Meeting of the Trust Board
Thursday 30 November 2023

Dear Members

There will be a public meeting of the Trust Board on Thursday 30 November 2023 at 1:15pm in the Charles West Room, Barclay House, Great Ormond Street, London, WC1N 3BH.

Company Secretary Direct Line: 020 7813 8330

AGENDA

	Agenda Item **STANDARD ITEMS**	Presented by	Attachment	Timing
1.	**Apologies for absence**	Chair	**Verbal**	**1:30pm**
Declarations of Interest All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.				
2	**Minutes of Meeting held on 18 October 2023**	Chair	**M**	
3.	**Matters Arising/ Action Checklist**	Chair	**N**	
4.	**Chief Executive Update**	Chief Executive	**P**	**1:35pm**
	PERFORMANCE			
5.	**Integrated Quality and Performance Report (Month 6 2023/24) September 2023 data**	Chief Medical Officer/ Chief Nurse/ Chief Operating Officer	**Q**	**1:45pm**
6.	**Finance Report (Month 7 2023/24) October 2023 data**	Chief Finance Officer	**R**	**1:55pm**
	ASSURANCE			
7.	**Safe Nurse Staffing Report**	Chief Nurse	**T**	**2:05pm**
	STRATEGY AND PLANNING			
8.	**Update on Annual Planning 2024/25**	Chief Finance Officer/ Chief Operating Officer	**U**	**2:15pm**
9.	**Transformation Update**	Chief Operating Officer	**V**	**2:25pm**
10.	**Diversity and Inclusion Annual Report**	Director of HR and OD	**W**	**2:45pm**
	RISK AND GOVERNANCE			

11.	**Key Governance Documents**
	  • **Schedule of Matters for the Trust Board**
	
	  • **Standing Financial Instructions and Scheme of Delegation**
		Company Secretary
		
		 Chief Finance Officer
			X
			
			 Y
				3:00pm

12.	**Update on Board Assurance Framework and revised Trust Risk Appetite Statement**	Company Secretary	**Z**	**3:15pm**

13.	**Board Assurance Committee reports**	Chair of QSEAC	**Verbal**	**3:25pm**
	• **Quality, Safety and Experience Assurance Committee – November 2023**			
	• **Audit Committee October 2023**	Chair of Audit Committee	**1**	
	• **Finance and Investment Committee Update – November 2023**	Chair of the Finance and Investment Committee	**2**	
	• **People and Education Assurance Committee Update – November 2023**	Chair of the People and Education Assurance Committee	**Verbal**	
14.	**Council of Governors' Update**	Chair	**3**	
15.	**Register of Seals**	Company Secretary	**4**	**3:40pm**
16.	**Any Other Business** (Please note that matters to be raised under any other business should be notified to the Company Secretary before the start of the Board meeting.)			**3:45pm**
17.	**Next meeting** The next public Trust Board meeting will be held on Wednesday 7 February 2024.			

Attachment M

**DRAFT Minutes of the meeting of Trust Board on
18th October 2023**

Present

Sir Michael Rake	Chair
Amanda Ellingworth	Non-Executive Director
Chris Kennedy	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Gautam Dalal	Non-Executive Director
Suzanne Ellis	Non-Executive Director
Russell Viner	Non-Executive Director
Matthew Shaw	Chief Executive
Tracy Luckett	Chief Nurse
John Quinn	Chief Operating Officer
Prof Sanjiv Sharma	Chief Medical Officer
John Beswick	Chief Finance Officer
Caroline Anderson	Director of HR and OD

In attendance

Ellen Schroder	Associate Non-Executive Director
Cymbeline Moore	Director of Communications
Jason Dawson	Director of Space and Place
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Luke Murphy*	Deputy Head of Patient Experience
Carolyn Akyil*	Head of Nursing, Sight and Sound
Clare*	Mother of Rachel, GOSH patient
Andrew Pearson*	Clinical Audit Manager
Martin Tisdall*	Chief of Service, Brain
Alison Taberner-Stokes*	Head of Nursing, Brain
Robert Robinson*	Deputy Chief of Service, Brain
Dr Jenny Rivers*	Former Director of Research and Innovation
Lynn Shields*	Director of Education
Dr Simon Blackburn*	Director of Medical Education
Pippa Sipanoun*	Lead Practice Educator for Health Inequalities
Rachel Millen*	Emergency Planning Officer
2 members of staff	
2 members of the public	

Denotes a person who was present for part of the meeting

62	**Apologies for absence**
62.1	No apologies for absence have been received.
63	**Declarations of Interest**
63.1	No declarations of interest were received.

64	Patient Story
64.1	Carolyn Akyil, Head of Nursing for Sight and Sound Directorate said that Rachel and Clare's experience as a GOSH patient and parent respectively had first come to the directorate's attention through a complaint. Clare, Rachel's mother said that Rachel had been admitted to GOSH the day after she had been born 6 weeks prematurely. Since then, she had had a long medical history and a number of procedures and Rachel and her family had not had an overarching diagnosis to explain her various conditions until she was 18 years old. At this time Rachel received genetic testing which led to a diagnosis of a genetic disorder. Clare said that the late diagnosis had led to risks throughout Rachel's life such as being prescribed medication which would not have been prescribed if her diagnosis had been known earlier. Rachel was now at university and had asked that Clare manage her medical appointments which was challenging now that she lived away from home and had a GP in another city. Clare said that had Rachel received an earlier diagnosis this could have been avoided. The diagnosis had had a considerable impact on Rachel's summer prior to her going to university and it was not clear whether she would be able to attend university until days before she was due to leave home. The family had also been required to spend money attending appointments from outside London which, given Rachel's eventual diagnosis, had not been necessary.
64.2	Clare said that although she had raised a complaint, this was a means to have the issues that she and Rachel had experienced in navigating the health service investigated, and for changes to be made so that other families did not have such a prolonged period without a diagnosis. She said that it would be helpful for a standard process to be in place whereby genetic testing was undertaken wherever a diagnosis was challenging to achieve through a multidisciplinary approach. Clare said that although Rachel had received excellent care, the primary reason for her referral to GOSH was diagnosis and this was the aspect of care that had caused concern for the family.
64.3	Matthew Shaw, Chief Executive apologised for Clare and Rachel's experience at GOSH. He said that a large proportion of patients at GOSH had rare diseases and it was it was unacceptable for delays such as this to be experienced. He said that it was important to review the case and identify the issues that had arisen to ensure that other patients and families did not have the same experience.
64.4	Sanjiv Sharma, Chief Medical Officer apologised for the impact that the time taken for diagnosis had had on Rachel and her family. He said that as technology had moved forward, whole genome sequencing had begun, starting with neonatal populations and GOSH was working closely with NHS England on this. John Quinn said that a number of hospitals internationally used the same electronic patient record and the provider was developing software which would connect users who could input unusual symptoms in order to share knowledge between organisations. Both initiatives would reduce the likelihood of patients having an unknown diagnosis for a prolonged period.
64.5	Sir Mike Rake said that in other industries in which safety was of primary importance focus was placed on the dissemination of near misses and it was important to consider how cases like Rachel's moved between clinicians with a continued lack of diagnosis.

65	**Minutes of Meeting held on 6 July 2023**
65.1	The Board **approved** the minutes of the previous meeting.
66	**Matters Arising/ Action Checklist**
66.1	The actions taken since the previous meeting were noted.
67	**Learning from Deaths report- Child Death Review Meetings – Q1 2023/24**
67.1	Andrew Pearson, Clinical Audit Manager said that of 16 Child Death Review meetings that had taken place in the reporting period, one case had identified modifiable factors in the care provided at GOSH and there had been four cases in which modifiable factors had been identified in care provided outside GOSH. Excellent aspects of care, co-ordination of care and communication at GOSH had been highlighted in 12 cases.
67.2	Learning from 152 child death meetings had been aggregated and it had been noted that overall, 60% of learning points had been positive. Three themes had been identified: the 'when a child dies' process, which had an improvement workstream in place already; challenges in communicating with local hospitals, particularly when a diagnosis changed; and challenges around access to GOSH particularly for high dependency care and this was also an existing workstream.
67.3	Suzanne Ellis, Non-Executive Director highlighted that in one case a team had not had access to a particular form of imaging and asked whether this had been on the risk register prior to the case and Andrew Pearson said that the matter had been added to the risk register once the circumstances of the case had become clear however the clinical leadership had resolved the matter quickly and there had been no requirement to manage it through the risk register. John Quinn, Chief Operating Officer said that the medical equipment capital process had been streamlined and was undertaken by Chiefs of Service.
67.4	Discussion took place around a group of cases which had involved patients who had been cared for at GOSH and another London Trust and Gautam Dalal, Non-Executive Director asked how the process was managed with families in respect of candour. Sanjiv Sharma said that shared care between organisations added to the complexity of managing the child death review process particularly due to the geographic spread of referrals to GOSH as this made it more challenging to be clear about the action that had been taken. He said that when a patient died at GOSH the Trust had a responsibility to follow this up.
68	**Chief Executive Update**
68.1	Matthew Shaw said that many GOSH staff and families were being affected by the conflict in Israel and Gaza and support was being provided. Significant work was taking place to support staff and The Hive had recently opened in the Octav Botnar Wing which was an area in which support of different kinds could be accessed by staff. The GOSH staff awards event had taken place on 18th September, and this had been a fantastic opportunity to celebrate colleagues and their achievements. Matthew Shaw thanked the GOSH Charity which had part funded the event. The Nursing Strategy had been launched which was a positive step to driving nursing forward at the Trust.

68.2	The Trust's key focus was long waiting patients and there were currently 14 patients who had waited 104 weeks who were being frequently monitored. GOSH's waiting list as a whole was in the top quarter to third for the lowest waiting times nationally.
69	**Overview of Patient Safety at GOSH**
69.1	Sanjiv Sharma said that the paper had been developed to provide an overview of the safety systems and processes in place at the Trust to keep patients, staff and the healthcare environment safe. A safety transformation programme was in place which had been developed in collaboration with system partners and safety advocacy organisations and stemmed from the Trust's Safety Strategy and Quality Strategy. Assurance of progress with the Safety Transformation Plan was provided to the QSEAC on a six-monthly basis.
69.2	The Board welcomed the report.
70	**Integrated Quality and Performance Report (Month 5 2023/24) August 2023 data**
70.1	John Quinn, Chief Operating Officer said that a large majority of metrics on the IQPR were rated green or amber with the key area of focus being access. The graphical representation of the Trust's referral to treatment metric clearly showed the adverse impact of periods of industrial action. There were long waiting patients in particular areas, all of which had action plans in place, including dental where there were national challenges and support was being received from another Trust via mutual aid. As a tertiary and quaternary hospital some patients were referred to GOSH as long waiters. Notwithstanding the industrial action, GOSH was performing well in terms of activity and modelling had shown that in the absence of the strike action the Trust's activity would be in line with plan.
70.2	A harm review process was in place and no patients had experienced harm as a result of long waits or industrial action.
70.3	Sanjiv Sharma said that the September 2023 data had recently been produced which showed that there had been an improvement in the number of open Serious Incidents and there had been no new pressure ulcers. Duty of Candour performance had also improved substantially.
70.4	Tracy Luckett, Chief Nurse said that the average nursing vacancy rate for August had been 14.8% and a pipeline of 144 newly registered nurses was in place for October 2023 and January 2024 start dates. Kathryn Ludlow, PEAC Chair said that discussion had taken place at PEAC on the retention initiatives that were in place for nursing and the committee had noted the importance that newly qualified nurses placed on the support of more senior colleagues. The Board welcomed the launch of the nursing strategy.
71	**Directorate presentation: Brain**
71.1	The Brain directorate team delivered a presentation, Alison Taberner-Stokes, Head of Nursing for Brain Directorate said that directorate was a diverse mix of specialties including a mix of medical and surgical specialties and six highly specialised services. A substantial amount of research activity took place in the directorate which developed new therapies and generated research income.

Attachment M

71.2	The directorate's challenges included significantly increased demand over the previous 10 years without a relative increase in capacity. Martin Tisdall, Chief of Service said that it would be important to increase capacity going forward in order to deliver novel services as they arose. Focused work had taken place on wellbeing in the directorate and on nurse recruitment and retention as a result of the staffing challenges following the pandemic, the cost-of-living crisis and industrial action.
71.3	The Referral to Treatment (RTT) metric remained below target but was above 80% and clinical teams continued to prioritise all patients based on clinical need whilst being mindful of the importance of reducing long waits for patients. A business case had been developed for the Selective Dorsal Rhizotomy service as there had been a number of waits in the service.
71.4	Alison Taberner-Stokes said that in line with the Trust's strategy the team had been investing in making the directorate a great place to work and lunchtime engagement sessions had been arranged to listen to staff. Novel recruitment strategies had been implemented and it was anticipated that the vacancy rate in Koala Ward would be reduced from 15% to 4% with the pipeline of recruitment. Additional roles were being explored to ensure that the directorate workforce was fit for the future.
71.5	Robert Robinson, Deputy Chief of Service said that consideration was continuously being given to ways in which data could be used more proactively and to develop new metrics which would support the team. He said that one Serious Incident had taken place in year and although this had not led to worse outcomes for the patient, it had highlighted the complexities of working between a number of specialties which was important learning for the Trust as a whole. A focus was being placed on communication and clinic letter and discharge summary turnaround times had improved following a focus on the backlog. Feedback from the Friends and Family Test was positive, and complaints had reduced but Robert Robinson said that the team acknowledged the reactive nature of these data points.
71.6	Martin Tisdall said that the Directorate was £0.5million in deficit year to date which included a Better Value target of £875,000. Of this, £300,000 had been signed off and a further £250,000 - £300,000 was in the process of being evaluated. There had been some slippage against plan for International and Private Care income in the directorate.
71.7	A key area of the directorate's work was in partnership with other organisations and two services were in partnership with UK organisations and there were also international collaborations with North American organisations.
71.8	Chris Kennedy asked to what extent there was potential to commercialise the novel therapies for the directorate's benefit and how well this pathway was understood by colleagues. He asked for a steer on the drivers of the slippage to the Better Value programme. Martin Tisdall said that the majority of commercialisation took place at the research level. He said that historically the directorate had met its better value target by increasing income however focus was being place on patient and family experience and outcomes in order to drive efficiencies. Robert Robinson said that the directorate was focused on improvements but added that there were likely to be significant opportunities for more efficient working where there was an intersection between services and directorates.

72	**Finance Report (Month 5 2023/24) August 2023 data**
72,1	John Beswick, Chief Finance Officer said that the Trust's year to date position was £8.6million adverse to plan driven by industrial action and lower than anticipated activity from International and Private Care. Matthew Shaw said in 2022/23 the Trust had achieved Better Value savings of £16million which had been challenging and added that it was important to be mindful when developing savings plans. Suzanne Ellis said that financial sustainability was discussed regularly at the Finance and Investment Committee.
73	**Nursing Workforce Assurance Report Q1 2023/24**
73.1	Tracy Luckett, Chief Nurse presented the report and said that data showed that nurses who stayed at GOSH beyond 18 months were likely to stay considerably longer and therefore support was required for nurses at that point to ensure that they felt motivated to remain at the Trust.
73.2	Biannual Safe Staffing Establishment Review 2023
73.3	**Action:** The team had reviewed the acuity of patients on wards and noted that establishment required an increase in some areas and this was moving forward with the support of the finance team. Matthew Shaw said that it would be important for the Board to track the number of beds which were closed as this was indicative of challenged areas. Work was taking place around patient flow and ways in which bed closures could be prevented.
74	**Research Strategy (Planet) Progress Report**
74.1	Jenny Rivers, Former Acting Director of Research and Innovation at GOSH said that a review of commercial clinical trials in the UK had been commissioned by the government which provided 27 recommendations involving substantial government investment. There were opportunities for GOSH in terms of key relationships with commercial partners and areas such as vaccines where the Trust was not currently involved.
74.2	The infrastructure across GOSH and the GOS UCL Institute of Child Health (ICH) had expanded considerably in recent years and there had been an increase in staffing and support from the GOSH Charity. The diversification of staffing had enabled the service to provide sufficient clinical and non-clinical support to research.
74.3	A considerable proportion of research at GOSH was in highly complex studies into rare diseases which, by definition, included smaller numbers of patients and discussion was required around whether volume of studies or impact was the most appropriate metric to target. The citation impact of GOSH and ICH had increased substantially in 2018-2022 however GOSH's strategy was to involve as many staff as possible in research. A new Director of Research and Innovation would be joining the Trust in November 2023 and would undertake an analysis of research maturity throughout the Trust to inform action going forward.
74.4	The Board thanked Jenny Rivers for her work at GOSH as she had recently moved to a new role in another organisation.

75	**GOSH Learning Academy Annual Report 2022/23**
75.1	Lynn Shields, Director of Education said that the GOSH Learning Academy (GLA) was in year 3 of a 5-year delivery plan and focus was being placed on widening access to healthcare careers and building skills across the organisation. The GLA continued to invest in GOSH staff and 71% of apprenticeships were held by existing staff who were keen to develop their career.
75.2	The GLA was developing courses which were the first of their kind nationally and a new academic partnership had begun with a university which included a new advanced clinical practice course. Two key international contracts had been delivered in-year and discussion was taking place about two others and the GLA had been commended for their co-production with the Young People's Forum.
75.3	Tracy Luckett said that the service had been challenged to consider its brand and the space required to deliver the service. Consideration was being given to the ways in which the GLA could become more commercial and operate as a standalone service in terms of funding.
75.4	Gautam Dalal highlighted the very large NHS market in terms of learning and development and asked whether GOSH was able to gain access to this market to deliver education. Lynn Shields said that other Trusts had learnt from GOSH and developed their own learning academies and the team was open to working in partnership with them to extend reach and improve access. Simon Blackburn, Director of Medical Education said that GOSH had significant subject matter expertise and it would be important to map this against the requirements of the wider NHS and internationally.
75.5	Kathryn Ludlow said that a presentation on the GLA had been received at PEAC and the committee had focused on assurance around the ability of GOSH staff to access education even in times such as during industrial action or increased activity. The GLA had been able to modify training by providing bitesized learning to ensure it was as accessible as possible. Lynn Shields said that throughout the industrial action the GLA had been able to accommodate the majority of learners at all times and had brought learning to the bedside.
76	**Board Assurance Committee reports**
76.1	<u>Finance and Investment Committee Update – August and September 2023</u>
76.2	Suzanne Ellis, Chair of FIC said that two meetings had taken place since the last Board which had focused on finance and performance. Deep dives had taken place on pharmacy provision and the evolution of plans for the Children's Cancer Centre. The Board **approved** a proposal to delegate authority to the FIC to approve the national cost collection for the year.
76.3	<u>Quality, Safety and Experience Assurance Committee – September 2023</u>
76.4	Amanda Ellingworth, Chair of QSEAC said that the committee had discussed the introduction of Learning from Patient Safety Events (LfPSE) and had noted that the tool had not differentiated between adult and paediatric settings. It was likely that it would require ongoing refinement once it had been published.

76.5	Discussion had taken place around medicines and governance and the committee noted that although challenges remained in the area these were now well understood, and progress was being made with the action plan.
76.6	The Gastroenterology Team had received the formal report from a follow up external review of the service and the review team had been positive about the way in which the team worked and had found no outstanding concerns that had been raised at previous reviews. Areas for improvement had also been identified to move the service towards outstanding, recognising the important role played by GOSH in the patient pathway.
76.7	The Board noted that the Trust remained under the oversight of the Inspection Action Group (IAG) for pharmacy however it was likely that with continued progress this oversight would end in spring 2024. Matthew Shaw highlighted that a decision would be required by the Board around the manufacture of Total Parenteral Nutrition (TPN) going forward.
76.8	People and Education Assurance Committee Update – September 2023 meeting
76.9	Kathryn Ludlow, Chair of the PEAC said that the key focus of the meeting had been on health and wellbeing and the committee had reviewed staff wellbeing initiatives in the health and wellbeing annual report which had now been consolidated into The Hive. The Head of Psychological Services had attended the meeting to report on the activity that was taking place to support teams and focus was being placed on more proactive support.
76.10	The processes for Freedom to Speak Up and Whistleblowing were being consolidated and Kathryn Ludlow said that it was important that staff felt able to raise their concerns and felt protected to do so irrespective of whether a disclosure qualified as whistleblowing.
77	**Health Inequality Update**
77.1	Tracy Luckett said that since the last update to Board a steering group had been established with five workstreams which had progressed to varying degrees. Initial focus was being placed on data and following this work the existing workstreams would be prioritised.
77.2	Pippa Sipanoun, Lead Practice Educator for Health Inequalities said that the agenda in this area was vast and over half of GOSH families were disproportionately at risk of health inequalities. The Children and Young People Core20Plus5 had been published in November 2022 which was NHS England's approach to support the reduction of health inequalities. The Trust would be using this framework to identify priorities appropriate to GOSH's patient and families. Work was taking place to ensure the Trust was collecting the right data to support the understanding of the patient population and build trust with families about the reasons for requesting the information.
77.3	Amanda Ellingworth asked how continued progress could be assured given the lack of metrics and Pippa Sipanoun said that once the availability of data had improved, metrics would be developed for ongoing monitoring. Tracy Luckett said that the Trust was working with the Children's Hospital Association to agree the key areas to be tracked.

77.4	Matthew Shaw said that he had recently attended an international meeting of chief executives which had noted the challenges of working on health inequalities. He said that it was important to focus on key areas and make an impact to promote its importance in the organisation and trust that improvements would be made. Suzanne Ellis recommended that, as the subject of health inequalities was so large, it would be prudent to limit the work on data to the areas which would receive early focus in order to avoid an overly prolonged data phase. She said that GOSH was in a unique position, but health inequalities were deep-rooted and it was important to ensure that colleagues from different backgrounds and with different mindsets were involved and able to add value to the project.
78	**Emergency Preparedness Resilience and Response (EPRR) Annual Report 2023/24**
78.1	Rachel Millen, Emergency Planning Officer said that she had completed a RAG rated self-assessment against the NHS Core standards for EPRR which continued to rate the organisation as 'fully compliant' in line with the previous year. The assurance meeting with NHS England would take place on 24th October and would consider the Trust's compliance with the core standards.
78.2	Focus in the year had been on training and exercising. Although Duty Manager training remained the same, more frequent work was taking place locally as expectations of the role had changed in the previous year. Executive Director on-call training had been updated to reflect the involvement of the Integrated Care System (ICS) which had been supporting Trusts with Gold command training.
78.3	NHS England had highlighted the risk of chemical, biological, radiological, and nuclear (CBRN) incidents in London and training had been introduced for patient and family facing staff in all areas where access was not controlled by swipe cards.
78.4	Amanda Ellingworth noted that completion of a new deep dive question in the Equality, Diversity and Inclusion subgroup of the London Local Health Resilience Partnership was not mandatory and highlighted the importance of focusing on EDI in all areas. Rachel Millen said that as this was a locally established group there was no legal requirement to report on EDI however the group recognised its importance and GOSH included EDI in all local EPRR plans and policies.
78.5	Chris Kennedy highlighted that the environment would change as work began on the Children's Cancer Centre and asked whether the Trust was ready for this in terms of EPRR. Rachel Millen said that the key consideration was the way in which existing plans would be interrupted by the development and localised plans would be updated to ensure readiness.
78.6	**Action:** It was agreed that Rachel Millen would ascertain whether the Trust was required to adhere to Martyn's Law which would be introduced following the Manchester Arena bombing.
79	**Update from the Council of Governors**
79.1	**Action:** Sir Mike Rake said that Governors were keen to ensure they were able to fully carry out their role and continued to focus on sustainability. Ellen Schroder said that she had had an introductory meeting with the Lead Governor, and it was clear that the Governors were keen to understand the key issues facing GOSH

	and be kept up to date. It was agreed that an update on Start Well would be provided to Governors at their next meeting.
80	**Updated Fit and Proper Person Policy**
80.1	Anna Ferrant, Company Secretary said that although the Fit and Proper Person legislation had not changed a new framework had been published by NHS England which aimed to support NHS organisations' compliance with the regulations. The framework had made changes to the checks and balances to ensure directors satisfied the regulatory compliance.
80.2	A new standardised board member reference had been introduced which would be created whenever a board member leaves an NHS organisation and would be sought by another NHS organisation when making a job offer. NHS England would now have oversight of the annual fit and proper person test submissions and an internal audit would take place on a three yearly basis. The Board noted the update.
81	**Any other business**
81.1	There were no other items of business.

TRUST BOARD – PUBLIC ACTION CHECKLIST
November 2023

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
30.7	08/06/23	Renee McCulloch, Associate Medical Director for Workforce and Guardian for Safe Working said that minimum staff numbers on rotas had been set for each specialty which was a new way of working for doctors and calculations of annual leave and study leave had been included. Vacancy rates had been higher in 2022/23 and this had been attributed to workforce issues nationally and also issues with recruiting doctors from Europe. Delays were also being experienced in terms of international colleagues joining the Trust. Sir Michael Rake asked whether the NHS was connected with the Home Office in order to support international recruitment and Sanjiv Sharma said that a number of national bodies were involved in the process to support junior doctors working at GOSH and feedback had been about the rate at which applications could be processed. The Trust was also working with the Children's Hospital Alliance to raise the issue which disproportionately impacted specialist organisations. It was agreed that this would be raised with the Trust's local MP. Renee McCulloch said that the Trust had connected with the General Medical Council and proposed a role as a pilot organisation as GOSH had a large number of international medical graduates. It was agreed that the matter would also be raised with the Shadow Secretary of State for Health and Social Care.	MS, SS	November 2023	Verbal Update
73.3	18/10/23	Matthew Shaw said that it would be important for the Board to track the number of beds which were closed as this was indicative of challenged areas.	JQ	November 2023 and ongoing	**Actioned**: On agenda under IQPR
78.6	18/10/23	It was agreed that Rachel Millen would ascertain whether the Trust was required to adhere to Martyn's Law which would be introduced following the Manchester Arena bombing.	JQ	November 2023	GOSH's Security Services are advising GOSH around further measures needed to fully embrace /comply with Martyn's Law.
79.1	18/10/23	Sir Mike Rake said that Governors were keen to ensure they were able to fully carry out their role and continued to focus on sustainability. Ellen Schroder said that she had had an introductory meeting with the Lead Governor, and it was clear that the Governors were keen to understand the key issues facing GOSH	MS	November 2023	**Actioned**: Update on Start Well Presented to Council of Governors on 9 November 2023

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		and be kept up to date. It was agreed that an update on Start Well would be provided to Governors at their next meeting.			

NHS
Great Ormond Street
Hospital for Children
NHS Foundation Trust

Trust Board **30 November 2023**	
Chief Executive's Report **Submitted by: Matthew Shaw, Chief Executive**	**Paper No: Attachment P** **For information and noting**
Purpose of report Update on key operational and strategic issues.	
Summary of report An overview of key developments relating to our most pressing strategic and operational challenges, namely: • Supporting our people • Developing and transforming our services • Pandemic recovery – expediting activity and access to care for children's and young people & working with system partners • Stabilising our position – Financial sustainability and advocating for a fair settlement for children and young people with complex health needs	
Patient Safety Implications • No direct implications (relating to this update in isolation).	
Equality impact implications • No direct implications (relating to this update in isolation).	
Financial implications • No direct implications (relating to this update in isolation).	
Action required from the meeting • None – for noting	
Implications for legal/ regulatory compliance Not Applicable	**Consultation carried out with individuals/ groups/ committees** Not Applicable
Who is responsible for implementing the proposals / project and anticipated timescales? Executive team	**Who is accountable for the implementation of the proposal / project?** CEO
Which management committee will have oversight of the matters covered in this report? Executive team	

1. Hospital performance

Strike action has had a significant impact on patient access and activity levels – particularly for inpatients. However, overall, GOSH's RTT position is still in the top third of the country and benchmarks ahead of other standalone children's hospitals.

The abeyance of industrial action has been a welcome return to business as usual, however we are all alert to the fact that there is re-balloting going on and no clear end in sight as yet.

We have some specialty pinch points including cardiac and dental (largely driven by workforce challenges) and our 104 week waits are still not where we need them to be. However, there is some improvement in our trajectories, so the position is looking more positive.

Our teams are working hard on solutions to increase capacity for cardiac beds (a capacity issue of real concern that is echoed across other specialist children's hospitals) and improving access for our Specialist Neonatal and Paediatric Surgery (SNAPS) department and ENT service, as this will decrease cancellations and improve patient experience.

We are putting a real emphasis on improving flow to maximise the number of children we see. Our nurse vacancy rates have improved from 14 per cent to 9 per cent following the intake of new 93 new nursing starters joining the trust in October.

Our patient safety and experience measures remain good (with FTT above target and inpatient experience at 99 per cent and outpatient experience at 95%) and complaint levels low at 2%.

2. Financial challenges

Our activity and finance targets are in flux due to the recently announced NHSE measures to address financial challenges created by industrial action this year. The rapid turnaround required to revise our second half plan has placed a huge burden on finance and operational teams who are already working extremely hard. However, we are hopeful that these measures will improve our financial position – though it is too early at the time of writing to say if we can achieve balance.

The trust's Better Value target for 2023/24 is £32.5m, of which £16.5m is IPC contribution. The programme has been severely impacted by ongoing operational challenges related to industrial action, so will be extremely challenging to deliver.

We are keeping a close watch on plans for delegation of specialised commissioning into the Integrated Care Systems, which is due to start from the new financial year. We understand that there will be a decision made on this at NHS England's December board meeting, and that because there are a significant proportion of ICBs and regions who are not considered to be ready it's possible we will see a mixed economy, with some systems going ahead, while others continue to lay the groundwork for a safe transition a year hence.

We have widely shared our concerns that these changes have the potential to destabilise access and quality of specialised services for children, and switching to a population-based model will inevitably present contractual changes as well as disadvantages to younger patient populations and particularly those with rare and complex conditions.
We eagerly await the outcome of this process and are grateful that our own ICB has is well versed in the potential pitfalls.

3. Welcome to Kiki Syrad

We're delighted to welcome our new Director of Research and Innovation Kiki Syrad to her first board meeting today and it's great to have her on the team.

Over the coming weeks Kiki will be undertaking a SWOT analysis to help identify where we need to focus efforts to develop research at GOSH over the next few years, and to consider ways in which we might best renew our research hospital vision.

4. Internal communication developments

We have updated our communications processes to support cascading of key messages and develop our sense of shared purpose and community. Our new core brief meetings for senior managers supports clear succinct messaging being passed along to all our teams and SLT will share peer stories, celebrate successes and support engagement in shared challenges. The quarterly Senior Leadership Forum is being co-designed with range of SLT volunteers who are suggesting topics and speakers, and our December session will focus on mental health and the safe deployment of AI in the hospital.

5. Recent GOSH visits from key health figures

We were really grateful to receive a visit from the Shadow Health Secretary Wes Steering on 16th November 2023. Huge thanks to the comms team and all the staff who made the time to show him what a great place GOSH is and share their ideas on what could help us make it even better.

We were also delighted to welcome the Children's Commissioner for England Rachel de Souza on 6 November 2023 to discuss the challenges for children in the post-pandemic era, the commission's work to engage children and young people on what they want from their public services, and areas where we can collaborate on our work to support them in future.

Finally, it was fantastic to host Saffron Cordery, the Deputy CEO at NHS Providers to GOSH along with our new Chair, Ellen Schroder, last week. Huge thanks to her and to our chaplaincy, school, BCC, Space and Place, DRIVE and Education teams for sharing some of the key developments they are working on and for their ideas on how NHS Providers might promote our achievements or support some of their asks to the system.

We were also pleased to introduce Saffron and her team to the work of the Children's Hospital Alliance, of which I am co-chair, and to discuss opportunities to address the need for more focus and funding on paediatrics across the country.

Ends

NHS
Great Ormond Street
Hospital for Children
NHS Foundation Trust

Trust Board 30th November 2023	
October IQPR (September 2023 Data)	**Paper No: Attachment Q**
Submitted by: John Quinn, Chief Operating Officer **Co-Authors** Dr Sanjiv Sharma, Chief Medical Officer Tracy Luckett, Chief Nurse Caroline Anderson, Director of HR & OD	☐ **For discussion**

Purpose of report

To present the Integrated Quality and Performance Report and narrative to the Board to show the Trust level key performance indicators and to provide the Board with assurance that the indicators on patient safety, patient experience, well led, access and efficiency are monitored regularly.

Summary of report

Activity recovery from the Junior Doctor's and Consultants' strike has been strong, and when compared to 19/20 activity overall is at 114%. Activity for month 6 was -3.2% down v plan but 1.04% down up 2022/23 activity levels.

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 remain a dominant cause for complaint.

One new serious incident was declared, totalling five open at month end. Overdue SI actions have significantly decreased this month. Duty of Candour (DoC) saw 100% compliance for stage 3 and 75% compliance with stage 2 (3/4). The average delay was 6 days and this was due to delays in the initial conversation with families and drafting letters.

RTT performance has remained stable, whilst DM01 performance has increased slightly. Cancer metrics were positive meeting all standards. Issue for focus continue to be long waits for access (+104, 78 and 52 weeks) as these remain a challenge in particular specialties. Programmes of work are being put in place to address this and regular updates are being shared externally on progress.

CV Line infections continue to be slightly higher than normal. One case of CDifficile and one case of MRSA was reported in September.

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

Well-led remains a focus for the Trust. Vacancy rates for the Trust have decreased to 9.4%. Voluntary turnover has decreased marginally to 13.1% for the Trust but nursing rates have increased to 16.3%. Sickness has increased slightly to 3.7%, and in nursing it has increased to 5.0%.

Patient Safety Implications The IQPR includes metrics and analysis on Patient Safety.
Equality impact implications There are no specific metric on equality, but the report includes metrics on Access, Freedom to speak up and Patient experience.
Financial implications The IQPR only includes metrics on Better Value and no other specific metrics on Finance, but access and activity performance will also have implications on revenue.
Action required from the meeting None
Consultation carried out with individuals/ groups/ committees Reviewed at EMT
Who is responsible for implementing the proposals / project and anticipated timescales? Chief Operating Officer
Who is accountable for the implementation of the proposal / project? Chief Executive

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

Integrated Quality & Performance Report

October 2023

Reporting September 2023 data

John Quinn

Chief Operating Officer

Tracy Luckett

Chief Nurse

Sanjiv Sharma

Medical Director

Caroline Anderson

Director of HR & OD

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Executive Overview

Continued strike action is still impacting patient access and activity levels. Long-waiters are proving difficult to clear, with slowly rising numbers against a backdrop of an NHSE expectation of long-waiter reduction. Focus remains on these patients and mutual aid is in progress for key affected specialties. Despite the lost time due to industrial action the RTT rate remains relatively stable (at 66.7%) and above national averages and activity levels are close to plan and above last year and 2019/20. However, inpatient activity (more impacted by strikes) is lower.

Patient safety and experience remain good with FFT still above target. Inpatient experience still at 99%, outpatient experience at 95% and complaint levels remain low (2% against a threshold of 10%). Cancellations still remain a common theme.

Incidents numbers remain consistent but with the backlog of open incidents rising. This is being addressed and more incidents are now being closed. CV line infections are slightly raised.

Trust vacancy rates have dropped (down to 9.4% from 10.5%) and turnover reduced slightly (13.1% from 13.7%). Nursing rates remain higher but have reduced (vacancy: 14.1% turnover: 16.3%) and the 93 newly qualified nurses joining in October should reduce vacancy further.

This month's pack includes some core question scores from the regular QSS and the NHS annual survey. Both show a decline in the scores.

The Trust's Better Value target for 2023/24 is £32.5m, of which £16.5m is an additional contribution from I&PC. 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, Oct 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	🟩	→
Nursing T/O & vacancy	🟥	↗

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 within expected limits in September. Since the beginning of October the Patient Safety Team has worked to reduce the number of incidents open overall and this is currently at 2157 in total (as of 16 October 2023). 551 of these are with Patient Safety to be closed and the team aims to close these by end of November.

- **Serious Incidents:** One new serious incident was declared in September. This related to the management of a deteriorating patient. The report is due in November.

- **Duty of Candour:** Four stage 2 duty of candour letters were due in August. All were completed, however one was delayed and missed the 10 working day deadline by 6 days. This was due to delays in the initial conversation with families and drafting the letter within the 10 days. One stage 3 duty of candour letter was due in the month, and was sent on time.

- **Risks:** Compliance for review of high rated risks dropped in August and September but overall risk compliance remains high, with 91% of risks being reviewed on time according to the Risk Management policy in September.

- **Overdue SI Actions:** 9 actions are currently overdue and are being followed up with the responsible managers.

Patient Safety - Incidents

		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Last 12 months	RAG			Stat/Target
New Incidents	Volume	617	592	498	551	550	589	476	528	627	589	657	521		No Threshold			Target
Total Incidents (open at month end)	Volume	2013	1523	1367	1441	1489	1836	1939	2187	1950	2100	2382	2438		No Threshold			Target
New Serious Incidents	Volume	1	1	1	1	0	2	1	1	1	1	3	1		No Threshold			Target
Total SIs (open at month end)	Volume	3	3	3	3	2	3	4	4	5	3	6	5					Target
Overdue SI Actions	Volume	20	15	16	11	19	9	15	12	5	18	24	9		>20	10 - 20	0 - 9	Target
Incidents involving actual harm	%	10%	13%	11%	14%	12%	13%	13%	11%	13%	13%	11%	10%		>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	0	0	0	1	0	0	0	0	1	0		>1	=1	=0	Stat
Duty of Candour Cases (new in month)	Volume	3	4	1	2	7	3	3	6	4	5	7	2		No Threshold			Target
Duty of Candour – Stage 2 compliance (case due in month)	%	3/5	3/4	1/2	1/2	2/4	3/4	2/4	3/3	0/2	3/3	4/7	3/4		<75%	75%-90%	>90%	Target
Duty of Candour – Stage 3 compliance (case due in month)*	%	2/4	2/5	2/3	1/4	2/3	1 / 1	2/4	3/3	0/1	3/4	5/5	1/1		<50%	50%-70%	>70%	Target
High Risks (% overdue for review)**	%	4%	5%	35%	19%	26%	48%	59%	15%	4%	11%	38%	31%		>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+)

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Safe

Overview

- CV Line infections continue to be slightly higher than normal.
- One C difficile was reported in the month of September as they received treatment.
- No clear cause has been identified for the MRSA bloodstream infection following a through RCA.
- RCAs continue at this time into healthcare associated bloodstream infections indicated below.
- 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. (See note1) .

Infection Control

Infection Control		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	2023/24 YTD	Last 12 months	RAG (23/24 threshold)			Stat/ Target
Total C Difficile cases	In Month	1	1	3	1	2	0	0	1	0	0	0	1	2					Stat
C difficile Trust Assigned	Annually							0	1	0			1	2		>7	N/A	<=7	Stat
MRSA	In Month	1	0	0	0	0	0	0	0	0	1	0	1	2		>0	N/A	=0	Stat
MSSA	In Month	1	2	5	1	2	2	1	0	1	1	2	0	5		No Threshold			
E.Coli Bacteraemia	In Month	2	2	2	2	0	1	1	2	2	1	3	0	9		>8	N/A	<=8	Stat
Pseudomonas Aeruginosa	In Month	1	1	0	2	0	0	2	2	2	0	1	3	10		>8	N/A	<=8	Stat
Total Klebsiella spp	In Month	2	5	3	3	4	3	5	2	1	5	2	4	19					Stat
Klebsiella spp Trust Assigned	Annually							2	1	1	5	2	3	14		>11	N/A	<=11	Stat
CV Line Infections (note 1)	In Month	2.4	1.8	2.6	1.7	1.9	2.1	1.5	1.7	1.4	3.3	2.3	2.9	2.2		>1.6	N/A	<=1.6	T

Inpatient Mortality & Cardiac Arrest

Inpatient Mortality & Cardiac Arrest	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Last 12 months	RAG	Stat/ Target
Number of In-hospital Deaths	12	4	9	8	13	11	11	8	7	7	6	7		No Threshold	
Inpatient Mortality per 1000/discharges	11.6	3.8	10.2	7.8	13.8	10.3	11.8	7.8	6.5	7.0	5.6	6.9		No Threshold	
Cardiac arrests outside ICU/theatres	2	0	2	2	2	1	0	3	3	1	0	1		No Threshold	
Respiratory arrests outside ICU/theatres	2	0	1	2	0	1	1	5	5	3	4	4		No Threshold	
Inquests currently open	12	12	9	8	6	8	17	15	17	20	18	14		No Threshold	

Note1: 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

Safe

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 underway, although has been delayed because of the immediate need to address the operational challenges related to recent industrial actions. Directorates have identified over £10m worth of Better Value savings thus far. 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. The EQIA panel is meeting on Friday 13th October to review all documents awaiting approval, as many of the schemes identified still require final sign-off of their project briefs and EQIAs. 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	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Last 12 months
Speciality led clinical audits completed (actual YTD)	80	90	100	110	116	126	4	4	15	19	24	30	
Outcome reports published (YTD)	5	7	7	8	9	13	2	2	4	4	5	5	
QI Project completed	9	2	1	0	1	0	8	8	1	5	10	1	
QI Projects started	2	14	17	14	12	19	14	18	11	14	5	15	
NICE guidance currently overdue for review	0	0	0	0	0	0	0	0	0	0	0	0	
Better Value YTD Actual	£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	£2,678,000	
% value of schemes identified compared to their Better Value target	82%	77.8%	77.6%	77.6%	77.6%	77.6%					63.70%	63.70%	
Number of schemes identified	125	125	125	125	125	125	50	58	78	88	109	122	
Number of schemes fully signed off and EQIA assessed	118	118	118	118	118	118					22	22	
Number of schemes identified but not signed off	7	7	7	7	7	7					100	100	

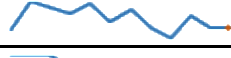Our Quality Hub shows clinical outcomes, clinical audit activity, and QI work that is taking place across the Trust.
Our QI - is space to recognise the good work that teams around the Trust do to improve quality , and an opportunity to see the positive outcomes of Quality work at GOSH.
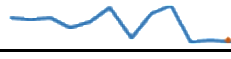
Safe

Patient Experience

Overview

A key theme across Pals, complaints and FFT related to the cancellation of appointments/ procedures and the impact of this (particularly in relation to concerns about financial loss and the resulting delays in care and treatment). Cancellations arose due to industrial strike action, staffing issues and closed beds. Families were particularly concerned when cancellations happened at short notice. There has been an increase in families requesting reimbursement of direct losses and also compensation.

FFT experience and response ratings were all met. Positively, Outpatients have now exceeded the experience rating for five consecutive months. The overall amount of feedback received during September slightly decreased to 1670 (n=1799 in August). Negative comments related to information sent by text and MyGOSH notifications directing patients and families to incorrect areas. There were also comments about appointment scheduling (having to attend the hospital on multiple occasions) and staff being overstretched resulting in long waits for treatments to commence. Positive comments related to staff and the facilities and that some parents felt looked after by staff as well as their child being cared for.

9 new formal complaints were received in September. In addition to concerns about cancellations, families raised concerns about staff attitude/ rudeness and aspects of care. Pals saw a 37% increase in contacts continuing a trend of fluctuating contacts over the last few months.

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Last 12 months	RAG		
FFT Experience rating (Inpatient)	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	99.0%	98.0%	99.0%	99.0%	98.0%	99.0%		<90%	90-94%	>=95%
FFT experience rating (Outpatient)	95.0%	94.0%	93.0%	92.0%	93.0%	90.0%	91.0%	97.0%	95.0%	95.0%	96.0%	95.0%		<90%	90-94%	>=95%
FFT - response rate (Inpatient)	24.0%	24.0%	25.0%	25.0%	28.0%	29.0%	30.0%	27.0%	35.0%	31.0%	26.0%	26.0%		<25%	N/A	>=25%
PALS - per 1000 episodes	9.74	9.51	9.75	8.58	9.23	10.77	7.55	10.14	11.07	7.11	7.25	7.16		No Threshold		
Complaints- per 1000 episodes	0.36	0.55	0.51	0.47	0.53	0.42	0.49	0.37	0.31	0.45	0.38	0.37		No Threshold		
Red Complaints -% of total (note 1)	6%	6%	6%	5%	4%	4%	4%	4%	5%	5%	4%	3%		>12%	10-12%	<10%
Re-opened complaints - % reopened (2)	9%	9%	8%	6%	4%	4%	4%	4%	5%	4%	3%	2%		>12%	10-12%	<10%

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

Caring

Contractual staff in post: Substantive staff in post numbers in September was 5342.2 FTE compared to 5366.1 compared in August (5363.9) , which is 23.9 decrease. The headcount was 5852 (-36 on the previous month).

Unfilled vacancy rate: September 2023 vacancy rates for the Trust have decreased to 9.4% (from 10.5% in August). The vacancy rates are highest in International and Private Care (24.1%), Research and Innovation (46.5%) and Transformation (62%).

Turnover: is reported as voluntary turnover over a rolling 12 month period. Voluntary turnover decreased marginally by (0.6%) to 13.1%.

Agency usage: Agency usage for September was 1.2%. The same as the previous month and remains within the 2% Trust target. Corporate areas such as Finance (11.5%), Medical Directorate (8.3%), are the highest spending directorates.
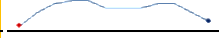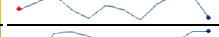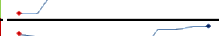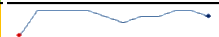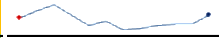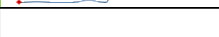
Statutory & Mandatory training compliance: The September training rate for the Trust has remained stable at 92%, decreasing by 1% from the previous month with all directorates meeting the target, with the exception of Space & Place (87%).

Appraisal/PDR completion: The non-medical appraisal rate for September is 81%, 3% less than the previous month with only Research & Innovation meeting the Trust target, Consultant appraisal remains at 95% this month.

Sickness absence: September sickness was over the Trust target at 3.7%. In order to benchmark GOSH sickness more accurately, and provide a more realistic target, the Trust has incorporated the national NHS sickness rate into its RAG rating (see Well led page for details). The national rate for September was 4.93%.

Freedom to Speak Up: The FTSU Guardian spoke to 22 members of staff who contacted the service in September (an additional 3 staff made initial contact but have not yet arranged to meet). This is a large increase compared to the previous months (July = 8 and August =10). The highest themes being raised (each case may have more than one theme) related to patient safety or quality of care, and staff safety/ staff wellbeing. Those speaking up came from a variety of professional backgrounds although nursing colleagues made up almost half of those contacting the FTSUG.

Well Led

Well Led Metrics Tracking

Well Led Metrics Tracking	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Last 12 months	RAG Levels			Stat/Target
Mandatory Training Compliance	93.0%	94.0%	94.0%	94.0%	94.0%	94.3%	94.0%	93.9%	93.7%	94.0%	93.0%	92.0%		<80%	80-90%	>90%	Stat
Stat/Man training – Medical & Dental Staff	85.0%	88.0%	90.0%	91.0%	91.0%	89.0%	89.0%	89.0%	90.0%	90.0%	88.0%	86.0%		<80%	80-90%	>90%	Stat
Appraisal Rate (Non-Consultants)	82.0%	83.0%	84.0%	82.0%	81.0%	82.6%	82.0%	80.7%	82.8%	84.0%	84.0%	81.0%		<80%	80-90%	>90%	Stat
Appraisal Compliance (Consultant)	85.0%	85.0%	94.0%	95.0%	93.0%	90.7%	90.6%	91.0%	90.6%	91.0%	95.0%	95.0%		<80%	80-90%	>90%	Stat
Honorary contract training compliance	70.0%	69.0%	69.0%	69.0%	66.0%	65.0%	66.0%	65.0%	71.0%	71.0%	72.0%	72.0%		<80%	80-90%	>90%	Stat
Safeguarding Children Level 3 Training	95.0%	95.0%	96.0%	97.0%	96.0%	96.0%	96.0%	98.0%	99.0%	99.0%	98.0%	93.0%		<80%	80-90%	>90%	Stat
Safeguarding Adults Level 2 Training	93.0%	95.0%	95.0%	96.0%	95.0%	95.0%	95.0%	95.0%	95.0%	96.0%	95.0%	92.0%		<80%	80-90%	>90%	Stat
Resuscitation Training	83.0%	87.0%	87.0%	87.0%	87.0%	86.0%	85.0%	86.0%	86.0%	87.0%	87.0%	86.0%		<80%	80-90%	>90%	Stat
Sickness Rate see note 3	3.5%	4.0%	4.5%	3.7%	3.0%	3.3%	2.7%	2.8%	3.0%	3.1%	3.1%	3.7%		>5.3%	3-5.3%	<3%	T
Turnover Rate (Voluntary)	13.9%	14.3%	14.0%	14.2%	14.2%	14.4%	14.4%	14.2%	14.0%	13.8%	13.7%	13.1%		>14%	N/A	<14%	T
Vacancy Rate – Trust	5.9%	6.3%	6.9%	7.2%	7.0%	7.1%	7.1%	9.8%	9.5%	10.0%	10.5%	9.4%		>10%	N/A	<10%	T
Vacancy Rate - Nursing	4.5%	5.6%	7.0%	7.7%	8.3%	8.0%	8.0%	10.2%	11.2%	12.6%	14.8%	14.1%		No Threshold			T
Bank Spend	5.4%	5.4%	5.3%	5.4%	5.4%	5.2%	6.4%	5.8%	5.6%	5.8%	5.8%	5.8%		No Threshold			T
Agency Spend	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.3%	1.4%	1.4%	1.3%	1.2%	1.2%		>2%	N/A	<2%	T
Quarterly Staff Survey - I would recommend my organisation as a place to work				65.0%			64.0%			60.0%				No Threshold			T
Quarterly Staff Survey - I would be happy with the standard of care provided by this organisation				87.0%			87.0%			86.0%				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%			39.0%				No Threshold			T
Number of people contacting the Freedom To Speak Up Service	15	13	10	7	11	9	18	14	11	8	10	22		No Threshold			T
Number of Themes of concerns raised as part of Freedom to Speak Up Service (note 2)	21	23	15	9	15	17	31	21	17	10	12	30		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

Directorate KPI performance September 2023

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%	13.1%	13.8%	15.2%	14.9%	14.1%	15.4%	13.7%	13.8%	15.4%	7.5%	24.4%	5.8%	5.6%	11.3%	27.0%	9.7%	9.6%	14.1%	6.9%	10.0%
Sickness (1m)	3% - National Average (4.93%)	3.7%	3.7%	2.9%	4.5%	3.0%	2.4%	3.6%	5.0%	3.4%	3.5%	0.0%	1.8%	6.0%	3.1%	2.9%	1.5%	4.7%	4.7%	1.7%	2.3%
Vacancy	10%	9.4%	8.8%	5.0%	2.0%	4.4%	-4.6%	6.7%	10.1%	24.1%	14.8%	10.9%	1.6%	12.9%	11.7%	6.0%	3.4%	7.7%	46.5%	62.0%	-7.6%
Agency YTD	2%	1.2%	0.0%	0.2%	0.2%	2.3%	0.0%	0.2%	0.0%	3.0%	2.5%	1.2%	-2.0%	4.0%	11.5%	3.1%	8.3%	0.8%	0.0%	0.0%	2.8%
PDR	90%	81%	79%	84%	86%	82%	76%	83%	81%	85%	76%	59%	84%	74%	56%	77%	85%	76%	90%	79%	85%
Stat/Mand Training	90%	92%	91%	92%	92%	92%	97%	91%	93%	96%	94%	92%	99%	87%	95%	94%	92%	95%	97%	94%	92%

Key: 🟩 Achieving Plan 🟧 Within 5% of Plan 🟥 Not achieving Plan

Vacancy rate: Average registered nurse (RN) vacancy rate decreased to 14.1% in Sept. We anticipate that this will reduce further in October with the intake of 93 newly qualified nurses plus 3 operating department practitioners. Central recruitment campaigns continue, with a further 52 NRNs in the pipeline for January 2024 and a Virtual Open Day held this month to target additional recruitment for the April 2024 intake.

