

**GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST**  
**MEETING OF THE COUNCIL OF GOVERNORS**  
**Thursday 22 February 2024**  
**3:00pm – 5:30pm**  
**Charles West Room, Barclay House, Great Ormond Street, London, WC1N 3HZ**

NO.	ITEM	ATTACHMENT	PRESENTER	TIME
1.	Welcome and introductions		Ellen Schroder, Chair	3.00pm
2.	Apologies for absence		Ellen Schroder, Chair	
3.	Minutes of the meeting held on 09 November 2023	A	Ellen Schroder, Chair	
4.	Matters Arising and action log	B	Anna Ferrant, Company Secretary	
<b>PERFORMANCE and ASSURANCE</b>				
5.	<b>Chief Executive Report including:</b> <ul style="list-style-type: none"> <li>• Integrated Quality and Performance Report (Month 9, December 2023 data).</li> <li>• Finance Report (Month 9, December 2023 data).</li> </ul>	C	Matthew Shaw, Chief Executive  John Beswick, Chief Finance Officer	3.10pm
6.	Update from the Young People’s Forum (YPF)	D	Rose Dolan and Angela Gjelaj, YPF Governors	3.30pm
7.	<b>Reports from Board Assurance Committees</b> <ul style="list-style-type: none"> <li>• Quality, Safety and Experience Assurance Committee (November 2023 and February 2024)</li> <li>• People and Education Assurance committee (November 2024 &amp; February 2024)</li> <li>• Audit Committee (January 2024)</li> <li>• Finance and Investment Committee (December 2023 and January 2024)</li> </ul>	E F G H	Amanda Ellingworth, Chair of the QSEAC Kathryn Ludlow, Chair of PEAC Gautam Dalal, Chair of Audit Committee Suzanne Ellis, Chair of Finance and Investment Committee	3.40pm
<b>STRATEGY AND PLANNING</b>				
8.	Update from Start Well	Presentation I	Jennifer McCole, Director of Transformation / Anna Stewart, Start Well Programme Director / Alice O’Brien, Start Well Programme Manager	3.55pm

9.	<b>Governor requested item:</b> <ul style="list-style-type: none"> <li>Update on Mental Health Services</li> </ul>	<b>J</b>	Caroline Anderson, Director of HR and OD, Tracy Lockett, Chief Nurse, Helen Griffiths, Head of Psychological Services	4.10pm
10.	<b>Annual Planning Update</b>	<b>Verbal</b>	John Beswick, Chief Finance Officer, John Quinn, Chief Operating Officer	4.30pm
11.	<b>Children’s Cancer Centre (CCC) Planet Update</b>	<b>L</b>	Gary Beacham, CCC Delivery Director	4.40pm
<b>GOVERNANCE</b>				
12.	<b>Associate Non-Executive Director Appointment</b>	<b>M</b>	Ellen Schroder, Chair/ Anna Ferrant, Company Secretary	4.50pm
13.	<b>Update from the Council of Governors’ Nominations and Remuneration Committee</b> <ul style="list-style-type: none"> <li>Appointment of UCL Appointed NED</li> <li>Non-Executive Director Recruitment Update</li> <li>Update on NED Appraisal Timetable</li> <li>Revised Nominations and Remuneration Committee Terms of Reference</li> <li>Staff Governor on Council Nominations and Remuneration Committee</li> </ul>	<b>N</b> <b>O</b> <b>P</b> <b>Q</b>  <b>R</b>	Ellen Schroder, Chair / Anna Ferrant, Company Secretary/ Natalie Hennings, Deputy Company Secretary	4.55pm
14.	<b>External Auditor Appointment</b>	<b>Verbal</b>	John Beswick, Chief Finance Officer	5.10pm
15.	<b>Governance Update</b> <ul style="list-style-type: none"> <li>ICH Appointed Governor</li> <li>GOSH Council of Governors Election Update</li> <li>Membership Engagement Recruitment and Retention Committee</li> <li>Update on Council Effectiveness Review actions</li> <li>Governors Sustainability Working Group.</li> </ul>	<b>S</b>	Paul Balson, Head of Corporate Governance  Natalie Hennings, Deputy Company Secretary	5.15pm
16.	<b>Any Other Business</b>		Ellen Schroder, Chair	5.25pm
<b>Next Meeting</b> 15 May 2024; 3:00pm – 5:30pm				

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

**Present:**

Ellen Schroder	Chair
Beverly Bittner-Grassby	Parent/Carer Governors: Parent/Carer from London
Stephanie Nash	
Kamran Ansari*	
Claire Cooper-Jones	Parent/Carer Governors: Parent/Carer from Rest of England and Wales
Josh Hardy	Patient Governors: Patients from Home Counties
Robert Ferguson	Parent/Carer Governors: Parent / Carer from the Home Counties
Peace Joseph	Public Governors: Public Governors from London
Hannah Hardy	Public Governors: Public Governors from Home Counties
Eve Brinkley-Wittington	
Quen Mok	Staff Governors
Dilys Addy	

**In attendance:**

Amanda Ellingworth	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Gautam Dalal	Non-Executive Director
Chris Kennedy	Non-Executive Director
John Beswick	Chief Finance Officer
Anna Ferrant	Company Secretary
Natalie Hennings	Deputy Company Secretary
Paul Balson	Head of Corporate Governance
Victoria Goddard	Trust Board Administrator (minutes)
Prof Sanjiv Sharma*	Chief Medical Officer
Nikki Fountain	Business Manager to the MDO
Caroline Anderson*	Director of HR and OD
Jason Dawson*	Director of Space and Place
Gary Beacham*	Director of the Children's Cancer Centre
Ryan Aoudjet*	Vice Chair of the Young People's Forum
Amy Sutton*	Children and Young People's Participation Officer
One member of the public	

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

<b>57.</b>	<b>Apologies for absence</b>
57.1	<p>Apologies were received from: Sapna Talreja, Parent/Carer Governor; Abbigail Sudharson, Patient Governor; Constantinos Panayi, Patient Governor; Roly Seal, Public Governor; Julian Evans, Public Governor; Elizabeth Nuttall-Collins, Staff Governor; Jacqueline Gordon, Staff Governor; Tania Ahmad, Staff Governor; Jugnoo Rahi, Staff Governor; Rose Dolan, Appointed Governor; Kamyra Mandhar, Appointed Governor.</p> <p>Apologies were also received from Matthew Shaw, Chief Executive.</p>
<b>58</b>	<b>Minutes of the meeting held on 5<sup>th</sup> July 2023</b>
58.1	The Council <b>approved</b> the minutes of the previous meeting.
<b>59</b>	<b>Matters Arising and action log</b>
59.1	The actions taken since the previous meeting were noted.
<b>60</b>	<b>Governor requested item: Overview of Patient Safety at GOSH</b>
60.1	Sanjiv Sharma, Chief Medical Officer said that patient safety was a core purpose at GOSH. There had been national reports of poor outcomes due to failings in patient safety and it was vital that GOSH's systems and processes were sufficiently sensitive to identify deviations. Nikki Fountain, Business Manager to the MDO said that a substantial patient safety transformation programme was in place incorporating the quality and safety strategies and action plans from national reviews and reports when things have gone wrong both at GOSH and in wider healthcare.
60.2	A key theme in terms of criticism from national reports was that staff had not felt listened to and GOSH was focused on supporting a culture of speaking up. Beverly Bittner-Grassby, Parent/Carer Governor asked how a member of staff would raise a concern about another member of staff and Sanjiv Sharma said that ideally a colleague would raise this with their line manager however if they did not feel able to do this the Freedom to Speak Up Guardian (FTSUG) was available to take forward these concerns. She was working hard to help develop a culture of psychological safety.
60.3	Where concerns required escalation to formal processes, they often took considerable time to be resolved and Sanjiv Sharma said that it was important that feedback was given to the person who had raised concerns as some individuals had reported that they felt there had been a lack of an organisational response to their concerns. Ellen Schroder, Chair agreed and said that whilst there was often a limited amount of information which could be shared in cases where concerns were raised, particularly around an individual, it was essential to continue engagement.
60.4	Eve Brinkley-Whittington, Public Governor asked how a patient could raise concerns and Sanjiv Sharma said that this could be done through the ward or through the Patient Advice and Liaison Service (PALS) which was well regarded at GOSH. He said that improvements were required in signposting these routes and nationally Martha's Rule was being implemented which would support the more general focus on raising concerns. Caroline Anderson, Director of HR and OD said that there were a number of services such as chaplaincy, play and safeguarding which patients and families were also able to access.



60.5	Peace Joseph, Public Governor noted that the FTSUG had space in The Hive as did other services which formed GOSH's staff wellbeing package and asked whether this was a confidential space. Sanjiv Sharma said that the space was used flexibly, and staff were able to arrange a time to speak confidentially to the Guardian.
60.6	Josh Hardy, Patient Governor asked whether there was integration between the issues raised by staff to the services in The Hive and those raised by patients and families to PALS. Sanjiv Sharma said that this would be dependent on the nature of the issue raised. In the event that a safety concern was highlighted, this would be shared with the relevant services and teams would be required to review the cause of the issues.
<b>61</b>	<b>People Planet Update and Refreshed People Strategy</b>
61.1	Caroline Anderson said that the revised People Strategy had been approved by the Trust Board at its July 2023 meeting. GOSH had a large workforce of junior staff who were critical to supporting the infrastructure and the average age of staff was 39 years. 63% of the Trust's workforce was under the age of 40 which was unusual and meant that many staff were first time workers, supervisors, and team leaders. This lack of leadership experience often increased complexity.
61.2	The proportion of staff declaring a disability was significantly underreported at 4% in comparison to 17% of staff who declared a disability in the staff survey which was anonymous. Although the vacancy rate was low, retention was a key issue due to the age of the workforce and the central London location of the Trust.
61.3	Discussion took place around the turnover in newly qualified nurses and Caroline Anderson said that GOSH's turnover of this group of staff with broadly in line with that of other Trusts in London. She added that it was important to focus on retention of this group as the data showed that those who stayed at GOSH for 18 months would go on to stay substantially longer. Ellen Schroder said that whilst GOSH played an important role in training, it was important to achieve a balance with retaining a sufficient proportion of staff.
61.4	A new framework for culture and engagement was being developed to sit alongside the Seen and Heard and Mind, Body and Spirit frameworks highlighting the importance of the focus on culture and the refreshed strategy made commitments to making improvements in equality, diversity and inclusion; culture and wellbeing; and progression and support for global majority colleagues. Work would be taking place on debiasing recruitment.
61.5	The Always Values were now 10 years old and a whole Trust engagement programme would be developed to produce a new set of values which would also provide a behavioural framework. Speaking Up would continue to be a focus along with the skills and capabilities of line managers.
61.6	Peace Joseph asked how the revised people strategy would support staff with the challenges that were being faced as a result of the external environment. She asked whether there had been an impact on the risk rating for the people planet. Caroline Anderson said that it was vital to understand the considerable impact of external issues however it was important to maintain the focus on the areas which were critical to the organisations which had been discussed and agreed with unions and networks. An internal audit by KPMG had taken place on the people planet which had reviewed the delivery programme and the team was comfortable with the assurance provided that the appropriate areas were receiving focus and being managed. Ellen Schroder confirmed

61.7	<p>that there was a culture risk on the Board Assurance Framework which was regularly reviewed by the People and Education Assurance Committee.</p> <p>Beverly Bitner-Grassby said that Governors had discussed staff turnover and had highlighted the importance of a strong pipeline of staff being recruited. Caroline Anderson confirmed that a strong pipeline was in place but added that it was important to diversify the types of roles recruited at GOSH and the stages of individuals' careers at which they were recruited.</p>
<b>62</b>	<b>Children's Cancer Centre (CCC) Planet Update</b>
62.1	<p>Gary Beacham, Director of the Children's Cancer Centre said that the joint investment committee of the Department of Health and NHS England had approved the Full Business Case for the Children's Cancer Centre which was a significant milestone and supported the programme trajectory. A gateway three review had taken place to review the Trust's investment readiness and a green rating had been provided. Jason Dawson, Director of Space and Place said that this was an important achievement and had been based on reviewing the project's governance, value for money and commercial aspects. The review team had provided very positive feedback.</p>
62.2	<p>The Section 73 planning application had been approved which covered planning amendments for improved facilities and linkage with the Paul O'Gorman building and would be the final material planning application of the programme. An Advanced Works package had been approved by the Board and supported by the GOSH Charity and had been developed to mitigate the risk of delay and would lead to approximately 6 to 9 months of work.</p>
62.3	<p>Public engagement work had begun with the first meeting of the construction working group and Gary Beacham said that it was important to hear feedback from local residents.</p>
62.4	<p>Gautam Dalal, Non-Executive Director said that the GOSH Charity had been successful in raising approximately half of the funds required and recognised that the remainder would be more challenging. The Charity was working to identify the next key project for support. Ellen Schroder said that whilst the fundraising was ahead of its original plan, the external environment was suboptimal and the funding model for the CCC was new for the Charity which had not previously entered into a project without having raised all funds in advance. John Beswick, Chief Finance Officer said that this was one of the largest fundraising projects in the Charity sector as a whole and progress continued to be discussed at the Investment Committee which was held jointly between GOSH and GOSH Charity.</p>
62.5	<p><b>Action:</b> Jason Dawson said that moving forward additional focus would be placed on the Cancer Transformation Programme and an update would be provided on this at an appropriate future meeting.</p>
<b>63</b>	<b>Chief Executive Report</b>
63.1	<p>John Beswick presented the report and welcomed Ellen Schroder to her first Council meeting as Chair. He said that as part of the Children's Cancer Centre programme work was taking place to decant approximate 1,400 members of staff which was a significant task.</p>

63.2	GOSH had been recognised as one of the top 10 green hospitals internationally by Healthcare Digital. Beverly Bittner-Grassby said that she had attended an NHS Providers Governors' event and it had been clear that other organisations were not discussing sustainability as actively as at GOSH. Chris Kennedy, NED lead for sustainability said that GOSH was making good initial progress but it was important to learn from others in this area.
63.3	John Beswick said that industrial action had had a substantial impact on activity however the Trust continued to deliver more activity than in 2019/20.
63.4	Ellen Schroder asked how the Trust interacted with NHS England and the Integrated Care System (ICS) around finance and John Beswick said that formal reporting took place through the ICS however the majority of GOSH's funding came through specialised commissioning which was currently provided by NHS England. He said that there were likely to be changes to the way in which specialised commissioning operated and GOSH was involved in discussions about the considerable impact that these changes could have on the Trust.
63.5	Discussion took place around the staff vacancy rate in Research and Innovation and the Council noted that this was related to the timing of the data as funding was in place for roles related to specific research projects.
<b>64</b>	<b>Update from the Young People's Forum (YPF)</b>
64.1	Ryan Aoudjet, newly elected Vice Chair of the YPF said that the YPF had provided feedback on communications around the front entrance of the hospital which would be moving because of the CCC development. The YPF had said that communications should be clear and regular to avoid stress and frustration for patients and families and emphasised the importance of being aware of the impact that the noise of works could have. Providing noise cancelled headphones where necessary had been recommended by the YPF as well as a newsletter written by patients for patients to provide updates.
64.2	The YPF had discussed the ward naming policy and whether this should continue to be adhered to in the Children's Cancer Centre. There had been a difference of opinion between older and younger members and feedback on the reasons had been provided.
64.3	A member of the YPF had spoken on a national webinar about the use of wrist band identification. The current wrist bands used by the Trust were not sustainable and some patients would have an allergy or find them uncomfortable. Discussion had taken place about the potential to use biometric wrist bands.
64.4	<b>Action:</b> John Beswick said that although the new main entrance would be temporary, it would be in place for four years and this would be the life of many patients' and families' experience at GOSH. Chris Kennedy agreed and said that as well as the practical considerations such as wayfinding, patients and families would have an emotional connection with the main entrance, and it was important to recognise this. He agreed that change management was based upon early and ongoing communication. It was agreed that the next NED walkround would take place around the temporary new entrance as the November Board meeting coincided with the temporary entrance test event.
<b>65</b>	<b>Reports from Board Assurance Committees</b>

65.1	<u>Quality, Safety and Experience Assurance Committee (September 2023)</u>
65.2	Amanda Ellingworth, Chair of the QSEAC said that the committee had discussed the Trust's long waiting patients and the impact of industrial action on waiting lists and had noted that plans were in place to reduce the number of long waiting patients in line with the requirements of NHS England. The Committee had noted the progress with medicines management and the improved grip which was now in place in the area.
65.3	<b>Action:</b> A follow up review of the gastroenterology service had taken place and very positive comments had been received about the progress that had been made since the previous review, in particular around team working. It was agreed that discussion would take place about bringing the findings of the review to the Council.
65.4	<b>Action:</b> Ellen Schroder said that discussions had taken place in the private meeting about GOSH's progress with a mental health strategy and it was agreed that this activity would be shared with the Council once it was complete.
65.5	<u>People and Education Assurance committee (September 2023)</u>
65.6	Kathryn Ludlow, Chair of PEAC said that the Committee had discussed workforce metrics and noted that turnover was increasing in nursing and focus was being place on the retention of newly qualified nurses. Feedback showed the importance of new nurses being supported by more senior colleagues.
65.7	A presentation had been received from the GOSH Learning Academy and it was noted that other organisations were improving their education provision. The GLA was challenged in terms of space.
65.8	A new policy on Speaking Up was being developed which would bring together all routes in the Trust for raising concerns, irrespective of the nature of the concerns.
65.9	The Council discussed the staff survey which had been published and Ellen Schroder said that this was an important opportunity for staff to provide feedback. Chris Kennedy said that response rates in the NHS were generally significantly lower than those in the private sector.
65.10	<u>Audit Committee (October 2023)</u>
65.11	Gautam Dalal, Chair of the Audit Committee said that following comments by a Governor observer at a previous meeting the Committee had discussed the sustainability of the GOSH's processes for disposing of equipment and noted the increasing life span of many pieces of equipment.
65.12	The Committee had recommended an updated risk management statement to the Board for approval and had undertaken a deep dive on the cyber security risk. The final auditor report for 2022/23 had been received including the Value for Money report and the Trust would be focusing on completing internal audit recommendations in line with agreed timeframes.
65.13	A tender was taking place for assurance services and the recommendations of the panel would be reviewed at the next committee meeting.

65.14	<u>Finance and Investment Committee (September 2023)</u>
65.15	Gautam Dalal, NED and FIC member said that a deep dive had taken place on theatre utilisation and a working group had been established to improve efficiency. It had been noted that industrial actions had impacted utilisation which was currently 67%. Chris Kennedy said that he had introduced the Chief Clinical Information Officer to an expert in artificial intelligence who had worked on utilisation for professional services.
<b>66</b>	<b>Auditor's Annual Report 2022/23</b>
66.1	John Beswick said that the final annual report for 2022/23 had provided an unqualified opinion and the Value for Money report had not raised any matters of concern. The Trust had delivered a £16million Better Value programme in year which was the biggest to date and the same was targeted in 2023/24 however there had been slippage because of the industrial action.
<b>67</b>	<b>Update from the Nominations and Remuneration Committee</b>
67.1	<u>Non-Executive Director Succession Planning and Recruitment</u>
67.2	Anna Ferrant, Company Secretary said that Chris Kennedy would reach the end of his tenure at the end of March 2024 and Amanda Ellingworth would also reach the end of her tenure on 31 <sup>st</sup> December 2024 following a one-year extension to support succession planning.
67.3	A Board skills analysis had been reviewed by the Council of Governors Nominations and Remuneration Committee who had provided comments on the requirements of the two roles which would replace Chris Kennedy and Amanda Ellingworth. The Committee had requested that one individual have a commercial or financial background at multinational level with experience in technology and transformation. They would be required to sit on the Audit Committee and Finance and Investment Committee and, following feedback from the Council of Governors' Nominations and Remuneration Committee, the job description included reference to sustainability and experience in industries with a focus on safety culture. The second role would be for an individual with a clinical/ social care background and a clear understanding of the NHS and quality and safety and understanding of patients. Desirable qualities would be around working with children and young people.
67.4	<b>Action:</b> Beverly Bitner Grassby said that following feedback from the Council effectiveness survey it was clear that a NED who could sit on the Council of Governors' Sustainability Working Group and it was agreed that this would be included in one of the job descriptions.
67.5	Anna Ferrant outlined the process and said that a procurement exercise would take place to appoint an executive search firm to support the process. She said that diversity in the search was key, and it was important that the search firm had an understanding of GOSH as an organisation. The Council <b>approved</b> the following points: <ul style="list-style-type: none"> <li>• The Trust would recruit to two NED positions at the same time, from a wider pool of diverse candidates: <ul style="list-style-type: none"> <li>○ Recruit one substantive NED to commence from 01 April 2024 (to replace Chris Kennedy) - a commercial or financial background at multinational level with experience in technology and transformation.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Initially recruit another successful candidate, to an Associate NED role on the basis that the candidate will automatically step into the substantive NED position to replace Amanda Ellingworth without the need for any further recruitment process, subject to continued satisfactory performance - a clinical/ social care background and a clear understanding of the NHS and quality and safety and understanding of patients.</li> <li>● The revised terms and conditions for a Non-Executive Director.</li> <li>● The proposed recruitment process and timetable.</li> </ul>
67.6	<u>Appointment process for the University College of London nominated Non-Executive Director</u>
67.7	Russell Viner, Non-Executive Director was appointed by UCL and had been in post for one term. As a result of increasing personal workload pressures, Russell Viner had expressed his intention to step down from the Board in early 2024.
67.8	UCL continued to provide Non-Executive Directors for several organisations and had a process to identify the preferred individual who would be proposed to the Council for approval. Discussion would take place between the UCL Provost and the GOSH Chair to understand the process. An individual with a clinical background would be sought who had a background in research and commercial activity.
67.9	Beverly Bitner Grassby expressed some concern that GOSH and the Council did not identify the preferred individual and added that it was critical the nominated NED had sufficient time to carry out the role. Anna Ferrant said that Governors continued to have the right to approve or refuse the appointment of the preferred nominated individual.
67.10	<u>Extension of Tenure for a Non-Executive Director</u>  <i>Kathryn Ludlow left the meeting.</i>
67.11	Anna Ferrant said that Kathryn Ludlow's tenure would end on 5 <sup>th</sup> September 2024 at which point she would have served two terms. The Council of Governors' Nominations and Remuneration Committee had recommended an extension of one year in order to support continuity on the Trust Board. If approved, the extension would require approval from NHS England. Anna Ferrant said that Kathryn Ludlow brought important experience to the Board as a result of her legal background and acted as the Trust's whistleblowing lead.
67.12	The Council of Governors <b>approved</b> the extension of Kathryn Ludlow by one year.  <u>Chair and NED remuneration</u>  <i>Ellen Schroder left the meeting.</i>
67.13	Anna Ferrant said that the Trust reviewed Chair and NED remuneration on a three yearly basis however this had been slightly delayed to enable to new Chair to join the Board and provide her views.
67.14	NHS England provided a framework for Chair and NED remuneration based on the size of Trusts which was determined by turnover. Since the last remuneration review GOSH's turnover had increased such that it was now considered an 'extra large Trust' under NHS England's definition. The median salary for the Chair of an extra large Trust was £55,000

	which was an increase of £5,000 on the previous Chair salary for a 'large Trust'. The proposed remuneration for Non-Executive Directors had not changed.
67.15	The Council of Governors' Nominations and Remuneration Committee had discussed the proposed increase and determined that it was appropriate.
67.16	Hannah Hardy, Public Governor asked how the Chair's salary would be impacted by a decrease in financial turnover and Anna Ferrant said that although the review only took place on a three yearly basis, the team would continue to check the Trust's turnover against NHS England's framework and bring the matter to the Council in the event of a reduction. John Beswick said that the Trust's income was continuing to increase and there were no indications that it would reduce.
67.17	Discussion took place around GOSH's turnover in the context of the NHS England framework and it was noted that it fell comfortably within the 'extra large Trust' bracket. John Beswick confirmed that it would remain within this bracket even when only considering NHS income.
67.18	The Council <b>approved</b> the increase in the Chair's remuneration by £5,000 to £55,000 and noted that the NED remuneration would not change.
<b>68</b>	<b>Council of Governors Effectiveness Survey Results 2023</b>
68.1	Paul Balson, Head of Corporate Governance said that the effectiveness survey was undertaken on an eighteen-month basis with broadly the same questions to enable progress to be tracked. Good feedback had been received about the use of GovernorHub and feedback had improved on the papers provided for meetings.
68.2	The key gap was around two-way communication between Governors and members and this would be discussed at the Membership Engagement Recruitment and Representation Committee.
68.3	Governors had asked to be aware of other Governors who were observing assurance committees and it had been agreed that committee chairs would welcome Governors by name at the start at the meeting.
68.4	Beverly Bittner Grassby welcomed the support that the team had provided to enable the Council meeting agenda to be driven by Governors to a greater extent and added that she was keen that Governors should all feel able to speak and to highlight if they felt additional time on items was required.
68.5	The Council <b>approved</b> the recommendations made by the Constitution and Governance Working Group.
<b>69</b>	<b>GOSH Council of Governors Election Update 2023</b>
69.1	Paul Balson confirmed that the Governor election content on the GOSH website had gone live and the first tweet had been published to announce that nominations were now open. He added that it was important that the Trust was able to fill the two vacancies in the Patients from London constituency as they were longer term vacancies. Discussion had taken place with staff networks to raise awareness amongst staff and the team would also be talking to the GOSH Hospital School in order to raise awareness amongst young people. A 'So You Want to be a Governor?' session would be taking place and

69.2	Governors had been asked to support elections by filming short clips about what it was like to be a Governor.
69.2	<b>Action:</b> Chris Kennedy said that he felt that the interaction between Non-Executive Directors and Governors was valuable and suggested that he film a clip about the input of Governors from a NED perspective. This was agreed.
69.3	Beverly Bittner Grassby said that she had been collecting data from Governors about the time commitment as it was important to be transparent about this from the outset. She added that this was a valuable development opportunity for young people.
<b>70</b>	<b>Governance Update</b>
70.1	Natalie Hennings, Deputy Company Secretary said that one seat remained unfilled on the Constitution and Governance Working Group. There had been a recent meeting of the Governor Sustainability Working Group which was well attended and had welcomed an update from the Director of Space and Place on the work that was taking place to decarbonise the estate.
70.2	Quen Mok, Staff Governor had attended a Governors event hosted by NHS Providers and she said that the key focus had been on long waiting patients, the patient backlog, and the implications of the COVID19 public inquiry.
70.3	<u>Updated Fit and Proper Person Policy</u>
70.4	Anna Ferrant said that 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 the Council of Governors' Nominations and Remuneration Committee.
<b>71</b>	<b>Update from the Membership Engagement Recruitment and Representation Committee (MERRC)</b>
71.1	Paul Balson said that 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. The Council discussed the importance of membership numbers against membership engagement and the MERRC highlighted that there had previously been a focus on engagement.



**COUNCIL OF GOVERNORS ACTION CHECKLIST**  
**February 2024**

**Checklist of outstanding actions from previous meetings**

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
62.3	09/11/22	Daniel Wood, Cancer Planet Programme Director noted that previously Governors had requested additional financial information however this was not yet available, and a detailed cost analysis was ongoing. He confirmed that once this information was available it would be shared with Governors.	<b>Daniel Wood</b>	<b>TBC</b>	<p><b>Update:</b> The CCC Team to provide a further update in their item on the agenda.</p> <p>The Financial Case within the Full Business Case has been completed. The Trust received approval of the full business case from the Department of Health and Social Care and NHS England in September 2023.</p> <p>The Corporate Affairs Team will work with CCC Team to determine when the information can be shared with the Council, and this will be made available on GovernorHub.</p>
83.2	02/02/23	Sir Michael Rake, Chair said that discussion had taken place in his private meeting with Governors around ensuring that there was sufficient support for families at weekends particularly around patient deaths and it was agreed that an update would be provided on the services available at the weekend.	<b>TBC</b>	<b>February 2024</b>	<p><b>Update:</b> Discussions ongoing with the Lead Governor to determine a future item to the Council</p>
47.1	05/07/23	Natalie Hennings said that expressions of interest had been sought following the previous Council meeting to sit on the Council of Governors' subcommittees and working group. She said that all seats had been filled on the Council of Governors' Nominations and Remuneration Committee and Sustainability Working Group however two vacant seats remained on both the	<b>All Governors</b>	<b>August 2023</b>	<p><b>Closed:</b> Council committee memberships are not yet at full complement. Interest from governors has been sought subsequent to previous meetings via the governors' newsletter but no expressions of interest have been received, so the action will be closed.</p>

## Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		Constitution and Governance Working Group and the Membership Engagement, Recruitment and Retention Committee. Sir Michael Rake asked interested Governors to contact the Deputy Company Secretary.			The annual review of governors committee memberships is due to take place again in April 2024.
62.5	09/11/23	Jason Dawson said that moving forward additional focus would be placed on the Cancer Transformation Programme and an update would be provided on this at an appropriate future meeting.	JD	May 2024	<b>Not due yet:</b> The CCC team will provide an update on the Cancer Transformation Programme at the May 2024 Council of Governors Meeting
64.4	09/11/23	It was agreed that the next NED walkround would take place around the temporary new entrance as the November Board meeting coincided with the temporary entrance test event.	AF	November 2023	<b>Actioned:</b> This was completed on the 30 November 2023.
65.3	09/11/23	A follow up review of the gastroenterology service had taken place and very positive comments had been received about the progress that had been made since the previous review in particular around team working. It was agreed that discussion would take place about bringing the findings of the review to the Council.	SS	May 2024	<b>Not due yet:</b> In progress
65.4	09/11/23	Ellen Schroder said that discussions had taken place in the private meeting about GOSH's progress with a mental health strategy and it was agreed that this activity would be shared with the Council once it was complete.	TL	TBC	<b>Actioned:</b> There is a mental health item on the agenda today, and once the strategy has been completed this will be shared with governors.
67.4	09/11/23	Beverly Bitner Grassby said that following feedback from the Council effectiveness survey it was clear that a NED who could sit on the Council of Governors' Sustainability Working Group and it was agreed that this would be included in one of the job descriptions.	AF	December 2023	<b>Actioned:</b> This was included in the job description for the Non-Executive Director (Commercial / Finance / Technology) and has been added to the Governors Sustainability Working Group terms of reference
69.2	09/11/23	Chris Kennedy said that he felt that the interaction between Non-Executive Directors and Governors was	CK	December 2023	<b>Actioned:</b> This video has been shared with Governors on GovernorHub

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		valuable and suggested that he film a clip about the input of Governors from a NED perspective. This was agreed.			

## Council of Governors

22 February 2024

### Chief Executive Report

#### Summary & reason for item

The Chief Executive report gives an overview of recent developments since the last report to Council in November 2023.

Governors are asked to pursue any areas of interest as part of their duty to hold the Non-Executive Directors to account.

The report includes:

- Closure of hospital main entrance
- February 2024 Trust Board Highlights
- Strategy refresh underway
- Integrated Quality and Performance Report (Month nine 2023/24) December 2023 data
- Finance Report (Month 9 2023/24) December 2023 data
- Wider GOSH news

#### Appendices – in separate pack

- Integrated Quality and Performance Report (Month 9 2023/24) December 2023 data
- Finance Report (Month 9 2023/24) December 2023 data

#### Governor action required

Governors should seek assurance or pursue any areas of interest.

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

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

## 1 Closure of hospital main entrance

Part of the work to prepare for construction of the Children's Cancer Centre required the emptying of the Paul O'Gorman and Frontage buildings. Following a huge change programme including the relocation of 1,400 staff and over 30 outpatient clinic spaces (on schedule and without cancelling a single patient) the Frontage Building has now been decommissioned and the main entrance closed on 22 February 2024.

Patients have been sent text messages and/or MyGOSH messages to direct them to the new reception location, which is accessed from The Morgan Stanley Clinical Building temporary entrance, on Guilford Street (image right).

The hospital teams have done a fantastic job navigating this complex project which allows the Trust to hand over the Frontage Building to the contractors so they can begin their work.



## 2 February 2024 Trust Board Highlights

Below are highlights from the February 2024 Trust Board not covered elsewhere in this report.

### Staff Story

- Three Junior Doctors reported their experiences of striking and the challenges they experience.
- They felt supported by the Trust and their senior colleagues to take their own decisions but encouraged the Board to reflect upon the ongoing impact of strikes to decision makers in the wider NHS.

### Patient Story

- The story highlighted:
  - the challenges patients and families can experience prior being referred to GOSH
  - the importance of providing family accommodation and wrap around services such as lactation specialists and the Play team

### CEO update

- North Central London Integrated Care Board and NHS England (London) are consulting on proposed changes to children surgical services in North London.
- GOSH is supporting the consultation team by hosting a range of events for GOSH staff.

### Directorate Presentation: Body, Bones and Mind

- A deep dive into the Directorate
- RTT performance in the directorate was a challenge and focus is being placed on the way pathways are managed.

### Patient Safety Incident Response Framework

- PSIRF replaces the existing Serious Incident Framework and gives Trusts more autonomy to investigate incidents.
- The PSIRF Policy and Plan had been recommended for approval by QSEAC and was approved by the Board

Public Board papers, including those from the February 2024 meeting can be found here: <https://www.gosh.nhs.uk/about-us/who-we-are/organisational-structure/trust-board/trust-board-meetings/> and on GovHub - *for Trust Governors only*.

If you would like to observe the Trust Board or have any queries please contact Victoria Goddard, Trust Board Administrator [Victoria.Goddard@gosh.nhs.uk](mailto:Victoria.Goddard@gosh.nhs.uk).

### 3 Strategy refresh

As the Trust nears 2025 and the end of the current Trust Strategy "Above and Beyond", planning for the next iteration has begun.

Scoping for this project is already underway, with a preliminary focus on culture as a foundational element. The GOSH values refresh will serve as a crucial starting point, driving alignment and guiding principles for the wider strategy refresh.

In parallel with the values refresh a site masterplan will be developed in collaboration with clinical and corporate teams to ensure delivery of the clinical strategy and optimisation of the Trust's physical spaces for maximum efficiency and productivity.

At the heart of the refresh will be the Business Strategy. This will be informed by detailed assessment of where we have delivered on our strategy and where we have faced challenges. This assessment will be collaborative and unite multiple teams, professions, and key stakeholders (including governors and members) to chart GOSH's future course.

### 4 Integrated Quality and Performance Report (Month nine 2023/24) December 2023 data

The Integrated Quality and Performance Report provides a snapshot of hospital performance in key areas/ domains to provide assurance that the Trust's services are delivering to the level our patients & families, Trust Board, Council of Governors, commissioners, and regulators expect.

#### 4.1 Strike action

Strike action continued to impact patient access and activity levels throughout December 2023. This increased the challenge of seeing patients with long waits and led to an increase against a backdrop of NHSE expectations reductions in patients with long waits. The Trust remains focussed on seeing these patients as soon as possible 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 66.8%) and above national averages and activity levels were close to plan and above last year and 2019/20. However, inpatient activity (more impacted by strikes) was lower.

#### 4.2 Highlights

Patient Safety	<p>Incident numbers in December were slightly down due to reduced activity around Christmas.</p> <p>The total number of open incidents has also reduced from 2572 in November 2023 to 1914 as the Patient Safety Team acted to clear backlogs.</p> <p>There were six open serious incidents.</p> <p>High risk compliance dropped; this is typical of December, but overall compliance remains good.</p>
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Effectiveness	<p>The Trust's Better Value target for 2023/24 is £32.5m, of which £16.5m is an additional contribution from I&amp;PC. A detailed programme to deliver the remaining £16m is underway.</p> <p>Directorates have identified over £10m worth of Better Value savings thus far. Scheme.</p>
Patient Experience	<p>Patient experience remained good with Friends and Family Test experience ratings remaining above target. However, the response rate dropped below the Trust target at 21% for the first time since November 2022.</p> <p>Families continue to comment on the broken lifts, lack of parking for wheelchair vehicles and the shortage of dropped kerbs and pedestrian crossings on Great Ormond Street.</p>
Well-Led	<p>December 2023 vacancy rates for the Trust increased to 7.6% from 7.2% in November 2023.</p> <p>Voluntary turnover remained stabled at 12%.</p> <p>December 2023 sickness/absence was over the Trust target at 3.9% - a 0.1% increase from November 2023.</p> <p>There were eight new contacts to the Freedom to Speak Up Guardian in December 2023 which was a decrease from the previous month. Staff safety and wellbeing was the highest theme seen and those speaking up came from a range of professional groups.</p>
Patient Access	<p>For December 2023 all activity was 10% below plan. It should be noted that this was 3.06% above 2022/23 activity levels.</p> <p>Elective activity remained to be 12.9% less than plan and day cases 0.4% below plan. This was the result of recent Junior Doctor and Consultant strike action.</p> <p>Trust focus remained on optimising bed capacity, theatres and reducing long waits.</p>

## 5 Finance Report (Month 9 2023/24) December 2023 data

Key points to note within the financial position are as follows:

- The financial year to date (YTD) position for the Trust was a £10.3m deficit which was £9.3 m adverse to plan. This is driven mainly by the costs of strikes and their impact on Trust Elective Recovery Fund (ERF) income, lower levels of the Trust Better Value programme delivery and lower Research income than planned,
- Income was £7.6m favourable YTD mainly due to increased levels of passthrough drugs income, additional NHS funding and additional pay award funding for 23/24.
- Non-clinical income was behind plan due to contracts with other organisations remaining unsigned and research income was below plan but expected to improve in later months.
- Pay was £7.5m adverse to plan mainly due to high levels of bank and agency usage linked to the additional costs incurred due to the strikes and additional pay award.
- Non pay (including owned depreciation and PDC) is £9.6m adverse YTD mainly due to high levels of drugs, increased clinical supplies and increased energy bills.



- International and Private Care debtors' days increased in month from 194 to 227 days. Total I&PC debt (net of cash deposits held) increased in month to £47.2m from £39.9m in November. Overdue debt increased in month to £35.3m (£33.8m in November).

## 6 Wider GOSH news

### 6.1 Hospital school rated outstanding by OFSTED



The inspectors said there was a high level of engagement and attendance among the pupils, despite their often-complicated conditions and recognised the expertise of the teachers.

Headteacher, Jayne Franklin, said:

*"I am privileged to lead a team of incredible professionals who work tirelessly to ensure a learning environment where children and young people facing significant medical challenges can, wherever possible, still thrive and achieve."*

### 6.2 Goodbye to Mildred Creak Unit – Hello Southwood Level 6

The Mildred Creak Unit (under 13s children's inpatient mental health unit at GOSH) said goodbye to the Frontage building ahead of their move to a purpose-built unit on Southwood Level 6.

Staff and young people left their mark with handprints on the wall to mark the end of their time in the Frontage. A member of staff said:

*We're looking forward to making new memories and supporting more young people in our new purpose-built home 😊'*







**NHS**

Great Ormond Street  
Hospital for Children  
NHS Foundation Trust

# Integrated Quality & Performance Report

## January 2024

Reporting December 2023 data



**John  
Quinn**

Chief  
Operating  
Officer

**Tracy  
Luckett**

Chief Nurse

**Sanjiv  
Sharma**

Medical  
Director

**Caroline  
Anderson**

Director of HR  
& OD

Report Section	Page Number
Executive Summary	3
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Effectiveness	9
Patient Experience	10
Well Led	14
Patient Access	22
Appendices	

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 66.8%) 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 experience ratings still above target. However, the response rate dropped below the Trust target at 21%. Cancellations remain a common theme, and it is hoped that a standard operating procedure will support better communication of cancellations.

Incident numbers in December were slightly down, which is typical of the month with the reduced activity around Christmas. Total number of open incidents has also reduced as the Patient Safety Team acted to clear backlogs, though there remain a significant number of overdue incidents with the directorates. Compliance for high risks overdue for a review declined this month, but this is expected to improve in January.

Freedom to speak up numbers have been up for the last two months with a variety of themes. It is encouraging that staff feel able to speak up to the FTSU Guardian which helps ensure they feel heard and receive feedback.

Both Trust and nursing sickness rates remain above the Trust target. Consultant appraisal rate has decreased to 86% this month. Mandatory training compliance and Trust turnover rate remain stable. Nursing vacancy rate has increased to 10.4% this month compared to 9.3% last month.

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 underway. 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. All identified schemes were reviewed in December to ascertain which schemes are likely to deliver this financial year. Despite the overall number of identified schemes decreasing, the value of several schemes that remain has increased. It has been agreed with directorates that the paperwork for outstanding schemes should be delivered by the end of January 2024.

# Integrated Quality & Performance Report, December 2023

## Patient Safety

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

## Patient Experience

FFT Experience	■	→
FFT Response	■	↘
PALS	■	→
Complaints	■	→

## Well Led

Mandatory Training	■	→
Appraisal (Non-Cons)	■	↗
Appraisal (Cons)	■	↘
Sickness Rate	■	→
Overall Workforce Unavailability		
Voluntary Turnover	■	→
Vacancy Rate – Contractual	■	↗
Bank Spend		→
Agency Spend	■	→
Nursing T/O & vacancy	■	↗

## Patient Access

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

## Effective













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

# Patient Safety - Incidents & Risks

## Overview

- **Incidents:** Incident numbers in December were slightly down, which is typical of the month with the reduced activity around Christmas. Total number of open incidents has also reduced as the Patient Safety Team acted to clear backlogs, though there remain a significant number of overdue incidents with the directorates (1259 as of 18/01/24)
- **Serious Incidents:** Two new serious incidents were declared in December. One was related to a power failure which impacted main theatres, with one patient having their procedure abandoned. This is being reviewed externally. The second incident was a never event in main theatre with a retained swab, though the swab was removed without additional surgery being required as the patient had been left open at the end of the procedure (no harm).
- **Duty of Candour:** DOC figures improved this month with compliance across stage 2 and no stage 3 due in month.
- **Risks:** High risk compliance dropped; this is typical of December when many RAGs are cancelled in the second half of the month. This is expected to improve in January. Overall compliance remains good.
- **Overdue SI Actions:** SI actions are being actively monitored and reviewed. SI closure meant new actions were added and timescales are being reviewed for these.

