

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE COUNCIL OF GOVERNORS
Thursday 20th April 2023
2:45pm – 5:15pm
Charles West Room, Barclay House, Great Ormond Street, London, WC1N 3HZ

NO.	ITEM	ATTACHMENT	PRESENTER	TIME
1.	Welcome and introductions	Verbal	Michael Rake, Chair	2:45pm
2.	Apologies for absence	Verbal	Michael Rake, Chair	
3.	Minutes of the meeting held on 02 February 2023.	A	Michael Rake, Chair	
4.	Matters Arising and action log	B	Anna Ferrant, Company Secretary	
STRATEGY AND PLANNING				
5.	Chief Executive Report including: <ul style="list-style-type: none"> Finance Report (February 2023 data) 	C	John Beswick, Chief Finance Officer	2:55pm
6.	Governor requested item: <ul style="list-style-type: none"> Understanding the breath of research at GOSH (Planet 5: Accelerate translational research and innovation to save and improve lives) 	D to follow	Russell Viner, Non-Executive Director and Jenny Rivers, Acting Director of Research	3:05pm
7.	Use of data at GOSH <i>Governors would like to understand how GOSH uses data, including anonymised data.</i>	E to follow	Prof Andrew Taylor, Director of Innovation and Prof Neil Sebire, Chief Research Information Officer	3:25pm
PERFORMANCE and ASSURANCE				
8.	Update from the Young People’s Forum (YPF)	F	Rose Dolan and Kamy Mandhar, YPF Governors	3:45pm
9.	Reports from Board Assurance Committees <ul style="list-style-type: none"> Quality, Safety and Experience Assurance Committee (March 2023) Audit Committee (March 2023) Finance and Investment Committee (March 2023) 	G H I	Amanda Ellingworth, Chair of the QSEAC Gautam Dalal, Chair of Audit Committee Suzanne Ellis, Chair of Finance and Investment Committee	3:55pm
10.	Chief Executive Report including: <ul style="list-style-type: none"> Integrated Quality and Performance Report (February 2023 data) 	C	Mat Shaw, Chief Executive	4:15pm

GOVERNANCE				
11.	Process for the Lead Governor and Deputy Lead Governor Election	J	Natalie Hennings, Deputy Company Secretary	4:30pm
12.	Draft Council of Governors' section in GOSH Annual Report 2022/23	K	Paul Balson, Head of Corporate Governance	4:40pm
13.	Membership of Council Committees and working groups <ul style="list-style-type: none"> • Nomination and Remuneration Committee • Constitution and Governance Working Group • Membership, Engagement, Recruitment and Retention Committee • Sustainability Working group 	L	Natalie Hennings, Deputy Company Secretary	4:50pm
14.	Governance Update <ul style="list-style-type: none"> • Governors' Sustainability Working Group • Governors' activities 	M	Natalie Hennings, Deputy Company Secretary	5:00pm
15.	Update from the Membership Engagement Recruitment and Retention Committee including: <ul style="list-style-type: none"> • Progress against the Membership Strategy • Governor Election outcome and induction 	N	Paul Balson, Head of Corporate Governance	5:05pm
16.	Any Other Business	Verbal	Michael Rake, Chair	5:10pm
Next Meeting Wednesday 05 th July 2023; 2:30pm – 5:30pm				

**DRAFT MINUTES OF THE COUNCIL OF GOVERNORS MEETING**
2nd February 2023
Held virtually via videoconference

Sir Michael Rake	Chair
Beverly Bittner-Grassby	Patient and Carer Governors: Parents and Carers from London
Stephanie Nash	
Lisa Allera	Patient and Carer Governors: Parents and Carers from the Home Counties
Claire Cooper-Jones	Patient and Carer Governors: Parents and Carers from Rest of England and Wales
Josh Hardy	Patient and Carer Governors: Patients from Home Counties
Olivia Burlacu	
Constantinos Panayi	Patient and Carer Governors: Patients from London
Peace Joseph	Public Governors: London
Roly Seal	
Hannah Hardy	Public Governors: Home Counties
Julian Evans	Public Governors: Rest of England and Wales
Quen Mok	Staff Governors
Tania Ahmad	
Jacqueline Gordon	
Mark Hayden	
Rose Dolan	Appointed Governor: Young People's Forum

In attendance:

Amanda Ellingworth	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Suzanne Ellis	Non-Executive Director
Gautam Dalal	Non-Executive Director
Chris Kennedy	Non-Executive Director
Russell Viner	Non-Executive Director
Matthew Shaw	Chief Executive
John Beswick	Chief Finance Officer
Jason Dawson*	Director of Space and Place
John Quinn*	Chief Operating Officer
Gary Beacham*	Children's Cancer Centre Programme Director
Daniel Wood*	Cancer Planet Programme Director
Lawrence O'Sullivan-Whiting*	Workforce Development Lead – Apprenticeships

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Dhimple Patel*	GOSH Nursing Apprentice
Amber James*	GOSH Nursing Apprentice
Natalie Hennings	Deputy Company Secretary
Paul Balson	Head of Corporate Governance
Victoria Goddard	Trust Board Administrator (minutes)

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

80.	Apologies for absence
80.1	Apologies were received from: Abbigail Sudharson, Patient Governor; Georgina Townsend-Teague, Patient Governor; Eve Brinkley-Whittington, Public Governor; Sara Ayerman, Public Governor; Kamran Ansari, Patient and Carer Governor; Sapna Talreja, Patient and Carer Governor; Jugnoo Rahi, Appointed Governor; Rose Dolan, Appointed Governor; Benjamin Hartley, Staff Governor.
81	Minutes of the meeting held on 07 July 2022
81.1	The Council approved the minutes of the previous meeting.
82	Matters Arising and action log
82.1	Action: Action 68.4 – It was agreed that the Governor/ NED buddying system would be reviewed following the election of new Governors in March 2023 and an update would be provided.
83	Chief Executive Report
83.1	Matthew Shaw, Chief Executive said that a Board meeting had taken place the day before the Council meeting and an extremely impactful patient story had been received which highlighted the implications for patients and families when things go wrong at the hospital. He said that it was vital that the story was used to learn and that this learning was embedded in the hospital. He said the mother who had provided the story had agreed to continue to work with the Trust to take this forward. Jacqueline Gordon, Staff Governor said that she had observed the Board meeting and asked whether an action plan was in place to make improvements based on the mother’s feedback. Matthew Shaw confirmed that it was, including clear responsibilities and would report to the QSEAC. He said that it was important to ensure that the Trust was acting in line with its values and prioritised transparency to drive changes and improvements.
83.2	Action: Sir Michael Rake, Chair said that discussion had taken place in his private meeting with Governors around ensuring that there was sufficient support for families at weekends particularly around patient deaths and it was agreed that an update would be provided on the services available at the weekend.
83.3	The results of the NHS Staff Survey had been published and GOSH had seen a reduction in scores across all areas. The benchmarking data had not yet been received but Matthew Shaw said that it was important to focus on consolidating the staff wellbeing offers that were available and focusing on areas which GOSH could influence in the context of a challenging external environment for staff.

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83.4	Good work continued to take place around patient safety and GOSH would be hosting a conference on patient safety and human factors in March 2023. Focus was being placed on psychological safety which was vital to support staff to feel confident to speak up.
83.5	Planning was taking place for the Gender Identity Service which was complex. Matthew Shaw said that it was important to move forward with developing a robust service noting the substantial waiting list that continued to grow.
83.6	Beverly Bittner-Grassby welcomed the Board's response to the patient story at Trust Board. She said that she would have expected there to be psychological support available for the patient's mother and Matthew Shaw said that from the patient's mother's perspective, the lack of options provided to her around palliative care led to a lack of support in a number of areas and in particular in terms of planning for the future. He added that GOSH had over 80 psychologists and around 8 psychiatrists and agreed it was important that these resources were made available to families.
83.7	A key theme of the patient story had been the way in which clinicians communicated empathically with patients and families and Matthew Shaw said that it was important to consider this in the context of stressful working environments where doctors need to also maintain their own resilience. He added that it was vital that the story could be used to help clinicians reflect on the patient and family experience.
83.8	Discussion took place about the Gender Identity Service and the location of the service. Matthew Shaw said that GOSH was playing an active role in moving discussions forward. Stephanie Nash, Patient and Carer Governor said that it was important that GOSH was a gender inclusive organisation as this would be important to staff and patients including those who were not involved with the gender identity service. Matthew Shaw agreed and said that the Trust had a large and diverse workforce and patient population, and it was vital that GOSH could support their needs. Sir Michael Rake said that the Board was discussing the service on an ongoing basis and was clear that a service must be configured based on the needs of patients.
83.9	Tania Ahmad, Staff Governor asked whether patient stories were regularly received by the Board and Matthew Shaw confirmed that they were provided at every meeting and there was learning identified from each case. Updates on the learning were also provided to the QSEAC as part of the Chief Nurse update.
84	Hearing from members of staff - Apprenticeships
84.1	Lawrence O'Sullivan-Whiting, Nursing Workforce Development Lead for Apprenticeships said that there were over 240 apprentices across more than 40 programmes at GOSH and the first cohort of nursing apprentices had recently graduated. He added that the recruitment of apprentices had also been important in increasing the diversity of the Trust's workforce.
84.2	Dhimple Patel, Nursing Apprentice said that she had worked at GOSH for 13 years, previously as a health care assistant working with patients with mechanical hearts. She said that the apprenticeship had enabled her to achieve her goal of becoming a paediatric nurse at GOSH and enabled her to be an

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	advocate for patients.
84.3	Sir Michael Rake said that it was important these stories were shared nationally with policy makers as it was a positive way of recruiting staff in important areas where there were shortages and developing practical skills.
84.4	Amber James, Nursing Apprentice said that she had become a healthcare assistant but had thought it would not be possible to move forward from an entry level position. She had been redeployed to an adult ICU setting during the COVID19 pandemic and this had reinforced her desire to work clinically. The scheme had provided her with the opportunity to train without leaving employment and was an excellent opportunity to learn practical skills and develop experience. She said that she felt confident to progress and support the education of fellow colleagues.
85	Children’s Cancer Centre (CCC) Programme Update
85.1	Action: Sir Michael Rake said that a discussion had taken place in the private meeting between the Chair and Governors and Governors had requested an update from the GOSH Charity on the fundraising position for the Children’s Cancer Centre.
85.2	Gary Beacham, Children’s Cancer Centre Programme Director said that a special meeting of the London Borough of Camden (LBC) Planning Committee was scheduled for 8 th February in which the Council would consider the planning permission for the development. The programme was now in RIBA4 which involved working through the detailed room use and positioning of equipment and the Trust’s construction partner would be issuing a specification to the market which would give increased certainty about costs and design. The contract would be awarded later in 2023. Programme costs continued to be stable which was positive and there was increased stability in the national inflationary position.
85.3	The current focus was ensuring that the most robust planning proposal was put to the planning committee. There had been some challenges around impact on neighbours and the team had been transparent about this with LBC and had received significant legal counsel and expert planning support. LBC’s report had gone live earlier in the week and Gary Beacham said that the team had found it to be fair and balanced.
85.4	Work had begun on the decant to move patients and staff out of the frontage building and this had been going well but was challenging. It remained within budget and the current focus was on enabling works which included cutting off services such as electricity to the building prior to the handover to the contractors.
85.5	Discussion was taking place with clinicians and a working group had been established to ensure that patient and family experience in the main hospital was maintained during the construction period. This was a fundamental area of the project.
85.6	Mark Hayden, Staff Governor asked how decant and enabling plans would impact active travel, cycling provision and air quality. Gary Beacham said that

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	<p>the Trust had been required to provide plans around active travel as part of the deconstruction commissioning and construction programmes. There would be an increase of 50 bicycle storage spaces and access would be rerouted to other entrances. Air quality was a key theme of the construction methodology and the Trust had been required to detail the way in which it would manage dust and pollution on Great Ormond Street. It was anticipated that there would be a significant reduction in vehicle pollutants because of construction and the team continued work to pedestrianise the road.</p>
85.7	<p>Daniel Wood, Children’s Cancer Planet Programme Director said that work was taking place on the financial case of the Full Business Case. It was anticipated that the Full Business Case would be considered for approval by the Board at the Board Development Session on 8th March 2023. There was a good understanding of capital affordability and the Trust and GOSH Charity were aligned in the phasing of the capital spend. Good assurance was in place about the Charity’s ability to raise the required funding for the development. There would be additional costs involved in running a larger building and work was taking place with the Executive Team to mitigate this. The Trust was required to demonstrate the financial impact of the building over the next ten years and the assumptions underpinning the ten-year model had been scrutinised by the Finance and Investment Committee. A sustainable model with appropriate and reasonable assumptions had been developed and further information would be provided to the Council at its meeting on 14th March.</p>
85.8	<p>Jason Dawson, Director of Space and Place said that the Trust was in a strong position and continued to plan for the LBC planning committee and the Board’s consideration of the Full Business Case.</p>
86	Annual Planning Update
86.1	<p>John Beswick, Chief Finance Officer said that the Trust had launched its annual planning process in November 2022 working with corporate teams and clinical directorates and was on track to deliver the annual plan by the end of March in line with the planning deadline. NHS England had released financial planning guidance on the NHS priorities on 23rd December 2022 and GOSH’s planning process had been reviewed to ensure it was aligned.</p>
86.2	<p>A key element of financial planning was around commercial income which included income from international and private care and research and innovation. If there were to be an increase in non-NHS income of more than 5% of total income, a vote of the Council of Governors would be required.</p>
86.3	<p>John Quinn, Chief Operating Officer said that operational planning guidance had also been issued and considerable focus was being placed on recovery of patient backlogs with the plan requiring each Trust to deliver increasing activity in 2023/24 and 2024/25.</p>
86.4	<p>A draft activity plan would be submitted to North Central London (NCL) on 16th February 2023 and the final activity plan would be submitted to NCL on 23rd March 2023.</p>
87	Finance Report (Month 9 - December 2022 data)

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87.1	John Beswick said that at month 9 the Trust was reporting a deficit of £18million and a plan was in place to meet the planned outturn. Discussion of a technical issue related to GOSH's funding continued with the Integrated Care System.
87.2	Financial planning was a key issue for the Children's Cancer Centre and John Beswick said that the team was clear about the importance of ensuring that the Trust could meet its obligations in this regard.
88	Integrated Quality and Performance Report (Month 9 - December 2022 data)
88.1	Matthew Shaw said that the IQPR had been discussed in detail at the Trust Board and the importance of moving back to business as usual as quickly as possible after strikes had been noted. The report had also been discussed at QSEAC and PEAC with a focus on discussion of themes and trends.
89	Update from the Young People's Forum (YPF)
89.1	Rose Dolan, Appointed Governor representing the YPF said that another YPF Governor had been elected by the forum and would be joining the Council following an induction period.
89.2	Since the last meeting the YPF had been working with the Caldicott Guardian on data protection. The Caldicott Guardian had presented various data sharing scenarios at the meeting and in general YPF members had been supportive of sharing their data with the wider NHS to help other patients however some concern had been expressed around the anonymisation of data particularly where a patient had a combination of rare conditions and about opting out of consent when consent had previously been given.
89.3	Action: The YPF had welcomed the introduction of the animation about the use of patients' data on the GOSH website but there had been some concern that there were gaps in the information provided. Matthew Shaw noted the YPF's concerns and it was agreed that the animation would be reviewed.
89.4	The YPF had worked with ICT to test the wifi around the hospital as this continued to be very important to children and young people. The YPF had moved to different locations around the Trust whilst performing increasingly complex tasks. ICT had been able to fix issues that had arisen and a YPF email address had been established for trouble shooting but Rose Dolan said that it was important to roll this out to all patients and families.
89.5	The Head of Corporate Governance had joined the meeting for a session on Trust membership. Discussion had taken place about increasing membership of young people and the YPF had noted that more GOSH members were over 60 years of age than under 18. The YPF had proposed engagement using social media and increased clarity on the purpose and benefits of being a member as well as visibility of 'behind the scenes' at GOSH. Matthew Shaw said that whilst it was important to increase engagement on social media there was also discussion taking place about the impact of TikTok on children and young people's health.

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90	Reports from Board Assurance Committees
90.1	<u>Quality, Safety and Experience Assurance Committee (January 2023)</u>
90.2	Amanda Ellingworth, Chair of the QSEAC said the meeting had been structured around a report from the Chief Medical Officer and one from the Chief Nurse and focus continued to be placed on triangulation of data for assurance purposes. Part of the Chief Medical Officer paper focused on areas of concern at other organisations and identified assurance or gaps with existing GOSH's processes. There had been an increase in complaints and PALS contacts about cancellations and Amanda Ellingworth said that it was important to move forward with increasing activity notwithstanding the strike actions which was impacting services.
90.3	Action: Work continued with the patient safety transformation plan and the Board had approved the patient safety statement following recommendation by the QSEAC. It was agreed that the patient safety statement would go to the next Council of Governor's meeting and Amanda Ellingworth said that it was important to embed the statement in work throughout the Trust.
90.4	Stephanie Nash said that she had observed the QSEAC meeting and had been disappointed that there would be a further delay to the follow up review of the gastroenterology service. Matthew Shaw said that the invited review service of the Royal College of Paediatrics and Child Health had been paused since the start of the pandemic and therefore an international expert panel was being convened however it was proving challenging to bring the team together. He said that it was important for the wellbeing of the gastroenterology team that the follow up review took place and feedback was provided after the considerable length of time since the initial review.
90.5	<u>Audit Committee (January 2023)</u>
90.6	Gautam Dalal, Chair of the Audit Committee said that the annual Trust Board Risk Management meeting had taken place in December 2022 and the Board Assurance Framework had been updated as a result. The Committee had recommended the updated risk statement for the culture risk to the Board and this had been approved it at its February meeting.
90.7	Deep dives had taken place on the research infrastructure risk and business continuity risk and the committee had welcomed excellent presentations from the risk owners.
90.8	Action: An update had been provided on work that was taking place to share GOSH's Epic platform with another London Trust. This would enable a critical mass of users for development purposes as well as learning. Quen Mok, Staff Governor said that during the collaboration with another London Trust colleagues had not been able to query data as they usually would have and work as they usually would have. It was agreed that Matthew Shaw would follow up on this outside the meeting.
90.9	<u>Finance and Investment Committee (January 2023)</u>
90.10	Suzanne Ellis, Chair of the FIC said that the primary focus of recent meetings

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	had been the Children’s Cancer Centre and financial sustainability to ensure the Trust could deliver the appropriate level of service. The assumptions underpinning the revenue cost following the opening of the CCC had been reviewed along with a 10-year business as usual forecast. A meeting would also take place about the land and funding agreements which would be considered by the Board.
90.11	The Committee had reviewed the 2023/24 financial forecast and scrutinised the assumptions as well as reviewing the finance reports for months 8 and 9.
90.12	<u>People and Education Assurance Committee (December 2022 & January 2023)</u>
90.13	Kathryn Ludlow, Chair of the PEAC said that there had been two PEAC meetings in the reporting period and both had included staff stories. One had been from two union representatives who had reported that good relationships were in place with Trust colleagues. They had been leading on work to embed domestic staff into the organisation following their transfer from an external provider which was positive and important work.
90.14	Another staff story had been given by a Clinical Site Practitioner (CSP) and the committee had noted the importance of this senior nursing role at night. Kathryn Ludlow said that she had observed an evening handover and the CSPs knowledge of each key patient in the hospital and their treatment had been impressive. There were currently some CSP vacancies, and it was important that staff were supported to progress into these critical roles.
90.15	The People Strategy was in the process of being refreshed after three years and the key areas of focus going forward would be equality, diversity and inclusion; wellbeing and career progression.
90.16	The Committee had reviewed key metrics including staff turnover and had noted that there had been an increase, although this had not gone beyond pre-covid levels and was being monitored.
91	Governance Update
91.1	Natalie Hennings, Deputy Company Secretary said that the Governor Sustainability Working Group met in January 2023 and received an update on the metrics being reported to the Sustainability Programme Board. The Group had noted that the largest decrease in emissions had been in anaesthetic gases, and business travel and NHS fleet. The Governor election was ongoing, and results would be declared on 17 th February. Peace Joseph, Public Governor attended an NHS Providers governor workshop.
92	Extension of tenure for Non-Executive Director
92.1	<i>Amanda Ellingworth left the meeting.</i> Sir Michael Rake said that the extension of Amanda Ellingworth’s tenure had been considered by the Council of Governors’ Nominations and Remuneration Committee and was recommended for approval. He said that the extension was proposed because of a mapping exercise which had taken place on NED

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92.2	<p>succession planning and to ensure that there was continuity during the transition to the new Chair.</p> <p>The Council approved the extension of Amanda Ellingworth’s tenure for one year until 31st December 2024.</p>
93	Reappointment of Non-Executive Director
93.1	<p>Sir Michael Rake said that Russell Viner had served one term on the Board as the UCL Nominated Non-Executive Director and was keen to continue for a second term which was supported by UCL. This was also supported by the Board due to the significant contribution that Russell continued to make. This had been considered by the Council of Governors’ Nominations and Remuneration Committee and was recommended for approval.</p>
93.2	<p>The Council approved the reappointment of Russell Viner for his second three-year term on the Board.</p> <p><i>Amanda Ellingworth rejoined the meeting.</i></p> <p><i>Sir Michael Rake left the meeting.</i></p>
94	Chair’s Appraisal
94.1	<p>Amanda Ellingworth said that positive feedback had received on the performance of the Chair and the outcome of the appraisal had been recommended for approval by the Council of Governors’ Nominations and Remuneration Committee.</p>
94.2	<p>The Council approved the outcome of the Chair’s appraisal.</p>
95	Update from the Membership Engagement Recruitment and Retention Committee
95.1	<p>The MERRC had discussed membership statistics at its January 2023 meeting and noted that there had been a net increase of 87 members in 2022/23. The Committee had also reviewed a comparison of membership demographics against the population demographics of England and Wales.</p>
95.2	<p>A positive session had taken place with the Young People’s Forum about membership and recruitment and discussion had also taken place about the Annual Report which had a 2022/23 theme of ‘celebrating our children and young people’.</p>
95.3	<p>Discussion took place about the voting turnout in the election so far and it was noted that hard to reach groups in the hospital had been provided with postal ballots to support engagement from colleagues who did not routinely use email and a computer in their roles. The Council emphasised the importance of increasing engagement with the elections and ensuring that staff were aware of their ability to vote and were easily able to do so.</p>
95.4	<p>Action: It was agreed that the link to the Chair application and information would be provided to Governors to circulate to their network.</p>

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96	Any other business
96.1	There were no other items of business.

COUNCIL OF GOVERNORS ACTION CHECKLIST
April 2023

Checklist of outstanding actions from previous meetings

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
44.8	07/07/22	Sir Michael Rake said that it would be important to consider the practicalities of implementing Governors' new role under the ICS and Anna Ferrant, Company Secretary said that she had discussed this with other Company Secretaries from North Central London, and it was agreed that this would be discussed further outside the meeting.	AF, MR	Ongoing	Noted: Work is underway to identify opportunities for Governors to discuss their role (within North Central London) under the new Code of Governance and the ICS framework. This action will remain noted and ongoing until a decision has been made when it will be shared with governors.
62.3	09/11/22	Daniel Wood, Cancer Planet Programme Director noted that previously Governors had requested additional financial information however this was not yet available, and a detailed cost analysis was ongoing. He confirmed that once this information was available it would be shared with Governors.	Daniel Wood	TBC	The financial case is under constant review and the Finance and Investment Committee, and Trust Board is in the process of reviewing the cost analysis. The Corporate Affairs Team will work with CCC Team to determine when the information can be shared with the Council.
68.4	09/11/22	Sir Michael Rake said that Governors had discussed a proposal to streamline the process of buddying between Governors and Non-Executive Director and it was agreed that this would be discussed outside the meeting.	Lead Governor, MR, AF, PB	April 2023	This matter remains subject to discussion and will be included in the forthcoming Council effectiveness survey
83.2	02/02/23	Sir Michael Rake, Chair said that discussion had taken place in his private meeting with Governors around ensuring that there was sufficient support for families at weekends particularly around patient deaths and it was agreed that an update would be provided on the services available at the weekend.	TBC	July 2023	Not due yet: will be considered for the July 2023 Council meeting.
85.1	02/02/23	Sir Michael Rake said that a discussion had taken place in the private meeting between the Chair and Governors and	AF, NH	July 2023	To note: The GOSH Charity will be invited to the Council of Governors meeting in

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Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		Governors had requested an update from the GOSH Charity on the fundraising position for the Children's Cancer Centre.			July 2023 as the 'Governor requested item' on the agenda to discuss who they are, what they do and the CCC Build it Beat it campaign.
89.3	02/02/23	The YPF had welcomed the introduction of the animation about the use of patients' data on the GOSH website but there had been some concern that there were gaps in the information provided. Matthew Shaw noted the YPF's concerns, and it was agreed that the animation would be reviewed.	AT	April 2023	Complete: to be covered under the Use of Data item on the agenda.
90.3	02/02/23	Work continued with the patient safety transformation plan and the Board had approved the patient safety statement following recommendation by the QSEAC. It was agreed that the patient safety statement would go to the next Council of Governor's meeting and Amanda Ellingworth said that it was important to embed the statement in work throughout the Trust.	MS	April 2023	Complete: Patient Safety Statement is included in the Chief Executive's Report on the agenda today.
90.8	02/02/23	An update had been provided on work that was taking place to share GOSH's Epic platform with another London Trust. This would enable a critical mass of users for development purposes as well as learning. Quen Mok, Staff Governor said that during the collaboration with another London Trust colleagues had not been able to query data as they usually would have and work as they usually would have. It was agreed that Matthew Shaw would follow up on this outside the meeting.	AT	April 2023	Complete: to be covered under the Use of Data item on the agenda.
95.4	02/02/23	It was agreed that the link to the Chair application and information would be provided to Governors to circulate to their network.	NH	April 2023	Complete: The link to the Executive Recruitment Agency and the Candidate Brief was circulate to Governors in February 2023.

Council of Governors

20 April 2023

Chief Executive Report

Summary & reason for item

The Chief Executive's report provides the Council with a summary of developments since the last report to Council in February 2023.

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

The report includes:

- Update on industrial action
- Patient Safety Statement
- Children's Cancer Centre update
- March 2023 Trust Board summary
- Integrated Quality and Performance Report (February 2023 data)
- Finance Report (March 2023 data)
- Wider GOSH news

Appendices – in separate pack

- Patient Safety Statement
- Integrated Quality and Performance Report (February 2023 data)
- Finance Report (February 2023 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 Industrial action update

Ahead of the recent Industrial action the Trust’s Clinical Directorates undertook extensive planning for activity and cover ahead of the Junior Doctor industrial action. This planning provided assurance that there would be safe and adequate cover for our children and young people ahead of, and during strike days.

The Chief Executive will provide a verbal update at the Council meeting on 20 April 2023.

2 Patient Safety Statement

At the February 2023 Trust Board, following endorsement from the Quality, Safety and Experience Assurance Committee, the Trust Patient Safety Statement (Appendix 1) was approved.




The statement will be shared on the Trust’s website and form part of all activity. The three subheadings: listen, learn and lead will be embedded in the Trust’s leadership programmes and day to day operations.

3 Children’s Cancer Centre update

On 29 March 2023 GOSH Charity launched the public ‘Build It, Beat It’ fundraising campaign. The fundraising campaign has already raised a significant amount.

3.1 TCS London Marathon

It is hoped the 2023 Tata Consultancy Services (TCS) London Marathon Charity of the Year partnership will significantly contribute towards the Children’s Cancer Centre. The marathon launch included:

<p>GOSH Community Marathon where patients enjoyed games and activities themed around the number ‘26’.</p>	
<p>Launched the new ‘Build it. Beat it’ landing page (Click the picture to visit the page)</p>	
<p>Released a special campaign film depicting the stories of four families who have been treated at GOSH.</p>  <p>(Click the camera to view the video)</p>	<p>Shone a spotlight on some of the amazing GOSH families taking part in the 2023 TCS London Marathon</p>  <p>(Click the picture to visit the page)</p>
<p>Achieved over 100 pieces of coverage in regional and national publications, including the Daily Mail, Independent, and Evening Standard.</p>	

3.2 Town planning

Conditional planning permission was granted in February 2023. Since then, the Mayor of London and the Secretary of State for Levelling Up, Housing and Communities have both confirmed they are content to leave the decision to grant planning to Camden Council. In March 2023 the Trust Board

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approved the Final Business Case for the CCC and the Council approved the FBC as a significant transaction.

3.3 Other updates

On 22 March 2023 the Trust ran the first test of using the Morgan Stanley Clinical Building as the main entrance for patients and families. The test provided useful learning and we will continue to evaluate this in the coming months to ensure that the experience for patients and families is as smooth as possible when construction starts.

