157.1	Sanjiv Sharma, Chief Medical Officer said that discussion had taken place at the QSEAC about the good progress that had been made as part of the patient safety improvement programme and the work that was taking place to focus on learning both when things go wrong and from good practice. Learning was also being taken from external events such as the Ockenden Review and assurance sought around processes at GOSH and gaps identified. Amanda Ellingworth, Chair of the QSEAC confirmed that the QSEAC had discussed the patient safety statement and recommended it to the Board for approval.
157.2	Suzanne Ellis, Non-Executive Director had provided questions outside the meeting and had asked for a steer on the launch plan for the patient safety statement. Sanjiv Sharma said that the statement would be on the Trust's website and would form part of all activity at the Trust. The three subheadings: listen, learn and lead would form key guidance throughout the safety communications programme as they were easily accessible. Russell Viner said that he was very supportive of the patient safety statement but it was vital that it was embedded in

157.3	the Trust's leadership programmes and in learning such as that delivered by the GOSH learning academy. The Board approved the patient safety statement.
158	Finance Report - (Month 9 - December 2022 data)
158.1	John Beswick, Chief Finance Officer said that the year-to-date deficit at month 9 was £18.5million. Income was above plan however pay and non-pay costs were also above plan. The Better Value programme had identified schemes to the value of £16million and had delivered £11million.
158.2	It was anticipated that the Trust would meet the projected year end outturn as a result of some closing items which were being reviewed with the Integrated Care Board (ICB). Sir Michael Rake asked about the progress that had been made on the technical error which had been identified in GOSH's funding and John Beswick said that it was anticipated that additional funding would be received in month 11 which would bring the Trust back to budget. A meeting was scheduled with the ICB to discuss this further. He added that it was important that there was recurrent resolution to the matter and this had not yet been confirmed.
158.3	Matthew Shaw said that whilst the Trust would not achieve its full Better Value programme it was clear that delivering more than the £16million that had been identified was likely to negatively impact quality and safety. Sir Michael Rake emphasised that whilst the Trust must work efficiently the Board would not take decisions which would prejudice safety.
159	Patient Story
159.1	Claire Williams, Head of Patient Experience said that Alice, aged 2, had first come to GOSH for a bone marrow transplant in 2018 which had gone well however following a deterioration Alice was readmitted in September 2018 and had died in November 2018. Alice's mother Kerry raised a complaint in March 2019 and following the complaint investigation, NHS England commissioned an external review to optimise learning from the complaint.
159.2	Kerry said that the experience during Alice's first admission for her bone marrow transplant had been positive and both the environment and staff were excellent. When Alice was readmitted, she was transferred to GOSH from the local hospital by emergency ambulance and had been admitted to a ward that Kerry had not been familiar with. The admission was for three months, and the environment was not at the expected standard. Kerry said that this was very concerning given the levels of cleanliness that had been required during Alice's bone marrow transplant and she had not felt listened to by staff or that her concerns had been taken seriously.
159.3	Claire asked Kerry how her experience had changed when Alice had been admitted to ICU and Kerry said that staff had not spoken to her in advance about the differences she would experience when on ICU. She had not been able to hold or cuddle Alice as she would have liked. Kerry gave examples of where communications had not been optimal or supportive, and she felt she had not been listened to when raising issues about Alice's care.
159.4	Kerry said that she had been given conflicting information which she had found confusing and had not prepared her for Alice's death. She said that she remained

	unclear as to the differences this would have led to in Alice's care. She said that she had been given important and serious clinical information about Alice's condition during casual conversations and the different options for moving forward had not been set out. Kerry said that had she been given choices, she was likely to have chosen a different pathway for Alice at the end of her life. Once Alice had died, Kerry had been required to make arrangements for a cold cot to be brought to her home. She said that she had not felt supported by staff through either providing information or practical support.
159.5	Kerry said that having Alice at home following her death was extremely traumatic and she had been frightened to pick Alice up. She also had two other children and home which led to additional challenges which would all have been made significantly easier with the involvement of a hospice.
159.6	Kerry said that during Alice's stay in hospital she had experienced a lack of compassion by some staff. She had not felt listened to during her stay and this had been exacerbated by the complaint response she had received. Kerry said that although she was satisfied with the progress that was now being made, she had had to be extremely tenacious throughout the process and she felt many parents could not have managed this.
159.7	Following the external review Kerry said that she had been very relieved that her concerns had been recognised and had been able to start grieving which she had been not previously been able to do when had been focused on ensuring that learning was identified from the case. Claire Williams confirmed that the Trust was committed to learning and would be working with Kerry going forward.
159.8	Matthew Shaw acknowledged that there were a number of areas in which the Trust had not reached the required standard and apologised to Kerry for her and Alice's experience. He said that as well as having the technical capability to treat patients, it was vital that staff were able to provide the best possible experience to patients and families at GOSH and this included providing compassionate care. He said that one of the Trust's values was 'always expert' and this could be unhelpful as collaboration and discussion with patients, parents and carers was also a critical element of treating patients. He said that GOSH had an obligation to move forward with cultural improvement and ensure that staff were able to work well with patients, families and one other.
159.9	Chris Kennedy said that Kerry's story had been hugely powerful. He noted that she had not felt listened to and asked whether it would have been helpful if a mechanism were in place to escalate concerns independently of the ward at the time. Kerry said it would have been and Matthew Shaw said that discussions were taking place about ways in which parents could flag concerns to someone who was independent of the ward who would review the issue independently. This had been adopted in Australia and work would be required to adapt this to an NHS system.
159.10	Russell Viner noted that many of the concerns raised by Kerry were around communication, and he confirmed that this was an area the Board was determined to improve. He highlighted that Kerry had a very different experience in different areas of the hospital and said that it was important to unify the culture across the organisation notwithstanding the older and newer parts of the estate.
159.11	Gautam Dalal, Non-Executive Director said that a large number of GOSH patients were under a number of different specialties and asked if there was one person

159.12	<p>with overall responsibility for the patient's care in these cases. Sanjiv Sharma agreed that many patients at GOSH had complex conditions and it was important that there was a point of contact to coordinate their care. He said that this patient story highlighted the importance of recognising parents as experts in their children's care.</p> <p>Sir Michael Rake said that the key discussions at Board were around culture and safety and emphasised that Kerry's story was making an impact on the workings of the hospital. He said that although many areas of the hospital were high stress environments it was vital that staff were able to understand the experience of patients and families. The Board thanked Kerry for continuing to engage with the Trust and for her willingness to provide a patient story to the Board.</p>
160	Directorate presentation: Core Clinical Services
160.1	<p>Tim Liversedge said that two previous directorates had merged to create Core Clinical Services (CCS) which was largest directorate with over 1400 members of staff, the largest group of which was Allied Health Professionals. CCS supported activity across the hospital and Tim Liversedge said that it was important that the team was appropriately resourced to do this. Within the directorate GOSH was an expert centre for neuroradiology and osteogenesis imperfecta as well as minimally invasive autopsies. Tim Liversedge reported that following Pandemic, the workforce as a whole was fatigued and it was important that the team was able to continue to go above and beyond to ensure that the backlog of patients was being treated.</p>
160.2	<p>Action: Chris Kennedy asked what could be done to improve theatre utilisation. He noted that the directorate had been involved in planning for the Children's Cancer Centre and asked to what extent the team was satisfied with the plan. Tim Liversedge said that theatre utilisation was complex and related to the flow of patients through the hospital as a whole. He said he felt that confirming beds the day before admission and starting lists on time would be helpful. He added that it was important to focus on efficiency which he felt had dwindled following the COVID19 pandemic. He suggested that it would be important to grow day care beds to ensure that these patients did not require the use of overnight beds and it was agreed that this would be discussed at Finance and Investment Committee.</p>
160.3	<p>Tim Liversedge said that in terms of Children's Cancer Centre planning there remained a number of issues which were out of scope and he was confident that they were well understood but they continued to require action. It provided an opportunity to invest in teams who had previously felt undervalued which had contributed to leadership and culture concerns. Tim Liversedge said that moving teams into an improved estate and feeling that the organisation valued their impact would lead to an improvement.</p>
160.4	<p>The Board discussed staffing challenges and Tim Liversedge said that in some areas such as radiography funding was available to recruit to posts but vacancies remained as it was not possible to recruit sufficiently experienced people. He said that it would be helpful to have the ability to overrecruit in some areas where there were staffing challenges and the hospital required a quick response to demand.</p>
160.5	<p>Russell Viner asked for a steer on diagnostic waits and Tim Liversedge said that there were waiting time challenges in some areas of diagnostics and that</p>

	although the time for reporting scans was excellent, there continued to be waits. He said that North Central London diagnostic waiting times compared adult and paediatric services which were very different as diagnostics for paediatric cases was considerably more complex.
160.6	Suzanne Ellis had submitted a question asking whether supplier relationships were sufficiently strong to mitigate the risk around supply chains and Tim Liversedge said that work to identify different suppliers was continuous and resource intensive which impacted on clinical teams. He said that cost inflation pressure was a particular issue in the laboratories, and it was anticipated that there would be a 5-10% increase in costs overall.
160.7	Amanda Ellingworth asked whether Governance structures in the directorate were sufficiently mature to be relied upon and Tim Liversedge said that structures were inconsistent throughout the directorate. Some were well embedded whilst others were in the development stages and some teams required considerable support to understand reporting and the way in which this could move towards high reliability.
160.8	Gautam Dalal highlighted the considerable activity taking place across CCS and asked how data was being used to measure performance. Tim Liversedge said that the metrics which were currently being used were likely to be those which could be readily measured and discussions were taking place to identify the most useful metrics and the performance team would support the development of the data to provide assurance.
161	GOSH Clinical Strategy
161.1	John Quinn, Chief Operating Officer said that workshops and multidisciplinary team meetings had taken place to feed into the development of the strategy and Research had taken place on the literature, data and horizon scanning of the direction of paediatric medicine. Four cross cutting themes had been developed which covered the organisation as a whole rather than the focus on key specialties as in the previous clinical strategy. Clinical feedback and feedback from Governors had highlighted the importance of 'the child first and always'.
161.2	Following Board approval work would take place to socialise the strategy throughout the hospital and develop a document which was clear for patients, families and staff as well a communications plan. Objectives and Key Results (OKRs) were also being implemented and a plan for this would be considered by the Board at its March meeting.
161.3	Chris Kennedy strongly endorsed the four areas of focus and Gautam Dalal asked how the Clinical Intelligence Unit would be developed. John Quinn said that a proof of concept was being developed within the innovation team and work would then take place to identify how it would be used as part of business as usual.
161.4	The Board approved the clinical strategy.
162	Guardian of Safe Working Report Q3 2022/23
162.1	Renee McCulloch, Associate Medicate Director and Guardian of Safe Working said that the Trust's junior doctor vacancies continued to increase and work was

	<p>taking place to reduce delays in onboarding international medical fellows and increase recruitment. Focus would also be placed on improving processes for sponsorship of international colleagues.</p>
162.2	<p>Agreement had been reached with the Local Negotiating Committee (LNC) that the schedules of all GOSH's junior doctors, including those for whom the Guardian of Safe Working would not traditionally apply, would be subject to a fine by the Guardian if working hours were breached.</p>
162.3	<p>Discussion took place around the junior doctor strikes and Renee McCulloch said that all trainees would have the opportunity to strike. Sanjiv Sharma said that although the action was currently around pay and conditions, it was anticipated that safety would become a bigger part of the strike and the organisation was able and prepared to evidence safe services at the Trust.</p>
163	Integrated Quality and Performance Report (Month 9 - December 2022 data)
163.1	<p>John Quinn said that December 2022 had been a challenging month which included strikes and reduced activity over the Christmas period and this was reflected in some areas of data. Patient experience and safety metrics had not been affected but there had been an impact on activity. Referral to treatment and other access targets were improving however this would be further impacted by more planned strikes. The Trust benchmarked well against others in terms of access, but John Quinn said that it was important to continue to make improvements in order to treat the backlog of long waiting patients.</p>
163.2	<p>Action: Russell Viner said that the dashboard indicated Infection Prevention and Control was rated green but highlighted that the IPC metrics were red year to date. Tracy Luckett, Chief Nurse said that there had been an increase in all IPC metrics which had been discussed with the Director of Infection Prevention and Control. All organisations were seeing this increase which was likely to be a result of the increase in activity, later presentation of illness and patients coming from the community who were more unwell. This was being monitored and discussed at QSEAC. Deep dives were taking place to identify any trends and this would also report into QSEAC.</p>
164	Board Assurance Committee reports
164	<u>Quality, Safety and Experience Assurance Committee update – January 2023 meeting</u>
164.1	<p>Amanda Ellingworth, Chair of QSEAC said that the Board had covered many of the subjects discussed at Board. The Medical Director's Office was being restructured and the Chief Medical Officer would focus on being more outward facing. A Chief Medical Officer's Report was presented at each meeting including intelligence from external organisations and opportunities to learn from this.</p>
164.2	<p>An external review would be taking place of the safeguarding service to receive assurance and the committee had also received updates on ward accreditation, patient experience and space and place. A new Freedom to Speak Up Guardian would be joining the Trust in March.</p>
164.3	<u>Finance and Investment Committee Update – January 2023</u>

164.4	Chris Kennedy, Member of the Finance and Investment Committee said that the majority of the meeting had been focused on the Children's Cancer Centre. The Full Business Case had been completed in line with NHS England template. Chris Kennedy said that focus was being placed on building a world class building and it would also be important to develop a plan for operational activity.
164.5	<u>Audit Committee Assurance Committee Update – January 2023 meeting (including Board Assurance Framework Update)</u>
164.6	Gautam Dalal, Chair of the Audit Committee said that following the Trust Board risk meeting in December 2022 the BAF risk on culture had been revised as the previous risk statement had been time specific. The Committee had recommended the revision to the Board for approval. The Board approved the updated risk statement.
164.7	Deep dives had taken place on the research and innovation and business continuity risks and the committee received excellent presentations on these areas.
164.8	The Committee also received an update on Epic and how it had been implemented in other organisations. Feedback had been received from another local Trust and this had been very useful.
164.9	<u>People and Education Assurance Committee Update – December 2022 meeting</u>
164.10	Kathryn Ludlow, Chair of the PEAC said that two meetings had taken place since the last Board. Staff stories had been received at both meetings from Clinical Site Practitioners and union representatives.
164.11	The Committee had reviewed the refreshed people strategy and one page summary of the strategy. The Freedom to Speak Up Guardian continued to work part time at GOSH in advance of the new guardian taking up the post. The Committee noted the excellent work of the current guardian who had moved the service forward significantly.
164.12	There had been an increase in turnover and the committee had asked for data to be cut by area to highlight gaps.
165	Council of Governors' Update – November 2022 meeting
165.1	Sir Michael Rake said that Governor meetings continued to focus on their involvement in the Children's Cancer Centre and they were particularly interested in sustainability.
166	Any other business
166.1	There were no items of other business.

TRUST BOARD – PUBLIC ACTION CHECKLIST
March 2023

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
125.1	23/11/22	John Quinn, Chief Operating Officer said that a key driver of last minute cancellations was bed closures and discussions were taking place with Chiefs of Service about ways to minimise this. Amanda Ellingworth, Chair said that feedback had been received from staff on the walkround prior to Trust Board that the Trust was not sufficiently proactive in terms of reminding patients and families about their appointments and this was contributing to instances of 'was not brought'. John Quinn said that GOSH was part of a national 'was not brought' initiative which considered how Trusts were performing and ways in which processes could be strengthened. It was agreed that data on cancellations would be presented as part of the IQPR and a plan for reduction would be presented at QSEAC.	JQ	January 2023 Moved to March 2023	On agenda
155.1	01/02/23	An update would be provided by the Chief Operating Officer at the next meeting.			
128.3	23/11/22	The Board agreed that the catering pilot scheme should be rolled out as business as usual and that the Board would have a range of patient meals for lunch at the next Trust Board meeting.	AF	June 2023	Not yet due – to be arranged for June Board (and after Audit Committee meeting)
135.3	23/11/22	Nursing Workforce Assurance Report: Amanda Ellingworth, Chair highlighted that there had been 20 Datix reports related to safe staffing levels and noted that this would encompass a variety of issues on a spectrum of severity and it was difficult to ascertain the actual level of risk which was related to each one. It was agreed that consideration would be given to how this data could be presented in a more helpful way to show the issues and associated risk trending over time.	TL	March 2023	On agenda
140.2	23/11/22	Suzanne Ellis said that an update had been received about the improvements made to Wi-Fi in the hospital however negative feedback	JQ	June 2023	Not yet due

Attachment K

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		continued to be received from patients and families. She asked when follow up action would be taken. Matthew Shaw said that there was a disconnect between the perception of the ICT team and patient and families and it was agreed that a Directorate story would be given by the ICT team on the work that had taken place. Amanda Ellingworth emphasised the important of Wi-Fi availability to patients and families.			
160.2	01/02/23	Chris Kennedy asked what could be done to improve theatre utilisation. He noted that the directorate had been involved in planning for the Children’s Cancer Centre and asked to what extent the team was satisfied with the plan. Tim Liversedge said that theatre utilisation was complex and related to the flow of patients through the hospital as a whole. He said he felt that confirming beds the day before admission and starting lists on time would be helpful. He added that it was important to focus on efficiency which he felt had dwindled following the COVID19 pandemic. He suggested that it would be important to grow day care beds to ensure that these patients did not require the use of overnight beds and it was agreed that this would be discussed at Finance and Investment Committee.	JQ	Q1 2023/24	Passed to FIC for discussion – planned for May 2023 meeting
163.2	01/02/23	Russell Viner said that the dashboard indicated Infection Prevention and Control was rated green but highlighted that the IPC metrics were red year to date. Tracy Lockett, Chief Nurse said that there had been an increase in all IPC metrics which had been discussed with the Director of Infection Prevention and Control. All organisations were seeing this increase which was likely to be a result of the increase in activity, later presentation of illness and patients coming from the community who were more unwell. This was being monitored and discussed at QSEAC. Deep dives were taking place to identify any trends and this would also report into QSEAC.	TL	Ongoing	QSEAC receive regular updates on IP&C and this matter will continue to be discussed at these meetings.


NHS

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Trust Board 30 March 2023	
Chief Executive's Report	Paper No: Attachment L
Submitted by: Matthew Shaw, Chief Executive	For information and noting
Purpose of report Update on key operational and strategic issues.	
Summary of report An overview of key developments relating to our most pressing strategic and operational challenges, namely: <ul style="list-style-type: none"> • <u>Pandemic recovery</u>: including expediting activity and access to care for children's and young people, including work with system partners • <u>Stabilising our financial position</u>: Financial sustainability and advocating for a fair settlement for children and young people with complex health needs • <u>Transformation to improve systems, processes and capabilities</u>: Projects and programmes that support our quadruple aim to improve access, quality and value and support our staff. 	
Patient Safety Implications <ul style="list-style-type: none"> • No direct implications (relating to this update in isolation). 	
Equality impact implications <ul style="list-style-type: none"> • No direct implications (relating to this update in isolation). 	
Financial implications <ul style="list-style-type: none"> • No direct implications (relating to this update in isolation). 	
Action required from the meeting <ul style="list-style-type: none"> • None – for noting 	
Implications for legal/ regulatory compliance Not Applicable	Consultation carried out with individuals/ groups/ committees Not Applicable
Who is responsible for implementing the proposals / project and anticipated timescales? Executive team	Who is accountable for the implementation of the proposal / project? CEO
Which management committee will have oversight of the matters covered in this report? Executive team	

Part 1: Operational updates

Strike action

The ongoing disruption caused by industrial action has continued to make life challenging for our teams, and huge credit is due to the way they have navigated the difficult path between supporting colleagues' rights to strike, while minimising the impacts on our patients and families. They have delivered heroic efforts and the work goes on to plan for potential further disruptions and to prioritise and re-book patients we have not been able to see during this period.

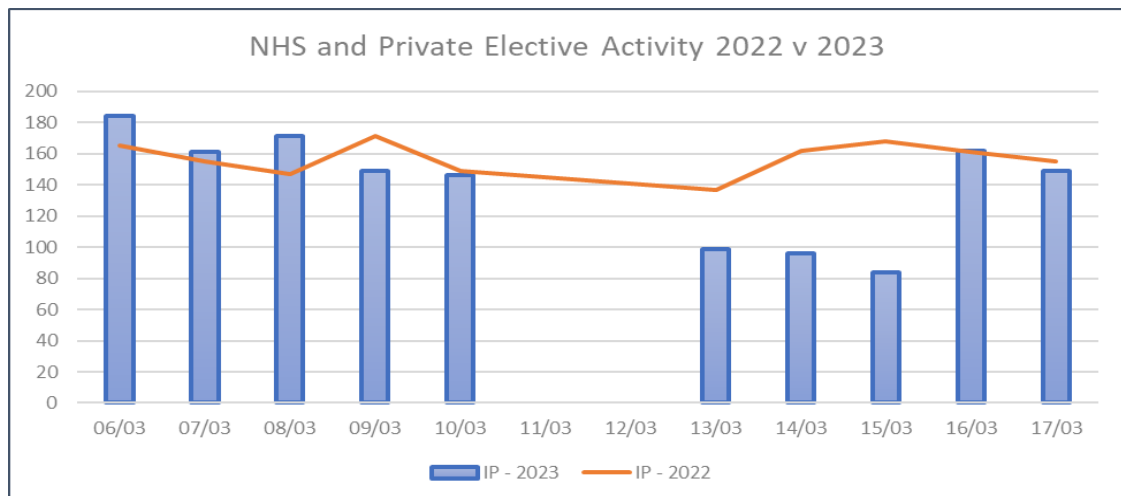
During the recent junior doctors strikes we scaled back to 40 per cent of our normal inpatient activity and as with the nursing strikes we ran minimal activity through theatres. Naturally, this has affected our overall waiting list and ability to see P2 patients, and it has also put intense pressure on operational teams who are already working at full stretch to drive through waiting lists as well as support system planning for 2023-24.

We can but hope that union members will feel they can accept the Government's pay deal under Agenda for Change and that the forthcoming action by junior doctors and the transport sector can be avoided. The situation of recent months has placed an intense level of pressure on staff and compromised our ability to expedite care for patients, and this is simply not a sustainable position going forwards.

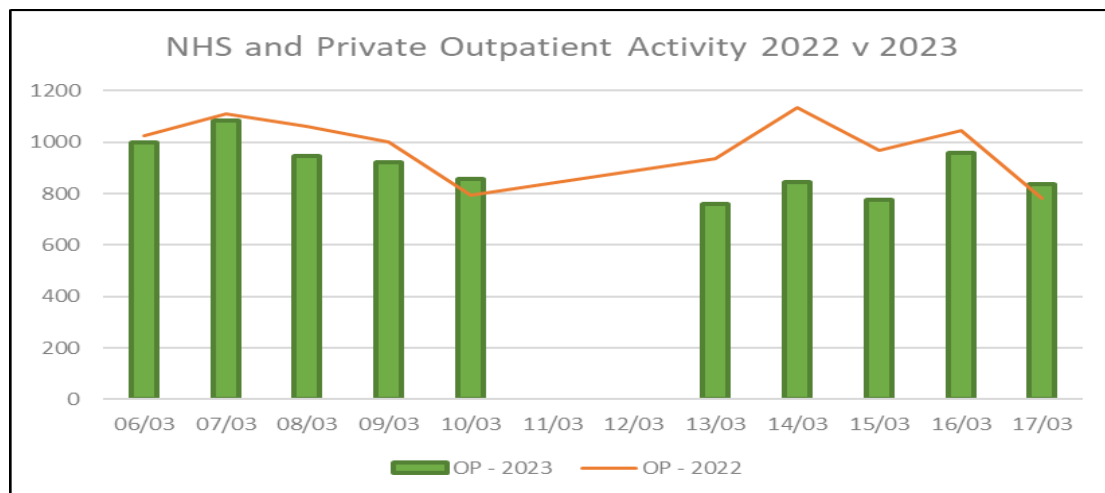
Given the recent announcement from the BMA around the forthcoming junior doctors strike we will be stepping up our command and control incident response structure to navigate the potential downturn during April.

Strike impacts

The impact of the Junior Doctor's strike was a reduction in inpatient activity of approximately 25% as demonstrated in the chart below:

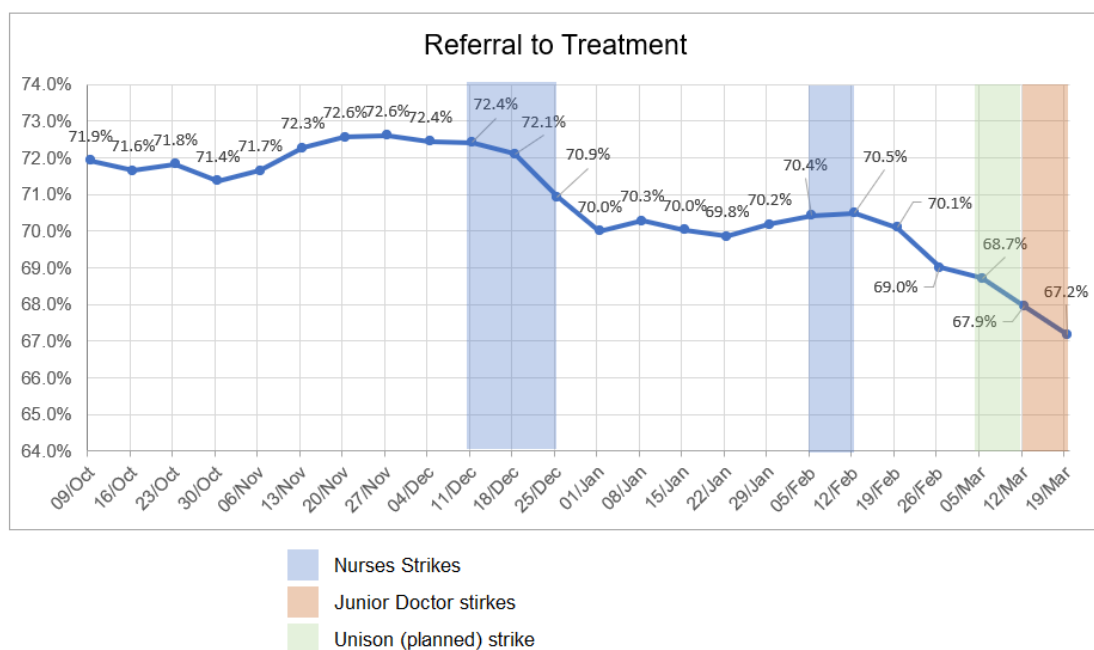


Outpatients was less affected with only a drop of around 15%:



The nurses strikes had a similar impact for each of the weeks they occurred with a 25% drop in inpatient activity. Outpatients, for the nurses strikes, was less impacted seeing only a 5-6% drop for those weeks.

Long term, the reduced activity from the strikes is having an impact on our Referral to Treatment times, as demonstrated below:



Staff survey

As we will be discussing, our staff survey metrics have gone backwards slightly, which is really disappointing, especially given our earlier progress and it really feels like we have taken two steps forward, only to take a big step back. Of course, the whole of the NHS is dealing with a widespread dissatisfaction around pay and conditions that have driven recent industrial action, and this in turn is partly due to the intense pressure our people have been under since the pandemic.

However, I think it's really important that we as a leadership team reflect carefully on whether we have struck the right balance over the past financial year in terms of

delivering results against our challenges – to drive activity, find savings, deliver income, and improve standards – and acknowledge the longer term costs that this level of pressure has on our people, on our relationships and potentially, on organisational culture. This is something I want us to consider carefully as we move forwards with our plans for the coming year.

As previously reported, we are working hard to support our staff in dealing with the cost of living crisis, including by offering free hot meals as part of our staff hardship fund and we are setting up a Staff Advice and Liaison hub (SALS), which is a one-stop shop for staff support.

We are also developing our staff award and praise initiatives and considering how we can improve cascade and further develop two-way flows of communication between the executive team and staff. We are also going to be reviewing our People Strategy and values to make sure they reflect what matters most to our staff; assessing the impact of our support offer and considering learnings from the survey to identify where there are further actions the trust can take forwards.

Farewell to Prof David Goldblatt

It is with regret that we acknowledge today is David's last Board meeting before he steps down from his role as Director of Research and Development at the beginning of April after 20 years in the role.

David has been an inspirational leader and a real support to the whole team, particularly through these last tremendously difficult few years.

His contribution to the national Covid response on vaccinations was exemplary, as is his track record of research and clinical contributions – all while developing GOSH as a thriving research hospital with a global reputation.

The R&D function has been transformed under David's leadership. It has grown to around 200 staff and David has twice led on us achieving NIHR Biomedical Research Centre status which attracted £68.2m funding. David also led on the development of the Clinical Research Facility and the Research Hospital initiative.

David is an extremely respected researcher in his own right having published more than 200 original papers in immunology and vaccination while Director of R&D. These include papers in Nature, Nature Immunology, New England Journal of Medicine, Lancet and the BMJ.

We hope he will look back on his career to date with immense pride and satisfaction and that he knows he will be sadly missed by his executive colleagues.

When he steps down David will continue as Professor of Vaccinology and Immunology and lead his UCL laboratory and continue as an Honorary Consultant supporting the clinical Immunology team at GOSH.

Dr Jenny Rivers has been appointed as Acting Director of Research and Innovation while the process for substantive recruitment takes place.

As the Board is aware, we are making good progress on recruitment and while there is no one quite like David, we look forward to supporting his successor as they take his legacy forwards.

New Managing Director of International and Commercial appointed

Chris Rockenbach has been appointed to this new role which will see him act into the post of Managing Director of International as well as cover the remit of Commercial Director. It has been established after Trevor Clarke, the Managing Director of International, stepped down earlier this year.

Chris has been at the Trust since 2000 spending significant time working in, then leading, the international and private service. More recently he has been our first Commercial Director and under his leadership we have developed a significant portfolio. This new role brings both elements together and we will be working with Chris to make sure he has sufficient support to drive this expanded remit going forwards.

Ends


NHS
**Great Ormond Street
Hospital for Children**

NHS Foundation Trust

**Trust Board
30 March 2023**

Patient Story- support for patients without a diagnosis

Submitted by Tracy Lockett, Chief Nurse
Prepared by Claire Williams, Head of Patient Experience

Paper No: Attachment M
 For information and noting
Purpose of report

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

Summary of report

Zakiriya, now aged 5 ½ years old, has been a patient at GOSH since he was three months old. He has been under the care of multiple specialities and during that time he has had multiple procedures including a bone marrow transplant and heart surgery. He has lost his sight, and there have been significant changes in his mobility and communication. The complexity and rarity of Zakiriya's condition led to him and his family receiving support from the SWAN (Syndromes without a name) team at GOSH. SWAN supports children, young people and their families who have an undiagnosed probable genetic disease.

In a filmed interview Zakiriya's mum, Ayesha, talks about the practical and emotional help she received from SWAN, the importance of their work, and the difference this makes in coordinating and navigating Zakiriya's care.

Patient Safety Implications

N/a

Equality impact and experience implications

N/a

Action required from the meeting

For information

Contribution to the delivery of NHS Foundation Trust priorities

- PRIORITY 1: Make GOSH a great place to work by investing in the wellbeing and development of our people**
- Quality/ corporate/ financial governance**

Contribution to compliance with the Well Led criteria

- Culture of high-quality sustainable care**
- Engagement of public, staff, external partners**
- Robust systems for learning, continuous improvement and innovation**

Strategic risk implications

N/a

Financial implications

Not Applicable

Attachment M

Implications for legal/ regulatory compliance <ul style="list-style-type: none">• The Health and Social Care Act 2010• The NHS Constitution for England 2012 (last updated in October 2015)• The NHS Operating Framework 2012/13• The NHS Outcomes Framework 2012/13
Consultation carried out with individuals/ groups/ committees N/a
Who is responsible for implementing the proposals / project and anticipated timescales? Head of Patient Experience
Who is accountable for the implementation of the proposal / project? Chief Nurse
Which management committee will have oversight of the matters covered in this report? Patient and Family Experience and Engagement Committee/ Steering Group/ Quality Safety and Assurance Committee

GOSH R&D: 2003 – 2023 and Beyond



R&D Staff
n=3

A review of UK health research funding

Sir David Cooksey

December 2006

2001L0020 — EN — 07.08.2009 — 002.001 — 1

This document is meant purely as a documentation tool and the institutions do not assume any liability for its contents

EU Clinical Trials Directive

► **B** DIRECTIVE 2001/20/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL
of 4 April 2001

on the approximation of the laws, regulations and administrative provisions of the Member States relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use

(OJ L 121, 1.5.2001, p. 34)

Amended by:

		Official Journal		
		No	page	date
► M1	Regulation (EC) No 1901/2006 of the European Parliament and of the Council of 12 December 2006	L 378	1	27.12.2006
► M2	Regulation (EC) No 596/2009 of the European Parliament and of the Council of 18 June 2009	L 188	14	18.7.2009

GOSH R&D: 2003 – 2023 and Beyond



R&D Staff

n=3

Govt
Research
Funding



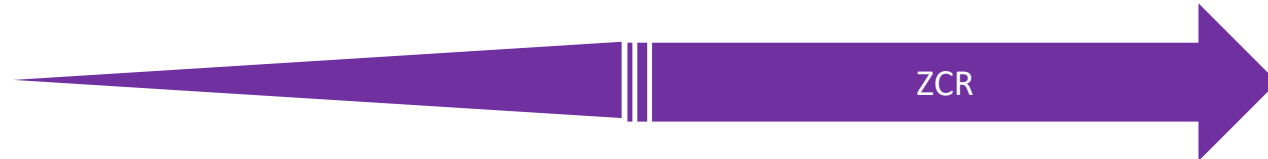
Clin Res Facility

Planned and built

100,000 Genomes: Genomic Medicine Centre/Laboratory HUB



Zayed Center for Research into Rare Disease in Children

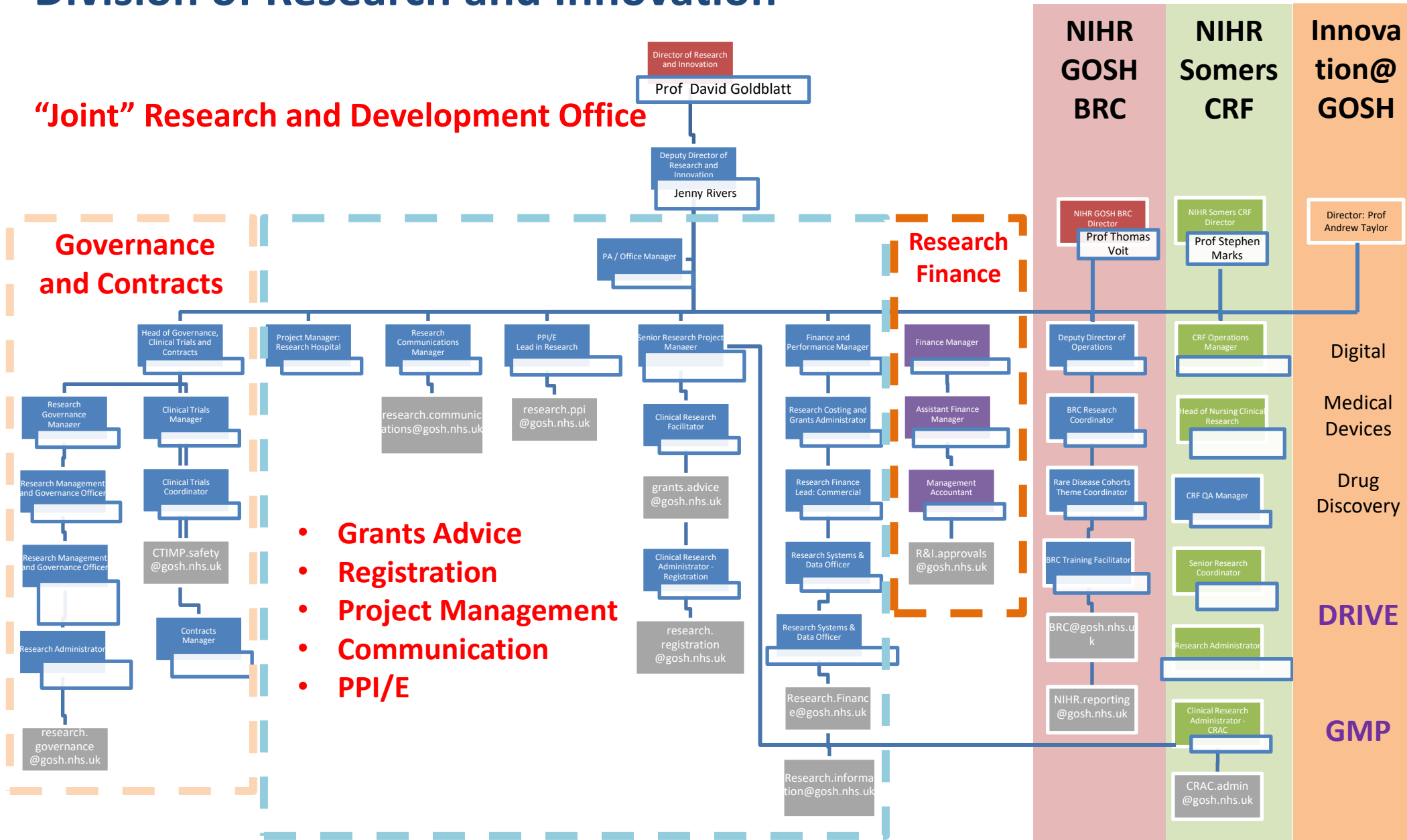


GOSH Children's Charity Research Strategy



Division of Research and Innovation

“Joint” Research and Development Office



R&D Staff
n=3

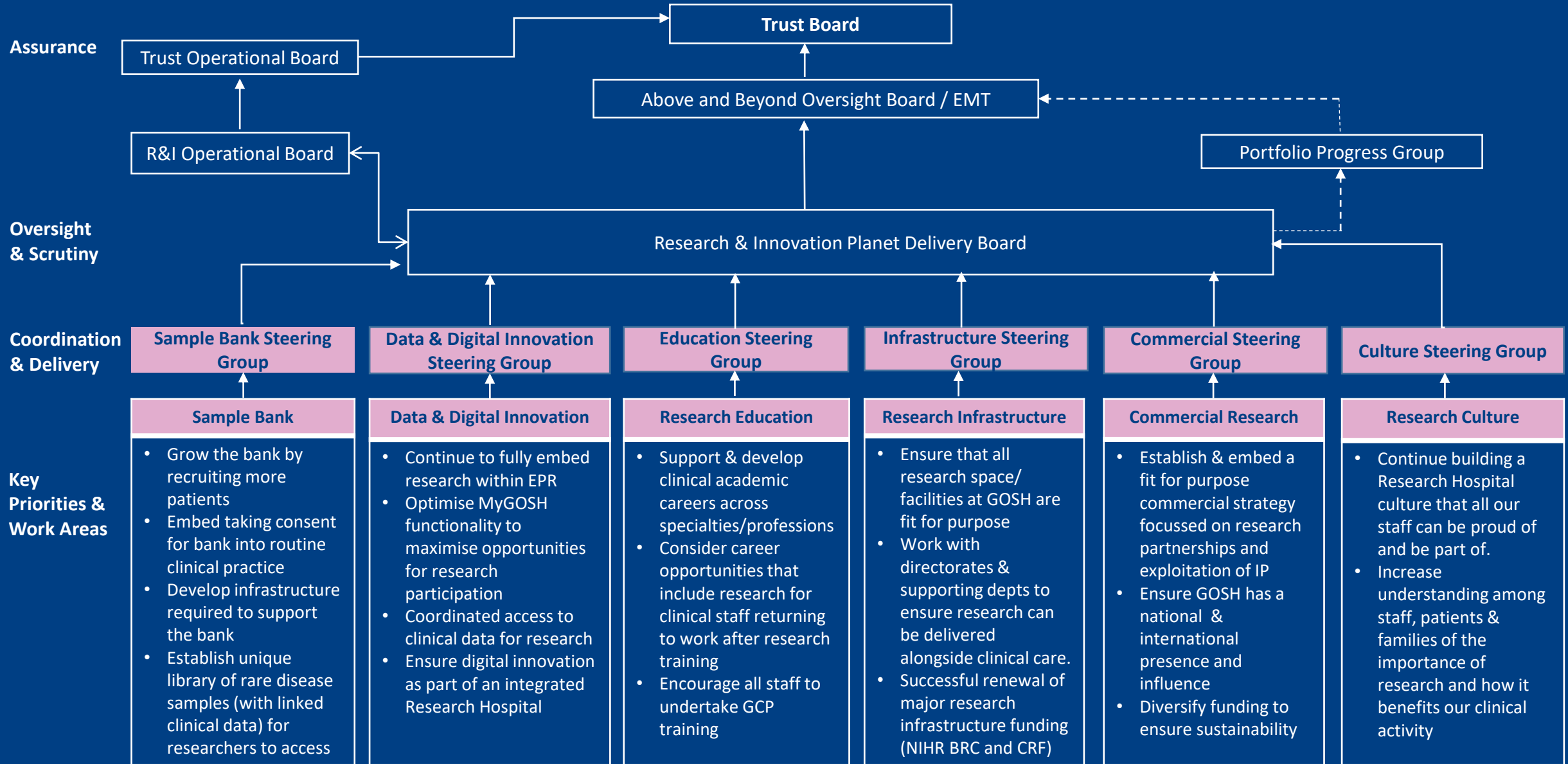
↓

n=45

- Grants Advice
- Registration
- Project Management
- Communication
- PPI/E

NIHR GOSH BRC	NIHR Somers CRF	Innovation@GOSH
NIHR GOSH BRC Director Prof Thomas Voit	NIHR Somers CRF Director Prof Stephen Marks	Director: Prof Andrew Taylor
Deputy Director of Operations	CRF Operations Manager	Digital
BRC Research Coordinator	Head of Nursing Clinical Research	Medical Devices
Rare Disease Cohorts Theme Coordinator	CRF QA Manager	Drug Discovery
BRC Training Facilitator	Senior Research Coordinator	DRIVE
BRC@gosh.nhs.uk	Research Administrator	GMP
NIHR.reporting@gosh.nhs.uk	Clinical Research Administrator - CRAC	
	CRAC.admin@gosh.nhs.uk	

R&I STRATEGY: RESEARCH HOSPITAL PROGRAMME Governance And Delivery Structure



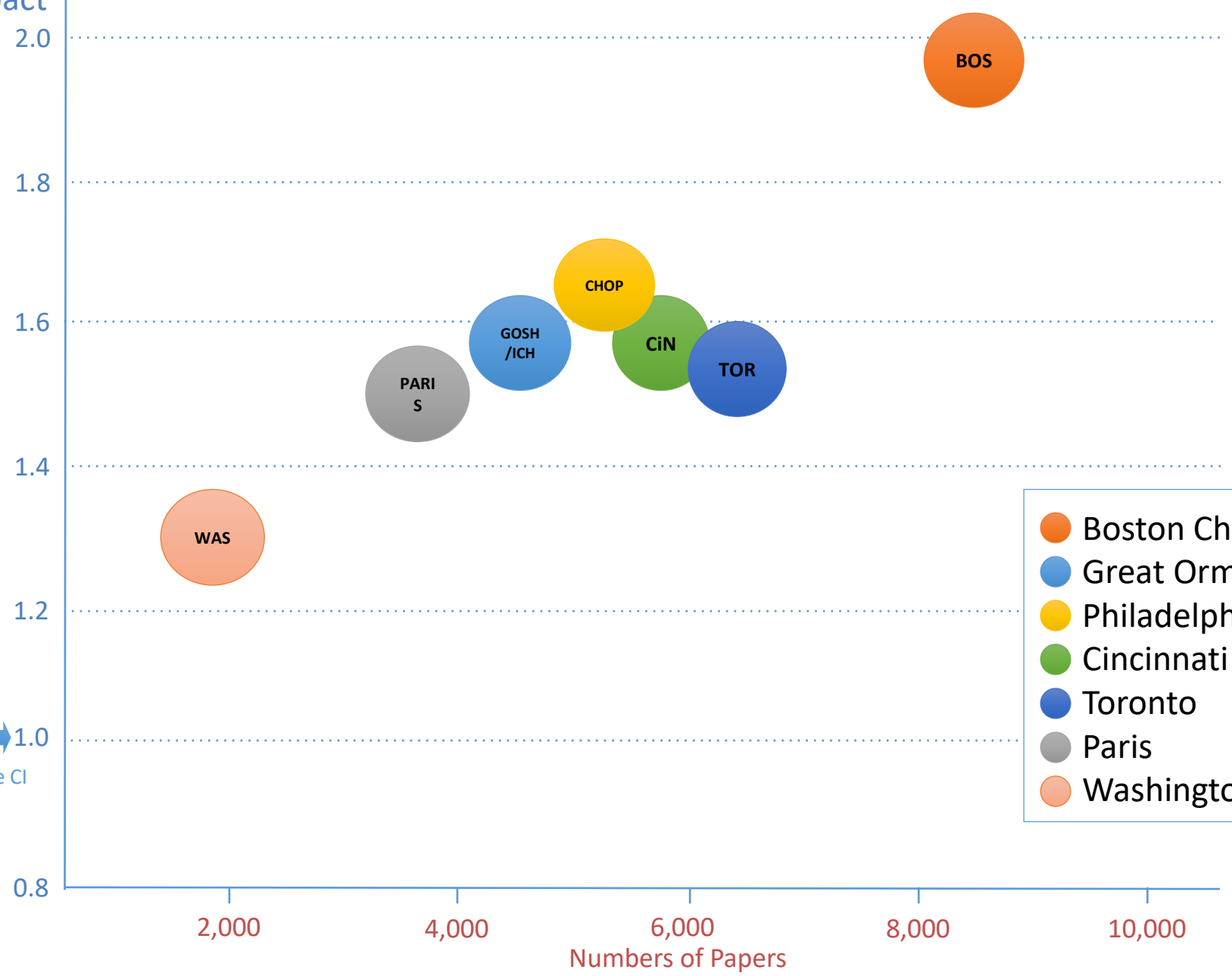
International Children's Hospitals: Numbers of Papers published and Citation Impact

Comparison of two five year periods: 2008-12 and 2010-14

Citation
Impact



Average CI



- Boston Children's
- Great Ormond St
- Philadelphia
- Cincinnati
- Toronto
- Paris
- Washington DC



'Bubble boy' gene therapy pioneer Rhys Evans turns 10



1st two patients to have a diagnosis made via the 100,000 Genome Project (both GOSH Patients)

MEDICAL MIRACLE

The baby girl who's helping the world beat cancer

Layla, one, cured of leukaemia in pioneering gene therapy

JOY LAYLA, 10 months old, New Zealand

BY ANDREW GIBSON
 A BRITISH girl is the first person in the world to be cured of a killer cancer with gene therapy. Layla, 10 months old, from New Zealand, first had leukaemia after receiving a blood transfusion in London. The doctor used 'British' cells to replace the 'foreign' ones. The drug gene therapy cured her cancer. FULL STORY: PAGE 48



British boy becomes first in the world to have stem cell transplant

A ten-year-old British boy has become the first child in the world to undergo a revolutionary windpipe transplant, it has been announced.



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Down's syndrome

NHS to offer safer Down's syndrome test to pregnant women

Non-invasive prenatal test allows screening without risk of miscarriage but critics fear it could lead to an increase in terminations

Sarah Boseley Health editor
 Saturday 29 October 2016 00:01 BST

769

The new test will be offered to about 10,000 women each year. Photograph: Andrew Matthews/PA

Exon skipping and dystrophin restoration in patients with Duchenne muscular dystrophy after systemic phosphorodiamidate morpholino oligomer treatment: an open-label, phase 2, dose-escalation study

Lancet 2011; 378:

Sebahattin Crak*, Virginia Arachava-Gomez*, Michela Guglieri, Lucy Feng, Silvia Torelli, Karen Anthony, Stephen Abbas, Maria Elena Garralda, John Boulikas, Dominic J Wells, George Dickson, Matthew A Wood, Steve D Wilton, Volker Straub, Ryszard Kole, Stephen B Shewsbury, Caroline Sewry, Jennifer E Morgan, Kate Bushby, Francesco Muntoni

Duchenne MD

Out-of-frame deletion corrected by skipping exon 51 with antisense oligonucleotides

GOSH patient receives world-first treatment for her 'incurable' T-cell leukaemia

11 Dec 2022, 8 a.m.

In May 2022, Alyssa, 13 from Leicester, became the first reported patient in the world to receive base-edited T-cells at Great Ormond Street Hospital for Children (GOSH), in collaboration with the UCL Great Ormond Street Institute of Child Health (UCL GOS)

Research Hospital Dashboard

Reporting to: February 2023

New projects



-16 mean opening time
(17.5 days)

Patient engagement



+98 Sample Bank consents

Clinical research activity



67% CRF occupancy
9 overnight stays

Research income



Income: £3m
Expenditure: £2.8m

Publications



292 publications
90% NIHR
acknowledgement

Impact



World-first CRISPR &
base editing treatments

Partnership



+156 large company
collaborations
+3 new patents

Clinical academic career development



+ X external medical
fellowships
+X external non-medical
fellowships

Innovation



+X 'Ideas' validated
+X novel pathways
implemented
+X GCT products
manufactured

Staff engagement



+X GCP trained staff
+X Research champions



Trust Board 30th March 2023	
GOSH Innovation Update Submitted by: Professor Andrew Taylor – Director of Innovation	Paper No: Attachment O <input type="checkbox"/> For information and noting <ol style="list-style-type: none">1. <i>TB_Innovation_Update_March_2023_amt.pdf</i>2. <i>Appendix_1_DRIVE_Messaging_Matrix.pdf</i> (additional reading for information)3. <i>Appendix_2_Catering_Project_Trust_Board.pdf</i> (additional reading for information)4. <i>Appendix_3_Staff_Roadshow_Presentation.pdf</i> (additional reading for information)
Purpose of report To update Trust Board on the progress of the Innovation Directorate over the last 2 years.	
Summary of report <ul style="list-style-type: none">• Short background<p>It is 2 years since the GMP (Cell & Gene Therapy Service) and DRIVE business plans were approved. This update is to outline the outcomes that have been achieved over the last 2 years.</p>• Key findings Cell and Gene Therapy Service (CGTS)<ul style="list-style-type: none">▪ Governance structure created▪ Cell & gene therapy strategic group established▪ MHRA licensing for ZCR completed▪ Key industry partnerships established - ViroCell, Leucid Bio▪ New quality team structure developed▪ Consider becoming a manufacturing authority• Key findings Data Research, Innovation and Virtual environments<ul style="list-style-type: none">▪ Governance structure created▪ Digital strategy group established▪ Data partnership committee established▪ Ideas platform established▪ Key industry partnerships established - Arcturis, Roche▪ Partnership with Sheba established▪ Clinical Intelligence Unit created - PICTURE tool▪ Proof of concept for catering app completed - see Appendix 2▪ PICU app created▪ Hackathon delivered▪ Set of strategic position papers written – see slide presentation• Key risks/ challenges<ul style="list-style-type: none">▪ Continued cell and gene therapy compliance with MHRA license▪ Maintenance of key industry partnerships▪ Support for staff once industry partner collaborations end	

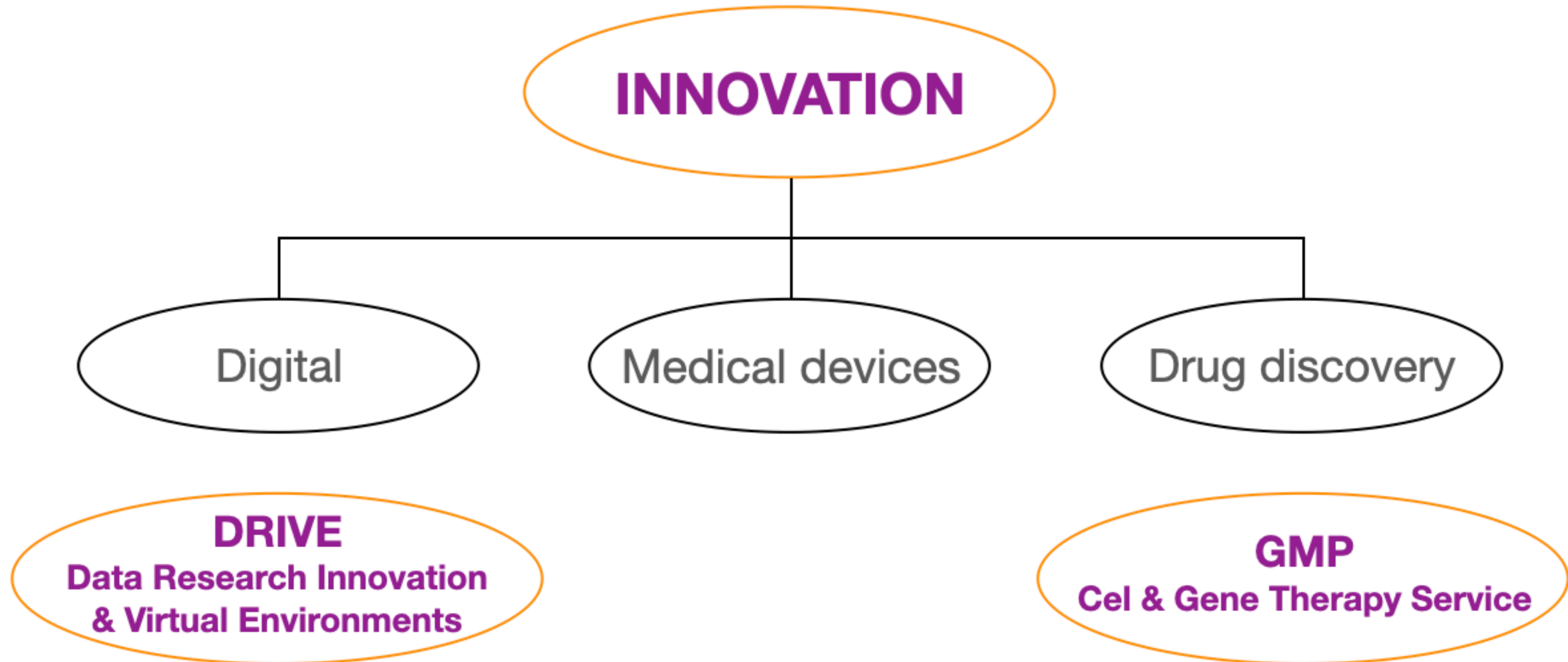
<ul style="list-style-type: none"> ▪ Integration of successful ideas and pilot studies into BAU ▪ Ability of Innovation to create long-term financial impact for the Hospital <ul style="list-style-type: none"> • Next 12 months – expected outcomes/ improvement <ul style="list-style-type: none"> ▪ Consolidate partnerships ▪ Deliver first year of Clinical Intelligence Unit ▪ Carry out virtual ward pilot ▪ Work with an AI start-up company ▪ Further develop the ‘Innovation hub’ concept ▪ Work with Sheffield to apply to become a NIHR HealthTech Research Centre ▪ Develop further industry partnerships ▪ Look at consultancy opportunities for DRIVE and CGTS ▪ Work closely with the transformation, quality and improvement teams
<p>Patient Safety Implications None</p>
<p>Equality impact implications None</p>
<p>Financial implications Finances are on-target when compared to the original business plans.</p>
<p>Strategic Risk BAF Risk 1: Financial Sustainability New BAF risk on transformation and innovation being considered.</p>
<p>Action required from the meeting For information and discussion</p>
<p>Consultation carried out with individuals/ groups/ committees D/W Professor David Goldblatt, Head of Innovation, CRIO, CCIO, Commercial Director, and EMT</p>
<p>Who is responsible for implementing the proposals / project and anticipated timescales? Head of Innovation over the next 3-4 years</p>
<p>Who is accountable for the implementation of the proposal / project? Director of Innovation</p>

Innovation at GOSH

Professor Andrew Taylor

Director of Innovation - GOSH

Innovation @ GOSH



Cell & Gene Therapy Service Strategic aims - 2020

CGTS vision

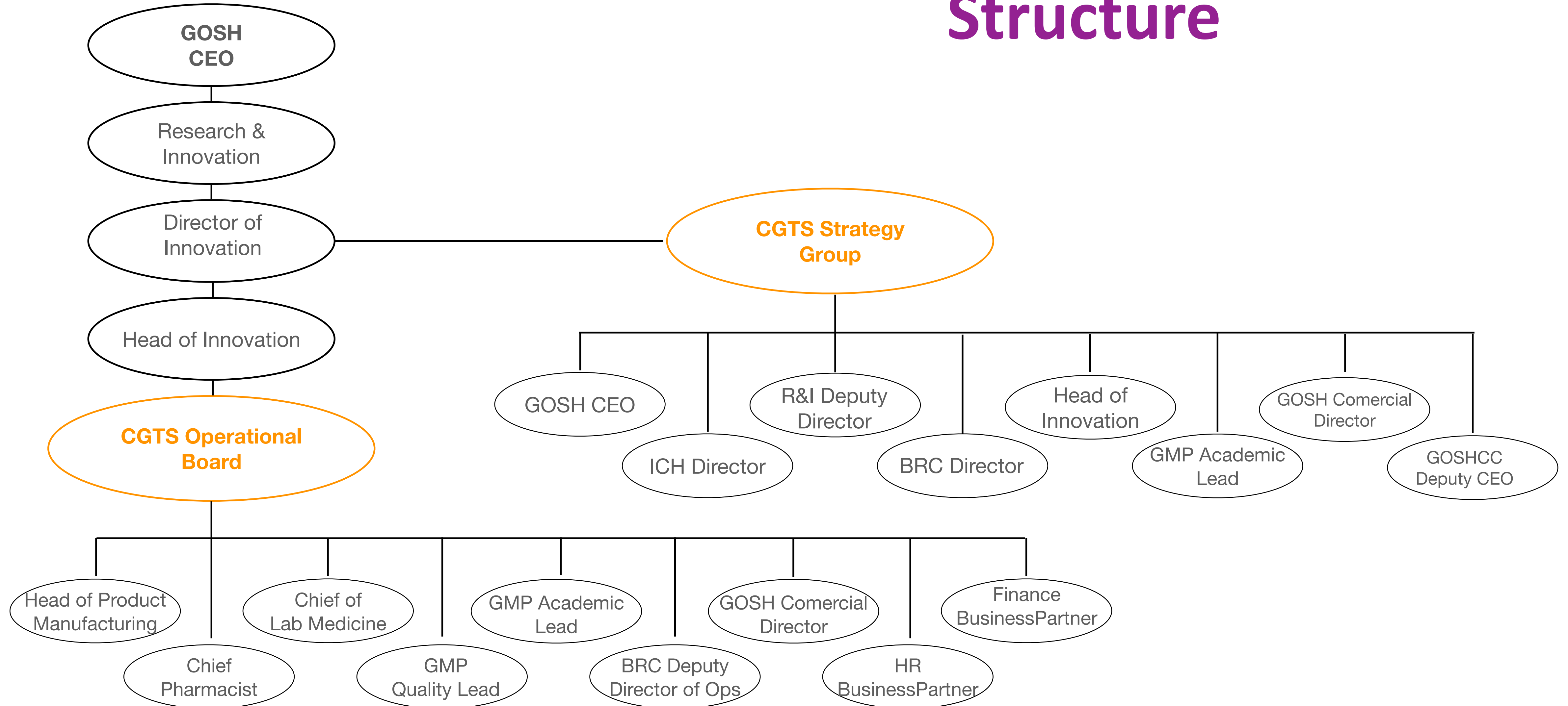
The Zayed Centre for Research Good Manufacturing Practice (GMP) facility will provide a world class facility for research evidence generation and the manufacture of gene cell therapies for children with rare diseases and cancer.

As the largest single academic manufacturing unit for gene and cell therapies in the UK and one of the largest in the world, the ZCR GMP facility provides a unique opportunity to accelerate the bench-to-bedside progress of new treatments and cures for rare and complex diseases, helping children both nationally and globally.