Voluntary Turnover: Based on a 12 month rolling average, the vol. turnover for Sept remains above trust target (<14%) at 16.3%. 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 new Nursing Delivery Committee.

Sickness absence: Nursing sickness rates increased in Sept to 5% and remain above trust target (3%).
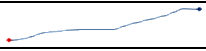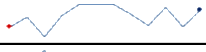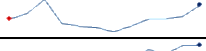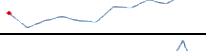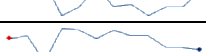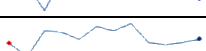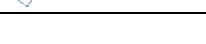
CHPPD: CHPPD is a benchmarking metric to provide a picture of care, it does not reflect true skill mix or patient acuity. This has remained stable across the trust at 16.8 in Sept. Safe staffing levels are maintained through bed closures when levels drop as a result of vacancies or short term sickness. Therefore CHPPD only reflects the staffing levels based on open and occupied beds.

CHPPD Actual vs Plan: The Trust average was 93% in Sept and within acceptable parameters, however Brain directorate levels dropped to 84.7% which is below acceptable parameters and has been driven by high sickness levels of 7.4% in addition to high vacancy rates.

Temporary staffing spend: There was no agency use in Sept. Bank fill rates in Sept were 62% (85% target). Recruitment to bank and new incentives for temporary staff are currently being explored.

Safe Staffing Incidents: There was an increase in safe staffing incidents reported in Sept to 12, these are currently being investigated. Four in H&L, three in BCC, two in CCS, two in S&S and one in BCC. The main themes relate to skill mix/competencies especially in relation to high patient acuity and staffing levels as a result of short term sickness.

Bed closures: Although the metrics demonstrate safe staffing levels are being maintained, this does not capture the mitigation put in place and 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 September were Butterfly (175), Koala (173) & Bumblebee (154).

Safer Staffing Metrics	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Last 12 months	RAG Levels			Stat/Target
Vacancy Rate - Nursing	4.5%	5.6%	7.0%	7.7%	8.2%	8.0%	8.0%	10.0%	11.2%	12.6%	14.8%	14.1%		>11%	10.1% - 11%	<= 10%	T
Turnover Rate (Voluntary)	15.8%	16.1%	15.4%	16.1%	16.5%	16.5%	16.5%	16.2%	15.8%	16.4%	15.8%	16.3%		>14%	N/A	<14%	T
Sickness Rate see note 3	4.0%	4.3%	5.5%	3.7%	3.4%	3.4%	3.0%	3.4%	4.0%	4.0%	4.2%	5.0%		>5.3%	3-5.3%	<3%	T
Care Hours per Patient Day (CHPPD)	15.5	14.4	15.0	15.3	15.0	14.9	16.0	15.9	16.5	16.2	16.8	16.8		No Threshold			T
Care Hours per Patient Day (CHPPD)- Actual vs Plan				104%	99%	102%	99%	98%	95%	96.7%	103.0%	93.7%		<80%	80-90%	>90%	T
Agency Spend	0.0%	0.0%	0.0%	0.0%	3.0%	0.0%	1.0%	0.1%	0.3%	1.3%	1.2%	0.0%		>2%	N/A	<2%	T
Safe Staffing incidents	13	10	15	3	6	13	6	7	3	6	6	12		No Threshold			T
Bank fill rate	66%	67%	58%	70%	69%	66%	69%	67%	67%	63%	63%	62%		No Threshold			T
Total monthly Bed closures	537	320	742	722	600	802	744	865	545	512	558	598		No Threshold			T

Well Led

Directorate performance for Safer Staffing – Nursing Only September 23

Metric	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Core Clinical Services	Heart & Lung	Sight & Sound	International	Research & Innovation
Voluntary Turnover	14%	16.3%	13.8%	14.7%	19.0%	16.3%	17.1%	19.5%	20.4%	15.8%
Sickness (1m)	3%	5%	5.0%	3.9%	7.4%	3.3%	5.0%	6.8%	4.0%	5.0%
Vacancy	10%	14.1%	8.8%	17.5%	12.3%	7.5%	13.4%	10.3%	32.2%	24.4%
Agency YTD	2%	1%	0%	0%	0%	2%	0%	0%	3%	0%
PDR	90%	87%	81%	89%	88%	90%	87%	90%	86%	90%
Stat/Mand Training	90%	93%	92%	94%	95%	91%	93%	92%	95%	95%
CHPPD	-	15.4	13.4	11.7	12.3	N/A	21.4	12.0	15.0	N/A
CHPPD Actual vs Planned	-	93.7%	101.6%	90.8%	84.7%	N/A	92.0%	102.0%	99.7%	N/A
Incidents	-	12	3	0	0	2	4	2	1	0

Key: 🟩 **Achieving Plan** 🟧 **Within 5% of Plan** 🟥 **Not achieving Plan**

Patient Access Metrics

Access Metrics Tracking	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Trajectory	Last 12 months	RAG Levels			Stat/Target
RTT Open Pathway: % waiting within 18 weeks	72.4%	73.2%	70.9%	71.4%	69.8%	67.3%	67.7%	68.4%	66.5%	67.2%	66.8%	66.7%	Below		<92%	N/A	>=92%	Stat
Waiting greater than 18 weeks - Incomplete Pathways	2,012	1,944	2,154	2,169	2,280	2,464	2,415	2,526	2,584	2,625	2,709	2,662	-		No Threshold			-
Waiting greater than 52 weeks - Incomplete Pathways	206	219	248	279	311	356	379	438	420	423	431	438	Above		>0	N/A	=0	Stat
Waiting greater than 78 weeks - Incomplete Pathways	28	28	45	47	52	58	75	89	79	91	91	104	Above		TBC			T
Waiting greater than 104 weeks - Incomplete Pathways	1	3	5	5	3	4	9	11	10	13	15	16	Above		>0	N/A	=0	Stat
18 week RTT PTL size	7295	7264	7401	7580	7545	7532	7482	7990	7706	7996	8148	8005	-		No Threshold			-
Diagnostics- % waiting less than 6 weeks	88.4%	89.2%	82.6%	82.6%	87.6%	81.9%	80.7%	83.7%	83.9%	82.3%	77.7%	80.0%	Below		<99%	N/A	>99%	Stat
Total DM01 PTL size	1,714	1,747	1,767	1,663	1,841	1,672	1,668	1,673	1,637	1,765	1,606	1,668	-		No Threshold			-
Cancer waits: 31 Day: Referral to 1st Treatment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		<85%	N/A	>85%	Stat
Cancer waits: 31 Day: Decision to treat to 1st Treatment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		<96%	N/A	>96%	Stat
Cancer waits: 31 Day: Subsequent treatment – surgery	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		<94%	N/A	>94%	Stat
Cancer waits: 31 Day: Subsequent treatment - drugs	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		<98%	N/A	>98%	Stat
Cancer waits: 62 Day: Consultant Upgrade	100%	100%	100%	94%	92%	93%	100%	100%	100%	100%	100%	100%	-		No Threshold			-
Cancelled Operations for Non Clinical Reasons (note 1)	38	53	27	45	34	28	21	23	30	22	30		-		No Threshold			-
Cancelled Operations: 28 day breaches	5	1	3	3	3	1	1	2	4	5	3		-		>0	N/A	=0	Stat
Number of patients with a past planned TCI date (note 4)	1,193	1,270	1,261	1,390	1,356	1,422	1,542	1,552	1,625	1,570	1,592	1,763	-		No Threshold			-
NHS Referrals received- External	2,901	2,920	2,453	2,754	2,667	2,725	2,176	2,843	2,804	2,682	2,525	2,540	-		No Threshold			-
NHS Referrals received- Internal	2,124	2,198	1,625	1,980	2,039	2,136	1,753	2,067	2,024	1,980	1,849	1,810	-		No Threshold			-
Total NHS Outpatient Appointment Cancellations (note 2)	6,352	6,368	6,449	6,308	6,212	7,456	6,061	6,500	6,760	7,158	7,585	6,690	-		No Threshold			-
NHS Outpatient Appointment Cancellations by Hospital (note 3)	1,441	1,366	1,576	1,514	1,740	2,113	1,584	1,498	1,548	1,962	1,642	1,541	-		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

Responsive

Patient Access Metrics (cont.)

Access Metrics Tracking	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Trajectory	Last 12 months	RAG Levels			Stat/Target
RTT Priority 2 patients	699	701	722	692	742	746	729	725	787	807	717	683	-		No Threshold			
RTT Priority 2 patients beyond fail safe date	176	167	205	159	168	208	207	178	206	239	220	178	-		No Threshold			
Diagnostics- waiting greater than 6 weeks	199	190	307	289	228	303	322	273	264	312	359	334	-		No Threshold			-
Diagnostics- waiting greater than 13 weeks	30	29	28	34	30	25	33	45	32	33	54	70	-		No Threshold			-
Main Theatre Utilisation (NHS Only)	70.2%	69.8%	63.3%	64.7%	65.4%	70.7%	66.1%	70.4%	70.9%	67.4%	66.7%	70.4%	-		<77%	N/A	>77%	T
Main Theatres Late Start Minutes	8,834	9,209	8,419	8,998	6,697	7,423	5,212	6,862	7,115	7,454	7,451	8,097			No Threshold			
Main Theatres Overrun	4,991	4,425	3,188	3,586	3,126	4,645	2,675	4,487	5,178	3,959	3,801	4,054			No Threshold			
Bed Occupancy (All Wards NHS & PP)	83.1%	83.5%	77.7%	84.3%	84.2%	84.9%	80.2%	81.2%	82.6%	78.9%	78.2%	82.5%			<80%	80 -84%	=>85%	T
Bed Occupancy (NHS Wards Only)	83.3%	86.0%	78.7%	85.7%	84.4%	85.1%	80.4%	81.9%	83.7%	79.9%	78.5%	78.2%			<80%	80 -84%	=>85%	T
Bed Closures (All Wards NHS & PP)	577	320	742	722	600	802	744	865	545	512	558	598			No Threshold			
Bed Closures (NHS Wards Only)	464	242	381	496	322	479	367	523	181	194	256	261			No Threshold			
PICU / NICU Refused Admissions	2	20	17	10	2	15	2	2	1	4	5	4			No Threshold			
Cardiac CATS Refused Admissions	3	9	1	3	1	4	3	3	3	1	0	2			No Threshold			
PICU Readmissions within 48 hours	1	1	1	0	3	2	2	3	1	3	1	2			No Threshold			
CICU Readmissions within 48 hours	0	2	1	1	0	2	0	1	0	0	1	2			No Threshold			
NHS Discharge Summaries with 24 hours	73.3%	74.2%	70.8%	72.8%	68.0%	69.8%	70.8%	76.3%	82.0%	79.4%	76.8%	74.6%			<100%	N/A	100%	T
Number of NHS Discharge Summaries not sent (ytd)	976	1208	1122	1247	1404	1668	1356	1505	432	424	590	255			No Threshold			
NHS Clinic Letters sent with 7 days	58.0%	57.9%	57.9%	56.1%	55.6%	55.3%	52.8%	59.1%	55.9%	61.8%	57.1%	55.1%			<100%	N/A	100%	T
Number of NHS Clinic Letters not sent (ytd)	4556	5024	4670	5218	5354	6102	6157	6158	6040	5610	5301	5468			No Threshold			

Responsive

Patient Access - Activity Monitoring at Month 6

Overview:

For M6 of 23/24 all activity was -3.2% down v plan but 1.01% up on 2022/23 activity levels. However, when comparing to 19/20 activity overall is 11.4% above. YTD activity is 4.27% down against plan but 1.04% above 2022/23 and 12.6% above 2019/20. It should be noted though that inpatient activity is down.

Electives continue to be less than plan at -11.6 % 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 M6 23/24, all directorates apart from Brain and Heart & Lung 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 M6 23-24

POD	Plan 2324	Activity 2324	Activity 2223	% of 22/23	% of Plan
Daycase	14,417	14,152	13,906	101.77%	98.16%
Elective	6,286	5,556	5,855	94.89%	88.38%
Emergency	1,331	1,271	1,420	89.51%	95.49%
First OPA	17,440	12,837	14,760	86.97%	73.61%
Follow-up OPA	91,807	91,860	88,441	103.87%	100.06%
Grand Total	**131,282**	**125,676**	**124,382**	**101.04%**	**95.73%**

Elective

Daycase

Emergency

Outpatient First

Outpatient Follow up

Responsive
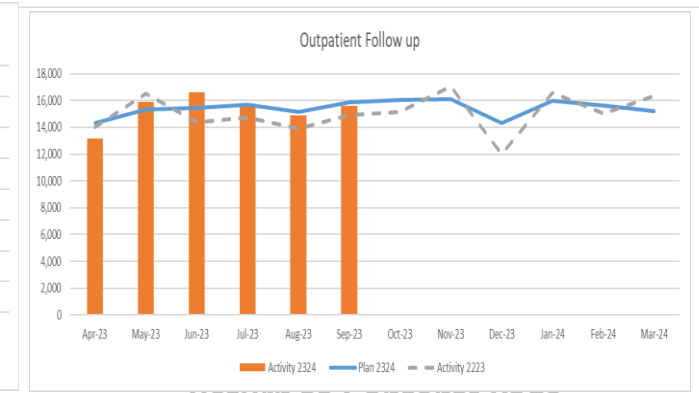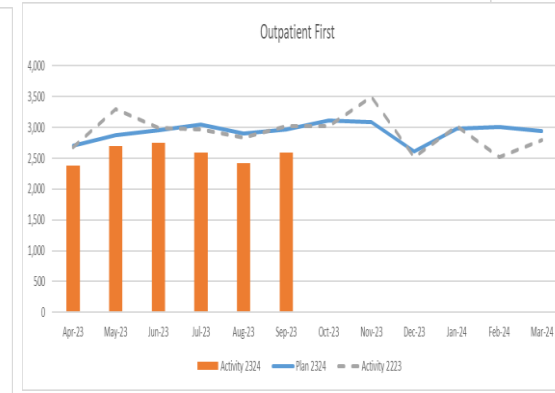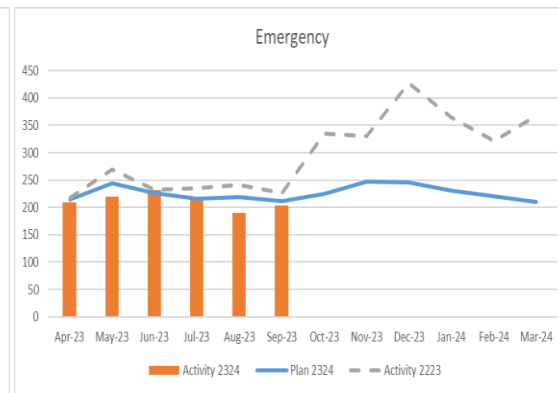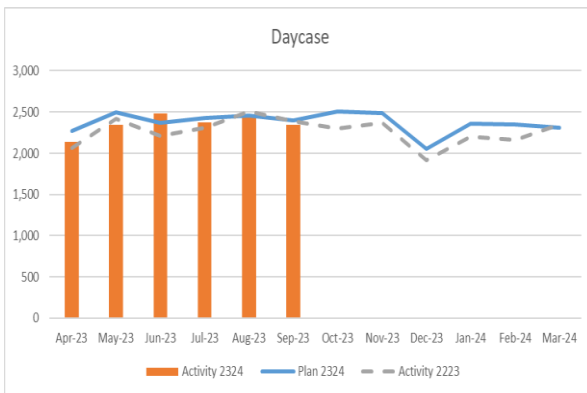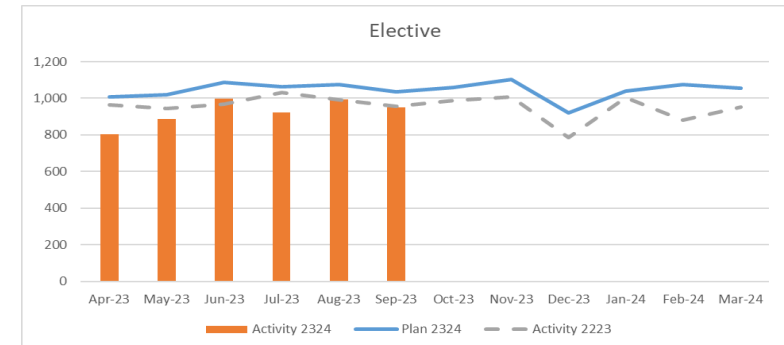
Overview

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 September 2023 was **66.7%,** 0.1% decrease from last month and remains below trajectory. The overall PTL size has decreased by **143** patients compared to last month. 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 October due to the impact of recent industrial action taken by Junior Doctors and Consultants.

- There are 16 patients who are waiting above **104 weeks,** a slight increase from last month, when we reported 15 and above the trajectory provided to NHSE. Seven patients are waiting for **Dental** treatment. One patient was treated in October, one patient has a TCI in November, and the remaining five still require a TCI date. One **ENT** patient was treated in October. Two **Plastic Surgery** patients both have TCIs in October. One **Neurology** patient was seen in clinic in September and had further investigations which resulted in active monitoring. One of the two **Orthopaedic** patients has been put on Active Monitoring, whilst the other patient is a complex patient which needs joint surgery with Plastic Surgery. Three patients (**MaxFax** , **Ophthalmology** and **Endocrinology**) were referred to us at **182, 103** and **98** weeks wait respectively from other Trusts. They all have outpatient appointments booked. **78 week waits** have increased this month to 104 and is above the provisional trajectory submitted. **52 week waits** have increased slightly to 438. The long waiters are predominantly in Dental (116), Orthopaedics (68), Plastic surgery (63), ENT (23), Cardiology (20), Ophthalmology (19), Spinal Surgery (14), Urology (14), SNAPS (13, Craniofacial (13), Cardiac Surgery (12) and CAMHS (11). 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 **101** patients, at the end of October 2023, to be waiting 78 week waits or more and is above the provisional trajectory submitted.

- **DM01** performance for September 2023 was **80%**, an increase of 2.3% from the previous month. The number of 6 week breaches has decreased this month to 334, compared to 359 last month. 13 week breaches have increased to 70 from 54 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 September 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

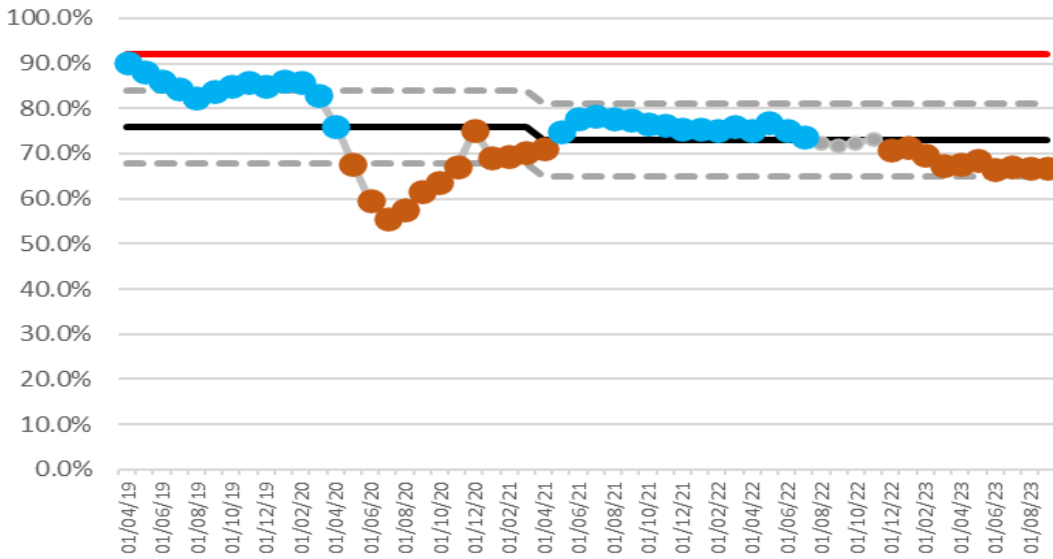Bed closures due to combination of patient acuity and staff sickness

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 high dependency (HDU) bed capacity. For Spinal Surgery: Staffing capacity constraints. 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 the Royal National Orthopaedic Hospital (RNOH) to reduce Orthopaedic long waits. Four patients so far have been accepted by the RNOH. Specialist Neonatal and Paediatric Surgery (SNAPS): bed shortage, emergency patients and consultant availability due to sickness and significant outliers impacting booking of patients and increasing cancellations.

- **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 the Cardiac Intensive Care unit (CICU) and Bear ward, as well as emergency and urgent patients taking priority, often leading to on-the-day cancellations. Inherited Cardiovascular disease (ICVD) service capacity is challenging and a review has taken place with a business case for increased capacity going to the Executive Management Meeting (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 UCLH for mutual aid started mid-June and the Trust has recruited a Dental Consultant currently working on a part time basis.

- **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 Selective Dhoral Rhizotomy (SDR) patients and Vagus nerve stimulation (VNS) capacity constraints. The Trust is in discussion for extra lists at UCLH. There is lack of clinic slot capacity particularly for endocrinology leading to long waiting times for new appointments.

Responsive

Referral to Treatment times (RTT)

RTT Waits Performance

RTT Long Waits Monitoring

RTT:

66.7% ⬇ 0.1%

People waiting less than 18 weeks for treatment from referral.

>52 Weeks:
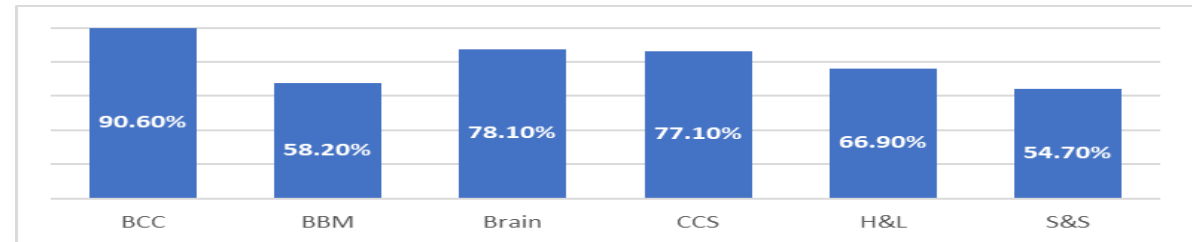
438 ⬆ 7

Patients waiting over 52 weeks
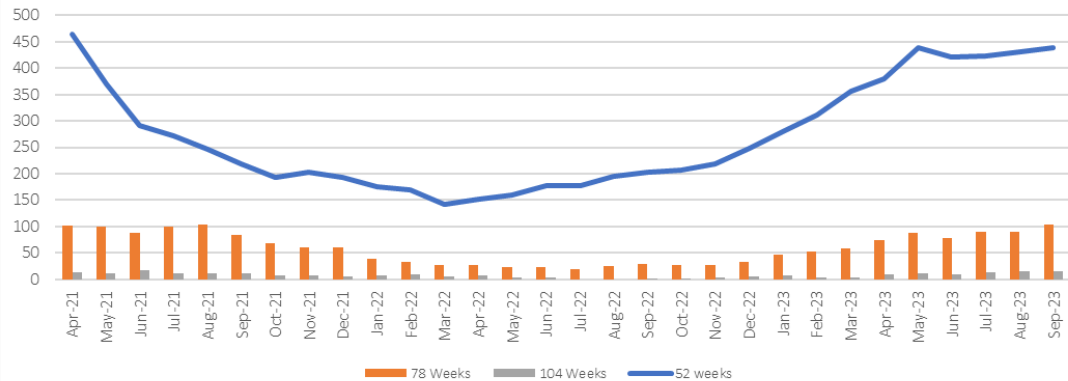
>78 Weeks:

104 ⬆ 13

Patients waiting over 78 weeks

>104 Weeks:

16 ⬆ 1

Patients waiting over 104 weeks

Directorates

BCC	BBM	Brain	CCS	H&L	S&S
90.60%	58.20%	78.10%	77.10%	66.90%	54.70%

RTT PTL Clinical Prioritisation – past must be seen by date

P2

178 ⬇ 42

P3

627 ⬆ 11

P4

538 ⬆ 1

Responsive

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Diagnostic Monitoring Waiting Times (DM01)

DM01 Waits Performance

DM01 Long Waits Monitoring

Legend: ■ 13 Weeks — 6 Week
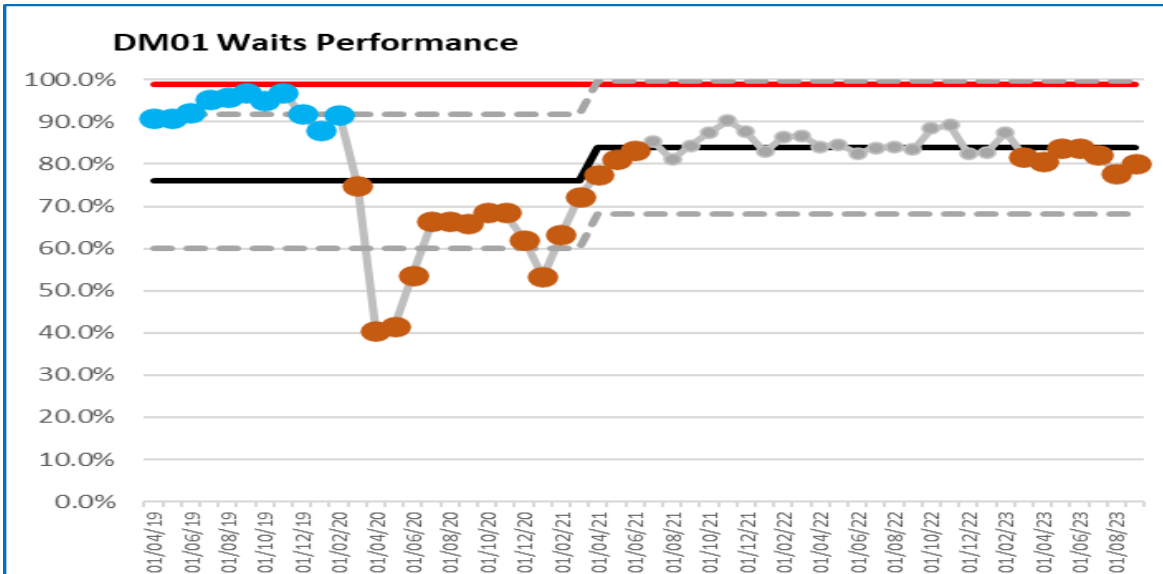
DM01:

80.0%   ⬆ 2.3%

People waiting less than 6 weeks for diagnostic test.

>6 Weeks:

334 ⬇ 25

Patients waiting over 6 weeks

>13 Weeks:
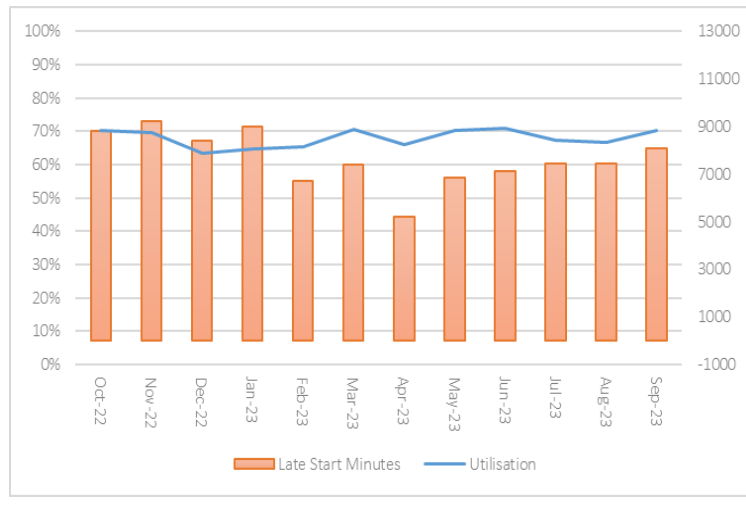
70 ⬆ 16

Patients waiting over 13 weeks

Modalities not meeting 99% standard

Modality	Performance
Flexi sigmoidoscopy	75.0%
Cystoscopy	71%
Urodynamics - pressures & flows	88.89%
Computed Tomography	86.5%
Audiology - Audiology Assessments	70.9%
Cardiology - echocardiography	92.6%
Magnetic Resonance Imaging	82.1%
Respiratory physiology - sleep studies	48.6%
Gastroscopy	72.5%
Colonoscopy	84.6%
Non-obstetric ultrasound	86.7%

20

Responsive

Productivity and Efficiency

Main Theatres (NHS)

Theatres Utilisation:	Late Start Minutes
70.4% ⬆	8,097 ⬆

Last Minute Non-Clinical Cancelled Operations

Number Cancelled	28 Day Breaches
30 ⬆	3 ⬇
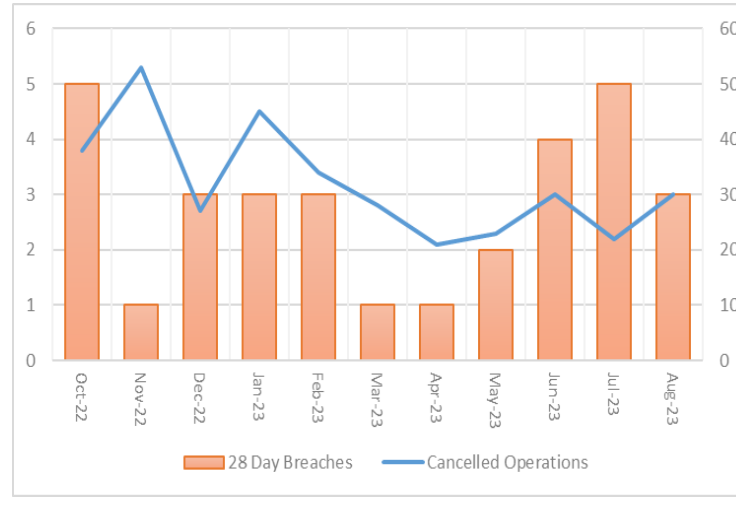
Bed Occupancy and Closures

Occupancy all IP Wards	Bed Closures all IP Wards
82.5% ⬆	598 ⬆
Occupancy NHS IP Wards	Bed Closures NHS IP Wards
78.2% ⬇	261 ⬆
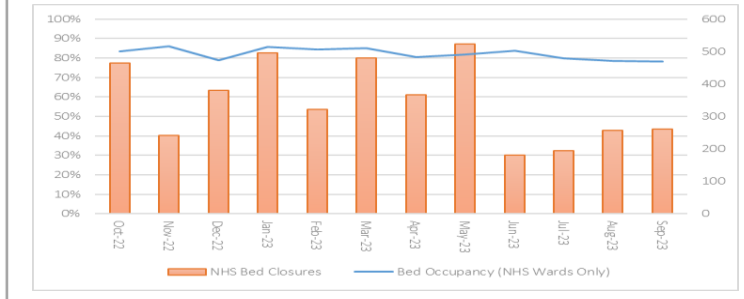
September 2023 has seen Theatre Utilisation increase by 3.7% from August, this has been seen within all directorates apart from I&PC. Late start minutes also increased in September, where a reason was captured the main driver was due to an overrun. A theatres productivity action plan has been produced 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 increased in September. All directorates apart from Blood, Cells and Cancer saw an increase in bed occupancy. NHS Bed closures have increased in September 2023 mainly due to Brain and I&PC.

Last minute cancellations have increased 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.

Responsive

21

Patient Communication

NHS Patient Discharge Summaries
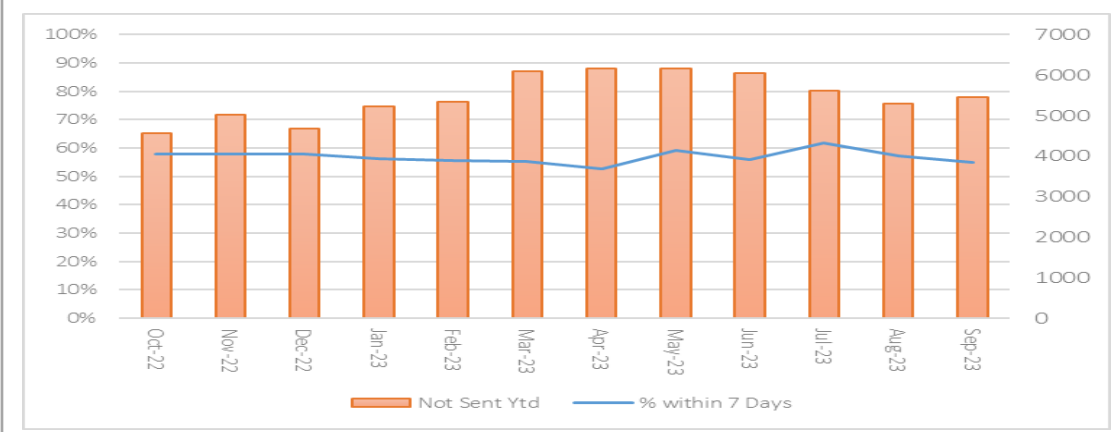
Sent within 24hrs:
74.6%

Number not sent ytd
255
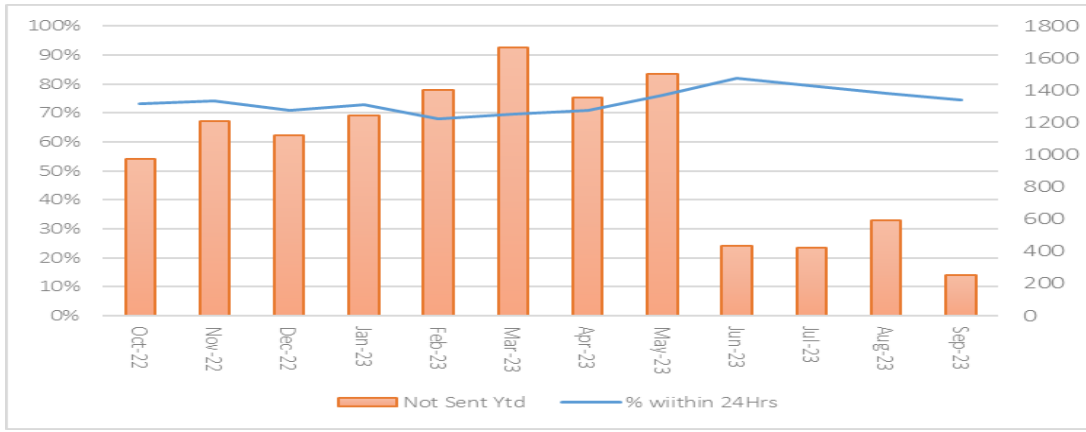
NHS Clinic Letters

Sent within 7 days
55.1%

Number not sent ytd
5468

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 and clinic letters one year or older by end of October.

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, Brain and Sight & Sound.

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.

Clinic letters by directorate (September 23)
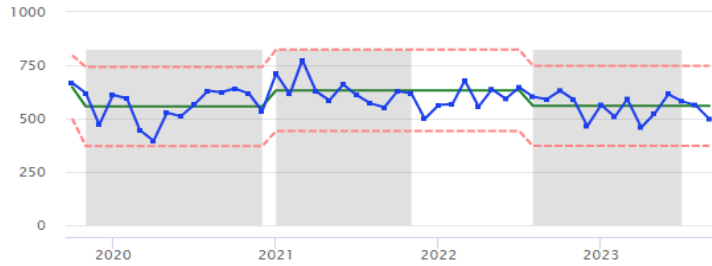
Responsive
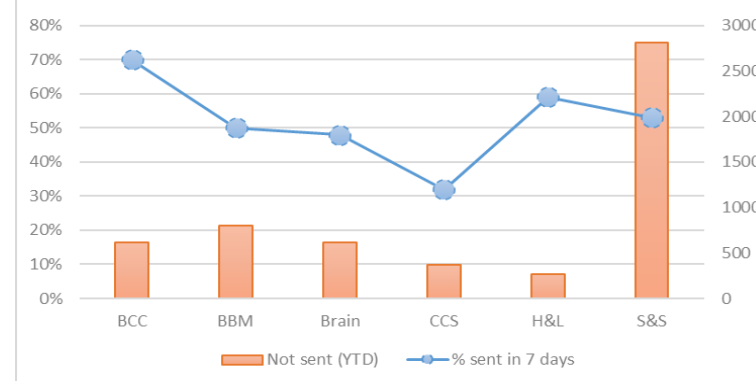
Appendix
Integrated Quality & Performance Report

New Incidents

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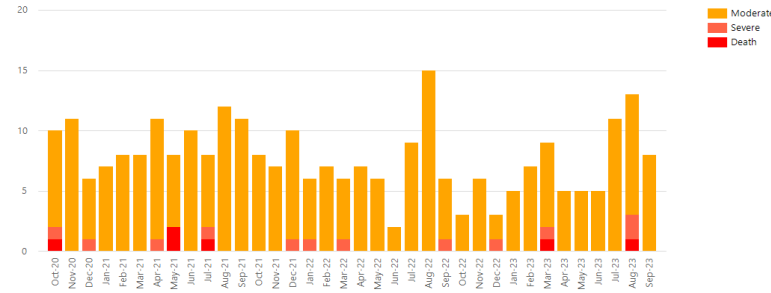
Top 10 Incident Categories (assigned at the point of incident reporting)

Medication Incidents

Days Since never events

Safe

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

Safe
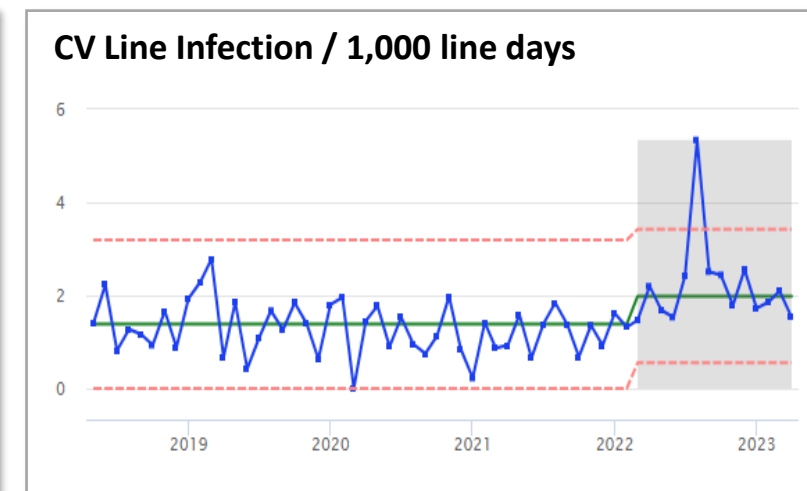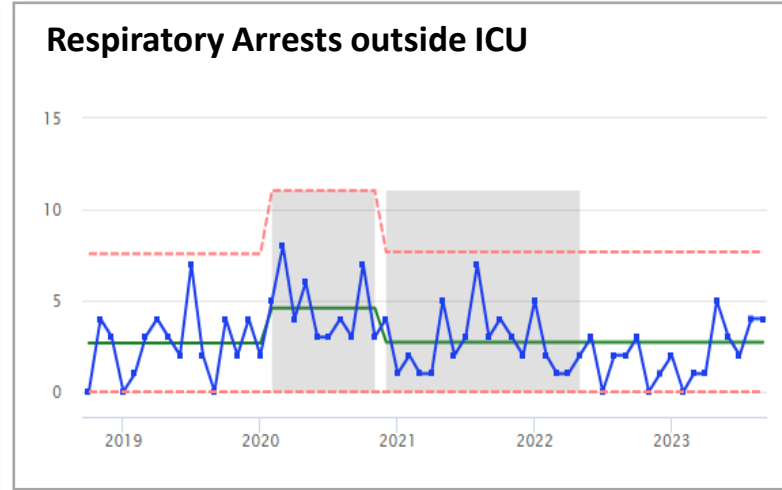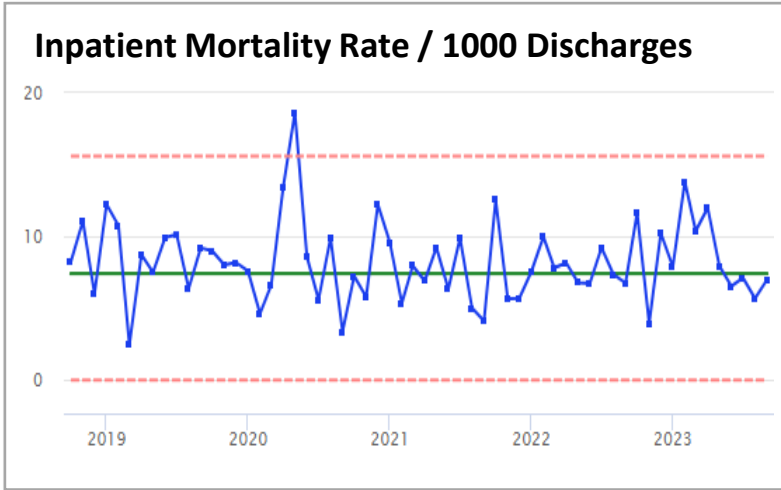
NHS Great Ormond Street Hospital for Children NHS Foundation Trust

Overview:

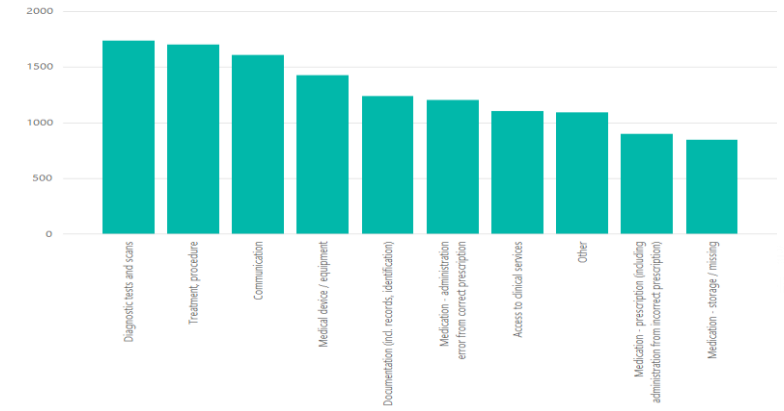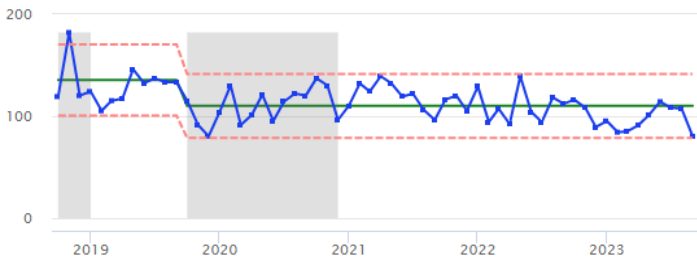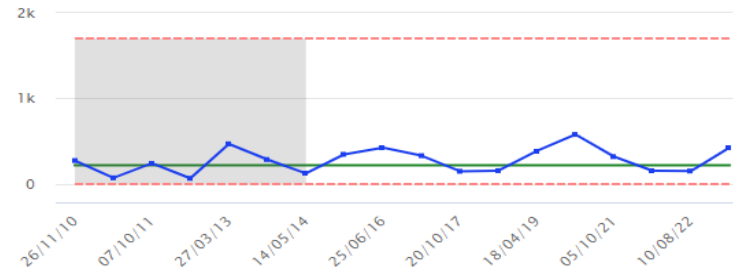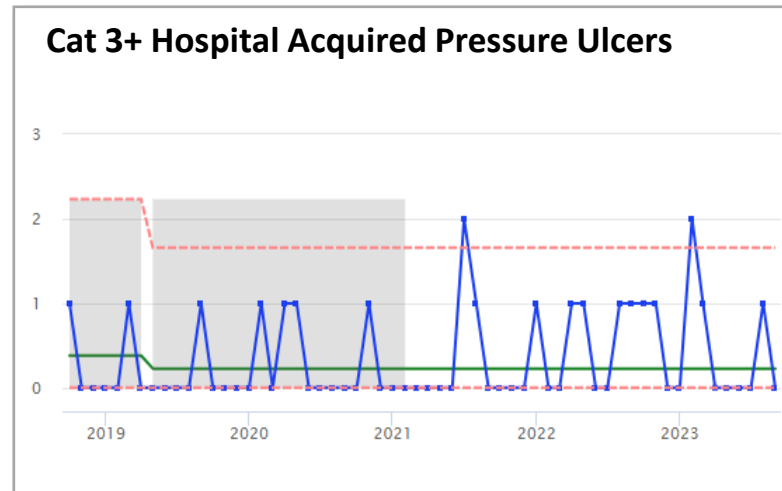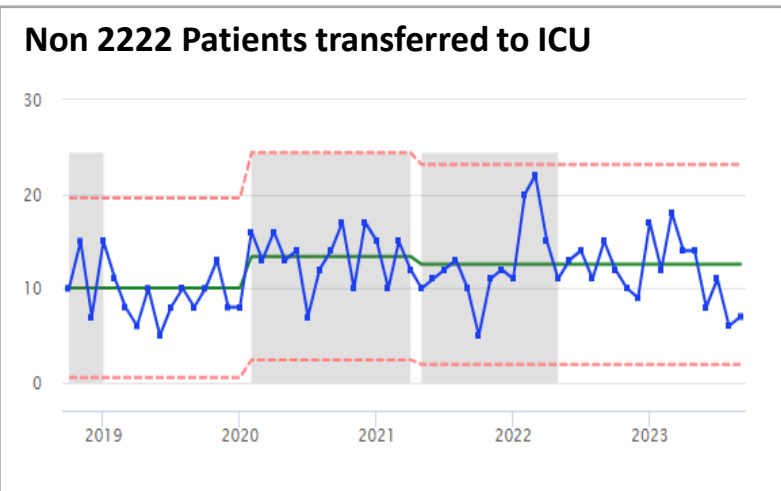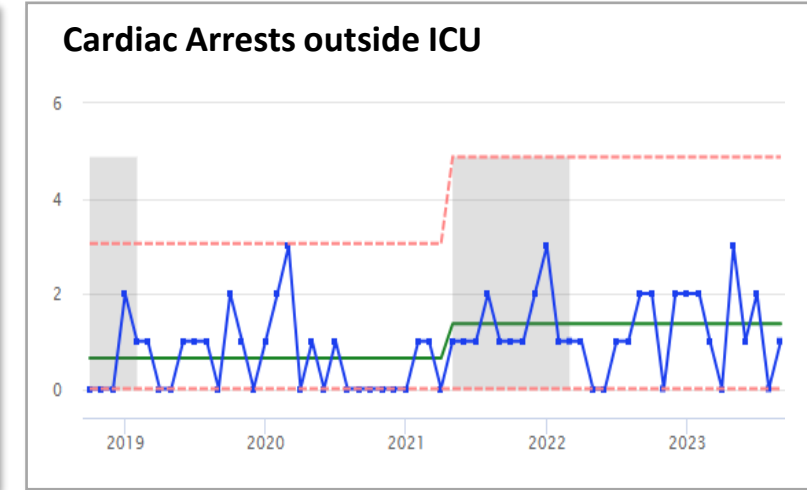The inpatient experience score for September was above the Trust target, scoring 99% and all directorates achieved the Trust target of 95% or above. Body Bones and Mind, Core Clinical Services and International Private Care all scored 100%. The overall Trust response rate was 26%, which was the same as the previous month. However, the overall amount of feedback received in the Trust was lower than in August (1670). All directorates with the exception of Brain and Blood Cells and Cancer achieved a 25% response rate. However, for BCC this was due to the ongoing issue with the high discharge numbers (508) from Pelican Ambulatory, and how this is recorded on Epic. Without Pelican Ambulatory discharges, BCC achieved a 48% response rate. Outpatients also achieved the Trust target for experience for the fifth consecutive month, achieving 95% in August. Sight and Sound fell slightly short of the 95% target for their outpatient areas.

