

**GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST**  
**MEETING OF THE COUNCIL OF GOVERNORS**  
**Thursday 10 February 2022**  
**2:30pm – 5:30pm**  
**By Zoom (details sent in calendar invite)**

NO.	ITEM	Attachment	Page number	PRESENTER	TIME
1.	<b>Welcome and introductions</b>			Michael Rake, Chair	2.30pm
2.	<b>Apologies for absence</b>			Michael Rake, Chair	
3.	<b>Declarations of interest</b>			Michael Rake, Chair	
4.	<b>Minutes of the meeting held on 23 November 2021</b>	<b>A</b>	<b>3</b>	Michael Rake, Chair	
5.	<b>Matters Arising and action log</b>	<b>B</b>	<b>14</b>	Anna Ferrant, Company Secretary	
<b>STRATEGY, PERFORMANCE and ASSURANCE</b>					
6.	<b>Annual Planning Update</b> <ul style="list-style-type: none"> <li><b>Commercial Growth – Non-NHS Income</b></li> </ul>	<b>C</b>	<b>16</b>	Helen Jameson, Chief Finance Officer, John Quinn, Chief Operating Officer	2.50pm
7.	<b>Sustainability and Climate and Health Emergency Update</b>	<b>D</b>	<b>27</b>	Nick Martin, Head of Sustainability and Environmental Management	3.10pm
8.	<b>Chief Executive Report including:</b> <ul style="list-style-type: none"> <li><b>Integrated Quality and Performance Report (IQPR highlights) December 2021</b></li> <li><b>Finance Report (highlights) December 2021</b></li> </ul>	<b>E</b>	<b>34</b> <b>38</b> <b>86</b>	Matthew Shaw, Chief Executive	3.30pm
9.	<b>Reports from Board Assurance Committees</b> <ul style="list-style-type: none"> <li><b>Quality, Safety and Experience Assurance Committee (January 2022)</b></li> <li><b>Audit Committee (January 2022)</b></li> <li><b>People and Education Assurance Committee (December 2021)</b></li> </ul>	<b>F</b> <b>G</b> <b>H</b>	<b>97</b> <b>103</b> <b>109</b>	Amanda Ellingworth, Chair of the QSEAC Akhter Mateen, Chair of Audit Committee Kathryn Ludlow, Chair of the People and Education Assurance Committee	3.50pm

	<i>*There has been no meeting of the Finance and Investment Committee since the last Council meeting.</i>				
10.	<b>Children’s Cancer Centre (CCC) Project Update</b>	<b>I</b>	<b>114</b>	Gary Beacham, CCC Delivery Director	4.10pm
	<b>GOVERNANCE</b>				
11.	<b>Extension of the External Audit Contract</b>	<b>J</b>	<b>120</b>	Helen Jameson, Chief Finance Officer	4.30pm
12.	<b>Appointment of a Non-Executive Director on the GOSH Board (for approval)</b>	<b>K</b>	<b>123</b>	Anna Ferrant, Company Secretary	4.40pm
13.	<b>Governance Update</b>	<b>L</b>	<b>127</b>	Paul Balson, Head of Corporate Governance	4.50pm
14.	<b>Update from the Membership Engagement Recruitment and Retention Committee</b> <ul style="list-style-type: none"> <li>• <b>Membership Update</b></li> <li>• <b>Elections 2022 Results</b></li> <li>• <b>Update on the Membership Strategy and Activity Plan (for approval)</b></li> </ul>	<b>M</b>	<b>130</b>  <b>136</b>	Adetutu Emmanuel, Stakeholder Engagement Manager	4.55pm
15.	<b>Any Other Business</b>	<b>Verbal</b>		Michael Rake, Chair	5.05pm



**DRAFT MINUTES OF THE COUNCIL OF GOVERNORS MEETING**  
**23<sup>rd</sup> November 2021**  
**Held virtually via videoconference**

Sir Michael Rake	Chair
Beverly Bittner-Grassby	Patient and Carer Governor: Parents and Carers from London
Stephanie Nash	
Claire Cooper-Jones	Patient and Carer Governor: Parents and Carers from the rest of England and Wales
Gavin Todd	Patient and Carer Governor: Parents and Carers from the Home Counties
Lisa Allera*	
Roly Seal	Public Governors: London
Peace Joseph	
Hannah Hardy	Public Governors: Home Counties
Eve Brinkley Whittington	
Margaret Bugyei-Kyei	Staff Governors
Quen Mok	
Dr Benjamin Hartley	
Prof Jugnoo Rahi	Appointed Governor: University College London, Institute of Child Health
Josh Hardy	Appointed Governor: Young People's Forum
Grace Shaw-Hamilton	
Alison Kelly	Appointed Governor: London Borough of Camden

**In attendance:**

Akhter Mateen	Non-Executive Director
Amanda Ellingworth	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Matthew Shaw	Chief Executive
Helen Jameson	Chief Finance Officer
Rebecca Stevens*	Head of Performance
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Paul Balson	Head of Corporate Governance
Adetutu Emmanuel	Stakeholder Engagement Manager

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

<b>36</b>	<b>Apologies for absence</b>
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36.1	Apologies were received from: Kudzai Chikowore, Public Governor; Abbigail Sudharson, Patient and Carer Governor; Julian Evans, Public Governor; Olivia Burlacu, Patient and Carer Governor; Mark Hayden, Staff Governor and Graham Derrick, Staff Governor.
<b>37</b>	<b>Declarations of interest</b>
37.1	No declarations of interest were received.
<b>38</b>	<b>Chair's update</b>
38.1	<b>Action:</b> Sir Michael Rake, Chair provided an update on the discussions that had taken place during the private session between the Governors and the Chair. He said that Governors were keen to understand the ways in which they were able to represent the interest of their constituents. It was agreed that the Membership, Engagement, Recruitment and Representation Committee (MERRC) would review the previous engagement activities which had taken place and consider what more could be done in the absence of face to face engagement.
38.2	<b>Action:</b> Governors had also requested an update on sustainability and it was agreed that this would take place at the next meeting.
38.3	Governors had raised concerns about the impact review that was taking place by the GOSH Children's Charity of patient experience, and a potential reduction in funding as a result. Matthew Shaw, Chief Executive confirmed that GOSHCC had no plans to reduce the funding for the patient experience team. He said that there had been a recent grant proposal made and the existing levels of funding had been approved going forward. Helen Jameson, Chief Finance Officer said that the funding cycles had historically been reviewed by the Charity on an annual basis and they were working on reducing this frequency which would provide increased certainty. She said that work had taken place to review international best practice in patient to identify learning to maximise the impact of the funding.
<b>39</b>	<b>GOSH Well Led Review Report</b>
39.1	Anna Ferrant, Company Secretary said that the Trust had appointed BDO LLP to undertake a Well Led review through an open procurement competition and the Trust had been assessed against the criteria from the CQC's Well Led Key Line of Enquiry. The review had highlighted the good work which was taking place and progress that had been made but identified further work which was still required. Focus was particularly required around the autonomy of directorates and strengthening of the Senior Leadership Team to ensure that individuals and teams were empowered to make decisions at the appropriate levels. Anna Ferrant said that comments had also been made around strengthening the way in which the Trust worked with Governors and Sir Michael Rake confirmed that GOSH was committed to making progress in this area.
39.2	Alison Kelly, Appointed Governor welcomed the report and highlighted that it was important to carry out actions related to Governors in a way which supported the Council to carry out its role as well as possible.

39.3	Jugnoo Rahi, Appointed Governor asked if the outcome of the review was in line with the Executive Team's expectations. Matthew Shaw said that it was however an interesting follow up discussion had taken place with the review team about the potential implications of moving to 'outstanding' in the Well Led domain. It had been highlighted that in order to move to outstanding a step change would be required around delegation to divisional leadership. This was challenging due to the associated risk of failure and highlighted the importance of ensuring the maturity Trust's middle management. The Executive Team had been considering GOSH's current position in this regard and had concluded that teams were not yet sufficiently mature to make this change.
39.4	Sir Michael Rake said that although it was important to have the aspiration to move to outstanding, it was vital to recognise that this was a medium to long term aim which involved culture change alongside increased leadership skills.
39.5	Quen Mok, Staff Governor asked how the Executive Team could be assured that Directorate leadership was in a position to take accountability and had the training and skills for this. Matthew Shaw said that a plan was in place to upskill the new Directorate leadership teams including a 16-week training programme. Given the position of the current performance metrics Matthew Shaw said that Executive Team did not feel sufficiently confident to delegate but had the ambition to do so. He said that the leadership team had considerable potential but required further development in this area.
<b>40</b>	<b>GOSH operating in the new NHS Landscape – Integrated Care Systems</b>
40.1	The Council watched a short video on the aims of the move to Integrated Care Systems (ICSs) which would become statute from 1 <sup>st</sup> April 2022. Helen Jameson, Chief Finance Officer said that there would be 42 ICSs nationally and GOSH treated patients from 41 of these. She added that GOSH was based in North Central London (NCL) and whilst under ICSs the focus would be placed on the local population, NCL patients comprised only 5% of the Trust's activity.
40.2	Specialised commissioning had been created in 2013 in order to develop equality of access and expertise in the area however this would now be the responsibility of the ICS and GOSH would be required to have commissioning discussions with each ICS which would be extremely challenging.
40.3	A number of questions remained about how a national and international organisation such as GOSH could be part of a landscape of local activity. Funding calculations were also being updated to reflect the needs of a local population and it was not clear how this would impact the Trust. It had been proposed that this would be a shadow arrangement in 2022/23 before going live in 2023/24. Helen Jameson said that GOSH was clear about the need to improve access for patients and the importance of doing this as efficiently as possible.
40.4	Alison Kelly asked about the strategic risks of the change and asked how GOSH would work with other organisations in a similar situation to develop a solution. Helen Jameson said that strategically there were risks around the disruption of funding flows and workforce stability in the event that ICSs developed local services as there was a finite workforce. She said that there was also a risk to equality of access which could be reduced if there was a reduced focus on

40.5	<p>specialist services. GOSH was working with the Federation of Specialist Hospitals in order to influence to ensure that unintended consequences of system changes were minimised.</p> <p>Mathew Shaw said that the Trust had a good relationship with the Children's Hospital Alliance and the Federation of Specialist Hospitals. At a recent meeting it had been highlighted that reducing waiting lists was a current key priority of the NHS. Feedback was being provided that the reduction of waiting lists could be achieved within the current system. Sir Michael Rake said that it was important to act collaboratively but also to achieve a system which would benefit patients in practical terms.</p>
<b>41</b>	<b>Annual Business Planning 2022/23</b>
41.1	<p>Helen Jameson said that would continue to try and increase activity whilst adhering to infection control guidance. She said it was anticipated that the Elective Recovery Funding process would continue in 2022/23. North Central London was a financially challenged system and therefore GOSH and all other Trusts in NCL would be required to meet a higher Better Value target above the 5% national target.</p>
41.2	<p>In 2021/22 there had been a significant reduction in International and Private Care (I&amp;PC) income as a result of the pandemic and it was vital that this was recovered as far as possible. It was anticipated that it would grow in 2022/23 however current modelling showed that it was unlikely to breach the 5% cap which required approval from the Council of Governors. A timetable for development of the annual plan had been developed and the draft would be reviewed by the Council of Governors as well as at the Executive Management Team, Finance and Investment Committee and Trust Board.</p>
41.3	<p>James Hatchley, Non-Executive Director said that planning was challenging as a result of the uncertainty about commissioning. He said that he felt it was important to be ambitious in terms of planning and ensure that the Trust was able to invest for the future as actively as possible.</p>
41.4	<p>Eve Brinkley Whittington, Public Governor noted that research income had also reduced in 2020/21 and 2021/22 and asked if this was related to the pandemic. Helen Jameson said that this had been impacted by the pandemic but there had also been a change in accounting policy 2019/20 which meant that the Trust was required to recognise income up front rather than over the life of the contract.</p>
<b>42</b>	<b>Chief Executive Report</b>
42.1	<p>Matthew Shaw said that uncertainty around commissioning changes were leading to challenges with planning and work was taking place to influence the changes being made.</p>
42.2	<p>Quality and safety performance metrics required improvement and it was important that there was accountability in directorates for making the changes required. Significant investment was also being made in the quality and safety</p>

	teams and newly appointed staff would just the Trust in the last quarter of 2021/22.
42.3	GOSH continued to be the best performing Trust in North Central London in terms of recovery following surges of the pandemic however activity had been reduced as feedback had been received from staff that there was considerable fatigue in the workforce. Intensive care had been extremely busy and had often been red rated in terms of bed availability. This was in line with London as a whole and there had been periods in which no PICU beds had been available in London. Referral to treatment metrics were improving however this was likely to take one to two years to fully recover and reach target.
42.4	Quen Mok, Staff Governor asked what action was being taken to address the improvements required in quality and safety metrics and Matthew Shaw said that notwithstanding the investment in the quality and safety teams it was vital that directorate teams were fully involved in the work and took ownership of it. He said that there had previously been more than 400 open outstanding actions from investigations and although this had now been reduced to zero it was vital that GOSH able to act on these actions and learn from them.
42.5	James Hatchley asked about actions and learning arising from complaints and serious incidents being disseminated throughout the Trust. Quen Mok said she felt that reviews of Serious Incidents were sometimes lengthy and how this could potentially affect the Trust's ability to learn from incidents. Matthew Shaw said that a new Serious Incident policy had been developed which streamlined the process. He said that previously there had been a focus on taking considerable time to ensure that a full and thorough report had been completed before sharing learning rather than ensuring that immediately identifiable learning was shared throughout the Trust as soon as possible and incorporated into changes in practice. Sir Michael Rake said that Governors were clear about the importance of identifying this learning quickly.
42.6	Amanda Ellingworth said that the Trust had commissioned an external review of the Serious Incident process and this would be considered by the QSEAC. She added that the development of the quality and safety strategies would create a step change in this improvement.
42.7	<u>Finance report (highlights) October 2021</u>
42.8	Helen Jameson, Chief Finance Officer said that the financial year had been separated into two halves. Trusts had been asked to submit a budget for the first half of 2021/22 and an elective recovery fund (ERF) had been established based on activity in comparison to activity in 2019/20. A plan was now required for the second half of the year and there had been changes to ERF which would now be based on clock stops. This was a considerable risk to GOSH and a £3million deficit had been forecast in the second half of the year as opposed to a £2million surplus in the first half, primarily as a result of this change. Focus was being placed on increasing income from International and Private Care (I&PC) in order to close this gap as much as possible.
42.9	A year to date £3million deficit had been reported in month 7 as the ERF process had changed but I&PC levels had not yet recovered. Cash remained strong due to improvements in the debtor position and the new NHS model of

	making payments in advance, and work was taking place to move ahead with the capital plan.
<b>43</b>	<b>Selection by Governors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 21/22</b>
43.1	Rebecca Stevens, Head of Planning said that as part of the preparation of the Annual Quality Report the external auditor would test the accuracy of data for three indicators. Two of these indicators were mandated by NHS Improvement and the other was for local selection by the Council of Governors.
43.2	In 2020/21 the Council had selected ' <i>last minute non-clinical hospital cancellations</i> ' however as a result of the COVID19 pandemic the audit had not taken place.
43.3	Rebecca Stevens said that Governors could vote to either go ahead with the indicator selected in the previous year or make a new selection. Governors voted by a show of hands and <b>agreed</b> to reselect the audit from 2020/21: <i>Last minute non-clinical hospital cancellations</i> .
<b>44</b>	<b>Update from the Young People's Forum (YPF)</b>
44.1	Josh Hardy, Appointed YPF Governor said that the YPF continued to work with the architects on the Children's Cancer Centre and feedback was currently being given on social spaces and patient bedrooms. Social spaces had been raised as a key matter by YPF members and design updates had been made in response to YPF feedback. Discussion was also taking place about how technology such as smart blinds could improve patient experience.
44.2	A new Transition Manager had joined GOSH and had met with the YPF to understand the experiences of the forum as a whole. The YPF had asked that the Growing Up and Gaining Independence (GUGI) guidance was reviewed and had highlighted the importance of timing of transition discussions particularly as transition often took place at the age of 18 when school exams were also taking place.
44.3	Grace Shaw Hamilton, YPF Governor said that two YPF members had taken part in 'Ride for Their Lives' cycling from London to the UN Climate Change Conference, COP26 in Glasgow to highlight the health implications of climate change. Grace Shaw Hamilton said that the YPF continued to emphasise the importance of sustainability.
<b>45</b>	<b>Reports from Board Assurance Committees:</b>
45.1	<u>Quality, Safety and Experience Assurance Committee (October 2021)</u>
45.2	Amanda Ellingworth, Chair of the QSEAC said that the committee would be considering the report arising from the external review of the serious incident process. The committee continued to monitor progress in the pharmacy service.
45.3	The committee had discussed the considerable resources which were used to respond to Subject Access Requests and Freedom of Information requests.



45.4	Discussion was taking place with wider networks to consider whether learning could be shared.
45.5	<u>Audit Committee (October 2021)</u>
45.6	Akhter Mateen, Chair of the Audit Committee said that the Committee had discussed the financial sustainability risk which remained a high risk and would continue to be reviewed as part of the Board Assurance Framework. The Committee had also considered a review of the risk management process.
45.7	Two internal audit reports had been received. A data quality report had provided a rating of significant assurance with minor improvement potential which was positive and was a substantial improvement on the outcome of an audit with the same scope in the previous year. A report had also been received on sustainability which had provided an amber red assurance rating and the finance and investment committee was reviewing the implementation of the recommendations. External auditors had reported that they would be required to comment on the financial impact of climate change going forwards and were waiting for guidance on specific requirements.
45.8	The committee welcomed the significant reduction in I&PC debtors and was meeting the 90-day target for the first time.
45.9	<u>Finance and Investment Committee (September and November 2021)</u>
45.10	James Hatchley, Chair of the Finance and Investment Committee said that the committee continued to discuss the impact of the move to the ICS model on commissioning. In previous years the Trust had been able to discuss the cost of delivering complex services with specialised commissioning however a relationship would now be required which a large number of ICSs which would be extremely challenging.
45.11	The Children's Cancer Centre was progressing well however it was a challenging project particularly in the current inflationary environment. There was consideration of supply chain and inflationary pressures and the committee was reviewing contingencies to ensure they remained appropriate for the risks going forward.
45.12	The Committee continued to review estates and particularly the areas of fire and ventilation.
45.13	<u>People and Education Assurance Committee (September 2021)</u>
45.14	Kathryn Ludlow, Chair of the PEAC said that the team was moving into year 2 of the people strategy and it was clear that focused was required on staff wellbeing and diversity and inclusion. She said that she had taken on the role of Wellbeing Guardian and Amanda Ellingworth the Diversity and Inclusion Guardian.
45.15	The Freedom to Speak Up Guardian was receiving an increasing number of contacts which was positive however it was important to consider themes in the concerns raised. Work was taking place to ensure that there was clarity around the routes for raising concerns.

<b>46</b>	<b>Succession Planning – Non-Executive Directors</b>
46.1	Sir Michael Rake said that the Council of Governors' Nominations and Remuneration Committee had met to discuss the appointment of two Non-Executive Directors who would join the Board when Akhter Mateen and James Hatchley stepped down. Discussion had taken place around the required skills mix and it had been noted that the individuals stepping down had deep finance and risk skills and knowledge and also chaired the Audit Committee and Finance and Investment Committee. The Committee had agreed that it would be beneficial to recruit two NED roles concurrently and to appoint initially to associate NED positions with the expectation that the individuals would move into the NED roles without a further recruitment process subject to satisfactory performance. Sir Michael Rake said that the current Board was effective and it was vital to consider the skills which would be required going forward.
46.2	Anna Ferrant, Company Secretary said that many Trusts used the Associate NED role in order to ensure there was a smooth transition between Board members. The Council of Governors' Nominations and Remuneration Committee had been clear that in this instance the Associate NED roles would be for a maximum of 6 months. She said that the person specifications had been developed and it was proposed that the same executive search organisation would be used with a revised timetable. Appointing to two roles at one time was also a financially efficient method. It was confirmed that Associate NEDs did not have voting rights or the same liabilities as Non-Executive Directors but would attend meetings and contribute to discussions.
46.3	The Committee <b>approved</b> the proposal to recruit to two NED positions at the same time initially to associate NED roles. The role description and person specification were also <b>approved</b> along with the revised appointment timetable.  <i>Akhter Mateen left the meeting.</i>
<b>47</b>	<b>Appraisal and extension of the tenure of the Deputy Chair</b>
47.1	Anna Ferrant said that Akhter Mateen had received positive feedback from the Council of Governors and Executive Team.
47.2	The Council <b>approved</b> the outcome of Akhter Mateen's appraisal.
47.3	Sir Michael Rake said that the Council of Governors' Nominations and Remuneration Committee had considered the timing of the end of Akhter Mateen's tenure and raised a concern about a lack of continuity in the Audit Committee Chair role throughout the annual accounts process for 2021/22. The Committee had recommended for approval the extension of Akhter Mateen's tenure for a further 3 months to 30 June 2022.
47.4	The Council <b>approved</b> the extension of Akhter Mateen's tenure.  <i>Akhter Mateen rejoined the meeting.</i>
<b>48</b>	<b>Governance Update</b>
48.1	<u>Revised Constitution and Governance Working Group Terms of Reference</u>

48.2	Paul Balson, Head of Corporate Governance said that the scope of the Constitution Working Group had widened and therefore the Terms of Reference and name of the Group had been updated.
48.3	The Council <b>approved</b> the revised Terms of Reference.
48.4	<u>Attendance at Council of Governor meetings Standard Operating Procedure (SOP)</u>
48.5	Paul Balson said that the Trust’s constitution was clear on the attendance and training which was required of Governors. He said that the SOP had been recommended by the Constitution and Governance Working Group for approval by the Council.
48.6	The Council <b>approved</b> the Governor attendance and training SOP.
48.7	<u>Amendments to the GOSH Constitution</u>
48.8	Two minor amendments had been made to the Constitution: the period over which Governor attendance was measured, and the addition of exams to the list of reasonable causes for absence from meetings in order to attract more young people to the Council. The Council <b>approved</b> the amendments.
48.9	<u>Questions for Council self-assessment of effectiveness survey 2022</u>
48.10	Paul Balson presented the proposed questions and said that the effectiveness survey would be sent to Governors, Non-Executive Directors, the Chief Executive and the Chief Finance Officer.
48.11	<b>Action:</b> Jugnoo Rahi, Appointed Governor noted that a proposed question for Non-Executive Directors around a change which had been instigated by the Council had not be posed to Governors and suggested this would be helpful. It was agreed that the question would also be posed to Governors.
48.12	<b>Action:</b> Quen Mok, Staff Governor said that a large number of questions had been proposed and asked whether some questions could be combined or removed. Anna Ferrant said that a number of the questions had also been asked in the previous year to allow comparison of results and some had been added as agreed by the Constitution and Governance Working Group. It was agreed that the number of questions would be reviewed at the next effectiveness review and consideration would be given to including fewer free text questions in order to enable clear analysis.
48.13	<u>Establishing the Induction Working Group</u>
48.14	<b>Action:</b> An Induction Working Group was being established and Governors were asked to email Paul Balson by 13 <sup>th</sup> December to express interest in sitting on the group.

48.15	<u>Update from the NHS Providers Governors' Advisory Committee</u>
48.16	Josh Hardy said that he had presented to the Governors' Advisory Committee on areas of good practice by GOSH. He added that guidance was being developed on the role of Governors under the Integrated Care Systems model.
48.17	Josh Hardy said that he would be stepping down as a YPF Governor. Sir Michael Rake thanked him for his work with the Council and his supportive style.
<b>49</b>	<b>Update from the Membership Engagement Recruitment and Retention Committee</b>
49.1	<u>Membership Statistics Update</u>
49.2	Adetutu Emmanuel, Stakeholder Engagement Manager said that there had been an increase in the number of members joining the Trust and this was likely to be as a result of the current election nominations period. GOSH's membership was underrepresented in terms of men and members from black, Asian and minority ethnic backgrounds and polls were being carried out to identify barriers to joining the membership. Data on the overall patient population was being reviewed to consider the relationship with the membership data.
49.3	The COVID-19 pandemic had significantly impacted the ways in which engagement could take place with members with more work taking place online.
49.4	<u>Elections 2021 Update</u>
49.5	Video voter resources had been developed and would be published on the Trust's online platforms.
49.6	<u>Update on development of revised GOSH Membership Strategy</u>
49.7	Adetutu Emmanuel said that a new membership strategy was being developed which would come into effect in 2022. Key themes would be around knowledge, inclusivity and sustainability and would be underpinned by the theme of connectivity. The MERRC had been keen to show the outcome and learning from membership activities.  <i>James Hatchley, Amanda Ellingworth and Kathryn Ludlow left the meeting.</i>
<b>50</b>	<b>Any other business</b>
50.1	It was noted that Emily Shaw had stepped down from the Council as she was no longer a member of the constituency for which she was a Governor. Margaret Bugyei Kyei, Staff Governor would also be stepping down from the Council as she would be leaving GOSH in January 2022. Akhter Mateen thanked Emily Shaw and Margaret Bugyei Kyei for their work during their time as Governors.
<b>51</b>	<b>Chair and NED Appraisal process</b>
51.1	The Council discussed the following Non-Executive Director appraisals:
51.2	<u>James Hatchley</u>

51.3	The Council <b>approved</b> the outcome of James Hatchley’s appraisal.
51.4	<u>Amanda Ellingworth</u>
51.5	The Council <b>approved</b> the outcome of Amanda Ellingworth’s appraisal.
51.6	<u>Chris Kennedy</u>
51.7	The Council <b>approved</b> the outcome of Chris Kennedy’s appraisal.
51.8	<u>Kathryn Ludlow</u>
51.9	The Council <b>approved</b> the outcome of Kathryn Ludlow’s appraisal.
51.10	<u>Russell Viner</u>
51.11	Governors noted that it had been challenging to assess Russell Viner’s performance without observing QSEAC as he had been unable to attend Council meetings. Sir Michael Rake said that Russell had made an immediate impact as part of the Board and the Non-Executive Directors had found his contributions invaluable. He added that clinical commitments had prevented him from attending Council of Governor meetings, but this would not be the case in 2022.
51.12	The Council <b>approved</b> the outcome of Russell Viner’s appraisal.  <i>Sir Michael Rake left the meeting and Akhter Mateen took the Chair. James Hatchley rejoined the meeting.</i>
51.13	<u>Sir Michael Rake</u>
51.14	Akhter Mateen said that the Chair had been appraised by James Hatchley in his role as Senior Independent Director. Feedback had been received from external stakeholders as well as the Executive and Non-Executive Directors and Council of Governors.
51.15	James Hatchley said that feedback had been overwhelmingly positive and external feedback had particularly highlighted the strong partnership between the Chair and Chief Executive and their contribution to the STP.
51.16	Areas for focus highlighted in feedback were the importance of making progress with sustainability and visibility in the hospital.
51.17	The Council <b>approved</b> the outcome of Sir Michael Rake’s appraisal.

**COUNCIL OF GOVERNORS ACTION CHECKLIST**  
**February 2022**

**Checklist of outstanding actions from previous meetings**

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
25.2	06/07/21	Transition to Adolescent or Adult Healthcare: Grace Shaw Hamilton, YPF member said that transition to adult services was key for young people and GOSH guidance set out that discussions about transition should begin at age 12 which did not happen in many cases. A new transition manager had begun in the Trust who would support improvement in the area. Matthew Shaw said that significant work was required around transition which had been delayed for many patients as a result the pressure on adult services during the pandemic. It was agreed that an update on transition would be provided to the Council in January 2022.	<b>Varsha Siyani,</b> Transition Facilitation Manager	<b>January 2022 moved to April 2022</b>	<b>In progress:</b> Transition Update to be submitted to the Quality, Safety and Education Assurance Committee in April 2022 followed by the Council later that month.
38.1	23/11/21	Sir Michael Rake, Chair provided an update on the discussions that had taken place during the private session between the Governors and the Chair. He said that Governors were keen to understand the ways in which they were able to represent the interest of their constituents. It was agreed that the Membership, Engagement, Recruitment and Representation Committee (MERRC) would review the previous engagement activities which had taken place and consider what more could be done in the absence of face to face engagement.	<b>Adetutu Emmanuel,</b> Stakeholder Engagement Manager	<b>February 2022</b>	<b>Complete:</b> Agenda item – An activity plan is included in item - update from the Membership Engagement Recruitment and Retention Committee
38.2	23/11/21	Governors had also requested an update on sustainability and it was agreed that this would take place at the next meeting.	<b>Nick Martin,</b> Head of Sustainability and Environmental Management	<b>February 2022</b>	<b>Complete:</b> Agenda item - Update on Sustainability

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
48.11	23/11/21	Jugnoo Rahi, Appointed Governor noted that a proposed question for Non-Executive Directors around a change which had been instigated by the Council had not be posed to Governors and suggested this would be helpful. It was agreed that the question would also be posed to Governors.	Paul Balson	January 2022	<b>Complete:</b> The question was added to the Council of Governors survey of effectiveness.
48.12	23/11/21	Qwen Mok, Staff Governor said that a large number of questions had been proposed and asked whether some questions could be combined or removed. Anna Ferrant said that a number of the questions had also been asked in the previous year to allow comparison of results and some had been added as agreed by the Constitution and Governance Working Group. It was agreed that the number of questions would be reviewed at the next effectiveness review and consideration would be given to including fewer free text questions in order to enable clear analysis.	Paul Balson	December 2022	<b>Complete:</b> The action has been added to the Constitution and Governance Working Group Forward Plan for 2022 ahead of the next survey of effectiveness
48.14	23/11/21	An induction working group was being established and Governors were asked to email Paul Balson by 13th December to express interest in sitting on the group.	All Governors	December 2021	<b>Complete:</b> The first Induction Working Group is being held on 16 February 2022

# Council of Governors

Annual Planning Update

February 2022





# Council of Governors' Role

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

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

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

# External Landscape - NHS Planning and Priorities

## Summary

NHSE/I Priorities and Operational Guidance 2022/23, released on **24 December 2021**, stated that systems need to deliver 10% more elective activity in 2022/23 than pre-pandemic levels, and 30% more by 2024/25.

Key Priorities to note, included:

**Workforce** - Invest in the workforce – with more people and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.

**Recovery** - Deliver significantly more elective care to tackle the elective backlog – aiming for 110 per cent of pre-pandemic value weighted elective activity levels, reducing long waits, and improving performance against cancer waiting times standards.

**Digital Agenda** Exploit the potential of digital technologies to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems.

# External Landscape - NHS Planning and Priorities

## Summary Continued

The target date for the implementation of integrated care systems (ICSs) has shifted from **1 April 2022 to 1 July 2022** to allow for parliamentary processes. Our ICS is NCL.

On **14 January 2022**, NHSE/I released further details on elective recovery planning.

The following points are highlights from the supporting guidance:

- System-level elective inpatient, outpatient and diagnostic recovery plans should address the following:
- Expand capacity to reduce waiting times and reduce the extent to which care is disrupted by other pressure in the system
- Prioritise treatment based on clinical urgency, making use of alternative providers if people have been waiting a long time for treatment
- Transform the physical estate and have a planned approach to separating elective care delivery and moving the location of services to drive productivity
- Enable greater transparency on waiting times and develop tailored offers of support and advice for patients while they wait
- Systems to look into managing demand across system and need to include the independent sector to support recovering elective activity.

# Annual Plan

- Annual Planning back on track. The planning process was delayed slightly for operational issues after the latest Omicron Wave.
- Alongside their budget, all directorates are putting together an annual plan that describes their key activities and objectives for the coming years

## Activity

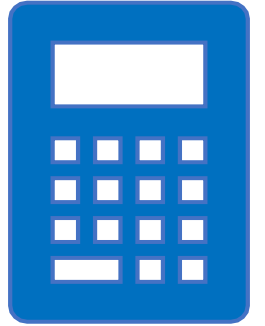
- All Clinical Directorates are working on a holistic plan to fulfil the mandated **10% more than pre-pandemic elective activity in 2022/23** to return to Board and NCL ICS.

## Keeping track of BAU priorities: The GOSH quadruple aim

Our purpose: Advancing care for children and young people with complex health needs by:

Improving access to our services	Improving access to our services at GOSH	Tackling inequalities of access Optimising EPR and virtual care Optimising referrals and discharge
	Working with partners to be more present across the patient pathway	Playing a role in clinical networks Developing new pathways & tools Participating in research
Driving up quality and safety	Improving safety, effectiveness and experience	Driving implementation of our safety strategy Improving patient experience Identifying inconsistencies and hot spots Education, Speak Up, QI
	Supporting better paediatric care across the sector	Extending our role in networks Research, training, advocacy
Maximising our resources	Making the most of our budget	Better Value Minimising waste
	Identifying additional resources	New income streams inc. commercialisation Thinking ahead to anticipate future needs
Supporting our staff	Improving working lives at GOSH	Ways of working and staff development Wellbeing resources and staff voice
	Recruiting and retaining talent	Action on recruitment, retention, succession planning

# Budget Setting



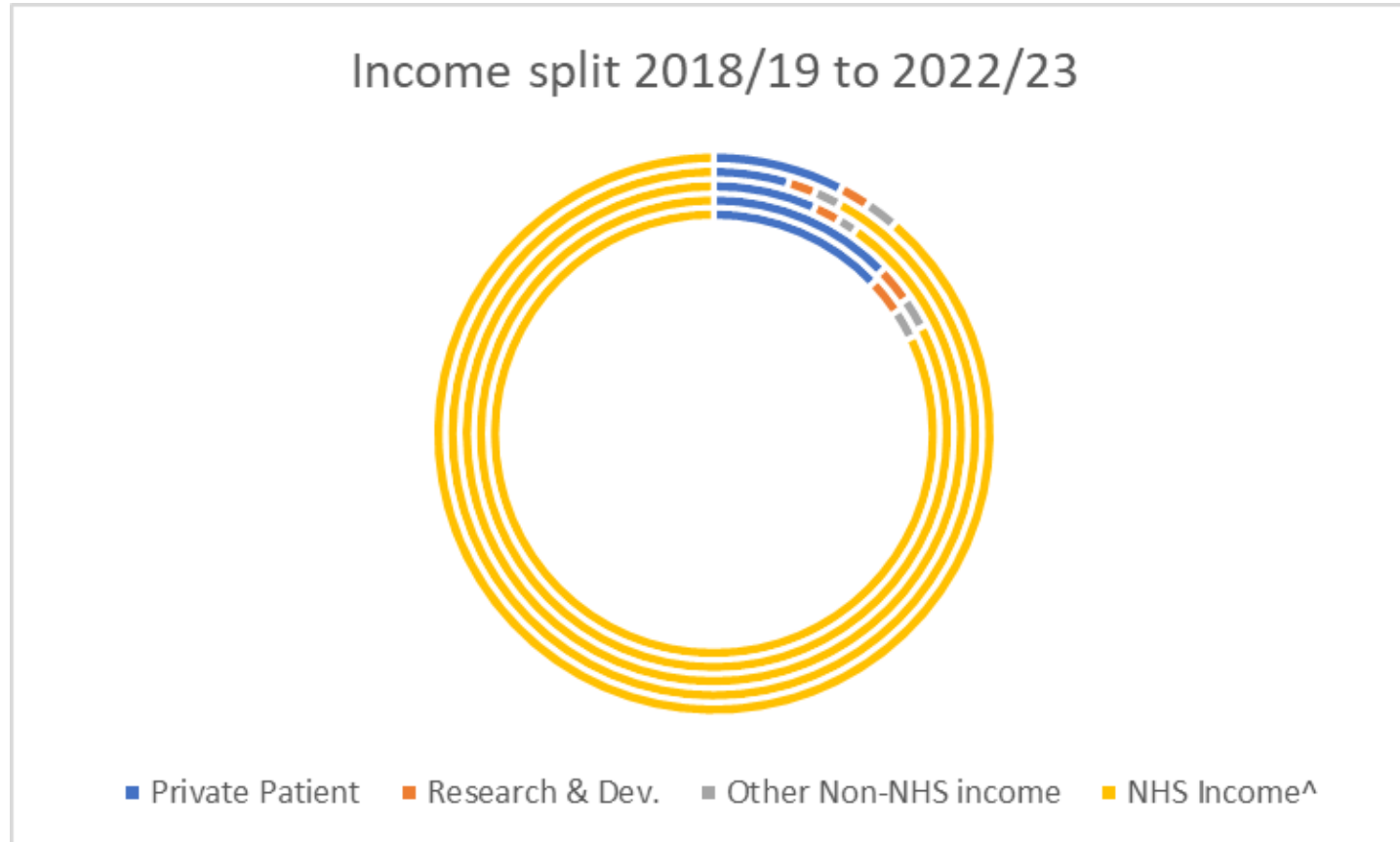
- NHSE issued financial planning guidance on 24<sup>th</sup> December 2021, which has been reviewed to ensure the Trust planning process aligns with it
- Initial NHS funding allocations were issued to the Trust at the end January 2022 and these are currently under review to understand the offer
- NHSE continues to develop guidance on the financial framework for 2022/23 and this will be taken into consideration throughout the budget setting process
- Expenditure setting process continues with the Directorates, in line with activity requirements and includes newly identified costs increases due to inflation (e.g. energy prices)

# Budget Setting



- The private patient recovery plan continues to be reviewed and updated within the budgets, following the impact of the last Covid-19 wave. Although the NHS has confirmed the non NHS income top up will not be available
- Reduced levels of Covid-19 funding will be available but the level is still to be confirmed
- Work on identifying a 5% Better Value programme continues with the business

# Commercial income



*The graph has been updated since last presentation to reflect the latest information for 2021/22 and 2022/23*

*2018/19 is the centre ring with 2022/23 is the outer most ring*

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

# The Future



What the future looks like:

- The information available would indicate a shrinking of NHS income with a growth of non-NHS income (but still below pre-pandemic levels)
- The current financial plan **does not** require a vote as non-NHS income growth will be below 5% in 2022/23
- Continued growth in commercial income but with primary focus on patient benefit across all workstreams whilst ensuring appropriate value exchange for GOSH contribution



# Key Next Steps

**7<sup>th</sup> February 2022** - Clinical Directorate sessions to include: Latest activity assumptions in context of recent planning guidelines, Workforce plans, Finance plans, Better Value plans, Interdependencies and corporate Support requirements

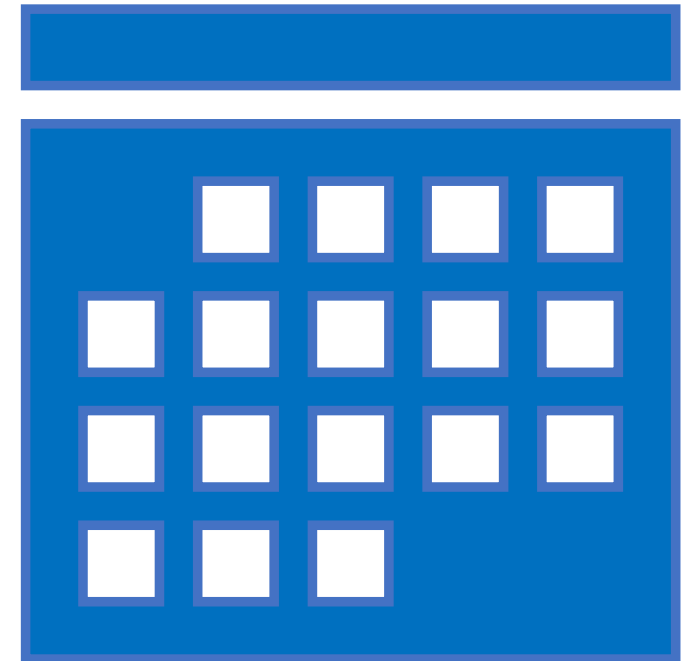
**14<sup>th</sup> February 2022** – Corporate Briefing and finalisation of their Annual Plan

**Mid Feb 2022** – Activity Submission to NCL

**Late Feb 2022** - Finalise Annual Planning

**March 2022** – Finalising of the Planets Strategic Annual Plan for 2022/23

**End of March** – Board Sign off Plan





Any Comments and Questions?

## Council of Governors

10 February 2022

### **Sustainability & Climate & Health Emergency Update**

**Summary & reason for item:** Update requested by Governors.

The high-level strategic sustainability situation and ground level activity since GOSH formally declared a Climate & Health Emergency in 2021 is summarised. The newly agreed sustainability governance structure is outlined along with challenges to its delivery.

**Governor action required:** Discussion around support for proposals and recommendations

**Report prepared by:** Nick Martin, Head of Sustainability and Environmental Management

**Item presented by:** Nick Martin, Head of Sustainability and Environmental Management

## Sustainability & Climate & Health Emergency Update

### Current context

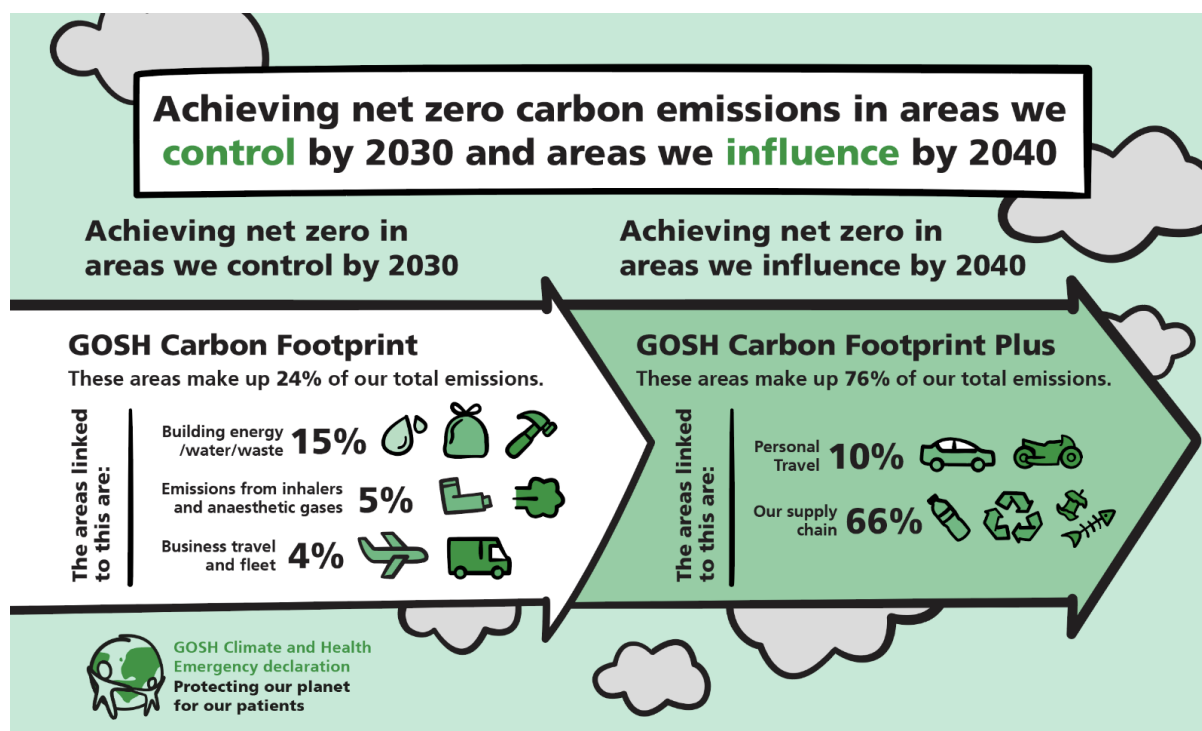
Nearly a year ago GOSH declared a Climate & Health Emergency and committed the organisation to two Net Zero emissions reduction targets over the coming 2 decades. This was a bold and positive step and subsequently there have been positive achievements and significant enthusiasm for the challenge. However, creating change at the pace required will involve a renewed and strengthened approach. Therefore, in November a 'Sustainability Reset' paper went to EMT & Trust Board proposing the development of a new Governance Structure necessary to achieve this.

GOSH's overall Climate & Health Emergency Response will be broken down into 10 interconnected 'programmes of work' along with 7 strategic elements. The Governance Structure surrounding this, and an outline of the broader context and challenges, is summarised in this paper.

### Recent activities and achievements

In February 2021, GOSH formally declared a Climate & Health Emergency (CHE), becoming the first London-based NHS trust and the first standalone children's hospital nationally to do so (CHE launch webinar viewable [here](#)). Our declaration acknowledges our special responsibility to respond to the CHE and offers a clear recognition that we are not looking after our children if we aren't protecting the planet.

Watch our CHE declaration video, with staff and patient statements, [here](#).



