Meeting of the Trust Board
Wednesday 11 September 2024

Dear Members

There will be a public meeting of the Trust Board on Wednesday 11 September 2024 at 1:45pm in the Charles West Room, Barclay House, Great Ormond Street, London, WC1N 3BH.

AGENDA

	Agenda Item **STANDARD ITEMS**	Presented by	Attachment	Timing
1.	**Apologies for absence**	Chair	**Verbal**	**1:45pm**
Declarations of Interest All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.				
2	**Minutes of Meeting held on 19 June 2024**	Chair	**H**	
3.	**Matters Arising/ Action Checklist**	Chair	**I**	
4.	**Patient Story**	Chief Nurse	**J**	**1:50pm**
5.	**Directorate Presentation: Heart and Lung Directorate**	Chief Executive	**K to follow**	**2:05pm**
6.	**Feedback from Non-Executive Director walkrounds**	Chair and NEDs	**Verbal**	**2:30pm**
	PERFORMANCE			
7.	**Chief Executive Update**	Chief Executive	**L**	**2:40pm**
8.	**Integrated Quality and Performance Report (Month 4 2023/24) July 2024 data**	Chief Medical Officer/ Chief Nurse/ Chief Operating Officer	**M**	**2:50pm**
9.	**Finance Report (Month 4 2023/24) July 2024 data**	Chief Finance Officer	**N**	**3:05pm**
	ASSURANCE			
10.	**Learning from Deaths report- Child Death Review Meetings – Q4 2023/24**	Chief Medical Officer	**O**	**3:15pm**
11.	**Nursing Workforce Report Quarter 1 2024/25**	Chief Nurse	**P**	**3:25pm**
12.	**Annual Reports 2023/24** • **Annual Director of Infection and Prevention Control Report 2023/24** • **Safeguarding Annual Report 2023/24 (*for information as has been through***	Chief Nurse/ Director of Infection, Prevention and Control Chief Nurse/ Head of	**Q** **R**	**3:35pm**

	***QSEAC*)** • **Business Continuity Annual Report 2023/24**	Safeguarding Chief Executive/ Emergency Planning Officer	**S**	
	RISK AND GOVERNANCE			
13.	**Board Assurance Committee reports:** • **Quality, Safety and Experience Assurance Committee – July 2024 and September 2024** • **Audit Committee June 2024 including** ○ **Approval of revised Audit Committee Terms of Reference** • **Finance and Investment Committee Update – August 2024 including:** ○ **Approval of Finance and Performance Committee Terms of Reference** • **People and Education Assurance Committee Update – July 2024**	 Chair of QSEAC Chair of Audit Committee Chair of the Finance and Investment Committee Chair of the People and Education Assurance Committee	 **T** **U** **V** **W**	**4:05pm**
14.	**Update from the Council of Governors**	Company Secretary	**X**	**4:25pm**
15.	**GOSH Annual Report 2023/24**	Company Secretary	**Z**	**4:35pm**
16.	**Any Other Business** (Please note that matters to be raised under any other business should be notified to the Company Secretary before the start of the Board meeting.)			**4:45pm**
17.	**Next meeting** The next public Trust Board meeting will be held on **Thursday 24 October 2024**.			

Attachment H

Great Ormond Street Hospital for Children NHS Foundation Trust

DRAFT Minutes of the meeting of Trust Board on 19 June 2024

Present

Ellen Schroder	Chair
Prof Helen Cross	Non-Executive Director
Gautam Dalal	Non-Executive Director
Amanda Ellingworth	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Suzanne Ellis*	Non-Executive Director
Matthew Shaw	Chief Executive
Caroline Anderson	Director of HR and OD
Tracy Luckett	Chief Nurse
John Beswick	Chief Finance Officer
Prof Sanjiv Sharma	Chief Medical Officer

In attendance

Jason Dawson	Interim Director of Estates and Facilities
Cymbeline Moore	Director of Communications
Dr Kiki Syrad	Director of Research and Innovation
Lore Lippmann*	Deputy Chief Finance Officer
Andrew Pearson*	Clinical Audit Manager
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)
Beverly Bittner-Grassby*	Governor (observer)
Claire Williams*	Head of Patient Experience
Martin Tisdall*	Chief of Service for Brain and Consultant Paediatric Neurosurgeon
Will*	GOSH patient
Cherie*	Parent of Will, GOSH patient
Dr Edward Gaynor*	Guardian of Safe Working
Three members of the public	

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

46	**Apologies for absence**
46.1	No apologies for absence were received.
47	**Declarations of Interest**
47.1	No declarations of interests were received.
48	**Minutes of Meeting held on 9 May 2024**
48.1	Minute 27.1 to be amended to read: "…the Trust had delivered the 2023/24 deficit in line with forecast".
48.2	The Board **approved** the minutes of the previous meeting subject to the above amendment.

49	**Patient Story**
49.1	Claire Williams, Head of Patient Experience said that Will had been a patient at GOSH since 2019 and had contributed to the hospital as a member of the Young People's Forum (YPF). Will had a stroke abroad in 2020 which had been caused by a cavernoma and had resulted in a diagnosis of epilepsy. Will had been admitted to Koala Ward on returning to the UK and he said that whilst in France it had been stressful being admitted to hospital in another country where they spoke another language.
49.2	Will said that he had initially struggled with his diagnosis and a feeling of a lack of control but once he had met with his neurology team, Will said that he had been able to understand what was happening and the processes in place which had been a turning point. Will said that he met members of the Play Team who helped him to understand how he could live a good life going forward.
49.3	Will said that his clinical care had been excellent and a real positive of his time at GOSH, and staff were always happy to answer questions, however he said that aside from computer games, there were very limited options in terms of play and the ability to socialise for older patients. He said that discussions were taking place about incorporating socialising rooms in the Children's Cancer Centre which would be very beneficial. Will said that it was important that staff tried to help patients feel that they were in an everyday environment and that the Koala Ward domestic had been instrumental in this by regularly stopping to have an upbeat conversation.
49.4	The YPF had helped Will to meet other patients and feel less alone. Will said that he welcomed the opportunity to help make improvements in the hospital and to see them come to fruition. Following Will's successful treatment at GOSH he said that he was looking forward to going to university to study paramedic science.
49.5	Will's mum Cherie said that it had been extremely challenging for Will when he had first fallen ill and GOSH had enabled him to see positives in his future. He had been involved in competitive sailing and the Trust had supported and empowered Will to identify solutions to continue his involvement. Cherie said that GOSH's ability to see the whole person rather than only a medical condition was key to children and young people's wellbeing. She added that it was important for the Board to continue to be conscious of the impact that their decisions ultimately had on patients.
49.6	Ellen Schroder, Chair thanked Will and Cherie for giving their feedback and highlighted the importance of the YPF to the hospital. She added that whilst the average age of GOSH's patients was reducing, it was important to ensure that there were sufficient activities for older patients. Jason Dawson, Interim Director of Space and Place said that adolescent space was a key consideration and was being discussed at the August meeting of the YPF.
50	**Chief Executive Update**
50.1	Matthew Shaw, Chief Executive said that work continued on staff wellbeing and directorates and corporate areas had been asked to develop two or three high impact actions in local areas to improve colleagues' lives. Ellen Schroder noted that meetings were taking place about partnership working with the Royal National Orthopaedic Hospital and asked when this would be presented to the Board. Matthew Shaw said that the vision for this would be included in GOSH's strategy work. Ellen Schroder said that a positive relationship could be used as a template for future partnership working.

51	**Quality Report 2023/24**
51.1	Sanjiv Sharma, Chief Medical Officer said that the Quality Report would be uploaded to the GOSH website by 30 June and was an opportunity to celebrate good work and highlight areas for future improvement. The Trust had been ambitious in its priorities for 2023/24 which had been multiyear programmes. Work had been taking place to embed the Patient Safety Incident Response Framework and focus was being placed on system and human factors in safety events. Improvements had been made to noise at night and improving data driven decision making.
51.2	There had been successes in terms of clinical audit which had driven improvements and focus on best practice across the hospital and had led to many pieces of work which had far reaching impact such as through system improvements in Epic. The Learning from Deaths process also supported the identification of good practice and signalled where improvements were required. The Chair of the London Borough of Camden Health and Adult Social Care Scrutiny Committee had provided feedback on the report which highlighted the Trust's areas of strength.
51.3	**Action:** Ellen Schroder said that it was important to ensure the report was as engaging as possible to encourage readership and asked whether it should be summarised to support this. Sanjiv Sharma said that the report helped the Trust to share successes arising from the quality improvement programme and added that a monthly summary from the quality team was uploaded to the intranet. Ellen Schroder said that NHS Impact required that all Trusts had well documented and understood quality improvement programme and added that it would be important that the Board was clear about this. Sanjiv Sharma said that a deep dive had taken place at QSEAC, and it was agreed that it would also take place at a future Board Development Session.
52	**GOSH Foundation Trust Annual Financial Accounts 2023/24**
52.1	Gautam Dalal, Chair of the Audit Committee said that an Audit Committee meeting had taken place prior to the Trust Board which had discussed the annual accounts and received reports from the external and internal auditors and counter fraud.
52.2	The external auditors had not yet completed their work however it was anticipated that an unqualified report would be received. The deadline for signing was 28 June 2024. Work continued to be required around management override of controls however there had no adverse findings had been made so far and it was not anticipated that any would be identified.
52.3	The Board noted the risk around the signing deadline given the ongoing audit work and **agreed** to delegate authority to the Chief Executive, Chief Finance Officer and the Audit Committee to approve signing the accounts.
52.4	<u>Annual Report 2023/24</u>
52.5	Anna Ferrant, Company Secretary said that the theme of the Annual Report 2023/24 was 'it takes a team'. There was an element of the Code of Governance with which the Trust did not comply around health inequalities and an explanation of this had been provided. The Chief Nurse's team was working with the data team to make this change which would go to QSEAC in September, followed by Trust Board.
52.6	The Trust was currently compliant with the Code of Governance around the balance of the Board, however further discussion would be required to ensure that this remained

	the case in future years. The Trust had also not sought feedback from Governors on the annual plan, however they had been consulted on other areas of the strategy.
52.7	**Action:** Amanda Ellingworth welcomed the tone that had been set by the poem prior to the Chair's foreword and said that a segue was required between the poem and the business of the foreword. She suggested that this was based on patient and family experience at GOSH and suggested that the message of gratitude to staff was widened and moved towards the beginning of the Chair's foreword.
52.8	The Board **approved** the following documents: • Annual Report 2023/24 • the Annual Governance Statement • the assurance committee annual reports • Compliance with the NHS Code of Governance • Draft Head of Internal Audit Opinion • Draft Representation Letter.
53	**Integrated Quality and Performance Report – Month 1 2024/25**
53.1	Tracy Luckett said that significant work was taking place in the Infection Control team to improve infection rates and improve performance around stool samples. This work would report to QSEAC as a deep dive. There had been an increase in PALS contacts over the last month some of which had been around the orthopaedics service and some was related to international and private care and the management of bills.
53.2	GOSH was currently amber rated on the Friends and Family Test for the question around likelihood to recommend as a result of communication and signage related to the temporary closure of the main entrance due to the Children's Cancer Centre development. More work was required in this regard.
53.3	Ellen Schroder noted that metrics for honorary contract holder training were persistently red rated, and Caroline Anderson, Director of HR and OD said that this was complex due to the small proportion of an honorary contract holder's week that was spent at GOSH. She said that improvement had been made and it continued to be an area of focus.
53.4	Sanjiv Sharma said that there had been an increase in overdue actions from the review of serious incidents. The team was focused on this and there had been good improvement since April 2024. This would be the last report which used the language of Serious Incidents and the next report would use the language as set out in PSIRF.
53.5	**Action:** Chris Kennedy, Associate Non-Executive Director highlighted that Google Maps and Citymapper both continued to direct people to the closed main entrance, and it was agreed that this would be taken forward with the companies.
54	**Finance Report – Month 1 2024/25**
54.1	Lore Lippmann, Deputy Chief Finance Officer said that GOSH had submitted its financial plan on 12 June 2024. Year to date the Trust was reporting a deficit of £6.5million which was £2.7million behind plan and was primarily timing related. Clinical income was broadly in line with plan and International and Private Care was performing well.

54.2	Chris Kennedy noted that although it was early in the year one directorate was substantially behind plan and Lore Lippmann confirmed that this was being closely monitored and Matthew Shaw said that directorates had approved their budgets and performance would be monitored at Performance Review Meetings.
54.3	Lore Lippmann said that the cash position had deteriorated to £53million and was being closely monitored.
55	**Annual Reports**
55.1	Annual Health and Safety and Fire Report 2023/24
55.2	Jason Dawson said that the Trust had received a planned visit by the Health and Safety Executive as part of their programme of asbestos visits. Learning had been identified in some areas, but no enforcement notices had been issued.
55.3	Learnings had been identified about the storage of e-bikes on site and bespoke storage was being developed. E-bikes would not be allowed on site until this work was complete.
55.4	The Board agreed that although the front page of the report said that the Trust was concerned with staff safety, GOSH was concerned about the health and safety of all individuals on the site.
55.5	Guardian of Safe Working Report Q4 2023/24 and Annual Report 2023/24
55.6	Edward Gaynor said that he had been newly appointed as the Guardian of Safe Working, having worked at GOSH as a Paediatric Gastroenterologist since 2019. He said that Junior Doctors were a key driver or the world class care provided at GOSH and it was important that they were able to exception report or have conversations with the Guardian of Safe Working. The level of exception reporting at GOSH remained low and 105 reports had been received in the last 12 months which was equivalent to less than 1% of Junior Doctors. Edward Gaynor said that exception reporting would be actively promoted, and a survey would take place of all doctors including consultants on the barriers to reporting.
55.7	A large proportion of the reports in 2023/24 had been made by the Trust's psychiatry trainees and critical responses had also been received to a trainee survey. Exception reports would support the identification of issues for improvement. The Junior Doctor's Forum (JDF) was a key mechanism for understanding the experience of Junior Doctors and Edward Gaynor said that Board members were welcome to attend meetings.
55.8	Agency and bank spend had risen in the year driven by both the rising vacancy rate in medical staffing and industrial action. The JDF reported that there had been a negative impact on Junior Doctor morale from industrial action however engagement from Junior Doctors had been good and they reported feeling supported by the Trust.
55.9	Chris Kennedy said that there were some challenges in the area such as the vacancy rate and the challenges of the exception reporting system and asked how progress would be measured. Edward Gaynor said that increasing the baseline level of exception reporting was a challenge and it was important to celebrate reporting and highlight to that this was available to all junior doctors rather than just Health Education England trainees as was the case in other organisations. The Trust's PGME team also undertook surveys focused on training. A group of Guardians of Safe Working would be established in North Central London in order to enable sharing of best practice and

	benchmarking.
55.10	**Action:** Ellen Schroder said that she would attend a meeting of the JDF to highlight the importance of Junior Doctors for GOSH's patients. She noted that two fines had been levied against the Trust and emphasised that there must be a zero-tolerance approach to doctors working extended hours due to the impact on them and their patients. Ellen Schroder asked about Junior Doctor recruitment and Caroline Anderson said that there were challenges, primarily due to the number who were recruited from overseas, and the time taken for recruitment and onboarding. It was agreed that this would be discussed at PEAC. Edward Gaynor said that it was important to innovate around recruitment processes and to involve the JDF.
55.11	<u>Complaints Report 2023/24</u>
55.12	Claire Williams, Head of Patient Experience said that there had been an increase in complaints however overall numbers remained low. Benchmarking continued to be challenging and an informal patient experience forum was being established to support the sharing of data.
55.13	Themes arising from complaints were around delays to treatment, cancellations and follow ups. The team was receiving complaints from families who had received more than two cancellations and where this would previously have been raised with PALS, families were now more inclined to make a formal complaint. The proportion of complaint responses which were shared with families within the agreed timescale was low and the team was working with clinical services to encourage them to set realistic deadlines and to raise any concerns about meeting the deadline at an early stage.
55.14	Complaints in two services were particularly high around cancellations and work was taking place with the Directorate as complex issues had arisen which indicated the need for wellbeing support for families.
55.15	Ellen Schroder highlighted that the number of complaints had increased after 2021/22 and Claire Williams said that previously numbers had been extremely low, and work had been undertaken to raise the profile of the complaints service and the way in which patients and families could raise concerns. She added that increasing numbers of complaints was also a national trend. Ellen Schroder said that it was important to identify any indication that families were unhappy and ensure that issues could be managed as quickly as possible. Amanda Ellingworth highlighted the reference in the report that families felt that they may suffer detriment as a result of making a complaint and Claire Williams said that this was an ongoing challenge. A Complaints Charter had been added to the website which set out what families could expect when they complained.
56	**Board Assurance Committee reports**
56.1	<u>Audit Committee update – June 2024 meeting (verbal)</u>
56.2	Gautam Dalal, Audit Committee Chair said that the report had been focused on receiving the year end reports. Discussion had also taken place on cyber security which continued to be a risk to all organisations, particularly given the recent NHS incident. A fuller report on the matter would be received at the October 2024 Audit Committee meeting.

56.3	Quality, Safety and Experience Assurance Committee update – May 2024 meeting
56.4	Amanda Ellingworth, Chair of QSEAC said that many of the items had also been discussed as part of the Trust Board agenda. The Committee welcomed the holistic service which was being provided to patients and families as a result of bringing together the safeguarding, learning disability and healthcare transition teams. A potential early warning signal around mortality had been identified in PICU and the data was being reviewed. This would be followed up at the next meeting.
56.5	People and Education Assurance Committee – May 2024 meeting
56.6	Kathryn Ludlow, Chair of PEAC she had given a verbal update at the last Board meeting. A written report was provided for information as part of the papers.
56.7	Finance and Investment Committee – June 2024 meeting
56.8	Suzanne Ellis, Chair of FIC said that the Committee had discussed a potential move to become the Finance and Performance Committee as well as the breakeven financial plan. The Committee had felt that the plan incorporated the maximum amount of stretch that was appropriate and had been required to assume that there would be no industrial action during 2023/24.
56.9	The Committee had discussed the focus on overall workforce headcount and had welcomed the performance which was in line with plan. Themes, root causes and action plans around long waiting patients had been discussed alongside other areas of performance.
56.10	The Committee had scrutinised the annual insurance review and discussed cyber insurance and the criteria that was required and an after-action review had taken place of the implementation of the picture archiving system to ensure that learnings were incorporated into future business case implementations.
57	**Council of Governors' Update – May 2024**
57.1	Ellen Schroder said that Governors had received a presentation on 'Kapsule Kids', a sustainability project in Pharmacy which had won the Green Teams award. It had focused on supporting children to swallow tablets rather than take liquid medication which had increased sustainability implications. She said that it was an excellent example of a project which benefited patients, staff, the environment and also had financial benefits. Jason Dawson said that the project had also been presented at the all-staff Big Brief.
57.2	The Council had approved the appointment of Adrian Joseph as a Non-Executive Director on the Board and discussed the appointment of a Lead and Deputy Lead Governor.
57.3	Ellen Schroder said that it had been the first meeting for a number of newly elected and appointed Governors who had been very engaged.
58	**Any other business**
58.1	There were no other items of business.

Attachment I

TRUST BOARD – PUBLIC ACTION CHECKLIST
September 2024

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
108.15	30/11/23	Gautam Dalal requested a cascade diagram to depict the cumulative progress that would be made as a result of the transformation programme.	Jennifer McCole	October 2024	Not yet due: This will be provided alongside an update on Transformation.
31.4	09/05/24	GOSH Green Plan: Ellen Schroder asked that costings were applied to the plan and Suzanne Ellis confirmed that it would be coming to the Finance and Investment Committee.	JD	October 2024	Underway – not yet due
51.3	19/06/24	Ellen Schroder said that it was important to ensure the report was as engaging as possible to encourage readership and asked whether it should be summarised to support this. Sanjiv Sharma said that the report helped the Trust to share successes arising from the quality improvement programme and added that a monthly summary from the quality team was uploaded to the intranet. Ellen Schroder said that NHS Impact required that all Trusts had well documented and understood quality improvement programme and added that it would be important that the Board was clear about this. Sanjiv Sharma said that a deep dive had taken place at QSEAC, and it was agreed that it would also take place at a future Board Development Session.	SS	December 2024	Not yet due: To be scheduled before end 2024 at a Board Development session.
52.7	19/06/24	Trust Annual Report 2023/24: Amanda Ellingworth welcomed the tone that had been set by the poem prior to the Chair's foreword and said that a segue was required between the poem and the business of the foreword. She suggested that this was based on patient and family experience at GOSH and suggested that the message of gratitude to staff was widened and moved towards the beginning of the Chair's foreword.	AF	June 2024	Actioned: Published annual report on agenda (for information)
53.5	19/06/24	Chris Kennedy, Associate Non-Executive Director highlighted that Google Maps and Citymapper both continued to direct people to the closed main entrance, and it was agreed that this would be taken forward with the companies.	JD	September 2024	There are two pins on Google maps for GOSH. GOSH owns one of these pins. Discussions are being sought on moving the pins to the correct locations.

Attachment I

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
55.10	19/06/24	Ellen Schroder said that she would attend a meeting of the JDF to highlight the importance of Junior Doctors for GOSH's patients. She noted that two fines had been levied against the Trust and emphasised that there must be a zero-tolerance approach to doctors working extended hours due to the impact on them and their patients. Ellen Schroder asked about Junior Doctor recruitment and Caroline Anderson said that there were challenges, primarily due to the number who were recruited from overseas, and the time taken for recruitment and onboarding. It was agreed that this would be discussed at PEAC. Edward Gaynor said that it was important to innovate around recruitment processes and to involve the JDF.	CA/SS	November 2024	Not yet due

Attachment J

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
11 September 2024

Patient Story: Experiences of care at GOSH and healthcare transition **Submitted by** Tracy Luckett, Chief Nurse **Prepared by** Claire Williams, Head of Patient Experience	**Paper No: Attachment J** ☐ **For information and noting**

Purpose of report
The Great Ormond Street Hospital Patient Experience Team works in partnership with ward and service managers, clinical teams, PALS, and the Complaints and Patient Safety Teams to identify, prepare and present patient stories for the Trust Board. The stories ensure that experiences of patients and families are heard, good practice is shared and where appropriate, actions are taken to improve and enhance patient experience.

Summary of report
Rose, aged 21 years old, was referred to GOSH a few hours after her birth and has been under the care of multiple specialties including Renal. Rose had a kidney transplant in 2021. As a member of the Young People's Forum and patient governor, Rose will share her experiences of care at GOSH and transition to adult care services. She will also share her insight on areas for improvement and positives at GOSH.

The Trust's Healthcare Transition Improvement Manager will also attend Trust Board to explain some of actions underway to improve transition and enhance experiences of adolescent patients across the hospital.

Patient Safety Implications
None

Equality impact implications
None

Financial implications
Delayed transition potentially has a financial impact on the Trust.

Strategic Risk
Company Secretary to complete

Action required from the meeting
Recommendations or actions for the Trust Board to consider

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

Who is responsible for implementing the proposals / project and anticipated timescales?
Head of Patient Experience

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

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board 11 September 2024	
Chief Executive's Report **Submitted by: Matthew Shaw, Chief Executive**	**Paper No: Attachment L** **For information and noting**
Purpose of report Update on key operational and strategic issues.	
Summary of report An overview of key developments relating to our most pressing strategic and operational challenges, namely: • Supporting our people • Developing and transforming our services • Expediting activity and access to care for children's and young people & working with system partners • Financial sustainability and advocating for a fair settlement for children and young people with complex health needs	
Patient Safety Implications • No direct implications (relating to this update in isolation).	
Equality impact implications • No direct implications (relating to this update in isolation).	
Financial implications • No direct implications (relating to this update in isolation).	
Strategic Risk BAF Risk 1: Financial sustainability BAF Risk 3: Operational Performance BAF Risk 14: Culture BAF Risk 19: Transformation	
Action required from the meeting • None – for noting	
Consultation carried out with individuals/ groups/ committees Not Applicable	
Who is responsible for implementing the proposals / project and anticipated timescales? Executive team	
Who is accountable for the implementation of the proposal / project? CEO	

Welcoming our New Chief Operating Officer, Dena Marshall

I am delighted that Dena Marshall will join us as Chief Operating Officer on Monday 7 October 2024. Some of you will know Dena from her time at GOSH eight years ago, when she covered the role for a maternity leave. Since that time Dena has amassed a wealth of experience around operational management and leadership including being the Managing Director, Group Clinical Services at Barts Health and the CEO of Royal Manchester Children's.

Dena really understands what can make a difference to patients and their families and I am sure under her leadership our operations will go from strength to strength. Dena will initially be focusing on developing an operational excellence programme to improve our core operational functions and build a firm foundation to develop our clinical services in service of our new strategy.

Departure of John Beswick & cover for the Chief Finance Officer (CFO)

We are sorry to be preparing for the departure in October of our CFO John Beswick as he takes up an exciting new role in the global tech space and want to thank him for his leadership and all he has done for GOSH since he joined us.

The recruitment for the CFO role is now well underway and our fantastic Deputy CFO, Lore Lippman, will be deputising from mid-October and Acting CFO from 1 November 2024.

Appointment of our Deputy Chief Executive, Sanjiv Sharma

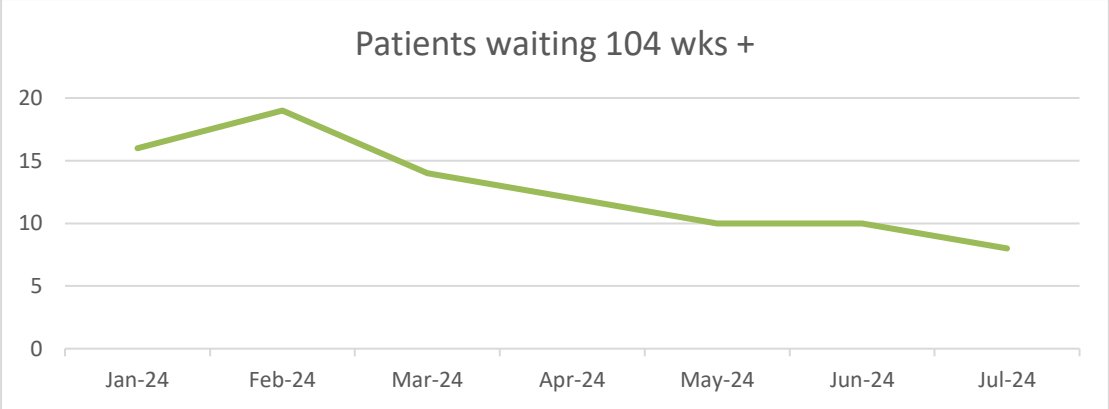
Over the last few months we put in place a temporary role of Deputy Chief Executive, which was commendably undertaken by our Chief Medical Officer, Sanjiv Sharma.

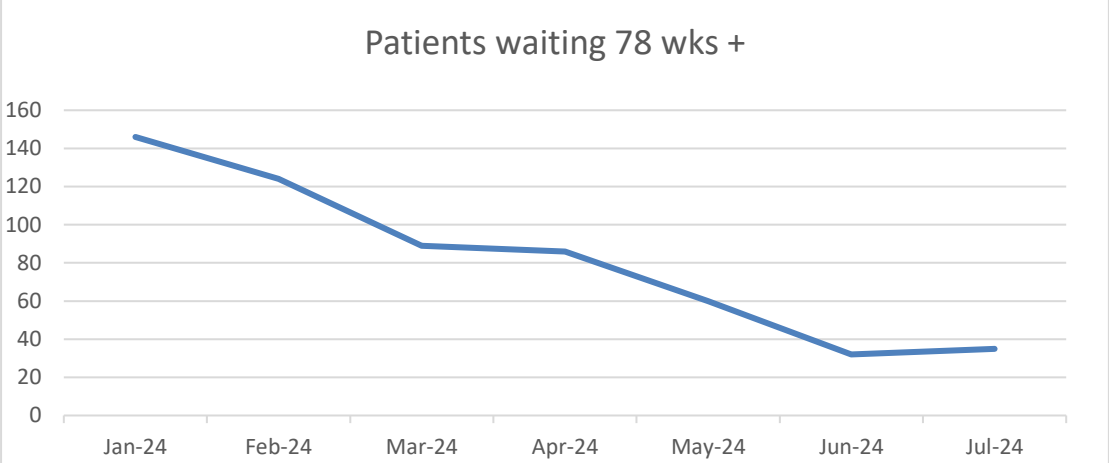
This arrangement has now been made permanent to build on the benefits the DCEO role offers, to provide consistent cover for the CEO post during absence and to ensure there is a deputy to attend external and internal meetings for me as and when needed.

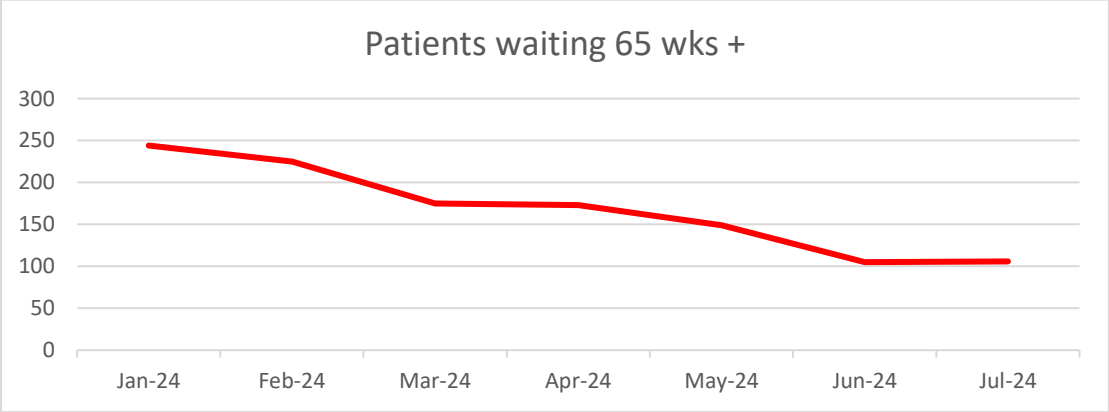
Good progress on our long waiting patient position

I'm pleased to report that we are making good progress on our long waiting patients. We have managed to reduce our cohort of long waiting patients; a 56% reduction in 65+ week waits, and 76% reduction in 78 weeks+ since Jan 2024. Furthermore, we have also made significant progress in reducing patients waiting 104 weeks and over, a reduction of 50% since Jan 2024. Currently we are predicting just one 104+ week waiting patient by the end of September 2024.

Our NHS benchmarking indicates that we are performing significantly better for Referral to Treatment times than our peers and within the integrated care system (with the exception of just one other trust) as well as against similar trusts nationally. Overall, our throughput is 6 weeks quicker than the national average.







While we celebrate this success, we are also mindful of the ongoing need to monitor and maintain progress. There is a risk that we are likely to have a small cohort of long waiting patients mainly due to patient choice to have TCIs in school holidays, last minute patient cancellations due to illness, as well as some of our highly complex patients who need several diagnostics and investigations prior to being dated for surgery or require more than one surgeon during their procedure.

We also inherit patients from other Trusts where they have been waiting a rather long time before being referred to us. (It should be noted that in these instances the average time to treat at GOSH is 16.9 weeks.)

Supporting and celebrating our staff

The GOSH community was shocked and upset by the civil unrest over the summer, which saw a minority of people across the country using violence and intimidation to stir up hatred and distrust.