Headline:

Inpatient response rate – 26% (same as August).

Experience measure for inpatients – 99% (increased from August).

Experience measure for outpatients – 95% (decreased from August).

Total comments received – 1670 (decreased from August).

13% of FFT comments are from patients.

85% of responses had qualitative comments.

Positive Areas:

- Professionalism and kindness of staff
- Support for parents
- Welcoming volunteers
- Respect for different cultures
- Informative staff
- Therapy dogs
- Welcoming receptionists.
- Warm friendly environment.
- Good facilities
- Parent accommodation
- Best kids hospital ever!

Areas for Improvement:

- Text messages for appointments have the wrong clinic locations.
- Long waits for appointments, treatments and medications
- Poor communication and mixed messages
- Broken equipment, TVs, hoists
- Overstretched staff
- Cancellation of appointments
- Lifts in RHLIM require fixing.
- Appointment scheduling

Chart legend: Total feedback, % Qualitative Comments, % from Patients

26

Caring
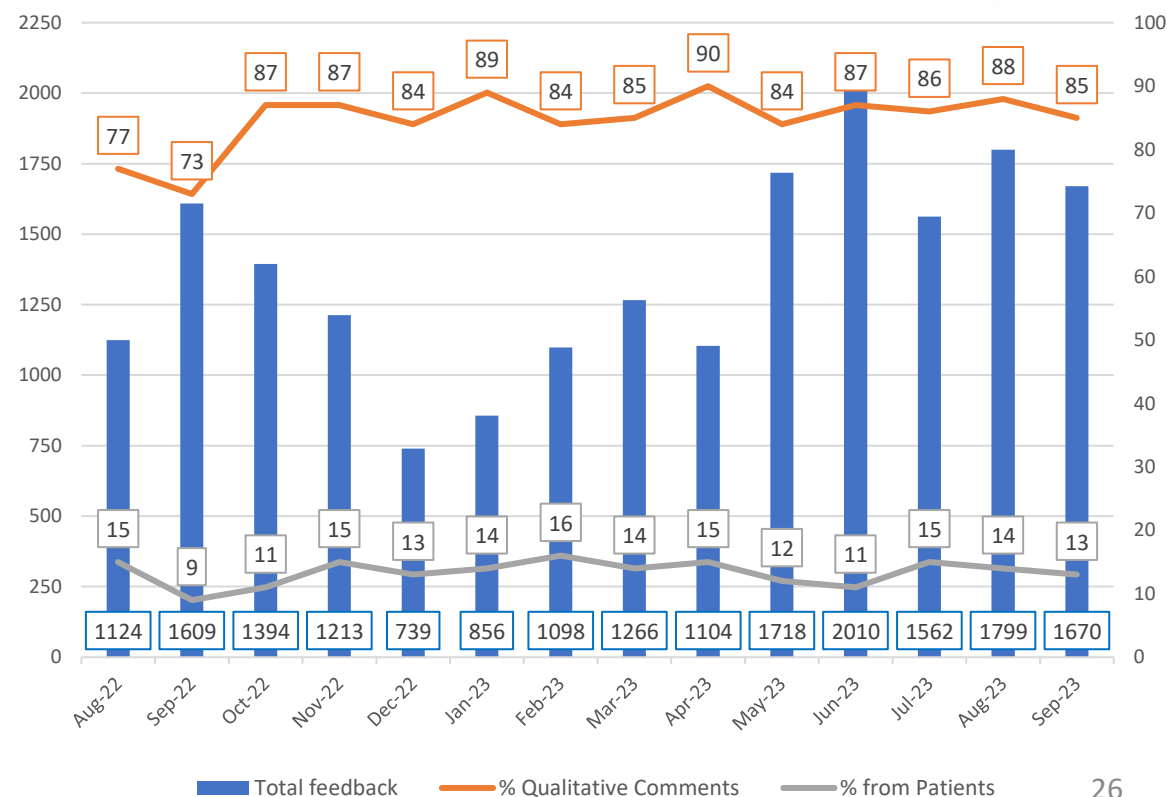
Headline: 9 new formal complaints were received in September, which is consistent with the average number of complaints per month. This is a decrease in comparison to September 2022 where we received 14 complaints.

In September families complained about:

- Cancellations (2) one family raised the financial impact of a short notice cancellation and another family (who were previously informed that their child was fit for the procedure) raised concerns about the delay to their child's treatment.

- A lack of research planning to ensure patient & other children have **access to drugs that are no longer available via research trials/the NHS**

- Discharge without the 'reported' xray results, resulting in readmission

- Decisions made by the clinical team, a lack of communication, contradictory information on the care plan & an early discharge despite concerns around the plan and patient's feeding.

- Behaviour and conduct of staff (3) within the clinical, nursing and also the catering service.

- A missed follow up appointment which led to a lack of testing and therefore the progression of symptoms / delay in starting treatment.

- The rejection of a referral and GOSH's recommendation that local services be explored further, although all local services have been exhausted

- A lengthy delay in the removal of a port cath (port removal) following completion of cancer treatment

Closed complaints since April 2023

76 complaints (including withdrawn, continuations and reopened complaints) have been closed since April 2023 with 23 of these requiring extended response times. 50% of these draft responses were submitted late to the Complaints Team for review.
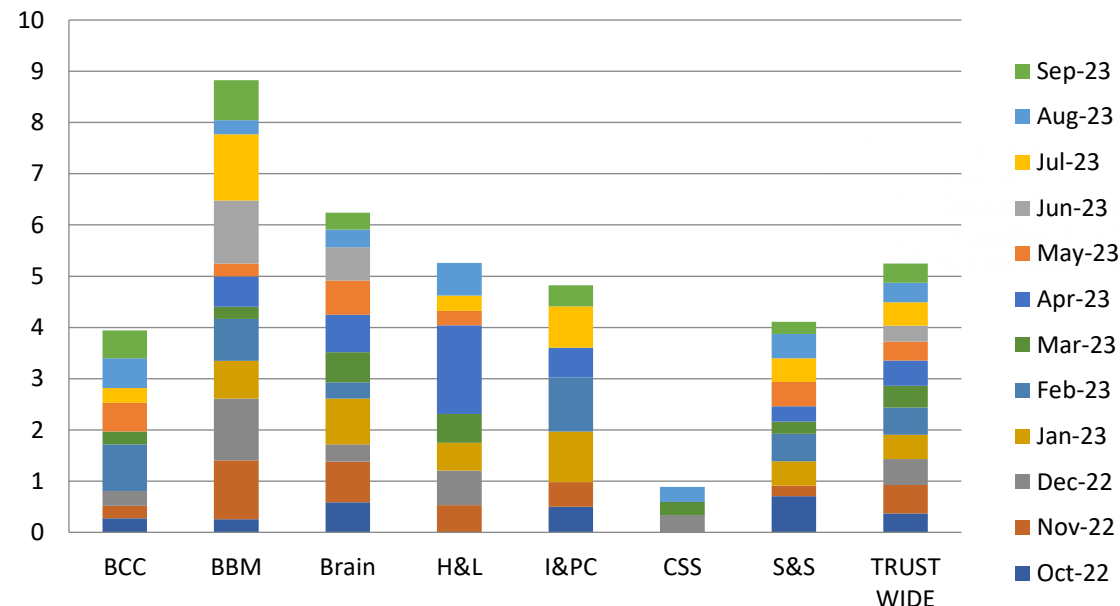
Learning actions/ outcomes from complaints closed in September 2023 included:

Issues regarding delays in port removal (already on the Trust Risk Register) were also highlighted by a complaint. Trust wide work to address this includes:

- a working group which has recently been put together to look at alternative approaches for patients having their port removed at GOSH

- a bi-monthly escalation meeting for port removals to ensure any space on lists is utilised for this purpose and so patients can be brought forward where possible.

Caring

Headline: Pals received 239 contacts in September (a 37% increase to August). Contacts primarily related to families seeking clarity on patient's care/ treatment plans, accommodation enquiries, cancellations of OPA/Admissions (n=22) and requests for reimbursement of expenses incurred, and families sharing their experiences with ward/medical teams. Pals received two compliments this month.

One family shared their experiences of the CICU team on Flamingo ward: '*There are not enough words to fully express our gratitude towards both bear and flamingo staff. But I wanted to say something. [we] had a real tough journey the last 3 months. But the level of care and support you all gave us is something we will forever be grateful for. [Our daughter] loved you all. We loved you all. You always did your up most best for her and you also did the same for us. We couldn't of asked for a better group of people around us during that time. So Thankyou, from the very bottom of our hearts. For doing all you could for our precious girl*'

Contacts resolved within 48 hours increased from 77% to 82% in September.

Care Queries: Pals were contacted by 89 families in September: Reasons for contacts were families wanting clarification on treatment plans, issues coordinating care with multiple specialities, and chasing Out Patient Admissions and medication enquiries,

Significant areas of focus: The highest number (15) of Pals contacts were received jointly by Gastro (9 in August) and Ophthalmology (12 in August)Cardiology followed with12 contacts received and SNAPS (9) which saw a reduction from 16 contacts received in August.

Consistent themes across specialities were families chasing a date for the surgery.

Pals Learning/Service Improvement:
Pals send a survey to all users of the service. Recent feedback includes:
"*To the most devoted PALS team @ GOSH, your commitment and dedication are greatly appreciated!!*"
"*Helpful and simply did what I asked them to do.*"
"*The pals team always reply and passed my concerns over to the right team.*"
"*Great team! Thank you! I will definitely feel comfortable and confident going back to pals if I have any other concerns*"

PALS by Directorate per 1,000 episodes

28

Caring
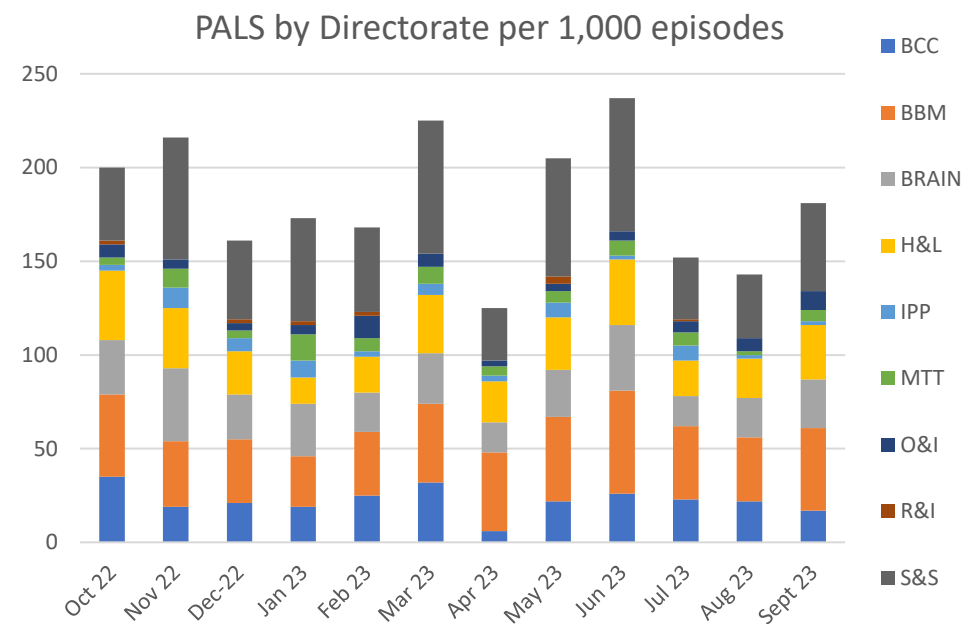
Appendix 4: Workforce SPC Analysis

Voluntary Turnover

Vacancy Rates

Agency Spend

PDR Consultant %
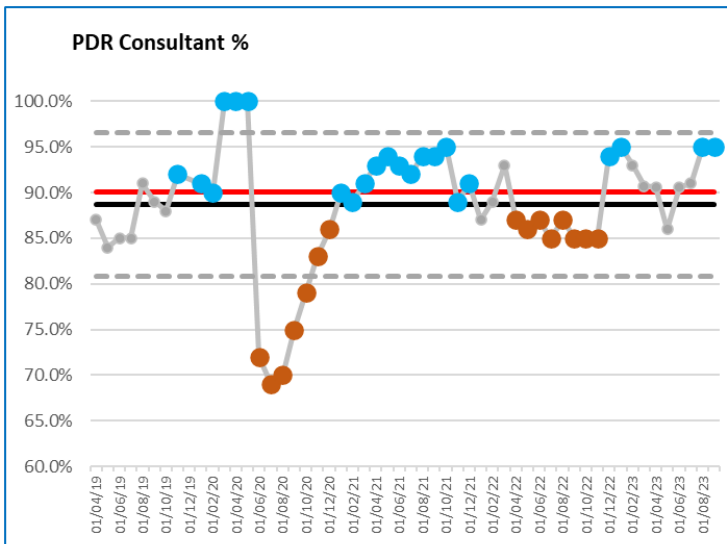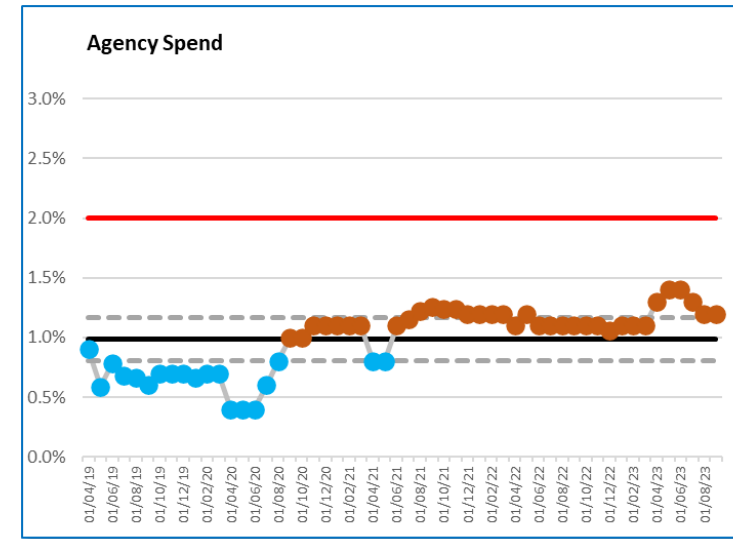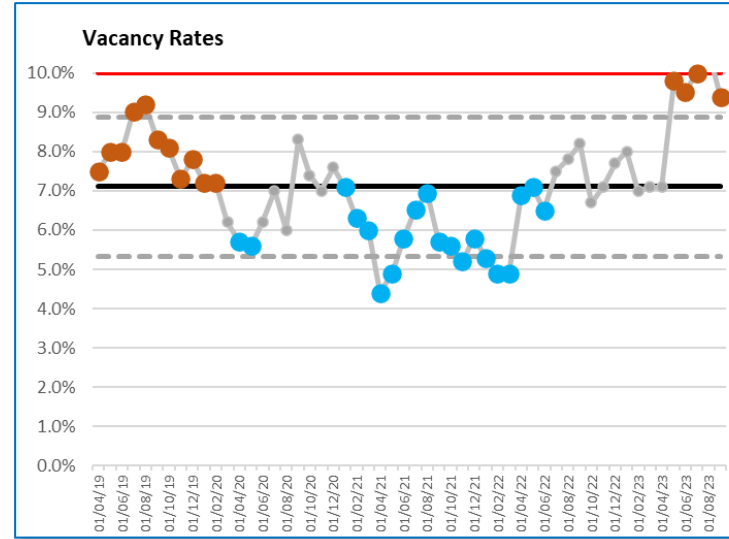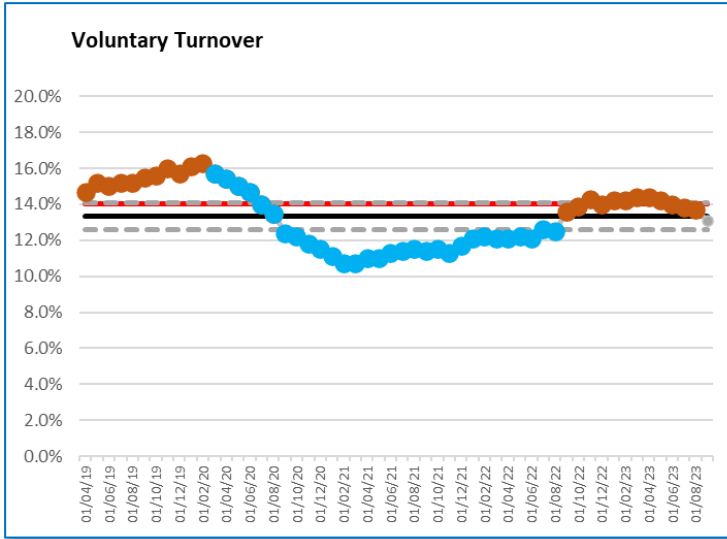
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Trust Sickness Absence	Sep 23	3.7%	3.0%			3.2%	2.2%	4.1%
Voluntary Turnover	Sep 23	13.1%	14.0%			13.4%	12.6%	14.1%
Vacancy Rates	Sep 23	9.4%	10.0%	H	P	7.1%	5.3%	8.9%
Agency Spend	Sep 23	1.2%	2.0%	H	P	1.0%	0.8%	1.2%

Variation

Special Cause Concerning variation
Special Cause Improving variation
Common Cause

Assurance

Consistently hit target
Hit and miss target subject to random
Consistently fail target

29

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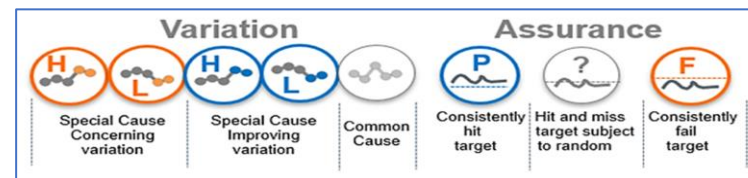
Appendix 4: Annual Staff Survey Metrics 2022/2023 – Core Questions

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 5: RTT and DM01 Comparison

Referral to Treatment

August 2023 % within 18 weeks NCL and Peers

Trust	%
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST	81.5%
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	72.3%
WHITTINGTON HEALTH NHS TRUST	67.7%
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	66.8%
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	66.4%
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	63.3%
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	59.6%
ROYAL FREE LONDON NHS FOUNDATION TRUST	58.8%
SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	56.7%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	50.3%

Orange markers indicate July performance. GOSH for the month of August is at fourth place amongst the selected Peers. GOSH is ranked 49th out of 167 providers, this is a increase of 2 places compared to July.

Diagnostics

August 2023 % within 6 weeks NCL and Peers

Trust	%
Moorfields Eye Hospital NHS Foundation Trust	100.0%
Royal National Orthopaedic Hospital NHS Trust	98.5%
North Middlesex University Hospital NHS Trust	94.8%
Royal Free London NHS Foundation Trust	89.5%
Alder Hey Children's NHS Foundation Trust	88.1%
University College London Hospitals NHS Foundation Trust	87.2%
Whittington Health NHS Trust	83.4%
Great Ormond Street Hospital For Children NHS Foundation Trust	77.7%
Sheffield Children's NHS Foundation Trust	69.1%
Birmingham Women's and Children's NHS Foundation Trust	57.1%

Green markers indicate July performance. GOSH for the month of August is in the 3rd bottom place, amongst selected Peers. GOSH is ranked 77 out of 154 providers, a decrease of 6 places compared to July.

32

Responsive

Appendix 5: Specialty RTT Performance

Blood, Cells and Cancer

Specialty	Performance				Trajectory	
	Mar-20	Jul-23	Aug-23	Sep-23	Status	Tracking
Bone Marrow Transplant	100.0%	100.0%	100.0%	0.0%	Not Required	
Dermatology	88.7%	85.1%	88.7%	87.7%	Awaiting Sign-off	
Heamatology	100.0%	100.0%	100.0%	100.0%	Not Required	
Haemophilia	100.0%	94.7%	95.5%	100.0%	Not Required	
Immunology	95.9%	91.1%	92.9%	96.6%	Not Required	
Infectious Diseases	100.0%	75.0%	100.0%	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%	98.7%	92.3%	94.8%	Not Required	

Body, Bones and Mind

Specialty	Performance				Trajectory	
	Mar-20	Jul-23	Aug-23	Sep-23	Status	Tracking
CAMHS	92.1%	52.1%	54.9%	56.1%	Not Required	
Gastroenterology	75.0%	62.6%	56.1%	70.7%	To be agreed	
General Paediatrics	68.2%	84.2%	76.7%	78.2%	Not Required	
Nephrology	90.5%	87.0%	84.9%	89.7%	Not Required	
Orthopaedics	69.6%	40.1%	41.3%	39.0%	Signed Off	Below
SNAPS	75.4%	68.0%	68.3%	68.1%	Signed Off	Below
Spinal Surgery	73.0%	64.9%	58.0%	45.5%	Signed Off	Below

Brain

Specialty	Performance				Trajectory	
	Mar-20	Jul-23	Aug-23	Sep-23	Status	Tracking
Bardet Biedl				100%	Not Required	
Clinical Neurophysiology	100.0%				Not Required	
Endocrinology	91.9%	75.9%	76.6%	72.4%	Signed Off	Below
Epilepsy	98.0%	95.3%	100.0%	96.9%	Not Required	
Metabolic Medicine	93.8%	82.7%	81.3%	79.2%	Signed Off	Below
Neurodisability	80.1%	89.5%	86.8%	86.4%	Signed Off	Below
Neurology	89.4%	90.7%	90.2%	91.9%	Signed Off	Below
Neuromuscular	80.7%	80.0%	76.9%	74.5%	Signed Off	Below
Neurosurgery	80.1%	74.9%	71.5%	66.7%	Signed Off	Below

Core Clinical Services

Specialty	Performance				Trajectory	
	Mar-20	Jul-23	Aug-23	Sep-23	Status	Tracking
Clinical Genetics	93.4%	80.3%	79.7%	77.7%	Signed Off	Below
Interventional Radiology	92.2%	59.1%	82.4%	70.6%	Not Required	
Pain Management	79.5%	85.7%	81.8%	67.3%	Not Required	
Speech & Language Therapy	74.1%	78.0%	69.0%	67.4%	Not Required	

Heart and Lung

Specialty	Performance				Trajectory	
	Mar-20	Jul-23	Aug-23	Sep-23	Status	Tracking
Cardiac Surgery	88.5%	57.1%	63.9%	58.9%	Signed Off	Below
Cardiology	67.1%	66.7%	63.7%	67.7%	Signed Off	Below
Cardiothoracic Transplantation	100.0%	0.0%	20.0%	33.3%	Not Required	
Pulmonary Hypertension	75.0%	80.0%	75.0%	0.0%	Not Required	
Respiratory Medicine	89.2%	79.6%	73.4%	74.6%	To be agreed	

Sight and Sound

Specialty	Performance				Trajectory	
	Mar-20	Jul-23	Aug-23	Sep-23	Status	Tracking
Audiology	88.5%	55.6%	49.1%	53.8%	Signed Off	Below
Cleft	78.5%	62.2%	62.8%	66.7%	Signed Off	Below
Cochlear	87.0%	78.6%	71.4%	82.4%	Signed Off	Below
Craniofacial	70.6%	50.0%	51.0%	58.1%	Signed Off	Below
Dental	25.8%	20.7%	25.0%	24.7%	Signed Off	Below
ENT	88.3%	63.7%	64.1%	65.8%	Signed Off	Below
Maxillofacial	82.3%	64.0%	60.7%	55.1%	Signed Off	Below
Ophthalmology	88.0%	62.3%	64.0%	65.3%	Signed Off	Below
Orthodontics	44.8%	71.4%	53.3%	50.0%	To be agreed	
Plastic Surgery	62.9%	46.8%	43.1%	40.9%	Signed Off	Below
Urology	75.4%	56.0%	62.2%	65.1%	Signed Off	Below

Responsive

RTT Performance against Children's Providers national standard 92%

Children's Providers RTT 52+ week waits national standard 0
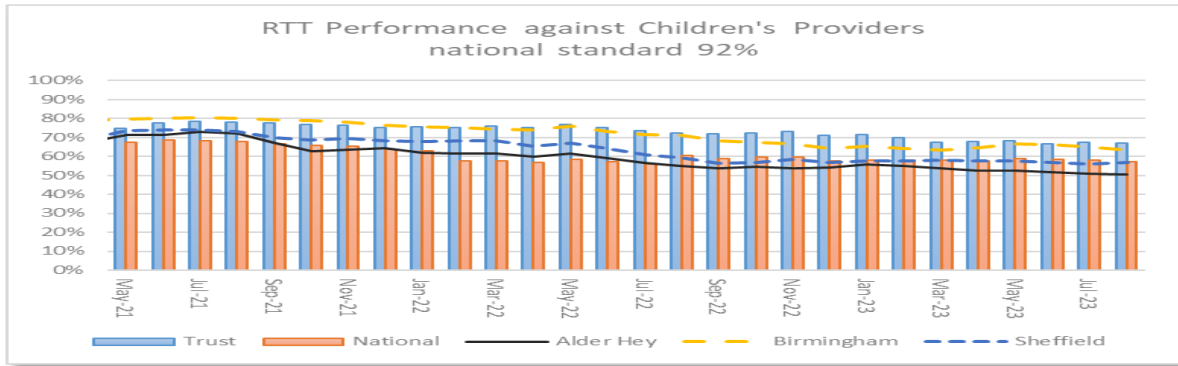
Overall for NCL the 78+ week wait position is at 285 patients, this has been increasing over the last few weeks. GOSH has the second largest volume of 78+ week wait patients in all of NCL, with Royal Free having the largest volume.

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.

NCL (All Specialties) 78+ Week Wait Cohort

GOSH (All Specialties) 78+ Week Wait Cohort
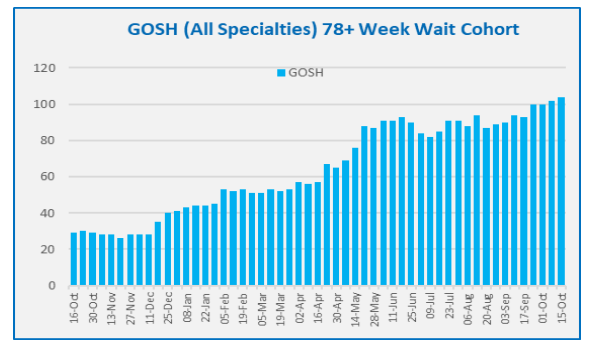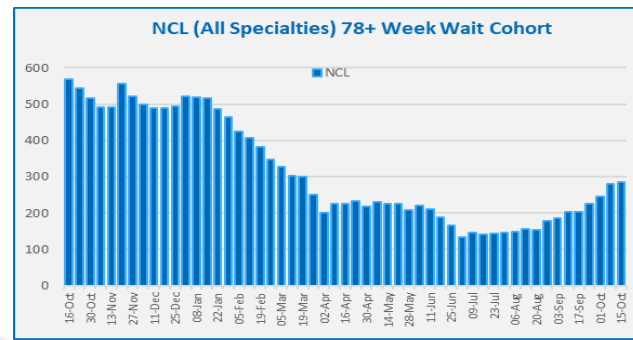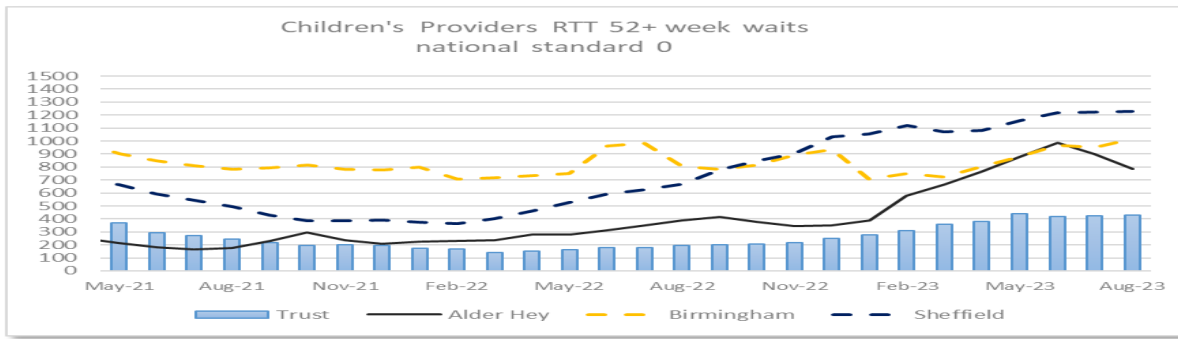
Nationally, at the end of August, 57% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks.

GOSH is tracking 9.6% above the national August performance at 66.8% and is in line with comparative children's providers. (RTT Performance for Sheffield Children (56.7%), Birmingham Women's and Children's (63.3%) and Alder Hey (50.3%)).

The national position for August 2023 indicates an increase in patients waiting over 52 weeks at 386,310 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 August. All 4 providers have seen increases in 52 week waits.
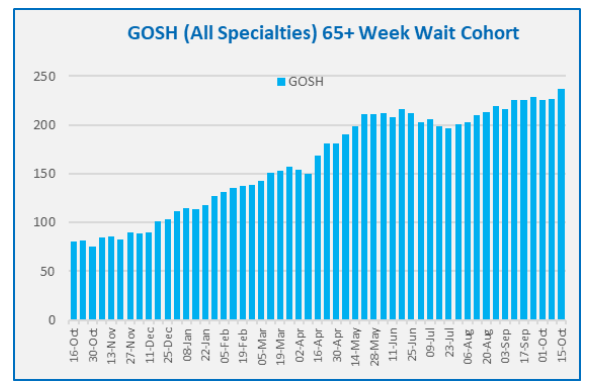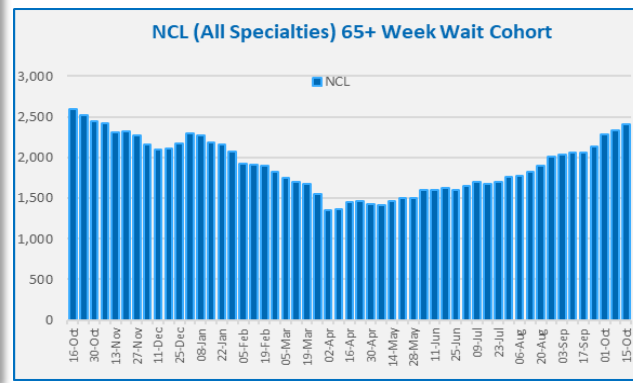
NCL (All Specialties) 65+ Week Wait Cohort

GOSH (All Specialties) 65+ Week Wait Cohort

Responsive

Nationally, at the end of August, 77.7% of patients were waiting under 6 weeks for a DM01 diagnostic test.

GOSH is tracking 5% above the national August performance and is inline with comparative children's providers. DM01 Performance for Sheffield Children (69.1%), Birmingham Women's and Children's (57.1%) and Alder Hey (88.1%).

The national position for August 2023 indicates an increase of patients waiting over 6 weeks at 429,442 patients.

Compared to Birmingham, the number of patients waiting 6 weeks and over for GOSH is lower for August.

DM01 Performance against Children's Providers national standard 99%

Children's Providers DM01 6+ week waits

35

Responsive

RTT Incomplete PTL
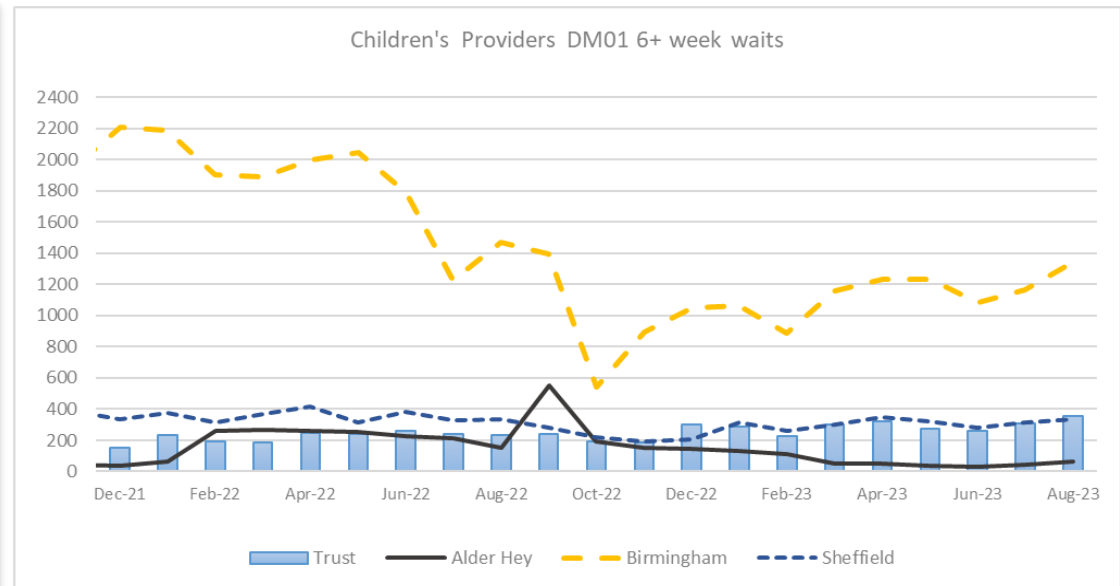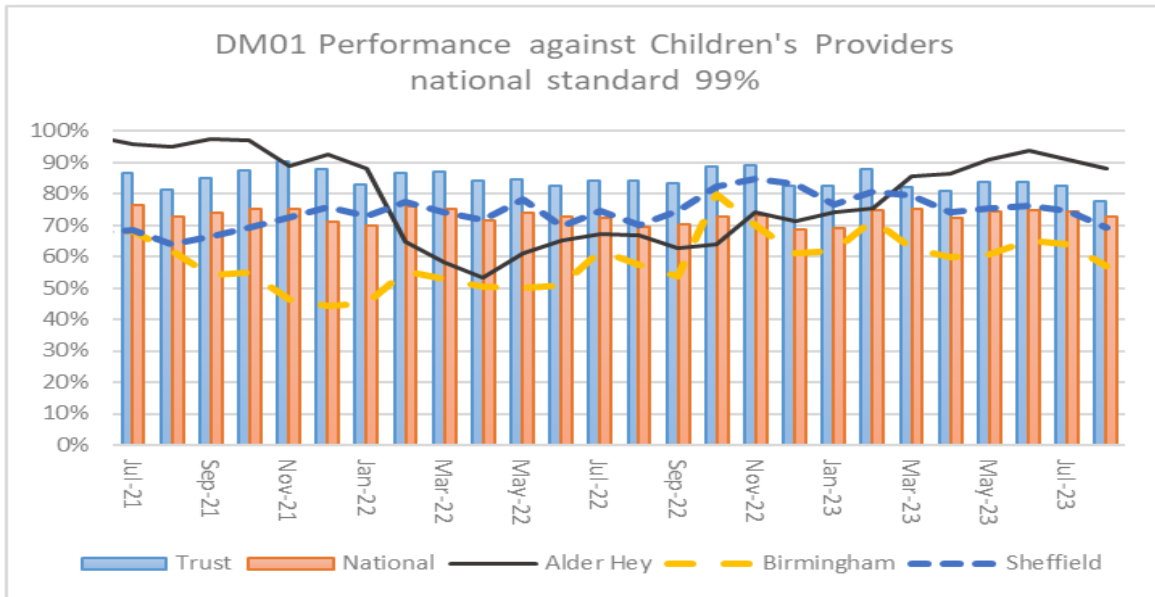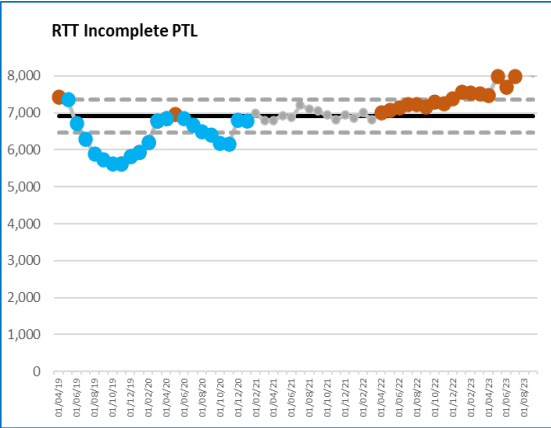
Special cause variation

DM01 Waiting List

No Significant variation

Elective Planned Patients Beyond Due Date
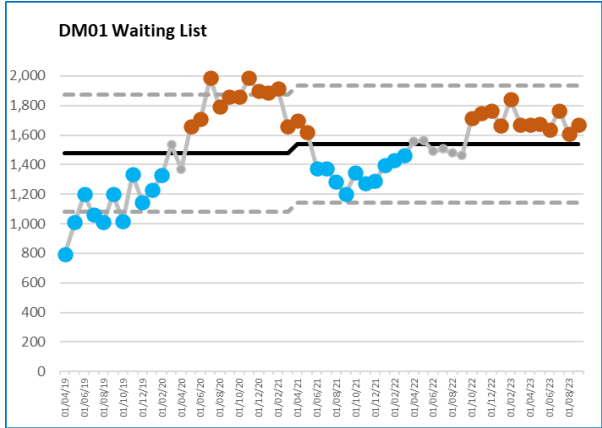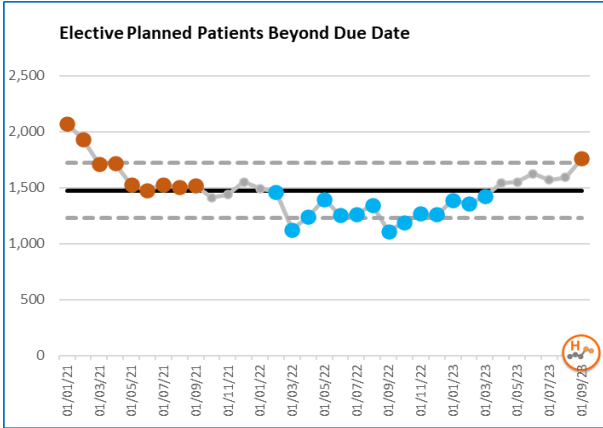
Marginal upward trend, strikes have impacted
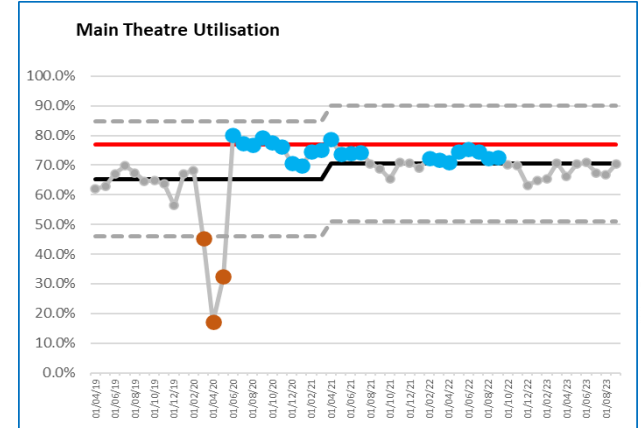
Main Theatre Utilisation

No Significant variation
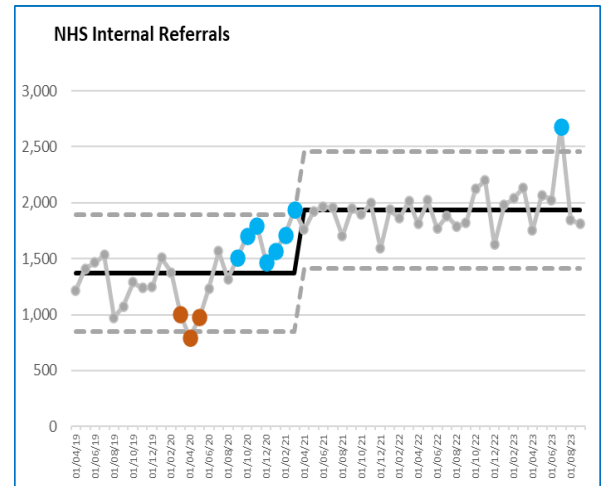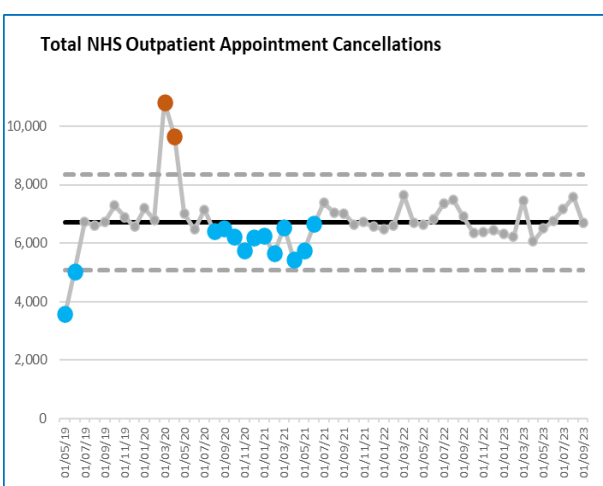
External NHS Referrals Received

No significant variation, common cause

NHS Internal Referrals

No significant variation, common cause

Total NHS Outpatient Appointment Cancellations

No significant variation, common cause

NHS Outpatient Cancellation by Hospital <57 days

Common cause variation

Responsive

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

NHS
Great Ormond Street
Hospital for Children
NHS Foundation Trust
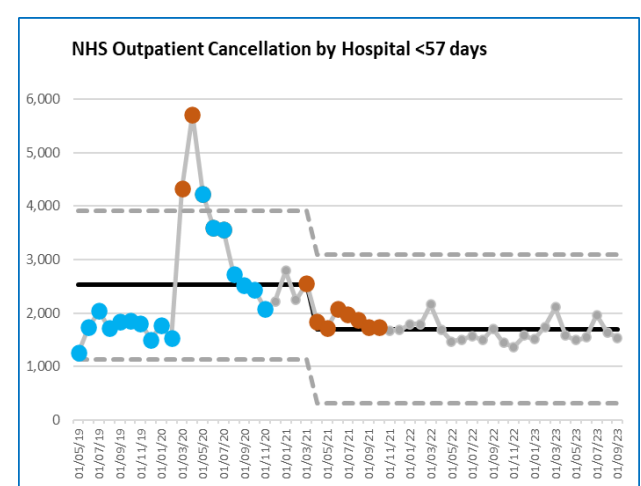
Trust Board 30th November 2023	
Finance Report Month 7 2023/24 **Submitted by:** John Beswick Chief Finance Officer	**Paper No: Attachment R** ☐ **For information and noting**

Purpose of report

Key overall headline for the Trust is that it is reporting a £13.6m deficit YTD position at Month 7; a £11.6m adverse position overall to plan and materially impacted by underperformance on:

- Strikes £5.5m adverse to plan
- Other ERF/performance shortfall £1.4m adverse to plan
- Private patients lower than planned levels of income £1.9m
- Pay award impact £1.3m

The table below outlines the trust financial position at Month 7

	In Month			Year to Date		
	Plan	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**
Income	54.0	56.0	2.0	366.4	367.0	0.6
Pay	(31.4)	(32.7)	(1.3)	(218.5)	(223.5)	(5.0)
Non-Pay	(21.1)	(22.2)	(1.0)	(146.8)	(154.6)	(7.8)
Finance Costs	(0.5)	(0.3)	0.2	(3.1)	(2.5)	0.6
Surplus/(Deficit)	**1.0**	**0.8**	**(0.2)**	**(2.0)**	**(13.6)**	**(11.6)**

The Trust Better Value programme summary:

Better Value programme has a full year 2023/24 target of £32.5m (£16.0m cost related and £16.5m income related).
At M7 £11.1m has been delivered YTD out of £16.4m YTD Target, including the private patient BV target.

NHSE have commissioned a piece of work that requires each ICB to submit an updated forecast outturn for the year 2023/24, this is to support the allocation of funding to deal with the H1 strike impacts across the NHS. This work requires that GOSH submit an updated Forecast outturn to NCL that when combined with the rest of the ICS forecasts delivers the required year end position. The Trust is working through this updated forecast which will be submitted to NCL and taken to FIC for review and approval.

Summary of report
Key points to note within the financial position are as follows:
- Strike Action – The Trust has had strikes across multiple staff groups April-Oct resulting in 29 days of strike action. This has seen an impact in lost ERF Income

(£4.6m) improved due to April strike adjustment (£1.2m) and additional Pay costs (£0.3m).

- The total estimated ERF year to date performance is £5.4m adverse to plan and therefore there is an under-performance of £2.0m that is not explained by strikes. It should be noted that the estimated value will change as activity is coded. Further analysis of ERF under-performance is being undertaken as strikes continue to fully recognise their impact.

- NHS & other clinical income is £3.1m favourable to plan due to increased pass-through drugs for CAR-T activity and additional pay award funding partly offset with underperformance in Research Income (£1.4m) and the ERF underperformance.

- Private patients' income is £1.9m behind plan due to decreased levels of activity mainly associated with the strikes across the Trust. International private patient continues to work on the future pipeline along with recovery of patient numbers.

- Pay costs are £5.0m adverse due to the pay award (£6.2m) partially offset with income and increase in Bank and Agency costs due to strike actions. This is offset with high levels of vacancies and non-recurrent benefits.

- Non pay costs and Finance Costs are £7.8m adverse to plan, due to increased pass-through costs, clinical supplies and offset by accelerated depreciation linked to CCC starting in month 2 instead of month 1.

- The Trust cash balance at the 31st October was £70.1m and £72.8m at month 6 which was a decrease of £2.7m from prior month.

- Total I&PC debt (net of cash deposits held) increased in month to £35.9m (£34.1m in M06). Overdue debt increased in month to £31.7m (£29.3m in M06)Capital expenditure against ICB allocated CDEL at M7 is £5.3m which is £5.8m less than plan due to slippage on refurbishment project.

- Charity-funded and grant-funded expenditure is £12.7m, £14.9m less than plan due to rescheduled building programme.

The key movements to note on the balance sheet are:

Indicator	Comment
Cash	Cash held by the Trust is £70.1m and was £72.8m in M6 which is £2.7m lower than last month.
NHS Debtor Days	NHS debtor days decreased from September (5 days) to October (4 days).
I&PC Debtor Days	IP&C debtor days increased from 178 days in September to 183 days in October.
I&PC Overdue Debt	IP&C overdue debt increased from £29.3m in September to £31.7m in October
Creditor Days	Creditor days have increased from 32 days to 36 days.

Patient Safety Implications
None

Equality impact implications
None

Financial implications None   3
Strategic Risk BAF Risk 1: Financial Sustainability
Action required from the meeting Trust Board are asked to note the Trust's financial position at month 7, cash flows and finance metrics.
Consultation carried out with individuals/ groups/ committees This has been discussed with EMT
Who is responsible for implementing the proposals / project and anticipated timescales? Chief Finance Officer / Executive Management Team
Who is accountable for the implementation of the proposal / project? Chief Finance Officer / Executive Management Team

Finance and Workforce Performance Report Month 7 2023/24
Contents

Trust Performance Summary for the 7 months ending 31 Oct 2023
KEY PERFORMANCE DASHBOARD

NHS
Great Ormond Street
Hospital for Children
NHS Foundation Trust

ACTUAL FINANCIAL PERFORMANCE

	In month			Year to date		
	Plan	*Actual*	*RAG*	*Plan*	*Actual*	*RAG*
INCOME	£54.0m	£56.0m	🟢	£366.4m	£366.9m	🟢
PAY	(£31.4m)	(£32.7m)	🔴	(£218.5m)	(£223.5m)	🔴
NON-PAY inc. owned depreciation and PDC	(£21.6m)	(£22.5m)	🔴	(£149.9m)	(£157.0m)	🔴
Surplus/Deficit excl. donated depreciation	£1.0m	£0.7m	🔴	(£2.1m)	(£13.6m)	🔴

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 £13.6m deficit which is £11.6m adverse to plan. This is driven mainly by the costs of strikes and their impact on Trust ERF income, lower then planned private activity linked to strikes, lower levels of the Trust Better Value programme delivery and lower Research income then planned expected in future months.

Income is £0.5m favourable YTD mainly due to increased levels of passthrough drugs income and additional pay award funding for 23/24, this is partially offset by reduced private patient income (£1.9m) and reduced ERF (£4.6m). Non clinical income is behind plan due to contracts with other organisations remaining unsigned and research income being below plan which is expected to improve in later months. Pay is £5.0m 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 £7.2m adverse YTD mainly due to high levels of drugs and increased clinical supplies. The Trust Better value programme is behind plan by £5.3m which has partly been caused by the time taken in first half of the year in dealing with the strikes.

Income Position - Trust

Pay + Non pay Position - Trust

Surplus / (Deficit) YTD Variance (Control Total)

Better value
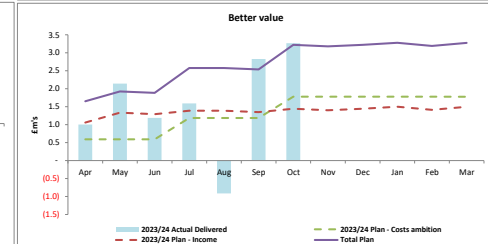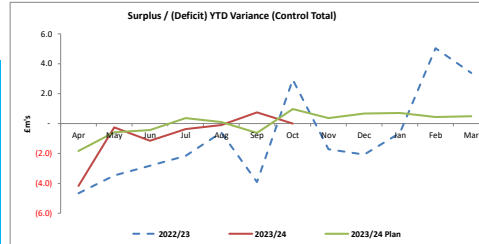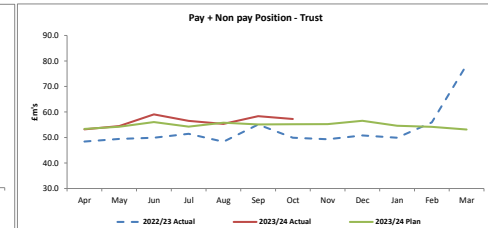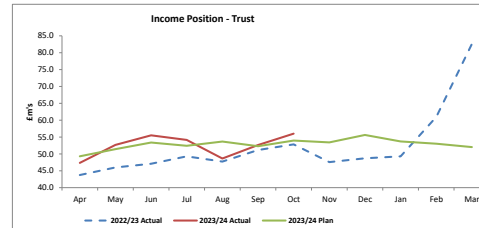
PEOPLE

	M7 Plan WTE	*M7 Actual WTE*	*Variance*
Permanent Staff	5,382.4	5,310.6	71.9
Bank Staff	310.3	345.9	(35.5)
Agency Staff	38.0	53.9	(15.9)
TOTAL	5,730.8	5,710.3	20.5

AREAS OF NOTE:
Month 7 WTEs increased in comparison to Month 6, largely within Substantive due to recruitment, including additional newly qualified nursing. Although Substantive staff are below planned levels the use of bank/agency remains high due to continued (but reducing) levels in relation to vacancies, strikes and supernumerary cover for newly qualified nurses. 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.