4 March 2023 Trust Board summary

Highlights from the March 2023 meeting not covered elsewhere in the Council are papers are summarised below

Patient Story

- Zakiriya (5 ½ years old) has been a patient at GOSH since he was three months old. He has been under the care of multiple specialities and has had multiple procedures. The complexity and rarity of Zakiriya's condition led to him and his family receiving support from the SWAN (Syndromes without a name) team at GOSH. SWAN supports children, young people and their families who have an undiagnosed probable genetic disease.
- The Board heard from Zakiriya's mother Ayesha, about the practical and emotional help she received from SWAN, the importance of their work, and the difference this makes in coordinating and navigating Zakiriya's care.

Feedback from walkrounds

- Suzanne Ellis went to Physiotherapy and received positive feedback about their new work environment.
- Kathryn Ludlow and Chris Kennedy went to the Octav Botnar laboratories and discussed estate matters.

Directorate presentation: Research and innovation

- The Trust Board received an overview of the Directorate's successes and challenges from Professor David Goldblatt and plans for the future

Staff Survey results

- The Trust Board was disappointed in the deterioration in results. An action plan for improving would be presented to the next Trust Board.

GOSH Innovation update

- The Trust Board received an update on the progress of the Innovation Directorate over the last two years including: key findings, governance structures, key risks & challenges and plans for the next 12 months.

Annual plan

- The Trust Board approved the annual plan for 2023/24.

Updates from key meetings

- Received summary reports from the Council of Governors, Audit Committee, Quality, Safety and Experience Assurance Committee, Finance and Investment Committee and People and Education Assurance Committee.

Public Board papers, including those from the March 2023 meeting can be found here:

<https://www.gosh.nhs.uk/about-us/who-we-are/organisational-structure/trust-board/trust-board-meetings/> and on GovHub - for Trust Governors only.

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.

5 Integrated Quality and Performance Report (February 2023 data)

The Integrated Quality and 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.

Overall, the February 2023 strikes unavoidably affected delivery of services and performance. Proactive preparations by the Operational Teams included: derogations for essential services, virtual outpatient appointment where possible and carefully planned inpatient admissions.

Key points to raise:

Patient Safety	<p>Incident numbers remained within expected ranges.</p> <p>Serious Incidents: No new serious incidents were declared in month.</p> <p>Risks: Overall, 13% of risks were overdue across the register and a plan is in place to work with teams to review these.</p>
Effectiveness	<p>The Trust's Better Value target for 2022/23 is £22.8 million.</p> <p>The total value of schemes identified was £17.7m; £15.91m has been identified with a YTD performance of £14.06m.</p> <p>Good progress is being made with delivering schemes with a current year end forecast outturn of £15.5m.</p> <p>The 23/24 Better Value Programme is now in development.</p>
Patient Experience	<p>There were 12 new complaints received in month (126 YTD).</p>
Well-Led	<p>Vacancy rates for the Trust fell slightly to 7.0% from 7.2% and remains below the 10% target.</p> <p>Voluntary turnover remains at 14.2% and exceeds the Trust target (14%).</p> <p>Statutory & mandatory training compliance: compliance remained stable at to 94%, with all directorates meeting the target.</p> <p>Freedom to Speak Up: The service received 11 contacts in February which was an increase from the previous month. The main themes being raised in February related to concerns around staff wellbeing, bullying and quality & safety of care.</p>
Patient Access	<p>RTT Performance for February was 69.8%. This was a 6% decrease from last month and remains below trajectory.</p> <p>Performance has been affected by the national rail strikes, staff strikes, inherited breaches and bed pressures.</p> <p>March 2023 RTT performance is expected to further decrease due to ongoing industrial action.</p>

6 Finance Report (March 2023 data)

The year-to-date financial position for the Trust was a £14.1m deficit which was £4.1m adverse to plan. The position was due to a combination of reduced clinical income linked to changes in the national funding regime for 2022/23; increased drugs costs; and, higher than planned spend on pay and maintenance of software.

International and Private Care income saw an improvement in activity, leading to a £6.2m favourable position.

Attachment: C

Pay costs were £19.6m adverse year-to-date due to additional costs associated with increasing activity, pay award, reducing the waiting lists and delays in the Better Value programme.

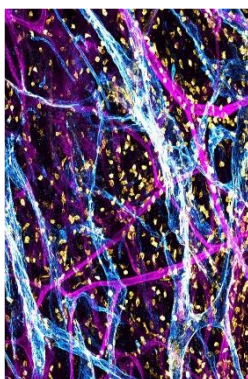
Non-pay was £14.6m adverse year-to-date largely due to higher levels of Passthrough Drugs (offset with income).

The Chief Finance Officer will provide a verbal update on the latest position at the meeting.

7 Wider GOSH news

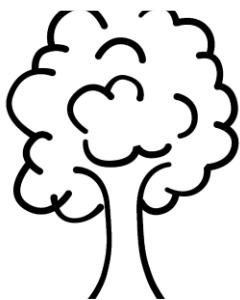
All GOSH news stories can be found here: <https://www.gosh.nhs.uk/news/>.

Governors may wish to read the following articles on the website in particular:



Stunning images showcase life-changing research at GOSH

- **Stunning images showcase life-changing research at GOSH**
- Staff were from across Great Ormond Street Hospital (GOSH), and its affiliated institutes submitted 11 images, gifs and videos which illustrate the breadth of transformative research connected to GOSH
- After hundreds of votes across social media platforms, the image crowned the winner was 'A 3D snapshot of the hidden highways in childhood kidney cancer', entered by a team of multidisciplinary researchers at GOSH and UCL GOSH ICH.



Air pollution levels added to patient's postcodes

- Air pollution levels for patient's postcodes have been added to their medical records to help families understand the risk in their local area.
- Clinicians can compare the patient's postcode levels to those recommended by the World Health Organisation (WHO), to explore any risk this may pose. Now that the air pollution data has been added to the medical records, training will be rolled out across GOSH.
- Mark Hayden, Nicola Wilson and Johanna Andersson, who led the project at GOSH hope to work with other hospitals to add air pollution to more patients' records.

APPENDIX 1: GOSH Patient Safety Statement

Patient Safety at Great Ormond Street is our purpose not just our priority, ensuring that our patients and their families receive safe high-quality care. We will achieve this through ensuring that as a Trust, and as individuals, we Listen, Learn and Lead.



Listen: We will involve and engage with our patients and families about what is happening within the Hospital, discuss their choices and listen to their experiences. We will foster a culture of openness and curiosity when things go wrong and speak with our patients, families, and staff about why errors have been made in a timely and honest, and transparent way. We will listen to our patients, families, and staff about their ideas to improve or enhance patient safety.



Learn: We will operate robust processes for identifying and learning from patient safety events, both when things go wrong but also when things go right. When things have gone wrong, we will try our hardest to understand why and facilitate a culture amongst our staff of learning without blame. Noting the complexities and rarity of much of the work we do at GOSH not only will we share the learning from our successes but, also where we have sought external expertise and advice to support further improvements. We will embed learning into our working practices, policies, systems, processes, and teaching.



Lead: We will collectively lead a psychologically safe organisation, where staff feel able and are supported to 'Speak Up' openly about concerns without fear of rebuttal or retribution. We will support the implementation of the ambitious safety culture and transformation programmes at GOSH. We will share what we have learnt and improved, to lead on patient safety in the field of paediatrics nationally and internationally. Our leadership style will be one of openness and transparency, and we will ensure that this is reflected throughout the organisation.



NHS

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Integrated Quality & Performance Report

March 2023

Reporting February 2023 data



**John
Quinn**

Chief
Operating
Officer

**Tracy
Luckett**

Chief Nurse

**Sanjiv
Sharma**

Medical
Director

**Caroline
Anderson**

Director of HR
& OD

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

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

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

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

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

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

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

Integrated Quality & Performance Report, February 2023

Patient Safety

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

Patient Experience

FFT Experience	■	→
FFT Response	■	↗
PALS	■	→
Complaints	■	→

Well Led

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

Patient Access

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

Effective

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

Patient Safety - Incidents & Risks

Overview

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

Patient Safety - Incidents		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Last 12 months	RAG	Stat/Target		
New Incidents	Volume	661	532	608	577	675	620	600	617	592	498	551	550		No Threshold	Target		
Total Incidents (open at month end)	Volume	1444	1477	1522	1687	1922	2109	2181	2013	1523	1367	1441	1489		No Threshold	Target		
New Serious Incidents	Volume	2	2	4	1	4	2	1	1	1	1	1	0		No Threshold	Target		
Total SIs (open at month end)	Volume	17	20	18	14	15	10	12	3	3	3	3	2			Target		
Overdue SI Actions	Volume	16	12	12	25	14	4	18	20	15	16	11	19		>20	10 - 20	0 - 9	Target
Incidents involving actual harm	%	22%	21%	18%	15%	12%	13%	11%	10%	13%	11%	14%	12%		>25%	15%-25%	<15%	Target
Never Events	Volume	1	0	0	0	0	1	0	0	0	0	0	0		>/=1		0	Stat
Pressure Ulcers (3+)	Volume	0	0	1	0	0	0	1	1	1	0	0	0		>1	=1	=0	Stat
Duty of Candour Cases (new in month)	Volume	3	3	7	3	8	7	7	3	4	1	2	7		No Threshold	Target		
Duty of Candour – Stage 2 compliance (case due in month)	%	66%	1/5	3/3	3/5	1/3	1/5	3/6	3/5	3/4	1/2	1/2	2/4		<75%	75%-90%	>90%	Target
Duty of Candour – Stage 3 compliance (case due in month)*	%	33%	1/1	2/6	2/2	1/3	0/0	0/0	2/4	2/5	2/3	1/4	2/3		<50%	50%-70%	>70%	Target
High Risks (% overdue for review)**	%	21%	28%	32%	5%	5%	40%	9%	4%	5%	35%	19%	26%		>20%	10% - 20%	<10%	Target

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

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

Patient Safety - Infection Control & Inpatient Mortality

Overview

- CV Line infections remained at a stable rate for the month of Feb 23 at 1.9/1000 line days for the month. This maintains the downward trajectory that we have seen since the Summer of 2022. Gram negative bacteraemia's are slightly reduced for the month of Feb with only 4 klebsiella species being reported but no other gram negatives were reported for the month.
- Both the number of cardiac arrests and respiratory arrests outside of ICU/theatres are within normal variation.
- The inpatient mortality rate is within normal variation .Whilst it is useful for understanding the frequency of inpatient deaths, compared to activity, however we recognise that it is not risk adjusted data. That is, it doesn't account for how unwell the patient was on admission and the likelihood of death as a potential outcome. There are two additional processes by which we can effectively understand our mortality outcomes at GOSH. The gold standard for measuring paediatric mortality is through benchmarking by the Paediatric Intensive Care Audit Network (PICANet). The most recent PICANet report was published on the 9th March 2023 and covers the calendar years 2019-21. The report shows GOSH PICU/NICU and CICU risk adjusted mortality as within expected range. There have been no outliers detected in our real time risk adjusted monitoring of PICU/NICU deaths through M+Ms. This is important as the majority of patient deaths at GOSH are in intensive care areas

Infection Control

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

Inpatient Mortality & Cardiac Arrest

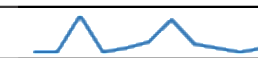

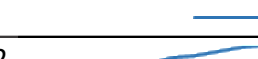





	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Last 12 months	RAG	Stat/Target
Number of In-hospital Deaths	9	8	7	7	10	8	7	12	4	9	8	13		No Threshold	
Inpatient Mortality per 1000/discharges	7.8	8.1	6.7	6.6	9.0	7.3	6.6	11.6	3.8	10.2	7.8	13.8		No Threshold	
Cardiac arrests outside ICU/theatres	1	1	0	0	1	1	2	2	0	2	2	2		No Threshold	
Respiratory arrests outside ICU/theatres	1	1	2	3	0	2	2	2	0	1	2	0		No Threshold	
Inquests currently open	12	14	13	13	14	15	10	12	12	9	8	6		No Threshold	

Better Value:

The Trust's Better Value target for 2022/23 is £22.8 million. The total value of schemes identified is £17.7m; £15.91m has been identified and acknowledged on the finance tracker, with a YTD performance of £14.06m (as of 09/03/23). Good progress is being made with delivering schemes signed off into the live tracker, with a current year end forecast outturn of £15.5m. A further £153k of schemes under development are green in planning and being finalised for the ledger with Finance.

The 23/24 Better Value Programme is now in development. Directorates are currently being asked to map out clinically led initiatives, and are also identifying any spend to save schemes so that these can be reviewed, prioritised and developed. Procurement have also been asked to provide directorates with details of opportunities in contracts expiring in year, product switches that will provide efficiencies and details of any part year effects of schemes from 22/23 so this can be counted against the 23/24 programme.

Effectiveness

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Last 12 months
Speciality led clinical audits completed (actual YTD)	8	16	24	32	48	66	80	90	100	110	116	
Outcome reports published (YTD)	0	0	0	2	2	3	5	7	7	8	9	
QI Project completed	0	0	10	0	1	3	9	2	1	0	1	
QI Projects started	1	1	28	7	15	6	2	14	17	14	12	
NICE guidance currently overdue for review					0	0	0	0	0	0	0	
Better Value YTD Actual				£3,706,440	£4,633,985	£6,010,393	£8,681,000	£9,848,000	£11,152,000	£12,822,000	£14,061,472	
% value of schemes identified compared to their Better Value target		77.8%	83.0%	80.4%	89.9%	78.0%	82.4%	77.8%	77.6%	77.60%	77.60%	
Number of schemes identified		80	97	102	110	119	125	125	125	125	125	
Number of schemes fully signed off and EQIA assessed		4	26	45	46	75	118	118	118	118	118	
Number of schemes identified but not signed off		76	71	57	64	34	7	7	7	7	7	

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

Overview

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

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

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

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

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

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

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

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

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

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

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

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

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

Well Led Metrics Tracking

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Last 12 months	RAG Levels			Stat/Target
Mandatory Training Compliance	92.0%	93.0%	93.0%	93.0%	94.0%	93.0%	93.0%	93.0%	94.0%	94.0%	94.0%	94.0%		<80%	80-90%	>90%	Stat
Stat/Man training – Medical & Dental Staff	86.0%	86.0%	86.0%	86.0%	86.0%	85.0%	83.0%	85.0%	88.0%	90.0%	91.0%	91.0%		<80%	80-90%	>90%	Stat
Appraisal Rate (Non-Consultants)	86.0%	87.0%	86.0%	84.0%	83.0%	78.0%	77.0%	82.0%	83.0%	84.0%	82.0%	81.0%		<80%	80-90%	>90%	Stat
Appraisal Compliance (Consultant)	93.0%	87.0%	86.0%	87.0%	85.0%	87.0%	85.0%	85.0%	85.0%	94.0%	95.0%	93.0%		<80%	80-90%	>90%	Stat
Honorary contract training compliance	76.0%	76.0%	74.0%	72.0%	71.0%	69.0%	68.0%	70.0%	69.0%	69.0%	69.0%	66.0%		<80%	80-90%	>90%	Stat
Safeguarding Children Level 3 Training	89.0%	94.0%	94.0%	94.0%	96.0%	95.0%	95.0%	95.0%	95.0%	96.0%	97.0%	96.0%		<80%	80-90%	>90%	Stat
Safeguarding Adults Level 2 Training	92.0%	92.0%	94.0%	93.0%	94.0%	94.0%	93.0%	93.0%	95.0%	95.0%	96.0%	95.0%		<80%	80-90%	>90%	Stat
Resuscitation Training	80.0%	79.0%	77.0%	78.0%	81.0%	81.0%	82.0%	83.0%	87.0%	87.0%	87.0%	87.0%		<80%	80-90%	>90%	Stat
Sickness Rate <small>see note 3</small>	3.7%	4.3%	3.6%	3.6%	3.3%	3.3%	3.6%	3.5%	4.0%	4.5%	3.7%	3.0%		>5.3%	3-5.3%	<3%	T
Turnover Rate (Voluntary)	12.1%	12.1%	12.2%	12.1%	12.6%	12.5%	13.6%	13.9%	14.3%	14.0%	14.2%	14.2%		>14%	N/A	<14%	T
Vacancy Rate – Trust	4.0%	6.2%	6.4%	5.8%	6.8%	7.1%	7.4%	5.9%	6.3%	6.9%	7.2%	7.0%		>10%	N/A	<10%	T
Vacancy Rate - Nursing	3.5%	5.9%	6.2%	6.1%	7.8%	8.8%	9.0%	4.5%	5.6%	7.0%	7.7%	8.3%		No Threshold			T
Bank Spend	5.2%	5.5%	4.2%	5.5%	5.5%	5.5%	5.4%	5.4%	5.4%	5.3%	5.4%	5.4%		No Threshold			T
Agency Spend	1.2%	1.1%	1.2%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%		>2%	N/A	<2%	T
Quarterly Staff Survey - I would recommend my organisation as a place to work		65%			62%						65%			No Threshold			T
Quarterly Staff Survey - I would be happy with the standard of care provided by this organisation		88%			87%						87%			No Threshold			T
Quarterly Staff Survey - Overall Staff Engagement (scale 0-10) <small>See note 1</small>		7.5			7.0						7.0			No Threshold			T
Quarter Staff Survey - Communication between senior management and staff is effective <small>See note 1</small>		46.0%			41%						45%			No Threshold			T
Number of people contacting the Freedom To Speak Up Service	19	16	13	15	20	20	11	15	13	10	7	11		No Threshold			T
Number of Themes of concerns raised as part of Freedom to Speak Up Service (note 2)		25	21	24	33	32	15	21	23	15	9	15		No Threshold			T

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

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

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

Safer Staffing- Nursing only

Vacancy rate: Average registered nurse (RN) vacancy rate has increased since last month to 8.2% but remains below Trust target (10%) and NCL ICS RN average vacancy rate (10%). Vacancy percentage rates are high in some individual wards and units due to the small numbers involved. This is currently being mitigated through bank usage and bed closures. Recruitment pipelines include the next cohort of Newly Registered Nurses (NRNs) in April, with 13 starters planned, in addition to direct and local recruitment activity. Research and Innovation vacancy rates are high but staff are only recruited on the basis of planned activity and do not indicate safe staffing concerns. The vacancy rate for the International Directorate has increased since last month due to the new Hedgehog staffing budget being phased in.

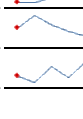
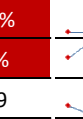




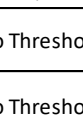
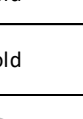
Voluntary Turnover: Based on a 12 month rolling average the vol. turnover for February remains above trust target (14%) at 16.5%. Retention work continues with the implementation of bitesize masterclasses for ward managers, face-to-face career clinics, health and well being initiatives, and plans for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

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

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

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

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

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

Overview

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

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

Bottlenecks

Consultant availability in particular for Dental, Orthopaedics and SNAPS

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

Specialist surgeon availability predominantly for joint cases and complex patients

Community/local physiotherapy capacity for the SDR pathway

Increases in inherited waits above 52 weeks. (Where patients arrive from referring hospitals with a significant time already on the clock).

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

Respiratory complex patient bed requirement impacting sleep study activity

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

Bed closures due to combination of patient acuity and staff sickness

Actions

Continuation of Weekly Access Meeting with General Managers chaired by COO

Continuation of Weekly PTL challenge sessions with directorates

Continued focus on reduction of long wait patients

Additional clinics for Endocrinology from April

Additional Stress Echo list being run

Discussion on mutual aid for Dental Services

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

Clinical Genetics Consultant joined in February

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

Patient Access Metrics

Access Metrics Tracking	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Trajectory	Last 12 months	RAG Levels			Stat/Target
RTT Open Pathway: % waiting within 18 weeks	76.0%	75.2%	76.8%	75.3%	73.7%	72.3%	71.8%	72.4%	73.2%	70.9%	71.4%	69.8%	Below		<92%	N/A	>=92%	Stat
Waiting greater than 18 weeks - Incomplete Pathways	1,635	1,733	1,638	1,765	1,900	2,006	2,023	2,012	1,944	2,154	2,169	2,280	-		No Threshold			-
Waiting greater than 52 weeks - Incomplete Pathways	142	151	160	177	177	196	202	206	219	248	279	311	Above		>0	N/A	=0	Stat
Waiting greater than 78 weeks - Incomplete Pathways	27	28	24	24	20	25	30	28	28	45	47	52	Above		TBC			T
Waiting greater than 104 weeks - Incomplete Pathways	5	7	4	3	0	0	1	1	3	5	5	3	Above		>0	N/A	=0	Stat
18 week RTT PTL size	6811	7009	7070	7150	7239	7229	7176	7295	7264	7401	7580	7545	-		No Threshold			-
Diagnostics- % waiting less than 6 weeks	86.8%	84.1%	84.7%	82.6%	83.9%	84.1%	83.5%	88.4%	89.2%	82.6%	82.6%	87.6%	Below		<99%	N/A	>99%	Stat
Total DM01 PTL size	1,463	1,556	1,565	1,489	1,506	1,480	1,463	1,714	1,747	1,767	1,663	1,841	-		No Threshold			-
Cancer waits: 31 Day: Referral to 1st Treatment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		<85%	N/A	>85%	Stat
Cancer waits: 31 Day: Decision to treat to 1st Treatment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		<96%	N/A	>96%	Stat
Cancer waits: 31 Day: Subsequent treatment – surgery	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		<94%	N/A	>94%	Stat
Cancer waits: 31 Day: Subsequent treatment - drugs	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		<98%	N/A	>98%	Stat
Cancer waits: 62 Day: Consultant Upgrade	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	92%	-		No Threshold			-
Cancelled Operations for Non Clinical Reasons (note 1)	34	23	31	28	43	28	33	38	53	27	45		-		No Threshold			-
Cancelled Operations: 28 day breaches	1	2	4	4	4	4	2	5	1	3	3		-		>0	N/A	=0	Stat
Number of patients with a past planned TCI date (note 4)	1,126	1,244	1,398	1,256	1,261	1,347	1,112	1,193	1,270	1,261	1,390	1,356	-		No Threshold			-
NHS Referrals received- External	2,818	2,470	2,603	2,673	2,607	2,431	2,611	2,901	2,920	2,453	2,754	2,667	-		No Threshold			-
NHS Referrals received- Internal	2,016	1,812	2,023	1,767	1,883	1,789	1,820	2,124	2,198	1,625	1,980	2,039	-		No Threshold			-
Total NHS Outpatient Appointment Cancellations (note 2)	7,637	6,704	6,626	6,816	7,352	7,472	6,910	6,352	6,368	6,449	6,308	6,212	-		No Threshold			-
NHS Outpatient Appointment Cancellations by Hospital (note 3)	2,156	1,690	1,473	1,499	1,569	1,493	1,707	1,441	1,366	1,576	1,514	1,740	-		No Threshold			-

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

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

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

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

Patient Access - Activity Monitoring at Month 11

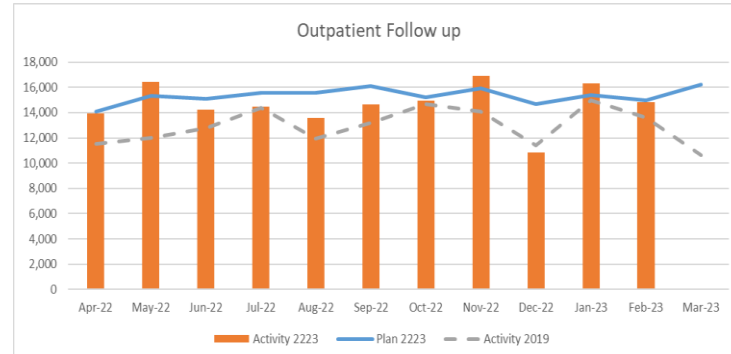
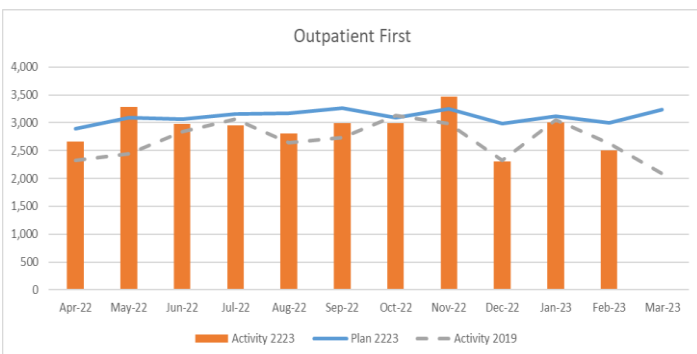
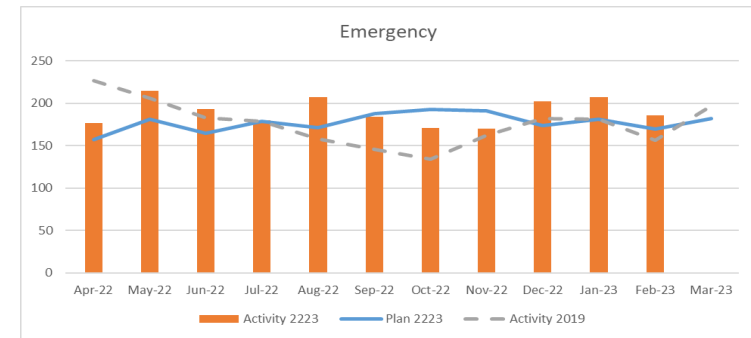
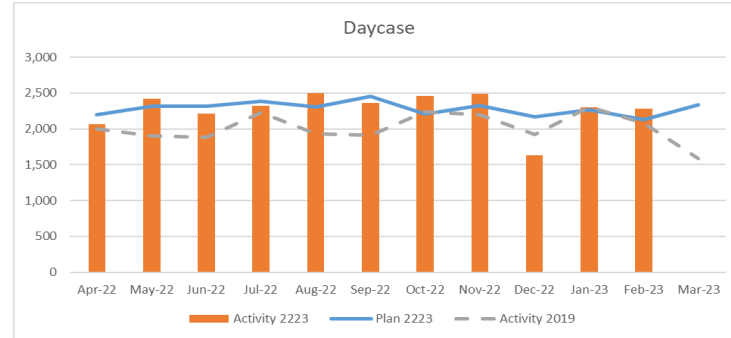
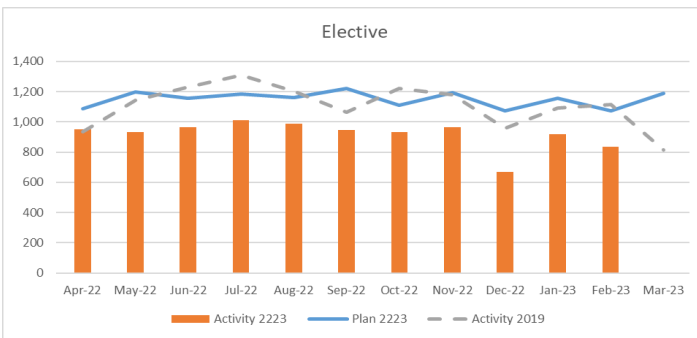
Overview:

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

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

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

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



Overview YTD M11

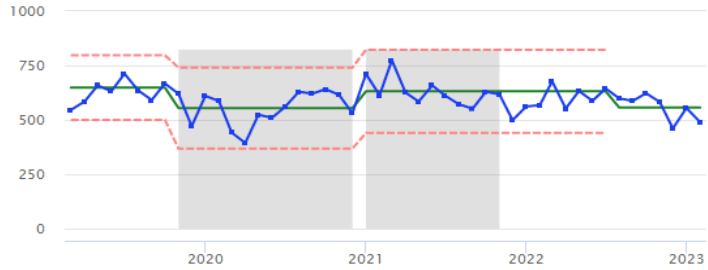
POD	Plan 2223	Activity 2223	Activity 2019	% of 19/20	% of Plan
Daycase	25,074	25,043	22,623	110.70%	99.87%
Elective	12,626	10,111	12,454	81.19%	80.08%
Emergency	1,951	2,092	1,914	109.30%	107.21%
First OPA	34,075	31,950	30,156	105.95%	93.76%
Follow-up OPA	167,952	161,112	144,493	111.50%	95.93%
Grand Total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

Appendix

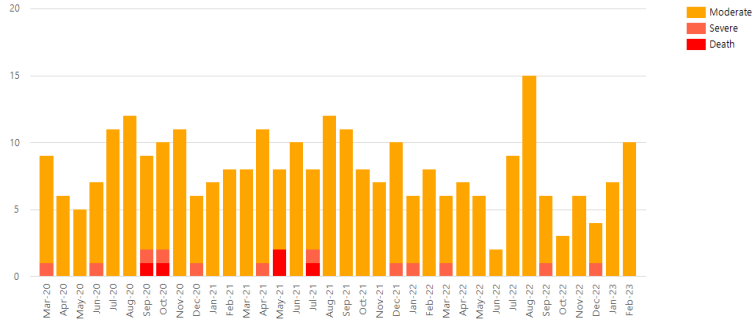
Integrated Quality & Performance Report

Appendix 1: Patient Safety (incidents & risks)

