



**NHS**

Great Ormond Street  
Hospital for Children  
NHS Foundation Trust



# Annual Report and Accounts 2022 to 2023



Great Ormond Street Hospital  
for Children NHS Foundation Trust

# **Annual Report and Accounts 2022 to 2023**

Presented to Parliament pursuant to Schedule 7,  
paragraph 25 (4) (a) of the National Health Service Act 2006



# Contents

---

Great Ormond Street Hospital (GOSH) at a glance	7
Chair foreword	8
Chief Executive foreword	10
Overview	12
Performance report	21
• Overview of our performance in 2022/23	22
• Our performance in 2022/23	27
Accountability report	65
• Directors' report	66
• Remuneration report	89
• Staff report	99
• Disclosures	112
• Board assurance committee reports	119
• Annual Governance statement	141
• Independent auditor's report	164
Accounts	168
Glossary	204



# Great Ormond Street Hospital at a glance



# Chair foreword

---



“ Last year, in my foreword, I wrote that I ‘hoped that when I read this back in twelve months’ time we will truly have moved on from the pandemic.’ I am pleased to share there has been progress. I am immensely proud

of our staff who have worked in such a determined way to increase activity to see patients whose waiting times were impacted by the Pandemic, and to facilitate the return of our international patients.

For the second year running, the current-affairs magazine Newsweek included Great Ormond Street Hospital in its top-three list of the best specialised paediatric hospitals in the world. This recognition is testament to colleagues from across the Trust who have built a reputation for taking ground-breaking research and translating it into outstanding clinical care for children and young people with rare and complex diseases.

We have made good progress delivering against the priorities of the *Above and Beyond* strategy. In no small part, this is down to the excellent partnership working that we’ve seen locally, nationally and internationally.

Our closest partner, Great Ormond Street Hospital Children’s Charity has continued to support our patients, families and staff both by raising funds directly and through its network of corporate partners. In addition to supporting research, patient experience initiatives and new medical equipment, this year, the Charity also supported the establishment of a staff hardship fund struggling with immediate financial hardship. This help for staff experiencing immediate and pressing financial hardship has been invaluable during this cost-of-living crisis. The Charity also launched their biggest fundraising appeal, to support the building of our Children’s Cancer Centre, a strategic priority that aims to transform cancer care for children.

We continued to work closely with North Central London (NCL) Integrated Care System. This partnership of local authorities, health, and care organisations, and the voluntary, community and social enterprise sector allows us to play a key role in supporting improvements in the health and well-being of children, young people and families in NCL.

Partnerships have also enabled our research. Working alongside our primary research partner, UCL Great Ormond Street Institute of Child Health, we form the largest centre for paediatric medical research in Europe. During the year, we secured another tranche of Biomedical Research Centre funding, and we were successful in a grant for a clinical study at GOSH using CAR T-cells to try and develop a revolutionary treatment for an aggressive type of brain tumour.

In March 2023, our partnership with The Royal Marsden, led to the launch of a shared Epic Electronic Patient Record system. This was a massive effort across both trusts and involved many staff members going above and beyond to ensure we have a system that works for all our patients and our staff. The Royal Marsden is a like-minded organisation with a strong track record in research and innovation. We will be sharing skills and expertise to benefit patients at both Trusts and opening ourselves up to new and exciting research opportunities and collaborations.

Our commercial partnerships have allowed us to progress in new and innovative ways, including strengthening the collection and use of data, furthering paediatric research and extending our reach internationally. By way of example, our partnership with Arcturis, a UK-based clinical artificial intelligence company, aims to use clinical AI to analyse anonymised patient data. This will allow us to work together to find new and better ways to treat rare and complex childhood diseases.

We are working hard to return to pre-pandemic levels of international and private care activity. This is so important to consolidate our position as an international leader in children’s healthcare, and to provide financial stability for the Trust. The pandemic and other global events have impacted this over the last few years, but a robust recovery plan is in place to focus on deepening and developing relationships in territories across the world.

Looking forward to the year ahead, our hospital site will be subject to much change as we begin construction work on the Children’s Cancer Centre. Following widespread engagement with key stakeholders, in April 2023, Camden Council’s Planning Committee granted planning permission. We have now started our decant and enabling programme which will see the GOSH Frontage Building fully vacated and disconnected, ready for building works to commence.

2023/24 will see us start to prepare the site for demolition. I know this may cause disruption to our teams and I want to say thank you for your cooperation while we make this change that will improve the lives and care of children with cancer.



As this is my final foreword, I want to put on record that it has been a privilege to serve as Chair of this great hospital. During my time, I have sought to ensure that the Trust stays true to its mission of the Child First and Always alongside its overarching objective to go above and beyond in all that it does and treat children and young people with complex health needs so that they can fulfil their potential.

As a Board, we approved the Trust's first People Strategy and established our diverse and inclusive staff forums as well as implementing revised leadership and management frameworks. Having the right conditions for staff to thrive and develop at GOSH is fundamental as without the right culture, an organisational strategy will always struggle to be successful.

The Trust has also become more externally facing. This is something I have actively supported and encouraged; the Trust working together as one team across organisational boundaries, transforming, and adapting our pathways and services to provide care is the future for delivery of our core purpose.

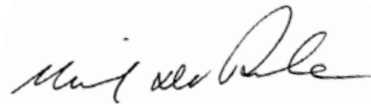
Responding to the Climate Health Emergency Prioritising is key to planning for future years and supporting children and young people to fulfil their potential. In February 2021, I was proud that GOSH became the first UK standalone children's hospital, and the first London NHS Trust, to declare a Climate and Health Emergency. The Board have been clear that we are not looking after our children if we are not protecting the planet.

And finally, I want to thank other parts of our hospital community. Firstly, I would like to thank our children and young people and their families for the way they partner with our staff to ensure the best possible outcomes. They show understanding when things take time to resolve and are always willing to engage with us and help us learn and improve. Some of the most impactful moments I have had at GOSH have been when we have heard directly from patients at the Board, young people at the Council of Governors meetings or when I have met patients and families in the hospital.

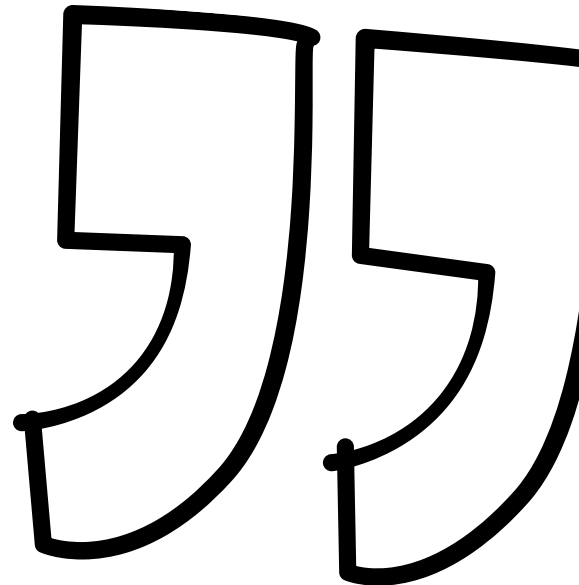
Working alongside the Council of Governors has been an absolute pleasure. Governors are incredibly generous with giving up their time up for the benefit of the Hospital. They bring a fresh perspective on how we could and should do things differently and enable us to directly hear the patient, carer and staff voice. I want to thank them for all their support.

It is important for me to mention colleagues across the Trust. These last few years have seen us face challenges whose consequences many of us could never have predicted. Staff shared in the staff survey that the increasing pressure at the Trust and the wider NHS has led to us needing to improve in a number of key areas. Although this is disappointing, it provides us with a renewed focus and a plan to support and care for our staff. Whatever your role, wherever you work and whatever comes our way, thank you for all your hard work and dedication in putting the child first and always.

Thank you to the Directors and Non-Executive Directors whose leadership has been so valued. Particular thanks must go to James Hatchley, Chair of the Finance and Investment Committee and Akhter Mateen, Chair of the Audit Committee, who stepped down from their positions as Non-Executive Directors in June and September 2022, respectively. We have welcomed Suzanne Ellis and Gautam Dalal as Non- Executive Directors this year. They have been superb additions to our Board, and I would like to thank them and the other members for their time and commitment.



**Sir Michael Rake**  
Chair



# Chief Executive foreword



“ This year in the face of continued instability, our staff have shown enormous resilience and commitment to providing the best possible care for our patients. I’ve been really impressed by how our staff

have navigated Covid recovery, industrial action across a number of sectors including ours and a challenging financial situation to focus on exceptional care for children. This challenging climate brings a renewed focus on looking after our staff so they can in turn look after our patients and their families in the year ahead.

We have strived to see as many patients as possible and clear our backlog. Our overall activity is 12.7% above 2019/20 levels. This is particularly impressive against a backdrop of unprecedented levels of industrial action. During 2022/23 the Royal College of Nursing, British Medical Association and Chartered Society of Physiotherapy all took part in industrial action at GOSH. Throughout these periods of action, there was a huge effort across operational and clinical teams to provide as much care as possible. We rescheduled appointments and moved them to virtual where possible. Most importantly, we were able to keep the hospital safe. I want to say thank you to all our people for all their hard work.

One of the most important assessments of how staff are doing is the annual staff survey results. Our recent response rate and results have not followed the positive trajectory we’ve seen in previous years. Although the challenges outlined above have had an influence, we must also look inward and reflect what is within our control and where we need to do better. As a result we are focussing on four key areas: wellbeing; equality, diversity, and inclusion; career progression; and reward and recognition. We have started this work and this year to better recognise our staff we relaunched our GEMS (GOSH Extraordinary Members of Staff) awards.

The need to focus on well-being is more pressing than ever. Our staff are working extremely hard in the context of a cost-of-living crisis and as a central London Trust, we have to be particularly aware of the impact this is having. This year, we provided a staff hardship fund, a dedicated advisor from the Citizens Advice Bureau and discounted hot meals to support our staff. We know how important and appreciated it has been, so we will keep it going as long as we can. We are also setting up a Staff Advice and Liaison hub, and we’re refreshing our People Strategy and values to make sure they continue to reflect what matters most to staff.

In the four areas of focus there needs to be local action too. I’ll be working closely with the executive and leadership teams to make it happen. All of these areas are linked to the culture at GOSH and the need for everyone to not only focus on transactional relationships, but to be kind and forge real connections with those we work with.

We have a responsibility to manage our finances well and be as efficient as we can be. I am very pleased to say that over the last year our income from international patients has grown again. Through a huge effort right across the organisation, we have delivered the highest savings plan, known as ‘Better Value’, in the Trust’s history with £16m in savings. We are now looking at how we can continue this good work into 2023/24. This is all the more important this year, to make sure we’re in a strong position to support the building of the Children’s Cancer Centre.

Safety and quality is one of the fundamental principles of our strategy and we’ve made great progress. We created a patient safety delivery plan to sit alongside the safety and quality strategies and have worked closely with clinical staff to ensure everyone understands their responsibility to keeping our patients safe, and creating an open, honest and accountable environment around patient care.

Our children and young people have told us that we are not looking after them if we are not looking after the planet. This year we’ve added air pollution levels to our electronic patient record system, to consider whether air pollution is a factor in a child’s illness, how it affects them, and if there are steps that can be taken to help. We made strides on our Green Plan by reducing our carbon emissions through energy use, moving away from polluting our local environment with our Clean Air Framework and putting on another amazing Play Street event.

In September, we secured £35.3m of funding for our Biomedical Research Centre for the next five years. This will help us combine cutting edge research methods with clinical trial expertise, to accelerate the discovery of new treatments for children with rare or complex conditions. Just one example of our outstanding research was highlighted in the story of Alyssa, who, in May, became the first patient in the world to receive base-edited T-cells to treat her T-cell acute lymphoblastic leukaemia. Her commitment to taking part in the research and telling her story for others captured attention across the globe.

When mentioning research, I must pay tribute to Professor David Goldblatt, who after 20 years in the role, stepped down as the Director of Research and Development this year. Our research function has been transformed under David’s leadership, growing to over 200 staff. Thank you, David, for your immense contribution.

We also said goodbye to Helen Jameson, Chief Finance Officer, who left after four years including steering us carefully through the financially turbulent times of the pandemic. Interim Chief Finance Officer, Margaret Ashworth, then provided us with skilled and steadfast leadership in a challenging financial environment before we welcomed our new Chief Finance Officer John Beswick. John joined us in mid-November and is already an established and valued voice in the executive team.

Zoe Asensio-Sanchez, Director of Space and Place, left us in December 2022, having delivered a huge amount, including bringing our domestic services staff in-house. We welcomed Jason Dawson as interim Director of Space and Place in January 2023.

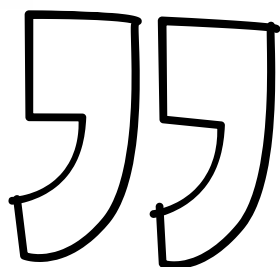
Finally, I want to say thank you to our Chair, Sir Mike Rake, who steps down this year after serving six years on our Board. He has made an immense contribution to the shaping and delivery of our *Above and Beyond* strategy and defining the role GOSH plays in local, national, and international healthcare during a period of unprecedented external instability. Sir Mike is passionate about implementing transformative cultural change across the Trust and ensuring staff are supported to thrive at GOSH.

We welcome his successor Ellen Schroder, who brings a wealth of public sector experience to the role, later this year.

The last year has, without doubt, brought change and challenge. Throughout it all our staff have retained their focus on the child first, and always. They are an exceptional team, and I cannot thank them enough.



**Matthew Shaw**  
Chief Executive



# Overview

On the following pages we provide a summary of the Trust's purpose, the key risks to the achievement of our objectives and highlight how GOSH has performed during the year.

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) is an acute paediatric provider of specialised and highly specialised treatment and care for children with rare and complex diseases and conditions.

Our vision, which sets our direction, is 'helping children with complex health needs fulfil their potential'. Our mission is to put 'the child first and always'. It is supported by our 'Always Values': always welcoming, always helpful, always expert and always one team.

At GOSH we provide over 60 different clinical specialist and sub-specialist paediatric health services. More than half of our patients are referred to us from outside London and a small proportion come from overseas.

We have a long tradition of clinical research, learning from our special position treating some of the largest cohorts of children with rare diseases in the world. We host the UK's only paediatric National Institute for Health and Care Research Biomedical Research Centre (NIHR BRC), in collaboration with University College London Great Ormond Street Institute of Child Health (UCL GOS ICH). Together with our partner higher education institutes, we train the largest number of paediatric nurses in the UK and play a leading role in training paediatric doctors and Allied Health Professionals (AHPs).

## Our history

In 1852, Dr Charles West founded the Hospital for Sick Children in his terrace house on Great Ormond Street. It was the country's first specialist medical institution for children, with just 10 beds and two clinical staff.

With the generosity and foresight of early patrons such as Charles Dickens and J. M. Barrie, the hospital grew. Over the decades it has been at the leading edge of treatment and care for children, including pioneering paediatric cardiac surgery and treatment for childhood cancers.

Great Ormond Street Hospital for Children was authorised as an NHS Foundation Trust on 1 March 2012. Much has changed since 1852, but GOSH remains at the forefront of paediatric medicine and research. Every day we do everything in our power to give seriously ill children the best chance to fulfil their potential.

## One of the World's Best Specialised Paediatric Hospitals



For the second year running, the current-affairs magazine Newsweek included Great Ormond Street Hospital for Children in its top-three list of the best specialized hospitals for paediatrics in the world. Newsweek ranked GOSH third in the world and number one in Europe.

GOSH was also recognised as one of the top 50 hospitals in the world for cardiac surgery and neurosurgery.

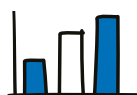
Mat Shaw, CEO of Great Ormond Street Hospital for Children said:

**"The recognition from Newsweek as one of the leading centres in the world for paediatric healthcare is testament to the incredible work of all our staff here at GOSH. We're proud to continue our strong legacy of exceptional patient care and cutting-edge research."**

Newsweek partnered with global research firm Statista to rank the world's best hospitals. The ranking was based on three data sources:



Worldwide online survey of experts



Accreditation data

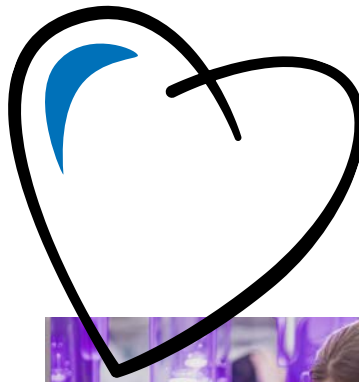


Patient Reported Outcome Measures (PROMS) survey



Banksy's 'Game Changer', which celebrates NHS staff, has gone on display at GOSH. The painting, depicting a child choosing to play with a nurse figure over Batman or Spider-Man, has been loaned to GOSH and is on display for families and staff to enjoy.





## The Child first and Always

The remarkable children and families we care for inspire us to do all we can to improve the health of children.

*The Child First and Always* is our founding and enduring principle. It has been Great Ormond Street Hospital's guiding star since our inception in 1852 and continues to serve as both a cultural principle and an instruction to us as the current custodians.

The phrase *The Child First and Always* provides guidance and tells us what we must consider in all endeavours. Starting with The Child themselves, in their totality, we consider their clinical, social and educational needs. In turn that means we must consider their relationships – their parents, carers, siblings and friends.

To meet these needs and best serve all these relationships we need to consider the experience of everyone involved in providing comprehensive care – doctors, nurses, allied health professionals, researchers and scientists. To put the child first, we must pay due regard to the systems and infrastructure underlying their care, the environment in which caregivers and patients interact, and the relationships between those on the front line and those providing crucial logistical, managerial, and financial support.

*The Child First and Always* also recognises that children's healthcare needs are distinctly different to those of adults. It directs our attention outwards and instructs us to advocate for children, especially those with rare and complex conditions, to ensure there is a systemic societal recognition of that difference and that we have the resources to treat them. It implicitly encourages us to use the full weight and strength of GOSH to ensure children get the equity they need and deserve, and that GOSH is using its voice to speak for children when they can't.

We are dedicating our Annual Report this year to celebrating Children and Young People. We are incredibly proud of every child who comes to GOSH. They provide us with valuable insights which helps us improve our services.



## Involving our Children and Young People

Our children and their families are at the heart of everything we do, so it is right that we involve and engage them to make GOSH a better place. Our young people tell us they are passionate about being the patient voice and making a difference to services.



Rose's story



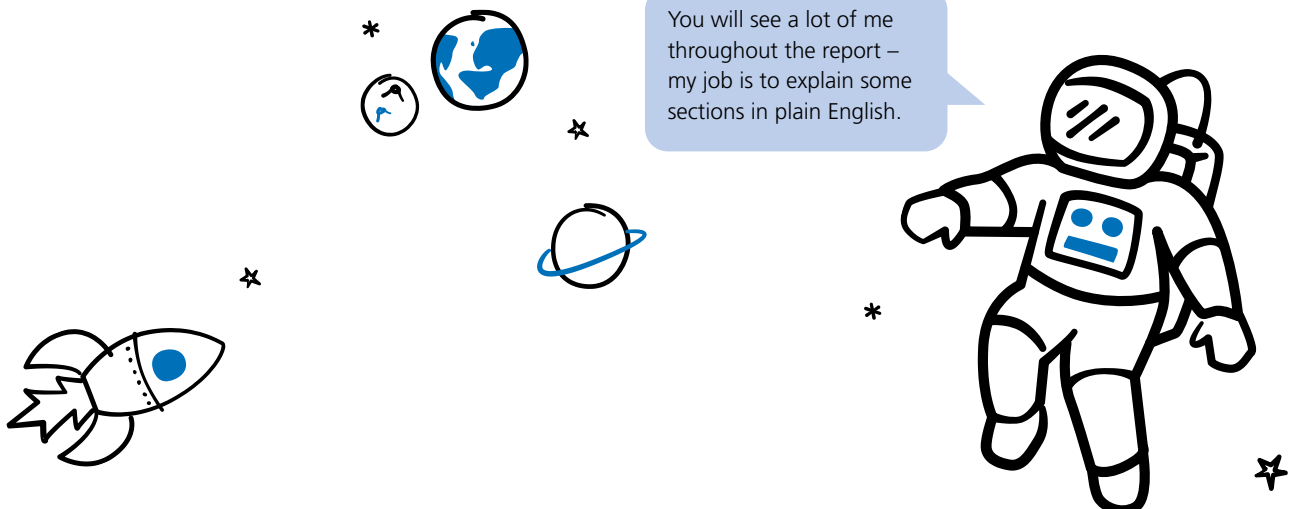
When I attended a GOSH careers fair in 2017, I had no idea how much GOSH's youth involvement would come to mean to me. I had been a patient at GOSH since birth, but it wasn't until 2017, when I was given a flyer about the hospital's Young People's Forum (YPF), that I considered getting involved in patient groups. Being a member of YPF is a chance to learn lots and is centred on giving patient feedback.

As I spent more time as part of YPF, I started to develop more individual interests. For me, these were the role of art and play in hospital and sustainability. I was also lucky enough to take part in Ride for their Lives as a young rider in 2021, joining a group of health professionals on a cycle ride from London to COP26 in Glasgow. This was a hugely memorable experience. More recently, I have become a member of Young Persons' Advisory Group (YPAG). This group is similar to YPF but focused on research. We are put at the forefront of research and involved in exciting topics, such as new transplant treatment and gene sequencing.

I have also been appointed as one of the YPF governors, and my role is to champion and portray the patient voice at board level. Working with one other YPF member, our places on the Council of Governors is proof of the hospital's commitment to prioritising the patient voice, and it is an honour to fill this role.



*Our report features a number of stories from your young people and their families so keep an eye out for the purple boxes.*





## Young People's Forum

### Who are we and what do we do?

GOSH Young People's Forum (YPF) is a group of current patients and siblings aged 10–21 who have a strong voice in helping improve the experience of GOSH patients. Over the last year there have been more than 70 different opportunities for them to guide and support the hospital. These opportunities have included:

- Suggesting improvements to the decision-making and informed consent process, in a session with the Deputy Medical Director.
- Working with an Augmented Reality Games design company to put forward ideas for games that patients and siblings could access via QR codes in the Lagoon to play on phones and other devices.
- Working with the Catering Manager to give feedback on a meal ordering app, the quality of food served in the Lagoon and what they would like to see on the menu.
- Working on an animation about the way GOSH uses and protects patient data and the role of big data in the NHS.
- Suggesting ideas for the GOSH Charity Research Strategy on what areas should be funded and why research in these areas is important.
- Participating in two focus groups for Data Research, Innovation and Virtual Environment (DRIVE) projects, including the production of healthcare videos, in partnership with YouTube, aimed at children and young people, and providing feedback on how Jibo the Robot could be used to improve patient experience in the hospital.
- Reviewing and approving designs for the Intensive Care Unit in the new Children's Cancer Centre, see page 55.
- A member being interviewed by the Mayor of London as part of the Play Street celebrations, see page 63. They spoke about the work the Young People's Forum has done around sustainability and why clean air is important to the health of patients.
- Helping with event planning for religious holidays, the London Marathon and numerous GOSH Charity events.

## Young Person's Advisory Group

### Who are we and what do we do?

GOSH Young Persons' Advisory Group (YPAG) for research is a well-established group of over 50 children and young people aged between 10 and 21. The group is part of the GenerationR Alliance, a national network of YPAGs across the UK.

GOSH YPAG is made up of patients, their siblings and members of the public, who all work closely with researchers and clinicians from GOSH and the University College London Great Ormond Street Institute of Child Health to advise them on many aspects of their research. The group meets six times a year for day-long meetings where they hear from researchers about their projects and plans, then move into breakout rooms to discuss them and give feedback. The discussions are always lively and productive, and feedback is sent to researchers for them to reflect and act on. Discussions are managed by our skilled young facilitators who are older GOSH YPAG members, medical students and young psychologists.

The group benefits from having a natural synergy with the GOSH Young People's Forum, with some members joining both groups. A shining example of this is Rose Dolan, see page 14. Outside their planned meetings, here are some examples of YPAG members' engagement over the last year:

- A three-day work experience opportunity in laboratories at UCL GOS Institute of Child Health (ICH).
- Co-designed research materials with students in an MSc in Mental Health Sciences session at University College London Division of Psychiatry.
- Represented YPAG at the National Institute for Health and Care Research for the funding interview for the GOSH Biomedical Research Centre (BRC).
- Attended a Patient and Public Involvement in Research engagement event held at ICH.
- "Forest in a Jar – research in Paediatric Intensive Care" and Bloomsbury Festival.
- Spent the day with GOSH DRIVE, filming for the department and raising awareness about young people's views on health technology.



GOSH YPAG members at the University College London Great Ormond Street Institute for Child Health



“ I was extremely interested in the opportunity to become a member on the Medical Research Council Panel because I felt this was an opportunity to contribute. The role offered me the opportunity to make mine and other young voices heard on behalf of young service users who could benefit from user friendly approaches to research, participation, engagement and (treatment and service) improvements for users.

GOSH YPAG Member, Walter



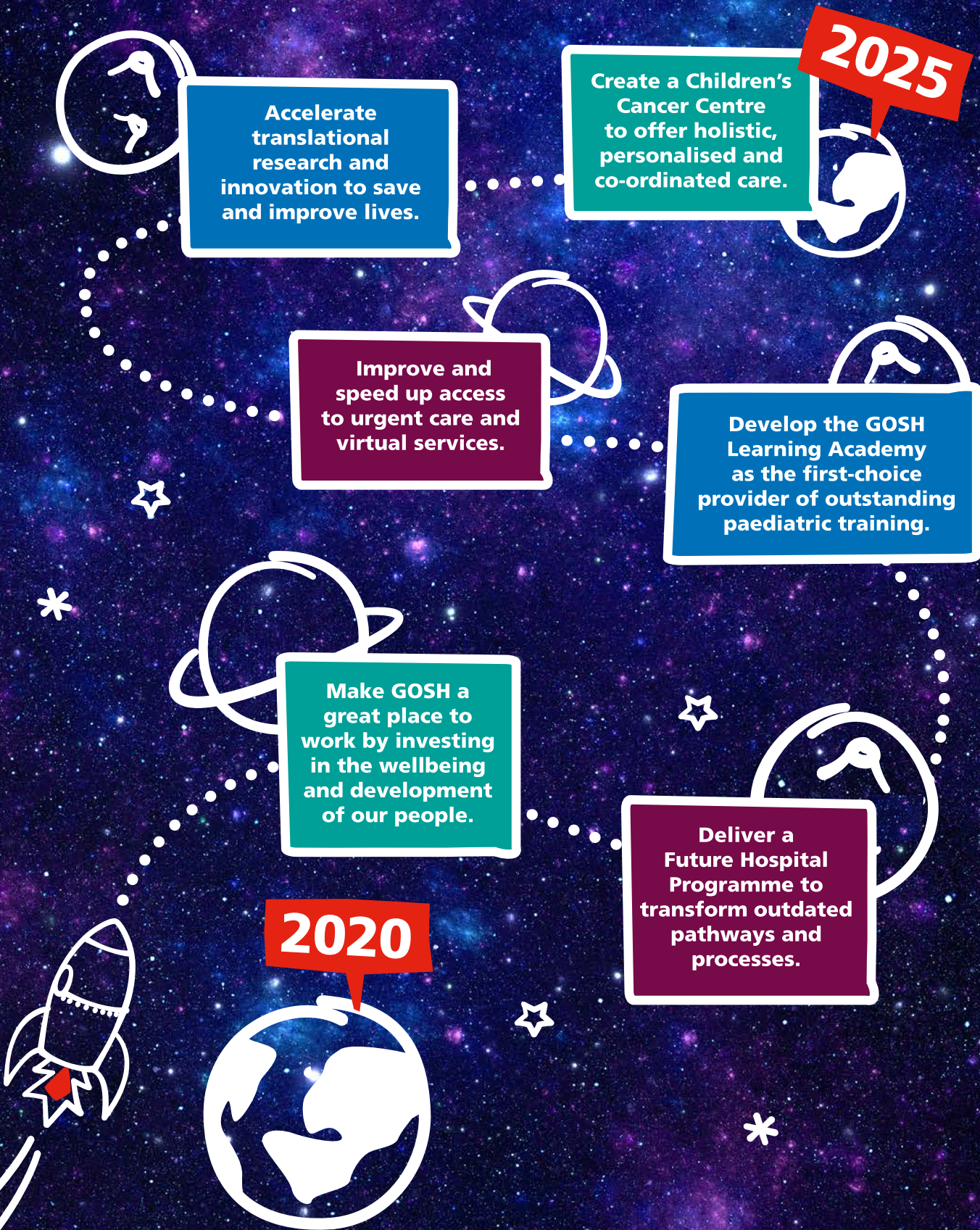




# Our strategy and objectives







In September 2020, the Trust launched *Above and Beyond*, our five-year strategy to advance care for children and young people with complex health needs.

In developing the strategy, the Trust considered its direction of travel as a provider of specialist and highly-specialist paediatric services and what this means for the shape of the services we provide. This helped us define the role we will play in local, national, and international healthcare now and in 10 years' time. Our purpose is to advance care for children and young people with complex health needs.



The six priorities of the Above and Beyond strategy are represented as planets, each with a team responsible for embedding the planets across the Trust and delivering a set of key programmes and projects that will take us to where we want to be in 2025. To maximise successful delivery of the Above and Beyond strategy, the trust uses a portfolio management framework to provide a single, authoritative and up-to-date source of information on delivery of the various initiatives.

Read about our planets and the progress we've made in the performance report.

-  **Planet 1:** Make GOSH a great place to work by investing in the wellbeing and development of our people. See page 40.
-  **Planet 2:** Deliver a Future Hospital Programme to transform outdated pathways and processes. See page 43.
-  **Planet 3:** Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training. See page 45.
-  **Planet 4:** Improve and speed up access to urgent care and virtual services. See page 43.
-  **Planet 5:** Accelerate translational research and innovation to save and improve lives. See page 49.
-  **Planet 6:** Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care. See page 53.

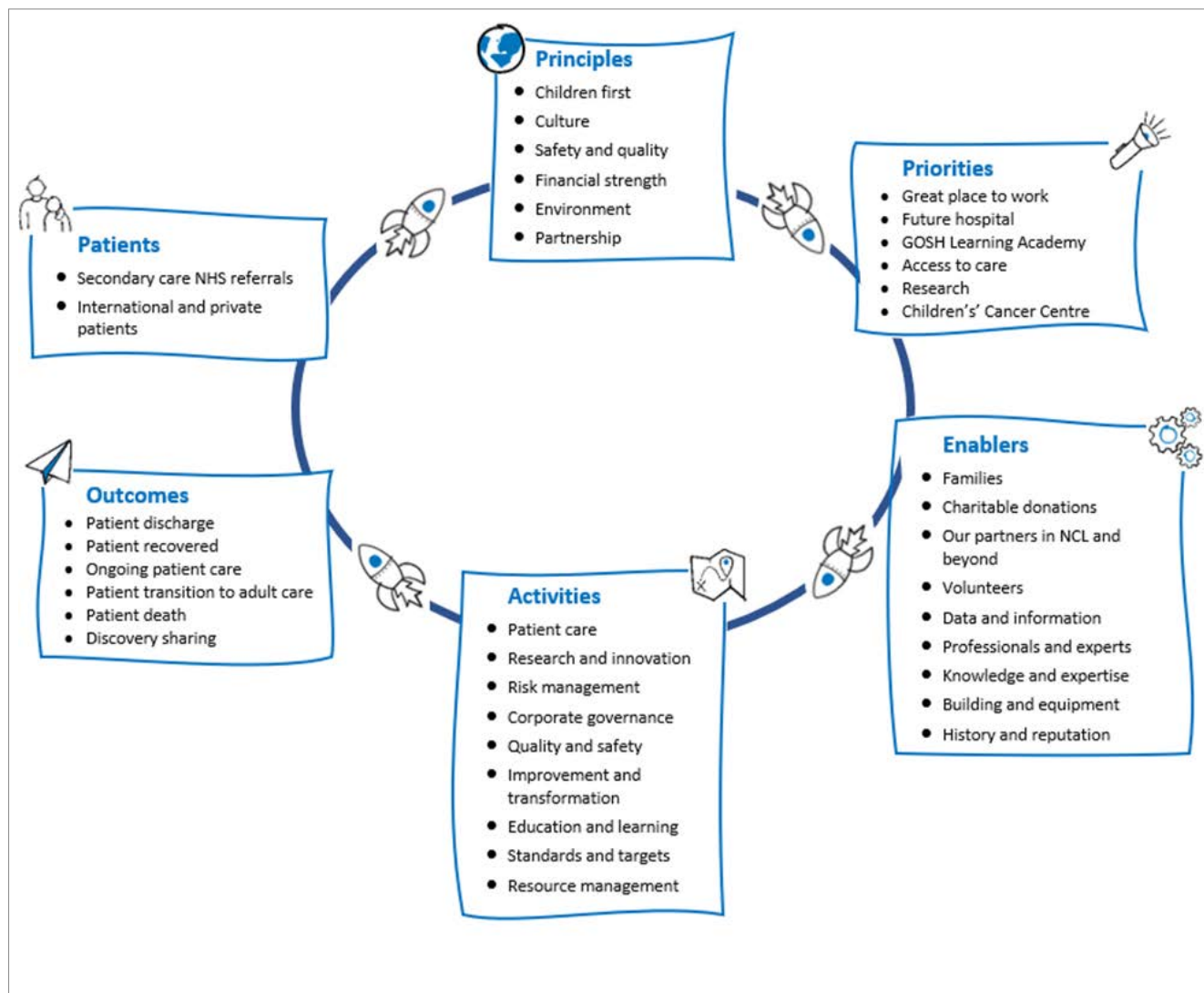
## Our GOSH business model

Our purpose as a children's hospital is to care for children and young people with complex health needs. We support them and their families to live their best lives and collaborate with the global child health community to develop treatments, cures and holistic approaches to care that will offer them a brighter future.

How and what we deliver has always been, and will continue to be, driven by the needs of our patients. This has endured since the hospital first opened its doors in 1852. With clarity about our purpose and the needs of our patients, we have developed a set of principles and priorities to guide us. We have a vast set of 'enablers' to facilitate the work we do, from human resources, capacity and expert medical knowledge to the bricks and mortar that house us. Our enablers allow us to get on with providing care to our patients. Each one of our activities generates an outcome for our patients. As a public sector body, achieving the very best outcomes for our patients is our ultimate goal

Our business model, including our purpose, patients, principles, priorities, enablers, activities and outcomes, is summarised in the diagram below.

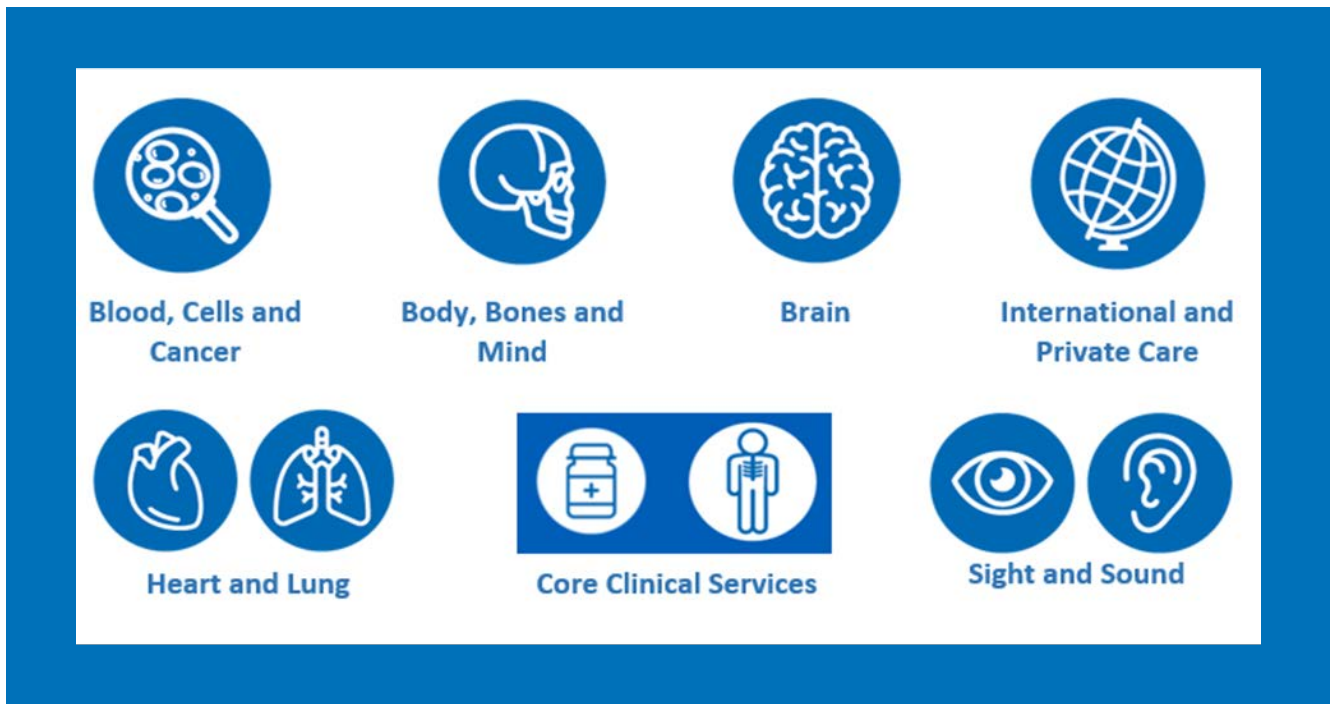
To help move us from strategy to activity, the Trust is developing enabling strategies that cover the themes of People, Clinical Business, Research, Education and Transformation. Each of these strategies is supported by frameworks that add layers of detail, so we are clear why we do what we do, and how we will do it. Every corporate and clinical directorate in the Trust will have a business plan setting out the specifics of what we will do, who will do what, and when it will be done.



### Our structure in 2022/23

The hospital has seven clinical directorates that support our vision to help children and young people with the most complex health needs fulfil their potential. The directorates were named after consultation with our patients.

#### Our seven clinical directorates and their services are:



In addition, there are nine corporate areas: Clinical Operations, Corporate Affairs, Space and Place, Medical, Nursing and Patient Experience, Human Resources and Organisational Development, Research and Innovation, Finance and Information and Communications Technology.

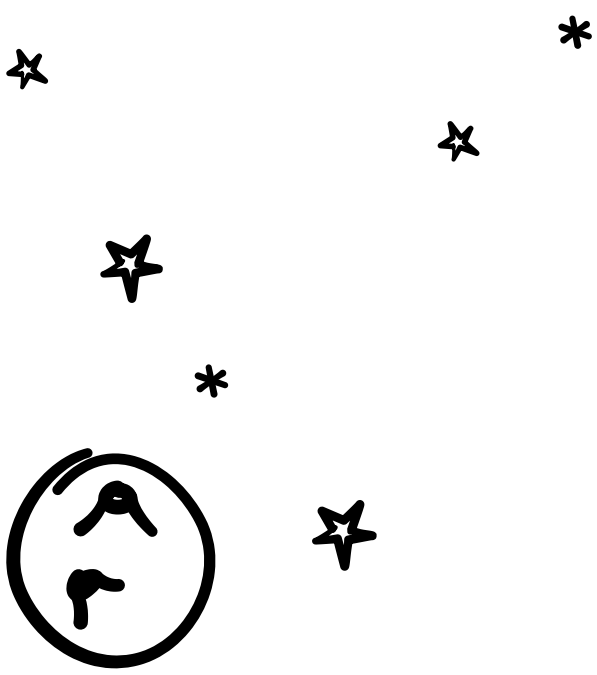
### Our principal risks in 2022/23

Further detail about the principal risks for the Trust during the year and in the immediate future can be found on page 26 in the Performance Report and pages 147 in the Annual Governance Statement. The context of rising demand for care, industrial action and increasing pressures on staff has determined some of these risks. An overview of this context can be found on page 22.

### Important events since year-end

#### The following important events have taken place since the year-end:

- The Children’s Cancer Centre (CCC) scheme was submitted to the London Borough of Camden in May 2022. In February 2023, the council’s planning committee resolved to grant permission, subject to the successful conclusion of the section 106 agreement with Camden Council and the statutory referral to the Mayor of London. In April 2023, the Council’s decision notice was issued, confirming planning permission had been granted for the CCC scheme.
- Some of our nursing staff who are members of the Royal College of Nursing (RCN) union took part in 28 hours of industrial action from 8pm on Sunday 30 April 2023 to midnight on Monday 1 May 2023. We respect the right of our staff to take part in lawful industrial action and worked hard to make sure we had enough nursing staff to care for all patients at the hospital. As we were unable to staff the hospital to our usual nursing ratios, we called a business-critical incident. We are incredibly grateful to our staff and the RCN for granting safety exemptions to help us safely care for our patients during the strike.
- Sir Michael Rake will step down from his role as Trust Chair at the end of his tenure on 31 October 2023, at which time he will have served six years on the Board. The Council of Governors has appointed Ellen Schroder as Chair of the GOSH Trust Board and Council of Governors towards the end of 2023.



# Performance Report



# Overview of our performance in 2022/23

2022/23 was a challenging year for GOSH as we focused on recovering activity to pre-pandemic levels in the context of a cost-of-living crisis, the backlog of patients caused by the Covid pandemic and industrial action by various groups of staff. Despite these challenges, GOSH continued to deliver safe and efficient care to its paediatric patients and witnessed several achievements throughout the year.

## Delivery of Services

Our safety and experience scores have generally been good despite the challenges we faced with the recovery from Covid. Service delivery remained challenging because of a backlog of patients on waiting lists and staff and transport industrial action. During the Summer months we saw the last significant peak of Covid, so Referral to Treatment rates began to recover, but industrial action and winter pressures had an impact on our performance at the end of the year.

At the end of March 2023, overall activity was down 3.6% against our plan. While GOSH continues to be ranked in the top quartile of Trusts for Referral to Treatment rates and 67.3% of patients are waiting less than 18 weeks, 52 and 78 week waits are above the nationally agreed trajectory targets and increasing. GOSH is ranked in the second quartile for diagnostic waiting times nationally, with 81.8% of patients waiting less than six weeks for a test. Our cancer standards compliance was 100% at year-end. To date, GOSH's overall activity is 12.7% above 2019/20 levels and above the NHSE target for the 2019/20 plan, which confirms the Trust's commitment to reducing backlogs following the pandemic.

During these challenged periods, and with a focus on reducing health inequalities, GOSH has ensured patients can access the care they need through 32% of patients seeing clinicians in a virtual outpatient setting, rather than having to physically attend the Trust site.





### Staff Health and wellbeing

Our colleagues' health and wellbeing is of the utmost importance to GOSH (aligned with our strategic priority of 'making GOSH a great place to work'), and in turn it underpins high quality and safe patient care.

We have seen an increase in staff turnover since the easing of Covid restrictions, with voluntary staff turnover now sitting above the 14% target. Retention of staff is a key priority of the Trust People Strategy, with dedicated programmes in progress both in our nursing workforce and Trust-wide.

The Trust vacancy rate remains below the Trust target of 10%, and is currently at 7.2% across all staff groups Trust-wide (6.4% 12-month average), with 7.7% for nursing posts (6.7% 12-month average). Vacancy control processes have continued to scrutinise proposed appointments to ensure appropriate vacancies are recruited for.

Recognising the impact the UK's economic challenges and rising global costs are having on our colleagues' wellbeing, in 2022/23 the Trust approved a series of measures to support staff with cost-of-living issues. These included:

- Setting up a hardship fund for people struggling to manage. Since the launch of the fund we have provided grants to 144 staff, totalling £44,000.
- Making information about the support available accessible to staff.
- Engaging with staff to learn what other support they would find most helpful – including engaging with Trade Unions and Staff Networks.

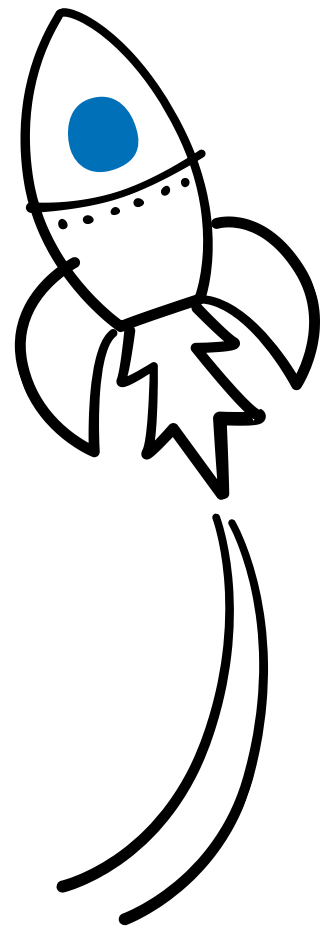
More information around staffing and the health and well-being of our workforce can be found on pages 99–109.

### Finances

2022/23 saw continued pressure on the NHS following the lifting of Covid restrictions and the drive for organisations to reduce resultant waiting lists. GOSH has also been working to recover the private patient side of the hospital while expanding NHS activity.


At the end of March 2023, GOSH had a deficit of £10m, which was £0.6m above plan. This was due to a combination of reduced clinical income, linked to changes in the national funding regime for 2022/23, increased drug costs and higher than planned spend on pay and the maintenance of software. We did, however, deliver our highest Better Value programme in the Trust's history, with £16m in savings. We now need to make sure we deliver the savings and continue this good work into 2023/24 to make sure we can move from a deficit position to one of balance. Stronger finances support better outcomes for more children and young people.

More information on GOSH financial position can be found on page 37.



**Launched a new and improved Wi-Fi service**

The new solution allowed staff, patients and guests to securely connect to fast and reliable Wi-Fi, enabling the use of media streaming services such as Netflix, YouTube and BBC iPlayer.




**Sight and Sound**

We celebrated the first anniversary of our Sight and Sound Centre.

**Play Street**

Play Street saw patients, families and friends enjoying themselves on Great Ormond Street – page 63.



April 2022

May 2022

June 2022

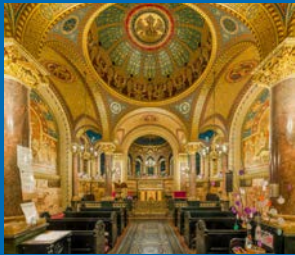
July 2022

**World-first treatment**

A GOSH patient received world-first treatment for her incurable T-cell leukaemia – page 51.

**BBC Songs of Praise**

Our wonderful families and staff featured in BBC Songs of Praise.



**British Transplant Games**

Patients represented GOSH at the British Transplant Games.



Our GOSH patients were supported by over 60 supporters from GOSH, including staff, patients and siblings who went along to cheer on our incredible participants.

**First Ever Nursing Industrial Action**

The Royal College of Nursing held its first strike action on 15 December. To understand the impact of industrial action on the delivery of services and staff, see page 22.

**Planning Permission Granted for CCC**

Camden Council's Planning Committee resolved to grant planning permission for the new Children's Cancer Centre – page 55.



December 2022

January 2023

February 2023

March 2023

**BBC Radio 5 Live broadcasts live from GOSH Lagoon**

GOSH played host to BBC Radio 5 Live as they broadcast a special programme live from our Lagoon. Presenter Naga Munchetty was joined by staff from across the hospital and a GOSH patient.



**Gene Therapy Manufacturing**

GOSH entered into a commercial agreement to manufacture a gene therapy product to help fight cancer.

**Industrial Action**

The British Medical Association held 72 hours of strike action from 13 until 16 March, and transport strikes were held on 15, 16, 18 and 30 March.



### New medical trial

The trial of an innovative treatment for Haemophilia (a rare condition that affects the blood's ability to clot) began at GOSH – page 68.



### £35m Funding for Research

GOSH Biomedical Research Centre (NIHR GOSH BRC) received £35 million to deliver translational research – page 50.



### Patient Donation

A patient donated lung tissue to the GOSH sample bank for vital research – page 49.

August 2023

September 2023

October 2023

November 2023

### Europe-wide academic group launched to boost access to life-saving gene therapies

The aim of the group is to create a sustainable solution for children with rare and ultra-rare diseases, allowing them to access novel gene therapies shown to be effective in clinical trials.



### Third Year for the ZCR

Celebrated three years of the Zayed Centre for Research.



### Super Saturday

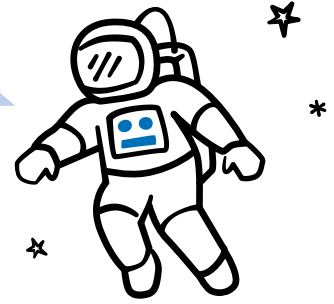
GOSH teamed up with partners from the Children's Hospital Alliance for 'NHS Super Saturday' – page 44.



**Principal Risks 2022/2**

Our Board Assurance Framework (BAF) details the principal risks to the achievement of our operational and strategic plans. It is informed by internal intelligence from incidents, performance, complaints and internal and clinical audits, as well as the changing external environment in which we operate.

Risks are the things the Trust thinks might go wrong. The Board Assurance Framework lists these risks as well as the Trust's plans to prevent them happening.



The principal risks for the Trust during the year and in the immediate future are:



Further information, including the controls in place to mitigate risks, is documented in the Annual Governance Statement on page 148, where a summary of mitigations is provided. The section also includes an explanation of changes to the strategic risks monitored over the year and the inclusion of new and emerging risks.

# Performance Analysis 2022/23

This section of the report analyses the Trust's performance during 2022/23 in relation to quality, operational delivery and financial performance. It also highlights progress with the delivery of planets from our strategy Above and Beyond

## Working in Partnership to deliver services

At GOSH, partnership working is essential to the delivery of healthcare. During 2022/23 the Trust continued to develop its partnerships at a local, regional, national and international level, including:



- Being an active member of the Children's Alliance and the associated Accelerator programme, which successfully delivered additional patient care to reduce waiting lists and improve patient experience (see page 44).
- Working as a member of the Federation of Specialist Hospitals (FSH) to influence the development of the future contracting framework for specialist NHS services (see page 116).
- Supporting the development of the North Central London Integrated Care System (ICS).
- Establishment of the Provider Alliance and becoming a member of the new Integrated Care Board (ICB) on 1 July 2022.
- Working with the European Children's Hospitals Organisation (ECHO) to support and engage in workstreams including those on data innovation and nurse leadership (see page 116).
- Taking an active lead in conversations with NHS England (NHSE) and system partners on NHSE plans to delegate Specialised Commissioning. Working with the Children's Hospital Alliance and FSH, we have highlighted the potential impact of the scope and scale of the proposed delegation on delivery of GOSH services. We will continue to risk assess this as the new framework is agreed and implemented.

GOSH is a member of the North Central London Integrated Care System (NCL ICS). This is a partnership of local authorities, health and care organisations and the voluntary, community and social enterprise (VSCE) sector from Barnet, Camden, Enfield, Haringey, and Islington. We work together to improve health and wellbeing outcomes for a population of 1.6 million people. As a member of the ICS, in July the Trust joined the NCL Provider Alliance along with providers of acute, specialist, primary and mental health care and community services.

Chief Executives and Chairs from across the NCL Provider Alliance convene on a regular basis to work on a shared agenda addressing priorities which lend themselves to action at a system level. The role of the Alliance is to mirror the reality experienced by patients, where many of the opportunities for improvement exist in the space between out-of-hospital and in-hospital care and strengthen the integration between mental and physical health provision. In joining the Alliance, the Trust also approved the 2022/23 UCL Health Alliance business plan.

The Trust actively engages across various areas of the Integrated Care System (see page 115 for further information). Although the reach of GOSH as a specialist paediatric trust is wider than the boundaries of North Central London (NCL), the Trust is wholly committed to playing a key role in supporting improvements in the health and well-being of children, young people and families in NCL. At the same time, we ensure we balance this with our focus on delivering the Trust strategy Above and Beyond and work programmes we are engaged with nationally and internationally. As such, the Trust has added a new risk to its Board Assurance Framework around our involvement in local, regional, and national healthcare frameworks and our commitment to operate across local, regional, national and international boundaries in pursuit of advancing care for children and young people with complex health needs.

A summary of performance in 2022/23 against each of the planets underpinning the Trust's Above and Beyond Strategy is provided on pages 40–56. Monitoring of the planets will continue to be managed by the Transformation team, reporting quarterly to the Above and Beyond progress meeting, Executive Management Team, and to the Board as required.

## Health inequalities

In recent years, there has been increasing recognition of the importance of early childhood health in providing a strong foundation for later life and as a crucial opportunity for reducing inequalities. GOSH recognises the importance of the health inequalities (HI) agenda - there are synergies that are pertinent across all children's services, including access to healthcare, outcomes and experience. As such, the Trust is focused on the delivery of a health inequality agenda both locally and nationally, working in collaboration with the North Central London Integrated Care System (NCL ICS) and national Children's Hospital Alliance respectively.

GOSH treats a disproportionate number of patients from deprived areas (~56% of our patients are from the bottom 50%) and from ethnic minorities (55% compared to the national average of 15%). Research has also shown children with learning disabilities experience greater health inequalities and are likely to have significantly more health conditions, health technology dependencies and family-reported issues. This is an important finding because approximately 50% of our patients have a learning disability.

The Trust has established a Health Inequality Steering Group, chaired by the Deputy Chief Nurse, which is focused on analysing patient demographics using postcode and ethnicity data matched to various indexes of deprivation.

This information, alongside patient and family feedback and national themes, has been used to prioritise six main workstreams:

- Access
- Experience
- Outcomes
- Awareness
- Accountability
- Insight

It is recognised that paediatricians and other child health professionals have a key role in identifying, preventing or mitigating the impacts of poverty (including digital poverty) on child health. Moving forward with the health inequalities agenda at GOSH will require an education and awareness raising campaign to increase understanding of the impacts of health inequalities and encourage people to do what they can in their areas of practice – in particular, clinical teams who are the only professionals who can 'make every contact count'.

At a national level, work is being driven through the Children's Hospital Alliance and the National Paediatric Accelerator programme. The three main objectives are to improve access for disadvantage children and their families; improve their experiences and improve patient outcomes.

### Examples of work underway include:



#### Access

A focus on patients who did not attend outpatient clinics. A study was completed in March 2022 to assess the impact of free public transport on outpatient attendance in two pilot sites (Sheffield and Birmingham Children's Hospitals). An evaluation of the methodology and benefits is underway to allow the Children's Hospital Alliance to lobby government for a nationwide scheme.



#### Patient Experience

- Letters and communications have been made available according to patient choice, including access to Braille, different languages and easy read formats.
- Access to electronic records through a Patient Portal is being used to improve communication between patients, parents/carers and their clinical teams. We are delighted to be working with colleagues across the Children's Hospital Alliance, NHS England and the Children and Young People's Transformation Programme to develop proposals for a networked approach across our 11 hospitals and their local systems.



#### Outcomes

The use of one stop shop appointments, in which a patient sees several different health care professionals on one day, preventing multiple attendances.

We were delighted to host a webinar on 14 June 2023 for the 11 trusts in the Children's Hospital Alliance and their partners entitled 'Healthcare Inequalities – What is the Role for Children's Hospitals?' It was inspiring to hear from colleagues who have delivered progress on this agenda through funding from the Paediatric Accelerator programme, to listen to the views of our partners in NHS England and the Royal College of Paediatrics and Child Health (RCPCH), and to share insights.

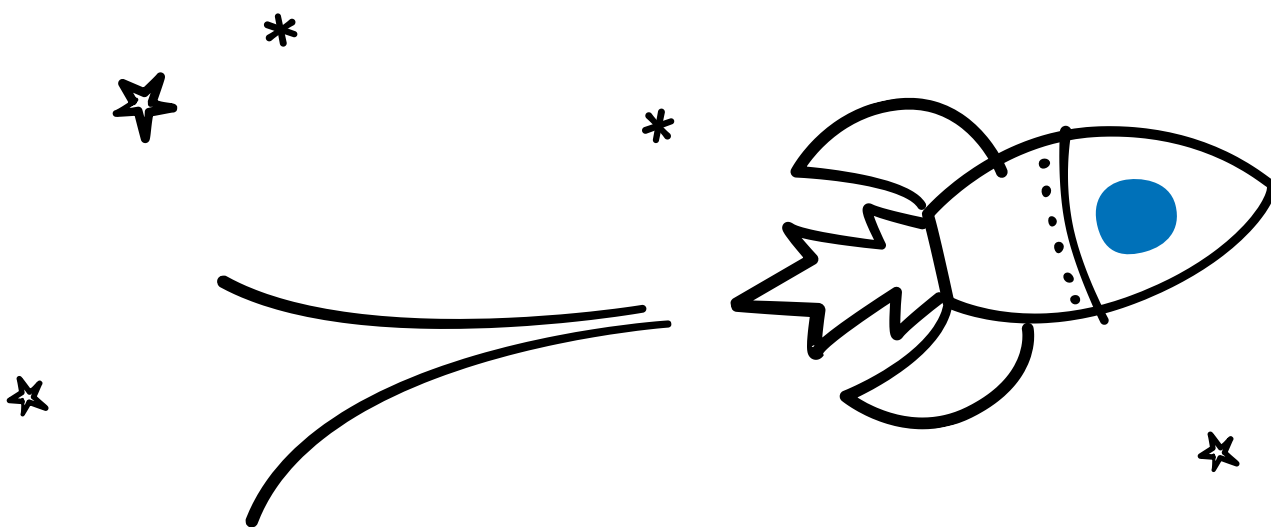
Virtual care is critical to the national recovery effort, and we were delighted to be visited by Sajid Javid, the Secretary of State for Health and Social Care, as part of the national launch of the Plan for Digital Health and Social Care in June 2022. The Secretary of State was impressed by our digital services and education facilities and met with patients, families and staff to discuss a wide range of topics, from the benefits of the MyGOSH app to the future of NHS specialised commissioning



## Safety and Quality Performance: Analysis

We have a clear principle in our Above and Beyond Strategy for safety and quality, which sets out our desire to be world leading in clinical outcomes, with our service design putting patients first. With this in the forefront of our minds, last year we identified three priority areas for improvement in safety, experience and clinical effectiveness. We have worked hard to progress these priority areas and our performance against each one is set out below.

<p><b>Safety</b></p>	<p><b>Aim:</b> To eliminate avoidable harm.</p> <p><b>What we said we'd do:</b> Refine governance structures for the Trust-wide use of medicines.</p> <p><b>What we did:</b></p> <ul style="list-style-type: none"> <li>• Worked to understand and embed lines of reporting, assurance through vigilance and the identification and management of risk through the Medicines Safety Committee and our core audit programme.</li> <li>• Ensured the sustainability of improvements related to the use of medicines implemented since the last CQC inspection. The parental nutrition manufacturing service remains under scrutiny from the MHRA, with risk assessments in place for the ongoing delivery of the service (see page 148).</li> <li>• During 2023/24 we will continue to improve the audit function of meetings, embed reporting frameworks and develop a quarterly reporting score card to provide assurance of medicines safety and delivery of service</li> </ul>
<p><b>Clinical Effectiveness</b></p>	<p><b>Aim:</b> To consistently deliver excellent clinical outcomes to help children with complex health needs fulfil their potential.</p> <p><b>What we said we'd do:</b> Implement the National Patient Safety Syllabus level 1, update and implement the Duty of Candour education and develop the Patient Safety Team.</p> <p><b>What we did:</b></p> <ul style="list-style-type: none"> <li>• During the year we achieved 50% compliance at National Patient Safety Syllabus Level 1. Level 2 will be implemented for staff at Band 7 and above when Level 1 compliance reaches 60%.</li> <li>• Developed by the Academies for Medicine, in collaboration with Health Education England, syllabus level 1 provides an overview of the fundamentals of patient safety relevant to all NHS staff and is mandatory.</li> <li>• We updated Duty of Candour education for those engaged in the Duty of Candour process. Whilst not currently mandatory, we ask all clinical staff to undertake the e-learning, which is monitored on the GOSH Digital Education Network. Additional education was set-up for Senior leaders actively involved in Duty of Candour, with a goal of 100% compliance with both e-learning and Duty of Candour workshops. Compliance is significantly below target, and this will be a key focus for 2023/24.</li> <li>• The NHS Patient Safety Incident Response Framework and NHS Patient Safety Strategy signalled significant changes to the approach to managing, learning from and understanding safety incidents. This included the 'professionalisation' of patient safety team members. To achieve this, a formal programme including peer to peer and action learning sets was implemented.</li> </ul>



## Experience

**Aim:** To clearly communicate consent for treatment.

**What we said we'd do:** Update the Trust-wide policy and guidance notes regarding decision making and consent, to set the expectations of healthcare professionals supporting children, young people and adults with parental responsibility through the consent process. Including standardising records of decisions made as well as the information and documents shared with patients, parents and carers.