Pay Cost Trend £m

In month WTE profile (inc Maternity Leave)
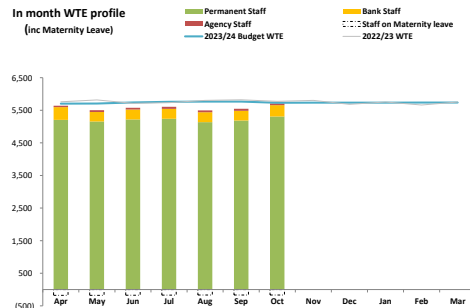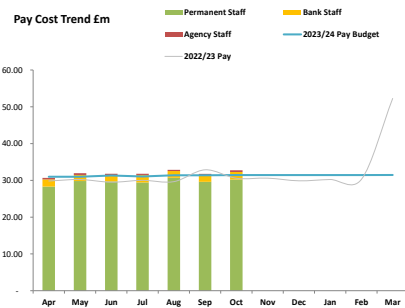
CASH, CAPITAL AND OTHER KPIs

Key metrics	*Sep-23*	*Oct-23*	Capital Programme	*YTD Plan M7*	*YTD Actual M7*	*Full Year F'cst*
Cash	£72.8m	£70.1m	**Total Trust-funded**	£11.1m	£5.2m	£23.6m
IPP debtor days	178	183	**Total PDC**	£0.0m	£0.1m	£0.3m
Creditor days	32	36	**Total IFRS 16**	£3.8m	£0.0m	£0.8m
NHS Debtor days	5	4	**Total Donated**	£27.6m	£12.7m	£21.2m
BPPC (£)	89%	89%	**Grand Total**	£42.6m	£18.0m	£45.8m

Net receivables breakdown (£m)
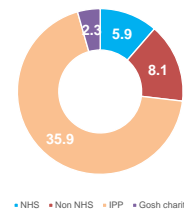
■ NHS ■ Non NHS ■ IPP ■ Gosh charity

AREAS OF NOTE:
1. Cash held by the Trust decreased in month from £72.8m to £70.1m.

2. Capital expenditure for the year to end October was £18.0m, £24.7m less than plan. Trust-funded expenditure was £5.9m less than plan and donated £7.7m less than plan. Right of use (leased) asset expenditure is £3.8m less than plan. The Trust has agreed a FOT with NCL ICB for Trust funded expenditure of £23.6m, £10m less than the original plan.

3. I&PC debtors days increased in month from 178 to 183 days. Total I&PC debt (net of cash deposits held) increased in month to £35.9m (£34.1m in M06). Overdue debt increased in month to £31.7m (£29.3m in M06).

4. Creditor days increased in month from 32 to 36 days.

5. NHS debtor days decreased in month from 5 to 4 days.

6. In M07, 89% 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 7 months ending 31 Oct 2023

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

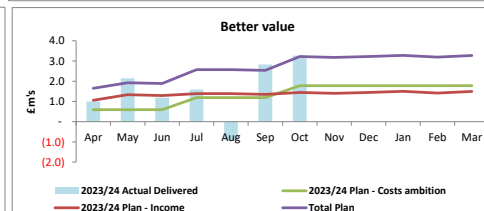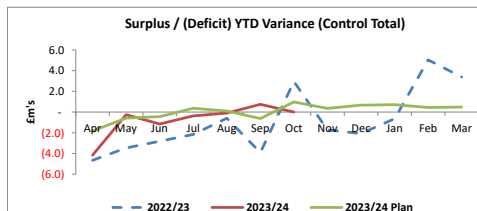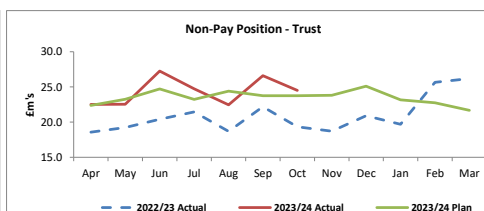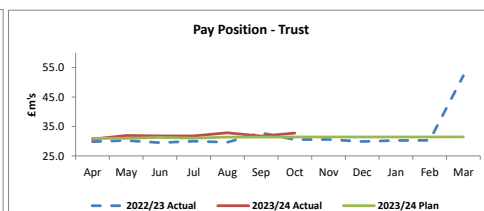| Annual Plan (£m)	Income & Expenditure	Month 7 Plan (£m)	Month 7 Actual (£m)	Month 7 Variance (£m)	Month 7 Variance %	YTD Plan (£m)	YTD Actual (£m)	YTD Variance (£m)	YTD Variance %	Rating Variance	Notes	2022/23 Actual M7 (£m)	CY vs PY Variance (£m)	CY vs PY Variance %
483.29	NHS & Other Clinical Revenue	41.40	41.60	0.20	0.49%	282.23	285.30	3.07	1.09%	G	1	275.11	10.20	3.57%
78.00	Private Patient Revenue	6.71	7.76	1.04	15.55%	44.32	42.46	(1.86)	(4.19%)	R	2	25.37	17.09	40.25%
72.84	Non-Clinical Revenue	5.85	6.65	0.79	13.54%	39.82	39.16	(0.66)	(1.65%)	R	3	37.33	1.83	4.68%
634.12	**Total Operating Revenue**	**53.96**	**56.00**	**2.04**	**3.78%**	**366.36**	**366.92**	**0.56**	**0.15%**	G		337.80	29.12	7.94%
(352.61)	Permanent Staff	(29.51)	(30.22)	(0.70)	(2.38%)	(205.03)	(207.71)	(2.68)	(1.31%)	R		(198.88)	(8.82)	(4.25%)
(3.72)	Agency Staff	(0.31)	(0.46)	(0.15)	(48.19%)	(2.17)	(2.75)	(0.58)	(26.93%)	R		(2.23)	(0.52)	(18.95%)
(19.42)	Bank Staff	(1.62)	(2.06)	(0.44)	(27.40%)	(11.33)	(13.08)	(1.76)	(15.50%)	R		(11.51)	(1.58)	(12.05%)
(375.75)	**Total Employee Expenses**	**(31.44)**	**(32.74)**	**(1.30)**	**(4.12%)**	**(218.53)**	**(223.54)**	**(5.02)**	**(2.30%)**	R	4	(212.62)	(10.92)	(4.89%)
(102.99)	Drugs and Blood	(9.12)	(7.80)	1.33	14.52%	(60.42)	(62.26)	(1.84)	(3.05%)	R		(60.36)	(1.89)	(3.04%)
(41.62)	Supplies and services - clinical	(3.57)	(4.47)	(0.90)	(25.34%)	(24.87)	(28.62)	(3.76)	(15.12%)	R		(25.22)	(3.40)	(11.88%)
(87.54)	Other Expenses	(6.62)	(8.30)	(1.68)	(25.40%)	(48.86)	(52.36)	(3.49)	(7.15%)	R		(42.62)	(9.74)	(18.61%)
(232.14)	**Total Non-Pay Expenses**	**(19.32)**	**(20.58)**	**(1.26)**	**(6.53%)**	**(134.15)**	**(143.24)**	**(9.09)**	**(6.78%)**	R	5	(128.20)	(15.04)	(10.50%)
(607.89)	**Total Expenses**	**(50.76)**	**(53.31)**	**(2.56)**	**(5.04%)**	**(352.67)**	**(366.78)**	**(14.11)**	**(4.00%)**	R		(340.82)	(25.96)	(7.08%)
26.23	**EBITDA (exc Capital Donations)**	**3.21**	**2.69**	**(0.52)**	**(16.11%)**	**13.69**	**0.14**	**(13.55)**	**(98.97%)**	R		(3.02)	3.16	2,250.85%
(25.64)	Owned depreciation, Interest and PDC	(2.24)	(1.94)	0.29	13.12%	(15.74)	(13.75)	1.99	12.66%		6	(11.67)	(2.08)	(15.14%)
0.60	**Surplus/Deficit**	**0.97**	**0.75**	**(0.22)**	**(23.02%)**	**(2.05)**	**(13.61)**	**(11.56)**	**(563.24%)**			(14.69)	1.08	7.93%
(24.18)	Donated depreciation	(2.20)	(1.98)	0.23		(15.58)	(13.59)	2.00				(11.45)	(2.14)	(0.16)
(23.58)	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**(1.23)**	**(1.23)**	**0.00**	**(23.02%)**	**(17.63)**	**(27.19)**	**(9.56)**	**(563.24%)**			(26.14)	(1.06)	(3.89%)
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	8.03	0.90	(7.14)		27.62	12.74	(14.88)				5.36	7.37	0.58
18.36	**Adjusted Net Result**	**6.80**	**(0.33)**	**(7.13)**	**(104.88%)**	**9.99**	**(14.46)**	**(24.45)**	**(244.72%)**			(20.77)	6.32	43.69%

Summary

- The YTD Trust financial position at Month 7 is a deficit of £13.6 which is £11.6m 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 £3.1m favourable to plan YTD due to increased income for passthrough drugs and activity (£2.9m) and additional pay award funding (£5.3m) offset with reduced ERF linked mainly to strikes.

2. Private Patient income improved in month overperforming by £1.0m, however it remains behind plan YTD (£1.9m). This is due to reduced activity linked with strikes across the Trust. Private patients continue to work on referrals in order to deliver the Trust plan.

3. Non clinical income is £0.7m adverse to plan YTD. This is mainly driven by lower than planned research income, this has improved in month with further milestones to be met in future months.

4. Pay costs are £5.0m adverse to plan YTD mainly due to in year pay awards (£6.2m), high levels of bank and agency usage linked to the additional costs incurred due to the strikes (£0.9m) offset with vacancies.

5. Non pay is £7.8m adverse to plan YTD related to an increase in passthrough costs (£1.5m, offset by income) and increased clinical supplies costs (£3.8m).

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.

Income Position - Trust

Pay Position - Trust

Non-Pay Position - Trust

Surplus / (Deficit) YTD Variance (Control Total)

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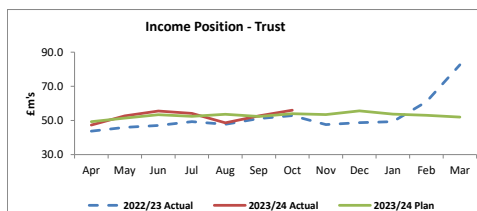
RAG Criteria:
Green Favourable YTD Variance
Amber Adverse YTD Variance (< 5%)
Red Adverse YTD Variance (> 5% or > £0.5m)

Admitted patient care trend (spells)

Outpatient attendances trend

Ward occupied middays per day excl PP

ERF year to date plan versus actuals

Summary

- Admitted patient care per day in October is higher than September for day case by 2.54 spells and elective activity with a decrease of 5.6 spells per day (12.4% decrease). Non-elective of 0.3 spells per day (6.3% decrease). October activity is the lowest activity per working day this financial year which is 6% average decrease versus April (10.1 spells per working day); this is largely driven by lower elective cases (5.3 spells) and daycare (4 spells).

- Bed days for October 2023 are largely static versus September reflecting the activity trend however NHS critical care days are 0.25 per working day lower than September with this being offset by other bed days (4.59 per working day). It should be noted that critical care days for private activity was 1.7 per working day higher than September and at their highest level since Nov 2022.

- Outpatient attendances increased across the board versus September with first attendances reducing by 6 attendances per day and follow ups by 21.7 attendances per day. This is the second lowest month this financial year bar August which was also impacted by strikes and summer holidays. The number of outpatient attendances may increase as activity is finalised.

- On the basis of current ERF information, which includes some estimates for uncoded work, M7 performance has an under-performance of £5,425k against the total plan, a improvement of £469k versus September due to change in baseline for ERF calculation. The estimated impact of strikes within the year to date performance is £3,414k giving a variance as a result of under-performance versus the target of £2,012k of which £584k relates to the stretch target. There have been amendments to the baseline in month that net off to a £269k positive impact on performance.

- There is a national announcement of further adjustments to the target to take account of the impact of strikes from May onwards. GOSH will reflect these adjustments in November.

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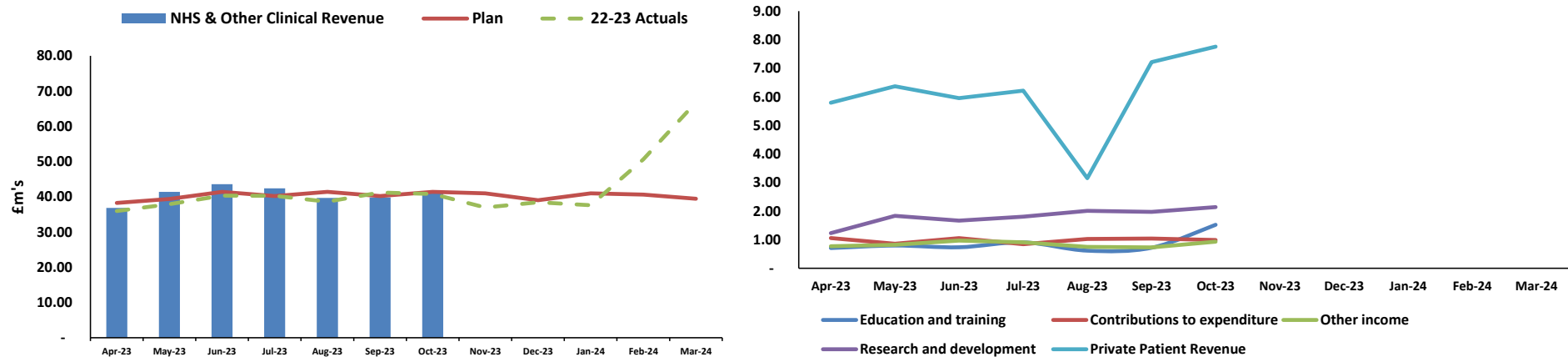
Summary

- Income from patient care activities excluding private patients is £3.1m 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 £.7m adverse to plan YTD. Mainly driven by lower than planned charity income and research income where milestones are expected to be achieved in Q3.

- Private Patient income is behind plan YTD by £1.9m. This is due to reduced activity linked to continued strikes across the Trust. The Trust continues to work on securing future referrals in order to deliver the Trust private patient plan.

Workforce Summary for the 7 months ending 31 Oct 2023

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

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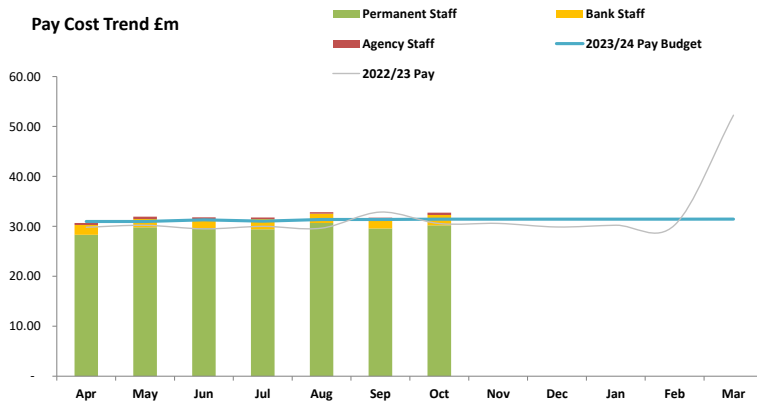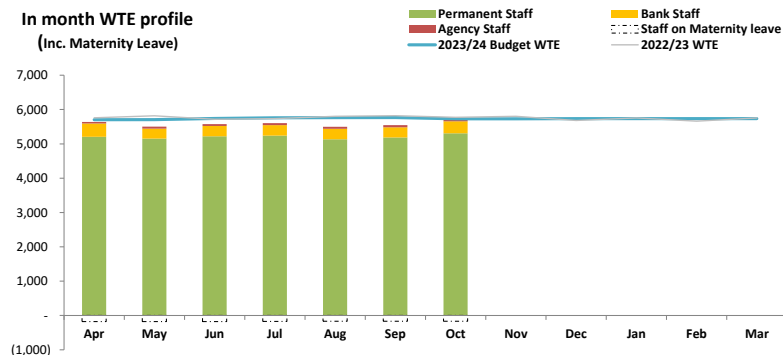| £m including Perm, Bank and Agency	2022/23 actual full year			2023/24 actual			Variance			RAG
Staff Group	FY (£m)	FY Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Volume Var (£m)	Price Var (£m)	£ Variance
Admin (inc Director & Senior Managers)	68.2	1,286.7	53.0	42.0	1,306.2	55.1	(2.2)	(0.6)	(1.6)	R
Consultants	66.7	394.1	169.2	41.3	393.0	180.0	(2.4)	0.1	(2.5)	R
Estates & Ancillary Staff	16.4	445.7	36.8	9.9	456.4	37.3	(0.4)	(0.2)	(0.1)	A
Healthcare Assist & Supp	12.2	306.9	39.7	7.5	324.0	39.8	(0.4)	(0.4)	(0.0)	A
Junior Doctors	33.5	393.0	85.2	21.1	392.0	92.3	(1.6)	0.0	(1.6)	R
Nursing Staff	100.9	1,616.5	62.4	58.8	1,588.7	63.4	0.1	1.0	(1.0)	G
Other Staff	1.0	17.9	56.2	0.5	16.6	54.9	0.1	0.0	0.0	G
Scientific Therap Tech	67.2	1,072.7	62.7	38.8	1,050.2	63.3	0.4	0.8	(0.4)	G
Total substantive and bank staff costs	**366.1**	**5,533.4**	**66.2**	**219.9**	**5,527.0**	**68.2**	**(6.4)**	**0.2**	**(6.6)**	R
Agency	4.1	39.0	104.2	2.8	55.1	85.6	(0.4)	(1.0)	0.6	A
Total substantive, bank and agency cost	**370.1**	**5,572.4**	**66.4**	**222.7**	**5,582.1**	**68.4**	**(6.8)**	**(0.7)**	**(6.0)**	R
Reserve*	1.1	0.0		0.9	0.0		(0.2)	(0.2)	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**	**223.5**	**5,582.1**	**68.6**	**(7.0)**	**(1.0)**	**(6.0)**	R
Remove maternity leave cost	(2.5)			(1.2)			(0.3)	0.0	(0.3)	A
Total excluding Maternity Costs	**383.3**	**5,572.4**	**68.8**	**222.3**	**5,582.1**	**68.3**	**(7.2)**	**(1.0)**	**(6.3)**	R

*Plan reserve includes WTEs relating to the better value programme

Pay Cost Trend £m

Legend: Permanent Staff, Bank Staff, Agency Staff, 2023/24 Pay Budget, 2022/23 Pay

In month WTE profile
(Inc. Maternity Leave)

Legend: Permanent Staff, Bank Staff, Agency Staff, Staff on Maternity leave, 2023/24 Budget WTE, 2022/23 WTE

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 £5.0m and when compared to the 2022/23 extrapolated average it is £7.2m higher. This increase from 2022/23 is being driven mainly by price increases (£6.3m). The price variance is driven by the NHS pay award.

- The Trust continues to see high levels of maternity leave (166 WTE) which is contributing to the higher than planned levels of temporary staffing across the Trust.

- Consultants & Junior Doctors are £1.5m 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 £0.5m adverse to plan YTD due increase in agency usage in order to deliver the services required while vacancies are recruited into.

- Nursing are £0.2m favourable to plan YTD due to vacancies which were not covered by Bank and Agency

- Agency costs YTD 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 Cost Trend £

Legend: Non Pay Actual — Non Pay Budget — 22-23 Actuals

Drugs & Blood Costs

Legend: Drugs & Blood — Plan — 22-23 Actuals

Healthcare from NHS and DHSC Group bodies

Legend: Purchase of healthcare from Non-NHS and NHS — Plan — 22-23 Actuals

Supplies and Services Clinical & General

Legend: Supplies and services - general & clinical — Plan — 22-23 Actuals

Premises Costs & Business Rates

Legend: Premises costs and business rates — Plan — 22-23 Actuals

Transport

Legend: Transport — Plan — 22-23 Actuals

Summary

- Non pay is £9.1 m adverse to plan YTD.
- Passthrough Drugs and Blood costs are £1.8m adverse to plan YTD due to a number of high cost cases including a number of CAR-T issues this year which are offset by income
- Clinical Supplies are £3.8m 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 £0.9m adverse to plan YTD due to increased send away tests, tissue typing for organ transplant and safeguarding review
- Premises costs are £0.6m favourable to plan YTD due to reduced computer software purchase
- Impairment of receivables is £1.7m adverse to plan YTD due to the increased provision related to the growth in private activity from 2022/23 and timing of payments.

Better Value £000

Legend: Income | Pay | Non Pay | — — Total Plan
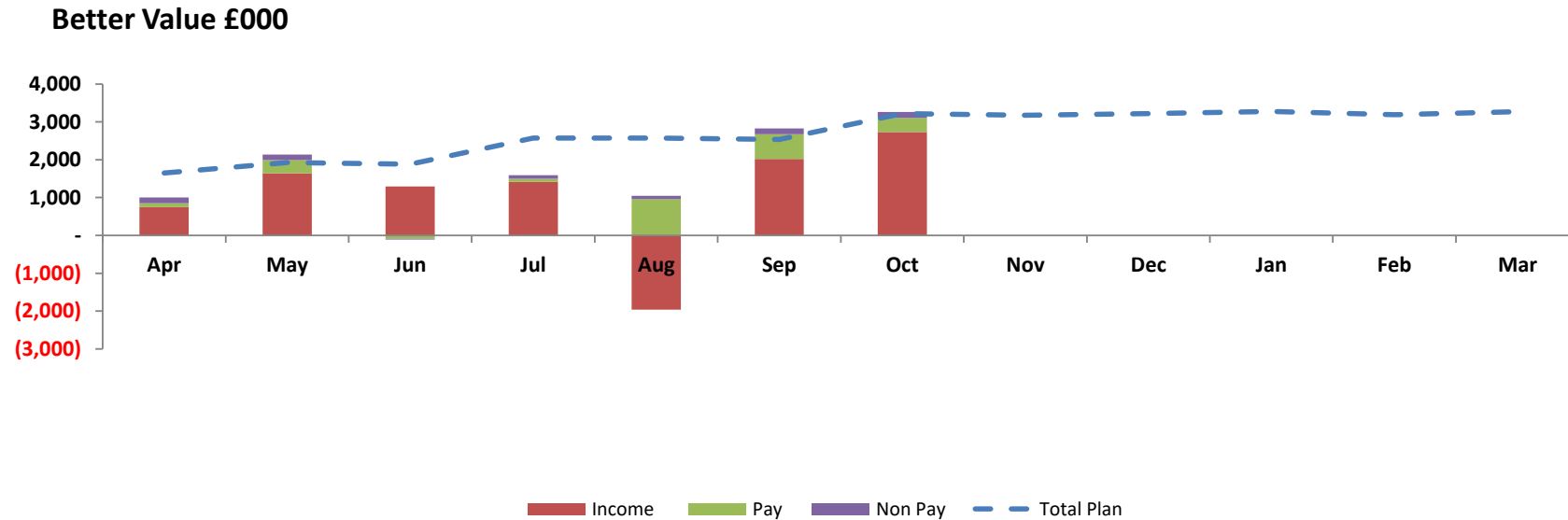
Better Value:

- The Trust is continuing to work on its better value programme to develop new schemes for 2023/24 and advance those already identified. The Trust has put into place new fortnightly meetings with a focus on on quickly progressing the better value programme and improving the Trust financial position.

    - At Month 7 £11.1m of the £16.4m plan has been delivered.
    - Month 7 plan was for £15.5m of recurrent savings, Trust has delivered £8.9m.
    - Month 7 plan was for £0.9m of non recurrent savings, Trust has delivered £2.2m.

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| Audited Actual 31 Mar 23 £m	Statement of Financial Position	YTD Actual 30 Sep 23 £m	YTD Actual 31 Oct 23 £m	In month Movement £m
649.95	Non-Current Assets	643.79	642.68	(1.11)
106.34	Current Assets (exc Cash)	116.97	120.16	3.19
82.17	Cash & Cash Equivalents	72.83	70.07	(2.76)
(124.23)	Current Liabilities	(134.74)	(133.70)	1.04
(33.04)	Non-Current Liabilities	(31.79)	(32.49)	(0.70)
681.19	**Total Assets Employed**	**667.06**	**666.72**	**(0.34)**

31 Mar 2023 Audited Accounts £m	Capital Expenditure	YTD plan 30 September 2023 £m	YTD Actual 30 September 2023 £m	YTD Variance £m	Forecast Outturn 31 Mar 2024 £m	RAG YTD variance
6.95	Redevelopment - Donated	26.62	11.79	14.83	18.90	R
3.35	Medical Equipment - Donated	1.00	0.95	0.05	2.28	G
10.30	**Total Donated**	**27.62**	**12.74**	**14.88**	**21.18**	**R**
4.76	Redevelopment - Trust Funded	3.57	1.53	2.04	8.02	R
3.17	Medical Equipment - Trust Funded	0.25	0.78	(0.53)	6.03	R
2.39	Estates & Facilities - Trust Funded	2.76	0.78	1.98	3.23	R
4.65	ICT - Trust Funded	4.56	2.07	2.49	6.30	R
14.97	**Total Trust Funded**	**11.14**	**5.16**	**5.98**	**23.58**	**R**
0.13	**Total IFRS 16**	**3.83**	**0.00**	**3.83**	**0.75**	**R**
0.36	**PDC**	**0.00**	**0.06**	**0.08**	**0.33**	**R**
25.76	**Total Expenditure**	**42.59**	**17.96**	**24.77**	**45.84**	**R**

31-Mar-23	Working Capital	30-Sep-23	31-Oct-23	RAG	KPI
7.0	NHS Debtor Days (YTD)	5.0	4.0	G	< 30.0
204.0	IPP Debtor Days	178.0	183.0	R	< 120.0
21.6	IPP Overdue Debt (£m)	29.3	31.7	R	0.0
87.0	Inventory Days - Non Drugs	81.0	81.0	R	30.0
25.0	Creditor Days	32.0	36.0	A	< 30.0
45.4%	BPPC - NHS (YTD) (number)	49.3%	49.8%	R	> 95.0%
78.4%	BPPC - NHS (YTD) (£)	68.0%	68.4%	R	> 95.0%
82.0%	BPPC - Non-NHS (YTD) (number)	81.6%	82.5%	R	> 95.0%
91.9%	BPPC - Non-NHS (YTD) (£)	91.1%	91.4%	A	> 95.0%
80.7%	BPPC - Total (YTD) (number)	80.6%	81.5%	R	> 95.0%
90.7%	BPPC - Total (YTD) (£)	89.0%	88.5%	R	> 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	Sep-23	Oct-23	RAG
1.5	Current Ratio (Current Assets / Current Liabilities)	1.4	1.4	G
1.4	Quick Ratio(Current Assets - Inventories - Prepaid Expenses) / Current Liabilit	1.3	1.3	G
0.7	Cash Ratio(Cash / Current Liabilities)	0.5	0.5	R
52.6	Liquidity days Cash / (Pay+Non pay excl Capital expenditure)	40.6	40.6	A
87.3	Liquidity Days (Payroll)(Cash / Pay)	69.8	69.8	G

Cash Flow Chart
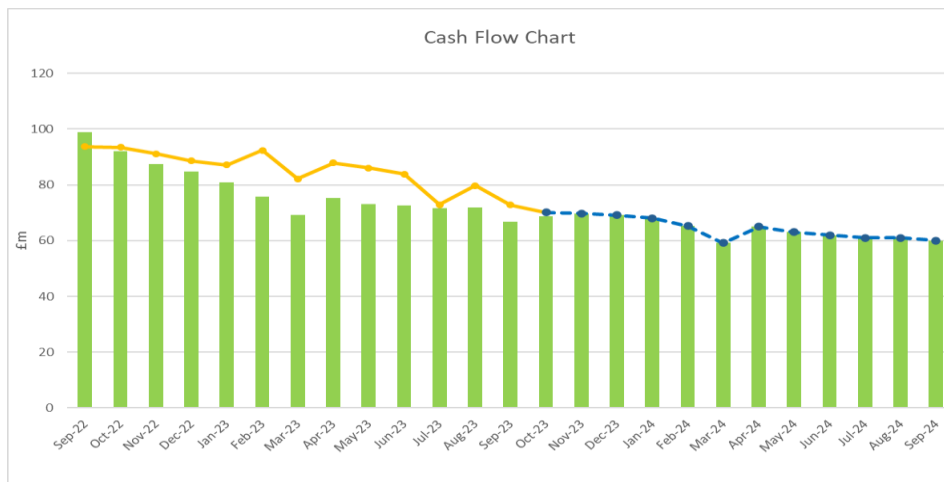
Comments:

1. Capital expenditure for the year to the end of October was £18.0m; the Trust-funded expenditure was £5.2m, which is £5.9m 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 Trust has agreed a FOT with NCL ICB for Trust funded expenditure of £23.6m, £10m less than the original plan. The donated expenditure was £12.7m, £15.0m less than plan due to enabling worksslippage and delayed start on the CCC main contract. Right of use (leased) asset expenditure is £3.8m less than plan due to stopping 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 decreased in month from £72.8m to £70.1m.

3. Total Assets employed at M07 decreased by £0.3m in month as a result of the following:
   - Non current assets decreased by £1.1m to £642.7m.
   - Current assets excluding cash totalled £120.2m, increasing by £3.2m in month. This largely relates to Contract receivables invoiced (£2.6m higher in month); contract receivables not yet invoiced (£0.9m higher in month) and Capital receivables (£0.9m higher in month). This is offset against the decrease in other receivables (£1.2m lower in month).
   - Cash held by the Trust totalled £70.1m, decreasing in month by £2.8m.
   - Current liabilities decreased in month by £0.3m to £133.7m. This includes Capital creditors (£0.6m lower in month); expenditure accruals (£0.3m lower month) and deferred Income (£3.9m lower in month). This is offset against the increase in NHS payables (£4.5m higher in month).

4. Non current liabilities totalled £32.5m This includes lease borrowings of £27.4m.

5. I&PC debtors days increased in month from 178 to 183 days. Total I&PC debt (net of cash deposits held) increased in month to £35.9m (£34.1m in M06). Overdue debt increased in month to £31.7m (£29.3m in M06).

6. In M07, 89% 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 M06). This represented 91% of the total value of invoices settled within 30 days (91% in M06). The cumulative BPPC for NHS invoices (by number) was 50% (49% in M06). This represented 68% of the value of invoices settled within 30 days (68% in M06).

8. Creditor days increased in month from 32 to 36 days.

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Trust Board 30th November 2023	
Nursing Workforce Assurance Report Q2 **Submitted by: Tracy Luckett, Chief Nurse**	**Paper No: Attachment T** ☐ **For information and noting**

Purpose of report

The purpose of this paper is to provide the board with the assurance that plans, and processes are in place which align with the National Quality Board (NQB) Standards and Expectations for Safe Staffing (2016 further supplemented in 2018). This report covers reporting period July – Sept 2023 Q2.

Summary of Report

1. The RN vacancy rate was 14.11% in Sept 2023 and above trust target (10%). It is anticipated that this will drop to 8.8% (unvalidated) in Oct once the intake of newly registered nurses (NRNs) is reflected in the numbers.
2. RN voluntary turnover increased to 16.3% in Sept 2023 and above trust target (14%)
3. Sickness rates increased in Sept to 4.92% and remains above target (3%)
4. Central recruitment continues with 96 NRNs and ODPs joining the trust in Oct, with a further 49 NRNs in the pipeline for Jan 24, and 14 NRNs for April 24
5. There were 23 safe staffing incidents reported in Q2. All were classified as 'Incident occurred but there was no harm'. Key themes continue to include lack of senior support over weekends and outside core hours, junior skill mix and staff shortages due to short term sickness. HoNs have been tasked with improving senior cover and exploring the use of the wider team to support.
6. The reported CHPPD was 16.16 (Jul), 16.76 (Aug) and 15.45 (Sept), and within normal parameters.
7. Temporary staffing shift requests increased in Q2 to 12,529 with an average fill rate of 63%.
8. During Q2 there were 5 open NMC referrals under review, 2 in relation to existing employees (one with restrictions in place and the other has no restrictions) and 3 in relation to ex-employees.
9. A new 6 weekly meeting chaired by the CN has been established to drive forward actions in relation to nursing recruitment and retention, with full details outlined in the report.

Patient Safety Implications

Appropriate mitigations and plans are in place to maintain safe staffing levels which have a direct corelation to patient safety.

Equality impact implications

None

Financial implications

All posts involved in the central recruitment campaigns have been incorporated into 23/24 Directorate budgets.

Strategic Risk

BAF Risk 2: Workforce Sustainability
BAF Risk 12: Inconsistent delivery of safe services

Action required from the meeting

None

Attachment T

Consultation carried out with individuals/ groups/ committees
PEAC
Who is responsible for implementing the proposals / project and anticipated timescales?
NA
Who is accountable for the implementation of the proposal / project?
NA

1. Introduction

The purpose of this paper is to provide the board with an overview of the activity in relation to the Nursing Workforce including updates on recruitment and retention activity and assurance that plans, and processes are in place which align with the National Quality Board (NQB) Standards and Expectations for Safe Staffing (2016 further supplemented in 2018), for reporting period July – Sept 2023 Q2.

2. Workforce Data Overview

Nursing workforce data at directorate and ward/unit level is reviewed monthly at the Nursing Workforce Assurance Group (NWAG) chaired by the Assistant Chief Nurse to ensure activity is intelligence led and aligned with national and local, strategies and priorities, and to maintain safe staffing through proactive recruitment, retention, and workforce planning.

2.1 Vacancy and Voluntary Turnover The latest RN workforce position based on validated data:

The RN vacancy rate in July was 12.6%, peaking for the quarter in August at 14.76% before reducing slightly in September to 14.11%, and remains above trust target (10%). Although higher than last year and pre-pandemic levels, this data reflects a historical seasonal trend across the summer months, especially amongst Band 5 staff nurses moving to new roles/trusts or taking time out of nursing. A large cohort of 96 newly registered nurses and ODPs commenced in October so we anticipate this will drop to below 10% which will be confirmed in the next reporting period. RN voluntary turnover remains above Trust target (14%) at 16.30% in Sept. Considering the increasing vacancies over this period a number of interventions were put in place to improve the situation, including rapid roll out of our retention plan, a longer rolling recruitment campaign for NRNs and experienced nurses, targeted bespoke recruitment open days for directorates with high vacancy rates e.g., BCC, Brain, I&PC, H&L, engaging Acacium to support us with targeted specialist recruitment of critical care nurses for the ICUs. A detailed update against the 'STAY' Nursing Retention Plan is outlined later in this report. As a result, the latest RN trust wide vacancy rate for October is likely to be confirmed as 8.8% once validated, and this will improve further with an additional 49 nurses in the pipeline for January 2024.
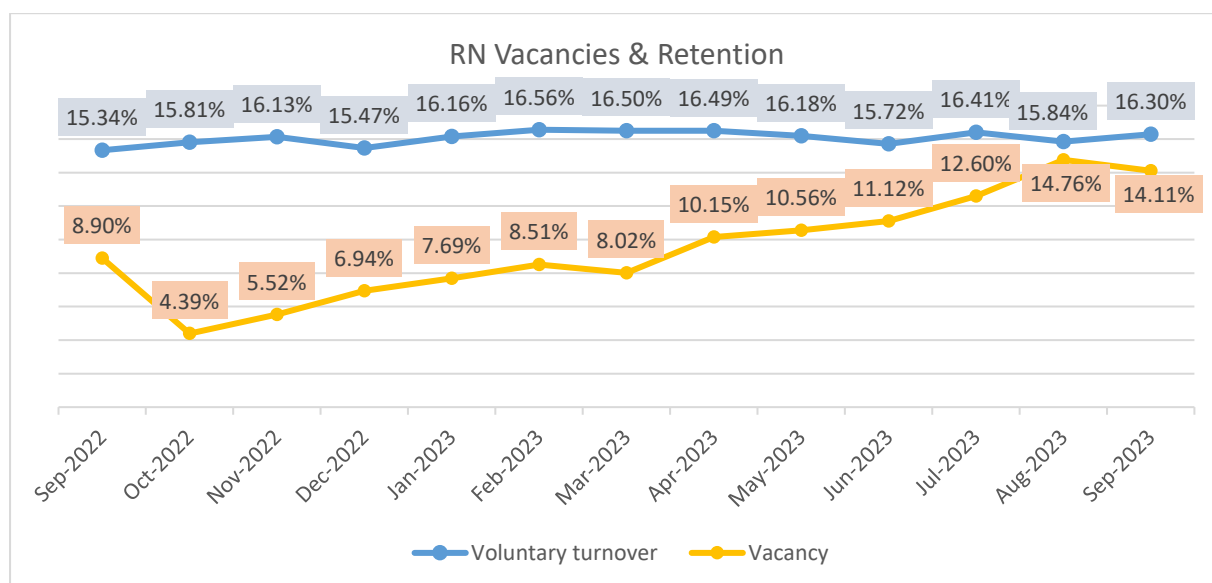
Fig. 1 Trust Registered Nurse (RN) vacancy and voluntary turnover rate (12-month view)

2.2 RN Sickness rates increased over Q2 to 4.92% in September and remain above trust target this has been driven by an increase in seasonal illness/covid. These figures remain above trust target (3%).

RN Sickness %

	Sep-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023
Sickness	4.04%	4.03%	4.50%	5.68%	4.52%	3.59%	3.96%	3.50%	3.62%	3.71%	4.01%	4.18%	4.92%
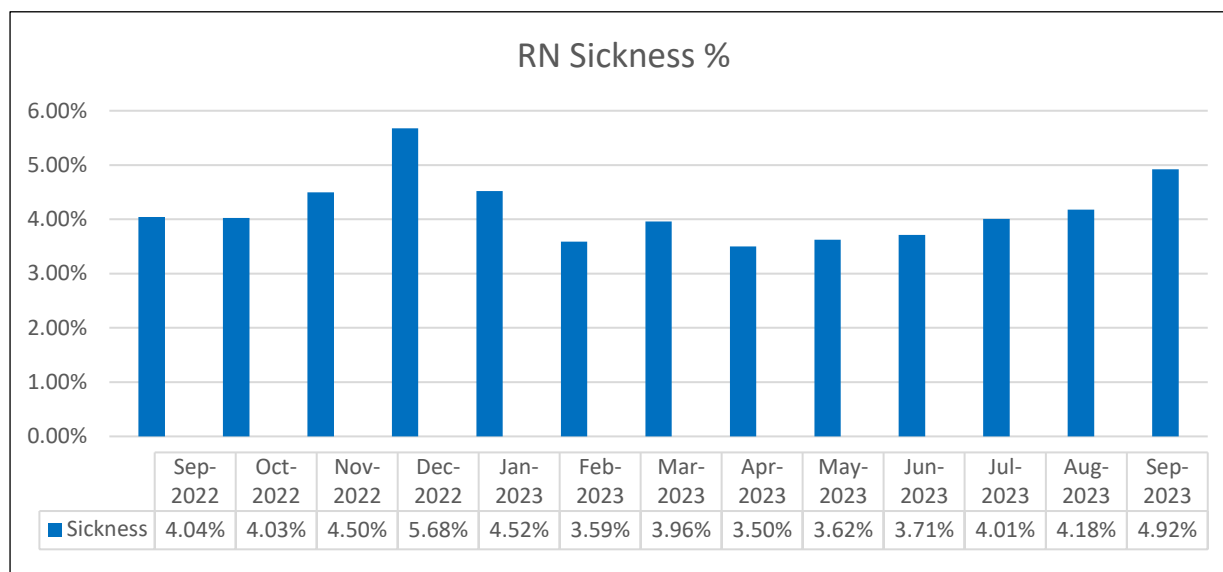
Fig. 2 RN sickness rates 12 month rolling

2.3 Safe Staffing Incidents Reporting increased throughout Q2 compared with Q1 with a total of 23 incidents reported across seven of the eight clinical directorates (except R&I). All staffing incidents were classified as 'Incident occurred but there was no harm'. Key themes include challenges with skill mix/competency levels, staffing levels especially on nights and weekends usually attributable to short term sickness which correlates with the higher sickness rates observed throughout this period. All incidents are reviewed by Heads of Nursing and mitigation measures put in place where possible to prevent recurrence. These include additional educational support to address gaps in skill mix and competency levels, greater senior nursing representation across a 7-day service and exploring additional support mechanisms including Clinical Nurse Specialist (CNS) and AHP on the wards.

Directorate	July 2023	Aug 2023	Sept 2023	Directorate total
H&L		1	4	5
BBM	4	1		5
CCS		2	2	4
BCC	1		2	3
I&PC			2	2
S&S		1	2	3
R&I				0
Brain		1		1
Monthly total	**5**	**6**	**12**	**23**

Fig. 3 Safe staffing Datix reports per directorate – Quarterly view

2.4 Care Hours Per Patient Day (CHPPD) CHPPD includes total staff time spent on direct patient care but also on activities such as preparing medicines, updating patient records, and sharing patient care

information with other staff and departments. It covers both temporary and permanent care staff but excludes student nurses and staff working across more than one ward. CHPPD relates only to inpatient hospital wards where patients stay overnight. In isolation, CHPPD does not reflect the total amount of care provided on a ward nor does it directly show whether care is safe, effective, or responsive. It should therefore be considered alongside measures of quality and safety. The trust level CHPPD for July to September ranged between 15.45 and 16.76. Ward level data is available in appendix 1.
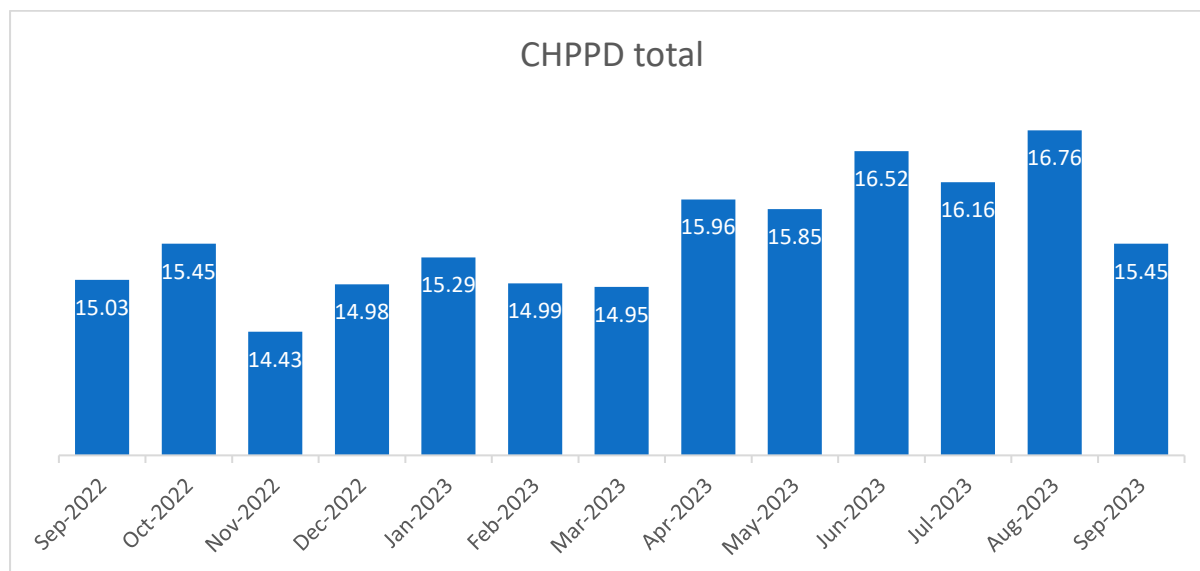
Fig. 4 CHPPD 12 month rolling trend

3.Temporary Staffing

Temporary staffing is managed on behalf of GOSH by Acacium (previously known as Bank Partners) and part of a wider North Central London framework. The shift fill rate target is 85%.

During Q2 the temporary staffing activity was

- July – 3,878 shifts were requested of which 2,027 were filled (63% fill rate)
- August – 4,331 shifts were requested of which 2,250 were filled (63% fill rate)
- September – 4,320 shifts were requested of which 2,265 were filed (62% fill rate)

Following a recent performance review meeting, a number of initiatives are taking place to improve fill rate including – recruitment of a new onsite business partner to work directly with wards to manage issues, recruitment events to boost the number of staff available, and the introduction of new technology to streamline booking processes and communication.

4. Recruitment Activity Overview

4.1 Centralised Recruitment Campaigns are deliberately staggered throughout the year to maintain pipeline, mitigating peaks and troughs in voluntary turnover. The most recent recruitment activity since the last report comprised of:

4.2 Newly Registered Nurses (NRNs) Onboarding and engagement with the October 2023 and January 2024 NRN cohorts has continued throughout Q2 in preparation for their chosen start dates at GOSH. At the time of report writing, attrition levels remain low (19% and 13% respectively for October and

January). We anticipate these low attrition rates are attributable to the programme of virtual directorate meet and greets held throughout August. These forums gave NRNs an opportunity to meet their new line managers and team members, as well as being offered informal visits to familiarise themselves with their new clinical environments and be invited to any team summer socials which may be happening. It is hoped that this provides the incoming team members a much greater sense of belonging and will influence their decision to commit to GOSH as their employer of choice. A similar programme of meet and greet events is planned for Q3 to capture the January 2024 NRNs. The survey feedback gained from attendees to these events over the summer was overwhelmingly positive:

- 100% of attendees found the sessions helpful

- 90% of attendees found the content helpful with some constructive feedback around elements they would like to have been covered including the annual leave process.

- 80% of attendees would like similar events in the future to remain virtual, compared with 20% who would prefer a face-to-face offering.

Current conditional offers accepted for the upcoming NRN cohorts are as follows:

Central recruitment intakes	Conditional offers accepted
October 2023	93
January 2024	52
April 2024	18

Fig. 5 No. of NRNs with accepted offers

A Nursing Open Day was held in October 2023, to boost interest and recruitment activity for the April 2024 NRN cohort.

4.3 International Nurse Recruitment (INR) Direct applications from internationally trained nurses are managed and supported through the Nursing Workforce Team including advice and financial support with some relocation/accommodation and navigation and financial support through the UK Nursing and Midwifery Council (NMC) registration pathway. As an organisation we are a member of the Capital Nurse Consortium and plan to conduct a new 'in country' campaign in the New Year with the Philippines being the most likely destination, following previous success and subsequent high retention rates of 93%.

4.4 Health Care Support Worker (HCSW) Apprenticeships are advertised locally via Camden and Islington Council to appeal to a more local demographic as well as on NHS Jobs. September 2023 saw 10 apprentices join GOSH and commence their HCSW apprenticeship pathway. Recruitment into the January 2024 cohort commenced with advertising in September and will be followed through with a face-to-face recruitment day planned for October. At the time of report writing, 11 vacancies have been declared for this cohort. We continue to work with Camden and Islington council, offering a separate B2 HCSW apprenticeship advert via their advertising channels to attract local residents into this entry level healthcare role at GOSH. Plans in place to improve the quality of candidate preparedness for this role into and throughout 2024 include:

- Offering interviews to London residents who have completed a Level 3 programme in preparing for a job in healthcare. Funding for this programme from the Greater London Authority (GLA) is pending and the Level 3 programme would be delivered by our

apprenticeship provider Dynamic. Successful candidates would have the opportunity to interview to join our May 2024 cohort of B2 HCSW apprentices.

- Collaboration with the Generation charity who deliver a similar bootcamp programme for London based candidates interested in their first role in healthcare. Through our links with this charity, they would offer interviews to candidates in the locality of GOSH for our B2 HCSW apprenticeship cohorts.

It is hoped that by engaging with these opportunities, that we maximise our local demographic recruitment as well as increasing the calibre of candidates into this staff group and prepare them for a career in healthcare with us at GOSH in line with our strategy.

4.5 Junior Sister/Charge Nurse Recruitment During Q2 20 Junior Sisters/Charge Nurses were appointed into the clinical ward areas and will commence their programme in January 2024. This is a 25% increase compared with last year and aligns with our strategic objectives to provide career progression and development especially for Band 6 nurses. By securing this post, all candidates are automatically enrolled onto the Stepping up to Band 7 Programme in January 2024 – facilitated by the Lead Practice Educator for Nursing and Patient Experience. This course has been designed to develop our nursing workforce in becoming effective leaders in the clinical environment.

