GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE COUNCIL OF GOVERNORS
Thursday 09 November 2023
3:00pm – 5:30pm
Charles West Room, Barclay House, Great Ormond Street, London, WC1N 3HZ

NO.	ITEM	ATTACHMENT	PRESENTER	TIME
1.	**Welcome and introductions**	**Verbal**	Ellen Schroder, Chair	3.00pm
2.	**Apologies for absence**	**Verbal**	Ellen Schroder, Chair	
3.	**Minutes of the meeting held on 05 July 2023**	**A**	Ellen Schroder, Chair	
4.	**Matters Arising and action log**	**B**	Anna Ferrant, Company Secretary	
	STRATEGY AND PLANNING			
5.	**Governor requested item:** • **Overview of Patient Safety at GOSH**	**C**	Sanjiv Sharma, Chief Medical Officer	3.10pm
6.	**People Planet Update and Refreshed People Strategy**	**D**	Caroline Anderson, Director of HR&OD	3.30pm
7.	**Children's Cancer Centre (CCC) Planet Update**	**E**	Gary Beacham, CCC Delivery Director	3.45pm
	PERFORMANCE and ASSURANCE			
8.	**Chief Executive Report including:** • **Integrated Quality and Performance Report (Month 5, August 2023 data).** • **Finance Report (Month 5, August 2023 data).**	**F**	John Beswick, Chief Finance Officer	3.55pm
9.	**Update from the Young People's Forum (YPF)**	**G**	Rose Dolan and Kamya Mandhar, YPF Governors	4.15pm
10.	**Reports from Board Assurance Committees** • **Quality, Safety and Experience Assurance Committee (September 2023)** • **People and Education Assurance committee (September 2023)** • **Audit Committee (October 2023)** • **Finance and Investment Committee (September 2023)**	**H** **I** **J** **K**	Amanda Ellingworth, Chair of the QSEAC Kathryn Ludlow, Chair of PEAC Gautam Dalal, Chair of Audit Committee Suzanne Ellis, Chair of Finance and Investment Committee	4.25pm

	GOVERNANCE			
11.	**Auditor's Annual Report 2022/23**	**L**	John Beswick, Chief Finance Officer	4.40pm
12.	**Update from the Nominations and Remuneration Committee** • Non-Executive Director Succession Planning and Recruitment • Appointment process for the University College of London nominated Non-Executive Director • Extension of Tenure for a Non-Executive Director • Chair and NED remuneration	**M** **N** **O** **P**	Ellen Schroder, Chair / Anna Ferrant, Company Secretary	4.45pm
13.	**Council of Governors Effectiveness Survey Results 2023**	**Q**	Paul Balson, Head of Corporate Governance	4.55pm
14.	**GOSH Council of Governors Election Update 2023**	**R**	Paul Balson, Head of Corporate Governance	5.05pm
15.	**Governance Update** • Constitution and Governance Working Group • Updated Fit and Proper Person Policy • Governors Sustainability Working Group	**S** **T**	Anna Ferrant, Company Secretary / Natalie Hennings, Deputy Company Secretary	5.10pm
16.	**Update from the Membership Engagement Recruitment and Retention Committee including:** • Progress against the Membership Strategy • AGM Post event summary	**U**	Paul Balson, Head of Corporate Governance	5.20pm
17.	**Any Other Business**	**Verbal**	Ellen Schroder, Chair	5.25pm
	Next Meeting Thursday 22 February 2024; 3:00pm – 5:30pm			

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

People Strategy

2023–2026

Making GOSH a great place to work

Contents

Foreword by Matthew Shaw

Everything we do at Great Ormond Street is as a result of the dedication and skill of our people.

Our first People Strategy launched in 2019 set the framework for looking after our people and supporting Planet 1 of our Above and Beyond Strategy – 'Making GOSH a great place to work'.

This revised strategy is an evolution - many of the core elements remain - building on the progress made and taking into account that the context has changed.

There have many significant moments and shifts in our cultural and economic landscape over the last three years. The horrific murder of George Floyd in the United States brought the Black Lives Matter movement to global prominence. The Coronavirus pandemic had a deep and sustained impact on our workforce and the wider NHS. More recently, we have been experiencing a cost of living crisis and periods of industrial actions across multiple sectors, including ours.

It is against this backdrop that the People Strategy has never felt more important.

We cannot hope to attract and retain our staff if we do not pay deliberate attention to how we listen and support them. We need to look after them so they can look after the children and young people that need our care.

We also need to tailor our approach to our workforce. We have a very young workforce, often at the earlier stages of their career. Over the last few years it's really struck me that what I see as important and what they would see as important in a place to work may be very different. The importance of flexible working and a better life balance seems heightened, and we need to really consider how we can operate fairly with a workforce with different perspectives.

We remain a community that can only be successful through effective teamwork. The children and young people we see are complex and require support from multiple specialties. This means people can't work in isolation and we need to continually challenge ourselves how we work better across teams with the child at the centre.

We also have to acknowledge that we are a somewhat hierarchical organisation. This should not impede our staff's ability to speak up and be heard and leaders have a responsibility to their teams not just the organisation. As a senior leadership team we have the responsibility to ensure

the right training and development opportunities are available at every level of the organisation.

Our Seen and Heard framework set out how we intended to be a more diverse and inclusive organisation. We have made some progress but there is a long way to go before diversity reflects all layers and bands and until all people fair and equitable opportunities whatever their backgrounds and protected characteristics

One very important way in which we hear from our staff is our annual staff survey. It's maybe the feedback I look at most. As we launch this revised strategy, after a couple of years of sustained improvements, we have seen decreases in staff satisfaction. This is really disappointing. We need to be ever more determined to improve.

Culture change takes time. It is a team sport. I am clear as CEO that I have the responsibility to put a framework in place but it is everyone's role to play their part in upholding the values. We need to ensure everyone understands that doing your job is not just about achieving task but how you make people feel while you're getting the job done.

If we get this right and have the right infrastructure in place, GOSH really will be a great place to work.

Introduction and Purpose

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

We value and respect them individually and collectively for who they are, as well as what they do.

As a Trust we are committed to ensuring all our people are well led and well managed, but also supported, developed and empowered to be, and do, their best work.

In 2019 we published our first People Strategy. This updated version builds on the legacy and work of the original, but sets it within our current context, which post Covid has become more complex and challenging. As with the original, the purpose of this People Strategy is to bring together all of the people management issues and related activities to provide visibility, but also to ensure that they are aligned, coordinated and focused on delivering the current and future priorities of the Trust, alongside our commitment to our people.

The new strategy continues to form the basis of the work to deliver the commitments of the Above and Beyond Strategy, specifically Planet 1, 'Making GOSH a great place to work'. Significant work has been delivered since its publication and together with the underpinning Diversity and Inclusion and Health and Wellbeing frameworks, (Seen and Heard, and Mind, Body and Spirit), the strategy has provided a strong foundation to support staff through the unprecedented challenges of the pandemic and post Covid recovery.

Those internal challenges have been matched by a fast-moving external context which means we now operate in a more complex and uncertain environment, with increased controls and scrutiny driven by system changes and a challenging financial and economic context.

As a consequence, the refreshed People Strategy provides both a response to our ongoing challenges around recruitment, retention, leadership, performance and engagement, as well as the development of corporate infrastructure and skills to deliver our priorities and build a sustainable and resilient organisation for the future. Recognising this change will impact on service configurations, skills and capabilities, structures and the way we work.

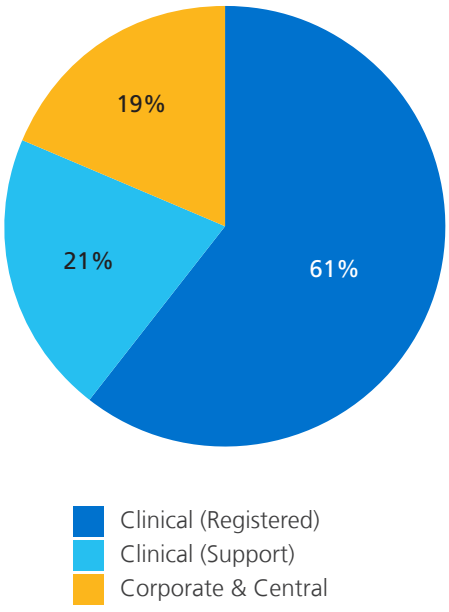
It is essential that the Trust and our staff are well positioned to successfully navigate this new operational context and prepare for the future. In recognition of the criticality of organisational culture in this process, the refreshed strategy also introduces a new Culture and Engagement framework to reinforce the work of our existing frameworks.

GOSH was established in 1852 and was the first hospital in England to provide in-patient beds specifically for children. Today, GOSH is a tertiary and quaternary paediatric hospital that provides specialised and highly specialised services to children and young people (CYP) with rare and complex conditions. It is the largest paediatric center in the UK for intensive care, cardiac surgery, neurosurgery, cancer services, nephrology and renal transplants. There are 63 different clinical specialties at GOSH and around half of patients come from outside London. GOSH is also renowned internationally. Delivery of the People Strategy will be overseen by the People Planet Programme Board, with assurance being provided by the People and Education Assurance Committee. The first year of the new strategy will focus on consolidating the work of the previous strategy and addressing the most acute and urgent workforce issues, arising from our changing context, including investment in the building blocks to create a positive working environment for all. This will include joining up and extending staff support arrangements; continued focus on EDI; and the creation of an environment where all our staff feel valued, trusted and listened to. This work will be extended in year two to deliver a more strategic approach to addressing some of the longer-term systemic workforce issues. These include the development of clear career and training paths for all roles, building skills for the future and becoming an employer of choice. In year three it is expected that there will be a need to review and refresh the People Strategy against the progress and delivery of the overarching GOSH Strategy, to ensure that it remains aligned and mutually reinforcing but also to prepare for the new roles, multidisciplinary team working and the integrated care systems which will define the healthcare workforce into the future.

Our people in numbers – April 2023

- The Trust has 5,800 staff (an increase of 19% since the last People Strategy was launched)
- Following the insourcing of our domestic services in 2021, the highest growth staff group was in Estates which has increased by 165%
- 58% of our staff are in Bands two to six
- 61% of our workforce is in a registered profession
- The average age of our staff is 39, and we have a younger workforce than the NHS average
- 55% of our workforce is under 40 (NHS average 42%), with 20% over 50 (NHS 33%)
- 13.5% of our staff are from the EU/EEA which, while a slight reduction since 2019, (14.5%) has remained broadly stable

Our GOSH staff



- The percentage of staff from ethnically diverse backgrounds has increased to 37% (from 29% in 2019). This remains lower than the NHS London average (48%) but is a marker of progress and will continue to be focus going forward.
- Ethnic diversity in Nursing has increased to 22% but remains lower than the Trust average, while Allied Health Professionals is the lowest overall in the Trust at 16%. The service with the highest level of ethnic diversity is in Estates and Facilities, at 68% followed by additional clinical services at 45% and admin and clerical at 44%. The medical workforce is 41%
- 75% of our staff are female, which is similar to the NHS average
- We have seen an increase in staff declaring a disability (4% up from 2% in 2019). From our staff survey results where 17% of respondents said they had a long-lasting condition or illness, we know we should continue to work on improving our declaration rates to properly understand the wellbeing needs of our people.
- Although they remain lower than NHS averages, we have seen an increase in our sickness rates over the last few years, with a 2022 average reported rate of 3.8%. This compares to a NHS rate of 5.5%
- Turnover rates in the Trust have changed over the last three years, primarily due to the impact of Covid, peaking at 16.3% in February 2020, before falling to well below the 14% target to 10.7% in March 2021. Since then, turnover has increased to 14.3%, equivalent to pre-pandemic levels
- Turnover rates are highest amongst Band 5 nurses (24.1%), Band 4 administrative staff (19.9% - which has reduced by 5.1%) and Band 3 clinical support roles (17.7%), while medical turnover rates (excluding junior doctors) is lowest at 2.2%
- Temporary staffing usage of Agency remains well controlled at the Trust at 1.1% of the total Trust pay bill, while Bank usage is reported as 5.2%
- The previous 3 years have seen a year-on-year increase in staff satisfaction rates which have benchmarked well against our peers. However, we saw a reduction in the 2022 scores, which although not unexpected given the current national and organisational context and is in line with our benchmarked peer groups (excluding acute specialist trusts) but will require action to address

National and local drivers for change

The NHS 10-year Long-Term Plan was published in 2019 and sets out a vision and ambition for healthcare in England, based on a new service model which includes: more focused action on prevention and health inequalities; improved quality of care and health outcomes across all major health conditions; and the harnessing of technology to transform and support the establishment of integrated Care systems. Underpinning that vision is a commitment to invest in the NHS workforce which is captured in the NHS People Plan published in 2020. Since both documents were published, the healthcare landscape has been transformed by the individual and cumulative impact of a range of unprecedented events and circumstances, which have left a legacy that has shifted the role and priorities of the healthcare sector and its organisations, including here at GOSH.

These include the **coronavirus pandemic**. The impact of Covid on both the organisation and the workforce has been significant. The standing down of elective work has created a significant NHS backlog. While we have made good progress in recovering activity relative to our peers, it is still significant and reducing it remains a government priority, which will impact on staff. In terms of GOSH, the pandemic acted as a springboard in some areas, rapidly accelerating the scale and pace of change. Staff showed commitment, energy and creativity, supporting the Trust and NCL partners, changing ways of working and supporting recovery. But it has also left a negative legacy of increased sickness (including long Covid); lower morale and resilience; and for some, anxiety and burnout. So, while the pandemic has acted as a catalyst for the increased focus on staff communication and engagement, EDI and health well-being, maintaining that support and focus will be essential to delivering our long-term workforce goals in what has become an increasingly complex environment.

NHS Systems change

In July 2022, Integrated Care Systems (ICSs) were established as legal entities across England, as part of a remodelling of the way Health and Care is organised, and resulted in GOSH becoming part the North Central London ICS, which is overseen by Integrated Care Board (ICB). This is in response to a shift in demand for health in recent years and the requirement for services to collaborate and focus on local populations; to reduce fragmentation of care and health inequalities; and improve patient experience and safety. While we understand the importance of partnerships and collaboration, having a long history of working with a range of partners inside and outside healthcare, working in a governance system that prioritises local healthcare is at odds with our role as a national provider of specialist paediatric care. As part of this reshaping, NHS commissioning of specialised services will be devolved from NHS England to ICBs. As a specialist, tertiary and quaternary care hospital, how we will logistically manage and be held accountable for multiple contracts with ICSs is unclear. However, it will require us to reset our narrative and position as a local, regional, national and international provider and seek resolution to the systemic recruitment and retention issues in the current system, if we are to attract and retain the people we need to deliver our commitments and ambitions for the future.

Both of the above issues have contributed to a changing

Financial and Economic Context. Historically, GOSH has relied on international/private care (IPC) income and charitable donations to balance its budget and underwrite NHS care. Both of these sources of funding were hit by the pandemic and while IPC income is recovering it is still below pre-pandemic levels, but with ambitions to grow. The restructure of the NHS means the allocation of specialist funding will be devolved from NHSE to local ICSs and won't necessarily be ringfenced for specialist services. As a specialist hospital, this is expected to impact approximately 70% of specialist funding based on 2020-2021 figures, which considering the volatility of spending on specialist care, will make securing contracts with multiple ICSs challenging. Strategic plans for the Trust going forward will have to operate within this changing financial context of increased external controls and scrutiny. Extending and consolidating our income sources will be essential to building financial resilience and sustainability. The situation has been further exacerbated by the UK macro-economic environment which has contributed to increased operating costs.

The NHS People plan

In 2020, NHS England published the NHS People Plan, which set out a commitment to the NHS workforce and 10 people based actions to support transformation across the whole NHS. This was based on: inclusion and belonging; health and well-being; improving leadership capability; new ways of working and delivering care; and growing for the future.

As part of NCL ICS, GOSH will support the delivery of these 10 people priorities which will be assessed through the CQC inspection framework and measured through the annual NHS staff survey which was updated in 2021 to reflect the NHS people promise. In 2023 the North Central London ICS published its people strategy which focuses on 3 workforce priorities (recruitment, development and transformation).

The commitments and actions from both plans align strongly with our own people strategy however, the impact of the last three years and the current turbulent and changeable external landscape will make delivery challenging. The current economic environment including the cost of living crisis is impacting significantly on staff emotional and financial wellbeing and is in part, driving an employee relations context which is unprecedented in the NHS, adding pressure on an already less resilient workforce.

Being proactive with our emotional and financial support for staff, and working collaboratively with their representatives and advocates, while balancing our core commitment to delivering safe care, will be essential to successfully navigating this situation. In 2023 the North Central London ICS published its strategy which focuses on 3 workforce priorities (recruitment, development and transformation).

Our Trust context and priorities

GOSH is a complex organisation. It has developed over time as a consequence of the complexity of our work, the workforce we employ and the children we care for, as well as the choices and decisions made in the development of individual services.

We recognise the growing complexity of our patient demographic - the children we care for often have rare and/or multiple conditions with significant morbidity and a high burden of illness. Patients and families often require the support of several specialities and need access and input from our teams on a regular basis. A significant amount of our work is enabling and facilitating other healthcare providers to safely care for our patients closer to home.

As an organisation, GOSH has grown organically with our service configurations and ways of working often reflecting developments in patient care and the roles to support them, as well as the research and clinical outcomes pioneered here. As a consequence, while multidisciplinary team working is a well embedded concept and is crucial to the success of the organisation, GOSH can best be described as a collection of highly specialised services which often sit within or alongside each other.

The absence of the integrated pathways and service delivery models has resulted in silo working within and between some teams, reducing the opportunity for more efficient ways of working. Although there have been improvements over the last 3 years, for example the introduction of a single Anaesthetic Pre assessment (AOPA) and the introduction of our integrated patient record system (EPIC) there is still much work to do to improve processes and integrate services to work more efficiently.

The complexity, range and uniqueness of the services we offer is reflected in our workforce. We employ a higher number and broader range of senior specialist clinical roles including Consultants, Advanced Clinical Practitioners, Allied Health Professionals and Health Care Scientists, which alongside national and local shortages across key roles, including nursing and single specialty consultants, add additional pressure to our recruitment and retention requirements.

The 2019 People Strategy identified a number of key strategic challenges and necessary building blocks which at the time were exacerbating our workforce challenges. Key among these was the absence of an organisation-wide strategy and a corporate narrative, both of which are essential building blocks for focused delivery and effective staff engagement. In 2020, GOSH published its new **overarching strategy, Above and Beyond.**

Above and Beyond reaffirms our core purpose - to advance care for children and young with complex health needs so they can fulfil their potential, through **Care, Research, Education and Digital Innovation**, and reiterated our ongoing commitment to put '*Children and young people first, always*'.

Crucially, the Above and Beyond strategy introduced and consolidated six priority work programmes to be delivered over the life of the strategy, these were to:

1. Make GOSH a great place to work by investing in the wellbeing of our people.
2. Deliver a Future Hospital programme to transform outdated pathways and processes.
3. Establish the Gosh Learning Academy (GLA) as the first-choice provider of outstanding paediatric training.
4. Improve and speed up access to urgent care and virtual services.
5. Accelerate Translational Research and Innovation to truly become a Research Hospital.
6. Create a Children's Cancer Centre to offer holistic personalised and coordinated care.

Since its publication two additional GOSH wide strategies have been published. **The Safety Strategy** in 2020 and more recently the **Clinical Strategy** published in February 2023. The Safety Strategy reiterated our commitment to patient safety as part of our core purpose to ensure that all our patients and their families receive high quality and safe care and is delivered through two ambitious programmes, one focusing on Safety transformation and the other on Safety Culture. Together, the Above and Beyond Strategy and the Safety Strategy provided an important counterbalance to the demands of the pandemic, which could have become all-consuming and potentially overwhelming. The organisational foundations provided by these overarching strategies and the programmes they initiated, ensured that solid and in some cases accelerated progress was made across, People, The Gosh Learning Academy, Research, the Cancer Centre and Patient Safety.

Finance and transformation

The 2019/20 also saw a marked change in our financial position. Historically, the Trust has been relatively well funded principally due to International Private Patient (IPP) practice, which has subsidised the financial deficit in NHS work and the GOSH Charity which funds over and above what the NHS is able to. Both saw a sharp decline as a result of the pandemic. In addition, tariff income has reduced across London, and

for specialist providers in particular. Alongside an increase in fixed cost and inflation, this has resulted in a budget deficit for the first time. As a result, the Trust is having to bridge this financial gap through a significant 'Better Value' programme focusing on quality, improvement and efficiency.

Responding to the workforce challenges

The overarching Above and Beyond Strategy, alongside the other GOSH-wide strategies, including the People, Safety and Clinical Strategies and transformation and innovation programmes, will provide the organisational framework to maintain focus on delivering the priorities and ambitions of the Trust, alongside managing the challenges set out above.

That strategic framework had been translated into a range of programmes which individually and collectively will change the way we work, how the workforce is organised, and the roles, skills and capabilities that will be required. They will include multi-year programmes such as the redesign and delivery of the cancer services and the building of the Cancer Centre, the Safety Transformation Programme, and transformation and optimisation programmes such as HDU, day cases and discharge planning.

In addition, on an annual basis there will continue to be in-service and directorate change programmes and a continued focus on building financial resilience and sustainability.

Supporting these programmes will be a range of system and infrastructure projects which will act as facilitators to the workforce and organisational changes required. In 2023/24, these include the work of the GOSH Learning Academy, clinical workforce reforms and improvements to business processes, systems and tools, including ongoing investment in HR Policy and infrastructure.

In response to the above, and the national and local context in which we must now operate, the People Strategy has been built around four key themes:

1. **Culture and engagement** - including health and wellbeing and EDI, ensuring all our staff feel well led and well managed, but also valued, developed, and empowered to be and do their best.
2. **Building a sustainable workforce** – to include capacity, strategic workforce and succession planning and resourcing and retention.
3. **Developing skills and capability** - ensuring that the Trust continues to meet its core responsibilities as a teaching, training and research hospital, as well as building skills and capability to meet the new challenges and changing priorities for the future.
4. **Processes systems and infrastructure** - modernising and updating the corporate and HR infrastructure, including, staff planning and deployment systems sustainable business support processes, collaborative working tools and HR policies and processes.

Culture and engagement

Context and key issues

Culture is the most significant contributor to the success or otherwise of an organisation. As with all organisations, our culture is driven by the work we do and the context in which we do it, but also by a range of other complex organisational issues which have developed over time. Creating a positive organisational culture where all staff can thrive and achieve takes time and continued focus and investment. While we have seen improvements in our culture as measured by the staff survey and other metrics, it was from a low base and there is still much work to do.

Issues which continue to impact on our culture at GOSH include the following:

Taking care of our staff (Mind, Body and Spirit)

Working with seriously ill children and their families, many of whom have complex conditions and uncertain futures, is physically and emotionally difficult. It places huge demands on our staff day in and day out and the context in which that work is delivered, including increasing patient acuity, has become even more challenging. Our response to the pandemic provided a catalyst for increased focus and with the support of the GOSH Charity we have been able to invest in extending our well-being initiatives. The publication of our Health and Wellbeing Framework, Mind Body and Spirit, the introduction of the well-being hub and the extension of initiatives to support financial well-being have been important additions to our offer. While there are now a wide range of support arrangements in place, there is still a lack of confidence by managers to both hold well-being conversations and facilitate access to resources and support as well as a general lack of awareness on the part of staff on what is available. Consolidating our offer, raising awareness and skills to facilitate access and ensuring our offer remains relevant and valued by staff will remain areas of commitment and focus.

Seen and Heard (Equality, Diversity and Inclusion)

The publication of the Seen and Heard Framework in 2020 was a response to some of the workforce challenges identified in the first People Strategy. These included an ethnically diverse representation rate significantly below the London average; the absence of employee voice; staff survey results which raised concerns about harassment and bullying; and a lack of progress and opportunity for staff from non-white backgrounds and for staff with disabilities and long-term conditions. The contribution of the newly established staff networks has been essential to the creation of a more inclusive work environment, but while there has been some progress there is still much to do. EDI will remain a focus for the Trust going forward, with continued focus on creating an inclusive workplace, recruitment and progression and amplification of the employee voice.

Upholding our values and standards of behaviour

GOSH has a rich history and heritage, which alongside its unique range of paediatric disciplines and its reputation for research and clinical excellence, attracts some of the most talented practitioners in healthcare. The complex and often unique nature of our patients results in the creation of transitionary multidisciplinary teams built around the needs of the child. At its best, matrix working is highly effective, but carries with it inherent risks as it cuts across the traditional concepts of line management and team structures. It therefore requires active management of team dynamics. A failure to do so creates challenges in working practice and relationships, which if left unchecked can lead to a breakdown in individual relationships and/or dysfunctional team working. It has become apparent that the GOSH values, which have served us well, no longer reflect the organisation we aspire to be and some are actively counterproductive. Although there has been improvement in this area, the Trust would benefit from a process and programme to reinforce the behaviour and values we expect from all staff.

Valuing and celebrating teamwork and collective contribution

The principle of 'The child first and always' is deeply engrained in the organisation and guides the way we work. However, it hasn't always been matched by an equally clear and unequivocal statement of commitment to our people. We do not always acknowledge the roles of all our people, individually and collectively, and the importance of teamwork and collective contribution to the functioning of the hospital. In recent years, the opportunity to celebrate the people who work here and the amazing work they do has been restricted by the pandemic. This has created a vacuum but also an imbalance in the characteristics which drive and define organisational culture, i.e., respect, belonging, acknowledgement and trust. It will be important that we refocus and celebrate the contribution and achievement of our staff and the work they do together.

Developing innovation, improvement and optimisation capability and confidence

As organisation who has pioneered medical and surgical advances over a number of years, we have been at the forefront of many innovations, changes and improvements to care. Historically, these changes have been in the context of relative financial stability. Changes in the organisation are inevitable, some are welcome and some less so. As we navigate the continual changes to healthcare structures and respond to ever increasing demands for our services, how our people approach, develop resilience to and deliver change will be important.

Developing a culture where all of our people, teams and individuals, have a day to day role in innovation, improvements and optimisation of their workplace, supporting the patient care they deliver, will play a key part in their development and investment, as well as having benefits to the Trust.

Develop engagement capability

Since the first People Strategy was published, we have invested in some key infrastructure to help drive engagement. We have a new intranet platform which has vastly improved staff members' ability to find key information and engage with each other. We have enhanced our ability to hold large scale hybrid events which facilitate meaningful two-way engagement between staff and leadership. We have also developed the organisation's first Employee Value Proposition (EVP). This activity has contributed to consistently high scores in the engagement domain of the staff survey.

Our challenge now is to ensure our corporate tools are working as hard as they can to facilitate engagement and their content strategies are aligned with our EVP, which must now be rolled out. To support this objective, we will be launching an app version of our intranet.

We also need to build the capability of our leaders to conduct meaningful two-way engagement through the introduction of a management cascade and a monthly 'Core Brief', which will provide key messages for the month. The past few years have been turbulent for the NHS. Our organisation needs to be able to describe how we will stay true to strategy and what we will prioritise in this fluid and changing context. To this end, we will be developing a corporate narrative to provide better consistency to the way our leadership team describe the opportunities and challenges that lie ahead.

Our senior leadership team is instrumental in shaping our culture. We also need to contribute to redefining an approach to engaging and bringing together our group of senior leaders. This needs clear definition of objectives and an appropriate rhythm for activity.

Commitments and actions:

Shifting organisational culture requires continued focus on and investment in the promotion of those characteristics which contribute to a positive working environment. This involves creating an open supportive and inclusive workplace, as well as dealing with the negative characteristics which detract from it.

In response to the above we will:

- Create a new Culture and Engagement framework which sets out our commitment to establishing a culture which supports our ambitions to make GOSH a great place to work for all staff.

- Refresh our Health and Wellbeing and EDI frameworks to align them both to the new People Strategy and our organisational context.
- Develop delivery plans to be reviewed annually with a set of impact metrics to assess and track progress.
- Review, consolidate and relaunch our well-being offer for staff to support them individually and collectively at difficult times ensuring that they are clear, accessible and mutually reinforcing.
- Extend reach and access to include a physical onsite staff well-being and support hub.
- Deliver and embed the Safety Culture programme to establish a culture which promotes transparency and supports the right and responsibility for all staff to speak up for safety, for themselves and for others.
- Continue to work with cross-organisational and directorate staff forums to inform and co-design our response to staff engagement and support initiatives
- Create and publish a Trust-wide response to the staff survey supported by local plans.
- Design and rollout a programme of culture workshops to inform and co-design the articulation of our desired culture going forward to support the alignment of the ambitions of the People and Safety strategies and integration of the Safety Culture transformation programme.
- Undertake a Trust wide process to review our Values and behavioural frameworks to more accurately reflect the organisation we aspire to be and the culture we want to create.
- Invest in understanding and supporting effective matrix and complex team working, including setting expectations and standards of behaviour, supported by conflict resolution and mediation service.
- Refresh of our approach to recognition and celebration to reinforce what we value, including collective contribution and teamwork.
- Optimise the Our GOSH intranet to promote two-way dialogue.
- Create an annual corporate narrative and introduce a monthly cascade and core brief to support meaningful two-way engagement.
- Establish a network of corporate leaders to strengthen corporate leadership and working, supported by a governance infrastructure and an expectation statement which sets out corporate accountability and ownership to sit alongside their service responsibilities.
- Create a respectful, constructive and mutually beneficial relationship with the staff partners and union representatives and ensure full involvement in and shaping of GOSH People Strategy and appropriate programme.

Building a sustainable workforce

Context and key issues

In many ways, our workforce of circa 6000 is typical of many Trusts in that it is predominately female (76%) and weighted in favour of clinical roles (61% are clinically registered practitioners, 21% are clinical support staff and 19% of staff are in corporate and central support roles). However these statistics mask a range of issues which have grown over time and have delivered both benefits as well as challenges and are further complicated by the specialist nature of the work done here.

Our workforce characteristics include having both a young workforce and low representation of staff from diverse ethnic backgrounds relative to other parts of the NHS, together with low tenure in some key roles, including nursing and support roles. There are a range of issues to address relating to: recruitment pipelines and processes; career and training paths; our employer brand and the experience and capability as result of low tenure. All of these issues have been exacerbated by a cost of living crisis which has created significant pressures for many. There are also implications for communications and engagement. With a workforce which is young, mobile, digitally savvy and not necessarily committed to a future career at GOSH, it is essential that we are able to provide an employment offer which is attractive in the first place, and follow that up with a working environment and career opportunities that encourage people to stay.

The impact of age and tenure

While bringing vibrancy and new ways of thinking, having a young workforce inevitably requires higher levels of supervision and support, especially for younger workers living away from home for the first time or being new to the UK or London. With 53% of our workforce under 40 and an absence until recently in line management development, that support has often been provided by a cohort of first time or less experienced and confident supervisors and managers.

Recruitment and retention of nursing staff

Our Nursing colleagues are at the heart of the organisation making up our largest staff group, with over 1700 wte, and uniquely span across all AFC bands. The GOSH Nursing 2023-2026 strategy, '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, amplify the nursing voice, striving to become a nurse friendly hospital, celebrating our successes and our profession as we support nurses to have extraordinary careers. As part of the Nursing strategy and post pandemic our approach to recruitment has changed, to focus on local recruitment to increase diversity and widening our reach and targeting experienced registered nurses with transferable skills here in the UK and internationally which brings a richness of new ideas and knowledge to our workforce. One of the priorities of the of the strategy is to retain our nurses through several new and bold initiatives with our STAY retention campaign - 'Successful careers', 'Time for you', 'Always learning' and 'You are valued' incorporating career progression, flexible working models, development opportunities, reward and recognition including benefits, accommodation provision and cost of living support.

Turnover in administration and support roles

While we have seen a 5% reduction in the turnover of admin staff in the last 2 years, bucking the trend of the post-covid increase and supported by the move to standardised job descriptions linked to training paths. We still turnover 19% of our admin and support roles each year. There is more we could do to encourage progression, internal promotion, secondment and shadowing. In addition, there is more work to do to understand the detail and drivers behind some of the other workforce statistics including succession planning and career paths for Allied Health Practitioners (AHP) and Health Scientists. The health workforce of the future is expected to be more integrated with multidisciplinary teams. This will have a significant impact on recruitment as well as training and education.

Building a diverse workforce

While we have seen an increase of 8% in representation of staff from ethnically diverse backgrounds since the original strategy was published, it remains below that of other London Trusts. Historically, our employer brand had evolved organically, informed by the strong external brand of the hospital and the GOSH Charity brand, with the latter in particular having a different purpose and role. The Trust launched its own logo in 2019 which is well embedded and work began on developing a separate employer brand and employee value proposition (EVP) to promote GOSH as an open and inclusive employer of choice, with a wide range of careers, roles, training, education opportunities and people. While that work was delayed and then reset following the pandemic, it is now complete and will be a key enabler to our plans to open up recruitment.