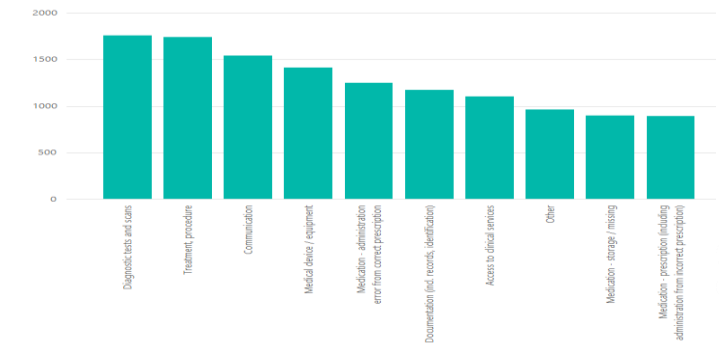
New Incidents



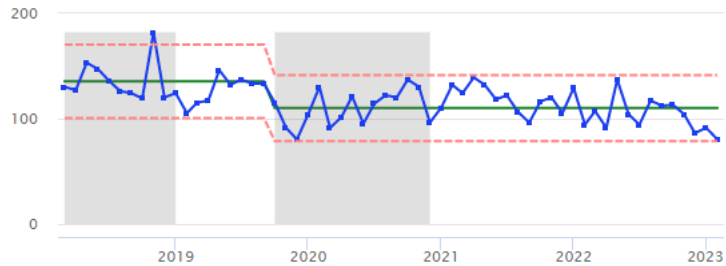
Incidents by Harm



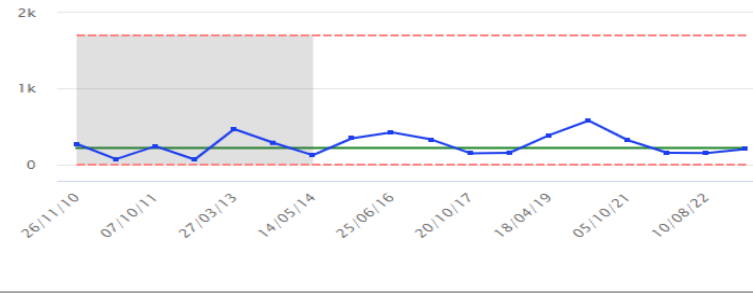
Top 10 Incident Categories (themes)



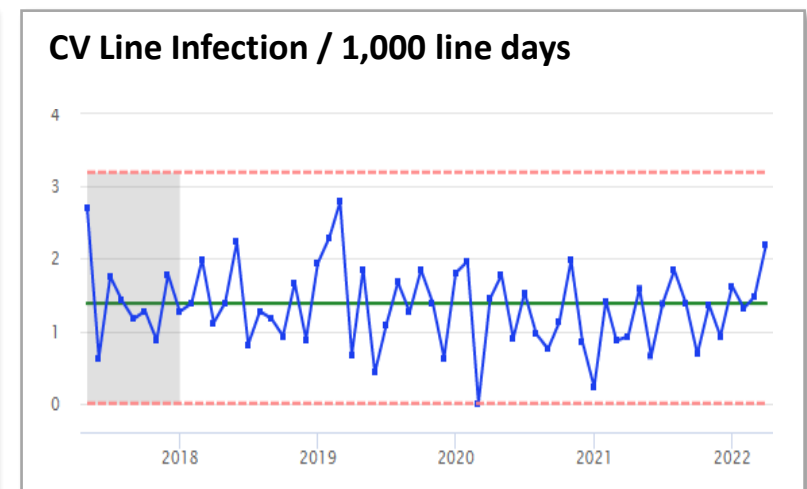
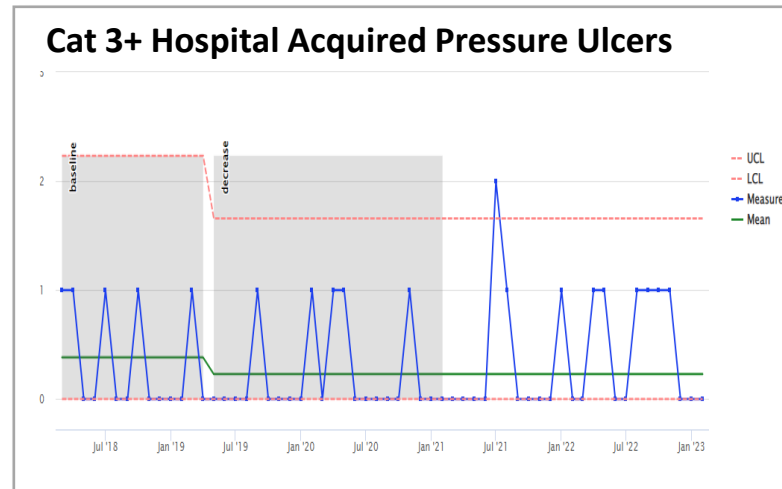
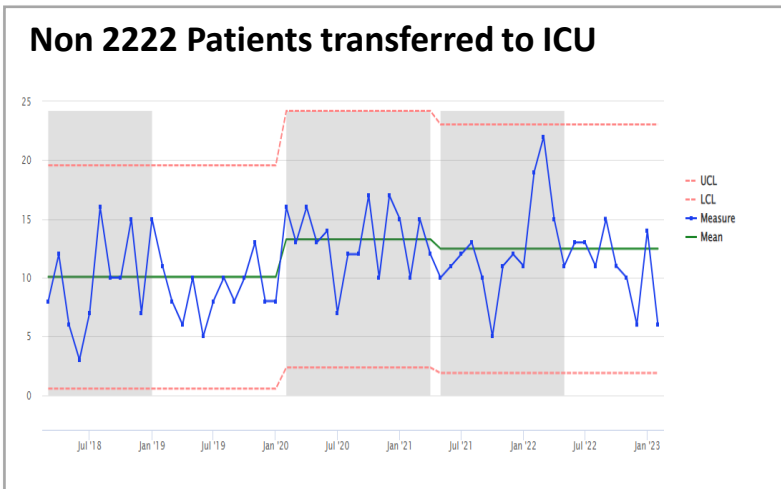
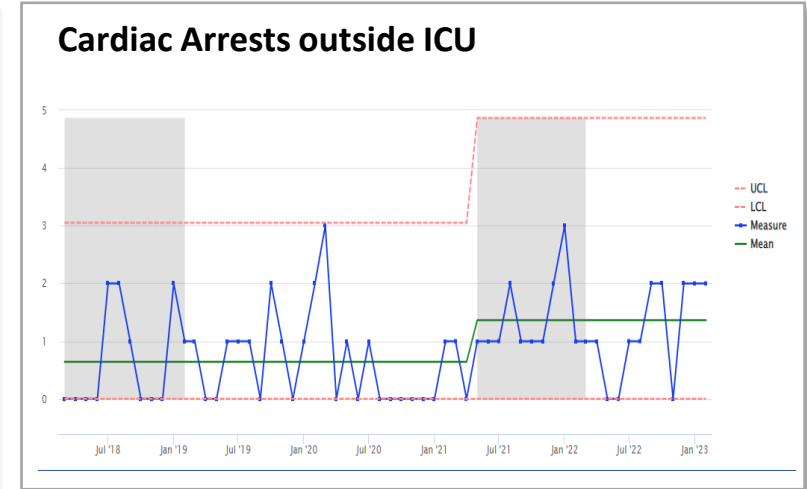
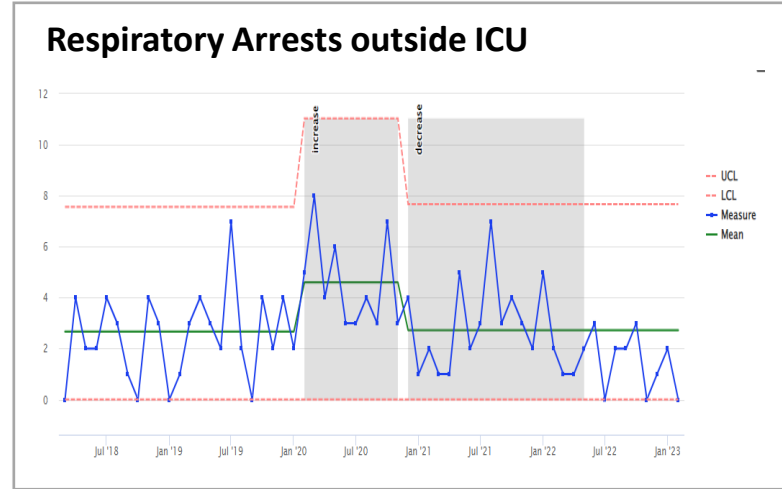
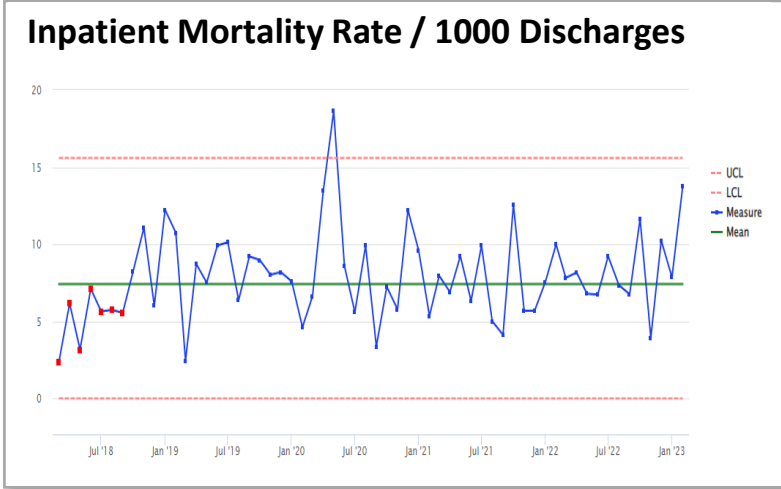
Medication Incidents



Days Since never events



Appendix 2: Patient Safety (Infection & mortality)



Appendix 3: Friends and Family

Overview:

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

Headline:

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

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

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

Total comments received – 1098 (increased from January).

16% of FFT comments are from patients.

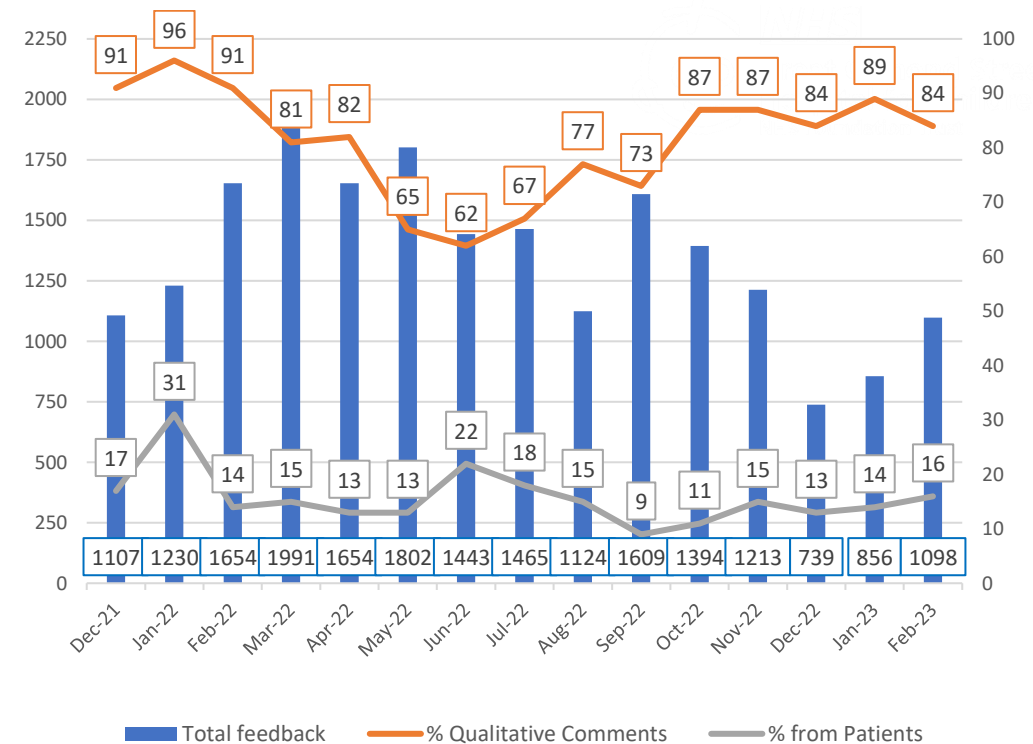
84% of responses had qualitative comments.

Positive Areas:

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

Areas for Improvement:

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



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

Appendix 3: Complaints

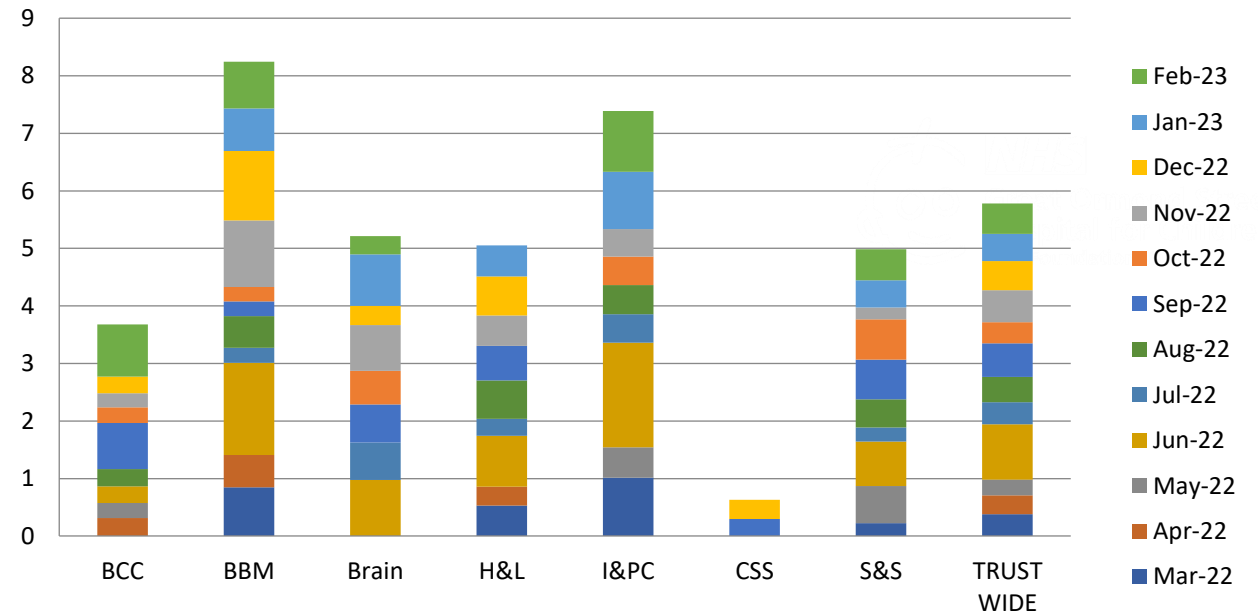
Headline: The Trust received 12 new formal complaints in February. This brings the number of complaints received since April 2022 to 126 (48 more than the total of complaints received in the whole of 2021/22).

Concerns raised: In February families complained about:

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

Closed complaints since April 2022

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



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

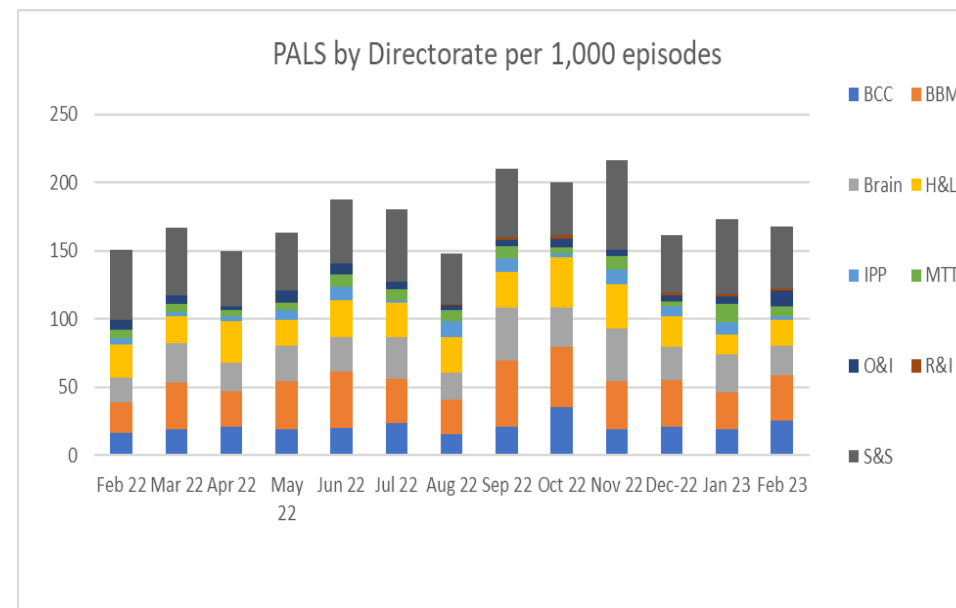
- Department guidance is being produced around how often a consultant should see a patient between being seen by a Fellows/SPRs.
- Information has been communicated around the support to patients and families when they are experiencing health care anxiety and have expressed trauma experienced during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

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

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

Significant areas of focus:

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

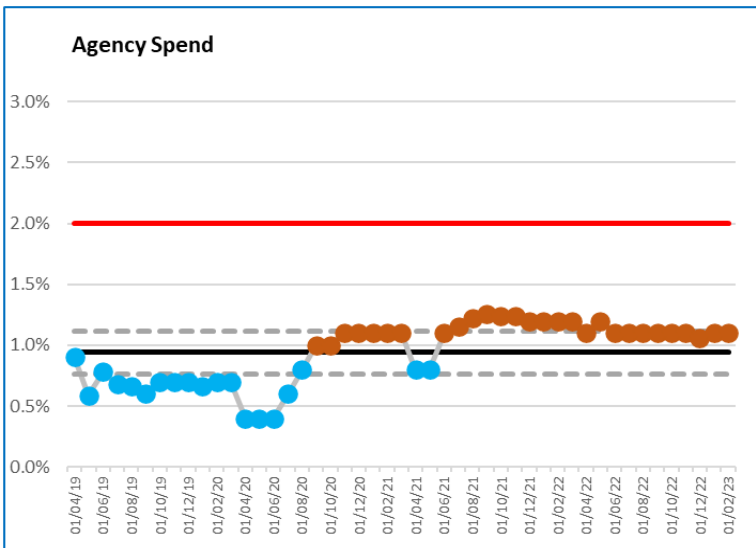
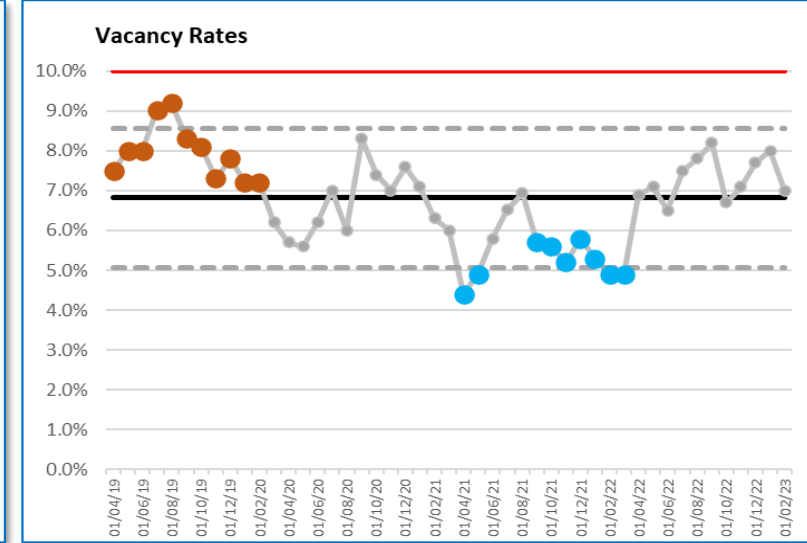
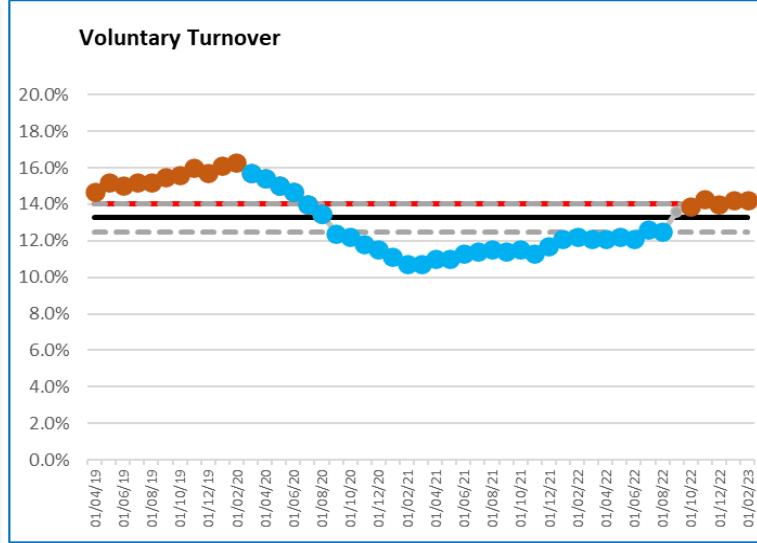
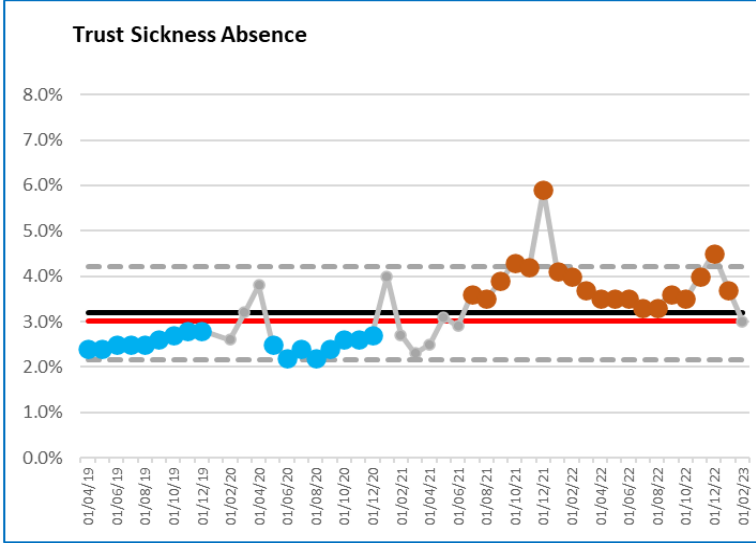


Improvement plans:

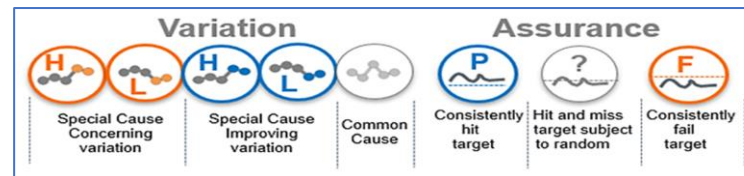
Urology- The team have made some service improvements after looking into previous themes of the Pals contacts. It has been noted that incorrect extension numbers for secretaries has been displayed and the lack of voicemail facilities which has now been rectified. The team are now making sure patients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

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

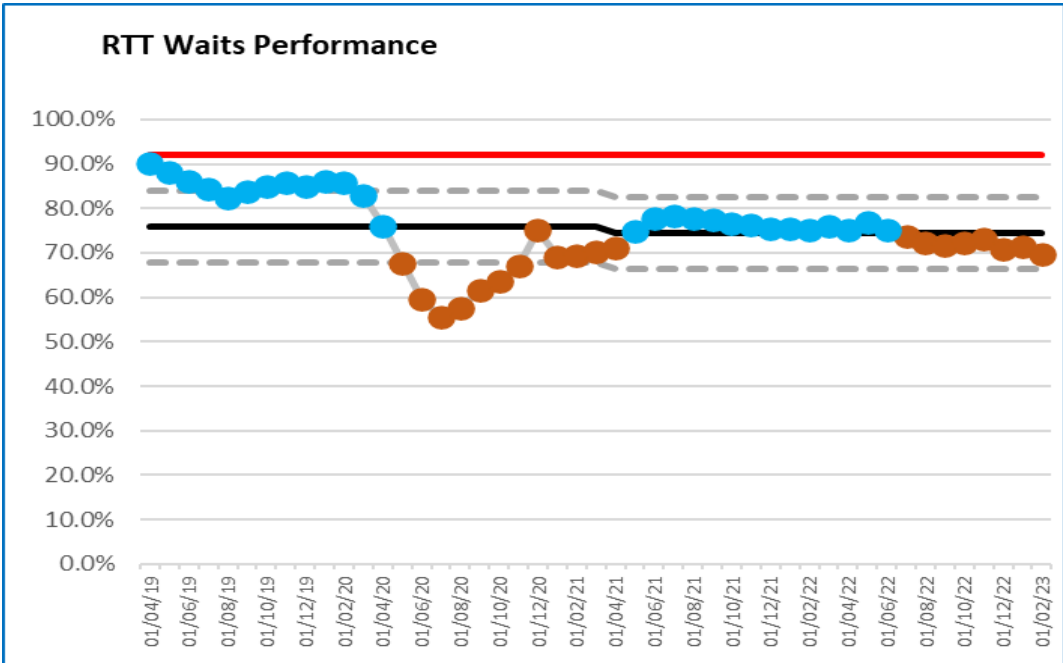
Appendix 4: Workforce SPC Analysis



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



Appendix 5: Referral to Treatment times (RTT)

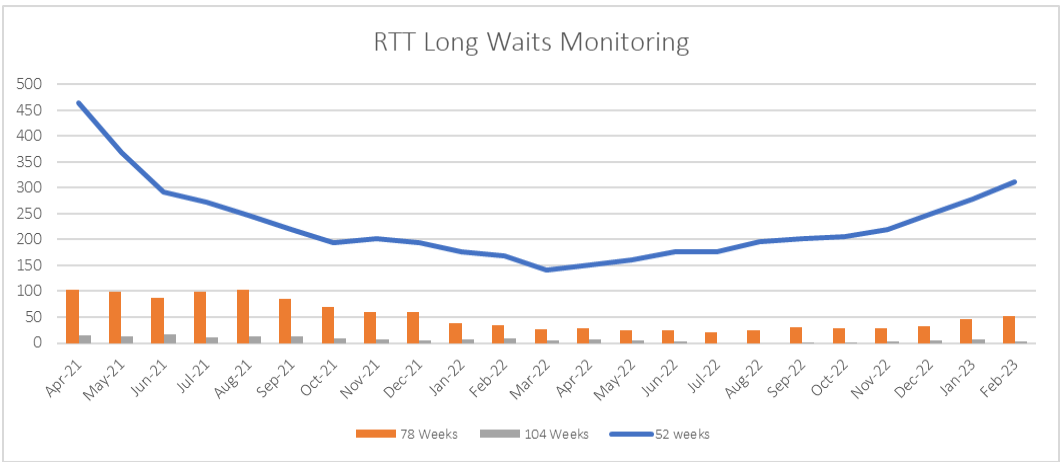
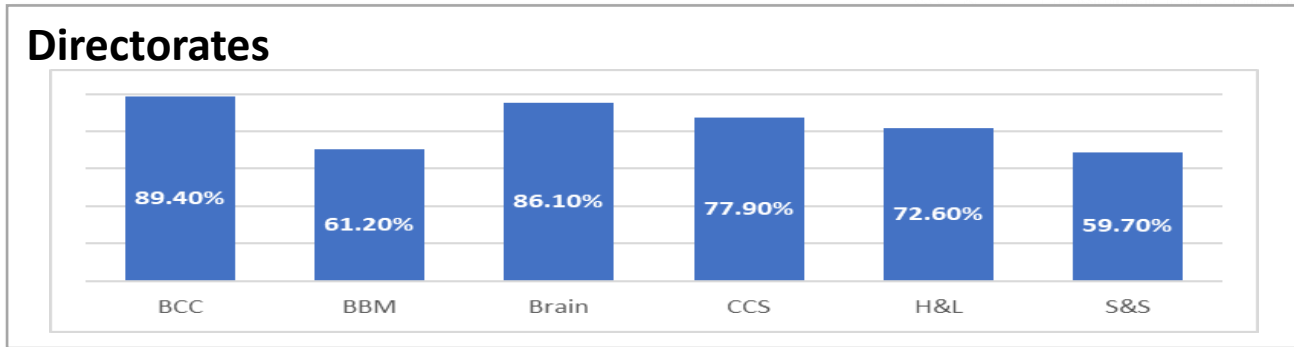


RTT:
69.8% ↓ **1.6%**
 People waiting less than 18 weeks for treatment from referral.