Our CHE declaration follow-up "Taking the Temperature" survey indicated strong staff support and enthusiasm for increased sustainability ambition (full results [here](#)). The declaration is merely a starting gun to galvanise the urgent and transformative action required to achieve our commitments. Some of our activities and achievements in sustainability since declaring include:

- **Re-launching and reinvigorating the GOSH Green Champions (GC) staff community.** The GC network now comprises over 100 members, with three active working groups and a digital home on MS Teams. Join [here](#).
- **Continued dissemination and adoption of the [Clean Air Hospital Framework \(CAHF\)](#), co-developed by GOSH and Global Action Plan.** The CAHF is now a recommended piece of evidence under [the NHS Premises Assurance model](#) (Effectiveness Domain). 30 NHS Trusts have now downloaded the CAHF and committed to becoming clean air hospitals.
- **Achievement of [Cycling UK Gold Employer Status](#), becoming the first NHS Trust to do so.** Delivered by the Safe, Active, and Sustainable (SAS) Travel working group. SAS also developed and delivered numerous staff resources to encourage active travel (infrastructure wayfinding, new hire info pack, new cycle repair stand, e-bike trials, new Brompton cycle trials)
- **Working with internal and external procurement partners** to integrate sustainability and social value considerations into supplier evaluations (eg. 10% weighting; non-emergency patient transport and total waste management services).
- **Regular and engaging visibility to staff at internal events and through internal communications channels.** Working with internal communications has helped sustainability be more visible than ever: Virtual Big Briefs, Wellbeing Wednesday Webinars, team meeting drop-ins, PGME Grand Rounds, Headlines, GOSHWeb, [CHEER platform](#) and app.
- **Implementation of a new EPIC best practice advisory and monitoring function for greener anaesthesia, supplemented by training materials.** A project of the Sustainable Care Green Champions Working Group, this has led to the nearly complete elimination of desflurane usage at GOSH. Medical gases constitute approximately 4% of GOSH’s greenhouse gas footprint. See the first ever climate change section of the [Anaesthesia@GOSH report here](#).
- **Launching a new Sustainable Care Working Group task force, comprising clinical, estates, external experts, suppliers, and Greener NHS representatives, focusing on nitrous dioxide usage and leakage.** Involving baselining via EPIC data and initiatives related to maintenance, behaviour, and new equipment to address related environmental impact.
- **Installation of a new air quality monitor at the main entrance and officially [joining the Breathe London Hospitals Network](#).** We are partnering with London academics to improve the visibility of the air pollution problem and assist in mobilising health professionals. Sadiq Khan visiting imminently to discuss air quality and health care.
- **The launch of a new Climate Champion Staff STAR award.** This is a positive first step in recognising the significant contributions of staff towards climate action and sustainability leadership.
- **Development of a [new five-part framework](#) to guide and gauge sustainability performance for the GOSH estate and built environment, for both operations, retrofit, and new development.** Estates and facilities account for over 60% of the NHS’s core carbon footprint.
- **Partnerships and standing dialogue established with nationally leading NHS trusts.** We meet regularly with sustainability colleagues at some of the most progressive NHS hospitals in the UK: Newcastle, Manchester University, Sussex Community, Bristol, and Cambridge. Through our participation in Ride for their Lives, we have opened new avenues for collaboration and co-learning with NHS colleagues from across the country.
- **Development of a bold and [transformative vision for Great Ormond Street’s public realm](#).** This includes significant pedestrianisation and efforts to incorporate nature and play into the future streetscape. GOSH “Play Street” events organised by the Play and Sustainability teams

have provided a glimpse of what could be: a truly safe, healthy, and child-friendly Great Ormond Street (Video [here](#)).

- **Significant advances in relationships with community and borough partners.** The London Borough of Camden has offered support to GOSH’s public realm improvement efforts, including the implementation of modal filtering and assistance with baselining current conditions. The launch of a new Healthy Streets Alliance with UCLH and the Royal Free will support safe and sustainable local infrastructure projects within Camden by being credible health-focused advocates.
- **Leading the [Ride for Their Lives \(RFTL\)](#) COP 26 cycle and action campaign with a consortium of NHS Trusts and child health partners (incl. RCPCH, WHO).** RFTL saw a team of child health professionals and GOSH patients, from across the UK and abroad, cycle 540 miles from London to Glasgow to coincide the COP26 UN climate summit, calling for urgent action on air pollution and climate.
- **Executive and Board agreement on a new governance structure and formalised programme for sustainability at GOSH.** The Sustainability Programme Board will form a critical element of this new structure.

## Our Ambition & Vision

At GOSH, we have a mission of putting the “child first and always”. Our CHE declaration and Above and Beyond Principle 5 (Protecting the Environment for our patients) express our commitment to care for the environment as an essential element of our overarching responsibility to safeguard the wellbeing of our patients, staff, and community members. What’s needed now is meaningful action to make good on admirable intentions. **We have just 8 years to achieve net zero across our core emissions footprint.**

To embed sustainability and achieve the Trust’s climate action goals will require concerted, coordinated effort across the breadth and depth of the organisation. We are calling for a “**Sustainability Reset**” and embarking on a mission of transformation guided by a holistic programme framework, detailed below.

## Perspectives

The sustainability programme will be guided by the following perspectives. These should be common threads running through our 10 functional ‘programmes of work’ (POW) targeting specific impact areas.

1. **Reaching Out.** *GOSH is not an island.* We are an anchor institution, a member of multiple communities, and a centre of excellence for health care, research, and teaching. We recognise that our impact is greater when we step up and step out beyond our four walls. Through our sustainability efforts, we will connect with our local community, with other changemaking trusts, and become advocates with organisations on a similar sustainability journey.
2. **Self-Mastery.** *GOSH has a long way to go.* Sustainability must not be ad-hoc, optional, or extraneous. Credible leadership requires sincere and concrete action. Through our sustainability efforts, we will identify and consciously seize opportunities to embed cultures, policies, processes, documentation, training, and governance structures in-house.
3. **Health and Well-Being.** *GOSH is a health care institution.* Our unique mission, unique capabilities, and unique opportunities will not be lost in how we tackle sustainability and climate action. We will strive to be a leader in *sustainable health care*. Through our

sustainability efforts, we will endeavour to make holistic win-win links back to health and well-being for the benefit of children, visitors, community members, and staff.

- 4. Treading Lightly.** *GOSH has committed to reducing its footprint.* We will measure and tangibly reduce our environmental impact, seeking opportunities to not only “do less harm” but “do more good” on our way to net zero emissions. Through our sustainability efforts, we will be evidence-based in our approach, driven by sound data and a desire to optimise impact. We will aim to meaningfully move the needle and avoid greenwashing.

### **Impact Areas – Programmes of Work (POW)**

Our overall sustainability programme will be broken down into the following functional programme of work (POW) areas. An accountable owner and manager/s will be assigned as responsible for delivery of each. These align to, and build upon, the core Green Plan chapters recommended by Greener NHS.

#### **1. Procurement & Circular Economy**

This POW is concerned with what and how GOSH buys (both goods and services), and should consider the use of purchasing power/decisions and supplier engagement in driving scope 3 emissions reductions (and promoting sustainability more broadly, in line with the goals and procurement best practice shared by NHSE/I).

#### **2. Travel & Transport**

This POW is concerned with reducing the environmental impact arising from travel (of people) and transport (of goods and services; logistics). Areas of related work include efforts to increase active and sustainable travel (business and commuting, patients and families), investment in zero-emission vehicles (and/or engagement with suppliers to reduce fleet emissions), and maximising transport efficiencies.

#### **3. Food & Nutrition**

This POW considers ways to reduce the environmental impact (including carbon emissions) of the food that is procured, prepared, processed, and served within GOSH. This could include reducing overall food waste and ensuring provision of healthier, locally-sourced and seasonal menus high in fruits and vegetables.

#### **4. Our People**

This POW covers efforts to engage, educate and develop our workforce in defining and delivering carbon reduction initiatives and the achievement of our broader sustainability goals.

#### **5. Sustainable Care**

This POW endeavours to embed net zero principles across clinical services, considering the way in which care is delivered. This could include promotion of -- or default preference for – lower carbon and lower waste interventions, provision of care closer to home, and changes to medical practices and material usage (eg. PPE).

#### **6. Medicines**

This POW will examine and seize opportunities to reduce carbon emissions and the broader environmental and social impacts associated with the prescribing and use of medicines and medical products. This includes reducing wastage, optimising usage, consideration of lower impact alternatives.

## **7. Digital Transformation**

This POW focuses on ways to harness digital technology and systems to streamline service delivery and support efforts to track and reduce carbon emissions and the Trust's broader environmental impacts.

## **8. Space & Place**

This POW focuses on GOSH's own estates, facilities, and built environment (which account for 60% of core emissions). Examples of work include identification of opportunities for energy and water efficiency interventions, efforts to achieve 100% renewable energy purchasing (a requirement of the NHS Standard Contract), delivery of a sustainable Children's Cancer Centre, and a solid embedding of sustainability considerations in all design brief templates and guiding documents for capital projects.

## **9. Community & Public Realm**

This POW focuses on reaching out beyond GOSH's four walls to ensure our sustainability efforts benefit (and benefit from) the communities of which we are a part. Examples include the development of a community engagement plan, continued liaison and partnership with local stakeholders (including neighbours, local authorities) and the delivery of a transformed green and child-friendly Great Ormond Street.

## **10. Adaptation**

This workstream is concerned with plans to mitigate the effects of climate change and extreme weather on GOSH's functioning. This includes planning and projects to mitigate the impact of heatwaves on Trust infrastructure, patients, and staff.

## **Delivering the Programmes of Work**

Each POW area will be assigned an accountable POW owner and manager/s. They will be responsible for its delivery - and the development of a strategy and delivery plan with KPIs - that they will report against to the Sustainability Steering Group (SSG).

They will receive support from the core Sustainability Team and relevant GOSH Green Champions Working Groups (together comprising the Sustainability Steering Group). However further 'project management' support for POW delivery & reporting will be required. Therefore a case will be made to the Sustainability Programme Board (SPB) for this resource.

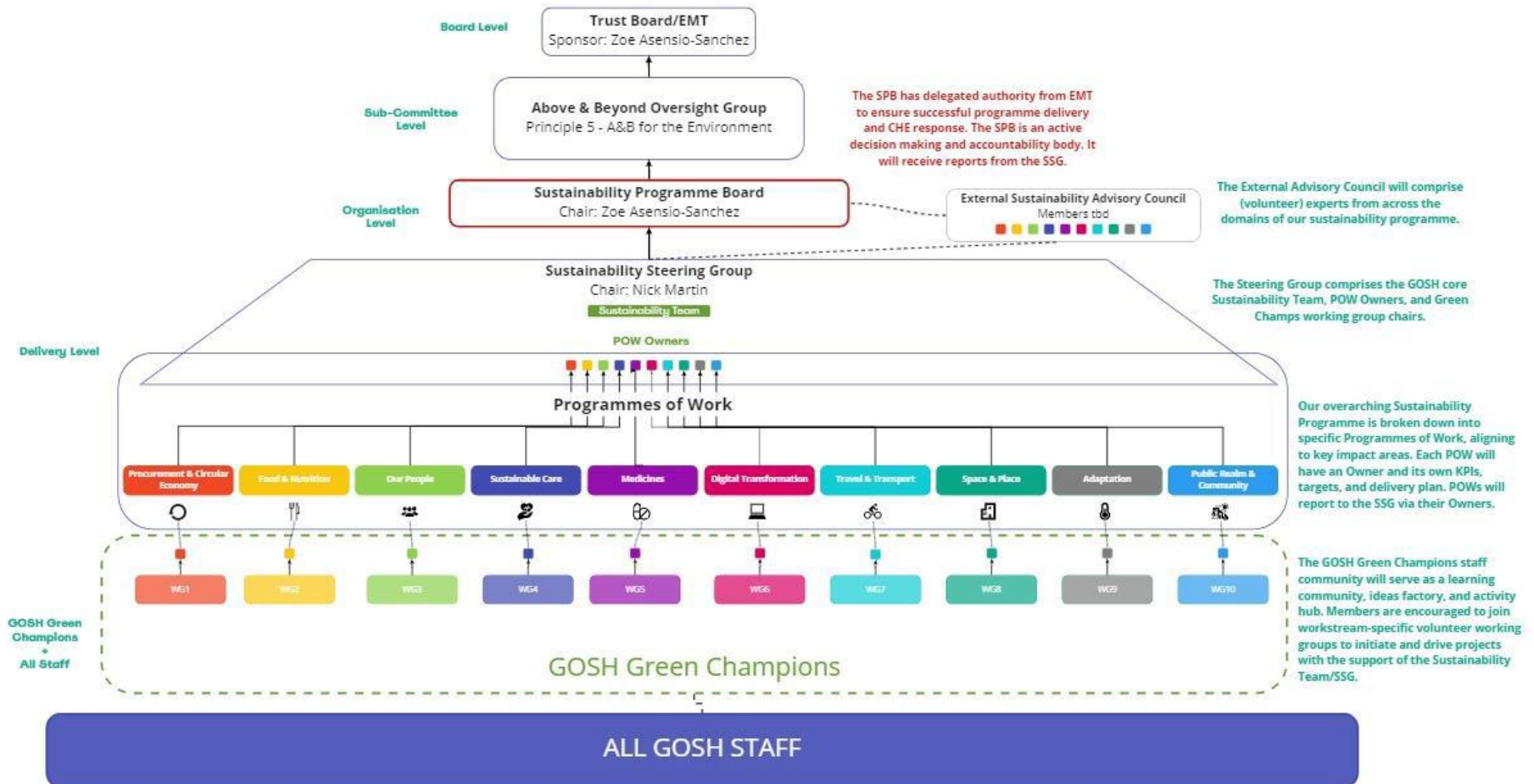
Each POW owner will report progress against KPIs into the SSG (meets every 2 weeks), from which a consolidated 'Climate & Health Emergency Progress report' will be compiled for the Sustainability Programme Board (SPB) every 2 months.

**The Sustainability Programme Board** has delegated authority from the Executive Management Team (EMT) to ensure successful delivery of the Trust's Climate & Health Emergency (CHE) response and net zero emissions targets. It is designed to support this process through endorsement, advocacy and decision making that ensures delivery of sustainability is embedded at pace within the organisation. A small selection of draft KPIs and targets for each POW area are detailed in the [Sustainability Reset paper](#). (p3-5)

**The launch of an effective programme governance structure as outlined, responds directly to the key report recommendations. However it is vital that this new structure leads to the necessary concrete decision making required to address the obstacles outlined above.**



## GOSH Sustainability



All GOSH staff have a responsibility (and an opportunity) to contribute to our Sustainability Programme and the fulfilment of our net zero commitments. We will endeavour to identify and empower Climate & Health Emergency Responders (CHERs) across the Trust, to act as ambassadors and grasp opportunities to embed sustainability within their own teams and areas of work. "Professionalising" our organisational commitment to addressing the Climate & Health Emergency should include the delivery of sustainability education and incorporation into recruitment and appraisal processes.

## Council of Governors

10 February 2022

### Chief Executive Report

#### Summary & reason for item

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

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

The report includes:

- Summary of the November 2021 Trust Board meeting
- Summaries of the Integrated Quality & Performance Report and Finance report (December 2021 data)
- Update on Vaccination as a Condition of Deployment (VCOD) for healthcare workers
- Wider GOSH News

#### Appendices

- Integrated Quality and Performance report (December 2021 data)
- Finance Report (December 2021 data)

#### Governor action required

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

#### Report prepared by:

Paul Balson, Head of Corporate Governance

#### Report presented by:

Matthew Shaw, Chief Executive

## 1 Trust Board Summary

The Trust Board met on 24 November 2021 and Wednesday 2 February 2022. Highlights from the November 2021 not covered elsewhere in the Council papers are below.

### Patient Story

- Aimee, told us about her daughter Anoosha's care - who was a patient at GOSH since she was four months old.
- Anoosha had received good support - the hospital school was valued.
- The key challenge was communication between staff following rotation.
- MyGOSH was a useful method of communicating with staff

### Staff Wellbeing

- Non-Executive Director Kathryn Ludlow has been appointed as the Trust Wellbeing Guardian
- Non-Executive Director Amanda Ellingworth will act as our Diversity and Inclusion Guardian
- We await the full national staff survey results carried out in late 2021, which will give us important insights into staff wellbeing and experience and these will feature in later reports.

The Newsweek's World's Best Hospitals list ranked GOSH as number 4 in the world for paediatrics, after SickKids Toronto, Boston Children's and the Children's Hospital of Philadelphia.

### Partnership working

- Stakeholder engagement on the North Central London system's maternity, neonatal and paediatric services configuration is underway.
- GOSH and the Royal Marsden signed a collaboration agreement with Epic to work on a shared Electronic Patient Record system.

The Body, Bones and Mind Directorate gave a presentation on their successes, challenges and priorities.

Mat Shaw, Chief Executive will provide a **verbal** update on the February 2022 Board meeting at the Council. The Integrated Quality and Performance report (December 2021 data) and the Finance Report (December 2021 data) are provided as appendices for information and review.

## 2 Integrated Quality & Performance Report (December 2021 Data)

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

Incident reporting	The number of incidents reported reduced slightly in line with the reduction in activity levels  The Trust has 6 open serious incidents - none are overdue for December.
High risk reviews	There is a Trust focus on working with the directorates to improve performance through weekly reporting checking progress against milestones.
FFT	The Friends and Family Test response rate in December was 27% and above the target of 25%. Targets for ratings of experience for inpatients (97%) and Outpatients (95%) was achieved. Feedback from patients and families was consistent with previous months.
Complaints and PALS	5 formal complaints were received in December 2021 making 9 open complaints. No new red graded complaints were received.  PALS contacts fell by 24% (to 132) - a reflection of reduced activity.  Despite lower staffing levels 82% of PALS contacts were resolved with 48 hours.
Staff wellbeing	Sickness Absence increased to 5.9% with nearly 40% of these absences related to Covid.
Referral to treatment (RTT)	Decreased in performance by 1.1% to 75.3% which was 9% below trajectory. The number of 52 Week wait patients decreased to 194 at the end of December. The Omicron wave had a significant impact on performance and capacity across all services.

## 3 Finance Report (December 2021 data)

The Trust financial position was a deficit of £3.4m year to date (YTD) which was £1.8m adverse to the newly approved NHSEI plan for the second half of the year (H2).

Income was £2.8m adverse to plan due to underachievement of the ERF target (£1.5m) in H2 and a continued lower than plan private patient income (£1.3m) due to Covid-19 and the continued travel restrictions.

Pay was adverse to the plan by £1.4m driven by high levels of bank and agency staff due to Covid-19 sickness and isolation.

The emergence of the Omicron variant has created uncertainty around H2, particularly around what this may mean for Trusts and how it may affect or change funding arrangements.

Other points to note within the financial position are:

- Non-Pay was £2.6m favourable YTD. Key drivers of this are lower than planned usage of high cost drugs and devices and a reduction in impairment of receivables due to the Trust continuing to receive regular payment of private patient aged invoices
- Cash held by the Trust in Month 9 was £0.3m higher than last month and is £125.2m.

### Accessing Board papers

If you would like to observe the Trust Board or have any queries please contact Victoria Goddard, Trust Board Administrator [Victoria.Goddard@gosh.nhs.uk](mailto:Victoria.Goddard@gosh.nhs.uk)

Public Board papers, including November 2021 and February 2022 can be found here: <https://www.gosh.nhs.uk/about-us/who-we-are/organisational-structure/trust-board/trust-board-meetings/>

### 4 Vaccination as a condition of deployment (VCOD) for healthcare workers

Special thanks are due this month to our HR team for their support to facilitate the changing approach to mandatory vaccinations.

On 6 January 2022, Parliament approved new legislation which set out that as of 1 April 2022, NHS staff must have had two doses of a COVID-19 vaccine to be able to work in any role in which they have face-to-face contact with patients or service users. The regulations applied to staff who deliver face-to-face patient care or treatment within CQC registered services, as well as non-clinical staff who may have social contact with patients but are not directly involved in patient care.

However, on the 31 January 2022 the press reported that the Government is considering reversing its decision to make COVID-19 vaccination a condition of deployment for NHS staff. The Government's decision is subject to Parliamentary process and will require further consultation and a vote to be passed into legislation. Nonetheless, the change in Government policy means we have halted any HR processes that were required to support the original legislation.

### 5 Wider GOSH news

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



#### GOSH Non- Executive Director awarded in New Year's list

Russell Viner, non-Executive Director has been made a Commander of the British Empire (CBE) for services to child and adolescent particularly during Covid-19.



#### GOSH Gene therapy 'factory' mentioned in The Times

- We received some really positive media coverage in The Times on Saturday 29 January 2022.
- The story covered the vector manufacture partnership we have with Virocell and the difference it could make to developing life-saving gene therapies for a range of diseases.



#### Super Saturday at GOSH

- Teams in the immunology lab used Super Saturday to help clear the backlog of tests for rare diseases that had built up whilst the labs had to focus on COVID testing
- GOSH also ran lab tours for patients to see what happens to their blood - the idea is that if you understand what happens to your blood test, then you're more likely to be happy to give that blood.

# Integrated Quality & Performance Report January 2022 (December 2021 data)



**Sanjiv Sharma**

**Darren Darby**

**John Quinn**

**Caroline Anderson**

Medical Director

Acting Chief Nurse

Chief Operating Officer

Director of HR & OD

# Hospital Quality Performance – January 2022 (December data)

## Are our patients receiving safe, harm-free care?

	Parameters	October 2021	November 2021	December 2021
Incidents reports (per 1000 bed days)	R<60 A 61-70 G>70	88 (n= 651)	88 N=638	75 N=497
Incident investigations completed in month		513	704	426
No of incidents closed	R - <no incidents reptd G - >no incidents reptd	475	416	332
Incident Closure Rate (% of incidents closed within policy)	R 0-64%A>65-75% G>76-100%	40%	54%	53%
Average days to close	R ->50, A - <50 G - <45	56.5	53	57.3
Medication Incidents (% of total PSI)	TBC	22.1%	20.3%	23.8%
WHO Checklist (Main Theatres GA only)	R<98% G>98-100%	99%	98%	97%
Near Miss reports (% of incidents reported)	R <8%, A 8-9%, G>10%	5.9%	4.4%	3.2%
New Serious Incidents		1	3	0
Overdue Serious incidents	R >1, A -1, G – 0	0	0	0
Safety Alerts overdue	R- >1 G - 0	0	0	0
Serious Children's Reviews Safeguarding children learning reviews (local)	New	0	0	0
	Open and ongoing	10	8	8
Safeguarding Adults Board Reviews	New	0	0	0
	Open and ongoing	2	2	2

## Are we delivering effective, evidence based care?

	Target	Oct 21	Nov 21	Dec 21
Specialty Led Clinical Audits on Track	R 0- 60%, A>60-75% G>75-100%	77%	77%	80%
Number of completed specialty led clinical audits per year	Aim =100 p.a G= YTD total at month end is on target	64	77	86
NICE guidance overdue for assessment of relevance	R=1+, G=0	0	0	0
Relevant NICE national guidance without a gap analysis	R=1+, G=0	0	0	0
Participation in mandatory relevant national audits	G=100%	100%	100%	100%

## Are our patients having a good experience of care?

	Parameters	October 2021	November 2021	December 2021
Friends and Family Test Experience rating (Inpatient)	G – 95+, A- 90-94, R<90	97%	97%	97%
Friends and Family Test experience rating (Outpatient)	G – 95+, A-90-94,R<90	94%	95%	95%
Friends and Family Test - response rate (Inpatient)	25%	26%	32%	27%
PALS (per 1000 combined pt episodes)	N/A	8.45	6.47	6.32
Complaints (per 1000 combined pt episodes)	N/A	0.42	0.26	0.24
Red Complaints (%total complaints 12 month rolling)	R>12% A- 10-12% G- <10%	10%	10%	9%
Re-opened complaints (% of total complaints since April 2020)	R>12% A- 10-12% G- <10%	4%	3%	5%

## Are our People Ready to Deliver High Quality Care?

	Parameters	October 2021	November 2021	December 2021
Mandatory Training Compliance	R<80%,A-80-90% G>90%	91%	91%	92%
Stat/Man training – Medical & Dental Staff	R<80%,A-80-90% G>90%	84%	85%	87%
PDR	R<80%,A-80-89% G>90%	86%	87%	88%
Appraisal Compliance (Consultant)	R<80%,A-80-90% G>90%	95%	89%	91%
Honorary contract training compliance	R<80%,A-80-90% G>90%	75%	74%	78%
Safeguarding Children Level 3 Training compliance	R<80%,A-80-90% G>90%	87%	86%	89%
Safeguarding Adults L2 Training Compliance	R<80%,A-80-90% G>90%	90%	91%	92%
Resuscitation Training	R<80%,A-80-90% G>90%	83%	83%	83%
Sickness Rate	R -3+% G= <3%	4.3%	4.2%	5.9%
Turnover - Voluntary	R>14% G-<14%	11.5%	11.3%	11.7%
Vacancy Rate – Contractual	R- >10% G- <10%	5.6%	5.2%	5.7%
Vacancy Rate - Nursing		1.01%	1.20%	2.99%
Bank Spend		5.0%	5.1%	5.2%
Agency Spend	R>2% G<2%	1.2%	1.2%	1.2%

# Hospital Quality Performance – January 2022 (December data)

## Is our culture right for delivering high quality care?

	Target	October 2021	November 2021	December 2021
High Risk Review (% reviewed within date)	R<80, A 81-90% G>90%	75.3%	73%	69.4%
Serious Incident Actions (number of actions overdue)	R- >2 A- 1-2 G- 0	60	60	63
Red Complaints Action Plan Completion (no of actions overdue)	R- >2 A- 1-2 G- 0	2	1	1
Duty of Candour Cases	N/A	11	5	9
Duty of Candour Conversation (Stage 1)	R<75% A 75-90% G>90%	100%	100%	100%
Duty of Candour Letter (Stage 2) Has a letter been sent?	R<75% A 75-90% G>90%	33%	80%	60%
Duty of Candour – compliance with 10 days	R<75% A 75-90% G>90%	33%	40%	60%
Duty of Candour - Stage 3 Total sent out in month	Volume	5	4	1
Duty of Candour – Stage 3 Total (%) sent out in month on time	R<50%, A 50-70%, G>70%	40%	75%	0%
Duty of Candour – Stage 3 Total overdue (cumulative)	G=0 R=1+	2	3	5
Policies (% in date)	R 0- 79%, A>80% G>90%	89%	88%	86%
Safety Critical Policies (% in date)	R 0- 79%, A>80% G>90%	90%	90%	87%
Fit and Proper Person Test Compliance (self assessment)	R - <90%A 90-99% G – 100%	100%	100%	100%
Inquests currently open	Volume monitoring	19	15	15
New Freedom to speak up cases	Volume monitoring	21	12	5
HR Whistleblowing - New	Volume monitoring	0	0	0
HR whistleblowing - Ongoing	12 month rolling	0	0	1
New Bullying and Harassment Cases (reported to HR)	Volume	0	0	1
	12 month rolling	3	3	

## Are we managing our data?

	Target	October 2021	November 2021	December 2021
FOI requests	Volume	34	49	36
FOI Closures: % of FOIs closed within agreed timescale	R- <65% A – 65-80% G- >80%	79%	89%	78%
No. of FOI overdue (Cumulative)		1	1	1
FOI - Number requiring internal review	R>1 A=1 G=0	0	0	1
FOI Number referred to ICO	G=0 R=1+	0	0	0
Information Governance Incidents	volume	17	11	7
IG incidents reported to ICO	R=1+, G=0	1	0	0
SARS (Medical Record ) Requests	volume	130	149	93
SARS (Medical Record) processed within 30 days	R- <65% A – 65-80% G- >80%	98%	99%	100%
New e-SARS received	volume	1	0	0
No. e-SARS in progress	volume	3	3	3
E-SARS released	volume	2	0	1
E-SARS partial releases		0	0	1
E-SARS released past 90 days	volume	0	0	0
Description	Target	Oct 2021	Nov 2021	Dec 2021
52 week + breaches reported (ticking at month end)	Volume	194	202	194
52 week + harm reviews to be completed (for treatment completed or seen in month)		107	98	87
Clinical Harm Reviews Returned at point of reporting		33	21	15
Clinical Harm Identified at point of reporting		0	0	0



# Do we deliver harm free care to our patients?

## Central Venous Line Infections

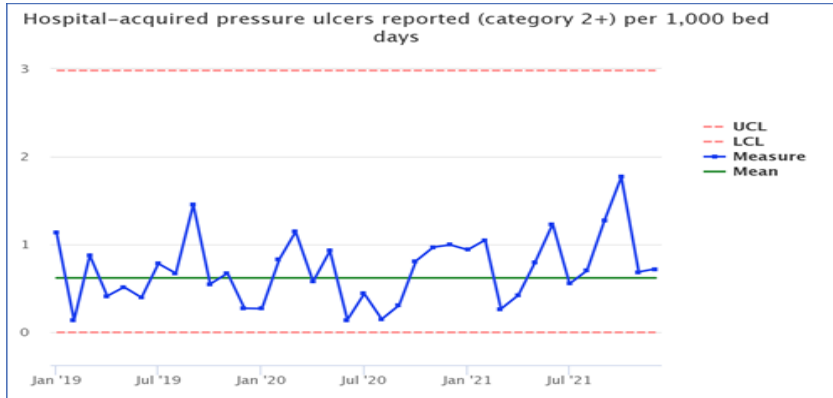
**GOSACVCRB** (GOS acquired CVC related bacteraemias ('Line infections'))\*

Period	GOSACVCRB_No	DaysRecorded	Rate	Rate_YtD
Year 18/19	82	52972	1.5	1.5
Year 19/20	73	56333	1.3	1.3
Year 20/21	63	54195	1.2	1.2
Apr-21	4	4388	0.9	0.9
May-21	7	4492	1.6	1.2
Jun-21	3	4571	0.7	1
Jul-21	6	4376	1.4	1.1
Aug-21	8	4392	1.8	1.3
Sep-21	6	4444	1.4	1.3
Oct-21	3	4471	0.7	1.2
Nov-21	6	4411	1.4	1.2
Dec-21	4	4315	0.9	1.2

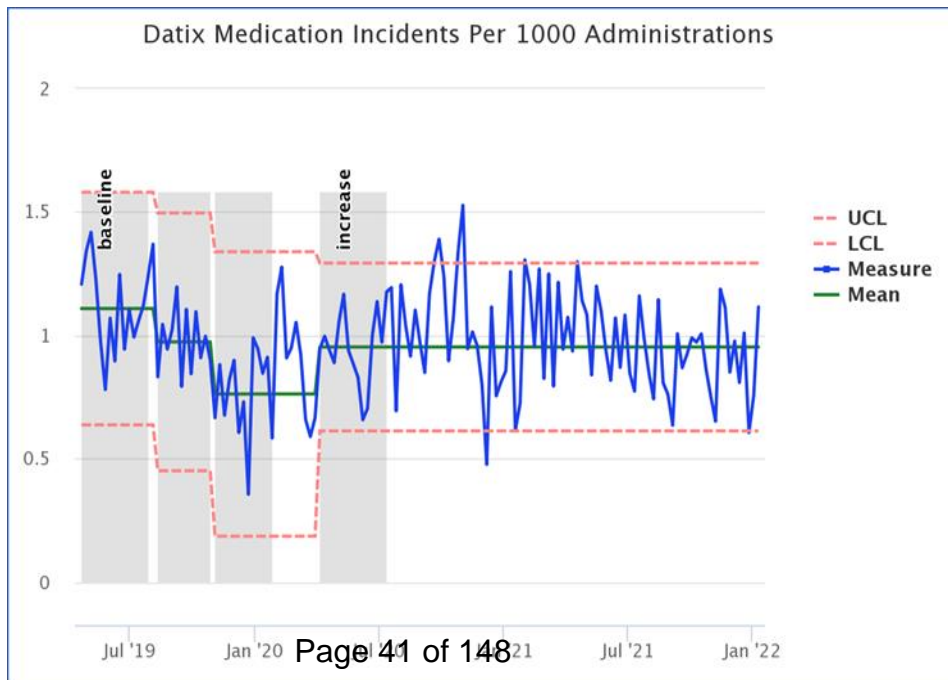
## Infection Control Metrics

Care Outcome Metric	Parameters	Sept 2021	Oct 2021	Nov 2021	Dec 2021
Bacteraemias (mandatory reporting – MRSA, MSSA, Ecoli, Pseudomas Klebsiella)	In Month	10	2	6	3
	YTD (financial year)	30	32	38	41
C Difficile cases - Total	In month	1	0	1	0
	YTD (financial year)	6	6	7	7
C difficile due to lapses (Considered Trust Assigned but awaiting confirmation from NHS E)	In Month	0	0	0	0
	YTD	5	5	5	5

## Pressure Ulcers



## Medication Incidents



105 medication-related incidents were reported in December 2021.

24% (↓) of these reported incidents were related to drug administration errors from correct prescriptions and 19% (↓) were related to medication dispensing. The biggest increase was in medication storage incidents which were 25% of incidents.

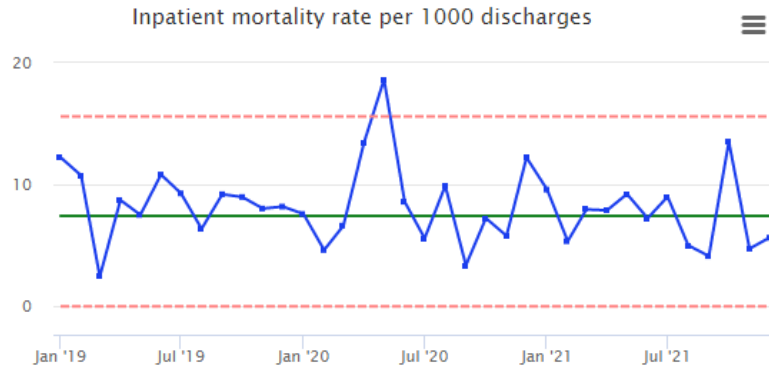
48 medication incident investigations were completed and closed in December.

There was 1 incident reported as moderate harm, 17 causing minor harm and 87 causing no harm

		Sept 21	Oct 21	Nov 21	Dec 21
Volume	R – 12+, A 6-11 G <=5	9	13	5	9
Rate	R>=3 G<=3	0.59	0.59	0.59	0.59

# Does our care provide the best possible outcomes for patients?

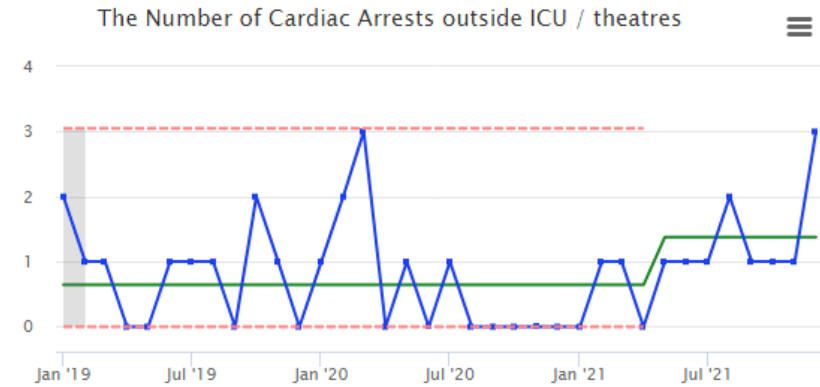
## Inpatient mortality



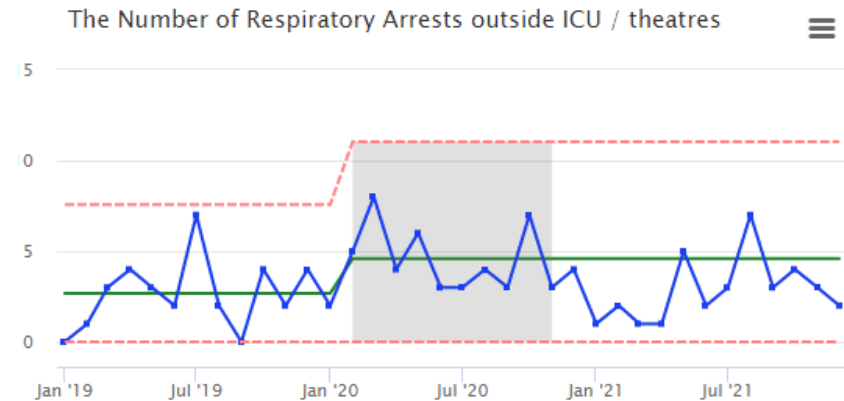
The crude mortality rate is within normal variation. There have been no outliers detected in our real time risk adjusted monitoring of PICU/NICU deaths. This is important as the majority of patient deaths at GOSH are in intensive care areas. Risk adjusted mortality is monitored weekly at the PICU/NICU 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 on the 13<sup>th</sup> January 2022 and covers the calendar years 2018-2020. The report shows GOSH PICU/NICU and CICU risk adjusted mortality as within expected range.

There has been a statistically significant increase in the number of **cardiac arrests** outside of ICU since May 2021 (from .64 to 1.14 a month). In December 2021 the Head of Resuscitation Services reviewed the the RECALLS and clinical documentation for each cardiac arrest between May 2021 and December 2021. This has highlighted themes around the completion of observations, and prompt escalation of the deteriorating patient prior to arrests, and are being brought to the attention of the Deteriorating Patient improvement work.

## Cardiac Arrests



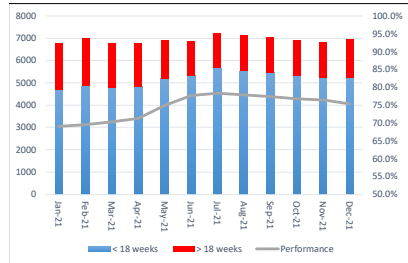
## Respiratory Arrests



# Do our processes and systems support patient access?

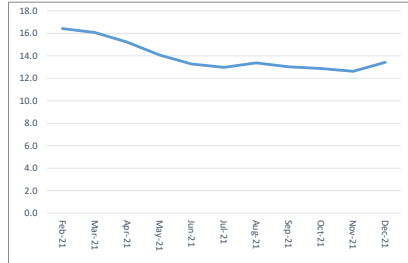
## Patient Access

RTT incomplete pathways: % of patients waiting <18 weeks	Period	Target	Actual
	Dec-21	92.0%	75.34%



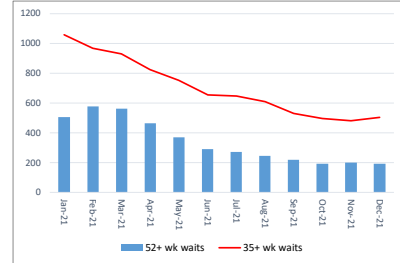
Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
77.67%	78.31%	77.82%	77.42%	76.70%	76.45%	75.34%

RTT: Average waits for open pathways	Period	Target	Actual
	Dec-21	8.1	13.4



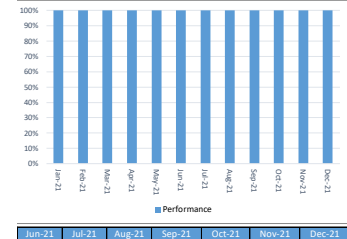
Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
13.3	13.0	13.4	13.0	12.9	12.6	13.4

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



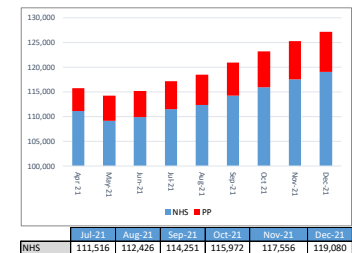
Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
52 wks+	272	247	219	194	202	194
35 wks+	647	609	530	495	480	505

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



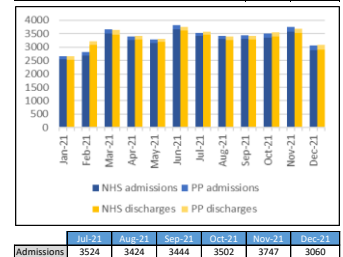
Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Open referrals at month end (NHS & PP)	Period	Actual
	Dec-21	127,163



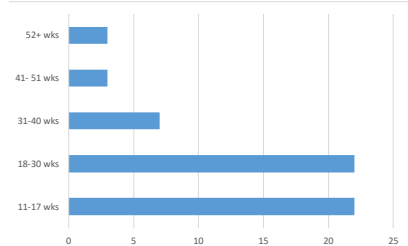
Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	
NHS	111,516	112,426	114,251	115,972	117,556	119,080
PP	5,662	6,089	6,728	7,265	7,779	8,083

Admissions (NHS & PP)	Period	Actual
	Dec-21	3060



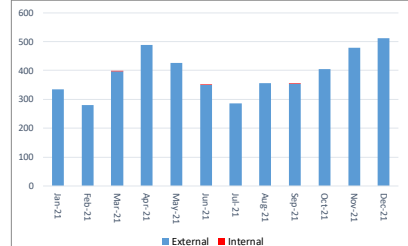
Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	
Admissions	3524	3424	3444	3502	3747	3060
Discharges	3581	3385	3419	3550	3692	3079

RTT: Weeks wait of 18 week RTT pathways received from external Trusts as at Dec 2021
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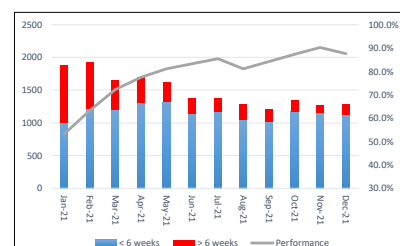
0-10 wks	11-17 wks	18-30 wks	31-40 wks	41-51 wks	52+ wks	
Total	4603	22	22	7	3	3

RTT: Total unknown clock starts	Period	Actual
	Dec-21	512



Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
351	287	357	356	405	479	512

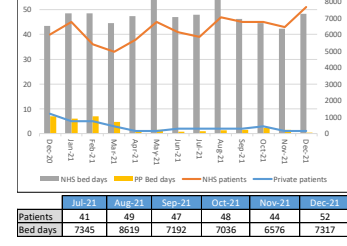
Diagnostics: % of patients waiting less than 6 weeks for a diagnostic test	Period	Target	Actual
	Dec-21	99.0%	87.67%



Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
83.28%	85.36%	81.06%	84.33%	87.38%	90.24%	87.67%

Patients not yet discharged with LOS >50 days	Period	Actual
	Dec-21	52

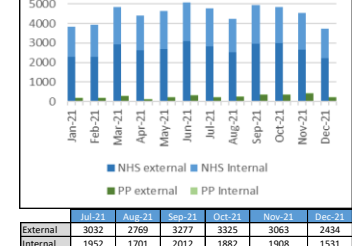
Bed days	Dec-21	7,317
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Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	
Patients	41	49	47	48	44	52
Bed days	7345	8619	7192	7036	6576	7317

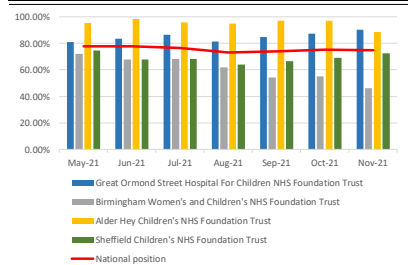
External Referrals (NHS & PP)	Period	Actual
	Dec-21	2434

Internal Referrals (NHS & PP)	Period	Actual
	Dec-21	1531



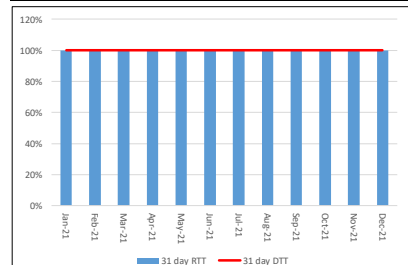
Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	
External	3032	2769	3277	3325	3063	2434
Internal	1952	1701	2012	1882	1908	1531

Diagnostics: National % patients waiting less than 6 weeks for a test	Period	Target	Actual
	Nov-21	99.0%	74.98%



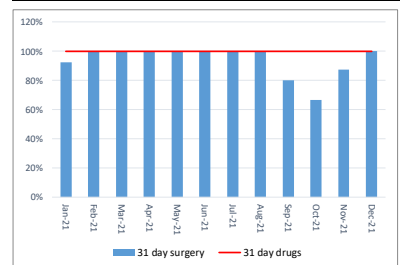
May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
77.70%	77.62%	76.49%	72.88%	73.91%	75.02%	74.98%

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



Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
31 day RTT	100%	100%	100%	100%	100%
31 day DTT	100%	100%	100%	100%	100%

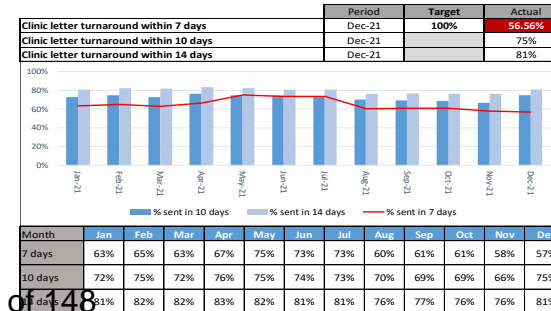
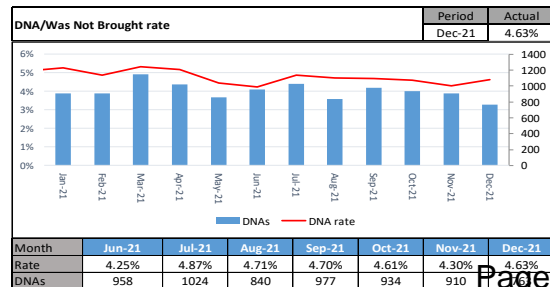
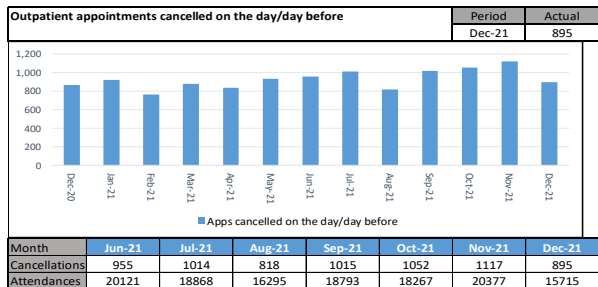
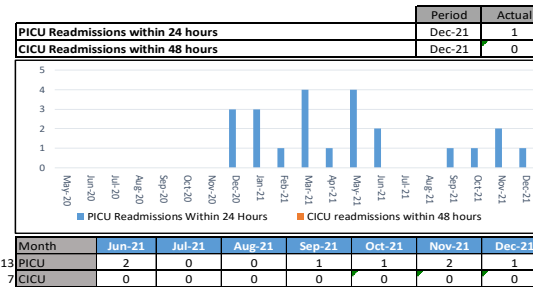
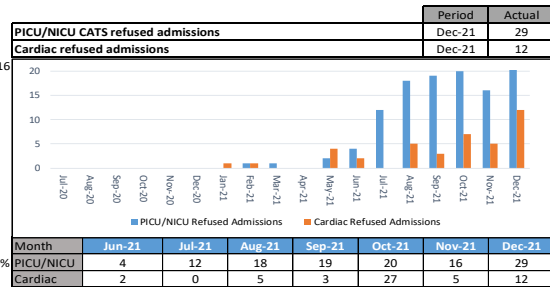
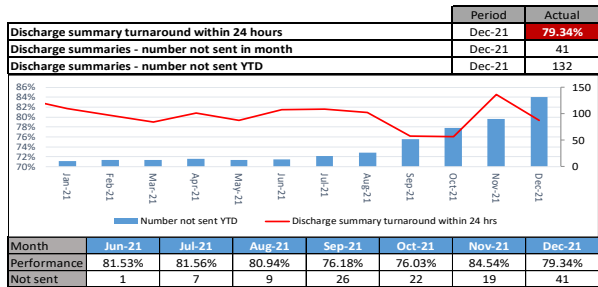
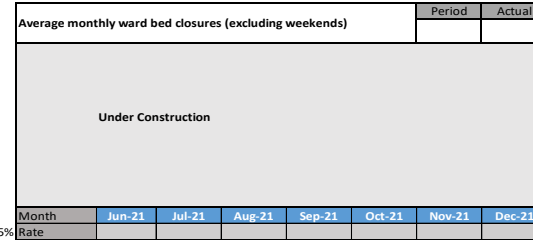
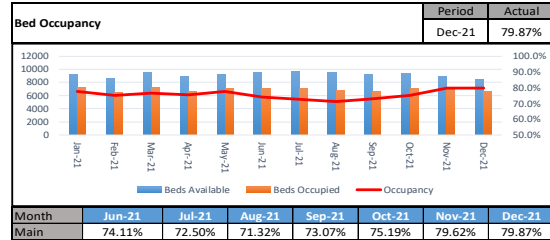
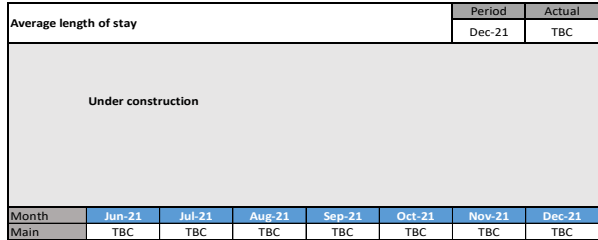
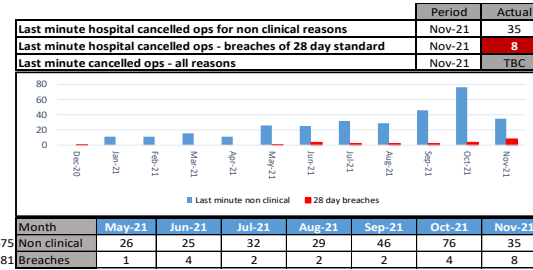
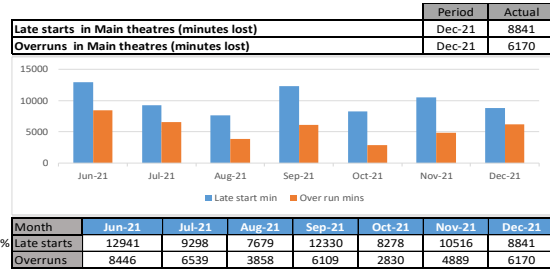
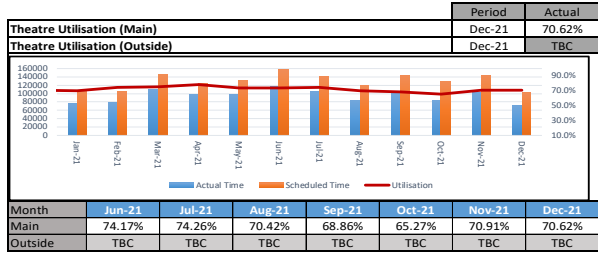
Cancer: 31 day subsequent treatment (Surgery)	Period	Target	Actual
	Dec-21	94.0%	100%



Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	
Surgery	100%	100%	80%	67%	88%	100%
Drugs	100%	100%	100%	100%	100%	100%

# Are we productive and efficient?

## Productivity & Efficiency



# Are we Safe?

There were 6 open serious incident investigations in December 2021.