Building and maintaining a specialist workforce

As well as being clinically excellent, our clinical colleagues are researchers, teachers and trainers, involved in management of medical services and representing their specialities as national and international leaders. We recognise how health care systems are changing and want to be at the forefront of this by developing an extended workforce and modernising how our clinical teams deliver care.

Specific, unique clinical expertise is found within GOSH and we acknowledge how our clinicians work at the forefront of their specialties and how they innovate and lead in their areas. Opportunities for progression within highly specialist fields has become extremely challenging within the current NHS system despite the demand for highly specialised paediatric services increasing. We will need to be more creative in the way we nurture and deliver advanced clinical practice and grow talent, particularly in specialties unique to GOSH.

Succession planning and talent management

This is an area that requires more structured focus and attention. There are a range of issues to address, driven in part by the number and range of specialities provided by the hospital and the vulnerability of some teams, often exacerbated by national skill shortages. Short-term planning, often driven by financial constraints, has resulted in structures in some teams and services which fail to provide development and progression opportunities. Succession planning and talent management are dependent on effective workforce planning and the use of effective appraisal and development processes.

Commitments and actions

In response to the above we will:

- Launch and embed our repositioned employer brand and employee value proposition (EVP) to promote GOSH as an open and inclusive employer of choice.
- Develop an overarching recruitment and resourcing strategy with sub strategies to support key roles.
- Debias our recruitment policies and processes to deliver open and transparent process which are also efficient and effective.
- Build and maintain a strategic workforce planning model which is integrated into financial and activity planning work streams and the business planning cycle to support recruitment planning.
- Support directorates to build and maintain annual workforce plans focused on their workforce priorities and recruitment hotspots and support them to establish success.
- Establish an administration recruitment and retention work stream focused on building career and training paths and promoting opportunities which encourage people to stay and build a career at GOSH.
- Implement the Nursing Strategy and imbed the STAY nursing recruitment and retention programme
- Open up and promote internal recruitment opportunities through secondments, work shadowing and promotion opportunities.
- Implement the Modernising the Clinical Workforce programme to support workforce planning, integrated working and succession planning across and within linked professions supported by job planning.
- Plan for the future workforce through the extension of the advanced clinical practice programme and the use of clinical leaders roles (proleptics) for services unique to GOSH.

Developing skills and capability

Context and key issues

Launched in 2019, the GOSH Learning Academy (GLA) has established itself as one of the leading providers of paediatric education, training, and development nationally and internationally. Importantly, the GLA has a continued focus on supporting our people throughout their career at GOSH across all professions and staff groups.

Recognising our current challenges, the GLA has invested in building confidence, competence and capability through various routes such as apprenticeships and by offering a broad range of generic and specialist courses. However, while there are clear career development pathways for clinical staff, this needs to be strengthened across all staff groups to improve succession planning and equal opportunities for development while increasing staff retention.

In support of the refreshed People Strategy there will be a continued focus on building capability and capacity in a range of skills and disciplines, including but not limited to: leadership, line-management, transformation, service redesign, programme and project management, financial and service planning and analytics.

Aligned with the GLA, the refreshed People Strategy will focus on the development of core and generic skills for the wider workforce outside of clinical disciplines.

Supporting development and progression

In the past we have invested less in our non-clinical workforce and our learning and development offer to them has been limited. GOSH provides an excellent environment for our people to have interesting and varied careers, supported by education, training and development opportunities. In partnership with the GLA, we need to invest in our people working across all clinical professional groups such as Allied Health and Healthcare Science, as well as the whole range of administrative support and managerial roles that are so vital to ensuring our hospital functions every day. During the Covid pandemic years, there was a focus on clinical education and development and as a consequence, we have underinvested in our corporate services including our people working in human resources, finance, ICT, digital facilities, and estates. We need to rapidly provide clear career paths for people working in all services to support their professional and technical development to meet the changes that the refreshed organisational strategy will require.

Providing equal access to all staff

We recognise that education and learning underpin patient safety outcomes and experience. Despite the significant investment in education, training and development provided in large part by the opportunities afforded by the GLA, the benefits are not felt evenly across the Trust. Our generic workforce development offer has increased significantly over the last three years but remains undeveloped in some areas and needs further integration and promotion to ensure the benefits are accessed and felt across the whole organisation. Recognising the need for boundaries within areas of clinical education, we will ensure wherever possible that we have a multi-professional approach, where appropriate, and ensure these opportunities are well communicated to all teams. Additionally, we will provide career coaching for colleagues that are unsure of how to take the next steps in their development and enable managers to have information to support career conversations at their fingertips.

Supporting and growing distributed leadership

In October 2018, a new organisational structure for the clinical directorates was implemented, based on a distributed leadership model which introduced new roles, responsibilities, processes and ways of working. While providing real potential to improve service delivery and management of staff, the development of the new structures and working arrangements were interrupted by the pandemic resulting in the need to move to command and control structures which remained in place for two years. This significantly reduced the opportunity to mature and grow the skills and working arrangements necessary to work and manage in a distributed leadership model and the new and different skills now required to operate in our changing organisational context. The situation was further exacerbated by changes in in the senior leadership.

Developing compassionate, competent and inclusive leadership

We previously provided pockets of leadership development largely delivered as part of clinical training paths. The adoption of a GOSH leadership framework provides an opportunity to establish clarity and expectations of all leaders in their roles as corporate, service and systems leaders as well as line managers. The strategy formed part of a broader leadership framework and was used to develop leadership programmes for aspiring leaders, developing leaders and established leaders. All levels of the leadership development programme will focus on self-leadership, team leadership, system leadership as well as corporate leadership for senior roles. To this end, we will make best use of our apprenticeship levy to provide access to leadership

development programmes. Going forward, the leadership framework, its standards and expectations, will feed into roles, structures, recruitment as well as performance and assurance frameworks.

Improving line management

Our relationship with our immediate line manager is essential to providing a supportive work environment. We recognise that previous underinvestment in this area, together with our age profile means that not all managers feel competent or confident in their ability to make sound people management decisions. In extreme cases this has led to requirements for mediation and team interventions to remedy positions of conflict or ineffective team working. We will continue to focus on people who have a line management responsibility to develop their capability to ensure good judgement and decision making. We will also offer support to managers in developing their coaching skills and approach, team development, and empowering and engaging their teams. In addition, we will increase the capability across the organisation to engage with and lead service redesign, increase financial capability and acumen, embed the use of quality improvement methodology, and improve project and programme management.

Digital, data and technology

Digital technology is both an enabling and transformative function at GOSH that provides the foundations for integrated clinical systems (such as the Epic EPR), the Digital Research Environment (DRE) and medical devices. To best exploit digital technology and foster a culture of innovation, a digitally confident and enabled workforce is required. There are currently varying levels of digital literacy across the various staff groups. We need to develop plans to ensure that we support all staff to best make use of digital technology investments. A digital literacy assessment will be undertaken to assess our current position across the Trust and identify the gaps in knowledge and skills, so that a package of support and training can be constructed to ensure that GOSH is able to fully capitalise on the transformation opportunities provided by digital/technological innovation.

Commitments and actions:

To realise the ambitions set out in the GOSH Strategy, alongside the commitments to our people arising from the new People Strategy, will require investment in building capability and capacity in a range of skills and disciplines .

In order to meet the changing requirements of the organisation we will:

- Provide a learning and development framework that is easily accessible for all staff across all roles and disciplines.
- Develop career pathways for all roles linked to learning opportunities and apprenticeships.
- Provide a multi-professional leadership development programme for aspiring, developing and established leaders.
- Develop and implement a development programme to support and harness the potential of the Corporate Leadership Network
- Embed leadership behaviours into appraisal and talent processes.
- Review and modernise our approach to personal development reviews (PDRs) to provide meaningful opportunities to improve performance and capability alongside development.
- Increase the capability of managers to provide a supportive work environment.
- Provide a structured approach to accessing coaching, mentoring and mediation.
- Develop a programme of development to increase capability and confidence for service redesign, change management, digital technology, and project management.
- Develop the future digital workforce required through the design and implementation of a core digital skillset to be incorporated into the Trust's standard job descriptions.
- Retain and develop the best technology talent for GOSH through a digital apprentice programme, along a comprehensive training and development programme to ensure that our technology staff are well trained and developed.

Corporate processes, systems, and infrastructure

Key issues

The development of the original People Strategy brought into sharp focus the previous absence of investment in people related issues across the Trust and this is reflected in the quality of corporate infrastructure and our corporate services generally. All organisations need efficient and effective infrastructure (policies, structure, systems, and processes) in order to function efficiently, manage effectively and grow sustainably.

This underinvestment is reflected in:

A framework of HR polices which have grown over time

Although we have made some progress, our HR policy framework still lacks coherence. They still focus on process as opposed to outcome and are seen by staff and their representatives as overly punitive and negative in both tone and language. The HR policy framework needs to provide a backdrop to adequately support constructive employee relations. This is exacerbated by lack of experience and skills on the part of line managers and the level and quality of support provided to them, resulting in prolonged processes with often unsatisfactory outcomes for all parties. There is a need to continue with the process of repositioning our approach to policy design and its application which facilitates healthy workplace relationships and promotes informal resolution, before initiating formal processes.

Use and configuration of our workforce deployment and support systems are underdeveloped

The systems and processes we use to engage and support our managers and staff have improved over the last 3 years with the roll-out of Healthroster, improvements to the NHS Employee Staff Record system (ESR) and the introduction of GEARS to manage and facilitate staff changes, although they all require further optimisation. Other staff tools and systems such as job planning, appraisals and the learning management system (GOLD) are scheduled for replacement or upgrade in 2023/24. The Trust will also be moving to a new payroll provider and oversight will transfer to the HR and OD function to improve responsibility and integrate processes. Together, these actions will improve our ability to not only deploy our workforce effectively, but also to analyse and understand our workforce issues, their drivers and solutions.

Resourcing and recruitment processes

The applicant tracking system (TRAC) was introduced in 2019 and while it has improved some processes, like other workforce sytems, it needs further work to maximize its potential. The Trust has historically had a lower vacancy rate than the national average but requires regular recruitment due to higher than average turnover. Processes for recruiting staff have been transactional and aligned to individual recruitment episodes rather than to a wider recruitment and attraction strategies. This has often led to duplication and delays to recruitment which in turn can impact the delivery of services.

Business processes and systems

In many ways, GOSH is an extraordinary place to work with excellence and innovation reflected in our clinical, education and research achievements. While there have been investment and improvements in some of our corporate and supports services, there remains much to do particularly around planning and financial management. The processes which support annual business planning demand and capacity planning, and business development, financial planning and procurement are often difficult to navigate.

Maximising our ICT systems and infrastructure

In 2019, Digital Technology at GOSH required improvement across several areas including cyber security, an ageing device estate, access to service support and software and communication systems. Considerable work has been undertaken in the last 18 months to provide robust technology foundations with a focus on fundamental processes, improving standards and compliance while enhancing our security and a refresh our existing hardware/software platforms. This work culminated in the development of the 2023-2026 GOSH Technology strategy. Under the banner of enhancing Trust operations, a key strategic objective is to provide our staff with access to smarter systems. We recognise the difficulty of understanding the diverse ways that GOSH staff have to communicate with one another and bringing these together on a single unified communications platform where users can video chat, exchange text messages, receive telephone calls, receive alerts, share and collaborate on documents. Nonetheless, this is an important element of our vision for providing smarter and more joined up systems and builds upon the investment that the Trust has already made in the Microsoft Teams platform.

Keeping our patients, staff, and corporate data safe and secure is fundamental in all that we do. We will continue to support our staff in being cyber resilient and aware. Training and awareness campaigns will be used to ensure that learning and best practice are shared with GOSH staff to help them best identify and navigate potential cyber threats.

Supporting Flexible and Hybrid working

Since the pandemic, the world of work has moved to more agile ways of working which affect clinical and non clinical roles equally, but differently in terms of when, where and how their patterns of work are organised. While we have established hybrid working in principal, there is a need to review and consolidate those arrangements in order to ensure that the benefits are optimised and to support the requirements resulting from the new cancer centre.

Delivering service improvements, efficiency and change

Over recent years, the Trust has adopted a number of different tools and projects to deliver quality, safety and efficiency improvements – these have resulted in some excellent local examples of change but in many cases these have not become widely embedded across the Trust and often fall away when not actively managed by individuals within local teams. There is an urgent requirement to develop change management capability, infrastructure and a culture of transformation across the Trust. This is alongside an enabling organisational structure which will support and empower our staff to identify, design and adopt new practice and successfully deliver the changes required at both a strategic and local level.

It is crucial to the successful delivery of any change that the people implications are understood and planned for at the outset, including interdependencies and the cumulative impact, in order that inherent risks can be managed and mitigated.

Commitments and actions

In order to support the organisation through the changes, we need to build new capabilities and stronger corporate support functions with roles that allow them to operate as strategic support functions, working in partnership with the CEO, directors, senior leaders, staff and their representatives, to safely prepare the organisation and deliver the transformation and change required alongside transactional services which are efficient and effective.

In order to meet the changing requirements of the organisation we will:

- Establish a policy framework which promotes and supports modern employee relations and puts people before processes.
- Upgrade our HR and staff deployment systems to ensure that we are supporting managers and staff effectively and embed robust analytics to identify areas for improvement.
- Review and upgrade recruitment processes, onboarding and induction
- Refocus both the work and structure of the HR function to reflect its new enhanced role and provide a foundation for future investment in capability building and career development.
- As part of the Better Value programme, review and improve core business processes to support effective and sustainable working.
- Replace and upgrade our office administration software to provide improved functionality, support collaborative working and communication tools.
- Implement a flexible and hybrid working programme to included principles and toolsets to support team decision making.
- Establish appropriate capability and structures to deliver and champion the transformation agenda and to oversee the successful design, implementation, integration and delivery of transformation programmes informed by our strategic objectives.
- Develop a transformation portfolio to provide support for and oversight of projects and programmes delivering change across the organisation, ensuring we have the capability and capacity to deliver and embed a culture of transformation.

Measuring the Impact of the People Strategy

The commitments set out in this three year strategy will be embedded into three frameworks: our EDI framework (Seen and Heard), our Health and Wellbeing framework (Mind, Body and Spirit) and a new framework to cover Culture and Engagement. Each of the frameworks with have an annual delivery plan and a set of benchmarked impact metrics to track progress. The individual impact trackers will be used along with other data sets to provide an overarching set of metrics to track progress and impact over the life of the strategy and will include workforce, delivery and experiential data drawn from the staff survey and other data sets.

The metrics used to track progress and impact of the strategy, will also provide a view of the emotional and physical health of the organisation and its workforce and will include the following:

- Organisational engagement and morale scores as measured by the staff survey
- Advocacy (percentage of staff recommending GOSH as a place to work)
- Staff survey and pulse survey response rates
- Effective leadership and line management
- Psychological safety and confidence to speak up (we have a voice that counts)
- Recognition and celebration
- Listening and learning
- Effective communication
- Efficiency and efficacy of our workforce
- Workforce demographics (percentage of staff from diverse backgrounds)
- Workforce data (turnover, vacancy, sickness, appraisal rates and stat/man training)

There will be a set of metrics for each of the frameworks and a subset will be included in the directorate performance review management processes (PRMs) to be reviewed along alongside the Directorate workforce and staff survey action plan.

Summary

Great Ormond Street Hospital is a challenging, complex and inspiring place to work. Each and every day our people come together to support each other to deliver excellent patient care, often working to help our patients and their families navigate through demanding processes and difficult decisions. Creating a working environment where all our people are valued for who they are as well as what they do and where they enjoy their work and coming into work, is everybody's job and is in everybody's interests.

Currently, our organisational culture is primarily defined by our regulatory framework as it is with all hospitals, but also and uniquely, by our reputation, our research and clinical outcomes, our undeniable commitment to our patients and a strong value-based commitment by individuals to their work, and pride in what the organisation stands for and delivers.

However, these positive characteristics are being undermined by poor basic infrastructure and a failure to clearly articulate a commitment to our people, including in some instances setting and upholding standards of behaviour.

Through this People Strategy we will:

- Continue to Invest in the development, diversity and inclusion and welfare of our whole workforce.
- Create opportunities for career development and advancement across all disciplines and professions.
- Develop the competence and skills to meet existing requirements alongside capability for the future, including service transformation.
- Raise our leadership and line management capability, developing compassionate and inclusive leaders, who are trusted for their motivation as well as their competence.
- Reposition our employee brand as an open and inclusive employer of choice, to attract and retain talent.
- Invest in our corporate systems and infrastructure to provide more efficient ways of working and help managers to support and deploy staff effectively and work and grow sustainably.
- Grow communication and engagement capability across and through the organisation.
- Review our values so they reflect the organisation we aspire to be and embed them in all that we are and all that we do.

As a Trust we will work together with all our people and their representatives, to create a working environment, job roles, training and development, opportunities, support and culture that our people want and deserve. We will create an organisation which actively promotes and values teamwork and collaboration, where all our staff are well led and well managed and where everybody irrespective of their role, feels valued, heard, supported, safe and connected.

Great Ormond Street Hospital for Children
NHS Foundation Trust

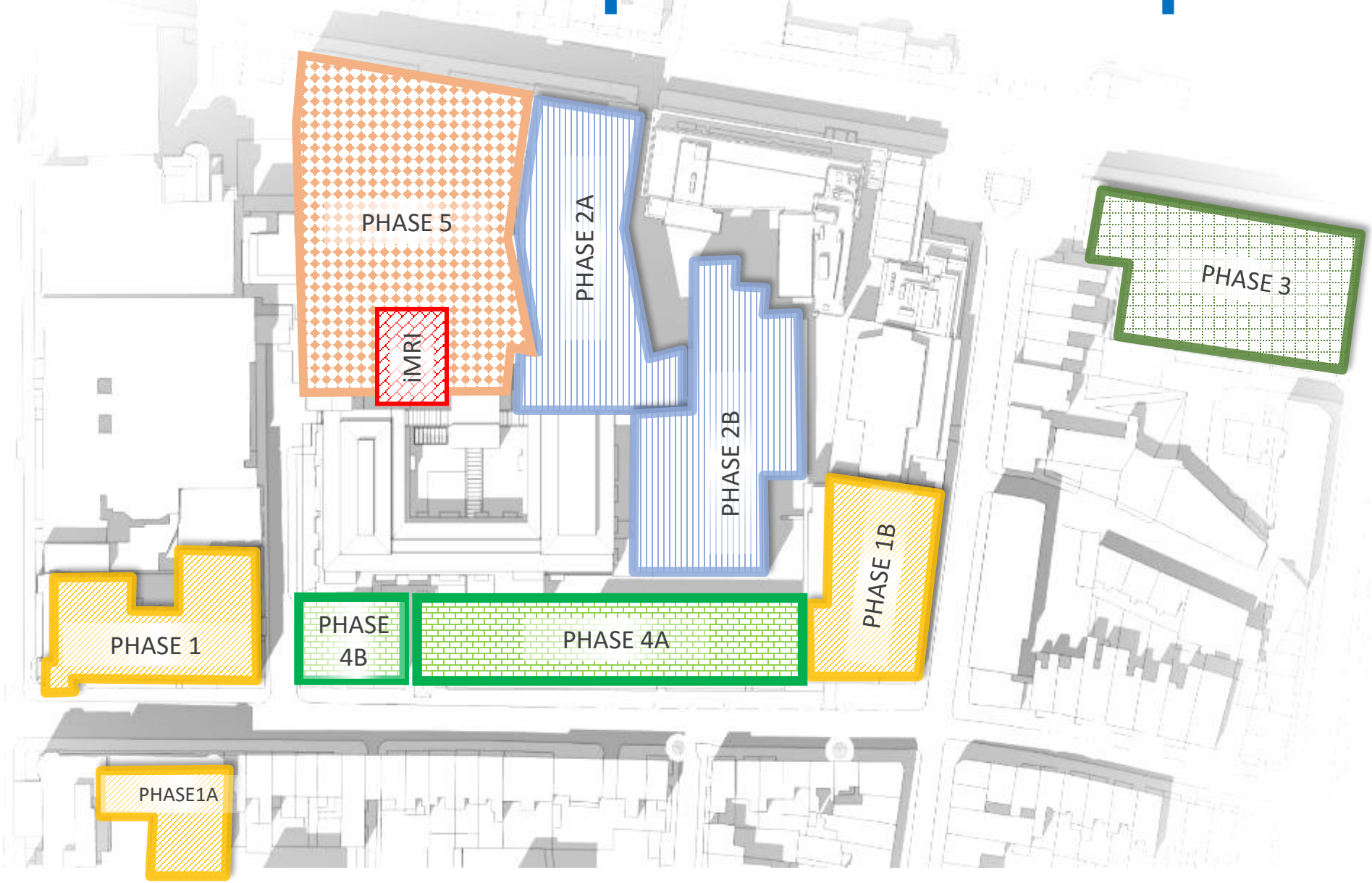
Children's Cancer Centre

Minimising disruption as we develop the new facility

September 2023

Agenda Item 2.3 Appendix A

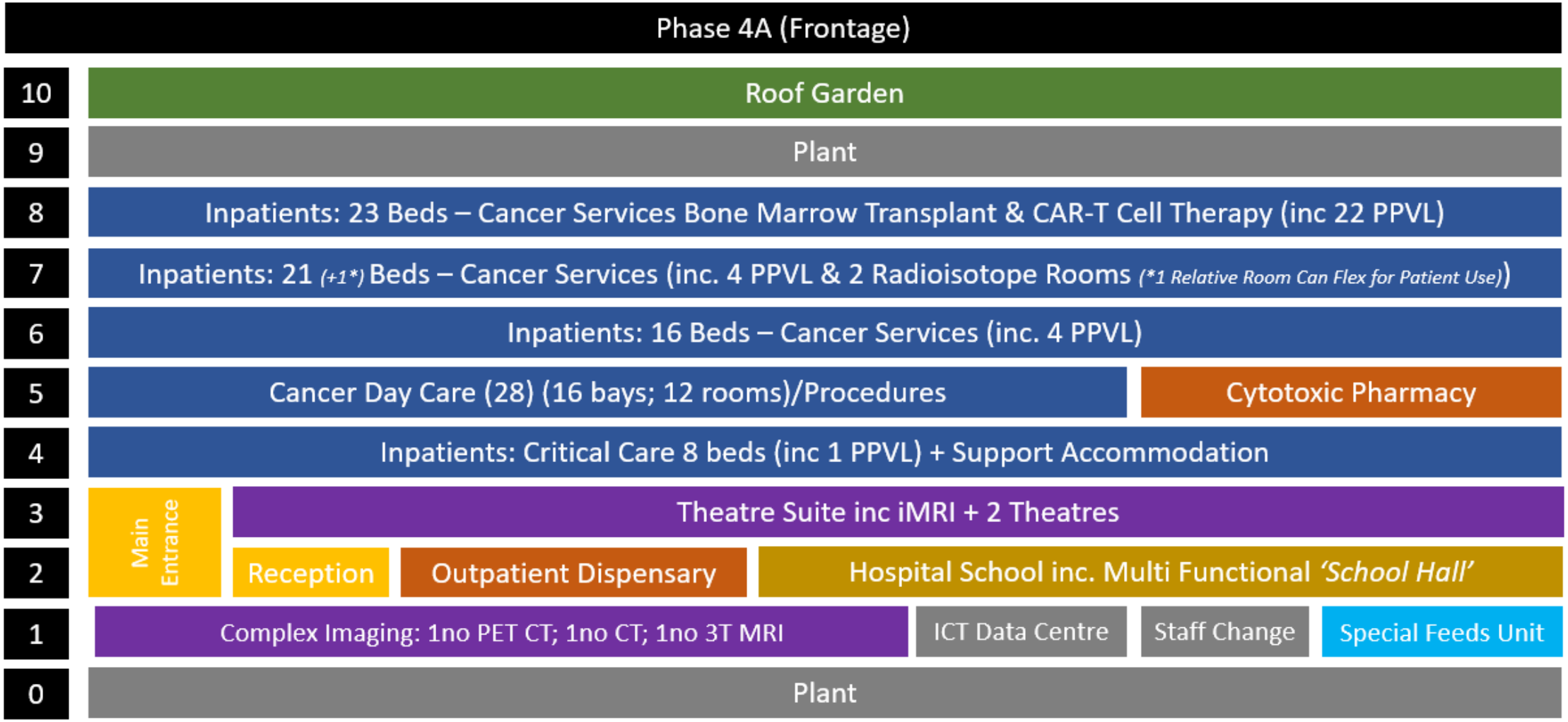
The GOSH redevelopment masterplan



What are we building?

Functional content

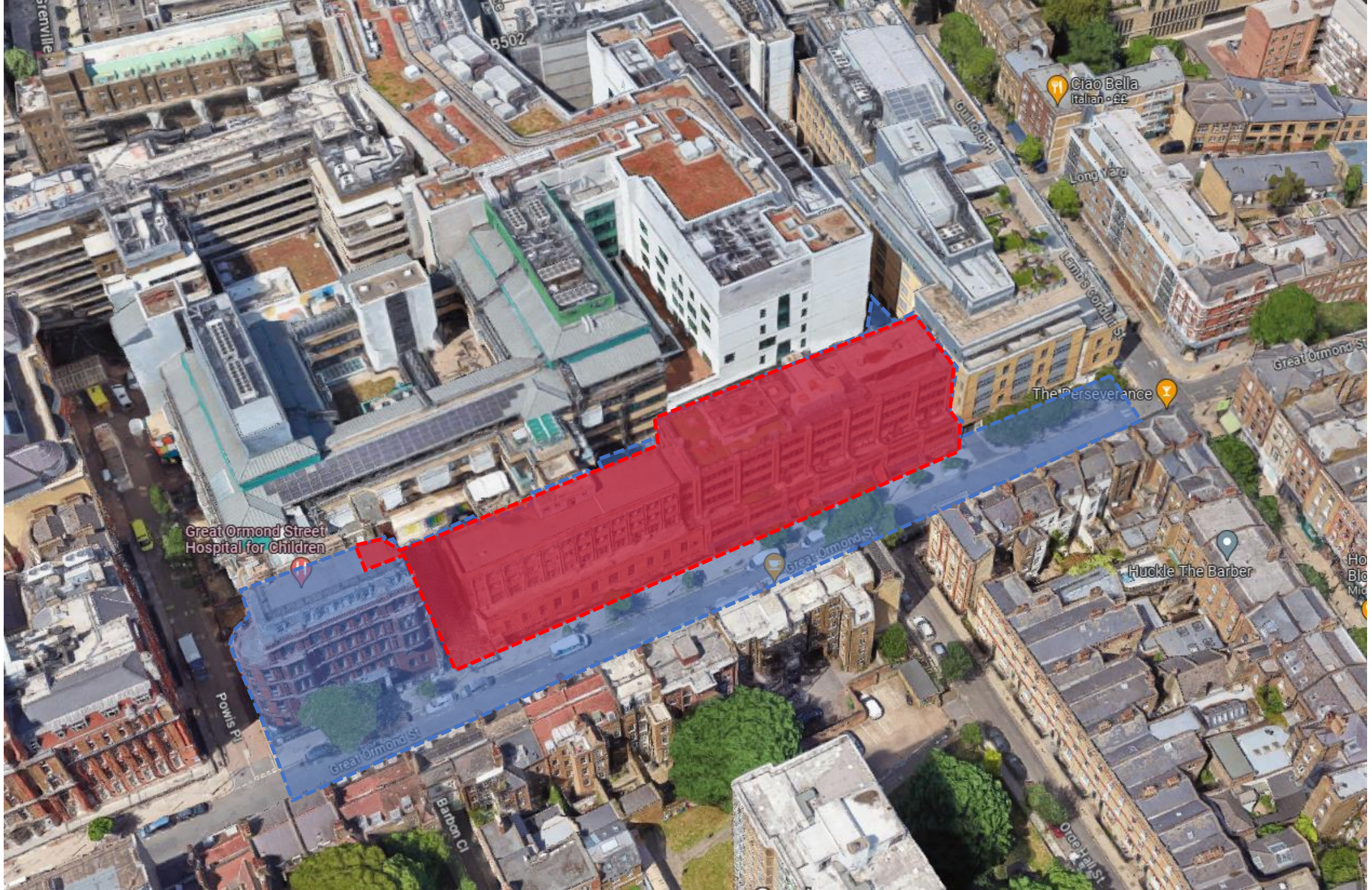
CCC (Phase 4): RIBA Stage 4 Proposed Functional Content – July 2023



The site

Buildings/ structures that will be removed

CCC construction site


Ciao Bella
Italian · ££
Long Yard
Lamb's Conduit St
Great Ormond St
The Perseverance
Great Ormond Street
Hospital for Children
Great Ormond St
Huckle The Barber
Powis Pl
Great Ormond St
Barbon Cl
Orde Hall St
B502

Temporary entrance arrangements

Supplementary entrance (escorted families & NEPTS) – Guilford Street MNH

Temporary main entrance – Guilford Street MSCB

Temporary mortuary departures & arrivals (funeral directors only) – PICB Yard

Blue light & NEPTS stretcher patients – Powis Place

Temporary mortuary departures (parents only) – Powis Place

Supplementary entrance (ambulant patients and I&PC) – Lamb's Conduit Street

Mortuary access unavailable throughout construction

Main entrance closed throughout construction and commissioning

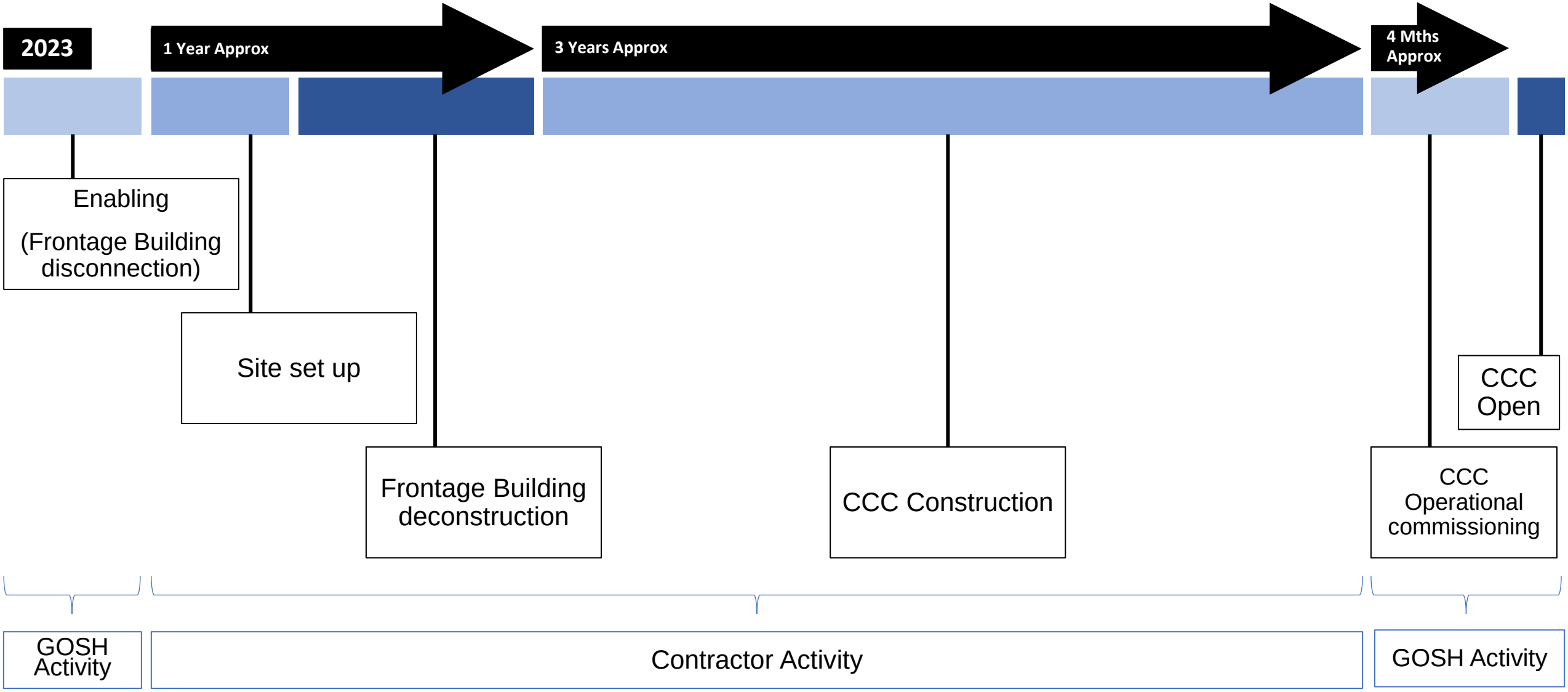
Temporary entrance – key updates

- **Building works** (to MSCB and MNH) required for temporary entrance have started. Expected to be compete by end of October
- **New parking / traffic arrangements** aim to be in place on Guildford Street by end October
- Changes to **Epic appointment letters** being tested
- Aiming to schedule **full test run** of new temporary entrance arrangements in Nov/Dec
- **Go-live** - not confirmed,

but likely early 2024

TOP RISKS	
RISK	MITIGATION
There is a risk that the lifts in the Morgan Stanley Building do not work - patients and visitors are unable to access the entrance/exit	(1) Ensure lift maintenance arrangements for lifts 5 and 6 in MSCB lobby are satisfactory. (2) Alternative back up entrance/exit in place (Main Nurses Home)
There is a patient experience risk related to patients arriving nil by mouth/sensory challenges and being overwhelmed with food smells/noise in the Lagoon	(1) Use alternative entrances for patients who will find the Lagoon challenging (2) Improve ventilation in Lagoon
There is a risk that patients, families, and staff are poorly informed around the changes – leading to frustration and dissatisfaction	(1) Develop robust communication plan

Project timeline



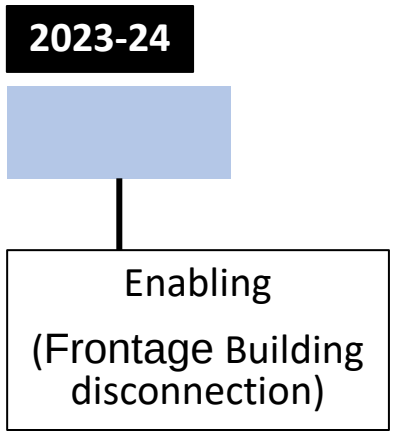
Project timeline – imminent activity

Gateways to Construction Activity	
Activity	**Target Date**
Completion of RIBA Stage 4 design	Mid November 2023
Relocation of all services in/occupants of Frontage Building and Paul O'Gorman	Mid November 2023
Disconnection of Frontage Building (GOSH activity)	End of 2023
Handover site to contractor	Q1 2024

What are the impacts on the operational hospital?