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

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

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



RTT PTL Clinical Prioritisation – past must be seen by date

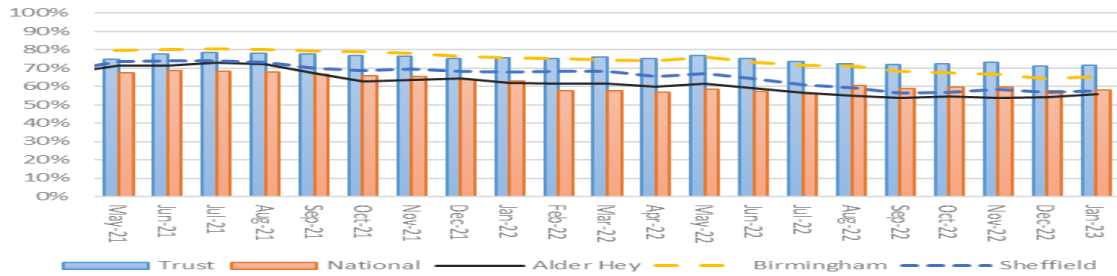
P2
168 ↑ **9**

P3
680 ↑ **8**

P4
481 ↑ **24**

Appendix 5: National and NCL RTT Performance –January 2023

RTT Performance against Children's Providers national standard 92%

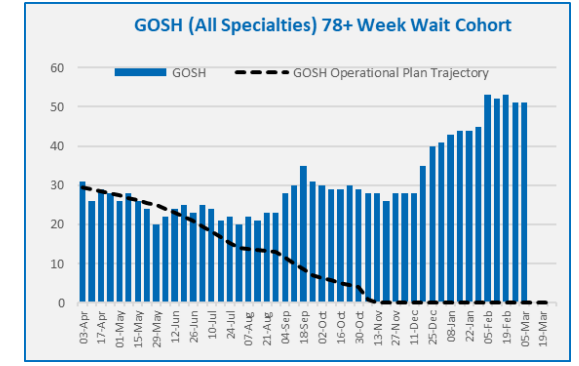
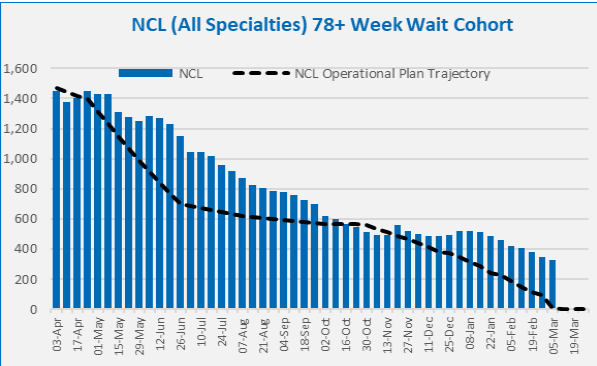
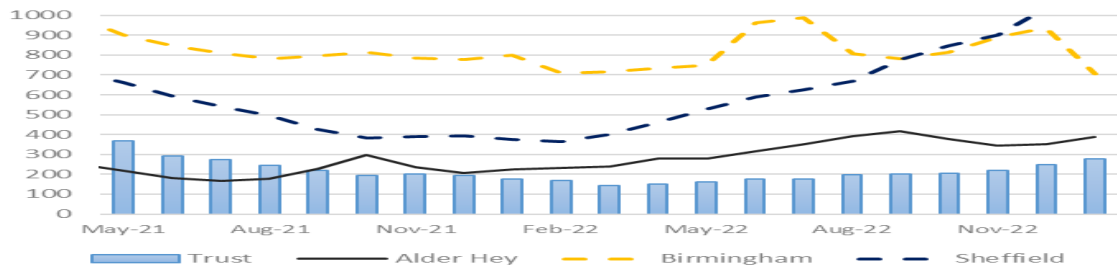


Overall for NCL the 78+ week wait position is above projected plan at 86 patients but has decreased by 1000 from April 2022. GOSH is above trajectory by 51 patients.

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

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

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

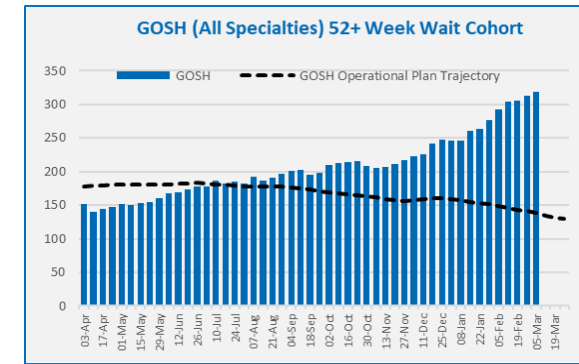
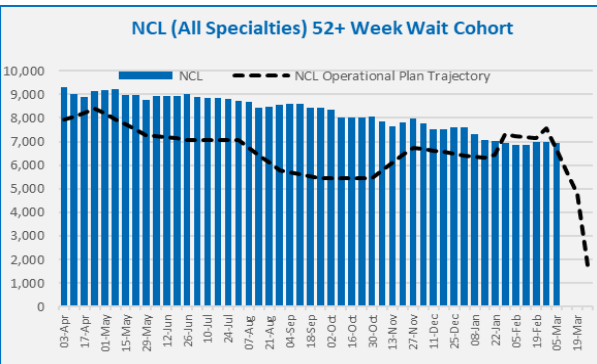


Nationally, at the end of January, 57.8% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks.

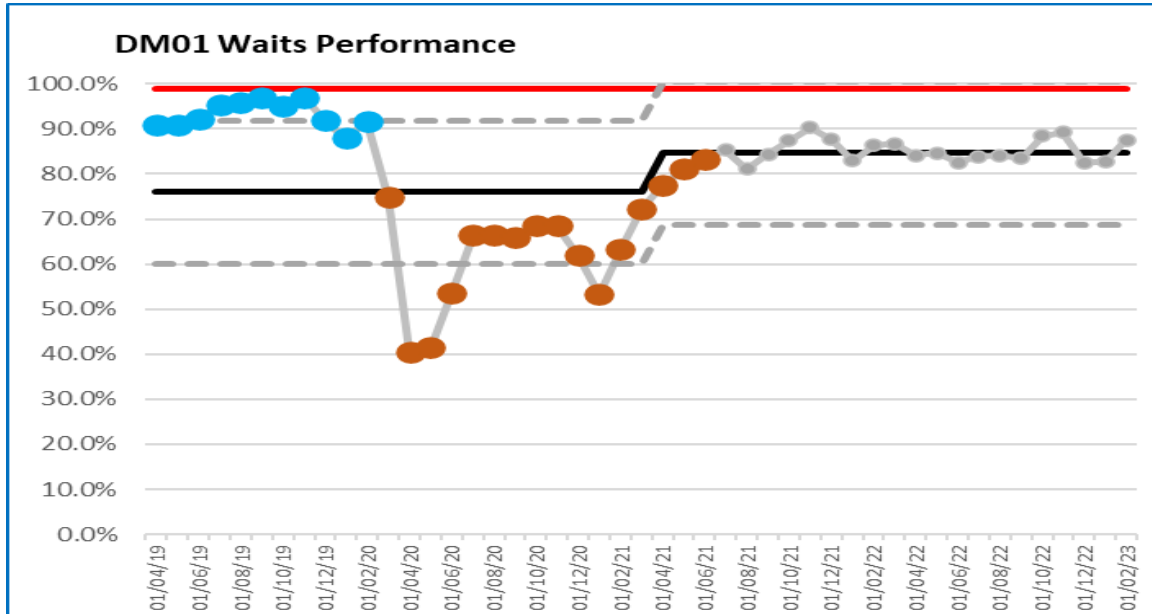
GOSH is tracking 13% above the national January performance at 71.4% and is inline with comparative children's providers. RTT Performance for Sheffield Children (57.5%), Birmingham Women's and Children's (65.2%) and Alder Hey (55.6%).

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

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



Appendix 6: Diagnostic Monitoring Waiting Times (DM01)



DM01:

87.6% 5%

People waiting less than 6 weeks for diagnostic test.

>6 Weeks:

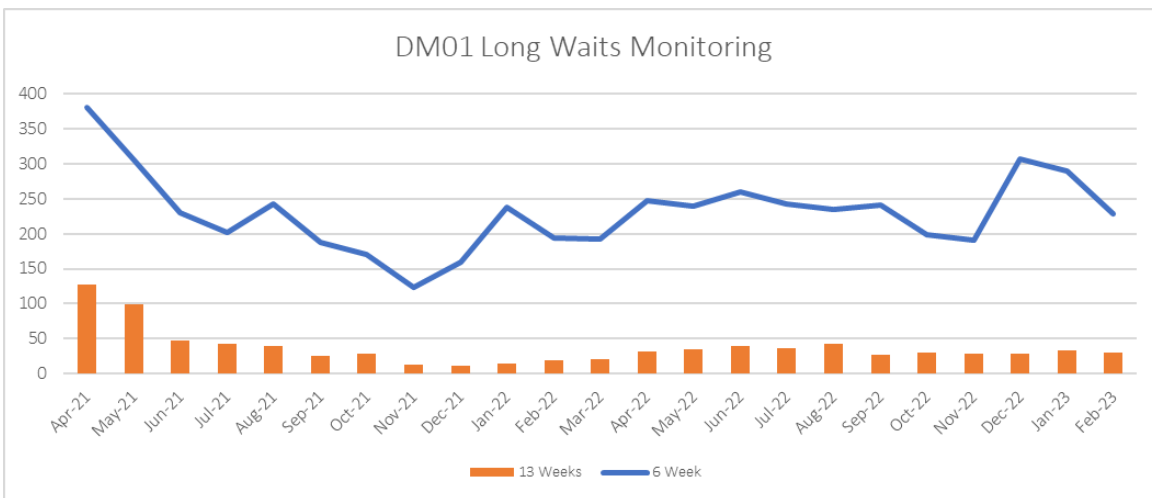
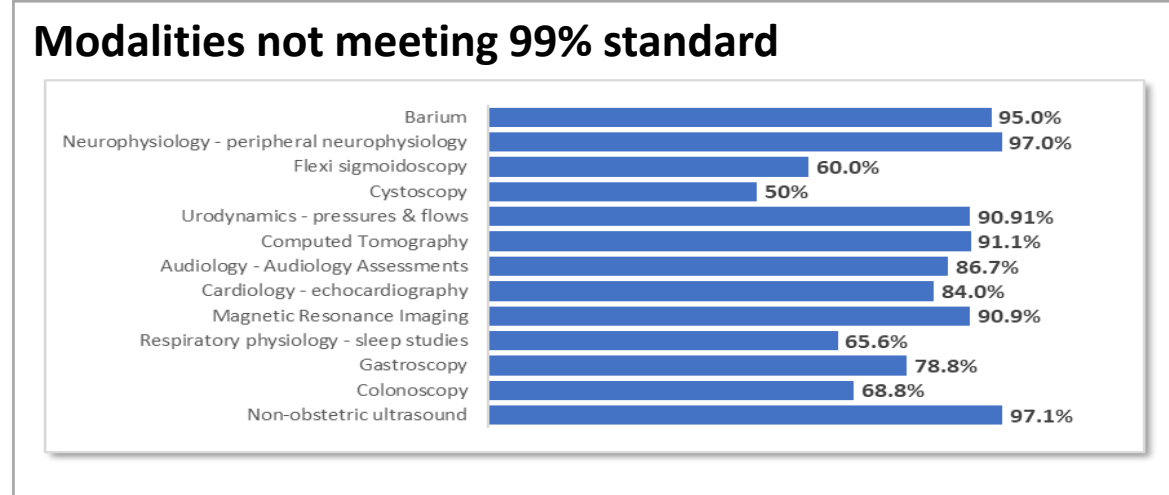
228 61

Patients waiting over 6 weeks

>13 Weeks:

30 4

Patients waiting over 13 weeks



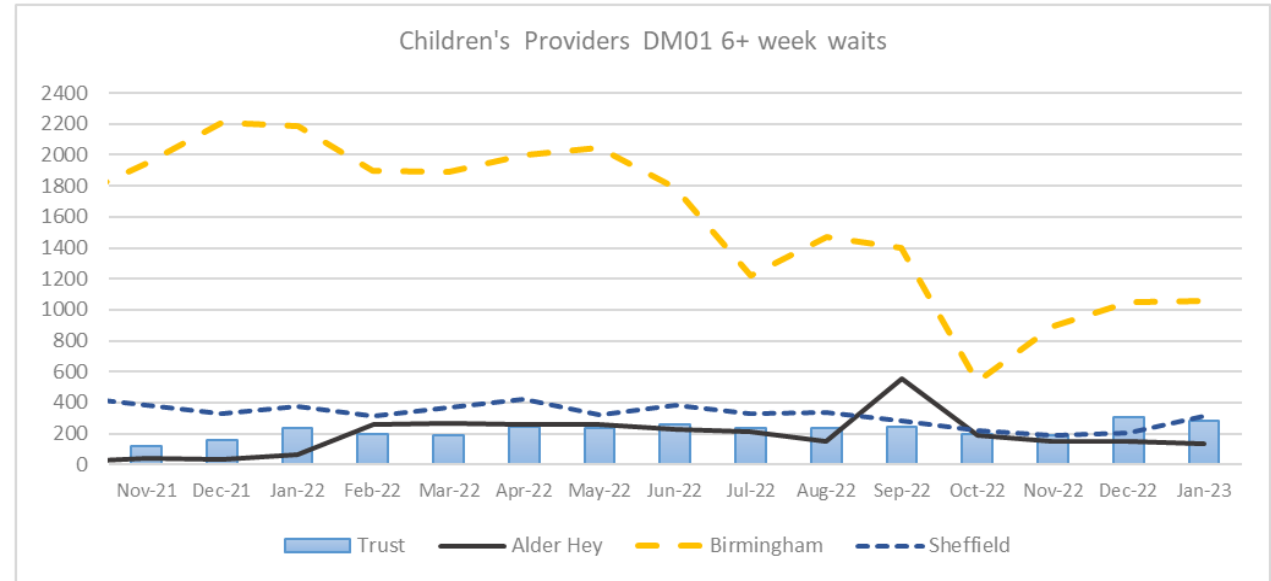
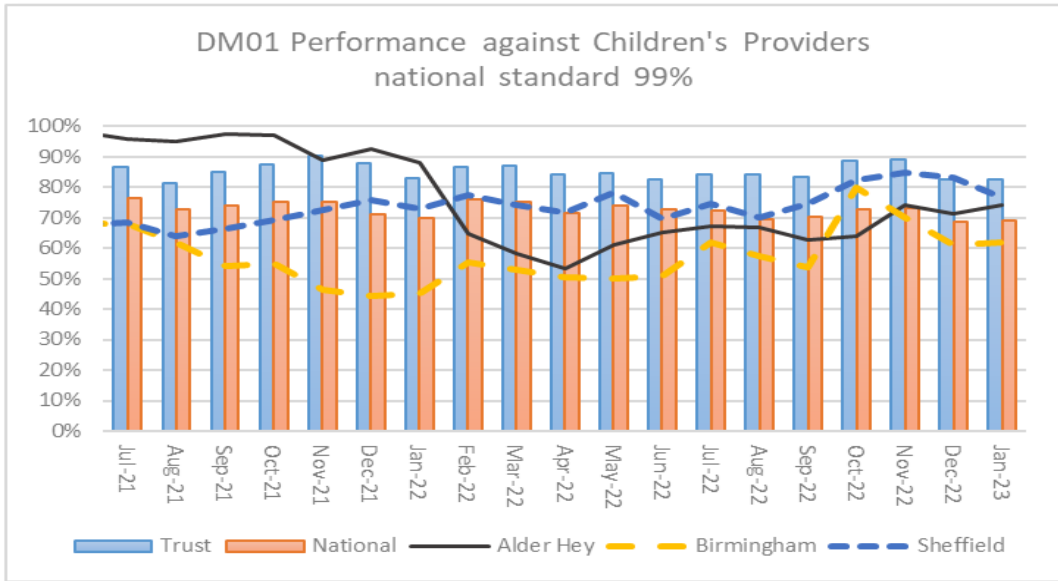
Appendix 6: National Diagnostic Performance and 6 week waits – January 2023

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

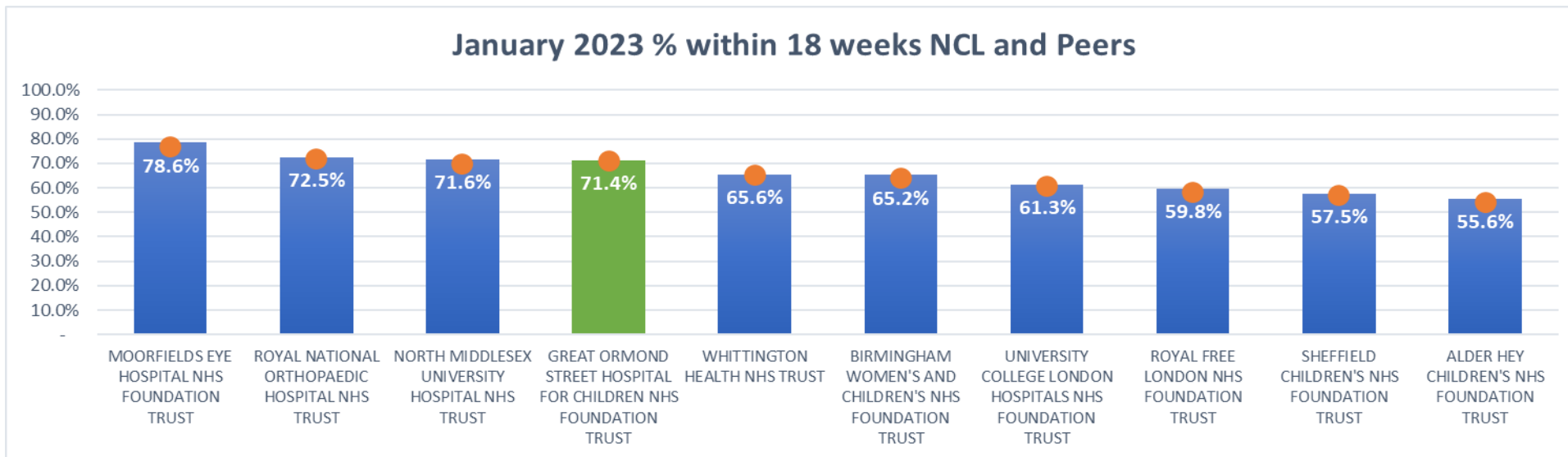
GOSH is tracking 13% above the national January performance and is inline with comparative children’s providers. DM01 Performance for Sheffield Children (76.7%), Birmingham Women’s and Children’s (61.7%) and Alder Hey (74.3%).

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

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

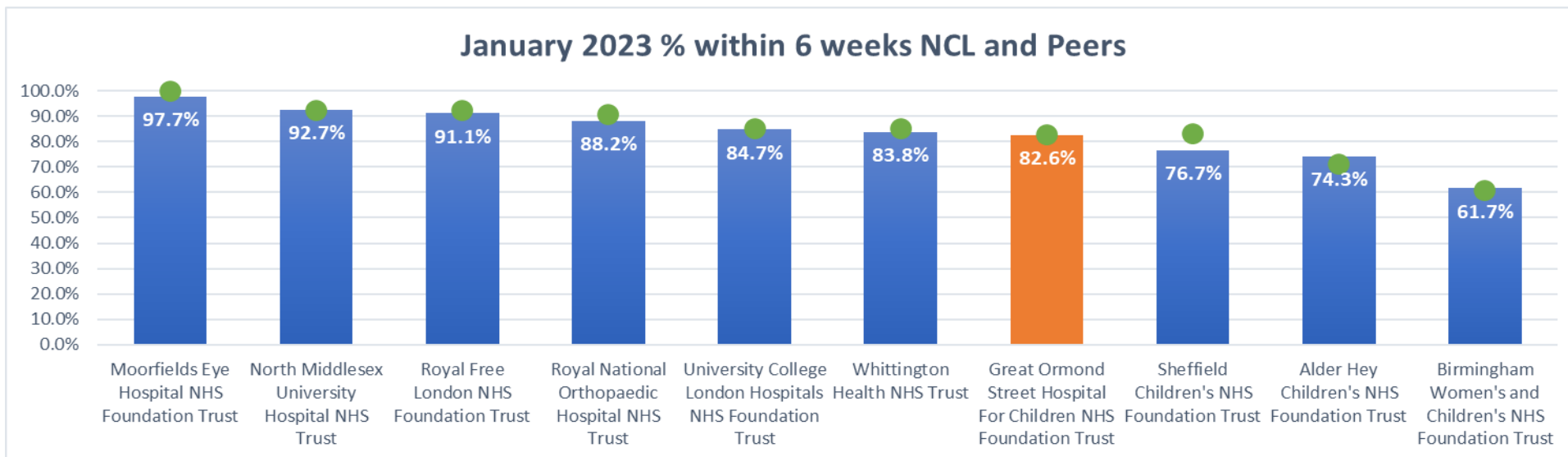


Referral to Treatment



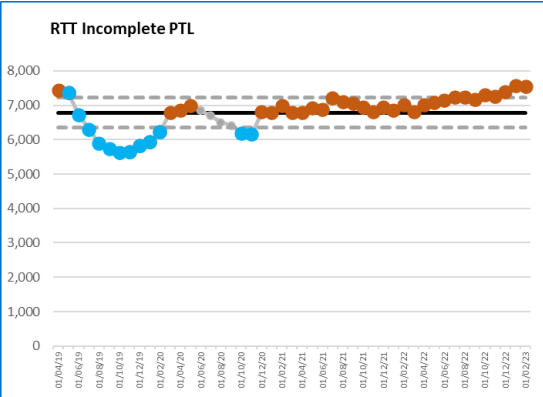
Orange markers indicate December performance. GOSH for the month of December is in the top four of the selected Peers. GOSH is ranked 41st out of 168 providers.

Diagnostics

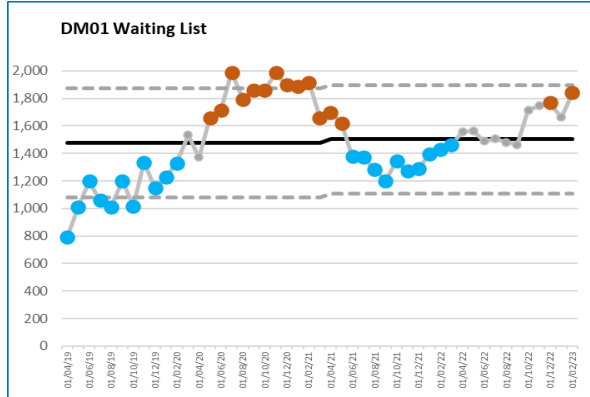


Green markers indicate December performance. GOSH for the month of January is in the bottom four of the selected Peers. GOSH is ranked 61st out of 154 providers.

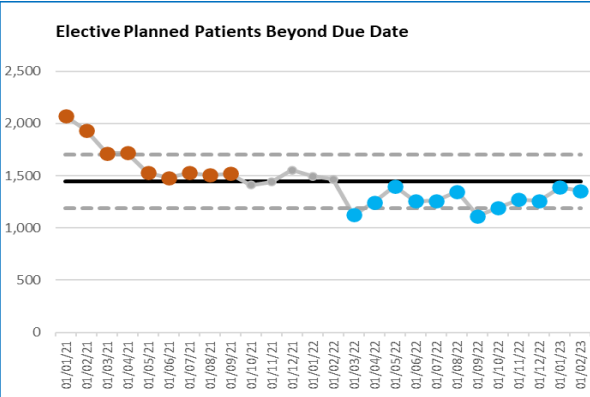
Appendix 8: Patient Access SPC Trends



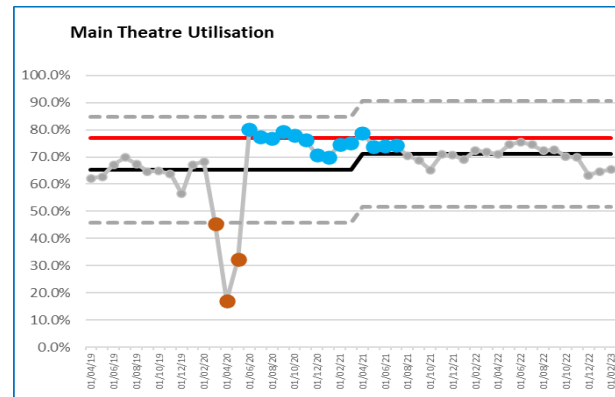
Special cause variation



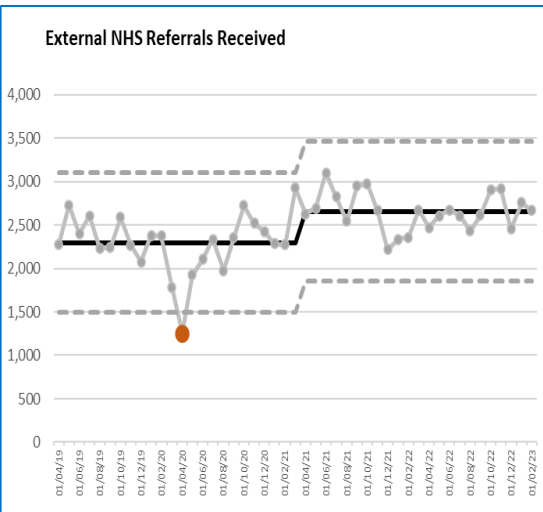
Increase seen, application of planned wait rules



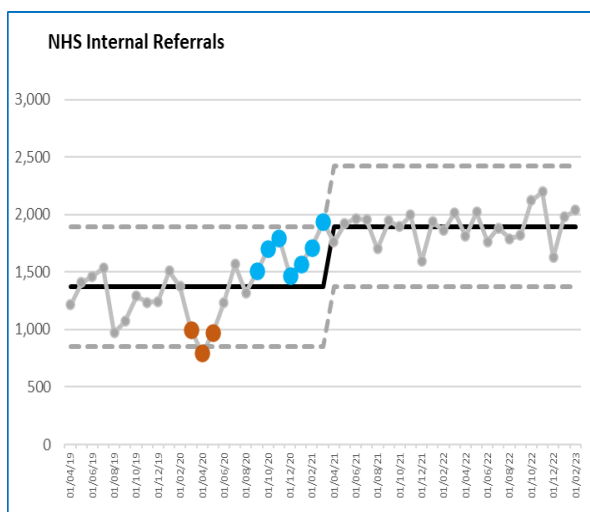
No significant variation



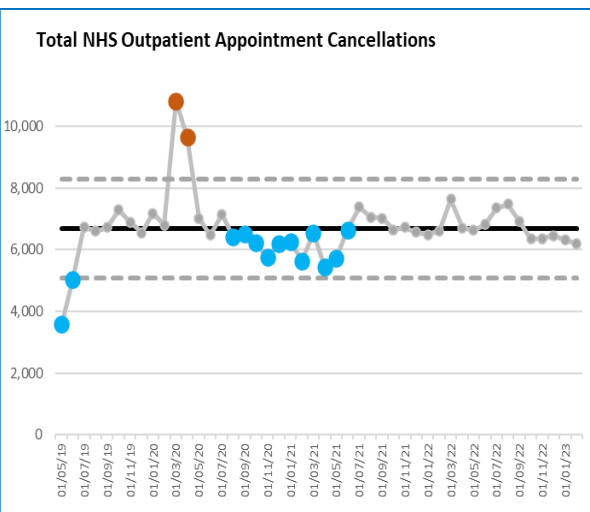
No significant variation



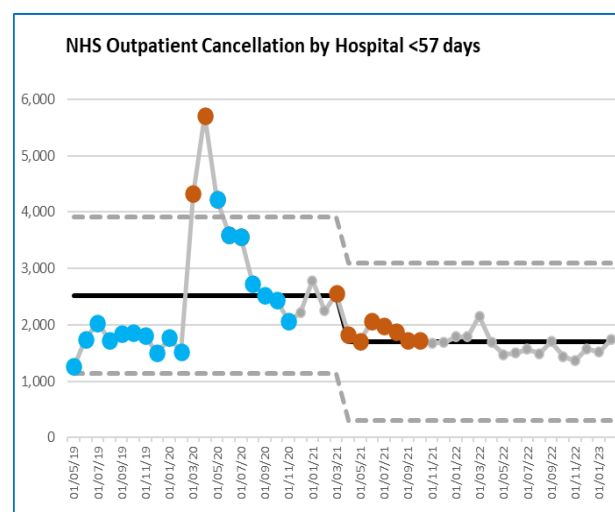
No significant variation, common cause



No significant variation, common cause



No significant variation, common cause



No significant variation, common cause

Integrated Quality & Performance Report

March 2023 (Reporting February 2023 data)

Finance and Workforce Performance Report Month 11 2022/23

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Summary Reports	Page
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Activity Summary	5
Income Summary	6
Workforce Summary	7
Non-Pay Summary	8
Better Value and COVID costs	9
Cash, Capital and Statement of Financial Position Summary	10

ACTUAL FINANCIAL PERFORMANCE

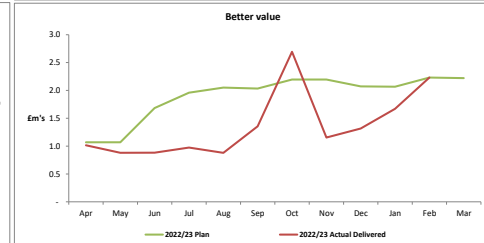
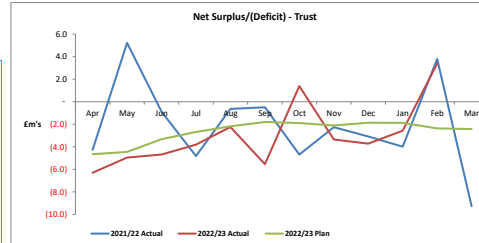
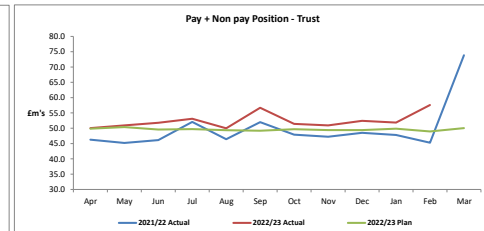
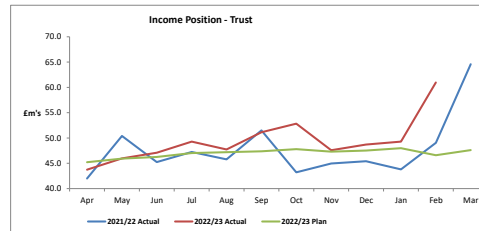
	In month			Year to date		
	Plan	Actual	RAG	Plan	Actual	RAG
INCOME	£46.6m	£61.0m	●	£516.2m	£544.3m	●
PAY	(£28.4m)	(£30.3m)	●	(£314.0m)	(£333.6m)	●
NON-PAY inc. owned depreciation and PDC	(£18.8m)	(£25.7m)	●	(£212.1m)	(£224.9m)	●
Surplus/Deficit excl. donated depreciation	(£0.6m)	£5.0m	●	(£10.0m)	(£14.1m)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

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

AREAS OF NOTE:

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

Income is £28.2m favourable YTD mainly due to long term ventilated patients (£1.7m), Overseas (£1.3m) and pay award funding (£5.3m). Private patient income (£6.2m) has seen an improvement in activity over the last few months which is forecast to continue going forward, Non clinical income is also forecast to improve as contracts are finalised with commercial and NHS bodies. Pay is £19.6m adverse YTD due to additional costs associated with increasing activity, pay award, reducing the waiting lists, strike action and delays in the Better Value programme. Non pay (including owned depreciation and PDC) is £12.7m adverse YTD largely due to higher levels of Drugs and an increased liability for HMRC. The Trust Better value programme is behind plan by £6.6m. This is associated with scheme lead in time taking longer than initially planned. The Trust has put additional challenge programmes into place to increase the delivery of the overall programme and has expanded its methods of engagement with all staff across the Trust.