## Patient Safety - Incidents

		Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Last 12 months	RAG			Stat/Target
New Incidents	Volume	551	550	589	476	528	627	589	657	521	645	628	521		No Threshold			Target
Total Incidents (open at month end)	Volume	1441	1489	1836	1939	2187	1950	2100	2382	2438	2247	2572	1914		No Threshold			Target
New Serious Incidents	Volume	1	0	2	1	1	1	1	3	1	3	1	2		No Threshold			Target
Total SIs (open at month end)	Volume	3	2	3	4	4	5	3	6	5	8	7	6					Target
Overdue SI Actions	Volume	11	19	9	15	12	5	18	24	9	8	7	3		>20	10 - 20	0 - 9	Target
Incidents involving actual harm	%	14%	12%	13%	13%	11%	13%	13%	11%	10%	9%	13%	12%		>25%	15%-25%	<15%	Target
Never Events	Volume	0	0	0	0	0	0	0	0	0	0	0	1		>=1		0	Stat
Pressure Ulcers (3+)	Volume	0	0	1	0	0	0	0	1	0	0	0	1		>1	=1	=0	Stat
Duty of Candour Cases (new in month)	Volume	2	7	3	3	6	4	5	7	2	5	6	2		No Threshold			Target
Duty of Candour – Stage 2 compliance (case due in month)	%	1/2	2/4	3/4	2/4	3/3	0/2	3/3	4/7	3/4	2/2	3/6	1/1		<75%	75%-90%	>90%	Target
Duty of Candour – Stage 3 compliance (case due in month)*	%	1/4	2/3	1 / 1	2/4	3/3	0/1	3/4	5/5	1/1	4/5	1/4	0/0		<50%	50%-70%	>70%	Target
High Risks (% overdue for review)**	%	19%	26%	48%	59%	15%	4%	11%	38%	31%	15%	11%	50%		>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. 5










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

# Patient Safety - Infection Control & Inpatient Mortality






## Overview

- 2 cases of C.Diff were reported this month. One was a continuing outpatient infection from the month before.
- One community acquired MRSA BSI, positive on admission.
- Pseudomonas aeruginosa BSI continue to be elevated compared to previous years with no clear cause identified at this time.
- Central line infections increased slightly this month with line days decreasing slightly making the YTD line infection rate 2.3/1000 line days.
- 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 note 1).

## Infection Control

		Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	2023/24 YTD	Last 12 months	RAG (23/24 threshold)	Stat/ Target
Total C Difficile cases	In Month	1	2	0	0	1	0	0	0	1	1	3	2	10			Stat
C difficile Trust Assigned	Annually				0	1	0			1	1	1	0	6		>7 N/A <=7	Stat
MRSA	In Month	0	0	0	0	0	0	1	0	1	0	0	1	2		>0 N/A =0	Stat
MSSA	In Month	1	2	2	1	0	1	1	2	0	2	1	3	11		No Threshold	
E.Coli Bacteraemia	In Month	2	0	1	1	2	2	1	3	0	0	2	2	13		>8 N/A <=8	Stat
Pseudomonas Aeruginosa	In Month	2	0	0	2	2	2	0	1	3	4	1	4	19		>8 N/A <=8	Stat
Total Klebsiella spp	In Month	3	4	3	5	2	1	5	2	4	4	3	4	29			Stat
Klebsiella spp Trust Assigned	Annually				2	1	1	5	2	3	3	3	4	24		>11 N/A <=11	Stat
CV Line Infections (note 1)	In Month	1.7	1.9	2.1	1.5	1.7	1.4	3.3	2.3	2.9	3.3	1.8	2.6	2.3		>1.6 N/A <=1.6	T

## Inpatient Mortality & Cardiac Arrest





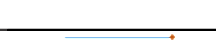
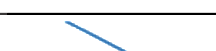

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Last 12 months	RAG	Stat/ Target
Number of In-hospital Deaths	8	13	11	11	8	7	7	6	7	5	6	7		No Threshold	
Inpatient Mortality per 1000/discharges	7.8	13.8	10.3	11.8	7.8	6.5	7.0	5.6	6.9	5.4	5.7	7.9		No Threshold	
Cardiac arrests outside ICU/theatres	2	2	1	0	3	3	1	0	1	3	2	0		No Threshold	
Respiratory arrests outside ICU/theatres	2	0	1	1	5	5	3	4	4	4	4	5		No Threshold	
Inquests currently open	8	6	8	17	15	17	20	18	14	15	15	17		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

## Better Value:

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 underway. 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. All identified schemes were reviewed in December to ascertain which schemes are likely to deliver this financial year. Despite the overall number of identified schemes decreasing, the value of several schemes that remain has increased. It has been agreed with directorates that the paperwork for outstanding schemes should be delivered by the end of January 2024. The PMO and Finance BPs continue to work with directorates to encourage and monitor the delivery of outstanding schemes. 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.

## Effectiveness

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Last 12 months
Speciality led clinical audits completed (actual YTD)	110	116	126	4	4	15	19	24	30	50	60	66	
Outcome reports published (YTD)	8	9	13	2	2	4	4	5	5	5	6	7	
QI Project completed	0	1	0	8	8	1	5	10	1	1	4	0	
QI Projects started	14	12	19	14	18	11	14	5	15	19	17	5	
NICE guidance currently overdue for review	0	0	0	0	0	0	0	0	0	0	0	2	
Better Value YTD Actual	£12,822,000	£14,061,472	£16,048,000	£253,000	£753,000	£649,000	£851,000	£2,247,000	£2,926,000	£3,704,000	£4,215,000	£7,032,000	
% value of schemes identified compared to their Better Value target	78%	77.6%	77.6%					63.70%	63.70%	63.70%	63.70%	75.90%	
Number of schemes identified	125	125	125	50	58	78	88	109	122	122	122	91	
Number of schemes fully signed off and EQIA assessed	118	118	118					22	22	37	45	53	
Number of schemes identified but not signed off	7	7	7					100	100	86	78	38	

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.





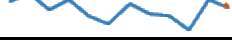




**Overview:** In December 2023 feedback continued to highlight concerns about cancelled appointments and procedures with families seeking rescheduled dates. It is hoped that a standard operating procedure will support better communication of cancellations. There were reductions in both Pals contacts (which fell to 174) and FFT comments (which decreased by 1589) both reflecting seasonal trends, industrial action and reduced activity within the hospital.

In addition to queries regarding cancellations, families contacted Pals seeking clarification of their children’s care plans and advising of changes in their condition and seeking assistance in contacting their clinical teams and other departments in the hospital. 79% of contacts in December were resolved within 48 hours or less.

FFT experience ratings were met but the response rate dropped below the Trust target at 21% for the first time since November 2022. Families continue to comment on the broken lifts in RHLIM, the lack of parking for wheelchair vehicles and the shortage of dropped kerbs and pedestrian crossings on Great Ormond Street. Positive comments were predominantly about the care patients and families received and the wonderful staff. Staff were praised for being friendly, kind, and compassionate.

9 formal complaints were received in December. This is a reduction from November (n=13) and an overall reduction in complaints received between April and December 2022 (n=102) and the same period in 2023 (85). The number of red complaints has also fallen with 3 received since April 2023 in comparison with 6 in 2022. 64% of complaints have been closed within the original timeframes agreed with complainants. 48% of draft responses have been submitted late to the Complaints team for review.

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Last 12 months	RAG
FFT Experience rating (Inpatient)	98.0%	98.0%	98.0%	99.0%	98.0%	99.0%	99.0%	98.0%	99.0%	99.0%	99.0%	99.0%		<90% 90-94% >=95%
FFT experience rating (Outpatient)	92.0%	93.0%	90.0%	91.0%	97.0%	95.0%	95.0%	96.0%	95.0%	96.0%	95.0%	95.0%		<90% 90-94% >=95%
FFT - response rate (Inpatient)	25.0%	28.0%	29.0%	30.0%	27.0%	35.0%	31.0%	26.0%	26.0%	32.0%	31.0%	21.0%		<25% N/A >=25%
PALS - per 1000 episodes	8.58	9.23	10.77	7.55	10.14	11.07	7.11	7.25	7.16	9.43	9.83	8.37		No Threshold
Complaints- per 1000 episodes	0.47	0.53	0.42	0.49	0.37	0.31	0.45	0.38	0.37	0.27	0.48	0.43		No Threshold
Red Complaints -% of total (note 1)	5%	4%	4%	4%	4%	5%	5%	4%	3%	3%	3%	3%		>12% 10-12% <10%
Re-opened complaints - % reopened (2)	6%	4%	4%	4%	4%	5%	4%	3%	2%	2%	3%	2%		>12% 10-12% <10%

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



**Contractual staff in post:** Substantive staff in post numbers in December was 5503.2 FTE compared to 5520.9 FTE November , which is an increase of 17.7 FTE. The headcount was 5960 (-25 on the previous month).

**Unfilled vacancy rate:** December 2023 vacancy rates for the Trust have increased to 7.6% (from 7.2% in November). The vacancy rates are highest in International and Private Care (20.7%), Research and Innovation (45.6%) and Transformation (62.6%).

**Turnover:** is reported as voluntary turnover over a rolling 12 month period. Voluntary turnover remains stable at 12%.

**Agency usage:** Agency usage for December remained static for the second month in a row at 1.3%, this remains within the 2% Trust target. Corporate areas such as Finance (14.6%), Medical Directorate (10%), are the highest spending directorates.


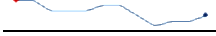
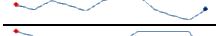


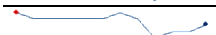

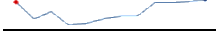



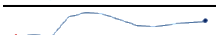




**Statutory & Mandatory training compliance:** The December training rate for the Trust remain stable at 94%, up 1% from the previous month with all directorates meeting the target. During Quarter 4, our HR team are implementing the changes to the Honorary contract policy that was agreed in 2023. This will drive improvements to the honorary training rates going forward into 2024/25.

**Appraisal/PDR completion:** The non-medical appraisal rate for December rose 2% to 81%, Research and innovation (92%) is the only Directorate within target, however International (85%) and ICT (87%) are within 5% of the target. Medical appraisal rate was 86% for December.

**Sickness absence:** December sickness was over the Trust target at 3.9%, a 0.1% increase from the previous month. 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 December was 5.34%. Which has also increased from the previous month. Indicating a national trend.

**Freedom to Speak Up:** There were 8 new contacts to the FTSU Guardian in December which is a decrease from previous months. Staff safety and wellbeing was the highest theme seen, followed by patient safety/ quality of care and speaking up culture. Those speaking up came from a range of professional groups.

## Well Led Metrics Tracking

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Last 12 months	RAG Levels			Stat/Target
Mandatory Training Compliance	94.0%	94.0%	94.3%	94.0%	93.9%	93.7%	94.0%	93.0%	92.0%	93.1%	93.5%	94.3%		<80%	80-90%	>90%	Stat
Stat/Man training – Medical & Dental Staff	91.0%	91.0%	89.0%	89.0%	89.0%	90.0%	90.0%	88.0%	86.0%	87.0%	87.0%	88.0%		<80%	80-90%	>90%	Stat
Appraisal Rate (Non-Consultants)	82.0%	81.0%	82.6%	82.0%	80.7%	82.8%	84.0%	84.0%	81.0%	79.8%	79.0%	81.1%		<80%	80-90%	>90%	Stat
Appraisal Compliance (Consultant)	95.0%	93.0%	90.7%	90.6%	91.0%	90.6%	91.0%	95.0%	95.0%	95.0%	95.0%	86.0%		<80%	80-90%	>90%	Stat
Honorary contract training compliance	69.0%	66.0%	65.0%	66.0%	65.0%	71.0%	71.0%	72.0%	72.0%	70.0%	69.0%	70.0%		<80%	80-90%	>90%	Stat
Safeguarding Children Level 3 Training	97.0%	96.0%	96.0%	96.0%	98.0%	99.0%	99.0%	98.0%	93.0%	96.0%	95.0%	96.0%		<80%	80-90%	>90%	Stat
Safeguarding Adults Level 2 Training	96.0%	95.0%	95.0%	95.0%	95.0%	95.0%	96.0%	95.0%	92.0%	93.0%	93.0%	94.0%		<80%	80-90%	>90%	Stat
Resuscitation Training	87.0%	87.0%	86.0%	85.0%	86.0%	86.0%	87.0%	87.0%	86.0%	84.0%	82.0%	83.0%		<80%	80-90%	>90%	Stat
Sickness Rate <small>see note 3</small>	3.7%	3.0%	3.3%	2.7%	2.8%	3.0%	3.1%	3.1%	3.7%	3.7%	3.8%	3.9%		>5.3%	3-5.3%	<3%	T
Turnover Rate (Voluntary)	14.2%	14.2%	14.4%	14.4%	14.2%	14.0%	13.8%	13.7%	13.1%	12.4%	12.0%	12.0%		>14%	N/A	<14%	T
Vacancy Rate – Trust	7.2%	7.0%	7.1%	7.1%	9.8%	9.5%	10.0%	10.5%	9.4%	7.5%	7.2%	7.5%		>10%	N/A	<10%	T
Vacancy Rate - Nursing	7.7%	8.3%	8.0%	8.0%	10.2%	11.2%	12.6%	14.8%	14.1%	9.1%	9.3%	10.4%		No Threshold			T
Bank Spend	5.4%	5.4%	5.2%	6.4%	5.8%	5.6%	5.8%	5.8%	5.8%	5.9%	5.8%	5.8%		No Threshold			T
Agency Spend	1.1%	1.1%	1.1%	1.3%	1.4%	1.4%	1.3%	1.2%	1.2%	1.2%	1.3%	1.3%		>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) <small>See note 1</small>	7.0			7.0			6.8							No Threshold			T
Quarterly Staff Survey - Communication between senior management and staff is effective <small>See note 1</small>	45.0%			44.0%			39.0%							No Threshold			T
Number of people contacting the Freedom To Speak Up Service	7	11	9	18	14	11	8	10	22	21	16	8		No Threshold			T
Number of Themes of concerns raised as part of Freedom to Speak Up Service (note 2)	9	15	17	31	21	17	10	12	32	30	22	17		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 December 2023

	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%	12.0%	13.2%	13.1%	13.9%	13.5%	15.9%	11.8%	10.5%	17.5%	9.4%	19.8%	2.3%	4.6%	9.3%	23.1%	11.3%	8.7%	12.7%	7.0%	15.6%
Sickness (1m)	3% - National Average (5.34%)	3.9%	3.2%	4.0%	4.0%	3.5%	3.1%	4.3%	5.7%	4.9%	4.1%	0.9%	2.5%	5.9%	0.6%	0.9%	0.4%	2.9%	2.0%	1.8%	3.5%
Vacancy	10%	7.6%	4.5%	1.6%	2.2%	2.8%	-7.7%	5.6%	6.9%	20.7%	11.5%	7.0%	0.7%	12.0%	6.9%	0.9%	3.8%	9.4%	45.6%	62.6%	-3.6%
Agency YTD	2%	1.3%	0.0%	0.2%	0.2%	2.2%	0.0%	0.2%	0.0%	3.5%	2.4%	0.4%	-1.2%	3.5%	14.6%	3.5%	10.0%	0.9%	0.0%	0.0%	2.9%
PDR	90%	81%	78%	82%	78%	84%	79%	83%	82%	85%	71%	72%	87%	74%	71%	81%	85%	85%	92%	70%	84%
Stat/Mand Training	90%	94%	92%	93%	94%	95%	99%	92%	94%	95%	95%	97%	99%	95%	99%	94%	98%	96%	98%	98%	96%

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

# Safer Staffing- Nursing only

**Vacancy rate:** Average registered nurse (RN) vacancy rate maintained below Trust target but has had a slight peak at 10.4%. Central recruitment campaigns continue, next cohort of 24 NRN for April 2024. Plans have commenced to initiate a new international recruitment campaign to the Philippines in the New Year in collaboration with Capital Nurse Consortium.

**Voluntary Turnover:** Based on a 12 month rolling average, the vol. turnover for December remains above trust target (<14%) with a slight improvement to 14.8%. 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 and targeted monthly recruitment and retention meetings.

**Sickness absence:** Nursing sickness rates decreased in December 5% and remain above trust target (3%).

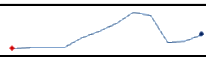
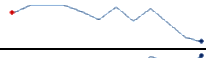
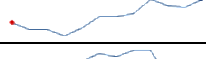
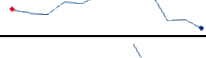
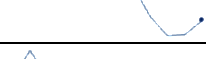


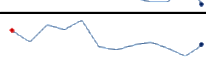
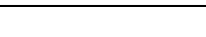
**CHPPD:** CHPPD is a benchmarking metric to provide a picture of care, it does not reflect true skill mix or patient acuity. CHPPD only reflects the staffing levels based on open and occupied beds. This decreased to 13.7 and will be continued to be monitored.

**CHPPD Actual vs Plan:** The Trust average was 93% in December above the target of 90%. With the introduction Winter Bonus Scheme there has been an improvement of planned vs actual as people are planning shifts ahead of time as well as filling them. This will be revied at the end of March

**Temporary staffing spend:** There was 1% agency use in December, attributable to RMN shifts. Bank fill rates were 61% in December and below target. Recruitment to bank and new incentives for temporary staff are currently being with our provider of temporary staffing Acacium, there should be improvements noticeable with changes made in the next couple of months.

**Safe Staffing Incidents:** There was a decrease in safe staffing incidents reported in Decemberer to 4, these are currently being investigated. Panther ENT 1, Fox-1, Lion-1, Koala1- Mian themes and trends are similar to previous months skill mix/competencies especially in relation to high patient acuity and staffing levels particularly out of hours, sickness and bank cancelations.

**Bed closures:** The metrics above do not capture the mitigation put in place and only reflect 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 total number of beds closed in December increased to 564 in total wards merge to establish a more efficient staffing model during the festive period.

Safer Staffing Metrics	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Last 12 months	RAG Levels			Stat/Target
Vacancy Rate - Nursing	7.7%	8.2%	8.0%	8.0%	10.0%	11.2%	12.6%	14.8%	14.1%	9.1%	9.3%	10.4%		>11%	10.1% - 11%	<= 10%	T
Turnover Rate (Voluntary)	16.1%	16.5%	16.5%	16.5%	16.2%	15.8%	16.4%	15.8%	16.3%	15.7%	15.0%	14.8%		>14%	N/A	<14%	T
Sickness Rate <small>see note 3</small>	3.7%	3.4%	3.4%	3.0%	3.4%	4.0%	4.0%	4.2%	5.0%	4.6%	4.5%	5.0%		>5.3%	3-5.3%	<3%	T
Care Hours per Patient Day (CHPPD)	15.3	15.0	14.9	16.0	15.9	16.5	16.2	16.8	16.8	14.4	14.5	13.7		No Threshold			T
Care Hours per Patient Day (CHPPD)- Actual vs Plan	104%	99%	102%	99%	98%	95%	97%	103%	94%	88.2%	88.8%	93.0%		<80%	80-90%	>90%	T
Agency Spend	0.0%	3.0%	0.0%	1.0%	0.1%	0.3%	1.3%	1.2%	0.0%	1.2%	1.3%	1.0%		>2%	N/A	<2%	T
Safe Staffing incidents	3	6	13	6	7	3	6	6	12	10	7	4		No Threshold			T
Bank fill rate	70%	69%	66%	69%	67%	67%	63%	63%	62%	62%	67%	61%		No Threshold			T
Total monthly Bed closures	722	600	802	744	865	545	512	558	598	527	434	564		No Threshold			T

# Directorate performance for Safer Staffing – Nursing Only December 23

Metric	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Core Clinical Services	Heart & Lung	Sight & Sound	International	Research & Innovation
Voluntary Turnover	< 14%	14.8%	14.5%	12%	17.9%	17.6%	13.6%	16.9%	24.8%	12.1%
Sickness (1m)	< 3%	5%	4%	6.1%	4.8%	4.7%	5.5%	5.3%	4.5%	1.1%
Vacancy	< 10%	10.4%	2.4%	11.3%	11.7%	7.1%	9.6%	5.5%	25.8%	25.7%
Agency YTD	< 2%	1%	0%	0%	0%	2%	0%	0%	4%	0%
PDR	> 90%	86%	79%	88%	80%	88%	87%	94%	90%	90%
Stat/Mand Training	> 90%	94%	92%	95%	96%	94%	93%	94%	94%	96%
CHPPD	NA	13.7	13.9	11.8	10.7	N/A	15.2	14.7	14.4	N/A
CHPPD Actual vs Planned	> 90%	93.3%	91.2%	88.1%	100.6%	N/A	86.4%	120.5%	108.8%	N/A
Incidents	NA	4	2	0	1	0	0	1	0	0

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

# Patient Access Metrics

Access Metrics Tracking	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trajectory	Last 12 months	RAG Levels			Stat/Target
RTT Open Pathway: % waiting within 18 weeks	71.4%	69.8%	67.3%	67.7%	68.4%	66.5%	67.2%	66.8%	66.7%	68.6%	67.5%	66.8%	Below		<92%	N/A	>=92%	Stat
Waiting greater than 18 weeks - Incomplete Pathways	2,169	2,280	2,464	2,415	2,526	2,584	2,625	2,709	2,662	2,562	2,648	2,646	-		No Threshold			-
Waiting greater than 52 weeks - Incomplete Pathways	279	311	356	379	438	420	423	431	438	424	408	385	Above		>0	N/A	=0	Stat
Waiting greater than 78 weeks - Incomplete Pathways	47	52	58	75	89	79	91	91	104	96	116	123	Below		TBC			T
Waiting greater than 104 weeks - Incomplete Pathways	5	3	4	9	11	10	13	15	16	10	14	13	Below		>0	N/A	=0	Stat
18 week RTT PTL size	7580	7545	7532	7482	7990	7706	7996	8148	8005	8149	8148	7976	-		No Threshold			-
Diagnostics- % waiting less than 6 weeks	82.6%	87.6%	81.9%	80.7%	83.7%	83.9%	82.3%	77.7%	80.0%	82.2%	83.6%	79.7%	Below		<99%	N/A	>99%	Stat
Total DM01 PTL size	1,663	1,841	1,672	1,668	1,673	1,637	1,765	1,606	1,668	1,789	1,709	1,741	-		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	94%	92%	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-		No Threshold			-
Cancelled Operations for Non Clinical Reasons (note 1)	45	34	28	21	23	30	22	30	42	46	56	39	-		No Threshold			-
Cancelled Operations: 28 day breaches	3	3	1	1	2	4	5	3	7	2	12	13	-		>0	N/A	=0	Stat
Number of patients with a past planned TCI date (note 4)	1,390	1,356	1,422	1,542	1,552	1,625	1,570	1,592	1,763	1,759	1,886	2,085	-		No Threshold			-
NHS Referrals received- External	2,754	2,667	2,725	2,176	2,843	2,804	2,682	2,525	2,540	2,874	2,847	2,391	-		No Threshold			-
NHS Referrals received- Internal	1,980	2,039	2,136	1,753	2,067	2,024	1,980	1,849	1,810	1,954	2,150	1,766	-		No Threshold			-
Total NHS Outpatient Appointment Cancellations (note 2)	6,308	6,212	7,456	6,061	6,500	6,760	7,158	7,585	6,690	6,751	6,240	5,644	-		No Threshold			-
NHS Outpatient Appointment Cancellations by Hospital (note 3)	1,514	1,740	2,113	1,584	1,498	1,548	1,962	1,642	1,541	1,672	1,220	1,232	-		No Threshold			-
Outpatient Clinic utilisation																		-

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

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

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

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

# Patient Access Metrics (cont.)

Access Metrics Tracking	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Trajectory	Last 12 months	RAG Levels	Stat/Target
RTT Priority 2 patients	692	742	746	729	725	787	807	717	683	698	745	750	-		No Threshold	
RTT Priority 2 patients beyond fail safe date	159	168	208	207	178	206	239	220	178	181	170	210	-		No Threshold	
Diagnostics- waiting greater than 6 weeks	289	228	303	322	273	264	312	359	334	319	280	354	-		No Threshold	-
Diagnostics- waiting greater than 13 weeks	34	30	25	33	45	32	33	54	70	55	49	46	-		No Threshold	-
Main Theatre Utilisation (NHS Only)	64.7%	65.4%	70.7%	66.1%	70.4%	70.9%	67.4%	66.7%	70.4%	64.5%	67.9%	N/A	-		<77% N/A >77%	T
Main Theatres Late Start Minutes	8,998	6,697	7,423	5,212	6,862	7,115	7,454	7,451	8,097	8,813	10,182	N/A	-		No Threshold	
Main Theatres Overrun	3,586	3,126	4,645	2,675	4,487	5,178	3,959	3,801	4,054	3,625	6,590	N/A	-		No Threshold	
Bed Occupancy (All Wards NHS & PP)	84.3%	84.2%	84.9%	80.2%	81.2%	82.6%	78.9%	78.2%	82.5%	79.2%	87.1%	79.5%	-		<80% 80-84% =>85%	T
Bed Occupancy (NHS Wards Only)	85.7%	84.4%	85.1%	80.4%	81.9%	83.7%	79.9%	78.5%	78.2%	80.2%	87.8%	81.1%	-		<80% 80-84% =>85%	T
Bed Closures (All Wards NHS & PP)	722	600	802	744	865	545	512	558	598	527	530	564	-		No Threshold	
Bed Closures (NHS Wards Only)	496	322	479	367	523	181	194	256	261	265	328	331	-		No Threshold	
PICU / NICU Refused Admissions	10	2	15	2	2	1	4	5	4	9	11	20	-		No Threshold	
Cardiac CATS Refused Admissions	3	1	4	3	3	3	1	0	2	2	2	2	-		No Threshold	
PICU Readmissions within 48 hours	0	3	2	2	3	1	3	1	2	3	3	3	-		No Threshold	
CICU Readmissions within 48 hours	1	0	2	0	1	0	0	1	2	0	3	1	-		No Threshold	
NHS Discharge Summaries within 24 hours	72.8%	68.0%	69.8%	70.8%	76.3%	82.0%	79.4%	76.8%	74.6%	78.5%	76.9%	82.1%	-		<100% N/A 100%	T
Number of NHS Discharge Summaries not sent (ytd)	1247	1404	1668	1356	1505	432	424	590	255	181	155	78	-		No Threshold	
NHS Clinic Letters sent within 7 days	56.1%	55.6%	55.3%	52.8%	59.1%	55.9%	61.8%	57.1%	55.1%	56.6%	52.1%	51.5%	-		<100% N/A 100%	T
Number of NHS Clinic Letters not sent (ytd)	5218	5354	6102	6157	6158	6040	5610	5301	5468	5401	6172	5915	-		No Threshold	



# Patient Access - Activity Monitoring at Month 9

## Overview:

For M9 of 23/24 all activity was 10% below on plan but 3.06% above 2022/23 activity levels. However, when comparing to 19/20 activity overall is 19.8% above. YTD activity is 1.98% down against plan but 1.06% above 2022/23 and 13.5% above 2019/20. It should be noted though that inpatient activity is down.

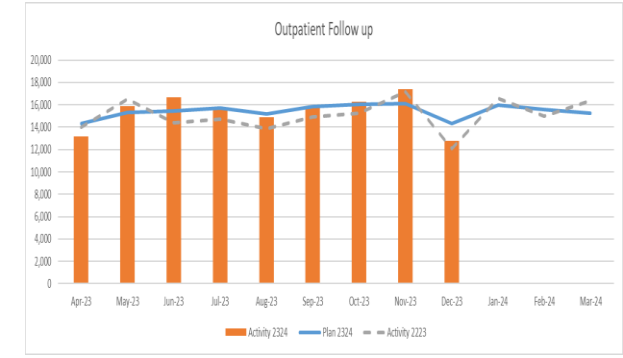
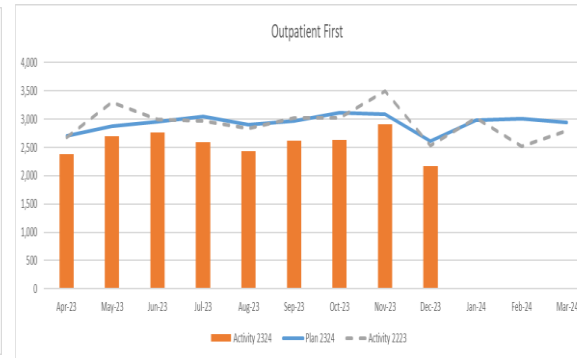
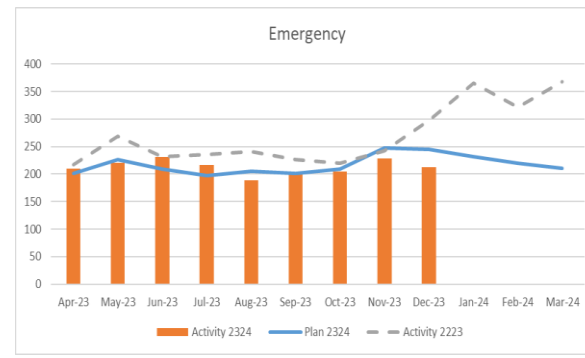
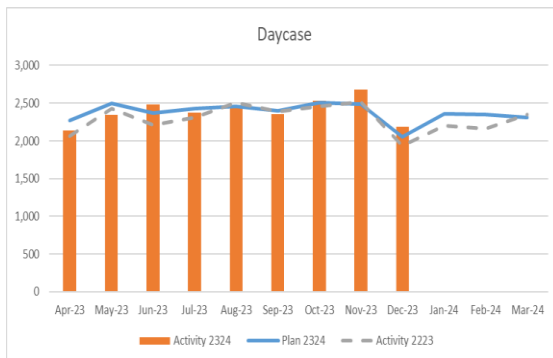
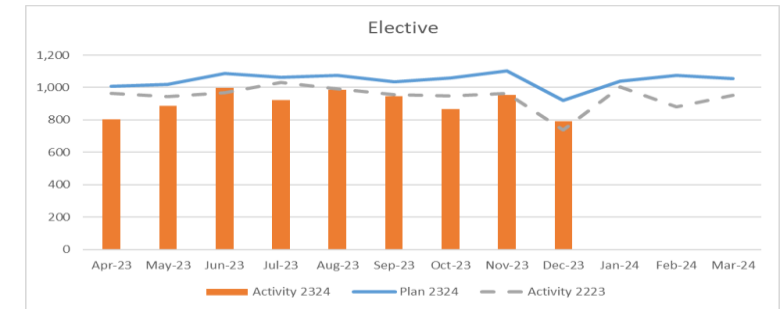
Electives continue to be less than plan at -12.9 % and day cases are 0.4% below plan. Undoubtedly, this is due to the impact of recent Junior Doctors and Consultant strikes and with future impending strikes activity levels are being closely monitored. To end of month 9, 27 days have been strike affected out of 187 working days (14.4%). 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 M9 23/24, all directorates 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 M9 23-24

POD	Plan 2324	Activity 2324	Activity 2223	% of 22/23	% of Plan
Daycase	21,462	21,564	20,819	103.58%	100.47%
Elective	9,367	8,157	8,510	95.85%	87.08%
Emergency	1,943	1,911	2,180	87.66%	98.35%
First OPA	26,252	23,196	26,836	86.44%	88.36%
Follow-up OPA	138,273	138,569	133,024	104.17%	100.21%
<b>Grand Total</b>	<b>197,297</b>	<b>193,397</b>	<b>191,369</b>	<b>101.06%</b>	<b>98.02%</b>





## 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 December 2023 was **66.8%**, 0.7% decrease from last month and remains below trajectory. The overall PTL size has reduced in comparison to last month (7976 vs 8148). None of the directorates met the 92% standard this month. RTT performance has been affected by the national strikes, inherited breaches, patient and staff sickness, and bed pressures. We do not expect RTT to improve significantly in January due to the impact of industrial action taken by Junior Doctors in late December and early January.
- There are 13 patients who are waiting above **104 weeks**, a slight decrease from last month, when we reported 14 and we are below the trajectory provided to NHSE. Four patients are waiting for **Dental** treatment, all have an outpatient appointment booked in January and February. Two **Orthopaedic** patients have TCIs in January. One **Gastroenterology** patient is complex with learning disabilities and autism. One **SNAPS** patient was referred for further diagnostics at their Pre-OP appointment. One **Plastic Surgery** patient needs a tonsillectomy first before their treatment, and this is scheduled in February, whilst another patient needs a review by Orthopaedics before a TCI can be scheduled. One **joint Plastics Surgery** and **Ophthalmology** patient has a TCI in February. Two patients (**Orthodontics** and **Endocrinology**) were referred to us at **182** and **98** weeks wait respectively from other Trusts.. The Orthodontics patient is awaiting a TCI once treatment plan from the local Trust has been confirmed and the Endocrinology patient has now been treated and discharged.
- **78 week waits** have increased this month to 123 and is below the trajectory submitted. Focus continues on reducing long wait patients with weekly oversight at executive level.
- At the time of writing the Trust is currently projecting **134** patients, at the end of January 2024, to be waiting 78 week waits or more and is just above the trajectory submitted.
- **52 week waits** have decreased to 385. The long waiters are predominantly in Dental (110), Plastic surgery (46), Orthopaedics (45), ENT (30), Ophthalmology (16), SNAPS (14), Spinal Surgery (13), Dermatology (13), Cardiology (12) and Urology (11). Sight & Sound and Body, Bones and Mind directorates are the most challenged.
- **DM01** performance for November 2023 was **79.7%**, a decrease of 3.9% from the previous month. The number of 6 week breaches has increased this month to 354, compared to 280 last month. 13 week breaches have decreased to 46 from 49 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 December 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.

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

Unexpected theatre maintenance

## Actions

Revised RTT and Diagnostic trajectories and actions plans have been produced

Continued focus on reduction of long wait patients

Exploring Mutual aid with the Evelina for Dental & Plastic Surgery

Dental consultant started in July at GOSH working 5 PAs, with an additional consultant working 8 Pas now recruited (Start date TBC). The Trust is exploring advertising for an additional consultant.

Meetings with RNOH regarding Orthopaedic support

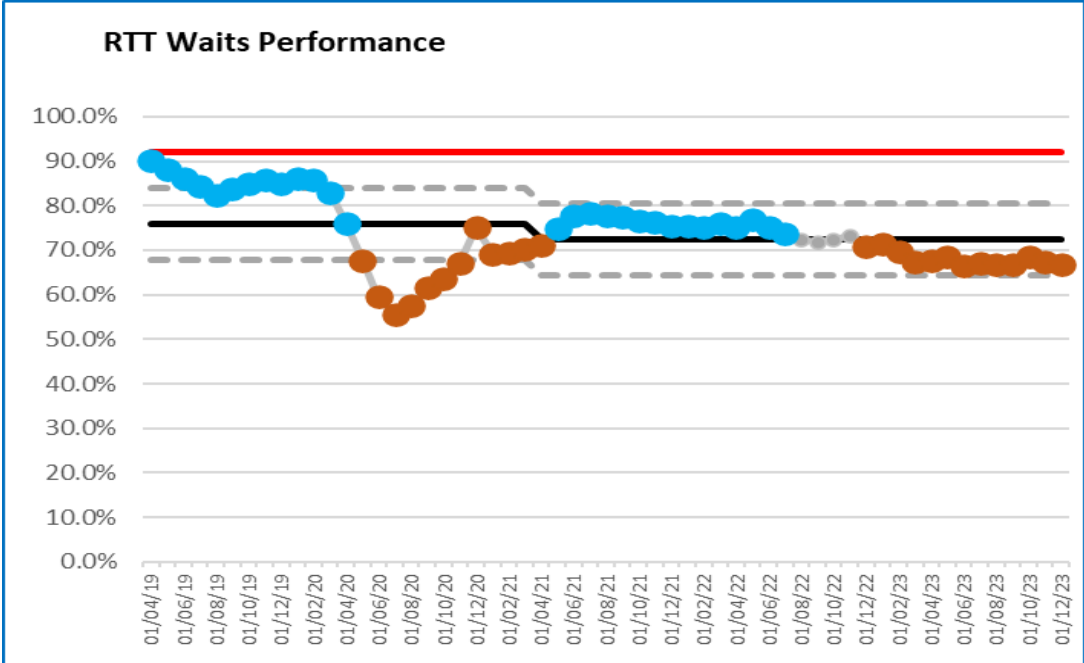
Review of theatre lists from half-day to full-day for some services

Day-case project commenced reviewing Nightingale Ward usage

Recruitment of locum Orthopaedic Surgeon

Recruitment process under way for Spinal Surgeon

# Referral to Treatment times (RTT)

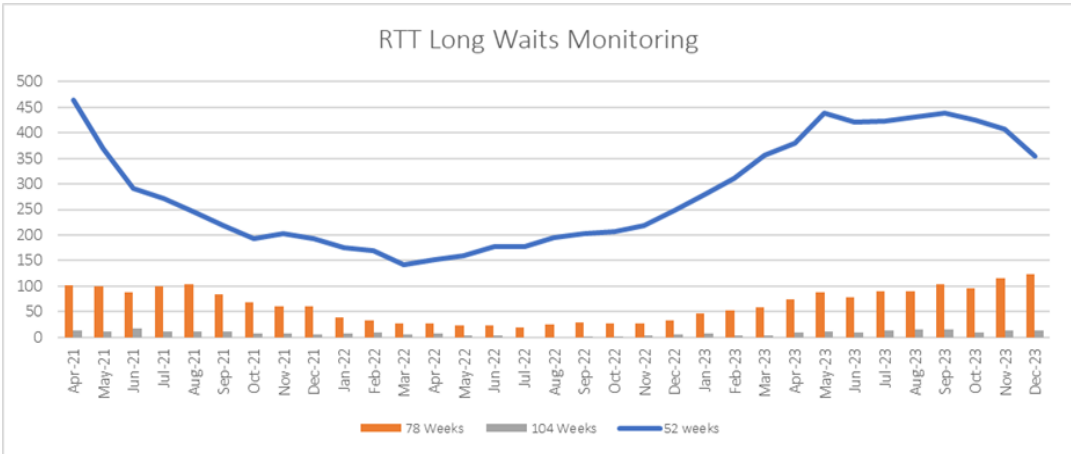
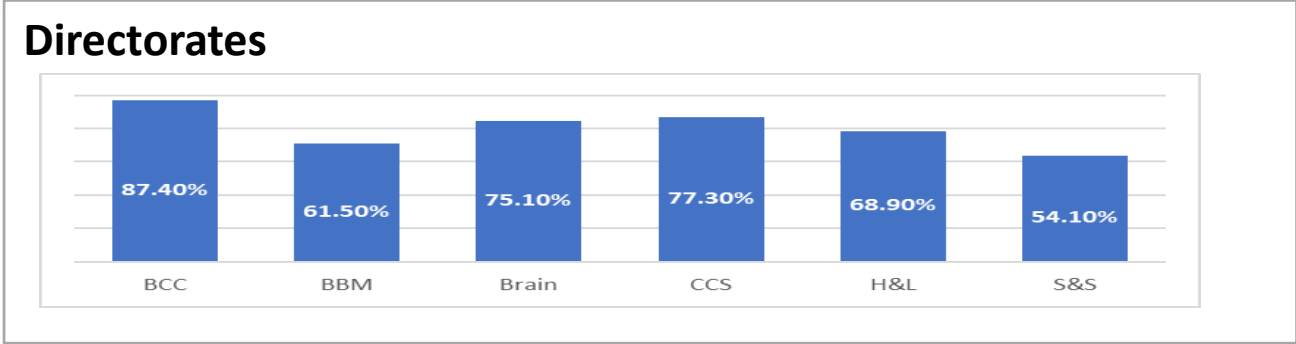


**RTT:**  
**66.8%** ↓ 0.7%  
 People waiting less than 18 weeks for treatment from referral.

**>52 Weeks:**  
**385** ↓ 23  
 Patients waiting over 52 weeks

**>78 Weeks:**  
**123** ↑ 7  
 Patients waiting over 78 weeks

**>104 Weeks:**  
**13** ↓ 1  
 Patients waiting over 104 weeks



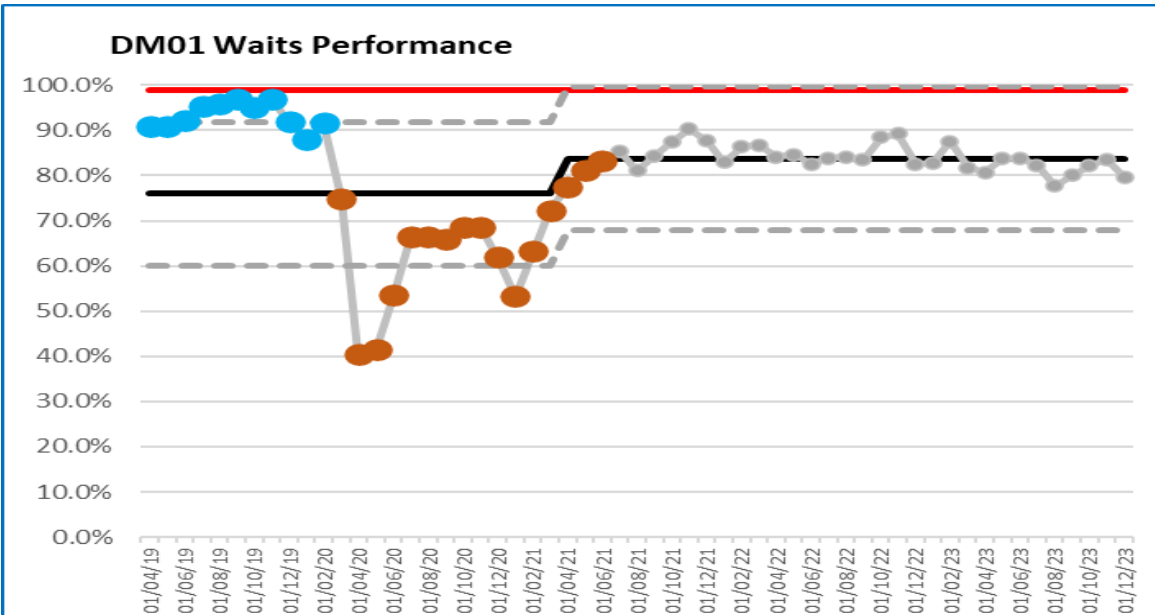
## RTT PTL Clinical Prioritisation – past must be seen by date