5. Retention Initiatives – Nursing STAY Retention Plan 2023-25

Retaining our staff is one of the most important factors for us to deliver care now and over the coming years. At GOSH we have the youngest nursing workforce in England with high turnover amongst our Band 5 and 6 nurses for several reasons. These include but are not limited to; relocation back home, hence why we need to focus on local recruitment; career progression due to low turnover in our Band 7 and above limiting progress; the high cost of living particularly in London which is not matched by a Band 5 or 6 salary; work-life balance, nurses opting to work in alternative forms healthcare that provide more flexible or more socially acceptable hours. For these reasons we need to address both recruitment pipelines and retention as both are interdependent if we are to address vacancies and turnover. Our retention plan is medium to long term (2023-2025) and will take time to make an impact however work is progressing well. To support this a six-weekly series of recruitment and retention meetings have now been established chaired by the Chief Nurse, to ensure actions in relation to both these areas are driven forward. Priorities for this meeting are international recruitment, reward and recognition incentives, temporary staffing solutions including bank and agency.

5.1 Directorate Retention Dashboards have been created following the recent launch of the Nursing Strategy. Work is ongoing to embed the Nursing Retention Plan (2023-25). Directorate retention dashboards have been created with 16 key performance indicators to evidence their commitment to achieve the retention "stay" incentives outlined in the plan. Every directorate has established targets for each indicator and the data is being collated with an aim to identify areas for improvement. These dashboards will be submitted quarterly and presented at the Nursing Delivery Committee meeting.

5.2 "Train to Retain" Retention Masterclasses continue to be delivered to nursing managers and team leaders on a rolling basis since their inception in September 2022. These virtual, bitesize classes present themes from the National Health Service England (NHSE) retention toolkit and key data points examined at Nursing Workforce Assurance Group (NWAG) which are aimed at creating a retention toolkit for managers to use in their individual areas when and where appropriate. Attendance levels fluctuate despite a variety of day/time offerings throughout the calendar and HoNs have been asked

to encourage attendance amongst their teams. Retention masterclass topics are reviewed and refreshed frequently to align with latest best practice and national guidance. Recent additions to the suite of topics include:

- Communicating with your staff
- Supporting new starters

This initiative to support retention of the nursing workforce has recently been shortlisted for the **Nursing Times Workforce Awards 2023** which will be held in November in the category of Best UK Employer of the Year for Nursing Staff. This category seeks to recognise and reward organisations that exhibit excellent recruitment and retention practices and activities, to ensure they have a motivated and fulfilled workforce.

5.3 Stay conversations A novel initiative from the retention plan is the roll out of 'Stay and Grow' Conversations. Stay conversations are about understanding what's important to nurses, to help retain them in an organisation long term. This allows us to focus on what may be done to boost what's important and thereby prevent those who are at risk of leaving. Two wards with high voluntary turnover piloted the stay conversations in October (Eagle and Sky). Initial feedback has been positive, ward managers express that their staff like the space to reflect and focus on what is great about working at GOSH. Full roll out for all nursing areas are planned for November, with the ask that managers should be having these conversations with their staff ideally every quarter. To capture themes and steer our priorities we will be reviewing the results of these conversation's quarterly and present them to the Nursing Delivery Committee Meeting.

5.4 Drop-in Career Clinics The aim of these monthly slots is to provide staff members with insights into potential career pathways at GOSH and to signpost them to appropriate resources within the Trust to pursue and fulfil their potential.

All retention initiatives and tools are regularly promoted via the Nursing Workforce Assurance Group (NWAG) meeting, the Ward Manager and Matron meetings, screensavers and the NWF newsletter which is published monthly. Retention plan actions and dashboards will be reported to the new Nursing Delivery Committee.

6. Professional Nursing Standards - To ensure patient safety, maintain professional discipline and employ nurses who share our trust values and behaviours, we occasionally need to investigate and/or address performance. This is to ensure nurses are offered the right level of support and supervision or in serious cases require a referral to the Nursing and Midwifery Council (NMC) to understand whether they pose a risk to the public, so steps may be taken to promote learning and prevent issues arising. During Q2 there were 2 open NMC referrals on existing employees, 1 with restrictions in place and 1 without, both are under investigation by the NMC. In addition to this there are 3 open investigations in relation to ex-employees who were either dismissed or resigned.

7. Conclusion

Although the current RN workforce data reflects a picture of increasing RN vacancy rates, we have a strong pipeline of newly qualified nurses in place to address this, which will be reflected in the next reporting period data (October onwards). A number of recruitment initiatives are in place however our focus must equally be on retention to ensure we maintain good skill mix and improved the

diversity and resilience of our workforce from and age, gender and ethnicity perspective. Nurses continue to be impacted by the "London factor" in respect of the cost-of-living crisis and despite the financial advice and support being offered through the GOSH health and wellbeing service, work will continue to look at further options available to us to support retention. Safe staffing continues to be mitigated through bed closures and redeployment of staff however an increasing number of safe staffing related incidents have been reported as we move into autumn/winter with short term sickness and high levels of new staff. Solutions to address this are being worked through with the Heads of Nursing and Ops Team including the development of a new Standard Operating Procedure.

Appendix 1 – RN workforce data (September 2023)

Directorate	Ward	CHPPD	Budget FTE	Staff in Post FTE	Vacancy %	Vacant FTE	Temp Staffing %	Sickness rates	Vol Turnover %
Workforce September 2023									
Staffing									
Blood, Cells & Cancer	Elephant Ward	14.00	26.00	21.21	18.4%	4.79	2%	0.0%	16.8%
	Fox Ward	14.36	31.63	24.06	23.9%	7.57	3%	2.8%	22.3%
	Giraffe Ward	13.33	16.00	16.29	-1.8%	-0.29	1%	5.6%	6.1%
	Lion Ward	12.03	24.00	20.83	13.2%	3.17	7%	6.4%	13.4%
	Pelican Ward	11.42	21.99	14.29	35.0%	7.70	11%	7.2%	29.0%
	Robin Ward	14.82	30.75	24.07	21.7%	6.68	3%	6.1%	20.8%
	Safari Ward	_	13.00	13.79	-6.1%	-0.79	7%	3.1%	22.0%
Body, Bones & Mind	Chameleon Ward	10.81	37.20	27.18	26.9%	10.02	18%	3.3%	12.2%
	Eagle Ward	13.81	45.30	40.39	10.8%	4.91	3%	1.9%	17.1%
	Gastro Suite	-	8.00	8.76	-9.5%	-0.76	10%	3.8%	0.0%
	Mildred Creak Unit	14.06	14.70	11.60	21.1%	3.10	16%	2.9%	34.4%
	Squirrel Ward (Gastro)	9.28	21.65	16.96	21.7%	4.69	23%	11.4%	12.3%
	Sky Ward	11.76	32.00	19.92	37.8%	12.08	12%	5.8%	23.0%
Brain	Kingfisher Ward	16.34	14.62	14.95	-2.3%	-0.33	8%	7.1%	0.0%
	Koala Ward	11.88	59.81	38.28	36.0%	21.53	12%	10.0%	46.2%
	RANU (Starfish)	-	5.00	5.23	-4.5%	-0.23	3%	2.6%	0.0%
	Squirrel Ward (Endo & Meta)	10.97	17.00	17.68	-4.0%	-0.68	10%	11.5%	6.3%
Heart & Lung	Bear Ward	11.74	63.45	49.17	22.5%	14.28	7%	3.0%	24.8%
	Flamingo Ward (CICU)	EXL	134.78	111.51	17.3%	23.27	12%	6.4%	15.3%
	Kangaroo Ward	17.11	19.00	18.53	2.5%	0.47	3%	12.2%	9.2%
	Leopard Ward	14.24	38.87	31.06	20.1%	7.81	13%	6.5%	31.3%
	Neonatal Intensive Care Unit (NICU)	EXL	67.74	49.60	26.8%	18.14	4%	7.3%	26.2%
	Paediatric Intensive Care Unit (PICU)	EXL	113.60	103.30	9.1%	10.30	6%	4.3%	17.3%
	Walrus Clinical Investigations Centre	-	7.69	8.23	-7.0%	-0.54	0%	6.3%	13.9%
IPP	Bumblebee Ward	15.66	37.40	28.39	24.1%	9.01	11%	4.3%	21.9%
	Butterfly Ward	13.82	37.40	22.82	39.0%	14.58	26%	5.7%	24.5%
	Hedgehog Ward	16.14	16.60	7.45	55.1%	9.15	41%	0.5%	33.4%
Core Clinical Services	Anaesthetic Staff Theatre	-	48.90	46.27	5.4%	2.63	7%	2.9%	9.4%
	Interventional Radiology Theatres	-	20.00	15.51	22.4%	4.49	0%	2.3%	25.1%
	Radiology Theatres	-	9.00	10.00	-11.1%	-1.00	8%	2.5%	20.7%
	Recovery Theatres	-	40.74	35.88	11.9%	4.86	12%	4.4%	23.3%
	Scrub Staff Theatre	-	83.90	73.48	12.4%	10.42	13%	3.6%	14.7%
	Puffin (SDAU) & Woodpecker Ward (PACU)	-	20.20	23.76	-17.6%	-3.56	9%	1.8%	13.5%
Sight & Sound	Panther Ward	10.72	25.45	21.19	16.8%	4.26	15%	10.7%	32.9%
	Panther Ward (Uro)	14.29	22.50	14.47	35.7%	8.03	21%	8.2%	26.1%

NHS
**Great Ormond Street
Hospital for Children**
NHS Foundation Trust

Trust Board 22nd November 2023	
Annual Planning Process 2024/25 **Submitted by:** **John Quinn, Chief Operating Officer** **John Beswick, Chief Finance Officer**	**Paper No: Attachment U** ☐ **For information and noting**

Purpose of report
Each year, the Trust partakes in the annual planning process, which was launched on 13th October 2023. The Directorates are asked to plan activity, budgets including workforce plans and better value, and outline key objectives for delivery in 2024/25.

Summary of report
- For activity setting, Clinical Directorates have been asked to deliver 2023/24 plan with a 2% uplift. This should not include any additional activity agreed through approved business cases. Directorates must seek to grow elective activity and reduce outpatient follow ups as per NHSE operational guidelines. The impact of strikes is not to be factored in.
- Clinical and Corporate Directorates are building income and expenditure budgets that will deliver the Trust activity plans, support the Trust objectives and deliver the Children's Cancer Centre business case. These plans will go through several phases to ensure the Trust aligns with the NCL plans and delivers an efficient but stretching plan.
- Clinical and Corporate Directorates have new templates to set out their key objectives for the next financial year. Clinical Directorates have been asked to embed the Clinical Strategy within their plans. Corporate Directorates will outline these according to *Above and Beyond.*
- Throughout the process, Clinical and Corporate Directorates will be sharing plans with each other to ensure oversight of plans across Directorates. The first of these will be an Annual Planning Town Hall in early December.
- The Directorates will be put through multiple Executive-led check and challenge sessions on their plans, including an annual planning town hall in December 2023.
- We plan deliver a robust Annual Plan to the Trust Board in March 2024 for sign off.

Patient Safety Implications
None

Equality impact implications
None

Financial implications
A key part of the annual planning process is to set the budget and outline capital costs for the next financial year alongside expected NHS income and income from various other streams (i.e. IP&C, etc.).

Strategic Risk
All BAF risks.

Action required from the meeting
To take note of the annual planning process for 2024/25 and delivery timelines.

Consultation carried out with individuals/ groups/ committees
This paper was presented to EMT on

Who is responsible for implementing the proposals / project and anticipated timescales? Clinical and Corporate Directorate management teams
Who is accountable for the implementation of the proposal / project? COO/CFO
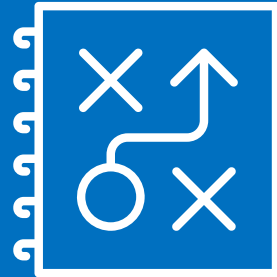
Annual Planning Process 2024/25

Introduction to Annual Planning

Annual planning is a process that allows GOSH to prioritise and make choices around where to focus in order to benefit the needs of its patients and staff. The most critical consideration during annual planning is the triangulation of Activity, Finance, and Workforce to ensure that our plans are robust and deliverable in the next financial year – 2024/25.

Finance

Annual Plans 2023/24

Activity

Workforce
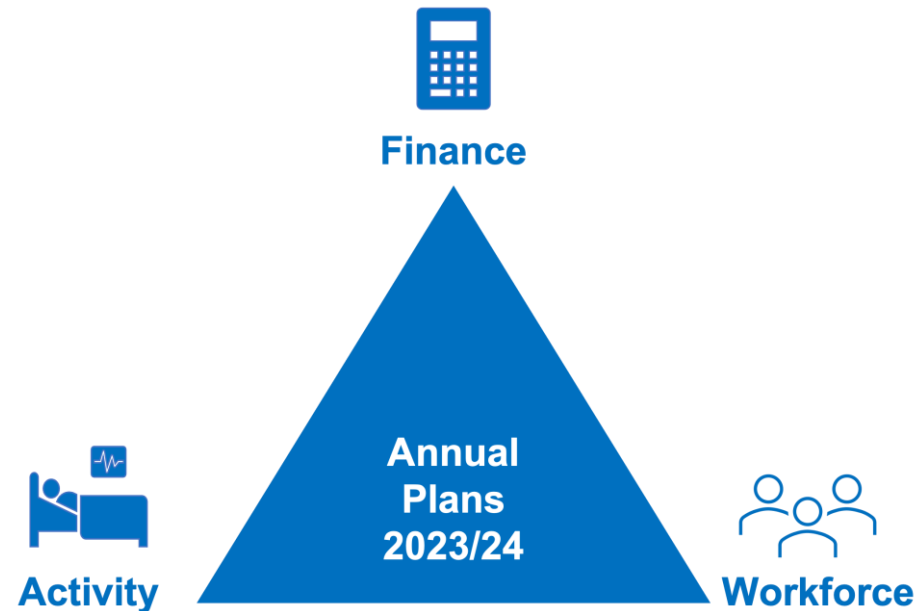
The Trust launched its annual planning process for 2024/25 on **13th October 2023** with a virtual event, chaired by John Quinn, COO.

What are we doing differently this year?

- We are launching the process earlier this year and bringing the deadlines forward in order to allow sufficient time for check and challenges, tweaks depending on the national and local guidance.

- We are setting a specific activity target right from the onset for the Trust and this may change depending on national and local guidance.

- We want Directorates to discuss and coordinate plans where required (i.e. H&L and I&PC, CCS etc.). I&PC must be factored in all Clinical Directorate plans. A phased schedule of deadlines will be provided to Clinical Directorates to ensure that.

- We will share and socialise the plans among the Directorates earlier this year. The Annual Planning Town Hall will take place in early December so there is early oversight of each other's plans.

- We want to ensure that leadership teams understand that they have to work together to deliver both the Trust and their individual plans, and we will share and optimise this plan through a number of workstreams.

Deliverables for 2024/25

The Directorates will need to complete and submit the following outputs:

- Clinical Directorates to produce an Activity Plan

- All Directorates to develop a Budget, which will include workforce assumptions

- All Directorates to contribute and input to the Capital Plan

- All Directorates to submit a Better Value Plan

- All Directorates to outline key initiatives for delivery in 2024/25, specific outcomes associated with these, and what, these will enable in the future. Clinical Directorates to align plans with the Clinical Strategy and Corporate Directorates to align to Above and Beyond.
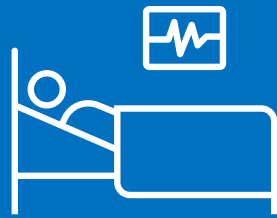
Activity Setting

Activity Setting

- We are asking that Clinical Directorate activity plans should aim to deliver 2023/24 plan plus 2% as a minimum, plus any additional activity in approved business cases.

- The national guidance continues to stress that that the focus of operational planning is to recover and increase elective activity beyond pre-pandemic levels, reduce outpatient follow ups and long waits. It is highly likely that the guidance for 2024/25 will reiterate the same.

    - The national ambition is to deliver 130% elective activity by 2024/25 compared to pre-pandemic levels.

    - The national ambition is to reduce outpatient follow ups by 25% by 2024/25 and that follow-up patients should move to patient initiated follow up (PIFU) pathways where possible.

- Please do not assume strikes will continue in 2024/25 and there is no indication that this will be factored into the national guidance – for this reason we are also supplying actuals for the first 10 months of activity in 22/23, in addition to 2023/24 M6

- Please include comments and rationale for planned activity levels in the template where applicable (e.g. move from day-case to outpatients owing to impact of a new drug therapy).
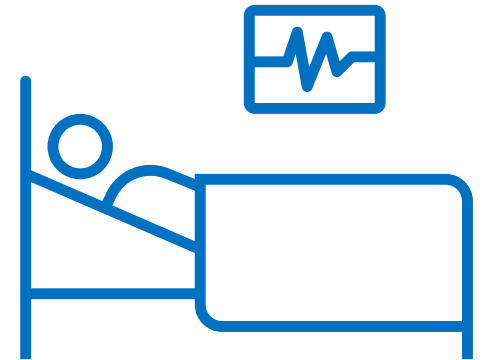
Activity – Elective

Clinical Directorate activity plans should aim to deliver 2023/24 plan plus 2% as a minimum, plus any additional activity in approved business cases. Please note that the national ambition is to deliver 130% elective activity by 2024/25 compared to pre-pandemic levels. This includes inpatient electives, day cases and outpatient firsts.

POD	Division	2019/20 FOT (M2-M11 SL)	2022/23 M10 SL	2023/24 Annual Plan	23/24 Plan vs 19/20	23/24 Plan +2%	2023/24 M6 Plan	2023/24 M6 Actuals	Var M6 Actuals to Plan
Inpatient Elective and Day Case	Blood, Cells & Cancer	10,649	11,359	11,556	109%	11,787	5,764	5,691	-73
	Body, Bones & Mind	6,566	6,797	7,276	111%	7,422	3,623	3,804	181
	Brain	6,658	6,896	7,040	106%	7,181	3,554	3,261	-293
	Core Clinical Services	809	986	997	123%	1,017	501	471	-30
	Heart and Lung	5,046	4,518	5,130	102%	5,233	2,626	2,262	-364
	Sight and Sound	7,277	6,880	7,411	102%	7,559	3,818	3,451	-367
Inpatient Elective and Day Case Total		**37,004**	**37,436**	**39,410**	**107%**	**40,198**	**19,886**	**18,940**	**-946**
Outpatient First	Blood, Cells & Cancer	3,691	3,203	3,576	97%	3,648	1,759	1,602	-157
	Body, Bones & Mind	5,425	5,556	5,356	99%	5,463	2,667	2,384	-283
	Brain	4,955	4,970	5,207	105%	5,311	2,557	1,994	-563
	Core Clinical Services	6,264	6,659	6,910	110%	7,048	3,405	3,738	333
	Heart and Lung	6,240	8,302	7,160	115%	7,303	3,572	2,191	-1,381
	Sight and Sound	7,302	7,248	6,965	95%	7,104	3,479	3,644	165
Outpatient First Total		**33,877**	**35,938**	**35,174**	**104%**	**35,877**	**17,440**	**15,553**	**-1,887**

Activity – Outpatient Follow Up

The national ambition is to reduce outpatient follow ups by 25% by 2024/25.

POD	Division	2019/20 FOT (M2-M11 SL)	2022/23 M10 SL	2023/24 Annual Plan	23/24 Plan vs 19/20	2023/24 M6 Plan	2023/24 M6 Actuals	Var M6 Actuals to Plan
Outpatient Follow-Up	Blood, Cells & Cancer	22,340	27,901	27,294	122%	13,334	13,516	182
	Body, Bones & Mind	28,882	32,671	33,230	115%	16,551	15,811	-740
	Brain	21,401	25,450	25,390	119%	12,659	12,653	-6
	Core Clinical Services	20,518	24,778	24,589	120%	12,213	12,422	209
	Heart and Lung	31,804	28,486	31,997	101%	15,900	16,236	336
	Sight and Sound	35,588	42,926	42,568	120%	21,151	21,512	361
Outpatient Follow-Up Total		**160,532**	**182,212**	**185,069**	**115%**	**91,807**	**92,150**	**343**

Activity – Other PODs

POD	Division	2019/20 FOT (M2-M11 SL)	2022/23 M10 SL	2023/24 Annual Plan	2023/24 M6 Plan	2023/24 M6 Actuals	Var M6 Actuals to Plan
Inpatient Non-Elective	Blood, Cells & Cancer	160	218	186	111	85	-26
	Body, Bones & Mind	600	644	646	322	287	-35
	Brain	426	460	397	202	234	32
	Core Clinical Services	6	2				0
	Heart and Lung	1,675	1,670	1,630	732	733	1
	Sight and Sound	199	242	140	72	72	0
Inpatient Non-Elective Total		**3,066**	**3,238**	**3,000**	**1,439**	**1,411**	**-28**
Beddays	Blood, Cells & Cancer	1,645	1,556	1,639	859	812	-47
	Body, Bones & Mind	2,562	2,570	2,382	1,186	1,109	-77
	Heart and Lung	1,579	1,424	1,660	686	582	-104
Beddays Total		**5,786**	**5,551**	**5,680**	**2,731**	**2,503**	**-228**
Paediatric Critical Care Bed Days	Brain	1,408	1,816	1,608	804	881	77
	Heart and Lung	11,123	13,255	13,771	6,978	6,377	-601
Paediatric Critical Care Bed Days Total		**12,530**	**15,071**	**15,379**	**7,782**	**7,258**	**-524**
Package of Care	Blood, Cells & Cancer	7,330	7,500	7,390	3,721	3,807	86
	Body, Bones & Mind	7,490	9,226	9,224	4,594	4,719	125
	Brain	895	842	910	451	641	190
	Heart and Lung	7,522	7,925	8,120	4,059	3,884	-175
	Sight and Sound	34,340	34,718	34,397	17,435	17,409	-26
Package of Care Total		**57,577**	**60,211**	**60,041**	**30,260**	**30,460**	**200**
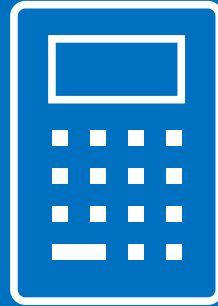
Budget and Capital Setting

Trust Budget Setting
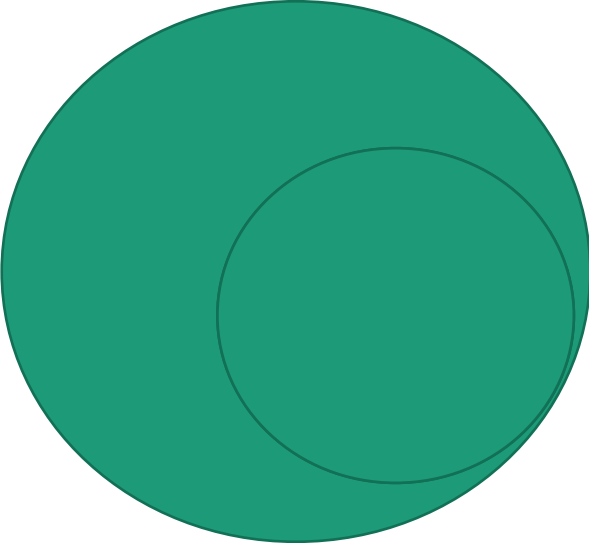
NCL System

GOSH

Directorates
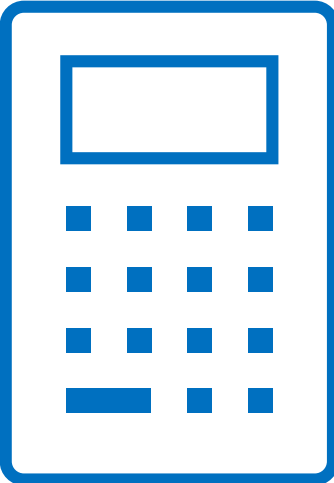
Trust Budget Setting

- NCL system will need to deliver a breakeven position

- GOSH will need to deliver LTFP used for CCC, a £2.1m surplus for 2024/25

- Each directorate to develop plans that collectively deliver a £2.1m surplus

- Shorten process with first submission before Christmas

- A review of each submitted budget by Trust executives

- Aim to reduce the length of time planning takes and get to key discussions faster.

Trust Budget Setting

- Initial budgets to be set at 2023/24 prices, central inflation will be applied

- Assume no strike action

- Approved business cases to be included

- Directorate budgets to deliver the Trust activity plans

- Clear explanation of the built budget will be required

- Better Value programme to be built in. Trust will be expected to deliver a national efficiency programme.

Capital Setting

- Directorates to develop and submit capital programme requirements to the capital workstream leads

  - Space & Place
  - ICT
  - Ops Board

- A multi-year program is to be developed by each workstream that is within the agreed capital limits.

- Back up schemes to be included to allow for in year flexibility

Better Value Plan – Questions to Ask Now

What schemes started part way through 2023/24 which will have full year effects that can be counted in 2024/25?

What schemes were you hoping to start in 2023/24 but realistically won't impact until 2024/25?

Is there anything that you are currently recording as a non-recurrent scheme which could on reflection be made recurrent next year?

Is there any equipment in your inventory that has service or maintenance contracts that are up for renewal?

Are there any services that you can provide differently – eg shift to virtual, day case, or reduce length of stay, which can release capacity?

Do you have any new workforce roles (eg ANPs) which will result in efficiencies?

Are your staffing ratios based on 100% occupancy or upon actual levels of occupancy for each clinical area?

Do you have any new NHS services which can be charged, that have been agreed or are being negotiated with commissioners?

What are your assumptions about IPC income over the coming year?

For all or any of the above, what help and support do you need to get schemes over the line, and what help and support can you provide other colleagues to assist with the delivery of their targets?

Workforce

Workforce Plans 2024/25

A few points to capture through the planning exercise:

- Service developments / organisational change / business cases
    - Include realistic timeframes and source of funding

- Succession planning – opportunities for change and timeframes

- Transformation programmes / cross directorate projects

- Agency use
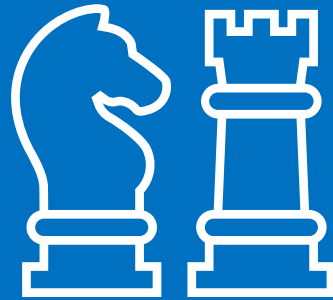
Directorate Plans

Directorates Plans 2024/25

- A key aim for 2024/25 is to embed the GOSH Clinical Strategy in the planning process.

- Both Clinical and Corporate Directorates have new templates to outline their key objectives for delivery in 2024/25.

- For the Clinical Directorates, the template has been framed on the Clinical Strategy, particularly the six clinical tenets and four cross-cutting themes.

- For the Corporate Directorates, the template continues to be framed on the Trust's Above and Beyond Strategy but will simultaneously link to the Clinical Directorate plans.

- The Directorate Plans will have a phased timeline for delivery with working first drafts for Clinical Directorates (excl. CCS) due 30th October. These drafts will then be circulates in order to inform other Directorate Plans with all drafts due 30th November.

Clinical Directorate Plans
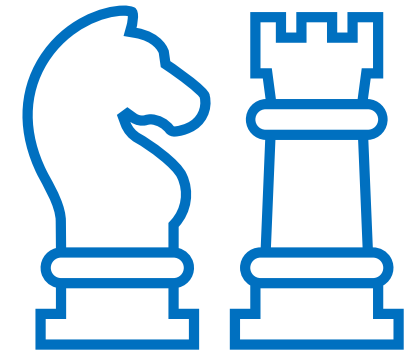
Corporate Directorate Plans

XXX Directorate: Plan 2024/25

2024/25 Plan
Please input which planet each objective aligns with in the second box.

Purpose

C	E	R	DI

A+B Principles

1	2	3	4	5	6

Support/Resources Required to Deliver

What will be the specific outcome? How does this align with Clinical Directorate plans?

Indicate which planet this aligns with in Above and Beyond

Please be very specific with your outcomes. These should be targets, KPIs, etc you expect to achieve as a result of this action.

PLANETS (Please label those that apply)
1. Make GOSH a great place to work
2. Deliver a Future Hospital Programme
3. Develop the GOSH Learning Academy
4. Improve access to care
5. Accelerate translational research and innovation
6. Create a Children's Cancer Centre

PURPOSE:
C – Care
E – Education
R – Research
DI – Digital Innovation

ABOVE AND BEYOND PRINCIPLES (Please tick all that apply)
1. Children and young people first and always
2. Always welcoming, helpful, expert and one team
3. Safe, kind, effective care and an excellent patient experience
4. Financial strength
5. Sustainability and protecting the environment
6. Working with external partners

NHS
Great Ormond Street
Hospital for Children
NHS Foundation Trust
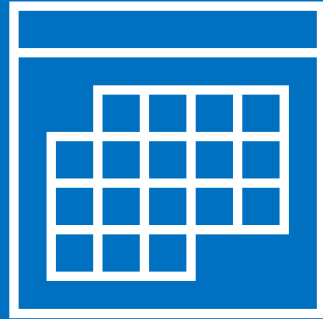
Timelines, Tracking and Contacts

Timeline

The following are key dates for Annual Planning 2024/25:

Annual Planning 2024-25 Launch	October 13th 2023
Directorate 1:1 Planning Sessions (30 minutes, every fortnight)	Starting October 4th 2023
Clinical and Corporate Activity and Budget First Drafts Due	November 30th 2023
Annual Planning Town Hall	December 6th 2024
Executive Check and Challenge Sessions (every 3 weeks)	Starting December 11th 2024
Expected Release of NHS Priorities and Planning Guidance	November/December 2023
Clinical and Corporate Final Drafts Due	February 23rd 2024
Governance for Final Sign Off	Starting first week March 2024

Tracking and Progress

The following forums and meetings will be utilised to track progress and sign off the plans:

- **Directorate Planning Sessions**: To progress and develop annual plans with individual Directorates, will take place every two weeks

- **Executive Check and Challenge Sessions**: To allow early oversight to Execs on issues/opportunities and further develop plans, will be chaired jointly by COO and CFO and take place every three weeks.

- **Weekly SMT**: To communicate and cascade any planning updates/guidance, Q+A

- **Operations Board**: To deliver updated information and review progress

- **EMT**: To update monthly on progress with planning process

- **FIC**: To review and sign off the control total and Trust budgets

- **Trust Board**: To sign off the final Budgets, delegate sign off authority to the CEO

- **Final CEO/CFO/COO meeting**: To review final submissions and sign off
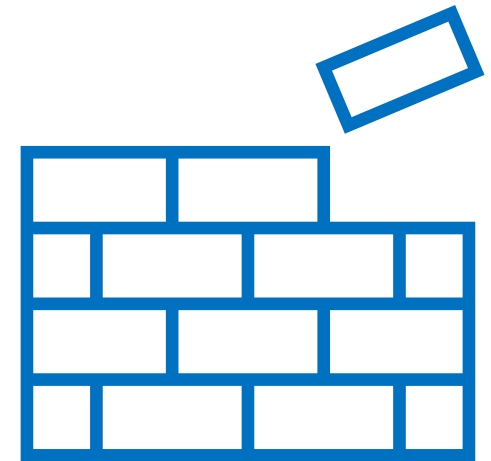
Key Contacts

Activity, Contracts and Commissioning – **Sue Blannin and Rim Rahimtulla,** supported by Primrose Carr

Budget Setting and Finance – **Jonathan Wharton,** supported by Shamim Ali, Finance BPs

Workforce – **Sarah Ottaway** and **Michael Nwosu,** supported by HR BPs

Capital – **Neil Redfern,** supported by Finance BPs

Better Value Programme – **Jon Schick**

IP&C – **Ben Marshall**

Strategy and Planning – **Omer Majid**

Education – **Lynn Shields** and **Simon Blackburn**

Research – **Vanshree Patel** and **Grant Nicholson**

Safe Staffing – **Marie Boxall**

Measures of success, metrics and KPI performance – **Richard Brown**

Questions

NHS

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board 30 November 2023	
Transformation update **Submitted by: John Quinn, COO**	**Paper No: Attachment V** ☐ **For information and noting**

Purpose of report
To update the Trust Board on the current portfolio of transformational change projects in the organisation, which aim to delivery our strategic objectives namely
- Priority 2: Deliver a Future Hospital Programme
- Priority 4: Improve and speed up access to urgent care and virtual services.

As well as updating on the role the wider transformation team play in the delivery of Trust wide projects and ongoing programmes of work.

Summary of report
In July 2023 Trust Board were made aware of changes to the portfolio of programmes and projects under the responsibility of Future Hospitals and Access to Care Board. These changes came about following some focused sessions, between March and May 2023, with clinical directorates, and resulted in a much smaller number of high impact priority areas.

The Future Hospitals and Access to Care Board projects agreed are:
- Day case Improvement
- Vision for Level 3 (procedures floor)
- Paediatric Critical Care Level 1 and 2 (HDU)
- Developing Ambulatory Care (link with CCC programme)
- Improving discharge (to follow over next 6 months)

With support for trustwide projects
- Better Value
- Paediatric Pain Management Research Programme
- Pharmacy Manufacturing improvement support
- CCC decant programme
- Above and Beyond portfolio oversight

All these projects have been reset since July 2023 and have key deliverables over either a 6- or 12-month period. Tracking of impact as well as meeting milestones is a key component of this re-established programme.

Patient Safety Implications
There are no direct patient safety implications from the work described in this paper although successful delivery of transformation activity will support the delivery of safe, effective and high-quality patient care. Risks to patient safety are also tracked as part of each project.

Equality impact implications
There are no direct equality impacts from the work described in this paper although as the Trust develops its approaches to issues including ambulatory care and aspects of flow, this has the potential to improve access and equality of access to services.

Financial implications
Priority projects described in this paper should support more efficient use of the Trust's existing capacity, with potential for future growth if that enables additional activity to be undertaken. There are also potential future investment decisions to be made following completion of aspects of the projects e.g Paediatric Critical Care.

Strategic Risk
BAF Risk 19: Transformation

Action required from the meeting
The Board is asked to receive the report for information and note that oversight of these activities will be undertaken by the Future Hospital and Access to Care Board, which reports to the Above and Beyond Executive Oversight Committee, as well as other executive steering groups for trust wide projects.

Consultation carried out with individuals/ groups/ committees
Ongoing engagement through Future Hospitals and Access to Care Board.

Who is responsible for implementing the proposals / project and anticipated timescales?
Director of Transformation

Who is accountable for the implementation of the proposal / project?
Chief Operating Officer

Attachment V

Transformation Update
GOSH Trust Board
November 2023

1. Background

In July 2023 Trust Board were made aware of changes to the portfolio of programmes and projects under the responsibility of Future Hospitals and Access to Care Board. These changes came about following some focused sessions, between March and May 2023, with clinical directorates, and resulted in a much smaller number of high impact priority projects.

At the same time, it was recognised that the organisation has many key deliverables over the coming year which placed demands often on the same groups of individuals, so sequencing work was important.

It was agreed that the central transformation and PMO team resource would therefore focus upon the following range of projects:

Table 1 – priority projects for central Transformation/PMO support

Future Hospital and Access to Care Priorities	- Day case Improvement - Vision for Level 3 (procedures floor) - Paediatric Critical Care Level 1 and 2 (HDU) - Developing Ambulatory Care (link with CCC programme) - Improving discharge (to follow over next 6 months)
Other projects	- Better Value - Paediatric Pain Management Research Programme - Pharmacy Manufacturing improvement support - CCC decant programme - Above and Beyond portfolio oversight

2. Future Hospital and Access to Care priorities

The resetting of Future Hospitals and Access to Care Board priorities has been made alongside a revised terms of reference for the meeting. This has included increasing the seniority of the representation and expanding trust participation in the group.

At the same time the opportunity to change the project team for each of the priorities has been made, with a focus on backfilling clinical and operational teams to support and embed changes.

In addition, project closure reports have been completed on all former programmes namely Flow, Theatres, Outpatients, Administration and Clinical Pathways. Lessons learnt from the projects have been shared and details have been used to shape future scope of work and the approach.

2.1 Day Case Improvement

The vision for day case improvement is to "*avoid unnecessary overnight hospital stays…[for] those children who can be treated as day cases at GOSH".* Work on this had been a project under the previous flow programme however the resetting of the

priority gave an opportunity to invest in a Clinical Lead 1PA and Operational Change Manager for 3 days, over a six-month period. Both posts were recruited to in October 2023 and are key posts working alongside the Programme lead and Project manager, as well as the Core Clinical Services Directorate who overseeing theatres and procedures floor.

The Clinical Intelligence Unit, part of DRIVE, are also supporting this project from a data perspective and are working alongside performance and analytics teams to baseline the potential scope and impact.

Key achievements to date include:
- Publication of admission criteria – to enable more patients to be admitted as a day case;
- Increasing the number of patients who can be admitted per day on Nightingale (day case ward).

Further work in coming months includes
- Ensuring no inpatient bed is used for day case surgery
- Expanding capacity further so that everyday any patient who is a day case can be operated on regardless of the day

Before further work to look at the consistency of day case procedures and what current or future operations could be moved to day cases.

2.2 Paediatric Critical Care Level 1 and 2 (HDU)

Following a ten-month options appraisal, in April 2023 a preferred option was agreed for how to provide the safest, most efficient and sustainable high dependency care[1] model at GOSH. This option is *"Build a single unit for Level 1 and 2 Paediatric Critical Care (HDU) patients and redefine specialist areas within Cardiology, Respiratory and Neurosciences to deliver All Level 1 and 2 Paediatric Critical Care, alongside the ward environment".*

In June 2023, GOSH Charity awarded a grant to support a delivery team to developing this option further and to complete a full business case for the model of care. Thirteen clinical posts have been appointed to on 1 day per week over a 12-month period to develop this option.

Key achievements to date include:
- Recruitment to clinical posts since November 2023
- Baseline data – identifying that this affects up to 20% of the inpatient beds
- Stakeholder and engagement planning

Within 6 months
- Developing a full business case for the model – with revenue and capital implications

Within 12 months
- Developing a prototype for the model i.e. some implementation and testing of the model of care / quick wins.

2.3 Ambulatory Care

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[1] High dependency care is also known as Basic Paediatric Critical Care (Level 1) and Intermediate Critical Care (Level 2).

Attachment V

Through the work undertaken by the Children's Cancer Centre Planet, in order to *"offer holistic, personalised and coordinated care"* the development of ambulatory care is a key component. Developing this across cancer services in the first instance while also aligning it with the wider transformational change programmes will enable future trust wide change.

An operational change manager has been recruited to lead this project and working closely with the cancer teams has identified a number of enabling requirements namely:
- Medicines management processes
- Family/patient accommodation

Key achievements to date include:
- Ready to recruit first patient, which will be a CAR-T

Within 12 months
- Pilot with 9 patients
- Understand the wider implications for the organisation

2.4 Discharge

It was agreed in May 2023 that improving discharge was a key enabler for efficiency and required a focused approach to realise the benefits. Due to the size and complexity of this project it was agreed this should be sequenced to follow day case improvement and as such the planning for this work will begin in early 2024.

3. Trust wide priority projects

3.1 Childrens Cancer Centre Decant programme

With the imminent work starting on the Childrens Cancer Centre (CCC) there is work to complete all of the moves which need to take place to vacate the Frontage and Paul O'Gorman buildings. Owing to the expertise and resourcing requirements for this extensive programme, the transformation team have been asked to support Space and Place colleagues.

Key achievements
- Plan for Frontage Building to be decanted by the end of January 2024, enabling handover to the contractors
- Plan for outpatient clinics to be relocated by the end of January 2024
- Continued implementation of the office decant programme, which will complete with handover of the Paul O'Gorman building to contractors by June 2024

Further work in coming weeks
- Physical moves of outpatient clinics from Frontage during January 2024
- Office moves to enable refurbishment works to commence in Main Nurses Home Levels 6 and 5 by November / December 2023 respectively
- Building work commencing for longer term solutions from December 2023

3.2 Pharmacy Manufacturing Improvement

This programme, supported by NHS England Regional Specialist Pharmaceutical Service staff, provides assurance to EMT and the MHRA Inspection Action Group

that Pharmacy Manufacturing at GOSH is operating with the necessary processes and controls to ensure product quality and patient safety.

Key achievements
- Updating all job descriptions
- Creation of new developmental posts to support staff retention and career progression
- Increased compliance in the revalidation of core competencies
- Increased focus on overdue Quality Management System records means they are anticipated to be compliant with a <10% overdue records target by no later than December 2023

Further work in coming weeks
- Development of options to meet inpatient demand for Total Parenteral Nutrition at GOSH (2024/25 to 2027/28)
- Go live of in-house supervisors' education & training course for band 4 roles and above, December 2023
- Revision of the service level agreement between Estates & Facilities and Pharmacy Technical Services

3.3 Pain Rehabilitation Programme

The team is providing project management support to help establish a new Paediatric Pain Rehabilitation Programme (PPRP), named in recognition of the donors (the Mroué-Fateh Centre for Pain Management) and based in the new Hummingbird Unit in Southwood Wing. This will provide a treatment option for patients in the Pain Control Service that meet the referral criteria, delivered through a 3-week intensive treatment period and funded by the GOSH Charity through a 10-year research programme.

Key achievements
- Redevelopment works due to complete February 2024
- Senior posts in the new multi-disciplinary team have mostly been recruited to and will start in February
- Research fellow has been appointed to work on ethics approvals for the clinical study

Further work in coming weeks
- Second phase of recruitment is underway, and the Centre is planned to launch in June 2024, with pilot runs before school holidays
- Approach to be refined over summer following learning from pilot work before the feasibility study begins
- Ongoing work related to the communications and launch of the new centre.

3.4 Better value

The team has historically supported the identification and delivery of the Better Value programme, which this year has a challenging target of £32.5m, £16.5 from IPC growth and the remainder from other trust efficiencies. In addition to providing PMO support to the programme, the team shares learning, benchmarking and best practice from a range of external expert sources (including The Model Hospital, Children's Hospital Alliance, RwHealth) and supports a number of pan-organisational initiatives especially those related to procurement and non-pay / consumables savings.

6

Key achievements
- As outlined in the finance report to this meeting, as at M7, £11.1m has been recorded as delivered over the year to date

Further work in coming weeks
- Ongoing discussion with directorates to ensure existing plans are delivered in full and to begin to plan initiatives for 2024/25
- Work to support non pay savings initiatives with Core Clinical Services, including theatres consumables and unnecessary / repeat diagnostic testing.

3.5 Other work

The team has recently taken on support of the portfolio reporting on the Trust's five-year strategy delivery, feeding into the Executive *Above and Beyond* Oversight Group. This has included the development of a refreshed reporting approach, increasing the focus on benefits and outcomes. This will continue to be refined over coming months with lessons learned to be built into the assurance processes that will be developed to support the implementation of the refreshed five-year strategy which will be prepared over the course of 2024/25.

4. Next steps

The approach and impact of this revised programme is to be reviewed in early 2024, six months from commencement, to understand which work should continue, what work should be closed and what work should be started. This will be reviewed alongside organisational strategic priorities, stakeholder engagement and benchmarking data to support where the greatest benefit would be.

5. Recommendation

The Board is asked to receive the report for information and note that oversight of these activities will be undertaken by the Future Hospital and Access to Care Board, which reports to the Above and Beyond Executive Oversight Committee. With oversight of specific projects to the Executive Management team or relevant committee.

NHS

**Great Ormond Street
Hospital for Children**
NHS Foundation Trust

Trust Board 30 November 2023	
Diversity and Inclusion Annual Report	**Paper No: Attachment W**
Submitted by: Caroline Anderson, Director of HR & OD	☐ **For information and noting**

Purpose of report

Attached is a copy of the Seen and Heard annual Diversity and Equality report which is submitted for information and endorsement prior to publication on the GOSH intranet. Overall, the reports shows that solid progress has been made against the commitments set out in the People Strategy, with clear areas where further action and focus is required.

The data is at 31st March 2023 unless otherwise specified.

Summary of report

The purpose of this report is to provide a detailed overview of the equality data relating to staff of Great Ormond Street Hospital (GOSH). The report will show key findings, and our progress from last year, highlight levels of improvement as well as areas requiring further attention and go on to highlight next steps.

Key data changes are set out below:

- BAME representation in the workforce has been increased by 2% to37%
- An increase in BAME staff at bands 8A-C by 8.3%
- A reduction in the relative likelihood of white candidates being appointed from a ratio of 2.05to 1.82
- A reduction of BAME staff reporting experiencing harassment from 17.7% to 16.4%
- 3.7% of staff have declared a disability on the NHS Electronic Staff Record (ESR). This is increase from 3.1% in 2022
- 68.3% of Disabled staff felt that their employer had made adequate adjustments. A year-on-year increase from previous years.

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

Our key actions for the coming year are summarised below:
- Continuing our debiasing recruitment work including refreshed training for all manager and an expanded seen and heard champion remit
- Creating internal career paths through engagement with the Great London Authorities Anti-Racism Programme
- Focus on declaration rates, particularly with regards to disability
- Improving the accessibility of our estate. This includes ramps and hearing loops and the provision of gender-neutral toilet facilities
- Developing pronoun guidance
- Focusing on women's health issues including menopause and menstruation
- Supporting international staff through listening events and corresponding actions
- Strengthen employee voice through the introduction of routine staff network meetings

Patient Safety Implications
No specific implication for patients however t*he NHS Constitution* stresses NHS workplaces and patient care should be free of discrimination. Research strongly suggests how staff are treated impacts on patient care, Specifically, where diversity, including at senior levels, is underpinned by inclusion, it benefits staff engagement, retention, innovation, productivity and the safety and quality of care.

Equality impact implications
NA

Financial implications
None

Strategic Risk
BAF Risk 14: Culture

Action required from the meeting
For information and noting

Consultation carried out with individuals/ groups/ committees
NA

Who is responsible for implementing the proposals / project and anticipated timescales?
Andreas Marcou, Associate Director Organisation and Employee Development

Who is accountable for the implementation of the proposal / project?
Caroline Anderson, Director of HR & OD

Seen and Heard

Diversity and Inclusion Annual Report
2022-2023

Published November 2023

1. Executive Summary

This report provides a detailed overview of the equality data relating to the staff, to highlight any changes that have occurred over the past financial year, bringing together summaries from statutory reports such as WDES and WRES, showcase the work of our excellent staff networks, show our progress and highlight where there is still work to do.

The last past 12 months have seen many positive moves such as in reducing the disparity between the likelihood of white candidates being appointed compared to BAME candidates and the percentage of staff from BAME backgrounds reporting harassment for example (a drop of 1.44% since 2018). Our BAME workforce in bands 8A-C has seen growth (an increase of 8.3% since 2022) but BAME staff still remain overrepresented at our lower bands.

Our WDES report showed that we held firm on staff survey indicators as compared with others trusts in NCL, and we have seen a small rise in the number of staff declaring they have a disability or long term condition, 3.7% (3.1% last year), together with a minor reduction in the number of staff who have not declared.
We recognise that we have significant non-disclosure concerning disability which, whilst is similar to the wider NHS, reducing this will be a priority over the next 12 months to enable us to fully understand the diversity of our people and provide corresponding support.

In contrast to the majority of NHS trusts, GOSH has a younger workforce with around 25% of staff under 30 and almost 55% under 50. This has remained largely static over the past 2 years. This presents GOSH with some unique challenges particularly with the current cost of living crisis, which is likely to affect younger members of staff, who are more likely to be represented in the lower pay bands and in our BAME community who are also overrepresented in these bands also.

This report highlights a number of the positive initiatives put into place to support the objectives of the Seen and Heard Framework, including:

- The Stop and Think process designed to reduce the number of staff entering formal disciplinary process, an area where BAME staff are still overrepresented.
- Seen and Heard Champions who were introduced on all senior bands recruitment processes in March 22 to bring an alternative voice and champion an inclusive process.
- De-biasing recruitment eLearning module which once launched will be mandatory for all recruiting manager to complete.
- The engagement with external partners to enhance our support of delivery of EDI initiatives

This report highlights the many changes that have occurred over the past 12 months; however, it also highlights that more work is required to improve the experience and opportunities of BAME colleagues and colleagues with disabilities regarding access to career progression, and to ensure every step of the internal and external recruitment process is free of bias.

The data in this report unless otherwise stated covers the 2022-23 financial year. The data that references staff survey is based on the 2022 survey. This data is collected during an eight-week period between September and November each year and is published the following March

2. INTRODUCTION

The purpose of this report is to provide a detailed overview of the equality data relating to staff of Great Ormond Street Hospital (GOSH). The report will show key findings, and our progress from last year, highlight levels of improvement as well as areas requiring further attention and go on to highlight next steps.

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

The Seen and Heard Framework guides the work of the EDI team and together with the GOSH People Strategy sets the direction. The current framework has come to the end of its periods and a new framework will be published in early 2024 that takes stock of the previous 3 years and set a new direction for the next three years, reflecting on the changing needs of our workforce and the context we work in.

The NHS People Strategy
The People plan for 2020/21 *'We are the NHS – action for us all'* was published in August 2020.
The Plan sets out what the people of the NHS can expect – from their leaders and from each other. The Plan sets out practical actions that employers and systems should take, as well as the actions that NHS England and NHS Improvement and Health Education England will take over the remainder of 2020/21. It focuses on:
- **Looking after our people** particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically
- **Belonging in the NHS** highlighting the support and action needed to create an organisational culture where everyone feels they belong
- **New ways of working and delivering care** emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care
- **Growing for the future** particularly by building on the renewed interest in NHS careers to expand and develop our workforce, as well as retaining colleagues for longer.

Above and Beyond Strategy
The first priority of the Trust's five-year strategy 'Above and Beyond' commits to **making GOSH a great place to work by investing in the wellbeing and development of our people**. It states that as a GOSH community, we must value and respect each other, work together as one team, and put in place the support, education and development opportunities to help us be at our best, every day.

The GOSH People Strategy
In November 2019 we launched our first People Strategy, with a three-year plan to create an inclusive organisation where all our people are valued for who they are, as well as what they do. Launched in October 2020 our initial Diversity and Inclusion Framework (D&I) and Health and Wellbeing Framework (H&WB) provided the foundations to reinforce the commitments set out in our People Strategy, creating the environment and a work programme to ensure they are delivered and, in doing so, help us meet the expectations set out in the NHS People Plan.