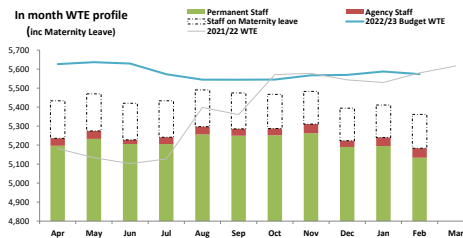
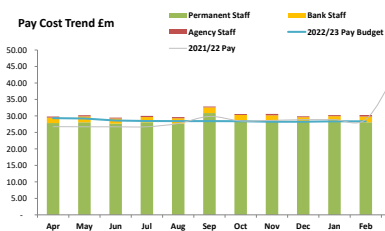
PEOPLE

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

AREAS OF NOTE:

Month 11 WTEs decreased in comparison to Month 10, largely within Bank for Nursing due to strike action. Although Substantive staff are below planned levels the use of bank remains high due to continued (but reducing) levels in relation to Vacancies, Covid isolation and sickness backfill. The Trust has seen significant levels of sickness within the domestic team and is working to reduce this and ensure the service continues without interruption.

The 28th February absence rate due to Covid was 0.2% of the permanent workforce which shows a static percentage compared to prior month, 0.2% on 31st January.

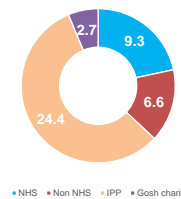


CASH, CAPITAL AND OTHER KPIS

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

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

Net receivables breakdown (£m)



AREAS OF NOTE:

- Cash held by the Trust increased in month from £87.1m to £92.4m.
- Capital expenditure for the year to date was £20.2m, £20.6m less than plan. The Trust-funded forecast total outturn is per plan.
- I&PC debtors days increased in month from 199 to 201. Total I&PC debt (net of cash deposits held) increased in month to £24.4m (£24.1m in M10). Overdue debt increased in month to £21.9m (£20.1m in M10).
- Creditor days decreased in month from 28 to 27 days.
- NHS debtor days increased in month from 4 to 7 days.
- In M11, 91% of the total value of creditor invoices were settled within 30 days of receipt; this represented 80% of the total number of creditor invoices paid in month. The percentage of invoices paid in both categories (value and number) is below the NHSE target of settling at least 95% of invoices within 30 days.

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



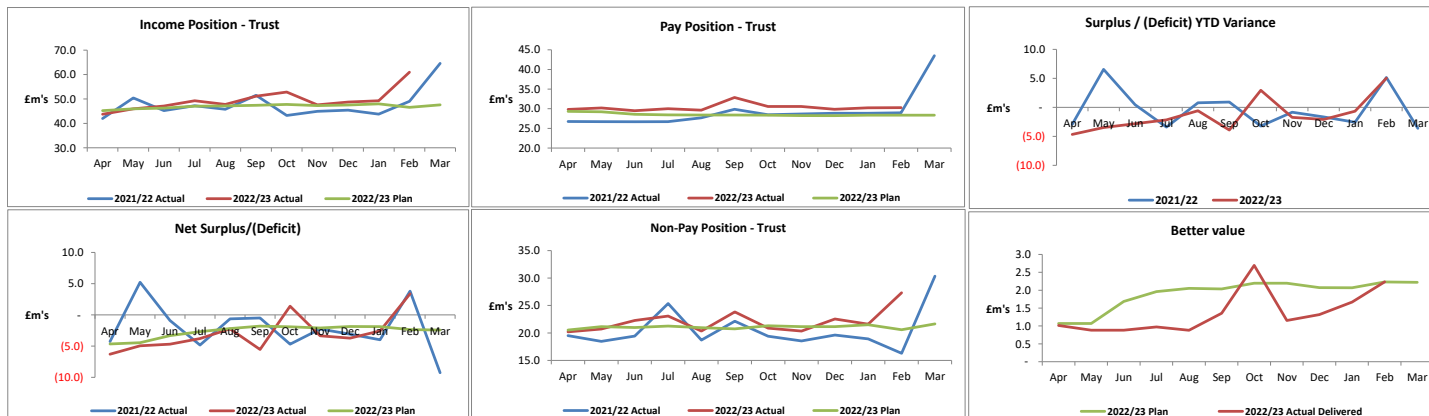
Annual Plan	Income & Expenditure	2022/23								Rating	Notes	2021/22	2022/23	2022/23
		Month 11				Year to Date						Actual	Plan YTD	Plan In-month
		Plan (£m)	Actual (£m)	Variance (£m)	Variance %	Plan (£m)	Actual (£m)	Variance (£m)	Variance %			M11 (£m)	M11 (£m)	M11 (£m)
452.02	NHS & Other Clinical Revenue	36.62	50.63	14.01	38.26%	414.57	438.79	24.22	5.84%	G	1	42.15	414.57	36.62
46.12	Private Patient Revenue	4.60	5.94	1.33	28.90%	41.32	47.55	6.23	15.08%	G	2	0.77	41.32	4.60
65.65	Non-Clinical Revenue	5.36	4.40	(0.96)	(17.95%)	60.29	58.00	(2.29)	(3.80%)	R	3	6.14	60.29	5.36
563.78	Total Operating Revenue	46.59	60.97	14.38	30.87%	516.19	544.34	28.16	5.45%	G		49.06	516.19	46.59
(322.02)	Permanent Staff	(26.81)	(28.07)	(1.26)	(4.68%)	(295.21)	(311.84)	(16.63)	(5.63%)	R		(26.97)	(295.21)	(26.81)
(3.65)	Agency Staff	(0.26)	(0.47)	(0.21)		(3.39)	(3.67)	(0.28)		R		(0.36)	(3.39)	(0.26)
(16.74)	Bank Staff	(1.30)	(1.73)	(0.43)	(33.07%)	(15.44)	(18.09)	(2.65)	(17.15%)	R		(1.64)	(15.44)	(1.30)
(342.41)	Total Employee Expenses	(28.37)	(30.27)	(1.90)	(6.68%)	(314.04)	(333.60)	(19.56)	(6.23%)	R	4	(28.96)	(314.04)	(28.37)
(94.54)	Drugs and Blood	(7.34)	(10.61)	(3.27)	(44.58%)	(86.34)	(93.95)	(7.61)	(8.81%)	R		(5.45)	(86.34)	(7.34)
(41.17)	Supplies and services - clinical	(3.33)	(4.19)	(0.86)	(25.74%)	(37.80)	(39.93)	(2.13)	(5.64%)	R		(3.45)	(37.80)	(3.33)
(71.02)	Other Expenses	(5.69)	(9.15)	(3.46)	(60.70%)	(65.15)	(72.91)	(7.76)	(11.90%)	R		(4.28)	(65.15)	(5.69)
(206.74)	Total Non-Pay Expenses	(16.36)	(23.94)	(7.58)	(46.35%)	(189.29)	(206.79)	(17.50)	(9.24%)	R	5	(13.17)	(189.29)	(16.36)
(549.15)	Total Expenses	(44.73)	(54.21)	(9.48)	(21.19%)	(503.33)	(540.39)	(37.06)	(7.36%)	R		(42.14)	(503.33)	(44.73)
14.64	EBITDA (exc Capital Donations)	1.85	6.75	4.90	264.36%	12.86	3.96	(8.90)	(69.23%)	R		6.92	12.86	1.85
(25.27)	Owned depreciation, Interest and PDC	(2.41)	(1.72)	0.70	28.95%	(22.85)	(18.09)	4.77	20.86%			(1.74)	(22.85)	(2.41)
(10.63)	Surplus/Deficit	(0.56)	5.04	5.60	999.51%	(10.00)	(14.13)	(4.13)	(41.32%)			5.18	(10.00)	(0.56)
(20.99)	Donated depreciation	(1.80)	(1.66)	0.15		(19.19)	(18.26)	0.93				(1.39)	(19.19)	(1.80)
(31.62)	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	(2.37)	3.38	5.75	999.51%	(29.19)	(32.40)	(3.21)	(41.32%)				(29.19)	(2.37)
0.00	Impairments & Unwinding Of Discount	0.00	0.00	0.00		0.00	0.00	0.00				0.00	0.00	0.00
29.61	Capital Donations	5.23	1.09	(4.14)		25.05	10.44	(14.61)				(0.48)	25.05	5.23
(2.01)	Adjusted Net Result	2.86	4.48	1.61	56.22%	(4.14)	(21.96)	(17.82)	(430.58%)			3.32	(4.14)	2.86

Summary

- The YTD Trust financial position at Month 11 is a deficit of £14.1m which is £4.1m adverse to plan.
- The deficit is due to a combination of reduced clinical income linked to changes in the national funding regime for 2022/23, increased drugs costs and higher than planned spend on pay and maintenance of software.

Notes

- NHS clinical income is £24.2m favourable to plan YTD due to increased income for passthrough drugs (offset with expenditure), other NHS clinical income, overseas income linked to additional activity, funding for long term ventilated patients and pay award funding.
- Private Patient income is £6.2m favourable to plan YTD which is due to increased levels of activity seen over the last two months.
- Non clinical income is £2.3m adverse to plan YTD. This is mainly driven by reduced levels of Commercial income and outreach clinics. The Trust is continuing to work on increasing the income from these within year.
- Pay costs are £19.6m adverse to plan YTD mainly due to high levels of bank usage linked to sickness, additional shifts to reduce the waiting lists, national pay award and non delivery of the Better Value programme.
- Non pay is £17.5m adverse to plan YTD largely due to increase in Drugs costs (£3.0m), Clinical supplies (£3.2m) and increased liability for HMRC.



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

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



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

-29.7

Summary

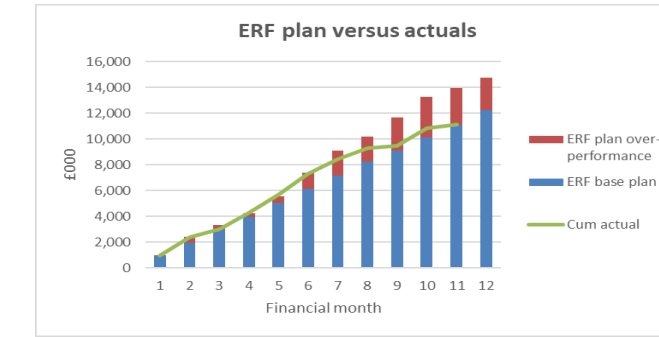
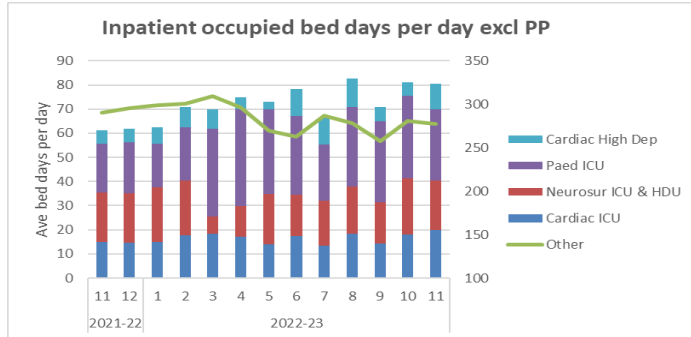
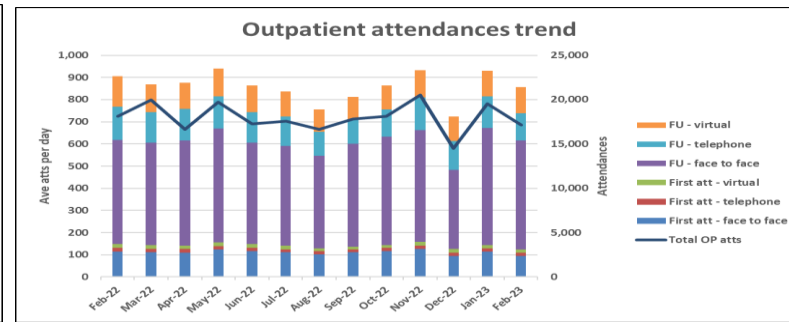
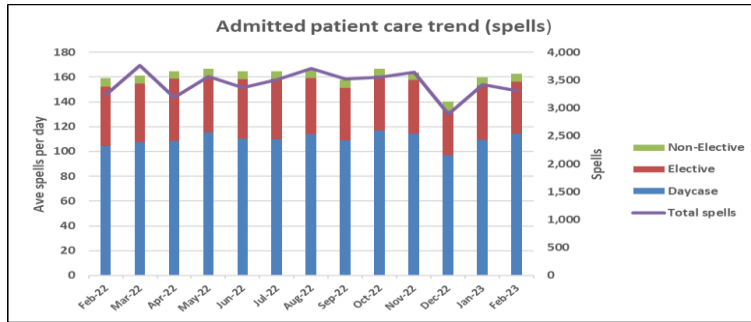
- In support of the ICB delivering a breakeven position at the end of the year the Trust control total is a £10.6m deficit.
- The NHS has released a new set of protocols that outline the manner in which a forecast can be updated. The Trust has reviewed its forecast with the ICB in line with the protocol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

Notes based on £10.6m deficit

- The forecast for NHS & other clinical revenue is above plan due to additional income related to updated pay award, pass through drugs and overseas income.
- Private Patient income is forecast to achieve £50.1m with the Trust continuing to work on its long term Recovery plan in order to delvier additional activity and bring in the current referrals within the pipeline.
- Pay is forecast to be £21.4m above plan due to the cost of delivering the activity levels, sickness and the additional pay award. All pay inflation has been offset with income.
- Non Pay is £49.7m above plan linked to additional pass through costs (offset by income) and clinical supplies linked to additional activity.

RAG Criteria:

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

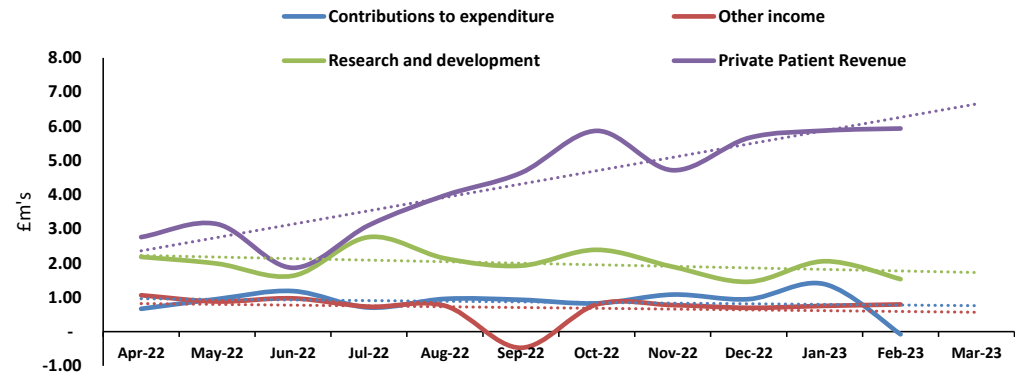
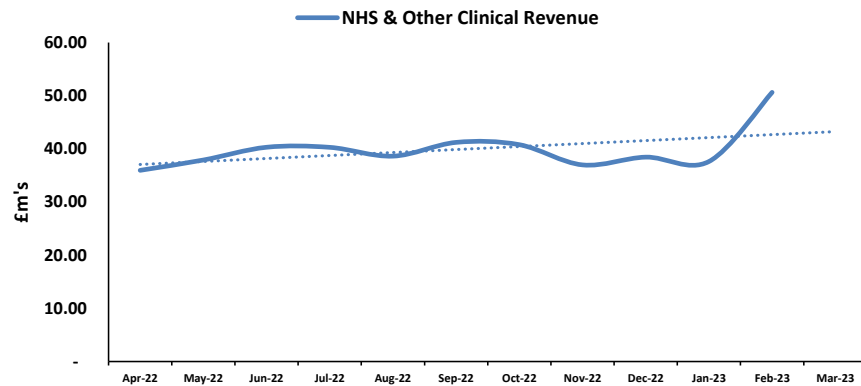


Summary

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

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

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



Summary

- Income from patient care activities excluding private patients is £24.2m favourable to plan YTD. This is due to significant increases in income for pass through drugs, additional genomics funding, long term ventilated patients and high cost patients for devolved nations.
- Non clinical income is £2.3m adverse to plan YTD. Mainly driven by lower commercial activity, Charity income and awaiting finalisation of contracts.
- Private Patient income is £6.2m favourable to plan YTD. This is due to increased activity levels over the last couple of months and work is being done to increase activity level further. Private patient income has increased and strong referrals are leading to the expected continued increase in private income.
- GIDS and CICU income under review – additional income has been received in relation to these services however internal work needs to be undertaken to understand costs against this income and an element of the funding for GIDS needs to be transferred to other Trusts.

Workforce Summary for the 11 months ending 28 Feb 2023

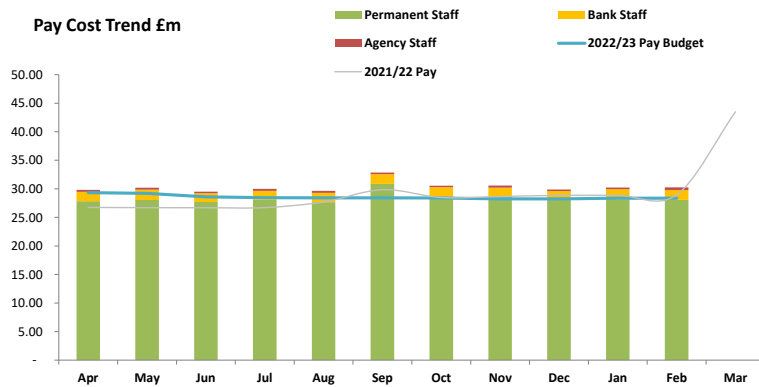
*WTE = **Worked WTE**, Worked hours of staff represented as WTE



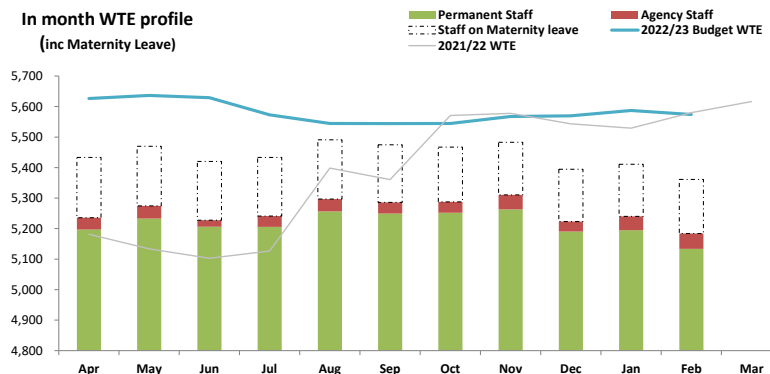
Em including Perm, Bank and Agency Staff Group	2021/22 actual full year			2022/23 actual			Variance			RAG
	FY (£m)	FY Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Volume Var (£m)	Price Var (£m)	£ Variance
Admin (inc Director & Senior Managers)	61.7	1,251.7	49.3	61.8	1,284.8	52.5	(5.3)	(1.5)	(3.8)	R
Consultants	63.5	396.0	160.4	61.0	394.7	168.7	(2.8)	0.2	(3.0)	R
Estates & Ancillary Staff	10.6	323.6	32.9	14.4	444.4	35.3	(4.6)	(3.6)	(1.0)	R
Healthcare Assist & Supp	11.3	322.5	35.2	10.7	307.9	37.9	(0.3)	0.5	(0.8)	A
Junior Doctors	31.6	385.4	82.0	31.6	394.9	87.3	(2.6)	(0.7)	(1.9)	R
Nursing Staff	93.8	1,623.3	57.8	89.2	1,615.0	60.3	(3.2)	0.4	(3.7)	R
Other Staff	0.8	15.3	53.9	0.9	17.8	54.1	(0.1)	(0.1)	(0.0)	A
Scientific Therap Tech	60.2	1,039.5	57.9	59.2	1,073.7	60.1	(4.0)	(1.8)	(2.2)	R
Total substantive and bank staff costs	333.6	5,357.4	62.3	328.7	5,533.2	64.8	(22.9)	(10.0)	(12.9)	R
Agency	4.2	35.8	116.0	3.7	38.7	103.4	0.1	(0.3)	0.4	G
Total substantive, bank and agency cost	337.8	5,393.2	62.6	332.4	5,571.9	65.1	(22.8)	(10.3)	(12.5)	R
Reserve*	0.5	0.2		1.2	0.0		(0.8)	(0.8)	0.0	R
Additional employer pension contribution by NHSE (M12)	13.6	0.0		0.0	0.0		0.0	0.0	0.0	G
Total pay cost	351.8	5,393.4	65.2	333.6	5,571.9	65.3	(23.6)	(11.1)	(12.5)	R
Remove maternity leave cost	(4.1)			(2.5)			(1.3)	0.0	(1.3)	R
Total excluding Maternity Costs	347.6	5,393.4	64.5	331.1	5,571.9	64.8	(24.9)	(11.1)	(13.8)	R

*Plan reserve includes WTEs relating to the better value programme

Pay Cost Trend £m



In month WTE profile (inc Maternity Leave)



Summary

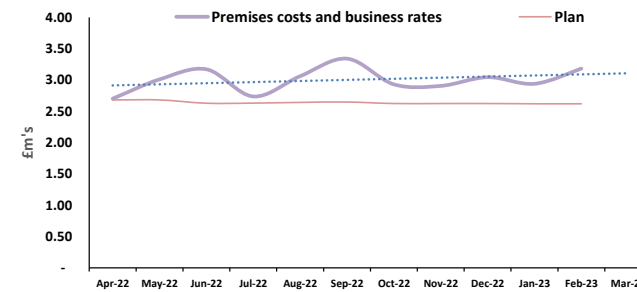
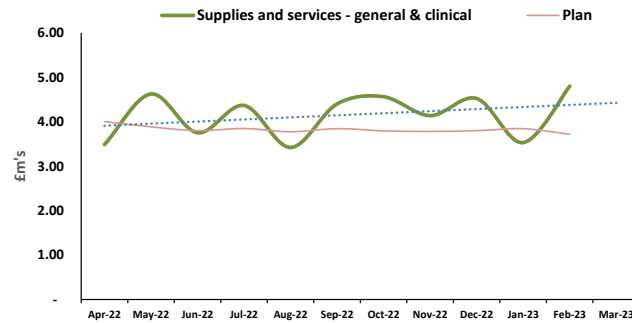
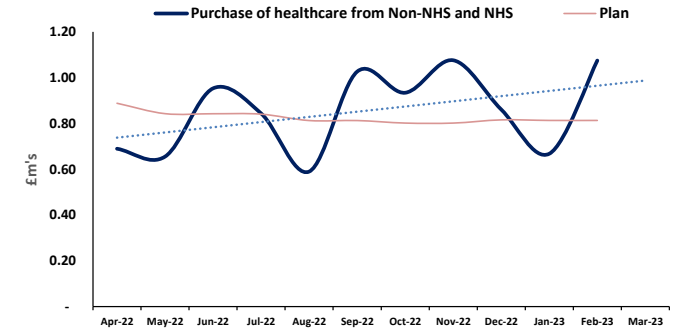
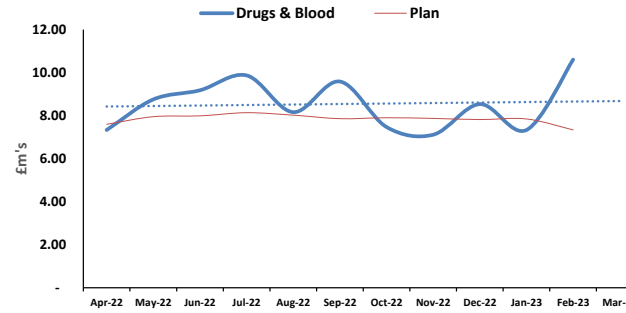
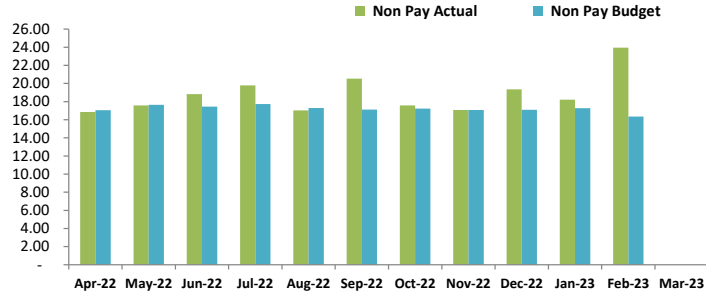
The table compares the actual YTD workforce spend in 2022/23 to the full year workforce spend in 2021/22 prorated to the YTD.