**P2**  
**170** ↑ 12

**P3**  
**577** ↑ 47

**P4**  
**568** ↓ 9

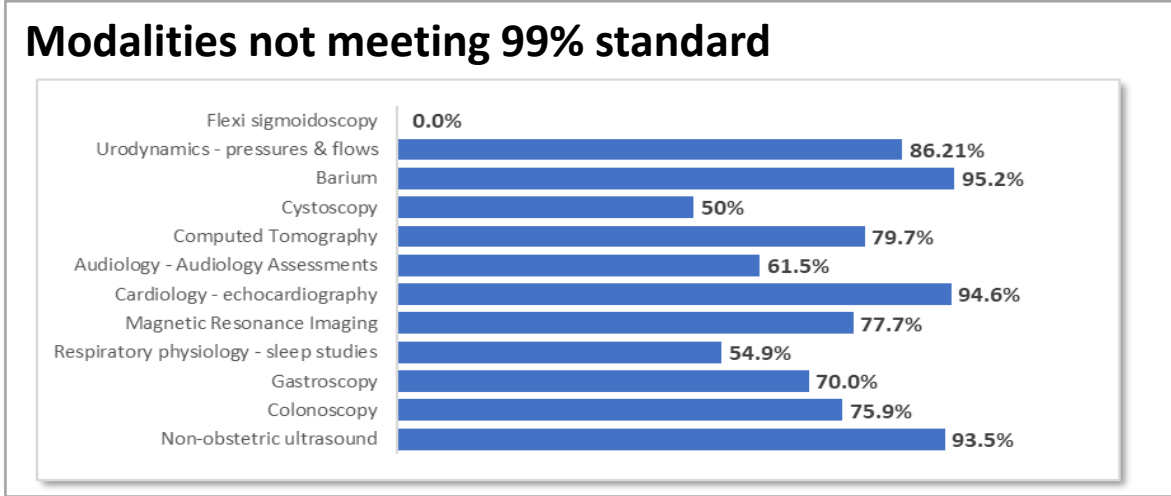
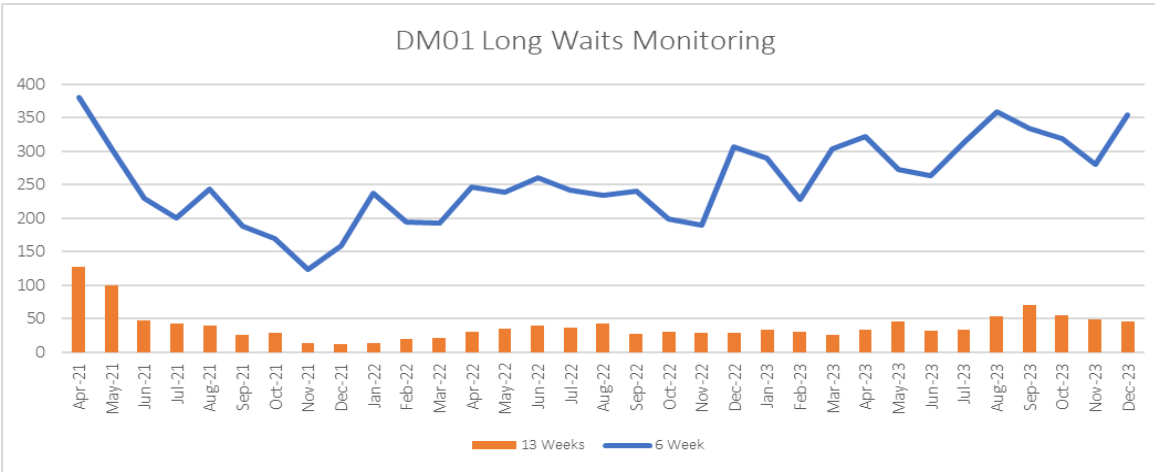
# Diagnostic Monitoring Waiting Times (DM01)



**DM01:**  
**79.7%** **2.2%**  
 People waiting less than 6 weeks for diagnostic test.

**>6 Weeks:**  
**354** **74**  
 Patients waiting over 6 weeks

**>13 Weeks:**  
**46** **3**  
 Patients waiting over 13 weeks

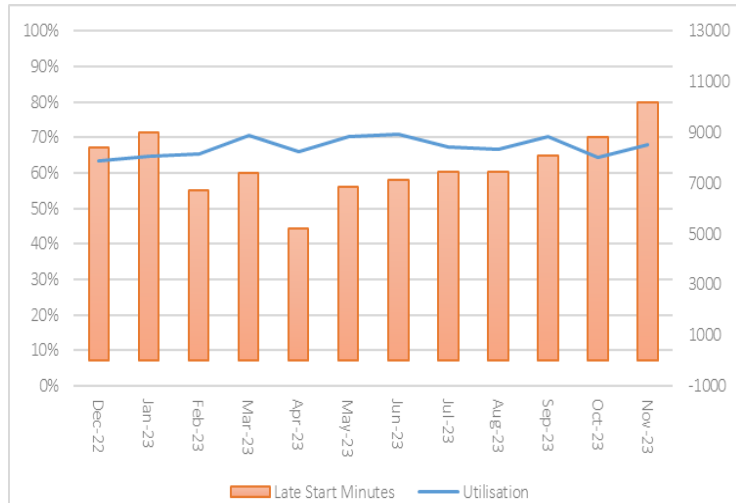


# Productivity and Efficiency

## Main Theatres (NHS)

Theatres Utilisation:  
**67.4%** ↑

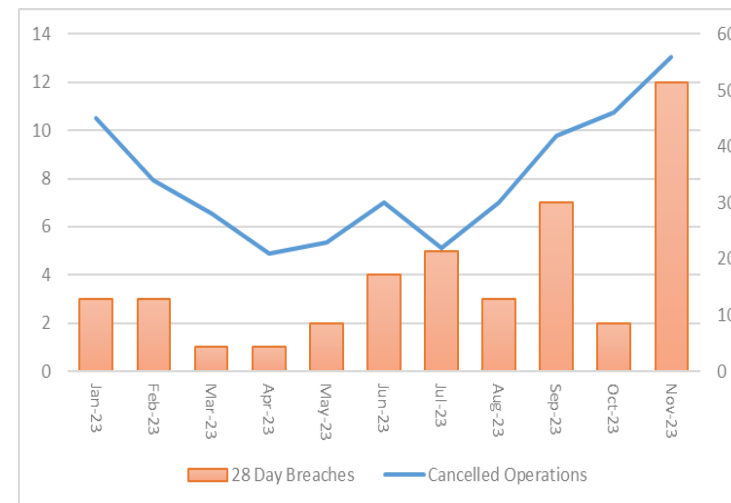
Late Start Minutes  
**10,182** ↑



## Last Minute Non-Clinical Cancelled Operations

Number Cancelled  
**39** ↓

28 Day Breaches  
**13** ↑



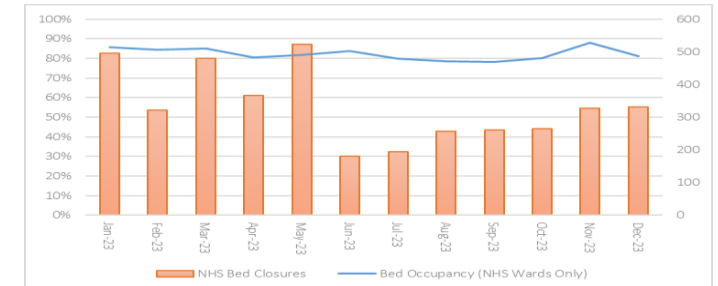
## Bed Occupancy and Closures

Occupancy all IP Wards  
**79.49%** ↓

Bed Closures all IP Wards  
**564** ↑

Occupancy NHS IP Wards  
**81.1%** ↓

Bed Closures NHS IP Wards  
**331** ↑



December data is not available at the time of writing due to data quality issues which we are working to resolve. November 2023 has seen Theatre Utilisation increase by 3.3% from October, this has been seen within all directorates apart from Heart & Lung and Blood, Cells & Cancer. Late start minutes also increased in November, 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.

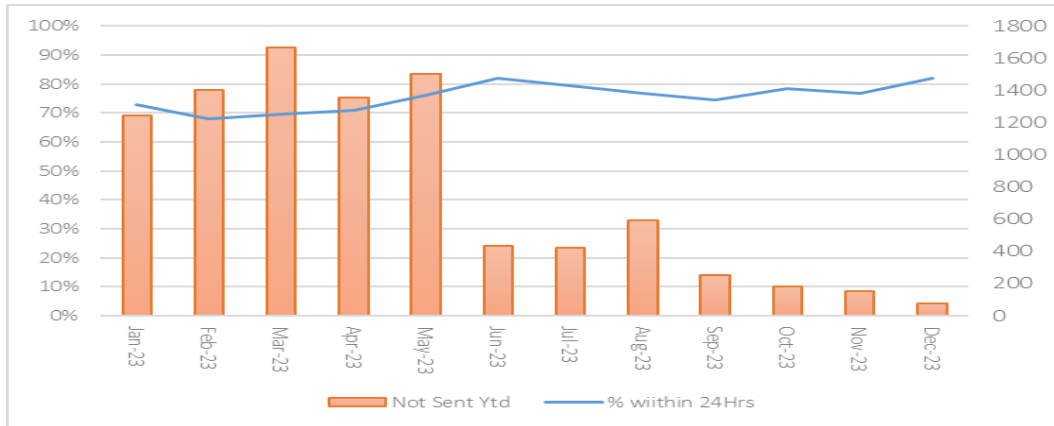
NHS Bed Occupancy decreased in November. All directorates saw an decrease in bed occupancy. NHS Bed closures have increased slightly in November 2023 mainly due to Brain.

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

## NHS Patient Discharge Summaries

Sent within 24hrs:  
**82.1%** ↑

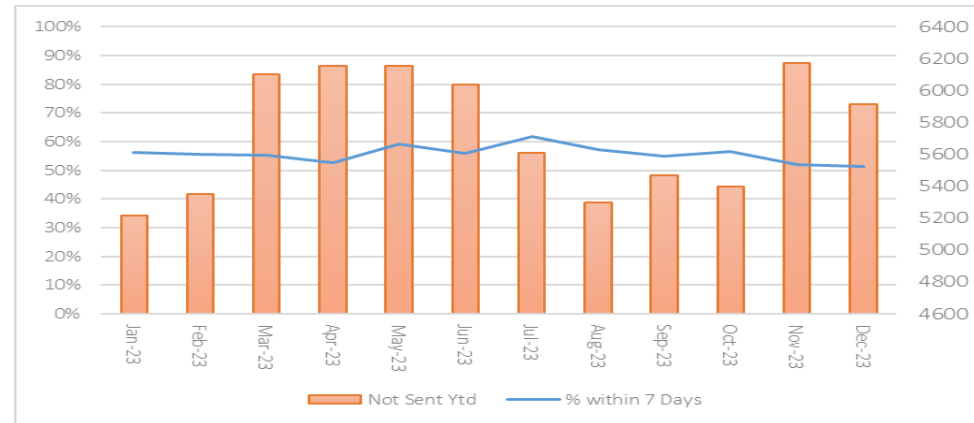
Number not sent ytd  
**78** ↓



## NHS Clinic Letters

Sent within 7 days  
**51.5%** ↓

Number not sent ytd  
**5915** ↓

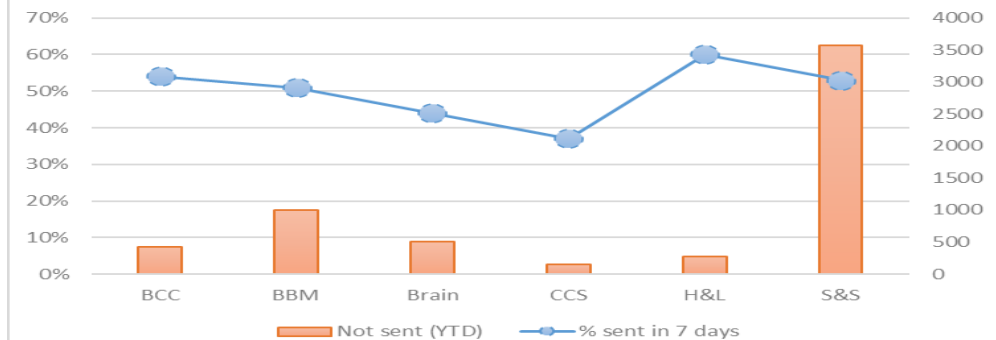


These remain a challenge for a number of the directorates, these standards are being monitored through the weekly Access and Directorate meetings. Focus also continues at consultant meetings and directorate boards to improve performance. Via the Access Meeting directorates had been requested to clear 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 slightly 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 clinic letters, particularly driven by Plastic Surgery, Audiology and Ophthalmology.

### Clinic letters by directorate (December 23)

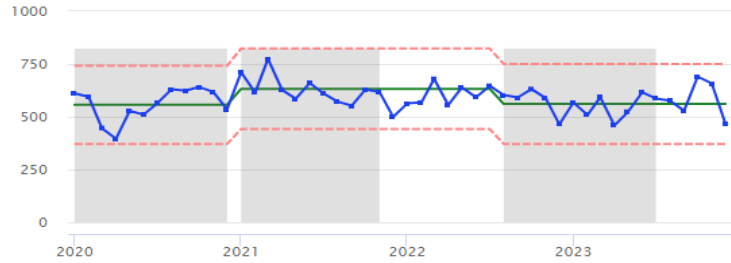


# Appendix

## Integrated Quality & Performance Report

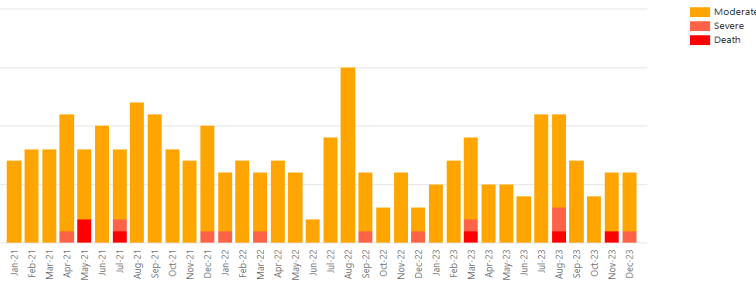
# Appendix 1: Patient Safety (incidents & risks)

## New Incidents

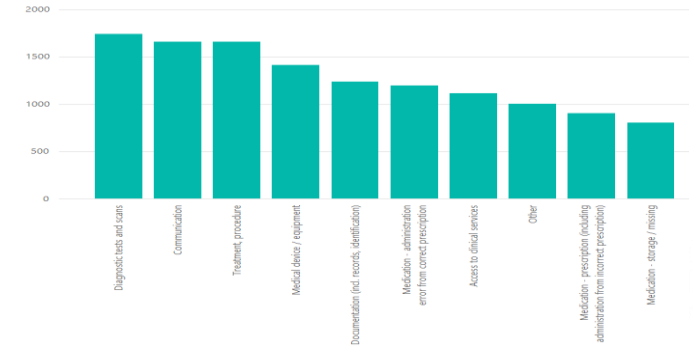


## Incidents by Harm

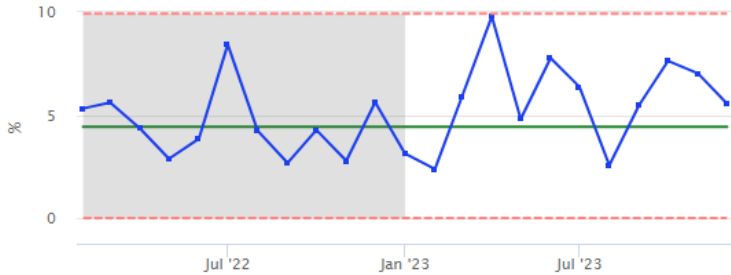
Category of Harm - Incidents Reported Monthly (by date of reported, where moderate+ harm is recorded)



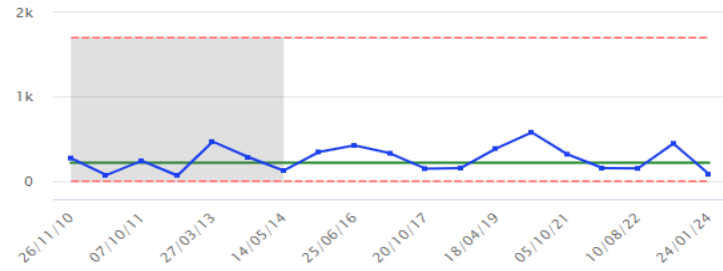
Top 10 Incident Categories (assigned at the point of incident reporting)



## Medication Incidents

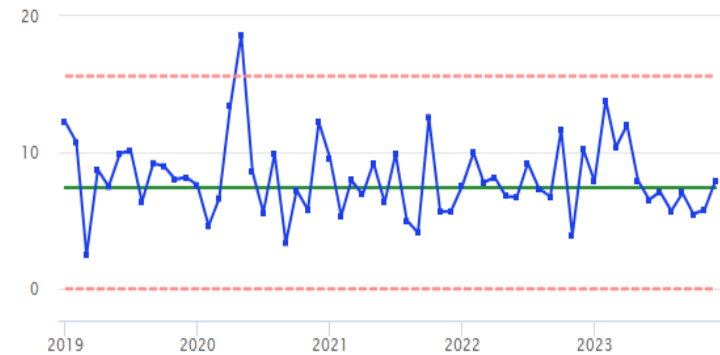


## Days Since never events

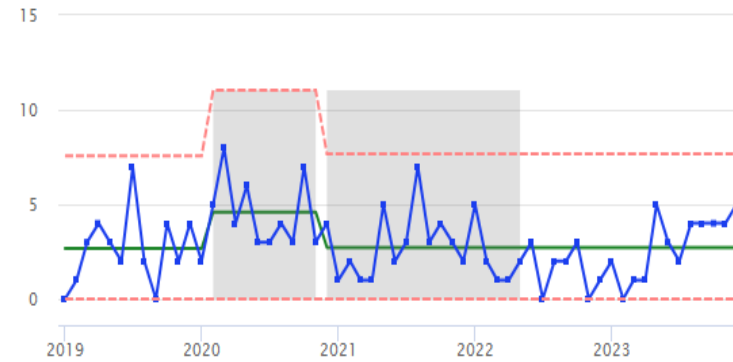


# Appendix 2: Patient Safety (Infection & mortality)

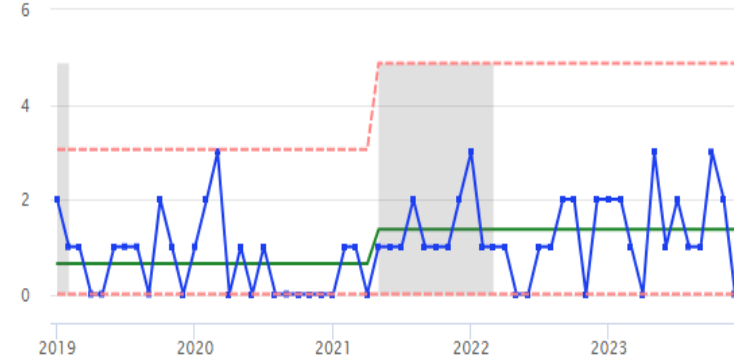
### Inpatient Mortality Rate / 1000 Discharges



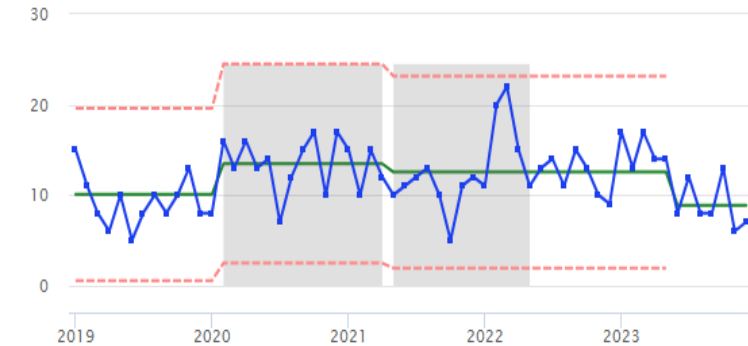
### Respiratory Arrests outside ICU



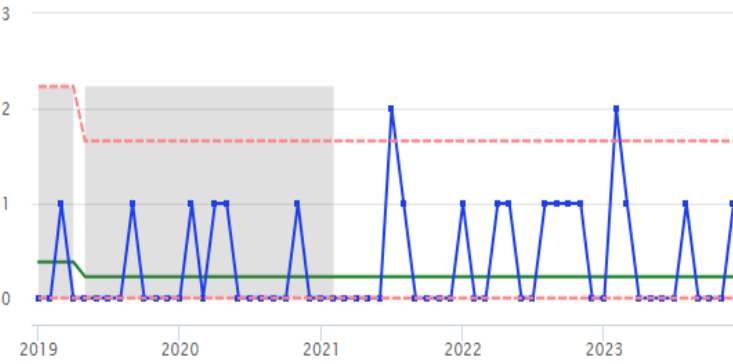
### Cardiac Arrests outside ICU



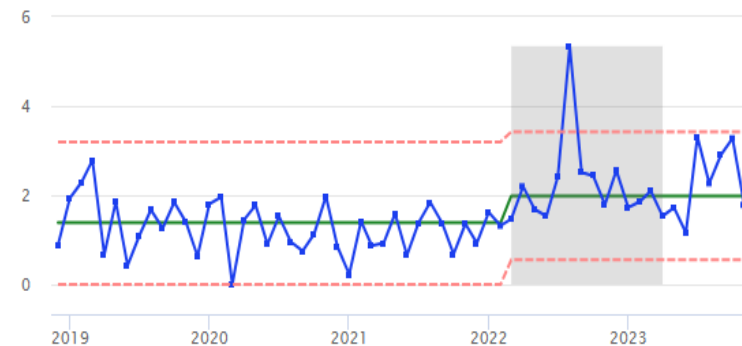
### Non 2222 Patients transferred to ICU



### Cat 3+ Hospital Acquired Pressure Ulcers



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





# Appendix 3: Friends and Family Test

## Overview:

The inpatient experience score for December was above the Trust target, scoring 99% for the fourth consecutive month. All directorates achieved the Trust target of 95% or above for experience. International Private Care, Core Clinical Services, Research and Innovation, and Sight and Sound all scored 100%. The overall Trust response rate was 21% which was 10% lower than the previous month. However, it is not unusual for there to be a reduction in the amount of feedback during December. In addition, activity levels fell due to the industrial action. Most directorates achieved a 25% response rate or above, except for Blood Cells and Cancer (although this is still affected by the abnormally high discharge numbers from Pelican Ambulatory n=455), Brain, and Core Clinical services. Outpatients achieved the Trust target for experience for the eighth consecutive month, achieving 95% in December.

## Headline:

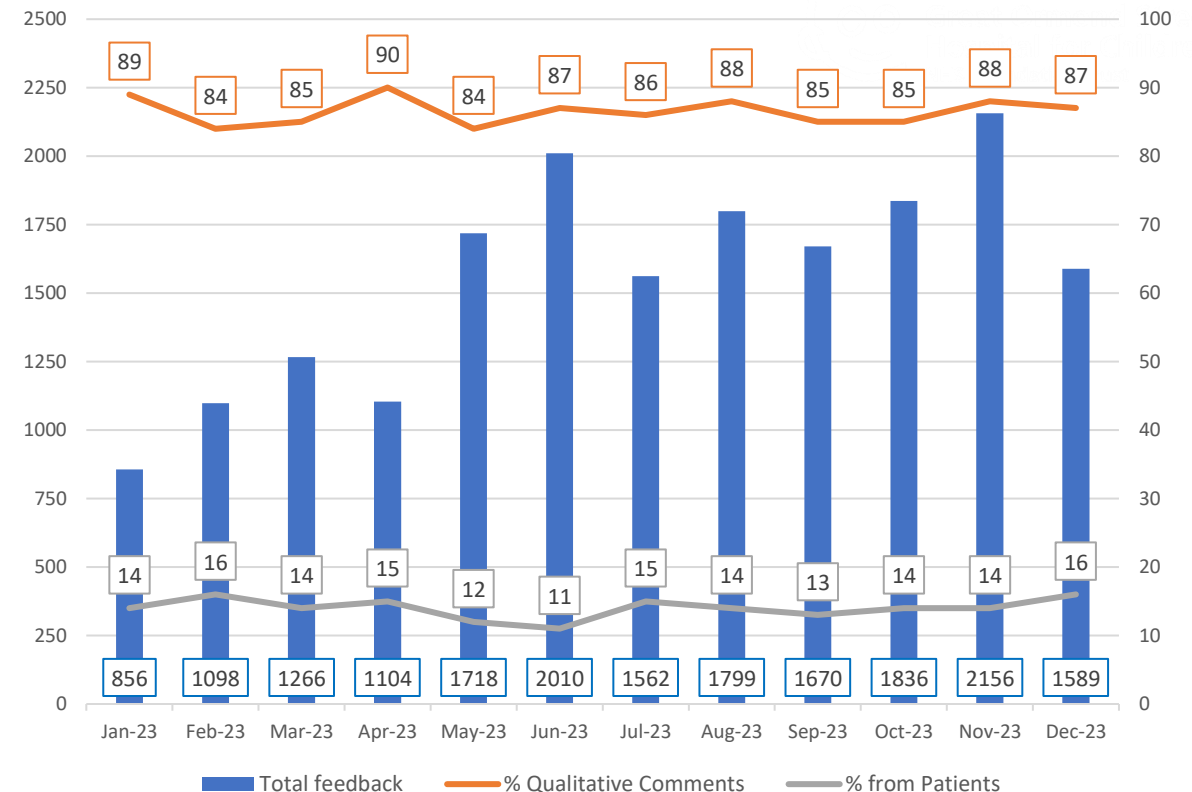
- Inpatient response rate – **21%** (decreased from November).
- Experience measure for inpatients – **99%** (same as November).
- Experience measure for outpatients – **95%** (same as November).
- Total comments received – 1589 (decreased from November).
- **16%** of FFT comments are from patients.
- **87%** of responses had qualitative comments.

## Positive Areas:

- Kind, compassionate staff.
- Impeccable cleanliness.
- Quick and efficient diagnoses.
- Facilities in the hospital.
- Wonderful volunteers!
- Welcoming atmosphere.
- Therapy dogs.
- Patient entertainment.
- Christmas gifts.
- Play team.
- Staff are inclusive of parent needs.

## Areas for Improvement:

- Communication.
- Information to be provided about additional investigations prior to arrival.
- Signage and accessibility.
- Appointment reminders sending patients and families to the wrong location.
- Lifts in the Royal London Hospital for Integrated Medicine.
- Parking/unloading areas for wheelchair vehicles and more dropped pavements.
- More preparation for patients moving wards.
- Food and drink facilities in outpatients.



# Appendix 3: Complaints

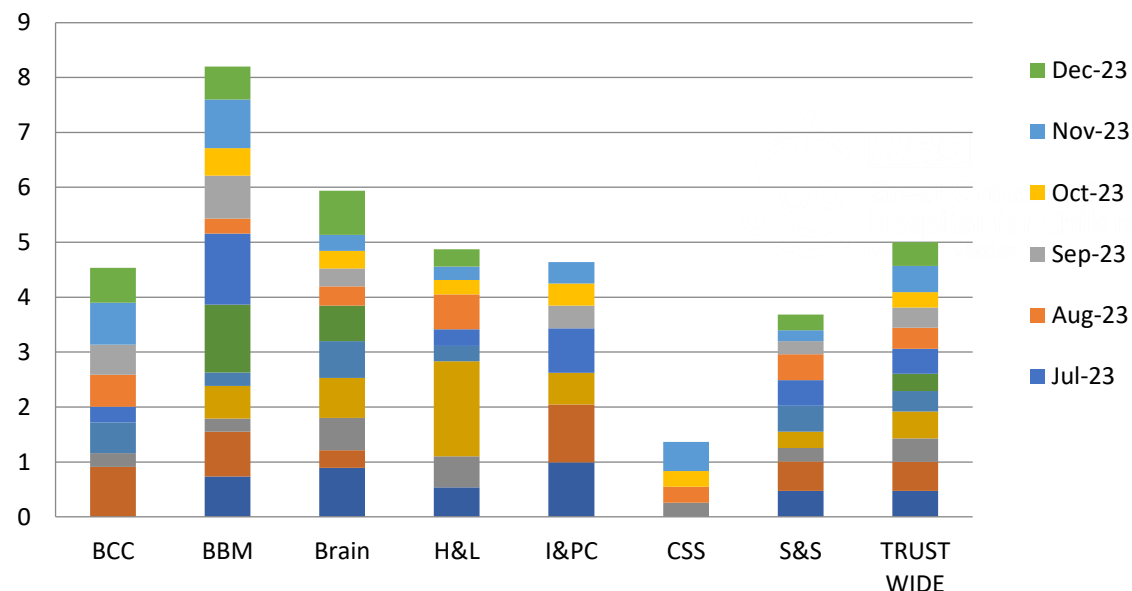
**Headline:** 9 formal complaints were received in December, a decrease from the number of complaints received last month in November (13) but the same number of complaints received in last December (9).

## In December families raised complaints regarding:

- The manner and behaviour of a staff member in relation to questions asked and the upset caused by this.
- The care and treatment received prior to a patient's death (raised in 2 complaints). Concerns include delays in commencing TPN and the impact of this, poor communication between teams at GOSH and with the parents, as well as the lack of action taken around clinical deterioration.
- Delayed transport resulting in the late arrival to an appointment, and then again for the return journey, other concerns around the tone and staff manner and rudeness.
- Issues with administration of vitamin D, differing clinical opinions from doctors and a breakdown in relationships.
- A second opinion, poor communication and discharge from GOSH.
- Cancellation of a procedure due to the lack of beds.
- Needs of the patient not being met, lost samples and a lumbar puncture procedure that could not be completed due to the list being full following administration of general anaesthetic.
- The care and treatment plan and the subsequent request for a further review by another clinician at GOSH.

## Closed complaints since April 2023

95 complaints (including withdrawn and reopened complaints) have been closed since April 2023 with 36% of these requiring extended response times. 48% of these draft responses were submitted late to the Complaints Team for review.



## **Learning actions/ outcomes from a complaint closed in December 2023:**

In response to a complaint about a cancelled procedure due to missing equipment, and communication around this, the following action and learning has taken place:

- The development of a training session for theatre clinical staff to understand the impact of behaviours on others, effective communication techniques and understanding our patients' expectations and experiences.
- Development of a standard operating procedure (SOP) for procedure cancellations to improve the communication across all teams, and that it is clear who will inform the family and to ensure their concerns and questions are addressed.

# Appendix 3: PALS

**Headline:** Pals received 174 contacts in December (269 contacts in November). The reduction of cases can be attributed to the industrial action and reduced patient activity over the holiday period. Contacts this month related to families seeking assistance with the referral process and treatment options, requests from companies to visit and donate toys for Christmas, help with requesting medical records, cancellations of outpatient appointments (OPA) and admissions (n=30). Families also chased OPA/Admission dates as a result of long waits and clarification on treatment plans from clinical teams.

## Contacts resolved within 48 hours stayed the same at 79% in December

**Compliment** (n=1 received in December 2023)

**Plastic surgery team, anaesthetist and the ward.**

*Following on from my previous correspondence I just wanted to say he had his surgery today and it could not have gone more smoothly. Every member of staff we encountered was absolutely incredible. Our nurse went above and beyond, the surgeon and the anaesthetist all made him feel incredibly safe and the whole experience was seamless.*

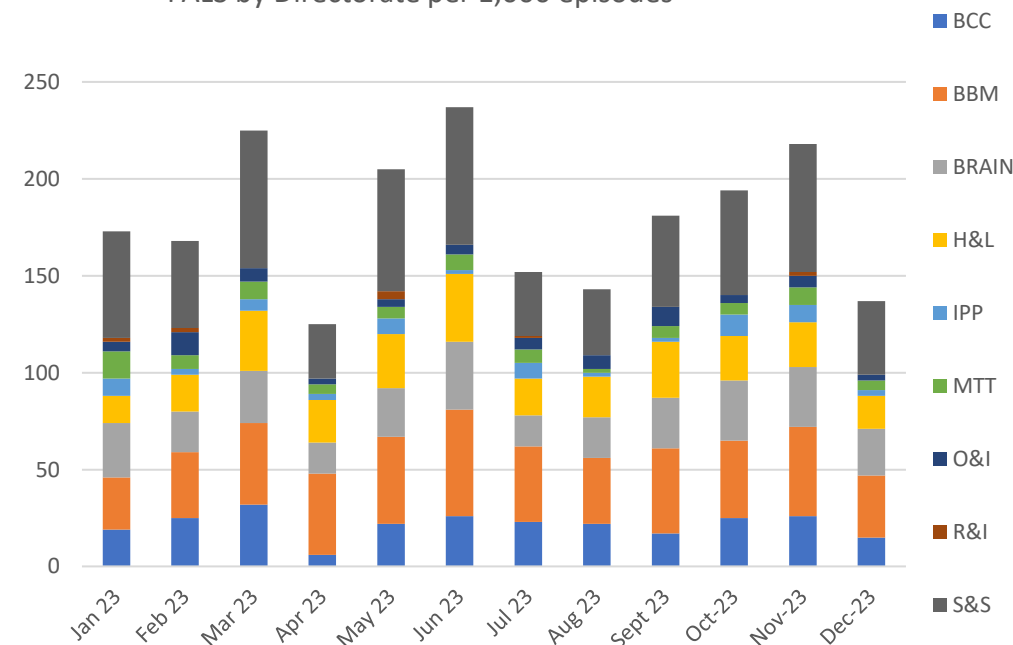
**Care Queries:** Pals were contacted by 40 families in December: Reasons for contacts were families wanting to share health updates and to discuss them with their medical teams, inpatients chasing contact from medical teams.

**Significant areas of focus:** The highest number of contacts related to SNAPS 14, Ophthalmology 11 ( 16 in November and Cardiology 9, ( 13 in November). Consistent themes across specialities were awaiting surgery dates, chasing clinic letters, reimbursement for cancelled surgery/ OPA, communication issues with secretaries, chasing test results, appointment enquiries and care queries.

## Pals Learning/Service Improvement:

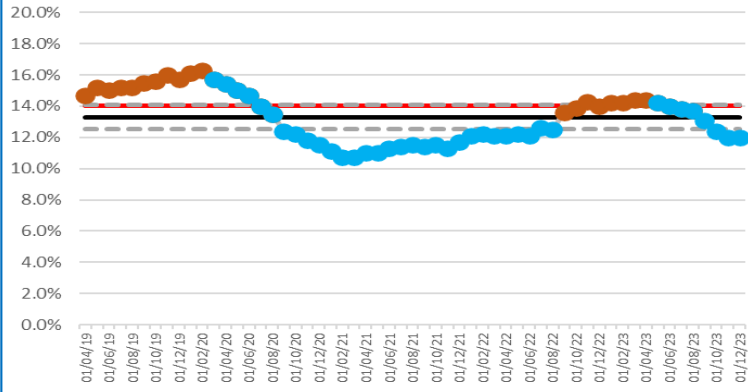
A contact from a parent who is also a wheelchair user highlighted issues regarding the accessibility of some of our accommodation/ facilities, and the importance of understanding the requirements of families using the accommodation. PALS shared this with the accommodation manager who was able to arrange alternative accommodation. This situation is being monitored closely to consider any changes to the accommodation and communication about the facilities.

