

**GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST**  
**MEETING OF THE COUNCIL OF GOVERNORS**  
**Wednesday 05 July 2023**  
**3:00pm – 5:30pm**  
**Charles West Room, Barclay House, Great Ormond Street, London, WC1N 3HZ**

NO.	ITEM	ATTACHMENT	PRESENTER	TIME
1.	Welcome and introductions	Verbal	Michael Rake, Chair	3.00pm
2.	Apologies for absence	Verbal	Michael Rake, Chair	
3.	Minutes of the meeting held on 20 April 2023	A	Michael Rake, Chair	
4.	Matters Arising and action log	B	Anna Ferrant, Company Secretary	
<b>STRATEGY AND PLANNING</b>				
5.	<b>Governor requested item:</b> <ul style="list-style-type: none"> <li>An update on waiting times and the impact on patients and their families</li> </ul>	Presentation	John Quinn, Chief Operating Officer	3.10pm
6.	Children's Cancer Centre (CCC) Project Update	D	Gary Beacham, CCC Delivery Director	3.25pm
<b>PERFORMANCE and ASSURANCE</b>				
7.	<b>Chief Executive Report including:</b> <ul style="list-style-type: none"> <li>Integrated Quality and Performance Report (April 2023 data)</li> <li>Finance Report (April 2023 data)</li> </ul>	E	John Quinn, Chief Operating Officer  John Beswick, Chief Finance Officer	3.35pm
8.	Update from the Young People's Forum (YPF)	F	Rose Dolan and Kamya Mandhar, YPF Governors	3.55pm
9.	<b>Governor requested item:</b> <ul style="list-style-type: none"> <li>Update on the work of the GOSH Children's Charity</li> </ul>	G	Louise Parkes, Chief Executive GOSH Charity	4.05pm
10.	<b>Reports from Board Assurance Committees</b> <ul style="list-style-type: none"> <li>Quality, Safety and Experience Assurance Committee (June 2023)</li> <li>People and Education Assurance committee (May 2023)</li> <li>Audit Committee (June 2023)</li> <li>Finance and Investment Committee (May 2023)</li> </ul>	Q  H  I  J	Amanda Ellingworth, Chair of the QSEAC Kathryn Ludlow, Chair of PEAC Gautam Dalal, Chair of Audit Committee Suzanne Ellis, Chair of Finance and Investment Committee	4.20pm

<b>GOVERNANCE</b>				
11.	<b>Appointment of the Lead Governor and Deputy Lead Governor</b>	<b>K</b>	Anna Ferrant, Company Secretary	4.35pm
12.	<b>Appraisal process for the Chair and Non-Executive Directors and the role of governors</b>	<b>L</b>	Anna Ferrant, Company Secretary	4.50pm
13.	<b>External Auditor Appointment Process</b>	<b>M</b>	John Beswick, Chief Finance Officer	4.55pm
14.	<b>Council of Governors' Effectiveness Review Questions</b>	<b>N</b>	Paul Balson, Head of Corporate Governance	5.05pm
15.	<b>Governance Update</b> <ul style="list-style-type: none"> <li>• Sustainability Working Group (05 June 2023)</li> <li>• Confirmed memberships on Council Committees</li> </ul>	<b>O</b>	Natalie Hennings, Deputy Company Secretary	5.15pm
16.	<b>Update from the Membership Engagement Recruitment and Retention Committee including:</b> <ul style="list-style-type: none"> <li>• Progress against the Membership Strategy</li> </ul>	<b>P</b>	Paul Balson, Head of Corporate Governance	5.20pm
17.	<b>Any Other Business</b>		Michael Rake, Chair	5.25pm
<b>Next Meeting</b> Thursday 09 November 2023; 2:30pm – 5:30pm				

**DRAFT MINUTES OF THE COUNCIL OF GOVERNORS MEETING**  
**20<sup>th</sup> April 2023**  
**Held virtually via videoconference**

Sir Michael Rake	Chair
Beverly Bittner-Grassby	Patient and Carer Governors: Parents and Carers from London
Stephanie Nash	
Kamran Ansari	
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
Robert Ferguson	
Abbigail Sudharson	
Peace Joseph	Public Governors: London
Sara Ayerman	
Roly Seal	
Hannah Hardy	Public Governors: Home Counties
Eve Brinkley-Whittington	
Julian Evans	Public Governor: Rest of England and Wales
Quen Mok	Staff Governors
Tania Ahmad	
Elizabeth Nuttall-Collins	
Jacqueline Gordon	
Dilys Addy	
Kamya Mandhar	Appointed Governors: Young People's Forum
Rose Dolan	

**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
Jenny Rivers*	Acting Director of Research and Innovation

## Attachment A

Prof Andrew Taylor	Director of Innovation
Prof Neil Sebire	Chief Research Information Officer
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*

<b>6.</b>	<b>Apologies for absence</b>
6.1	Apologies were received from: Olivia Burlacu, Patient Governor; Constantinos Panayi, Patient Governor; Jugnoo Rahi, Appointed Governor and Sapna Talreja, Patient and Carer Governor.
<b>7</b>	<b>Minutes of the meeting held on 02 February 2023</b>
7.1	The Council <b>approved</b> the minutes of the previous meeting.
<b>8</b>	<b>Matters Arising and action log</b>
8.1	Minute 62.3: Anna Ferrant, Company Secretary said that the Children’s Cancer Centre team continued to develop a cost analysis of the development and this would be shared with the Council at an appropriate time.
8.2	Minute 68.4: A Council effectiveness survey was being undertaken which would seek Governors’ views on their needs around buddying. Consideration would be given to how this could be provided most effectively and efficiently.
<b>9</b>	<b>Finance Report (March 2023 data)</b>
9.1	John Beswick, Chief Finance Officer said that the financial year had concluded and the Trust’s unaudited figures showed that GOSH had met its agreed outturn of £10.6million deficit for 2022/23. He said that there had previously been a risk of around £20million deficit and considerable work had taken place to reduce this. Investment in the Children’s Cancer Centre required a favourable financial position and focus was being placed on moving towards a breakeven position from 2023/24 onwards. A plan had been submitted in this regard and this was being reviewed and discussed as part of the plan for the region as a whole.
<b>10</b>	<b>Understanding the breath of research at GOSH</b>
10.1	Jenny Rivers, Acting Director of Research and Innovation gave an overview of research and GOSH. She said that engaging children and young people in research was a primary focus and although this had reduced during the pandemic, it was now increasing again. The research vision was being made more visible to patients and families through initiatives such as the research lift and work was taking place to show staff how they could become involved in research. A research hospital dashboard had been developed to enable key metrics to be monitored.
10.2	Capacity for research and innovation continued to increase and a new Clinical Research Facility would be opened in the Southwood Building at the end of 2023. The refreshed research strategy which had been developed with the



## Attachment A

	GOSH Charity had also been approved.
10.3	Russell Viner, Non-Executive said that a large amount of research took place at GOSH and it was important to invest sufficiently in this area. He said that it was clear that more research led to improved outcomes for patients, and it was important to reduce the variability between areas of the Trust in terms of the level of research undertaken. Russell Viner said that he was appointed to the Board as a representative of University College London and GOSH and the GOS UCL Institute of Child Health were partner organisations with a considerable national profile in terms of research. He said that it was important to ensure that the Children’s Cancer Centre facilitated research through enabling it to take place on wards and ensuring that clinical pathways were such that modern treatments were delivered in a modern way.
10.4	Sir Michael Rake, Chair said that the UK performed well in clinical research and this was vital to patient outcomes nationally and around the world. Russell Viner said that research in the UK was efficient in terms of value for money however there had been an impact on recruitment as a result of Britain’s exit from the EU.
10.5	Peace Joseph, Public Governor asked about the role that ethics played in the research process and Russell Viner said that this was key. A robust governance structure was in place as well as a number of research ethics committees and a clinical ethics committee. The Young People’s Advisory Group (YPAG) was a key part of this process.
10.6	Kamran Ansari, Patient and Carer Governor asked how confident the Board was that research was scalable across the organisation. He asked whether the team had identified when the capacity would be reached. Russell Viner said that discussions were taking place between the director of ICH and the GOSH CEO and involving the UCL cancer institute to strengthen cancer research to align with the Trust’s ambitions in the Children’s Cancer Centre. Jenny Rivers said that the current Clinical Research Facility had reached capacity and the new facility would lead to increased capacity. She said that it was important to ensure that research was integrated with clinical care so that research capacity increased in line with clinical capacity.
10.7	Beverly Bittner Grassby, Patient and Carer Governor asked whether the team was assured that funding for research would continue to be available and Russell Viner said that the Government was keen that the UK continued to be at the forefront of research and clinical research was one of three key priorities for the country. Suzanne Ellis, Non-Executive Director said that she was the NED observer of GOSH Charity Board meetings and the most recent meeting had reviewed the multiyear cash flow of the Charity and fundraising for the Children’s Cancer Centre. Consideration had been given to the support that the Charity provided for research and medical equipment and Trustees had been satisfied that the support could continue to be provided on a multiyear basis.
<b>11</b>	<b>Use of data at GOSH</b>
	<i>Matthew Shaw joined the meeting.</i>
11.1	Andrew Taylor, Director of Innovation said that innovation had recently become its own directorate at GOSH and was focused on three primary areas: digital,

## Attachment A

	<p>medical devices and drug discovery. He said that GOSH had done particularly well in the area of cell and gene therapy and drug discovery.</p>
11.2	<p>In some areas of innovation GOSH required the expertise of commercial organisations in order to use the Trust’s data to move forward with diagnosis, treatment and care for children and young people. Andrew Taylor said that a Data Partnerships Committee had been established which had delegated authority from the Executive Management Team to advise on the legal and ethical considerations around access, sharing and use of data at GOSH with external partners. Work was taking place with the Children’s Hospital Alliance and the European Children’s Hospital Organisation around particular data projects including the use of artificial intelligence to predict the risk around ‘was not brought’.</p>
11.3	<p>The Trust had key partnerships around data and in some cases these partnerships provided team members within the innovation directorate to ensure that the progress being made with data was appropriate for use both at GOSH and within partnerships.</p>
11.4	<p>Jacqueline Gordon, Staff Governor said that during the COVID19 pandemic research had progressed to practice and an impact on outcomes more quickly and asked if this momentum had been maintained. Neil Sebire, Chief Research Information Officer said that processes had been modified and papers published more quickly during the pandemic however this impact had not been sustained. Andrew Taylor said that the pandemic had helped the public to understand the importance of data to drive decision making.</p>
11.5	<p>Peace Joseph, Public Governor asked whether the GOSH process considered the ethics and governance processes of partner organisations and Andrew Taylor said that due diligence took place on each potential partner organisation and each relationship was considered for approval by the Trust Board. He added that the external colleagues who worked closely with GOSH had been through the Trust’s HR processes and held honorary contracts. Neil Sebire said that when a researcher used data, traditionally it would have been provided to them and focus was now being placed on developing a trusted platform where GOSH continued to hold the data and researchers could be given appropriate access. He said that whilst this technology had not yet been developed GOSH was ahead of others in this regard. Andrew Taylor said that providing this platform would enable a number of organisations to work together and learning could be developed through data from all organisations. Data could also be used to review previous cases of a certain kind which had occurred at GOSH which would support personalised consent based on more specific data.</p>
11.6	<p>Dilys Addy, Staff Governor said that significant amounts of data was generated in the GOSH labs and emphasised the importance of being able to record the data in a way which was helpful for use in research. Neil Sebire said that although the EPR system did not support the recording of data for research purposes, the Trust had an excellent research platform.</p>
<b>12</b>	<b>Update from the Young People’s Forum (YPF)</b>
12.1	<p>Rose Dolan, Appointed Governor representing the YPF said that the forum had been working with the patient safety team and most recently had made a video</p>

## Attachment A

	<p>in which YPF members filmed clips discussing what patient safety means to patients and this was shown at the GOSH patient safety and human factors conference. Most of the views expressed emphasised the importance of taking precautions to prevent errors but were clear that where errors did occur it was vital that focus was placed on learning. Two members of the YPF had presented at the conference and the video would be used for training throughout the hospital.</p>
12.2	<p>The YPF had worked with the Chief Nurse on the nursing strategy. The forum had split into groups and discussed different elements of the strategy and feedback included the importance of wellbeing and mental health support for nurses, career progression, mentorship and buddying and suggested that job exchanges could be valuable.</p>
12.3	<p>Kamya Mandhar said that the YPF had supported the GOSH Learning Academy (GLA) to develop a teaching module for prospective advanced healthcare practitioners. Although courses were offered by universities they were currently focused on adult care and the GLA was working with a university to develop a module on paediatric care.</p>
12.4	<p>The Council welcomed the work of the YPF.</p>
<b>13</b>	<b>Reports from Board Assurance Committees</b>
13.1	<u>Quality, Safety and Experience Assurance Committee (March 2023)</u>
13.2	<p>Amanda Ellingworth, Chair of QSEAC said that positive work was taking place to move to a more proactive way of managing patient safety and a report had been received on the nuanced uses of benchmarking. Work was also taking place to review Risk Action Groups in the directorates and to standardise practice in these meetings.</p>
13.3	<p>A review on the Harm Review Process had been undertaken by internal audit and provided a rating of partial assurance. It had found that although the process had been approved it had not been embedded throughout the organisation and therefore had been applied inconsistently by clinicians. The Committee had asked the Risk Assurance and Compliance Group to review the process and implement an audit to ensure it was being applied consistently.</p>
13.4	<p>An options appraisal of the provision of HDU care was taking place with a focus on providing the safest care and engagement was currently taking place with clinicians throughout the Trust.</p>
13.5	<p>A good report had been received on fire safety from the Authorised Fire Safety Engineer which was one of only two 'excellent' rated reports that he had provided.</p>
13.6	<p>The Committee had recommended the wording of a new Board Assurance Framework risk on mental health to the Board for approval.</p>
13.7	<u>Audit Committee (March 2023)</u>
13.8	<p>Gautam Dalal, Chair of the Audit Committee said that the March meeting had</p>

## Attachment A

	focused on the Board Assurance Framework (BAF) and was working through the recommendations from the Board Risk Management Meeting.
13.9	As a result of the good work that had taken place on information governance the committee had agreed to remove the risk from the BAF and it would continue as a Trust wide risk. The committee had noted the considerable challenge around meeting access targets for long waiting patients which was partially as a result of the staff strikes. An interim report had also been provided on a Root Cause Analysis of two incidents of interrupted power supply which had not been related.
13.10	<u>Finance and Investment Committee (March 2023)</u>
13.11	Suzanne Ellis, Chair of the FIC said that the committee had reviewed the 10 year capital plan for estates and welcomed the progress that had been made to develop the multiyear view. The Committee had requested to review the plan in the context of a multiyear capital plan for the Trust as a whole.
13.12	The Committee had approved the provider for the linen contract but had noted that only bid had been received. Focus had been placed on value for money and ensuring that the process was more competitive and considered sustainability going forward.
<b>14</b>	<b>Chief Executive Report including Integrated Quality and Performance Report (February 2023 data)</b>
14.1	Sir Michael Rake said that the complexities of developing the gender development service had been discussed in a pre-meet with the Council of Governors. Matthew Shaw said that it was vital that the service was high quality and met the needs of children and young people.
14.2	The Trust had won a national catering award for the 'food on demand' programme for patient meals and the hospital had begun to offer two free hot meals per day to parents and carers of patients in ICU. This had been developed with the Children's Hospital Alliance and recognised that families were staying away from home and the added expense of a central London location.
14.3	The Children's Cancer Centre had been granted full planning permission by the London Borough of Camden having met the conditions required following the approval of conditional planning permission in February 2023. The front entrance of the Trust would be moving to Guilford Street during the building works, which was a suboptimal solution, but testing was taking place in advance. Office space was also at a premium as a result of the decant from the Frontage Building and Matthew Shaw said that communication would be prioritised to minimise the impact to patients, families and staff as much as possible.
14.4	The Royal Marsden NHS Foundation Trust had gone live with their EPR system which was being shared with GOSH's system. Matthew Shaw said that go live had gone well and focus would now be placed on developing GOSH's system.
14.5	The impact of staff strikes had been extremely challenging, and Matthew Shaw said that it was vital to maintain good relationships within the hospital. He added

## Attachment A

	that the Trust had been able to develop safe rotas however this had been difficult to negotiate in some areas and there had been a significant reduction in activity of approximately 50% of elective cases and 25% in outpatients. The waiting list continued to increase as did long waiting patients.
14.6	The planned nursing strikes over the May Day bank holiday weekend were extremely concerning as no derogations had been agreed. One large local hospital expected to close their Emergency Department during the strike and it was anticipated that there would be a substantial reduction in bed base at GOSH including in critical care and potentially also in cancer care.
14.7	Dilys Addy, Staff Governor said that there had been some issues with data sharing following go live of the EPR system. Matthew Shaw said that there was a 'break glass' process to enable staff to access shared patients' information and this access could be audited and a full data sharing agreement was in place. Initially there had been an issue with this functionality and Anna Ferrant, Company Secretary said that assurance had been sought from the Epic team that this had been rectified and instances where this had occurred had been raised as Datix incidents. Standard Operating Procedures had been developed for use by staff who would be continually reviewing data from both Trusts for shared patients. The team had learnt from the process and would also be learning from the auditing which was beginning to take place.
14.8	<b>Action:</b> Beverly Bittner-Grassby, Lead Governor said that Governors had discussed waiting lists and waiting times in the private pre meeting and asked that an update was provided at the next meeting. Matthew Shaw said that waiting times for paediatric services were increasing nationally at a greater rate than that of adult services and GOSH was raising this nationally. GOSH had a lower waiting time than other paediatric hospitals but continued to have a small number of patients who had waited more than 78 weeks. Discussion had also taken place in the Governors' private meeting about staff turnover and retention and it was agreed that the Council would be kept updated on this as well as the recruitment pipeline and staffing hotspots throughout the Trust. Matthew Shaw said that considerable work had taken place on career progression and the Director of HR and OD would be invited to the committee to present on this.
14.9	<b>Action:</b> Beverly Bittner Grassby said that Governors had discussed the Gender Identity Service which was being developed and asked how the Trust was managing the risks associated with this. Matthew Shaw said that this was challenging and an additional assurance committee was being established to scrutinise progress. NHS England was very keen for the service to be developed quickly and there was significant patient need. The Chief Medical Officer was the Senior Responsible Officer (SRO) for the development of the service and it was agreed that a written update would be provided to the Council.
<b>15</b>	<b>Process for the Lead Governor and Deputy Lead Governor Election</b>
15.1	Natalie Hennings, Deputy Company Secretary said that Trusts were required to have a Lead Governor which had a number of roles including bringing Governor issues to the attention of the chair, chairing the Governor pre-meet, helping to set the agenda for Council meetings and collating feedback for Chair and NED appraisals. GOSH also had a Deputy Lead Governor role and both roles were reappointed on an annual basis.

## Attachment A

15.2	Nominations for the roles would open in May 2023 and close on 21 June 2023 and if more than one nomination per position was received, statements from nominated candidates would be circulated to all Governors prior to the July Council meeting and a ballot would take place at the meeting. Natalie Hennings confirmed that all information would be provided in the Governor newsletter in May.
15.3	The Council <b>approved</b> the nominations processes and noted the timetable for nominations and appointment.
<b>16</b>	<b>Draft Council of Governors' section in GOSH Annual Report 2022/23</b>
16.1	Paul Balson, Head of Corporate Governance presented the draft Council of Governors' section in the annual report and said that the team was working to ensure that the annual report as a whole was engaging for children and young people. An astronaut figure would feature throughout which would provide summaries of complex or technical language which could be read by children and young people. Paul Balson highlighted the data on Governor attendance and said that this information would be published publicly and asked Governors to contact the Corporate Affairs team with any queries.
16.2	The Council <b>approved</b> the draft Council of Governors' section in GOSH Annual Report for 2022/23
<b>17</b>	<b>Membership of Council Committees and working groups</b>
17.1	Natalie Hennings said that the membership of the Council committees and working groups were being refreshed to ensure that Governors had the opportunity to get involved in different aspects of the Council's work. Details about nominations for a seat on the committees and groups would be circulated in the May Governor newsletter.
<b>18</b>	<b>Governance Update</b>
18.1	Natalie Hennings said that since the previous meeting the Governor election had been completed and new Governors had taken part in the induction programme which had been supported by NHS Providers. A Council effectiveness review would be taking place, the question would be brought to the Council of Governors in July 2023 and the results, and any recommendations would be presented to the Council of Governors in November 2023.
18.2	A meeting of the Sustainability Working Group had taken place and the lead architect for the Children's Cancer Centre had given a good presentation on the sustainability of the building.
18.3	Georgina Townsend-Teague had stepped down from the Council since the last meeting.
<b>19</b>	<b>Update from the Membership Engagement Recruitment and Retention Committee</b>
19.1	<b>Action:</b> Paul Balson said that a membership data cleanse which had taken

## Attachment A

	place during the election had led to a reduction of 100 members. The MERRC had set ambitious recruitment targets and engagement sessions were being held in the Lagoon supported by Governor volunteers. It was agreed that recruitment materials such as the QR code would be shared with Governors to support them to share recruitment with their networks.
<b>20</b>	<b>Any other business</b>
20.1	There were no other items of business.

**COUNCIL OF GOVERNORS ACTION CHECKLIST**  
**July 2023**

**Checklist of outstanding actions from previous meetings**

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
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.	<b>Daniel Wood</b>	<b>TBC</b>	the Financial Case within the Full Business Case this has been completed. The FBC is with NHSE currently for review and the Corporate Affairs Team will work with CCC Team to determine when the information can be shared with the Council.
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 Governors had requested an update from the GOSH Charity on the fundraising position for the Children's Cancer Centre.	<b>AF, NH</b>	<b>July 2023</b>	<b>Complete:</b> An update on the work of the GOSH Children's Charity is being presented to the Council of Governors at their meeting on 05 July 2023.
14.8	20/04/23	Beverly Bittner-Grassby, Lead Governor said that Governors had discussed waiting lists and waiting times in the private pre meeting and asked that an update was provided at the next meeting. Matthew Shaw said that waiting times for paediatric services were increasing nationally at a greater rate than that of adult services and GOSH was raising this nationally. GOSH had a lower waiting time than other paediatric hospitals but continued to have a small number of patients who had waited more than 78 weeks.	<b>SS</b>	<b>July 2023</b>	<b>Complete:</b> Waiting times and the impact on patients and their families has been added as the 'Governor requested item' on the 05 July 2023 Council agenda.
14.9	20/04/23	Beverly Bittner Grassby said that Governors had discussed the Gender Identity Service which was being developed and asked how the Trust was managing the risks associated with this. Matthew Shaw said that this was challenging and	<b>SS</b>	<b>July 2023</b>	<b>Complete:</b> A verbal update on the Gender Identity Service has been added to the private Council of Governors agenda for 05 July 2023.



## Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		an additional assurance committee was being established to scrutinise progress. NHS England was very keen for the service to be developed quickly and there was significant patient need. The Chief Medical Officer was the Senior Responsible Officer (SRO) for the development of the service and it was agreed that a written update would be provided to the Council.			
19.1	20/04/23	Paul Balson said that a membership data cleanse which had taken place since the last election had led to a reduction of 100 members. The MERRC had set ambitious recruitment targets and engagement sessions were being held in the Lagoon supported by Governor volunteers. It was agreed that recruitment materials such as the QR code would be shared with Governors to support them to share recruitment with their networks.	Paul Balson	May 2023	<b>Complete:</b> Membership materials were circulated to governors via the monthly newsletter on 21 April 2023
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/ November 2023	<b>Not due yet:</b> Liaising with the Lead Governor on plan to take the action forward.
		Discussion had also taken place in the Governors' private meeting about staff turnover and retention and it was agreed that the Council would be kept updated on this as well as the recruitment pipeline and staffing hotspots throughout the Trust. Matthew Shaw said that considerable work had taken place on career progression and the Director of HR and OD would be invited to the committee to present on this.	TL & CA	November 2023	<b>Not due yet:</b> The refreshed People Strategy and work on recruitment and retention has been scheduled for the November 2023 Council of Governors meeting

## Council of Governors

5 July 2023

### Children's Cancer Centre Project Update

**Summary & reason for item:** This agenda item aims to update the Council of Governors on the progress of the Children's Cancer Centre project. This report covers progress against the following workstreams within the programme:

- The design Programme
- Programme milestones
- Planning application
- Full Business Case submission and reviews
- Cancer transformation
- Communications and engagement

**Governor action required:** Governors are asked to Note the contents of this report.

**Report prepared by:** Gary Beacham, Children's Cancer Centre Delivery Director (CCC PD)

**Item presented by:** Gary Beacham, Children's Cancer Centre Delivery Director (CCC PD)

## Children's Cancer Centre Project Update Council of Governors 5<sup>th</sup> July 2023

### Introduction

The Children's Cancer Centre (CCC) at Great Ormond Street Hospital will provide a facility for children with cancer, which in addition provides other key Trust-wide co-dependant services and a new school for all at GOSH.

The CCC is a strategic infrastructure investment the Trust is undertaking with Great Ormond Street Hospital Children Charity. The programme removes a dated dilapidated building on the GOSH site and replaces it with a new modern fit for purpose building (which London Borough of Camden have resolved to grant planning permission for). The vision is to improve outcomes for children through holistic personalised and co-ordinated care. There is a great opportunity for the centre to become a national and global focal point for excellence in paediatric clinical care and research.

The Council of Governors have been updated throughout each development stage of the CCC and approved the significant transaction at their meeting on 14 March 2023.

This report provides the Council of Governors an update on the latest developments.

### Overview

Overall in the period there has been good progress in the complex workstreams that comprise the Children's Cancer Centre programme. Significant milestones have been passed in 2023 to date which include a successful Town Planning Committee meeting and subsequent signing of the Section 106 agreement with London Borough of Camden (LBC) which confirms full planning permission for the CCC main application, Trust & Charity approval of the Full Business Case for the project which following internal approval has been submitted to NHSE for review.

The Royal Institute of British Architects (RIBA) 4 detailed design stage of the project continues to progress at a pace with the focus on finalising the room layouts and having these signed off by clinical colleagues and key project stakeholders over summer. There are some elements of the design that are running slightly behind programme and an extension to the design programme has been submitted for review by the Trust. The overall cost position remains the same as reported at the conclusion of the Cost Check Gateway 2 review period and commencement of Design Stage RIBA 4 October 2022.

GOSH Charity has made a positive start in their Built It Beat It fundraising campaign which launched to the public earlier this year. The CCC Project Team is actively working with patients and young people – further information is provided below.

### RIBA 4 Design Programme

The RIBA 4 detailed design programme continues at a pace with clinical engagement and mechanical & electrical design the predominant focus. Round three of the clinical design user groups commenced in March with Building Design Partnership (BDP) reporting progress on track for the majority of the clinical design. There has been robust engagement from the Clinical Champions who have partnered on the design and been highly engaged in the detailed design process. Very positive proposals have been submitted on the interior design which interfaces successfully with the art within the building. However, there are some elements of the design that have not progressed in line with programme, these include Complex Imaging (Level 1), Cancer Daycare (Level 5), the main entrance interior design and the Cytotoxic pharmacy suite.

Sisk, the main contractor, have this month passed on concerns expressed by BDP, the lead architect and M&E designer for the project, that they are unable to meet their forthcoming RIBA Stage 4 programme deliverables and have submitted a revised RIBA Stage 4 design programme which is being worked through by all parties. As a result the date of Cost Check Gateway 3 has been changed from May to July 2023.



### Programme Milestones

Ref	Workstream	Completion Date(s)
1	Decant – Frontage	Calendar Q4 2023
2	Decant – PO'G	Calendar Q4 2023
3	Enabling Works	Calendar Q4 2023 / Q1 2024
4	Town Planning	Calendar Q4 2023 – Q1 2024
5	RIBA Stage 4 Design	Calendar Q4 2023
6	FBC Forecast Approval	Calendar Q3-4 2023
7	Main Contract Award / Start on Site (target)	Calendar Q1 2024

The above programme milestones denote the key workstreams required in order to commence demolition of the Frontage Building. The programme of works to decant the clinical users currently in the Frontage Building is progressing well with building works ongoing within the hospital to create new clinical environments for the Clinical Research Facility (CRF) and Mildred Creek Unit (MCU) as well as supporting offices for the PAMHS service. The Paul O’Gorman building is currently used as offices and is part of a wider Trust decant programme focusing on the repositioning of office environments throughout the Trust. This is led by the Trust Space Committee.

The Section 73 planning amendment which includes the minor updates to the scheme since the initial proposals were submitted for the planning application is forecast to receive full and final planning approval in November 2023. At this point, the Trust could elect to enter a building contract. A further Judicial Review specifically on the planning amendment will be required but a balanced risk assessment and recommendation can be presented to the Programme Board at this time.

The Full Business Case approval process is not a rigidly defined timeline but with the submission to NHS England (NHSE) on 31<sup>st</sup> May 2023, the review process has commenced. NHSE have suggested a 14-week process and there is some contingency available should this overrun.

### Town Planning

Attachment: D

The Town Planning Application for the Children's Cancer Centre project was heard on the 8<sup>th</sup> of February 2023, the application was successful with the Committee resolving to grant planning permission for the project subject to Section 106 requirements and referral to the Mayor of London. Positive progress has been made since the committee meeting with the Mayor of London and the Secretary of State both confirming that they do not require a call-in on the project.

The Section 106 planning agreement was signed by the London Borough of Camden (LBC) on the 17<sup>th</sup> April 2023. This was a critical activity in the town planning programme and a complex task that has been achieved within an extremely positive timescale thanks to the proactive approach taken client-side. The signing of the Section 106 confirms full planning permission for the CCC main application and triggered a statutory 6-week Judicial Review period at which time an objection could be sought against LBC's decision by any party. The Judicial Review period completed on the 30<sup>th</sup> May 2023 with no challenge lodged against the process.

The next stage of the planning process is to submit a Section 73 planning amendment which includes the changes to the project since the initial planning application was submitted in May 2022. These amendments are mostly related to the western core of the CCC building. An initial conversation has been held with LBC on this and the changes were positively received.

The Interim Director of Space and Place and the CCC Delivery Director recently held a positive meeting with local councillors to talk through the project following the successful Planning Committee meeting and to discuss the approach to be taken to engagement with the local community.

### **Full Business Case**

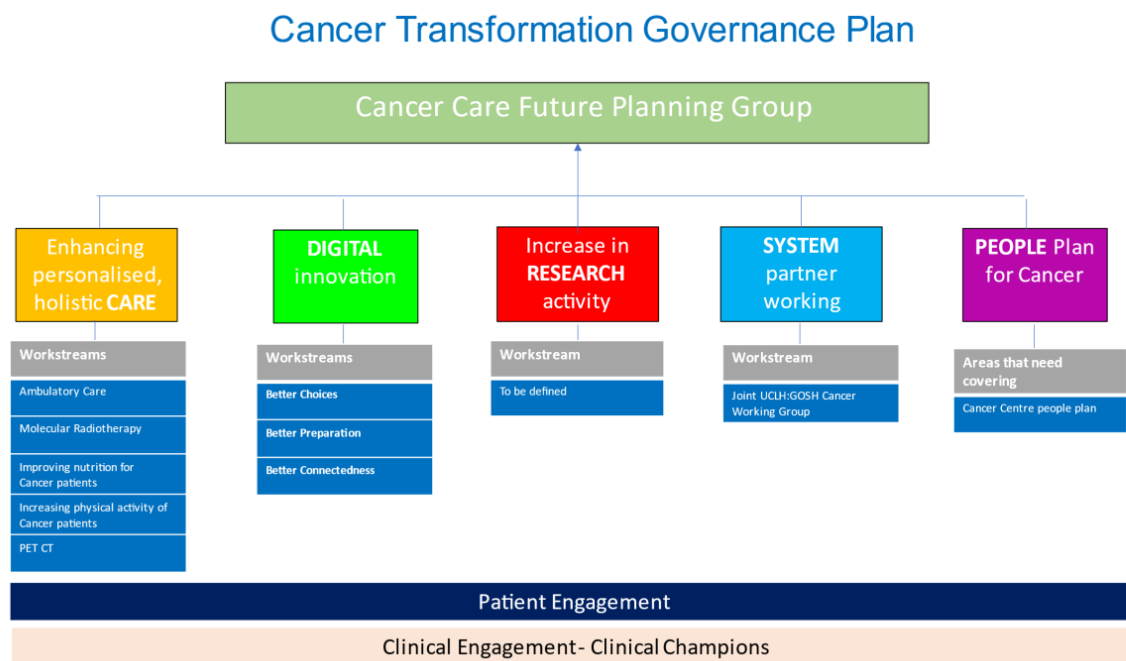
The Full Business Case (FBC) for the Children's Cancer Centre project was approved by the Trust Board and the Charity Board of Trustees in February 2023. The FBC has been proof-read and the comments and amendments have been incorporated.

The Trust submitted the FBC to NHSE on the 31<sup>st</sup> May 2023 following the finalisation of the Trust Long-Term Financial Model (LTFM). NHSE have commenced their review period and the Trust are liaising closely with them.

### **Cancer Transformation**

An update on the Cancer Transformation Strategy was presented to the April 2023 CCCP Programme Board which updated the membership on the way cancer care will be delivered within the CCC building and the improvements offered for delivery of personalised, holistic care for our patients. The aim is to make our cancer patients stronger and fitter pre and post cancer treatment by delivering improvements in their nutrition, getting patients more physically active and improving their psychological well-being. There will also be a focus on improvements in cancer research; capitalising on digital innovation, collaborating with our partners, modernising our workforce to optimise cancer care delivery and developing new cancer treatments/pathways.

The Cancer Transformation plan (see Figure below) sets out at a high-level the priority areas and workstreams that will be a focus for service improvement and innovation.