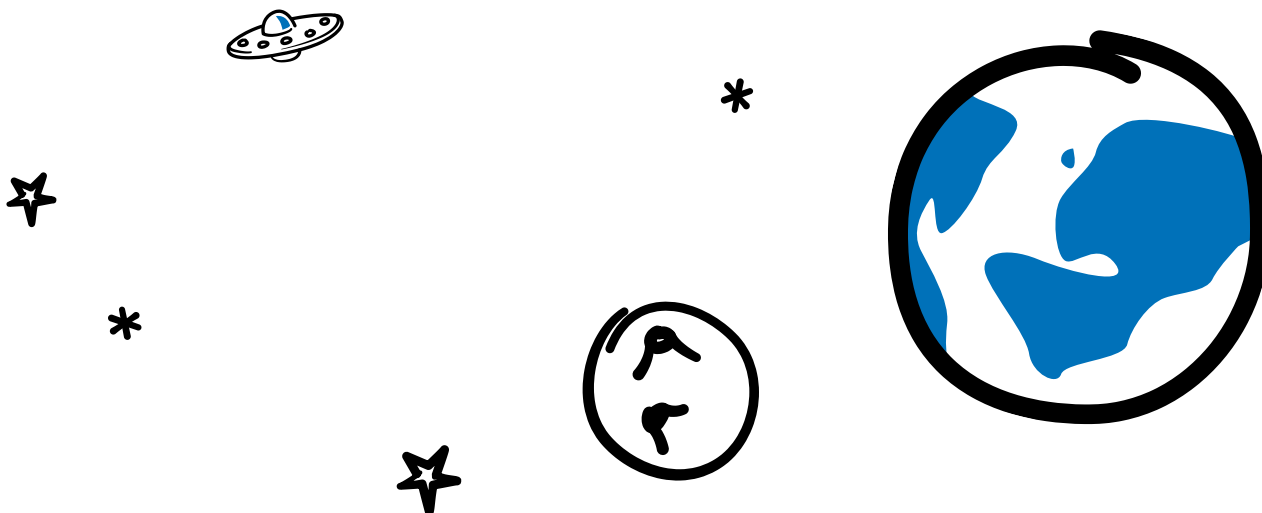
**What we did:**

From May 2021 to September 2022 a GOSH multi-disciplinary project board, led by the Deputy Medical Director, analysed professional guidance, experiences of staff and young people at GOSH to formulate recommendations for best practice in discussing, taking and recording consent. Key project outputs:

- A revised Trust Consent Policy (approved in October 2022).
- Updated induction and mandatory training products to inform healthcare professionals of their responsibilities.
- Enhanced electronic patient record functionality to record what matters to a patient and other decision-making conversations between a healthcare professional and the patient/ family (due June 2023).
- Enhanced electronic patient record functionality to record a patient's consent for a clinical intervention electronically (due June 2023).

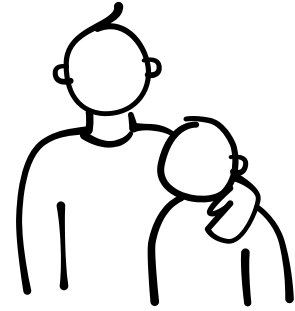
**Successful implementation is anticipated to deliver the following outcomes:**

- More patients satisfied with their clinical intervention outcomes and experience of receiving care, through the enhanced quality of shared decision making and patient engagement.
- Enhanced co-operation of healthcare professionals as one team to deliver the Trust's purpose through consistent information management.
- Increased productivity through reduction in late theatre starts caused by delays in recording a patient's consent for a procedure.
- Enhanced quality of training for junior doctors rotating through placements at GOSH.
- Decreased legal costs through a reduction in the number of cases submitted to GOSH legal team where a patient's decision making, and consent process is poorly documented.



## Safety Transformation Programme

During 2022/23, a safety transformation programme was designed in partnership with external experts to embed new policies and procedures into routine safety practices. The inaugural meeting of the Safety Transformation Board (STB) took place in September 2022, with representation from across the Trust and from key national and regional partners. The STB oversees workstreams in relation to Quality Strategy and Safety Strategy on behalf of the Trust and reports through to every Quality, Safety and Experience Assurance Committee (QSEAC) meeting (an assurance committee of the Trust Board). Progress is reported under an umbrella plan – the Safety Transformation Plan (please see below).



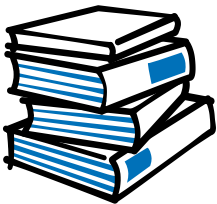
## GOSH Patient Safety Statement

In February 2023, the Trust Board approved the new Patient Safety Statement. The statement provides the foundation for the Safety Transformation Plan based around three pillars: Listen, Lead and Learn. The committee welcomed the clear messaging in the statement and the plans presented to engage and communicate with families and staff across the three pillars. The Trust Board approved the following statement in February 2022:

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



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



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



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

## Safety Transformation Plan

The Safety Transformation Plan has been designed to bring together Safety and Quality actions under one umbrella programme. This is a three-year plan that amalgamates several key safety plans and other data. The information that shaped the plan includes the GOSH Safety Strategy, the GOSH Quality Strategy, the NHS Patient Safety Strategy, the NHS Patient Safety Syllabus, findings from the Ockendon and East Kent Maternity Services reports, Staff Survey results, the GOSH Business Plan and findings from the GOSH Verita Review conducted in 2022. The plan incorporates 155 separate, high-level actions which span more than three years, are based on standards developed by Patient Safety Learning and cover the seven areas identified in the diagram.





## Operational Performance and Analysis

GOSH measures operational performance in five dimensions: Patient Safety, Patient Experience, Patient Access, Effectiveness and Well Led. Each dimension has a series of key performance indicators (KPIs), which are monitored through our Integrated Quality and Performance Report and reviewed regularly by our Trust Board and executive team. The KPIs break down into a series of support metrics that are used daily throughout the hospital to help us provide the care needed for our patients in the most effective, safe, and efficient way. These metrics also help us identify challenges and risks to the safe and effective operation of the hospital and to make swift interventions, so we continually deliver the best care and services for our patients and families.

### Patient Safety

We constantly review key metrics around incidents, risks, infections, mortality, cardiac arrests and many more categories, using statistical process control to provide early detection of any deteriorating factors to ensure patient safety is never compromised.

### Patient Experience

We continually survey and listen to our patients and families to ensure we are doing all we can to make coming to GOSH a comfortable and positive experience.

### Patient Access

We are working to reduce our waiting lists that built up during the pandemic to ensure all our patients can be treated as soon as possible. We focus on reducing the time from referral to treatment for all patients. During 2022/23 patients were waiting on average about 14 weeks and we are working hard to reduce this time. We ensure we treat cancer patients within 30 days and are also focusing on long waiting patients.

### Effectiveness

We measure clinical outcomes and audit processes across the hospital to ensure we are effective in the work we do.

### Well Led

We work to make sure our staff are well led and well managed, but also valued, developed, supported and empowered to be and do their best.

### Industrial action

During 2022/23 we saw several days of NHS industrial action, including the Royal College of Nursing, British Medical Association and Chartered Society of Physiotherapy, alongside multiple transport strikes. Inevitably these affected our performance.

We respect the right of our staff to take part in lawful industrial action, and through the dedicated work of our operational teams and clinical staff, we mitigated most of the impact on delivery of care. More outpatient appointments were moved online, and inpatient activity was rescheduled. We worked with colleagues across the trust and trade unions to facilitate action while keeping the hospital safe. Our teams were able to negotiate effective derogations to the strikes to ensure essential services could continue.

However, despite our best efforts to minimise disruption, and patient experience generally remaining high (Inpatient experience remaining at 98% positive and outpatients at 95%), we recognise that the strikes had a negative impact on some patients and families.

### Rising demand for care

In addition to the industrial action and winter pressures, the wider system has seen a cumulative increase in paediatric demand. With rising levels of pressure across the NHS, including unprecedented numbers of urgent and emergency presentations across England, this created upstream pressure on beds, including capacity in paediatric Intensive Care Units, and on the whole system's ability to drive patient flow and discharge back into the community. GOSH has experienced the knock-on effects of this, with increasing demand for urgent admissions and critical care, more patients referred who have already been waiting for long periods, and growing difficulties with safely discharging patients back to the care of teams closer to their homes.

### Increasing pressure on our staff

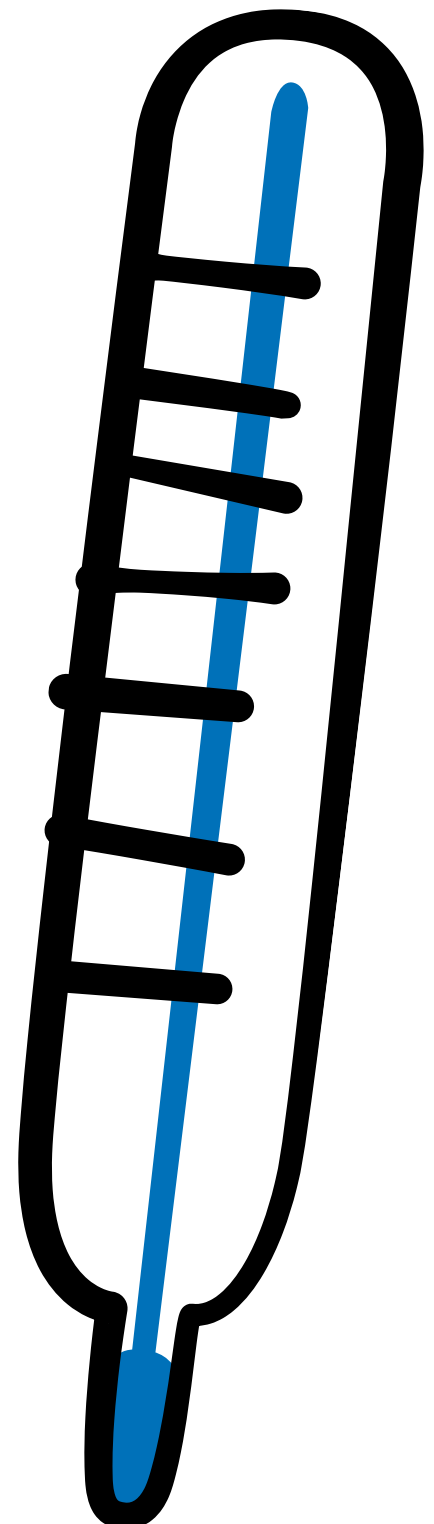
Our staff also have to deal with wider impacts on the health and wellbeing of our young people and families, several of whom have experienced distress caused by waiting and wider disruption to their lives, and with the increasing complexity of physical and mental health presentations. Our staff do an amazing job to balance these seemingly ever-increasing pressures, working towards our shared aspiration never to decline referral requests for children who need our help. They do this while maintaining high levels of elective activity - to keep on top of waiting lists - and meeting the wider biopsychosocial needs of our complex patient cohort.

To support our staff in dealing with these demands in the context of a cost-of-living crisis, we provided a staff hardship fund, free hot meals during from December, and tea, coffee and sugar supplies in staff rest areas. We continue to speak to staff, monitor the impact of these interventions and consider other ways we can help where it is in our power to do so.

In 2023/ 24 we will be building on the support we already provide for staff through our digital advice portal and establish an on-site Staff Advice and Liaison hub, which is a one-stop shop for staff support. We are also reviewing our People Strategy and values to make sure they reflect what matters most to our staff (see page 107 for further information).

### The Dental Service

This year we experienced significant delays in our dental services. This is, in a large part, due to staff shortages which means we have been running at limited capacity. The staff shortages were exacerbated by a decision to stop sending dental trainees to us. We are reviewing all the patients on our waiting list and prioritising those with the most urgent care needs. We have notified our commissioners of the current position and have met with University College London Hospitals (UCLH) to discuss mutual aid. The service is being actively monitored and tracked at the weekly Executive Management Team meeting.

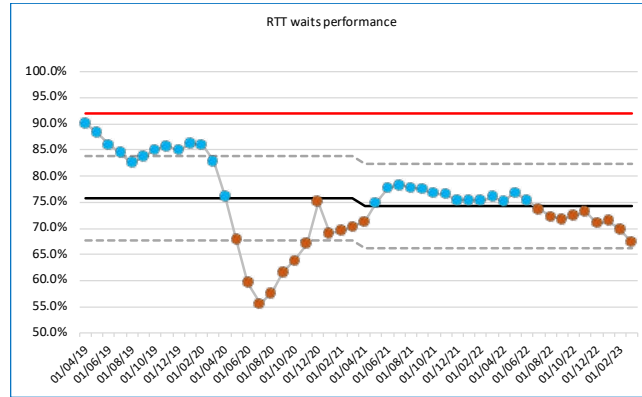


**How we did against national standards**

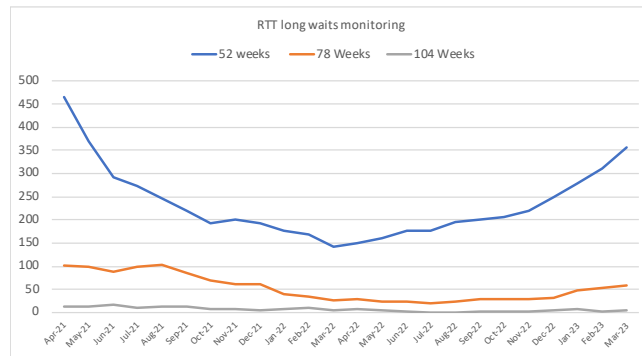
There are a number of national standards GOSH uses to measure operational performance, focused around ensuring access for patients to the hospital. Primary among these are referral to treatment times, which are broken down into several different metrics, including surgical, outpatients, diagnostics and long waiting patients. The Trust also uses a range of internal metrics, such as the utilisation of our theatres and bed occupancy, to ensure we make optimal use of our resources. Ultimately the measure of our operational performance is how we provide access to the hospital for our patients.

**18-week referral to treatment times (RTT):**

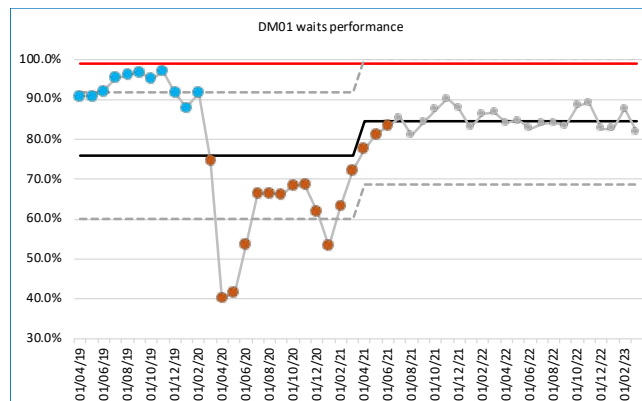
The start of the year saw RTT rates stable, with around 75% of our patients seen within 18 weeks of referral. As a result of the last significant Covid wave, this declined in 2022/23, dropping to 70% at the end of September 2022. A short recovery in the Autumn was then impeded by winter pressures and industrial action, leaving the Trust at 67% at the end of March 2023. Although GOSH remains in the top quartile of RTT performance for NHS Trusts, our RTT performance will remain a primary focus for 2023/24.



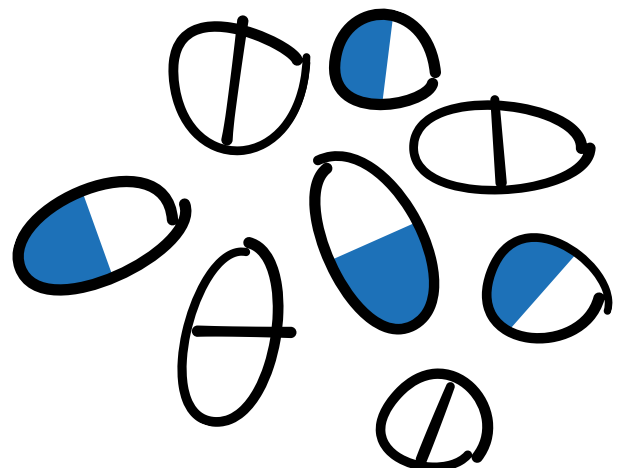
**Long waiting patients:** During the pandemic we focused on treating patients based on clinical priority. This, combined with patients and families who were concerned about travel due to Covid, meant we came out of the pandemic with significant numbers of long waiting patients. These people have been a focus for us this year. We have successfully eliminated all 104-week waits and continue to work on all other long waiting groups.



**Access to diagnostic tests:** The NHS target is for patients to have a diagnostic test within six weeks of referral. At the end of March 2023, GOSH was achieving this for 81% of patients, and we are continuing to try to meet this target for all patients. GOSH remains in the top half of NHS Trusts for this metric.



**Cancer Treatment:** The target is to treat cancer patients within 31 days of referral or decision to treat. We have prioritised the treatment of cancer at GOSH and this target has been consistently met. We have also successfully met the target for patients who have had their pathway upgraded from an RTT pathway to a 62-day pathway (the NHS target of 62 days in urgent cases).



## Clinical Strategy

Since the launch of our corporate strategy, *Above and Beyond*, the context in which GOSH operates has changed considerably in terms of policy, legislation, financing and due to the pandemic. The Trust commissioned the Clinical Strategy to support *Above and Beyond* and consider how GOSH can effectively live its purpose in the new landscape, particularly in relation to access and where to focus clinically, ensuring we continue to advance care and allow children to live to their full potential.

In particular, the Clinical Strategy helps to further the ambitions of *Planet 2: Deliver a Future Hospital Programme to transform outdated pathways and processes* and *Planet 4: Improve and speed up access to urgent care and virtual services from Above and Beyond*.

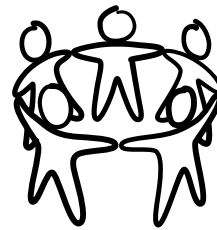
In formulating the Clinical Strategy, led by the Chiefs of Service, we sought insight and input from multiple teams and stakeholders alongside extensive qualitative measures, methodologies and research. Unlike previous iterations of the Clinical Strategy, it does not specifically focus on individual specialities but instead introduces four cross-cutting themes:



The Clinical Strategy was approved by the Trust Board in February 2023 and work with teams is underway to implement the strategy with the support of the Project Management Office. This will continue in 2023/24.

## Nursing Strategy

In the coming year we will be launching our Nursing Strategy. Nurses are at the heart of the organisation making up our largest staff group, with over 1,700 whole time equivalents, and uniquely span across all Agenda for Change bands. The GOSH Nursing 2023-2026 Strategy vision, 'safe in our hands' supports the priorities in this People strategy. It aims to create a supportive workplace for our nurses to achieve their best careers, delivering the care they want to deliver in a hospital where they are proud to work.



The nursing strategy is based upon four key principles; to continue to develop a skilled inquisitive workforce, amplifying the nursing voice, striving to become a nurse friendly hospital, celebrating our successes and our profession as we support nurses to have extraordinary careers.



## Financial Performance and Analysis

Historically, the Trust has been funded via a variety of income streams, with over 90% of NHS income received from NHS England specialised commissioning. Other significant income streams include:

- Contributions from international and private patients.
- Commercial research.
- GOSH Charity investment in the hospital's infrastructure, which enables the estate and equipment to be of much better quality.
- GOSH Charity funding for services over and above those in the NHS service specification, for example parent accommodation, chaplaincy and play services.

The NHS introduced a new financial framework in 2022/23 with the formal establishment of Integrated Care Boards (ICBs). The ICBs commenced their work on 1 July 2022.

2022/23 saw continued pressure on the NHS following the lifting of Covid-19 restrictions and the drive to reduce waiting lists, which had increased during the pandemic. Added to this was the impact of rising energy prices and inflation. While expanding NHS activity, GOSH has also been working to recover the private patient side of the hospital. At the end of the 2022/23 period the Trust reported a £10m operating deficit prior to capital donations, gains on disposals, donated inventory, depreciation in respect of donated assets and impairments.

### Capital projects

During 2022/23 the Trust continued to invest in its estate and equipment. Risk assessments were undertaken for each project to understand the likelihood of disruption to the site infrastructure. Planning for the Children's Cancer Centre and related decant and enabling works continued throughout the year, see page 53.

### Financial governance and reporting

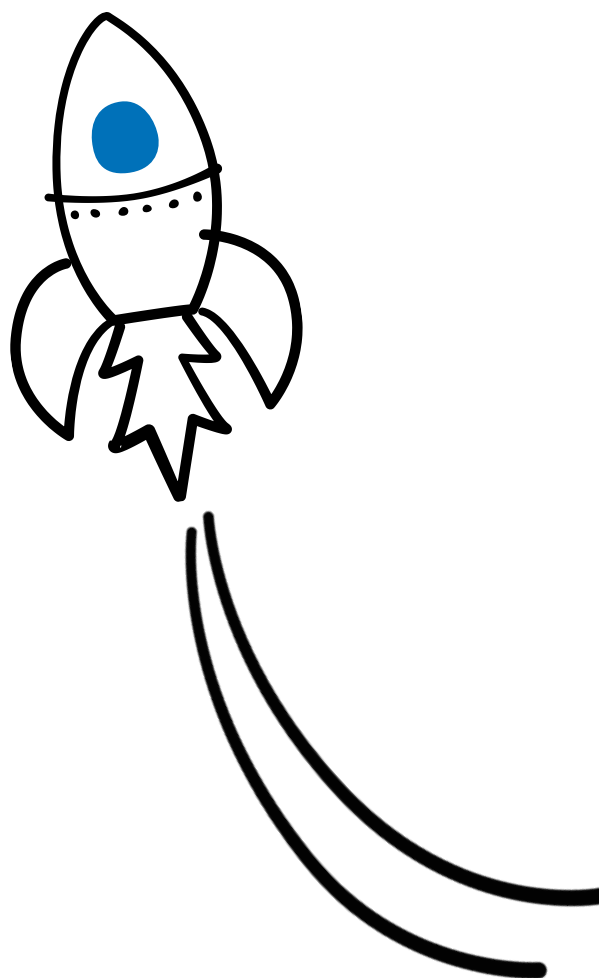
We applied specific financial governance arrangements for managing spend during the year. These operated in accordance with guidance received from NHS England, the Trust's Standing Financial Instructions, Scheme of Delegation and Standing Orders while adopting a suitable approach to maintain safe and effective care and working practices across the Trust.

### International and private care services

Our International and Private Care (I&PC) directorate is an important component of the overall funding model for GOSH. It enables the Trust to invest in enhancements to services and facilities which support and drive benefits across the NHS services and maintain our status as a world-class provider of paediatric services.

The directorate employs 221 clinical and non-clinical staff in London and maintains an office with a small staff in Dubai to support our key relationships with foreign sponsors in the Middle East. We work with around 312 Consultants and 72 Allied Health Professionals], supporting them to conduct private practice on the GOSH site in dedicated outpatient and inpatient facilities. Within the hospital, we provide 53 dedicated private beds across three wards, with access to NHS specialty beds (e.g., intensive care) as required according to our patients' clinical needs.

Global events in recent years had a detrimental impact on the level of private income we received through I&PC. The Trust has made substantial progress during 2022/23 to rebuild the levels of work for international and private patients, and we continue to keep the situation under review.



## Looking ahead to 2023/24

In 2023/24, GOSH enters year four of the Trust's corporate strategy, *Above and Beyond*, which outlines six bold and ambitious programmes of work, or planets as we call them, to help GOSH deliver better, safer and kinder care and save and improve more lives. Key areas of work to be delivered are highlighted under each of the planets on pages 40–56. In summary, we are committed to doing the following:

### Our people first

The overarching focus for this year is to look after our people so they feel valued, trusted and listened to. If we look after them, they will be able to look after each other and in turn will be able to look after our patients.

We have to redouble our efforts to recognise the value of each member of our staff. At a Trust level we'll going to expand our GEMS awards to include an annual in person ceremony and we'll bring back recognition for long service and we'll make our learning and development offer easier to access and navigate.

From the inside GOSH isn't always easy to do business in and we will look at ways to simplify our systems and processes so less time is wasted on working out just how to get things done. If we do this our people will trust our systems and they can be trusted to get on with their roles.

We know staff are struggling – our staff survey and other feedback tell us this. We need to listen more and then act. We need to do this right across the organisation. At a corporate level we're going to set up a staff advice and well-being hub in the centre of the hospital and explore what more we can do to ease people's financial burden - including looking at travel bursaries.

### Our priorities

Our people are our starting point. If they feel valued, trusted, and listened to then we have the best chance of being able to deliver on our pressing priorities amid the choppy waters that lie ahead. These priorities include:

- Maintaining high levels of patient activity and tackling long waiters while not compromising patient safety and quality. We won't expect staff to do just more of the same: we will launch an organisation-wide transformation programme focusing on day cases and we will invest in teams to increase activity where it makes sense to do so. We'll also look at intensive support for clinical areas where there are long-term, stubborn issues.
- Decanting several buildings to make way for the Children's Cancer Centre. We will carefully consider the needs of teams and set principles to get the best out of relocating teams and services. We will communicate in a timely way and listen and respond to feedback.
- Continuing to be as efficient as we can and make savings. We delivered our largest ever savings programme last year with limited cross-cutting schemes. This year, we have an equal ask, but we will have more cross-cutting themes and support spend to save initiatives and be as cost effective as possible.
- Continuing to diversify our income to support NHS services. We will drive commercial income across the portfolios of research, education and training, data and innovation, specialist laboratories and Good Manufacturing Practice (GMP). The GOSH Learning Academy, DRIVE, the laboratories and GMP will be key vehicles to expand activity.

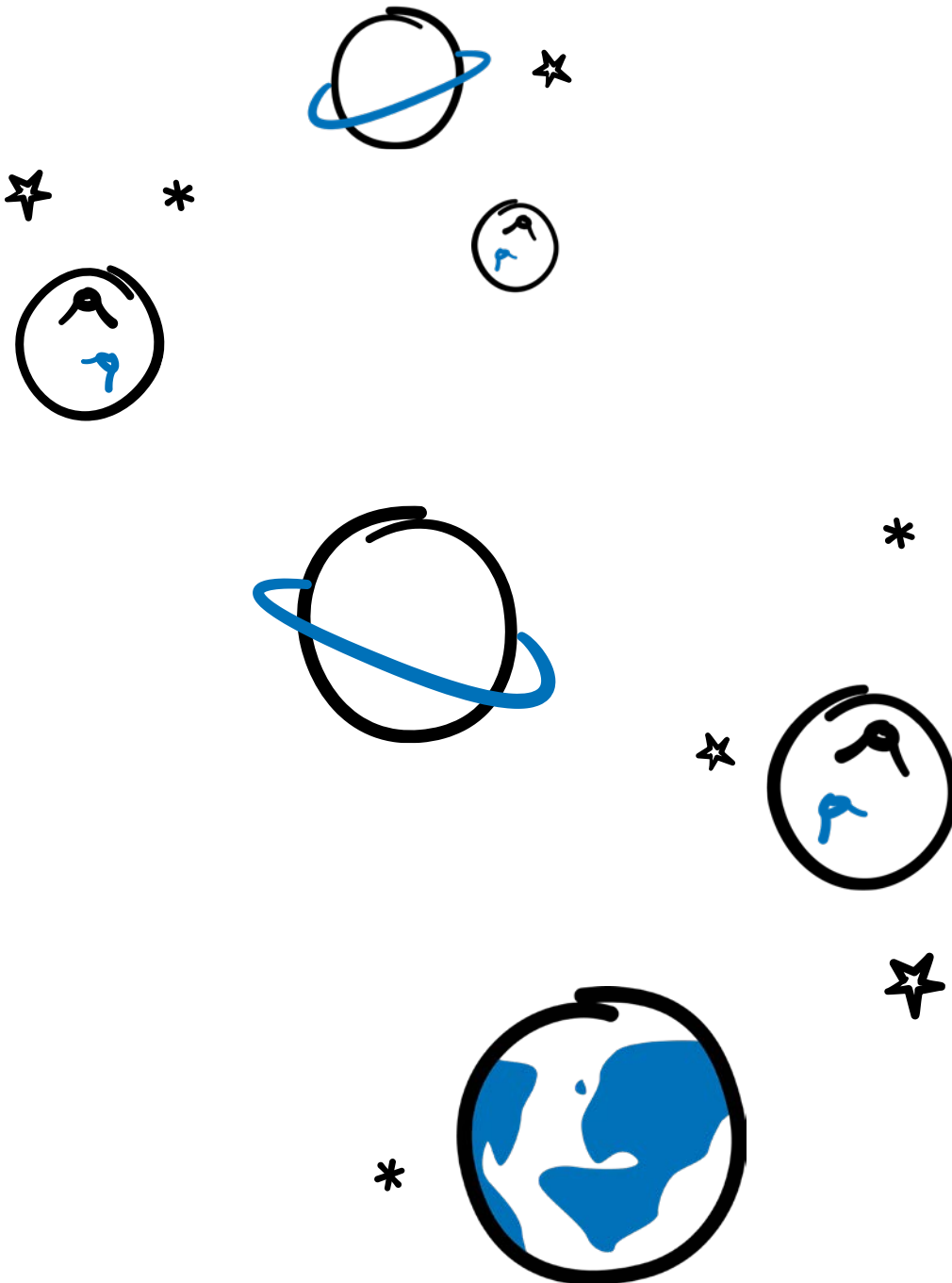
The Trust will continue to adapt its ways of working to reflect its place in the local, national and international ecosystem and strive to deliver the ambitious programmes of work under our strategy *Above and Beyond*.

### Going Concern

After making enquiries, the directors have a reasonable expectation that the services provided by GOSH will continue to be provided for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Full details of our income and expenditure in 2022/23 can be found in the accounts, from page 168.

On the following pages, you will find more information about our 'planet' priorities; what they are, and what we achieved in 2022/23.

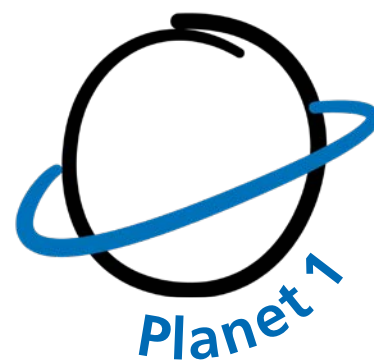




## Planet 1: Make GOSH a great place to work by investing in the wellbeing and development of our people.



We know staff who feel safe, supported, valued and cared for provide the best care for patients. We strive to make GOSH the best place for our staff and volunteers to work so we can provide the very best care.

The GOSH People Strategy was published in November 2019. Its purpose is to support delivery of the ambitions and commitments set out in the GOSH Strategy and to make GOSH a great place to work. The People Strategy is built around four themes – Capacity and Workforce Planning, Skills and Capability, Modernising the HR Infrastructure and Culture, Health and Wellbeing. A summary of our performance for this planet in 2022/23 is provided below. More detailed information about our staffing can be found on page 99.



Priority	Achievements
Our Diversity and Inclusion framework aims to ensure our staff, in all roles, are Seen and Heard, have equal access to promotion, education and training, and the opportunity to be themselves and do their best work.	<p>The GOSH Staff networks continued to grow and flourish throughout 2022/23. They renewed their leadership structures with clear roles and responsibilities and developed their connections with the Trust Executive team leads.</p> <p>Through our Debiasing Recruitment project we are driving changes to our processes to ensure fair and inclusive recruitment and selection, including launching a De-biasing recruitment e-learning module for managers and recruiting and training ‘Seen and Heard Champions’ to be members of senior recruitment panels (see page 41).</p>
Our staff Health and Wellbeing framework aims to provide a holistic approach to managing staff health and wellbeing across the organisation. It documents a plan to deliver a positive, effective, diverse and inclusive health and wellbeing culture for our staff.	<p>Delivery of the Mind, Body and Spirit Framework continued at pace. We updated our Wellbeing Hub and staff communications to better reflect the challenges staff are facing. During the year we introduced:</p> <ul style="list-style-type: none"> <li>• Financial support for staff through a hardship fund, which supported GOSH staff with unexpected expenses.</li> <li>• Free hot meals for staff in the Lagoon – breakfast and evening meals were available.</li> <li>• A dedicated advisor from Citizens Advice Bureau on-site 2 days a week.</li> <li>• Other health and wellbeing support, such as: <ul style="list-style-type: none"> <li>- Delivery of a bespoke GOSH training programme for managers, focused on self-care and having high quality health and wellbeing conversations with their teams.</li> <li>- Regular health and wellbeing Pop-Up events.</li> <li>- The launch of a Menopause Policy and regular Menopause Café events.</li> </ul> </li> </ul>

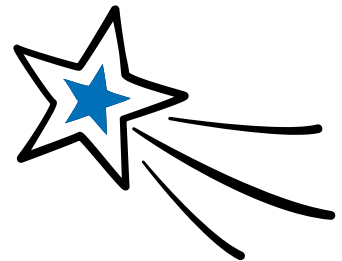


Priority	Achievements
<p>The Internal Communications and Staff Engagement pillar of the strategy is focused on ensuring our staff have what they need to do their jobs, setting up channels and ways of working so everyone feels valued, heard and seen, and providing ways for our colleagues to bring their knowledge, ideas, and experiences to the fore in the delivery of our Trust strategy.</p>	<p>In October 2022 we relaunched our GEMS staff awards (GOSH Exceptional Member of Staff). GEMS awards bring together nominations received via the PRAISE platform and are awarded each month to one individual and one team who live our values and go above and beyond for their colleagues, our patients or their families.</p> <p>After many years in operation, the GOSHweb intranet was replaced with a new platform "Our GOSH" in summer 2022. The move to a modern system and platform provides improved functionality and tools, supports collaborative working and allows the hosting of modern digital communications tools to improve staff communication and engagement.</p>  

### Star achievements

#### GOSH Hardship Fund

Recognising the financial challenges many staff have faced throughout the year, and thanks to a grant from the GOSH Children's Charity, we established the GOSH Staff Hardship Fund in August 2022. Staff have been able to apply for grants of up to £500 for support with unexpected financial challenges. Grants allocated through the hardship fund are gifts and staff aren't asked to pay them back. Since the launch of the fund, we have provided grants totalling £44,000 to 144 staff.



#### Seen and Heard Champions

Through our Seen and Heard framework we continue to embed our commitment to equality, diversity, and inclusion. In 2022 we recruited our first cohort of Seen and Heard champions to join recruitment panels to bring an alternative voice and champion an inclusive process. The champions have received training to allow them to support fair recruitment decisions. The champions will primarily support vacancies at a more senior level as we recognise this is where there is lower representation of people from ethnically diverse communities. The first panel with a champion sat in March 2023 and we look forward to embedding them in our recruitment processes.

### Looking ahead to 2023/24

The overarching focus for the year ahead is to look after our people so they feel valued, trusted and listened to.

We will be publishing a refresh of the GOSH People Strategy which will build on the solid foundations established by the previous strategy and will have delivery plans shaped around four pillars:

<p><b>Culture and Engagement:</b></p> <p>New areas of work will include a review of our values and a cultural change programme to embed speaking up and psychological safety.</p>	<p><b>Building a Sustainable Workforce:</b></p> <p>Focusing on recruitment, retention and workforce planning with increased focus on fair and open recruitment, onboarding, career pathways, progression and role configuration to support service redesign.</p>	<p><b>Skills and Capability:</b></p> <p>Continuing to build on our well-established education and development offer from the GOSH Learning Academy, new programmes will be developed focusing on system working, financial and digital literacy, and leadership and line management.</p>	<p><b>Process Systems and Infrastructure:</b></p> <p>Focusing on improving processes around business planning, demand and capacity planning and business development. Upgrading our systems and tools to improve collaborative working and decision making.</p>
---	--	--	---

## Celebrating our staff's achievements during the year

Our staff achieved several awards and achievements throughout the year, and we would like to extend our congratulations to them for their amazing work and dedication to improving the lives of children and young people.



### Achievements and awards



April 2022

**Adeboye Ifederu, Dr. Kimberly Gilmour and Dr. Stuart Adams:**

Innovation in Healthcare Science Award for their National Newborn SCID Screening Programme

June 2022

**Sight and Sound Centre:** Healthcare Design (Under 25,000 sqm) from the European Healthcare Design Awards

**Sight and Sound Centre:** Highly commended in the Interior Design and Arts category from the European Healthcare Design Awards

**Kimberley Harvey:** Practice Supervisor of the Year from the 2022 Student Nursing Times Awards

**Lorraine Hodsdon:** shortlisted for the RCN Nursing Awards 2022



August 2022

**Lizzie Penn:** Outstanding Professional from the WellChild Awards



September 2022

**Dr Moonsang Seo:** Independent's Happy List

**Dr Jonny Groome and Greener Anaesthesia & Sustainability Project:**

Environmental Sustainability & Climate Action Award: BMJ Awards



October 2022

**Amina Abukar:** Royal College of Nursing's Rising Stars (London region) award

November 2022

**GOSH Young People's Forum:** British Citizen Youth Award

**The Children's Health Alliance:** HSJ Performance Recovery Award

**NHS North Thames Genomic Laboratory Hub Collaboration:** HSJ Provider Collaboration of the Year Award



January 2023

**Professor Lyn Chitty:** Dame Commander of the Order of the British Empire for services to Medicine

**Professor Isobel Heyman:** MBE for services to Child and Adolescent Mental Health Services

March 2023

**GOSH Security team:** Martyn Hett Award for Counterterrorism

**UCLH-GOSH MDT Genito-urinary rhabdomyosarcoma service:**

Team of the Year from the Children's Cancer and Leukaemia Group Awards

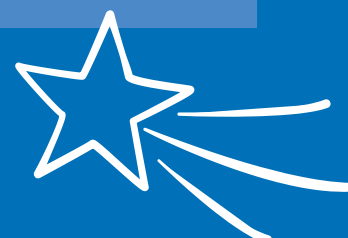
**Emma Woods, Lucy Holroyde and Dhimple Patel,**

**Ventricular and Rachel Allaway:** Silver Michelle Deeth New Talent Award from the Journal of Wound Care awards

**Mollie Riley, Research Respiratory Physiologist, and Arnold Awuah, Biomedical Scientist in Immunology:** Rising Star Award Our from the Advancing Healthcare Awards 2022

**Apprenticeship team:** Widening Participation from the AAC awards

**Sophia Varadkar:** GOSH Inspirational Woman of the Year





**Planet 2: Deliver a Future Hospital Programme to transform outdated pathways and processes.**

**Planet 4: Improve and speed up access to urgent care and virtual services.**




We deliver ground-breaking clinical care at GOSH and we strive to ensure the experience patients have when receiving that care is also world leading. We seek to ensure patients are treated efficiently, using the very latest technology and digital enablers, meaning they only come to see us in central London when it is necessary.

The concept of the ‘Future Hospital’ was developed in conversation with the GOSH community (patients and stakeholders), with the aim of building on the brilliant work we do – from making patients and families feel safe and welcome to developing new treatments, pioneering surgery and world leading research. Of central importance is the need for children and young people with complex health needs to be able to access the right specialist teams quickly, so they can get expert advice, the right care and the best outcomes from their treatment. By creating streamlined operational processes, optimising our Electronic Patient Record and using data to drive more personalised approaches to care, we will make things better for our patients and for our staff. By working with patients, families, referring partners and commissioners, we will understand how we can best support and improve the whole patient pathway so we can be more accessible and responsive.

We had a number of priorities to focus on throughout the year and our achievements against these are detailed below:



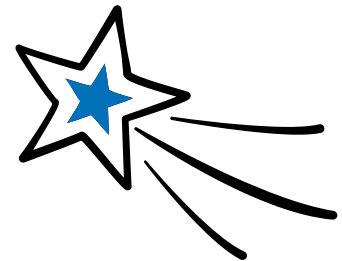
Priority	Achievements
Patients are better prepared before their treatment.	We published and implemented our revised Consent Policy: <i>Shared Decision Making in Healthcare and Research</i> in October 2022. The policy was received favourably by the General Medical Council. They were impressed by its novel approaches, including its focus on collaboration between a patient, their responsible clinician and accountable proceduralist. It has also been praised for emphasising the roles of Advanced Clinical Practitioners and integrating advice and guidance for patients participating in research studies.
Excellent evidence-based processes to manage flow.	Our new Haematology/Oncology patient discharge process is due to go live after extensive development over the past year. Eight new patient and family education videos and animations, accessible from the MyGOSH app, provide patient safety and care advice. The videos enable families to access this information in both inpatient wards and from home. On discharge, it also helps our patients with the information they need and gives them confidence to know where they can find help.

Priority	Achievements
<p>Increased use of MyGOSH, Apps and virtual visits.</p>	<p>Working with our partners in the Children’s Hospital Alliance, we have piloted the use of the Was Not Brought (WNB) Artificial Intelligence Predictor tool. It identifies patients who are most at risk of not attending a clinic appointment and we can use this information to provide solutions through our existing embedded digital solutions, including MyGOSH and DrDoctor, as well as call reminders before appointments.</p> <p>Following a 6-week pilot in Dermatology, Rheumatology and Ear, Nose and Throat services, the Was Not Brought rate in Rheumatology showed the largest improvement, reducing by 2.5% to 7.9%, compared to the 12-month average of 10.4% for the service.</p> <div data-bbox="475 479 1422 663" style="display: flex; justify-content: space-around;">    </div>
<p>Better use of data and analytics to improve our demand and capacity management.</p>	<p>We have successfully piloted remote patient monitoring and reporting in our Rheumatology Service, using the daily collection of pedometer (step count) data from patients directly into their electronic health records. This data, combined with answers to health-related quality of life surveys, has helped healthcare professionals to monitor patients’ experience of pain and how their condition affects their functional ability.</p>

**Star achievements**

**The Docman project (GP communication platform)**

Over the past year we have implemented the Docman electronic GP communications platform to manage all outgoing mail from GOSH to NHS GP practices across England. The system is integrated with the electronic patient record system and manages all outgoing mail from GOSH to these NHS GP practices, delivering correspondence within 24 hours. For our children and young people, this means their local services will be able to access and act upon the latest correspondence from GOSH within hours, ensuring there is no interruption to ongoing care.



**The Radiology and Haematological Oncology Surgical Huddle dashboard**

This new dashboard built into our electronic patient record system shows live data for upcoming surgical cases and cancellations, as well as on the day delays and remaining cases to be undertaken. Each of the components can be further examined down to individual appointment level and includes important functionality such as infection and isolation alerts. The dashboard has already saved the radiology team members an average of 225 minutes of unnecessary administrative effort each week – reducing duplication of recording, collating and analysing data outside of the system in preparation for the surgical huddle meetings.

**Paediatric Accelerator Programme and Super Saturday**

The Paediatric Accelerator Programme is a scheme funded by NHS England to support a group of children’s hospitals, including GOSH. The funding has enabled us to try new ideas and interventions so we can see more elective patients more quickly.

On 12 November 2022, we teamed up with our Children’s Hospital Alliance partners (Alder Hey, Sheffield, Evelina, Leeds, Birmingham, Manchester, Bristol, Newcastle, Oxford and Southampton) for ‘NHS Super Saturday’ – our shared drive to help children and young people get the care and support they need and to reduce delays. Super Saturdays were created in response to the challenges created by the Covid pandemic, including increased waiting lists. During the day partner hospitals offered additional clinics, scheduled extra surgery slots and some teams headed out into the community to give families health advice and promote healthy habits.



This was our third Super Saturday and we celebrated by seeing 60 children in outpatients, with not one Did Not Attend (DNA). Interventional radiology was able to treat 10 children, MRI 8 patients, and 11 children had a surgical procedure. We also had a team of around 10 staff who consented 59 families to the sample bank.

## The Gender Dysphoria Service

In July 2022, NHS England announced next steps for improving and expanding the current services for children and young people experiencing gender incongruence and gender dysphoria. This included establishing two early adopter services, one of which is based in London and is formed of a partnership between Great Ormond Street Hospital for Children (GOSH), Evelina London Children's Hospital, South London and Maudsley NHS Foundation Trust and University College London Hospital. The other early adopter service will be a partnership between Alder Hey Children's NHS Foundation Trust and Manchester University NHS Foundation Trust. The early adopters have been working closely with the Cass Review Team, the Tavistock and Portman NHS Foundation Trust and NHS England in the development of the new service.

The new children's and young people's gender service is vital to addressing the large and rising waiting list of young people needing care. Following the publication of the interim Cass Review we have been asked by NHS England to develop a new national multi-professional training and education programme for staff working within the new, national, service. Work is continuing at pace to establish a new service, and it is anticipated the early stages of the new service provision will be in place by late 2023. Ultimately, our aim is to have a service that is underpinned by the latest evidence that enables clinicians and support staff to deliver the very best care for the children and young people who urgently need this new service, supported by a new curriculum which aligns with both the Cass Review, the interim service specification, and all available evidence.

### Looking ahead to 2023/24

Our priority will be to maintain high levels of patient activity and tackling long waiters while not compromising patient safety and quality, but we recognise that key to our success is bringing the right staff together and giving them the support, skills, and authority to lead their projects. We won't expect staff to do just more of the same: we will launch an organisation-wide transformation programme focusing on day cases and we will invest in teams to increase activity where it makes sense to do so. For example, we are building dedicated interdisciplinary teams to enable key perspectives and experiences to be interwoven through our transformation work, and to ensure individuals affected by changes are included so they can continue to champion the change long after a project has been completed. Learning from leading organisations such as Genome UK, Google, The Gates Foundation and Kaiser Permanente, we will be adopting the Objectives and Key Results (OKR) methodology to ensure our efforts are prioritised and coordinated, aimed at challenging and ambitious outcomes, and focused on benefits and end results rather than tasks and processes.



### Planet 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training.

We want children and young people who are patients everywhere to be cared for and treated by healthcare professionals who have had the very best training. We want to push the boundaries of teaching methods to make sure healthcare professionals are ready and able to care for patients when they come to hospital.

The GOSH Learning Academy (GLA) aims to:

- Be recognised as preferred provider of paediatric healthcare education and training.
- Be sought by national bodies for educational interactions and interventions supporting the care of children and young people.
- Provide a bigger pool of high-potential leaders with the knowledge, skills and attitudes to ensure we are a compassionate, inclusive organisation.



Delivered **13 distinct Leadership & Management** programmes with **410 GOSH staff** enrolling onto a programme.



Been **Awarded the Queens Voluntary Service Award**, in recognition of our Reach Out for Healthcare Science project working with local schools.



Delivered courses on our bespoke **Nursing Leadership Pathway** to more than **300 nurses** from band 5 through to Band 8.

Added **3** new specialist paediatric healthcare academic modules to our portfolio, an **increase of 10% in 12 months**.



Been awarded funding to deliver the first national **Whole Genome Sequencing course** by the Association of Clinical Biochemistry and Laboratory Medicine

Been nominated as a **trusted partner for paediatric healthcare education** by the Department of International Trade.



Offered over **17,000** additional learning opportunities this year, over **10 times** more than our **1500 target**.



Increased our **international reach by 100%**, welcoming external learners from over **46 countries**.



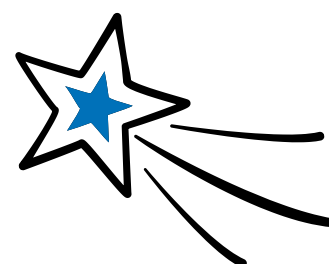
To achieve our aims, we have made progress over the following areas during the last year:

Priority	Achievements
Academic Education	We are the largest provider of paediatric healthcare Continued Professional Development (CPD) in London. Our current academic portfolio of over 35 academic modules, across 15 paediatric specialties, is the largest on offer in London. In addition, in certain specialties we offer the only course available in the UK, including Paediatric Infection, Prevention and Control and Paediatric Bone Marrow Transplant.
Apprenticeships	In partnership with the Trust's Organisational and Employee Development team, significant progress has been made and we have exceeded our target for this key performance indicator, with national recognition for the work we are delivering. We are proud to support the 220 apprentices currently learning at GOSH.
Clinical Simulation	We successfully achieved accreditation for our Clinical Simulation Centre in March 2023 from the Association for Simulated Practice in Healthcare (ASPIH), the body which sets national standards in partnership with Health Education England.
Digital Learning	Following the launch of the Digital Education Network, we now have over 4,350 national and international learners accessing our platform, on which more than 130 courses are offered across multiple specialties.
Leadership and Management Development	Our three core programmes—Aspiring, Developing, and Established Leaders—have been successfully mapped and achieved external accreditation from the Faculty of Medical Leadership and Management (FMLM).
Speciality Training	Cross speciality curriculums have been embedded into educational programmes of work. This has allowed us to proactively develop educational content to support changes to the mandatory recommendations on Safeguarding, Learning Disabilities and Autism Education. We are also supporting our young people as they move to adult services by providing bespoke education around 'Conversations about Transition to Adult Services' for our staff.

### Star achievements

#### Implementation of Patient Safety and Experience Grand Rounds

The Grand Rounds, a first for GOSH led by our Head of Education for Patient Safety, focus on shared learning from patient safety and experience events and incidents. These monthly events examine topics from within GOSH and nationally. This forms part of the 'learning from' agenda, to ensure learning does not get stuck in committees and is instead shared as widely as possible across the organisation. To further enable this, recordings are made, and they are available on our Digital Education network for staff to access in the future.



#### International Education

International collaborations are essential to the GLA strategy as we strive to make a real-world impact on global health for children and young people through education, training, and development. We are working with teams in low to medium resource countries to improve the fundamentals of paediatric healthcare. Sharing the highly specialised knowledge and expertise held at GOSH through the delivery of on-site education programmes and the co-development of guidelines and protocols can lead to increased survival rates and improved outcomes for the local populations.



## Engaging young people to improve education.



The Faculty of Advancing Practice led a focus group session with the Young People's Forum to co-design two new postgraduate academic programmes in enhanced and advanced practice. A variety of activities were utilised to explore the feelings, attitudes, and opinions of young people in relation to their participation in healthcare education.

Engagement was high, and the findings were:

- Training should include strong elements of general paediatrics as well as specialist training relevant to the health professional's role. Young people reported this to be important in ensuring delivery of holistic care.
- Suggested teaching topics related largely to communication, particularly communicating with adolescents and how this needs to differ to younger children. The young people also felt clinicians would benefit from having a greater understanding of shared decision making and respecting their individuality as part of their overall care.
- Importantly, some lived experienced in the room indicated staff were not always aware of legal issues such as consent and capacity, and therefore identified a need for this to be included in our training.

The outputs of the session will be used to inform both our own course development at GOSH and the development of the HEE/RCPCH National Curricular Framework for Advanced Clinical Practice.

### Looking ahead to 2023/24

As we progress into year four of the Above and Beyond strategy, our six key priorities remain unchanged.

- **Academic Education** – We plan to increase our reach by working with an increased number of Higher Education Institutes (HEI) and developing a national MSC Paediatric Advanced Clinical Practice award. We aim to have a 10% year on year increase in external candidates undertaking academic education with us.
- **Apprenticeships** – We will further develop clear career pathways for clinical and non-clinical staff, utilising apprenticeships as an effective tool.
- **Clinical Simulation** – We will continue to develop, deliver, and expand a sustainable simulation service, providing relevant, high-fidelity and contemporary learning experiences for our multi-professional workforce.
- **Digital Learning** – We aim to create sustainable delivery methods and content creation for the future, positioning GOSH as a leader in this area.
- **Leadership and Management** – We will continue to build programmes aligned to our leadership framework to give all colleagues the opportunity to develop their leadership capabilities.
- **Speciality Training** – We will continue to prioritise the development of speciality training across all specialities.





## Planet 5: Accelerate translational research and innovation to save and improve lives.

GOSH, together with the UCL Great Ormond Street Institute of Child Health (ICH), is world-renowned for translational research and innovation. Our vision is that GOSH becomes a research hospital, where research is fully integrated into every aspect of the hospital, to improve outcomes for our patients and the working lives of our staff.

We want all staff to understand the relevance of research to their role and to have the capacity to support research, in whatever way is appropriate for their role, patient-facing or not. Every patient would be offered the opportunity to be involved in research in some way, and research would be translated into patient benefit through innovation and strategic partnerships.

In 2022, our National Institute for Health and Care Research (NIHR) GOSH Biomedical Research Centre (BRC) and NIHR GOSH Clinical Research Facility (CRF) were each awarded a further 5 years of funding, underpinning our research infrastructure. This is the first term the BRC has had a data science theme, signifying our commitment to being world-leading in this arena. Plans for the new expanded space for the CRF were also finalised and building work began in early 2023. To grow our research culture at GOSH we have created visible research spaces around the hospital, with more to come. We also began pilots of our Research Champions project, which we will build on in the coming year. Sample Bank will be featured in this project, as we continue to consent patients and find new opportunities to spread the message to our patients, families, and staff.

We know GOSH is a hospital of 'firsts', and this year was no different. We saw world firsts in clinical trials for Haemophilia B, the first therapeutic use of base editing in treatments, and the start of our partnership with Roche to develop and deliver a first-of-its-kind Clinical Informatics Unit. We look forward to the many 'firsts' to come.

We had a number of priorities to focus on throughout the year and our achievements against these are detailed on the following page.



### Involving our Children and Young People

One patient shared their experience of donating to Sample Bank as a way to 'give back' with a national newspaper. Skye had a lung transplant at GOSH to treat her Pulmonary Hypertension and donated her lung tissue to GOSH Sample Bank in the hope that one day she will help scientists find a cure for other people living with her condition.



I hope that donating my lungs for research means something good comes out of this. Maybe one day my lungs will help scientists find a cure for Pulmonary Hypertension or a treatment that isn't as extreme as a lung transplant!



Skye's story



Priority	Achievements
<p>Development and expansion of GOSH Sample Bank to enable patients to donate their leftover samples to be used for child health research instead of being thrown away.</p>	<p>To date, over 1,400 patients have consented to donate their leftover samples to GOSH Sample Bank. These samples have the potential to be used in a range of innovative research projects to improve children's health. This year we have focused on using events to drive Sample Bank awareness and consent. On Super Saturday in November 2022, our team consented 59 patients, the highest number recruited in a single day since the project began. Researchers who have developed research that benefits patients, using samples from Sample Bank, have shared their research in all staff briefings to raise awareness and encourage consenting.</p>
<p>Further research education and career development.</p>	<p>Working in collaboration with GOSH Learning Academy and our Centre for Outcomes and Experience Research in Children's Health Illness and Disability (ORCHID), we began implementing a Clinical Academic Career Framework across GOSH for non-medical employees on completion of their doctoral studies.</p> <p>The Biomedical Research Centre team delivered another successful academic training weekend with national reach. It was attended by 51 Early Career Researchers from 17 Trusts, BRCs and Universities across the UK. The programme included a focus on broader skills required to move into independent research, and provided the opportunity to connect across institutions, building understanding of research nationwide and giving the opportunity to form a new peer group.</p> <p>ORCHID internships for non-medical healthcare professionals supported seven individuals: Five secured NIHR Pre-Doctoral Clinical and Practitioner Academic Fellowships (PCAFs) and Doctoral Clinical and Practitioner Academic Fellowships (DCAFs), and two secured Development and Skills Awards.</p>
<p>Improve research Infrastructure.</p>	<p>In December 2022, our NIHR GOSH Biomedical Research Centre was awarded £35m. This new funding will allow us to build on the partnership between GOSH and UCL GOS ICH, while developing new relationships with children's hospitals across the UK, including Birmingham, Sheffield, and Liverpool.</p> <p>In addition, our NIHR GOSH Clinical Research Facility received £4.8m funding for a further 5 years from 2022. The CRF saw 1,647 patient visits in 2022/23, improving and saving the lives of our patients and their families. The NIHR GOSH BRC and CRF allow us to continue our core translational research activity, supporting the 69 early phase 1 and 2 trials that were open during 2022/23. They facilitated the development of licenced products, such as a gene therapy for treating cerebral adrenoleukodystrophy (CALD) which became the first EU approved gene therapy for CALD (2021), and in October 2022 the FDA granted Bluebird Bio accelerated approval.</p> <p>To help grow our research infrastructure, suitable space was identified for relocation and expansion to double the size of the NIHR GOSH CRF. The new space offers 10 clinical rooms and provides beds for parents. Working alongside our young people, this space will include art linked to research to enhance the patient experience and make the space feel like a Research Hospital.</p> <p>In January 2023, the Gene and Cell Therapy facility at the Zayed Centre for Research received accreditation from the Medicines and Healthcare products Regulatory Agency (MHRA). Combined with facilities in the Camelia Botnar Laboratories, this will increase capacity for the manufacture of up to 150 products per year, an increase of almost 300%. It will support the facility's financial sustainability by enabling GOSH to collaborate with a wide range of academic and commercial partners, ultimately enabling more children to benefit from faster bench-to-bedside treatment.</p>
<p>Develop the Trust's research culture.</p>	<p>In 2023 we began a pilot of our Research Champions initiative in the Paediatric Intensive Care Unit and Sight &amp; Sound. Our Research Champions provide information about taking part in research to patients, carers, and members of staff.</p> <p>We started a project to create our first permanent Research and Innovation installations in the hospital space. We worked closely with the GOSH Young Persons' Advisory Group for research, Equality and Diversity leads and staff networks to create designs for a staff wall in the Lagoon restaurant and a patient-facing lift installation in the Variety Club Building. We also took our designs into the hospital itself to gather face-to-face feedback from our families and patients.</p> <div data-bbox="1321 1581 1481 1738" style="float: right;">  </div> <div data-bbox="469 1868 1417 2056" style="text-align: center;">  <p>I'm a radiographer and I'm involved in improving how we can understand the images that we take thanks to funding from the NIHR GOSH Biomedical Research Centre.</p> <p>Before I have surgery, my clinical team could show me what would happen using virtual reality.</p> <p>I use apps like MyGOSH to manage my healthcare in a quick and easy way.</p> </div>

Priority	Achievements
Harness Data and Digital Innovation.	<p>We launched several digital and in-person campaigns to explain research and innovation, how data in electronic health records can be used and why it is important. These videos were shared widely on internal communications channels such as Headlines, our all-staff email, externally on our website, and on social media channels. Our presentations, focus groups and drop-in sessions engaged hundreds of staff members and gathered important insights on innovation across GOSH.</p> <p>Ideas@GOSH was created to enable staff to share innovative ideas and connect with stakeholders from across the Trust, through the DRIVE Programme Board and Data Partnerships Committee. Since launch, the platform has received almost 100 submissions that cover diverse areas of data and digital innovation, including ways to address issues around education and training, reporting, health inequalities and sustainability.</p>
Expand commercial research and innovation.	<p>Our new commercial group is working through several commercial opportunities at pace, navigating the complexities of the intellectual property landscape with multi-stakeholder engagement. Since its creation in 2022, the group has discussed 44 commercial projects and worked on broader strategic agreements.</p> <p>GOSH has launched a Health Information channel. Funded by YouTube for one year, content has been created on a range of topics including diabetes, eyesight and epilepsy. The project has been funded for a further year, managed by the Patient Experience Team, and will continue to help clinical teams offer digital health information, a first for the hospital. More information on our commercial partnerships can be found on page 117.</p>

### Involving our Children and Young People



Alyssa's story

In May 2022, Alyssa, then 13, became the first patient in the world to receive base-edited T-cells to treat her T-cell acute lymphoblastic leukaemia (T-ALL). Alyssa was at the centre of her treatment plan, the decision to undertake research and the way in which the story was shared with the scientific community and the world's media. She is doing well now but had previously exhausted all conventional therapies for her cancer, so her story has captured attention across the globe.



Once I do it, people will know what they need to do, one way or another, so doing this will help people – of course I'm going to do it.



### Dr Polly Livermore awarded GOSH's first NIHR Advanced Clinical and Practitioner Academic Fellowship.



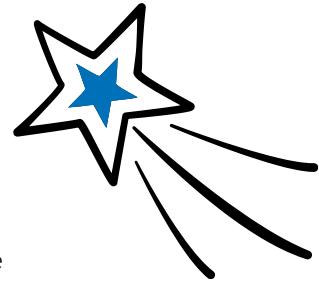
Our first nurse to receive a postdoctoral fellowship of any kind, was one of only two nurses UK-wide who applied for this round of funding.

Dr Livermore was awarded £606,000 for a three-year project to support children and young people with rheumatological conditions.

## Star achievement

### Investigating the rise in Hepatitis in children

Across the world in Summer 2022 there was an increase in children with hepatitis of no known cause. Due to our world-leading expertise in genomics, we were approached by the UK Health Security Agency (UKHSA) to research why this was the case. Together with UCL GOS ICH, we used our expertise in highly specialised metagenomics to better understand the reasons behind this spike, unpick a global mystery and offer reassurance the infections were not due to infection with Sars-CoV-2. The team found the world's first example of an adeno-associated virus causing disease and will be exploring the implications of these findings with colleagues at GOSH who lead on gene therapies that use adeno-associated virus as a delivery mechanism.

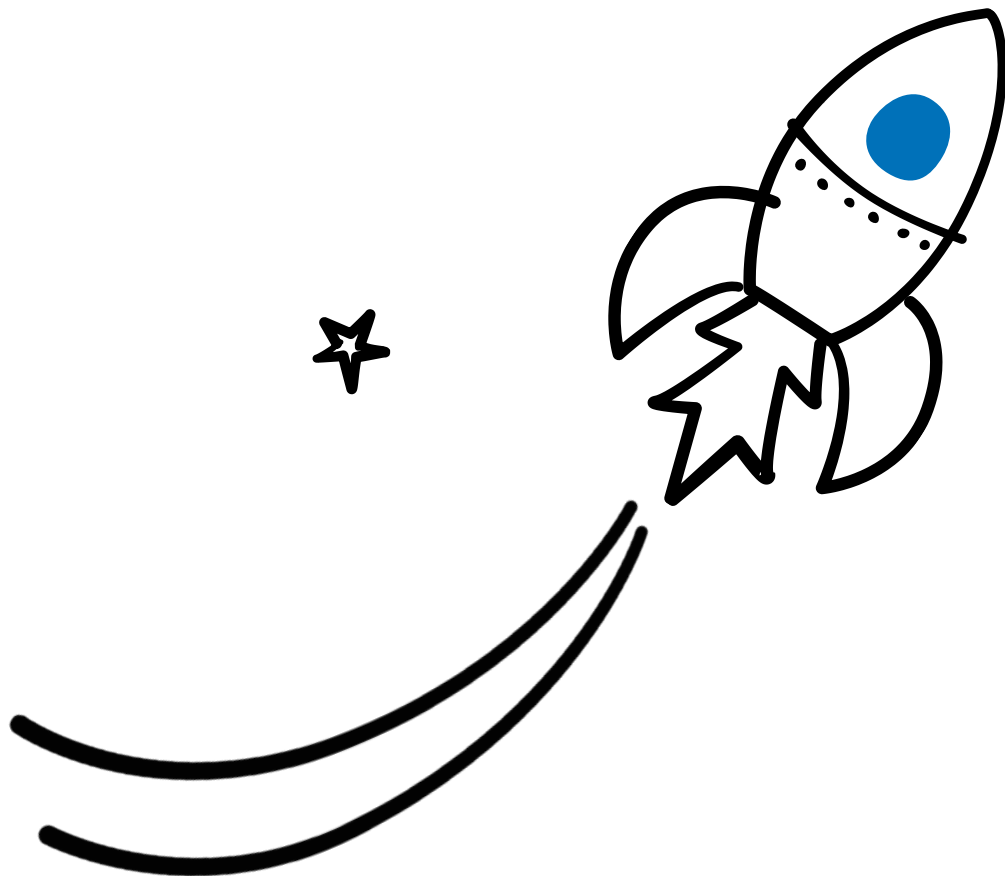


### Looking ahead to 2023/24

To reach the Research Hospital ambition, key transformational areas have been identified for this financial year:

- Transitioning research studies into clinical care.
- Education, particularly clinical and non-clinical academic careers.
- Developing and expanding Sample Bank.