PALS by Directorate per 1,000 episodes

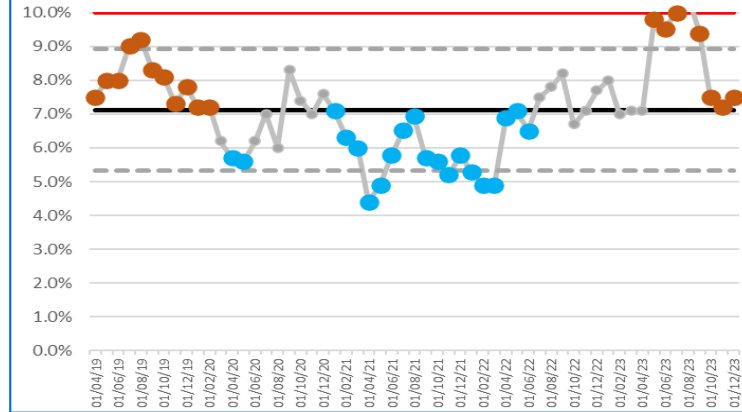


# Appendix 4: Workforce SPC Analysis

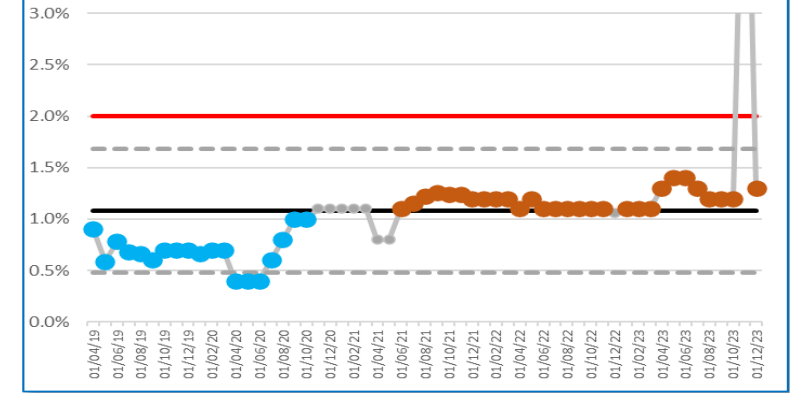
**Voluntary Turnover**



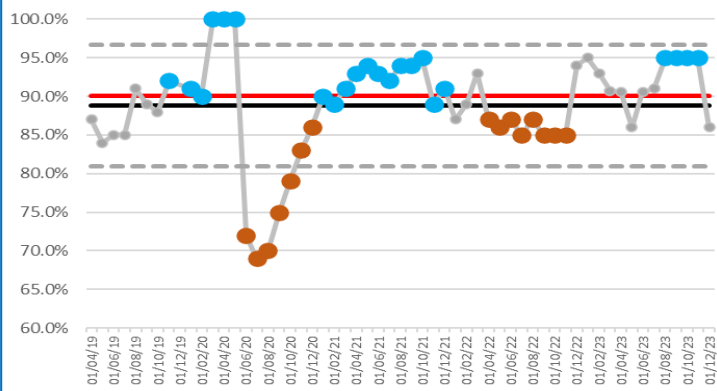
**Vacancy Rates**



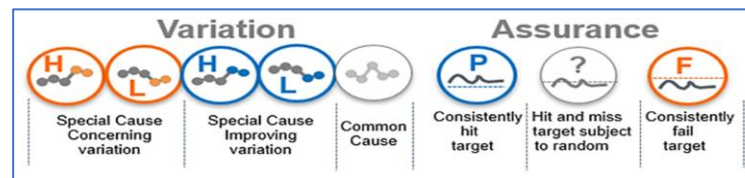
**Agency Spend**



**PDR Consultant %**



KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Trust Sickness Absence	Dec 23	3.9%	3.0%			3.2%	2.3%	4.1%
Voluntary Turnover	Dec 23	12.0%	14.0%			13.3%	12.5%	14.1%
Vacancy Rates	Dec 23	7.5%	10.0%			7.1%	5.3%	8.9%
Agency Spend	Dec 23	1.3%	2.0%			1.1%	0.5%	1.7%



# Appendix 5: Specialty RTT Performance

## Blood, Cells and Cancer

Specialty	Performance				Trajectory	
	Mar-20	Oct-23	Nov-23	Dec-23	Status	Tracking
Bone Marrow Transplant	100.0%	50.0%	100.0%		Not Required	
Dermatology	88.7%	90.5%	88.1%	86.2%	Awaiting Sign-off	
Haematology	100.0%	100.0%	100.0%	100.0%	Not Required	
Haemophilia	100.0%	100.0%	95.5%	96.4%	Not Required	
Immunology	95.9%	93.8%	88.2%	82.7%	Not Required	
Infectious Diseases	100.0%	100.0%	100.0%	100.0%	Not Required	
Oncology	100.0%	91.7%	94.4%	85.7%	Not Required	
Palliative Care	100.0%	100.0%	100.0%	100.0%	Not Required	
Rheumatology	92.7%	95.1%	96.4%	90.4%	Not Required	

## Body, Bones and Mind

Specialty	Performance				Trajectory	
	Mar-20	Oct-23	Nov-23	Dec-23	Status	Tracking
CAMHS	92.1%	54.5%	57.0%	57.5%	Not Required	
Gastroenterology	75.0%	74.5%	69.8%	69.1%	To be agreed	
General Paediatrics	68.2%	92.2%	72.7%	68.1%	Not Required	
Nephrology	90.5%	86.7%	90.4%	87.5%	Not Required	
Orthopaedics	69.6%	43.7%	46.5%	47.9%	Signed Off	Below
SNAPS	75.4%	70.4%	66.0%	64.1%	Signed Off	Below
Spinal Surgery	73.0%	49.7%	53.4%	61.8%	Signed Off	Below

## Brain

Specialty	Performance				Trajectory	
	Mar-20	Oct-23	Nov-23	Dec-23	Status	Tracking
Bardet Biedl			100%	100%	Not Required	
Clinical Neurophysiology	100.0%				Not Required	
Endocrinology	91.9%	73%	68%	74%	Signed Off	Below
Epilepsy	98.0%	91.2%	100.0%	100.0%	Not Required	
Metabolic Medicine	93.8%	80.6%	76.3%	75.7%	Signed Off	Below
Neurodisability	80.1%	76.5%	83.3%	84.7%	Signed Off	Below
Neurology	89.4%	92.5%	90.7%	87.1%	Signed Off	Below
Neuromuscular	80.7%	78.4%	71.4%	61.1%	Signed Off	Below
Neurosurgery	80.1%	66.3%	60.2%	58.7%	Signed Off	Below

## Core Clinical Services

Specialty	Performance				Trajectory	
	Mar-20	Oct-23	Nov-23	Dec-23	Status	Tracking
Clinical Genetics	93.4%	78.9%	79.8%	78.3%	Signed Off	Below
Interventional Radiology	92.2%	56.3%	46.7%	52.2%	Not Required	
Pain Management	79.5%	76.9%	71.1%	64.9%	Not Required	
Speech & Language Therapy	74.1%	67.9%	65.7%	64.6%	Not Required	

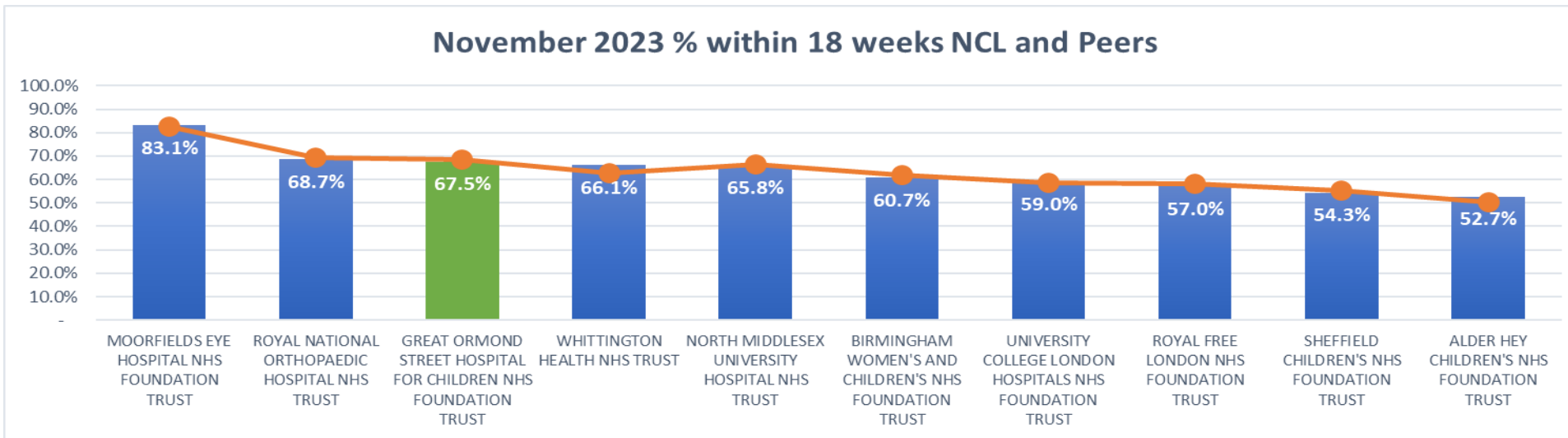
## Heart and Lung

Specialty	Performance				Trajectory	
	Mar-20	Oct-23	Nov-23	Dec-23	Status	Tracking
Cardiac Surgery	88.5%	53.2%	60.0%	57.3%	Signed Off	Below
Cardiology	67.1%	69.7%	68.5%	69.4%	Signed Off	Below
Cardiothoracic Transplantation	100.0%	100.0%	100.0%	100.0%	Not Required	
Pulmonary Hypertension	75.0%	50.0%	75.0%	100.0%	Not Required	
Respiratory Medicine	89.2%	78.0%	84.3%	80.4%	To be agreed	

## Sight and Sound

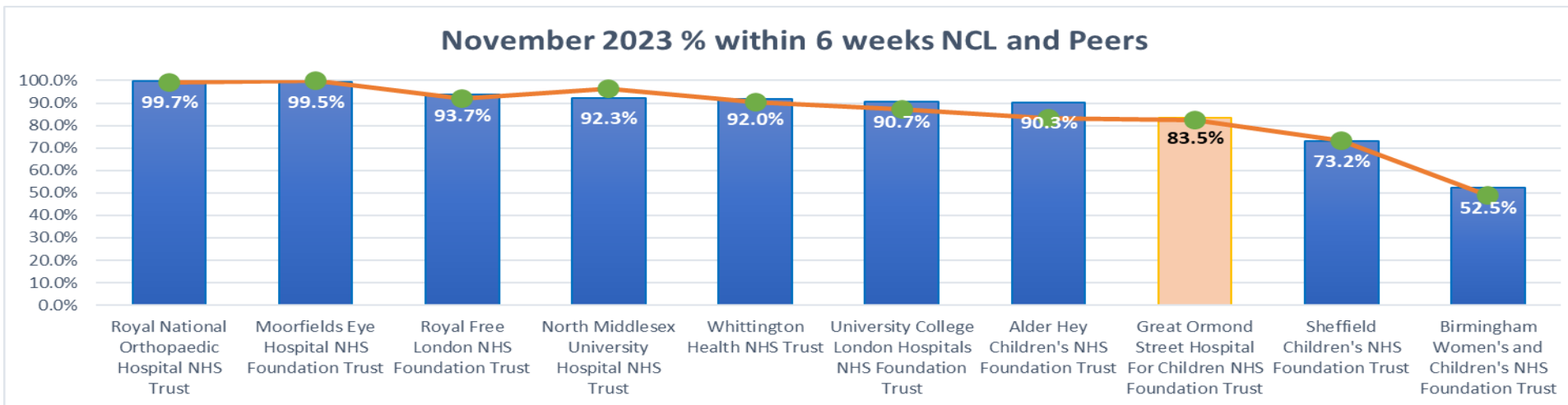
Specialty	Performance				Trajectory	
	Mar-20	Oct-23	Nov-23	Dec-23	Status	Tracking
Audiology	88.5%	51.0%	42.1%	47.9%	Signed Off	Below
Cleft	78.5%	64.9%	75.6%	75.0%	Signed Off	Below
Cochlear	87.0%	84.2%	91.3%	72.0%	Signed Off	Below
Craniofacial	70.6%	61.4%	57.7%	59.3%	Signed Off	Below
Dental	25.8%	28.3%	27.5%	28.9%	Signed Off	Below
ENT	88.3%	68.5%	66.4%	61.8%	Signed Off	Below
Maxillofacial	82.3%	51.7%	52.0%	58.0%	Signed Off	Below
Ophthalmology	88.0%	68.2%	66.4%	64.5%	Signed Off	Below
Orthodontics	44.8%	41.7%	52.6%	43.8%	To be agreed	
Plastic Surgery	62.9%	43.3%	39.9%	40.9%	Signed Off	Below
Urology	75.4%	67.3%	69.4%	65.9%	Signed Off	Below

## Referral to Treatment



Orange markers indicate October's performance. GOSH for the month of November is at third place amongst the selected Peers. GOSH is ranked 40<sup>th</sup> out of 167 providers, this is a decrease of 3 places compared to October.

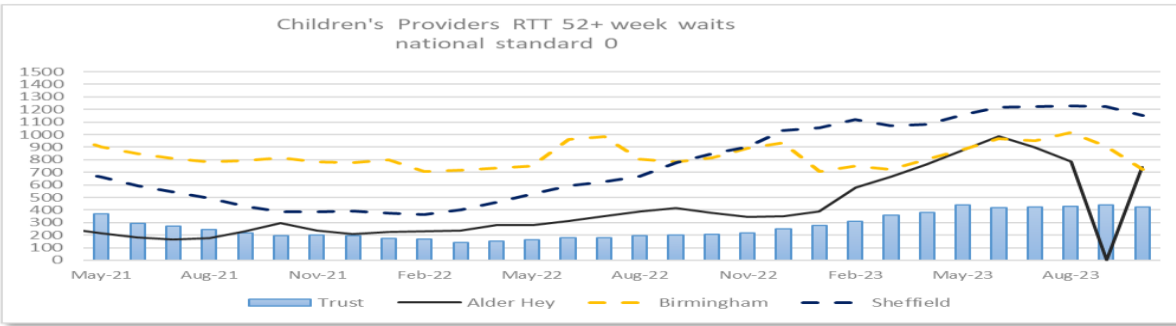
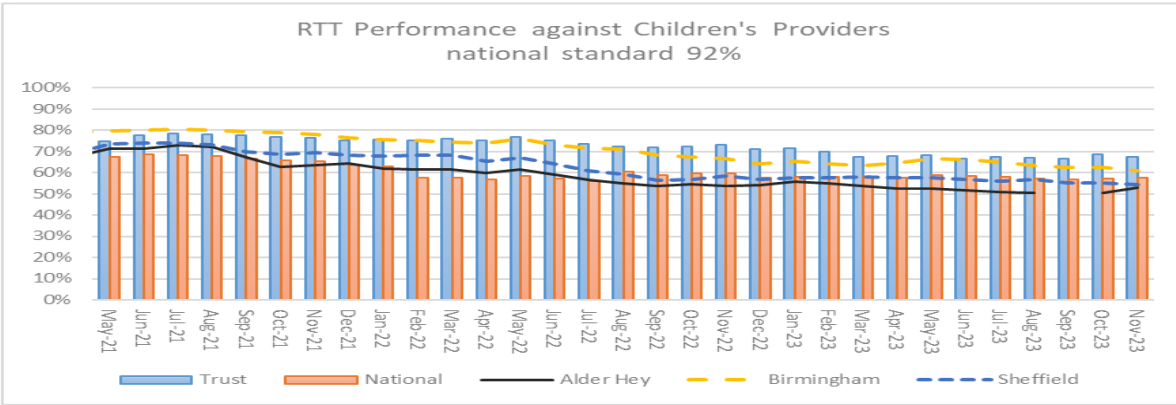
## Diagnostics



Green markers indicate October performance. GOSH for the month of November is in the 3<sup>rd</sup> bottom place, amongst selected Peers. GOSH is ranked 72 out of 154 providers, an decrease of two places from September.



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



Nationally, at the end of November, 57.4% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks.

GOSH is tracking 10% above the national November performance at 67.5% and is in line with comparative children's providers. (RTT Performance for Sheffield Children (54.3%), Birmingham Women's and Children's (60.7%) and Alder Hey (52.7%))

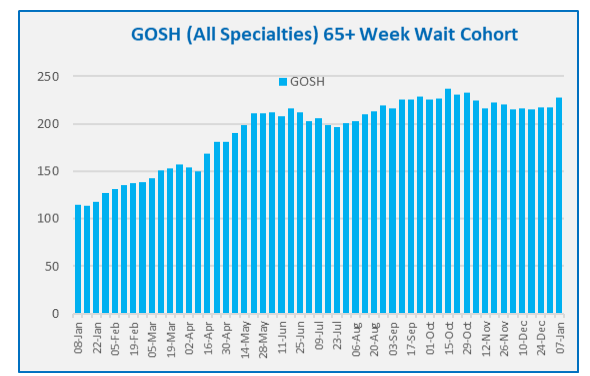
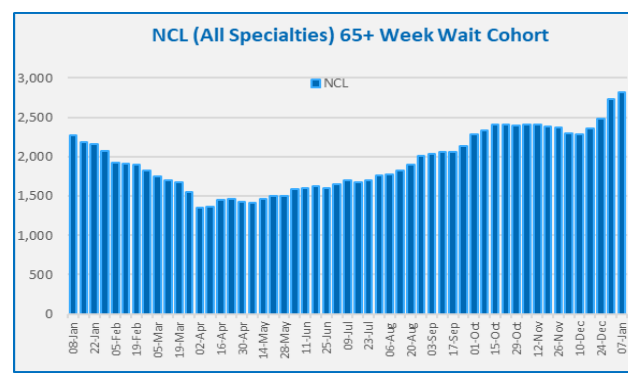
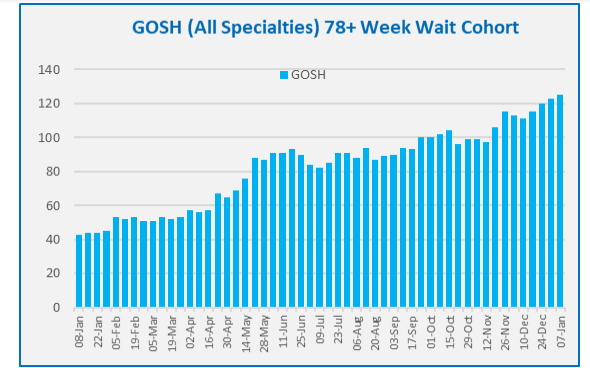
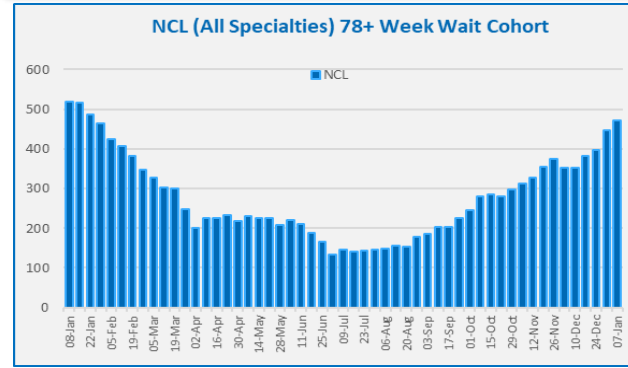
The national position for November 2023 indicates a decrease in patients waiting over 52 weeks at 345,535 patients.

Compared to Birmingham and Sheffield the number of patients waiting 52 weeks and over for GOSH is lower than both providers for November.

Overall for NCL the 78+ week wait position is at 472 patients, this has been increasing over the last few weeks. GOSH has the second largest volume of 78+ week wait patients in NCL, with Royal Free having the largest volume.

Monitoring of the 65 week wait national ambition of zero patients at March 2025, most of the NCL providers have seen an increase in the last few weeks.

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.



# Appendix 5: National Diagnostic Performance and 6 week waits – November 2023

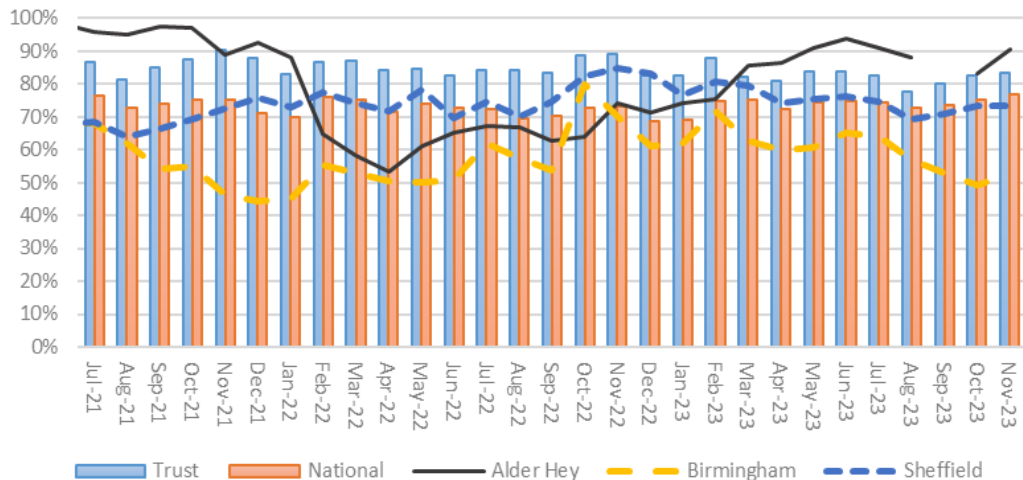
Nationally, at the end of October, 76.7% of patients were waiting under 6 weeks for a DM01 diagnostic test.

GOSH is tracking 6.8% above the national November performance and is in line with comparative children’s providers. DM01 Performance for Sheffield Children (73.2%), Birmingham Women’s and Children’s (52.5%) and Alder Hey (90.3%).

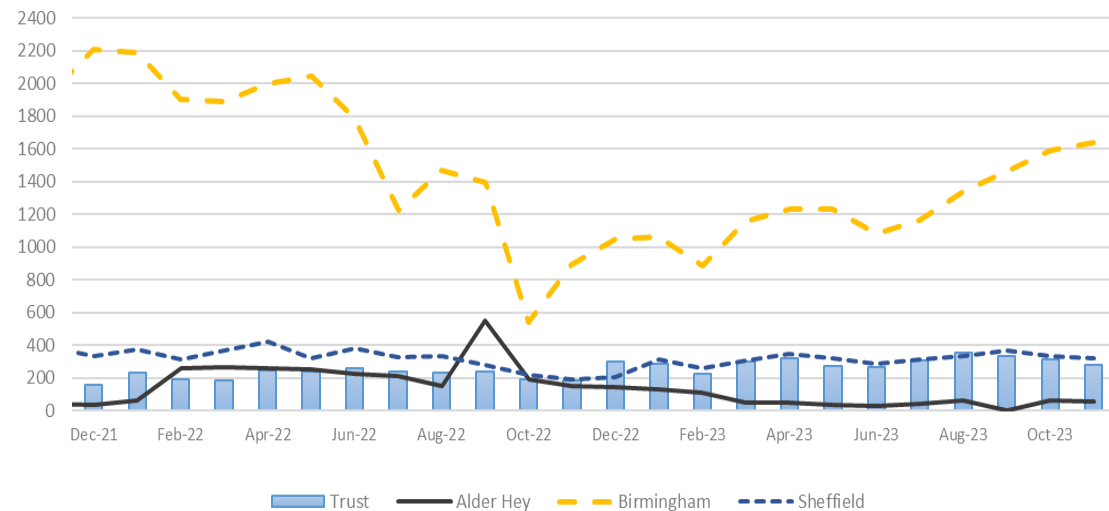
The national position for November 2023 indicates a decrease of patients waiting over 6 weeks at 375, 151 patients.

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

DM01 Performance against Children's Providers national standard 99%

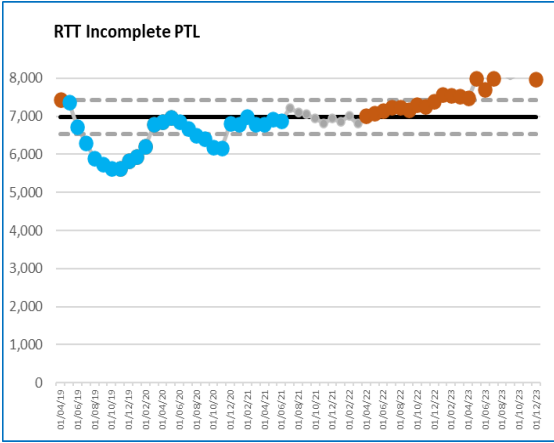


Children's Providers DM01 6+ week waits

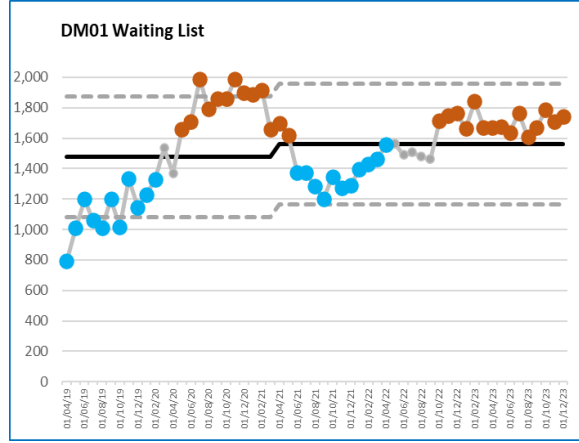




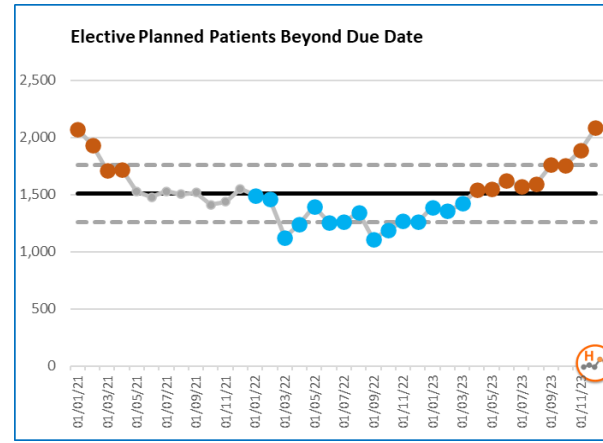
# Appendix 5: Patient Access SPC Trends



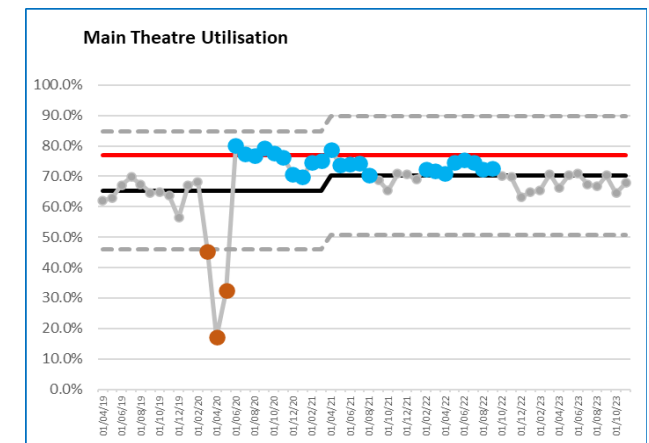
Special cause variation



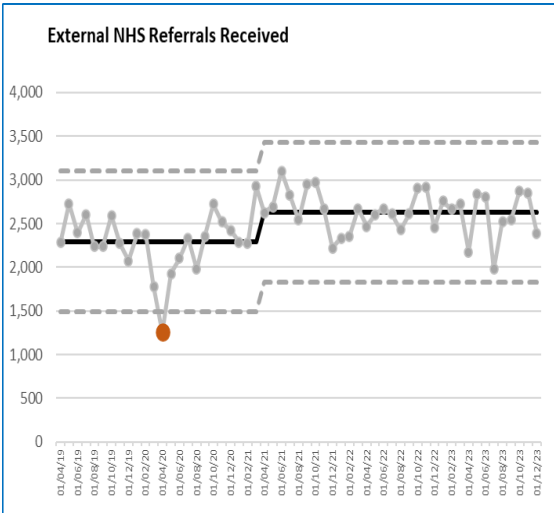
No Significant variation



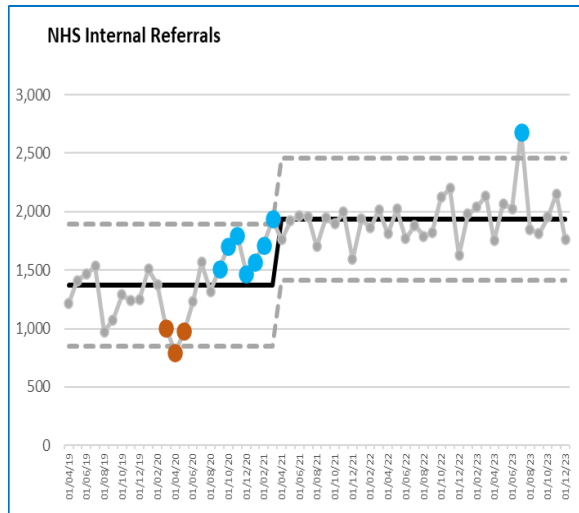
Marginal upward trend, strikes have impacted



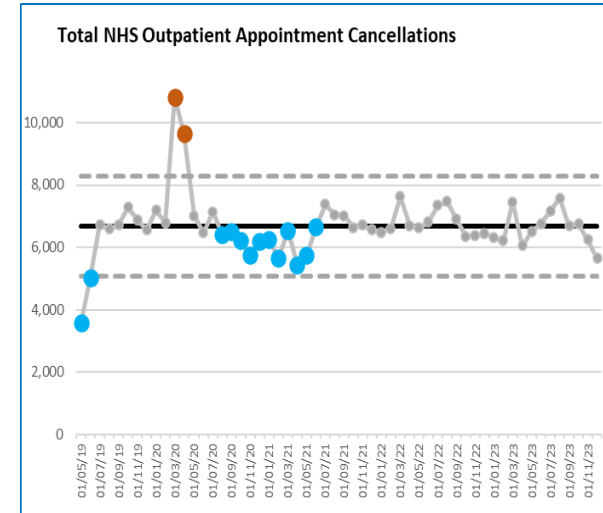
No Significant variation



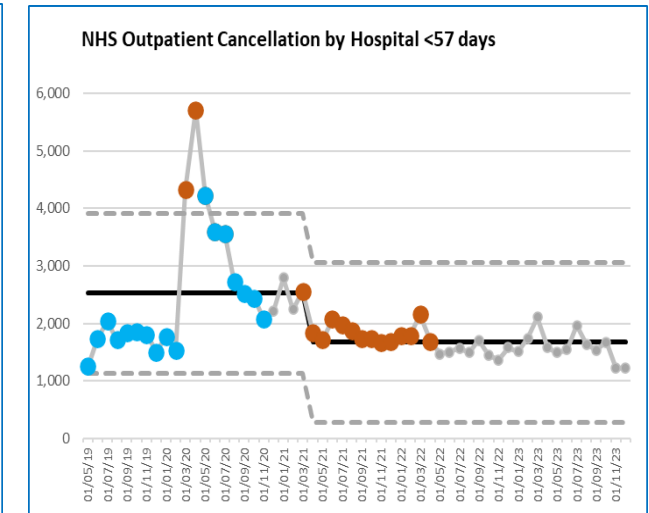
No significant variation, common cause



No significant variation, common cause



No significant variation, common cause



Common cause variation

# Integrated Quality & Performance Report

## January 2024 (Reporting December 2023 data)

## Finance and Workforce Performance Report Month 9 2023/24

### Contents

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Activity Summary	4
Income Summary	5
Workforce Summary	6
Non-Pay Summary	7
Better Value	8
Cash, Capital and Statement of Financial Position Summary	9

ACTUAL FINANCIAL PERFORMANCE

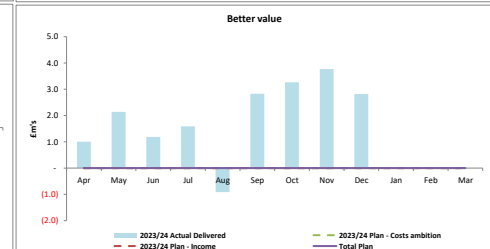
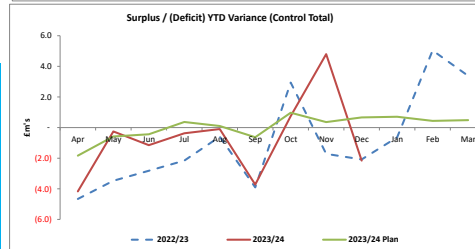
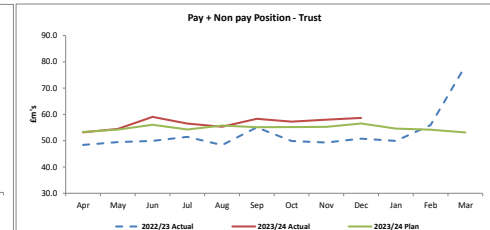
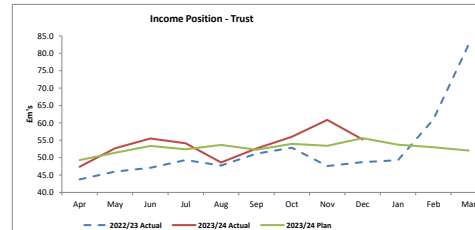
	In month			Year to date		
	Plan	Actual	RAG	Plan	Actual	RAG
<b>INCOME</b>	£55.6m	£55.2m	●	£475.4m	£483.0m	●
<b>PAY</b>	(£31.4m)	(£32.5m)	●	(£281.4m)	(£288.9m)	●
<b>NON-PAY inc. owned depreciation and PDC</b>	(£23.5m)	(£24.2m)	●	(£195.0m)	(£204.4m)	●
<b>Surplus/Deficit</b> <small>incl. donated depreciation</small>	£0.7m	(£1.5m)	●	(£1.0m)	(£10.3m)	●

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

AREAS OF NOTE:

The YTD financial position for the trust is a £10.3m deficit which is £9.3 m adverse to plan. This is driven mainly by the costs of strikes and their impact on Trust ERF income, lower levels of the Trust Better Value programme delivery and lower Research income than planned,

Income is £7.6m favourable YTD mainly due to increased levels of passthrough drugs income, additional NHS funding and additional pay award funding for 23/24, this is partially offset by reduced ERF (£4.3m). 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 £7.5m 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 £9.6m adverse YTD mainly due to high levels of drugs, increased clinical supplies and increased energy bills. The Trust Better value programme is behind plan by £5.1m which has partly been caused by the time taken in first half of the year in dealing with the strikes.

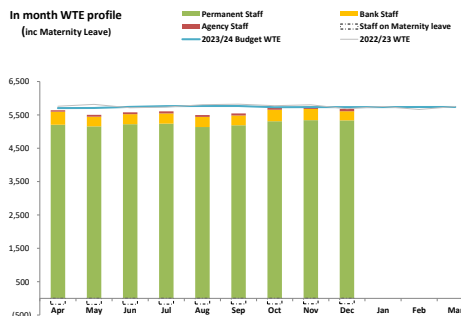
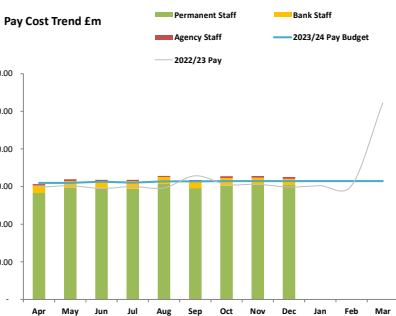


PEOPLE

	M9 Plan WTE	M9 Actual WTE	Variance
<b>Permanent Staff</b>	5,386.7	5,335.1	51.6
<b>Bank Staff</b>	310.3	274.6	35.7
<b>Agency Staff</b>	38.0	67.2	(29.1)
<b>TOTAL</b>	<b>5,735.1</b>	<b>5,676.9</b>	<b>58.2</b>

AREAS OF NOTE:

Month 9 WTEs decreased in comparison to Month 8, largely within Substantive due to leavers. Although Substantive staff are below planned levels the use of agency remains high due to continued (but reducing) levels in relation to vacancies, strikes while Bank has reduced significantly due to recruitment of newly qualified nurses. The Trust has seen reduced levels of sickness within the domestic team which is reflected in lower Bank use and ongoing work around moving bank staff into substantive to ensure the service continues without interruption.

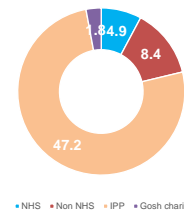


CASH, CAPITAL AND OTHER KPIS

Key metrics	Nov-23	Dec-23
<b>Cash</b>	£66.2m	£71.6m
<b>IPP debtor days</b>	194	227
<b>Creditor days</b>	34	34
<b>NHS Debtor days</b>	3	3
<b>BPPC (£)</b>	89%	88%

Capital Programme	YTD Plan M9	YTD Actual M9	Full Year Fcst
<b>Total Trust-funded</b>	£18.7m	£9.7m	£23.6m
<b>Total PDC</b>	£0.0m	£0.2m	£0.3m
<b>Total IFRS 16</b>	£3.8m	£0.2m	£0.8m
<b>Total Donated and grant</b>	£31.6m	£14.1m	£21.9m
<b>Grand Total</b>	<b>£54.2m</b>	<b>£24.2m</b>	<b>£46.6m</b>

Net receivables breakdown (£m)



AREAS OF NOTE:

- Cash held by the Trust increased in month from £66.2m to £71.6m.
- Capital expenditure for the year to end December was £24.2m, £30.0m less than plan. Trust-funded expenditure was £9.0m less than plan and donated/grant-funded £17.5m less than plan. Right of use (leased) asset expenditure is £3.6m less than plan. The Trust has agreed a FOT with NCL ICB for Trust funded expenditure of £23.6m, £6.6m less than the plan after removal of top-slicing.
- I&PC debtors days increased in month from 194 to 227 days. Total I&PC debt (net of cash deposits held) increased in month to £47.2m (£39.9m in M08). Overdue debt increased in month to £35.3m (£33.8m in M08).
- Creditor days remained the same as the previous month at 34 days.
- NHS debtor days remained the same as the previous month at 3 days.
- In M09, 88% of the total value of creditor invoices were settled within 30 days of receipt; this represented 83% 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 9 months ending 31 Dec 2023



Annual Plan	Income & Expenditure	2023/24 Month 9				Year to Date				Rating
		Plan (£m)	Actual (£m)	Variance (£m)	%	Plan (£m)	Actual (£m)	Variance (£m)	%	
483.29	NHS & Other Clinical Revenue	39.05	41.88	2.83	7.26%	362.26	373.82	11.56	3.19%	G
78.00	Private Patient Revenue	6.71	6.87	0.16	2.36%	57.61	57.91	0.30	0.52%	G
72.84	Non-Clinical Revenue	9.85	6.46	(3.39)	(34.43%)	55.52	51.26	(4.26)	(7.68%)	R
<b>634.12</b>	<b>Total Operating Revenue</b>	<b>55.62</b>	<b>55.22</b>	<b>(0.40)</b>	<b>(0.72%)</b>	<b>475.39</b>	<b>482.99</b>	<b>7.60</b>	<b>1.60%</b>	<b>G</b>
(352.61)	Permanent Staff	(29.51)	(30.40)	(0.89)	(3.02%)	(264.06)	(268.57)	(4.51)	(1.71%)	R
(3.72)	Agency Staff	(0.31)	(0.47)	(0.16)	(51.30%)	(2.79)	(3.69)	(0.90)	(32.32%)	R
(19.42)	Bank Staff	(1.62)	(1.66)	(0.05)	(2.84%)	(14.56)	(16.63)	(2.07)	(14.21%)	R
<b>(375.75)</b>	<b>Total Employee Expenses</b>	<b>(31.44)</b>	<b>(32.54)</b>	<b>(1.10)</b>	<b>(3.49%)</b>	<b>(281.41)</b>	<b>(288.89)</b>	<b>(7.48)</b>	<b>(2.66%)</b>	<b>R</b>
(102.99)	Drugs and Blood	(8.03)	(10.41)	(2.39)	(29.76%)	(77.28)	(81.10)	(3.82)	(4.95%)	R
(41.62)	Supplies and services - clinical	(3.02)	(3.24)	(0.22)	(7.22%)	(31.46)	(35.97)	(4.51)	(14.34%)	R
(87.54)	Other Expenses	(10.74)	(8.47)	2.27	21.15%	(66.57)	(69.53)	(2.96)	(4.44%)	R
<b>(232.14)</b>	<b>Total Non-Pay Expenses</b>	<b>(21.79)</b>	<b>(22.13)</b>	<b>(0.34)</b>	<b>(1.54%)</b>	<b>(175.31)</b>	<b>(186.60)</b>	<b>(11.29)</b>	<b>(6.44%)</b>	<b>R</b>
<b>(607.89)</b>	<b>Total Expenses</b>	<b>(53.24)</b>	<b>(54.67)</b>	<b>(1.43)</b>	<b>(2.69%)</b>	<b>(456.72)</b>	<b>(475.49)</b>	<b>(18.77)</b>	<b>(4.11%)</b>	<b>R</b>
<b>26.23</b>	<b>EBITDA (exc Capital Donations)</b>	<b>2.38</b>	<b>0.55</b>	<b>(1.83)</b>	<b>(76.90%)</b>	<b>18.68</b>	<b>7.50</b>	<b>(11.18)</b>	<b>(59.86%)</b>	<b>R</b>
(25.64)	Owned depreciation, Interest and PDC	(1.72)	(2.04)	(0.33)	(19.16%)	(19.71)	(17.80)	1.90	9.65%	
<b>0.60</b>	<b>Surplus/Deficit</b>	<b>0.66</b>	<b>(1.49)</b>	<b>(2.16)</b>	<b>(324.76%)</b>	<b>(1.03)</b>	<b>(10.31)</b>	<b>(9.28)</b>	<b>(902.48%)</b>	
(24.18)	Donated depreciation	(1.60)	(1.96)	(0.37)		(19.37)	(17.51)	1.86		
<b>(23.58)</b>	<b>Net (Deficit)/Surplus (exc Cap. Don. &amp; Impairments)</b>	<b>(0.93)</b>	<b>(3.46)</b>	<b>(2.53)</b>	<b>(324.76%)</b>	<b>(20.40)</b>	<b>(27.82)</b>	<b>(7.42)</b>	<b>(902.48%)</b>	
0.00	Impairments & Unwinding Of Discount	0.00	0.00	0.00		0.00	0.00	0.00		
41.94	Capital Donations	3.60	0.19	(3.41)		31.60	13.37	(18.23)		
<b>18.36</b>	<b>Adjusted Net Result</b>	<b>2.67</b>	<b>(3.27)</b>	<b>(5.94)</b>	<b>(222.45%)</b>	<b>11.20</b>	<b>(14.45)</b>	<b>(25.65)</b>	<b>(229.05%)</b>	

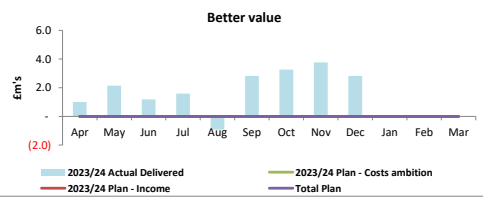
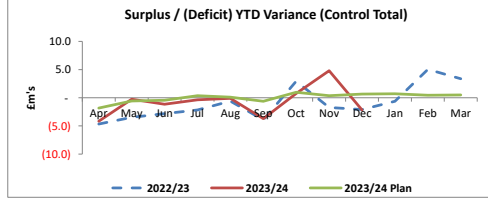
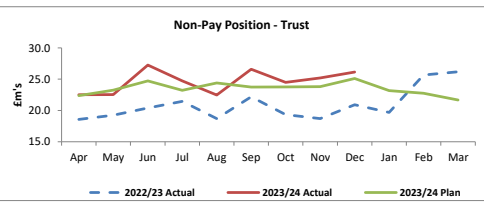
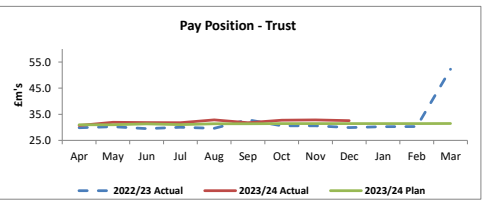
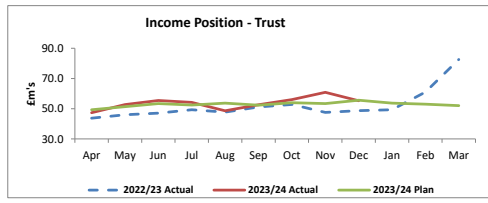
2022/23 Actual	CY vs PY Variance	
	M9 (£m)	%
350.54	23.29	6.23%
35.75	22.16	38.27%
47.81	3.45	6.72%
<b>434.10</b>	<b>48.89</b>	<b>10.12%</b>
(255.61)	(12.96)	(4.82%)
(2.90)	(0.79)	(21.40%)
(14.58)	(2.05)	(12.33%)
<b>(273.10)</b>	<b>(15.80)</b>	<b>(5.47%)</b>
(76.01)	(5.09)	(6.28%)
(32.75)	(3.22)	(8.95%)
(55.88)	(13.65)	(19.63%)
<b>(164.64)</b>	<b>(21.96)</b>	<b>(11.77%)</b>
<b>(437.73)</b>	<b>(37.76)</b>	<b>(7.94%)</b>
<b>(3.64)</b>	<b>11.14</b>	<b>148.54%</b>
(14.88)	(2.93)	(16.45%)
<b>(18.51)</b>	<b>8.21</b>	<b>79.66%</b>

## Summary

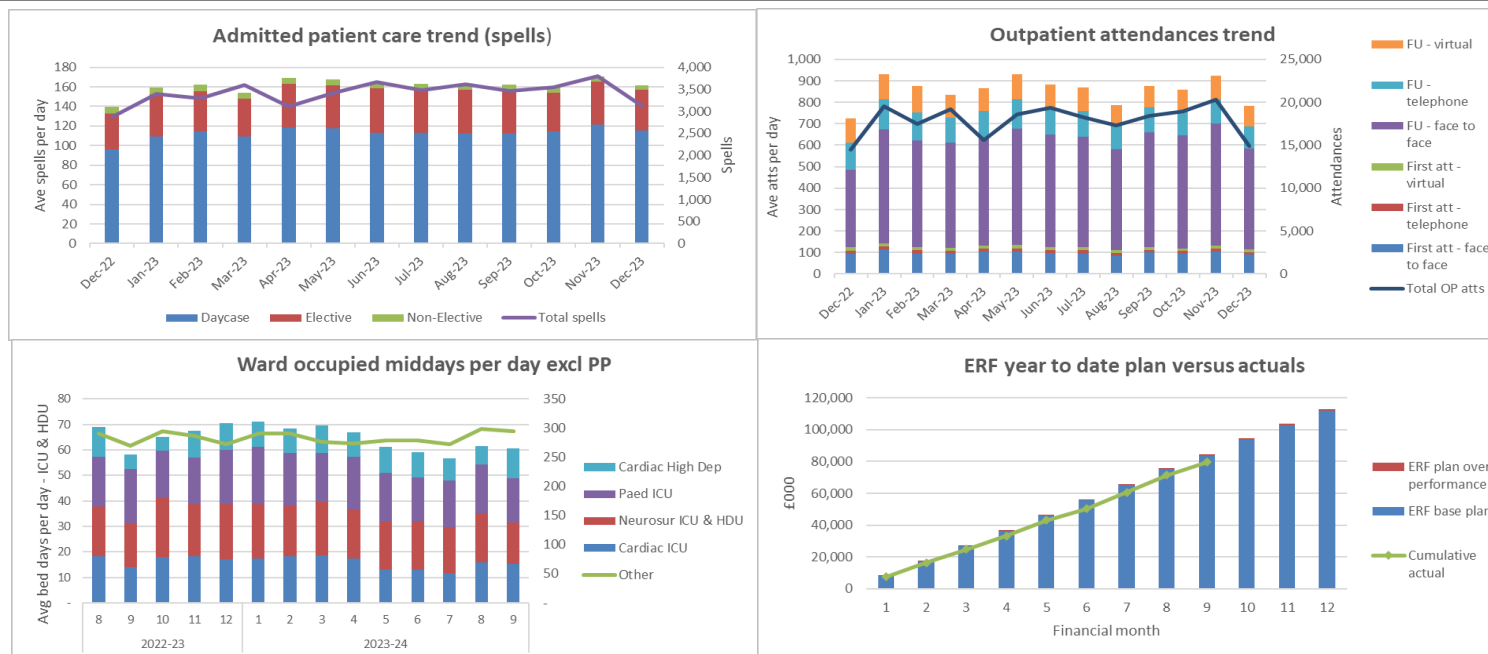
- The YTD Trust financial position at month 9 is a deficit of £10.3m which is £9.3m adverse to plan.
- The Trust deficit is due to lost income and additional costs associated with the strikes and lower than planned non clinical income.