This work has been supported by a grant from GOSH Children's Charity (GOSHCC) which will fund this transformational work through the appointment of new roles to deliver the transformation work. Extensive work is ongoing with our paediatric cancer partners at UCLH to ensure collaborative working.

### Communications and Engagement Update

With full planning permission granted on 17 April 2023, the Trust published a news story and updated key stakeholders. In terms of media activity, there were two pieces in House Magazine (17 Jan 2023, by Emma Stockton and 14 March 2023, by Sir Mike Rake) about the CCC and research and healthcare at GOSH. House Magazine reaches key audiences for us – MPs, civil servants and Parliamentary officials, and advisers, key audiences for us.

Internal communications continue with the monthly internal update. The Trust also held engagement sessions in the Lagoon and via Teams in February 2023 which were well attended and enjoyed by staff. Further events were held for June 2023, including joint event with the Charity. The team are also testing the alternative entrances that will be used during the construction period, which is encouraging positive and proactive engagement to help us plan for the operational impact construction of the CCC will have.

The hospital communications team supported the GOSH Charity with media and other communications activities relating to the launch of the *Build It Beat It* campaign and the London Marathon. The GOSH Charity has made a positive start in their *Built It Beat It* fundraising campaign which has committed to raise £300m to fund the CCC project, the private phase of the appeal began in 2021, following the private launch in June 2022 the appeal gathered pace within 2022. The Charity successfully launched the public phase in April 2023 with the launch of Build it. Beat it. & the TCS London Marathon charity of the year partnership in 2023.

The CCC Project Team is attending the Get Active! Cancer Sports Day on 1<sup>st</sup> July and have a session planned to engage with the Young Peoples Forum (YPF) on 15<sup>th</sup> July. The meeting with the YPF will see the group taken to the BIM Cave (Computer Aided Virtual Environment for Building Information Modelling) to see the CCC designs in 3D as well as a session to explore the main entrance design proposals in detail.

## Council of Governors

5 July 2023

### Chief Executive Report

#### Summary & reason for item

The Chief Executive report gives the Council an overview of recent developments since the last report in April 2023. Governors should take the opportunity to seek assurance or pursue any areas of interest as part of their duty to hold the Non-Executive Directors to account.

The report includes:

- Thanks to Sir Mike Rake and appointment of the new Chair
- Impact of industrial action
- Looking after our People
- June 2023 Trust Board summary
- Secretary of State for Health and Social Care visit
- New Director of Research and Innovation
- Integrated Quality and Performance Report (April 2023 data) – The Chief Operating Officer will provide an update on May's data
- Finance Report (May 2023 data) – Chief Finance Officer will provide an update on May's data
- Wider GOSH news

#### Appendices – in separate pack

- Integrated Quality and Performance Report (April 2023 data)
- Finance Report (April 2023 data)

#### Governor action required

Governors should seek assurance or pursue any areas of interest.

**Report prepared by:** Paul Balson, Head of Corporate Governance

**Report presented by:** Matthew Shaw, Chief Executive

### 1 Thanks to Sir Mike Rake and appointment of the new Chair

I would like to thank Sir Mike for his leadership and support during a challenging period for the hospital. Sir Mike's term as chair is coming to an end and he will be replaced by Ellen Schroder, who has extensive experience at board level for large NHS organisations and in corporate finance.

Ellen is also a GOSH mum and has previously served as a member of the hospital's Clinical Ethics Committee. Her understanding of the evolving NHS framework and commercial experience will help the hospital navigate structural changes and ensure financial stability.

### 2 Impact of industrial action

On the 14th of June 2023, various unions, including the British Medical Association (BMA), announced their plans to initiate industrial action in the months to come. In response, our command-and-control management structure was activated to minimise any negative impact.

On 27 June, it was reported that the Royal College of Nursing will strike after the union's ballot of its members in England failed to achieve a mandate.

At GOSH, we recognise the impact the industrial action may have on the patients and families we serve. Although we respect the rights of our staff to engage in lawful industrial action, we wish to be clear and candid about how this may affect our organisation, staff, and performance commitments.

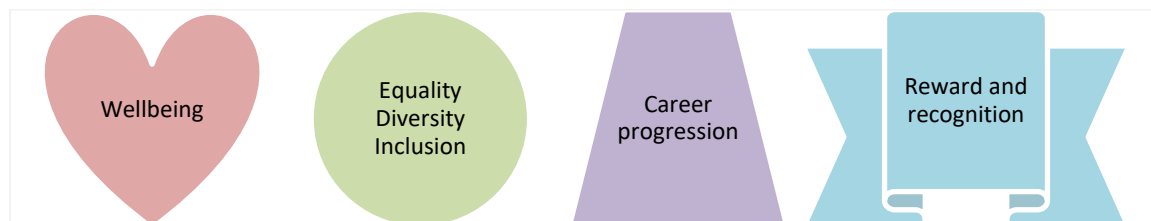
Throughout the previous strikes, we have observed a disruption in patient care, resulting in delays and, in some cases, staff being required to cover shifts and prioritise urgent cases. We remain committed to working closely with union leaders to mitigate the impact and prioritise the well-being of patients under our care.

During the Council meeting, the Chief Executive will provide an update regarding these developments.

### 3 Looking after our People

As Governors will be aware, the executive team have prioritised staff wellbeing to ensure they can care for patients effectively.

Moving forward, four areas of focus for the Trust's management teams have been identified:



The first actions taken to support these areas has been:





#### 4 June 2023 Trust Board Highlights

##### Patient Story

- Joshua (16 years old) and his mother, Kristel and Music Therapist Katya Herman provided:
  - Experiences of music therapy and the inspiration for Joshua
  - The challenges of having care provided during regular two-week admissions across several wards for a rare condition which meant support was limited.
  - The Trust Board discussed how to support moving forward

##### Annual report and Accounts 2022/23

- The Annual report and Accounts was approved pending conclusion of the External Auditors work. [Note the annual report and accounts were signed off by the External Auditor on 23 June 2023]

##### Quality Report 2022/23

- A draft Quality Report was presented for review. **Note** this has now been finalised and uploaded to the GOSH internet: <https://www.gosh.nhs.uk/about-us/our-corporate-information/publications-and-reports/quality-reports/>

##### Other Annual reports

- Annual Health and Safety and Fire Report 2022/23
- Guardian of Safe Working Report Q4 2022/23 and Annual Report 2022/23
- Freedom to Speak Up Guardian Annual Report 2022/23

##### Compliance with the NHS provider licence

- The Trust Board approved compliance against all conditions of the NHS Provider Licence (in May 2023 at an extraordinary meeting, the Council of Governors were asked for their views on the conditions)

##### GOSH Staff Survey Results / Action Plan 2022

- It was noted that a special session will be held at the Trust Board strategy session to discuss challenges related to staff survey results. Initial reviews of the data identify several areas for future work: reward and recognition; relationships with line managers; listening events increased response rate; focus on high-performance team culture and encouraging strong team working with metrics to be developed to help identify and support areas in need.

##### 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 June 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](mailto:Victoria.Goddard@gosh.nhs.uk).

## 5 Secretary of State for Health and Social Care visit

On Tuesday 27 June the Secretary of State for Health and Social Care, Steve Barclay MP, visited GOSH today to announce £96m in funding for research equipment across the NHS.

We were successful in securing £3.54m of this funding, which will provide us with state-of-the-art microscopes, a liquid nitrogen generator, a genomic sequencer, a specialized 3D printer for medicines, as well as other essential equipment. This investment will help us overcome equipment shortages and accelerate the translation of our research into clinical practice.

During the visit, the Health Secretary met with a patient and their family, as well as various staff involved in research, showcasing the positive impact of our work. We addressed the cost-of-living crisis affecting our staff and the ongoing industrial action, as well as the issue of growing paediatric waiting lists, in hopes of further support and discussions in the future.

## 6 New Director of Research and Innovation

The Trust is thrilled to announce that Dr Kiki Syrad will be joining the hospital as the new Director of Research and Innovation. Kiki brings with her over 15 years of experience in senior leadership positions within the charity sector and we are confident that her expertise will significantly strengthen our research and innovation department.

Kiki will be joining our team in October 2023, replacing Dr Jenny Rivers, who has been serving as our Acting Director of Research and Innovation. We extend our warmest congratulations to Jenny on her new appointment as the Director of Research and Development at Barts Health.



## 7 Integrated Quality and Performance Report (April 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.

The Junior Doctor's strike and air handling issues have had a significant impact on the Trust’s overall performance, resulting in a 40% loss of inpatient activity and a 20% loss of outpatient activity. The Chief Executive will provide a verbal update on May’s performance data at the meeting. Other metrics to note included:

Patient Safety	<p>There was one Serious Incident in April 2023 related to an overdose of Morphine, the investigation is ongoing with the report expected in July 2023.</p> <p>Compliance with the risk management policy and its requirements for reviewing high rated risks was reported to the June Audit Committee.</p>
Effectiveness	<p>The Better value target for the Trust is set at £16m. At Month 1 programs to address operational challenges related to the strikes were in development.</p> <p>A new clinical procurement group was established with operational leadership and clinical representatives from each directorate, which will be tasked with minimising unwarranted product variations and over ordering.</p>
Patient Experience	<p>Patient experience ratings remain low, with waiting times, poor communication, delays in care, and treatment cancellations being common themes.</p>

Well-Led	The Trust has stable vacancy rates and decreased sickness rates, but high voluntary turnover rates.
Patient Access	RTT has stabilized at 67.7% above the national average of 58%, while diagnostic rates have slightly declined. The Trust has met all cancer standards, but long waiters were a growing issue.

### 8 Finance Report (April 2023 data)

At Month 1 the year-to-date financial position was a £4.2m deficit. This was £2.3m adverse to plan. NHS & other clinical income was £1.4m adverse to plan due in part to reduced activity due to strike action.

Private patients' income was £0.3m favourable to plan due to increased levels of activity.

Pay costs were £0.3m favourable to plan due to vacancies and closure of beds due to strike actions.

Non pay costs were £1.4m adverse to plan due to reduction in spend on clinical supplies due to strikes and reduction in pass through costs.

The Chief Finance Officer will provide an update on May 2023 performance at the meeting.

### 9 Wider GOSH news

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



#### GOSH employees recognised for their excellence and dedication

- Our GEMS program recognises employees who exhibit excellence and dedication in their work and we are thrilled to recognize their achievements.
- We were proud to announce our GEMS winners for March and April and continue to provide an opportunity for staff to recognise each other for their achievements and contributions to GOSH
- Celebrating excellence promotes a positive work environment and helps to foster a culture of excellence.



#### RBC Race for the Kids is back on Saturday 7 October

- The GOSH Charity Returning to London's Hyde Park on, this is your chance to join the race to help beat childhood cancer.
- GOSH Charity celebrated the return of RBC Race for the Kids with events in The Lagoon on 20-22 June.
- Governors will be asked to support a membership stand at the event



**NHS**

Great Ormond Street  
Hospital for Children  
NHS Foundation Trust

# Integrated Quality & Performance Report

## May 2023

Reporting April 2023 data



**John  
Quinn**

Chief  
Operating  
Officer

**Tracy  
Luckett**

Chief Nurse

**Sanjiv  
Sharma**

Medical  
Director

**Caroline  
Anderson**

Director of HR  
& OD

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

The Junior Doctor's strike has had a significant impact on April performance along with air handling issues in two theatres. During the week of the strike the Trust lost 40% of inpatient activity and 20% of outpatient activity. It is also evident in patient experience. The Outpatient experience rating remains low at 91%. Many of the comments being about waiting times, poor communication, delays in care and treatment along with multiple cancellations. These themes are also showing up in complaints.

Open incidents have risen but this is due to a decision to pause closures in Feb/ March. Performance on high risks appears to have declined but this is largely due to a change in the required frequency of review (now monthly for high risks i.e. rated 15/>). This is expected to improve as these new timescales bed in.

Vacancy rates are stable at 7% below the Trust target of 10% but voluntary turnover is still high at 14.4% across the Trust and 16.5% in nursing. Sickness has continued to come down and is now running at 2.7%.

RTT, despite the strikes, has stabilised at 67.7% which 10% above the national average of 58%. Diagnostics is down slightly at 80.1%. All Cancer standards have been met. Long waiters are proving an issues. At a time when NHSE are looking to reduce these, the Trust had nine 104 week waits and 75x 78 week waits. The current forecast is for 78 week waits to reach 102 by the end of June. Various programmes are being put in place to address this including mutual aid from UCLH on dental services.

The Better value target for the Trust has been set at £16m and the detailed programme to deliver this target is now in development, although it also has been delayed because of the immediate need to address the operational challenges related to the strikes.

# Integrated Quality & Performance Report, April 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. Total number of incidents open rose to 1939 this month (from 1836). The PST have begun closing and theming incidents, however there remains work to do to clear the existing backlog created by the decision to pause closures in February and March.
- Serious Incidents:** One new Serious Incident was declared in April. This was related to an overdose of Morphine. The investigation is ongoing with the report expected in July 2023.
- Duty of Candour:** All four stage 2 DOCs due in April have been sent, though two of them were sent after the 10 working day target. Of the four stage 3 investigation reports, two have been completed (including one Serious Incident). Two are outstanding. The Patient Safety team supporting the clinical directorates to complete the investigations and send these out as a priority.
- Risks:** Of the overdue high risks (16 total), 5 were reviewed within the past 30 working days, 5 were reviewed between 30-50 days ago, and 6 were reviewed more than 50 working days ago. The high risks with the longest review periods sit in BBM and S&S. Urgent action is being taken to review and update these risks before the next report. There has also been work to review the highest rated risks (rated 20) with a view to reframing the risks and revisiting the controls, to downgrade ratings where appropriate. Compliance with the risk management policy will be reported to the Audit Committee in June.

Patient Safety - Incidents		May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Last 12 months	RAG			Stat/Target
New Incidents	Volume	608	577	675	620	600	617	592	498	551	550	589	476		No Threshold			Target
Total Incidents (open at month end)	Volume	1522	1687	1922	2109	2181	2013	1523	1367	1441	1489	1836	1939		No Threshold			Target
New Serious Incidents	Volume	4	1	4	2	1	1	1	1	1	0	2	1		No Threshold			Target
Total SIs (open at month end)	Volume	18	14	15	10	12	3	3	3	3	2	3	4					Target
Overdue SI Actions	Volume	12	25	14	4	18	20	15	16	11	19	9	15		>20	10 - 20	0 - 9	Target
Incidents involving actual harm	%	18%	15%	12%	13%	11%	10%	13%	11%	14%	12%	13%	13%		>25%	15%-25%	<15%	Target
Never Events	Volume	0	0	0	1	0	0	0	0	0	0	0	0		>/=1		0	Stat
Pressure Ulcers (3+)	Volume	1	0	0	0	1	1	1	0	0	0	1	0		>1	=1	=0	Stat
Duty of Candour Cases (new in month)	Volume	7	3	8	7	7	3	4	1	2	7	3	3		No Threshold			Target
Duty of Candour – Stage 2 compliance (case due in month)	%	3/3	3/5	1/3	1/5	3/6	3/5	3/4	1/2	1/2	2/4	3/4	2/4		<75%	75%-90%	>90%	Target
Duty of Candour – Stage 3 compliance (case due in month)*	%	2/6	2/2	1/3	0/0	0/0	2/4	2/5	2/3	1/4	2/3	1/1	2/4		<50%	50%-70%	>70%	Target
High Risks (% overdue for review)**	%	32%	5%	5%	40%	9%	4%	5%	35%	19%	26%	48%	59%		>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.

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



## Overview

- YTD CV Line infections have reduced to 1.5/1000 line days. Gram negative bacteraemia's are slightly higher than previous months but root cause analysis with the clinical teams have commenced this month and valuable learning has already been identified with action plans to implement this. There were no C.diff's which met the criteria for this 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

		May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	2023/24 YTD	Last 12 months	RAG (23/24 threshold)	Stat/Target		
C Difficile cases	In Month	1	2	1	0	1	1	1	3	1	2	0	0	0		>7	N/A	<=7	Stat
C difficile due to lapses (note 2)	Annually															>7	N/A	<=7	Stat
MRSA	In Month	0	0	0	0	0	1	0	0	0	0	0	0	0		>0	N/A	=0	Stat
MSSA	In Month	3	3	2	2	0	1	2	5	1	2	2	1	1		No Threshold			
E.Coli Bacteraemia	In Month	3	2	0	3	2	2	2	2	2	0	1	1	1		>8	N/A	<=8	Stat
Pseudomonas Aeruginosa	In Month	2	1	0	2	2	1	1	0	2	0	0	2	2		>8	N/A	<=8	Stat
Klebsiella spp	In Month	6	3	1	3	0	2	5	3	3	4	3	5	5		>11	N/A	<=11	Stat
CV Line Infections (note 1)	In Month	1.7	1.5	2.4	5.4	2.5	2.4	1.8	2.6	1.7	1.9	2.1	1.5	1.5		>1.6	N/A	<=1.6	T



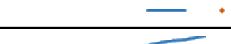

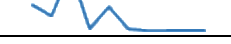



## Inpatient Mortality & Cardiac Arrest

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Last 12 months	RAG	Stat/Target
Number of In-hospital Deaths	7	7	10	8	7	12	4	9	8	13	11	11		No Threshold	
Inpatient Mortality per 1000/discharges	6.7	6.6	9.0	7.3	6.6	11.6	3.8	10.2	7.8	13.8	10.3	11.8		No Threshold	
Cardiac arrests outside ICU/theatres	0	0	1	1	2	2	0	2	2	2	1	0		No Threshold	
Respiratory arrests outside ICU/theatres	2	3	0	2	2	2	0	1	2	0	1	1		No Threshold	
Inquests currently open	13	13	14	15	10	12	12	9	8	6	8	17		No Threshold	

## Better Value:

The Trust's Better Value target for 2023/24 is £16m and the detailed programme to deliver this target is now in development, although has been delayed because of the immediate need to address the operational challenges related to recent industrial actions. Schemes valued at approaching £3m have either already been signed off into budgets or will be signed into them imminently, and directorates are developing plans to meet their targets as a matter of urgency, with a range of pay, non-pay and potential additional income related schemes being pursued. A new clinical procurement group is being established with operational leadership and clinical representatives from each directorate, which will be tasked in particular with focusing on product switches and minimising unwarranted variation in product usage. Further work on materials and inventory management will also be pursued with the aim of reducing over-ordering and wastage of expired stock. The first EQIAs have been produced for sign off by the EQIA Panel (Medical Director, Chief Nurse).

## Effectiveness

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Last 12 months
Speciality led clinical audits completed (actual YTD)	16	24	32	48	66	80	90	100	110	116	126	4	
Outcome reports published (YTD)	0	0	2	2	3	5	7	7	8	9	13	2	
QI Project completed	0	10	0	1	3	9	2	1	0	1	0	8	
QI Projects started	1	28	7	15	6	2	14	17	14	12	19	14	
NICE guidance currently overdue for review				0	0	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	£16,048,000		
% value of schemes identified compared to their Better Value target	1	83%	80.4%	89.9%	78.0%	82.4%	77.8%	77.6%	77.6%	77.6%	77.60%		
Number of schemes identified	80	97	102	110	119	125	125	125	125	125	125		
Number of schemes fully signed off and EQIA assessed	4	26	45	46	75	118	118	118	118	118	118		
Number of schemes identified but not signed off	76	71	57	64	34	7	7	7	7	7	7		


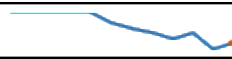

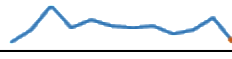



\* Our [Quality Hub](#) shows clinical outcomes, clinical audit activity, and QI work that is taking place across the Trust

## Overview

The inpatient FFT met the Trust target for response rate and experience rating. Outpatient FFT responses decreased in April, however there was a very slight increase in the experience rating which was 91%, however this was still below target. The negative theme emerging from outpatients was predominantly about the waiting times. Inpatient concerns were waiting times within day care areas, poor communication, broken equipment and food options.

10 new complaints were received in April, 3 more than April 2022. 1 of these complaints related to a medication administration error and was graded red (high risk) and declared a Serious Incident (SI). We continued to see a theme within our complaints this month regarding delays to care and treatment, such as lengthy waits for surgery, multiple cancellations for surgery and admissions, waiting for test results etc. This will continue to be monitored. There are currently 3 red/ high risk complaints open with one being monitored closely via EMT due to exceptional delays in responding to the family.

There was a significant reduction in Pals contacts (n=154) which is attributed to reduced activity during industrial action. Pals worked closely with Comms regarding information shared with families ahead of the strikes and this seems to have been successful in providing families assurance. Other contacts related to queries and requests for further information relating to patient care. Resolution timeframes (within 48 hours) doubled from 41% in March to 82% in April.

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Last 12 months	RAG		
FFT Experience rating (Inpatient)	98.0%	98.0%	98.0%	99.0%	99.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	99.0%		<90%	90-94%	>=95%
FFT experience rating (Outpatient)	97.0%	97.0%	97.0%	97.0%	97.0%	95.0%	94.0%	93.0%	92.0%	93.0%	90.0%	91.0%		<90%	90-94%	>=95%
FFT - response rate (Inpatient)	35.0%	29.0%	23.0%	28.0%	28.0%	24.0%	24.0%	25.0%	25.0%	28.0%	29.0%	30.0%		<25%	N/A	>=25%
PALS - per 1000 episodes	7.59	9.25	12.37	9.46	10.46	9.74	9.51	9.75	8.58	9.23	10.77	7.55		No Threshold		
Complaints- per 1000 episodes	0.27	0.95	0.38	0.43	0.58	0.36	0.55	0.51	0.47	0.53	0.42	0.49		No Threshold		
Red Complaints -% of total (note 1)	6%	5%	5%	7%	7%	6%	6%	6%	5%	4%	4%	4%		>12%	10-12%	<10%
Re-opened complaints - % reopened (2)	9%	8%	8%	10%	9%	9%	9%	8%	6%	4%	4%	4%		>12%	10-12%	<10%

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

**Contractual staff in post:** Substantive staff in post numbers did not change significantly in April: 5350.2 FTE compared 5351.8 FTE (a decrease of 1.6 FTE since March 2023). Headcount was 5784 vs 5782 (-2 on the previous month).

**Unfilled vacancy rate:** Vacancy rates for the Trust have remained stable over the last 3 months at circa 7%, and this trend has continued into the new financial year with a rate of 7.1%. The vacancy rate remains below the 10% target, but is 0.9% higher than the same month last year (6.2%). Vacancy rates are highest in Medical Directorate (17.1%), Research and Innovation (40.1%) and Transformation (63.4%).

**Turnover** (Reported as voluntary turnover over a rolling 12 month period). Voluntary turnover remain static at 14.4% from the previous month which represents a slowing down in the recent trend of increased turnover, however it still exceeds the Trust target (14%). Retention of staff is a pivotal part of the Trust People Strategy and is a focus of several workstreams across the Trust.

**Agency usage:** Agency usage for April increased by 0.2% to 1.3% but is within the 2% trust target. The highest spend areas include Space & Place (7.6%), Finance (6.2%) and innovation (4.7%).


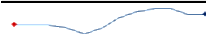
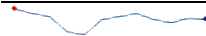


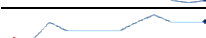



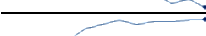



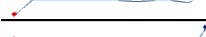


**Statutory & Mandatory training compliance:** The April training rate for the Trust has remained stable at to 94%, with all directorates meeting the target.

**Appraisal/PDR completion:** The non-medical appraisal rate has decreased by 1% to 82% for this month, with only two directorates, Genetics (90%) and Finance (96%) meeting / above the Trust target. Consultant appraisal rate was 91% last month, however an updated figure cannot be given until June 2023 due to the transition to a new medical appraisal system.

**Sickness absence:** April sickness has decreased for the second consecutive month to 2.7%, down 0.2% from April. 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 April was 5.01% and GOSH reported sickness rates were 2.7%. It should be noted that we are currently aware of an under reporting issue due to not all sickness episodes being input by the our payroll provider. This is being addressed with and a plan in place to work with the payroll provider to rectify.

**Freedom to Speak Up:** The service received 18 contacts in April which is double the number received in March, and the highest monthly rate since August 2022 . The main themes being raised in March related to concerns around staff safety/ wellbeing, patient safety/ quality of care and discrimination. Staff speaking up through the service came from a variety of professional backgrounds.

## Well Led Metrics Tracking

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Last 12 months	RAG Levels			Stat/Target
Mandatory Training Compliance	93.0%	93.0%	94.0%	93.0%	93.0%	93.0%	94.0%	94.0%	94.0%	94.0%	94.3%	94.0%		<80%	80-90%	>90%	Stat
Stat/Man training – Medical & Dental Staff	86.0%	86.0%	86.0%	85.0%	83.0%	85.0%	88.0%	90.0%	91.0%	91.0%	89.0%	89.0%		<80%	80-90%	>90%	Stat
Appraisal Rate (Non-Consultants)	86.0%	84.0%	83.0%	78.0%	77.0%	82.0%	83.0%	84.0%	82.0%	81.0%	82.6%	82.0%		<80%	80-90%	>90%	Stat
Appraisal Compliance (Consultant)	86.0%	87.0%	85.0%	87.0%	85.0%	85.0%	85.0%	94.0%	95.0%	93.0%	90.7%	90.6%		<80%	80-90%	>90%	Stat
Honorary contract training compliance	74.0%	72.0%	71.0%	69.0%	68.0%	70.0%	69.0%	69.0%	69.0%	66.0%	65.0%	66.0%		<80%	80-90%	>90%	Stat
Safeguarding Children Level 3 Training	94.0%	94.0%	96.0%	95.0%	95.0%	95.0%	95.0%	96.0%	97.0%	96.0%	96.0%	96.0%		<80%	80-90%	>90%	Stat
Safeguarding Adults Level 2 Training	94.0%	93.0%	94.0%	94.0%	93.0%	93.0%	95.0%	95.0%	96.0%	95.0%	95.0%	95.0%		<80%	80-90%	>90%	Stat
Resuscitation Training	77.0%	78.0%	81.0%	81.0%	82.0%	83.0%	87.0%	87.0%	87.0%	87.0%	86.0%	85.0%		<80%	80-90%	>90%	Stat
Sickness Rate <small>see note 3</small>	3.6%	3.6%	3.3%	3.3%	3.6%	3.5%	4.0%	4.5%	3.7%	3.0%	3.3%	2.7%		>5.3%	3-5.3%	<3%	T
Turnover Rate (Voluntary)	12.2%	12.1%	12.6%	12.5%	13.6%	13.9%	14.3%	14.0%	14.2%	14.2%	14.4%	14.4%		>14%	N/A	<14%	T
Vacancy Rate – Trust	6.4%	5.8%	6.8%	7.1%	7.4%	5.9%	6.3%	6.9%	7.2%	7.0%	7.1%	7.1%		>10%	N/A	<10%	T
Vacancy Rate - Nursing	6.2%	6.1%	7.8%	8.8%	9.0%	4.5%	5.6%	7.0%	7.7%	8.3%	8.0%	8.0%		No Threshold			T
Bank Spend	4.2%	5.5%	5.5%	5.5%	5.4%	5.4%	5.4%	5.3%	5.4%	5.4%	5.2%	6.4%		No Threshold			T
Agency Spend	1.2%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.3%		>2%	N/A	<2%	T
Quarterly Staff Survey - I would recommend my organisation as a place to work			62.0%						65.0%			64.0%		No Threshold			T
Quarterly Staff Survey - I would be happy with the standard of care provided by this organisation			87.0%						87.0%			87.0%		No Threshold			T
Quarterly Staff Survey - Overall Staff Engagement (scale 0-10) <small>See note 1</small>			7.0						7.0			6.98		No Threshold			T
Quarterly Staff Survey - Communication between senior management and staff is effective <small>See note 1</small>			41.0%						45.0%			44.0%		No Threshold			T
Number of people contacting the Freedom To Speak Up Service	13	15	20	20	11	15	13	10	7	11	9	18		No Threshold			T
Number of Themes of concerns raised as part of Freedom to Speak Up Service (note 2)	21	24	33	32	15	21	23	15	9	15	17	31		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 remained stable in April at 8% and below trust target (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. Newly Registered Nurse recruitment has now concluded for 2023 with confirmed conditional offers accepted by 107 NRNs for October start date and 45 NRNs for January start date. Bespoke in-person open day recruitment events are scheduled for I&PC in May and BCC in July. We are also working with UCLH to establish a rotational programme to support the recruitment of Haem/Onc nurses.

**Voluntary Turnover:** Based on a 12 month rolling average, the vol. turnover for April remains above trust target (<14%) at 16.5%. The outline of refreshed retention plan ‘STAY’ will be presented to PEAC and Trust Board this month.

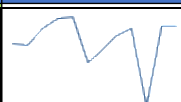
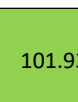
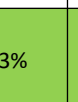
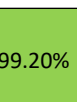


**Sickness absence:** Nursing sickness rates are within trust target (<3%) for the first time since the pandemic at 3% in April.

**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 a benchmarking metric to provide a picture of care and skill mix. This has remained stable across the trust at 16 in April.

**CHPPD Actual vs Plan:** The Trust average was 99.2% in April and within acceptable parameters.

**Agency spend:** Agency usage accounted for 1% of the temporary staffing usage which were Registered Mental Health Nurses (48 shifts) on Squirrel Gastro and Panther ENT. Bank fill rate was at 83% (1951 shifts). Overall temporary staffing shift fill rate was 85% (1999 shifts).

**Safe Staffing Incidents:** The number of incidents decreased to 6 in April, these are currently being investigated, but no patient harm has been reported as a result of these incidents. The main themes relate to poor skill mix, lack of IV and ECMO competent nursing staff especially on night shifts and 2 HCA bank shift cancellations.

Safer Staffing Metrics	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Last 12 months	Rag Levels		
Vacancy Rate - Nursing	6.20%	6.10%	7.80%	8.80%	9.00%	4.50%	5.60%	7.00%	7.70%	8.2%	8.02%	8.0%		>11	10.1% - 11%	<=10%
Turnover Rate (Voluntary)	14.00%	14.50%	14.90%	15.20%	15.30%	15.80%	16.10%	15.40%	16.10%	16.50%	16.46%	16.50%		>14	N/A	<14%
Sickness Rate see note 3	4.80%	4.20%	3.90%	3.70%	4.00%	4.00%	4.30%	5.50%	3.70%	3.40%	3.38%	3.00%		>3.3%	3-3.3%	<3
Care Hours per Patient Day (CHPPD)	15.7	14.6	16.1	16.8	15	15.5	14.4	15	15.3	15	14.9	16.0			No Threshold	
Care Hours per Patient Day (CHPPD)- Actual vs Plan	-	-	-	-	-	-	-	-	1.037	98.97%	101.93%	99.20%		<85%	85 -90%	>90%
Agency Spend	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.00%	0.00%	1.00%		>2%	N/A	<2%
Safe Staffing Incidents	7	10	3	4	13	13	10	15	3	4	13	6			No Threshold	
Bank Fill Rate	88%	85%	87%	85%	87%	84%	85%	81%	86%	85%	85%	83%			No Threshold	



## Overview

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

- **RTT Performance** for April 2023 was **67.7%**, 0.4% increase from last month and remains below trajectory. The overall PTL size has plateaued over the last 3 months. None of the directorates met the 92% standard this month. RTT performance has been affected by the Junior Doctor's strikes, inherited breaches, patient and consultant leave, and bed pressures as well as air handling issues in two theatres which led to cancellations and theatre reconfiguration. We do not expect RTT to improve significantly in May due to industrial action taken by Nurses.
- There are nine patients who are waiting above **104 weeks**, an increase from last month, when we reported four. There are 4 ENT patients. Two of these are all complex patients who need to be reviewed by another specialty before treatment can be advised. One of the other ENT patients unfortunately cancelled on the day due, and is now booked in for first available appointment in July. The service is trying to bring this forward. The remaining ENT patient now has a TCI in June. One patient (**Endocrinology**) is an inherited wait received at 154 weeks, and will be seen in May. One patient (**Plastic Surgery**) has a provisional TCI in August and the other patient (**T&O**) has a provisional TCI in October. Two patients are waiting for **Dental** treatment. The Trust is exploring mutual aid with UCLH due to capacity restraints in Dentistry. **78 week waits** have continued to increase (75) and remains above trajectory. **52 week waits** have increased to 379. The long waiters are predominantly in Orthopaedics (78), Plastic surgery (64), Dental (55), ENT (37), Craniofacial (21), Cardiology (20), Ophthalmology (28), Maxillofacial(11) and Audiological Medicine (10). Revised RTT trajectories and action plans are being produced. Sight & Sound and Body, Bones and Mind directorates are the most challenged.
- At the time of writing the Trust is currently projecting 102 patients, at the end of June 2023, to be waiting 78 week waits or more against the national ambition of zero.
- **DM01** performance for April 2023 was **80.7%**, a decrease of 1.2% from the previous month. The number of 6 week breaches has increased this month to 322, compared to 303 last month. 13 week breaches have seen an increase to 33 up from 25 last month. Trajectories for MRI, CT, Ultrasound, Endoscopy and Sleep Study modalities are being refreshed.
- **Cancer:** It is projected for April that all of the five standards will be met.