- Pay costs are above the 2022/23 plan YTD by £19.6m and when compared to the 2021/22 extrapolated actual it is £22.9m higher. This increase from 2021/22 is being driven by volume increase (£11.1m) and price increase (£13.8m). The price variance is driven by the NHS pay award and increase in NI payments. The largest element of the volume increase is driven by the full year insourcing of the cleaning service.
- February has seen the number of staff absent from the Trust due to Covid remain at 0.2%.
- The Trust continues to see high levels of maternity leave (178 WTE) which is contributing to the higher than planned levels of temporary staffing across the Trust.
- Consultants & Junior Doctors are £5.5m adverse YTD to plan due to rota compliance and an increase in WLIs and on call cover to deliver the Trust activity plans.
- Estates & Ancillary are £2.5m adverse YTD to plan due to high levels of sickness in within the cleaning service. When compared to 2021/22 the key driver of the increase is the level of sickness and the full year insourcing of the service.
- Scientific Therapeutic and Technical Staff are £1.5m adverse to plan YTD due to Agency usage within Pharmacy.

Non-Pay Summary for the 11 months ending 28 Feb 2023



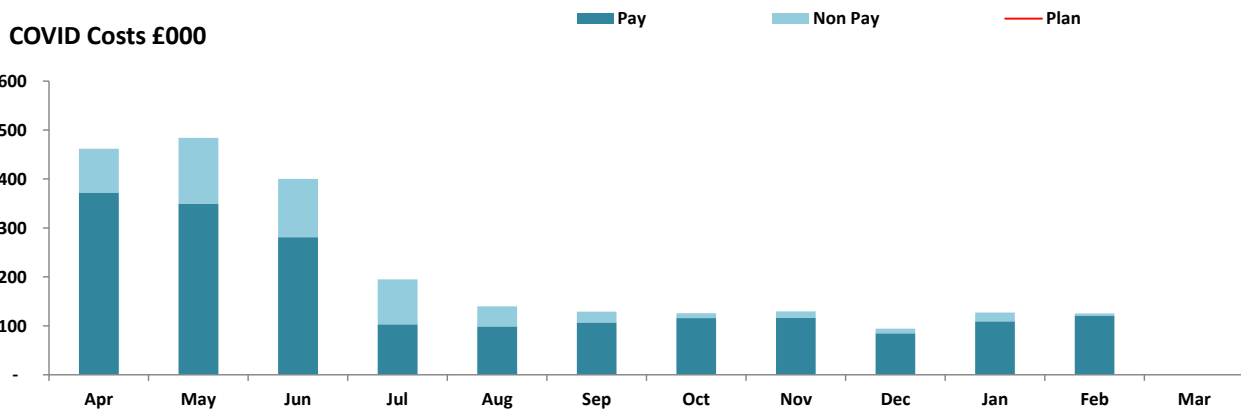
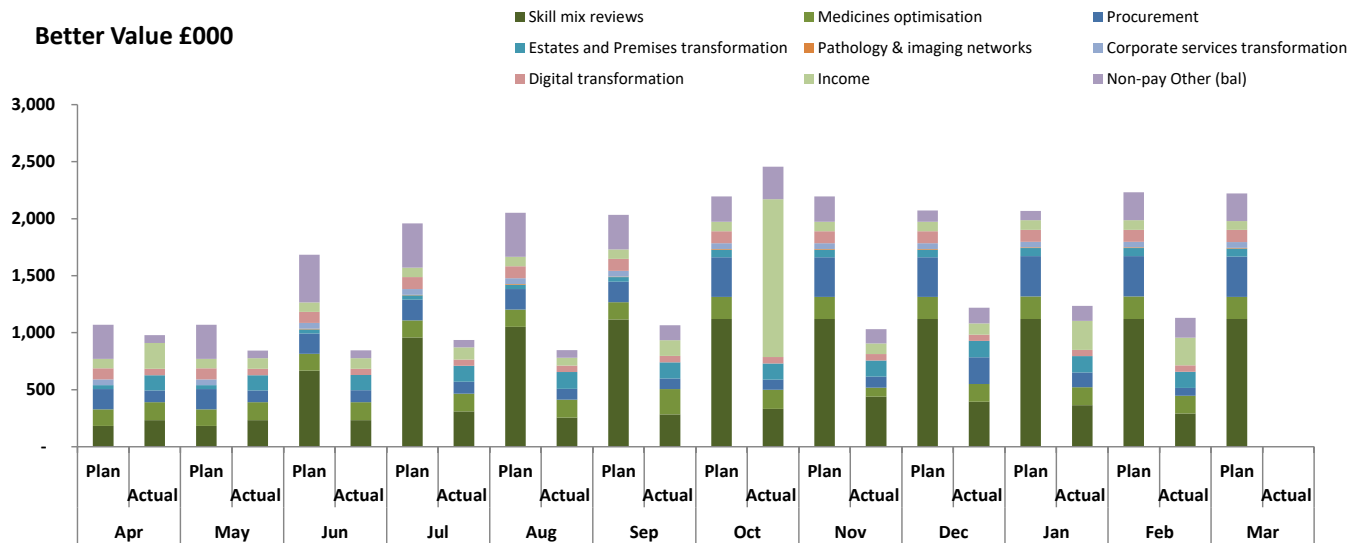
Non Pay Cost Trend £



Summary

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

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



Better Value and Covid-19 costs

- The Trust has developed its better value programme for 2022/23.
 - Month 11 £14.1m of the £20.6m plan has been delivered.
 - Month 11 plan was for £13.9m of recurrent savings, Trust has delivered £10.2m.
 - Month 11 plan was for £6.7m of non recurrent savings, Trust has delivered £3.8m.
- Covid costs in month are £0.1m which is significantly lower than the last six months of 2021/22 and it is continuing to reduce. The costs incurred by the Trust are associated with cleaning, testing and Covid premium payments. It is planned for all covid costs to be removed and this report will track progress with this each month. The main costs in month are associated with pre-screening of patients and the uplifted bank rates.

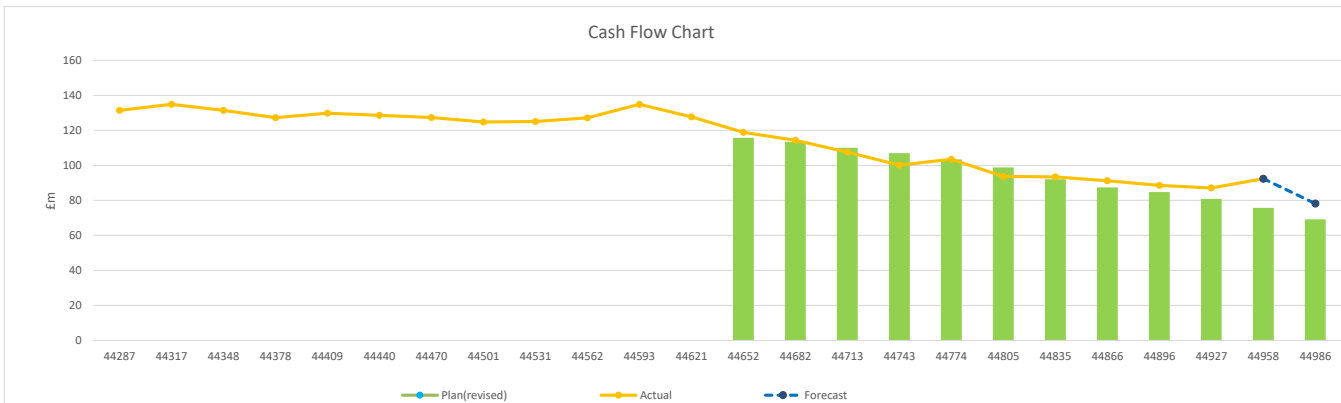
31 Mar 2022 Audited Accounts £m	Statement of Financial Position	YTD Actual 31 Jan 23 £m	YTD Actual 28 Feb 23 £m	In month Movement £m
546.40	Non-Current Assets	620.83	621.44	0.61
62.22	Current Assets (exc Cash)	95.56	94.77	(0.79)
123.67	Cash & Cash Equivalents	87.13	92.40	5.27
(104.63)	Current Liabilities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

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

31-Mar-22	Working Capital	31-Jan-23	28-Feb-23	RAG	KPI
4.0	NHS Debtor Days (YTD)	4.0	7.0	G	< 30.0
131.0	IPP Debtor Days	199.0	201.0	R	< 120.0
12.0	IPP Overdue Debt (£m)	20.1	21.9	R	0.0
87.0	Inventory Days - Non Drugs	81.0	77.0	R	30.0
34.0	Creditor Days	28.0	27.0	G	< 30.0
43.0%	BPPC - NHS (YTD) (number)	48.9%	49.1%	R	> 95.0%
74.4%	BPPC - NHS (YTD) (£)	81.7%	82.1%	R	> 95.0%
92.2%	BPPC - Non-NHS (YTD) (£)	91.8%	92.2%	A	> 95.0%
81.7%	BPPC - Total (YTD) (number)	80.1%	80.4%	R	> 95.0%
90.6%	BPPC - Total (YTD) (£)	90.9%	91.3%	A	> 95.0%

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

Mar-22	Liquidity Method	Jan-23	Feb-23	RAG	Mar-23	RAG
1.8	Current Ratio (Current Assets / Current Liabilities)	1.5	1.5	G	1.8	G
1.7	Quick Ratio (Current Assets - Inventories - Prepaid Expenses) / Current Liability	1.4	1.4	G	1.6	G
1.2	Cash Ratio (Cash / Current Liabilities)	0.7	0.8	R	0.8	R
77.0	Liquidity days Cash / (Pay+Non pay excl Capital expenditure)	55.7	59.1	A	44.0	A
127.0	Liquidity Days (Payroll)(Cash / Pay)	92.6	98.2	G	73.0	G



Comments:

- Capital expenditure for the year to date was £20.2m; the Trust-funded programme is £4.3m less than plan and right of use £1.6m less than plan; the donated programme is £14.6m less than plan. The Trust funded forecast total outturn is as the plan.
- Cash held by the Trust increased from £87.1m to £92.4m.
- Total Assets employed at M11 increased by £4.5m in month as a result of the following:
 - Non current assets increased by 0.6m to £621.4m.
 - Current assets excluding cash totalled £94.8m, decreasing by £0.8m in month. This largely relates to Charity capital receivables (£4.8m lower in month); Inventories (£0.2m lower) Other receivables (£1.2m lower in month). This is offset against the increase in Contract receivables not invoiced (£5.1m higher in month); and Contract receivables invoiced (£0.3m higher).
 - Cash held by the Trust totalled £92.4m, decreasing in month by £5.3m.
 - Current liabilities increased in month by £1.1m to £121.7m. This includes Capital creditors (£1.3m higher in month); and other payables (£2.9m higher in month) and NHS payables (£0.3m higher in month). This is offset against the decrease in deferred income (£3.1m lower in month) and expenditure accruals (£0.3m lower month).
 - Non current liabilities totalled £27.1m This includes lease borrowings of £22.2m.
- I&PC debtors days increased in month from 199 to 201. Total I&PC debt (net of cash deposits held) increased in month to £24.4m (£24.1m in M10). Overdue debt increased in month to £21.9m (£20.1m in M10).
- In M11, 91% of the total value of creditor invoices were settled within 30 days of receipt; this represented 80% of the total number of creditor invoices paid in month. The percentage of invoices paid in both categories (value and number) is below the NHSE target of settling at least 95% of invoices within 30 days.
- By supplier category, the cumulative BPPC for Non NHS invoices (by number) was 81% (81% in M10). This represented 92% of the total value of invoices settled within 30 days (92% in M10). The cumulative BPPC for NHS invoices (by number) was 49% (49% in M10). This represented 82% of the value of invoices settled within 30 days (82% in M10).
- Creditor days decreased in month from 28 to 27 days.

Council of Governors

20 April 2023

Young People's Forum Update

Summary & reason for item: To provide an update of the activities of the Young People's Forum since the last Members' Council Meeting.

Governor action required: The Council is asked to note the update.

Three key messages to take away from this report are:

- 1) The YPF took part in the Patient Safety and Human Factors Conference hosted by GOSH Learning Academy.
- 2) The YPF worked with the Chief Nurse as a stakeholder for the new nursing strategy.
- 3) The YPF have helped shape a new teaching course for advanced practitioners who wish to specialise in paediatrics.

Report prepared by: Amy Sutton, Children and Young People's Participation Officer.

Item presented by: Rose Dolan and/or Kamya Mandhar, Young People's Forum Governors.



YPF activity – January 2023 to March 2023

The Young People's Forum (YPF) is a group of current patients and siblings aged 10-21 who have a strong voice in helping to improve the experiences of GOSH patients. They use their own experiences to guide and support the hospital. There are six meetings a year with ad-hoc involvement opportunities between meetings.

The current total of membership: 66

Examples of YPF member activities since the last report are:

- Sameera and Toby presented at the Patient Safety and Human Factors Conference
- Several YPF members met with recruitment company Odgers to help inform the recruitment for the next GOSH chair.

During January 2023 to the end of March 2023, 10 involvement opportunities were shared with the YPF. Examples include: attending a vaccine literacy research workshop at London School of Hygiene and Tropical Medicine, curating the playlist for the London mini marathon and creating a patient experience toolkit for student nurses.

YPF Meetings

A YPF meeting took place on 4 February.

At the meeting:

- Chief Nurse, Tracy, held a stakeholder session with the YPF to help form the new nursing strategy.
- The YPF suggested and tested out activities that formed the London Marathon launch in March.
- The YPF worked with the Learning Academy to help shape the curriculum for the new advance practitioner module.
- Medical Director, Sanjeev, and Director of Patient Surveillance, Claire, held a discussion about patient safety which formed the basis of the video YPF created for the Patient Safety Conference.



Fig 1: YPF Group photo – February 2023

To note

YPF meetings will be on hiatus after the April meeting until July to accommodate for exam season. There will still be some projects and opportunities available for those members not studying for exams.

Summary of the Quality, Safety and Experience Assurance Committee meeting held on 29th March 2023

Quality and Safety at GOSH – Chief Medical Officer Report

A Global Ministerial Summit on patient safety hosted by the World Health Organisation had focused on 'implementation' highlighting the number of deaths due to avoidable harm globally each year. Discussion had also taken place on co-production and also quantitative measurement which were also priorities for GOSH.

Strike action continued which was operationally disruptive and the Trust was working to ensure that as much notice as possible was given to patients and families whose appointments were affected.

The Committee discussed the staff survey results which had reduced in all areas. Benchmarking data showed that there had been a slightly greater reduction at GOSH than other Trusts and the committee agreed that it was important to consider the feedback provided and flex the plan around staff wellbeing where necessary.

On the horizon

A review of benchmarking had taken place showing that in some cases benchmarking like-for-like patient safety data is not an effective method of comparison and considering standardised themes and trends would be more helpful.

Audits had taken place of risk action group meetings to score the content and discussion and it had found that meetings were variable between directorates. Work would take place to standardise meetings whilst also supporting teams to discuss areas which were important to them.

Quality and Patient Experience: Chief Nurse Report

There had been an increase in complaints in the context of increased activity and a review had taken place of complaints in one directorate which was receiving more than others and support was being provided to manage the complex complaints. A review was taking place to identify any trends. There had been a reduction in response rates for the Friends and Family Test and this was being monitored. Feedback had been received about a lack of play available for patients at weekends and volunteers would be coming back into the Trust at weekends and activities such as the art cart and weekend club would be resuming. There had been a delay to the start of the external safeguarding review because of the volume of information involved. Reviewers would now come on site in April 2023. A peer review of the Trust's learning disability service had been undertaken by another paediatric Trust and the team was awaiting receipt of the report. There had been an increase in pressure ulcers and a deep dive had taken place. Ulcers had now reduced to previous levels and contributing factors had been around patient acuity and patients on continuous positive airway pressure (CPAP) and extracorporeal membrane oxygenation (ECMO).

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

The RACG continued to work through the actions agreed at the Board Risk Management Meeting in December 2022. A mental health risk had been approved and the Audit Committee had reviewed the proposed wording at its March 2023 meeting and recommended it to the Trust Board. The Committee highlighted the importance of considering mental health services at GOSH in the round as opposed to inpatient provision only and agreed to recommend the proposed wording of the risk to the Trust Board for approval.

Draft QSEAC Annual Report 2022/23

The Committee noted the draft annual report and agreed to provide any comments outside the meeting. The

Attachment: G

volume of work undertaken by the committee was noted and the committee highlighted the importance of ensuring that the work undertaken was in line with the Executive Team's priorities.

High Dependency Care (HDU) Options Appraisal Project

An overview was provided of the project to develop and review options for HDU provision at GOSH focusing on the safest model. The Committee noted that definitions of HDU care were not standardised throughout the Trust and data quality was key to accurately identify the volume of HDU activity. Patient experience was an important component of the project and discussion was taking place with the Young People's Forum as well as being scored as part of the model.

Update on Better Value Programme

The largest number of equality and quality impact assessments had been signed off and discussion had taken place at the Finance and Investment Committee about the number of small schemes which had been identified. A dashboard of indicators was being developed and the committee noted that there was no indication of an adverse impact of Better Value on quality and safety. The committee emphasised the importance of considering health inequalities as part of the equality impact assessment process.

Internal Audit Progress Report (Quality focused reports)

One quality focused report had been completed since the last meeting on the Harm Review Process and a rating of *partial assurance* had been provided. It had been found that a process had been agreed centrally in the Trust but had not been embedded and was therefore being applied inconsistently across directorates. The matter would be discussed at RACG to provide clarity around roles and responsibilities and ensure that an audit process was in place. The committee expressed disappointment at the outcome of the review and said that it was important that it acted as a catalyst to drive improvement.

Freedom to Speak Up Guardian Update

The new Freedom to Speak Up Guardian gave an overview of her observations in the role. She said that some staff had been hesitant to report datix incidents due to a concern about a potential negative impact. The committee reiterated the importance of accelerating the work on psychological safety and ensuring a feedback loop was in place to ensure that staff were clear about the action that had been taken as a result of their reporting.

Health and Safety Update

The Committee welcomed the continued improvement around safer sharps and a report around fire safety which had provided a rating of 'excellent'.

Escalations to Board and deep dives for next meeting#

It was agreed that the following matters would be escalated to the Trust Board:

- Internal audit on the harm review process
- HDU options appraisal project
- Positive external report on fire safety
- RACG update – recommendation of the wording for the mental health risk.

Governor feedback

Governors and NEDs discussed the increase in pressure ulcers which had previously been identified and the appointment of a 0.5WTE tissue viability nurse and the replacement of mattresses. Governors also highlighted the importance of considering staffing levels throughout the organisation in terms of best practice.

QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE
Wednesday 29th March 2023 at 10:00am – 1:00pm
AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	Apologies for absence	Chair		10:00am
2.	Declarations of Interest	Chair	Verbal	
3.	Minutes of the meeting held on 26 January 2023	Chair	A	
4.	Matters arising/ Action point checklist	Chair	B	10:05am
5.	Quality and Safety at GOSH – Chief Medical Officer Report (BAF Risk 12: Inconsistent delivery of safe care)	Chief Medical Officer	C	10:10am
6.	Quality and Patient Experience: Chief Nurse Report (BAF Risk 12: Inconsistent delivery of safe care)	Chief Nurse	D	10:30am
7.	Health and Safety Update	Interim Director of Space and Place	E	10:50am
	DEEP DIVES			
8.	High Dependency Care (HDU) Options Appraisal Project	Chief Medical Officer/ Jennifer McCole, Programme Lead	F Presentation	11:00am
9.	Update on Better Value Programme	Chief Operating Officer/ Jon Schick, Programme Director	G	11:20am
	<u>QUALITY, SAFETY AND EXPERIENCE INTERNAL ASSURANCE</u>			
10.	Internal Audit Progress Report (Quality focused reports)	KPMG	H	11:35am
11.	Freedom to Speak Up Guardian Update	Chief Medical Officer	I	11:45am
	<u>GOVERNANCE</u>			
12.	Update from the Risk Assurance and Compliance Group on the Board Assurance Framework	Company Secretary	J	12 Noon
13.	Escalations to Board and deep dives for next meeting	Chair	Verbal	12:10pm
14.	Draft QSEAC Annual Report 2022/23	Company Secretary	K	12:20pm
	<u>FOR INFORMATION</u>			
15.	Update from the People and Education Assurance Committee (January 2023)	Kathryn Ludlow, Chair of PEAC	L	12:30pm
16.	Any Other Business	Chair	Verbal	
17.	Next meeting	Wednesday 28 June 2023 at 10:00am – 1:00pm		
18.	Acronyms	NHS Confederation Acronym Buster available at: https://www.nhsconfed.org/acronym-buster		

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

Matters arising

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

Trust Board assurance committee updates

The Committee received updates from the following assurance committee meetings:

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

Board Assurance Framework Update from the Risk Assurance and Compliance Group

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

The Committee agreed:

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

BAF Risk 3: Operational Performance

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

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

An RCA was ongoing related to two unrelated incidents which had occurred simultaneously. The importance of focusing on developing up to date planned preventative maintenance and the Computer Aided Facility Management (CAFM) system and the Committee noted that the Executive Management Team had approved

additional resource to focus on CAFM. It was anticipated that most buildings would be managed by CAFM in three months' time. It was confirmed that no immediate changes to the programme were required in order to maintain patient safety and the 10-year capital plan supported the update of equipment as required.

BAF Risk 7: Cyber Security

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

Revised Risk Management Policy

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

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

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

Losses and Write offs

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

External Audit 22/23 Progress update

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

Internal Audit Progress Report

Four final reports were received:

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

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

Attachment: H

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

Counterfraud Update 2022/23

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

Year-End Update

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

- Credit Note Provision (IFRS 9)

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

Annual effectiveness review of the RACG

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

AUDIT COMMITTEE
Monday 20 March 2023 11:30am – 2:00pm,
Charles West Room
Great Ormond Street Hospital for Children, Great Ormond Street,
London WC1N 3JH

AGENDA

	Agenda Item	Presented by	Attachment	Time
1	Apologies for absence	Chair	Verbal	11:30am
2	Minutes of the meeting held on 20 January 2023	Chair	A	
3	Matters arising and action point checklist	Chair	B	
4.	Trust Board assurance committee updates			11:35am
	Quality, Safety and Experience Assurance Committee –January 2023	Chief Executive	C	
	Finance and Investment Committee – February 2022 and March 2022	Suzanne Ellis, Chair of FIC	D	
	People and Education Assurance Committee – January 2023	Gautam Dalal, Member of FIC	E	
	<u>RISK</u>			
5.	Board Assurance Framework Update from the Risk Assurance and Compliance Group	Company Secretary	F	11:45am
	Annual effectiveness review of the RACG	Deputy Company Secretary	G	
6.	Board Assurance Framework Deep Dives:			12 Noon
	BAF Risk 3: Operational Performance	Chief Operating Officer/ Chief Data Officer	Verbal	
	BAF Risk 7: Cyber Security	Chief Operating Officer/ Director of ICT	Verbal	
7.	Interim update on Root Cause Analysis of Unplanned Power Interruption including Data Centre resilience	Interim Director of Space and Place	H	12:25pm

8.	Revised Risk Management Policy	Director of Safety Surveillance	I	12:35pm
9.	Annual overview of Better Value programme for 2022/23 and looking towards 2023/24	Chief Operating Officer	K	12:45pm
10.	Losses and Write offs	Chief Finance Officer	L	12:55pm
	<u>EXTERNAL AUDIT</u>			
11.	External Audit 22/23 Progress update	Deloitte	Verbal	1:05pm
	<u>INTERNAL AUDIT AND COUNTER FRAUD</u>			
12.	Internal Audit Progress Report	KPMG	J	1:15pm
13.	DSPT Audit of Clinical Coding	Chief Operating Officer	M	1:30pm
14.	Counterfraud Update 2022/23	Counterfraud Officer	P	1:35pm
	<u>GOVERNANCE</u>			
15.	Year-End Update Credit Note Provision (IFRS 9)	Chief Finance Officer	Q R	1:45pm
	<u>ITEMS FOR INFORMATION</u>			
16.	Any Other Business	Chair	Verbal	1.55pm
17.	Next meeting: Thursday, 8 th June 2023 9:00am – 12noon			
18.	Audit Committee Terms of Reference		1	

Finance and Investment Committee update

Since the last report to the Council of Governors on 2 February 2023 there have been two meetings of FIC:

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

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

Children's Cancer Centre

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

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

Progress on mitigation of the technical funding issue

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

Estates & Facilities 10 Year Capital Plan

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

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

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

Major projects

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

Finance report Month 10

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

The Committee discussed the Trust’s prioritisation processes for capital and operational expenditure. The Committee also received a verbal update on the Month 11 finance figures: The CFO outlined his confidence that the 2022/23 budget position would be achieved.

Integrated Performance Report Month 10

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

Annual self-assessment of effectiveness

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

Feedback from Governor observers

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

The NEDs' questions and probing gave assurance that the hospital was “in safe and capable hands”

A healthy dynamic between the NEDs and management

Good to see decant addressed throughout CCC development

Good to see that a Better Value Schemes’ quality and safety impact were considered as well as their financial impact

Great meeting(s) - well Chaired

Questions covered all the issues Council are interested in such as Sustainability

End

Council of Governors

20 April 2023

Process for the Lead Governor and Deputy Lead Governor Election

Summary & reason for item

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

The purpose of this paper is to outline the nomination and election process for the appointment of the GOSH Lead Governor and Deputy Lead Governor ahead of the July 2023 Council meeting.

The Lead Governor and Deputy Lead Governor role descriptions are included as **Appendix 1**. The role descriptions were approved by the Council of Governors in July 2021 and reviewed in April 2022.

The appointment process rules (summarised in the role description) is explained in more detail at **Appendix 2**. The Lead Governor and Deputy Lead Governor appointments are subject to the rules contained within this appendix.

The timetable for the election process is included as **Appendix 3**.

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

Governor action required:

- To note the Lead Governor and Deputy Lead Governor role descriptions.
- To approve the nomination and election process - noting that candidates may be subject to an election conducted at the Council of Governors' meeting in July 2023.
- To be aware that the window for nominations for Lead Governor and Deputy Lead Governor will close 5:00pm on **Wednesday 21 June 2023**.

Report prepared by:

Natalie Hennings, Deputy Company Secretary

Item presented by:

Natalie Hennings, Deputy Company Secretary

Process for the Lead Governor and Deputy Lead Governor Election

Role of the Lead Governor and Deputy Lead Governor

The principal responsibilities of the Lead Governor role are:

Support the Chair in maintaining a good relationship between the Council of Governors and the Board

Inform the Chair about any material issues raised by Governors

Lead the Council of Governors where it is not appropriate for the Chair or Deputy Chair to do so

Work towards the effectiveness of Council and its subcommittees

Contribute to the Governor induction process

Act as the point of contact between the Governors and NHS Improvement (when required)

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

Beverly Bittner-Grassby is the Lead Governor and Josh Hardy is the Deputy Lead Governor; both have been in post since July 2022.

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

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

Who can become a Lead Governor or Deputy Lead Governor?

The Lead Governor and Deputy Lead Governor positions are elected by the Council of Governors

The Lead Governor and Deputy Lead Governor must be elected Governors.

Appointed Governors cannot stand as Lead Governor or Deputy Lead Governor.

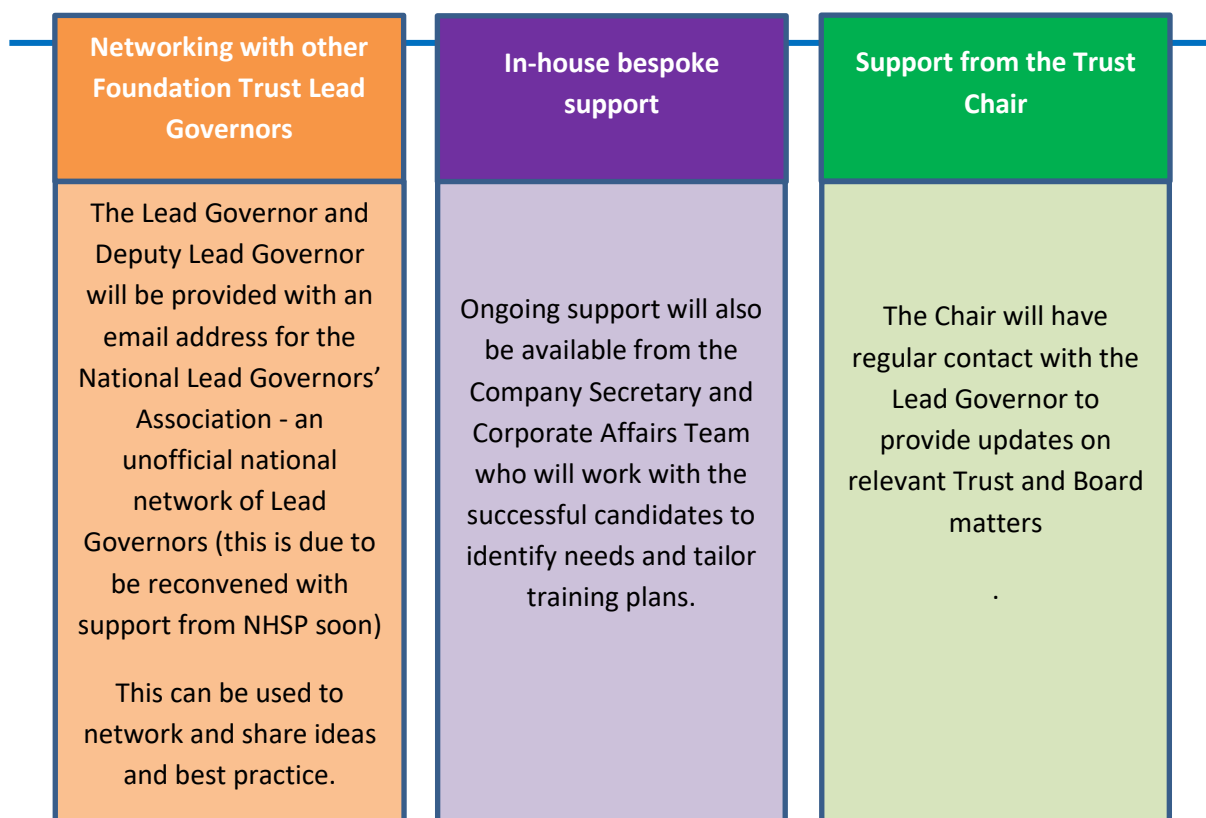
At least one of the Lead Governor or Deputy Governor must be a publicly elected governor (patient, parent/carer or public). Only one staff governor may serve as either.