## Notes

- NHS clinical income is £11.6m favourable to plan YTD due to increased income for passthrough drugs and activity (£3.7m) and additional pay award funding (£6.3m) offset with reduced ERF linked mainly to strikes.
- Private Patient income improved in month overperforming by £0.2m meaning it is above plan YTD by £0.3m. This is due to increased ICU bed days. I&PC is working towards delivering £78.5m by the year end.
- Non clinical income is £4.3m adverse to plan YTD. This is mainly driven by lower than planned Research and Charitable income caused by timing of milestone delivery and finalisation of contracts.
- Pay costs are £7.5m adverse to plan YTD mainly due to in year pay awards (£8.0m), high levels of bank and agency usage linked to the additional costs incurred due to the strikes (£0.6m) offset with vacancies.
- Non pay is £11.3m adverse to plan YTD related to an increase in passthrough costs (£2.7m, offset by income) and increased clinical supplies costs (£4.5m).
- 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.



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

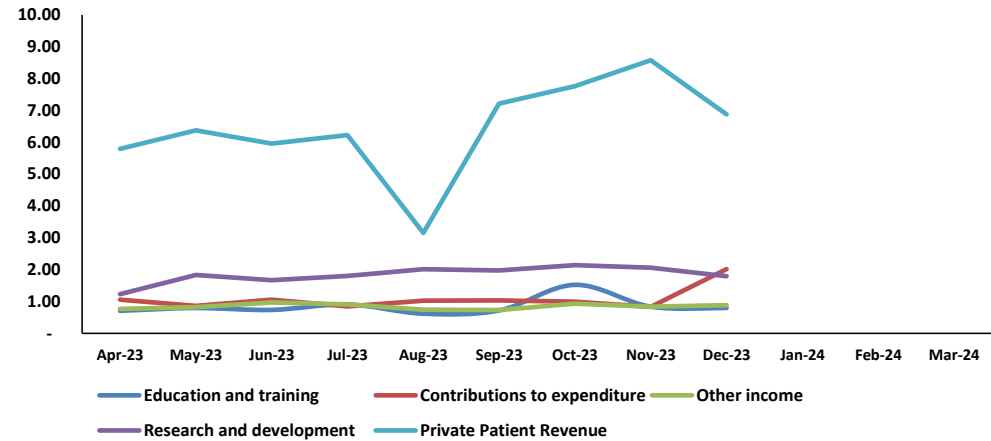
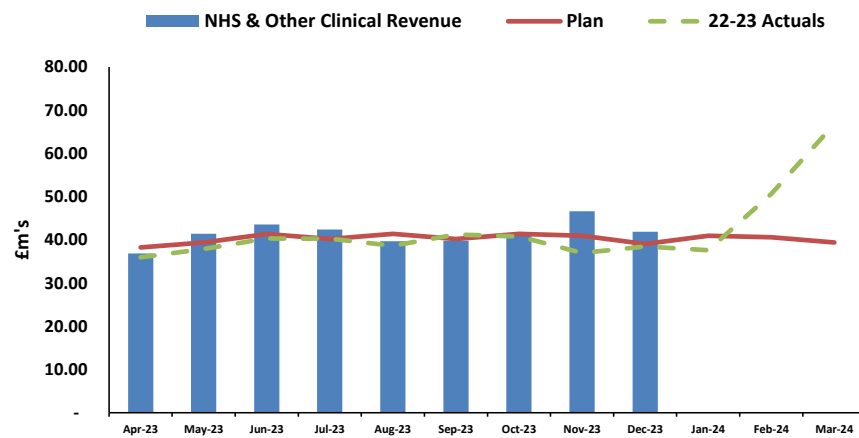


**Summary**

- Admitted patient care per day in December is lower than November for day case by 6.4 spells and elective activity decreased by 1.97 spells per day (4.5% decrease). Non-elective of 0.66 spells per day (12.1% decrease). December activity has slightly decreased per working day in comparison to November. December activity has decreased versus April (7.5 spells per working day); this is largely driven by decrease day case (3.46 spells) and lower elective cases (3.08 spells).
- Bed days for December have reduced by 1.21% reflecting the activity trend and NHS critical care days are 0.88 per working day lower than November with this being offset by other bed days (3.47 per working day). It should be noted that critical care days for private activity was 0.03 per working day higher than November.
- Outpatient attendances decreased across the board versus November with first attendances decreasing by 18.2 attendances per day and follow ups reduced by 122.04 attendances per day. The number of outpatient attendances may increase as activity is finalised and have been impacted by strikes and Christmas reduced activity.
- On the basis of current ERF information, which includes some estimates for uncoded work, Month 9 performance has an under-performance of £5,1m against the total plan, a deterioration of £0.4m versus November due to lower activity in December. The estimated impact of strikes within the year to date performance is £1.8m giving a variance as a result of under-performance versus the target of £2.5m of which £0.7m relates to the stretch target.

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

## 2022/23 Income for the 9 months ending 31 Dec 2023



### Summary

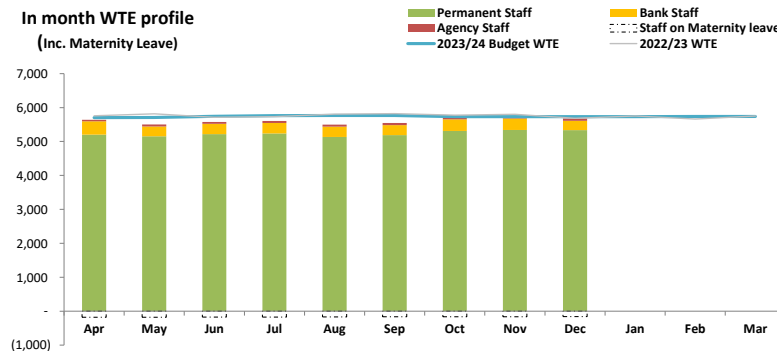
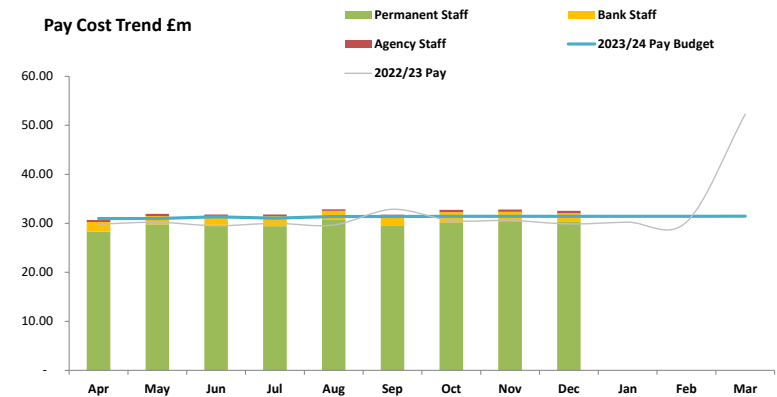
- Income from patient care activities excluding private patients is £8.7m favourable to plan YTD. This is due to increased income for pass through drugs, pay award funding and NHS additional funding of £3.6m offset with ERF reduction.
- Non clinical income is £0.9m adverse to plan YTD. This is mainly driven by lower than planned charity income and research income linked to delays in milestone delivery and the finalisation of contracts.
- Private Patient income overperformed YTD by £0.3m. This is due to increased ICU activity and additional charges for bed days. The Trust continues to work on securing future referrals in order to deliver £78.5m by the year end.

## Workforce Summary for the 9 months ending 31 Dec 2023

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

Em including Perm, Bank and Agency Staff Group	2022/23 actual full year			2023/24 actual			Variance			RAG
	FY (£m)	FY Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Volume Var (£m)	Price Var (£m)	£ Variance
Admin (inc Director & Senior Managers)	68.2	1,286.7	53.0	54.6	1,317.0	55.2	(3.4)	(1.2)	(2.2)	R
Consultants	66.7	394.1	169.2	53.3	395.3	179.6	(3.2)	(0.2)	(3.1)	R
Estates & Ancillary Staff	16.4	445.7	36.8	12.8	455.4	37.5	(0.5)	(0.3)	(0.2)	A
Healthcare Assist & Supp	12.2	306.9	39.7	9.6	323.3	39.8	(0.5)	(0.5)	(0.0)	A
Junior Doctors	33.5	393.0	85.2	27.0	393.3	91.5	(1.9)	(0.0)	(1.9)	R
Nursing Staff	100.9	1,616.5	62.4	75.9	1,595.7	63.5	(0.3)	1.0	(1.3)	A
Other Staff	1.0	17.9	56.2	0.7	17.0	54.2	0.1	0.0	0.0	G
Scientific Therap Tech	67.2	1,072.7	62.7	50.3	1,056.0	63.5	0.1	0.8	(0.7)	G
<b>Total substantive and bank staff costs</b>	<b>366.1</b>	<b>5,533.4</b>	<b>66.2</b>	<b>284.2</b>	<b>5,553.0</b>	<b>68.2</b>	<b>(9.6)</b>	<b>(1.0)</b>	<b>(8.6)</b>	<b>R</b>
Agency	4.1	39.0	104.2	3.7	57.8	85.1	(0.6)	(1.5)	0.8	R
<b>Total substantive, bank and agency cost</b>	<b>370.1</b>	<b>5,572.4</b>	<b>66.4</b>	<b>287.9</b>	<b>5,610.8</b>	<b>68.4</b>	<b>(10.3)</b>	<b>(2.4)</b>	<b>(7.8)</b>	<b>R</b>
Reserve*	1.1	0.0		1.0	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
<b>Total pay cost</b>	<b>385.8</b>	<b>5,572.4</b>	<b>69.2</b>	<b>288.9</b>	<b>5,610.8</b>	<b>68.7</b>	<b>(10.5)</b>	<b>(2.6)</b>	<b>(7.8)</b>	<b>R</b>
Remove maternity leave cost	(2.5)			(1.6)			(0.3)	0.0	(0.3)	A
<b>Total excluding Maternity Costs</b>	<b>383.3</b>	<b>5,572.4</b>	<b>68.8</b>	<b>287.3</b>	<b>5,610.8</b>	<b>68.3</b>	<b>(10.7)</b>	<b>(2.6)</b>	<b>(8.1)</b>	<b>R</b>

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



### Summary

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

Pay costs are above the 2023/24 plan YTD by £7.5m and when compared to the 2022/23 extrapolated average it is £10.5m higher. This increase from 2022/23 is being driven mainly by price increases (£7.8m). The price variance is driven by the NHS pay award.

The Trust continues to see high but decreasing levels of maternity leave (158WTE) which is contributing to the higher than planned levels of temporary staffing across the Trust.

Consultants & Junior Doctors are £2.0m adverse YTD to plan due to increased costs from the strikes and medical pay award.

Estates & Ancillary are £0.5m 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 additional staffing required to deliver the required levels of cleaning.

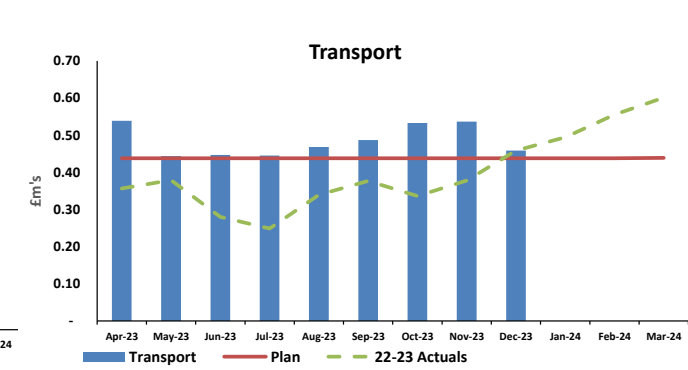
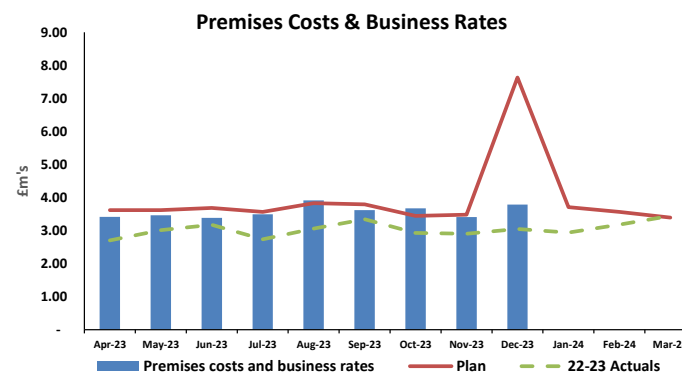
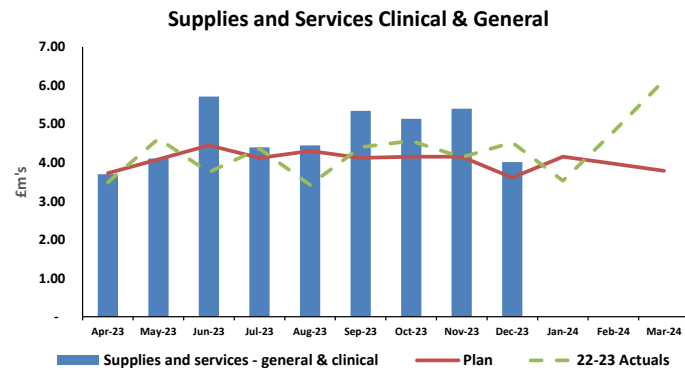
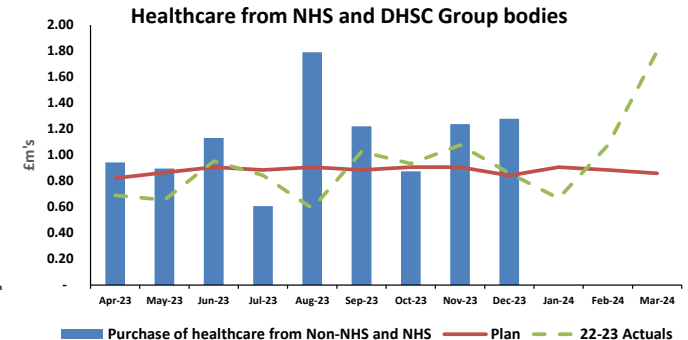
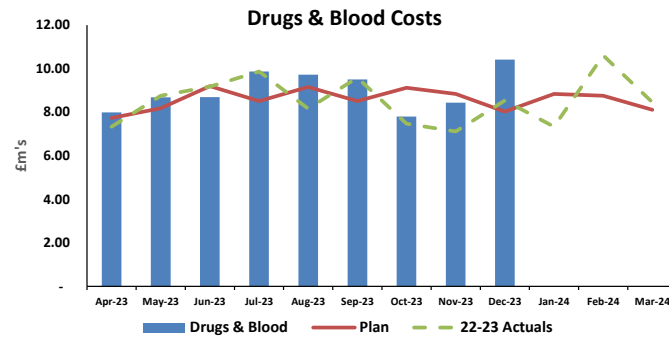
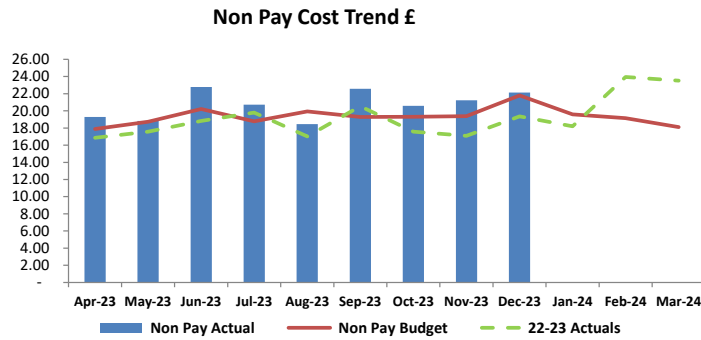
Scientific Therapeutic and Technical Staff are £1.3m adverse to plan YTD due to an increase in bank usage in order to deliver the services required while vacancies are recruited into.

Nursing are £0.5m 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.



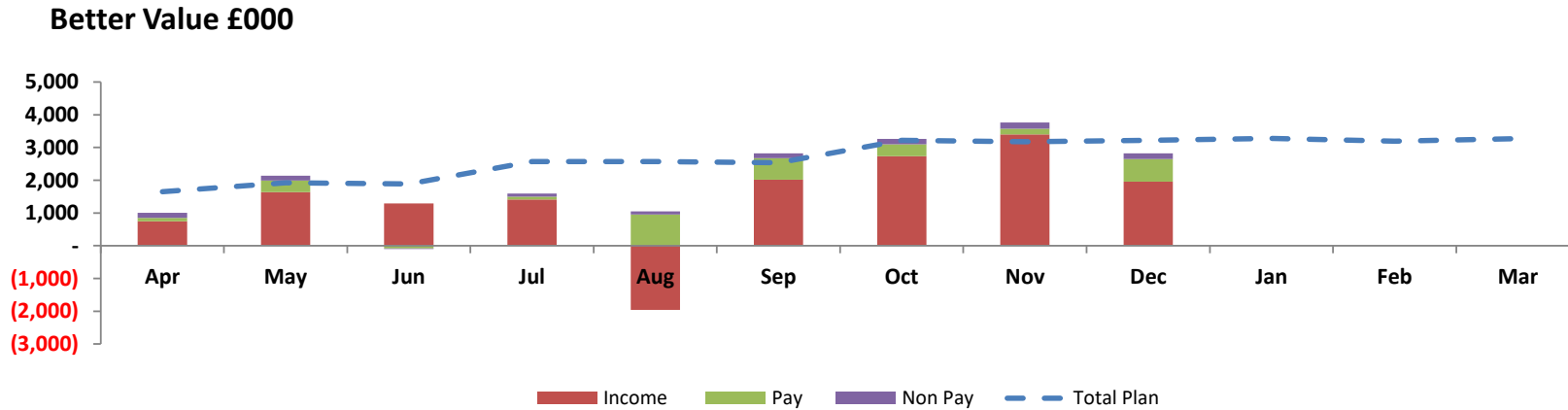
# Non-Pay Summary for the 9 months ending 31 Dec 2023



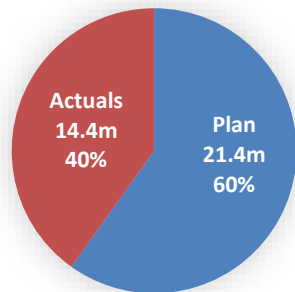
## Summary

- Non pay is £11.3m adverse to plan YTD.
- Passthrough drugs and blood costs are £3.8m 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 £4.5m adverse to plan YTD due to increase in interpreters fees, reagents, surgical instruments and contract service of equipment associated with the activity levels.
- Healthcare from Non NHS Bodies is £1.4m adverse to plan YTD due to increased send away tests, tissue typing for organ transplant and safeguarding review
- Premises costs are £4.2m favourable to plan YTD due to demolition of the Frontage building not yet having occurred so neither the costs or charitable costs have yet occurred.
- Impairment of receivables is £3.0m adverse to plan YTD due to the increased provision related to the growth in private activity from 2022/23 and timing of payments.

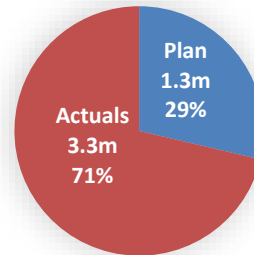
# Better Value for the 9 months ending 31 Dec 2023



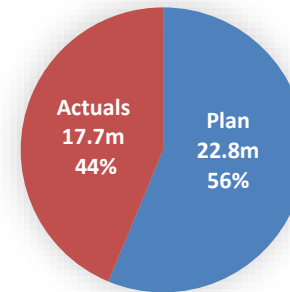
YTD Recurrent Better Value



YTD Non-Recurrent Better Value



YTD Better Value



## 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 fortnightly meetings with a focus on quickly progressing the Better Value programme and improving the Trust financial position.

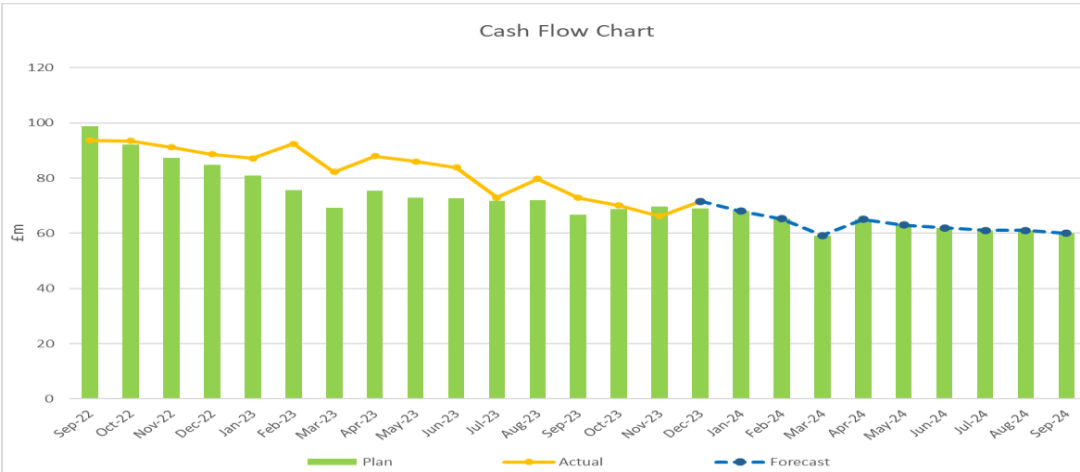
Audited Actual 31 Mar 23	Statement of Financial Position	YTD Actual 30 Nov 23	YTD Actual 31 Dec 23	In month Movement
£m		£m	£m	£m
649.95	Non-Current Assets	641.59	641.59	-
106.34	Current Assets (exc Cash)	129.96	127.27	(2.69)
82.17	Cash & Cash Equivalents	66.22	71.58	5.36
(124.23)	Current Liabilities	(135.58)	(140.80)	(5.22)
(33.04)	Non-Current Liabilities	(32.20)	(32.20)	-
<b>681.19</b>	<b>Total Assets Employed</b>	<b>669.99</b>	<b>667.44</b>	<b>(2.55)</b>

31 Mar 2023 Audited Accounts	Capital Expenditure	YTD plan 31 December 2023	YTD Actual 31 December 2023	YTD Variance	Forecast Outturn 31 Mar 2024	RAG YTD variance
£m		£m	£m	£m	£m	
6.95	Redevelopment - Donated	30.22	12.39	17.83	18.90	R
3.35	Medical Equipment - Donated and grant funded	1.38	1.69	(0.31)	3.00	A
<b>10.30</b>	<b>Total Donated and grant funded</b>	<b>31.60</b>	<b>14.08</b>	<b>17.52</b>	<b>21.90</b>	<b>R</b>
4.76	Redevelopment - Trust Funded	6.63	4.28	2.35	8.02	A
3.17	Medical Equipment - Trust Funded	2.00	1.05	0.95	6.03	R
2.39	Estates & Facilities - Trust Funded	4.19	1.39	2.80	3.23	R
4.65	ICT - Trust Funded	5.90	2.98	2.92	6.30	R
<b>14.97</b>	<b>Total Trust Funded</b>	<b>18.72</b>	<b>9.70</b>	<b>9.02</b>	<b>23.58</b>	<b>R</b>
<b>0.13</b>	<b>Total IFRS 16</b>	<b>3.83</b>	<b>0.23</b>	<b>3.60</b>	<b>0.75</b>	<b>R</b>
<b>0.36</b>	<b>PDC</b>	<b>0.00</b>	<b>0.17</b>	<b>(0.17)</b>	<b>0.33</b>	<b>R</b>
<b>25.76</b>	<b>Total Expenditure</b>	<b>54.15</b>	<b>24.18</b>	<b>29.97</b>	<b>46.56</b>	<b>R</b>

31-Mar-23	Working Capital	30-Nov-23	31-Dec-23	RAG	KPI
7.0	NHS Debtor Days (YTD)	3.0	3.0	G	< 30.0
204.0	IPP Debtor Days	194.0	227.0	R	< 120.0
21.6	IPP Overdue Debt (£m)	33.8	35.3	R	0.0
87.0	Inventory Days - Non Drugs	83.0	83.0	R	30.0
25.0	Creditor Days	34.0	34.0	A	< 30.0
45.4%	BPPC - NHS (YTD) (number)	51.2%	53.2%	R	> 95.0%
78.4%	BPPC - NHS (YTD) (£)	69.4%	68.9%	R	> 95.0%
82.0%	BPPC - Non-NHS (YTD) (number)	83.4%	83.6%	R	> 95.0%
91.9%	BPPC - Non-NHS (YTD) (£)	90.6%	90.4%	A	> 95.0%
80.7%	BPPC - Total (YTD) (number)	82.4%	82.7%	R	> 95.0%
90.7%	BPPC - Total (YTD) (£)	88.6%	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	Nov-23	Dec-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 Liabilities	1.4	1.4	G
0.7	Cash Ratio (Cash / Current Liabilities)	0.5	0.5	R
52.6	Liquidity days Cash / (Pay+Non pay excl Capital expenditure)	36.9	39.9	A
87.3	Liquidity Days (Payroll) (Cash / Pay)	63.5	68.6	G



**Comments:**

- Capital expenditure for the year to the end of December was £24.2m; the Trust-funded expenditure was £9.7m, which is £9.0m less than plan due to slippage on Estates programmes, some of which is expected to be recovered in Q4. Although some recovery of the Trust-funded slippage is expected in the end of March 2024, 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, £6.6m less than plan after removal of top-slicing. The donated expenditure was £14.1m, £17.5m less than plan due to enabling works slippage and delayed start on the CCC main contract. Right of use (leased) asset expenditure is £3.6m 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.
- Cash held by the Trust increased in month from £66.2m to £71.6m.
- Total Assets employed at month 9 decreased by £2.5m in month as a result of the following:
  - Non current assets remained the same as the previous month at £641.6m.
  - Current assets excluding cash totalled £127.3m, decreasing by £2.7m in month. This largely relates to Contract receivables invoiced (£8.7m higher in month) and other receivables (£0.1m higher in month). This is offset against the decrease in Capital receivables (£6.0m lower in month); contract receivables not yet invoiced (£4.9m lower in month) and inventories (£0.6m lower in month).
  - Cash held by the Trust totalled £71.6m, increasing in month by £5.4m.
- Current liabilities increased in month by £5.2m to £140.80m. This includes Capital creditors (£1.0m higher in month); expenditure accruals (£0.5m higher in month); other payables (£3.3m higher in month) and deferred Income (£0.7m higher in month). This is offset against the decrease in NHS payables (£0.3m lower in month).
- Non current liabilities totalled £32.2m This includes lease borrowings of £27.2m.
- I&PC debtors days increased in month from 194 to 227 days. Total I&PC debt (net of cash deposits held) increased in month to £47.2m (£39.9m in month 8). Overdue debt increased in month to £35.3m (£33.8m in month 8).
- In month 9, 88% of the total value of creditor invoices were settled within 30 days of receipt; this represented 83% of the total number of creditor invoices paid in month. The percentage of invoices paid in both categories (value and number) is below the NHSE target of settling at least 95% of invoices within 30 days.
- By supplier category, the cumulative BPPC for Non NHS invoices (by number) was 84% (83% in month 8). This represented 90% of the total value of invoices settled within 30 days (91% in month 8). The cumulative BPPC for NHS invoices (by number) was 53% (51% in M08). This represented 69% of the value of invoices settled within 30 days (69% in month 8).
- Creditor days remained the same as the previous month at 34 days.

## Council of Governors

22 February 2024

### Young People's Forum Update

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

The three key messages to take away from this report are:

- The YPF co-designed a safe street as part of the CCC development.
- The YPF advised on accessibility needs for a new artwork.
- YPF made suggestions for out-of-hours activity provision for teenagers.

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

**Report prepared by:** Amy Sutton, Deputy Head of Play.

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



### YPF activity – October 2023 to December 2023

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

The current total of membership: 64

Examples of YPF member activities since the last report are:

- YPF member Sameera presented at GOSH Conference.
- Several YPF members took part in a workshop to help co-design a new artwork for the hospital.
- YPF members took part in the Patient-Led Assessment of the Care Environment (PLACE) inspections.
- YPF held stakeholder panels for patient experience vacancies and leadership roles for the Gender Identity Development Service.

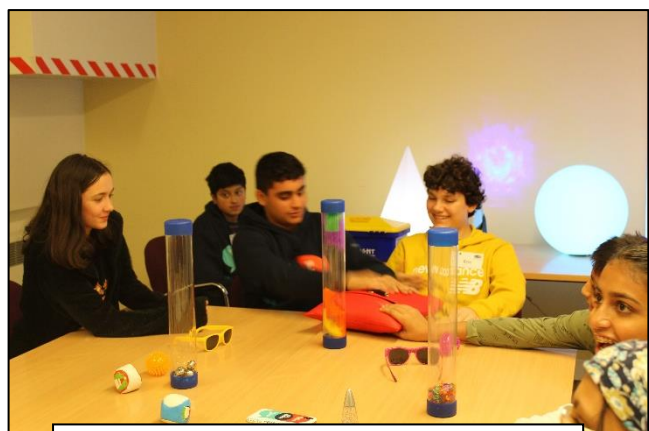
During October 2023 to the end of December 2023, 19 involvement opportunities were shared with the YPF. Examples include: an opportunity to take part in the National Transition Evaluation study, and an invitation to Chisenhale Gallery to take part in a discussion about artwork in healthcare settings.

#### **YPF Meetings**

YPF meetings took place on 28 October and 16 December.

At the meeting on 28 October:

- The YPF worked with Jit, Head of Quality, to begin work on the communication for complex patients project.
- The YPF received an update from Emma and Richard from SocialQual on the GOSH Charity's patient experience strategy.
- Tilly, Out of Hours Activity Coordinator, asked the YPF to evaluate the current activity programme and to suggest improvements to the Teen Café.
- The YPF took part in a workshop with Disney to help design the new internal play area.



**Fig 1:** YPF members exploring sensory play as part of the Disney workshop

At the meeting on 16 December:

- The YPF contributed to the development of the GOSH Learning Academy learning charter.
- Jessie, Transition Improvement Manager, ran a session to evaluate current transition processes.
- GOSH Arts and built environment architects held a workshop on designing a safe street space ahead of the CCC development, to ensure the street is still safe for patients, families and the community with the increase of construction traffic.



**Fig 2:** YPF members experimenting with crossing designs for the street.

**Additional YPF news**

YPF elections took place in December for a new YPF Governor; Angela Gjelaj was voted in. YPF thanks Kamy Mandhar for representing them as a governor for the past year.

## Summary of the Quality, Safety and Experience Assurance Committee meeting held on 28 November 2023

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

The Committee reviewed a report published by Sands & Tommy's Policy Unit which, although not directly applicable to GOSH, had learnings that could be considered in the round, particularly around prioritising the agenda for discussion at QSEAC meetings. An update was given on key projects which were taking place at GOSH and the preferred option for the provision of high dependency care at GOSH which was likely to impact up to 20% of inpatient beds in the Trust.

Discussion took place around clinical outcomes, and it was agreed that work would take place in the medium term to focus on outcomes for healthcare professionals other than doctors which were not as frequently collected or reported. It was noted that work was taking place in DRIVE to develop an intelligent system which would support the identification of specific data such as outcomes by consultant.

Work continued to take place to identify themes from incident data and it was noted that GOSH's top 5 incidents changed on a monthly basis. Categorisation of incidents would improve once Learning from Patient Safety Events (LfPSE) had been implemented. The Committee discussed reporting at GOSH and the importance of considering this in terms of the trend of reporting.

### Quality and Patient Experience: Chief Nurse Report

#### Infection Prevention and Control

As a result of the introduction of additional screening, good progress was being made in reducing the incidence of Carbapenemase Producing Enterobacteriaceae (CPE) and Candida remained an organism of focus due to its treatment resistant nature. The Infection Control team continued to work in partnership with the Estates and Facilities team and the Committee noted that there had been considerable staff turnover in some areas which was impacting the consistency around projects and approaches.

#### Patient Experience

The theme around all forms of feedback had been cancellations and some families had also been unhappy about the short notice at which cancellations had been communicated and the practical and emotional impact of this. The Committee noted that during the periods of industrial action a decision had been made to avoid cancelling patients until later in order to see as many patients as possible and acknowledged that this had affected patients and family experience of the hospital. Complaints were also related to bed closures and focus was being placed on bed management and an action plan was being developed. An external organisation expert in managing waiting lists was reviewing the way in which GOSH booked patients and had identified some nuances between long waiting and the management of complex patients' bookings.

#### Safeguarding

A single referral mechanism and data collection via Epic had been introduced for Safeguarding and Social Work and which had supported the aim of streamlining service provision. A 'break the glass' process was in place on Epic to safeguard this data. There were challenges around the perplexing presentation service and a business case to provide additional support was being considered by the Operations Board in December

## Attachment E

2023. The Committee reviewed future reporting metrics which were planned for the service and emphasised the importance of ensuring that they were quality based rather than activity based.

### **Health and Safety Update**

There had been an improvement in the RAG rating of health and safety walkrounds which had moved to a green rating and a large amount of waste had been removed from key areas. A new Fire Officer had joined the team who was very experienced.

### **Safety Transformation Update**

The work that had taken place on the safety transformation programme in the last 16 months had led to the Trust moving from a 'reactive' to 'active' rating on the patient safety maturity index. The action plan had been reviewed and three priorities identified for the next twelve month's work. The Committee noted that there were only a very small group of Trusts seeking to work in this way and said that it would be important to undertake research in this area.

### **Update on actions following NHS England commissioned External Learning Review**

There had been 18 recommendations made in report of which 59% had been completed and 23% would be completed in three months. The Committee noted that a large number of the issues raised in this case had arisen as a result of the lack of guidance and support which would have been provided by the palliative care team and it was agreed that data would be reviewed by the Committee on the proportion of patients who accessed the service to understand who was using the service.

### **Freedom of Information Act Annual Update 2022/23**

In the last five weeks a large proportion of the backlog of open FOI requests had been closed and it was anticipated that the backlog would be largely cleared by the new year. A very small team was managing a large number of requests and the Committee noted the challenge around ensuring that information was provided by teams in a timely manner. The requests varied considerably in complexity and a KPMG review of the FOI process had shown that GOSH received a larger number of requests than other organisations of its size.

### **Internal Audit Update of quality related reports**

There were two internal audits with a quality focus on the 2023/24 audit plan and the fieldwork had been completed for the review of complaints. There were two overdue actions arising from previous reports, one of which, a high priority action, had now been closed.

### **Update on quality related Freedom to Speak Up cases**

There had been 53 contacts in the reporting period which was an increase over the quieter summer period. The Committee highlighted the importance of triangulating the data particularly as the data set was very small.

### **BAF Deep dive**

#### BAF Risk 19: Transformation

The areas of transformation which were prioritised were driven by the Trust's strategy and transformation was run through the future hospitals board which provided a governance structure for oversight by the Executive Team and Trust Board. KPIs would be implemented for the programme and there was continued monitoring for unintended consequences.

### **Surgical outliers (SNAPs)**

The matter had been escalated from the Risk Assurance and Compliance Group as, due to the capacity of the SNAPs service, the majority of patients were outliers on different wards, and some had required readmission to critical care. This issue was partly linked to bed closures however there remained a mismatch between demand and capacity and initially eight additional beds had been identified which



## Attachment E

would be opened incrementally as staffing became available. It was confirmed that appropriate policies were in place to ensure that outlying patients were clinical well managed however it was noted that in general it was beneficial for patients to be in the location associated with their home specialty.

The Committee noted an update from the September meeting of the People and Education Assurance Committee.

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

The Committee agreed to recommend the proposed controls, assurances, and actions as well as gross and net risk scores for the Transformation BAF risk to the Board for approval.

The Committee agreed that the CYP Gender Services risk remained an operational risk and would be added to the trust-wide risk register.

### **QSEAC self-assessment questions 2023/24**

The Committee approved the self-assessment questions and noted that in addition to those who attended the QSEAC as a member, attendee or presenter, those Executive and Non-Executive Directors who did not attend QSEAC would also be asked whether they felt assured by the work of the committee.

### **QSEAC Workplan 2023/24**

The Committee emphasised the importance of considering the report from Sands and Tommy's Policy Unit which was clear about the impact of a large number of agenda items with a lack of time for interrogation and discussion. It was agreed that two deep dives would take place at each QSEAC meeting and that additional time would be allocated to support discussion.

### **Escalations to Board and deep dives for next meeting**

The Committee agreed that the following matters would be escalated to the Trust Board:

- Waiting lists and long waiting patients
- Safety transformation programme update
- Update on actions following NHS England commissioned External Learning Review
- Freedom to Speak Up Guardian Report

### **Governor feedback**

Governors welcomed the diverse range of topics which had been discussed.

**QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE**

**Tuesday 28<sup>th</sup> November 2023 at 2:00pm – 5:00pm in the Charles West Room**

**AGENDA**

	<b>Agenda Item</b>	<b>Presented by</b>	<b>Attachment</b>	<b>Time</b>
1.	Apologies for absence	Chair	Verbal	2:00pm
2.	Declarations of Interest	Chair	Verbal	2:05pm
3.	Minutes of the meeting held on 28 September 2023	Chair	D	
4.	Matters arising/ Action point checklist	Chair	E	2:10pm
5.	Quality and Safety at GOSH – Chief Medical Officer Report (BAF Risk 12: Inconsistent delivery of safe care)	Chief Medical Officer	F	2:15pm
6.	Quality and Patient Experience: Chief Nurse Report (BAF Risk 12: Inconsistent delivery of safe care)	Chief Nurse	G	2:30pm
7.	Safety Transformation Update  Assurance of progress with the Quality Strategy and Safety Strategy (6 monthly update)	Chief Medical Officer	H And presentation	2:45pm
8.	Health and Safety Update	Health and Safety Adviser	I	3:05pm
	<b>DEEP DIVES</b>			
9.	Update on actions following NHS England commissioned External Learning Review	Chief Nurse	J	3:15pm
10.	Surgical outliers (SNAPs)	Chief Medical Officer	Verbal	3:30pm
	<b><u>QUALITY, SAFETY AND EXPERIENCE INTERNAL ASSURANCE</u></b>			
11.	Update on quality related Freedom to Speak Up cases	Chief Medical Officer/ Freedom to Speak Up Guardian	L	3:45pm
12.	Internal Audit Update of quality related reports	KPMG	Verbal	3:55pm
	<b><u>GOVERNANCE</u></b>			
13.	Update from PEAC – September 2023	Kathryn Ludlow, Chair of PEAC	M	4:00pm
14.	Update from the Risk Assurance and Compliance Group on the Board Assurance Framework  <u>BAF Deep dive</u> BAF Risk 19: Transformation	Company Secretary	N  Verbal	4:05pm

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15.	QSEAC self-assessment questions 2023/24	Company Secretary	O	4:20pm
16.	QSEAC Workplan 2023/24	Company Secretary	P	4:30pm
17.	Freedom of Information Act Annual Update 2022/23	Chief Medical Officer	Q	4:40pm
18.	Escalations to Board and deep dives for next meeting	Chair	Verbal	4:50pm
<b><u>FOR INFORMATION</u></b>				
19.	Any Other Business	Chair	Verbal	5:00pm
20.	Next meeting Thursday 1 February 2024 at 2:00pm – 5:00pm			
21.	Acronyms NHS Confederation Acronym Buster available at: <a href="https://www.nhsconfed.org/acronym-buster">https://www.nhsconfed.org/acronym-buster</a>			

## Summary of the Quality, Safety and Experience and Assurance Committee held on 1 February 2024

### **Quality and Safety at GOSH: Chief Medical Officer Report (BAF Risk 12: Inconsistent delivery of safe care)**

Nationally, consultants had voted against resolution of the pay dispute and there would be a return to industrial action if discussions were unsuccessful. There had been no evidence of any patients at GOSH having come to harm as a result of industrial action however it continued to impact elective activity.