## Bottlenecks

- Consultant availability in particular for Dental, Orthopaedics, Spinal and SNAPS
- Junior doctor's and nursing strikes 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 as other providers reduce backlogs. (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

- Revised RTT and Diagnostic trajectories and actions plans being produced
- Continued focus on reduction of long wait patients
- Additional clinics for Endocrinology from April
- Discussion on mutual aid for Dental Services with UCLH
- Review of theatre lists from half-day to full-day for some services
- Clinical Genetics Consultant joined in April
- Assessing additional 4 bed bay be opened on Sky to support throughput.
- Day-case project commenced reviewing Nightingale Ward usage
- Recruitment of locum Orthopaedic Surgeon
- Recruitment process under way for Spinal Surgeon

# Patient Access Metrics

Access Metrics Tracking	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Trajectory	Last 12 months	RAG Levels	Stat/Target
RTT Open Pathway: % waiting within 18 weeks	76.8%	75.3%	73.7%	72.3%	71.8%	72.4%	73.2%	70.9%	71.4%	69.8%	67.3%	67.7%	Below		<92% N/A >=92%	Stat
Waiting greater than 18 weeks - Incomplete Pathways	1,638	1,765	1,900	2,006	2,023	2,012	1,944	2,154	2,169	2,280	2,464	2,415	-		No Threshold	-
Waiting greater than 52 weeks - Incomplete Pathways	160	177	177	196	202	206	219	248	279	311	356	379	Above		>0 N/A =0	Stat
Waiting greater than 78 weeks - Incomplete Pathways	24	24	20	25	30	28	28	45	47	52	58	75	Above		TBC	T
Waiting greater than 104 weeks - Incomplete Pathways	4	3	0	0	1	1	3	5	5	3	4	9	Above		>0 N/A =0	Stat
18 week RTT PTL size	7070	7150	7239	7229	7176	7295	7264	7401	7580	7545	7532	7482	-		No Threshold	-
Diagnostics- % waiting less than 6 weeks	84.7%	82.6%	83.9%	84.1%	83.5%	88.4%	89.2%	82.6%	82.6%	87.6%	81.9%	80.7%	Below		<99% N/A >99%	Stat
Total DM01 PTL size	1,565	1,489	1,506	1,480	1,463	1,714	1,747	1,767	1,663	1,841	1,672	1,668	-		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%	94%	92%	93%	100%	-		No Threshold	-
Cancelled Operations for Non Clinical Reasons (note 1)	31	28	43	28	33	38	53	27	45	34	28	-	-		No Threshold	-
Cancelled Operations: 28 day breaches	4	4	4	4	2	5	1	3	3	3	1	-	-		>0 N/A =0	Stat
Number of patients with a past planned TCI date (note 4)	1,398	1,256	1,261	1,347	1,112	1,193	1,270	1,261	1,390	1,356	1,422	1,542	-		No Threshold	-
NHS Referrals received- External	2,603	2,673	2,607	2,431	2,611	2,901	2,920	2,453	2,754	2,667	2,725	2,176	-		No Threshold	-
NHS Referrals received- Internal	2,023	1,767	1,883	1,789	1,820	2,124	2,198	1,625	1,980	2,039	2,136	1,753	-		No Threshold	-
Total NHS Outpatient Appointment Cancellations (note 2)	6,626	6,816	7,352	7,472	6,910	6,352	6,368	6,449	6,308	6,212	7,456	6,061	-		No Threshold	-
NHS Outpatient Appointment Cancellations by Hospital (note 3)	1,473	1,499	1,569	1,493	1,707	1,441	1,366	1,576	1,514	1,740	2,113	1,584	-		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



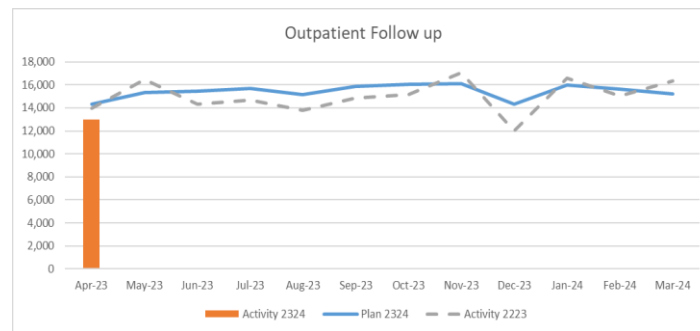
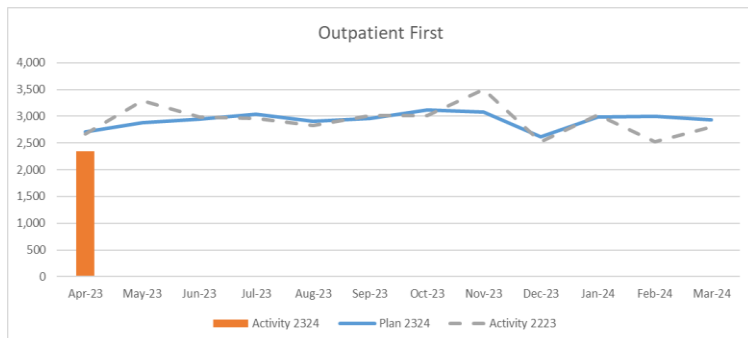
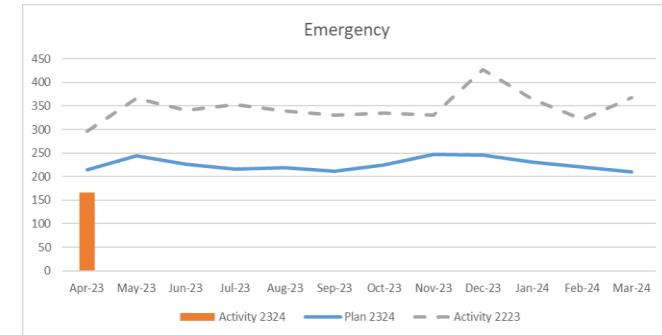
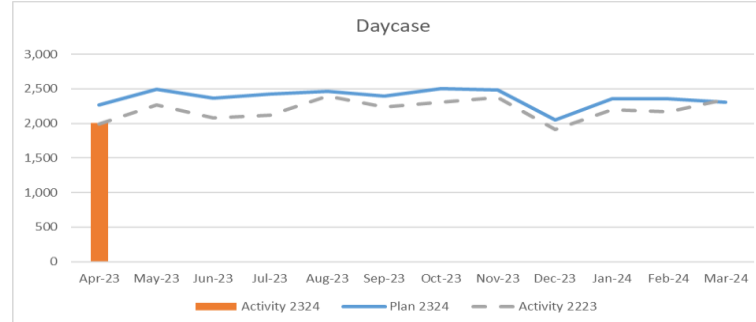
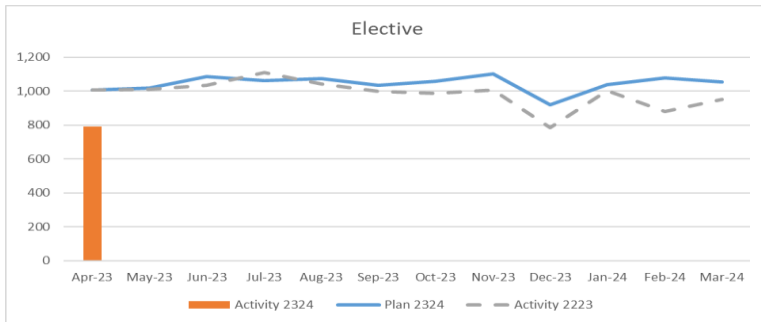
# Patient Access - Activity Monitoring at Month 12

## Overview:

As at M1 of 23/24 all activity was 11% down v plan and 9% down on 2022/23 activity levels. Electives were down against plan at 15% and outpatients 10% down against plan. The Junior Doctor Strikes in mid-March and April was the primary cause of this lower activity level. For the week of the Junior Doctor's strike inpatient activity was down by 40% against plan and outpatients by 20%. This strike and the Nurses strike in early May have also impacted activity before and after the strike weeks.

All directorates for M1 23/24 are below plan, Body, Bones and Mind (-0.6%), Core Clinical Services (-8.1%), Blood, Cells and Cancer (-13.7%), Heart and Lung (-22.5%), Brain (-1.6%) and Sight and Sound (-12.4%)

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, theatres and reducing long waits.



## Overview M1 23-24

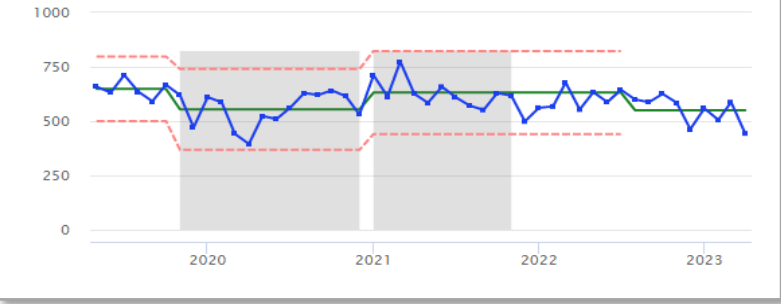
POD	Plan 2324	Activity 2324	Activity 2223	% of 22/23	% of Plan
Daycase	2,268	2,002	1,992	100.50%	88.25%
Elective	1,007	790	1,006	78.53%	78.45%
Emergency	215	166	297	55.89%	77.33%
First OPA	2,709	2,343	2,670	87.75%	86.48%
Follow-up OPA	14,304	12,970	13,976	92.80%	90.68%
<b>Grand Total</b>	<b>20,503</b>	<b>18,271</b>	<b>19,941</b>	<b>91.63%</b>	<b>89.11%</b>

# Appendix

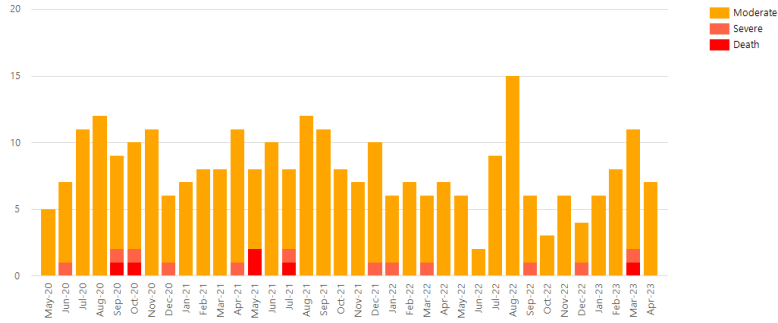
## Integrated Quality & Performance Report

# Appendix 1: Patient Safety (incidents & risks)

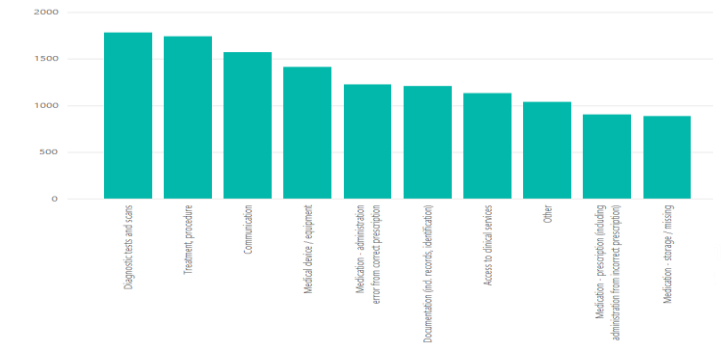
## New Incidents



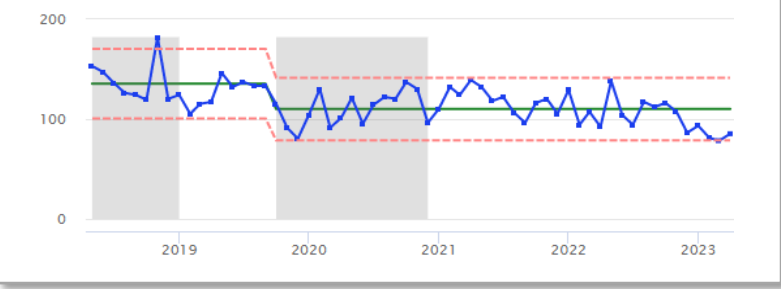
## Incidents by Harm



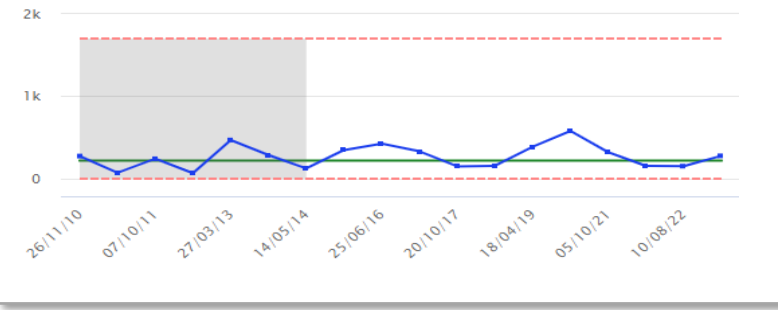
## Top 10 Incident Categories (themes)



## Medication Incidents

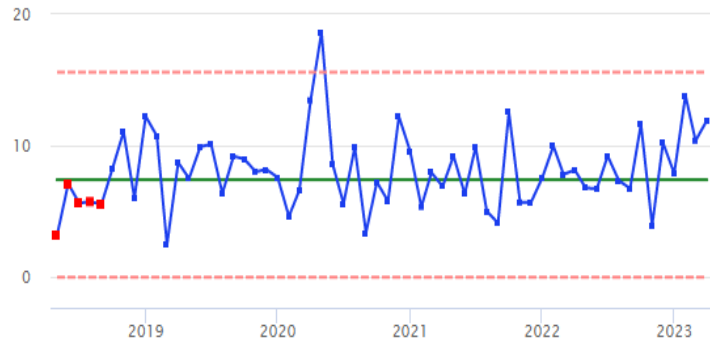


## Days Since never events

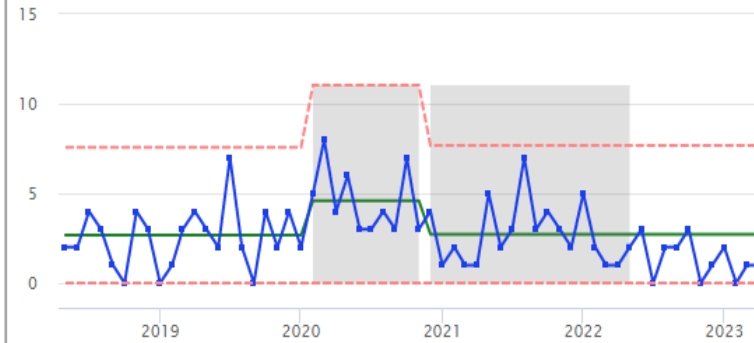


# Appendix 2: Patient Safety (Infection & mortality)

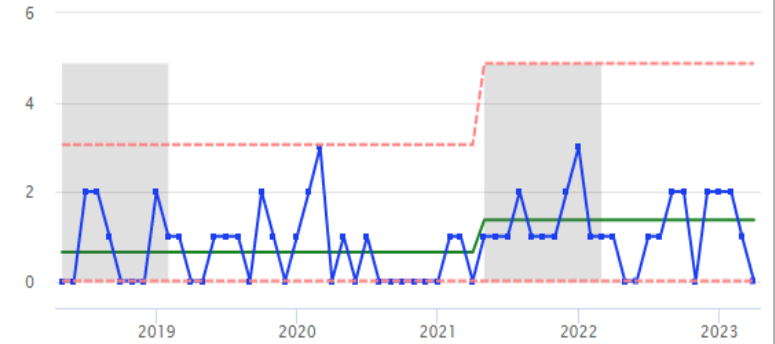
### Inpatient Mortality Rate / 1000 Discharges



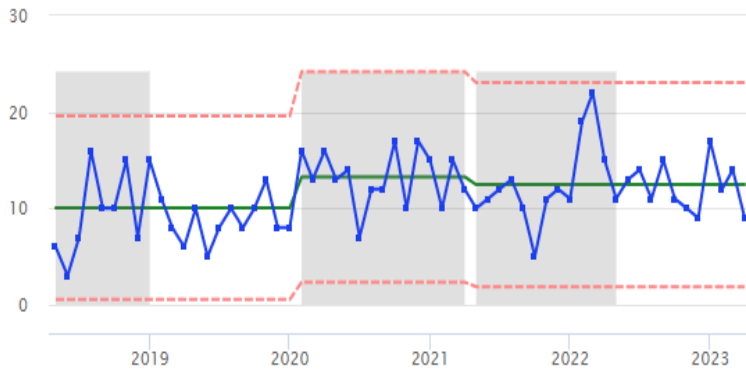
### Respiratory Arrests outside ICU



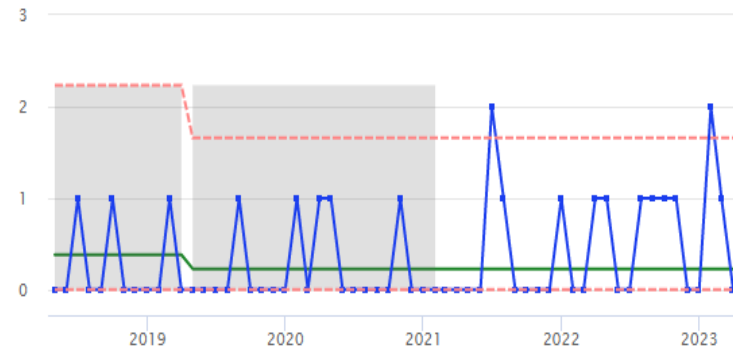
### Cardiac Arrests outside ICU



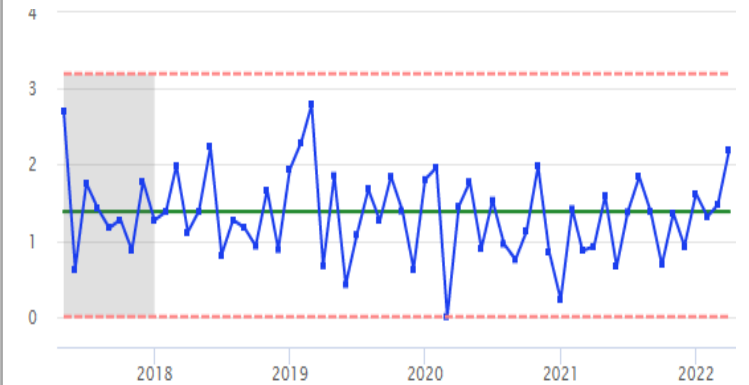
### Non 2222 Patients transferred to ICU



### Cat 3+ Hospital Acquired Pressure Ulcers



### CV Line Infection / 1,000 line days



# Appendix 3: Friends and Family

## Overview:

The inpatient experience score for April was above the Trust target, scoring 99% and all directorates scored 95% or above. However, outpatients scored below the target at 91%. The response rate was higher than in March, with inpatient areas achieving 30%. All directorates scored above the response rate target of 25% with the exception of Core Clinical Services. This was not replicated in outpatient areas. Brain was the only directorate to achieve the outpatient experience target in April, scoring 97%. Blood Cells and Cancer, Heart & Lung, Core Clinical Services and Sight and Sound all scored below the Trust target and Body Bones and Mind received no responses. This will be addressed at the next PFEEC meeting.

## Headline:

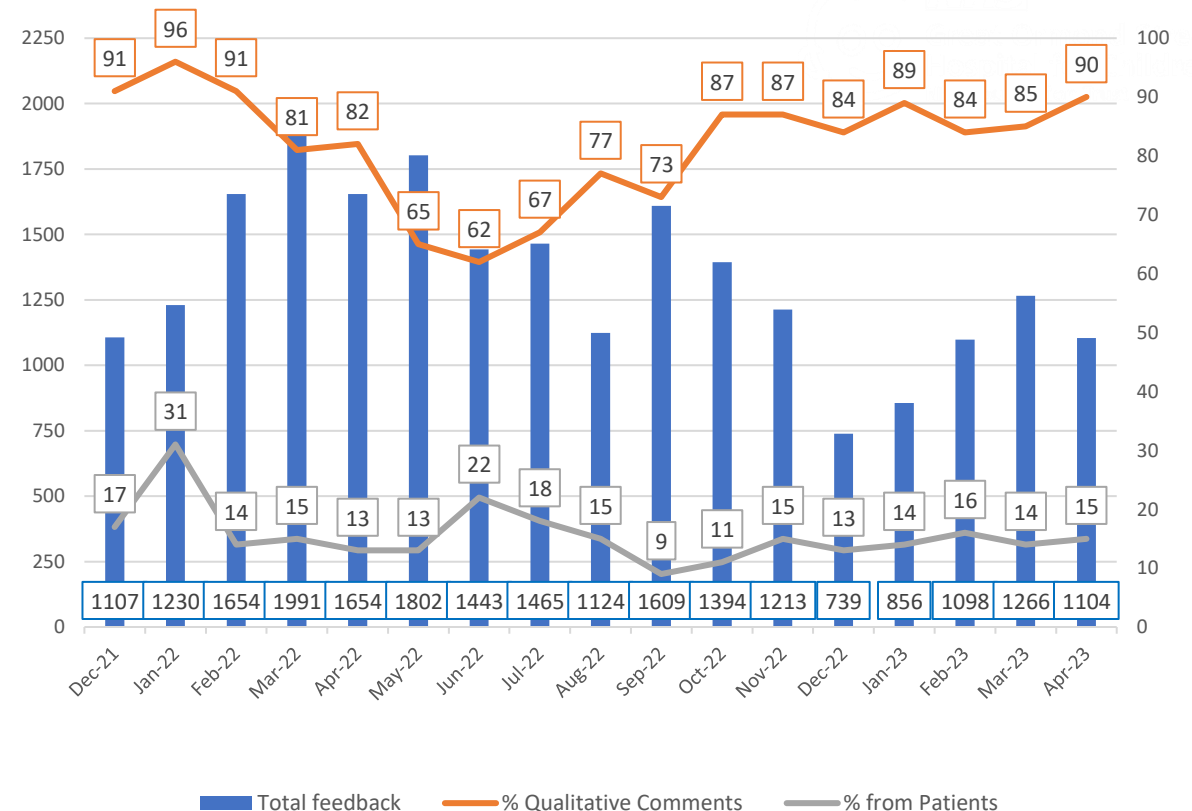
- Inpatient response rate – 30% (increased from March).
- Experience measure for inpatients – **98%** (increased from March).
- Experience measure for outpatients – **91%** (increased from March).
- Total comments received – 1104 (Decreased from March).
- 15%** of FFT comments are from patients.
- 90%** of responses had qualitative comments.

### Positive Areas:

- Amazing care!
- Lovely warm atmosphere.
- Staff empower patients and their families.
- Cleanliness.
- Staff always smiling!
- Positive environment.
- Play activities
- Artwork.
- Practical advice given to families.
- Improved waiting times in some areas

### Areas for Improvement:

- Communication between medical teams, with parents and prior to procedures.
- Difficult for patients when there is an infection outbreak on a ward and visiting is limited.
- Long waits in outpatients and day care units.
- Broken equipment, TVs and clocks.
- Wi-Fi.
- Food options.



# Appendix 3: Complaints

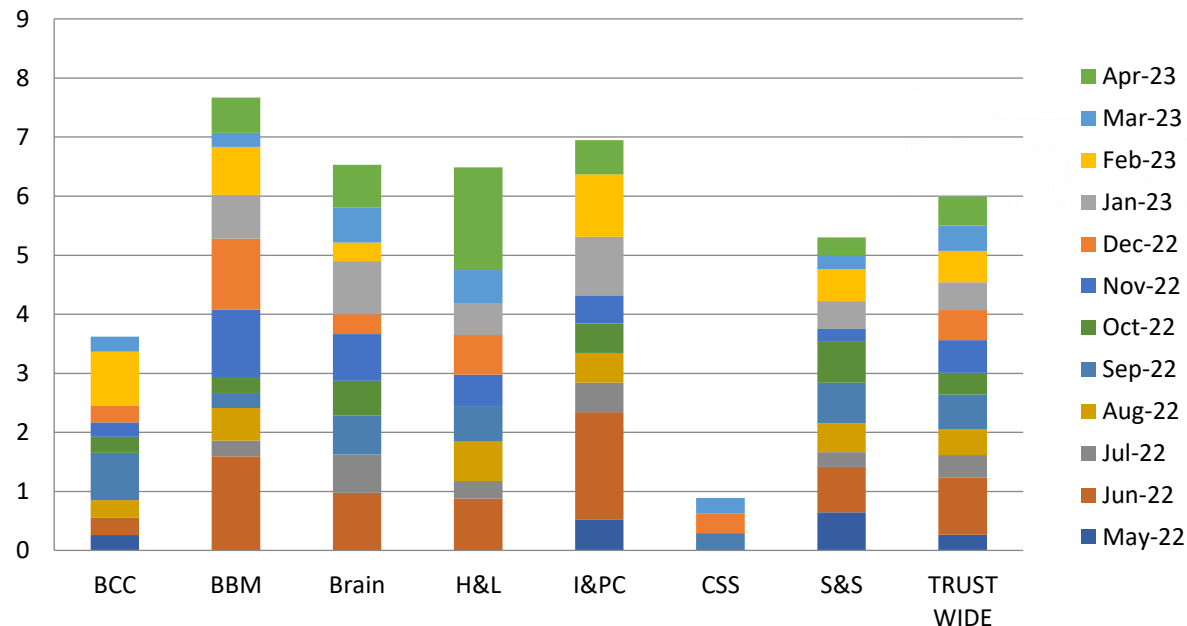
**Headline:** There were 10 new formal complaints in April which is a slight increase from this time last year and consistent with the increased numbers of complaints raised since June 2022. 1 complaint was graded red (high risk) and declared an SI.

In April families complained about:

- **Treatment, care and decision making** prior to the sad death of their child. Concerns around palliative care, transportation, lack of communication and multiple other aspects of care received.
- **Communication** around changes in clinician and subsequent changes to treatment plan, discussion of risks prior to admission, contradicting advice given by the clinical team.
- **Multiple cancellations and long waits** for surgery, admissions and genetic test results, which caused significant distress and inconvenience. Six complaints raised concerns about **delays to care and treatment** as a result of cancellations and long waits.
- **Follow up /post op care**, including identifying a broken bone prior to discharge and later requiring revision surgery.
- **Inaccurate information** such as the rising costs of private treatment.

## Closed complaints since April 2022

152 complaints (including withdrawn and reopened complaints) have been closed since April 2022 with 47 of these requiring extended response times. 57% of draft responses were submitted late to Complaints for review. The average response time this year is 37 days.



## Learning actions/ outcomes from complaints closed in April 2023 included:

Due to an increase in concerns around attitudes and communication, training and education for all secretarial and administrative staff (within the relevant directorate) is being rolled out to ensure that they communicate with our patients and families in a professional manner. This will be reviewed to determine how this can be replicated within other directorates.

# Appendix 3: PALS

**Headline:** Pals received 154 contacts in April 2023 (this is a decrease from March 2023, down by 123 cases). This can be attributed to the strikes and reduction of inpatient and outpatient activity. Contacts primarily related to families seeking information and assistance regarding referral outcomes, clarity on patient's care/ treatment plans, cancellations of OPA/Admissions. Many families continue to contact Pals rather than reaching out to services directly.

3 compliments received in April

- 1) Lagoon staff commended for their food and polite staff
- 2) Jennifer Billington and Chameleon ward staff for the tremendous care given
- 3) Ms Craven in the spinal team for her outstanding work with a complex patient

**Contacts resolved within 48 hours increased from 41.3% March to 82% in April 2023.**

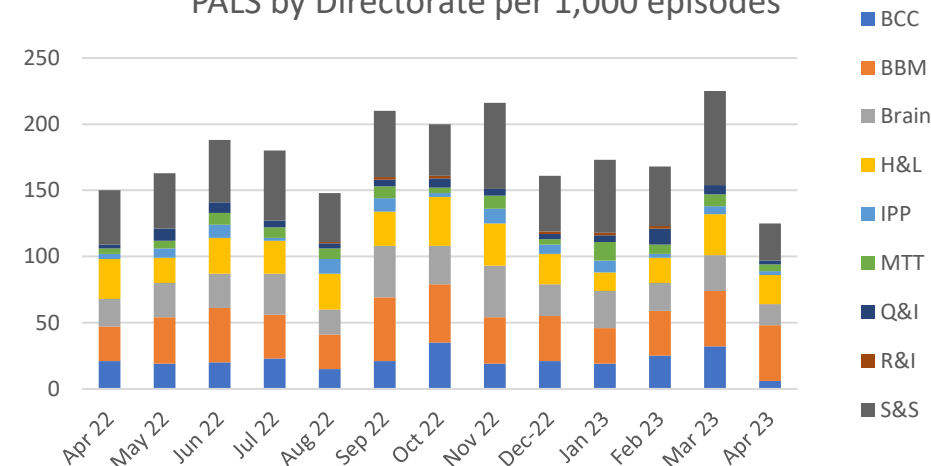
**Care Queries:** Pals were contacted by 35 families in April: chasing test results, lack of communication from the clinical team, clinical queries regarding patient care and symptoms.

**Significant areas of focus:** The highest number of Pals contacts were received by SNAPS (increase from 11 in March to 14), Orthopaedics (11 contacts compared to 6 in March), Gastroenterology (decrease from 11 to 10 in April) and Cardiac Surgery (10 cases in March). Consistent themes related to OPA and admission cancellation due to lack of beds, requests for information regarding test results, referral enquiries and difficulties in speaking to the team. Outcomes primarily related to contacts with families offering further

## Pals Learning/Service Improvement:

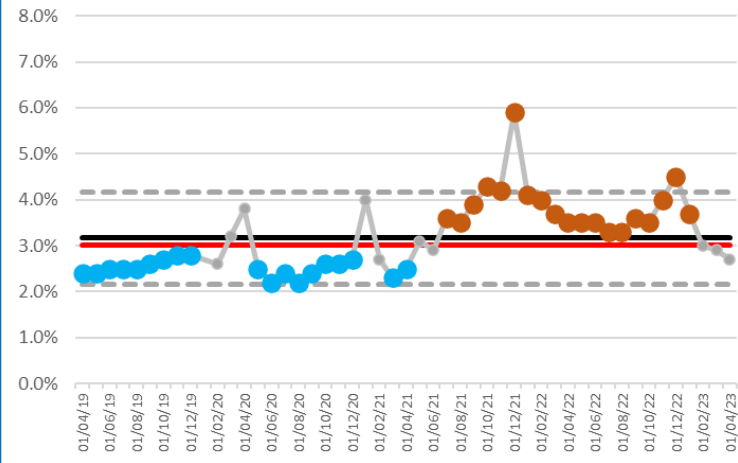
April saw a number of staff strikes within GOSH which we anticipated may cause some distress amongst our families. Pre-empting this, Pals worked closely with the Comms Team to help draft notifications to families advising them of the strikes, how this would affect their child's care and what to do to raise any concerns that they may have. The result was that Pals received no contacts about the strikes. This can be attributed to the fact that families were not only pre-emptively made aware of the strike action, but were also reassured that there were measures in place to respond quickly and appropriately to any concerns and issues should they arise. Pals were happy to support the team with this to ensure that families were provided with as much information as possible and were glad that communication has been so clear and effective.