The People Strategy 2019-2022 covered this reporting period. A new People Strategy was published in July 2023 and will form the basis for future Equality and Diversity initiatives and will underpin the new Seen and Heard Framework which will be published in January 2024.
We collect data and review it regularly to ensure that we are not inadvertently behaving in a way that disadvantages members of staff or patients with protected characteristics. Through delivering our commitment to a diverse workforce and an inclusive approach to the service that we provide, we believe that GOSH will develop its capacity and capability to lead by example and be an employer of choice for everyone regardless of their background.

Terminology.

In accordance with the wishes of the REACH network and in line with national guidance and best practice, the terms BME or BAME are avoided and instead staff who identify as being from a minority ethnic background are referred as *global majority staff* or *staff who identify as being from a minority ethnic background,* with the former being favourable as it challenges the Eurocentric perspective that individuals with African, Asian or dual-heritage are globally, not a minority. However, the term BAME and BME is the terminology currently used nationally in the Workforce Race Equality Scheme (WRES) and the NHS staff survey for example, both of which this report references heavily, so in the interests of consistency BAME and BME are used throughout this report.

This report only reports members of staff as having identities of either male or female as although GOSH fully recognises staff of all genders, the systems and other sources of information used in this report are currently not configured to allow for alternatives.

De-Bias Recruitment and Selection Toolkit

The debiasing of internal and external recruitment processes was one of the key priorities identified in the 10 year London Workforce Race Strategy published in October 2020. In August 2021 the NHS London Debiasing Recruitment toolkit was launched to provide a structure for how bias can be eliminated at each stage of the recruitment and selection process. The purpose of this toolkit is to ensure all those involved in recruitment and selection of NHS staff in London are aware of how bias exists within recruitment and selection processes and what actions they can take to ensure the process is equitable and bias is eliminated at each and every stage from job design to onboarding.

In December 2021, a project group was established with colleagues from across Human Resources, Communications and representatives from both staff side and staff networks. Since inception, the project group has assessed each stage of the recruitment and selection process and subsequently developed a toolkit of resources to support hiring managers with making fair recruitment decisions. The toolkit includes a recruiting managers guide to fair recruitment, an updated job description template, interview question guide, pre and post interview checklist and suggested reasonable adjustments during the recruitment process. All GOSH job adverts now include a diversity and inclusion statement demonstrating the Trust's commitment to diversity and inclusion. The debiasing recruitment workstream continues and moved into a new phase with the launch of the Seen and Heard Champions in March 22. The champions following extensive training are drawn from across the organisation and sit on all recruitment panels for roles at band 8a and above. This model was chosen as, as the data will show, diversity at senior grades is less prevalent. The champions are an integral part of the interview process constituting a full member of the selection panel and bring an alternative voice as well as championing an inclusive process.

In November 2022, an e-learning package was launched and following changes and enhancements as a result of feedback, has been further developed. The new module will be relaunch in January 2024 and by the end of March 2024 will be made mandatory for all colleagues involved in recruitment and selection to complete the e-learning module and will not be able to participate in recruitment activity until they have undergone the training.

WRES and WDES Data Comparison

The following chart shows that we are comparing our WRES data with national and regional London data. The colour green refers to positive and red indicates negative change.

Indicator	GOSH 2022	GOSH 2021	Comparison (2021 data) London	Comparison (2021 data) National	Description
1	35%	31%	48%	22%	Percentage of staff in each of the AfC Bands 1-9, M&D and VSM with the percentage of staff in the overall workforce
2	2.05	2.09	1.61	1.62	Relative likelihood of white staff being appointed from shortlisting across all posts
3	2.09	2.87	1.54	1.14	Relative likelihood of BME staff entering the formal disciplinary process
4	1.28	1.21	0.95	1.14	Relative likelihood of white staff accessing non-mandatory training and CPD
5	15.2% BME / 20.3% White	15.3% BME / 22.3% White	31.2% BME / 31.1% White	28.9% BME / 25.9% White	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Indicator	GOSH 2022	GOSH 2021	Comparison (2022 data) London	Comparison (2022 data) National	Description
6	27.3% BME / 26.9% White	27.6% BME / 26.1% White	28.3% BME / 24.4% White	27.7% BME / 22% White	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	37.1% BME / 56% White	32.5% BME / 59.1% White	46.2% BME / 57.1% White	46.4% BME / 59.1% White	Percentage believing that trust provides equal opportunities for career progression or promotion
8	16.4% BME / 7.4% White	17.7% BME / 6.5% White	16.1% BME / 8.9% White	16.6% BME / 6.7% White	Percentage of staff who have personally experienced discrimination at work from manager/team leader or other colleagues in the last 12 months
9	-18%	-14%	–26%	-10.9%	Percentage difference between the organisations' Board voting membership and its overall workforce.

There has been a small but positive improvement across the first 7 WRES indicators. Indicator 8 which relates to discrimination has increases, however this is true across both white and BME staff. Indicator 9, which is the difference between ethnic demography of our workforce compared to our board. This is partly as a consequence of the increase in BME staff in the workforce compared to static board representation.

National Workforce Disability Equality Standard (WDES) 2020 Annual report

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. NHS organisations use the metrics data to develop actions to improve the experience of staff with disabilities. Year on year comparison enables NHS organisations to demonstrate progress against the indicators of disability equality.

Below is a summary of GOSH's 2021 WDES submission.
- 3.7% of staff have declared a disability on the NHS Electronic Staff Record (ESR). This is a slight increase from 3.1% in 2022. Numbers of staff declaring a disability or long term condition are still small and as such, small staff changes have a large impact on percentages.
- Non-disabled applicants were 1.28 times more likely to be appointed from shortlisting.
- Progress has been made with the number of disabled staff in formal disciplinary and capability processes. In 2022 staff with a declared disability or long-term condition were 2.07 times more likely to enter the formal performance management capability process. This year with only one example, this ratio was not possible to calculate.
- Declaration of disabilities and long-term conditions are under reported meaning that the figure is potentially higher.
- 25.3% of disabled staff reported harassment, bullying or abuse, compared to 18.6% of nondisabled staff. This has is a slight drop compared to the previous year.
- 46.6% of Disabled staff reported they have equal opportunities for career progression. This represents a decrease from last year's figure of 49.1% however is largely consistent with the feeling from non-disabled staff at 52.3%.
- 68.3% of Disabled staff felt that their employer had not made adequate adjustments. A year on year increase from previous years.
- Disabled staff reported an NHS Staff Survey engagement score of an improvement on last year's score of 6.6 and largely consistent with the score of 7.2 for non-disabled staff.
- GOSH are currently one of the two-thirds of trusts who do not have any board members who have declared a disability
- A total of 13.6% of staff have not declared whether they have a disability and are listed as 'unknown' on ESR. This represents a drop of around 1 percent from the previous year.

Statutory and Mandatory Training

All members of staff are required to undertake Equality and Diversity and Human Rights e-learning every 3 years. Compliance has been consistently maintained at or above the 90% threshold, reaching 95%.

Appointment of GOSH NED Diversity and Inclusion Guardian

We are delighted to have a dedicated Non-Executive Director (NED) Diversity and Inclusion Guardian, Amanda Ellingworth, who champions the creation of a culture with diversity and inclusion at its heart for the benefit of all GOSH stakeholders. The Guardian acts as a 'critical friend' to question the impact of decision on issues of D&I, ensures the Board holds themselves and senior leaders to account for the way employees in all their diversity are managed and empowered and seeks data to show that Seen and Heard Framework is working and impactful and prompts improvements where needed.

3. OUR PEOPLE: WORKFORCE DEMOGRAPHICS AND PAY INFORMATION BY PROTECTED CHARACTERISTICS

Clinical/Non clinical
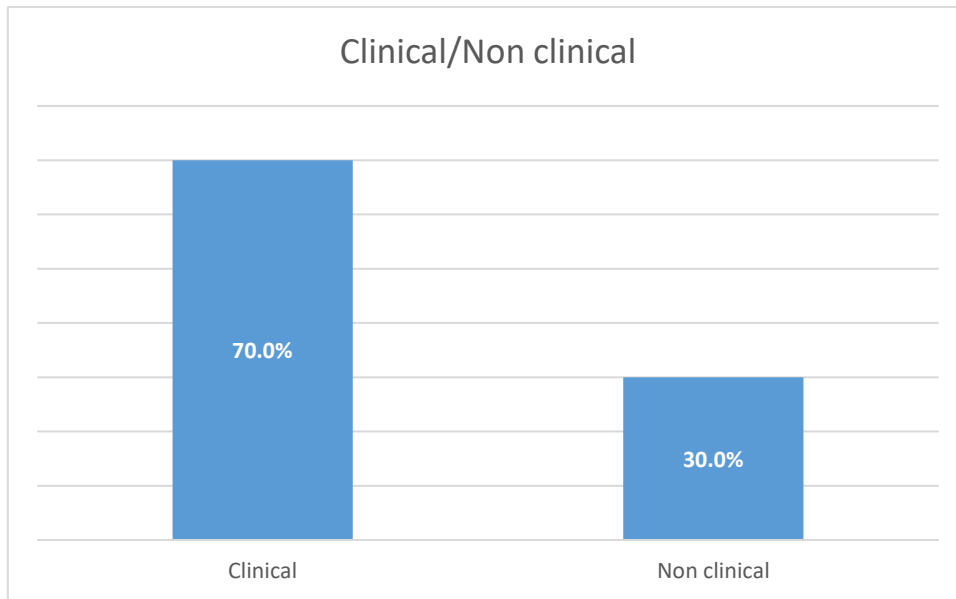
Our workforce consists of 70% clinical staff and 30% non-clinical staff. This has remained largely consistent with last year's data of 70.7% and 29.3%

3.1. Gender: Total workforce
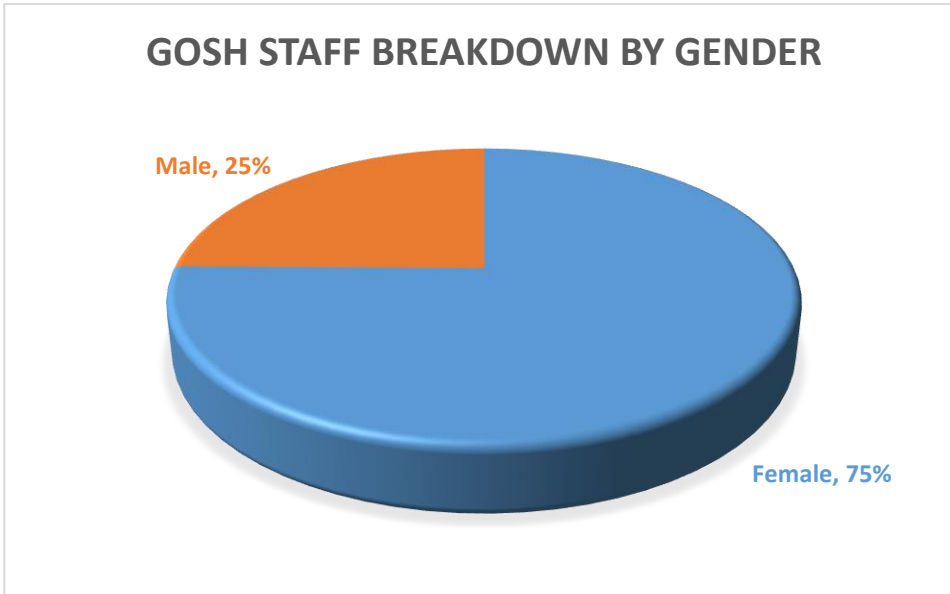
At GOSH we recognise that not all of our staff fit into the traditional binary male and female genders, however currently others gender identities are not recognised on the national NHS employee staff database. Work is currently progressing at the national level to remedy this and GOSH has been active in pushing and influencing this wherever possible.

The current proportion of male to female staff is 25% to 75%. This matches the NHS gender split. For the Medical workforce specifically, the split is 41.8% male.
This has remained consistent over the previous 3 years (24.5% male and 75.5% female in 2022)

The promotion of NHS careers without any gender bias is aimed at attracting both female and male candidates however societal drivers regarding gender-related career choices still strongly influence the above picture for certain professions such as nursing and AHP's where they are 94.4% and 89.8% female respectively.

3.2. Gender by staff group
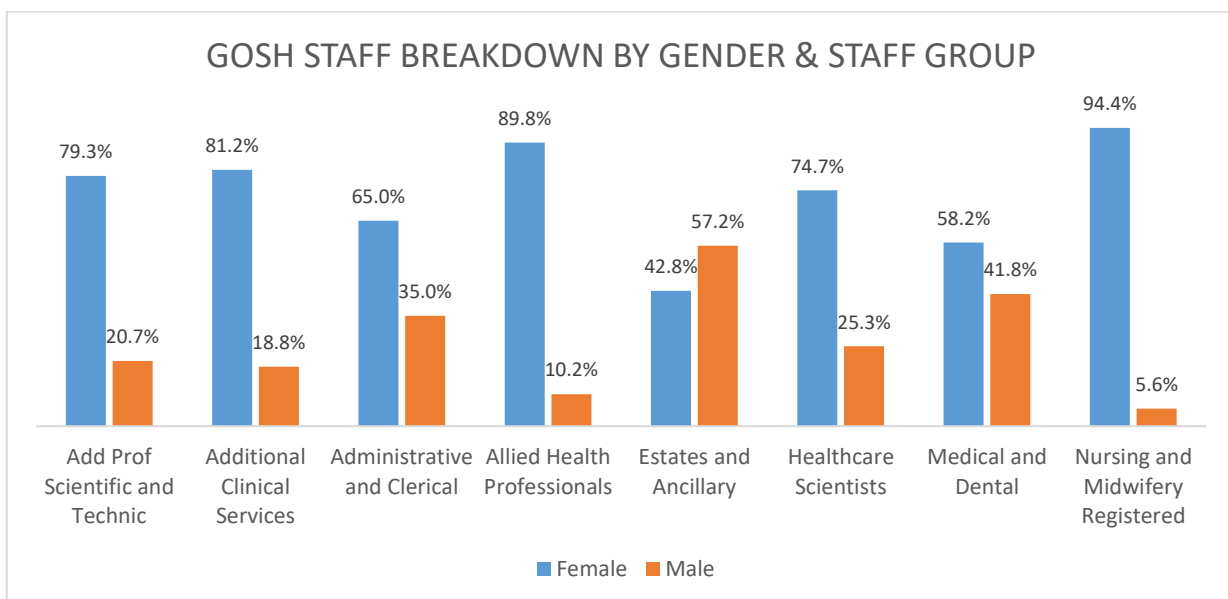
We can see that nursing and AHP groups are predominantly female with only estates and ancillary staff having a more male than female ratio.

3.3. Gender by pay band

Gender by Pay Band %			
Grade	**Female**	**Male**	**Annual Change**
Domestic Staff	35%	65%	+13% Male
Band 2	54%	46%	+6% Male
Band 3	72%	28%	+3% Male
Band 4	76%	24%	No change
Band 5	87%	13%	+1% Female
Band 6	85%	15%	No change
Band 7	82%	18%	+2% Male
Band 8A	78%	22%	No change
Band 8B	70%	30%	+2% Female
Band 8C	63%	37%	+2% Male
Band 8D	70%	30%	+11% Male
Band 9	60%	40%	No change
VSM & Ad hoc	46%	54%	+4% Male
M&D Career Grade	77%	23%	+3% Male
M&D Consultant	52%	48%	+1% Female
M&D Junior Doctor	63%	37%	+2% Male
Grand Total	**75%**	**25%**	**No change**

3.4. Gender Pay Gap

Public sector employers report and publish their gender pay gap information by 30 March of each year. The gender pay gap is the difference between the average (mean or median) earnings of men and women across a workforce. Organisations with a headcount of 250 or more on their 'snapshot date' must comply with regulations on gender pay gap reporting. Gender pay gap calculations are based on employer payroll data drawn from a specific date each year. This specific date is called the 'snapshot date'. The Trust has published its gender pay gap report to understand the size and causes of our pay gaps and identify any issues that need to be addressed. We believe that publishing and monitoring the gender pay gap will help us understand how effective our actions are in reducing it.

Like most NHS Trusts, the workforce at GOSH is majority female and the current proportion of male to female staff is 25% to 75%, which is largely consistent with recent years following a reduction in our historical gender balance, driven by the insourcing of the domestic staff in August 2021. The distribution of the male workforce is concentrated in both the lower end of the Agenda for Change Bands, due to the gender balance of the Estates and Ancillary workforce, as well more senior roles (Band 8a+ and Medical staff).

Gender	Female	Male
2020	77%	23%
2021	77%	23%
2022	75.5%	24.5%
2023	75%	25%

The Trust reported it's Gender Pay gap data (as at March 2022) in March 2023. The data continues to show that in common with most NHS Trusts, the Trust continues to report a gender pay gap, which in 2022 was 6.5%. This represents a reduction of almost half compared to our 2021 gender pay gap which was 11.5% for median hourly pay. Whilst we have an equal number of men and women

consultants (52% and 48% respectively), female consultants form part of a much larger population of women when looking at the gap at the organisational level (as the Trust is 75% female).

Consequently, their effect on female average pay is less than male consultant pay is on male average pay. The full gender pay gap report findings will be published as required on our website.

Gender pay gap (Non-Medical)	
Men	**Women**

Women earn 86p for every £1 that men earn when comparing median hourly pay. Their median hourly pay is 6.5% lower than men's.

Gender Pay Gap 2017-2021

Average Pay Gap
- 18.2%
- 17.0%
- 15.4%
- 16.9%
- 12.2%

Median Pay Gap
- 14.5%
- 11.2%
- 10.9%
- 11.5%
- 6.5%

Legend: ■ 2018 ■ 2019 ■ 2020 ■ 2021 ■ 2022
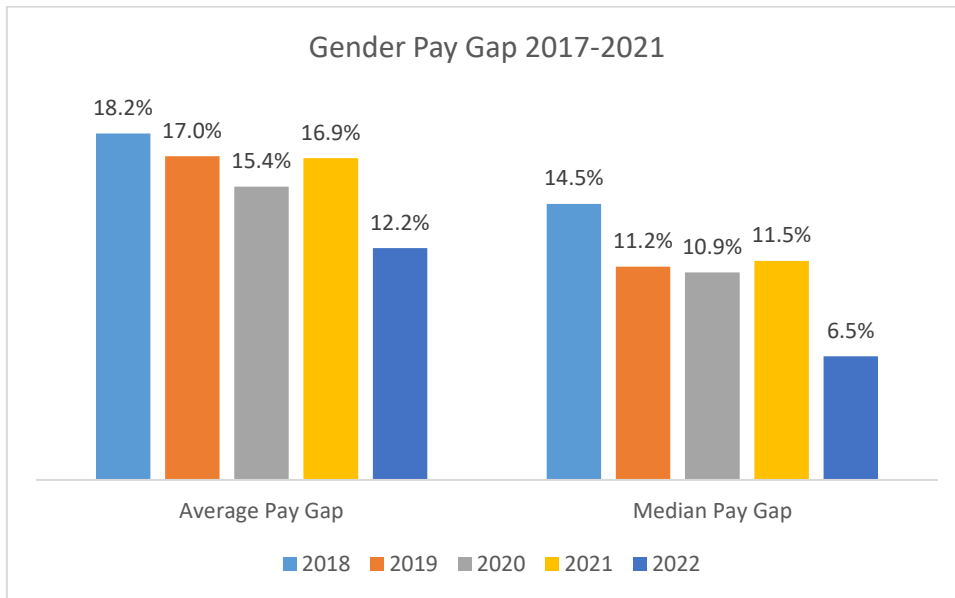
When considering the data at a more granular level it is clear that there are two main drivers for the gap at GOSH. The first one is the difference our consultant workforce makes on pay levels across the organisation. Whilst we have a fairly equal number of men and women consultants (52% and 48% respectively, at the time of Gender Pay Gap report), female consultants form part of a much larger population of women when looking at the gap at the organisational level (as the Trust is 75% female). Consequently, their effect on female average pay is less than male consultant pay is on male average pay.

Within the consultant workforce the distribution of men and women along the consultant payscale broadly represents the traditional demographic of the medical workforce (i.e., predominately male). Over time, as the demographic shift within the trainee medical workforce filters through to the consultant workforce, and female consultants' progress up the payscale, the ratio of female consultants at higher points of scale will increase and contribute to a reduction in gender pay gap at GOSH.

The second driver for the gender pay gap at GOSH is related to the nursing workforce which is overwhelmingly female dominated. As it is the largest workforce within the Trust and the nurses are concentrated at lower pay bands compared to other clinical staff this situation reinforces the gender pay gap in the Trust.

Consultant Salary Pts by Gender

Salary Pt	Female	Male
84559	15	13
87207	10	8
89855	9	9
92503	12	8
95144	56	42
101432	34	28
107721	30	30
114003	35	59

Legend: ■ Female ■ Male
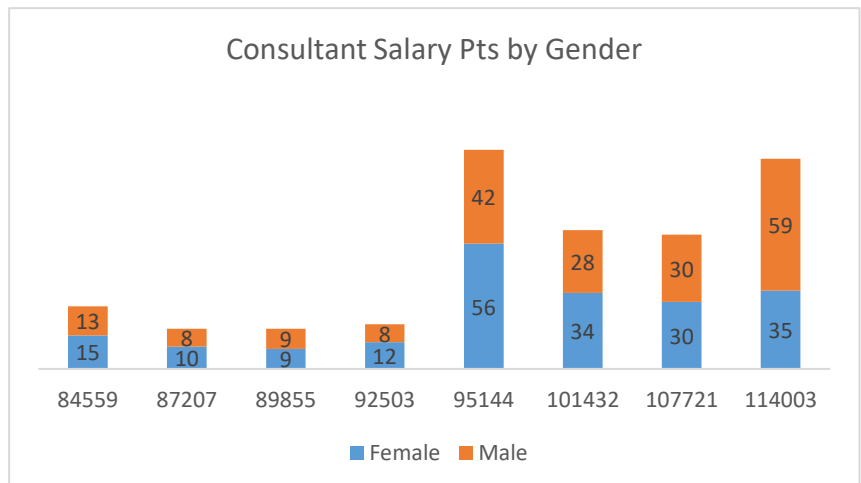
3.5. Disability: Total workforce

GOSH STAFF BREAKDOWN BY DISABILITY

Not Declared, 13.6%

Prefer Not To Answer, 28.0%

No, 82.5%

Yes, 3.7%
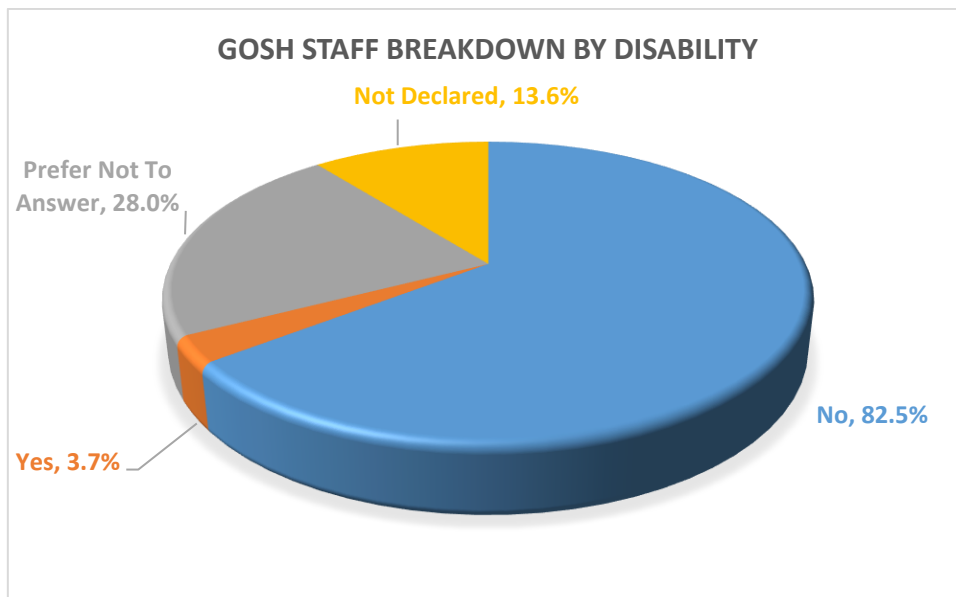
The data shows that GOSH has a recorded workforce composition of 3.7% (up from 3.1% in 2022). This number is based on reported information on the Trust's Electronic Staff Record (ESR) HR system. When reviewed against the NHS Staff Survey declaration this number is low significantly underreported. Staff survey 2022 saw 28.41% of respondents said they had a physical or mental health conditions, disabilities or illnesses. A focus of the coming year will be to increase declaration rates to bridge this gap.

The Seen and Heard Diversity and Inclusion Framework has as a measure of success an improvement to the declaration rates of disabled staff to address the reported gap between HR data and the Staff Survey data. By improving the quality of the datasets, the validity of the WDES submission will be enhanced, and actions arising to improve the experience of disabled staff will be more based in the experience of those staff. There has been a significant increase in the number of staff choosing "prefer not to say" from 0.3% in 2022 to 28% in 2023.

In November 2022 GOSH's Disability Confident Committed accreditation level 2 was renewed. This was achieved by making organisational commitment that ensure that our recruitment process is inclusive and accessible, vacancies are communicated, disabled people are offered an interview, reasonable adjustment is provided as required and existing disabled colleagues are supported in their career. Work to scope out the feasibility of achieving level 3, the highest offered will commence later this year in collaboration with the Enabled Network as part of our action plan for the Workforce Disability Equality Scheme (WDES) data collection and reporting. We will also initiate a campaign to raise awareness on invisible disabilities to encourage colleagues to disclose their disability status on ESR.

3.6. Disability by staff group

Staff Group	Yes	No	Not declared	Prefer not to answer
Add Prof Scientific and Technic	2.62%	80.76%	16.62%	0.00%
Additional Clinical Services	6.39%	81.87%	11.74%	0.00%
Administrative and Clerical	3.36%	81.97%	14.60%	0.08%
Allied Health Professionals	3.73%	80.00%	15.59%	0.68%
Estates and Ancillary	2.05%	83.37%	13.67%	0.91%
Healthcare Scientists	2.11%	83.43%	14.16%	0.30%
Medical and Dental	0.62%	83.90%	15.23%	0.25%
Nursing and Midwifery Registered	5.31%	82.74%	11.59%	0.36%
Grand Total	**3.65%**	**82.47%**	**13.60%**	**0.28%**

3.7. Disability by pay band

Grade	Yes	No	Not Declared	Prefer Not To Answer
Band 2	2.3%	84.2%	12.9%	0.6%
Band 3	6.3%	82.7%	11.0%	0.0%
Band 4	3.4%	80.3%	16.3%	0.0%
Band 5	6.2%	86.2%	7.4%	0.1%
Band 6	4.4%	83.8%	11.5%	0.3%
Band 7	2.5%	81.2%	15.8%	0.5%
Band 8A	3.2%	76.4%	19.9%	0.5%
Band 8B	0.7%	80.9%	18.4%	0.0%
Band 8C	5.3%	76.0%	18.7%	0.0%
Band 8D	5.0%	85.0%	10.0%	0.0%
Band 9	0.0%	44.4%	55.6%	0.0%
M&D Career Grade	0.0%	76.9%	23.1%	0.0%
M&D Consultant	0.3%	74.9%	24.6%	0.3%
M&D Junior Doctor	0.8%	93.5%	5.5%	0.3%
VSM & Ad Hoc	3.3%	60.7%	34.4%	1.6%
DSG - Ad Hoc	2.6%	83.1%	13.0%	1.3%
Grand Total	**3.65%**	**82.47%**	**13.60%**	**0.28%**

The distribution of staff who have declared a disability or long-term condition are relatively evenly spread across pay bands and staff groups. A key challenge is the low rates of declaration which will offer a limited picture.

3.8. Ethnicity: Total workforce

GOSH STAFF BREAKDOWN BY ETHNICITY

Unspecified, 6%

BAME, 37%

White, 57%
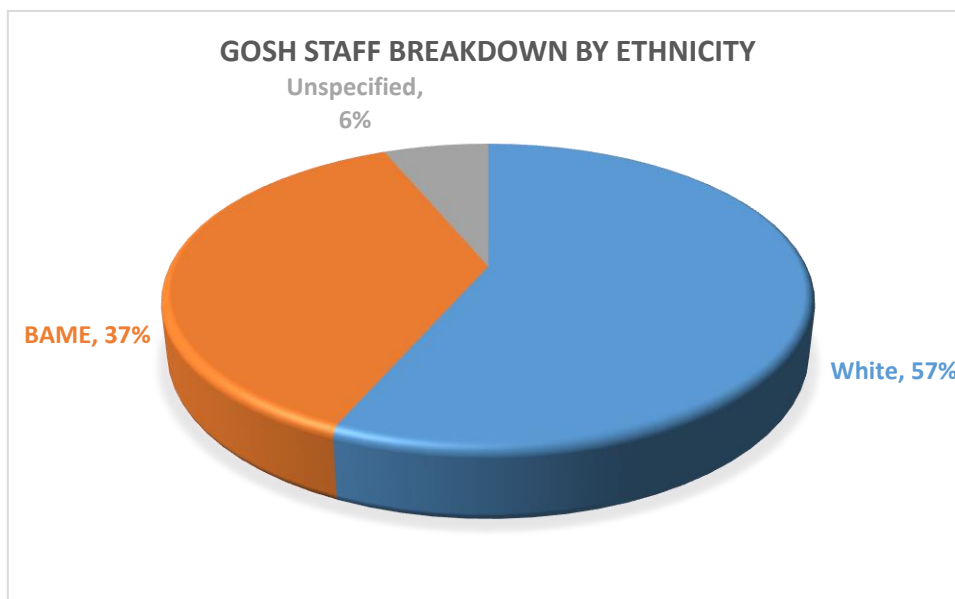
Our BAME staff representation is 37% which represent a 2% increase since 2022, and 6% of staff for whom ethnicity data is recorded as null/unknown and 57% white which is 2% reduction since 2022. Across the NHS nationally, 25.7% of the workforce with 74.3% white (NHS workforce April 2023). However, the BAME workforce in London is higher at 45% (London Workforce Race Equality Strategy 2020). At the moment our BAME staff representation is lower than the London average. Our apprenticeship learners at 55% BAME represents a higher proportion than the NHS London average workforce, delivering a more diverse pipeline for the future.

3.9. Ethnicity by staff group

Staff Group	BAME	12 month change	White	Not known
Add Prof Scientific and Technic	37.03%	1.9%	53.64%	9.33%
Additional Clinical Services	44.56%	1.1%	48.36%	7.08%
Administrative and Clerical	45%	1.5%	47.07%	8.20%
Allied Health Professionals	15.25%	1.0%	82.37%	2.37%
Estates and Ancillary	68.56%	0.7%	23.92%	7.52%
Healthcare Scientists	39.16%	0.8%	55.42%	5.42%
Medical and Dental	40.95%	4.2%	53.93%	5.12%
Nursing and Midwifery Registered	21.97%	1.3%	73.02%	5.01%
Grand Total	**37.12%**	**1.96%**	**56.59%**	**6.29%**

* Includes domestic staff insourced August 2021

The trends noted in last year's report have continued in that BAME staff continue to be very significantly disproportionately underrepresented in Registered Nursing and Allied Health Professionals, however we can see improvements on the previous report. The Trust continues its close working relationship with London Southbank University which is responsible for providing paediatric nursing students to the wards, in order to ensure that diversity is maximised at professional entry level.
BAME colleagues in nursing roles has increased to 22%, an increase from 20.69% in 2022.

3.10. Ethnicity by pay band

The data shows that the highest percentage of BAME staff members are within pay bands 2-3, and domestic staff who have yet to transition over to Agenda for Change pay scales following their insourcing in August 2021. There remains an underrepresentation of BAME colleagues in pay bands 8A-9 and VSM level, however, there has been an increase in BAME representation at grades 8A, 8B and 8C over the last 12 months.

Pay band	BAME	BAME 12 month change	White 12 month change	White	Not known
Domestic staff	76.6%	-2.6%	14.3%	0.4%	9.1%
Band 2	67.7%	15.8%	24.6%	-18.0%	7.6%
Band 3	53.1%	1.1%	38.6%	-7.9%	8.2%
Band 4	47.3%	1.0%	43.3%	-9.0%	9.4%
Band 5	40.2%	3.5%	51.9%	-10.6%	7.9%
Band 6	27.0%	0.2%	68.1%	-4.1%	4.9%
Band 7	23.0%	3.0%	72.7%	-6.5%	4.3%
Band 8A	23.8%	0.3%	71.5%	-3.5%	4.7%
Band 8B	19.1%	3.0%	75.9%	-5.2%	5.0%
Band 8C	20.0%	5.0%	76.0%	-6.5%	4.0%
Band 8D	0.0%	-4.8%	95.0%	4.5%	5.0%
Band 9	0.0%	0.0%	100.0%	0.0%	0.0%
VSM & Ad hoc	37.7%	4.9%	49.2%	-6.0%	13.1%
M&D Career Grade	69.2%	22.5%	30.8%	-22.5%	0.0%
M&D Consultant	31.2%	2.1%	65.1%	-5.8%	3.8%
Grand Total	37.12%	1.96%	56.59%	-6.65%	6.29%

3.11. Sexual orientation: Total Workforce

As NHS organisations do not monitor trans/non-binary status and gender identity, the below chart captures the data of colleagues who identify as bisexual, gay and lesbian. Currently the LGBT staff representation is 3.8% (no change from the previous year) and we have 22.1% of staff for whom sexual orientation data is recorded as null/unknown
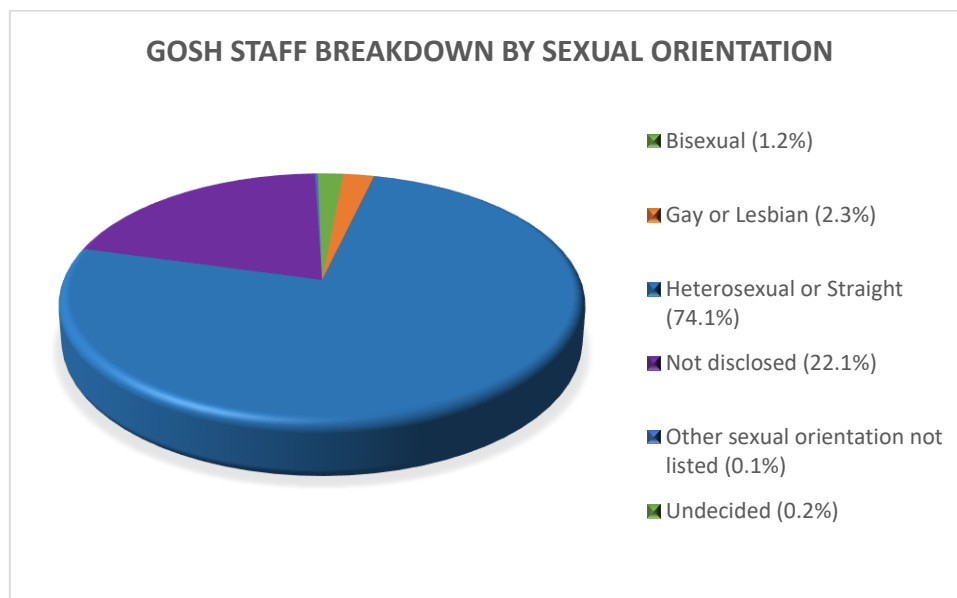
3.12. Sexual orientation by staff group

Staff Group	Bisexual	Gay or Lesbian	Heterosexual or Straight	Other sexual orientation not listed	Undecided	Not disclosed
Add Prof Scientific and Technic	2.3%	1.7%	72.3%	0.0%	0.3%	23.3%
Additional Clinical Services	2.8%	1.6%	78.2%	0.3%	1.2%	15.9%
Administrative and Clerical	1.0%	2.3%	76.4%	0.1%	0.4%	19.8%
Allied Health Professionals	1.0%	3.1%	71.9%	0.3%	0.3%	23.4%
Estates and Ancillary	0.9%	1.4%	70.4%	0.0%	0.0%	27.3%
Healthcare Scientists	1.5%	4.2%	68.4%	0.0%	0.3%	25.6%
Medical and Dental	1.0%	1.9%	76.8%	0.0%	0.0%	20.3%
Nursing and Midwifery Registered	1.7%	2.4%	77.4%	0.4%	0.2%	17.9%
Grand Total	**1.5%**	2.2%	**75.5%**	**0.2%**	**0.3%**	**20.2%**

3.13. Sexual orientation by pay band

Pay Band	Bisexual	Gay or Lesbian	Heterosexual or Straight	Other sexual orientation not listed	Undecided	Not disclosed
Domestic staff	1.3%	0.0%	66.2%	0.0%	0.0%	32.5%
Band 2	0.9%	1.8%	70.1%	0.3%	0.3%	26.7%
Band 3	2.0%	1.8%	78.0%	0.2%	1.2%	16.9%
Band 4	1.5%	1.5%	75.6%	0.0%	0.2%	21.2%
Band 5	2.4%	1.1%	83.8%	0.5%	0.5%	11.6%
Band 6	1.5%	2.7%	77.6%	0.1%	0.3%	17.8%
Band 7	1.0%	3.3%	71.7%	0.1%	0.3%	23.4%
Band 8A	1.0%	3.7%	65.5%	0.5%	0.0%	29.3%
Band 8B	1.4%	3.5%	67.4%	0.0%	0.0%	27.7%
Band 8C	1.3%	2.7%	70.7%	0.0%	0.0%	25.3%
Band 8D	0.0%	5.0%	70.0%	0.0%	0.0%	25.0%
Band 9	0.0%	0.0%	55.6%	0.0%	0.0%	44.4%
VSM & Ad hoc	3.3%	3.3%	65.6%	0.0%	0.0%	27.9%
M&D Career Grade	0.0%	0.0%	69.2%	0.0%	0.0%	30.8%
M&D Consultant	0.0%	1.8%	63.8%	0.0%	0.0%	34.4%
M&D Junior Doctor	1.8%	2.1%	90.4%	0.0%	0.0%	5.7%
Grand Total	**1.5%**	**2.2%**	**75.5%**	**0.2%**	**0.3%**	**20.2%**

3.14. Age: Total Workforce

The data shows that the Trust continues to employ a relatively young workforce, with the majority of staff falling into 30-49 age bracket.

We are keen to support the retention of older workers and provides advice and policies to support this. However, we do know from exit surveys and leaving reasons data on ESR, that as staff become older and some decide to raise a family, they may move away from London and choose to work with locally based hospitals. The cost-of-living crisis which has impacted both on the cost of housing and travel has exacerbated this trend. The Trust offers a range of initiatives to try and retain such staff including a comprehensive flexible working policy, a staff hotel to support staff travelling long distances to work and on-site subsidised staff nursery, holiday play schemes and salary sacrifice childcare vouchers.
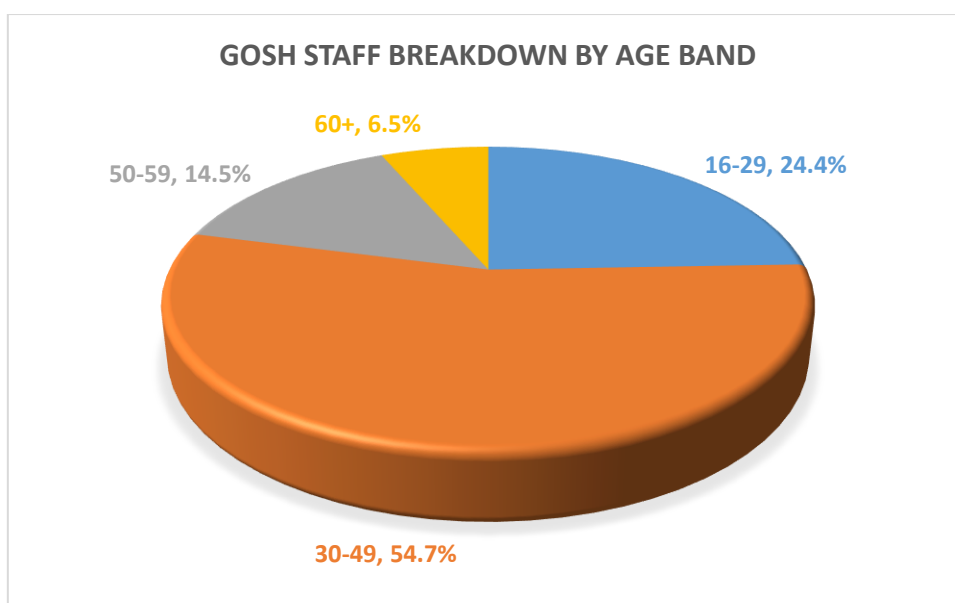
The trust continues to have a very young workforce with a quarter of the workforce under 30 and over half the under 50. This is in contrast to NHS average age 44 (according to the Age in the NHS infographic).

3.15. Age by staff group

Staff Group	16-29	30-49	50-59	60+
Add Prof Scientific and Technic	23.0%	58.0%	14.0%	5.0%
Additional Clinical Services	41.8%	41.6%	10.9%	5.7%
Administrative and Clerical	21.5%	53.3%	16.3%	8.9%
Allied Health Professionals	17.6%	66.4%	11.5%	4.4%
Estates and Ancillary	3.0%	44.9%	32.6%	19.6%
Healthcare Scientists	18.7%	60.5%	15.7%	5.1%
Medical and Dental	3.7%	71.9%	17.7%	6.6%
Nursing and Midwifery Registered	39.0%	50.5%	8.3%	2.2%
Grand Total	24.4%	54.7%	14.5%	6.5%

3.16. Age by pay band

Grade	16-29	30-49	50-59	60+
Domestic staff	2.6%	23.4%	51.9%	22.1%
Band 2	9.7%	47.2%	26.1%	17.0%
Band 3	36.1%	40.2%	15.5%	8.2%
Band 4	33.4%	43.0%	13.9%	9.6%
Band 5	57.8%	34.5%	5.1%	2.7%
Band 6	32.1%	55.5%	9.4%	3.1%
Band 7	11.0%	73.3%	12.4%	3.3%
Band 8A	3.7%	69.5%	19.6%	7.2%
Band 8B	0.0%	63.8%	25.5%	10.6%
Band 8C	1.3%	60.0%	29.3%	9.3%
Band 8D	0.0%	60.0%	25.0%	15.0%
Band 9	0.0%	33.3%	55.6%	11.1%
VSM & Ad hoc	6.6%	41.0%	27.9%	24.6%
M&D Career Grade	7.7%	46.2%	23.1%	23.1%
M&D Consultant	0.0%	54.5%	33.2%	12.3%
M&D Junior Doctor	7.0%	90.9%	1.8%	0.3%
Grand Total	**24.4%**	**54.7%**	**14.5%**	**6.5%**
	Highest % in age group by pay band			

The relative youth in our workforce means that potentially many of our managers will be first time managers. Over 10% of our band 7 staff, many of which will be ward managers are under 30. This makes it incumbent on GOSH to provide them with the appropriate initial and ongoing support and development for their new leadership role.

4. OUR PROGRESS

The GOSH equality, diversity and inclusion framework, *"Seen and Heard: Our Diversity and Inclusion Framework 2020-2022"* was published in 2020 and sets out our ambitions and priorities at an organisation-wide level. It builds upon the work that was already in place and demonstrates our commitment to diversity and inclusion for our workforce, the way we deliver our service and best patient care and our influence with stakeholders. It sets out what our workforce can expect from the organisation, leaders and from each other to foster a culture of inclusion, belonging and work differently by embracing new ways of working in teams, across organisations and sectors, supported by technology. Promoting and supporting diversity in the workplace is an essential aspect of good people management. We recognise that we must give our colleagues a powerful reason to stay and grow within GOSH, and this comes from a sense of belonging. We will reap the benefits of a diverse workforce through creating an inclusive culture that embraces different perspectives and celebrates diversity.

We worked to ensure that the strategy is aligned to our existing priorities and NHS values as well as the key objectives set out in the NHS People Plan and NHS Constitution. Seen and Heard: Our Diversity and Inclusion Framework 2020-2022 is a living document, which is being reviewed in the latter part of 2023 in line with the new People Strategy which was published in July, in collaboration with the staff networks and leadership teams to ensure that it remains current in response to new challenges in demand and services.

It was developed from a range of sources which included involvement and engagement with colleagues, staff networks, quantitative information collected through the NHS Workforce Race Equality Standard (WRES), NHS Workforce Disability Equality Standard (WDES) and analysis of staff survey data; a review of policies and procedures to explore how diversity and inclusion values are considered across the organisation and a review of national drivers of best practice and benchmarking.

To identify gaps and challenges, monitor progress and hold the organisation to account for its delivery against key objectives and goals relating to diversity and inclusion a Diversity and Inclusion Steering Group was established a as a formal sub-committee reporting through appropriate governance to People Planet Programme Board**.** The current and future Framework has supported and driven efforts to work towards developing an inclusive culture and move beyond compliance with equalities legislation to make GOSH an employer of choice for everyone.

The new Framework will continue to be structured around the key four key themes of:

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

Below presented are examples which illustrate how we have considered diversity and inclusion in our work within each section. We are committed to building on this existing good practice to celebrate success and identify gaps and challenges.

4.1. Theme 1: Opening up external recruitment, promoting GOSH as a creative, diverse and inclusive employer of choice

The Workforce Race Equality Standard (WRES) was introduced by NHS England and the NHS Equality and Diversity Council in 2015. The WRES was developed as a result of evidence that NHS staff from a Black, Asian and Minority Ethnic backgrounds (BAME) have a poorer experience at work and have less opportunities than their white colleagues. Implementation of the WRES is a requirement for both the NHS Trusts and provider organisations. The WRES is a key component in how organisations measure their work to deliver tangible and lasting interventions to race equality and inclusion, as well as supporting how, as a Trust, we deliver on our obligations under the Public Sector Equality Duty (PSED).

WRES Indicator 9 - Percentage Difference between the organisations Board Voting membership and overall workforce									
	2021			2022			2023		
	White	BAME	Unknown	White	BAME	Unknown	White	BAME	Unknown
Voting Board Member % by Ethnicity	75	18.8	6.3	71.4	28.6	0	64.3	21.4	14.3
Executive Board Member % by Ethnicity	75	25	0	71.4	28.6	0	66.7	22.2	11.1
Overall Workforce % by Ethnicity	63.5	31.2	5.3	58.8	35.4	5.8	56.8	36.9	6.3

WRES indicator 9 captures the percentage difference between the organisation's Board voting membership and its overall workforce.

The table above shows the percentage of BAME representation at executive and board level. There have been improvements at both board and executive level since 2021, however there was a slight drop in 2023 but headway was made in reducing the number of unknowns. However, this is still below the BAME representation of the trust which stands at 36.9% and has grown year on year.

WRES Indicator 2 - Relative likelihood of staff being appointed from shortlisting across posts				
Relative Likelihood of white candidates being appointed from shortlisting compared to BAME	2020	2021	2022	2023
	2.25	2.09	20.5	1.82

We have seen an improvement in the relative likelihood of candidates being appointed from a BAME background since the last report in 2022, Staff from BME backgrounds are now less than twice as likely as white staff to be appointed from shortlisting.

Attachment W

In 2018 the Workforce Disability Equality Standard (WDES) was launched to in the NHS to improve the experiences of disabled staff working in and seeking employment in the NHS. This work is a fundamental part of our diversity and inclusion work and understanding how it affects our staff is hugely important to us.

WDES Indicator 2				
Relative likelihood of non-disabled candidates being appointed from shortlisting compared to disabled candidates	2020	2021	2022	2023
	1.33	1.12	1.12	1.28

WDES indicator 2 shows that relative likelihood of non-disabled candidates compared to disabled candidates being appointed from shortlisting across all posts. The improvements made since 2020 were maintained through to 2023, however non-disabled are still more likely to be appointed by a significant margin.

		2019	2020	2021	2022
Staff Survey Equality, diversity & inclusion Theme	Trust Score	8.9	8.1	8.0	6.7
	National Average	9.2	7.0	8.3	7.0

The trust score of the NHS staff survey Equality, Diversity and Inclusion theme dropped to 8.8 in 2018 however increased to 8.9 in 2019 and a drop again to 8.1 in 2020 and 8.0 in 2021. Results from the 2023 survey will be available in early 2024. The score has dropped since the previous year, however despite a challenging context to the year, scores for the People Promise, *We are compassionate and inclusive* (from which this sub-score is derived) held in relation to other trusts within London and North Central London (NCL) Integrated Care Board (ICB)

Apprenticeships

The Trust continues its commitment to provide apprenticeship programmes for the whole of our workforce and have seen significant growth in the last two years to now have over 270 Apprentices, in over 40 different programs. Many career pathways are now complete from entry to degree level.

Apprenticeships are used to recruit local talent into the workforce with no prior experience and to develop our workforce of the future. Apprenticeships promote GOSH as a diverse and inclusive workplace by working alongside our local Council partners Camden and Islington as well as local employability programs, schools, and colleges. We have increased our recruitment from the local area and have higher statistics than the national average, for recruiting 16-24's year olds and employee's from BAME backgrounds.

The percentage of apprentices from a BAME background is currently 55% providing an additional diverse talent pipeline and an avenue to support GOSH's objective of creating a more inclusive culture.

Apprenticeships have grown from having 2 entry positions to now over 10, we now have full Apprenticeships pathways in Science, Allied health, Leadership and management, pharmacy, Nursing, Data and ICT.

This year 2023 has been particularly successful, we are one of the first NHS trusts nationally to qualify our first 8 Paediatric Nurses through the Apprenticeship route, In October we qualified our first 5 Play specialists.

Great Ormond Street Apprenticeships are seen as a trailblazer in the NHS and nationally, our Apprenticeship lead is part of the Apprenticeship diversity champions network.