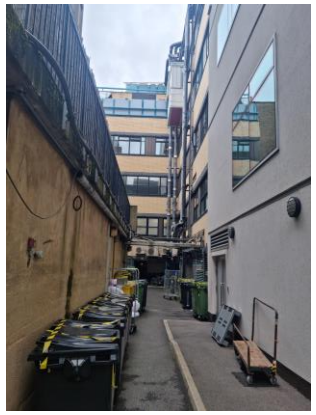
- Deconstruction of Frontage Building requires temporary service disconnections and diversions, e.g., water, power, ventilation
- Patient/family experience
- Staff experience/welfare
- Noise
- Vibration (NVD)
- Dust
- Reputation

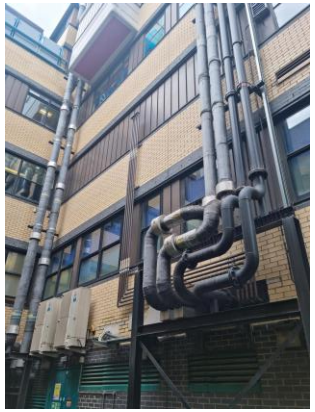
What to expect at each stage



- Switching off power and live connections
- Clearance of Frontage Building and removal of redundant clinical equipment/furniture

What to expect at each stage

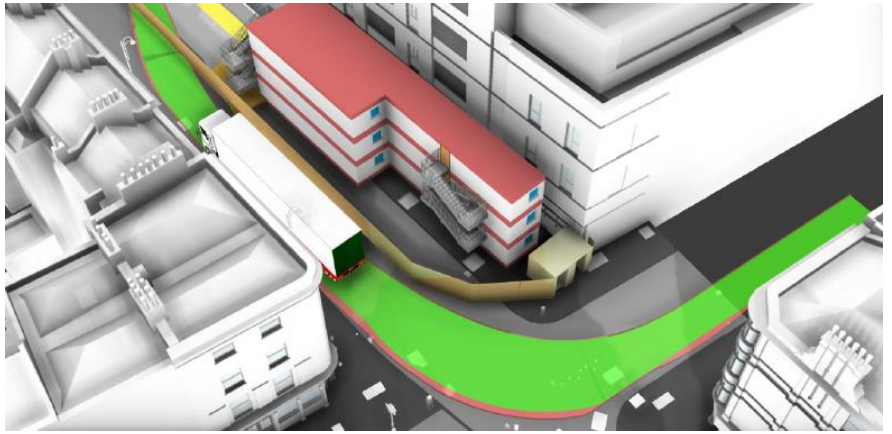




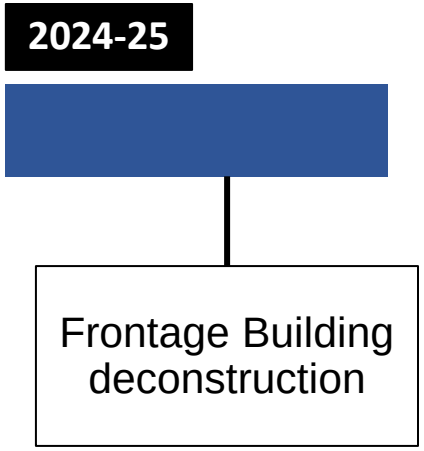
2024

Site set up

- Temporary service disconnections, e.g., water, power, ventilation
- Site hoarding
- Changes to traffic management
- Scaffold encapsulation of Frontage Building
- Contractor occupation of Paul O’Gorman (PO’G) Building
- Erection of temporary site accommodation at eastern end of Great Ormond Street



What to expect at each stage



- Deconstruction of Frontage Building and NE corner of PO’G
  - Internal strip-out
  - Deconstruction from top to bottom
- Damping down of building material
- Removal of building material from site
- Erection of tower cranes

What to expect at each stage

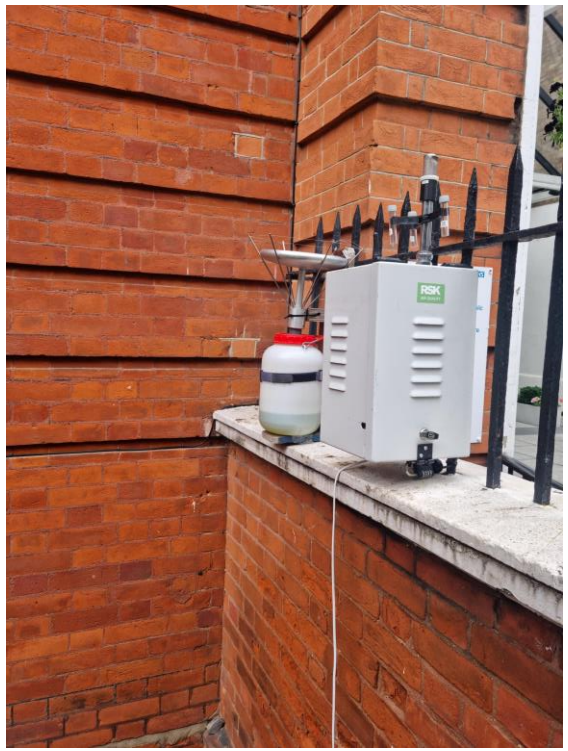
2025-27

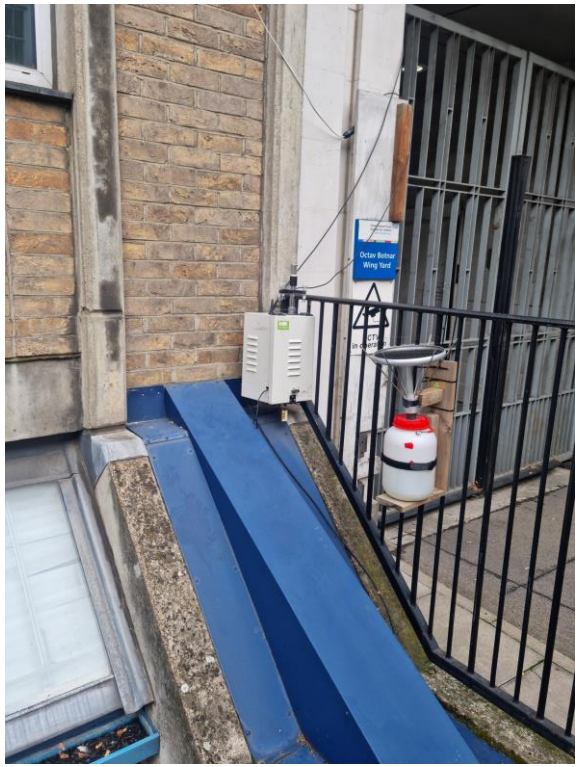
CCC Construction

- Excavation of basement levels
- Concrete piling and construction of perimeter walls
- Construction of reinforced concrete frame (RCF)
- Installation of external cladding panels and glazing
- Internal fit-out
- First and second fix electrical; plumbing; drainage
- Installation of fixed equipment and building engineering
- Final internal finishes and decoration
- Public realm works, landscaping and removal of site hoarding
- Reopening of roads

What are we doing to manage the impacts?

- Contractual arrangements:
  - limits on NVD and mandatory monitoring
  - Baseline conditions currently being monitored
  - Identification of sensitive locations/departments
  - Defined site working hours
  - Quiet periods
- Construction Operational Interface Group
- Communications
- Stakeholder events





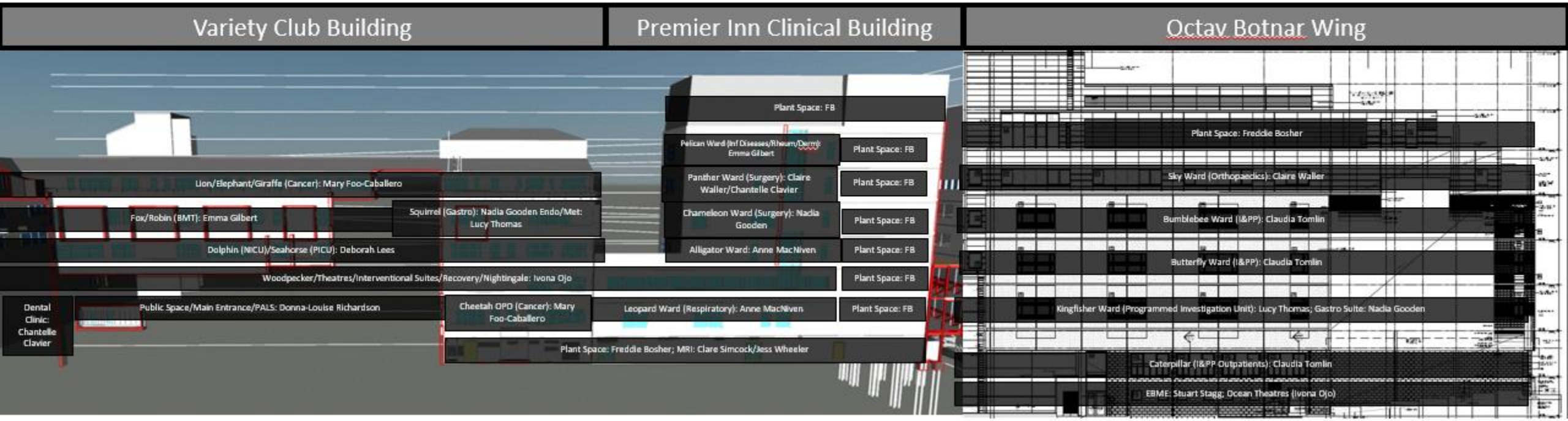
Contractual arrangements

- Agreed parameters for NVD
- Agreed NVD monitoring points: theatres, imaging rooms, patient bedrooms identified as sensitive locations
- Contractor is required to investigate cause and consider stopping work in the event that NVD limits are breached
- Proposed site working hours:
  - Monday – Friday: 08:00-18:00
  - Saturday: 08:00-13:00

  Activities outside of these hours are extraordinary and must be agreed between the contractor and GOSH project manager (PM) in advance. PM will consult with project team and operational leads before giving consent.
- Proposed quiet periods:
  - Monday – Friday: 12:00-13:00; 17:00-18:00
  - Saturday: 12:00-13:00
- Contractual arrangements are based upon those in place for PICB construction

Sensitive Locations/Adjoining Departments

Functions Adjoining CCC
Departments & Leads



- Departments/functions adjoining the CCC site have been identified, together with key leads.

Construction Operational Interface Group

- Jointly chaired between CCC project team and operational leadership
- Workstream Executive Sponsor: Chief Operating Officer
- Scrutinises the programme of activities to identify those that could impact the operational hospital and what the risks are
- Agrees mitigation measures to reduce risks
- Holds the contractor to account in meeting their contractual obligations
- Reports monthly in parallel to
  - Operational Board
  - CCC Programme Board

Construction Operational Interface Group

- Defined processes for managing potentially disruptive activities:
  - Schedule of activities
  - Notifications of works
  - Assessment of impacts
  - Agreement of work methodology and mitigation measures
  - Communications plan
  - Support to impacted departments
  - Escalation procedure
  - Dynamic risk assessment
  - Review of impacts and mitigations to provide learning for future activities

Communications and engagement
Internal and patient/family stakeholders

Stakeholders and tactics

Internal stakeholders

- Staff whose services will decant or move to facilitate CCC
- Services impacted by temp entrance or deconstruction and construction
- Clinical Champions (lead and all)
- Staff with particular interest/feelings related to opportunity cost of CCC (eg environment, financial, service, human impacts)
- Cycle parking
- Services moving into CCC
- All Staff
- Executive team
- Corporate staff teams
- Governors
- Trust Board
- Green Champions

Tactics

- Headlines
- Our GOSH
- CCC newsletter
- CCC Forum
- Core brief
- Ward managers and matron meetings
- Direct email
- Events in Lagoon
- Hard copy materials
- Display zone
- Exhibition style events
- GOSH Conference

Stakeholders and tactics

Patients and families (different age groups)

- New patients
- Existing patients
- Inpatients
- Outpatients
- International and Private Care
- Patients using hospital transport

Tactics

- Patient letters
- Website
- Newsletters for discrete age groups
- MyGOSH
- Social media videos and alerts
- Leaflets
- Displays

Timelines

★ = opportunity for proactive positive comms

Group	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April
All		Changes in Lagoon start for temp entrance	Build it Beat it peak Play Street ★ Planning application for signage		Hoarding design complete WS visit ★	Arts event to mark close of Frontage (6 ★ Peter Pan moves Website updates			TBC external hoardings up TBC Main entrance moves	Marking start of demo TBC
Staff		Comms survey Cycling comms	RIBA Stage 4 sign offs	Staff event – updated handbook, floor plans, with virtual options, info re construction impacts ★	PAMHS, Mildred Creek and CRF open in Southwood GOSH Conference	Frontage empty Comms survey	Staff event	Managing change training virtual x 2	Staff event Managing change in person x2	Comms survey
Patients	YPF	Web survey	Childhood Cancer Awareness Month ★ Testing letters and leaflets Scoping newsletter		Get in touch with cab providers re changes. TBC	Patient letters with new entrance details	Launch patient focused newsletter			Patient newsletter

Regular internal
Big Brief
Newsletter
Cascade/SLT/SMT
YPF
Parents workshop
Governors newsletter
Volunteers newsletter
CCC Forum (Clinical Champs)

Patient focused info
Website
Patient letters
Patient leaflets
Newsletter
Videos

Timings TBC
Temp entrance opens
Close of main entrance
Deconstruction starts

Milestones
Further minor amendments to town planning

Great Ormond Street Hospital for Children
NHS Foundation Trust

3.0 Children's Cancer Planet
Transformation Programme

Great Ormond Street Hospital Charity

More than just a new building…..

The Children's Cancer Centre, a facility for children with cancer and key Trust-wide services and a new school, will provide state of the art modern facilities for our patients, families and staff.

Everybody recognises that a new building alone is not enough to transform care.

The Charity have awarded a grant of **£1m over the next 3 years** to enable **the transformation of our cancer services**

The Cancer Transformation programme

The Cancer Transformation team is taking shape……

Area	Name	Job role	WTE
Programme Leadership	Daniel Wood	Programme Director	0.5
	Clarissa Pilkington	Clinical Lead for the programme	0.1
Holistic Care	Carole Bell	Lead for pathway redesign	1.0
	TBC	Pharmacy lead for ambulatory care pilot	0.2
	Lucy Waller	Lead for Get Active	0.1
	TBD	Post(s) to support nutrition	
	TBD	Post(s) to support well-being	
Increasing Research	Phil Ancliff	Lead for Cancer/BCC Clinical Research	0.1
Workforce	Gemma Renshaw (Jan ‘24 start)	Cancer Workforce Lead	0.6
Data & Digital innovation		Yet to be defined	
Partnerships		Yet to be defined	
Patient / family Engagement	Kate Oulton	Lead for patient / family engagement for CCC and cancer	0.2

Holistic Care

Optimising processes before CCC opens

You said we need to..

1. Create timely access for surgical procedures and reduce number of GAs per patient
2. Optimise day care and start testing ambulatory care pathways

What are we doing now?

1. Task & Finish Group for surgical procedures established bringing together all relevant specialties to address current challenges
2. Safari Project initiated to improve processes on ward
3. Ambulatory: aim to trial 3 patient pathways by end 2024

Future ideas

- Exploring with Charity how patient/parent accommodation could be further used to reduce burden on inpatient beds

Holistic Care

Improving personalised holistic care

You said we need to..

1.Increase physical activity for cancer patients
2.Improve nutrition for cancer patients
3.Improve our offer of supportive care for patients and families

What are we doing now?

- Pilot with Dame Kelly Holmes Trust to pair up professional athletes with patients to increase physical activity and well being

Future ideas

- To test enhanced catering models (with dedicated chef) on our wards
- To explore the idea of developing a centralised support hub

Modernising how we deliver cancer care

Workforce

You said we need to..

1. Address recruitment and retention issues with nursing so that we can open up beds to capacity
2. Address historic shortages in some professional groups
3. Modernise our workforce with best practice

What are we doing now?

- We created a new Cancer Workforce Lead role to give this the attention it deserves /requires. They will lead on creating a long term workforce plan

Future ideas

- To start to test new roles and improved recruitment & retention plans now – well before the CCC opens

Research hospital

Increasing research activity in the hospital

You said we need to..

1. Address issues PIs face with the setting up of clinical trials
2. Work with R&D to address issues/challenges

What are we doing now?

1. Establishing a new 'operational' BCC research group (with R&D) to support setting up of new trials
2. Re-structing the strategy research group to better align the pipeline of trials with operational capacity/constraints

Future ideas

- To prioritise common themes leading to bottlenecks in the process and create plans to address

Partnerships

Improving partner working to optimise care

You said we need to..

1. Reach a decision with UCLH around <13s practice
2. Improve the honorary contract process

What are we doing now?

1. <13s options review steering group established
2. Working up agreement with UCLH so staff can work across sites without need for an honorary contract

Future ideas

- To explore further opportunities to improve pathways with POSCUs

Data & Digital innovation

Enhancing care through data and digital innovation

You said we need to..

We need to optimise EPIC to reduce the burden on clinical workflows and improve access to data for research and learning

What are we doing now?

Exploring ideas on how we can

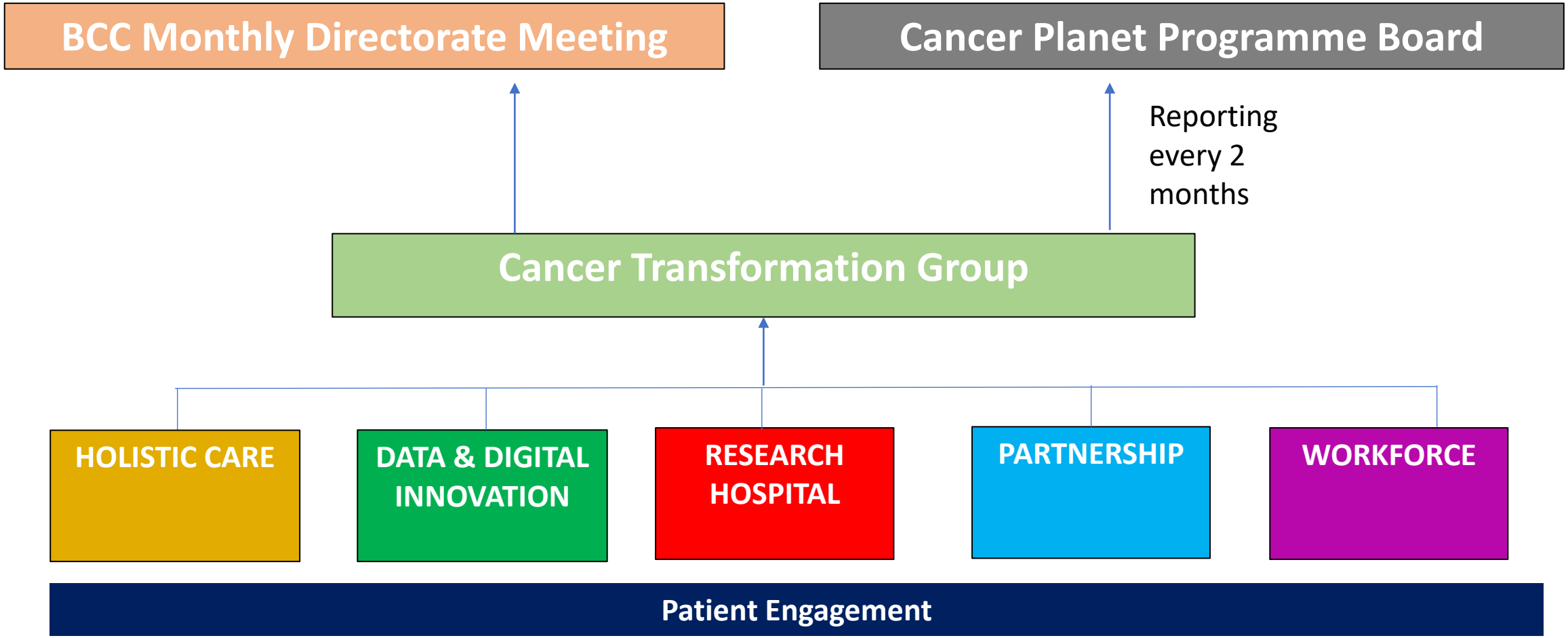
- Develop and report our outcome data
- Develop a cancer performance dashboard
- Develop patient reported experience measures

Future ideas

Use of remote monitoring to support and compliment ambulatory pathways

Priorities for next period

Creation of the 'Cancer Transformation Group'



NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

Integrated Quality & Performance Report

September 2023

Reporting August 2023 data

John Quinn
Chief Operating Officer

Tracy Luckett
Chief Nurse

Sanjiv Sharma
Medical Director

Caroline Anderson
Director of HR & OD

Contents

Executive Overview

For Month 5 of 23/24 all activity was -4.1% down v plan but 0.6% up on 2022/23 activity levels. However, when comparing to 19/20 activity overall is 11.7% up. YTD activity is 2.1% down against plan but 11.1% above 2022/23 and 13.2% above 2019/20. To end of month 5, 17 days have been strike affected out of 104 working days (16%). Typically activity levels on strike days drop to 60% of normal activity. Making this adjustment the Trust would be 4.7% up against plan without the strikes.

Three new serious incidents were declared, totalling six open in this month. There is an increase in overdue SI actions but there are plans to close 45% of actions within 3 weeks. Duty of Candour (DoC) saw 100% compliance for stage 3 and 75% compliance with stage 2 (4/7). The average delay was 6.3 days and were due to delays in the initial conversation with families and drafting letters. All stage 2 letters have been sent. The number of newly reported incidents continues to fluctuate but remains consistent with levels seen in the same period in 2022. Overall number of open incidents has risen but this is due to slowing in closure rates driven by annual leave and industrial action.

FFT for both inpatients and outpatients is above target and there is very positive feedback about the level of care provided by staff. Once again cancellations remains a dominant cause for complaint.

The vacancy rate for the Trust has risen slightly to 10.5% compared to previous months. Voluntary turnover increased to 16.1% for the Trust but nursing rates have increased to 16.4%. Sickness has stayed the same at 3.1%, and in nursing it has increased slightly to 4.2%.

RTT has decreased slightly to 66.8% (from 67.2% in July) and remains above the above the national average of 58%. Diagnostics has decreased to 77.7% and 6 week waits have increased. All Cancer standards have been met. Long waiters continue to be an issue. At a time when NHSE are looking to reduce these, the Trust reported 15 x 104-week waits and 91 x 78-week waits. The current forecast for 78-week waits is 102 by the end of September This is above the provisional trajectory submitted to NCL. Various programmes are being put in place to address long waits including mutual aid from UCLH on dental services, RNOH for Orthopaedics, additional theatre lists and discussion with GSTT regarding Plastic Surgery.

The Trust's Better Value target for 2023/24 is £32.5m, of which £16.5m is an additional contribution from IPC. A detailed programme to deliver the remaining £16m is in development, although has been delayed because of the immediate need to address the operational challenges related to recent industrial actions. There are currently schemes valued at over £10m which are considered to be lower risk and highly likely to deliver in full.

Integrated Quality & Performance Report, August 2023

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

Patient Safety

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

Effective

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

Patient Experience

FFT Experience		→
FFT Response		↗
PALS		→
Complaints		→

Well Led

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

Patient Access

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

Patient Safety - Incidents & Risks

Overview

- **Incidents:** Incident numbers were higher than typical in August but still within expected upper and lower limits. Overall incident numbers have risen due to a lower than typical number of incidents sent for closure. This is not uncommon in August when staffing across the trust is lower than usual.
- **Serious Incidents:** Three new serious incidents were declared in August. These related to an information governance breach, management of an ECMO cannulation, and management of a deteriorating patient. All three SIs are expected to be completed by November.
- **Duty of Candour:** Seven stage 2 duty of candour letters were due in August. All were completed, three were delayed and missed the 10 working day deadline by average 6.3 days. This was due to delays in the initial conversation with families and drafting the letter within the 10 days. Five stage 3 duty of candour letters were due in the month, all were sent on time.
- **Risks**: Compliance for review of high rated risks dropped in August but overall risk compliance remains high, with 93% of risks being reviewed on time according to the Risk Management policy.
- **Overdue SI Actions:** 8 actions went overdue on last day of month. HoPS will address CAMHS action at meeting on 13/10/2023 with view to closing off and will raise actions to attention of owners to close off if completed.

Patient Safety - Incidents

		Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Last 12 months	RAG			Stat/ Target
New Incidents	Volume	600	617	592	498	551	550	589	476	528	627	589	657		No Threshold			Target
Total Incidents (open at month end)	Volume	2181	2013	1523	1367	1441	1489	1836	1939	2187	1950	2100	2382		No Threshold			Target
New Serious Incidents	Volume	1	1	1	1	1	0	2	1	1	1	1	3		No Threshold			Target
Total SIs (open at month end)	Volume	12	3	3	3	3	2	3	4	4	5	3	6					Target
Overdue SI Actions	Volume	18	20	15	16	11	19	9	15	12	5	18	24		>20	10 - 20	0 - 9	Target
Incidents involving actual harm	%	11%	10%	13%	11%	14%	12%	13%	13%	11%	13%	13%	11%		>25%	15%-25%	<15%	Target
Never Events	Volume	0	0	0	0	0	0	0	0	0	0	0	0		>/=1		0	Stat
Pressure Ulcers (3+)	Volume	1	1	1	0	0	0	1	0	0	0	0	1		>1	=1	=0	Stat
Duty of Candour Cases (new in month)	Volume	7	3	4	1	2	7	3	3	6	4	5	7		No Threshold			Target
Duty of Candour – Stage 2 compliance (case due in month)	%	3/6	3/5	3/4	1/2	1/2	2/4	3/4	2/4	3/3	0/2	3/3	4/7		<75%	75%-90%	>90%	Target
Duty of Candour – Stage 3 compliance (case due in month)*	%	0/0	2/4	2/5	2/3	1/4	2/3	1 / 1	2/4	3/3	0/1	3/4	5/5		<50%	50%-70%	>70%	Target
High Risks (% overdue for review)**	%	9%	4%	5%	35%	19%	26%	48%	59%	15%	4%	11%	38%		>20%	10% - 20%	<10%	Target

* This measure reflects the total number of Stage 3 DOC and SI reports due in month. Both investigations have a 60 working day compliance, after review of the measure through the DoC policy review process.

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

Patient Safety - Infection Control & Inpatient Mortality

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

Overview

- CV Line infections continue to be slightly higher than normal but 3 episodes are associated with one patient.
- No Cdiff cases have been reported.
- Both the number of cardiac arrests and respiratory arrests outside of ICU/theatres are within normal variation.
- The inpatient mortality rate is within normal variation .Whilst it is useful for understanding the frequency of inpatient deaths, compared to activity, however we recognise that it is not risk adjusted data. That is, it doesn't account for how unwell the patient was on admission and the likelihood of death as a potential outcome. There are two additional processes by which we can effectively understand our mortality outcomes at GOSH. The gold standard for measuring paediatric mortality is through benchmarking by the Paediatric Intensive Care Audit Network (PICANet). The most recent PICANet report was published on the 9th March 2023 and covers the calendar years 2019-21. The report shows GOSH PICU/NICU and CICU risk adjusted mortality as within expected range. There have been no outliers detected in our real time risk adjusted monitoring of PICU/NICU deaths through M+Ms. This is important as the majority of patient deaths at GOSH are in intensive care areas

Infection Control

		Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	2023/24 YTD	Last 12 months	RAG (23/24 threshold)			Stat/ Target
Total C Difficile cases	In Month	1	1	1	3	1	2	0	0	1	0	0	0	1					Stat
C difficile Trust Assigned	Annually								0	1	0					>7	N/A	<=7	Stat
MRSA	In Month	0	1	0	0	0	0	0	0	0	0	1	0	1		>0	N/A	=0	Stat
MSSA	In Month	0	1	2	5	1	2	2	1	0	1	1	2	5		No Threshold			
E.Coli Bacteraemia	In Month	2	2	2	2	2	0	1	1	2	2	1	3	9		>8	N/A	<=8	Stat
Pseudomonas Aeruginosa	In Month	2	1	1	0	2	0	0	2	2	2	0	1	7		>8	N/A	<=8	Stat
Total Klebsiella spp	In Month	0	2	5	3	3	4	3	5	2	1	5	2	15					Stat
Klebsiella spp Trust Assigned	Annually								2	1	1	5	2	11		>11	N/A	<=11	Stat
CV Line Infections (note 1)	In Month	2.5	2.4	1.8	2.6	1.7	1.9	2.1	1.5	1.7	1.4	3.3	2.3	2.0		>1.6	N/A	<=1.6	T

1 GOSACVCRB (GOS acquired CVC related bacteraemias)
2 Lapses of care are reviewed annually with NCL

Inpatient Mortality & Cardiac Arrest

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Last 12 months	RAG	Stat/ Target
Number of In-hospital Deaths	7	12	4	9	8	13	11	11	8	7	7	6		No Threshold	
Inpatient Mortality per 1000/discharges	6.6	11.6	3.8	10.2	7.8	13.8	10.3	11.8	7.8	6.5	7.0	5.6		No Threshold	
Cardiac arrests outside ICU/theatres	2	2	0	2	2	2	1	0	3	3	1	0		No Threshold	
Respiratory arrests outside ICU/theatres	2	2	0	1	2	0	1	1	5	5	3	4		No Threshold	
Inquests currently open	10	12	12	9	8	6	8	17	15	17	20	18		No Threshold	

Safe

Effectiveness

Better Value:

The Trust's Better Value target for 2023/24 is £32.5m, of which £16.5m is an additional contribution from IPC. A detailed programme to deliver the remaining £16m is in development, although has been delayed because of the immediate need to address the operational challenges related to recent industrial actions. Schemes valued at over £10m are largely considered to be lower risk and highly likely to deliver in full; further work continues with directorates to increase the identified value of the programme, including in light of the actual YTD cumulative financial performance. Many of the schemes included, however, still require final sign-off of their documentation and EQIAs, the Better Value Delivery Group has agreed that all outstanding documentation must be submitted before the end of this month (September). The EQIA panel is meeting in the coming weeks to review all documentation submitted to date. This work is being supplemented by a range of cross organisational schemes in areas such as clinical procurement, pharmacy and laboratory test optimisation, contract reviews, printing and mail, patient transport and accommodation – these being supported by the establishment of dedicated task and finish groups.

Better value YTD actual for May was an estimate as actuals were not available then.