PALS by Directorate per 1,000 episodes

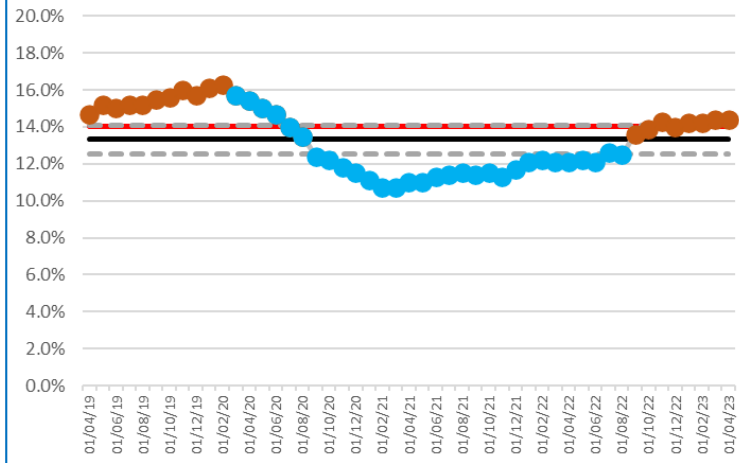


# Appendix 4: Workforce SPC Analysis

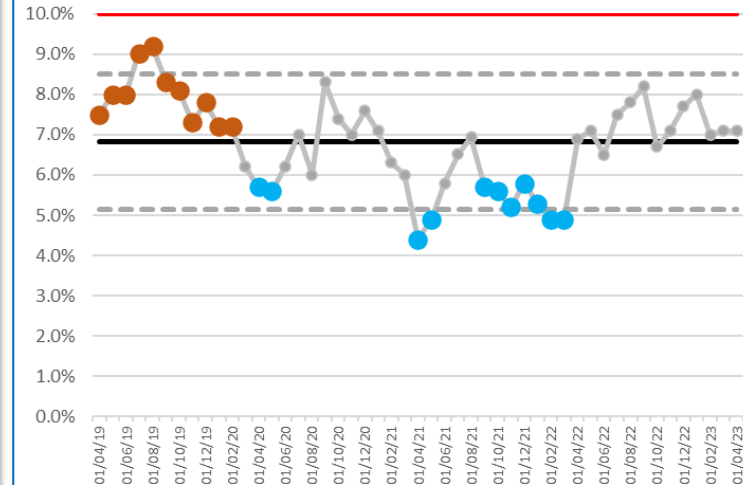
**Trust Sickness Absence**



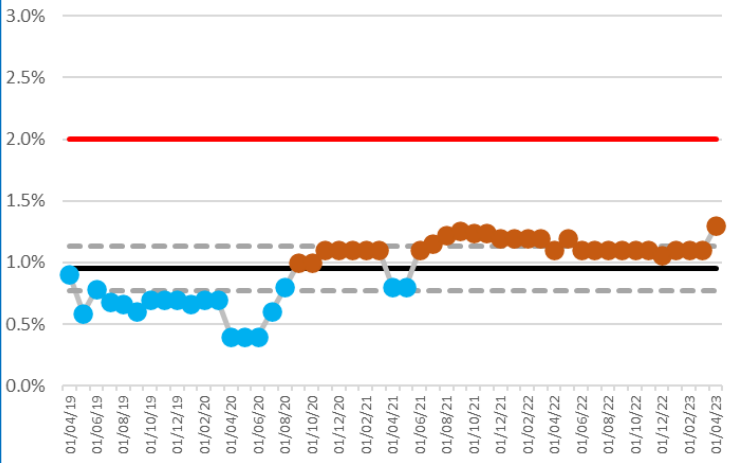
**Voluntary Turnover**



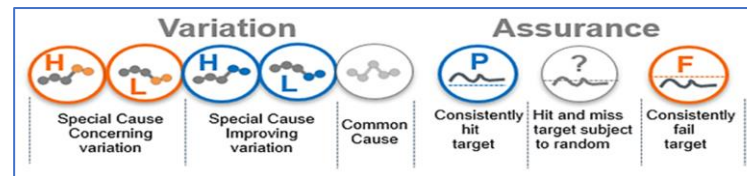
**Vacancy Rates**



**Agency Spend**

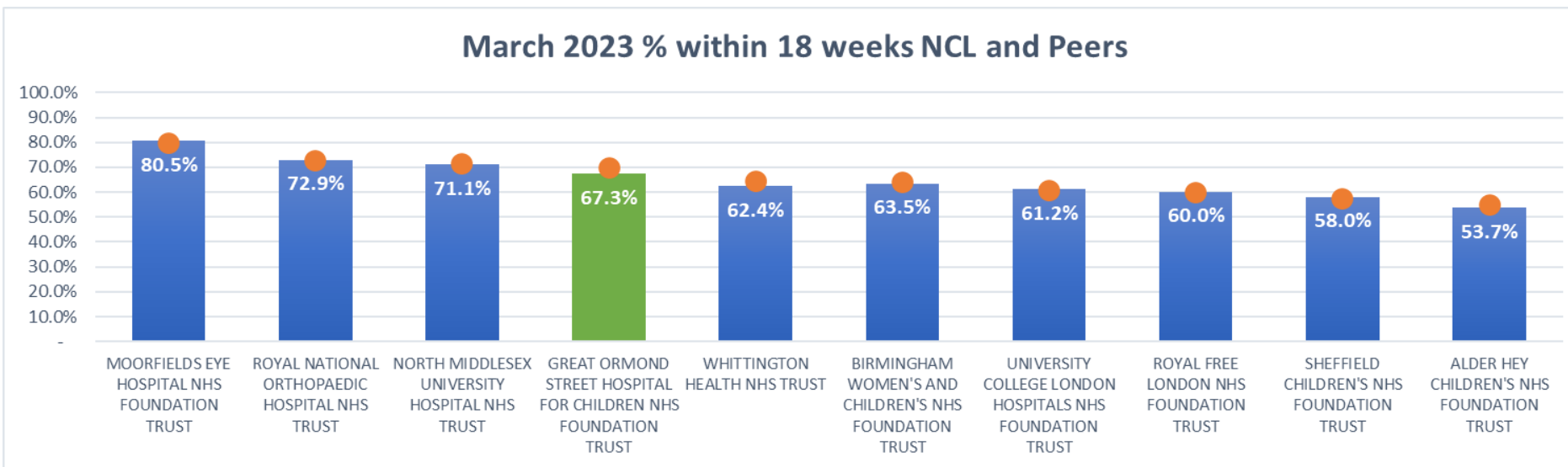


KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Trust Sickness Absence	Apr 23	2.7%	3.0%			3.2%	2.2%	4.2%
Voluntary Turnover	Apr 23	14.4%	14.0%			13.3%	12.6%	14.1%
Vacancy Rates	Apr 23	7.1%	10.0%			6.8%	5.2%	8.5%
Agency Spend	Apr 23	1.3%	2.0%			1.0%	0.8%	1.1%



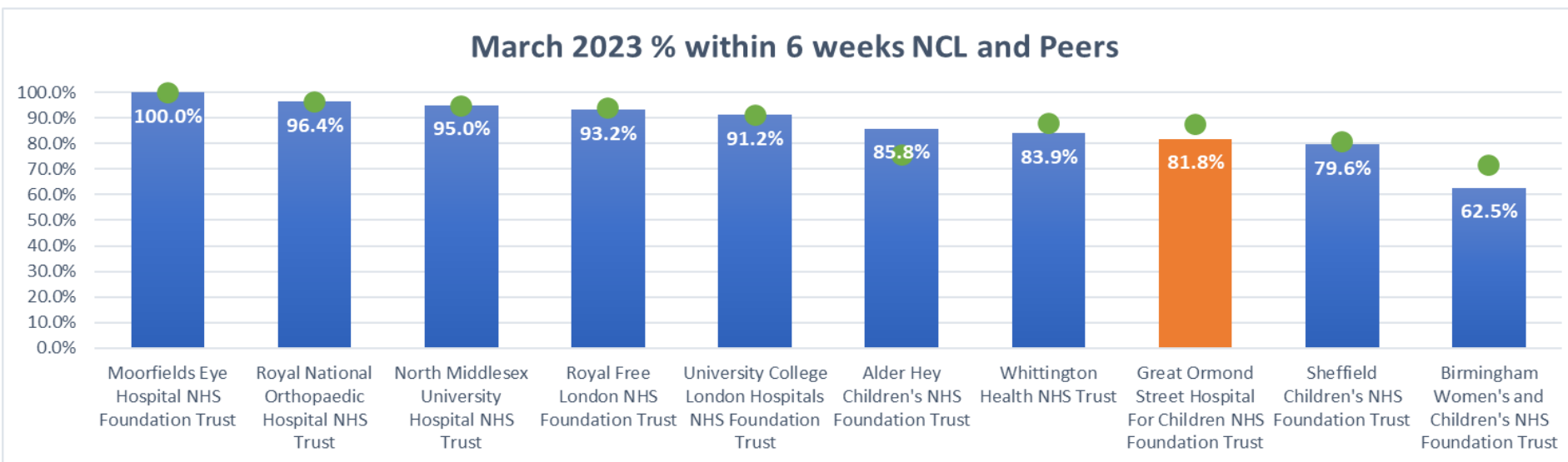


## Referral to Treatment



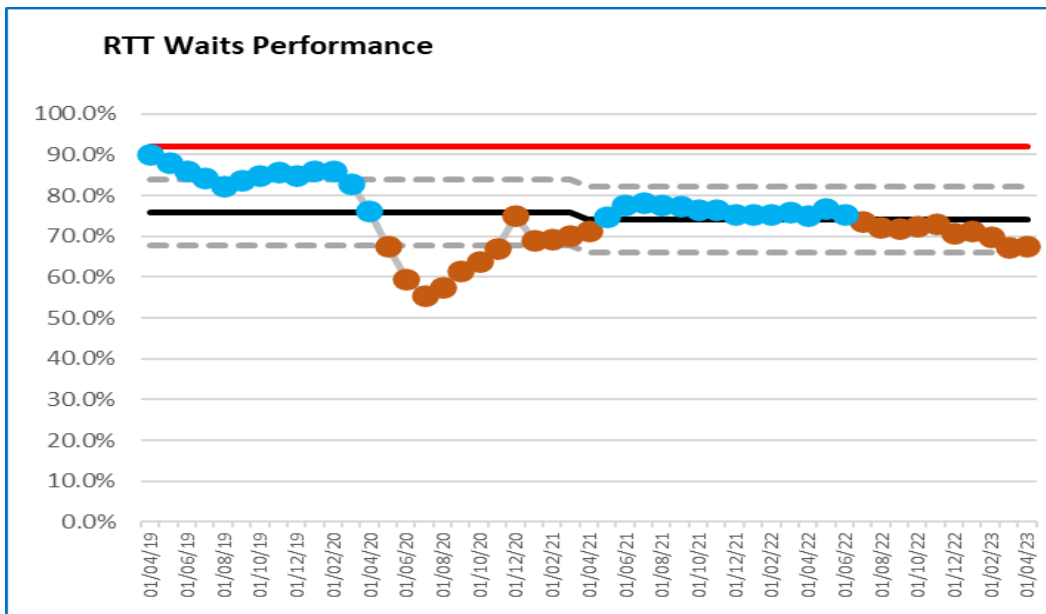
Orange markers indicate February performance. GOSH for the month of March remains in the top four of the selected Peers. However, GOSH is ranked 58<sup>th</sup> out of 168 providers, this is a drop of 10 places.

## Diagnostics



Green markers indicate February performance. GOSH for the month of March has dropped a place in selected Peers to 3<sup>rd</sup> bottom. GOSH is ranked 78<sup>th</sup> out of 154 providers, a drop of 17 places.

# Appendix 5: Referral to Treatment times (RTT)

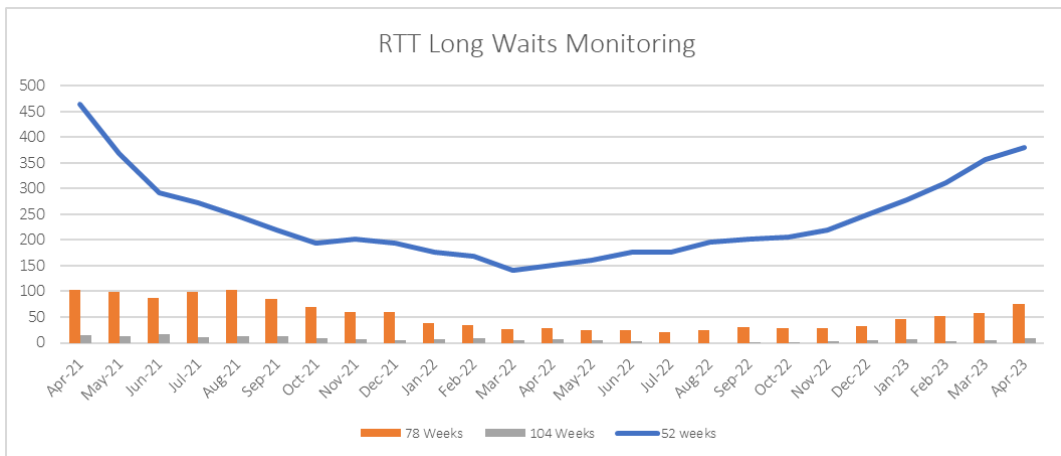
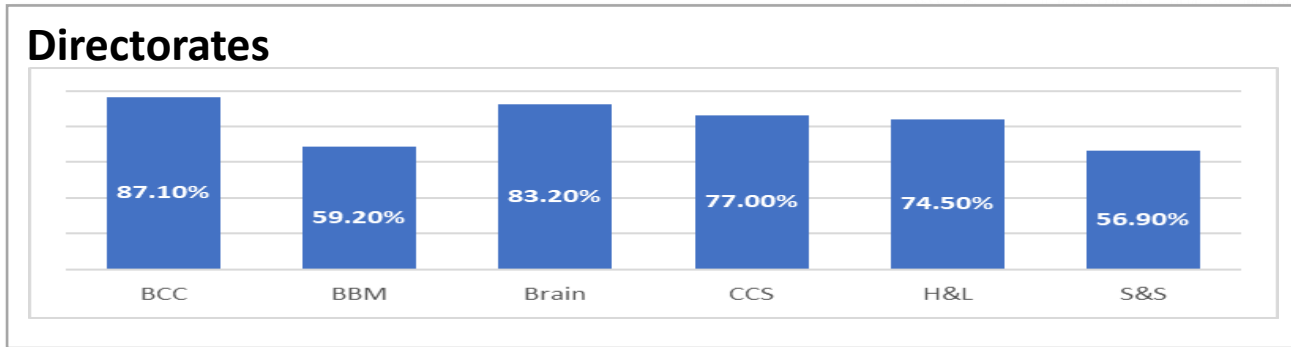


**RTT:**  
**67.7%** **0.4%**  
 People waiting less than 18 weeks for treatment from referral.

**>52 Weeks:**  
**379** **23**  
 Patients waiting over 52 weeks

**>78 Weeks:**  
**75** **17**  
 Patients waiting over 78 weeks

**>104 Weeks:**  
**9** **5**  
 Patients waiting over 104 weeks



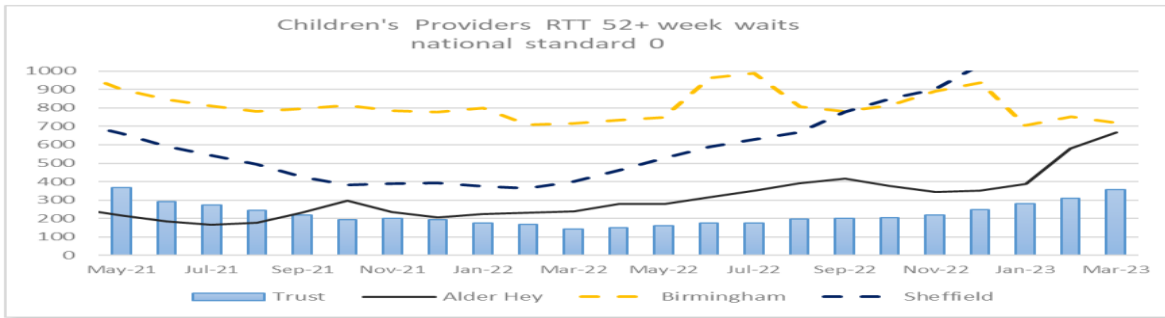
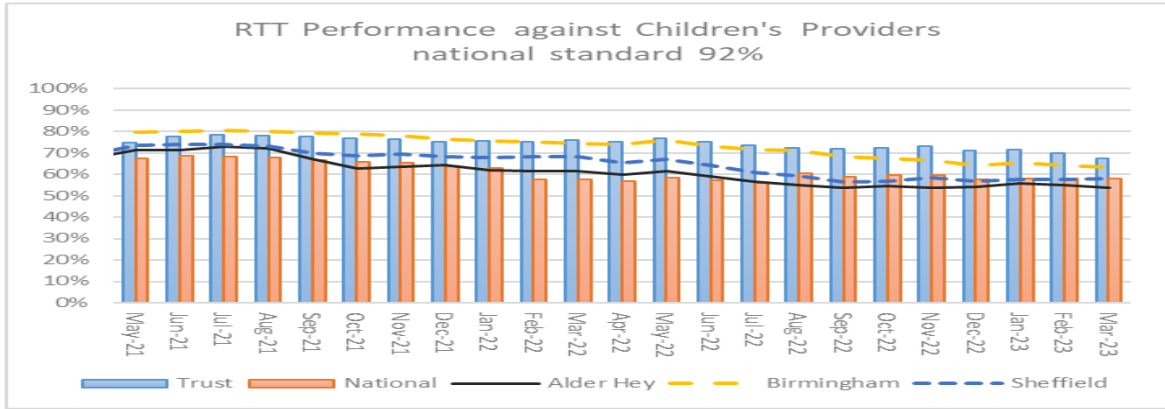
## RTT PTL Clinical Prioritisation – past must be seen by date

**P2**  
**207** **1**

**P3**  
**722** **29**

**P4**  
**531** **7**

# Appendix 5: National and NCL RTT Performance – March 2023



Nationally, at the end of March, 58% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks.

GOSH is tracking 9.3% above the national March performance at 67.3% and is in line with comparative children's providers. (RTT Performance for Sheffield Children (58.0%), Birmingham Women's and Children's (63.5%) and Alder Hey (53.7%).)

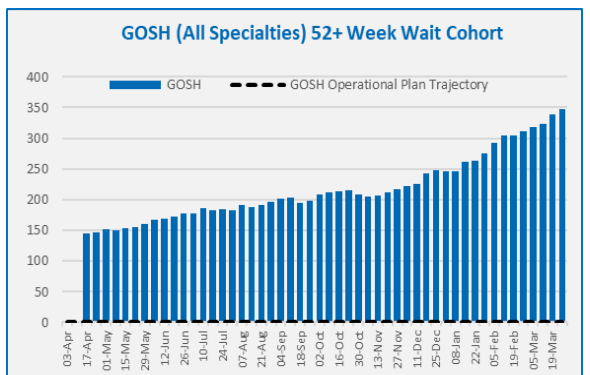
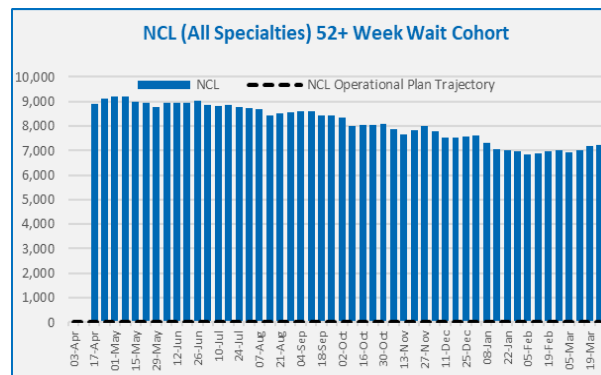
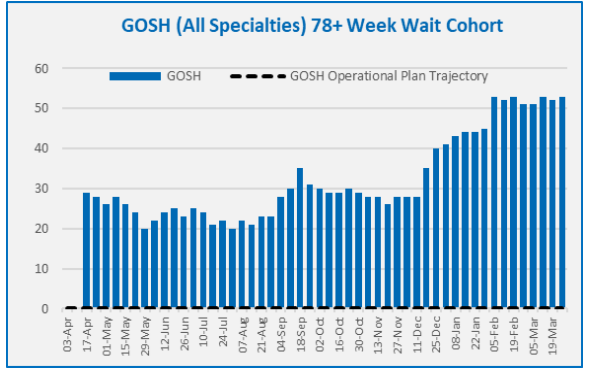
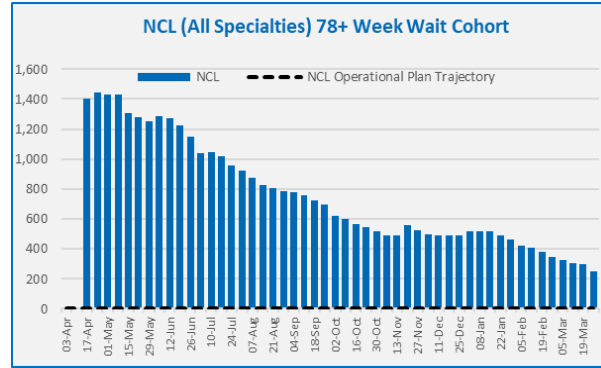
The national position for March 2023 indicates a decrease in patients waiting over 52 weeks at 345,721 patients.

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

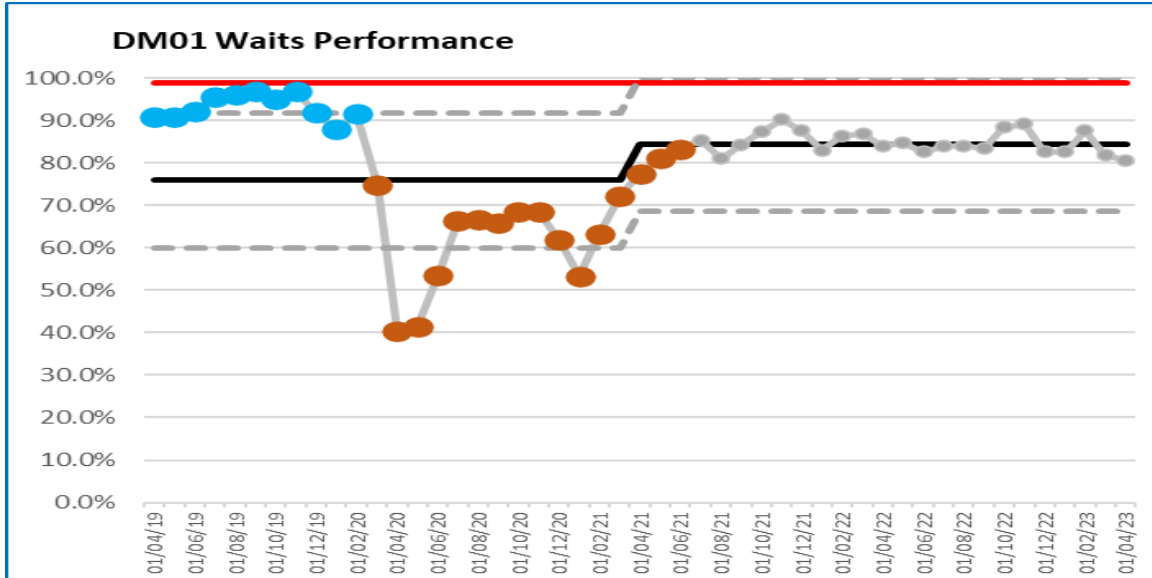
Overall for NCL the 78+ week wait position is above projected plan at 225 patients but has decreased by 1000 since April 2022. GOSH is above trajectory by 57 patients.

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

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



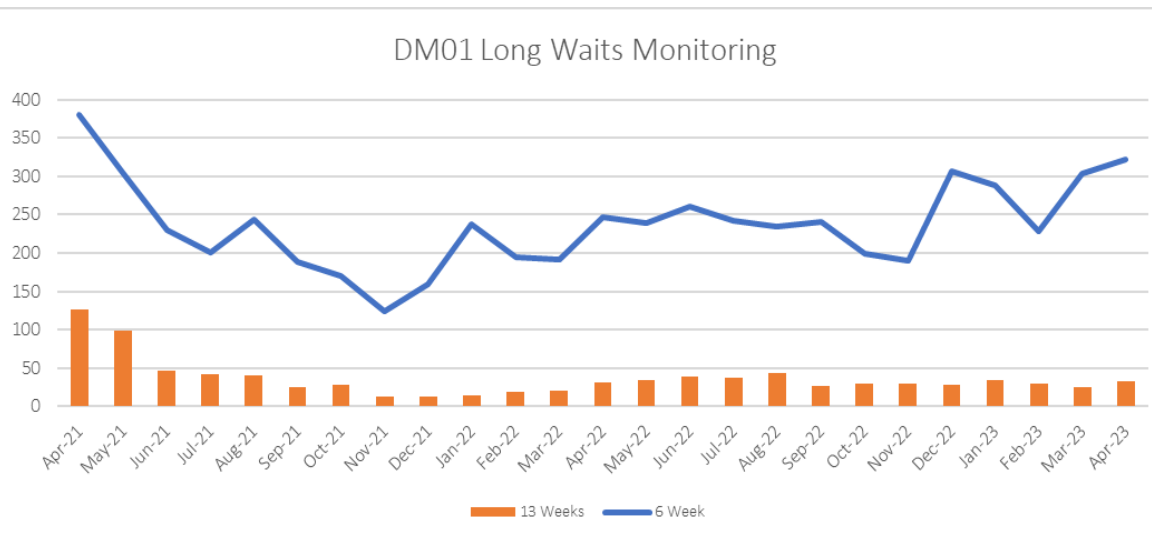
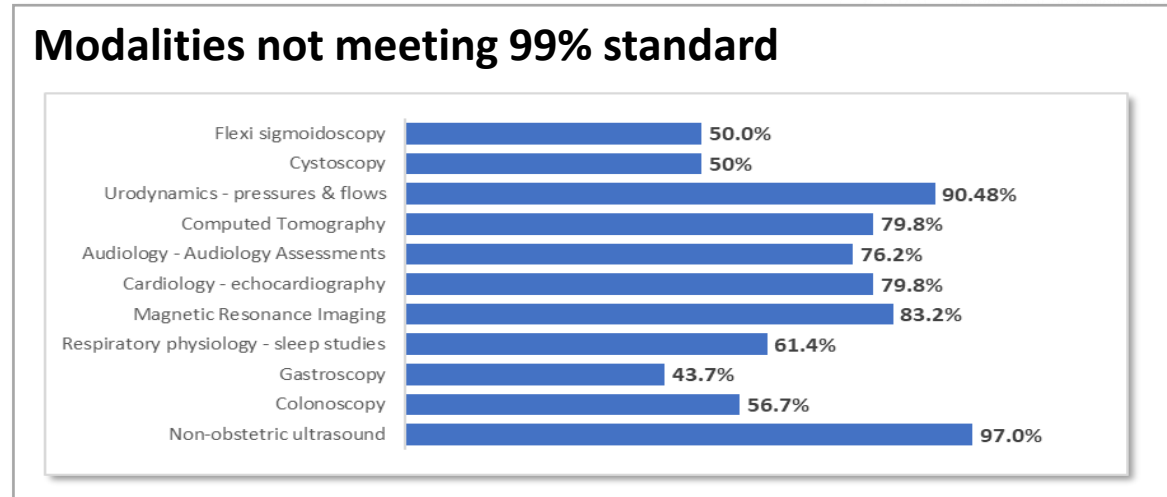
# Appendix 6: Diagnostic Monitoring Waiting Times (DM01)



**DM01:**  
**80.7%** **1.2%**  
 People waiting less than 6 weeks for diagnostic test.

**>6 Weeks:**  
**322** **19**  
 Patients waiting over 6 weeks

**>13 Weeks:**  
**33** **8**  
 Patients waiting over 13 weeks



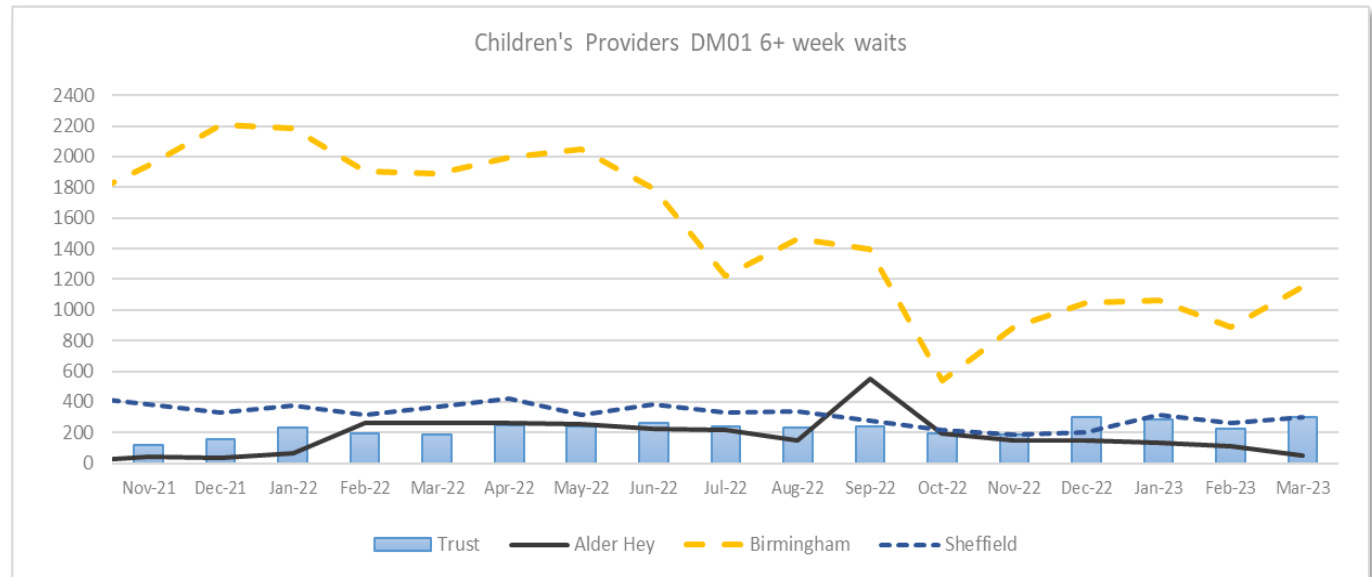
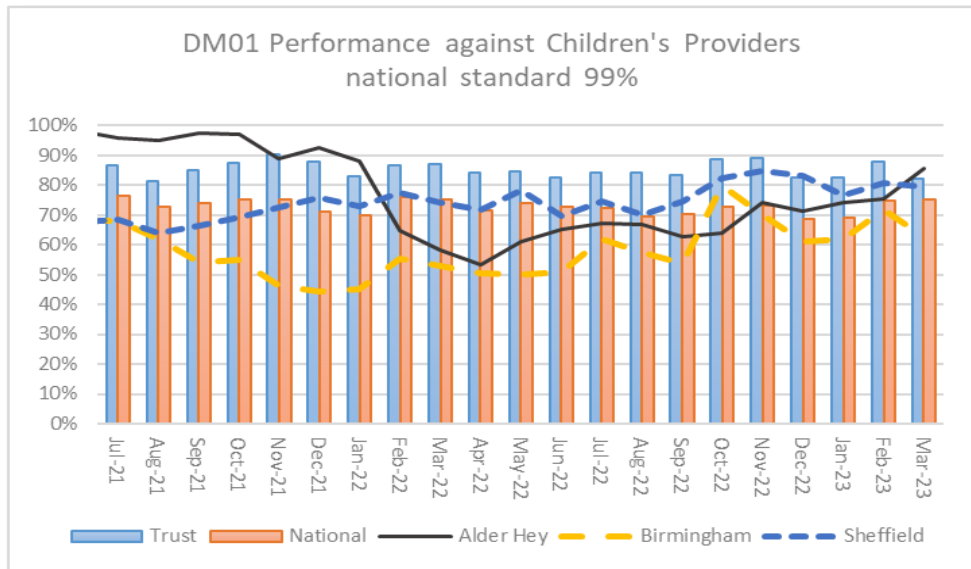
# Appendix 6: National Diagnostic Performance and 6 week waits – March 2023

Nationally, at the end of March, 74.9% of patients were waiting under 6 weeks for a DM01 diagnostic test.

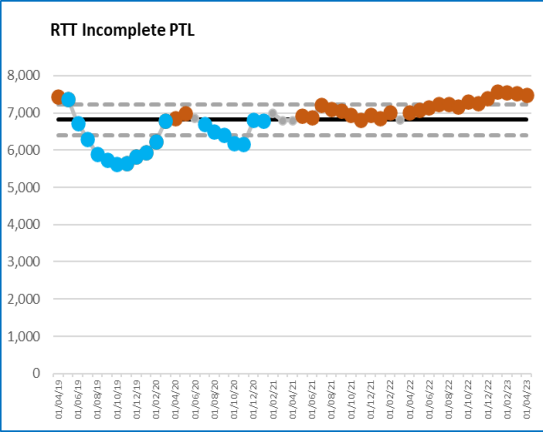
GOSH is tracking 6.9% above the national March performance and is inline with comparative children’s providers. DM01 Performance for Sheffield Children (79.5%), Birmingham Women’s and Children’s (62.5%) and Alder Hey (74.9%).

The national position for march 2023 indicates an increase of patients waiting over 6 weeks at 407,167 patients.

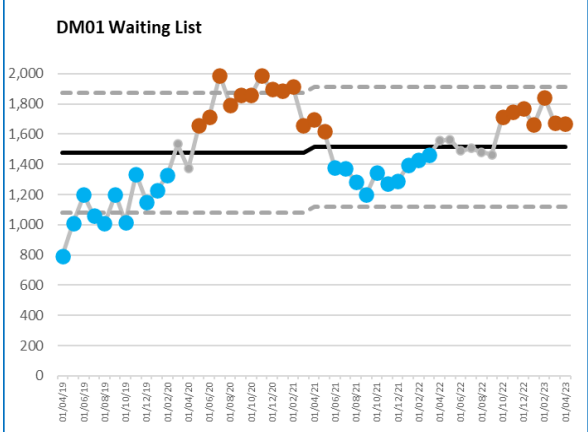
Compared to Birmingham and Sheffield the number of patients waiting 6 weeks and over for GOSH is lower than these providers for March.