We quickly issued a statement to make it clear that we stand with our people both at GOSH and across the NHS, and the communities they live in, in our condemnation of racist violence.

Our services to children, young people and families from all communities and across the world are the better for embracing the different experiences, perspectives and insights of our GOSH community which is made up around 40% from minority ethnic backgrounds and of individuals from over 100 nations.

In special events to address staff, we made it clear that our corporate position is to celebrate the diversity, expertise and vibrancy our staff bring to GOSH and the contribution migrants have made to the NHS since its foundation.

We stressed that we do not tolerate any form of discrimination, harassment, bullying or violence and we challenge and address unwanted, harmful or inappropriate behaviours, words and actions.

We also put in place a wide range of support for staff, both practical and compassionate, to help them feel safe and welcome to come to work during anticipated unrest (including overnight accommodation, taxis and security escorts from site to public transport).

Ends

Attachment M

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board 11 September 2024	
September 2024 Integrated Quality and Performance Report (July 2024 data) **Submitted by:** Matthew Shaw, Chief Executive **Co-Authors** Dr Sanjiv Sharma, Chief Medical Officer Tracy Luckett Chief Nurse Caroline Anderson Director of HR & OD	**Paper No: Attachment M** □ **For discussion**

Purpose of report

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

Summary of report

The Trust remains committed to delivering high quality care for patients effectively and doing so in a timely manner. Over the course of 2023/24, industrial action impacted activity levels and patient access. As at M4 of 24/25 all activity was 3.2% above plan and above 2023/24 (6.7%). Electives are behind plan at -14.1 % and day cases are just above plan at 1.4%.

The focus remains on long waiting patients, and the Trust has seen a huge reduction in patients waiting over 78 weeks. In July, we reported 35 patients waiting over 78 weeks, a significant reduction from May when we reported 60. The patients that remain are a combination of capacity challenges in a few specialties, patients choosing to wait due to summer school holidays and exams and very complex patient cases that require careful planning and management. The Referral to Treatment (RTT) rate has slightly increased at 70.3% indicating patient management across the patient tracking list (PTL) and despite further challenges that arise with bouts of acute sickness often preventing children and young people from being admitted.

The Trust is also in the process of reviewing patients who are past their planned date for their diagnostic test. This cohort of patients are mainly waiting for MRIs, Cardiac MRIs, Sleep Studies and Ultrasound. We are putting on additional capacity where we can to ensure these patients are seen as quickly as possible and where appropriate reviewing referral criteria with other providers.

Patient safety and experience remain good with Inpatient Friends and Family Test (FFT) experience ratings still above target. There was an increase in complaints compared to last month. There has been a slight reduction in the number of families contacting PALS (Patient Advisory Liaison Service). Families contacted PALS chasing referrals and querying referral rejections, requesting rescheduled admission and outpatient appointments, transport requests, medication enquiries, updates on admission dates as well as regarding the Orthopaedic review.

Incident numbers remain in an expected range this month. Five stage 3 duty of candour were due in month, four were sent on time, with one further awaiting confirmation the report has now been sent.

The Trust sickness rate for July was slightly over the Trust target but performs extremely well when benchmarked against the national average for the NHS for July which was 4.76%.

Mandatory training compliance remained stable at 93%. Non consultant appraisal rate remained at 82% this month. Nursing vacancy rate continued to increase this month to 11.1% and is being monitored closely. Substantive staff in post has remained below the planned level of 5800 FTE. YTD the Trust has achieved £2.5m Better Value against a plan of £4.5m, largely made up of pay schemes. Although the run rate of the programme has improved in M4, and there are now live schemes valued in excess of £15m (against the £21.8m target) with more anticipated to be signed into the programme next month, there remains a significant gap requiring close attention.
Patient Safety Implications The IQPR includes metrics and analysis on Patient Safety.
Equality impact implications There are no specific metrics on equality, but the report includes metrics on Access, Freedom to speak up and Patient experience.
Financial implications The IQPR only includes metrics on Better Value and no other specific metrics on Finance, but access and activity performance will also have implications on revenue.
Action required from the meeting None
Consultation carried out with individuals/ groups/ committees Reviewed at EMT
Who is responsible for implementing the proposals / project and anticipated timescales? Chief Operating Officer
Who is accountable for the implementation of the proposal / project? Chief Executive

Great Ormond Street Hospital for Children
NHS Foundation Trust

Integrated Quality & Performance Report

August 2024

Reporting July 2024 data

Mat Shaw
Chief Executive

Tracy Luckett
Chief Nurse

Sanjiv Sharma
Chief Medical Officer

Caroline Anderson
Director of HR & OD

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Executive Overview

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YTD the Trust has achieved £2.5m Better Value against a plan of £4.5m, largely made up of pay schemes. Although the run rate of the programme has improved in M4, and there are now live schemes valued in excess of £15m (against the £21.8m target) with more anticipated to be signed into the programme next month, there remains a significant gap requiring close attention.

Integrated Quality & Performance Report, July 2024

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

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		↗
65 Week Waits		↘
104 Week Waits		↘
DM01 Performance		↘
Cancer Standards		→
Cancelled Operations		↘

Effective

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

Review of key metrics underway for 2024/25 and summary headlines will be updated once complete

Patient Safety - Incidents & Risks

Overview

- **Incidents:** Incident numbers were within expected range for July. Overall, incident numbers are stable. Efforts are being made to close incidents across clinical directorates, where a large number (1250) are overdue. There are also 650 incidents awaiting closure, of which most are Health and Safety or Security incidents.
- **Patient Safety Incident Investigations:** Two new PSIIs were declared at Safety Events Review Group in July. One of these emerged from a complaint. Both cases relate to patient deaths. Investigations are being carried out using a systems analysis approach to identify if there is learning for the Trust where we can improve.
- **Duty of Candour:** Duty of candour compliance is good this month with all stage 2 being completed. Four stage 3 DOC have been completed, with one further awaiting confirmation the report has been sent (investigation is complete)
- **Risks**: Risk compliance is at a 12-month high with only 2 high risks (4%) being overdue. Across all risks only 7% are overdue.
- **Clinical Harm review:** 55.3% of patients who were waiting 65+ weeks (on RTT and Non RTT pathways) had their clinical harm review completed by the end of July**.** Directorates are undertaking work to review the outstanding volume.

Patient Safety - Incidents

		Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Last 12 months	RAG			Stat/ Target
New Incidents	Volume	657	521	645	628	521	621	579	599	581	620	602	666		No Threshold			Target
Total Incidents (open at month end)	Volume	2382	2438	2247	2572	1914	2021	2162	2409	2206	2363	2347	2325		No Threshold			Target
New Serious Incidents	Volume	3	1	3	1	2	2	0	1	4	1	0	2		No Threshold			Target
Total SIs (open at month end)	Volume	6	5	8	7	6	6	5	5	6	5	5	5					Target
Overdue SI Actions	Volume	24	9	8	7	3	3	2	8	24	23	19	31		>20	10 - 20	0 - 9	Target
Patient Safety Incidents involving physical harm	%	11%	10%	9%	13%	12%	13%	13%	10%	13%	14%	15%	12%		>25%	15%-25%	<15%	Target
Paient Safety incidents involving psychological harm†	%										10%	9%	6%		>25%	15%-25%	<15%	
Never Events	Volume	0	0	0	0	1	0	0	0	1	0	0	0		>/=1		0	Stat
Pressure Ulcers (3+)	Volume	1	0	0	0	1	0	0	0	0	1	0	1		>1	=1	=0	Stat
Duty of Candour Cases (new in month)	Volume	7	2	5	6	2	8	4	2	1	6	7	4		No Threshold			Target
Duty of Candour – Stage 2 compliance (case due in month)	%	4/7	3/4	2/2	3/6	1/1	1/2	4/4	2/2	0/0	1/4	3/3	3/3		<75%	75%-90%	>90%	Target
Duty of Candour – Stage 3 compliance (case due in month)*	%	5/5	1/1	4/5	1/4	0/0	4/5	1/1	2/2	1/2	2/2	1/1	4/5		<50%	50%-70%	>70%	Target
High Risks (% overdue for review)**	%	38%	31%	15%	11%	50%	34%	37%	40%	62%	14%	9%	4%		>20%	10% - 20%	<10%	Target

† From May 2023 harm was split between physical and psychological harm. Statistics prior to this date describe harm as a combined figure.
* Following introduction of PSIRF at GOSH, Serious Incidents are no longer declared. The trust carries out PSIIs in line with PSIRF.
** From December 2022 onwards this figure include risks rated 15+ (previously 12+)

Patient Safety - Infection Control & Inpatient Mortality

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

Overview

- 2 cases of C.difficile was reported this month due to treatment being given
- Line infection rates continue to be at a lower rate than were seen in May of 2024
- 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
- In March 2024 we identified a signal in our real time risk adjusted PICU/NICU mortality data that has been reviewed (note 1)

Infection Control		Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	2024/25 YTD	Last 12 months	RAG (23/24 threshold)			Stat/ Target
Total C Difficile cases	In Month	0	1	1	3	2	1	0	0	3	1	1	4	9					Stat
C difficile Trust Assigned	Annually		1	1	1	0	1	0	0	1	0	1	2	4		>6	N/A	<=6	Stat
Total MRSA cases	In Month	0	1	0	0	1	0	0	1	0	1	1	0	2					Stat
MRSA Trust Assigned	In Month	0	1	0	0	0	0	0	1	0	0	1	0	1		>0	N/A	=0	Stat
Total MSSA cases	In Month	2	0	2	1	3	0	1	1	2	0	3	3	8		No Threshold			
MSSA Trust Assigned	In Month	2	0	2	0	2	0	0	1	1	0	1	2	4		No Threshold			
Total E.Coli Bacteraemia cases	In Month	3	0	0	2	2	0	2	0	1	1	0	0	2					Stat
E.Coli Bacteraemia Trust Assigned	In Month	2	0	0	1	2	0	2	0	1	0	0	0	1		>12	N/A	<=12	Stat
Total Pseudomonas Aeruginosa	In Month	1	3	4	1	4	0	0	2	1	0	0	2	3					Stat
Pseudomonas Aeruginos Trust assigned	In Month	1	2	3	1	3	0	0	1	0	0	0	2	2		>19	N/A	<=19	Stat
Total Klebsiella spp	In Month	2	4	4	3	4	6	2	3	5	2	2	3	12					Stat
Klebsiella spp Trust Assigned	Annually	2	3	3	3	4	4	2	3	3	2	1	2	8		>34	N/A	<=34	Stat
CV Line Infections	In Month	2.3	2.6	2.3	1.2	1.7	1.5	1.4	2.5	2.1	1.7	1.1	1.2	1.9		>1.6	N/A	<=1.6	T

Inpatient Mortality & Cardiac Arrest	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Last 12 months	RAG	Stat/ Target
Number of In-hospital Deaths	6	7	5	6	7	11	8	12	7	2	7	6		No Threshold	
Inpatient Mortality per 1000/discharges	5.6	6.9	5.4	5.7	7.9	10.5	8.2	11.3	7.4	1.9	7.1	5.5		No Threshold	
Cardiac arrests outside ICU/theatres	0	1	3	2	0	2	0	4	1	1	2	1		No Threshold	
Respiratory arrests outside ICU/theatres	4	4	4	4	5	3	4	2	3	0	5	2		No Threshold	
Inquests currently open	18	14	15	15	17	15	14	16	15	18	18	15		No Threshold	

Note1: The Paediatric Intensive Care Audit Network (PICANet) is the national audit that benchmarks UK PICU data, including offering a method to monitor real time risk adjusted mortality in each site.
Real time risk adjusted mortality is monitored by the ICU teams using the PICANet resetting sequential probability ratio test (RSPRT) plots.
Proactive real time monitoring identified on the 27th March 2024 that there were signals in the PICU/NICU mortality data that require internal review to identify a cause in line with PICAnet guidance
A comprehensive review has led by Dr Sophie Skellett, PICU Consultant, and Deputy Chief of Service- Heart and Lung.
The response to the RSPRT signal is on the August 2024 QSOCC agenda as a specific report.

Safe

Effectiveness

Better Value:

YTD the Trust has achieved £2.5m Better Value against a plan of £4.5m, largely made up of pay schemes. Although the run rate of the programme has improved in M4, and there are now live schemes valued in excess of £15m (against the £21.8m target) with more anticipated to be signed into the programme next month, there remains a significant gap requiring close attention.

To that end, I&PC anticipate their income contribution to the programme should improve in the second half of the year, directorates are continuing to work up further local BAU schemes with their frontline teams, and the Better Value Delivery Group is overseeing the development and delivery of a material cross cutting programme. Current work is focused on non-pay optimisation, savings related to pharmacy, diagnostics and various areas of discretionary spend, and further efficiencies to be driven by further optimisation of how we use the Epic system. Directorates are still being encouraged to submit paperwork for all identified schemes, an EQIA panel review is due to take place in September.

Effectiveness	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Last 12 months
Speciality led clinical audits completed (actual YTD)	24	30	50	60	66	70	74	94	5	5	29	41	
Outcome reports published (YTD)	5	5	5	6	7	8	8	9	4	6	6	6	
QI Project completed	10	1	1	4	0	1	3	0	0	0	0	0	
QI Projects started	5	15	19	17	5	18	18	13	10	8	18	15	
NICE guidance currently overdue for review	0	0	0	0	2	0	1	1	0	0	0	0	
Better Value YTD Actual	£1,872,000	£2,679,000	£3,214,000	£3,582,000	£4,438,000	£5,063,000	£6,856,000	£9,467,000	N/A	N/A	£1,495,000	£2,503,000	
% value of schemes identified compared to their Better Value target	63.70%	63.70%	63.70%	63.70%	75.90%	72.90%	72.40%	66.70%	N/A	N/A	41.25% (exc. IPC) 56.26% (inc. IPC)	72.15%	
Number of schemes identified	109	122	122	122	91	76	75	73	N/A	N/A	40	72	
Number of schemes fully signed off and EQIA assessed	22	22	37	45	53	65	73	73	N/A	N/A	0	0	
Number of schemes identified but not signed off	100	100	86	78	38	11	2	0	N/A	N/A	40	72	

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

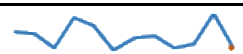
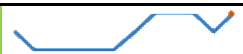
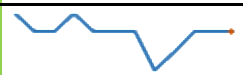
Patient Experience

Overview:

The FFT experience rating (98%) and response rating (32%) for Inpatients were met in July. The experience score for outpatients (93%) remained just below the Trust target for the seventh consecutive month and further analysis of this will be brought to Patient and Family Experience and Engagement Committee. A number of recurrent issues for improvement for example faulty lifts, timing of meals, lack of refreshments in some areas, and closed playrooms have been escalated, and plans are in in place or being developed to address these important aspects of experience. Positive FFT comments included praise for reception staff, entertainers, therapy dogs and exceptional medical care. Dashboards now enable closer review of FFT response and experience rates and qualitative comments at ward level.

9 formal complaints were received in July 2024, which is consistent with the same reporting period last year. A marked increase in patient activity (approximately 18%) in July is attributed to the reduction in both complaints and Pals contacts per 1,000 combined patient episodes. Complaint themes in July related to issues of care and surgical complications, concerns with some ward environments, and data breaches. The Information Governance team will present learning at the next Patient and Family Experience and Engagement Committee in August 2024. Late draft complaint responses are increasing, and Complaints are working with the clinical directorates to offer support to try to reduce delays and avoid the need for response extension requests.

Pals received 237 contacts in July. Contacts related to queries about the Orthopaedic review, rejected referrals and requests for information. Letters sent by SNAPS to patients on waiting lists notifying them of a backlog and further potential delays due to bed shortages has also prompted further contacts to Pals. 77% of contacts were resolved within 48 hours.

	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Last 12 months	RAG		
FFT Experience rating (Inpatient)	98.0%	99.0%	99.0%	99.0%	99.0%	98.0%	99.0%	98.0%	98.0%	97.0%	97.0%	98.0%		<90%	90-94%	>=95%
FFT experience rating (Outpatient)	96.0%	95.0%	96.0%	95.0%	95.0%	93.0%	93.0%	93.0%	92.0%	92.0%	94.0%	93.0%		<90%	90-94%	>=95%
FFT - response rate (Inpatient)	26.0%	26.0%	32.0%	31.0%	21.0%	21.0%	30.0%	39.0%	36.0%	27.0%	32.0%	32.0%		<25%	N/A	>=25%
PALS - per 1000 episodes	7.25	7.16	9.43	9.83	8.37	6.47	11.99	10.2	11.8	9.86	8.97	6.64		No Threshold		
Complaints- per 1000 episodes	0.38	0.37	0.27	0.48	0.43	0.26	0.34	0.36	0.27	0.3	0.51	0.27		No Threshold		
Red Complaints -% of total (note 1)	4%	3%	3%	3%	3%	3%	4%	5%	5%	5%	4%	5%		>12%	10-12%	<10%
Re-opened complaints - % reopened (2)	3%	2%	2%	3%	2%	2%	2%	0%	1%	2%	2%	2%		>12%	10-12%	<10%

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Well Led Headlines: July 2024

Contractual staff in post: Substantive staff in post numbers in July was 5657.8 compared to 5670.91 for the previous month, which is a decrease of 13.11 FTE. The headcount was 6133 (-9 on the previous month).

Unfilled vacancy rate: July 2024 vacancy rates for the Trust has increased to 6.9% (from 6.29% in June). The vacancy rates are highest in Research and Innovation (39.2%), Medical Directorate (26.8%) and International and Private Care (22.5%)

Turnover: is reported as voluntary turnover over a rolling 12-month period. Voluntary turnover has decreased slightly 10.1%, from 10.9% and is within the Trust KPI

Agency usage: Agency usage for July 2024 is 1.3%, this remains within the 2% Trust target. Finance (14.5%) is the highest spending directorate.

Statutory & Mandatory training compliance: July 2024 training rate for the Trust remains stable at 93%, with all directorates meeting the target.

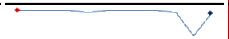
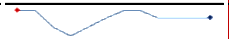
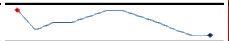
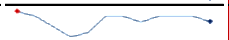
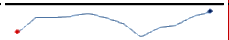
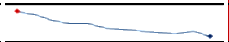
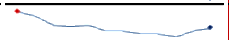
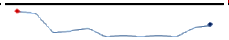
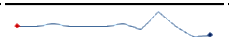
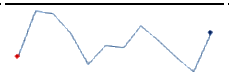
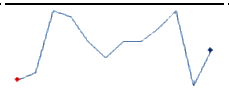
Appraisal/PDR completion: The non-medical appraisal rate for July 2024 remains at 82%. Medical appraisal rate for the month is 82%.

Sickness absence: July 2024 sickness is slightly over the trust target at 4%. 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 July was 4.76%, an increase from the previous month.

Freedom to Speak Up: After seeing a lower than usual number of contacts in June (6), there were 16 new substantive contacts to the FTSU Guardian in July (and a further 1 enquiry who will be included in later months if there is further follow up). Staff safety/ wellbeing and bullying and harassment were the highest themes seen (each case can have multiple themes). Staff contacting the FTSU Guardian came from a mixture of professional backgrounds.

Well Led

Well Led Metrics Tracking

	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Last 12 months	RAG Levels			Stat/Target
Mandatory Training Compliance	93.0%	92.0%	93.1%	93.5%	94.3%	95.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%		<80%	80-90%	>90%	Stat
Stat/Man training – Medical & Dental Staff	88.0%	86.0%	87.0%	87.0%	88.0%	91.0%	89.0%	87.0%	87.0%	87.0%	87.0%	87.0%		<80%	80-90%	>90%	Stat
Appraisal Rate (Non-Consultants)	84.0%	81.0%	79.8%	79.0%	81.1%	81.0%	82.0%	83.0%	82.0%	82.0%	82.0%	82.0%		<80%	80-90%	>90%	Stat
Appraisal Compliance (Consultant)	95.0%	95.0%	95.0%	95.0%	86.0%	95.0%	92.0%	92.0%	92.0%	87.0%	TBC	82.0%		<80%	80-90%	>90%	Stat
Honorary contract training compliance	72.0%	72.0%	70.0%	69.0%	70.0%	71.0%	72.0%	72.0%	71.0%	71.0%	71.0%	71.0%		<80%	80-90%	>90%	Stat
Safeguarding Children Level 3 Training	98.0%	93.0%	96.0%	95.0%	96.0%	96.0%	96.0%	97.0%	96.0%	94.0%	93.0%	93.0%		<80%	80-90%	>90%	Stat
Safeguarding Adults Level 2 Training	95.0%	92.0%	93.0%	93.0%	94.0%	95.0%	95.0%	94.0%	93.0%	92.0%	91.0%	91.0%		<80%	80-90%	>90%	Stat
Resuscitation Training	87.0%	86.0%	84.0%	82.0%	83.0%	86.0%	86.0%	85.0%	86.0%	86.0%	86.0%	85.0%		<80%	80-90%	>90%	Stat
Sickness Rate see note 3	3.1%	3.7%	3.7%	3.8%	3.9%	3.7%	3.5%	2.9%	3.3%	3.4%	3.8%	4.0%		>5.3%	3-5.3%	<3%	T
Turnover Rate (Voluntary)	13.7%	13.1%	12.4%	12.0%	12.0%	11.4%	11.2%	10.9%	10.8%	10.6%	10.9%	10.1%		>15.4%	14-15.4%?	<14%	T
Vacancy Rate – Trust	10.5%	9.4%	7.5%	7.2%	7.5%	6.2%	6.1%	5.7%	5.5%	4.9%	6.3%	6.9%		>11%	>10-11%	<10%	T
Vacancy Rate - Nursing	14.8%	14.1%	9.1%	9.3%	10.4%	7.7%	8.1%	7.9%	8.1%	7.7%	10.1%	11.1%		No Threshold			T
Bank Spend	5.8%	5.8%	5.9%	5.8%	5.8%	5.8%	5.9%	5.7%	6.4%	5.8%	5.4%	5.5%		No Threshold			T
Agency Spend	1.2%	1.2%	1.2%	1.3%	1.3%	1.3%	1.3%	1.3%	1.2%	1.3%	1.3%	1.3%		>2%	N/A	<2%	T
Quarterly Staff Survey - I would recommend my organisation as a place to work						68.0%			52.0%					No Threshold			T
Quarterly Staff Survey - I would be happy with the standard of care provided by this organisation						87.0%			89.4%					No Threshold			T
Quarterly Staff Survey - Overall Staff Engagement (scale 0-10) See note 1						7.2			6.6					No Threshold			T
Quarterly Staff Survey - Communication between senior management and staff is effective See note 1						44.0%			N/A					No Threshold			T
Number of people contacting the Freedom To Speak Up Service	10	22	21	16	8	13	12	18	14	10	6	16		No Threshold			T
Number of Themes of concerns raised as part of Freedom to Speak Up Service (note 2)	10	12	32	30	22	17	22	22	26	32	8	19		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

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Directorate KPI performance July 2024

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Core Clinical Services	NT Genomic Medicine Service	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%**	**10.1%**	**12.7%**	13.7%	9.9%	8.7%	17.1%	10.6%	8.9%	13.0%	11.6%	14.0%	2.2%	4.5%	5.5%	18.0%	10.1%	10.2%	9.8%	3.6%	15.5%
Sickness (1m)	**3% - National Average (4.76%)**	**4.0%**	**4.4%**	2.8%	5.3%	**3.9%**	2.5%	**3.2%**	5.1%	5.2%	**3.3%**	2.9%	2.8%	6.5%	5.8%	2.6%	2.0%	6.6%	2.1%	0.5%	1.5%
Vacancy	**10%**	**6.9%**	7.8%	2.1%	4.0%	0.3%	-9.1%	8.0%	5.8%	22.5%	2.5%	-23.7%	4.8%	8.9%	15.5%	5.1%	26.8%	6.9%	39.2%	14.9%	-18.2%
Agency YTD	**2%**	**1.3%**	0.0%	0.0%	0.5%	1.3%	0.0%	0.6%	0.0%	4.7%	0.0%	7.1%	0.8%	4.9%	14.5%	4.5%	7.6%	-0.2%	0.0%	0.0%	3.7%
PDR	**90%**	**82%**	79%	80%	78%	78%	93%	82%	87%	81%	77%	68%	72%	85%	87%	85%	86%	90%	87%	69%	92%
Stat/Mand Training	**90%**	**93%**	91%	91%	92%	93%	98%	91%	94%	96%	94%	94%	97%	95%	93%	93%	95%	96%	97%	95%	95%

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

Annual Staff Survey Metrics 2022/2023/2024 – Core Questions

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

Question	April 2022 (QSS)	July 2022 (QSS)	2022 NHS Staff Survey	April 2023 (QSS)	July 2023 (QSS)	2023 NHS Staff Survey	Jan 2024 (QSS)	Apr 2024 (QSS)	Jul 2024 (QSS)
Response Rate	12%	13%	43%	13%	14%	54%	13%	2%	6%
I look forward to going to work.	51%	52%	54%	52%	50%	56%	57%	40%	45%
I am enthusiastic about my job.	68%	68%	68%	67%	65%	69%	69%	55%	61%
Time passes quickly when I am working.	75%	73%	75%	73%	71%	74%	74%	65%	73%
There are frequent opportunities for me to show initiative in my role.	72%	69%	74%	69%	65%	76%	66%	61%	68%
I am able to make suggestions to improve the work of my team / department.	71%	70%	73%	72%	64%	73%	68%	64%	68%
I am able to make improvements happen in my area of work.	60%	57%	57%	60%	53%	58%	56%	51%	58%
Care of patients / service users is my organisation's top priority.	83%	82%	84%	82%	80%	85%	83%	78%	79%
I would recommend my organisation as a place to work.	65%	62%	66%	64%	60%	71%	68%	52%	56%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	88%	87%	87%	87%	86%	87%	87%	89%	82%

*** April 2024 quarterly survey was only partially completed as commenced in the last week of April, due to changing of providers to NHS People Pulse hence the low response rate.**

Safer Staffing- Nursing only

Vacancy rate: Registered nurse (RN) vacancy rate has increased this month, a signal we saw last month . Central recruitment campaigns continue. Central and local recruitment drives are having a positive impact on vacancy rate, first cohort of international nurses joined GOSH this month. We are carefully monitoring this increase.

Voluntary Turnover: Based on a 12-month rolling average, the vol. turnover for July is under trust target (<14%) at 12.7%. We continue to drive forward the retention actions to retain our skilled and experienced nurses, and this will be monitored through the Nursing Delivery Committee and targeted monthly Recruitment and Retention meetings. The People Promise manager has established key priorities for retention and focus for the Trust : *We each have a voice that counts/We work flexibly/We are recognised and rewarded.*

Sickness absence: Nursing sickness rates in June have remained stable, at 4% .

Care Hours per Patient Day (CHPPD) is a benchmarking metric to provide a picture of care, it does not reflect true skill mix or patient acuity. CHPPD reflects the staffing levels based on open and occupied beds. This is static in July, at 16.1 This yearly trend and will be continued to be monitored.

CHPPD Actual vs Plan: The Trust average was 95.5% and continues above the target of 90%.

Temporary staffing spend: There was 1% agency use in July. Bank fill rates at 62% in July and remain below target. Work with Bank Partners and HR continues to address below target achievement.

Safe Staffing Incidents: A total of 10 incidents related to safe staffing were summarised as: short notice absence, unexpectedly high patient acuity, delays to patient transfer. No patient harm occurred.

Bed closures: The metrics 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 and family experience, delayed treatment and patient outcomes. The total number of beds closed in June was 379 continuing below average over the last 12months. In July, a collaborative workshop to explore the ways to improve GOSH bed base was held, and workstreams from this day are being agreed.

Safer Staffing Metrics	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Last 12 months	RAG Levels			Stat/Target
Vacancy Rate - Nursing	14.8%	14.1%	9.1%	9.3%	10.4%	7.7%	8.1%	7.9%	8.1%	7.7%	10.1%	11.1%		>11%	10.1% - 11%	<= 10%	T
Turnover Rate (Voluntary)	15.8%	16.3%	15.7%	15.0%	14.8%	14.1%	13.8%	13.6%	14.0%	13.6%	13.4%	12.7%		>14%	N/A	<14%	T
Sickness Rate see note 3	4.2%	5.0%	4.6%	4.5%	5.0%	4.0%	4.0%	3.0%	4.0%	4.0%	4%	4%		>5.3%	3-5.3%	<3%	T
Care Hours per Patient Day (CHPPD)	16.8	16.8	14.4	14.5	13.7	15.9	15.4	15.6	14.9	15.5	15.6	16.1		No Threshold			T
Care Hours per Patient Day (CHPPD)- Actual vs Plan	103%	94%	88%	89%	93%	97%	95%	92%	94%	95.9%	95.2%	95.5%		<80%	80-90%	>90%	T
Agency Spend	1.2%	0.0%	1.2%	1.3%	1.0%	1.0%	2.0%	2.0%	1.0%	0.0%	0.0%	1.0%		>2%	N/A	<2%	T
Safe Staffing incidents	6	12	10	7	4	1	2	2	7	3	4	10		No Threshold			T
Bank fill rate	63%	62%	62%	67%	61%	61%	74%	66%	62%	65%	64%	62%		No Threshold			T
Total monthly Bed closures	558	598	527	434	564	516	414	536	326	373	347	379		No Threshold			T

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Directorate performance for Safer Staffing – Nursing Only July 2024

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

Metric	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Core Clinical Services	Heart & Lung	Sight & Sound	International	Research & Innovation
Voluntary Turnover	14%	12.7%	15.2%	12.2%	12.7%	10.7%	11.6%	18.8%	18.2%	7.1%
Sickness (1m)	3%	4%	5.1%	3.3%	6.0%	4.5%	3.4%	4.6%	5.1%	1.8%
Vacancy	10%	11.1%	8.8%	11.8%	14.2%	5.0%	11.7%	13.7%	26.9%	7.2%
Agency YTD	2%	1%	0%	0%	1%	1%	1%	0%	5%	0%
PDR	90%	83%	76%	81%	85%	80%	86%	93%	81%	84%
Stat/Mand Training	90%	93%	92%	92%	95%	92%	92%	95%	96%	95%
CHPPD		16.1	16.3	12.4	13.7	N/A	20.5	13.4	13.5	N/A
CHPPD Actual vs Planned		95.5%	98.4%	95.4%	89.9%	N/A	90.1%	104.8%	107.5%	N/A
Incidents		10	2	0	0	0	5	3	0	0

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

Patient Access Metrics

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

Access Metrics Tracking

	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Trajectory	Last 12 months	RAG Levels	Stat/Target
RTT Open Pathway: % waiting within 18 weeks	66.8%	66.7%	68.6%	67.5%	66.8%	66.2%	66.1%	66.1%	67.2%	68.9%	69.7%	70.3%	Below		<92% N/A >=92%	Stat
Waiting greater than 18 weeks - Incomplete Pathways	2,709	2,662	2,562	2,648	2,646	2,694	2,669	2,671	2,622	2,556	2,461	2,419	-		No Threshold	-
Waiting greater than 52 weeks - Incomplete Pathways	431	438	424	408	385	445	440	409	371	341	298	301	Above		>0 N/A =0	Stat
Waiting greater than 78 weeks - Incomplete Pathways	91	104	96	116	123	146	124	89	86	60	32	35	Below		TBC	T
Waiting greater than 104 weeks - Incomplete Pathways	15	16	10	14	13	16	19	14	12	10	10	8	Below		>0 N/A =0	Stat
18 week RTT PTL size	8148	8005	8149	8148	7976	7961	7881	7871	8003	8220	8123	8150	-		No Threshold	-
Diagnostics- % waiting less than 6 weeks	77.7%	80.0%	82.2%	83.6%	79.7%	78.0%	81.7%	79.2%	78.0%	76.5%	78.5%	77.3%	Below		<99% N/A >99%	Stat
Total DM01 PTL size	1,606	1,668	1,789	1,709	1,741	1,844	1,909	1,880	1,946	1,833	1,847	1,769	-		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%*	-		<94% N/A >94%	Stat
Cancer waits: 31 Day: Subsequent treatment - drugs	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*100%*	-		<98% N/A >98%	Stat
Cancer waits: 62 Day: Consultant Upgrade	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	*100%*	-		No Threshold	-
Cancelled Operations for Non Clinical Reasons (note 1)	30	42	46	56	39	26	24	49	44	55	46		-		No Threshold	-
Cancelled Operations: 28 day breaches	3	7	4	8	13	6	2	3	5	3	4		-		>0 N/A =0	Stat
Number of patients with a past planned TCI date (note 4)	1,592	1,763	1,759	1,886	2,085	2,032	2,126	1,939	1,946	2,030	2,009	1,885	-		No Threshold	-
NHS Referrals received- External	2,777	2,722	2,874	3,000	2,668	2,979	2,916	2,807	3,110	3,099	2,744	3,135	-		No Threshold	-
NHS Referrals received- Internal	1,811	1,777	1,945	1,994	1,620	2,908	2,672	2,685	2,896	3,023	2,807	3,062	-		No Threshold	-
Total NHS Outpatient Appointment Cancellations (note 2)	7,585	6,690	6,751	6,240	5,644	5,629	6,452	6,401	6,694	6,417	6,296	7,460	-		No Threshold	-
NHS Outpatient Appointment Cancellations by Hospital (note 3)	1,642	1,541	1,672	1,220	1,232	1,509	1,695	1,892	1,653	1,331	1,358	1,716	-		No Threshold	-
Outpatient Clinic utilisation																-

Responsive

Patient Access Metrics (cont.)