Following on the back of our 2020 success of being awarded the 'Large Employer award' at the BAME Apprenticeship awards, we have been recognised in national awards year on year.

- National Apprenticeship award for Diversity and inclusion (AAC awards 2023)
- London Region- Large Employer award winner for Apprenticeships (This means we will be in the shortlist for the National awards in December out of 9 Regions)
- London Region – Highly commended in Apprenticeship recruitment
- National Apprenticeship Awards 2022
- Winner Diversity Award and National Finalist in Large Employer category
- BAME Apprenticeship Awards 2021
- Highly Commended Apprentice
- National Apprenticeship Awards 2021
- Winner London Regional Large Employer
- National Apprenticeship Awards 2021
- National Finalist Large Employer and Winner of Highly Commended Large Employer
- BAME Apprenticeship Awards 2021
- Finalist in (1) H&SC Employer (2) Large Employer, plus two apprentices in final
- BAME Apprenticeship Awards 2020
- Winner Large Employer of the Year

National Apprenticeship Awards 2020 - Apprentice Special Recognition Award

Apprenticeships have proven to increase the diversity of our workforce, they support better retention, they and provide an alternative development route for individuals and a route for ongoing educations throughout an individual's career. Apprenticeships featured heavily in the recent NHS 15-year workforce plan.

Great Ormond Street Apprenticeships have featured in the department of education national EDI toolkit and many of our Apprentices are national ambassadors.

Debiasing Recruitment

The work around debiasing the recruitment process continues, driven by the Debiasing Recruitment working Group and the D&I Steering Group with the following progress made since the last report:
- New inclusive job description templates
- Debiasing Recruitment: Glossary
- New hiring managers' guidance and other important resources
- pre-interview checklist
- Seen and Heard Champions recruitment and trained and contributing to recruitment panel discussions for all posts at 8a and above.

4.2. Theme 2: Creating internal career paths and opportunities for progression and ensure fair and transparent access to jobs, education and training

The percentage of BAME staff believing that there are equal opportunities for career progression/promotion has increases from previous years by almost 3% to 40.3%. This is building on the 10% increase last year, however still lags behind the experience of white staff (56%).

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.
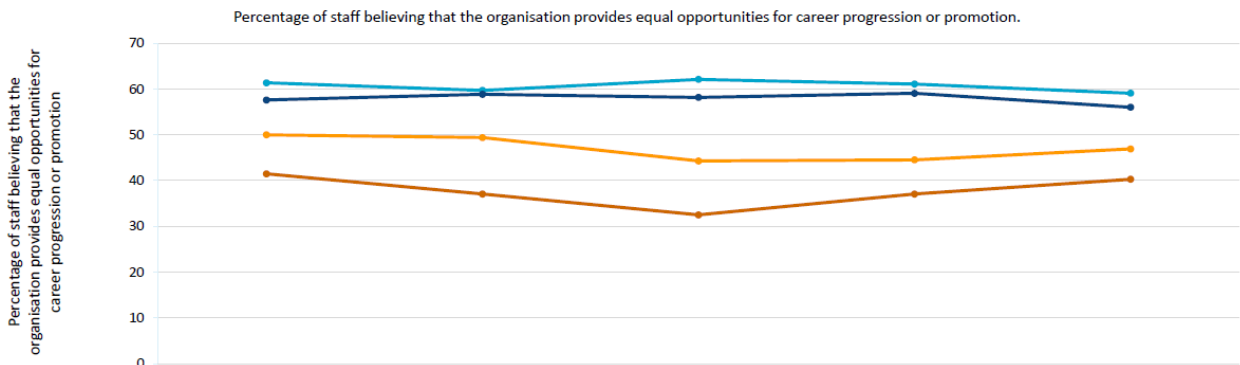
	2018	2019	2020	2021	2022
White staff: Your org	57.6%	58.8%	58.2%	59.1%	56.0%
All other ethnic groups*: Your org	41.5%	37.1%	32.5%	37.1%	40.3%
White staff: Average	61.4%	59.7%	62.1%	61.1%	59.1%
All other ethnic groups*: Average	50.0%	49.4%	44.3%	44.5%	46.9%
White staff: Responses	1533	1691	1869	1878	1562
All other ethnic groups*: Responses	598	642	766	882	747

*Staff from all other ethnic groups combined

4.3. Theme 3: Create a more inclusive work culture for all to build understanding and connectivity and support value-based people management practice

The number of BAME staff entering the formal disciplinary process remained approximately the same in 2023 at 35 (34 in 2022). This was true for white staff also. This follows an otherwise decreasing trend since 2019.

A *Stop and Think, Triage System* using a Disciplinary Decision Tree questionnaire for employee relations cases to work with the manager at the outset to agree whether formal action is required and allocate the right level of Managers Advisory support /resource continues support the process and has been successful in not seeing last year increasing trend continue.

WRES Indicator 3 – Relative likelihood of Staff Entering Formal Disciplinary Process (as Measured by Entry into a Formal Disciplinary Investigation)				
Relative likelihood of Staff Entering Formal Disciplinary Process	2020	2021	2022	2023
	2.03	2.87	2.09	2.07

BAME staff continue to be significantly overrepresented in the formal disciplinary process however, as the chart below clearly shows.

WRES INDICATOR 3 – NUMBER OF BAME STAFF ENTERING FORMAL DISCIPLINARY PROCESS COMPARED TO WHITE STAFF (AS MEASURED BY ENTRY INTO A FORMAL DISCIPLINARY INVESTIGATION)

■ white ■ BME ■ Unknown

DISCIPLINARY: Unknown 4, BME 35, white 26
HEADCOUNT: Unknown 346, BME 2136, white 3282
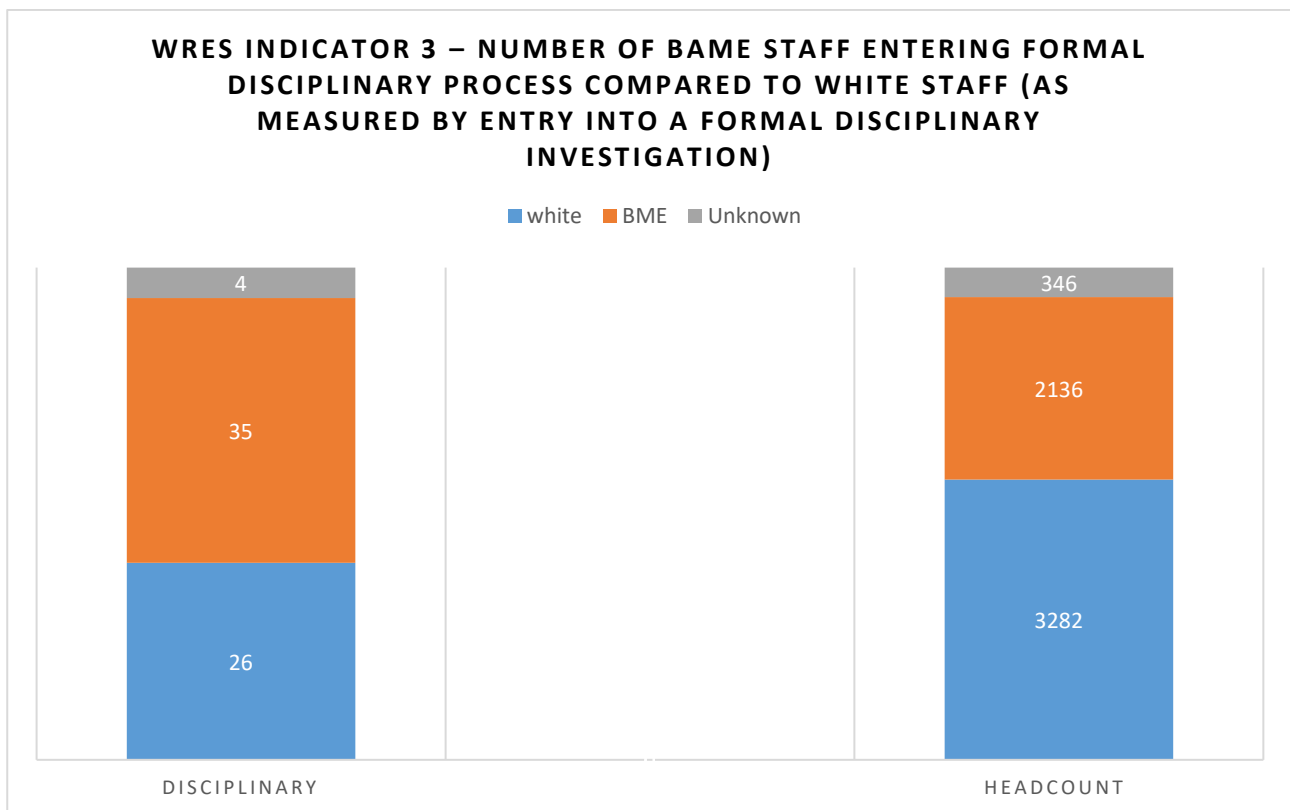
Rebranding of the Staff Networks

In 2001/22 each of the four Staff Networks underwent a significant re-brand. Former civil servant and leading author of The Incredible Power of Staff Networks, Cherron Inko Tariah. Provided consultancy to the executive team and guided the next phase of GOSH's staff networks by advising that the following should be established:

1. Priority Matrix

2. Stakeholder Map

3. 'Network on a Page' template

4. Terms of Reference

These documents underpinned the Networks aims and objectives, and the Terms of Reference specifically can be found on each of the Network's Our Gosh intranet so that members can keep the Network accountable.

The rebrand was essentially a way for each of the Networks to be more accessible to collages at GOSH. They were forums at first, however

Originally, GOSH's staff networks were:

BAME Network - Black and Minority Ethnic. however, as BAME as it emphasises certain ethnic minority groups (Asian and black) and exclude others (mixed, other and white ethnic minority group, the network now rebranded as the *REACH Network*. This speaks to GOSH aims as a high performing organisation and that it is "reaching out" to ethnic minorities. REACH is also an acronym for 'Race, Ethnicity and Cultural Heritage" showing that the Network is a place for all nuances of ethnically diverse people and that culture and heritage is to be not only acknowledged but celebrated.

The LGBT+ and Allies Network. In recognition that there are multiple nuances and niches of the community that cannot all be addressed with an initialism. *The Pride Network* was created, to encapsulates the cultural notion of the Staff Network. The word 'pride' is an integral cultural concept within the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQIA) movement. 'Pride' as a concept represents solidarity, collectivist, and identity as well as resistance to discrimination and violence. Hence why the network is now named the Pride Network.

D&LTHC (Disability and Long-term Health Condition) forum this was changed to *The ENABLED Network*. The former name did not capture the range of disabilities, neurodivergence, mental health disorder, developmental conditions. ENABLED however is an acronym of sorts meaning 'ENhancing ABilities and LEveraging Disabilities' putting more emphasis on the empowerment of those with disabilities.

The Women's Network retains the same title.

The past year the networks have been focused on consolidating their structures, new identities and working closer with the organisation on shared objectives.

A comprehensive list of network organised and sponsored events supported by the D&I team can be found in Appendix 1.

4.4. Theme 4: Creating channels and safe spaces which amplify the employee voice – ensuring that we listen, hear and act as a consequence

The Seen and Heard Diversity and Inclusion Framework and developed an implementation plan was launched in 2019 as a 3-year plan. A new three-year framework will be published in early 2024 based on the refreshed People Plan which was published in July 2023.

- The Diversity and Inclusion Steering Group which reports to the People Planet Programme Board, continues to drive the EDI agenda
- The Diversity and Inclusion Organisational Development Partner role was appointed to in December 2022 to lead on the EDI agenda across the organisation and on the implementation of the Seen and Heard D&I Framework
- We allocated £46,000 to support the four staff networks throughout the year (£11,500 per forum). Within each forum's budget, some of this budget is set aside to make "responsibility payments" to forum leads.
- New D&I pages have been established and populated on Our GOSH to pull together all D&I information
- Since the launch of the new GOLD learning platform, new sections specific to EDI have been created to house all relevant learning content and provides a unified area for all resources.
- Our OED team have been reviewing and developing new leadership and management development programmes to support our leaders and managers on issues such as diversity and inclusion, recruitment & selection and effective line management. One of the key threads running through of the new programmes will be inclusive and compassionate leadership as well as the practical skills required to lead effectively
- As part of recognition scheme, we continue to promote GEMS (GOSH Exceptional Member of Staff) and to celebrate the contributions of our members of staff to our allyship journey
- In July 2023 we held our first post covid long service celebration to celebrate our longs serving members of staff. All staff with 10 years plus service at GOSH were acknowledged with a card and pin badge with their years of service (in 10-year intervals) on them. All staff with more than 20 years' service were invited to a celebration attended by members of the leadership team.

The Lagoon Team were our Team GEMS in December 2022

- The Staff Networks publish a communication and engagement plan for the year ahead and distributed to stakeholders
- Quarterly meetings scheduled between staff networks, executive sponsors and Mat Shaw – supporting amplification of employee voice an increasing visibility of staff networks and senior leaders
- Diversity and Inclusion session developed and delivered for the Band 6 development programme. Content: overview of Seen and Heard strategy; managing bias; The Equality Act 2010; privilege; effective allyship; leading inclusive teams, psychological safety

- Refreshed Terms of Reference for all staff networks, new ToRs focus on objectives and outcomes, and includes monthly timetable to support with management of facilitated hours. All committee roles and responsibilities reviewed. For example, REACH have introduced new 'Frontline Lead' roles and a WRES Lead.
- Elections process for network chair and vice chair roles created. Chair and vice chair tenure changed to 2 years and maximum 2 terms.

Other D&I related activities can be found in Appendix 2

5. OUR NEXT STEPS

Four key themes of the Seen and Heard Diversity and Inclusion Framework will continue to be our focus for the next year. Diversity and Inclusion Steering Group will take this work forward and the oversight of this work will be through the People Planet Programme Board.

The new three-year Seen and Heard Framework and corresponding delivery plan will be developed and launched in January 2024. The framework and plan will establish the actions and objectives of our EDI activities for the next three years. These actions will be developed in alignment with our staff networks, NHS People Plan, NHS Equality, Diversity and Inclusion Improvement Plan, staff survey and local identified needs.

Our staff networks as well as supporting and contributing to the plan, are asked to sponsor and champion key objectives which are of particular importance to their communities.

The activities and initiatives for the coming year will be

Opening-up external recruitment, promoting GOSH as a creative, diverse and inclusive employer of choice
- Debiasing Recruitment- the next steps of this programme will include taking a more data driven approach by directing Seen and Heard Champions to particular campaigns where a challenges remain with regards to inclusive selection decisions as well as supporting with refreshed training for manager and increasing the pool of champions.

Creating internal career paths and opportunities for progression and ensure fair and transparent access to jobs, training and education
- Creating internal career paths for BME staff through Greater London Authority antiracism programme and enhanced career development support including mentoring and coaching

Creating a more inclusive work culture for all to build understanding and connectivity and support value-based people management practice
- Through the commissioning of all staff EDI webinars, an inclusive leadership focused leadership development programmes and enhanced EDI mandatory training.
- By encouraging more staff with disabilities of long-term conditions to declare so more proportionate levels of support can be offered that reflects our staff's needs
- By improving the accessibility of our estate. This includes ramps and hearing loops and the provision of gender-neutral toilet facilities
- Developing pronoun guidance

Creating channels and safe spaces which amplify the employee voice, ensuring that we listen, hear and take action as a consequence
- Focusing on women's health issues including menopause and menstruation
- Supporting international staff through listening events and corresponding actions
- Strengthen employee voice through the introduction of routine staff network meetings

6. SUMMARY

From this review of our data, we can see that we have seen areas of improvement. Areas which haven't seen an improvement such as the number of BAME staff entering the formal disciplinary process has been mirrored by an increase in white staff also and further measures, such as the Stop and Think process have also been introduced. However, we have more work to do to improve the experience and opportunities of BAME colleagues and colleagues with disabilities regarding access to career progression, and we need to attend to every step of the internal and external recruitment process to reduce bias.

This period of recovery following the Covid pandemic also presents challenges system wide. Increasing levels of fatigue and the cost-of-living crisis all represent challenges for many of our staff but will be more keenly felt by in lower pay bands where disabled and BAME staff are overrepresented. GOSH maintains and introduced a number of initiatives to support staff during this period including:

- Employee Assistance Programme (EAP) who provide among a large range of services, counselling services, debt and budgeting advice
- On-site Citizens Advice Bureau service
- Hardship Fund

We recognise that we have significant non-disclosure about disability and LGBT+ information which, whilst we are similar to the NHS in this respect, will be a priority in the next 12 months to enable us to fully understand the diversity of our people. We will also take particular interest in the annual staff survey results which will start to be available from January 2024, earlier than in previous years, increasing our window for analysis and action, with full benchmarking with other Trusts later.

We are pleased to continue with our debiasing recruitment programme which will provide a structure for how bias can be eliminated at each stage of the recruitment and selection process. This initial work will take several key steps with the introduction of the De-Biasing Recruitment eLearning module which will be mandated for all recruiting managers to complete and the Seen and Heard Champions providing guidance and an alternative voice at recruitment panels

7. Appendix 1- Staff Network Events

The staff networks held a series of events supported by the D&I team.

The REACH Network:
- **Friday 22nd April 2022 - 'Stephen Lawrence Day: Nairobi Thompson - Poetry, Legacy & Reflection'.** Described as a poet of our time, Nairobi is a published writer, academic editor, and a passionate performance poet. This talk commemorated the life and legacy of a young Black man whose murder, and subsequent mishandling of the investigation and case left a significant and indelible mark on the United Kingdom
- **Wednesday 27th July 2022 - 'South Asian Heritage Month Keynote Speech - Jaspreet Kaur, author of 'Brown Girl Like Me: The Essential Guidebook and Manifesto for South Asian Girls and Women'.** Jasmine Kaur is an award-winning spoken word artist, history teacher and writer from London. She is passionate about gender issues, taboo subjects and encouraging positive social change in both the Asian community and wider society
- **Wednesday 3rd August 2022 - The Self-Care Writing Workshop held by Andreena Leeanne**. Andreena is a Black Lesbian Lived Experience Speaker, Writing Workshop Facilitator & Poet who helps organisations with their inclusion and wellbeing strategy by speaking about intersectionality, authenticity, allyship and facilitating writing workshops on self-care
- **Tuesday 4th October 2022 - African Yoga session** in Weston House
- **Thursday 20th October 2022 - Black Owned Business Marketplace in the Lagoon**
- **Wednesday 19th October 2022 - 'Child Q: For the Sake of a Smell' presented by Marcia Smikle,** Head of Safeguarding Children at Homerton University Hospital Foundation trust. This talk focused on the Child Q incident, inappropriate strip searches, children's rights and how we can prevent this happening to children again
- **Friday 21st October 2022 - Live Steel Pan performance** at the entrance of GOSH
- **Tuesday 25th October 2022 - 'Black History Month Event - Demystifying Psychology' with Jillian Jagessar -** With rates of mental health higher in some ethnic groups, the session explores where mental health currently is in the UK regarding its Black population. The session covered a background – mental health inequality in ethnic minority people, genetics, biological factors and mental health, social determinants and their impact on mental health, discrimination, and its impacts on health and what will help to improve mental health
- **Wednesday 26th October 2022 - Winter Lime** at the Sky Garden - A Caribbean Social
- **Monday 31st October 2022 - 'Black History Month event - Shaun Wallace'** - Shaun is an English barrister, lecturer, and television personality. He is one of the six "chasers" on the ITV quiz show The Chase. He delivered a talk at GOSH to discuss his personal experiences on TV for Black History Month

The Women's Network:
- **Thursday 31st March 2022 - 'Women's History Month and International Women's Day - A Comedy Event' with Francesca Martinez.** Francesca is an English comedian, writer, and actress. She has cerebral palsy and often incorporates her disability into her comedy material.
- **Wednesday 1st March 2022 - Wellbeing Wednesday Webinar on Women at Work** - Guest speakers, Helen Bircumshaw (Research and Policy Coordinator at the Women's Organisation in Liverpool) and Lisa Mennie (Chair of the GOSH Women's Network). Reflections on how gender inequality still affects women's lives and wellbeing today and will touched on a range of important topics that affect women in the workplace, including the gender pay gap, women's health, employment, and empowerment

- **Wednesday 23rd November 2022 - Safeguarding Group.** The Women's Network hosted a safe space discussion group where colleagues were encouraged to express how their safety could be improved when working at GOSH
- **Friday 25th November 2022 - Self-defence class** - Following on from the safeguarding group, the Women's Network joined up with the Institute Krav Maga to offer a limited number of GOSH staff a free self-defence taster session. The session was well attended
- **Tuesday 31st January 2023 - GOSH Women's Network launch 'Super Woman' Career Development Programme.** The GOSH Women's Network welcomes applications from all female staff members to the inaugural 'Super Woman' Career Development Programme. The programme includes 4 x 1hr action focused private coaching sessions with an experienced career coach to help you work through career dilemmas and decisions such that ultimately, you achieve greater confidence and improved personal effectiveness
- **Tuesday 8th March 2023 - International Women's Day -** The Women's Network produced a video to commemorate this day, asking colleagues what equity means to them
- **Thursday 16th March 2023 - Panel Discussion – Women and Imposter Syndrome** As part of the celebrations for Women's History Month, the Women's Network hosted a frank and open panel discussion on imposter syndrome. Tracy Luckett, Chief Nurse, and senior sponsor of the Women's Network, was joined by four women from across the organisation to discuss imposter syndrome, how it has impacted them and their careers and how it intersects with their experience as a woman in the workplace.
- **Monday 20th March 2023 - Representation in Medicine - Dr. Khadija Owusu.** Dr Khadija Owusu is an award-winning Leader, International Speaker, and Junior Doctor. She is a change agent, a voice for thousands of Black and Ethnic minority aspiring medics, medical students, and doctors as she works to tackle issues on equality, diversity, and inclusion.
- **Tuesday 28th March 2023 - Women's Network AGM** – This AGM was also joined by Kalpana Fitzpatrick, an award-winning journalist with extensive experience in financial journalism.

The Pride Network:
- **Thursday 7th July and Tuesday 19th July 2022 - 'LGBTQ+ Basic Awareness Training'.** The Pride Network organised a half day interactive, informative, and thought provoking face-to-face/ virtual workshop via GOLD. The training was delivered by Dr Jamie Willo, Darzi Fellow and ACP accredited Child and Adolescent Psychoanalytic Psychotherapist working with Sussex Partnership NHS Foundation Trust in Children services for over 10 years. Jamie allows participants to experience how it may feel to be in the shoes of an LGBTQ+ person in our society, and highlights the difficulties faced on a day-to-day basis by LGBTQ+ people
- **Wednesday 15th February 2023 - LGBT+ History Month: NHS England: Trans Basic Awareness Event by Tash Oakes-Monger** - Tash Oakes-Monger from NHS England facilitated a presentation on the key terminology, key concepts and health inequalities of the Trans and Non-Binary communities
- **Wednesday 22nd February 2023 - LGBT+ History Month: Pansexual and Queer identities by Fox Fisher** - Fox spoke about pansexual and queer identities, and answer questions from attendees

The ENABLED Network:
- Jane Hatton is an award-winning social entrepreneur who has worked in diversity and inclusion for over 25 years. Her expertise cuts three ways: as a diversity consultant, as an employer, and as a disabled person. Jane founded the recruitment company Evenbreak which connects inclusive employers with talented disabled people. She came to GOSH on several occasions to deliver some tailored sessions:
    - **Monday 9th May 2022 - 'What is Disability?'**

- o **Monday 6th June 2022 - 'Inclusive Workplace'**
- o **Monday 4th July 2022 - 'Supporting Disabled Colleagues'**
- o **Monday 8th August 2022 - 'Workplace**
- o **Monday 5th September 2022- 'Disability Etiquette'**
- **Thursday 12th May 2022 - 'ENABLED Annual General Meeting'** featured talks from each executive member of the network, a little about their role, history and why they joined the Network. The AGM also featured Diane Lightfoot who is the CEO of Business Disability Forum
- **Wednesday 30th November 2022 - Dr. Amit Patel presents a Disability History Month Conference event** - The Network hosted a hybrid event joined by Dr. Amit Patel, best-selling author of 'Kika & Me: How One Extraordinary Guide Dog Changed My World. He came and described his journey from medical school, to losing his eyesight, and his life now
- **Friday 16th December 2022 - Dr Helen Griffiths, Head of Psychological Services, Psychological Impact of Disabilities** with Dr. Helen Griffiths delivered a session about the psychology of living with a disability.
- **UCLH Psychological Services**: ENABLED collaborated with UCLH Psychological services to bring a range of virtual sessions focused on discussing the challenges of mental well-being, disability, and the workplace, to develop staff understanding of disabilities and support. The first of these sessions was
  - o **Monday 27th March 2023 - Mental Health and Work-life Balance**

Additionally, the Enabled Network have bene helping to amend the Sickness, Leave and Absence Policy with support from the Business Disability Forum.

Collaborative events between networks highlighting intersectionality:
- **Friday 27th January 2023 REACH and ENABLED**
  LGBT+ History Month 2023: Holocaust Memorial Day, Remembering LGBT+ Victims of the Holocaust - Andrea Carlo spoke about the often-forgotten LGBT+ victims of the Holocaust.
- **Wednesday 8th February 2023 - REACH and ENABLED and Women's**
  LGBT+ History Month: Asexual and Aromantic Awareness, Yasmin Benoit - multi-award-winning asexual activist Yasmin Benoit delivered a presentation on asexual and aromantic identities
- **Thursday 30th March 2023 - REACH and Women's and ENABLED**
  REACH, ENABLED and Women's Network event: ADHD amongst Black Women - Abigail Agyei – Abigail Agyei is an award-winning policy advisor and neurodiversity advocate currently working at the Department of Health and Social Care. She has over nine years' experience working with community groups and marginalised and under-represented groups and is incredibly passionate about amplifying the voices of intersectional identities and discussing how they lived experiences are shaped in the world.

8. Appendix 2 -Other D&I related activities

Partnership with Business in The Community

We have begun a partnership with Business in The Community (BITC) who are the UK's largest and most influential responsible business network dedicated to building a fairer world. Their support for GOSH will include tailored support, advice, initiatives to create greater inclusivity within our workforce and drive long term change.

New Freedom to Speak up Guardian (FTSUG)

Kiera Parkes started working as Freedom to Speak Up Guardian in March 2023. She has a background in paediatric nursing and has worked in a variety of clinical specialties (at GOSH and other hospitals) before moving into the Patient Safety Team in 2013. As the new FTSUG, she is here to offer confidential support to staff who might want to discuss and raise concerns about patient care and safety, or things that affect their working life. Kiera can also come and talk to different staff groups about 'speaking up' and 'listening up', so if departments or teams have any study days planned, she can explain the importance of speaking up there.

Diversity in Healthcare Programme

GOSH was also chosen to partake in the NHS Confederation's Diversity in Healthcare Programme. The Diversity in Health and Care Partners Programme supports health and care organisations to create more inclusive workplace cultures, where uniqueness of beliefs, backgrounds and ways of living are welcomed and celebrated. The programme has supported over 300 organisations over the last decade, encouraging collaborative working, sharing innovation and best practice, and making change happen. The programme is built on a foundation of experience, and it provides thought leadership, tools, and tips to help put GOSH at the forefront of equality, diversity, and inclusion (EDI) practice.

It supports:
- leaders to integrate the latest sustainable diversity and inclusion practices
- the creation of culturally appropriate and inclusive services to meet the needs of a diverse range of patients and care services users
- organisations to be the best employers and service providers they can be
- efforts to achieve the requirements of NHS and other external benchmarks and standards.

Gender-Inclusivity Task and Finish Group

A new board-approved task and finish group which would be looking at gender inclusivity in the organisation was set up with the to make the organisation more inclusive for those of all genders, including those who identify as trans and non-binary, and it will have a lifespan of 12 months. A list of members, Terms of Reference and Action Plan has been established.

Greater London Authority Anti-Racism Programme

GOSH was chosen as one of ten healthcare organisations to be part of the Greater London Authority, Mayor of London Anti-Racism Design Lab. The programme launched in January 2022, the Design Lab is a bespoke, design-led 10-month Equity, Diversity and Inclusion (EDI) programme based on participative action on Anti-racism and the dynamics of change for companies, sectors, and the wider community of London. The Design Lab works with large businesses to tackle the underrepresentation of Black, Asian, and Minority Ethnic (BAME) groups in London's labour market. The Design Lab 2023 is open to 30 leading London organisations to benefit from the latest evidence and thinking on Anti-racism and EDI. Supported by top experts GOSH will receive training, coaching and resources with the opportunity to collaborate, co-design, and drive practical change in your business, your sector and across the London economy. The programme will equip the execs with know-how, reusable tools, and practical plans. Other local NHS trusts on this programme include Kings College Healthcare, Guys and St. Thomas and Royal Free. Three leads (two individuals from HR and one individual from the REACH network) have been chosen for this project.

De-Biasing Recruitment and Selection Toolkit

The debiasing of internal and external recruitment processes was one of the key priorities identified in the 10-year London Workforce Race Strategy published in October 2020. In August 2021 the NHS London Debiasing Recruitment toolkit was launched to provide a structure for how bias can be eliminated at each stage of the recruitment and selection process. The purpose of this toolkit is to ensure all those involved in recruitment and selection of NHS staff in London are aware of how bias exists within recruitment and selection processes and what actions they can take to ensure the process is equitable and bias is eliminated at each stage from job design to onboarding.

In December 2021, a project group was established with colleagues from across Human Resources, Communications and representatives from both staff side and staff networks. Since inception, the project group has assessed each stage of the recruitment and selection process and subsequently developed a toolkit of resources to support hiring managers with making fair recruitment decisions. The toolkit includes a recruiting managers guide to fair recruitment, an updated job description template, interview question guide, pre and post interview checklist and suggested reasonable adjustments during the recruitment process. All GOSH job adverts now include a diversity and inclusion statement demonstrating the Trust's commitment to diversity and inclusion.

In November 2022, an e-learning package was launched on GOLD and in March 2024, the requirement will be that all colleagues involved in recruitment and selection will expected to be completing the e-learning module and will not be able to participate in recruitment activity until they have undergone the training.

The project group also developed the 'Seen and Heard Champion' role. The champions, who are all existing GOSH staff, received specialist training from an external training provider to support shortlisting and interview panels to ensure processes are free from bias and fair and equitable selection decisions are made. The role of the Seen and Heard Champion is to provide advice to recruitment panels on fair recruitment. They will act as a panel member to offer alternative insights and contribute to the 'picture' of the candidate. The champions will support the panel to recognise the potential for inherent biases in the process and provide advice and guidance on how they can make fair recruitment decisions. The chair of the panel (usually the hiring manager) will ensure that they provide a presence from outside the local management hierarchy, with the ability to question selection decisions and feel less pressure to submit to 'group think'.

So far, we have had an abundance of Seen and Heard Champions who have sat on interviews for Band 8A and above positions. Going forward, we hope to have the Seen and Heard Champions will even partake in the shortlisting stage of selection as our data shows that there are some areas of the trust where shortlisting stage is where there is a less likely chance of BAME and disabled candidates proceed to interview stage, and in some areas of the trust, the issue is both the shortlisting stage and the interview stage.

REACH Listening Event
On 13th September 2023, the REACH Network hosted a listening event which aimed to give ethnic minority colleagues at GOSH a safe space to share their experiences of direct/indirect racism at GOSH. The attendees were from various professions/occupations all of whom shared their lived experiences of racism at GOSH. All stories shared are treated in the strictest confidence. Ongoing themes in this listening event were noted.

Workplace Equality Index with Stonewall
The GOSH Pride Network has been working on their Workplace Equality Index. The experts in LGBTQ+ inclusion at Stonewall have created a sophisticated scoring system in which they have provided feedback to GOSH, enabling us to understand what's going well and where we need to focus our efforts. GOSH ranked 174th with a score of 45 out of 200 and we were awarded a Silver Award.

Policies Amended
A policy sub-group has been developed by HR. Policies that have a focus on D&I such as the *Health and Wellbeing Policy* and the *Early Resolution Policy* are being thoroughly reviewed so that they are more appropriate for all colleagues at work. Policies reviewed with network input include:

- Uniform Policy review completed
- Parental Policy review completed
- Grievance and Dignity at Work policies;
- Early Resolution Policy;
- New templates and guidance created for Equality Impact Assessments for staff network contribution to policy review (awaiting sign-off). This is to enable an inclusive approach to people policy development
- Sickness Policy reviewed collaboratively with D&I, ENABLED and BDF. Policy is more inclusive with removal of Bradford Scores and emphasis on individuality and inclusive language

NHS

**Great Ormond Street
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Trust Board 30 November 2023	
Schedule of matters reserved for the Trust Board **Submitted by:** Anna Ferrant, Company Secretary	**Paper No: Attachment X** ☐ **For approval**

Purpose of report

NHS England's Code of Governance for NHS Provider Trusts (2023) requires that there should be a formal schedule of matters which defines those powers specifically reserved to the Trust Board:

2.17 The board of directors should meet sufficiently regularly to discharge its duties effectively. A schedule of matters should be reserved specifically for its decisions. For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved.

The existing Trust Board Schedule of Matters document has been reviewed and updated and placed in a simpler format. Updates to the document are shown in red text. The Trust Board schedule highlights in the right-hand column where Board committees have a role in discussing/ recommending matters to the Board or have authority delegated to them to make decisions on behalf of the Trust Board (delegation noted in purple text).

The Schedule refers to matters that require approval from both the Board or the Council and where the Board is required to take in to account the views of the Council.

The statement detailing the roles and responsibilities of the Council of Governors is under review and will be presented to the Trust Board and Council of Governors in February 2024.

Action required from the meeting

A copy of the revised Schedule of Matters reserved for the Trust Board is attached at **Appendix 1** for approval by the Trust Board.

Patient Safety Implications

None

Equality impact implications

None

Financial implications

None

Strategic Risk

The Schedule outlines the decisions reserved to the Trust Board, supporting mitigation of strategic risk.

Consultation carried out with individuals/ groups/ committees

Not applicable

Attachment X

Who is responsible for implementing the proposals / project and anticipated timescales?
Company Secretary
Who is accountable for the implementation of the proposal / project?
Chair and Chief Executive

DRAFT SCHEDULE OF MATTERS RESERVED TO THE GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST BOARD

The following is a Schedule of Matters that the Great Ormond Street Hospital for Children NHS Foundation Trust Board (the Board) reserves to itself.

All powers and authorities exercisable by the Trust Board together with any delegation of such powers or authorities to any committee or individual are subject to any limitations imposed by the Great Ormond Street Hospital (GOSH) Constitution, the National Health Service Act 2006/ other relevant statutory instruments and NHS England (including the Code of Governance).

This Schedule of Matters is aligned with GOSH Trust Board Standing Orders, Standing Financial Instructions (SFIs) and Scheme of Delegation.

Unless otherwise stated in this document below, ultimate authority rests with the Trust Board. References to Audit Committee ("Audit"), Quality, Safety and Experience Assurance Committee ("QSEAC"), People and Education Assurance Committee ("PEAC"), Finance and Investment Committee ("FIC"), Nominations & Remuneration Committee ("Nom & Rem"), Council of Governors' Nominations & Remuneration Committee ("CoG Nom & Rem"), Constitution Working Group ("CWG") refer to the committee/ group that will discuss/ consider the item and make recommendations (if appropriate) to the Trust Board for the Board's final decision. In some cases, the Board has delegated its authority to some of these committees. Delegated authority is stated and highlighted in purple text.

Note: The GOSH SFIs outline the authorities/ duties that are delegated to individual Board director members.

November 2023

No.	Matter Reserved to the Trust Board	Discussed/ recommended by a committee to the Trust Board. **Delegated to a committee where stated**
1.	GENERAL	
1.1	Notwithstanding the list set out below and the delegation of any powers or authority to the Chief Executive or any other person or body, the Board may determine in full session any matter within its powers.	
2.	REGULATION AND CONTROL	
2.1	This Schedule of Matters Reserved is reserved to the Board.	
2.2	Amendment to the Trust Constitution in line with paragraph 45 of the Constitution (and noting the role of the Council of Governors in authorising an amendment).	CWG
2.3	Approval, suspension, variation, or amendment of: • Trust Board Standing Orders. • Council of Governor Standing Orders • Standing Financial Instructions. • Trust Scheme of Delegation.	CWG Audit Audit
2.4	Requiring and receiving the declaration of Directors' interests which may conflict with those of the Trust and determining the extent to which that Director may remain involved with the matter under consideration.	
2.5	Requiring and receiving the declaration of interests from staff across the Trust.	
2.6	The organisational structure at Board and Director level.	
2.7	The appointment and dissolution of Board committees and Board sub-committees and the approval of terms of reference and reporting arrangements of all Board committees and Board sub-committees.	

Attachment X

No.	Matter Reserved to the Trust Board	Discussed/ recommended by a committee to the Trust Board. Delegated to a committee where stated
2.8	Receipt of reports from committees and to take appropriate action thereon.	
2.9	Ratification of any urgent decisions taken in accordance with Trust Board Standing Order 17.1 Urgent decisions (or any replacement thereof).	
3.	STRATEGY AND MANAGEMENT	
3.1	Responsibility for the overall management of the Trust.	
3.2	Define and approve the Trust's long-term objectives Trust strategy and associated Trust wide strategies and frameworks.	
3.3	Approval of the Trust's annual business plan, having regard to the Council of Governors' views on the plan.	FIC
3.4	Approval of the annual operating (pay and non-pay) and capital expenditure budgets and any material changes to them.	FIC
3.5	Consideration and approval to establish or join other corporate delivery entities (for example joint committees, companies limited by guarantee, community interest companies, Integrated Care System collaboratives, partnerships).	FIC
3.6	Approval of increase (by 5% or more) of the proportion of the Trust's total income attributable to activities other than the provision of goods and services for the health service (noting that such an increase is subject to approval by the Council of Governors).	FIC
3.7	Deliver against the Trust Board Terms of Reference. These include assessing and monitoring on an ongoing basis: • the culture across the Trust ensuring its policies, practices and procedures are aligned with the Trust's purpose, values and strategy. • the quality and sustainability of the Trust's services, clinical outcomes, and patient experience, promoting high standards of quality, compassionate care and demonstrating the commitment pledged in the Trust's Patient Safety Statement. • the work environment where diversity is embraced and the skills, capacity, knowledge and morale of staff are prioritised.	PEAC QSEAC PEAC

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No.	Matter Reserved to the Trust Board	Discussed/ recommended by a committee to the Trust Board. Delegated to a committee where stated
	• accessibility to GOSH services, delivery of services and Trust governance frameworks are designed and implemented to reduce health inequalities and support delivery of the Trust's commitment to net zero carbon by 2040. • Contribution and consultation with integrated care partners, patients, parents, carers, staff and the public.	QSEAC
3.8	Oversight of the Trust's operations ensuring: • Competent and prudent management • Sound planning • An adequate system of internal control and risk management • Adequate accounting and other records • Compliance with statutory, regulatory and FT licencing obligations.	FIC FIC Audit Audit Audit
3.9	Review of performance in the light of the Trust's strategy, objectives, business plans and budgets and ensuring that any necessary corrective action is taken.	FIC
3.10	Extension of the Trust's activities into new business or geographic areas.	FIC
3.11	Any decision to cease to operate all or any material part of the Trust's activities.	FIC
3.12	Monitoring of compliance with the Trust's Foundation Trust License (taking in to account the views of the Council of Governors).	Audit
3.13	Amendment of the Trust's registration with the Care Quality Commission/ authorisation as a Foundation Trust.	QSEAC/ FIC
3.14	The division of responsibilities between the Chair and the Chief Executive (which should be in writing).	
4.	STRUCTURE AND CAPITAL	
4.1	Changes relating to the Trust's capital structure.	FIC

No.	Matter Reserved to the Trust Board	Discussed/ recommended by a committee to the Trust Board. Delegated to a committee where stated
4.2	Major changes to the Trust's corporate structure.	FIC
4.3	Changes to the Trust's management and control structure.	FIC
5.	FINANCIAL REPORTING AND CONTROLS	
5.1	Approval of the annual report and accounts, including all required attachments/ appendices.	Audit
5.2	Approval of the payment of any dividend.	FIC
5.3	Approval of any significant changes in accounting policies or practices.	Delegated to Audit
5.4	Approval of treasury policies through the Finance and Investment Committee.	Delegated to FIC
5.5	Receive the annual management letter received from the external auditor and agreement of proposed action, taking account of the advice, where appropriate, of the Audit Committee.	Audit
5.6	Approval of a policy delegating authority by the Council to the CEO and Audit Committee for commissioning additional services from the external auditor.	Delegated to Audit
5.7	Receipt and approval of the Trust's Annual Quality Account.	QSEAC
6.	INTERNAL CONTROLS	
6.1	Ensuring maintenance of a sound system of internal control and risk management including: • Receiving reports on, and reviewing the effectiveness of, the Trust's risk and control processes to support its strategy and objectives	Audit

No.	Matter Reserved to the Trust Board	Discussed/ recommended by a committee to the Trust Board. Delegated to a committee where stated
	• Undertaking an annual assessment of these processes • Approving an appropriate Statement on Internal Controls for inclusion in the annual report.	
7.	CONTRACTS	
7.1	Approve expenditure (capital, financing, contracts, operational, property, losses) in accordance with the Standing Financial Instructions and Trust Scheme of Delegation.	Delegated to FIC as required
7.2	Approve proposals to enter significant or material transactions as defined by NHS Improvement's Single Oversight Framework noting that such transactions are subject to Council of Governors' approval.	FIC
7.3	Approve any proposal for the merger, acquisition, disaggregation, separation, or dissolution of the Trust noting that such decisions are subject to Council of Governors' approval.	FIC
7.4	Consideration and approval of Outline Business Cases and Final Business Cases with an estimated capital and/or revenue impact value over £4,500,000 and commercial contracts over £4,500,000.	FIC
7.5	The acquisition, disposal or change of use of land and/or buildings (except the taking on of any lease commitment of less than 12 months duration).	FIC
7.6	The introduction or discontinuance of any activity or operation that has implications for compliance with the Foundation Trust Licence/ CQC Registration or delivery of the Trust Strategy.	FIC/ QSEAC
7.7	Any proposal involving Protected Assets (as defined by NHS England).	FIC
7.8	Any Private Finance Initiative (PFI) proposals.	FIC

No.	Matter Reserved to the Trust Board	Discussed/ recommended by a committee to the Trust Board. Delegated to a committee where stated
7.9	Approve competitive tendering for in-house services and reversal of such provision (in line with the SFIs).	FIC
7.10	Approval of funding arrangements with the GOSH Children's Charity with an estimated capital and/or revenue impact value over £4,500,000 and associated matters arising for example approval of naming rights of GOSH buildings.	FIC
8.	BOARD MEMBERSHIP AND OTHER APPOINTMENTS	
8.1	Changes to the structure, size, and composition of the Board, taking in to account the role of the Council of Governors in the recruitment of the Chair and non-executive directors.	Nom & Rem
8.2	Ensuring adequate succession planning for the Board and senior management, taking in to account the role of the Council of Governors in the recruitment of the Chair and non-executive directors.	Nom & Rem
8.3	Subject to the provisions of the Constitution, the appointment, appraisal, disciplining and dismissal of the Chief Executive and Executive Directors.	Nom & Rem
8.4	Selection of Chief Executive, subject to approval of the Council of Governors.	Nom & Rem
8.5	Appointment of the Senior Independent Director (in consultation with the Council of Governors).	
8.6	Membership and Chairs of Trust Board committees.	
8.7	Continuation in office: • of any Director at any time • suspension or termination of service of an Executive Director as an employee subject to the law and their service contract.	CoG Nom & Rem and Nom &Rem Nom & Rem

No.	Matter Reserved to the Trust Board	Discussed/ recommended by a committee to the Trust Board. Delegated to a committee where stated
8.8	A recommendation to appoint, reappoint or remove the External Auditor that is to be put to the Council of Governors for approval, following the recommendation of the Audit Committee.	Audit
8.9	Confirm appointment of Board members of the Trust as representatives on outside bodies.	
8.10	Appointment or removal of the Company Secretary.	
9.	REMUNERATION	
9.1	Determining the remuneration policy for the Executive Directors (Very Senior Managers).	Delegated to Nom & Rem
10.	CORPORATE GOVERNANCE MATTERS	
10.1	Annual evaluation of the Trust Board, its directors, and its committees and an externally facilitated developmental review of leadership and governance using the well led framework every 3-5 years.	
10.2	Determining the independence of Directors and application of the Fit and Proper Regulations for Directors.	Trust Chair/ Delegated to Nom & Rem
10.3	Review of the Trust's overall corporate governance arrangements.	
11	POLICIES	
11.1	Approval of policies and plans, including (but not limited to): • Risk Management Strategy • Trust Board Code of Conduct	Audit Nom & Rem

No.	Matter Reserved to the Trust Board	Discussed/ recommended by a committee to the Trust Board. **Delegated to a committee where stated**
	• Fit and Proper Person Policy • Major Incident Plan • Master Redevelopment Plan.	FIC FIC
12	OTHER	
12.1	Approval of the appointment of the Trust's principal professional advisers.	
12.2	Approval of the overall levels of insurance for the Trust, including Directors' and Officers' Liability insurance and indemnification of Directors (in line with paragraph 46 of the Trust Constitution).	Delegated to FIC for insurance only
12.3	Approval to not use the risk pooling scheme for any risk areas (clinical, property and employers/third party liability) covered by the scheme. This decision shall be reviewed annually.	Delegated to FIC
12.4	Approval of periodic returns and declarations to NHS England and the Care Quality Commission.	Audit/QSEAC
12.5	Approval of the use of the Seal.	
12.6	Matters which the Board considers suitable for delegation are contained in the terms of reference of its committees. In addition, the Board will: • receive reports and recommendations from time to time on any matter which it considers significant to the Trust. • approve any other decisions likely to have a material impact on the Trust from any perspective, including, but not limited to, financial, operational, strategic, or reputational.	

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Trust Board 30 November 2023	
Standing Financial Instructions and Scheme of Delegation **Submitted by: John Beswick, Chief Finance Officer**	**Paper No: Attachment Y** ☐ **For approval**

Purpose of report

The Trust's Standing Financial Instructions and Scheme of Delegation were last updated in February 2022. A copy of these 2022 documents are provided in the reading room on Diligent. These documents have been subject to a review by the Executive Team and the Audit Committee. This report recommends a number of amendments to the current documents. If approved, as soon as practicable, the Finance Department will update the SFIs and Scheme of Delegation in line with this paper. The amended versions will be circulated to the Chairs of the Audit Committee and Finance and Investment Committee for final sign off. The Finance Department will then implement the new rules.

Summary of report

- The Trust's Standing Financial Instructions (SFIs) detail the financial responsibilities, policies and procedures adopted by the Trust. They are designed to ensure that its financial transactions are carried out in accordance with the law and policy in order to achieve probity, accuracy, economy, efficiency and effectiveness in all financial matters concerning the Trust.
- The purpose of the Trust's Scheme of Delegation is to document and consolidate the guiding principles, functions, level and restrictions or conditions of delegated authority for executives and staff within the Trust.
- Suggested changes are summarised below.
- The Board is asked to approve the recommended changes and to confirm that delegated authorisation limits identified in Schedule 1 of the Scheme of Delegation remain appropriate.

Patient Safety Implications

None

Equality impact implications

None

Financial implications

None

Strategic Risk

All BAF risks

Action required from the meeting

The Trust Board is asked to approve the amendments to the Standing Financial Instructions and Scheme of Delegation.

Consultation carried out with individuals/ groups/ committees
The amendments have been endorsed by the Executive Management Team and the Audit Committee

Who is responsible for implementing the proposals / project and anticipated timescales?
Associate Director of Finance (Financial Reporting)

Who is accountable for the implementation of the proposal / project?
Chief Finance Officer

Attachment Y

<u>Introduction</u>

The Trust's Scheme of Delegation follows the principle that the delegation of budgets comes with accountability and responsibility for control of the expenditure. The Scheme comprises four areas of delegation:

- Reserved Matters
- Investment
- Procurement
- Purchasing

The Trust's SFIs and Scheme of Delegation have been reviewed on a detailed basis, and a number of changes have been recommended as a result. The appendix to this paper highlights all of these changes which the meeting is requested to review and approve.

<u>Suggested Amendments</u>

The recommended amendments are outlined below:

- NHS Foundation Trusts are classified as central government bodies for the purposes of the Public Contracts Regulations 2015 (PCR). This means that the threshold for application of compulsory procurement for supplies and services contracts are set externally. The Trust's SFIs and Scheme of Delegation have been updated to reflect the changes in limits set under the PCR.

- Given the relatively high levels of inflation over the past year it is suggested that the procurement limit at which a mini-competition or tendering exercise is needed be increased from £50k to £75k. In the previous financial year there were 77 such contracts with an average value of £60k. To note, contract values in excess of £20k will still require three written quotations.

- For the same reason, it is also suggested that the financial limit at which the Trust Board is required to approve commercial contracts be increased from £4.5m to £5.5m. In the last financial year, one contract with a value between £4.5m and £5.5m was considered by the Board.

- The majority of the Trust's procurement and purchasing is in respect of its day-to-day activities. However, there are some areas of spend that are novel or are cross-Trust. For the following areas of spend, it is suggested that a secondary approval be sought:
    - Management Consultancy
    - Legal advice
    - Strategic advice
    - ICT and Data and Cloud services
    - External Recruitment Services.

- Currently only permanent members of staff can approve expenditure. It is recommended that the Chief Finance Officer is authorised to allow and rescind expenditure approval rights for Executive Team members on interim contracts. This must be agreed by the Chief Executive Officer and reported to the Audit Committee.