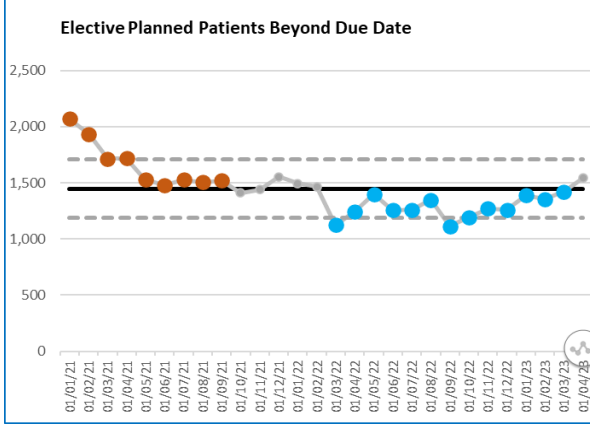
# Appendix 7: Patient Access SPC Trends



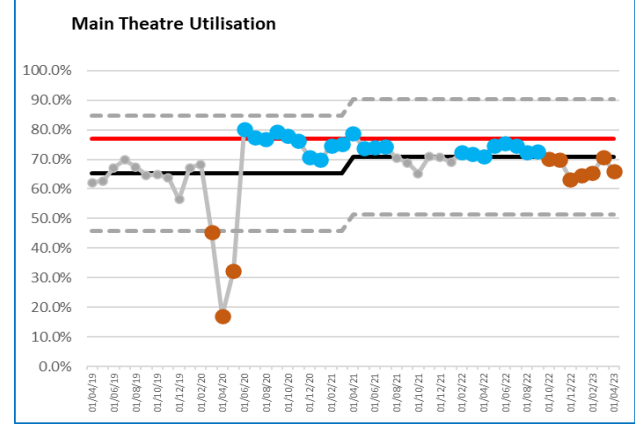
Special cause variation



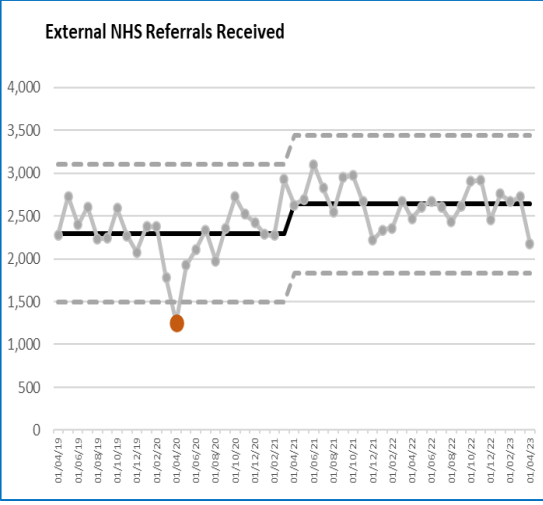
No Significant variation



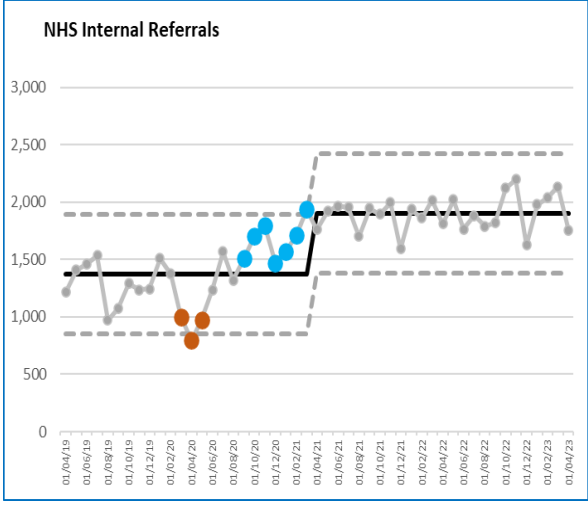
Marginal upward trend, strikes have impacted



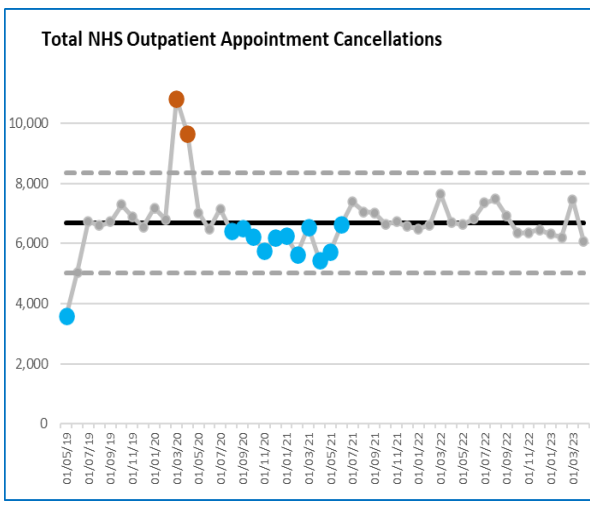
No Significant variation



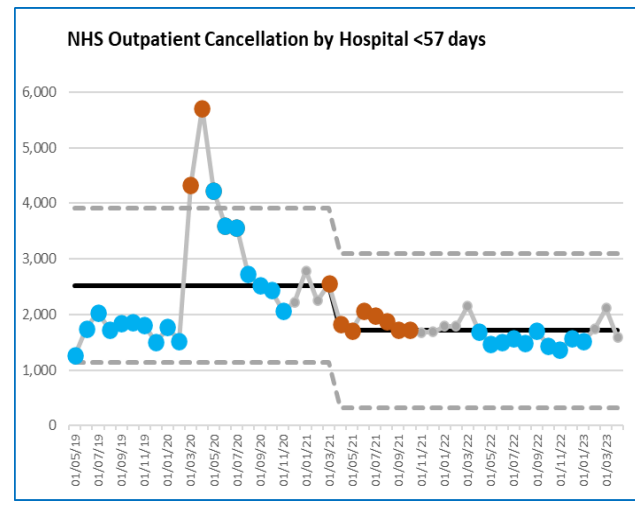
No significant variation, common cause



No significant variation, common cause



No significant variation, common cause



Common cause variation

# Integrated Quality & Performance Report

## May 2023 (Reporting April 2023 data)

## Finance and Workforce Performance Report Month 1 2023/24

### Contents

<b>Summary Reports</b>	<b>Page</b>
Trust Dashboard	2
Income & Expenditure Financial Performance Summary	3
Activity Summary	4
Income Summary	5
Workforce Summary	6
Non-Pay Summary	7
Cash, Capital and Statement of Financial Position Summary	8



ACTUAL FINANCIAL PERFORMANCE

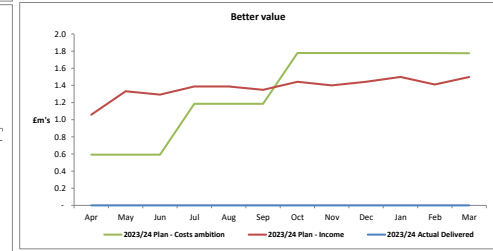
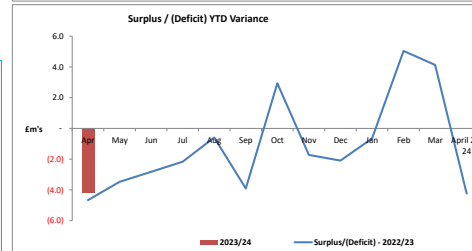
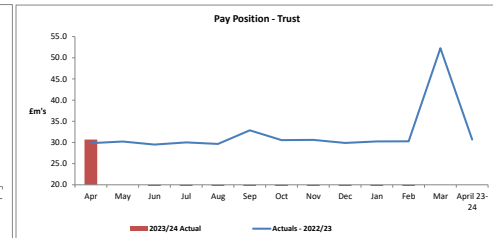
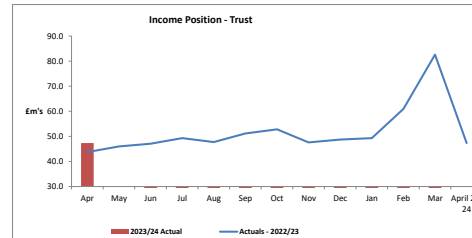
	In month		
	Plan	Actual	RAG
<b>INCOME</b>	£49.3m	£47.4m	●
<b>PAY</b>	(£31.0m)	(£30.7m)	●
<b>NON-PAY inc., owned depreciation and PDC</b>	(£20.1m)	(£20.9m)	●
<b>Surplus/Deficit</b> <small>incl. donated depreciation</small>	(£1.8m)	(£4.2m)	●

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

AREAS OF NOTE:

The M1 financial position for the trust is a £4.2m deficit which is £2.3m adverse to plan. This is driven mainly driven by lower than planned NHS income and non clinical income due to industrial action and awaiting finalising on contracts. Furthermore a higher than plan impairment of receivable (£0.9m) and increased passthrough offset with income.

Income is £1.9m adverse to plan mainly due to industrial action and awaiting finalising on contracts. Private patient income is £0.3m favourable to plan as has seen an improvement in activity resulting from increased referrals. Pay is £0.3m favourable YTD due to vacancies. Non pay (including owned depreciation and PDC) is £0.7m adverse YTD largely due to higher impairment provision (0.9m). The Trust Better value programme is behind plan by £1.7m (£1.1m Income and £0.6m cost reduction).



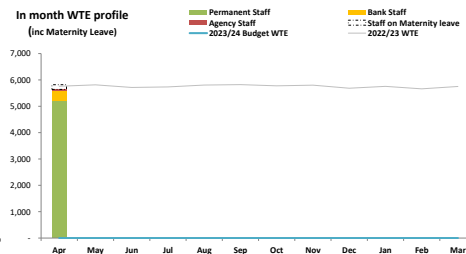
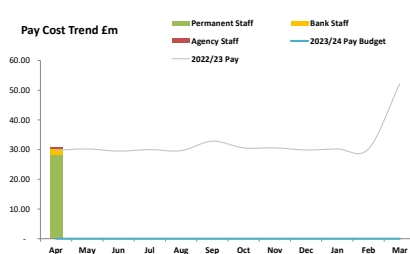
PEOPLE

	M12 22/23 Plan	M1 Actual WTE	Variance
<b>Permanent Staff</b>	5,510.7	5,204.7	306.0
<b>Bank Staff</b>	109.2	391.6	(282.5)
<b>Agency Staff</b>	6.7	44.0	(37.4)
<b>TOTAL</b>	<b>5,626.5</b>	<b>5,640.3</b>	<b>(13.8)</b>

AREAS OF NOTE:

Month 1 WTEs increased in comparison to Month 12, 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 levels in relation to strikes, Vacancies, Covid isolation and sickness backfill. The Trust has seen continued significant levels of sickness within the domestic team and is working to reduce this and ensure the service continues without interruption.

The 30th April absence rate due to Covid was 0.1% of the permanent workforce which shows a reduced percentage compared to prior month, 0.2% on 30th March.

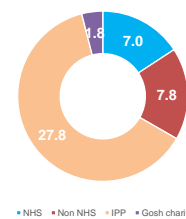


CASH, CAPITAL AND OTHER KPIS

Key metrics	Mar-23	Apr-23
<b>Cash</b>	<b>£82.2m</b>	<b>£88.0m</b>
<b>IPP debtor days</b>	<b>204</b>	<b>178</b>
<b>Creditor days</b>	<b>25</b>	<b>26</b>
<b>NHS Debtor days</b>	<b>7</b>	<b>5</b>
<b>BPPC (£)</b>	<b>91%</b>	<b>93%</b>

Capital Programme	YTD Plan M1	YTD Actual M1	Full Year Fcst
<b>Total Trust-funded</b>	<b>£0.2m</b>	<b>£1.1m</b>	<b>£33.6m</b>
<b>Total PDC</b>	<b>£0.0m</b>	<b>£0.0m</b>	<b>£0.3m</b>
<b>Total IFRS 16</b>	<b>£0.0m</b>	<b>£0.0m</b>	<b>£3.8m</b>
<b>Total Donated</b>	<b>£2.9m</b>	<b>£0.4m</b>	<b>£42.0m</b>
<b>Total Grant-funded</b>	<b>£0.0m</b>	<b>£0.0m</b>	<b>£0.0m</b>
<b>Grand Total</b>	<b>£3.1m</b>	<b>£1.5m</b>	<b>£79.7m</b>

Net receivables breakdown (£m)

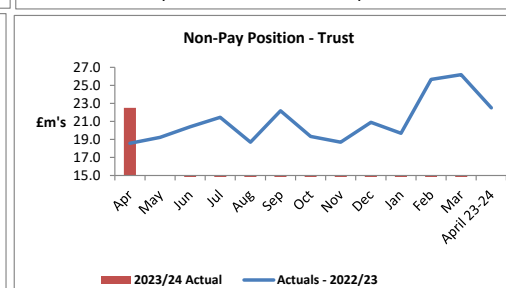
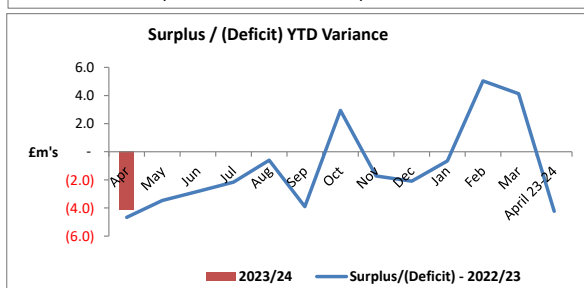
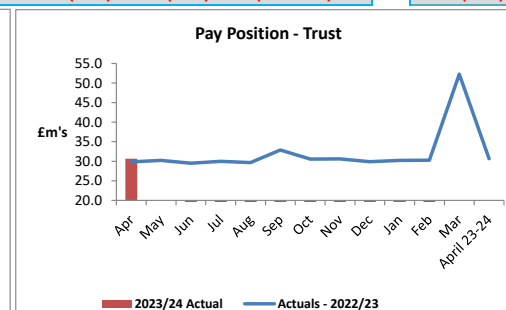
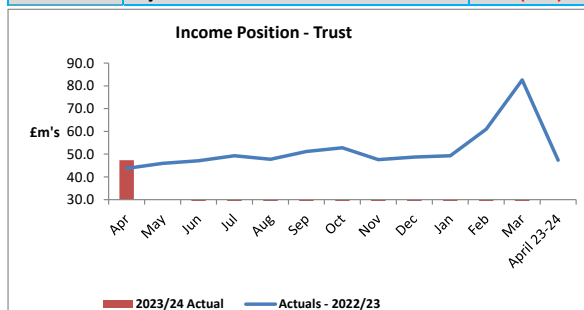


AREAS OF NOTE:

- Cash held by the Trust increased in month from £82.2m to £87.9m.
- Capital expenditure for the year to end April was £1.5m, £1.6m less than plan. Trust-funded expenditure was £0.9m more than plan and donated £2.5m less than plan.
- I&PC debtors days decreased in month from 204 to 178. Total I&PC debt (net of cash deposits held) decreased in month to £27.8m (£29.2m in M12). Overdue debt increased in month to £23.3m (£21.6m in M12).
- Creditor days increased in month from 25 to 26 days.
- NHS debtor days decreased in month from 7 to 5 days.
- In M1, 93% of the total value of creditor invoices were settled within 30 days of receipt; this represented 88% 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 1 months ending 30 Apr 2023

Annual Plan	Income & Expenditure	2023/24				Notes	2022/23
		Month 1					M1
(£m)		Plan (£m)	Actual (£m)	Variance (£m)	%		(£m)
483.29	NHS & Other Clinical Revenue	38.25	36.84	(1.41)	(3.70%)	1	35.96
78.00	Private Patient Revenue	5.51	5.79	0.29	5.22%	2	2.76
72.84	Non-Clinical Revenue	5.53	4.73	(0.80)	(14.54%)	3	5.01
<b>634.13</b>	<b>Total Operating Revenue</b>	<b>49.29</b>	<b>47.36</b>	<b>(1.93)</b>	<b>(3.92%)</b>		<b>43.74</b>
(352.42)	Permanent Staff	(29.05)	(28.31)	0.75	2.57%		(27.84)
(3.72)	Agency Staff	(0.31)	(0.41)	(0.10)	(0.34)		(0.34)
(19.42)	Bank Staff	(1.62)	(1.96)	(0.34)	(20.99%)		(1.64)
<b>(375.56)</b>	<b>Total Employee Expenses</b>	<b>(30.98)</b>	<b>(30.67)</b>	<b>0.31</b>	<b>1.00%</b>	4	<b>(29.83)</b>
(102.99)	Drugs and Blood	(7.73)	(7.99)	(0.25)	(3.30%)		(7.33)
(41.33)	Supplies and services - clinical	(3.12)	(3.14)	(0.02)	(0.78%)		(3.12)
(88.01)	Other Expenses	(7.03)	(8.16)	(1.14)	(16.15%)		(6.40)
<b>(232.33)</b>	<b>Total Non-Pay Expenses</b>	<b>(17.88)</b>	<b>(19.29)</b>	<b>(1.41)</b>	<b>(7.91%)</b>	5	<b>(16.86)</b>
<b>(607.89)</b>	<b>Total Expenses</b>	<b>(48.86)</b>	<b>(49.96)</b>	<b>(1.10)</b>	<b>(2.26%)</b>		<b>(46.68)</b>
26.23	EBITDA (exc Capital Donations)	0.43	(2.61)	(3.04)	(707.56%)		(2.95)
(25.61)	Owned depreciation, Interest and PDC	(2.26)	(1.56)	0.70	30.80%		(1.72)
<b>0.62</b>	<b>Surplus/Deficit</b>	<b>(1.83)</b>	<b>(4.17)</b>	<b>(2.34)</b>	<b>(127.94%)</b>		<b>(4.67)</b>
(24.20)	Donated depreciation	(2.24)	(1.65)	0.59			(1.63)
<b>(23.58)</b>	<b>Net (Deficit)/Surplus (exc Cap. Don. &amp; Impairments)</b>	<b>(4.07)</b>	<b>(5.82)</b>	<b>(1.75)</b>	<b>(127.94%)</b>		<b>(6.29)</b>
0.00	Impairments & Unwinding Of Discount	0.00	0.00	0.00			0.00
41.94	Capital Donations	2.88	0.37	(2.51)			0.47
<b>18.36</b>	<b>Adjusted Net Result</b>	<b>(1.18)</b>	<b>(5.45)</b>	<b>(4.26)</b>	<b>(359.69%)</b>		<b>(5.82)</b>



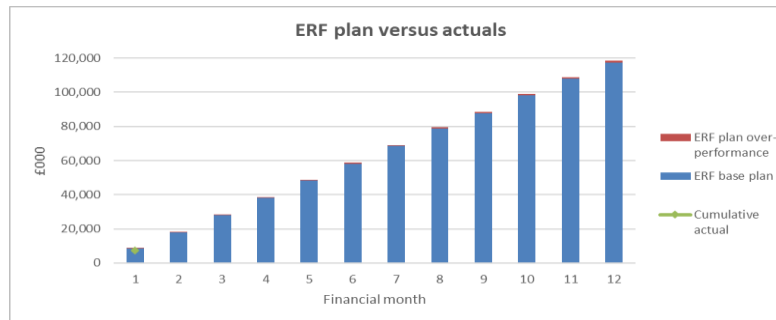
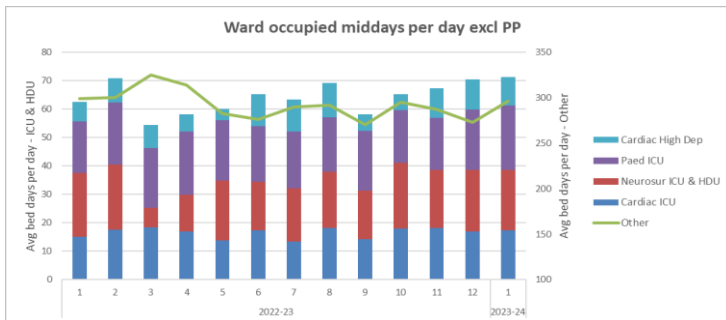
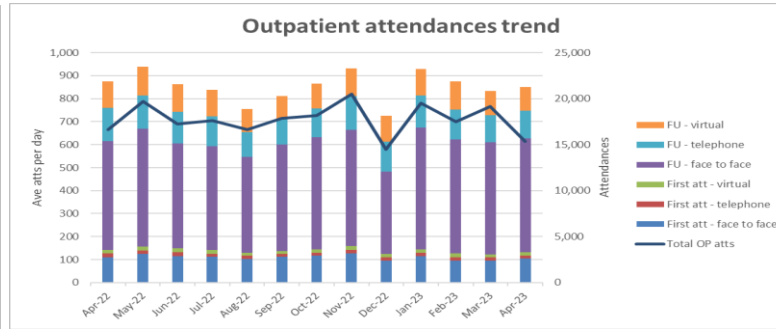
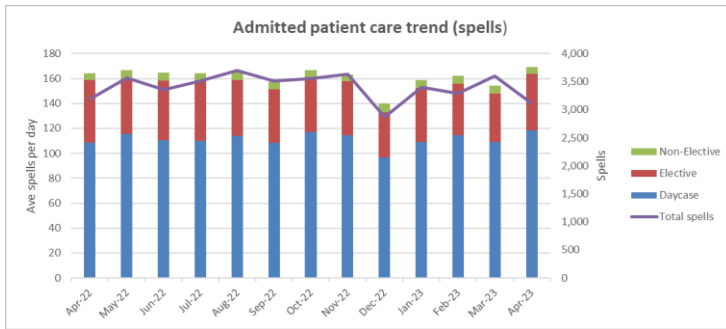
## Summary

- The YTD Trust financial position at Month 1 is a deficit of £4.2m which is £2.3m adverse to plan.
- The deficit is due to a combination of reduced clinical income linked to strikes, awaiting finalisation of higher than planned impairment on receivables.

## Notes

- NHS clinical income is £1.4m adverse to plan due to reduction in activity due to industrial action and genetics income.
- Private Patient income is £0.3m favourable to plan YTD which is due to the Trust recovery plan seeing increased levels of activity.
- Non clinical income is £0.8m adverse to plan YTD. This is mainly driven by reduction in charity and research income and furthermore awaiting finalisation of contracts.
- Pay costs are £0.3m favourable to plan mainly due vacancies.
- Non pay is £1.4m adverse to plan largely due higher than planned impairment to receivables (0.9m) and higher levels of passthrough costs (£0.7m) off set with income.

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

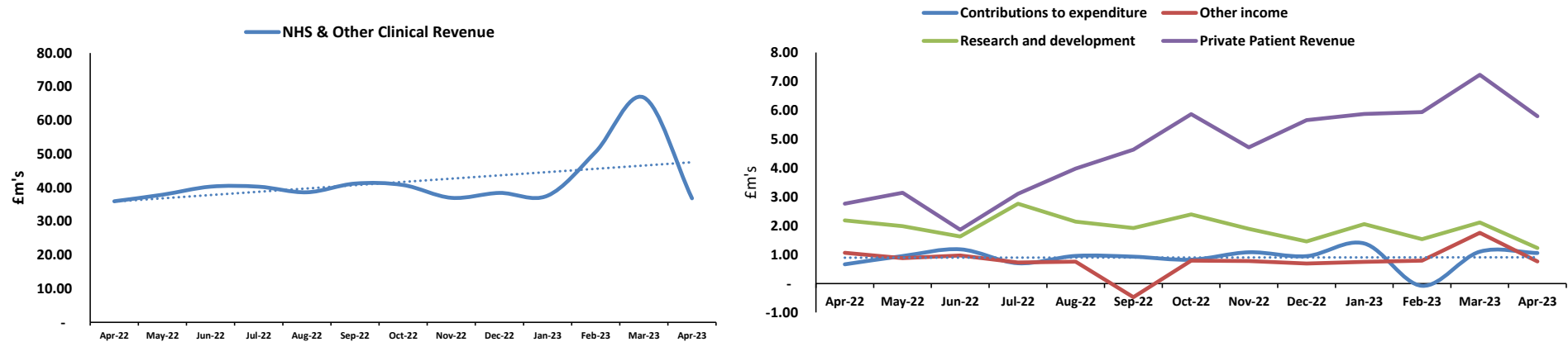


**Summary**

- Admitted patient care per day in April 2023 is higher than March with daycase increasing by 8.7% and elective increasing by 17% per day. This equates to a 9.5 spell increase for daycase and 6.6 for elective activity per working day for April vs March. NB: because April 2023 only had 18 working days due to containing 5 weekends and two bank holidays, any elective work taking place on non-working days, e.g. Saturday and Easter Renal dialysis daycases, or overnight Sleep Studies discharged on a Saturday etc will disproportionately contribute to performance more so than other months which only have 4 weekends.
- Bed days for April 2023 are showing an increase per working day vs March 2023, this increase is taking place outside of designated ICU&HDU locations.
- Outpatient attendances increased per working day versus March 2023, this increase was within face-to-face attendances, with both face-to-face first and follow-up attendances each increasing by 9 attendances per working day. Face to face % activity levels have stabilised since August 2022, at circa 70% face to face and 30% non-face to face. The number of outpatient attendances may increase as activity is finalised.
- Both March 2023 and April 2023 have been impacted by strike action, days during the Junior doctor strikes on 11-15 April saw on average 46 less First appointments, 13 less OP procedures, 36 less daycases and 25 less elective spells discharged per working day than during non-strike periods in April. These four days resulted in an estimated £796k reduction in ERF income compared to other working days' ERF income in the month.
- The ERF scheme has changed between 2022/23 and 2023/24, the new scheme covers Daycase, Elective, Outpatient First and OP Procedures, activity within these PODs is valued at 100% of the NHS payment scheme and effectively returns those PODs back to a cost and volume arrangement. On the basis of current information, which includes some estimates for uncoded work, M1 performance for ERF is £7,417k versus a plan of £8,452k giving an under-performance of £1,035k against the total plan consisting of ERF target at 113% and planned over-performance.

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

## 2022/23 Income for the 1 months ending 30 Apr 2023



### Summary

- Income from patient care activities excluding private patients is £1.4m adverse. This is due to significant decrease income for genomics funding and ERF which is offset with increase in passthrough income.
- Non clinical income is £0.8m adverse. Mainly driven by lower research income, Charity income and awaiting finalisation of contracts.
- Private Patient income is £0.3m favourable to plan YTD which is due to the Trust recovery plan seeing increased levels of activity throughout the year.
- 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 1 months ending 30 Apr 2023

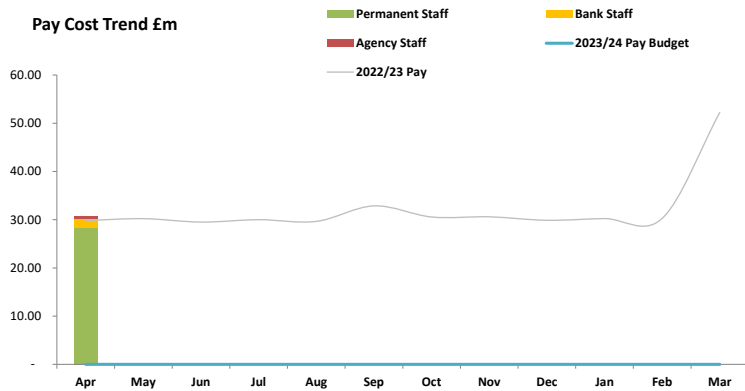
\*WTE = Worked WTE, Worked hours of staff represented as WTE



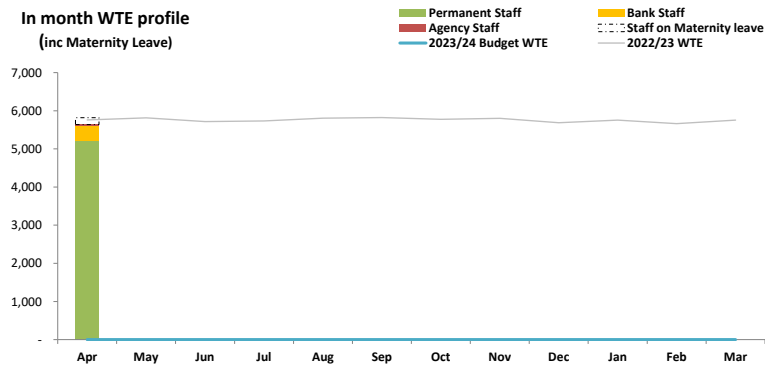
£m including Perm, Bank and Agency	2022/23 actual full year			2023/24 actual			Variance			RAG
	FY (£m)	FY Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Volume Var (£m)	Price Var (£m)	
Admin (inc Director & Senior Managers)	68.2	1,286.7	53.0	5.7	1,313.6	52.1	(0.0)	(0.1)	0.1	G
Consultants	66.7	394.1	169.2	5.7	387.1	176.1	(0.1)	0.1	(0.2)	A
Estates & Ancillary Staff	16.4	445.7	36.8	1.4	463.7	35.6	(0.0)	(0.1)	0.0	G
Healthcare Assist & Supp	12.2	306.9	39.7	1.0	313.1	38.6	0.0	(0.0)	0.0	G
Junior Doctors	33.5	393.0	85.2	2.8	398.4	83.1	0.0	(0.0)	0.1	G
Nursing Staff	100.9	1,616.5	62.4	8.4	1,666.4	60.4	0.0	(0.3)	0.3	G
Other Staff	1.0	17.9	56.2	0.1	16.6	54.6	0.0	0.0	0.0	G
Scientific Therap Tech	67.2	1,072.7	62.7	5.2	1,037.3	59.9	0.4	0.2	0.2	G
<b>Total substantive and bank staff costs</b>	<b>366.1</b>	<b>5,533.4</b>	<b>66.2</b>	<b>30.2</b>	<b>5,596.3</b>	<b>64.7</b>	<b>0.3</b>	<b>(0.3)</b>	<b>0.7</b>	<b>G</b>
Agency	4.1	39.0	104.2	0.4	44.0	111.2	(0.1)	(0.0)	(0.0)	A
<b>Total substantive, bank and agency cost</b>	<b>370.1</b>	<b>5,572.4</b>	<b>66.4</b>	<b>30.6</b>	<b>5,640.3</b>	<b>65.0</b>	<b>0.3</b>	<b>(0.4)</b>	<b>0.7</b>	<b>G</b>
Reserve*	1.1	0.0		0.1	0.0		(0.0)	(0.0)	0.0	G
Additional employer pension contribution by NHSE (M12)	14.6	0.0		14.6	0.0		(13.4)	(13.4)	0.0	R
<b>Total pay cost</b>	<b>385.8</b>	<b>5,572.4</b>	<b>69.2</b>	<b>45.3</b>	<b>5,640.3</b>	<b>96.3</b>	<b>(13.1)</b>	<b>(13.8)</b>	<b>0.7</b>	<b>R</b>
Remove maternity leave cost	(2.5)			(0.2)			(0.0)	0.0	(0.0)	G
<b>Total excluding Maternity Costs</b>	<b>383.3</b>	<b>5,572.4</b>	<b>68.8</b>	<b>45.1</b>	<b>5,640.3</b>	<b>95.9</b>	<b>(13.1)</b>	<b>(13.8)</b>	<b>0.7</b>	<b>R</b>

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

## Pay Cost Trend £m



## In month WTE profile (inc Maternity Leave)

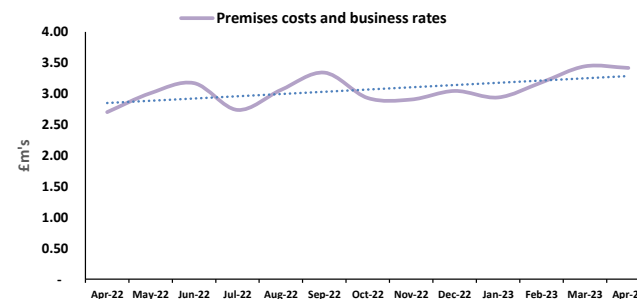
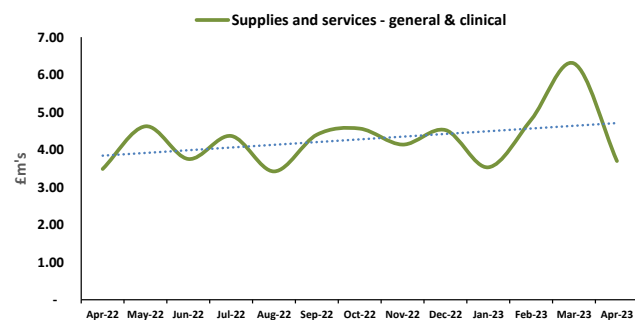
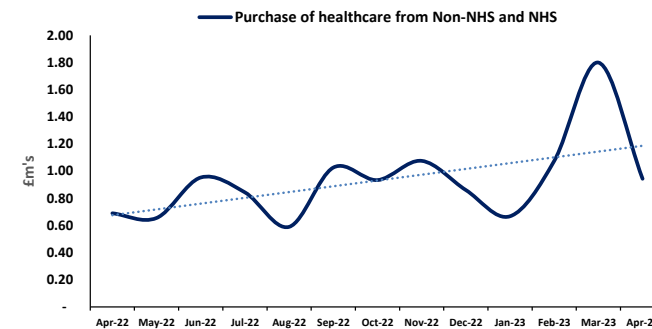
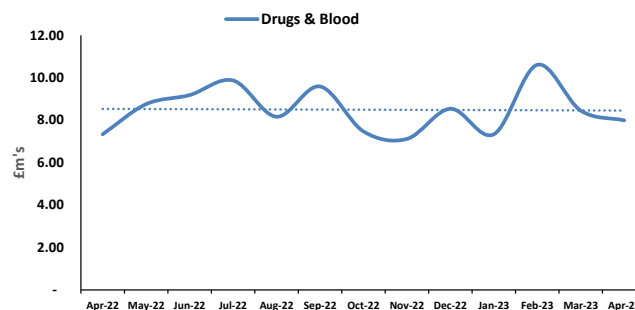
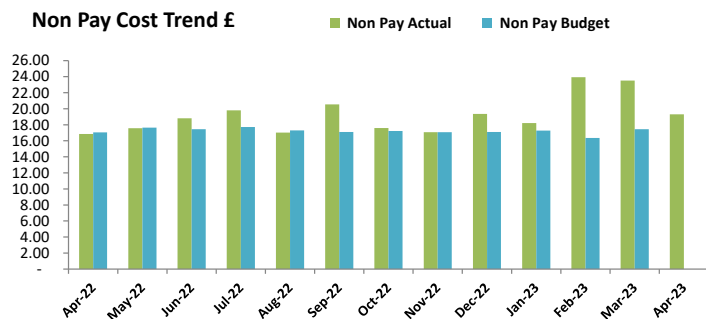


## Summary

The table compares the actual YTD workforce spend in 2023/24 to the full year workforce spend in 2022/23 prorated to the YTD.

- Pay costs are below the 2023/24 plan by £0.3m and when compared to the 2022/23 extrapolated actual it is £13.1m higher. This increase from 2022/23 is being driven by volume increase (£13.8m) and price reduction (£0.7m). The price variance is driven by the NHS pay award, additional consolidated 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.
- April has seen the number of staff absent from the Trust due to Covid remain at 0.1%.
- 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.
- Estates & Ancillary are £0.1m adverse due to high levels of sickness within the cleaning service. When compared to 2022/23 the key driver of the increase is the level of sickness and the full year insourcing of the service.

## Non-Pay Summary for the 1 months ending 30 Apr 2023



### Summary

- Non pay is £1.4m adverse to plan in month mainly due to:
- Drugs and Blood costs are £0.7m adverse to plan due to increase in costs for passthrough drugs offset with income.
- Impairment of receivables is £0.9m adverse to plan due to the increased provision associated with the growth in private activity.