Outcomes

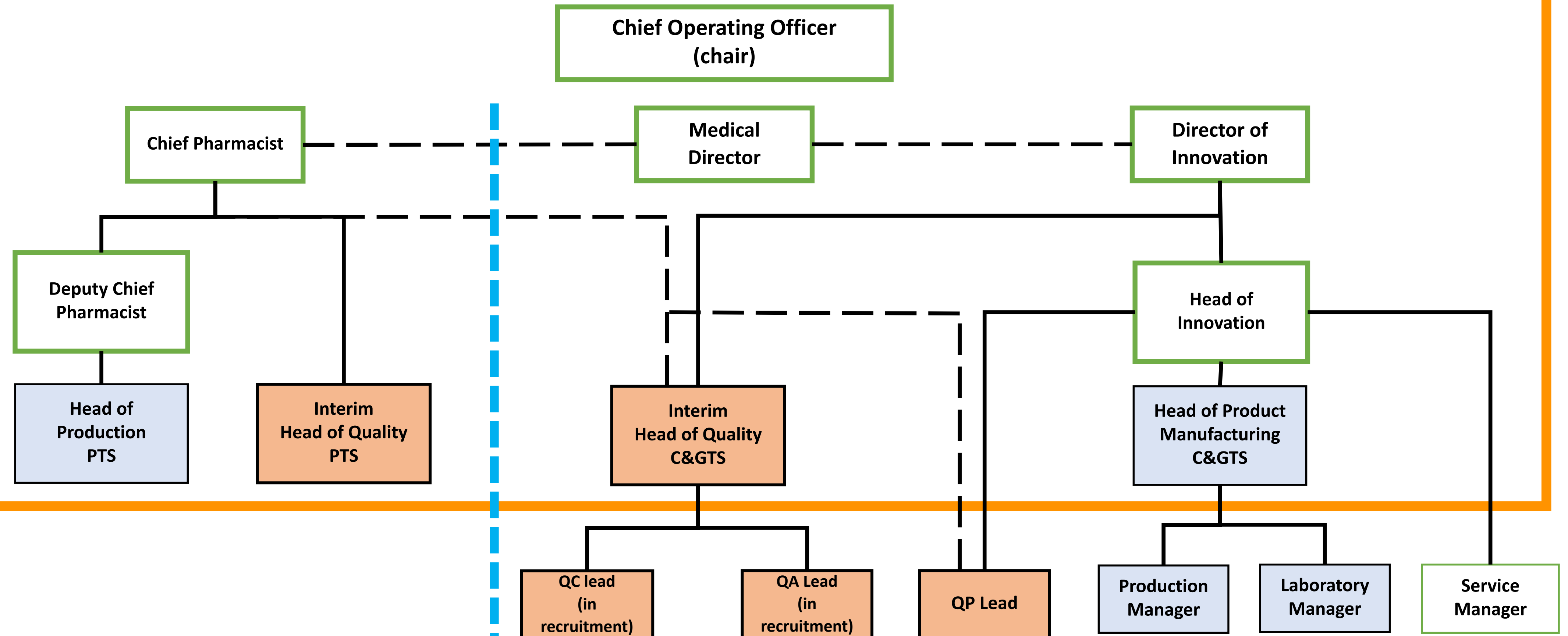
- **Governance structure created**
- **Cell & gene therapy strategic group established**
- **MHRA licensing for ZCR completed**
- **Key industry partnerships established - ViroCell, Leucid Bio**
- **New quality team structure developed**
- **Consider becoming a manufacturing authority**

Cell & Gene Therapy Service Structure



Cell & Gene Therapy Service Governance

MHRA LICENSE OVERSIGHT BOARD – Pharmacy /Cell & Gene Therapy Service



Pharmacy Specials site
license x3
PN / Cytos / CIVAS

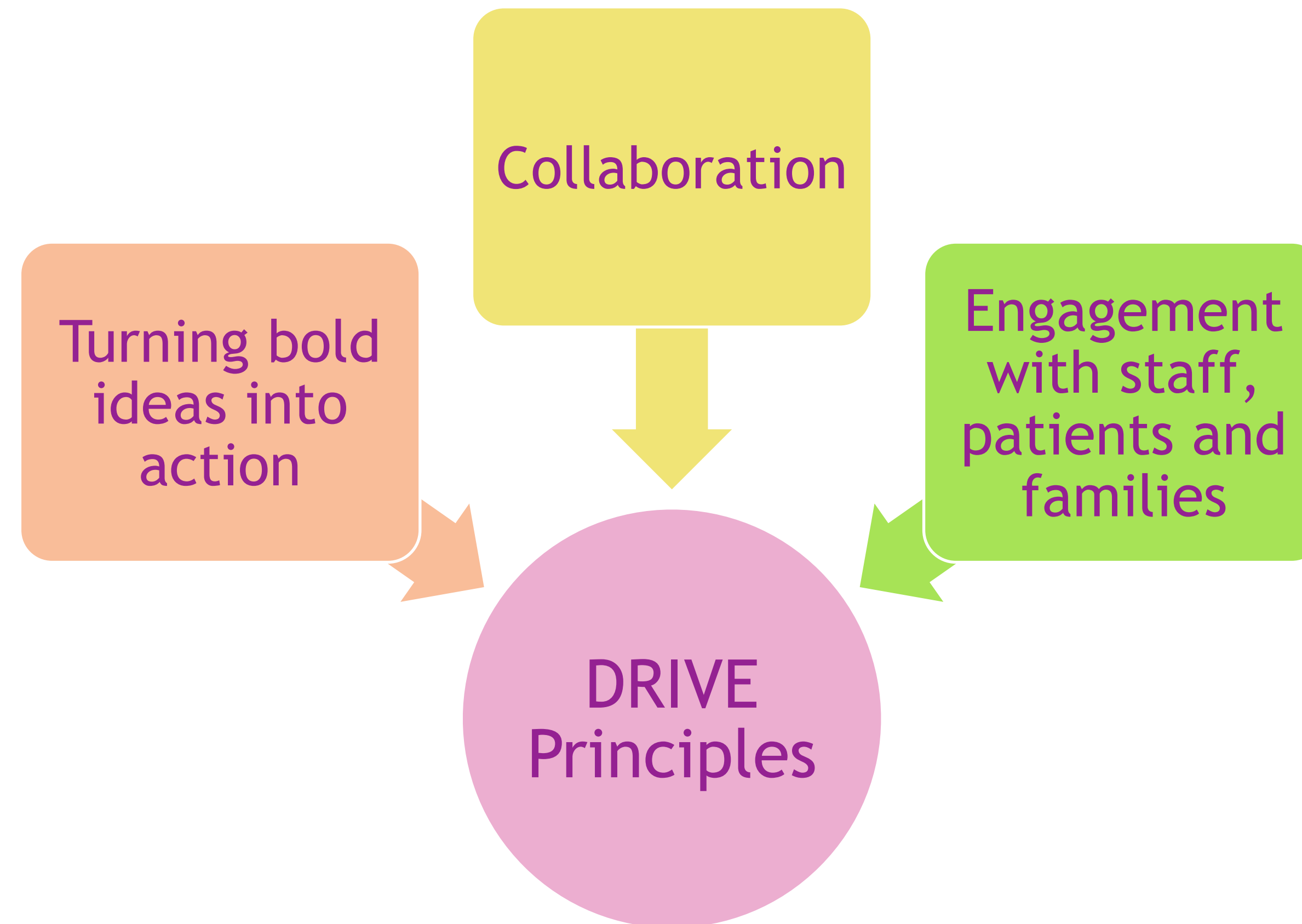
GMP ATMP site license
x2
ZCR / CBL & OBW

DRIVE Strategic aims - 2021

DRIVE vision

**To implement innovation into
paediatric healthcare using data and
technology to improve patient
outcomes and stakeholder experience**

DRIVE Vision



GOSH Priorities



DATA RESEARCH, INNOVATION,
AND VIRTUAL ENVIRONMENTS

PRIORITY 2: Deliver a Future Hospital Programme to transform outdated pathways and processes

Build an Intelligent Research Hospital, embedding technology to improve experience and outcomes, optimise patient flow and deliver efficiencies

Digital connectivity across the patient pathway improving patient experience and access to data

PRIORITY 4: Improve and speed up access to urgent care and virtual services

PRIORITY 5: Accelerate translational research and innovation to save and improve lives

Go-to-innovation centre harnessing staff, research and commercial ideas, and delivering global impact for our rare disease data and expertise

Strategic goals

- 1. Build an Intelligent Research Hospital**
- 2. Drive digital connectivity**
- 3. Become the 'go to' centre for paediatric innovation**
- 4. Deliver global impact for our rare disease data and expertise**

‘Phased investment’



- 1. The current DRIVE team**
- 2. The DRE Expansion Programme**
- 3. The Partnership Delivery Team**
- 4. Royal Free London pilot for device development**
- 5. Innovation consulting exercise with leading international centres**

Options Appraisal		Closure <ul style="list-style-type: none"> DRE platform discontinued DRE and DRIVE teams redeployed 	Do Nothing <ul style="list-style-type: none"> DRE platform funded Existing team funded 	Phased Investment <ul style="list-style-type: none"> DRE platform funded Phased funding with Gateways for continued investment
DRE Expansion	Support GOSH research	✗	✓	✓ ✓
	Support the BRC bid	✗	✓	✓ ✓
	Expand the GOSH data lake	✗	✗	✓ ✓
	Develop AI capability	✗	✗	✓ →
Partnership Discovery Team	Explore UK and international commercial and partnership opportunities	✗	✗	✓ ✓
	Support drug discovery	✗	✗	✓ ✓
	Achieve financial sustainability	✓	✗	✗ →
Innovation Hub	Establish as 'go to' place for innovation in Paediatrics	✗	✗	✓ →
	Test and embed new technologies into patient care	✗	✗	✓ →
	Explore UK and international commercial and partnership opportunities with industry	✗	✗	✓ ✓
	Develop and embed mixed reality to improve patient experience	✗	✗	✓ →

Main outcomes - successes

(see Appendix 1)



- **Governance structure created**
- **Digital strategy group established**
- **Data partnership committee established**
- **Ideas platform established**
- **Key industry partnerships established - Arcturis, Roche**
- **Partnership with Sheba established**
- **Clinical Intelligence Unit created - PICTURE tool**
- **Proof of concept for catering app completed - see Appendix 2**
- **PICU app created**
- **Hackathon delivered**
- **Set of strategic position papers written - see below**

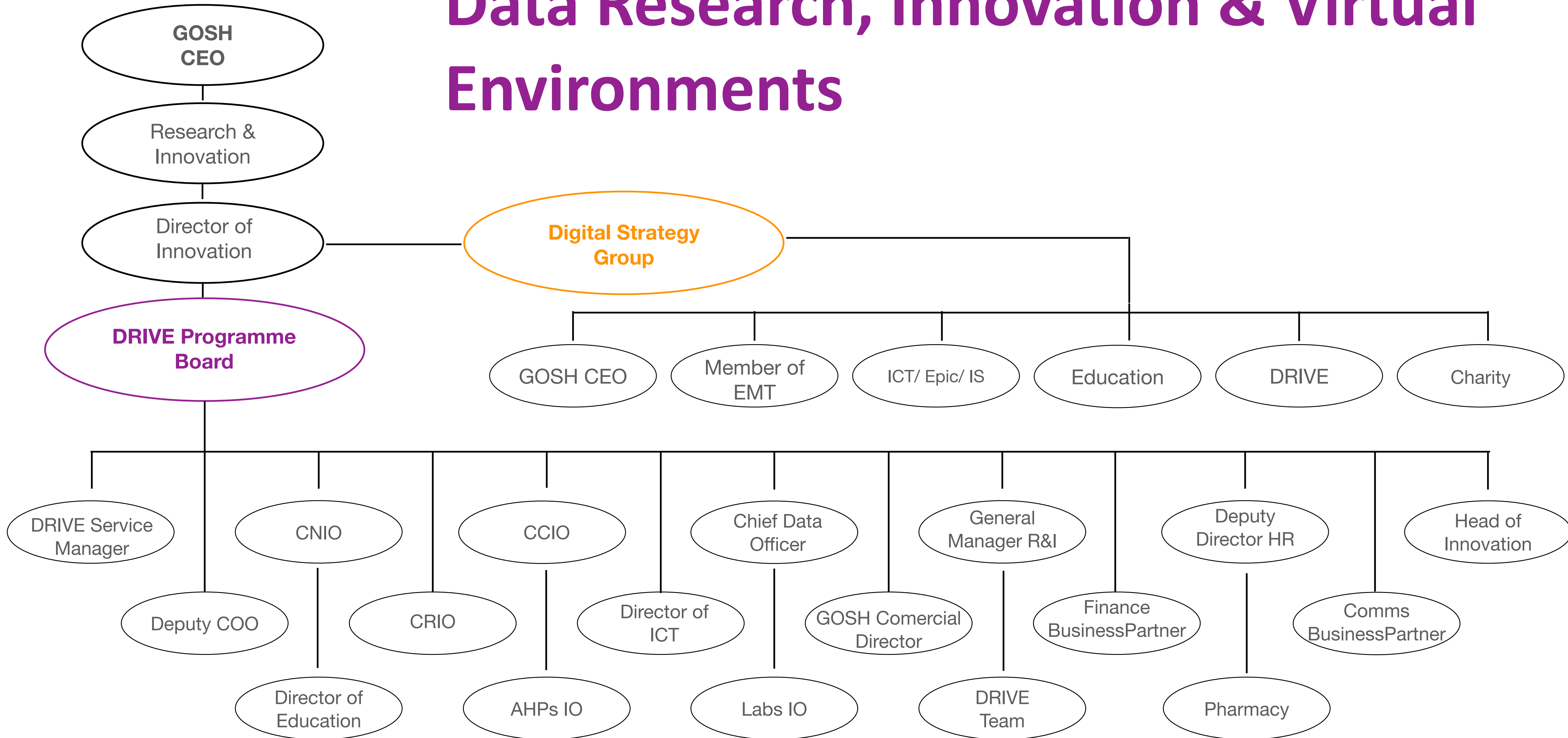
Main outcomes - unsuccessful Or work in progress



- Royal Free London partnership disbanded
- JIBO - robot project with NTT
- Several apps approaches not taken forward

- Continued work in progress to engage staff within the organisation to build an Innovation culture - see Appendix 3

Data Research, Innovation & Virtual Environments



Data partnerships committee

- **The DPC has delegated authority from the Executive Management Team to advise on the ethical and legal considerations concerning the accessing, sharing and use of personal and special category data at GOSH with external data partners for the purposes of improving the diagnosis, treatment and care of children with rare and complex conditions.**
- **The DPC will ensure all such commercial and non-commercial partnerships operate under the NHS Information Governance framework, the national regulatory framework including GDPR and the information governance surrounding the access and processing of all data.**

Data partnerships committee

- **Director of Innovation (Chair)**
- **Caldicott Guardian (Deputy Chair)**
- **Head of Innovation**
- **Data Protection Officer/Company Secretary**
- **Head of Information Governance**
- **Commercial Director**
- **Chief Research Information Officer**
- **Head of Governance, Clinical Trials, and Contracts Division of R&I**
- **Research Communications Manager**

Ideas @ GOSH



90

IDEAS RECEIVED
LAUNCHED IN JANUARY 2022

5 ideas per month

THEMES

45% Software development
14% Education & Training
12% Data & Reporting
29% Other categories

OTHER CATEGORIES

Health inequalities Transformation
AR/VR GOSH Arts
Medical devices Sustainability

OUTCOMES

60% Signposting to existing initiatives
30% New projects
10% Not taken forward



Scan here to submit
your idea now

Position papers

- **Technology strategy**
- **Robotic process automation**
- **Clinical Intelligence unit**
- **Development ops environment - use of Cloud**
- **Virtual wards - GOSH Universe**
- **Mind palace - policy/ document storage**
- **Virtual environments**
- **Apps**
- **Chat bots**
- **Genomics position paper**
- **Video presentation of clinical information for patients**
- **5G, FHIR, PICTURE**

Personalised Informatics Consultation (PICTURE)

Personalised Informatics Consultation Using Real World Evidence (PICTURE)



Personalised probability of outcome or diagnosis

Using distributions to provide risks for disease diagnoses and outcomes

Partnership building

Industry partners



Clinical partners



**ARC – THE CENTER FOR
DIGITAL INNOVATION AT
SHEBA MEDICAL CENTER**

INTERNATIONAL
SOCIETY FOR
**Pediatric
Innovation**



We are
**DREAMERS &
DESIGNERS**
of the Future of Health.



**Children's Hospital
Alliance**

A partnership for child health



**Working together to
face global challenges in
children's healthcare**

Innovation contribution and income compared to business plans

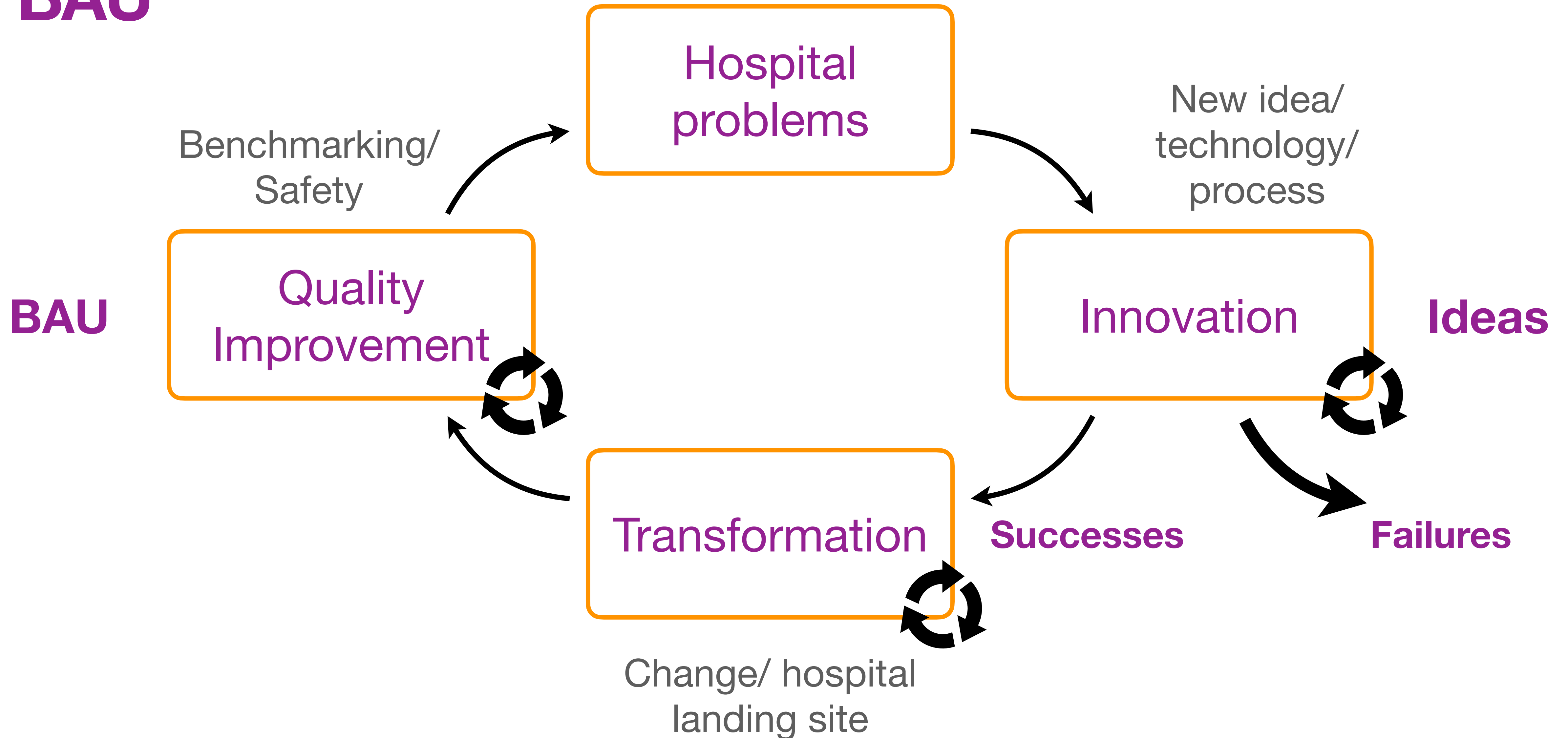
- **For 2022-23**
 - **Income - 3% above target**
 - **Contribution - 81% above target**

Next 12 months

- **Consolidate partnerships**
- **Deliver first year of Clinical Intelligence Unit**
- **Carry out virtual ward pilot**
- **Work with an AI start-up company**
- **Further develop the 'Innovation hub' concept**
- **Work with Sheffield to apply to become a NIHR HealthTech Research Centre**
- **Develop further industry partnerships**
- **Look at consultancy opportunities for DRIVE and CGTS**

- **Work closely with the transformation, quality and improvement teams**

Innovation, Transformation, BAU





Thank you

Any questions

**Trust Board
30th March 2023**

<p>March IQPR (February 2023 Data)</p> <p>Submitted by: John Quinn COO</p> <p>Co-Authors Dr Sanjiv Sharma MD Tracy Lockett Chief Nurse Caroline Anderson Director of HR & OD</p>	<p>Paper No: Attachment Q</p> <p><input type="checkbox"/> For discussion</p>
<p>Purpose of report To present the Integrated Quality and Performance Report and narrative to the Board to show the Trust level key performance indicators and to provide the Board with assurance that the indicators on patient safety, patient experience, well led, access and efficiency are monitored regularly.</p>	
<p>Summary of report The Board Integrated Quality and Performance Report has one addition this month which relates to the inclusion of Nursing Safer Staffing slide which would have replaced the Safer Staffing Nursing Report shared at Board.</p> <p>The February strikes unavoidably affected performance; operational teams were again highly prepared which resulted in effective derogations for essential services, movement of outpatient appointment to virtual where possible and carefully planned inpatient admissions. 60 admissions and 727 appointments were recorded as rescheduled. Looking ahead to March strikes a further 121 admissions and 714 outpatients were rearranged.</p> <p>Activity overall is below the internal 2022/23 plan but remains above 2019/20 figures. RTT performance deteriorated by 1.6% and the overall PTL increased by 5%. DM01 and Cancer standards were positive and remained stable. Issue for focus are long waits for access (+104, 78 and 52 weeks) as these remain a challenge in particular hot-spot specialties.</p> <p>Gram negative bacteraemia's remain above normal levels. Review of the RCA outcomes has identified increased immunosuppression in the patient population and more lumens on central lines for which parents are caring. CV Line infections has stabilised but is still being closely monitored.</p> <p>The Trust has delivered £14.06m Better Value year-to-date and is forecast to deliver £15.5m at the end of the financial year.</p> <p>Well-led remains a focus for the Trust. Voluntary turnover remains at 14.2% for the second consecutive month which is a continuation of the recent trend of increased turnover towards and exceeding the Trust target. Sickness rates have reduced to 3%, the lowest reported position in the last 12 months.</p> <p>Trust Board Action 125.1: Following discussion it was agreed this would require a full study. We are currently looking at multiple cancellations. (A paper has been shared at Ops Board). The broader analysis of cancellations is complicated as there are a proportion that are made well in advance and are more like a reschedule. We also offer some patients an option to come in knowing there is a high risk of cancellation. We do this because the patient/family may be prepared to take that risk and it helps us maximise use of theatres.</p>	

Attachment Q

Patient Safety Implications The IQPR includes metrics and analysis on Patient Safety.
Equality impact implications There are no specific metrics on equality, but the report includes metrics on Access, Freedom to speak up and Patient experience.
Financial implications The IQPR only includes metrics on Better Value and no other specific metrics on Finance, but access and activity performance will also have implications on revenue.
Action required from the meeting None
Consultation carried out with individuals/ groups/ committees Reviewed at EMT
Who is responsible for implementing the proposals / project and anticipated timescales? Chief Operating Officer
Who is accountable for the implementation of the proposal / project? Chief Executive

Integrated Quality & Performance Report

March 2023

Reporting February 2023 data



**John
Quinn**

Chief
Operating
Officer

**Tracy
Luckett**

Chief Nurse

**Sanjiv
Sharma**

Medical
Director

**Caroline
Anderson**

Director of HR
& OD

Report Section	Page Number
Executive Summary	3 - 4
Patient Safety	5 - 6
Effectiveness	7
Patient Experience	8
Well Led and Safer Staffing	9 - 11
Patient Access	12 - 14
Appendices	15 - 27

Patient Access remains challenging with February and March strikes impacting delivery across activity and waiting times. Patient experience and effective domains are strong, with the Well Led domain seeing some improvements.

Activity in February was below plan and above the 2019/20 levels, this is also the case for the year to date. During the strike period, commencing 6th February, elective inpatient activity was 29% and outpatients 7% below plan with 63% of consultation on the 6th and 7th February being virtual. Access performance levels deteriorated for RTT by 1.6% and the overall PTL increased by 5%. However, DM01 and Cancer standards were positive and remained stable.

Line infection issues experienced earlier in the year are continuing to reduce. The most recent Paediatric Intensive Care Audit Network (PICANet) report was published on the 9th March 2023 and covers the calendar years 2019-21, the report shows GOSH PICU/NICU and CICU risk adjusted mortality continues to be as within expected range.

Patient experience is generally good. Outpatient rating has marginally improved to 93%, however, only 232 submission were made. Inpatients experience remains at 98% as per the last 10 months.

The vacancy rate increase seen last month has reduced to levels seen at the start of the year (7.0%), voluntary turnover has remained at 14.2%, above the Trust target. Several workstreams across the Trust continue to focus on this. Within the Safer Staffing Nursing Report, nursing staff turnover has further increased to 16.5%, the highest level in the last 12 months, with vacancy rates at 8.2%. However, Trust and Nurse sickness have both reduced, this has been a continuing trend from November 2022.

Good progress has been made with delivering better value schemes, with a current year end forecast outturn of £15.5m. As part of the planning process, schemes are being identified for 2023/24.

Issue for focus are long waits for access (+104, 78 and 52 weeks) as these remain a challenge. Issues with Dental services along with ongoing strike action means this is unlikely to improve in the short term.

Integrated Quality & Performance Report, February 2023

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:** Incident numbers remain within expected ranges. The number of incidents awaiting sign-off with the patient safety team rose to 352 (this is reflected in the slight rise in total incidents open below). It was decided to pause closing incidents while Datix was updated to allow more accurate theming of incidents. The configuration change will be completed in mid March and the slight backlog created will be addressed by the end of April.
- **Serious Incidents:** No new serious incidents were declared in month.
- **Duty of Candour:** Four duty of candour stage 2 letters were due in month, however, two were sent later than the expected ten day timeframe. Three stage 3 letters were due in month. Two were sent within the expected timeframe, one was sent late. This delay was a deliberate choice so that the investigation report could be reviewed and signed off by the Risk Action Group.
- **Risks:** The number of high (15+) risks was again below expectations this month, with 7 out of 27 risks (26%) being overdue. 4 risks were from the Body, Bones and Mind directorate and 3 from the Sight and Sound directorate. Overall, 13% of risks were overdue across the register.

Patient Safety - Incidents		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Last 12 months	RAG	Stat/Target		
New Incidents	Volume	661	532	608	577	675	620	600	617	592	498	551	550		No Threshold	Target		
Total Incidents (open at month end)	Volume	1444	1477	1522	1687	1922	2109	2181	2013	1523	1367	1441	1489		No Threshold	Target		
New Serious Incidents	Volume	2	2	4	1	4	2	1	1	1	1	1	0		No Threshold	Target		
Total SIs (open at month end)	Volume	17	20	18	14	15	10	12	3	3	3	3	2			Target		
Overdue SI Actions	Volume	16	12	12	25	14	4	18	20	15	16	11	19		>20	10 - 20	0 - 9	Target
Incidents involving actual harm	%	22%	21%	18%	15%	12%	13%	11%	10%	13%	11%	14%	12%		>25%	15%-25%	<15%	Target
Never Events	Volume	1	0	0	0	0	1	0	0	0	0	0	0		>/=1		0	Stat
Pressure Ulcers (3+)	Volume	0	0	1	0	0	0	1	1	1	0	0	0		>1	=1	=0	Stat
Duty of Candour Cases (new in month)	Volume	3	3	7	3	8	7	7	3	4	1	2	7		No Threshold	Target		
Duty of Candour – Stage 2 compliance (case due in month)	%	66%	1/5	3/3	3/5	1/3	1/5	3/6	3/5	3/4	1/2	1/2	2/4		<75%	75%-90%	>90%	Target
Duty of Candour – Stage 3 compliance (case due in month)*	%	33%	1/1	2/6	2/2	1/3	0/0	0/0	2/4	2/5	2/3	1/4	2/3		<50%	50%-70%	>70%	Target
High Risks (% overdue for review)**	%	21%	28%	32%	5%	5%	40%	9%	4%	5%	35%	19%	26%		>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 at a stable rate for the month of Feb 23 at 1.9/1000 line days for the month. This maintains the downward trajectory that we have seen since the Summer of 2022. Gram negative bacteraemia's are slightly reduced for the month of Feb with only 4 klebsiella species being reported but no other gram negatives were reported for the month.
- 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 on the 9th March 2023 and covers the calendar years 2019-21. 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

		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	2022/23 YTD	Last 12 months	RAG (22/23 threshold)		Stat/Target	
C Difficile cases	In Month	0	0	1	2	1	0	1	1	1	3	1	2	13		>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	1	0	0	0	0	1		>0	N/A	=0	Stat
MSSA	In Month	2	2	3	3	2	2	0	1	2	5	1	2	25		No Threshold			
E.Coli Bacteraemia	In Month	3	1	3	2	0	3	2	2	2	2	2	0	19		>8	N/A	<=8	Stat
Pseudomonas Aeruginosa	In Month	2	0	2	1	0	2	2	1	1	0	2	0	11		>8	N/A	<=8	Stat
Klebsiella spp	In Month	1	2	6	3	1	3	0	2	5	3	3	4	33		>12	N/A	<=12	Stat
CV Line Infections (note 1)	In Month	1.5	2.2	1.7	1.5	2.4	5.4	2.5	2.4	1.8	2.6	1.7	1.9	2.4		>1.6	N/A	<=1.6	T

Inpatient Mortality & Cardiac Arrest

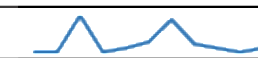

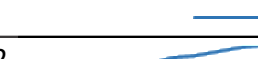





	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Last 12 months	RAG	Stat/Target
Number of In-hospital Deaths	9	8	7	7	10	8	7	12	4	9	8	13		No Threshold	
Inpatient Mortality per 1000/discharges	7.8	8.1	6.7	6.6	9.0	7.3	6.6	11.6	3.8	10.2	7.8	13.8		No Threshold	
Cardiac arrests outside ICU/theatres	1	1	0	0	1	1	2	2	0	2	2	2		No Threshold	
Respiratory arrests outside ICU/theatres	1	1	2	3	0	2	2	2	0	1	2	0		No Threshold	
Inquests currently open	12	14	13	13	14	15	10	12	12	9	8	6		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; £15.91m has been identified and acknowledged on the finance tracker, with a YTD performance of £14.06m (as of 09/03/23). 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 23/24 Better Value Programme is now in development. Directorates are currently being asked to map out clinically led initiatives, and are also identifying any spend to save schemes so that these can be reviewed, prioritised and developed. Procurement have also been asked to provide directorates with details of opportunities in contracts expiring in year, product switches that will provide efficiencies and details of any part year effects of schemes from 22/23 so this can be counted against the 23/24 programme.

Effectiveness

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Last 12 months
Speciality led clinical audits completed (actual YTD)	8	16	24	32	48	66	80	90	100	110	116	
Outcome reports published (YTD)	0	0	0	2	2	3	5	7	7	8	9	
QI Project completed	0	0	10	0	1	3	9	2	1	0	1	
QI Projects started	1	1	28	7	15	6	2	14	17	14	12	
NICE guidance currently overdue for review					0	0	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	£12,822,000	£14,061,472	
% 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%	77.60%	77.60%	
Number of schemes identified		80	97	102	110	119	125	125	125	125	125	
Number of schemes fully signed off and EQIA assessed		4	26	45	46	75	118	118	118	118	118	
Number of schemes identified but not signed off		76	71	57	64	34	7	7	7	7	7	




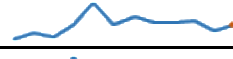

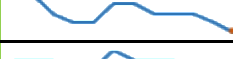

* Our [Quality Hub](#) shows clinical outcomes, clinical audit activity, and QI work that is taking place across the Trust

Overview

The trend of increased complaints continued this month with a further 12 new complaints received. This brings complaints to 126 YTD. In the context of complaints by activity, I&PC was the highest with concerns being raised by families about invoices and the associated communications. I&PC acknowledge that there has been an increase in admin related issues (raised formally and informally) and an action plan is in place to address this. One new red complaint was received regarding BCC and concerns aspects of care, including failure to follow appropriate protocols, delays and a failure to identify a relapse. This brings the red/ high risk complaints to 7 YTD.

PALS case remain consistently high. Action plans from Gastroenterology and Dermatology are in place to ensure families are able to contact services directly and queries are responded to in a timely way.

There was a drop in Outpatient FFT submissions with a total of 232 submissions only and BBM receiving no feedback for their outpatient areas. Outpatient rating of experience narrowly missed the Trust target but this was achieved for Inpatient response and experience ratings. Recruitment of new volunteers and an increase in returning volunteers will be instrumental in resuming activities in waiting areas and with Play plus increasing activities at weekends.

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Last 12 months	RAG		
FFT Experience rating (Inpatient)	97.0%	98.0%	98.0%	98.0%	98.0%	99.0%	99.0%	98.0%	98.0%	98.0%	98.0%	98.0%		<90%	90-94%	>=95%
FFT experience rating (Outpatient)	94.0%	98.0%	97.0%	97.0%	97.0%	97.0%	97.0%	95.0%	94.0%	93.0%	92.0%	93.0%		<90%	90-94%	>=95%
FFT - response rate (Inpatient)	37.0%	37.0%	35.0%	29.0%	23.0%	28.0%	28.0%	24.0%	24.0%	25.0%	25.0%	28.0%		<25%	N/A	>=25%
PALS - per 1000 episodes	7.44	8.1	7.59	9.25	12.37	9.46	10.46	9.74	9.51	9.75	8.58	9.23		No Threshold		
Complaints- per 1000 episodes	0.34	0.32	0.27	0.95	0.38	0.43	0.58	0.36	0.55	0.51	0.47	0.53		No Threshold		
Red Complaints -% of total (note 1)	8%	8%	6%	5%	5%	7%	7%	6%	6%	6%	5%	4%		>12%	10-12%	<10%
Re-opened complaints - % reopened (2)	9%	9%	9%	8%	8%	10%	9%	9%	9%	8%	6%	4%		>12%	10-12%	<10%

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

Contractual staff in post: Substantive staff in post numbers in February were 5361 FTE an increase of 17 FTE since January 2023 . Headcount was 5,788 (+19 on the previous month).

Unfilled vacancy rate: Vacancy rates for the Trust fell slightly to 7.0% from 7.2% in the previous month. The vacancy rate remains below the 10% target, but is 2.9% higher than the same month last year (4.1%). Vacancy rates are highest in corporate affairs (25.1%), Research and Innovation (41.2%) and Transformation (63.4%).

Turnover: is reported as voluntary turnover over a rolling 12 month period. Voluntary turnover remains at 14.2% for the second consecutive month which is a continuation of the recent trend of increased turnover towards and exceeding the Trust target (14%). Retention of staff is a key aim of the Trust People Strategy and is a focus of several workstreams across the Trust.

Agency usage: Agency usage for January has remained stable at 1.1% and is within the 2% trust target. Corporate areas such as Finance (9.6%), Medical Directorate (5.4%), ICT (4.4%) and HR (4.9%) have the highest percentage of pay bill, with International & Private Care (4%) the only clinical directorate above the Trust target.

Statutory & Mandatory training compliance: The January training rate for the Trust has remained stable at to 94%, with all directorates meeting the target.

Appraisal/PDR completion: The non-medical appraisal rate has reduced to 80% in February down 2% from January, with only one Directorate (Research and Innovation 93%) above the Trust target. Consultant appraisal rate has dropped 2% to 93% this month.

Sickness absence: January sickness has decreased for the second consecutive month to 3%, down 0.7% from January. In order to benchmark GOSH sickness more accurately, and provide a more realistic target the Trust has incorporated the national NHS sickness rate into it's RAG rating (see Well led page for details). The national rate for February was 4.96% and GOSH reported sickness rates were 3.0%.

Freedom to Speak Up: The service received 11 contacts in February which was an increase from the previous month. The main themes being raised in February related to concerns around staff wellbeing, bullying and quality & safety of care. Those raising concerns came from a range of professional backgrounds.

Well Led Metrics Tracking

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Last 12 months	RAG Levels			Stat/Target
Mandatory Training Compliance	92.0%	93.0%	93.0%	93.0%	94.0%	93.0%	93.0%	93.0%	94.0%	94.0%	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%	85.0%	83.0%	85.0%	88.0%	90.0%	91.0%	91.0%		<80%	80-90%	>90%	Stat
Appraisal Rate (Non-Consultants)	86.0%	87.0%	86.0%	84.0%	83.0%	78.0%	77.0%	82.0%	83.0%	84.0%	82.0%	81.0%		<80%	80-90%	>90%	Stat
Appraisal Compliance (Consultant)	93.0%	87.0%	86.0%	87.0%	85.0%	87.0%	85.0%	85.0%	85.0%	94.0%	95.0%	93.0%		<80%	80-90%	>90%	Stat
Honorary contract training compliance	76.0%	76.0%	74.0%	72.0%	71.0%	69.0%	68.0%	70.0%	69.0%	69.0%	69.0%	66.0%		<80%	80-90%	>90%	Stat
Safeguarding Children Level 3 Training	89.0%	94.0%	94.0%	94.0%	96.0%	95.0%	95.0%	95.0%	95.0%	96.0%	97.0%	96.0%		<80%	80-90%	>90%	Stat
Safeguarding Adults Level 2 Training	92.0%	92.0%	94.0%	93.0%	94.0%	94.0%	93.0%	93.0%	95.0%	95.0%	96.0%	95.0%		<80%	80-90%	>90%	Stat
Resuscitation Training	80.0%	79.0%	77.0%	78.0%	81.0%	81.0%	82.0%	83.0%	87.0%	87.0%	87.0%	87.0%		<80%	80-90%	>90%	Stat
Sickness Rate <small>see note 3</small>	3.7%	4.3%	3.6%	3.6%	3.3%	3.3%	3.6%	3.5%	4.0%	4.5%	3.7%	3.0%		>5.3%	3-5.3%	<3%	T
Turnover Rate (Voluntary)	12.1%	12.1%	12.2%	12.1%	12.6%	12.5%	13.6%	13.9%	14.3%	14.0%	14.2%	14.2%		>14%	N/A	<14%	T
Vacancy Rate – Trust	4.0%	6.2%	6.4%	5.8%	6.8%	7.1%	7.4%	5.9%	6.3%	6.9%	7.2%	7.0%		>10%	N/A	<10%	T
Vacancy Rate - Nursing	3.5%	5.9%	6.2%	6.1%	7.8%	8.8%	9.0%	4.5%	5.6%	7.0%	7.7%	8.3%		No Threshold			T
Bank Spend	5.2%	5.5%	4.2%	5.5%	5.5%	5.5%	5.4%	5.4%	5.4%	5.3%	5.4%	5.4%		No Threshold			T
Agency Spend	1.2%	1.1%	1.2%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%		>2%	N/A	<2%	T
Quarterly Staff Survey - I would recommend my organisation as a place to work		65%			62%						65%			No Threshold			T
Quarterly Staff Survey - I would be happy with the standard of care provided by this organisation		88%			87%						87%			No Threshold			T
Quarterly Staff Survey - Overall Staff Engagement (scale 0-10) <small>See note 1</small>		7.5			7.0						7.0			No Threshold			T
Quarter Staff Survey - Communication between senior management and staff is effective <small>See note 1</small>		46.0%			41%						45%			No Threshold			T
Number of people contacting the Freedom To Speak Up Service	19	16	13	15	20	20	11	15	13	10	7	11		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	9	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

Safer Staffing- Nursing only

Vacancy rate: Average registered nurse (RN) vacancy rate has increased since last month to 8.2% but remains below Trust target (10%) and NCL ICS RN average vacancy rate (10%). Vacancy percentage rates are high in some individual wards and units due to the small numbers involved. This is currently being mitigated through bank usage and bed closures.

Recruitment pipelines include the next cohort of Newly Registered Nurses (NRNs) in April, with 13 starters planned, in addition to direct and local recruitment activity. Research and Innovation vacancy rates are high but staff are only recruited on the basis of planned activity and do not indicate safe staffing concerns. The vacancy rate for the International Directorate has increased since last month due to the new Hedgehog staffing budget being phased in.

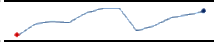
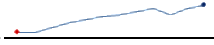



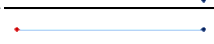

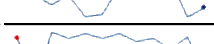
Voluntary Turnover: Based on a 12 month rolling average the vol. turnover for February remains above trust target (14%) at 16.5%. Retention work continues with the implementation of bitesize masterclasses for ward managers, face-to-face career clinics, health and well being initiatives, and plans for new listening events.

Sickness absence: Sickness rates have improved over the last two months but remains above Trust target (3%) at 3.4%. Sickness rates have dropped below Trust target for the first time since pre-pandemic levels in Brain and S&S directorates, but remain above target in all other directorates.

CHPPD: Care Hours per Patient Day is calculated by adding the hours of RNs and HCAs available in a 24-hour period and dividing the total by the number of patients at midnight. CHPPD is reported to provide a complete picture of care and skill mix. This has remained relatively stable across the Trust at 14.9 in February, but with lower than expected levels on Bear Ward.

CHPPD Actual vs Plan: The Trust average was 98.9% in February and within acceptable parameters.

Incidents: There were 6 safe staffing incidents reported in February, 3 in BCC and 3 on H&L, these are currently being investigated. A recent deep dive analysis of safe staffing incidents will be taken to Nursing Ops Board with key recommendations to help address the recurrent themes.

Safer Staffing Metrics	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Last 12 months	RAG Levels			Stat/Target	
Vacancy Rate - Nursing	3.5%	5.9%	6.2%	6.1%	7.8%	8.8%	9.0%	4.5%	5.6%	7.0%	7.7%	8.2%		>11%	10.1% - 11%	<= 10%	T	
Turnover Rate (Voluntary)	13.4%	13.5%	14.0%	14.5%	14.9%	15.2%	15.3%	15.8%	16.1%	15.4%	16.1%	16.5%		>14%	N/A	<14%	T	
Sickness Rate <small>see note 3</small>	4.5%	5.4%	4.8%	4.2%	3.9%	3.7%	4.0%	4.0%	4.3%	5.5%	3.7%	3.4%		>3.3%	3-3.3%	<3%	T	
Care Hours per Patient Day (CHPPD)	14.8	14.1	15.7	14.6	16.1	16.8	15.0	15.5	14.4	15.0	15.3	14.9		No Threshold			T	
Care Hours per Patient Day (CHPPD)- Actual vs Plan												103.7%	98.9%		<80%	80-90%	>90%	T
Agency Spend	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		>2%	N/A	<2%	T	
Safe Staffing incidents	19	10	7	10	3	4	13	13	10	15	3	6		No Threshold			T	
Bank fill rate	85%	65%	88%	85%	87%	85%	87%	84%	85%	81%	86%	70%		No Threshold			T	

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, key consultant absence and continued volume of inpatient last minute cancellations.

- **RTT** Performance for February 2023 was **69.8%**, 1.6% decrease from last month and remains below trajectory. The overall PTL has increased by 144 pathways (5%) from December. None of the directorates met the 92% standard this month. RTT performance has been affected by the national rail strikes, the Royal College of Nursing and Physiotherapists industrial action, inherited breaches and bed pressures. We forecast RTT performance to further decrease in March due to industrial action taken by the Junior Doctors, as well as air handling issues in two theatres which has led to many cancellations.
- There are three patients who are waiting above **104 weeks**, a decrease from last month when we reported five. One of these patients (Dermatology) is an inherited breach, where we received the referral at 186 weeks wait. The patient was seen in outpatients and now has a TCI at the end of March. One patient (ENT) has been treated and the other patient's (Spinal Surgery) procedure was unable to go ahead due to patient complexity and now has an outpatient appointment at the end of March. However, the projection is for 3 patients being over 104 weeks at 31st March. **78 week waits** slightly increased to 52 and remains above trajectory. **52 week waits** have increased to 311. The long waiters are predominantly in Orthopaedics (71), Plastic surgery (52), ENT (33), Dental (30), Ophthalmology (17), Craniofacial (19), Cardiology (16) and Spinal Surgery (16). For specialties where an RTT recovery trajectory is signed off, 3 out of 22 are on track or above trajectory, revised trajectories will be produced over the coming months. Sight & Sound and Body, Bones and Mind are most challenged.
- At the time of writing the Trust is currently projecting 53 patients, at the end of March 2023, to be 78 week waits or more against the national ambition of zero.
- **DM01** performance for January 2023 was **87.6%**, an increase of 5% from the previous month. The number of 6 week breaches has decreased this month to 228, compared to 289 last month. 13 week breaches have seen a slight decrease to 30 compared to 34 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. However, the projection for March is a deteriorating position.
- **Cancer:** It is projected for February that four of the five standards will be met.

Bottlenecks

Consultant availability in particular for Dental, Orthopaedics and SNAPS

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

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. (Where patients arrive from referring hospitals with a significant time already on the clock).

Challenges in diagnostic capacity particularly for MRI 5, MRI sedation, Endoscopy and 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

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 from April

Additional Stress Echo list being run

Discussion on mutual aid for Dental Services

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

Clinical Genetics Consultant joined in February

Assessing additional 4 bed bay be opened on Sky to support throughput.

Patient Access Metrics

Access Metrics Tracking	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Trajectory	Last 12 months	RAG Levels			Stat/Target
RTT Open Pathway: % waiting within 18 weeks	76.0%	75.2%	76.8%	75.3%	73.7%	72.3%	71.8%	72.4%	73.2%	70.9%	71.4%	69.8%	Below		<92%	N/A	>=92%	Stat
Waiting greater than 18 weeks - Incomplete Pathways	1,635	1,733	1,638	1,765	1,900	2,006	2,023	2,012	1,944	2,154	2,169	2,280	-		No Threshold			-
Waiting greater than 52 weeks - Incomplete Pathways	142	151	160	177	177	196	202	206	219	248	279	311	Above		>0	N/A	=0	Stat
Waiting greater than 78 weeks - Incomplete Pathways	27	28	24	24	20	25	30	28	28	45	47	52	Above		TBC			T
Waiting greater than 104 weeks - Incomplete Pathways	5	7	4	3	0	0	1	1	3	5	5	3	Above		>0	N/A	=0	Stat
18 week RTT PTL size	6811	7009	7070	7150	7239	7229	7176	7295	7264	7401	7580	7545	-		No Threshold			-
Diagnostics- % waiting less than 6 weeks	86.8%	84.1%	84.7%	82.6%	83.9%	84.1%	83.5%	88.4%	89.2%	82.6%	82.6%	87.6%	Below		<99%	N/A	>99%	Stat
Total DM01 PTL size	1,463	1,556	1,565	1,489	1,506	1,480	1,463	1,714	1,747	1,767	1,663	1,841	-		No Threshold			-
Cancer waits: 31 Day: Referral to 1st Treatment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		<85%	N/A	>85%	Stat
Cancer waits: 31 Day: Decision to treat to 1st Treatment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		<96%	N/A	>96%	Stat
Cancer waits: 31 Day: Subsequent treatment – surgery	100%	100%	100%	100%	100%	100%	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%	94%	92%	-		No Threshold			-
Cancelled Operations for Non Clinical Reasons (note 1)	34	23	31	28	43	28	33	38	53	27	45		-		No Threshold			-
Cancelled Operations: 28 day breaches	1	2	4	4	4	4	2	5	1	3	3		-		>0	N/A	=0	Stat
Number of patients with a past planned TCI date (note 4)	1,126	1,244	1,398	1,256	1,261	1,347	1,112	1,193	1,270	1,261	1,390	1,356	-		No Threshold			-
NHS Referrals received- External	2,818	2,470	2,603	2,673	2,607	2,431	2,611	2,901	2,920	2,453	2,754	2,667	-		No Threshold			-
NHS Referrals received- Internal	2,016	1,812	2,023	1,767	1,883	1,789	1,820	2,124	2,198	1,625	1,980	2,039	-		No Threshold			-
Total NHS Outpatient Appointment Cancellations (note 2)	7,637	6,704	6,626	6,816	7,352	7,472	6,910	6,352	6,368	6,449	6,308	6,212	-		No Threshold			-
NHS Outpatient Appointment Cancellations by Hospital (note 3)	2,156	1,690	1,473	1,499	1,569	1,493	1,707	1,441	1,366	1,576	1,514	1,740	-		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 11

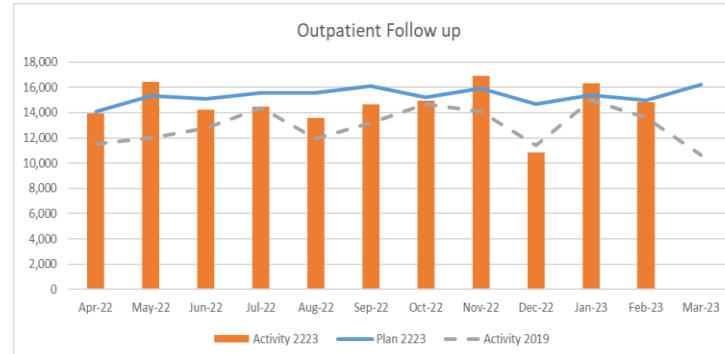
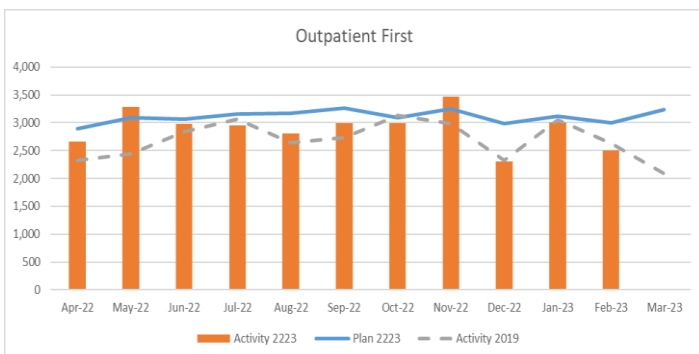
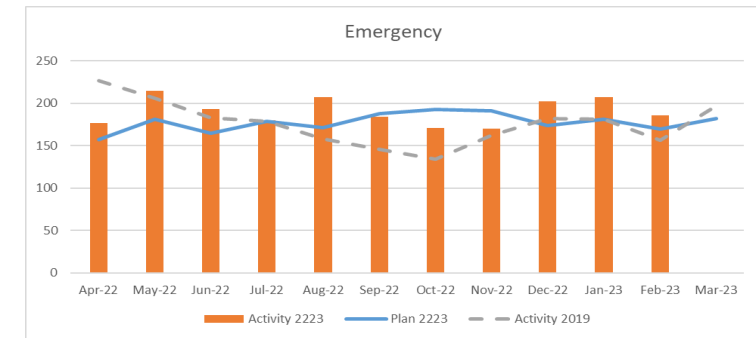
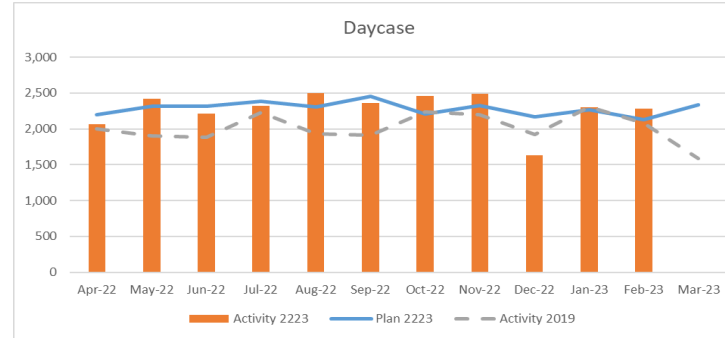
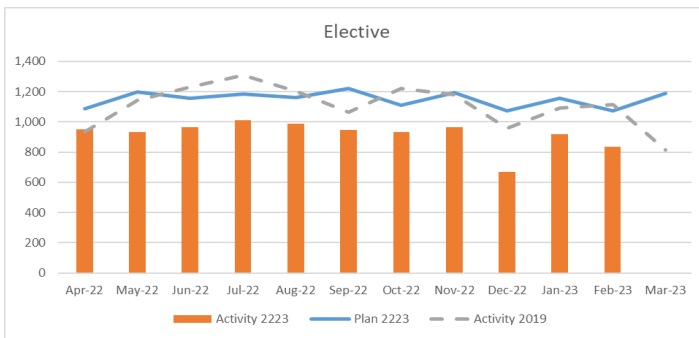
Overview:

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 February activity was below 22/23 plan by 2.9%, this was mainly driven by Elective and Outpatient First's.

Both First and Follow-up outpatient activity is above 19/20 (10.5%) but below 22/23 plan (5%). Combining Daycase and Elective work broadly indicates the Trust is 7% below 22/23 plan and marginally above 19/20.

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



Overview YTD M11

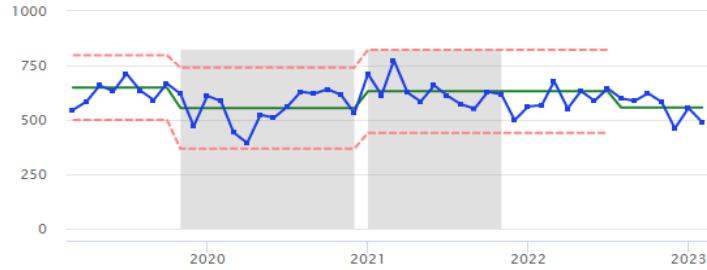
POD	Plan 2223	Activity 2223	Activity 2019	% of 19/20	% of Plan
Daycase	25,074	25,043	22,623	110.70%	99.87%
Elective	12,626	10,111	12,454	81.19%	80.08%
Emergency	1,951	2,092	1,914	109.30%	107.21%
First OPA	34,075	31,950	30,156	105.95%	93.76%
Follow-up OPA	167,952	161,112	144,493	111.50%	95.93%
Grand Total	241,679	230,308	211,640	108.82%	95.29%

Appendix

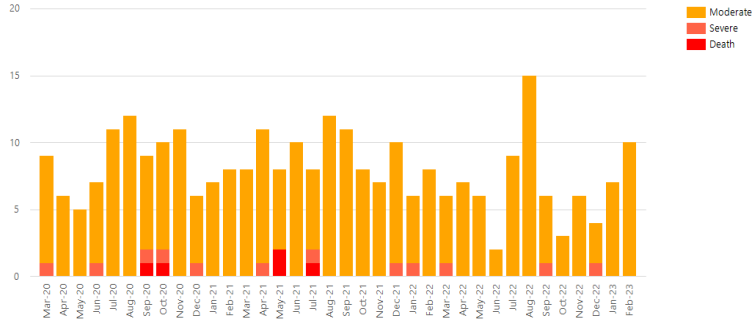
Integrated Quality & Performance Report

Appendix 1: Patient Safety (incidents & risks)

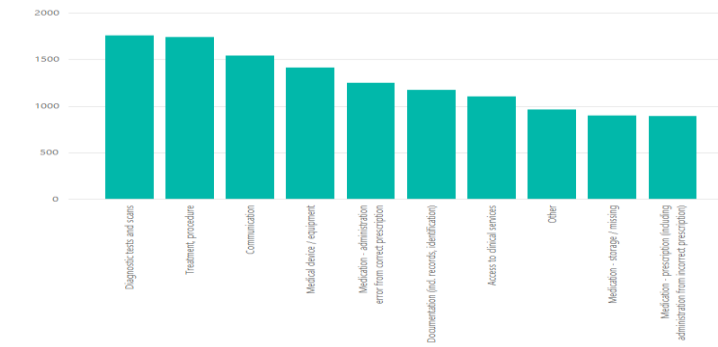
New Incidents



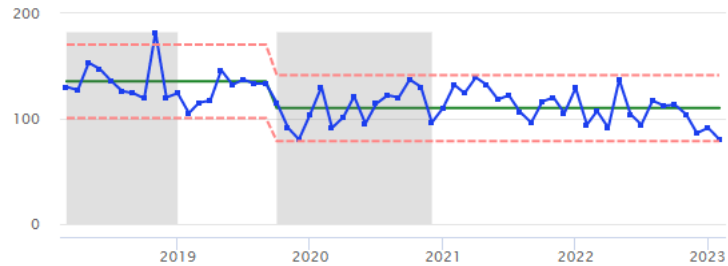
Incidents by Harm



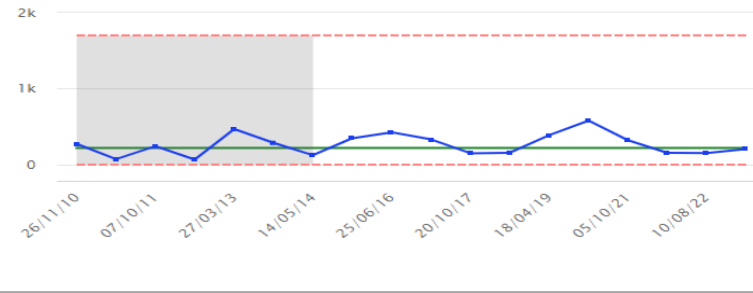
Top 10 Incident Categories (themes)



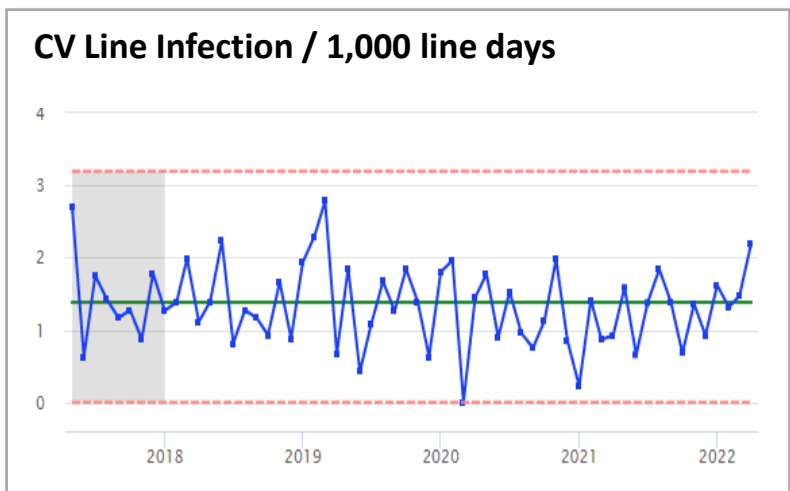
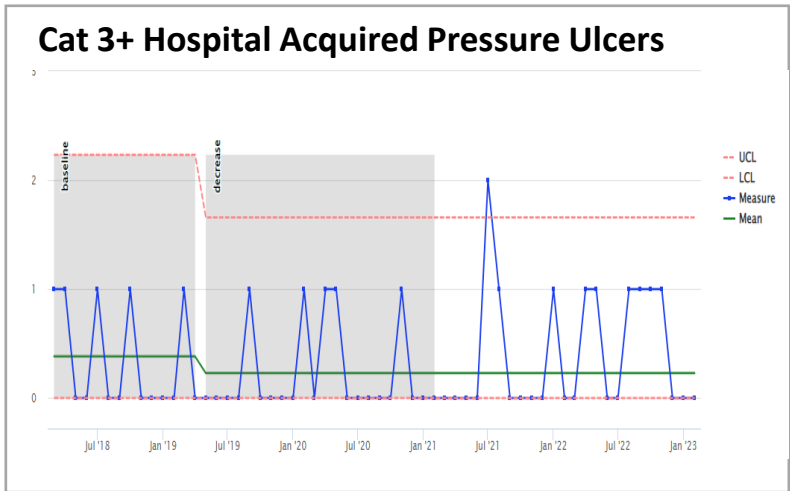
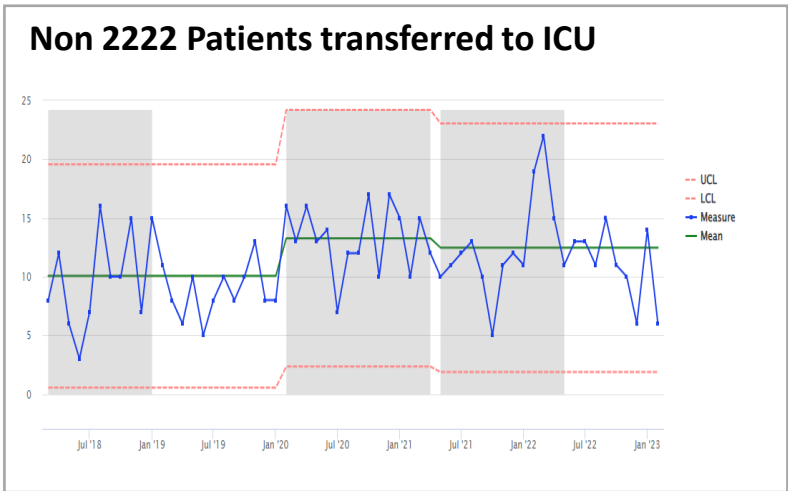
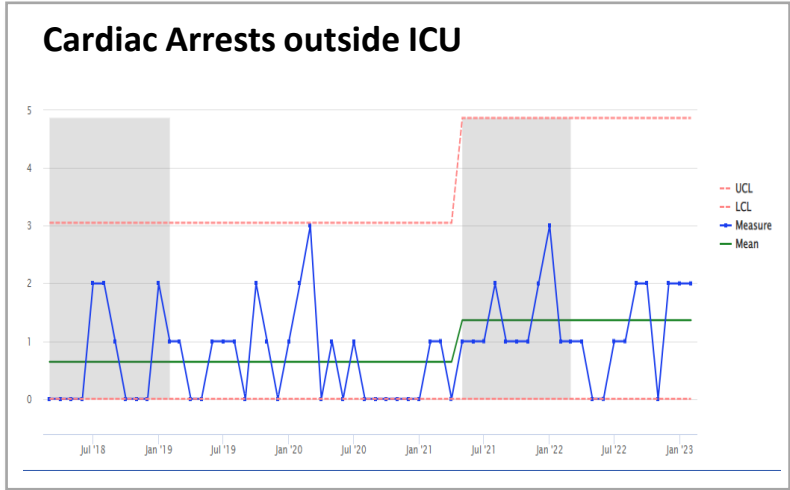
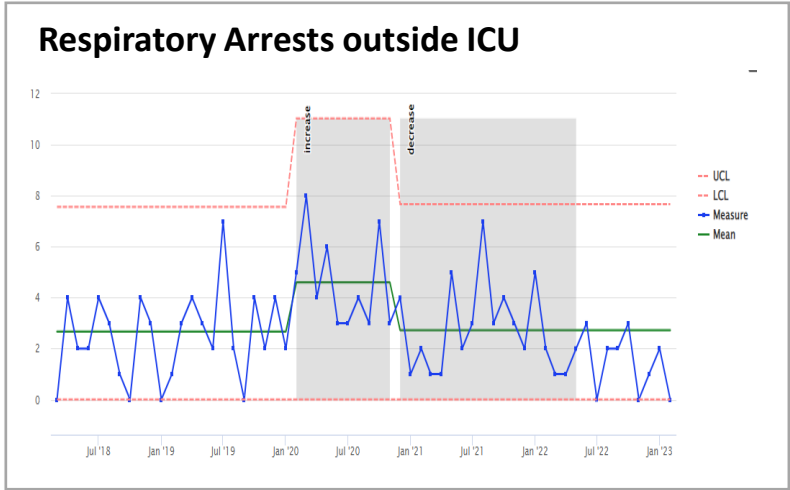
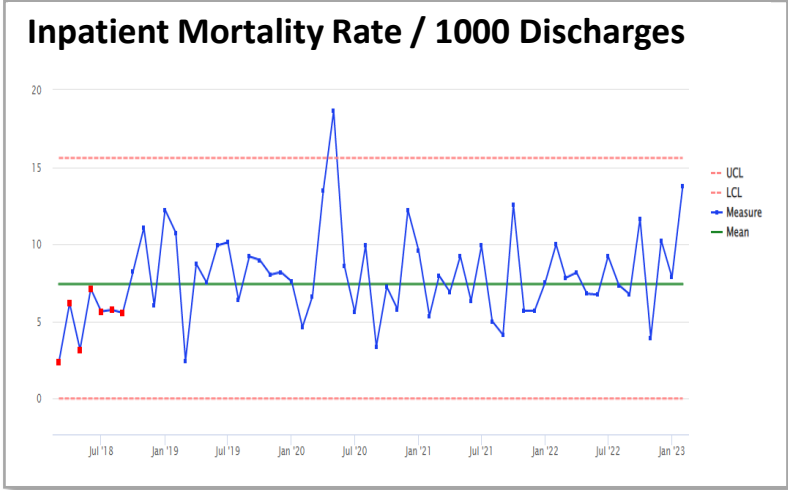
Medication Incidents



Days Since never events



Appendix 2: Patient Safety (Infection & mortality)



Appendix 3: Friends and Family

Overview:

The inpatient experience score for February was above the Trust target, scoring 98%. However, outpatients scored below the target at 93%. All directorates met the inpatient experience score target of 95%. This was not the same for outpatients where there was a significant reduction in submissions (BBM received no responses for their OP areas) and experience ratings with Blood Cells and Cancer, Core Clinical Services and Sight and Sound not meeting the 95% target. The inpatient response rate met the Trust target, achieving 28% in February, which is a 3% increase from the previous month.