An options appraisal was being undertaken about the future provision of Total Parenteral Nutrition at GOSH to ensure that there was sufficient resilience to the supply.

The new CQC single assessment framework had gone live, and the Trust had been working closely with the CQC liaison officer. The previous CQC methodology would continue to be applied to the Well Led domain.

The Committee discussed a serious incident around a power failure and noted that there had been prompt management of the incident. The importance of resilience in this area was emphasised.

### **Patient Safety Incident Response Framework (PSIRF)**

PSIRF was being introduced to replace the existing Serious Incident Framework which gives Trusts greater autonomy in terms of the methodology used to investigate safety events. The team had reviewed three years' worth of patient safety data in order to identify six key patient priority areas which would be reviewed in 18 months to ensure they remained appropriate. The introduction of PSIRF would support learning and would involve teams such as finance, ICT and Epic to ensure learning becomes embedded. The Committee recommended the PSIRF plan and policy to the Trust Board for approval and agreed to review the framework in six months to ensure it was supporting the needs of staff.

### **Quality and Patient Experience: Chief Nurse Report (BAF Risk 12: Inconsistent delivery of safe care)**

- Infection prevention and control

Enhanced admission screening for Carbapenamase Producing Enterobacteriaceae (CPE) had resulted in a significant reduction in cases and no further outbreaks being declared in the Trust. A similar process had been implemented for Candida as there had been a number of outbreaks nationally. The team continued to work closely with estates who were going through recruitment processes to support the work that was taking place.

- Complaints and PALS

Work was taking place with directorates to increase the proportion of complaints which were closed in the agreed timeframe. There had been a reduction in high risk complaints. Themes continued to be around cancellations and communication and focus was being placed on clinic letter turnaround time which was being reviewed on a weekly basis.

- Safeguarding

Learning disability and healthcare transition had now joined the safeguarding team which supported joint working and a single point of referral had been implemented. Additional data was being collected on referrals to support the identification of trends around safeguarding awareness and the source of referrals.

The Committee discussed the perplexing presentation service and emphasised the importance of providing an appropriately resourced service for patients.

### **Update to Medicines Safety and Governance (BAF Risk 11: Medicines Management)**

Improvements continued to be made in medicines storage which had been supported by the completion of a medicines storage audit. The Committee queried the pace of the improvements which were being made throughout the service and the complexity of a number of the issues was noted. Ensuring that education was in place would support a safe service in the long term and this was being prioritised. Previous pharmacy discussions had focused on the negative impact of the estate, and it was confirmed that work with the Estates Team had progressed well and the Medicines Healthcare Regulatory Authority (MHRA) was satisfied with the progress so far.

### **Waiting list management at GOSH (BAF Risk 3: Operational Performance)**

The Committee discussed clinical harm reviews and noted that no harm had been identified as a result of long waits. The Committee emphasised the importance of taking a broad view of the concept of harm and asked that the Health Inequalities Committee was involved in the reviews. Discussion took place around cancellations and noted that patients and families often chose to attend an appointment even where they were informed in advance that cancellation was possible. Although this process had been helpful in ensuring that as many patients as possible could be seen at GOSH, it often resulted in a poor patient experience and the Committee asked for consideration of a more proactive approach to cancellations.

### **Internal Audit Update of quality related reports and closure of quality related IA recommendations**

The review of complaints management had provided a rating of 'positive assurance with minor improvement potential'. The review found that a robust process was in place for investigating complaints and recommendations were provided on adapting processes to reduce delays and improving the monitoring of delays. There was one overdue recommendation which was relevant to the QSEAC, and this had since been closed.

### **Update on quality related Freedom to Speak Up cases (BAF Risk 14: Culture)**

The Committee noted that in most cases where concerns had been raised to the Guardian, they had been related to issues that the Trust had already been aware of. An update would be provided to PEAC about the training which was being given to managers to support them to manage these matters.

The Committee received an update from the November 2023 PEAC meeting.

### **Update from the Risk Assurance and Compliance Group on the Board Assurance Framework and compliance with policies**

The Committee agreed that the policy dashboard would be provided as part of the papers to show how long policies had been out of date for. It was noted that currently 83% of Always Policies were in date and a recent extraordinary Policy Approval Group had been held which approved a further 7 policies.

### **QSEAC self-assessment survey results 2023/24**

Focus was being placed on developing agendas which brought together a range of interrelated topics to support the triangulation of data and the Committee discussed the way that risk was shared with the Audit Committee. Consideration would be given to reviewing assurance committee effectiveness as part of the next independent Well Led review.

### **What went well / areas for improvement**

The Committee discussed the process for deep dives and noted the importance of ensuring sufficient scrutiny was provided to the respective areas.

### **Governor feedback**

Governors welcomed the breadth of topics covered during the meeting and noted that whilst waiting list

management and waiting times had been discussed, there had not been discussion of drivers such as patient flow and discharge arrangements. The Committee agreed to request this information in future updates to the Committee.

## QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE

Thursday 1 February 2024 at 2:00pm – 5:00pm in the Charles West Room

### AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	Apologies for absence	Chair	Verbal	2:00pm
2.	Declarations of Interest	Chair	Verbal	2:05pm
3.	Minutes of the meeting held on 28 November 2023	Chair	G	
4.	Matters arising/ Action point checklist	Chair	H	2:10pm
5.	Quality and Safety at GOSH: Chief Medical Officer Report (BAF Risk 12: Inconsistent delivery of safe care)	Chief Medical Officer	I	2:15pm
6.	<b>Patient Safety Incident Response Framework</b> <ul style="list-style-type: none"> <li>• Patient Safety Incident Response Plan</li> <li>• Patient Safety Incident Response Policy</li> </ul>	Chief Medical Officer	J	2:25pm
7.	Quality and Patient Experience: Chief Nurse Report (BAF Risk 12: Inconsistent delivery of safe care)	Chief Nurse	K	2:35pm
	<b>DEEP DIVES</b>			
8.	Update to Medicines Safety and Governance (BAF Risk 11: Medicines Management)	Chief Pharmacist	L	2:55pm
9.	Waiting list management at GOSH (BAF Risk 3: Operational Performance)	Chief Medical Officer/ Chief Operating Officer/ Zaman Hussain, Chief Data Officer	M	3:30pm
	<b><u>QUALITY, SAFETY AND EXPERIENCE INTERNAL ASSURANCE</u></b>			
10.	Update on quality related Freedom to Speak Up cases (BAF Risk 14: Culture)	Chief Medical Officer/ Freedom to Speak Up Guardian	N	4:10pm
11.	Internal Audit Update of quality related reports and closure of quality related IA recommendations	KPMG	O	4:20pm
	<b><u>GOVERNANCE</u></b>			
12.	Update from PEAC – November 2023	Kathryn Ludlow, Chair of PEAC	P	4:25pm
13.	Update from the Risk Assurance and Compliance Group on the Board Assurance Framework and compliance with policies	Company Secretary	Q	4:30pm

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14.	QSEAC self-assessment survey results 2023/24	Company Secretary	R	4:40pm
15.	Escalations to Board and deep dives for next meeting	Chair	Verbal	4:50pm
16.	What went well/ could be better		Verbal	
<b>FOR INFORMATION</b>				
17.	Any Other Business	Chair	Verbal	5:00pm
18.	Next meeting Thursday 2 May 2024 at 2:00pm – 5:00pm			
19.	Acronyms NHS Confederation Acronym Buster available at: <a href="https://www.nhsconfed.org/acronym-buster">https://www.nhsconfed.org/acronym-buster</a>			

## **Key Points from the People and Education Assurance Committee (PEAC) held on 05 February 2024.**

### **Workforce Metrics in December 2023**

- Targets were achieved for four of the six key workforce metrics (vacancy, voluntary turnover, agency spend and statutory and mandatory training).
- Turnover rates remained stable at 12%. Since peaking in Spring 2023, the voluntary turnover rate has been below the 14% target for the last six months.
- The vacancy rate was 7.6% which is a 0.3% increase on the previous month but below both the 10% target and the 9.1% 12 month average.
- Sickness was at 3.9% which is above the Trust's local target of 3 but below the NHS average of 4.8%.
- PDR rates increased to 81% but are still below the Trust target of 90%. HR Business Partners are engaging with Directorates to address areas below target and a project to improve the PDR process is underway.

### **Nursing Workforce Assurance Report Q3 (October – December 2023)**

- The registered nurse vacancy rate dropped to 9.11% in October 2023 from 14.11% in September 2023. This is now under the Trust target of 10% and results from the intake of newly registered nurses.
- Voluntary turnover of registered nurses has decreased slightly to 14.82% which is just above the Trust target of 14%. Retaining nursing staff continues to be a challenge and a number of initiatives are in place as part of the Nursing STAY Retention Plan 2023-25.
- Recruitment continues, with 92 Newly Registered Nurses starting in October 2023, 39 in January 2024 and another 24 hoped to be recruited in April 2024.
- Sickness rates are on average 4.86% over Q3, with a slight improvement in December 2023 at 4.86% in comparison to 5.86% in December 2022.
- By way of a deep dive into nurse recruitment and retention, the Committee received a presentation on the approach taken to address hotspots particularly around retention, over the last 12 months. This also proposed the focus over the next six months, which includes an international recruitment drive, implementation of the nursing strategy, embedding the STAY initiatives and being part of the People Promise Exemplar Programme.

### **People Strategy Update**

- The refreshed People Strategy will be supported by three frameworks. Two existing frameworks, Seen and Heard (D&I) and Mind, Body and Spirit (H&WB) are being refreshed in consultation with the staff, their representatives and advocates including the staff networks. In recognition of the importance of Culture to the success of an organisation, the Trust is developing a third framework to cover the commitments relating to culture and engagement to provide focus to the work and support delivery.
- The Committee received the first quarterly update reports setting out progress against the delivery programme for the refreshed strategy. Key achievements in the last quarter were:
  - Trust wide promotion of the staff survey which led to the Trusts highest number of responses.
  - A communication campaign to launch the Listen, Learn and Lead safety Transformation programme.
  - Establishment of a senior leadership forum to bring together senior leaders from across the Trust to work on trust wide issues and build corporate leadership.



- Establishment of a task and finish group on nursing recruitment and retention
- Development of a sponsorship programme for Global majority staff with Executive directors acting as sponsors
- Launch of a new managers induction programme for newly promoted first time managers and incoming managers new to GOSH
- Replacement of the Trust's payroll system.

### **Staff Voice: The Central Booking Office**

- Donna Louise Richardson, Service Manager and Emily Axson, Assistant Service Manager from the Central Booking Office spoke enthusiastically to the Committee about their personal career journeys and experiences working at GOSH.
- Donna and Emily lead the Central Booking Office team which consists of approximately 30 members of staff. Whilst there are no set telephone targets in the office, staff usually spend at least six hours of their shift on the telephone dealing with appointments and cancellations. Call times vary depending on the query but on average each call takes between 7-9 minutes, but this varies depending on the type of query or support needed from the caller.
- Donna and Emily described how supportive team members are to each other. The reduction in office space has meant that many members of the team need to work more from home (usually two weeks out of three) and this has been challenging. The team manages to meet altogether once a month to ensure continued morale and supervision is regularly undertaken. Wellbeing is regularly discussed with the team members especially for those who are hybrid working. Donna mentioned that she had undertaken an external mental health course and had encouraged other team members to look for similar and other courses.
- Donna and Emily recognised their working relationship had helped to build a strong supportive team and noted the importance of having a good working environment in helping people thrive.

### **Freedom to Speak Up Service Update: October 2023 – December 2023 (Q3)**

- 45 people raised a concern with the FTSU service during the third quarter. Staff safety/ wellbeing was reported as the most prominent theme, followed by concerns relating to the inappropriate behaviours or attitudes of colleagues.
- The FTSU Guardian has been working with colleagues in the Medical Directors Office and Clinical Audit Manager on a project that will invite staff to share their thoughts and experiences about speaking up in an anonymous way, to help further understand the barriers and enablers to speaking up at GOSH. The survey is being launched in early February and will be open for 4 weeks before results are analysed to help identify key themes and learning points.
- There have been no anonymous contacts raised in the quarter and there have been no notifications of people experiencing demeaning or disadvantageous treatment because of speaking up during this period.

### **Staff Focused Whistleblowing Concerns**

- No new cases had been raised since the last meeting.

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

- All risks were updated by risk owners in December 2023/January 2024 and have been reviewed by the Risk Assurance and Compliance Group and Audit Committee in January 2024. No changes have been proposed to the gross or net risk scores at this time.
- The deep dive into the Workforce Sustainability BAF risk was deferred to the next meeting to ensure adequate time was given to the questions asked.

## Summary of the Audit Committee meeting held on 24<sup>th</sup> January 2024

### Trust Board assurance committee updates

The Committee noted updates from the following assurance committee meetings:

- Quality, Safety and Experience Assurance Committee –October 2023
- People and Education Assurance Committee – November 2023
- Finance and Investment Committee – November and December 2023

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

The Committee approved a revised risk statement for the Business Continuity BAF risk which had been redrafted following comments at the last Audit Committee meeting. The risk statement would be submitted for approval at the Trust Board in February 2024.

Discussion took place around the Children’s Cancer Centre BAF risk and the Committee emphasised the importance of ensuring that the focus of the risk was on delivery of a modern cancer service which was supported by the development of the building. It was also agreed to add reference to the risk around demand and capacity for the service not being realised/ changing over time. The risk statement would be updated accordingly, shared with Audit Committee members with the plan to submit to Board for final approval in February 2024.

The Committee discussed the proposed Trust wide risk about the development of a gender service and it was agreed that the risk would be split into short, medium and long term aspects of the service. The Committee agreed the status of the risk as a Trust wide risk.

### Board Assurance Framework Deep Dives

- BAF Risk 10: Climate Emergency

The Trust continued to work towards meeting the commitments set out in the climate emergency declaration and the key area for consideration was combined heat and power which would involve consideration of funding and space. This would be incorporated into the master planning process and the 10-year financial plan. Good engagement was being experienced from colleagues and Governors who had requested that all topics of discussion included a sustainability element. Discussion took place on the building of the cancer centre and it was noted that as well as the efficiency of the building itself, assurances had also been received about the efficiency of the construction programme.

- BAF Risk 17: International and Private Care

The Committee discussed the wider purpose of providing International and Private Care services and the philosophy of GOSH as an international paediatric hospital but emphasised the importance of ensuring that appropriate focus could always be provided to NHS patients, some of whom were on long waiting lists.

### EPIC Benefits realisation

The use of Epic as an enabler to support transformation was noted as was the importance of bringing together transformation objectives in areas across the Trust. The Committee highlighted the importance of benefits such as the way Epic supported clinicians to provide better care or make improvements in areas such as clinic letter turnaround. A ‘Thrive’ programme was beginning which would focus on the Trust’s use of Epic to optimise and modernise healthcare.

### **Write offs**

There had been a reduction in the number of waivers being received and the Committee discussed the processes for managing stock in pharmacy following the write off costs associated with one item with a short life. It was noted that substantial work had taken place in this area as part of the Epic programme and improvements had been made.

### **External Audit 2023/24 Progress update**

The scope of the 2023/24 audit would be consistent with that of the previous year and a new area of significant risk had been identified which was the recognition of NHS revenue. In the event that this was agreed prior to year-end the matter would be downgraded to an area of focus. There had been some changes to reporting deadlines and the Value for Money audit which had been brought into line with the audit opinion and it had been agreed that work would take place to conclude in April 2024. New disclosures were required around sustainability, and this was primarily focused on the Trust's governance arrangements.

### **Internal Audit Progress Report (November 2023 – January 2024)**

Two reports had been received: a review of Intellectual Property and Human Tissue Authority which provided a rating of *partial assurance with improvements required*; and complaints management which provided a rating of *significant assurance with minor improvement opportunities*. It was agreed that discussion would take place at the Risk Assurance and Compliance Group on the gaps which had been identified by the review of the management of human tissue.

Three actions from previous reports were overdue and revised deadlines had been provided and the auditors were confident of completion.

### **Local Counterfraud Progress Report**

The Committee expressed some concern about the timeliness with which investigations were taking place and emphasised the impact on individuals and teams of ongoing investigations and delays. It was agreed that further information would be provided at future meetings about the actions which were taking place to progress cases.

### **Year End Update**

A new process had been introduced whereby management judgements would be discussed and quantified at the Audit Committee in March 2024. The finance team continued to work with the external auditors on the approach to the audit and it was not anticipated that there would be any changes to accounting policies, however there had been a number of strategic developments in the Trust throughout the year.

### **Audit Committee Effectiveness Survey Questions**

The Committee approved the proposed questions for the annual Audit Committee effectiveness survey.

### **Procurement Waivers**

Focus was being placed on ensuring that appropriate documentation was in place for waivers and ensuring that standard procurement processes were followed wherever possible.

### **Governor feedback**

Governors welcomed the continued focus on sustainability and discussion took place around cyber risks. It was noted that the external auditors would report on the Trust's internal controls in relation to cyber as part of the year end audit. Discussion took place around the focus that was being placed on staff exit interviews.

**AUDIT COMMITTEE**  
**Wednesday 24<sup>th</sup> January 2024, 1:30pm – 4:00pm,**  
**Charles West Room**  
**Great Ormond Street Hospital for Children, Great Ormond Street,**  
**London WC1N 3JH**  
**AGENDA**

	Agenda Item	Presented by	Attachment	Time
1	Apologies for absence	Chair	Verbal	1:30pm
2	Minutes of the meeting held on 20 October 2023	Chair	D	
3	Matters arising and action point checklist	Chair	E	1:35pm
4.	Trust Board assurance committee updates Quality, Safety and Experience Assurance Committee – October 2023	Mat Shaw, Chief Executive	F	1:40pm
	People and Education Assurance Committee – November 2023	Suzanne Ellis, NED PEAC member	G	
	Finance and Investment Committee – November and December 2023	Suzanne Ellis, Chair of FIC	H	
	<b><u>RISK</u></b>			
5.	Board Assurance Framework Update (from the Risk Assurance and Compliance Group)	Company Secretary	I	1:50pm
6.	Board Assurance Framework Deep Dives (including application of risk appetite for these risks): <ul style="list-style-type: none"> <li>• BAF Risk 10: Climate Emergency</li> <li>• BAF Risk 17: International and Private Care</li> </ul>	Interim Director of Space and Place	Verbal	2:05pm
		Managing Director, International and Commercial	Verbal	
7.	EPIC Benefits realisation	Chief Finance Officer/ Chief Operating Officer/ William Houghton, EPR Design and Delivery Lead	Verbal	2:30pm
8.	Write offs	Chief Finance Officer	J	2:40pm
	<b><u>EXTERNAL AUDIT</u></b>			
9.	External Audit 2023/24 Progress update	Deloitte	K	2:50pm
	<b><u>INTERNAL AUDIT AND COUNTER FRAUD</u></b>			
10.	Internal Audit Progress Report (November 2023 – January 2024)	KPMG	L	3:00pm

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<b>11.</b>	<b>Local Counterfraud Progress Report</b>	Counterfraud Officer	<b>M</b>	<b>3:10pm</b>
	<b><u>GOVERNANCE</u></b>			
<b>12.</b>	<b>Year End Update</b>	Chief Finance Officer	<b>N</b>	<b>3:20pm</b>
<b>13.</b>	<b>Audit Committee Effectiveness Survey Questions</b>	Company Secretary	<b>O</b>	<b>3:35pm</b>
	<b><u>ITEMS FOR INFORMATION</u></b>			
<b>14.</b>	<b>Procurement Waivers</b>	Chief Finance Officer	<b>P</b>	<b>3:45pm</b>
<b>15.</b>	<b>Any Other Business</b>	Chair	<b>Verbal</b>	<b>3:55pm</b>
<b>16.</b>	<b>Next meeting</b>	<b>Wednesday 20 March 2024, 2:00pm - 5:00pm</b>		
<b>17.</b>	<b>Audit Committee Terms of Reference</b>	<b>For reference only - 1</b>		

## Finance and Investment Committee update

Since the last report to Council there have been three 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 for which the Trust Board had 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/I 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.
Friday 1 December 2023	A scheduled meeting with a standard agenda: Finance report, Performance report and Capital Projects update.

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

The Committee approved the likely scenario for the 2023/24 financial year for submission. At the 1 December 2023 meeting, the Chief Finance Officer provided an updated position.

### **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.

### **Finance updates on the wider environment – 1 December 2023**

Committee members discussed the following external financial issues and the potential implications for GOSH:

- The financial impact of industrial action on partner Trusts in the Children's Alliance and how they compared to GOSH.
- Plans for how the Trust could improve its levels of research income.
- Trust preparations for the 2024/25 financial year.
- Trust plans to decarbonise the Estate.

### **Finance Month 7 report – 1 December 2023**



### **Performance Month 6 report – 1 December 2023**

The Committee discussed 'long waits', the 'Harm Review' process undertaken to assess the impact long wait has on patients and requested that the Trust Board receive a demographic review of long waiters. The Committee requested a review of how long waiters received from other Trusts are coded and how it related to income.

### **Children's Cancer Centre Update – 1 December 2023**

The Committee was informed that the CCC team were working up a detailed process map inclusive of risk workshops, processes for ensuring value for money and measuring disruption during decants and construction.

### **Major projects update – 1 December 2023**

The Committee noted the updates and requested that future iterations of the report include how the projects fit in within their wider programmes of work.

Attachment tbc

**End**



## Council of Governors

22 February 2024

### Mental Health Services at GOSH

**Summary & reason for item:**

At their last meeting governors requested an update on mental health services, in particular to understand the services at GOSH that are available to support staff, patients and parents and the wider context and landscape.

**Psychological and Mental Health Services at GOSH**

This presentation will provide an overview of the Psychological and Mental Health services provided at GOSH. PAMHS provides input to children and families who attend GOSH for medical reasons, and also hosts a number of national specialist child and adolescent mental health services. We will give an overview of current provision, the strengths and challenges and plans for the development of the service. The presentation will also outline the developments across the Trust regarding alignment with national priorities to ensure mental health is considered as part of physical health treatment – making mental health everyone’s business. It will outline how GOSH is progressing in its Trust wide work, giving specific examples and outlining the plan for next steps.

**Wellbeing Support at GOSH**

A second presentation will be given looking at the support offered to staff working at GOSH. By understanding the mental health landscape of staff the Trust has designed a framework around the three key areas for health and wellbeing (H&W), Mind Body and Spirit to allow our staff to thrive and reach their potential at GOSH. The framework has been in place since 2020 and has adapted to meet the needs of staff. A number of supportive measures are in place, and these are described within the presentation.

**Governor action required:**

For information and discussion

**Report prepared by:**

Tracy Lockett, Chief Nurse; Helen Griffiths, Head of Psychological Services and Caroline Anderson, Director of HR and OD.

**Item presented by:**

Tracy Lockett, Chief Nurse; Helen Griffiths, Head of Psychological Services and Caroline Anderson, Director of HR and OD.

# Psychological and Mental Health Services at GOSH

Council of Governors Meeting  
February 2024

Dr Helen Griffiths  
Consultant Clinical Psychologist  
Head of Psychological Services  
Joint Specialty Lead, PAMHS



# Objectives:

- Outline provision of mental health services within GOSH
- Outline strengths and challenges of current provision
- Outline Trust-wide progress regarding mental health



**Child and Family  
Facing Services**

# What is PAMHS?

## Specialist CAMHS Services

Mildred Creak Unit  
FEDS

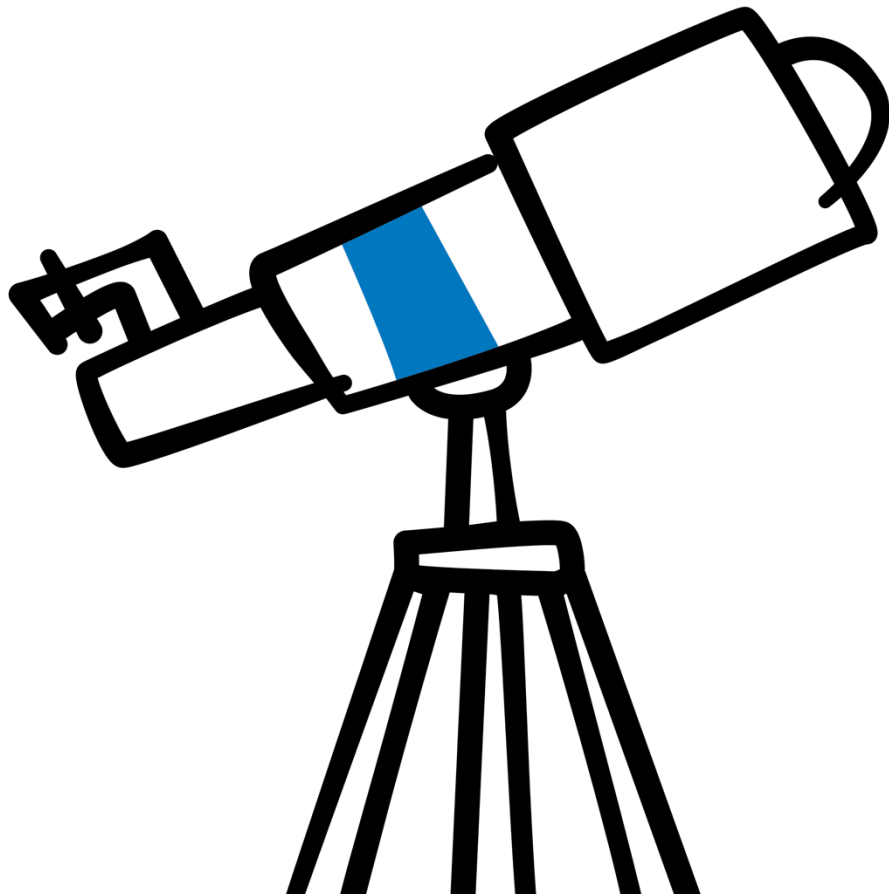
Attachment and Trauma  
Team

Tic Disorder Service  
And more...

## GOSH-facing Services

3 streams covering  
(most) medical  
specialties/wards

Neuropsychology Service  
Neurodevelopmental  
Service



# PAMHS key facts



- Approx 200 staff – multidisciplinary
- Approx 50% in GOSH-facing services
- Cover to most medical specialties
- Specialist Psychological/Psychiatric assessment, formulation and intervention
- Psychological formulation and management within MDTs
- Approx 1400 inpatient referrals per year

# Strengths and Challenges



Strengths	Challenges
Expert and skilled workforce	Demand exceeds capacity
Improved profile of mental health across Trust	Increase provision of psychiatric and mental health nursing support
Psychological and psychiatric professions highly valued	Increase access to other disciplines e.g psychotherapy, family therapy
Positive feedback from patients and families	Waiting lists and access to services
Multidisciplinary and integrated into medical specialties	Improve patient and family input into the service
Trust investment in Mental Health	Inconsistent processes

# PAMHS Strategic Priorities 2024-26

- Child and family involvement in service design and robust feedback process
- Processes and outcome measurement that ensure efficiency and efficacy
- World leading in mental health research and clinical innovations
- Supporting Directorate and Trust objectives
- PAMHS as a great place to work and gold standard placement opportunity



# Trust Mental Health Framework and PAMHS Strategy – What's the difference?

## Trust Mental Health Framework

Considers policy, guidance and legislation relevant to **all aspects of paediatric care** e.g. all children asked about mental health/CAMHS as part of admission clerking, all staff have the skills and confidence to ask about MH, ?mandated basic MH awareness training

Mental health is everyone's business – would be impossible and unnecessary for PAMHS staff to do it all!

Aligns with national drivers and guidance (e.g. LTP, FYFV, FTF etc)

Is a Trust-wide responsibility with exec leadership, Mental Health Leadership and multidisciplinary input (including PAMHS)

Risks relating to Trust-level mental health strategy reviewed regularly through MH steering group



## Psychological and Mental Health Services Strategy

PAMHS is a Specialty within GOSH (Similar to Gastro, Urology, Oncology etc) and provides specific services within its remit

Considers policy, guidance and legislation relevant to all aspects of services **provided directly by PAMHS** (eg MCU, FEDS, Paediatric Psychology provision)

Responsibility is with PAMHS SLT feeding into Trust risk structures (eg. RAG, Risk registers etc)

PAMHS Strategy relates specifically to the services provided by PAMHS, the needs of the staff working in PAMHS, and the contribution of PAMHS to the Trust

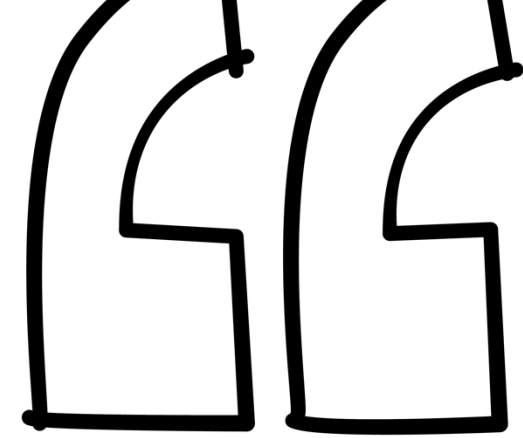
Should **provide significant input into advising on and contributing to processes across the Trust relating to mental health** e.g. development of best practice processes, contribution to teaching and training, contributing to key meetings and committees





# Why Now?

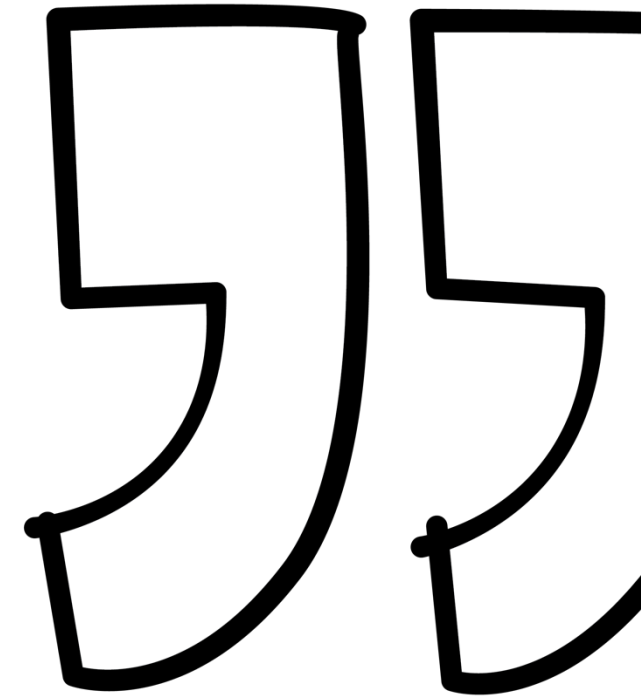
Supporting children with complex health needs to achieve their full potential



NHS Long  
Term Plan

No Health  
without  
Mental Health

Parity of  
Esteem

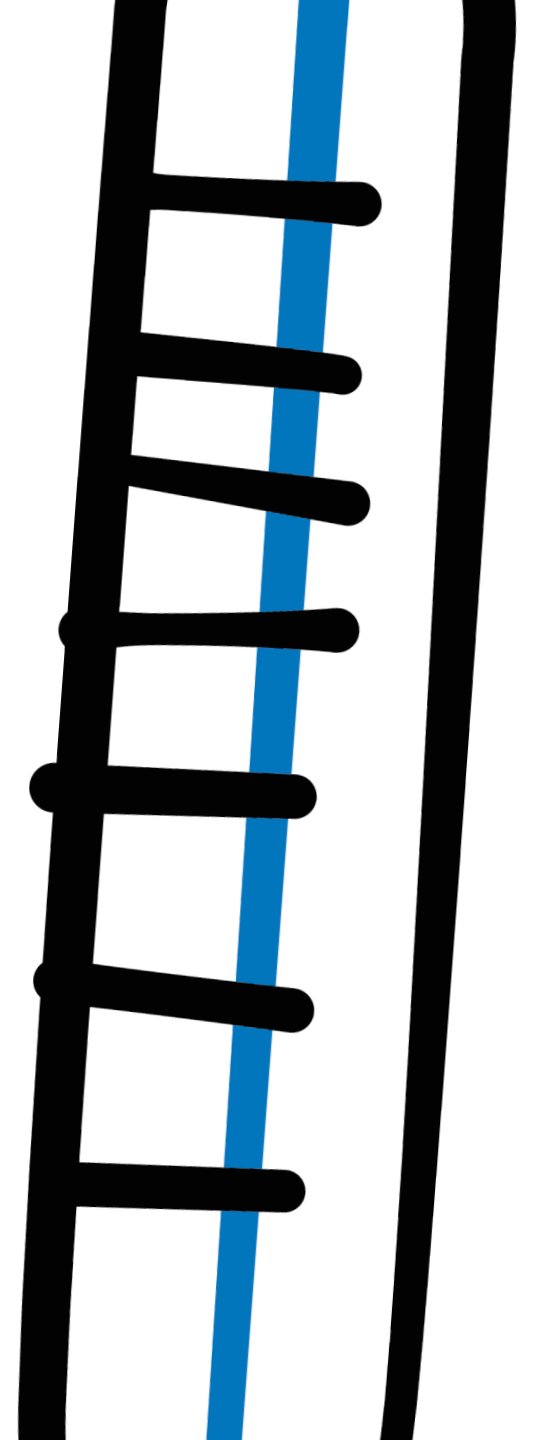


Mental health  
is everyone's  
business

Improving  
health  
outcomes

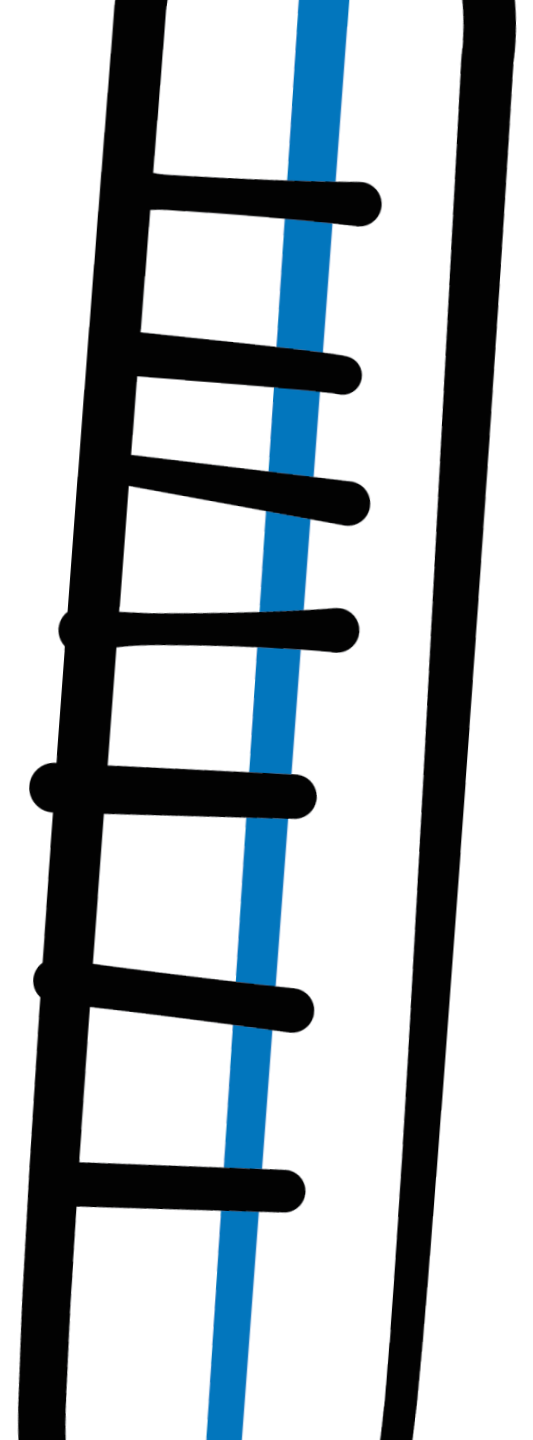
# Updates - PAMHS

- Development of PAMHS Strategy
- Move of department into new facilities
- Increased links with Mental Health Education Steering Group
- 3 key areas of high value: procedural distress, functional symptoms, clinical wellbeing
- Working on Better Value offers – within existing services and doing more with what we have got
- Service transformation work
- Mock CQC visit



# Updates – Trust

- Mental Health Away Day August 2023
- World Mental Health Day October 2023
- Senior Leadership Forum December 2023
- Mental Health Oversight Group
- Mental Health Act
- Mental Health Champion role
- Development Trust Mental Health Framework
- Increased messaging across the Trust
- Expanding focus on key areas within Trust



# Next Steps



- Feb: Launch of PAMHS strategy
- Feb/March: Mental Health Leadership within Trust established
- Ongoing: Introduction of Mental Health Act
- March: Completion of Mental Health Framework and implementation plan

# Thank you for listening

- Questions
- Comments
- Discussion



# Wellbeing Support at GOSH

Caroline Anderson  
Director of Human resources & Organisational  
development



## Mind, Body and Spirit

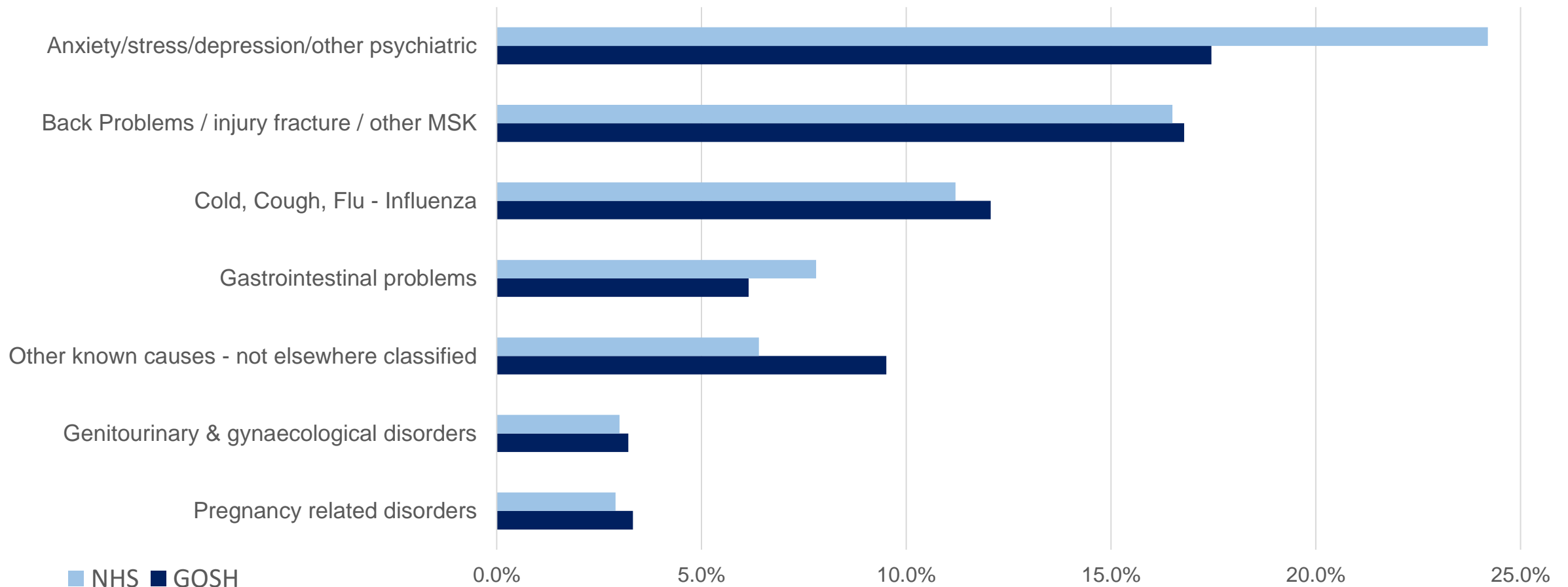
**Our Health and  
Wellbeing Framework  
2020–2022**

Making GOSH a great place to work

# Staff Mental Health - Landscape

In 2023, “anxiety/stress/depression/other psychiatric” was the most common reason for sickness absence.