Effectiveness	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Last 12 months
Speciality led clinical audits completed (actual YTD)	66	80	90	100	110	116	126	4	4	15	19	24	
Outcome reports published (YTD)	3	5	7	7	8	9	13	2	2	4	4	5	
QI Project completed	3	9	2	1	0	1	0	8	8	1	5	10	
QI Projects started	6	2	14	17	14	12	19	14	18	11	14	5	
NICE guidance currently overdue for review	0	0	0	0	0	0	0	0	0	0	0	0	
Better Value YTD Actual	£6,010,393	£8,681,000	£9,848,000	£11,152,000	£12,822,000	£14,061,472	£16,048,000		£754,000	£649, 000	£824,000	£1,872,000	
% value of schemes identified compared to their Better Value target	78%	82.4%	77.8%	77.6%	77.6%	77.6%	77.6%					63.70%	
Number of schemes identified	119	125	125	125	125	125	125	50	58	78	88	109	
Number of schemes fully signed off and EQIA assessed	75	118	118	118	118	118	118					22	
Number of schemes identified but not signed off	34	7	7	7	7	7	7					100	

Our Quality Hub shows clinical outcomes, clinical audit activity, and QI work that is taking place across the Trust.
Our QI - is space to recognise the good work that teams around the Trust do to improve quality , and an opportunity to see the positive outcomes of Quality work at GOSH.

Patient Experience

Overview

The Inpatient FFT met the Trust target for response rate and experience rating for August, however, the response rate dropped by 6%, although this is not unusual in the summer months. Both the inpatient and outpatient experience scores remained above target, with inpatients reducing by 1% and outpatients increasing by 1%. The overall amount of feedback received during August increased to 1799 from 1562 in July. Negative comments were varied. There continue to be negative comments about the problematic lifts in the Royal London Hospital for Integrated Medicine, the lack of activities in waiting areas and the need for an onsite shop with a greater variety of stock. Positive comments included lots of praise for individual staff which has been shared. There were comments about how staff care holistically for the whole family and how friendly and welcoming staff are to patients and families. There were also comments about staff professionalism and knowledge. The cleanliness of the hospital was also praised.

9 new formal complaints were received in August, which is consistent with the average number of complaints per month. Numerous complaints were raised regarding short-notice cancellations for surgery, appointments and admissions and the impact this has on families both emotionally, practically and financially. Families also raised concerns about the conduct or manner of staff.

Pals received 174 contacts in August. Contacts primarily related to families wanting clarity on patient's care/ treatment plans, accommodation enquiries, cancellations of OPA/Admissions and families sharing their experiences with ward/medical teams.

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Last 12 months	RAG		
FFT Experience rating (Inpatient)	99.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	99.0%	98.0%	99.0%	99.0%	98.0%		<90%	90-94%	>=95%
FFT experience rating (Outpatient)	97.0%	95.0%	94.0%	93.0%	92.0%	93.0%	90.0%	91.0%	97.0%	95.0%	95.0%	96.0%		<90%	90-94%	>=95%
FFT - response rate (Inpatient)	28.0%	24.0%	24.0%	25.0%	25.0%	28.0%	29.0%	30.0%	27.0%	35.0%	31.0%	26.0%		<25%	N/A	>=25%
PALS - per 1000 episodes	10.46	9.74	9.51	9.75	8.58	9.23	10.77	7.55	10.14	11.07	7.11	7.25		No Threshold		
Complaints- per 1000 episodes	0.58	0.36	0.55	0.51	0.47	0.53	0.42	0.49	0.37	0.31	0.45	0.38		No Threshold		
Red Complaints -% of total (note 1)	7%	6%	6%	6%	5%	4%	4%	4%	4%	5%	5%	4%		>12%	10-12%	<10%
Re-opened complaints - % reopened (2)	9%	9%	9%	8%	6%	4%	4%	4%	4%	5%	4%	3%		>12%	10-12%	<10%

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

Return to Contents Page

Well Led Headlines: August 2023

Contractual staff in post: Substantive staff in post numbers in August was 5366.1 compared to July (5363.9) , which is 2.2 FTE less than the previous month. The headcount was 5816 for the current month (-2on the previous month).

Unfilled vacancy rate: August 2023 vacancy rates for the Trust have increased to 10.5% from 9.9% the previous month. The vacancy rates are highest in International and Private Care (24.3%), Research and Innovation (46.2%) and Transformation (62%).

Turnover: is reported as voluntary turnover over a rolling 12 month period. Voluntary turnover decreased marginally to 13.7% down 0.1% from the previous month for the second consecutive month.

Agency usage: Agency usage for July has dropped to 1.2%, which is 0.1% less from the previous month but remains within the 2% trust target. Corporate areas such as Finance (9.3%), Medical Directorate (8.4%), are the highest spending directorates.

Statutory & Mandatory training compliance: The August training rate for the Trust has remained stable at 93%, decreasing by 1% from the previous month with all directorates meeting the target, with the exception of Space & Place (86%).

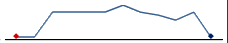
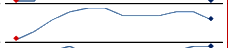
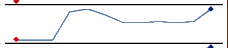
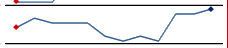
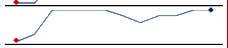
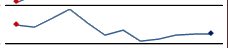
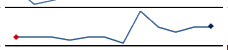
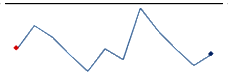
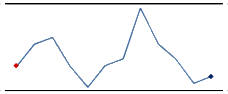
Appraisal/PDR completion: The non-medical appraisal rate for August is 84%, stable from the previous month with no directorates meeting the Trust target. Consultant appraisal is remains at 95% this month.

Sickness absence: August sickness is slightly over the trust target at 3.1%. In order to benchmark GOSH sickness more accurately, and provide a more realistic target the Trust has incorporated the national NHS sickness rate into it's RAG rating (see Well led page for details). The national rate for May was 4.82%.

Freedom to Speak Up: 10 staff contacted the FTSU Guardian in August to speak up which is a small increase compared to July (10). The highest themes being raised (each case may have more than one theme) related to patient safety or quality of care, policies/ process and staff safety/ staff wellbeing. Staff speaking up came from a variety of professional backgrounds.

Well Led

Well Led Metrics Tracking

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Last 12 months	RAG Levels			Stat/Target
Mandatory Training Compliance	93.0%	93.0%	94.0%	94.0%	94.0%	94.0%	94.3%	94.0%	93.9%	93.7%	94.0%	93.0%		<80%	80-90%	>90%	Stat
Stat/Man training – Medical & Dental Staff	83.0%	85.0%	88.0%	90.0%	91.0%	91.0%	89.0%	89.0%	89.0%	90.0%	90.0%	88.0%		<80%	80-90%	>90%	Stat
Appraisal Rate (Non-Consultants)	77.0%	82.0%	83.0%	84.0%	82.0%	81.0%	82.6%	82.0%	80.7%	82.8%	84.0%	84.0%		<80%	80-90%	>90%	Stat
Appraisal Compliance (Consultant)	85.0%	85.0%	85.0%	94.0%	95.0%	93.0%	90.7%	90.6%	91.0%	90.6%	91.0%	95.0%		<80%	80-90%	>90%	Stat
Honorary contract training compliance	68.0%	70.0%	69.0%	69.0%	69.0%	66.0%	65.0%	66.0%	65.0%	71.0%	71.0%	72.0%		<80%	80-90%	>90%	Stat
Safeguarding Children Level 3 Training	95.0%	95.0%	95.0%	96.0%	97.0%	96.0%	96.0%	96.0%	98.0%	99.0%	99.0%	98.0%		<80%	80-90%	>90%	Stat
Safeguarding Adults Level 2 Training	93.0%	93.0%	95.0%	95.0%	96.0%	95.0%	95.0%	95.0%	95.0%	95.0%	96.0%	95.0%		<80%	80-90%	>90%	Stat
Resuscitation Training	82.0%	83.0%	87.0%	87.0%	87.0%	87.0%	86.0%	85.0%	86.0%	86.0%	87.0%	87.0%		<80%	80-90%	>90%	Stat
Sickness Rate see note 3	3.6%	3.5%	4.0%	4.5%	3.7%	3.0%	3.3%	2.7%	2.8%	3.0%	3.1%	3.1%		>5.3%	3-5.3%	<3%	T
Turnover Rate (Voluntary)	13.6%	13.9%	14.3%	14.0%	14.2%	14.2%	14.4%	14.4%	14.2%	14.0%	13.8%	13.7%		>14%	N/A	<14%	T
Vacancy Rate – Trust	7.4%	5.9%	6.3%	6.9%	7.2%	7.0%	7.1%	7.1%	9.8%	9.5%	10.0%	10.5%		>10%	N/A	<10%	T
Vacancy Rate - Nursing	9.0%	4.5%	5.6%	7.0%	7.7%	8.3%	8.0%	8.0%	10.2%	11.2%	12.6%	14.8%		No Threshold			T
Bank Spend	5.4%	5.4%	5.4%	5.3%	5.4%	5.4%	5.2%	6.4%	5.8%	5.6%	5.8%	5.8%		No Threshold			T
Agency Spend	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.3%	1.4%	1.4%	1.3%	1.2%		>2%	N/A	<2%	T
Quarterly Staff Survey - I would recommend my organisation as a place to work					65.0%			64.0%			60%			No Threshold			T
Quarterly Staff Survey - I would be happy with the standard of care provided by this organisation					87.0%			87.0%			86%			No Threshold			T
Quarterly Staff Survey - Overall Staff Engagement (scale 0-10) See note 1					7.0			7.0			6.8			No Threshold			T
Quarterly Staff Survey - Communication between senior management and staff is effective See note 1					45.0%			44.0%			39%			No Threshold			T
Number of people contacting the Freedom To Speak Up Service	11	15	13	10	7	11	9	18	14	11	8	10		No Threshold			T
Number of Themes of concerns raised as part of Freedom to Speak Up Service (note 2)	15	21	23	15	9	15	17	31	21	17	10	12		No Threshold			T

Note 1 - Survey runs in January, April and July.
Note 2 - people contacting the service can present with more than one theme to their concern
Note 3: Sickness rate target has changed to the national average from Nov 22

Return to Contents Page

Directorate KPI performance August 2023

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

Metric	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Core Clinical Services	Genetics	Heart & Lung	Sight & Sound	International	Clinical Operations	Corporate Affairs	ICT	Space and Place	Finance	Human Resources & Organisational Development	Medical Directorate	Nursing & Patient Experience	Research & Innovation	Transformation	Innovation
Voluntary Turnover	14%	13.7%	13.6%	16.2%	14.6%	14.6%	15.5%	13.5%	17.6%	14.6%	6.6%	31.6%	5.8%	5.8%	11.3%	32.6%	7.6%	11.0%	16.8%	6.9%	12.3%
Sickness (1m)	3% - National Average (4.82%)	3.1%	2.6%	2.4%	3.3%	2.6%	1.8%	3.6%	4.5%	2.9%	4.9%	0.0%	0.5%	5.0%	1.2%	3.7%	0.1%	4.1%	4.2%	1.2%	0.6%
Vacancy	10%	10.5%	6.8%	4.8%	11.8%	5.2%	-2.2%	6.9%	10.8%	24.3%	16.1%	14.2%	3.7%	13.9%	11.7%	6.0%	14.6%	9.6%	46.2%	62.0%	-4.0%
Agency YTD	2%	1.2%	0.0%	0.2%	0.2%	2.4%	0.0%	0.2%	0.0%	2.7%	2.7%	1.5%	0.0%	4.4%	9.3%	3.1%	8.4%	0.6%	0.0%	0.0%	0.9%
PDR	90%	84%	84%	86%	89%	83%	84%	83%	82%	84%	84%	74%	76%	86%	79%	85%	86%	79%	89%	81%	73%
Stat/Mand Training	90%	93%	93%	91%	93%	94%	98%	92%	94%	96%	95%	90%	99%	86%	94%	96%	95%	96%	97%	96%	94%

Key: Achieving Plan Within 5% of Plan Not achieving Plan

Safer Staffing- Nursing only

Vacancy rate: Average registered nurse (RN) vacancy rate increased to 14.8% in Aug, this has been driven through a combination of factors: an increase in budgeted establishment (72 WTE), a seasonal trend in leavers over summer and the rising cost of living. Recruitment campaigns continue across all directorates in partnership with the HR team. The trust is also planning to re-join the Capital Nurse Consortium to explore new international recruitment pipelines. A pipeline of 144 NRNs are in place for October & January start dates.
Voluntary Turnover: Based on a 12 month rolling average, the vol. turnover for Aug has improved to 15.8% but remains above trust target (<14%). We continue to drive forward the retention actions in an effort to retain our skilled and experienced nurses, and this will be monitored through the Nursing Delivery Committee.
Sickness absence: Nursing sickness rates remains above trust target (3%) at 4.2% in Aug.
CHPPD: CHPPD is a benchmarking metric to provide a picture of care, it does not reflect true skill mix or patient acuity. This has remained stable across the trust at 16.8 in Aug. Safe staffing levels are maintained through bed closures when levels drop as a result of vacancies or short term sickness. Therefore CHPPD only reflects the staffing levels based on open and occupied beds.
CHPPD Actual vs Plan: The Trust average was 103% in Aug and remains within acceptable parameters.
Agency spend: Agency use remains low at 1.2%. Bank fill rates in Aug were 63% and have now been corrected and backdated, the issue in Healthroster has been identified and addressed. A new contract has been negotiated as part of the NCL framework with a target fill rate of 85% agreed with monthly performance meetings in place to monitor KPIs.
Safe Staffing Incidents: There were 6 safe staffing incidents reported in Aug, these are currently being investigated. Two in CCS, one in H&L, one in Brain, one in S&S and one on Mildred Creek (BBM). The main themes relate to skill mix/competencies, staffing levels as a result of short term sickness, and lack of senior, CSP and peer support from other wards.
Bed closures: Although the metrics are demonstrating safe staffing levels are being maintained, this only reflects the open bed base and not the full bed base. Bed closures and reduced activity are used to maintain safe staffing levels for inpatients however this impacts on patient experience, delayed treatment and patient outcomes. The top three wards for bed closures in August were Butterfly (168), Bumblebee (134) & Koala (112).

Safer Staffing Metrics	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Last 12 months	RAG Levels			Stat/Target
Vacancy Rate - Nursing	9.0%	4.5%	5.6%	7.0%	7.7%	8.2%	8.0%	8.0%	10.0%	11.2%	12.6%	14.8%		>11%	10.1% - 11%	<= 10%	T
Turnover Rate (Voluntary)	15.3%	15.8%	16.1%	15.4%	16.1%	16.5%	16.5%	16.5%	16.2%	15.8%	16.4%	15.8%		>14%	N/A	<14%	T
Sickness Rate see note 3	4.0%	4.0%	4.3%	5.5%	3.7%	3.4%	3.4%	3.0%	3.4%	4.0%	4.0%	4.2%		>5.3%	3-5.3%	<3%	T
Care Hours per Patient Day (CHPPD)	15.0	15.5	14.4	15.0	15.3	15.0	14.9	16.0	15.9	16.5	16.2	16.8		No Threshold			T
Care Hours per Patient Day (CHPPD)- Actual vs Plan					104%	99%	102%	99%	98%	94.8%	96.7%	103.0%		<80%	80-90%	>90%	T
Agency Spend	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	0.0%	1.0%	0.1%	0.3%	1.3%	1.2%		>2%	N/A	<2%	T
Safe Staffing incidents	13	13	10	15	3	6	13	6	7	3	6	6		No Threshold			T
Bank fill rate	72%	66%	67%	58%	70%	69%	66%	69%	67%	67%	63%	63%		No Threshold			T
Total monthly Bed closures	735	537	320	742	722	600	802	744	865	545	512	558		No Threshold			T

Well Led

Directorate performance for Safer Staffing – Nursing Only August 23

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

Metric	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Core Clinical Services	Heart & Lung	Sight & Sound	International	Research & Innovation
Voluntary Turnover	14%	15.8%	12.9%	14.6%	19.0%	17.0%	16.1%	17.0%	19.4%	18.0%
Sickness (1m)	3%	4%	3.7%	4.0%	4.7%	2.2%	5.3%	5.7%	2.1%	5.0%
Vacancy	10%	14.8%	6.2%	14.9%	27.3%	8.3%	12.8%	8.3%	32.3%	24.9%
Agency YTD	2%	1%	0%	0%	0%	2%	0%	0%	3%	0%
PDR	90%	88%	86%	92%	90%	91%	89%	91%	85%	88%
Stat/Mand Training	90%	94%	93%	94%	96%	95%	94%	93%	95%	96%
CHPPD	-	16.8	15.7	12.5	12.7	n/a	24.3	13.4	13.9	n/a
CHPPD Actual vs Planned	-	103%	112%	95%	98%	n/a	106%	113%	101%	n/a
Incidents	-	6	0	1	1	2	1	1	0	0
Total bed closures	0	558	139	0	117	n/a	0	0	302	n/a

Key: Achieving Plan Within 5% of Plan Not achieving Plan

Patient Access Metrics

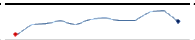
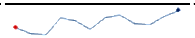
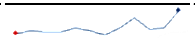
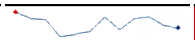
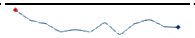
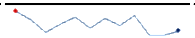
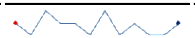
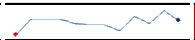
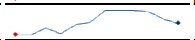
NHS Great Ormond Street Hospital for Children NHS Foundation Trust

Access Metrics Tracking

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Trajectory	Last 12 months	RAG Levels			Stat/Target
RTT Open Pathway: % waiting within 18 weeks	71.8%	72.4%	73.2%	70.9%	71.4%	69.8%	67.3%	67.7%	68.4%	66.5%	67.2%	66.8%	Below		<92%	N/A	>=92%	Stat
Waiting greater than 18 weeks - Incomplete Pathways	2,023	2,012	1,944	2,154	2,169	2,280	2,464	2,415	2,526	2,584	2,625	2,709	-		No Threshold			-
Waiting greater than 52 weeks - Incomplete Pathways	202	206	219	248	279	311	356	379	438	420	423	431	Above		>0	N/A	=0	Stat
Waiting greater than 78 weeks - Incomplete Pathways	30	28	28	45	47	52	58	75	89	79	91	91	Below		TBC			T
Waiting greater than 104 weeks - Incomplete Pathways	1	1	3	5	5	3	4	9	11	10	13	15	Above		>0	N/A	=0	Stat
18 week RTT PTL size	7176	7295	7264	7401	7580	7545	7532	7482	7990	7706	7996	8148	-		No Threshold			-
Diagnostics- % waiting less than 6 weeks	83.5%	88.4%	89.2%	82.6%	82.6%	87.6%	81.9%	80.7%	83.7%	83.9%	82.3%	77.7%	Below		<99%	N/A	>99%	Stat
Total DM01 PTL size	1,463	1,714	1,747	1,767	1,663	1,841	1,672	1,668	1,673	1,637	1,765	1,606	-		No Threshold			-
Cancer waits: 31 Day: Referral to 1st Treatment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*100%*	-		<85%	N/A	>85%	Stat
Cancer waits: 31 Day: Decision to treat to 1st Treatment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*100%*	-		<96%	N/A	>96%	Stat
Cancer waits: 31 Day: Subsequent treatment – surgery	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*100%*	-		<94%	N/A	>94%	Stat
Cancer waits: 31 Day: Subsequent treatment - drugs	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*100%*	-		<98%	N/A	>98%	Stat
Cancer waits: 62 Day: Consultant Upgrade	100%	100%	100%	100%	94%	92%	93%	100%	100%	100%	100%	*100%*	-		No Threshold			-
Cancelled Operations for Non Clinical Reasons (note 1)	33	38	53	27	45	34	28	21	23	30	22		-		No Threshold			-
Cancelled Operations: 28 day breaches	2	5	1	3	3	3	1	1	2	4	5		-		>0	N/A	=0	Stat
Number of patients with a past planned TCI date (note 4)	1,112	1,193	1,270	1,261	1,390	1,356	1,422	1,542	1,552	1,625	1,570	1,592	-		No Threshold			-
NHS Referrals received- External	2,611	2,901	2,920	2,453	2,754	2,667	2,725	2,176	2,843	2,804	2,682	2,525	-		No Threshold			-
NHS Referrals received- Internal	1,820	2,124	2,198	1,625	1,980	2,039	2,136	1,753	2,067	2,024	1,980	1,849	-		No Threshold			-
Total NHS Outpatient Appointment Cancellations (note 2)	6,910	6,352	6,368	6,449	6,308	6,212	7,456	6,061	6,500	6,760	7,158	7,585	-		No Threshold			-
NHS Outpatient Appointment Cancellations by Hospital (note 3)	1,707	1,441	1,366	1,576	1,514	1,740	2,113	1,584	1,498	1,548	1,962	1,642	-		No Threshold			-
Outpatient Clinic utilisation																		-

Note 1 - Elective cancelled operations on the day or last minute
Note 2 - Patient and Hospital Cancellations (excluding clinic restructure)
Note 3 - Hospital non-clinical cancellations between 0 and 56 days of the booked appointment
Note 4 - Planned Past TCI date includes patients with no planned date recorded

Patient Access Metrics (cont.)

Access Metrics Tracking	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Trajectory	Last 12 months	RAG Levels	Stat/Target
RTT Priority 2 patients	616	699	701	722	692	742	746	729	725	787	807	717	-		No Threshold	
RTT Priority 2 patients beyond fail safe date	189	176	167	205	159	168	208	207	178	206	239	220	-		No Threshold	
Diagnostics- waiting greater than 6 weeks	241	199	190	307	289	228	303	322	273	264	312	359	-		No Threshold	-
Diagnostics- waiting greater than 13 weeks	27	30	29	28	34	30	25	33	45	32	33	54	-		No Threshold	-
Main Theatre Utilisation (NHS Only)	72.7%	70.2%	69.8%	63.3%	64.7%	65.4%	70.7%	66.1%	70.4%	70.9%	67.4%	66.7%	-		<77% / N/A / >77%	T
Main Theatres Late Start Minutes	8,186	8,834	9,209	8,419	8,998	6,697	7,423	5,212	6,862	7,115	7,454	7,451			No Threshold	
Main Theatres Overrun	6,493	4,991	4,425	3,188	3,586	3,126	4,645	2,675	4,487	5,178	3,959	3,801			No Threshold	
Bed Occupancy (All Wards NHS & PP)	83.6%	83.1%	83.5%	77.7%	84.3%	84.2%	84.9%	80.2%	81.2%	82.6%	78.9%	78.2%			<80% / 80 -84% / =>85%	T
Bed Occupancy (NHS Wards Only)	84.8%	83.3%	86.0%	78.7%	85.7%	84.4%	85.1%	80.4%	81.9%	83.7%	79.9%	78.5%			<80% / 80 -84% / =>85%	T
Bed Closures (All Wards NHS & PP)	735	577	320	742	722	600	802	744	865	545	512	558			No Threshold	
Bed Closures (NHS Wards Only)	618	464	242	381	496	322	479	367	523	181	194	256			No Threshold	
PICU / NICU Refused Admissions	6	2	20	17	10	2	15	2	2	1	4	5			No Threshold	
Cardiac CATS Refused Admissions	1	3	9	1	3	1	4	3	3	3	1	0			No Threshold	
PICU Readmissions within 48 hours	1	1	1	1	0	3	2	2	3	1	3	1			No Threshold	
CICU Readmissions within 48 hours	1	0	2	1	1	0	2	0	1	0	0	1			No Threshold	
NHS Discharge Summaries with 24 hours	78.6%	73.3%	74.2%	70.8%	72.8%	68.0%	69.8%	70.8%	76.3%	82.0%	79.4%	76.8%			<100% / N/A / 100%	T
Number of NHS Discharge Summaries not sent (ytd)	950	976	1208	1122	1247	1404	1668	1356	1505	432	424	590			No Threshold	
NHS Clinic Letters sent with 7 days	50.9%	58.0%	57.9%	57.9%	56.1%	55.6%	55.3%	52.8%	59.1%	55.9%	61.8%	57.1%			<100% / N/A / 100%	T
Number of NHS Clinic Letters not sent (ytd)	4578	4556	5024	4670	5218	5354	6102	6157	6158	6040	5610	5301			No Threshold	

Patient Access - Activity Monitoring at Month 5

Overview:

For M5 of 23/24 all activity was -4.1% down v plan but 0.6% up on 2022/23 activity levels. However, when comparing to 19/20 activity overall is 11.7% above. YTD activity is 2.1% down against plan but 11.1% above 2022/23 and 13.2% above 2019/20. It should noted though that inpatient activity is down.

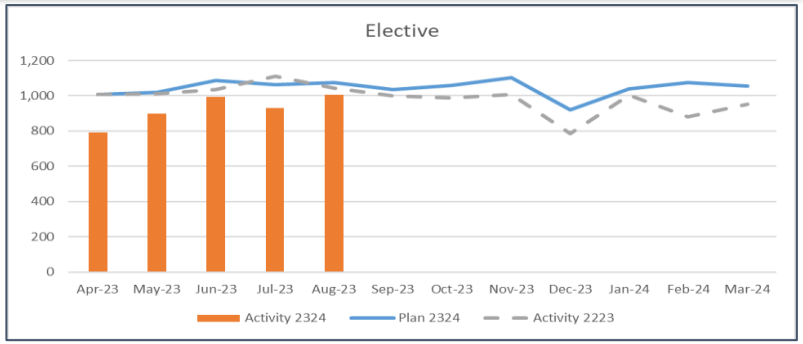
Electives continue to be less than plan at -12.7 % and daycases 1.8% below plan. Undoubtedly, this is due to the impact of recent Junior Doctors and Consultant strikes and with future impending strikes activity levels are being closely monitored. To end of month 5, 17 days have been strike affected out of 104 working days (16%). Typically activity levels on strike days drop to 60% of normal activity. Making this adjustment the Trust would be 4.7% up against plan without the strikes.

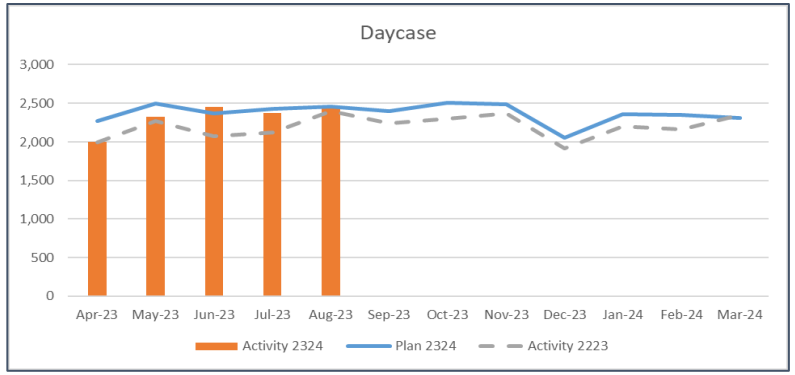
For M5 23/24, all directorates apart from Sight and Sound were below plan.

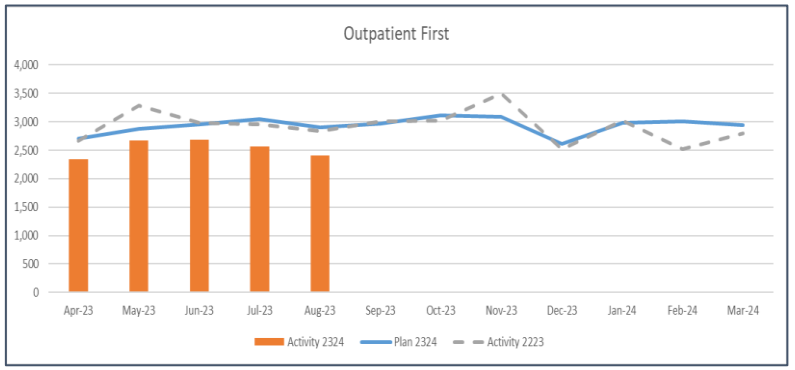
With strikes and bed closures continuing this has impacted the delivery of activity, RTT and DM01 waiting time improvements. Continued focus remains on optimising bed capacity, theatres and reducing long waits.

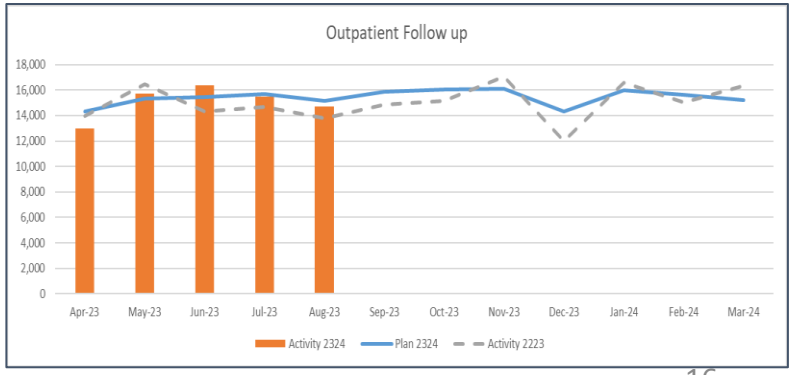
Overview YTD M5 23-24

POD	Plan 2324	Activity 2324	Activity 2223	Activity 1920	% of 22/23	% of Plan	% of 19/20
Daycase	11,331	11,123	10,841	9,248	102.6%	98.2%	120.3%
Elective	5,160	4,506	4,817	5,699	93.5%	87.3%	79.1%
Emergency	840	761	907	723	83.9%	90.6%	105.3%
First OPA	14,478	12,831	13,611	13,611	94.3%	88.6%	94.3%
Follow-up OPA	75,996	76,192	64,629	64,629	117.9%	100.3%	117.9%
Other	1,057	1,117	1,074	176	104.0%		
Grand Total	**108,862**	**106,530**	**95,879**	**94,086**	**111.1%**	**97.9%**	**113.2%**









Return to Contents Page

Responsive

Patient Access - Waiting Times Overview

Overview

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

- RTT Performance for August 2023 was **66.8%,** 0.5% decrease from last month and remains below trajectory. The overall PTL size has increased by **152** patients compared to last month, this is mainly due to Clinical Genetics referrals being appropriately actioned. None of the directorates met the 92% standard this month. RTT performance has been affected by the national strikes, inherited breaches, patient and consultant leave, and bed pressures. We do not expect RTT to improve significantly in September due to industrial action taken by Junior Doctors and Consultants.
- There are 15 patients who are waiting above **104 weeks,** a slight increase from last month, when we reported 13 and above the trajectory provided to NHSE. 10 patients are waiting for **Dental** treatment. Three patients were treated in September, and the remaining seven still require a TCI date. One **ENT** patient has a TCI in October. Two **Plastic Surgery** patients have a TCIs, one of the patients is a complex case which had to be coordinated around three surgeons' availability and post op care. One **Neurology** patient was seen in clinic in September but requires further investigations before a decision to treat is made. **78 week waits** have remained the same as last month at 91 and is below the provisional trajectory submitted. **52 week waits** have increased to 431. The long waiters are predominantly in Dental (108), Plastic surgery (70), Orthopaedics (65), ENT (28), Cardiology (22), Ophthalmology (21), Craniofacial (18), SNAPS (14), Spinal Surgery (13) and Urology (14). Revised RTT trajectories and action plans are being produced. Sight & Sound and Body, Bones and Mind directorates are the most challenged.
- At the time of writing the Trust is currently projecting **102** patients, at the end of September 2023, to be waiting 78 week waits or more and is above the provisional trajectory submitted.
- **DM01** performance for August 2023 was **77.65%**, a decrease of 4.65% from the previous month. The number of 6 week breaches has increased this month to 359, compared to 312 last month. 13 week breaches have increased to 54 from 33 last month. The Trust is performing above the backlog forecasted in the trajectories for MRI, CT and Ultrasound but is performing better than trajectory for Endoscopy.
- **Cancer:** It is projected for August that all of the five standards will be met.

Bottlenecks

Consultant availability in particular for Dental, Orthopaedics, Spinal and SNAPS

Junior doctor's and consultant strikes resulted in reduced activity

Specialist surgeon availability predominantly for joint cases and complex patients

Community/local physiotherapy capacity for the SDR pathway

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

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

Respiratory complex patient bed requirement impacting sleep study activity

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

Bed closures due to combination of patient acuity and staff sickness

Actions

Revised RTT and Diagnostic trajectories and actions plans have been produced

Continued focus on reduction of long wait patients

Mutual aid for Dental Services with UCLH started in June 2023

Exploring Mutual aid with the Evelina for Plastic Surgery.