- In keeping with the principles of the delegation of accountability and responsibility, it is recommended that SFI waivers should be approved by the Head of Procurement following

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a recommendation from the relevant Chief of Service rather than requiring executive sign off; these would still be reported to the Audit Committee in the usual way.

- It is recommended that for new services provided externally, these should be approved by the relevant Chief of Service. Such contracts or Service Level Agreements should ordinarily use standard wording. For the first seven months of 2023/24, there have been 88 such contracts with an average value of £60k. Where there are variances to standard contract wording, it is proposed that these should be recommended by the relevant Chief of Service for approval by the Chief Finance Officer.

- It is suggested that in the case of revenue Service Level Agreements in respect of clinical services from other NHS bodies that these should be approved by the relevant Chief of Service following agreement from the Associate Director of Finance (Financial Management). Where contract values are in excess of £300k it is recommended that these should require approval by the Chief Finance Officer following recommendation by the Chief of Service. All of the Trust's income SLAs will continue to be held in the Trust's contract register. For the first seven months of 2023/24, there were 130 such SLAs with an average value of £23k; none of these SLAs had a value in excess of £300k.

- Changes have been made to job titles in line with the Trust's hierarchy.

- A clarification has been added which defines 'Director' as a formally appointed director of the Trust Board and, unless otherwise specified, not to include personnel who carry the word 'Director' as part of their title.

- An additional table will be added to the Scheme of Delegation outlining the proposed Procurement limits for ease of use.

It has been identified that there are a large number of both requisitioners and approvers. Over the coming weeks, the Finance Department will be facilitating a revalidation exercise for budget owners with a view to rationalising and reducing the number of people using the procurement system. Whilst outside the SFI framework, the Finance Department is working with the Director of Research on a separate scheme of delegation specific to Research and Innovation.

As soon as practicable following approval of the recommended changes, the Finance Department will update the SFIs and Scheme of Delegation in line with this paper. The amended versions will be circulated to the Chairs of the Audit Committee and Finance and Investment Committee for final sign off. The Finance Department will then implement the new rules.

The Standing Financial Instructions and Scheme of Delegation will be reviewed regularly and where amendments are identified, these will be recommended to EMT for discussion before going to the Audit Committee, and then the Trust Board for approval.

Action Required:

The Trust Board is requested to:

- **approve** the recommended changes to the SFIs and Scheme of Delegation.

- **agree** that the limits set in Schedule 1 of the Scheme of Delegation remain appropriate.

- **note** that following approval, the Finance Department will facilitate a revalidation review of cost centre owners and requisitioners with budget owners.

Appendix 1

Chapter	Amendments
1. Audit and Counter-Fraud	No changes.
2. Business Planning, Budgets, Budgetary Control and Monitoring	No changes.
3. Annual Report and Accounts	No changes.
4. Bank Accounts, External Borrowing and Investment of cash	No changes.
5. Income, Fees and Charges and Security of Cash Cheques and Other Negotiable Instruments	No changes.
6. NHS Contracts or Service Agreements for the Provision of Services	No changes.
7. Terms of Service and Payment of Directors and Employees	Deletion of references to cheque payments.
8. Non-Pay Expenditure	No changes.
9. Fixed Asset Register and Security of Assets	No changes.
10. Capital Investment and Private Financing	No changes.
11. Stock Control and Receipt of Goods	No changes.
12. Disposals and Condemnations, Losses and Special Payments	No changes.
13. Computerised Systems	No changes.
14. Risk Management and Insurance	Director of Space and Place job title updated.
15. Tendering and Contracting Procedure	No changes.
16. Retention of Records	No changes.
17. Research and Innovation	No changes.
18. Acceptance of Gifts by staff and other standards of business conduct	No changes.

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Trust Board 30 November 2023	
Update on the Board Assurance Framework **Submitted by:** Anna Ferrant, Company Secretary	Paper No: Attachment Z • **Appendix 1: Summary BAF** • **Appendix 2: BAF risk recommendations for the Trust Board to consider** • **Appendix 3: Draft Revised Trust Risk Appetite Statement**

The purpose of this paper is to provide an update on the Board Assurance Framework (BAF) and to remind Board members of the status of the Trust's strategic risks. A summary of all risks is presented at **Appendix 1**.

Update on the Board Assurance Framework
The Risk Assurance and Compliance Group (RACG), chaired by the Chief Executive, monitors the BAF on a monthly basis, reporting to the Audit Committee, Quality, Safety and Experience Assurance Committee, Finance and Investment Committee and the People and Education Assurance Committee.

At its October 2023 meeting, the Audit Committee considered recommendations from the RACG on updates and changes to the BAF risks. A summary of the key matters discussed is attached at **Appendix 2** including recommendations from the Audit Committee for the Board to consider.

GOSH Risk Appetite Statement
Risk appetite is '*the amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time.*' (HMT Orange Book definition). It can be influenced by external events, personal experience, political factors etc. Once a risk appetite level is understood, it is possible to review whether resources are targeted appropriately. The benefits of adopting a risk appetite include:
•   Supporting informed decision-making
•   Reducing uncertainty
•   Improving consistency across governance mechanisms and decision-making
•   Supporting performance improvement
•   Focusing on priority areas within an organisation; and
•   Informing spending review and resource prioritisation processes.

The GOSH Trust Risk Appetite Statement has been reviewed and updated (**Appendix 3)** and documents different principal risk categories, for example, quality, workforce, finance, and data etc. These categories have been further explained to provide guidance on the risk areas within these categories. A risk tolerance rating is also provided as a guide for the Trust about the level of risk the Trust is willing to operate within (tolerate). The risk tolerance is documented in **Annex 1** as a number alongside each risk appetite level. This number correlates to the net risk score (after mitigations), using the same risk matrix scoring we apply gross and net risk scores.

Documenting the risk appetite and risk tolerance for each BAF risk provides a focus for the Board, assurance committees and the Risk, Assurance and Compliance Group on those risks that are not being managed in accordance with the accepted risk levels agreed by the Board. It will support a more nuanced discussion for the management team, Board and committees and support a focused discussion on the following:

•   Is the risk appetite correctly calibrated for this risk?

- Where the risk appetite and tolerance levels are believed to be correctly calibrated, are actions identified to reduce the net risk score to a tolerable level?
- Is the risk statement appropriately stated?

The Risk Appetite Statement has been considered and commented on by the Finance and Investment Committee, People and Education Assurance Committee and Quality, Safety and Experience Assurance Committee prior to its presentation at the Audit Committee in October 2023. Proposed amendments are provided in red text.

Action required from the meeting

Board members are asked to:
- note the content of the BAF.
- approve the recommendations from the Audit Committee for updates to BAF risks and scores.
- approve the GOSH Trust Risk Appetite Statement.

Patient Safety Implications
None

Equality impact implications
None

Legal issues
None

Strategic Risk
Relevant to all strategic risks.

Who is responsible for implementing the proposals / project and anticipated timescales
Risk Owners/ Company Secretary

Who is accountable for the implementation of the proposal / project
Chief Executive.

Great Ormond Street Hospital for Children NHS Foundation Trust: Board Assurance Framework (November 2023)

No.	Short Title	Trust Principle	Trust Priority	Risk type and description	Gross Risk		Net Risk		Risk Appetite	Mitigation time horizon	Executive Lead	Assurance Committee	Last Reviewed by Assurance Committee
					L x C	T	L x C	T					
1	Financial Sustainability	**Principle 4: Financial Strength**		Failure to continue to be financially sustainable	5 x 5	**25**	4 x 5	**20**	**Cautious**	1-2 years	Chief Finance Officer	Finance and Investment Committee	March 2023 October 2023
2	Workforce Sustainability	**Principle 3: Safety and quality**	**Priority 1: Make GOSH a great place to work**	Failure to attract, support and develop a sustainable and highly skilled workforce.	4 x 4	**16**	3 x 4	**12**	**Cautious**	1-2 years	Director of HR and OD	People and Education Assurance Committee	June 2023
3	Operational Performance	**Principle 3: Safety and quality**	**Priority 2: Deliver a Future Hospital Programme / Priority 3: Improve and speed up access to urgent care and virtual services**	Failure of our systems and processes to deliver efficient and effective care that meets patient/carer expectations and supports retention of NHS statutory requirements and the FT licence.	4 x 5	**20**	3 x 5	**15**	**Minimal**	1 year	Chief Operating Officer	Audit Committee/ QSEAC	March 2023 June 2023 (QSEAC)
4	Integrated Care System	**All Strategy Principles**	**All priorities**	Whilst participating fully in the North Central London Integrated Care System, there is a risk of erosion of the Trust's ability to maintain highly specialised services for patients nationally and internationally and deliver its strategy 'Above and Beyond' because of NHS system complexity, localised delivery of healthcare and an evolving statutory environment.	4 x 4	**16**	3 x 4	**12**	**Cautious**	5-10 years	Chief Executive	Audit Committee	October 2023
5	Unreliable Data	**Principle 3: Safety and quality**	**Priority 2: Deliver a Future Hospital Programme**	Failure to establish an effective data management framework:	4 x 4	**16**	4 x 3	**12**	**Minimal**	1-2 years	Chief Operating Officer	Audit Committee	November 2022 June 2023
6	Research infrastructure	**Principle 3: Safety and quality/ Principle 4: Financial Strength**	**Priority 5: Accelerate translational research and innovation to save an improve lives**	The risk that the Trust is unable to accelerate and grow research and innovation to achieve its full Research Hospital vision due to not having the necessary research infrastructure.	3 x 5	**15**	2x 4	**8**	**Minimal**	1-2 years	Director, Research & Innovation	Audit Committee	January 2023 October 2023 Trust Board
7	Cyber Security	**Principle 3: Safety and quality**	**Priority 2: Deliver a Future Hospital Programme**	The risk that the technical infrastructure at the Trust (devices, services, networks etc.) is compromised via electronic means.	5 x 5	**25**	3 x 5	**15**	**Averse**	1-2 years	Chief Operating Officer	Audit Committee	March 2023 October 2023
8	Business Continuity Risk statement to be revised following comments from AC in October 2023	**Principle 3: Safety and quality/ Principle 5: Protecting the Environment**	**Priority 2: Deliver a Future Hospital Programme**	Risk Statement under revision	TBC	**TBC**	TBC	**TBC**	**TBC**		Chief Operating Officer	Audit Committee	March 2023 Risk Statement under revision
9	Estates Compliance	**Principle 3: Safety and quality**	**Priority 2: Deliver a Future Hospital Programme**	Inadequate maintenance of the estate affects the safety of the environment in which care is delivered by staff to patients and carers.	5 x 4	**20**	4 x 4	**16**	**Averse**	1 year	Director of Space ad Place	Audit Committee/ QSEAC	Jan 2023 (QSEAC) June 2023 (QSEAC)

No.	Short Title	Trust Principle	Trust Priority	Risk type and description	Gross Risk		Net Risk		Risk Appetite	Mitigation time horizon	Executive Lead	Assurance Committee	Last Reviewed by Assurance Committee
					L x C	T	L x C	T					
10	Climate Emergency	**Principle 5: Protecting the Environment**	**All priorities**	The Trust fails to deliver against its commitment to deliver a net zero carbon footprint, which is fundamental to deliver the Trust's Climate and Health Emergency declaration (by 2040 for the emissions the Trust controls <u>and</u> influences).	5 x 4	15	4 x 4	16	**Minimal**	1-5 years	Interim Director of Space and Place	Audit Committee	June 2023
11	Medicines Management Reduction in net score recommended to TB by AC in October 2023	**Principle 3: Safety and quality**	**Priority 2: Deliver a Future Hospital Programme**	Medicines are not managed in line with statutory and regulatory guidance (procuring, storing, prescribing, manufacturing and giving of medicines (including self-administration)) and that processes are not appropriately documented or monitored.	5 x 5	25	4 x 5 3 x 5	20 15	**Averse**	1-2 years	Chief Operating Officer	Quality, Safety and Experience Assurance Committee	June 2023 September 2023
12	Inconsistent delivery of safe care	**Principle 3: Safety and quality**	**Priority 2: Deliver a Future Hospital Programme**	BAF Risk 12: Risk of (severe/serious) patient harm arising from a failure to follow safety standards, foster a culture of openness and transparency, and use data to support improvement • Patients are not consistently cared for within a comprehensive safety system which ensures they are protected from avoidable harm through compliance with regulatory standard • The organisation does not consistently focus on openness, transparency and learning when things go wrong, or use the opportunity to learn from when things go well. • The organisation does not use its own safety performance data as a tool to guide improvement, interventions or actions, training and learning	4 x 4	16	3 x 4	12	**Averse**	1-2 years	Medical Director	Quality, Safety and Experience Assurance Committee	Reports on quality of services at every Board and QSEAC
13	Mental Health Strategy Risk scores, controls and assurances recommended to TB By AC	**Principle 3: Safety and quality**	**Priority 2: Deliver a Future Hospital Programme**	A lack of strategic focus on the delivery of mental health services at GOSH contributes to inequitable access to safe, effective care for children and young people with psychological needs.	4 x 4	16	3 x 4	12	Averse	1 -2 years	Chief Nurse	Quality, Safety and Experience Assurance Committee	NEW risk September 2023
14	Culture	**Principle 2: Values led culture**	**Priority 1: Make GOSH a great place to work**	There is a risk that GOSH fails to develop a culture where our people feel well led, well managed and are supported, developed and empowered to be their best	4 x 4	16	3 x 4	12	**Averse**	1-5 years	Chief Executive	Trust Board/ People and Education Assurance Committee	May 2023 June 2023 (Board session)
15	Cancer Centre	**All Strategy Principles**	**Priority 6: Create a Children's Cancer Centre to offer holistic, personalised and coordinated care**	Failure to build a new cancer centre and failure to deliver holistic, personalised and coordinated care. This risk incorporates risks currently reflected on the CCC risk register as follows: • Transformational programme does not deliver holistic, personalised, and coordinated care • Delay in Full Business Case approval from NHSE/I • The project not achieving Planning Permission • Fundraising target not achieved • Changes in clinical brief required to maintain Works Cost Limit or additional funds required to fund an increase over and above budget (including inflation pressures)	4 x 4	16	3 x 4	12	**Averse**	1-5 years	Director of Space and Place	Finance and Investment Committee	March 2023 September 2023

No.	Short Title	Trust Principle	Trust Priority	Risk type and description	Gross Risk		Net Risk		Risk Appetite	Mitigation time horizon	Executive Lead	Assurance Committee	Last Reviewed by Assurance Committee
					L x C	T	L x C	T					
				• Risk of time elapsing and the building remaining relevant and fit for purpose									
16	GOSH Learning Academy	**Principle 2: Values led culture / Principle 3: Safety and quality**	**Priority 1: Make GOSH a great place to work/ Priority 3: Develop the GOSH Learning Academy**	Risk of the GOSH Learning Academy not establishing a financially sustainable framework, impacting on its ability to deliver the outstanding education, training and development required to enhance recruitment and retention at GOSH and drive improvements in paediatric healthcare.	4 x 3	12	2 x 3	6	**Cautious**	1-2 years	Chief Nurse	People and Education Assurance Committee	September 2023
17	IP&C and Commercial ==Risk scores, controls and assurances recommended to TB By AC==	**Principle 4: Financial Strength**		The risk that the financial sustainability of the Trust is significantly impeded by a failure to deliver IP&C and commercial contribution targets.	**4 x 4**	**16**	**3 x 4**	**12**	**Cautious**	1-2 years	Chief Operating Officer/ Chief Finance Officer	Finance and Investment Committee	NEW risk September 2023
18	Health Inequalities ==Risk statement, scores, controls and assurances recommended to TB By AC==	**Principle 3: Safety and quality**	**All priorities**	The Trust's strategies, systems, processes, policies and service delivery exacerbate health inequalities of our patients (differences in the care people receive and the opportunities they have to lead healthy lives (Kings Fund – June 2022)), impacting negatively on their physical and mental health status, their access to care and services and the quality and experience of the care provided.	**4 x 4**	**16**	**3 x 4**	**12**	**Minimal**	1-2 years	Chief Nurse	Quality, Safety and Experience Assurance Committee	NEW Risk November 2023
19	Transformation ==Risk statement recommended to TB By AC==	**All Strategy Principles**	**All priorities**	==Failure to establish an environment (capability, culture, resources, systems and processes) to transform services thereby hampering delivery of improvements in patient safety and experience, service design and productivity and efficiency.==	**4 x 4**	**16**	**3 x 4**	**12**	**Cautious**		Chief Operating Officer	Finance and Investment Committee/ Quality, Safety and Experience Assurance Committee	NEW risk November 2023 QSEAC

GOSH BAF Risks – Gross Scores November 2023

Likelihood		Consequences				
		1 Negligible	**2** Minor	**3** Moderate	**4** Major	**5** Catastrophic
5 Almost Certain					9. Estates Compliance / Climate Emergency	7. Cyber Security / 1. Financial Sustainability / 11. Medicines Management
4 Likely				16. GOSH Learning Academy	5. Unreliable data / 12. Inconsistent delivery of safe / 15. Cancer Centre / 14: Culture / 2. Workforce Sustainability TBC	3. Operational Performance / 8. Business Continuity
3. Possible						6. Research Infrastructure and resourcing
2. Unlikely						
1.Rare						

GOSH BAF Risks – Net Scores November 2023

Likelihood		Consequences				
		1 Negligible	**2** Minor	**3** Moderate	**4** Major	**5** Catastrophic
5 Almost Certain						
4 Likely				5. Unreliable data / 8. Business Continuity	9. Estates Compliance / Climate Emergency	11. Medicines Management / 1. Financial Sustainability
3. Possible					14: Culture / 2. Workforce Sustainability TBC / 12. Inconsistent delivery of safe / 15. Cancer Centre	3. Operational Performance / 7. Cyber Security
2. Unlikely				16. GOSH Learning Academy	6. Research Infrastructure and resourcing TBC	
1.Rare						

Legend: QSEAC & Audit Committee | QSEAC | Audit Committee | Trust Board | People and Education Assurance Committee

Appendix 2: Audit Committee recommendations to the Trust Board on the GOSH BAF risks

The Risk Assurance and Compliance Group met in September and October 2023 and reviewed all BAF risks including mitigations and assurances cited, progress with actions and risk scores. The Group provided an update on this review to the Audit Committee with recommendations. A summary of the discussion with the Audit Committee is provided below including recommendations for the Board to consider. To note, all BAF risks are subject to deep dives at the relevant Board assurance committees, providing an opportunity for non-executive members to scrutinise the risks and challenge the robustness and appropriateness of the controls, assurances, progress with actions and stated risk scores.

BAF Risk No.	BAF Risks	Recommendation
There are no proposed amendments to the following BAF risk statements, controls/ assurances, or risk scores: 1. Financial Sustainability 2. Workforce Sustainability 3. Operational Performance 4. Integrated Care System 5. Unreliable Data 6. Research infrastructure 7. Cyber Security 9. Estates Compliance 10. Climate Emergency 12. Inconsistent delivery of safe care 14. Culture 15. Cancer Centre 16. Learning Academy		
8.	**Business Continuity**	The RACG informed the Audit Committee that it had reviewed the business continuity risk statement (as previously requested) taking account of ongoing business continuity planning arising from industrial action and the impact on safety, workload, and staff morale. It was also proposed to reference the impact of a failure of business continuity at GOSH on the local and national NHS systems. The Audit Committee considered a revised BAF risk statement and proposed that this was redrafted from a strategic and future risk management perspective and was not 'context' specific. It was also agreed to consider how geopolitical issues can impact on service delivery (for example availability/ delivery of specialist equipment from abroad etc.) and how this is reflected either in the business continuity BAF risk <u>or</u> across relevant BAF risks.

BAF Risk No.	BAF Risks	Recommendation
11.	**Medicines Management**	The Audit Committee and the QSEAC agree that a considerable amount of work has been conducted around medicines safety and management at GOSH. Following a deep dive into this risk at QSEAC, both committees agreed a reduction in the net risk score from 20 to 15 was appropriate. **FOR APPROVAL: The Audit Committee recommend the Medicines Management BAF net risk score is reduced as follows:** • Gross risk score: 5L x 5C = 25 • Previous net risk score: 4L x 5C = 20 • **Proposed Net risk score: 3L x 5C = 15**
13.	**Mental Health Strategy**	The Board has previously agreed a risk statement around delivery of GOSH mental health services: **Risk statement:** *A lack of strategic focus on the delivery of mental health services at GOSH contributes to inequitable access to safe, effective care for children and young people with psychological needs.* **FOR APPROVAL: The controls, assurances, actions, and scores have been agreed by QSEAC and the Audit Committee recommend these for approval by the Trust Board:** • Gross risk score: 4L x 4C = 16 • Net risk score: 3L x 4C = 12 • Risk appetite: Adverse.
17.	**International, Private Care (IP&C) and Commercial (NEW BAF RISK)**	Previously the BAF risk on financial sustainability incorporated the risk of failing to deliver against IP&C and commercial income targets. Based on the significance of this funding stream to delivery of the Trust strategy and with international and private work increasing since the Pandemic, in June 2023 the Board agreed to establish a separate IP&C BAF risk as follows: **Risk statement:** *The risk that the financial sustainability of the Trust is significantly impeded by a failure to deliver IP&C and commercial contribution targets.* **FOR APPROVAL: The Audit Committee and Finance and Investment Committee have considered and agreed the controls, assurances, and risk scores for the IP&C BAF risk. The Audit Committee recommend this to the Trust Board for approval as follows:** **Risk scores:** • Gross net score = 4L x 4C • Proposed Net risk score = 3L x 4C • Proposed Risk Appetite: Cautious.

BAF Risk No.	BAF Risks	Recommendation
		3
18.	**Health Inequalities (NEW BAF RISK)**	This is a new BAF risk around the risk of Trust strategies, systems, polices and service delivery exacerbating health inequalities for our patients and families. **FOR APPROVAL**: **The risk statement, controls, assurances, actions, and scores have been approved by QSEAC and these are recommended by the Audit Committee for approval by the Trust Board:** **Risk statement**: *The Trust's strategies, systems, processes, policies, and service delivery exacerbate health inequalities of our patients (differences in the care people receive and the opportunities they have to lead healthy lives (Kings Fund – June 2022)), impacting negatively on their physical and mental health status, their access to care and services and the quality and experience of the care provided.* **Risk scores:** • Gross net score = 4L x 4C • Net risk score = 3L x 4C • Risk Appetite: Minimal.
19.	**Transformation (NEW BAF RISK)**	At the December 2022 Board Risk Meeting, Board members agreed the need to review and revise the existing Service Transformation BAF risk to one that refers to the risk of failing to provide a longer-term focus for innovation; develop infrastructures that effortlessly support the acceleration of innovative new models of delivery; and accept and manage risk associated with innovation (within limits). **FOR APPROVAL: The Audit Committee and Finance and Investment Committee have considered and agreed the Service Transformation risk statement. The Audit Committee recommend this to the Trust Board for approval as follows (the controls, assurances, actions, and risk scores have been documented and will be subject to review by the assurance committees).** **Risk statement:** *Failure to establish an environment (capability, culture, resources, systems and processes) to transform services thereby hampering delivery of improvements in patient safety and experience, service design and productivity and efficiency.*

Draft GOSH Risk Appetite Statement

See **Annex 1** for risk category descriptors and associated scores.

Quality: The Board's risk appetite for preventable patient harm and patient experience is **Averse**. The approach taken is one where the Trust strives to maintain safety and deliver high quality care. Within this, our risk appetite is:

- **Averse** in relation to failure to deliver effective, evidence-based care and expected outcomes. The Trust will seek to only undertake activates where the benefits of care provided (and expected outcomes) outweigh the risk to a patient. In some cases, ethical considerations for treatment decisions, continuing care and/or undertaking new procedures/ interventions will be required where there is a risk of harm to a child and/or reduction in the delivery of the known benefits of the care/ intervention.
- **Averse** to the failure to deliver a good patient/ family experience including person-centred care, meeting patients' needs, infection, prevention and control, staff and communications and patient discharge.
- **Averse** in terms of non-compliance with regulations, legal requirements and guidance. The Board acknowledges that healthcare and the NHS operates within a highly regulated environment, and that, as a Foundation Trust, the Trust must meet high levels of compliance expectations from an overwhelming number of regulatory sources. The Trust will always endeavour to comply with the law and meet these expectations within a framework of prudent controls, balancing the prospect of risk elimination against cost and pragmatic operational imperatives. Only in very rare circumstances, where the risk of non-compliance is outweighed by the availability of resources to deliver care within an emergency situation e.g., a pandemic, will the risk appetite be **Minimal** and this will be applied on a case by case basis.
- **Open** to development of innovative practice:
  - delivered via research programmes and clinical trials where such innovation is appropriately approved and consented. Research is a key component of our strategy and our activity, and is, by definition, innovative. Innovation will be pursued with a desire to 'break the mould' and challenge all current clinical work practices
  - delivered via innovative practice arising from the development/ use of medical devices and innovative procedures including compassionate use of medicines
  - delivered via collaborations with external partner organisations/ commercial entities to develop new, innovative ways of working through analysis of anonymised/ pseudonymised data (see risk appetite statement on processing personal data below).

  Authority for seeking innovative practice is devolved to clinicians/ corporate staff and team levels where governance structures are in place to ensure that a detailed risk assessment (clinical, ethical, financial, data and multi-disciplinary) of all clinical and non-clinical programmes and projects is performed, and programmes are prioritised and monitored.

Financial: The Board's appetite for financial risk is **Cautious**. Our financial decisions are heavily scrutinised, with value for money being a key factor in decision making. We will accept risks that may result in some small-scale financial loss or exposure on the basis that these can be expected to balance out but will not accept financial risks that could result in significant reprioritisation of budgets. Our appetite for risks associated with 'business as usual' activity is naturally lower than with our transformation activity. Within this our risk appetite is:

- **Averse** for financial risk in respect of the Trust meeting its financial plan and achieving the financial risk ratios set out in the plan
- **Averse** for financial propriety and regularity risks with a determined focus to maintain effective financial control framework accountability structures.
- **Averse** in terms of risks related to deviation from reporting timetables.
- **Cautious** for the risk of failing to achieve Trust Better Value (Cost Improvement) targets. The Board is prepared to accept some financial risk of failing to meet Better Value targets where other external factors (including political, system based) prevent the Trust from achieving the target or where achieving the target could have a detrimental effect on the delivery of safe, effective, equitable care.
- **Minimal** as to risk relating to breaching individual financial control totals, noting that such risk will be tolerated where longer term gains are planned.
- **Cautious** for risks related to the NHS economic environment. The Board is prepared to accept some financial risk created by external tariff and commissioning changes but not to the extent that the organisation cannot continue to be financially sustainable within the current and following financial period.
- **Cautious** for risks related to investment (for example investment in the redevelopment of the GOSH site). The Board recognises that at times we need to invest to achieve future financial and non-financial benefits and that we may need to support investments for longer term return while minimising the possibility of financial loss by managing associated risks to a tolerable level.
- **Open** in relation to our budget spend with the intention that we should maximise the use of resource each year.

Commercial: The Board's appetite for commercial related risk is **Open**. In light of the specialist nature of the work undertaken at GOSH and the demand for some of its services world-wide, the Trust's commercial strategy will consider potential markets where children could benefit from the care available, and demand is high. In the main, this will be within well-established business areas and markets on a controlled basis, where the delivery options available do not compromise delivery of NHS services. Within this our risk appetite is:

- **Open** in relation to working with start-up technology companies to assess proof of concept of innovative equipment and systems for the benefit of delivery of improvements and efficiencies in patient care.
- **Open** in relation to international collaborations (including effective governance frameworks being in place to share expertise and for staff to work effectively and safely in partnership abroad).
- **Minimal** in relation to commercial activities involving processing of identifiable personal/ sensitive data (patients, parent/ carer and staff data).

Operational delivery and performance: The Boards appetite for risk to delivery of services is **Minimal**. The Trust has robust policies, framework and assurance and communications mechanisms in place to mitigate risks arising from inadequate, poorly designed or ineffective/inefficient internal processes resulting in fraud, error, impaired customer service (quality and/or quantity of service), non-compliance and/or poor value for money.

The Board's overall appetite for risk to performance of its services is **Minimal**. The Trust is committed to meeting standards on high quality patient care, national standards or those that may result in financial consequences. The Trust will look at innovative ways to meet these standards. Within this, our risk appetite for specific areas of work are:

- **Averse** to breaching standards which are directly linked to patient care including those related to the timeliness of delivery of care i.e., Referral to Treatment targets.
- **Averse** to failing to deliver equitable and inclusive services to patients, parents, and carers.
- **Open** to the establishment of new clinical services where these services compliment and support delivery of the Trust strategy and ICS business plan and do not denigrate delivery of existing GOSH services.
- **Minimal** in relation to the establishment of new clinical services where these services do not compliment and support delivery of the Trust strategy. Any plans to accept such services will be developed within an accepted control framework in order to reduce/ prevent impact on existing services as well as the focus on delivery of rare and complex services for patients.
- **Averse** in relation to the risk to the continuity of our services.
- **Averse** for risks of any fraud or corruption perpetrated by its staff. The Trust takes all allegations of suspected fraud or corruption very seriously and has a robust anti-fraud policy and public interest and gift and hospitality disclosure policy/ governance framework.

Workforce: We are committed to recruit and retain staff that meet the high-quality standards of the organisation and will provide on-going training and development to ensure all staff reach their full potential and are able to build rewarding careers. The Board's appetite for risks related to management of its workforce is **Averse**. The Board's risk appetite is **Eager** to innovative work practices that deliver safe, effective practice and **Eager** to support and promote diversity and inclusion, health and wellbeing and the GOSH community. Further detail on our workforce risk appetite is below:

- **Averse** to a degradation of Trust culture. Our approach to reporting and investigating incidents or circumstances that may compromise the safety of any patients, parent/ carers or staff members, and/or contradict our values is open and transparent. We will not accept risks associated with unprofessional conduct, bullying, or an individual competence to perform roles or tasks safely.
- **Eager** to create an open, creative and inclusive working environment and culture at GOSH that supports and promotes inclusion and diversity and supports Health and wellbeing
- **Open** to embrace new, innovative and more flexible ways of working that deliver required work outputs but that are supportive of work-life balance (as appropriate and without compromising patient safety, delivery of services or statutory compliance).

- **Minimal** for risks associated with the implementation of non-NHS standard terms and conditions of employment, innovative resourcing, and staff development models for purpose of delivery of patient safety, quality care, maintenance of services and financial sustainability.
- **Averse** for staff being non-compliant with Trust polices legislation, or any frameworks provided by professional bodies.
- **Minimal** for staff working for GOSH either in other UK locations or internationally. The Tryst will always strive to ensure that GOSH staff operate within safe environments and are subject to safe working practices.

Data quality and processing: The Board's appetite for risks related to the production of accurate, quality data is **Minimal**. The Trust has a Data Quality Strategy and plan in place and regularly monitors data accuracy and validity. Some data items are unable to be quality assured at source and appropriate safeguards/ commentary are applied in these cases.

The Board's appetite for risks related to the processing of patient and staff data and maintenance of patient confidentiality is **Averse**. The Trust processes both personal and special category (sensitive personal data) for patients and staff and operates within a GDPR compliant framework, where risks to the processing of this data is considered, documented and mitigated appropriately. All staff and contractors processing data are expected to contribute to and promote a culture of safe data processing and awareness.

Security and Information Technology: The Board's appetite for risks related to data security and technology risk is **Averse**. Availability and security of all data is key to the timely delivery of our services, provision of safe and effective care and a level of confidence for our patients and families that their data is safe. Any breach of our data could also result in financial loss. Within this, our risk appetite is:
- Prolonged outage of core systems: The Board's risk appetite for risks to the availability of systems which support its critical business functions is **Averse**. Maximum recovery times have been identified and agreed with each business area and critical activity recovery plans are in place.
- Security - Cyber-attack on systems or networks: The Board's risk appetite for threats to its assets arising from external malicious attacks is **Averse**. To address this risk, the Board operates strong internal control processes and utilises robust technology solutions.
- On-going technological development: The implementation of new systems and processes creates new opportunities but may also introduce new risks. Risks are also formally assessed prior to deciding on any new IT investment. The Board's risk appetite remains **Averse**, noting the consequences of a breach of patient/ staff data.

Estates, facilities and redevelopment: The Board's appetite for risks arising from property deficiencies or poorly designed buildings is **Averse**. The Trust has an effective procurement and contract monitoring framework in place, where the focus is on delivery of flexible spaces for personalised and coordinated care that significantly improve the public realm aspects of Great Ormond Street in order to benefit the local community not just our patients, staff and visitors.

The Board will not tolerate ineffective/ inefficient safety management resulting in non-compliance and/or harm and suffering to staff, contractors, patients, families or the public and as such the risk appetite is **Averse**. The Trust is committed to effectively minimising risks, controlling hazards and preventing harm to all. This is done through a proactive programme of risk assessment and audit. The Trust's governance structure ensures statutory compliance is undertaken within legislative requirements. Assurance via the Health and Safety Committee has been provided on a range of subjects such as violence against staff, sharps compliance, Control of Substances Hazardous to Health and fire safety. Maintaining compliance in a complex and diverse environment can present challenges and the Trust is continuously assessing and auditing to develop systems to manage risk more effectively.

Transformation: The Board's risk appetite for failing to transform services where programmes/ projects are not aligned with strategic priorities and/or do not successfully deliver requirements and intended benefits to quality, time and cost is **Cautious**. To address this risk, the Board operates strong internal control processes with ongoing risk profiling of transformative programmes. Therefore, the Board accepts that in some instances, new emerging risks can prevent the implementation of the original transformative plan and delivery of the intended benefits to quality, time, and cost.

Draft November 2023.

Annex 1: Risk Appetite Scale

The Trust has matched the risk appetite levels to a (total) likelihood and consequence net score – the score denotes the level of risk the Trust is willing to accept (in numbers as well as appetite criteria/ words). The scores provide a benchmark to monitor progress with mitigating risks. Monitoring is conducted at various risk management meetings, including the Risk Assurance and Compliance Group (RACG) and assurance committee meetings.

Risk Appetite	Description	Risk Tolerance rating (total)
Averse (Very low risk appetite)	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.	2 - 5
Minimal (Low risk appetite)	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.	6-11
Cautious (Moderate risk appetite)	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.	12 -15
Open (High risk appetite)	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.	16-20
Eager (Significant risk appetite)	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.	>20

Summary of the Audit Committee Meeting
held on 20ᵗʰ October 2023

Matters arising
- Governor question at June 2023 Audit Committee: Sustainable disposal of equipment at GOSH

The Committee noted the ways in which the Trust sustainably disposed of equipment and discussed the device replacement cycle which was likely to be extending in many cases with advances in technology. It was agreed that an economic life cycle review would take place and be considered at the March Audit Committee meeting.

Minutes of subcommittees
The Committee noted summaries of the following meetings:
- Summary of Finance and Investment Committee (August 2023, September 2023)
- Summary of Quality, Safety and Experience Assurance Committee (June 2023 and September 2023)
- Summary of People and Education Assurance Committee (September 2023).

Update on the Board Assurance Framework (BAF) from the Risk Assurance and Compliance Group (RACG) Including draft GOSH Risk Appetite Statement and Risk Tolerance Guidance
All risks on the BAF had been reviewed by the RACG over August and September 2023. The Audit Committee considered the following proposed updates:

- BAF risk 8: Business Continuity

The Committee considered a revised risk statement which had been broadened to be more strategic and placed in the context of the implementation of Integrated Care Boards. Discussion took place around whether or not risk statements should be rooted in a period of time and examples. It was agreed that a follow up discussion would take place at RACG to make the risk less issue based. Consideration would also be given to whether a geopolitical risk was required on the BAF or whether these matters should be included within relevant existing BAF risks.

- BAF risk 11: Medicines Management

The QSEAC had recommended the reduction of the net risk score to 3L x 5C and this was agreed. It was noted that challenges did remain in the area, however these were now well understood with actions plans in place and progress was being made. It was agreed that they would be recommended to the Board for approval.

- BAF risk 13: Mental Health Strategy

The QSEAC had recommended the proposed risk scores and risk statement to the Audit Committee. It was agreed that they would be recommended to the Board for approval.

- BAF risk 17: International and Private Care and Commercial

The risk had been reviewed by the Finance and Investment Committee and updated following their comments. The committee recommended the risk scores and risk statement to the Board for approval.

- BAF risk 18: Health Inequalities

Discussion took place around the areas over which GOSH had influence and the committee expressed strong support for taking practical steps around thoughtful communication with patients and families and around awareness of the digital divide. The committee recommended the risk scores and risk statement to the Board for approval.

Attachment 1

- BAF risk 19: Transformation

The risk had been reviewed by the Finance and Investment Committee and the Audit Committee agreed to recommend the risk scores and risk statement of this new risk to the Board for approval.

- BAF risk on the development of a new service

Discussion took place about the recommendation from the QSEAC to incorporate the elements of the risk into the relevant existing BAF risks. It was agreed that given the ongoing discussions at Board level, this would be referred to the QSEAC for further discussion.

- Risk Appetite Statement

The committee noted that the statement had been shared and approved at the other assurance committees and recommended the updated risk appetite statement to the Board for approval.

BAF Risk Deep Dives: BAF Risk 4: Integrated Care System

GOSH was working to achieve a balance between the local focus required by the Integrated Care System (ICS) and specialist services noting that GOSH was the Trust with the greatest proportion of services commissioned by specialist commissioning nationally. The committee emphasised the importance of keeping patients and outcomes at the centre of all decision making in this area and maintaining a focus on health inequalities.

Credit Note Provision (IFRS 9)

Discussion had taken place between committee members outside the meeting about reviewing the provisioning policy given the strategic goals of International and Private Care. The committee noted the multifaceted nature of the assumption underpinning the model and the potential for a one-off correction. The outcome of the update would be considered at the January 2024 Audit Committee meeting.

Update on cyber security (BAF risk 7)

The committee welcomed the action that had been taken to improve the Trust's cyber security position. The importance of staff as a key defence against cyber-attacks was emphasised.

Final Auditor Annual Report including VFM 2022/23 (for information only)

The committee noted that the Auditor's Annual Report had been finalised and published.

Internal Audit Progress Report and Internal audit recommendations – update on progress

The KPMG team reported that they were on track to complete the internal audit annual plan by year end. The committee noted that there had been an increase in overdue Internal Audit recommendations in line with many other Trusts. The importance of implementing a culture of meeting deadlines for actions was highlighted as was the need to set reasonable timeframes for completion of actions. The review of Core Financial Systems was received which provided an assurance rating of *partial assurance with improvements required* because of one high priority recommendation. The Committee highlighted the importance of implementing a culture in which staff were empowered and able to carry out validation checks required in these areas.

Local Counter Fraud progress report

The Fraud Risk Assessment was in the process of being completed and eight cases were being investigated, four of which had been driven by proactive reviews. Discussion took place about the timeframe for ongoing investigations, and it was noted that they were often complex, involving more than one organisation.

Whistleblowing Update – October 2023

One case was ongoing and being reported via the QSEAC and PEAC. It was confirmed that work had already been underway in the area concerned and no further immediate actions had been required. The policy for raising concerns was being updated to bring together all types of concerns that could be raised and implement a triage stage to determine the nature of matters raised.

Review of Standing Financial Instructions and Scheme of Delegation
The review had been undertaken to ensure that the appropriate limits were in place to enable to staff to undertake their responsibilities. Audits of budget holders would take place as would finance cross checks and commercial sign offs. Information had been requested from the internal and external auditors about well-developed systems from other Trusts. The committee recommended the revised SFIs and Scheme of Delegation to the Board for approval.

Write offs
The Committee approved the schedule of bad debts to be written off.

Governor feedback
The importance of the considering the potential impact of the geopolitical context on business continuity in directorates was highlighted and further discussion took place around cyber security and the action that should be taken by staff when suspicious contacts were received.

NHS Great Ormond Street Hospital for Children
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Finance and Investment Committee update

Since the last report to Trust Board there have been two Finance and Investment Committee (FIC) meetings:

Date & meeting type	Summary of meeting purpose
Friday 17 November 2023	An extraordinary confidential meeting was arranged to consider approval of the Children's Cancer Centre 'Advanced Works' proposal. The Trust Board delegated authority to the Finance and Investment Committee.
Monday 20 November 2023	An extraordinary confidential meeting was arranged to consider approval of a forecast outturn for the 2023/24 financial year. The outturn was requested by NHSE and all Non-Executive Directors (including the Chair) were invited to this meeting. The Chair delegated responsibility for this approval to the Finance and Investment Committee. Also for approval, was a self-certification assurance on outpatient recovery return.

This report summarises the key developments and discussions arising from both meetings. Where possible, minutes of these meetings are available from Paul Balson, Head of Corporate Governance (Paul.Balson@gosh.nhs.uk).

Children's Cancer Centre (CCC) advanced works proposal - Friday 17 November 2023

Advanced works on the CCC were proposed to maintain programme activity whilst the other organisational governance and approvals processes are completed ahead of main construction. The Committee sought assurance that the advanced works satisfied the following criteria:

- Social value – it was the right thing to do for patients and families.

- They offered the Trust value for money.

- The stated costs were accurate, affordable and not a risk to the Trust's short- and long-term financial sustainability.

- The robustness of the construction partner's finances.

- The works could be delivered on time.

- The award of funds for advance works would have no bearing on the award of the main construction contract.

- The sum quoted was a maximum sum for the works that would not be exceeded.

- That a full risk assessment of the planned patient pathways, business continuity, fire arrangements, infection control practices and other key areas would be required before any physical works could commence.

Following discussion and assurance, the Committee approved the release of funds for commencement of advance CCC works.

Trust forecast outturn for financial year 2023/24 - Monday 20 November 2023

The Deputy Chief Finance Officer presented the rationale for the underlying assumptions of the worst, best and likely case forecast outturns. The Committee discussed the Trust's options as well as the recent and future financial challenges faced by the NCL ICS and other London ICCs.

The Committee approved the likely scenario for the 2023/24 financial year for submission.

The Chair of the Finance and Investment Committee and the Chief Finance Officer will provide a verbal update on the item at the meeting.

Self-certification assurance on outpatient recovery - Monday 20 November 2023

The Committee approved the Trust submission of a series of assurances requested from NHS England in regard the protection and expansion of elective capacity with focus on outpatient recovery.

End

![Great Ormond Street Hospital for Children NHS Foundation Trust logo]

**Summary of the Council of Governors' Meeting
held on 9th November 2023**

Governor requested item: Overview of Patient Safety at GOSH

A large patient safety transformation programme was in place which incorporated actions from the quality and safety strategies as well as national reviews and local incidents. A key theme of criticisms arising from national reports was staff either feeling unable to speak up or not being listened to and this was an important focus of GOSH's work. Discussion took place around the way in which staff, patients and families could speak up at GOSH and the need to provide feedback to those speaking up was emphasised. It was noted that The Hive had recently been established which collocated a number of staff support services and provided a confidential space away from the main hospital to talk.

People Planet Update and Refreshed People Strategy

The average age of GOSH's workforce was 39 years, and 63% of the workforce was under 40 which was unusual and meant that there were a large number of first-time workers and line managers which added a layer of complexity. Discussion took place about staff turnover, and it was noted that once nurses remained at GOSH for longer than 18 months they tended to stay for much longer and therefore support was required to reach that point. The pipeline for nurse recruitment was strong. A new culture framework was being developed and the GOSH People Strategy set out key focus of equality, diversity and inclusion; culture and wellbeing; and progression and support for global majority colleagues. Discussion took place around the likely impact of the People Strategy given the external environment and it was noted that the key areas had been agreement with unions and staff networks and the delivery plan had been reviewed by the internal auditors to provide assurance around the management of the strategy.

Children's Cancer Centre (CCC) Planet Update

The Full Business Case for the Children's Cancer Centre (CCC) had been approved by the Department of Health and NHS England which was a significant milestone and a gateway review had rated the programme as green which showed a high level of confidence that the programme would be delivered as outlined. An Advanced Works Programme would begin to mitigate the risk of delays and approval had also been received of the section 73 planning amendment which was around improved facilities and linkage with the Paul O'Gorman Building. Public engagement had begun, and good progress was being made in terms of fundraising with over 50% of the funds having been raised.

Chief Executive Report

GOSH had been rated in the top 10 green hospitals nationally and good progress had been made however it was important to continue to learn from others. Industrial action had impacted activity and focus was being placed on long waiting patients. Work was taking place with North Central London Integrated Care Board on Startwell and GOSH was keen to ensure that local children and young people were able to receive high quality treatment whilst ensuring that the Trust continued to be able to treat patients who required specialist care.

• Finance Report (Month 5, August 2023 data).

The Trust's year to date position was £8.6million adverse to plan driven by strike action and lower than anticipated activity from International and Private Care. It was likely that specialised commissioning would move from NHS England's remit to that of Integrated Care Boards which would be challenging for GOSH due to the requirement to engage with many ICBs and work continued to take place to engage around this.

Attachment 3

Update from the Young People's Forum (YPF)

The YPF had worked with the communications team to review the communications around the temporary change to the main entrance because of the CCC Programme. They had emphasised the importance of ongoing communications of different types and using different sources to suit different ages and needs. The ward naming policy had been discussed and there had been a difference of opinion between members on continued adherence to the policy to name wards in the CCC. Discussion had also taken place around wristband identification and suggestions for other ways to identify patients. The Council of Governors highlighted the importance of considering the emotional connection with the front entrance of the building.

Reports from Board Assurance Committees

The Council of Governors received updates from the following 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).

Auditor's Annual Report 2022/23

The final annual report from the external auditors for 2022/23 had been received which included the report on Value for Money on which no matters of concern had been identified.

Update from the Nominations and Remuneration Committee

• <u>Non-Executive Director Succession Planning and Recruitment</u>

The Council approved the process to appoint two Non-Executive Directors as recommended by Council of Governors' Nominations and Remuneration Committee. One role would be a candidate with clinical or social work experience and another role would be an individual with a commercial or financial background at a multinational level with a focus on technology. It was agreed at the Council that that one of the job descriptions would include the requirement to sit on the Sustainability Working Group.

• <u>Appointment process for the University College of London nominated Non-Executive Director</u>

The current UCL nominated Non-Executive Director would be stepping down in early 2024 and the process for appointment would be determined and managed by the University. Discussion took place around the risk associated with a process which was not managed by GOSH and it was noted that previously the Senior Independent Director had sat on the appointment panel, however it was noted that this was at the discretion of the University. The Council was also required to consider the preferred candidate for approval.

• <u>Extension of Tenure for a Non-Executive Director</u>

The Council approved the extension of Kathryn Ludlow, Non-Executive Director for a period of one year until 5th September 2025 as recommended by the Council of Governors' Nominations and Remuneration Committee.

• <u>Chair and NED remuneration</u>

NHS England's Chair and NED remuneration framework aligns the remuneration of the Chair and NEDs with the financial turnover of the organisation. Since the last review of Chair and NED remuneration three years ago, GOSH had moved into the 'extra-large Trust' category. This did not impact remuneration for NEDs and it was noted that no change was proposed. As a result of the change of category the Council of Governors' Nominations and Remuneration Committee had recommended an increase to the Chair's salary of £5,000 (to £55k per annum) in line with the NHS England remuneration framework. This was approved.

Attachment 3

Council of Governors Effectiveness Survey Results 2023

The results were reviewed and positive feedback had been received about the use of GovernorHub and recognised an improvement in the focus of the papers. The key feedback for focus going forward was around two-way communication between Governors and members and this would be discussed at the Membership Engagement Recruitment and Representation Committee (MERRC).

GOSH Council of Governors Election Update 2023

Ten seats would be subject to annual election in December 2023 and the website had gone live and the first tweet published to publicise the election. A 'So you want to be a Governor' session was planned to take place and Governors had been asked to film clips about their experience as Governors. It was agreed that non-Executives would also be asked to film a clip about the impact of the Council.

Governance Update

A meeting of the Constitution and Governance Working Group had taken place and it was noted that the group still had one Governor seat to fill. The Sustainability Working Group had received a presentation on the Trust's approach to decarbonising the estate. One Governor had attended an NHS Providers event which had focused on the patient backlog, long waiting patients and the implications of the COVID19 Inquiry.

- <u>Updated Fit and Proper Person Policy</u>

Although the Fit and Proper Person legislation had not changed there was a new framework in place which aimed to support NHS organisations' compliance. A reference must now be produced for all Board members who stepped down from the Board which remained on file and would be requested when the individual sought to join another NHS organisation. An annual report would be presented to the Board Nominations and Remuneration Committee and also the Council of Governors' Nominations and Remuneration Committee.

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

The Trust was currently 192 members behind its ambitious recruitment target and some additional areas for membership recruitment had been identified. A constitutional minimum number of members was in place for each constituency however the number of members in one constituency was coming close to this number and focused work would be required in this area. Discussion took place around the importance of membership numbers against membership engagement and the MERRC highlighted that there had previously been a focus on engagement.

NHS
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Trust Board 30 November 2023	
Register of Seals **Submitted by:** Anna Ferrant, Company Secretary	**Paper No: Attachment 4** ☐ **For approval**

Purpose of report
Under paragraph 39 of the NHS Foundation Trust Standing Orders, the Trust is required to keep a register of the sealing of documents. The attached table details the seal affixed and authorised.

Summary of report

Date	Description	Signed by
13 November 2023	Leases for Level 3 and 4 Ormond House	MS JB

Patient Safety Implications
None

Equality impact implications
None

Financial implications
None

Strategic Risk
None

Action required from the meeting
To endorse the application of the common seal and executive signatures.

Consultation carried out with individuals/ groups/ committees
N/A

Who is responsible for implementing the proposals / project and anticipated timescales?
N/A

Who is accountable for the implementation of the proposal / project?
Anna Ferrant, Company Secretary oversees the register of seals