A number of reports have been reviewed by NHSE and queries have been forward to the Trust for response. Some of these are overdue for further response as awaiting information from both the patient safety team and the lead directorates. A closure plan is now in place following discussions with NHSE . The final draft of the revised SI processes/Policy is undergoing final amendments was presented to the Operational Board and other relevant committees following feedback received and amendments made.

The incident reporting rate has decreased from 638 in November to 497 in December. This decrease is attributed to the festive period and is comparable to the rates reported in the same period in 2020. Increased staffing pressure may also have had an impact on reporting in some areas. There was also a decrease in the numbers of incident investigations completed by the directorate or speciality teams in this period, from 704 in November to 426 incident investigations completed in December. There was a decrease in the closure rate of completed incident investigations with 416 closed in November and 332 closed in December . This delay in closure of completed investigations is related to the reduced staffing numbers with in the patient safety team. These staffing numbers are to be increased by the beginning of February 2022 with the start of new staff members and further recruitment is in progress.

Compliance continues to be monitored and summary reports and milestone documents are circulated to the Executive team, directorate/departmental leads as well as individual handlers.

There are no CAS alerts that are currently overdue for completion. One alert is due for closure in January 2022.

**WHO checklist:** Performance for GA procedures (all departments) is at 96% for all areas including main theatres.

In Main theatres performance has dropped slightly since last month.

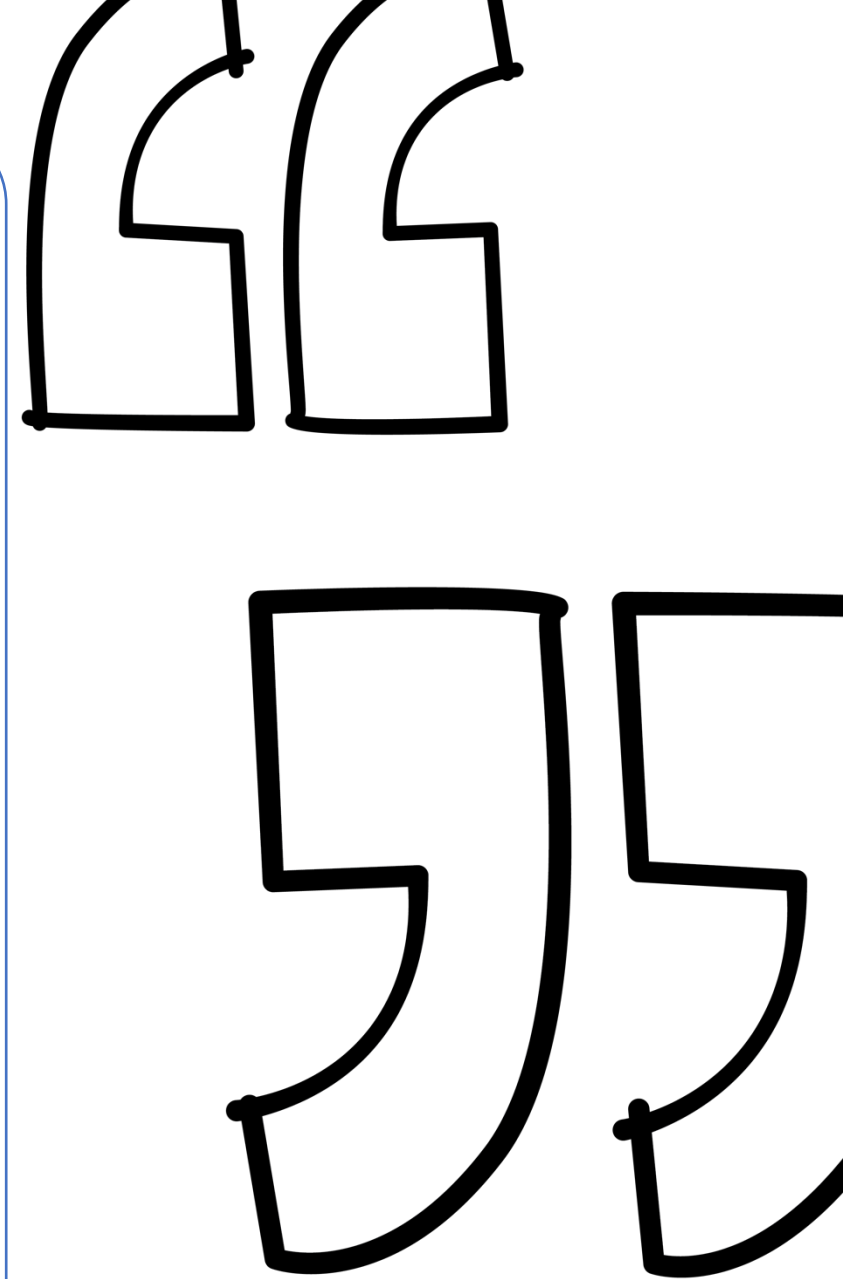
Row Labels	Incomplete	Complete	%
ANAESTHETICS		1	100%
CATH AND EP LAB		26	100%
CT	4	5	56%
GASTRO INVESTIGATIONS UNIT		40	100%
INTERVENTIONAL RADIOLOGY	10	261	96%
MAIN THEATRES	14	543	97%
MRI	11	124	92%
NUCLEAR MEDICINE		6	100%
<b>Grand Total</b>	<b>39</b>	<b>1006</b>	<b>96%</b>

# Are we Caring?

Pals contacts (n=132) reduced significantly in December to the lowest number since October 2020. There was an increase in concerns raised about patient transport with families reporting concerns about the reliability of the service and the drivers. A new transport provider has been selected and there will also be a new trust appointed transport manager. The Pals team are liaising with Patient and Family Site Services to identify any interim actions to improve patient experience until the new provider is in place. Pals have received their lowest number of Cardiology contacts since March 2019 following concerted efforts by the Cardiology team and a comprehensive action plan to address consistently high numbers of cases. In the context of a particularly challenging month within the hospital, the sustained prompt response rate for Pals contacts (82% of contacts within 48 hours) across all directorates is particularly positive.

**Complaints** decreased this month (n=5) in comparison to last month, but this reflects the lower number of complaints received in December last year (n=4). Complaints relate to a variety of issues including breakdown in relationships with staff, a potential mis-diagnosis, delays in follow up care and referrals to other services and teams. The Health Service Ombudsman is proposing to investigate a historic complaint and confirmation of their decision is expected in late January 2021. Following a sustained reduction, the metric for the percentage of high risk complaints (n=3) is now green at 9%. This is significantly lower than the same period last year when there were 8 high risk complaints.

The **Friends and Family Test** response rate was 27% for December, a slight reduction compared with November. At Trust level, targets for FFT response rates and ratings of experience for inpatients (97%) and outpatients (95%) were achieved. Six directorates achieved the target response rate with the exception of Blood Cells and Cancer and the Clinical Research Facility. Six directorates achieved a rating of experience above 95%. Feedback was consistent with previous months with a common theme of admission and discharge issues, environmental and catering issues. Comments related to catering have been featured on the FFT focus slide (slide 16).



# Are we Effective?

## Clinical Audit

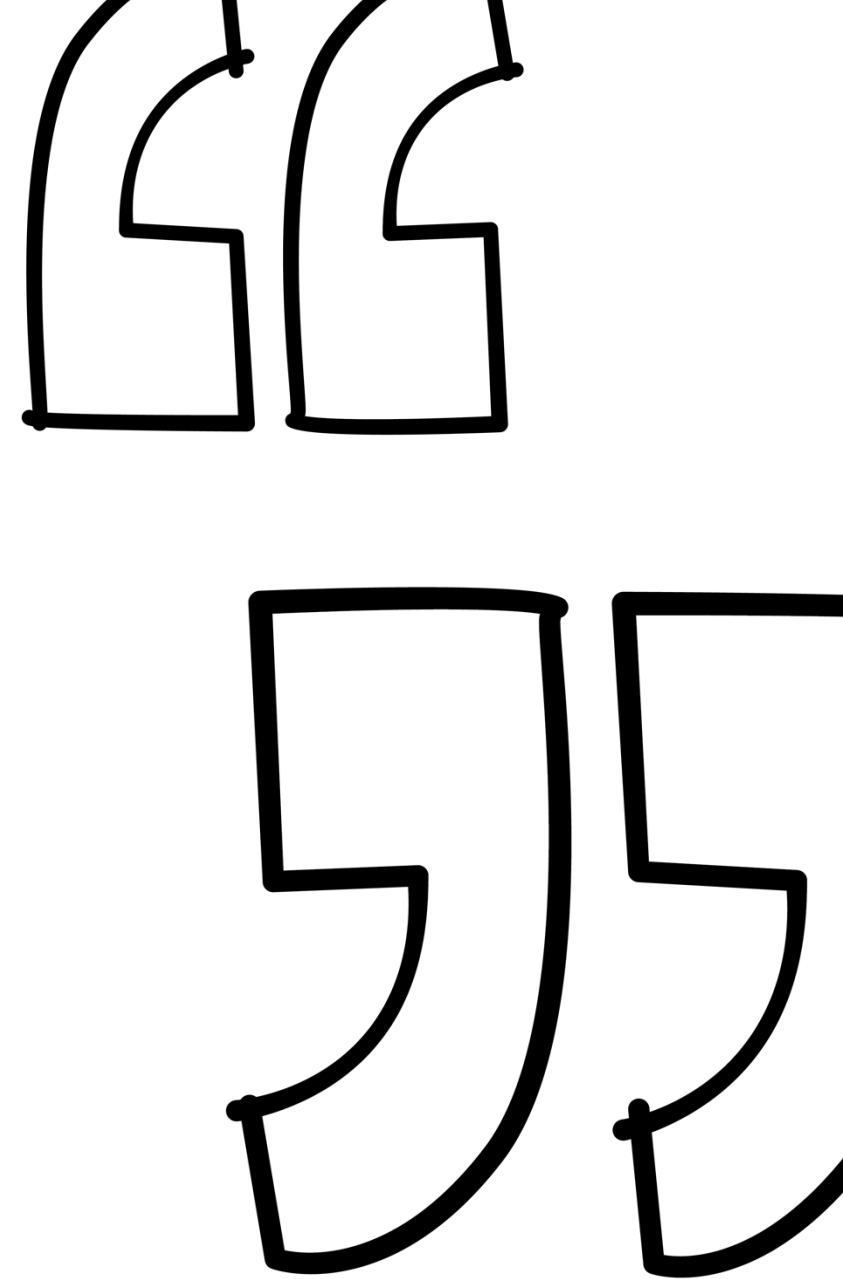
We have a priority clinical audit plan to support learning from incidents, patient complaints, and to investigate areas for improvement in safety and quality

Priority audits completed in the last month include

- Medicine Administration audit
- Hands Face Space Audits

We are on track for meeting our target for completed specialty led audit so far for 2021/22 (77 audits completed YTD) .This measure is useful as it gives an indication of engagement in clinical audit.

We continue to monitor NICE guidance published each month and note that there is no NICE guidance overdue for review.



# Are we Responsive?

We are currently at 87.6% of patients waiting less than 6 weeks for the **15 diagnostic modalities (DM01)**. This is a slight decline from last month's position when we reported 90.2%. The number of breaches reported in December (159) compared to the number of breaches reported in November (124) has increased. The Trust is currently 1.7% below trajectory for returning to meeting the 99% standard by March 2022. Routine requests are being categorised to an additional level to ensure patients are not adversely waiting longer than clinically safe, with patients waiting beyond the must be seen by date clinically reviewed.

The national diagnostic position for November performance stood at 74.9%, GOSH was tracking 15% above this. Nationally 364,058 patients were waiting 6 weeks and over for a diagnostic test at the end of November.

Comparative children's providers have seen similar movements. Sheffield Children and Birmingham Women's and Children's reported performance of around 46-72% for October 2021 whilst Alder Hey was higher at 88.7%.

November **Cancer Waiting Times** data has now been submitted nationally and the Trust achieved 100% against four out of the five standards. For December, the Trust is forecasting all five standards to be met.

The Trust did not achieve the **RTT 92%** standard, submitting a performance of 75.3%, with 1711 patients waiting longer than 18 weeks, this is slight decrease in performance from the previous month's 76.4%. The Trust is below the predicted trajectory by 9% for the month of December. This has resulted from bed pressures and staff/patient illness and isolation. The current PTL consists of 10% of patients being categorised as P2 patients and 70% as P3/P4 patients. As at the end of December, the Trust reported a total of 194 patients waiting 52 weeks or more; this is a decrease of 8 patients (4%) from the previous month. 68% of patients waiting over 52 weeks have a future contact booked.

Nationally, at the end of November, 59.7% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks, thus not meeting the 92% standard. The national position for November 2021 indicates a decrease of patients waiting over 52 weeks with 295,262 patients compared to 367,142 in April 2021 (19% reduction).

RTT Performance for comparative children's providers is Sheffield Children (69.3%) and Birmingham Women's and Children's (77.9%) and Alder Hey (63.4%). On average 470 52-week breaches were reported in October for these providers.



# Are we Well Led?

There were 9 Moderate Harm incidents reported potentially requiring **duty of candour** in December 2021. Being Open/Duty of Candour stage 1 conversations took place in 100% of incidents. Of the letters from incidents due to be completed in December 60% were sent within the 10 day timeframe. 1 stage 3 duty of candour was shared in December, this was not achieved on time. Duty of Candour data is circulated as part of the weekly safety report for review and action by directorates.

**Risk Register: High risk** monthly review performance was recorded as 69%, a slight reduction on last month. Risk compliance is now also discussed and reviewed at the monthly Performance reviews and at weekly meetings between the executive team and directorate leads. All high risks and Trust-wide risks are discussed monthly at the Operational Board meeting. A deeper dive review is due to be undertaken and presented at RACG to understand the areas and barriers for timely review of these risks.

The Trust received **36** FOI requests in November 2021, 15 requests were returned requesting clarification (section 45) 3 were not re-submitted within the deadline for the applicant to respond so were closed and 9 were subsequently received with new deadlines for response – (for January 2022). 7 of these requests have now been fully completed with the final responses issued and 3 requests are still awaiting re-submission by the applicants to respond by the deadlines of 20 January 2022, 26 January 2022 and 28 January 2022. 3 requests were returned requesting clarification of the requested information, 2 were not responded to within the deadline for the applicant to respond so were closed and 1 remains open pending a response from the applicant by the deadline of 3 February 2022. Of the 36 FOI requests received in December 2022, 77% were responded to within the legislated timescale(n28). The remaining 4 requests received in December have January deadlines with 1 request pending partial information from the department so the draft response can be completed and 1 request awaits information from the department, 1 awaiting MDO Business Manager approval, 1 request pending clarification from the department(Heart & Lung) in respect of the information provided to the FOI Team. 1 request for Internal Review was received and is currently being reviewed.

There are currently 79 open **Serious Incident actions** in December 2021, 63 of which are over their initial completion date. A small number of actions have been completed with evidence uploaded in December 2021. The Patient Safety Team continue to work with the directorates to ensure completion and closure of SI actions. Closing the Loop meetings occur monthly which review the overdue actions to understand and address any barriers to completion of the action and embedding of the learning, there is a plan to highlight the total number of actions in this forum too. Actions owners are contacted directly to ensure actions are completed and evidence provided. Where there are delays in completing the action but there is a defined later date for completion/approval/closure, the action deadlines are extended to reflect the reasons for delay. SI actions by directorate/department are also reviewed at the monthly Performance meetings

# Covid-19 at GOSH

We have changed the way that we work at GOSH in March in order to ensure that we play our part in supporting the NHS to respond effectively to Covid-19. This slide brings together a number of key metrics to help understand the overall picture.



There were 32 COVID-19 related incidents reported in December 2021, 8 of which were graded as minor harm and 24 as no harm. The largest portion of these incidents (6) were related to staffing. Over the Christmas period, staff absence related to COVID-19, either through sickness or self-isolation, was among the highest in the London area.

No COVID-19 outbreaks were recorded in December 2021

# Workforce Headlines: December 2021

**Contractual staff in post:** Substantive staff in post numbers in December were 5307.7 FTE, a decrease of 32.4 FTE since November 2021. Headcount was 5727 (an increase of 32 on the previous month).

**Unfilled vacancy rate:** Vacancy rates for the Trust increased to 5.8% in December from 5.2% the previous month but is lower than the same month last year (7.6%). The vacancy rate remains below the 10% target and it is lower than the 12 month average of 6%. Vacancy rates in the clinical directorates remained below target in December.

**Turnover:** is reported as voluntary turnover. Voluntary turnover increased to 11.7% in December from 11.3% in November but it remains below the Trust target (14%). Total turnover (including Fixed Term Contracts) increased to 14.2% in December.

**Agency usage:** Agency staff as a percentage of paybill in December remained at 1.2%, and remained well below the local stretch target (2%). Agency use is almost exclusively taking place within Corporate Non-Clinical Directorates and amongst some Allied Health Professional disciplines. Bank % of paybill increased to 5.2% in December.

**Statutory & Mandatory training compliance:** The December training rate for the Trust increased to 92% which is above target with all but 2 directorates achieving target (Property Services & ICT). The Directorate Management and Learning teams are working to address gaps in compliance. The medical and dental staffgroup are the only staffgroup below the 90% target, at 87% for December. Across the Trust there are now 11 topics below the 90% target (including Information Governance where the target is 95%). Safeguarding Children Level 3 compliance for substantive staff is just below the 90% target (89%). Honorary Contractors compliance remains a focus and work to improve compliance is ongoing.

**Appraisal/PDR completion:** The non-medical appraisal rate increased to 88% in December although it remains below target with only 8 Directorates achieving target. Individual Directorates are being liaised with to improve compliance. Consultant appraisal rates increased in December to 91%. reduced to just below the 90% target at 89%.

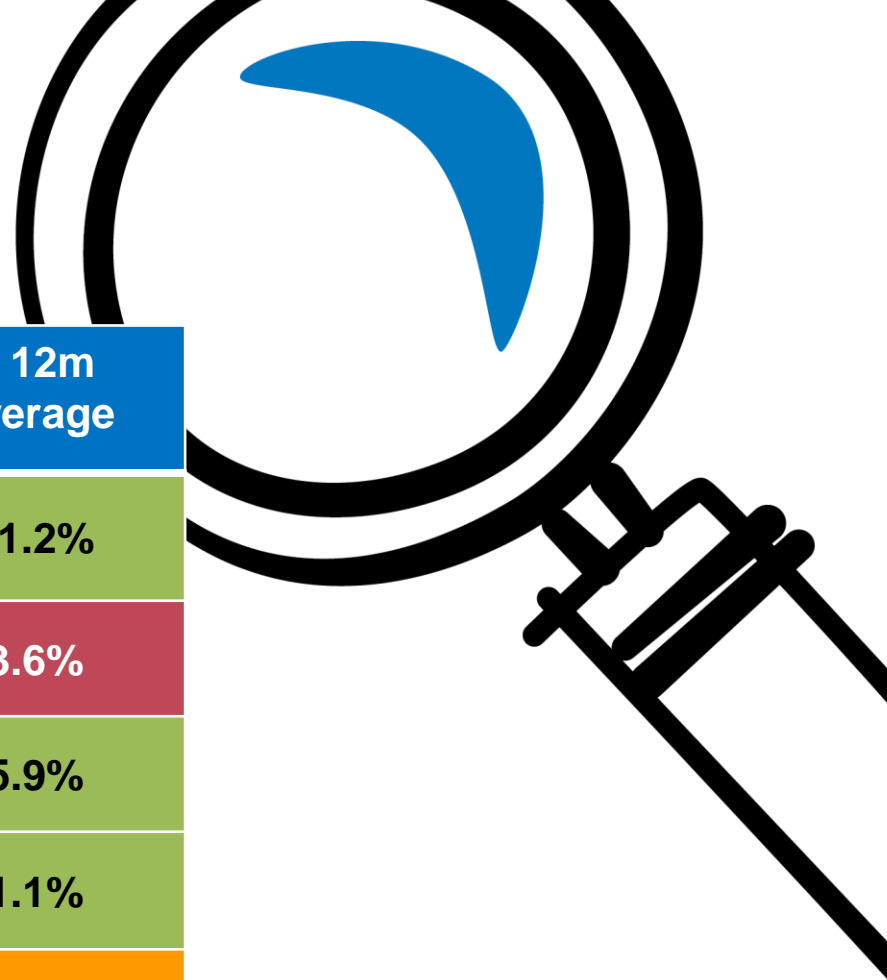
**Sickness absence:** Sickness rates have increased significantly in the last few months. December sickness was 5.9%, almost double the 3% target, and above the target for the 6<sup>th</sup> month in a row. 14 of the 19 Directorates exceeded the 3% target. COVID for nearly 40% of sickness absence in December, up from 9.7% in November. Self Isolation rapidly increased in early December with an average of 129 episodes per day in December (up from a November average of 23 per day). The Trust saw indicative sickness and absence rates of over 12% during the runup to Christmas as the impact of COVID increased. It should be noted that despite recent increases, GOSH sickness rates remain below the most recent NHS average (5.1% July 2021)



**NHS**

Great Ormond Street  
Hospital for Children  
NHS Foundation Trust

# Trust Workforce KPIs: December 2021



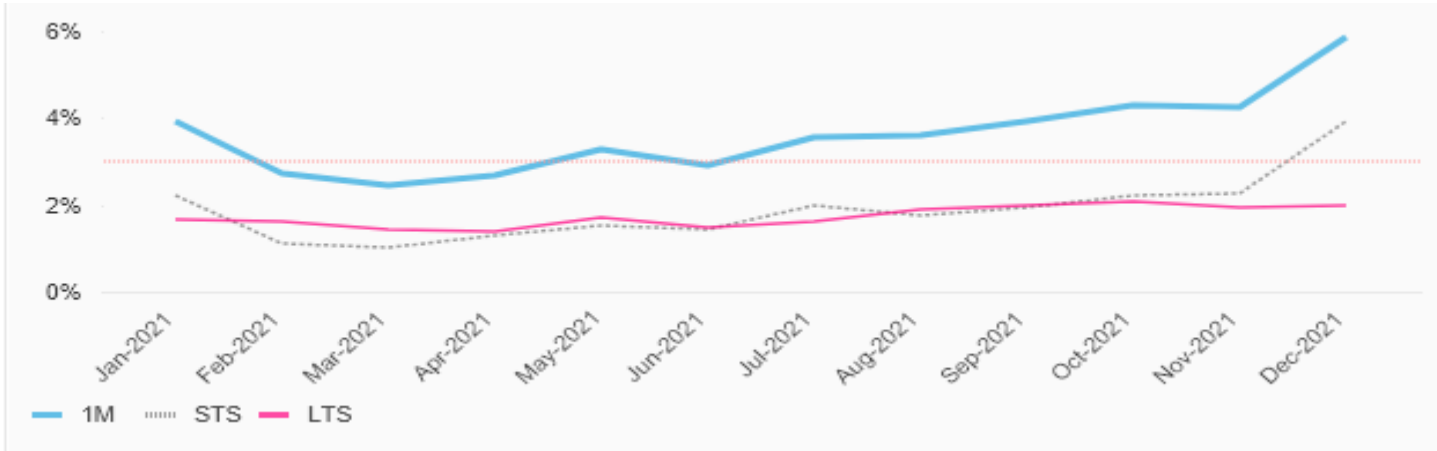
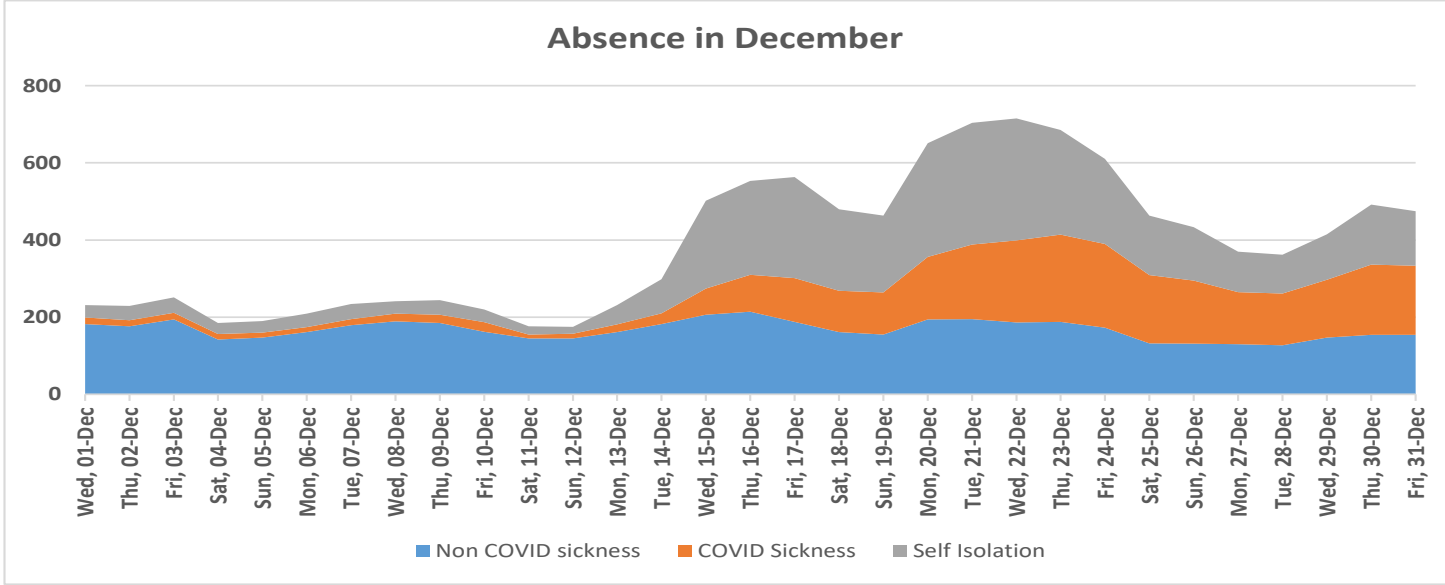
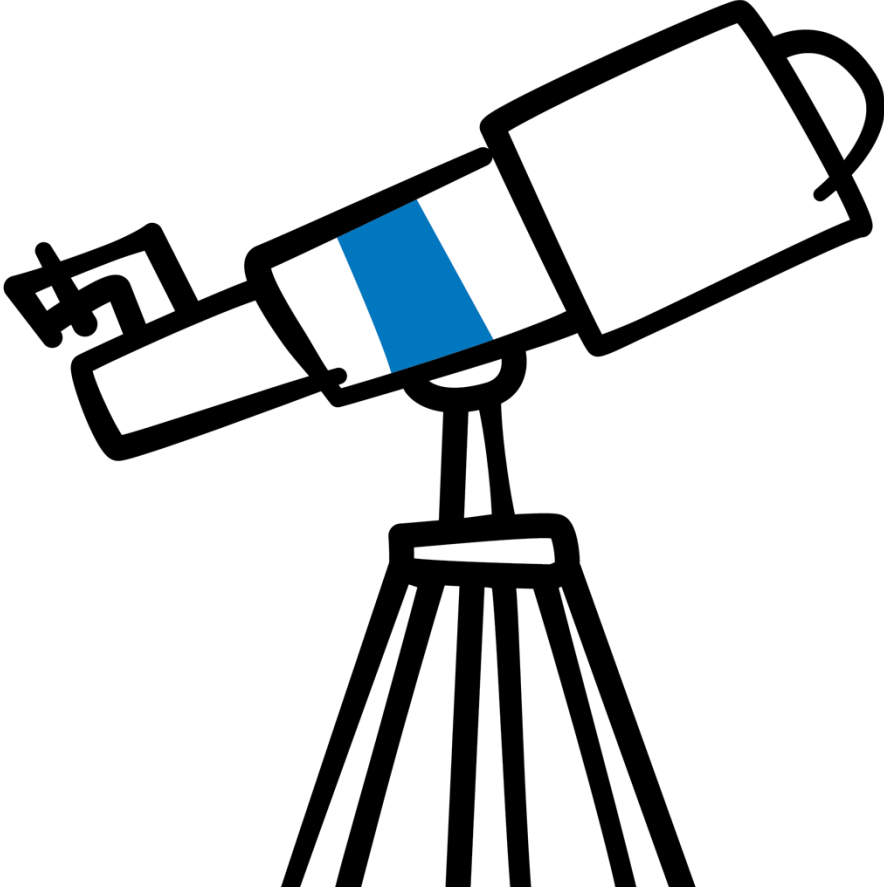
Metric	Plan	December 2021	3m average	12m average
Voluntary Turnover	14%	11.7%	11.5%	11.2%
Sickness (1m)	3%	5.9%	4.8%	3.6%
Vacancy	10%	5.8%	5.5%	5.9%
Agency spend	2%	1.2%	1.2%	1.1%
PDR %	90%	88%	87%	88%
Consultant Appraisal %	90%	91%	92%	92%
Statutory & Mandatory training	90%	92%	91%	93%

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

# Directorate KPI performance December 2021

Metric	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Heart & Lung	Medicine, Therapies & Tests	Operations & Images	Sight & Sound	IPP	Genetics	Clinical Operations	Corporate Affairs	ICT	Property Services	Finance	HR&OD	Medical Director	Nursing & Patient Experience	Research & Innovation	Transformation
Voluntary Turnover	14%	11.7%	11.6%	11.9%	10.4%	12.6%	12.6%	11.9%	9.7%	14.1%	6.6%	13.4%	12.1%	11.1%	6.7%	7.7%	14.1%	10.8%	8.3%	13.9%	32%
Sickness (1m)	3%	5.9%	4.7%	5.6%	5.1%	6.9%	6.0%	8.0%	4.4%	6.5%	4.7%	6.5%	0.0%	4.4%	8.9%	2.7%	2.9%	2.5%	3.7%	6.6%	0.6%
Vacancy	10%	5.8%	2.0%	-7.8%	4.5%	0.7%	-0.8%	2.5%	7.1%	9.5%	-7.4%	6.1%	9.6%	15.7%	10.0%	18.5%	7.7%	27.2%	1.8%	11.2%	14.1%
Agency spend	2%	1.2%	-0.1%	0.1%	0.1%	0.3%	1.2%	1.5%	0.1%	0.9%	0.0%	0.2%	5.8%	20.9%	2.7%	9.4%	5.0%	6.3%	1.4%	0.0%	0.0%
PDR %	90%	88%	89%	88%	87%	89%	91%	86%	95%	88%	88%	78%	92%	65%	95%	92%	92%	59%	84%	86%	66%
Stat/Mand Training	90%	92%	93%	92%	93%	90%	95%	92%	98%	97%	98%	96%	94%	89%	66%	98%	95%	96%	97%	98%	97%

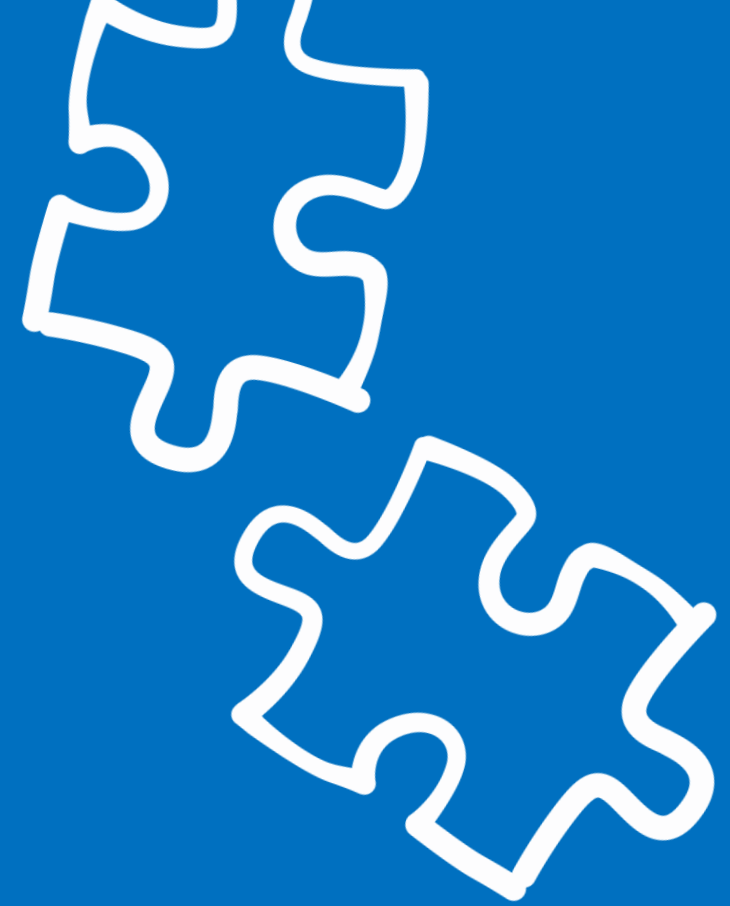
# Absences in December



# Quality and Safety

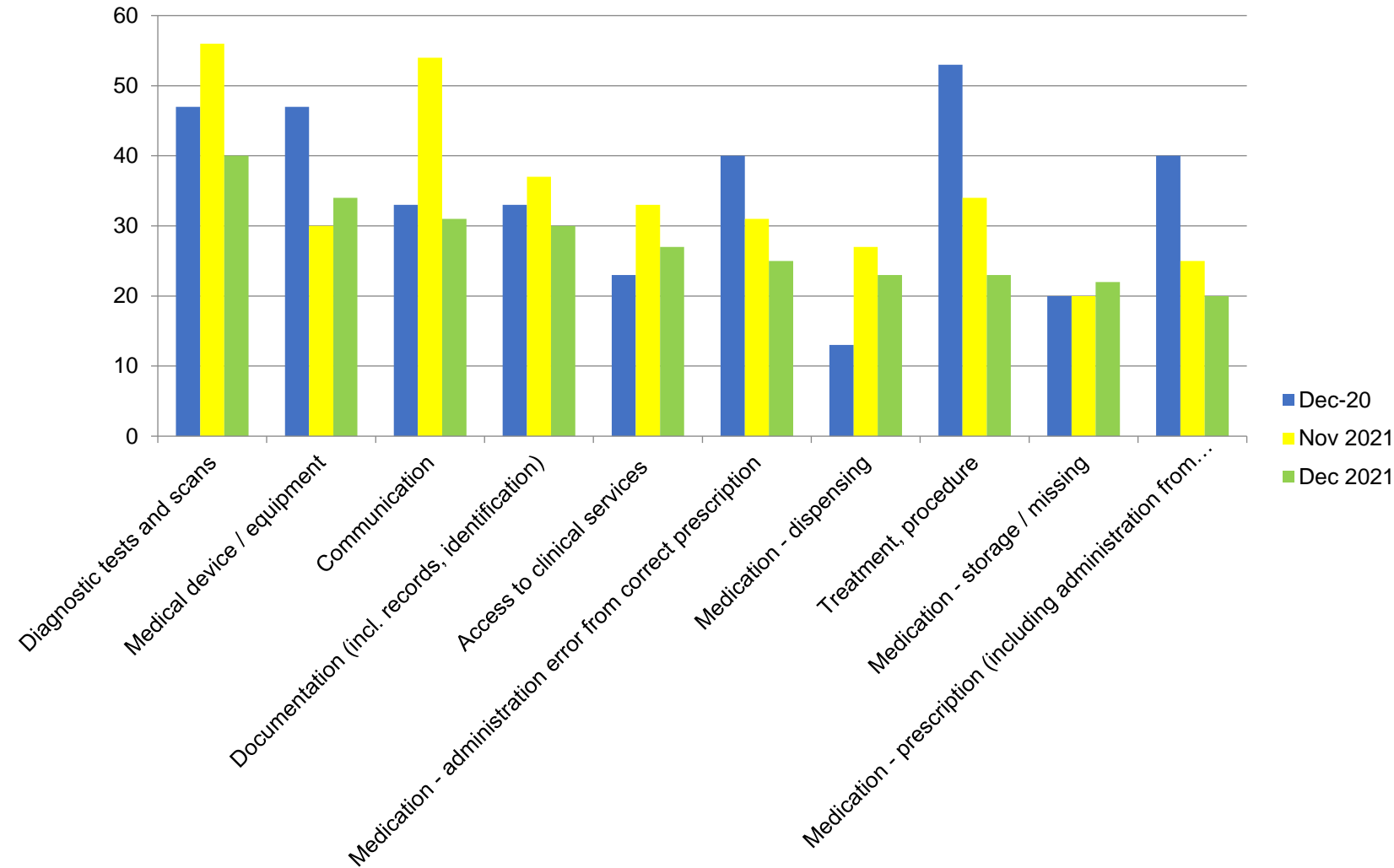
This section includes:

- Analysis of the month's patient safety incidents
- Lessons learned from a recent serious incident
- Summary of Serious Incidents
- Overview of Safety Alerts
- Progress update on speciality led clinical audits
- Update on priority audits
- Summary of Hands, Face, Space & Place audit findings
- Overview of WHO Safer Surgery Checklist performance
- Overview of Quality Improvement work



# Understanding our Patient Safety incidents

Incidents by Category and Reported (Month and year)



During December there was a reduction in patient activity which makes a like-for-like comparison with November 2021 problematic. A comparison with December 2020 shows a reduction in incidents related to medication administration, prescription and storage though an increase in dispensary related incidents in the pharmacy. There was also a drop in treatment related incidents.



# Patient Safety Serious Incident Summary

## New & Ongoing Serious Incidents

Direct orate	Ref	Due	Headline	Update
Brain H&L	2021/19865	10/01/2022	Potential missed diagnosis of blocked VP shunt	04/01/2022: Report with lead investigator (DCOS) for review before being shared with other centres. Difficult to expedite due to AL from key people.
MTT (Pharmacy) Research BC&C	2021/20487	15/01/2021	Critical breach in the manufacture of a trial medication	20/12/2021: report shared with panel for review
BBM	2021/22235	27/01/2022	Delays in identifying misplacement of spinal metalwork.	20/12/2021: Draft report to be amended and recirculated to the panel following feedback
Brain (some input from H&L)	2021/23436	11/02/2022	IG breach- patient's biological parent sent clinic letter which included foster carer's address	20/12/2021: information gathering continues and panel meeting date to be confirmed

## 2021/22218 - Data breach of secure address

### What happened?

On 19 October 2021, the patient and her father came to the hospital together for investigation of symptoms with a possible inherited/genetic cause. They arrived together at main reception to be checked in. At check-in, the patient was asked to confirm her address. They gave an address, which did not match the one on record. The receptionist then read out the address on the system, which the patient confirmed was their address. Following this the receptionist confirmed the phone number on record back to the patient and her father. The father therefore heard both the patient's home address and the mother's telephone number.

### Key recommendations:

- A new system for securing addresses will be implemented into the Trust's electronic patient record system
- As the EPR system has changed, there have been administrative changes to the way addresses are secured. A new process should be described clearly and appended into the Safeguarding Children Policy.
- Training should be provided to all administrative staff on how to manage administration of electronic patient records where addresses are secured. Guidance should also be provided to clinical staff to outline the changes in process.
- A SOP should be drafted for outpatients staff outlining the process for confirming patient identity and updating their medical record.