Headline:

Inpatient response rate – 28% (increased from January).

Experience measure for inpatients – **98%** (same as January).

Experience measure for outpatients – **93%** (increased from January).

Total comments received – 1098 (increased from January).

16% of FFT comments are from patients.

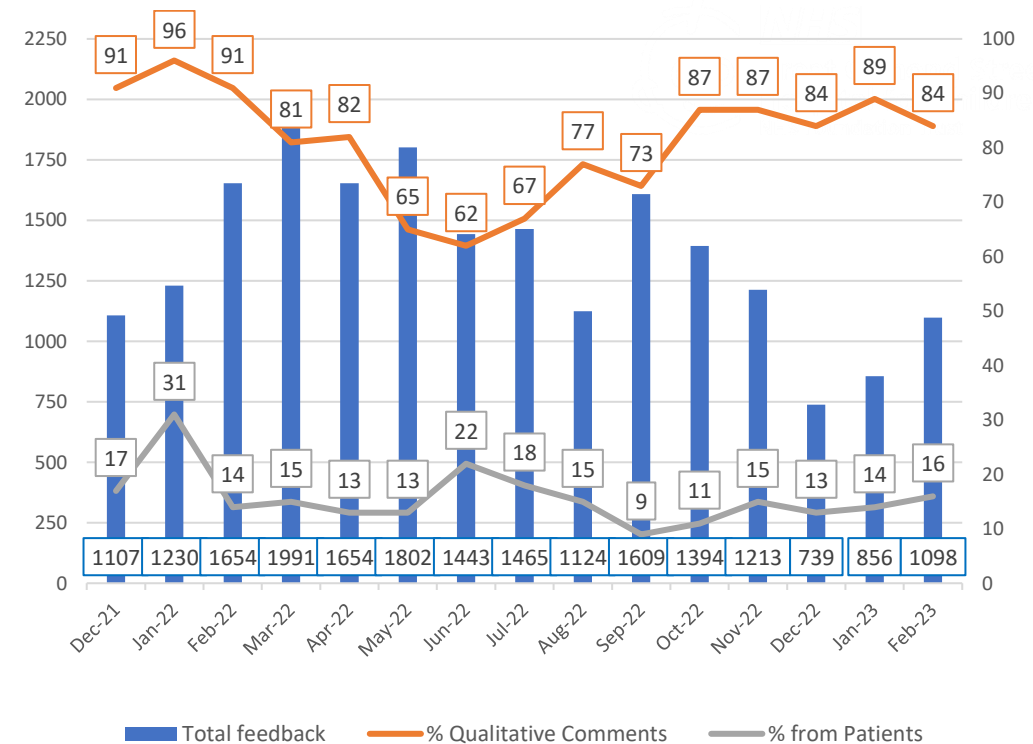
84% of responses had qualitative comments.

Positive Areas:

- Exceptional staff.
- Clear explanations given by staff about conditions with time to ask questions.
- Staff go the extra mile for patients.
- Caring staff.
- Therapy dogs.
- Kind and caring staff.
- Hospital cleanliness.

Areas for Improvement:

- Toys and activities in outpatient waiting areas.
- Lack of facilities to buy hot/cold drinks in Falcon outpatients.
- Lack of activities at the weekend.
- Long waits on day care wards and OP clinics
- Communication from staff, conflicting information.
- More food options for patients on special diets.
- More information about what to expect on admission.



Actions underway- following recruitment and return of many volunteers, the art cart will resume offering activities for patients around the hospital. In addition Volunteers will shortly be restarting the Weekend Club and Play are working on a programme of out of hours activities. Feedback about food continues to be monitored through the Catering Working Group and associated action planning.

Appendix 3: Complaints

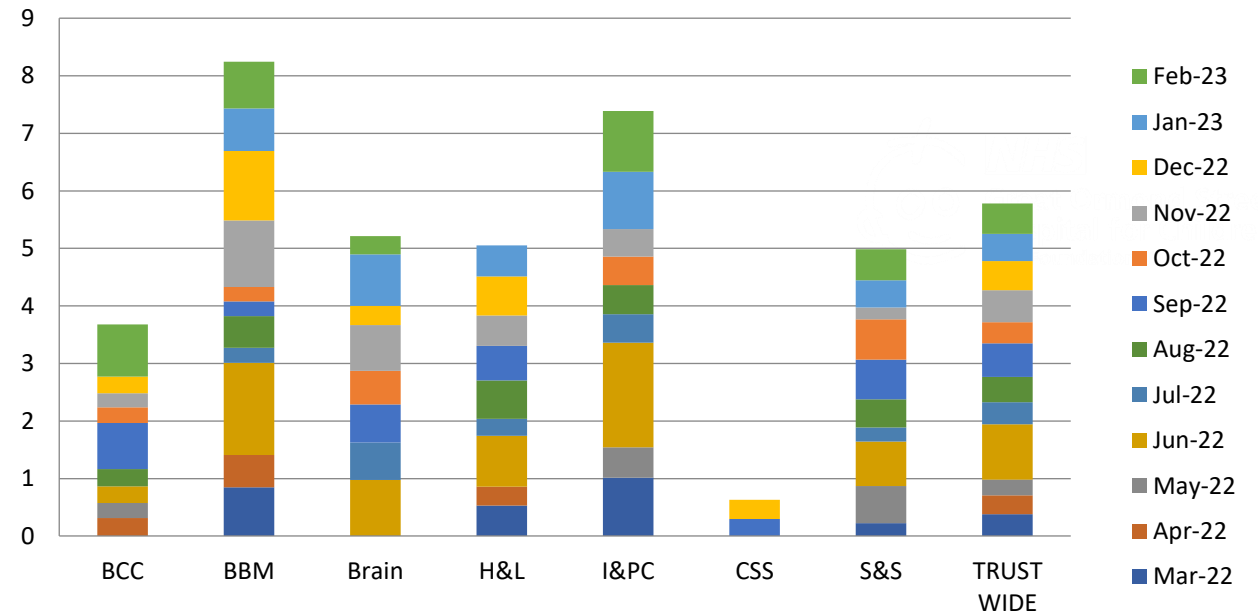
Headline: The Trust received 12 new formal complaints in February. This brings the number of complaints received since April 2022 to 126 (48 more than the total of complaints received in the whole of 2021/22).

Concerns raised: In February families complained about:

- **Treatment received** and care following this, including the **dismissal of concerns** raised by parents.
- **Poor communication and lack of notification given** to families around a clinician who has left the Trust and the continuation of their children’s care. Other concerns relate to consent and a patient being transferred to another room in the absence of parent.
- The implementation of the safe and respectful behaviour policy, which they describe as inappropriate in their circumstances.
- **Data breaches and incorrectly issued invoices**
- Aspects of **care** including treatment being withheld, delays to surgery and refusal to post operative monitoring. Other concerns around a newborn being kept nil by mouth pre surgery and allergic reaction to medications.
- **Environmental** concerns around the temperature in an outpatient setting within the hospital.
- **Inaccurate information** provided around the location and time of an appointment.
- **Inappropriate comments** made by staff which were overheard by a parent.

Closed complaints since April 2022

116 complaints have been closed with 35 requiring extended response times.



Learning actions/ outcomes from complaints closed in February 2023 included:

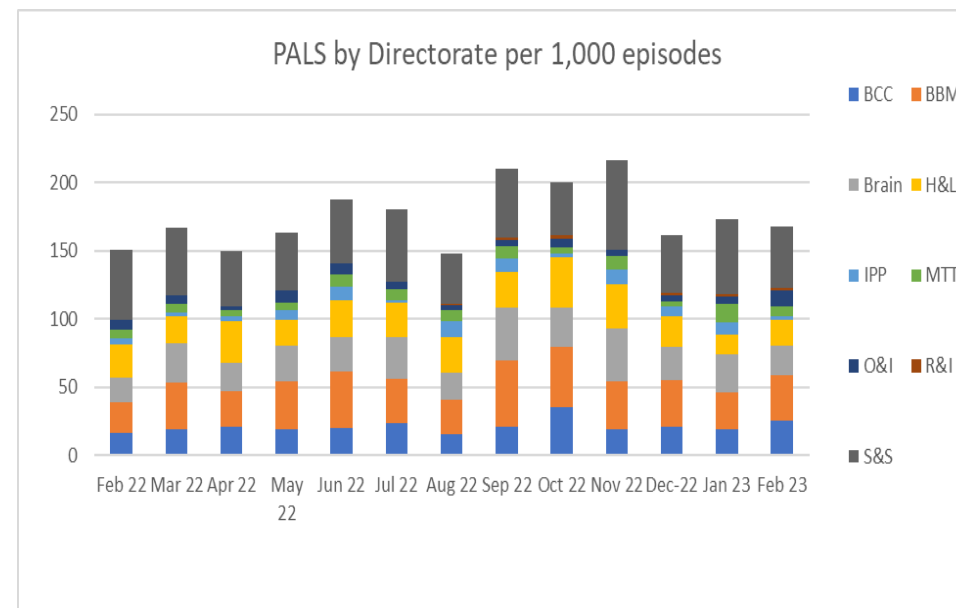
- Department guidance is being produced around how often a consultant should see a patient between being seen by a Fellows/SPRs.
- Information has been communicated around the support to patients and families when they are experiencing health care anxiety and have expressed trauma experienced during admissions.

Headline: Pals received 210 contacts in February 2023 (this is a very slight decrease from January 2023). Contacts this month related to families seeking assistance with referral outcomes, accommodation enquiries, cancellations of outpatient appointments (OPA), and admissions, inpatient concerns and clarification on treatment plans from clinical teams.

Contacts resolved within 48 hours decreased from 60% in January to 53% in February.

Significant areas of focus:

- **Cardiology** : Pals recorded 14 cases in February (up by 3 in January). Contacts included admission & OPA enquiries, chasing test results, referral enquiries, transition enquiries, staff attitude and OPA & Admission cancellations.
- **Dermatology**- Pals recorded 12 cases in February (up by 7 in January). Contacts included families unable to contact Admin team, OPA & Admission cancellations, referral enquiries and chasing clinic letters.
- **SNAPS**- Pals recorded 10 cases in February (up by 3 in January) Contacts included referral enquiries, medication enquiries, admission enquiries and OPA & Admission cancellations

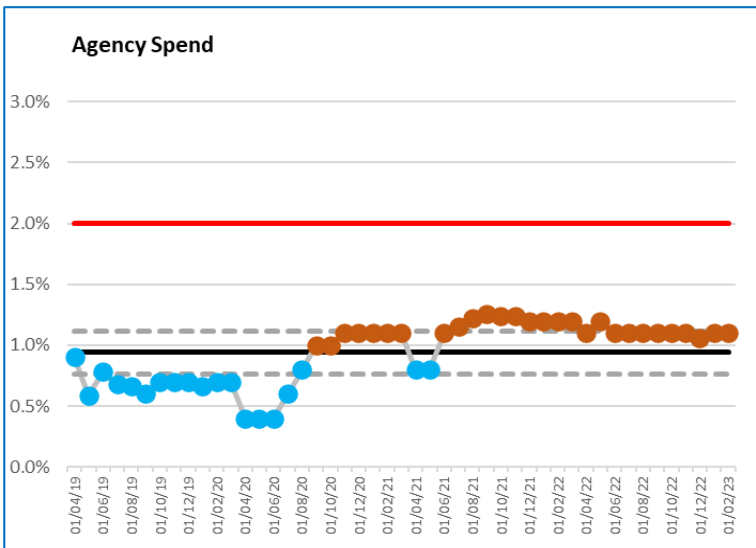
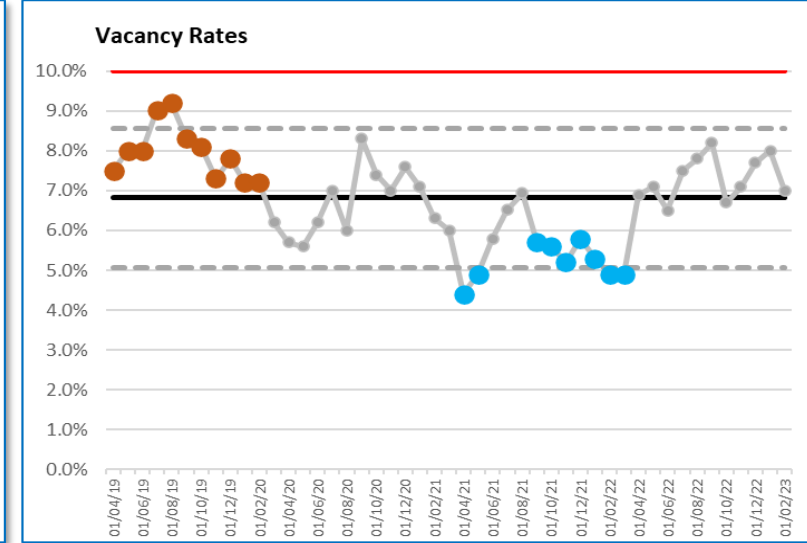
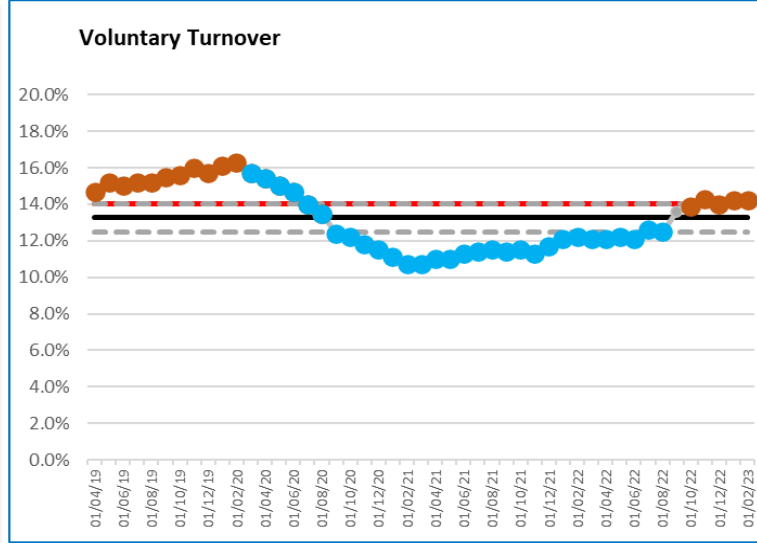
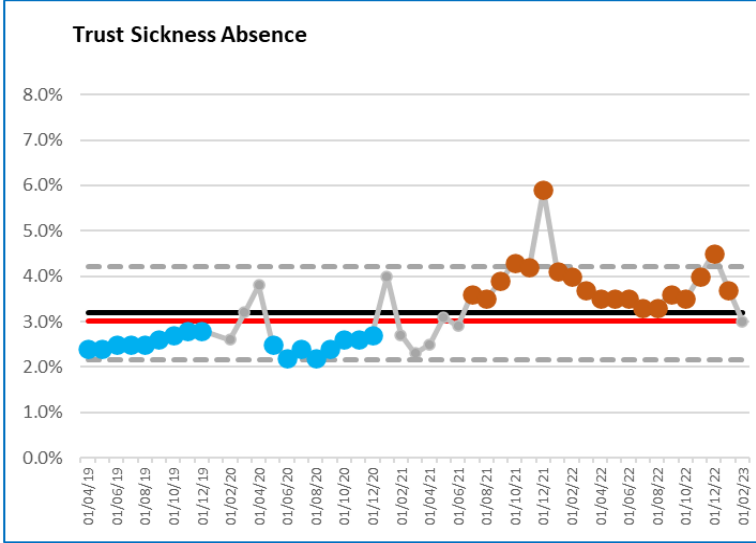


Improvement plans:

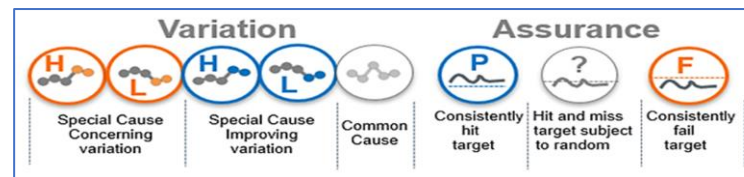
Urology- The team have made some service improvements after looking into previous themes of the Pals contacts. It has been noted that incorrect extension numbers for secretaries has been displayed and the lack of voicemail facilities which has now been rectified. The team are now making sure patients and families have the correct contact details to their department so they can be contacted in the first instance.

Gastroenterology- The team have recently appointed a new Gastro Admin Manager who will be supporting the Assistant Service Manager with queries raised by families. The recruitment of this post will help to support the admin team and oversee and monitor the phone line to ensure enquiries are being responded to in a timely way.

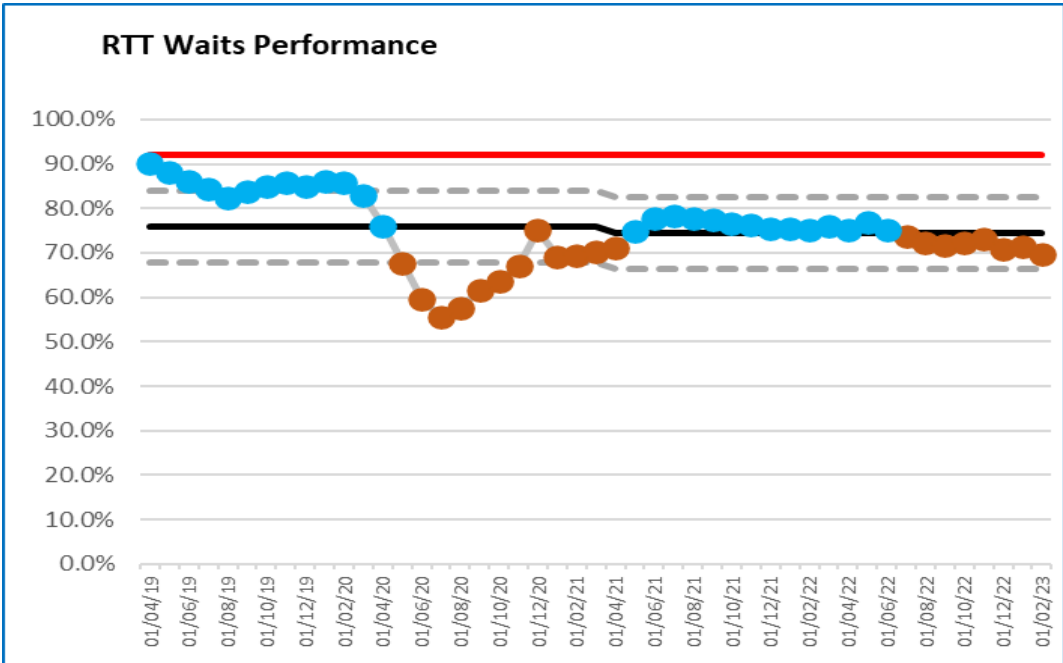
Appendix 4: Workforce SPC Analysis



KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Trust Sickness Absence	Feb 23	3.0%	3.0%			3.2%	2.2%	4.2%
Voluntary Turnover	Feb 23	14.2%	14.0%			13.3%	12.5%	14.0%
Vacancy Rates	Feb 23	7.0%	10.0%			6.8%	5.1%	8.6%
Agency Spend	Feb 23	1.1%	2.0%			0.9%	0.8%	1.1%



Appendix 5: Referral to Treatment times (RTT)

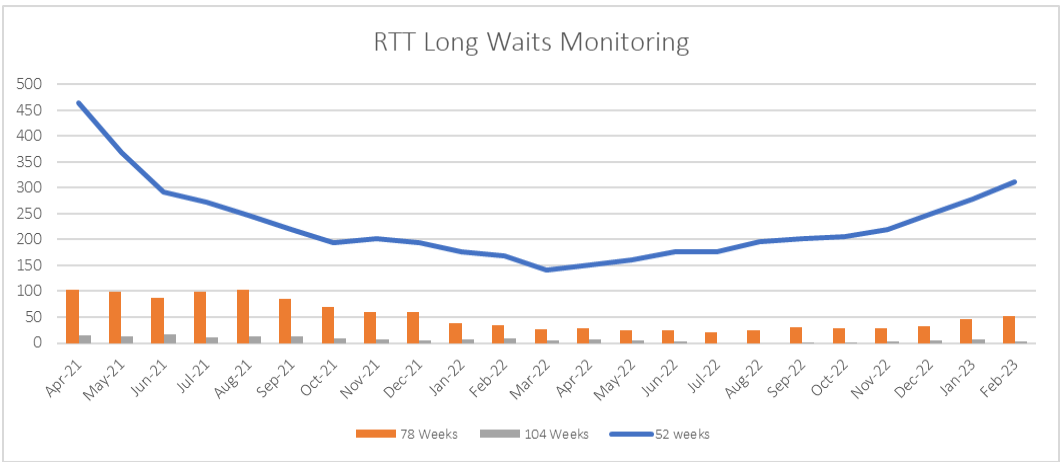
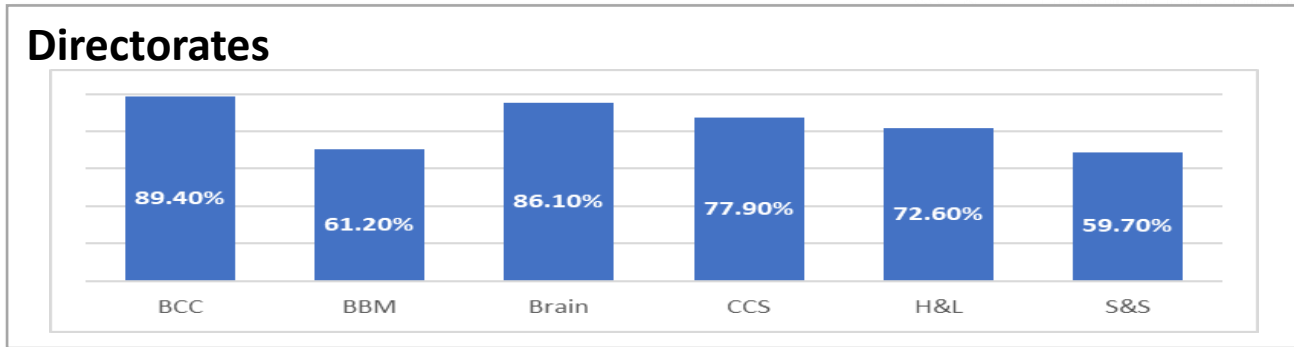


RTT:
69.8% ↓ **1.6%**
 People waiting less than 18 weeks for treatment from referral.

>52 Weeks:
311 ↑ **32**
 Patients waiting over 52 weeks

>78 Weeks:
52 ↑ **5**
 Patients waiting over 78 weeks

>104 Weeks:
3 ↓ **2**
 Patients waiting over 104 weeks



RTT PTL Clinical Prioritisation – past must be seen by date

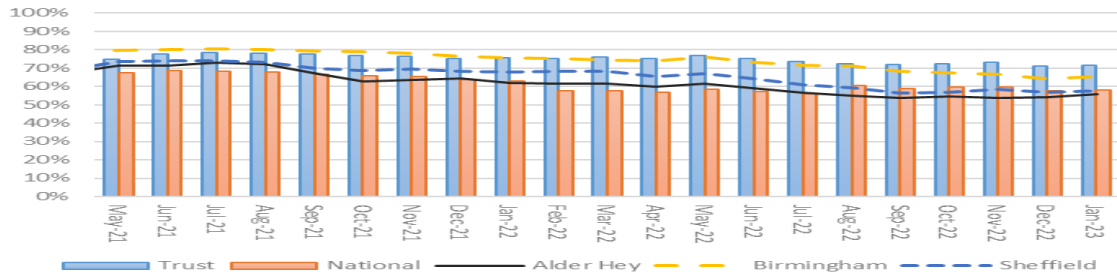
P2
168 ↑ **9**

P3
680 ↑ **8**

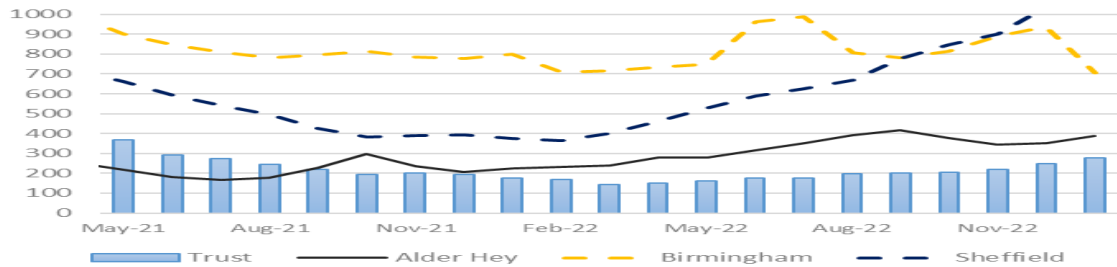
P4
481 ↑ **24**

Appendix 5: National and NCL RTT Performance – January 2023

RTT Performance against Children's Providers national standard 92%



Children's Providers RTT 52+ week waits national standard 0



Nationally, at the end of January, 57.8% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks.

GOSH is tracking 13% above the national January performance at 71.4% and is inline with comparative children's providers. RTT Performance for Sheffield Children (57.5%), Birmingham Women's and Children's (65.2%) and Alder Hey (55.6%).

The national position for January 2023 indicates a decrease in patients waiting over 52 weeks at 363,744 patients.

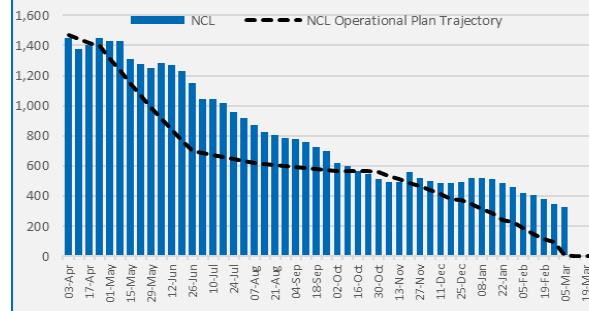
Compared to Alder Hey, Birmingham and Sheffield the number of patients waiting 52 weeks and over for GOSH is lower than all three providers for January. All 4 providers have seen increases in 52 week waits.

Overall for NCL the 78+ week wait position is above projected plan at 86 patients but has decreased by 1000 from April 2022. GOSH is above trajectory by 51 patients.

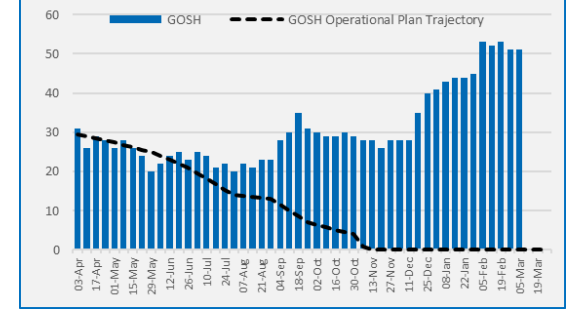
Overall, the number of patients waiting 52 weeks for NCL is reducing. Royal Free and UCLH have the most significant volumes.

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

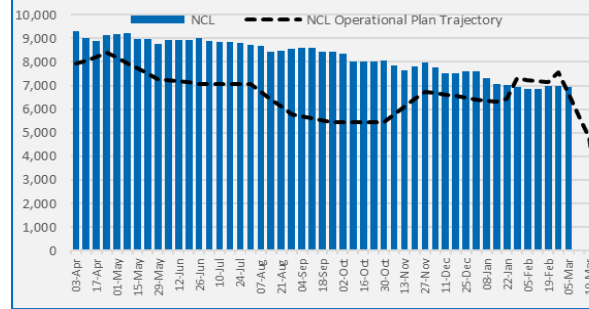
NCL (All Specialties) 78+ Week Wait Cohort



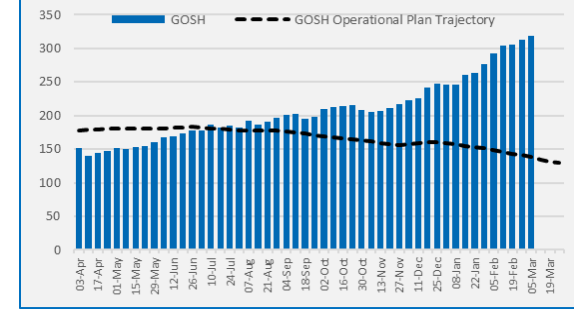
GOSH (All Specialties) 78+ Week Wait Cohort



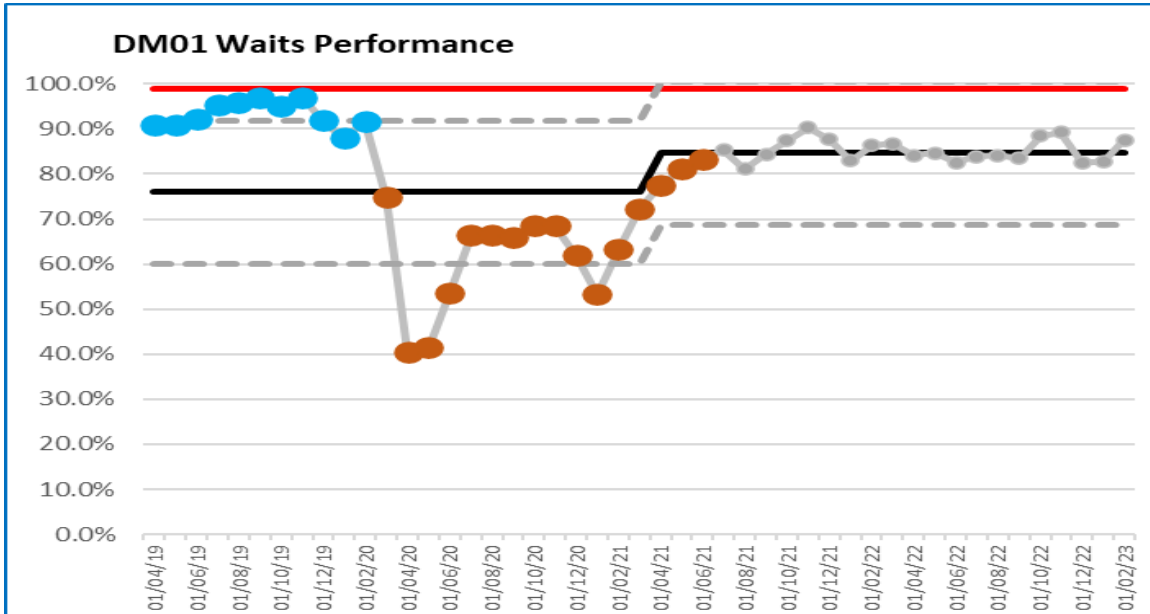
NCL (All Specialties) 52+ Week Wait Cohort



GOSH (All Specialties) 52+ Week Wait Cohort



Appendix 6: Diagnostic Monitoring Waiting Times (DM01)



DM01:

87.6% **5%**

People waiting less than 6 weeks for diagnostic test.

>6 Weeks:

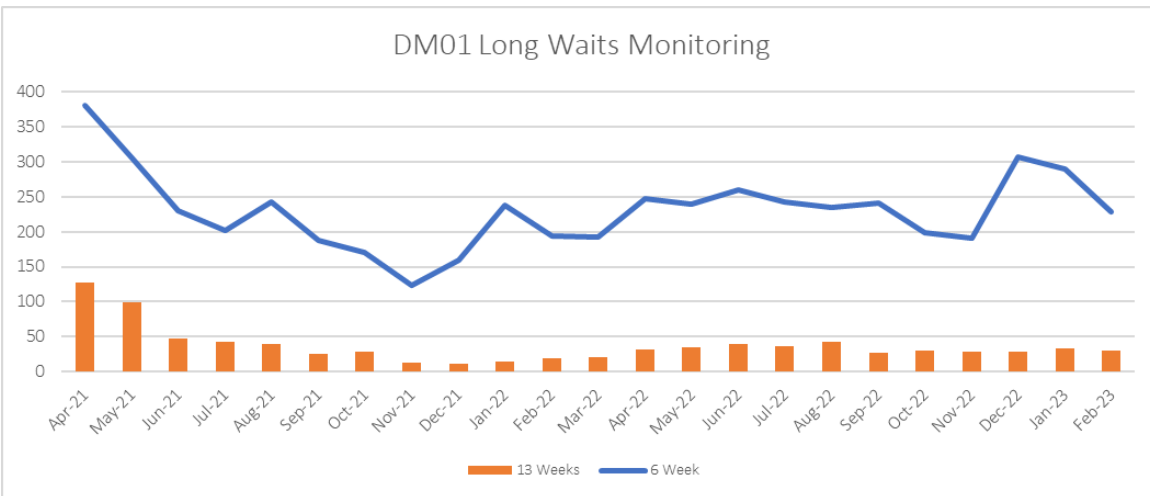
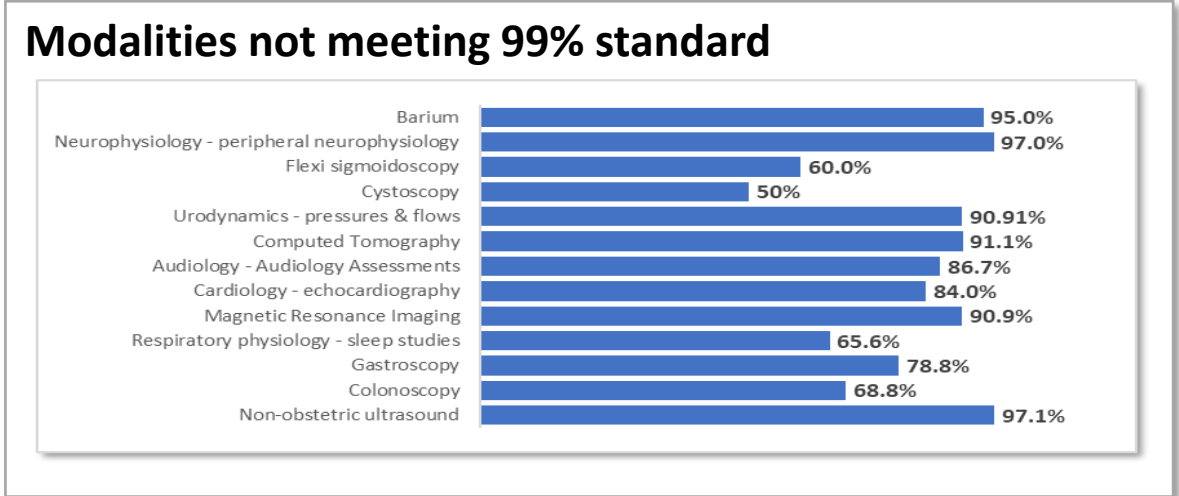
228 **61**

Patients waiting over 6 weeks

>13 Weeks:

30 **4**

Patients waiting over 13 weeks



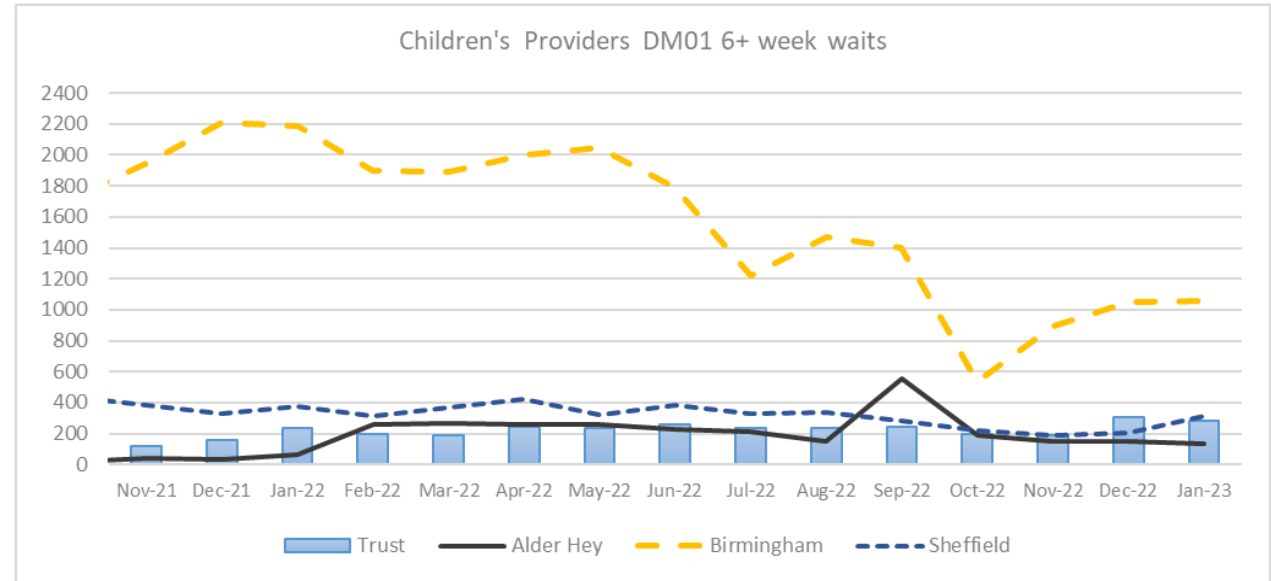
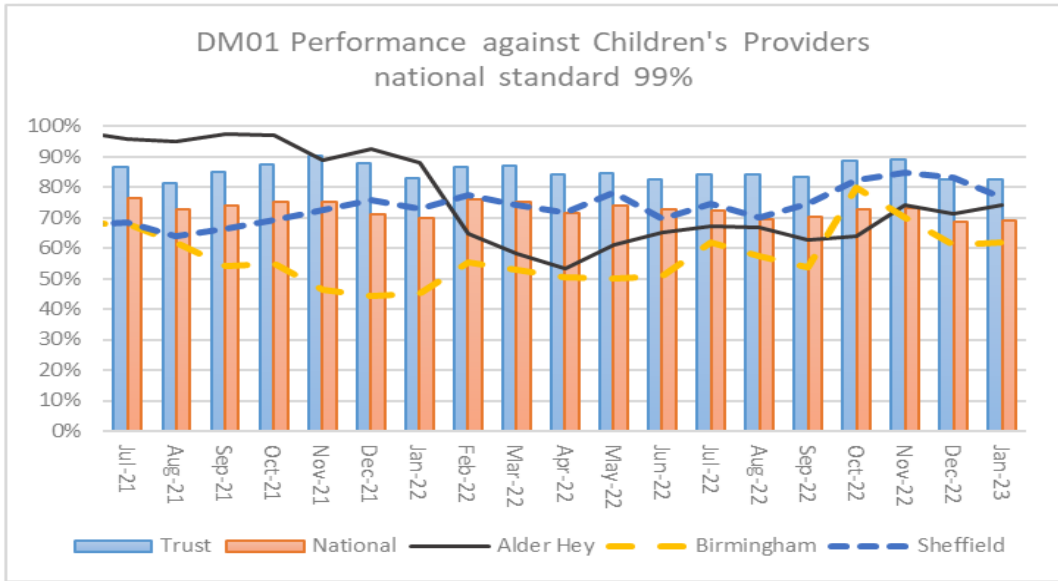
Appendix 6: National Diagnostic Performance and 6 week waits – January 2023

Nationally, at the end of January, 69.2% of patients were waiting under 6 weeks for a DM01 diagnostic test.

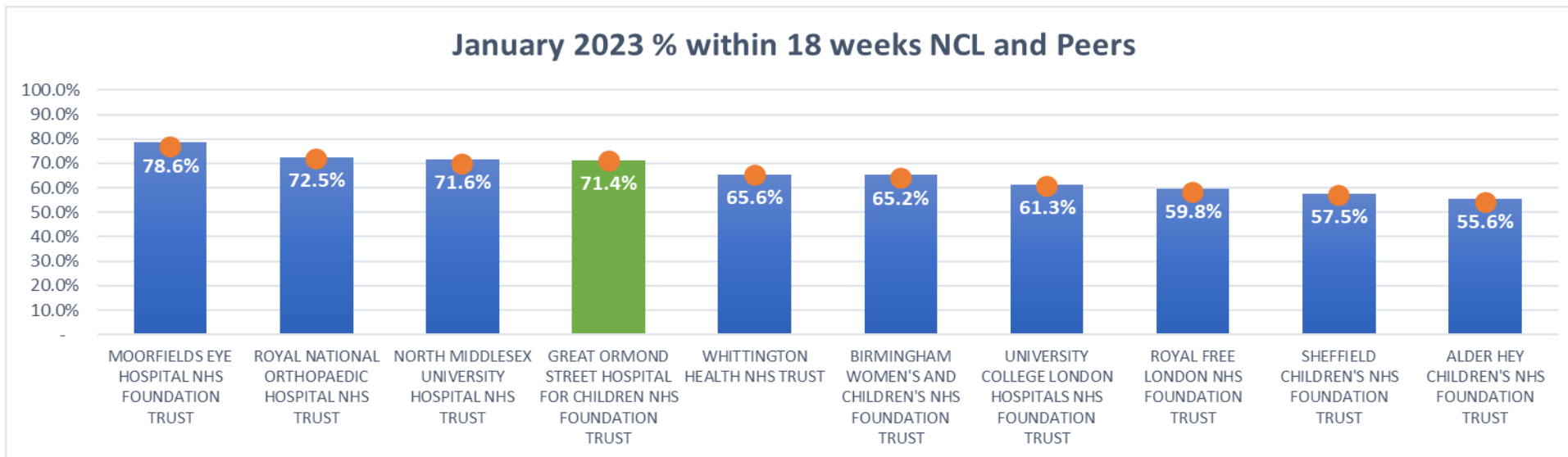
GOSH is tracking 13% above the national January performance and is inline with comparative children’s providers. DM01 Performance for Sheffield Children (76.7%), Birmingham Women’s and Children’s (61.7%) and Alder Hey (74.3%).

The national position for January 2023 indicates an increase of patients waiting over 6 weeks at 485,956 patients.

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

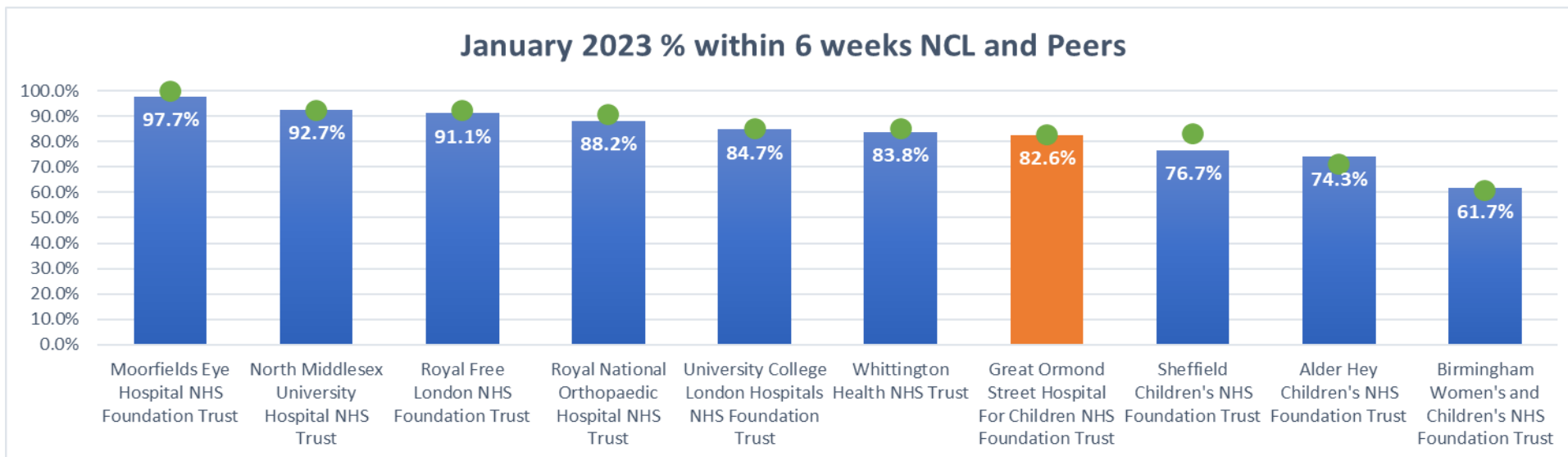


Referral to Treatment



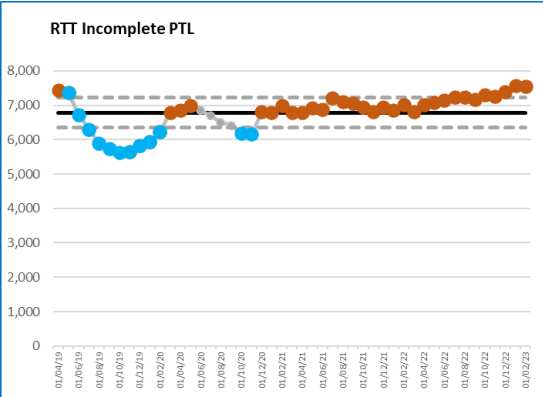
Orange markers indicate December performance. GOSH for the month of December is in the top four of the selected Peers. GOSH is ranked 41st out of 168 providers.

Diagnostics

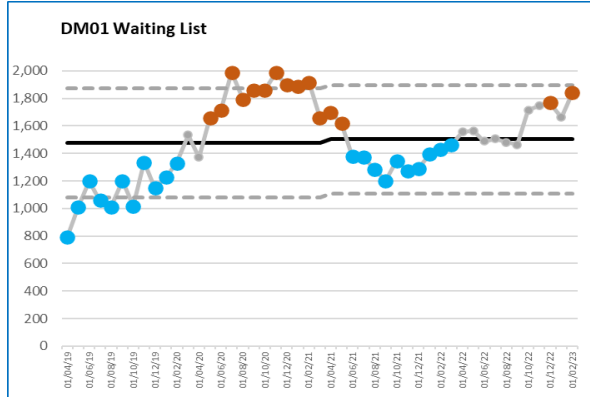


Green markers indicate December performance. GOSH for the month of January is in the bottom four of the selected Peers. GOSH is ranked 61st out of 154 providers.

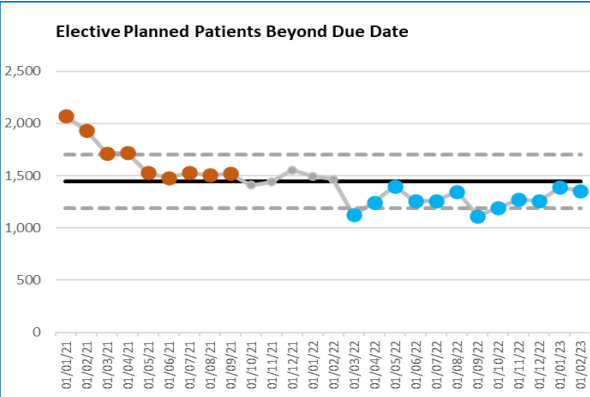
Appendix 8: Patient Access SPC Trends



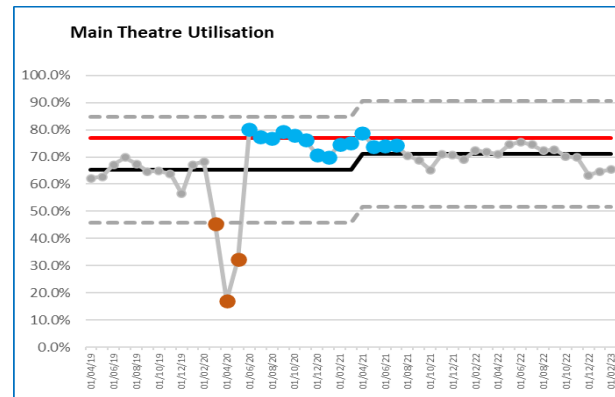
Special cause variation



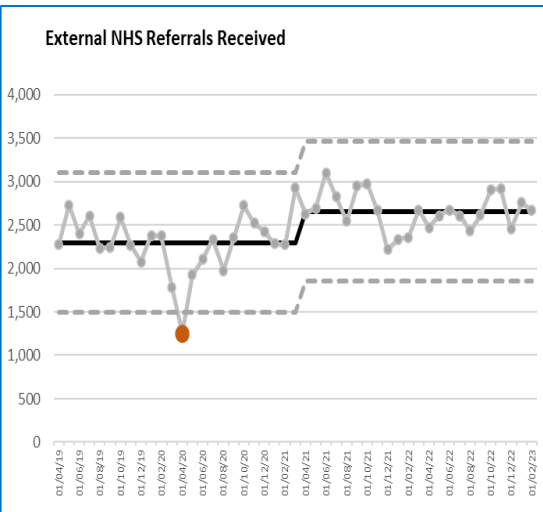
Increase seen, application of planned wait rules



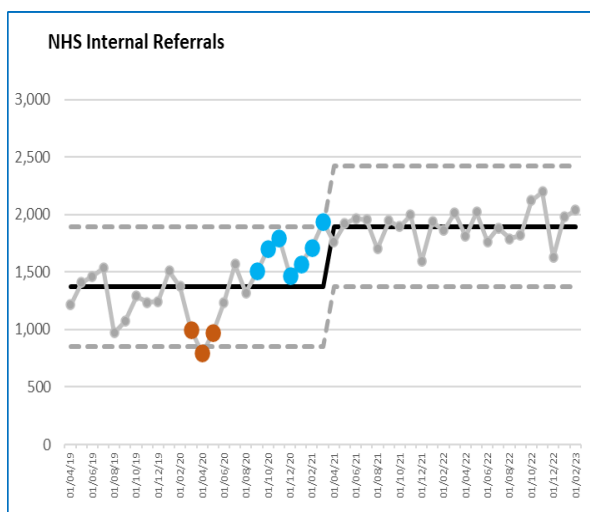
No significant variation



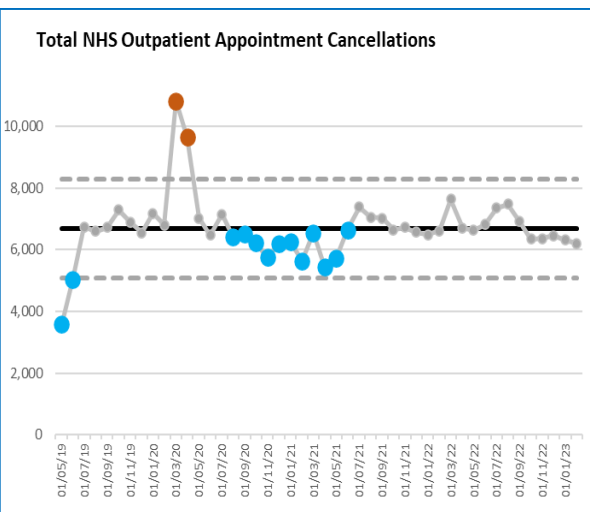
No significant variation



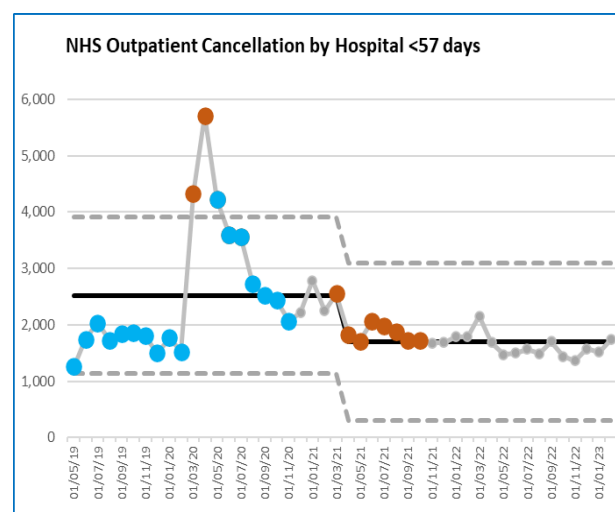
No significant variation, common cause



No significant variation, common cause



No significant variation, common cause



No significant variation, common cause

Integrated Quality & Performance Report

March 2023 (Reporting February 2023 data)

**Trust Board
30 March 2023****Finance Report Month 11 (February
2023 data)****Paper No: Attachment R****Submitted by:**

John Beswick, Chief Finance Officer

 For information and noting**Purpose of report**

The table below outlines the trust financial position at Month 11.

	In Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Income	46.6	60.9	14.4	516.2	544.3	28.2
Pay	(28.4)	(30.3)	(1.9)	(314.0)	(333.6)	(19.6)
Non-Pay	(18.2)	(25.4)	(7.2)	(205.9)	(220.5)	(14.6)
Finance Costs	(0.6)	(0.3)	0.3	(6.3)	(4.5)	1.8
Surplus/(Deficit)	(0.6)	5.0	5.6	(10.0)	(14.2)	(4.2)

The Trust Better Value programme summary:

- Better Value programme has identified £15.9m at month 11 (£16.3 at month 10) of the £22.8m target
- At month 11 £14.1m has been delivered YTD out of the £20.6m YTD target.

Summary of report

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

- NHS & other clinical income is £24.2m favourable to plan YTD due to genomics funding, long term ventilated patient income, higher than planned overseas income and the increased pay award income to offset the additional costs.
- Private patients' income is £6.2m favourable to plan YTD due to increased levels of activity. International private patient income saw an improvement linked to increased activity from the referral pipeline with overperformance against plan.
- Pay costs are £19.6m adverse to plan YTD which is being driven by the underperformance of the Trust's Better Value programme, additional costs for WLI/RTT to deliver the activity plan, strike action and higher levels of sickness cover across the Trust including the domestic team where pay is £2.7m adverse YTD. The higher than planned pay award has resulted in a £5.1m increase in expenditure above plan which is offset by increased income.
- Non pay costs are £14.6m adverse to plan YTD due to underperformance on the Better Value programme. HMRC Liability and additional drugs expenditure. In addition, the Trust has seen increases in software licence costs for the Trust EPR system and in ward maintenance/ventilation costs.
- The Trust cash balance at the 28th February was £92.4m and £87.1m at month 10 which was a increase of £5.3m from the prior month.
- Total I&PC debt increased in month to £24.1m (£24.4m in M10). Overdue debt decreased in month to £21.9m (£20.1m in M10).
- CDEL (Capital departmental expenditure limit) expenditure counting against NCL allocation for the year to date was £9.7m, £4.3m less than plan. The forecast outturn for NCL allocated CDEL is per plan at £15.0m.

Attachment R

NHSE has released a protocol that outlines the manner in which a Trust/ICB can update their forecast. The Trust has updated its forecast to reflect the updated costs and income identified by the Trust, the Forecast outturn remains a £10.6m deficit. The Trust is working with the ICB on both the GOSH and ICB forecast in line with the new NHS protocol.

Indicator	Comment
Cash	Cash held by the Trust is £92.4m (M11) and £87.1 (M10) which is £5.3m higher than last month.
NHS Debtor Days	NHS debtor days increased from 4 days in January to 7 days in February.
I&PC Debtor Days	IP&C debtor days increased from 199 days in January to 201 days in February.
Creditor Days	Creditor days has reduced from 28 days to 27 days.

Patient Safety Implications

None

Equality impact implications

None

Financial implications

None

Strategic Risk

BAF Risk 1: Financial Sustainability

Action required from the meeting

Trust Board are asked to note the Trust's financial position at month 11, cash flows and finance metrics.

Consultation carried out with individuals/ groups/ committees

This has been discussed with EMT

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

Chief Finance Officer / Executive Management Team

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

Chief Finance Officer / Executive Management Team

Finance and Workforce Performance Report Month 11 2022/23

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ACTUAL FINANCIAL PERFORMANCE

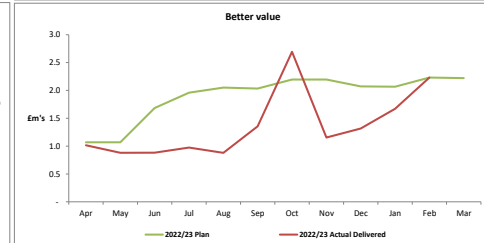
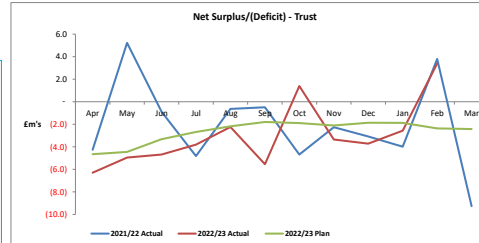
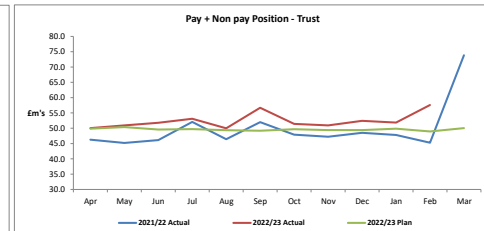
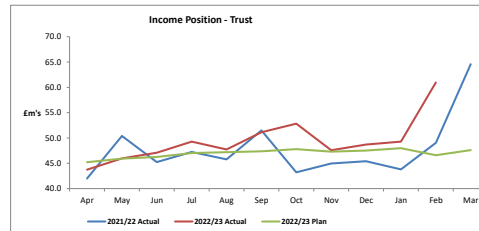
	In month			Year to date		
	Plan	Actual	RAG	Plan	Actual	RAG
INCOME	£46.6m	£61.0m	●	£516.2m	£544.3m	●
PAY	(£28.4m)	(£30.3m)	●	(£314.0m)	(£333.6m)	●
NON-PAY inc. owned depreciation and PDC	(£18.8m)	(£25.7m)	●	(£212.1m)	(£224.9m)	●
Surplus/Deficit excl. donated depreciation	(£0.6m)	£5.0m	●	(£10.0m)	(£14.1m)	●

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 £14.1m deficit which is £4.1m adverse to plan. This is driven mainly by the delivery of the Trust Better Value programme, outreach clinics, commercial income being behind plan and higher than planned drugs costs.

Income is £28.2m favourable YTD mainly due to long term ventilated patients (£1.7m), Overseas (£1.3m) and pay award funding (£5.3m). Private patient income (£6.2m) 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 £19.6m adverse YTD due to additional costs associated with increasing activity, pay award, reducing the waiting lists, strike action and delays in the Better Value programme. Non pay (including owned depreciation and PDC) is £12.7m adverse YTD largely due to higher levels of Drugs and an increased liability for HMRC. The Trust Better value programme is behind plan by £6.6m. 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.



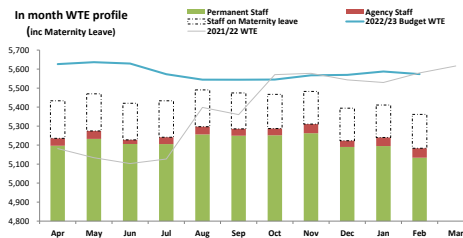
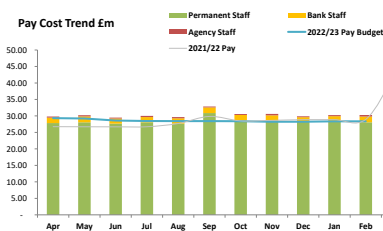
PEOPLE

	M11 Plan WTE	M11 Actual WTE	Variance
Permanent Staff	5,538.7	5,133.6	405.1
Bank Staff	30.4	300.4	(270.0)
Agency Staff	4.7	50.1	(45.4)
TOTAL	5,573.8	5,484.0	89.8

AREAS OF NOTE:

Month 11 WTEs decreased in comparison to Month 10, largely within Bank for Nursing due to strike action. Although Substantive staff are 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 28th February absence rate due to Covid was 0.2% of the permanent workforce which shows a static percentage compared to prior month, 0.2% on 31st January.