Access Metrics Tracking	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Trajectory	Last 12 months	RAG Levels	Stat/Target
RTT Priority 2 patients	717	683	698	745	750	853	844	828	848	816	831	820	-		No Threshold	
RTT Priority 2 patients beyond fail safe date	220	178	181	170	210	201	224	197	171	139	151	163	-		No Threshold	
Diagnostics- waiting greater than 6 weeks	359	334	319	280	354	405	349	392	428	431	397	401	-		No Threshold	-
Diagnostics- waiting greater than 13 weeks	54	70	55	49	46	66	59	53	56	57	63	76	-		No Threshold	-
Main Theatre Utilisation (NHS Only)	66.7%	70.4%	64.5%	67.9%	64.7%	69.3%	69.6%	74.6%	70.9%	70.7%	75.8%	70.9%	-		<77% N/A >77%	T
Main Theatres Late Start Minutes	7,451	8,097	8,813	10,182	6,533	7,830	7,568	6,438	7,464	8,413	6,551	9,124			No Threshold	
Main Theatres Overrun	3,801	4,054	3,625	6,590	2,625	3,506	3,798	5,659	5,449	3,880	6,122	4,916			No Threshold	
Bed Occupancy (All Wards NHS & PP)	78.2%	82.5%	79.2%	87.1%	79.5%	80.8%	84.0%	82.1%	83.1%	81.0%	83.4%	82.3%			<80% 80 -84% =>85%	T
Bed Occupancy (NHS Wards Only)	78.5%	78.2%	80.2%	87.8%	81.1%	82.8%	85.7%	83.3%	85.5%	83.6%	85.7%	84.9%			<80% 80 -84% =>85%	T
Bed Closures (All Wards NHS & PP)	558	598	527	530	564	516	361	444	326	373	414	373			No Threshold	
Bed Closures (NHS Wards Only)	256	261	265	328	331	214	212	340	287	356	388	304			No Threshold	
PICU / NICU Refused Admissions	5	4	9	11	20	3	9	7	10	2	2	2			No Threshold	
Cardiac CATS Refused Admissions	0	2	2	2	2	2	1	5	1	2	2	1			No Threshold	
PICU Readmissions within 48 hours	1	2	3	3	3	0	2	2	1	4	3	2			No Threshold	
CICU Readmissions within 48 hours	1	2	0	3	1	2	0	0	0	1	0	0			No Threshold	
NHS Discharge Summaries within 24 hours	76.8%	74.6%	78.5%	76.9%	82.1%	81.7%	79.9%	80.5%	84.8%	79.2%	85.0%	84.0%			<100% N/A 100%	T
Number of NHS Discharge Summaries not sent (ytd)	590	255	181	155	78	100	93	57	44	37	63	122			No Threshold	
NHS Clinic Letters sent within 7 days	57.1%	55.1%	56.6%	52.1%	51.5%	50.4%	52.6%	52.4%	56.5%	54.7%	57.3%	58.8%			<100% N/A 100%	T
Number of NHS Clinic Letters not sent (ytd)	5301	5468	5401	6172	5915	5050	5013	4717	4085	4197	3996	3848			No Threshold	

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

Patient Access - Activity Monitoring at Month 4

Overview:

Trust activity overall is 3.2% above 2024/25 plan and above 2023/24 (6.7%)*.

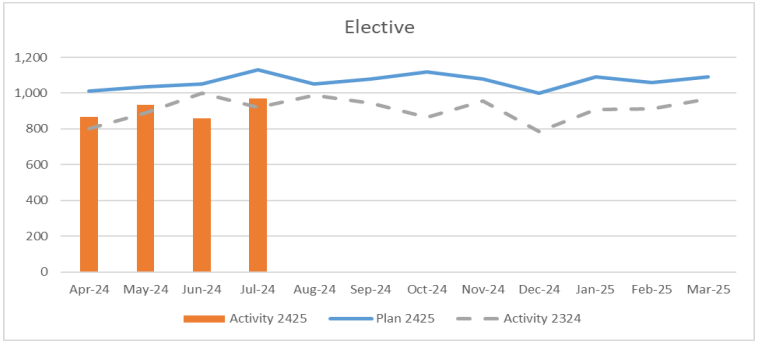
Electives continue to be less than plan at -14.1 % and day cases are just above plan at 1.4%.

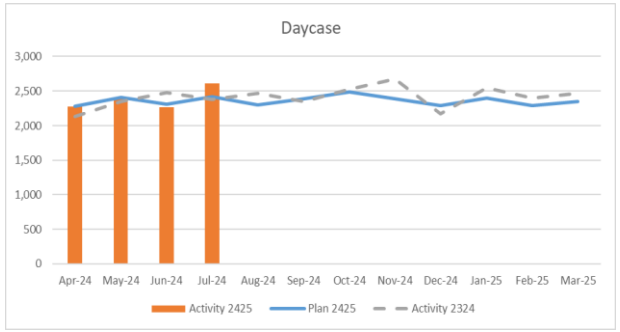
For M4 24/25, Body, Bones & mind, Core Clinical Services, Heart & Lung and Sight & Sound were above plan. With previous strikes and bed closures continuing this has impacted the delivery of activity, RTT and DM01 waiting time improvements. Continued focus remains on optimising bed capacity, theatres and reducing long waits.

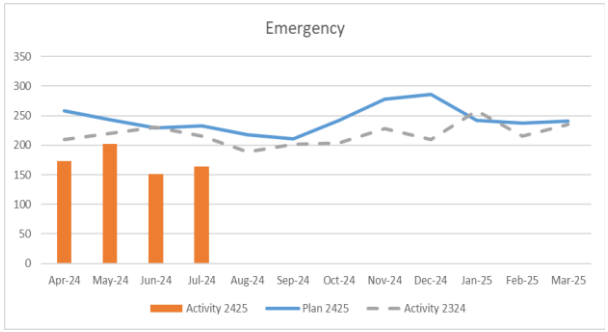
** 1st April in 23/24 was a Saturday therefore w/c 1st April is skewed in terms of variance*

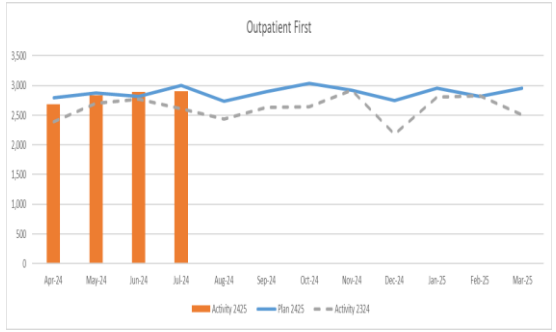
Overview 2024-25

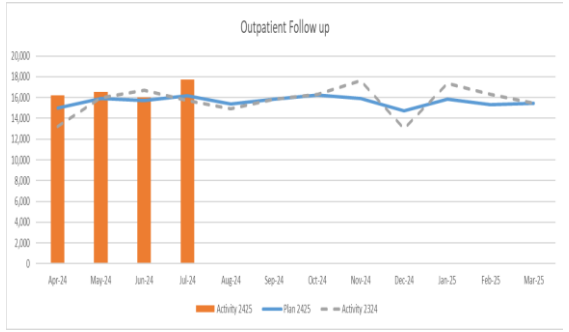
POD	Plan 2425	Activity 2425	Activity 2324	% of 23/24	% of Plan
Daycase	9,410	9,544	9,338	102.21%	101.42%
Elective	4,231	3,632	3,610	100.61%	85.84%
Emergency	964	690	877	78.68%	71.60%
First OPA	11,480	11,329	10,474	108.16%	98.68%
Follow-up OPA	62,732	66,481	61,590	107.94%	105.98%
Grand Total	**88,816**	**91,676**	**85,889**	**106.74%**	**103.22%**











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Responsive

Patient Access - Waiting Times Overview

Overview

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

- RTT Performance for July 2024 was **70.3%,** an increase of 0.6% since last month. This is the first time in 18 months the Trust has been above 70% and reflects work carried out across the whole of the PTL. The overall PTL size has slightly increased in comparison to last month (8150 vs 8123). 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.
- There are 8 patients who are waiting above **104 weeks**, a decrease from previous month, when we reported 10. Three patients have already been treated in August (1 x **Plastic Surgery**, 2 x **dental**). One **MaxFax** patient has a TCI in Sept, one of the two **dental** patients has a TCI in Sept, whilst the other patient rescheduling their outpatient appointment to September. We received confirmation of one **Plastic Surgery** patient's clock start date from their referring Trust which meant they were waiting a long time before they were referred to us. They have an outpatient appointment booked at the end of August. One **Cardiology** patient is very complex and is due to be discussed at MDT in August regarding their treatment plan.
- **78 week waits** have increased this month to 35. Focus continues on reducing long wait patients with weekly oversight at executive level. This expected to decrease in August.
- **52 week waits** have increased to 301. The long waiters are predominantly in Plastic Surgery (81), ENT (26), Dental (26), Orthopaedics (26), Ophthalmology (21), Audiological Medicine (20). Sight & Sound and Body, Bones and Mind directorates are the most challenged.
- **DM01** performance for July 2024 was **77.3%**, a decrease of 1.2% from the previous month. The number of 6 week breaches has slightly increased this month to 401, compared to 397 last month. 13 week breaches have increased to 76 from 63 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. Work continues in reviewing patients past their planned date.
- **Cancer:** It is projected for July that all of the five standards will be met.

Challenges and actions taken

Junior doctor's and consultant strikes resulted in reduced activity and patients experiencing longer waits

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

Continued focus and prioritisation on reduction of long wait patients. Reviewing changing outpatient capacity to theatre in order treat patients during August/September.

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).

Mutual aid with RNOH for Orthopaedics

Scope other treatment centres for Mutual aid Orthopaedic patients

Recruitment of locum consultants in Orthopaedic and Plastic Surgery to support those services

Unexpected theatre maintenance and closures

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

Running theatre lists in parallel, planned overruns, Saturday lists

Bed closures due to combination of patient acuity and staff sickness

Day-case project commenced reviewing Nightingale Ward usage

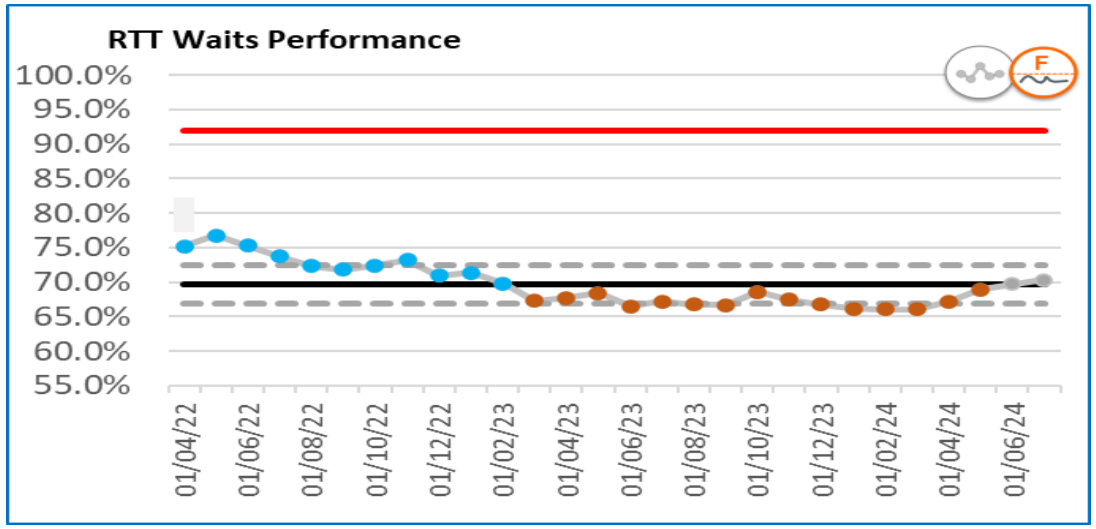
Inpatient bed re-stacking project will commence in the coming months

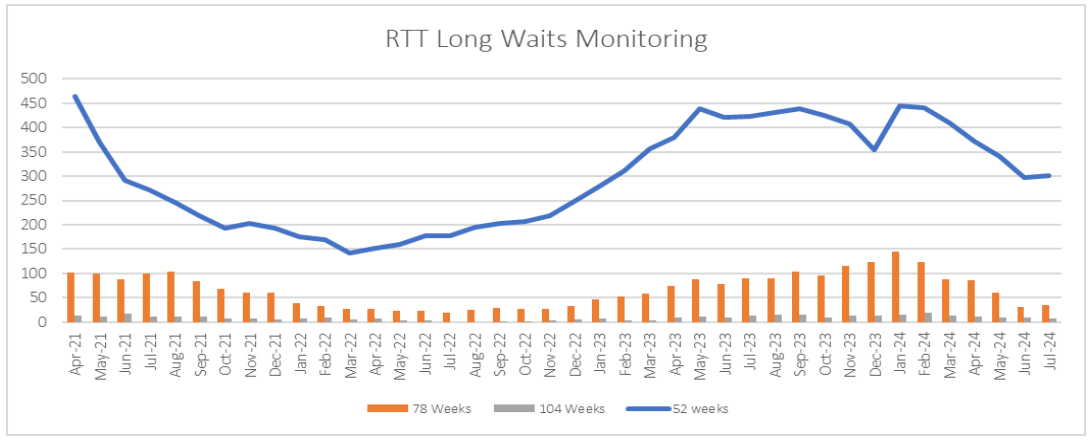
Challenges in diagnostic capacity particularly for MRI 5, MRI sedation, Endoscopy and Echo.

Waiting List initiatives being held in September for MRI, Cardiac MRI and Ultrasound to support booking patients past their planned date and long waits

Responsive

Referral to Treatment times (RTT)





RTT:

70.3% ↑ 0.6%

People waiting less than 18 weeks for treatment from referral.

>52 Weeks:

301 ↑ 3

Patients waiting over 52 weeks

>78 Weeks:

35 ↑ 3

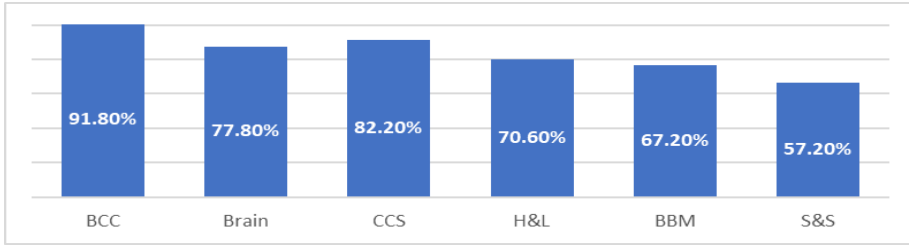
Patients waiting over 78 weeks

>104 Weeks:

8 ↓

Patients waiting over 104 weeks

Directorates



RTT PTL Clinical Prioritisation – past must be seen by date

P2

163 ↑ 12

P3

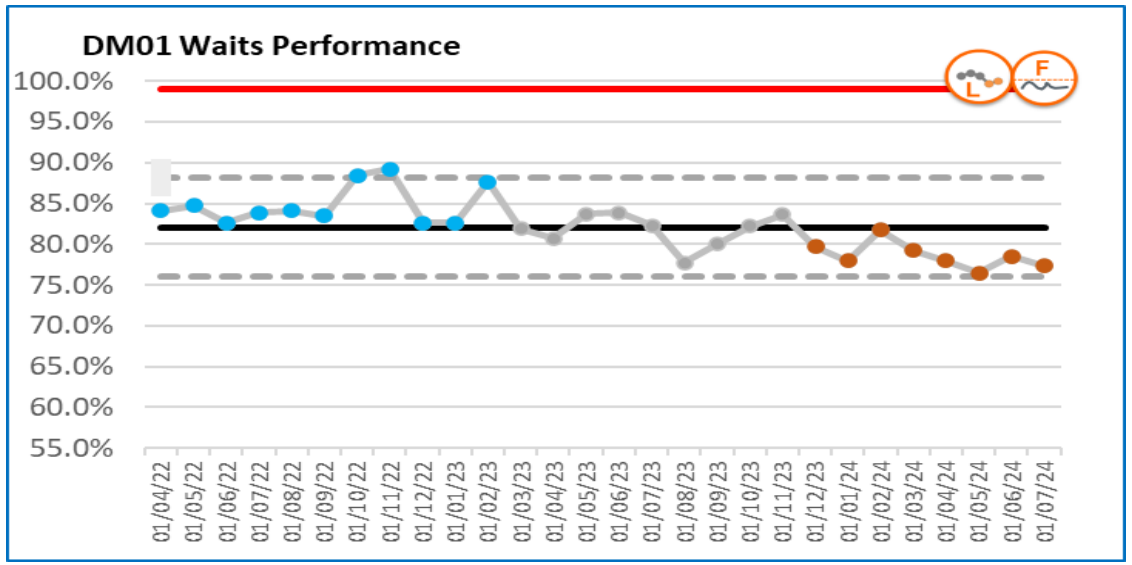
399 ↓ 25

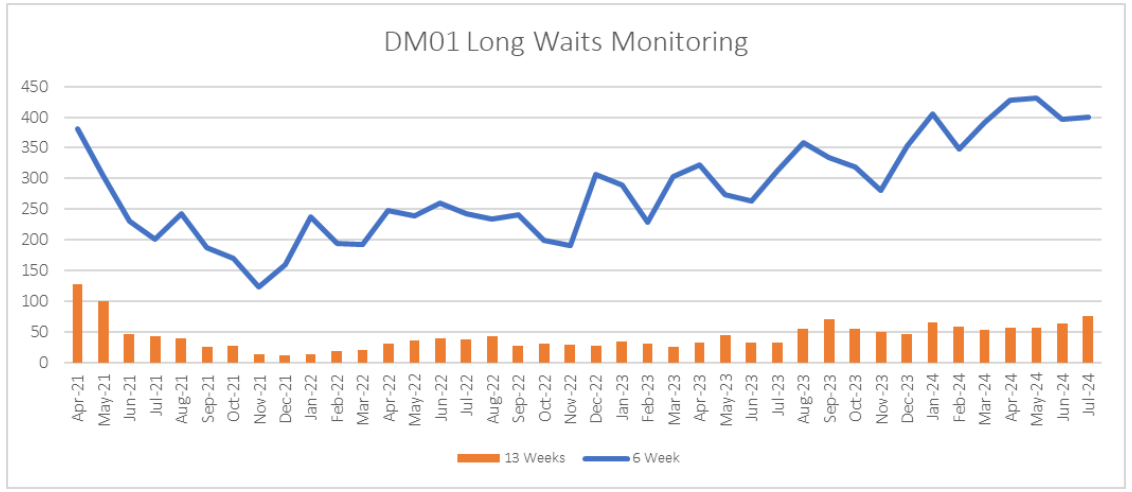
P4

342 ↓ 88

Responsive

Diagnostic Monitoring Waiting Times (DM01)





DM01:

77.3% ↓ 2.0%

People waiting less than 6 weeks for diagnostic test.

>6 Weeks:

401 ↑ *4*

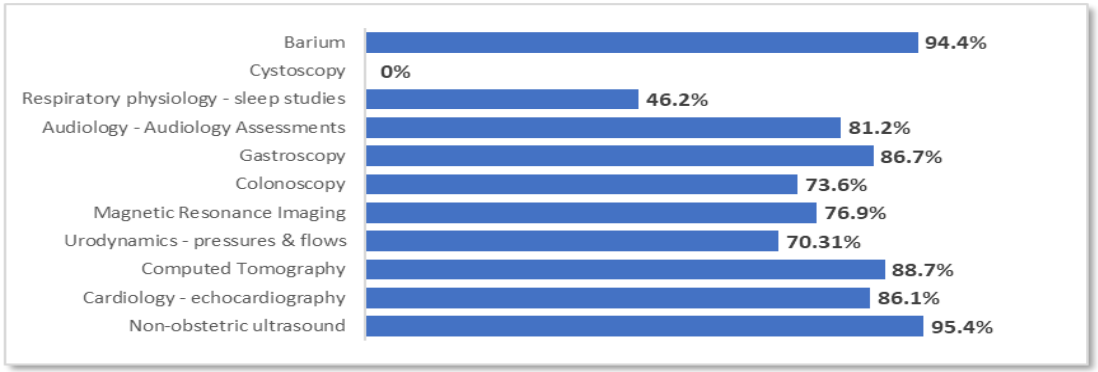
Patients waiting over 6 weeks

>13 Weeks:

76 ↑ 13

Patients waiting over 13 weeks

Modalities not meeting 99% standard



Responsive

Appendix
Integrated Quality & Performance Report

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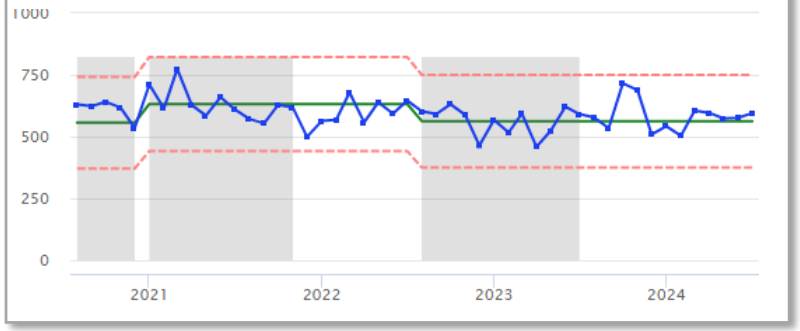
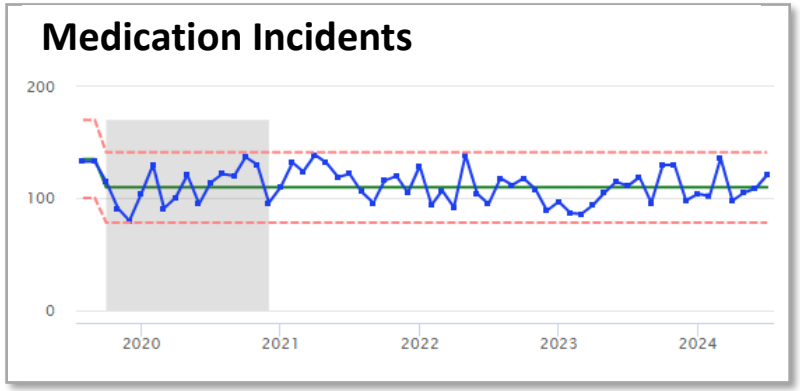
Appendix 1: Patient Safety (incidents & risks)

New Incidents



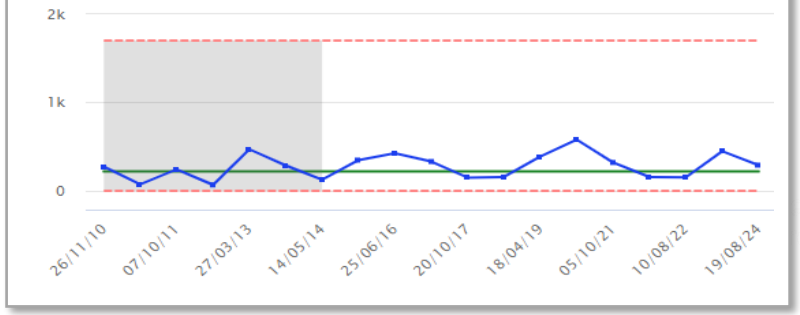
No significant variation, remains in expected limits

Medication Incidents



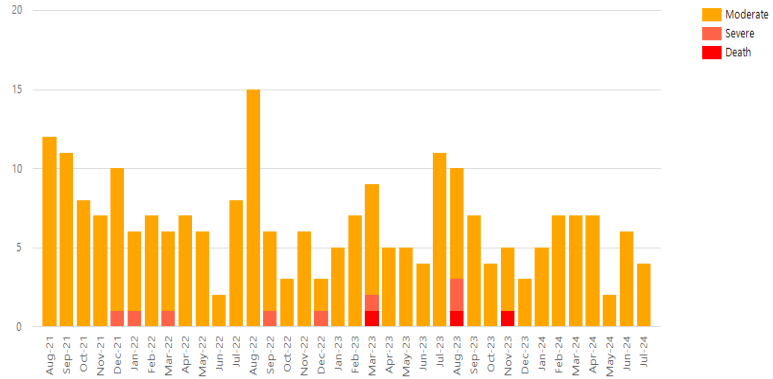
No significant variation, remains in expected limits

Days Since never events

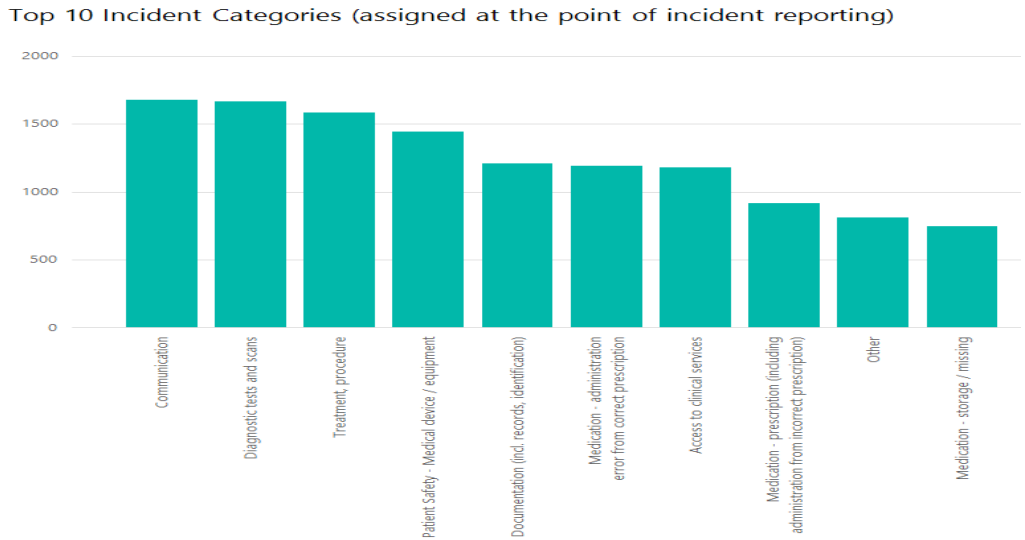


No significant variation, remains in expected limits

Incidents by Harm



April 24 – July 24

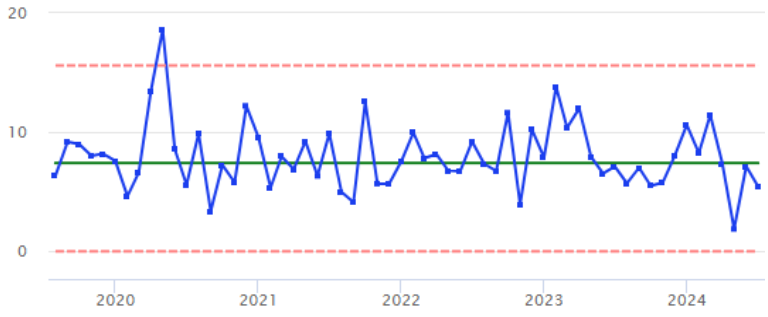


Safe

Appendix 2: Patient Safety (Infection & mortality)

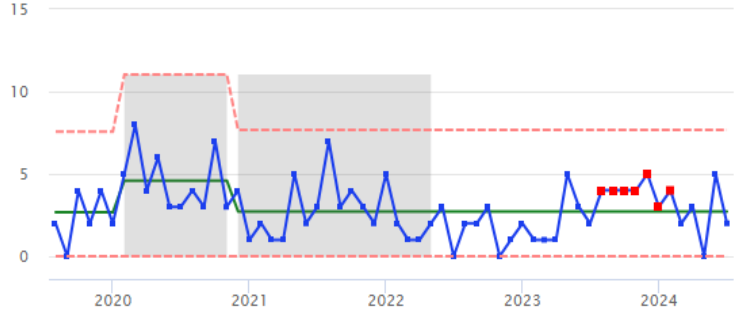
NHS Great Ormond Street Hospital for Children NHS Foundation Trust