# Patient Safety Alerts/ MHRA alerts

## [NatPSA/2021/005/MHRA](#)

Philips Ventilator, Cpap And Bipap Devices: Potential For Patient Harm Due To Inhalation Of Particles And Volatile Organic Compounds

Issued: 23/12/2021

Due: 22/02/2022

## [NatPSA/2021/010/UKHSA](#)

The safe use of ultrasound gel to reduce infection risk

Issued: 11/11/2021

Due 31/01/2022

## [CH/2021/002](#)

Changes To Mhra Drug Alert Titles And Classifications

No due date (actions relevant to ongoing 'Alerts' Policy)

## [SDA/2021/014](#)

Tocilizumab (RoActemra®) 162mg/0.9ml solution for injection pre-filled syringes and pre-filled pens – Non Covid-19 indications

Issued: 25/10/2021

Due: N/A

## [SDA/2021/04](#)

Discontinuation of Morphine sulphate (MST CONTINUS®) 20mg, 30mg, 60mg,

100mg and 200mg prolonged release granules for oral suspension

Issued: 26/02/2021

Due Date: N/A

## [SDA/2021/013](#)

Supply Disruption Alert- Diazepam RecTubes® 2.5mg Rectal Solution

Issued: 11/10/2021

Due: N/A

## [NatPSA/2021/008/NHSPS](#)

Elimination of bottles of liquefied phenol 80%

Issued: 25/08/2021

Due: 25/02/2022

# Clinical Audit

A central clinical audit plan describes the areas of priority for clinical audit work that will ultimately provide a consistent and systematic method to investigate areas for improvement in quality and safety whilst supporting the organisation’s learning from incidents, risks and complaints

## Completed priority audits in 2020/21 YTD

- GOSH/I+PC response to Patterson Inquiry
- Enabling Optiflow outside of ICU
- Learning from an incident 2020/23369. Appropriate scanning of consent forms.
- Learning from an incident -Respiratory arrest following residual anaesthetic agent in patient cannula following a general anaesthetic (2020/20297)
- Hands, Face, Space, Place audits
- Review of frequency of I+PC Consultant ward round presence
- Medicine Storage Audit
- Spinal MDT meeting -how well is it working?
- Review of frequency of IPP Consultant ward round presence
- Controlled Drug Audit
- Medicine Administration Audit
- Learning from complaint (18/093) PICU documenting updates given to families
- Audit of compliance with peri-operative wearing of appropriate FFP masks
- Clinical Audit - PICU ward round and medical plans documentation, and documentation of PICU nursing observations

## Current priority audits in progress

Audit	Why do this audit?	Status
Patient Safety alert – Eliminating the risk of inadvertent connection to medical air via a flowmeter.	To check each area has air outlets capped off and that air flowmeters have been removed in line with the requirements of the Patient Safety Alert.	Audit underway and to be completed in January 2022.
Quality of clinical documentation I+PC	To support the directorate to deliver high quality clinical documentation that supports care and communication.	A re-audit to assess changes made in response to the first cycle of the audit was completed in December 2021. The findings are being reviewed with the team involved in the audit.
Learning from SI – 2021/11391 - Faulty batch of Histoacryl glue potentially impacting patient treatment outcomes	To review whether lot numbers are being recorded where implants, particularly products which are not obviously implants (such as glue), are used for IR embolisations.	Prospective audit underway and will be completed in February 2022.

## Specialty led clinical audit

In addition to our priority clinical audit plan, we support and enable clinical teams to engage in clinical audit as a way of reviewing and assessing the quality of care provided and to identify where improvements should be made

We are on track for meeting our target so far for 2021/22 completed audits (86 audits completed YTD) This measure is useful as gives an indication of the capacity of teams to engage in reviews of the quality of care provided.

# Quality Improvement - support the QI framework outlined in the Trust Quality Strategy (“doing things better”)

## 1. Priority improvement programmes (December 2021)

Programme of work	Priority projects	Executive Sponsor (ES)
Highly reliable clinical systems	➤ Identification and responsiveness to the deteriorating patient	Sanjiv Sharma
	➤ Increasing safety and reliability of TPN prescription and delivery	Polly Hodgson
	➤ Co-designing the SI framework	Sanjiv Sharma
	➤ Establishing a Tri-parallel process for SIs, Red Complaints and High Profile cases	Sanjiv Sharma
Wellness at Work	➤ Design, development and testing of wellbeing indicator	Dal Hothi
	➤ Establishing ‘team self care’: local team-level wellbeing initiatives	
Caring for the complex patient	➤ Safe management of patients with high BMI	Sanjiv Sharma
Continuously finding better ways to work	➤ Introduction of a Ward Accreditation Programme to increase clinical quality and oversight of quality metrics from Board to Ward	Darren Darby
	➤ Reducing pre-analytical laboratory sample rejections/ building laboratory capability for improvement	Dal Hothi
Building capacity and capability for improvement	<ul style="list-style-type: none"> <li>➤ QI Education Programmes</li> <li>➤ Project Coaching</li> </ul>	Dal Hothi

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

## 2. Directorate-level/ Responsive QI Work-

### Directorate projects

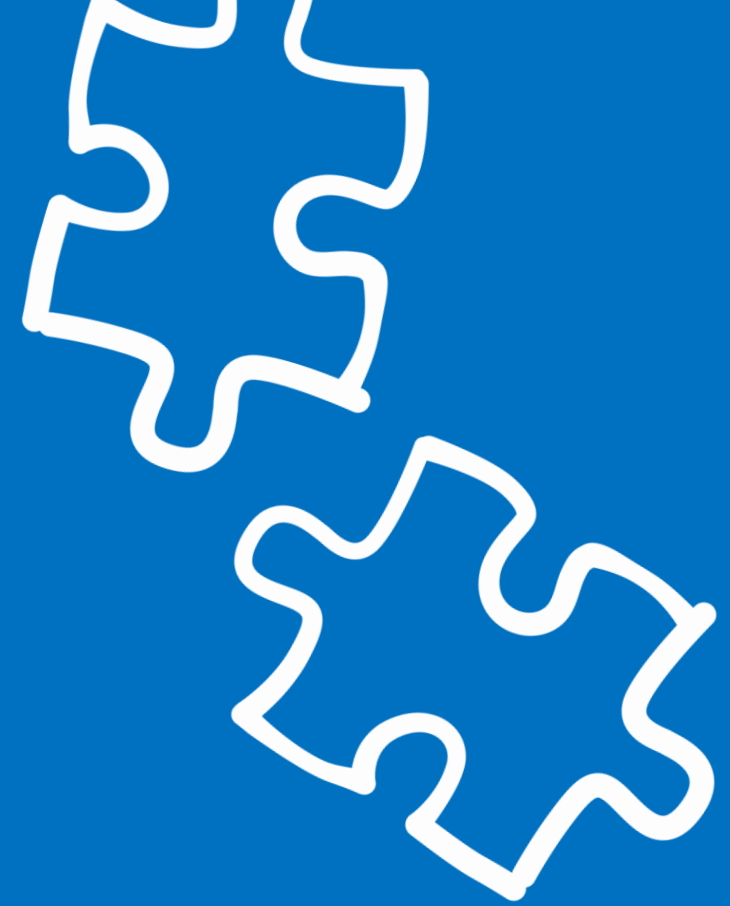
Project Commenced	Area of work	Project lead:	Expected completion date
May 2020	Increase opportunities to empower and enable children and young people to register their complaints	Claire Williams (Head of Patient Experience)	December 2021
Oct 2020 (support paused)	Increase communication skills training across all Allied Health Professionals placement pathways at GOSH	Ali Toft (AHP Information Officer) and Vicki Smith (AHPs Education Lead)	April 2022
Oct 2020	Improve adherence with tracheostomy safety box equipment and bed space signage	Michaela Kenny (Chief Nurse Junior Fellow)	June 2022
Jan 2021 (Restart)	Reduce waste in the process, standardise activities and enable a process driven pathway to the Orthopaedic CNS activity	Claire Waller (Matron)	January 2022
February 2021 (support paused)	Improve effectiveness of pre-chemotherapy/procedure bloods process on Safari Unit	Dave Burley (Assistant Service Manager)/ Safari Improvement Group	September 2021
March 2021	To produce an educational pathway aimed at transitioning undergraduate nurses to registered nurses, with 100% of host students meeting their core competencies and passing their six month probation	Hannah Fletcher, Clare Paul and Natalie Fitz-Costa (Practice Educators)	March 2024
March 2021 <b>(Paused)</b>	Improve nurse satisfaction of the nursing handover process on Chameleon ward	Sarah Murphy	June 2021
March 2021 (support paused)	Improve communication experiences for hospitalised children and adolescents with learning disabilities and/or Autism.	Ruth Garcia-Rodriguez (Consultant Child and Adolescent Psychiatrist)	September 2021

**The QI team has held 2 QI project surgeries during the month of December**

# Patient Experience

This section includes:

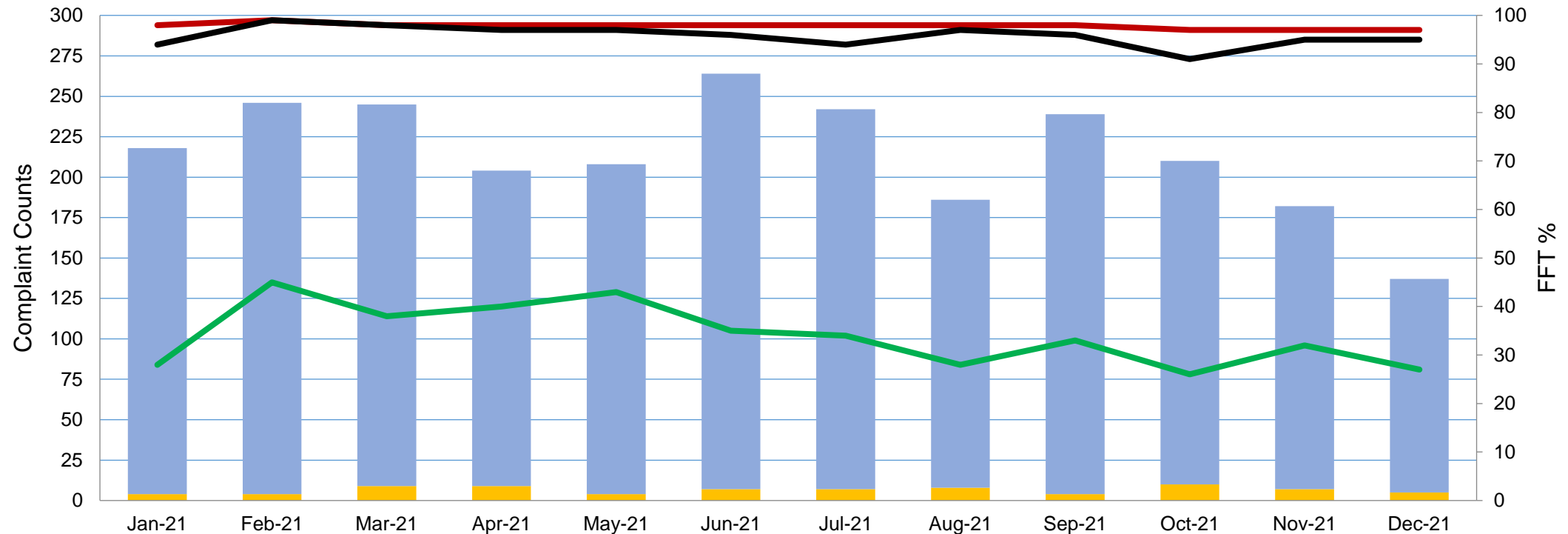
- Integrated overview of patient feedback
- Monthly assessment of trends and themes in complaints
- Overview of Red Complaints
- Pals themes and trends
- Learning and improvements from Pals contacts
- Friends and Family Test feedback trends and themes



# Patient Experience Overview

Are we responding and improving?

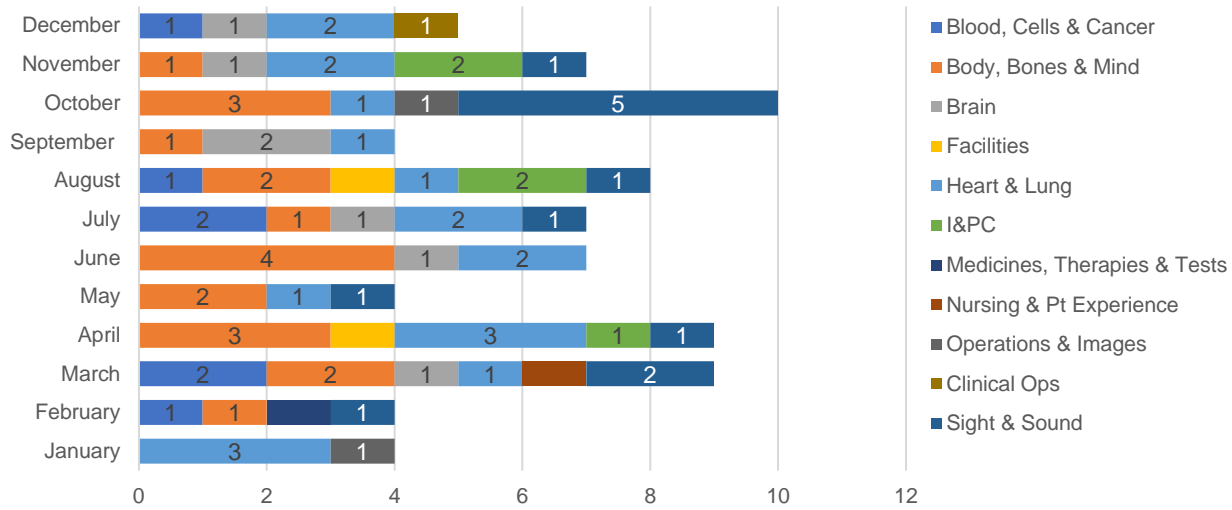
Patients, families & carers can share feedback via Pals, Complaints & the Friends and Family Test (FFT).



	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Pals contacts	214	242	236	195	204	257	235	178	235	200	175	132
Formal Complaints	4	4	9	9	4	7	7	8	4	10	7	5
FFT rating of experience - Inpatients %	98	99	98	98	98	98	98	98	98	97	97	97
FFT rating of experience - Outpatients %	94	99	98	97	97	96	94	97	96	91	95	95
FFT % response rate	28	45	38	40	43	35	34	28	33	26	32	27

# Complaints: Are we responding and improving?

## Numbers of complaints by directorate



There were 5 new formal complaints received in December 2021, which is an increase in the number of complaints received compared to last December (n=4). However, this is lower than the average amount of complaints received over the past 12 months (n=6.67).

This month families reported concerns about:

- The care received and delayed referrals to other teams and services.
- Clinical care and a breakdown in relationships with the team. The family requested that a new lead clinician be assigned to address this.
- Historical care and whether there was a mis-diagnosis which led to a delay in receiving appropriate care and treatment.
- Whether their child was transferred and admitted to the correct award, received appropriate care including whether the ward team responded promptly to their child's deterioration.
- The way in which they were treated by a member of staff when visiting their child at GOSH and also for the lack of response received when they raised the issue informally.

The Trust rate of complaints by combined patient activity this month (0.24 complaints per 1,000 CPE) slightly decreased from last month (0.26) and is reflective of the decrease in complaint numbers. Four directorates received complaints this month:

Heart and Lung received 2 complaints this month and saw an increase in its complaint rate (0.64) compared to last month (0.48).

Brain also saw an increase in its rate this month (0.37) compared to last month (0.29).

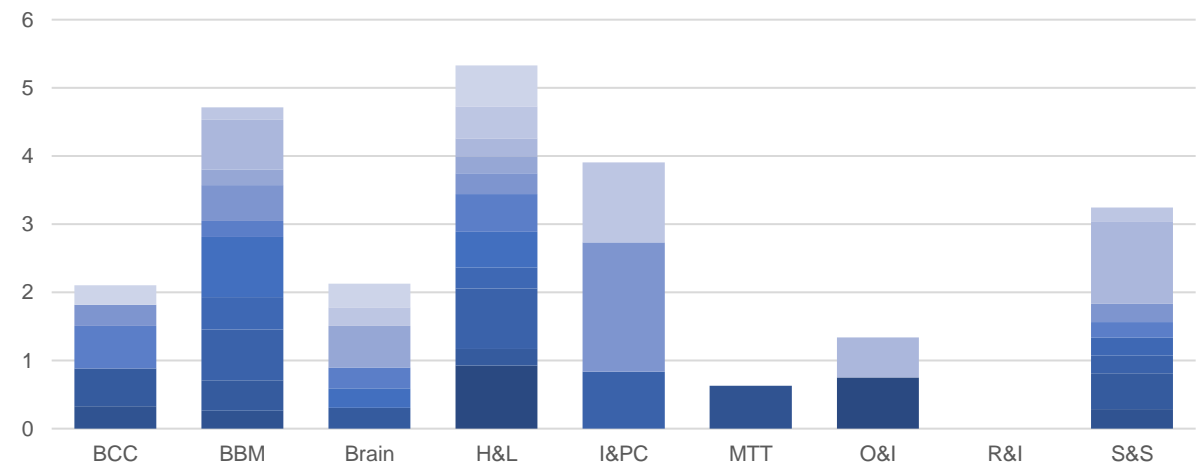
Blood, Cells and Cancer's rate this month (0.31) remained stable compared to when they last received a complaint in August (0.31).

Clinical operations received one complaint this month but we are unable to analysis patient activity data as there are no comparable outpatient or inpatient episodes for the service.

At the time of writing (18/01/22), there are 9 open/ active complaints.

Of 65 complaints received since 1 April 2021, 56 have been closed (37 within the original timeframe agreed and 19 with extended timeframes).

Directorate complaints per 1,000 combined patient episodes  
January 21- December 21





# Red/ High Risk complaints: Are we responding and improving?

NEW red complaints opened in December 2021	NEW red complaints since APRIL 2021*	REOPENED red complaints since APRIL 2021	ACTIVE red complaints (new & reopened)	OVERDUE red complaint actions
0	3	0	1	1

## Active Red Complaint

Ref	Directorate	Description of Complaint	EIRM Outcome:	Update:
21-042	Sight and Sound	Parent has raised a number of concerns around her child's urology surgery and follow up care.	EIRM took place on 15 <sup>th</sup> November 2021 and concluded that an independent clinical opinion should be sought	Complaint has been graded red and an EIRM has taken place, which concluded that an independent clinical opinion should be sought. Terms of Reference (TOR) are being updated and will incorporate any comments from the family who have indicated they wish to contribute to the TOR. An external clinician to conduct the review is being confirmed.

## Closed Red Complaint since October 2021

Ref	Directorate	Description of Complaint	EIRM Outcome:	Update:
21-014	Body Bones & Mind (Spinal)	Mother raised concerns about incorrect placement of spinal screws instruments and the delayed identification of this.	EIRM took place on 24/06/21 and complaint <b>was not</b> declared an SI. Further EIRM convened and SI <b>was</b> declared	In line with the commitment at the first EIRM to reconsider if an SI should be declared if significant information comes to light during the investigation, a further EIRM was convened and a SI was declared. The EIRM decided that the complaint response would be sent to the family in the meantime to avoid delay. The complaint investigation concluded that there was a failure to carry out a CT scan earlier and that this is likely to have resulted in an earlier intervention. The SI report will be shared with the family once completed and will outline the learning from their experience.

\* Includes one historic complaint regraded in April 2021

# PALS – Are we responding and improving?

Cases – Month	12 month trend	12/20	11/21	12/21
Promptly resolved (24-48 hour resolution)		132	133	106
Complex cases (multiple questions, 48 hour+ resolution)		32	39	23
Escalated to formal complaints		2	1	1
Compliments about specialities		0	2	2
<b>Total:</b>		<b>166</b>	<b>175</b>	<b>132</b>

## Top Six Themes

<b>Lack of communication</b> (lack of communication with family, telephone calls not returned; incorrect information sent to families).		64	22	14
<b>Admission/Discharge /Referrals</b> (Waiting times; Advice on making a NHS referral; advice on making an IPP referral, cancellation).		1	10	3
<b>Staff behaviour</b> (Rude staff, poor attitude, inadequate communication with parents, lack of professionalism).		0	13	16
<b>Outpatient</b> (Cancellation; Failure to arrange appointment).		21	62	34
<b>Transport Bookings</b> (Eligibility, delay in providing transport, failure to provide transport)		13	2	13
<b>Information</b> (Access to medical records, incorrect records, missing records, GOSH information, Health information, care advice, advice, support/listening)*		67	66	52

December sees a 24% decrease in the number of contacts received in comparison to the preceding month. Despite reduced staffing within the hospital, the number of promptly resolved contacts remains consistently high with 82% of these being responded to and resolved by the relevant speciality teams within 48 hours or less.

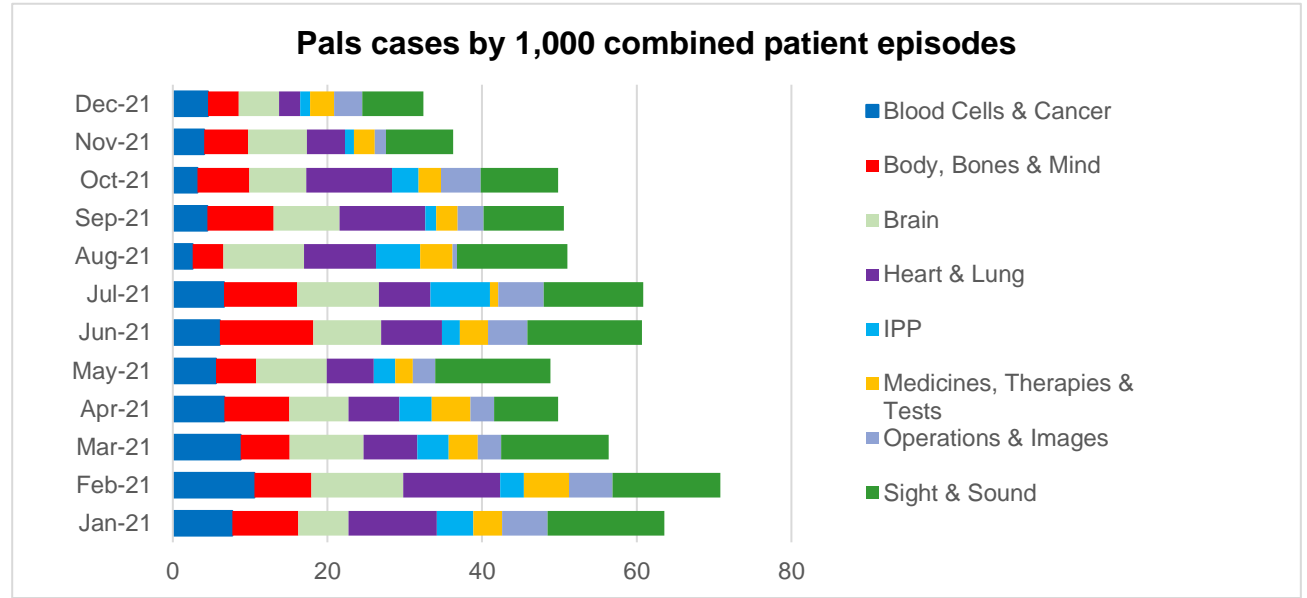
Pals have noted an influx in Transport related contacts resulting in the 13 received in December which represents an approximate 6-fold increase compared to November. Contacts typically involve parents/carers providing feedback on various aspects of their transport experience with a particular focus on booking errors, vehicle availability, delays, and driver conduct.. A new transport provider will be in place in March and the Trust has also appointed a new transport manager. In the meantime, Pals are currently working alongside senior management to create a thematic analysis of transport contacts to identify actions to address this in the interim.

There were reductions of 45% and 36% in Outpatient and Information related contacts respectively. Despite this, both remain prominent themes in December, with an emphasis being placed on parents/carers sharing requests for additional guidance on managing patient symptoms and the impact that hospital initiated cancellations would have on these. Examples include a mother expressing her dissatisfaction with the delay to her child's annual review and a patient seeking advice on how best to manage a re-emergence of their condition. Pals continue to work alongside the speciality teams ensuring that concerns are promptly shared, and parents/carers are also routinely kept updated and reassured of their status of their requests.

Pals received a heart- warming compliment from a patient wishing to praise the Radiology team for the '*brilliant and compassionate care*' provided to her during a recent MRI admission. The patient explains that she was feeling extremely anxious about this procedure and that her fears '*intensified upon viewing the scanner*'. She explains that the team were '*extremely reassuring and patient*' and even made accommodations for her sore shoulder whilst completing the scan. The patient describes being left feeling 'relieved and comforted' and mentions that she '*would definitely recommend the GOSH MRI team to anyone of her age requiring a similar treatment*'.

# PALS cases by directorate

For the second consecutive month the Heart & Lung directorate has recorded its lowest volume of Pals contacts since January 2021 (2.71 per 1,000 CPE). This can largely be attributed to a significant decline in the volume of Cardiology contacts which, compared to November, recorded a 64% decrease.



	BC&C	BB&M	Brain	H&L	IPC	MT&T	O&I	R&I	S&S
Jan-21	26	33	20	38	4	6	8	0	52
Feb-21	36	29	37	44	3	10	9	0	50
Mar-21	36	30	32	30	5	7	9	1	55
Apr-21	24	38	25	23	5	6	6	0	33
May-21	19	23	29	21	3	4	5	0	60
Jun-21	23	59	32	31	3	7	10	0	64
Jul-21	23	43	36	25	9	2	11	0	58
Aug-21	9	16	28	32	6	7	1	0	55
Sep-21	18	40	28	45	2	5	6	0	45
Oct-21	13	30	24	44	5	5	9	0	43
Nov-21	17	31	28	21	2	6	3	0	43
Dec-21	16	16	15	9	2	5	6	0	30
<b>YTD</b>	<b>260</b>	<b>388</b>	<b>334</b>	<b>363</b>	<b>49</b>	<b>70</b>	<b>83</b>	<b>1</b>	<b>588</b>

# PALS – Are we responding and improving?

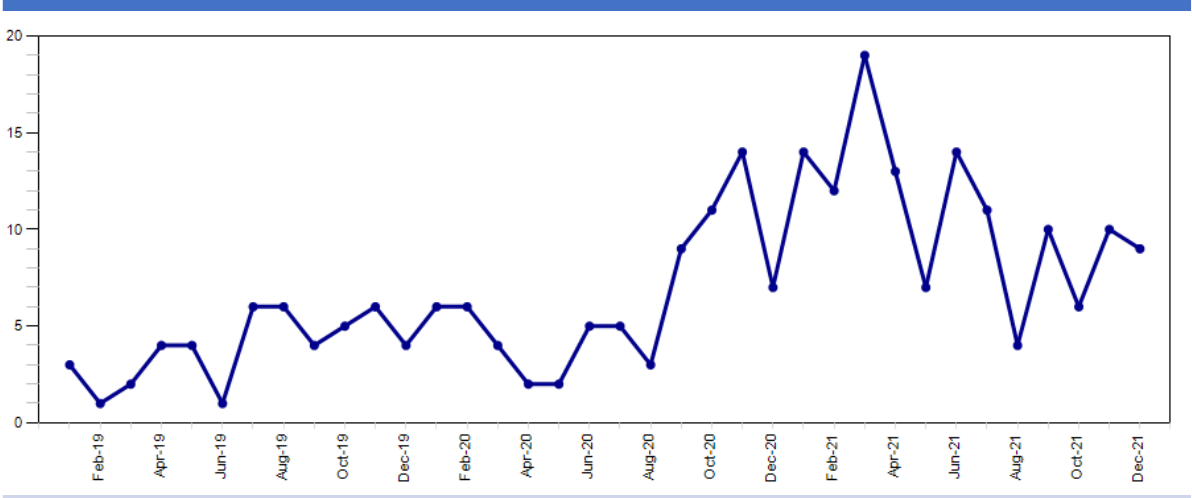
Top specialities – Month	12/20	11/21	12/21
<b>Dermatology</b>	7	10	9
<b>Gastroenterology</b>	9	7	7
<b>General Surgery (SNAPS)</b>	3	11	7
<b>Cardiology</b>	18	17	6
<b>Medical Records</b>	3	8	6

**Dermatology-** Pals have received 9 Dermatology contacts in December with a primary focus centring around parents/carers expressing difficulties when attempting to contact the administrative teams in order to cancel or postpone upcoming inpatient and outpatient stays often due to potential Covid- like symptoms. Pals continue to work closely with the Dermatology admissions and administrative teams ensuring that queries are not only promptly escalated and addressed but that families are also provided with up to date contact information should this be required in the future.

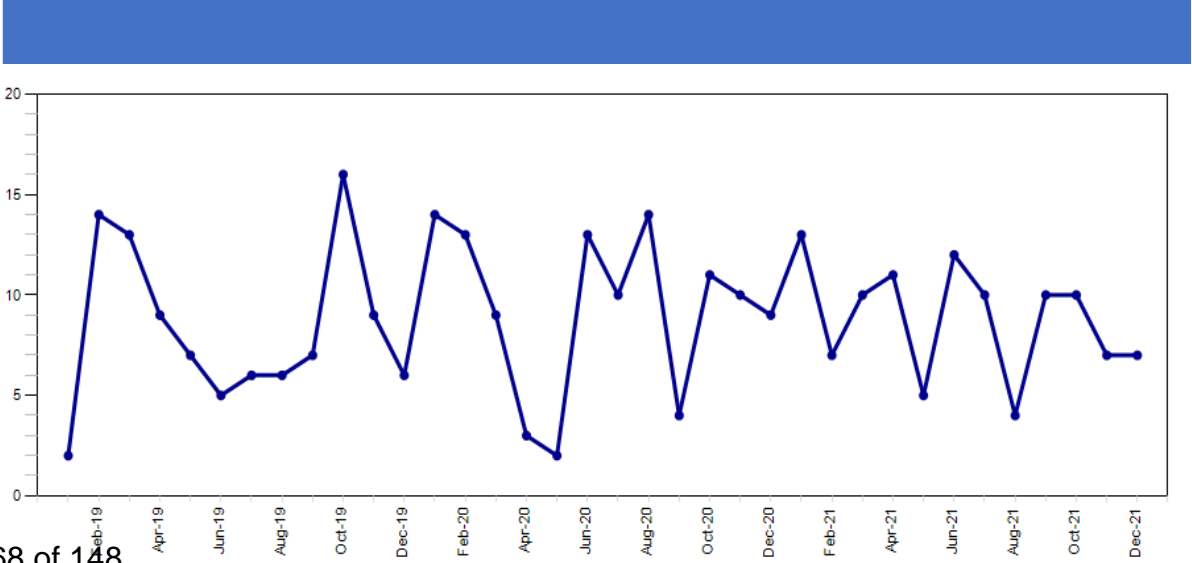
**Gastroenterology-** Pals have recorded 7 Gastroenterology contacts in December. Common themes for December’s contacts involve parent/carers seeking guidance from the clinical team regarding various aspects of patient-specific care plans. Pals continue to share all contacts received with the both the clinical and administrative team who remain extremely responsive and proactive in their approach, something which can be evidenced by 85% of December’s contacts being resolved by the service in under 48 hours.

**Cardiology-** Pals would like to draw attention to the Cardiology team who in December recorded their lowest volume of contacts since March 2019 (n=6). It is acknowledged that Cardiology have implemented a comprehensive action plan to address consistently high contacts and the reduction in contacts is testament to the ongoing work being undertaken by both clinical and administrative teams within the speciality.

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



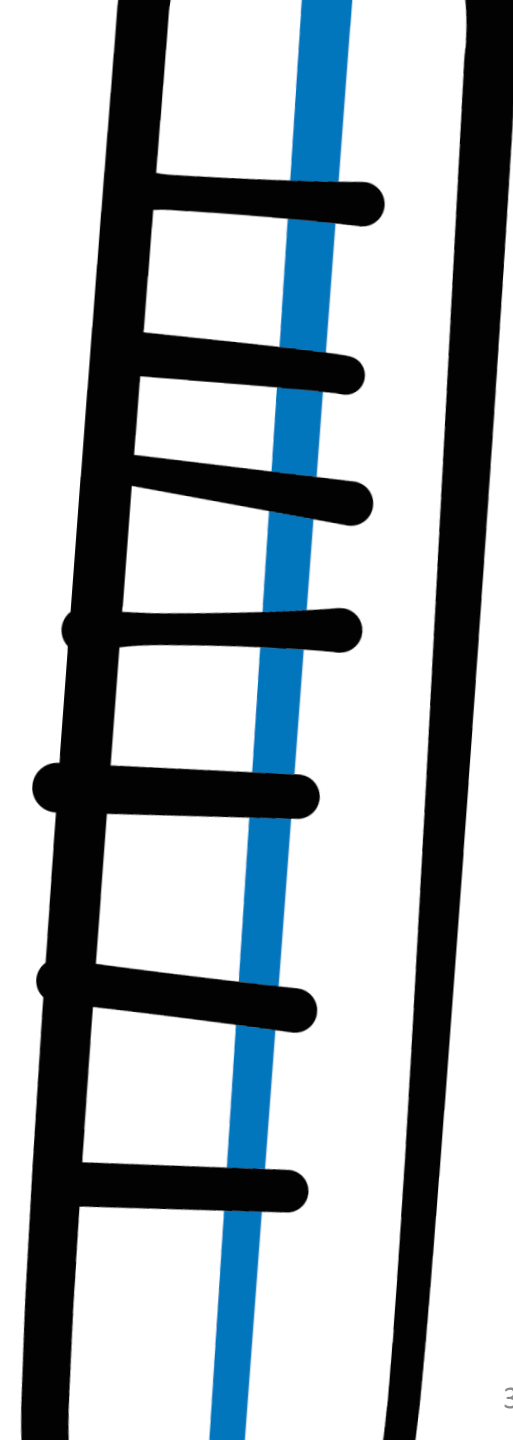
**Gastroenterology contacts by patient activity-** (total cases excluding formal complaints)



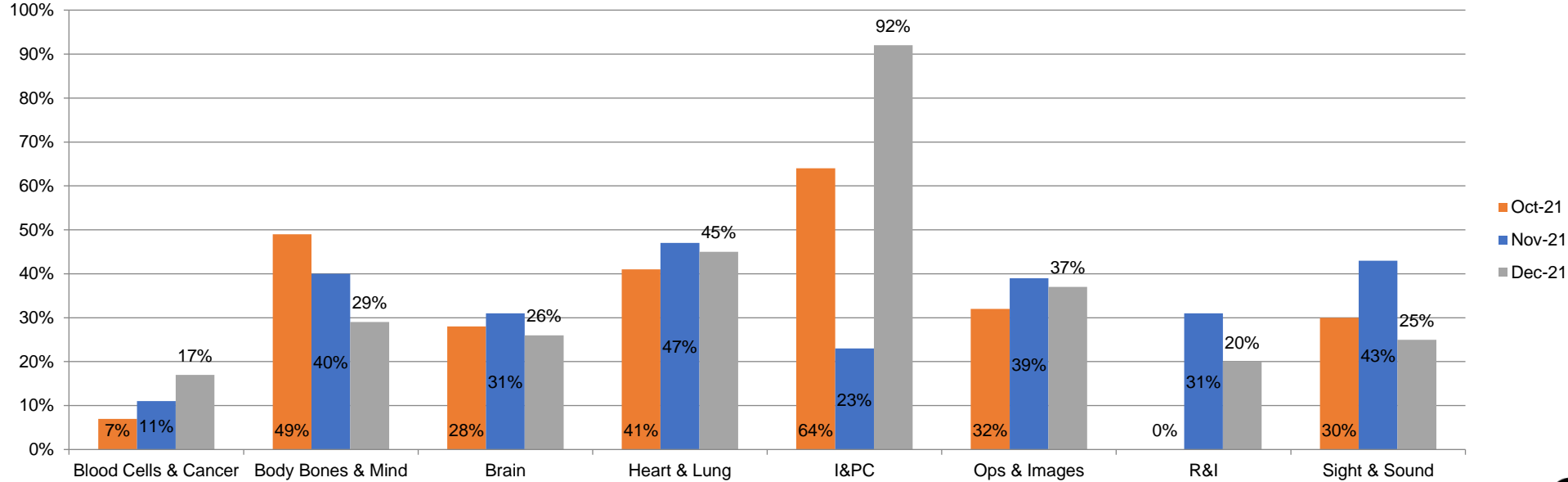
# Learning from PALS

Pals were contacted by a father wishing to provide feedback on the feelings of stress and anxiety experienced while awaiting a response from his child's speciality team regarding previously shared concerns. Father explained that while he was grateful that the team were investigating and addressing these, he felt that a lack of regular updates in the interim led to him experiencing feelings of 'helplessness and of being lost'.

As a result of this, the Pals service have begun work on reevaluating the way in which we support families, particularly those sharing complex or emotionally challenging concerns. Pals understand that speciality teams are often extremely busy and so are not able to always provide families with regular, routine updates and so, through a combination of both daily and weekly audits and a new standard operating procedure, Pals believe we are now better placed to support both speciality teams and patients by providing regular updates on the status of raised concerns and queries, something which we feel will go a long way in providing families with an extra layer of reassurance in what can often be a stressful and emotional time.



# FFT: Are we responding and improving?



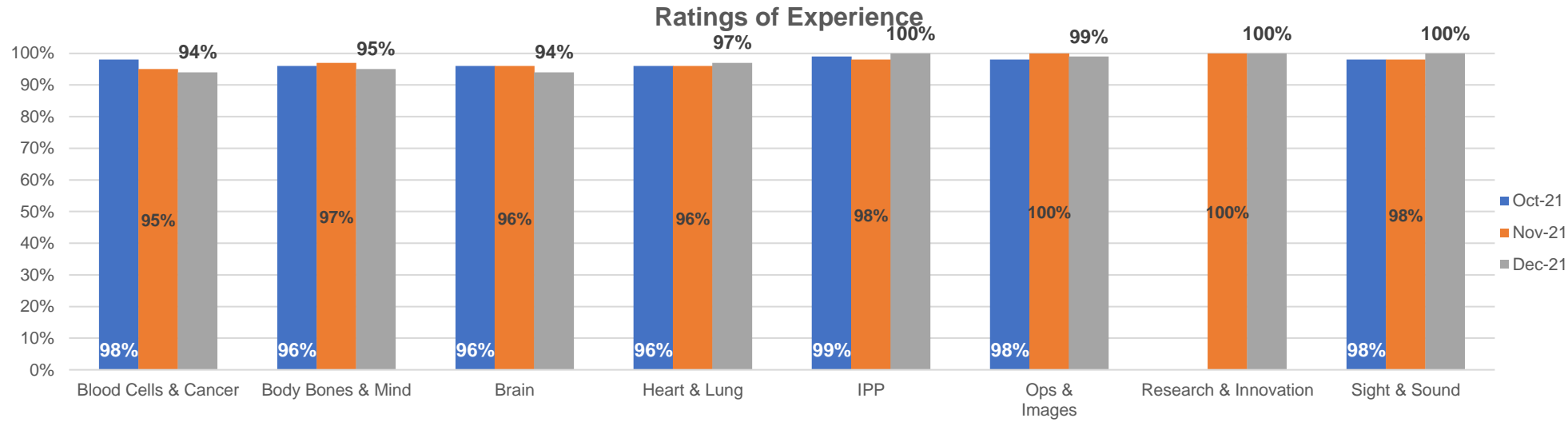
The Trust response rate has decreased slightly to 27%, however this is still above the Trust target.

At directorate level, Blood Cells and Cancer and the Clinical Research Facility on R&I were marginally below the Trust Target for response rate.

Consistent with previous months, negative comments related predominantly to Access, Admission and Discharge, followed by hospital Environment & Infrastructure and Catering. Negative comments about food related to the timing of the meals and the presentation of the food. There were also comments about the cost of the food in the Lagoon and how it would be really useful for families to be able to order and pay for food without leaving their child on the ward.

There were so many positive comments about staff professionalism and expertise. Staff were also praised for being efficient, sharing their knowledge and for being kind. The cleanliness of the hospital was also praised. There were also comments from patients thanking the hospital for their Christmas gifts.

# FFT: Are we responding and improving?

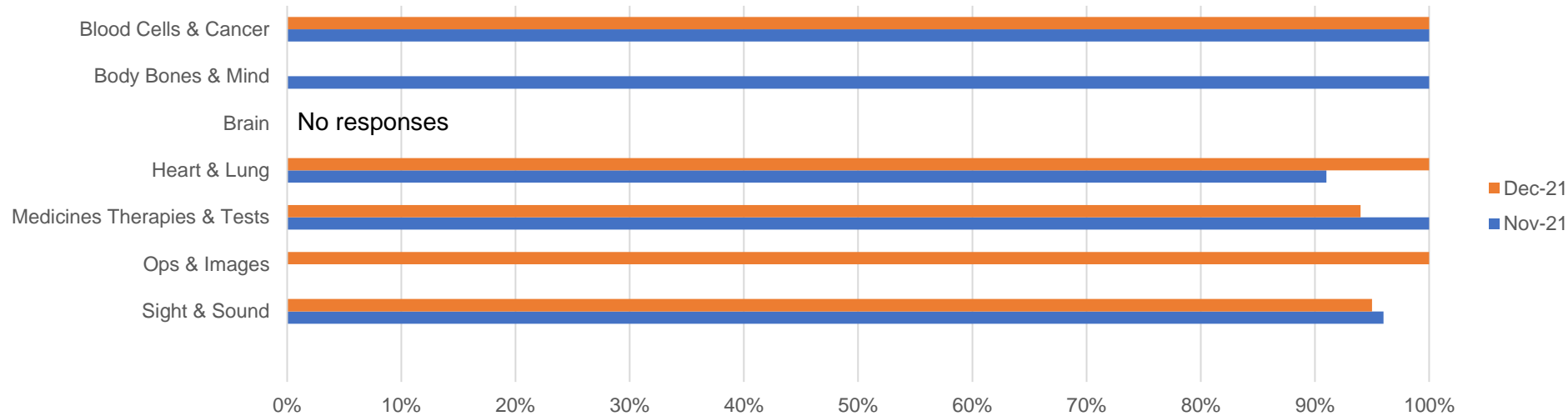


	Inpatient Comments	Outpatient Comments	IPP Comments	Total Feedback	% of FFT comments from CYP	% with qualitative comments (All areas)
May 21	980	432	163	1575	14%	90%
Jun 21	951	409	190	1550	17%	92%
Jul 21	879	304	147	1330	17%	92%
Aug 21	691	481	145	1317	13%	93%
Sept 21	816	640	155	1611	13%	93%
Oct 21	662	682	147	1491	15%	93%
Nov 21	850	555	65	1470	16%	89%
Dec 21	577	314	216	1107	17%	91%

- Inpatient response rate – **27%**
- Experience measure for inpatients – **97%**
- Experience measure for outpatients – **95%**
- **17%** of FFT comments are from patients.
- Outpatient comments decreased compared with the previous month. There was a reduction in on site appointments.
- **(n=314).**
- Inpatient comments decreased compared with the previous month, common for December **(n=577).**
- Consistently high number of qualitative comments – **91%**

# FFT: Are we responding and improving? – Experience Measure - Outpatients

Experience Measure - Outpatients



The volume of FFT feedback for December decreased which is comparable with December 2020. However, the measure of experience has increased to 95% and has met the Trust target.

Negative comments predominantly referred to late notice cancellation of appointments and confusing communication about appointment times and dates. There were also comments that suggested that not all families were aware of the tests / procedures that their child was due to have at an appointment. Families felt that it would be helpful to know about these in advance of the appointments, so they could prepare their child. There were also some comments about environmental issues, such as the problematic lifts in the RHLIM Building and the confusing signage in the Sight and Sound Centre.

There were many positive comments about staff and their expertise. Comments referenced how patients were made to feel at ease by the staff who were friendly, accommodating and always really helpful.



## FFT Focus - Catering

*“Food in canteen not equipped for food allergies”*

*“The food was really flavourless so I was unable to eat it as it was very plain and lacked flavour.”*

*“The food timings are off, eating at 4.30pm is too early!”*

*“An in hospital food catering service for parents we would be happy to pay for the food, it just makes things easy for us some don't have family at home to get food or not able to go out to get food”*

*“A way ordering food for mums and dads without having to leave there ward”.*

All of the above comments have been shared with the relevant service areas.