Dental consultant started in July at GOSH working 5 PAs

Meetings with RNOH regarding Orthopaedic support

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

Day-case project commenced reviewing Nightingale Ward usage

Recruitment of locum Orthopaedic Surgeon

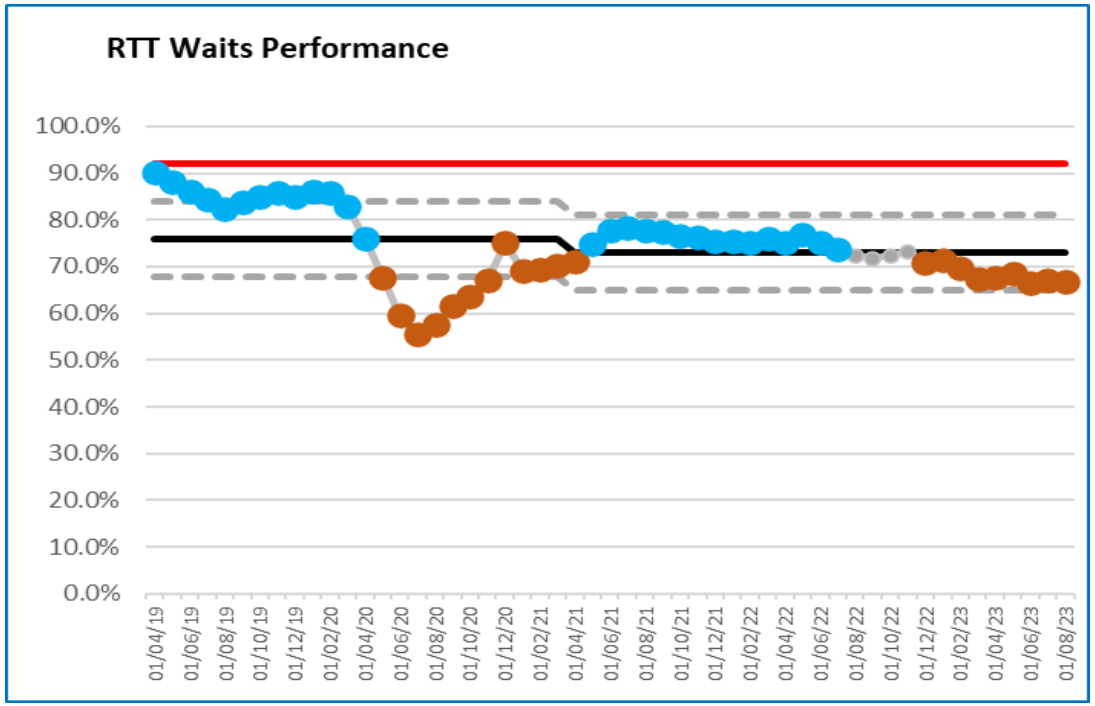
Recruitment process under way for Spinal Surgeon

Responsive

RTT challenges by directorate

- **Body, Bones and Mind:** Highly Complex Patients, single handed consultant specialism where long term cover has recently been recruited to, constraints within theatre and bed (HDU) capacity. For Spinal Surgery: consultant left the Trust in March 2023 reducing capacity to see patients, and injury to Spinal consultant who is awaiting surgery. However, the service is keeping long waiting numbers low. Gastroenterology are running waiting list initiatives to manage 6 week waits and are below submitted trajectories. Discussions are taking place for whole day lists rather than half day lists for Orthopaedics which will increase throughput plus the recruitment of a locum will support throughput. Meetings are taking place with RNOH to reduce Orthopaedic long waits. Four patients so far have been accepted by the RNOH. SNAPs: bed shortage, emergency patients and consultant availability due to sickness and significant outliers impacting booking of patients and increasing cancellations. Establishing 4 bed bay for short stay patients on Sky ward, this is expected to be now in place from end of July 2023.
- **Blood, Cells and Cancer**: Inherited breaches in Dermatology have impacted performance. Immunology is experiencing capacity issues. Capacity constraints for clinics that run quarterly and laser lists. Work is ongoing to create additional capacity and discussions with clinicians regarding laser list booking numbers.
- **Heart and Lung:** Capacity is limited by surgical staffing and general theatre staffing, but most importantly beds on CICU and Bear ward, as well as emergency and urgent patients taking priority, often leading to on-the-day cancellations. ICVD service capacity is challenging and a review has taken place with a business case for increased capacity going to EMT in the coming weeks. Discussion with private provider regarding reducing Cardiac Surgery waiting list is progressing well and is expected to be in place by the end of the summer.
- **Sight and Sound:** Limited HDU bed capacity, which is often shared with neurosurgery is the main challenge for Plastics and Craniofacial specialties. Highly complex patients often require joint surgery with other specialties and are reliant on consultants' availability at the same time. Lack of theatre lists and clinic slot capacity is another challenge the directorate faces. Additional waiting list initiatives are being planned to increase capacity but this is dependent on consultant availability. Limited consultant resource in dentistry nationally and GOSH Dental Consultant on sick leave is contributing to increased long waits. Work with ULCH for mutual aid has started mid-June and GOSH have recruited a Dental Consultant working 5 PAs. Significant risk on reducing 78 week waits over the coming months. Currently working with BBM Team regarding establishing 4 bed bay for short stay patients on Sky ward, this is expected to be in place from end of July 2023.
- **Core Clinical Services:** Main challenge is in Clinical Genetics, recruitment into the previous vacant consultant posts are beginning to positively impact performance and patients are being brought forward.
- **Brain:** Delay in local physiotherapy/rehabilitation funding for SDR patients, VNS capacity constraints the Trust is in discussion for extra lists at UCLH, lack of clinic slot capacity particularly for endocrinology.

Referral to Treatment times (RTT)



RTT:

66.8% ↓ 0.5%

People waiting less than 18 weeks for treatment from referral.

>52 Weeks:

431 ↑ 8

Patients waiting over 52 weeks

>78 Weeks:

91 → 0

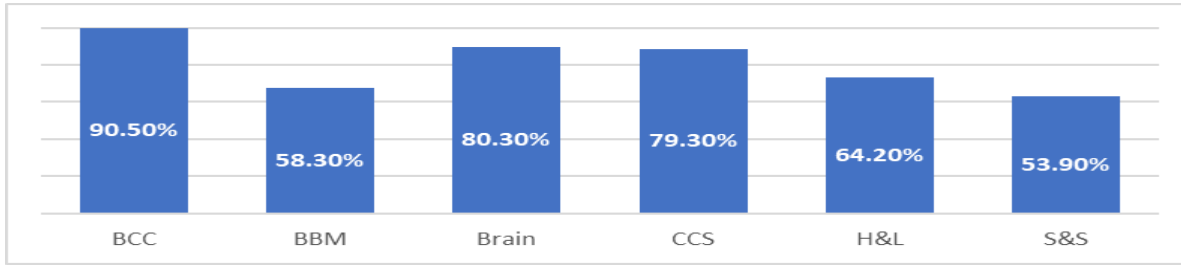
Patients waiting over 78 weeks

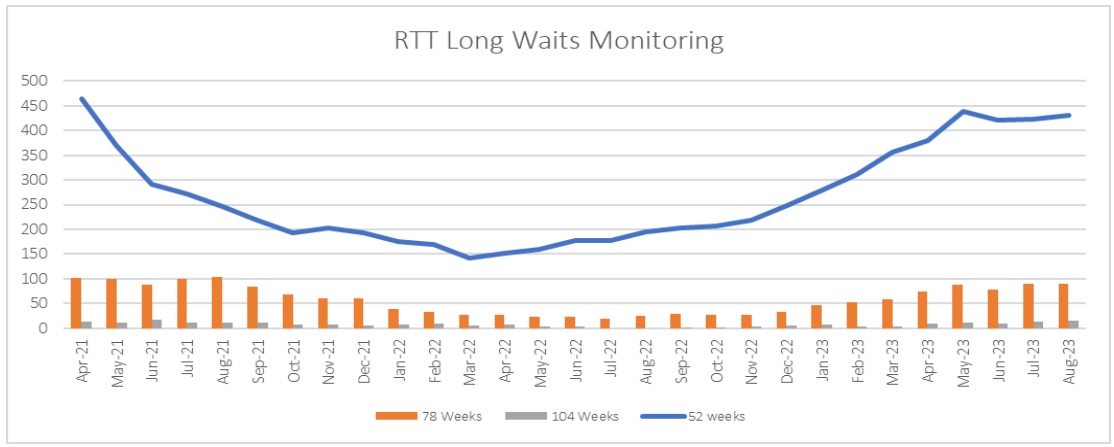
>104 Weeks:

15 ↑ 2

Patients waiting over 104 weeks

Directorates





RTT PTL Clinical Prioritisation – past must be seen by date

P2

220 ↓ 19

P3

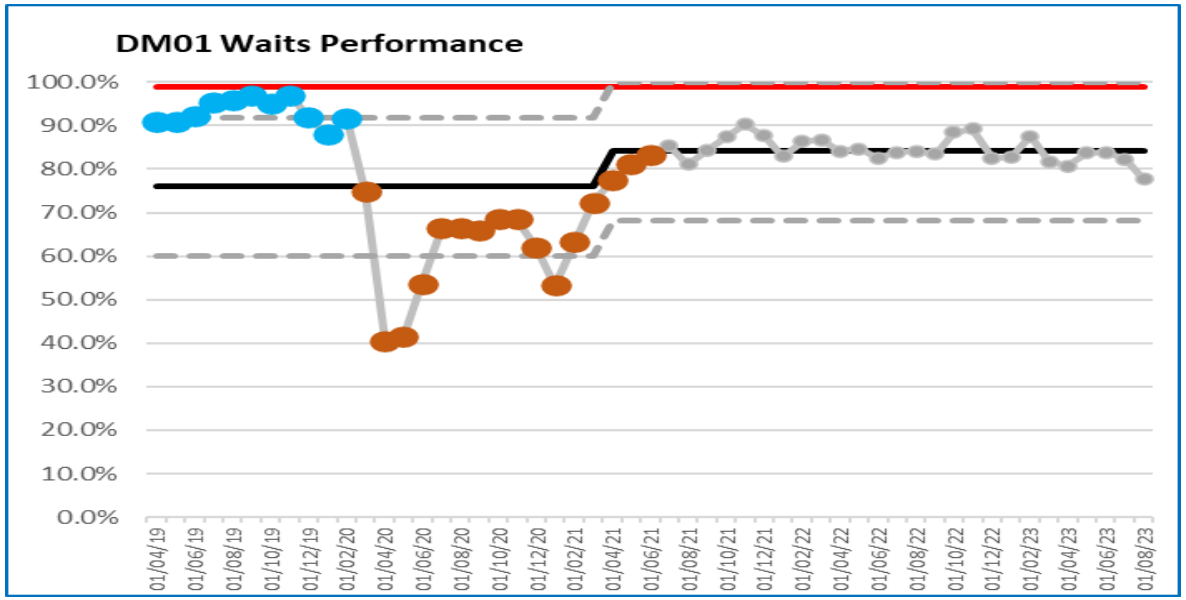
616 ↑ 28

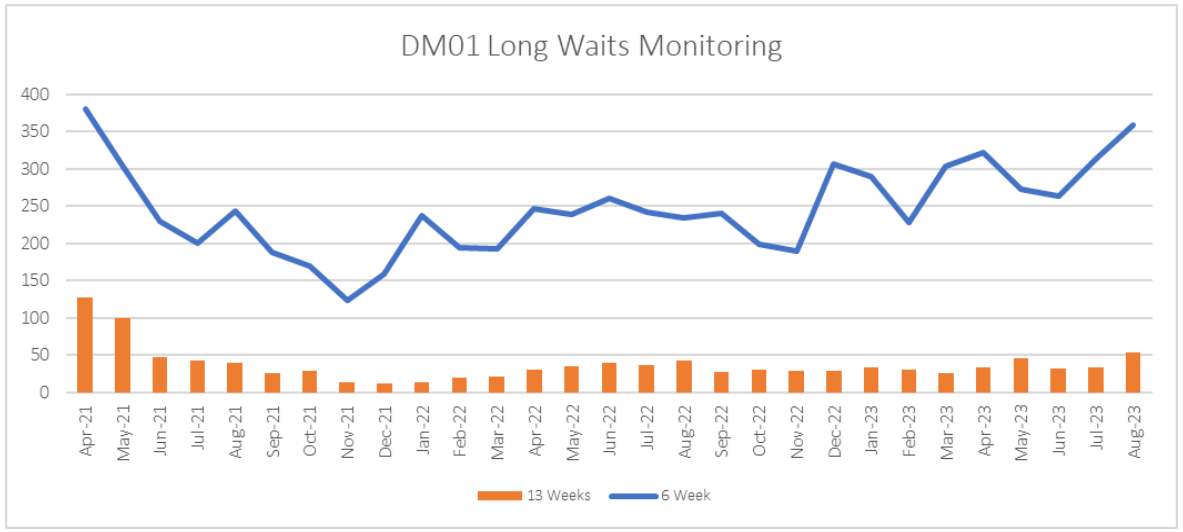
P4

537 ↑ 5

Responsive

Diagnostic Monitoring Waiting Times (DM01)





DM01:

77.6% ↓ 4.7%

People waiting less than 6 weeks for diagnostic test.

>6 Weeks:

359 ↑ 47

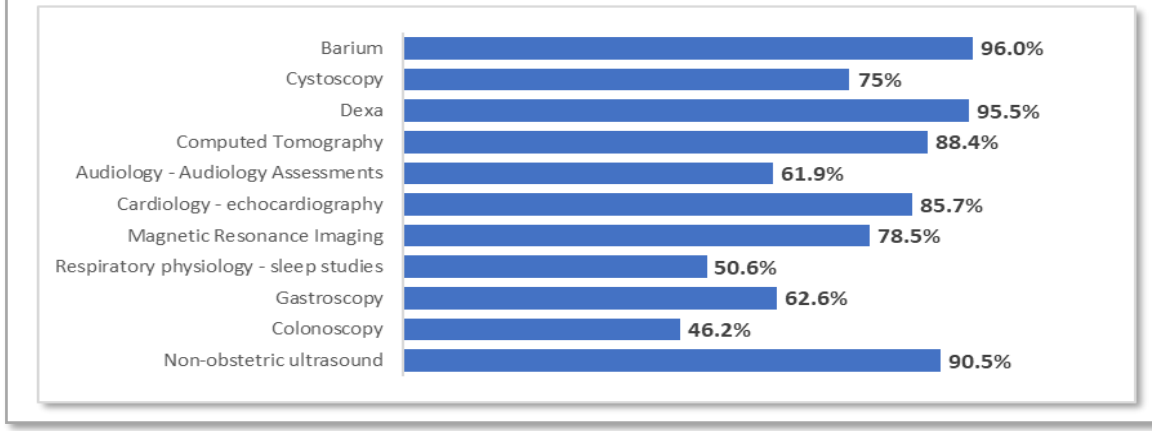
Patients waiting over 6 weeks

>13 Weeks:

54 ↑ 21

Patients waiting over 13 weeks

Modalities not meeting 99% standard

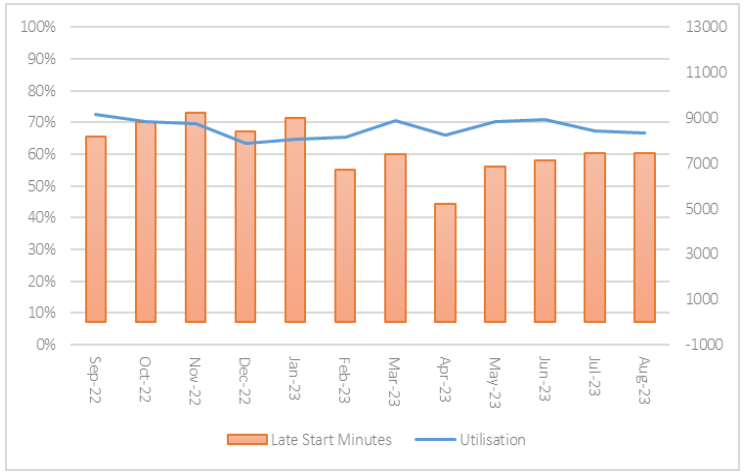


Responsive

Productivity and Efficiency

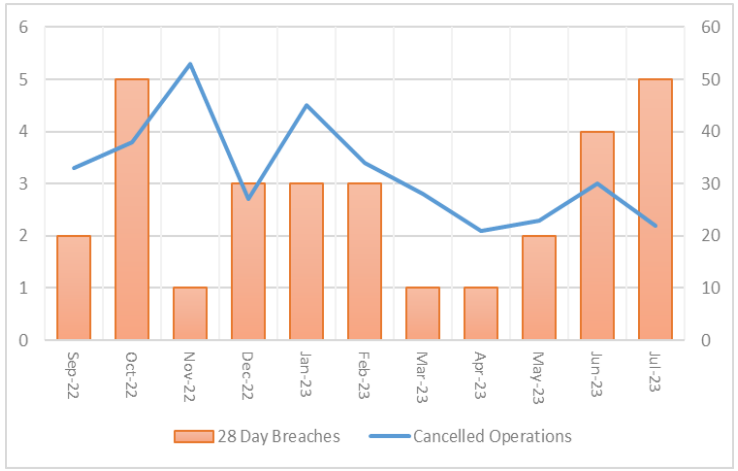
Main Theatres (NHS)

Theatres Utilisation:	Late Start Minutes
66.7% ↓	7,451 ↓



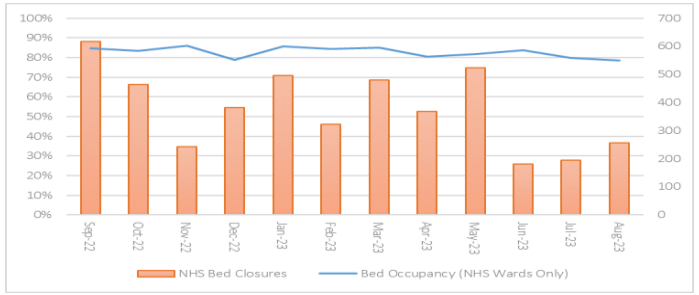
Last Minutes Non-Clinical Cancelled Operations

Number Cancelled	28 Day Breaches
22 ↓	5 ↑



Bed Occupancy and Closures

Occupancy all IP Wards	Bed Closures all IP Wards
78.2% ↓	558 ↑
Occupancy NHS IP Wards	**Bed Closures NHS IP Wards**
78.5% ↓	256 ↑



August 2023 has seen Theatre Utilisation decrease by 0.7% from July, this has been seen within Brain, Heart and Lung and Sight and Sound. Late start minutes decreased slightly in August, where a reason was captured the main driver was due to an overrun. A theatres productivity action plan has been produced covering improved booking process, further embedding of 6-4-2, demand and capacity analysis, reducing late starts, and introduction of reutilisation tracker for sessions handed back.

Bed Occupancy as a Trust decreased in August. All directorates apart from Blood, Cells and Cancer and Body, Bones and Mind saw a decrease in bed occupancy. NHS Bed closures have increased in August 2023 mainly due to Blood, Cells and Cancer.

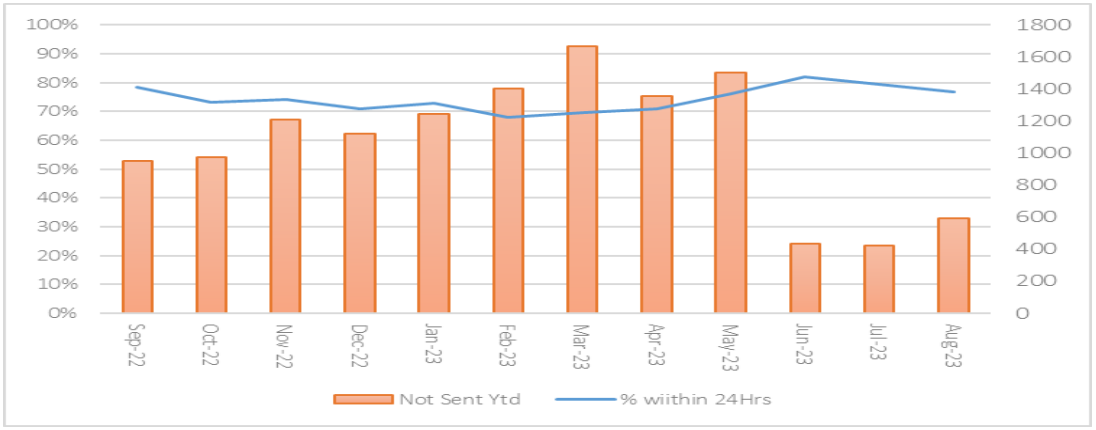
Last minute cancellations have decreased this month compared to last month. Main reasons for these were mainly due to ward bed unavailability, list overrun and urgent cases taking priority across Body, Bones & Mind, Brain, Sight & Sound and Heart & Lung specialties.

Patient Communication

NHS Patient Discharge Summaries

Sent within 24hrs: 76.8%

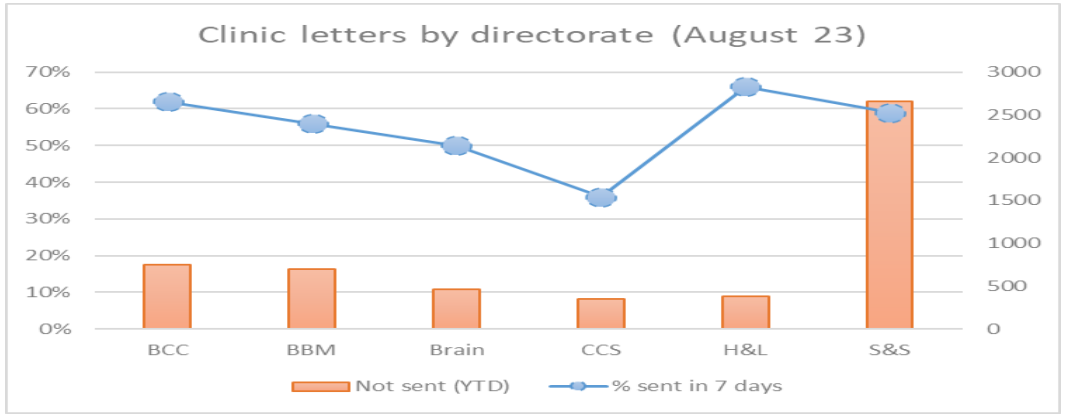
Number not sent ytd 590



NHS Clinic Letters

Sent within 7 days 57.1%

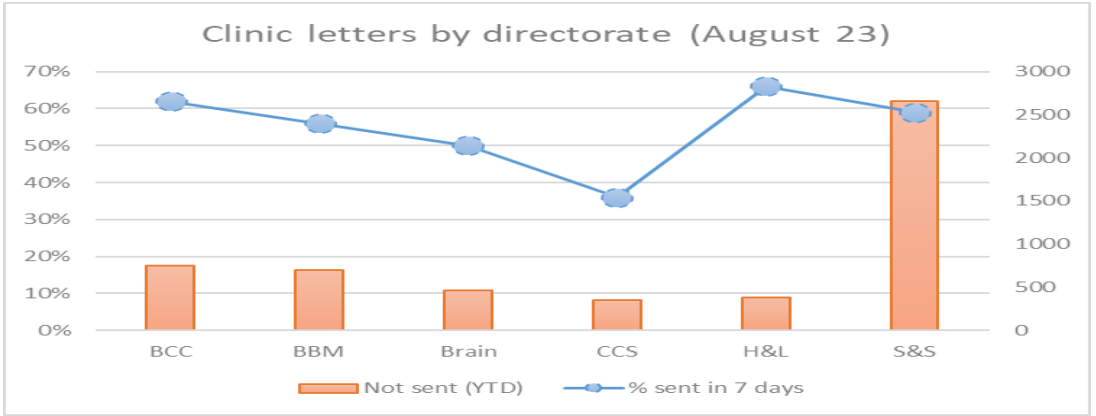
Number not sent ytd 5301



These remain a challenge for a number of the directorates, these standards are being monitored through the weekly Access and Directorate meetings. Focus also continues at consultant meetings and directorate boards to improve performance. Via the Access Meeting directorates had been requested to clear any discharge summaries 10 months or older and clinic letters 18 months and older by end of June 2023.

With regards to Discharge Summaries there is small number outstanding 10 months or older and these are being addressed. Significant improvement has been seen within the number of outstanding discharge summaries with a reduction of over 1000. This is mainly due to the work undertaken by Core Clinical Services.

Clinic letters not sent have reduced and this is a reflection of the work undertaken to reduce backlogs. Core Clinical Services has seen significant reductions, although this is offset by the increases in Sight and Sound and Body, Bones and Mind. Sight and Sound have the largest backlog overall for clinical letters, particularly driven by Plastic Surgery, Audiology and Ophthalmology.



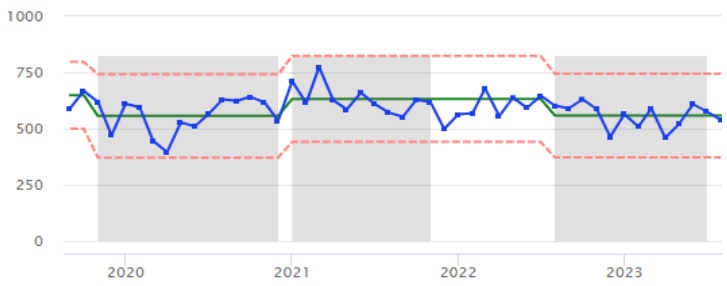
Responsive

Appendix
Integrated Quality & Performance Report

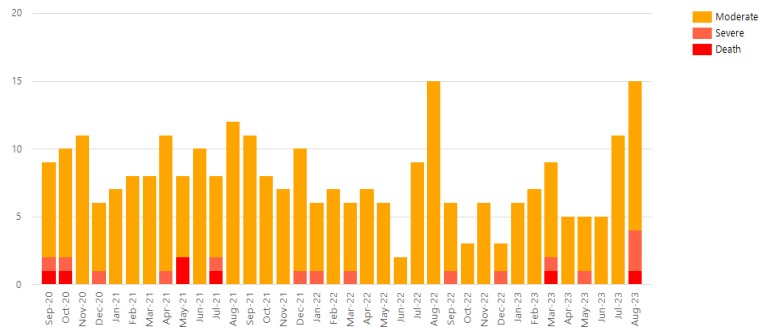
Return to Contents Page

Appendix 1: Patient Safety (incidents & risks)

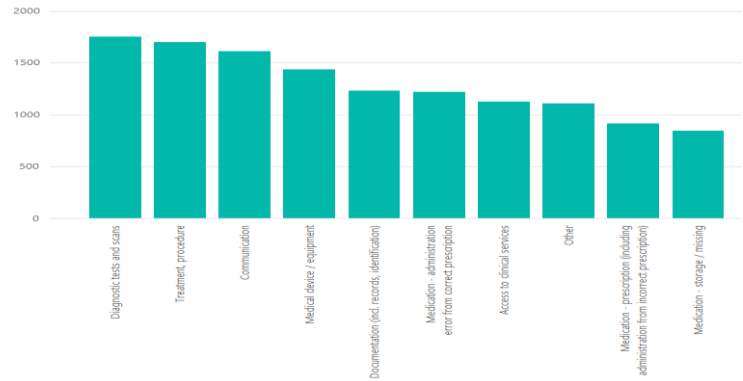
New Incidents



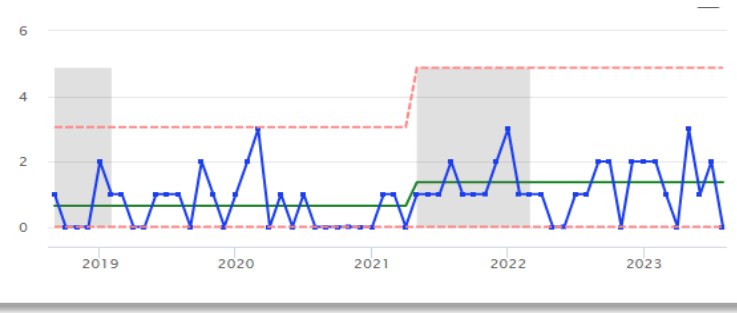
Incidents by Harm



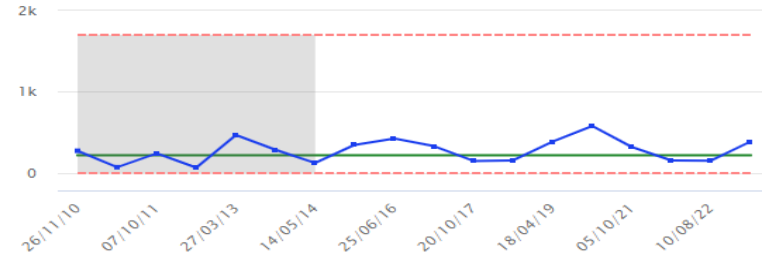
Top 10 Incident Categories (assigned at the point of incident reporting)



Medication Incidents

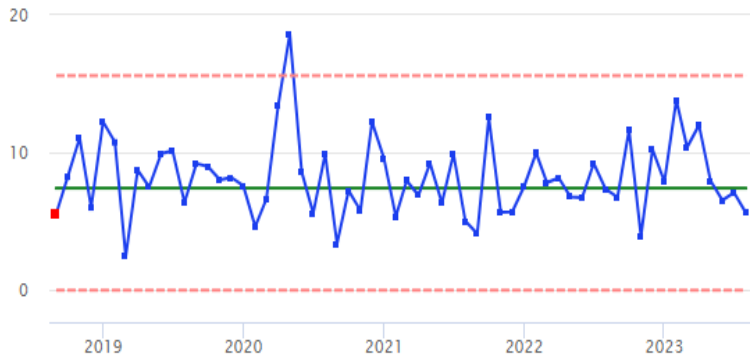


Days Since never events

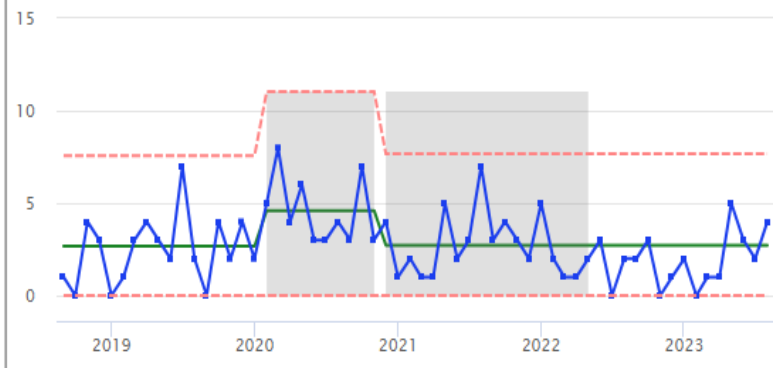


Appendix 2: Patient Safety (Infection & mortality)

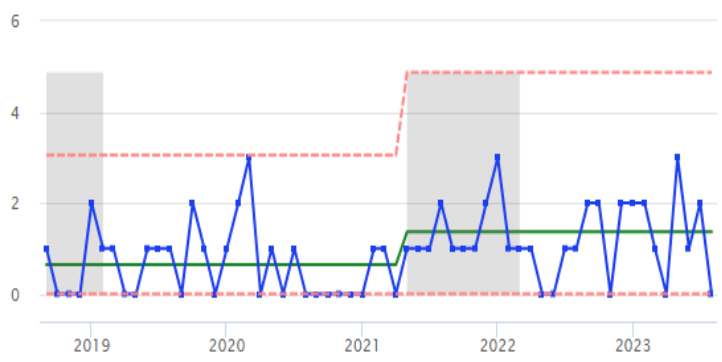
Inpatient Mortality Rate / 1000 Discharges



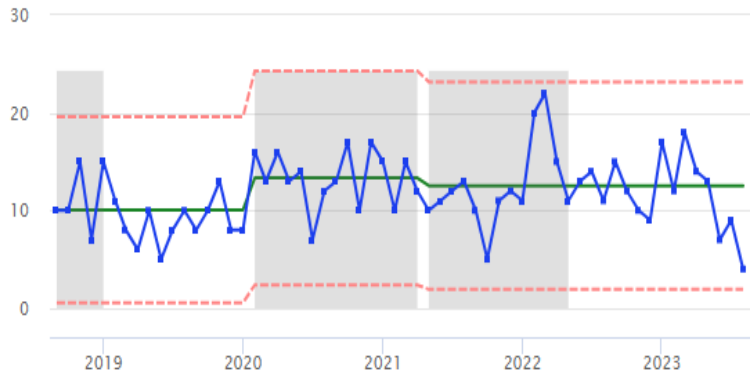
Respiratory Arrests outside ICU



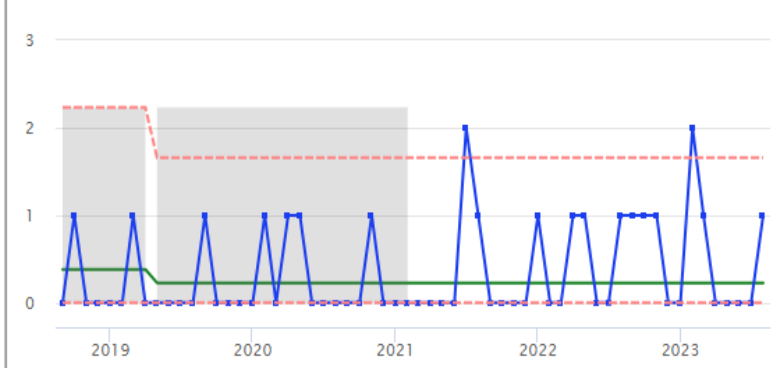
Cardiac Arrests outside ICU



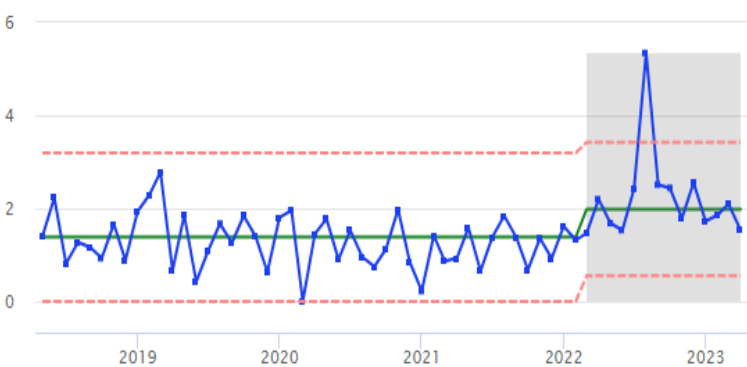
Non 2222 Patients transferred to ICU



Cat 3+ Hospital Acquired Pressure Ulcers



CV Line Infection / 1,000 line days



Appendix 3: Friends and Family Test

Overview:

The inpatient experience score for August was above the Trust target, scoring 98% and all directorates achieved the Trust target of 95% or above. Core Clinical Services and Research and Innovation both scored 100%. The overall Trust response rate was 26%, which is a reduction from the previous month, however, the overall amount of feedback received in the Trust was higher than in July. All directorates with the exception of Brain and Blood Cells and Cancer achieved the 25% response rate, however, for BCC this was due to the ongoing issue with the high discharge numbers (575) from Pelican Ambulatory, since the move to Epic. Without Pelican Ambulatory discharges, BCC achieved a 52% response rate.
Outpatients also achieved the Trust target for experience for the fourth consecutive month, achieving 96% in August. Body Bones and Mind, Heart and Lung and Core Clinical Services fell slightly short of the 95% target for their outpatient areas.