Inpatient Mortality Rate / 1000 Discharges



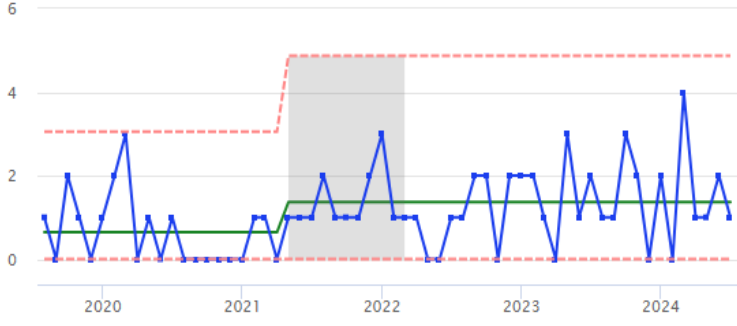
No significant variation

Respiratory Arrests outside ICU



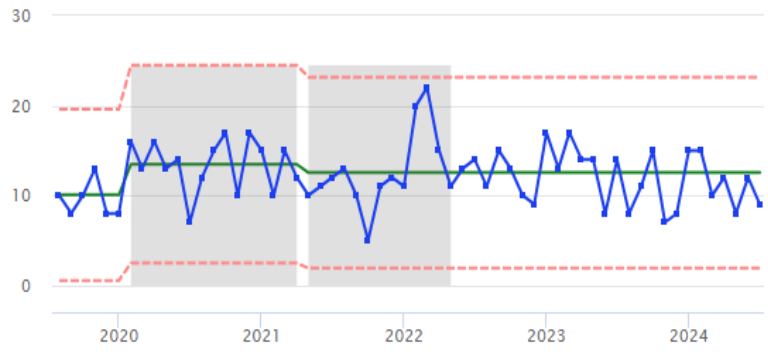
No significant variation

Cardiac Arrests outside ICU



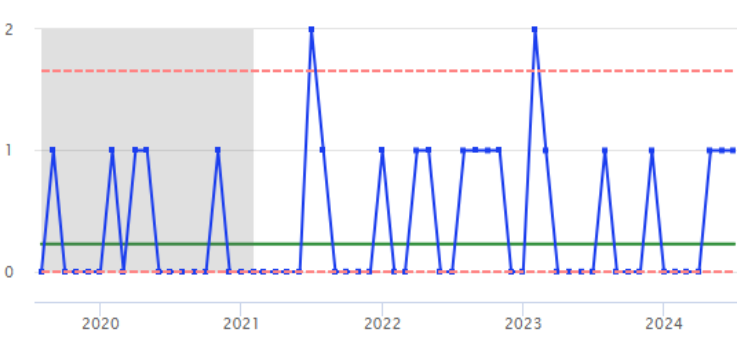
No significant variation

Non 2222 Patients transferred to ICU



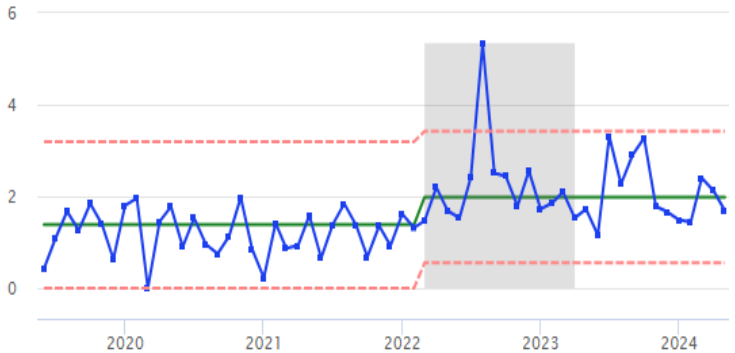
No significant variation

Cat 3+ Hospital Acquired Pressure Ulcers



No significant variation

CV Line Infection / 1,000 line days



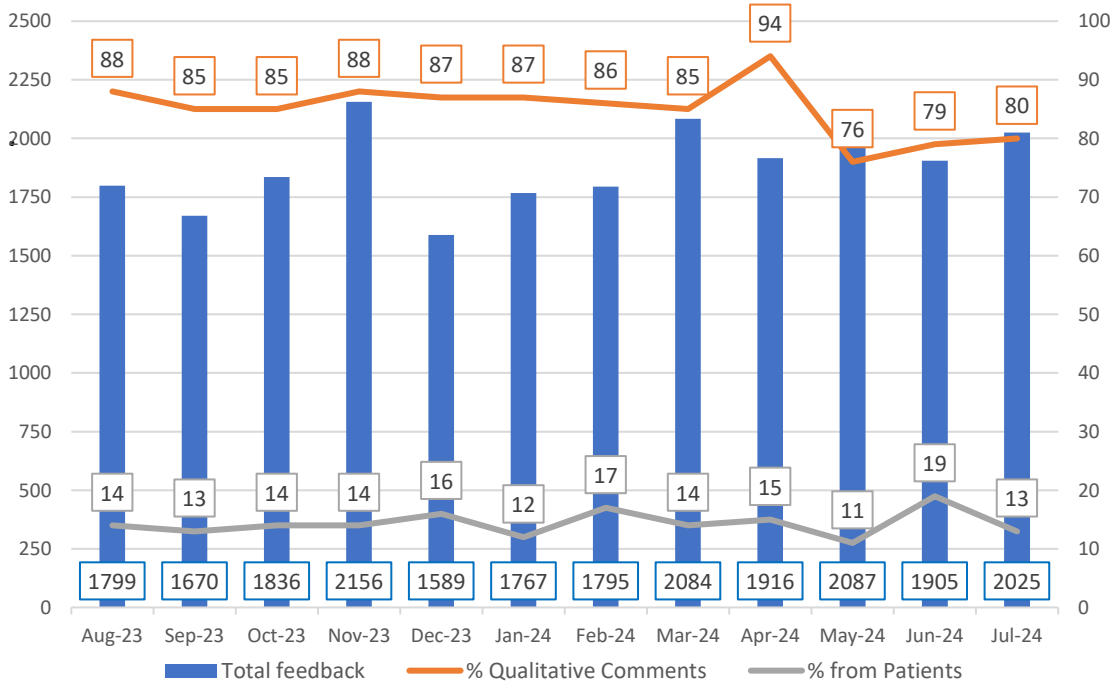
No significant variation

Appendix 3: Friends and Family Test

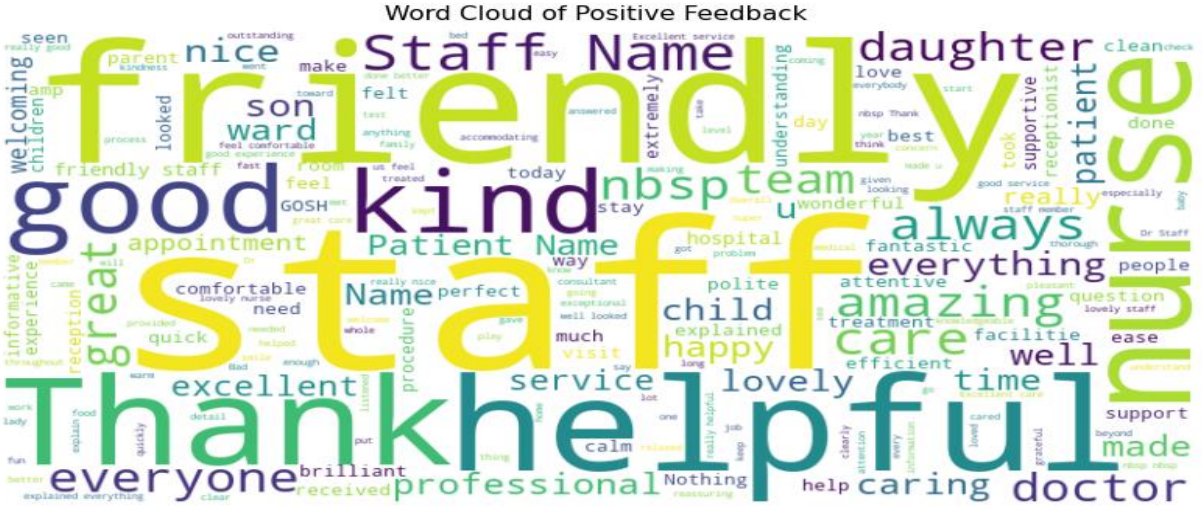
Overview: The FFT experience rating (98%) and response rating (32%) for Inpatients were met in July. The outpatient experience rating (93%) remained under the 95% target with recurrent themes including short notice amendments to clinic locations, the faulty lifts in RHLIM and the lack of toys and activities in outpatient waiting areas.
The new FFT dashboards are now fully operational across the Trust and can be accessed via this link: FFT Dashboard

Headline:

- Inpatient response rate – **32%** (same as June).
- Experience measure for inpatients – **98%** (increased from June).
- Experience measure for outpatients – **93%** (increased from June).
- Total comments received – 2025 (increased from June).
- **13%** of FFT comments are from patients.
- **80%** of responses had qualitative comments



Word Cloud of Positive Feedback


friendly
staff
Thankhelpful
good
kind
nurse
everyone
Staff
Name
daughter
nice
son
ward
team
nbsp
always
everything
amazing
care
Patient
Name
appointment
excellent
service
lovely
time
professional
doctor
caring
child
happy
well
made
support
patient
Nothing
brilliant
comfortable
quick
perfect
polite
attentive
fantastic
wonderful
really
welcoming
informative
reception
great
seen
parent
felt
looked
today
stay
GOSH
hospital
explained
facilitie
ease
people
question
lovely staff
Dr Staff
clean
done
supportive
receptionist
understanding
extremely
love
best
thank
make
u
need
much
visit
calm
help
received
procedure
listened
friendly staff
Excellent service
outstanding
accommodating
anything
family
room
feel
treated
us feel
Bad
enough
Good
Great
Lovely
Kind
Amazing
Helpful
Caring
Professional
Brilliant
Perfect
Wonderful
Excellent
Everything
Everyone
Nurse
Doctor
Team
Ward
Son
Daughter
Child
Time
Service
Support
Made
Well
Ease
Question
Treatment
Efficient
Attentive
Polite
Explained
Received
Procedure
Appointment
Hospital
Reception
Experience
Welcoming
Informative
Comfortable
Quick
Need
Visit
Much
Calm
Help
Stay
Today
Felt
Looked
Make
Parent
Children
Seen
Nice
Staff
Name
Daughter
Patient
Clean
Done
Supportive
Receptionist
Understanding
Extremely
Love
Best
Thank
Nbsp
Team
Always
Everything
People
Amazing
Care
Well
Ease
Time
Lovely
Service
Excellent
Professional
Doctor
Caring
Child
Happy
Made
Support
Nothing
Brilliant
Perfect
Polite
Attentive
Fantastic
Wonderful
Really
Hospital
Appointment
Patient
Name
Comfortable
Quick
Need
Much
Visit

Appendix 3: Complaints

Headline: 9 formal complaints were received in July, a decrease in numbers from the month prior (14) but consistent with the number of complaints received in July 2023 (11, 2 of which were withdrawn).

Complaints for the month of July 2024 centre around issues relating to:

Surgical Complications –

- A potential misdiagnosis and urgency imposed around the need for surgery, child protection measures taken, and a contradicting opinion received from another hospital.
- The lack of action taken despite family's concerns following a transfer to GOSH and the deterioration and death of the patient.
- Insufficient post-operative care, which led to a third admission being necessary to provide corrective surgery.
- A complication which occurred during a procedure leading to further surgery.

Inappropriate facilities / concerns regarding the ward –

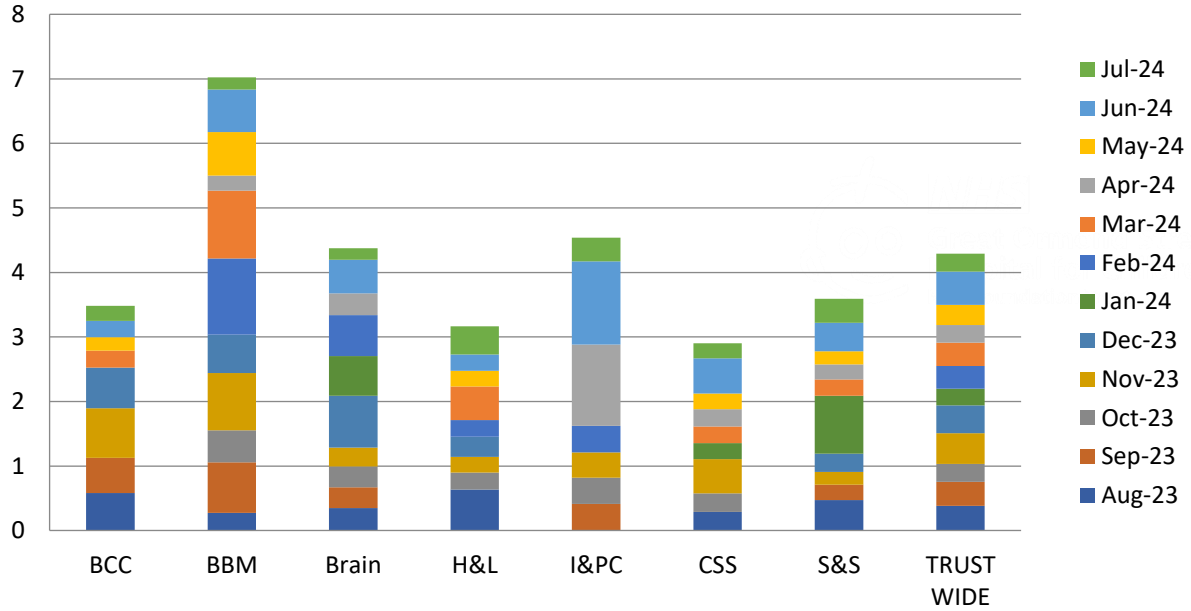
- The room provided to patient following their transfer from ICU, where the window, sink, toilet and TV were not working properly.
- Infection, prevention and control procedures. The spread of norovirus due to the use of a bay where this was present.

Data Breach –

- Their family's data and medical history being shared with an external organisation without consent.
- The presence of multiple clinicians at an appointment with no introduction and the sharing of information pertaining to an older sibling's medical background without their consent.

Closed complaints since April 2024

34 complaints have been closed since April 2024. 21 of those complaints (62%) were responded to on time. Of the 34 complaints, 65% of drafts were received from directorates early or on time.



Complaints per 1,000 Combined Patient Episodes

Learning actions/ outcomes from a complaint closed in July 2024:

Following a complaint raised regarding significant issues experienced by a patient with their Halo traction, the following learning and actions have been put in place:

- The Spinal Team have assessed the protocol for children with Halo frames. Clinical teams will perform imaging when the frames do not sit correctly or there is additional, unexpected pain, especially with those with irregular shaped heads and low bone density. If there is little to no resistance when tightening, the team should pause, review the reason why and perform imaging upon discussion with other members of the team.

Appendix 3: PALS

Headline: There was a further slight reduction in Pals contacts received in July 2024 (n=237). Families contacted Pals chasing referrals and querying referral rejections, requesting rescheduled admission and outpatient appointments, transport requests, medication enquiries, updates on admission dates. Families also contacted Pals regarding the Orthopaedic review. Cancellations of outpatient appointments (OPA)/ admissions fell slightly from 25 in June to 21 in July (amounting to less than 10% of all contacts).

Contacts resolved within 48 hours increased to 77%

Two compliments received:

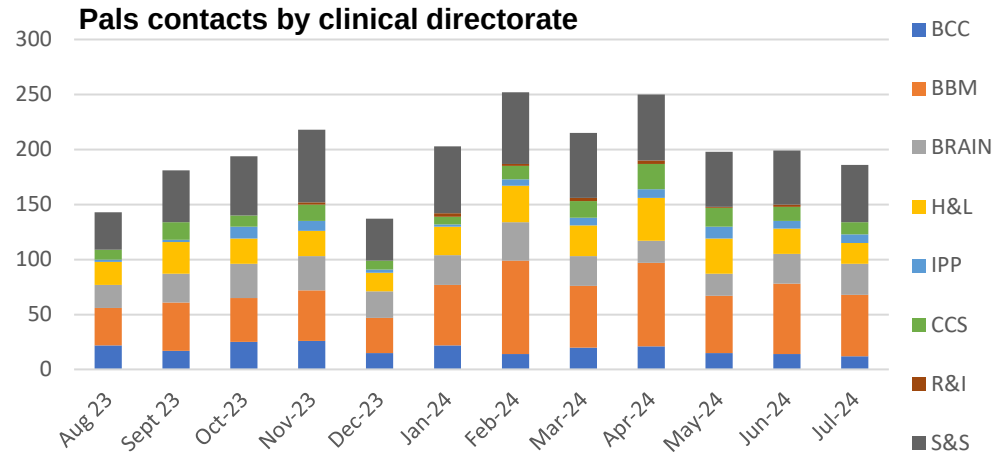
Play - *"I just wanted to say what a fantastic nurse we had on what was a really hard day admission. We stayed on nightingale ward and our nurse was* [name redacted]*. I can honestly say they were the most amazing, friendly nurse we have come across so far (we spend a lot of time at GOSH) and they helped so much to make me feel a bit less rubbish and my daughter absolutely loved them even tho she's normally very nursephobic and was really quite unwell. I didn't realise nurses like this were still about and I cannot begin to thank them enough. For making a stressful day so much brighter. A total credit to the hospital"*

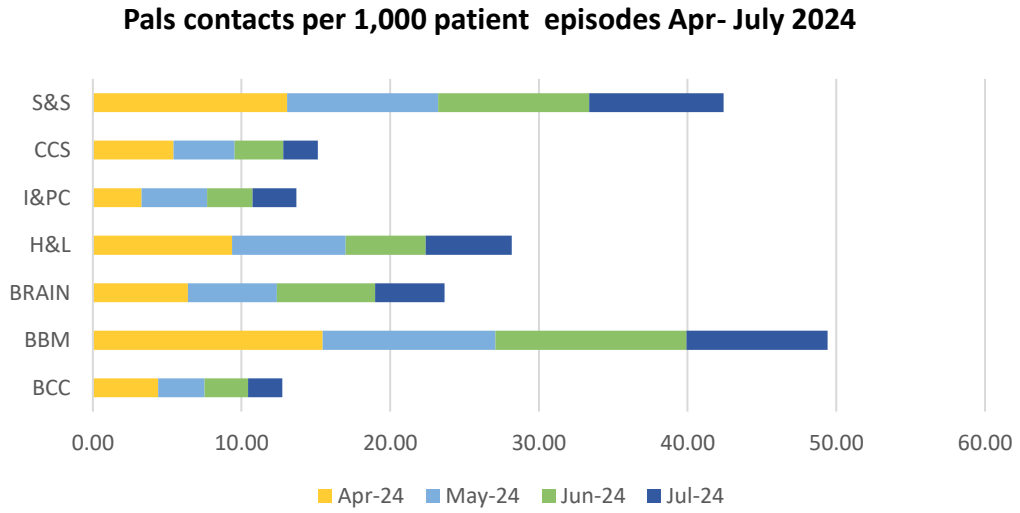
Walrus Ward *"*[Names redacted] *who mainly handled XX's care and I cannot thank them enough. No matter how busy they were, the minute she deteriorated they were by her side without a question raised and handling her with care and empathy. I have never ever visited a ward and felt so well attended to. ".*

Care Queries: Pals received 39 contacts families sharing concerns about information received from clinical teams, cancelled admissions and OPA. Families also wanted to bring forward OPA/Admission dates, raise concerns about cancelled admissions and OPA, and share health updates with clinical teams.

Significant areas of focus: The highest number of contacts related to General Surgery 20 (17 in June), Orthopaedics 14 (19 in June). Gastroenterology received 13 contacts (9 in June) with concerns about waiting times, cancelled surgeries, requests for test results, support and medication information.

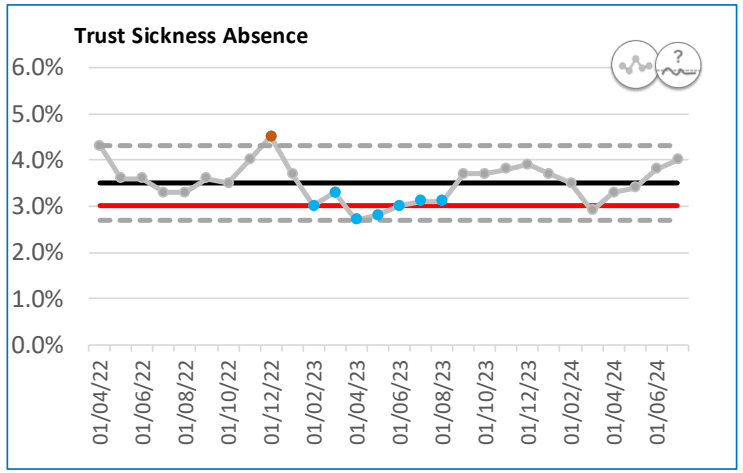
Learning/Service Improvement:
The increase in Specialist Neonatal and Paediatric Surgery 'SNAPs' cases in July can be attributed to letters sent to patients waiting for surgery informing them of a significant backlog and ongoing issues with bed shortages. The letter included a number for the SNAPs team for any clinical queries and included the Pals team number for further advice. Pals have been working closely with the Assistant Service Manager and Service Manager to continue to update families.

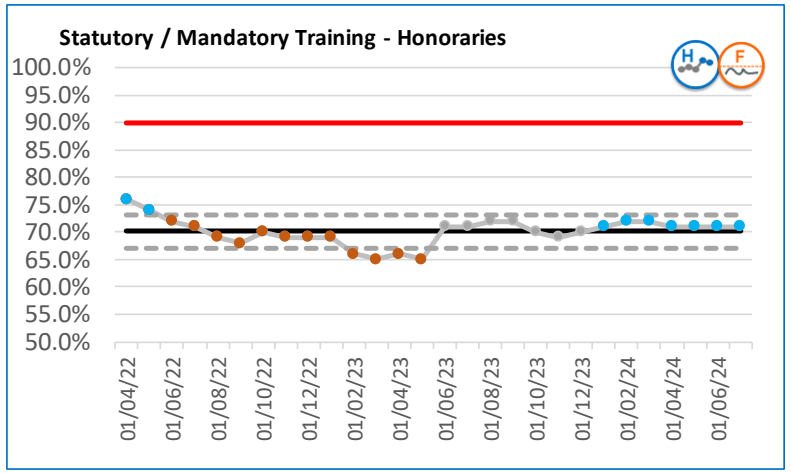


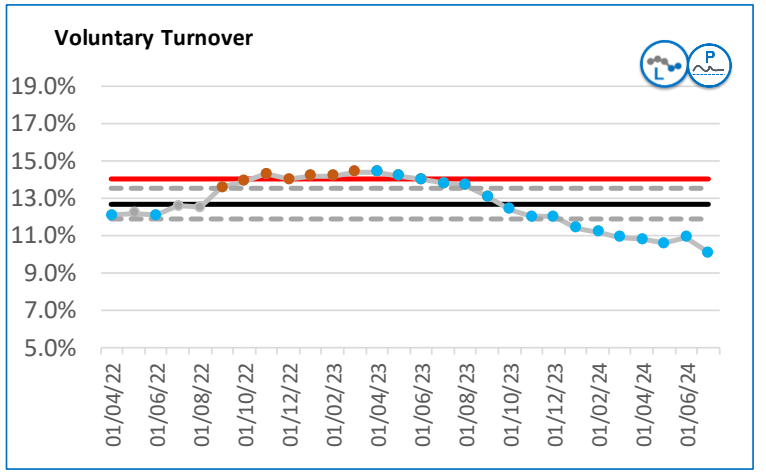


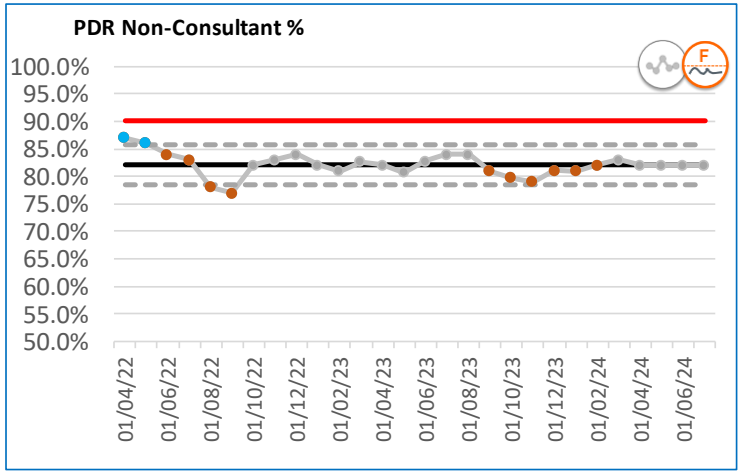
Caring

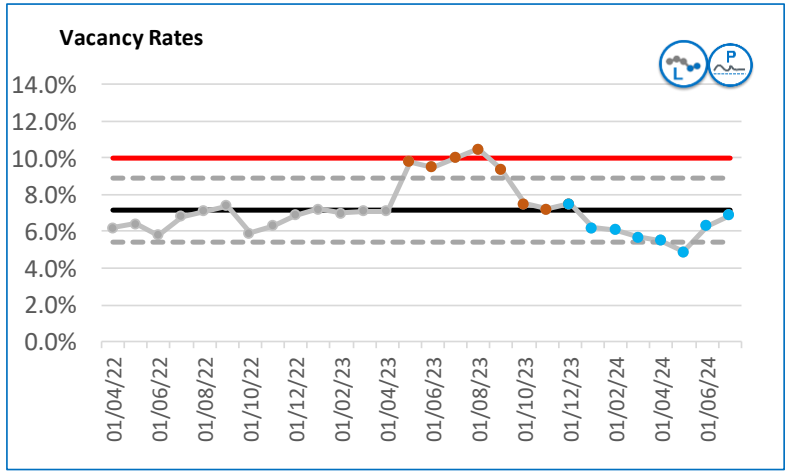
Appendix 4: Workforce SPC Analysis

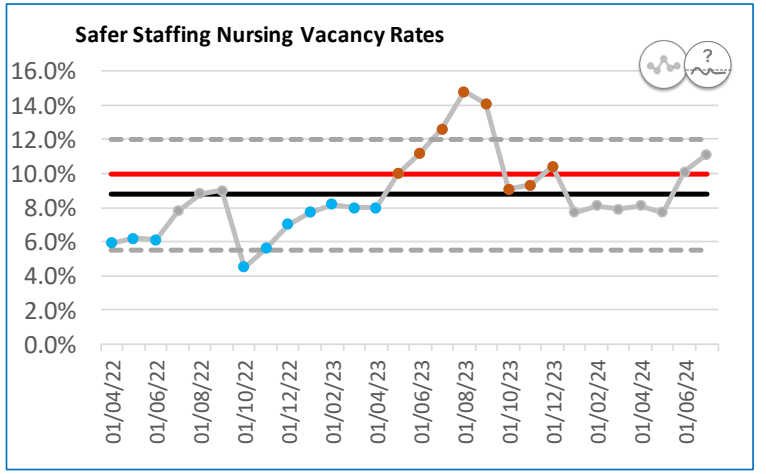










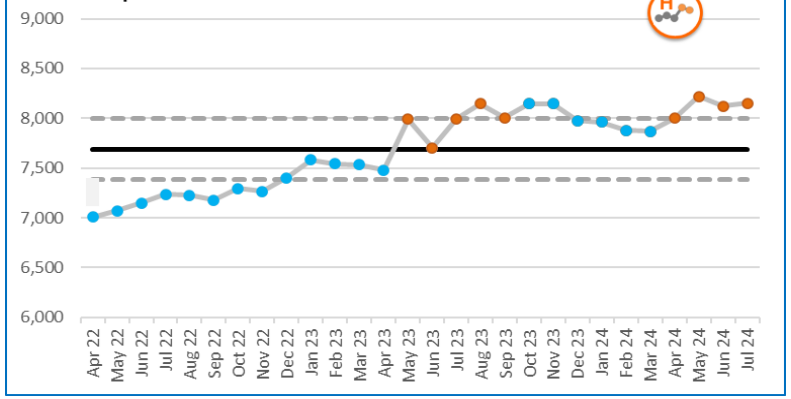


Nursing vacancy rate is slowly increasing, however, this is being closely monitored.
Trust Voluntary Turnover has seen an improving trend, likewise in vacancy rates.