# FFT Comments

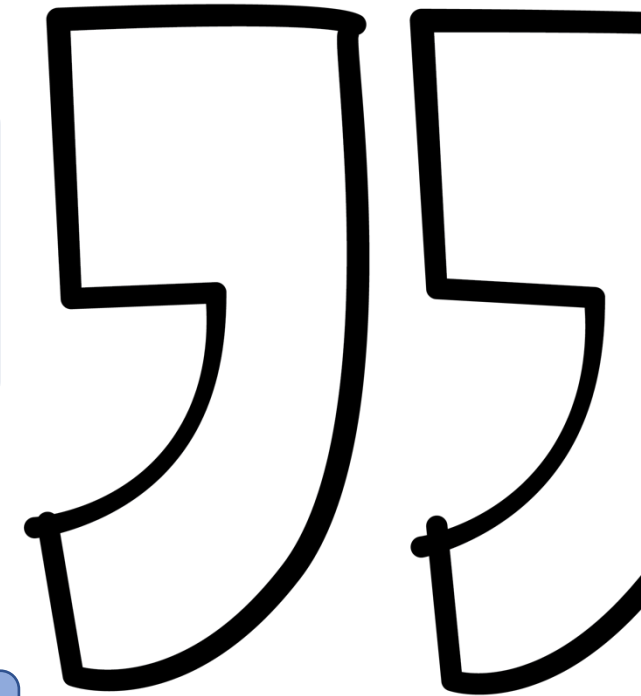
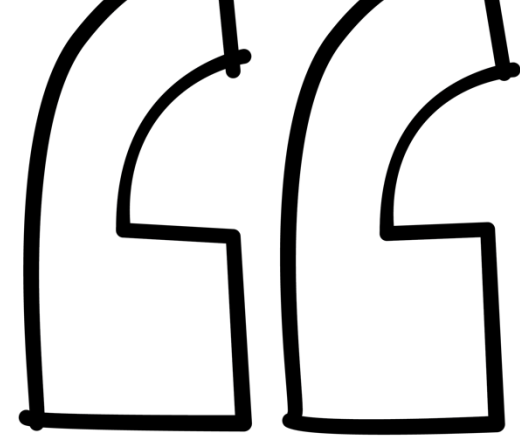
*From beginning to end of the treatment every single member of her team has been incredible. The organisation even under the pressure of COVID has been excellent and we are very grateful for the care she received. – Robin Ward*

*It's been such a positive experience for us. All the staff are so knowledgeable, friendly and helpful. They were so warm and friendly towards our son by signing, talking and blowing bubbles for him – they had lots of patience when answering questions. Thank you all.*  
**Nightingale Ward**

*All the doctors & nurses have been amazing. They could not have been more helpful with any questions that we had during our stay while she was having treatment. –*  
**Elephant Ward**

*All kept to time. Able to request an appointment later in the day to enable us to travel in from Brighton. Excellent explanations of prognosis and options so my 11 year old could understand too –*  
**Hippo Outpatients**

All of the above comments have been shared with the relevant service areas.





**NHS**

Great Ormond Street  
Hospital for Children  
NHS Foundation Trust

# IQPR Trust Performance Update January 2022

Reporting December 2021 data

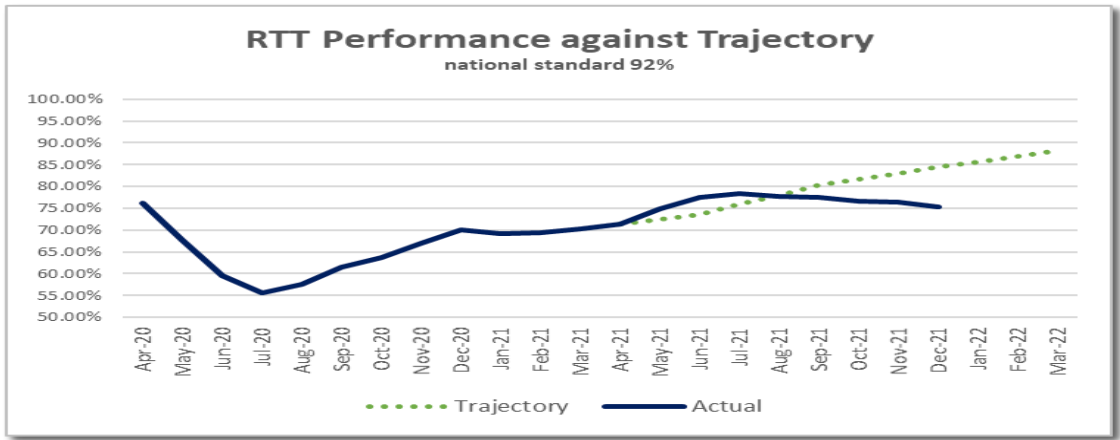
John Quinn, Chief Operating Officer



# Overview

Standard	Target	Current Performance	Trend (Change since last month)	Forecast Compliance
Referral to Treatment (RTT)	92% in 18 wks	75.3%	↓ 1.1%	September 2022
No. over 18 Week waits	-	1711	↑ 94	-
52 Week waits	0	194	↓8	June 2022
104 Week Waits	0	5	↓2	December 2021
Diagnostics	99% in 6 wks	87.6%	↓2.5%	March 2022
31 Day: Decision to treat to 1 <sup>st</sup> Treatment	96%	100%	↔	
31 Day: Subsequent treatment – surgery	94%	100%	↑ 12%	
31 Day: Subsequent treatment - drugs	98%	100%	↔	
62 Day: Consultant Upgrade	No national target	100%	↔	

## Actual v Trajectory



**75.3%**  
People waiting less than 18 weeks for treatment from referral.

Target 92% -1.1%

**194**  
Patient wait over 52 weeks

8

**5**  
Patients waiting over 104 weeks

2

## Directorate Performance

Blood, Cells and Cancer – 88.8%

Brain – 82.3%

Body, Bones and Mind – 64.9%

Heart and Lung – 78.1%

Medicines, Therapies & Tests – 92.0%

Operations & Images – 85.1%

Sight and Sound – 65.8%

## Bottlenecks

- Omicron wave impact;
  - Priority on P1, P2 and long wait patients through theatres in December
  - Staff and patient illness and isolation resulting in cancellations, and patients deferring booked appointments.
  - Significant reduction in bed availability due to staff illness and isolation
- Insufficient theatre capacity remains in Craniofacial, Plastic, Orthopaedics and Spinal to reduce long waits
- Specialist surgeon activity particularly for joint cases and complex patients
- Dental consultant availability
- Community/local physiotherapy capacity for the SDR pathway

## Actions

- Waiting lists initiatives in place for January and February
- March 2022 'Super Saturday' planning for additional activity
- Bed closures being signed off by Senior Directorate Team
- Weekly operational meeting with service leads and theatre team to ensure capacity is used appropriately
- Weekly PTL challenge sessions with directorates
- Continued focus on reduction of long wait patients with plan to eliminate 104 week waits by April 2022.

## Challenged Directorates

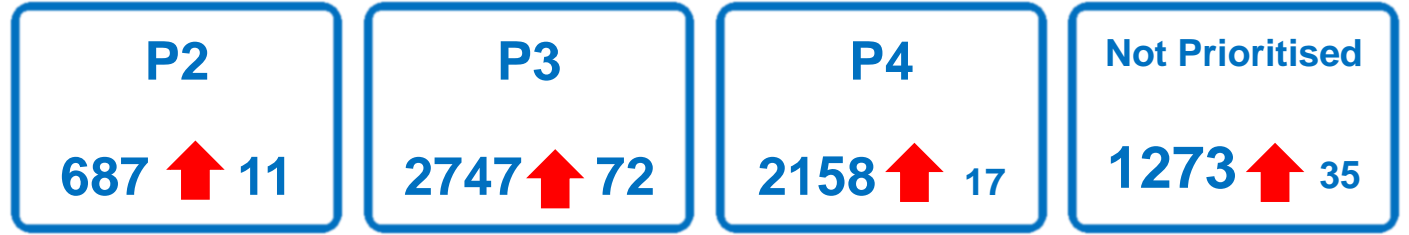
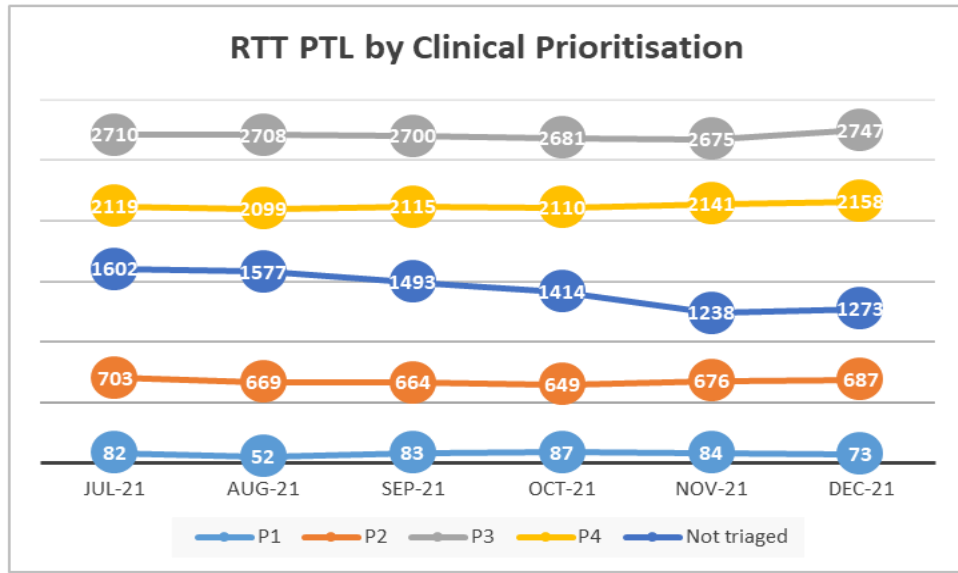
**Directorates – below 80% performance December 2021**

Body, Bones and Mind – 64.9%  
 Heart and Lung – 78.1%  
 Sight and Sound – 65.8%

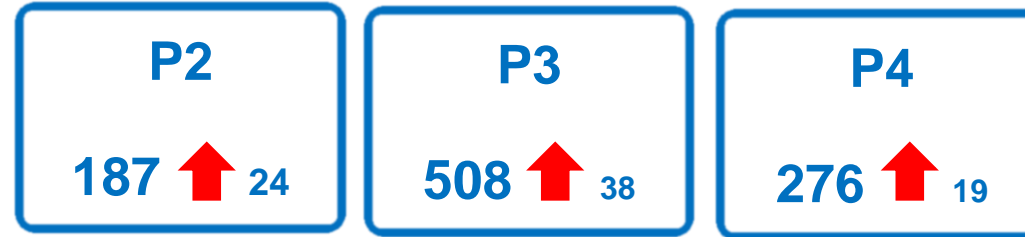
- ### Key Specialties
- Orthopaedic breaches have increased this month (+7) and remain significant at 189. Long waits continue relating to complex patients, staff absence and capacity constraints
  - SNAPS breaches increased in December but remain lower than the first 8 months of the calendar year
  - Spinal Surgery breaches increased slightly in December. Challenges in capacity constraints
  - Cardiac Surgery breaches have increased by 10 breaches to 18 in December 2021. Beds capacity and urgent patients has impacted reducing waits
  - Dental breaches have increased by 16 breaches to 84 in December 2021.
  - ENT breaches have increased by 10 breaches to 140 in December 2021
  - Plastic Surgery breaches have decreased slightly (-2) at the end of December 2021 and remains a significant challenge at 185.

	Projected Date (not signed off/validated)	Sep-21	Oct-21	Nov-21	Dec-21	% change	Dec 2021 No. of >18 Weeks	Breaches
<b>Body, Bones &amp; Mind</b>								
CAMHS	N/A - continue to meet	84.4%	77.7%	71.7%	70.8%	-0.88%	33	
Gastroenterology	Mar-22	72.8%	71.2%	69.0%	70.5%	1.44%	44	
General Paediatrics	Feb-22	75.0%	63.0%	59.3%	58.3%	-0.93%	15	
Nephrology	N/A - continue to meet	88.5%	88.0%	87.7%	92.4%	4.72%	7	
Orthopaedics	Does not meet 92%	52.3%	50.3%	53.0%	48.1%	-4.89%	189	
SNAPS	Jan-23	79.0%	78.7%	79.9%	75.3%	-4.60%	72	
Spinal Surgery	Does not meet 92%	58.1%	61.1%	61.7%	59.5%	-2.17%	79	
<b>Directorate Total</b>	<b>Nov-22</b>	<b>68.2%</b>	<b>66.3%</b>	<b>66.7%</b>	<b>64.9%</b>	<b>-1.81%</b>	<b>452</b>	
<b>Heart &amp; Lung</b>								
Cardiac Surgery	Feb-22	77.2%	76.6%	86.2%	74.3%	-11.92%	18	
Cardiology	Mar-22	78.1%	80.4%	77.9%	78.3%	0.33%	163	
Pulmonary Hypertensio	Sep-21	100.0%	66.7%	60.0%	100.0%	40.00%	0	
Respiratory Medicine	Dec-21	87.8%	78.2%	83.0%	76.6%	-6.42%	11	
<b>Directorate Total</b>	<b>Mar-22</b>	<b>78.8%</b>	<b>79.9%</b>	<b>78.7%</b>	<b>78.1%</b>	<b>-0.59%</b>	<b>193</b>	
<b>Sight &amp; Sound</b>								
Audiological Medicine	Mar-22	68.1%	70.2%	76.3%	76.6%	0.38%	32	
Cleft	Mar-22	73.3%	75.8%	73.5%	72.0%	-1.47%	14	
Cochlear Implant	Mar-22	72.2%	83.3%	93.8%	88.9%	-4.86%	2	
Craniofacial	Does not meet 92%	54.8%	52.6%	52.3%	50.6%	-1.70%	82	
Dental	Does not meet 92%	66.1%	64.2%	59.5%	51.2%	-8.36%	84	
Ear Nose and Throat	Dec-21	74.2%	74.3%	74.4%	73.3%	-1.03%	140	
Maxillofacial	Mar-22	69.2%	64.1%	62.5%	63.4%	0.94%	34	
Ophthalmology	Oct-22	74.3%	70.8%	71.0%	73.2%	2.25%	90	
Orthodontics	Dec-22	57.1%	53.1%	61.5%	55.2%	-6.37%	13	
Plastic Surgery	Does not meet 92%	51.0%	51.9%	52.1%	53.0%	0.99%	185	
Urology	Dec-22	78.8%	79.2%	79.4%	72.7%	-6.69%	85	
<b>Directorate Total</b>	<b>Mar-23</b>	<b>67.7%</b>	<b>67.0%</b>	<b>67.3%</b>	<b>65.9%</b>	<b>-1.42%</b>	<b>761</b>	

# RTT PTL - Clinical Prioritisation



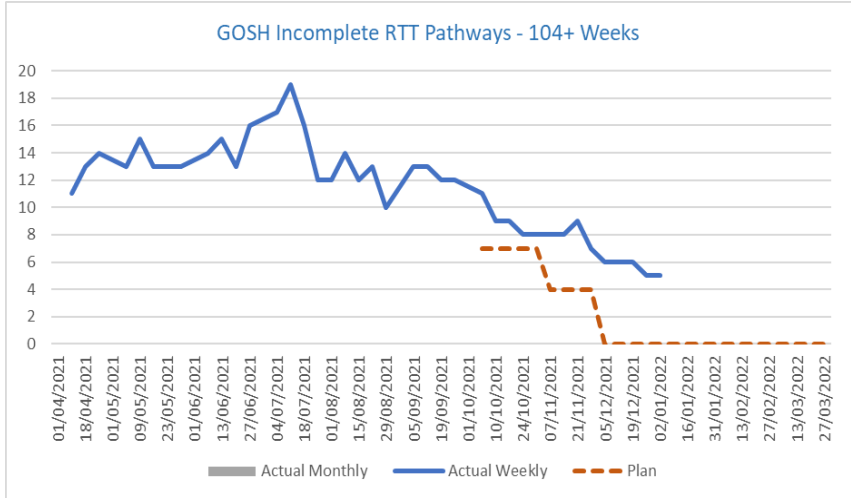
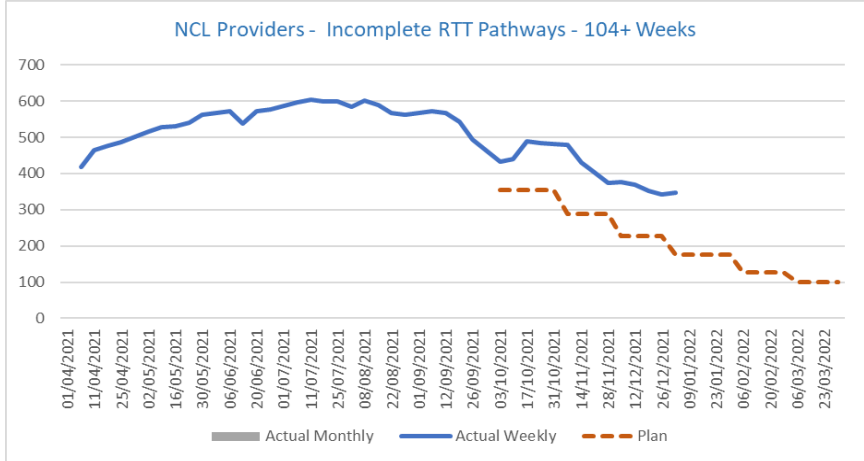
**Clinical Prioritisation – past must be seen by date**



- The current RTT PTL is 6938 patients, 1273 require clinically prioritising with 997 being under 18 week waits. The remaining patients on the PTL are cohorted as follows: P1a/P1b – 73 patients (1.0%), P2 – 687 (9.9%), P3 – 2675 (39%) and P4 – 2158 (31%).
- It is recognised some sub-speciality areas including Plastic Surgery, Orthopaedics, Spinal and SDR have significant backlogs with many of these patients being within the clinical priority groups of 3 and 4.
- The number of P2 patients waiting beyond their must be seen by date has increased to 187. Of these 119 (63%) are admitted and 68 (36%) are non-admitted.
- The largest volume of P2 breaching patients are within SNAPs (24), Cardiology (16), Cardiac Surgery (16), Clinical Genetics (14), Dental (13), Gastroenterology (11) and Orthopaedics (10). These make up 55% of the breached P2.
- The Trust receives a high volume of patients on inherited RTT pathways. As at the end of December 2021, 67% of patients on the Trust's RTT ticking waiting list were referred from other Trusts, and some of these patients (35) had been waiting more than 18 weeks at their referring Trust. Three of these patients were waiting 52 weeks or more when they were referred to us.

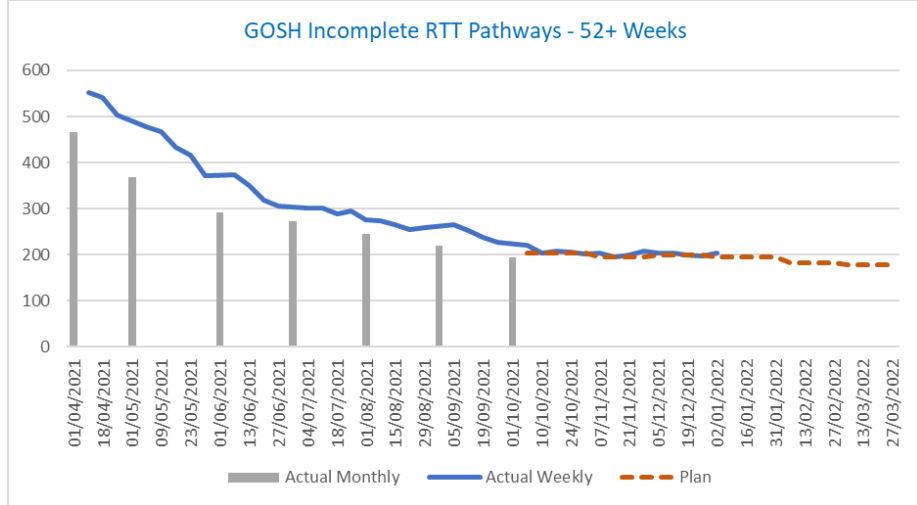
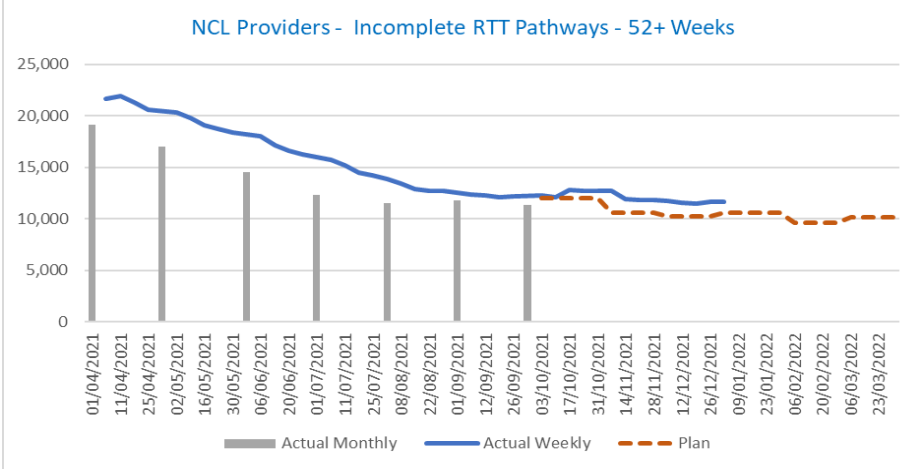
# NCL RTT Long Waits Position @ 2<sup>nd</sup> January

**104+ Weeks - 347**



- Overall for NCL the 104 week wait position is above projected plan by 171. Mainly driven by RFH and UCLH numbers. GOSH is above trajectory by 5 patients.
- The 52 week wait performance for NCL is 1,117 above plan. This mainly due to Royal Free and RNOH being above plan. GOSH is below the agreed 52 week trajectory submission. A revised trajectory has been submitted part of the H2 planning round.

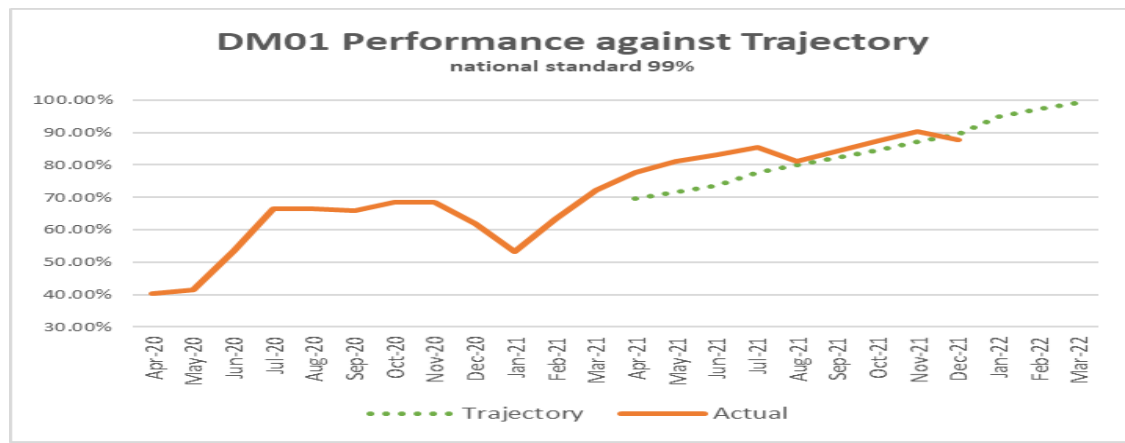
**52+ Weeks - 11,711**





# Diagnostics - DM01

## Actual v Forecast



Performance

87.6%

People waiting less than 6 weeks

Target 99% ↓ 1.7%

Forecast – 89.3%

159

Number of Breaches

↑ 35

## Modality Focus

Of the 159 breaches, 63 are attributable to modalities within Imaging (48 of which are MRI), 17 in ECHO, 33 in Sleep Studies, 7 in Gastroscopy, 4 in Audiology, 16 in Colonoscopy, 1 in Cystoscopy, 16 in Neurophysiology and 2 in Urodynamics.

Both Operations and Imaging and Sight & Sound as directorates have achieved above 90% of patient waiting under 6 weeks for a diagnostic test.

At the end of December 2021, 12 patients were reported to be waiting 13 weeks and over for their diagnostic test, a decrease of one patient from November. The majority are booked in January.

## Bottlenecks

- Omicron wave impact; staff and patient illness and isolation resulting in cancellations, and patients deferring booked appointments.
- Reduced capacity over Christmas and New Year period
- MRI sedation capacity remains challenging and current demand exceeds available capacity
- Echo compliance has improved but capacity remains limited for stress and sedated Echo
- Respiratory staff long term absence impacting sleep study activity
- Capacity constraints in Neurophysiology

## Actions

- Weekly scheduling meetings for challenged areas to review utilisation, clinical prioritisation and long waits
- Discussion with services on waiting list initiatives to reduce the backlog
- Revisit diagnostic capacity and demand modelling for Neurophysiology

# Cancer Waiting Times

Performance

Forecast –  
100%

## November Actual

**100%**

31 Day Referral to  
First Treatment

Target: 96%

**88%**

31 Day: Subsequent  
Treatment – Surgery

Target: 94%

**100%**

31 Day:  
Subsequent  
Treatment – Drugs

Target: 98%

**100%**

62 Day Consultant  
Upgrade.

No Target

## December Forecast

**100%**

31 Day Referral to  
First Treatment

Target: 96%

**100%**

31 Day: Subsequent  
Treatment – Surgery

Target: 94%

**100%**

31 Day:  
Subsequent  
Treatment – Drugs

Target: 98%

**100%**

62 Day Consultant  
Upgrade.

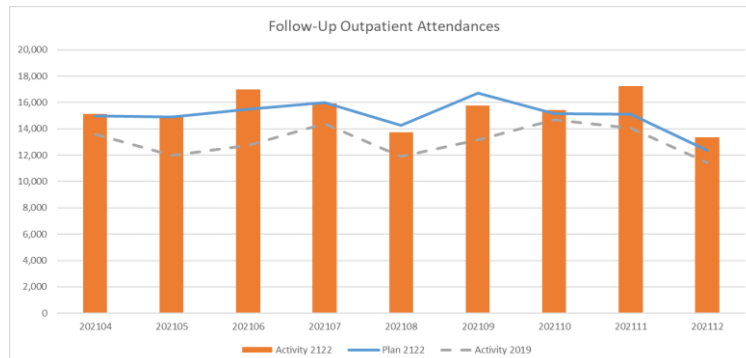
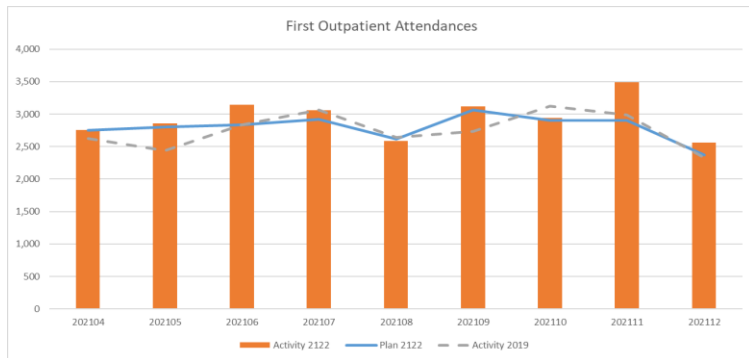
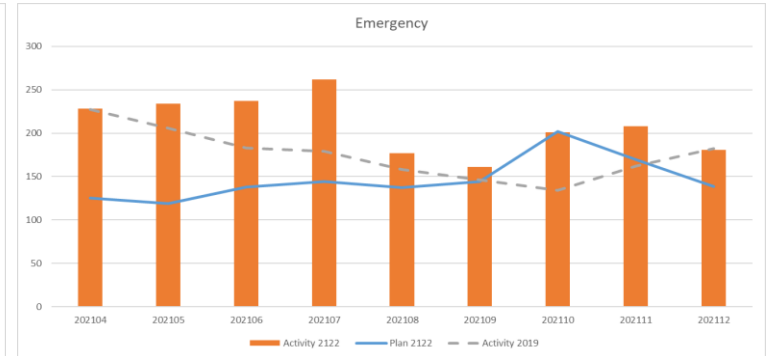
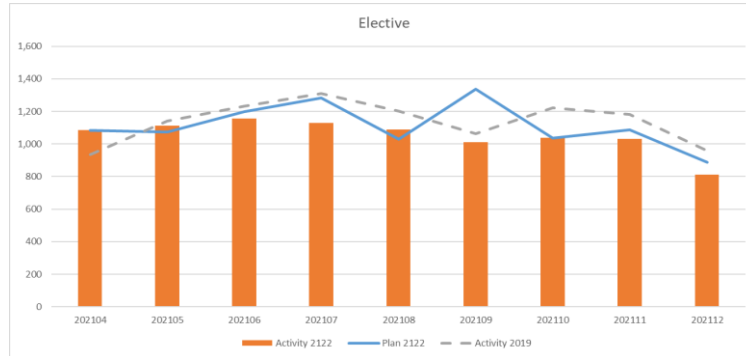
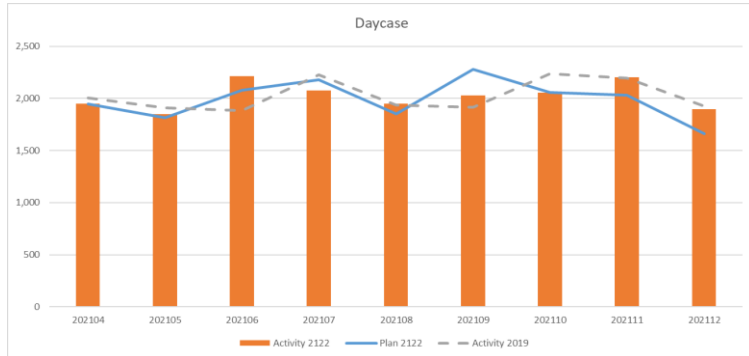
No Target

## Bottlenecks

- October Breach in 31 day subsequent treatment due to patient choice-choosing to have surgery after the breach date.
- November breach was also due to patient choosing to delay their surgery
- December- we are forecasting 100% compliance across all five indicators. However, we know of three patients who are past their 31 day subsequent surgery breach date which will be reported in January. Two of the three breaches are due to the patients being too unwell to have surgery before their breach date and one breach is due to family requesting to delay surgery.

# Activity Monitoring

## Activity Monitoring by Month



Point of Delivery	Plan 21/22	Activity 21/22	Activity 20/19	% of 20/19
Day-case	17,905	18,216	18,235	99.9%
Elective	10,013	9,458	10,248	92.3%
Emergency	1,317	1,889	1,577	119.8%
First Outpatients	25,162	26,529	24,782	107.0%
Follow-up Outpatients	134,915	138,543	117,986	117.4%

# Appendix

# Productivity and Efficiency

## Theatre Utilisation

Performance

**70.62%**  
of scheduled sessions in main theatres were utilised

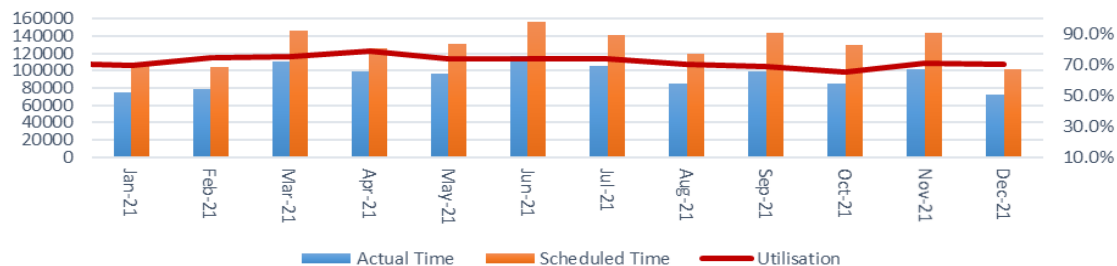
↓ 0.29%

**8841**  
Late start minutes

↓ 1675 minutes

**6170**  
Overrun minutes

↑ 1281 minutes



### Bottlenecks

- December utilisation has been impacted by the Omicron wave; patient and staff illness/isolation
- Potential reduction in throughput due to enhanced cleaning turnaround times. Level 2 cleans have significantly impacted theatres

## Bed Occupancy

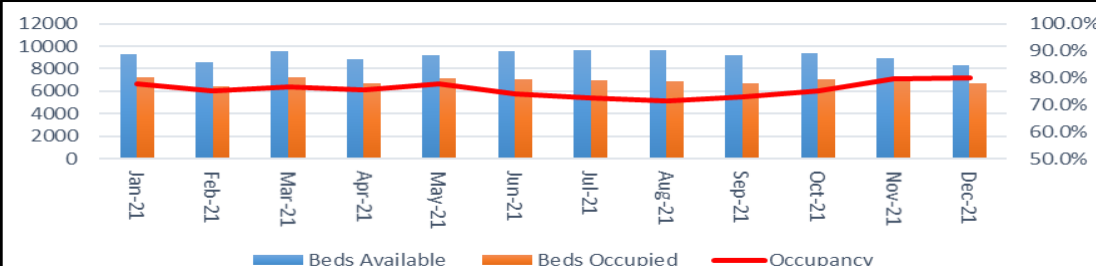
Performance

**79.8%**  
of inpatient beds (including ICU and I&PC) were occupied

↑ 0.25%

**80.6%**  
Of NHS inpatient beds (including ICU were occupied)

Bed Closures



### Bottlenecks

- Bed closures due to social distancing requirements and staffing
- Increased patient acuity on Cardiac wards impacting cancelled operations
- ICU areas experienced significant increases in occupancy
- Potential additional demand pressure through anticipated RSV surge

# Productivity and Efficiency

## PICU/CICU

Performance

29

PICU/NICU refused admissions



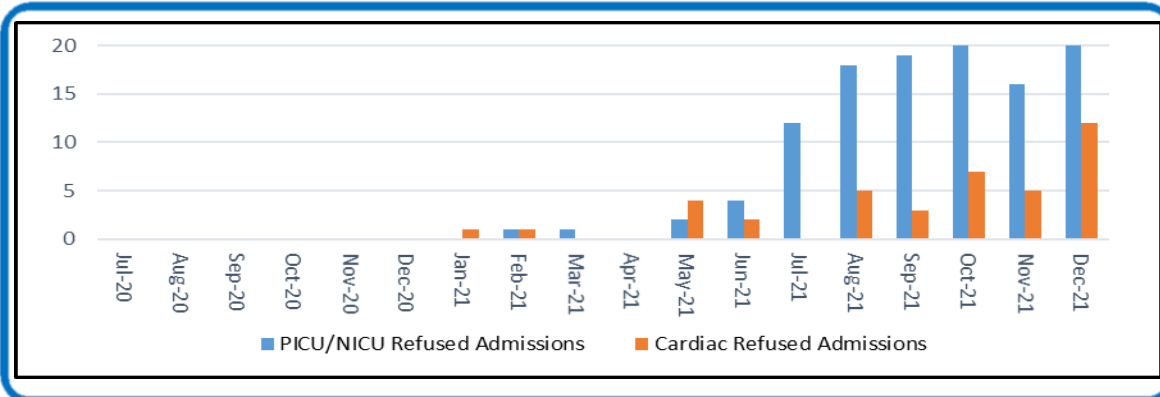
12

Cardiac CATS refused admissions



1

PICU readmissions within 24 hours



### Bottlenecks:

- Number of available PICU and CICU beds

## Cancelled Operations

Performance

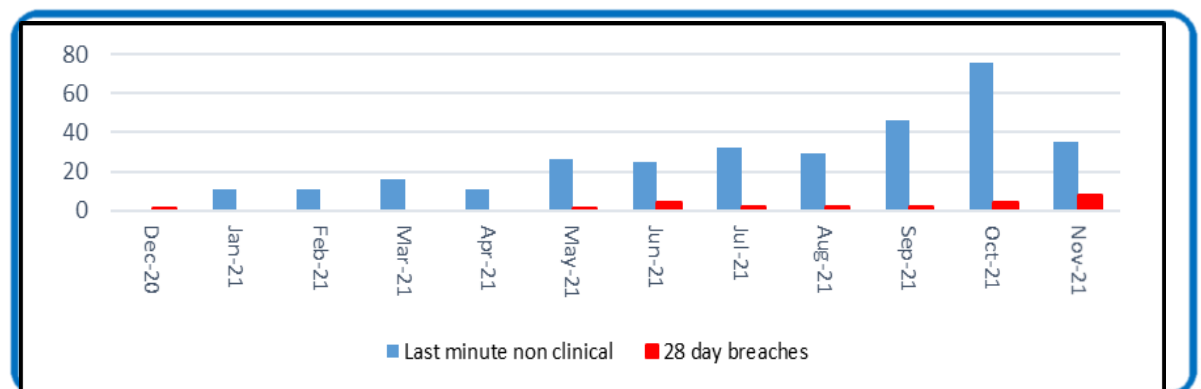
35

Last minute cancelled operations for non clinical reasons



8

28 day breaches- last minute cancelled operations



### Bottlenecks

- List overrun, ICU and ward bed unavailability and urgent patients taking priority.
- 28 day breaches due to urgent patients taking priority, MRI scanner broken down and major incident led to delay in rescheduling patients within breach date due to capacity.

# Patient Communication

## Discharge Summaries

Performance

**79.34%**  
of patients who were discharged from GOSH had a letter sent to their referrer or received within 24 hours

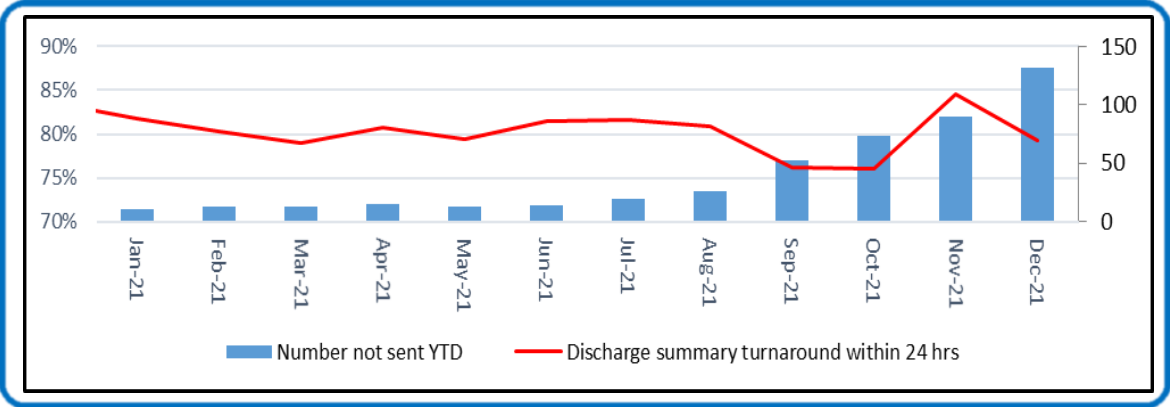
Contractual target: 100% **↓ 5.20%**

**90.1%**  
of letters were sent within 2 days of discharge

**↓ 1.26%**

**132**  
Number of letters not sent ytd

**↓ 7**



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

## Clinic letters

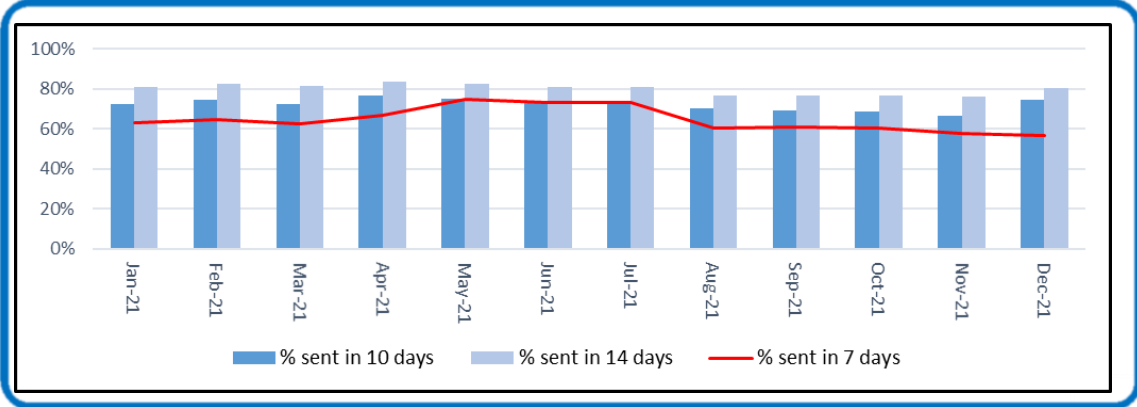
Performance

**56.5%**  
of outpatient clinic letters were sent within 7 days

Contractual target: 100% **↓ 1%**

**2,940**  
Number of letters not sent (rolling 12 months)

**↓ 290**



- ### Actions
- Focus at consultant meetings and directorate board
  - Bespoke training provided to refresh teams of Epic workflow
  - Action plans in place to initially meet 10 day turnaround and then reduce to 7 day

## Finance and Workforce Performance Report Month 9 2021/22

### Contents

Summary Reports	Page
Trust Dashboard	2
Income & Expenditure Financial Performance Summary	3
Activity Summary	4
Income Summary	5
Workforce Summary	6
Non-Pay Summary	7
Better Value and COVID costs	8
Cash, Capital and Statement of Financial Position Summary	9



KEY PERFORMANCE DASHBOARD

ACTUAL FINANCIAL PERFORMANCE

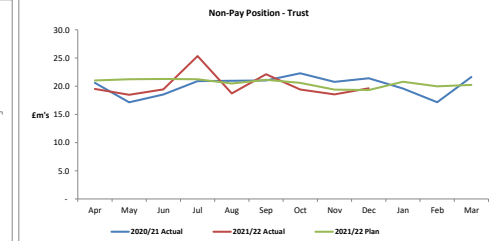
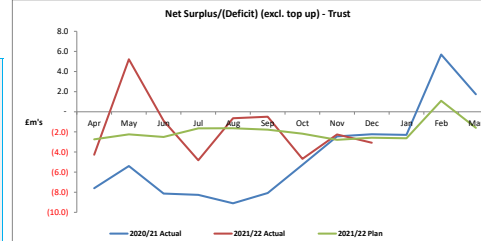
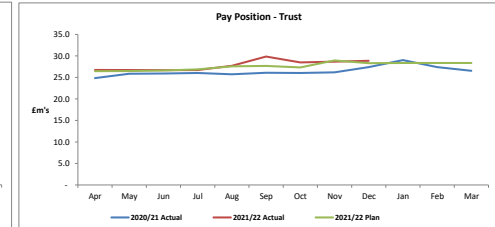
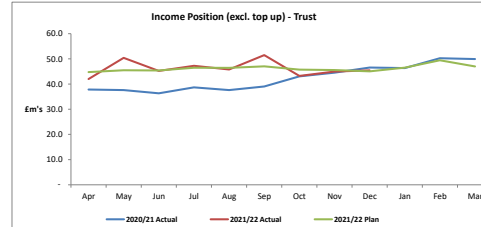
	In month			Year to date		
	Plan	Actual	RAG	Plan	Actual	RAG
<b>INCOME</b>	£45.1m	£45.4m	●	£418.5m	£415.7m	●
<b>PAY</b>	(£28.3m)	(£28.9m)	●	(£249.0m)	(£250.4m)	●
<b>NON-PAY inc. owned depreciation and PDC</b>	(£18.1m)	(£18.2m)	●	(£171.0m)	(£168.7m)	●
<b>Surplus/Deficit excl. donated depreciation</b>	(£1.4m)	(£1.7m)	●	(£1.5m)	(£3.4m)	●

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

AREAS OF NOTE:

The in month Trust financial position at Month 9 is a deficit of £1.7m which is £0.3m adverse to the (revised) plan. The YTD financial position is a deficit of £3.4m which is £1.8m adverse to plan.

Income is £2.8m adverse to plan YTD due to reduced scope to earn ERF linked to the change in ERF methodology (£1.5m) and reduced levels of private patient income (£1.3m) adverse to plan YTD which has been caused by reduced levels of activity from the continued impact of Covid-19. Pay is £1.4m adverse to plan YTD due to high levels of bank and agency staffing covering staff absence from sickness and isolation relating to Covid. Non pay is £2.6m favourable to the plan YTD. This is largely driven by lower than planned usage of high cost pass through drugs and devices along with continued reduction in the impairment of receivables from the payment of private patient invoices.