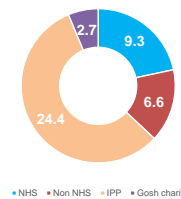


CASH, CAPITAL AND OTHER KPIS

Key metrics	Jan-23	Feb-23
Cash	£87.1m	£92.4m
IPP debtor days	199	201
Creditor days	28	27
NHS Debtor days	4	7
BPPC (%)	91%	91%

Capital Programme	YTD Plan M11	YTD Actual M11	Full Year Fcst
Total Trust-funded	£14.0m	£9.7m	£15.0m
Total PDC	£0.0m	£0.0m	£0.4m
Total IFRS 16	£1.7m	£0.1m	£0.1m
Total Donated	£25.1m	£10.4m	£11.1m
Total Grant-funded	£0.0m	£0.0m	£0.0m
Grand Total	£40.8m	£20.2m	£26.6m

Net receivables breakdown (£m)



AREAS OF NOTE:

- Cash held by the Trust increased in month from £87.1m to £92.4m.
- Capital expenditure for the year to date was £20.2m, £20.6m less than plan. The Trust-funded forecast total outturn is per plan.
- I&PC debtors days increased in month from 199 to 201. Total I&PC debt (net of cash deposits held) increased in month to £24.4m (£24.1m in M10). Overdue debt increased in month to £21.9m (£20.1m in M10).
- Creditor days decreased in month from 28 to 27 days.
- NHS debtor days increased in month from 4 to 7 days.
- In M11, 91% of the total value of creditor invoices were settled within 30 days of receipt; this represented 80% 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 11 months ending 28 Feb 2023



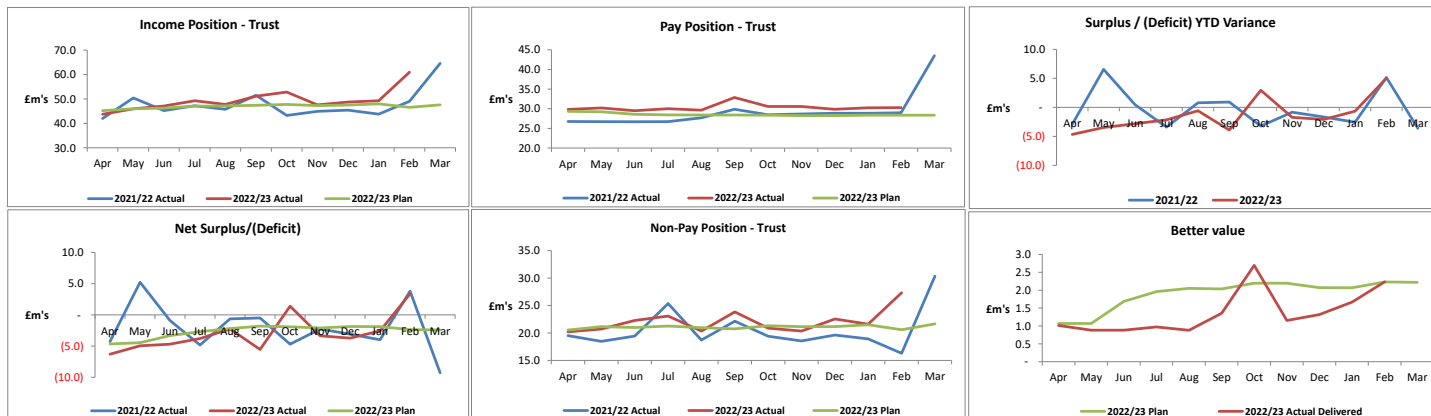
Annual Plan	Income & Expenditure	2022/23								Rating	Notes	2021/22	2022/23	2022/23
		Month 11				Year to Date						Actual	Plan YTD	Plan In-month
		Plan (£m)	Actual (£m)	Variance (£m)	Variance %	Plan (£m)	Actual (£m)	Variance (£m)	Variance %			M11 (£m)	M11 (£m)	M11 (£m)
452.02	NHS & Other Clinical Revenue	36.62	50.63	14.01	38.26%	414.57	438.79	24.22	5.84%	G	1	42.15	414.57	36.62
46.12	Private Patient Revenue	4.60	5.94	1.33	28.90%	41.32	47.55	6.23	15.08%	G	2	0.77	41.32	4.60
65.65	Non-Clinical Revenue	5.36	4.40	(0.96)	(17.95%)	60.29	58.00	(2.29)	(3.80%)	R	3	6.14	60.29	5.36
563.78	Total Operating Revenue	46.59	60.97	14.38	30.87%	516.19	544.34	28.16	5.45%	G		49.06	516.19	46.59
(322.02)	Permanent Staff	(26.81)	(28.07)	(1.26)	(4.68%)	(295.21)	(311.84)	(16.63)	(5.63%)	R		(26.97)	(295.21)	(26.81)
(3.65)	Agency Staff	(0.26)	(0.47)	(0.21)		(3.39)	(3.67)	(0.28)		R		(0.36)	(3.39)	(0.26)
(16.74)	Bank Staff	(1.30)	(1.73)	(0.43)	(33.07%)	(15.44)	(18.09)	(2.65)	(17.15%)	R		(1.64)	(15.44)	(1.30)
(342.41)	Total Employee Expenses	(28.37)	(30.27)	(1.90)	(6.68%)	(314.04)	(333.60)	(19.56)	(6.23%)	R	4	(28.96)	(314.04)	(28.37)
(94.54)	Drugs and Blood	(7.34)	(10.61)	(3.27)	(44.58%)	(86.34)	(93.95)	(7.61)	(8.81%)	R		(5.45)	(86.34)	(7.34)
(41.17)	Supplies and services - clinical	(3.33)	(4.19)	(0.86)	(25.74%)	(37.80)	(39.93)	(2.13)	(5.64%)	R		(3.45)	(37.80)	(3.33)
(71.02)	Other Expenses	(5.69)	(9.15)	(3.46)	(60.70%)	(65.15)	(72.91)	(7.76)	(11.90%)	R		(4.28)	(65.15)	(5.69)
(206.74)	Total Non-Pay Expenses	(16.36)	(23.94)	(7.58)	(46.35%)	(189.29)	(206.79)	(17.50)	(9.24%)	R	5	(13.17)	(189.29)	(16.36)
(549.15)	Total Expenses	(44.73)	(54.21)	(9.48)	(21.19%)	(503.33)	(540.39)	(37.06)	(7.36%)	R		(42.14)	(503.33)	(44.73)
14.64	EBITDA (exc Capital Donations)	1.85	6.75	4.90	264.36%	12.86	3.96	(8.90)	(69.23%)	R		6.92	12.86	1.85
(25.27)	Owned depreciation, Interest and PDC	(2.41)	(1.72)	0.70	28.95%	(22.85)	(18.09)	4.77	20.86%			(1.74)	(22.85)	(2.41)
(10.63)	Surplus/Deficit	(0.56)	5.04	5.60	999.51%	(10.00)	(14.13)	(4.13)	(41.32%)			5.18	(10.00)	(0.56)
(20.99)	Donated depreciation	(1.80)	(1.66)	0.15		(19.19)	(18.26)	0.93				(1.39)	(19.19)	(1.80)
(31.62)	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	(2.37)	3.38	5.75	999.51%	(29.19)	(32.40)	(3.21)	(41.32%)				(29.19)	(2.37)
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	5.23	1.09	(4.14)		25.05	10.44	(14.61)				(0.48)	25.05	5.23
(2.01)	Adjusted Net Result	2.86	4.48	1.61	56.22%	(4.14)	(21.96)	(17.82)	(430.58%)			3.32	(4.14)	2.86

Summary

- The YTD Trust financial position at Month 11 is a deficit of £14.1m which is £4.1m 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 £24.2m 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 £6.2m favourable to plan YTD which is due to increased levels of activity seen over the last two months.
- Non clinical income is £2.3m adverse to plan YTD. This is mainly driven by reduced levels of Commercial income and outreach clinics. The Trust is continuing to work on increasing the income from these within year.
- Pay costs are £19.6m 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 non delivery of the Better Value programme.
- Non pay is £17.5m adverse to plan YTD largely due to increase in Drugs costs (£3.0m), Clinical supplies (£3.2m) and increased liability for HMRC.



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

Trust Income and Expenditure Forecast Outturn Summary for the 11 months ending 28 Feb 2023



2022/23						
Income & Expenditure					Rating	
	Plan (£m)	Forecast (£m)	Variance (£m)	%	YTD Variance	Straight Line
NHS & Other Clinical Revenue	452.02	474.41	22.39	4.95%	G	478.68
Private Patient Revenue	46.12	50.11	3.99	8.66%	G	51.88
Non-Clinical Revenue	65.65	68.10	2.45	3.73%	G	63.27
Total Operating Revenue	563.78	592.62	28.83	5.11%	G	593.83
Permanent Staff	(322.02)	(340.94)	(18.92)	(5.87%)	R	(340.19)
Agency Staff	(3.65)	(3.79)	(3.79)	(103.92%)	R	(4.00)
Bank Staff	(16.74)	(19.33)	(19.33)	(115.47%)	R	(19.73)
Total Employee Expenses	(342.41)	(364.06)	(21.65)	(6.32%)	R	(363.92)
Drugs and Blood	(94.54)	(101.36)	(101.36)	(107.21%)	R	(102.50)
Supplies and services - clinical	(41.17)	(41.24)	(41.24)	(100.16%)	R	(43.56)
Other Expenses	(71.02)	(75.68)	(72.69)	(102.36%)	R	(79.54)
Total Non-Pay Expenses	(206.74)	(218.28)	(11.54)	(5.58%)	R	(225.59)
Total Expenses	(549.15)	(582.34)	(33.19)	(6.04%)	R	(589.51)
EBITDA (exc Capital Donations)	14.64	10.28	(4.36)	(29.80%)	R	4.31
Owned depreciation, Interest and PDC	(25.27)	(20.90)	4.37	17.28%		(19.73)
Surplus/Deficit	(10.63)	(10.62)	0.00	(0.13)	G	(15.42)
Donated depreciation	(20.99)	(22.24)	(1.25)	(5.97%)		
Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	(31.62)	(32.86)	(1.25)	(3.95%)		
Impairments	0.00	0.00	0.00			
Capital Donations	29.61	29.69	0.08	0.27%		
Adjusted Net Result	(2.01)	(3.17)	(1.17)	(58.25%)		

-29.7

Summary

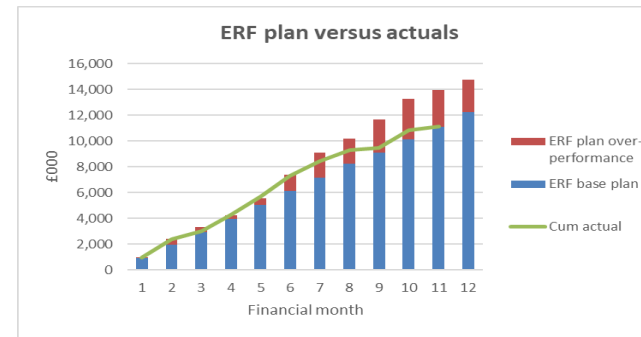
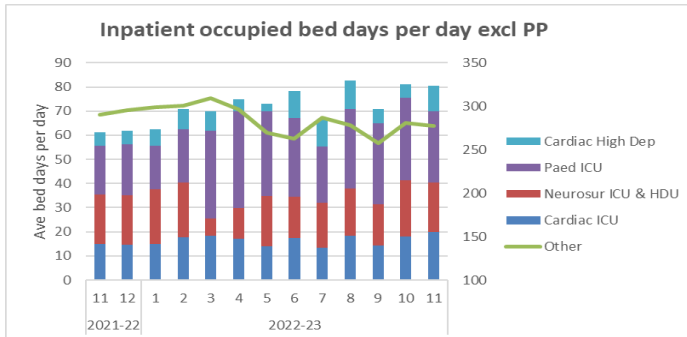
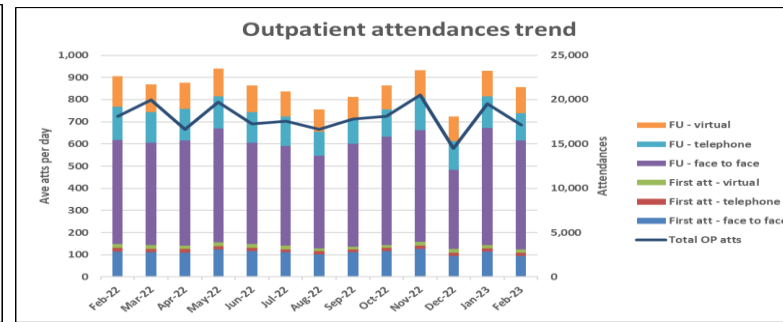
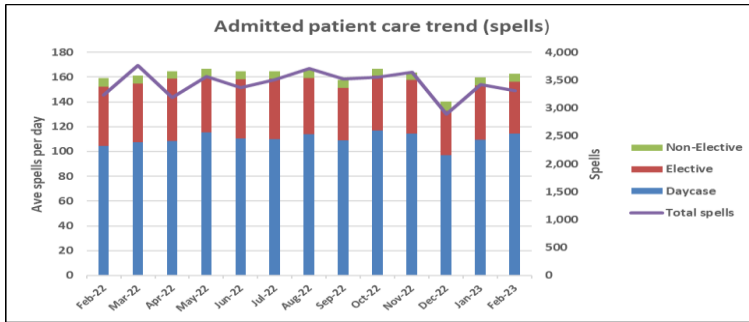
- In support of the ICB delivering a breakeven position at the end of the year the Trust control total is a £10.6m deficit.
- The NHS has released a new set of protocols that outline the manner in which a forecast can be updated. The Trust has reviewed its forecast with the ICB in line with the protocol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

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 £50.1m with the Trust continuing to work on its long term Recovery plan in order to delvier additional activity and bring in the current referrals within the pipeline.
- Pay is forecast to be £21.4m 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 £49.7m above plan linked to additional pass through costs (offset by income) and clinical supplies linked to additional activity.

RAG Criteria:

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

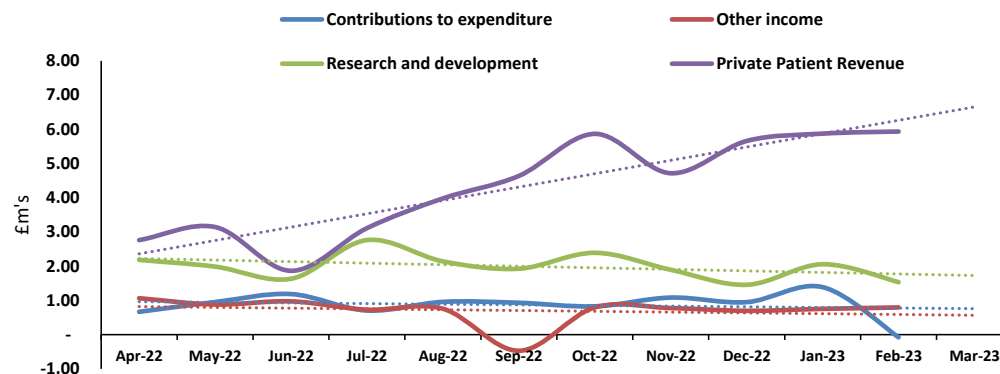
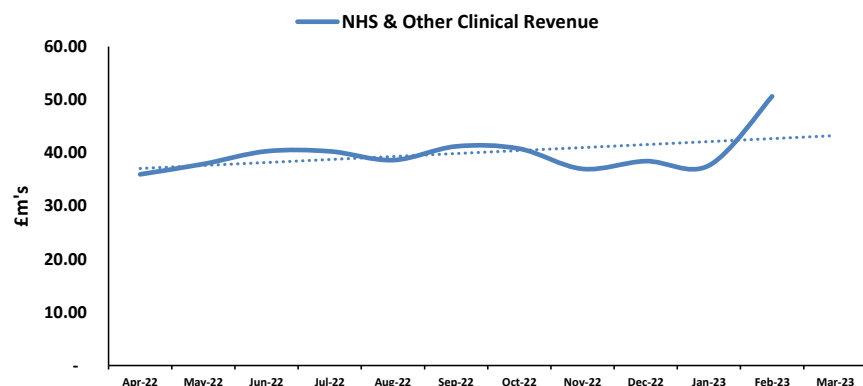


Summary

- Admitted patient care activity in February is higher than January by 1.8% overall for all points of delivery with daycase inc reasing by 4.4% and elective decreasing by 4.5%. This equates to a 4.48 spell increase per working day for daycase and a decrease of 1.97 for elective ac tivity.
- Bed days for February 2023 are showing a decrease per working day reflecting the lower elective activity with critical care d decreasing by 0.7 days and other bed days by 2.93 days per working day versus January.
- Outpatient attendances decreased per working day versus January across both first and follow up attendances at 14.03% (20.16 attendances) and 6.65% (52.29 attendances) respectively. Face to face % activity levels have stabilised since August, at circa 69% face to face and 31% non-face to face. The number of outpatient attendances may increase as activity is finalised.
- The expected decrease in activity in February as a result of planned strikes has not materialised as they were largely cancel led however it is expected that March will be impacted by the planned strikes that are currently still going ahead.
- Clinical supplies and services have increased versus January (£3.6m to £2.7m) in line with activity levels for admitted patie nt care.
- On the basis of current information, estimated year to date February performance for ERF is £11,124k versus a plan of £13,958 k giving an under-performance of £2,834k against the total plan consisting of baseline ERF funding and planned over -performance. North Central London ICS has agreed to fund non-recurrently the planned over-performance of £2,500k for 2022/23.

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

2022/23 Income for the 11 months ending 28 Feb 2023



Summary

- Income from patient care activities excluding private patients is £24.2m 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 £2.3m adverse to plan YTD. Mainly driven by lower commercial activity, Charity income and awaiting finalisation of contracts.
- Private Patient income is £6.2m 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.
- GIDS and CICU income under review – additional income has been received in relation to these services however internal work needs to be undertaken to understand costs against this income and an element of the funding for GIDS needs to be transferred to other Trusts.

Workforce Summary for the 11 months ending 28 Feb 2023

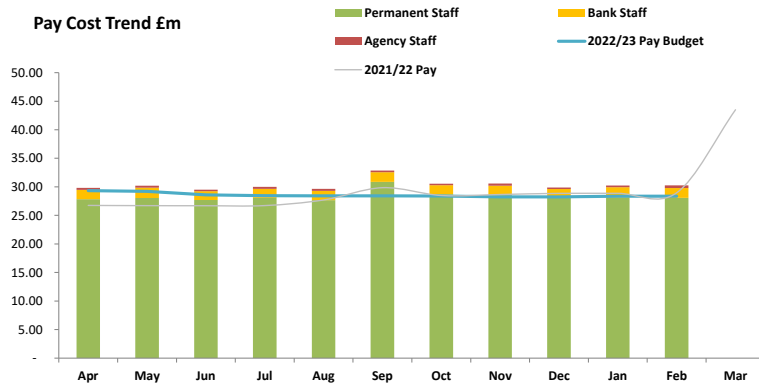
*WTE = **Worked WTE**, Worked hours of staff represented as WTE



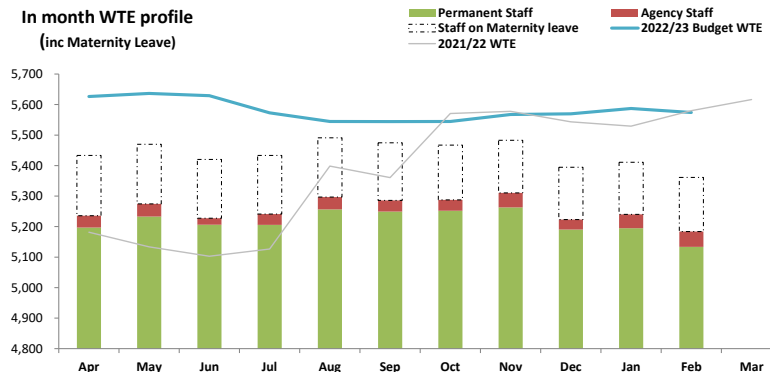
Em including Perm, Bank and Agency Staff Group	2021/22 actual full year			2022/23 actual			Variance			RAG
	FY (£m)	FY Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Volume Var (£m)	Price Var (£m)	£ Variance
Admin (inc Director & Senior Managers)	61.7	1,251.7	49.3	61.8	1,284.8	52.5	(5.3)	(1.5)	(3.8)	R
Consultants	63.5	396.0	160.4	61.0	394.7	168.7	(2.8)	0.2	(3.0)	R
Estates & Ancillary Staff	10.6	323.6	32.9	14.4	444.4	35.3	(4.6)	(3.6)	(1.0)	R
Healthcare Assist & Supp	11.3	322.5	35.2	10.7	307.9	37.9	(0.3)	0.5	(0.8)	A
Junior Doctors	31.6	385.4	82.0	31.6	394.9	87.3	(2.6)	(0.7)	(1.9)	R
Nursing Staff	93.8	1,623.3	57.8	89.2	1,615.0	60.3	(3.2)	0.4	(3.7)	R
Other Staff	0.8	15.3	53.9	0.9	17.8	54.1	(0.1)	(0.1)	(0.0)	A
Scientific Therap Tech	60.2	1,039.5	57.9	59.2	1,073.7	60.1	(4.0)	(1.8)	(2.2)	R
Total substantive and bank staff costs	333.6	5,357.4	62.3	328.7	5,533.2	64.8	(22.9)	(10.0)	(12.9)	R
Agency	4.2	35.8	116.0	3.7	38.7	103.4	0.1	(0.3)	0.4	G
Total substantive, bank and agency cost	337.8	5,393.2	62.6	332.4	5,571.9	65.1	(22.8)	(10.3)	(12.5)	R
Reserve*	0.5	0.2		1.2	0.0		(0.8)	(0.8)	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
Total pay cost	351.8	5,393.4	65.2	333.6	5,571.9	65.3	(23.6)	(11.1)	(12.5)	R
Remove maternity leave cost	(4.1)			(2.5)			(1.3)	0.0	(1.3)	R
Total excluding Maternity Costs	347.6	5,393.4	64.5	331.1	5,571.9	64.8	(24.9)	(11.1)	(13.8)	R

*Plan reserve includes WTEs relating to the better value programme

Pay Cost Trend £m



In month WTE profile (inc Maternity Leave)



Summary

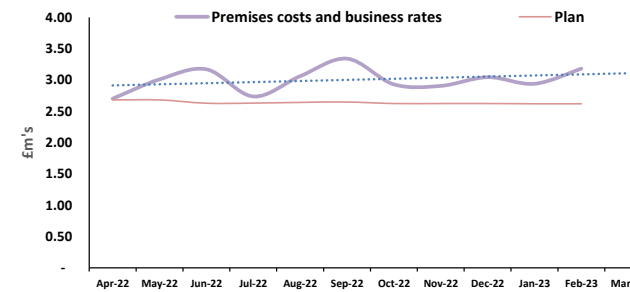
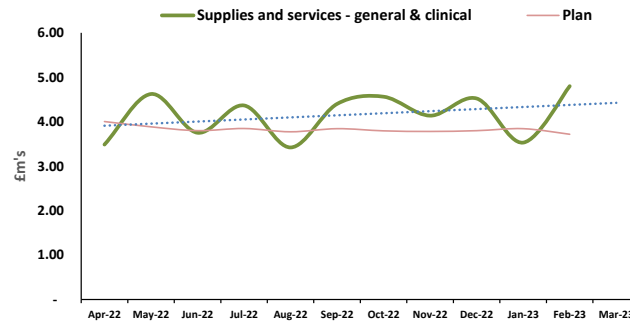
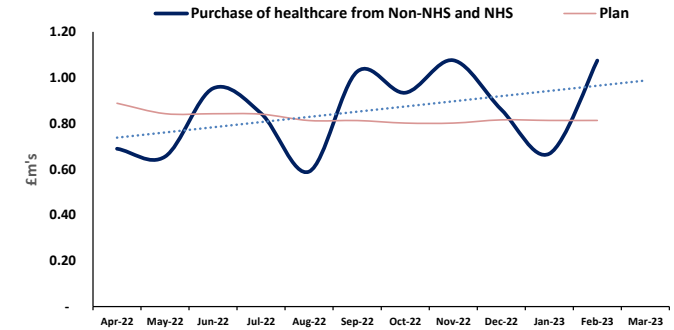
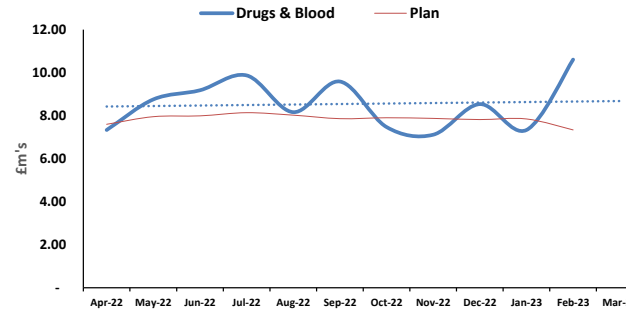
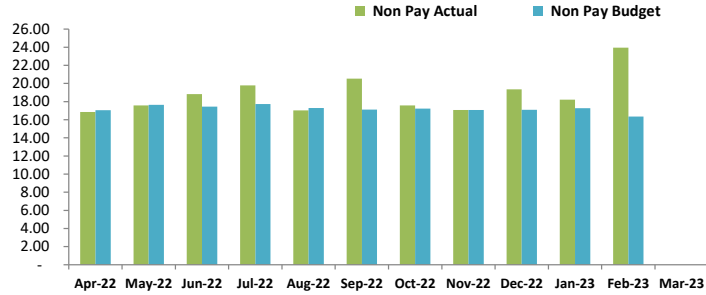
The table compares the actual YTD workforce spend in 2022/23 to the full year workforce spend in 2021/22 prorated to the YTD.

- Pay costs are above the 2022/23 plan YTD by £19.6m and when compared to the 2021/22 extrapolated actual it is £22.9m higher. This increase from 2021/22 is being driven by volume increase (£11.1m) and price increase (£13.8m). 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.
- February has seen the number of staff absent from the Trust due to Covid remain at 0.2%.
- The Trust continues to see high levels of maternity leave (178 WTE) which is contributing to the higher than planned levels of temporary staffing across the Trust.
- Consultants & Junior Doctors are £5.5m 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 £2.5m 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 11 months ending 28 Feb 2023



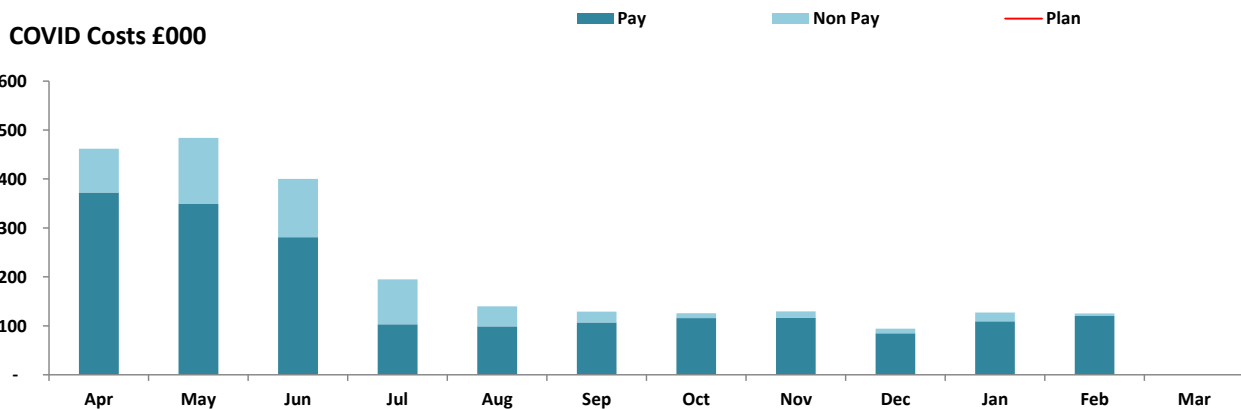
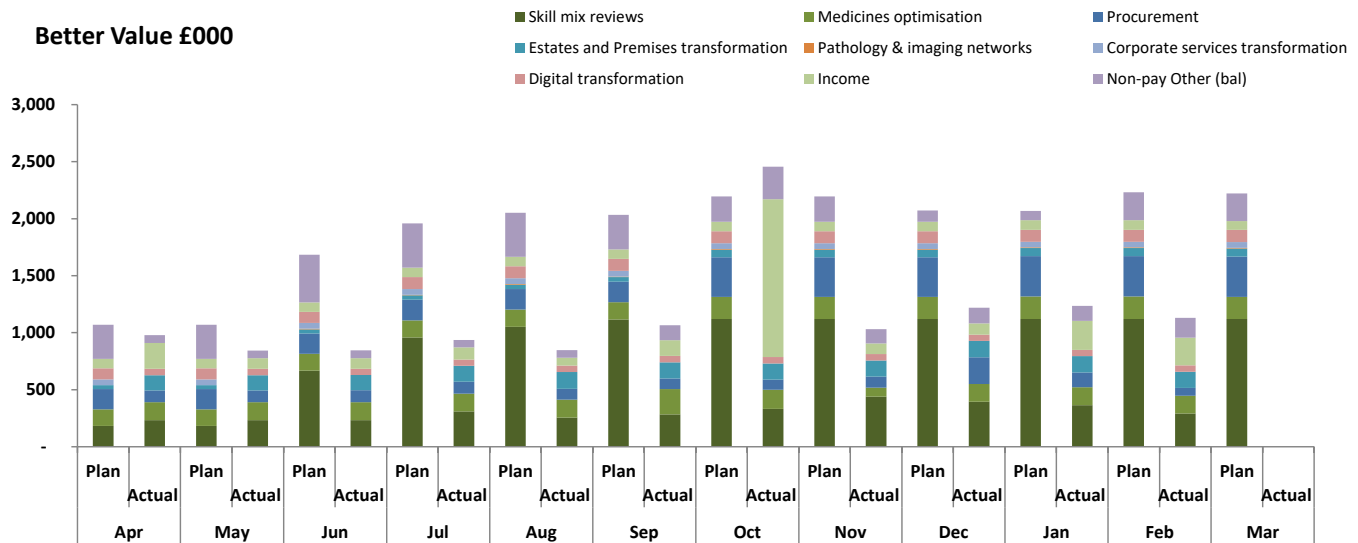
Non Pay Cost Trend £



Summary

- Non pay is £7.6m adverse to plan in month and £17.5m adverse to plan YTD.
- Premises costs are £2.4m adverse to plan YTD due to increased costs associated with the expanded Trust EPR system, ward refurbishment and ventilation works
- Expenditure other costs are £4.1m adverse to plan YTD due to £2.4m liability and delay in CIP
- Supplies & Services Clinical costs increased in month due to reagents bulk ordering last month, leading to clinical supplies as £3.2m adverse position YTD
- Drugs costs are £3.0m adverse to plan YTD due to increase in costs for CAR-T
- Impairment of receivables is £1.6m adverse to plan YTD due to the increase of bad debt.
- Supplies & Services General are £1.5m adverse offset with Transport costs of £0.5m favourable due to lower ambulance transport.

Better Value and COVID costs for the 11 months ending 28 Feb 2023



Better Value and Covid-19 costs

- The Trust has developed its better value programme for 2022/23.
 - Month 11 £14.1m of the £20.6m plan has been delivered.
 - Month 11 plan was for £13.9m of recurrent savings, Trust has delivered £10.2m.
 - Month 11 plan was for £6.7m of non recurrent savings, Trust has delivered £3.8m.
- 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.

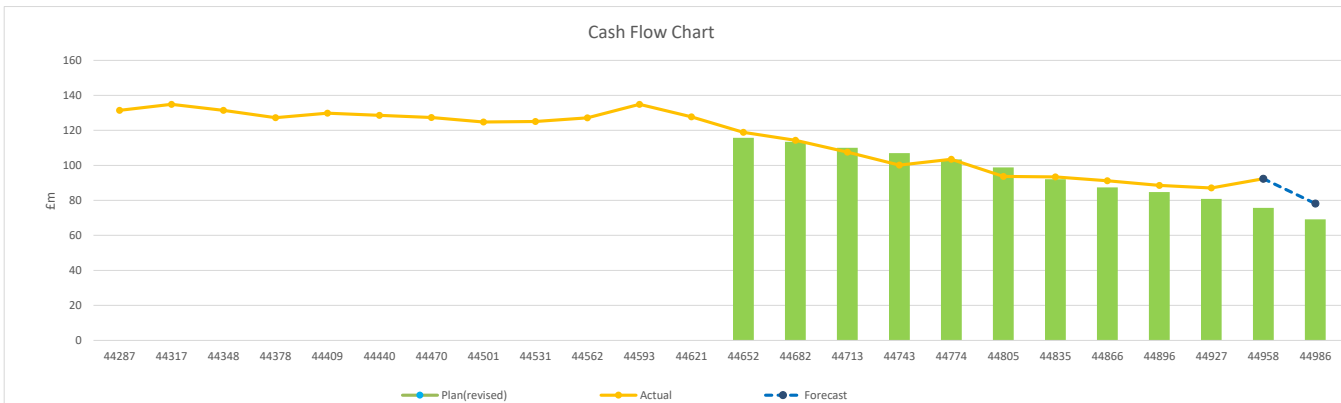
31 Mar 2022 Audited Accounts £m	Statement of Financial Position	YTD Actual 31 Jan 23 £m	YTD Actual 28 Feb 23 £m	In month Movement £m
546.40	Non-Current Assets	620.83	621.44	0.61
62.22	Current Assets (exc Cash)	95.56	94.77	(0.79)
123.67	Cash & Cash Equivalents	87.13	92.40	5.27
(104.63)	Current Liabilities	(120.61)	(121.74)	(1.13)
(5.37)	Non-Current Liabilities	(27.65)	(27.13)	0.52
622.29	Total Assets Employed	655.26	659.74	4.48

31 Mar 2022 Audited Accounts £m	Capital Expenditure	YTD plan 28 February 2023 £m	YTD Actual 28 February 2023 £m	YTD Variance £m	Forecast Outturn 31 Mar 2023 £m	RAG YTD variance
6.12	Redevelopment - Donated	22.04	7.20	14.84	7.87	R
1.61	Medical Equipment - Donated	3.01	3.24	(0.23)	3.25	G
-	ICT - Donated	0.00	0.00	0.00	0.00	G
7.73	Total Donated	25.05	10.44	14.61	11.12	R
0.32	Total Grant funded	0.00	0.00	0.00	0.00	G
12.05	Redevelopment & equipment - Trust Funded	6.35	4.24	2.11	7.71	A
1.44	Estates & Facilities - Trust Funded	3.54	1.69	1.85	2.80	R
3.17	ICT - Trust Funded	4.07	3.73	0.34	4.47	G
-	Contingency/unallocated	0.00	0.00	0.00	0.00	G
(0.74)	Disposals	0.00	0.00	0.00	0.00	G
15.92	Total Trust Funded	13.96	9.66	4.30	14.98	A
0.16	Share allocation	0.00	0.00	0.00	0.00	G
-	Total IFRS 16	1.74	0.10	1.64	0.10	R
1.53	PDC	0.00	0.00	0.00	0.36	G
25.66	Total Expenditure	40.75	20.20	20.55	26.56	R

31-Mar-22	Working Capital	31-Jan-23	28-Feb-23	RAG	KPI
4.0	NHS Debtor Days (YTD)	4.0	7.0	G	< 30.0
131.0	IPP Debtor Days	199.0	201.0	R	< 120.0
12.0	IPP Overdue Debt (£m)	20.1	21.9	R	0.0
87.0	Inventory Days - Non Drugs	81.0	77.0	R	30.0
34.0	Creditor Days	28.0	27.0	G	< 30.0
43.0%	BPPC - NHS (YTD) (number)	48.9%	49.1%	R	> 95.0%
74.4%	BPPC - NHS (YTD) (£)	81.7%	82.1%	R	> 95.0%
92.2%	BPPC - Non-NHS (YTD) (£)	91.8%	92.2%	A	> 95.0%
81.7%	BPPC - Total (YTD) (number)	80.1%	80.4%	R	> 95.0%
90.6%	BPPC - Total (YTD) (£)	90.9%	91.3%	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	Jan-23	Feb-23	RAG	Mar-23	RAG
1.8	Current Ratio (Current Assets / Current Liabilities)	1.5	1.5	G	1.8	G
1.7	Quick Ratio (Current Assets - Inventories - Prepaid Expenses) / Current Liability	1.4	1.4	G	1.6	G
1.2	Cash Ratio (Cash / Current Liabilities)	0.7	0.8	R	0.8	R
77.0	Liquidity days Cash / (Pay+Non pay excl Capital expenditure)	55.7	59.1	A	44.0	A
127.0	Liquidity Days (Payroll)(Cash / Pay)	92.6	98.2	G	73.0	G



Comments:

- Capital expenditure for the year to date was £20.2m; the Trust-funded programme is £4.3m less than plan and right of use £1.6m less than plan; the donated programme is £14.6m less than plan. The Trust funded forecast total outturn is as the plan.
- Cash held by the Trust increased from £87.1m to £92.4m.
- Total Assets employed at M11 increased by £4.5m in month as a result of the following:
 - Non current assets increased by 0.6m to £621.4m.
 - Current assets excluding cash totalled £94.8m, decreasing by £0.8m in month. This largely relates to Charity capital receivables (£4.8m lower in month); Inventories (£0.2m lower) Other receivables (£1.2m lower in month). This is offset against the increase in Contract receivables not invoiced (£5.1m higher in month); and Contract receivables invoiced (£0.3m higher).
 - Cash held by the Trust totalled £92.4m, decreasing in month by £5.3m.
 - Current liabilities increased in month by £1.1m to £121.7m. This includes Capital creditors (£1.3m higher in month); and other payables (£2.9m higher in month) and NHS payables (£0.3m higher in month). This is offset against the decrease in deferred income (£3.1m lower in month) and expenditure accruals (£0.3m lower month).
 - Non current liabilities totalled £27.1m This includes lease borrowings of £22.2m.
- I&PC debtors days increased in month from 199 to 201. Total I&PC debt (net of cash deposits held) increased in month to £24.4m (£24.1m in M10). Overdue debt increased in month to £21.9m (£20.1m in M10).
- In M11, 91% of the total value of creditor invoices were settled within 30 days of receipt; this represented 80% 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 81% (81% in M10). This represented 92% of the total value of invoices settled within 30 days (92% in M10). The cumulative BPPC for NHS invoices (by number) was 49% (49% in M10). This represented 82% of the value of invoices settled within 30 days (82% in M10).
- Creditor days decreased in month from 28 to 27 days.


NHS

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

**Trust Board
30th March 2023**

**Learning from Deaths report- Child Death
Review Meetings – Q3 2022/23**

Submitted by:

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

Paper No: Attachment S

For information and noting

Purpose of report

To provide Trust Board with oversight of learning from deaths identified through mortality reviews, this includes positive practice, but also where there were modifiable factors.

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

Summary of report

To highlight learning from child death review meetings (CDRMs) concluded between the 1st October and the 31st December 2022 at GOSH

Additionally, we have conducted a review of learning identified from CDRMs over a longer period in order to be more able to aggregate and identify themes. This is to help identify areas of strength, and where we may wish to focus attention and assess whether there may be adequate work streams taking place or are required. It is also helpful to understand the balance of our reporting and that 64% of our learning from CDRMs is about excellence of practice, and to highlight themes where we have noticed excellent practice. This was reviewed at QSOCC in February 2023

The GOSH inpatient mortality rate is within normal variation. There have been no outliers detected in our real time risk adjusted monitoring of ICU deaths. This report was reviewed and approved at QSOCC in February 2023. Since that report was reviewed the latest PICANet report has been published. The 2022 PICANet report was published on the 9th March 2023 and covers the calendar years 2019-21. The report shows GOSH PICU/NICU and CICU risk adjusted mortality as within expected range.

Patient Safety Implications

The thematic analysis of learning from CDRMS has highlighted some areas where there could be improvements. The key themes identified are

- Communication with locals (including GPs)
- When a child dies process (including MCCD)
- Access to GOSH

Equality impact implications

None identified

Financial implications

None

Attachment S

Strategic Risk BAF Risk 12: Inconsistent delivery of safe care
Action required from the meeting There are no recommendations or actions for the Board to consider
Consultation carried out with individuals/ groups/ committees The report has been reviewed by the February 2023 QSOCC
Who is responsible for implementing the proposals / project and anticipated timescales? Dr Pascale du Pré, Consultant in Paediatric Intensive Care, Medical Lead for Child Death Reviews
Who is accountable for the implementation of the proposal / project? Chief Medical Officer

Learning from deaths report –learning from Child Death Review Meetings Q3 2022/23

Aim of this report

To highlight learning from child death review meetings (CDRMs) concluded between the 1st October and the 31st December 2022 at GOSH.

Summary

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

Eighteen child death review meetings (CDRMs) took place at GOSH in this timeframe.

The reviews highlighted:

- There were no cases where there were modifiable factors¹ identified by the CDRM in the care provided at GOSH.
- Additional learning points were identified around best practice which could improve quality, the co-ordination of care, or patient and family experience at GOSH in **six** cases. No specific themes have been identified in those cases.
- Excellent aspects of care, the co-ordination of care and communication at GOSH were highlighted by the CDRMs in **nine** cases.

Aggregation of learning themes from CDRMs

This report highlights learning from CDRMs concluded in Q3 2022/23. Additionally we have conducted a review of learning identified from CDRMs over a longer period in order to be more able to aggregate and identify themes. This is to help identify areas of strength, and where we may wish to focus attention and assess whether there may be adequate work streams taking place or are required. It is also helpful to understand the balance of our reporting and that 64% of our learning from CDRMs is about excellence of practice, and to highlight themes where we have noticed excellent practice. This is outlined on pages 5-7 of the report.

Further information follows this summary.

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Mortality rate	7

1st February 2023

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

¹ Modifiable factors are defined as those, which by means of nationally or locally achievable interventions could be modified to reduce the risk of future child deaths. (National Guidance on Learning from Death, NHS England, 2017)

Learning points identified Q3 2022/23

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

Month of death	Location of learning	Learning /Actions taken
December 2021	PICU	<p>The key learning point in this case was that overall, despite very many conversations with the family about the anticipated poor outcome for the child this made for a very extended period on ITU (which included palliative care input) with the child's death during a catastrophic event which all involved felt in hindsight was not in the best interests of the child. It was still felt that reaching agreement with the family albeit over a long period was preferable than the legal route. The family had difficult interactions with some members of the Consultant team and fed back that regular training in conscious and unconscious bias should be part of mandatory training.</p> <p>The family were disappointed with the inquest and the lack of input from the nursing team and Lead Consultant. This will be fed back to the legal team to ensure this is considered, so that families feel appropriately represented in future inquests.</p>
March 2022	CICU	<ol style="list-style-type: none"> 1. The bedside nurse identified that despite all the extensive communication with the family it was not clear to them the high risk of mortality associated with the procedure. It has been suggested that involvement of the bedside team in Consent discussions would be helpful in ensuring all members of the team are aware of the situation as a learning point. 2. The interventional team have reflected and identified that minimising procedures (e.g., associated line insertion for example) is best avoided to minimise the myocardial stress and to review the peri operative management (anaesthetic and ITU) to avoid myocardial compromise in these complex cases as learning points.
April 2022	BMT/PICU	<p>This case highlighted the importance of accuracy [in record keeping, administration of medications and correct storage of samples in this case] to avoid a perception that care was not optimal, and a recognition of the needs and challenges associated with long-term high-risk treatments in this particular cohort of families [BMT].</p> <p>The case demonstrated good relationships with longstanding teams despite many challenges. The importance of these trusted relationships was very clear on review of this case and particularly challenging for the newer (ICU) team who had to contend with the challenges around end of life under very difficult circumstances.</p> <p>The importance of supporting staff to ensure they are not treated with abuse from families at difficult times was a clear learning point and strategies to address these challenges are already being developed with psychology liaison between ward and ITU teams However, more needs to be done in this area as it is a recurring theme that this cohort of children are particularly difficult to engage in parallel planning (due in part to the curative driven processes). However without enough recognition of the high risk of mortality vs chance of success, in particular when these children require ITU support.</p>

		<p>It was suggested that communication enhanced training for a select core group of professionals across all teams might be a solution to be explored further.</p> <p>It was highlighted that it was distressing for the team not to be able to provide the ideal end of life care for this child. However, it is important to recognise that for some families it will never be acceptable to withdraw treatments, and that death on a ventilator may be the family's preferred experience, acknowledging this can be very distressing for staff.</p> <p>It became apparent at inquest that despite offering interpreters throughout, there were significant misunderstandings from the statements at inquest that might have been avoided with the use of interpreters as a learning point.</p>
June 2022	CICU	Demonstrated the challenge for international families to decide on cremation vs burial when their plans to remain in UK are uncertain as a learning point for those supporting families to appreciate.
June 2022	PICU	Local team fed back that communication around death of the child was inadequate. This is a recurring theme and there is work underway around improving communication with local teams for children with complex care needs during a prolonged inpatient stay or when there is a significant diagnosis or redirection in care.
June 2022	PICU	Review of the transfer from ward to ICU identified the need of (ward) Consultant to (ITU) Consultant discussion, especially in the absence of ICON fellow in escalation pathway of the deteriorating child.

Learning from excellence at GOSH - positive practices, care, and communication highlighted through the CDRM reviews. Q3 2022/23

Month of death	Specialties	Summary
December 2021	PICU	Good relationship with the family, Lead nursing and Lead PICU Consultant and this was reflected in the feedback from the family. The value of the consistency and continuity was really valuable for the family.
March 2022	CICU	The communication with the family and multidisciplinary consideration before proceeding with this case was outstanding and included consideration of alternative (palliative) options too.
April 2022	BMT/PICU	Wider family were enabled to be present after child died.
June 2022	Fetal cardiology	Good communication, Quick transfers. Timely decision making including second opinion. Family feedback that they felt everything possible was done for their child and that they felt very supported. A follow up meeting has already taken place with the [fetal/cardiology] teams which the family have found helpful and has answered all their questions. This will be feedback to the individuals involved. Local team arranged for child to be transferred back to their unit after death.
June 2022	PICU	Parents very grateful to all the staff in the NHS who looked after their child, and them as a family - they felt very cared for. Family recognised that back home they would never have made it to hospital and were grateful for the opportunity for the time and to be able to consider organ donation. Family fed back they were really grateful for the help and support of the team.

June 2022	PICU/Neurology	Father had positive feedback. Parents were grateful for efforts to keep the twins together and keeping the sibling on the non-ICU ward for a few days longer while care was being redirected.
June 2022	PICU/Immunology	Quick diagnosis of underlying problem on arrival to GOSH [from outside UK]. PICU Consultant was credited for enabling good end of life care and ensuring mother's wishes were enabled.
July 2022	PICU	Good communication, death managed well.
July 2022	PICU/Neurology	<p>Good MDT involvement. Good documentation of communication with parents and evidence of good co-working with parents. Report from FLN shows that bereavement follow up with neurology consultants was a positive meeting. School was enabled to visit the ITU to say goodbye prior to redirection of care.</p> <p>UCLH team were credited for proactive investigation of events around cardiac arrest.</p> <p>Family fed back they were very appreciative of the Neurology Consultant, and this was fed back at the meeting to the individual.</p>

The mortality review process at GOSH

Mortality reviews take place through two processes at GOSH:

1. Mortality Review Group (MRG)

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

2. Child Death Review Meetings (CDRM)

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

Completion of child death review meetings

18 CDRMs took place at GOSH between the 1st of October and the 31st of December 2022 at GOSH.

CDRM meetings should be held within 12 weeks of the child's death, following the completion of all necessary investigations and reviews.

At the time of writing:

Thirty-four CDRMs have not been completed within 12 weeks of the child's death:

- Thirteen cannot take place until the completion of necessary coroner investigations. This in line with the Child Death Review Statutory Guidance.
- Two are to take place via a local child death review in the borough where the child lived.
- Nineteen are being scheduled at the time of writing due to challenges in consultant capacity and work required to arrange and attend the meetings.

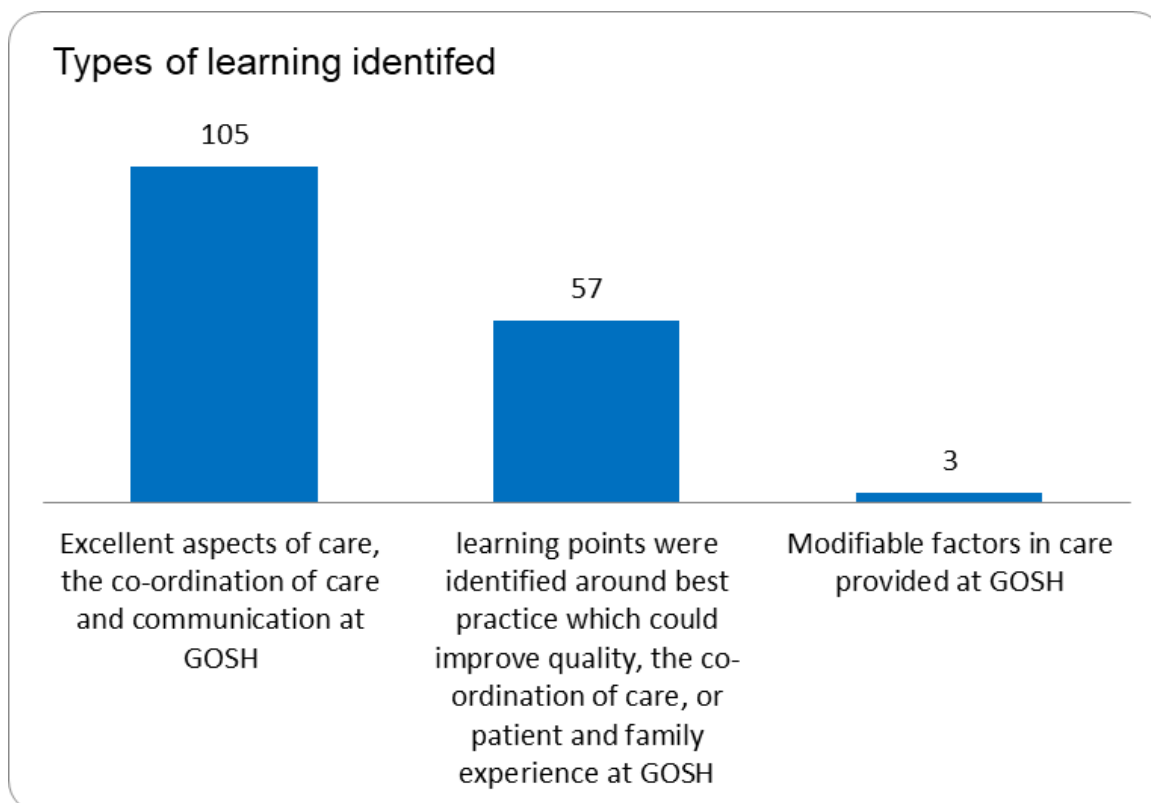
Identification of themes from CDRMs concluded from October 2021 to December 2022

In January 2022 we revised our learning from deaths reports to focus on outcomes from CDRMs. Previous learning from deaths reports were based on deaths that occurred in a period of time and would refer in some cases to deaths which had been reviewed by the MRG, but not yet at a CDRM. The reason for that change is that CDRMs are the final review meeting in the mortality review process following the completion of all necessary investigations and reviews. This enhancement of reporting has allowed us to look consistently at themes from CDRMs concluded since October 2021.

We have conducted a review of learning identified from CDRMs over a longer period in order to aggregate individual learning points into themes. This is to help identify areas of strength and where we may wish to focus attention and assess whether there may be adequate work streams taking place or are required to address any themes for improvement. It is also helpful to understand the balance of our reporting and that 64% of our learning from CDRMs is about excellence of practice, and to highlight themes where we have noticed excellent practice.

All summarised learning outcomes for each CDRM have been reviewed to produce this analysis. We intend to continue to update this to be able to better identify themes outside of our quarterly reporting period.

One hundred and six CDRMs have been concluded 1st October 2021 – 31st December 2022. It should be noted that each CDRM may identify more than one learning point.

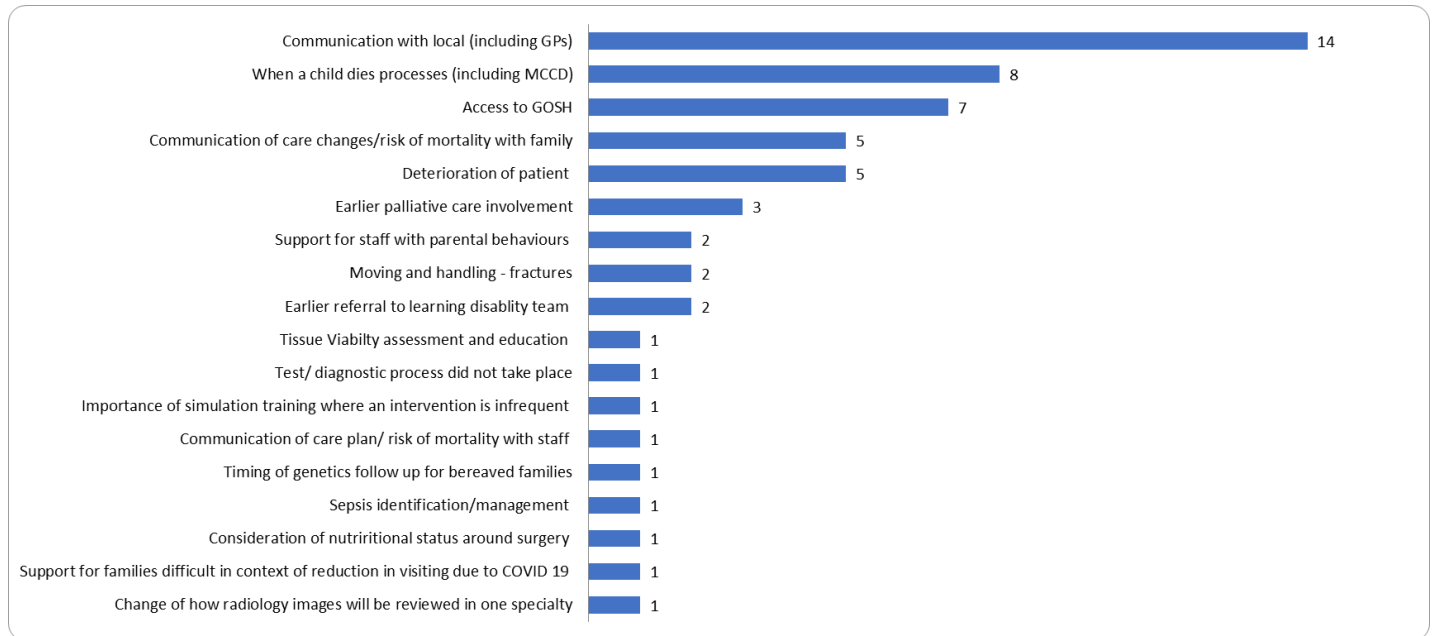


Themes identified from CDRM meetings at GOSH (Oct 2021 to December 2022)

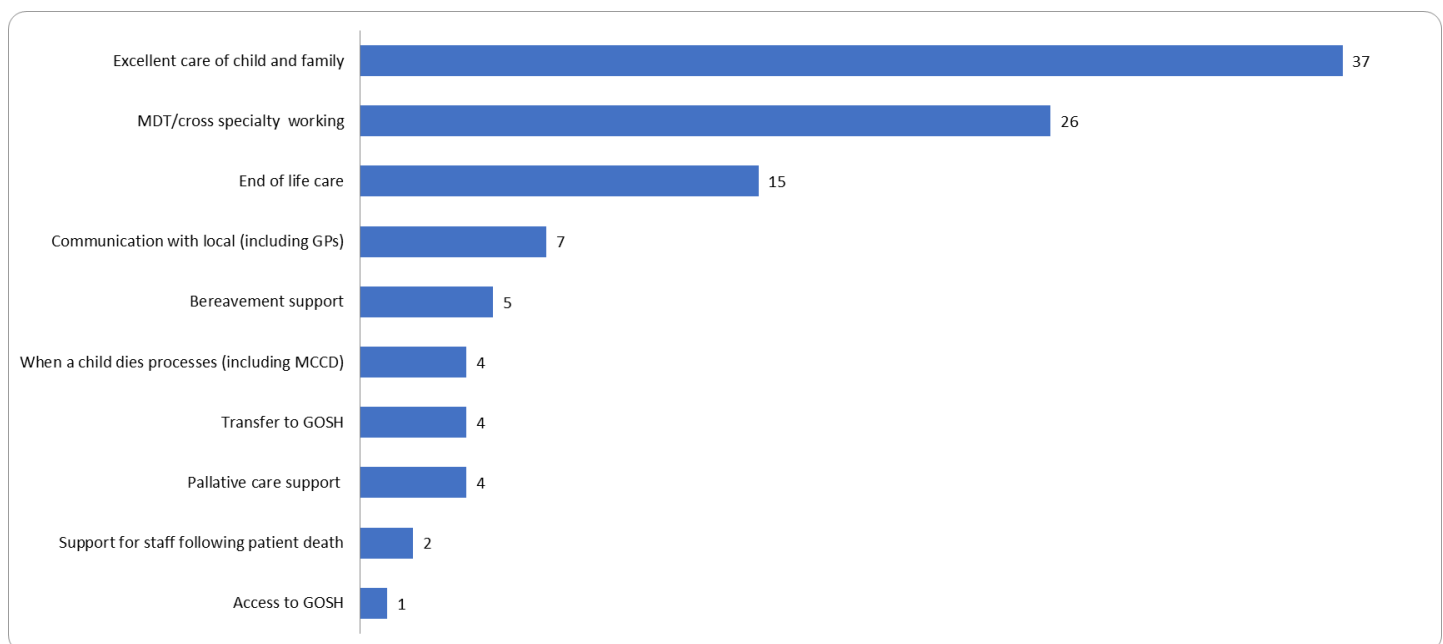
Modifiable factors in care at GOSH (3)

- Sepsis identification/management (2)
- Management of field safety notice (histoacryl glue) (1)

Learning points identified around best practice which could improve quality, the co-ordination of care, or patient and family experience at GOSH (57)

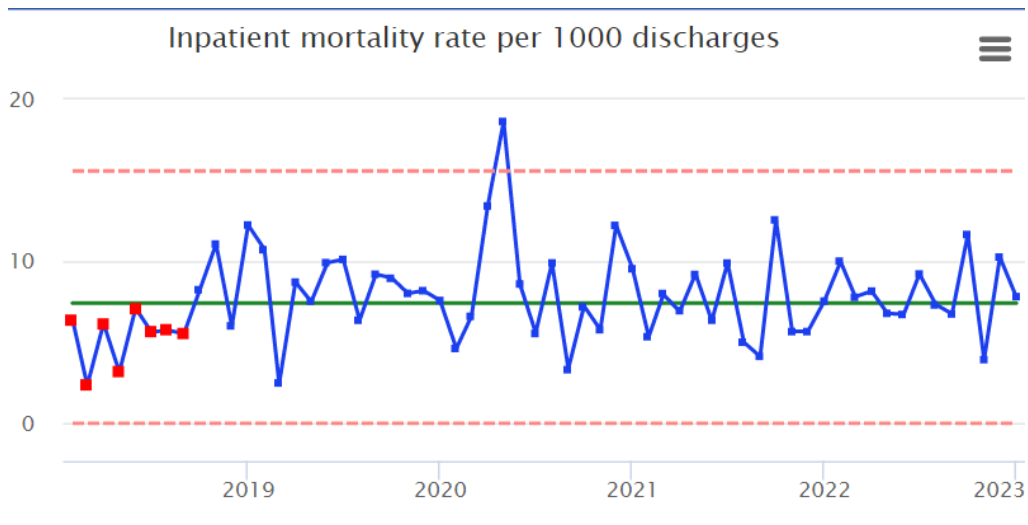


Excellent aspects of care, the co-ordination of care and communication at GOSH (105)



Mortality rate

The inpatient mortality rate is within normal variation



Our inpatient mortality rate is useful to understand the frequency of GOSH inpatient deaths compared to activity, and to signal if there is variation that may require exploration. We recognise that it is not risk adjusted data, which considers 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.

- There have been no outliers detected in our real time risk adjusted monitoring of PICU/NICU deaths. This is important as the majority of patient deaths at GOSH are in intensive care areas Risk adjusted mortality is monitored weekly at the PICU/NICU Morbidity and Mortality meeting
- 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.

Trust Board 30th March 2023	
Nursing Workforce Assurance Report	Paper No: Attachment T
Submitted by: Tracy Lockett, Chief Nurse	<input type="checkbox"/> For information and noting
<p>Purpose of report The purpose of this paper is to provide the board with the assurance that plans, and processes are in place which align with the National Quality Board (NQB) Standards and Expectations for Safe Staffing (2016 further supplemented in 2018). This report covers reporting period Oct -Dec 2022 Q3.</p>	
<p>Summary of report To note the information in this report in relation to:</p> <ol style="list-style-type: none"> 1. The RN vacancy rate decreased in October to 4.45% due to the large intake of Newly Registered Nurses (NRNs) while increasing to 7% in December and remains below trust target (10%) 2. Voluntary turnover has increased to 15.4% in Dec 22 above trust target (14%) 3. Sickness rates increased in Q3 to 5.5% in Dec above trust target (3%) 4. 38 Safe staffing incidents were reported during Q3 with reporting levels highest on Bear Ward, followed by Sky and Squirrel Gastro. 5. A deep dive analysis of Safe Staffing incidents was undertaken with key recommendations included within the report 6. CHPPD in Q3 was 15.45 (Oct), 14.43 (Nov) and 14.98 (Dec) 7. Temporary staffing shift requests increased in Q3 (6860) by 355 compared to Q2 (6505), with average fill rates of 83.3%. 8. There are 2 formal disciplinary cases and 1 NMC referral currently underway for nursing. 	
<p>Patient Safety Implications Appropriate mitigations are in place to maintain safe staffing levels which has a direct correlation to patient safety.</p>	
<p>Equality impact implications None</p>	
<p>Financial implications All posts involved in the central recruitment campaigns have been incorporated into 22/23 Directorate budgets.</p>	
<p>Strategic Risk BAF Risk 2: Workforce Sustainability BAF Risk 12: Inconsistent delivery of safe care</p>	
<p>Action required from the meeting None</p>	
<p>Consultation carried out with individuals/ groups/ committees EMT</p>	
<p>Who is responsible for implementing the proposals / project and anticipated timescales? NA</p>	
<p>Who is accountable for the implementation of the proposal / project? NA</p>	

1. Introduction The purpose of this paper is to provide the Trust Board with the assurance that plans, and processes are in place which align with the National Quality Board (NQB) Standards and Expectations for Safe Staffing (2016/2018). This report covers reporting period Oct - Dec 2023 (Q3).

2. Workforce Data Overview Nursing workforce data at directorate and ward/unit level is reviewed monthly at the Nursing Workforce Assurance Group (NWAG) and to maintain safe staffing through proactive recruitment, retention, and workforce planning. The directorate level breakdown is available in Appendix 1.

2.1 Vacancy and Voluntary Turnover The RN vacancy rate decreased in October to 4.45% due to the large intake of Newly Registered Nurses (NRNs) while increasing to 7% in December and remains below trust target (10%) and North Central London Integrated Care System (NCL ICS) average (10%). Voluntary turnover remains above target (14%) at 15.4% in December.