Statement of Financial Position		YTD Unaudited Actual 31 Mar 23 £m	YTD Actual 30 Apr 23 £m	In month Movement £m
Non-Current Assets		649.95	648.22	(1.73)
Current Assets (exc Cash)		106.34	107.42	1.08
Cash & Cash Equivalents		82.17	87.97	5.80
Current Liabilities		(123.48)	(134.16)	(10.68)
Non-Current Liabilities		(27.40)	(27.33)	0.07
<b>Total Assets Employed</b>		<b>687.58</b>	<b>682.12</b>	<b>(5.46)</b>

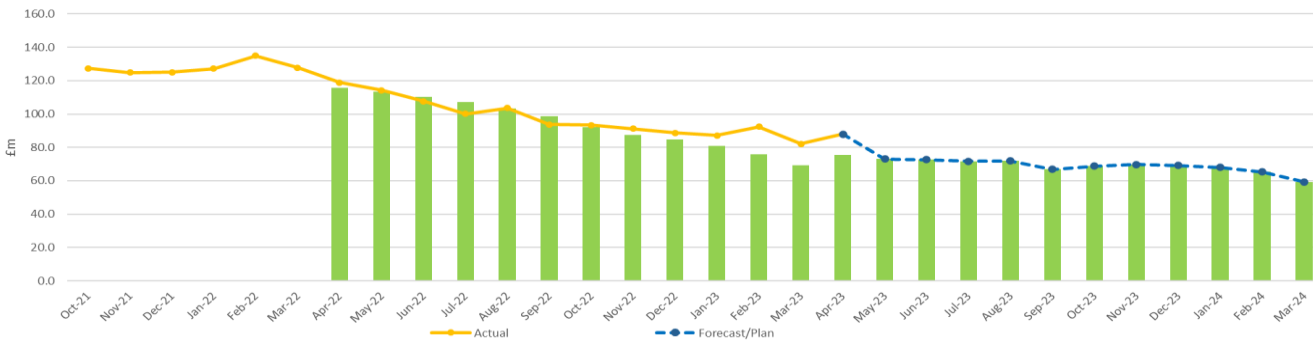
31 Mar 2023 Unaudited Accounts £m	Capital Expenditure	YTD plan 30 April 2023 £m	YTD Actual 30 April 2023 £m	YTD Variance £m	Forecast Outturn 31 Mar 2024 £m	RAG YTD variance
6.95	Redevelopment - Donated	2.88	0.34	2.54	39.67	R
3.35	Medical Equipment - Donated	0.00	0.03	(0.03)	2.28	G
	- ICT - Donated	0.00	0.00	0.00	0.00	G
<b>10.30</b>	<b>Total Donated</b>	<b>2.88</b>	<b>0.37</b>	<b>2.51</b>	<b>41.95</b>	<b>R</b>
	- Total Grant funded	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>G</b>
7.93	Redevelopment & equipment - Trust Funded	0.00	1.06	(1.06)	19.33	R
2.39	Estates & Facilities - Trust Funded	0.02	0.00	0.02	7.36	R
4.65	ICT - Trust Funded	0.19	0.02	0.17	6.88	R
	- Contingency/unallocated	0.00	0.00	0.00	0.00	G
	- Disposals	0.00	0.00	0.00	0.02	G
<b>14.97</b>	<b>Total Trust Funded</b>	<b>0.21</b>	<b>1.08</b>	<b>(0.87)</b>	<b>33.59</b>	<b>R</b>
	- Share allocation	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>G</b>
<b>0.10</b>	<b>Total IFRS 16</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3.83</b>	<b>G</b>
<b>0.36</b>	<b>PDC</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.33</b>	<b>G</b>
<b>25.73</b>	<b>Total Expenditure</b>	<b>3.09</b>	<b>1.45</b>	<b>1.64</b>	<b>79.70</b>	<b>R</b>

Working Capital	31-Mar-23	30-Apr-23	RAG	KPI
NHS Debtor Days (YTD)	7.0	5.0	G	< 30.0
IPP Debtor Days	204.0	178.0	R	< 120.0
IPP Overdue Debt (£m)	21.6	23.3	R	0.0
Inventory Days - Non Drugs	87.0	91.0	R	30.0
Creditor Days	25.0	26.0	G	< 30.0
BPPC - NHS (YTD) (number)	45.4%	73.1%	R	> 95.0%
BPPC - NHS (YTD) (£)	78.4%	93.8%	R	> 95.0%
BPPC - Non-NHS (YTD) (number)	82.0%	88.1%	R	> 95.0%
BPPC - Non-NHS (YTD) (£)	91.9%	92.5%	A	> 95.0%
BPPC - Total (YTD) (number)	80.7%	87.7%	R	> 95.0%
BPPC - Total (YTD) (£)	90.7%	92.7%	A	> 95.0%

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

Liquidity Method	31-Mar-23 Actual	Apr-23	RAG	31-Mar-23 Forecast	RAG
Current Ratio (Current Assets / Current Liabilities)	1.5	1.5	G	1.8	G
Quick Ratio (Current Assets - Inventories - Prepaid Expenses) / Current Liabilities	1.5	1.4	G	1.6	G
Cash Ratio (Cash / Current Liabilities)	0.7	0.7	R	0.8	R
Liquidity days Cash / (Pay+Non pay excl Capital expenditure)	52.6	55.5	A	44.0	A
Liquidity Days (Payroll)(Cash / Pay)	87.3	90.4	G	73.0	G

Cash Flow Chart



**Comments:**

- Capital expenditure for the year to the end of April was £1.5m; the Trust-funded expenditure was £1.1m, £0.9m ahead of plan due to £0.6m of equipment expected in March but delayed, and lift refurbishment works delayed from March; the donated expenditure was £0.4m, £2.5m less than plan due to additional payments on CCC PCSA being later than planned.
- Cash held by the Trust increased in month from £82.2m to £87.7m
- Total Assets employed at M1 decreased by £5.4m in month as a result of the following:
  - Non current assets decreased by £1.7m to £648.2m.
  - Current assets excluding cash totalled £107.4m, increasing by £1.1m in month. This largely relates to Contract receivables not invoiced (£4.7m higher in month); Inventories (£0.5m higher) and Charity capital receivables (£0.1m higher in month). This is offset against the decrease in Other receivables (£0.2m lower in month) and Contract receivables invoiced (£4.0m lower).
  - Cash held by the Trust totalled £87.7m, increasing in month by £5.8m.
  - Current liabilities increased in month by £10.7m to £134.2m. This includes deferred income (£7.9m higher in month); expenditure accruals (£2.2m higher month); NHS payables (£0.7m higher in month) and Other payables (£1.1m higher in month) This is offset against the decrease in Capital creditors (£1.2m lower in month).
  - Non current liabilities totalled £27.3m This includes lease borrowings of £22.0m.
- I&PC debtors days decreased in month from 204 to 178. Total I&PC debt (net of cash deposits held) decreased in month to £27.8m (£29.2m in M12). Overdue debt increased in month to £23.3m (£21.6m in M12).
- In M1, 93% of the total value of creditor invoices were settled within 30 days of receipt; this represented 88% 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 88% (82% in M12). This represented 92% of the total value of invoices settled within 30 days (92% in M12). The cumulative BPPC for NHS invoices (by number) was 73% (45% in M12). This represented 94% of the value of invoices settled within 30 days (78% in M12).
- Creditor days increased in month from 25 to 26 days.

## Council of Governors

05 July 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 Council of Governors' 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 were consulted on High Dependency Care options at GOSH.
- 2) The YPF have advised on young person-friendly stalking awareness information.
- 3) The Grants Team from GOSH Charity is working with the YPF to develop their new Patient and Family Experience Strategy.

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

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





### YPF activity – April 2023 to May 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: 62

Examples of YPF member activities since the last report are:

- Several YPF members were part of the patient and family stakeholder panel for the recruitment of the new GOSH chair.
- Members Ryan and Thomas were invited to speak at the nursing leaders training day, with their thoughts on what makes a great leader.
- YPF member Eric sat on the interview panel for the Children's Cancer Centre Engagement Lead.

During April 2023 to the end of May 2023, 15 involvement opportunities were shared with the YPF. Examples include: RCPCH Youth Trustee application form, attending the London Health Inequalities and Community Development Network and the chance to appear on CBBC's *Operation Ouch*.

#### **YPF Meetings**

A YPF meeting took place on 15 April.

At the meeting:

- The YPF evaluated four different options of how high dependency care could be delivered, assessing which would be best from a patient perspective.
- YPF member Toby led a session on the development of the Patient Safety Partner role.
- The Alice Ruggles Trust, a stalking awareness charity, asked the YPF to review its website content to ensure it was suitable and accessible for young people. YPF also came up with themes and questions for a podcast that the trust is hoping to develop.
- The Grants Team from GOSH Charity worked with YPF as a stakeholder group to help develop their new strategy.



**Fig 1:** A group of YPF members working with the Charity Grants team

#### **To note**

YPF meetings are currently on hiatus to accommodate exam season.



**GREAT  
ORMOND  
STREET  
HOSPITAL  
CHARITY**

# **AN INTRODUCTION TO THE CHARITY**

Louise Parkes, CEO

# STRATEGY 2021-26

Delivering  
greatest  
**IMPACT** through  
research, care  
and advocacy

CULTURE

DIGITAL



Transforming the  
lives of seriously  
ill children

Diversifying  
and growing  
**INCOME**

Working in  
**PARTNERSHIP**  
to deliver  
excellence

INNOVATION





# OUR IMPACT GOALS

Researching breakthrough cures  
and kinder treatments

Transforming care through digital  
and technological innovation

Supporting resilience and wellbeing  
of patients and their families

Providing a child and family friendly  
environment that helps create  
the best possible experience

Supporting staff at the hospital  
to deliver exceptional care

Amplifying the voices of seriously  
ill children and their families

Sharing knowledge for the benefit  
of seriously ill children everywhere

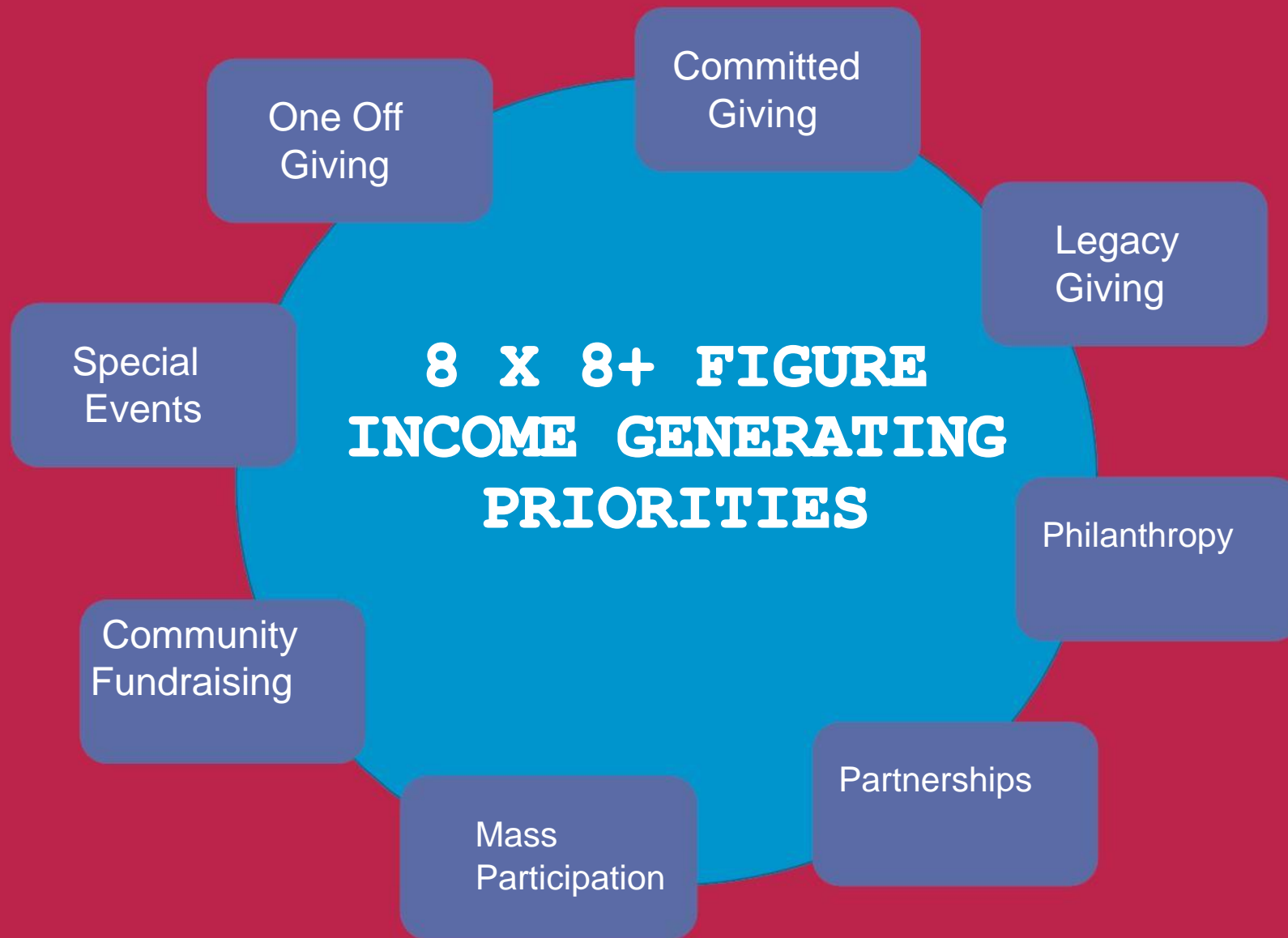


# FY23/24 STRATEGIC PRIORITIES

#	Top level Priority	Impact	Income	Partnerships	Culture	Digital	Innovation	EDI	ESG
1	Children's Cancer Centre	✓	✓						✓
2	Impact Framework	✓	✓					✓	✓
3	Hospital Partnership	✓	✓	✓					✓
4	Development / Phase 1 of Patient and Family experience Strategy	✓	✓	✓			✓		
5	Research strategy	✓	✓	✓	✓	✓	✓	✓	
6	Advocacy	✓		✓	✓		✓	✓	
7	Effective organisation	✓	✓		✓	✓	✓		✓
8	Deliver Year 3 of the Fundraising Strategy (Budget 23/24)	✓	✓	✓		✓	✓		
9	People Experience				✓			✓	✓
10	Delivery of the Brand project		✓		✓	✓		✓	



# OUR FUTURE FOCUS



The hospital has always depended on public support to give seriously ill children the best chance to fulfil their potential. That need still exists. We must show the impact of the funds our supporters have raised. We must show our supporters how they make a difference to the children at the hospital.

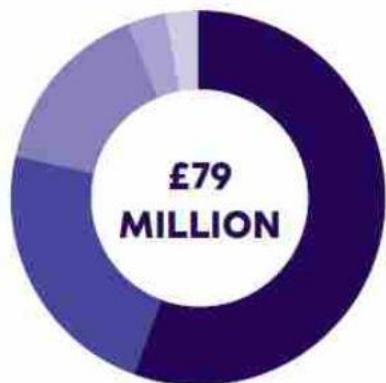
# DONATIONS MAKE A DIFFERENCE

**Gabriel** is eight years old and has been coming to GOSH every week since he was diagnosed with acute lymphoblastic leukaemia – a rare type of childhood cancer. He loves singing and tickles from his Mum.





## What We've Raised



- Donations
- Legacies
- Investment Income (realised)
- Property and other income
- Trading

## What We've Spent



- Running costs and raising funds
- Pioneering Research
- Child, Family and Staff Support
- Rebuilding and Refurbishments
- Advanced Medical Equipment

### £11.4 million\* Pioneering Research

Supporting world-leading scientists to find the diagnoses, treatments and cures of tomorrow.

### £5.8 million\* Rebuilding and Refurbishment

Creating flexible, future-proofed facilities designed around children and young people.

### £18.7 million\* Running Costs and Raising Funds

Running the charity effectively and efficiently, and raising more money for the future.

### £7.7 million\* Child, Family and Staff Support

Investing in services to raise children's spirits, ease the burden on families and support the amazing staff who care for them.

### £4 million\* Advanced Medical Equipment and Systems

Funding cutting-edge kit to address the hospital's most urgent technology needs.

\*These figures include an allocated support cost to cover essential administration of the grants.





# WHAT WE FUND

## Research

- Outstanding People
- Strategic Centres of Research
- New Ideas/Response mode
- Research Platforms and Infrastructure
- National Child Health Priorities

## Major Redevelopment & Environment

- Children's Cancer Centre
- Public Realm

## Education

- GOSH Learning Academy

## Patients & Families (P&F)

- Annual funding for key services related to P&F experience, for example;
  - Play Services
  - Chaplaincy
  - Social Work
- Accommodation

## Technology & Innovation

- Medical Equipment
- Healthcare Innovation & Transformation

## People

- Annual funding for staff support, for example;
  - Staff Health & Wellbeing
  - Financial support





# HOW WE DECIDE WHAT TO FUND



Work closely with the hospital to understand need



Charity funds over and above what the NHS provides



Partnership with input from our beneficiaries



Robust process to make decisions about what projects to fund



Confident that we spend our supporter's money wisely





# THANK YOU FOR LISTENING

# Questions?



## Summary of the Quality, Safety and Experience Assurance Committee held on 28<sup>th</sup> June 2023

### Matters arising

- Trust Board action 140.2: Wi-Fi connectivity across the hospital

A new Wi-Fi network had been rolled out in the hospital in late 2022 which could accommodate a large number of users and the Trust offered a generous bandwidth to each user which was considerably higher than that provided by other Trusts. PALS contacts related to Wi-Fi had significantly reduced and education would take place with ward staff about how best to use it. Focus would also be placed on communications to ensure that patients, families and staff knew what to expect from, and how to access, the Wi-Fi at GOSH.

- QSEAC action 33.9: Range of staffing experience required to monitor patients in IP&C and when outliers across the hospital

The model of staffing on I&PC wards had changed throughout the pandemic and nursing staff had been upskilled. In general, there was a pipeline for international and private care patients which enabled staff to work with practice educators in cases where additional knowledge was required. The team had identified pathways to formalise the way in which complex patients were admitted and work was taking place to improve recruitment including potential ways to recognise the different model of working in I&PC.

### Quality and Safety at GOSH – Chief Medical Officer Report

To date, there had been no patient safety incidents which were attributable to strike action however harm reviews would continue to take place for long waiting patients whose care may have been delayed by industrial action. It was noted that Consultants had balloted to strike, and this would also impact the waiting list.

An international panel had undertaken a follow up review of the gastroenterology service and had provided very positive verbal feedback. Recommendations would be made in the report to support the further development of the service. An external review had also taken place of the ethics service and the informal feedback had been positive; the team is awaiting the formal draft report.

Focus was being placed on moving towards implementing the Patient Safety Incident Response Framework and good progress was being made to appoint Patient Safety Partners and Patient Safety Specialists. GOSH was now the hospital with the highest number of services producing publicly available outcomes internationally. The NEDs welcomed this news.

Discussion took place around medication errors, the causes of which were multifactorial. It was agreed it was important to use the systems in place already such as Epic to create a series of checks which would prevent errors in the future and work was underway.

### Quality and Patient Experience: Chief Nurse Report

- Patient Experience and Engagement Annual Review 2022/23

There had been a 75% increase in formal complaints which was in line with other organisations however the complexity of the complaint cases was significant. A review of the complaints management process would be undertaken by internal audit.

Attachment: Q

The play team had focused on recording data to support demonstrating the impact of the service on patients and their care however it was challenging to benchmark in the service as other Trusts did not collect the same level of data.

- Annual Director of Infection, Prevention and Control Report 2022/23

All gram negative bacteraemia had been above the threshold in 2022/23 and similar challenges were also being experienced by other Trusts. All cases had been reviewed and Root Cause Analyses of all cases would be taking place going forward. Challenges remained around ventilation particularly in standard rooms however it was confirmed that the required mitigations were in place and patients were safe. The Committee noted that some of the Trust's existing ventilation required replacing and an options appraisal would be provided to the committee on potential next steps later in the year.

There had been national supply issues with some infection control related consumables. The pharmacy service had now assumed management of stock, and this had been helpful.

Discussion took place around the national increase in antibiotic resistance and a working group had been established and additional screening and control measures identified which would be implemented in 2023/24. It was likely that enhanced cleaning would also be required going forward.

- Annual Safeguarding Report 2022/23

The review panel for the independent safeguarding review had undertaken a first round of meetings with staff and a second round would take place later in the year. Positive feedback had been received from the first group of meetings. Work was taking place with the legal team and learning disability team to ensure that staff had the correct information to mitigate the risk of breaches of the requirements around Deprivation of Liberties. Focus was being placed on ensuring staff took part in level 3 safeguarding training.

The Committee discussed the proportion of GOSH patients who had experience of being looked after and the implications for health inequalities. It was confirmed that the safeguarding team was linked into the health inequalities working group to help inform the implications for patients attending appointments and receiving a safe discharge.

#### **Update on provision of Dental Services at GOSH**

Virtual clinics had begun with the support of mutual aid and a good number of appointments had been made available at weekends. Clinics that had taken place over last two weeks had not identified any patients who had come to harm as a result of their waiting time. A dentist had been appointed to the service and support for their development had been agreed by the Trust providing mutual aid. The Committee welcomed progress that was being made in the service.

#### **Update on Space and Place quality and safety matters**

Over 98% of all Positive Pressure Ventilation Lobby (PPVL) rooms had been reverified and were now operational and a forward plan was in place to continue the cycle of cleaning. The Trust's cooling towers were being maintained in line with plan and the water quality had been confirmed at good. The committee noted that there had been some positive cases of legionella and it was confirmed that this number was low and was being well managed with ongoing flushing and local disinfection to mitigate the risk. It was noted that key posts in the Space and Place team were interim, and plans were in place to undertake a formal recruitment process.

#### **Health and Safety Update**

Good improvement continued to be made in safer sharps and there was good clinical engagement in place. A 20% reduction in incidents had been identified. There were challenges around cooling areas of the hospital in hot weather and mobile air conditioning had been rolled out; it was confirmed that comfort cooling would be in place in the Children's Cancer Centre. The committee discussed the impact of heat on paediatric health, and it was confirmed that no patterns had been identified in this regard.

### **Learning Disability Service Peer Review**

A five-year learning disability strategy was in place which focused on equity and families feeling equally valued. A system was in place to flag patients with a learning disability or autism, and this highlighted to staff that consideration of reasonable adjustments was required. Consideration was required of capacity to remove and add flags for patients on Epic. A peer review of the service had been undertaken by another paediatric Trust which had commended the GOSH team for its passion and interest and the Trust's ambitious strategy but said that further consideration of its operational implementation was required.

### **Paediatric Critical Care Level 1 and 2 – what next?**

A preferred option had been identified for the provision of critical care levels 1 and 2 going forward which would represent a very substantial change to the organisation and a pilot in a small number of wards would take place prior to roll out. An ambitious plan was in place for the next year and the project board was considering next steps including building a primarily clinical team to take the programme forward.

### **Internal Audit Annual Plan 2023/24 and Internal audit Progress Report (Quality focused reports)**

The Committee reviewed the internal audit plan for 2023/24 and requested that discussions took place around an early view of the next year's plan at the Board Risk Management Meeting in December 2023. Scoping had begun for the complaints review which would be presented at the next meeting. One quality focused recommendation was overdue which was in progress.

### **Freedom to Speak Up Guardian Update**

Discussion took place around the themes of cases raised and the committee noted that amongst almost all cases issues around civility between colleagues. It was highlighted that staff in many areas were under considerable pressure and it was important that the Executive Team was able to balance the level of pressure in the organisation.

### **Update from the Risk Assurance and Compliance Group (RACG) on the Board Assurance Framework**

RACG had discussed the current status of the medicines management BAF risk and agreed that the score would remain the same and be reassessed in 6 months' time. The Committee agreed that further work was required on the risk statement for the mental health risk and agreed the wording of a new BAF risk for health inequalities.

- BAF Deep dive - BAF Risk 3: Operational Performance

Manufacturing had been a key risk and the Trust had taken the decision to pause the parenteral nutrition unit which was now possible due to improved relationships with external suppliers. In the two weeks following the team had been able to decrease the overdue actions by 50%. Internal and external working relationships had been improved by the team and two key roles would be joining the service in the coming weeks to support improvements. The Committee discussed the supply chain for medications and noted that there were a large number of lines which were not in full supply. The team worked hard to pre-empt clinical switches and contributed data to a national programme which managed shortages on behalf of providers.

- BAF Deep dive - BAF Risk 11: Medicines Management

Although it was challenging to meet access targets, the Trust benchmarked well against others in terms of Referral to Treatment delivery. Industrial action had impacted this progress and there was a clear change in the metric noted following each period of strikes. The Trust had a number of long waiting patients, and a plan was in place to reduce this. Improvements were being made in the Trust's approach to strikes and fewer patients required cancellations as learning was collected from each period of action.

### **Update from the People and Education Assurance Committee (May 2023)**

The Committee discussed the nursing workforce assurance paper and review of the nursing workforce establishment.



Attachment: Q

**Governor feedback**

Governors welcomed the work to publish outcomes in a large proportion of specialties. Discussion took place about the work that would take place to develop ‘heat’ maps from the quality data which was collected which would inform areas for further review. Governors highlighted the importance of ensuring that the consideration of sustainability was built into all areas of the Trust’s work including quality improvement projects.

**QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE**

**Wednesday 28<sup>th</sup> June 2023 at 9:30am – 1:00pm**

**AGENDA**

	Agenda Item	Presented by	Attachment	Time
1.	<b>Apologies for absence</b>	Chair	<b>Verbal</b>	<b>9:30am</b>
2.	<b>Declarations of Interest</b>	Chair	<b>Verbal</b>	
3.	<b>Minutes of the meeting held on 29 March 2023</b>	Chair	<b>C</b>	
4.	<b>Matters arising/ Action point checklist</b>  <b>QSEAC action 33.9:</b> Range of staffing experience required to monitor patients in IP&C and when outliers across the hospital  <b>Trust Board action 140.2:</b> Wifi connectivity across the hospital	Chair	<b>D</b>  <b>E</b>  <b>F</b>	<b>9:35am</b>
5.	<b>Quality and Safety at GOSH – Chief Medical Officer Report</b> (BAF Risk 12: Inconsistent delivery of safe care) <b>Including:</b> <ul style="list-style-type: none"> <li>• Focus on Safety Report (reported at Trust Board in June 2023)</li> <li>• Horizon Scanning Report</li> <li>• Safety Transformation Board Summary</li> <li>• Clinical Audit</li> <li>• Our QI</li> </ul>	Chief Medical Officer	<b>G</b>  <b>Gi</b> <b>Gii</b> <b>Giii</b> <b>Giv</b> <b>Gv</b>	<b>9:50am</b>
6.	<b>Quality and Patient Experience: Chief Nurse Report</b> (BAF Risk 12: Inconsistent delivery of safe care) <b>Including:</b> <ul style="list-style-type: none"> <li>• Patient Experience and Engagement Annual Review 2022/23</li> <li>• Annual Director of Infection, Prevention and Control Report 2022/23</li> <li>• Annual Safeguarding Report 2022/23</li> </ul>	Chief Nurse  Luke Murphy, Deputy Head of Patient Experience  Helen Dunn, DIPC  Michelle Nightingale, Head of Safeguarding	<b>H</b>  <b>I</b>  <b>J</b>  <b>K</b>	<b>10:15am</b>
7.	<b>Update on recommendations from the Niche Report</b>	Chief Nurse	<b>M to follow</b>	<b>10:55am</b>
8.	<b>Update on provision of Dental Services at GOSH</b> (BAF Risk 12: Inconsistent delivery of safe care)	Chief Operating Officer	<b>N</b>	<b>11:05am</b>



## Attachment: Q

9.	<b>Update on Space and Place quality and safety matters</b> (BAF risk 9: Estates compliance)  <b>Health and Safety Update</b>	Interim Director of Space and Place  Health and Safety Adviser	<b>O</b>  <b>P</b>	<b>11:20am</b>
<b>DEEP DIVES</b>				
10.	<b>Learning Disability Service Peer Review</b>	Chief Nurse	<b>Q</b>	<b>11:35am</b>
11.	<b>Paediatric Critical Care Level 1 and 2 – what next?</b>	Chief Medical Officer	<b>R</b>	<b>11:55am</b>
<b><u>QUALITY, SAFETY AND EXPERIENCE INTERNAL ASSURANCE</u></b>				
12.	<b>Internal Audit Annual Plan 2023/24</b>  <b>Internal audit Progress Report (Quality focused reports)</b>	KPMG	<b>S</b>	<b>12:10pm</b>
13.	<b>Freedom to Speak Up Guardian Update</b>	Chief Medical Officer	<b>T</b>	<b>12:20pm</b>
<b><u>GOVERNANCE</u></b>				
14.	<b>Update from the Risk Assurance and Compliance Group on the Board Assurance Framework</b> <b>Including: RACG Effectiveness Review for information</b>  <b><u>BAF Deep dives</u></b> <b>BAF Risk 3: Operational Performance</b>  <b>BAF Risk 11: Medicines Management</b>	Company Secretary  Chief Operating Officer/ Head of Performance  Chief Operating Officer/ Chief Pharmacist	<b>U</b>  <b>Verbal</b>  <b>Verbal</b>	<b>12:30pm</b>
15.	<b>Escalations to Board and deep dives for next meeting</b>	Chair	<b>Verbal</b>	<b>12:50pm</b>
<b><u>FOR INFORMATION</u></b>				
16.	<b>Update from the People and Education Assurance Committee (May 2023)</b>	Kathryn Ludlow, Chair of PEAC	<b>W</b>	<b>12:55pm</b>
17.	<b>Any Other Business</b>	Chair	<b>Verbal</b>	<b>1:00pm</b>
18.	<b>Next meeting</b> <b>Thursday 28 September 2023 at 2:00pm – 5:00pm</b>			
19.	<b>Acronyms</b> <b>NHS Confederation Acronym Buster available at: <a href="https://www.nhsconfed.org/acronym-buster">https://www.nhsconfed.org/acronym-buster</a></b>			

## Summary of the People and Education Assurance Committee held on 23 May 2023

### Focus of Meeting

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

### Board Assurance Committees

The Committee noted the summaries from the Audit Committee and Quality, Safety and Experience Committee held in March 2023 and the Finance and Investment Committee held in February, March and May 2023.

### Workforce Metrics Update

The Committee was updated on the six key workforce metrics, of which three achieved or exceeded their target in March 2023 (vacancy, agency spend and statutory and mandatory training). Turnover rates for March 2023 increased to 14.4% and have been above target for four of the last six months. Although turnover reduced during the pandemic, reducing to a low of 10.7% in March 2021, since then it has returned to the longer-term average of near or above the target for the Trust. The Committee was informed that there would be a deep dive into turnover presented at the next meeting. Sickness absence remains above the Trust target at 3.3% but this remains considerably lower than the NHS national average. PDR is within 10% of achieving the Trust's target of 90% and an improvement on the 12-month average. The Committee was advised that HR Business Partners are engaging with directorates to address the areas below target and that a project to improve the PDR process is underway.

### Nursing Workforce Assurance Report

The Committee heard how the registered nurse vacancy rate remained below the Trust target at 8.02% and that the voluntary turnover had decreased to 16.45%, meaning the Trust had the second lowest turnover in NCL and it was lower than pre-pandemic levels. Sickness levels had improved and were 3.38% in March, above the Trust target but at these are starting to stabilise. The Trust was pleased to welcome 41 newly registered nurses in quarter 4 with a further 146 in the pipeline for October 2023 and January 2024. The Committee discussed retention and reflected on issues raised by staff which impact their decisions to stay at GOSH, such as accommodation and travel costs. The Committee was informed that these are being considered as part of a retention plan being developed and launched as part of the new Nursing Strategy. As requested, the nursing workforce report included the data for each ward, so the Committee was able to see segregated data across the Trust.

### Biannual Safe Staffing Establishment Review

The Committee was provided with assurance that the arrangements are in place to review the safe staffing establishment and that the process is compliant with the Development Workforce Safeguards guidance (NHSE 2018). Overall, the review found that current establishments are insufficient in some areas to support safe staffing because of rising patient acuity and complexity post pandemic, in addition to increasing activity because of delays and backlogs. Additional senior positions have already been put into place where insufficient establishments were identified, and work continues to look at the skill mix on wards to make sure experienced staff are available. The focus for the coming year is to increase recruitment of experienced nurses, improve the retention of existing specialist nursing workforce and improve the support and senior oversight of the junior workforce through a number of initiatives, which will be outlined in a new retention plan as part of the Nursing Strategy.

### Internal Audit Update

The Trust's Internal Auditors provided an update on the progress made with implementing the recommendations from their review of Above and Beyond: People Planet. The audit provided significant

assurance with minor improvements and the recommendations are being considered as part of the People Strategy refresh and are expected to be implemented by October 2023.

### **Overview of the refreshed People Strategy**

The Committee was presented with an update on the refresh of the People Strategy and updated on the developing programmes of work based on the four elements - culture and engagement, building a sustainable workforce, developing skills and capability and processes, systems and infrastructure. The committee noted the ambitious programme and discussed how this would be communicated and embedded within the organisation.

### **GOSH Learning Academy (GLA) Update**

The Committee heard how the overall status for the GLA programme remains on track. Implementation of the recommendations from the midpoint review have commenced as Phase 2 of the GLA programme of work commences. Progress to date has included recruitment into succession planning roles of Co - Director and Deputy Director of Education, appointment of a Chair for the new External Advisory Board, and approval of Phase 2 budget and financial forecasting model as the GLA transition to sustainability. Recognising the depth, breadth, and scale of the GLA programme, Phase 2 sees the implementation of a new, improved governance and reporting structure for the GLA to ensure robust monitoring of impact, deliverables and outputs, whilst providing assurance on financial sustainability, risk, and performance metrics. The new structure was approved at the GLA Executive Oversight and Assurance Committee in April 2023. The Committee congratulated the GLA on its progress and achievements to date.

### **Internal Communications, Engagement and Cascade**

The Committee received a presentation on the achievements against the internal communications and engagement objectives of the People Strategy 2019-22 and heard about the programmes being supported in the refreshed People Strategy. Members discussed the cascade of information within the organisation and work undertaken to improve the flow of information. The new process is being piloted with a number of areas and the feedback will be considered before implementing Trustwide.