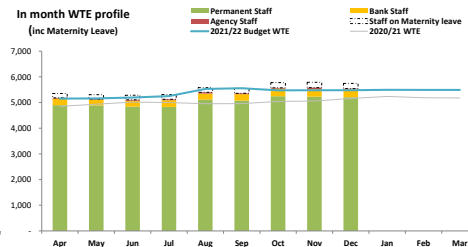
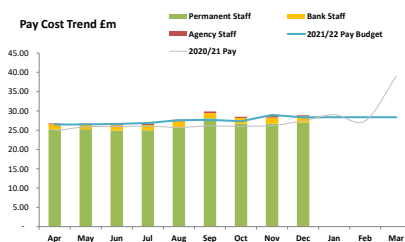


PEOPLE

	M9 Plan WTE	M9 Actual WTE	Variance
<b>Permanent Staff</b>	5,437.9	5,204.5	233.4
<b>Bank Staff</b>	39.7	312.2	(272.5)
<b>Agency Staff</b>	-	26.5	(26.5)
<b>TOTAL</b>	<b>5,477.5</b>	<b>5,543.2</b>	<b>(65.7)</b>

AREAS OF NOTE:

Month 9 WTE's decreased slightly from last month but are higher than plan due to continued high levels of temporary staff usage in relation to Covid isolation and sickness backfill. The 31st December absence rate due to Covid was 8% of the total Trust workforce. In Month 9 agency staffing reduced to 27 (from 53 in M8) but are still required to provide additional senior assistance for the ICT, IPP & Finance directorates; who are in the process of recruiting permanently to these roles.

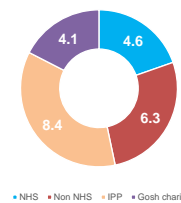


CASH, CAPITAL AND OTHER KPIS

Key metrics	Nov-21	Dec-21
<b>Cash</b>	<b>£124.8m</b>	<b>£125.2m</b>
<b>IPP debtor days</b>	<b>74</b>	<b>80</b>
<b>Creditor days</b>	<b>20</b>	<b>22</b>
<b>NHS Debtor days</b>	<b>3</b>	<b>4</b>
<b>BPPC (£)</b>	<b>90%</b>	<b>90%</b>

Capital Programme	YTD Plan M9	YTD Actual M9	Full Year Fcst
<b>Total Trust-funded</b>	<b>£11.6m</b>	<b>£5.9m</b>	<b>£17.7m</b>
<b>Total PDC</b>	<b>£0.0m</b>	<b>£0.0m</b>	<b>£1.4m</b>
<b>Total Donated</b>	<b>£6.6m</b>	<b>£8.3m</b>	<b>£11.9m</b>
<b>Total Grant-funded</b>	<b>£0.2m</b>	<b>£0.0m</b>	<b>£0.4m</b>
<b>Grand Total</b>	<b>£18.3m</b>	<b>£14.3m</b>	<b>£31.3m</b>

Net receivables breakdown (£m)



AREAS OF NOTE:

- Cash held by the Trust increased in month from £124.8m to £125.2m.
- Capital expenditure for the year to date was £4.0 less than plan. The Trust-funded programme was £5.6m less than plan, donated was £1.8m more than plan, and grant-funded £0.2 less than plan. The forecast outturn is now £0.3m less than plan assuming additional equipment projects are approved. PDC has been allocated to the Trust for a further £1.4m.
- IPP debtors days increased in month from 74 to 80. Total IPP debt (net of cash deposits held) increased in month to £8.4m (£7.7m in M08) as a result of increased billing in December. Overdue debt decreased in month to £10.1m (£12.1m in M08) due high levels of payment from embassies.
- Creditor days increased in month from 20 days to 22 days.
- NHS debtor days increased in month from 3 days to 4 days.
- In M09, 90% of the total value of creditor invoices were settled within 30 days of receipt; this represented 82% of the total number of creditor invoices paid in month. This remains below the NHSE target of settling at least 95% of invoices within 30 days.

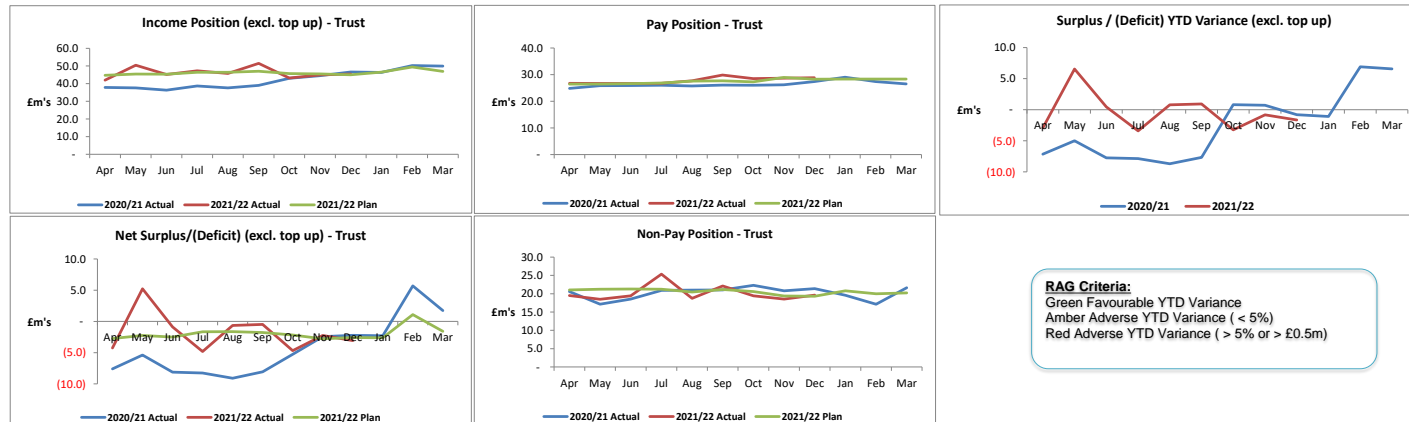
Annual Plan (H1 Act + H2 Plan)	Income & Expenditure	2021/22								Rating	Notes	2020/21			2021/22		
		Month 9				Year to Date						Actual	Plan YTD	Plan In-month	Actual	Plan YTD	Plan In-month
		Plan	Actual	Variance		Plan	Actual	Variance				YTD Variance	M9	M9	M9	M9	M9
(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%		(£m)	(£m)	(£m)	(£m)	(£m)	(£m)	(£m)		
475.16	NHS & Other Clinical Revenue	37.39	38.23	0.85	2.26%	356.92	355.18	(1.74)	(0.49%)	R	1	36.96	356.92	37.39			
29.13	Private Patient Revenue	2.71	1.82	(0.88)	(32.61%)	19.49	18.20	(1.29)	(6.64%)	R	2	4.25	19.49	2.71			
57.13	Non-Clinical Revenue	4.96	5.36	0.40	8.07%	42.09	42.37	0.28	0.66%	G	3	5.36	42.09	4.96			
<b>561.42</b>	<b>Total Operating Revenue</b>	<b>45.05</b>	<b>45.41</b>	<b>0.36</b>	<b>0.81%</b>	<b>418.50</b>	<b>415.75</b>	<b>(2.75)</b>	<b>(0.66%)</b>	<b>R</b>		<b>46.57</b>	<b>418.50</b>	<b>45.05</b>			
(312.37)	Permanent Staff	(26.41)	(26.92)	(0.50)	(1.91%)	(233.00)	(234.42)	(1.42)	(0.61%)	R		(24.97)	(233.00)	(26.41)			
(4.84)	Agency Staff	(0.46)	(0.31)	0.15		(3.46)	(3.04)	0.42		G		(0.28)	(3.46)	(0.46)			
(16.87)	Bank Staff	(1.44)	(1.64)	(0.20)	(13.87%)	(12.55)	(12.98)	(0.43)	(3.40%)	A		(2.18)	(12.55)	(1.44)			
<b>(334.08)</b>	<b>Total Employee Expenses</b>	<b>(28.31)</b>	<b>(28.86)</b>	<b>(0.55)</b>	<b>(1.94%)</b>	<b>(249.01)</b>	<b>(250.44)</b>	<b>(1.43)</b>	<b>(0.57%)</b>	<b>R</b>	4	<b>(27.40)</b>	<b>(249.01)</b>	<b>(28.31)</b>			
(98.64)	Drugs and Blood	(8.00)	(7.34)	0.66	8.29%	(73.12)	(70.56)	2.56	3.50%	G		(7.56)	(73.12)	(8.00)			
(39.70)	Supplies and services - clinical	(2.93)	(3.41)	(0.48)	(16.41%)	(29.71)	(30.25)	(0.53)	(1.80%)	R		(4.11)	(29.71)	(2.93)			
(72.56)	Other Expenses	(5.84)	(6.02)	(0.18)	(3.13%)	(54.74)	(54.19)	0.55	1.00%	G		(7.01)	(54.74)	(5.84)			
<b>(210.90)</b>	<b>Total Non-Pay Expenses</b>	<b>(16.77)</b>	<b>(16.77)</b>	<b>0.00</b>	<b>0.00%</b>	<b>(157.57)</b>	<b>(155.00)</b>	<b>2.57</b>	<b>1.63%</b>	<b>G</b>	5	<b>(18.68)</b>	<b>(157.57)</b>	<b>(16.77)</b>			
<b>(544.97)</b>	<b>Total Expenses</b>	<b>(45.09)</b>	<b>(45.64)</b>	<b>(0.55)</b>	<b>(1.22%)</b>	<b>(406.58)</b>	<b>(405.44)</b>	<b>1.14</b>	<b>0.28%</b>	<b>G</b>		<b>(46.08)</b>	<b>(406.58)</b>	<b>(45.09)</b>			
16.45	EBITDA (exc Capital Donations)	(0.04)	(0.22)	(0.19)	(518.52%)	11.92	10.31	(1.61)	(13.49%)	R		0.49	11.92	(0.04)			
(17.62)	Owned depreciation, Interest and PDC	(1.34)	(1.44)	(0.11)	(7.99%)	(13.47)	(13.68)	(0.21)	(1.58%)			(1.28)	(13.47)	(1.34)			
(1.17)	Surplus/Deficit (exc. PSF/Top up)	(1.37)	(1.66)	(0.29)	(21%)	(1.55)	(3.37)	(1.82)	(118%)			(0.79)	(1.55)	(1.37)			
0.00	PSF/Top up	0.00	0.00	0.00		0.00	0.00	0.00			0.00	0.00	0.00				
(1.17)	Surplus/Deficit (incl. PSF/Top up)	(1.37)	(1.66)	(0.29)	(21.35%)	(1.55)	(3.37)	(1.82)	(117.74%)	R		(0.79)	(1.55)	(1.37)			
0.00	PY PSF post accounts reallocation	0.00	0.00	0.00		0.00	0.00	0.00			0.00	0.00	0.00				
(15.41)	Donated depreciation	(1.21)	(1.42)	(0.21)		(11.89)	(12.53)	(0.64)				(1.45)	(11.89)	(1.21)			
<b>(16.58)</b>	<b>Net (Deficit)/Surplus (exc Cap. Don. &amp; Impairments)</b>	<b>(2.58)</b>	<b>(3.08)</b>	<b>(0.50)</b>	<b>(19.30%)</b>	<b>(13.43)</b>	<b>(15.90)</b>	<b>(2.46)</b>	<b>(18.34%)</b>			<b>(2.24)</b>	<b>(13.43)</b>	<b>(2.58)</b>			
0.00	Impairments & Unwinding Of Discount	0.00	0.00	0.00		0.00	0.00	0.00			0.00	0.00	0.00				
9.30	Capital Donations	0.60	0.66	0.06		7.50	8.34	0.84			0.42	7.50	0.60				
<b>(7.28)</b>	<b>Adjusted Net Result</b>	<b>(1.98)</b>	<b>(2.42)</b>	<b>(0.44)</b>	<b>(22.26%)</b>	<b>(5.94)</b>	<b>(7.56)</b>	<b>(1.63)</b>	<b>(27.41%)</b>			<b>(1.82)</b>	<b>(5.94)</b>	<b>(1.98)</b>			

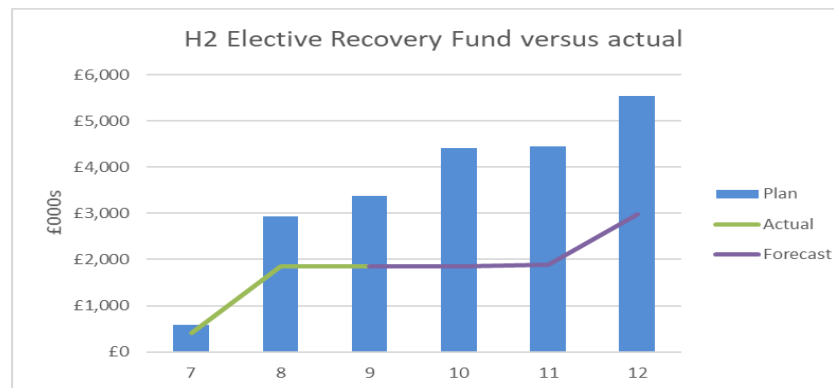
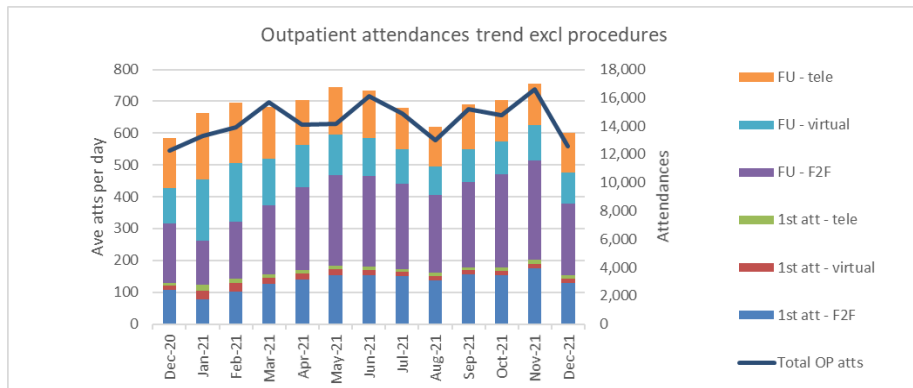
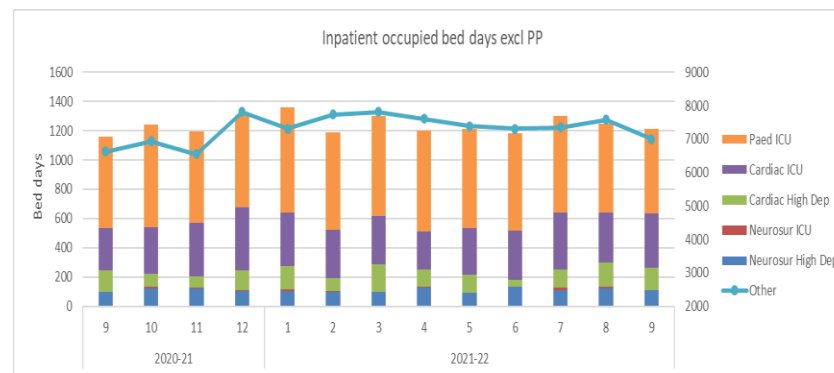
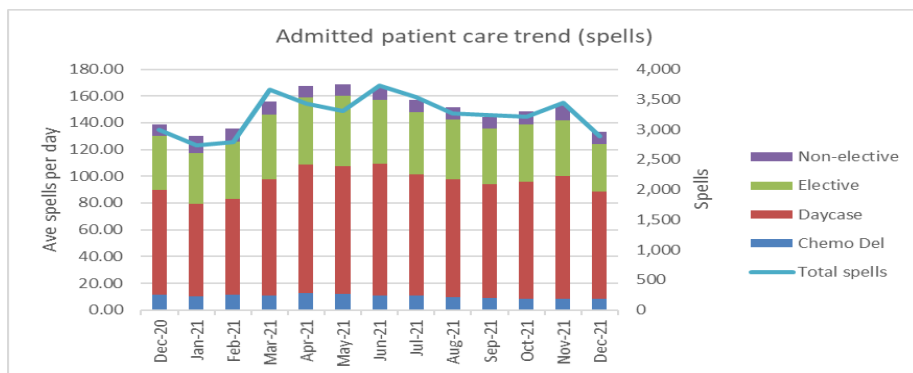
**Summary**

- The in month Trust financial position at Month 9 is a deficit of £1.7m which is £0.3m adverse to the revised plan. As a consequence the YTD financial position is a deficit of £3.4m which is £1.8m adverse to the revised plan.

**Notes**

- The scope for the Trust to earn ERF has significantly reduced in H2. As a result NHS and Other Clinical income is £1.7m adverse to plan YTD.
- Private Patient income is £0.9m adverse to plan in month and £1.3m adverse to plan YTD. This is due to Covid-19 and the associated suppression of travel. The Trust expects to see private patient income continue to be affected by Covid-19 pandemic.
- Non-clinical income is £0.4m favourable to plan in month and £0.3m favourable to plan YTD due to higher levels of commercial income recognition across the Trust.
- Pay is adverse YTD to the plan by £1.4m, due to high levels of bank and agency staffing have continued with sickness and isolation backfill relating to Covid.
- Non pay is £2.6m favourable to the plan YTD. This is driven by lower than planned usage of high cost pass through drugs and devices due to reduced levels of activity and a reduction in impairment of receivables linked to the payment of invoices previously provided for.



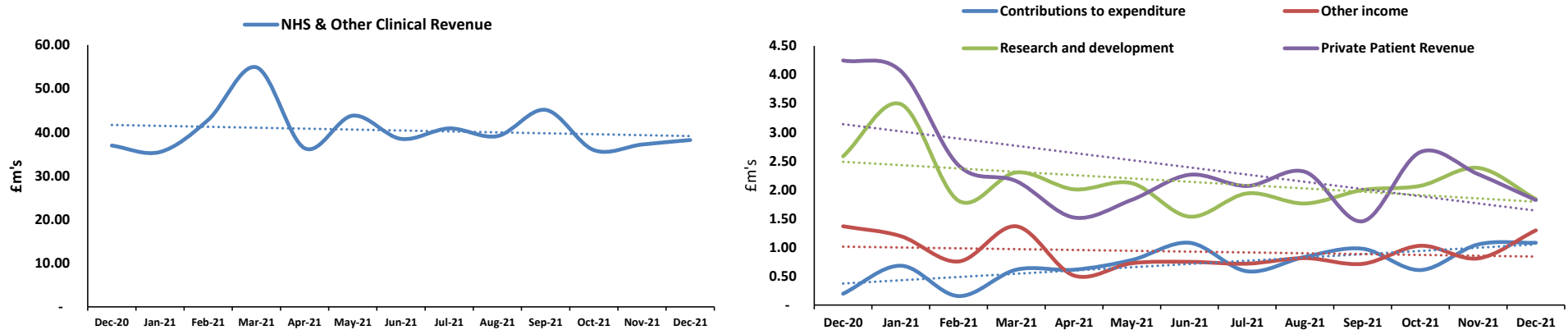


**Summary**

- Overall activity in December has significantly decreased per working day for all points of delivery and this is reflected in lower bed days. This level of reduction is larger than was seen in Christmas 2019 (pre-Covid) for all points of delivery suggesting that the impact of Omicron on staffing levels further decreased activity over and above the normal level of the seasonal impact of Christmas (e.g. a further 2% reduction for OP attendances).
- The largest reductions for admitted patient care per working day is for elective and non-elective spells at 15.3% and 15.7% respectively. Outpatient attendances have decreased 20.5% per working day versus November with face to face first and follow up activity showing the largest reductions (26.7% and 27.8%). Non-face to face attendances as a % of the total have increased from 36% to 41% when compared to November reflecting the need to reduce face to face appointments as a result of Omicron.
- Clinical supplies and services have decreased in line with activity reductions from November (£3.2m to £2.9m).
- A revised national elective recovery scheme has been implemented in H2 where funding is received when the number of clock stops are above 89% of 2019/20 levels at a system level. The % above the threshold is applied to the 2019/20 income values by month to derive the payment due. GOSH has estimated income under the scheme of £5.5m to March however the system performance means that no national funding will be received. The system has agreed to fund ERF from their allocations to encourage increased activity. The estimated value for October-December is £1.86m versus a plan of £3.4m, an under-performance of £1.5m. The majority of this shortfall is in November (£0.9m) and December (£0.4m) however there may be an increase as clock stops are finalised for December. It is expected that zero ERF will be generated for December and January owing to Covid however it is assumed the February and March plan will be delivered giving a forecast total of £3.0m versus a plan of £5.5m (an adverse variance of £2.5m).

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

## 2020/21 Income for the 9 months ending 31 Dec 2021



### Summary

- Trust total income YTD is £2.8m adverse to plan, driven by lower than plan ERF income in H2 (£1.5m) and underperformance in relation to private patient income (£1.3m).
- Private Patient income is £1.3m adverse to plan YTD. Given the slow return to global travel, sponsors are only sending their most complex patients abroad, resulting in significantly lower income levels for the Trust. The reduced level of referrals is expected to continue and creates an ongoing challenge for the Trust.
- Research and development income has gradually increased over the past few months due to additional commercial income and this is forecast to continue.

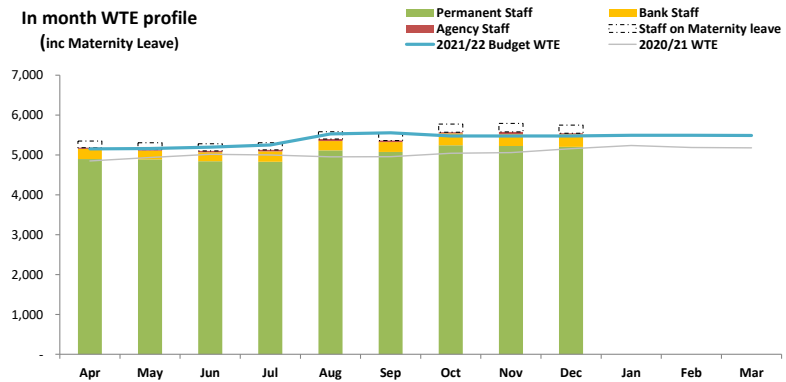
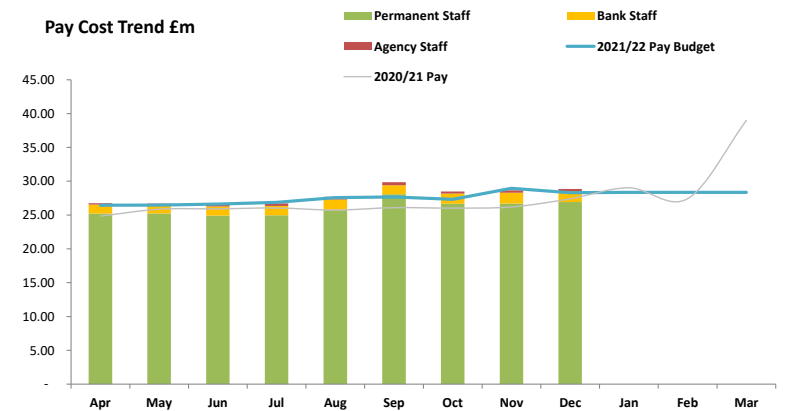
# Workforce Summary for the 9 months ending 31 Dec 2021



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

Em including Perm, Bank and Agency Staff Group	2020/21 actual full year			2021/22 actual			Variance			RAG
	FY (£m)	FY Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Volume Var (£m)	Price Var (£m)	£ Variance
Admin (inc Director & Senior Managers)	56.5	1,193.8	47.4	45.4	1,247.2	48.6	(3.0)	(1.9)	(1.1)	R
Consultants	60.3	387.7	155.5	47.1	394.8	159.1	(1.9)	(0.8)	(1.1)	R
Estates & Ancillary Staff	4.7	138.7	33.7	6.9	287.2	32.3	(3.4)	(3.8)	0.3	R
Healthcare Assist & Supp	11.3	325.9	34.7	8.5	323.8	35.0	(0.0)	0.1	(0.1)	G
Junior Doctors	31.4	377.0	83.2	23.7	383.4	82.5	(0.2)	(0.4)	0.2	A
Nursing Staff	89.8	1,600.9	56.1	69.6	1,616.0	57.5	(2.3)	(0.6)	(1.6)	R
Other Staff	0.7	12.3	53.8	0.6	15.4	54.8	(0.1)	(0.1)	(0.0)	A
Scientific Therap Tech	56.9	981.8	58.0	44.6	1,028.8	57.8	(1.9)	(2.0)	0.1	R
<b>Total substantive and bank staff costs</b>	<b>311.6</b>	<b>5,018.1</b>	<b>62.1</b>	<b>246.6</b>	<b>5,296.7</b>	<b>62.1</b>	<b>(12.9)</b>	<b>(13.0)</b>	<b>0.1</b>	<b>R</b>
Agency	3.7	28.3	129.4	3.0	35.9	113.0	(0.3)	(0.7)	0.4	A
<b>Total substantive, bank and agency cost</b>	<b>315.2</b>	<b>5,046.4</b>	<b>62.5</b>	<b>249.6</b>	<b>5,332.6</b>	<b>62.4</b>	<b>(13.2)</b>	<b>(13.7)</b>	<b>0.5</b>	<b>R</b>
Reserve*	1.9	0.3		0.8	0.2		0.6	0.6	0.0	G
Additional employer pension contribution by NHSE	12.4	0.0		0.0	0.0		9.3	0.0	9.3	G
<b>Total pay cost</b>	<b>329.6</b>	<b>5,046.6</b>	<b>65.3</b>	<b>250.4</b>	<b>5,332.8</b>	<b>62.6</b>	<b>(3.3)</b>	<b>(13.1)</b>	<b>9.8</b>	<b>R</b>
Remove maternity leave cost	(3.1)			(3.2)			0.9	0.0	0.9	G
<b>Total excluding Maternity Costs</b>	<b>326.4</b>	<b>5,046.6</b>	<b>64.7</b>	<b>247.2</b>	<b>5,332.8</b>	<b>61.8</b>	<b>(2.4)</b>	<b>(13.1)</b>	<b>10.7</b>	<b>R</b>

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



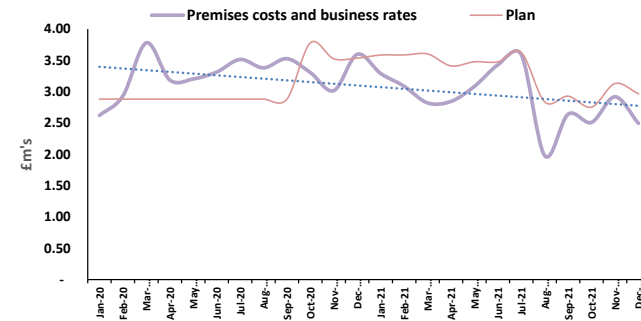
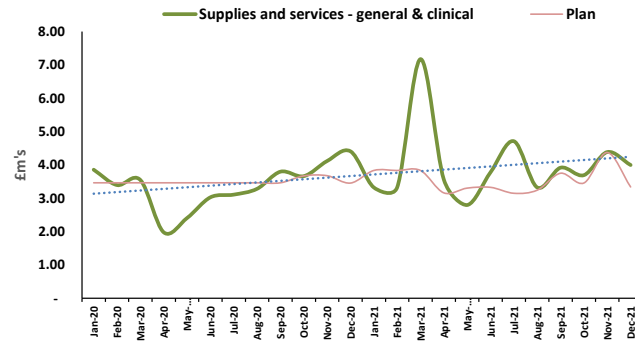
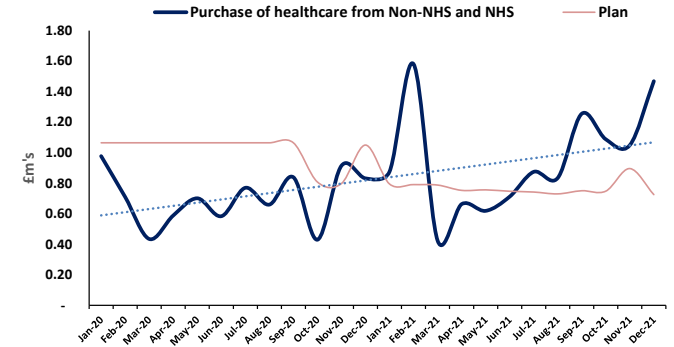
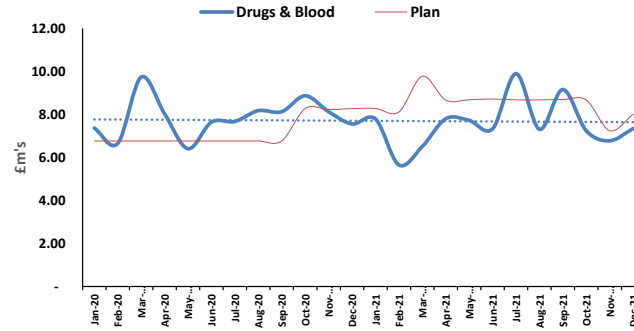
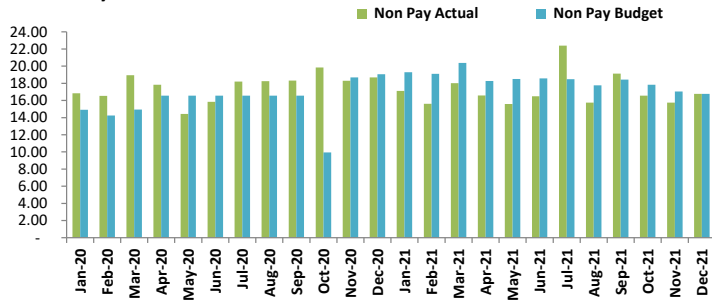
## Summary

- Pay costs are adverse to plan YTD (£1.4m). Staffing levels overall remain high due to Covid driving down staff turnover and impacting staff in relation to isolation and sickness. As of 31st December, the percentage of staff absent with Covid was 8% of the Trust workforce.
- As a result of the levels of staff absence Nursing bank costs have seen a significant increase but are still lower than last year. The Trust is starting to see staff absence falling but it is expected to continue to impact into January.
- When comparing 2020/21 to 2021/22 the largest volume variance increases are in Estates and ancilliary which is due to the movement of domestic staff in house. The next largest is in Scientific and Therapeutic staff. This is driven by increased activity across the Genetics labs and the additional costs associated with testing staff, patients and visitors linked with policies around Covid-19.
- The price variance has remained mainly the same a reduction in Estates & Facilities with the Trust bringing in house the domestic staffing.
- The Trust has seen an increase in maternity leave with current costs equalling the full year costs in 2020/21. This results in an increase in temporary staffing costs.

# Non-Pay Summary for the 9 months ending 31 Dec 2021

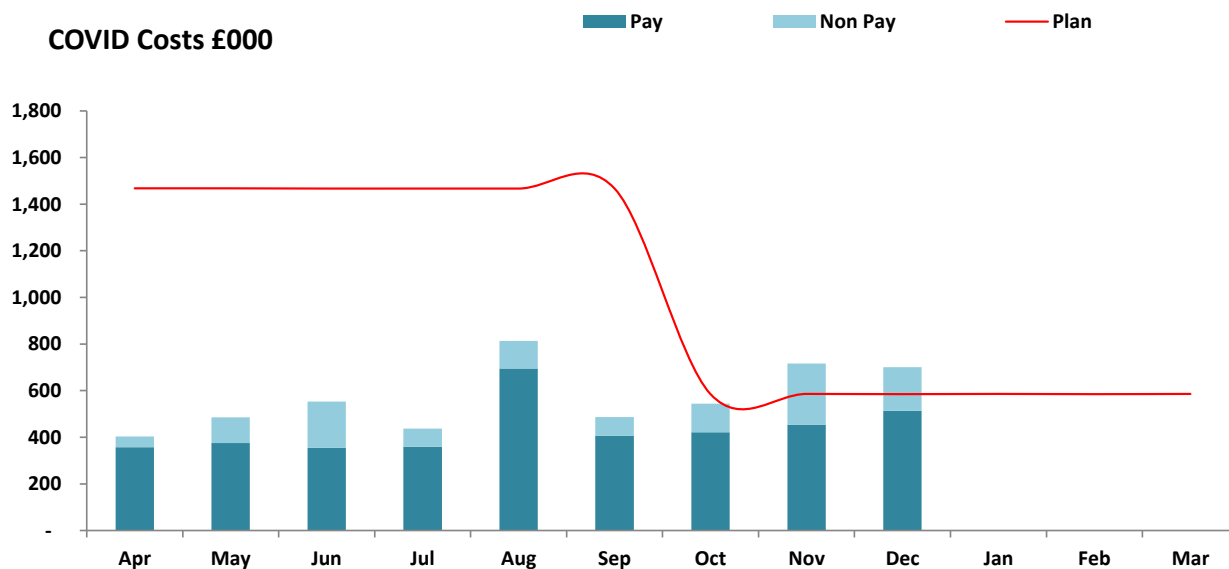
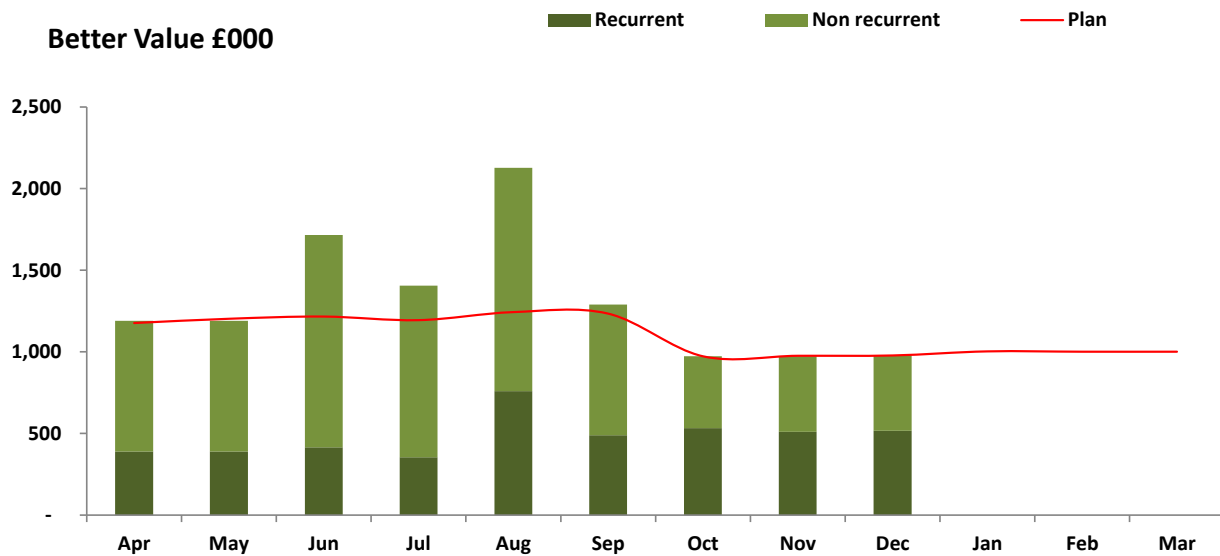


**Non Pay Cost Trend £**



## Summary

- Non pay is on plan in-month and £2.6m favourable YTD. The year to date large favourable variance is largely due to drug expenditure being lower than plan linked to lower patient volumes requiring high cost drugs in month.
- The Trust has seen continued payment of private patient aged invoices that have seen a further reduction in impairment of rec ivables in month. The Trust continues to work to collect payment for these invoices and continue to reduce the debt.
- Healthcare from Non NHS bodies was high in M9 due to additional costs associated with external lab testing costs and higher a ctivity for the Anthony Nolan tissue typing. These costs have offset the underspends above.



**Better Value and Covid-19 costs**

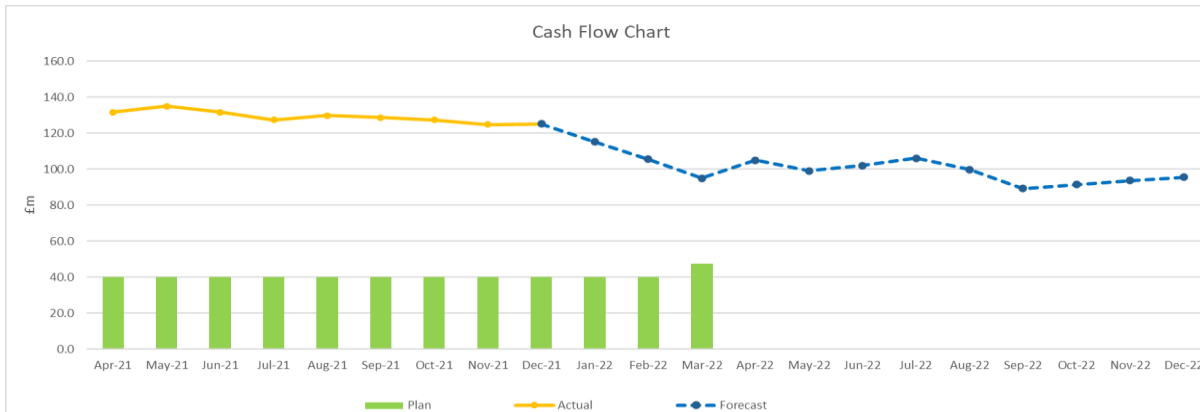
- The Trust has a better value programme plan for H2 of £5.9m as per the new H2 plan submission. The Trust has achieved £11.9m of better value savings YTD largely through controlled spend both recurrently and non-recurrently. The Trust continues to work on better value schemes despite the reported numbers reflecting a reduced plan from that in H1.
- Covid costs YTD have totalled £5.1m largely for additional staffing needs to meet the covid response and a variety of non-pay spends including decontamination, lab and consumables spend. These costs have risen with the Omicron variant and the additional costs incurred by the Trust to maintain services.

31 Mar 2021 Audited Accounts £m	Statement of Financial Position	YTD Actual 30 Nov 21 £m	YTD Actual 31 Dec 21 £m	In month Movement £m
532.75	Non-Current Assets	525.37	525.25	(0.12)
64.56	Current Assets (exc Cash)	70.20	73.40	3.20
126.19	Cash & Cash Equivalents	124.84	125.16	0.32
(102.80)	Current Liabilities	(105.32)	(111.18)	(5.86)
(6.45)	Non-Current Liabilities	(5.98)	(5.94)	0.04
<b>614.25</b>	<b>Total Assets Employed</b>	<b>616.18</b>	<b>606.69</b>	<b>(2.42)</b>

31 Mar 2021 Audited Accounts £m	Capital Expenditure	YTD plan 31 December 2021 £m	YTD Actual 31 December 2021 £m	YTD Variance £m	Forecast Outturn 31 Mar 2022 £m	RAG YTD variance
6.50	Redevelopment - Donated	5.80	7.32	(1.52)	9.19	A
2.56	Medical Equipment - Donated	0.75	1.00	(0.25)	2.67	A
0.00	ICT - Donated	0.00	0.02	(0.02)	0.02	G
<b>9.06</b>	<b>Total Donated</b>	<b>6.55</b>	<b>8.34</b>	<b>(1.79)</b>	<b>11.88</b>	<b>A</b>
<b>0.00</b>	<b>Total Grant funded</b>	<b>0.20</b>	<b>0.00</b>	<b>0.20</b>	<b>0.37</b>	<b>R</b>
5.09	Redevelopment & equipment - Trust Funded	5.88	3.79	2.09	10.89	A
1.10	Estates & Facilities - Trust Funded	4.62	0.59	4.03	1.58	R
2.67	ICT - Trust Funded	1.05	1.39	(0.34)	4.00	A
0.00	Sensyne	0.00	0.00	0.00	1.23	G
0.00	Contingency	0.00	0.00	0.00	0.00	G
0.00	Disposals	0.00	0.00	0.00	(0.22)	G
0.00	Accelerator programme (Trust funded)	0.00	0.15	(0.15)	0.19	G
<b>8.86</b>	<b>Total Trust Funded</b>	<b>11.55</b>	<b>5.92</b>	<b>5.63</b>	<b>17.67</b>	<b>R</b>
<b>2.56</b>	<b>PDC</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1.40</b>	<b>G</b>
<b>20.48</b>	<b>Total Expenditure</b>	<b>18.30</b>	<b>14.26</b>	<b>4.04</b>	<b>31.32</b>	<b>A</b>

31-Mar-21	Working Capital	30-Nov-21	31-Dec-21	RAG	KPI
5.0	NHS Debtor Days (YTD)	3.0	4.0	G	< 30.0
288.0	IPP Debtor Days	74.0	80.0	G	< 120.0
27.1	IPP Overdue Debt (£m)	12.1	10.1	R	0.0
95.0	Inventory Days - Non Drugs	89.0	94.0	R	30.0
31.0	Creditor Days	20.0	22.0	G	< 30.0
41.6%	BPPC - NHS (YTD) (number)	40.4%	41.9%	R	> 95.0%
70.6%	BPPC - NHS (YTD) (£)	70.4%	72.3%	R	> 95.0%
83.4%	BPPC - Non-NHS (YTD) (number)	84.1%	84.0%	R	> 95.0%
88.9%	BPPC - Non-NHS (YTD) (£)	91.8%	92.2%	A	> 95.0%
81.7%	BPPC - Total (YTD) (number)	82.0%	82.1%	R	> 95.0%
87.4%	BPPC - Total (YTD) (£)	89.8%	90.4%	G	> 95.0%

**RAG Criteria:**  
 NHS Debtor and Creditor Days: Green (under 30); Amber (30-40); Red (over 40)  
 BPPC Number and £: Green (over 95%); Amber (90-95%); Red (under 90%)  
 IPP debtor days: Green (under 120 days); Amber (120-150 days); Red (over 150 days)  
 Inventory days: Green (under 21 days); Amber (22-30 days); Red (over 30 days)



**Comments:**

- Capital expenditure for the year to 31 December was £4.0 less than plan; Trust-funded expenditure was £5.6m less than plan; donated was £1.8m more than plan; grant-funded £0.2m less than plan. Priority projects have been identified for approval at EMT to achieve a forecast Trust funded outturn of £0.3m less than plan. The Trust-funded programme now includes the Accelerator Programme for which additional CDEL will not be allocated. £1.4m of PDC has been allocated to the Trust for Targeted Investment Fund projects and NCL programmes.
- Cash held by the Trust increased by £0.3m to £125.2m.
- Total Assets employed at M09 decreased by £2.4m in month as a result of the following:
  - Non current assets decreased by £0.1m to £525.3m.
  - Current assets excluding cash totalled £73.4m, increasing by £3.2m in month. This largely relates to the following: Contract receivables including IPP which have been invoiced (£1.3m higher in month); accrued income (£0.8m higher in month); other receivables (£0.5m higher in month); capital receivables was £0.2m higher in month and inventories was £0.4m higher in month.
  - Cash held by the Trust totalled £125.2m, increasing in month by £0.3m.
  - Current liabilities increased in month by £5.8m to £111.2m. This includes Capital creditors (£1.2m higher in month); expenditure accruals (£1.3m higher in month); and deferred income (£2.6m higher in month) and NHS payables (£1.3m higher in month). This is offset against the decrease in Other payables (£0.6m lower in month).
- IPP debtors days increased in month from 74 to 80. Total IPP debt (net of cash deposits held) increased in month to £8.4m (£7.7m in M08) as a result of increased billing in December. Overdue debt decreased in month to £10.1m (£12.1m in M08) due high levels of payment from embassies.
- In M09, 82% of the total number of creditor invoices were settled within 30 days of receipt; this represented 90% of the total value of creditor invoices paid in month. This was below the NHSE target of settling at least 95% of invoices within 30 days.
- By supplier category, the cumulative BPPC for Non NHS invoices (by number) remained the same as the previous month at 84%. This represented 92% of the total value of invoices settled within 30 days (92% in M08). The cumulative BPPC for NHS invoices (by number) was 42% (40% in M08). This represented 72% of the value of invoices settled within 30 days (70% in M08). These scores by supplier category are also both below the NHSE target of settling 95% of invoices within 30 days.
- Creditor days increased in month from 20 days to 22 days.



## Council of Governors

10 February 2022

### **Summary of the Quality, Safety and Experience Assurance Committee: January 2022**

**Summary & reason for item:**

To provide a summary of the January 2022 meeting of the Quality, Safety and Experience Assurance Committee. The agenda is also provided for information.

**Governor action required:**

The Council of Governors is asked to note the update.

**Report prepared by:**

Victoria Goddard, Trust Board Administrator

**Item presented by:**

Amanda Ellingworth, Chair of the QSEAC.

## **Summary of the Quality, Safety and Experience Committee meeting held on 20<sup>th</sup> January 2022**

### Quality and Safety at GOSH

Discussion took place about the way in which the committee could support the Trust's aim to improve the fundamental areas of operation and how an overview of areas such as complaints, incidents and PALS contacts would move towards this goal, rather than reviewing cases individually. It was noted that there had been a very high staff absence rate during the most recent surge of the COVID19 pandemic and it was confirmed that the Trust had been able to revert to the plans that had been in place during the initial surges of the pandemic. Planned activity had already been reduced in order to support staff to take annual leave over the Christmas holidays. Positive patient and family feedback had also been received.

The Committee discussed a potential amendment to the Health and Social Care Bill as a result of 'Charlie's Law' and highlighted that work was taking place to publish the Trust's experience of best interest court applications.

A substantial piece of work would take place to consider the safest way in which paediatric HDU services should be provided. This would be managed by the transformation team and would involve significant stakeholder engagement.