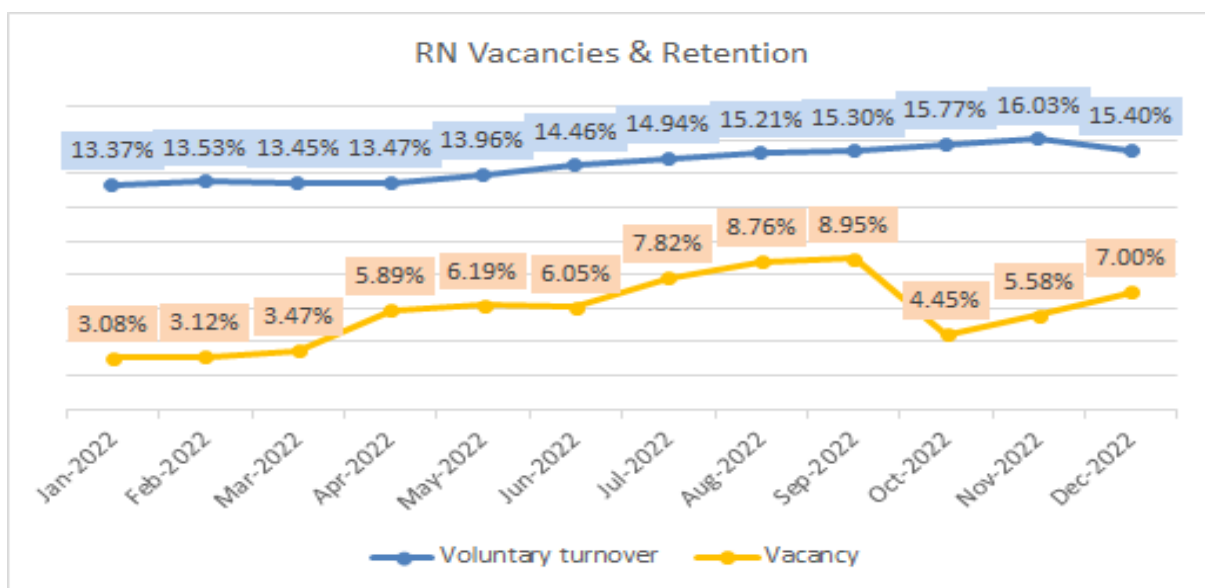


Fig. 1 Registered Nurse (RN) vacancy and voluntary turnover rate (12-month view)

2.2 RN Sickness rates have remained relatively stable over the last quarter but above target (3%) at 5.5% in December 2022, this was driven by Covid, and other viral and short-term sickness

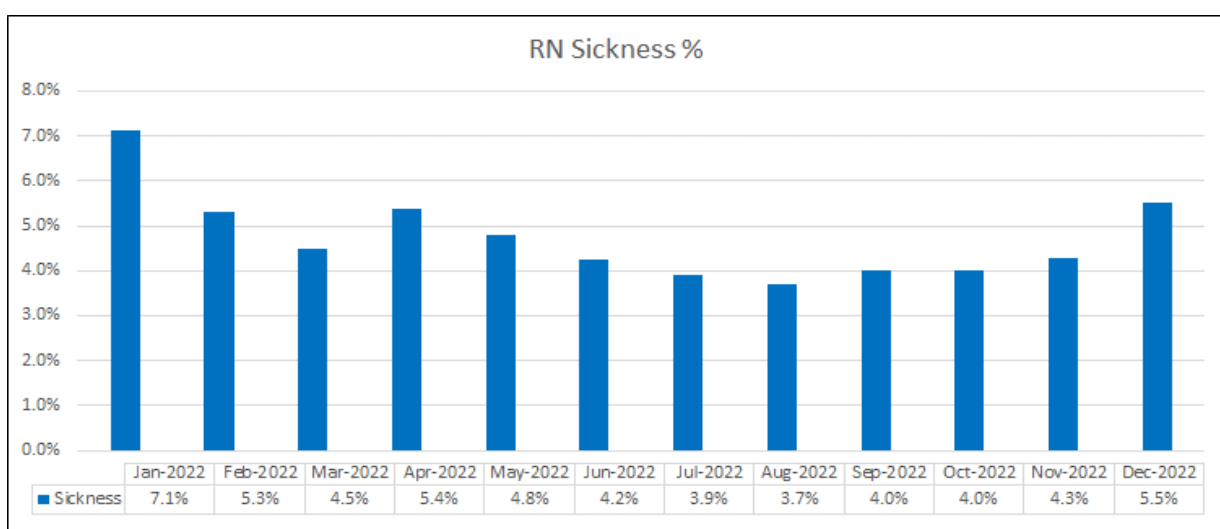


Fig. 2 RN sickness rates 12 month rolling

3. Safe Staffing Incidents

Directorate	Oct 22	Nov 22	Dec 22	Directorate total
H&L	3	6	3	12
BBM	1	3	7	11
CCS	6	1	0	7
BCC	1	0	2	3
I&PC	1	0	2	3
S&S	0	0	1	1
R&I	1	0	0	1
Brain	0	0	0	0
Monthly total	13	10	15	38

Fig.3 Safe staffing Datix reports per directorate – Quarterly view

3.1 Safe staffing incident reporting increased in Q3 to 38 incidents which was a 48% increase on the previous quarter, however an analysis demonstrated that it does not appear to be directly related to one specific contributory factor such as staff sickness, vacancy rates or competency levels.

Themes were consistent within individual directorate but not trust wide, with reporting levels highest on Bear Ward, followed by Sky and Squirrel Gastro. The analysis demonstrated that weekends and night shifts were when staff felt that levels were unsafe or inadequate, or they felt overwhelmed and unsupported. Some of the incidents would be considered ‘Red Flags’ particularly those which involved medication omissions or delays. Staff health and wellbeing was also impacted because of missed breaks. feeling overwhelmed and unsupported. Although all incidents were classed as ‘low’ severity a number of those who reported referred to ‘near misses’ or the ‘potential for patient harm’. The quality of the information within the reports was variable and unsafe staffing levels were not always articulated in relation to patient numbers, acuity, and available staff.

3.2 Based on the findings the following recommendations were made:

- Staffing establishments to be reviewed and triangulated with patient acuity, professional judgement, and quality metrics, with deep dives into high-risk areas.
- Improve roster management and ensure they are safe, effective, and fair prior to approval and sign off by HON
- Skill mix and staffing levels must be maintained across a seven-day service both day and night.
- Improve senior support across all inpatient settings on both day and night shifts across a seven-day service.
- Prioritise the achievement of competency levels in line with key performance indicators.
- Promote good quality consistent reporting to inform and drive improvements and highlight safety concerns.
- Develop a risk assessment to improve data quality and informed decision making, with a clear escalation process in place.
- Directorate teams to address MDT staffing levels including adequate medical, AHP and admin/clerical support to provide holistic care and release nursing capacity.

- Apply a set of Safe Staffing Principles which all Directorate Leadership Teams agree and uphold.

This report will be shared at Nursing Board to ensure the Senior Nursing Team are sighted on the findings and agree the key recommendations, which will be monitored via NWAG and the Biannual Establishment Reviews.

4. Care Hours Per Patient Day (CHPPD)

CHPPD is the national principal measure of nursing, midwifery, and healthcare support staff deployment in inpatient settings including ICUs. The reported CHPPD for Oct 2022 was 15.45 decreasing to 14.43 in November and 14.98 in December respectively. CHPPD is a benchmarking tool and there are no upper or lower parameters. Fig 5 demonstrates our position when benchmarked against other peer trusts, which reflects the nursing need because of high patient acuity and the complexity of the children we care for.

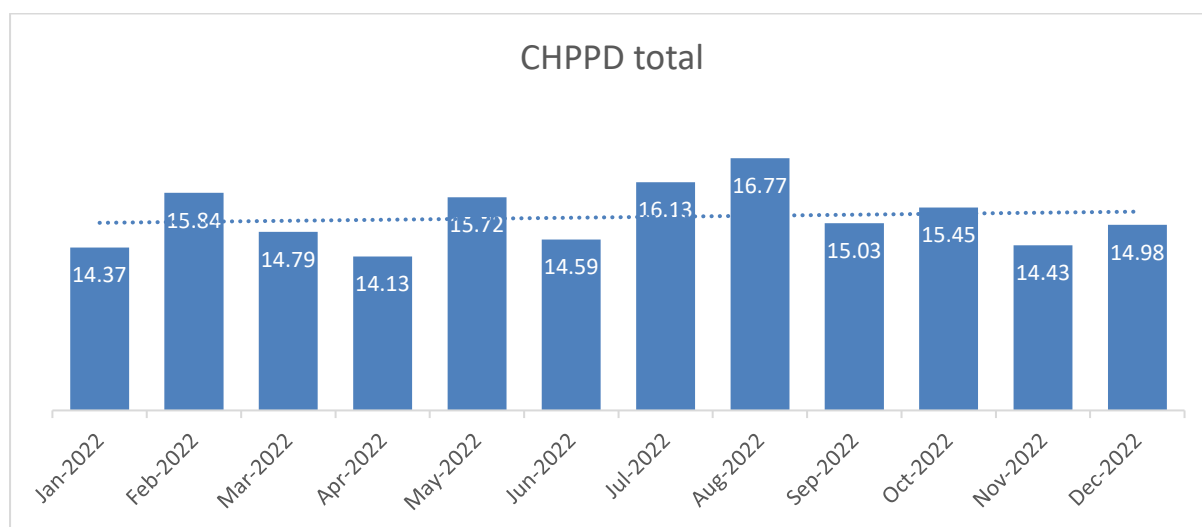


Fig.4 CHPPD 12 month rolling trend

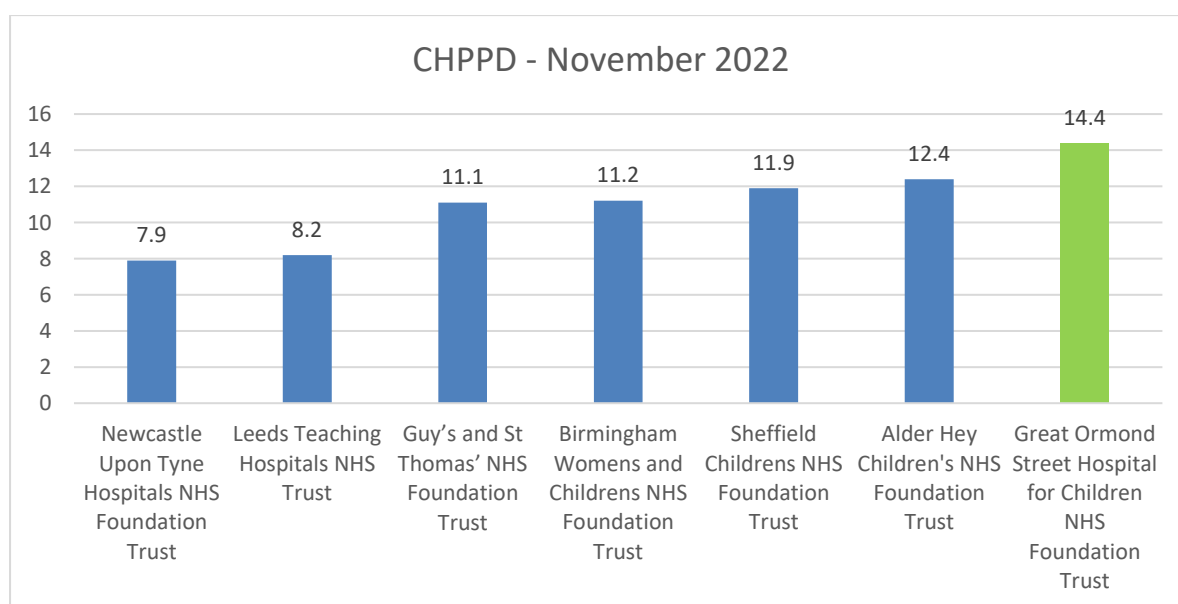


Fig.5 CHPPD Peer Benchmarking (Source: NHSE Model Hospital, latest published data Nov 22)

7. Temporary Staffing

As a specialist trust the majority of the temporary staffing shifts are filled by our own substantive staff. Shift requests increased in Q3 (6860) by 355 compared to Q2 (6505), with average fill rates in Q3 of 83.3%. Request rates were driven by staff sickness, patient acuity, vacancies in some areas and activity levels. There was no agency usage.

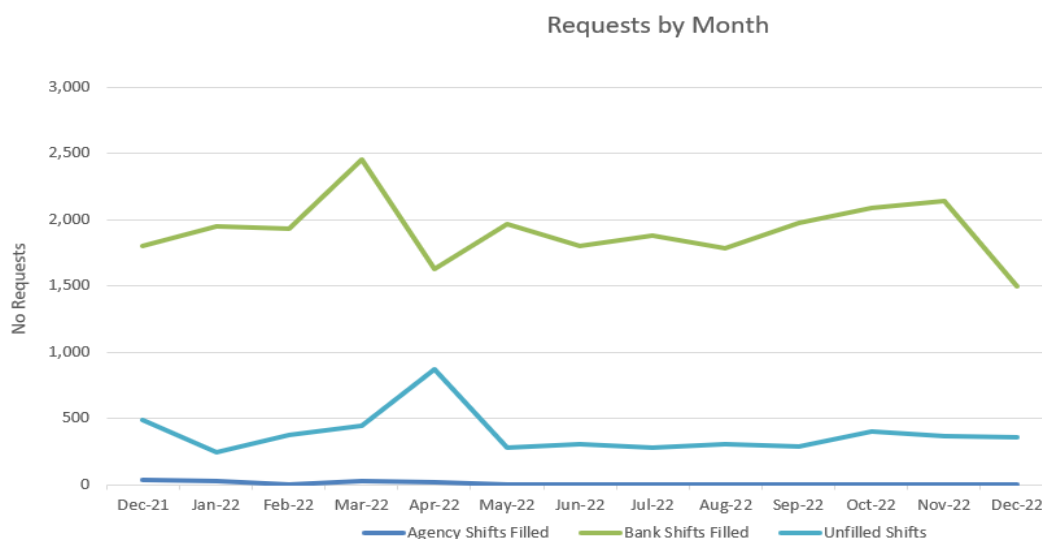


Fig. 6 Nursing & HCA bank requests 12-month overview

7. Professional Nursing Standards

To ensure patient safety, maintain professional discipline and employ nurses who share our trust values and behaviours, we occasionally need to investigate and/or address performance. This is to ensure nurses are offered the right level of support and supervision or in serious cases require a referral to the Nursing and Midwifery Council (NMC) to understand whether they pose a risk to the public, so steps may be taken to promote learning and prevent issues arising. During Q3 there were 2 disciplinary cases under investigation and 1 open NMC referrals under review.

Registered Nurse/ Health Care Assistant	Directorate	Type of investigation
RN	Core Clinical Services	Disciplinary
RN	Body Bones & Mind	Disciplinary
RN	International & Private Care	NMC referral

Fig. 7 Current professional standards issues

8. Conclusion

In conclusion the workforce metrics demonstrate that we have rising vacancy rates although they remain below target. Voluntary turnover has risen in line with vacancy rates, with a slight downturn in Dec 2022. Sickness rates increased to 5.5% which were the highest levels since January 2022, mostly attributable to winter viruses and Covid. With an established recruitment pipeline in place till May 2023, we will be focusing our efforts on implementing our refreshed retention plan and working with

the Directorate HoNs to provided targeted support in 'hot spot' areas. Safe staffing levels are maintained through a combination of temporary staffing usage, deployment of substantive staff to support e.g., Clinical Nurses Specialists (CNS), practice educators (PEs) and temporary bed closures. The Safe Staffing incident analysis demonstrated that improvements have been observed in the reporting culture across the Trust. However, we are seeing increased anxiety and reduced competency levels especially amongst our junior nursing staff who require additional support especially over weekends and on night shifts. The analysis report will be shared at Nursing Board to ensure the Senior Nursing Team are sighted on the findings and agree the key recommendations, which will be monitored through NWAG and Biannual Establishment Reviews.

Appendix 1 Workforce Metrics – Directorate level

NB. The data relates to all RN grades across the Trust. Totals within the narrative may include nursing posts from other directorates not listed in the tables e.g., corporate, education, etc.

*High vacancy rates in R&I are due to staff being employed based on funded activity and are recruited as needed.

** International does not include Hedgehog budget which will be added to Q4 data

October 2022					
Directorate	CHPPD (Inc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover %	Sickness (1 mo) %
Blood, Cells & Cancer	12.7	-0.7	-0.3%	13.8%	3.7%
Body, Bones & Mind	12.1	13.4	6.4%	14.0%	3.9%
Brain	11.3	3.2	2.4%	14.0%	3.9%
Heart & Lung	23.8	9.8	1.8%	16.8%	4.4%
International	11.6	-3.4	-4.3%**	10.8%	5.4%
Core Clinical Services	N/A	8.6	4.1%	20.3%	3.4%
Sight & Sound	13.6	2.1	2.5%	10.6%	3.9%
Research & Innovation	N/A	15.3	24.6%*	21.2%	3.2%
Trust	15.45	70.77	4.50%	15.8%	4.0%

November 2022					
Directorate	CHPPD (Inc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover %	Sickness (1 mo) %
Blood, Cells & Cancer	12.6	2.4	1.1%	13.8%	3.4%
Body, Bones & Mind	11.8	14.4	6.9%	14.1%	3.7%
Brain	11.3	5.4	4.0%	16.1%	3.9%
Heart & Lung	18.9	18.2	3.0%	17.1%	4.1%
International	13.4	-1.6	-2.0%**	10.5%	6.4%
Core Clinical Services	N/A	10.0	4.7%	19.3%	4.7%
Sight & Sound	13.8	4.1	4.9%	13.0%	3.8%
Research & Innovation	N/A	16.6	26.6%*	22.7%	4.5%
Trust	14.4	89.7	5.60%	16.0%	4.3%

Attachment T
Nursing Workforce Assurance Report Oct – Dec 2022 (Q3)

December 2022						
Directorate	CHPPD (Inc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover %	Sickness (1 mo) %	
Blood, Cells & Cancer	12.4	4.16	1.8%	12.4%	5.1%	
Body, Bones & Mind	11.7	19.54	9.4%	16.2%	4.7%	
Brain	14.7	6.86	5.0%	13.1%	4.2%	
Heart & Lung	19.3	31.70	5.8%	16.9%	5.0%	
International	13.2	-0.89	-1.1%**	11.3%	7.6%	
Core Clinical Services	N/A	10.00	4.7%	18.4%	5.8%	
Sight & Sound	14.2	4.55	5.4%	9.2%	7.3%	
Research & Innovation	N/A	14.49	23.6%*	20.6%	3.9%	
Trust	14.98	113.00	6.99%	15.4%	5.5%	


NHS

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

**Trust Board
30 March 2023**

2022 Staff Survey Report

**Submitted by: Caroline Anderson, Director of
HR and OD**

Paper No: Attachment U

For information and noting

Purpose of report

Summary of report

Purpose

The purpose of this report is to provide a detailed overview of the NHS Staff Survey 2022 results for Great Ormond Street Hospital (GOSH). The report will show key findings compared to our peers, London trusts, trusts in the North Central London Integrated Care Board (NCL), all London trusts, trust in the Children's Hospital Alliance, the NHS as a whole, and our progress from previous years. The report will highlight levels of improvement as well as areas requiring further attention, and go on to highlight next steps.

Current context

The COVID-19 pandemic and its aftermath has continued to have a significant impact on the whole organisation and will continue to do so for the foreseeable future. The pandemic has changed the way we organise, deliver and support patient care, and how and where we do that from.

The pandemic has also left a negative legacy. The standing down of elective work has created a significant backlog. While we have made good progress in recovering activity relative to our peers, clearing it remains a priority, with a corresponding impact on staff which must be managed alongside increased sickness (including long Covid), lower moral and resilience and for some anxiety and burnout.

At the same time, a significant reduction in Trust income and increase in costs, resulted in a budget deficit, requiring an increased focus on delivering savings through our better value initiative

The Trust made a conscious decision not to promote the staff survey to the same degree as other years due to this context, recognising that it would likely lead to a reduction into response rate and staff survey scores and this was reported to PEAC in September 2022.

Summary of results

Most areas have seen a drop of around 3-4%. This is against a backdrop of a reduction in engagement of around 9%.

GOSH's results are also by in large slightly below the comparator scores (the 13 Acute specialists trusts,) who traditionally perform higher than the NHS average, but only by 1 or 2 percent in the majority of cases. The staff group size of GOSH, as a single site trust should also be factored when comparing results as at just 2385 respondents, changes will have a larger effect on our percentages than many of the larger trusts we compare our results with.

This reduction in scores has reduced some of the gains achieved in previous years and brought GOSH closer to the NHS average.

Despite this, our People Promise scores, although dipping from last year, have held compared with NCL, the NHS average, London trusts and Children's Hospital Alliance (CHA) being equal

to or higher than in the following areas:

- We are *compassionate and inclusive* where GOSH was higher than all groups apart from CHA where we were equal and acute specialist where we were lower.
- We are *safe and healthy* where GOSH was equal to NCL and CHA, higher than the London and NHS average and lower than acute specialist trusts.
- We are *always learning* where we were equal to NCL, London, CHA and higher than the NHS average and below acute specialist trusts.
- *Staff engagement* where we were higher than NCL, London, NHS average and CHA and below acute specialist trusts.
- *Morale*, where GOSH was equal to all other groups and lower than acute specialist trusts.

Priorities

A different approach is recommended this year whereby in 2023/4 we commit to the **4 themes** with directorates asked to draft their own, local actions plans and commit to at least one objective per theme to be implemented in the way that has the most impact in their areas.

The 3 themes are as follows:

- **Wellbeing –**
- **Equality, Diversity and Inclusion (EDI)**
- **Career progression**
- **Reward and Recognition**

The directorate specific objectives will form part of the directorates key performance indicators (KPIs) and progress against them reviewed through routine governance routes.

Refresh of the people Strategy

Our three-year People Strategy was launched in 2019 and is being refreshed in 22/23.

The new strategy builds on the work the current strategy but is set within our current organisational context and priorities for the future.

The refreshed People Strategy will cover the 3year period April 2023 to March 2026. The overarching commitment and purpose remain consistent with the current strategy.

The new people strategy and frameworks that sit beneath it will be supported by robust annual deliver plans than will incorporate the actions and objectives to deliver against the staff survey themes and initiatives.

Summary of report

Should cover a short overview of areas for Board to focus on:

- Short background
- Key findings/ proposals
- Key risks/ challenges (quality, financial, equality, non-compliance with regulation/ guidance etc.)
- Expected Outcomes/ improvement (positive/negative)

Financial implications

None

Strategic Risk

Company Secretary to complete

Action required from the meeting

To note and endorse the Report prior to publication

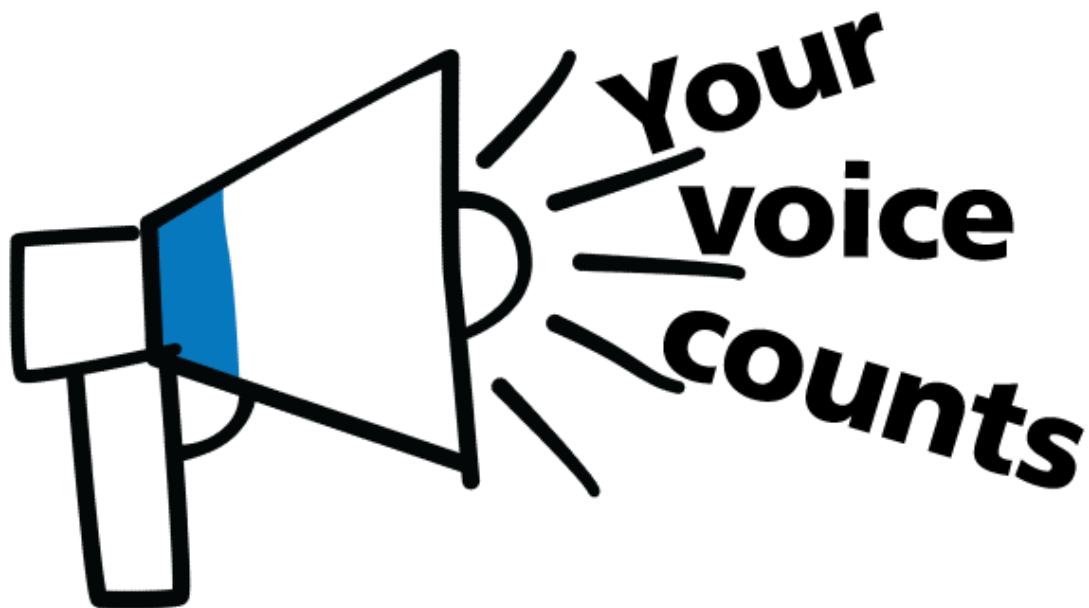
Attachment U

Consultation carried out with individuals/ groups/ committees HR&OD management team, People Planet Programme Board
Who is responsible for implementing the proposals / project and anticipated timescales? Andreas Marcou, AD of Organisational and Employee Development
Who is accountable for the implementation of the proposal / project? Director of HR&OD



Making GOSH a great place to work for our people

NHS Staff Survey 2022 Results



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1. Introduction

The purpose of this report is to provide a detailed overview of the NHS Staff Survey 2022 results for Great Ormond Street Hospital (GOSH). The report will show key findings compared to our peers in London, trusts in the North Central London Integrated Care Board (NCL), trust in the Children's Hospital Alliance, acute specialist trusts and the NHS as a whole, and our progress from previous years. The report will highlight levels of improvement as well as areas requiring further attention, and go on to highlight next steps.

The NHS People Strategy

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

The Plan sets out what the people of the NHS can expect – from their leaders and from each other.

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

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

The NHS People Promise

The promise has been designed to reflect the things that staff tell would most improve their working experience and is made up of seven elements:



In support of this, the results of the NHS Staff Survey are now measured against the seven people promise elements and against 2 of the themes reported in previous years (staff Engagement and Morale). The reporting also includes new sub-scores which feed into the People Promise elements and themes.

Above and beyond strategy

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

The GOSH People Strategy

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

People Strategy, creating the environment and a work programme to ensure they are delivered and, in doing so, help us meet the expectations set out in the NHS People Plan.

2. The Current Context and legacy of COVID-19

Although we have seen a decline in overall scores compared to last year, with the exception of our comparator group (acute specialist trusts) which is the highest performing survey group, our benchmarked data shows that we have remained steady or improved in some key areas including compassion and inclusion, staff engagement and staff morale. Overall, however the results show a decline in certain key markers of staff experience, including pay, reward and recognition which we are now seeing reflected in unprecedented levels of industrial action by the same staff, who have worked through extraordinary challenges over the past few years.

The COVID-19 pandemic and its aftermath has continued to have a significant impact on the whole organisation and will continue to do so for the foreseeable future. The pandemic has changed the way we organise, deliver and support patient care, and how and where we do that from. It has provided a catalyst and facilitated an increase in digital working across all work areas and teams, both clinical and non-clinical which has been positive. It has provided a foundation to extend and modernise the way we work and deliver services to the benefit of both patients and staff .

But the pandemic has also left a negative legacy. The standing down of elective work has created a significant backlog. While we have made good progress in recovering activity relative to our peers, clearing it remains a priority, with a corresponding impact on staff which must be managed alongside increased sickness (including long Covid), lower moral and resilience and for some anxiety and burnout.

During the survey period, staff continued to work predominantly either from home, onsite, or a hybrid mix. At the time of the survey national restrictions, which had been removed for the wider population remained in place for hospitals including social distancing, PPE and heightened infection control measures (Hands, Face, Space, Place). Returning to site was also slowed and disrupted through the space reduction resulting from decant for the new Children's Cancer Centre (CCC) and preventative maintenance

At the same time, a significant reduction in Trust income and increase in costs, resulted in a budget deficit, requiring an increased focus on delivering savings through our better value initiative. While, externally the cost of living crisis meant that many members of staff also found themselves in similar financial positions. The beginning of the year also saw the introduction of the Vaccination Programme (VCOD) which although repealed had created real tension in the workforce.

The Trust made a conscious decision not to promote the staff survey to the same degree as other years due to this context, recognising that it would likely lead to a reduction into response rate and staff survey scores and this was reported to PEAC in September 2022.

The impact on staff of this context and their welfare has been central to our planning and decision making. We have continued to work proactively as a community, in partnership with staff and their representatives to keep our people safe, informed and supported.

During this year we have provided an extended and bespoke wellbeing offer including financial and wellbeing support, a hardship fund and free food, as well as run staff vaccination, covid boosters, alongside our annual flu vaccination programme.

We have introduced new and flexible ways of working and communicating, and are having more open and honest conversations about the things that matter. The work of the D&I and H&WB frameworks has allowed us to accelerate work towards some of the priorities set out in our Above and Beyond and People Strategies. We have maintained a bi-weekly approach to all staff communications via a Virtual Big Brief and, when required, we have stepped up our communications to meet the changing situation.

3. Process

The NHS Staff Survey is one of the largest workforce surveys in the world and has been conducted every year since 2003. At GOSH this is our fourth consecutive year taking part in a full Trust-wide staff survey.

This independent survey asks staff about their experiences of working at GOSH and provides essential information for GOSH and helps develop an overarching picture for staff across the NHS in England. For 2021, to improve access to the survey for all NHS Staff, three groups previously unable to respond to the survey were eligible to take part this year:

1. Staff on long-term sickness leave (between 90 days and 12 months)
2. Staff on secondment to another participating NHS organisation (12+ months)
3. Locally we also included Joint Clinical Academics.

We had new sections on 'your team' and 'people in your organisation' and a new 'Health and Wellbeing' section. The survey was also shorter this year.

The survey was administered for us by Quality Health – an independent contractor who gathered and analysed the results, presenting a summary report in which no individual, or their responses, can be identified.

The survey was open for eight weeks from 3rd October to 28th November 2022. All staff who were on a permanent or fixed-term contract with GOSH prior to 1 September 2020 were eligible to take part. Individuals were either sent a paper questionnaire or an email containing a direct link to an online version of the survey.

While the survey was open, we promoted and encouraged responses through:

- Direct emails to line managers to promote staff survey assets and encourage their teams
- Weekly response rate reporting at Senior Leadership Team meetings
- Reminders at our all staff Virtual Big Briefings
- Weekly screensavers visible on all Trust devices
- Regular reminders in Headlines
- HR Business Partners working locally with Directorates
- IT training suites in Weston House being made available every Friday for those onsite who wanted privacy or required access to a computer.
- Ward walks with Internal Comms and HR teams
- Appearances at focussed team meetings e.g. Nurse's Brief and Ward managers meetings
- Share good practice at a local level through SLT with a presentation from Estates and Facilities

With many staff continuing to work offsite all of part of the time during the survey period and with some safety measures still in place, there were limitations on in-person activity. We had to rely more heavily on email communications to promote completion of the survey.

Peer Group

Within much of the report we compare GOSH's results with the scores of peer organisations and groups of organisations. Unless specifically stated (e.g., when comparing with the North Central London ICB or other children's hospitals) our peer group is the acute specialist trust group.

This group comprises of the following 13 organisations:

- Royal National Orthopaedic Hospital NHS Trust

- Liverpool Heart and Chest Hospital NHS Foundation Trust
- The Christie NHS Foundation Trust
- The Clatterbridge Cancer Centre NHS Foundation Trust
- Liverpool Women's NHS Foundation Trust
- The Walton Centre NHS Foundation Trust
- Royal Papworth Hospital NHS Foundation Trust
- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Great Ormond Street Hospital for Children NHS Foundation Trust
- Moorfields Eye Hospital NHS Foundation Trust
- Queen Victoria Hospital NHS Foundation Trust
- The Royal Marsden NHS Foundation Trust
- The Royal Orthopaedic Hospital NHS Foundation Trust

4. Responses

We received 2385 responses compared to 2,857 in 2021. This yielded a response rate of 42.9%, which is 9% lower than 2021 (52%).

This diverged from our 4 year trend of shadowing the average response rates and brought us in closer to the lower performing response rate among our peer group.

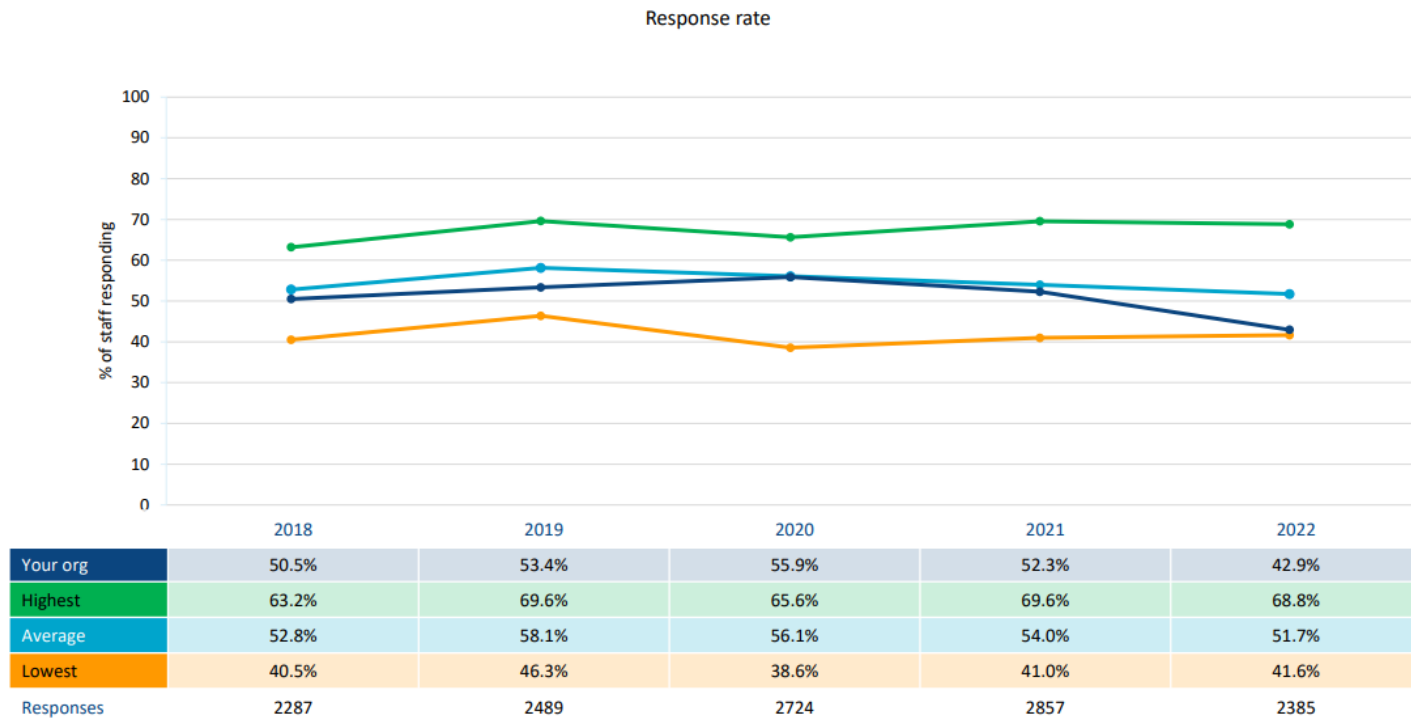


Fig 1. Response rates trends, 2018 to 2022

As figure 2 shows, responses rates have fallen across London, with consolidated average scores for North Central London (NCL) below 50% this year.



Fig 2. Response rates 2022, across all London ICS.

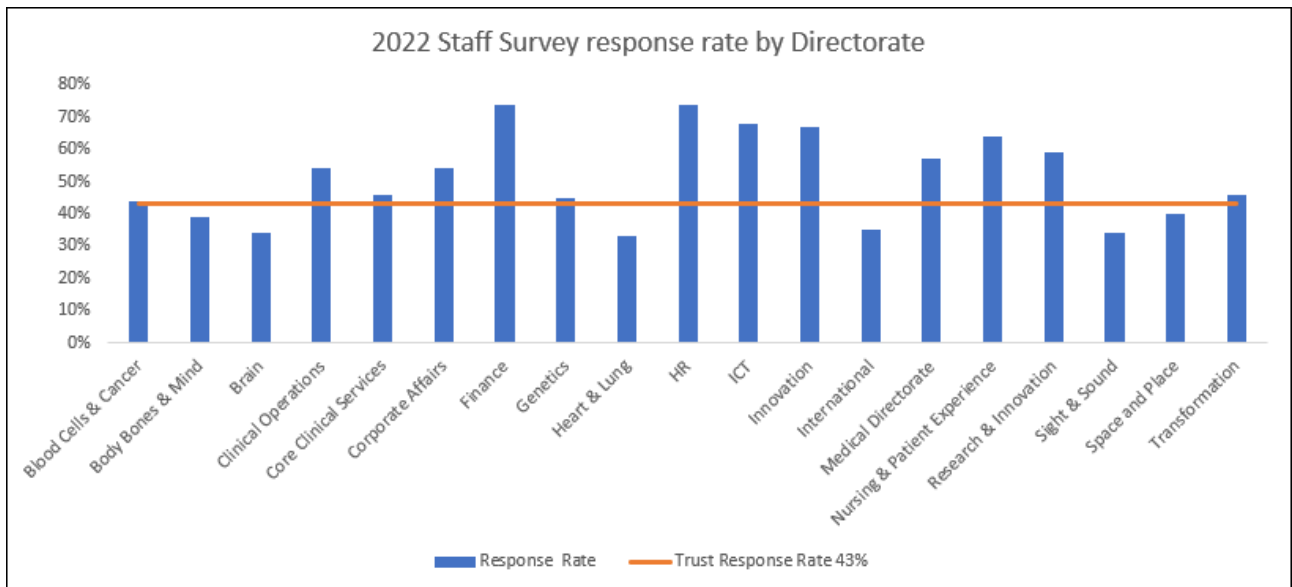
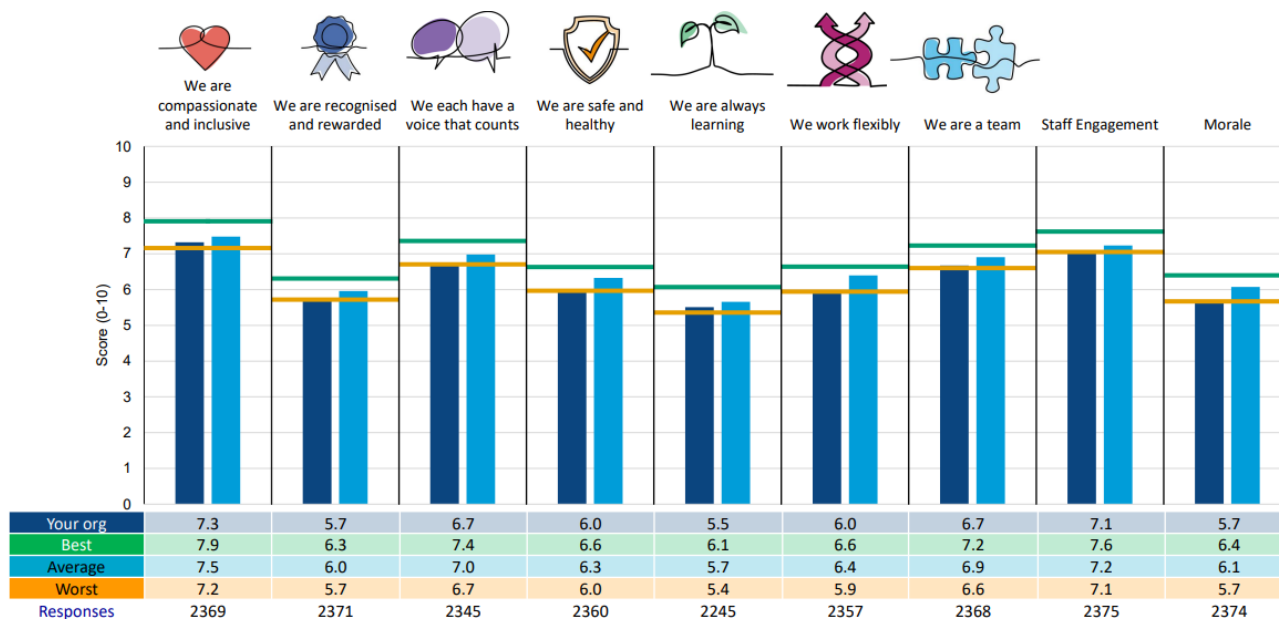


Fig 3. GOSH response rates 2022- by directorate.

In general, the smaller Directorates have higher uptake of the survey and the larger Directorates with more clinical staff are near the average or below. Further work will be done to explore what has worked well in particular Directorates to share good ideas and best practice.

5. People Promise Themed scores

Across the seven NHS People Promises and two themes, (Staff Engagement and Morale), we are below the average for our peer group, Acute specialist trust by an average of 0.3 points.



The table below shows trends over time since 2018 (where available) of the same nine areas and their sub themes.

Trend of Themed scores

Theme	Benchmark Mean	Trust 2022
Promise element 1: We are compassionate and inclusive	7.5	7.3
Compassionate culture	7.7	7.5
Compassionate leadership	7.2	7.0
Diversity and Inclusion	8.4	8.0
Inclusion	7.0	6.7
Promise element 2 We are recognised and rewarded	6.0	5.7
Promise element 3: We each have a voice that counts	7.0	6.7
Autonomy and control	7.1	6.9
Raising concerns	6.8	6.5
Promise element 4 We are safe and healthy	6.3	6.0
Health and safety climate	5.6	5.3
Burnout	5.1	4.9
Negative experiences	8.1	7.9
Promise element 5 We are always learning	5.7	5.5

Development	6.6	6.5
Appraisals	4.6	4.5
Promise element 6 We work flexibly	6.4	6.0
Support for work-life balance	6.4	6.0
Flexible working	6.3	6.0

Theme	Benchmark Mean	Trust 2022	Trust 2021	Trust 2020	Trust 2019	Trust 2018
Promise element 7: We are a team	6.9	6.7	6.8	NA	NA	NA
Team working	6.8	6.5	6.6	6.7	6.6	6.5
Line Manager (sub core)	7.0	6.8	6.9	7.1	7	6.7
Theme: Staff Engagement	7.2	7.1	7.3	7.4	7.3	7.2
Motivation	7.1	7.0	7.1	7.3	7.3	7.3
Involvement	7.0	6.8	7.0	7.0	7.0	6.9
Advocacy	7.5	7.5	7.7	7.8	7.6	7.5
Theme: Morale	6.1	5.7	6.0	6.2	6	5.9
Thinking about leaving	6.1	5.6	5.9	6.1	5.8	5.7
Work Pressure	5.6	5.1	5.5	5.9	5.5	5.3
Stressors	6.6	6.3	6.4	6.5	6.4	6.3

- worse than last year/GOSH worse than benchmark
- better than last year/GOSH better than benchmark
- same as last year/benchmark

- Themed results show that we have not shown and improved any themes or sub themes this year and remained stable in 1, of which is related to supporting work life balance.
- We are equal to our peers in one area themes – Advocacy
- We have lower themed scores than our peers in all but one area.
- The gap between GOSH and the average is between 0.1-0.4
- There is a similar gap or similar proportions between this and last year's scores
- Although we have fallen against the average scores, average scores have fallen across most themes.

6. Other Trusts

We recognise that we may have a different demographic to other Acute Specialist Trusts that are considered our peers. The following chart shows how we compare to:

- North Central London NCL average (including GOSH)
- London Trusts (including GOSH)
- National NHS Average
- Children's Hospital Alliance

2022 NHS Staff Survey – How GOSH compares to the key groupings as a whole

2022									
Trust	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Great Ormond Street Hospital	7.3	5.7	6.7	6.0	5.5	6.0	6.7	7.1	5.7
NCL Average (inc GOSH)	7.2	5.8	6.7	6.0	5.5	6.2	6.8	6.9	5.7
London Trusts (inc GOSH)	7.2	5.8	6.7	5.9	5.5	6.0	6.7	6.9	5.7
Acute Specialist average (inc GOSH)	7.5	5.9	6.9	6.2	5.6	6.2	6.8	7.2	6.0
National NHS Average	7.2	5.8	6.7	5.9	5.4	6.1	6.7	6.8	5.7
Children Hospitals Alliance	7.3	5.8	6.8	6.0	5.5	6.1	6.7	7.0	5.7

- GOSH is better
- Same as GOSH
- GOSH is worse

- Of note is the NCL scores where we are above average in or equal to 6 areas with the majority of other areas within 0.2 points.
- We are also higher or equal to the NHS average in 7 areas.
- We score higher than the NHS and NCL average for *We are compassionate and inclusive* with only Acute Specialist Trusts scoring higher.
- Our scores for Engagement are equal to NCL and above all other comparator groups, with the exception of acute specialist trust.
- Our scores for Morale or equal to our comparator groups, with the exception of acute specialist trust.
- We have the highest scores for *We are compassionate and inclusive*, *We are safe and healthy*, *We are always learning*, *Staff Engagement* and *Morale* with the exception of acute specialist trusts.
- We have maintained these scores despite the context highlighted in section 2.

Year on year change

Year on Year Comparison									
Trust	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Great Ormond Street Hospital for Children	-0.1	-0.3	-0.2	-0.2	-0.1	-0.1	-0.1	-0.2	-0.3
NCL Average (inc GOSH)	0	0	0	0	0	0	0	0	0
London Trusts (inc GOSH)	0	-0.1	0	0	0	0	0	-0.1	0
Acute Specialist average (inc GOSH)	0	-0.2	-0.1	0	0	-0.1	-0.1	-0.1	0
National NHS Average	0	-0.1	0	-0.1	0.1	0.1	0.1	0	-0.1
Children Hospitals Alliance	-0.1	0.0	-0.1	0.0	0.1	0.0	0.0	0.0	-0.1

 Better than last year

 Same as Last year

 Worse than last year

- The table above shows the year-on-year change of both our own staff survey people promise and themes, and those of the main comparators groups.
- It is worth noting that all comparators observed a decline in response rate with the exception of the CHA who maintained their response rates on average. GOSH saw the largest decline, the drop in NCL average response rate was also significant.
- With the exception of 3 areas for the NHS average and 1 for CHA, all scores either declined or were maintained.
- It should also be noted that this year's scores have followed a consistent run of improving score over the prior 3 years which gave GOSH a high starting position.

More detailed theme scores by NCL by Trust can be found below and of note is the score for Equality, Diversity and Inclusion which shows GOSH as scoring highest in this comparative group.

2022 NCL Individual rankings

The following 2 tables show the comparisons scores for trusts within NCL and how GOSH's results compare.

- It should be noted, that out of the 10 areas considered including response rate, GOSH ranks 3rd of 4th in 5 themes.
- GOSH has the lowest response rate with only UCLH with a lower response rate which at 35% is significantly lower than GOSH. The NCL response rate as a whole has reduced from 53% in 2021 to 47% this year.
- There is an observable reduction in scores for all trusts in NCL demonstrating that all trusts, like GOSH have seen a decline in staff survey scores. However this has been more pronounced in GOSH's scores, potentially due to the factors already mentioned such as small staff group, lower turnout and year on year improvement in previous years.

2022									
Trust	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Theme: Staff Engagement	Theme: Morale
Great Ormond Street Hospital for Children NHS Foundation Trust	7.3	5.7	6.7	6.0	5.5	6.0	6.7	7.1	5.7
Moorfields Eye Hospital NHS Foundation Trust	7.2	5.7	6.7	6.1	5.5	6.0	6.6	7.1	5.8
Royal National Orthopaedic Hospital NHS Trust	7.5	6.0	7.0	6.4	6.0	6.6	7.0	7.4	6.2
Barnet, Enfield and Haringey Mental Health NHS Trust	7.2	6.0	6.7	6.1	5.6	6.3	6.9	6.9	5.7
Camden and Islington NHS Foundation Trust	7.4	6.1	6.9	5.9	5.7	6.4	7.0	7.0	5.7
North Middlesex University Hospital NHS Trust	7.0	5.7	6.6	5.8	5.5	6.0	6.7	6.8	5.6
Royal Free London NHS Foundation Trust	7.1	5.7	6.6	5.8	5.5	6.0	6.6	6.8	5.7
Tavistock and Portman NHS Foundation Trust	7.0	5.9	6.1	5.7	4.6	6.3	6.7	6.2	5.2
University College London Hospitals NHS Foundation Trust	7.4	5.9	6.9	6.0	5.8	6.3	6.8	7.3	5.9
Whittington Health NHS Trust	7.1	5.7	6.6	5.8	5.3	5.9	6.7	6.8	5.5
NCL aggregate	7.2	5.8	6.7	6.0	5.5	6.2	6.8	6.9	5.7
GOSH Ranking (of 10)	4	6	4	4	5	6	5	3	4

2021									
Trust	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Theme: Staff Engagement	Theme: Morale
Great Ormond Street Hospital for Children NHS Foundation Trust	7.4	6.0	6.9	6.2	5.6	6.1	6.8	7.3	6.0
Moorfields Eye Hospital NHS Foundation Trust	7.1	5.7	6.7	6.2	5.5	5.9	6.5	7.1	5.9
Royal National Orthopaedic Hospital NHS Trust	7.5	6.1	7.0	6.4	5.8	6.7	6.9	7.4	6.2
Barnet, Enfield and Haringey Mental Health NHS Trust	7.3	6.1	6.9	6.1	6.0	6.4	7.0	7.1	5.9
Camden and Islington NHS Foundation Trust	7.4	6.3	6.9	6.0	5.4	6.6	7.1	7.1	5.8
North Middlesex University Hospital NHS Trust	6.9	5.7	6.5	5.8	5.5	5.8	6.6	6.8	5.5
Royal Free London NHS Foundation Trust	7.1	5.8	6.6	5.8	5.4	6.0	6.6	6.9	5.7
Tavistock and Portman NHS Foundation Trust	7.2	6.3	6.4	5.9	5.2	6.6	6.9	6.6	5.5
University College London Hospitals NHS Foundation Trust	7.3	5.9	6.9	6.0	5.6	6.1	6.7	7.2	5.9
Whittington Health NHS Trust	7.2	5.8	6.7	5.8	5.3	6.0	6.7	6.9	5.6
NCL aggregate	7.2	6.0	6.8	6.0	5.6	6.1	6.7	7.1	5.8
GOSH Ranking (of 10)	=2	5	3	3	3	6	5	2	2

2022 Children's Hospitals Alliance* Individual rankings

The following 2 tables show the comparisons results for trusts within CHA and how GOSH's results compare.

- Our response rate is broadly similar to the middle of the group. Again here there has been a drop in the reponse rate from the bloc as a whole.
- We have lower than average scores for the theme, *We are recognised and rewarded*. This is consistent with our comparison with NCL trusts.
- We have the highest results for the *Staff Engagement* theme scoring higher than any other trust in CHA for both 2021 and 2022. Our lowest score is for *We each have a voice that counts* has seen a small drop since last year (6.7 compared to 6.9 last year) but the CHA aggregate has largely been maintained

2022									
Trust	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Theme: Staff Engagement	Theme: Morale
Great Ormond Street Hospital for Children	7.3	5.7	6.7	6	5.5	6	6.7	7.1	5.7
Guy's and St Thomas' NHS Foundation Trust	7.3	5.8	6.8	6	5.6	6.1	6.7	7.1	5.8
Manchester University NHS Foundation Trust	7	5.5	6.4	5.8	5.1	5.6	6.4	6.5	5.4
Alder Hey Children's NHS Foundation Trust	7.5	5.9	6.9	6.1	5.3	6.2	6.7	7.1	5.9
Sheffield Children's NHS Foundation Trust	7.6	6	7	6.1	5.7	6.3	6.9	7.1	5.9
Birmingham Women's and Children's NHS Foundation Trust	7.3	5.7	6.8	5.7	5.2	6.1	6.7	6.9	5.5
Oxford University Hospitals NHS Foundation Trust	7.3	5.9	6.8	6.1	5.6	6.2	6.8	7	5.8
University Hospitals Bristol and Weston NHS Foundation Trust	7.4	5.9	6.8	5.9	5.2	5.9	6.8	6.9	5.7
Leeds Teaching Hospitals NHS Trust	7.3	5.8	6.8	5.9	5.6	6.1	6.7	6.8	5.7
The Newcastle upon Tyne Hospitals NHS Foundation Trust	7.3	5.7	6.7	6	5.4	5.7	6.5	6.9	5.8
University Hospital Southampton NHS Foundation Trust	7.5	6	6.9	6.1	5.8	6.4	6.9	7.1	6
CHA aggregate	7.3	5.8	6.8	6.0	5.5	6.1	6.7	7.0	5.7
GOSH Ranking (of 10)	5	8	9	5	6	8	5	1	7

2021										
Trust	Response rate	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Theme: Staff Engagement	Theme: Morale
Great Ormond Street Hospital for Children NHS Foundation Trust	52%	7.4	6.0	6.9	6.2	5.6	6.1	6.8	7.3	6.0
Guy's and St Thomas' NHS Foundation Trust	47%	7.4	6.0	7.0	6.1	5.7	6.2	6.7	7.2	6.0
Alder Hey Children's NHS Foundation Trust	52%	7.5	6.1	7.0	6.2	5.4	6.3	6.7	7.2	6.1
Birmingham Women's and Children's NHS Foundation Trust	43%	7.3	5.8	6.8	5.8	5.2	6.0	6.6	6.9	5.6
Leeds Teaching Hospitals NHS Trust	59%	7.4	5.9	6.8	6.0	5.6	6.0	6.6	6.9	5.8
Manchester University NHS Foundation Trust	30%	7.1	5.7	6.6	5.8	5.1	5.7	6.5	6.7	5.6
Oxford University Hospitals NHS Foundation Trust	57%	7.3	5.9	6.8	6.1	5.2	6.2	6.7	7.0	5.9
Sheffield Children's NHS Foundation Trust	46%	7.5	6.1	6.9	6.0	5.4	6.2	6.7	7.1	5.8
The Newcastle upon Tyne Hospitals NHS Foundation Trust	46%	7.3	5.8	6.8	6.0	5.2	5.6	6.4	6.9	5.9
University Hospital Southampton NHS Foundation Trust	56%	7.5	6.1	7.0	6.1	5.7	6.4	6.8	7.2	6.0
University Hospitals Bristol and Weston NHS Foundation Trust	47%	7.4	5.9	6.8	5.9	5.1	5.8	6.7	6.9	5.7
CHA aggregate	49%	7.4	5.9	6.9	6.0	5.4	6.1	6.7	7.0	5.9
GOSH Ranking (of 10)	4	4	4	5	2	4	6	2	1	4

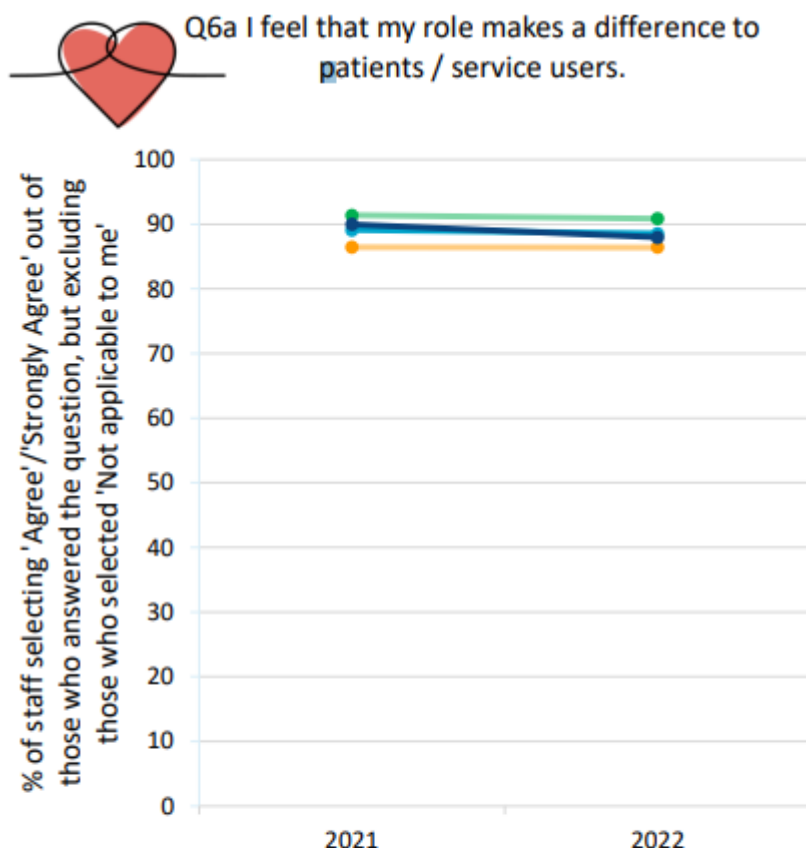
*Children's Hospitals Alliance Members (CHA): Leeds Children's Hospital, Royal Manchester Children's, Alder Hey Children's Hospital, Sheffield Children's Hospital: Home, Birmingham Children's Hospital, Oxford Children's Hospital, Bristol Royal Hospital for Children, Great Ormond Street Hospital for Children, Evelina London Children's Hospital, Southampton Children's Hospital: Southampton Children's Hospital

7. Areas on which to Build

The following questions are highlighted based on improvement from last year, high scores or comparison to other peer group Trusts, given the backdrop of a continuingly challenging and difficult year.

We are compassionate and Inclusive

Whilst we have seen a slight reduction the question, *I feel that my role makes a difference to patients / service users*, – at 88% is a significantly high score and although has dropped slightly since 2021, has seen a similar drop across our peers as a whole.



“GOSH is a lovely place to work, it can be challenging at times, but I enjoy my job and look forward to coming to work.”

“Being able to work from home as really helped my work / life balance and stress levels.”

	2021	2022
Your org	90.0%	88.0%
Best	91.4%	90.9%
Average	89.1%	88.6%
Worst	86.4%	86.4%
Responses	2769	2314

Similarly, for the question, *Care of patients / service users is my organisation's top priority* remains high at 84.2% and although we observed a small reduction last year from 87.6%, this mirrored a similar reduction across our peers (84.3% down from 87.6%)

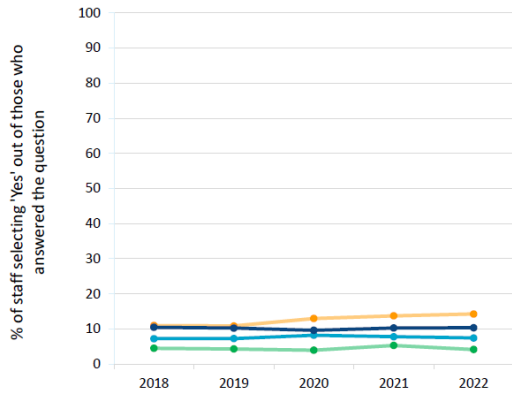
For the question *If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation*, our high score of 86.3% was largely maintained, seeing a small decline from 89.7%, however this was mirrored by a decline of around 3% in both the average and highest scores.

Taken together both of those scores suggests members of staff feel they are able to offer excellent care to our patients in the face of the difficulties offered by both the COVID-19 pandemic and its aftermath.

We continue to observe low rates of discrimination with questions relating to discrimination from a colleague or manager unchanged and question 20, *I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc)* also maintained.

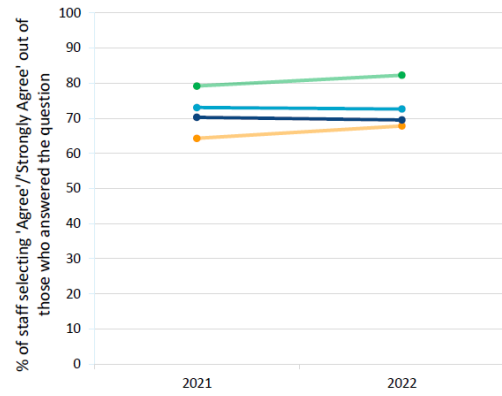


Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2018	2019	2020	2021	2022
Your org	10.4%	10.2%	9.6%	10.3%	10.3%
Best	4.5%	4.3%	3.9%	5.3%	4.2%
Average	7.2%	7.3%	8.2%	7.8%	7.4%
Worst	11.0%	10.9%	13.0%	13.7%	14.2%
Responses	2204	2395	2688	2817	2348

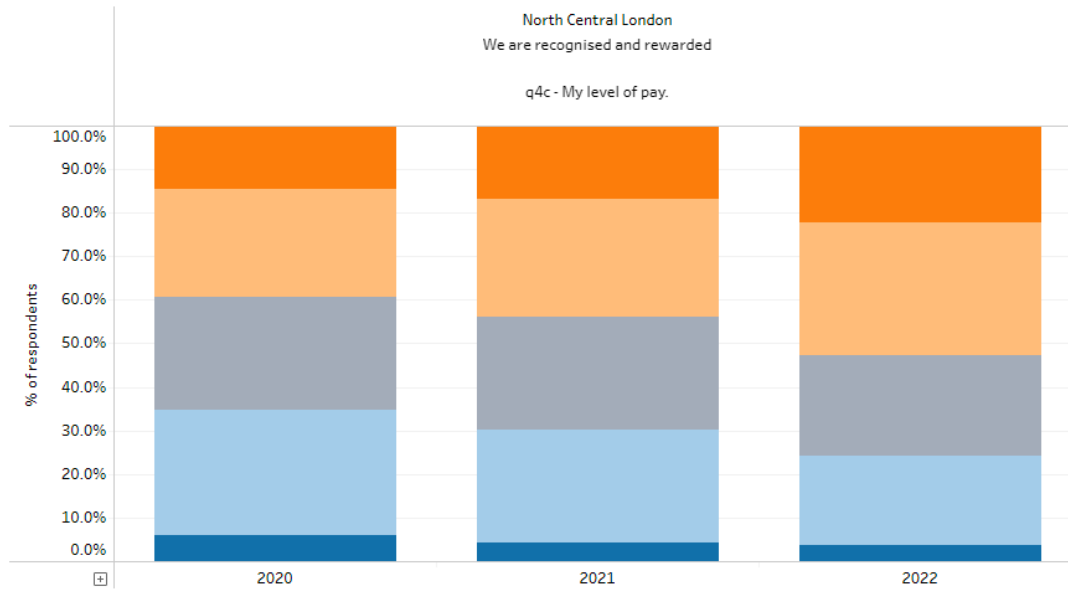
Q20 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).



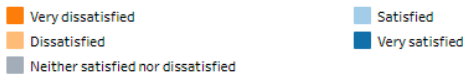
	2021	2022
Your org	70.3%	69.5%
Best	79.2%	82.3%
Average	73.1%	72.7%
Worst	64.3%	67.8%
Responses	2833	2369

We are recognised and Rewarded

This is an area where we have seen some deterioration over the last year. The questions that form these themes are, for example *Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work*, *Q4c How satisfied are you with each of the following aspects of your job? Given the challenging financial climate, this is unsurprising. All London trusts have seen a reduction in the numbers of staff feeling satisfied with their level of pay, as the graph below shows there has been a reduction across NCL. As a Central London trust this effect can be amplified.*



Click on the legend to highlight:



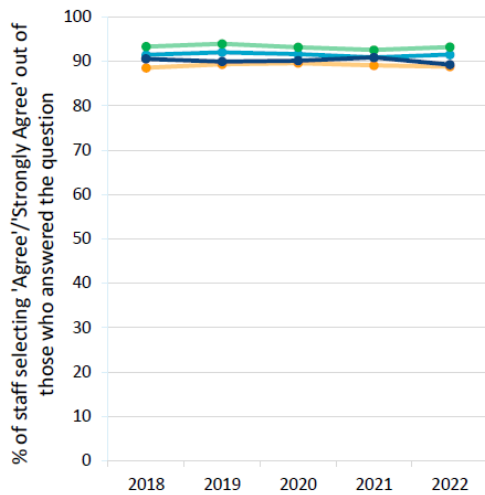
	2020	2021	2022
Very dissatisfied	14.6%	16.7%	22.3%
Dissatisfied	24.8%	27.1%	30.4%
Neither satisfied nor dissatisfied	25.7%	26.1%	23.1%
Satisfied	28.9%	25.7%	20.5%
Very satisfied	6.0%	4.4%	3.6%

We each have a voice that counts

We have seen areas in this theme maintained over the last year particularly around autonomy and control. Questions such as *I am trusted to do my job*, at 89.9% where we have maintained our high score (90.9% in 2021) and *The people I work with show appreciation to one another* is 73.7%, only seeing minor reductions from last years with scores of 66.9% and 75.2% respectively.