However, the rate of sickness absence for this reason at GOSH was lower than the wider NHS



# Staff Mental Health - Landscape

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Absence due to Anxiety/Stress/Depression etc. was highest amongst Admin & Clerical staff, and lowest amongst Healthcare Scientists

Staff Group	Anxiety/ stress/ depression / other psychiatric
Add Prof Scientific Technic	16.7%
Additional Clinical Services	19.8%
Administrative and Clerical	27.8%
Allied Health Professionals	11.7%
Estates and Ancillary	15.2%
Healthcare Scientists	9.3%
Medical and Dental	13.2%
Nursing registered	13.8%



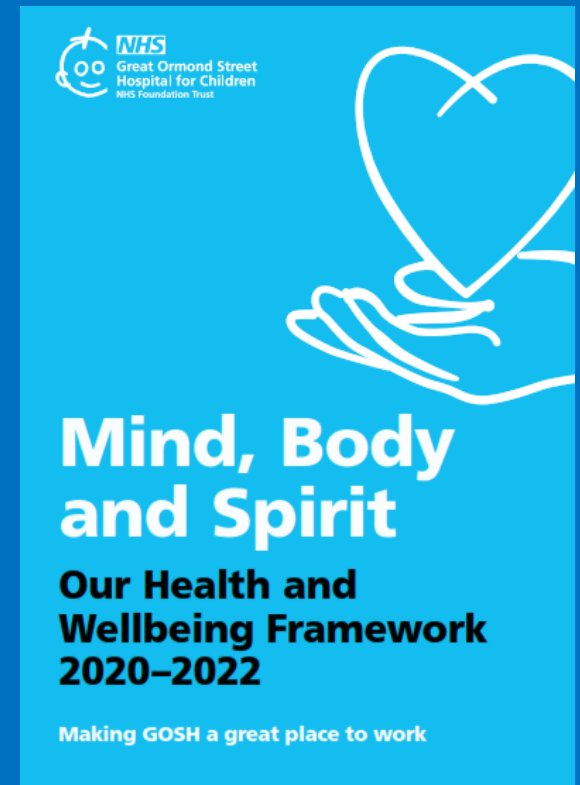
# Staff Mental Health - Landscape

The most recent publicly available staff survey data (2022) – shows GOSH staff reporting similar experiences to the rest of the NHS of work-related mental health wellbeing challenges

Question	Answer	GOSH	NCL	London	NHS
My organisation takes positive action on health and well-being	Agree/ Strongly agree	<b><u>56%</u></b>	56%	56%	57%
How often, if at all, do you find your work emotionally exhausting?	Often/ Always	<b><u>39%</u></b>	38%	38%	37%
How often, if at all, do you feel burnt out because of your work?	Often/ Always	<b><u>34%</u></b>	34%	35%	34%
During the last 12 months have you felt unwell as a result of work related stress?	Yes	<b><u>46%</u></b>	46%	46%	45%

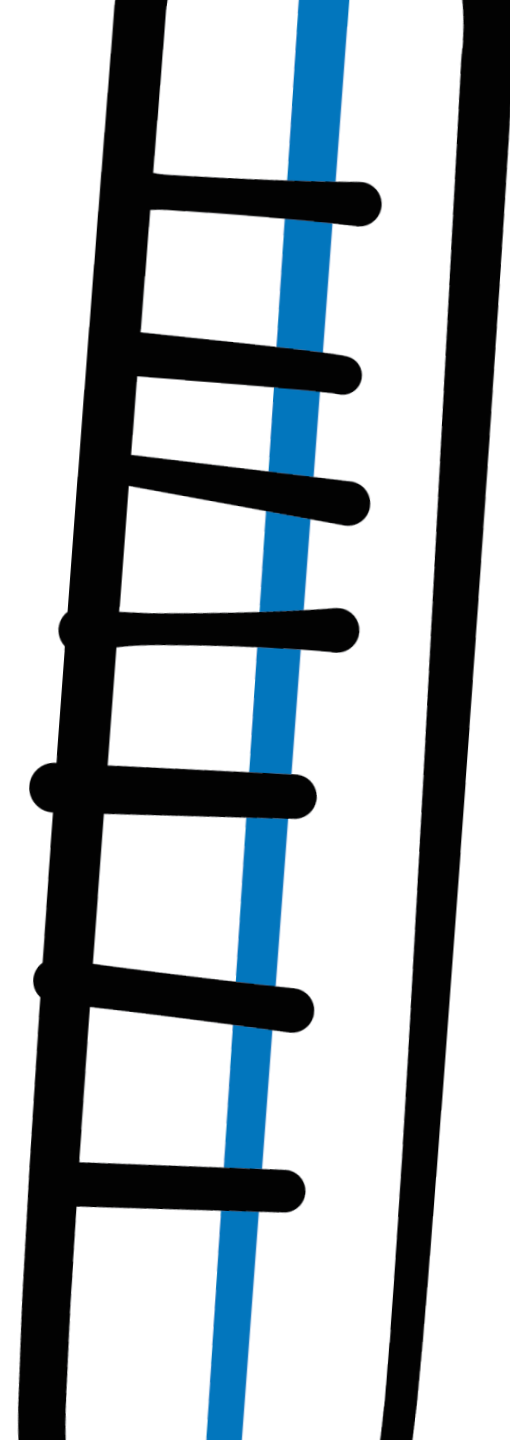
# Mind, Body, and Spirit

- Our focus for health and wellbeing is designed around the three key areas for health and wellbeing (H&W), Mind Body and Spirit to allow our staff to thrive and reach their potential at GOSH.
- **Mind:** focusing on mental health and wider wellbeing
- **Our Body:** focusing on our physical health while working, whether at home or on site
- **Our Spirit:** focusing on safe travel to and from sites; safety and security while we are working; and focusing on the GOSH community and how we work together as #OneTeam



# Physical and Mental Wellbeing

- Introduced a supporting and managing Attendance and Wellbeing at Work Policy
- Occupational Health services
- Care First EAP
- Wellbeing Hub email service
- Wellbeing champions\coaches
- Professional Nurse Advocate service
- Comprehensive wellbeing resources on dedicated Our GOSH pages
- Wellbeing tool kits for managers
- Mindfulness and other wellbeing apps



# Financial & Individual Support



- Dedicated Citizens Advice Bureau advisor
- Hardship fund
- GOSH childcare and holiday schemes
- Discounted staff nursery
- NHS discount websites and apps
- Free concert and theatre tickets
- Cycle to work scheme
- Discounted massage services
- Menopause cafe

# The HIVE

A physical space for a number of services to meet with staff in a private space

Offers support and signposting

Based on level seven of the Octav Botnar Wing

- Wellbeing team
- Freedom to speak up guardian
- Staff networks
- Career development support
- CAB
- Professional Nurse Advocate service
- Trade unions

**NHS**  
Great Ormond Street  
Hospital for Children  
Staff Health and Wellbeing

**The HIVE**  
Supporting our staff to thrive

Wellbeing

Freedom to Speak Up

Apprenticeships

Financial support including Citizen's Advice and cost of living support

Careers Advice

HR Service Desk

Staff Networks

Scan here

If you need support, are feeling under pressure or just need to speak to someone, The HIVE is here for you!  
Speak to the experts and find the resources that can help.  
Please contact [well.being@gosh.nhs.uk](mailto:well.being@gosh.nhs.uk) and we'll arrange a time to see you.

V1 Sept 2023, Communications



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

## **Council of Governors**

22 February 2024

### **Children's Cancer Centre Update to the Council of Governors**

**Summary & reason for item:**

This paper is a general update report which provides an overview of the CCC Programme. It is presented to the Council of Governors for information and discussion.

**The report covers:**

- Advanced works
- Main contract
- Completion of Design Work (RIBA4)
- Funding Agreement
- Decant and Enabling
- Cancer Transformation
- Communications and Engagement

**Governor action required:**

The Council is asked to note the update.

**Item prepared and presented by:**

Jason Dawson, Director of Space and Place

# **Children's Cancer Centre**

## **Update to the Council of Governors**

### **22nd February 2024**

#### **1. Purpose of this update**

This paper is a general update report which provides an overview of the CCC Programme. It is presented to the Council of Governors for information and discussion.

#### **2. Advanced Works**

The Letter of Instruction (LoI) for the Advanced Works package of activities was signed on the 21st December 2023 with our construction partner John Sisk & Sons.

The programme of Advanced Works runs from 22<sup>nd</sup> December 2023 through to 8<sup>th</sup> October 2024 and maintains the optimal overall programme. Following design work which ran from 22<sup>nd</sup> December 2023 to mid-January 2024, construction works commenced on the 22<sup>nd</sup> January 2024 and these works are currently progressing to programme.

The package of Advanced Works includes the following activities:-

- removal of a tower crane base,
- relocation of the main entrance,
- procurement activities,
- relocation of air handling units,
- service diversions
- and intrusive survey works.

The Frontage Building is being progressively handed over to our construction partner and a key milestone was achieved with the closure of the main entrance on Monday 19<sup>th</sup> February 2024.

Ahead of the main entrance relocation significant testing and communications were undertaken to advise of the alternate entrances for patients, families and staff and improvement works were undertaken to the MSCB entrance to ensure its suitability for increased use.

#### **3. Main Contract**

With the commencement of the advance works the programme team are now focusing on the signing of the main contract for the construction of the new Children's Cancer Centre. A schedule of activities required to be completed in order for the hospital to be in a position to sign the main contract have been developed and are being monitored closely by the CCC Programme Board.

The target window for signing the main contract is currently forecast to run from the 16<sup>th</sup> May 2024 to the 31<sup>st</sup> July 2024. A recommendation to sign the main contract will follow the project's governance

with the ultimate approval being granted by the hospital Trust Board, supported by the Charity's Board of Trustees.

Once signed, the main contract will replace the Advanced Works contract and will include works that include the demolition of the Frontage Building, excavation of the site to enable the basement works and construction and fit out works. This programme of work is forecast to complete in late 2027.

#### **4. Completion of Design Work (RIBA 4)**

In late 2023 the clinical engagement on the RIBA Stage 4 detailed design completed and all floor designs were signed off to 'Status B – designs accepted subject to comments', and a process has been agreed which would see all these designs signed off as 'Status A- designs accepted with no further comments', by April 2024.

Within the reporting period Sisk has identified a delay in the production of the RIBA Stage 4 design information and a phased package release plan is being explored to mitigate this delay. The hospital's Project Team are reviewing the release dates to ensure the quality and programme milestones are maintained where possible. This delay in information release does not impact the overall programme due to the Advanced Works contract being live, and running well beyond the forecast end of the PCSA to which the information relates.

#### **5. Funding Agreement**

The draft Funding Agreement has been issued to the Trust for review and comment and is making good progress following the principles of this agreement being established between the hospital and Charity. The Funding Agreement is the legal agreement between the hospital and Charity which sets out the principles of the commercial agreement between the hospital and Charity for the build project and includes elements such as the land and lease agreements, payment terms and processes and project conditions. This is on programme to be signed by both parties by the 16th April 2024.

#### **6. Decant & Enabling Programme**

The CCC Decant and Enabling programme has achieved significant milestones recently with a move in January 2024 of the Psychological and Mental Health Service (PAMHS) from the Frontage Building into their clinical facilities on level 6 Southwood Building and the associated offices into level 5 in the Southwood Building and in early February the completion and go live of the new Clinical Research Facility (CRF) on level 8 Southwood. The completion of these projects significantly reduces the risk on the decant and enabling programme and budget.

The future works for this programme include engineering services relocation works, office creation in the Main Nurses Home and the decommissioning of the Frontage Building for complete handover to the contractor. Programmes of works on Outpatient Clinics and office decants continue to progress and the next key milestone for these workstreams is the planned handover of the Paul O'Gorman Building in June 2024.

#### **7. Cancer Transformation**

The Cancer Transformation Programme is gathering momentum with key roles being recruited to and the planned projects mapped to the FBC benefits. A Cancer Transformation Group is being launched



which will track progress and increase the governance of this work. A slide deck (Appendix A – included as part of the ‘additional reading for information’ pack) summarises the key workstreams within the Cancer Transformation programme and notes the FBC benefits which are being linked to these projects.

## **8. Communications & Engagement**

Communications and engagement activities continue to be a key element of the CCC Programme approach. The community Construction Working Group (CWG) launched in November 2023 and is attended by community and council residents along with business representatives. They group meets monthly and are strengthening the project’s relationship with the local community. The joint hospital and Charity CCC communications plan was reviewed in January 2024 and the teams continue to work closely together.

--- End ---

## Council of Governors

22 February 2024

### Appointment of an Associate Non-Executive Director at GOSH

#### Summary & reason for item:

Chris Kennedy, Non-Executive Director steps down as a substantive Non-Executive Director on 31 March 2024, having completed two three-year terms on the GOSH Board. A recruitment process is underway with the plan for a substantive NED to join the Board in May/ early June 2024, leaving a few months between Chris Kennedy stepping down and the new person joining.

Whilst Governors will be aware that the Council does have the authority (outlined in the Trust Constitution) to extend Non-Executive Director tenures in exceptional circumstances, Chris Kennedy has signalled that he is unable to commit to remaining as a substantive NED on the Board. The Board believes that this recruitment timetable does not create a risk governance-wise for the Board, with appropriate experienced Non-Executive Directors in place to facilitate strategic decision making as well as contribute to and oversee the delivery and approval of the financial accounts and annual report etc. in the next few months.

Noting Chris Kennedy's significant expertise and knowledge of the risk, operational and governance profile of the Trust, it is proposed to offer Chris a position as an Associate NED on the Trust Board for the purpose of advising on specific ongoing projects of work, including consideration of operating internationally. Chris has advised that he would be able to commit to this role, noting it would require less commitment than a substantive NED role.

Chris's last appraisal results were excellent, with stakeholders (including governors) stating:

*Chris is incredibly knowledgeable on all financial aspects and continues to provide a strong link on the Board between finance and operations. He makes good contributions at the Finance and Investment Committee and adds great value....Chris is approachable, engaged and brings a much-appreciated strategic context to his insightful questions on risk and future direction of travel.*

GOSH has previously appointed Associate NEDs to the Board for the purpose of succession planning and a smooth transition for new NEDs to their substantive roles. The Council is reminded that Associate Non-Executive Directors (Associate NEDs) are not directors of the Trust and do not have the associated rights (including voting rights) or liabilities. They operate as a full member of the team but without the same degree of accountability. An Associate NED receives access to all relevant Board and committee meetings and papers.

Previously, the Associate NED role has been remunerated at half the salary of a substantive NED (£6,500/ per annum). If appointed, Chris Kennedy has informed the Chair that he does not wish to

accept any remuneration for the role.

Whilst approval for the establishment of the roles is sought from the Board and Council, this non-voting role does not require a change to the Trust Constitution. As per the NHS Code of Governance (October 2022), there is no requirement to seek approval for an Associate NED role on the GOSH Board from NHS England/North Central London ICB.

**Governor action required:**

The Council of Governors is asked to consider and approve a recommendation to appoint Chris Kennedy as an Associate Non-Executive Director on the Trust Board for 6 months from 1 April 2024. Any extension to this tenure will be brought back to the Board and Council. The Council is reminded that Chris Kennedy has indicated he does not wish to be remunerated for this Associate NED role.

**Report prepared by:** Anna Ferrant, Company Secretary

**Item presented by:** Ellen Schroder, Chair/ Anna Ferrant, Company Secretary

## Council of Governors

22 February 2024

### **Appointment of a University College of London nominated Non-Executive Director on the GOSH Trust Board**

#### **Summary & reason for item:**

The purpose of this paper is to consider and approve the recommendations from the University College London to appoint Professor Helen Cross, Director of UCL GOS Institute of Child Health for a three-year term as a Non-Executive Director on the GOSH Trust Board.

The GOSH Foundation Trust Constitution provides for one Non-Executive Director to be nominated by the University College London (UCL). Recently, this position was held by Professor Russell Viner, who stepped down from the Board on 1 February 2024. Following Professor Viner's notice to step down, a successor has been sought from UCL.

#### **Council action required:**

- To consider a recommendation from the Council Nominations and Remuneration Committee to approve the appointment of Professor Helen Cross as UCL nominated Non-Executive Director on the GOSH Trust Board for a three -year term.

**Report prepared by:** Dr Anna Ferrant, Company Secretary

**Item presented by:** Ellen Schroder, Trust Chair

## **Appointment of a University College of London nominated Non-Executive Director**

### **Introduction**

The GOSH Constitution provides for one Non-Executive Director on the GOSH Trust Board to be nominated by the University College of London (UCL). The Council should note that the Constitution does not stipulate who the representative from the University must be, so long as this person exercises functions for the purposes of the University.

Professor Russell Viner previously held this role and stepped down on 1 February 2024.

The Council of Governors are responsible for the re/appointments and extensions to Non-Executive Director terms of office. Their decision is supported by recommendations from the Council Nominations and Remuneration Committee.

### **Appointment of UCL nominated Non-Executive Director on the GOSH Board**

On receiving notification from Professor Russell Viner of his intention to step down from his NED role on the GOSH Trust Board (in November 2023), Ellen Schroder, Chair of GOSH contacted Dr Michael Spence, UCL President & Provost. It is the responsibility of UCL to conduct the nomination process for this role. Dr Spence informed the GOSH Chair that UCL would like to nominate Professor Helen Cross, Director of UCL GOS Institute of Child Health to sit on the GOSH Trust Board as a Non-Executive Director.

Appendix 1 provides a summary of the experience, skills and knowledge demonstrated by the Professor Helen Cross against the essential and desirable criteria for the NED role.

### **Council Nomination and Remuneration Committee**

The Council Nominations and Remuneration Committee met on 07 February 2024 to consider the appointment of Professor Helen Cross. The Committee recognised the considerable expertise and knowledge that Professor Cross could bring as well as her experience of working at GOSH and as an attendee on the GOSH Children's Charity Trustee Board. The Committee were assured Professor Cross was aware of the time commitment required for the role and was confident she would be able to make the required contribution. Based on the information presented, and their discussion, the Council Nominations and Remuneration Committee approved to recommend the appointment to the Council of Governors.

#### **Action for the Council:**

- To consider a recommendation from the Council Nominations and Remuneration Committee to approve the appointment of Professor Helen Cross as UCL nominated Non-Executive Director on the GOSH Trust Board for a three -year term.

## Council of Governors

22 February 2024

### Non-Executive Director (NED) Recruitment Update and Timeline

#### Summary & reason for item:

The purpose of this paper is to provide an update on the NED recruitment process following the Council of Governors' approval in November 2023 to recruit to two NED positions.

These positions will replace the two NEDs on the Trust Board whose tenures are due to come to an end in 2024, these are:

- Chris Kennedy, Audit Committee and Finance and Investment Committee member (steps down from his substantive role on 31 March 2024 having served six years),
- Amanda Ellingworth, Deputy Chair, Senior Independent Director, Chair of Quality, Safety and Experience Assurance Committee, and People and Education Assurance Committee member (steps down 31 December 2024 having served seven years).

The recruitment will include one substantive NED to commence from 1 June 2024 (to replace Chris Kennedy) and another initially as an Associate NED who will automatically step into the substantive NED position (to replace Amanda Ellingworth) later in 2024.

Following the approval from the Council of Governors, the Trust have tendered for and appointed an external recruitment agency, finalised the relevant documentation for advertising, advertised the positions, confirmed the timetable and considered options for the interview stage of the process.

#### Action for the Council

- To note the progress of the NED recruitment process.
- To note expressions of interest will be sought for a new Staff Governor to join the Committee and be included in this process.
- To note the NED recruitment timeline.

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

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

## **NED Recruitment Update and Timeline**

### **Introduction**

The Council Nominations and Remunerations Committee is responsible for the appointment of Non-Executive Directors. In November 2023, the Council of Governors approved the recruitment process for two NED positions to replace Chris Kennedy and Amanda Ellingworth who are both coming to the end of their tenures in 2024.

### **Recruitment Update**

#### **External Recruitment Agency**

It was agreed that an external recruitment agency would be sought to run the process and therefore the Trust tendered for this service in November 2023. In December 2023 three executive search agencies were invited for an interview. The interview panel was chaired by the Trust Chair, and included a Non-Executive Director, the Deputy Company Secretary and the Head of Procurement.

Odgers Berndtson were successful at interview and awarded the contract; they showed a very good understanding of GOSH as a specialist trust, our opportunities and challenges. Given the Trust is recruiting to two very different NED positions, Odgers Berndtson were confident in their experience of attracting candidates across the commercial and health/ social care sectors and understood the skills and capabilities the Trust is specifically looking to attract. They also gave a strong and evidence-based response to their approach to attracting candidates from diverse backgrounds.

Since the contract has been awarded, the Trust Chair has met with Odgers Berndtson and the Company Secretary and Deputy Company Secretary have finalised the recruitment documentation used for advertising.

#### **NED Job descriptions**

The draft NED job descriptions for both roles were shared with, and approved, by the Council of Governors at their meeting in November 2023 as final draft versions. Both job descriptions are included in the candidate brief below. Following discussions with the recruitment agency, the Trust updated both job descriptions to include more detail about the expectations around attending committee meetings. The job description for the health/ social care NED role was also slightly amended to emphasise (as agreed by the Council) that the Trust is also looking for someone with experience of working at a senior strategic level across the NHS.

#### **Candidate Brief**

Working with the external recruitment agency, a candidate brief has been finalised and is attached at **Appendix 1 – see separate information pack**. This pack will be made available to candidates throughout the search phase; it provides an overview of GOSH, along with both job descriptions and person specifications and how candidates can apply. GOSH Board and committee meeting dates have also been shared with candidates.

#### **Advertisement**

Advertising for both roles commenced on 23 January 2024 with the **closing date of 29 February 2024** for applications (although this will be flexible if required). Adverts are placed as follows:

- LinkedIn
- NHS England: <https://www.england.nhs.uk/non-executive-opportunities/>
- Great Ormond Street Hospital for Children NHS Foundation Trust website [www.gosh.nhs.uk](http://www.gosh.nhs.uk)
- Recruitment Agencies global website - [www.odgers.com/90849](http://www.odgers.com/90849)
- A range of diversity focused networks including the regional BAME Assembly, Seacole Group, DNDN, APNA and Shuri Networks, Business Disability Forum

### **Candidate Selection**

Following a detailed executive search and recruitment process, the recruitment agency will be asked to present a comprehensive analysis of candidates who have applied for the NED positions. The analysis will comprise candidates' applications along with an overarching summary that will grade and rank candidates into a number of provisional categories for the panel's consideration.

The Council Nominations and Remuneration Committee will conduct a longlist meeting where all applications received will be duly considered with a view of starting to select high value individuals to take forward in the process. Following interviews held by the recruitment agency with the long-listed candidates, a subsequent shortlisting meeting will take place where the panel will select a handful of candidates to invite to final interview.

Given we will be recruiting for two NED positions, we will hold one longlisting and one shortlisting meeting, with interviews held on separate days.

### **Interview Panel**

There are some strict requirements outlined in the Code of Governance as to the makeup of the interview panel for non-executive director appointments:

- Governors and/or independent members should be the majority on the interview panel for NED appointments.
- The interview panel should include at least one external assessor from NHS England and/ or a representative from the ICB.

We have asked the Chair of North Central London (NCL) Integrated Care Board (ICB) to recommend a representative/s to undertake the role of the external assessor on the interview panels. This could be the same individual for both panels or two separate individuals.

We recognise holding interview panels on two separate days poses a significant time commitment for our governors on the committee and we are working with the committee governors to determine the panel membership for each interview, ensuring we have governors and/or independent members in the majority (as stipulated in the Code of Governance and for purposes of meeting the Committee quorum).

It should be noted that a replacement staff governor will be sought (at the February 2024 Council meeting) to join the Council Nominations and Remuneration Committee as Quen Mok's current governor tenure comes to an end on 29 February 2024 when she would have reached the maximum six years as a governor. The Corporate Affairs Team will seek expressions of interest from other staff governors and be clear on the time commitment required for this process.



### Stakeholder Panel and Interview Stage

The appointment process for each NED position will take place over two days as follows:

- **Tour of the Hospital:** On the day of the stakeholder panels, candidates will be offered a tour of the hospital to inform their stakeholder panel meetings and interviews.
- **Stakeholder meetings:** Each candidate will be required to attend two stakeholder panels: one to meet with executive directors, NEDs and a presentative from the GOSH Children’s Charity and one to meet with patients, young people and parent/ carers from the YPF. The purpose of the stakeholder panel meetings is to provide an opportunity for candidates to explore matters of interest prior to their final interview. Importantly, it also provides stakeholders with the opportunity to meet candidates and assess how they engage with different groups in an informal setting.
- **Interviews:** The final interview panel for each NED position will comprise the following members:
  - Trust Chair (Chair of Interview Panel) (voting)
  - Non-Executive Director (voting)
  - Lead Governor (voting)
  - \*Minimum of two (out of the remaining four (not including the Lead Governor)) members of the Council of Governors’ Nomination & Remuneration Committee (voting)
  - An independent member from the ICB or NHSE (voting)
  - Non-Executive Director (non-voting)
  - Company Secretary (non-voting)

\*Governor membership on the panel is being determined based on availability of members and balance of the panel.

The Recruitment Adviser will also be in attendance as an observer and for advice.

Prior to the interviews, the Interview Panel will decide on a series of questions and areas for discussion with candidates, ensuring that the interviews are consistent, fair and transparent. Documentation will be provided to panel members to ensure all agreed criteria are fairly assessed.

**Decision and Recommendation of appointee:** The Interview Panel will seek to arrive at an agreed decision on a preferred candidate at the conclusion of each final interview process. The decision from each panel will be communicated to other members of the Council Nominations and Remuneration Committee if governors are split across two panels.

Any provisional offer will be subject to a range of appropriate checks including two detailed references (in writing), a DBS check and assessment against the Fit and Proper Person assessment criteria, which will include qualification checks. It will also be subject to approval by the Council of Governors.

### Recruitment Timetable

Date	Action
October – December 2023	Procurement of the recruitment agency.
9 November 2023	Approval of the recruitment process sought at the Council of Governors meeting.

## Attachment O

<b>Date</b>	<b>Action</b>
<b>22 January 2024 – 29 February 2024</b>	Advert published. Deadline 29 February 2024
<b>w/c 11 March 2024</b>	Longlist agreed by Council Nominations and Remuneration Committee.
<b>w/c 18 March 2024</b>	Recruitment consultants hold assessment interviews with long-listed candidates.
<b>w/c 15 April 2024</b>	Council Nominations and Remuneration Committee agrees final short-list for both posts.
<b>Thursday 25 April &amp; Wednesday 1 May</b>	Stakeholder panels and tours
<b>Tuesday 30 April &amp; Tuesday 7 May</b>	Final interviews
<b>15 May 2024</b>	Council meeting: Council considers approval of new NEDs on the Trust Board.



# Candidate brief for the positions of Non-Executive Directors Great Ormond Street Hospital for Children NHS Foundation Trust

January 2024



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# Welcome to GOSH

## *Exciting opportunities to impact the future of child health*

Thank you for taking the time to view this opportunity and for considering what we believe are among the most rewarding Board opportunities in the UK Health sector.

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) is an international centre of excellence in child healthcare. GOSH is an acute specialist paediatric hospital with a mission to provide world-class care to children and young people with rare, complex, and difficult-to-treat conditions. Since its formation in 1852, the hospital has been dedicated to children's healthcare and to finding new and better ways to treat childhood illnesses.

GOSH receives nearly 300,000 patient visits (inpatient admissions or outpatient appointments) every year and there are over 60 different specialist and sub-specialist paediatric health services at GOSH providing the UK's widest range of specialist health services for children on one site. More than half of our patients come from outside London and GOSH is the largest paediatric centre in the UK for services including paediatric intensive care and cardiac surgery.

World class care requires world class leadership and, as two of our current non-executive directors come to the end of their tenures, we have the opportunities for two exceptional candidates to join the GOSH Board at one of the most challenging, yet exciting, periods in our evolution.

These are rare opportunities to help shape the future of one of the world's leading specialist paediatric providers - an organisation that has a significant impact on the lives of so many children and their families. More detail can be found on each role further on in this pack, but if you share our values and our passion for excellence, we would be delighted to hear from you.

For more detailed conversations, please contact our advisors at Odgers Berndtson whose details are in this pack.



# GOSH – An Overview





## Research and Innovation

The UK's only academic Biomedical Research Centre (BRC) specialising in paediatrics is a collaboration between GOSH and UCL Great Ormond Street Institute of Child Health, recently renewed for a further five years. This unique partnership enables tangible clinical research from bench to bedside that has already developed a number of new clinical treatments and techniques that are used around the world. We are also a member of University College London (UCL) Partners, joining UCL with a number of other hospitals – an alliance for world-class research benefitting patients.



In partnership with six other NHS trusts, we are the lead provider for North Thames Genomics Medicine Centre, part of the national 100,000 Genomes Project.

## New Cancer Centre – A Once in a Generation Capital Programme

Our new NEDs will be joining GOSH as we plan to rebuild the Frontage Building and main entrance to create a Children's Cancer Centre and new main entrance for the whole hospital. The bespoke clinical building will be dedicated to caring for children and young people from across the UK with rare and difficult-to-treat cancers.

Currently, our cancer wards and day care services are in different buildings in the older parts of the GOSH estate, with some being over 30 years old., The new Children's Cancer Centre will bring together the different services, including cancer wards, cancer day care, new theatres and intensive care units meaning the specialist teams needed for our patients can all work more closely together. The building will also house new imaging equipment and a specialised chemotherapy pharmacy will also be created to ensure we keep pace with world leading cancer care practice.

For more information on our plans please visit: <https://www.gosh.nhs.uk/news/our-proposals-for-a-new-cancer-facility/>



## Our Future – Above and Beyond

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

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

Six clear principles will guide our planning, decision making and day to day work. Sticking to our principles gives us the best chance of achieving our purpose and delivering our priorities, while doing the things that matter most to the GOSH community.

For more information about our future strategy, please visit: <https://www.gosh.nhs.uk/about-us/our-strategy/>

This is what we see for GOSH in 2025.

### Above and beyond for CHILDREN

#### PRINCIPLE 1: Children and young people first, always

Over the coming years, GOSH will be very different to the hospital established in 1852. But while our founders would marvel at our progress and wonder at our technology, our ethos would be quite familiar.

Fulfilling the potential of children and young people has always, and will always, drive us on to achieve great things.

### Above and beyond in our CULTURE

#### PRINCIPLE 2: Always Welcoming, Helpful, Expert and One Team

GOSH will be a tolerant, inclusive, open and respectful place where staff are valued for who they are as well as what they do. Our people will enjoy their work and will live the GOSH Always Values. We will have strong, supportive teams where everyone has the freedom to learn, contribute and no one is afraid to speak up.

### Above and beyond for SAFETY AND QUALITY

#### PRINCIPLE 3: Safe, kind, effective care and an excellent patient experience

We will be world leading in clinical outcomes and service design that puts patients first. Patients and families will be confident in their care because clinical outcomes across all our services will be scrutinised, internationally benchmarked and made publicly available. Our staff will feel confident about their own safety, and that of their patients, whether they are working on site or from home.





**Above and beyond for FINANCIAL STRENGTH**

**PRINCIPLE 4: Stronger finances support better outcomes for more children and young people**

We will be a more efficient, resourceful and resilient organisation. We will develop strong partnerships and look for opportunities to create secure and varied income streams. Through the generosity of donors, we will go over and above what is possible through the NHS – extending our reach and influence to help more children who need complex care.

**Above and beyond for the ENVIRONMENT**

**PRINCIPLE 5: We aren't caring for children if we don't protect the environment**

Sustainable business practices will be put in place so that our people find it easier to make the right choices. Sustainability will be central to our purpose, given the widely acknowledged impact of climate change on child health across the globe. Our Sustainable Development Action Plan will underpin our commitment to planetary health, every day.

**Above and beyond in our PARTNERSHIPS**

**PRINCIPLE 6: Together we can do more**

We will never work in isolation if we can better achieve our goals by working with others. We will be proactive in asking for help from policy makers and challenge barriers to progress. We will work with regional and national partners, as well as our patients and families, to design care pathways together. By partnering with academics and industry, we will make even faster progress to improve practice and more children's lives.

## Culture and Values

The Trust has developed the **Always Values** with our staff, patients and families that characterise all that we do and our behaviours with our patients and families and each other.

Our **Always Values** are that we are:

- Always Welcoming
- Always Helpful
- Always Expert
- Always One Team



These values are extremely important to us and we expect everyone who works at GOSH in any capacity, including employees, bank staff, contractors, agency staff, people who hold honorary contracts, students and volunteers to share and uphold Our **Always Values**.

Each value is underpinned by behavioural standards and employees will be expected to display these behaviours at all times.

## Diversity & Inclusion

Here at GOSH, we believe that improving lives for our patients begins with improving how we learn, work, and grow as colleagues. So, we're changing. We know that we need to develop a more inclusive culture where everyone feels seen and heard. By growing an ever more diverse workforce, we'll have a greater range of perspectives and knowledge in our GOSH community, meaning that we can provide the children and young people at our hospital with even better care. At GOSH we have opportunities for our staff to engage with colleagues through the following networks: REACH (Race, Ethnicity and Cultural Heritage) ENABLED (Enhancing Abilities and Leveraging Disabilities Network), PRIDE and Women's networks.



## The GOSH Learning Academy (GLA)

Staff education and training influences every stage of the patient journey. Everyone is important and we want to develop their knowledge and skills. Be it the communication skills of the medical secretary planning a patients' stay, the administrator planning their transport home, the multi-professional team caring for them on the ward, our porters and housekeepers, our corporate and operational teams, – each member of staff needs the up-to-date knowledge, skills, and capabilities to provide our patients with exceptional care. We are exceptionally proud of our GOSH Learning Academy which provides opportunities for career development for all our staff



## The Opportunities

We are particularly interested to hear from candidates who can bring expertise in one of the following areas:

- A commercial or financial background, ideally gained in a large, complex, multi-national setting and with additional expertise gained in digital and technology transformation.
- A clinical or social care background and/or experience of working at a senior strategic level across the NHS and with an understanding of the new integrated care NHS landscape in which GOSH is operating. (This position will initially be appointed as an Associate Non-Executive Director on the Trust Board up to December 2024. Subject to continued satisfactory performance, the successful candidate will migrate into a substantive non-executive director role without the need for any further recruitment process.)

In both roles we are seeking candidates who will champion an open, honest, and transparent culture and inspire a shared purpose and vision for delivering an excellent patient and family experience. You will be able to demonstrate the capability to influence at board level, along with intellectual ability and the capacity to analyse and master complex information and handle differing views in a flexible way.

As an organisation that embraces diversity and treats everyone with understanding, dignity and compassion, equality of opportunity is a fundamental principle and applications are therefore encouraged from candidates of all backgrounds.



# Detailed Job Descriptions and Person Specifications

## Non-Executive Director (Commercial / Finance / Technology) Job Description

<b>Directorate:</b>	Corporate affairs
<b>Supervised by:</b>	Trust Chair
<b>Days per month:</b>	2.5 days
<b>Location:</b>	Barclay House, Great Ormond Street
<b>Remuneration:</b>	£13k

### Job Summary

The Trust Board is collectively responsible for the success of the Trust, including delivering high standards of clinical and corporate governance, responsibility for financial viability, using resources effectively in line with financial controls and ensuring value for money. For clarity, the responsibilities of a substantive NED are provided below:

Non-Executive Directors work alongside other Non-Executive and Executive Directors as an equal member of the Board. A NED at GOSH plays a crucial role in bringing an independent perspective to the Board in addition to any specific knowledge and skills.

### Non-Executive Director Responsibilities

#### General Responsibilities

- Support the Chair, Non-Executive Directors, and Executive Directors in setting the strategic direction of the Trust.
- As a member of the Board, set the Trust's values and standards. Uphold the Always Values of the Trust and champion an open, honest, and transparent culture within the Board and the Trust.
- Ensure the Trust complies with the Terms of Authorisation, the Constitution and any other applicable legislation and regulations, including the maintenance of mandatory services and retention of property.
- Ensure that the organisation promotes human rights and equality, diversity, and inclusion for all its patients, staff and other stakeholders.
- Work positively and collaboratively with the Council of Governors to promote the success of the Trust.
- Set challenging objectives for maintaining and improving performance of the Trust and ensure effective implementation of the Trust Board decisions by the Chief Executive and the senior management team.



- Hold the Chief Executive and other directors to account for the effective management and delivery of the organisation's strategic aims and objectives, including achieving the Trust's commitment to patients by improving the quality of care, patient and family experience and meeting targets for treatment; and promoting and delivering against the Trust's sustainability plans.
- Ensure that quality and financial controls and systems of risk management are robust and that the Board is kept fully informed through timely and relevant information.
- Ensure, through the leadership of the Chief Executive, that reporting lines and accountabilities are robust and support the effective oversight of the organisation including the development of effective risk and performance management processes.
- Safeguard the good name and reputation of the Trust and be an ambassador for the Hospital. Represent the Trust with international, national, regional, or local bodies or individuals, to ensure that the views of a wide range of stakeholders are considered.
- Ensure that the Board, and the organisation, observe the Secretary of State's and other government policies and priorities, including regulatory requirements and the Code of Governance and Codes of Conduct and Accountability.

#### Board Activities

- Ensure the appropriate delegation of authority from the Board to the senior management team.
- Support and challenge, where appropriate, the Chief Executive and other directors to ensure that the Board conforms to the highest standards of corporate governance and makes appropriate decisions.
- Meet periodically with the Trust Chair in the absence of Executive Directors to discuss issues of interest or concern.
- With the Board nomination committee, initiate change and succession planning for executive director appointments which can meet the needs of the Foundation Trust.
- With the Board remuneration committee, determine appropriate levels of remuneration for Executive Directors.
- Participate in the appointment and where necessary the removal of the chief executive and other executive directors, as appropriate.
- Participate in any Trust Board induction, training and evaluation identified as an individual and as part of the Board or committee.
- Work with the Senior Independent Director on the annual performance evaluation of the chair, in line with the process agreed by the Council of Governors and reporting back to the Council of Governors appropriately.
- Undergo an individual and board performance appraisal and attend any additional training highlighted as a result of the evaluation process.
- Take opportunities to develop and refresh knowledge and skills and remain well informed of the main areas of the NHS Foundation Trust's activity.

#### Council of Governors' Activities

- Build and maintain close relations between the foundation trust's constituencies, and stakeholder groups to promote the effective operation of the trust's activities.
- Attend Council of Governors' meetings and maintain regular contact with governors to understand their issues and concerns, feeding back these comments/ concerns to the Trust Board.



### Review

- These role descriptions will be subject to review by the Trust Board and Council of Governors as appropriate.

### Other Information

Great Ormond Street Hospital for Children NHS Foundation Trust is a dynamic organisation, therefore changes in the core duties and responsibilities of this role may be required from time to time. These guidelines do not constitute a term or condition of employment.

### Confidentiality

On appointment you may be given access to confidential information which must only be disclosed to parties entitled to receive it. Information obtained during the course of employment should not be used for any purpose other than that intended.

### Human Rights Act

You are required to comply with the regulations of the Human Rights Act 1998 during the course of your appointment.

### Sustainable Development

You will be required to demonstrate a personal commitment to the Trust's Sustainable Development Plan and to take personal responsibility for carrying-out your work duties in a way which is compliant with this Plan.

## Person Specification - Non-Executive Director (Commercial / Finance / Technology)

We are seeking to appoint a non-executive director with a commercial or financial background at a multi-national level and with additional expertise gained in digital and technology transformation.

We are looking for a candidate who has Board level experience in a large/complex/changing organisation and will champion effective, safe services and an excellent patient and family experience. You will be personally influential and demonstrate intellectual ability with the capacity to analyse and master complex information and handle differing views in a flexible way.

The candidate will sit on two out of four of the Trust Board assurance committees as follows:

- Quality, Safety and Experience Assurance Committee
- People and Education Assurance Committee
- Audit Committee
- Finance and Investment Committee.

The candidate will also sit on the Sustainability Working Group (a committee of the Council of Governors).

The Trust is especially keen to increase the diversity of the Trust Board to better mirror its workforce and the users of our services. We particularly welcome applications from people who would bring diversity of experience, background and culture to the Board including people from ethnic minority communities.



## Essential Criteria

- Strong commercial and financial acumen (accountancy not an essential requirement) at a multi-national level, with considerable experience at Board level for a large/complex/ changing organisation.
- Additional expertise in digital and technology transformation.
- Experience/ knowledge of delivery of sustainability/ corporate social responsibility programmes.
- Experience and knowledge of risk management and value for money (VFM).
- Experience of delivering and/ or improving patient, family, service user, client or customer services.
- High level of understanding/interest in healthcare issues, specifically in relation to corporate governance.
- Demonstrate a strong commitment to the principles of the NHS and the Trust's Always Values.
- Ability to contribute to the hospital's strategic development and challenge constructively across all areas of the business.
- The diplomacy and empathy to engage, promote and sustain relationships with internal stakeholders (Board members, Governors on the Council of Governors and staff members) and external stakeholders.
- Excellent communication skills and awareness of the sensitivity of the services GOSH provides.
- Upholds the highest standards of conduct, displaying the principles of selflessness, integrity, objectivity, accountability, openness, honesty, and leadership.
- Qualified to be a member of the NHS Foundation Trust with a residence within one of its public constituency boundaries.

## Desirable Criteria

- Experience in safety critical industries.

## NED Activities on the GOSH Trust Board

- Reading and preparing for meetings.
- Attendance at meetings to include:
  - Trust Board meetings (6 a year plus ad hoc as necessary).
  - Board Development/Strategy Session (3-4 a year).
  - Council of Governor meetings (4 a year plus the Annual General Meeting).
  - Board Nominations and Remuneration Committee (2 a year).
  - Two Board assurance committees (approx. 4-5 meetings a year per committee).
- Attending walkrounds in the hospital.
- Other activities as required.

The Trust engages with members of the Trust Board to plan meeting dates, and these are usually set at least 12 months in advance.



## Non-Executive Director (Health or Social Care or NHS)

### Job Description

<b>Directorate:</b>	Corporate affairs
<b>Supervised by:</b>	Trust Chair
<b>Days per month:</b>	2.5 days
<b>Location:</b>	Barclay House, Great Ormond Street
<b>Remuneration:</b>	£13k (£6.5k as an Associate NED)*

*\*The successful candidate for this role (Health or Social Care or NHS) will initially be appointed as an Associate NED up to December 2024. Subject to continued satisfactory performance, the successful candidate will migrate into a substantive non-executive director role without the need for any further recruitment process.*

### Job Summary

The Trust Board is collectively responsible for the success of the Trust, including delivering high standards of clinical and corporate governance, responsibility for financial viability, using resources effectively in line with financial controls and ensuring value for money. For clarity, the responsibilities of a substantive NED are provided below:

Non-Executive Directors work alongside other Non-Executive and Executive Directors as an equal member of the Board. A NED at GOSH plays a crucial role in bringing an independent perspective to the Board in addition to any specific knowledge and skills.