### Emerging Significant Risks

The Committee discussed the work that was taking place around Duty of Candour and whether this would move the Trust to the required position. The progress so far was noted and the committee requested that future papers set out the timeline for improvement which could be monitored to identify whether actions were having the required impact. Early indications of results from the staff survey showed that metrics which were used as a proxy for the safety of an organisation had increased by 5% which was positive.

### Medicines Management Update (BAF Risk 11: Medicines Management)

A shadow Chief Pharmacist was in post and would take up the substantive role on 1<sup>st</sup> February 2022. The MHRA had removed the GOSH's critical finding however the Inspection Action Groups (IAG) had written to the Trust asking that an assessment of the improvement plan was undertaken by an independent third party and this was in progress.

### Patient Safety Delivery Plan

A large number of workstreams were in place with metrics linked to each and a patient safety implementation board was being developed which would include representation from NHS England and the Integrated Care System (ICS). A board development session later in the year would focus on this work. The Committee noted the considerable work involved in the programme and emphasised the importance of monitoring progress.

### Learning Disabilities and Autism Update

Key challenges related to ensuring that staff had the confidence and capability to meet the needs of children and young people with learning disabilities or autism. The Committee expressed some concern about the work around Deprivation of Liberty (DoL) Assessments being handed over from the safeguarding team to the learning disabilities team and the impact on capacity of that team but it was confirmed that the safeguarding team would continue to lead on this work.

### Update on Actions from Patient and Family Feedback including Update from the Patient Family Experience and Engagement Committee (PFEEC)

The CQC patient survey had found GOSH to be an outlier in providing a better experience than expected.

Improvements were also noted in feedback being received from patients and families and PALS contacts related to communication were reducing. A new Transition Manager had joined the Trust and the committee emphasised the importance of this area of work.

#### Update on work of the Patient Safety and Outcomes Committee (PSOC)

Discussion took place around the number of deaths which had increased in recent reporting periods. It was confirmed that deaths were reviewed both locally and nationally and deaths in ICU were monitored by PICANET which developed a standardised mortality rate. GOSH was within nationally accepted levels and no commonalities had been identified from local reviews.

#### Tissue Damage Injuries

There had been an increase noted in tissue damage injuries in October 2021. No themes had been identified and incidents had since reduced. Some learning had been identified which had been shared with Head of Nursing and Tissue Viability Nurses. No concerns had been identified around staffing at the time of the incidents.

#### Safeguarding Update

The safeguarding training programme was being reviewed to ensure that it was wide-ranging and innovative and the programme for doctors in training was being reviewed to ensure it was appropriate. Focus was being placed on delivering standardised supervision to ensure that staff felt confident to manage these cases. An external review of the safeguarding service was being put out to tender and it was anticipated that it would begin in April 2022.

#### Update from the Ethics Committee

A draft terms of reference was under review for an external review of the Committee. Financial support was being discussed with the Director of Grants and Impact at the GOSH Children's Charity with a view to implementing a three-year improvement programme.

#### Internal Audit Progress Report (Quality focused reports)

It had been agreed that the reporting of the review of IT Data Security and Protection Toolkit would be delayed to early 2022/23. There were no overdue actions related to reviews within the QSEAC's remit.

#### Clinical Audit Update

The Trust continued to be compliant against all mandatory national audits and the team was on target to complete 100 clinical audits in 2021/22 which was excellent progress.

#### Update from the Risk Assurance and Compliance Group on the Board Assurance Framework

An internal audit on the management of strategic risks and the BAF had provided a rating of 'significant assurance' which was an excellent outcome.

- Update on compliance with policies

Currently 88% of policies were in date and discussion was taking place with policy authors to appropriately reduce the number of policies.

#### QSEAC Annual Effectiveness Survey Questions

Questions were in line with those of the previous year in order to compare results. The Committee agreed the questions to be used.

Whistleblowing update

Two cases had been raised under the whistleblowing policy. They had been investigated and it had been found that neither involved patient safety concerns.

Freedom to Speak Up Guardian Update

Individuals using the service had expressed concern about alleged detriment being caused to them as a result of speaking up. The importance of acting on concerns raised and being consistent over time was emphasised in order to give staff confidence.

Health and Safety Update

Additional resource in procurement to support safer sharps was being recruited which was positive. Risk assessments were in place in the interim however it was vital to ensure that safer sharps products could be procured as quickly as possible.

The Committee noted the update of the December meeting of the People and Education Assurance Committee.

Governor feedback

Governors discussed the importance of patient and carer feedback and experiences when considering delivery of learning disability services and the importance of the work underway with transition.

## QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE

Thursday 20<sup>th</sup> January 2022 at 10:00am – 1:00pm

### AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	Apologies for absence	Chair		10:00am
2.	Minutes of the meeting held on 14 October 2021	Chair	A	10:05am
3.	Matters arising/ Action point checklist	Chair	B	
4.	<b>Quality and Safety at GOSH – Medical Director Report and Chief Nurse Report (BAF Risk 12: Inconsistent delivery of safe care)</b> <ul style="list-style-type: none"> <li>• Context over past 3 months</li> <li>• Process for reviewing quality data</li> <li>• Compliance Update plus update on Always Improving Plan</li> </ul> Emerging Significant Risks	Medical Director/Acting Chief Nurse          Medical Director	C          F	10:10am
5.	Medicines Management Update (BAF Risk 11: Medicines Management)	Chief Operating Officer/ Medical Director	Verbal	10:25am
<b><u>QUALITY AND SAFETY STRATEGIES</u></b>				
6.	Patient Safety Delivery Plan	Medical Director	W	10:35am
7.	Learning Disabilities and Autism Update	Acting Chief Nurse/ Head of Learning Disability	G	10:45am
<b><u>QUALITY, SAFETY AND EXPERIENCE PERFORMANCE</u></b>				
8.	Update on Actions from Patient and Family Feedback including Update from the Patient Family Experience and Engagement Committee (PFEEC)	Acting Chief Nurse	H	10:55am
9.	<b>Update on work of the Patient Safety and Outcomes Committee (PSOC)</b> Learning from: <ul style="list-style-type: none"> <li>• quality focused internal reviews</li> <li>• quality focused external reviews (national reviews and local reviews of other organisations)</li> <li>• Closing the Loop Group - incidents, claims, deaths and complaints</li> <li>• Time to conduct death reviews.</li> </ul> Tissue Damage Injuries	          Acting Chief Nurse	I          V	11:05am
10.	Safeguarding Update	Michell Nightingale, Head of Safeguarding	J	11:15pm
11.	Update from the Ethics Committee	Medical Director/ Chair of the Ethics Committee	Verbal	11:25pm
<b><u>QUALITY, SAFETY AND EXPERIENCE INTERNAL ASSURANCE</u></b>				
12.	Internal Audit Progress Report (Quality focused reports)	KPMG	L	11:35pm

## Attachment F

13.	<b>Clinical audit update (including update on management of confidential enquiries and NICE guidance)</b>	Andrew Pearson, Head of Clinical Audit	<b>M</b>	<b>11:45pm</b>
14.	<b>Freedom to Speak Up Guardian Update</b>	Director of HR and OD	<b>N</b>	<b>11:55pm</b>
15.	<b>Whistleblowing update</b> (only where there are quality related cases to report in that quarter)	Director of HR and OD	<b>O</b>	<b>12:05pm</b>
<b><u>RISK, COMPLIANCE AND GOVERNANCE</u></b>				
16.	<b>Health and Safety Update</b>	Director of Estates, Facilities and Built Environment	<b>P</b>	<b>12:10pm</b>
17.	<b>Update from the Risk Assurance and Compliance Group on the Board Assurance Framework including:</b>  <b>Update on compliance with policies</b>	Company Secretary	<b>Q</b>  <b>U</b>	<b>12:20pm</b>
18.	<b>QSEAC Annual Effectiveness Survey Questions</b>	Company Secretary	<b>T</b>	<b>12:40pm</b>
<b><u>FOR INFORMATION</u></b>				
19.	<b>Update from the People and Education Assurance Committee (December 2021)</b>	Kathryn Ludlow, Chair of PEAC	<b>S</b>	<b>12:50pm</b>
20.	<b>Matters to be raised at Trust Board</b>	Chair	<b>Verbal</b>	
21.	<b>Any Other Business</b>	Chair	<b>Verbal</b>	
22.	<b>Next meeting</b>	<b>Wednesday 20 April 2022 at 2:00pm</b>		
23.	<b>Terms of Reference Acronyms</b>	<b>1</b> <b>NHS Confederation Acronym Buster available at:</b> <a href="https://www.nhsconfed.org/acronym-buster">https://www.nhsconfed.org/acronym-buster</a>		

## Council of Governors

10 February 2022

### **Audit Committee Summary: January 2022**

**Summary & reason for item:**

To provide a summary of the January 2022 meeting of the Audit Committee. The agenda is also provided for information.

**Governor action required:**

The Council of Governors is asked to note the update.

**Report prepared by:**

Victoria Goddard, Trust Board Administrator

**Item presented by:**

Akhter Mateen, Chair of the Audit Committee.

## Summary of the Audit Committee meeting held on 21<sup>st</sup> January 2022

### Matters arising

The Committee discussed the improvements which were being made in ICT and the informal support which was being received from an external ICT director. It was noted that good progress had been made which in some areas had exceeded the improvement trajectory and the Committee agreed that the external ICT Director would attend the next Audit Committee meeting to provide feedback in advance of an decision being taken as to whether the service should no longer be considered a service in recovery.

### Vaccination as a Condition of Deployment (VCOD)

There were 300 staff at GOSH whose vaccination status was not clear and discussions were taking place with these individuals. It had been agreed that business continuity discussions would take place once the number of impacted staff could be confirmed. It was likely that the impact at GOSH would be substantially less than at other Trusts. Work was taking place to review the impact on contractors.

### Trust Board assurance committee updates

Committee noted updates from the following assurance committees:

- Quality, Safety and Experience Assurance Committee –October 2021 and 20 January 2022
- Finance and Investment Committee – November 2021
- People and Education Assurance Committee - December 2021

### Board Assurance Framework Update

The Committee discussed recommendations which had been made by the Risk Assurance and Compliance Group (RACG) around consideration as to whether BAF risks continued to represent risks to the GOSH strategy.

- BAF Risk 8: Business Continuity and BAF Risk 9: Estates Compliance

The Committee agreed that the risk would remain on the BAF with and the description would be reworded to acknowledge the ongoing risk to the way in which health services are managed.

- BAF Risk 7: Cyber Security

Discussion took place around whether the work to improve cyber security would result in a reduction to the likelihood of a successful attack or the consequences of an attack. The committee agreed to reduce the risk score to 3L x 5C and noted that the risk remained red rated.

### GOSH Learning Academy and Children's Cancer Centre BAF risks

The Committee approved the wording and risk score of the new GOSH Learning Academy (BAF risk 16) and agreed that the Children's Cancer Centre BAF risk (Risk 15) would be reviewed and updated in order to give sight to the different elements of the risk.

- BAF Risk 9: Estates Compliance

The Committee agreed with the recommendation from the RACG that the net score for this BAF risk is moved from 4L x 4L to 5L x 4C on the basis of new information gathered since the last review of the risk.

A copy of the updated BAF is attached at **Appendix 1** for information.

### Board Assurance Framework Deep Dives

- BAF Risk 3: Operational Performance

Work would be required on demand and capacity in each specialty and the implications of this for waiting list recovery. Work had begun on collaborations with other organisations in some areas but it was likely that



## Attachment G

acceleration of this work would be required. It was confirmed that much of the prioritisation work had been built into Epic and this was supporting efforts to focus on high priority patients.

- BAF risk 10: Information Governance

Additional resource in the Information Governance team had led to an improvement in the capacity of the team and the amount of work taking place. It was noted that although staff training levels were high, two incidents had occurred. Further training was required around how information governance was used in practice when interacting with patients and families. The Committee emphasised the importance of taking a realistic view of the service and the work required and requested a dashboard showing the trends in compliance with the different areas of information governance.

### BAF Risk 9: Estates Compliance

The Committee welcomed the transparency of the external review of compliance and emphasised the importance of having robust discussions with suppliers and contractors and escalating to the Committee if issues arose in recruiting to gaps in the estates and facilities team. The Committee agreed with the recommendation from the RACG that the net score for this BAF risk is moved from 4L x 4L to 5L x 4C for the current time.

### Annual update on emergency planning; fire and business continuity

The Trust was not required to complete any live exercises in 2021/22 as a result of the COVID19 pandemic which was considered a live exercise however training and live exercises had continued to be undertaken. Learning had been identified in terms of a lack of trained loggists in the Trust and a virtual system had been introduced to increase availability and training for additional individuals would be taking place.

### Data Quality Update (BAF Risk 5: Unreliable data) – kite-marking focus

New metrics were being developed for the updated Integrated Quality and Performance Report and once this was complete a kitemarking exercise would take place. A data quality score would also be introduced.

### Write offs

There had been a substantial increase in write offs of blood and expired drugs from the same period in the previous year as a result of work taking place on the process to identify expired stock in the Robot which was currently manual. The project would be complete by March 2022 following which drugs nearing their expiry date could be identified and used on a more timely basis.

### External Audit 21/22 Progress update

Monthly meetings would be taking place with the finance team going forward to address key issues. The interim audit was planned for March 2022 and consideration was being given to whether any matters could be brought forward.

### Internal Audit Progress Report (November 2021 – January 2022) and Technical Update including recommendations update

Two final reports were received: Core Financial Controls which provided a rating of 'significant assurance with minor improvement opportunities'; and Strategic Risk Management: BAF which provided a rating of 'significant assurance'. The Committee asked the RACG to consider timelines for completing internal audit recommendations and ensure they were realistic.

### Counterfraud Update

A local assignment on secondary employment and working while sick would be taking place and the draft plan for 2022/23 would be presented at the next meeting.

### Year-End Update

There had been no material changes to accounting policies.

## Attachment G

### Updated SFIs and Scheme of Delegation

Updates had been made to reflect changes in key procurement rules.

### Credit Note Provision (IFRS 9)

Proposed percentages for debt provisioning had been revised to consider the movement in trading over the last 12 months. The Committee approved the proposed provisioning policy and welcomed the continued reduction in overdue debt. They noted that as the debt reduced it was likely to be increasingly challenging to recoup.

### Raising Concerns in the Workplace Update

The Committee noted the current cases. Further work was required to ensure there was clarity around the ways in which staff could raise concerns.

### Audit Committee Effectiveness Survey – review of questions

The Committee agreed the questions to be used in the Audit Committee Effectiveness Survey.

### Updated Assurance and Escalation Framework

The Committee approved the updated framework.

### Procurement Waivers

The list of waivers was noted.

### Any other business

The Internal Audit, External Audit and Counter Fraud contracts had been awarded for a period of 3 years with the option to extend for a further 2 years. It was agreed that an internal and external audit effectiveness review would be undertaken over the next few weeks.

### Governor feedback

Discussion took place around staff access to the GOSH network and emails once they had left the Trust in light of staff whose contracts may be terminated as a result of VCOD. It was agreed that this would be considered further outside the meeting.

**AUDIT COMMITTEE**  
**Friday 21<sup>st</sup> January 2022, 10:00am – 1:00pm,**  
**Virtual by Zoom**  
**Great Ormond Street Hospital for Children, Great Ormond Street,**  
**London WC1N 3JH**

**AGENDA**

	<b>Agenda Item</b>	<b>Presented by</b>	<b>Attachment</b>	<b>Time</b>
1	<b>Apologies for absence</b>	Chair	Verbal	10:00am
2	<b>Minutes of the meeting held on 13<sup>th</sup> October 2021</b>	Chair	A	
3	<b>Matters arising and action point checklist</b>	Chair	B	10:05am
4.	<b>Trust Board assurance committee updates</b> <ul style="list-style-type: none"> <li>• <b>Quality, Safety and Experience Assurance Committee –October 2021 and Verbal from QSEAC on 20 January 2022</b></li> <li>• <b>Finance and Investment Committee – November 2021</b></li> <li>• <b>People and Education Assurance Committee - December 2021</b></li> </ul>	Akhter Mateen, Chair (reporting an overview from all committees)	C  D  E	10:10am
	<b><u>RISK</u></b>			
5.	<b>Board Assurance Framework Update</b>  <b>Including NEW BAF Risk 16: Children’s Cancer Centre:</b> Review of new controls	Company Secretary  Director of Built Environment/ CCC Delivery Director	F	10:20am
6.	<b>Board Assurance Framework Deep Dives:</b> <b>BAF Risk 3: Operational Performance</b> (Last reviewed in January 2021)  <b>BAF risk 10: Information Governance</b> - serious breaches and learning and actions	Chief Operating Officer  Company Secretary	Verbal  Verbal	10:40am
7.	<b>BAF Risk 9: Estates Compliance</b> <ul style="list-style-type: none"> <li>• Reassurance on fire and ventilation issues</li> <li>• Capitec report and plan for way forward</li> </ul>	Director of Built Environment and presentation from Robert McNamara	G	10:55am
8.	<b>Annual update on emergency planning; fire and business continuity (tests, incidents, plans). To include staff awareness of fire and business continuity procedures (BAF Risk 8: Business Continuity)</b>	Chief Operating Officer	H	11:10am
9.	<b>Data Quality Update (BAF Risk 5: Unreliable data) – kite-marking focus</b>	Chief Operating Officer	I	11:15am
10.	<b>Write offs</b>	Chief Finance Officer	J	11:25am

	<b><u>EXTERNAL AUDIT</u></b>			
11.	External Audit 21/22 Progress update	Deloitte	K	11:30am
	<b><u>INTERNAL AUDIT AND COUNTER FRAUD</u></b>			
12.	Internal Audit Progress Report (November 2021 – January 2022) and Technical Update including recommendations update	KPMG	L	11:40am
13.	Counterfraud Update	Counterfraud Officer	N	12:00pm
	<b><u>GOVERNANCE</u></b>			
14.	Year-End Update	Chief Finance Officer	O	12:10pm
15.	Credit Note Provision (IFRS 9)	Chief Finance Officer	P	12:20pm
16.	Updated SFIs and Scheme of Delegation	Chief Finance Officer	Q	12:30pm
17.	Raising Concerns in the Workplace Update	Deputy Director of HR and OD	R	12:40pm
18.	Audit Committee Effectiveness Survey – review of questions	Company Secretary	S	12:45pm
19.	Updated Assurance and Escalation Framework	Company Secretary	T	12:50pm
	<b><u>ITEMS FOR INFORMATION</u></b>			
20.	Procurement Waivers	Chief Finance Officer	U	12:55pm
21.	Any Other Business	Chair	Verbal	12:55pm
22.	Next meeting	Wednesday 6 <sup>th</sup> April 2022, 2:00pm – 5:00pm		
23.	Audit Committee Terms of Reference and annual work-plan	For reference only - 1		

## Council of Governors

10 February 2022

### People and Education Assurance Committee Summary: December 2021

**Summary & reason for item:**

To provide a summary of the December 2021 meeting of the People and Education Assurance Committee. The agenda is also provided for information.

**Governor action required:**

The Council of Governors is asked to note the update.

**Report prepared by:**

Victoria Goddard, Trust Board Administrator

**Item presented by:**

Kathryn Ludlow, Chair of PEAC.

## **Summary of the People and Education Assurance Committee meeting held on 8<sup>th</sup> December 2021**

The Committee noted summaries of the following assurance committees:

- Quality, Safety and Experience Assurance Committee (October 2021)
- Audit Committee (October 2021)

### **People Strategy – Frameworks update and People Strategy Update**

An impact tracker had been developed to assess whether the work taking place was having an impact that would be recognised by staff. The Committee said it was vital to escalate any delays to the implementation of the strategy as a result of lack of resource in the HR team. Discussion took place around the reach of the women's network and the importance of support being provided by HR to increase the maturity of staff forums in order to enable them to support staff across the organisation.

### **Nursing Workforce update**

It was noted that the Trust's nurse vacancy rate in October had been 1% which was positive however the availability of nurses when considering maternity and sick leave was lower. The Committee requested data to show areas in which a lack of availability of nurses had the potential to interrupt patient flow. The Committee discussed the potential implications of for staff in health and social care settings to be vaccinated by 1<sup>st</sup> April 2022 and noted that the Trust was awaiting further national guidance and legal opinion.

### **Apprenticeship staff story**

More than 50% of apprentices at GOSH identified as black, Asian or minority ethnic which supported GOSH in its ambition to become a more diverse employer. Apprentices with no previous healthcare experience had been recruited and over three years there had been a retention rate of more than 95%. Staff stories were received from two GOSH apprentices and welcomed the impact of apprenticeship programmes at the Trust. The Committee highlighted the importance of maintaining sustainable funding for the GOSH Learning Academy going forward and asked that this was discussed by the Board at a future meeting.

### **Review of Speak Up Programme**

Focus placed on the Speak Up programme overall had highlighted the importance of raising concerns and it was important to ensure that there was focus on organisational listening and learning. The committee discussed the Speak Up for Safety Programme and it was agreed that although this had not been as successful as initially anticipated it was vital that consideration was given to the aspects of the programme which should be taken forward.

### **Update on Staff focused Freedom to Speak Up cases**

There continued to be challenges, including with culture, in the estates team and senior colleagues were working hard in this area. The importance of identifying the key benefits to staff of speaking up was emphasised with the aim of replicating this within teams to help issues to be identified and staff supported before concerns developed.

### **Update on the Board Assurance Framework**

The Risk Assurance and Compliance Group had discussed a number of BAF risks to ascertain whether they continued to represent risks to the Trust's strategy. This included the Recruitment and Retention Risk. It had been agreed that this risk would remain on the BAF - whilst positive work had taken place to develop a robust pipeline of staff, there continued to be issues in some areas and uncertainty about staff turnover as a result of the pandemic.

### **Update on 2021 Staff Survey response**

The highest number of surveys ever had been completed and national results would be published in February 2022. Discussion took place around the importance of using the directorate leadership structure to cascade communications such as the importance of completing the staff survey. It was noted that it was important to act on results to ensure that the benefit of completing the survey was clear to staff.

### **Annual report on relations with staff partners and union representatives and consultation processes**

The Committee welcomed the work that had taken place to develop positive and constructive partnership working with unions which had supportive activity such as insourcing of cleaning colleagues.

### **Workforce Metrics Update (December 2021)**

The Committee requested that consideration was given to the action that could be taken to reduce vacancies and ensure succession plans were in place in ICT, finance and property services. It was noted that 14.6% of staff sickness was related to anxiety, stress and depression and it was reported that a collaborative model of providing occupational health services was being explored which would bring economies of scale and offer the provision of psychological support on a wider basis.

### **PEAC Evaluation 2022 – Draft Questions**

Work would take place to reduce the number of questions and the survey would be sent to participants in January 2022.

### **Deep dive of BAF Risk 14: Culture**

Discussion took place around the measures that were in place to ensure that HR policies were applied fairly throughout the organisations at all levels. It was highlighted that it was challenging to gain real insight into issues such as silo working. The pandemic had supported the reduction in silo working as a result of the cross cover and inter team working required and the committee agreed that it was important that this progress was not lost and agreed to invite a group of nurses or doctors in training to join the next PEAC meeting to take part in a discussion about the people strategy.

**PEOPLE AND EDUCATION ASSURANCE COMMITTEE**  
**Wednesday 8 December 2021 at 2:30pm – 5:00pm**  
**AGENDA**

	<b>Agenda Item</b>	<b>Presenter</b>	<b>Attachment</b>	<b>Time</b>
1.	Apologies for absence	Chair	Verbal	2:30pm
2.	Minutes of the meeting held on 14 September 2021	Chair	A	
3.	Matters arising and action point checklist	Chair	B	
4.	Minutes of subcommittees (for information): <ul style="list-style-type: none"> <li>• Summary of Quality, Safety and Experience Assurance Committee (October 2021)</li> <li>• Summary of Audit Committee (October 2021)</li> </ul>	Amanda Ellingworth, Chair of QSEAC	C	2:35pm
		James Hatchley, NED	D	
	<b>STRATEGY</b>			
5.	People Strategy – Frameworks update  People Strategy Update	Director of HR & OD	E  N	2:40pm
	<b>RISK</b>			
6.	Update on the Board Assurance Framework	Company Secretary	F	2:50pm
7.	Deep dive of BAF Risk 14: Culture	Director of HR & OD	Verbal response to NED questions submitted to risk owner	2:55pm
	<b>HEARING THE STAFF VOICE</b>			
8.	Apprenticeship staff story	Director of HR & OD	G	3:05pm
9.	Review of Speak Up Programme	Medical Director/Director of HR and OD	H	3:20pm
10.	Update on 2021 Staff Survey response	Director of HR & OD/	Verbal / presentation	3:30pm
11.	Update on Staff focused Freedom to Speak Up cases  Including Action: 125.2	Freedom to Speak Up Guardian	I	3:40pm
12.	Annual report on relations with staff partners and union representatives and consultation processes	Deputy Director of HR and OD	J	3:50pm
	<b>OTHER ASSURANCE</b>			
13.	Nursing Workforce update	Acting Chief Nurse	K	4:00pm
14.	Workforce Metrics Update (December 2021)	Director of HR&OD	L	4:10pm



	<b>GOVERNANCE</b>			
<b>15.</b>	<b>PEAC Evaluation 2022 – Draft Questions</b>	Chair/Company Secretary	<b>M</b>	<b>4:20pm</b>
<b>16.</b>	<b>Any Other Business</b>	Chair	<b>Verbal</b>	
<b>17.</b>	<b>Next meeting</b>	<b>17 February 2022 10:30am - 1:00pm</b>		

## Council of Governors

10 February 2022

### Children's Cancer Centre Project Update

**Summary & reason for item:**

This report aims to update the Council of Governors on the progress and upcoming milestones within the Children's Cancer Centre (CCC) programme detailing the major workstreams including governance, design, cost, programme and risk.

**Governor action required:**

The Council of Governors are asked to **note** this report

**Report prepared by:**

Gary Beacham- CCC Delivery Director

**Item presented by:**

Gary Beacham- CCC Delivery Director

## Children's Cancer Centre Project Update

### Programme Overview

2021 ended with positive progress being made on the Children's Cancer Centre (CCC), given the complexity of the programme and number of detailed workstreams running in parallel. Since the last update to the Council of Governors the project has welcomed two key appointments with Gary Beacham, CCC Project Delivery Director and Daniel Wood, the Planet Programme Director starting in early October, leading to increased scrutiny and assurance on the CCC programme and its associated clinical and operational transformation elements.

### Governance & Reporting

Through December and January a programme governance review has been conducted in accordance with principles of project management; to assess the project management function of the CCC Programme and CCC Programme Board, and to seek opportunities to streamline onward assurance reporting to the charity, and the hospital. The process included consultation with senior figures in both organisations, and recommendations were presented to and supported by the members at the CCC Programme Board on 19th January 2021.

One of the principles of the proposal is to identify named responsible individuals to lead all project workstreams, with identified executive director or equivalent sponsors providing direct oversight. These project workstreams will report into the CCC Programme Board, and onward reporting to other key meetings is retained and further strengthened, including ongoing reporting to The Council of Governors throughout the programme lifecycle.

The governance review will lead into a resource review of the Trust's CCC Programme Team. There is a pressing need to recruit to vacant posts and to fill posts not previously identified. A costed report will be provided to the February/March CCC Programme Board for consideration.

In January, approval was received to progress appointment of the CCC Head of Communications & Engagement post. This post, was previously highlighted as a resource gap, the previous individual having left the Trust in December 2020. They will deliver an important part in the on-going planning process, specifically public, council and hospital engagement. They will lead or support many of the above-mentioned project workstreams, including those shared with or led by the charity. An interim agency: Freshwater has begun providing immediate support in recognition of the need to promote good public engagement. They joined the programme team 20<sup>th</sup> January 2022.

### Scope & Design

A floor-by-floor review of the functional content based on the latest designs was coordinated by the new Planet Programme Director and the Head of Healthcare Planning, which was presented to the CCC Programme Board in December. Good progress is being made on the designs of the main inpatient floors (levels 6, 7 & 8), the theatre floor (level 3) and the ground floor level including the school (level 2).

The functional content of the imaging floor at level 1 has now been agreed, but this area of design is running slightly behind programme as a result.

Following a clinically-lead review of the functional content of level 4, the design for this level is progressing well. At the November CCC Programme Board, it was noted that the content of the cancer day care floor (level 5) does not offer an optimal clinical solution due to space restrictions. Work is ongoing with the clinical team to look ways to improve this area. The findings will be brought to the CCC Programme Board for decision.

A new Design Review Group has been established with leads from the Trust, Currie & Brown (the contract project manager), BDP (the architect) and Sisk (John Sisk and Sons; they are our construction partners who are leading the design team) to evaluate all design matters in detail. This work identifies areas where additional focus is needed, and the Trust team will bring those requiring Programme Board decision to that forum.

In December the building façade (pictured below) was presented to the CCC Programme Board for the first time following the significant scope change of the project (removal of the Paul O’Gorman building). This was well received, and no notable concerns were raised.

Engagement events have been held with the Young People’s Forum (YPF), clinical specialists including the psychology department, play team, learning disability team and the clinical champions, and GOSH arts. The design was very well received, and the feedback from these groups have been incorporated by BDP’s architects including an increased use of colour and art interventions; more planting and greenery; increased GOSH branding; and, improvements to the entrance area - The YPF stated that they were ‘blown away with how good the building looks’ and ‘amazed at the change this will bring to patients attending hospital’.



**Sustainability** – there is increased focus on the environmental impact of projects coming to planning. Achieving BREEAM Excellent now represents a minimum requirement in accordance with the London Plan, which is setting higher standards for projects. The CCC Programme is forecast to easily pass the BREEAM Excellent target and is being pushed hard to achieve the highest possible score. Work is ongoing with Camden looking at carbon reduction targets and by design the project will deliver improved greening, with its balconies and roof garden.

**Public realm**– an initial study was commissioned by the hospital to consider potential ways to transform Great Ormond Street and possibly also Queen Square to enhance the experience of patients and visitors to the hospital. This resulted in some very exciting proposals which have been received positively by various stakeholder groups. There remain some challenges in realising these ambitions in alignment to the CCC project, and there is ongoing work to determine the financial and contractual mechanisms to progressing them, and to achieve more detailed design proposals.

### **Programme**

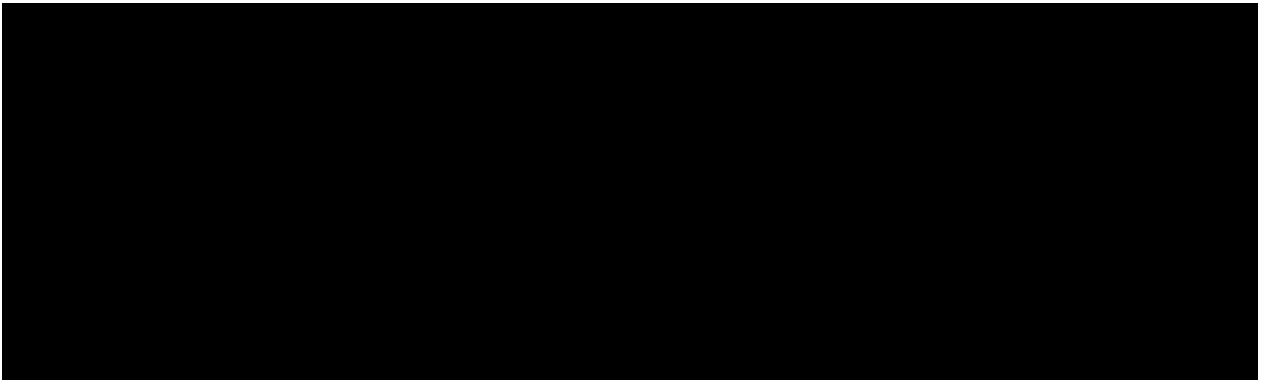
Sisk has updated their programme with alterations made to the end date of RIBA 3 (Royal Institute of British Architects, the standard design programme we are working to) which now concludes on the 23<sup>rd</sup> May 22. Work with lead architects BDP has been undertaken to review the period allocated to RIBA 4 with some rationalisation found in this time which has enabled the planned end date of the pre-contracts services agreement and construction signing dates to remain as planned. The RIBA 4 period has been reduced from 53 weeks to 47 weeks with certain aspects of the RIBA 4 design being progressed prior to completion of RIBA 3 to achieve this.

The programmed planning application date is under review, with high-level engagement ongoing between Sisk and LBC (London Borough of Camden our Local planning authority), to ensure the date of planning submission is appropriate and facilitates a constructive determination period.

Sisk can evidence a significant level of work on the procurement, with a more detailed and developed procurement schedule, though there remain some areas which require more clarification.

Development of the Full Business Case has commenced, led by Daniel Wood, with the first of a series of FBC Delivery Group meetings being held in mid-January. A programme of Full Business Case development is being drafted with an in-depth update being presented to the CCC Programme Board in February.

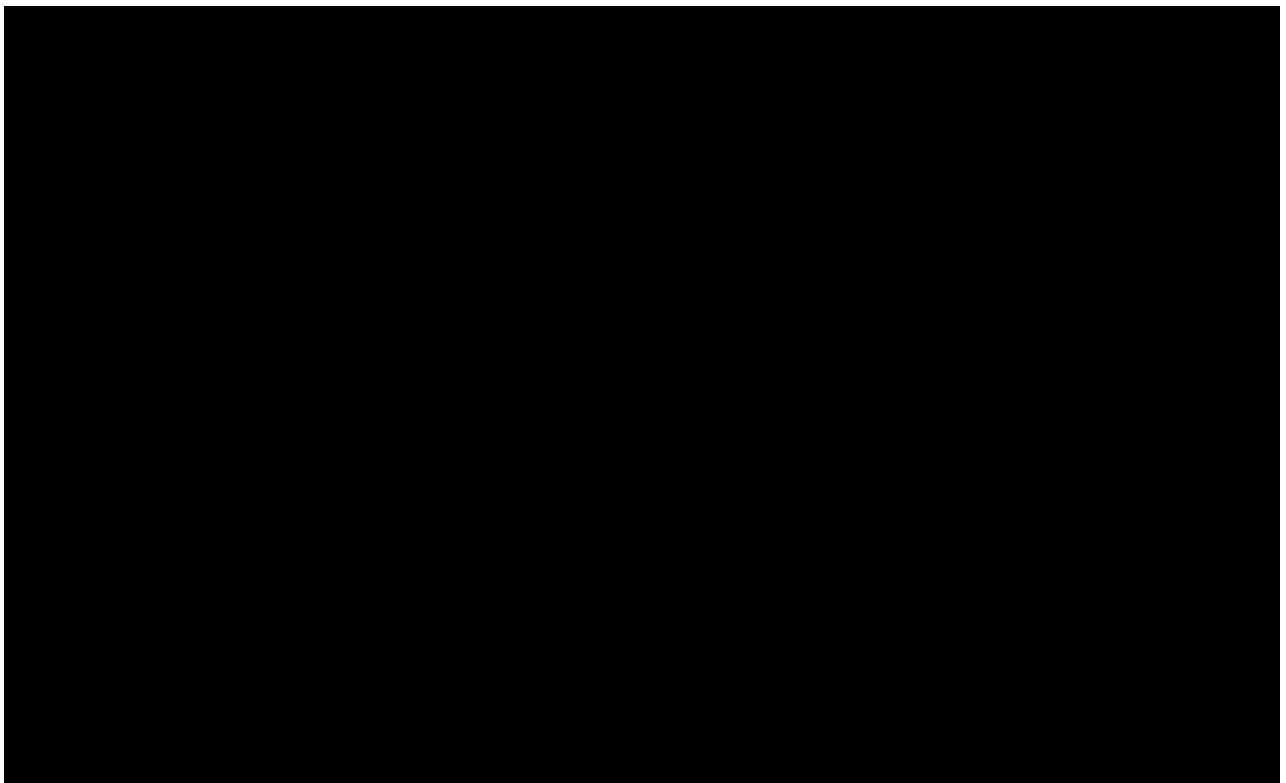
### **Cost**



### **Decant and Enabling Programme**

Following charity approval of [REDACTED] in November to progress the Decant & Enabling works these projects are progressing well to allow all clinical and operational services to be relocated out of the Frontage Building, facilitating demolition and the construction of the new Children's Cancer Centre. Overall, these works are progressing on programme, and at present fractionally under budget.

The following provides a status update for each of the component projects:



PAMHS (psychiatric and mental health services) and CRF (clinical research facility) represent the 2 key clinical services currently delivered from Frontage; in programme terms these are progressing well. The concern raised in relation to CRF is due to stricter requirements within clinical facilities on ventilation (generally arising from a response to the pandemic).

Many of the other schemes relate to offices. A strategic review of future office requirements is being undertaken following the termination of off-site leases.

### Risk Management

A detailed CCC programme risk review commenced January 10th and will report to the CCC Programme Board February 2022. Risk registers are being generated at a workstream level in accordance with revised management governance process. The principle being to manage and mitigate risk at the lowest possible level within the project, in accordance with recognised project management principles. Joint hospital and charity review of escalated risks will inform Programme Board reporting.

Some key risks at present include planning approval, FBC and associated funding approvals process, programme team resources, and the overall CCC programme and cost.

Finance & Investment Committee (FIC) in November requested consideration be given towards providing additional assurance methods regarding the risk of inflation to the construction procurement. Currie and Brown have commenced a review in partnership with McBains, Sisk's cost and procurement advisors, which will generate a report detailing the exposure on the project to significant materials liable to inflation. This is likely to be represented as a % of the overall Works Cost Limit to provide an example of expected consequence and magnitude of change.

The CCC risk profile and strategic risk to the GOSH strategy has been discussed through January in the Risk Audit Compliance Group (RACG) and the Audit Committee with a process agreed for reporting risk and development of a detailed CCC Board Assurance Framework to be undertaken.

### Key Programme Dates

Submission of Planning Application	TBC (See separate paper)
Cost Check Gateway #2	22 April 22
Completion of RIBA 3	20 May 22
Planning Approval – target	Autumn 22
Hospital submits FBC to NHSE/I for approval (following approval by both the GOSHCC and GOSH Board and the Council of Governors as appropriate)	Target Summer 22
Cost Check Gateway #3	November 22
NHS approval of FBC received	Target December 22
End of Pre-Contracts Services Agreement / Contract Award Date	14 April 23
Construction Start	June 23
Demolition of Frontage	June 23 to January 24
Main Building Construction	January 24 to June 26
Completion	Summer 26



## Council of Governors

10 February 2022

### Extension of the External Audit Contract

**Summary & reason for item:**

Following approval by the Council of Governors, the Trust awarded its external audit contract to Deloitte in April 2019 for three years with an option to extend the contract for a further one year plus one year.

The Council of Governors is responsible for the appointment of the Trust's external auditors.

The role of the external auditor is to:

- provide the governors with an independent opinion on the truth and fairness of the accounts; and to
- report to governors if they have not been able to satisfy themselves that the Trust is using its resources economically, efficiently and effectively

Deloitte have completed the work that they were required to do in line with the national timetable and prepared reports which have been circulated to the Council of Governors. These reports were presented at Council meetings by the Chair of the Audit Committee.

Deloitte have also hosted various workshops for members of the Finance team and held regular meetings with the Chief Finance Officer and the Associate Director of Finance (Financial Control); this has enabled Deloitte to highlight the areas that they consider to be important in a timely manner and gives the Trust the opportunity to agree accounting treatment with the auditors in advance of submission of draft accounts. The consequences of this have been to ensure smooth and timely audits.

As part of a review of the work that Deloitte have done over the past three years, the GOSH Finance Department conducted an effectiveness survey of Audit Committee members to gain their view of the external auditors. The survey was sent to 8 individuals who were either members of the Audit Committee or regular attenders. Seven responses were received. The feedback was positive, and a summary is provided overpage.

The Audit Committee NED members have reviewed the findings and recommend that the contract is extended for a further a year.

**Governor action required:**

On the basis of the findings of the survey, the Council is asked to endorse the recommendation to extend the external audit contract with Deloitte for a further year; the Committee will be updated again next year.

**Report prepared by:**

Neil Redfern, Associate Director of Finance (Financial Control)

**Item presented by:**

Akhter Mateen, Audit Committee Chair  
Helen Jameson, Chief Finance Officer



## **Extension of the External Audit Contract**

### **Introduction**

The Council of Governors is responsible for the appointment of the Trust's external auditors. The Trust awarded its external audit contract to Deloitte in April 2019 for three years with an option to extend the contract for a further two years. The initial three-year period will end in March 2022.

Deloitte has completed the work that they were required to do in line with the national timetable and prepared reports which have been circulated to the Council of Governors and presented by the Chair of the Audit Committee.

Over the past three years, the Deloitte team has had regular meetings with the Trust's Chief Finance Officer and Associate Director of Finance (Financial Control). Trust Finance staff have also attended a number of technical sessions hosted by Deloitte. The impact of this engagement with the team has been to ensure smooth year end audits.

The Finance Department has conducted a survey of Audit Committee members to gauge their opinion of the effectiveness of the external auditors.

### **External Auditor Effectiveness Survey**

The survey documented the following statements and respondents were asked to indicate whether they agreed or disagreed with each:

- The External Auditors provide reports to the Audit Committee that are technically timely (i.e. reflective of what is going on in the NHS and externally) and reflective of how GOSH operates and the current context/ environment?
- The reports received are provided in a timely way (they are available for the meeting with papers) and are clearly written and understandable?
- The External Auditors provide clear verbal responses at Audit Committee meetings (this includes reflections on challenges from NEDs and on where GOSH sits with respect to other trusts)
- The External Auditors effectively engage with Trust staff to undertake the annual audit process and delivery of the annual report and provide clear and concise updates and reports to the Committee?
- The External Auditors provide value for money in delivery of the contract?

In addition, respondents were given the opportunity to make any additional comments regarding the external audit service provided by Deloitte.

Seven responses were received; these included non-executive directors and regular Audit Committee attendees.

All respondents agreed that the auditors provide clear verbal responses to questions raised at the Audit Committee and six of the seven respondents agreed that reports provided to the Audit Committee were clearly written and understandable. One regular attendee who acknowledged that

## Attachment J

they have little interaction with the audit team outside of the Audit Committee considered that the reports could be shorter.

Six of the seven respondents agreed that the audit reports were timely and reflective of how the Trust operates.

All respondents who have regular interaction with the audit team agreed that they engaged effectively with Trust staff.

86% of the respondents agreed that the Trust was receiving good value for money with two respondents noting that the Trust is receiving a better service than many local trusts and is paying less for the service. It was also noted that the state of the NHS audit market means that any re-tendering exercise would likely lead to an increase in the amount the Trust pays.

### **Conclusion and Recommendation**

Throughout the last three years, the external auditors have completed their review of the Trust's Annual Reports and Accounts within the national timeframe and have reported their opinion for each year to the Council of Governors. The auditors have also met with Trust finance staff on a regular basis and hosted workshops which have resulted in continuous dialogue and smoother audits.

The results of the survey suggest that the Audit Committee is largely satisfied with the effectiveness of the work conducted by Deloitte under the external audit contract.

The Council is asked to endorse the recommendation to extend the external audit contract with Deloitte for a further year; the Council will be updated again next year.

## Council of Governors

10 February 2022

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

#### Summary & Reason for Item:

The purpose of this paper is to consider the recommendation from the Council of Governors' Nominations and Remuneration Committee for one new non-executive director on the GOSH Board.

The Nominations and Remuneration Committee has led the recruitment of two Non-Executive Directors (NED) to the GOSH Trust Board, replacing Akhter Mateen when he steps down in June 2022 and James Hatchley when he steps down in August 2022.

As part of the non-executive director succession planning the Council approved at their last meeting to initially recruit the successful candidates to Associate NED roles in the first instance on the basis that both candidates will automatically step in to the substantive NED positions without the need for any further recruitment process, subject to continued satisfactory performance. This approach ensures a robust succession plan for the two experienced NEDs leaving the Board in 2022 who each chair an assurance committee at GOSH (the Audit Committee and the Finance and Investment Committee).

The Committee has held an interview panel for one NED position with a strong finance background and experience. The second NED interviews for a digitally experienced NED will take place in March/ April 2022 and a recommendation will be brought to the Council in April 2022.

#### Governor action required:

To approve the appointment of two non-executive directors on the GOSH Board.

**Author:** Dr Anna Ferrant, Company Secretary

**Presented by:** Mike Rake, Chair

## **Appointment of two Non-Executive Directors (NED) on the GOSH Foundation Trust Board**

### **1. Introduction**

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

### **2. Recruitment Process**

#### **2.1 Approach**

At their last meeting held on 4 November 2021 the Council approved to advertise the positions together, and agreed to appoint to the positions earlier, both as Associate Non-Executive Directors. This provides an opportunity for the successful candidates to have time to shadow the Board and relevant committees and then step into the substantive NED roles. This approach ensures a robust succession plan for the two experienced NEDs leaving the Board in 2022 who each chair an assurance committee at GOSH (the Audit Committee and the Finance and Investment Committee).