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

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

Training and support

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



The process and timetable for appointment to the Lead Governor and Deputy Lead Governor roles is attached as **Appendix 3**.

Action required from the Council
<ul style="list-style-type: none">• Council is asked to note the Lead Governor and Deputy Lead Governor role description.• Council is asked to approve the process for the appointment of the Lead Governor and Deputy Lead Governor and note the proposed timetable for the process

APPENDIX 1

LEAD GOVERNOR ROLE DESCRIPTION

Principal responsibilities

- To support the Chair in facilitating a continuing good relationship between the Council of Governors (CoG) and the Trust Board (the Board).¹
- To bring to the Chair's attention any material issues from the Governors.
- To work towards the effectiveness of the CoG and its subcommittees, including supporting the Chair and Company Secretary in organising any evaluation of the CoG.
- Contribute to the induction process for newly appointed or elected Governors.
- To act as the point of contact between the Governors and NHS England².

Specific Lead Governor tasks

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

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

² The Lead Governor may only contact NHS England (NHSE), after authorisation from the Council of Governors (COG) and only when all reasonable efforts have been made to resolve the matters that are of concern to the COG. The Lead Governor may only act as a contact between the Governors and NHSE when the normal channels of communication are may not be appropriate (Code of Governance; Appendix B, Section 4).

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

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

The Person Specification

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

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

Conditions of appointment and Term of Office

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

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

Attachment: J

appointment will follow the same procedure above. It is anticipated that where terms of office accord, the Deputy Lead Governor will put themselves forward for Lead Governor position when that position becomes vacant. Should a vacancy for the Lead Governor role arise mid-term, the Deputy Lead Governor will be required to step up as Lead Governor until the next election for the Lead Governor and Deputy Lead Governor positions.

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

Approval and review of this document

This document will be reviewed annually.

Deputy Lead Governor

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

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

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

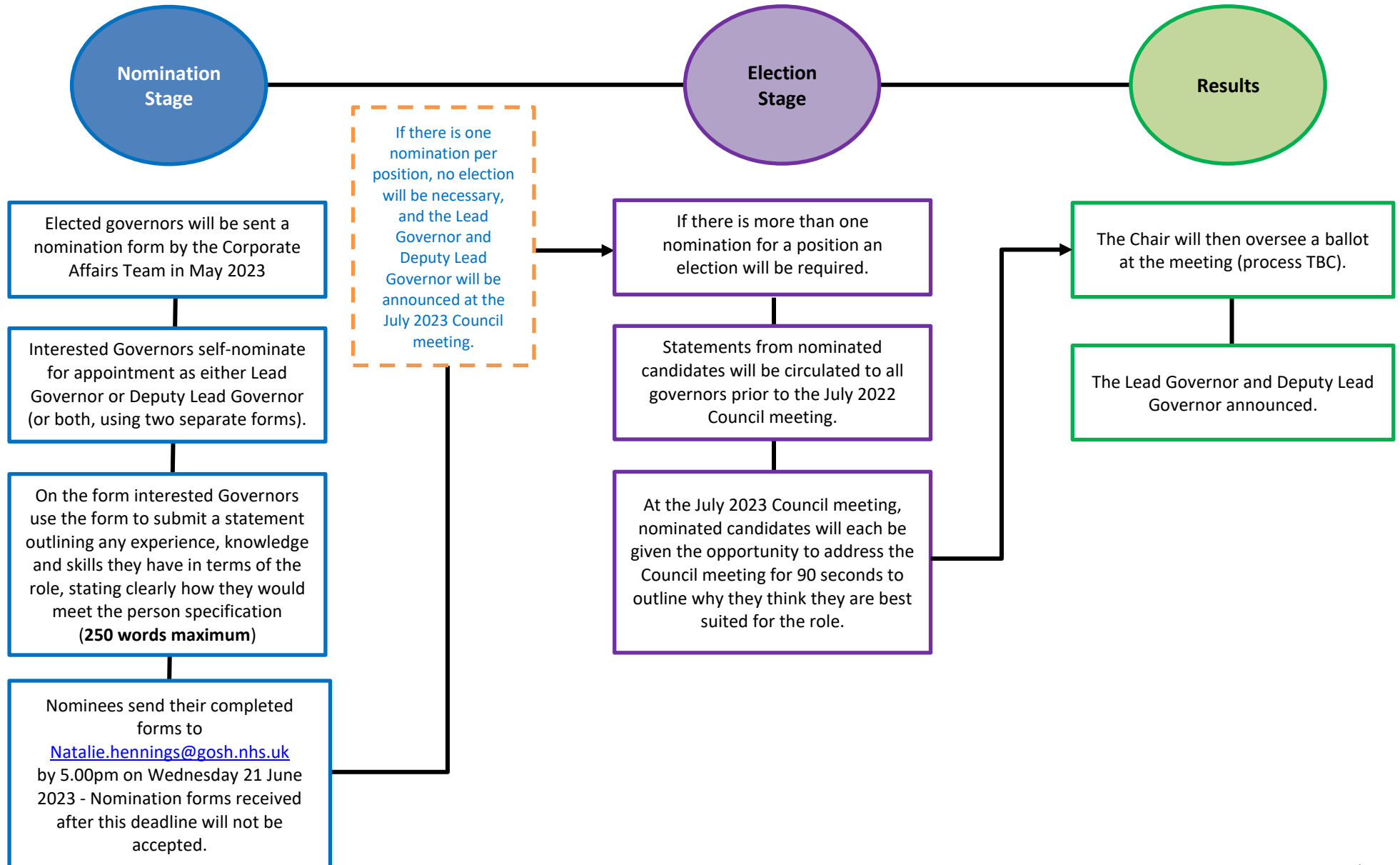
Final

Approved July 2021 Council of Governors' Meeting and reviewed April 2022.

Appendix 2: The appointment process rules

1. Governors nominate themselves for the position of Lead Governor and/or Deputy Lead Governor and provide of an outline of relevant experience and skills.
2. Separate elections will be conducted for both positions by the Council of Governors in July 2023 via a method as determined by the Chair.
3. The Lead Governor and the Deputy Lead Governor must be elected governors (appointed governors cannot apply).
4. A staff governor may only be appointed as Lead or Deputy in a situation where they will serve with a publicly appointed governor. Thus, a staff governor may stand for election as Deputy only if the Lead is a publicly elected governor. In circumstances where two staff governors each stand for both positions, should the highest voted governor be a staff governor, they will be elected as Lead Governor. In this circumstance, the highest voted publicly elected governor will be elected as Deputy Lead Governor.
5. The tenure of both Lead Governor and Deputy Lead Governor positions is for 12 months with the option for re-election annually in accordance with due process, for up to the full tenure period of the elected Governor's 'appointment' (subject to removal from office, removal as a Governor or member or any resignation).
6. Beverly Bittner-Grassby, the current Lead Governor can stand again and be elected for a further year.
7. Joshua Hardy, the current Deputy Lead Governor can stand again and be elected for a further year.
8. Some elected governors will be subject to an election in November 2023 and if successful, reappointed as governors from 1 March 2024. Should the appointed Lead Governor or Deputy Lead Governor not be re-elected, then a fresh nomination process will be conducted after the April 2024 Council meeting.
9. The Lead Governor will be supported and deputised for by a Deputy Lead Governor whose appointment will follow the same procedure above.
10. Individuals elected to the Lead Governor and Deputy Lead Governor roles are required to fulfil all relevant requirements as outlined in the Constitution i.e., mandatory training, returning of relevant forms etc.

Appendix 3: Process and timetable for appointment to the Lead Governor and Deputy Lead Governor roles



Council of Governors

20 April 2023

Draft Council of Governors' section in GOSH Annual Report 2022/23

Summary & reason for item:

The annual report and accounts provide information on the Trust's performance, business model and strategy to their members, commissioners, and other stakeholders.

This paper provides a draft of the Council of Governors and Membership content that will be included in the Trust Annual Membership Report 2022/23.

Much of the content is provided to satisfy the requirements of the NHS Foundation Trust Annual Reporting Manual (FT ARM) and includes:

Section	Content
Introduction	What the Council of Governors is, how it is structured and what its purpose is
Constituencies of the Council of Governors	How the constituencies are broken down, the areas of England and Wales they cover and how many Governors they elect
Elections 2022/23	A summary of how many seats were contested in elections within the financial year
Governor induction, training and development	Summaries of any training and development opportunities provided to Governors
Attendance at meetings	Details of Governor attendance at Council of Governors' meetings, its committees and key discussions and achievements.
Trust Board and Council of Governors working together	Examples of ways the Council of Governors and Board worked together
Membership at GOSH	An analysis of membership activities in year and recruitment targets for next year.
The AGM	A summary of the 2022 Annual General Meeting and Annual Members Meeting.

Action required

To approve the membership content of the annual report and accounts.

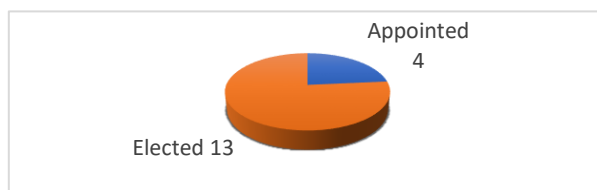
Report prepared by: Paul Balson – Head of Corporate Governance

Item presented by: Paul Balson – Head of Corporate Governance

Council of Governors

As a foundation trust we are accountable to our members through our Council of Governors

The Council of Governors is made up of 23 elected Governors and 4 appointed Governors – 27 in total.



In 2022/23, at the end of the financial year, there were 26 Governors in 27 of the available positions and one vacancy.

The main role of Governors is to support and influence the strategic direction of the Trust by representing the views and interests of the members from their Foundation Trust constituency. - see more about Foundation Trust Constituencies on page **XX**.



Governors are members who have nominated themselves to sit on the Council. They were elected by their fellow members from their Foundation Trust constituency.

They represent the views the hospital's patients, their families, staff and the wider community and work hard to make sure these are heard and reflected in hospital strategy.

The Council of Governors represents GOSH's communities and keeps watch on the management and decision-making at GOSH



Although the Council of Governors is not involved in the operational management of the Trust, it is responsible for holding the non-executive directors individually and collectively to account for the performance of the Trust Board in delivering on the Trust's strategic objectives. The role of the Non-Executive Directors is detailed on pages **XX-XX**.



More about the responsibilities of the Council of Governors can be found at www.gosh.nhs.uk/about-us/foundation-trust/council-governors

Constituencies of the Council of Governors

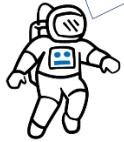
Governors are elected or appointed to do so for a period of three years, with the option to stand for re-election for a further three years. As a specialist Trust with a UK-wide and international catchment, we do not have a defined 'local community'. Therefore, it is important our geographically diverse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

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Governors are elected or appointed from the constituencies below:

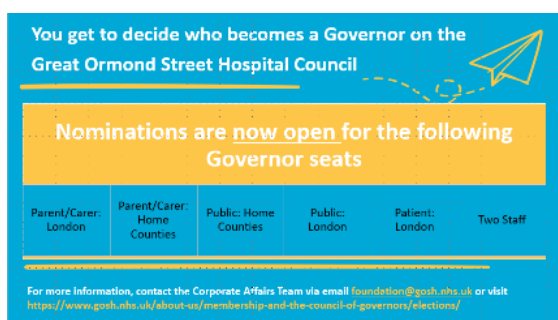
Constituency		Council of Governors
Patients from London	Elected	3 Governors
Patients from Home Counties**	Elected	2 Governors
Patients from Rest of England and Wales***	Elected	1 Governor
Parent/Carer from London*	Elected	3 Governors
Parent/Carer from the Home Counties**	Elected	2 Governors
Parent/Carer from Rest of England and Wales***	Elected	1 Governor
Public from London*	Elected	3 Governors
Public from Home Counties**	Elected	2 Governors
Public from Rest of England and Wales***	Elected	1 Governor
Staff	Elect	5 Governors
Young People's Forum	Appointed	2 Governors
Camden Council	Appointed	1 Governor
UCL Great Ormond Street Institute of Child Health	Appointed	1 Governor

Our Governors represent where our patients come from - all over England and Wales



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

Elections 2022/23



The Trust holds Council elections each year.

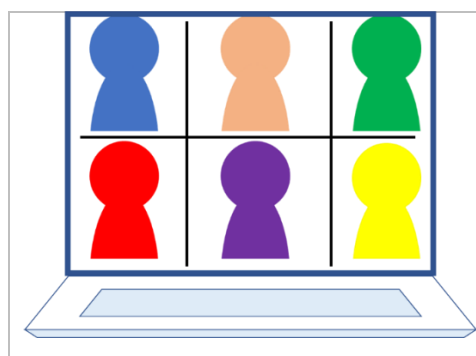
In November 2022 the Trust initiated an election for seven seats across the patient and carer, public and staff constituencies for appointment from 1 March 2023.

The following Governors were elected / re-elected for three-year terms – unless otherwise stated in the table below:

Name	Constituency	Notes
Dilys Addy	Staff	New Governor
Elizabeth Collins	Staff	New Governor
Robert Ferguson	Parent/Carer member from GOSH Home Counties	New Governor
Beverly Bittner-Grassby	Parent / Carer London	Re-elected to a three -year term
Eve Brinkley Whittington	Public Home Counties	Re-elected to a three -year term
Peace Joseph	Public London	Re-elected to a three -year term
Vacant	Patient London	There were no nominations for the Patient London Seat – this seat will be kept vacant until the elections in November 2023.

We also said thank you and goodbye to two Governors: Mark Hayden – Staff Governor and Lisa Allera - Parent/Carer from the Home Counties who stood down at the end of the elections.

So you want to be a Governor



Following on from the success of last year, the Corporate Affairs Team delivered their 'So you want to be a Governor' webinar. It provided an opportunity for prospective Governors to hear from current Governors, ask questions and find out what it means to be a GOSH Governor. Some of the elected Governors attended this session.

Elected Governor vacancies

During the course of the year, one Patient from London Governor stepped down from their role. The seat was contested in the 2022/23 elections, but no nominations were received therefore the seat was not filled and will be contested in the 2023/24 Council elections.

Governor induction, training and development

Throughout 2022/23 Governor development sessions were run in partnership with Governors to provide them with the skills and knowledge needed to deliver their key duties.

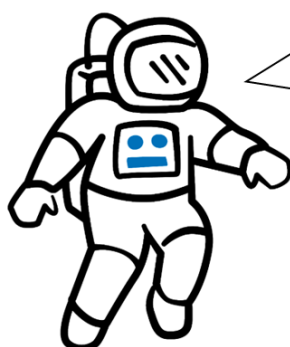
Eve Brinkley Whittington - Public Home Counties Governor and Peace Joseph Public London Governor attended the NHS Providers' event 'Governor Focus Conference' and shared learning through their reports back to Council.

To ensure newly elected Governors were provided with enough information and support to fulfil their role, the Corporate Affairs Team, existing Governors and NHS Providers co-produced two induction sessions ahead of their first meeting on 20 April 2023.

Training on Significant Transactions

As you can see on pages xx-xx, the Trust approved the construction of the Children's Cancer Centre on 8 March 2023.

The cost of building the Children's Cancer Centre (CCC) triggered the threshold for a 'Significant Transaction' and therefore required approved by the Council of Governors.



NHS foundation trusts decide themselves what constitutes a "significant transaction". Please see the Trust Constitution for the full definition, but in summary:
A 'significant transaction' is a transaction that meets one of the following tests: the total asset test, the total income test, or the capital test.

- The total asset test is met if the assets involved are more than 25% of the Trust's total assets.
- The total income test is met if the transaction results in a change in the Trust's total income by more than 25%.
- The capital test is met if the gross capital of the company being acquired or divested is more than 25% of the Trust's capital.

This was the first 'Significant Transaction' the GOSH Council of Governors had been asked to approve and in order to prepare Governors for the meeting, Governors were provided with training on the process by an external training partner.

Governors' attendance at meetings

The Council of Governors met five times in 2022/23. Governors attended these meetings as follows:

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Name	Constituency	Date role began	Date role ended	Council of Governors' meeting (out of 5 unless otherwise stated)	Nominations and Remuneration Committee (out of 4 unless otherwise stated)	Membership Engagement Recruitment and Representation Committee (out of 4 unless otherwise stated)
Beverly Bittner Grassby – Lead Governor	Parents and Carers: London	March 2021		5	4	3 (3)
Stephanie Nash	Parents and Carers: London	March 2018		5	1(1)	Not a member
Kamran Ansari	Parents and Carers: London	March 2022		4	1	Not a member
Lisa Allera	Parents and Carers: Home Counties	March 2018	February 2023	4 (4)		Not a member
Robert Ferguson	Parents and Carers: Home Counties	March 2023		1 (1)		Not a member
Sapna Talreja	Parents and Carers: Home Counties	March 2021		4		Not a member
Claire Cooper-Jones	Parents and Carers: Rest of England and Wales	March 2018		4	4	Not a member
Josh Hardy	Patients: Home Counties	March 2019		4	2	Not a member
Olivia Burlacu	Patients: Home Counties	March 2021		2		Not a member
Abbigail Sudharson	Patients: London	March 2018		0		Not a member
Constantinos Panayi	Patients: London	March 2022		5		Not a member
Maisie Stewart	Patients: London	March 2022	May 2022	0 (1)		Not a member
Roly Seal	Public: London	March 2021		3		Not a member
Peace Joseph	Public: London	March 2021		5		Not a member
Sara Ayerman	Public: London	March 2022		4		Not a member
Eve Brinkley Whittington	Public: Home Counties	March 2021		4		Not a member
Hannah Hardy	Public: Home Counties	March 2021		4		3 (3)
Julian Evans	Public: Rest of England and Wales	March 2018		2		Not a member
Dilys Addy	Staff	March 2023		1 (1)		Not a member
Elizabeth Nuttall-Collins	Staff	March 2023		0 (1)		Not a member
Mark Hayden	Staff	March 2021	February 2023	2 (4)		Not a member
Benjamin Hartley	Staff	March 2021	February 2023	0 (4)		Not a member

Name	Constituency	Date role began	Date role ended	Council of Governors' meeting (out of 5 unless otherwise stated)	Nominations and Remuneration Committee (out of 4 unless otherwise stated)	Membership Engagement Recruitment and Representation Committee (out of 4 unless otherwise stated)
Quen Mok	Staff	March 2018		5	3	Not a member
Jacqueline Gordon	Staff	March 2022		5		Not a member
Tania Ahmad	Staff	March 2021		4		Not a member
Rose Dolan	Young People's Forum	February 2022		4		Not a member
Kamya Mandhar	Young People's Forum	March 2023		1(1)		Not a member
Grace Shaw-Hamilton	Young People's Forum	March 2021	February 2023	2 (3)		1 (1)
Jugnoo Rahi	GOS UCL Institute of Child Health	March 2018		2		Not a member
Alison Kelly	London Borough of Camden	March 2021	May 2022	1 (1)		Not a member

Council of Governors Nominations and Remuneration Committee

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

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

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

Membership and attendance of Governors at meetings is detailed on page X. Further information on the work of the committee with regards remuneration in 2022/23 is provided on pages XX.

Non-executive director appointments

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

In 2022/23 the Council of Governors approved the following:

- The appointment of and Gautam Dalal and Suzanne Ellis as a Non-Executive Directors (initially as Associate Non-Executive Directors) for three years from May and June 2022.
- Extended the tenure for James Hatchley until 30 September 2022.
- The appointment of James Hatchley as Deputy Chair of the Trust Board and Council of Governors from 1 July 2022 until 30 September 2022.
- Appointed Amanda Ellingworth as Deputy Chair and Senior Independent Director from 1 October 2022 until the end of her tenure.
- The extension of Amanda Ellingworth's tenure (by 1 year) until 31 December 2024.
- The reappointment of Professor Russell Viner as UCL nominated Non-Executive Director on the GOSH Trust Board for a second three-year term of office from 1 May 2023 until 30 April 2026.
- The Chair recruitment process to find a successor to Sir Michael Rake for appointment from 31 October 2023.

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

An external search company and open advertising are used for all new non-executive director appointments (including the Chair but excluding the university nomination). The recruitment process includes inviting candidates to attend stakeholder events where they get the chance to meet staff, parents and patients and to take part in a tour of the hospital.

For the university nominated non-executive director position, University College London conduct an internal search and interview process (in line with the Trust Constitution) and recommend a nominee for final approval by the Council.

The Trust Constitution explains that a Board member may not continue in the role if they have:

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

Attachment: K

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

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

The chair's other significant commitments are disclosed to the Council of Governors before appointment and when they change. Information about Sir Michael Rake's significant commitments in 2022/23 can be found in the Board's declarations of interest at <https://gosh.mydeclarations.co.uk/>

Trust Board and Council of Governors working together

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

- Governors have an open invitation to attend all Trust Board meetings.
- Governors observe at Trust Board assurance committee meetings and provide feedback to the Non-Executive Directors at the end of each meeting.
- Governors and Board members work together on the Constitution and Governance Working Group.
- Non-executive directors attend every Council of Governors meeting.
- Summaries of the Board assurance committees (Audit Committee, Quality and Safety Experience and Assurance Committee, People, Education and Assurance Committee and Finance and Investment Committee) are presented by the relevant Non-Executive Director chairs of the committees at each meeting of the Council of Governors.
- Summaries of Council of Governors' meetings are reported to the Trust Board.
- Governors and Non-Executive Directors participate in the Council's review of effectiveness.

Additional examples of ways the Council of Governors and Board worked together in 2022/23 include:

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- Reviewed the Trust's 'Above and Beyond' management strategy and work to reduce waiting lists.
- Approved a significant transaction for development of the Children's Cancer Centre
- Approved non-NHS income growth in 2022/23 exceeding 5%
- Reviewed the results from the 2021 Staff Survey results.
- Received an update on the Trust's management of patients transitioning from our care to Adult care.
- Reviewed progress on the Trust's climate emergency and sustainability programmes.
- Reviewed the Trust efforts to minimise the impact of the cost-of-living crisis for patients, families and staff
- Reviewed the Trust's business continuity preparations around planned industrial action.
- Approved the reappointment and extension of Non-Executive Directors.
- Received regular updates from the Young People's Forum (YPF)
- Received updates on our redevelopment plans, including the plans for the Children's Cancer Centre.
- Reviewed the key changes to the Draft Code of Governance.
- Contributed to the appraisal of non-executive directors including the Chair
- Received updates from the Membership Engagement Recruitment and Representation Committee (MERRC).
- Received updates from the Sustainability Working Group
- Monitored progress against actions arising from the previous Council of Governors' effectiveness survey

Post Assurance Committee meeting discussions

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

Governors private meeting with the Chair

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

Governors private meeting with lead Governor and deputy lead Governor

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

Report from Young Peoples Forum (YPF)

Every Council of Governors meeting receives a report from the appointed YPF Governors. This report helps keeps the Council abreast of the key issues affecting our younger members, patients and their siblings.

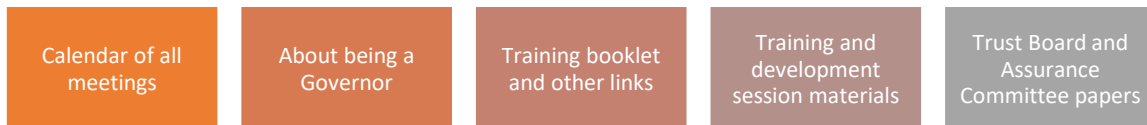
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Governor newsletter

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

Governor Portal

The Council of Governors' online portal was launched on 7 July 2022 a one stop shop for all information related to being a Governor at GOSH. The portal contains lots of useful information including:



Council of Governor expenses

Governors can claim reasonable expenses for carrying out their duties. For the year 2022/23 **pending final #** was claimed.

Register of interests

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






Contacting a governor

Anyone wanting to get in touch with a Governor and/or Director can email foundation@gosh.nhs.uk and the message will be forwarded to the relevant person. These details can also be found at www.gosh.nhs.uk/about-us/contact-us

Membership at GOSH

At GOSH, our membership is open to anyone who lives in England and Wales and is over the age of 10. It's important to us that our membership reflects the broad and diverse public communities we serve as well as our patients, their families and carers and our staff. We offer automatic membership to all employees at GOSH who have a permanent contract or fixed term contract of 12 months or more.

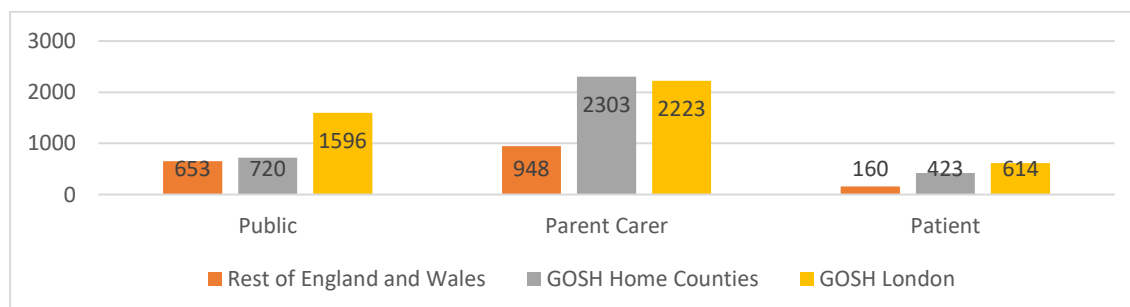
There is more on becoming a member at www.gosh.nhs.uk/aboutus/foundationtrust/foundationtrustmembership.

What our membership looked like in 2022/23				
Constituency	2021/22	2022/3	Comparison	Commentary
 Patients, Parents and Carers	6,792	6,691	 101	In the past year, our patient and parent/carer membership has decreased overall by 101 members from 6,792 to 6,691 members. Our public membership has reduced by 81 members from 3,111 to 3,030 members.
 Public	3,111	3,030	 81	Overall, our membership has reduced by 182 members. Our plans to increase and retain members are outlined under the update on our Membership.
 Staff	5,791	5,768	-	Each Council of Governors' meeting receives an update on matters related to membership numbers and engagement.

This drop in members in the Patients, Parents and Carers and Public constituencies was primarily due to a review and data cleansing of the membership database during the election which resulted in the removal of members. Additionally, during COVID the Trust was unable to progress its membership engagement and recruitment representation plans.

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

Our Public, Patient and Parent / Carer membership can be broken down into the constituencies as follows:



The Membership, Engagement, Recruitment and Representation Committee (MERRC) has set the following ambitious recruitment targets for 2023/24 – 290 more members in total.

	2023/24	Target for 2023/24
Public	3,030	3,120 (90 more)
Patient, Parent and Carer	6,691	6,891 (+200 more members)
TOTAL	9,721	10,011 (+290 more members)

Additionally, MERRC has set focused targets to recruit more members under 21 years old and from those ethnicities currently underrepresented in our membership.