Headline:

Inpatient response rate – 26% (decreased from July).

Experience measure for inpatients – 98% (decreased from July).

Experience measure for outpatients – 96% (increased from July).

Total comments received – 1799 (increased from July).

14% of FFT comments are from patients.

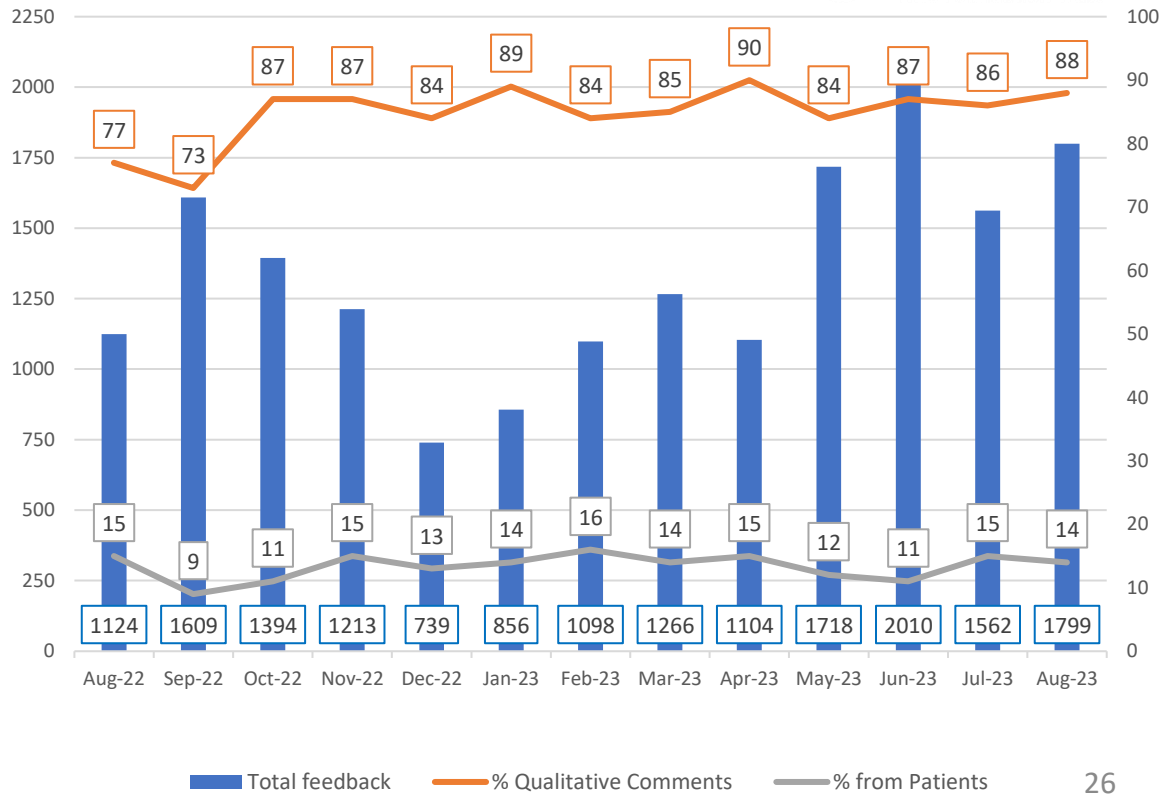
88% of responses had qualitative comments.

Positive Areas:

- Staff care for the whole family.
- Staff explanations of conditions.
- Friendly and professional staff.
- Reassuring staff.
- Families feel like they are in the best hands.
- Sensory garden in S&S.
- Knowledgeable staff.
- Cleanliness.
- Play team.
- Good food.
- Welcoming receptionists.
- Warm friendly environment.

Areas for Improvement:

- Communication between teams.
- Long delays for discharge medications.
- More toys and activities in waiting areas.
- Lack of pre-admission information about fasting times etc.
- Need for an onsite shop selling personal care items.
- Lifts in RHLIM require fixing.
- Families would like notification before appointments of additional tests.
- Communication of appointment delays.
- Travel reimbursement information to be clearer to families.
- Short notice appointment cancellations.



Appendix 3: Complaints

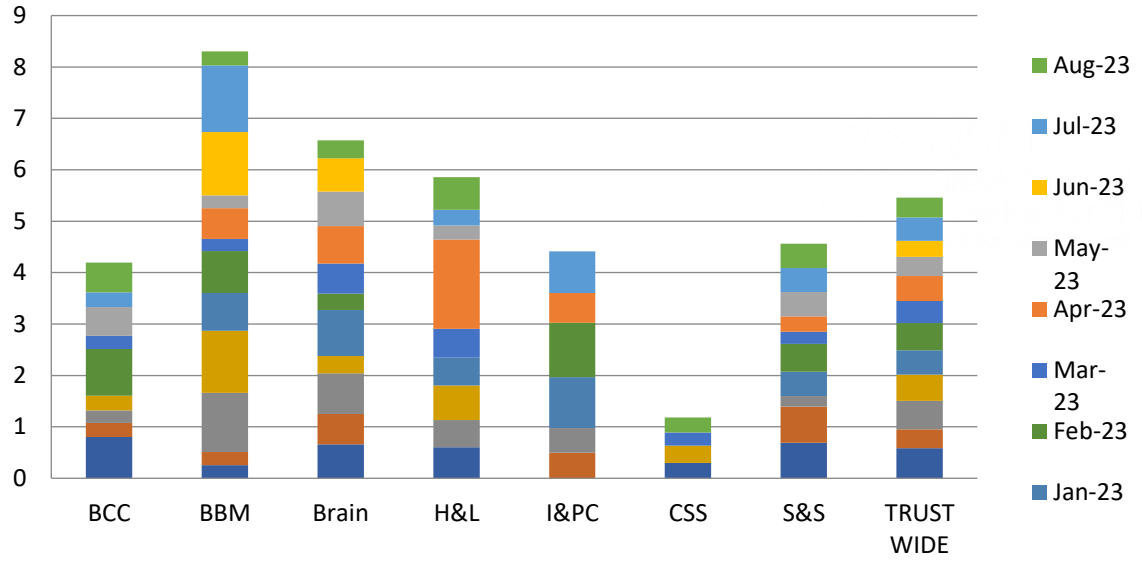
Headline: 9 new formal complaints were received in August, which is consistent with the average number of complaints per month. This is a slight decrease on last month (11) and August 2022 (10).

<u>In August families complained about:</u>

- Two families raised concerns about **procedure cancellations and the lack of ability to bring date forward,** as well as the impact this is having on them.
- A **misdiagnosis**, which was confirmed in another country; and the financial and emotional impact this has caused.
- The **manner and conduct of a clinician**, decisions made regarding patients care, the recent discharge from the service and the communication around this.
- The care received, including the **lack of and poor communication with parents**, **lack of clinical information shared and the follow up care.**
- A **face to face appointment which was converted to video last minute** and the inconvenience and disruption this caused. Concerns were also raised around **conflicting information given around what happened and a lack of accountability.**
- The **manner in which a receptionist spoke** to parent.
- A **data breach and the sharing of personal data** with the local authority and a clinician not involved in the care of the patient.
- The **lack of notification around the cancellation/rescheduling** of appointments and scans.

Closed complaints since April 2023

62 complaints (including withdrawn and reopened complaints) have been closed since April 2023 with 17 of these requiring extended response times. 50% of these draft responses were submitted late to the Complaints Team for review.



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

Action has been taken following concerns raised about the remit of the service, a mis-diagnosis and lack of referral to another team. These actions include:

- Internal training to take place sharing the learning from the mis-diagnosis. Also being shared with other services (with the families consent)
- Review of the website and written information to ensure referrers and families are aware of the remit of the service
- To ensure clear documentation about options for onward referrals and signposting to services we are not able to provide at GOSH.
- Development of formal criteria to assess the need for referrals to local services

Appendix 3: PALS

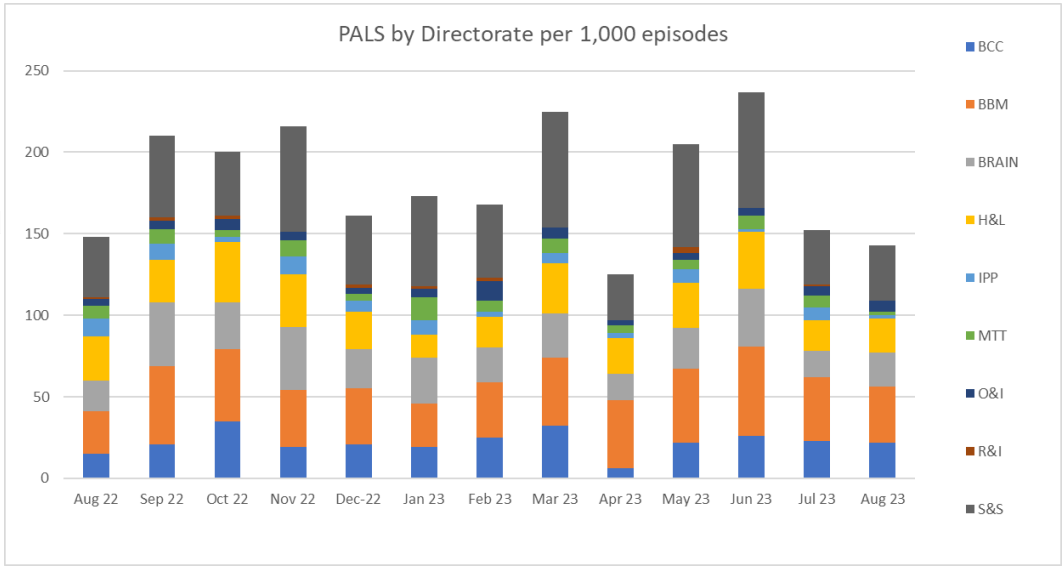
Headline: Pals received 174 contacts in August, the same number as in July. These can be attributed to the planned strikes and the reduction of inpatient and outpatient activity in Gosh. Contacts primarily related to families wanting clarity on patient's care/ treatment plans, accommodation enquiries, cancellations of OPA/Admissions and families sharing their experiences with ward/medical teams

Contacts resolved within 48 hours increased from 77% in July to 97% in August.

Care Queries: Pals were contacted by 91 families in August: Reasons for contacts included families wanting to share their feedback with their experience as an inpatient on wards with nurses and medical teams, families wanting clarification on treatment plans and concerns over cancelled admissions and OPA.

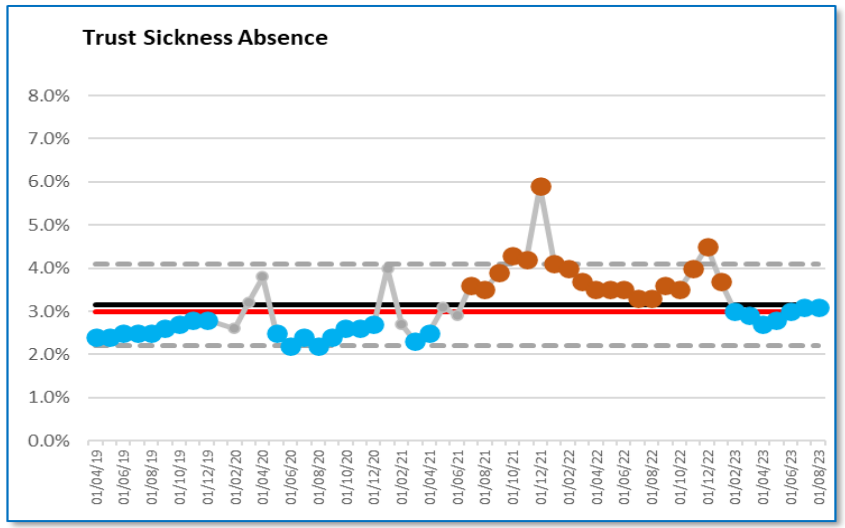
Significant areas of focus: The highest number of Pals contacts were received by SNAPS (16), cases remained consistent July (17) Ophthalmology decreased by one case in August (12) and Gastroenterology (9) compared to 6 cases received in July

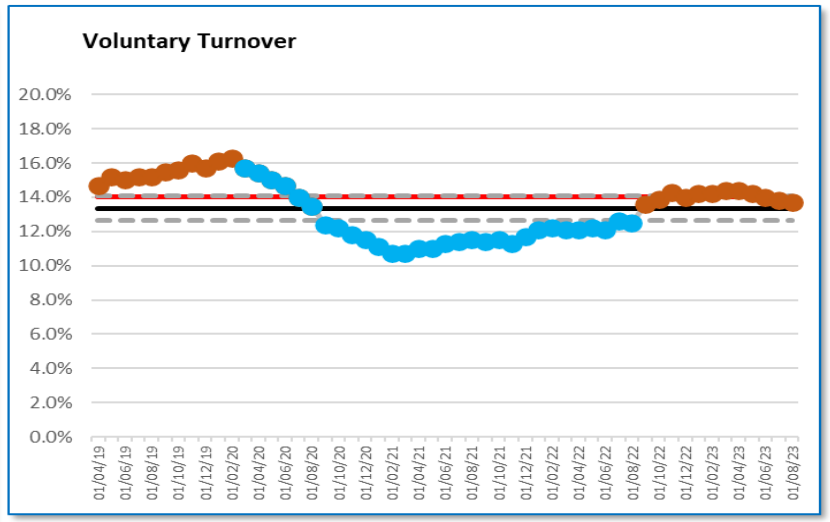
Consistent themes across specialities were families on waiting lists for surgeries and chasing a date for the procedure. OPA and admission last minute cancellations due to lack of beds and planned strikes.

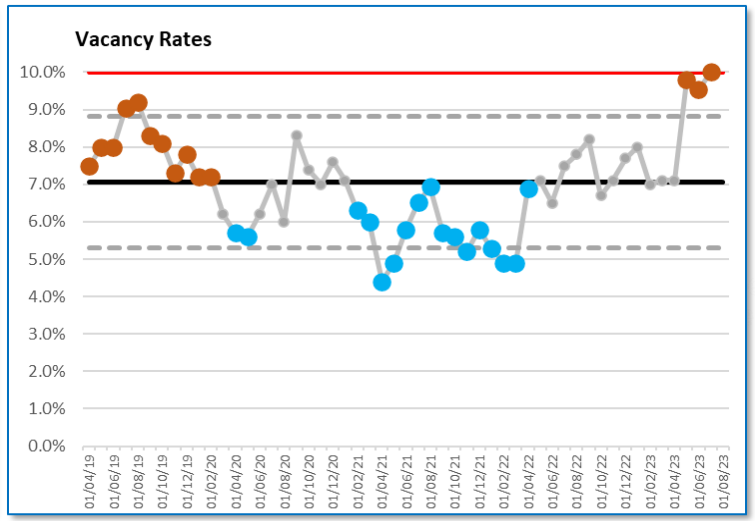


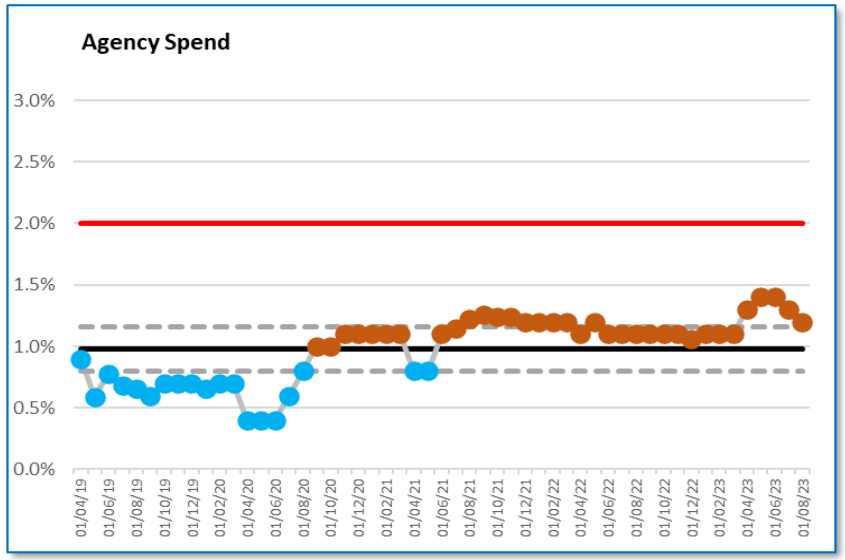
Pals Learning/Service Improvement:
Pals received feedback from families that the washing/tumble drying facilities were out of service in the old nurses home leaving families with no other way to wash and dry their clothes within the Hospital. ***"These cleaning facilities are a lifeline to us in order to do the basic function of keeping our clothes clean. Because of our sons health condition we are unable to work and have no income and so paying for washing / drying is an expense we could do without. There's also some days where it's impossible to get out of the hospital in order to visit a launderette"***
It was discussed with the Facilities Manager that the only available option in the interim was Western House where families would need coins to use this facility. Pals recognising the financial impact on families kindly helped to fund this by providing coins to the West House reception team. The Facilities Manager is working on chasing their supplier and will let the team know as soon as the dryers are back in use.

Appendix 4: Workforce SPC Analysis

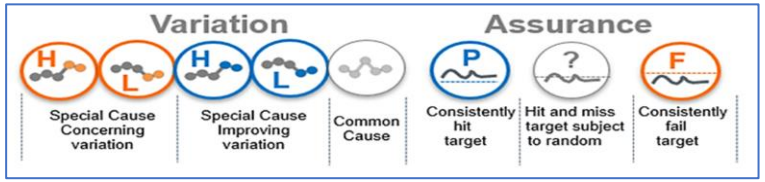








KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Trust Sickness Absence	Aug 23	3.1%	3.0%	L	?	3.2%	2.2%	4.1%
Voluntary Turnover	Aug 23	13.7%	14.0%	H	?	13.4%	12.6%	14.1%
Vacancy Rates	Aug 23	10.5%	10.0%	H	P	7.1%	5.3%	8.8%
Agency Spend	Aug 23	1.2%	2.0%	H	P	1.0%	0.8%	1.2%

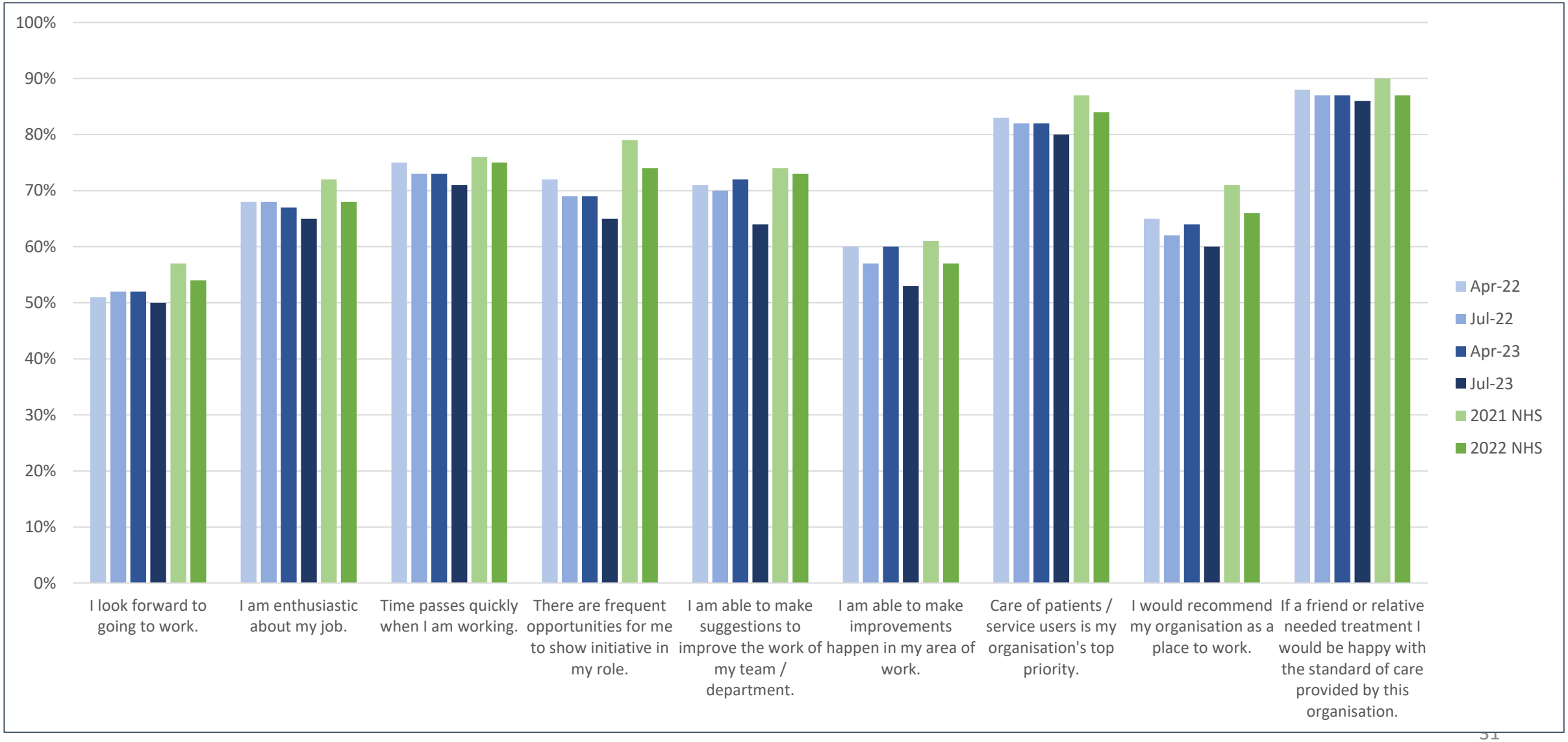


Well Led

Appendix 4: Annual Staff Survey Metrics 2022/2023 – Core Questions

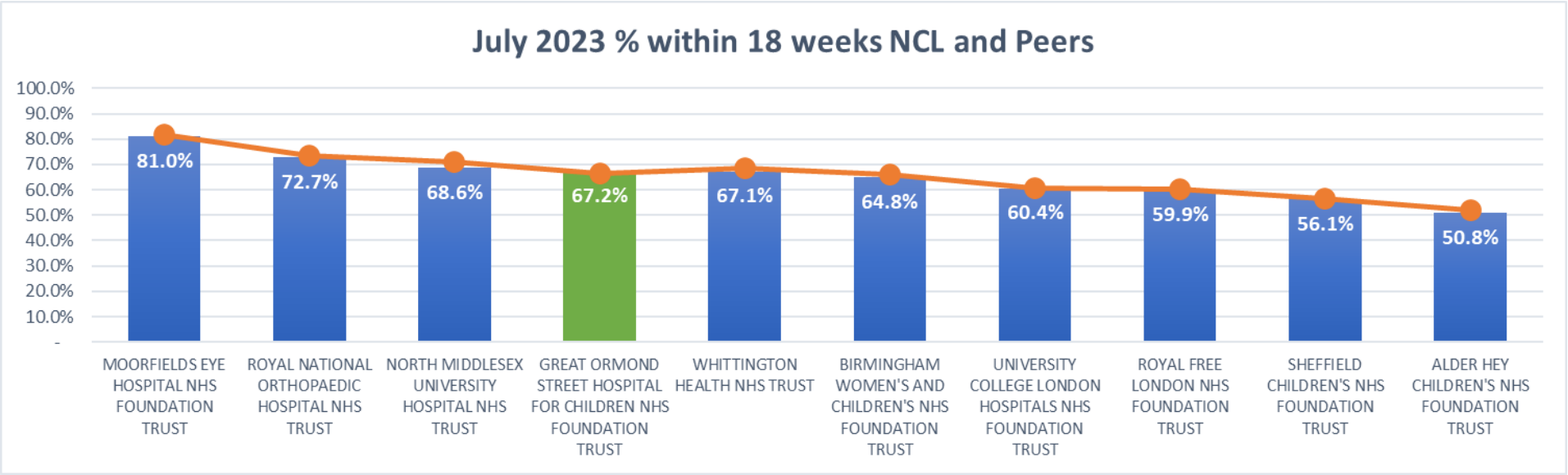
Question	July 2022 (QSS)	April 2022 (QSS)	2021 NHS Staff Survey	2022 NHS Staff Survey	April 2023 (QSS)	July 2023 (QSS)
I look forward to going to work.	52%	51%	57%	54%	52%	50%
I am enthusiastic about my job.	68%	68%	72%	68%	67%	65%
Time passes quickly when I am working.	73%	75%	76%	75%	73%	71%
There are frequent opportunities for me to show initiative in my role.	69%	72%	79%	74%	69%	65%
I am able to make suggestions to improve the work of my team / department.	70%	71%	74%	73%	72%	64%
I am able to make improvements happen in my area of work.	57%	60%	61%	57%	60%	53%
Care of patients / service users is my organisation's top priority.	82%	83%	87%	84%	82%	80%
I would recommend my organisation as a place to work.	62%	65%	71%	66%	64%	60%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	87%	88%	90%	87%	87%	86%

Appendix 4: Annual Staff Survey Metrics 2022/2023 – Core Questions



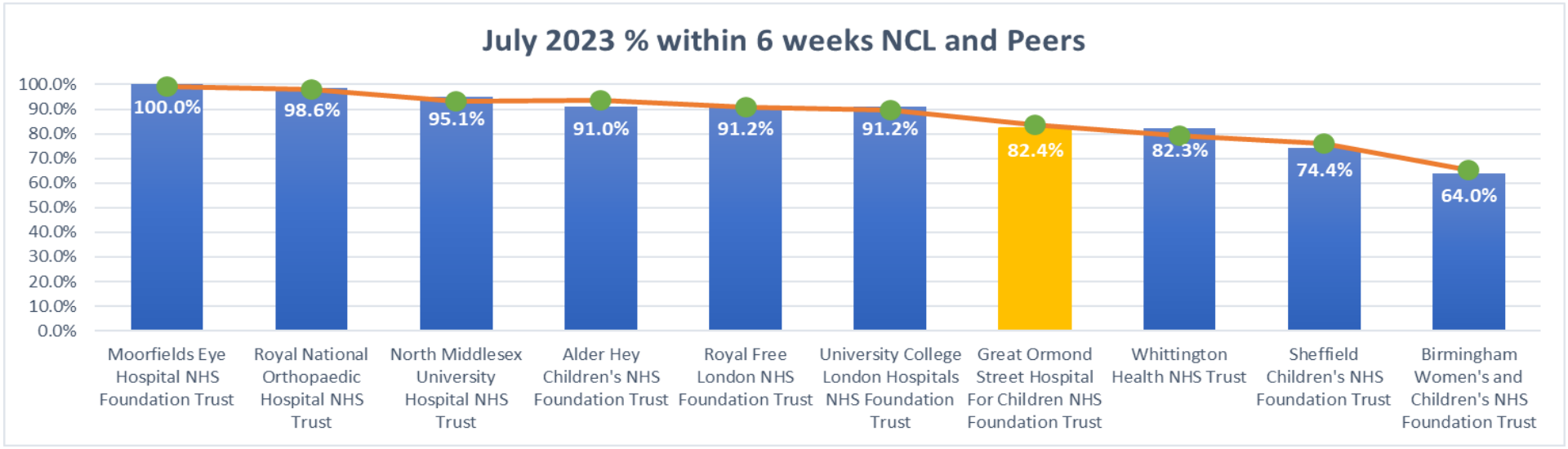
Appendix 5: RTT and DM01 Comparison

Referral to Treatment



Orange markers indicate June performance. GOSH for the month of July is at fourth place amongst the selected Peers. GOSH is ranked 51st out of 167 providers, this is a decrease of 1 place compared to June.

Diagnostics



Green markers indicate May performance. GOSH for the month of June remains in the 4th bottom place amongst selected Peers. GOSH is ranked 71 out of 154 providers, a decrease of 4 places compared to June.