Appendix 5: Patient Access SPC Trends

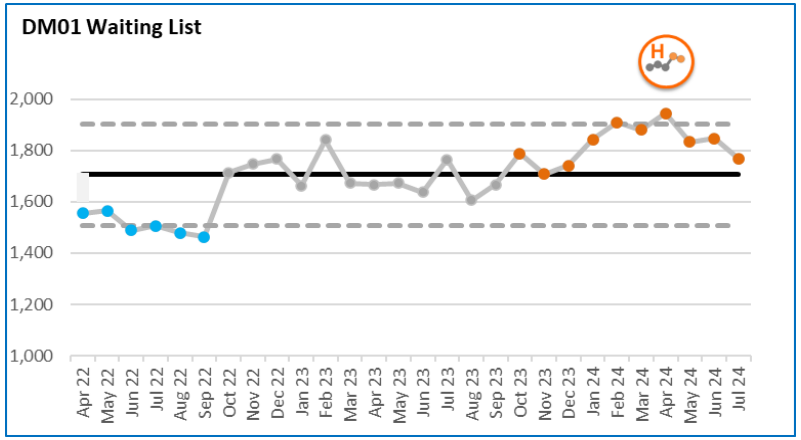
NHS Great Ormond Street Hospital for Children NHS Foundation Trust

RTT Incomplete PTL



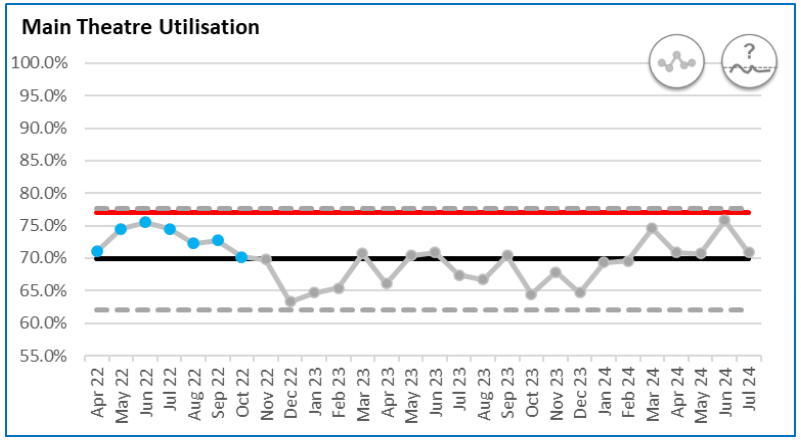
Marginal upward trend in volume, strikes have impacted

DM01 Waiting List



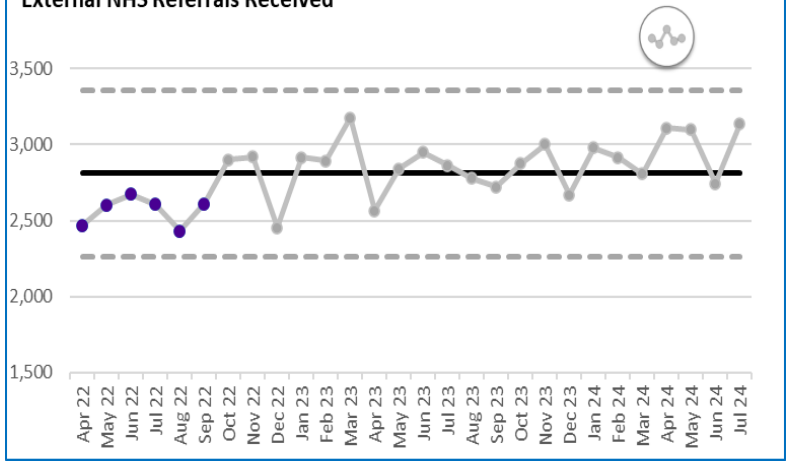
Increase in overall waiting numbers which is being monitored, strikes have impacted

Main Theatre Utilisation



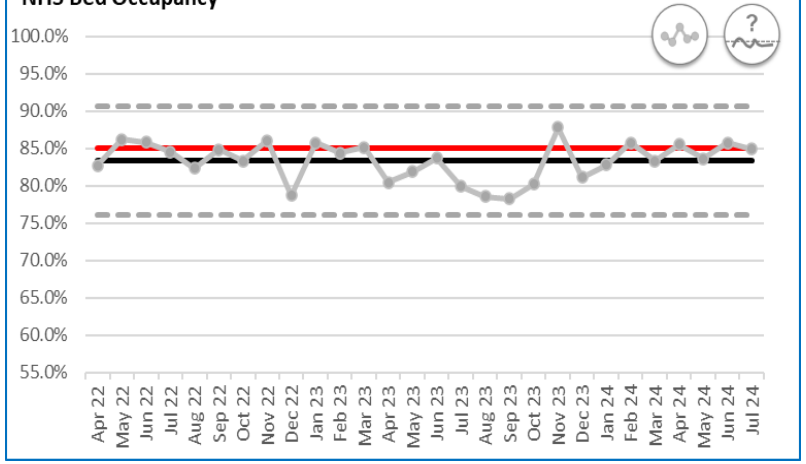
No Significant variation

External NHS Referrals Received



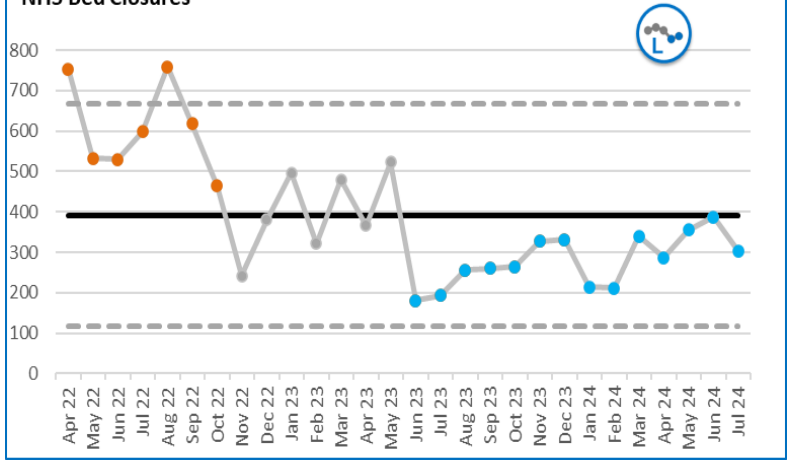
No significant variation, common cause

NHS Bed Occupancy



No significant variation, common cause

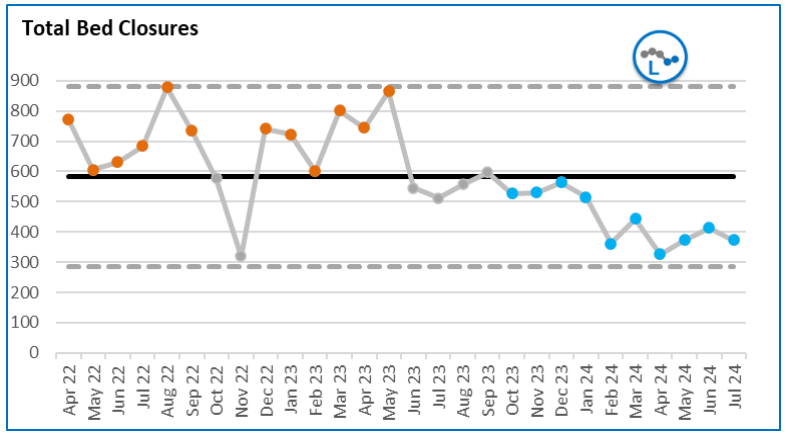
NHS Bed Closures



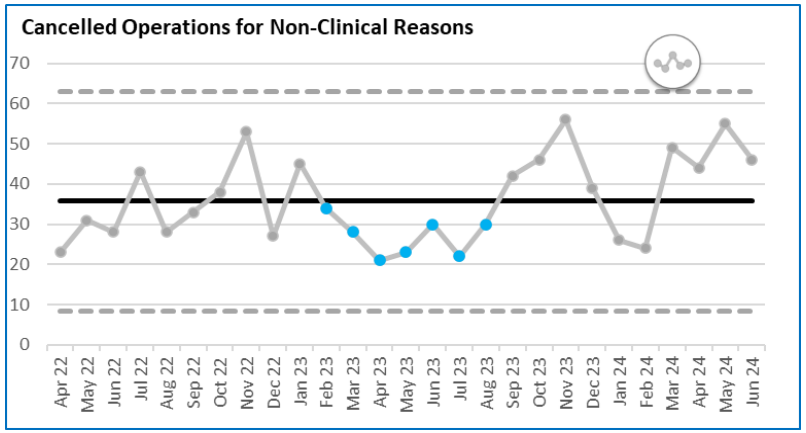
Common cause variation

Responsive

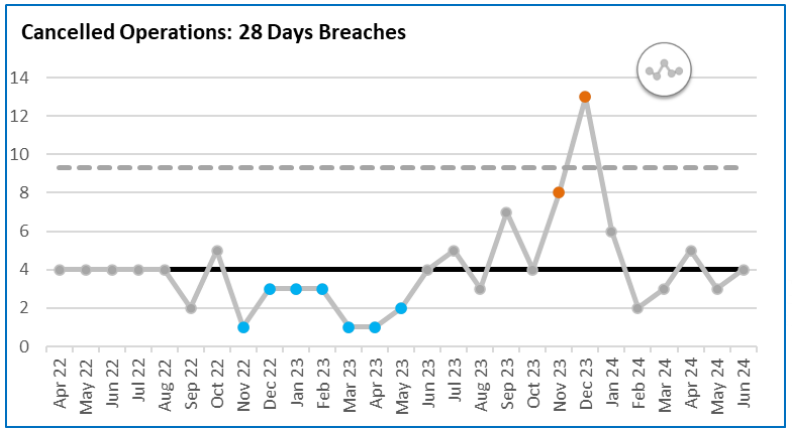
Appendix 5: Patient Access SPC Trends Continued



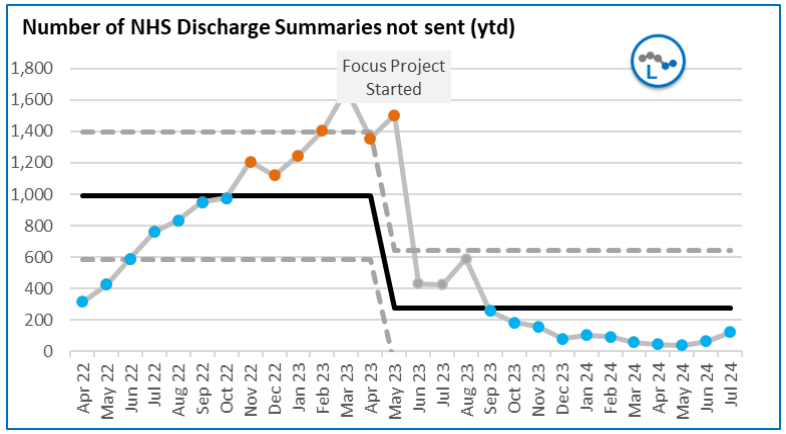
Improving variation



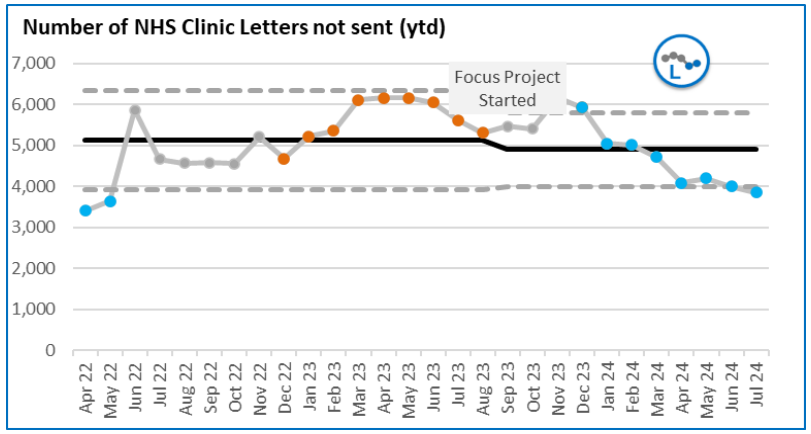
No significant variation



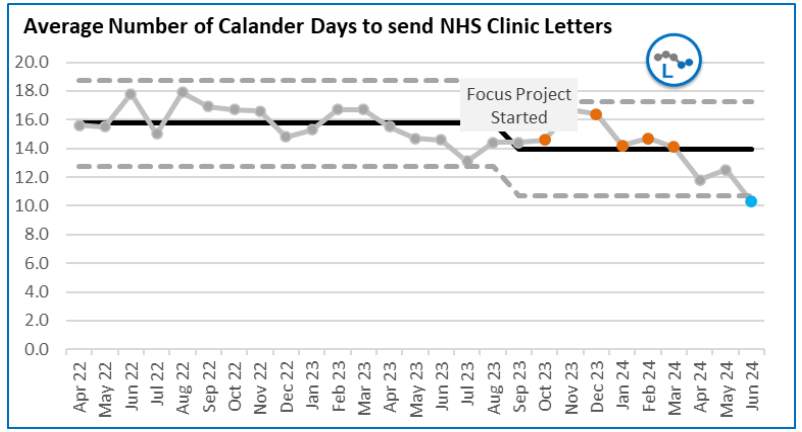
No Significant variation



Improving variation and within control limits



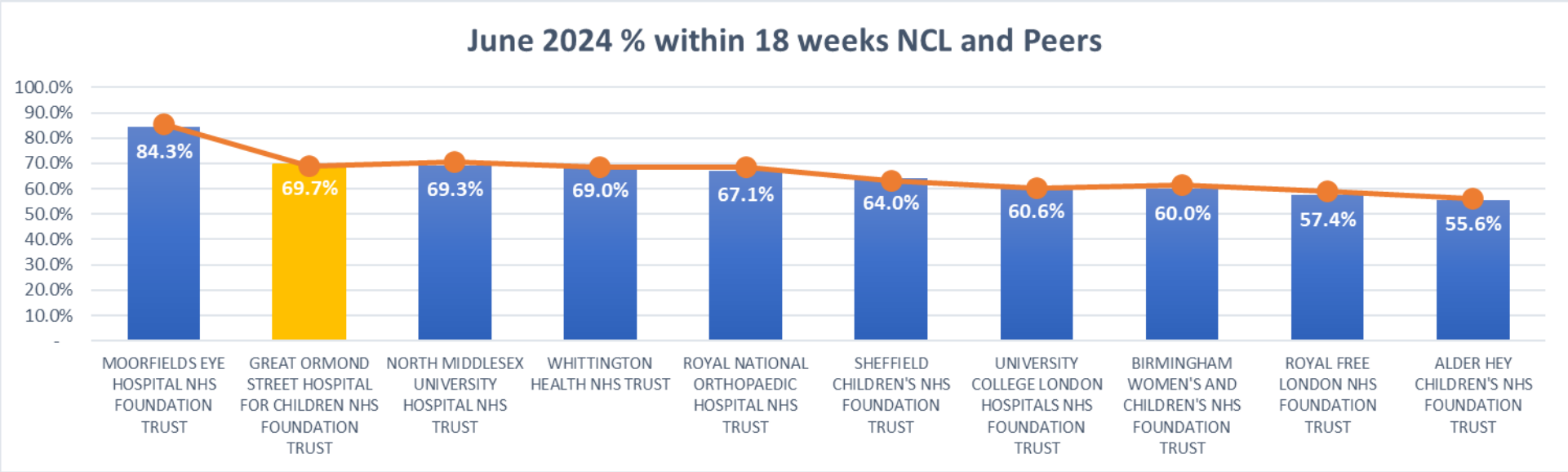
Improving variation



Improving variation

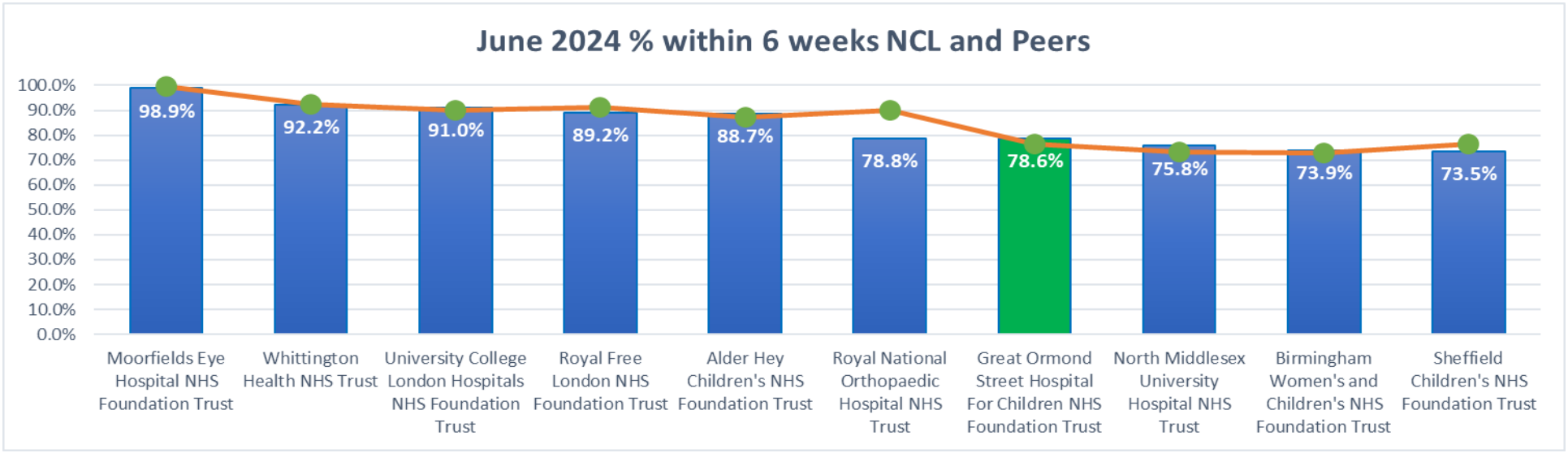
Appendix 5: RTT and DM01 Comparison

Referral to Treatment



Orange markers indicate May's performance. GOSH for the month of June is at second place amongst the selected Peers. GOSH is ranked 28th out of 154 providers, an increase of 3 places since May.

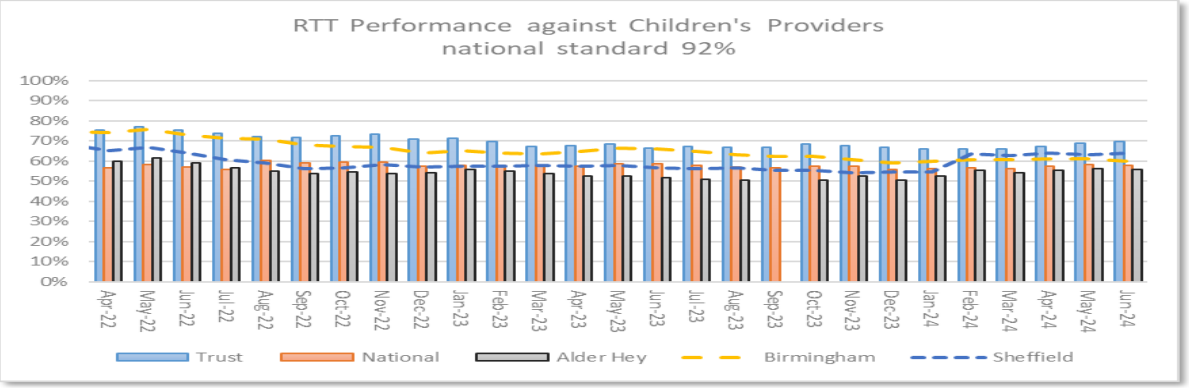
Diagnostics

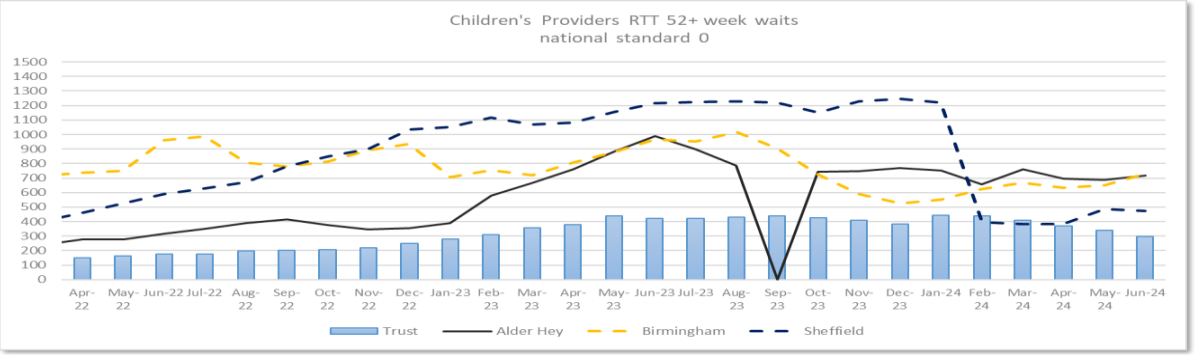


Green markers indicate May's performance. GOSH for the month of June is in the 4th bottom place, amongst selected Peers. GOSH is ranked 88 out of 152 providers, an increase of nine places from May.

Responsive

Appendix 5: National and NCL RTT Performance –June 2024





Nationally, at the end of June, 58.0% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks.

GOSH is tracking 11.6% above the national June performance at 69.7% and is in line with comparative children's providers. (RTT Performance for Sheffield Children (64.0%), Birmingham Women's and Children's (60.0%) and Alder Hey (55.6%))

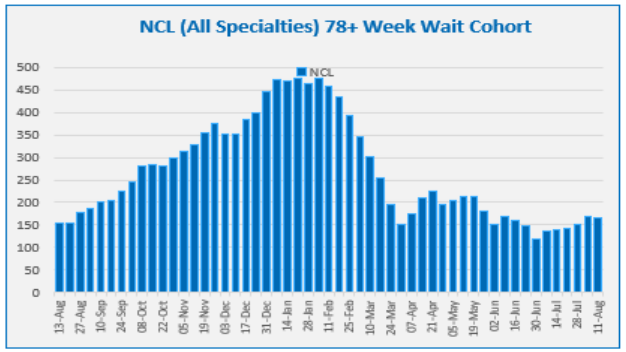
The national position for June 2024 indicates a decrease in patients waiting over 52 weeks at 296,599 patients.

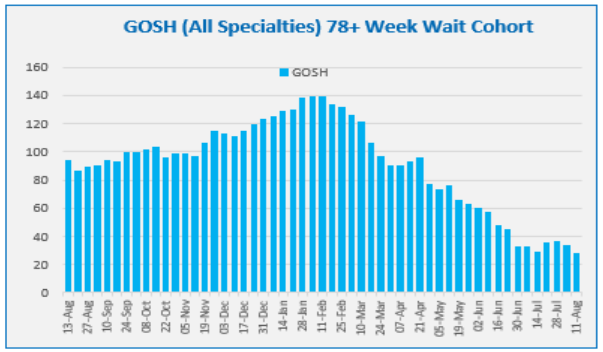
Compared to Birmingham, Alder Hey and Sheffield, the number of patients waiting 52 weeks and over for GOSH is lower than all these providers for June.

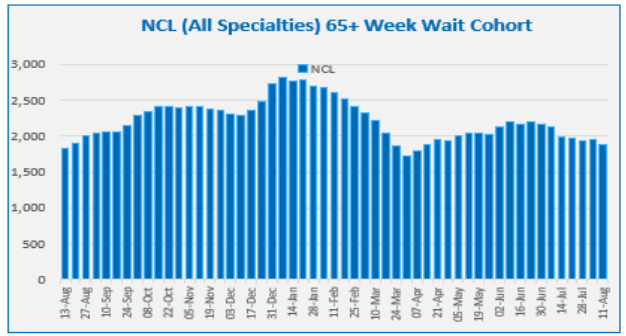
Overall for NCL the 78+ week wait position is at 167 patients. Royal Free has the largest volume of 78+ wk waits.

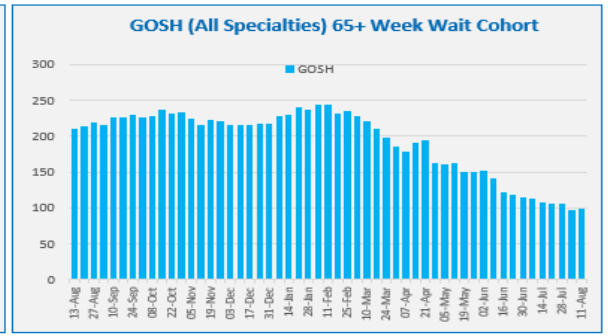
The 65 week wait national ambition of zero patients is to be achieved by September 2024. NCL position is at 1876 patients, with GOSH contributing less than 10% to the overall NCL cohort.

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









Responsive

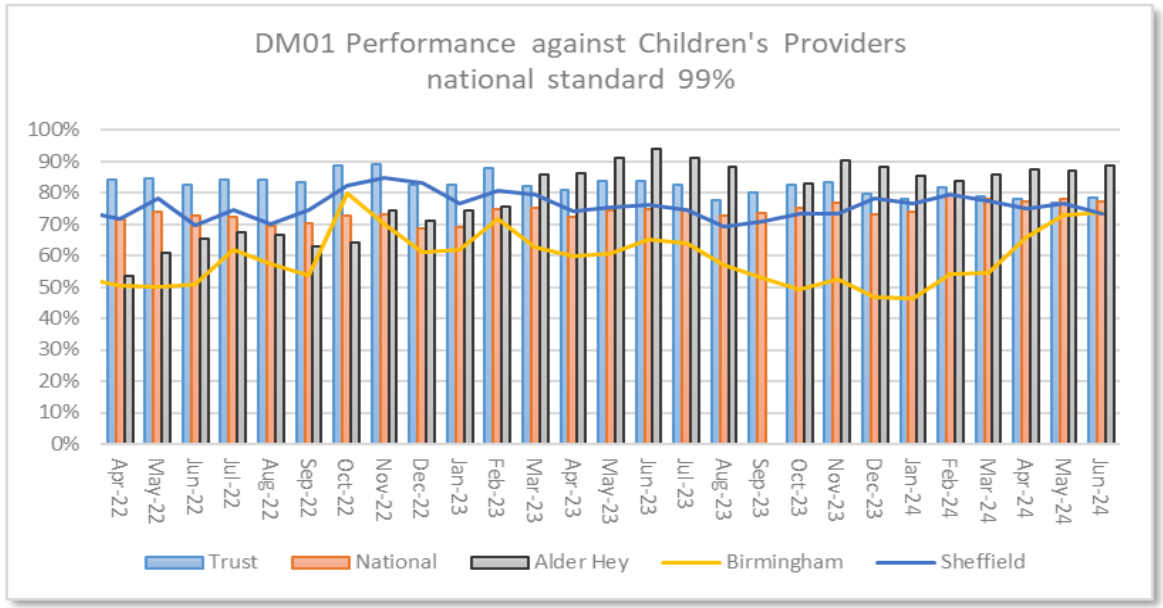
Appendix 5: National Diagnostic Performance and 6 week waits – June 2024

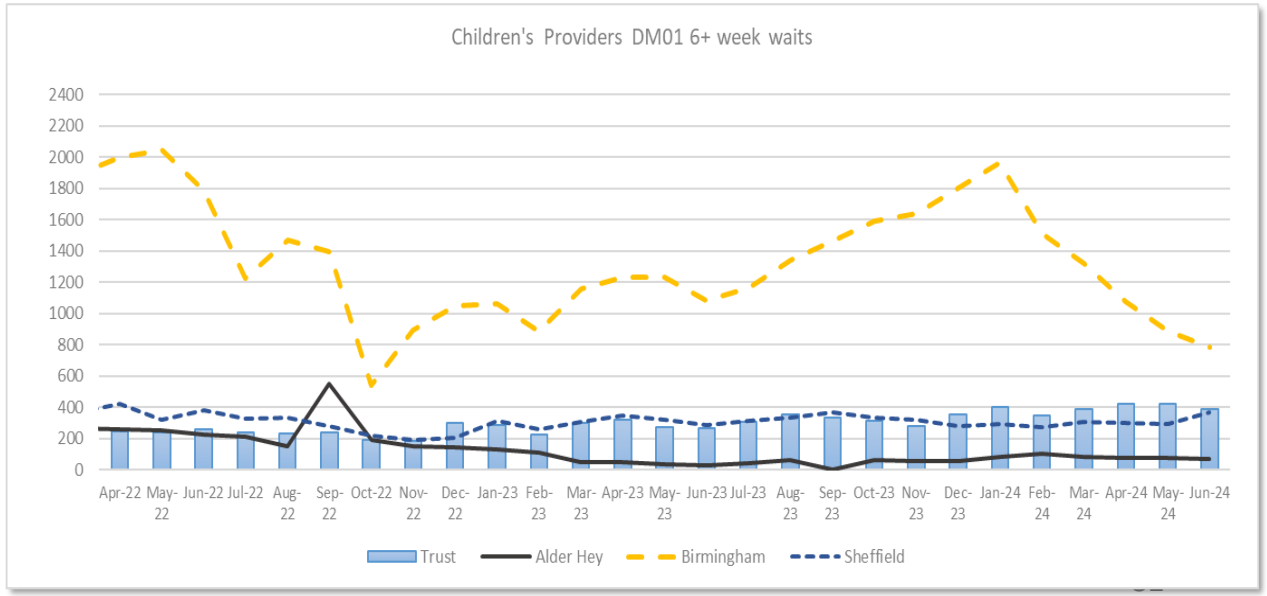
Nationally, at the end of June, 77.1% of patients were waiting under 6 weeks for a DM01 diagnostic test.

GOSH is tracking 1.5% above the national June performance and is in line with comparative children's providers. DM01 Performance for Sheffield Children (73.5%), Birmingham Women's and Children's (73.9%) and Alder Hey (88.7%).

The national position for June 2024 indicates a decrease of patients waiting over 6 weeks at 375,416 patients.

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





Responsive

Integrated Quality & Performance Report August 2024 (Reporting July 2024 data)

Attachment M
Actions on persistently red rated metrics

Metric	Drivers	Mitigation/Actions
RTT Open Pathway: % waiting within 18 weeks Waiting greater than 52 weeks - Incomplete Pathways Waiting greater than 78 weeks - Incomplete Pathways Waiting greater than 104 weeks - Incomplete Pathways	Junior doctor's and consultant strikes resulted in reduced activity as well as receiving referrals from other Trusts where patients have been waiting more than 18 weeks. Many of these patients have on average 8.9 diagnoses per admission, making their treatment pathways very complex. Capacity constraints in Orthopaedics and Plastic Surgery. Specialist surgeon availability predominantly for joint cases and complex patients	Waiting list initiatives Recruitment of locum orthopaedic surgeon, review of theatre lists from half day to full day for some services. Mutual aid with RNOH for Orthopaedics- free up capacity for more complex patients Exploring further orthopaedic mutual aid at other paediatric centres such as Birmingham and Southampton (for patients near those centres) Running of parallel theatre lists in Plastic surgery as well as overruns to accommodate mor patients on lists.
Diagnostics- % waiting less than 6 weeks	Challenges in diagnostic capacity particularly for MRI 5, MRI sedation, Endoscopy, Echo and Sleep Studies	Demand and capacity modelling for our challenged areas. Waiting List initiatives being held in September for MRI, Cardiac MRI and Ultrasound to support booking patients past their planned date and long waits
Main Theatre Utilisation	Last minute cancellations, list overruns, late starts, time needed to clean theatres if infectious patients were on the list all impact the utilisation theatre sessions	Improving booking process, further embedding of 6-4-2, reducing late starts.
NHS Discharge Summaries sent within 24 hours	The Trust has seen a significant improvement in the last few months, with a reduction in backlog	These standards are being monitored through monthly Directorate meetings. Focus also continues at consultant meetings and directorate boards to improve performance. Job panning to ensure clinicians have time to complete letters
NHS Clinic letters sent within 7 days	Some specialties require quite a detailed letter to be completed involving multi-disciplinary teams, clinic and theatre time can sometimes take priority	
Honorary Mandatory training compliance	The honorary contract policy changes agreed in 2023 require a change of process in how we monitor training	During Q1 HR will be updating onboarding processes for new contracts as well as updating GOLD to ensure that training needs are reflective of these

	compliance for people with another NHS contract.	policy changes. Existing contract holders will be engaged with to ensure they are compliant with the new policy, which is supported by the new GOLD system allowing us to provide reminders of outstanding training required for people who may not regularly be at GOSH.
Central Venous (CV) line infection rate	Represents the increased acuity and complexity of children we are seeing.	As the year has progressed, we have worked hard on central line care compliance focusing on this within our IPC audit days and working with the epic team to optimise documentation and as a result we have seen our rates drop to within the target rate. It is worth noting that the definition allows children to be counted more than once (as happened in this case) if two blood cultures are taken that grow slightly different organisms. Line infection rates continue to be at a lower rate than were seen in May of 2024
Overdue Seriou Incident actions	These are being reviewed and themed to form an overall organisational safety action plan which will be monitored via the Organisational Learning and Assurance Forum. It is apparent that there are many actions with the same theme which means multiple services are working on these separately and is not an effective use of resources and does not support overall organisational change.	

Attachment N

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
11 September 2024

Month 04 - 2024/25 Finance Report **Submitted by: John Beswick Chief Finance Officer**	**Paper No: Attachment N** **□ For information and noting**

Purpose of report
To provide a summary of the Trust's financial performance for Month 4 of financial year 24/25.

Summary of report
The Trust is reporting a YTD **£4.0m control total deficit** for the period ended 30 Jul 2024 (M4) and an adverse position to budget YTD of **£1.5m**. In M4 the trust is reporting a **£2.1m** favourable position to plan.

- The table below summarises the Trust's financial position at Month 4 and YTD position for FY24/25:

£m	**In Month**			**Year to Date**		
	Plan	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**
Income	£61.0	£65.5	£4.5	£224.9	£225.0	£0.1
Pay	(£34.5)	(£35.1)	(£0.6)	(£137.6)	(£137.6)	£0.0
Non-Pay	(£21.3)	(£23.2)	(£1.9)	(£82.8)	(£84.7)	(£1.8)
Finance Costs	(£1.8)	(£1.7)	£0.1	(£7.0)	(£6.8)	£0.2
Surplus/(Deficit)	**£3.4**	**£5.5**	**£2.1**	**(£2.5)**	**(£4.0)**	**(£1.5)**

Trust income:

- Clinical Income YTD is **£1.8m** favourable due to a combination of factors:
  - £2.3m relating to the final agreement of income relating to prior year drugs
  - Further underperformance on ERF, including circa £0.7m of strike impact and estimates for uncoded activity.
  - The Trust remains behind on the CYP Gender Service due to delays in recruiting sufficient staff to deliver planned activity.
- The Trust-wide private income stands at **£25.7m** and this is **£2.2m** behind plan YTD. M4 is **£2.2m** behind plan largely due to directorate targets being behind plan because of reduced IP&C activity.
- The Trust-wide Other Operating Income is **£1.6m** behind plan, this is largely driven by billing on charity grants for CCC Demolition, EPR and Palliative Care at **£2.6m** being behind plan. This adverse performance is partially offset YTD due to Research and Innovation income (£0.3m), Education and Training income (£0.5m) and an improvement on SLA Income due to a centrally held accrual (£0.2m) all being ahead of plan.

Pay:

- The YTD pay position is breakeven, this includes the M2 arrears payments for consultants pay awards of **£0.5m.**
- The table below illustrates the Trust WTE position in comparison to M3 and the 24/25 target of 5812 WTE.

	24/25 Target	*M3 Actuals WTE*	*M4 Actuals WTE*	*Movement between M3 and M4 - (Higher)/Lower*	*Movement between M4 and 24/25 Target - Better/(Worse)*
Permanent Staff	5,409	5,475	5,482	(7)	(73)
Bank Staff	330	253	346	(93)	(16)
Agency Staff	73	62	62	(0)	11
TOTAL	**5,812**	**5,789**	**5,890**	**(101)**	**(78)**

- When compared against M3, the 101 WTE posts are largely driven by increases in bank shifts due to seasonal leave, vacancies, and sickness.
- When compared to the 24/25 target, the Trust is reporting WTE in excess of this target by 78. This is largely driven by substantive posts at 73 WTE and Bank at 16 WTE, partially offset against reduced agency of 11 WTE.