#### **2.2 Recruitment Consultant**

The Council agreed to retain the services of Hunter Healthcare to conduct the recruitment process. The recruitment consultant has an established understanding of the Trust and its needs and also have a strong track record in appointing candidates from diverse backgrounds, something that has been highlighted as important for this process.

#### **2.3 Recruitment timetable**

The recruitment process followed the below timetable:

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

The search for the finance Ned position sought candidates with the following key experience and backgrounds:

- Strong business and financial acumen (with a finance qualification and background) and an ability to understand complex strategic issues.
- Board level experience in a large/complex/changing organisation (NHS or commercial).
- Experience and knowledge of risk management and value for money (VFM).

#### **2.4 Longlisting and Shortlisting**

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

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

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

#### **2.5 Stakeholder Focus Group and Final Interview Panel**

The shortlisted candidates for the finance NED position were invited to attend a young person's stakeholder panel on 08 February 2022. The purpose of this panel was for candidates to meet a few young people and parent/carers who have used the hospital services and to have an opportunity to ask questions about the hospital and the young people's experiences. A representative from the stakeholder panel was asked to provide feedback to the interview panel following the stakeholder focus groups.

Interviews for the finance post were conducted on 09 February 2022 (3 candidates) via Zoom and the panel was made up of the following individuals (all members of the Council Nomination and Remuneration Committee):

- Michael Rake, Chair
- James Hatchley, Senior Independent Director and Non-Executive Director
- Beverley Bittner-Grassby, Parent/ Carer Governor
- Josh Hardy, Appointed Governor
- Quen Mok, Staff Governor
- Anna Ferrant, Company Secretary (notes)

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

### **3. Outcome of the interview**

Noting the timing of the final interviews (09 February), the Council will receive a tabled paper at the meeting on 10 February 2022 recommending the preferred candidate for appointment.

### **4. Action required**

The Council of Governors is asked to:

- Note that the appointment process was followed as agreed by the Council at the November 2021 meeting.
- Consider the summary of the skills and experience of the preferred candidate (tabled at the meeting) and approve the recommended candidate for appointment.

Any provisional offer will be subject to a range of appropriate checks including a DBS check and assessment against the Fit and Proper Person assessment criteria, which will include qualification checks as well as satisfactory references.

## Council of Governors

10 February 2022

### Governance update

#### Summary / reason for item

This paper provides a summary of Council of Governors' related governance activity since the last Council meeting in November 2021.

#### Welcome to Natalie Hennings – Deputy Company Secretary

The Council is asked to welcome Natalie Hennings – Deputy Company Secretary who joined the Corporate Affairs Team on 10 January 2022.

#### Induction Working Group – call for Patient, parent carer representatives

The Induction Working Group will meet on Wednesday 16 February 2022, 2.00pm to 4.00pm. Any other Governors interested in shaping the induction programme for new Governors are asked to volunteer by emailing Paul Balson – Head of Corporate Governance.

#### Council self-assessment of effectiveness survey 2022 – reminder to complete survey by 18 February 2022

The Council is reminded to complete the questionnaire by 18 February 2022.

#### Buddying session with Non-Executive Directors Akhter Mateen and Chris Kennedy

#### Update on Council of Governors' Portal

The Corporate Affairs Team has developed a solution for the Council of Governors' Portal and will trial the access process with a number of Governors over the coming weeks.

#### Governor action required

- Complete the Council self-assessment of effectiveness survey 2022 by 18 February 2022
- Email Paul Balson if you wish to join the Induction Working Group

#### Report prepared by

Paul Balson, Head of Corporate Governance

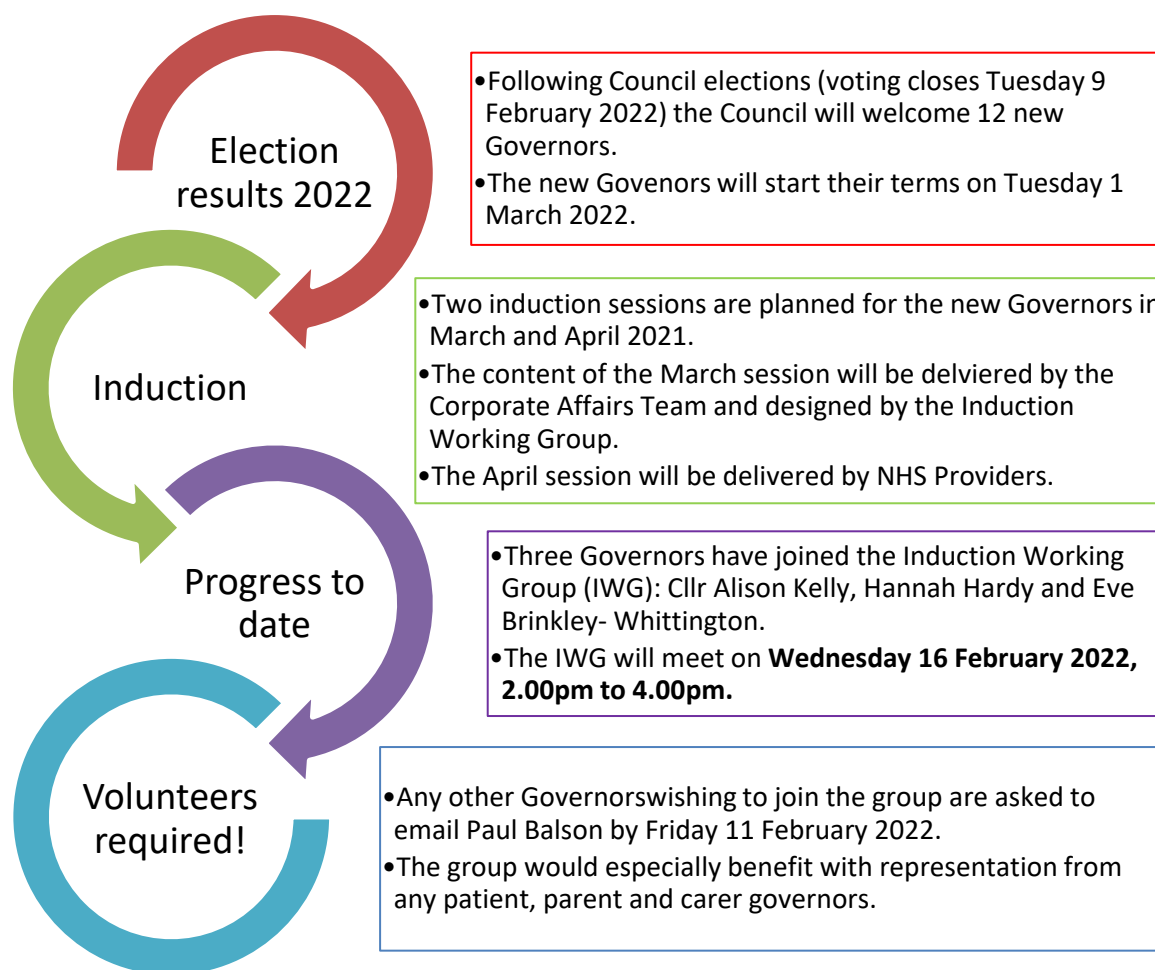
#### Item presented by

Paul Balson, Head of Corporate Governance

## Welcome to Natalie Hennings – Deputy Company Secretary

On 10 January 2022 Natalie Hennings joined the Corporate Affairs Team as Deputy Company Secretary. Natalie has 12 years' experience working within the NHS and was previously the Deputy Company Secretary at Sussex Partnership NHS Foundation Trust; a mental health and learning disabilities trust based in Sussex. Her remit at GOSH will include supporting the Company Secretary, Anna Ferrant with all things corporate governance and working closely with the Council of Governors and membership engagement.

### Induction Working Group



**Action required:** Governors interested in joining the Governor Induction working group to contact Paul Balson, Head of Corporate Governance by Friday 11 February 2022 at 12.00pm

### Council self-assessment of effectiveness survey 2022

At the November 2021 meeting of Council, Governors approved the questions that would be sent to all Governors and the NEDs, CEO and CFO.

On 13 January Governors were sent the questions were circulated. A reminder email was sent 27 January.

At the time of reporting 10 (50%) of Governors have responded. It is important that all Governors complete the survey so as to gain your valuable input.



## Attachment L

Can all Governors please complete the survey by 18 February 2022. If you require the link to be re-sent, please email Paul Balson, Head of Corporate Governance [paul.balson@gosh.nhs.uk](mailto:paul.balson@gosh.nhs.uk)

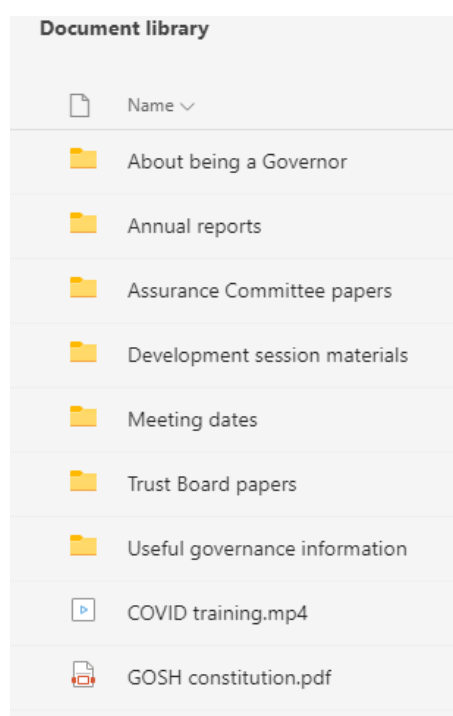
### **Buddying session with Non-Executive Directors Akhter Mateen and Chris Kennedy**

The Non-Executive Director and Governor Buddying programme was established as a method for NEDs and Governors to communicate outside of Council meetings.

The sessions take the format of NEDs hosting tutorial style informal meetings to discuss a variety of topics. The next session is scheduled for Wednesday 23 February 2022, 1.00pm to 3.00pm and will be hosted by Non-Executive Directors Akhter Mateen and Chris Kennedy.

Governors interested in attending should email Paul Balson, Head of Corporate Governance [paul.balson@gosh.nhs.uk](mailto:paul.balson@gosh.nhs.uk)

### **Update on Council of Governors' Portal**



The Corporate Affairs Team has developed a solution for the Council of Governors' Portal using Microsoft Teams and will trial the access process with a number of Governors over the coming weeks.

The access process involves Multifactor authentication using a smart phone.

The Portal has a document library (screenshot to the left) and will be used to share confidential Trust Board minutes once rolled out.

Governors interested in volunteering to trial the access process (staff governors already have access) should email Paul Balson – Head of Corporate Governance [paul.balson@gosh.nhs.uk](mailto:paul.balson@gosh.nhs.uk).

## Council of Governors

10 February 2022

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

#### **Summary & reason for item**

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

This report sets out items that were discussed at the last MERRC held on 20 January 2022 and includes the new Membership Strategy for 2022-2025 which requires the approval of the Council of Governors.

#### **Report prepared by**

Adetutu Emmanuel, Stakeholder Engagement Manager

#### **Item presented by**

Adetutu Emmanuel, Stakeholder Engagement Manager

## Membership Engagement Recruitment and Representation Committee

At the MERRC meeting held on 20 January 2022 the Committee received reports and had discussions on the following areas:

### 1. Membership Statistics Report as at Jan 2022

The committee received a report on the current membership figures as at January 2022. As governors already know, anyone living in England and Wales over the age of 10 can become a GOSH member and the Trust strives for our membership to reflect the broad and diverse public communities we serve as well as patients, their families and carers, and staff.

This report provided the Committee with a detailed demographic breakdown of our public, parent and carer and patient membership (it does not include staff membership). The reporting for this quarter had been developed to include members demographics as requested by the Committee previously.

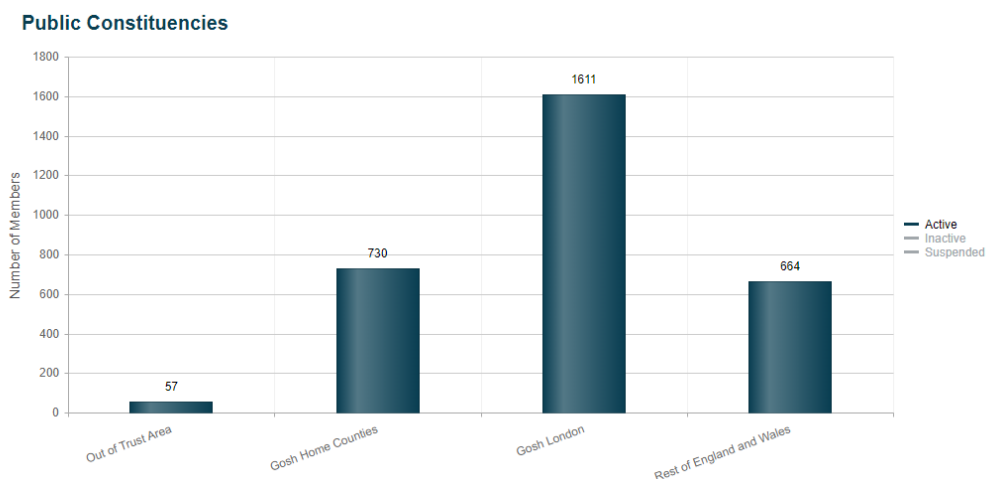
#### Current membership figures

**Table 1** shows the overall membership figures for our public and patient, parent and carer constituencies at 28 January 2022, compared with figures in October 2021.

Table 1		
Constituency	Actual figures for beginning of Oct 2021	Actual figures for end of Jan
Public	3082	3062 Active // 46 Inactive
Patient, Parent and Carer	6793	6712 Active // 78 Inactive // 1Suspended
<b>Total</b>	<b>9875</b>	<b>9774 Active // 124 Inactive // 1 Suspended // 9899 Total</b>

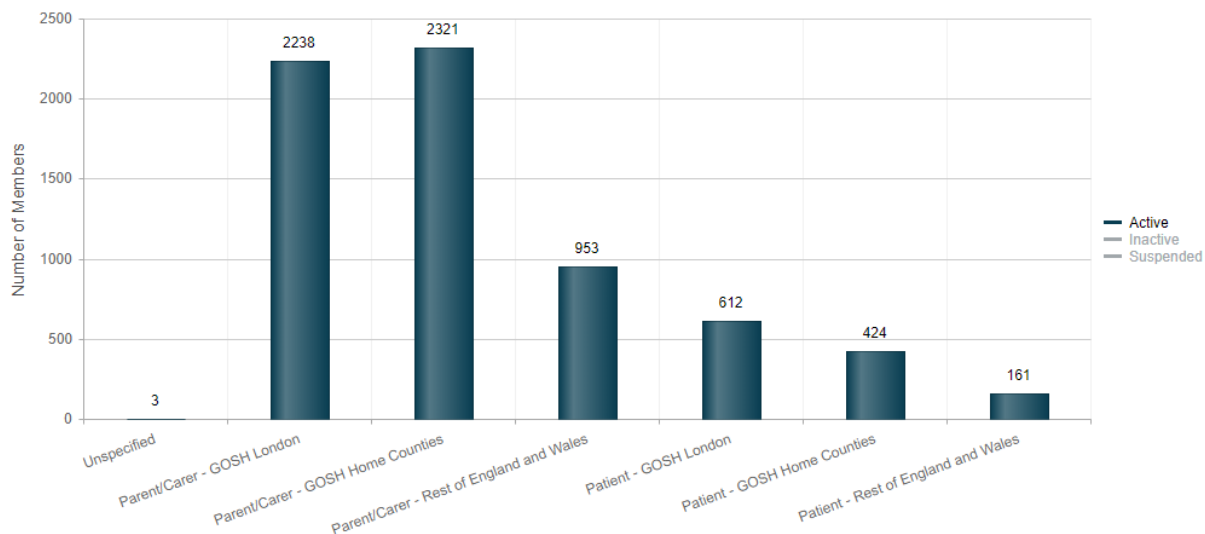
**Graph 1 & 2** below show the current breakdown of our membership by region and constituencies according to the new boundaries:

#### Graph 1



## Graph 2

**Patient/Service users Constituencies**



## Constituency demographics

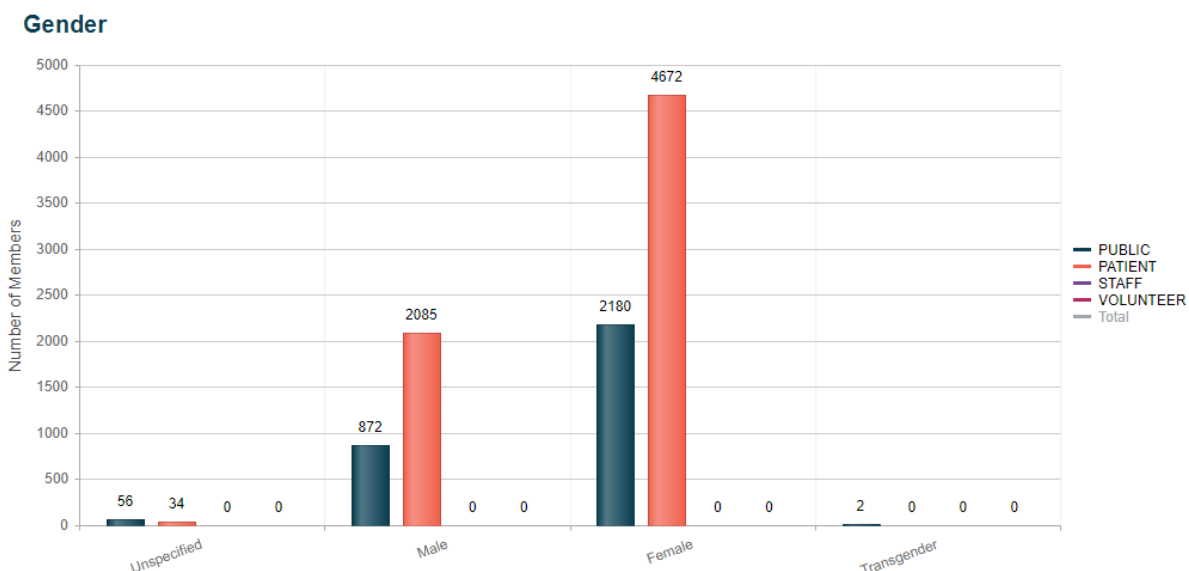
Table 2 below reflects the ethnicity breakdown as requested at the last meeting of the MERRC.

Table 2				
		Constituency		
Area	Ethnicity	Patient	Parent/Carer	Public
<i>London</i>	White	285	1320	843
	Mixed	53	94	97
	Asian	119	338	276
	Black	93	272	193
	Other	15	51	36
	Not stated	59	180	166
<i>Home Counties</i>	White	359	2001	556
	Mixed	15	33	20
	Asian	22	126	45
	Black	14	69	34
	Other	0	8	1
	Not stated	24	121	74
<i>Rest of England &amp; Wales</i>	White	141	847	501
	Mixed	6	15	6
	Asian	2	41	26
	Black	3	13	28
	Other	2	5	3

	Not stated	8	32	96
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Graph 3 & Table 3 also breaks down our membership by Gender in both the Public and Patient, Parent/Carer constituencies

Graph 3



Constituency	Public	Patient, Parent/Carer
Male	872	2085
Female	2180	4672
Transgender	2	0
Unspecified	56	34

The committee were updated on the following findings from the data:

- A database cleanse has been done and some members have been made inactive due to incorrect postal addresses. A project of work will be carried out post-election to see if these members can be reinstated.
- Work is still required in order to promote the membership and the aim of the 2022 activity plan discussed by the MERRC will address this.
- As standard, we will look to target young patient and public members (0-21) plus male members in both the patient and public categories and those in the ethnic minority categories.

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

## **2. Membership Strategy 2022-2025**

Working together with the Committee, the Stakeholder Engagement Manager has developed a new Membership Strategy for 2022-2025. The committee were pleased with the initial draft of the new strategy and were interested in highlighting the impact the new strategy would have. They also had the following comments:

- It is important to clearly outline what it means to be a member, ensuring people fully understand can feel confident in what it means and the benefits
- Suggested linking the implementation of the new strategy with the charity to see how we can partner better with external stakeholders.
- Whilst recognising that taking a digital approach was important, they were also keen to ensure that traditional methods were available for those who may not be abreast or have access to digital technologies and communications.
- Connectivity across teams will be fundamental in the success of the strategy
- What would success look like and how are we going to achieve the strategy

The Committee were happy with the overall strategy and felt it was clear and understandable especially from a young person's perspective.

Following the meeting the Stakeholder Engagement Manager updated the strategy based on the Committees comments and following this they were happy for the new membership Strategy to be recommended to the Council of Governors for approval, see appendix one for the full recommendation and strategy.

Once approved the strategy will be sent to the design team for finalisation; once complete a copy will be sent to all governors.

## **3. Activity Plan**

The Committee talked about what engagement should look like and what methods and approaches would be right to both engage and recruit members. The discussion of the Committee has been summarised below:

- To gain feedback a more direct, in your face approach is more effective, such as a short poll on social media rather than a survey.
- Having volunteers/members situated at the hospital entrance to promote membership and generate awareness
- Targeting different audiences using different channels – Twitter, Facebook, Instagram, Tok-tok etc. all these social media platforms attract different audiences.
- Questions or feedback communications should be short and snappy to keep people's attention
- When possible, arrange small focus groups to enable members to interact with one another
- Set up an interactive community online for members
- Partner up membership with clinical areas
- Ensure materials are displayed around the hospital and in community settings
- Be involved in projects such as the Children's' Cancer Centre and enable members to feed in to help shape its development
- Virtual and hybrid members specific events to engage and bring young people together
- Have quarterly forum seminars with guest speakers
- Tailor content for the audience, for example have a dedicated membership newsletter for young people (include quizzes and fun photos) and another for the older demographic

#### Attachment M

- Explore whether we are able to partner with local organisations to offer benefits or discounts to members over the course of the year.

Following the ideas discussed at the MERRC the Stakeholder Engagement Manager developed an activity plan for 2022 (detailed in appendix 1); this will be really important in helping us achieve our membership strategy and will be kept under review at each MERRC meeting going forwards

#### **4. MERRC Terms of Reference**

The Committee noted and approved the amendment to the Terms of Reference.

#### **5. 2021/22 Elections Communications & Engagement Update**

The Committee noted the update on the progress of the elections. By the time the Council of Governors meet on the 10 February, the election will be closed, and the Stakeholder Engagement Manager will provide a further verbal update at the meeting

#### **6. Future meetings**

The Committee continue to meet quarterly before a Council of Governors meeting and future MERRC meetings are scheduled to take place on **24 March, 09 June and 13 Oct 2022**.

## Council of Governors

10 February 2022

### Membership Strategy 2022-2025

#### Summary & reason for item

This document is a draft of the new Membership Strategy 2022-2025. It gives an overview of the background to the strategy, the key themes with the aims and priorities we have set ourselves along with the ways we intend to implement the strategy and how we will measure success.

#### Action required

The Council of Governors is asked to provide feedback on the content and approve the Membership Strategy 2022-2025 and activity plan.

#### Report prepared by

Adetutu Emmanuel, Stakeholder Engagement Manager

#### Item presented by

Adetutu Emmanuel, Stakeholder Engagement Manager



## Membership Strategy 2022-2025

The new membership strategy will run from 2022 until 2025; it has been developed in consultation with the Membership Engagement Recruitment and Retention Committee (MERRC) who are now recommending its approval to the Council of Governors.

The strategy has been developed around the following key themes:

- Knowledge
- Inclusivity
- Sustainability

The underpinning element that will be highlighted across all three themes is the need for digital innovation and connectivity. Over the last few years this has shown to be vitally important in being able to engage and communicate with our members, their families, staff and the public. We will however ensure the more traditional methods are also available as we are aware that not everyone has access or is comfortable in the digital world.

### Activity Plan

We have set ourselves an activity plan that is aligned to our three key themes and our plan will be continually monitored and developed through the MERRC as new ideas and innovative ways to engage are identified.

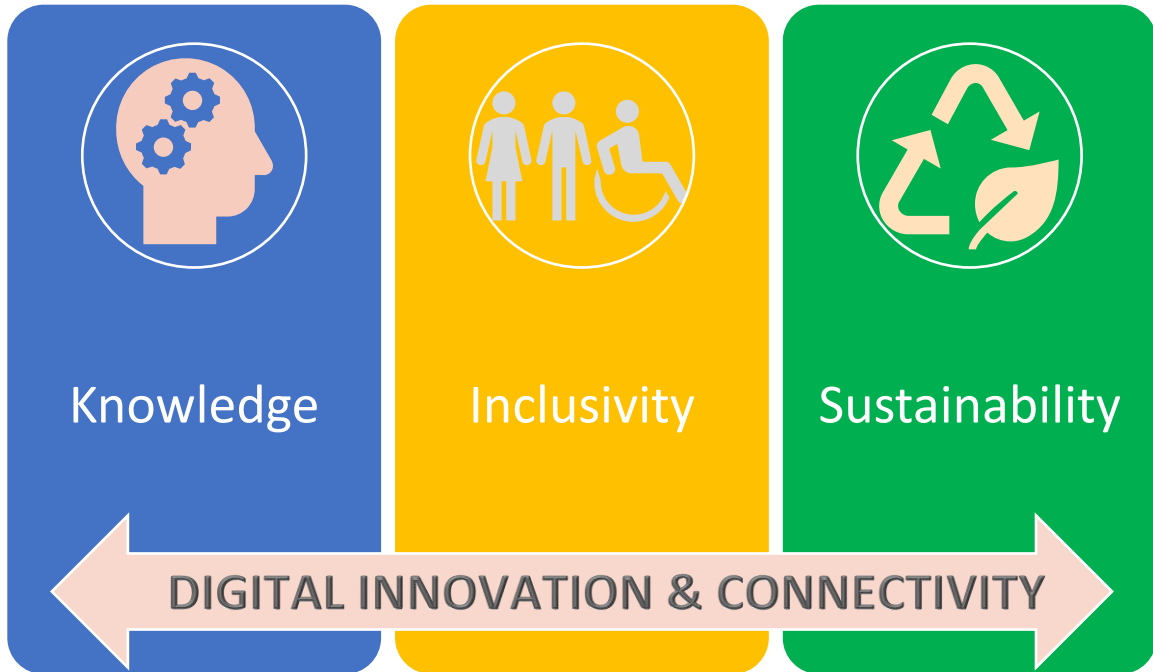
### Strategy Timeline

Below is the updated timeline of delivery for membership strategy:

Action	Date
First Draft submitted to MERRC	14 Jan 2022
Comments back from MERRC	20 Jan 2022
Second draft to MERRC	24 Jan 2022
Final comments from MERRC	28 Jan 2022
Strategy cover competition by members (Get Involved and Twitter)	28 Jan 2022
Draft sent to Council	31 Jan 2022
Final approval of Strategy by Council	10 Feb 2022
Strategy cover competition deadline	11 Jan 2022
Strategy cover decision by MERRC	18 Feb 2022
Strategy cover winner announced (Get Involved and Twitter)	21 Feb 2022
Final draft to design team	28 Feb 2022
Publish the final version Launch through the staff newsletter, Virtual Big Brief and Senior Leadership Team meetings (SLT). Headlines about the new strategy and on the intranet and web page story Announcement on social media and targeted email to members	4-7 April 2022

### Actions for Council

1. The Council of Governors is asked to provide feedback on the content and approve the Membership Strategy 2022-2025 and activity plan. Governors to be aware of the proposed timeline for delivery.
2. Governors to offer ideas that contribute to the success of the strategy, its intended objectives and the activity plan.



## Membership Strategy

2022 - 2025

## Contents

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# 1 Our Membership Strategy

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## 1.1 Overview of our membership

Anyone living in England and Wales over the age of 10 can become a member of Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH). We strive for our membership to reflect the broad and diverse public communities we serve as well as patients, their families and carers, and staff.

CIVICA Engagement Services (CES) is our membership database provider who holds and manages our public and patient, parent and carer data.

**[INSERT MEMBERSHIP INFOGRAPHICS]**

## 1.2 Explaining the background for our new Membership Strategy

A Foundation Trust is an NHS organisation which gives greater opportunities for people, patients and staff who have an interest in the Trust to have more of a say about the way in which services are provided. It also means strategic decision-making can be made quickly by a Trust Board who are focused solely on Great Ormond Street Hospital. Foundation Trust status is only awarded to hospitals who have shown they demonstrate the highest clinical standards, quality leadership and a great record of patient responsiveness and safety.

In 2012, GOSH became a Foundation Trust following a strong reputation of patient, parent/carers, staff and public engagement activity throughout the Trust. Prior to becoming a Foundation Trust, we had a Members' Forum that was established to help guide how the Trust planned, developed and delivered its services.

Our core purpose remains the same: to put the child first and always. We remain an internationally renowned centre for treating sick children, with the widest range of children's specialists in the UK. With our research partner, the UCL Great Ormond Street Institute of Child Health, we will continue to be a leading centre for research into childhood illness and training children's specialists.

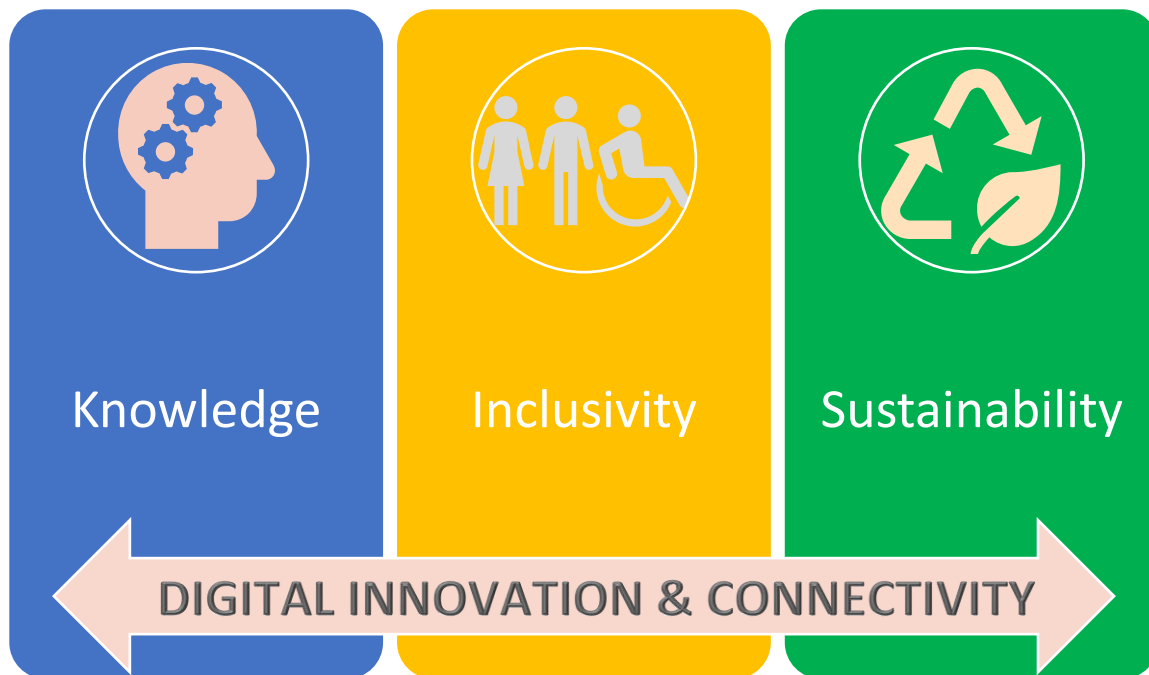
As a Foundation Trust, we are accountable to our patients, community and staff through our membership which is available to anyone over the age of 10 years old. Membership ensures we deliver better patient, public and staff engagement so that we are representing the views of everyone. Joining our membership is easy, just fill out this [form](#)

This strategy builds on the success of our 2018-2021 membership strategy and seeks to help us progress as a Foundation Trust that better supports its members and actively recruits new ones. The strategy will address how we plan to communicate with our members and fresh creative ideas for effective engagement with our community that assists in ensuring that our Trust is fit for its future in the changing NHS environment. The strategy also ties in with our wider Trust strategy '[Above and Beyond](#)' which articulates our purpose to 'advance care for children and young people with complex health needs so they can fulfil their potential'.

### 1.3 What does our 2022-2025 Membership Strategy look like: What, Why and How?

The updated membership strategy will seek to address ways to increase the recruitment and retention of members ensuring we are not just attracting people to become members but also keeping our current members engaged. Most importantly, it aims to show members that their contributions towards the development of the Trust are valued.

The new strategy run will from 2022 until 2025 with the following new key themes:



- **Knowledge**
- **Inclusivity**
- **Sustainability**

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

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

Overall, in this new strategy, the key areas of focus will be as follows:

- Highlighting that members matter, especially because of their experience
- Creating a robust, clear and attractive membership offer (the 'WHY') to help aid the recruitment and retention of members. This will have a heavy focus on targeting the

groups who we have seen to be under represented in our membership statistics (young patient and public members under the age of 21, male members in both the patient and public categories and members in the ethnic minority categories).

- Reviewing the use of various communications channels and ensuring they are accessible, inclusive and have diverse representation
- Taking intentional steps to ensure the communications/ engagement activities are conducted in a way that is sustainable and that the membership feeds into the sustainability agenda of the Trust
- Elevating the profile of the Council of Governors and demonstrating how they partner with the senior management to make decisions that benefit different member groups across the Trust (patients, parent/carers, public and staff)
- Collaborating with stakeholders both internally and externally to promote the benefits of membership
- Outlining the way we will measure success though regular reviews to ensure we are on the right track, accommodate any learnings and ensure there is continued commitment to developing, engaging and communicating with our members.

## 2 Impact

Growth is constant and at the Trust we recognize that to ensure we're moving in the right direction for everyone, our membership needs to have a strong audible voice across the Trust. To do this, we want our members to feel valued, confident, and equipped with the necessary tools to share their views that will help in decision making. We want our members, no matter their background or experience, to be clear about what opportunities are available for them to contribute and understand how they help shape the Trust. By centering our efforts around these objectives, we aim to build a supportive community of members with shared experiences who feel connected to GOSH and are empowered to make a difference at GOSH.

## 3 The Objectives: Broken Down

In this section, we will discuss our plans between now and 2025 with regards to the three themes and how we propose to achieve these aspirations. It is important to note that through all these themes, the digital innovation and connectivity will be the common thread that loops them all together as the pandemic has shown us that the need for virtual adaptation is crucial in sustaining engagement. We will create a communications and engagement activity plan to support the objectives which will shape the work we do.

### 3.1 Knowledge

**Aim:** This theme is centered around how we use the information our members provide us with so that we can equip them with the knowledge they need to be strong ambassadors for GOSH

Our **priorities** will include:

- Educating people on what it means to be a member at GOSH and what this means in terms of commitment and the value they add

- Reinforcing the various ways members can contribute their views, thoughts and ideas to help shape the hospital and actively showcasing what the Trust is doing in response to the feedback
- Keep members and partners updated on developments at GOSH plus activity of the Council so that we can sustain engagement and also attract more people to join

**Ways we will seek to carry out these priorities include:**

- Intentional and consistent use of social media channels as well as traditional methods like email to communicate messages
- Hosting virtual (or hybrid if the opportunity arises) 'Meet the Governor' and 'Meet the team' sessions which would be an opportunity for people to drop in and ask questions to our Council of Governors strengthening the relationship between members and their representative Governor as well as other teams within the trust facilitating connectivity across the Trust
- Refining the membership offer by breaking down the benefits through infographics and videos
- Regular online/hybrid surveys or polls and questionnaires to understand how members feel about the membership
- Hosting events that members tell us are important to them

### *3.2 Inclusivity*

**Aim:** This theme is centered around ensuring our membership is truly reflective of the different families, communities, and staff we serve, in particular our young people.

Our **priorities** will include:

- Making sure everyone feels like they belong so reflecting that inclusivity in our communications, marketing and messaging
- Placing an emphasis on young people to have a say and showing the difference young people have made also to encourage recruitment to the membership
- Focusing on reaching out to the target groups which are underrepresented such as under 21's, patient/public male members as well as those in ethnic minorities
- Simplifying our communications so that the message is clear

Ways we will seek to carry out these priorities include:

- Refreshing the marketing material that is shared regarding the membership such as the 'Member Welcome' Letter and sign up form
- Creation of two different newsletters, both with the same information but targeted to different audiences e.g. one for young people/patients and another for parent/carers
- Partnering with internal stakeholders such as staff networks, play teams, patient experience colleagues and so on for joint collaborative work that promotes the membership across teams
- Partnering with external stakeholders such as schools, youth groups, colleges, universities, religious centres and other health related forums to explore areas of joint working
- Targeting young people within our membership with large social media followings to develop 'GOSH Influencers' who act as champions that promote the membership

- Making communications accessible such as captioning of videos and alternative languages plus reflecting people from different backgrounds, religions, ethnicities in the content we put out
- Target our staff members by ensuring our staff Governors are more visible across the Trust such as at Senior Leadership Team meetings, Virtual Big Briefs, Roundabout magazine, Intranet and so on

### 3.3 Sustainability

**Aim:** This theme will look to tie into the Trust's wider sustainability agenda and taking meaningful steps so we can make sure that we are protecting the environment for generations to come.

Our **priorities** will include:

- Being environmentally conscious in production of our marketing material
- Playing an active role in contributions to the sustainability agenda at GOSH
- Looking for creative ways our members can get involved in eco-friendly initiatives
- Promoting the work we are doing on sustainability at GOSH to our members

Ways we will seek to carry out these priorities include:

- Cutting back on the use of non-renewable materials and/or opting for recyclable alternatives in all our print (posters, leaflets, etc)
- Creating a calendar of events each year that members can participate in such as 'Veganuary', less waste challenges, cycle rides, etc
- Working with the estates and facilities team to consider the impact of a changing climate on our operations across the board at GOSH.

## 4 Partnering with others

A key element in achieving success is to build on the partnerships we have as well as developing new ones. This includes relationships with internal and external stakeholders which currently are:

- Patients and their families
- Public
- Staff / Colleagues
- GOSH charity
- Council of Governors, Non-Executive Directors and Board
- Local schools
- Local voluntary organisations
- Local faith groups
- Camden Council

Our partners help drive and steer the membership directive so for the priorities to be achieved, it is important that we get people involved and embed the themes into the organisation through wider corporate objectives and targets. This means that with the help of our partners, we can develop and implement specific action plans with clear roles, responsibilities and timescales for activities i.e. who does what, when and how. It will also help us set measurable targets that aligns with our overall membership plan so it's easier to identify



what good looks like and track how well we are doing. This means we can continue to do a good job of being accountable to the people we serve.

## 5 Membership engagement

The GOSH membership is a vital link between the Trust and its communities so it is important that members are clear on how they can get involved and what different levels of engagement look like.

We want to ensure that not only are we recruiting to the membership, but we are recruiting people who are enthusiastic and active. What that means is that quality is extremely important irrespective of how much time a member is contributing. In line with this, we are introducing the Tiers of Membership which highlight levels of involvement members can be at:

<b>Tier 1</b> The interested member	This member receives newsletters and communications such as regarding elections and keeps an eye out about developments across GOSH from time to time.
<b>Tier 2</b> The engaged member	This member is actively engaged with GOSH, provides feedback and gets involved with engagement activities for membership. May attend Council and Annual General/Members' meetings and acts as a champion for the membership.
<b>Tier 3</b> The supercharged member	This member takes their commitment to the next level by standing as a Governor on the Council, consistently promoting the membership as an ambassador.

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

## 6 Measuring success and continuous learning

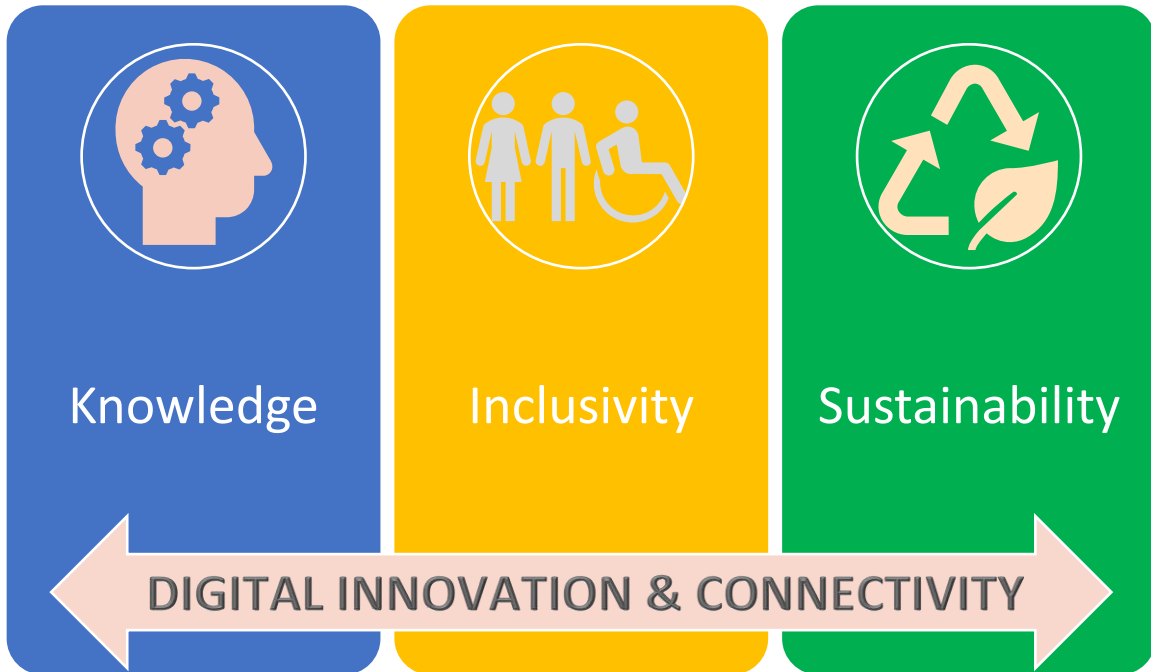
The Membership Representation, Recruitment and Engagement Committee (MERRC) is a subcommittee of the Council of Governors of Great Ormond Street Hospital NHS Foundation Trust and is chaired by a public or patient/carer Governor.

It has delegated authority from the Council of Governors to make decisions on behalf of and be accountable to the Council of Governors with regards to ensuring GOSH is effectively recruiting and engaging with its membership, reviewing the membership targets as well as representing the interests of the patients, carers, families and the general public in the areas served by the Trust.

As such, members of the MERRC will be the chief reviewers of the delivery and continuous implementation of this strategy to ensure that the plans are achieved, and the learning is being taken on board across the Trust. In previous consultation, the MERRC highlighted that the main driver for membership was to show that members matter and emphasising this in this new strategy. To do this, the Trust needs to build on the concept that GOSH must learn from its membership so collectively we can make it better.

The committee believe it is necessary to rephrase how we advertise the benefits of membership and rather than list of the things that can be done as a member, instead promote the emotive benefits such as membership is an opportunity to make friends and meet new people as well as advertising what people can do to help shape the hospital. Through ongoing evaluation of the objectives of this strategy, the MERRC commit to fulfilling the aims set out in each them, feeding back to Council on the progress as needed.

The MERRC plan to meeting on a quarterly basis to review the membership numbers and demographics as well as level of engagement on social media accounts to see if there are increasing numbers of people visiting the account.



# Membership Strategy Activity Plan

## 2022 - 2025

## Attachment Mi

Knowledge	
Activity	How often:
Develop a Governor Toolkit of materials to help governors engage with members and public	June 2022 / Review annually
Virtual / hybrid 'Meet the Governor' or 'Meet the team' sessions	Every quarter
Refining the membership offer by breaking down the benefits through infographics and videos	Every 6 months
Member temperature checks - social media polls/ short surveys to understand how members feel about the membership	Every 6 months
Hosting in person and virtual listening events on topics that members tell us are important to them	2 – 3x year

Inclusivity	
Activity	How often:
Member content drive: photos/videos of members from different backgrounds to include in marketing material	April 2022
Redesign membership materials (application forms, booklets, posters, postcards and welcome letters)	May 2022 (annual review)
Newsletter refresh	October 2022
GOSH influencers drive	TBC
Targeted school & youth group presentations	Ongoing
Targeted focus groups sessions for underrepresented categories	Ongoing
Staff Governors at Senior Leadership Team meetings	During elections (annually)
Staff Governors at Virtual Big Briefs	TBC
Roundabout magazine	4x year

Sustainability	
Activity	How often:
Veganuary participation – sharing recipes, meal plan ideas, etc	January (annually)
Celebrate Earth Day	April (annually)
Plastic free	July (annually)
Recycle week – Highlight innovative ways members recycle and how recycling is done at GOSH	September (annually)
Partnering with local businesses to offer discounts to members	TBC
Inclusion in the developmental plans for the Children's Cancer Center	Ongoing