Running alongside these workstreams will be projects to improve the quality of research data and reporting, as well as financial transformation, the development of the research culture at GOSH, and innovation to develop the use of data and digital technology.





**Planet 6: Create a Children’s Cancer Centre to offer holistic, personalised, and co-ordinated care.**

The Children’s Cancer Centre (CCC) project will see the demolition of the Frontage Building and its replacement with a state-of-the-art national resource for children with rare and difficult to treat cancers, offering a holistic care pathway. Cutting-edge research and digital innovation will be embedded in the building.

Over the past year we have significantly progressed the design of the building, obtained planning permission, developed the business case ready for NHS England approval and continued to prepare the construction site for handover to the construction team.

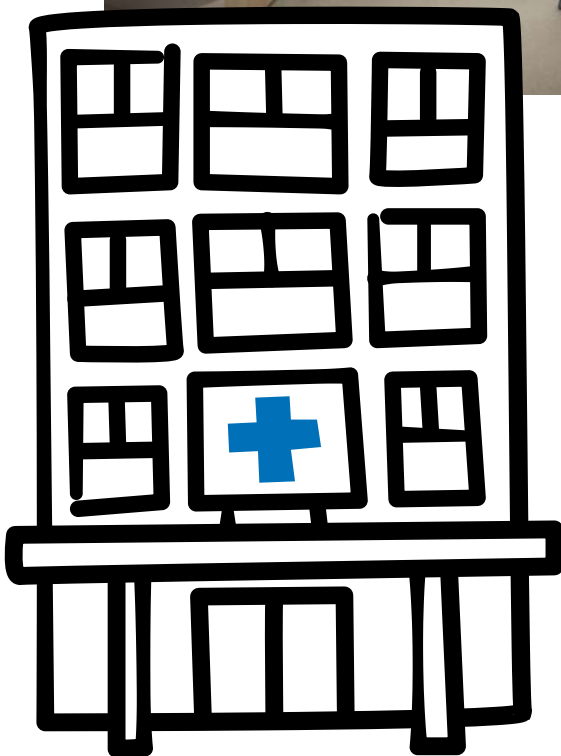
We had a number of priorities to focus on during the year and our achievements against these are detailed below:



Priority	Achievements
<p>Commencement and progression of the CCC Royal Institute of British Architects (RIBA) 4 detailed design stage to finalise the building design.</p>	<p>Following a robust and detailed review of the design and cost information at the completion of the spatial coordination stage, RIBA stage 4, the detailed design stage, started in November 2022.</p> <p>We made a rapid start with a series of workshops with Sisk, our lead contractor, and architectural team BDP focusing on the programme of work, engineering services and interior design strategies. Clinical staff user groups started engaging with the design in early December 2022 and have made strong progress. We anticipate finalising the clinical layouts of the wards and clinical departments before Summer 2023.</p> <p>The overall RIBA stage 4 is due to finish in late Summer/Autumn 2023 at which point we will have final and complete designs for the building.</p>
<p>Decant and disconnect the Frontage Building to enable its deconstruction and begin construction of the Children’s Cancer Centre.</p>	<p>The programme of work to fully vacate and decommission the Frontage Building ramped up throughout 2022/23. Working with the clinical departments relocating from the Frontage Building we designed comfortable, welcoming, and compliant clinical environments for their services to move into, all based on the existing island site.</p> <p>The first four projects were completed during the year and construction work has commenced on all the remaining decant ward projects, including the relocation of the Clinical Research Facility, Psychological and Mental Health Service and Mildred Creek Unit to the Southwood Building.</p> <p>The enabling programme to disconnect the Frontage Building includes over 130 individual elements, ranging from the disconnection of gas mains and the relocation of electrical power cables to creating a temporary main entrance for the hospital during the CCC construction. Work has started on all the activities that can be completed while the Frontage Building is still in use.</p>



Priority	Achievements
Charity agreements and collaboration.	<p>The GOSH Charity has committed an amazing £300m to the project and has been planning its fundraising campaign and engaging with major donors. The CCC project is moving forward, led by the Trust, in close partnership with the GOSH Charity, which has joint decision making through the programme governance structure.</p> <p>Considerable work was undertaken on the agreements needed between the organisations, with draft Heads of Terms agreed through the relevant organisations' boards.</p>
Personalised holistic care.	<p>We aim to make our cancer patients stronger and fitter pre and post treatment by delivering improvements in their nutrition, getting them more physical activity and improving their psychological well-being. We also need to focus on improvements in cancer research, capitalise on digital innovation, collaborate with our partners, modernise our workforce to optimise cancer care delivery, and develop new cancer treatments and pathways. To realise these transformational objectives, we have a programme of work that includes a number of new exciting clinical leadership and project management roles. This has been enabled by the GOSH Charity which has given a grant of just over £1million for this work over the next 3 years.</p>



## Star achievements

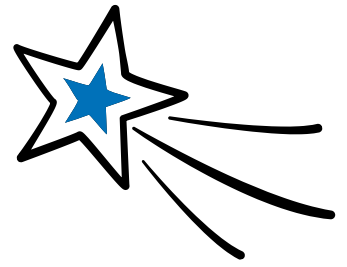
### Planning Committee Progress

The planning application documentation was submitted in May 2022 to the London Borough of Camden, which formally commenced the planning process. Significant work was undertaken, including extensive engagement with the borough and other regulatory bodies, to share detailed information on the project proposals, and significant liaison with our local community.

The application was considered by the Camden Planning Committee on 8 February 2023. The Committee resolved to grant planning permission subject to planning conditions set out by the Council in a Section 106 agreement and statutory referral to the Mayor of London. A key focus for 2023/2024 will be to complete all these activities so we can achieve full planning permission, allowing us to proceed to demolition of the Frontage Building.

### Full Business Case (FBC) Development and Approval

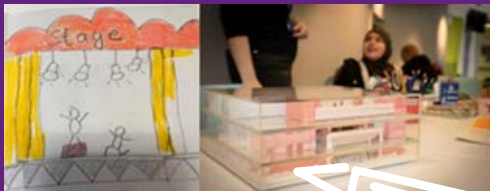
The FBC for the Children's Cancer Centre used the standard five case model, in accordance with Treasury Green Book requirements for capital investment, with five chapters: Strategic, Economic, Financial, Commercial and Management. It was approved by our Trust Board and the resultant significant transaction approved by the Council of Governors in March 2023.



## Involving our Children and Young People

A key element of the CCC is a new main entrance. The design of this space will transform the ways that families are able to come together and relax during their stay at GOSH. During a series of pop-up artist led workshops, GOSH Arts invited families to reimagine GOSH's main entrance as a creative, communal, playful and relaxing space. Through collaging, conversation and drawing, families shared with us how they wanted to feel in the space, what play there might look like and how their friends and family might want to use it.

There were lots of great ideas generated in the workshops, from creative seating suggestions to ways arts and play could be integrated into the design and thoughts on the best colour palettes and lighting for the area. We are really excited about seeing our families' design suggestions come to life in the revised architectural design, which will ensure our new main entrance meets the needs of our families as well as the staff who care for them.



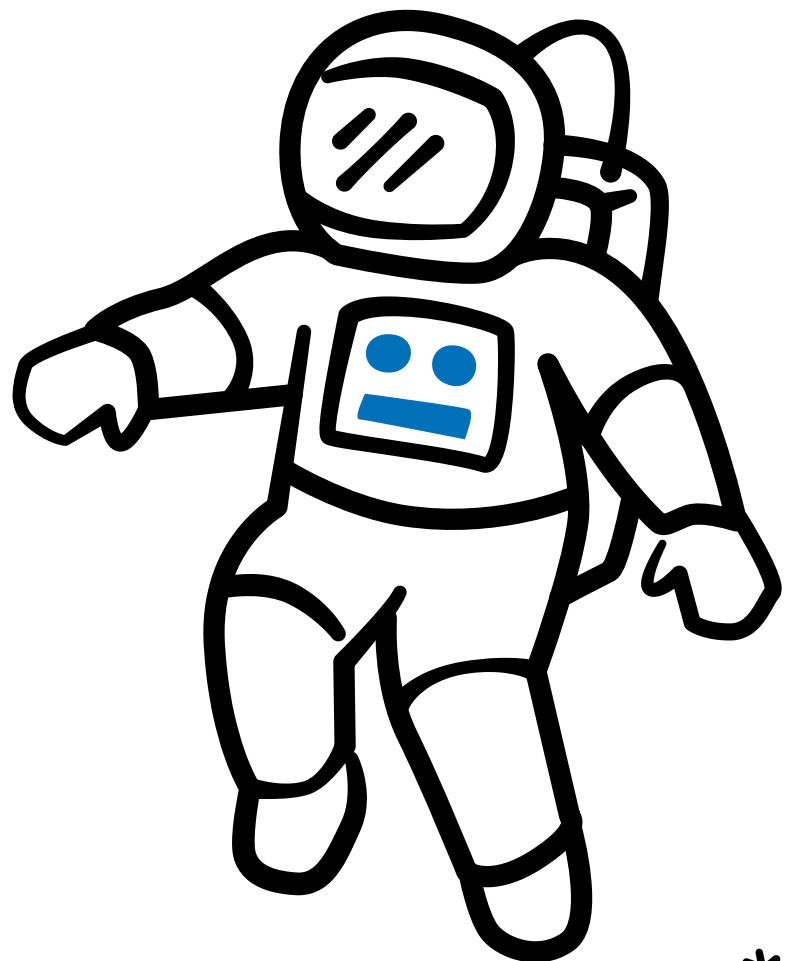
### Looking ahead to 2023/24

2023/2024 will be a huge year for the CCC project, with many exciting milestones planned. The first of these is Cost Check Gateway 3, which is planned to take place at the mid-point of the RIBA 4 programme in Summer 2023. At this stage in the programme, we hope to have the clinical designs agreed, conduct a detailed review of the designs and cost plan for the project.

Work will continue with the London Borough of Camden to progress the Section 106 agreement and planning conditions, which we hope to have completed in time for full planning to be discharged in Autumn 2023.

We will be decanting several buildings and will carefully consider the needs of teams and set principles to get the best out of relocating teams and services. We will listen to staff feedback throughout the enabling and decant programme and ensure timely communications to enable smooth transitions.

Once we have full planning approval, a decanted and disconnected Frontage Building and building designs which are within our affordability envelope, we can sign the construction contract and start to prepare the site for demolition.

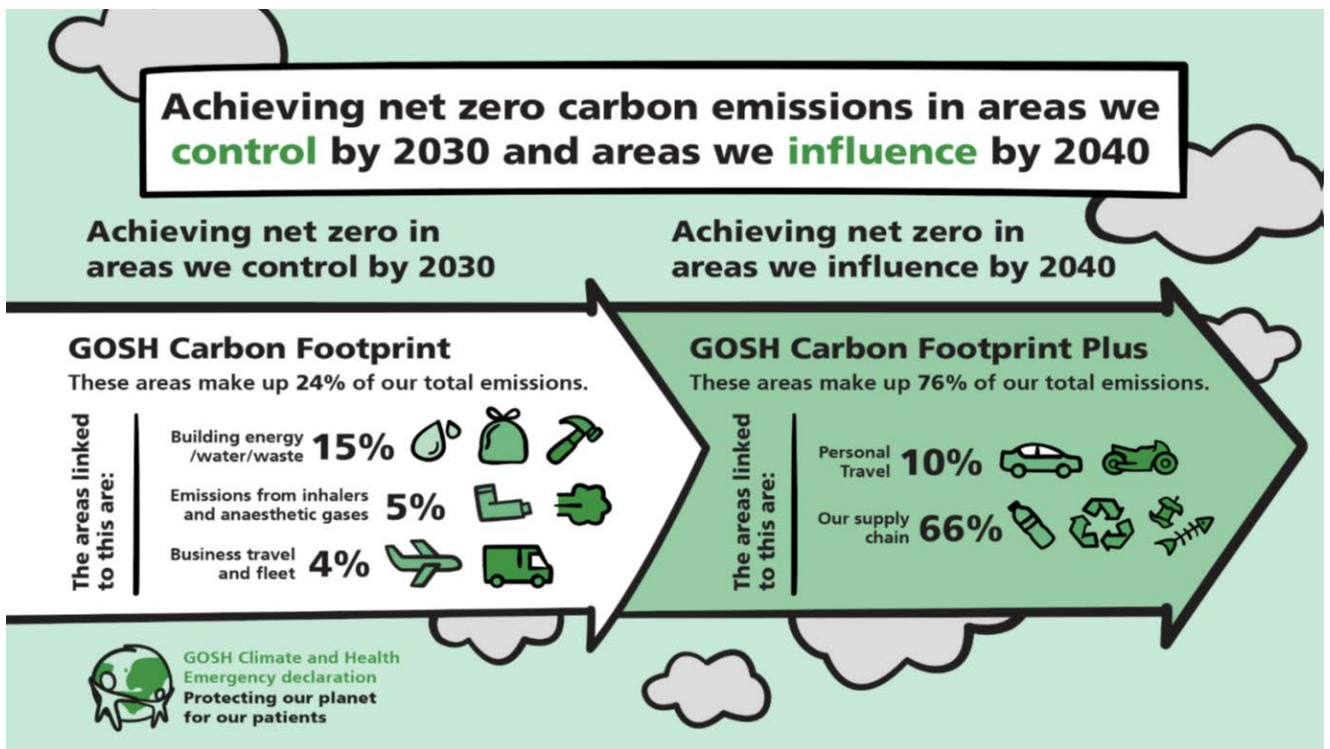




# Sustainability Report

One of the principles under our strategy Above and Beyond is that we must protect the environment in order to provide the best care to our children and young people. By 2025, we plan for sustainable business practices to be embedded across our organisation, so our staff find it easier to make the right choices. Sustainability is central to our purpose, given the widely acknowledged impact of climate change on child health across the globe.

In February 2021, GOSH formally declared a Climate and Health Emergency, becoming the first London-based NHS trust, and the first standalone children's hospital nationally, to do so. Our declaration acknowledged our special responsibility to respond to the Climate and Health Emergency and offered a clear recognition that we are not looking after our children if we aren't protecting the planet. Our declaration was accompanied by formal net zero emissions targets to support the 'Delivering a Net Zero Health Service' plan under the Greener NHS Programme.



Over 93% of staff we have spoken to are strongly supportive and enthusiastic about our increased sustainability ambition. Our declaration was a first step and we have developed a sustainability programme to help achieve our commitments.



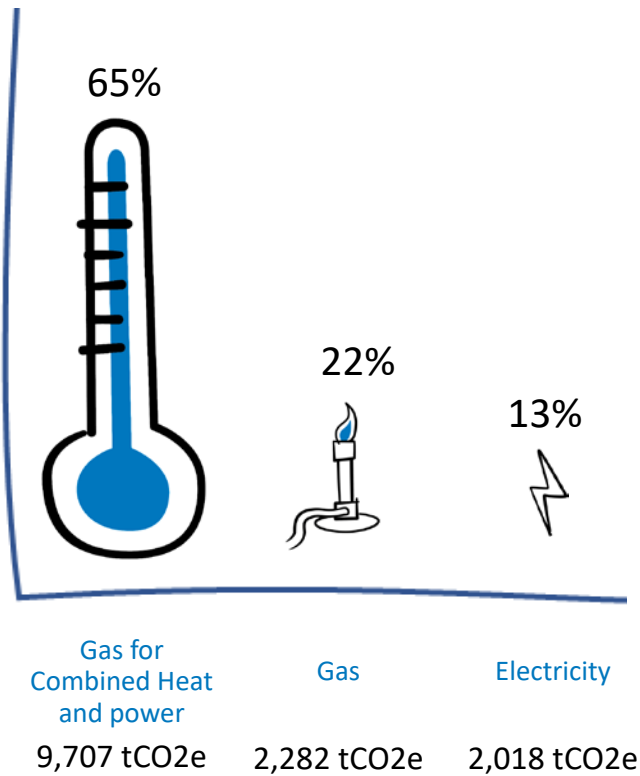
**Our progress to delivering a net zero health service**

During 2022/23 we made some good progress on a holistic response to the challenge of delivering a net zero health service, but we recognise we have fallen short in some areas. We have significant strides to make in the next few years to meet our commitments and are excited about the positive opportunities it presents for all connected with GOSH.

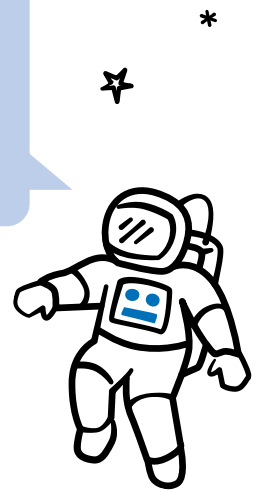
**Our current position**

In 2022/23 the GOSH estate was responsible for emissions of approximately 15,000 tonnes of carbon dioxide equivalent (tCO2e).

The chart below shows the breakdown of our carbon emissions linked to estate energy use.



**tCO2e** stands for **tonnes of carbon dioxide equivalent**.  
 It is a way of measuring the amount of greenhouse gases that are being released into the atmosphere by different activities like heating and lighting the hospital.  
 It helps us understand how much impact these activities are having on our planet and climate.

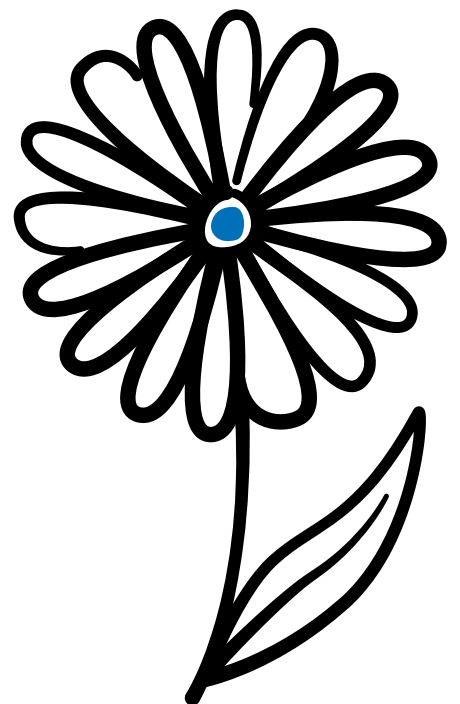


Emissions are dominated by the gas used for heating and to run the two Combined Heat and Power (CHP) plants that provide power, heating and cooling to the site.

We are an energy and carbon intensive hospital and will require significant new interventions to achieve our 2030 climate reduction commitment.

**Our position looking forward**



Using the data we currently have available, we have begun the process of modelling various decarbonisation pathway options in relation to emissions, running costs and investment costs to 2030 and then onwards to 2050.



## Achievements across our 10 programmes of work

To support us in achieving a net zero health service under the Greener NHS programme, we have developed a sustainability plan that is broken down into 10 programmes of work. Each is overseen by a senior responsible officer and delivered by appropriate operational Pathfinder and Delivery teams.

Programme of Work	Achievements in 2022/23	Plans for 2023/24
<b>Procurement and Circular Economy</b> 	<ul style="list-style-type: none"> <li>Delivered sustainable training to the Procurement Team.</li> <li>Made a learning programme accessible on the GOSH Digital Education Network</li> </ul>	<ul style="list-style-type: none"> <li>Implement a Supply Chain Engagement Programme to collate information and data on the environmental performance of all our suppliers and provide wider training internally for staff undertaking procurement.</li> </ul>
<b>Travel and Transport</b> 	<ul style="list-style-type: none"> <li>A new staff travel survey showed most respondents wanted to see better public infrastructure to improve safety. This was closely followed by improved changing and showering facilities.</li> <li>The Bicycle Access Programme in partnership with Brompton was used by ~30 staff.</li> <li>A range of travel access resources were made available to staff on OurGOSH.</li> </ul>	<ul style="list-style-type: none"> <li>Maintain excellent cycling infrastructure and retain cycle friendly employer status.</li> <li>Increase our electric ambulance fleet.</li> </ul>
<b>Food and Nutrition</b> 	<ul style="list-style-type: none"> <li>The Save Every Drop campaign focused on reducing wasted milk and formula on patient wards.</li> </ul>	<ul style="list-style-type: none"> <li>With an expert partner, we will examine where the carbon heavy areas are in our ingredients and consider better choices for our Lagoon restaurant.</li> </ul>
<b>Our Staff</b> 	<ul style="list-style-type: none"> <li>Our Allied Health Professional leadership students created training materials that covered areas including sustainable travel, medicines waste and air pollution.</li> <li>Wider climate emergency and air quality training was made available to all staff.</li> </ul>	<ul style="list-style-type: none"> <li>Develop training programmes for each of the 10 sustainability programme of work areas, making them available on the GOSH Digital Education Network.</li> <li>Create a role specification for a Sustainability Apprenticeship to be used across the NHS.</li> </ul>
<b>Sustainable Care</b> 	<ul style="list-style-type: none"> <li>Successfully secured funding to provide patients with sustainable sanitary items, allowing for more independence and providing a sustainable option that helps reduce waste.</li> </ul>	<ul style="list-style-type: none"> <li>Pilot a project that exchanges disposable for reusable items on wards.</li> </ul>
<b>Medicines Sustainability</b> 	<ul style="list-style-type: none"> <li>Joined the Sustainable Medicines Partnership.</li> <li>Completed a paracetamol review.</li> <li>Trailed a paper saving project linking dispensary-based patient information leaflets to QR codes.</li> <li>Assumed lead Trust role on the North Central London Integrated Care Board for sustainable medicines.</li> </ul>	<ul style="list-style-type: none"> <li>Continue delivering leading projects in GOSH and North Central London on medicines packaging, education, patient supply and waste.</li> </ul>
<b>Digital Transformation</b> 	<ul style="list-style-type: none"> <li>Postcode data was imported and made visible to staff on each patient record, with resources and guidance available.</li> <li>Worked with the new Digital Fellow to create the GOSHPods Goes Green podcast series.</li> </ul>	<ul style="list-style-type: none"> <li>Educate staff on the postcode air pollution data project.</li> <li>Expand the GOSHPods Goes Green podcast series.</li> </ul>
<b>Space and Place</b> 	<ul style="list-style-type: none"> <li>The Zero Carbon Estate Pathways report outlined our current energy use baseline and reduction scenarios to 2030.</li> <li>All Facilities meetings included a sustainability focus.</li> </ul>	<ul style="list-style-type: none"> <li>Receive organisational approval for our next steps towards a net zero estate by 2030.</li> </ul>

Programme of Work	Achievements in 2022/23	Plans for 2023/24
<b>Public Realm</b> 	<ul style="list-style-type: none"> <li>Successfully awarded funding for a healthy street transformation design in collaboration with the local community and the London Borough of Camden.</li> </ul>	<ul style="list-style-type: none"> <li>Complete Healthy Street design and have delivery plans underway.</li> </ul>
<b>Adaption</b> 	<ul style="list-style-type: none"> <li>Initial discussions around a Trust climate adaptation and resilience plan are underway with NCL and the London Borough of Camden.</li> </ul>	<ul style="list-style-type: none"> <li>Complete and embed the Trust's Climate Adaptation and Resilience Plan.</li> </ul>

### Projects during the year

#### GOSH Bees

For the first time GOSH has its own bees on the roof. They are thriving and have already supplied us with 50 jars of honey. We have installed a live feed online where people can watch them at work. Pupils at our school painted their home and have attended sessions with our beekeeper to understand the fascinating world of bees and how vital they are to our way of life.



We were lucky to have Gus come to visit us in the hospital school after the last inspection of the season. Pupils learned a lot about the work of bees and got to spin and jar honey themselves! We're looking forward to seeing Gus and the bees again next spring.

– GOSH Pupil.



As the bright yellow daffodils added a touch of colour and signalled the arrival of Spring, your bees were getting ready for foraging season. Inside the hive the Queen had begun laying again which meant a growing workforce and the need for more space! I added a second box and checked on their progress. They're pretty busy in there!

– Gus, GOSH's Beekeeper



## Healthy and Sustainable Placemaking

### Parklet

In partnership with the London Borough of Camden, the parklet has transformed a parking bay on Great Ormond Street into a green space. We filled it with plants and seating areas, giving people a moment of respite seconds away from the hospital's main entrance.

The aim is to give staff, patients, families and the surrounding community access to a greener, healthier and more people-friendly street. The parklet reallocates road space away from motor traffic, helps mitigate polluting fumes and improves air quality. It is a key first step towards creating a healthier, more sustainable and child-friendly environment. Pilot projects like the parklet make it possible to experience at a smaller scale the potential effect of a greener, healthier and more people friendly street, which is our long-term aim. Small interventions can make a big difference to a neighbourhood when social and environmental concerns are addressed together.

### Transforming our streets

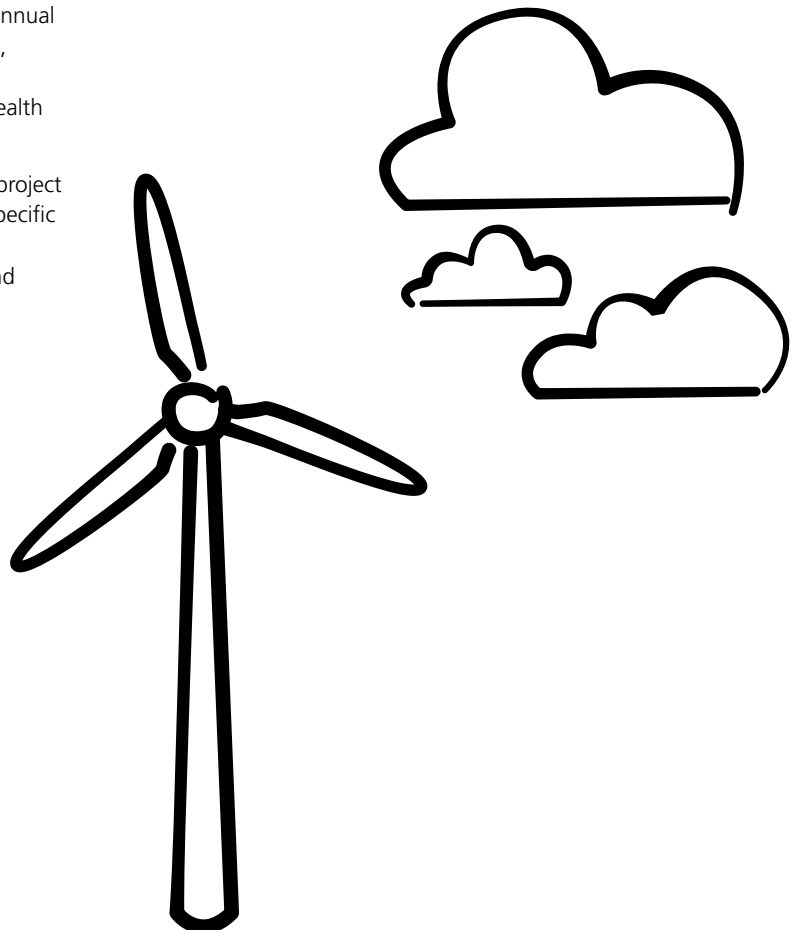
The vision underlying our work is that it is no longer enough to treat the child, we must treat their environment too. Our Play Street programme has allowed us and our neighbours to experience the street in a transformed state and visualise how it might change for the benefit of all. The new Children's Cancer Centre planned for Great Ormond Street provides an opportunity to address the street itself, our relationship to the street and enhance the setting of the new building.

### Air pollution levels recorded on patient record system

Last year Chris Whitty, the Chief Medical Officer for England, made recommendations on air pollution. For the NHS, he said the training of healthcare staff should include the health effects of air pollution and how to minimise these, including communication with patients.

In response, GOSH staff have worked to add the average annual pollution rates to Epic, the electronic patient record system, using data collected by Imperial College London. They can then be compared to those recommended by the World Health Organisation (WHO) to explore any risk this may pose.

GOSH has responded with an inventive and effective new project linking Epic and patient chart information with postcode specific air quality data and educational materials. This encourages engagement, conversation and action between clinician and patient. We believe the work is broadly replicable across healthcare and are keen to support this process.



### Children's Cancer Centre

The Children's Cancer Centre project will see the demolition of the Frontage Building and its replacement with a state-of-the-art national resource for children with rare and difficult to treat cancers, offering a holistic care pathway. Many elements of sustainability have been considered as part of the design stage, including the placement and design of rooms, green infrastructure and a robust energy strategy. As a result, the plans will take into account considerations such as the optimised glazing percentage for natural light, low air permeability, passive shading in rooms, the hot water distribution temperature, plant rooms, LED lighting, air source heat pumps, a roof space that delivers an ecology and well-being benefits.

Patients, families and the local community have been engaged in the careful design of the building while working within the parameters of the London Plan Policy and Camden's Local Plan Policy and thinking about our aspirations for the future.



### External Partners and Collaborations

#### North Central London Integrated Care Board (ICB)

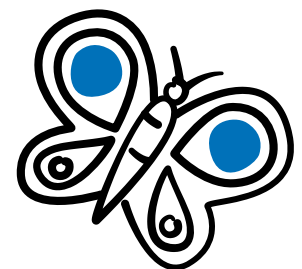
Working with our colleagues on the North Central London Integrated Care Board, we have led workshops sharing our success in becoming a cycle friendly employer and using our Sustainable Medicines Group to lead a push on medicines sustainability and waste. We have also presented our innovative air quality project across North Central London and to other public sector health partners.

#### GOSH Children's Charity

Of fundamental importance is the increasingly close relationship between the hospital and GOSH Charity in relation to the climate and health emergency. Over the year we worked together to fund our zero carbon estates pathway report, begin our healthy street transition design process and installed a parklet on Great Ormond Street. We are increasingly building relationships with charity partners and benefited from generous pro-bono partnerships with corporate teams as we sized and prioritised over 100 carbon reduction initiatives.

#### Local Community Play Street

Our yearly Play Street programme resumed in June 2022 after two years of postponement due to Covid restrictions. In partnership with Bloomsbury Air, Holborn Community Association, Coram's Fields, London Borough Camden, local emergency services and staff, we came together with patients and the local community to celebrate play and clean air on a glorious sunny day on Great Ormond Street.



## Statement from directors

The directors consider this annual report and accounts, taken as a whole, is fair, balanced, and understandable and provides the information necessary for readers to assess our performance, business model and strategy.

Signed by the Chief Executive on behalf of the Trust Board of Great Ormond Street Hospital for Children NHS Foundation Trust.

A handwritten signature in black ink, appearing to be 'MS', with a long horizontal line extending to the right.

**Matthew Shaw**

Chief Executive

23 June 2023



# Accountability Report



# Directors' report

---

In this section of the accountability report we provide an overview of our governing structures. We outline how we ensure we are listening, involving and responding to our patients and their families, our staff, our governors and members.

## Leadership and Oversight

Our governance framework is fundamental to ensuring decisions are made in the best interests of our patients, staff are helped to understand and discharge their responsibilities and accountabilities, and patients and members of the public are able to hold GOSH to account.

### The Trust Board

The Trust Board is responsible for developing and overseeing our strategy, managing strategic risks and providing managerial leadership and accountability. The Trust Board discharges some of its responsibilities directly and others through its committees (see page 67).

### Council of Governors

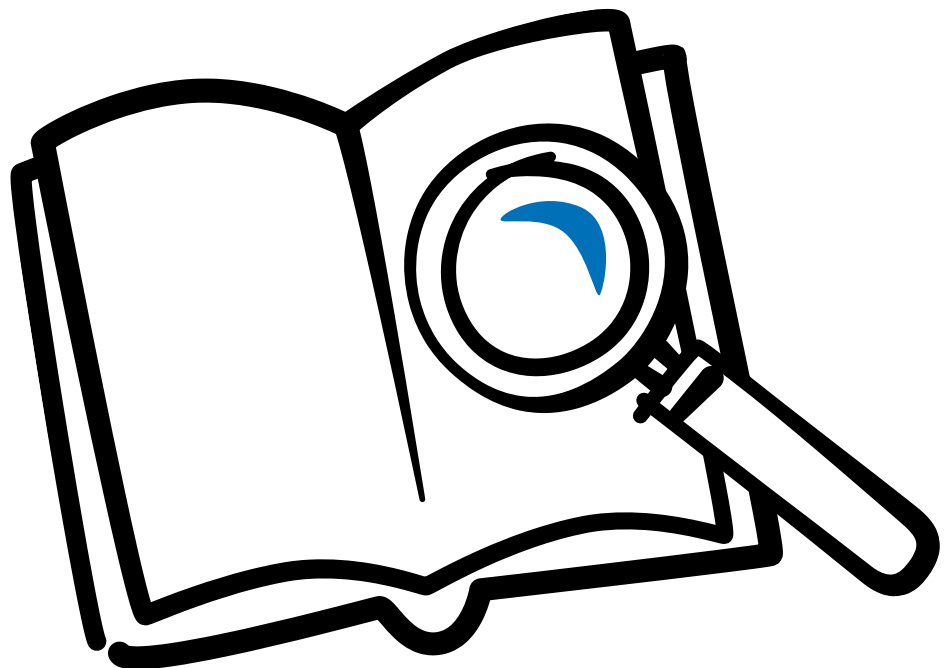
The concept of an NHS foundation trust rests on local accountability, in which governors perform a pivotal role in providing. The council of governors, collectively, is the body that binds GOSH to its patients, parents and carers, staff and stakeholders. It consists of elected and appointed individuals who represent members and other stakeholder organisations. The Standing Orders for the Council of Governors are available in our Constitution, which is published on our website.

### Executive Management Team

Our Executive Management Team has delegated authority from the Trust Board for the operational and performance management of the clinical and non-clinical services of the Trust. It is responsible for coordinating and prioritising all aspects of risk management that may affect the delivery of services.

### Operational Board

The Operational Board, comprising members of the senior clinical and corporate leadership teams, reports to our Executive Team. It provides a regular forum for discussing and making decisions on a range of issues relevant to day-to-day operational management, including quality, efficiency, and effectiveness.



## Board Assurance Committees

The Trust Board delegates certain functions to committees. The Board receives any amendments to committee terms of reference, annual reports, committee self-assessments and significant matters escalated to the Board. Members of the Board meet annually to discuss strategic risk and consider how the committees effectively share responsibility for monitoring strategic risk on behalf of the Board. Assurance committee chairs meet to discuss the remit of their committees and avoid duplication.

### Audit Committee

See page 119

The Audit Committee is chaired by a non-executive director. It has delegated authority to review the adequacy and effectiveness of our systems of internal control and our arrangements for risk management, control and governance in support of our objectives.

### Quality, Safety and Experience Assurance Committee

See page 124

The Quality, Safety and Experience Assurance Committee is chaired by a non-executive director. It has delegated authority from the Trust Board to ensure we have the correct structure, systems and processes in place to manage quality and safety related matters, and that these are monitored appropriately.

### People, Education and Assurance Committee

See page 132

The People, Education and Assurance Committee is chaired by a non-executive director. It has delegated authority from the Trust Board to ensure the necessary structures and processes are in place to meet our responsibilities as an employer and a training and research hospital. The committee focuses on teamwork and collaboration and seeks assurances about the processes in place to ensure staff are well led and well managed and that everybody, irrespective of their role, feels valued, heard, supported, safe and connected.

### Finance and Investment Committee

See page 129

The Finance and Investment Committee is chaired by a non-executive director. It has delegated authority from the Trust Board to oversee financial strategy and planning, financial policy, investment and treasury matters and to review and make recommendations on major financial transactions. The committee also maintains oversight of the Trust's financial position, relevant activity data and workforce metrics.

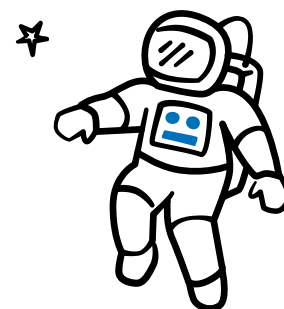
### Trust Board Nominations and Remuneration Committee

See page 89

The Nominations and Remuneration Committee is chaired by a non-executive director. It is responsible for succession planning and the appointment of the Trust's executive directors, reviewing their terms and conditions of service, including salary, pensions, termination and/or severance payments and allowances.

The Trust Board has different committees that have specific jobs, like making sure the hospital is safe, managing its money, and supporting and educating its staff.

These committees report back to the Board to inform decisions.



\*

✧

## Board Composition and Meeting Attendance

During the year, the Board held a total of eight meetings, all of which were held either by video conference or a hybrid of video conference and face to face. Six meetings included a session held in public. In November 2022 the Board held a strategy meeting.

Trust Chair	Attended	Maximum possible
Sir Michael Rake	7	8
<b>Non-Executive Directors</b>		
Amanda Ellingworth	8	8
Chris Kennedy	8	8
Kathryn Ludlow	8	8
Professor Russell Viner	8	8
Gautam Dalal	7	7
Suzanne Ellis	4	5
James Hatchley	3	3
Akhter Mateen	1	1
<b>Executive Directors</b>		
Matthew Shaw, Chief Executive	7	8
Tracy Lockett, Chief Nurse	8	8
Professor Sanjiv Sharma, Chief Medical Officer	7	8
John Quinn, Chief Operating Officer	8	8
John Beswick, Chief Finance Officer (from Nov 22)	4	4
Margaret Ashworth, Interim Chief Finance Officer (until Nov 22)	4	4
Helen Jameson, Chief Finance Officer (until May 2022)	1	1
Caroline Anderson, Director of HR and OD	7	8
<b>Other Directors</b>		
Cymbeline Moore, Director of Communications	8	8
Professor David Goldblatt, Director of Research and Innovation	4	8
Jason Dawson, Director of Space and Place (from Jan 23)	4	4
Zoe Asensio-Sanchez, Director of Space and Place (until Dec 22)	1	4

## Patient Story

Putting the child first and always, the Trust Board heard a patient story at the beginning of each board meeting. One example was from Hannah, who spoke about her son Charlie's experience at GOSH.

### Involving our Children and Young People

In September 2022, the Trust Board heard how Charlie, aged 7, had been diagnosed at birth with a rare form of Haemophilia B, a rare condition that affects the blood's ability to clot. Several treatments have been unsuccessful, and Charlie is naturally resistant to conventional drugs used to treat Haemophilia B. Charlie is now the first patient in the world to receive a new drug via a pen injector as part of an innovative research trial at GOSH.

“ We know that children with Charlie's condition can end up with long term damage – bone grafts to repair damage or even a wheelchair – he was already getting sore when he played on his scooter for too long or played too hard. This new treatment could stop his haemophilia in its tracks and is already giving him a life like all his friends, with hassle-free holidays and school trips.

– Hannah, Charlie's Mum

### Charlie's story



## Our Trust Board

The Board is comprised of a chair, five independent non-executive directors including the deputy chair, a senior independent director (SID), a non-executive director appointed by University College London, and six executive directors. All Board members have been assessed against the requirements of the fit and proper person test. This was our Board during 2022/23:

### Non-Executive Directors



**Sir Michael Rake**  
Trust Chair

**Term: 1 November 2017 – 31 October 2023**

#### **Chair of the Trust Board**

**Chair of the Council of Governors** (attended 3 of 5 meetings during 2022/23)

**Co- Chair of Trust Board Nominations and Remuneration Committee** (attended 1 of 1 meeting)

**Chair of Council of Governors' Nomination and Remuneration Committee** (attended 2 of 2 meetings during 2022–23)

#### **Career and Experience:**

- Chair of NewDay Ltd
- Chair, Wireless Logic Ltd
- Director, Trust Payments Ltd
- Chairman, Phoenix Global Resources plc
- Adviser, Citibank (until March 2023)
- Chair, Ola UK Limited
- Senior Advisor, Elliott Advisors (from March 2023)
- Vice President, Royal National Institute for the Blind
- Non-Executive Director, Huawei Technologies UK (April 2020–April 2021)
- Chairman of BT Group Plc until 2017
- Chairman (both UK and international) KPMG (2002–2007)
- Chairman, easyJet plc (2009–2013)
- Director, Worldpay Group plc (Chairman 2015–2018)
- Chartered accountant



**Amanda Ellingworth**  
Deputy Chair,  
Senior Independent  
Director (from  
01 October 2022) and  
Non-Executive Director

**Term: 1 January 2018 – 31 December 2024**

**Chair of the Quality, Safety and Experience Assurance Committee** (attended 6 of 6 meetings)  
Attended 5 of 5 Council of Governors meetings in 2022–23

#### **Member of:**

- People and Education Assurance Committee (attended 4 of 4 meetings)
- Trust Board Nominations and Remuneration Committee (attended 1 of 1 meeting)
- Trust Board Remuneration Committee (prior to merging with Trust Board Nomination Committee) (attended 1 of 1 meeting)
- Deputy Chair of Council of Governors' Nomination and Remuneration Committee (attended 2 of 2 meetings during 2022–23)

#### **Career and Experience**

- Formally senior social worker focusing on children and families, several London Boroughs
- Director, Plan International Inc
- Trustee, Plan International UK
- Deputy Chair, Sir Ernest Cassel Education Trust
- Deputy Chair, Catholic Safeguarding Standards Authority
- Lay Adviser, Royal College of Medicine (to 2019)
- Deputy Chair, Barnardo's (to 2018)
- Chair, The Guinness Partnership (to 2016)
- Chair, The Caldecott Foundation (to 2010)
- Chair, Guinness Care and Support (to 2014)



**Chris Kennedy**  
Non-Executive Director

**Term: 1 April 2018 – 31 March 2024**

**Co-chair of the Trust Board Nominations and Remuneration Committee** (attended 1 of 1 meeting)  
Attended 5 of 5 Council of Governors meetings in 2022–23

**Member of:**

- Trust Board Remuneration Committee (prior to merging with Trust Board Nominations Committee) (attended 1 of 1 meeting)
- Audit Committee (attended 5 of 5 meetings)
- Finance and Investment Committee (attended 7 of 9 meetings)

**Career and Experience**

Qualified accountant  
 Non-Executive Director and Chair of Audit Committee, Whitbread plc  
 Non-Executive Director, The EMI Archive Trust  
 Group Chief Operating Officer and Chief Financial Officer, ITV plc  
 Chief Financial Officer, Micro Focus plc (2018–2019)  
 Chief Financial Officer, ARM Holdings plc (2015–April 2017)  
 Chief Financial Officer, easyJet plc (2010–2015)



**Kathryn Ludlow**  
Non-Executive Director

**Term: 1 September 2018 – 31 August 2024**

**Chair of People and Education Assurance Committee** (attended 4 of 4 meetings)  
Attended 4 of 5 Council of Governors meetings in 2022–23

**Member of:**

- Quality, Safety and Experience Assurance Committee (attended 6 of 6 meetings)
- Trust Board Nominations and Remuneration Committee (attended 1 of 1 meeting)
- Trust Board Remuneration Committee (prior to merging with Trust Board Nominations Committee) (attended 1 of 1 meeting)

**Career and Experience**

- Founder, Kathryn Ludlow & Associates, Investigations firm
- Trustee, The International Rescue Committee UK
- Trustee, The Hall for Cornwall
- General Counsel, Centerview Partners UK LLP (June 2019–November 2020)
- Solicitor at Linklaters LLP (1986–2017) (Partner from 1997–2017)



**Professor Russell Viner CBE**  
Non-Executive Director

**Term: 1 May 2020 – 30 April 2026**

Attended 4 of 5 Council of Governors meetings in 2022–23

**Member of:**

- Quality, Safety and Experience Assurance Committee (attended 6 of 6 meetings)
- Trust Board Nominations and Remuneration Committee (attended 1 of 1 meeting)
- Trust Board Remuneration Committee (prior to merging with Trust Board Nominations Committee) (attended 1 of 1 meeting)

**Career and Experience**

- Paediatrician
- Chief Scientific Advisor (CSA) to Department for Education (from 2023)
- Professor of Adolescent Health at the UCL GOS Institute of Child Health (UK's first professor of Adolescent Health)
- President, The Royal College of Paediatrics and Child Health (2018–2021)
- Member of the Scientific Advisory Group for Emergencies (SAGE) and subcommittees (2020–2022)
- Member of Advisory Board, Children's Commissioner for England (until December 2022)
- Patron, Association of Young People's Health



**Gautam Dalal**  
Non-Executive Director

**Term: 1 July 2022 – 30 June 2025**

(Associate Non-Executive Director, 1 June 2022–30 June 2022, then substantive NED)

**Chair of Audit Committee** (attended 3 of 3 meetings)

Attended 3 of 4 Council of Governors meetings in 2022–23

**Member of:**

- Finance and Investment Committee (attended 8 of 8 meetings)
- Trust Board Nominations and Remuneration Committee (attended 1 of 1 meeting)
- Trust Board Remuneration Committee (prior to merging with Trust Board Nominations Committee) (attended 1 of 1 meeting)
- People and Education Assurance Committee (attended 2 of 2 meetings)

**Career and Experience**

- Chartered accountant
- Member of the Finance and Audit Committees, National Gallery
- Non-Executive Director and Chair of Audit Committee, Moxico Resources plc
- Trustee and Treasurer, Chair of Finance, Risk and Audit Committee, BookTrust
- Independent Non-Executive Director, Hoptroff London Ltd
- Non-Executive Director and Chair of Audit Committee, Camellia plc (until June 2022)
- Partner, KPMG London (1990–2010)
- Chair and CEO of KPMG's India operations (2000–2003)
- Lead partner for a number of KPMG's global audit and advisory clients (2003–2010)
- Founder, UK India Business Council
- Non-Executive Director, Barts Health NHS Trust (2012–2022)



**Suzanne Ellis**  
Non-Executive Director

**Term: 1 October 2022 – 30 September 2025**

(Associate Non-Executive Director, 9 May 2022–30 September 2022, then substantive NED)

**Chair of Finance and Investment Committee** (attended 6 of 6 meetings)

Attended 3 of 3 Council of Governors meetings in 2022–23

**Member of:**

- Audit Committee (attended 3 of 3 meetings)
- Trust Board Nominations and Remuneration Committee (attended 1 of 1 meeting)
- Trust Board Remuneration Committee (prior to merging with Trust Board Nominations Committee) (attended 1 of 1 meeting)

**Career and Experience**

- Head of Digital and Technology Strategy, Portfolio and Transformation, Haleon plc (until 31 March 2023)
- Member, McKinsey Advisory Board and McKinsey Mergers and Acquisitions Council (until 31 March 2023)
- Non-Executive Director, Hoptroff London Ltd (from February 2023)
- Vice President, GSK plc (2013 – 2022) most recently leading the Separation Management Office for the demerger of Consumer Healthcare from GSK
- MSc in Information Management from Brunel University and MA in Geography from University of Cambridge

## Executive Directors



**Matthew Shaw**  
Chief Executive

Matthew is responsible for delivering the strategic and operational plans of the hospital through the Executive Team.

Attended 4 of 5 Council of Governors meetings in 2022–23

**Attendee of:**

- Quality, Safety and Experience Assurance Committee (attended 6 of 6 meetings)
- People and Education Assurance Committee (attended 4 of 4 meetings)
- Audit Committee (attended 5 of 5 meetings)
- Finance and Investment Committee (attended 7 of 9 meetings)
- Trust Board Nominations and Remuneration Committee (attended 1 of 1 meeting)
- Trust Board Remuneration Committee (prior to merging with Trust Board Nominations Committee) (attended 1 of 1 meeting)

**Career and Experience**

- Orthopaedic surgeon
- Medical Director, GOSH (March 2018–December 2018)
- Clinical Director, spinal unit, Royal National Orthopaedic Hospital (2011–2018)
- Medical Director for Health Provision, Bupa UK (until April 2018)



**Tracy Luckett**  
Chief Nurse

Tracy is responsible for the professional standards, education and development of nursing. She is also the Lead Executive for patient and public involvement and engagement, safeguarding and infection prevention and control.

**Attendee of:**

- Quality, Safety and Experience Assurance Committee (attended 6 of 6 meetings)
- People and Education Assurance Committee (attended 2 of 4 meetings)

**Career and Experience**

- Director of Nursing and Allied Healthcare Professionals, Moorfields Eye Hospital NHS Foundation Trust (2011–2022)
- Recipient of the Gold Award from the NHS Chief Nursing Officer for services to nursing



**Professor Sanjiv Sharma**  
Chief Medical Officer

Sanjiv is responsible for performance and standards, including patient safety, and leads on clinical governance and the North London Genomic Laboratory Hub.

**Attendee of:**

- Quality, Safety and Experience Assurance Committee (attended 5 of 6 meetings)
- People and Education Assurance Committee (attended 3 of 4 meetings)

**Career and Experience**

- Consultant in Paediatric and Neonatal Intensive Care, GOSH (from 2009)
- Regional Advisor, Royal College of Paediatrics and Child Health (2015–2017)
- Head of Service Paediatric Intensive Care, GOSH (2017–2018)
- Deputy Medical Director for Medical and Dental Education, GOSH (2016–2018)
- Advisory Board member, University of Stirling Management School (from 2020)





**John Quinn**  
Chief Operating  
Officer

John is responsible for the operational management of clinical services in the Trust. He is the Senior Information Risk Owner (SIRO) for GOSH.

**Attendee of:**

- Quality, Safety and Experience Assurance Committee (attended 5 of 6 meetings)
- Audit Committee (attended 5 of 5 meetings)
- Finance and Investment Committee (attended 6 of 9 meetings)

**Career and Experience**

- Chief Operating Officer, Moorfields Eye Hospital NHS Foundation Trust (2015–2021)
- Divisional Manager, University College London Hospitals NHS Foundation Trust (2013–2015)
- Assistant Director of Operations/Director of Pharmacy, Buckinghamshire Healthcare NHS Trust (2002–2013)
- Qualified Pharmacist



**John Beswick**  
Chief Finance Officer

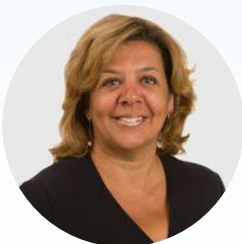
John is responsible for the financial management of the Trust, as well as leading on contracting.

**Attendee of:**

- Audit Committee (attended 2 of 2 meetings)
- Finance and Investment Committee (attended 6 of 6 meetings)

**Career and Experience**

- Chartered accountant
- Chartered engineer
- Non-Executive Director, NHS Dorset Integrated Care Board
- Multiple Finance Director roles, BT Group plc (2002–2022), most recently Chief Financial Officer, BT Technology (from June 2016)
- Background as an electronic engineer in the high-tech manufacturing industry and for Deloitte & Touche in the technology, media and telecommunications sector



**Caroline Anderson**  
Director of Human  
Resources and  
Organisational  
Development

Caroline is responsible for delivery of the People Strategy and organisational development programmes.

**Attendee of:**

- People and Education Assurance Committee (attended 3 of 4 meetings)
- Quality, Safety and Experience Assurance Committee (attended 5 of 6 meetings)
- Trust Board Nominations and Remuneration Committee (attended 1 of 1 meeting)
- Trust Board Remuneration Committee (prior to merging with Trust Board Nominations Committee) (attended 1 of 1 meeting)

**Career and Experience**

- Director of HR, OD and Corporate Communications, HM Land Registry (2013–2019)
- Assistant Director, HR and OD, London Borough of Hackney (2007–2013)
- Fellow Chartered Institute of Personnel and Development
- Masters in Executive Coaching and Learning

## Other Directors

### Cymbeline Moore

Director of Communications

Cymbeline leads on internal and external communications for the hospital.

### Jason Dawson

Interim Director of Space and Place

Jason joined us in January 2023 and leads the work to redevelop the Trust's buildings, ensuring they are suitable to support the capacity and quality ambitions of our clinical strategy.

### Professor David Goldblatt

Director of Research and Innovation

David led the strategic development of clinical research and development across the Trust and he is an Honorary Consultant Immunologist. David stepped down from this role in March 2023 but continues to work as an honorary consultant at the Trust.

## Non-Executive Directors and Executive Directors who left us during the year

### James Hatchley

Senior Independent Director and Deputy Chair (from 1 July 2022) and Non-Executive Director

Term: 1 September 2016 – 30 September 2022

James served as Deputy Chair and Senior Independent Director. He chaired the Finance and Investment Committee and Trust Board Remuneration Committee, was a member of the Trust Board Nomination Committee, and Audit Committee and during his tenure sat on the Quality, Safety and Experience Assurance Committee and the People and Education Assurance Committee. James was also an observer on the GOSH Children's Charity Trust Board.

### Akhtar Mateen

Deputy Chair and Non-Executive Director

Term: 28 March 2015 – 30 June 2022

Akhtar served as Deputy Chair and was chair of the Audit Committee. He was also a member of the Trust Board Nomination Committee, Trust Board Remunerations Committee and the Finance and Investment Committee.

### Zoe Asensio-Sanchez

Director of Space and Place

Zoe left us in December 2022, having led the work to redevelop the Trust's buildings and ensure they were suitable to support the capacity and quality ambitions of our clinical strategy.

### Margaret Ashworth

Interim Chief Finance Officer

Margaret joined us in May 2022 to December 2022 as interim Chief Finance Officer and handed over to John Beswick in November 2022.

### Helen Jameson

Chief Finance Officer

Helen left us in May 2022, having been responsible for the financial management of the Trust, as well as leading North Thames Genomic Laboratory Hub.

## Register of interests

The board of directors has signed up to the Board of Directors' Code of Conduct, which sets out the requirement for all Board members to declare any interests that may compromise their role. This is also a standing item at the beginning of each board and committee meeting.

A register of directors' interests can be found at [gosh.mydeclarations.co.uk/home](https://gosh.mydeclarations.co.uk/home).



## Trust Board Review

### NHSE Well-Led Framework

As part of their routine programme, the Care Quality Commission (CQC) undertook a well-led inspection of the Trust in 2019, and the Trust was rated as 'Good' overall. Over the last year, actions arising from that inspection were monitored through to completion.

The Trust places a high priority on quality, measured through clinical outcomes, clinical audit and patient safety experience indicators. The Board is committed to placing quality and safety at the top of its agenda, to encourage continuous improvement in safety and quality and to establish mechanisms for recording and benchmarking clinical outcomes.

### Evaluation of Board Performance

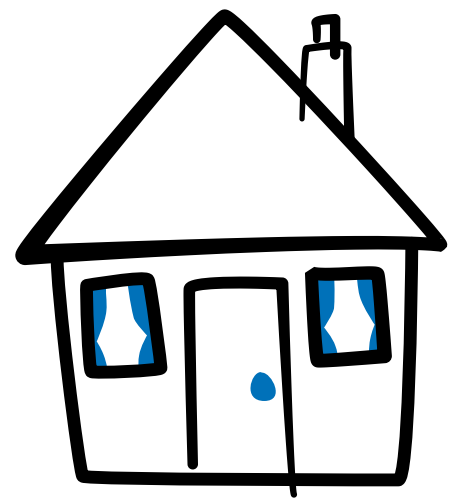
In 2021, the Trust commissioned an independent developmental well-led Review of its leadership and governance, led by BDO and Arden & GEM. The review, which looked at governance and assurance, recognised the Board is well-managed and the quality of board and committee papers is excellent. The report highlighted that NEDs make a key contribution to governance and assurance, with key reports on quality matters, for example, providing an opportunity for Board members to triangulate information and give greater confidence that all key risks and issues are known.

The review found the leadership of GOSH had brought the organisation through a profound and significant period of improvement at all levels across the whole Trust. The report recommended that, to become a higher performing organisation, the leadership approach should enable a renewed external strategic focus among the executive team and give directorates greater autonomy and focused support to tackle operational issues with greater ownership and accountability.

### Progress against the action plan

An action plan capturing the developmental recommendations from the review was put in place. Actions included reviewing and improving governance processes for managing incidents and complaints and learning from them while engaging with stakeholders. Decision making between the Trust and the Charity was also highlighted, along with an update to the board development framework to focus more on internal and external drivers.

The Executive Management Team retained overarching responsibility for monitoring delivery of the plan, and ensuring it was leading to the expected outcomes. All actions were closed by the end of April 2022. More information about the findings in relation to risk management can be found on page 145.



## Council of Governors

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

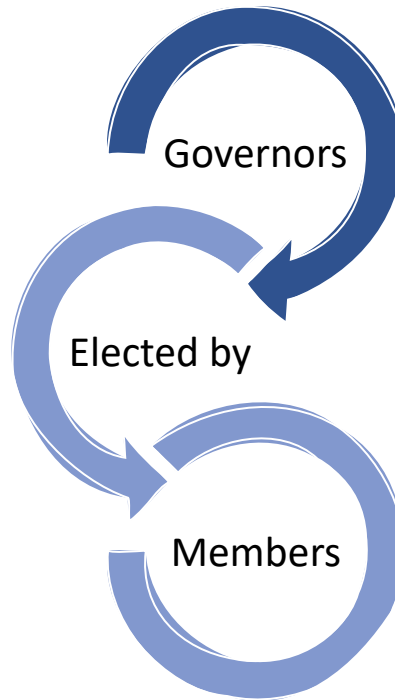
The Council of Governors is made up of 23 elected Governors and four appointed Governors – 27 in total. In 2022/23, at the end of the financial year, there were 26 Governors and one vacancy.

The main role of Governors is to support and influence the strategic direction of the Trust by representing the views and interests of members from their Foundation Trust constituency (see more about Foundation Trust Constituencies below).

Governors are members who have nominated themselves to sit on the Council and are elected by fellow members from their Foundation Trust constituency. They represent the views of the hospital's patients, their families, staff and the wider community and work hard to make sure these are heard and reflected in hospital strategy.

Although the Council of Governors is not involved in the operational management of the Trust, it is responsible for holding the non-executive directors individually and collectively to account for the performance of the Trust Board in delivering on the Trust's strategic objectives. The role of the Non-Executive Directors is detailed on page 66.

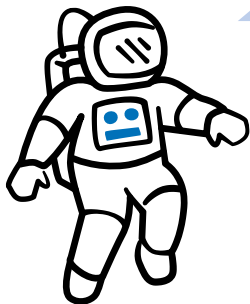
More about the responsibilities of the Council of Governors can be found at [www.gosh.nhs.uk/about-us/foundation-trust/council-governors](http://www.gosh.nhs.uk/about-us/foundation-trust/council-governors).



### Constituencies of the Council of Governors

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

\*



The Council of Governors provide an important link between the Trust Board and GOSH's communities – our members.

\*

\*



Governors are elected or appointed from the constituencies below:

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

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

### Council of Governor Election 2022/23

The Trust holds Council elections each year.

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

You get to decide who becomes a Governor on the Great Ormond Street Hospital Council

Nominations are now open for the following Governor seats

Parent/Carer: London	Parent/Carer: Home Counties	Public: Home Counties	Public: London	Patient: London	Two Staff
----------------------	-----------------------------	-----------------------	----------------	-----------------	-----------

For more information, contact the Corporate Affairs Team via email [foundation@gosh.nhs.uk](mailto:foundation@gosh.nhs.uk) or visit <https://www.gosh.nhs.uk/about-us/membership-and-the-council-of-governors/elections/>

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

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

We also said thank you and goodbye to two Governors: Dr Mark Hayden, Staff Governor, and Lisa Allera, Parent/Carer from the Home Counties.

### So you want to be a Governor

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

### Elected Governor vacancies

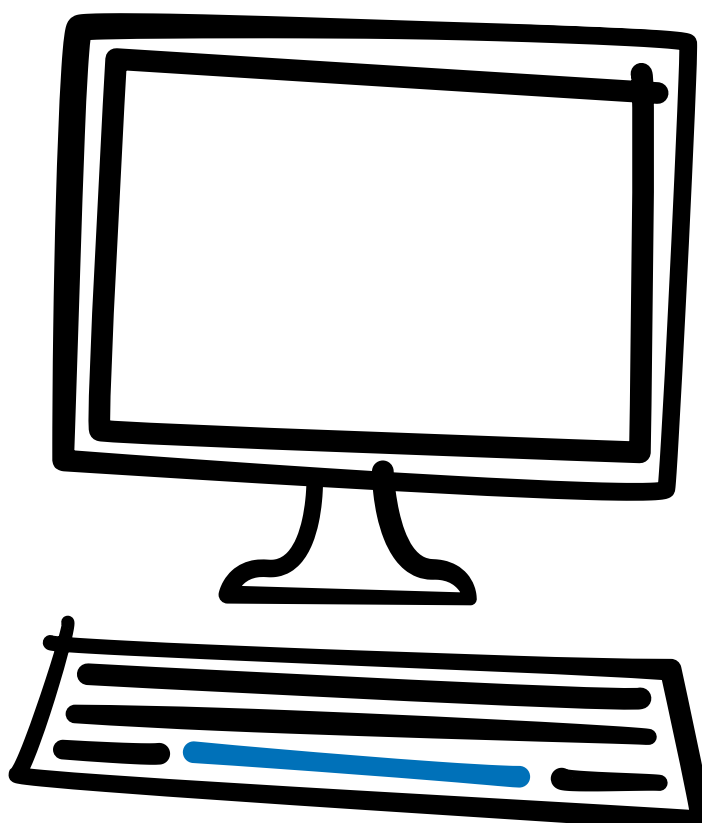
During the course of the year, one Patient Governor from London stepped down. The seat was up for election in 2022/23, but no nominations were received, so the seat was not filled. It will be contested in the 2023/24 Council elections.

### Governor induction, training and development

Throughout 2022/23 development sessions for governors were run to provide them with the skills and knowledge needed to deliver their key duties.