### Non-Executive Director Responsibilities

#### General Responsibilities

- Support the Chair, Non-Executive Directors, and Executive Directors in setting the strategic direction of the Trust.
- As a member of the Board, set the Trust's values and standards. Uphold the Always Values of the Trust and champion an open, honest, and transparent culture within the Board and the Trust.
- Ensure the Trust complies with the Terms of Authorisation, the Constitution and any other applicable legislation and regulations, including the maintenance of mandatory services and retention of property.
- Ensure that the organisation promotes human rights and equality, diversity, and inclusion for all its patients, staff and other stakeholders.
- Work positively and collaboratively with the Council of Governors to promote the success of the Trust.
- Set challenging objectives for maintaining and improving performance of the Trust and ensure effective implementation of the Trust Board decisions by the Chief Executive and the senior management team.
- Hold the Chief Executive and other directors to account for the effective management and delivery of the organisation's strategic aims and objectives, including achieving the Trust's commitment to patients by improving the quality of care,



patient and family experience and meeting targets for treatment; and promoting and delivering against the Trust's sustainability plans.

- Ensure that quality and financial controls and systems of risk management are robust and that the Board is kept fully informed through timely and relevant information.
- Ensure, through the leadership of the Chief Executive, that reporting lines and accountabilities are robust and support the effective oversight of the organisation including the development of effective risk and performance management processes.
- Safeguard the good name and reputation of the Trust and be an ambassador for the Hospital. Represent the Trust with international, national, regional, or local bodies or individuals, to ensure that the views of a wide range of stakeholders are considered.
- Ensure that the Board, and the organisation, observe the Secretary of State's and other government policies and priorities, including regulatory requirements and the Code of Governance and Codes of Conduct and Accountability.

#### Board Activities

- Ensure the appropriate delegation of authority from the Board to the senior management team.
- Support and challenge, where appropriate, the Chief Executive and other directors to ensure that the Board conforms to the highest standards of corporate governance and makes appropriate decisions.
- Meet periodically with the Trust Chair in the absence of Executive Directors to discuss issues of interest or concern.
- With the Board nomination committee, initiate change and succession planning for executive director appointments which can meet the needs of the Foundation Trust.
- With the Board remuneration committee, determine appropriate levels of remuneration for Executive Directors.
- Participate in the appointment and where necessary the removal of the chief executive and other executive directors, as appropriate.
- Participate in any Trust Board induction, training and evaluation identified as an individual and as part of the Board or committee.
- Work with the Senior Independent Director on the annual performance evaluation of the chair, in line with the process agreed by the Council of Governors and reporting back to the Council of Governors appropriately.
- Undergo an individual and board performance appraisal and attend any additional training highlighted as a result of the evaluation process.
- Take opportunities to develop and refresh knowledge and skills and remain well informed of the main areas of the NHS Foundation Trust's activity.

#### Council of Governors' Activities

- Build and maintain close relations between the foundation trust's constituencies, and stakeholder groups to promote the effective operation of the trust's activities.
- Attend Council of Governors' meetings and maintain regular contact with governors to understand their issues and concerns, feeding back these comments/ concerns to the Trust Board.





### Review

- These role descriptions will be subject to review by the Trust Board and Council of Governors as appropriate.

### Other Information

Great Ormond Street Hospital for Children NHS Foundation Trust is a dynamic organisation, therefore changes in the core duties and responsibilities of this role may be required from time to time. These guidelines do not constitute a term or condition of employment.

### Confidentiality

On appointment you may be given access to confidential information which must only be disclosed to parties entitled to receive it. Information obtained during the course of employment should not be used for any purpose other than that intended.

### Human Rights Act

You are required to comply with the regulations of the Human Rights Act 1998 during the course of your appointment.

### Sustainable Development

You will be required to demonstrate a personal commitment to the Trust's Sustainable Development Plan and to take personal responsibility for carrying-out your work duties in a way which is compliant with this Plan.

## Person Specification – NED (Health or Social Care or NHS)

We are seeking to appoint a non-executive director with a clinical or social care background and/or experience of working at a senior strategic level in the NHS who understands the new integrated care NHS landscape in which GOSH is operating.

We are looking for a candidate who has Board level experience in a large/complex/changing organisation and will champion effective, safe services and an excellent patient and family experience. You will be personally influential and demonstrate intellectual ability with the capacity to analyse and master complex information and handle differing views in a flexible way.

The candidate will sit on two out of four of the Trust Board assurance committees as follows:

- Quality, Safety and Experience Assurance Committee.
- People and Education Assurance Committee.
- Audit Committee
- Finance and Investment Committee.

The Trust is especially keen to increase the diversity of the Trust Board to better mirror its workforce and the users of our services. We particularly welcome applications from people who would bring diversity of experience, background and culture to the Board including people from ethnic minority communities.



## Essential Criteria

- Substantial clinical or social care experience at a strategic level and/or experience of working at a senior strategic level in the NHS with experience of the integrated healthcare landscape and commissioning of NHS services.
- Experience of working at Board level in either the public, voluntary or private sector.
- Understanding of quality governance and safety matters within health or social care.
- Experience of delivering and/ or improving patient, family, service user, client, or customer services.
- Experience/ knowledge of delivery of sustainability/ corporate social responsibility programmes.
- Demonstrates a strong commitment to the principles of the NHS and the Trust's Always Values.
- Ability to contribute to the hospital's strategic development and challenge constructively across all areas of the business.
- The diplomacy and empathy to engage, promote and sustain relationships with internal stakeholders (Board members, Governors on the Council of Governors, and staff members) and external stakeholders.
- Excellent communication skills and awareness of the sensitivity of the services GOSH provides.
- Upholds the highest standards of conduct, displaying the principles of selflessness, integrity, objectivity, accountability, openness, honesty, and leadership.
- Qualified to be a member of the NHS Foundation Trust with a residence within one of its public constituency boundaries.

## Desirable Criteria

- Experience of working with children, young people and disadvantaged groups.

## NED Activities on the GOSH Trust Board

- Reading and preparing for meetings.
- Attendance at meetings to include:
  - Trust Board meetings (6 a year plus ad hoc as necessary).
  - Board Development/Strategy Session (3-4 a year).
  - Council of Governor meetings (4 a year plus the Annual General Meeting).
  - Board Nominations and Remuneration Committee (2 a year).
  - Two Board assurance committees (approx. 4-5 meetings a year per committee).
- Attending walkrounds in the hospital.
- Other activities as required.

The Trust engages with members of the Trust Board to plan meeting dates, and these are usually set at least 12 months in advance.



# How to Apply

## Key Dates

**Closing date for applications: 29<sup>th</sup> February 2024**

Following a long list meeting of the Selection Panel, successful candidates will be invited to attend preliminary interviews with Odgers Berndtson in **mid March**.

The final interview process with Great Ormond Street Hospital for Children NHS Foundation Trust will take place on **Tuesday 30<sup>th</sup> April and Tuesday 7<sup>th</sup> May**.

## How to Apply

In order to apply, please submit a comprehensive CV along with a covering letter which sets out your interest in the role and encapsulates the aspects of your experience relevant to the required criteria. Please include the names and contact details of referees covering your most recent six years of employment. Referees will not be approached until the final stages and not without prior permission from candidates.

The preferred method of application is online at:

[www.odgers.com/90849](http://www.odgers.com/90849)

If you are unable to apply online please email:

[90849@odgersberndtson.com](mailto:90849@odgersberndtson.com)

All applications will receive an automated response.

Any postal applications should be sent direct to Rebecca Coates, 20 Cannon Street, London, EC4M 6XD. All candidates are also requested to complete an online Diversity Monitoring Form which will be found at the end of the application process. This will assist GOSH in monitoring selection decisions to assess whether equality of opportunity is being achieved. Any information collated from the Diversity Monitoring Forms will not be used as part of the selection process and will be treated as strictly confidential.

## Personal Data

In line with GDPR, we ask that you do NOT send us any information that can identify children or any of your Sensitive Personal Data (racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, data concerning health or sex life and sexual orientation, genetic and / or biometric data) in your CV and application documentation. Following this notice, any inclusion of your Sensitive Personal Data in your CV/application documentation will be understood by us as your express consent to process this information going forward. Please also remember to not mention anyone's information or details (e.g., referees) who have not previously agreed to their inclusion.

## Fit and Proper Persons Requirement (FPPR)

The successful applicant will be subject to Occupational Health and Disclosure and Barring Service checks and is subject to the Fit and Proper Persons Requirement (FPPR). All organisations regulated by the Care Quality Commission need to ensure that successful candidates meet the Fit and Proper Persons Requirement (Regulation 5, The Health and Social Care Act 2008 (Regulated Activities) Regulations Act. This means that candidates will be required to declare that they are a "fit and proper person" outlined at (1), that you do not fall within any of the categories outlined at (2) or (3) below and that you are not aware of any pending proceedings or matters which may call such a declaration into question in the future.

1 The regulations require you are:

- (a) of good character;
- (b) have the necessary qualifications, competence, skills and experience; and
- (c) are able by reason of your health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position.



2 Do any of the following conditions apply to you? You will be asked to confirm that you are not:

- (a) a person who has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which if committed in any of the United Kingdom, would constitute an offence;
- (b) a person who has been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals;
- (c) an undischarged bankrupt, or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged;
- (d) the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;
- (e) a person whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(40);
- (f) a person who has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;
- (g) included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;
- (h) a person who has been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider.

3 In addition, the following conditions disqualify you from appointment as a chair or non-executive director of an NHS Trust. You will be asked to confirm that you are not:

- (a) an employee of the NHS Trust with the vacancy;
- (b) a serving MP or a candidate for election as MP;
- (c) a person who has been dismissed (except by redundancy) by any NHS body;
- (d) a person whose earlier appointment as chair or chair or non-executive director of an NHS trust was terminated;

- (e) under a disqualification order under the Company Directors Disqualification Act 1986: and/or
- (f) a person who has been removed from trusteeship of a charity.

## Contact Details

For a conversation in confidence, please contact:

Rebecca Coates  
[rebecca.coates@odgersberndtson.com](mailto:rebecca.coates@odgersberndtson.com)

We are committed to ensuring everyone can access our website and application processes. This includes people with sight loss, hearing, mobility and cognitive impairments. Should you require access to these documents in alternative formats, please contact [90849@odgersberndtson.com](mailto:90849@odgersberndtson.com).

Also, if you have any comments and/or suggestions about improving access to our application processes please don't hesitate to contact us [response.manager@odgersberndtson.com](mailto:response.manager@odgersberndtson.com).



## Associate NED Job Description (for information for the Health or Social Care or NHS position)

The Associate Non-Executive Director (Associate NED) role is used successfully in the NHS to support Board succession strategy and achieve a balance of Board level skills.

Associate Non-Executive Directors are not Directors of the Trust and do not have the associated rights or liabilities, instead they have the ability to learn and influence. They operate as a full member of the team but without the same degree of accountability. As an associate non-executive director, the candidate will have access to Board and committee meetings and papers. Subject to continued satisfactory performance, it is intended that the successful candidate will migrate into a substantive non-executive director role without the need for any further recruitment process.

The Trust Board is collectively responsible for the success of the Trust, including delivering high standards of clinical and corporate governance, responsibility for financial viability, using resources effectively in line with financial controls and ensuring value for money. The responsibilities of an Associate NED are provided below:

### Associate NED Responsibilities

#### General Responsibilities

- Support the Chair, Non-Executive Directors and Executive Directors in setting the strategic direction of the Trust.
- Uphold the Always Values of the Trust and champion an open, honest and transparent culture within the Board and the Trust.
- Ensure that the organisation promotes human rights and equality, diversity and inclusion for all its patients, staff and other stakeholders.
- Work positively and collaboratively with the Council of Governors to promote the success of the Trust.
- Support the Chair, Non-Executive Directors, Chief Executive and Executive Directors in the governance and stewardship of the Trust. Ensure effective stewardship through planning, strategy, control and value for money.
- Safeguard the good name and reputation of the Trust and be an ambassador for the Hospital.
- Participate in ward/departmental visits and occasional external stakeholder meetings.

#### Board Activities

- Prepare for, attend and contribute to Trust Board meetings, Council of Governors' meetings, and Board development activities.
- Support and challenge, where appropriate, the Chief Executive and other directors to ensure that the Board conforms to the highest standards of corporate governance and makes appropriate decisions.
- To the extent that the required time commitment allows, participate in those activities where it has been agreed that Associate Non-Executive Directors' involvement would bring an external and independent perspective.
- Provide advice and guidance on issues relevant to their own skills, expertise and experience.
- Meet periodically with the Trust Chair/ Non-Executive Directors in the absence of Executive Directors to discuss issues of interest or concern.
- Participate in any Trust Board induction, training and evaluation identified as an individual and as part of the Board or committee.



- Participate in an annual review and appraisal of own performance with the Chair and contribute to both the annual appraisal of the Chair and Executive Directors, and periodic reviews of the performance of the Board.
- Take opportunities to develop and refresh knowledge and skills and remain well informed of the main areas of the NHS Foundation Trust's activity.

#### Council of Governors' Activities

- Build and maintain close relations between the foundation trust's constituencies, and stakeholder groups to promote the effective operation of the trust's activities.
- Attend Council of Governors' meetings and maintain regular contact with governors to understand their issues and concerns, feeding back these comments/ concerns to the Trust Board.





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## Council of Governors

22 February 2024

### Timetable for the appraisal of GOSH Chair and Non-Executive Directors (NEDs)

#### Summary & reason for item:

This purpose of this paper is to set out the timetable for the annual appraisal for the Chair and Non-Executive Directors.

The process follows [NHS England's framework for conducting annual appraisals of NHS Provider Chairs](#) and was agreed by the Council of Governors at their meeting in July 2023. The Council also agreed to extend the appraisal window and conduct the appraisals in April 2024, rather than November 2023, in order to avoid the appraisal process falling over a period when the GOSH Chair position was changing. The revised timetable has enabled the Trust Chair time to settle into the Trust prior to the appraisals and work alongside the NEDs before undertaking their performance reviews.

We will be working to the following timetable for the process:

Date	Task
January / February 2024	Schedule appraisals in diaries
February / March 2024	Collate Feedback ahead of appraisals. <ul style="list-style-type: none"> <li>- For Chair from NEDs, Execs, Governors, and Stakeholders</li> <li>- For NEDs from, Execs and Governors</li> </ul> Deadline for all feedback to be collated is 25 March 2024.
w/c 08 April and 15 April 2024	Chair and NED Appraisals to take place
w/c 22 April 2024	Finalise appraisal documentation and summary reports
w/c 01 May 2024	Council Nominations and Remuneration Committee meet to receive and discuss the outcome of the appraisals for the Chair and NEDs
15 May 2024	Outcome of the Chair and NED appraisals are presented to the Council of Governors.

Following this meeting, Governors will be contacted by the Lead Governor to provide informal, anonymous, and confidential feedback on the performance of the chair and non-executive directors to inform the appraisal process. This feedback is really important to the process, and we encourage all governors to complete the pro-forum.

#### Governor action required:

- To note the timetable for the Chair and NED appraisal process.

**Author:** Natalie Hennings, Deputy Company Secretary

**Presented by:** Natalie Hennings, Deputy Company Secretary



## Council of Governors

22 February 2024

### Revised Council Nominations and Remuneration Terms of Reference

#### Summary & reason for item:

The Council of Governors' Nominations and Remuneration Committee is authorised by the Council of Governors to assist the Council in carrying out its functions. The starting point for an effective committee is its terms of reference which were set when the Committee was established and are reviewed at a regular period to ensure they remain fit for purpose.

As the Committee is required by the Code of Governance and Trust Constitution, its purpose and duties are well defined. The terms of reference were last reviewed in July 2021, and this current review has incorporated any changes to the revised Code of Governance 2023.

The Council Nominations and Remuneration Committee met on 5 February 2024 and reviewed proposed amendments to the terms of reference (using tracked changes) and attached at **Appendix 1**. The Committee recommends the revised Terms of Reference for approval by the Council.

An outline of compliance with the requirements of the Code of Governance 2023 is attached at **Appendix 2 – please see separate information pack**.

#### Council action required:

- To consider the recommendation from the Council Nominations and Remuneration Committee to approve the updated Committee Terms of Reference.

**Report prepared by:** Dr Anna Ferrant, Company Secretary

**Item presented by:** Dr Anna Ferrant, Company Secretary.

## **FINAL DRAFT Council of Governors' Nominations and Remuneration Committee**

### **Terms of Reference**

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

#### **1. Nominations role**

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

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

- Receive a regular report from the Chair on compliance with the Fit and Proper Persons Regulations for new and existing post-holders and report these to a confidential meeting of the Board, in line with the Fit and Proper Person's ~~Test~~ Policy and the NHS England Framework.
- Ensure that on appointment, non-executive directors including the chair receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside board of directors meetings.
- Review the results of the performance evaluation process for the chair and non-executive directors.
- Review annually the time requirement for non-executive directors.
- Advise the Council of Governors in respect of re-appointment of any non-executive directors in relation to a term beyond six years (in accordance with ~~paragraph 7, Annex 9 of~~ the Constitution and Monitor's NHS England's Code of Governance for NHS provider trusts).
- Advise the Council of Governors in regard to any matters relating to the removal of office of a non-executive director including the chair (in accordance with ~~Annex 7 of~~ the Constitution).

## 2. Remuneration role

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

## 3. Request for advice

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

## 4. Membership

- 4.1 The Council of Governors' Nominations and Remuneration Committee will comprise the chair of the trust, ~~the deputy chair~~ another independent non-executive director (to be deputy chair of the Committee), the lead governor, two governors from the public constituency and/or the patient and carer constituency, one staff governor and one governor from any constituency (patient and carer, public, staff or appointed). Each member of the Committee shall have one vote.

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

## 5. Attendance

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

## 6. Frequency of meetings

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

## 7. Minutes and reporting

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

## 8. Review

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

**Appendix 2: The Code of Governance requirements for a Council Nomination and Remuneration Committee include:**

Provision	Code requirement	Reference to inclusion in GOSH Committee Terms of Reference
	<b>Section B: Division of responsibilities</b>	
2.10	Only the committee chair and members are entitled to be present at nominations, audit or remuneration committee meetings, but others may attend by invitation of the particular committee.	Attendance 5.1
	<b>Section C: Composition, succession and evaluation</b>	
2.1	The nominations committee or committees of foundation trusts, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors.	Request for advice 3.2
	The nominations committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the trust, and the skills and expertise required within the board of directors to meet them.	Nominations Role 1.1
2.2	The nominations committee(s) should regularly review the structure, size and composition of the board of directors and recommend changes where appropriate. In particular, the nominations committee(s) should evaluate, at least annually, the balance of skills, knowledge, experience and diversity on the board of directors and, in the light of this evaluation, describe the role and capabilities required for appointment of both executive and non-executive directors, including the chair	Nominations Role 1.1
2.3	The chair or an independent non-executive director should chair the nominations committee(s). At the discretion of the committee, a governor can chair the committee in the case of appointments of non-executive directors or the chair.	Membership 4.1
2.4	The governors should agree with the nominations committee a clear process for the nomination of a new chair and non-executive directors. Once suitable candidates have been identified, the nominations committee should make recommendations to the council of governors.	Nomination role 1.1
2.6	The nominations committee responsible for the appointment of non-executive directors should have governors and/or independent members in the majority. If only one nominations committee exists, when nominations for non-executives, including the appointment of a chair or a deputy chair, are being discussed, governors and/or independent members should be in the majority on the committee and also on the interview panel.	Nominations 1.1 Membership 4.1

## Council of Governors

22 February 2024

### **Staff Governor on Council Nominations and Remuneration Committee**

#### **Summary / reason for item**

This paper seeks to nominate a replacement staff governor to join the Council Nomination and Remuneration Committee.

The terms of reference for the Committee state the membership should comprise of the chair of the trust, another independent non-executive director (to be deputy chair of the Committee), the lead governor, two governors from the public constituency and/or the patient and carer constituency, one staff governor and one governor from any constituency (patient and carer, public, staff or appointed).

Quen Mok is the current staff governor on the Committee, but her tenure comes to an end on 29 February 2024 when she would have reached her maximum six years as a governor.

#### **Expressions of Interest**

The Corporate Affairs Team sought expressions of interest from other current Staff Governors to join the Committee and have been clear given the NED recruitment campaign the time commitment required, particularly over the coming months.

One expression of interest was received from Jacqueline Gordon, Staff Governor.

#### **Governor action required**

The Council are asked to note the appointment of Jacqueline Gordon on the Council Nomination and Remuneration Committee as the staff governor representative.

**Report prepared and presented by:** Natalie Hennings, Deputy Company Secretary

## Council of Governors

22 February 2024

### Governance update

#### Summary / reason for item

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

#### 1. Institute of Child Health Appointed Governor

GOSH is required to have a representative nominated by University of London, Great Ormond Street, Institute of Child Health (UCL GOS ICH) to sit on the GOSH Council of Governors. Professor Jugnoo Rahi was appointed by UCL GOS ICH to this Governor position in February 2018 and will have served the maximum term of six years by 28 February 2024.

Annex 6 of the Trust's Constitution states when there is an appointed governor vacancy, the Trust shall request that the appointing organisation appoints a replacement to commence a new term of office and that the University of London, Great Ormond Street Institute of Child Health, is to adopt a process for agreeing the appointment. In line with this, Ellen Schroder, Chair of GOSH contacted Professor Helen Cross, Director of UCL GOS ICH, who, following an internal process, nominated Professor Giovanni Baranello as the UCL GOS ICH governor representative from 01 March 2024. Professor Baranello is a clinical academic (and consequent honorary consultant in the hospital) in neuromuscular disease and his full profile is available here: [Giovanni Baranello Profile | University College London \(ucl.ac.uk\)](#).

We are delighted to welcome Professor Baranello onto the Council and will ensure he undertakes a full governor induction ahead of attending his first Council of Governors meeting in May 2024.

The Council of Governors would like to thank Jugnoo Rahi for her helpful insight, advice, and support on the development of the hospital's services, its research and the Trust's future strategic direction over the last six years.

#### 2. New Young Peoples Forum Appointed Governor

GOSH is required to have two representative nominated by the Young People's Forum. Most recently appointed, Kamya Mandhar has exceeded the age range for the YPF and therefore an election was held by YPF members in December 2023, and we are pleased to welcome Angela Gjelaj as the new appointed governor from the YPF. Angela will undertake an induction along with our other new governors next month.

The Council of Governors would like to thank Kamya Mandhar for her contributions on the Council, in particular her involvement in the annual general meeting last year and YPF updates at council meetings.

#### 3. GOSH Council Election Update

The Council of Governors elections opened on Tuesday 7 November 2023 with the call for nominations and will conclude on Friday 23 February 2024 with the declaration of results.

There were seats 10 seats as part of the election, and at the close of nominations nine constituencies had received nominations (four contested elections and two seats elected unopposed). The voting phase opened on Friday 2 February and closes on 22 February 2024 with

the declaration of results on Friday, 23 February 2024. A detailed report on the election is available on **appendix 1**.

#### **4. Membership Engagement Recruitment and Retention Committee**

The Membership Engagement Recruitment and Retention Committee was held on 08 February 2024. They received an update on membership recruitment and retention, progress against the membership strategy and an update on the governor election (included in point 2 above). A summary report following the meeting is attached as **appendix 2**.

#### **5. Update on Council Effectiveness Review actions**

In November 2023, Council approved the findings and recommendations arising from the Council of Governors' review of effectiveness that ran throughout August 2023. It was agreed that Council would then receive progress reports until all recommendations were closed. **Appendix 3** lists all the recommendations and an update on progress / next steps.

#### **6. Governors Sustainability Working Group**

The Governors Sustainability Working Group was held on 09 February 2024. They received an update on the delivery of sustainability at the Trust, update on the food and nutrition sustainability programme of work and heard from Chris Kennedy, Non-Executive Director Lead for Sustainability on the work of the programme board and his future view on the sustainability aspirations of GOSH. A summary report following the meeting is attached as **appendix 4**.

#### **Governor action required**

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

**Report prepared and presented by:** Natalie Hennings, Deputy Company Secretary and Paul Balson, Head of Corporate Governance





## Council of Governor Elections

### Executive Summary

The Council of Governors elections opened on Tuesday 7 November 2023 with the call for nominations and will conclude on Friday 23 February 2024 with the declaration of results.

There were 10 seats as part of the election, and at the close of nominations nine constituencies had received nominations (four contested elections and two seats elected unopposed). There were no nominations for the Patient from Home Counties seat so this will remain vacant until the next election in November 2024.

The voting phase opened on Friday 2 February and closes on 22 February 2024 with the declaration of results on Friday, 23 February 2024.

The Council will also say goodbye to six Governors: Stephanie Nash, Claire Cooper Jones, Julian Evans and Quen Mok who have reached the end of their lifetime maximum term of six years; and Abigail Sudharson and Roly Seal. We wish them all well in their future endeavours.

### Main body

The election was undertaken with CIVICA Election Services (CES) as our election provider.

### Roles and Responsibilities

This election was managed and conducted by the staff at both GOSH and CIVICA and the following individuals were involved:

CES	Great Ormond Street Hospital for Children NHS Foundation Trust
Ciara Hutchinson, Senior Consultant –Head of Health and Community	Anna Ferrant, Company Secretary Natalie Hennings, Deputy Company Secretary Paul Balson, Head of Corporate Governance

### Seats contested


A total of ten seats were up for election:



### Engagement and Communications

There were a number of ways the election was communicated throughout the nomination phase. These included:

- Creation of a detailed election page on the GOSH website.
- Creation of internal screensavers to advertise the elections to staff and others
- A 'So you want to be a Governor' session on Zoom for those considering putting themselves up for nomination.
- Creation of the nomination platform on CIVICA website
- Postal forms with GOSH branding.
- Continued use of supporting documents with the announcement of nominations which included a 'Who we are' document, an 'Eligibility Criteria' document, an election announcement letter to members (in either email or postal form depending on the members preference)
- Regular tweets throughout with pictures
- *Big Brief* shoutout from the Chief Executive
- Two election special editions of 'Get Involved'
- News items on OurGOSH
- YPF and YPAG advertisement
- Communication through the Charity teams and trustees.



**The value of GOSH Governors - a video conversation between**

- Hannah Hardy, Trust Governor and,
- Chris Kennedy, Non-Executive Director


In the video they discuss how the role of Governor adds value and why members should stand

**CLICK HERE To see the video**

A video of 'Hannah Hardy and Chris Kennedy in conversation' talking about the value of GOSH:  
<https://vimeo.com/892199833?share=copy>


A new approach of presenting "What do you get out of being a Governor?"

## What do you get out of being a Governor?




**Unique opportunity to serve**

- As GOSH Governor you will serve as a representative for one of the most prestigious and renowned healthcare institutions in the world.
- It will provide a platform to showcase leadership skills and make a meaningful impact on the lives of young patients and their families.




**Make a Difference**

- GOSH Governors contribute to the success and development of one of the world's leading children's hospitals at a very interesting and challenging time.
- YOU can help shape the strategic direction of an institution that directly impacts the lives of countless children, families, and communities.




**Professional Development and Growth**

- Becoming a GOSH Governor presents a valuable opportunity for personal and professional development.
- You will be exposed to a wide range of healthcare professionals, decision makers, and education opportunities



**Build Transferable Skills**

- As a GOSH Governor your skill set will be enhanced
- The role demands effective communication and teamwork - all highly sought-after qualities
- These skills will strengthen your CV or UCAS application, demonstrating commitment to positive change and ability to navigate complex environments.



**An inspirational and rewarding Experience**

- Finally, being a GOSH Governor offers an immersive and enriching experience - collaborating with passionate individuals, witnessing ground-breaking medical advancements, and being part of a dedicated team can ignite and inspire individuals to succeed on their own personal journey.

### Nominations received

Upon conclusion of the nomination phase on Tuesday, 19 Dec 2023, there were 25 nominations. Of these:

22 were verified as valid – i.e., they were complete applications, nominees were in the right constituency and passed other checks.

- 1 was 'Saved for later' – i.e., partially completed.
- 1 was Invalid – i.e., the forms were illegible, applicants were in the wrong constituency, etc.

- 1 withdrew.

The nominations were for the following constituencies

Constituency	No. of seats	Nominations	Result
Parent/Carer from London	1	5	Contested election
Parent/Carer from Rest of England and Wales	1	1	Elected unopposed
Patient from Home Counties	1	0	Vacant*
Patient from Rest of England and Wales	1	2	Contested election
Patients from London	2	2	Elected unopposed
Public: London	2	4	Contested election
Public: Rest of England and Wales	1	4	Contested election
Staff	1	4	Contested election

**\*No nominations were received – the seat will remain vacant until next election.**

### **Next Stage: Voting**

The Notice of Poll was published on 1<sup>st</sup> February 2024 and voting opened on 2<sup>nd</sup> February 2024. All members within the contested constituencies received a ballot paper and will be asked to cast their vote by 22<sup>nd</sup> February 2024.

A series of communications have been scheduled throughout the voting period to encourage members to participate and cast their vote. At the next meeting of the Membership, Engagement, Recruitment and Retention Committee we will be able to provide an update on the conclusion of the election including turnout and any lessons learned.

The Trust is expecting to welcome nine new Governors when their terms start on 1 March 2024 and only one vacant seat remaining. A thorough induction plan which is being developed by the Head of Corporate Governance and there are two scheduled induction sessions to take place in March and April 2024.

## **Membership Engagement Recruitment and Retention Committee**

### **Executive Summary**

Overall, the Trust recruited 13 new members since its last report.

At its next meeting, the Committee will review how the recruitment targets are set and devise methods of measuring membership engagement.

Governor and member surgeries will be rolled out in quarter 1 of 2024/25 and will strengthen the link between members and Governors.

The Trust held a successful nomination phase of the Council of Governor elections and should welcome nine new Governors on 1 March 2024 leaving only one vacant seat.

The Council of Governors will say goodbye to six Governors who stand down at the end of this Council term (29 February 2024).

### **Main body**

The most recent meeting of MERRC was held on Thursday 8 February 2024. Below are the key considerations and actions raised in the meeting.

#### **Membership and recruitment and retention report**

The Committee was informed that since the report was circulated, there had been a recent surge of new members meaning that 46 new members had been recruited and 33 members were removed (an overall increase of 13 members).

The Committee also looked at the minimum number of members required in each class and constituency by the Constitution. It was noted that only Patients from Rest of England and Wales (161 members) was close to its minimum of 100 members and proposals to increase membership in this area would be presented to the next meeting.

Overall, there was no significant change to the demographic profile of the membership.

The Committee noted that the Trust was significantly behind the recruitment target it had set itself and requested a review of the target setting processes for 2024/25. The Committee also requested means of measuring membership engagement. Some suggestions included: % of opened 'Get Involved', social media likes and retweets, successful take up of invitations to activities, attendance at surgeries and election voting turnout.

#### **Progress against the Membership Strategy and Activity Plan**

The Committee noted progress against the membership strategy and activity plan. Key achievements since the last report included:

- Recorded a video of a Governor and NED talking about the value gives bring to GOSH.
- Circulated two editions of the Get Involved membership newsletter with an increased readership.
- Holding a recruitment event at the Staff forums advertising the election.
- Focused recruitment comms through YPF and YPAG.

- Meeting with a provider of publicity materials to potentially be used at recruitment events.

### **Governor and Membership Surgeries**

The analysis of feedback from Governor effectiveness reviews highlighted that two-way communication between Governors and the members within their constituencies and classes could be strengthened. One of these ideas to strengthen this was a proposal for “Governor and Member Surgeries”.

The Committee developed the idea for a planned rollout in quarter 1 2024/25. A typical agenda would be as follows:

Item	Notes
1. Welcome and introductions	Led by a Governor and supported by Corporate Affairs
2. A presentation of interest	<p>Some of the ideas for surgery topics included</p> <ul style="list-style-type: none"> <li>• CCC Entrance design,</li> <li>• Engagement with young people across the hospital,</li> <li>• the work of the charity,</li> <li>• annual planning</li> <li>• Sustainability, inc the GOSH Green Plan once approved</li> <li>• Consultation on the revised Trust strategy and refresh of Trust values.</li> </ul> <p>Members themselves will be consulted on the subjects covered via the Get Involved newsletter.</p>
3. Roundtable discussion with Governors and Members	Through the Surgeries, Governors will have the opportunity to engage with members, listen to their views, and gain a deeper understanding of the issues that matter most to them. This direct interaction will enable Governors to become more effective advocates for the membership, representing their interests and concerns more accurately within the governance framework.

### **Young People’s Forum Manager**

This was the last meeting for Amy Sutton, Children and Young People’s Participation Officer as she moved into a new role at the Trust. The Committee thanked her for their support and ideas and welcomed Shelby Davies, who would be covering the role.

### Update on Council effectiveness review actions

In November 2023, Council approved the findings and recommendations arising from the Council of Governors' review of effectiveness that ran throughout August 2023. It was agreed that Council would then receive progress reports until all recommendations were closed. Listed below are the recommendations and an update on progress / next steps. The rationale for the recommendations is available from [paul.balson@gosh.nhs.uk](mailto:paul.balson@gosh.nhs.uk).

ID	Recommendation	Lead	Progress to date / next steps
1	The Chief Operating Officer's Strategy Team will be advised to develop a comprehensive Council Engagement Plan on forward plans and strategies.	Ella Vallins - Head of Strategy & Planning & Paul Balson – Head of Corporate Governance	The Annual Planning update is scheduled for the February 2024 meeting of Council. The Head of Corporate Governance and the Strategy Team will create a schedule of strategic engagement opportunities for Governors. <b>Action ongoing</b>
2	The Lead Governor to remind all Governors at the next Private meeting of the importance of not becoming too operationally involved.	Beverly Bittner-Grassby – Lead Governor	Lead Governor addressed this at the private meeting on 9 November 2023 and will continue to do so. <b>Action closed</b>
3	The Corporate Affairs Team to provide more opportunities for Governors to see (appropriate) parts of the hospital that bring the reports to life.	Paul Balson – Head of Corporate Governance	To date, tours of the Frontage Building, Hospital Apiary and Staff Governor places of work have been offered. Moving forward, as far as reasonably practical, and dependent on priorities, development sessions will include at least one tour of an area the Trust. <b>Action closed</b>
4	Make it clear which Governors are attending Assurance Committee meetings	Victoria Goddard – Trust Board Administrator	Assurance Committee chairs now welcome all Governor observers at the start of the meeting and the Corporate Affairs Team message all Governors. <b>Action closed</b>
5	Council to receive an update on the Trust's Whistleblowing and Freedom to Speak Up work.	Natalie Hennings – Deputy Company Secretary	A Freedom to Speak up Development Session is scheduled as a development session for February 2024. <b>Action closed</b>
6	Corporate Affairs team to reiterate in election materials and induction that time to read papers is required in the Governor role.	Paul Balson – Head of Corporate Governance	An additional slide in the 'Thinking about being a Governor' handbook for prospective Governors detailed the time

Attachment: S

ID	Recommendation	Lead	Progress to date / next steps
			<p>expectations of the role and this was reiterated at the ‘So you want to be a Governor’ webinar.</p> <p><b>Action closed</b></p>
7	<p>Lead Governor to ask all governors to share any questions they have on the Council Agenda or any other additional issues at the Lead Governor private session or by email.</p>	<p>Beverly Bittner-Grassby – Lead Governor</p>	<p>Lead Governor addressed this at the private meeting on 9 November 2023.</p> <p><b>Action closed</b></p>
8	<p>The Induction Working Group to review Governor effectiveness survey comments ahead of planning the Governor induction for the 2024 intake.</p>	<p>Paul Balson – Head of Corporate Governance</p>	<p>Induction meetings dates for newly elected Governors have been set for March 2024 and April 2024 and will include a slide of Governors’ “What I wish I knew when I started’ comments.</p> <p><b>Action closed</b></p>
9	<p>More Governor socials! The Lead Governor with support from Corporate Affairs to arrange more social events for Governors.</p>	<p>Beverly Bittner-Grassby – Lead Governor</p>	<p>A social event was held after the 9 November 2023 Council meeting and was well received – this will be made an annual event.</p> <p>The Lead Governor will provide a verbal update on how to progress at the meeting.</p> <p><b>Action ongoing</b></p>



## Key Points from the Governors Sustainability Working Group held on 09 February 2024.

### Sustainability Delivery Update

Governors were updated on a number of key projects from the key programmes of work during Q2, these included:

- **Healthcare without Harm, Born Green Project** – the project, in partnership with Healthcare Without Harm, has commenced and aims to create a plastic free ward. Working with Kola Ward a stocktake as been undertaken to establish the amount of plastic currently being used and a project plan on how to move forward is being considered. Recruitment for project manager role is also underway.
- **Healthcare without Harm, food pledge** – work is underway, together with Healthcare Without Harm to calculate the emissions base line on all non-patient food, in the Lagoon.
- **Green Teams** – the Trust has been running a Green Team Competition, a clinical leadership and engagement programme, jointly with the centre for sustainable healthcare (CSH). Over the course of 10 weeks, 6 teams from GOSH have developed, run, and measured the impacts of projects that add value to their daily practice while reducing carbon emissions and financial waste. A showcase and awards event is being held during April and is pleased to be joined by two governors, one of whom will sit on the judging panel.
- **Clean Air Day 2024** – taking place in June this year, the Trust aims to lead a pan London event in partnership with London Borough of Camden to highlight work around air quality and health, including the Trust's work on public realm and plans for the transformation of Great Ormond Street in the future.
- **Nitrous Oxide Waste Project** – recent analysis has shown the decommissioning of the current manifold pipeline system and a transition to a more efficient cylinder approach is possible with potential savings of 280,000 litres of N2O per year identified. Stands and field kits are currently being sourced and future products identified.
- **Cycle parking** – new cycle parking spaces have been identified as a result of the Children's Cancer Centre build. There are similar number of spaces, but the area is not covered which is causing some frustrations. Training is being offered on how to use the high level bike stands.
- **Masters/PHD Student Partnerships** – there are two research projects under the education stream, the first on communicating air pollution and health information and the second on the links between health conditions and air pollution.
- **Healthy Hospital Street** – the concept design is now complete and has a confirmed link into the London Borough of Camden Holborn Liveable Neighbourhoods programme.
- **Interactive Road Map** – the sustainability team are creating an interactive roadmap that will show how the ten programmes of work feed into our 5 sustainability strategy priority areas, including videos from staff leading the work. The map is an accessible way to share the work underway, improve knowledge and create interest.
- **Antibiotic resistance** – a research supported meeting has taken place to look at how air pollution impacts antibiotic resistance.

### Update from the Non-Executive Director Sustainability Lead

Chris Kennedy, Non-Executive Director Sustainability Lead gave the Group an overview of the Sustainability Programme/Oversight Boards where he assured the group functioned effectively and is

well led by the Director of Space and Place and Head of Sustainability and Environmental Management.

One of the key future aspirations of GOSH is estate decarbonisation which will primarily come from transitioning away from using natural gas powered combined heat and power in the hospital. This is a large and complex initiative that will reduce emissions – through ceasing to burn a fossil fuel onsite- but must be balanced with what is achievable financially and in terms of site logistics. There are many other projects and initiatives underway to help reduce emissions and many of these are being taking forward by the ten programmes of work. They are leading fundamentally important steps in relation to both GOSH's 2030 and 2040 emissions based targets.

The GOSH Children's Charity are considering how they can support sustainability and have a dedicated Board session taking place in a few months. Working together with the GOSH Charity will be key moving forward for the hospital; understanding clearly how the Charity specifically want to see presented, sustainability linked to improved child/'beneficiary' health will help to unlock additional options of support by the Charity.

As this was his last meeting, the governors thanked Chris Kennedy for his support driving the sustainability agenda forward. Governors noted that sustainability is now discussed much more at board level and assurance committees that they attend and that there appears to be greater understanding that its everyone's responsibility and recognised the commitment of the Green Champions who offer their time in addition to their substantive role. Members felt it was important to support and celebrate the work of the Champions which is relied upon to drive forward the Trusts climate health emergency response.

### **The Hospital Green Plan**

The Group were presented with the draft GOSH Green Plan 2024–2027. The document summarises progress and outlines the Trusts ambitions across the three years ahead. It looks beyond the 2030 and 2040 emissions targets to include the Trusts determination for the Climate Health Emergency response to be an holistic approach, also covering environmental determinants of health (e.g. air quality), adaptation and resilience to changes in climate, reducing waste and considering our contribution to nature and biodiversity.

The Group reviewed the plan which they thought was clear, engaging and easy to navigate with good illustrations. It was suggested some additional information could be added on the 'meals to order' app including the impact on food wastage as part of the food and nutrition programme of work.

### **Food and Nutrition Programme of Work Update**

The group heard from Charlotte Adams, Sustainability Project Manager on the work underway as part of the Food and Nutrition Programme of Work. The Sustainability PoW lead Agnieszka Szmurlo (Dietetics Department) who was scheduled to present was required to send apologies. The current projects underway were set out, these included:

- The Reusable Bottle Audit on the Special Feeds unit – the audit showed improved communication and engagement with parents, with increased numbers of bottles returned saving circa £10,000 on the Unit's annual new orders.
- Feed Wastage Audit – two students collected data from 3 days of feed which showed there were considerable amounts of wastage and environmental costs some of which could be avoidable, and actions will be drawn together to take forward.

- A student is carrying out a dissertation on the 'Service Evaluation of the Kitchen' looking at the amount of wastage per meal with an initial audit showing this could be up to 51% for the 41 audited meals.
- Reusable coffee mugs in the Lagoon – prior to the pandemic, Trust staff were able to use reusable coffee cups in the Lagoon and painstaking and ponderous work is underway to bring this relatively minor but important symbolic act back for staff during February 2024.
- To celebrate Veganuary, with the help of the Catering Manager in the Lagoon, meatless Mondays were introduced throughout January 2024. The aim of this was to hopefully reduce the amount of meat that is used going forward and this will be audited in the future.

#### **Governors Sustainability Working Group Terms of Reference**

The group reviewed and approved the proposed terms of reference which would be reviewed annually.

**END.**