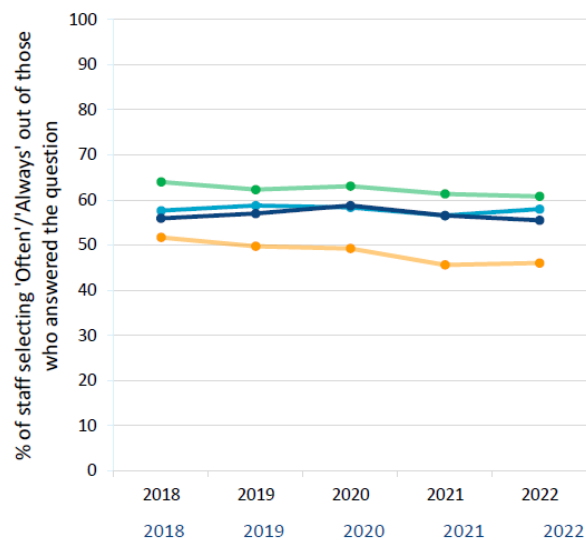
Similarly for the question *I have choice in deciding how to do my work* saw last year's score largely maintained.

Q3b I am trusted to do my job.



	2018	2019	2020	2021	2022
Your org	90.6%	90.0%	90.2%	90.9%	89.3%
Best	93.3%	94.0%	93.2%	92.6%	93.2%
Average	91.5%	92.1%	91.6%	90.9%	91.5%
Worst	88.6%	89.4%	89.6%	89.1%	88.8%
Responses	2263	2448	2662	2845	2372

Q5b I have a choice in deciding how to do my work.

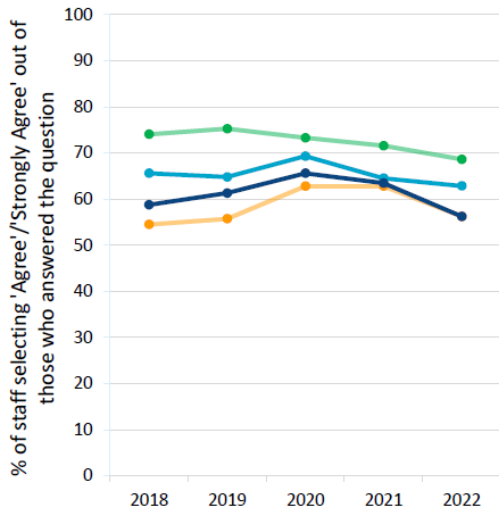


	2018	2019	2020	2021	2022
Your org	55.9%	57.0%	58.8%	56.6%	55.5%
Best	64.0%	62.3%	63.1%	61.4%	60.8%
Average	57.7%	58.8%	58.4%	56.6%	58.0%
Worst	51.7%	49.7%	49.3%	45.6%	46.1%
Responses	2240	2439	2682	2829	2367

We are safe and Healthy

This theme covers areas such as resourcing, workplace demands, workload, safety and wellbeing. Unsurprisingly given workload pressures arising from post pandemic recovery, many areas have suffered a drop. These are reflected across our peer group with most areas seeing a fall.

Q3h I have adequate materials, supplies and equipment to do my work.



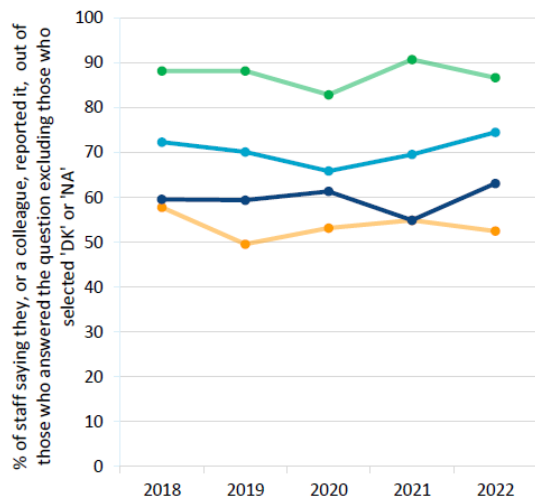
"I enjoy working at this Trust, they have been truly caring and supportive."

"My organisation is really working hard to improve speaking up culture, and for the first time I feel that strategies for safety, culture, behaviour will turn in to action and have a positive impact on the staff and patients in the Trust."

	2018	2019	2020	2021	2022
Your org	58.8%	61.3%	65.6%	63.5%	56.2%
Best	74.0%	75.2%	73.3%	71.6%	68.6%
Average	65.6%	64.8%	69.3%	64.5%	62.8%
Worst	54.5%	55.7%	62.8%	62.8%	56.2%
Responses	2264	2462	2697	2827	2368

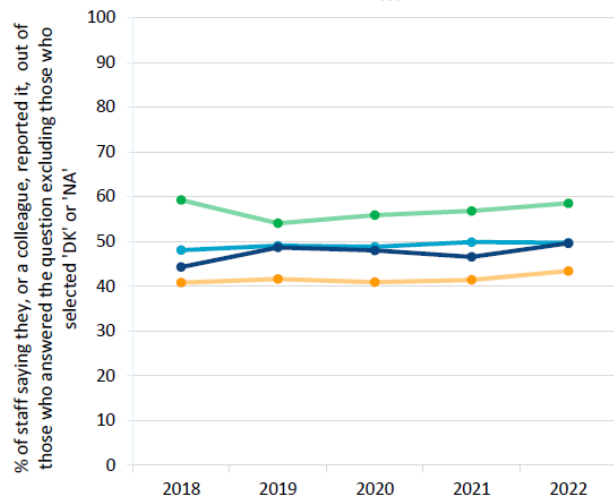
Despite this we have seen an increase in scores of questions relating to members of staff feeling confident and safe to raise concerns and report harassment*.

Q13d The last time you experienced physical violence at work, did you or a colleague report it?



	2018	2019	2020	2021	2022
Your org	59.6%	59.4%	61.4%	54.9%	63.1%
Best	88.2%	88.2%	82.9%	90.8%	86.7%
Average	72.4%	70.2%	65.9%	69.6%	74.6%
Worst	57.8%	49.6%	53.2%	54.9%	52.5%
Responses	134	138	114	127	125

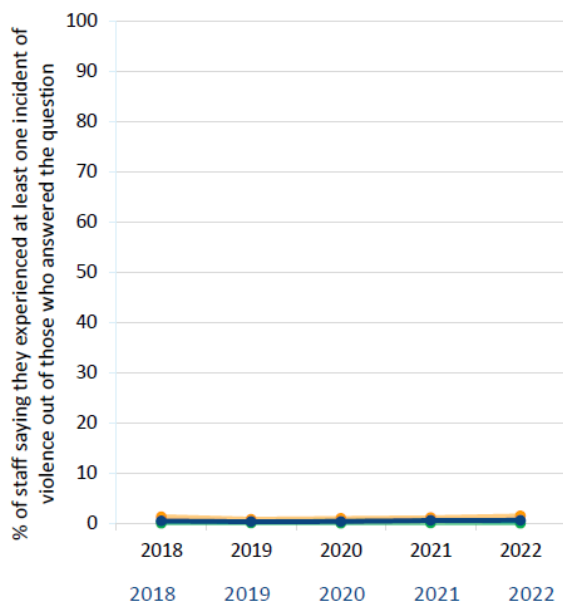
Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



	2018	2019	2020	2021	2022
Your org	44.3%	48.7%	48.0%	46.6%	49.6%
Best	59.3%	54.1%	55.9%	56.8%	58.5%
Average	48.1%	49.1%	48.8%	49.9%	49.7%
Worst	40.8%	41.6%	40.9%	41.4%	43.4%
Responses	790	928	903	949	774

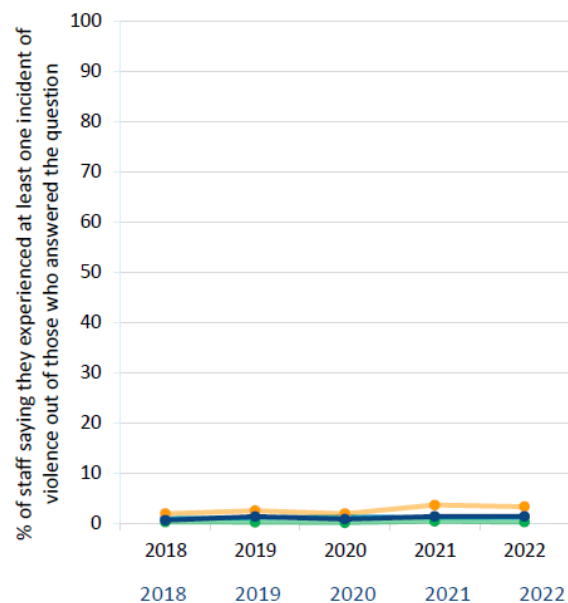
*Please note that instances of harassment and violence remain historically low as the graphs below demonstrate. This question is measuring that if such instances occurred, members of staff would feel confident and supported to report them. Any increase in these questions is representative of an improvement in reporting rather than an increase in such incidents.

Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.



	2018	2019	2020	2021	2022
Your org	0.5%	0.4%	0.4%	0.6%	0.6%
Best	0.0%	0.1%	0.0%	0.1%	0.0%
Average	0.4%	0.3%	0.5%	0.6%	0.5%
Worst	1.3%	0.8%	1.0%	1.2%	1.5%

Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.

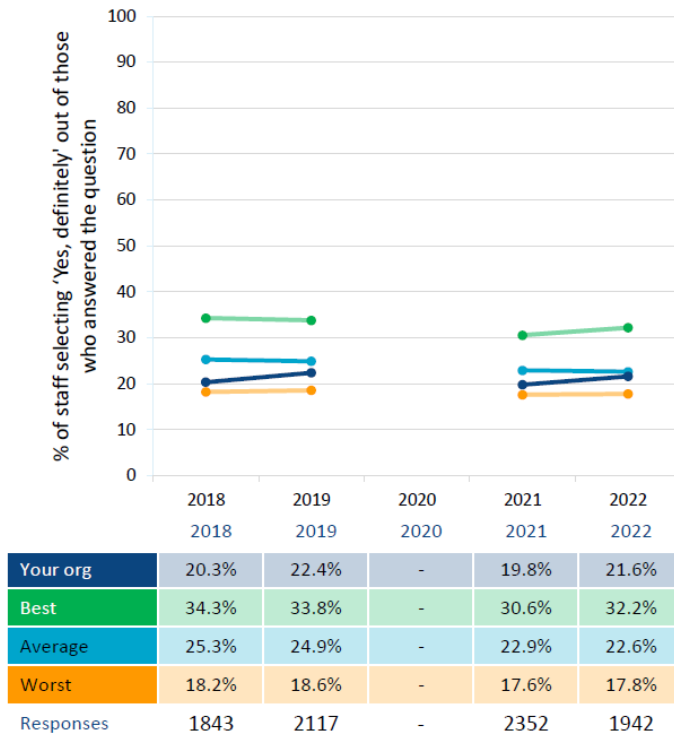


	2018	2019	2020	2021	2022
Your org	0.7%	1.4%	0.9%	1.4%	1.4%
Best	0.3%	0.2%	0.1%	0.4%	0.3%
Average	1.0%	1.1%	1.3%	1.2%	1.2%
Worst	2.0%	2.6%	1.9%	3.7%	3.4%

We are always Learning

We have seen a small decline in members of staff receiving an appraisal (82.7% down from 84%) however an increase in the number of those reporting that their appraisal helped them improve how they did their job.

Q21b It helped me to improve how I do my job.



“GOSH is a great place to work. So many opportunities for service development, innovation and lifelong learning. I feel privileged to work in such a forward thinking organisation. I love Epic and the fact that it can prospectively gather audit data. I wouldn't want to work anywhere else.”

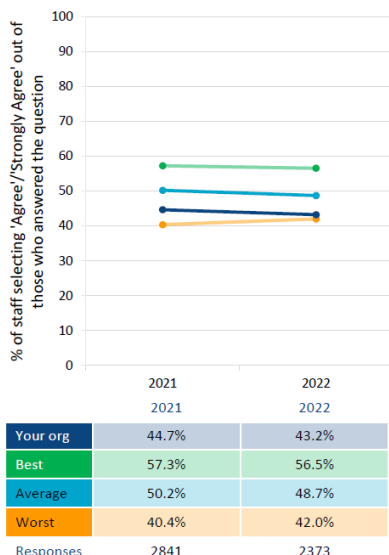
Respondents also reported that the organisation offers challenging work 76%, (up from 74.4% in 2021). Higher than the average and marginally lower than the best reported score of 76.9%.

We work Flexibly

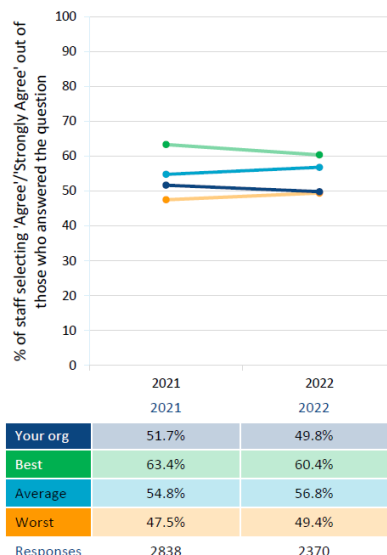
We are broadly similar to our peers in NCL in this theme for flexible working patterns (6.0 compared to the NCL aggregate score of 6.2), but there has been a decrease across the board in 2022 as the trust moves to formalise hybrid working.



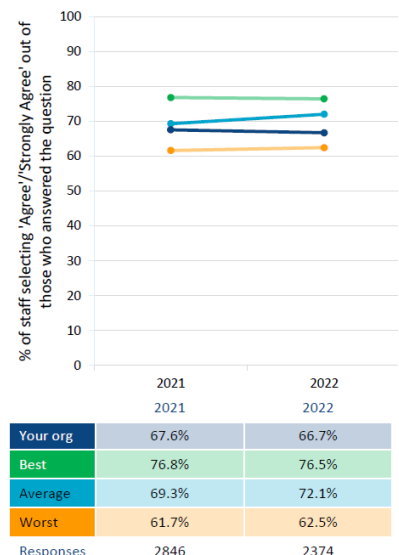
Q6b My organisation is committed to helping me balance my work and home life.



Q6c I achieve a good balance between my work life and my home life.



Q6d I can approach my immediate manager talk openly about flexible working.



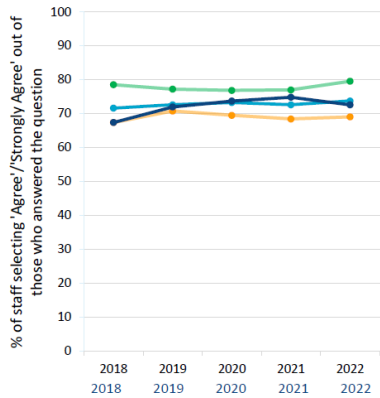
We are a team

We have seen a reduction across this theme's 2 subdivisions, Teamworking and Line management. This is against a backdrop of slight increases in the average.

We are currently reviewing the leadership and management development programme, focusing on the development of core skills and relationship building.

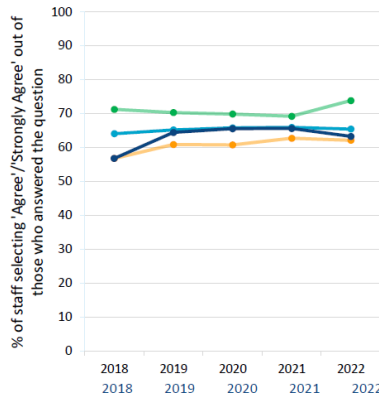


Q9a My immediate manager encourages me at work.



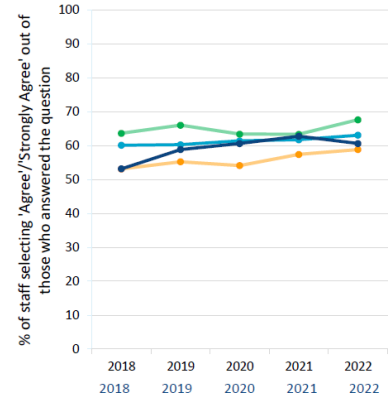
Your org	2018	2019	2020	2021	2022
Best	78.6%	77.2%	76.9%	77.0%	79.6%
Average	71.6%	72.6%	73.3%	72.6%	73.8%
Worst	67.4%	70.8%	69.5%	68.4%	69.0%
Responses	2236	2458	2704	2845	2371

Q9b My immediate manager gives me clear feedback on my work.



Your org	2018	2019	2020	2021	2022
Best	71.3%	70.3%	69.9%	69.2%	73.8%
Average	64.1%	65.2%	65.8%	66.0%	65.4%
Worst	56.8%	60.9%	60.8%	62.7%	62.1%
Responses	2230	2450	2697	2844	2376

Q9c My immediate manager asks for my opinion before making decisions that affect my work.



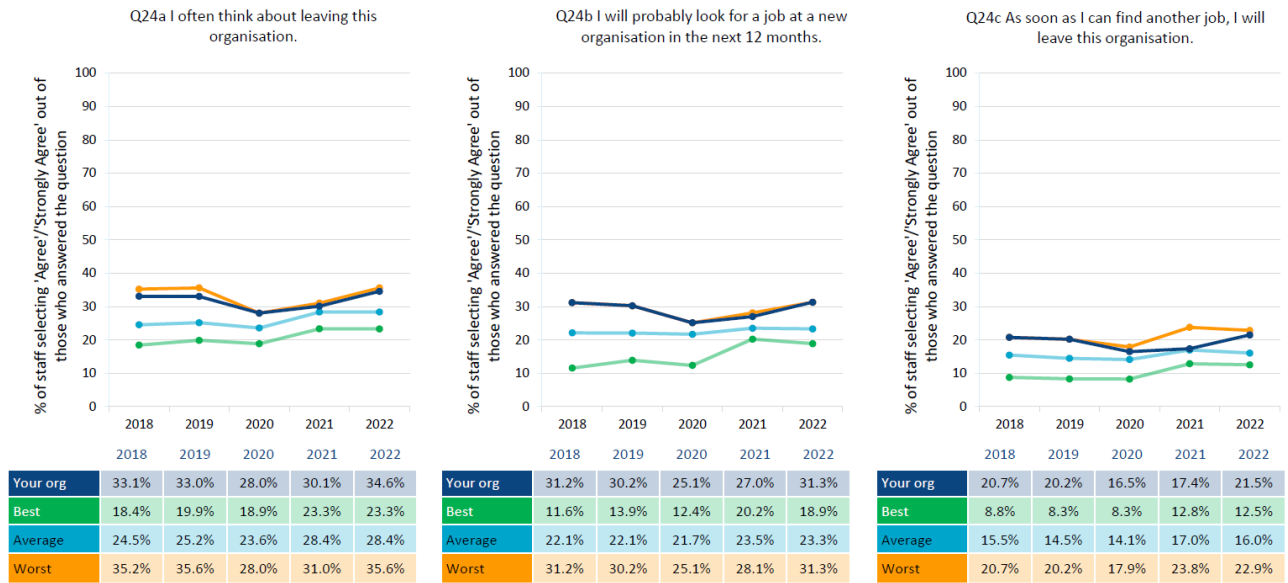
Your org	2018	2019	2020	2021	2022
Best	63.6%	66.0%	63.4%	63.3%	67.6%
Average	60.1%	60.3%	61.4%	61.7%	63.1%
Worst	53.1%	55.2%	54.1%	57.4%	58.8%
Responses	2233	2451	2695	2839	2371

Staff Engagement

We have seen slight decreases this area with GOSH largely shadowing the average scores for all sub themes, Motivation, Involvement and Advocacy.

Morale

When we consider if people are thinking about leaving the organisation there has been a significant deterioration however our peer group have maintained their scores more consistently.



Whilst it is difficult to identify specific reasons for this drops, external factors may play a significant role. The recent 2022 GOSH Travel Survey found that the cost of travel was a significant factor contributing to peoples intentions to leave. Our younger than average workforce is also a contributing factor where 25.5% and 54.5% of our workforce are under 30 and 50 respectively, potentially spending a larger proportion of their wages on travel and housing to live of commute to the hospital's central London location.

8. Summary

This year's staff survey results reflect a difficult year emerging from the pandemic with little relief before moving into recovery programs. This year's results also reflect the wider landscape affecting the NHS including political uncertainty, industrial action and the cost-of-living crisis. The latter in particular has had a larger impact on GOSH staff, as a central London specialist trust our staff travel from a wider radius than many district general hospitals and our younger than average workforce may be impacted more acutely by rising costs.

Most areas have seen a drop of around 3-4%. This is against a backdrop of a reduction in engagement of around 9%.

GOSH's results are also by and large slightly below the comparator scores (the 13 Acute specialists trusts,) who traditionally perform higher than the NHS average, but only by 1 or 2 percent in the majority of cases. The staff group size of GOSH, as a single site trust should also be factored when comparing results as at just 2385 respondents, changes will have a larger effect on our percentages than many of the larger trusts we compare our results with.

This drop in engagement and scores should be understood against a trend year on year improvements and the context discussed in section 2. This reduction in scores has reduced some of the gains achieved in previous years and brought GOSH closer to the NHS average.

Despite this, our People Promise scores, although dipping from last year, have held compared with NCL, the NHS average, London trusts and CHA being equal to or higher than in the following areas:

- *We are compassionate and inclusive* where GOSH was higher than all groups apart from CHA where we were equal and acute specialist where we were lower.
- *We are safe and healthy* where GOSH was equal to NCL and CHA, higher than the London and NHS average and lower than acute specialist.
- *We are always learning* where we were equal to NCL, London, CHA and higher than the NHS average and below acute specialist.
- *Staff engagement* where we were higher than NCL, London, NHS average and CHA and below acute specialist.
- *Morale*, where GOSH was equal to all other groups and lower than acute specialist.

Largest Deviations from Last Year

- Q24a, 5% increase in the number of staff who consider leaving the organisation.
- Q 2a, *I look forward to coming to work* reduced by 3%
- Q2b, *I am enthusiastic about my job* reduced from 71.9% in 2021 to 67.4%
- Q3h, *I have adequate materials and equipment to do my job* reduced from 62.5% in 2021 to 55.5%
- Q4c, there was a reduction from 31.7% in 2021 to 24.6% reporting that they were happy with their level of pay.
- Q11a, there was a reduction from 63% to 55.7% of staff reporting positively that the organisation takes positive action on their health and wellbeing.
- Q21b, There was an increase from 19.8% to 22% of staff reporting positively that their appraisal has helped them to improve how they did their job.

Lowest Scores

- Q12d, To the question, *How often are you exhausted at the thought of another shift*, only 35% responded positively
- Q12e, *To the question How often do you feel worn out at the end of the day*, only 18.3% answered positively

9. Recommendations and Next Steps

The People Strategy and the 2 Frameworks continue to support and provide direction for our people related activities. The People Strategy is in the process of being refreshed this year.

Following last year’s staff survey 7 priorities were agreed centrally for directorates to implement. This approach raised a number of challenges. 7 priority areas was felt to be too many to focus on, centrally set priorities cannot take into account local needs and nuances and as a result, directorates in many cases may have felt less connected to or ownership over these priorities.

A different approach is recommended this year whereby in 2023/4 we commit to the **4 themes** with directorates asked to draft their own, local actions plans and commit to at least one objective per themes to be implemented in the way that has the most impact in their areas.

The 3 themes are as follows:

- **Wellbeing** – Despite increased activities and initiatives, this area has seen a drop and will gain in importance due to the cost-of-living crisis. Questions related to this area include a lack of awareness of the Wellbeing Service and Hub, but also in questions concerning exhaustion, overwork and burnout.
- **Equality, Diversity and Inclusion (EDI)** – In most cases non-white members of staff, women, and staff under 50 reported lower scores than the organisation average.
- **Career progression** – This was a relatively low score of 50% and support early career development and retentions activities was also low. This was evidenced in questions concerning access to development, the quality of appraisals and a high number of staff expressing the desire to leave the organisation. There was also some evidence in the free text responses that commented on the lack of available development opportunities and progression within GOSH.
- **Reward and Recognition** – Scores for the *We are recognised and rewarded* people promise score and its constituent questions all experienced a fall. This sense of dissatisfaction with reward and recognition was also reflected in decisions undertake industrial action.

The directorate specific objectives will form part of the directorates key performance indicators (KPIs) and progress against them reviewed through routine governance routes.

In addition to these, the organisation is addressing the staff survey with the following key initiatives:

GOSH Theme	Initiative	Detail	People Promise Theme
Wellbeing	Establishment of a physical staff support hub	This will be a similar model to the PALS office but for staff. A range of staff support service will be delivered from this hub. For example: <ul style="list-style-type: none"> • Wellbeing advice • Citizens Advice Bureau advice • Payroll queries • Freedom to speak up guardian • Accommodation service • Trade Unions • Staff networks • Career clinics and support (in support of the career progression theme) 	<ul style="list-style-type: none"> • We are safe and healthy

	Greater visibility of the Wellbeing Service	Greater staff engagement to raise awareness of the range of services available through the Wellbeing Hub including 'Ward Walks', posters and leaflets	<ul style="list-style-type: none"> • We are safe and • Healthy • Staff Engagement
EDI	Seen and Heard Champions	Trained and supported champions that sit on recruitment panels as integrated members of the panel to support inclusive selection practices. Champions will sit on all selection programmes for grades 8a and above where underrepresentation is more acute	<ul style="list-style-type: none"> • We are a team • We each have a voice that counts • We are compassionate and inclusive
	Reverse Mentoring programme	This involves pairing a senior member of staff with a more junior from an underrepresented group to learn from their lived experiences to support more informed and inclusive decision making	<ul style="list-style-type: none"> • We are always learning • We are compassionate and inclusive • We each have a voice that counts • We are a team
	New inclusive leadership workshops threaded into new L&M development programmes	Standalone leadership module that focuses on being an inclusive leader. Revised leadership programmes which better meet GOSH's leadership development needs and have inclusive leadership principles embedded throughout all modules	<ul style="list-style-type: none"> • We are always learning • We are compassionate and inclusive
Career progression	Digital Appraisal Portal	New appraisal process with different process for different staff groups allowing for a more tailored process where required. Digital element will enhance data and reporting capabilities including with information regarding learning needs generating automatic annual learning needs analysis (LNA) to directly inform future development offerings.	<ul style="list-style-type: none"> • We are always learning
Reward and Recognition	GOSH Exceptional Member of Staff (GEMS) Recognition Scheme	The GEMS initiative was relaunched in October and consists of a team and individual winner each month. The winners are awarded with certificates, a letter with details of their nomination and physical awards by a member of the executive team. The winners are also announced via the traditional communications channels and at Virtual Big Brief (VBB). The GEMS process will be further developed to ensure all nominees	<ul style="list-style-type: none"> • We are recognised and rewarded • Staff Engagement • Morale

		and directorate winners receive recognitions.	
	Long Service Awards	Celebrating and recognising our long serving members of staff	
	Annual Staff Awards and Celebration	Annual staff event to celebrate GEMS award winners, long serving members of staff and graduates of education programmes such as apprenticeships.	

Delivery plans for the staff survey initiatives will be created as part of the part of the work for the new people strategy and its supported frameworks, as described in section 10.

10. Our People Strategy and plans

Our three-year People Strategy was launched in 2019 and is being refreshed in 22/23. The new strategy builds on the work the current strategy but is set within our current organisational context and priorities for the future.

The refreshed People Strategy will cover the 3-year period April 2023 to March 2026. The overarching commitment and purpose remains consistent with the current strategy, which states:

Our people are the head, the heart, the hands and the face of Great Ormond Street Hospital (GOSH). They make us who we are and allow us to do extraordinary things.

We value and respect them individually and collectively for who they are, as well as what they do. As a Trust we are committed to ensuring all our people are well led and well managed, but also, supported, developed and empowered to be, and do, their best.

The purpose of this People Strategy is to bring together all of the people management issues and related activities to provide visibility, but also to ensure that they are aligned, co-ordinated and focused on delivering the priorities of the Trust, alongside our commitment to our people.

To ensure continuity and consistency with the current strategy, the new strategy will follow the same structure, with 4 pillars:

1. Building a sustainable workforce (recruitment, retention and workforce planning)
2. Skills and capabilities
3. Processes systems and Infrastructure
4. Culture and Engagement

The new strategy will continue to be our focus for the next year and our two frameworks; **Seen and Heard** – to support the work for Diversity and Inclusion, and **Mind Body and Spirit** for staff Health and Wellbeing continue to shape those agendas supported and directed by the two operational steering groups that take this work forward and will lead on their implementation.

The new people strategy and frameworks that beneath it will be supported by robust annual deliver plans than will incorporate the actions and objectives to deliver against the staff survey themes and initiatives.

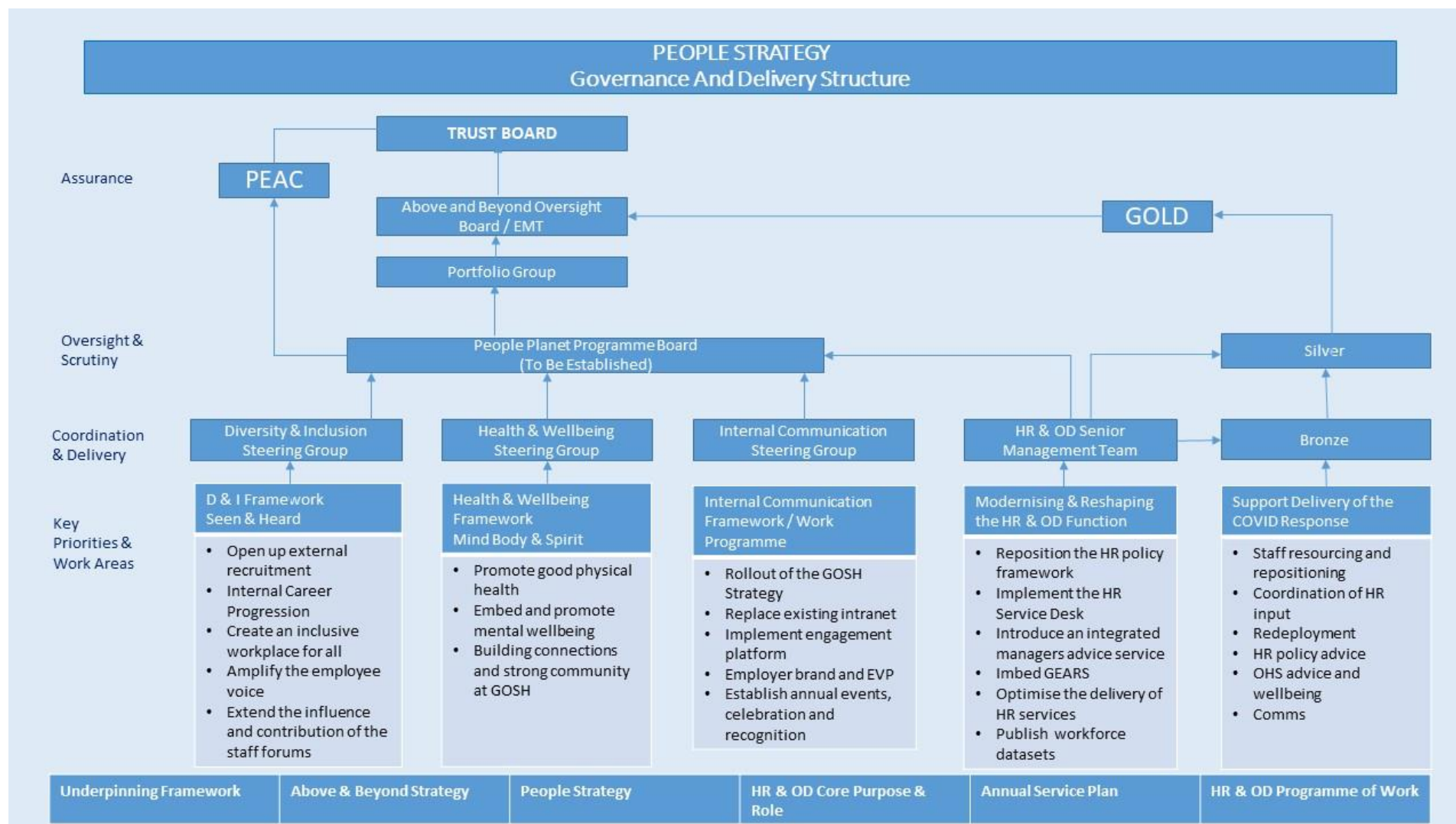
An overview of the new people strategy is provided in Appendix 1

The oversight of this work will be through a People Planet Programme Board and the governance structure is shown in Appendix 2.

11. Appendix 1 – People Strategy Overview

PEOPLE STRATEGY OVERVIEW

NATIONAL / NHS CONTEXT	Post COVID Recovery		NHS System Changes		Financial & Economic Environment		NHS People Plan				
GOSH CONTEXT	Above & Beyond Strategy		Clinical Strategy		Safety Strategy		Financial Resilience & Sustainability		Transformation and Innovation		
WORKFORCE MODERNISATION & RESHAPING	CHANGE PROGRAMMES <ul style="list-style-type: none"> • Cancer Centre Service Redesign • Safety Transformation Programme • Cross Trust Transformation • Service Development • Activity Growth / Income Generation 				ENABLING PROGRAMMES <ul style="list-style-type: none"> • Clinical Workforce Reform • New ways of working (Hybrid and Flexible) • Information and Digital Strategies • Business Infrastructure and Tools 			SUPPORT PROGRAMMES <ul style="list-style-type: none"> • GLA Delivery Programme • Seen and Heard Framework • Mind Body and Spirit Framework • Culture and Engagement Framework (new) 			
WORKFORCE IMPACT	1. Sustainable Workforce		2. Skills & Capability		3. Process, Systems & Infrastructure		4. Culture & Engagement				
WORK PRIORITIES	De Biasing Recruitment Employee Brand Onboarding and Induction Education, Development & Training Careers, Talent Mgt & Progression Apprenticeships Workforce Planning Succession planning & role reconfiguration		Leadership & Line Management System Working Financial Capability Change Management & Service Redesign Digital Literacy Accountability & Governance Corporate & Clinical Leadership Executive & Board Development		Job planning & HealthRoster Business planning Demand & Capacity Planning Business Development Collaborative tools Workforce analytics HR policy framework HR & OD services		Health & Wellbeing Equality Diversity & Inclusion Culture Programme – (Civility & Respect) Review of Trust Values Communication & Engagement Speaking Up Recognition & Celebration				



12. Appendix 2 – People Strategy Governance Structure

13. Links

People Strategy 2019-22

<http://goshweb.pangosh.nhs.uk/staff/hr/Pages/People-Strategy.aspx>

Seen and Heard: Our Diversity and Inclusion Framework 2020-22

http://goshweb.pangosh.nhs.uk/staff/hr/equality_and_diversity/Documents/Seen%20and%20Heard%20-%20Our%20Diversity%20and%20Inclusion%20Framework.pdf

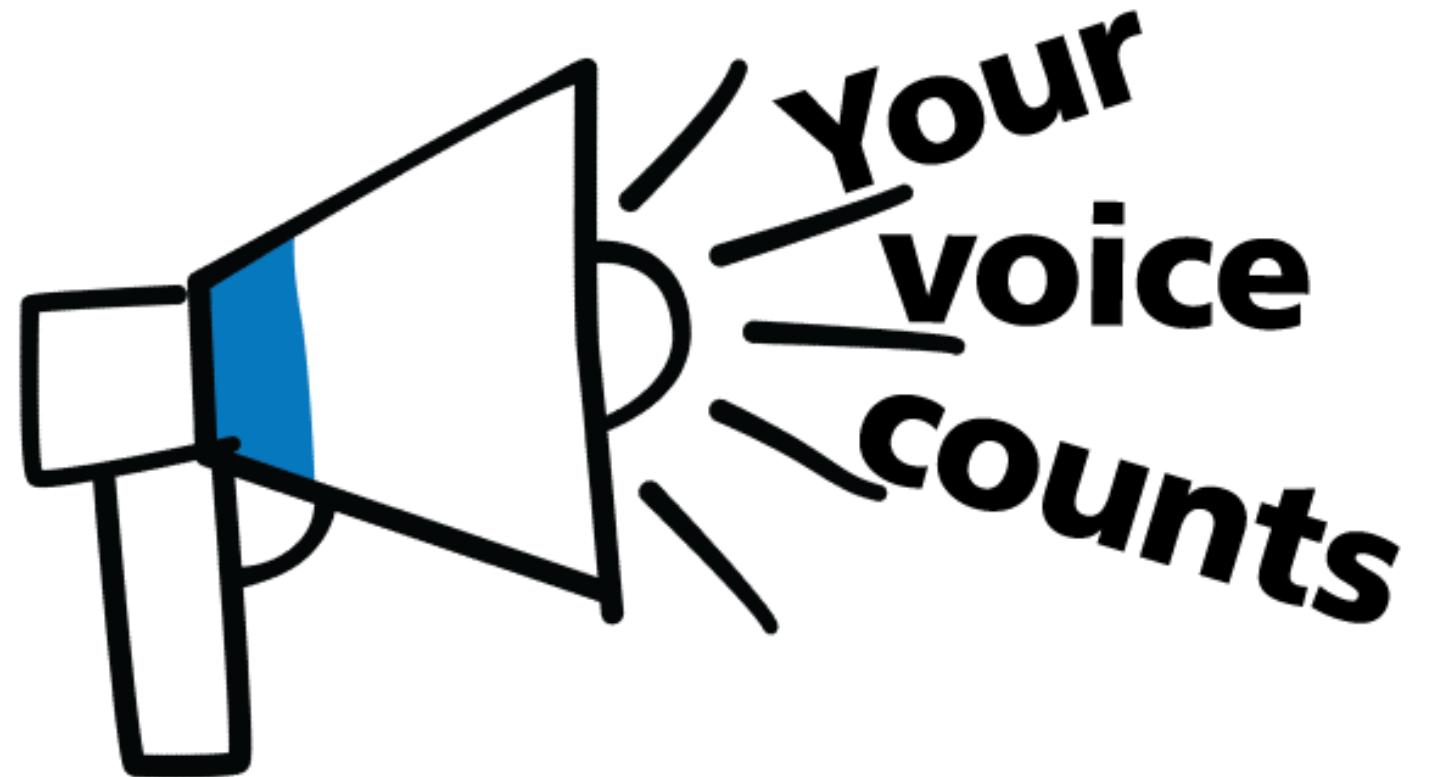
Mind, Body and Spirit: Our Health and Wellbeing Framework 2020-22

http://goshweb.pangosh.nhs.uk/staff/staff_health_well_being_and_benefits/Documents/Mind,%20Body%20and%20Spirit%20-%20Our%20Health%20and%20Wellbeing%20Framework.pdf

NHS Coordination Centre – Breakdown Report

<https://cms.nhsstaffsurveys.com/app/reports/2022/RP4-benchmark-2022.pdf>

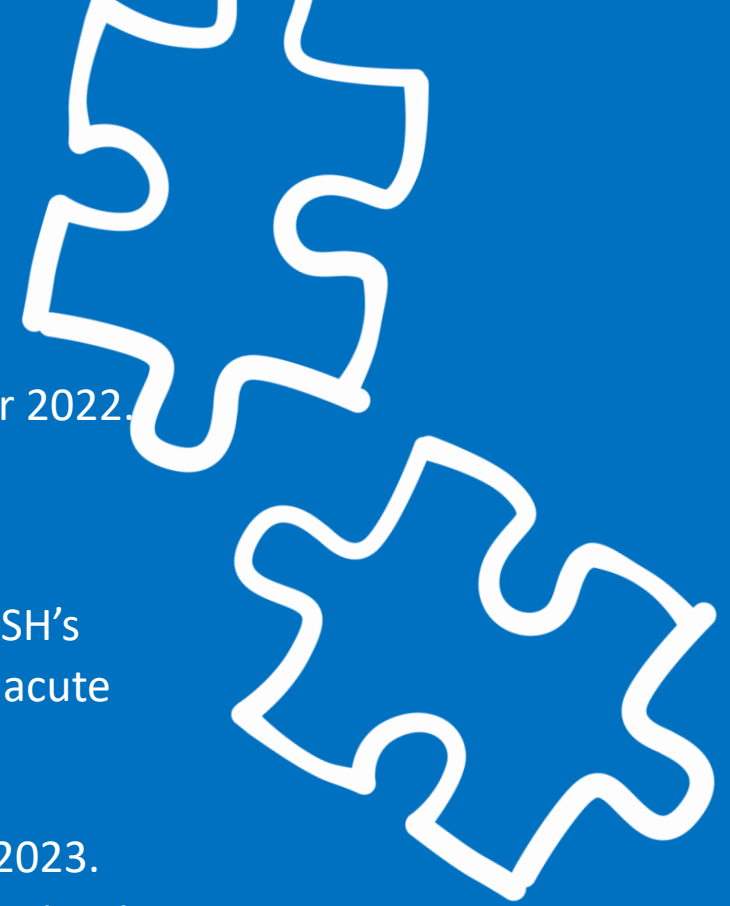
2022 Staff Survey Update: Making GOSH a Great Place to Work



March 2023 Trust Board

Background

- The 2022 staff survey launched on the 3rd October and closed on 28th November 2022.
- The results were released in stages beginning at the end of December 2022
- Initial results released in December 2022 and January 2023 have just shown GOSH's results by people promise theme initially and later by questions with only the 8 acute specialist trusts who share our survey provider.
- The full data from all NHS staff survey providers was released on the 9th March 2023. This gave the opportunity to see how GOSH's results had compared against other trust that we consider to be more appropriate comparators such as other children's hospitals and hospitals within NCL. The release on the 9th March also ended the embargo meaning results can be shared more widely.



Context

- The COVID-19 pandemic and its aftermath has continued to have a significant impact
- Backlog of elective work with a corresponding impact on staff, managed alongside increased sickness (including long Covid), lower moral and resilience and for some anxiety and burnout.
- Social distancing and Covid-19 restriction remained in place for much of the research period
- Returning to site was slowed and disrupted through the space reduction resulting from decant for the new Children's Cancer Centre (CCC) and preventative maintenance
- A significant reduction in Trust income and increase in costs, resulted in a budget deficit, requiring an increased focus on delivering savings
- Beginning of the cost of living crisis
- Staff survey was not promoted to the same degree as other years due to this context, as was reported to PEAC in September 22



NHS Staff Survey Results

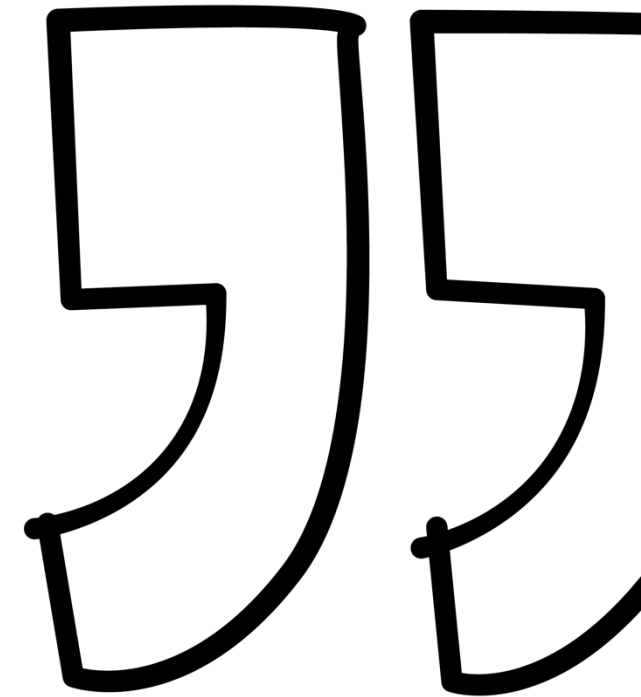
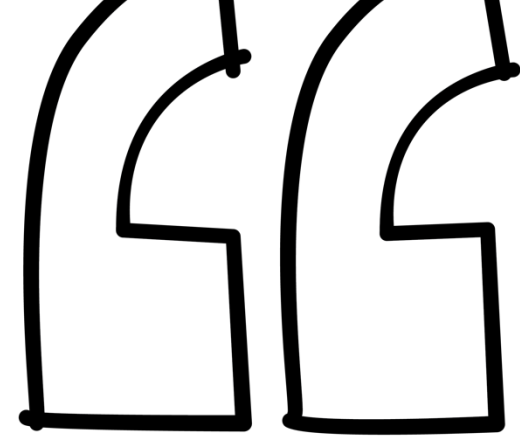
Reflecting the NHS People Promise



- Since 2021 the results of the NHS Staff Survey are now measured against the 7 people promises and 2 themes from previous years (Staff Engagement and Morale).
- Nationally we continue to be benchmarked in the Acute Specialist Trust group we have also measure our performance against NCL, London, Childrens Hospital Alliance and the wider NHS.

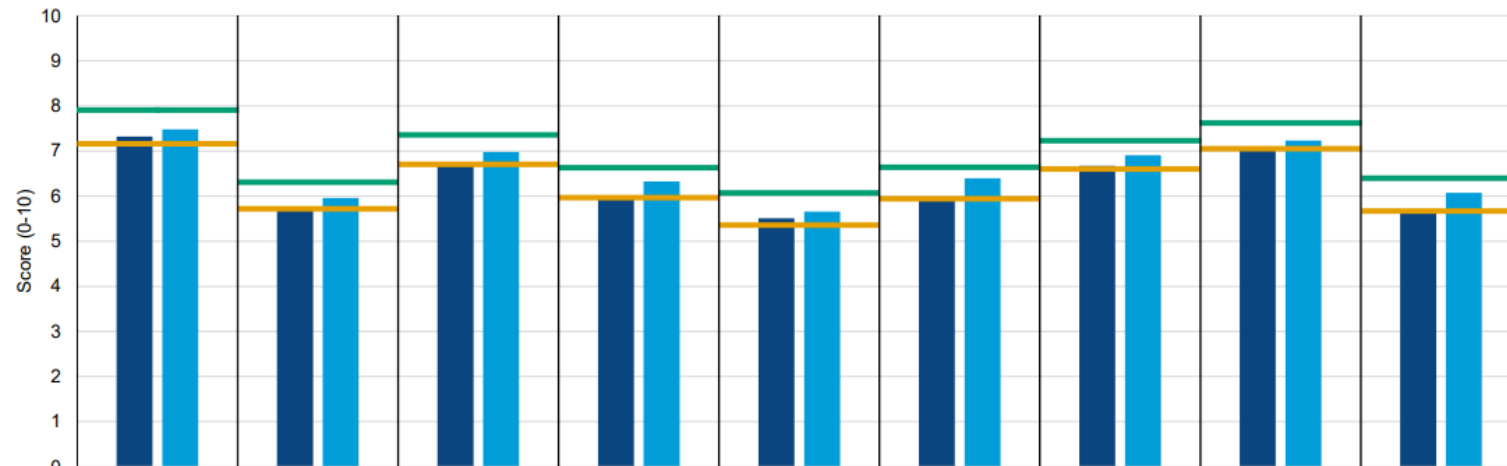
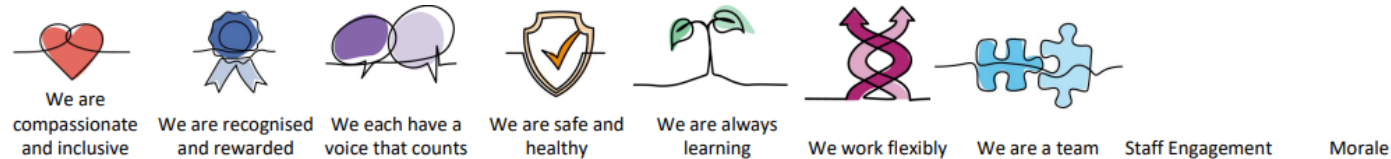
Summary of Results

- Most areas have seen a drop of around 3-4%. This is against a backdrop of a reduction in engagement of around 9%.
- Slightly below the comparator scores (the 13 Acute specialists trusts,) who traditionally perform higher than the NHS average, but only by 1 or 2 percent in the majority of cases.
- Reduced some of the gains achieved in previous years and brought GOSH closer to the NHS average.
- Small staff group size of GOSH
- When compared to NCL, London trusts and Children's Hospital Alliance, (with the exception acute specialist trusts), our benchmarked data shows that we have remained steady or improved in some key areas, including:
 - compassion and inclusion,
 - staff engagement
 - staff morale
- Overall, however the results show a decline in certain key markers of staff experience, including pay, reward and recognition

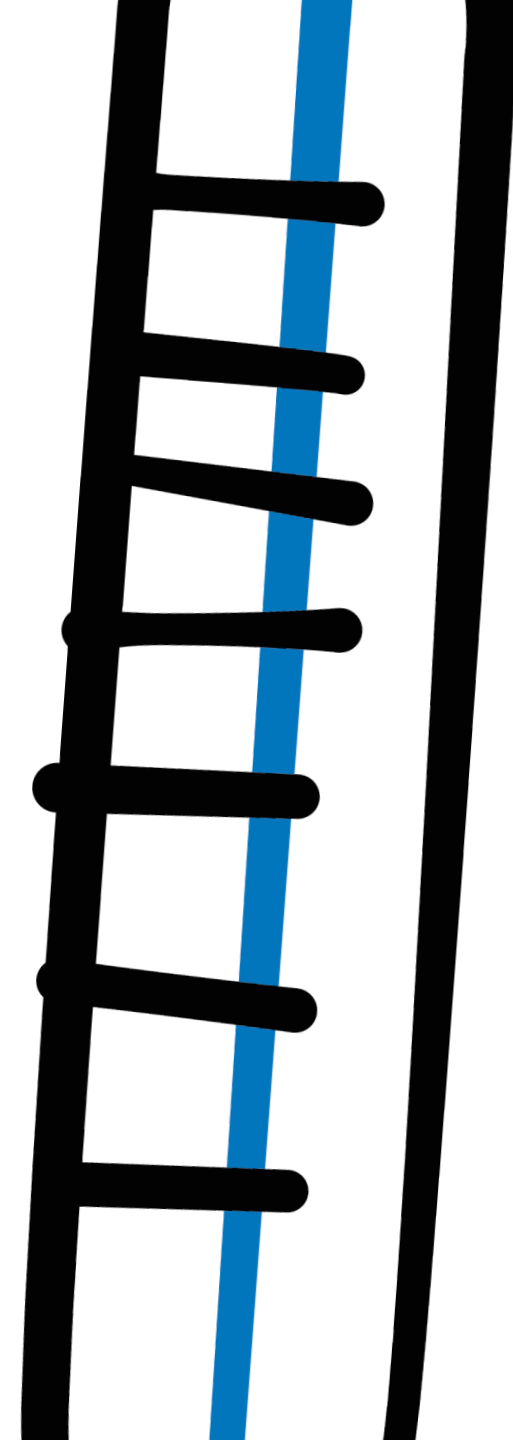


All Themes 2022

- Across the seven NHS People Promises and two themes, (Staff Engagement and Morale), we are below the average for our peer group, Acute specialist trust by an average of 0.3 points.



Your org	7.3	5.7	6.7	6.0	5.5	6.0	6.7	7.1	5.7
Best	7.9	6.3	7.4	6.6	6.1	6.6	7.2	7.6	6.4
Average	7.5	6.0	7.0	6.3	5.7	6.4	6.9	7.2	6.1
Worst	7.2	5.7	6.7	6.0	5.4	5.9	6.6	7.1	5.7
Responses	2369	2371	2345	2360	2245	2357	2368	2375	2374

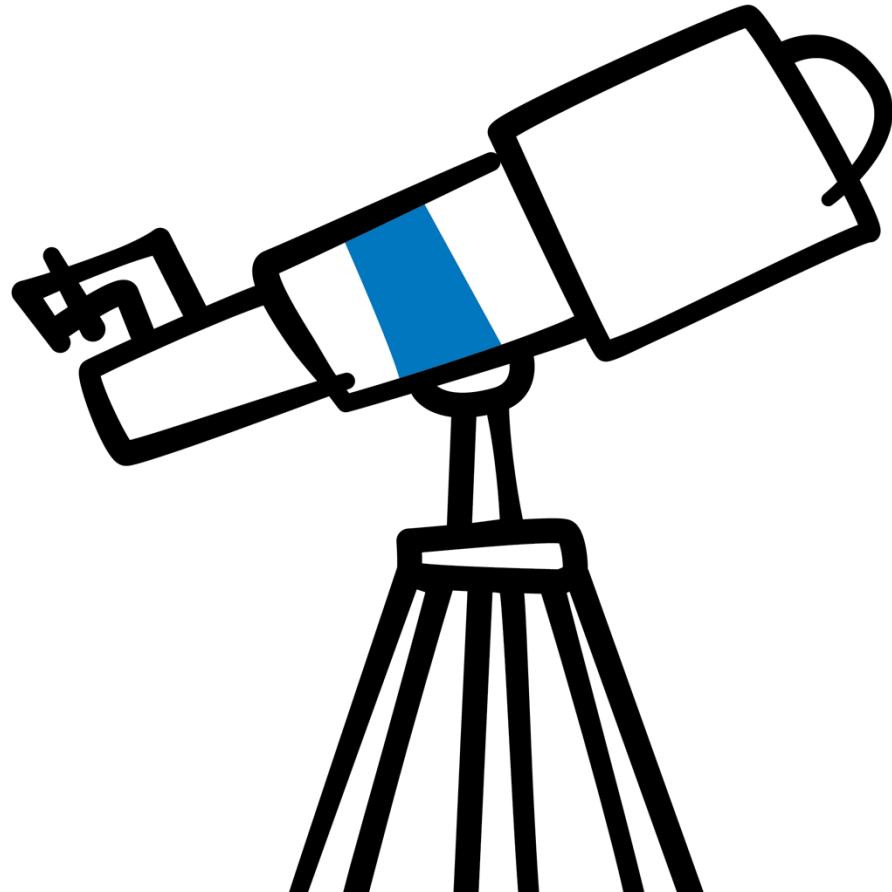


2022 Comparison

2022									
Trust	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Great Ormond Street Hospital	7.3	5.7	6.7	6.0	5.5	6.0	6.7	7.1	5.7
NCL Average (inc GOSH)	7.2	5.8	6.7	6.0	5.5	6.2	6.8	6.9	5.7
London Trusts (inc GOSH)	7.2	5.8	6.7	5.9	5.5	6.0	6.7	6.9	5.7
Acute Specialist Trust (AST) (inc GOSH)	7.5	5.9	6.9	6.2	5.6	6.2	6.8	7.2	6.0
National NHS Average	7.2	5.8	6.7	5.9	5.4	6.1	6.7	6.8	5.7
Children Hospitals Alliance	7.3	5.8	6.8	6.0	5.5	6.1	6.7	7.0	5.7

- NCL - We are above average in or equal to 6 areas with the majority of other areas within 0.2 points.
- NHS average - We are higher or equal to in 7 areas.
- We score higher than the NHS and NCL average for *We are compassionate and inclusive*
- Engagement - Equal to NCL, above for all other comparator groups, with the exception of AST.
- Morale - equal to our comparator groups, with the exception of AST.
- Highest scores for *We are compassionate and inclusive*, *We are safe and healthy*, *We are always learning*, *Staff Engagement* and *Morale* with the exception of AST.

Organisational Themes



Following analysis of the staff survey data, 4 themes have been identified:

- **Wellbeing** – Despite increased activities, this area has seen a drop and will gain in importance due to the cost-of-living crisis and questions related to burn out and work life balance.
- **EDI** – In most cases non-white members of staff, women, and staff under 50 reported lower scores than the organisation average.
- **Career Progression** – this was a relatively low score of 50% and support for early career development and retention activities was low
- **Reward and Recognition** - Scores for the We are recognised and rewarded people promise experienced a fall. Factors outside the trust such as the cost of living crisis make increase the importance of this theme
- Using these themes, directorates have been asked to draft their own, local actions plans with at least one objective per theme to be implemented in the way that has the most impact in their areas. Other areas can be focused on in addition. These objectives will form part of directorates performance review. This is a different approach, based on feedback from last year
- These themes are currently organisational areas of focus allowing a golden thread to flow from corporate priorities to local objectives

Examples of Organisational Responses

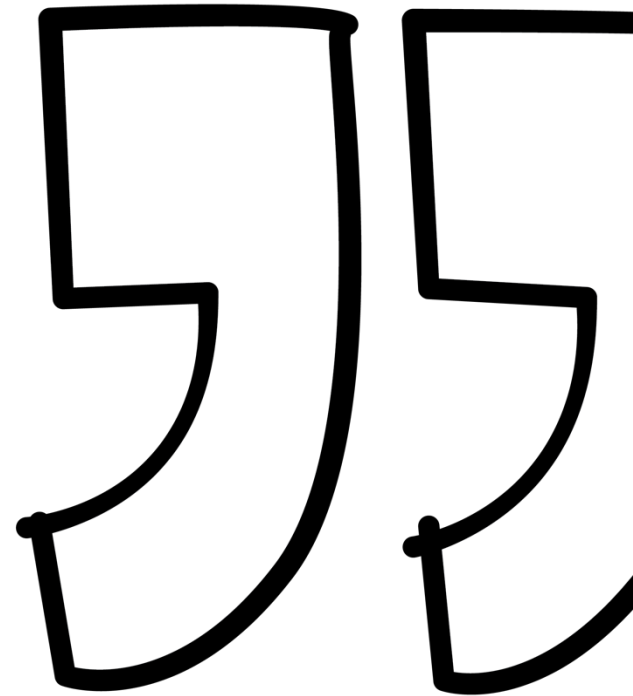


- **Wellbeing** – Establishment of the ‘SALS Service’.
- **EDI** – Reverse Mentoring programme, Seen and Heard Champions. New inclusive leadership workshops, threaded into new L&M development programmes
- **Career progression** – New online appraisal system allowing for more tailored process for different staff groups and automatic annual Learning Needs Analysis (LNA)
- **Reward and Recognition** - GOSH Exceptional Member of Staff (GEMS) Recognition Scheme, Long service awards, Annual Staff Awards and Celebration

Next steps

Following the initial data publications, the following steps have been taken:

- GOSH results analysed and compared to previous years to draw out trends by directorate
- Directorate packs produced and shared with directorates leads from WC 3rd February
- Directorates have committed to have objectives drafted by early April 2023. This has been slowed down by other priorities such as industrial action preparations
- A detailed staff survey report to be presented at PEAC



Our People Strategy and plans

- Our three-year People Strategy was launched in 2019 and is being refreshed in 22/23.
- The new strategy builds on the work the current strategy but is set within our current organisational context and priorities for the future.
- The new people strategy and frameworks that sit beneath it will be supported by robust annual deliver plans than will incorporate the actions and objectives to deliver against the staff survey themes and initiatives.



New People Strategy Overview

NATIONAL / NHS CONTEXT	Post COVID Recovery	NHS System Changes	Financial & Economic Environment	NHS People Plan	
GOSH CONTEXT	Above & Beyond Strategy	Clinical Strategy	Safety Strategy	Financial Resilience & Sustainability	Transformation and Innovation
WORKFORCE MODERNISATION & RESHAPING	CHANGE PROGRAMMES <ul style="list-style-type: none"> • Cancer Centre Service Redesign • Safety Transformation Programme • Cross Trust Transformation • Service Development • Activity Growth / Income Generation 		ENABLING PROGRAMMES <ul style="list-style-type: none"> • Clinical Workforce Reform • New ways of working (Hybrid and Flexible) • Information and Digital Strategies • Business Infrastructure and Tools 		SUPPORT PROGRAMMES <ul style="list-style-type: none"> • GLA Delivery Programme • Seen and Heard Framework • Mind Body and Spirit Framework • Culture and Engagement Framework (new)
WORKFORCE IMPACT	1. Sustainable Workforce	2. Skills & Capability	3. Process, Systems & Infrastructure	4. Culture & Engagement	
WORK PRIORITIES	<ul style="list-style-type: none"> De Biasing Recruitment Employee Brand Onboarding and Induction Education, Development & Training Careers, Talent Mgt & Progression Apprenticeships Workforce Planning Succession planning & role reconfiguration 	<ul style="list-style-type: none"> Leadership & Line Management System Working Financial Capability Change Management & Service Redesign Digital Literacy Accountability & Governance Corporate & Clinical Leadership Executive & Board Development 	<ul style="list-style-type: none"> Job planning & HealthRoster Business planning Demand & Capacity Planning Business Development Collaborative tools Workforce analytics HR policy framework HR & OD services 	<ul style="list-style-type: none"> Health & Wellbeing Equality Diversity & Inclusion Culture Programme – (Civility & Respect) Review of Trust Values Communication & Engagement Speaking Up Recognition & Celebration 	

Questions





**Summary of the Quality, Safety and Experience Assurance Committee meeting
held on 26th January 2023**

Quality and Safety at GOSH – Chief Medical Officer Report

The Committee discussed the flow of information and reporting arrangements for quality, safety and patient experience throughout the Trust and emphasised the importance of formalising the process of reviewing the effectiveness of committees in the governance structure. The Committee agreed that effectiveness reviews would take place in summer 2023 at which point the structure would have been in place for 12 months. It was agreed that the effectiveness of Risk Action Groups would also be reviewed.

- Horizon Scanning

There was currently a gap in terms of the thematic analysis of incidents and directorate safety teams had been asked to theme incidents from 1st January 2023 and a quarterly report of this data would be considered by the Quality, Safety Surveillance and Outcomes Committee. Safety theming would also be presented to the QSEAC.

The Committee noted the challenges around planning for external and international expert panels to undertake external reviews at the Trust and said that it was important to continue to engage as much as possible to ensure reviews could take place.

Quality and Patient Experience: Chief Nurse Report

Industrial action in December 2022 had led to a large number of outpatient and elective appointments being rescheduled but no patient safety concerns had been raised during the time. The Ward Accreditation Programme was ongoing however there had been delays as a result of industrial action and increased clinical demand. Good progress was now being made. There had been an increase in complaints and PALS contacts, and this had been discussed by the Executive Team and was being followed up. A business case had been written for administrative support for the Perplexing Presentation Support Service which was being supported by the Safeguarding Team. An enhanced flagging system had been established on the Epic database to identify a wide range of vulnerabilities and parental challenges in addition to the current flags of the national Child Protection Information System. The Committee expressed some concern about the way in which these vulnerabilities were identified in patients and emphasised the importance of ensuring they were evidenced based and could be reassessed on a regular basis. The committee requested an update on the process for agreeing and reviewing flags.

There had been an increase in many infection prevention and control metrics and it was likely that this was as a result of an increase in activity but was being kept under review. A sepsis group had been established led by the Director of Infection Prevention and Control.

Space & Place – Hard Services Update

Good joint working had been taking place throughout the organisation and good progress was being made in terms of ventilation. It was anticipated that 80% of Positive Pressure Ventilated Lobby (PPVL) rooms would be reverified and fully operational by March 2023 and improvement was also being made to the water safety group in terms of appropriate attendance and the quality of papers. A report from the critical infrastructure review had been provided in December 2022 and recommendations were being added to the capital plan in a risk-based way. The estate plan would also be peer reviewed and an executive committee met fortnightly to receive updates.