Two governors attended the NHS Providers’ Governor Focus Conference and shared learning through their reports back to Council.

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



## Training on Significant Transactions

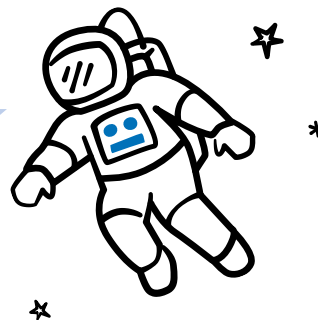
The Trust approved the construction of the Children’s Cancer Centre on 8 March 2023 (see page 53).

The cost of building the Children’s Cancer Centre (CCC) triggered the threshold for a ‘Significant Transaction’ and therefore required approval from the Council of Governors. In order to prepare governors for the meeting, they were provided with training on the process by an external training partner.

NHS foundation trusts decide themselves what a ‘significant transaction’ is.

At GOSH, a ‘significant transaction’ is a transaction that involves more than 25% of the Trust’s:

- Total assets (things the hospital owns and the money in its bank account)
- Total income (the money that comes in to pay for running the hospital) or
- Capital (the hospital’s land and buildings).



## Governors’ attendance at meetings

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

Name	Constituency	Date role began	Date role ended	Council of Governors meetings (out of 5 unless otherwise stated)	Nominations and Remuneration Committee meetings (out of 4 unless otherwise stated)	Membership, Engagement Recruitment and Representation Committee (out of 4 unless otherwise stated)
Beverly Bittner-Grassby – Lead Governor	Parents and Carers: London	March 2021		5	4	3 (3)
Stephanie Nash	Parents and Carers: London	March 2018		5	1(1)	Not a member
Kamran Ansari	Parents and Carers: London	March 2022		4	1	Not a member
Lisa Allera	Parents and Carers: Home Counties	March 2018	February 2023	4 (4)		Not a member
Robert Ferguson	Parents and Carers: Home Counties	March 2023		1 (1)		Not a member
Sapna Talreja	Parents and Carers: Home Counties	March 2021		4		Not a member
Claire Cooper-Jones	Parents and Carers: Rest of England and Wales	March 2018		4	4	Not a member
Joshua Hardy	Patients: Home Counties	March 2019		4	2	Not a member
Olivia Burlacu	Patients: Home Counties	March 2021		2		Not a member

Name	Constituency	Date role began	Date role ended	Council of Governors meetings (out of 5 unless otherwise stated)	Nominations and Remuneration Committee meetings (out of 4 unless otherwise stated)	Membership, Engagement Recruitment and Representation Committee (out of 4 unless otherwise stated)
Abbigail Sudharson	Patients: London	March 2018		0		Not a member
Constantinos Panayi	Patients: London	March 2022		5		Not a member
Maisie Stewart	Patients: London	March 2022	May 2022	0 (1)		Not a member
Roly Seal	Public: London	March 2021		3		Not a member
Peace Joseph	Public: London	March 2021		5		Not a member
Sara Ayerman	Public: London	March 2022		4		Not a member
Eve Brinkley-Whittington	Public: Home Counties	March 2021		4		Not a member
Hannah Hardy	Public: Home Counties	March 2021		4		3 (3)
Julian Evans	Public: Rest of England and Wales	March 2018		2		Not a member
Dilys Addy	Staff	March 2023		1 (1)		Not a member
Elizabeth Nuttall-Collins	Staff	March 2023		0 (1)		Not a member
Mark Hayden	Staff	March 2021	February 2023	2 (4)		Not a member
Benjamin Hartley	Staff	March 2021	February 2023	0 (4)		Not a member
Quen Mok	Staff	March 2018		5	3	Not a member
Jacqueline Gordon	Staff	March 2022		5		Not a member
Tania Ahmad	Staff	March 2021		4		Not a member
Rose Dolan	Young People's Forum	February 2022		4		Not a member
Kamya Mandhar	Young People's Forum	March 2023		1(1)		Not a member
Grace Shaw-Hamilton	Young People's Forum	March 2021	February 2023	2 (3)		1 (1)
Jugnoo Rahi	GOS UCL Institute of Child Health	March 2018		2		Not a member
Alison Kelly	London Borough of Camden	March 2021	May 2022	1 (1)		Not a member



## Council of Governors Nominations and Remuneration Committee

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

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

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

Membership and attendance of Governors at meetings is detailed on page 79–80.

### Non-executive director appointments

Non-executive directors are initially appointed for a three-year term. They can be reappointed for a further three years (subject to consideration and approval by the Council of Governors) and for an additional period (reviewed on an annual basis) in exceptional circumstances.

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

- The appointment of Gautam Dalal and Suzanne Ellis as a Non-Executive Directors (initially as Associate Non-Executive Directors) for three years from May and June 2022 respectively.
- An extension of tenure for James Hatchley (for 3 months) until 30 September 2022.
- The appointment of James Hatchley as Deputy Chair of the Trust Board and Council of Governors from 1 July 2022 until 30 September 2022.
- The appointment of Amanda Ellingworth as Deputy Chair and Senior Independent Director from 1 October 2022 until the end of her tenure.
- The extension of Amanda Ellingworth's tenure (by 1 year) until 31 December 2024.
- The reappointment of Professor Russell Viner as UCL nominated Non-Executive Director on the GOSH Trust Board for a second three-year term from 1 May 2023 until 30 April 2026.
- The recruitment process to find a successor to Sir Michael Rake as chair for appointment from 1 November 2023.

### Chair recruitment

With Sir Michael Rake's tenure coming to an end later in 2023, our Council of Governors approved the recruitment process in November 2022, which was led by the Council Nominations and Remuneration Committee. As with previous Chair and NED appointments at GOSH, an external recruitment consultant was appointed to support the appointment. The successful consultant, Odgers Berndtson, were able to demonstrate a robust understanding and appreciation of the Trust, recognise the importance of the relationships with key stakeholders and had experience of reaching into different communities and attracting candidates from diverse backgrounds.

Longlisting and shortlisting was undertaken by our Council Nominations and Remuneration Committee, who also made up the majority of the interview panel where they were also joined by an independent panel member from the ICB. Before the formal interviews took place, candidates were given a tour of the hospital and participated in four stakeholder panels with non-executive directors, executives, staff representatives and our young people's forum.

Upon consideration of information from the application, shortlisting interviews with the recruitment consultant and the stakeholder panel feedback and the results of the interviews, the Council Nominations and Remuneration Committee made a recommendation to the Council of Governors on 18 May 2023 for appointment of the successful candidate as GOSH Chair from later in 2023.

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

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

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

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

- Been adjudged bankrupt.
- Made a composition or arrangement with, or granted a trust deed for, creditors and has not been discharged in respect of it.
- In the preceding five years, been convicted in the British Isles of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed.

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

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

## Trust Board and Council of Governors working together

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

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

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

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

- Contributed to the appraisal of non-executive directors, including the Chair.
- Received updates from the Membership Engagement, Recruitment and Representation Committee (MERRC).
- Received updates from the Sustainability Working Group
- Monitored progress against actions arising from the previous Council of Governors' effectiveness survey.

## Post Assurance Committee meeting discussions

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

## Governors' private meetings with the Chair

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

## Governors' private meetings with lead Governor and deputy lead Governor

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

## Report from the Young Peoples Forum (YPF)

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

## Governors newsletter

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

## Governor Portal

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



### Council of Governor expenses

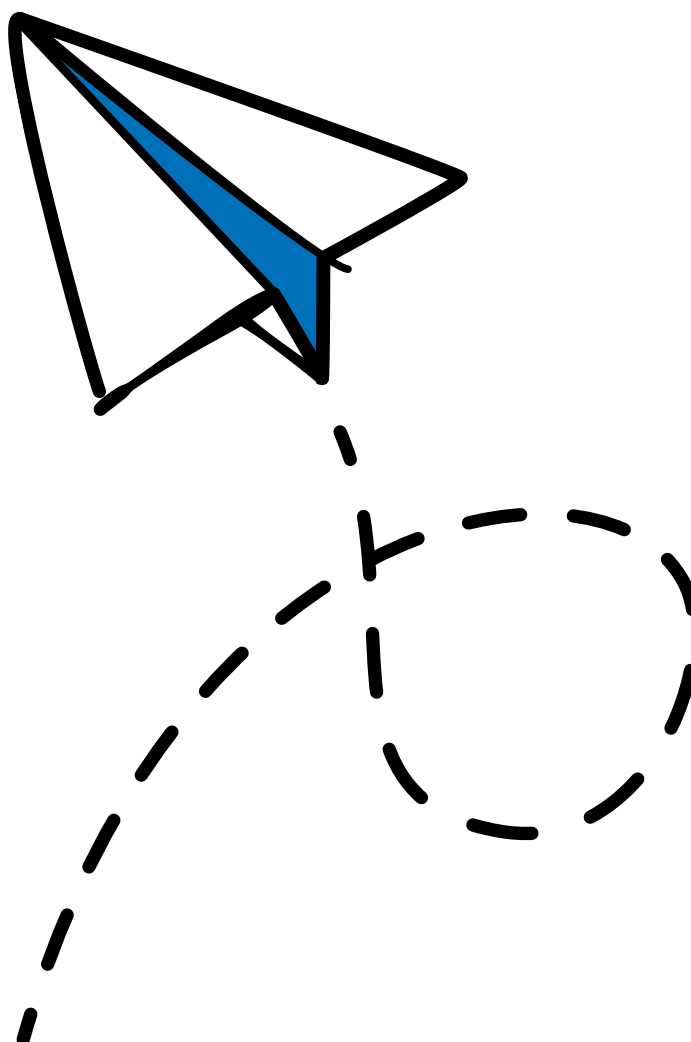
Governors can claim reasonable expenses for carrying out their duties. For the year 2022/23 no expenses were claimed by Governors.

### Register of interests

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

### Contacting a governor

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




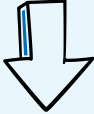

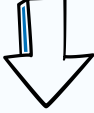

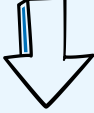
## Membership at GOSH

At GOSH, our membership is open to anyone who lives in England and Wales and is over the age of 10. It's important to us that our membership reflects the broad and diverse communities we serve as well as our patients, their families and carers and our staff.

We offer automatic membership to all employees at GOSH who have a permanent contract or fixed term contract of 12 months or more.

There is more on becoming a member at

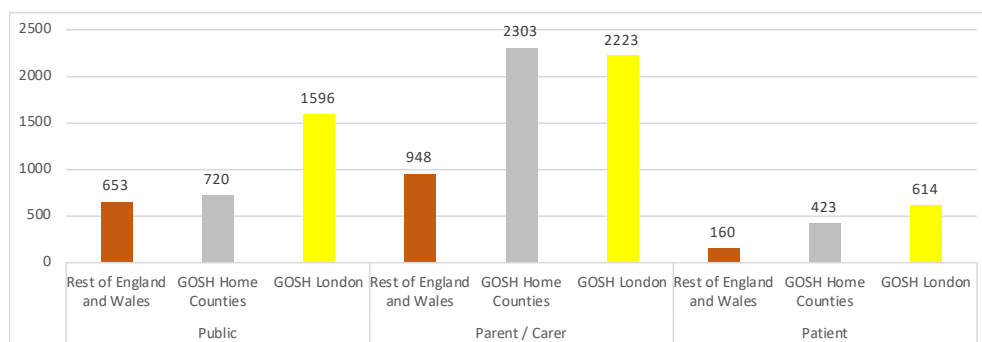
<https://www.gosh.nhs.uk/about-us/membership-and-the-council-of-governors/>.

What our membership looked like in 2022/23				
Constituency	2021/22	2022/3	Comparison	
 Patients, Parents and Carers	6,792	6,691	101	
 Public	3,111	3,030	81	
 Staff	5,791	5,768	23	

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

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

Our public, patient and parent / carer membership can be broken down into the constituencies as follows:



The Membership Engagement, Recruitment and Representation Committee (MERRC) has set an ambitious recruitment target for 2023/24:

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

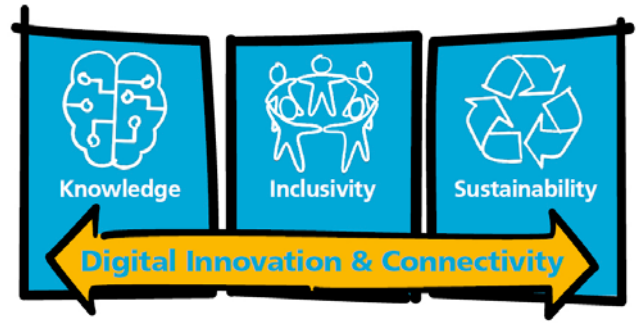
MERRC has also set focused targets to recruit more members under 21 years-old and from ethnicities currently under-represented in our membership.

## Membership Strategy

2022/23 was the first year of the Trust's new Membership Strategy, which runs until 2025.

The following three themes form the framework of the strategy and the basis for the membership objectives.

This programme complements the wider Trust strategy, ensuring there is a consistent and cohesive alignment of effort. In 2022/23, the key achievements of the membership Strategy were:



Knowledge	Inclusivity	Sustainability
<p>Refreshed the membership pages on both the website and internal channels (intranet).</p> <p>Engaged with members via the Get Involved Newsletter.</p> <p>Increased social media engagement.</p> <p>Newly elected Governor biographies were uploaded to the Trust website.</p>	<p>Created new marketing material including members/staff from different backgrounds as well as redesigning new membership materials.</p> <p>Held virtual 'So you want to be a Governor' sessions for prospective governors during the election process.</p> <p>Held 'How do we engage our Children and Young People' and 'What content would you like to see in the Annual Report and Accounts' sessions with the Young People's Forum.</p> <p>Analysed public and patient demographics with the aim of identifying groups less represented in our membership.</p>	<p>Celebrated Earth Day on Twitter.</p> <p>Established a Governors Sustainability Working Group to support delivery of the sustainability strand.</p> <p>Participating in Clean Air Day and Play Street on 16 June 2022.</p> <p>Included a sustainability section in the quarterly Get Involved membership newsletter.</p>

## Rebranded Membership Marketing Materials

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

## Membership and annual report discussion with the Young People's Forum (YPF)

Appointed YPF Governor Rose Dolan and Head of Corporate Governance Paul Balson facilitated a session with the Young People's Forum which explored the under-representation of young people in the Foundation Trust and asked for the best ways to attract new members. The session generated plenty of new ideas, which will be taken forward in 2023/24.

The session also asked the YPF what they would like to see in the annual report and accounts, and many of these ideas have been included.

## Membership engagement

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

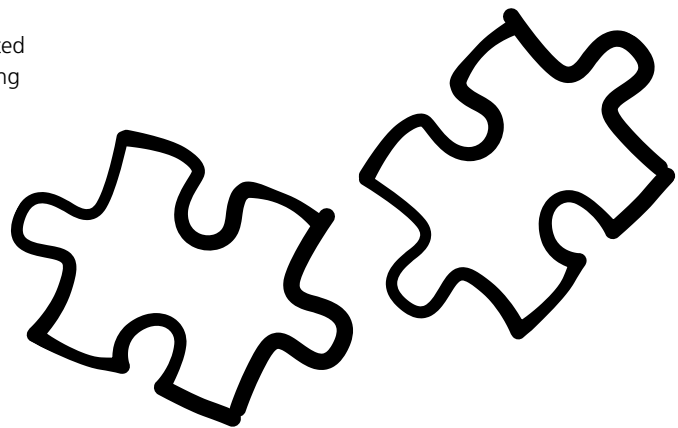
Some of the ways the Trust aimed to foster good communication and engagement included the following:

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

While Governors did not formally canvass the opinion of members on the trust forward plan in 2022/23, Governors were given the opportunity to comment on the GOSH Annual Plan and members and governors' views were sought on the new GOSH Clinical Strategy. The Trust also continued to consult with the local community, patients and governors on the design of the Children's Cancer Centre (a priority in its strategy) and presented plans for delivery of the strategy at the Annual General Meeting (AGM) in 2022.



Rose Dolan, appointed YPF Governor, facilitating the membership and annual report discussion session with the YPF.



## Membership Engagement, Recruitment and Representation Plans for 2023/24

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

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

## Annual General Meeting and Annual Members' Meeting

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

The meeting was an opportunity to hear colleagues give presentations on our performance in 2021/22 and how we adapted our services during the pandemic. We also discussed the Trust's finances, the costs associated with exploring new ways of working and how we communicated with members. In addition, we used the meeting as an opportunity to celebrate our successes in 2021/22, which included:

 <p><b>Fiftieth patient receives thymus transplant at GOSH</b></p>	<p>Sight and Sound building opens</p>  	<p><b>GOSH Digital Education Network (DEN) launched by GOSH Learning Academy</b></p>  
 <p><b>Domestic Services Team brought in house</b></p>	<p><b>GOSH patient is youngest to receive 'mismatched heart' transplant</b></p> 	<p>The largest ever stem cell clinical trial for children with the severe genetic skin condition gets underway</p>  
<p><b>National Apprenticeship Awards 2021</b></p>  <p><b>Winners of the Regional Large Employer Award and National Highly Commended Large Employer award</b></p> 	<p><b>GOSH research shows pre-screening for Spinal Muscular Atrophy (SMA) is possible through new-born blood spot test</b></p> 	<p><b>Our 170<sup>th</sup> Birthday!</b></p> 





# Remuneration report

## Statement from the Chair of the Remuneration Committee

The Trust Board's Nominations and Remuneration Committee is chaired by a non-executive director and all members are non-executive directors. The committee is responsible for reviewing the terms and conditions of office of our most senior managers, including salary, pensions, termination and/or severance payments and allowances. The committee meets routinely twice a year, in November and March, with extraordinary meetings as required. Attendance at meetings held in during 2022/23 can be found on pages 69–73. Outside of this cycle and in exceptional circumstances, changes to/new salaries are agreed by the Co- Chair of the Nominations and Remuneration Committee (Remuneration) and ratified by the committee at its next meeting.

In September 2022, James Hatchley, Non-Executive Director and Remuneration Committee chair, stepped down from the Trust Board at the end of his tenure as a non-executive director. I would like to personally thank him for his focus, diligence and commitment to the work of this committee.

In 2022/23, the Board undertook a review of the Board Remuneration Committee and Nominations Committee governance framework and agreed to merge the two committees into one, bringing about efficiencies in decision making and reporting for the distinct two purposes of the committee. Two independent co-chairs were appointed to the committee for remuneration and nominations duties – the Chair of the Board sits as co-chair on nominations, and I sit as co-chair on remuneration.

Under the terms of reference of the committee, and for the report below, voting executive members of the Trust Board are defined as senior managers at GOSH. Authority for approval of changes to other senior management roles on Trust contracts of employment has been delegated by the Nominations and Remuneration Committee to the Chief Executive and Director of Human Resources and Organisational Development. They attend the committee meetings and keep the Nominations and Remuneration Committee informed of any changes to remuneration for these individuals.

For information, the Council of Governors' Nominations and Remuneration Committee considers, and recommends for approval, chair and non-executive director remuneration. The Council of Governors considers recommendations from the committee for approval. Further information is provided on page 81.

### Remuneration for senior managers in 2022/23

For the financial year 2022/23 the Trust Board Nominations and Remuneration Committee (Remuneration):

- Approved the salary for the interim chief finance officer.
- Approved the salary for the substantive chief finance officer (they also serve as a non- executive director at NHS Dorset Integrated Care Board and retain earnings from this role.)
- Approved the salary for the interim director of space and place.
- Approved the salary for the interim director of estates and facilities transformation.
- Approved a 3% cost-of-living payment for senior managers in 2022/23 in line with the Senior Salaries Review Body (SSRB) recommendation.

Details of remuneration, including the salaries and pension entitlements of senior managers at GOSH are provided on pages 95–97. The context within which these approvals were agreed is explained below under the *Senior manager remuneration section* of this annual report.

Details of expenses for directors can be found on page 114 and governors on page 83.

### NHS pension annual tax allowance threshold

In response to concerns regarding the impact of the pension tax from across GOSH, in late 2019 a Pension Contribution Alternative Award Policy was developed in partnership with other NHS trusts in the North Central London Sustainability and Transformation Partnership (STP). Any staff member affected by the tax relief threshold could consider requesting the application of alternative suggested approaches in line with guidance from NHS Employers (*Pension tax: local options for affected staff*).

The Nominations and Remuneration Committee has considered and extended applicability of this policy on an annual basis (the last extension was approved in November 2022).

In the Spring 2023 Budget, the government announced policies to incentivise highly skilled individuals to remain in the labour market. It proposed the removal of the Lifetime Allowance charge from April 2023 and for the allowance to be abolished entirely from April 2024. Additionally, the government announced the Annual Allowance (the total tax-relieved pension savings an individual can make each year) would increase from £40,000 to £60,000 from 6 April 2023. Individuals will continue to be able to carry forward unused Annual Allowances from the three previous tax years. The Nominations and Remuneration Committee considered the changes and, on the basis that some staff will continue to be impacted by the Annual Allowance charge, agreed the local policy would remain in place for 2023/24. The committee stressed the importance of staff taking independent financial advice on the implications of leaving the NHS Scheme.

### Senior manager remuneration

The committee determines the remuneration of senior managers after taking into account recommendations from the Senior Salaries Review Body (SSRB), NHSE guidance (see below), any changes to the responsibilities of the senior managers, market comparisons, job evaluation and weightings and uplifts recommended for other NHS staff. There is some scope for adjusting remuneration after appointment as senior managers take on the full set of responsibilities in their role.

The only non-cash element of the remuneration package is pension-related benefits accrued during membership of the NHS Pension Scheme. Where appropriate, contributions into the scheme are made by both the employer and employee in accordance with statutory regulations.

Affordability is also considered in determining pay uplifts for senior managers. Where it is appropriate, terms and conditions of service are consistent with NHS pay arrangements, such as Agenda for Change and those for very senior managers.

Performance is closely monitored and discussed through both annual and ongoing appraisal processes. All senior managers' remuneration is subject to performance – they are employed on contracts of employment and are substantive employees of the Trust. Their contracts are open-ended employment contracts, which can be terminated by either party with six months' notice. The committee considers on a case-by-case basis whether an element of performance related pay or earn-back pay should be included in senior manager contracts. This is consistent with NHSE guidance.

The Trust's redundancy policy is consistent with NHS redundancy terms for all staff. All new senior managers are now employed on probationary periods in line with all non-medical staff in the Trust.

As Co-Chair of the Trust Board's Nominations and Remuneration Committee (Remuneration), I commend this report to you for the year 2022/23.

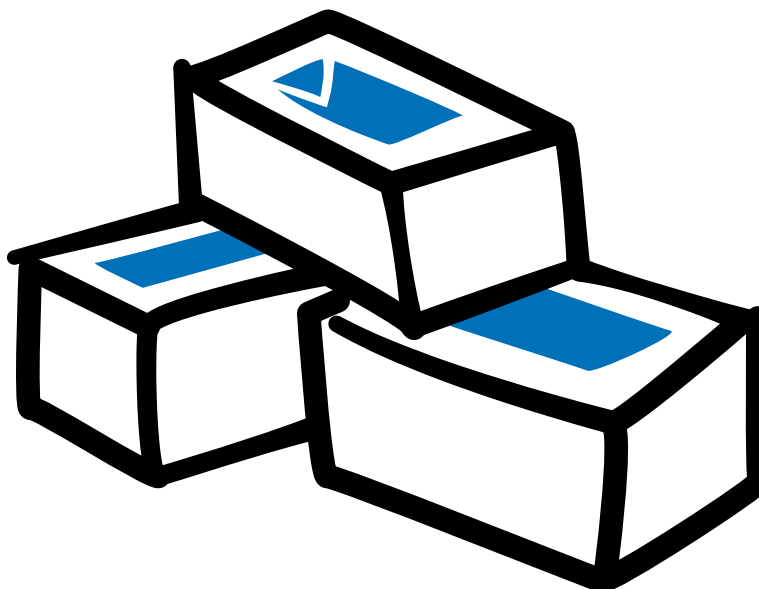


### Chris Kennedy

Non-Executive Director

Co-Chair of the Trust Board's Nominations and Remuneration Committee (Remuneration)

23 June 2023



### Senior manager remuneration policy

The structure of pay for senior managers is designed to reflect the long-term nature of our organisation and the significance of the challenges we face. Remuneration acts as a legitimate and effective method to attract, recruit and retain high-performing individuals to lead the organisation. That said, the financial and economic climate across the health sector is also considered.

NHS trusts, including foundation trusts, are free to determine the pay for senior managers in collaboration with the Trust Board's Nominations and Remuneration Committee. Reference is made to:

- Benchmarking information from:
  - NHSE on senior manager remuneration
  - Other comparable hospitals
  - NHS Providers Remuneration Survey results
- Any recommendations made on pay across the broader NHS, for example changes applied under the Agenda for Change terms and conditions.

Our commitment to senior managers' pay is clear. While consideration is given to all internal and external factors, it is important that GOSH remains competitive so we can achieve our vision of being a leading children's hospital. The same principle of rating both performance and behaviour is applied to senior managers, in line with the Trust's appraisal system. This may result in senior managers having potential increases withheld, as is the case with senior managers under the Agenda for Change principles, should performance fall below the required standard.



## Senior manager future remuneration policy

The future policy table below highlights the components of senior managers' pay, how we determine the level of pay, how change is enacted and how performance is managed.

How the component supports the strategic objective of the Trust	How the component operates (including provisions for recovery of sums paid and how changes are made)	Maximum potential value of the component	Description of the framework used to assess performance
<b>Salary and fees</b>			
Set at an internationally competitive level to attract high-quality directors to a central London base. Benchmarked across other NHS trusts in order to deliver the Trust's strategic objectives.	Salaries are reviewed annually and any changes are normally effective from 1 April. Such changes are proposed and made via the Board's Nominations and Remuneration Committee, chaired by a non-executive director. Outside of this cycle, and in exceptional circumstances, changes to/ new salaries are agreed by the Chair of the Nominations and Remuneration Committee and ratified by the committee at its next meeting.  Any sums paid in error, malus, recovered due to breach of contract or to be withheld are considered and agreed by the Nominations and Remuneration Committee and then followed up with the individual.	There is no prescribed maximum salary or maximum increase for senior managers.  Changes to basic salary, following a benchmarking review against other NHS trusts and relevant international competitors (in line with NHSE guidance related to size of Trust), can be enacted as a percentage increase or a monetary increase.  The application of cost-of-living changes is usually enacted as a percentage increase in line with national Agenda for Change pay arrangements, to ensure parity across the Trust (senior managers are proportionally not treated more favourably than other staff). Cost-of-living payments are not applied to senior managers appointed in the previous 12 months. See below for cost-of-living increase 2022/23.	The Trust performance and development review (PDR) and annual appraisal set objectives linked to our strategic objectives. Failure to meet objectives is managed via our performance frameworks.
<b>Taxable benefits</b>			
None			
<b>Annual performance-related bonuses</b>			
Provide the flexibility and capability to reward high performers adequately for their outcomes. Help to retain highly specialised senior managers and support innovation.	No senior managers received a performance bonus at GOSH in 2022/23.  Where deemed applicable, the committee reviews the application of performance-related pay (PRP) on appointment to a senior manager role. The decision to apply PRP is subject to the measurability of the outputs in relation to delivery of the strategy.	The committee will apply performance-related pay as a maximum of 10% of total salary (excluding pension entitlements).	Trust annual appraisal process.
<b>Long-term related bonuses</b>			
Not applicable.			

How the component supports the strategic objective of the Trust	How the component operates (including provisions for recovery of sums paid and how changes are made)	Maximum potential value of the component	Description of the framework used to assess performance
<b>Pension-related benefits (see below)</b>			
Pension benefits (which may be opted out of) are part of the total remuneration of senior managers to attract high-calibre candidates and enable the Trust to meet its strategic objectives.	Pension is available as a benefit to senior managers and follows national NHS Pension Scheme contribution rules. (See above for staff affected by the annual tax allowance threshold).	Pension entitlements are determined in accordance with the HMRC method.	Not applicable.
<b>Payment for loss of office</b>			
Senior managers' contracts usually stipulate a minimum notice period of six months and are determined by the Nominations and Remuneration Committee.	In the event of loss of office, for example through poor performance or misconduct, the Trust will apply the principles and policies set out in this area in its relevant employment policies (disciplinary and performance management policy). Any compensation for loss of office will be in line with the contract of employment.	The Trust has the right to use its discretion over compensation payments for loss of office. Any such payments over and above a contractual entitlement will be in line with appropriate guidance from NHSE.  Payment in lieu of notice, as a lump sum payment, may be made with the approval of the Trust's Nominations and Remuneration Committee, in line with NHSE guidance.	Contract/ Trust annual appraisal process.

### Directors with (total) remuneration greater than £150,000

The committee takes steps to satisfy itself that remuneration is reasonable for those senior managers paid more than £150,000 (and £142,500 pro rata for part-time senior managers) and takes account of NHSE's Guidance on pay for very senior managers in NHS trusts and foundation trusts.

The Trust balances the market forces for recruiting top director talent with social responsibility in relation to executive pay. Remuneration is regularly benchmarked across peer UK NHS organisations.

#### Service contract obligations

The Trust requires all senior managers to take continuing responsibility for their roles and requires executive directors to provide on-call cover for the hospital on a rostered basis, which broadly equates to one week in every six. Details about length of service can be found on page 66.

#### Ensuring diversity and inclusion

One of the key outputs of the GOSH People Strategy has been the creation of an integrated Diversity and Inclusion (D&I) Framework. The framework includes actions to take in response to inequalities in remuneration, for example in relation to gender, profession etc. Further information can be found on page 102.

The Trust publishes an annual Gender Pay Gap Report. A copy of the report can be found at: <https://www.gosh.nhs.uk/about-us/diversity-and-inclusion/gender-pay-gap-reporting/> and

information is also published by the Cabinet Office here: <https://gender-pay-gap.service.gov.uk/>. In 2022/23, the GOSH gender pay gap reduced further to 6.5%, down from 19.2% in 2017. Work to continue to address the gender pay gap is included in the commitments of the D&I Framework Seen and Heard. The Framework also reflects and responds to the breadth of diversity at GOSH – gender/sex, ethnicity, disability, age, LGBTQ+ and intersectionality.

NHS foundation trusts may negotiate local terms and conditions for staff. In common with all other NHS foundation trusts, GOSH has chosen to remain with Agenda for Change rather than move to locally created pay systems. This affords protection by ensuring work of equal value is paid equally and pay is consistent regardless of the diversity of the workforce. Agenda for Change was designed to evaluate the job rather than the person in it, ensuring equity between similar jobs in different areas. All new Agenda for Change roles are externally banded to ensure consistency across pay roles.

This national pay system covers all roles at GOSH except those detailed below:

- Trust contracts for senior managers and directors.
- National Junior Doctors' contract.
- National Consultants' contract.
- Clinical Excellence Awards.
- Consistent application of national policy where applicable.

## Nominations, remuneration and evaluation of non-executive directors

The Council of Governors' Nominations and Remuneration Committee is responsible for

- Reviewing succession planning for the non-executive directors.
- Nominating candidates as non-executive directors for approval by the Council of Governors.
- Recommending remuneration levels for non-executive directors for approval by the Council of Governors.

### Remuneration role

GOSH Chair and non-executive director remuneration is set in line with remuneration guidance issued by NHSE. The Council of Governors has agreed that salaries of the chair and non-executive directors will be considered every three years. The next review will take place in 2023-24. No cost-of-living pay increase was awarded in 2022/23 for the chair or non-executive directors.

The table below shows the salaries of the chair and non-executive directors for 2022/23:

Role	2022/23 (Application of NHSE guidance for a large trust £401m-£500m turnover) – from 1 April 2022
Chair	£50k
Deputy chair	£15k
Senior independent director	£15k
Other non-executive directors	£13k
Associate non-executive directors	£6.5k

### Nomination role

Information on the work of the committee in relation to its nomination role can be found on page 81.

### Performance evaluation

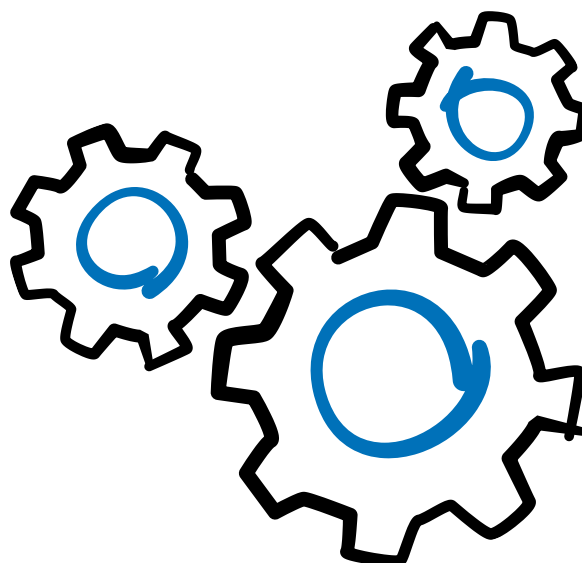
The Council of Governors considered and approved a refreshed performance evaluation framework for non-executive directors in 2020, bringing it in line with newly published guidance from NHSE. All non-executive directors were appraised throughout 2022/23 against this framework.

Details of remuneration for senior managers and non-executive directors are provided in the tables on pages 96.



**Mr Matthew Shaw**  
Chief Executive

23 June 2023



## Salary entitlements of senior managers 2021/22 (Audited)\*

Name	Title	Salary and fees (in bands of £5,000)	Taxable benefit (to the nearest £100)	Annual performance related bonuses (in bands of £5,000)	Long-term performance related bonuses (in bands of £5,000)	Pension related benefits (in bands of £2,500)	Total (in bands of £5,000)
<b>Non-executive directors 2021/22 (£000)</b>							
Sir Michael Rake	Chairman of Trust Board	50–55	0	0	0	0	50–55
Gautam Dalal	Non-Executive Director (from 1 July 2022)	n/a	n/a	n/a	n/a	n/a	n/a
Amanda Ellingworth	Non-Executive Director	10–15	0	0	0	0	10–15
Suzanne Ellis	Non-Executive Director (from 1 October 2022)	n/a	n/a	n/a	n/a	n/a	n/a
James Hatchley	Non-Executive Director (until 30 September 2022)	15–20	0	0	0	0	15–20
Chris Kennedy	Non-Executive Director	10–15	0	0	0	0	10–15
Kathryn Ludlow	Non-Executive Director	10–15	0	0	0	0	10–15
Akhter Mateen	Non-Executive Director (until 30 June 2022)	15–20	0	0	0	0	15–20
Professor Russell Viner	Non-Executive Director	10–15	0	0	0	0	10–15
<b>Executive directors 2021/22 (£000)</b>							
Caroline Anderson	Director of Human Resources and Organisational Development	135–140	0	0	0	0	135–140
Helen Jameson	Chief Finance Officer (until 17 July 2022)	150–155	0	0	0	55–57.5	205–210
Margaret Ashworth	Interim Chief Finance Officer (between 18 July 2022 and 13 November 2022)	n/a	n/a	n/a	n/a	n/a	n/a
John Beswick	Chief Finance Officer (from 14 November 2022)	n/a	n/a	n/a	n/a	n/a	n/a
Tracy Lockett	Chief Nurse	20–25	0	0	0	12.5–15	35–40
John Quinn	Chief Operating Officer	145–150	0	0	0	122.5–125	270–275
Professor Sanjiv Sharma*	Medical Director	215–220	0	0	0	0	215–220
Matthew Shaw	Chief Executive	220–225	0	0	0	55–57.5	275–280

\*The Medical Director's remuneration is made up of two elements: remuneration as a clinician and remuneration as medical director on the Trust Board  
 NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in 2015. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement.

## Salary entitlements of senior managers 2022/23 (Audited)\*

Name	Title	Salary and fees (in bands of £5,000)	Taxable benefit (to the nearest £100)	Annual performance related bonuses (in bands of £5,000)	Long-term performance related bonuses (in bands of £5,000)	Pension related benefits (in bands of £2,500)	Total (in bands of £5,000)
<b>Non-executive directors 2022/23 (£000)</b>							
Sir Michael Rake	Chairman of Trust Board	50–55	0	0	0	0	50–55
Gautam Dalal	Non-Executive Director (from 1 July 2022)	10–15	0	0	0	0	10–15
Amanda Ellingworth	Non-Executive Director	10–15	0	0	0	0	10–15
Suzanne Ellis	Non-Executive Director (from 1 October 2022)	5–10	0	0	0	0	5–10
James Hatchley	Non-Executive Director (until 30 September 2022)	5–10	0	0	0	0	5–10
Chris Kennedy	Non-Executive Director	10–15	0	0	0	0	10–15
Kathryn Ludlow	Non-Executive Director	10–15	0	0	0	0	10–15
Akhter Mateen	Non-Executive Director (until 30 June 2022)	0–5	0	0	0	0	0–5
Professor Russell Viner	Non-Executive Director	10–15	0	0	0	0	10–15
<b>Executive directors 2022/23 (£000)</b>							
Caroline Anderson	Director of Human Resources and Organisational Development	140–145	0	0	0	0	140–145
Helen Jameson	Chief Finance Officer (until 17 July 2022)	45–50	0	0	0	32.5–35	75–80
Margaret Ashworth	Interim Chief Finance Officer (between 18 July 2022 and 13 November 2022)	85–90	0	0	0	0	85–90
John Beswick	Chief Finance Officer (from 14 November 2022)	70–75	0	0	0	0	70–75
Tracy Luckett	Chief Nurse	135–140	0	0	0	77.5–80	215–220
John Quinn	Chief Operating Officer	150–155	0	0	0	37.5–40	190–195
Professor Sanjiv Sharma**	Medical Director	215–220	0	0	0	35–37.5	250–255
Matthew Shaw	Chief Executive	250–255	0	0	0	0	250–255

\*Data is provided by the NHS Pensions Agency and reflects individual circumstances.

NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in 2015. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement.

\*\* The Medical Director's remuneration is made up of two elements: remuneration as a clinician and remuneration as medical director on the Trust Board.



## Pension entitlements of senior managers 2021/22

Name and title	Real increase in pension at pension age (in bands of £2,500)	Real increase in pension lump sum at pension age (in bands of £2,500)	Total accrued pension at pension age at 31 March 2023 (in bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2023 (in bands of £5,000)	Cash equivalent transfer value at 1 April 2022	Real increase/ (decrease) in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2023
<b>Executive Directors 2021/22 (£000)</b>							
<b>Helen Jameson</b> Chief Finance Officer	2.5–5	2–5.5	40–45	95–100	690	69	762
<b>Tracy Lockett</b> (from February 2022) Chief Nurse	0–2.5	0–2.5	55–60	165–170	1,136	20	1,268
<b>John Quinn</b> Chief Operating Officer	5–7.5	10–12.5	50–55	105–110	913	147	1,064
<b>Professor Sanjiv Sharma</b> Medical Director	0–2.5	0–2.5	35–40	60–65	591	2	596
<b>Matthew Shaw</b> Chief Executive	2.5–5	0–2.5	50–55	90–95	756	67	827

## Pension entitlements of senior managers 2022/23 (Audited)\*

Name and title	Real increase in pension at pension age (in bands of £2,500)	Real increase in pension lump sum at pension age (in bands of £2,500)	Total accrued pension at pension age at 31 March 2023 (in bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2023 (in bands of £5,000)	Cash equivalent transfer value at 1 April 2022	Real increase/ decrease in cash equivalent transfer value**	Cash equivalent transfer value at 31 March 2023
<b>Executive Directors 2022/23 (£000)</b>							
<b>Helen Jameson</b> (until 17 July 2022) Chief Finance Officer	0–2.5	0–2.5	50–55	105–110	762	35	904
<b>Tracy Lockett</b> Chief Nurse	2.5–5	5–7.5	60–65	175–180	1,268	114	1,421
<b>John Quinn</b> Chief Operating Officer	2.5–5	0–2.5	55–60	105–110	1,064	68	1,166
<b>Professor Sanjiv Sharma</b> Medical Director	2.5–5	0–2.5	35–40	65–70	596	49	663

\* Data is provided by the NHS Pensions Agency and reflects individual circumstances.

\*\* CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023 to 24 CETV figures.

## Fair pay disclosures (Audited)

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce.

In addition, reporting bodies are required to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

For all staff excluding directors, the total remuneration includes salary, benefits in kind but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Director's remuneration is equal to the salary and allowances component of pay.

The calculations are based upon the full-time equivalent Trust and agency staff for the year ended 31 March 2023 on an annualised basis.

The banded remuneration (salary) of the highest paid director in Great Ormond Street Hospital for Children NHS Foundation Trust in the financial year 2022/23 was £250,000-£255,000 (2021/22, £220,000 - £225,000). The relationship to the remuneration (salary) of the organisation's workforce is disclosed in the below table.

	2022/23		
	25th percentile ratio	Median pay ratio	75th percentile ratio
Band of the highest paid director's total remuneration (£000)	250-255	250-255	250-255
Median total remuneration	33,223	47,621	61,997
Ratio	7.6	5.3	4.1

	2021/22		
	25th percentile ratio	Median pay ratio	75th percentile ratio
Band of the highest paid director's total remuneration (£000)	220-225	220-225	220-225
Median total remuneration	30,834	44,635	58,499
Ratio	7.2	5.0	3.8:1

## Statement on the Better Payment Practice Code

The Trust has registered its commitment to following the Prompt Payment Code.

The Trust maintained its Better Payment Practice Code performance for non-NHS creditor payments and achieved payment within 30 days of 82% of non-NHS invoices measured in terms of number (83% in 2021/22) and 92% by value (92% in 2021/22).

Better payment practice payment code 2022/23	Number	£000
<b>Non-NHS</b>		
Total bills paid in the year	77,430	347,908
Total bills paid within target	63,509	319,741
Percentage of bills paid within target	82%	92%
<b>NHS</b>		
Total bills paid in the year	2,942	33,691
Total bills paid within target	1,366	26,416
Percentage of bills paid within target	46%	78%
<b>Total</b>		
Total bills paid in the year	80,372	381,599
Total bills paid within target	64,875	346,157
Percentage of bills paid within target	81%	91%

## Income from the provision of goods and services

The Trust has met the requirement in section 43(2A) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), which requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes

# Staff report

Our staff are the head, heart, hands and face of GOSH. They make us who we are and allow us to do extraordinary things. We value and respect them individually and collectively for who they are as well as what they do.

As a Trust we are committed to ensuring all our staff are well led and well managed, but also supported, developed and empowered to be and do their best. Over the last few years, we have seen our staff come together to support patients, families and each other in extraordinary times, and this report outlines some of the ways we have sought to support them over the last year. This year saw our wellbeing offer widen to include helping our staff during difficult financial times.

Throughout the Autumn and Winter 2022, the NHS faced unprecedented challenges in industrial relations, with several NHS trade unions formally raising disputes with the government regarding pay and conditions. This led to the Royal College of Nursing, British Medical Association and Chartered Society of Physiotherapy taking strike action at GOSH. Throughout this period we have worked closely with our recognised trade unions, acknowledging the right for staff to take industrial action while ensuring the delivery of safe care for our patients (see page 22 for more information).

## Our People Strategy

In 2019, we published our first integrated GOSH People Strategy. It was developed in the context of the changing NHS and local Sustainability and Transformation Partnership landscape, and what was then our organisational structure. The strategy covered the period from December 2019 to December 2022, and the annual work programmes and projects which support its delivery were overseen by the People and Education Assurance Committee.

### The People Strategy was built around four key themes:

1. Capacity and workforce planning – resourcing, retention and strategy.
2. Developing skills and capability – ensuring the Trust continues to meet its responsibilities as a teaching, training, and research hospital, as well as building skills and capability to meet new challenges and changing priorities.
3. Modernising and reshaping the corporate and HR infrastructure – including HR policies, processes, systems and supporting structures.
4. Culture, engagement, health and wellbeing – ensuring all our staff feel empowered to be and do their best.

In 2022/23 that work continued, with identified work programmes reprioritised to support the wellbeing of our staff throughout the year, with a particular focus on financial wellbeing. During 2023 we have engaged within the Trust on a refresh of the People Strategy taking steps which will align it to the lifespan of the Trust Above and Beyond Strategy, recognising the importance of our staff in fulfilling the Planet 1 priority of “*Making GOSH a great place to work*”.

## Our staff

In 2022/23, the Trust employed an average of 5,357 full time equivalent (FTE) staff.

On 31 March 2023 the Trust had a headcount of 5,782 substantively employed staff. This represents a small decrease of 9 staff (-0.2%) on the previous year. Although the change in total numbers was small, we welcomed more than 1,100 new starters during the year, while saying goodbye to a similar number.

On 31 March 2023, the gender mix of GOSH directors, senior managers and staff was:

Staff group	Female		Male	
Director	36%	5	64%	9
Senior manager	50%	12	50%	12
Staff	75%	4,332	25%	1,412

## Analysis of staff costs (Audited)

The table below provides analysis of the cost of staff for the year 2022/23:

Employee costs	Year to 31 March 2023			Year to 31 March 2022
	Total £000	Permanently employed total £000	Other £000	Total £000
Salaries and wages	304,067	292,341	11,726	276,679
Social security costs	32,549	32,549	0	29,015
Apprenticeship levy	1,377	1,377	0	1,292
Pension cost – defined contribution plans employer's contributions to NHS pensions	33,241	33,241	0	31,098
Pension cost – employer contributions paid by NHSE on provider's behalf (6.3%)	14,617	14,617	0	13,554
Pension cost – other*	39	39	0	63
Temporary staff – agency/contract staff	4,062	0	4,062	4,154
Termination benefits	35	35	0	0
<b>Total gross staff costs</b>	<b>389,987</b>	<b>374,199</b>	<b>15,788</b>	<b>355,855</b>
Recoveries from DHSC Group bodies in respect of staff cost netted off expenditure	-2,591	-2,591	0	-2,240
Recoveries from other bodies in respect of staff cost netted off expenditure	-142	-142	0	-260
<b>Total staff costs</b>	<b>387,254</b>	<b>371,466</b>	<b>15,788</b>	<b>353,355</b>
<b>Included within:</b>				
Costs capitalised as part of assets	1,535	1,535	0	1,678
Analysed into operating expenditure				
Employee expenses – staff & executive directors	362,491	350,430	12,061	330,245
Research & development	18,862	15,135	3,727	17,695
Education and training	4,331	4,331	0	3,737
Special payments	35	35	0	0
<b>Total employee benefits excl. capitalised costs</b>	<b>385,719</b>	<b>369,931</b>	<b>15,788</b>	<b>351,677</b>

Average number of people employed (Audited)*	Year to 31 March 2023			Year to 31 March 2022
	Total Number	Permanently employed** Number	Other Number	Total Number
Medical and dental	787	755	32	780
Administration and estates	1,776	1,724	52	1,621
Healthcare assistants and other support staff	307	307	0	323
Nursing, midwifery and health visiting staff	1,617	1,611	6	1,624
Scientific, therapeutic and technical staff	1,085	1,021	64	1,049
Other staff	18	18	0	15
<b>Total average numbers</b>	<b>5,590</b>	<b>5,436</b>	<b>154</b>	<b>5,412</b>

\* Whole Time Equivalent    \*\* Includes Bank Staff

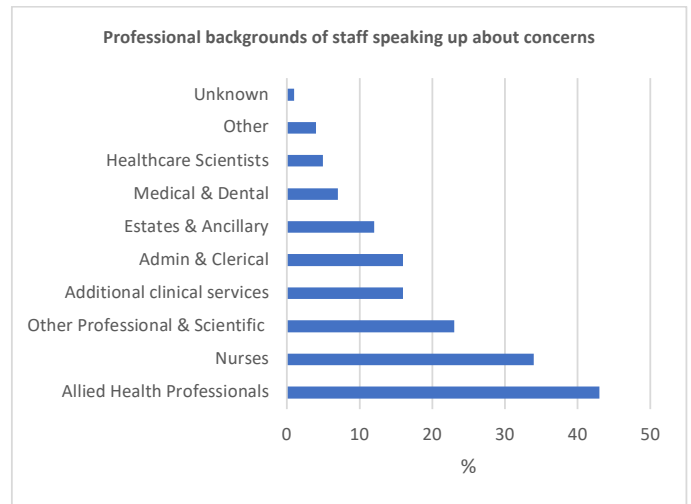
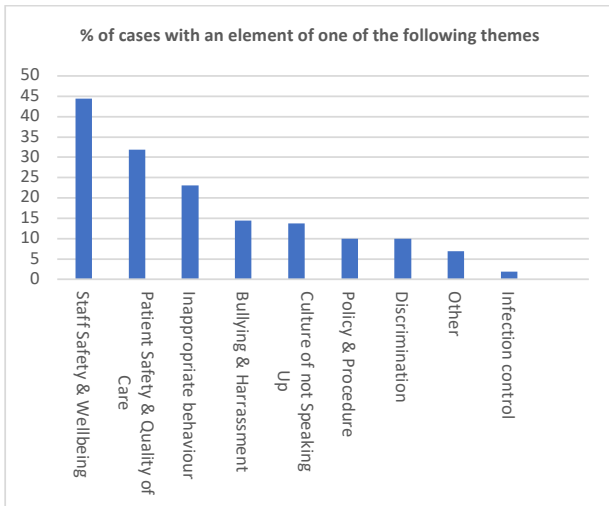
## Raising concerns at GOSH

The Freedom to Speak Up (FTSU) service provides colleagues with confidential and independent support to speak up about any concerns they have over patient care and safety, or anything that impacts on their working life. When someone raises a concern, colleagues from across the Trust come together to make sure their concerns are heard, investigated, action is taken and lessons are learnt. Being able to work openly, transparently, compassionately and in partnership is key to this work.

Providing a confidential and independent space for everyone at GOSH is important and we have seen continued use of the service. We believe that the more staff feel safe to raise concerns, the better we become as an organisation, in terms of care and safety and in making GOSH a great environment to work in.

2022/2023  
**161**  
concerns raised

2021/2022  
**187**  
concerns raised



## Feedback

We ask everyone who uses the service for feedback so we can improve the support we provide. The large majority reported having a positive experience with the service and over 90% said they would speak up about a concern again.

It was a really positive experience, and I got an appointment really quickly after asking for one. I felt really supported and was pleasantly surprised. I felt completely able to voice my issues and at no time did I feel awkward or uncomfortable talking about those issues. I felt like I was really being listened to and that my issues were being taken on board.

I found the FTSU Guardian supportive, kind and open to exploring different possibilities. It was easy to access and work with them

I am very grateful to have been able to speak to the Guardian and to know that the service is there to listen, to advise and to signpost me.

It is confidential, you feel heard, and you are made to feel in control of the interaction and the situation.

Over the past year the FTSU service has collected demographic data from staff who use the service so we can see who is using it and who may face barriers to accessing it or speaking up. This has led to us working alongside the different Trust forums and steering groups which play a vital role in staff wellbeing and improving the working lives of colleagues.

In March 2023, we welcomed Kiera Parkes into post as our new Guardian. The previous Guardian, Dan Sumpton had been in post for over two years.

The year ahead is about reviewing, enhancing, and building on our work in this area. NHS England, in partnership with the National Guardian's Office, published a new Speaking Up policy and this will replace our old policy and re-focus how we think about speaking up across the Trust. We hope we can continue to improve the Freedom to Speak Up provision.

### Sickness absence

Sickness absence rates in 2022/23 remained higher than the long-term average for the Trust, although we did see a reduction on the previous year. The average sickness absence rates for 2022/23 were 3.7% (compared to 4% for 2021/22, which included the Omicron wave of Covid in December 2021, which increased the average for that year).

Although sickness rates have reduced, the Trust continues to monitor and report sickness daily to manage high risk areas and ensure we contribute to the national and regional understanding of the impact of Covid-19 and sickness more widely.

In September 2020 the Trust launched its Mind, Body and Spirit Framework, which is monitored by the Trust's Health and Wellbeing Steering Group. We have continued to develop the internal capacity to support our staff's wellbeing, by helping our managers hold useful wellbeing conversations with their staff, the training and deployment of Health and Wellbeing champions as well as promoting avenues to finding support, both within the Trust and external to GOSH.

Absence data is published by NHS Digital at <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>.

### Staff turnover

Staff turnover is monitored monthly, with rates reported to the Trust Board at a Directorate level and local data available for directorates to review. The Trust has a target of 14% voluntary turnover, and in March 2023 the reported rate was 14.4%, reflecting a trend towards higher turnover since the impact of the pandemic receded. Monthly turnover rates are published by NHS Digital and are available here:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics>.

## Equality, diversity and inclusion

Promoting and supporting diversity in the workplace is an essential aspect of good staff management. We are mindful that we can only provide the highest quality healthcare to children and their families if we represent the diverse communities that we serve, treat our members of staff with respect, and give them a powerful reason to stay and grow with the Trust. We are committed to ensuring the best possible experiences and outcomes for patients, service users and the public.

The Trust Diversity and Inclusion Framework, *Seen and Heard* was launched in 2020 and sets out four main work streams to improve the experience of all staff:

- **Opening up external recruitment** to promote GOSH as a creative, diverse and inclusive employer of choice.
- **Creating internal career paths and opportunities** for progression, and ensuring fair and transparent access to jobs, training, and education.
- **Creating a more inclusive work culture for all**, to build understanding and connectivity and support value-based staff management practice.
- **Creating channels and safe spaces which amplify the employee voice**, ensuring we listen, hear and take action as a consequence.

The framework outlines a series of performance measures based on staff experience (collected through the annual staff survey) alongside performance against statutory required measures, such as gender pay gap reporting, the NHS Workforce Race Equality Standard (WRES) and the NHS Workforce Disability Equality Standard (WDES).

In November 2022 the Trust Board received a report on the key findings of these returns, the immediate action taken, and action planned for the future. These metrics are monitored by the Trust-wide Diversity and Inclusion Steering Group and are outlined on the next page.

Measure	Source	Baseline performance at framework launch (Sep 2020)	Year 1 (Based on 2021 Trustwide Diversity and Inclusion Annual report – Nov 2021)	Year 2 (Based on 2022 Trustwide Diversity and Inclusion Annual report – Nov 2022)
A more diverse and representative workforce.	Workforce demographics.	29% BAME, significantly below the London average of 45%.	35% BAME staff.	35% BAME staff.
Greater diversity at Board and senior leadership levels.	NHS Workforce Race Equality Standard (WRES) Indicator 9.	BAME representation at Board level 8% lower than Trust workforce.	BAME representation 12% lower than Trust workforce.	BAME representation 7% lower than Trust workforce.
Improvement in recruitment outcomes for BAME applicants.	WRES Indicator 2 / recruitment data.	White applicants 2.25 times more likely to be appointed than BAME applicants.	White applicants 2.09 times more likely to be appointed than BAME applicants.	White applicants 2.05 times more likely to be appointed than BAME applicants.
Improvement in recruitment outcomes for disabled applicants	Workforce Disability Equality Standard Indicator 2 / recruitment data	Non-disabled applicants 1.3 times more likely to be appointed than disabled applicants.	Non-disabled applicants 1.1 times more likely to be appointed than disabled applicants	Non-disabled applicants 1.1 times more likely to be appointed than disabled applicants.
Improvement in "Equality & Diversity" staff survey theme.	NHS staff survey	2020 survey theme score was 8.9 (out of 10). National average for acute specialist trusts was 9.2.	Staff Survey People Promise score for "We are compassionate and inclusive" was 8.1.	Staff Survey People Promise score for "Equality and Diversity" and "inclusive" was 8.0.
Improvement in demographic pay gap.	Gender pay reporting / GOSH pay data.	The mean reported gender pay gap for 2019 was 17%.	The mean reported gender pay gap for 2020 was 15.4%.	The mean reported gender pay gap for 2021 was 11.5%.
More internal applicants being promoted to roles at GOSH.	Recruitment data	40% of appointees were existing staff members.	35% of appointees were internal candidates.	51% of appointees were internal candidates.
Increased access to training and development opportunities.	WRES indicator 4 / training data.	White staff 1.18 times more likely to access discretionary training.	White staff 1.21 times more likely to access discretionary training than BAME staff.	White staff 1.28 times more likely to access discretionary training than BAME staff.
Improvement in staff feeling GOSH acts fairly regarding career progression.	NHS staff survey.	50% of respondents felt GOSH acted fairly with regard to career progression.	49% of respondents felt GOSH acted fairly with regard to career progression.	51% of respondents felt GOSH acted fairly with regard to career progression.
Proportion of staff recommending GOSH as a place to work.	NHS staff survey.	67% of respondents would recommend GOSH as a place to work.	71% of respondents would recommend GOSH as a place to work.	66% of respondents would recommend GOSH as a place to work.
Reduction in relative likelihood of BAME staff entering formal HR processes (e.g. disciplinary, capability)	WRES indicator 3, Employee Relations data.	BAME staff were 2.74 more likely to be in a formal disciplinary process.	BAME staff were 2.87 times more likely to be in a formal disciplinary process	BAME staff were 2.09 times more likely to be in a formal disciplinary process
Improved staff declaration rates against protected characteristics.	HR data	34% of staff opted not to disclose at least one protected characteristic.	32% of staff opted not to disclose at least one protected characteristic.	31% of staff have opted not to disclose at least one protected characteristic.

The culture change required to improve in these areas will take several years to deliver and embed. While we have seen improvement, both in demographics and some of our outcomes, such as gender pay gap and WRES indicators, we have seen slower progress than in recent years. Our staff survey results relating to equality, diversity and inclusion have shown some early signs of improvement, but there remains significant work to do. Overall, we have seen improvements in the ethnic diversity of our workforce – with the proportion of BAME staff continuing to increase to 35% in 2022 and at 31 March 2023, it had increased further to 37%.

We have made our recruitment pipeline a real focus in 2022/23, with the development of a Debiasing recruitment programme including:

- The launch of a toolkit for managers aimed at ensuring fairness and transparency in recruitment decisions.
- The launch of e-learning for recruiting managers.
- The selection of a specially trained cohort of Seen and Heard Champions who, since March 2023, have been asked to join recruitment panels for posts at Band 8a and above. The Champions will take an active role in supporting interview panels and we look forward to embedding the programme in 2023/24.

As part of the People Strategy, an HR policy framework has been agreed and will be implemented to ensure staff are Seen and Heard and address any concerns arising from the current application of policies.

We continued to develop the role and remit of our staff networks and embed the support we can provide so they are empowered to manage events and interactions with their network members.

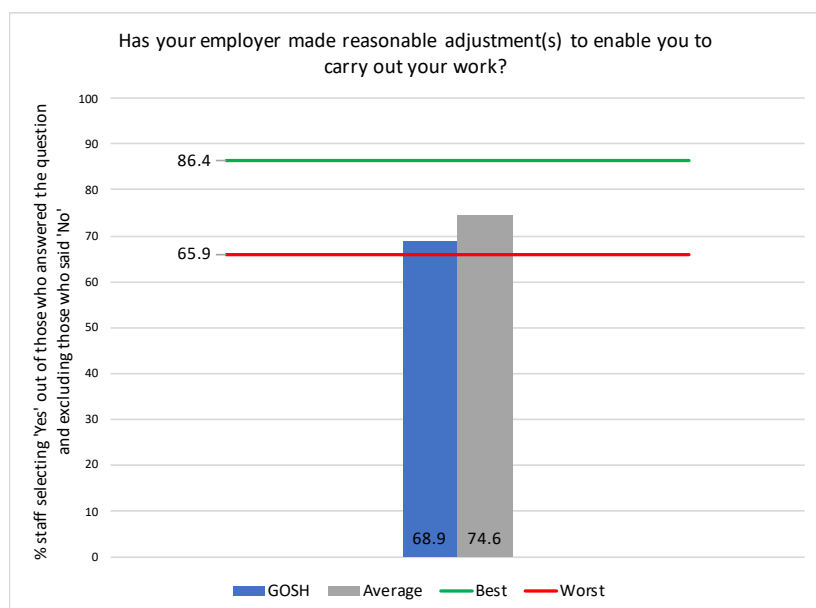
Through the year we ran a series of Trust-wide events including the “Big Conversation” aimed at improving understanding of equality and diversity, and particularly the importance of allyship for all staff.



## Disability

In November 2022, GOSH’s Disability Confident Committed accreditation level 2 was renewed. This was achieved by making an organisational commitment to ensure our recruitment process is inclusive and accessible, vacancies are communicated, disabled people are offered an interview, reasonable adjustment is provided as required, and existing disabled colleagues are supported in developing their careers. The Trust held a series of training events with the Business Disability Forum to upskill our hiring managers in recruiting with confidence.

We continue to work with members of the Trust’s ENABLED (Enhancing Abilities and Leveraging Disabilities) network to develop a culture that empowers staff and strengthens the visibility and voice of staff with a long-term health condition. While we are pleased to see the increase in staff declaring a disability (currently 4%, up from 2% a few years ago), we recognise there is still more to do, and declaration rates will continue to be a focus in the next year.