Appendix 5: Specialty RTT Performance

Blood, Cells and Cancer

Specialty	Performance Mar-20	Jun-23	Jul-23	Aug-23	Trajectory Status	Tracking
Bone Marrow Transplant	100.0%	100.0%	100.0%	100.0%	Not Required	
Dermatology	88.7%	85.3%	85.1%	88.7%	Awaiting Sign-off	
Heamatology	100.0%	100.0%	100.0%	100.0%	Not Required	
Haemophilia	100.0%	100.0%	94.7%	95.5%	Not Required	
Immunology	95.9%	82.4%	91.1%	92.9%	Not Required	
Infectious Diseases	100.0%	100.0%	75.0%	100.0%	Not Required	
Oncology	100.0%	100.0%	100.0%	100.0%	Not Required	
Palliative Care	100.0%	100.0%	100.0%	100.0%	Not Required	
Rheumatology	92.7%	95.0%	98.7%	92.3%	Not Required	

Body, Bones and Mind

Specialty	Performance Mar-20	Jun-23	Jul-23	Aug-23	Trajectory Status	Tracking
CAMHS	92.1%	54.1%	52.1%	54.9%	Not Required	
Gastroenterology	75.0%	64.0%	62.6%	56.1%	To be agreed	
General Paediatrics	68.2%	75.0%	84.2%	76.7%	Not Required	
Nephrology	90.5%	92.6%	87.0%	84.9%	Not Required	
Orthopaedics	69.6%	38.5%	40.1%	41.3%	Signed Off	Below
SNAPS	75.4%	66.8%	68.0%	68.3%	Signed Off	Below
Spinal Surgery	73.0%	69.3%	64.9%	58.0%	Signed Off	Below

Brain

Specialty	Performance Mar-20	Jun-23	Jul-23	Aug-23	Trajectory Status	Tracking
Bardet Biedl					Not Required	
Clinical Neurophysiology	100.0%	50.0%			Not Required	
Endocrinology	91.9%	74.3%	75.9%	76.6%	Signed Off	Below
Epilepsy	98.0%	97.6%	95.3%	100.0%	Not Required	
Metabolic Medicine	93.8%	85.4%	82.7%	81.3%	Signed Off	Below
Neurodisability	80.1%	89.8%	89.5%	86.8%	Signed Off	Below
Neurology	89.4%	95.1%	90.7%	90.2%	Signed Off	Below
Neuromuscular	80.7%	79.6%	80.0%	76.9%	Signed Off	Below
Neurosurgery	80.1%	69.5%	74.9%	71.5%	Signed Off	Below

Core Clinical Services

Specialty	Performance Mar-20	Jun-23	Jul-23	Aug-23	Trajectory Status	Tracking
Clinical Genetics	93.4%	78.9%	80.3%	79.7%	Signed Off	Below
Interventional Radiology	92.2%	70.0%	59.1%	82.4%	Not Required	
Pain Management	79.5%	94.1%	85.7%	81.8%	Not Required	
Speech & Language Therapy	74.1%	57.6%	78.0%	69.0%	Not Required	

Heart and Lung

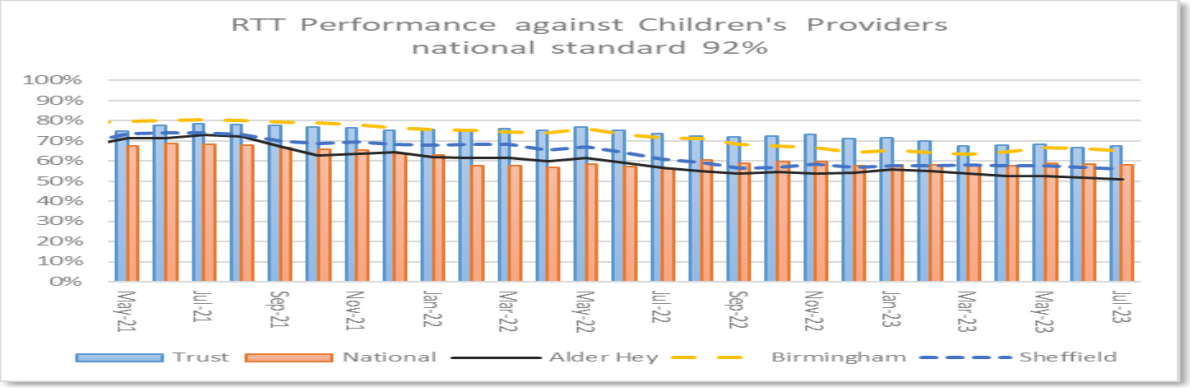
Specialty	Performance Mar-20	Jun-23	Jul-23	Aug-23	Trajectory Status	Tracking
Cardiac Surgery	88.5%	47.7%	57.1%	63.9%	Signed Off	Above
Cardiology	67.1%	69.7%	66.7%	63.7%	Signed Off	Below
Cardiothoracic Transplantation	100.0%	50.0%	0.0%	20.0%	Not Required	
Pulmonary Hypertension	75.0%	80.0%	80.0%	75.0%	Not Required	
Respiratory Medicine	89.2%	87.0%	79.6%	73.4%	To be agreed	

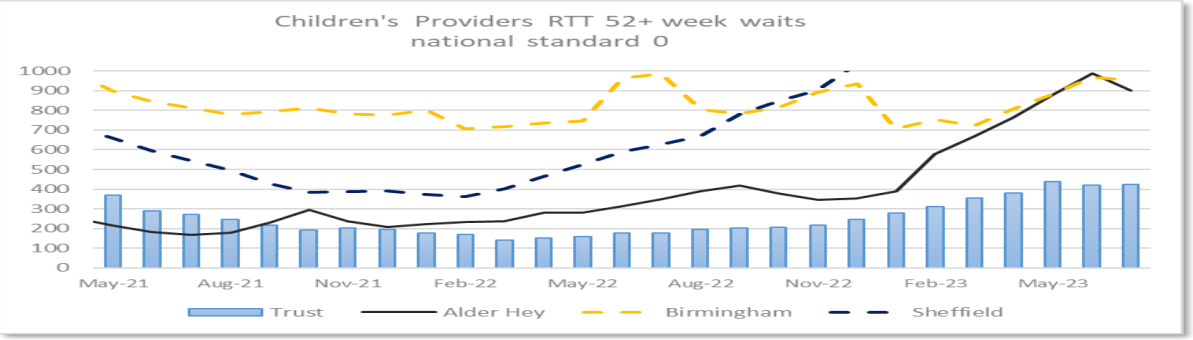
Sight and Sound

Specialty	Performance Mar-20	Jun-23	Jul-23	Aug-23	Trajectory Status	Tracking
Audiology	88.5%	56.1%	55.6%	49.1%	Signed Off	Below
Cleft	78.5%	63.9%	62.2%	62.8%	Signed Off	Below
Cochlear	87.0%	89.5%	78.6%	71.4%	Signed Off	Below
Craniofacial	70.6%	47.0%	50.0%	51.0%	Signed Off	Below
Dental	25.8%	15.0%	20.7%	25.0%	Signed Off	Below
ENT	88.3%	63.9%	63.7%	64.1%	Signed Off	Below
Maxillofacial	82.3%	66.2%	64.0%	60.7%	Signed Off	Below
Ophthalmology	88.0%	59.2%	62.3%	64.0%	Signed Off	Below
Orthodontics	44.8%	70.0%	71.4%	53.3%	To be agreed	
Plastic Surgery	62.9%	46.3%	46.8%	43.1%	Signed Off	Below
Urology	75.4%	58.7%	56.0%	62.2%	Signed Off	Below

Responsive

Appendix 5: National and NCL RTT Performance –July 2023





Nationally, at the end of July, 57% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks.

GOSH is tracking 9.4% above the national July performance at 67.2% and is in line with comparative children's providers. (RTT Performance for Sheffield Children (56.1%), Birmingham Women's and Children's (64.8%) and Alder Hey (50.8%)).

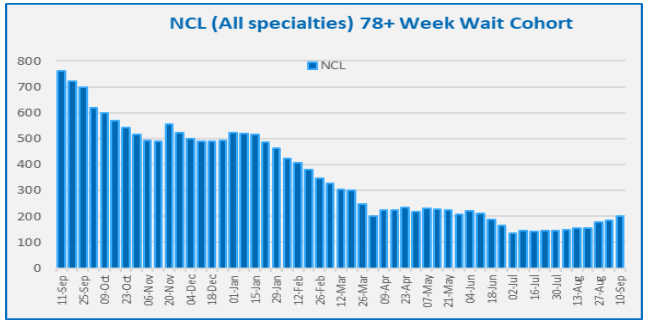
The national position for July 2023 indicates an increase in patients waiting over 52 weeks at 379,180 patients.

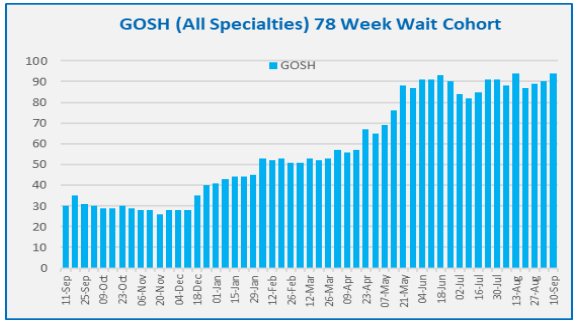
Compared to Alder Hey, Birmingham and Sheffield the number of patients waiting 52 weeks and over for GOSH is lower than all three providers for July. All 4 providers have seen increases in 52 week waits.

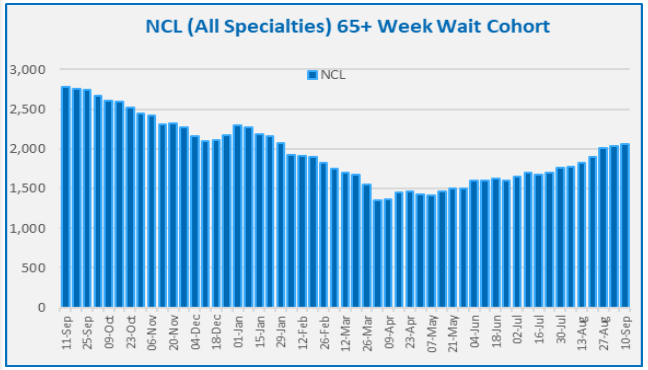
Overall for NCL the 78+ week wait position is at 202 patients, slightly increasing over the last few weeks. GOSH has the largest volume of 78+ week wait patients in all of NCL, followed closely by the Royal Free.

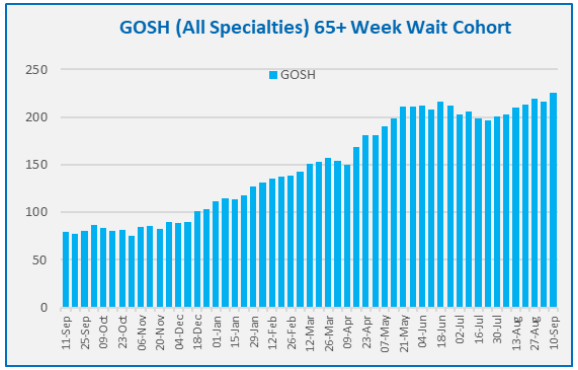
Monitoring of the 65 week wait national ambition of zero patients at March 2024, most of the NCL providers are performing well against the required removal rate.

NCL are in a strong position regionally with reducing long waits. However, risk remains with inter provider transfers of patients above 52 weeks as well as the impact of Junior Doctor and Consultant strikes.









Responsive

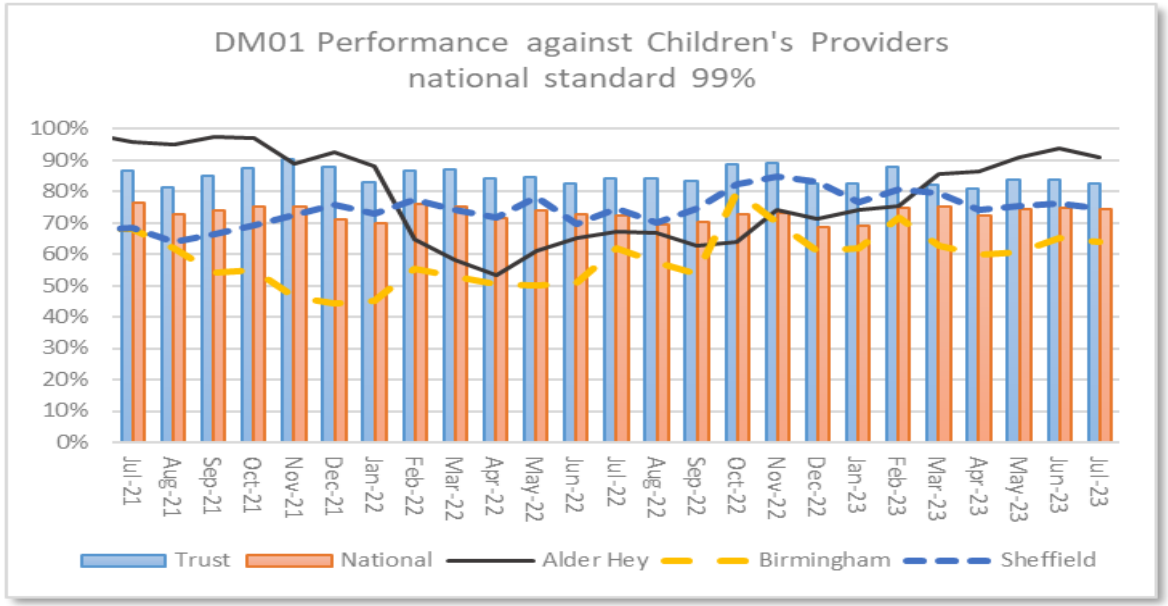
Appendix 6: National Diagnostic Performance and 6 week waits – July 2023

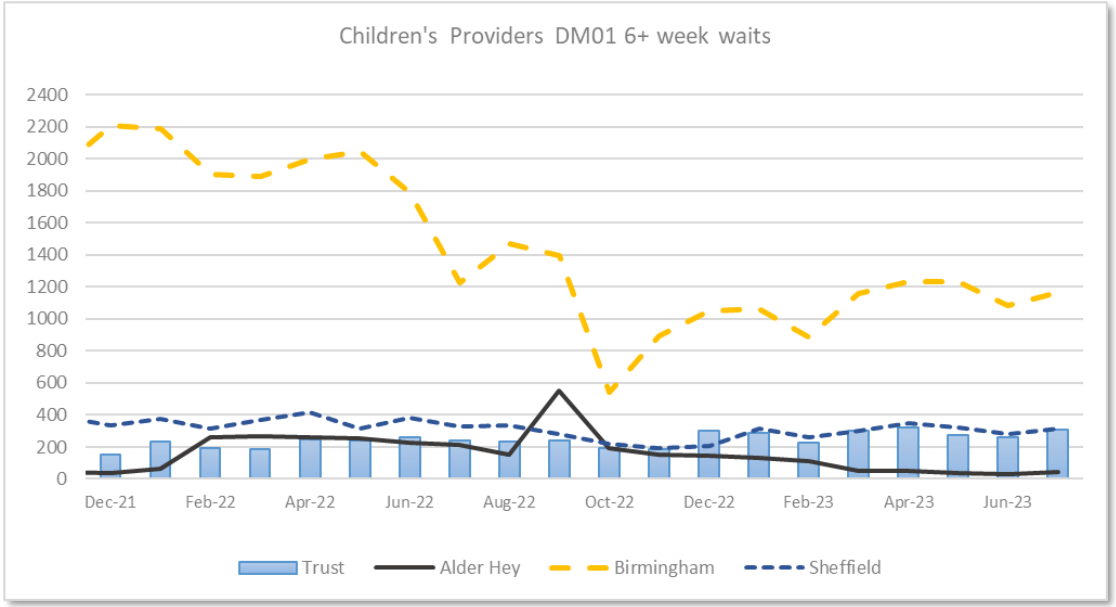
Nationally, at the end of July, 74.5% of patients were waiting under 6 weeks for a DM01 diagnostic test.

GOSH is tracking 7.9% above the national June performance and is inline with comparative children's providers. DM01 Performance for Sheffield Children (74.4%), Birmingham Women's and Children's (64.0%) and Alder Hey (91.0%).

The national position for July 2023 indicates an increase of patients waiting over 6 weeks at 405,438 patients.

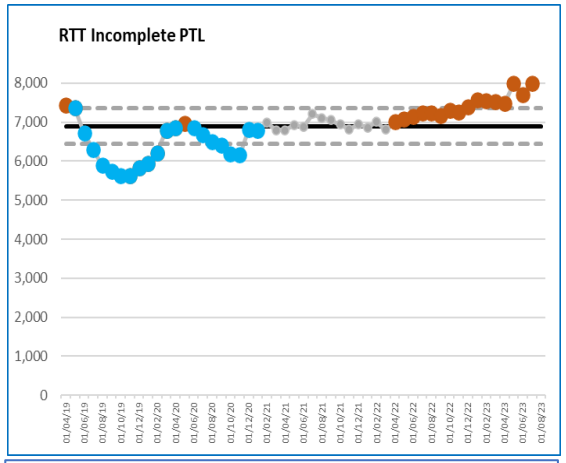
Compared to Birmingham and Sheffield the number of patients waiting 6 weeks and over for GOSH is lower than these providers for July.



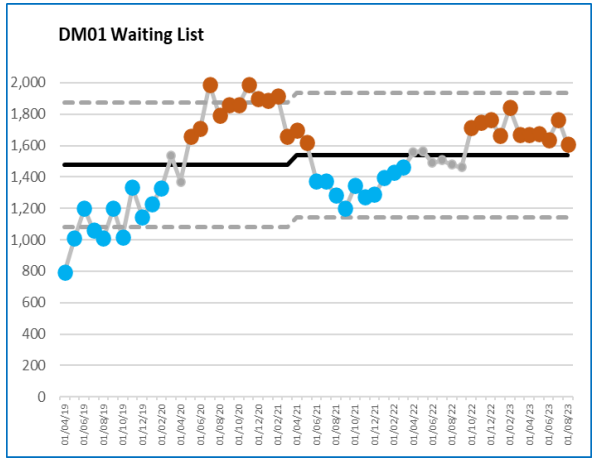


Responsive

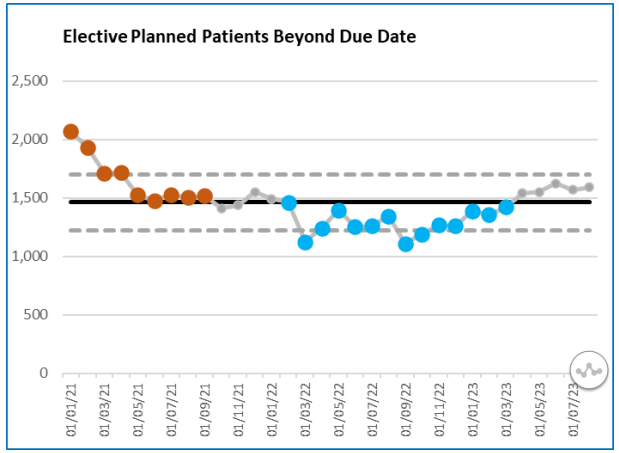
Appendix 7: Patient Access SPC Trends



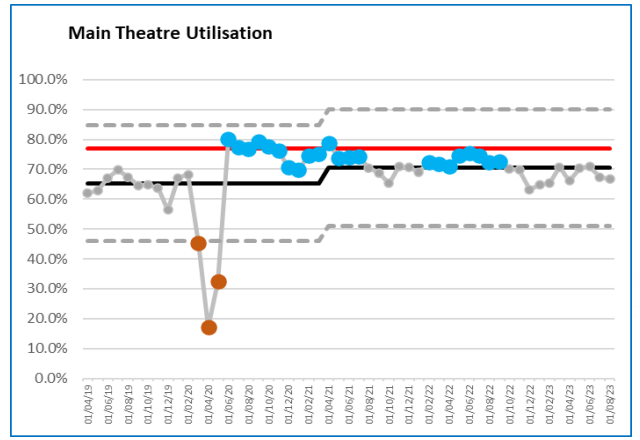
Special cause variation



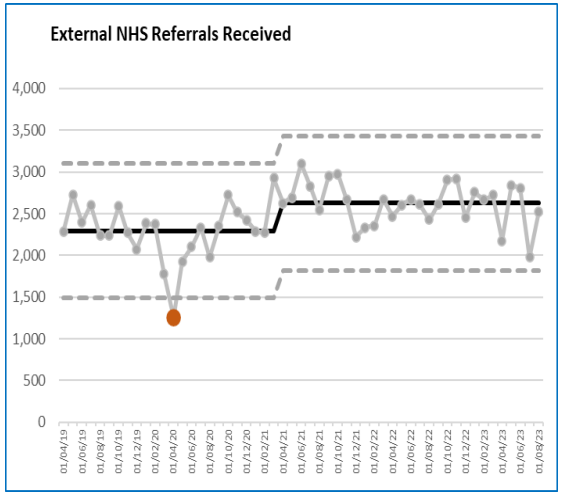
No Significant variation



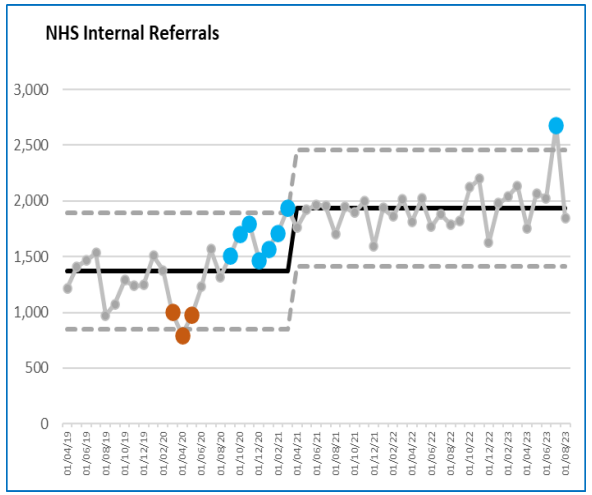
Marginal upward trend, strikes have impacted



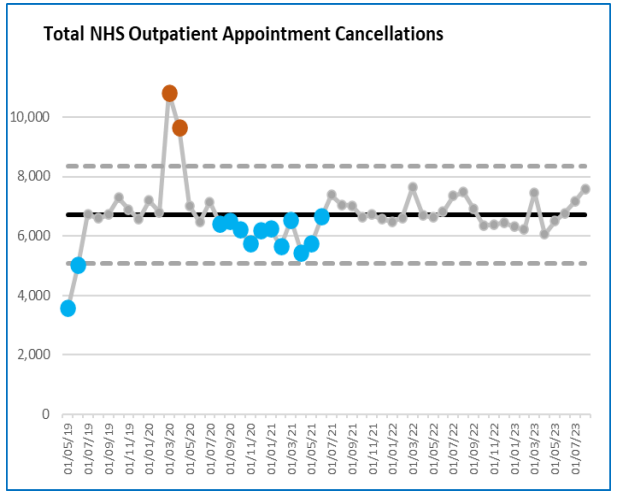
No Significant variation



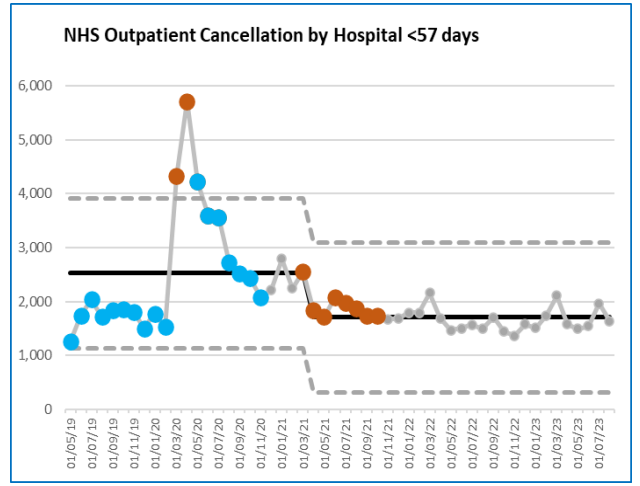
No significant variation, common cause



No significant variation, common cause



No significant variation, common cause



Common cause variation

Integrated Quality & Performance Report September 2023 (Reporting August 2023 data)

Finance and Workforce Performance Report Month 5 2023/24

Contents

Trust Performance Summary for the 5 months ending 31 Aug 2023

KEY PERFORMANCE DASHBOARD

ACTUAL FINANCIAL PERFORMANCE

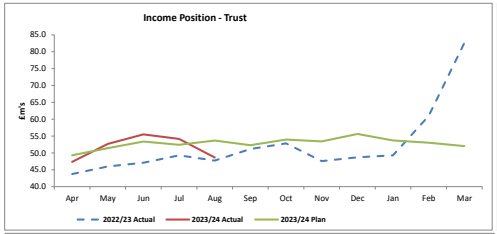
	In month			Year to date		
	Plan	Actual	RAG	Plan	Actual	RAG
INCOME	£53.7m	£48.6m		£260.1m	£258.3m	
PAY	(£31.4m)	(£32.9m)		(£155.7m)	(£159.1m)	
NON-PAY inc. owned depreciation and PDC	(£22.2m)	(£20.4m)		(£106.8m)	(£109.9m)	
Surplus/Deficit excl. donated depreciation	£0.1m	(£4.7m)		(£2.4m)	(£10.6m)	

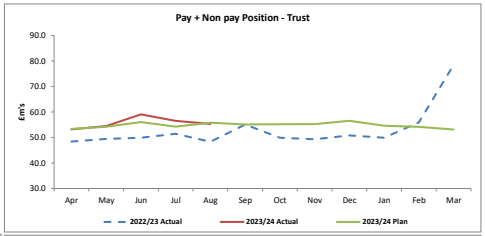
RAG: on or favourable to plan = green, 0-5% adverse to plan = amber, 5%+ adverse to plan = red

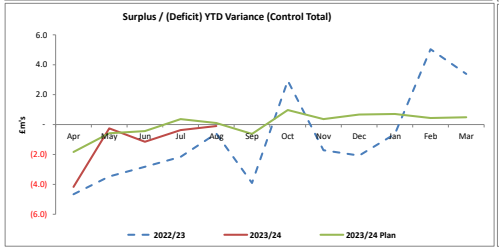
AREAS OF NOTE:

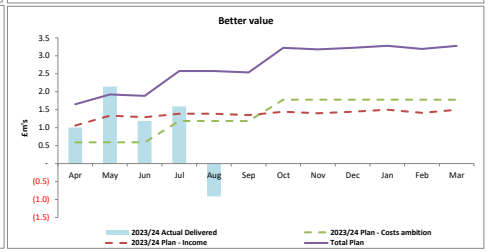
The YTD financial position for the trust is a £10.6m deficit which is £8.2m adverse to plan. This is driven mainly by the costs of strikes and their impact on Trust ERF income, lower then planned private activity caused by strikes, lower levels of the Trust Better Value programme delivery and lower Research income then planned expected in future months.

Income is £1.8m adverse YTD mainly due to reduced private patient income (£3.7m) offset with increased levels of passthrough drugs income and additional pay award funding for 23/24, both offset by costs. Non clinical income is behind plan due to contracts not yet signed and research income below plan which is expected in later months. Pay is £3.4m adverse to plan YTD mainly due to high levels of bank and agency usage linked to the additional costs incurred due to the strikes and additional pay award (partly offset by income). Non pay (including owned depreciation and PDC) is £3.1m adverse YTD mainly due to higher levels of drugs and increase in clinical supplies usage. The Trust Better value programme is behind plan by £5.6m.







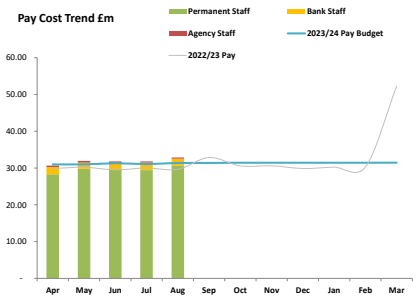


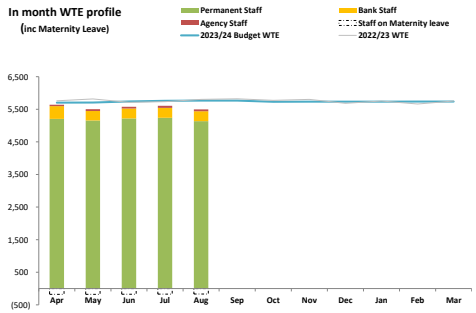
PEOPLE

	M5 Plan WTE	M5 Actual WTE	Variance
Permanent Staff	5,381.4	5,134.8	246.7
Bank Staff	346.1	306.2	39.8
Agency Staff	38.0	54.3	(16.3)
TOTAL	**5,765.5**	**5,495.3**	**270.2**

AREAS OF NOTE:

Month 5 WTEs decreased in comparison to Month 4, largely within Substantive due to vacancies and lower backfill for strikes. Although Substantive staff are below planned levels the use of bank remains high due to continued (but reducing) levels in relation to vacancies, The Trust has seen significant levels of sickness within the domestic team and is working to reduce this and harmonise moving bank staff into substantive ensure the service continues without interruption.



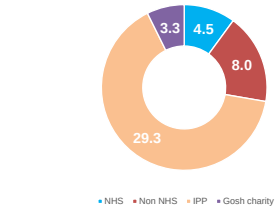


CASH, CAPITAL AND OTHER KPIs

Key metrics	Jul-23	Aug-23
Cash	£72.9m	£79.7m
IPP debtor days	183	159
Creditor days	34	35
NHS Debtor days	5	3
BPPC (£)	90%	90%

Capital Programme	YTD Plan M5	YTD Actual M5	Full Year F'cst
Total Trust-funded	£3.8m	£2.0m	£33.6m
Total PDC	£0.0m	£0.1m	£0.3m
Total IFRS 16	£3.8m	£0.0m	£3.8m
Total Donated	£13.9m	£7.6m	£42.0m
Grand Total	£21.5m	£9.7m	£79.7m

Net receivables breakdown (£m)



AREAS OF NOTE:

1. Cash held by the Trust increased in month from £72.9m to £79.7m.

2. Capital expenditure for the year to end August was £14.2m, £12.9m less than plan. Trust-funded expenditure was £1.8m less than plan and donated £7.3m less than plan. Right of use (leased) asset expenditure is £3.8m less than plan.

3. I&PC debtors days decreased in month from 183 to 159 days. Total I&PC debt (net of cash deposits held) decreased in month to £29.3m (£34.1m in M04). Overdue debt decreased in month to £25.7m (£30.7m in M04).

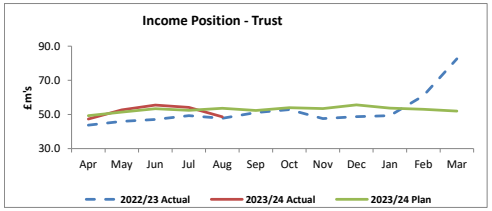
4. Creditor days increased in month from 34 to 35 days.

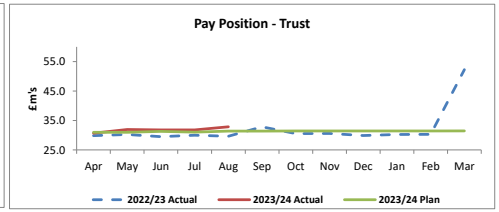
5. NHS debtor days decreased in month from 5 to 3 days.

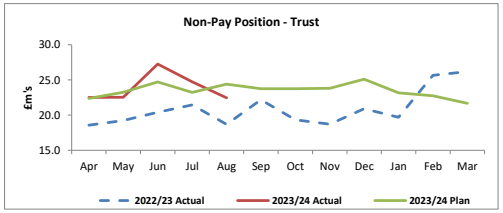
6. In M05, 90% of the total value of creditor invoices were settled within 30 days of receipt; this represented 81% of the total number of creditor invoices paid in month. The percentage of invoices paid in both categories (value and number) is below the NHSE target of settling at least 95% of invoices within 30 days.

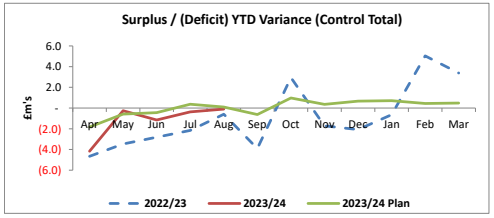
Trust Income and Expenditure Performance Summary for the 5 months ending 31 Aug 2023

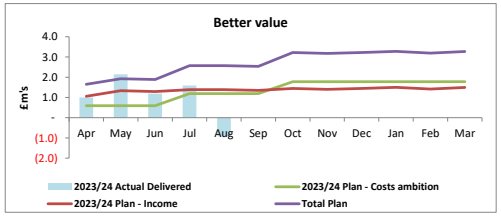
2023/24 Annual Plan (£m)	Income & Expenditure	Month 5 Plan (£m)	Month 5 Actual (£m)	Month 5 Variance (£m)	Month 5 Variance %	Year to Date Plan (£m)	Year to Date Actual (£m)	Year to Date Variance (£m)	Year to Date Variance %	Rating Variance	Notes	2022/23 Actual M5 (£m)	CY vs PY Variance (£m)	CY vs PY Variance %
483.29	NHS & Other Clinical Revenue	41.40	39.68	(1.71)	(4.14%)	200.64	203.93	3.29	1.64%	G	1	193.09	10.84	5.31%
78.00	Private Patient Revenue	6.54	3.15	(3.39)	(51.79%)	31.19	27.49	(3.70)	(11.86%)	R	2	14.86	12.63	45.93%
72.84	Non-Clinical Revenue	5.72	5.78	0.06	1.07%	28.28	26.86	(1.42)	(5.03%)	R	3	25.88	0.99	3.67%
634.12	**Total Operating Revenue**	**53.66**	**48.62**	**(5.04)**	**(9.39%)**	**260.11**	**258.28**	**(1.83)**	**(0.70%)**	R		**233.83**	**24.45**	**9.47%**
(352.61)	Permanent Staff	(29.45)	(30.69)	(1.24)	(4.20%)	(146.06)	(147.90)	(1.84)	(1.26%)	R		(139.33)	(8.57)	(5.80%)
(3.72)	Agency Staff	(0.31)	(0.31)	(0.00)	(1.20%)	(1.55)	(1.94)	(0.39)	(25.30%)	R		(1.68)	(0.27)	(13.72%)
(19.42)	Bank Staff	(1.62)	(1.85)	(0.23)	(14.29%)	(8.09)	(9.21)	(1.12)	(13.84%)	R		(8.19)	(1.02)	(11.10%)
(375.75)	**Total Employee Expenses**	**(31.38)**	**(32.85)**	**(1.47)**	**(4.69%)**	**(155.71)**	**(159.06)**	**(3.35)**	**(2.15%)**	R	4	**(149.19)**	**(9.86)**	**(6.20%)**
(102.99)	Drugs and Blood	(9.16)	(9.72)	(0.56)	(6.11%)	(42.78)	(44.95)	(2.17)	400.00%	R		(43.30)	(1.65)	(3.67%)
(41.62)	Supplies and services - clinical	(3.72)	(3.89)	(0.17)	(4.67%)	(17.76)	(19.44)	(1.68)	500.00%	R		(17.32)	(2.13)	(10.93%)
(87.54)	Other Expenses	(7.05)	(4.85)	2.20	31.23%	(34.99)	(35.69)	(0.70)	600.00%	R		(29.45)	(6.23)	(17.47%)
(232.14)	**Total Non-Pay Expenses**	**(19.93)**	**(18.46)**	**1.47**	**7.37%**	**(95.54)**	**(100.08)**	**(4.55)**	**700.00%**	R	5	**(90.08)**	**(10.01)**	**(10.00%)**
(607.89)	**Total Expenses**	**(51.31)**	**(51.31)**	**(0.00)**	(0.00%)	**(251.24)**	**(259.14)**	**(7.90)**	800.00%	R		**(239.27)**	**(19.87)**	(7.67%)
26.23	**EBITDA (exc Capital Donations)**	**2.34**	**(2.70)**	**(5.04)**	**(214.96%)**	**8.87**	**(0.86)**	**(9.73)**	**900.00%**	R		**(5.44)**	**4.58**	**534.49%**
(25.64)	Owned depreciation, Interest and PDC	(2.24)	(1.99)	0.25	11.33%	(11.26)	(9.78)	1.48	13.18%		6	(8.28)	(1.50)	(15.30%)
0.60	**Surplus/Deficit**	**0.10**	**(4.68)**	**(4.79)**	**(4,647.36%)**	**(2.39)**	**(10.63)**	**(8.24)**	**(344.57%)**			**(13.72)**	**3.08**	**29.00%**
(24.18)	Donated depreciation	(2.23)	(2.01)	0.22		(11.18)	(9.62)	1.55				(8.26)	(1.37)	(0.14)
(23.58)	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**(2.12)**	**(6.69)**	**(4.57)**	**(4,647.36%)**	**(13.57)**	**(20.26)**	**(6.69)**	**(344.57%)**			**(21.97)**	**1.72**	**8.48%**
0.00	Impairments & Unwinding Of Discount	0.00	0.00	0.00		0.00	0.00	0.00				0.00	0.00	
41.94	Capital Donations	4.34	3.28	(1.06)		18.19	10.91	(7.28)				3.16	7.75	0.71
18.36	**Adjusted Net Result**	**2.22**	**(3.41)**	**(5.63)**	**(253.52%)**	**4.62**	**(9.35)**	**(13.97)**	**(302.35%)**			**(18.81)**	**9.46**	**101.21%**











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

Summary

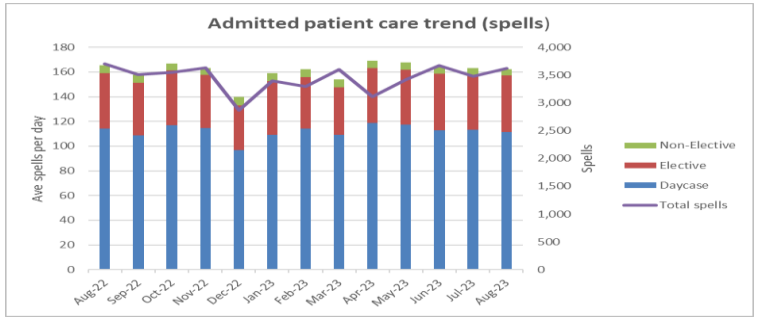
- The YTD Trust financial position at Month 5 is a deficit of £10.6 which is £8.2m adverse to plan.
- The deficit is due to lost income and additional costs associated with the strikes, and lower then planned non clinical income. The position includes both income and expenditure for the NHS Pay awards.