### **Employer Value Proposition (EVP)**

The Committee was presented with GOSH's EVP that has been developed with the support of an external advisor (on a pro bono basis) to support the People Strategy. The EVP describes the many benefits of working in an organisation and is aimed at attracting top talent and retaining current employees. The new EVP, *Always striving for better*, has been designed with three pillars which are examples of how GOSH employees always strive to do better. The Committee discussed the strapline, *Together, we do amazing*, and in particular concerns arising from using a grammatically incorrect statement, especially in an institution which involved education. The Committee was told of the consultation process involved in its development. The Committee then heard how the new EVP will be rolled out across the organisation and was presented with examples of the new materials in development.

### **Staff Survey Results and Action Plans**

The committee agreed in the interests of time to have this discussion at a later board development session that is dedicated to culture.

### **Staff Voice: Brain Directorate and Research and Innovation Directorate**

The Committee welcomed Alison Taberner-Stokes, Head of Nursing, Zoe Hallett, General Manager and Robert Robinson, Deputy Chief of Service from the Brain Directorate and Jenny Rivers, Director from the Research and Innovation Directorate. Each directorate representative talked about actions they are taking to support staff within their directorates. They recognised that their plans were drawn from a number of feedback and information sources throughout the year and not just the staff survey results. The Committee heard how the Brain directorate is focusing on building the talent within its workforce

and recognising the achievements of staff. They felt upskilling staff and boosting morale through improved communication is having a positive impact across the directorate. The business continuity structures implemented during the pandemic helped to cascade information and so some of this has continued through regular team and leadership huddles with the idea of also creating a directorate blog in the future. Whilst a smaller directorate, research and innovation found they were focusing on similar themes. After the pandemic they continued a weekly meeting, now every other week, to help support the flow of communication. There are challenges around accountability for middle level leadership and the expectation that as senior managers they have a role to play in the cascade of information. The directorate held a leadership day where, using the Disney creative model, they picked out themes to focus on and most of these were shown to be in the directorate's control to improve. Leaders have gone away to consider these in their areas and will come back together later in the year to share their progress. The response rate to the annual staff survey in research and innovation was a lot lower than other areas so work is underway to try and understand the reasons for this.

### **Freedom to Speak Up update and Annual Report 2022/23**

The Committee welcomed Kiera Parkes, the new FTSU Guardian to her first PEAC. The update focused on the annual report and the committee was informed that the service dealt with 161 recorded cases, compared to 187 the year before. Many cases were complex and involve elements relating to several themes. Staff safety/wellbeing was the most reported issue raised. In most cases this was related to wellbeing rather than staff safety and in many cases another concern was also impacting the staff member's wellbeing. Patient safety and quality of care was the second highest concern raised followed by cases that had an element of inappropriate behaviour/ attitude. There were three cases where staff wanted to protect their identity this indicates that there is still work to be done in the organisation to improve psychological safety and the speaking up/ listening up culture. Developments and actions plans in 2023/24 will focus on communication both internally and with key stakeholders to improve visibility and access to the FTSU service for everyone working at GOSH.

### **Staff Focused Whistleblowing Concerns**

The Committee was informed there were no new concerns during the reporting period (January 2023 – May 2023).

### **Update on the Board Assurance Framework (BAF)**

The Risk Assurance and Compliance Group (RACG) had reviewed half of all BAF risks, and the Committee was updated on the three BAF risks over which PEAC has oversight, namely workforce sustainability, culture and the GOSH learning academy. The Committee was content with the proposal from RACG to increase the net score for workforce sustainability due to the continuation of the recent trend of increased turnover exceeding the Trusts target. Following the recent revision to the risk statement for BAF Risk 14 – Culture and following the discussion at RACG, the Committee were content with the proposed risk score and risk appetite. The Committee was also content with reducing the risk score of BAF Risk 16 – GLA following the successful awarding of the full GOSHCC grant and commercial income achievement. The committee agreed to move its deep dive discussion to the board development session focused on culture.

### **PEAC Annual Report**

The Committee was presented with a report of its activities through 2022/23 for inclusion in the GOSH annual report and asked to feedback any comments to the Deputy Company Secretary.

**END**

## Summary of the Audit Committee meeting held on 8<sup>th</sup> June 2023

The Committee noted summaries of the following assurance committee meetings:

- Quality, Safety and Experience Assurance Committee – March 2023
- People and Education Assurance Committee – May 2023
- Finance and Investment Committee – March and May 2023

### Internal Audit Progress Report

There were three overdue internal audit recommendations, and it was agreed that they would be discussed at Risk Assurance and Compliance Group. The Committee emphasised the importance of commitment and accountability in closing recommendations in line with a reasonable due date and it was agreed that when deadlines were agreed evidence would be required that they could be met. A report on diagnostics had provided an assurance rating of *significant assurance with minor improvement opportunities*. Discussion took place around the number of order and receipt points in the Trust which was felt by the internal auditors to be high, and it was agreed that work would take place to ensure that there was assurance around the documentation of controls and processes.

The Committee reviewed the internal audit plan for 2023/24 and noted that although all areas were not covered each year, consideration was given to where particular audits interrelated with a number of areas. The plan was approved.

### Chief Financial Officer's review of the Annual Financial Accounts 2022/23, including the Going Concern assessment

Key management judgements were around the valuation of land and buildings and some significant impairments had materialised as a result. The methodology for debt provisioning had been agreed but continued to be discussed with the external auditors.

### Status report to the Audit Committee on the 2022/23 audit

Audit work continued however no material issues had arisen so far and this was also the case in terms of the Value for Money audit. The Committee noted the considerable increase in the work that was required from the Trust and the auditors to complete an audit, and this had impacted on the timeframes on which the Trust had been able to deliver some elements. The timetable had been ambitious and GOSH remained ahead of other organisations in the auditor's portfolio. An amber rating had been provided around the implementation of IFRS 16 and a control recommendation had been made. No material issues had been identified in terms of management judgements made in relation to management override of controls, capital expenditure or property valuation. In line with previous years the auditor felt that the Trust's provisioning for International and Private Care debt was prudent but within a materially acceptable range.

The Committee agreed to recommend the annual accounts 2022/23 to the Board for approval.

### GOSH Draft Annual Report 2022/23

Subject to some minor amendments the committee agreed to recommend the annual report 2022/23 to the Board for approval.

### Board Assurance Framework Update following the Risk Assurance and Compliance Group (RACG)

The Committee agreed to recommend the following to the Board for approval:

- The risk statement for the new standalone risk around the delivery of International and Private Care targets.
- A revised risk statement to be developed for BAF risk 8: Business Continuity
- The risk statement and scores for new BAF risk 10: Climate Emergency
- Further discussions on BAF risk 14: Culture would take place at RACG

Attachment: I

- An increase in the likelihood score for BAF risk 2: Workforce Sustainability from 2 to 3
- A reduction in the likelihood score for BAF risk 16: GOSH learning academy from 3 to 2

### **Board Assurance Framework Deep Dives: BAF Risk 5: Unreliable data**

In light of the technology strategy and proposed clinical informatics unit the Trust's data strategy would be reviewed. Good team structures were in place in the data quality and data assurance teams and data was well validated and support was being provided around data literacy and enabling colleagues to become more proactive in interrogating data. Focus was being placed on ensuring that data was available to users and there was an appetite in the Trust for this to be widened. GOSH was connecting with other organisations through the national Clinical Information Officer group, the Children's Hospital Alliance and the user community for the Trust's data analytics tool. Further work was required to ensure that Epic was being used to its full potential and around staff education.

### **Compliance with Trust Risk Management Policy**

Focus was being placed on stubborn risks for which there had been no change in risk scores and a risk meeting was being established which would include representation from clinical directorates and corporate teams. The team continued to work towards implementation of the Patient Safety Incident Response Framework (PSIRF) ensuring that GOSH was compliant with the nationally mandated deadline. Following this focus would be placed on procuring an overarching risk management system which would support a number of areas. In response to the internal audit of the harm review process the revised process had been reviewed by the Executive Management Team and would form part of Directorate Performance Review Meetings.

### **Preparedness: Update on Emergency Planning/ Business Continuity Annual Report 2022/23: (BAF Risk 8: Business Continuity)**

Gold command training had taken place internally with a revised scope focusing on the support which would be received from the Integrated Care System (ICS). The ICS had come to GOSH to support the training. Learning from the live testing of plans over the previous year had identified the need to add additional action plans around staff shortages, weather and transport.

### **Procurement Waivers**

The Committee noted the procurement waivers and the focus that was being made in improving rigour in the process.

### **Losses and Write offs**

The Committee noted the losses and ex-gratia payments.

### **Local Counter Fraud Specialist (LCFS) Annual Report 2022/23**

The Trust's functional standard self-assessment would be submitted with an overall green rating which was comprised of 11 green rated standards and one amber related to declarations of interest. GOSH was not an outlier in this respect and the Trust had a policy and processes in place for capturing and raising the profile of the process.

The Committee approved the counter fraud workplan for 2023/24.

### **Review of Non-Audit work conducted by the External Auditors**

The Committee noted that no non-audit work had been undertaken by the external auditors.

### **Assurance of compliance with the Bribery Act 2011**

The update was noted.

### **Compliance with Data Protection Act 2018**

The committee discussed the information governance actions around GOSH's Epic system being shared with another London Trust and it was noted that focus was being placed on analysing audit data from the 'break glass' process.

Attachment: I

### **Raising Concerns in the Workplace Update**

No new cases had been raised since the last meeting. The Raising Concerns in the Workplace (Whistleblowing) Policy was in the process of being reviewed in order to bring together the various routes for raising concerns in the Trust. The Committee emphasised the importance of concerns being triaged and allocated to the correct process and that issues could be escalated where necessary.

### **Revised Assurance and Escalation Framework**

The Committee approved the revised assurance and escalation framework.

### **Governor feedback**

Feedback was received from one Governor who observed the meeting and welcomed the robust discussions and broad conversations which had taken place as well as the positive culture in the meeting. Discussion took place around the sustainability BAF risk which was a key matter for Governors, and it was agreed that consideration would be given to the environmental impact of the write off of medications in future reports.

## AUDIT COMMITTEE

Thursday 8 June 2023, 9:00am – 12:00 Noon (in person/ hybrid),  
Great Ormond Street Hospital for Children, Great Ormond Street,  
London WC1N 3JH

### AGENDA

	Agenda Item	Presented by	Attachment	Time
1	Apologies for absence  Declarations of Interest	Chair	Verbal	9:00am
2	Minutes of the meeting held on 20 March 2023	Chair	A	
3	Matters arising and action point checklist	Chair	B	
4.	Trust Board assurance committee updates <ul style="list-style-type: none"> <li>Quality, Safety and Experience Assurance Committee – March 2023</li> <li>People and Education Assurance Committee – May 2023</li> <li>Finance and Investment Committee –March and May 2023</li> </ul>	Matthew Shaw, Chief Executive  Gautam Dalal, NED and PEAC member  Suzanne Ellis, FIC Chair	C  D  E	9:05am
<b><u>ANNUAL ACCOUNTS AND ANNUAL GOVERNANCE STATEMENT</u></b>				
5.	Chief Financial Officer's review of the Annual Financial Accounts 2022/23, including the Going Concern assessment	Chief Finance Officer	F	9:15am
6.	Internal Audit Progress Report  Internal audit: Head of Internal Audit Opinion and Internal Audit Charter  Draft Internal Auditor Annual Plan 2023/24	KPMG	G	9:30am
7.	Status report to the Audit Committee on the 2022/23 audit  Including: Representation Letter in relation to the accounts and quality report for the year ended 31 March 2023	Deloitte	H  I	9:45am
8.	Annual Financial Accounts 2022/23	Chief Finance Officer	J	10:00am



## Attachment: I

9.	<b>GOSH Draft Annual Report 2022/23 including:</b> <ul style="list-style-type: none"> <li>• Annual Governance Statement</li> <li>• Annual Audit Committee Report</li> </ul>	Company Secretary	<b>K</b>	<b>10:10am</b>
	<b><u>RISK</u></b>			
10.	<b>Board Assurance Framework Update following the Risk Assurance and Compliance Group (RACG)</b>	Company Secretary	<b>N</b>	<b>10:20am</b>
11.	<b>Board Assurance Framework Deep Dives: BAF Risk 5: Unreliable data</b>	Head of Performance and Director of ICT	<b>Verbal</b>	<b>10:30am</b>
12.	<b>Compliance with Trust Risk Management Policy</b>	Business Manager, Medical Directorate	<b>O</b>	<b>10:45am</b>
13.	<b>Preparedness: Update on Emergency Planning/ Business Continuity Annual Report 2022/23 (BAF Risk 8: Business Continuity)</b>	Emergency Planning Officer	<b>P</b>	<b>10:55am</b>
14.	<b>Procurement Waivers</b>	Chief Finance Officer	<b>Q</b>	<b>11:05am</b>
15.	<b>Losses and Write offs</b>	Chief Finance Officer	<b>R</b>	<b>11:10am</b>
	<b><u>COUNTER FRAUD</u></b>			
16.	<b>Local Counter Fraud Specialist (LCFS) Annual Report 2022/23</b>	Counter Fraud Officer	<b>S</b>	<b>11:20am</b>
	<b>Local Counter Fraud Specialist (LCFS) Workplan 2023/24</b>		<b>T</b>	
	<b><u>GOVERNANCE</u></b>			
17.	<b>Review of Non-Audit work conducted by the External Auditors</b>	Chief Finance Officer	<b>U</b>	<b>11:30am</b>
18.	<b>Assurance of compliance with the Bribery Act 2011</b>	Chief Finance Officer	<b>V</b>	<b>11:35am</b>
19.	<b>Raising Concerns in the Workplace Update</b>	Deputy Director of HR and OD	<b>W</b>	<b>11:40am</b>
20.	<b>Compliance with Data Protection Act 2018</b>	Company Secretary	<b>X</b>	<b>11:45am</b>
21.	<b>Revised Assurance and Escalation Framework</b>	Company Secretary	<b>Y</b>	<b>11:55am</b>
22.	<b>Any Other Business</b>	Chair	<b>Verbal</b>	<b>12 Noon</b>
23.	<b>Next meeting: Wednesday, 20<sup>th</sup> October 2023 at 10:00am – 1:00pm</b>			

## Finance and Investment Committee Update

Since the last report to Council on there has been one meeting of FIC as follows:

Date Meeting type	Summary of meeting purpose
12May 2023 Scheduled meeting	A standard agenda: Finance report, Performance report, Capital Projects update as well as an update on Trust procurement, Sustainability and a first review of the Board Assurance Framework (BAF) risks allocated to the Committee.

This report summarises the key developments and discussions arising from the 12 May 2023 meeting. For a copy of the minutes please contact Paul Balson, Head of Corporate Governance ([Paul.Balson@gosh.nhs.uk](mailto:Paul.Balson@gosh.nhs.uk)).

### 2023/24 annual plan update

Discussions between NHS England and partner NHS organisations in North Central London regarding the 23/24-year end position were ongoing. GOSH had been asked to provide an additional £600k of savings against the current submitted “breakeven” plan. The basis of the 2023/24 plan assumed no further industrial action. The Committee requested further information before approving the final position.

The Committee discussed the challenges arising from the year-end position setting process, the risks it posed to Trust culture and system wide implications.

### Finance report Month 12 (March data)

The Committee reviewed the unaudited year end position. Key points raised included:

The Trust ended the year £600K favourable to plan (a £10.0m control total deficit actual against a planned £10.6m)

The year end position was positively affected by robust activity performance for I&PC

The Better Value programme had delivered £16.1m of savings across all Directorates

The Committee thanked the wider organisation and especially the finance and operational teams for the better than planned year end 2022/23 position.

### Performance report Month 12 (March data)

The Performance Team had developed a weekly Bed occupancy report to ensure the Trust will be able to balance both reducing the NHS backlog and increasing I&PC income.

The Trust were looking into changing the Trust’s model of care to efficiently provide capacity for urgent case and the likely impact of further strike action on activity.

The Committee reviewed the overall ‘long waits’ position as well as several directorates’ action plans and improvement trajectories. It was noted that a number of specialties were achieving their constitutional targets.

### Sustainability

The Committee reviewed the Trusts baseline assessment of its carbon creation and noted that 93% of the total came from energy usage. The Committee reiterated the Trust’s commitment to the climate

emergency and endorsed in principle (pending a future business case) the large-scale change of switching the Trust from gas fired combined heat & power to electric; as well as the smaller scale changes (e.g., energy efficient lightbulbs) required to achieve its targets.

The Non-Executive Directors felt that staff engagement in sustainability initiatives was very positive.

### Procurement update

The Committee received its annual update on procurement savings and developments.

The current macro environment is driving price increases for the Trust (where medical consumables typically increased in price by 10-15%) and other some operational issues between the inhouse and Guy's and St Thomas' NHS Foundation Trust shared service elements of the service had presented challenges for the team.

Work was underway to improve the way product safety alerts are implemented and find efficiencies in estates purchasing processes.

The Committee requested that the Chief Finance Officer and Interim Director of Space and Place consider methods for securing the most optimised energy terms moving forward and that future reports include a dedicated section on Environmental, Social and Governance (ESG) considerations.

### Children's Cancer Centre

The Committee received an overview of key milestones to date, the immediate risks and mitigations as well as the ongoing engagement work. The Committee also noted the progress made on tracking the project's risk profile as milestones were achieved and metrics for measuring 'CCC construction disruption'.

### Major projects

The Committee noted progress on all major projects at the Trust.

### Annual report

The Committee approved its annual report for inclusion in the annual report and accounts.

### Board Assurance Framework (BAF)

The Committee agreed the following actions for the BAF risks allocated to it:

#### BAF Risk 1 Financial Sustainability

- No change to the current risk score given the challenges in the system.

#### New BAF risk: I&PC activity

- The Committee agreed to *split out* a new risk from BAF Risk 1: *The risk that the financial sustainability of the Trust is significantly impeded by a failure to deliver IP&C and commercial contribution targets.*

#### BAF Risk 15: Children's Cancer Centre

- The Committee agreed to take responsibility for reviewing the risk.

### Feedback from Governor observers

Two Governors (Public London and Parent London) observed the May meeting. They provided post-meeting feedback to the Chair and other Non-Executive Directors as follows:

The meeting was well Chaired and covered alot of topics.

The Council of Governors would appreciate an update on several of the topics - the Corporate Affairs Team would look at ways to facilitate this.

The Procurement report was well received and Governors were assured that NEDS had probed management on considerations around the impact of changes to law and EU standards on medical equipment.

The sustainability agenda has progressed - Governors and NEDs would be vigilant for 'Green washing'

The Council will request a session to increase understanding on how the Trust will be able to increase I&PC activity without any detriment to NHS patients

**End**

## Council of Governors

05 July 2023

### Appointment of a Lead Governor and Deputy Lead Governor

#### Summary & reason for item

The Lead Governor and Deputy Lead Governor roles are appointed on an annual basis. The principle responsibilities of the Lead Governor are to act as the point of contact between the Governors and NHS England (when required) and support the Chair in maintaining a good relationship between the Council of Governors and the Trust Board. The role of the Deputy Lead Governor is to support the Lead Governor in these duties and deputise from them when necessary.

The selection process for the Lead Governor and Deputy Lead Governor was approved by Council on 20 April 2023. It was agreed that following the meeting, a call for nominations would be circulated within the Governor newsletter and that the window for nominations would close at 5:00pm on Wednesday 21 June 2023. At closure of the nomination window the following candidate nominated themselves for Lead Governor:

- Beverly Bittner-Grassby, Parent/Carer from London Governor

#### Lead Governor

As there was only one nomination for Lead Governor, the Council of Governors is asked to approve the appointment of Beverly Bittner-Grassby as Lead Governor for a further 12 months.

The nomination statement is available as **appendix 1** in your separate information pack.

#### Deputy Lead Governor

No nominations were received for Deputy Lead Governor. Whilst there is a requirement in the Code of Governance for governors to appoint a Lead Governor, there is not a requirement for a Deputy Lead Governor and the decision to have this role was previously made by the Council of Governors. The Council of Governors is asked to discuss and consider whether this role is still required. A copy of the role description is attached as **appendix 2** in your separate pack.

#### **Governor action required:**

- The Council is asked to approve the appointment of Lead Governor.
- The Council is asked to discuss and consider whether the to continue having the Deputy Lead Governor role.

#### **Report prepared by:**

Natalie Hennings, Deputy Company Secretary

#### **Item presented by:**

Dr Anna Ferrant, Company Secretary.

## Council of Governors

05 July 2023

### Appraisal process for the Chair and Non-Executive Directors and the role of Governors

#### Summary & reason for item:

This purpose of this paper is to introduce the process for annually appraising the Chair and Non-Executive Directors and to highlight the role of governors within the process.

The Council of Governors last approved this process and framework at the July 2022 Council of Governors' meeting. The process follows [NHS England's framework for conducting annual appraisals of NHS Provider Chairs](#), which was last updated in April 2023 and the same as the process followed for 2021/22.

The appraisal process involves requesting feedback from governors on the performance of the Chair and NEDs during the year. Last year we updated the governors feedback pro-forma, so it was easier to understand and less formal, which was preferred by governors.

This paper has the following appendices to support the process:

- **Appendix 1:** Chair and NED competencies
- **Appendix 2:** Chair stakeholder assessment form
- **Appendix 3:** Governors' feedback pro-forma
- **Appendix 4:** GOSH Chair and NED biographies.

#### Governor action required:

- To agree the extension to the appraisal window for NEDs, to enable the new Chair to settle into the Trust and work alongside the NEDs before the Chair undertakes their performance reviews.
- To note the NED appraisal process and role of governors in it.
- To note that appraisals are conducted annually; a timetable is attached.

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

**Presented by:** Dr Anna Ferrant, Company Secretary

## Appraisal of GOSH Chair and Non-Executive Directors (NEDs)

The GOSH Chair and NED appraisal process is aligned to NHS England’s guidance on the appraisal of Chairs in the NHS. This guidance was last updated in April 2023 and there are no significant changes to the process followed by GOSH – only general small amendments to wording.

The Council of Governors approved this process and framework at the July 2022 Council of Governors’ meeting, and we propose to continue with the same process in line with guidance. Below is a summary of the appraisal process which involves requesting feedback from governors on the performance of the Chair and NEDs during the year.

### Summary of Chair appraisal process

<b>Stage 1</b>	Appraisal preparation
The <u>Senior Independent Director (SID)</u> is provided with the appraisal framework criteria and approved Chair competencies (see <b>Appendix 1 – in separate pack</b> ).	
<b>Stage 2</b>	Multisource assessment
<p>Assessments of chair’s effectiveness sought from a range of stakeholders; to include:</p> <ul style="list-style-type: none"> <li>• Governor feedback: The Lead Governor asks fellow governors to provide informal, anonymous, and confidential feedback on the performance of the Chair (in his role as Chair of the Council) to inform the appraisal process using pro-forma (example at <b>Appendix 2 - in separate pack</b>). The Lead Governor reports the governors’ feedback to the SID.</li> <li>• Executive Director feedback: The Executive Directors provide informal, anonymous and confidential feedback via the Company Secretary directly to the SID about the Chair.</li> <li>• Non-Executive Director feedback: The NEDs provide informal, anonymous and confidential feedback directly to the SID about the Chair.</li> <li>• External partner feedback: Assessments of the Chair’s effectiveness is also sought from stakeholders who represent external partner organisations (in agreement with the Chair). Last year, the following stakeholders were contacted for feedback: <ul style="list-style-type: none"> <li>• Chair of the Trustees, GOSH Children’s Charity</li> <li>• Chair of UCL Partners</li> </ul> </li> </ul> <p>Consideration will need to be given to feedback from the integrated care system (North Central London) for this appraisal cycle.</p>	
<b>Stage 3</b>	Evaluation
All the multisource assessment is collated and shared with the Senior Independent Director ahead of the appraisal meeting.	
<b>Stage 4</b>	Appraisal and output
<ul style="list-style-type: none"> <li>• The <u>Senior Independent Director (SID)</u> appraises the Chair against the appraisal framework criteria and approved Chair competencies and collated stakeholder feedback.</li> <li>• An appraisal pro-forma is completed during the appraisal.</li> </ul>	

- Should any disagreement arise between the SID/ Chair on the results of the appraisal, the SID will provide a written summary of the difference. This will be presented to the Council of Governors’ Nominations and Remuneration Committee and reported to the Council for noting.
- A summary report is submitted to the Council of Governors’ Nominations and Remuneration Committee, with a proposal to recommend the outputs to the Council for approval.
- The Council of Governors’ Nominations and Remuneration Committee reports to the Council with the outputs and its recommendations.

Summary of NED appraisal process

<b>Stage 1</b>	Appraisal preparation
The <u>Chair</u> is provided with the appraisal framework criteria and approved NED competencies (see <b>Appendix 1- in separate pack</b> ).	
<b>Stage 2</b>	Multisource assessment
Assessments of NEDs effectiveness sought from a range of stakeholders; to include: <ul style="list-style-type: none"> <li>• Governor feedback: The Lead Governor asks fellow governors to provide informal, anonymous, and confidential feedback on the performance of the NEDs to inform the appraisal process using pro-forma (see <b>Appendix 3- in separate pack</b>). The Lead Governor reports the governors’ feedback to the Chair.</li> <li>• Executive Director feedback: The Executive Directors provide informal, anonymous and confidential feedback via the Chief Executive directly to the Chair about the NEDs</li> </ul>	
<b>Stage 3</b>	Appraisal and output
<ul style="list-style-type: none"> <li>• The Chair individually appraises each non-executive director (NED) against the appraisal framework criteria and approved NED framework and competencies and collated stakeholder feedback.</li> <li>• An appraisal pro-forma is completed during the appraisal by the Chair.</li> <li>• Should any disagreement arise between the Chair/ NED on the results of the appraisal, the Chair will provide a written summary of the difference. This will be presented to the Council of Governors’ Nominations and Remuneration Committee and reported to the Council for noting.</li> <li>• A summary report is submitted to the Council of Governors’ Nominations and Remuneration Committee for each NED appraised, with a proposal to recommend the outputs to the Council for approval.</li> <li>• The Council of Governors’ Nominations and Remuneration Committee reports to the Council with the outputs and its recommendations.</li> </ul>	

Governor’s feedback pro-forma

Last year we updated the governors feedback pro-forma, so it was easier to understand and less formal, which was preferred by governors.



Attachment: L

### Timetable for Chair and NED appraisals

As outlined above, the appraisal framework involves requesting feedback from governors on the Chair and NEDs' performance (6 NEDs). Last year the timetable for the appraisal of the Chair and NEDs was brought together in November to enable all our new governors sufficient time to meet the NEDs or observe them at Board and assurance committee meetings to be able to provide meaningful feedback as part of the process.

As the appraisal process falls over a period when our GOSH Chair is changing, it was discussed and

It is proposed that:

- Ellen Schroder (incoming Chair) is appraised by the SID in April 2024
- Ellen Schroder (incoming Chair) conducts the appraisals and objective setting for each Non-Executive Director in April 2024. It is proposed that Sir Mike Rake (outgoing Trust Chair) provides feedback on each Non-Executive Directors' performance over the last year to Ellen Schroder (including potential areas for development) before the end of his term in office (31 October 2023).

This timetable will enable the Chair time to settle into the Trust prior to an appraisal and work alongside the NEDs before undertaking their performance reviews.

The following timetable is proposed:

Name	Role	Appraisal timetable for reporting to Council of Governors	Appraisal window
Ellen Schroder	Chair	April 2024	Objective setting: and review of tenure: 1 November 2023 – 31 March 2024
Amanda Ellingworth	NED	April 2024	1 October 2022 – 31 March 2024
Chris Kennedy	NED	April 2024	
Kathryn Ludlow	NED	April 2024	
Russell Viner	NED	April 2024	
Suzanne Ellis	NED	April 2024	
Gautam Dalal	NED	April 2024	


### NED biographies and roles on board committees

As a reminder and particularly for our newer governors we have included biographies of all our NEDs (**Appendix 4 - in separate pack**)

#### **Action for Governors:**


- To agree the extension to the appraisal window for NEDs, to enable the new Chair to settle into the Trust and work alongside the NEDs before undertaking their performance reviews.
- To note the NED appraisal process and role of governors in it.
- To note that appraisals are conducted annually and approve the revised timetable.



Appendix 4: GOSH Chair and Non-Executive Directors Biographies, other GOSH Committees and key roles

	<p><b>Amanda Ellingworth, Deputy Chair. Senior Independent Director and Non-Executive Director</b> Appointed: 1<sup>st</sup> January 2018</p>
	<p><b>Background and experience</b> Amanda was a senior social worker focusing on children and families before moving into Board level roles, including 12 years on the Board of a small Foundation Trust and Chair of a large housing association. Currently, Amanda is Trustee of Plan International UK. She was previously a Lay Advisor of the Royal College of Emergency Medicine and Deputy Chair of Barnardo’s, the major children’s charity.</p>
	<p><b>Other GOSH Board Committees and key roles</b> Amanda is Chair of the Quality, Safety and Experience Assurance Committee and a member of the following GOSH Board Committees:</p> <ul style="list-style-type: none"> <li>• People and Education Assurance Committee</li> <li>• Trust Board Nomination and Remuneration Committee</li> </ul> <p>Amanda has the following other key roles:</p> <ul style="list-style-type: none"> <li>• Senior Independent Director</li> <li>• Diversity and Inclusion Guardian</li> <li>• Board Creative Health Champion for GOSH Arts</li> </ul>

	<p><b>Chris Kennedy, Non-Executive Director</b> Appointed: 1<sup>st</sup> April 2018</p>
	<p><b>Background and experience</b> Chris Kennedy is a qualified accountant and is currently Chief Financial Officer (CFO) of ITV plc. Prior to this Chris was CFO of Micro Focus one of the largest pure-play software companies in the world and CFO of ARM Holdings plc, the UK’s largest listed technology company. He has spent the last 20 years in senior global, financial and commercial roles in a variety of sectors including 5 years at EasyJet. Chris spent 17 years at EMI as COO of EMI International running both the commercial and finance functions together with the growing digital music business, and later became CFO of the Group. Chris holds a degree in electrical sciences from Cambridge University.</p>
	<p><b>Other GOSH Board Committees and key roles</b> Chris is a member of the following GOSH Board Committees:</p> <ul style="list-style-type: none"> <li>• Audit Committee</li> <li>• Finance and Investment Committee</li> <li>• Trust Board Nomination and Remuneration Committee</li> </ul> <p>Chris has the following other key roles:</p> <ul style="list-style-type: none"> <li>• Sustainability NED Champion</li> </ul>

	<p><b>Kathryn Ludlow, Non-Executive Director</b> Appointed: 6<sup>th</sup> September 2018</p>
	<p><b>Background and experience</b></p> <p>Kathryn was, until April 2017, Partner at the leading firm Linklaters. Over a 30-year career with Linklaters, Kathryn worked in litigation, investigations and risk management, and is a well-regarded expert in dispute resolution. Her professional expertise has crossed many sectors including finance, banking, mining and telecoms. A pioneer in CSR, Kathryn was Linklaters’s first Global Pro Bono Partner and also Chaired the firm’s Corporate Responsibility Committee. Kathryn has taken this interest into her portfolio career, serving as Trustee of LawWorks, which provides free legal advice.</p> <p>Kathryn has also held various external board level roles including as Director of the Garden Bridge Trading Company and Trustee of Royal Courts of Justice Citizens Advice Bureau.</p>
	<p><b>Other GOSH Board Committees and key roles</b></p> <p>Kathryn is Chair of the People and Education Assurance Committee and a member of the following GOSH Board Committees:</p> <ul style="list-style-type: none"> <li>• Quality, Safety and Experience Assurance Committee</li> <li>• Trust Board Nomination and Remuneration Committee</li> </ul> <p>Kathryn has the following other key roles:</p> <ul style="list-style-type: none"> <li>• Speaking Up NED Champion (Whistleblowing)</li> <li>• Wellbeing NED Champion</li> </ul>

	<p><b>Russell Viner, Non-Executive Director</b> Appointed: 1 May 2020</p>
	<p><b>Background and experience</b></p> <p>Russell is currently a Chief Scientific Advisor to Department for Education from 2023, Vice-Chair of the NHS England Children and Young People’s Transformation Board, and Chair of the Stakeholder Council for the Children’s Transformation Board. He was also a member of the Scientific Advisory Group for Emergencies (SAGE) during the pandemic, advising on children and young people. Formally the President of the Royal College of Paediatrics &amp; Child Health (RCPCH) 2018- 2021 and current Professor of Adolescent Health at the UCL Great Ormond Street Institute of Child Health in London.</p> <p>He is a paediatrician who sees young people with diabetes each week at University College Hospital and directs the Department of Health Obesity Policy Research Unit. His research focuses on population health, policy and health services for children and young people. Russell is currently Vice-Chair of the NHS England Children and Young People’s Transformation Board, and Chair of the Stakeholder Council for the Children’s Transformation Board. He was also a member of the Scientific Advisory Group for Emergencies (SAGE) during the pandemic, advising on children and young people. Russell also has significant ‘hands-on’ experience within the NHS, having been Clinical Director in a busy teaching hospital and Clinical Director for children and</p>

	<p>young people for the NHS across London, responsible for leading healthcare strategy for London's 2 million children and young people.</p>
	<p>Other GOSH Board Committees and key roles          Russell is a member of the following GOSH Board Committees:</p> <ul style="list-style-type: none"> <li>• Quality, Safety and Experience Assurance Committee.</li> <li>• Trust Board Nomination and Remuneration Committee</li> </ul>
	<p><b>Gautam Dalal, Non-Executive Director</b>          Appointed: 1<sup>st</sup> July 2022</p> <p><b>Background and experience</b>          Gautam is a chartered accountant and spent most of his career at KPMG. He was a partner in KPMG London from 1990 to 2010. During this period, he helped establish KPMG's practice in India and was its Chairman and CEO from 2000 to 2003, based in Mumbai. On his return he was Founder-Director of the UK India Business Council and a member of the Asian Business Association. He was a trustee of the National Gallery and Chair of AMREF Health Africa in the UK and a director of the International Board of AMREF Health Africa, an NGO headquartered in Nairobi. He remains a member of the finance and audit committees of the National Gallery.</p> <p>Most recently, Gautam became a Trustee of Booktrust, the UK's largest children's reading charity. He also has previous experience working in healthcare as a Non-Executive Director of Barts Health NHS Trust from April 2012 until March 2022. Gautam is Non-Executive director of Moxico Resources Plc and Camellia plc.</p> <p>Other GOSH Board Committees and key roles          Gautam is Chair of the Audit Committee and a member of the following GOSH Board Committees:</p> <ul style="list-style-type: none"> <li>• Finance and Investment Committee</li> <li>• People and Education Assurance Committee</li> <li>• Trust Board Nomination and Remuneration Committee</li> </ul>
	<p><b>Suzanne Ellis, Non-Executive Director</b>          Appointed: 9<sup>th</sup> May 2022</p> <p><b>Background and experience</b>          Suzanne has over 20 years' experience in transformation and change in Health and Pharma. Over the last ten years, Suzanne has led the separation management office for the demerger of GSK and Haleon, launching a new standalone consumer healthcare company onto the UK stock exchange, headed up strategy, portfolio and transformation for Digital and Tech, run various Supply Chain Transformations, led two major company integrations, and been Head of New Product Innovation Introduction.</p> <p>Alongside these executive roles, Suzanne has been a Member of McKinsey's M&amp;A Council and a senior faculty presenter and facilitator since 2019. Suzanne holds an MSc in Information Management from Brunel University and an MA in Geography from the University of Cambridge.</p>

Attachment: L

	<p>Other GOSH Board Committees and key roles</p> <p>Suzanne is a member of the following GOSH Board Committees:</p> <ul style="list-style-type: none"><li>• Finance and Investment Committee</li><li>• Audit Committee</li><li>• Trust Board Nomination and Remuneration Committee</li></ul>
--	--

## Council of Governors

05 July 2023

### External Auditor Appointment Process

#### Summary & reason for item:

The Council of Governors is responsible for the appointment and removal of the Trust's External Auditors in line with the NHS Act 2006, Code of Governance and 'Your statutory duties' a reference guide for NHS Foundation Trust Governors (appendix 1 – see separate pack).