We can see from responses to the 2022 NHS Staff survey question about employers making reasonable adjustments for staff to carry out their work that the Trust scored lower than the average in its peer group. This shows there is further work to do. Due to changes in the survey, it is not possible to track progress over the years, but we will work towards an improvement in 2023/24



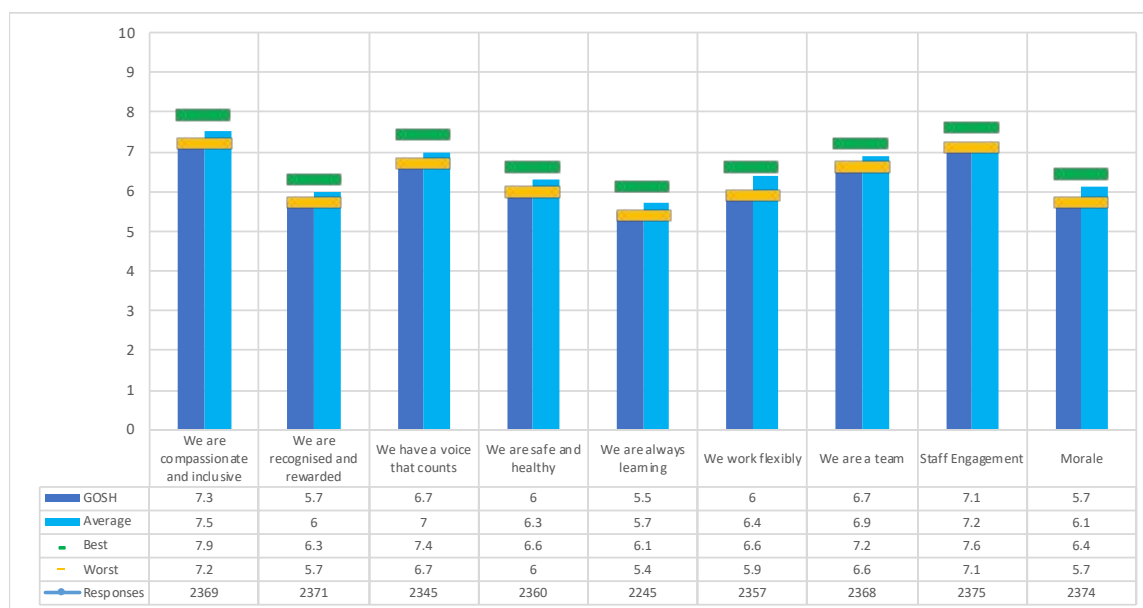
## Staff survey results

The NHS staff survey is conducted annually. For the fourth year, the Trust opted to carry out a census survey of all its staff to ensure their voices counted. The survey continued to align to the 7 elements of the NHS People Promise, as well as overarching themes of Staff Engagement and Morale. The indicator scores are based on a score out of 10 for certain questions, with the indicator score being the average of those.



### People Promise Scores 2022

We received 2,385 responses, a response rate of 42.9% (53% in 2021). Scores for each indicator, together with those of the survey benchmarking group (acute specialist trusts) are presented below.



### 2022/23 and 2021/22

As well as aligning to the NHS People Promise, the redesigned survey had a focus on staff emotional wellbeing and resilience as the NHS continued to manage the impact of Covid and addressed the backlog of patient care caused by two years of the pandemic.

GOSH's results were slightly below the comparator scores (the 13 Acute specialists trusts which traditionally perform higher than the NHS average), by 1 or 2 percent in the majority of cases. This reduction in scores erased some of the gains achieved in previous years and brought GOSH closer to the NHS average.

Despite this, our People Promise scores, though dipping from the previous year, held up when compared with North Central London, the NHS average, London Trusts and the Children's Hospital Alliance (CHA). They were equal to or higher in the following areas:

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

How GOSH compares to the acute specialist group across the People Promise is shown in the table below:

Indicators (‘People Promise’ elements and themes)	2022/23		2021/22	
	Trust score	Benchmarking group score	Trust score	Benchmarking group score
<b>People Promise:</b>				
We are compassionate and inclusive	7.3	7.5	7.4	7.5
We are recognised and rewarded	5.7	6.1	6.0	6.1
We each have a voice that counts	6.7	7.0	6.9	7.0
We are safe and healthy	6.0	6.2	6.2	6.2
We are always learning	5.5	5.6	5.6	5.6
We work flexibly	6.0	6.3	6.3	6.3
We are a team	6.7	6.9	6.8	6.8
Staff engagement	7.1	7.3	7.3	7.3
Morale	5.7	6.0	6.0	6.0

## 2020/21

How GOSH compares to the acute specialist group is shown in the table below:

Staff Survey Themes	2020/21	
	Trust score	Benchmarking group score
Equality, diversity and inclusion	8.9	9.2
Health and wellbeing	6.4	6.5
Immediate managers	7.1	7.1
Morale	6.2	6.4
Quality of care	7.7	7.9
Safe environment – bullying and harassment	8.2	8.4
Safe environment – violence	9.8	9.8
Safety culture	6.9	7.0
Staff engagement	7.4	7.4
Team working	6.7	6.8

## Key priority areas

At the beginning of February 2023, local results were shared with directorate leadership teams via their HR Business Partner, and they have been tasked with developing an action plan in response to the results, aligned to four key priorities listed below, (including a commentary on our current performance):

- Wellbeing – Despite increased activities, this area has seen a drop and gain in importance due to the cost-of-living crisis and questions related to burn out and work life balance.
- Equality, Diversity & Inclusion – In some cases, staff from minority ethnic groups, women, and staff under 50 reported lower scores that the organisation average.
- Career progression – this was a relatively low score of 50% and support for early career development and retentions activities was low.
- Reward & Recognition - Scores for the We are recognised, and rewarded people promise experienced a fall. Factors outside the trust such as the cost-of-living crisis make increase the importance of this theme.

To support monitoring of staff survey actions, Directorate specific objectives will form part of directorates’ key performance indicators (KPIs) and progress against them will reviewed through routine governance routes, such as Directorate Performance Review Meetings.

### Future priorities

Future priorities will be incorporated into the refreshed GOSH People Strategy. Building on the solid foundations established by the previous strategy and the new People Strategy will have delivery plans shaped around four priority themes:

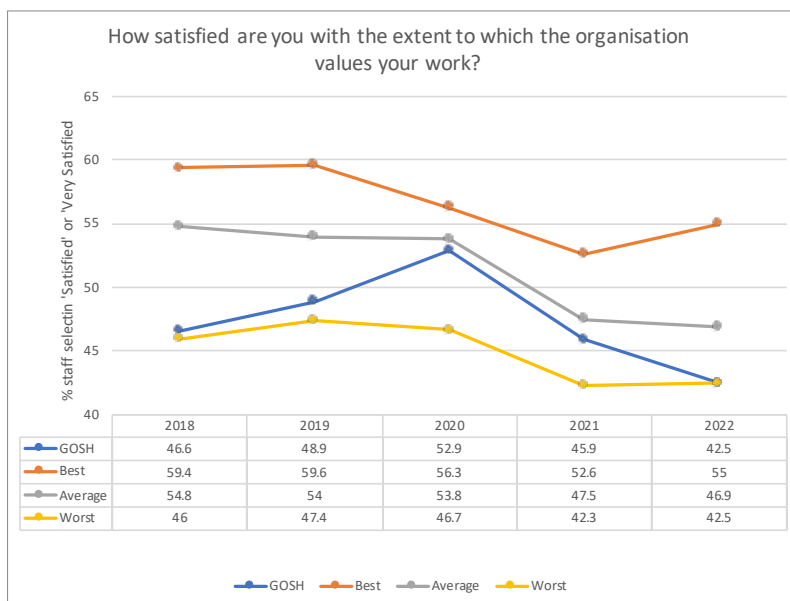
- **Culture and Engagement:** The work programmes from our Equality, Diversity & Inclusion, and Health & Wellbeing frameworks will continue from the solid progress made over the last two years. New areas of work will include a review of our values and a cultural change programme to embed speaking up and psychological safety
- **Building a Sustainable Workforce:** focusing on recruitment, retention and workforce planning with increased focus on fair and open recruitment, onboarding, careers pathways and progression, and role configuration to support service redesign
- **Skills and Capability:** continuing to build on our well-established education and development offer from the GOSH Learning Academy, new programmes will be developed focusing on system working, financial and digital literacy, and leadership and line management.
- **Process Systems and Infrastructure:** focusing on improving processes around business planning, demand and capacity planning and business development. Upgrading our systems and tools to improve collaborative working and decision making.

Delivery plans for Trustwide staff survey initiatives will be established as part of the part of the work for the new people strategy and its supporting frameworks – with progress monitored via the People Planet Programme Board and Above & Beyond strategy governance routes.

### Reward and Recognition

Celebrating and recognising our staff and the amazing work they do to support our patients is a key part of our people agenda Staff Survey. We saw a reduction in staff satisfaction in this area last year, so we are pleased to relaunch the popular GOSH staff awards (GEMS, **GOSH Extraordinary Members of Staff**), alongside a refresh of the PRAISE tool, which increases opportunities to celebrate our staff both as individuals and in their teams. We will continue to focus on this work this year, with new Long Service Awards and Annual Staff awards ceremonies planned for summer 2023.

Here are a few of our GEMS winners throughout the year



### Trade union facility time

Throughout 2022/23 the Trust engaged with its staff partners to ensure partnership working was at the heart of its people agenda; recognising the challenges in the response to changes driven by Covid-19 was built in partnership with its staff. The Trust has 16 trade union representatives across the organisation. The representatives spent an average of 5% of their work time on union activities (128 hours per month in total). The total cost of union activities was less than 1% of the total pay bill for the year.

### Engaging and listening to staff

We have adapted the ways we communicate internally to ensure we reach staff working both onsite and remotely. Using different communication platforms, we have accessed an increasing number of staff and ensured we share information, listen to concerns and themes, and build positive and supportive messages across the Trust.

We continue to use tools developed during the Covid-19 pandemic to foster engagement and facilitate hybrid working. We have listened and responded to themes and concerns that have been:

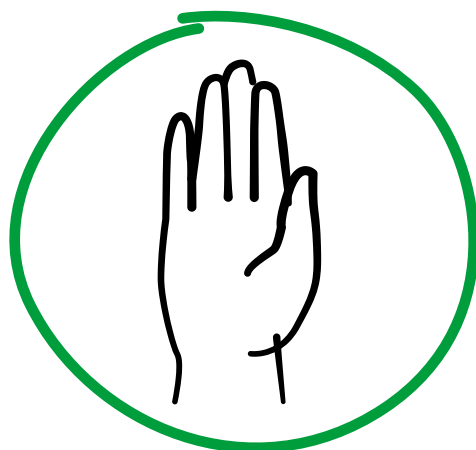


#### Engaging and listening to staff

- Raised informally through the Wellbeing hub.
- Raised in our regular 'Big Brief' with our chief executive and relevant senior leaders.
- Recorded via a poll at the 'Big Brief'
- Surfaced through our local pulse surveys (listening tool) with staff.

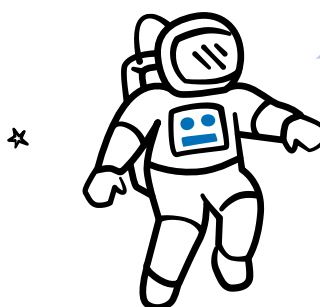
### Speaking up at the Trust

The Trust believes that every member of staff has a duty to raise concerns and is committed to helping staff to raise and openly discuss concerns at the earliest reasonable opportunity. A number of ways to achieve this are promoted across the Trust:



#### Speaking up at the Trust

- Staff can use the Trust incident reporting system or talk to their line manager.
- They can make safeguarding referrals or speak to the FTSU team.
- Concerns can also be raised by following the Trust's whistleblowing policy and procedures.
- The Trust has also implemented the 'Speaking up' programme to encourage staff to raise their concerns (see page 101 for further information).



The Trust has created lots of ways staff can tell the Trust about safety and other concerns.

## GOSH Learning Academy (GLA)

Following our successful external review in October 2022, the GOSH Children's Charity (GOSHCC) Board has granted approval to release the final funding of £5.6m to support the delivery of Phase 2 of the GOSH Learning Academy (GLA). As a key planet in GOSH's Above and Beyond Strategy, the GLA is making significant progress towards achieving the overall aim to be the first-choice provider of outstanding paediatric education.

The GLA continues to be a valued and trusted partner in the local healthcare ecosystem, and now consistently contributes to teaching in the Integrated Care System, London region and wider national and international arena. The education and training provided to our staff remains pivotal to the experience of our patients. The children and young people attending Great Ormond Street Hospital are cared for by a multi-professional workforce, and it is the role of the GLA to ensure our staff have the knowledge, skills and capabilities to provide and support the exceptional care our patients deserve.

Further information on the GLA's achievements throughout the year can be found on page 46.

## Learning and development

During 2022/23 we continued to operate our successful hybrid delivery model (virtual/online learning/face to face) for our learning and development programmes, and successfully inducted 1,042 new staff into the organisation, along with 130 newly registered nurses. We provided them all with a robust induction and access to opportunities for further development to enhance their careers at GOSH.

We maintained our statutory and mandatory training compliance throughout 2022/23 – recording an overall average of 94% compliance.

Supporting our People Strategy and our focus to make GOSH a great place to work, we continued to develop and deliver our Equality, Diversity and Inclusion sessions as a golden thread through all our development programmes, with a focus on fundamentals, allyship, micro-behaviours and bias.

## Clinical and Professional Education

We are proud to have successfully expanded our clinical apprenticeship provision in Allied Health Professions at GOSH in 2022/23, including offering Operating Department Practitioner and Dietetics as apprenticeship pathways. We are continuing to work closely with Health Education England and successfully delivered on the national undergraduate placement expansion initiative, welcoming over 800 Nursing and Allied Health students across our clinical areas, hitting the national expansion target of 10%.



## Medical Education

Following positive feedback and evaluation from University College London (UCL) medical students on placements at GOSH, we are proud to have increased our collaboration to support more than 360 medical students from UCL with their fifth-year speciality placements. Due to the successful delivery of this programme, it will increase to 432 students in the coming year.

Following the relaxation of Covid restrictions, we successfully relaunched our Young Visitor Programme in the Summer of 2022 and were delighted to support 334 sixth form students on medical work experience at GOSH. A key focus of the GLA is widening participation into healthcare careers and we have reserved placements for students at local schools in Camden, ensuring equity of access to work experience at GOSH.

## Staff safety and occupational health

The Trust is committed to preventing staff harm, and a high-profile agenda of controlling hazards and preventing harm is pursued. There is a robust process for incident reporting and staff are obliged to make reports. In 2022/23 GOSH employees reported 877 health and safety incidents, including 99 patient safety accidents. This was a slight increase from 874 incidents in 2021/22. There were 20 incidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations. This is an increase from 16 in the previous year. Seven of these incidents involved potential exposure to Covid-19. All incidents are investigated to identify learning.

The Trust's governance structure ensures statutory compliance with legislative requirements and assurance is given via the Health and Safety Committee. This was provided on a range of subjects, such as violence against staff, lone working, control of substances hazardous to health and fire safety. New improvements included a weekly health and safety walkaround, supported and attended by a range of staff, engagement with an Authorised Engineer for fire safety and the start of a network with health and safety professionals in other NHS Trusts.

In addition to the Occupational Health services required for new and current staff, we continued to support staff health and safety as we adjusted to fewer Covid restrictions. Some of the ways we have done this are listed below:

### Psychological Support:

Ensuring staff get access to wellbeing services, signposting and psychological first aid. CareFirst provides information services and counselling.

### Occupational Health Service:

Providing specific individual guidance and support to keep staff well and safe at work

### Risk Assessments:

Assessing and reassessing the risks to our staff and making reasonable adjustments where practicable

### Hybrid Working:

Continuing to support Hybrid working where possible and ensure staff have what they need to work safely in the office or at home.

## Countering fraud and corruption

We have a countering fraud and corruption strategy. Arrangements were reviewed during the year by the Local Counter Fraud Service (LCFS). The LCFS undertakes an ongoing programme of work to raise the profile of counter fraud measures and carry out ad-hoc audits and specific investigations of any reported alleged frauds. The LCFS delivered fraud awareness presentations and fraud awareness surveys. The Audit Committee receives and approves the counter fraud annual report, monitors the adequacy of counter fraud arrangements at the Trust and reports on progress to the Board.

## Modern Slavery statement for 2022/23

GOSH supports the Government's objective to eradicate modern slavery and human trafficking and recognises the significant role the NHS has to play in both combating it and supporting victims. In particular, we are committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses. Steps taken to date include:

### People

The Trust makes appropriate pre-employment checks on all directly employed staff. Only agencies on approved frameworks are used and they are audited to provide assurance that pre-employment clearance has been obtained for all agency staff. There are a range of policies and procedures designed to protect staff from poor treatment and/or exploitation, which comply with all relevant employment law and the Advisory, Conciliation and Arbitration Service code of practice. These include the provision of fair pay rates based on nationally negotiated terms and conditions of employment. There are also a range of benefits, including health and wellbeing support, and access to training and development opportunities.

Where changes to employment, work, organisation and policies and procedures are proposed, there is communication, consultation and negotiation with Trade Unions.

Efforts to engage and involve staff in matters which affect them include regular staff briefings and consultation with a range of staff forums, including BAME and LGBT, women and staff with disabilities and long-term health conditions.

### Procurement and our supply chain

The majority of our products and services are purchased from UK or EU based firms, which may also be required to comply with the requirements of the UK Modern Slavery Act (2015) or similar legislation in other European states. Where appropriate to the subject matter, tenders also require suppliers to submit details of their compliance in this area.

A significant number of products, equipment and services are purchased through NHS Supply Chain. Its Supplier Code of Conduct includes a provision around forced labour. NHS Supply Chain also carry out due diligence for this issue.

### Training

Advice and training about modern slavery and human trafficking is available to staff through our Safeguarding Children and Adults training, our safeguarding policies and procedures and our Safeguarding team.

### Responding

Any concerns about modern slavery are taken seriously and managed sensitively, and support is provided. This includes referring to external agencies, where appropriate.

## Expenditure on consultancy

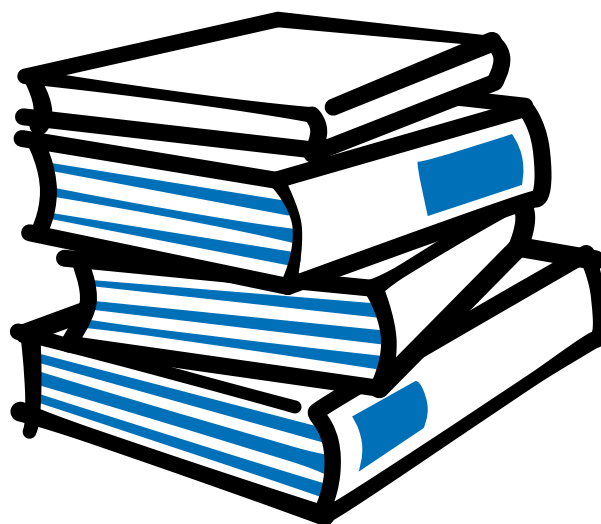
Consultancy expenditure can be found in note 4 of the annual accounts on page 185.

## Exit packages

Information about exit packages can be found on page 187.

## Off payroll engagements

Information about off payroll engagements can be found on page 202.





# Disclosures

## Principal activities of the Trust

Information on our principal activities, including performance management, financial management and risk, efficiency, employee information (including consultation and training), and the work of the research and development directorate and International and Private Care, is outlined in the Performance Report. Page 12 summarises GOSH's purpose and activities.

## Going Concern

Our going concern disclosure can be found on page 39.

## Directors' responsibilities

The directors acknowledge their responsibilities for the preparation of the financial statements.

## Safeguarding external auditor independence

While recognising there may be occasions when the external auditor is best placed to undertake other accounting, advisory and consultancy work on our behalf, the Board seeks to ensure the auditor is, and is seen to be, independent. We have developed a policy for any non-statutory audit work undertaken on our behalf to ensure compliance with this objective. The Council has approved this policy, and it is monitored on an annual basis, or as a query arises.

## Code of Governance

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

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

Code reference	Section of annual report
A.1.1	Accountability Report: Council of Governors (role of Council) Trust Board (role of Trust Board) Annual Governance Statement (role of Trust Board)
A.1.2	Accountability Report – Trust Board members 2022–23
A.5.3	Accountability Report – Governors' attendance at meetings 2022–23
Additional requirement (FT Annual Reporting Manual)	A statement about the number of meetings of the council of governors and individual attendance by governors and directors. Accountability Report – Trust Board members 2022–23 Accountability Report – Governors' attendance at meetings
B.1.1	Accountability Report – Trust Board members 2022–23
B.1.4	Accountability Report – Trust Board members 2022–23
Additional requirement (FT Annual Reporting Manual)	Brief description of the length of appointments of the non-executive directors, and how they may be terminated. Accountability Report – Trust Board members 2022–23
B.2.10	Accountability Report – Trust Board Nominations Committee, Council of Governors' Nominations and Remuneration Committee
Additional requirement (FT Annual Reporting Manual)	Explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director. Accountability Report – Trust Board members 2022–23 Not applicable



Code reference	Section of annual report
B.3.1	Accountability Report – Trust Board members 2022–23
B.5.6	Accountability Report – Membership Engagement. While Governors did not personally canvass the opinion of FT members in 2022/23 on the Trust's forward plan, Governors were given the opportunity to comment on the GOSH Annual Plan and FT members and governors' views were sought on the new GOSH Clinical Strategy. The Trust also continued to consult with the local community, patients and governors on the design of the Children's Cancer Centre (a priority in its strategy) and presented plans for delivery of the strategy at the AGM in 2022.
Additional requirement (FT Annual Reporting Manual)	Governors having exercised their powers to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions. Not applicable in 2022–23.
B.6.1	Accountability Report – Evaluation of Board performance
B.6.2	Accountability Report – Evaluation of Board performance
C.1.1	Disclosures -Statement of the chief executive's responsibilities as the accounting officer of Great Ormond Street Hospital for Children NHS Foundation Trust.
C.2.1	Annual Governance Statement – review of the effectiveness of its system of internal controls.
C.2.2	Accountability Report – Audit Committee Report
C.3.5	Not applicable for 2022–23
C.3.9	Accountability Report – Audit Committee Report
D.1.3	Accountability Report – Trust Board members 2022–23 Not applicable for 2022–23
E.1.4	Accountability Report – Contacting a Governor
E.1.5	Accountability Report – Trust Board and Council of Governors working together
E.1.6	Accountability Report – Membership constituencies and membership numbers 2022–23, and Membership Engagement
Additional requirement (FT Annual Reporting Manual)	Eligibility for being a member, membership statistics and membership strategy. Accountability Report – Council of Governors
Additional requirement (FT Annual Reporting Manual)	Details of company directorships or other material interests in companies held by governors and/or directors. Accountability Report: Trust Board and Council of Governors Register of Interests (Directors) Register of Interests (Governors)

## NHS Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

- a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)
- b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

## Segmentation

For 2022/23, the Trust continued to be placed in segment 2 by NHSE. This segmentation information is the Trust's position as at 31 March 2023. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website: <https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>.

## NHSE well-led framework

The CQC rated the Trust as 'Good' for well-led in January 2020 and there has been no further CQC inspection since then. In 2021, the Trust commissioned an independent developmental well-led review of its leadership and governance. Further information can be found on page 75.

To support the Board in the context of the CQC's new single assessment framework, a comprehensive presentation was delivered at the Board's Strategy Development Day to ensure Board-level understanding of the framework and in particular, the well-led domain as expressed through the CQC's new Quality Statements. This was supported by a structured briefing pack developed in relation to the new Quality Statements, which will be updated through the year.

## How we govern quality

We place the highest priority on quality, measured through our clinical outcomes, patient safety and patient experience indicators. Our patients, carers and families deserve and expect the highest quality care and patient experience. Despite a range of changing and increasing pressures, we must ensure we manage and deliver services in a way that never compromises our commitment to safe and high-quality care. The key elements of our quality governance arrangements are outlined in the Annual Governance Statement on page 141. By measuring clinical outcomes, patient safety and patient experience, we can identify areas that may require improvement. Once opportunities have been identified, the Quality Team works in collaboration with services and looks

to build quality into our processes. This ensures that we all take responsibility for delivering safe and high-quality outcomes. Our Quality Strategy 2021-2025 outlines our ambition to support and nurture GOSH in its quality journey, advancing improvement, assurance and innovation for exemplary patient care and experience.

## Registration with the CQC

The Trust is fully compliant with the registration requirements of the CQC. Further information about how we retain oversight of our registration is provided in the Annual Governance Statement on page 158.

## Transactions with related parties

Transactions with third parties are presented in the accounts on page 201. None of the Board members, the foundation trust's Governors, or parties related to them, have undertaken material transactions with the Trust.

## Pension funding

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme, which covers all NHS employers. The Trust makes contributions of 14.3% to the scheme. From July 2013, staff who are not eligible for the NHS Pension Scheme have been subject to the auto-enrolment scheme offered by the National Employment Savings Trust. In 2022/23, the Trust contributed 3% for all staff who remained opted in. In addition, the Trust had members of staff who were in defined contribution pension schemes to which it made contributions.

Accounting policies for pensions and other retirement benefits are set out in note 1 to the accounts.

## Remuneration of senior managers

Details of senior employees' remuneration can be found on page 95-97 of the Remuneration report.

## Trust Board member expenses

Directors can claim reasonable expenses for carrying out their duties. For the year 2022/23, out of 14 Directors, 2 Directors claimed expenses totalling £3,307.69.

## Treasury Policy

Surplus cash balances are lodged on a short-term basis with the National Loans Fund through the Government Banking Service.

## Statement of compliance with cost allocation and charging

The Trust has complied, to the extent relevant, with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

## Complaints and how we handle them

We are committed to providing our children, young people and their families with safe and high-quality care. We value all feedback and complaints, which provide us with an opportunity to listen and learn from what has happened and to improve the care and service we provide to our patients and families.

In partnership with our young people's forum and our Quality Improvement team, we have developed Help Us to Help You, which is a simple method for our children, young people and

families to share feedback, concerns, complaints or compliments. It helps to remove potential barriers to raising concerns and navigate the different systems and processes for feeding back. We put children and young people at the centre of all we do and recognise this as an opportunity for them to contribute to improving services, patient experience and patient safety.

All complaints are taken seriously, and the complaints team aims to speak with all complainants to fully understand their concerns, needs, support they may require and the outcomes they are seeking. Timescales are agreed with the complainant while taking into consideration the level of investigation required and their individual circumstances. We have a robust review process to ensure complaint investigations and responses are comprehensive, open and transparent. The Chief Nurse and Chief Executive (or their acting deputies) review and approve all complaint responses.

In 2022/23, the Trust received 137 formal complaints (5 were later withdrawn at the request of the complainant). There has been a significant increase in formal complaints this year, reflecting national trends but also increased promotion of the complaints process. The table shows a comparison to previous years.

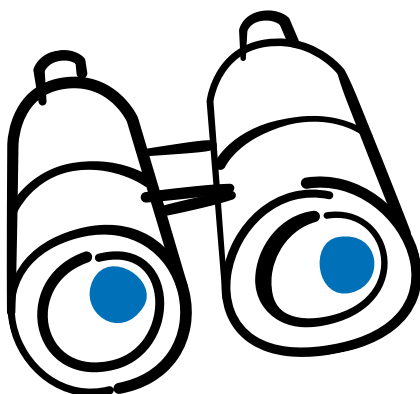
	Complaint numbers	Complaints per 1,000 units of activity
2016/17	96	0.30
2017/18	87	0.27
2018/19	98	0.27
2019/20	90	0.32
2020/21	81	0.34
2021/22	78	0.27
2022/23	137	0.48

During the year, there were two new complaints investigated by the Parliamentary and Health Service Ombudsman (PHSO) and one complaint from a previous year continued to be investigated. Of these, one has been closed and not upheld and two remain open and under investigation.

We are a learning organisation and, following a complaint investigation, ensure lessons are identified and action plans devised to improve the service and experience for our patients and families. Complaint trends and the actions taken in response are reported to the Trust Board and included in our monthly Integrated Quality Performance Reports. Compliance with any actions is monitored by the Complaints Team and at the Patient and Family Experience and Engagement Committee.

### Detail of political and charitable donations

The Trust did not make any political donations during 2022/23.

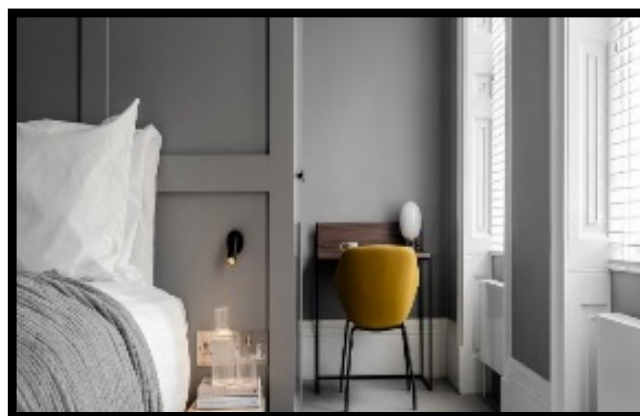


## Working with partner and stakeholder organisations

### Great Ormond Street Hospital Children's Charity

Great Ormond Street Hospital Children's Charity (GOSH Charity) is a vital partner for the hospital. It offers tremendous support both by raising money directly and through its network of corporate partners. The charity makes it possible for us to redevelop our buildings, buy new equipment and support new systems, fund paediatric research at the hospital and the UCL Great Ormond Street Institute of Child Health, and make the patient experience as good as it can be.

Throughout 2022/23 the Charity continued to support hospital staff and families. The Charity worked closely with generous corporate partners to fund new accommodation to cater for the needs of families whose children require urgent and specialist care. The facilities provide parents and carers with a place to stay free of charge, just moments away from their child's bedside.



In addition, during the year the Charity provided money to set up a hardship fund to help staff struggling with immediate financial hardship. We continued to work with the Charity throughout the year to progress the plans for the Children's Cancer Centre. We were successfully granted conditional planning permission in February 2023, see page 55. Following this, the Charity launched its biggest fundraising appeal, Build it, Beat it, to support transformation in children's cancer care. Further information about the work of the charity can be found at [www.gosh.org](http://www.gosh.org).

# BUILD IT. BEAT IT.

### North Central London Integrated Care System and UCL Health Alliance: Provider Collaborative

The changing NHS landscape and implementation of Integrated Care Systems (ICS) will further encourage closer working between organisations across different sectors. As part of the North Central London ICS, we have forged a number of key relationships. More information can be found on page 27.

### University College London (UCL) Partners

GOSH is a member of UCL Partners, an academic health science centre which works to tackle the most significant health challenges by accelerating the translation of discoveries in areas of unmet need. UCL Partners brings together expertise from five NHS trusts (GOSH, Barts Health, Moorfields, the Royal Free and University College Hospitals), four National Institute for Health and Care Research (NIHR) Biomedical Research Centres (BRCs) and three Universities (UCL, the London School of Hygiene and

Tropical Medicine and Queen Mary, University of London). Chief Executive Matthew Shaw sits on the UCL Partners Board and attends management team meetings for the UCL GOS Institute of Child Health and the Research and Innovation Director at GOSH is the Deputy Director at ICH and sits on the Institute Senior Management Team. During 2022/23 the UCL Partners Board launched their partnership strategy, which defined the partners' strong alignment with national and local health system priorities. The research and discovery function has remained strong, with nation-leading performance in the Clinical Research Networks and Applied Research Collaborations. They have also secured significant funding for Biomedical Research Centres. During the latter part of the year, they developed the operating model with the aim of increasing the ability to deliver solutions through research translation and innovation adaptation. This will go live in April 2023 to align with new internal structures.

### **UCL Great Ormond Street Institute of Child Health (UCL GOS ICH)**

The UCL GOS ICH is our primary research partner and together we form the largest centre for paediatric research in Europe. The mission of UCL GOS ICH is to improve the health and wellbeing of children, and the adults they will become, through world-class research, education and public engagement. During the year, the UCL GOS ICH was one of ten national teams to receive funding for research into childhood autoimmune conditions. It was also successful in gaining a grant for a clinical study at GOSH to develop new treatment for an aggressive type of brain tumour using CAR T-cells, and researchers engineered donor T-cells to try to treat seriously ill children with resistant leukaemia. From 01 September 2022, UCL GOS ICH appointed Professor Helen Cross to the post of Director of the Institute.

### **University College London Hospitals**

In September 2022 the first meeting was held of the Partnership Board overseeing our partnership with University College London Hospitals NHS Foundation Trust. The partnership will support the strategic alignment of our services and enhance the care we both offer for children and young people, alongside learning and advancing discovery. The two Trusts are developing a Memorandum of Understanding to prioritise further collaboration for the benefit of patients and the Trusts. It will also identify shared objectives and create a foundation on which to work more closely together at executive team level. The Partnership Board will agree ownership of work programmes, how resources are allocated and oversee individual clinically-led working groups – including, and as a priority, on cancer. Our Trust Boards will retain oversight and be supported to track and monitor progress. They will also keep overall accountability for strategic decisions.

### **Children's Hospital Alliance**

Through 2022/23, and into 2023/24, GOSH continues to play a pivotal role in developing the Children's Hospital Alliance (CHA) as a national network of specialist NHS trusts working together to improve the quality, access and experience of hospital care for children and families.

In 2021/22 the Children's Hospital Alliance leveraged a £20m grant from the national NHS Covid Recovery Accelerator scheme, and its 11 member trusts worked together on shared initiatives to drive down waiting lists and address health inequalities. The Paediatric Accelerator programme was recognised nationally for good practice, and many of its initiatives were used in policy documents, including the NHSE Elective Recovery Toolkit for Children and Young People (published January 2023). The partnership also scooped the HSI's Performance Recovery award in summer 2022.

Our Chief Executive, Matthew Shaw, co-chairs the Alliance and its Programme Steering Board. Although national funding for children and young people's elective recovery was discontinued for 2022/23, member trusts continued to self-fund the Children's Hospital Alliance's work to maintain momentum and realise the potential of this collaborative way of working. The network is growing, with 11 member trusts in England and an associate member in Wales and is going from strength to strength. Its workstreams include:

- **LEARN** – A comprehensive and lively set of peer-to-peer and multi-disciplinary learning and sharing opportunities with an active programme of partner engagement.
- **LEAD** – A bespoke series of projects to drive innovation for elective recovery nationally at scale.
- **ADVOCATE** – Data analysis, policy development and partnership working to increase understanding and awareness of the most urgent health needs and challenges for children and young people, and help to move towards a more equitable system for children and families who rely on hospital care.

### **Federation of Specialist Hospitals**

GOSH has been a member of the Federation of Specialist Hospitals (FSH) since 2019 and was an active contributor to its work in 2022/23, particularly in advocating for a safe and co-ordinated approach to the delegation of specialised NHS services from national to local commissioners. Federation of Specialist Hospitals' partners have collaborated to develop relationships with specialised commissioning leaders responsible for shaping and implementing this cornerstone of the integrated care policy, providing specialist expertise and constructive feedback on issues from contracting to service changes, and highlighting the need for investment in education, research and innovation.

Working alongside the Children's Hospital Alliance, GOSH has shared insights around potential impacts on quality and access to specialised services for children and young people, promoting the need to pay special attention to any unintended consequences for this vulnerable subset of our population.

### **European Children's Hospitals Organisation (ECHO)**

GOSH was a founding member of the European Children's Hospitals Organisation and continues to support and engage in live workstreams, including on data innovation and nurse leadership. In 2022-23 GOSH participated in bid consortia with ECHO hospital partners to leverage EU funding. We will continue to develop plans for benchmarking and securely sharing data to help transform patient outcomes during 2023-24. We will also support a new programme to build a community of practice for patient experience professionals.

Following shared work to co-ordinate medical assistance for children affected by the war in Ukraine, ECHO members were delighted to welcome the Ohmatdyt national specialized children's hospital in Kyiv as an honorary member of the partnership in November 2022. GOSH was also pleased to arrange an introduction for Ohmatdyt to members of the Children's Hospital Alliance Clinical Reference Group on 24 February 2023, to mark the first anniversary of the Russian invasion and learn how the hospital has managed to maintain services and explore its needs going forward.

### **North Thames Paediatric Network**

The North Thames Paediatric Network is the NHS Operational Delivery Network for children and young people cared for by 25 hospitals across three Integrated Care Systems – GOSH's 'home' ICS North Central London and neighbouring ICSs in Northwest

and Northeast London. The network is hosted by GOSH and chaired by GOSH CEO Matthew Shaw, with a core team of NHS clinicians and business support colleagues drawn from across the member hospitals. The team runs workstreams spanning surgery, critical care, neurology, gastroenterology, transition, cardiac, cancer, dental and respiratory, providing a forum for providers and commissioners to work closely together to streamline pathways and ensure services are configured around children and young people.

Key achievements and deliverables in 2022/23 included:

- A review of high dependency care provision and future designation across the North Thames area, which led to investment and funding for additional capacity in each ICS.
- A review of cardiac capacity and investment in additional Cardiac Intensive Care Capacity at GOSH.
- The formal launch of the North Thames Paediatric and Teenage and Young Adult Cancer Operational Delivery Network and a review of network paediatric oncology shared care units against new national paediatric cancer specifications.
- A joint review of Paediatric Specialised Surgery in Children, together with the National Getting it Right First Time (GIRFT) Paediatric Surgery team.

### **NCL 'Start Well' Programme**

The North Central London (NCL) Integrated Care System continued their transformation programme, Start Well, reviewing services for children, young people, maternity and neonates to ensure they deliver outstanding, safe and timely care for local people wherever they live. GOSH is represented on the programme board by our Chief Medical Officer, Sanjiv Sharma, and by clinical and operational leaders on two Clinical Reference Groups (CRGs) for Maternity and Neonatal and then Paediatric emergency and elective surgery. These two groups are supported by a finance and analytics group, also with GOSH representation. The CRGs have worked throughout this year inputting to the case for change and more recently the options appraisal. Work is due to conclude with options being presented more broadly in mid/late 2023.

### **International Precision Child Health Partnership (IPCHiP)**

IPCHiP's goal is to enable the world's top experts in paediatrics and genomics to work together to improve diagnosis, implement personalised treatment decisions and develop new therapeutic targets and treatments that will benefit children around the world. The partnership is the first major global collaboration around genomics and child health, with particular focus on supporting multicentre data and clinical informatics projects. The project will see us joining forces to evaluate genomic data, clinical data and scientific and medical expertise to accelerate discovery and therapeutic development. Through the partnership we are working with Boston Children's Hospital; the Murdoch Children's Research Institute at The Royal Children's Hospital (Melbourne); and SickKids in Toronto. The first project is focused on genetic changes in children with rare early onset epilepsies across the four countries. Through this project, IPCHiP will establish protected systems to evaluate data across different institutions without any information having to cross international borders. IPCHiP's goal is to shift medicine from a one-size-fits-all approach to health care that is individualized to each unique patient.

### **Other Partnerships**

#### ViroCell Biologics

This new partnership will address the global viral vector manufacturing bottleneck for clinical trials. Viral vectors are harmless viruses that we can use to 'trick' cells into accepting new

genes. They are highly complex to make, and their availability and effectiveness dictates whether a clinical trial of a gene or cell therapy will work. As part of the partnership with GOSH, ViroCell will more than double the UK's lentivirus vector manufacturing capacity for clinical trials this year and will add adeno-associated virus (AAV) vectors to their cell and gene therapy product line. ViroCell is investing in developing novel technology platforms to provide treatments for patients and innovators.

#### Roche Products Ltd

In February 2022, GOSH announced a five-year collaboration with Roche Products Ltd to help establish a new Clinical Intelligence Unit at GOSH as an exemplar in the NHS. In line with our purpose to innovate with digital, we have the opportunity to combine our experience as a leader in digital innovation in the NHS with the expertise of Roche to identify better ways to care for children and young people with rare and complex diseases. We will use cutting-edge technologies like artificial intelligence and machine learning to enable a wide variety of anonymised data to be examined on a large scale to improve patient outcomes. The Trust is yet to recognise income under this arrangement.

#### Arcturis (previously Sensyne)

In September 2021, GOSH announced a five-year non-exclusive agreement with Arcturis to analyse anonymised patient data using clinical artificial intelligence (Clinical AI) technology. The purpose of the partnership is to enable the ethical application of Clinical AI research to improve paediatric clinical outcomes and accelerate research into new medicines and treatments for rare and complex childhood diseases.

#### The Royal Marsden Epic Partnership


In October 2021 a collaboration to work in partnership with The Royal Marsden NHS Foundation Trust on the shared Epic Electronic Patient Record (EPR) system was formed. Epic has now gone live across The Royal Marsden footprint. For GOSH, working in partnership with The Royal Marsden on future developments to the system means we'll be able to do more, at a faster rate. By sharing skills and expertise across organisations we'll maximise the benefits of the system for staff and patients. We'll also save money, with any savings invested back into GOSH.

### **Disclosure of information to auditors**

The Trust Board directors who held office at the date of approval of this annual report and accounts confirm that, so far as they are each aware, there is no material audit information of which the Trust's auditors are unaware. Each director has taken all the steps they ought to have taken as a director to make themselves aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

The directors consider this annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy.

Signed,



**Mr Matthew Shaw**  
Chief Executive

23 June 2023

# Statement of the chief executive's responsibilities as the accounting officer of Great Ormond Street Hospital for Children NHS Foundation Trust

---

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS England.

NHS England has given Accounts Directions which require Great Ormond Street Hospital NHS Foundation Trust (GOSH) to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of GOSH and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the accounting officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards, as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual), have been followed, and disclose and explain any material departures in the financial statements.
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance.
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy.
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The accounting officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.



**Mr Matthew Shaw**  
Chief Executive

23 June 2023

# Audit Committee report

## Introduction from the Chair of the Audit Committee

I am pleased to present the Audit Committee's report on its activities during the year ending 31 March 2023.

The Audit Committee is a non-executive committee of the Trust Board with delegated authority to review the establishment and maintenance of an effective system of integrated governance, risk management and financial and non-financial internal controls to support the achievement of the organisation's objectives.

Key responsibilities of the committee include consideration of non-clinical risks and their associated controls, monitoring the integrity of the Trust's annual report and accounts and the effectiveness, performance, and objectivity of the Trust's external and internal auditors. The committee is also required to satisfy itself that the Trust has adequate arrangements for countering fraud, business continuity, managing security and ensuring the staff of the Trust may raise concerns.

The table on page 120 sets out, in detail, the responsibilities of the Audit Committee and how we have discharged those duties. The report also highlights key areas considered by the committee in 2022/23, but I would like to draw particular attention to the following items:

### Financial sustainability:

Throughout the year, the Committee requested assurance of the strength of the processes in place to manage the continued pressure on the NHS following the lifting of Covid-19 restrictions. These included: reducing waiting lists that had increased during the pandemic, recovering contributions from international and private patient work and mitigating the impact of rising energy prices and wider inflation. The Committee sought assurance of the processes in place to achieve the Better Value targets for 2022/23 and confirmed the importance of moving towards a multiyear programme in the future, including a smaller number of transformational schemes over a two-to-three-year period.

### Business continuity and emergency planning:

The committee was assured by management's ongoing reviews of business continuity processes, including simulation testing and staff training. The committee noted the work undertaken to test the resilience of the processes, and the wider learning that was gathered, reviewed, and implemented from the Trust's membership of regional networks. The committee welcomed the Trust retaining full compliance with the EPRR core Standards annual assurance by NHS England for 2022.

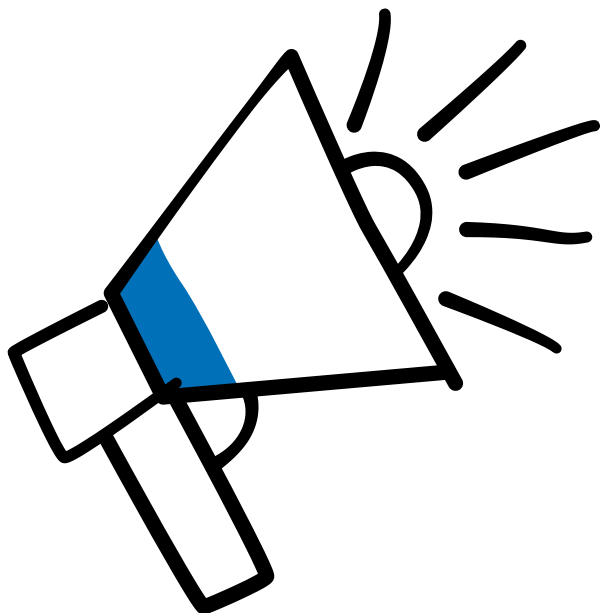
### Estate management:

During the year, the committee sought assurance of the robustness of the processes in place to manage the estate from a safety, compliance, and maintenance perspective. The committee worked in partnership with the Quality, Safety and Experience Assurance Committee to monitor progress with actions in the management of specialist ventilation systems (see page 124). The Audit Committee noted the improved management and performance reporting framework in place across the estates, facilities and built environment teams following their merger under one Directorate – Space and Place.

The Audit Committee is composed of three independent non-executive directors. These are listed on page 70–71. Two of the non-executive members of the committee are qualified accountants and all three members have recent and relevant financial experience.

The committee met five times over the financial year, and I am satisfied that it was presented with papers of good quality, in a timely fashion, to allow due consideration of the subjects under review. I am also satisfied those meetings were scheduled to allow sufficient time to enable a full and informed debate. Each meeting is fully minuted and summaries of the matters discussed at each meeting are reported to the Trust Board and Council of Governors.

The committee welcomed Governors from the GOSH Council of Governors to observe committee meetings and discuss items with myself and the other NED members at the close of the meetings. Their observations were insightful in relation to the way the committee operates and the topics it considers and discusses.



## Audit Committee responsibilities

The committee's responsibilities and the key areas discussed during 2022/23, whilst fulfilling these responsibilities, are described in the table below:

	Principal responsibilities of the Audit Committee	Key areas formally discussed and reviewed during 2022/23
Review of the Trust risk management processes and internal controls	<ul style="list-style-type: none"> <li>Reviewing the Trust's internal financial controls, its compliance with NHSI's guidance for foundation trusts, including the Code of Governance, and the effectiveness of its internal control and risk management systems.</li> <li>Reviewing the principal non-clinical risks and uncertainties of the business and associated annual report risk management disclosures. (Clinical risks are reviewed by the Quality and Safety Assurance Committee.)</li> </ul>	<ul style="list-style-type: none"> <li>Regular reporting on the controls in place to manage data and comply with the General Data Protection Regulations (GDPR, including processes for responding to Data Subject Access Requests and a benchmarking exercise undertaken by the Trust's internal Auditors on the Data Security and Protection Toolkit. As a result of the work undertaken on information governance, the Committee recommended that the information governance risk was removed from the Board Assurance Framework (BAF) and continued as a Trust wide risk.</li> <li>Updates on the risk of unreliable data (see below on Data Quality).</li> <li>Assurance of compliance with the Risk Management Strategy and review and approval of a revised Risk Management Policy.</li> <li>Assurance of the management of claims.</li> <li>A functional standards tracker self-assessment completed by the Trust and reviewed and submitted by the Counter Fraud Officer.</li> <li>The Board Assurance Framework, the principal risks and uncertainties identified by the Trust's management and changes in the impact and likelihood of these risks materialising in the year.</li> <li>Following the Annual Board Risk Management Meeting, the Audit Committee recommended that the Board approve three new risks on the following matters: <ol style="list-style-type: none"> <li>Working within an ICS framework as a specialist hospital.</li> <li>An update on the previously agreed Climate Emergency BAF risk.</li> <li>Delivery of mental health services at GOSH.</li> </ol> </li> <li>BAF risk deep-dives for Audit Committee relevant risks, including review of the risk statement, the robustness of the controls cited and evidence the controls were operating, the associated risk appetite and likelihood and impact scores.</li> <li>Routine review of all BAF risks and final recommendation to the Trust Board for any changes to risk scores.</li> <li>Assurance of preparedness: business continuity and emergency planning.</li> <li>Assurance of compliance with UK sanctions regimes.</li> </ul>
Financial reporting and external audit	<ul style="list-style-type: none"> <li>Monitoring the integrity of the Trust's financial statements and annual financial returns, and reviewing significant financial reporting judgements contained within them.</li> <li>Making recommendations to the Board regarding the appointment of the external auditor.</li> <li>Monitoring and reviewing the external auditor's independence, objectivity and effectiveness.</li> <li>Developing and implementing policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance.</li> </ul>	<ul style="list-style-type: none"> <li>Review of debt risk to fulfil the requirement of IFRS9 and approval of the debt provisioning percentages.</li> <li>Review of non-audit work conducted by the external auditors.</li> <li>A commentary on the annual financial statements.</li> <li>Key accounting policy judgements, including valuations and considering the impact of IFRS16.</li> <li>Basis for concluding that the Trust is a going concern.</li> <li>The Committee agreed to recommend the extension of the external audit contract for a final year to the Council of Governors for approval.</li> <li>External auditor reports on planning, risk assessment, internal control and value for money reviews.</li> </ul>



	Principal responsibilities of the Audit Committee	Key areas formally discussed and reviewed during 2022/23
<b>Internal audit</b>	<ul style="list-style-type: none"> <li>Monitoring and reviewing the effectiveness of the Trust's internal audit function, including its plans, level of resources and budget.</li> </ul>	<ul style="list-style-type: none"> <li>Internal audit reviews of the effectiveness of the Trust's processes and controls, including a map highlighting the breadth of reviews undertaken and planned in 2019-24 against the high-level key risks.</li> <li>Status reports received at each meeting on audit recommendations and any trends and themes emerging. Assurance was sought on recommendations which were persistently overdue.</li> <li>The internal audit reports discussed by the committee included: <ul style="list-style-type: none"> <li>Above and Beyond: People Planet (significant assurance with minor improvement opportunities).</li> <li>Patient safety alerts (significant assurance with minor improvement opportunities).</li> <li>Financial sustainability (assurance rating not provided but two low priority recommendations made).</li> <li>Intellectual Property and the Human Tissue Authority (partial assurance with improvements required).</li> <li>Harm review process (partial assurance with improvements required).</li> <li>Diagnostics (significant assurance with minor improvement opportunities).</li> <li>Directorate Governance (significant assurance with minor improvement opportunities).</li> <li>DSP toolkit (significant assurance).</li> </ul> </li> <li>The committee noted the Head of Internal Audit Opinion.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>Reviewing the committee's terms of reference and monitoring its delivery.</li> <li>Considering compliance with legal requirements and accounting standards.</li> <li>Reviewing the Trust's whistle-blowing policy and operation.</li> </ul>	<ul style="list-style-type: none"> <li>Agreed that a tabletop review of the committee's effectiveness would be undertaken in 2022/23 to inform the Audit Committee Terms of Reference.</li> <li>Assurance of compliance with estates compliance, including ventilation and water safety working in partnership with the Quality, Safety and Experience Assurance Committee.</li> <li>Monitoring the process for, and approval of, procurement waivers.</li> <li>Updates on staff raising concerns policy (whistleblowing) and issues raised with the Freedom to Speak Up Guardian.</li> <li>Updates on compliance with GDPR, including a benchmarking review of the Data Security and Protection Toolkit carried out by the Trust's internal auditors.</li> <li>Assurance of compliance with the Bribery Act 2011.</li> </ul>

### Effectiveness of the committee

In 2022/23 the committee agreed that a table-top effectiveness review of the committee's work and administration would be conducted. This report provides the results of this review. The committee was quorate for all meetings and covered all areas of its remit outlined in its terms of reference. Agendas were pre-agreed by the chair in discussion with the chief finance officer and company secretary. All Board Assurance Framework (BAF) risks associated with the Audit Committee were reviewed and had deep dives conducted by committee members.

### External audit

External audit services were provided by Deloitte LLP during 2022/23. At its meeting in February 2023, the Council of Governors approved the extension of the contract to Deloitte for a final additional year for 2023/24 (as per the current contract).

The audit and non-audit fees are set, monitored, and reviewed throughout the year and are included in note 4 of the accounts.

### Internal audit and counter fraud services

Internal audit services were provided by KPMG LLP during 2022/23, covering both financial and non-financial audits according to a risk-based plan agreed with the Audit Committee.

The Trust's counter fraud service was provided by Grant Thornton UK LLP during 2022/23. The service provided fraud awareness training to the Trust, carried out reviews of areas at risk of fraud and investigated any reported frauds.

The Committee agreed to reappoint the Internal auditor and counter fraud team each for a final additional year for 2023/24 (as per the current contracts).

In 2023/24, the Trust will launch a tendering process for the external auditor contract, internal auditor contract and counter fraud services contract, with all three commencing in 2024/25.

## Key areas of focus for the Audit Committee in the past year

### Cyber security

The committee received regular updates on work undertaken to categorise and assess the GOSH strategic cyber security risk profile in line with regulatory and compliance requirements as well as tracking and countering the evolving threat landscape. Considerable work had been undertaken over the previous two years to implement tools that supported monitoring for abnormal cyber activity and auditing access. An annual cycle of both internal and external penetration testing was in place and positive results received.

### Data quality

The committee was assured by the processes in place to support ongoing improvement of data quality, including monitoring and data quality audits, training for staff, adaptation of Epic configuration, legacy digital system replacement and enhanced interactive reporting to help users across the hospital engage and better understand their data.

### Compliance with GDPR

During the year, the committee received updates on the maintenance of compliance with the Data Protection Act 2018. The committee sought assurance of the learning identified from investigations into data breaches. The committee welcomed the significant assurance status issued by the internal auditors on the Digital Security and Protection Toolkit (DSPT) (see page 160 for further information about information governance).

### Board Assurance Framework (BAF)

The Risk Assurance and Compliance Group reviewed each strategic risk on the BAF along with the related mitigation controls and assurances and made recommendations to the assurance committees about changes to controls, assurances and residual risk scores.

For each risk relevant to the Audit Committee, the committee reviewed the risk statement, the robustness of the controls cited and the evidence the controls were operating, the associated risk appetite and likelihood and impact scores. The committee received presentations on relevant strategic risks at each committee meeting, based on focused questions posed to risk owners by Audit Committee members prior to the meeting.

### Whistle-blowing processes

The committee sought assurance of the strength of the processes for raising concerns at GOSH. There are several routes for staff to raise concerns, and work took place during the year to bring these routes together and ensure they were accessible. The committee noted the new national Speak Up Policy had been published and work was taking place with the Freedom to Speak Up Guardian to implement it and consider implications for future internal management of the Trust's whistle-blowing process.

### Internal controls

During the year, the committee focused on controls related to financial sustainability, cyber security, estate management and maintenance, business continuity, electronic patient record functionality and optimisation, management of claims and data quality. Action plans were put in place to address any issues in operating processes.

The audit plan for the internal auditors is risk-based, and the Executive Team works with the auditors to identify key risks to inform the audit plan. The Audit Committee considers the links between the audit plan and the BAF. The Audit Committee approves the internal audit plan and monitors the resources

required for delivery. The committee also considers any proposed changes to the audit plan and monitors delivery against the plan approved at the start of the financial year.

### Fraud detection processes

The committee reviewed the levels of fraud and theft reported and detected, and the arrangements in place to prevent, minimise and detect fraud and bribery. We continue to seek assurance of the actions being taken to fully meet the Government functional standard 013-Counter Fraud.

### Financial reporting

The committee reviewed the Trust's financial statements and determined how to position these in the annual report. We considered reports from management and the internal and external auditors in our review of:

- The quality and acceptability of accounting policies, including their compliance with accounting standards.
- Judgements made in preparation of the financial statements.
- Compliance with legal and regulatory requirements.
- The clarity of disclosures and their compliance with relevant reporting requirements.
- Whether the annual report as a whole is fair, balanced and understandable and provides the information necessary to assess the Trust's performance and strategy.

## Significant financial judgements and reporting for 2022/23

The committee considered a number of areas where significant financial judgements were taken which influenced the financial statements.

We identified, through discussion with both management and the external auditor, the key risks of misstatement in the Trust's financial statements. We discussed these risks with management during the year and with the auditor at the time we reviewed and agreed the external auditor's audit plan, as well as at the conclusion of the audit. We satisfied ourselves that the risks of misstatement had been appropriately addressed. Please refer to page 175 for details of the Trust's significant financial judgements.

### Level of debt provisions

The financial statements include provisions in relation to uncertainty. Judgements in this area are largely related to the timing of recognition of these provisions, the quantum recognised and the amount utilised in previous years. We reviewed and discussed with management the level of debt and debt provisions, calculated following an evidence-based approach under IFRS 9. This included consideration of new provisions and any release and utilisation of existing provisions. Management confirmed to us they had applied a consistent approach to the recognition and release of provisions. We also considered the views of the external auditors in respect of the provisions and associated disclosures in the accounts. We concluded we were satisfied with the level of provisions carried and the disclosure in respect of those provisions.

### Valuation of assets

The Trust has historically revalued its properties each year, combining properties held under freehold with those held under finance and operating leases. The judgements relate to the future life of these buildings, which can change the appropriate accounting treatment and affect the carrying value on the balance sheet. We reviewed reports from management which explained

the basis of valuation for the most significant buildings, including the future life and rationale for any impairments associated with structural refurbishment expenditure. The valuer has advised the Trust that its valuations consider, and will continue to include, sustainability and environmental, social and governance (ESG) factors where applicable and reflect the risks associated with climate change and other key considerations. We also considered the auditor's views on the accounting treatment for these buildings. We are satisfied the valuation of these properties in the financial statements is consistent with management intention and is in line with accepted accounting standards. Additionally, we considered and discussed the impacts of the Trust's decision to invest in a new Children's Cancer Centre on the Trust estate, specifically regarding a case for Accelerated Depreciation. This will be finalised once the Trust has full sign-off on the Investment Case from NHS England.

## Conclusion

The committee has reviewed the content of the annual report and accounts and advised the Board that, in its view, taken as a whole:

- It is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy.
- It is consistent with the Annual Governance Statement, head of internal audit opinion and feedback received from the external auditors and there are no matters the committee is aware of at this time that have not been disclosed appropriately.
- It is appropriate to prepare accounts on a going concern basis.



**Gautam Dalal**  
Chair of the Audit Committee  
23 June 2023



# Quality, Safety and Experience Assurance Committee report

---

## Introduction from the Chair of the Quality, Safety and Experience Assurance Committee

I am pleased to present the Quality, Safety and Experience Assurance Committee's (QSEAC) report on its activities during the year ending 31 March 2023.

QSEAC is a non-executive committee of the Trust Board with delegated authority to assure the Board that the necessary structures and processes are in place to deliver safe, high-quality, patient-centred care and an excellent patient experience. The committee works in partnership with the Audit Committee and the People and Education Assurance Committee and ensures that systemic incidents and risks related to clinical care and patient experience are identified and adequately controlled.

The table on pages 125–127 sets out, in detail, the responsibilities of the committee and how we have discharged those duties during the year. The report also highlights the key areas considered by the committee in 2022/23.

During 2022/23 QSEAC sought to refine the breadth and coverage of the information presented at its meetings, focusing on emerging areas of serious clinical risk facing the Trust and seeking assurance of the validity of data and processes through benchmarking and external review. At each meeting, the Chief Medical Officer and Chief Nurse present assurance reports covering the areas pertinent to the committee for which they are accountable for delivery. The reports continue to be refined, with an emphasis on triangulation of data, analysis, identification of themes and horizon scanning. The purpose of these reports is to provide assurance that the necessary systems are in place to deliver safe, high-quality patient-centred care and that risks are appropriately identified, escalated, and mitigated.

The committee endorsed the significant work underway during 2022/23 to establish the Safety Transformation Programme and Safety Transformation Plan (see page 32). This included a revised quality governance management framework, designed to improve the flow of information from Ward to Board, support effective reporting to the appropriate committees and ensure the correct level of accountability and oversight is in place.

The committee welcomed the appetite of the senior management team to learn from issues identified internally and horizon scan across a wide range of external sources to identify learning that is relevant to the Trust's activity. Throughout the year, based on findings from these reviews, management teams established plans to mitigate risk and, where necessary, invited in external experts for advice, benchmarking and to provide challenge on complex issues. A number of different training programmes were run for staff across the Trust, including sessions on investigations, Duty of Candour and a bespoke programme for members of the Patient Safety Team. The committee felt assured that this reflective and educational approach will support future delivery of safe, effective care.

The committee is composed of three independent non-executive directors. These, and their attendance at meetings, are listed on pages 70–71. This report provides a table-top review of the committee's effectiveness during the year. All meetings were quorate, and the committee covered all areas under its remit as outlined in the terms of reference (please see table). No material matters of concern were raised.

The committee agreed to increase its number of meetings per year and to extend these meetings. In 2022/23 the committee met six times. I am satisfied it was presented with papers of good and improving quality, in a timely fashion, to allow due consideration of the subjects under review. I am also satisfied those meetings were scheduled to allow sufficient time to enable a full and informed debate. Each meeting was fully minuted and summaries of the matters discussed at each meeting reported to the Audit Committee, People and Education Assurance Committee, Trust Board and Council of Governors.

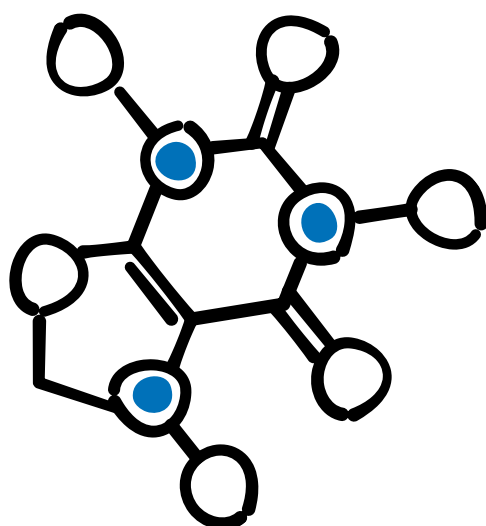
Members of the Council of Governors observed committee meetings throughout the year and provided insightful reflections on the items discussed, the quality of the papers and the level of scrutiny of key issues. As Chair of the QSEAC, I commend this report to you for the year 2022/23.

## Quality, Safety and Experience Assurance Committee responsibilities

Key responsibilities of the committee include consideration of clinical risks and the effectiveness of their associated controls; seeking assurance of learning from incidents, complaints, horizon scanning and external reviews and investigations, and work to improve the experience of our patients and their families.

The committee requests assurance on scheduled matters as well as quality and safety issues arising during the year. Where weaknesses are identified, it agrees and tracks the strengthening actions. The committee's responsibilities and the key areas discussed during 2022/23 are outlined below.