Attachment V

Health and Safety Update

GOSH was working to establish a health and safety network with colleagues from other Trusts and the committee welcomed the improvement in safer sharps which was now RAG rated green.

Patient Safety Transformation: How We Listen, Lead and Learn

The Safety Transformation Plan encompassed a large number of actions arising from the Quality and Safety Strategies to be completed over a two-to-three-year timeframe and in year one 51% of actions had been delivered. Only 15% of actions were delayed and 2% critically delayed representing two actions for which a task and finish group had been established to move them forward. A draft patient safety statement outlining the way in which GOSH would listen, lead, and learn had been developed for approval by the Board and the team was working with communications to focus on a monthly theme. The Committee welcomed the patient safety statement and agreed to recommend it to the Board for approval.

Internal Audit Progress Report (Quality focused reports)

Fieldwork was taking place for the remaining quality focused reviews in the internal audit calendar for 2022/23. Since the last meeting four actions had been closed and revised actions had been agreed for three actions.

Update from the Risk Assurance and Compliance Group on the Board Assurance Framework including update on compliance with policies

All BAF risks had been updated by risk owners and the RACG was working to complete the recommendation arising from the Trust Board Risk Management Meeting. The committee emphasised the importance of ensuring it was clear that Always Policies were designated based on their risk profile.

QSEAC Annual Effectiveness Survey – an update

The Committee agreed a proposal to review the QSEAC Terms of Reference to ensure they were aligned with external guidance, as opposed to undertaking an effectiveness survey in 2022/23. This was as a result of the recent changes to the Non-Executive Director membership and Executive Director attendance of assurance committees and in the context of a revised Code of Governance, which was in the process of being reviewed.

Escalations to Board and deep dives for next meeting

It was agreed that a shortened version of the patient safety transformation paper would be escalated to the Board.

Freedom to Speak Up Guardian Update

Discussion took place around concerns which had been raised by a number of junior doctors about their role in taking patient consent for procedures. The Trust was required to ensure that clinicians did not take consent for procedures for which they were unable to have informed conversations with patients and families and work on capacity and consent was being led by the Trust Medical Director.

Clinical audit update

The Committee received an update on the priority clinical audit activity which had taken place in the last 6 months. Surgical SHOs had undertaken a key piece of work to understand the work of taking consent for several procedures in interventional radiology and the lead author would meet with the Trust Medical Director to discuss the issues raised. The importance of ensuring that individuals were clear on their roles and responsibilities in this area was emphasised.

The Committee received an update on the People and Education Assurance Committee meeting in December 2022.

Attachment V

Governor feedback

Governors welcomed the work that was taking place to learn from other organisations but expressed disappointment with the challenges that were being experienced in arranging external reviews with international panels. The transparent culture of committee meetings was welcomed.

Finance and Investment Committee update

Since the last report to the Trust Board on 1 February 2023 there have been two meetings of FIC as follows:

Date and type of meeting	Summary of meeting purpose
24 February Extraordinary meeting	To focus on the Children’s Cancer Centre (CCC) business case and seek assurance that the risks and assumptions were accurate, ascertain that construction of the CCC represented value for money and ensure that its construction would not undermine the Trust’s long term financial viability.
10 March Scheduled meeting	A standard agenda: Finance report, Performance report, Capital Projects update as per the Committee’s terms of reference. The Committee also reviewed a Linen, laundry and uniform service tender and an update on the Trust’s remedial works plan.

This report summarises the key developments and discussions arising from these meetings.

Children’s Cancer Centre

On 24 February 2023, the Committee reviewed the financial elements of the business case. Following a robust discussion, the Chair and Gautam Dalal, Non-Executive Director confirmed that their aims set out at the start of the meeting (to gain assurance that the risks and assumptions were accurate, that construction of the CCC represented value for money and that its construction would not undermine the Trust’s long term financial viability) had been met and endorsed the business case to the Trust Board.

The Committee also flagged a number of CCC areas it would monitor going forward e.g., tracking of the project’s risk profile as milestones were achieved, metrics for measuring ‘CCC construction disruption’, the wide-ranging impact of decants and the capacity to amend build design if and when more sustainable or environment technologies became available.

Progress on mitigation of the technical funding issue

The Chief Executive reported that they and the Chief Finance Officer had continued to progress the resolution of the technical funding.

Estates & Facilities 10 Year Capital Plan

The Committee reviewed the new risk-based approach to the management and future development of the Trust’s estate over the next ten years.

Fully managed linen, laundry, and uniform service - tender recommendation

At the 10 March meeting, following review and discussion around the procurement process, the Committee approved the selection of the preferred bidder.

Major projects

The Committee noted progress on all major projects at the Trust, in particular the preparations for ‘Line cut’ work ahead of decanting the Frontage Building.

Finance report Month 10

At Month 10 the Trust reported a £19.2m deficit position which was £9.7m adverse to plan. This was driven mainly by the delivery of the Trust Better Value programme, outreach clinics, and commercial income being behind plan.

The Committee discussed the Trust’s prioritisation processes for capital and operational expenditure.

The Committee also received a verbal update on the Month 11 finance figures: The CFO outlined his confidence that the 2022/23 budget position would be achieved.

Integrated Performance Report Month 10

At Month 10, the Trust was finding it challenging to achieve performance standards. The key influence was industrial activity. The Committee requested deep dives on directorate recovery plans.

Annual self-assessment of effectiveness

The Committee agreed to pause the effectiveness review given recent changes to Committee leadership and participate in the review of how all Assurance Committees conduct effectiveness reviews next year.

Feedback from Governor observers

Two Governors (Public London and Patient London) observed the January meeting, and two Governors (Public London and Parent/Carer Home Counties) observed the March meeting. They provided post-meeting feedback to the Chair and other Non-Executive Directors as follows:

The NEDs' questions and probing gave assurance that the hospital was "in safe and capable hands"	A healthy dynamic between the NEDs and management	Good to see decant addressed throughout CCC development
Good to see that a Better Value Schemes' quality and safety impact were considered as well as their financial impact	Great meeting(s) - well Chaired	Questions covered all the issues Council are interested in such as Sustainability

End



Summary of the Audit Committee meeting held on 20th March 2023

Matters arising

An update was provided on the rise in line infections and the metrics in the Integrated Quality and Performance Report which would contribute to the identification of overly high activity levels. The increase in line infections had reduced back down to near usual levels and safe staffing metrics were positive. Activity was at optimal levels of 83-84% and would continue to be monitored. There has been an increase in infection in one service and a number of actions were in place; a paper would be presented to QSEAC.

Trust Board assurance committee updates

The Committee received updates from the following assurance committee meetings:

- Quality, Safety and Experience Assurance Committee – January 2023
- Finance and Investment Committee – February 2022 and March 2022
- People and Education Assurance Committee – January 2023

Board Assurance Framework Update from the Risk Assurance and Compliance Group

The Committee discussed the key risks which would be included in the Annual Governance Statement and agreed that cyber security should be added to the existing agreed list of risks: Financial sustainability; operational performance; medicines management and estates compliance.

The Committee agreed:

- The wording of a risk related to GOSH's operation as part of an integrated care system, subject to a minor amendment
- To remove the strategic positioning risk
- To develop health inequalities as a separate risk
- The proposed wording of the climate emergency risk subject to a minor amendment
- The proposed wording of a risk around the delivery of mental health services
- To downgrade the information governance risk to a trust-wide risk as a result of the controls and assurances in place.

BAF Risk 3: Operational Performance

The Committee noted the challenges of increasing compliance with the metrics set out in the Integrated Quality and Performance Report in the context of industrial action. Discussion took place about the potential impact of a partial move to *payment by results* and the risk around the importance of data quality and institutional memory prior to the introduction of the block contract. There had been a reduction in scores in all areas of the staff survey and benchmarking data showed that GOSH's scores may have reduced more than those of other Trusts. It was possible that this was linked to the increase in activity above 2019 levels. The Committee said that it was important to reach an optimal balance of activity beyond which there were diminishing returns. It was noted that some key metrics on the IQPR were red rated, and opportunities were considered with North Central London ICS and the Children's Alliance to work collectively and allow mutual aid.

Interim update on Root Cause Analysis of Unplanned Power Interruption including Data Centre resilience

An RCA was ongoing related to two unrelated incidents which had occurred simultaneously. The importance of

focusing on developing up to date planned preventative maintenance and the Computer Aided Facility Management (CAFM) system and the Committee noted that the Executive Management Team had approved additional resource to focus on CAFM. It was anticipated that most buildings would be managed by CAFM in three months' time. It was confirmed that no immediate changes to the programme were required in order to maintain patient safety and the 10-year capital plan supported the update of equipment as required.

BAF Risk 7: Cyber Security

Considerable work had been undertaken over the previous two years to implement tools that supported monitoring for abnormal cyber activity and auditing access. An annual cycle of both internal and external penetration testing was in place and positive results had been received from the testing in the previous year in which no critical or high alert items had been identified. A monthly cyber dashboard was provided to the ICT programme board, Information Governance Steering Group and Operational Board and reporting around patching was ranked by NHSE as part of a whole cyber ranking. The ICT team was working closely with directorates, finance and procurement on shadow IT and the importance of devices and systems being subject to a Data Protection Impact Assessment.

Revised Risk Management Policy

Following comments at a previous audit committee, the revisions to the Risk Management Policy had been limited to key updates including an update to the frequency of reviewing high risks in the Trust. The Audit Committee agreed that a monthly update to high risks was appropriate. The Committee emphasised the importance of procuring a new or updated risk management system and requested that an update was provided at the next meeting including a definitive date for procurement and implementation.

Annual overview of Better Value programme for 2022/23 and looking towards 2023/24

The Committee discussed the importance of moving towards a multiyear programme including a smaller number of more transformational schemes over a two-to-three-year period. Discussion took place around the potential to continue to make cost savings and the Committee noted that there was potential, but it was important that staff were engaged with the process. The planning for better value had slipped and focus would be placed on the area in the coming weeks with a high-level plan and specific deliverables for year end 2023/24 in place by mid-April.

Losses and Write offs

The Committee requested that all write offs were appended to the paper going forward.

External Audit 22/23 Progress update

The work on the external audit was broadly in line with plan and the audit partner was comfortable with the progress being made.

Internal Audit Progress Report

Four final reports were received:

- Directorate Governance – Significant assurance with minor improvement opportunities
- Harm Review Process – Partial assurance with improvements required
- Data Security and Protection Toolkit – Significant assurance
- Digital Health Record Information Governance Report – Advisory only, no rating provided.

Three medium priority actions were overdue, two of which had been impacted by the strikes and the due date had been revised to October 2023. It was anticipated that the remaining action would be closed by the end of March 2023. The Committee expressed disappointment at the outcome of the harm review audit, and it was

agreed that a the revised process and plan to audit its implementation would be reviewed by the RACG.

The Committee discussed the EPR Go Live of another London Trust with whom GOSH was sharing its platform. It was confirmed that Go Live had gone well and the Committee highlighted the importance of following up the actions post go live.

Counterfraud Update 2022/23

A number of areas of the functional standards tracker remained amber but work was taking place to move towards green in these areas. It was likely that all metrics would become green except for Declarations of Interest in which the Counter Fraud Authority required 100% compliance.

Year-End Update

There had been an update to the index used in the valuation of land and buildings which had led to an increase in the net value of £20.3million. This had not yet been reviewed by the external auditor's property specialist. Consideration was being given to the point at which accelerated depreciation of the frontage building should begin and it was agreed that this was likely to be when the funding agreement had been signed.

- Credit Note Provision (IFRS 9)

The Committee discussed the provisioning methodology which was in place and noted that IFRS9 required an evidence based judgement to be made. The audit partner noted that there was no history of bad debt or write off except in the case of a failed state and payments made during the pandemic had shown that there was intention to pay.

Annual effectiveness review of the RACG

A desktop review of RACG had taken place and would be presented to QSEAC. It was noted that an independent review of the RACG was carried out via the Well Led Review and the internal audit review of the Board Assurance Framework.

Summary of the People and Education Assurance Committee held on 25 January 2023

Focus of Meeting

People and Education Assurance Committee meetings focus on a specific theme. The focus of this meeting was **Hearing the staff voice** as part of the People Strategy.

Board Assurance Committees

The Committee noted the summary from the Finance and Investment Committee and Audit Committee held in January 2023.

Overview of the refreshed People Strategy

The Committee was presented with the refreshed People Strategy that builds on the work of the current strategy but is set within the current organisational context and priorities for the future. The refreshed People Strategy will cover the 3-year period April 2023 to March 2026 and will include four overarching pillars with a number of work priorities. Areas will be focused on Building a sustainable workforce, skills and capabilities, processes, systems and infrastructure and culture and engagement. An operational plan will sit underneath each 'Workforce Impact' for the priorities, and these are currently in development.

Internal Communications, Engagement and Cascade

The Committee heard about the work underway to strengthen the communication cascade across the Trust. The focus will shift to a leadership led approach with support from the communications department. Changes have already commenced through the way Senior Leadership Team meetings and Senior Management Team meetings are held and research is underway with directorates. The new approach will be piloted with one directorate before the launch in May and the Committee will receive a full update on implementation.

Staff Voice: Clinical Site Practitioner

The Committee welcomed Roz Cross, Clinical Site Practitioner (CSP) to the meeting. Roz explained she had been a CSP for 16 years and has thoroughly enjoyed her time at GOSH. The CSP is a varied role and working with the Clinical Site Management team they ensure the Trust has a robust response to staffing and capacity management requests and in the absence of a more senior colleague, take responsibility for managing the team and delivery of service. It can be an exceptionally challenging role and Roz felt the relationships she had built over the years were key to being able to successfully carry out the role.

The Committee heard about the interest in other staff becoming a CSP and the career development pathway. The CSP role is 24 hours and staff are rosters to enable two members of the team to be on shift at a time. The CSP team is at the heart of everything in the hospital. The team members maintain the flows throughout the organisation and have a breadth of reach for their support. The Committee was assured about the improvement of rosters for the hospital at night team and Roz felt the system was now very comprehensive and staff felt supported and confident. The Committee discussed staff morale and whether there is any specific additional support could be made available to staff.

Freedom to Speak Up update

The Committee was updated on the latest position covering the last four months during which time there had been 49 contacts from people using the service. This is a decrease from the previous four-month period but similar to the same period in 2021/22.

The Committee was informed that the new FTSU Guardian would commence their role in March 2023 and the current FTSU Guardian would be available part time in the intervening period with additional support in place to ensure the service is available full time. The Committee formally thanked Dan Sumpton, FTSU Guardian for all his hard work taking the role forward and his continued support in the intervening period.

The revised FTSU policy review is progressing to bring it in line with the new National Speaking Up policy and once completed will be brought back to the Committee.

Update on the management of Industrial Action

The Committee was updated on the current position, including the 2 mandates with identified dates, this included the Physiotherapy strike planned for the following day. The Trust is working with both The Chartered Society of Physiotherapists and GOSH staff who are supporting the strike action while also continuing to deliver safe essential patient care.

The Committee was informed about potential future strikes including nurses and junior doctors and considered the psychological impact on staff of the ambulance strikes. The Chief Executive thanked Operational and HR teams for managing the industrial actions and keeping the hospital safe. He explained the strike action is having a material impact on services and acknowledged the difficulties in balancing support to those staff going on strike and being able to run essential services.

Update on the Board Assurance Framework (BAF)

The Committee noted that at the December 2022 Annual Board Risk Management Meeting, the Risk Assurance and Compliance Group were tasked with reviewing and revising the Service Innovation risk. In addition, the revised wording for the Culture risk was being considered by the Audit Committee and Trust Board over the next few weeks. Following this the risk statements will be amended, and the controls/ assurances revised and reported to the next Committee for consideration.

Nursing Workforce Assurance Report

The Committee received the report and noted the registered nurse vacancy rate had decreased to 5.58% in November and remained below the Trust target. There had been an increased in voluntary turnover to 16.03% in November which is above the Trust target but remains the second lowest in the North Central London area and lower than pre-pandemic rates. Sickness rates remain above target, but the Trust was pleased to welcome 31 newly registered nurses in January with a further 20 planned for April 2023. Committee members asked whether future reports could present the data per ward, and this was taken away as an action.

People and Education Assurance Committee Effectiveness Results and revised approach

The PEAC effectiveness survey results were taken as read. The Committee was advised that Assurance Committee Chairs had agreed a revised approach, in line with the new Code of Governance (effective from the April 2023) and a programme for evaluation of the Trust Board and its committees will be considered by the Trust Board in early June 2023. The results of the recent effectiveness review will be discussed by Committee Chairs for improvements and actions to be considered across all board assurance committees.

END

Summary of the Council of Governors' Meeting held on 2nd February 2023

Chief Executive Report

An impactful patient story had been received by the Trust Board at its February 2023 meeting which highlighted the consequences for patient and family experiences at GOSH. Governors who had observed the Board meeting welcomed the way in which the patient story had been managed at the meeting and reiterated the importance of learning from the story. An action plan was in place which was being monitored by QSEAC and the patient's mother continued to work with the Trust.

Initial results from the staff survey had been received and there had been a reduction in scores in all areas. Benchmarking data had not yet been published.

Good work was taking place around patient safety and the first patient safety conference was being held in March 2023. Work on psychological safety was key to supporting staff to feel confident to speak up in the moment. Activity levels remained good and GOSH continued to be the best performing Children's Hospital however it was important to continue to improve activity in order to treat the backlog of patients on waiting lists.

Hearing from members of staff

The Council received a presentation from two members of GOSH staff who were apprentices and training to become registered nurses. They welcomed the opportunity to work in healthcare from an entry level and the personal as well as clinical skills that had been gained throughout the programme. They told the Council that they had not needed to leave employment in order to continue in their education.

Children's Cancer Centre (CCC) Programme Update

Governors received an update on the work that was taking place to prepare for the Camden Council Planning Committee meeting on 8th February for planning approval of the CCC. Design and procurement was going well and the project had moved into RIBA4 which looked at the detailed use of each room and positioning of equipment. Programme costs continued to be stable and decant work to move staff and patients out of the frontage building was challenging but moving forward positively. Focus was being placed on ensuring that the patient experience in the main hospital was being maintained throughout the works. Governors were keen to understand the provisions for active travel and air quality impact of the decant works and this information was required for the planning committee which was also focused on these areas. A reduction in vehicle pollutants would be experienced on Great Ormond Street due to the construction process and there would be an increase of 50 bicycle storage areas.

Annual Planning Update

The planning process had been launched in November 2022 working with directorate teams and guidance had been issued in December 2023. The Trust was required to develop both a financial and operational plan and there would be significant focus on the recovery of patient backlogs.

- Finance Report (Month 9 - December 2022 data)

The position at month 9 was a deficit of £18million and there was a route to meet the planned deficit outturn for the year. The Trust's financial position was also important in terms of the ability to build the Children's Cancer Centre.

- Integrated Quality and Performance Report (Month 9 - December 2022 data)

Industrial action both internally and externally had been having a significant impact on the activity levels and the Council noted the importance of returning to business as usual as soon as possible.

Update from the Young People's Forum (YPF)

The YPF had discussed data protection with the Caldicott Guardian and had expressed some concern about anonymised data sharing when an individual had a combination of rare conditions. It was agreed that the executive team would follow up on these concerns. The YPF had worked with ICT to troubleshoot issues with the GOSH wifi.

Reports from Board Assurance Committees

The Council received the following updates from assurance committees:

- Quality, Safety and Experience Assurance Committee (January 2023)
- Audit Committee (January 2023)
- Finance and Investment Committee (January 2023)
- People and Education Assurance Committee (December 2022 & January 2023)

Extension of tenure for Non-Executive Director

The Council **approved** the extension of the Deputy Chair and Senior Independent Director's tenure for one year as a result of a mapping exercise that had taken place to review the succession plan for Non-Executive Directors. The extension would ensure that the new Chair would have an experienced deputy chair in place as they transitioned into the role in October 2023.

Reappointment of Non-Executive Director

The Council **approved** the reappointment, for a second three-year term, of Professor Russell Viner and noted the considerable impact that he had had on the Board as well as the importance of his clinical background and wider child health experience.

Update from the Membership Engagement Recruitment and Retention Committee

The Council of Governor election was ongoing, and the voting period had begun. A session had taken place with the YPF which had focused on membership and the annual report for 2022/23 which had a theme of 'celebrating our children and young people'. The Council discussed ensuring that it was as easy as possible for staff to vote in the election, and it was confirmed that paper ballots were given to those staff who would not usually work at a computer.



Trust Board 30 March 2023	
Update on the Board Assurance Framework Submitted by: Anna Ferrant, Company Secretary	Paper No: Attachment 1
<p>The purpose of this paper is to provide an update on the Board Assurance Framework (BAF) and to remind Board members of the status of the Trust's strategic risks. A summary of all risks is presented at Appendix 1.</p> <p>The Risk Assurance and Compliance Group (RACG), chaired by the Chief Executive, monitors the BAF on a monthly basis, reporting to the Audit Committee, Quality, Safety and Experience Assurance Committee and the People and Education Assurance Committee.</p> <p>The RACG met in early March 2023 and reviewed proposals previously considered by the Board at its December 2022 Risk Management Meeting. The Audit Committee considered recommendations from the RACG on 20 March 2023. A summary of the key matters discussed is attached at Appendix 2 including recommendations from the Audit Committee for the Board to consider, summarised here:</p> <p>Recommendations for the addition of three new BAF risks:</p> <ul style="list-style-type: none">• Integrated Care Services BAF risk• Climate Health Emergency BAF risk• Mental Health Services BAF risk. <p>Recommendation to remove one BAF risk:</p> <ul style="list-style-type: none">• Information Governance BAF risk.	
Action required from the meeting Board members are asked to note the update to the BAF and approve the recommended new risks to be added to the BAF and for one risk to be removed from the BAF and monitored on the Trust wide risk register by the Operational Board.	
Financial implications None	
Legal issues None	
Who is responsible for implementing the proposals / project and anticipated timescales Risk Owners	
Who is accountable for the implementation of the proposal / project Chief Executive	

Appendix 2: BAF risk recommendations

Recommendations from the Audit Committee (meeting on 20 March 2023)

The RACG met on 2 March 2023. The Group considered the requests from the Board Risk Management meeting in December 2022. The RACG proposed to the Audit Committee the addition of three new risks on the BAF and removal of one BAF risk. A summary of the discussion with the Audit Committee is provided below including recommendations for the Board to consider.

1. A new BAF risk: Working within an ICS framework as a specialist hospital

At the annual Risk Management meeting in December 2022, the Board considered the potential risks to the Trust delivering its services and achieving its strategy within a localised NHS framework and agreed that this should be recorded as a separate risk on the BAF. With a minor amendment, the Audit Committee recommend the following risk statement for approval by the Trust Board – this will replace the existing BAF risk on GOSH Strategic Position:

Recommendation 1: Integrated Care Services BAF Risk:

Whilst participating fully in the North Central London Integrated Care System, there remains a risk of erosion of the Trust's ability to maintain highly specialised services for patients nationally and internationally and deliver its strategy 'Above and Beyond' because of NHS system complexity, localised delivery of healthcare and an evolving statutory environment.

Risk Owner: Mat Shaw, Chief Executive

Assurance committee oversight: Audit Committee

2. A new BAF risk: Climate Emergency

Background to this risk: The government has committed to achieving 'net zero' greenhouse gas emissions by 2050, and a challenge of this scale will require transformative change to the UK economy. In 2021, GOSH became the first hospital to declare a climate and health emergency (CHE). Sustainability is one of the principles cited in the Trust's Above and Beyond strategy.

The Trust Board has previously agreed that a new risk will be added to the BAF around the risk of not delivering against the CHE. A proposed new risk statement was presented to the Board at the annual risk management meeting in December 2022 where it was agreed that consideration would be given to widening the remit of this risk to additionally reference the impact of climate change on health inequalities.

Following a discussion at the Audit Committee it was agreed that the issues exacerbating health inequalities are much broader than the impact of climate alone. The Committee proposed that a separate BAF risk is considered on health inequalities, and this will be considered by the RACG. The Audit Committee recommends the following risk statement for approval by the Trust Board:

Recommendation 2: Climate Health Emergency BAF Risk

The Trust fails to deliver against its commitment* to deliver a net zero carbon footprint, which is fundamental to deliver the Trust's Climate and Health Emergency declaration**.

** In 2021, GOSH became the first hospital to declare a climate and health emergency (CHE).*

*** GOSH is working to become a net zero carbon organisation and wants to achieve this for the emissions it controls by 2030 and for the emissions it can influence by 2040.*

Risk Owner: Jason Dawson, Interim Director of Space and Place

Assurance committee oversight: Audit Committee

3. A new BAF risk: Delivery of mental health services at GOSH

The Board has previously agreed that a risk around delivery of GOSH mental health services should be considered for adding to the BAF. The Audit Committee agreed the risk is around the absence of an overall strategic approach to delivery of mental health and psychology services at GOSH. The Audit Committee recommends the following risk statement for approval by the Board:

Recommendation 3: Mental Health Services BAF Risk

A lack of strategic focus on the delivery of mental health services at GOSH contributes to inequitable access to safe, effective care for children and young people with psychological needs.

Risk Owner: Tracy Lockett, Chief Nurse

Assurance committee oversight: Quality, safety and experience Assurance Committee

4. Movement of a BAF risk to a Trust-wide risk

In January 2023, the RACG considered the downgrading of BAF risk 10 (Information Governance) from a BAF risk to a Trust-wide risk. The current risk statement is:

Personal and sensitive personal data is not effectively collected, stored, appropriately shared or made accessible in line with statutory and regulatory requirements.

The proposal to the Audit Committee to move the risk from the BAF to the Trust-wide risk register based was made for the following reasons:

- The current risk statement is very broad -it covers risk related to collecting, storing, and sharing personal and sensitive personal data. The RACG has confirmed, via analysis of data incidents, that the most significant risk currently is around data being processed incorrectly. Assurance was provided of the controls in place/ being established to mitigate this part of the risk. Additional assurance has been provided by achievement of the Trust's Data Security Protection Toolkit.
- The consequence score is cited as '5' for this risk – this was graded because of the high financial fines that the ICO can issue. Recently the ICO has reported that it is less likely to fine public authorities for data breaches and instead issue enforcement notices.

The Audit Committee have agreed that the risk as stated is too broad and taking the mitigations and context into consideration, recommend to the Trust Board that this risk is no longer a risk to delivery of the Trust strategy but instead a Trust-wide risk.

Recommendation 4: The Audit Committee recommends that the IG risk is moved from the BAF, and the risk statement is appropriately reworded, reviewed, and added to the Trust-wide risk register for monitoring by the Operational Board (in line with reporting requirements under the current Risk Management Policy). The Board is asked to note that compliance with data protection requirements will continue to be reported to the Audit Committee and in the Trust annual report.

Great Ormond Street Hospital for Children NHS Foundation Trust: Board Assurance Framework (March 2023)

No.	Short Title	Trust Principle	Trust Priority	Risk type and description	Gross Risk		Net Risk		Risk Appetite	Mitigation time horizon	Executive Lead	Reviewed By	Last Updated by Risk Owner	Assurance Committee	Last Reviewed by Assurance Committee
					L x C	T	L x C	T							
1	Financial Sustainability	Principle 4: Financial Strength		Failure to continue to be financially sustainable	5 x 5	25	4 x 5	20	Cautious	1-2 years	Chief Finance Officer	John Beswick, Chief Finance Officer	18/01/2023	Audit Committee	April 2022 May 2022 Nov 2022 March 2023
2	Workforce Sustainability	Principle 3: Safety and quality	Priority 1: Make GOSH a great place to work	Failure to attract, support and develop a sustainable and highly skilled workforce.	4 x 4	16	2 x 4	8	Cautious	1-2 years	Director of HR and OD	Sarah Ottaway, Associate Director of HR and OD/ Caroline Anderson Director of HR and OD	19/01/2023	People and Education Assurance Committee	New risk
3	Operational Performance	Principle 3: Safety and quality	Priority 2: Deliver a Future Hospital Programme / Priority 3: Improve and speed up access to urgent care and virtual services	Failure of our systems and processes to deliver efficient and effective care that meets patient/carer expectations and supports retention of NHS statutory requirements and the FT licence.	4 x 5	20	3 x 5	15	Minimal	1 year	Chief Operating Officer	Ciara McMullin, John Quinn, Rebecca Stevens/ Richard Brown	04/01/2023	Audit Committee/ QSEAC	January 2022 July 2022 September 2022 (IQPR and NFA to TB) March 2023
4	GOSH Strategic Position Recommendation to March 2023 Trust Board to remove this risk and replace with ICS risk	All Strategy Principles	All priorities	Failure to optimise the Trust strategy under current and future NHS, financial, political and social frameworks.	4 x 4	16	3 x 4	12	Cautious	5-10 years	Chief Executive	Matthew Shaw/ Ella Vallins	07/10/2022	Audit Committee	May 2022
5	Unreliable Data	Principle 3: Safety and quality	Priority 2: Deliver a Future Hospital Programme	Failure to establish an effective data management framework:	4 x 4	16	4 x 3	12	Minimal	1-2 years	Chief Operating Officer	Richard Brown, Chief Data Officer	04/01/2023	Audit Committee	July 2022 (TB) November 2022
6	Research infrastructure	Principle 3: Safety and quality/ Principle 4: Financial Strength	Priority 5: Accelerate translational research and innovation to save an improve lives	The risk that the Trust is unable to accelerate and grow research and innovation to achieve its full Research Hospital vision due to not having the necessary research infrastructure.	3 x 5	15	2 x 4	8	Minimal	1-2 years	Director, Research & Innovation	Jenny Rivers, Dep Dir, R&I	10/01/2023	Audit Committee	April 2022 January 2023
7	Cyber Security	Principle 3: Safety and quality	Priority 2: Deliver a Future Hospital Programme	The risk that the technical infrastructure at the Trust (devices, services, networks etc.) is compromised via electronic means.	5 x 5	25	3 x 5	15	Averse	1-2 years	Chief Operating Officer	Mark Coker, Director of ICT/ John Quinn, COO	04/01/2023	Audit Committee	March 2022 (Board) November 2022 March 2023
8	Business Continuity	Principle 3: Safety and quality/ Principle 5: Protecting the Environment	Priority 2: Deliver a Future Hospital Programme	Business continuity management plans are insufficiently robust and understood to support delivery of services and critical functions.	4 x 5	20	4 x 3	12	Averse	1 year	Chief Operating Officer	Rachel Millen, Emergency Planning Officer/ John Quinn, Chief Operating Officer	11/01/2023	Audit Committee	January 2022 January 2023
9	Estates Compliance	Principle 3: Safety and quality	Priority 2: Deliver a Future Hospital Programme	Inadequate maintenance of the estate affects the safety of the environment in which care is delivered by staff to patients and carers.	5 x 4	20	5 x 4	20	Averse	1 year	Director of Space and Place	Jason Dawson, Director of Space and Place	16/01/2023	Audit Committee/ QSEAC	May 2022 (TB) QSEAC Oct 2022 (QSEAC)

No.	Short Title	Trust Principle	Trust Priority	Risk type and description	Gross Risk		Net Risk		Risk Appetite	Mitigation time horizon	Executive Lead	Reviewed By	Last Updated by Risk Owner	Assurance Committee	Last Reviewed by Assurance Committee
					L x C	T	L x C	T							
															Nov 2022 (QSEAC) Jan 2023 (QSEAC)
10	Information Governance Trust Board approval being sought at March Board to remove this risk from the BAF and move to Trust wide risk register	Principle 3: Safety and quality	Priority 2: Deliver a Future Hospital Programme	Personal and sensitive personal data is not effectively collected, stored, appropriately shared or made accessible in line with statutory and regulatory requirements.	4 x 5	20	3 x 5	15	Averse	1 year	Chief Operating Officer	John Quinn, Chief Operating Officer/ Richard Brown, Chief Data Officer	04/01/2023	Audit Committee	January 2022 November 2022
11	Medicines Management	Principle 3: Safety and quality	Priority 2: Deliver a Future Hospital Programme	Medicines are not managed in line with statutory and regulatory guidance (procuring, storing, prescribing, manufacturing and giving of medicines (including self-administration)) and that processes are not appropriately documented or monitored.	5 x 5	25	4 x 5	20	Averse	1-2 years	Chief Operating Officer	Jane Ballinger, Chief Pharmacist/ Nick Towndrow, GM/ John Quinn, Chief Operating Officer	13/01/2023	Quality, Safety and Experience Assurance Committee	June 2022 November 2022
12	Inconsistent delivery of safe care	Principle 3: Safety and quality	Priority 2: Deliver a Future Hospital Programme	BAF Risk 12: Risk of (severe/serious) patient harm arising from a failure to follow safety standards, foster a culture of openness and transparency, and use data to support improvement <ul style="list-style-type: none"> Patients are not consistently cared for within a comprehensive safety system which ensures they are protected from avoidable harm through compliance with regulatory standard The organisation does not consistently focus on openness, transparency and learning when things go wrong, or use the opportunity to learn from when things go well. The organisation does not use its own safety performance data as a tool to guide improvement, interventions or actions, training and learning 	4 x 4	16	3 x 4	12	Averse	1-2 years	Medical Director	Sanjiv Sharma, Medical Director/ Claire Harrison	17/01/2023	Quality, Safety and Experience Assurance Committee	Reports on quality of services at every Board and QSEAC
13	Service Transformation Under review following agreement to draft a revised transformation and innovation risk	Principle 1: Children and young people first and always	Priority 2: Deliver a Future Hospital Programme	Failure to embrace service transformation and deliver innovative, patient centred and efficient services.	4 x 4	16	3 x 4	12	Open	1-5 years	Chief Operating Officer	John Quinn, Chief Operating Officer/ Jon Schick, Head of PMO	04/10/2022	People and Education Assurance Committee	September 2021
14	Culture	Principle 2: Values led culture	Priority 1: Make GOSH a great place to work	There is a risk that GOSH fails to develop a culture where our people are well led, well managed, supported, developed, and empowered to be their best.	4 x 4	16	3 x 4	12	Averse	1-5 years	Chief Executive	Caroline Anderson Director of HR and OD	20/10/2022	Trust Board/ People and Education Assurance Committee	December 2021 September 2022

No.	Short Title	Trust Principle	Trust Priority	Risk type and description	Gross Risk		Net Risk		Risk Appetite	Mitigation time horizon	Executive Lead	Reviewed By	Last Updated by Risk Owner	Assurance Committee	Last Reviewed by Assurance Committee
					L x C	T	L x C	T							
15	Cancer Centre	All Strategy Principles	Priority 6: Create a Children's Cancer Centre to offer holistic, personalised and coordinated care	<p>Failure to build a new cancer centre and failure to deliver holistic, personalised and coordinated care.</p> <p>This risk incorporates risks currently reflected on the CCC risk register as follows:</p> <ul style="list-style-type: none"> • Transformational programme does not deliver holistic, personalised, and coordinated care • Delay in Full Business Case approval from NHSE/I • The project not achieving Planning Permission • Fundraising target not achieved • Changes in clinical brief required to maintain Works Cost Limit or additional funds required to fund an increase over and above budget (including inflation pressures) • Risk of time elapsing and the building remaining relevant and fit for purpose 	4 x 4	16	3 x 4	12	Averse	1-5 years	Director of Space and Place	Jason Dawson, Director of Space and Place/ Gary Beacham, Children's Cancer Centre Delivery Director/Daniel Wood Children's Cancer Planet Director	16/01/2023	Finance and Investment Committee	July 2022 (TB) September 2022 (TB) November 2022 February 2023 (TB) March 2023 (TB)
16	GOSH Learning Academy	Principle 2: Values led culture / Principle 3: Safety and quality	Priority 1: Make GOSH a great place to work/ Priority 3: Develop the GOSH Learning Academy	Risk of the GOSH Learning Academy not establishing a financially sustainable framework, impacting on its ability to deliver the outstanding education, training and development required to enhance recruitment and retention at GOSH and drive improvements in paediatric healthcare.	4 x 3	12	3 x 3	9	Minimal	1-2 years	Chief Nurse	Tracy Luckett, Chief Nurse/ Lynn Shields, Director of Education	16/01/2023	People and Education Assurance Committee	July 2022 September 2022

GOSH BAF Risks – Gross Scores March 2023

		Consequences				
Likelihood		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain					9. Estates Compliance	7. Cyber Security, 1. Financial Sustainability, 11. Medicines Management
4 Likely			16. GOSH Learning Academy	5. Unreliable data, 4. GOSH Strategic Position, 13. Service Transformation, 12. Inconsistent delivery of safe	14: Culture, 2. Workforce Sustainability TBC, 15. Cancer Centre	3. Operational Performance, 8. Business Continuity, 10. Information Governance
3. Possible						6. Research Infrastructure and resourcing
2. Unlikely						
1. Rare						

GOSH BAF Risks – Net Scores March 2023

		Consequences				
Likelihood		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain					9. Estates Compliance	
4 Likely				5. Unreliable data, 8. Business Continuity		11. Medicines Management, 1. Financial Sustainability
3. Possible			16. GOSH Learning Academy		14: Culture, 4. GOSH Strategic Position, 13. Service Transformation, 12. Inconsistent delivery of safe, 15. Cancer Centre	10. Information Governance, 3. Operational Performance, 7. Cyber Security
2. Unlikely					2. Workforce Sustainability TBC, 6. Research Infrastructure and resourcing TBC	
1. Rare						



Trust Board 30th March 2023	
Declarations of Interests 2022/23 (Directors and Staff) Submitted by: Anna Ferrant, Company Secretary	Paper No: Attachment 2 For information and noting
Purpose of report This paper provides the annual summary of the management of declarations of interests, gifts, hospitality and sponsorship at GOSH and compliance with the policy in 2022/23. The Directors' Register of Interests is attached. A link is provided to the public register to access all staff and director declarations here: https://gosh.mydeclarations.co.uk/declarations	
Summary of report As part of the guidance issued by NHS England on staff and directors declaring interests and gifts and hospitality, Trusts are required to define 'Decision Making Staff'. These are individuals who have been determined to " <i>have influence in spending tax-payers' money</i> " and are required to make a positive or nil declaration about their interests at least annually. GOSH's Declaration of Interests, Gifts, Hospitality and Sponsorship Policy has been updated in line with this guidance. At 22 nd March 2023, 95% of Decision-Making Staff had made a positive or nil declaration in 2022/23. Under NHS Counter Fraud Authority standards, the Trust is required to have a 100% return rate for decision making staff captured by the Policy, returning a declaration of interest or nil return to demonstrate compliance In line with the NHS contract GOSH is required to publish the names and role title of Decision-Making Staff who have not made a declaration in 2022/23. A communication programme has run throughout 2022/23 to remind all staff to declare and to highlight the need for annual declarations for Decision-Making staff.	
Patient Safety Implications None	
Equality impact implications Potential for individuals to find it challenging to understand and comply with the policy. Discussion can be held on a one-to-one basis to support individuals covered by the policy to understand their responsibilities and make any declarations.	
Financial implications Under the Bribery Act 2010 unlimited fines can be levied against the Trust.	
Strategic Risk: Not applicable	
Action required from the meeting The Board is asked to note the report including the register of directors' interests (attached) and the public register available on DECLARE showing staff interests. Board members are asked to make updates to their declared interests throughout the year, as they arise.	

<p>Consultation carried out with individuals/ groups/ committees Emails sent to all Decision Makers Emails send to Chiefs of Service and Corporate Leads Discussion of Declarations of Interest from a Counter Fraud Functional Standards perspective at Audit Committee Discussion on process with the Counter Fraud Manager</p>
<p>Who is responsible for implementing the proposals / project and anticipated timescales? Victoria Goddard, Trust Board Administrator</p>
<p>Who is accountable for the implementation of the proposal / project? Anna Ferrant, Company Secretary</p>



Compliance with the Declaration of Interests, Gifts, Hospitality and Sponsorship Policy 2022/23

Background

In 2017 NHS England issued guidance for NHS Trusts, CCGs and NHS Foundation Trusts on staff and directors declaring interests and gifts and hospitality. Whilst this has the status of 'guidance', NHS England recently emphasised that Trusts are required to adopt the guidance and this requirement is included in the NHS contract; NHS England issued a template policy.

The Trust's Declaration of Interest and Gifts, Hospitality and Sponsorship Policy was updated in 2018 in line with this guidance which included the requirement to define 'Decision Making Staff' - those staff who "*have influence in spending tax-payers' money*". These individuals are required to make a declaration about their interests at least annually (or where there are no interests, to make a nil return).

Decision Making Staff definition*
Executive and Non-Executive Directors
All staff at band 8c and above
All budget holders at any band
All consultants
Governors on the GOSH Council of Governors.

**Includes bank, agency, interim and relevant honorary staff in any of the categories.*

Compliance with the policy in 2022/23

The Trust uses an online portal called DECLARE which enables all staff to declare and manage their own declarations. A communication programme has been in place throughout the year to remind Decision Makers of the requirement to declare including emails directly from the DECLARE system and reminders for cascade to teams via the Senior Leadership Team meetings. Emails were sent to Chiefs of Service and corporate leads highlighting Decision Making Staff in their areas who had not yet made their declarations in year and providing a template reminder email to forward on to these colleagues and the Company Secretary sent group and individual requests to declare throughout the year. Plans are in place to send emails from Executive Directors to non-compliant Decision Makers in their portfolio.

In line with the NHS contract GOSH is required to publish the names and roles of Decision-Making Staff who have not made a declaration in 2022/23.

As at 22nd March 2023, there were 829 active Decision-Making Staff on DECLARE of which 95% had made at least one positive or nil declaration in the calendar year. Declarations were made as set out in the table below.

Decision Maker Declarations 2022/23

Interest type	Number of Declarations
Nil declaration	648
Charitable money donations	1
Clinical private practice	134
Gifts and donations of equipment	3
Hospitality	14
Loyalty interests	37
No change to existing declarations*	103
Outside employment	143
Patents	3
Shareholding and other ownership interests	24
Sponsored events	29
Sponsored posts	1
Sponsored research	35
Total	932

*No change to existing declarations will encompass a wide variety of different categories of interest. This function was updated on the DECLARE portal mid-year so future reports will have greater clarity about the category of all declarations.

The Trust's Counter Fraud Service is reviewing GOSH's performance against the Declarations of Interests, Gifts, Hospitality and Sponsorship Policy for 2022/23 as part of the Counter Fraud Functional Standard Return and it is anticipated that an amber rating will be provided. This is as a result of the requirement from the NHS Counter Fraud Authority that 100% of Decision-Making Staff make a positive or nil declaration in year.

Register of Directors' interests

The Register of Directors' Interests is attached at **Appendix 1**.

Register of staff interests

The public register is available at the following link <https://gosh.mydeclarations.co.uk/declarations>

Register of Interests 2022-23
Great Ormond Street Hospital for Children NHS Foundation Trust
Directors
Non – Executive Directors (Voting)

Name	Declared Interests
Sir Michael Rake	Chair, NewDay Ltd Chair, Wireless Logic Limited Director, Trust Payments Limited Chair, Phoenix Global Resources Chair, Ola UK Private Limited Senior Advisor, Elliott Advisors (from March 2023) Director, (owner) MDVR Services Ltd Citigroup, Adviser (until March 2023) Vice President, Royal National Institute of Blind People
Lady Amanda Ellingworth	Director, Plan International Inc Trustee, Plan International UK Deputy Chair, Sir Ernest Cassel Education Trust Deputy Chair, Catholic Safeguarding Standards Authority
Gautam Dalal	Moxico Resources Plc – NED and Chair of the Audit Committee. Member of nominations and ESG committees. Camellia Plc – NED and Chair of the Audit Committee (until June 2022) BookTrust – Trustee and Treasurer. Chair of Finance, Risk and Audit Committee National Gallery – Member of the Finance and Audit Committees Hoptroff London Limited – Independent NED
Suzanne Ellis	Haleon Plc – Head of Tech and Digital Strategy, Portfolio and Transformation (until 31 st March 2023) McKinsey – Member of the McKinsey Advisory Board (until 31 st March 2023) Hoptroff London Limited – Non-Executive Director (from 1 st February 2023) From 1 st July 2023 – Partner in Mergers and Acquisitions at PwC.
Chris Kennedy	Chief Operating Officer and Chief Financial Officer ITV Plc Non-Executive Director, Whitbread PLC Non-Executive Director, The EMI Archive Trust Ltd
Kathryn Ludlow	Trustee of the International Rescue Committee Trustee of The Hall for Cornwall Member of International Advisory Panel for Woodsford Group Founder and Director of Kathryn Ludlow and Associates Limited
Prof Russell Viner	Consultant (Honorary), UCL Hospitals NHS Foundation Trust Professor, University College London Member of Sage – Government Office for Science, and of subgroups Spi-B (behavioural science) and SPI-Children (until December 2022) Member of Advisory Board, Children’s Commissioner for England (until December 2022) Member of Advisory Board, Science Media Centre (until December 2022) Chief Scientific Advisor (part time secondment), Department for Education (from January 2023)

Register of Interests 2022-23
Great Ormond Street Hospital for Children NHS Foundation Trust
Directors

Executive Directors (Voting)

Name	Declared Interests
Mr Matthew Shaw, Chief Executive	Director, UCL Partners Executive Director Board Member, NCL Provider Alliance Partner – Consultant Anaesthetist at GOSH
John Beswick, Chief Finance Officer	Non-Executive Board Member at NHS Dorset Integrated Care Board Shareholdings: BT Group Plc
John Quinn, Chief Operating Officer	None
Caroline Anderson, Director of HR and OD	None
Tracy Lockett, Chief Nurse	None
Prof Sanjiv Sharma, Chief Medical Officer	Member, Board of Governors, Haverstock School Board member, University of Stirling Management School Business Advisory Board Director, Greenberry House. Apartment block with 9 flats, each with a share of freehold. Partner – works at GOSH working within the Chief Nurse Directorate (GOSH Learning Academy)

Other Directors (Non-Voting)

Jason Dawson, Director of Space and Place	Vice Chair of Governors, Belthorn Academy Primary School Sole owner and director of CGN Consultancy Ltd a management consultancy Shareholdings: CGN Consultancy Ltd – I own the one and only share as sole director of the consultancy.
Prof David Goldblatt, Director of Research and Innovation	None
Cymbeline Moore, Director of Communications	Elected Parent Governor, Rushmore Primary School

Trust Board 30 March 2023	
Compliance with the Code of Governance 2022/23 and the new Code of Governance 2023	Paper No: Attachment 3
Submitted by: Anna Ferrant, Company Secretary	For approval
<p>Purpose of report</p> <p>This report has been prepared in two parts.</p> <ol style="list-style-type: none"> 1 Present the annual review and supporting evidence against the provisions of the current Code of Governance 2014 for the 2022/23 Trust Annual Report. 2 To present the new Code of Governance that applies from April 2023 and 	
<p>Summary of report</p> <p>A review has been conducted into compliance with the current Code of Governance (2014). This code consists of a set of Principles and Provisions. Foundation trusts are required to report against the Code of Governance in their Annual Report on the basis of disclosure and compliance with the Code or an explanation where there is a gap in compliance.</p> <p>Following a consultation from NHS England the new Code of Governance has been finalised and will apply from April 2023. The new Code will replace the NHS Foundation Trust Code of Governance, which was last updated in 2014 and is modelled on the 2018 version of the UK Corporate Governance Code.</p> <p>The new Code has been updated to reflect:</p> <ul style="list-style-type: none"> • Application to both NHS Foundation Trusts and NHS Trusts • Changes to the NHS landscape with the establishment of ICSs and ICBs together with other key elements of the new arrangements including place-based partnerships and provider collaboratives. • Effective collaboration and the expectation that providers will work together on all issues. • The evolving NHS System Oversight Framework, under which trusts will be treated similarly regardless of their constitution as a trust or foundation trust. <p>A comparison review has been undertaken to identify the changes between the two Codes and this has identified five key themes:</p> <ol style="list-style-type: none"> 1. System and Partnership Working 2. Culture and Wellbeing 3. Equality, Diversity and Inclusion 4. Council of Governors' duty to represent the interest of members 5. Recruitment and re/appointment processes <p>Each of these themes and their provisions are detailed within the report, along with the Trust's current compliance.</p>	

Patient Safety Implications Not applicable
Equality impact implications Not applicable
Financial implications Not applicable
Strategic Risk Not applicable
Action required from the meeting The Board is asked to review the proposed amendments and approve the revised terms of reference and workplan.
Consultation carried out with individuals/ groups/ committees Not applicable
Who is responsible for implementing the proposals / project and anticipated timescales? Company Secretary
Who is accountable for the implementation of the proposal / project? The Board is responsible for ensuring continued compliance with the Code to retain authorisation as a Foundation Trust.

Compliance with the Code of Governance 2022/23 and the new Code of Governance 2023

1.0 Compliance with the Code of Governance 2022/23

This review has been conducted on the current Code of Governance which was last reviewed by Monitor (now NHS England) in 2014. This code consists of a set of Principles and Provisions. Foundation trusts are required to report against the Code of Governance in their Annual Report on the basis of either compliance with the Code or an explanation where there is a gap in compliance.

A review has been conducted against all the Code's provisions and an outline of the evidence to support compliance against each of the criteria is attached at **Appendix 1** (for information on Diligent). The text in **red** highlights those criteria against which the Trust is required to explain any areas of non-compliance. The text in **green** relates to criteria that is required to be disclosed in the annual report. All of these **green** criteria are presented below

The review has found that the Board has applied the principles and met the requirements of Code of Governance during 2022/23. One provision to draw the Board's attention to is membership engagement (provision B.5.6). Whilst Governors did not personally canvass the opinion of FT members in 2022/23 on the trust forward plan, Governors were given the opportunity to comment on the GOSH Annual Plan and FT members and governors views were sought on the new GOSH Clinical Strategy. The Trust has also continued to consult with the local community, patients, and governors on the design of the Children's Cancer Centre (a priority in its strategy) and presented plans for delivery of the strategy at the AGM in 2022. We consider these steps adequate to meet the provision.

The schedule of matters (provision A1.1) is in place and subject to review. This will be reviewed by the Board in June 2023 and the Council of Governors in July 2023.

Recommendation for Trust Board: It is proposed that the text provided below is published in the annual report 2022/23 explaining the Trust's compliance with the relevant disclosures in the Code. The section (highlighted in yellow) outlines where in the annual report reference to the provisions of the Code are located that must be disclosed.

Code of Governance

Great Ormond Street Hospital for Children NHS Foundation Trust has applied the principles of The NHS foundation trust Code of Governance on a 'comply or explain' basis. The NHS foundation trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Throughout our annual report we describe how we meet the Code. A summary of where detail can be found on the issues we are required to disclose is given in the following table.

Code reference	Section of annual report
A.1.1	Accountability Report: Council of Governors (role of Council) Trust Board (role of Trust Board) Annual Governance Statement (role of Trust Board)
A.1.2	Accountability Report – Trust Board members 2022–23
A.5.3	Accountability Report – Governors' attendance at meetings 2022–23

<i>Code reference</i>	<i>Section of annual report</i>
<i>Additional requirement (FT Annual Reporting Manual)</i>	<i>A statement about the number of meetings of the council of governors and individual attendance by governors and directors. Accountability Report – Trust Board members 2022–23 Accountability Report – Governors’ attendance at meetings</i>
<i>B.1.1</i>	<i>Accountability Report – Trust Board members 2022–23</i>
<i>B.1.4</i>	<i>Accountability Report – Trust Board members 2022–23</i>
<i>Additional requirement (FT Annual Reporting Manual)</i>	<i>Brief description of the length of appointments of the non-executive directors, and how they may be terminated. Accountability Report – Trust Board members 2022–23</i>
<i>B.2.10</i>	<i>Accountability Report: Trust Board Nominations Committee Council of Governors’ Nominations and Remuneration Committee</i>
<i>Additional requirement (FT Annual Reporting Manual)</i>	<i>Explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director. Accountability Report – Trust Board members 2022–23 Not applicable</i>
<i>B.3.1</i>	<i>Accountability Report – Trust Board members 2022–23</i>
<i>B.5.6</i>	<i>Accountability Report – Membership Engagement. Whilst Governors did not personally canvass the opinion of FT members in 2022/23 on the trust forward plan, Governors were given the opportunity to comment on the GOSH Annual Plan and FT members and governors views were sought on the new GOSH Clinical Strategy. The Trust has also continued to consult with the local community, patients and governors on the design of the Children’s Cancer Centre (a priority in its strategy) and presented plans for delivery of the strategy at the AGM in 2022.</i>
<i>Additional requirement (FT Annual Reporting Manual)</i>	<i>Governors having exercised their powers to require one or more of the directors to attend a governors’ meeting for the purpose of obtaining information about the foundation trust’s performance of its functions. Not applicable in 2022–23.</i>
<i>B.6.1</i>	<i>Accountability Report – Evaluation of Board performance</i>
<i>B.6.2</i>	<i>Accountability Report – Evaluation of Board performance</i>
<i>C.1.1</i>	<i>Disclosures -Statement of the chief executive's responsibilities as the accounting officer of Great Ormond Street Hospital for Children NHS Foundation Trust</i>
<i>C.2.1</i>	<i>Annual Governance Statement – review of the effectiveness of its system of internal controls.</i>
<i>C.2.2</i>	<i>Accountability Report – Audit Committee Report</i>
<i>C.3.5</i>	<i>Not applicable for 2022–23</i>
<i>C.3.9</i>	<i>Accountability Report – Audit Committee Report</i>
<i>D.1.3</i>	<i>Accountability Report - Trust Board members 2022–23 Not applicable for 2022–23</i>
<i>E.1.4</i>	<i>Accountability Report – Contacting a Governor</i>
<i>E.1.5</i>	<i>Accountability Report - Trust Board and Council of Governors working together</i>
<i>E.1.6</i>	<i>Accountability Report - Membership constituencies and membership numbers 2022–23 and Membership Engagement</i>

<i>Code reference</i>	<i>Section of annual report</i>
<i>Additional requirement (FT Annual Reporting Manual)</i>	<i>Eligibility for being a member, membership statistics and membership strategy Accountability Report – Council of Governors</i>
<i>Additional requirement (FT Annual Reporting Manual)</i>	<i>Details of company directorships or other material interests in companies held by governors and/or directors Accountability Report: Trust Board and Council of Governors Register of Interest (Directors) Register of Interests (Governors)</i>

2.0 New Code of Governance 2023

Introduction

Following a consultation from NHS England the new [Code of Governance](#) has now been finalised and will apply from April 2023. The new Code will replace the NHS Foundation Trust Code of Governance, which was last updated in 2014 and is modelled on the 2018 version of the UK Corporate Governance Code.

Why is the Code required

NHS England has issued this Code of Governance (the code) to help NHS providers deliver effective corporate governance, contribute to better organisational and system performance and improvement, and ultimately discharge their duties in the best interests of patients, service users and the public.

Corporate governance is the means by which boards lead and direct their organisations so that decision-making is effective, risk is managed, and the right outcomes are delivered. In the NHS this means delivering high quality services in a caring and compassionate environment, while collaborating within ICSs to integrate care and complying with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources. Robust governance structures that support collaborative leadership and relationships with system partners and other stakeholders, and strong local accountability will help trusts maintain the trust and confidence of the people and communities they service.

The Code

In general, the provisions of the code do not greatly differ from the 2014 version since the Health and Care Act 2022 does not change the statutory role, responsibilities and liabilities of provider trust boards. However, there are some important additions that reflect the change in NHS landscape since 2014 and the Trust will need to consider how these are taken forward and reported.

To enable trusts the flexibility to ensure their structure and processes work well now and, in the future, the code is designed to provide all the requirements for good governance which have been designed with the interests of patients, service users and the public in mind.

In summary the Code has been updated to reflect:

- Application to both NHS Foundation Trusts and NHS Trusts

Attachment 3

- Changes to the NHS landscape with the establishment of Integrate Care Systems (ICS) and Integrated Care Boards (ICB) together with other key elements of the new arrangements including place-based partnerships and provider collaboratives.
- Effective collaboration and the expectation that providers will work together on all issues.
- The evolving NHS System Oversight Framework, under which trusts will be treated similarly regardless of their constitution as a trust or foundation trust.

As before, the Code is set out in five sections and describes principles of good governance and the provisions (based on the principles) with which the Trust must ‘comply or explain’. The sections are broken down differently in the new version, as set out below and as a result, the principles and provisions are also ordered differently.

2014 Code	2023 Code
Section A: Leadership	1. Section A: Board Leadership and purpose
Section B: Effectiveness	2. Section B: Division of responsibilities
Section C: Accountability	3. Section C: Composition, succession and evaluation
Section D: Remuneration	4. Section D: Audit, risk and internal control
Section E: Relations with stakeholders	5. Section E: Remuneration

To fully understand the changes, the Company Secretary and Deputy Company Secretary have undertaken a comparison review of the previous and new Code to identify what has been amended, removed and added.

New Themes

The review identified five themes underlying the key changes now included in the Code for the first time. These themes and GOSH current compliance are summarised below:

System and Partnership Working

There is a requirement for the Trust Board to assess the trust’s “contribution to the objectives of the Integrated Care Partnership (ICP) and Integrated Care Board (ICB), and place-based partnerships” as part of its assessment of its performance.

At the heart of effective collaboration is the expectation that providers will work effectively on all issues, including those that may be contentious for the organisation and system partners, rather than focusing only on those issues for which there is already a clear way forward or which are perceived to benefit their organisation. The success of individual trusts will increasingly be judged against their contribution to the objectives of the ICS, in addition to their existing duties to deliver high quality care and effective use of resources.

Culture and Wellbeing

The new Code has been updated with the inclusion of the Trust Board’s role in assessing and monitoring the culture of the organisation and taking corrective action as required, alongside “investing in, rewarding and promoting the wellbeing of its workforce”. The previous code only mentioned wellbeing in the context of the finances of the organisation.

Equality, Diversity and Inclusion

There is a new focus in the Code on equality, diversity and inclusion, among board members and it also states that training in equality, diversity and inclusion should be provided for those undertaking director-level recruitment, including trust governors. The Trust Board are forthcoming development session dedicated to ‘creating an inclusive

organisation' and EDI training for those staff undertaking recruitment at GOSH has been rolled out and will also be applied to all NED positions going forward and governors on the interview panel.

It also specifies the Trust Board should have a succession plan in place for the board and senior management of the organisation to reflect the diversity of the local community or workforce, whichever is higher. A Trust Board skills knowledge and experience audit was undertaken in January and February 2023, and the results will be used to form a succession plan that will support the development of a diverse board.

Council of Governors' duty to represent the interest of members

The Council of Governors' duty to represent the interest of members now includes the population of the local system of which the trust is part and the whole population of England as served by the wider NHS. It is suggested that the Council of Governors' may look at the nature of the Trust's collaboration with system partners as an indicator of organisational performance. GOSH serves children and young people across England and its Trust membership is representative of this demographic area by having a Rest of England and Wales constituency.

Recruitment and Re/Appointment Processes

Greater involvement for NHSE in recruitment and appointment processes, including utilising NHSE's Non-Executive (NED) Talent and Appointments team in preference to external recruitment consultancies and/or having representation from NHSE/independent members on NED recruitment panels. The Trust is compliant with this, having an NHSE representative on the forthcoming Chair interview panel.

Greater clarity is provided on Chair and NED's tenures, setting out the need for NHS England approval for any extensions beyond nine years that are required to facilitate effective succession planning and the development of a diverse board. The Trust is compliant with this provision in the Trust Constitution - the Chair and non-executive Directors are eligible for appointment for two three year terms of office. In exceptional circumstances, the Council of Governors may agree that a non-executive Director (or Chair) should serve one or more defined additional periods, up to a maximum of nine years in aggregate. The additional approved periods will be reviewed by the Council annually.

Other Changes to note

In addition to the main key themes detailed above there are a number of other changes to individual provisions that the Trust Board should be aware of. These are summarised below:

Trust Board

- **Board Evaluation** – the requirement for a formal and rigorous evaluation of the performance of the board of directors, its committees is now required *annually*. (Provision C 4.5). An evaluation programme will be designed in 2023/24 for the Trust Board and its Committees using different evaluation techniques, for example, board committee member surveys, desk top analysis and external/ peer reviews.
- The Code has been updated to reflect trusts being encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework *every three to five years*, according to their circumstances (Provision C 4.7). In 2021 the Trust conducted an external independent review on its leadership and governance using the Well-led framework.

- Fit and Proper Persons Test - The requirements of the process have been clarified and the provision now refers to the Provider Licence and Regulation 5. Once the new Provider Licence is finalised (the consultation closed at the end of the last year) it is proposed governors will no longer be required to undertake the test. Currently Regulation 5 and Provider Licence are conflicting in their approach. (Provision C 4.1).
- Company Secretary - All directors should have access to the advice of the company secretary, who is responsible for advising the board of directors on all governance matters. Both the appointment and removal of the company secretary should be a matter for the whole board (New Provision B 2.15).

Non-Executive Directors

- NED Independence - Timeframes for circumstances that are likely to impair the independence of a Non-Executive Director have been reduced for being an employee of the trust within the last two years (previously five years) and if they have had or has had within the last two years (previously three years) a material business relationship with the trust either directly or as a partner, shareholder, director of senior employee of a body that has such a relationship with the trust (Provision B 2.6). The Trust will review its Constitution and Board membership in line with this provision.
- Evaluation - Chair and NED performance evaluation should make use of the NHS Leadership Competency Framework. (Provision C 4.5). This evaluation process has already been implemented at GOSH.

Council of Governors

- Governor Terms - The new Code describes best practice and states that governors do not serve more than three consecutive terms to ensure that they retain objectivity and independence required to fulfil their role (Provision C 4.4). The Trust complies with this and the GOSH Constitution requires that the maximum aggregate term of office for any elected governor or appointed governor is six years (Constitution 14.7).
- Governor Removal - The Code now references NHS England's model core constitution which suggests that a governor can be removed by a 75% voting majority, however it goes on to stipulate that trusts are free to stipulate a lower threshold if considered appropriate. The provision also describes the very limited circumstances NHS England can use its enforcement powers to require a trust to remove a governor. (Provision C 4.10). The Trust Constitution and Governance Working Group will consider this in 2023 including updating the Constitution.
- Processes - The role of the Council of Governors in taking decisions on significant transactions, mergers, acquisitions, separations or dissolutions has been further clarified and clearly states that governors need to be assured that the process undertaken by the board was appropriate, and that the interests of the public at large were considered. A council may disagree with the merits of a particular decision of the board on a transaction, but still give its consent because due diligence has been followed and assurance received. To withhold its consent, the council of governors would need to provide evidence that due diligence was not undertaken (Appendix B 3.7).