Non-Pay:

- Non-pay costs and finance costs are **£1.7m** adverse to plan in month and **£1.6m** for the year. There are some underlying overspends which include Drugs (£1.4m) and Supplies and Services (£1.6m) which is mainly driven by Theatres, Pathology and Reagents, and Blood Costs.
- The Trust recognised an amount of £893k relating to a matter flagged (in July 24) as part of the closure of the FY2324 audit activities.

Better Value:

- YTD the Trust has achieved **£2.5m** Better Value against a plan of **£4.5m**, largely made up of pay schemes. Although the run rate of the programme has improved in M4, and there are now live schemes valued in excess of **£15m** (against the **£21.8m** target) with more anticipated to be signed into the programme next month, there remains a significant gap requiring close attention.

Trust cash and debt:

- The Trust cash balance increased from £51.7m (M3) to **£63.9m** at 31 July 2024. This is due to receipt of a significant payment from an I&PC customer, and settlement of a commercial invoice (5.4m).

Capital expenditure:

- Capital Expenditure (CDEL) was **£9.8m** YTD at 31st July 2024; £1.5m higher than plan driven predominantly by the recognition of assets procured in the prior year.

The key movements to note on the balance sheet at year end are:

Indicator	Comment
Cash	Cash held by the Trust increased in month from £51.7m (M3) to £63.9m (M4)
NHS Debtor Days	NHS debtor days remains at 4.
I&PC Debtor Days	I&PC debtor days decreased from 250 in M3 to 240 in M4.
I&PC Overdue Debt	I&PC overdue debt decreased in month from £39.6m to £36.4m in M4
Creditor Days	Creditor days increased from 42 days in M3 to 48 days in M4.

Attachment N

Patient Safety Implications None
Equality impact implications None
Financial implications None
Strategic Risk BAF Risk 1: Financial Sustainability
Action required from the meeting Trust Board are asked to note the Trust's financial position at M4 FY24/25.
Consultation carried out with individuals/ groups/ committees The M4 FY 24/25 position has previously been shared with the EMT.
Who is responsible for implementing the proposals / project and anticipated timescales? Chief Finance Officer
Who is accountable for the implementation of the proposal / project? Chief Finance Officer

Finance and Workforce Performance Report Month 4 2024/25

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Trust Performance Summary for the 4 months ending 31 Jul 2024

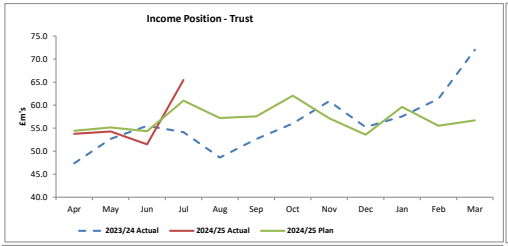
KEY PERFORMANCE DASHBOARD

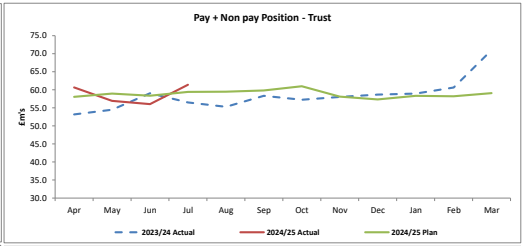
ACTUAL FINANCIAL PERFORMANCE

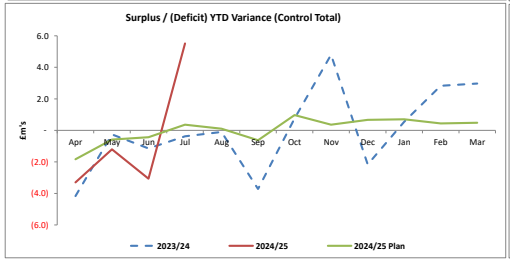
	In month				Year to date			
	Plan	*Actual*	*Variance*	*RAG*	*Plan*	*Actual*	*Variance*	*RAG*
INCOME	**£61.0m**	**£65.5m**	**£4.5m**		**£224.9m**	**£225.0m**	**£0.1m**	
PAY	**(£34.5m)**	**(£35.1m)**	**(£0.6m)**		**(£137.6m)**	**(£137.6m)**	**£0.0m**	
NON-PAY **inc.** owned depreciation and PDC	**(£23.1m)**	**(£24.8m)**	**(£1.7m)**		**(£89.9m)**	**(£91.5m)**	**(£1.6m)**	
Surplus/Deficit excl. donated depreciation	**£3.4m**	**£5.5m**	**£2.1m**		**(£2.5m)**	**(£4.0m)**	**(£1.5m)**	

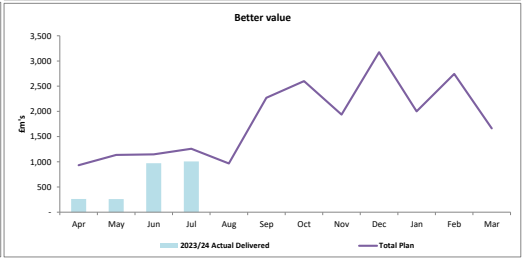
RAG: on or favourable to plan = green, 0-5% adverse to plan = amber, 5%+ adverse to plan = red

AREAS OF NOTE:
The Trust is reporting a YTD £1.5m adverse to plan position. In M4 the trust is reporting a £2.1m favourable position to plan. Clinical Income YTD is £3.88m favourable largely driven by final agreement of income relating to prior year drugs. Private Patient income is behind target by £2.32m YTD. Non-clinical income is behind plan due to contracts with other organisations being signed and non-patient services being behind plan by £1.46m. The YTD pay position is breakeven, this includes the M2 arrears payments for consultants pay awards of £0.5m, however includes an offset against central reserves at £0.8m which are being held for Business Cases. The Trust recognised an amount of £893k relating to a matter flagged (in July 24) as part of the closure of the FY2324 audit activities. Depreciation charge on Trust funded PPE, Intangibles, and ROU assets for the year to date was £5.23m, and £5.99m for donated assets for the year.









PEOPLE

	24/25 Target	*M3 Actuals WTE*	*M4 Actuals WTE*	*Movement between M3 and M4 - (Higher)/Lower*	*Movement between M4 and 24/25 Target - Better/(Worse)*
Permanent Staff	5,409	5,475	5,482	(7)	(73)
Bank Staff	330	253	346	(93)	(16)
Agency Staff	73	62	62	(0)	11
TOTAL	**5,812**	**5,789**	**5,890**	**(101)**	**(78)**

AREAS OF NOTE:

The Trust WTE position has increased by 101 WTE from M3 to M4. This is above the 24/25 target of 5812. At M4 the Trust's WTE stands at 5890 WTE.

When compared against M3 the 101 WTE posts are largely driven by increases in bank shifts due to seasonal leave, vacancies, and sickness.

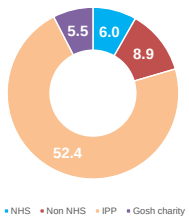
When compared to the 24/25 target we are above by 78 WTE, this is largely driven by substantive posts at 73 WTE and Bank at 16 WTE but partially offset against reduced agency 11 WTE.

CASH, CAPITAL AND OTHER KPIs

Key metrics	*Jun-24*	*Jul-24*
Cash	**£51.7m**	**£63.9m**
I&PC debtor days	**250**	**240**
Creditor days	**42**	**48**
NHS Debtor days	**4**	**4**
BPPC (£)	**83%**	**83%**

Capital Programme	*YTD Plan M4*	*YTD Actual M4*	*Full Year Plan*
Total CDEL - Trust funded	**£8.3m**	**£9.8m**	**£30.8m**
Total PDC	**£0.0m**	**£0.0m**	**£0.1m**
Total Donated and grants	**£10.1m**	**£3.3m**	**£30.2m**
Grand Total	**£18.3m**	**£13.2m**	**£61.0m**

Net receivables breakdown (£m)



AREAS OF NOTE:

1. Cash held by the Trust increased in month from £51.7m to £63.9m.

2. Capital expenditure for the year to end of July 2024 was £13.2m. Trust-funded expenditure was £9.8m; which includes Right of use (leased) asset expenditure. Capital expenditure funded by GOSH Charity was £3.3m YTD.

3. I&PC debtors days decreased in month from 250 to 240 days. Total I&PC debt (net of cash deposits held) decreased in month to £52.4m (£54.1m in M3). Overdue debt also decreased in month to £36.4m (£39.5m in M3).

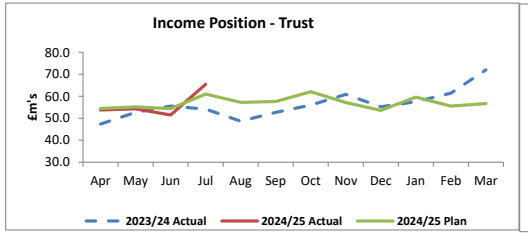
4. Creditor days increased in month from 42 to 48 days.

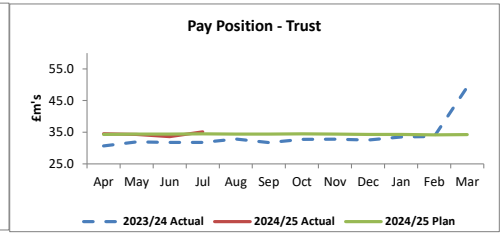
5. NHS debtor days remained the same as the previous month at 4 days.

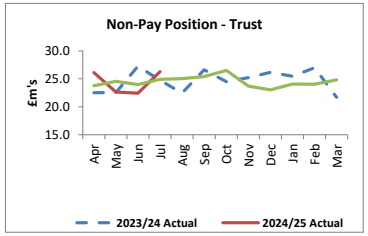
6. In M04, 83% of the total value of creditor invoices were settled within 30 days of receipt; this represented 75% of the total number of creditor invoices paid in month. The percentage of invoices paid in both categories (value and number) is below the NHSE target of settling at least 95% of invoices within 30 days.

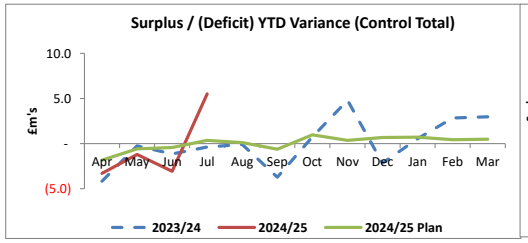
Trust Income and Expenditure Performance Summary for the 4 months ending 31 Jul 2024

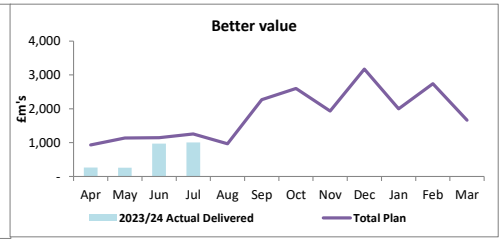
2024/25										
Annual Plan	Income & Expenditure	Month 4				Year to Date				Rating
		Plan	Actual	Variance		Plan	Actual	Variance		
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	Variance
514.30	NHS & Other Clinical Revenue	46.46	51.67	5.22	11.23%	172.02	175.90	3.88	2.26%	G
90.03	Private Patient Revenue	7.95	7.25	(0.70)	(8.82%)	27.75	25.43	(2.32)	(8.36%)	R
79.89	Non-Clinical Revenue	6.57	6.54	(0.03)	(0.47%)	25.13	23.66	(1.46)	(5.82%)	R
684.22	**Total Operating Revenue**	**60.98**	**65.46**	**4.49**	**7.36%**	**224.89**	**224.99**	**0.10**	**0.04%**	G
(383.75)	Permanent Staff	(31.98)	(32.53)	(0.56)	(1.74%)	(127.92)	(128.16)	(0.24)	(0.19%)	A
(5.08)	Agency Staff	(0.44)	(0.51)	(0.07)	(16.72%)	(1.70)	(1.82)	(0.12)	(6.95%)	R
(23.56)	Bank Staff	(2.07)	(2.07)	0.00	0.10%	(7.97)	(7.60)	0.37	4.66%	G
(412.39)	**Total Employee Expenses**	**(34.49)**	**(35.12)**	**(0.63)**	**(1.82%)**	**(137.58)**	**(137.57)**	**0.01**	**0.01%**	G
(109.19)	Drugs and Blood	(9.82)	(9.99)	(0.17)	(1.73%)	(36.52)	(38.52)	(2.00)	(5.47%)	R
(44.81)	Supplies and services - clinical	(3.49)	(4.77)	(1.28)	(36.61%)	(14.62)	(16.68)	(2.06)	(14.06%)	R
(96.44)	Other Expenses	(8.00)	(8.40)	(0.41)	(5.08%)	(31.69)	(29.47)	2.22	7.01%	G
(250.43)	**Total Non-Pay Expenses**	**(21.31)**	**(23.17)**	**(1.86)**	**(8.70%)**	**(82.84)**	**(84.67)**	**(1.83)**	(2.21%)	R
(662.82)	**Total Expenses**	**(55.80)**	**(58.29)**	**(2.48)**	(4.45%)	**(220.42)**	**(222.24)**	**(1.82)**	(0.83%)	R
21.40	**EBITDA (exc Capital Donations)**	**5.17**	**7.18**	**2.00**	**38.77%**	**4.47**	**2.75**	**(1.72)**	**(38.50%)**	R
(21.30)	Owned depreciation, Interest and PDC	(1.77)	(1.66)	0.11	6.02%	(7.02)	(6.79)	0.23	3.22%	
0.09	**Surplus/Deficit**	**3.40**	**5.51**	**2.11**	**62.07%**	**(2.55)**	**(4.04)**	**(1.50)**	**(58.68%)**	
(22.00)	Donated depreciation	(1.83)	(1.45)	0.38		(7.34)	(5.99)	1.35		
(21.91)	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**1.57**	**4.06**	**2.49**	**62.07%**	**(9.89)**	**(10.03)**	**(0.14)**	**(58.68%)**	
0.00	Impairments & Unwinding Of Discount	0.00	0.00	0.00		0.00	0.00	0.00		
0.00	Capital Donations	0.00	0.56	0.56		0.00	3.34	3.34		
(21.91)	**Adjusted Net Result**	**1.57**	**4.62**	**3.05**	**194.68%**	**(9.89)**	**(6.69)**	**3.20**	**32.36%**	











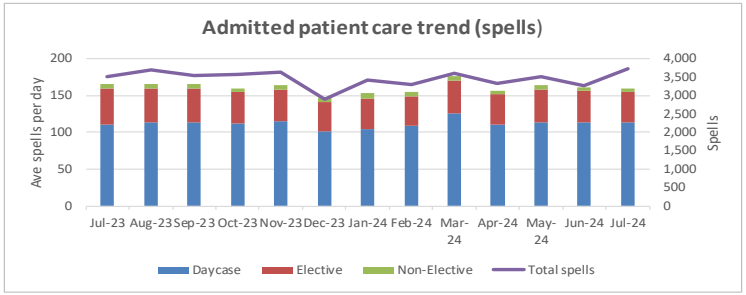
Summary

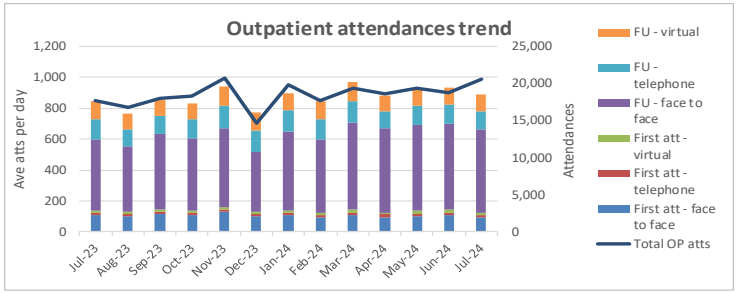
The Trust is reporting a YTD £1.5m adverse to plan position. In M4 the trust is reporting a £2.1m favourable position to plan.

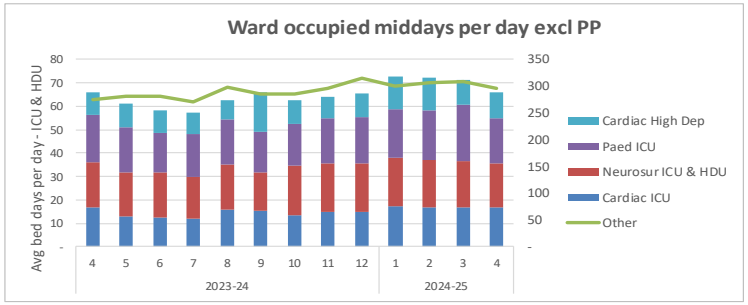
Notes

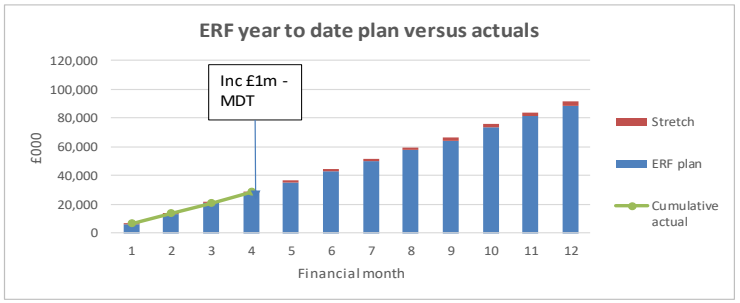
- Clinical Income YTD is £3.88m favourable largely driven by final agreement of income relating to prior year drugs
- Private Patient income is behind target by £2.32m YTD
- Non-clinical income is behind plan due to contracts with other organisations being signed and non-patient services being behind plan by £1.46m.
- The YTD pay position is breakeven, this includes the M2 arrears payments for consultants pay awards of £0.5m. In M4 underspends against substantive posts continue to be offset against planned vacancy factors.
- The Trust recognised an amount of £893k relating to a matter flagged (in July 24) as part of the closure of the FY2324 audit activities.
- Depreciation charge on Trust funded PPE, Intangibles, and ROU assets for the year to date was £5.23m, and £5.99m for donated assets for the year.

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







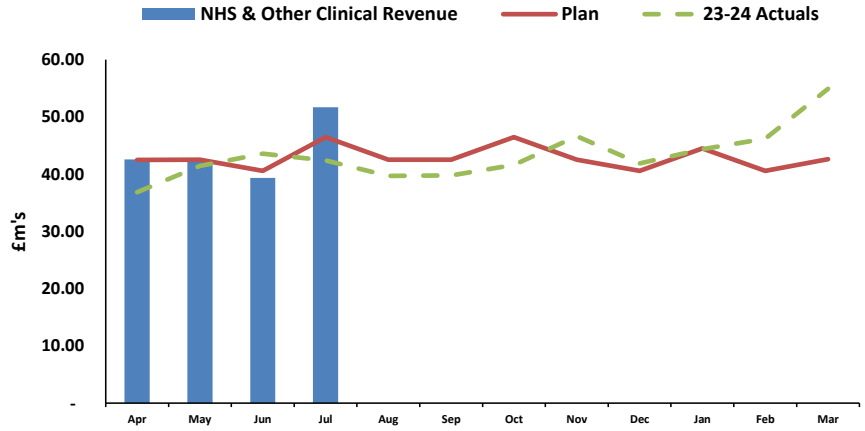


Summary

- Admitted patient care per day in July is lower than June. For day case there has decrease of 0.96 spells per day (0.84%) in comparison to prior month and elective activity decreased by 0.56 spells per day (1.31% reduction). Non-elective increased by 0.05 spells per day (1.01% reduction). July activity has decreased per working day in comparison to June. July activity has increased versus April (2.68 spells per working day); this is largely driven by higher day cases (2.09 spells) and higher electives (0.61 spells).
- Bed days for July have decreased by 4.85% reflecting the activity trend and NHS critical care days are 5.57 per working day lower than June with an decrease in other bed days (12.83 per working day). It should be noted that critical care days for private activity was 8.54 per working day (14.29%) lower than June.
- Outpatient attendances decreased across the board versus June with first attendances decreased by 18.30 attendances per day and follow ups decreasing by 23.45 attendances per day.
- On the basis of current ERF information, which includes some estimates for uncoded work in M3-M4 (June/ July) performance has an under-performance of £0.7m against the total plan, a improvement of £0.1m versus June due to update on uncoded activity for June and MDT (£1.0m) activity coding. The estimated impact of strikes within the year to date performance is £0.4m. Further variance as a result of under-performance versus the target of £0.7m.

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

2024/25 Income for the 4 months ending 31 Jul 2024



Summary

- Total Income is £0.10m ahead of plan YTD.
- Clinical Income YTD is £3.88m favourable largly driven by final agreement of income relating to prior year drugs
- Further underperformance on ERF, including circa £0.7m of strike impact and estimates for uncoded activity.
- The Trust-wide private income stands at £25.7m andthis is £2.2m behind plan YTD. M4 is £2.2m behind plan largely due to directorate targets being behind plan because of reduced IP&C activity.

Workforce Summary for the 4 months ending 31 Jul 2024

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

£m including Perm, Bank and Agency	2024/25 actual		
Staff Group	**YTD (£m)**	**M04 Actuals WTE**	**£000 / WTE**
Admin (inc Director & Senior Managers)	26.1	1,385.9	56.5
Consultants	25.0	397.7	188.3
Estates & Ancillary Staff	5.8	453.5	38.6
Healthcare Assist & Supp	4.5	341.9	39.4
Junior Doctors	12.3	396.2	93.4
Nursing Staff	36.5	1,690.7	64.7
Other Staff	0.4	18.5	60.3
Scientific Therap Tech	24.7	1,143.7	64.8
Total substantive and bank staff costs	**135.3**	**5,828.0**	**69.6**
Agency	1.8	62.0	87.8
Total substantive, bank and agency cost	**137.1**	**5,890.0**	**69.8**
Reserve*	0.5	0.0	
Additional employer pension contribution by NHSE (M12)	0.0	0.0	
Total pay cost	**137.6**	**5,890.0**	**70.1**
Remove maternity leave cost	(0.9)		
Total excluding Maternity Costs	**136.7**	**5,890.0**	**69.6**

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

Summary

The YTD pay position is breakeven, this includes the M2 arrears payments for consultants pay awards of £0.5m, however includes an offset against central reserves at £0.8m which are being held for Business Cases.

Trust Bank and Agency usage has increasered slightly compared to M03 due to the lead up of summer holidays, vacancies and sickness.

Consultants & Junior Doctors are £0.8m underspent YTD, this includes the M2 arrears payments for consultants.

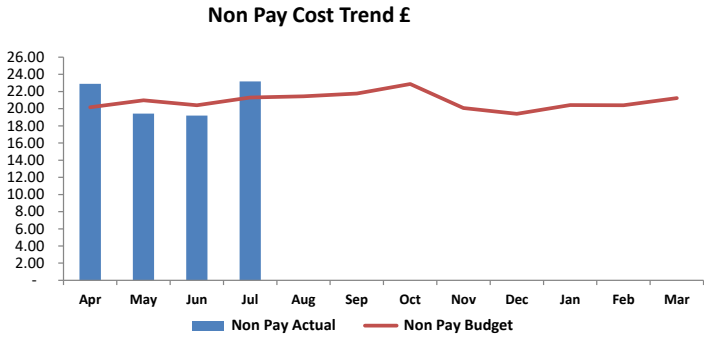
Estates & Ancillary are £0.25m underspent YTD to plan due to high levels of sickness within the cleaning service.

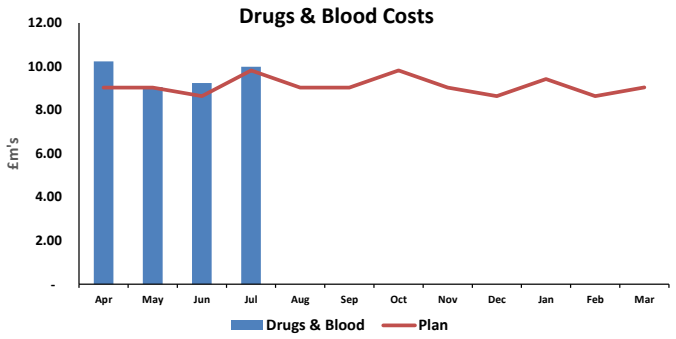
Scientific Therapeutic and Technical Staff are £0.49m underspent to plan YTD due to an increase in bank usage in order to deliver the services required while vacancies are recruited into and sickness cover.

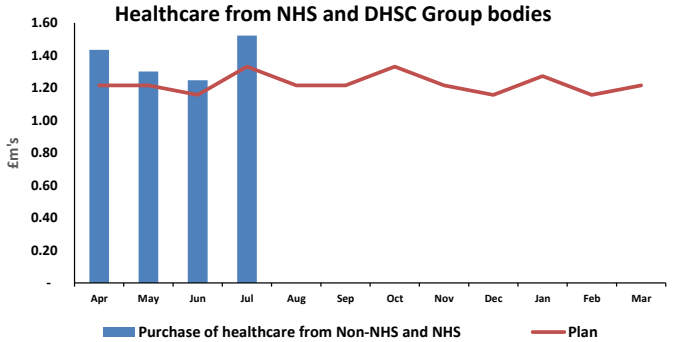
Nursing are £1.76m underspent to plan YTD due to vacancies covered by Bank and Agency

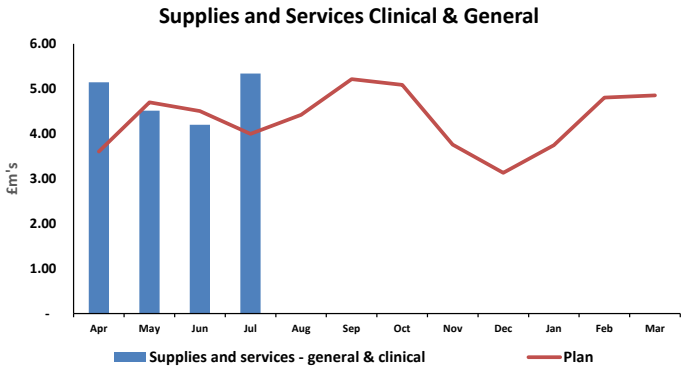
Healthcare Assistants £0.05m underspend due to vacancies

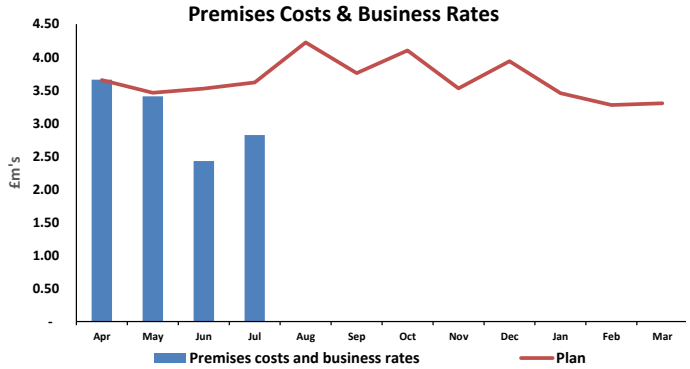
Non-Pay Summary for the 4 months ending 31 Jul 2024

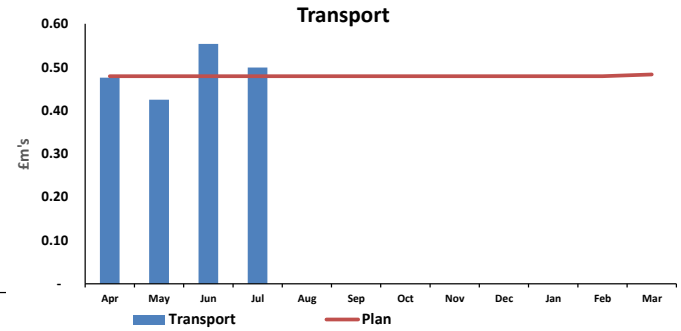










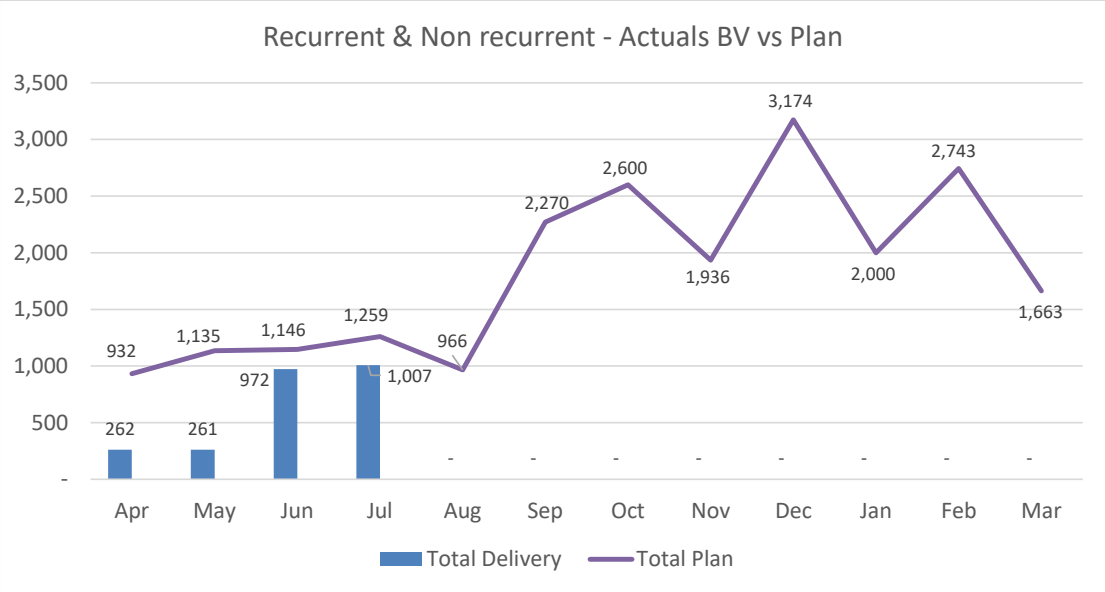


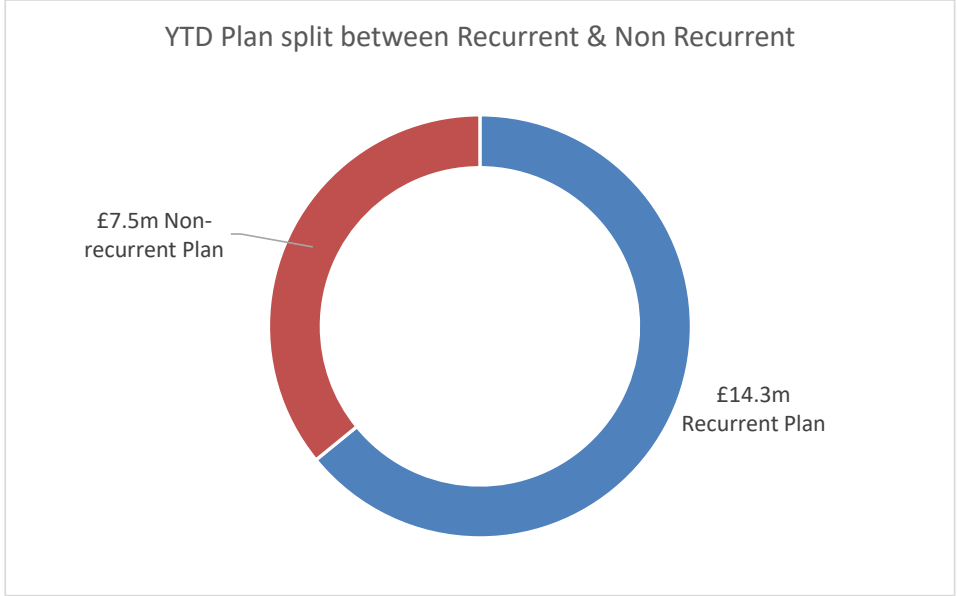
Summary

YTD Non-Pay is £1.6m overspent YTD, below are the key drivers:

1 - Drugs which are £1.4m overspent YTD
2 - S&S Clinical £1.6m overspent YTD (driven by Theatres and Pathology)
3 - £0.90m relating to a matter flagged (in July 24) as part of the closure of the FY2324 audit activities.