Principal responsibilities of the committee	Key areas formally reviewed during 2022/23
<p>Review the establishment and maintenance of an effective system of governance, risk management and internal control in relation to clinical services, research and development, education and training and workforce, in order to ensure the delivery of safe, high quality patient-centred care.</p>	<ul style="list-style-type: none"> <li>• The committee received updates at every meeting from the Risk Assurance and Compliance Group about the management of strategic quality related risks. It conducted deep dives into these risks, testing the robustness of the controls and assurances cited.</li> <li>• The Committee received six-monthly updates on the quality impact of Better Value schemes, and sought assurance the schemes do not have an adverse impact on quality and safety.</li> <li>• Received a presentation on the Quality Governance Management Framework and sought assurance on the flow of information from 'ward to Board'.</li> <li>• There was a deep dive on the medical workforce component of Hospital at Night, seeking assurance about the availability of appropriate staff.</li> <li>• The Committee also received:               <ul style="list-style-type: none"> <li>- Reports on patient and family experience, identifying any themes arising from complaints and PALS contacts as well as Friends and Family Test feedback (see below).</li> <li>- Two updates on healthcare transition – the committee welcomed the way the trust was tracking transition (on Epic).</li> <li>- Two research hospital updates focused on governance, quality and patient experience.</li> <li>- Six-monthly updates on Infection Prevention and Control.</li> <li>- Quarterly updates at each meeting on Health and Safety, including particular focus on assurance of progress with the Safer Sharps programme.</li> </ul> </li> </ul>
<p>Assure the Board appropriate action is taken to identify implications for the delivery of safe, high-quality, patient-centred care and excellent patient experience arising out of recommendations from external investigations of other organisations/systems and processes.</p>	<ul style="list-style-type: none"> <li>• As Chair, I reported to the Board following every meeting of the committee on the key matters requiring escalation or assurance. The Committee is charged with seeking assurance around the significant clinical/quality related issues facing the Trust – this includes understanding the findings from external reviews and how learning from complaints, incidents and external reports is cascaded across the Trust to improve outcomes.</li> <li>• The Trust has designed and documented a Safety Transformation plan, bringing together key data and national, external and Trust learning on patient safety to develop a comprehensive action plan. The approach taken has provided assurance to the committee and Board of a robust and methodological approach to continuous improvement and delivery of safe, high quality patient-centred care (see page 32).</li> <li>• Matters pertinent to other assurance committees (Audit Committee and People and Education Assurance Committee) are also reported to those committees as appropriate</li> </ul>



Principal responsibilities of the committee	Key areas formally reviewed during 2022/23
<p>Review of findings and recommendations from internal audit, clinical audit and learning from external investigations and reports.</p>	<ul style="list-style-type: none"> <li>• From June 2022 onwards, the Committee received a dedicated update on recent reports and guidance issued by a range of external stakeholders. This horizon scanning report provided a summary of external sources of learning for the Trust to apply to its own approach to quality and governance. Assurance was provided for GOSH's own processes against the learning identified in the reports.</li> <li>• Examples of the reviews considered by the committee, and where learning pertinent to the delivery of safe services for children and young people was identified, include: <ul style="list-style-type: none"> <li>- The Ockenden Report</li> <li>- The Covid-19 Public Inquiry</li> <li>- The Elizabeth Dixon Report</li> <li>- Out of Sight report by the CQC – this reviewed the use of restraint, seclusion, and segregation in care services for people with a mental health condition, a learning disability or autistic people.</li> <li>- The National Neonatal Audit Programme (NNAP) - a clinical audit of care for babies admitted to neonatal services, delivered by the Royal College of Paediatrics and Child Health (RCPCH).</li> <li>- A report by the Academy of Royal Colleges on operating principles for managing invited reviews in healthcare.</li> <li>- The review into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust.</li> <li>- Methodologies in treatment.</li> <li>- Reports by the Healthcare Safety Investigation Branch (HSIB) on: <ul style="list-style-type: none"> <li>o The provision of care for children and young people when accessing specialist gender dysphoria services.</li> <li>o Emergency neonatal blood transfusion at birth following acute blood loss during labour and/or delivery.</li> <li>o Unintentional overdose of morphine sulfate oral solution.</li> </ul> </li> </ul> </li> <li>• Internal invited reviews included: <ul style="list-style-type: none"> <li>- Establishment of the GOSH Gastroenterology Review, following up on previous reviews.</li> <li>- A review into the GOSH Ethics Committee, to establish best practice for the design and operation of the committee.</li> </ul> </li> </ul> <p>The Royal College of Surgeons (RCS) has been commissioned to provide an independent review into the Lower Limb service.</p>
<p>Be responsible for reviewing, on behalf of the Trust Board, progress with quality improvement priorities set in the Quality Strategy and Quality Report.</p>	<ul style="list-style-type: none"> <li>• An overview report of quality and safety matters at GOSH, under the Chief Medical Officer's remit, was received at each meeting and included national, regional and hospital-based updates.</li> <li>• The Committee reviewed the Patient Safety Statement and recommended it to the Trust Board for approval (see below).</li> <li>• Non-executive director committee members annually review the Quality Report on behalf of the Board.</li> </ul>
<p>Review and seek assurance on any issues identified by the Trust Board as requiring more detailed review than falls within the remit of the committee, including on any quality, safety or patient experience matters or shortcomings arising from the Trust's operational and quality and safety performance.</p> <p>Review when an issue occurs which threatens the Trust's ability to enable excellent clinical care to flourish, ensure that this is managed and escalated appropriately, and actions are taken and followed through.</p>	<ul style="list-style-type: none"> <li>• A meeting was held in partnership with Audit Committee members to seek assurance on estates and facilities matters, including ventilation and water safety. Updates on this were also received by the Committee at routine meetings on a six-monthly basis.</li> <li>• Two deep dives took place on Medicines Management, focusing on tracking improvements in the service and receiving external assurance (further information can be found on page 148).</li> <li>• At every meeting the Medical Director reported on emerging significant risks. These reports were based on the aggregation and integration of information from a broad range of sources in the Trust, including serious incidents, complaints, inquests, clinical negligence claims, harm reviews and other external inspections or reviews. The reports outlined how the risks are currently being managed, providing updates on progress where appropriate.</li> <li>• The Committee received updates from the Patient and Family Experience and Engagement Committee, including assurance of progress with the Patient Experience Framework. This included updates on actions taken in response to patient stories received at Trust Board meetings.</li> </ul> <p>An overview report of quality and patient experience matters under the Chief Nurse's remit was introduced.</p>

Principal responsibilities of the committee	Key areas formally reviewed during 2022/23
Assure the Trust Board that the controls to mitigate risk within the areas of responsibility of the committee are in place and working within a regulatory and legislative framework.	<ul style="list-style-type: none"> <li>• The Committee received an update on cases reported to the Freedom to Speak Up Guardian at every meeting (those that related to quality and safety matters)</li> <li>• The Committee received quarterly updates on clinical quality, patient safety or other matters considered to be “qualifying disclosures” under the Public Interest Disclosure Act 1998 (Whistleblowing).</li> </ul> <p>The Committee received a presentation on the impact of the Health and Care Act 2022 and the National NHS Patient Safety Strategy.</p>
Assure the Trust Board that the annual internal audit and annual clinical audit plans are aligned and focused on the appropriate quality focused risks.	<ul style="list-style-type: none"> <li>• The clinical audit team reported to the Committee every six months and provided an overview of monitoring of specialty-led clinical audits, as well as progress with implementation of relevant NICE guidance. The Committee also received an update on the clinical audit plan for 2023/24 and sought assurance about the way it had been compiled.</li> <li>• The Trust’s internal auditor reported to the Committee at every meeting, providing an update on any clinical related internal audit reports and progress with closing relevant internal audit actions. The Committee received the following internal audit reports: <ul style="list-style-type: none"> <li>- Patient Safety Alerts (significant assurance with minor improvement opportunities).</li> <li>- Harm Review process (partial assurance with improvements required).</li> <li>- Quality Governance (partial assurance with improvements required).</li> </ul> </li> <li>• Committee members are annually provided with an opportunity to review the draft Internal Audit Plan for the following year and make suggestions on areas of risk to be audited.</li> <li>• Reports were presented to the Committee throughout the year on action taken to learn from an independent investigation into a serious incident and progress against the action plan.</li> </ul> <p>The Committee reviewed the action taken against the recommendations made in The Dixon Enquiry and supported the closure of the recommendations.</p>

## Key areas of focus for QSEAC in 2022/23

### Safety Transformation

#### Safety Transformation Programme

Following approval by the Committee of the Quality Strategy and Safety Strategy in 2020/21, QSEAC received assurance on progress with the implementation of the strategies throughout 2022/23. A safety transformation programme was designed in partnership with external experts to embed new policies and procedures into routine safety practices. Further information about the programme, the Trust’s Patient Safety Statement and the Safety Transformation Plan can be found on pages 32.

#### Working in partnership and learning

During the year, the Quality and Safety team considered and reported on a wide range of relevant research and findings from external investigations. Any learning for GOSH was extracted and reported, with immediate action taken where necessary or actions built into relevant team action plans and/or the Safety Transformation program (see the table on page 126 for examples of reports reviewed).

After the establishment of the new Integrated Care Board in North Central London on 1 June 2022, GOSH retained the monthly Clinical Quality Review Group meeting, chaired by the Medical Director for Specialised Commissioning for NHS England (London Region). These meetings provide a forum for detailed discussions relating to patient safety and quality and an essential opportunity to reflect on such significant matters from both a Trust and wider regional perspective

#### Safeguarding

The committee receives reports on delivery of the safeguarding service at GOSH at every QSEAC meeting. This includes assurance on the governance framework in place to deliver a consistent and safe service and that staff receive up to date mandatory

safeguarding training. The committee has also been keen to seek assurance that the safeguarding team has the necessary support, supervision and resources to deliver the service. It includes the Perplexing Prevention Support Service (for children and young people at risk of fabricated or induced illness by carers), readiness to implement the Liberty Protection Safeguards under the Mental Health Capacity Act and to be actively involved in Serious Case Reviews (SCRs), Child Safeguarding Practice Reviews (CSPRs) and Local Learning Reviews. The committee has welcomed the Trust management team’s decision to commission an Independent Safeguarding Review looking at safeguarding arrangements and culture across the Trust.

#### Patient Experience

The committee received reports at every meeting on the number of complaints and Patient Advice and Liaison Service (PALS) queries received. Themes were identified and actions taken as required. Two particular themes brought to the attention of the committee were:

- Several complaints and PALS enquiries related to the quality of the transport service for patients / carers requiring support to get to the hospital for appointments and procedures. Delays in the service resulted in patients being unable to attend appointments. The data collected was used to inform a review of the contract arrangements for the service, resulting in an improvement in key quality metrics. Further information about complaints can be found on page 114.
- A patient telephoning the Trust reported to PALS that they struggled to get through to the right person and, when they eventually did, voicemails were not returned. A working group has been established to review contact lists held by the switchboard and processes for voicemails, including timeframes for returning calls, checking messages and monitoring.

The Friends and Family Test response rates have consistently exceeded Trust targets and feedback remains overwhelmingly positive. When benchmarked against other paediatric NHS trusts, GOSH's data is considerably higher. Feedback highlights many positives about the care, kindness and expertise of our staff, in particular the reassurance offered to both patients and families. Examples of areas for improvement include administration, patient experience, communication and aspects of care.

### Specialist ventilation systems

Following a review of the management of specialist ventilation systems, the committee monitored progress with the action plan to vacate clinical spaces and undertake maintenance and cleaning activities at the same time. The committee sought assurance of the governance, operational delivery and oversight of the ventilation systems (from estates, operational and infection control teams), the associated risks and that annual maintenance regimes designed and implemented for specialist ventilation systems complied with the latest HTM guidance.

### CQC compliance

Following a routine CQC inspection in October 2019, the Board welcomed the regulator's report and QSEAC was charged with seeking assurance of progress, with actions put in place to respond to its recommendations. All 'must do' actions were closed and final work was underway to complete a small number of remaining 'should do' actions. Further information about the CQC is available on page 158.

During the latter part of 2022, the Trust established the Good Hospital Group, incorporating representation from all areas of the Trust, to review compliance with CQC regulatory standards, share good practice and identify learning for cascade and improvement. Self-assessment and peer review tools were developed and communications regularly cascaded on 'being a good hospital every day'.

### Industrial action

The committee was kept informed of the impact the various strikes could have on the delivery of safe, effective patient care and patient experience. The committee was assured that safe staffing levels were maintained during the strikes and that assessments were conducted by clinical teams for any patient who was at risk of suffering harm due to the industrial action and procedures cancelled. Further information is provided on page 34.

### Quality and equality impact of Better Value Schemes

Following an internal audit on Better Value, Quality Impact Assessments and Equality Impact Assessments were brought together and the process improved, this includes all Quality Impact Assessments being reviewed by the Chief Nurse and Chief Medical Officer. The committee welcomed the improved efficiency, and its expected positive impact on patient and staff experience and reduced inequalities alongside saving money.

### Conclusion

As Chair of the Quality, Safety and Experience Assurance Committee, I am satisfied the committee adequately discharged its duties in accordance with its terms of reference throughout 2022/23.



### Amanda Ellingworth

Chair of the Quality, Safety and Experience Assurance Committee

23 June 2023





# Finance and Investment Committee report

---

## Introduction from the chair of the Finance and Investment Committee

I am pleased to present the Finance and Investment Committee's annual report for the year ending 31 March 2023, which was a transitional year for the Committee's membership.

Firstly, I want to express my gratitude to James Hatchley as outgoing Chair of the Committee for his outstanding leadership. James always kept the patient at the forefront of discussions, even when delving into the Trust's financials. We also said farewell to two other invaluable Committee members: Akhter Mateen – Non-Executive Director and Helen Jameson – Chief Finance Officer. We wish them all the best in their future endeavours.

This year, I felt honoured to join the Committee as an Associate Non-Executive Director, and later as Non-Executive Director and Chair of the Committee, and James provided invaluable support during my transition. I would also like to offer my continued thanks to the other long-standing members of the committee: Chris Kennedy, Non-Executive Director, Matthew Shaw – Chief Executive, and John Quinn – Chief Operating Officer. Furthermore, the Committee welcomed Gautam Dalal as an Associate Non-Executive Director and later as a Non-Executive Director.

In November 2022, we were delighted to bring John Beswick on board as our new Chief Finance Officer. His extensive experience is a tremendous asset to the Trust, and we look forward to working with him in the years to come. We also extend our thanks to Margaret Ashworth for covering the Chief Finance Officer role on an interim basis between May 2022 and November 2022. See page 74.

### **The Committee remained focused on its key objectives, which included:**

- Reviewing the Trust's annual and medium-term financial plans.
- Reviewing progress against key financial and operational targets, financial performance ratings, trends, capacity utilisation, productivity and efficiency measures.
- Overseeing the Trust's treasury management strategy and borrowings arrangements.
- Reviewing changes in the Trust's corporate structures, investments or acquisitions, including significant transactions.
- Retaining oversight of the financial implications of all major investments, commercial activities and business developments.
- Advising the Board on all proposals/business cases for major capital expenditure in line with the scheme of delegation, including Estates and IT strategies.

The Finance and Investment Committee's membership consists of three independent non-executive directors, the Chief Executive, Chief Operating Officer and Chief Financial Officer. These are listed on pages 70–71. All three non-executive members have recent and relevant financial experience.



## Key areas of work

The list below sets out key areas considered by the committee in 2022/23 to which I would particularly like to draw attention.

Principal responsibilities of the committee	Key areas formally reviewed during 2022/23
Children's Cancer Centre.	<p>The Committee built on the planning processes and work towards preparing the Full Business Case. Throughout the year, the Committee received frequent updates on the key assumptions used for each element of the CCC business case and held two extra CCC workshops with the CCC Programme Director. Key areas of exploration and analysis were:</p> <ul style="list-style-type: none"> <li>• Costs for the first 10 years of operation.</li> <li>• Options for optimising future activity, income and energy use.</li> <li>• Maximising patient benefit from the decanted space in the existing hospital estate.</li> <li>• Local engagement.</li> </ul> <p>On 24 February 2023, the Committee endorsed the business case to the Trust Board, having been assured that the risks and assumptions were accurate, that construction of the CCC represented value for money and that its construction would not undermine the Trust's long term financial viability.</p> <p>The Committee also flagged a number of areas it wanted to monitor during 2023/24, including overall progress against milestones, metrics for measuring 'CCC construction disruption' for staff and patients in adjacent parts of the hospital, and the wide-ranging impact of decants.</p>
The Commissioning environment and Integrated Care System (ICS).	The Committee discussed the ICS's integrated commissioning plans for the short, medium and long term and the Trust's collaborative working opportunities.
Forecast Outturn (FOT) 23/24 submission.	The Committee reviewed the details of the forecast outturn position for the Trust in line with the NHSE "protocol" guidance.
Impact of strike on activity.	The Committee monitored the impact of strike activity on performance and income and the Trust's mitigations.
Sustainability at GOSH and the Climate Emergency.	Throughout the year, the Committee encouraged various sustainability approaches and a focus on the quality of the key performance indicators (KPIs) used to monitor and manage the Trust's commitment to climate change. These included, for example, increased weighting for sustainability in tenders for services.
Joining the UCL Health Alliance.	The Committee endorsed joining the UCL Provider Alliance which presents opportunities for GOSH to collaborate with other provider organisations across NCL on joint health priorities. Further information can be found on page 27.
Finance reports.	The Committee received a detailed finance report at each meeting and discussed performance against targets. Emphasis was placed on operational recovery, efficient use of resources - especially given the experience of higher inflation in selected areas, the wellbeing and availability of staff, and the impact on the Trust's financial position.
Better Value report.	Better Value initiatives continued during the year, providing positive results and ensuring the consideration and prioritisation of safety, staff wellbeing and the recovery agenda when savings were identified.


Principal responsibilities of the committee	Key areas formally reviewed during 2022/23
Integrated performance reports.	The Committee received an integrated performance report at every meeting and challenged Executives where necessary. It retained a specific focus on increasing activity to treat patients who had their appointments delayed by Covid-19.
Commercialisation.	The Committee received reports on the Trust's Commercial strategy and considered several initiatives during the year. Progress was made across several workstreams to ensure the Trust has a range of options to accelerate its commercial activities over the coming years.
International and Private Care.	The Committee received regular updates on the International and Private Care Directorate's business activity, with a focus on efficiently utilising the cost base while seeking to return to pre-Covid-19 activity levels and exploring new opportunities.
Procurement services and major contracts.	The Committee received an annual update on the Trust's procurement services and considered the renewal of a number of major contracts during the year. The Committee discussed ways the Trust could embed sustainability within procurement practices.
2022/23 National cost collection.	The Committee noted the changes to the National cost collection process for the 2022/23 return and the outputs.
Treasury management strategy.	The Trust's Treasury Management Policy was reviewed and endorsed for approval by the Trust Board.
Insurance update.	The Committee noted the planned timetable for dealing with the renewal and scope of insurances proposed for purchase.
Annual review of the capital program.	The Committee reviewed the management of the Trust's capital programme for the next 10 years, including its approach to addressing risks and prioritising capital spend to ensure it is effective and enables lessons learned to be built into future years' planning processes.
Major project updates.	The Committee received progress updates, details of issues and remedial actions on the Trust's major redevelopment projects.
Linen, laundry and uniform service.	The Committee endorsed the contract award for a fully managed linen, laundry and uniform service to the Trust Board, where it was approved.
Picture Archiving and Communication System (PACS).	The Committee approved the PACS replacement Project.
NHS Resolution member contribution notice.	The Committee noted the contribution to NHS Resolution and the renewal of policies for 2022/23.

The committee met nine times over the financial year, and all meetings were quorate. I am satisfied that the committee was presented with good quality papers.

I am also satisfied that meetings were scheduled to allow sufficient time to enable a full and informed debate. Each meeting was fully minuted and summaries of the matters discussed at each meeting were reported to the Trust Board, Council of Governors, Audit Committee, People and Education Assurance Committee and the Quality, Safety and Experience Assurance Committee.

The Chair of the People and Education Assurance Committee and the Chair of the Quality, Safety and Experience Assurance Committee observed meetings throughout the year. Members

of the Council of Governors also observed committee meetings throughout the year and their feedback at the end of each meeting was valuable.



**Suzanne Ellis**

Chair of the Finance and Investment Committee

23 June 2023

# People and Education Assurance Committee report

## Introduction from the chair of the People and Education Assurance Committee (PEAC)

I am pleased to present the People and Education Assurance Committee's report on its activities during the year ending 31 March 2023.

The committee was established in July 2019 with a remit to obtain assurance on behalf of the Board on the wellbeing, training, education and management of all staff who work for GOSH. The Board approved a new People Strategy in 2019, and PEAC's role is to scrutinise its delivery through the associated action plan. We seek assurance of investment in the development and welfare of the whole workforce as well as the ongoing development of the Trust as an open and inclusive employer of choice, attracting, retaining and growing talent. During the year, the committee monitored progress across four areas: capacity and workforce planning; developing skills and capability; modernising and reshaping; culture engagement, health and wellbeing.

This report highlights the key areas considered by the committee in 2022/23. I would like to draw particular attention to the following:

**Health and Wellbeing:** Each member of staff's health and wellbeing is of utmost importance to GOSH. It is aligned with the strategic priority of 'making GOSH a great place to work', and in turn it underpins high quality and safe patient care.

The Wellbeing Hub, which was implemented as a direct response to the pandemic, continued to provide signposting and in-house psychological support. The Hub operated alongside a community of wellbeing coaches, practitioners and peer support workers, as well as Occupational Health, the Employees Assistance Programme and Citizen's Advice Bureau. Towards the end of 2022 the hub transitioned into a triage and signposting service for individuals and teams, and it continues to provide support for staff wellbeing.

HealthRoster, an electronic staff rostering system, became a critical workforce planning tool during the pandemic. It continued to enhance the Trust's ability to monitor staff health and wellbeing. With the implementation of the new OurGOSH intranet site, the staff health and wellbeing pages were updated to reflect a holistic approach to staff wellbeing and provide information and guidance.

In addition to wellbeing support, a programme of work was started to provide staff with information about, and access to, financial support. During the year, PEAC was kept informed of a series of measures to support staff with the sharp rise in inflation, recognising that the cost-of-living crisis would inevitably have a negative impact on staff wellbeing. GOSH provided a range of support through external resources, including access to NHS discount schemes, season ticket loans, financial and debt management advice via the Employee Assistance Programme and access to the London Credit Union. GOSH also expanded

the support available internally by establishing a Citizens Advice service for staff on-site, becoming a referring agent for foodbanks, offering free hot meals for staff during December 2022 and January 2023 and, with the support of the GOSH Charity, implementing a staff hardship fund.

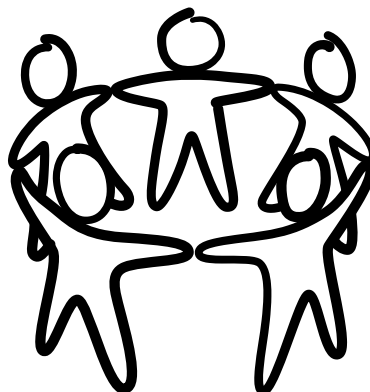
In the coming year, the Trust will also be setting up a Staff Advice and Liaison Hub, which will be a one-stop-shop for all staff support.

**GOSH Learning Academy (GLA):** The GLA completed its third year and successfully delivered across all the priority areas outlined in the original GLA business case. It exceeded some of its targets, including on finance and sustainability. The Committee heard how, during its first three years of operation, the GLA supported more than 53,000 learning interactions and over 20,000 learners completed a paediatric speciality course. The GLA launched online access to education during the pandemic (18 months earlier than originally planned) and offered 36 academic modules virtually.

**National Industrial action:** Staff from a number of different professions took part in industrial action during 2022/23. GOSH respects the right of staff to take part in lawful industrial action. However, strikes inevitably involve significant operational challenge and GOSH worked closely with the respective trade unions and operational management teams to seek to reduce the impact on the delivery of safe services, patient access and experience and the staff delivering care. Where permitted, GOSH teams were able to negotiate effective derogations to ensure essential services could continue. The Royal College of Nursing has fed back that GOSH's way of working with them has been constructive, and I am pleased to report that the strike days were conducted amicably.

Inevitably, industrial action has affected our operational performance. However, the hard work of the operational teams and dedication of clinical staff mitigated the impact, with more outpatient appointments moving to virtual clinics and inpatient activity rescheduled. Our staff communications on the strikes were pro-active, with signposting to regularly updated information on the GOSH website.

The principal assurance responsibilities of the Committee and its compliance against these throughout 2022/23 are detailed below.



	Principal responsibilities of the committee	Key areas formally reviewed during 2022/23
Strategy	<p>Delivery of the People Strategy via its associated action plan, seeking assurance of investment in the development and welfare of the whole workforce at GOSH and establishment of the Trust as an open and inclusive employer of choice to attract and retain talent.</p>	<p>The committee received updates at each meeting on the progress made in delivering the People Strategy, including progress against the four workstreams: diversity and inclusion, health and wellbeing, internal communications and engagement, and modernising human resources and organisational development infrastructure. Developments against each of these are listed in more detail in the sections below.</p> <p>In January 2023, the committee received the draft refreshed GOSH People Strategy, which builds on the work of the current strategy while reflecting our current organisational context and priorities for the future. The refreshed People Strategy will cover a three-year period through to 2026 and the overarching commitment and purpose is consistent with the previous strategy.</p>
	<p>Alignment of the deliverables within the People Strategy and its associated Seen and Heard and Mind, Body and Spirit frameworks to ensure appropriate people resources are allocated to deliver the Trust-wide strategic objectives and successfully innovate GOSH services.</p>	
Learning and development	<p>Assurance of delivery of the strategic priorities relating to education and training and plans for the GOSH Learning Academy (GLA).</p>	<p>The committee received the GLA's mid-point review, which provided assurance that the programme remains on track. During year three the programme saw the successful implementation and expansion of the GLA Performance Framework and its constituent Delivery Plans, providing oversight and assurance. Key achievements across all themes were reported. These included building skills and capabilities, inclusive learning cultures and partnerships. Updates were also provided on the six key priority areas for phase two, including academic education, apprenticeships, clinical simulation, digital learning, leadership and management and speciality training.</p> <p>There was a risk added to the Board Assurance Framework for the GLA in December 2021. This was the risk of the GLA not establishing a financially sustainable framework, impacting its ability to deliver the outstanding education, training and development required to enhance recruitment and retention at GOSH and drive improvements in paediatric healthcare. It is currently rated as a medium risk. There are KPIs in place to ensure the continued monitoring of the risk, which will be kept under review by the committee. Given the success of the programme over the last year, it is anticipated the risk score will reduce over the coming months.</p>
	<p>Seeking assurance of the creation of opportunities for career development and advancement across all disciplines and professions.</p>	

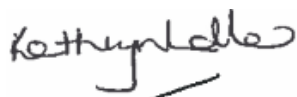
	Principal responsibilities of the committee	Key areas formally reviewed during 2022/23
Learning and development	<p>Seeking assurance of enhanced leadership and line management capability, developing compassionate and inclusive leaders.</p>	<p>In June 2022, the committee was updated on the implementation of the debiasing recruitment programme, which is designed to attract and retain a diverse workforce to improve quality of care for patients. Achievements throughout the year included designing and launching the debiasing recruitment e-learning package for recruiting managers and the recruitment, training and deployment of Seen and Heard recruitment champions.</p> <p>The committee received a leadership and management update in November 2022. This included an overview of the eight leadership programmes on offer, along with the impact they have had. Over 40 members of staff engaged on the programmes over the year. Many were offered accreditation. Feedback from delegates on the programmes has been very positive. Staff have reported improved self-awareness, a positive impact on their behaviours and personal effectiveness, feeling more confident to interact with more senior managers and stakeholders and a greater confidence in addressing challenges and having difficult conversations.</p>
Communications	<p>Seeking assurance on improvements to the Trust's internal communication with staff, embedding GOSH values across the Trust.</p> <p>Seeking assurance of a joined up and effective internal communications framework which promotes engagement, encourages connection and delivers an employee voice (including establishment of staff forums, and responses to the Trust wide staff survey and associated action plans).</p>	<p>The committee was updated on plans outlined in the People Strategy on communication and engagement. In June 2022, the new intranet, OurGOSH, was launched to enhance employee experience. The communications teams ran clinics and attended team meetings across the Trust to engage and support staff with the new system. This included a peer-to-peer engagement functionality to support staff wellbeing.</p> <p>The Trust captured staff experiences directly through forums, such as the Hybrid Big Brief, and feedback was shared with the Committee.</p> <p>In January 2023, the Committee was updated on further plans to strengthen communication and engagement, and to cascade them throughout the organisation. This will be a feature of the refreshed People Strategy.</p>
Culture	<p>Seeking assurance of the establishment of a culture which promotes transparency and supports the right and responsibility for all staff to speak up for safety, for themselves and for others.</p>	<p>The committee received regular updates from the Freedom to Speak Up Guardian on the types of concerns being raised by staff. The Trust continued to promote a culture of speaking up and the committee saw a steady increase in the number of concerns being raised. The feedback from those speaking up suggests that accessing the service and speaking up within the organisation is generally a positive experience.</p> <p>All new starters undertake training around speaking up as part of their induction. This consists of the National Guardian's Office "speak up" training and the GOSH "speak up for safety" training. The Trust also offers managers access to the National Guardian's Office's "listen up" training video.</p> <p>Following NHS England's publication of the new Freedom to Speak Up policy, the committee was kept informed of the Trust's review of its internal policy, which will be presented to the committee once finalised.</p>
Wellbeing	<p>Review the development and implementation of an integrated health and wellbeing strategy, to provide a more holistic approach to managing health and wellbeing based on the prevention of physical and mental health conditions and the promotion of wellness.</p>	<p>The committee received a report on the Mind, Body and Spirit Framework (previously the Health and Wellbeing Framework) in September 2022. This detailed the progress made to deliver a range of services to support staff, including the Occupational Health Service, Wellbeing Hub and Employee Assistance Programme. It also explained how staff health and wellbeing has been embedded in the Trust's Management Development Programme.</p> <p>The committee was updated on the implementation of the Staff Hardship Fund, and how staff have been helped to engage in the process for seeking advice and support.</p>

	Principal responsibilities of the committee	Key areas formally reviewed during 2022/23
Diversity and Inclusion	Review of the development and implementation of an integrated Diversity & Inclusion strategy (D&I) to embed D&I considerations into workplace relationships, policy and practice.	The committee received a review of the Seen and Heard Framework in June 2022, which detailed activity to deliver the framework. The three themes were: Repositioning our staff networks to amplify employee voice, debiasing recruitment to promote fairer selection and promoting allyship across the Trust.
Staff Recognition	Seeking assurance that the Trust has an appropriate pay, reward and recognition system linked to delivery of the Trust's strategic objectives, outcomes and desired behaviours.	<p>In September 2022, the committee was updated on the re-launch of the GOSH Extraordinary Members of Staff (GEMS) and Praise recognition schemes as part of Staff Celebration Week. The schemes gave the opportunity for staff to be recognised every day with 'Praise', to nominate or be nominated for a monthly GEMS award, and to be recognised in an annual awards ceremony. The schemes are open to all staff and linked to the GOSH values: "An individual or team that lives our values every day and goes above and beyond to make a difference to colleagues and/or patients."</p> <p>The committee was advised about plans for GOSH "Thank You Week" in October 2022, which included a number of free activities for staff to get involved.</p>
Governance	Seek assurance that the Trust is compliant with relevant legislation and regulations relating to workforce and education matters	<p>I was appointed as the NHS Wellbeing Guardian, in accordance with the NHS People Plan. In this capacity I sought to focus on how specific proposed initiatives at the Trust might impact on staff wellbeing. I joined three zoom meetings of the London Wellbeing Guardians' Network to learn from and share experiences with NHS wellbeing representatives and other Trusts. I also had discussions with a variety of individuals, including the FTSU Guardian, to try to gain a better understanding of the support needed for staff wellbeing.</p> <p>My fellow non-executive director, Amanda Ellingworth, was appointed as Diversity and Inclusion Guardian (while not a requirement of the NHS People Plan, GOSH wanted to ensure equal importance was given to D&amp;I). During the year, Amanda Ellingworth updated the committee on feedback she had received from the Diversity and Inclusion Champions.</p> <p>As Chair, I reported to the Board and to the Council of Governors following every committee meeting on key matters requiring escalation or assurance. Matters pertinent to other assurance committees (Audit Committee and Quality, Safety and Experience Assurance Committee) were also directly reported to them.</p>
	Review those entries on the Trust's Board Assurance Framework (BAF) which are to be overseen by the committee	<p>The Risk Assurance and Compliance Group review each strategic risk on the BAF, along with the related mitigation controls and assurances, and made recommendations to the committee about changes to controls, assurances and residual risk scores.</p> <p>For each risk relevant to PEAC, the committee reviewed the risk statement, the robustness of the controls cited, evidence the controls were operating, the associated risk appetite and the likelihood and impact scores.</p> <p>In addition, the Committee undertook deep dives into BAF Risk 2: Workforce Sustainability and BAF Risk 14: Culture.</p>
	Receive and review the findings of relevant internal and external audit reports covering workforce, education and training and staff engagement and assure itself that recommendations are appropriately responded to and implemented in a timely and effective way.	The Trust's internal auditors reported to the committee on the outcome of the People Planet audit, which was significant assurance with minor improvement opportunities. The internal audit actions will be kept under review by the committee until closure.

The committee met four times over the financial year. I am satisfied that meetings were scheduled to allow sufficient time to enable a full and informed debate. Full minutes were taken of each meeting and summaries of the matters discussed reported to the Trust Board and Council of Governors. Members of the Council of Governors also observed committee meetings throughout the year and were given the opportunity to provide their feedback after each meeting, which was extremely welcome.

### Conclusion

As chair of the People and Education Assurance Committee, I am satisfied that the committee adequately discharged its duties in accordance with its terms of reference during 2022/23.



**Kathryn Ludlow**

Chair of the People Education Assurance Committee

23 June 2023







# Head of Internal Audit opinion 2022/23

---

## Basis of opinion for the period 1 April 2022 to 31 March 2023

Our internal audit service has been performed in accordance with KPMG's internal audit methodology which conforms to Public Sector Internal Audit Standards (PSIAS). As a result, our work and deliverables are not designed or intended to comply with the International Auditing and Assurance Standards Board (IAASB), International Framework for Assurance Engagements (IFAE) or International Standard on Assurance Engagements (ISAE) 3000. PSIAS require that we comply with applicable ethical requirements, including independence requirements, and that we plan and perform our work to obtain sufficient, appropriate evidence on which to base our conclusion.

## Roles and responsibilities

The Board is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. The Annual Governance Statement (AGS) is an annual statement by the Accountable Officer, on behalf of the Board, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives.
- the purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process; and
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The Assurance Framework should bring together all of the evidence required to support the AGS.

The Head of Internal Audit (HoIA) is required to provide an annual opinion in accordance with PSIAS, based upon and limited to the work performed, on the overall adequacy and effectiveness of the Trust's risk management, control and governance processes (i.e. the system of internal control). This is achieved through a risk-based programme of work, agreed with Management and approved by the Audit Committee, which can provide assurance, subject to the inherent limitations described below.

The purpose of our HoIA Opinion is to contribute to assurances available to the Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the system of internal control. This Opinion will in turn assist the Board in the completion of its AGS and may be taken into account by regulators to inform their conclusions.

The opinion does not imply that the HoIA has covered all risks and assurances relating to the Trust. The opinion is derived from the conduct of risk-based plans generated from a robust and Management-led Assurance Framework. As such it is one component that the Board takes into account in making its AGS.

## Opinion

### Our opinion is set out as follows:

- Basis for the opinion;
- Overall opinion; and
- Commentary.

## Basis for the opinion

### The basis for forming our opinion is as follows:

- An assessment of the design and operation of the underpinning aspects of the risk and assurance framework and supporting processes.
- An assessment of the range of individual assurances arising from our risk-based internal audit assignments that have been reported throughout the period. This assessment has taken account of the relative materiality of these areas; and
- An assessment of the process by which the organisation has assurance over the registration requirements of its regulator(s).

## Overall opinion

### Our overall opinion for the period 1 April 2022 to 31 March 2023 is that:

*'Significant assurance with minor improvements' can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.*

## Commentary

The commentary below provides the context for our opinion and together with the opinion should be read in its entirety. Our opinion covers the period 1 April 2022 to 31 March 2023 inclusive and is based on the audits that we completed in this period.

We issued one review graded as 'significant assurance' related to the DSP Toolkit. We also issued three reviews graded as 'significant assurance with minor improvement opportunities' related to Patient Safety Alerts, Above and Beyond: People Planet, Directorate Governance and Diagnostics.

We issued two review graded as 'partial assurance with improvements required' and zero 'no assurance with improvements required' reviews. Our partial assurance report related to the following area:

- Harm Review Process: We reviewed the harm review process for patients waiting over 52 weeks. We identified one high priority recommendation relating to embedding of the process approved in January 2020. The process has not been followed consistently within the Directorates and the Trust should consider whether this process is appropriate and formalise the use of this.
- Human Tissue Authority and Intellectual Property: We reviewed the processes for complying with the Human Tissue Act (HTA) as well as how intellectual property (IP) is recorded and tracked. We identified five medium priority recommendations. These related to tissue traceability, completion of self-assessment, monitoring of IP and royalties, the IP policy and HTA training.

## The design and operation of the Assurance Framework and associated processes

The Assurance Framework reflects the Trust's key objectives and risks and is regularly reviewed. The Executive reviews the Assurance Framework on a monthly basis and the Audit Committee provides reviews whether the Trust's risk management procedures are operating effectively.

The range of individual opinions arising from risk-based audit assignments, contained within our risk-based plan that have been reported throughout the year.

As at 31 March 2023 we raised one high priority management action in the period relating to the harm review process and have zero high priority management action from previous periods which are still being implemented.

This does not prevent us from issuing 'significant assurance with minor improvements' overall as the organisation is implementing the management actions raised as a result of our work to address the issues identified. The status of management actions is reported by Management to Audit Committee. The organisation has directed us towards areas where there have been concerns in terms of operation or performance in year.



### KPMG LLP

Chartered Accountants London

31 March 2023



# Annual Governance Statement

## 1. Scope of responsibility

As accounting officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, while safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

## 2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of GOSH, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically. The system of internal control was in place at GOSH for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

## 3. Capacity to handle risk

As Chief Executive, I have overall responsibility for ensuring there is an effective risk management system in the Trust for meeting all relevant statutory requirements and for ensuring adherence to guidance issued by regulators, including NHS Improvement (NHSI) and the Care Quality Commission (CQC).

The Chief Medical Officer leads the patient safety and safety surveillance agenda at GOSH, supported by an operational patient safety team which supports and administers the risk management processes. Each clinical operational directorate has a deputy chief of service who is responsible for championing safety and is supported by the directorate safety partners. The directorate safety partners also meet regularly with their peers at other trusts to share learning. Further accountability and responsibility for elements of risk management are set out in the Trust's risk management strategy, which is overseen by the Director of Safety Surveillance.

Training is available to all staff to enable them to manage risk in their directorate, specialty or department. Support is available to help with the preparation of risk assessments where required, including triangulating learning from the investigation of incidents. Further support for discussing and documenting risks is available to staff from various corporate functions, including the Quality, Safety Surveillance and Patient Safety teams, the Health and Safety team, the Emergency Planning Officer and the Information Governance team.

During 2022/23 the Trust implemented its emergency management processes in response to industrial action, with clear accountability at an executive (Gold), senior operational (Silver) and local operational (Bronze) team level and a cascade system in place. Where necessary, risk assessments were conducted at the appropriate level in relation to the safety of patients, quality of care, patient experience, workforce, activity, performance and finances. As a result of these risk assessments, planned work was reprioritised according to the impact on safety and effectiveness of delivery of care and the wellbeing and availability of the workforce.

### Trust Board and assurance committees

The Board has a formal schedule of matters reserved for its decision and delegates certain matters to committees, as set out below. Matters reserved for the Board in relation to risk management include:

- Determining the overall Trust strategy.
- Ratifying the Trust's policies and procedures for the management of risk.
- Determining the risk capacity of the Trust in relation to strategic risks.
- Reviewing and monitoring operating plans and key performance indicators.
- The creation, acquisition, or disposal of material assets.
- Prosecution, defence or settlement of material incidents and claims.
- Matters of public interest that could affect the Trust's reputation.

The Board has a work programme, which includes all matters it is required to consider by statutory, regulatory, and other forms of guidance. It also receives a range of strategic and operational performance information, which enables it to scrutinise the effectiveness of the Trust's operations and deliver focused strategic leadership through its decisions and actions. The Board maintains its commitment to discussion of patient safety, which is always at the top of its agenda.

In 2022/23 there were four Board assurance committees in place: The Audit Committee, the Quality, Safety and Experience Assurance Committee (QSEAC), the People and Education Assurance Committee (PEAC) and the Finance and Investment Committee (FIC). These committees scrutinise the controls in place to mitigate the strategic risks to the organisation and seek assurances that these are working effectively. They review the Trust's non-clinical risks (Audit Committee) and clinical and quality risk management processes (QSEAC); seek assurance the necessary structures and processes are in place to deliver the Trust's vision for a supported and innovative workforce and an excellent learning environment (PEAC) and consider financial performance, productivity, and use of resources (FIC). All committees escalate issues requiring the attention of the Board. Non-executive directors chair each of these committees

and report to the Board and Council of Governors after every committee meeting. Each committee is charged with reviewing its effectiveness and making improvements to the way it works and is administered (see the committee annual reports). Board member attendance at the Board and its committees is provided at page 69–73.

### Risk Assurance and Compliance Group

The Risk Assurance and Compliance Group (RACG) comprises executives and quality, safety and compliance leads. The group is chaired by the chief executive and reports to the Audit Committee, QSEAC and PEAC. The RACG monitors the effectiveness of risk management systems and control and assurance processes across the Trust. This includes the effectiveness of controls cited to mitigate the strategic risks on the Board Assurance Framework (BAF) and the timeliness of the closure of gaps in controls and assurances of these risks. It considers the breadth of compliance requirements applied to the Trust, monitors responses to external and internal reviews of services, reviews internal audit recommendations - ensuring these are closed in a timely manner - and scrutinises the implementation of the policy governance framework.

### Operational Board

The Operational Board was re-purposed from September 2022 as a decision-making group with delegated authority from the Executive Management Team. It holds oversight for delivery of clinical operational performance across the Trust. The Board comprises the Chiefs of Service for each directorate, with senior representation from the corporate departments, and is chaired by the Chief Operating Officer. The Board holds responsibility for reviewing new and updated high-rated risks and Trust-wide risks (risks that have been identified as affecting more than one directorate) and considering whether these should be escalated to RACG to consider their inclusion on the BAF. All operational issues that need to be reviewed or approved by the Executive Management Team first pass through the Operational Board for scrutiny and review.

### Standing committees

Standing committees are responsible for managing cross-Trust issues relevant to their area of expertise and, as such, have delegated authority within their terms of reference for a specific remit. This includes assessing the effectiveness of the control systems in place to reduce the risks relevant to their areas of expertise. Standing committees with responsibility for risk management include:

- Quality, Safety Outcomes and Compliance Committee (QSOCC)
- Patient, Family Experience and Engagement Committee
- Health and Safety Committee
- Information Governance Steering Group.

During 2022/23 QSOCC and its associated committees were subject to a governance review. This review considered all the sub-committees and structures in place in terms of information flows between the Trust Board and clinical areas, identifying the need for improved scrutiny in some areas and removal of duplication of reporting in others.

These information flows have now been strengthened and the information provided is of a more consistent standard to support the identification and mitigation of any potential concerns in relation to quality, safety or patient experience. A more detailed work plan is now in place, and this is aligned to the other management level committees.

### Risk Action Groups

Local Risk Action Groups (RAGs) are multidisciplinary meetings that discuss the risks to patient safety and service delivery within a directorate or department. RAGs review low, medium, and high risks, approve scores, monitor actions to mitigate the risks and agree low and medium risks where appropriate. They receive information monthly on their clinical and non-clinical incidents (reported through the central reporting system) and consider actions to control risks and identify key themes. RAGs are the key management forums for the consideration of risks and they report into the directorate boards and equivalents in corporate areas. Higher rated risks are further discussed at Directorate Performance Review Meetings as well as at the Operational Board, chaired by the Chief Operating Officer.

### Learning from good practice

The following frameworks are in place to support learning and to identify areas for improvement in both quality and patient safety.

#### Quality, Safety, Outcomes and Compliance Committee:

QSOCC is a sub-committee that reports to the Quality, Safety and Experience Assurance Committee and is responsible for overseeing the implementation of key actions identified in response to learning from errors and excellence. The group aims to deliver on the organisational quality priority of embedding a learning culture which supports our people to learn and thrive by:

- Monitoring action plans from Serious Incidents, Red Complaints and Learning from Deaths.
- Taking referrals from other groups or committees at GOSH to support the delivery of actions associated with systemic or Trust-wide quality issues.
- Identifying opportunities for spreading learning from error and learning from excellence through communication, education and quality improvement techniques.

GOSH has published a **Quality Strategy** which sets out how the Trust will develop staff and their services with a common purpose of continuously delivering high quality clinical care, experiences and outcomes for children and young people with complex health needs. There are six core principles underpinning the quality framework:

- Translating learning from safety events and patient experiences into routine care and practices.
- Choosing the most effective Quality Improvement (QI) methodology for the desired transformation.
- Quality Assurance: 'Doing the right thing'.
- Quality Improvement: 'Doing things better'.
- Innovation: 'Doing things differently'.
- Building Capacity and Capability.

### Quality Improvement (QI):

Quality Improvement is an approach to improving service quality, efficiency, and morale simultaneously (CQC, 2018). It is achieved by systematically enabling staff and leaders to continuously improve their daily work, drawing on methodologies and tools from improvement science. The QI team deliver three core functions to enable GOSH to 'do things better':

- Educate, facilitate and mentor front-line staff and services to successfully engage, design, deliver and embed local quality improvement initiatives.
- Advise and coach groups of teams delivering larger Trust-wide projects.
- Deliver an education strategy to build capacity and capability for quality improvement across all staff groups.

### Quality Review Group (QRG):

Established in February 2023, the QRG is a multi-disciplinary cross directorate group which exists to identify, shape, and monitor quality improvement priorities for GOSH.

### Clinical audit:

Clinical audit is undertaken at GOSH to ensure the quality of care and services are reviewed against best practice standards, and improvement actions taken where those standards are not met. A priority clinical audit plan describes work to investigate areas for improvement in quality and safety while supporting the organisation's learning from incidents, risks and complaints.

### Clinical outcomes:

The Quality Team supports clinical staff to collect, analyse and publish their clinical outcomes so they can be seen by patients and the public on the external facing hospital website. GOSH has published more outcomes data to its website than any other paediatric hospital in the world. GOSH is also a participating member of the International Paediatric Intensive Care Unit Collaborative Learning through Outcomes Data (PICU-CLOUD) network led by Boston Children's Hospital. This allows GOSH and other participating paediatric centres around the world to share bi-annual data and benchmark performance on key intensive care metrics to inform and drive improvements in the quality of care provided in PICUs

### Learning from Deaths:

GOSH continues to report internally, and to our public Trust board, the analysis of our learning from child death review meetings (CDRMs). In 2022/23 we undertook a significant review of learning identified from CDRMs from September 2021- December 2022. This was reported to QSOCC to assess our areas of strength and identify areas we will focus attention on in the future.

The Trust has established the **deteriorating patient quality improvement steering group**, which oversees ongoing implementation of relevant processes, including PEWS (Paediatric Early Warning Score) and Sepsis 6. PEWS is a score-based system designed to identify the potential for clinical deterioration in children and young people.

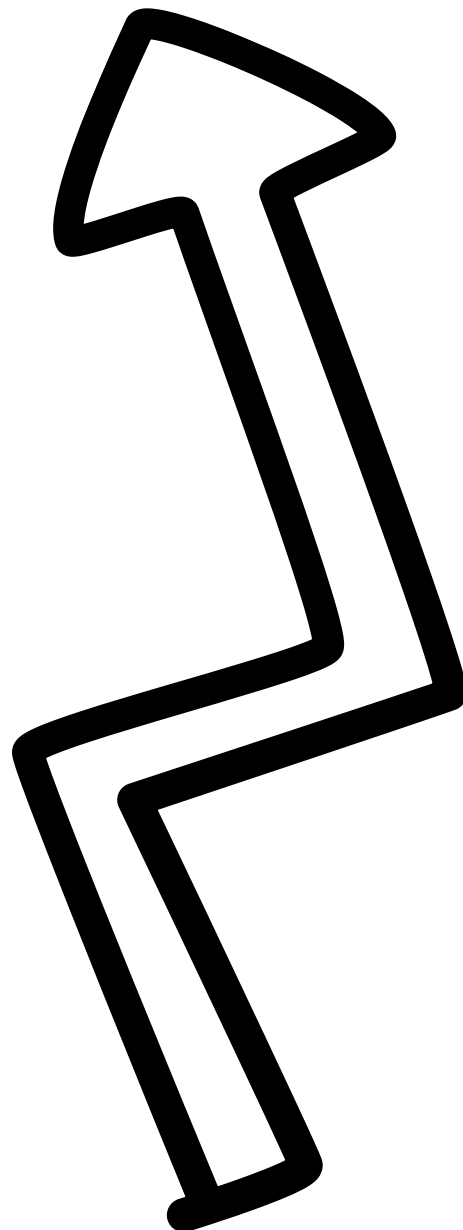
### Horizon Scanning:

Lessons learned in other organisations can often be transferred into wider learning for NHS Trusts. A horizon-scanning review is presented at QSEAC, providing a short overview of recent reports and guidance issued by a range of external stakeholders that could shape the approach to quality and governance in the Trust. The report identifies any learning and provides the Trust with an opportunity to review and implement change where appropriate. The Trust has also implemented Safety Intelligence Briefings (SIBs), which are more responsive and share any immediate intelligence across the safety sphere.

### Cascading risk and embedding learning

There are a range of ways information on patient safety and risk is shared across the Trust. Lessons are learned from serious incidents and investigation of patient safety events, complaints and other intelligence. Ways they are shared include:

- Multiple workstreams of the Safety Transformation Board, outlined in the three-year Safety Transformation Plan bringing together safety and quality actions under one umbrella programme.
- An active programme of Patient Safety Education led by the GOSH Learning Academy, including webinars, Grand Rounds, cascades of Listen, Lead and Learn case studies and a Patient Safety Summer School.
- Horizon Scanning and Safety Intelligence briefings which combine detailed and agile approaches to externally sourced intelligence with learning of relevance to GOSH.
- Incident reporting and investigation, using a range of tools such as human factors and systems approaches as well as After Action Reviews.
- A risk management podcast entitled 'At Your Own Risk'.
- A developing suite of intranet-based information and intelligence sources generated by the Safety Surveillance team.
- Freedom to Speak up reporting and analysis.
- Quality impact assessments, for example of the Better Value schemes.
- Equality impact assessments of our policies, programmes of work and strategies.
- Privacy impact assessments where personal data is processed.
- An internal review process for clinical services, conducted when internal data prompts further review of patient safety matters. Findings are cascaded for learning.
- Reports to and from RAGs, directorate boards and the Operations Board where high risks and Trust-wide risks are discussed.
- Key risk meetings, such as the Quality Safety and Outcomes Compliance Committee and regular Senior Management and Senior Leadership information sharing meetings.
- The Good Hospital Group, which aims to support the ethos of *Being a Good Hospital Every Day*.





## The risk management strategy and process

The Trust's Risk Management Policy sets out how risk is systematically managed. This extends across the organisation, from the frontline service through to the Board, and promotes the mitigation of clinical and non-clinical risks associated with healthcare and research and ensures the continuous review of business continuity plans across the Trust.

The policy identifies the organisational risk management structure, the roles and responsibilities of committees and groups that have some responsibility for risk, and the duties and authority of key individuals and managers regarding risk management activities. It describes the process for providing assurance for the Trust Board review of strategic organisational risks, and the local structures to manage risk in support of this policy.

The policy is integrated into the management, performance monitoring and assurance systems of the Trust, to ensure that safety and improvement are embedded in all elements of the Trust's work, partnerships, collaborations and existing service developments. This enables early identification of factors, whether internally or externally driven, which may prevent the Trust from achieving its strategic objectives.

During 2022/23, the Risk Management Policy underwent two revisions. The first was to refresh the content to reflect organisational changes, including roles and responsibilities of boards, committees and individuals. A second revision included:

- A change to the definition of a high risks, with a new threshold of a risk score of 15 (previously 12). This is a more widely applied threshold for high risks within the NHS.
- Changes to the frequency of review of risks.
- Improved oversight and monitoring processes via the Operational Board and reporting to the Risk, Assurance and Compliance Group.

A further, more far-reaching update to the policy is proposed to bring in more developed approaches to risk management once a new risk management platform is in place to support the implementation of these approaches. In addition, until a new risk management platform is in place, improved risk management practices will be supported and promoted by a new piece of guidance written jointly by the Director of Safety Surveillance and a Senior Directorate Safety Partner to support the gradual implementation of best practice in risk management.

### Risk appetite

The Trust defines its risk appetite as the amount of risk it is prepared to accept, tolerate, or be exposed to at any time, in the context of the highly specialised services the Trust offers. The Board is committed to doing everything possible to reduce risk for children and to deliver high-quality, efficient and effective care.

The Board has approved a risk appetite statement. Consideration is given to the environment in which we operate alongside a review of the Trust strategy and the priorities cited. The appetite statement is currently under review and scores relevant to the level of risk are being added for purposes of identifying and tracking progress with mitigating the strategic risks in the BAF.

The Board recognises the Trust delivers clinical services and research activity in a high-risk environment. The delivery of GOSH's strategic objectives and its relationships with its patients, the public, funders and other strategic partners determines the Trust's long-term sustainability. As such, the Board has agreed that the Trust has a low appetite overall for risks relating to its

clinical service and research delivery and safety and compliance objectives, including preventable patient harm and public and employee health and safety. The Trust is open to innovative practice (clinical, operational and commercial) within a governance framework where risk assessments (clinical, ethical, financial, data and multi-disciplinary) are undertaken and actions implemented.

### Identification, evaluation and control of risk

The Trust's Assurance and Escalation Framework presents a single, comprehensive overview of the governance and assurance structures and systems through which the Trust Board and other stakeholders receive assurance. The Trust routinely reviews and reports this assurance through key governance processes and frameworks including:

- The Performance Management Framework. This is the most significant of the Trust's frameworks and policies that outline how the Trust's performance objectives and standards will be met, reviewed and managed.
- The Trust's Risk Management Policy (see above) sets out how the organisation identifies, monitors, escalates and manages risks in a timely fashion and at an appropriate level. Further detail on the identification and evaluation of strategic and local risks is provided below.
- The Trust has a comprehensive and integrated Compliance Framework which seeks to ensure ongoing compliance with statutory and regulatory requirements through integrated, rigorous and proactive structures, policies and practices. It ensures appropriate controls are in place to maintain compliance with statutory and regulatory requirements and that external guidance and alerts are considered in a full and responsive way.
- The policy framework provides for clear and accessible policies, procedures and guidelines to support staff in undertaking their duties in a safe and effective way, taking account of all relevant legislation, regulation and guidance. The Trust's policy framework is administered by the Policy Approval Group (PAG) and monitored by the Risk Assurance and Compliance Group (RACG).
- The Trust's committee structure, developed from the Trust Board down, is under review to ensure each committee or group has a clear purpose, scope and authority. Some committees have statutory functions, others have authority to make decisions and direct actions, while others provide advice, support and oversee specific functions.



### Identification and monitoring of strategic risks

The Trust's Board Assurance Framework (BAF) is used to provide the Board with assurance that there is a sound system of internal controls to manage the risks of the Trust not achieving its strategic objectives. The BAF records information about the controls in place to manage key risks and details the evidence they are operating effectively. The BAF includes cross-references to assurance obtained from internal and external audits and self-assessments of compliance with other regulatory standards. It has been monitored and updated throughout the year.

The RACG reviews all strategic (BAF) risks on the assurance framework (including the related mitigation controls and assurance available about the effectiveness of the controls). This includes testing the robustness of the controls through analysis of available outcome data, external assurance reporting and the application of governance processes.

The Audit Committee, QSEAC, PEAC and FIC scrutinise the BAF risks relevant to their remits on a rotational basis and at least annually. These assurance committees look for evidence the controls are appropriate to manage the risk, and independent assurance the controls are effective. They monitor progress with actions to reduce or remove control or assurance gaps.

At the annual Board Risk Management meeting held in December 2022, the Board reviewed the effectiveness of its controls in place for the Trust's strategic risks and considered the connectivity and interdependencies between risks (which means that if one risk materialises it can cause other risks on the register to materialise) The Board also invited external speakers to present on patient safety and risk matters relevant to paediatric and wider healthcare. The Trust's Internal Auditor presented an audit of Strategic Risk Management and the Board Assurance Framework in January 2022 and provided an assurance rating of 'Significant Assurance'. Six low-rated key findings were identified in the audit and all actions have been completed. These included establishing periodic monitoring of KPIs for each BAF risk and recording connections between BAF risks to support prioritisation/monitoring of these risks.

In 2022/23, all risks were reviewed by the RACG, assurance committees and Trust Board.

#### Reframed BAF risks 2022/23

During the year, the following BAF risk statements were reframed to better describe the risk to delivery of the Trust strategy (new risk statements in brackets):

- **Financial sustainability:** Updated the explanatory detail behind the risk (Failure to continue to be financially sustainable).
- **Culture:** There is a risk that GOSH fails to develop a culture where our people are well led, well managed, supported, developed and empowered to be their best.

#### Removed BAF risks 2022/23

The following risks were removed from the BAF:

- **GOSH Strategic Position** (Failure to optimise the Trust strategy under current and future NHS, financial, political and social frameworks.). This risk was refocused on the risks related to working within a local NHS operating framework (see below).
- **Service transformation** (Failure to embrace service transformation and deliver innovative, patient centred and efficient services.). This risk is in the process of being reframed for 2023/24.
- **Information Governance:** Most of the risk had been mitigated and the risk was reframed accordingly, removed from the BAF and added to the trust-wide risk register for ongoing monitoring.

#### New risks added to the BAF in 2022/23

New risks were added to the BAF on:

- **The Integrated Care System:** Reduction of the Trust's ability to maintain highly specialised services for patients nationally and internationally and deliver its strategy 'Above and Beyond' while participating fully in the North Central London Integrated Care System because of NHS system complexity, localised delivery of healthcare and an evolving statutory environment.
- **Climate Emergency:** The Trust fails to deliver on its commitment to deliver a net zero carbon footprint, which is fundamental to fulfilling the Trust's Climate and Health Emergency declaration.
- **Mental Health:** A lack of strategic focus on the delivery of mental health services at GOSH contributes to inequitable access to safe, effective care for children and young people with psychological needs.

### Identification and monitoring of local risks

Each directorate and department is required to identify, manage and control local risks, whether clinical, non-clinical or financial, to provide a safe environment for patients and staff and to reduce unnecessary expenditure. This ensures the early identification of risks and the devolution of responsibility for management of risks to staff at all levels of the organisation. In practice, this is achieved through the involvement of staff in risk action groups, risk training and other development work delivered by the Quality, Safety and Safety Surveillance teams.

Risks are identified through the assessment of diverse sources of information such as:

- Formal risk assessments
- Audit data
- Clinical and non-clinical incident reporting
- National patient safety alerts and field safety notices
- Complaints
- Claims
- Inquest conclusions, including Prevention of Future Death reports issued to other organisations
- Patient/user feedback
- Freedom to speak up reporting/whistleblowing
- Identification and escalation through management committees and strategic planetary boards
- Information from external sources on issues which have adversely affected other organisations
- Horizon scanning and safety intelligence gathering
- The work of the Safety Transformation Board
- Operational reviews
- Regulatory and accreditation oversight through formal programmes/licence oversight
- Use of self-assessment tools
- Mortality reviews - identifying learning points from any potentially modifiable factors.

Further risks are also identified through specific consideration of external factors via progress with strategic objectives and other internal and external requirements and imperatives to which the Trust is subject.

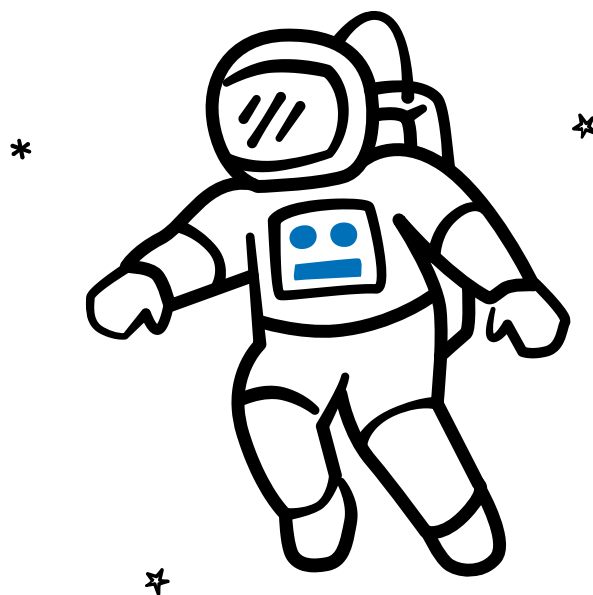
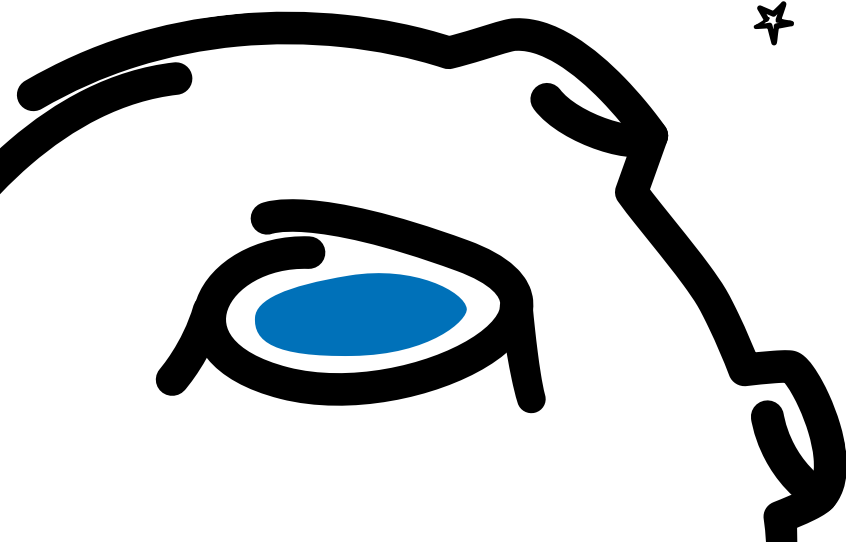
Risks are evaluated using a '5x5' scoring system to assess the consequence and likelihood of the risk occurring. Assessments are made as to whether the prioritised risks are acceptable and where responsibility for oversight of the risks should lie i.e., at local or Trust level.