Audit

- Audit Committee Chair - In addition to the Chair, the new Code stipulates that the Vice Chair or Senior Independent Director should not chair the Audit Committee (Provision C 2.1). The Trust is compliant with the provision and the GOSH Audit Committee terms of reference will be updated accordingly.
- External Auditor - Trusts should change their external audit firm at least every 20 years and in accordance with legislation the new Code stipulates a Foundation Trust should retender at least every 10 years and, in most cases, more frequently than this (Provision D 2.3). The Trust is compliant with this provision.

Remuneration

- Bonuses and Incentive Schemes - The new Code stipulates that executive directors' annual bonuses and incentive schemes should be set and disclosed and must be limited to the lower of £17,500 or 10% of basic salary (Provision E 2.1). The 2023/24 Remuneration Report will state this.
- Levels of remuneration - for the Chair and NEDs should reflect the Chair and NED Remuneration Structure (Provision E 2.2). The Trust is compliant with this provision – Chair and NED remuneration is aligned with NHSE benchmarking.
- Severance Payment - Trusts should discuss any director-level severance payment, whether contractual or non-contractual, with their NHS England regional director at the earliest opportunity (Provision E 2.5). The Trust notes this requirement.
- Remuneration Committee - The board member with responsibility for HR should sit as an advisor on the remuneration committee (Provision E 2.6). The Trust is compliant with this provision.

Reporting Disclosures

NHS Trusts are required to provide a specific set of disclosures to meet the requirement of the Code of Governance, and these should be submitted as part of the annual report. The Corporate Affairs Team will use the Disclosures in the new Code to report against for the Annual Report for 2023/24 and in the meantime a side-by-side review is being undertaken for 2023/24 and any required changes to the Constitution, Terms of Reference for the Trust Board and working practices will be processed accordingly.

3.0 Action required from the meeting

The Board is asked to:

- Note the review of the compliance with the 2014 Code of Governance and **approve** the statement to be included in the 2022/23 annual report.
- Note the new Code of Governance effective from April 2023 and the five key themes alongside GOSH's current compliance and action to be taken.

Compliance with the Code of Governance 2022-23

Key		
	Fully compliant with the requirement	
	Partially compliant with the requirement	
Red text	Criteria against which NHSI expects the Trust to explain any areas of non-compliance.	
Green text	Criteria against which NHSI require disclosure in the annual report	
Para	Code of Governance Requirement	Disclosure 2022/23
A.1.1	The board of directors should meet sufficiently regularly to discharge its duties effectively. There should be a schedule of matters specifically reserved for its decision. The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors. These arrangements should be kept under review at least annually.	A schedule of matters is in place. This is due to be reviewed by the Trust Board in June 2023 and the Council of Governors in July 2023.
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.	The annual report identifies these individuals and outlines the number of meetings attended by Board members.
A.1.3	The board of directors should make available a statement of the objectives of the NHS foundation trust showing how it intends to balance the interests of patients, the local community and other stakeholders, and use this as the basis for its decision-making and forward planning.	This statement is incorporated in the Trust's Annual Plan, Annual Report and is documented in the Trust Strategy.
A.1.4	The board of directors should ensure that adequate systems and processes are maintained to measure and monitor the NHS foundation trust's effectiveness, efficiency and economy as well as the quality of its health care delivery. The board should regularly review the performance of the NHS foundation trust in these areas against regulatory and contractual obligations, and approved plans and objectives.	The Board receives regular integrated performance report on quality, safety, patient experience workforce and patient access. There is then a separate report presented on finance. These reports monitor the Trust's plans and strategies. Corporate risks are reviewed at the Risk, Assurance and Compliance Group (an executive led group chaired by the CEO) and the actions shared with the Audit Committee, Quality, Safety and Experience Assurance Committee (QSEAC) and the People and Education Assurance Committee. Assurance of the robustness of the controls in place to mitigate these risks is sought by these assurance committees. The annual report provides a summary of the adequacy of these systems. External sources of assurance are sought on high risk/ complex areas .
A.1.5	The board of directors should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and delivery of performance. Where appropriate and, in particular, in high risk or complex areas, independent advice, for example, from the internal audit function, should be commissioned by the board of directors to provide an adequate and reliable level of assurance.	The Board receives regular reports on quality, safety, finance, patient experience, workforce and patient access. These include relevant metrics, milestones and measures. The assurance committees seek assurance of the robustness of the controls in place to mitigate risk and direct the internal audit function to provide assurance that these controls are robust. The assurance committees approve the internal audit and clinical audit plan every year.
A.1.6	The board of directors should report on its approach to clinical governance and its plan for the improvement of clinical quality in accordance with guidance set out by the DH, NHS England, the CQC and Monitor. The board should record where, within the structure of the organisation, consideration of clinical governance matters occurs.	The Board receives an integrated quality and performance report at each Board meeting (see above). This has been subject to a review and update with streamlining of reporting to the Board and operational teams to support their performance management. The Quality, Safety and Experience Assurance Committee, a committee of the Board, seeks assurance of the adequacy of controls in place to manager quality risks and provides a summary report of matters considered at its last meeting to the next available Board meeting. The Quality, Safety, Outcomes and Compliance Committee (QSOCC) monitors the development and implementation of clinical risk management processes and evidence based standards and ensures that learning is disseminated and embedded across the Trust. QSOCC items of significance are reported through to the QSEAC and Risk Assurance and Compliance Group (RACG). The Trust has approved a Safety Transformation Plan (brought together both the Safety and Quality strategies). Progress with the safety Transformation Plan is reviewed by the QSEAC. Compliance with CQC standards and other regulatory and statutory requirements are reported to the RACG. An Assurance and Escalation Framework is in place. Learning from incidents, audits, reviews etc. is captured and cascaded by QSOCC.
A.1.7	The chief executive as the accounting officer should follow the procedure set out by Monitor for advising the board of directors and the council of governors and for recording and submitting objections to decisions considered or taken by the board of directors in matters of propriety or regularity, and on issues relating to the wider responsibilities of the accounting officer for economy, efficiency and effectiveness.	The Chief Executive is aware of his role and responsibility as accounting officer for the Trust and signs the statement in the annual report.
A.1.8	The board of directors should establish the constitution and standards of conduct for the NHS foundation trust and its staff in accordance with NHS values and accepted standards of behaviour in public life, which includes the principles of selflessness, integrity, objectivity, accountability, openness, honesty and leadership (The Nolan Principles).	Standards of conduct are included in staff job descriptions. The Trust Board and Council of Governors' Code of Conduct reflects these values (including the Trust's Always Values and accepted standards of behaviour in public life). The Code of Conduct was reviewed and was approval at the Board and Council in May 2021 and July 2021 respectively. All directors and governors are required to sign the Codes.

Para	Code of Governance Requirement	Disclosure 2022/23
A.1.9	<p>The board of directors should operate a code of conduct that builds on the values of the NHS foundation trust and reflect high standards of probity and responsibility. The board of directors should follow a policy of openness and transparency in its proceedings and decision-making unless this is in conflict with a need to protect the wider interests of the public or the NHS foundation trust (including commercial-in-confidence matters) and make clear how potential conflicts of interest are dealt with.</p>	<p>See above on the Code of Conduct for directors and governors.</p> <p>The directors and governors are asked to submit an annual, mandatory declaration of interests using the new web portal reporting system and are prompted to declare any interests at the start of every Board meeting. The live register of interests for directors and governors is published on the GOSH website. A paper is presented at the March Board annually on director and staff declarations.</p> <p>The Trust Board ToR states: "Encourage and promote openness, honesty and transparency about performance with patients and their representatives, the public, staff, governors, members and other stakeholders;"</p>

Para	Code of Governance Requirement	Disclosure 2022/23
A.1.10	The NHS foundation trust should arrange appropriate insurance to cover the risk of legal action against its directors. Assuming the governors have acted in good faith and in accordance with their duties, and proper process has been followed, the potential for liability for the council should be negligible. Governors may have the benefit of an indemnity and/or insurance from the trust. While there is no legal requirement for trusts to provide an indemnity or insurance for governors to cover their service on the council of governors, where an indemnity or insurance policy is given, this can be detailed in the trust's constitution.	This cover is provided under the LTPS (NHSLA). The Trust has also arranged top up insurance to provide additional indemnity for risks not covered by the NHSLA e.g.: • Claims made against the Entity itself • Past Directors, Governors, Employees.
A.2.1	The division of responsibilities between the chairperson and chief executive should be clearly established, set out in writing and agreed by the board of directors.	The responsibilities of the Chair and Chief Executive are set out in writing in their job descriptions.
A.2.2	The roles of chairperson and chief executive must not be undertaken by the same individual.	The Chair and Chief Executive roles are undertaken by two separate individuals.
A.3.1	The chairperson should, on appointment by the council, meet the independence criteria set out in B.1.1. A chief executive should not go on to be the chairperson of the same NHS foundation trust.	The Chair meets the independence criteria and has not been chief executive of the Trust.
A.4.1	In consultation with the council of governors, the board should appoint one of the independent non-executive directors to be the senior independent director to provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary. The senior independent director should be available to governors if they have concerns that contact through the normal channels of chairperson, chief executive, finance director or trust secretary has failed to resolve, or for which such contact is inappropriate. The senior independent director could be the deputy chairperson.	The senior independent director was James Hatchley until the end of September 2022. From October 2022 this is Amanda Ellingworth appointed by the Board in consultation with the Council in July 2022. The deputy chair was James Hatchley until the end of September 2022. From October 2022 this is Amanda Ellingworth appointed by the Board in consultation with the Council in July 2022.
A.4.2	The chairperson should hold meetings with the non-executive directors without the executives present. Led by the senior independent director, the non-executive directors should meet without the chairperson present, at least annually, to appraise the chairperson's performance, and on other such occasions as are deemed appropriate.	The Chair held meetings with the NEDs during the year without the executives present. The Senior Independent Director (SID) lead the performance evaluation of the Chair and consults with the other NEDs, executives and the governors on his performance.
A.4.3	Where directors have concerns that cannot be resolved about the running of the NHS foundation trust or a proposed action, they should ensure that their concerns are recorded in the board minutes. On resignation, a director should provide a written statement to the chairperson for circulation to the board, if they have any such concerns.	Any matters raised are recorded in the minutes of the meetings and the minutes reviewed and approved at the next relevant Board meeting.
A.5.1	The council of governors should meet sufficiently regularly to discharge its duties. Typically the council of governors would be expected to meet as a full council at least four times a year. Governors should, where practicable, make every effort to attend the meetings of the council of governors. The NHS foundation trust should take appropriate steps to facilitate attendance.	The Council of Governors meets 4 times a year as a minimum (excluding extraordinary meetings). Governor attendance at meetings is recorded in the annual report. Governors are provided with regular reminders about meetings (including opportunities to observe Board and assurance committees) via the monthly Governor newsletter.
A.5.2	The council of governors should not be so large as to be unwieldy. The council of governors should be of sufficient size for the requirements of its duties. The roles, structure, composition, and procedures of the council of governors should be reviewed regularly as described in provision B.6.5.	The Council is made up of 27 governors. When revising the Constitution in July 2018, the Board and Council agreed that this was of a sufficient, representative size. The Trust undertakes annual elections where approximately a third of governors seats are subject to election.
A.5.3	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor. A record should be kept of the number of meetings of the council and the attendance of individual governors and it should be made available to members on request.	This information is recorded in the annual report which is published on the website. The Constitution includes an expectation of the number of meetings that governors should attend. A record of attendance for governors is maintained and is available in the annual report, as part of the information published for governors seeking re-election and on request throughout the year.
A.5.4	The roles and responsibilities of the council of governors should be set out in a written document. This statement should include a clear explanation of the responsibilities of the council of governors towards members and other stakeholders and how governors will seek their views and keep them informed.	The annual report outlines the role and responsibilities of the Council, highlighting the responsibilities of the Council towards members and stakeholders. This is also included on the GOSH website and in other promotional material. A schedule of matters is in place. This is due to be reviewed by the Trust Board in June 2023 and the Council of Governors in July 2023.
A.5.5	The chairperson is responsible for leadership of both the board of directors and the council of governors (see A.3) but the governors also have a responsibility to make the arrangements work and should take the lead in inviting the chief executive to their meetings and inviting attendance by other executives and non-executives, as appropriate. In these meetings other members of the council of governors may raise questions of the chairperson or his/her deputy, or any other relevant director present at the meeting about the affairs of the NHS foundation trust.	The chief executive provides a written report at each Council meeting. Non-executive directors attend the Council meeting on a regular basis and answer questions from governors which is recorded in the Council meeting minutes. Executive Directors are invited to Council meetings to present on relevant reports. Governors receive feedback from the non-executive chairs of the Board assurance committees. Governors are invited to attend to observe the Board and assurance committee meetings. Governors hold a private meeting with the Chair prior to every Council meeting to discuss matters raised in the Council papers and ask questions.
A.5.6	The council of governors should establish a policy for engagement with the board of directors for those circumstances when they have concerns about the performance of the board of directors, compliance with the <i>new provider licence</i> or other matters related to the overall wellbeing of the NHS foundation trust. The council of governors should input into the board's appointment of a senior independent director (see A.4.1).	The Constitution details how such issues will be managed. The SID is available to discuss concerns about the performance of the board of directors and/or compliance with licence requirements. All of the Non-Executive directors attend each Council meeting and are available to answer questions about performance matters. The Chair holds a private meeting with Governors prior to each Council meeting and provides the opportunity to ask any question and receive updates on key matters.
A.5.7	The council of governors should ensure its interaction and relationship with the board of directors is appropriate and effective. In particular, by agreeing the availability and timely communication of relevant information, discussion and the setting in advance of meeting agendas and, where possible, using clear, unambiguous language.	Governors are invited to attend the public Board and observe the assurance committees. A monthly newsletter is sent to governors, updating them on development opportunities, requests for information, media news stories and the key meeting dates for diaries. The Trust seeks to spell out all acronyms in Council papers. A glossary of terms has also been circulated to governors and is available on their online portal. Information is circulated to governors on significant issues arising between Council meetings via email. Papers are drafted with executive summaries and appendices are attached separately with the detail, where required. Governors are asked for their views about topics for development sessions that take place before Council meetings. The Lead Governor asks Governors to comment on the proposed agenda for the next council of governors meeting and add any items for discussion. A list of requested topics is retained and items added to the agendas on a rotational basis.

Para	Code of Governance Requirement	Disclosure 2022/23
A.5.8	The council of governors should only exercise its power to remove the chairperson or any non-executive directors after exhausting all means of engagement with the board of directors. The council should raise any issues with the chairperson with the senior independent director in the first instance.	The Council will seek to engage with the Trust Board should this situation arise, through the Lead Governor and Senior Independent Director.
A.5.9	The council of governors should receive and consider other appropriate information required to enable it to discharge its duties, for example clinical statistical data and operational data.	<p>At every meeting, the Council receives a report from the Chief Executive which includes information on key news and developments as well as finance and performance targets and quality indicators (covering safety and patient experience) and workforce.</p> <p>Governors receive feedback from the non-executive chairs of the Board assurance committees. Governors are invited to attend to observe these assurance committee meetings. Governors who attended the assurance meetings are encouraged to share their feedback with other Governors.</p> <p>Emails are sent to governors on significant matters arising between Council meetings.</p> <p>A monthly newsletter is sent out to governors, updating them on development opportunities, requests for information, media news stories and dates for diaries.</p> <p>The Chair of the Council holds a private meeting with governors prior to each Council meeting to answer any questions.</p>
A.5.10	The council of governors has a statutory duty to hold the non-executive directors individually and collectively to account for the performance of the board of directors.	<p>The Lead Governor holds a private meeting with other Governors on Council days to discuss the Council agenda and consider issues to raise at the Council meeting that day.</p> <p>Governors receive externally facilitated training on how to hold the NEDs to account for the performance of the Board.</p> <p>Governors make up the majority of members on the Council Nominations and Remuneration Committee which is responsible for considering recommendations for appointment, removal, performance assessment and remuneration of the Chair and NEDs.</p>
A.5.11	The 2006 Act, as amended, gives the council of governors a statutory requirement to receive the following documents. These documents should be provided in the annual report as per the <i>NHS Foundation Trust Annual Reporting Manual</i> : (a) the annual accounts; (b) any report of the auditor on them; and (c) the annual report.	These documents were presented to the Council at the Annual General Meeting and Annual Member's meeting in September 2022.
A.5.12	The directors must provide governors with an agenda prior to any meeting of the board, and a copy of the approved minutes as soon as is practicable afterwards. There is no legal basis on which the minutes of private sessions of board meetings should be exempted from being shared with the governors. In practice, it may be necessary to redact some information, for example, for data protection or commercial reasons. Governors should respect the confidentiality of these documents.	<p>Governors has an online portal where they can access these documents at all times and can be easily found in one place and provide a secure solution to share the private board minutes.</p> <p>The public agenda and papers are available on the Trust website and the link is sent to governors via the newsletter. Governors are invited to attend Board public meetings.</p>
A.5.13	The council of governors may require one or more of the directors to attend a meeting to obtain information about performance of the trust's functions or the directors' performance of their duties, and to help the council of governors to decide whether to propose a vote on the trust's or directors' performance.	The executive directors (when appropriate) and non-executive directors attend most Council meetings and provide information about performance of the Trust. This includes updates from those non-executive directors who chair Board assurance committees (Audit Committee, Quality, Safety and Experience Assurance Committee, People and Education Assurance Committee and the Finance and Investment Committee).
A.5.14	Governors have the right to refer a question to the independent panel for advising governors. More than 50% of governors who vote must approve this referral. The council should ensure dialogue with the board of directors takes place before considering such a referral, as it may be possible to resolve questions in this way.	Governors are provided with a copy of the Code of Governance on appointment with this information included.
A.5.15	Governors should use their new rights and voting powers from the 2012 Act to represent the interests of members and the public on major decisions taken by the board of directors. These new voting powers require: <ul style="list-style-type: none"> • More than half of the members of the board of directors who vote and more than half of the members of the council of governors who vote to approve a change to the constitution of the NHS foundation trust. • More than half of governors who vote to approve a significant transaction. • More than half of all governors to approve an application by a trust for a merger, acquisition, separation or dissolution. • More than half of governors who vote, to approve any proposal to increase the proportion of the trust's income earned from non-NHS work by 5% a year or more. For example, governors will be required to vote where an NHS foundation trust plans to increase its non-NHS income from 2% to 7% or more of the trust's total income. • Governors to determine together whether the trust's non-NHS work will significantly interfere with the trust's principal purpose, which is to provide goods and services for the health service in England, or its ability to perform its other functions. <p>NHS foundation trusts are permitted to decide themselves what constitutes a "significant transaction" and may choose to set out the definition(s) in the trust's constitution. Alternatively, with the agreement of the governors, trusts may choose not to give a definition, but this would need to be stated in the constitution.</p>	<p>The Constitution covers all of these rights and voting powers.</p> <p>The Constitution was revised in November 2022 in consultation with the Board and Council (updates were to enable electronic Board meetings; ensure consistent use of pronouns and remove the Standing Orders for the Trust Board (Annex 9) from the Constitution).</p>

Para	Code of Governance Requirement	Disclosure 2022/23
B.1.1	<p>The board of directors should identify in the annual report each non-executive director it considers to be independent. The board should determine whether the director is independent in character and judgement and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the director's judgement. The board of directors should state its reasons if it determines that a director is independent despite the existence of relationships or circumstances which may appear relevant to its determination, including if the director:</p> <ul style="list-style-type: none"> • has been an employee of the NHS foundation trust within the last five years; • has, or has had within the last three years, a material business relationship with the NHS foundation trust either directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the NHS foundation trust; • has received or receives additional remuneration from the NHS foundation trust apart from a director's fee, participates in the NHS foundation trust's performance-related pay scheme, or is a member of the NHS foundation trust's pension scheme; • has close family ties with any of the NHS foundation trust's advisers, directors or senior employees; • holds cross-directorships or has significant links with other directors through involvement in other companies or bodies; • has served on the board of the NHS foundation trust for more than six years from the date of their first appointment; or • is an appointed representative of the NHS foundation trust's university medical or dental school. 	<p>The annual report details the independence of all of the non-executive directors. It notes that one NED is nominated by University College London. All directors are asked to annually declare any interests, including the matters outlined under B.1.1. Directors are also prompted to declare any interests at the start of every Board and committee meeting</p>
B.1.2	<p>At least half the board, excluding the chairperson, should comprise non-executive directors determined by the board to be independent.</p>	<p>The Board is comprised of a Chair, Deputy Chair and Senior Independent Director (SID), four additional independent Non-Executive Directors, and six Executive Directors. One Non-Executive Director is appointed by University College London.</p>
B.1.3	<p>No individual should hold, at the same time, positions of director and governor of any NHS foundation trust.</p>	<p>None of the directors on the GOSH Board are governors on the GOSH Council of Governors, nor a governor on another Trust's Council of Governors.</p>
B.1.4	<p>The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust. Both statements should also be available on the NHS foundation trust's website.</p>	<p>This information is included in the annual report (accountability report) and on the Trust website.</p>
B.2.1	<p>The nominations committee or committees, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors. The nominations committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the NHS foundation trust and the skills and expertise required within the board of directors to meet them.</p>	<p>There are two nomination committees at GOSH: one for the appointment of the Chair and NEDs and one for the appointment of executive directors. During 2023, the Committee received and approved the recruitment process for the Trust Chair and members are involved in longlisting, shortlisting and the interview panel.</p> <p>The executives have in place a succession plan for executive positions.</p> <p>A Board skills audit was completed in February 2023 and the analysis will be taken to the Trust Board in June 2023, followed by the Council.</p> <p>The Council of Governors approved the Succession Plan for NEDs at their meeting in November 2021 for those NEDs whose terms are coming to an end in 2022.</p>
B.2.2	<p>Directors on the board of directors and governors on the council of governors should meet the "fit and proper" persons test described in the provider licence. For the purpose of the licence and application criteria, "fit and proper" persons are defined as those without certain recent criminal convictions and director disqualifications, and those who are not bankrupt (undischarged). Trusts should also abide by the updated guidance from the CQC regarding appointments to senior positions in organisations subject to CQC regulations</p>	<p>The directors on the Board have all been required to sign a statement declaring that they meet the criteria of a 'fit and proper person'. Further checks are conducted with regards director disqualifications and bankruptcy and on an annual basis. Directors are subject to a DBS check on appointment and every 3 years. An annual report of compliance is presented to the Trust Board Remuneration Committee.</p>
B.2.3	<p>There may be one or two nominations committees. If there are two committees, one will be responsible for considering nominations for executive directors and the other for non-executive directors (including the chairperson). The nominations committee(s) should regularly review the structure, size and composition of the board of directors and make recommendations for changes where appropriate. In particular, the nominations committee(s) should evaluate, at least annually, the balance of skills, knowledge and experience on the board of directors and, in the light of this evaluation, prepare a description of the role and capabilities required for appointment of both executive and non-executive directors, including the chairperson.</p>	<p>There are two nominations committees - the Trust Board Nominations and Remuneration Committee (a joint committee since December 2022) and the Council Nominations and Remuneration Committee. A Board skills analysis is undertaken to enable the Board and Council to review the structure and composition of the Board. A skills audit was completed in February 2023 and the analysis will be taken to the Trust Board in June 2023, followed by the Council.</p>
B.2.4	<p>The chairperson or an independent non-executive director should chair the nominations committee(s). At the discretion of the committee, a governor can chair the committee in the case of appointments of non-executive directors or the chairman.</p>	<p>The Council Nominations and Remuneration Committee is chaired by the chair of the Board and Council. The terms of reference of the Council Nominations and Remuneration Committee states that when the chair is being appointed or reappointed, the deputy chair shall take his or her place, unless he or she is standing for appointment, in which case another non-executive director shall be identified and agreed prior to the meeting to take his or her place. The Deputy Chair has chaired the committee during 2022 and 2023 when the Chair recruitment process has been discussed. A majority of the committee is made up of governors (at meetings and at NED appointment panels).</p> <p>The Nominations part of the Trust Board Nominations and Remuneration Committee is chaired by the Chair of the Board.</p>
B.2.5	<p>The governors should agree with the nominations committee a clear process for the nomination of a new chairperson and non-executive directors. Once suitable candidates have been identified the nominations committee should make recommendations to the council of governors.</p>	<p>In 2022/23 the Council of Governors approved the following:</p> <ul style="list-style-type: none"> • Suzanne Ellis, Non-Executive Director was appointed by the Council of Governors in April 2022 as an Associate NED from May 2022 - September 2022 and then a substantive NED from October 2022 for a three year term of office. • James Hatchley, Non-Executive Director's tenure was extended by one month, until 30 September 2022 by the Council of Governors in July 2022 • Amanda Ellingworth, Non-Executive Director's tenure was extended by 12 months, until December 2024, by the Council of Governors in February 2023 • Russell Viner, Non-Executive Director was reappointed for a further three year tenure from 01 May 2023, by the Council of Governors in February 2023

Para	Code of Governance Requirement	Disclosure 2022/23
B.2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should consist of a majority of governors. If only one nominations committee exists, when nominations for non-executives, including the appointment of a chairperson or a deputy chairperson, are being discussed, there should be a majority of governors on the committee and also a majority governor representation on the interview panel.	The Council of Governors Nominations and Remuneration committee comprises the chair of the Trust, the deputy chair, lead governor, two governors from the public constituency and/or the patient and carer constituency, one staff governor and one governor from any constituency (patient and carer, public, staff or appointed). A majority of the committee is made up of governors (at meetings and on appointment panels).
B.2.7	When considering the appointment of non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position.	The Council takes into account the views of the Board on the qualifications, skills and experience required for the a new NED position. For the reappointment of the NED, the committee considers the results of the NED's appraisal, attendance, input and engagement with stakeholders including the Council.
B.2.8	The annual report should describe the process followed by the council in relation to appointments of the chairperson and non-executive directors.	The annual report includes an overview of the process followed for appointment of a new Chair and NEDs.
B.2.9	An independent external adviser should not be a member of or have a vote on the nominations committee(s).	An independent external adviser is not a member of the nominations committees and does not have a vote. Independent external advisers can be invited to attend the interview panels for all executive and NED appointments but do not have a vote.
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments. The main role and responsibilities of the nominations committee should be set out in publicly available, written terms of reference.	This information is presented in the annual report. The Trust Board Nominations and Remuneration Committee and the Council of Governors' Nominations and Remuneration Committee Terms of Reference are published on the Trust website.
B.2.11	It is a requirement of the 2006 Act that the chairperson, the other non-executive directors and – except in the case of the appointment of a chief executive – the chief executive, are responsible for deciding the appointment of executive directors. The nominations committee with responsibility for executive director nominations should identify suitable candidates to fill executive director vacancies as they arise and make recommendations to the chairperson, the other non-executives directors and, except in the case of the appointment of a chief executive, the chief executive.	The Trust Board Nominations and Remuneration Committee terms of reference details these requirements.
B.2.12	It is for the non-executive directors to appoint and remove the chief executive. The appointment of a chief executive requires the approval of the council of governors.	The Trust Board Nominations and Remuneration Committee terms of reference details these requirements. The Council approved the appointment of the current Chief Executive in November 2018.
B.2.13	The governors are responsible at a general meeting for the appointment, re-appointment and removal of the chairperson and the other non-executive directors.	This process is documented in the Trust Constitution.
B.3.1	For the appointment of a chairperson, the nominations committee should prepare a job specification defining the role and capabilities required including an assessment of the time commitment expected, recognising the need for availability in the event of emergencies. A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise, and included in the next annual report. No individual, simultaneously whilst being a chairperson of an NHS foundation trust, should be the substantive chairperson of another NHS foundation trust.	The Chair JD and terms and conditions define the role and capabilities required including an assessment of the time commitment expected in accordance with NHSE Framework. The Chair's significant commitments are documented in the annual report and declared in the register of interests as well as presented to the Board. The Chair is not a chair of another NHS Foundation Trust.
B.3.2	The terms and conditions of appointment of non-executive directors should be made available to the council of governors. The letter of appointment should set out the expected time commitment. Non-executive directors should undertake that they will have sufficient time to meet what is expected of them. Their other significant commitments should be disclosed to the council of governors before appointment, with a broad indication of the time involved and the council of governors should be informed of subsequent changes.	The terms and conditions of the NEDs were revised and approved by the Council in February 2021. The T&Cs for the Chair were considered by the Council of Governors in November 2022. Significant commitments and experience are presented to the Council when considering approval of an appointment. The non-executive directors' significant commitments are reported in the Trust annual report.
B.3.3	The board should not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity, nor the chairperson of such an organisation.	None of the executives or the Chair have taken on a non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity.
B.4.1	The chairperson should ensure that new directors and governors receive a full and tailored induction on joining the board or the council of governors. As part of this, directors should seek out opportunities to engage with stakeholders, including patients, clinicians and other staff. Directors should also have access, at the NHS foundation trust's expense, to training courses and/or materials that are consistent with their individual and collective development programme.	New directors and governors receive information as part of their induction and are required to attend a tailored Trust corporate induction programme. The Governor induction process including external speakers attending and training on roles and responsibilities. Governors receive information on an on-going basis via presentations to meetings and separate development sessions. The Director induction programme includes a series of induction meetings, including other NEDs and Directors, the Lead Governor and access to external facilitated training including NHSP, the Kings Fund, Deloitte etc. The Board has a Board Development Programme in place inviting external speakers to present on matters of risk, innovation, policy development etc.
B.4.2	The chairperson should regularly review and agree with each director their training and development needs as they relate to their role on the board.	The Chair held appraisal meetings with the NEDs during the year and discussed their training and development as they relate to their role on the Board.
B.4.3	The board has a duty to take steps to ensure that governors are equipped with the skills and knowledge they need to discharge their duties appropriately.	New governors receive a copy of their induction slides, a Governor Handbook and access to the information on the Governors online portal. They also attend an externally facilitated session as part of their induction (on governor roles and responsibilities) and they have access to externally facilitated courses throughout the term. Governors receive information on an on-going basis via presentations to meetings and separate development sessions. Governors are consulted on the content of their development programme as part of a review for continued development.

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B.5.1	The board of directors and the council of governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make. The board of directors and the council of governors should agree their respective information needs with the executive directors through the chairperson. The information for the boards should be concise, objective, accurate and timely, and it should be accompanied by clear explanations of complex issues. The board of directors should have complete access to any information about the NHS foundation trust that it deems necessary to discharge its duties, including access to senior management and other employees.	<p>The Board agenda and information contained within the reports is under constant scrutiny to ensure that the appropriate level of information is available to directors.</p> <p>The Board receives an integrated quality and performance report at every public meeting.</p> <p>The communication team regularly send around press updates to the Board and the Council.</p> <p>The Board work calendar mirrors reporting around the Well Led KLOEs and Trust strategy.</p> <p>Any significant matters are communicated to the Board as soon as possible by email, rather than wait for the next board meeting.</p> <p>The Chair/ CEO emails governors between meetings on significant matters to ensure that information is shared in a timely way, rather than wait for the next Council of governors meeting.</p> <p>The Council of Governors receive a monthly newsletter updating them on important matters, highlighting access to training events and other events where they can meet members.</p>
B.5.2	The board of directors and in particular non-executive directors, may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area that comes before the board of directors, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis. When complex or high-risk issues arise, the first course of action should normally be to encourage further and deeper analysis to be carried out in a timely manner, within the NHS foundation trust. On occasion, non-executives may reasonably decide that external assurance is appropriate.	<p>The non-executive directors request deeper analysis of high risk areas during Board and assurance Committee meetings.</p> <p>Access to external assurance/ advice is made available on request, for example legal advice around agreements regarding large scale development contracts or commercial matters.</p>
B.5.3	The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the NHS foundation trust's expense, where they judge it necessary to discharge their responsibilities as directors. Decisions to appoint an external adviser should be the collective decision of the majority of non-executive directors. The availability of independent external sources of advice should be made clear at the time of appointment.	Where requested, external advice is sought, for example legal advice or HR advice.
B.5.4	Committees should be provided with sufficient resources to undertake their duties. The board of directors should also ensure that the council of governors is provided with sufficient resources to undertake its duties with such arrangements agreed in advance.	The Company Secretary, Deputy Company Secretary, Head of Corporate Governance and Trust Board Administrator support the duties of the Board, Council and their respective committees.
B.5.5	Non-executive directors should consider whether they are receiving the necessary information in a timely manner and feel able to raise appropriate challenge of recommendations of the board, in particular making full use of their skills and experience gained both as a director of the trust and also in other leadership roles. They should expect and apply similar standards of care and quality in their role as a non-executive director of an NHS foundation trust as they would in other similar roles.	Non-executive directors provide feedback on information received at Board meetings. As a result and where necessary, additional information is provided/ professional and legal advice is sought.
B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Whilst Governors did not personally canvass the opinion of Trust members in 2022/23 on the trust forward plan, governors did canvass the opinion of Trust members on the Clinical Strategy through the Get Involved, members newsletter. Governors also provided comments on the development of the GOSH annual plan and clinical strategy (including members). The Trust has also consulted with the local community and patients on the design of the Children's Cancer Centre (a priority in its strategy) and also presented plans for delivery of the strategy at the AGM in 2022.
B.5.7	Where appropriate, the board of directors should take account of the views of the council of governors on the forward plan in a timely manner and communicate to the council of governors where their views have been incorporated in the NHS foundation trust's plans, and, if not, the reasons for this.	The Council fed comments into development of the GOSH annual plan 2022/23
B.5.8	The board of directors must have regard for the views of the council of governors on the NHS foundation trust's forward plan.	The Trust Board took account of the views of the Council of Governors on the NHS foundation trust's forward plan and clinical strategy.
B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted, bearing in mind the desirability for independent assessment, and the reason why the NHS foundation trust adopted a particular method of performance evaluation.	<p>As part of their routine scheduled inspection programme, the CQC conducted an independent well-led inspection of the Trust in October 2019 (reporting in January 2020) and during 2020/21, the Board monitored progress with the action plan.</p> <p>An independent Well Led assessment of the Trust Board and Senior Management Team was conducted by BDO LLP - BDO LLP have no other connection with the Trust. The purpose of the assessment was to provide assurance of the Trust's compliance with the well led framework and identify any gaps for improvement areas/ good practice.</p> <p>The Board assurance committees conduct annual self assessments and use the findings to review the terms of reference and workplans where relevant.</p>
B.6.2	Evaluation of the boards of NHS foundations trusts should be externally facilitated at least every three years. The evaluation needs to be carried out against the board leadership and governance framework set out by Monitor. The external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.	The Trust conducted a tender process to appoint an independent organisation to conduct a Well Led assessment of the Trust Board and Senior Management Team. The review commenced in March 2021, led by BDO LLP who had no other connection with the Trust. The purpose of the assessment was to provide assurance of the Trust's compliance with the framework and identify any gaps for improvement areas of good practice.
B.6.3	The senior independent director should lead the performance evaluation of the chairperson, within a framework agreed by the council of governors and taking into account the views of directors and governors.	The SID leads the performance evaluation of the Chair and discusses the Chair's performance with the executive directors, NEDs, external stakeholders and governors (via the Lead Governor). The Chair performance review process is aligned with guidance from NHSI.
B.6.4	The chairperson, with assistance of the board secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for non-executive directors relevant to their duties as board members.	<p>All directors are subject to performance evaluation, identifying any personal professional development requirements.</p> <p>Non-executive directors individually attend professional development events held by the Kings Fund, the NHS Providers, auditor companies etc.</p> <p>The Board has a Board Development Programme in place inviting external speakers to present on matters of risk, innovation, policy development etc.</p>

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B.6.5	<p>Led by the chairperson, the council of governors should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities, including their impact and effectiveness on:</p> <ul style="list-style-type: none"> holding the non-executive directors individually and collectively to account for the performance of the board of directors. communicating with their member constituencies and the public and transmitting their views to the board of directors; and contributing to the development of forward plans of NHS foundation trusts. <p>The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice.</p>	<p>An evaluation of the Council was conducted in January 2022 and the analysis of the results presented to the Council in February 2022 along with an action plan. The Council were kept updated on progress made against the recommendations which they approved were all closed in November 2022.</p> <p>The structure and composition of the Council was reviewed and refreshed in 2018 at the time of the review of the Constitution. The Constitution is reviewed at least once a year via the Constitution Working Group, including governor and Board members.</p> <p>Members can communicate with governors via the foundation trust GOSH email address (emails are sent on to the relevant governor) This information is also presented in the annual report.</p> <p>Governors have the opportunity to engage with their member constituents through the Get Involved Newsletter sent every quarter.</p>
B.6.6	<p>There should be a clear policy and a fair process, agreed and adopted by the council of governors, for the removal from the council of any governor who consistently and unjustifiably fails to attend the meetings of the council of governors or has an actual or potential conflict of interest which prevents the proper exercise of their duties. This should be shared with governors. In addition, it may be appropriate for the process to provide for removal from the council of governors where behaviours or actions of a governor or group of governors may be incompatible with the values and behaviours of the NHS foundation trust. Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor agreeable to both parties should be requested to consider the evidence and determine whether the proposed removal is reasonable or otherwise.</p>	<p>The Constitution details the process for removal of a governor including the requirements to attend a certain number of Council meetings and management of potential conflicts of interest. A Standard Operating Procedure outlining the process for managing governor attendance was agreed by the Council in November 2021.</p>
B.7.1	<p>In the case of re-appointment of non-executive directors, the chairperson should confirm to the governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role. Any term beyond six years (e.g., two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-executive directors may, in exceptional circumstances, serve longer than six years (e.g., two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive's independence.</p>	<p>Following the performance evaluation and at the time of reappointment, the chair confirms to the governors the performance of the individual proposed for re-appointment continues to be effective and demonstrates commitment to the role.</p> <ul style="list-style-type: none"> James Hatchley, Non-Executive Director's tenure was extended by one month, until 30 September 2022 by the Council of Governors in July 2022 Amanda Ellingworth, Non-Executive Director's tenure was extended by 12 months, until December 2024, by the Council of Governors in February 2023 Russell Viner, Non-Executive Director was reappointed for a further three year tenure from 01 May 2023, by the Council of Governors in February 2023
B.7.2	<p>Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The names of governors submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to take an informed decision on their election. This should include prior performance information.</p>	<p>The Foundation Trust conducted a Council election in January 2023 for terms to commence from 1 March 2023. The information presented to members for the elected governors who wished to be re-appointed included information about their attendance at meetings and involvement in committees and other activities.</p> <p>The next Foundation Trust election is scheduled for November 2023 to January 2024.</p>
B.7.3.	<p>Approval by the council of governors of the appointment of a chief executive should be a subject of the first general meeting after the appointment by a committee of the chairperson and non-executive directors. All other executive directors should be appointed by a committee of the chief executive, the chairperson and non-executive directors.</p>	<p>The Board's Nominations and remuneration Committee Terms of Reference details the appointment process for executive directors.</p>
B.7.4	<p>Non-executive directors, including the chairperson should be appointed by the council of governors for the specified terms subject to re-appointment thereafter at intervals of no more than three years and subject to the 2006 Act provisions relating to removal of a director.</p>	<p>The process for appointing a new NED is subject to approval by the Council. The panel appointing a NED is made up of a majority of Governors and the Council approves the appointment. Neds are appointed for 2 x three year tenures.</p>
B.7.5	<p>Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years.</p>	<p>A Council election was conducted in January 2023. Governor tenures are for three years (up to 6 years maximum and these are staggered so that approximately one third of the Council are subject to an election each year. This helps to retain corporate memory.</p>
B.8.1	<p>The remuneration committee should not agree to an executive member of the board leaving the employment of an NHS foundation trust, except in accordance with the terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the board first having completed and approved a full risk assessment.</p>	<p>The Board is aware of this requirement and this is applied where relevant.</p>
C.1.1	<p>The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).</p>	<p>These statements are presented in the annual report.</p>
C.1.2	<p>The directors should report that the NHS foundation trust is a going concern with supporting assumptions or qualifications as necessary.</p>	<p>This statement is presented in the annual report and states that the Trust is a going concern.</p>
C.1.3	<p>At least annually and in a timely manner, the board should set out clearly its financial, quality and operating objectives for the NHS foundation trust and disclose sufficient information, both quantitative and qualitative, of the NHS foundation trust's business and operation, including clinical outcome data, to allow members and governors to evaluate its performance.</p>	<p>The Trust publishes an annual report outlining financial, quality and operating objectives for the NHS foundation trust.</p> <p>The Council of Governors receives performance and financial information at each meeting and all directors attend Council meetings to answer any questions where required.</p> <p>The annual plan is consulted on with the Council.</p> <p>Public Board meetings and Council of Governors meetings are advertised and the papers are available on the GOSH website.</p>
C.1.4	<p>The board of directors must notify Monitor and the council of governors without delay and should consider whether it is in the public's interest to bring to the public attention, any major new developments in the NHS foundation trust's sphere of activity which are not public knowledge, which it is able to disclose and which may lead by virtue of their effect on its assets and liabilities, or financial position or on the general course of its business, to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the NHS foundation trust.</p> <p>The board of directors must notify Monitor and the council of governors without delay and should consider whether it is in the public interest to bring to public attention all relevant information which is not public knowledge concerning a material change in:</p> <ul style="list-style-type: none"> the NHS foundation trust's financial condition; the performance of its business; and/or the NHS foundation trust's expectations as to its performance which, if made public, would be likely to lead to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the NHS foundation trust. 	<p>The directors maintain an open dialogue with the regulators (both NHS Improvement and CQC), reporting any significant matters and ensuring that these are also flagged with the Council both between meetings and at the next relevant Council meeting.</p>

Para	Code of Governance Requirement	Disclosure 2022/23
C.2.1	The board of directors should maintain continuous oversight of the effectiveness of the NHS foundation trust's risk management and internal control systems and should report to members and governors that they have done so in the annual report. A regular review should cover all material controls, including financial, operational and compliance controls.	<p>The Trust is compliant with preparing and reviewing the annual governance statement.</p> <p>The Risk Assurance and Compliance Group (RACG) comprises executives, quality, safety and also compliance leads. The Group is chaired by the Chief Executive and reports to the Audit Committee, the Quality, Safety and Experience Assurance Committee and the People and Education Assurance Committee. The RACG monitors the effectiveness of risk management systems and the control and assurance processes across the Trust, including the effectiveness of the controls cited to mitigate the strategic risks on the Board Assurance Framework (BAF) and the timeliness of the closure of gaps in controls and assurances of these risks. It considers the breadth of compliance requirements applied to the Trust and monitors responses to external and internal reviews of services and implementation of the policy governance framework.</p> <p>The NEDs meet once a year to focus on risk management, including how the Trust scans for emerging risks, risk appetite, escalation of risk and the relationship between incident reporting and risk management. The last meeting took place in December 2022.</p> <p>The assurance committees (NED led) conduct deep dives into BAF risks at every meeting, with NEDs posing questions to seek assurance about the robustness of the controls cited and timeliness of the actions in place to close gaps.</p>
C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	The annual report presents this information.
C.3.1	The board of directors should establish an audit committee composed of at least three members who are all independent non-executive directors. The board should satisfy itself that the membership of the audit committee has sufficient skills to discharge its responsibilities effectively, including ensuring that at least one member of the audit committee has recent and relevant financial experience. The chairperson of the trust should not chair or be a member of the audit committee. He can, however, attend meetings by invitation as appropriate.	The Audit Committee presents an annual report within the Trust Annual Report describing its membership. The Audit Committee terms of reference outline the committee membership.
C.3.2	<p>The main role and responsibilities of the audit committee should be set out in publicly available, written terms of reference. The council of governors should be consulted on the terms of reference, which should be reviewed and refreshed regularly. It should include details of how it will:</p> <ul style="list-style-type: none"> • Monitor the integrity of the financial statements of the NHS foundation trust, and any formal announcements relating to the trust's financial performance, reviewing significant financial reporting judgements contained in them; • Review the NHS foundation trust's internal financial controls and, unless expressly addressed by a separate board risk committee composed of independent directors, or by the board itself, review the trust's internal control and risk management systems; • Monitor and review the effectiveness of the NHS foundation trust's internal audit function, taking into consideration relevant UK professional and regulatory requirements; • Review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements; • Develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm; and • Report to the council of governors, identifying any matters in respect of which it considers that action or 	The Audit Committee's terms of reference outline its role and responsibilities and are published on the GOSH website.
C.3.3	The council of governors should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors. The council of governors will need to work hard to ensure they have the skills and knowledge to choose the right external auditor and monitor their performance. However, they should be supported in this task by the audit committee, which provides information to the governors on the external auditor's performance as well as overseeing the NHS foundation trust's internal financial reporting and internal auditing.	The Council was involved in the appointment of Deloitte LLP in 2018/19 and extended the contract for 1 year in January 2022 and a further, final 1 year in February 2023 (within the terms of the original contract).
C.3.4	The audit committee should make a report to the council of governors in relation to the performance of the external auditor, including details such as the quality and value of the work and the timeliness of reporting and fees, to enable to council of governors to consider whether or not to re-appoint them. The audit committee should also make recommendation to the council of governors about the appointment, re-appointment and removal of the external auditor and approve the remuneration and terms of engagement of the external auditor.	<p>The Council receives an update from the Audit Committee Chair on the performance of the external auditors.</p> <p>The external auditors were appointed by the Council in 2018 via an open tender process and a working group including governors and Audit Committee members</p>
C.3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	This statement is not applicable for 2022/23
C.3.6	The NHS foundation trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust. The current best practice is for a three- to five-year period of appointment.	Deloitte LLP have been appointed for up to 5 years from 2018/19, following a competitive tender process.
C.3.7	When the council ends an external auditor's appointment in disputed circumstances, the chairperson should write to Monitor informing it of the reasons behind the decision.	The Trust will be compliant with this requirement, should the situation arise. Deloitte were re-appointed as the Trust's external auditors following a competitive tender process. The Council was involved in the appointment of Deloitte LLP in 2018/19 and agreed to extend the contract for 1 year in January 2022 and then a further final 1 year in February 2023 (within the terms of the original contract)
C.3.8	The audit committee should review arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters. The audit committee's objective should be to ensure that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action. This should include ensuring safeguards for those who raise concerns are in place and operating effectively. Such processes should enable individuals or groups to draw formal attention to practices that are unethical or violate internal or external policies, rules or regulations and to ensure that valid concerns are promptly addressed. These processes should also reassure individuals raising concerns that they will be protected from potential negative repercussions.	This matter is the responsibility of the Audit Committee and documented in its terms of reference. The Committee receives a quarterly report on an whistle blowing and Freedom to Speak up cases and actions taken to address issues raised. The QSEAC considers any reports that are related to the quality of care arising from whistle-blowing/ Freedom to Speak Up. The PEAC receives an update on any reports related to staff issues from whistle blowing and seeks assurance of the effectiveness of the Freedom to Speak Up service and processes.

Para	Code of Governance Requirement	Disclosure 2022/23
C.3.9	<p>A separate section of the annual report should describe the work of the committee in discharging its responsibilities. The report should include:</p> <ul style="list-style-type: none"> • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded. 	<p>The Trust Annual Report includes an Audit Committee annual report and covers the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed and the effectiveness of the external audit process. The Audit Committee considers application of the non audit services policy and reports this to the Council of Governors.</p>
D.1.1	<p>Any performance-related elements of the remuneration of executive directors should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels. In designing schemes of performance-related remuneration, the remuneration committee should consider the following provisions:</p> <ul style="list-style-type: none"> i) The remuneration committee should consider whether the directors should be eligible for annual bonuses in line with local procedures. If so, performance conditions should be relevant, stretching and designed to match the long-term interests of the public and patients. ii) Payouts or grants under all incentive schemes should be subject to challenging performance criteria reflecting the objectives of the NHS foundation trust. Consideration should be given to criteria which reflect the performance of the NHS foundation trust relative to a group of comparator trusts in some key indicators, and the taking of independent and expert advice where appropriate. iii) Performance criteria and any upper limits for annual bonuses and incentive schemes should be set and disclosed. iv) The remuneration committee should consider the pension consequences and associated costs to the NHS foundation trust of basic salary increases and any other changes in pensionable remuneration, especially for directors close to retirement. 	<p>Executive directors are not awarded annual bonuses. The Remuneration Committee remuneration policy has the flexibility to consider whether an element of performance related pay will be included within senior manager contracts. This is consistent with NHSE guidance.</p>

Para	Code of Governance Requirement	Disclosure 2022/23
D.1.2	Levels of remuneration for the chairperson and other non-executive directors should reflect the time commitment and responsibilities of their roles.	The terms and conditions of service of the Chair and the NEDs were updated in November 2022 and approved by the CoG. The Council of Governors' Nominations and Remuneration Committee is responsible for recommending remuneration levels for non-executive directors to the Council of Governors. The remuneration for the Chair and NEDs was last considered in April 2020 and is in line with NHSE frameworks. It was agreed remuneration would be reviewed in another three years (next review 2023/24). Therefore there has been no uplift applied to the Chair and NEDs' remuneration in 2022/23
D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	No executive director has been released on this basis during the period.
D.1.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination. The aim should be to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing director's obligation to mitigate loss. Appropriate claw-back provisions should be considered in case of a director returning to the NHS within the period of any putative notice.	All executive director contracts require 6 months' notice period. The Chief Executive and executive director terms and conditions of employment are set by the Board Nominations and Remuneration Committee (except for pension entitlements which are managed in accordance with the provisions of the NHS Pension Scheme). Contracts issued to directors allow the Trust to terminate employment in accordance with employment legislation (for instance, for unsatisfactory performance, capability, ill health). On termination due to poor performance, directors receive their right to notice of dismissal (except in cases of gross misconduct where dismissal without payment of notice can occur) and any other relevant contractual entitlement (such as payment of outstanding annual leave). Non-contractual payments on dismissal cannot occur without the authorisation of the Nominations and Remuneration Committee and taking into account guidance from external bodies including NHSE and the Treasury where required); the Committee, therefore, can ensure Directors are not financially rewarded (beyond their contractual entitlements) if their employment is terminated on the grounds of poor performance.
D.2.1	The board of directors should establish a remuneration committee composed of non-executive directors which should include at least three independent non-executive directors. The remuneration committee should make available its terms of reference, explaining its role and the authority delegated to it by the board of directors. Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the NHS foundation trust.	The Trust Board has established a Nominations and Remuneration Committee, chaired by a NED and including all non-executive directors as members (therefore complying with the requirement for at least three independent NEDs). Terms of reference are in place. A remuneration consultant was not employed during the period.
D.2.2	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments. The committee should also recommend and monitor the level and structure of remuneration for senior management. The definition of senior management for this purpose should be determined by the board, but should normally include the first layer of management below board level.	The terms of reference of the Trust Board Nominations and Remuneration Committee covers these areas. The Chief Executive determines the remuneration for non Board senior managers (first layer below Board) and reports this to the Nominations and Remuneration Committee for monitoring purposes.
D.2.3	The council should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive.	The Council of Governors' Nominations and Remuneration Committee is responsible for recommending remuneration levels for non-executive directors to the Council of Governors. The remuneration for the Chair and NEDs was last considered in April 2020 and agreed it would be reviewed in another three years (see above). Therefore there has been no uplift applied to the Chair and NEDs' remuneration in 2022/23
D.2.4	The council of governors is responsible for setting the remuneration of non-executive directors and the chairperson.	This is the case - see above.
E.1.1	The board of directors should make available a public document that sets out its policy on the involvement of members, patients and the local community at large, including a description of the kind of issues it will consult on.	The Patient and Family Experience and Engagement Committee is responsible for overseeing involvement of members, patients and the local community at large. Information from the committee is reported to the Board (via the integrated quality and performance report) and the Council. The Board has approved a Patient Experience Framework and assurance of progress is reported at the QSEAC.
E.1.2	The board of directors should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums (e.g. Local Healthwatch, the Overview and Scrutiny Committee, the local League of Friends, and staff groups)	A summary of patient and local community engagement activity is included in the annual report. The Trust has also approved a Stakeholder Engagement Strategy.
E.1.3	The chairperson should ensure that the views of governors and members are communicated to the board as a whole. The chairperson should discuss the affairs of the NHS foundation trust with governors. Non-executive directors should be offered the opportunity to attend meetings with governors and should expect to attend them if requested by governors. The senior independent director should attend sufficient meetings with governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of governors.	The Chair presents a summary report of the previous Council meeting to the Trust Board. The Chair holds a private meeting with governors prior to every Council meeting. NEDs (and executive directors) regularly attend Council meetings (including the SID). Emails from governors raising any concerns are shared with the executive and non-executive directors.
E.1.4	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	All governors are promoted on the Trust website and members can communicate with them via the foundation trust GOSH email address. This information is also presented in the annual report. Governors have been involved in drafting content for the Get Involved newsletter to Members. See B.5.6 for information about consultation held during the year with members.
E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	All NEDs attend Council of Governors meetings and executives attend where required. The annual report outlines how the Board and the Council of Governors have worked together during the year.
E.1.6	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report. This information should be used to review the trust's membership strategy, taking into account any emerging best practice from the sector.	The Membership Engagement, Recruitment and Representation Committee (MERRC) routinely reviews the representation of the membership and report this to the Council. This information is also presented in the annual report, at Council meetings and in the annual membership report. The Trust Membership Strategy has been developed in consultation with MERRC and runs from April 2022 for three years.

Para	Code of Governance Requirement	Disclosure 2022/23
E.1.7.	The board of directors must make board meetings and the annual meeting open to the public. The trust's constitution may provide for members of the public to be excluded from a meeting for special reasons.	The Constitution details that there will be Board meetings held in public and provides for the exclusion of members of the public for special purposes. The annual meeting is also held in public. All meetings are held in person where possible. Members of the public and governors have the opportunity to attend either in person or virtually. Agendas and papers are published on the GOSH website prior to the meeting.
E.1.8	The trust must hold annual members' meetings. At least one of the directors must present the trust's annual report and accounts, and any report of the auditor on the accounts, to members at this meeting.	The annual members' meeting is held every year (September) and the directors present the annual report and accounts and the report from the auditors. The Lead Governor presents the Annual Membership Report at the AGM. All governors, FT members and members of the public are invited.
E.2.1	The board of directors should be clear as to the specific third party bodies in relation to which the NHS foundation trust has a duty to co-operate. The board of directors should be clear of the form and scope of the co-operation required with each of these third party bodies in order to discharge their statutory duties.	A schedule of third parties is in place and maintained.
E.2.2	The board of directors should ensure that effective mechanisms are in place to co-operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each. The board of directors should review the effectiveness of these processes and relationships annually and, where necessary, take proactive steps to improve them.	The Board and its committees and the executive team review the mechanisms in place for cooperating with third parties on a regular basis, including the ICS, referrers, NHSE, CQC, specialist commissioners, external auditors, the Charity etc. The Chief Executive and other directors regularly discuss attendance at key stakeholder meetings at the EMT. A Stakeholder Engagement Strategy has been approved by the Board. A section in the Annual Report details our key partners.

Trust Board 30 March 2023	
Revised Trust Board Terms of Reference	Paper No: Attachment 4
Submitted by: Anna Ferrant, Company Secretary	For approval
Purpose of report To present the revised Trust Board Terms of Reference and seek approval of the proposed amendments.	
Summary of report <u>Trust Board Terms of Reference (ToR)</u> The Trust Board Terms of Reference (ToR) are usually reviewed and updated every two years or following amendments to the Trust's Standing Orders, Reservation and Delegation of Powers. The Trust Board ToR has been reviewed and updated to reflect the new Code of Governance which will apply from April 2023. This includes reference to: <ul style="list-style-type: none"> • changes to the NHS landscape with the establishment of Integrated Care Systems and Integrated Care Boards. • our commitment via the Patient Safety Statement. • tackling health inequalities. • commitment to achieving net zero carbon by 2040. All suggested amendments are in red.	
Patient Safety Implications The ToR reflect the Trust Board's responsibility and commitment towards patient safety in line with the Trust's Patient Safety Statement.	
Equality impact implications The ToR reflect the Trust Board's responsibility towards diversity and inclusion.	
Financial implications Not applicable	
Action required from the meeting The Board is asked to review the proposed amendments and approve the revised terms of reference.	
Consultation carried out with individuals/ groups/ committees Chief Executive	
Who is responsible for implementing the proposals / project and anticipated timescales? Company Secretary	
Who is accountable for the implementation of the proposal / project? Chief Executive	
Which committee/ Board will have oversight of the matters covered in this report? Trust Board	

TRUST BOARD TERMS OF REFERENCE

The Trust has Standing Orders for the practice and procedures of the Trust Board. For the avoidance of doubt, those Standing Orders take precedence over these Terms of Reference.

1. Constitution

The Trust is governed by the NHS Act 2006 (as amended by the Health and Social Care Act 2012), Health and Care Act 2022, its Constitution and its Terms of Authorisation granted by the Independent Regulator (the Regulatory Framework).

2. Role

The role of the Great Ormond Street Hospital for Children NHS Foundation Trust Board is to:

- Establish the Trust's purpose, vision, values, and strategic direction.
- Set strategic objectives that are:
 - consistent with the Trust vision and values
 - **contribute to the objectives of place-based partnerships, and**
 - are supported by quantifiable and measurable outcomes and performance indicators.
- Seek and receive assurance on the quality and sustainability of the Trust's services, **clinical outcomes, and patient experience, promoting high standards of quality, compassionate care and demonstrating the commitment pledged in the Trust's Patient Safety Statement.**
- Encourage and promote openness, honesty and transparency about performance with patients and their representatives, the public, staff, governors, members and other stakeholders.
- **Ensure that accessibility to GOSH services, delivery of services and Trust governance frameworks are designed and implemented to reduce health inequalities and support delivery of the Trust's commitment to net zero carbon by 2040.**
- Provide compassionate, inclusive, and effective leadership by promoting the vision, values and standards of conduct and ethical behaviour for the Trust and its staff. **Lead a culture where people feel safe and able to raise concerns and that concerns raised are heard and addressed.**
- Establish a work environment where diversity is embraced and the skills, capacity and morale of our staff are prioritised. Ensure that staff feel well led, valued, developed, supported, and empowered to be and do their best.
- Ensure there are effective structures, processes, systems of accountability, validated, accurate, timely and reliable information that is processed in line with legal requirements and appropriate financial and human resources in

Attachment 4

place to support the delivery of the strategy, the Trust's business plans and good quality, sustainable services.

- Ensure the Trust develops and implements appropriate risk management strategies and policies to identify, monitor and address current and future risks on the quality and financial sustainability of services and comply with regulatory and statutory requirements.
- Ensure that strategic development proposals are informed by open and accountable consultation and engagement with staff, patients and their representatives, governors, members, **the Integrated Care System**, the wider community and other key external stakeholders, as appropriate.
- Exercise financial stewardship, ensuring that the Trust is operating effectively, efficiently and economically and with probity in the use of resources.
- Support continuous learning and improvement ensuring the development of extensive internal and external audit, monitoring and reporting systems and seeking assurance of the effectiveness of the arrangements for staff to raise concerns in confidence and have such concerns investigated and follow up action taken where necessary.
- Ensure that the Trust is operating within the law and in accordance with its constitution, statutory duties and the principles of good corporate governance.

The annual work-plan documents the Board's reporting and monitoring arrangements, including reporting from the following committees:

- Audit Committee
- Quality, Safety and Experience Assurance Committee
- Finance and Investment Committee
- People and Education Assurance Committee.

In addition, a report of the business conducted at each of the Council of Governors' meetings shall be presented at the next meeting of the Board for information.

3. Membership

The Board shall comprise 13 directors excluding the Chair.

There shall be 7 non-executive directors. The Deputy Chair may deputise for the Chair. No other person will be authorised to deputise for a non-executive director.

There shall be 6 executive directors:

- Chief Executive
- Chief Operating Officer
- Chief Finance Officer
- Chief Medical **Officer**
- Chief Nurse
- Director of Human Resources and Organisational Development.

The Non-Executive and Executive Directors listed above each hold a vote.

For executive posts, the Board may approve deputies with formal acting up status or in interim executive director posts.

4. Attendance at meetings

The Board is committed to openness and transparency.

The main body of the meeting shall be held in public and representatives of the press and any other members of the public or staff shall be entitled to attend.

Members of public and staff shall be excluded from the first part of the meeting due to the confidential nature of business to be transacted, or due to special reasons stated in the resolution and arising from the nature of the business of the proceedings.

In addition to Board members, the following individuals shall be invited to remain during confidential business:

- Director of **Space and Place**
- Director of Research and Innovation
- Director of Communications
- Chief Clinical Information Officer

Other senior members of staff may be requested to attend the confidential session by invitation of the Chair.

All of these invited individuals do not hold a vote.

5. Quorum

No business shall be transacted at a meeting unless at least five directors are present including not less than two independent non-executive directors, one of whom must be the Chair of the Trust or the Deputy Chair of the Board; and not less than two executive directors, one of whom must be the Chief Executive, or another executive director nominated by the Chief Executive.

An officer in attendance for an executive director but without formal acting up/ interim director status may not count towards the quorum.

Participation in a meeting by telephone, video or computer link shall constitute presence in person at the meeting.

6. Frequency of meetings

The Board shall normally hold 6 formal Board meetings a year.

In addition to the above meetings, the Board shall reserve the right to convene additional meetings as appropriate.

Executive directors and non-executive directors are expected to attend a minimum of 5 formal Board meetings per year.

7. Performance evaluation

The Board will undertake an evaluation of its own performance on an annual basis. Every three to five years, the evaluation of the Board will be led by an external facilitator in accordance with the Well-Led Framework.

Directors will be subject to individual performance evaluation on an annual basis:

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- The Chief Executive will evaluate the performance of the executive directors.
- The Chair will evaluate the performance of the non-executive directors and the Chief Executive.
- The Senior Independent Director will evaluate the performance of the Chair.

Committees of the Board will conduct an evaluation of their effectiveness on an annual basis.

Appropriate action will be taken where recommendations are highlighted.

8. Secretariat

The Company Secretary shall act as Secretary to the Board.

The minutes of the proceedings of the Board meetings shall be drawn up for agreement at the following meeting.

Final minutes shall be maintained by the Secretariat.

Agendas and papers for the public section of all Board meetings shall be placed on the Trust website two working days prior to the meeting.

9. Review of the terms of reference

These Terms of Reference shall be reviewed bi-annually by the Board or following amendments to the Trust's **Constitution**, Standing Orders, Reservation and Delegation of Powers **or external guidance/ statutory requirements**.

Reviewed: March 2023