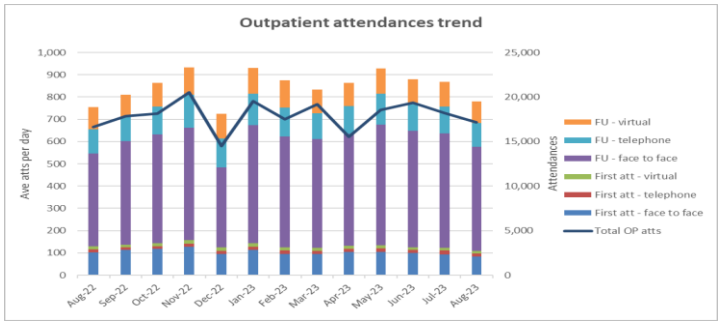
Notes

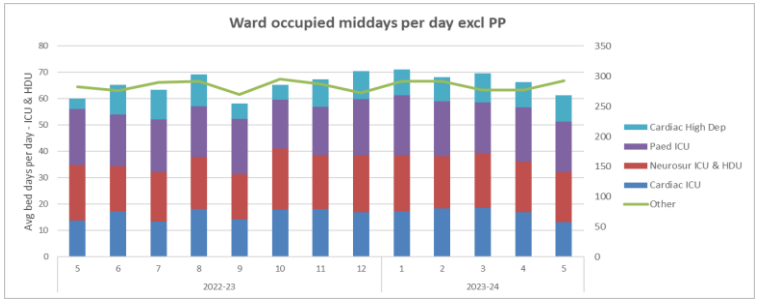
1. NHS clinical income is £3.3m favourable to plan YTD due to increased income for passthrough drugs and activity (£1.9m) and additional pay award funding (£3.7m) offset with ERF reduction
2. Private Patient income is behind plan (£3.7m) due to a reduced activity linked with continued strikes across the Trust. Private patients continue to work on recovery to their plan.
3. Non clinical income is £1.4m adverse to plan YTD. This is mainly driven by lower then planned research income which is forecast to meet its milestones in Q3 and income from the charity expected later in the year..
4. Pay costs are £3.4m adverse to plan YTD mainly due to AfC and medical pay award (£4.8m), high levels of bank and agency usage linked to the additional costs incurred due to the strikes (£0.8m) offset with vacancies.
5. Non pay is £4.6m adverse to plan YTD related to an increase in passthrough costs (£1.9m, offset by income) and increased clinical supplies costs (£1.5m).
6. Depreciation is lower than plan due to submission of the Children's Cancer centre investment plan to NHSE in May and the corresponding accelerated depreciation of assets starting in month 2 instead of month 1.

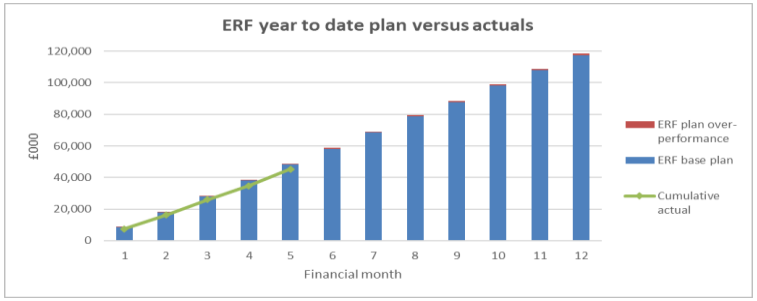
2022/23 Overview of activity trends for the 5 months ending 31 Aug 2023

Great Ormond Street Hospital for Children NHS Foundation Trust









Summary

- Admitted patient care per day in August 2023 is lower than July by 0.72 spells per with the largest decrease in daycase at 1.88 spells per day along with a 0.71 spell reduction for non-elective that is partially offset by a 1.87 spell increase for electives. This is the lowest activity per working day this financial year with a 3.9% decrease versus April (6.6 spells per working day); this is driven by lower day cases (7.2 spells) that is partially offset by an increase in electives of 1.15 spells.

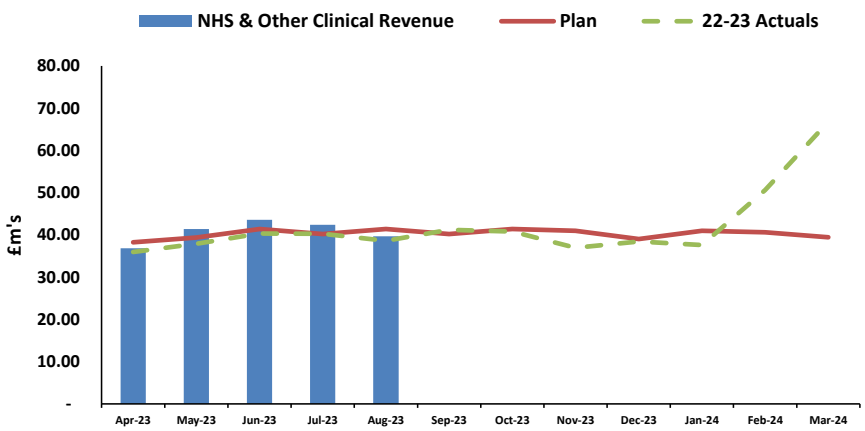
- Bed days for August 2023 are 10.3 per working day higher than July in line with the increase in elective activity however critical care days are 5.2 per working day lower than in July with this being offset by other beddays.

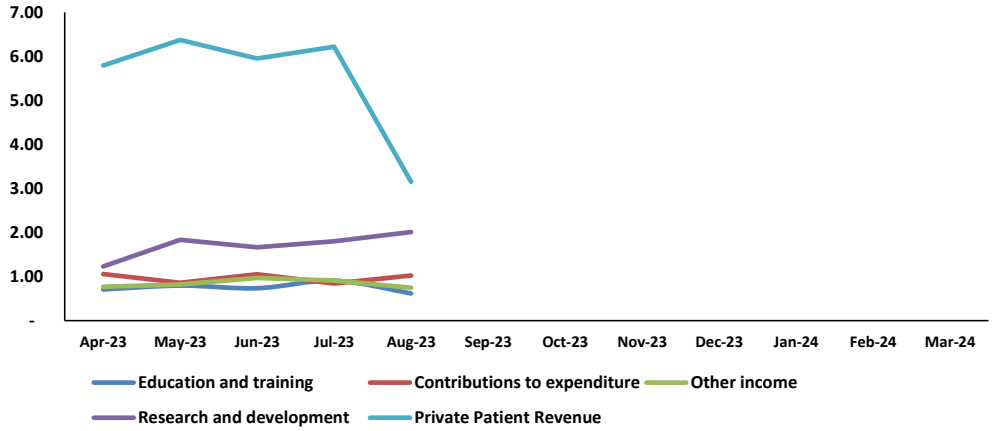
- Outpatient attendances decreased further across the board by 10.2% per working day versus July 2023, with the largest decrease in absolute terms for follow-up attendances at 74.5 attendances per working day and first attendances of 13.8 per working day. This is the lowest level of outpatient activity this financial year, reflecting the impact of medical staff strikes and seasonality. The number of outpatient attendances may increase as activity is finalised.

- The ERF scheme has changed between 2022/23 and 2023/24, the new scheme covers Daycase, Elective, Outpatient First and OP Procedures; activity within these PODs is valued at 100% of the NHS payment scheme and effectively returns those PODs back to a cost and volume arrangement. On the basis of current information, which includes some estimates for uncoded work, M5 performance for ERF is an under-performance of £3,579k against the total plan, an increase of £44k versus July. The under-performance would have been significantly higher however the national 2% adjustment to the target for the April strike impact (c£2,069k) has been applied and has therefore improved year to date performance. The estimated impact of strikes within this is £2,301k however there is further analysis being undertaken to assess if the financial impact is greater than currently quantified. Guidance is due to be published that will provide the adjustments to the target as a result of the national view on the impact of strikes on ERF delivery from May onwards.

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

2022/23 Income for the 5 months ending 31 Aug 2023





Summary

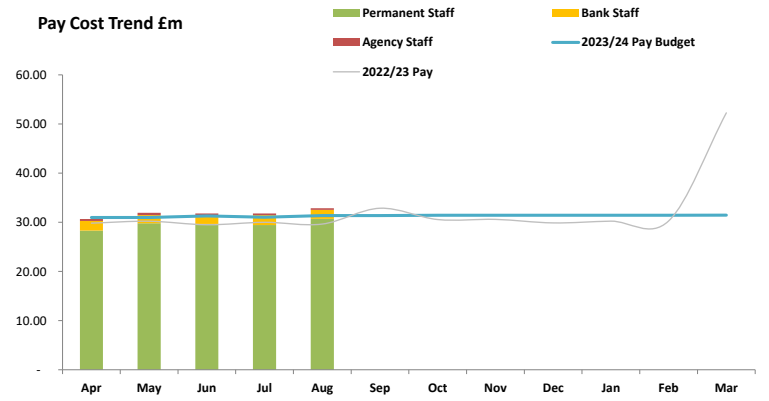
- Income from patient care activities excluding private patients is £3.3m favourable to plan YTD. This is due to increased income for pass through drugs and pay award funding offset with ERF reduction.
- Non clinical income is £1.4m adverse to plan YTD. Mainly driven by lower then planned charity income and research income where milestones are expected to be achieved in Q3.
- Private Patient income is behind plan YTD by £3.7m. This is due to reduced in activity linked to continued strikes across the Trust. Private patient continue to work on recovering the position and delivering the Trust plan.

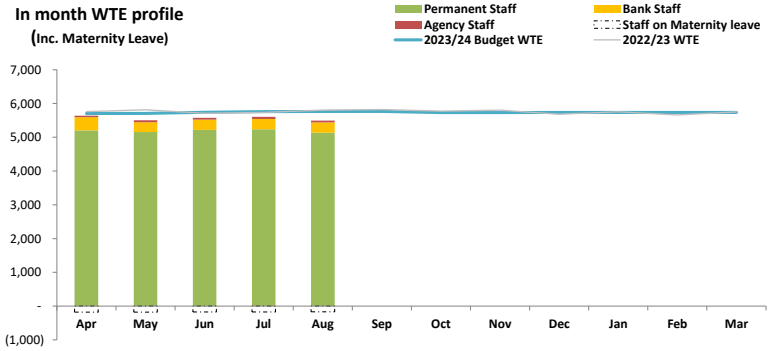
Workforce Summary for the 5 months ending 31 Aug 2023

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

£m including Perm, Bank and Agency	2022/23 actual full year			2023/24 actual			Variance			RAG
Staff Group	FY (£m)	FY Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Volume Var (£m)	Price Var (£m)	£ Variance
Admin (inc Director & Senior Managers)	68.2	1,286.7	53.0	29.6	1,294.9	54.9	(1.2)	(0.2)	(1.0)	R
Consultants	66.7	394.1	169.2	29.4	389.4	180.9	(1.6)	0.3	(1.9)	R
Estates & Ancillary Staff	16.4	445.7	36.8	7.1	459.2	37.3	(0.3)	(0.2)	(0.1)	A
Healthcare Assist & Supp	12.2	306.9	39.7	5.3	320.0	39.9	(0.2)	(0.2)	(0.0)	A
Junior Doctors	33.5	393.0	85.2	15.3	391.0	93.8	(1.3)	0.1	(1.4)	R
Nursing Staff	100.9	1,616.5	62.4	41.7	1,586.7	63.1	0.3	0.8	(0.5)	G
Other Staff	1.0	17.9	56.2	0.4	16.6	55.5	0.0	0.0	0.0	G
Scientific Therap Tech	67.2	1,072.7	62.7	27.7	1,052.2	63.1	0.3	0.5	(0.2)	G
Total substantive and bank staff costs	**366.1**	**5,533.4**	**66.2**	**156.5**	**5,510.0**	**68.2**	**(4.0)**	**0.6**	**(4.6)**	R
Agency	4.1	39.0	104.2	1.9	53.9	86.5	(0.2)	(0.6)	0.4	A
Total substantive, bank and agency cost	**370.1**	**5,572.4**	**66.4**	**158.4**	**5,563.9**	**68.3**	**(4.2)**	**(0.0)**	**(4.2)**	R
Reserve*	1.1	0.0		0.6	0.0		(0.1)	(0.1)	0.0	A
Additional employer pension contribution by NHSE (M12)	14.6	0.0		0.0	0.0		0.0	0.0	0.0	G
Total pay cost	**385.8**	**5,572.4**	**69.2**	**159.1**	**5,563.9**	**68.6**	**(4.4)**	**(0.2)**	**(4.2)**	R
Remove maternity leave cost	(2.5)			(0.8)			(0.2)	0.0	(0.2)	A
Total excluding Maternity Costs	**383.3**	**5,572.4**	**68.8**	**158.2**	**5,563.9**	**68.2**	**(4.6)**	**(0.2)**	**(4.4)**	R

*Plan reserve includes WTEs relating to the better value programme



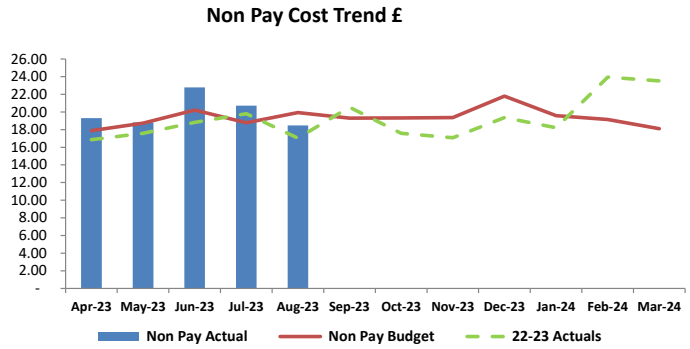


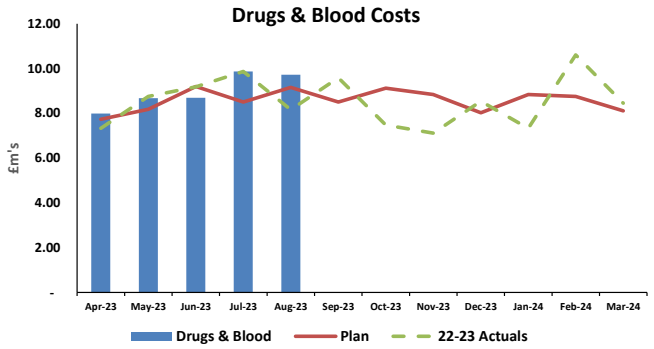
Summary

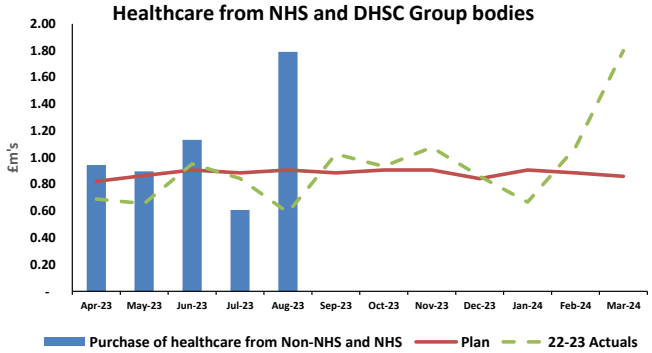
The table compares the actual YTD workforce spend in 2023/24 to the full year workforce spend in 2022/23 prorated to the YTD.

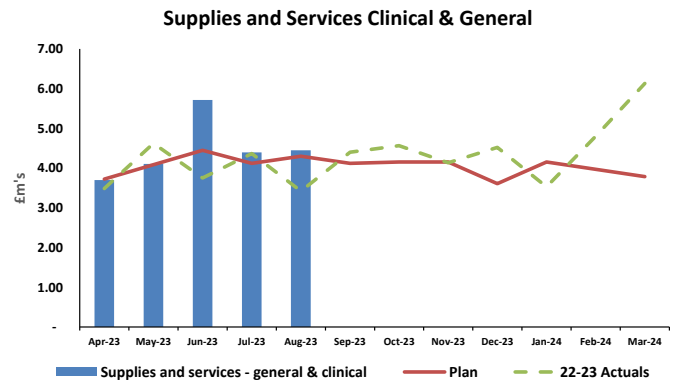
- Pay costs are above the 2023/24 plan YTD by £3.4m and when compared to the 2022/23 extrapolated actual it is £4.6m higher. This increase from 2022/23 is being driven by price increases (£4.4m). The price variance is driven by the NHS pay award.
- The Trust continues to see high levels of maternity leave (168 WTE) which is contributing to the higher than planned levels of temporary staffing across the Trust.
- Consultants & Junior Doctors are £1.1m adverse YTD to plan due to increased costs from the strikes and medical pay award.
- Estates & Ancillary are £0.4m adverse YTD to plan due to high levels of sickness within the cleaning service. When compared to 2022/23 the key driver of the increase is the increased staffing required to deliver the required levels of cleaning.
- Scientific Therapeutic and Technical Staff are £0.2m adverse to plan YTD due increase in agency usage in order to deliver the services required while vacancies are recruited into.
- Nursing are £0.1m adverse to plan YTD due increase in bank usage to cover vacancies and acuity of patients.
- Agency costs have increased due to the increased number of staff associated with managing the Trust during the continued strikes while the price variance has fallen.

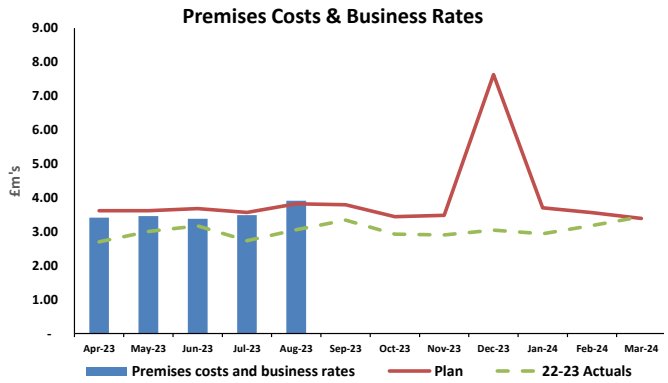
Non-Pay Summary for the 5 months ending 31 Aug 2023

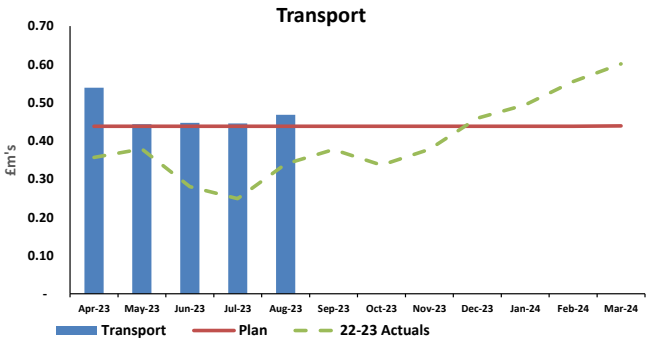








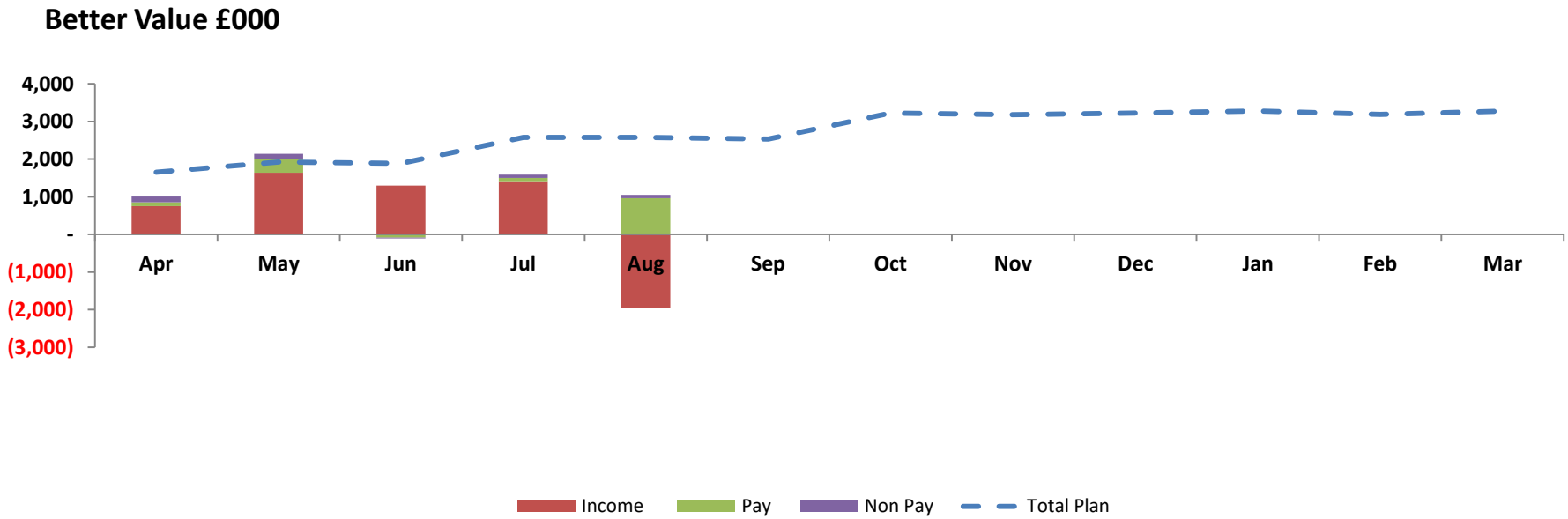




Summary

- Non pay is £4.6m adverse to plan YTD.
- Passthrough Drugs and Blood costs are £2.2m adverse to plan YTD due to a number of high cost cases including a number of CAR-T issues this year
- Clinical Supplies are £1.5m adverse to plan YTD due to increase in reagents, surgical instruments and contract service of equipment associated with the activity levels.
- Healthcare from Non NHS Bodies are £0.6m adverse to plan YTD due to increased send away tests, tissue typing for organ transplant and safeguarding review
- Premises costs are £0.5m favourable to plan YTD due to reduced computer software purchase

Better Value for the 5 months ending 31 Aug 2023



Better Value:

- The Trust is continuing to develop it's better value programme for 2023/24 and continues to hold weekly Directorate / PMO meetings to finalise the schemes and develop new ones.
  - At Month 5 £5.0m of the £10.6m plan has been delivered.
  - Month 5 plan was for £10.1m of recurrent savings, Trust has delivered £3.6m.
  - Month 5 plan was for £0.5m of non recurrent savings, Trust has delivered £1.4m.
  - The drop seen in month 5 is associated with the fall in private patient revenue in month 5 and the

Cash, Capital and Statement of Financial Position Summary for the 5 months ending 31 Aug 2023

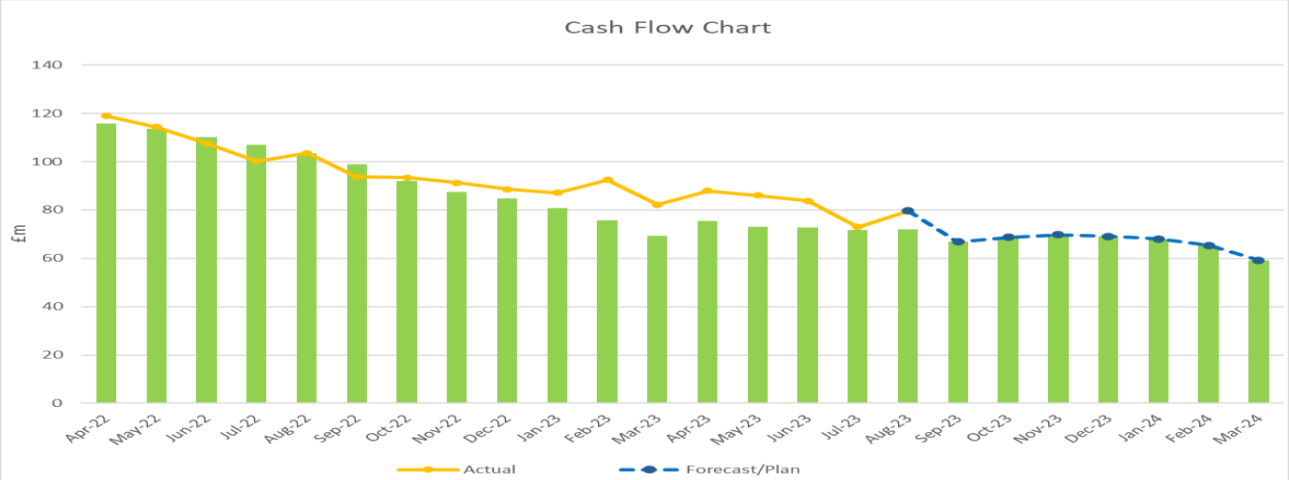
Audited Actual 31 Mar 23 £m	Statement of Financial Position	YTD Actual 31 Jul 23 £m	YTD Actual 31 Aug 23 £m	In month Movement £m
649.95	Non-Current Assets	645.06	646.19	1.13
106.34	Current Assets (exc Cash)	119.86	114.27	(5.59)
82.17	Cash & Cash Equivalents	72.89	79.69	6.80
(124.23)	Current Liabilities	(129.83)	(136.31)	(6.48)
(33.04)	Non-Current Liabilities	(32.74)	(32.01)	0.73
681.19	**Total Assets Employed**	**675.24**	**671.83**	**(3.41)**

31 Mar 2023 Audited Accounts £m	Capital Expenditure	YTD plan 31 August 2023 £m	YTD Actual 31 August 2023 £m	YTD Variance £m	Forecast Outturn 31 Mar 2024 £m	RAG YTD variance
6.95	Redevelopment - Donated	17.19	10.41	6.78	39.67	A
3.35	Medical Equipment - Donated	1.00	0.50	0.50	2.28	R
10.30	**Total Donated**	**13.85**	**7.62**	**6.23**	**41.95**	R
4.76	Redevelopment - Trust Funded	1.37	0.13	1.24	11.67	R
3.17	Medical Equipment - Trust Funded	0.25	0.67	(0.42)	7.68	R
2.39	Estates & Facilities - Trust Funded	1.25	0.68	0.57	7.36	R
4.65	ICT - Trust Funded	2.24	1.77	0.47	6.88	A
14.97	**Total Trust Funded**	**3.77**	**2.00**	**1.77**	**33.59**	A
0.13	**Total IFRS 16**	**3.83**	**0.00**	**3.83**	**3.83**	R
0.36	**PDC**	**0.00**	**0.05**	**(0.05)**	**0.33**	A
25.76	**Total Expenditure**	**21.45**	**9.67**	**11.78**	**79.70**	R

31-Mar-23	Working Capital	31-Jul-23	31-Aug-23	RAG	KPI
7.0	NHS Debtor Days (YTD)	5.0	3.0	G	< 30.0
204.0	IPP Debtor Days	183.0	159.0	R	< 120.0
21.6	IPP Overdue Debt (£m)	30.7	25.7	R	0.0
87.0	Inventory Days - Non Drugs	87.0	88.0	R	30.0
25.0	Creditor Days	34.0	35.0	A	< 30.0
45.4%	BPPC - NHS (YTD) (number)	56.4%	52.9%	R	> 95.0%
78.4%	BPPC - NHS (YTD) (£)	78.4%	74.2%	R	> 95.0%
82.0%	BPPC - Non-NHS (YTD) (number)	82.0%	81.7%	R	> 95.0%
91.9%	BPPC - Non-NHS (YTD) (£)	91.3%	91.5%	A	> 95.0%
80.7%	BPPC - Total (YTD) (number)	81.3%	80.9%	R	> 95.0%
90.7%	BPPC - Total (YTD) (£)	90.2%	90.1%	A	> 95.0%

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

31-Mar-23 Actual	Liquidity Method	Jul-23	Aug-23	RAG
1.5	Current Ratio (Current Assets / Current Liabilities)	1.5	1.4	G
1.4	Quick Ratio(Current Assets - Inventories - Prepaid Expenses) / Current Liabilit	1.4	1.3	G
0.7	Cash Ratio(Cash / Current Liabilities)	0.6	0.6	R
52.6	Liquidity days Cash / (Pay+Non pay excl Capital expenditure)	40.6	44.4	A
87.3	Liquidity Days (Payroll)(Cash / Pay)	69.9	76.4	G



Comments:

1. Capital expenditure for the year to the end of August was £12.9m; the Trust-funded expenditure was £3.3m, which is £1.8m less than plan due to slippage on Estates programmes, some of which is expected to be recovered, and PACS which has a 3-month slippage. Although some recovery of the Trust-funded slippage is expected in the next two quarters, other projects are expected to underspend. A monthly forecast is prepared to quantify the underspend and identify options for potential substitute expenditure; the donated expenditure was £10.9m, £7.3m less than plan due to additional payments on CCC PCSA being later than planned and non-critical slippage on decant and enabling. Right of use (leased) asset expenditure is £3.8m less than plan due to abandoning the proposal to lease space in 40 Bernard St. This will be partially offset but the newly approved leases of office space for CCC decant, which will cost £0.7m.
2. Cash held by the Trust increased in month from £72.9m to £79.7m.
3. Total Assets employed at M05 decreased by £3.4m in month as a result of the following:

- Non current assets increased by £1.1m to £646.2m.
- Current assets excluding cash totalled £114.3m, decreasing by £5.6m in month. This largely relates to Contract receivables invoiced (£4.1m lower in month) and Capital receivables (£4.9m lower in month). This is offset against the increase in Inventories (£0.1m higher in month); and contract receivables not yet invoiced (£3.2m higher in month)
- Cash held by the Trust totalled £79.7m, increasing in month by £6.8m.
- Current liabilities increased in month by £6.4m to £136.3m. This includes other payables (£1.7m higher in month); deferred Income (£2.8m higher in month); NHS payables (£0.3m higher in month) and Capital creditors (£3.3m higher in month).This is offset against the decrease in expenditure accruals (£1.7m lower month).

4. Non current liabilities totalled £32.0m This includes lease borrowings of £26.9m.
5. I&PC debtors days decreased in month from 183 to 159 days. Total I&PC debt (net of cash deposits held) decreased in month to £29.3m (£34.1m in M04). Overdue debt decreased in month to £25.7m (£30.7m in M04).
6. In M05, 90% of the total value of creditor invoices were settled within 30 days of receipt; this represented 81% of the total number of creditor invoices paid in month. The percentage of invoices paid in both categories (value and number) is below the NHSE target of settling at least 95% of invoices within 30 days.
7. By supplier category, the cumulative BPPC for Non NHS invoices (by number) was 82% (82% in M04). This represented 92% of the total value of invoices settled within 30 days (91% in M04). The cumulative BPPC for NHS invoices (by number) was 53% (56% in M04). This represented 74% of the value of invoices settled wit hin 30 days (78% in M04).
8. Creditor days increased in month from 34 to 35 days.