The role of the external auditor is to:

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

Following approval by the Council of Governors, the Trust awarded its external audit contract to Deloitte in April 2019 for three years with an option to extend the contract for a further one year plus one year. In February 2022 and February 2023, the Council of Governors approved both additional plus one-year extensions to the external auditor contract. The current contract, including extensions will come to an end at the conclusion of the 2023/24 final accounts audit and the Trust is required to engage in a procurement exercise.

The Trust is planning to procure all external assurance services: internal audit, external audit, counter-fraud, as part of one tendering exercise. The Trust's Audit Committee will be responsible for approving the appointment of internal audit and counter-fraud services.

This paper outlines the tender process for an external auditor and in particular the role of the Council of Governors in the appointment as part of their statutory duties.

#### Governor action required:

The Council of Governors is asked to:

- Approve the approach to procuring a new External Audit Service and the proposed timetable
- Governors who would like to join the Steering Group are asked to confirm their interest on email to Natalie Hennings, Deputy Company Secretary.

**Report prepared by:** Neil Redfern, Associate Director of Finance (Financial Control); Natalie Hennings, Deputy Company Secretary

**Item presented by:** John Beswick, Chief Finance Officer and Gautam Dalal, Audit Committee Chair

## External Auditor Appointment Process

### Introduction

The Council of Governors is responsible for the appointment of the Trust's external auditors. The Trust awarded its external audit contract to Deloitte in April 2019 for three years with an option to extend the contract for a further two years. In February 2022 and February 2023, the Council of Governors approved both additional plus one-year extensions to the external auditor contract with Deloitte. The current contract, including extensions will come to an end at the conclusion of the 2023/24 final accounts audit and the Trust is required to engage in a procurement exercise.

Since the Trust is required to engage in a procurement exercise to ensure that it has an external audit for 2024/25, this paper summarises the role of the Council of Governors in the appointment as part of their statutory duties.

### Governance for appointing an external auditor

As a foundation trust there are special requirements around the appointment of external auditors that need to be considered.

- The 2023 Code of Governance states:

*The external auditors of a foundation trust must be appointed or removed by the council of governors at a general meeting of the council.*

In addition:

- The Governors' Statutory Duties Guide state:

*The 2006 Act says that every NHS foundation trust must have an auditor that is appointed by the council of governors. The law states that it is for the council of governors to appoint or remove the auditor at a general meeting of the council.*

*That means the whole council of governors, rather than, for example, a committee or a working group, must appoint or remove the auditor.*

*Governors will need to do a lot of work to make sure they choose the right external auditor and monitor their performance. However, they are supported in this task by the audit committee, which provides information to the governors on the external auditor's performance as well as overseeing the NHS foundation trust's internal financial reporting and internal auditing.*

- The Standing Financial Instructions (SFIs) state:

*1.3.1 The external auditor is appointed by the Council of Governors. The Audit Committee must ensure a cost-efficient service.*

*1.3.2 The Auditor shall be required by the Trust to comply with the Audit Code for NHS Foundation Trusts.*



*3.1.2 The Trust's annual accounts must be audited by an independent external auditor appointed by the Council of Governors.*

- The Trust's Constitution states:

*38. Auditor*

*38.1 The Trust shall have an auditor.*

*38.2 The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.*

*The Council of Governors will need to meet to be advised of the proposal to end the contract (noting that the Council "remove" an auditor) if it is the decision of the Audit Committee to approve re-tendering.*

### **Process and Timetable**

For the reasons already detailed in this paper the Trust needs to initiate a tender process for an external auditor for the financial year 2024/25.

It is important the Trust has a good quality robust process in place for the appointment process and given that the final decision on the appointment rests with the Council of Governors, it is important that the Trust ensures the Council is able to make a fully informed decision.

The 2006 Act proposes the Audit Committee will run the process, which consists of a number of key stages, starting with the trigger for action (this paper) and followed by the steps detailed in **Appendix 2**, which also includes an indicative timetable.

The process will use a framework, determined by the Trust Head of Procurement. This framework will have a reasonable selection of bidders, including recognised firms with extensive NHS foundation trust experience.

It is proposed a Steering Committee is established to oversee the procurement process. This will comprise of:

- Chair of the Audit Committee
- Another NED on the Audit Committee
- **Two Trust Governors**
- Chief Finance Officer
- Company Secretary (advisory)
- Head of Procurement (advisory)

The two Governors will observe that the process runs according to that agreed by the Council and will meet bidders and score presentations along with the two NED members of the panel. The two governors represent the views of the Council of Governors throughout the process with the final recommendations being presented to the November 2023 Council meeting for approval.

### **Governor action required:**

- Approve the approach to procuring a new External Audit Service and the proposed timetable
- Governors who would like to join the Steering Group are asked to confirm their interest on email to Natalie Hennings, Deputy Company Secretary.

**Appendix 2: External Auditor Appointment Process****Timescale and process for appointment of external auditors**

Action	Timetable
Approval of the process for appointment of external auditors from the Council of Governors At meeting, seek nominations for two governors to sit on the panel and evaluate external auditor bids	Council of Governors Meeting 05 July 2023
Establish a Steering Group	July 2023
Public tender documents and notices	August 2023
Deadline for clarification questions	August 2023
Tenders received	September 2023
Final evaluation Panel	October 2023
Approval of recommended external auditor appointment by the Council of Governors	November 2023
10-day mandatory 'Standstill' period	November 2023
Contract Award - Appointment of Preferred Bidder	December 2023
Contract Start Date	April 2024



**Council of Governors**

**5 July 2023**

**Questions for Council self-assessment of effectiveness survey 2023**

**Summary & reason for item**

This paper asks Council to amend / add / approve the questionnaires that will inform the Council's assessment of effectiveness.

**Attachments**

- Full list of questions for the Council's self-assessment of effectiveness survey 2023

**Governor action required**

- Approve the questions, process and timeline for the Council self-assessment of effectiveness survey 2023

**Report prepared by**

Paul Balson, Head of Corporate Governance

**Item presented by**

Paul Balson, Head of Corporate Governance

## Background

The Code of Governance for Provider Trusts, under section 4. [Board appointments: provisions applicable to both NHS foundation trusts and NHS trusts](#) states that:

4.8 Led by the chair, foundation trust councils of governors should periodically assess their collective performance and regularly communicate to members and the public how they have discharged their responsibilities, including their impact and effectiveness on:

- holding the non-executive directors individually and collectively to account for the performance of the board of directors
- communicating with their member constituencies and the public and transmitting their views to the board of directors
- contributing to the development of the foundation trust's forward plans.

The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice.

The Council has interpreted 'periodically' to be every 18 months. The last Council of Governors' review of effectiveness was undertaken in November 2021.

## Council self-assessment of effectiveness survey 2023

The Council's assessment for 2023 will be informed by two questionnaires:



The questions were informed by requirements in the Code of Governance, previous Council surveys (so we can measure responses against previous surveys), the GOSH Constitution and other Foundation Trust surveys.

*Attached as an appendix for consideration by the Council are both sets of questions.*

## Timeline

After receiving approval from the July Council, the questionnaires will be distributed on **Wednesday 12 July 2023**.

The Corporate Affairs Team will strive for a 100% return rate, with a submission deadline of **Friday 1 September 2023 at 5.00pm**.

Once gathered, the results will be examined by the Corporate Affairs Team and presented to the Constitution and Governance Working Group (CGWG) in mid-September 2023 for further discussion and proposal of recommendations.

## Attachment N

Subsequently, a final report summarising the key findings and recommendations will be presented to the November 2023 Council of Governors' meeting.

The Council will then monitor the progress of implemented actions until completion.

The review of the Council's effectiveness will be repeated in February 2025.

**Action required:** The Council of Governors are asked to **approve** the two questionnaires that will inform 2023's assessment of effectiveness.

## Questions for Governors

Area	#	Question	Answer options
Governance, structure and composition of the Council of Governors	1	<p>I have a good understanding of my role and responsibilities as a member of the Council of Governors:</p> <ul style="list-style-type: none"> <li>a. In holding the non-executive directors individually and collectively to account for the performance of the board.</li> <li>a. In communicating with member constituencies and the public and transmitting their views to the board.</li> <li>b. In contributing to the development of the Trust's forward plans, strategy and annual report and accounts.</li> </ul>	<p>Yes – No Yes – No Yes – No</p> <p>Please provide more information</p>
	2	<p>I understand the difference between:</p> <ul style="list-style-type: none"> <li>a. the role of the Council and the role of the Trust Board.</li> <li>b. The role of an Executive Director and Non-Executive Director.</li> </ul>	<p>Yes – No Yes – No</p> <p>Please provide more information</p>
	3	The Council of Governors has an appropriate membership (in terms of number of Governors and Constituencies).	<p>Yes – No</p> <p>Please provide more information</p>
	4	<p><b>Committees of the Council of Governors</b></p> <p>The Council Committees are appropriate in structure and composition to contribute to the role and responsibilities of Governors.<sup>1</sup></p>	<p>Yes – No Yes – No</p> <p>Please provide more information</p>
Contribution of the Council of Governors	5	Name one thing that has changed/ improved at GOSH as a result of the contribution of Governors – either at Council meetings, Council committee meetings, Board Assurance Committees, Board meetings or any other means.	Free text
	6	<p>Governors are provided with</p> <ul style="list-style-type: none"> <li>a. sufficient information to know what the key risks and challenges facing the organisation are.</li> <li>b. sufficient guidance and background information when asked to make decisions</li> <li>c. sufficient information to inform consultation on the development of the Trust's forward plans and annual business plan.</li> </ul>	<p>Yes – No Yes – No Yes – No</p> <p>Please provide more information</p>

<sup>1</sup> Membership, Engagement Recruitment and Representation Committee, Constitution and Governance Working Group, Nominations and Remuneration Committee and Sustainability Working Group.

## Attachment N

Area	#	Question	Answer options
	7	Governors are provided with: <ol style="list-style-type: none"> <li>a. an opportunity to observe the Assurance Committees <sup>2</sup></li> <li>b. an opportunity to follow up issues arising from the Board Assurance Committees with Non-Executive Directors (usually at the end of the committee meetings).</li> </ol>	Yes – No Yes – No Please provide more information
	8	Governors are provided with the meeting papers for the Assurance Committees of the Trust Board sufficiently in advance.	Yes – No Please provide more information
	9	Governors have appropriate access to the Chair, the Board, the Senior Independent Director (Amanda Ellingworth) and Whistleblowing Lead (Kathryn Ludlow).	Yes – No Please provide more information
	10	The Trust Board has regard for the views and contribution of the Council of Governors.	Yes – No Please provide more information
Management of the Council of Governors Meeting	11	Governors have the opportunity to influence the Council of Governors' meeting agendas.	Yes – No Please provide more information
	12	The Council of Governors' papers provide the right amount of information and are circulated with sufficient time for review.	Yes – No Please provide more information
	13	With respect of Council of Governor meetings: <ul style="list-style-type: none"> <li>• Meetings are chaired effectively</li> <li>• Agenda items are properly introduced</li> <li>• Appropriate time is allocated to discuss fully</li> <li>• Discussions and decisions are appropriately summarised</li> <li>• Governors are given the opportunity to bring up a topic or ask a question that is not on the meeting agenda.</li> </ul>	Yes – No Yes – No Yes – No Yes – No Yes – No Please provide more information
	14	Actions agreed at the Council of Governors are followed up and reported back at the next meeting	Yes – No Please provide more information
	15	I am aware of the Governor attendance and mandatory training standard operating procedure (SOP) and its content	Yes – No Please provide more information
Culture and	16	Council meetings work well - In your answer consider: <ul style="list-style-type: none"> <li>• You can freely contribute to discussions and meetings are not dominated by individual Governors.</li> </ul>	Yes – No Yes – No Yes – No Please provide more information

<sup>2</sup> Audit Committee, Quality, Safety Experience Assurance Committee, People and Education Assurance Committee and Finance and Investment Committee



## Attachment N

Area	#	Question	Answer options
		<ul style="list-style-type: none"> <li>• Conversations are appropriate and productive</li> <li>• Also, highlight what works well!</li> </ul>	
	17	Governors received relevant and appropriate induction training that prepared them to undertake the role and continue to receive relevant, appropriate training at Development Sessions.	Yes – No Please provide more information
	18	<p>The private sessions between the:</p> <ul style="list-style-type: none"> <li>a. Chair and Council are beneficial to a Governors' role.</li> <li>b. Lead Governor and Governors are beneficial to a Governors' role.</li> </ul> <p>If you disagree, please state how you think these could be improved.</p>	Yes – No Yes – No Please provide more information
Final comments	19	What do you wish you knew at the beginning of your tenure that you know now and what advice would you give to new Governors starting in February 2023?	Free text
	20	Do you have any other recommended changes, comments or observations related to the effectiveness of the Council of Governors or anything else?	Free text

## Questions for the NEDs Chief Executive and Chief Finance Officer

To inform a full evaluation of the Council of Governors' performance, feedback from the NEDs (who the Council of Governors' hold to account for the performance of the Board) and the Executive Directors will be valuable.

Area	Question	Answer options
1 Governance, structure and composition of the Council of Governors	Governors understand <ol style="list-style-type: none"> <li>a. the difference between the role of the Council and the role of the Trust Board.</li> <li>b. the difference between the role of an Executive Director and Non-Executive Director.</li> </ol>	Yes – No Yes – No Please provide more information
2 Contribution of the Council of Governors	1. The Trust Board has regard for the views and contribution of the Council of Governors.	Yes – No Please provide more information
	2. Name one thing that has changed a result of the contribution of Governors – either at Council meetings, Board Assurance Committees or Board meetings	Free text
3 Management of the Council of Governors' Meeting	With respect of Council of Governor meetings: <ul style="list-style-type: none"> <li>• Meetings are chaired effectively</li> <li>• Agenda items are properly introduced</li> <li>• Appropriate time is allocated to discuss fully</li> <li>• Discussions and decisions are appropriately summarised</li> <li>• Governors are given the opportunity to bring up a topic or ask a question that is not on the meeting agenda.</li> </ul>	Yes – No Yes – No Yes – No Yes – No Please provide more information
4 Council of Governors' effectiveness	5 The Council is effective in performing its roles: <ol style="list-style-type: none"> <li>a) In holding the non-executive directors individually and collectively to account for the performance of the board of directors.</li> <li>b) Communicating with member constituencies and the public and transmitting their views to the board of directors.</li> <li>c) Contributing to the development of the Trust strategy, annual report and accounts, etc.</li> </ol>	Yes – No Yes – No Yes – No Please provide more information
6 Final comments	6 What changes (if any) to the management or development of the Council of Governors would you recommend that would make it more effective moving forward?	Free text box

## Council of Governors

05 July 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. Governors Sustainability Working Group

The Governors Sustainability Working Group is due to be held on held on 05 June 2023

#### 2. Council of Governor Committee Memberships

Nominations received for committee memberships are listed along with a final call for members where vacancies remain, including the Membership, Engagement Recruitment and Representation Committee and the Constitution and Governance Working Group.

#### 3. Changes to Governors

Since the last meeting, Olivia Burlacu has stepped down, effective from 05 June 2023. Olivia's position as a Patient Governor from Home Counties will be subject to a 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. Governors Sustainability Working Group

The Governors Sustainability Working Group was held on 05 June 2023 and discussed the following topics:

**Hearing from the GOSH Children's Charity on sustainability considerations and elements:** As requested by the Group were joined by Senior Philanthropy Manager and Director of Property and Redevelopment from the GOSH Children's Charity. They explained that the Charity are on a journey in response to the hospitals climate change emergency and are working on their own Environmental, Social and Governance (ESG) agenda which aims to set out more clearly how the Charity will engage with potential donors.

Having committed to raising £300m for the new Children's Cancer Centre (CCC), it is very important for the Charity to understand the sustainability aspects of the CCC, particularly as donors are keen to know about these elements.

There are two areas that the Charity have helped to fund in relation to sustainability and these include the Zero Pathways Investigation which looks into the hospital use of energy and the challenges of delivery the net zero carbon goals; and the work on the public realm, including the designs and feasibility for the potential different use of Great Ormond Street in the future.

Governors were surprised to learn that not many donors are putting sustainability restrictions on their funds but recognised that GOSH has shown its public commitment to sustainability and therefore many donors could be trusting the GOSH brand to deliver its declaration and understand it is already high on the hospital's agenda.

The Charity engage with the hospital on their sustainability agenda and regularly attend the Sustainability Programme Board and work closely with the Head of Sustainability and Environmental Management.

**Sustainability Delivery Update:** Nick Martin, Head of Sustainability and Environmental Management gave a delivery update and confirmed the sustainability Programmes of Work continue to progress. Examples include:

- Digital Transformation: the latest Sustainability Podcast is now live and encouraged governors to listen to the latest and previous episodes.
- Our Staff: The latest figures show that more staff are taking part in the Sustainability AimHi training through the GOSH Learning Academy.
- Medicines Management: A session on anti-microbial resistance is being led by GOSH in July 2023. This initiative will form a key part of the hospitals carbon footprint in the future.
- Public Realm: A second stakeholder session is due to be held to discuss how Great Ormond Street can be transformed in the future. There is also another Play Street scheduled for September 2023 and planning is underway.

A paper was recently presented at the Finance and Investment Committee on the decarbonisation of the Trusts estate by 2030. A more detailed business case is now developed on specific elements including further work to further expand actions around energy. It was agreed that the Interim Director of Space and Place would be invited to the next Governors Sustainability Working Group to give an overview on the decarbonisation of the estate.



**Digital Transformation Sustainability Programme of Work (POW) Update:** The Group heard from Anne Belcher, Chair of the Digital Transformation POW and gave an overview of the projects they are working on including:

- Procuring an upgraded building management system that will better support the Trust in monitor its energy usage in greater depth.
- Implementing a carbon management software system and dashboard for data collection, tracking analysis and reporting.
- Building a geo mapping functionality into Epic (patient record system) to enable air pollution by postcode to be available to clinicians.
- Working with the communications team to improve the sustainability information available on the intranet to encourage staff to get more involved.
- Looking at projects to reduce the use of paper, such as sending letters to GPs using electronic systems instead.

The next Governors’ Sustainability Working Group is scheduled for 12 October 2023 and a summary of the meeting will be reported to the Council of Governors in November 2023.

## 2. Council of Governor Committee Memberships

At the April 2023 Council meeting, Governors were provided with details of the four Council Committees and working groups that they could join, these include:

- Nomination and Remuneration Committee
- Membership, Engagement, Recruitment and Retention Committee
- Constitution and Governance Working Group
- Governors Sustainability Working Group.

Governors were invited to nominate themselves to become members of these Committees in the May and June 2023 governor newsletters.

The below tables detail the nominations received, how they satisfy the membership requirements and details of next steps required.

### Nominations and Remuneration Committee

#### Summary

The Committee works to consider skills and experience required in our Non-Executive Directors (NEDs); nominates, interviews and recommends appointment of our Non-Executive Directors; monitors the output from the NED appraisal process and recommends this to the Council; and determines Non-Executive Directors’ remuneration while in post.

Four nominations were received.

Membership requirement	
Lead Governor	Beverly Bittner-Grassby (pending the Council of Governors approval of the Lead Governor election outcome) will join the Committee as Lead Governor
	As one of the two nominees, John Hardy is <b>CONFIRMED</b> as a member of the group

Two governors from the public constituency and/or the patient and carer constituency,	As one of the two nominees, Kamran Ansari is <b>CONFIRMED</b> as a member of the group
One staff governor and	As the only Staff nominee, Quen Mok – Staff Governor is <b>CONFIRMED</b> as a member of the Committee.
One governor from any constituency (patient and carer, public, staff or appointed).	As the only nominee, Robert Ferguson is <b>CONFIRMED</b> as a member of the group

**Action required:** The Council of Governors are asked to note the membership of the Nomination and Remuneration Committee for the next 12 months.

### Membership, Engagement Recruitment and Representation Committee

#### Summary

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

Four nominations were received.

Membership requirement	Governor
Lead Governor	Beverly Bittner-Grassby (pending the Council of Governors approval of the Lead Governor election outcome) will join the Committee as Lead Governor
Six Governors from the patient and carer, public or staff constituencies	1. As one of the four nominees, Hannah Hardy is <b>CONFIRMED</b> as a committee member
	2. As one of the four nominees, Robert Ferguson is <b>CONFIRMED</b> as a committee member
	3. As one of the four nominees, Eve Brinkley-Whittington is <b>CONFIRMED</b> as a committee member
	4. As one of the four nominees, Constantinos Panayi is <b>CONFIRMED</b> as a committee member
	5. No nominations
	6. No nominations

**Action required:** Patient and Carer, Public or Staff Governors are asked to nominate themselves for membership of this important Committee.

### Constitution Governance Working Group

#### 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.

Two nominations were received.

Membership requirement	Governor
Lead Governor	Beverly Bittner-Grassby (pending the Council of Governors approval of the Lead Governor election outcome) will join the Committee as Lead Governor
Deputy Lead Governor	Pending outcome of discussion at Council of Governors meeting
Four additional Governors (at least two elected governors)	1. As one of the two nominees, Peace Joseph is <b>CONFIRMED</b> as a committee member
	2. As one of the two nominees, Robert Ferguson is <b>CONFIRMED</b> as a committee member
	3. No nominations
	4. No nominations

As the requirement for two elected governors has been met, the remaining two members can come from any constituency or class.

**Action required:** Governors from any constituency are asked to nominate themselves for membership of this important Committee.

### Governors' Sustainability Working Group

#### Summary

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

Terms of reference are in the process of being developed for the group, which will determine membership requirements going forward. In the interim the group is run with a minimum of two governors present.

Six nominations were received

Membership requirement	Governor
Minimum of two governors, from any constituency	1. As one of the six nominees, Peace Joseph is <b>CONFIRMED</b> as a committee member



	2. As one of the six nominees, Roly Seal is <b>CONFIRMED</b> as a committee member
	3. As one of the six nominees, Rose Dolan is <b>CONFIRMED</b> as a committee member
	4. As one of the six nominees, Jacqueline Gordon is <b>CONFIRMED</b> as a committee member
	5. As one of the six nominees, Beverly Bittner-Grassby is <b>CONFIRMED</b> as a committee member
	6. As one of the six nominees, Eve Brinkley-Whittington is <b>CONFIRMED</b> as a committee member

**Action required:** The Council of Governors are asked to note the membership of the Governors' Sustainability Working Group for the next 12 months.

### 3. Changes to Governors

Since the last meeting, Olivia Burlacu has stepped down, effective from 05 June 2023. Olivia's position as a Patient Governor from Home Counties will be subject to a governor election later this year.

**Council of Governors**

**05 July 2023**

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

**Summary & reason for item**

This is an update from the Membership Engagement Recruitment and Representation Committee (MERRC).

Governors hold a responsibility to advocate for the interests of the GOSH membership - MERRC aims to help Governors fulfil this duty effectively.

This report summarises the discussions and actions arising from the MERRC meeting on 19 June 2023, key considerations included:

- Feedback from engagement leads
- GOSH recruitment strategies 2010-2012
- Membership recruitment and retention report June 2023
- Progress against the Membership Strategy for 2022-2025
- Upcoming activity

**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)

### Feedback from engagement leads

MERRC had previously requested the Corporate Affairs Team contact the wider NHS for insights, strategies and suggestions for more inclusive recruitment and engagement practices, with a special focus on underrepresented demographics.

At the June 2023 meeting the Head of Corporate Governance presented key highlights from a National NHS Stakeholder and Engagement Leads meeting held in May. These were:



The Corporate Affairs Team provided a brief overview on the range of reporting and recruitment initiatives at GOSH and were invited to present in full at the next meeting on this topic.

Following discussion, the Committee requested a review of the Trust membership form (both physical and online versions) to include prompts for "What would you like to get out of membership?" and include more emphasis for members to "Contact your Governor".

### GOSH recruitment strategies 2010-2011

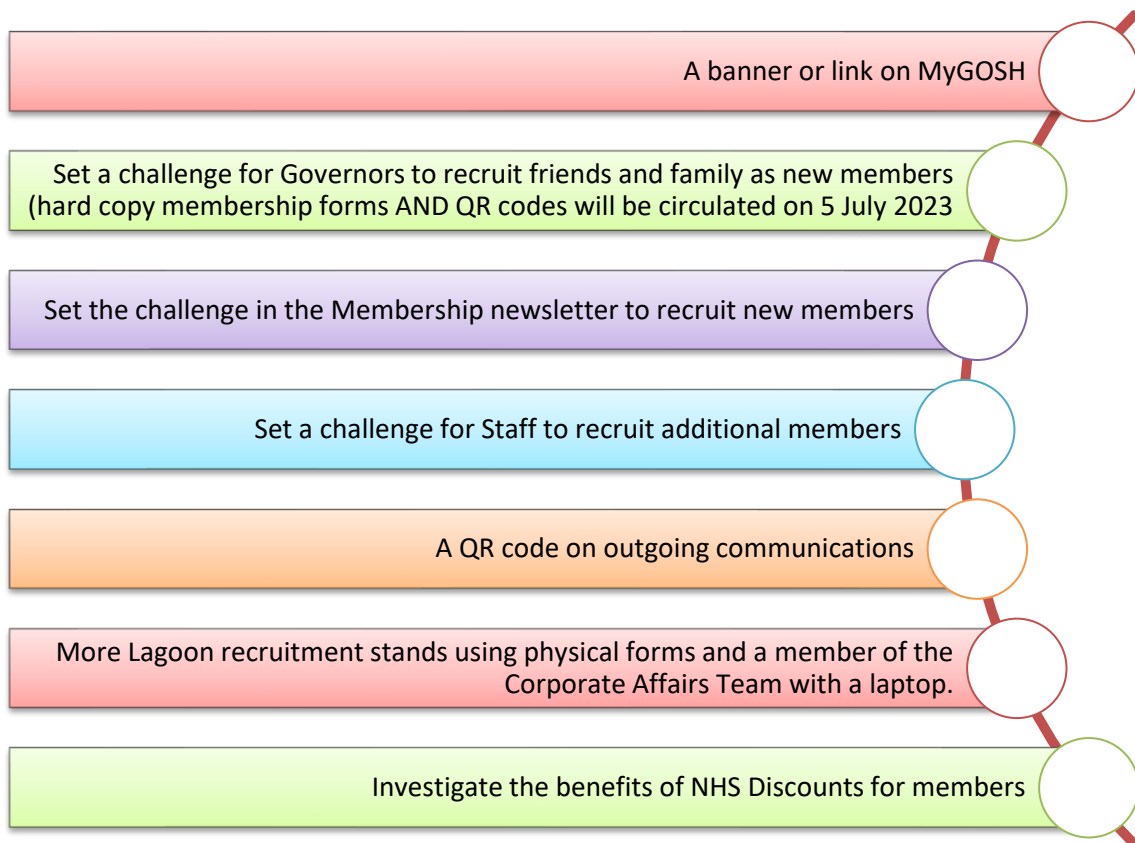
At the April 2023 meeting of MERRC the Committee noted that the majority of the Trust's membership joined between 2010 and 2011 and asked for more details on the recruitment strategies of that time.

At the time, the Trust referenced membership in all its

outgoing communications to patients and public. Recruitment was dependent on persistent and consistent Governor and Corporate Affairs attendance at Trust and Charity events. It was reiterated that Governor support would be crucial to any recruitment drive.



The Committee requested that the following means of recruitment are used or reinvestigated:



### Membership recruitment and retention report June 2023



Governors have held THREE Lagoon sessions this financial year.

Robert Ferguson, Public Governor supported the first session of the year followed by a solo recruitment stand by the Corporate Affairs Team.

To top it all off, we held the first 'Meet Your Staff Governor' event, where three of our Staff Governors met with staff following a Chief Executive's 'Big Brief' – the key message was for staff members to meet their Staff Governors, provide feedback to their Governors and for staff to recruit their friends and family members.

Attachment: P

The Staff Governors have committed to holding more of these stands.

The Committee was impressed with progress and encouraged more events to ensure a persistent and consistent recruitment and engagement message is put out.

Governors are encouraged to contact the Corporate Affairs Team if they would like to join a Lagoon event or work up a recruitment idea of their own.

Despite the increased engagement activity only four new public members were recruited since 31 March 2023. This was 20 less than the recruitment target for this time of year. No new Patient, Parent or Carer members have been recruited since 31 March 2023. This was 43 less than the recruitment target for this time of year.

During the three engagements events 55 QR codes were circulated. This equates to a 7% response rate and echoes the sentiment from the National NHS Stakeholder and Engagement Leads meeting where it was found that hard copy membership forms provided a more reliable rate of return.

As there were only four new public members, the Committee did not receive its regular age and ethnicity distribution demographic report and instead reviewed the membership's Acorn socio-economic factors <sup>1</sup> and compared it with the total population of England and Wales. It noted that in the GOSH membership 'Student Life'<sup>2</sup> postcodes were 2.32% less than the national make up and requested that any recruitment strategies consider this. Following discussion, the Committee requested:

Use one of the governor development session as an opportunity for governors to undertake membership recruitment and engagement at the Hospital entrance and Lagoon.

Create a calendar of Charity and Trust events where a membership recruitment stand could be held and advertise on GovHub and the newsletter

Contact the Volunteers to see whether membership recruitment can be included in their activities

Have a membership slide including the QR code on the Hospital front screen

---

<sup>1</sup> Acorn is a segmentation tool which categorises the United Kingdom's population into demographic types. It has been built by analysing significant social factors to provide information and improved understanding of the different types of people and communities across the UK.

<sup>2</sup> Student Life Exemplar types: Student flats and halls of residence – Term-time terraces - Educated young people in flats and tenements

## Progress against the Membership Strategy for 2022-2025

### Knowledge

- All Governor biographies now uploaded to the Trust website
- Head of Corporate Governance attended Integrated Care System Stakeholder Engagement Leads meeting to discuss risks, challenges and issues with sector wide engagement.
- Staff Governors held a stall in the Lagoon at the Hybrid Big Brief on 9 June 2023 to help raise awareness of the governor role.
- Robert Ferguson, Parent/Carer Governor and Paul Balson, Head of Corporate Governance held a stall on 12 April 2023 in the Lagoon to raise awareness and recruit new members.

### Inclusivity

- A Council of Governors and membership section was written for inclusion in the Annual Report and Accounts. The was approved by the Council of Governors in April 2023 and Trust Board in June 2023. The report this years themed 'Celebrating our Children and Young People'.

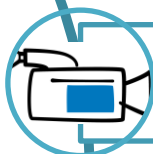
### Sustainability

- The Group have heard from Chris Kennedy the Non-Executive Director Lead for Sustainability
- Participating in Clean Air Day and Play Street on 16 June 2022.
- A sustainability section is included in the quarterly Get Involved membership newsletter.
- A sustainability section was included in the Annual report and accounts.

## Upcoming activity



Work up three engagement ideas with Governors, Eve (in a school), Peace (also in a school) and Kamya (at University).



Create and trial a set of videos of life at the Trust for leaking on social media.



Head of Corporate Governance to present to ICS Stakeholder Engagement Leads on the reporting that goes to MERRC and some of the events undertaken.



The Corporate Affairs Team have secured a recruitment and engagement stand at 'RBC Race for the Kids 2023' on Saturday 07 October 2023.