Better Value for the 4 months ending 31 Jul 2024





Better Value:

YTD the Trust has achieved £2.5m Better Value against a plan of £4.5m, largely made up of pay schemes. Although the run rate of the programme has improved in M4, and there are now live schemes valued in excess of £15m (against the £21.8m target) with more anticipated to be signed into the programme next month, there remains a significant gap requiring close attention.

To that end, I&PC anticipate their income contribution to the programme should improve in the second half of the year, directorates are continuing to work up further local BAU schemes with their frontline teams, and the Better Value Delivery Group is overseeing the development and delivery of a material cross cutting programme. Current work is focused on non-pay optimisation, savings related to pharmacy, diagnostics and various areas of discretionary spend, and further efficiencies to be driven by further optimisation of how we use the Epic system.

Audited Actual 31 Mar 24 £m	Statement of Financial Position	YTD Actual 30 Jun 24 £m	YTD Actual 31 Jul 24 £m	In month Movement £m
647.50	Non-Current Assets	646.40	648.52	2.12
122.30	Current Assets (exc Cash)	133.50	130.80	(2.70)
65.90	Cash & Cash Equivalents	51.70	63.90	12.20
(135.60)	Current Liabilities	(143.60)	(150.10)	(6.50)
(29.70)	Non-Current Liabilities	(29.00)	(29.50)	(0.50)
670.40	**Total Assets Employed**	**659.00**	**663.62**	**4.62**

31 Mar 2024 Audited Accounts £m	Capital Expenditure	Full Year Plan 2024-25 £m	YTD Plan July 2024 £m	YTD Actual July 2024 £m	YTD Variance £m	RAG YTD variance
7.90	CCC	7.50	2.47	2.42	0.05	G
6.02	Medical Equipment	6.99	1.95	2.63	(0.67)	R
5.72	Property & Plant	11.56	1.81	2.84	(1.03)	R
6.60	Information Technology & Intangibles	4.71	2.03	1.93	0.09	G
26.24	**Total Trust Funded**	**30.76**	**8.26**	**9.82**	**(1.56)**	R
0.35	**PDC**	**0.07**	**0.02**	**0.00**	**0.02**	G
19.77	CCC	27.89	9.30	3.06	6.24	G
1.10	Property & Plant	0.00	0.00	(0.00)	0.00	G
1.54	Medical Equipment	2.28	0.76	0.28	0.48	A
22.42	**Total Donated and Grant funded**	**30.17**	**10.06**	**3.34**	**6.72**	G
49.01	**Total Expenditure**	**61.00**	**18.34**	**13.16**	**5.18**	G

31-Mar-24	Working Capital	30-Jun-24	31-Jul-24	RAG	KPI
6.0	NHS Debtor Days (YTD)	4.0	4.0	G	< 30.0
216.0	I&PC Debtor Days	250.0	240.0	R	< 120.0
29.6	I&PC Overdue Debt (£m)	39.5	36.4	R	0.0
92.0	Inventory Days - Non Drugs	90.0	88.0	R	30.0
36.0	Creditor Days	42.0	48.0	R	< 30.0
53.0%	BPPC - NHS (YTD) (number)	47.2%	51.7%	R	> 95.0%
70.6%	BPPC - NHS (YTD) (£)	57.0%	57.7%	R	> 95.0%
84.2%	BPPC - Non-NHS (YTD) (number)	80.6%	75.1%	R	> 95.0%
90.4%	BPPC - Non-NHS (YTD) (£)	84.8%	85.4%	R	> 95.0%
83.3%	BPPC - Total (YTD) (number)	79.8%	74.6%	R	> 95.0%
88.7%	BPPC - Total (YTD) (£)	82.8%	83.4%	R	> 95.0%

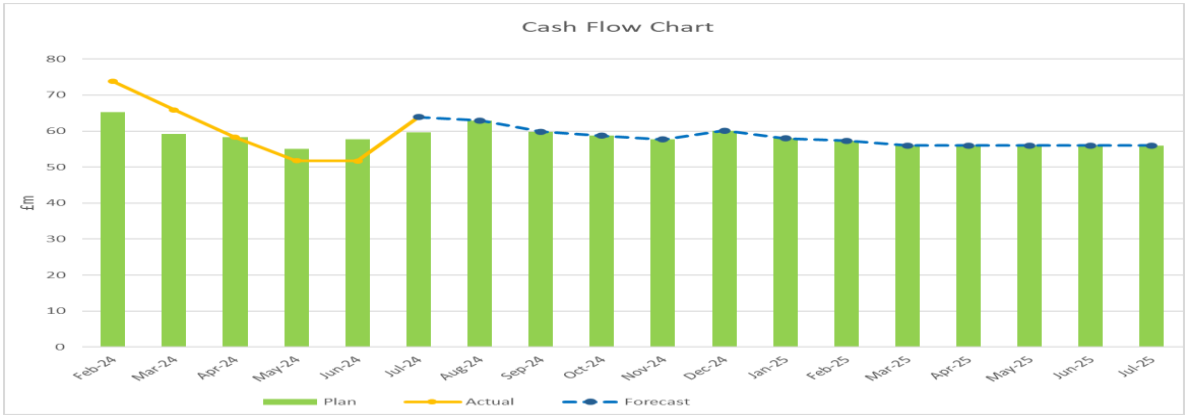
RAG Criteria:
NHS Debtor and Creditor Days:
Green (under 30);
Amber (30-40);
Red (over 40)

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-24	Liquidity Method	Jun-24	Jul-24	RAG
1.4	Current Ratio (Current Assets / Current Liabilities)	1.3	1.3	G
1.3	Quick Ratio(Current Assets - Inventories - Prepaid Expenses) / Current Liabili	1.2	1.2	G
0.5	Cash Ratio(Cash / Current Liabilities)	0.4	0.4	R
36.7	Liquidity days Cash / (Pay+Non pay excl Capital expenditure)	27.0	33.3	A
63.1	Liquidity Days (Payroll)(Cash / Pay)	49.6	61.3	G



Comments:

1. Capital expenditure for the year to end of July 2024 was £13.2mthe Trust-funded expenditure was £9.8m, which includes Rights of Use (leased) asset expenditure.
   - The donated expenditure was £3.3m.
2. Cash held by the Trust increased in month from £51.7m to £63.9m.
3. Total Assets employed at M04 increased by £4.6m in month as a result of the following:
   - Non current assets totalled £648.5m (increasing by £2.1m in month).
   - Current assets excluding cash totalled £130.8m, decreasing by £2.7m in month. This largely relates to contract receivables invoiced (£4.4m lower in month) and inventories (£0.3m lower in month). This is offset against the increase in Contract receivables not yet invoiced (£1.6m higher in month) and Capital receivables (£0.4m higher in month).
   - Cash held by the Trust totalled £63.9m, increasing in month by £12.2m.
   - Current liabilities increased in month by £6.5m to £150.1m. This includes deferred income (£3.1m higher in month) and other payables (£10.5m higher in month). This is offset against the decrease in Capital creditors (£0.2m lower in month); NHS payables (£0.9m lower in month and expenditure accruals (£6.0m lower in month). Other payables includes
   - Non current liabilities totalled £29.5m. This includes lease borrowings of £24.9m.
4. I&PC debtors days decreased in month from 250 to 240 days. Total I&PC debt (net of cash deposits held) decreased in month to £52.4m (£54.1m in M3). Overdue debt also decreased in month to £36.4m (£39.5m in M3).
5. In M04, 83% of the total value of creditor invoices were settled within 30 days of receipt; this represented 75% 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.
6. By supplier category, the cumulative BPPC for Non NHS invoices (by number) was 75% (81% in M3). This represented 85% of the total value of invoices settled within 30 days (85% in M3). The cumulative BPPC for NHS invoices (by number) was 52% (47% in M3). This represented 58% of the value of invoices settled within 30 days (57% in M3).
7. Creditor days increased in month from 42 to 48 days.

Trust Income and Expenditure by Direcorates Summary for the 4 months ending 31 Jul 2024

2024/25										RAG	
Annual Plan (£m)	Directorates	In Month				Year to Date				YTD Var	Main drivers Causing YTD Variance
		Plan (£m)	Actual (£m)	Variance (£m)	Variance %	Plan (£m)	Actual (£m)	Variance (£m)	Variance %		
(98.29)	Core Clinical Services	(8.2)	(8.0)	0.1	1.49%	(32.6)	(34.0)	(1.3)	(4.13%)	R	Unidentified Better Value, Theatres & Radiology Non pay
(51.70)	Heart & Lung	(4.3)	(5.0)	(0.7)	(16.64%)	(17.1)	(22.3)	(5.3)	(30.72%)	R	Reduced activity with I&PC Patients affecting income
(37.68)	Blood Cells & Cancer	(3.1)	(3.2)	(0.0)	(1.52%)	(12.5)	(13.2)	(0.7)	(5.55%)	R	BCC YTD £0.60m adverse to plan, mainly attributable to £0.53m underperformance in I&PC income and £0.08m unfunded Consultants pay awards backdated to March 2024.
(34.67)	Body Bones & Mind	(2.9)	(3.3)	(0.4)	(12.55%)	(11.5)	(12.7)	(1.2)	(10.43%)	R	Under performance in I&PC income and overspend in pay.
(31.54)	Sight & Sound	(2.6)	(2.5)	0.1	3.67%	(10.5)	(11.0)	(0.5)	(4.71%)	A	Sight & Sound YTD £0.60m adverse to plan, mainly attributable to £0.2m unmet Better Value targets and £0.3m overspend of Clinical supplies which is activity related.
(25.82)	Brain	(2.1)	(2.2)	(0.0)	(2.11%)	(8.6)	(8.9)	(0.2)	(2.83%)	A	
12.32	Nt Genomic Medicine Service	1.2	1.8	0.5	43.52%	4.3	4.3	0.0	0.01%	G	The NTGMS is currently off plan by £0.5m, this is a result of staffing posts being phased out in quarter 1 of which recruitment has been quicker than expected, therefore causing an adverse variance. Additionally negotiations are still in place to agree this years income plan which should offset the remainder of the variance in the coming months
33.35	International And Private Care	2.7	3.5	0.8	29.35%	11.7	13.3	1.6	14.03%	G	
(234.04)	**Surplus/Deficit**	**(19.3)**	**(19.0)**	**0.4**	**1.95%**	**(76.9)**	**(84.5)**	**(7.6)**	**(9.87%)**	R	

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

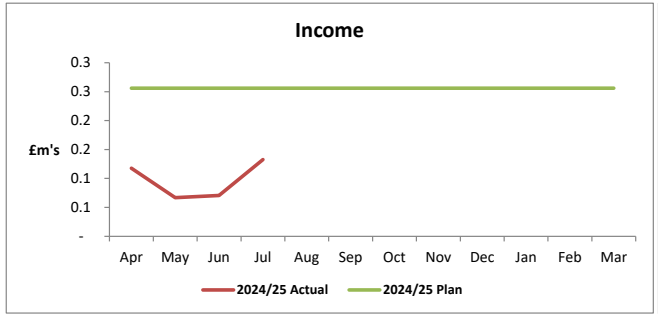
Trust Income and Expenditure by Direcorates Summary for the 4 months ending 31 Jul 2024

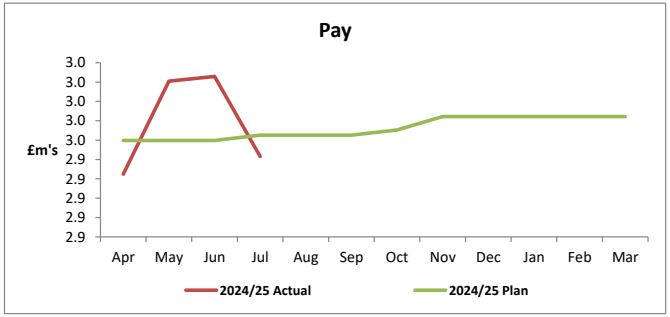
2024/25										RAG	
Annual Plan (£m)	Directorates	In Month				Year to Date				YTD Var	Main drivers Causing YTD Variance
		Plan (£m)	Actual (£m)	Variance (£m)	Variance %	Plan (£m)	Actual (£m)	Variance (£m)	Variance %		
(51.75)	Space And Place	(4.3)	(4.1)	0.2	3.84%	(17.2)	(17.2)	0.0	0.18%	G	
(12.62)	ICT	(1.1)	(1.0)	0.1	8.73%	(4.2)	(3.8)	0.4	8.61%	G	
(10.24)	Transformation	(0.9)	(0.8)	0.0	3.05%	(3.4)	(3.4)	0.0	0.72%	G	
(7.85)	Clinical & Medical Operations	(0.7)	(0.6)	0.0	2.64%	(2.6)	(2.5)	0.1	5.14%	G	
(13.69)	Medical Director	(1.1)	(1.1)	0.1	7.37%	(4.6)	(3.4)	1.2	25.78%	G	
(6.31)	HR & Organisational Developmen	(0.5)	(0.6)	(0.1)	(13.53%)	(2.1)	(2.3)	(0.1)	(7.08%)	R	
(4.61)	Nursing And Patient Experience	(0.5)	(0.3)	0.2	40.03%	(1.8)	(1.3)	0.4	24.43%	G	
(3.65)	Corporate Affairs	(0.3)	(0.4)	(0.1)	(21.03%)	(1.2)	(1.4)	(0.1)	(11.94%)	R	Corporate Affairs' YTD £100K adverse to plan driven by NTP expenditure which will be funded by NHSE Network allocation.
(3.59)	Finance	(0.3)	(0.3)	(0.0)	(7.21%)	(1.1)	(1.1)	0.0	4.28%	G	
(0.88)	Innovation	(0.1)	(0.3)	(0.2)	(262.55%)	(0.3)	(0.9)	(0.6)	(202.95%)	R	Underachievement of income for several contracts across GMP (e.g. Leucid Bio, LifeArc and John Anderson project) due to delays in manufacturing and commencement of the projects respectively.
1.51	Research And Innovation	0.1	(0.0)	(0.2)	(137.17%)	0.5	0.5	0.0	0.61%	G	
0.00	Central Corporate	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%	G	
(113.67)	**Surplus/Deficit**	**(9.5)**	**(9.5)**	**0.0**	**0.50%**	**(38.0)**	**(36.7)**	**1.3**	**3.48%**	G	

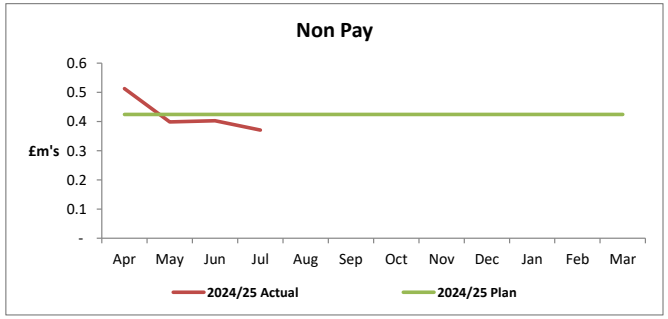
RAG Criteria:
Green Favourable YTD Variance
Amber Adverse YTD Variance (< 5%)
Red Adverse YTD Variance (> 5% or > £0.5m)

Blood Cells & Cancer Income and Expenditure Performance Summary for the 4 months ending 31 Jul 2024

2024/25									
Annual Plan	Income & Expenditure	Month 4				Year to Date			
	Blood Cells & Cancer	Plan	Actual	Variance		Plan	Actual	Variance	
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%
0.00	NHS & Other Clinical Revenue	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
2.29	Private Patient Revenue	0.19	0.01	(0.19)	(97.28%)	0.76	0.05	(0.71)	(93.10%)
0.78	Non-Clinical Revenue	0.07	0.13	0.06	96.03%	0.26	0.34	0.07	28.84%
3.07	**Total Operating Revenue**	**0.26**	**0.13**	**(0.12)**	**(48.19%)**	**1.02**	**0.39**	**(0.64)**	**(62.14%)**
(35.39)	Permanent Staff	(2.94)	(2.78)	0.16	5.58%	(11.75)	(11.25)	0.50	4.26%
0.00	Agency Staff	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
(0.28)	Bank Staff	(0.02)	(0.17)	(0.14)	(620.35%)	(0.09)	(0.66)	(0.57)	(623.14%)
(35.67)	**Total Employee Expenses**	**(2.97)**	**(2.94)**	**0.02**	**0.74%**	**(11.84)**	**(11.91)**	**(0.07)**	**(0.60%)**
(0.92)	Drugs and Blood	(0.08)	(0.04)	0.04	50.78%	(0.31)	(0.12)	0.18	60.22%
(1.47)	Supplies and services - clinical	(0.12)	(0.10)	0.02	19.01%	(0.49)	(0.48)	0.01	1.89%
(2.70)	Other Expenses	(0.22)	(0.23)	(0.01)	(3.87%)	(0.90)	(1.08)	(0.18)	(20.16%)
(5.09)	**Total Non-Pay Expenses**	**(0.42)**	**(0.37)**	**0.05**	**12.63%**	**(1.70)**	**(1.68)**	**0.01**	**0.75%**
(37.68)	**Control total**	**(3.13)**	**(3.18)**	**(0.05)**	**(1.52%)**	**(12.52)**	**(13.21)**	**(0.69)**	**(5.55%)**







Summary –General Manager

The BCC Directorate YTD position is £0.69m adverse to plan and £0.05m adverse in month. The key contributor to the YTD position is the £0.71m underperformance in I&PC income and £0.08m unfunded Consultants pay awards, these are partially offset by favourable variance form Blood underspend.

Income

- Overall YTD Income is £0.64m adverse to plan driven by I&PC Income underperformance of £0.71m due to delays in Private Thymic patients' programmes, affected by issues with harvesting tissues from Cardiac patients who are now being operated elsewhere, and fewer than expected patients suitable for the transplant. Marketing exercises has just been done with help of I&PC to secure more patients.

Pay

- Overall YTD Pay is £0.07m adverse to plan mainly driven by unfunded consultant pay award backdated to March 2024. Vacancies in Nursing and Medical staff are mostly covered by Bank and Locum. Despite this, £0.35m of vacancy factor better value has been delivered.

Non-Pay

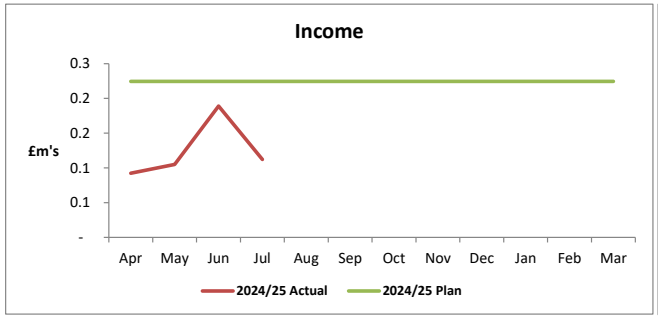
- Non-Pay is £0.01m favourable to plan YTD and £0.05m favourable in month. Main driver is the lower blood usage costs. Tissue typing and harvest costs remain on plan.

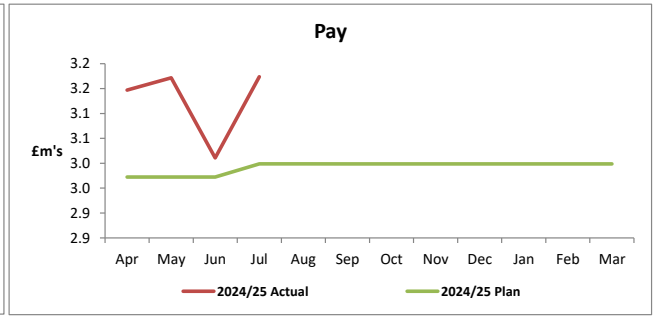
Better Value

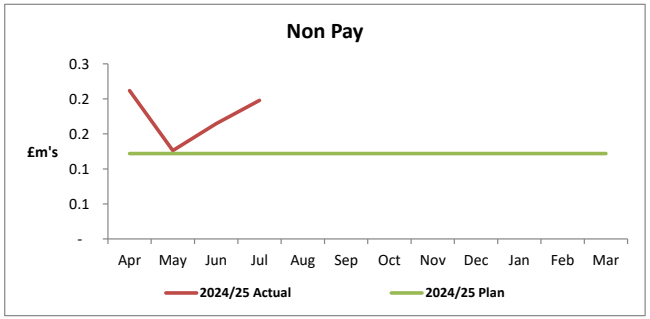
- The 24/25 BV target the directorate is £1.44m, with £1.07m identified as vacancy factor, of which £0.24m has been delivered YTD. Unallocated Non-Pay BV target is £0.39m, initiatives are being taken for scoping work.

Body Bones & Mind Income and Expenditure Performance Summary for the 4 months ending 31 Jul 2024

2024/25									
Annual Plan	Income & Expenditure	Month 4				Year to Date			
	Body Bones & Mind	Plan	Actual	Variance		Plan	Actual	Variance	
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%
0.00	NHS & Other Clinical Revenue	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
2.16	Private Patient Revenue	0.18	0.09	(0.09)	(50.96%)	0.72	0.31	(0.41)	(57.37%)
0.53	Non-Clinical Revenue	0.04	0.02	(0.02)	(46.58%)	0.18	0.19	0.01	7.39%
2.69	**Total Operating Revenue**	**0.22**	**0.11**	**(0.11)**	**(50.09%)**	**0.90**	**0.50**	**(0.40)**	**(44.51%)**
(35.91)	Permanent Staff	(3.00)	(2.92)	0.08	2.62%	(11.92)	(11.49)	0.43	3.60%
0.00	Agency Staff	0.00	(0.00)	(0.00)	0%	0.00	(0.00)	(0.00)	0%
0.00	Bank Staff	0.00	(0.25)	(0.25)	0%	0.00	(1.01)	(1.01)	0%
(35.91)	**Total Employee Expenses**	**(3.00)**	**(3.17)**	**(0.18)**	**(5.84%)**	**(11.92)**	**(12.50)**	**(0.59)**	**(4.93%)**
(0.08)	Drugs and Blood	(0.01)	(0.02)	(0.02)	(259.27%)	(0.03)	(0.05)	(0.02)	(76.76%)
(1.21)	Supplies and services - clinical	(0.10)	(0.07)	0.03	26.88%	(0.40)	(0.38)	0.03	6.62%
(0.18)	Other Expenses	(0.01)	(0.10)	(0.09)	(583.77%)	(0.06)	(0.28)	(0.22)	(371.67%)
(1.46)	**Total Non-Pay Expenses**	**(0.12)**	**(0.20)**	**(0.08)**	**(62.21%)**	**(0.49)**	**(0.70)**	**(0.21)**	**(43.64%)**
(34.67)	**Control total**	**(2.90)**	**(3.26)**	**(0.36)**	**(12.55%)**	**(11.51)**	**(12.71)**	**(1.20)**	**(10.43%)**







Summary - General Manager

As at M4, the directorate financial position is showing £0.36m adverse variance to plan in month and £1.2m adverse variance to plan YTD. The main contributor to the YTD position is under performance in I&PC income and overspend in pay.

Income

- I&PC income is £0.41m adverse variance against plan YTD. Private activity is low across all the specialities.
- Non clinical income is showing an over achievement of £0.01m YTD which is driven by the income received in month for prior year Outreach SLAs.

Pay

- Pay is reporting a £0.59m adverse to Plan YTD. £0.3m of underlying pay overspends are being driven by medical staffing; scientific and Tech staff overspent by £0.11m; offsetting against nursing vacancies.

Non-Pay

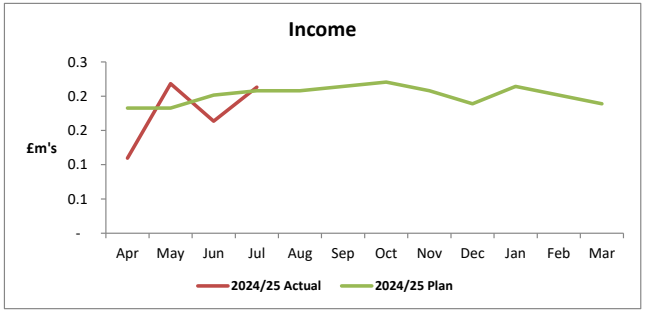
- Non pay costs are £0.21m adverse to plan YTD. The main driver for this variance is under achieved non-pay BV of £0.2m YTD.

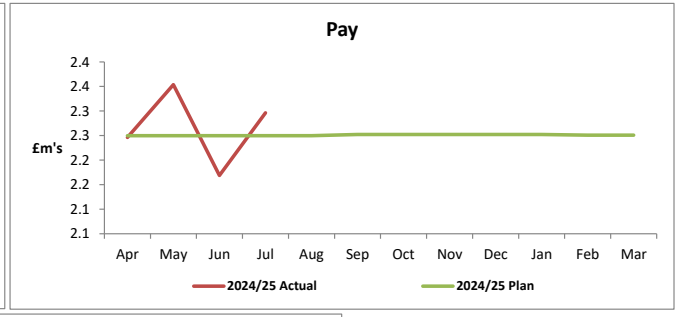
BV

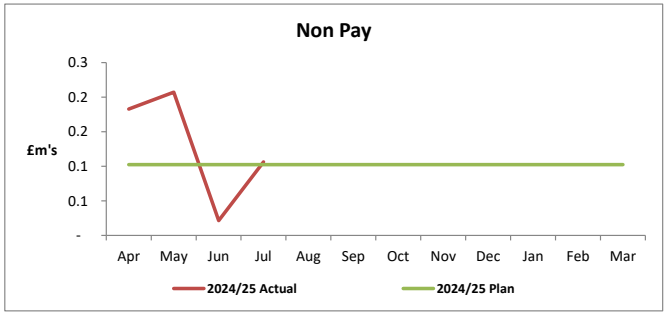
- 24-25 BV target for the division is £1.33m of which £0.73m is against pay and £0.59m against non-pay. Part of the pay BV has been achieved from nursing vacancies.

Brain Income and Expenditure Performance Summary for the 4 months ending 31 Jul 2024

2024/25									
Annual Plan	Income & Expenditure	Month 4				Year to Date			
	Brain	Plan	Actual	Variance		Plan	Actual	Variance	
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%
0.00	NHS & Other Clinical Revenue	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
1.26	Private Patient Revenue	0.11	0.15	0.04	31.99%	0.39	0.48	0.09	23.85%
1.16	Non-Clinical Revenue	0.10	0.07	(0.03)	(31.63%)	0.39	0.22	(0.16)	(42.38%)
2.42	**Total Operating Revenue**	**0.21**	**0.21**	**0.01**	**2.54%**	**0.77**	**0.70**	**(0.07)**	**(9.07%)**
(27.01)	Permanent Staff	(2.25)	(2.16)	0.09	4.09%	(9.00)	(8.57)	0.43	4.78%
0.00	Agency Staff	0.00	(0.01)	(0.01)	0%	0.00	(0.05)	(0.05)	0%
0.00	Bank Staff	0.00	(0.13)	(0.13)	0%	0.00	(0.45)	(0.45)	0%
(27.01)	**Total Employee Expenses**	**(2.25)**	**(2.30)**	**(0.05)**	**(2.07%)**	**(9.00)**	**(9.07)**	**(0.07)**	**(0.74%)**
(0.09)	Drugs and Blood	(0.01)	(0.01)	(0.01)	(95.75%)	(0.03)	(0.02)	0.01	37.52%
(1.18)	Supplies and services - clinical	(0.10)	(0.07)	0.03	25.59%	(0.39)	(0.33)	0.06	15.14%
0.04	Other Expenses	0.00	(0.02)	(0.02)	(705.37%)	0.01	(0.17)	(0.18)	(1,430.63%)
(1.23)	**Total Non-Pay Expenses**	**(0.10)**	**(0.11)**	**(0.00)**	**(3.86%)**	**(0.41)**	**(0.52)**	**(0.11)**	**(26.40%)**
(25.82)	**Control total**	**(2.14)**	**(2.19)**	**(0.05)**	**(2.11%)**	**(8.63)**	**(8.88)**	**(0.24)**	**(2.83%)**







Summary - General Manager

The directorate is £0.05m adverse to plan in month and £0.24m YTD. YTD adverse is mainly driven by outreach clinics not yet accounted for due to unsigned SLA - £0.14m, work is ongoing to get this done shortly, gap in the directorate Better Value unidentified target - £0.17m. Private patient income is performing better than plan by £0.09m YTD

Income

- Private patient income is performing better than plan by £0.09m YTD.
- Non-clinical revenue is behind plan YTD, SLAs for outreach clinics are yet to be signed and so income not yet recognised. Education and training income is slightly above plan
- Income from charitable income is slightly behind plan.
- R&D income YTD is behind plan £0.03m but these could be driven by when billing is done.

Pay

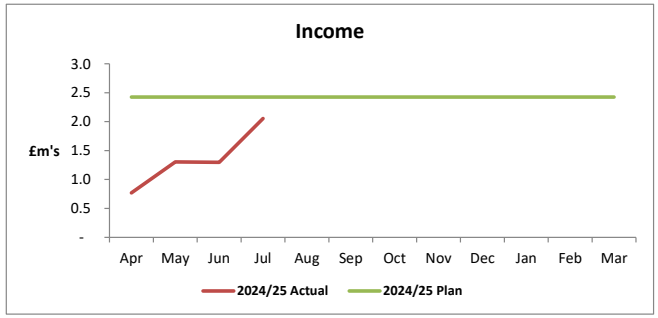
- In month pay position is £0.05 adverse to plan and 0.07m YTD.
- Bank cover costs to cover absences and gap are contributing to the adverse position, however vacancies across the division within Consultants and Nursing are offsetting this.

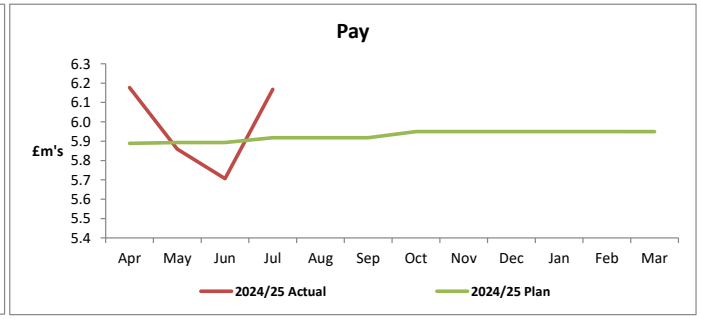
Non-Pay

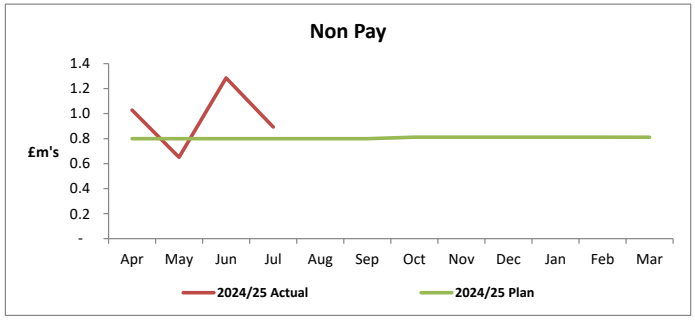
- Non-pay costs broke even in month and is £0.11m adverse to plan YTD. YTD is mainly driven by the gap in unidentified better value target £0.17m offset by underspend within clinical supplies.