Control measures aimed at both prevention and detection are identified, to either reduce the impact or the likelihood of the risk. An assessment is then made of the effectiveness of the control on reducing the risk score. A designated individual is responsible for monitoring, reviewing and reporting on the effectiveness of the control in place and actions taken to mitigate the risk to an acceptable level where it is capable of closure. Risks and controls are evaluated according to a set review frequency, set out in the Risk Management Policy. Higher rated risks which do not progress to reduction and closure within a reasonable period, or where a high rating appears static, are regularly considered by the executive-led Risk Assurance and Compliance Group, in partnership with the risk owner. There is regular oversight of longstanding risks at the Operational Board.

### Principal risks in 2022/23

The principal risks identified during 2022/23 are outlined below. All of these risks continue to be monitored and mitigated on the BAF in 2023/24.

- Medicines management – Ongoing management of compliance in line with statutory and regulatory guidance and work on the governance structure.
- Estates' compliance – Maintaining compliance against standards and best practice.
- Operational Performance - Exiting Covid, prioritisation of waiting lists and the impact of industrial action on delivery of services.
- Business continuity – The impact of rail and staff industrial action and the cost of resources because of high inflation on delivery of services and critical functions.
- Cyber security - Increasing threats to networks, systems and data from malicious cyber criminals.
- Financial sustainability – In a changing NHS which is exiting Covid while simultaneously managing backlogs of patients, the cost-of-living crisis and implementation of the new NHS commissioning framework.



These risks are broken down into component parts covering their different drivers, with appropriate mitigating actions for each component. A summary of these four risks and the mitigations in place to manage them are outlined below

Risk	Explanation	Mitigating actions implemented and underway
<b>Medicines management</b>	Medicines are not managed in line with statutory and regulatory guidance (procuring, storing, prescribing, manufacturing, and giving of medicines -including self-administration) and processes are not appropriately documented or monitored.	<p>The Medicines, Therapies Oversight and Assurance Committee (MTOAC) seeks assurance of the safe management of medicines, with committees such as the Drugs and Therapeutics Committee reporting to it.</p> <p>Medicines are dispensed by pharmacy staff and there is now a programme of training and competence assessment in the dispensary.</p> <p>A pharmacy and Use of Medicines Recovery Programme has been established. A review of team resourcing and leadership has been conducted and is being implemented.</p> <p>Medicines Formulary and Medicines Guidelines are in place. Medicine management policies are updated and cascaded.</p> <p>Following ongoing scrutiny by the MHRA, the parental nutrition (PN) manufacturing service remains under scrutiny with a pause to the service to enable improvements to its quality assurance programme and training. Risk assessments are in place to establish access to external PN products.</p>
<b>Operational Performance</b>	The trust is unable to deliver normal services and critical functions during and after periods of significant disruption, with particular emphasis on delivery of services following the Covid-19 pandemic and staff strikes.	<p>The Trust has a Performance Management Framework process through which the performance of individual directorates and corporate areas under each of the CQC domains are reviewed and managed via the production of Monthly Directorate performance reports and the Trust-wide Integrated Quality Performance Report.</p> <p>A programme of work was implemented to respond to the delivery of services post-pandemic and the prioritisation of patients and services.</p> <p>Emergency planning was implemented for managing the impact of rail and staff industrial action on patients, families and staff (see page 34 for further information).</p> <p>There is continued monitoring of compliance against Referral to Treatment and Diagnostic and Cancer standards in the context of implications arising from clinical prioritisation plans. This includes:</p> <ul style="list-style-type: none"> <li>• Patient Tracking List (PTL) meetings – Challenge sessions held weekly with all clinical areas, reviewing patients waiting for treatment or diagnosis (supported by weekly PTL meetings in the local directorate teams). Supported by speciality level action plans.</li> <li>• Review of long waiters – Regular consideration of long waiters to ensure treatment plans are in place.</li> <li>• Demand and capacity modelling of activity in the hospital and theatre and bed capacity.</li> <li>• Capturing the clinical prioritisation of patients to ensure they are seen within relevant timeframes.</li> <li>• Daily Site Monitoring – GOSH site reporting monitors hospital capacity, activity, and trends.</li> <li>• Cancellation Analysis – Analysis of last-minute cancellations by the hospital to understand and learn how to avoid these in future.</li> <li>• Individual directorate meetings with those clinical areas which are not achieving trajectory.</li> <li>• Implementation of a theatre scheduling programme.</li> <li>• A recovery plan is in place to manage long waiters as well as Referral to Treatment (RTT) and diagnostic performance.</li> </ul>

Risk	Explanation	Mitigating actions implemented and underway
<b>Business continuity</b>	Business continuity management plans are insufficiently robust and understood to support delivery of services and critical functions.	<p>The Emergency Planning Group meets quarterly to oversee management of the business continuity plan and emergency preparedness for the Trust.</p> <p>Each department/service has completed a local business continuity plan and these are signed off and then reviewed by the Emergency Planning Group annually, or when there are significant changes to the service or estate. Best practice examples are shared during annual reviews.</p> <p>The Emergency Planning Officer works with the Health and Safety team to ensure any incidents with a business continuity element are reviewed/closed on Datix.</p> <p>A robust emergency planning training program is in place to raise awareness across the Trust of how staff should respond in an emergency. There is an 'Emergency Preparedness' section on the Intranet outlining the training available and other key information.</p> <p>Emergency planning was implemented to manage the impact of rail and staff industrial action on patients, families and staff (see page 34 for further information).</p> <p>GOSH was rated as 'Fully Compliant' for the EPRR core Standards annual assurance by NHS England for 2022. This year's review will take place in September 2023.</p> <p>A review of existing business continuity plans and a horizon scan of possible business continuity key learning is reviewed and taken to the emergency planning group for wider discussion.</p>
<b>Estate compliance</b>	Maintenance of the estate against standards and best practice.	<p>Significant additional resources have been introduced across the Space and Place Directorate. The leadership team is overseeing the stabilisation and recovery of the department, including a structured approach to developing a compliant estate.</p> <p>Space and Place continue to embed a fit for purpose governance structure, which includes a monthly Oversight Committee and an Assurance and Compliance Committee.</p> <p>The Estates Compliance and Estates Maintenance teams have been brought together to enable collaborative working, ensuring full objectivity and clear roles, responsibility and accountability.</p> <p>We are implementing a recruitment strategy to ensure Estates have access to a quality talent pool and engage in succession planning.</p> <p>A critical infrastructure review was completed, and this informed the development of a 10-year Estates Capital Plan. This plan represents a risk-based approach to the upgrade of the estate's infrastructure, including statutory and regulatory compliance, planned preventative maintenance and asset replacement.</p> <p>The 10-year capital plan includes an allowance for the implementation of a modern fit-for-purpose Building Management System (BMS). The new BMS will include the replacement of controllers to allow the monitoring of critical infrastructure assets, including a robust alarm/alert protocol.</p> <p>Space and Place is rolling out a robust Computer Aided Facility Management (CAFM) System. Key benefits include the ability to streamline and automate a wide range of tasks, such as scheduling maintenance work, tracking inventory and managing service requests.</p> <p>The development of the CAFM system and BMS also provide valuable insights and data analytics that will help identify trends, optimize resource allocation and improve decision-making.</p> <p>A Mandatory Premises Assurance Model (PAM) was fully developed and approved by the Trust Board in August 2022. No areas were deemed 'inadequate' and an action plan is in place where moderate and minimal improvements were required.</p> <p>A process is in place to respond to the annual Estates Return Information Collection (ERIC) via NHS England and provide assurance that soft and hard facilities management services are being deployed efficiently and the cost represents value for money. The submission is due in June 2023.</p> <p>We continue to undertake risk assessments and planning to meet sustainability targets across the estate.</p>

Risk	Explanation	Mitigating actions implemented and underway
<b>Cyber Security</b>	The risk that technical infrastructure at the Trust (devices, services, networks etc.) is compromised via electronic means. The risk posed by national and international cyber threats.	<p>The Information, Communication and Technology Committee (ICT) oversees cyber security at the Trust and provides assurance to the Audit Committee that robust controls are in place and actions are being closed in a timely way. The Audit Committee sought assurance throughout the year of progress with the cyber security programme, including assurance of the security of the network, servers and endpoints</p> <p>The ICT governance framework has been reviewed. Policies and procedures are in place around the use of ICT equipment, disposal of equipment and incident response and disaster recovery. Processes are in place to risk assess and manage suppliers, ensuring appropriate data protection and cyber security assessments are undertaken.</p> <p>Real time monitoring of the boundary is undertaken, responding to and reporting on national and international cyber threats.</p> <p>Regular simulated phishing exercises take place, with supporting education and training to help staff keep our systems and data safe.</p> <p>A regular external review and testing process is in place to provide additional assurance around our cyber security risk.</p>
<b>Financial sustainability</b>	Failure to be financially sustainable and deliver productivity and efficiency targets and International and Private Care (I&PC) income plans.	<p><u>NHS monies</u> Contracts are negotiated in conjunction with system partners to ensure funding is agreed in line with national guidance. There is ongoing engagement with the following bodies to develop an appropriate funding base for complex paediatric care: -</p> <ul style="list-style-type: none"> <li>• NCL Integrated Care System.</li> <li>• NHS England national and regional pricing team.</li> </ul> <p>The Trust is a member of external forums to influence future funding mechanisms for complex paediatric care in the context of the proposed devolution of specialized commissioning funds. Work is continuing with commissioners to support the implementation of newly approved treatments and care pathways.</p> <p>The Trust implemented a Performance Management Framework (PMF) to monitor operational and financial performance monthly across operational and corporate teams.</p> <p>A Recovery and Transformation Plan has been developed for 2023/24, including robust Cost Improvement Plan targets.</p> <p>Financial governance and reporting processes were maintained in line with the Standing Financial Instructions and Scheme of Delegation to ensure appropriate oversight of spend.</p> <p><u>International, Private, other commercial and Charitable monies</u> The Trust and Charity continue to review the requirements for Charity funding to support key capital projects, research and revenue projects supporting families, patients and staff. The Children's Cancer Centre is a major capital project majority funded by the Charity.</p> <p>The Trust continues to monitor and actively collect the debt for non-NHS and private patients. Closer working with International and Private Care (I&amp;PC) is in place to collect I&amp;PC debt where governance and processes can have an impact on timeliness of payment.</p> <p>Global events have had a detrimental impact on the level of private income we receive through I&amp;PC. A recovery plan is in place. The Trust has both a Commercial and a Clinical Innovation Director who are focused on developing relationships with partner organisations across the world and leveraging resources/income for the Trust. They will ensure intellectual property arrangements are in place and are working closely with I&amp;PC to re-establish its position in the market after the Covid-19 pandemic.</p>

### **Involvement of stakeholders in risk management**

The Trust recognises the importance of involving stakeholders in ensuring patient safety events are avoided and patients, visitors, staff, contractors and other members of the public are not exposed to any unnecessary risks or hazards.

Risks are assessed and managed to ensure the Trust's systems reflect consideration of all stakeholder interests. Stakeholders are also involved in the Trust's risk management process where appropriate. For example:

- Patient views are obtained through the Patient Advice and Liaison Service (PALS).
- Patient representatives are involved in Patient-Led Assessments of the Care Environment (PLACE) inspections.
- The Young Person's Forum has a wide membership of patients, who participate in the development of initiatives and co-produce strategies with Trust teams, including those aimed at improving safety, quality and the patient experience.
- There are regular discussions of service issues and other pertinent risks with commissioners and the Clinical Quality Review Group, which includes membership from the Integrated Care System.
- Staff are involved in strategic planning groups with the North Central London Integrated Care System, commissioners and other healthcare providers.
- The Trust Board receives patient stories at every Board meeting and tracks learning and actions agreed from these stories via QSEAC.
- PEAC receives staff stories and tracks learning and agreed actions.
- Non-executive directors undertake 'walkarounds' with teams prior to Board meetings and report their findings at the meeting.
- Regulatory and compliance reports about GOSH and other healthcare services are considered, monitored and cascaded.
- Advice is sought from various external stakeholders, including experts and lawyers.
- The Board agreed a Board development programme which includes presentations from external speakers on risk related topics.
- Governors observe Board assurance committees to seek assurance of how clinical and non-clinical risk is scrutinised and mitigated.
- The Trust is establishing processes for working with patients to review and investigate patient safety risks and incidents.

### **Internal audit function**

The Trust contracts with KPMG LLP for its internal audit function. All internal audit reports are presented to the Audit Committee, with reports relevant to QSEAC and PEAC reported as required. Further information about internal audits can be found on page 139. KPMG appraises the Audit Committee and other assurance committees of progress with the adoption and closing of identified internal audit management actions. RACG monitors responses to internal audit recommendations and ensures that these recommendations are responded to and closed within the stated timescales.

### **Workforce safeguards**

Above and Beyond (our five-year strategy to 2025) guides GOSH as we advance care for children and young people with complex health needs. It is based on six principles, one of which is 'Above and Beyond in our culture'. By 2025, the aim is for GOSH to be a tolerant, inclusive, open and respectful place where staff are valued for who they are as well as what they do. Our people will enjoy coming to work and will live the GOSH Always Values: Always Kind and Welcoming, Always Helpful, Always Expert and Always One Team. We will form strong, supportive multi-disciplinary teams in which everyone has the freedom to learn and contribute and no-one is afraid to speak up.

The GOSH People Strategy was launched in 2019 and its purpose is to bring together all the people-related issues and activities to provide visibility and ensure they are aligned and coordinated. The strategy will be refreshed during 2023 to build on the work of the first 3 years and will focus on the following four themes:

- Building a sustainable workforce (Recruitment, retention, and workforce planning)
  - Skills and capabilities
  - Processes, systems and Infrastructure
  - Culture and Engagement
- A plan is in place to deliver the strategy based on distinct workstreams. These include:
- Amplifying the employee voice and improving internal communications.
  - Investing in the role and capability of our leaders and line managers.
  - Strengthening the support available from HR Business Partners and wider HR.
  - Improving core HR processes related to pay and employment.
  - Providing a holistic approach to health and wellbeing.
  - Ensuring staff have access to financial support and wellbeing tools.
  - Delivering our diversity and inclusion framework priorities.
  - Reviewing our approach to reward and recognition.

We have implemented work programmes as defined in two frameworks: Seen and Heard, to support work for diversity and inclusion, and Mind, Body and Spirit, for staff health and wellbeing.

Assurance against our workforce strategies is provided by the following groups and committees:

- The People Planet Programme Board, which reports into the executive led Above and Beyond Oversight Group, which monitors implementation of the Trust's strategy.
- GOSH Learning Academy Programme Board.
- Nursing Board.
- Nursing Workforce Assurance Group, which reports into the Nursing Board.

PEAC seeks assurance that the necessary structures and processes are in place to deliver the Trust's vision for a supported and innovative workforce and an excellent learning environment.

The Trust undertakes workforce planning as part of its business planning and operational activity in support of the Trust's strategic

approach to its workforce. The assessment is informed by levels of activity, safe staffing requirements and finance planning to establish demand requirements at project outline document/specialty level for future years. National, international and local drivers are also considered in the drawing up of plans. A gap analysis, in conjunction with a risk analysis, is carried out to support the Trust's business plans and meet the level of anticipated demand. A vacancy control panel reviews these risk assessments and challenges new appointments. New positions and business developments identified through this process are aligned with our operational plans. The Trust emergency management framework was used to manage the response to staff strikes during the year.

Business developments, within or outside the activity planning cycle, are subject to scrutiny by clinical and corporate professionals to ensure business plans are fit for purpose and have taken account of risks and mitigations, including downside strategies and potential improvements/reductions in quality and outcomes. Organisational change across the Trust is subject to similar considerations, prior to and during consultations. Workforce implications are considered in a similar way and are supported by equality impact assessments before final decisions are taken.

The Trust recognises the challenging financial environment it must adapt to and, as such, stresses quality and workforce risk as an integral part of its Better Value programme. Proposed schemes, during scoping and throughout the programme, have an associated Equality and Quality Impact Assessment (EQIA) undertaken to address the consequences and likelihood of risks occurring.

The Trust Board regularly receives workforce analysis, key performance indicators and benchmarked metrics, including staffing profile, voluntary and non-voluntary turnover, sickness, agency use (as a percentage of the pay bill) and vacancies. Monthly directorate performance reviews are executive-led and consider this workforce data at a drill-down level in conjunction with finance, activity and quality data to identify themes or impacts on service delivery. In addition, other quality metrics such as staff survey results are reported to the Board, Executive Management team and at directorate performance meetings, to give an overall picture of workforce issues within each directorate, including cultural and leadership issues. In 2022, the Equality and Diversity Annual Report was presented to the Trust Board and to PEAC, which set out the Seen and Heard framework on

workforce demographics as well as progress against the Diversity and Inclusion published data sets, including the gender pay gap and WRES and WDES.

Nurse recruitment and retention workstreams are overseen by the Nursing Workforce Assurance Group, which reports to the Nursing Board. The nursing workforce is further supported through participation in NHSE retention work, a nursing retention plan and our continued support for international recruitment and apprenticeship programmes. Work on daily operational safe staffing requirements is led by the Heads of Nursing, supported using Safecare (a live digital system that supports deployment of staff across wards). Alignment to safe staffing requirements is led by the Assistant Chief Nurse (Workforce) with executive oversight and responsibility held by the Chief Nurse.

Services, specialties and directorates hold risk registers which are reviewed and updated to provide a feedback mechanism for Trust risk registers. Trust-wide strategies to mitigate workforce risks are formulated.

The Trust's Nursing Board monitors safe staffing at GOSH and provides assurance to the People and Education Assurance Committee (PEAC) and Trust Board via quantitative and qualitative workforce data and metrics. These include statutory and mandatory training compliance, appraisal rates, temporary staffing spend, annual staff survey and pulse survey results, quality metrics, such as patient feedback, and serious incidents.

Other means of assurance include:

- Monthly Nursing Workforce Assurance Group reviews on all aspects of the nursing workforce, including performance against workforce metrics, reviews of safe staffing incidents, rostering compliance, planning and recruitment pipelines, review of retention issues, temporary staffing usage and benchmarking of Care Hours Per Day (CHPPD).
- Biannual Staffing Establishment Reviews, which report to the Nursing Board to ensure we are maintaining safe staffing levels and adhering to National Quality Board workforce safeguards.
- The Guardian of Safe Working also reports quarterly to the Board about safe working practices for junior doctors.
- Safe staffing meetings and bed management meetings are held twice a day. Any issues of safety relating to staffing are notified to the Executive Management team via the weekly safety report.



2022/23 saw us move from a focus on managing through Covid to ensuring that we make GOSH a great place to work and that our staff are supported and able to deliver the excellent patient care we are so rightly proud of.

<p><b>Staff health and wellbeing</b></p>	<p>The work to implement our Mind, Body and Spirit Framework, supported by the Health and Wellbeing Steering Group, has continued at pace with our wellbeing hub and improved staff communications. During the year we introduced:</p> <ul style="list-style-type: none"> <li>• Financial support through a hardship fund to support GOSH staff with unexpected expenses.</li> <li>• Breakfast and evening meals for staff in the Lagoon (see page 23).</li> <li>• A dedicated advisor from Citizens Advice Bureau on-site 2 days a week.</li> <li>• Other health and wellbeing support, such as the delivery of a bespoke GOSH training programme for managers on self-care and having high-quality health and wellbeing conversations with their teams.</li> </ul> <p>The Health and Wellbeing Team hosts regular Health and Wellbeing ‘pops ups’ in the staff canteen, directly connecting staff and Health and Wellbeing services, and monthly Menopause Café events designed to offer support and raise awareness. We will also introduce a targeted approach to wellbeing support aligned to teams at high risk of ‘burnout’.</p> <p>We’ve refreshed and relaunched our GEMS staff awards (GOSH Exceptional Member of Staff). GEMS awards bring together nominations received via the PRAISE platform and are awarded each month to one individual and one team who live our values and go above and beyond for their colleagues, our patients or their families.</p>
<p><b>Driving a culture of inclusivity</b></p>	<p>The Seen and Heard framework includes implementation of a culture change programme around respect and civility, which will lead to a GOSH Respect and Civility toolkit for all staff to access and use.</p> <p>Our Apprenticeship programme has developed and grown. Over 50% of more than 235 apprentices are from minority ethnic backgrounds, increasing the diversity of our talent pipelines. We now have more than 37 different types of apprenticeship available and high retention and completion, enabling career progression.</p> <p>Our Staff networks have a renewed leadership structure which is clear about roles and responsibilities, and they have developed their connections with Trust Executive team leads.</p> <p>In the coming year we will drive the changes we need to ensure fair and inclusive recruitment and selection processes, including continuing to train managers using the de-biasing recruitment e-learning module and having Seen and Heard Champions on all senior recruitment panels.</p> <p>Our Leadership and management development training programmes will be reviewed with a golden thread of inclusive leadership running through each module alongside standalone D&amp;I training.</p> <p>To support greater levels of career progression we will introduce reverse mentoring to specifically support staff who feel less heard.</p>
<p><b>Use of Temporary staff</b></p>	<p>Agency usage is a workforce KPI reported to the Trust Board through the Integrated Quality Performance Report, as well as at directorate Performance Review Meetings. The Trust also reports externally to NHSI on agency usage on a weekly basis. Although Bank does not have a target, it is a focus for delivering Better Value for the Trust by ensuring requests are used appropriately.</p> <p>HR Business Partners work with directorates to establish plans to recruit to permanent roles, replacing agency staff.</p> <p>GOSH is a member of the NCL Temporary Staffing programme – which aims to develop consistent, streamlined approaches to managing temporary staffing. As part of this programme GOSH has participated in a tender process with four other NCL trusts to procure a provider for Nurse Bank management.</p>
<p><b>Retention of staff</b></p>	<p>We have seen an increase in turnover during 2022/23 and expect to finish the year at the Trust target of 14% voluntary turnover. While our specialist position as a central London paediatric centre of excellence will lead to some staff seeking to learn from us and then move on to other roles, we are keen to help staff choose GOSH and develop long and meaningful careers with us.</p>

### Trust quality governance arrangements

The Trust places a high priority on quality, measured through clinical outcomes, clinical audit and patient safety experience indicators. The Board is committed to placing quality and safety at the top of its agenda, to encourage continuous improvement in safety and quality and to establish mechanisms for recording and benchmarking clinical outcomes.

### Governance structure

There is clear accountability at Board level for safety and clinical quality objectives and structured reporting of performance against these objectives.

- Under the stewardship of the Chief Medical Officer, quality improvement at the Trust is part of the remit of the Quality team and incorporates clinical audit, quality improvement facilitators and analysts and clinical outcomes.
- Executive oversight of patient experience and engagement is through the Chief Nurse who, with the Chief Medical Officer, ensures an organisation-wide approach to delivery of the quality governance agenda. They are supported in this work by a number of senior roles, including the associate medical directors for patient safety and wellbeing, leadership and improvement, the heads of quality and patient safety, the head of patient experience, the director of safety surveillance, the deputy chief nurse and the director of nursing – corporate.
- Working with the clinical directorate leadership teams, and in particular the deputy chiefs of service, the aim is to continue to develop a culture of continual identification of learning from events and make changes that are effective, sustainable and improve the quality of the service and experience of our children, young people, and their families.
- The Quality Improvement specialists at GOSH work to support, enable and empower teams to continuously improve the quality of care provided to patients across the Trust. They are assigned to work with individual Directorates in a QI Business Partner capacity to ensure the needs of individual Directorates are understood and supported through an integrated Quality Improvement Programme.



## Quality and safety strategies and Patient Experience Framework

The following strategies and frameworks set the quality, safety and experience agenda for the Trust:

### Quality Strategy (2020-2025):

Our ambition is to support and nurture GOSH in its quality journey, advancing improvement, assurance and innovation for exemplary patient care and experience. To deliver on our strategy, our intention is to link to other services and teams, working collaboratively to maximise our ability to fulfil our aims while supporting the wider organisation to achieve its goals and objectives.

### Safety Strategy (2020-2025):

Patient safety is one of the cornerstones of high-quality healthcare. Our intention is to cultivate and nurture a just, kind and civil safety culture that supports the reduction of avoidable harm to children and young people with complex health needs and empowers our staff to continuously and consistently learn and improve our care processes.

### Patient and Family Experience and Engagement Framework (2021-2024):

This guides the work of everyone in the Hospital to make sure patients and their families are at the heart of everything we do. It sets out our ambition for Great Ormond Street Hospital to make the experience of children, young people and families out of this world through:

- **Caring and Respecting:** We will ensure patients and their families feel safe, supported and well cared for by staff who treat them with kindness, compassion, understanding and respect.
- **Listening, Engaging and Improving:** As world leaders in engaging innovatively with children, young people and their families, we are working towards collaborative improvement in the experience of our patients and families.
- **Accessibility:** We will develop, enhance and expand existing and new initiatives to improve experience for patients and families through technology, effective use of resources and partnerships with others

The framework takes into consideration the Patient Experience Improvement Framework produced by NHS Improvement, feedback from patients, families and our staff, and other internal strategies

### Monitoring and reporting

The delivery of high-quality care and highly specialised services in a complex healthcare environment requires good processes for the early identification of potential risks, early intervention and robust arrangements for ongoing review. It also needs accountability at the correct level of the organisation to ensure effective and timely resolution.

Each specialty and clinical directorate has an internal monitoring structure so teams can regularly review their progress and identify areas where improvements may be required.

Each directorate's performance is considered at monthly performance review meetings.

Key quality and performance indicators are presented monthly to the Trust Board. The report includes progress against external targets, internal safety measures, operational efficiency/process measures, well-led and other clinical quality measures. These include complaints, incidents and reports from specific quality functions within the Trust, such as PALS. It also includes external indicators assessed and reported monthly by the CQC. The report is aligned to the CQC key lines of enquiry: *Safe, Effective, Caring, Responsive and Well Led*. It asks the question: are our patients receiving high-quality care?

The Board receives a regular update on current and ongoing concerns which the organisation is managing. This covers cases where the Trust has caused harm or potential harm to patients; the delivery of services has not met requirements; a difficult

working culture has been created for staff; patients and their families are worried; delivery of our strategy is threatened or regulatory action might result. Examples include:

- Learning from individual patient and staff cases.
- Updates on progress with actions arising from externally led inspections, such as the MHRA inspection into manufacturing in the pharmacy department.

Risks to quality are managed through the Trust risk management process, which includes a mechanism for escalation. There is a clear structure for following up and investigating incidents and complaints and disseminating learning from investigations.

Quality, Safety Outcomes and Compliance Committee (QSOCC) monitors and oversees the completion of actions and learning identified through patient safety investigations, complaints, harm, legal cases and learning from deaths. It has proved invaluable to cascading learning.

The Managing Internal and External Review standard operating procedure provides a clear process for approving a review (internal or external). It also sets out the scope of the review to ensure it is fair and proportionate, staff are supported during the process, robust governance arrangements are in place and recommended actions are implemented in a timely and appropriate way.

## Quality assurance and improvement

We know from benchmarking data, adverse events and local audits that we are not consistently delivering the same standard of care for every patient every time. Reliably implementing best practice remains a challenge across the NHS, sparking a number of initiatives, including audits and peer reviews, inspection, mandated monitoring and the National Getting it Right First Time (GIRFT) programme.

We have already done significant work supporting clinical services in GOSH to define the standards against which performance can be judged. These standards arise from regional, national and international practice guidelines and include clinical outcomes, patient reported outcomes, patient experience measures and staff related outcomes.

In the past year the GOSH nursing team (with support from the Quality Improvement team) has developed a Ward Accreditation Programme. It is a structured method for self and peer review of ward processes that we aim to test, refine and roll out over the next 12 months. The programme will be aligned to other quality assurance processes, triangulating different sources of data to highlight areas for improvement.

All quality improvement (QI) projects are monitored through QI project dashboards, which are reviewed for improvement or deviation by the steering group for each project.

Our ambition around quality assurance and improvement continues through plans to:

- Support the training and development of colleagues across GOSH, mentoring front line staff with work to build confidence and the ability to deliver positive change. The objective for 2022/23 is to focus on raising awareness of quality management among GOSH staff from Board to ward.
- Continue benchmarking both internally and externally with national and international partners.
- Identify and reduce sources of unwarranted variation to pathways and workflows utilising the in-house developed Standard Work framework.

## Never Events

The Trust declared one Never Event in 2022/23. It related to the placement of an incorrectly sized gastro-jejunal tube, which was realised after the patient returned to the ward. A second procedure (non-GA) was required to replace the incorrectly sized tube. Multiple lessons were learned during the investigation, including the need for a robust checking procedure for all medical devices in the Interventional Radiology theatre and the review of consent processes. All but one action as a result of the recommendations has been completed to improve patient safety. The remaining action involves a change in configuration of the Epic patient record system, and this is underway.

Never Events are always investigated as Serious Incidents, in line with the NHS Serious Incident Framework, and the Trust closely monitors the completion of recommended actions.

## Data quality

Data underpins all that we do at GOSH, from each patient's journey through the hospital to the running of our theatres and wards, and ultimately feeding the research that helps inform new medical developments. We see it as imperative that we do all we can to ensure the best quality of that data, as mistakes, errors or omissions can impact every aspect of this work. Our vision is that we should strive to ensure data is correct and complete at the time of entry, that we check the quality of data through our processes, and we enhance it where appropriate. We aim to ensure that data, wherever it is needed by our staff, partners or patients, is as accurate as possible.

Data quality governance is managed through the Data Quality Review Group, which sits monthly and reports to the Information Governance Steering Group.

The Epic electronic patient record system is the core "system of record" for patient data in the Trust. As an integrated system available and updated live throughout the hospital, it drives a data quality agenda. We continue to develop improvements in this through:

- Careful monitoring of data quality by our Data Assurance Team and Data Quality Manager, who carry out daily checks and regular data quality audits. This process feeds back to adjust processes in the hospital, adapt Epic configuration and provide training for staff to continually improve data quality.
- Legacy system replacement, where practical incorporating the functionality into the Epic system.
- Removal of manual off-system records, which helps drive all users to ensure data is correct in Epic.
- Enhanced interactive reporting to help users across the hospital engage and better understand their data. This feeds back to improved data entry.

Information on our operational performance against national treatment standards can be found on page 35. The Trust Board receives the latest data on operational performance and quality/safety matters at every Trust Board meeting via the Integrated Quality and Performance Report (IQPR). This is part of an integrated framework of metrics that are used to run the hospital and include key national and statutory metrics. The IQPR went through a major revision in early 2022 to provide a clear and stable set of metrics for the Trust Board and Executive Management team through the 2022/23 fiscal year.

Early in 2022 the Trust identified an issue with open referrals to GOSH with no future activity, and, following an intensive programme, this has been largely resolved. Active monitoring of such referrals has now been embedded in business processes and the remaining outstanding cases are being followed up.

## Cyber security

We treat the confidentiality and security of data we hold with the utmost seriousness and have controls in place to ensure the security of data and access to it.

Through policies and security solutions (e.g., multi-factor authentication), we ensure access to data is only provided to those individuals who should be accessing it and that data, while held or communicated electronically, is secured using UK Government (NCSC) approved encryption standards. The Trust has solutions in place to detect any security related incidents and provide assurance that a robust and well managed process exists to respond to incidents.

GOSH continues to review, refine and improve its cyber security posture in line with the Data Security Protection Toolkit. Risks to information security and operational systems are managed in the same way as other Trust risks but are subject to separate evaluation and scrutiny by the ICT Board and the Information Governance Steering Group, with oversight by the Audit Committee.

See page 160 for information on compliance with the Data Protection Security Toolkit.



## Compliance with CQC registration

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC).

The Trust has identified an executive director and a manager who are respectively accountable and responsible for ensuring compliance with CQC registration standards. It is the responsibility of these staff to collate evidence of compliance and report this to the Risk Assurance and Compliance Group and QSEAC. Compliance with the CQC's assessment framework also underpins the work of the Good Hospital Group.

During the Covid-19 pandemic, the CQC paused its routine inspection process. Since then, it has resumed inspections with a more risk-based approach and a particular focus on Maternity, Emergency Departments and Mental Health services. With no further inspections having taken place at GOSH, the Trust remains rated 'Good', with both Effective and Caring still rated as 'Outstanding'.

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement ↓ Jan 2020	Outstanding → ← Jan 2020	Outstanding → ← Jan 2020	Good → ← Jan 2020	Good ↑ Jan 2020	Good → ← Jan 2020

The Director of Safety Surveillance and their team support oversight and preparation for assessment against the CQC's new single assessment framework (which will be implemented during 2023). They ensure processes in place are sustainable, with an emphasis on *Being a Good Hospital Every Day*.

## Ratings for Great Ormond Street Hospital for Children NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>Medical care (including older people's care)</b>	Good Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015
<b>Surgery</b>	Requires Improvement ↓ Jan 2018	Good → ← Jan 2018	Good ↓ Jan 2018	Good ↑ Jan 2020	Requires Improvement → ← Jan 2018	Requires Improvement → ← Jan 2018
<b>Critical care</b>	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Requires Improvement Apr 2015	Good Apr 2015
<b>Neonatal services</b>	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015
<b>Transition services</b>	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Requires Improvement Apr 2015	Good Apr 2015
<b>Services for children and young people</b>	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015
<b>End of life care</b>	Good Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015	Outstanding Apr 2015
<b>Outpatients</b>	Good → ← Jan 2018	Not rated	Outstanding → ← Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018

## NHSI well-led framework

The CQC rated the Trust as 'Good' for well-led in January 2020.

In 2021, the Trust commissioned an independent developmental well-led review of its leadership and governance, led by BDO and Arden & GEM. The review looked at governance and assurance and recognised the Board is well-managed and the quality of board and committee papers is excellent. The report highlighted the risk register and the risk appetite statement to be both good and comprehensive, detailing that they were adequately supported by effective active risk management at the Risk Assurance and Compliance Group (RACG). Further information can be found on page 75.

## Compliance with the foundation trust licence conditions

The Trust has reviewed its compliance with the NHS foundation trust licence conditions and, in relation to condition four, it has concluded it fully complies with the requirements and there are processes in place to identify and mitigate risks to compliance. No significant risks have been identified. Mitigations include:

- Governance structures, including clarity on the role of directors as outlined below and in the Accountability Report.
- Reporting lines and accountabilities.
- The Trust's assurance and escalation framework outlines the governance and assurance structures and systems through which the Trust Board and other stakeholders receive assurance.
- Submission of timely and accurate information to assess risks to compliance with the Trust's licence.
- The Board's oversight of the Trust's performance – as outlined below.

## Governance structure, responsibilities, and reporting

The Trust's committee structure has been developed, from the Trust Board down, to ensure each committee or group has a clear purpose, scope and authority. Some committees have statutory functions (for example the Trust Board, Health and Safety Committee and Infection Prevention and Control Committee), others have authority to make decisions and direct actions (for example the Executive Management team and Operational Board) while others provide advice, support and oversee specific functions.

The Trust has terms of reference and work plans in place for the Board, Council and relevant committees. The Board committees conduct annual effectiveness reviews on the delivery of their terms of reference and running of the committees, as reported in the committee annual reports. Findings are reviewed and, where appropriate, changes made to the terms of reference and workplans of the committees.

The Trust's assurance and escalation framework details how the Trust presents a single, comprehensive picture of its governance and assurance structures and systems through which the Trust Board and other stakeholders receive assurance.

During 2022/23 there were seven clinical directorates (six NHS and one for international and private care), each with a Chief of Service who held overall responsibility for their directorate. There was also a Deputy Chief of Service, who held responsibility for patient safety and quality, a Head of Nursing and a General Manager. The role and purpose of the Operational Board and Senior Leadership Team were reviewed in the second half of 2022

to ensure we were streamlining and appropriately managing communication throughout the organisation. The Operational Board (see page 142) meets fortnightly and is responsible for oversight of the delivery of clinical operational performance across the Trust.

The Senior Management Team (SMT) meets weekly as a hybrid meeting of around 35 senior managers from across the clinical and corporate areas of the Trust. SMT is an operationally focused group at which information is disseminated through the organisation and it is used to discuss operational performance and how we run the hospital.

The Senior Leadership (SLT) Team meets monthly and is open to a broader audience, predominantly of managers, from across the clinical and corporate areas of the Trust. This meeting is focused on the cascade of wider corporate messages within the organisation.

The Trust's risk management policy identifies the organisational risk management structure, processes, systems and roles and responsibilities of committees and groups that have some responsibility for risk (including the Board Assurance Framework). It also outlines the duties and authority of key individuals and managers regarding risk management activities and sets out the monitoring arrangements for oversight at different risk levels. The policy was reviewed and updated twice in 2022-23 to reflect evolving processes and management approaches, in anticipation of a more comprehensive review when the new risk management platform is in place.

The six priorities of the Above and Beyond strategy are represented as planets, each with a team and a planetary board responsible for delivering a set of key programmes and projects to take us to where we want to be in 2025. To maximise successful delivery of the Above and Beyond strategy, the Trust uses a portfolio management framework to provide a single, authoritative and up-to-date source of information on delivery of the various initiatives.

## Oversight of performance by the Board

The Board receives an integrated performance and quality report (IQPR) at every meeting. This report was subject to review during 2022/23, with the aim of rationalising the data reported at Board level and cascading different operational metrics through the hospital. Further information on the ways the Board retains oversight can be found under 'Review of economy, efficiency and effectiveness of the use of resources' below.

## Declarations of interest

The Foundation Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) in the past 12 months, as required by the Managing Conflicts of Interest section of the NHS guidance.

## NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations in the scheme regulations are complied with. This includes ensuring deductions from salary, that employer's contributions and payments into the scheme are in accordance with the scheme rules, and that members' Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations. Information about the Trust's approach

to management of the implications of the NHS Pension Annual Tax Allowance Threshold can be found on page 89.

### Equality, inclusivity, and diversity

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. The Trust has launched a Diversity and Inclusion Strategy, which focuses on ensuring all staff in the organisation can be seen and heard in all aspects of work, with a particular focus on progression and promotion. Further information can be found on page 102.

### Carbon reduction

The Foundation Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and any Adaptation Reporting requirements are complied with. GOSH recognises that climate change and environmental degradation pose a real, immediate and growing threat to human health and the climate and ecological emergency is a health emergency. As a result, in February 2021 the Trust became the first London hospital to declare a Climate and Health Emergency (CHE). A sustainability delivery and governance structure has been established to manage and monitor delivery of 10 sustainability programmes of work and progress towards our carbon targets. Further information is available on page 57.

## 4. Review of economy, efficiency and effectiveness of the use of resources

The Board has agreed standing orders and standing financial instructions which provide the framework for ensuring appropriate authorisation of expenditure in the Trust. The Board's processes for managing its resources include approval of annual budgets for both revenue and capital, reviewing financial performance against these budgets, and assessing the results of the Trust's cost improvement programme on a monthly basis. The Trust also has a prescribed process for the development of business cases for both capital and revenue expenditure and, where significant, these are reviewed by the Trust Board.

The Trust's performance management framework is aligned to the directorate management structure. The Finance and Investment Committee reviews the operational, productivity and financial performance and use of resources at both Trust and directorate level (see page 129). More details of the Trust's performance, and some specific Trust projects aimed at increasing efficiency, are included in the performance report (see page 22).

The Trust's external auditors are required to consider Value for Money (under the revised Code of Audit Practice) and whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The report from the external auditors can be found on page 164.

## 5. Information governance

Our Information Governance (IG) Framework ensures compliance with the principles relating to processing of personal data. We continue to work to enhance the framework and our approach to IG by:

- Ensuring we have a 'data protection by design and default' approach embedded throughout the Trust.

- Maintaining the documentation of processing activities, including the lawful basis for processing personal data.
- Ensuring the appropriate security measures, such as our commitment to meeting the standards of the Data Security and Protection Toolkit (DSPT).

The framework supports our future strategy to protect data as an asset and provide a balanced and proportionate approach to risk, placing the child first and always.

Risks to data processing are managed in the same way as other Trust risks but are subject to separate evaluation and scrutiny by the Information Governance Steering Group, in turn providing assurance to the Trust's Audit Committee.

In June 2022 the Trust completed its submission for the Data Security and Protection Toolkit (DSPT). This annual submission demonstrates GOSH's position against the legal requirements, providing assurance that we are practicing good data security and personal information is handled correctly. For the first time the Trust was fully compliant upon submission. (In previous years this had only been achieved through an action plan completed post-submission). This is a strong indicator of the improved IT controls and Information Governance processes in place in the Trust.

This year there have been six serious information governance incidents (classified at a reportable level using the Incident Reporting Tool in the DSPT). Three of these incidents were reported to the Information Commissioner's Office (ICO):

- Following a Subject Access request, personal information relating to some individuals was released due to an incorrect redaction process.
- Personal data was shared with the wrong individual when letters containing sensitive medical information were sent to an address where other members of the patient's family resided.
- Following an internal referral to the safeguarding team, a patient's birth parents' access to MYGOSH was not suspended, enabling them to access to the address of a child's placement.

From these incidents the Trust has worked to improve the processes involved and adapted and extended training. The ICO has not proposed any enforcement action for these incidents.

During the year, the Information Governance and ICT teams supported and advised on collaboration with the Royal Marsden Hospital on a shared electronic patient record system, ensuring controls were in place to keep data secure, confidential and appropriately accessible.

## 6. Review of effectiveness

As accounting officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads in the Trust, who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee, QSEAC, PEAC, FIC and Risk Assurance and Compliance Group. A plan to address weaknesses and ensure continuous improvement of the system is in place.



My review is also informed by:

- Monitoring of the BAF risks by the Risk Assurance and Compliance Group, which I chair. The group reviews the BAF risks on a rotational basis to check the data available supports the robustness of the controls and validity of the assurances that are cited.
  - Reviews of the strategic risks facing the Trust by the Board assurance committees. This includes deep dives into each BAF risk on a rotational basis every year, with committee members scrutinising the effectiveness of controls and seeking assurance that any gaps in controls will be closed in a timely manner.
  - Internal audit reports providing evidence that controls are in place and effective in mitigating risk.
  - The Trust clinical audit programme.
  - Reviews of compliance with CQC standards and other regulatory bodies (see above for an explanation of the Good Hospital work programme).
  - Consideration of performance against national targets (see above on waiting list data, for example).
  - Assessment against the Data Security and Protection Toolkit (see above for further information).
  - Health and safety reviews.
  - Relevant reviews by external bodies.
  - Horizon scanning for risks and learning from reviews in the wider NHS.
  - Results of the assessment of compliance with the NHSE Code of Governance for NHS foundation trusts (which are set out on page 112).
  - Results from the PLACE review conducted in October 2022, which showed that the Trust self-assessed itself as lower than the national average scores for cleanliness, food and hydration, ward food, condition, appearance and maintenance of the estate. An action plan has been developed in response to the findings.
- The Head of Internal Audit Opinion is one of ‘significant assurance with minor improvements’. The instances where the assurance was not sufficient, or controls were not adequate when subject to routine audits during 2022/23, are outlined below (the report highlighted below was rated ‘partial assurance with improvements required’). Plans are in place to implement necessary actions. The Risk Assurance and Compliance Group monitors progress with all internal audit actions at every meeting and reports this to the relevant Board assurance committee, where further scrutiny takes place.
- Harm reviews: An audit of the Trust Harm Review process was conducted in early 2023, with a finding of ‘partial assurance with improvements required’. The process of undertaking harm reviews was introduced across the NHS to provide assurance to patients, staff and commissioners that patients are not subject to harm due to delays in their pathways or from clinical practice concerns in relation to whole services or individual care providers. The internal audit found that, while a clinical harm review process is in place, it is not appropriately documented and as such not communicated widely or embedded across the Trust. A refreshed, documented process is being consulted on.
  - Intellectual Property and Human Tissue Authority: An audit was conducted into the processes for complying with the Human

Tissue Act (HTA) as well as how intellectual property (IP) is recorded and tracked. The audit identified recommendations related to tissue traceability, completion of self-assessments, monitoring of IP and royalties and the IP policy and HTA training.

### Assurance of core systems and controls

The governance section in this report explains how the Trust is governed and provides details of its Board committee structure, the frequency of meetings of the Board and its committees, attendance records at these meetings and the work carried out by committees. For further details see page 119.

During the year, the Board and its assurance committees reviewed the risks and assurance available in relation to the following key operational risks:

- Business continuity in relation to rail and staff industrial action: The Trust established a system of gold, silver, and bronze emergency planning meetings to manage hospital services. The Board retained responsibility for seeking assurance of the robustness of the planning for maintaining safe service delivery.
- Medicines management: The Quality, Safety and Experience Assurance Committee sought assurance on the continued delivery of the pharmacy transformational plan and the leadership of the team.
- Estate compliance: The Audit Committee and Quality, Safety and Experience Assurance Committee reviewed this risk in relation to patient and staff safety, compliance with maintenance requirements and general management of the estate (see page 126). The progress made in the establishment of effective controls has resulted in a reduction in the net risk score.
- Data protection and data quality: The Audit Committee scrutinised compliance with GDPR and the programme of work in place to improve the quality of data throughout the year, reporting assurances and gaps to the Board.
- Children’s Cancer Centre: During the year, the Board and the Finance and Investment Committee actively considered and balanced the current and long-term risks involved in redeveloping the Frontage Building into a Children’s Cancer Centre. These covered change control, cost management, delivery of the Full Business Case and Town Planning. There were regular Trust Board updates and Board to Board meetings with the GOSH Children’s Charity to discuss and agree funding frameworks for the centre.
- Financial sustainability: Throughout the year the Finance and Investment Committee scrutinised plans to ensure the Trust remains financially sustainable in an environment of increasing inflation, a cost-of-living crisis, a changing NHS commissioning framework and in relation to plans to build and operate a new Children’s Cancer Centre.
- Cyber security: With the increase in the level of threat to the security of their data faced by NHS organisations, the Audit Committee sought assurance of the controls in place to secure GOSH systems and enhance the cyber maturity of the organisation.

## 7. Conclusion

My review confirms that GOSH has a generally sound system of internal control which supports the achievement of its policies, aims and objectives. There were no significant internal control issues identified in 2022/23 and I am confident the gap in internal controls and matters where assurances can be improved (as set out above), are being actively addressed.

A handwritten signature in black ink, appearing to be 'MS', followed by a long horizontal line extending to the right.

**Mr Matthew Shaw**

Chief Executive

23 June 2023



# Independent Auditor's Report

---

## Great Ormond Street Hospital for Children NHS Foundation Trust Independent auditor's certificate of completion of the audit

### Issue of opinion on the audit of the financial statements

In our audit report for the year ended 31 March 2023 issued on 23 June 2023 we reported that, in our opinion, the financial statements:

- gave a true and fair view of the state of the foundation trust's affairs as at 31 March 2023 and of its income and expenditure for the year then ended;
- had been properly prepared in accordance with the accounting policies directed by NHS England; and
- had been prepared in accordance with the requirements of the National Health Service Act 2006.

### Foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

As part of our audit, we are required to report to you if we are not able to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

As at the date of issue of our audit report for the year ended 31 March 2023 on 23 June 2023, we had not completed our work on the foundation trust's arrangements, and had nothing to report in respect of this matter as at that date.

### Certificate of completion of the audit

In our audit report for the year ended 31 March 2023 on 23 June 2023, we explained that we could not formally conclude the audit on that date until we had completed our work in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources and the work necessary to issue our statement on consolidation schedules. We have now completed our work in these areas.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave our opinion.

We have nothing to report in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

We certify that we have completed the audit of Great Ormond Street Hospital for Children NHS Foundation Trust in accordance with requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice issued by the Comptroller & Auditor General.



#### **Craig Wisdom (Key Audit Partner)**

For and on behalf of Deloitte LLP  
Appointed Auditor  
St Albans, United Kingdom  
5 July 2023

# Independent auditor's report to the board of governors and board of directors of Great Ormond Street Hospital for Children NHS Foundation Trust

## Report on the audit of the financial statements

### Opinion

In our opinion the financial statements of Great Ormond Street Hospital for Children NHS Foundation Trust (the 'foundation trust'):

- give a true and fair view of the state of the foundation trust's affairs as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting requirements of the Department of Health and Social Care Group Accounting Manual, as directed by NHS England; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We have audited the financial statements which comprise:

- The statement of comprehensive income;
- the statement of financial position;
- the statement of changes in taxpayers' equity;
- the statement of cash flows; and
- the related notes 1 to 28.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting requirements of the Department of Health and Social Care Group Accounting Manual, as directed by NHS England.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), the Code of Audit Practice issued by the Comptroller & Auditor General and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

In auditing the financial statements, we have concluded that the accounting officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the foundation trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

The going concern basis of accounting for the foundation trust is adopted in consideration of the requirements set out in the Department of Health and Social Care Group Accounting Manual which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue into the future.

### Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The accounting officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

### Responsibilities of accounting officer

As explained more fully in the statement of accounting officer's responsibilities, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the foundation trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the foundation trust without the transfer of the foundation trust's services to another public sector entity.

### Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit

conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at:

[www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities).

This description forms part of our auditor's report.

### **Extent to which the audit was considered capable of detecting non-compliance with laws and regulations, including fraud**

We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulations, including fraud. The extent to which our procedures are capable of detecting non-compliance with laws and regulations, including fraud is detailed below.

We considered the nature of the foundation trust and its control environment, and reviewed the foundation trust's documentation of their policies and procedures relating to fraud and compliance with laws and regulations. We also enquired of management, internal audit and local counter fraud, about their own identification and assessment of the risks of non-compliance with laws and regulations.

We obtained an understanding of the legal and regulatory framework that the foundation trust operates in, and identified the key laws and regulations that:

- had a direct effect on the determination of material amounts and disclosures in the financial statements. This included the National Health Service Act 2006.
- do not have a direct effect on the financial statements but compliance with which may be fundamental to the foundation trust's ability to operate or to avoid a material penalty. These included the Data Protection Act 2018 and relevant employment legislation.

We discussed among the audit engagement team including relevant internal specialists such as valuations and IT specialists regarding the opportunities and incentives that may exist within the organisation for fraud and how and where fraud might occur in the financial statements.

As a result of performing the above, we identified the greatest potential for fraud or non-compliance with laws and regulations in the following areas, and our specific procedures performed to address them are described below:

- determination of whether expenditure is capital in nature, we tested the expenditure on a sample basis to assess whether it meets the relevant accounting requirements to be recognised as capital in nature; and assessed whether the capitalised expenditure is recognised in the correct accounting period.
- determination of whether the transfer of assets out of assets under construction and into use meets the relevant accounting requirements to be capitalised and tested completed projects on a sample basis to ensure depreciation is charged from the correct date. We have also reviewed the projects ledger and the status of individual projects to evaluate whether they have been depreciated from the appropriate point.

In common with all audits under ISAs (UK), we are also required to perform specific procedures to respond to the risk of management override. In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business.

In addition to the above, our procedures to respond to the risks identified included the following:

- reviewing financial statement disclosures by testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;
- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- enquiring of management, internal audit and external legal counsel concerning actual and potential litigation and claims, and instances of non-compliance with laws and regulations;
- enquiring of the local counter fraud specialist and review of local counter fraud reports produced; and
- reading minutes of meetings of those charged with governance and reviewing internal audit reports.

### **Report on other legal and regulatory requirements**

#### **Opinions on other matters prescribed by the National Health Service Act 2006**

In our opinion:

- the parts of the Remuneration Report and Staff Report subject to audit have been prepared properly in accordance with the National Health Service Act 2006 in all material respects; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

#### **Matters on which we are required to report by exception**

##### Use of resources

Under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006, we are required to report to you if we have not been able to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Our work in respect of the foundation trust's arrangements is not complete at the date of our report on the financial statements. We will report the outcome of our work on the foundation trust's arrangements and include any additional exception reporting in respect of significant weaknesses in our audit completion certificate and our separate Auditor's Annual Report. We are satisfied that the remaining work is unlikely to have a material impact on the financial statements.

**Respective responsibilities of the accounting officer and auditor relating to the foundation trust's arrangements for securing economy, efficiency and effectiveness in the use of resources**

The accounting officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of the foundation trust's resources.

We are required under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006 to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our work in accordance with the Code of Audit Practice, having regard to the Auditor Guidance Notes issued by the Comptroller & Auditor General, as to whether the foundation trust has proper arrangements for securing economy, efficiency and effectiveness in the use of resources against the specified criteria of financial sustainability, governance, and improving economy, efficiency and effectiveness.

The Comptroller & Auditor General has determined that under the Code of Audit Practice, we discharge this responsibility by reporting by exception if we have reported to the foundation trust a significant weakness in arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2023 by the time of the issue of our audit report. Other findings from our work, including our commentary on the foundation trust's arrangements, will be reported in our separate Auditor's Annual Report.

Annual Governance Statement and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit; or
- proper practices have not been observed in the compilation of the financial statements.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in respect of these matters.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

We have nothing to report in respect of these matters.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed our work in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (as reported in the Matters on which we are required to report by exception – Use of resources section of our report). We are satisfied that our remaining work in this area is unlikely to have a material impact on the financial statements.

Use of our report

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of Great Ormond Street Hospital for Children NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Boards as a body, for our audit work, for this report, or for the opinions we have formed.



**Craig Wisdom (Key Audit Partner)**

For and on behalf of Deloitte LLP  
Appointed Auditor  
St Albans, United Kingdom  
23 June 2023





# Accounts



# Statement of the chief executive's responsibilities as the accounting officer of Great Ormond Street Hospital for Children NHS Foundation Trust

The National Health Service Act 2006 states that the chief executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS England.

NHS England has given Accounts Directions which require Great Ormond Street Hospital for Children NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Great Ormond Street Hospital for Children NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;

- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed



**Matthew Shaw**  
Chief Executive

23 June 2023

## Foreword to the accounts

Great Ormond Street Hospital for Children was authorised as an NHS Foundation Trust on 1 March 2012.

These accounts for the year ended 31 March 2023 have been prepared by Great Ormond Street Hospital for Children NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006.

Signed



**Matthew Shaw**  
Chief Executive

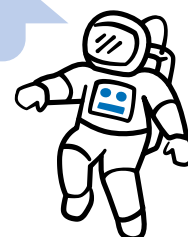
23 June 2023

The financial statements have been presented in a style that attempts to make them less complex and more relevant to stakeholders.

Each section sets out the accounting policies applied in producing the relevant notes, along with details of any key judgements and estimates used.

The purpose of this format is to provide readers with a clearer understanding of what drives financial performance.

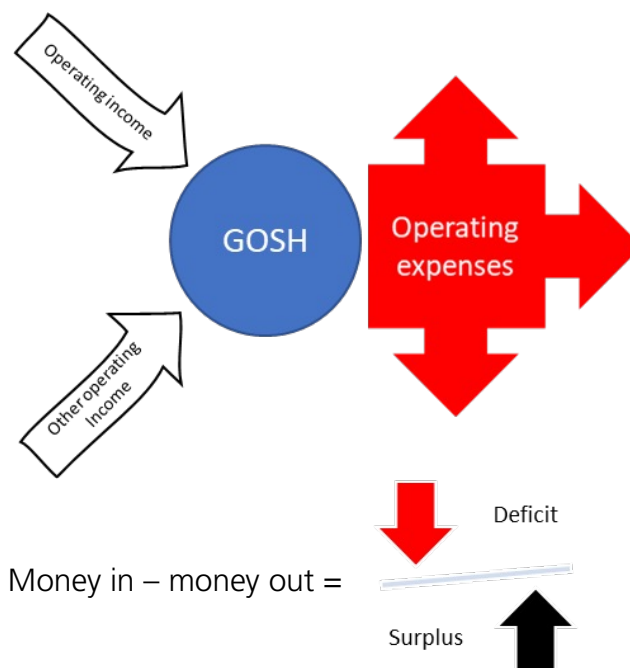
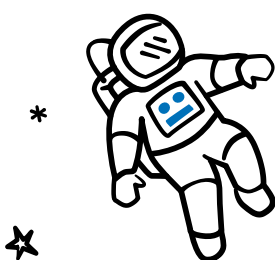
My aim is to provide commentary on each section, or note, in plain English where I can.



These next two tables detail all the money the Trust received (income) and spent (expenses) during 2022/23 and tells you if the Trust spent more than its income and is in a deficit position, or if income was more than spend and is in a surplus position.

It includes information on things like sales or revenue, expenses, and any other money that came into or went out of the company.

This report is usually created at the end of the year to help the company and its stakeholders understand how well the business has been doing financially.



## Statement of comprehensive income for the year ended 31 March 2023

	NOTE	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Operating income from patient care activities	2	560,349	512,630
Other operating income	3.1	76,888	68,613
Operating expenses	4	(657,912)	(591,140)
<b>Operating deficit</b>		<b>(20,675)</b>	(9,897)
Finance costs:			
Finance income	8	2,263	125
Finance expenses	9	(283)	(41)
PDC dividend expense		(7,705)	(6,772)
<b>Net finance costs</b>		<b>(5,725)</b>	(6,688)
Gains/(losses) on disposal of assets		70	(714)
<b>Deficit for the year</b>		<b>(26,330)</b>	(17,299)
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
- Impairments	6	0	(265)
- Revaluations - property, plant, equipment and intangible assets	23	33,853	24,086
- Fair value losses on equity instruments designated at fair value through OCI	12	(156)	(4)
<b>Total comprehensive income for the year</b>		<b>7,367</b>	6,518

The notes on pages 175 to 204 form part of these accounts.

All income and expenditure is derived from continuing operations.

The Trust has no minority interest.

## Statement of financial position as at 31 March 2023

	NOTE	31 March 2023 £000	31 March 2022 £000
<b>Non-current assets</b>			
Intangible assets	10	29,259	31,989
Property, plant and equipment	11	534,738	507,309
Right of use assets	13	77,594	0
Other investments / financial assets	12	5	161
Trade and other receivables	17	8,350	6,941
<b>Total non-current assets</b>		<b>649,946</b>	<b>546,400</b>
<b>Current assets</b>			
Inventories	16	12,296	11,712
Trade and other receivables	17	93,827	50,506
Cash and cash equivalents	18	82,171	123,671
<b>Total current assets</b>		<b>188,294</b>	<b>185,889</b>
<b>Total assets</b>		<b>838,240</b>	<b>732,289</b>
<b>Current liabilities</b>			
Trade and other payables	19	(108,149)	(97,446)
Borrowings	21	(3,276)	0
Provisions	22	(1,304)	(370)
Other liabilities	20	(11,280)	(6,811)
<b>Net current assets</b>		<b>64,285</b>	<b>81,262</b>
<b>Total assets less current liabilities</b>		<b>714,231</b>	<b>627,662</b>
<b>Non-current liabilities</b>			
Borrowings		(27,714)	0
Provisions	22	(2,807)	(2,440)
Other liabilities	20	(2,527)	(2,927)
<b>Total non current liabilities</b>		<b>(33,048)</b>	<b>(5,367)</b>
<b>Total assets employed</b>		<b>681,183</b>	<b>622,295</b>
<b>Financed by taxpayers' equity:</b>			
Public dividend capital		133,831	133,468
Income and expenditure reserve		370,056	345,228
Financial assets reserve		(160)	(4)
Revaluation reserve		177,456	143,603
<b>Total taxpayers' equity</b>		<b>681,183</b>	<b>622,295</b>

The financial statements on pages 171 to 204 were approved by the Board and authorised for issue on 8 June 2023 and signed on its behalf by **Matthew Shaw**, Chief Executive.



**Matthew Shaw**  
Chief Executive

23 June 2023

## Statement of changes in taxpayers' equity for the year ended 31 March 2023

		Public Dividend Capital (PDC)	Revaluation reserve	Income and expenditure reserve	Financial assets reserves	Total
	NOTE	£000	£000	£000	£000	£000
<b>Balance at 1 April 2022 - brought forward</b>		133,468	143,603	345,228	(4)	<b>622,295</b>
<b>Changes in taxpayers' equity for the year ended 31 March 2022</b>						
Implementation of IFRS 16 on 1 April 2022		0	0	51,158	0	<b>51,158</b>
Deficit for the year	SOCI	0	0	(26,330)	0	<b>(26,330)</b>
Fair value losses on equity instruments designated at fair value through OCI	12	0	0	0	(156)	<b>(156)</b>
Revaluations - property, plant and equipment	23	0	33,325	0	0	<b>33,325</b>
Revaluations - right of use assets	23	0	528	0	0	<b>528</b>
Public Dividend Capital received		363	0	0	0	<b>363</b>
<b>Balance at 31 March 2023</b>		<b>133,831</b>	<b>177,456</b>	<b>370,056</b>	<b>(160)</b>	<b>681,183</b>

## Statement of changes in taxpayers' equity for the year ended 31 March 2022

		Public Dividend Capital (PDC)	Revaluation reserve	Income and expenditure reserve	Financial assets reserves	Total
		£000	£000	£000	£000	£000
<b>Balance at 1 April 2021</b>		131,942	119,782	362,527	0	<b>614,251</b>
<b>Changes in taxpayers' equity for the year ended 31 March 2022</b>						
Deficit for the year		0	0	(17,299)	0	<b>(17,299)</b>
Fair value losses on equity instruments designated at fair value through OCI		0	0	0	(4)	<b>(4)</b>
Net impairments		0	(265)	0	0	<b>(265)</b>
Revaluations - property, plant and equipment		0	24,086	0	0	<b>24,086</b>
Public Dividend Capital received		1,526	0	0	0	<b>1,526</b>
<b>Balance at 31 March 2022</b>		<b>133,468</b>	<b>143,603</b>	<b>345,228</b>	<b>(4)</b>	<b>622,295</b>

### Public Dividend Reserve

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health and Social Care as the public dividend capital dividend.