Membership Strategy

2022/23 was the first year of the Trust’s new Membership Strategy spanning 2022-2025, The Strategy is based around the following themes:



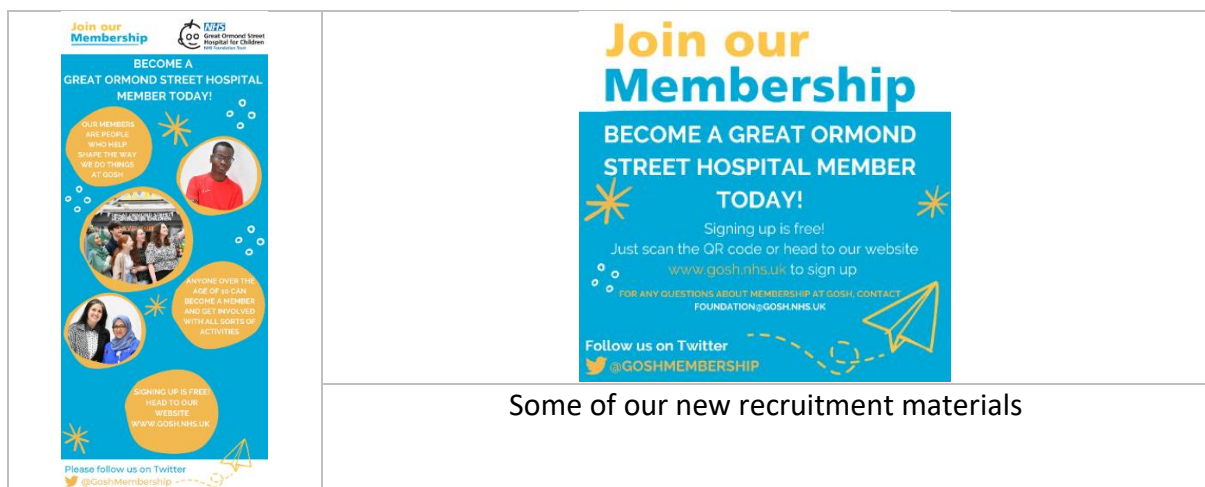
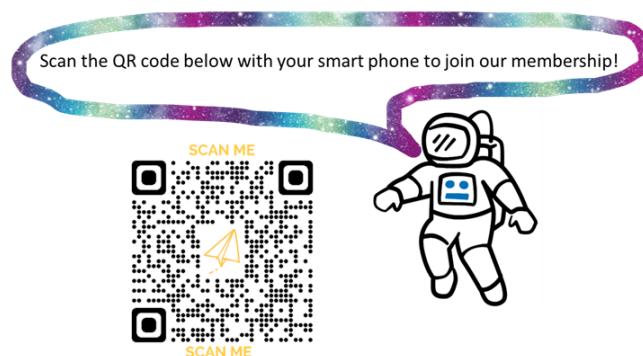
These three themes formed the framework of the strategy and the basis of the membership objectives. The programme complements the wider Trust strategy, ensuring there is a consistent and cohesive alignment of effort. In 2022/23, the key achievements of this Strategy were:

KNOWLEDGE	INCLUSIVITY	SUSTAINABILITY
Refreshed the membership pages on both the website and internal channel (intranet) Engaged with members via Get Involved Newsletter.	Created new marketing material including members/staff from different backgrounds as well as new membership materials redesigned Held virtual ‘So you want to be a Governor’ sessions for	Celebrated Earth Day on Twitter. Established a Governors’ Sustainability Working Group to support with delivery of the sustainability strand.


KNOWLEDGE	INCLUSIVITY	SUSTAINABILITY
<p>Increased social media engagement.</p> <p>Newly elected Governor biographies uploaded to the Trust website.</p>	<p>prospective governors during the election.</p> <p>Held a 'How do we engage our children and Young People' AND what 'What content would you like to see in the Annual Report and Accounts' session with the Young People's Forum.</p> <p>Analysis of public and patient demographics with the aim of identifying those groups less represented by our membership</p>	<p>Participating in Clean Air Day and Play Street on 16 June 2022.</p> <p>A sustainability section is included in the quarterly Get Involved membership newsletter.</p>

Rebranded Membership Marketing Materials

The Membership Engagement Recruitment and Representation Committee helped design a new suite of materials including membership forms, cards and roll up banners to support its recruitment and engagement work.



Membership and annual report discussion with the young peoples forum (YPF)

	<p>Rose Dolan – Appointed YPF Governor and Paul Balson – Head of Corporate Governance facilitated a session with Young People’s Forum about underrepresentation of young people in the foundation trust and asked for the best ways to attract such members, the session generated plenty of new ideas which will be taken forward in 2023/24.</p>
<p>Rose Dolan – Appointed YPF Governor facilitating the session</p>	<p>The session also asked the YPF what they would like to see in their annual report and accounts, many of these ideas have been included.</p>

Membership engagement

Membership engagement forms the basis a foundation trust’s accountability to its stakeholders. By engaging members, the foundation trust ensures that it is responsive to the needs and concerns of the community and that its activities are aligned with the values and priorities of the people it serves. Good communication and engagement between the Trust, its members and Governors provides valuable input and feedback that helps inform decision-making and strategic planning.

Some of the ways the Trust aimed to foster good communication and engagement included the following:

- Communicating with our members via the e bulletin ‘Get Involved’.
- Hosting a virtual ‘So You Want to be a Governor’ session where attendees could hear from some of our Governors, ask questions and find out what it means to be GOSH Governor.
- Communicating to Members via our GOSH Membership Twitter page @GOSHMembership.
- Placing a direct focus on communicating the benefits of membership in web stories as well as promoting membership to partners such as the YPF.
- Prominent placement of membership branding and messaging in internal channels such as at the Chief Executive’s Big Brief
- Biographies of our Governors on the Trust website

Whilst Governors did not personally canvass the opinion of FT members in 2022/23 on the trust forward plan, Governors were given the opportunity to comment on the GOSH Annual Plan and FT members and governors’ views were sought on the new GOSH Clinical Strategy.

The Trust has also continued to consult with the local community, patients, and governors on the design of the Children’s Cancer Centre (a priority in its strategy) and presented plans for delivery of the strategy at the AGM in 2022.

Membership Engagement, Recruitment and Representation Plans for 2023/24










The Trust has set itself some ambitious targets for 2023/24 and some of the plans to deliver these include:

- Better use of social media to add value to the membership offer
- Special sneak peeks of behind the scenes at the Hospital
- Governor led stands at GOSH Charity events such as Race for Kids in October 2023
- Regular ‘Meet your Governor’ stands in the Lagoon (Hospital Canteen)
- Collaboration with other Trusts on effective recruitment and engagement
- Review advertising methods across all communication platforms
- Recruit engaged members in the run up to the 2023/24 elections and harness the experiences of current Governors to further encourage members to nominate themselves as Governors.

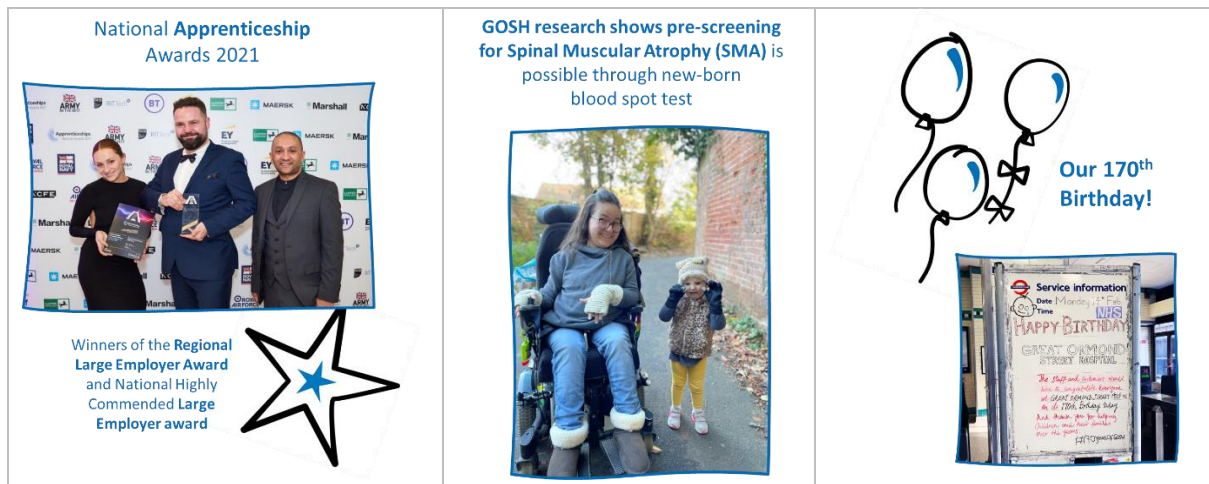
Annual General Meeting and Annual Members’ Meeting

The Trust held an Annual General Meeting and Annual Members Meeting in person on 7 September 2022 with the theme ‘**Our Partnerships**’ where we celebrated our local, regional and international partnerships.

The meeting was an opportunity to hear colleagues give presentations on our performance in 2021/22 and how we adapted our services during the pandemic, alongside a chance to celebrate our successes in 2021/22, which included:

 <p>Fiftieth patient receives thymus transplant at GOSH</p>	<p>Sight and Sound building opens</p>  	<p>GOSH Digital Education Network (DEN) launched by GOSH Learning Academy</p>  
 <p>Domestic Services Team brought in house</p>	<p>GOSH patient is youngest to receive ‘mismatched heart’ transplant</p> 	<p>The largest ever stem cell clinical trial for children with the severe genetic skin condition gets underway</p>  

Attachment: K



We also discussed:

- The Trust's finances
- The costs associated with exploring new ways of working
- How we performed
- How we communicated with members.

Council of Governors

20 April 2023

Membership of Council Committees and Working Groups

Summary & reason for item:

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

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

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

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

Governor action required:

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

Report prepared by:

Natalie Hennings, Deputy Company Secretary

Item presented by:

Natalie Hennings, Deputy Company Secretary

Membership of Council Committees and Working Groups

1. Introduction

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

The following formal Committees and Working Groups have been established:

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

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

2. Council Committees and Working Groups

2.1 Nomination and Remuneration Committee

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

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

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

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

Attachment: L

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

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

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

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

2.2 Membership, Engagement, Recruitment and Retention Committee

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

Committee members: At least three elected Governors from any constituency and a representative from the Corporate Affairs Team. Regular invitations will also be sent to the Head of Volunteer Services and a Communications team representative.

Meeting frequency: The Committee meets quarterly before each formal Council of Governors' meeting and lasts for 1 hour.

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

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

2.3 Constitution Governance Working Group

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

Working Group members: The Company Secretary is Chair of the Working Group and other members include the Lead Governor and Deputy Lead Governor, four additional Governors (at least

Attachment: L

two elected governors), a Non-Executive Director, Deputy Company Secretary, Head of Corporate Governance and a Senior Manager.

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

The terms of reference for the Constitution Governance Working Group are attached to this paper as **Appendix 3**.

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

2.4 Sustainability Working Group

In February 2021 the Trust announced its official declaration of a Climate and Health Emergency and since then the Trust has a number of projects to support our statement of intent and build upon the hospitals existing sustainability programme. A number of governors have a keen interest in Sustainability and therefore requested a working group was set up to regularly hear about the progress being made and plans for the future.

Working Group members: The Deputy Company Secretary is Chair of the Working Group and other members include the Lead Governor and three additional Governors (at least two elected governors), and the Head of Sustainability and Environmental Management.

Meeting frequency: The Committee meets quarterly before each formal Council of Governors' meeting and lasts for 1 hour.

The working group was set up as a short-term working group however it has proved popular with governors who are keen for it to continue on a regular basis and therefore the terms of reference are being developed.

In summary: The Governors Sustainability Working Group receives progress on Trust's overall sustainability programme and receives updates on the individual programmes of work.

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

If you are still unsure, the scenarios overleaf give you some examples based on particular interests.

3. Governor action required

Governors are asked to familiarise themselves with the Council Committees and Working Groups in preparation for considering nominating themselves to join one (or more) when expressions of interest are sought in the May 2023 Governor Newsletter.

		Nominations & Remuneration Committee	Membership Engagement, Recruitment & Retention Committee	Constitution Governance Working Group	Sustainability Working Group
<i>I would like</i>	<i>To be involved in the planning of events and opportunities to engage with GOSH members</i>		√		
	<i>To hear about the developments on the Trusts sustainability programme</i>				√
	<i>To discuss revisions to the Constitution based on recommendations received from members or internal reviews</i>			√	
	<i>To be creative and help design and influence the information we have available about membership and what it means</i>		√		
	<i>To be involved in the recruitment process for the Trust Chair and Non-Executive Directors</i>	√			
	<i>To be involved in actively promoting the Trusts sustainability initiatives to foundation trust members</i>				√
	<i>To discuss changes to the structure of the Council of Governors and suggest revisions to the Constitution as a result</i>			√	
	<i>To be involved in deciding and reviewing the terms of conditions for Non-Executive Directors</i>	√			
	<i>To review the results of the Council of Governors effectiveness survey and suggest recommendations to the Council of Governors</i>			√	
	<i>To Interview and nominate candidates as non-executive directors for approval by the Council of Governors</i>	√			
	<i>To be involved in the communication and promotion of future elections and support by talking about the governor role to encourage other members.</i>		√		
	<i>To consider succession planning for the chair and non-executive directors</i>	√			
	<i>To actively suggest sustainable options for the Trust to consider as part of their overall programme</i>				√
<i>To be involved in periodically reviewing the balance of skills, knowledge, experience and diversity of the non-executive directors on the board and be a part of making recommendations to the Trust Board</i>	√				

FINAL Council of Governors' Nominations and Remuneration Committee

Terms of Reference

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

1. Nominations role

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

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

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

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

2. Remuneration role

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

3. Request for advice

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

4. Membership

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

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

5. Attendance

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

6. Frequency of meetings

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

7. Minutes and reporting

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

8. Review

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

Final Approved by Council of Governors July 2019

Membership Engagement Recruitment and Representation Committee 2022 Terms of Reference

1. Authority and Scope

The Membership Engagement Recruitment and Representation Committee (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 or Parent/Carer Governor.

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

2. Purpose

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

3. Duties

Membership

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

Communication

- 3.10 Develop a communications strategy using existing and new tools to support implementation of the Membership Strategy that are of use to all membership and the wider public
- 3.11 Ensure the membership is acting as a medium for feedback by listening to members so that they can make a difference by improving the overall hospital experience

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

4. Reporting

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

Membership

- 4.2 MERRC is made up of the following members:
 - Eight representatives of the Council of Governors of which at least six representatives are from the Patient, Parent/Carer, Public, or Staff Constituencies
 - Deputy Company Secretary (Corporate Affairs Team)
 - Stakeholder Engagement Manager (Corporate Affairs Team)
 - Head of Corporate Governance (Corporate Affairs Team)
 - PPI and Patient Experience Officer
- 4.3 Additional members may be invited to attend the Committee as appropriate.
- 4.4 The Chair of the Committee will be elected from the Governor representatives.
- 4.5 For a quorum, there must be at least three elected Governors from any Constituency and a representative of the Corporate Affairs Team.
- 4.6 Meetings
- 4.7 Meetings will be held on a quarterly basis allowing timely reporting to the Council of governors
- 4.8 Members will be expected to attend a minimum of two meetings out of four meetings per year
- 4.9 Papers will be sent out at least four working days before the meeting

4.10 Secretariat support for the Committee will be provided by the Stakeholder Engagement Manager or Head of Corporate Governance.

5. Monitoring

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

Constitution and Governance Working Group

Terms of Reference

1 Authority and Scope

- 1.1 The Constitution and Governance Working Group (CGWG) is a subgroup of the Trust Board and the Council of Governors and is chaired by the Company Secretary.
- 1.2 The CGWG has delegated authority from the Trust Board and the Council of Governors to make recommendations to the Trust Board and Council of Governors on Constitution changes and governance matters related to the Council of Governors.

2 Purpose

- 2.1 To review the Constitution and its appendices to ensure compliance with the Health and Social Care Act 2012.
- 2.2 To review the Constitution and appendices (at least every three years) in light of:
 - 2.2.1 best practice guidance including that set out in the Foundation Trust Code of Governance (July 2014);
 - 2.2.2 proposed changes to strengthen governance arrangements for the membership, Council of Governors and Trust Board;
 - 2.2.3 proposed changes to the structure of the Council of Governors or Trust Board;
 - 2.2.4 relevant recommendations and resolutions arising from internal reviews and reports to the Council of Governors and Trust Board.
- 2.3 To make recommendations to the Trust Board and Council of Governors on changes to the Constitution and appendices.
- 2.4 To support the Trust Board and Council of Governors in any governance matters outlined in the Constitution, including but not limited to:
 - 2.4.1 Procedure for evaluation of the Council of Governors (Annex 6 of the Constitution)
 - 2.4.2 Developing relevant Standard Operating Procedures
 - 2.4.3 Matters on which the Constitution is silent
 - 2.4.4 Vacancies amongst governors.
- 2.5 To undertake any other matter delegated to it by the Trust Board or Council of Governors.

3 Reporting

- 3.1 The CGWG will report to the Trust Board and Council of Governors as and when required. This will be in the format of a formal report as well as the submission of any minutes.

- 3.2 Where necessary, the CGWG will present supplementary workshops at Council of Governors' Development Sessions.
- 3.3 Where required, the CGWG will present Constitution changes to the next Annual Members' Meeting.
- 3.4 See [Appendix 1](#) for the approvals required to amend the constitution.

4 Membership

- 4.1 The CGWG is made up of the following members: – their nominated deputies are listed in [brackets]:
- Company Secretary (Chair)
 - Deputy Company Secretary (Deputy Chair)
 - A Non-Executive Director [another Non-Executive Director]
 - Programme Director PMO
 - Lead Governor
 - Deputy Lead Governor
 - Head of Corporate Governance
 - Four additional Governors (at least two elected Governors).
- 4.2 The membership of the CGWG will be reviewed on an annual basis.
- 4.3 Additional members and attendees may be invited as appropriate, including individuals from outside the Trust such as Legal Advisors.
- 4.4 Meetings will be chaired by the Company Secretary. The Deputy Company Secretary will be the Deputy Chair.

5 Quorum

- 5.1 The quorum will be a minimum of:
- The Chair or Deputy Chair
 - The Non-Executive Director Member
 - Programme Director
 - Three of the five Governors

6 Meetings

- 6.1 Meetings will be held as required but no less than once per election cycle (end of February to 1st of March the following year).
- 6.2 Meetings can be held in-person or virtually.
- 6.3 Papers will be sent out at least four working days before the meeting.
- 6.4 Secretariat support for the CWG will be provided by the Head of Corporate Governance.

7 Monitoring

- 7.1 The CGWG will review its effectiveness every two years. This will involve monitoring and reporting on:

Attachment L - Appendix 3

- Frequency of meetings
- Compliance with the purpose of the CGWG as outlined in the terms of reference
- Attendance at meetings

8 Constitution and Governance Working Group Annual Workplan

Item	Purpose	Frequency
Approval of minutes of previous meeting	To approve the minutes of the previous CGWG meeting.	Every meeting
Approval of the CGWG Terms of Reference	For recommendation to the Council of Governors and Trust Board	Every two years
Procedure for evaluation of the Council of Governors	To oversee the procedure (draft the questions, review feedback and make recommendations) for evaluation of the Council of Governors in line with Annex 6 of the Constitution.	Every 18 months
Review of the Constitution	To review the Constitution for fitness of purpose and recommended any changes to the Trust Board, Council of Governors and Annual Membership Meeting as required.	At least once every three years
Review the CGWG's effectiveness	To report on frequency of meetings, compliance with the purpose of the CGWG and meeting attendance	Every two years
Review of CGWG membership	To review the membership of the CGWG after each election.	Annually in April at the Council of Governors' meeting.

9 Appendix 1: Approvals required to amend the constitution

The Trust Constitution states at section 45 that:

45.1 The Trust may make amendments of its constitution only if –

45.1.1 More than half of the members of the Council of Governors of the Trust voting approve the amendments, and

45.1.2 More than half of the members of the Trust Board of the Trust voting approve the amendments.

45.2 Amendments made under paragraph 45.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.

45.3 Where an amendment is made to the constitution in relation the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust):

45.3.1 At least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment; and

45.3.2 The Trust must give the members an opportunity to vote on whether they approve the amendment.

45.4 If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.

45.5 Amendments by the Trust of its constitution are to be notified to Monitor. For the avoidance of doubt, Monitor's functions do not include a power or duty to determine whether or not the constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

Council of Governors

20 April 2023

Governance update

Summary / reason for item

This paper provides a summary of Council of Governors' related governance activity since the last Council meeting in February 2023.

1. Governor Election Campaign

The Trust held elections for the Council of Governors between 16 November 2022 and 17 February 2023 and we welcomed three new governors and three re-elected governors. More details on the election are detailed in the Membership Engagement Recruitment and Retention Committee

2. Governor Induction

Our new governors commenced their roles from 1 March 2023 and have completed their induction programme which included a session with the Corporate Affairs Team and an external facilitated session by NHS Providers GovernWell Programme.

3. Governor Effectiveness Review

It is good practice to conduct an effectiveness review of the Council of Governors which we undertake every 18 months. The next review will commence in July 2023 with the results and recommendations presented to the Council of Governors in November 2023.

4. Governors Sustainability Working Group

The Governors Sustainability Working Group is due to be held on held on 19 April 2023 and a verbal summary of the meeting will be provided.

5. Changes to Governors

Since the last meeting, Georgina Teague has stepped down, effective from 01 April 2023. Georgina's position as a Patient Governor from the Rest of England and Wales constituency will fall part of our governor election later this year.

Governor action required

- To note the report and activities since the last Council of Governors meeting.

Report prepared by

Natalie Hennings, Deputy Company Secretary

Item presented by

Natalie Hennings, Deputy Company Secretary

Governance Update

1. Governor Election Campaign

The Trust held elections for the Council of Governors between 16 November 2022 and 17 February 2023 and we welcomed three new governors and three re-elected governors. The election process was conducted by CIVICA Election Services (CES); we received a total of 41 nominations across six constituencies with three being contested, one uncontested and one with no nominations. More details on the election are detailed in the Membership Engagement Recruitment and Retention Committee

2. Governor Induction

Our three new governors, and our new appointed governor from the Young Peoples Forum were given a thorough induction upon their terms commencing. This involved an initial session with the Corporate Affairs Team that enabled everyone to get to know each other and learn about the role of the Trust Governor. Our Lead Governor joined the session to give an insight into what the role is like from a governors perspective. After this, our Children Cancer Centre (CCC) Team gave a short introduction to the CCC, and we discussed the governors role in approving significant transactions ahead of the Extraordinary Council of Governors meeting in March 2023. The second part of the induction programme was facilitated by NHS Providers GovernWell Support Programme who ran a session on the role of the Board and the Council of Governors and effective questioning and challenge. An evaluation will be completed in May 2023 with those governors who participated in the induction so we can ensure we continue to improve the induction programme for future governors.

3. Governor Effectiveness Review

It is good practice to conduct an effectiveness review of the Council of Governors which we undertake every 18 months. The review is informed by a questionnaire sent to the Council of Governors, the Non-Executive Directors (NEDs), Chief Executive and Chief Finance Officer (EDs). The results are analysed by the Constitution and Governance Working Group; areas identified to be performing well and proposed recommendations to improve performance are then presented to the Council of Governors for approval.

The questionnaire will be presented to the Council of Governors in July, for members to approve the questions. This will then be circulated, and the results presented to the Council, along with any recommendations, in November 2023.

4. Governors Sustainability Working Group

The Governors Sustainability Working Group is due to be held on 19 April 2023 where governors will hear from the Lead Architects on the Children's Cancer Centre, specifically the sustainability elements which was an action from the November 2022 Council of Governors meeting.

5. Changes to Governors

Since the last meeting, Georgina Teague has stepped down, effective from 01 April 2023. Georgina's position as a Patient Governor from the Rest of England and Wales constituency will fall part of our governor election later this year.

Council of Governors

20 April 2023

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 (MERRC). 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 summarises the discussions and actions arising from the MERRC meeting on 11 April 2023.

Governor action required

To note the report and raise any matters of interest in discussion.

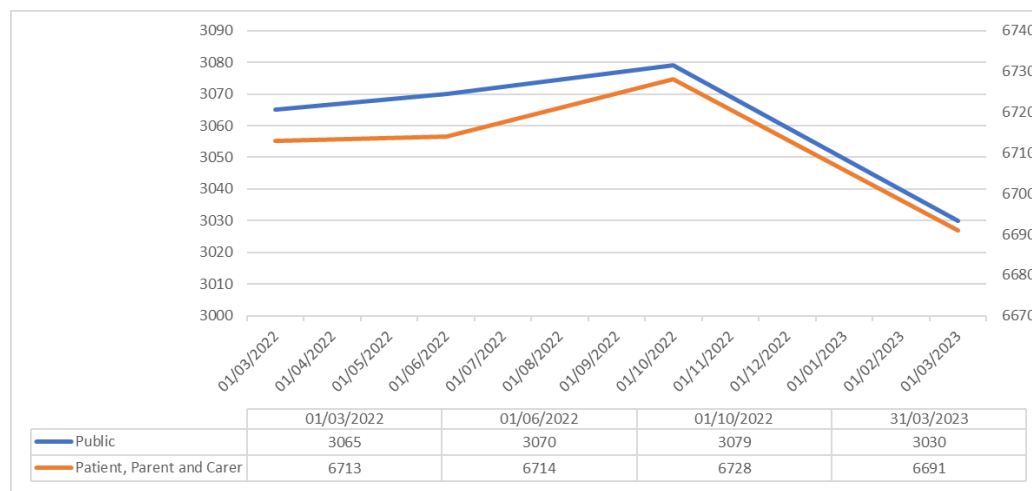
Report prepared and presented by:

Paul Balson – Head of Corporate Governance

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

Current membership figures (April 2023)

The Committee reviewed the overall (active) membership figures for the public and patient, parent and carer constituencies.



Comparing March 2023 with October 2022 there were 86 fewer members in total. This drop in members was primarily due to a database cleanse of 110 members. The Committee noted that a smaller engaged and active membership was preferable to a larger disengaged one.

The Committee reviewed a graph that showed the number of patient members recruited in each year between 2007 and 2023. It was noted that the majority of our patient members joined between 2007 and 2011 (2010 predominantly). The Committee requested that the Corporate Affairs Team review the recruitment strategies in the peak years of recruitment (c2010) to emulate them in 2023/24.

The Committee also requested that the Corporate Affairs Team contact other London Trusts and Paediatric Specialist Trusts who have recently undertaken membership surveys to see if there is any learning.

Membership targets for 2023/24

MERRC approved the following recruitment targets for 2023/24

2023/24		Target for 2023/24	Monthly recruitment target
Public	3,030	3,120 (+90)	8
Patient, Parent and Carer	6,691	6,891 (+200)	17
TOTAL	9,721	10,011 (+290)	25

In addition to the 2022-2025 Strategy targets (to target under-represented groups –under 21s, patient/public male members as well as those in ethnic minorities).

Progress against the Membership Strategy for 2022-2025

The Committee noted the progress made on the strategy since February 2023.

Knowledge

- Refresh of the membership pages on both the website and internal channel (intranet) ahead of the election.
- New Governor biographies uploaded to the Trust website.

Inclusivity

- For Rare Diseases Day on Tuesday 28 Feb 2023, the GOSH Young Person's Advisory Group (YPAG) held a 3-hour event which engaged visitors in the Lagoon to join in with various interactive research activities: learning how heart surgery is being revolutionised via Virtual Reality technology, DNA Top Trumps AND the opportunity to sign up to become a Foundation Trust Member.

Sustainability

- Draft sustainability annual report and accounts content received.
- A sustainability section is included in the quarterly Get Involved membership newsletter.

On 12 April 2023, Robert Ferguson, Patient / Carer Governor from Home Counties (supported by the Corporate Affairs Team) held a recruitment stall in the Lagoon.



Twenty QR codes were distributed. It is hoped this will be the first of many events to help the Trust achieve its ambitious recruitment targets.

Governor Election 2023

The Committee undertook an evaluation of the 2022/23 Council of Governors' elections that took place from November 2022 until Feb 2023. Actions arising are as follows:

The Committee compared the Trust's voting turnout with other Trust elections and found it was an outlier. The Corporate Affairs Team was asked to investigate further with the election provider and the other Trusts.

Continue to review advertising methods (both the appeal of being a Governor and the need to vote) across all communication platforms (both online and in person).

Continue exploring creative ways to advertise/promote the membership: what it offers and benefits of being a Governor.

Recruit 'fresher' and more engaged members in the run up to the 2023/24 elections and harness the experiences of current Governors to further encourage members to nominate themselves as well as vote.

Ensure that all elected, re-elected and unsuccessful candidates are promptly contacted by the Corporate Affairs Team before CIVICA are asked to contact them.

Ensure there is a thorough communications plan for the results to ensure all other Governors are made aware of the results.