### Revaluation Reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

### Income and Expenditure Reserve

The balance on the Income and Expenditure reserve is the accumulated surpluses and deficits of the Trust.

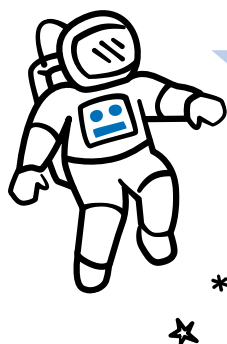
### Financial Assets Reserve

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

## Statement of cash flows for the year ended 31 March 2023

		Year ended 31 March 2023	Year ended 31 March 2022
	NOTE	£000	£000
<b>Cash flows from operating activities</b>			
<b>Operating deficit</b>		<b>(20,675)</b>	(9,897)
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	4	<b>35,178</b>	28,358
Net Impairments	6	<b>6,587</b>	6,221
Income recognised in respect of capital donations (cash and non-cash)	3.1	<b>(10,303)</b>	(8,051)
(Increase)/decrease in trade and other receivables		<b>(41,769)</b>	4,514
(Increase)/decrease in inventories		<b>(584)</b>	38
Increase/(decrease) in trade and other payables		<b>11,436</b>	(3,610)
Increase in other liabilities		<b>4,069</b>	1,304
Increase/(decrease) in provisions		<b>1,217</b>	(750)
<b>NET CASH GENERATED FROM OPERATIONS</b>		<b>(14,844)</b>	18,127
<b>Cash flows from investing activities</b>			
Interest received		<b>2,263</b>	125
Purchase of financial assets		<b>0</b>	(165)
Purchase of intangible assets		<b>(475)</b>	(1,584)
Purchase of property, plant and equipment		<b>(26,303)</b>	(22,525)
Sales of property, plant and equipment		<b>70</b>	24
Receipt of cash donations to purchase capital assets		<b>7,342</b>	8,052
<b>Net cash outflow from investing activities</b>		<b>(17,103)</b>	(16,073)
<b>NET CASH (OUTFLOW)/INFLOW BEFORE FINANCING</b>		<b>(31,947)</b>	2,054
<b>Cash flows from financing</b>			
Public Dividend Capital received		<b>363</b>	1,526
PDC dividend paid		<b>(7,296)</b>	(6,096)
Capital element of finance lease rental payments		<b>(2,388)</b>	0
Interest element of finance lease		<b>(232)</b>	0
<b>Net cash outflow from financing</b>		<b>(9,553)</b>	(4,570)
<b>NET DECREASE IN CASH AND CASH EQUIVALENTS</b>		<b>(41,500)</b>	(2,516)
<b>Cash and cash equivalents at start of the year</b>		<b>123,671</b>	126,187
<b>Cash and cash equivalents at end of the year</b>	18	<b>82,171</b>	123,671

# Notes to the accounts



This section provides extra pieces of information to help you understand the important numbers and figures in the accounts.

It is like "behind the scenes" information that helps explain how the hospital came up with the numbers. Think of them like footnotes in a book that give more information about a specific topic.

## 1. Accounting policies and other information

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

### 1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and certain financial assets and financial liabilities.

### 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

### 1.3 Segmental reporting

Under IFRS 8 Operating Segments, the standard allows aggregation of segments that have similar economic characteristics and types and class of customer.

The operating results of the Foundation Trust are reviewed monthly or more frequently by the Trust's chief operating decision maker, which is the overall Foundation Trust Board and which includes senior professional non-executive directors. The Trust

Board review the financial position of the Foundation Trust as a whole in their decision making process, rather than individual components included in the totals, in terms of allocating resources. This process implies a single operating segment under IFRS 8.

In addition, the large majority of the Foundation Trust's revenue originates with the UK Government. The majority of expenses incurred are payroll expenditure on staff involved in the production or support of healthcare activities generally across the Trust, together with the related supplies and overheads needed to establish this service. The business activities which earn revenue and incur expenses are therefore of one broad combined nature and therefore on this basis one segment of "provision of acute care" is deemed appropriate.

Therefore, all the Foundation Trust's activities relate to a single operating segment in respect of the provision of acute care.

### 1.4 Critical accounting judgments and key sources of estimation uncertainty

In the application of the Foundation Trust's accounting policies, management is required to make judgments, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

### 1.5 Critical judgments in applying accounting policies

The following are the critical judgments, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

a) As described in note 1.10, a revaluation of PPE is required at least every five years. To ensure the carrying value of land and buildings is not materially different from fair value, between quinquennial valuations, the Trust's judgement has been that annual index-based valuations have been appropriate, carried out by the same external valuer as the quinquennial. Plant and equipment is valued at depreciated replacement cost; the valuation being assessed by the Trust taking into account the movement of indices that the Trust has judged to be appropriate. The Trust is required to review property, plant and equipment for impairment. Management make judgments about the condition of assets and review their estimated lives and this will have an effect on future depreciation costs.

b) Management use their judgment to decide when to write off revenue or to provide against the probability of not being able to collect debt especially in light of the changing healthcare

commissioning environment. Judgment is also used to decide whether to write off or provide against International Private Patient and overseas debt.

c) a provision is recognised when The Trust has a legal or constructive obligation as a result of a past event and it is probable that an outflow of economic benefits will be required to settle the obligation. In addition to widely used estimation techniques, judgment is required when determining the probable outflow of economic benefits.

## 1.6 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period not already included in note 1.5 above, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

- a. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements as an accrual. As the calculation involves a large number of staff, sampling techniques are used to collate the results for the entire Foundation Trust.
- b. The useful economic life of each category of fixed asset is assessed when acquired by the Foundation Trust. A degree of estimation is occasionally used in assessing the useful economic lives of assets.
- c. For early retirements that took place before the NHS pension scheme was modified in 1995, a provision is made in the accounts incorporating inflation and the discount rate. Inflation is estimated at 2.4% and where the effect of the time value of money is material, the estimated risk-adjusted cash flows are discounted using the Treasury's discount rate of 1.70% in real terms.
- d. When arriving at the valuation for property, Trust management engages a qualified surveyor to assist them in forming estimates. The valuation is based on various assumptions subject to expert valuer review.
- e. The Trust has incurred expenditure relating to payments to a third party power supplier for the power supplier's installations in order to increase the amount of power supplied to the Trust's main site. The installations do not become the Trust's property nor are they right of use assets. This expenditure is included in prepayments. The costs are being amortised over the estimated period of use for the installations in use, and the same policy is being adopted for new installations.

### 1.7.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised.

Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

### Revenue from NHS Contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

In 2022/23 fixed payments are set at a level assuming the achievement of elective activity targets. These are termed 'aligned payment and incentive' contracts.

Elective recovery funding provides additional funding for the delivery of elective services. In 2022/23 elective recovery funding was included within the aligned payment and incentive contracts. In 2021/22 income earned by the system based on achievement of elective recovery targets was distributed between individual entities by local agreement and income earned from the fund was accounted for as variable consideration.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria.

### Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

### NHS Injury Costs Recovery Scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.



## 1.7.2 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

## 1.7.3 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Other income received from commissioners may be in the form of an investment in quality. Any quality investment income surplus may be used in subsequent years to supplement any major projects / capital schemes.

## 1.7.4 Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

## 1.8 Expenditure on employee benefits

### Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees.

The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following year.

### Pension costs

#### NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is

charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

#### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2019, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

#### NEST Pension Scheme

Where staff are not eligible for, or choose to opt out of, the NHS Pensions Scheme, they are entitled to join the National Employment Savings Trust (NEST) scheme.

NEST is a government-backed, defined contribution pension scheme set up to make sure that every employer can easily access a workplace pension scheme.

The employer's contribution rate in 2022/23 was 3% which equated to £39k (2021/22: 3%, £34k).

## 1.9 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

## 1.10 Property, Plant and Equipment

### Recognition

Property, Plant and Equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust;
- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.
  - Property, Plant and Equipment is also only capitalised where:
- it individually has a cost of at least £5,000; or
- it forms a group of assets that individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

### Measurement Valuation

Under IAS 16 assets should be revalued when their fair value is materially different from their carrying value. NHS England requires revaluation at least once every 5 years.

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of the revaluation less any subsequent accumulated depreciation and impairment losses.

All land and buildings are revalued using professional valuations in accordance with IAS16. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided. Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

### Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is added to the asset's carrying value and asset life. Where subsequent expenditure is simply restoring the asset to the specification assumed by its economic useful life then the expenditure is charged to operating expenses.

### Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

The estimated useful life of an asset is the period over which the Foundation Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Foundation Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed during the year, with the effect of any changes recognised on a prospective basis.

Freehold land is considered to have an infinite life and is not depreciated. Property, plant and equipment that has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

### Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

## Impairments

In accordance with the DHSC Group Accounting Manual impairments that are due to a clear consumption of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

## De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- The asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
  - management are committed to a plan to sell the asset;
  - an active programme has begun to find a buyer and complete the sale;
  - the asset is being actively marketed at a reasonable price;
  - the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

## Donated assets

Donated non-current assets are capitalised at their fair value on receipt, with a matching credit to Income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are as described above for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

## Government grants

The value of assets received by means of a government grant are credited directly to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

## Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The useful lives of buildings are assessed by the Trust's valuer; useful lives of plant and machinery, information technology, and furniture and fittings are based on the expert estimates of the relevant managers with reference to the experience of similar assets in use in the Trust, or on published ANSI tables for medical equipment where there is no historic precedent. Useful lives are revised periodically where initial estimates were inaccurate.

	Min life Years	Max life Years
Buildings excluding dwellings	5	54
Dwellings	43	51
Plant & machinery	3	20
Information technology	3	15
Furniture & fittings	1	15

Land is assumed to have an infinite life.

## 1.11 Intangible assets

### Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Foundation Trust's business or which arise from contractual or other legal rights.

They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to the Foundation Trust and for at least a year and where the cost of the asset can be measured reliably and is at least £5,000.

### Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised and expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Foundation Trust intends to complete the asset and sell or use it;
- the Foundation Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Foundation Trust to complete the development and sell or use the asset; and
- the Foundation Trust can measure reliably the expenses attributable to the asset during development.

## Software

Software that is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

## Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, this is interpreted as depreciated replacement cost. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

## Impairment

Intangible assets not yet available for use are tested for impairment annually at the financial year end.

## Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits

## Useful lives of intangible assets

The estimated useful life of an asset is the period over which the Foundation Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Foundation Trust and may be shorter than the physical life of the asset itself.

Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

	Min life Years	Max life Years
<b>Intangible assets - internally generated</b>		
Development expenditure	9	10
<b>Intangible assets - purchased</b>		
Software licences	3	13
Licences & trademarks	9	10

## 1.12 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First Out (FIFO) method.

The Trust provides at 3% for goods with a limited shelf life.

In 2022/23, the Trust received inventories including personal protective equipment from the Department of Health and Social Care and these are held at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

## 1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

## 1.14 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

## 1.15 Financial assets and financial liabilities

### Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

### Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and financial liabilities are classified and subsequently measured at amortised cost with the exception of

Sensyne Health PLC Shares which is classified and subsequently measured at fair value through other comprehensive income.

#### **Financial assets and financial liabilities at amortised cost**

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable. After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets).

The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability. Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

#### **Financial assets and financial liabilities at fair value through income and expenditure**

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive Income.

Financial assets are included in current assets. The Foundation Trust's financial assets comprise: current investments, cash and cash equivalents, NHS debtors, accrued income and 'other debtors'.

Financial liabilities are included in current liabilities. The Foundation Trust's financial liabilities comprise: NHS and Non NHS payables, accrued expenditure and 'other payables'.

#### **Financial assets measured at fair value through other comprehensive income**

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

#### **Impairment of financial assets**

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses. The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease

receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

HM Treasury has ruled that central government bodies may not recognise impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Foundation Trust therefore does not recognise loss allowances for impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Foundation Trust does not recognise loss allowances for impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate. Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

#### **De-recognition**

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Foundation Trust has transferred substantially all of the risks and rewards of ownership. Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

### **1.16 Leases**

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Foundation Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Foundation Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

#### **1.16.1 The Foundation Trust as lessee**

##### **Recognition and initial measurement**

At the commencement date of the lease, being when the asset is made available for use, the Foundation Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Foundation Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset. The Foundation Trust holds property assets under leases where the cost model of valuation is not appropriate as the rent payable is either peppercorn or substantially less than an open market rate.

Therefore, on transition to IFRS 16 the Trust has obtained external valuations for most of its property assets as at 1 April 2022. Only those shorter term property leases held on leases from commercial landlords were valued on the cost model at 1 April 2022. For those leases where the external valuation at 1 April 2022 is different from the present value of future lease payments, the difference was taken to the income and expenditure reserve.

The Foundation Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

#### **Subsequent measurement**

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Foundation Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust expects to employ the services of an external valuer to ensure that right of use assets are carried at current value in existing use or fair value, and for valuations to be obtained on the same frequency as those for owned land and buildings. Only for those property leases on shorter term leases from commercial landlords is the cost model considered to be a proxy for current value in existing use or fair value.

## **1.16.2 Initial application of IFRS 16**

*IFRS 16 Leases* as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease and other interpretations*.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

#### **The Trust as lessee**

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Foundation Trust's incremental borrowing rate of 0.95%. For non-property, and for property leases where commercial rents are payable, a right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application.

In these cases, the valuation obtained is considered to be an appropriate proxy for current value in existing use or fair value.

For property assets leased at peppercorn or substantially below market rates, or for longer term leases without rent reviews, external valuations were obtained in order to ensure that these right of use assets are carried at current value in existing use or fair value.

The following expedients in part C of IFRS 16 have been adopted on initial application:

No adjustments have been made in respect of leases with a remaining term of 12 months or less from 1 April 2022; no adjustments have been made for leases where the underlying assets has a value below £5,000; no adjustments have been made in respect of leases previously classified as finance leases; hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

#### *2021/22 comparatives*

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

## 1.17 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March:

		Nominal rate	
		31 March 2023	31 March 2022
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	Exceeding 10 years	3.51%	0.95%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year minus 1.30%).

### Clinical Negligence Costs

The NHS Resolution (NHSR) operates a risk pooling scheme under which the Foundation Trust pays an annual contribution to the NHSR, which, in return, settles all clinical negligence claims. Although the NHSR is administratively responsible for all clinical negligence cases, the legal liability remains with the Foundation Trust. The total value of clinical negligence provisions carried by the NHSR on behalf of the Foundation Trust is disclosed at note 22.

### Non-clinical risk pooling

The Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Foundation Trust pays an annual contribution to the NHSR and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

## 1.18 Public Dividend Capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for

the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

## 1.19 Value Added Tax

Most of the activities of the Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable.

Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

## 1.20 Corporation Tax

Great Ormond Street Hospital for Children NHS Foundation Trust has determined that it has no corporation tax liability as the Trust has no private income from non-operational areas.

## 1.21 Foreign exchange

The functional and presentational currencies of the Foundation Trust are sterling.

A transaction that is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Foundation Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

## 1.22 Cash, bank and overdrafts

Cash, bank and overdraft balances are recorded at the current values of these balances in the Foundation Trust's cash book.

## 1.23 Heritage Assets

Heritage assets (under FRS 30 and as required by the FT ARM) are tangible assets with historical, artistic, scientific, technological, geographical or environmental qualities, held principally for their contribution to knowledge or culture. The Foundation Trust holds no such assets as all assets are held for operational purposes - this includes a number of artworks on display in the hospital.

## 1.24 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

## 1.25 Charitable Funds

From 2013/14, the divergence from the FReM that NHS Charitable Funds are not consolidated with bodies' own returns was removed. Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entities' returns. The funds of Great Ormond Street Hospital for Children's Charity are not under the control of the Foundation Trust and have not, therefore, been consolidated in these accounts.

## 1.26 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 14 Regulatory Deferral Accounts

Not UK-endorsed.

Applies to first time adopters of IFRS after 1 January 2016.

Therefore, not applicable to DHSC group bodies

IFRS 17 Insurance Contracts

Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be from April 2025.

## 1.27 Additional Reporting Measures

The financial performance of NHS providers is measured using operating surplus/(deficit) prior to capital donations, gains on disposals, donated inventory, depreciation in respect of donated assets and impairments.

	2022/23	2021/22
Retained deficit for the year	<b>(26,330)</b>	(17,299)
Adjustments in respect of:		
Capital donations	<b>(10,303)</b>	(8,051)
Depreciation on donated assets	<b>20,056</b>	16,694
Gains on disposal of fixed assets	<b>0</b>	(24)
Donated consumables	<b>27</b>	483
Impairments	<b>6,587</b>	3,803
Adjusted retained deficit	<b>(9,963)</b>	(4,394)

## 1.28 Associates

The Trust is a member of the UCL Health Alliance Limited. The UCLH Health Alliance is a provider alliance comprising 14 members within the NCL Health economy. UCLH Health Alliance Limited (Company registration 14534913) was incorporated as a company limited by guarantee on 12 December 2022. Income from UCL Health Alliance for the 12 months to 31 March 2023 was £378k with expenditure of £289k.

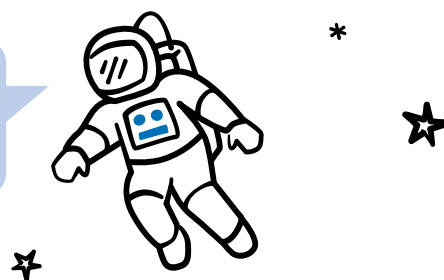
The NCL Health Alliance members are as follows:

- Barnet Enfield and Haringey Mental Health NHS Trust
- Camden & Islington Mental Health NHS Foundation Trust
- Tavistock & Portman NHS Foundation Trust
- Central & North West London NHS Foundation Trust
- Moorfields Eye Hospital NHS Foundation Trust
- Great Ormond Street Hospital for Children NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust
- NCL GP Provider Alliance
- University College London NHS Foundation Trust
- Royal Free London NHS Foundation Trust
- Whittington Health NHS Trust
- North Middlesex University Hospital NHS Trust
- University College London



## 2. Revenue from patient care activities

Revenue from patient care activities means the money that the Trust received for helping patients. When patients see a healthcare professional at GOSH and receive medicines, tests or treatments, the Trust charge your local healthcare commissioner for their cost. This money is 'revenue from patient care activities'.



### 2.1 Analysis of revenue from patient care activities

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
<b>Acute Services</b>		
Income from commissioners under API contracts*	369,806	417,511
High cost drugs income from commissioners	83,216	23,956
Other NHS clinical income	520	1,566
<b>Mental Health Services</b>		
Income from commissioners under API contracts*	5,328	5,089
Other clinical income from mandatory services	81	118
<b>Other Services</b>		
Private patient income	54,783	24,913
Elective recovery fund	14,883	18,524
Additional pension contribution central funding**	14,617	13,554
Agenda for Change pay offer central funding***	10,194	0
Other clinical income	6,921	7,399
<b>Total income from patient care activities</b>	<b>560,349</b>	<b>512,630</b>
Of Which:		
Related to continuing operations	560,349	512,630

\*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National Tariff payments system documents.

\*\*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

\*\*\*In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

The Trust's Provider Licence sets out the Commissioner Requested Services that the Trust is required to provide. All of the income from activities before private patient income and other non-protected clinical income shown above is derived from the provision of Commissioner Requested Services.

### 2.2 Analysis of revenue from patient care activities by source

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
NHS England	457,516	412,494
Clinical commissioning groups	6,726	65,158
Integrated Care Boards	33,005	0
NHS Foundation Trusts	75	1,305
NHS Trusts	300	225
Local Authorities	81	118
Non-NHS:		
Private patients	54,783	24,913
Overseas patients (non-reciprocal)	119	213
Injury costs recovery	145	36
Other	7,599	8,168
<b>Total revenue from patient care activities</b>	<b>560,349</b>	<b>512,630</b>

All of the Trust's activities relate to a single operating segment in respect of the provision of acute healthcare services.

## 2.3 Overseas visitors

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Income recognised in-year	119	213
Cash payments received in-year	4	223
Amounts added to provision for impairment of receivables	121	125
Amounts written off in-year	174	66

## 2.4 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Income from services designated as commissioner requested services	497,247	477,652
<b>Total</b>	<b>497,247</b>	<b>477,652</b>

## 3.1 Other operating income

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
<b>Other operating income recognised in accordance with IFRS 15</b>		
Research and development (IFRS 15)	5,187	5,773
Education and training	12,308	9,806
Non-patient care services to other bodies	4,026	2,881
Clinical tests	5,465	4,577
Clinical excellence awards	2,183	1,834
Catering	1,181	1,089
Crèche services	493	454
Staff accommodation rentals	71	87
Other revenue	4,824	3,614
	<b>35,738</b>	<b>30,115</b>
<b>Other operating income recognised in accordance with other standards</b>		
Research and development (non-IFRS 15)	18,928	18,435
Education and training - notional income from apprenticeship fund	572	626
Charitable contributions in respect of capital expenditure	10,303	8,051
Charitable contributions to expenditure	10,643	10,610
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for Covid response	704	703
Other revenue	0	73
	<b>41,150</b>	<b>38,498</b>
<b>Total other operating income of which</b>	<b>76,888</b>	<b>68,613</b>
Related to continuing operations	<b>76,888</b>	<b>68,613</b>

## 4. Operating expenses

	Year ended 31 March 2023	Year ended 31 March 2022
	£000	£000
Services from other NHS bodies	6,218	5,889
Purchase of healthcare from non-NHS bodies	4,953	5,284
Staff and executive directors costs	362,491	330,245
Non-executive directors' costs*	143	142
Supplies and services - clinical - drugs	102,406	91,526
Supplies and services - clinical - other	44,431	41,558
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for Covid response	731	1,186
Supplies and services - general	6,736	5,778
Establishment	4,166	4,155
Research and development - staff costs	18,810	17,695
Research and development - non-staff	673	1,111
Education and training - staff costs	4,331	3,737
Education and training - non-staff	2,153	1,957
Education and training - notional expenditure funded from apprenticeship fund	572	626
Transport - business travel	1,190	707
Transport - other	3,614	3,987
Premises - business rates payable to local authorities	3,388	4,281
Premises - other	33,671	28,197
Operating lease rentals (comparative only)	0	3,059
Movement in credit loss allowance: contract receivables/assets	2,046	(4,754)
Movement in credit loss allowance: all other receivables & investments	(27)	71
Change in provisions discount rate	(18)	16
Inventories write down	299	402
Depreciation	30,909	23,536
Amortisation of intangible assets	4,269	4,822
Impairment of property, plant and equipment and right of use assets	6,587	6,221
Audit services - statutory audit	219	127
Clinical negligence insurance	5,919	6,785
Consultancy costs	520	346
Legal fees	1,794	893
Internal audit costs	151	129
Losses and special payments	117	1
Other	4,398	1,425
	<b>657,912</b>	<b>591,140</b>
Of which:		
Related to continuing operations	<b>657,912</b>	<b>591,140</b>

\*Details of non-executive directors' remuneration can be found in the Remuneration Report on page 96.

## 5. Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2021/22: £1 million).

## 6. Impairment of Assets

	2022/23 £000	2021/22 £000
Net impairments charged to operating surplus resulting from:		
Loss or damage from normal operations	0	3,803
Changes in market price	6,587	2,418
Total net impairments charged to operating surplus	6,587	6,221
Impairments charged to the revaluation reserve	0	265
<b>Total net impairments</b>	<b>6,587</b>	<b>6,486</b>

## 7. Employee costs and numbers

### 7.1 Employee costs

	Year ended 31 March 2023 £000	Year ended 31 March 2022 £000
Salaries and wages*	304,067	276,679
Social security costs	32,549	29,015
Apprenticeship levy	1,377	1,292
Pension cost - defined contribution plans employer's contributions to NHS pensions	33,241	31,098
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	14,617	13,554
Pension costs - other	39	63
Temporary staff - agency/contract staff	4,062	4,154
Termination benefits	35	0
<b>Total gross staff costs</b>	<b>389,987</b>	<b>355,855</b>
Recoveries from DHSC Group bodies in respect of staff cost netted off expenditure	(2,591)	(2,240)
Recoveries from other bodies in respect of staff costs netted off expenditure	(142)	(260)
<b>Total staff costs</b>	<b>387,254</b>	<b>353,355</b>
<b>Included within:</b>		
Costs capitalised as part of assets	1,535	1,678
Analysed into operating expenditure		
Employee expenses - staff and executive directors	362,543	330,245
Research and development	18,810	17,695
Education and training	4,331	3,737
Special payments	35	0
<b>Total employee benefits excluding capital costs</b>	<b>385,719</b>	<b>351,677</b>

\*In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the associated expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

## 7.2 Average number of people employed\*

	Year ended 31 March 2023	Year ended 31 March 2022
	Total Number	Total Number
Medical and dental	787	780
Administration and estates	1,776	1,621
Healthcare assistants and other support staff	307	323
Nursing, midwifery and health visiting staff	1,617	1,624
Scientific, therapeutic and technical staff	1,085	1,049
Other staff	18	15
<b>Total average numbers</b>	<b>5,590</b>	<b>5,412</b>
<b>of which:</b>		
Number of employees (WTE) engaged on capital projects	18	21

\*Whole Time Equivalent

## 7.3 Retirements due to ill-health

During the year there was one early retirement from the Trust on the grounds of ill-health resulting in additional pension liabilities of £26k. (There was one early retirements in 2021/22 (£317k).

## 7.4 Staff exit packages

Foundation Trusts are required to disclose summary information of their use of staff exit packages agreed in the year.

Exit packages number and cost	Year to 31 March 2023			
	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
	Number	£000	Number	£000
<£10,000	9	38	9	38
£10,000 - £25,000	2	34	2	34
£25,001 - £50,000	1	35	1	35
£50,001 - £100,000	0	0	0	0
<b>Total</b>	<b>12</b>	<b>107</b>	<b>12</b>	<b>107</b>

Exit packages number and cost	Year to 31 March 2022			
	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
	Number	£000	Number	£000
<£10,000	6	32	6	32
£10,000 - £25,000	1	24	1	24
£25,001 - £50,000	1	30	1	30
£50,001 - £100,000	1	53	1	53
<b>Total</b>	<b>9</b>	<b>139</b>	<b>9</b>	<b>139</b>

Any exit packages in relation to senior managers (should they arise) are not included in this note as these would be disclosed in the remuneration report.

The cost of ill-health retirements falls on the relevant pension scheme, not the Trust, and is included in note 7.3.

## 7.5 Exit packages: other (non-compulsory) departure payment

	Payments agreed 2022/23	Total value of agreements 2022/23	Payments agreed 2021/22	Total value of agreements 2021/22
	No.	£000	No.	£000
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	11	72	8	86
Exit payments following employment tribunals or court orders	0	0	1	53
Non-contractual payments requiring HMT approval	1	35	0	0
<b>Total</b>	<b>12</b>	<b>107</b>	<b>9</b>	<b>139</b>

## 8. Finance Income

	Year ended 31 March 2023	Year ended 31 March 2022
	£000	£000
Bank interest	2,263	125
Total finance income	<b>2,263</b>	125

## 9. Finance Expenses

	Year ended 31 March 2023	Year ended 31 March 2022
	£000	£000
Other Interest:		
Interest on lease obligations	232	0
<b>Total interest expense</b>	<b>232</b>	<b>0</b>
Provisions - unwinding of discount	51	41
<b>Total finance expenses</b>	<b>283</b>	<b>41</b>

## 10. Intangible assets

### 10.1 Intangible assets

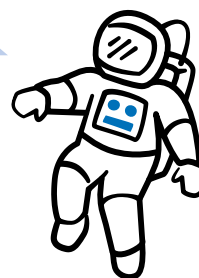
	Software licences	Licences and trademarks	Development expenditure	Intangible assets under construction	Total
	£000	£000	£000	£000	£000
<b>Gross cost at 1 April 2022</b>	38,529	353	146	110	<b>39,138</b>
Additions - purchased	1,343	0	0	196	<b>1,539</b>
Reclassifications	49	0	0	(49)	<b>0</b>
<b>Valuation/Gross cost at 31 March 2023</b>	<b>39,921</b>	<b>353</b>	<b>146</b>	<b>257</b>	<b>40,677</b>
<b>Amortisation at 1 April 2022</b>	6,822	197	130	0	<b>7,149</b>
Provided during the year	4,232	23	14	0	<b>4,269</b>
<b>Amortisation at 31 March 2023</b>	<b>11,054</b>	<b>220</b>	<b>144</b>	<b>0</b>	<b>11,418</b>
<b>Net book value</b>					
<b>NBV total at 31 March 2023</b>	<b>28,867</b>	<b>133</b>	<b>2</b>	<b>257</b>	<b>29,259</b>

All intangible assets are held at cost less accumulated amortisation based on estimated useful economic lives.

	Software licences	Licences and trademarks	Development expenditure	Intangible assets under construction	Total
	£000	£000	£000	£000	£000
<b>Gross cost at 1 April 2021</b>	42,019	388	1,043	110	<b>43,560</b>
Additions - purchased	499	0	0	67	<b>566</b>
Additions - assets purchased from cash donations	10	0	0	0	<b>10</b>
Reclassifications	1,413	0	0	(67)	<b>1,346</b>
Disposals	(5,412)	(35)	(897)	0	<b>(6,344)</b>
<b>Valuation/Gross cost at 31 March 2022</b>	<b>38,529</b>	<b>353</b>	<b>146</b>	<b>110</b>	<b>39,138</b>
<b>Amortisation at 1 April 2021</b>	6,917	209	1,014	0	<b>8,140</b>
Provided during the year	4,786	23	13	0	<b>4,822</b>
Disposals	(4,881)	(35)	(897)	0	<b>(5,813)</b>
<b>Amortisation at 31 March 2022</b>	<b>6,822</b>	<b>197</b>	<b>130</b>	<b>0</b>	<b>7,149</b>
<b>Net book value</b>					
<b>NBV total at 31 March 2022</b>	<b>31,707</b>	<b>156</b>	<b>16</b>	<b>110</b>	<b>31,989</b>

## 11. Property, plant and equipment

This section presents all the physical things like buildings, machinery and furniture the Trust owns and uses to run the Hospital and compares how much they were worth at the start of 2021/22 and how much they are worth now.



### 11.1 Property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at 1 April 2022</b>	84,950	342,970	10,165	24,593	88,568	25,936	19,045	596,227
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	(2,060)	(2,273)	0	0	0	0	0	(4,333)
Additions - purchased	0	1,873	0	9,277	1,133	1,404	107	13,794
Additions - assets purchased from cash donations/grants	0	132	0	7,602	2,566	3	0	10,303
Impairments charged to operating expenses	0	(1,353)	0	0	0	0	0	(1,353)
Revaluations	(4,137)	28,279	963	0	0	0	0	25,105
Reversal of impairments credited to operating expenses	0	236	0	0	0	0	0	236
Reclassifications	0	3,640	0	(9,242)	3,839	1,751	12	0
Disposals/derecognition	0	0	0	0	(1,044)	0	0	(1,044)
<b>Cost or valuation at 31 March 2023</b>	<b>78,753</b>	<b>373,504</b>	<b>11,128</b>	<b>32,230</b>	<b>95,062</b>	<b>29,094</b>	<b>19,164</b>	<b>638,935</b>
<b>Accumulated depreciation at 1 April 2022</b>	0	5,302	0	0	57,079	13,610	12,927	88,918
Provided during the period	0	9,927	229	0	8,035	4,874	1,478	24,543
Revaluations	0	(7,991)	(229)	0	0	0	0	(8,220)
Disposals/derecognition	0	0	0	0	(1,044)	0	0	(1,044)
<b>Accumulated depreciation at 31 March 2023</b>	<b>0</b>	<b>7,238</b>	<b>0</b>	<b>0</b>	<b>64,070</b>	<b>18,484</b>	<b>14,405</b>	<b>104,197</b>
<b>Net book value at 31 March 2023</b>								
Owned - purchased	74,873	125,045	592	19,266	11,148	9,105	894	240,923
Owned - donated / granted	3,880	241,221	10,536	12,964	19,844	1,505	3,865	293,815
<b>NBV total at 31 March 2023</b>	<b>78,753</b>	<b>366,266</b>	<b>11,128</b>	<b>32,230</b>	<b>30,992</b>	<b>10,610</b>	<b>4,759</b>	<b>534,738</b>



	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at 1 April 2021</b>	78,820	315,778	10,127	36,702	90,305	25,718	20,167	577,617
Additions - purchased	0	1,465	0	12,883	1,909	1,304	57	17,618
Additions - assets purchased from cash donations	0	820	0	4,332	2,429	90	370	8,041
Impairments charged to operating expenses	0	(6,221)	0	0	0	0	0	(6,221)
Impairments charged to the revaluation reserve	0	0	(265)	0	0	0	0	(265)
Reclassifications	0	22,345	0	(29,324)	2,487	3,025	121	(1,346)
Revaluations	6,130	9,569	303	0	0	0	0	16,002
Disposals	0	(786)	0	0	(8,562)	(4,201)	(1,670)	(15,219)
<b>Cost or valuation at 31 March 2022</b>	<b>84,950</b>	<b>342,970</b>	<b>10,165</b>	<b>24,593</b>	<b>88,568</b>	<b>25,936</b>	<b>19,045</b>	<b>596,227</b>
<b>Accumulated depreciation at 1 April 2022</b>	0	4,095	0	0	58,035	13,415	12,933	88,478
Provided during the period	0	9,646	224	0	7,606	4,396	1,664	23,536
Revaluations	0	(7,860)	(224)	0	0	0	0	(8,084)
Disposals	0	(579)	0	0	(8,562)	(4,201)	(1,670)	(15,012)
<b>Accumulated depreciation at 31 March 2022</b>	<b>0</b>	<b>5,302</b>	<b>0</b>	<b>0</b>	<b>57,079</b>	<b>13,610</b>	<b>12,927</b>	<b>88,918</b>
<b>Net book value at 31 March 2022</b>								
Owned - purchased	80,870	111,517	543	18,505	8,756	9,985	1,209	231,385
Finance leased	0	2,165	0	0	0	0	0	2,165
Owned - donated / granted	4,080	223,986	9,622	6,088	22,733	2,341	4,909	273,759
<b>NBV total at 31 March 2022</b>	<b>84,950</b>	<b>337,668</b>	<b>10,165</b>	<b>24,593</b>	<b>31,489</b>	<b>12,326</b>	<b>6,118</b>	<b>507,309</b>

## 11.2 Valuation of Land and Buildings

Land, buildings excluding dwellings, and dwellings were revalued with an effective date of 31 March 2023.

The methodology adopted is described in the statement below, issued by the valuer:

The freehold and leasehold property known as Great Ormond Street Hospital for Children NHS Foundation Trust was valued as at 31 March 2023 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the requirements of the RICS Valuation – Global Standards 2022 and the national standards and guidance set out in the UK national supplement (November 2018), the International Valuation Standards, and IFRS as adapted and interpreted by the Financial Reporting Manual (FRM). The valuations of specialised properties were derived using the Depreciated Replacement Cost (DRC) method, with other in-use properties reported on an Existing Use Value basis.

Climate Change considerations in the valuation

In recognition of the need to consider the potential effect of Climate Change on the Trust's assets, the valuer has advised the Trust that their valuations do currently and will continue to consider sustainability, and environmental, social and governance (ESG) factors where applicable and reflect the risks associated with climate change as well as any other key considerations when arriving at their assessment of value. In doing so, the valuer has taken account of guidance in the RICS Valuation – Global Standards (the "Red Book") section on ESG matters, and the RICS guidance note "Sustainability and ESG in commercial property valuation and strategic advice" effective 31 January 2022.

## 11.3 Charitably Funded Capital Expenditure

Great Ormond Street Hospital Children's Charity donated £10,303k towards property, plant, equipment and intangibles expenditure during the year (2021/22, £8,051k).

The Trust has completed a number of agreements with Great Ormond Street Hospital Children's Charity in connection with amounts donated to fund capital expenditure on building work in relation to buildings used by the Trust for its core activities. The agreements provide that, in the event that there is a material change in use of these buildings, the amounts donated would be repayable based on a formula which takes account of the total value of donations received and the period for which the new building work has been in use by the Trust. There are no past events or events foreseen by the directors which would require the recognition of an obligation to the Charity as a result of these agreements.

## 12. Other investments / financial assets

### 12.1 Other investments / financial assets

	31 March 2023	31 March 2022
	£000	£000
<b>Carrying value at 1 April</b>	<b>161</b>	<b>0</b>
Acquisitions in year	0	165
Movement in fair value through OCI	(156)	(4)
<b>Carrying value at 31 March</b>	<b>5</b>	<b>161</b>

The Trust recognises Sensyne Health PLC shares as Fair Value through OCI. The Trust has made the decision to recognise the investment as Fair Value through other comprehensive income given the equities are not held for trading and as part of a long term strategic relationship.

## 13. Right of use assets

### 13.1 Right of use assets

	Property (land and buildings)	Plant and machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	4,333	0	0	<b>4,333</b>	0
IFRS 16 implementation - adjustments for existing operating leases / subleases	82,417	676	1,345	<b>84,438</b>	3,241
Additions	98	0	0	<b>98</b>	0
Remeasurements of the lease liability	0	0	0	<b>0</b>	0
Movements in provisions for restoration / removal costs	33	0	0	<b>33</b>	0
Impairments	(10,202)	0	0	<b>(10,202)</b>	(8)
Revaluations	(171)	0	0	<b>(171)</b>	(324)
<b>Cost or valuation at 31 March 2023</b>	<b>81,939</b>	<b>676</b>	<b>1,345</b>	<b>78,529</b>	<b>2,909</b>
<b>Accumulated depreciation at 1 April 2022</b>					
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	0	0	0	<b>0</b>	0
IFRS 16 implementation - adjustments for existing subleases	0	0	0	<b>0</b>	0
Transfers by absorption	0	0	0	<b>0</b>	0
Provided during the year	5,877	175	314	<b>6,366</b>	584
Impairments	(4,732)	0	0	<b>(4,732)</b>	4
Reversal of impairments	0	0	0	<b>0</b>	0
Revaluations	(699)	0	0	<b>(699)</b>	(580)
Reclassifications	0	0	0	<b>0</b>	0
Disposals / derecognition	0	0	0	<b>0</b>	0
<b>Accumulated depreciation at 31 March 2023</b>	<b>446</b>	<b>175</b>	<b>314</b>	<b>935</b>	<b>0</b>
<b>Net book value at 31 March 2023</b>	76,062	501	1,031	77,594	2,909
Net book value of right of use assets leased from other NHS providers					2,909

## 14. Leases

This note details information about leases for which the Foundation Trust is a lessee.

The Foundation Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

The Foundation Trust leases property assets from three main classes of lessor: commercial lessors; another NHS Provider Trust; and the GOSH Children's Charity. In addition, the Foundation Trust has service agreements in which right of use equipment is provided.

### 14.1 Revaluations of right of use assets

Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset. The Foundation Trust holds property assets under leases where the cost model of valuation is not appropriate as the rent payable is either peppercorn or substantially less than an open market rate.

Therefore, on transition to IFRS 16 the Foundation Trust commissioned external valuations for most of its property assets as at 1 April 2022. Only those shorter term property leases held on leases from commercial landlords were valued on the cost model at 1 April 2022. The valuations of property assets were undertaken by Gerald Eve LLP at the same time as the land, building and dwellings valuations which are described in the PPE note 11.2. The same properties were revalued with an effective date of 31 March 2023.

### 14.2 Recognition of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 21.

Payments recognised as an expense	Year ended 31 March 2023	Of which leased from DHSC group bodies:
	£000	£000
Carrying value at 31 March 2022	0	0
IFRS 16 implementation - adjustments for existing operating leases	33,280	1,614
Lease additions	98	0
Lease liability remeasurements	0	0
Interest charge arising in year	232	14
Lease payments (cash outflows)	(2,620)	(201)
<b>Carrying value at 31 March 2023</b>	<b>30,990</b>	<b>1,427</b>

Of which:

Leased from other NHS providers	1,427
Leased from other DHSC group bodies	0

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 4, Operating expenses. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

### 14.3 Maturity analysis of future lease payments at 31 March 2023

Total future minimum lease payments	Total	Of which leased from DHSC group bodies:
	Year ended 31 March 2023	Year ended 31 March 2023
Undiscounted future lease payments payable in:		
- not later than one year;	3,276	201
- later than one year and not later than five years;	11,393	803
- later than five years.	18,550	466
<b>Total gross future lease payments</b>	<b>33,219</b>	<b>1,470</b>
Finance charges allocated to future periods	(2,229)	(43)
<b>Net lease liabilities at 31 March 2023</b>	<b>30,990</b>	<b>1,427</b>

Of which:

Leased from other NHS providers	1,427
Leased from other DHSC group bodies	0

## 14.4 Commitments in respect of operating leases at 31 March 2022 (IAS17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the trust previously determined to be operating leases under IAS 17.

	Year ended 31 March 2022
	£000
Operating lease expense	
Minimum lease payments	3,059
Total	3,059

	Year ended 31 March 2022
	£000
Future minimum lease payments due:	
Not later than one year	3,037
Between one and five years	13,034
After 5 years	15,638
Total	31,709

## 14.5 Initial application of IFRS16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. A more detailed description of the application and practical expedients applied by the Foundation Trust on initial application are detailed in the leases accounting policy in note 1.16.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

### Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022
	£000
<b>Operating lease commitments under IAS 17 at 31 March 2022</b>	31,709
Impact of discounting at the incremental borrowing rate	
<b>IAS 17 operating lease commitment discounted at incremental borrowing rate</b>	29,498
Less:	
Commitments for short term leases	(100)
Irrecoverable VAT previously included in IAS 17 commitment	(4,983)
Other adjustments:	
Rent increases/(decreases) reflected in the lease liability, not previously reflected in the IAS 17 commitment	8,590
Other adjustments	275
<b>Total lease liabilities under IFRS 16 as at 1 April 2022</b>	<b>33,280</b>

## 15. Commitments

### 15.1 Capital commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	<b>31 March 2023</b>	31 March 2022
	<b>£000</b>	£000
Property, plant and equipment	<b>8,859</b>	5,616
Intangible assets	<b>127</b>	28
<b>Total</b>	<b>8,986</b>	<b>5,644</b>

Included in the above £8.9m at 31 March 2023 are commitments of £2.7m for design works for a new building on the Hospital site, and £4.5m to contractors and others for works on the Hospital site to enable decant of services from the buildings which it is proposed to demolish to build the new Centre.

### 15.2 Other financial commitments

The Trust has entered into non-cancellable contracts (which are not leases or PFI contracts or other service concession arrangements). The payments to which the Trust is committed are as follows:

	<b>31 March 2023</b>	31 March 2022
	<b>£000</b>	£000
Not later than one year	<b>16,675</b>	10,362
Later than one year and not later than five years	<b>19,795</b>	10,757
<b>Total</b>	<b>36,470</b>	21,119

## 16. Inventories

### 16.1 Inventories

	<b>31 March 2023</b>	31 March 2022
	<b>£000</b>	£000
Drugs	3,524	3,465
Consumables	8,640	8,088
Consumables donated from DHSC group bodies	97	124
Energy	35	35
<b>Total</b>	<b>12,296</b>	11,712

The cost of inventories recognised as expenses during the year in respect of continuing operations was £133,347k (2021/22: £121,659k); of which £731k related to expenses relating to the utilisation of consumables donated by DHSC bodies (2021/22: £1,186k).

In response to the Covid 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £703k of items purchased by DHSC (2021/22: £703k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

## 17. Trade and other receivables

### 17.1 Trade and other receivables

	Current		Non-current	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Contract receivables: invoiced	56,189	35,723	0	0
Contract receivables: not yet invoiced / non-invoiced*	25,935	7,105	0	0
Capital receivables	4,477	1,516	0	0
Allowance for impaired contract receivables	(8,075)	(6,319)	0	0
Allowance for impaired other receivables	(117)	(161)	0	0
Prepayments (revenue)	5,236	5,761	7,051	6,016
VAT receivable	929	566	0	0
Clinician pension tax provision reimbursement funding from NHSE	20	21	1299	925
Other receivables	9,233	6,294	0	0
<b>Total</b>	<b>93,820</b>	<b>50,506</b>	<b>8,350</b>	<b>6,941</b>
Of which, receivable from NHS and DHSC group bodies:	25,760	7,658	3,826	3,852

\*In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer and the associated income for FY 2022/23 is included in the total value for contract receivables not yet invoiced in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

### 17.2 Allowances for credit losses on receivables

	Total 2022/23	Contract receivables and contract assets	All other receivables
	£000	£000	£000
<b>Allowance for credit losses at 1 April 2022 - brought forward</b>	6,480	6,319	161
New allowances arising	5,196	5,161	35
Changes in the calculation of existing allowances	(204)	(197)	(7)
Reversals of allowances (where receivable is collected in-year)	(2,973)	(2,918)	(55)
Utilisation of allowances (where receivable is written off)	(307)	(290)	(17)
<b>Total allowance for credit losses at 31 March 2023</b>	<b>8,192</b>	<b>8,075</b>	<b>117</b>

### 17.3 Allowances for credit losses on receivables

	Total 2021/22	Contract receivables and contract assets	All other receivables
	£000	£000	£000
Allowance for credit losses at 1 April 2021 - brought forward	11,342	11,205	137
New allowances arising	2,326	2,237	89
Changes in the calculation of existing allowances	282	286	(4)
Reversals of allowances (where receivable is collected in-year)	(7,291)	(7,277)	(14)
Utilisation of allowances (where receivable is written off)	(179)	(132)	(47)
<b>Total allowance for credit losses at 31 March 2022</b>	<b>6,480</b>	<b>6,319</b>	<b>161</b>

## 18. Cash and cash equivalents

	31 March 2023	31 March 2022
	£000	£000
Balance at beginning of the year	123,671	126,187
Net change in year	<b>(41,500)</b>	(2,516)
<b>Balance at the end of the year</b>	<b>82,171</b>	123,671
<b>Made up of</b>		
Commercial banks and cash in hand	14	12
Cash with the Government Banking Service	<b>82,157</b>	123,659
<b>Cash and cash equivalents as in statement of financial position</b>	<b>82,171</b>	123,671
<b>Cash and cash equivalents as in statement of Cashflows</b>	<b>82,171</b>	123,671

## 19. Trade and other payables

### 19.1 Trade and other payables

	Current	
	31 March 2023	31 March 2022
	£000	£000
Trade payables	15,494	20,869
Capital payables	5,722	6,864
Social Security costs	4,272	4,419
Other taxes payable	4,131	4,081
Pension contributions payable	4,688	4,705
Other payables	8,514	8,819
Accruals*	60,333	40,946
Annual leave accrual	4,118	6,275
PDC dividend payable	877	468
<b>Total</b>	<b>108,149</b>	97,446
Of which, payable to NHS and DHSC group bodies:	11,133	6,746**

\*In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer and the associated expenditure for FY 2022/23 is included in the total value for accruals in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

\*\*£6,746k

This was incorrectly included in the accounts in the prior year as £11,500k and has been re-stated to the correct amount.

## 20. Other Liabilities

	Current		Non-current	
	31 March 2023	31 March 2022	31 March 2023	31 March 2022
	£000	£000	£000	£000
Deferred income: Contract liability (IFRS 15)	6,359	4,394	0	0
Deferred income: other (non-IFRS 15)	4,921	1,917	2,527	0
Lease incentives	0	500	0	2,927
<b>Total</b>	<b>11,280</b>	6,811	<b>2,527</b>	2,927

The disclosure at 31 March 2022 of lease incentives has been reclassified as deferred income at 31 March 2023.

## 21. Borrowings

	31 March 2023	31 March 2022
	£000	£000
Current		
Lease liabilities*	3,276	0
Total current borrowings	<b>3,276</b>	<b>0</b>
Non-current		
Lease liabilities*	27,714	0
Total non-current borrowings	<b>27,714</b>	<b>0</b>

\*The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 14.

## 22. Provisions

	Current		Non-current						
	31 March 2023	31 March 2022	31 March 2023	31 March 2022					
	£000	£000	£000	£000					
Pensions relating to other staff	99	111	438	570					
Legal claims	1,185	49	0	0					
Redundancy	0	13	0	0					
Lease dilapidations	0	28	1,037	945					
Capitalised lease dilapidations	0	0	33	0					
Clinician pension tax reimbursement	20	21	1,299	925					
Other	0	148	0	0					
<b>Total</b>	<b>1,304</b>	<b>370</b>	<b>2,807</b>	<b>2,440</b>					
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
At 1 April 2022	681	49	946	13	148	973	0	<b>2,810</b>	
IFRS 16 implementation - adjustments for onerous lease provisions	0	0	0	0	0	0	0	<b>0</b>	
Change in the discount rate	(110)	0	(1,161)	0	0	92	0	<b>(1,179)</b>	
Arising during the year	53	1,158	1,521	0	0	0	33	<b>2,765</b>	
Utilised during the year	(97)	(22)	(13)	(13)	0	0	0	<b>(145)</b>	
Reversed unused	(41)	0	0	0	(148)	(28)	0	<b>(217)</b>	
Unwinding of discount	51	0	26	0	0	0	0	<b>77</b>	
At 31 March 2023	<b>537</b>	<b>1,185</b>	<b>1,319</b>	<b>0</b>	<b>0</b>	<b>1,037</b>	<b>33</b>	<b>4,111</b>	
<b>Expected timing of cash flows:</b>									
- not later than one year	99	1,185	20	0	0	0	0	<b>1,304</b>	
- later than one year and not later than five years	396	0	61	0	0	225	33	<b>715</b>	
- later than five years	42	0	1,238	0	0	812	0	<b>2,092</b>	
	<b>537</b>	<b>1,185</b>	<b>1,319</b>	<b>0</b>	<b>0</b>	<b>1,037</b>	<b>33</b>	<b>4,111</b>	

Provisions for capitalised pension benefits are based on tables provided by the NHS Pensions Agency reflecting years to normal retirement age and the additional pension costs associated with early retirement.

"Legal Claims" consist of amounts due as a result of third party and employer liability claims. The values are based on information provided by the Trust's insurer, in this case, the NHS Resolution. The amount shown here is the gross expected value of the Trust's liability to pay minimum excesses for outstanding cases under the Scheme rules. Provision has also been made for cases which are ongoing with the Trust's solicitors.

'Lease dilapidation' provisions relate to amounts the Trust is liable to pay to landlords at the end of agreed leases.

'Redundancy' provision relates to amounts due to be paid to staff where there is a likelihood that they will be made redundant.

NHS Resolution records provisions in respect of clinical negligence liabilities of the Trust. The amount recorded as at 31 March 2023 was £134,128k (£222,660k at 31 March 2022).

'Clinician Pension tax reimbursement' provision of £1.3m (2021/22 £0.9m) has been included in the Trust's accounts. This figure was provided by NHSE, using information provided by the Government Actuaries Department and NHS Business Services Authority.



## 23. Revaluation reserve

	31 March 2023	31 March 2022
	£000	£000
Opening balance at 1 April	143,603	119,782
Net impairments	0	(265)
Revaluations	33,853	24,086
Closing balance at 31 March	177,456	143,603

## 24. Financial instruments

The carrying value and the fair value are equivalent for the financial assets and financial liabilities shown below in notes 24.1 and 24.2. All financial assets and liabilities included below are receivable/payable within 12 months.

### 24.1 Financial assets by category

	2022/23			2021/22
	Total Financial Assets	Financial Assets at Amortised Cost	Financial Assets at Fair Value through OCI	Total Financial Assets
	£000	£000	£000	£000
<b>Carrying values of financial assets</b>				
Receivables (excluding non-financial assets) with DHSC Group bodies	26,583	26,583	0	8,168
Receivables (excluding non-financial assets) with other bodies	62,371	62,371	0	36,936
Other investments / financial assets	5	0	5	161
Cash and cash equivalents at bank and in hand	82,171	82,171	0	123,671
<b>Total at 31 March</b>	<b>171,130</b>	<b>171,125</b>	<b>5</b>	<b>168,936</b>

### 24.2 Financial liabilities by category

	2022/23	2021/22
	£000	£000
<b>Carrying values of financial liabilities at amortised cost</b>		
Obligations under leases	30,990	0
Trade and other payables (excluding non-financial liabilities) with DHSC Group bodies	10,013	6,031
Trade and other payables (excluding non-financial liabilities) with other bodies	88,856	82,447
<b>Total at 31 March</b>	<b>129,859</b>	<b>88,478</b>

### 24.3 Maturity of financial liabilities

Financial liabilities fall due in:

In one year or less	102,145	88,478
In more than one year but not more than five years	11,393	0
In more than five years	18,550	0
Total financial liabilities	132,088	88,478

## 24.4 Financial Risk Management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with NHS England, Integrated Care Boards and Integrated Care Systems and the way those bodies are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditor.

### Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. Although the Trust has operations overseas, it has no establishment in other territories. The Foundation Trust therefore has low exposure to currency rate fluctuations.

### Interest rate risk

The Trust's cash balances are held with the Government Banking Service. The Trust therefore has low exposure to interest rate fluctuations.

### Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, it has low exposure to credit risk. The maximum exposures as at 31 March 2023 are in receivables from customers, as disclosed in the trade and other receivables note.

A high proportion of private patient income is received from overseas government bodies. The Trust has a good record of collection of this income although there can be delays.

These funding arrangements ensure that the Trust is not exposed to any material credit risk.

### Liquidity risk

The Trust's operating costs are incurred under contracts with Integrated Care Boards, Integrated Care Systems and NHS England, which are financed from resources voted annually by Parliament.

## 25. Related Party Transactions

Paragraph 25 of IAS 24 allows entities which are related parties because they are under the same government control to reduce the volume of the detailed disclosures. Note also that IAS 24 is interpreted such that DHSC group bodies must disclose the Department of Health and Social Care as the parent department and provide a note of the main entities within the public sector with which the body has had dealings, but that no information needs to be given about these transactions.

Great Ormond Street Hospital for Children NHS Foundation Trust is a body corporate established under the National Health Service Act 2006.

No Board Members or members of the key management staff or parties related to them has undertaken any material transactions with Great Ormond Street Hospital for Children NHS Foundation Trust. Remuneration of senior managers is disclosed in the audited part of the director's remuneration report on page 96.

During the year the Trust has had a significant number of material transactions with the following organisations which fall within the Whole of Government Accounting Bodies and Local Authorities:

NHS England / Improvement

- NHS Clinical Commissioning Groups
- NHS Integrated Care Boards
- NHS Integrated Care Systems
- NHS Foundation Trusts
- NHS Trusts
- Department of Health and Social Care
- Health Education England
- NHS Pension Scheme

The Trust also had significant transactions with Great Ormond Street Hospital Children's Charity. The total values are below:

	<b>2022/23</b>	2021/22
	<b>£000</b>	£000
Income	<b>20,946</b>	18,192
Expenditure	<b>2,365</b>	1,876
Receivables (31 March)	<b>6,948</b>	4,009
Payables (31 March)	<b>556</b>	149

Related Party Transactions are like when you have a friend or family member who you do business with.

For example, if your dad has a restaurant and he buys all of his vegetables from your aunt's farm, that's a related party transaction.

The Trust does work with other NHS organisations that affect both sets of accounts. This is why we have to write about it in the annual report and accounts, to make sure everyone knows about it and that everything is fair.

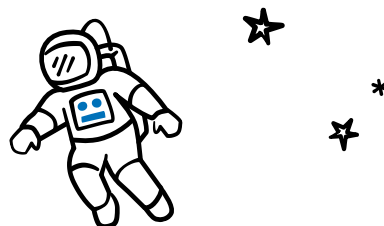


## 26. Events after the reporting period

There are no events after the reporting period which require disclosure.

## 27. Losses and special payments

Sometimes, the Trust might lose money - maybe someone didn't pay for treatment, or legal settlements or compensating someone for something that went wrong during their treatment. This section details how much money.



	2022/23		2021/22	
	Number	£000	Number	£000
Losses of cash due to fraud	1	77	0	0
Bad debts relating to overseas visitors	4	174	22	66
Bad debts relating to other debtors	143	133	224	113
Stores losses	16	299	15	402
Total losses	<b>164</b>	<b>683</b>	261	581
Ex-gratia payments	33	5	6	1
Special payments	1	35	0	0
Total special payments	<b>34</b>	<b>40</b>	6	1
<b>Total losses and special payments</b>	<b>198</b>	<b>723</b>	267	582
Of which, cases of £300,000 or more:				
Bad debts and claims abandoned	<b>0</b>	<b>0</b>	0	0

The amounts above are reported on an accruals basis but exclude provisions for future losses.

## 28. Off-Payroll engagements

As at 31 March 2023, the Trust had no off-payroll engagements for more than £245 per day lasting for longer than six months.

There were no new off-payroll engagements, or any that reached six months in duration, between 1 April 2022 and 31 March 2023, for more than £245 per day and that lasted for longer than six months.



# Glossary

<b>BAF</b>	Board Assurance Framework	<b>NED</b>	Non-Executive Directors
<b>BAME</b>	Black Asian and Minority Ethnic	<b>NHS</b>	National Health Service
<b>BMA</b>	British Medical Association	<b>NHSE</b>	NHS England
<b>CCC</b>	Children's Cancer Centre	<b>NHSI</b>	NHS Improvement
<b>CEO</b>	Chief Executive Officer	<b>NIHR BRC</b>	National Institute for Health Research Great Ormond Street Biomedical Research Centre
<b>CHP</b>	Combined Heat and Power	<b>MHRA</b>	Medicines and Healthcare products Regulatory Agency
<b>Covid-19</b>	(Coronavirus) An infectious disease caused by severe acute respiratory syndrome first identified in December 2019 and resulted in a pandemic.	<b>PALS</b>	Patient Advice and Liaison Service
<b>CQC</b>	Care Quality Commission	<b>PDR</b>	Performance and development review
<b>CRF</b>	Clinical Research Facility	<b>PEAC</b>	People and Education Assurance Committee
<b>D&amp;I</b>	Diversity and Inclusion	<b>PEWS</b>	Paediatric Early Warning Score
<b>Desflurane</b>	A volatile anaesthetic gas used for surgery	<b>PHSO</b>	Parliamentary and Health Service Ombudsman
<b>DRIVE</b>	Digital Research Informatics & Virtual Environment	<b>PLACE</b>	Patient-led Assessments of the Care Environment
<b>DSP</b>	Data Security and Protection	<b>QI</b>	Quality Improvement
<b>DSPT</b>	Data Security and Protection Toolkit	<b>QRG</b>	Quality Review Group
<b>ECHO</b>	European Children's Hospital Organisation	<b>QSEAC</b>	Quality, Safety and Experience Assurance Committee
<b>Epic</b>	The service provider of the EPR	<b>RACG</b>	Risk Assurance and Compliance Group
<b>EPR</b>	Electronic Patient Record	<b>RIBA</b>	Royal Institute of British Architects
<b>EQIA</b>	Equality and Quality Impact Assessment	<b>RCN</b>	Royal College of Nursing
<b>EU</b>	European Union	<b>RCPCH</b>	Royal College of Paediatrics and Child Health
<b>FBC</b>	Full Business Case	<b>STP</b>	Sustainability and Transformation Partnerships
<b>FTE</b>	Full-time equivalent	<b>tCO2e</b>	Tonnes of carbon dioxide equivalent
<b>FTSU</b>	Freedom to Speak Up	<b>UCL</b>	University College London
<b>GDPR</b>	General Data Protection Regulations	<b>UCLH</b>	University College London Hospitals
<b>GEMS</b>	GOSH Exceptional Members of Staff	<b>UCLP</b>	UCL Partners
<b>GLA</b>	GOSH Learning Academy	<b>UK</b>	The United Kingdom of Great Britain and Northern Ireland, simply known as the United Kingdom (UK) or Britain
<b>GOSH</b>	Great Ormond Street Hospital for Children NHS Foundation Trust	<b>UKHSA</b>	UK Health Security Agency
<b>HEE</b>	Health Education England	<b>WHO</b>	World Health Organisation
<b>I&amp;PC</b>	International and Private Care	<b>YPAG</b>	Young Persons' Advisory Group
<b>LCFS</b>	Local Counter Fraud Service	<b>YPF</b>	Young People's Forum
<b>NCL</b>	North Central London		
<b>NCL ICS</b>	North Central London Integrated Care System		



# Great Ormond Street Hospital for Children NHS Foundation Trust

Great Ormond Street  
London WC1N 3JH  
020 7405 9200  
[gosh.nhs.uk](http://gosh.nhs.uk)

Designed and produced by Great Ormond Street Hospital  
Marketing and Communications.

Thank you to everyone who was interviewed for, or gave  
permission for their picture to be used in, this report, as well  
as the many members of Great Ormond Street Hospital staff  
who helped during its production.

The *Annual Report and Accounts* is available to view at  
[www.gosh.nhs.uk](http://www.gosh.nhs.uk)

Design Manager  
Great Ormond Street Hospital  
Second floor  
40 Bernard Street  
London WC1N 1LE  
[design.work@gosh.org](mailto:design.work@gosh.org)