Heart & Lung Income and Expenditure Performance Summary for the 4 months ending 31 Jul 2024

2024/25									
Annual Plan	Income & Expenditure	Month 4				Year to Date			
	Heart & Lung	Plan	Actual	Variance		Plan	Actual	Variance	
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%
0.00	NHS & Other Clinical Revenue	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
28.24	Private Patient Revenue	2.35	2.00	(0.35)	(14.90%)	9.41	5.24	(4.18)	(44.36%)
0.85	Non-Clinical Revenue	0.07	0.05	(0.02)	(28.02%)	0.28	0.19	(0.10)	(34.67%)
29.09	**Total Operating Revenue**	**2.42**	**2.05**	**(0.37)**	**(15.28%)**	**9.70**	**5.42**	**(4.27)**	**(44.07%)**
(70.87)	Permanent Staff	(5.91)	(5.50)	0.40	6.83%	(23.55)	(21.93)	1.61	6.85%
0.00	Agency Staff	0.00	(0.05)	(0.05)	0%	0.00	(0.14)	(0.14)	0%
(0.25)	Bank Staff	(0.01)	(0.62)	(0.61)	(5,343.94%)	(0.05)	(1.84)	(1.79)	(3,941.81%)
(71.12)	**Total Employee Expenses**	**(5.92)**	**(6.17)**	**(0.25)**	**(4.23%)**	**(23.59)**	**(23.91)**	**(0.32)**	**(1.35%)**
(1.29)	Drugs and Blood	(0.11)	(0.12)	(0.02)	(14.41%)	(0.43)	(0.40)	0.04	8.19%
(6.10)	Supplies and services - clinical	(0.51)	(0.50)	0.01	1.62%	(2.03)	(2.19)	(0.16)	(7.75%)
(2.28)	Other Expenses	(0.18)	(0.27)	(0.09)	(46.89%)	(0.74)	(1.27)	(0.54)	(72.96%)
(9.67)	**Total Non-Pay Expenses**	**(0.80)**	**(0.89)**	**(0.09)**	**(11.69%)**	**(3.20)**	**(3.86)**	**(0.66)**	**(20.59%)**
(51.70)	**Control total**	**(4.29)**	**(5.01)**	**(0.71)**	**(16.64%)**	**(17.09)**	**(22.34)**	**(5.25)**	**(30.72%)**







Summary - General Manager

As at M4, the directorate financial position is reporting £0.71m adverse variance in month and £5.25m adverse to plan YTD. The main contributor for the YTD position is the underachievement of I&PC income.

Income

- I&PC income is £4.18m adverse to plan YTD. The trend is similar to Q1 last year. The division is expecting an increase in I&PC activity towards the later part of the year.
- Non clinical income is £0.1m adverse YTD which is mainly due to unsigned Outreach SLAs for 24-25.

Pay

- Pay costs are £0.32m overspent YTD. The main reason for pay variance is the Consultant pay arrears paid in M2 and strike cover.
- Medical Staffing pay is overspent by £0.40m YTD
- Nursing staff pay is underspent by £0.69m YTD net of bank spend. Bank spend on nursing is £0.84m YTD which offsets against vacancies.

Non-Pay

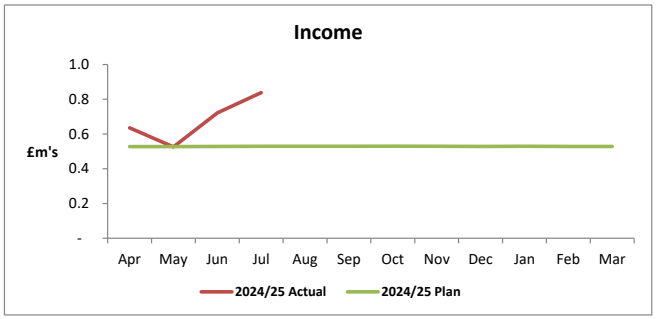
- Non pay costs are overspent by £0.66m YTD. The main drivers are the Supplies & Services -Clinical and the cost of Cardiology cases undertaken at the Portland (£0.29m), which has been funded from PCC SDF funds.

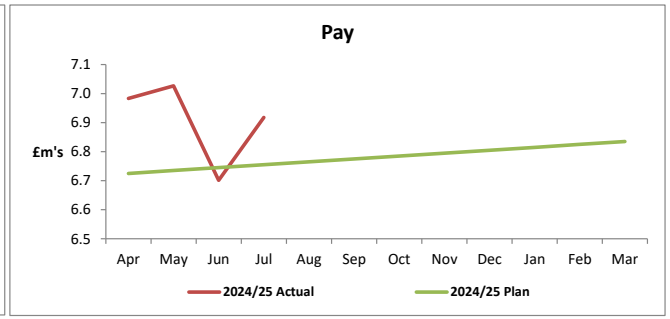
BV

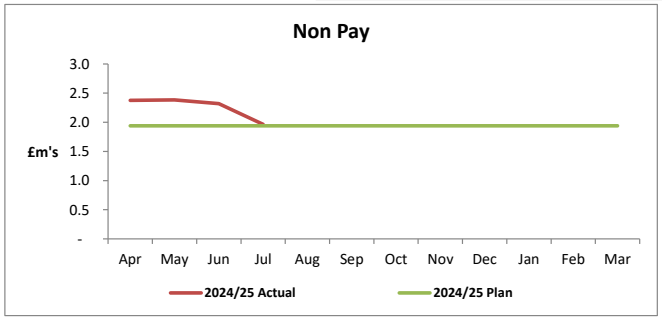
- 24-25 BV target for the directorate is £1.92m of which £1.45m is against pay and £0.47m is against non-pay. The division has achieved their pay BV target as at end of M4

Core Clinical Services Income and Expenditure Performance Summary for the 4 months ending 31 Jul 2024

2024/25									
Annual Plan	Income & Expenditure	Month 4				Year to Date			
	Core Clinical Services	Plan	Actual	Variance		Plan	Actual	Variance	
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%
0.00	NHS & Other Clinical Revenue	0.00	0.01	0.01	0%	0.00	0.01	0.01	0%
0.08	Private Patient Revenue	0.01	0.01	0.00	21.94%	0.02	0.04	0.02	65.58%
6.26	Non-Clinical Revenue	0.52	0.82	0.29	56.18%	2.09	2.67	0.58	27.70%
6.34	**Total Operating Revenue**	**0.53**	**0.84**	**0.31**	**58.44%**	**2.11**	**2.72**	**0.61**	**28.82%**
(81.36)	Permanent Staff	(6.75)	(6.50)	0.26	3.81%	(26.96)	(26.12)	0.84	3.11%
0.00	Agency Staff	0.00	(0.10)	(0.10)	0%	0.00	(0.37)	(0.37)	0%
0.00	Bank Staff	0.00	(0.32)	(0.32)	0%	0.00	(1.14)	(1.14)	0%
(81.36)	**Total Employee Expenses**	**(6.75)**	**(6.92)**	**(0.16)**	**(2.41%)**	**(26.96)**	**(27.63)**	**(0.67)**	**(2.48%)**
(0.90)	Drugs and Blood	(0.07)	(0.13)	(0.06)	(75.99%)	(0.30)	(0.27)	0.02	8.21%
(20.50)	Supplies and services - clinical	(1.71)	(1.70)	0.01	0.65%	(6.83)	(7.45)	(0.61)	(8.97%)
(1.87)	Other Expenses	(0.16)	(0.14)	0.02	13.40%	(0.62)	(1.32)	(0.70)	(111.68%)
(23.27)	**Total Non-Pay Expenses**	**(1.94)**	**(1.96)**	**(0.02)**	**(1.28%)**	**(7.76)**	**(9.04)**	**(1.29)**	**(16.57%)**
(98.29)	**Control total**	**(8.17)**	**(8.04)**	**0.12**	**1.49%**	**(32.60)**	**(33.95)**	**(1.35)**	**(4.13%)**







Summary - General Manager

The CCS directorate expenditure in month is £8.88m, Income in month is £0.84m giving a net spend for M4 of £8.04m. This compares favourably with previous months; however, a one-off release of old year accruals has been offset with additional costs that are outlined below. The budgetary deficit after month 4 was £1.35m, including the application of Better Value Targets.

Income

- Income increased to £0.84m with higher levels of Pathology testing, although higher reagent costs are being incurred in non pay. The budgetary variance has also improved further, to £0.6m surplus.

Pay

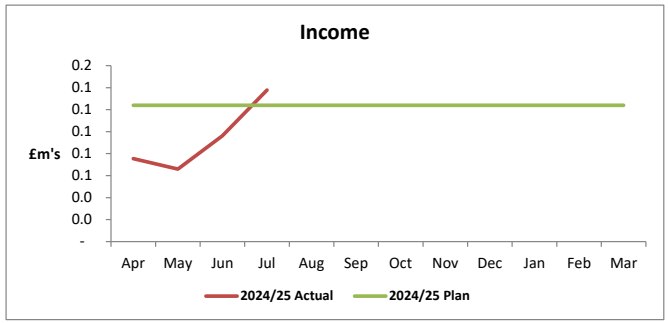
- Pay costs of £6.91m were higher than month 3 which had the transfer of Haematology SpR's to BCC and STT costs to R&I, amounting to £0.14m. There is a cumulative overspend of £0.67m, of which £0.1m relates to Consultant arrears. The latest expected 5.5% AFC pay award has not been reflected.
- Bank costs were £0.32m, which was an increase of £0.08m from month 3. Total costs are now £1.14m.
- Agency costs total £0.1m in month and £0.37m to date, this is £0.21m lower than at the same point in 23-24. Pharmacy & Radiology remain the big users of agency in line with national shortages.

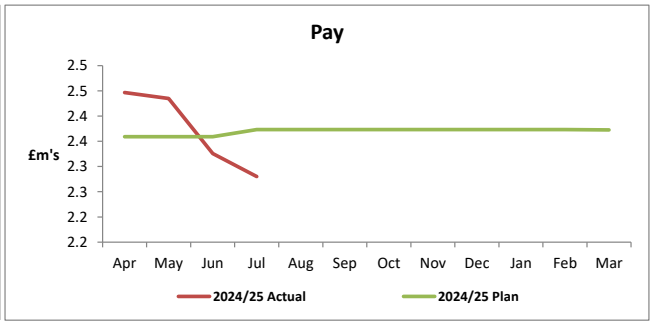
Non-Pay

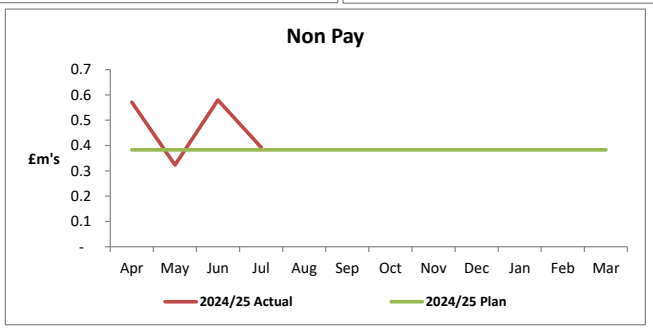
- Non Pay costs fell to £1.96m. This fall was less than expected after a one-off benefit of £833k from the release of old year accruals. Against this, additional expenditure in Theatres for pumps of £185k and Surgical instruments of £80k were incurred and BME purchased £100k of high suction pumps for general use. Reagents costs also rose by £113k offset by increased Pathology Income.
- The unidentified Better Value Target of £1.9m accounts for £0.63m of the overspend. The Division delivered £1.8m during budget setting and a 2% Vacancy Factor of £1.6m is applied against budgets. The Division delivered £1.8m during the budget setting exercise and a 2% Vacancy Factor of £1.6m will be operated as part of the pay budget in future months. Been absorbed, on a straight line basis. Within this reported position £1.4m was transacted as non recurrent Better Value, arising from vacancies across the Directorate.

Sight & Sound Income and Expenditure Performance Summary for the 4 months ending 31 Jul 2024

2024/25									
Annual Plan	Income & Expenditure	Month 4				Year to Date			
	Sight & Sound	Plan	Actual	Variance		Plan	Actual	Variance	
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%
0.00	NHS & Other Clinical Revenue	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
0.92	Private Patient Revenue	0.08	0.12	0.04	51.36%	0.31	0.29	(0.02)	(5.06%)
0.56	Non-Clinical Revenue	0.05	0.02	(0.03)	(54.63%)	0.19	0.08	(0.10)	(55.76%)
1.49	**Total Operating Revenue**	**0.12**	**0.14**	**0.01**	**11.15%**	**0.50**	**0.38**	**(0.12)**	**(24.29%)**
(28.06)	Permanent Staff	(2.34)	(2.14)	0.20	8.44%	(9.32)	(8.92)	0.40	4.33%
0.00	Agency Staff	0.00	(0.00)	(0.00)	0%	0.00	(0.00)	(0.00)	0%
(0.38)	Bank Staff	(0.03)	(0.14)	(0.10)	(331.05%)	(0.13)	(0.57)	(0.44)	(349.00%)
(28.44)	**Total Employee Expenses**	**(2.37)**	**(2.28)**	**0.09**	**3.92%**	**(9.45)**	**(9.49)**	**(0.04)**	**(0.39%)**
(0.03)	Drugs and Blood	(0.00)	(0.00)	0.00	49.20%	(0.01)	(0.01)	0.00	35.80%
(3.79)	Supplies and services - clinical	(0.32)	(0.33)	(0.01)	(3.86%)	(1.26)	(1.29)	(0.03)	(2.43%)
(0.78)	Other Expenses	(0.07)	(0.06)	0.00	1.09%	(0.26)	(0.57)	(0.31)	(118.49%)
(4.59)	**Total Non-Pay Expenses**	**(0.38)**	**(0.39)**	**(0.01)**	**(2.73%)**	**(1.53)**	**(1.87)**	**(0.34)**	**(21.93%)**
(31.54)	**Control total**	**(2.63)**	**(2.54)**	**0.10**	**3.67%**	**(10.49)**	**(10.98)**	**(0.49)**	**(4.71%)**







Summary - General Manager

Sight & Sound Directorate YTD position at M4 is £0.49m adverse to plan and £0.10m favourable in month. Key contributors to the position are £0.2m unmet Better Value targets under non-pay, £0.1m unbilled outreach clinics, £0.14m overspend of clinical supplies and patient travel re-imbursements which are both activity related.

Income

- M4 YTD Total Income is £0.12m adverse to plan. £0.10m relates to unsigned Outreach SLA therefore unbilled, all teams are working towards a resolution.
- Private Patient Income is £0.02m behind plan YTD, there has been a consistent flow of Urology private patients in recent weeks lifting the M4 position to £0.04m ahead of target.

Pay

- Pay costs YTD is £0.04m adverse to plan, mainly driven by £0.08 unfunded consultant pay award which is partly offset by a one-off backdated billing for Consultant recharge out in M4. Better Value in Vacancy Factor has been delivered to date.

Non-Pay

- Non-Pay costs is £0.34m adverse to plan, mainly driven by unidentified Better Value target of £0.19m, the Directorate is working towards several better value schemes that will be delivered later in the financial year.
- £0.08m overspend in patient travel claims is being assessed and plans will be put in place to minimise the overspend.
- £0.08m overspend activity related and Audiology devices timing between payments for stock and pass-through claims.

International And Private Care Income and Expenditure Performance Summary for the 4 months ending 31 Jul 2024

2024/25									
Annual Plan	Income & Expenditure	Month 4				Year to Date			
	International And Private Care	Plan	Actual	Variance		Plan	Actual	Variance	
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%
0.00	NHS & Other Clinical Revenue	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
55.07	Private Patient Revenue	4.59	4.88	0.30	6.43%	18.36	19.01	0.66	4%
0.37	Non-Clinical Revenue	0.03	0.07	0.04	139.70%	0.12	0.26	0.14	113%
55.44	**Total Operating Revenue**	**4.62**	**4.96**	**0.34**	**7.32%**	**18.48**	**19.28**	**0.80**	**4%**
(14.71)	Permanent Staff	(1.30)	(1.10)	0.20	15.44%	(4.31)	(4.33)	(0.02)	(0%)
(0.24)	Agency Staff	(0.02)	(0.06)	(0.04)	(222.50%)	(0.08)	(0.25)	(0.17)	(215%)
(0.04)	Bank Staff	(0.00)	(0.15)	(0.15)	(4,813.44%)	(0.01)	(0.70)	(0.69)	(5,650%)
(14.99)	**Total Employee Expenses**	**(1.32)**	**(1.31)**	**0.01**	**0.83%**	**(4.40)**	**(5.27)**	**(0.87)**	**(20%)**
(0.15)	Drugs and Blood	(0.01)	(0.00)	0.01	99.24%	(0.05)	0.01	0.06	125%
(1.57)	Supplies and services - clinical	(0.13)	(0.05)	0.08	64.70%	(0.52)	(0.25)	0.27	52%
(5.39)	Other Expenses	(0.45)	(0.10)	0.35	77.42%	(1.80)	(0.42)	1.38	77%
(7.11)	**Total Non-Pay Expenses**	**(0.59)**	**(0.15)**	**0.44**	**75.07%**	**(2.37)**	**(0.65)**	**1.71**	**72%**
33.35	**Control total**	**2.71**	**3.50**	**0.79**	**29.35%**	**11.71**	**13.35**	**1.64**	**14%**

Trust wide IPP Income Summary

24/25 Plan	Directorates	M01	M02	M03	M04	YTD	YTD Plan	YTD
55.44	International And Private Care	4.68	5.06	4.58	4.96	19.28	18.48	0.80
28.24	Heart & Lung	0.72	1.26	1.25	1.99	5.24	9.41	(4.17)
2.16	Body Bones & Mind	0.06	0.08	0.08	0.09	0.31	0.72	(0.41)
0.92	Sight & Sound	0.07	0.04	0.06	0.12	0.29	0.31	(0.01)
1.26	Brain	0.07	0.15	0.12	0.15	0.48	0.39	0.09
2.29	Blood Cells & Cancer	0.02	0.02	0.02	0.01	0.05	0.76	(0.71)
(0.00)	Central Expenditure (Phasing)	-	(0.12)	0.12	-	(0.00)	(2.22)	2.22
0.08	Core Clinical Services	0.01	0.01	0.01	0.01	0.04	0.02	0.02
90.40	**Grand Total**	**5.63**	**6.49**	**6.25**	**7.33**	**25.69**	**27.87**	**(2.18)**

Summary - Deputy Director

The I&PC Directorate delivered £3.50m contribution in July which was ahead of plan by £0.79m. This means YTD the I&PC Directorate has delivered £13.35m contribution against a plan of £11.71m.

Income

Trust wide IPP income was £7.33m in July, which was an increase of £1.08m on June's performance of £6.25m. As the target increased in July, this remained below the required level by £0.65m and therefore YTD is now £2.18m behind target.

- I&PC Directorate income was £4.96m for the month of July, which is a positive variance of £0.34m (and £0.38 higher than June). This was due to increased use of high-cost drugs which reversed the June reduction.
- NHS Directorate income in month was £2.37m which is an improvement of £0.82m compared to June but was still £0.99m behind target. The improvement was due a higher number of patients requiring access to ICU, and a patient requiring ECMO support.

Pay

- Pay in the month was £1.31m which was £0.01m positive to budget. YTD pay is £0.87m adverse to budget impacted by high bank spend due to delivering care to complex patients and maintaining bed capacity (which has been supporting NHS activity as above). Agency spend relates to non-clinical areas and will reduce once a consultation is finalised and implemented.

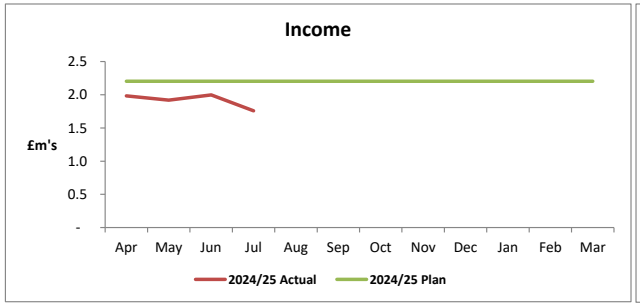
Non-Pay

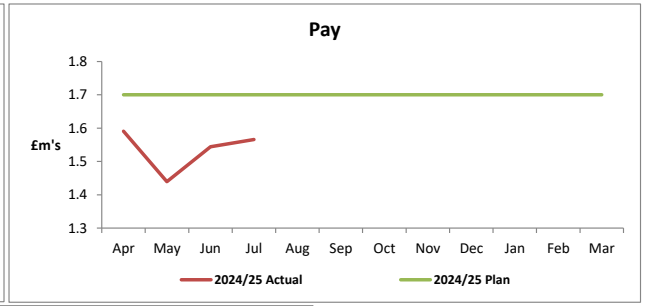
- Non-Pay was £0.03m better than plan in July and continued to be positive to plan £0.45m due to savings in clinical supplies, tissue typing and blood costs.

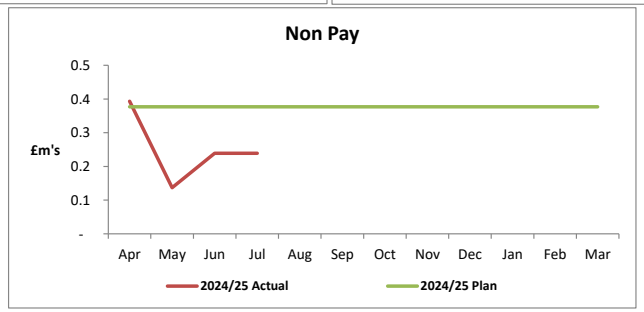
Bad Debt reserve

- Bad-Debt provision was £0.20m in month which was better than plan by £0.41m and YTD is £1.27m better than plan.

2024/25									
Annual Plan	Income & Expenditure	Month 4				Year to Date			
	Research And Innovation	Plan	Actual	Variance		Plan	Actual	Variance	
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%
0.00	NHS & Other Clinical Revenue	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
0.00	Private Patient Revenue	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
26.44	Non-Clinical Revenue	2.20	1.76	(0.44)	(20.20%)	8.81	7.66	(1.16)	(13.13%)
26.44	**Total Operating Revenue**	**2.20**	**1.76**	**(0.44)**	**(20.20%)**	**8.81**	**7.66**	**(1.16)**	**(13.13%)**
(20.37)	Permanent Staff	(1.70)	(1.55)	0.15	8.73%	(6.79)	(6.07)	0.72	10.61%
0.00	Agency Staff	0.00	(0.00)	(0.00)	0%	0.00	(0.01)	(0.01)	0%
(0.03)	Bank Staff	(0.00)	(0.02)	(0.01)	(429.62%)	(0.01)	(0.06)	(0.05)	(443.69%)
(20.40)	**Total Employee Expenses**	**(1.70)**	**(1.57)**	**0.13**	**7.90%**	**(6.80)**	**(6.14)**	**0.66**	**9.72%**
0.00	Drugs and Blood	0.00	0.00	0.00	0%	0.00	0.00	0.00	0%
(0.72)	Supplies and services - clinical	(0.06)	(0.02)	0.04	73.09%	(0.24)	(0.08)	0.16	66.46%
(3.80)	Other Expenses	(0.32)	(0.22)	0.09	29.48%	(1.27)	(0.93)	0.34	26.75%
(4.52)	**Total Non-Pay Expenses**	**(0.38)**	**(0.24)**	**0.14**	**36.58%**	**(1.51)**	**(1.01)**	**0.50**	**33.11%**
1.51	**Control total**	**0.13**	**(0.05)**	**(0.17)**	**(137.17%)**	**0.50**	**0.51**	**0.00**	**0.61%**







Summary - Director for Research and Innovation

The Directorate is behind plan by £0.17m in M4 with a £0.05m deficit and just in line with plan YTD.

Income
Overall M4 income of £1.76m is behind plan by £0.44m; main drivers are:

- Low non-commercial income, mainly due to various BRC funded external posts and pump priming projects yet to commence.
- Commercial income of £0.75m was below the previous quarter due to lower commercial activity. This is however is projected to improve later in the quarter with increase in various project milestones recognition.
- The overall non-commercial income is also low due to reduction of annual NiHR Research Capability Funding (RCF) by £0.13m.

Pay
Pay Cost of £1.57m is favourable to budget by £0.13m in M4 and by £0.66m YTD, driven by;

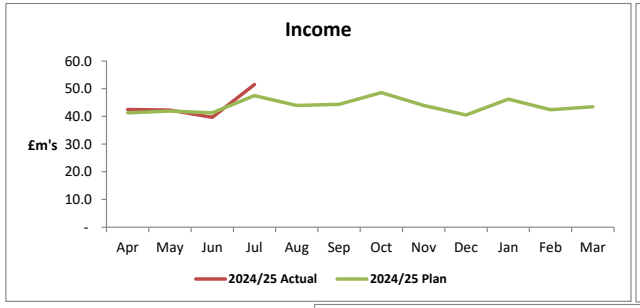
- End of several charity funded, NIHR and non-commercial projects.
- Several BRC funded posts yet to commence.

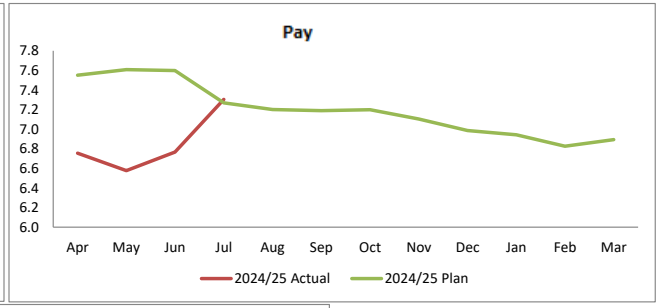
Non-Pay
- Non-Pay cost of £0.24m is £0.14 favourable to budget in M4 and £0.5m favourable to budget YTD.
- This is due to various pump priming project yet to start as well as receipt of a £0.2m credit note from ICH for underutilised Old BRC (2017-22) award.

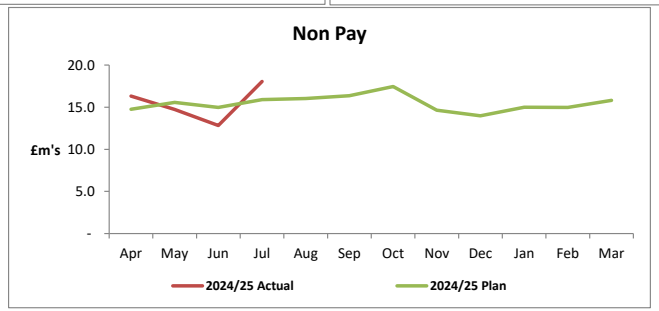
Corporate and Others Income and Expenditure Performance Summary for the 4 months ending 31 Jul 2024

2024/25									
Annual Plan	Income & Expenditure	Month 4				Year to Date			
	Corporate and Others	Plan	Actual	Variance		Plan	Actual	Variance	
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%
514.30	NHS & Other Clinical Revenue	46.46	51.66	5.20	11.20%	172.02	175.88	3.87	2.25%
(0.00)	Private Patient Revenue	0.44	0.00	(0.44)	(100.00%)	(2.23)	0.00	2.23	100.00%
42.93	Non-Clinical Revenue	3.49	3.60	0.11	3.21%	12.81	12.06	(0.74)	(5.81%)
557.22	**Total Operating Revenue**	**50.39**	**55.26**	**4.87**	**9.67%**	**182.59**	**187.94**	**5.35**	**2.93%**
(70.08)	Permanent Staff	(5.79)	(7.89)	(2.10)	(36.23%)	(24.31)	(29.48)	(5.16)	(21.23%)
(4.84)	Agency Staff	(0.42)	(0.29)	0.13	30.25%	(1.62)	(1.00)	0.62	38.29%
(22.58)	Bank Staff	(2.00)	(0.28)	1.72	85.80%	(7.68)	(1.17)	6.51	84.79%
(97.49)	**Total Employee Expenses**	**(8.21)**	**(8.46)**	**(0.25)**	**(3.08%)**	**(33.61)**	**(31.64)**	**1.97**	**5.86%**
(105.73)	Drugs and Blood	(9.53)	(9.66)	(0.13)	(1.33%)	(35.37)	(37.67)	(2.30)	(6.50%)
(8.27)	Supplies and services - clinical	(0.45)	(1.94)	(1.49)	(331.87%)	(2.44)	(4.22)	(1.78)	(73.07%)
(79.49)	Other Expenses	(6.59)	(7.26)	(0.67)	(10.09%)	(26.07)	(23.44)	2.63	10.08%
(193.49)	**Total Non-Pay Expenses**	**(16.57)**	**(18.85)**	**(2.28)**	**(13.77%)**	**(63.88)**	**(65.34)**	**(1.46)**	**(2.28%)**
266.24	**EBITDA (exc Capital Donations)**	**25.60**	**27.94**	**2.34**	**9.13%**	**85.10**	**90.96**	**5.86**	**6.89%**
(21.30)	Owned depreciation, Interest and PDC	(1.77)	(1.66)	0.11	6.02%	(7.02)	(6.79)	0.23	3.22%
244.94	**Control Total**	**23.83**	**26.28**	**2.44**	**10.25%**	**78.08**	**84.17**	**6.09**	**7.80%**
(22.00)	Donated depreciation	(1.83)	(1.45)	0.38	20.80%	(7.34)	(5.99)	1.35	18.41%
222.94	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**22.00**	**24.83**	**2.82**	**12.84%**	**70.74**	**78.18**	**7.44**	**10.52%**

Green = Favourable YTD Variance; Amber = Adverse YTD Variance Less than 5%; Red = Adverse YTD Variance greater than 5%







Notes

NHS & Other Clinical Income

- All NHS income has been centralised. NHS income is predominantly under a block contract. The trust is £4.30m favourable to plan YTD.

Pay

- The pay position is £1.97m favourable to plan YTD due to phasing on annual plan and vacancies.

Non-Pay

- Non pay is £0.41m adverse to plan YTD. This is due to phasing of annual plan.

Statement of Financial Position as at 31 Jul 2024

Audited Actual as at 31 Mar 2024		Actual as at 30 Jun 2024	Actual as at 31 Jul 2024	Change in month
£000		£000	£000	£000
	Non Current Assets			
569,832	Property, plant and equipment / Intangibles	571,072	573,174	2,102
69,976	Right of Use Assets (IFRS 16)	68,494	68,578	84
5	Other investments / financial assets	5	5	-
7,684	Trade and other receivables	6,800	6,761	(39)
647,497	**Total Non Current Assets**	**646,371**	**648,518**	**2,147**
	Current Assets			
13,293	Inventories	13,126	12,864	(262)
75,672	Contract receivables (IFRS15): invoiced)	77,233	73,346	(3,887)
17,381	Contract receivables (IFRS15): not yet invoiced)	23,551	25,122	1,571
(8,241)	Allowance for impaired contract receivables	(7,948)	(8,487)	(539)
6,836	Receivables due from NHS charities - capital	5,396	5,852	456
9,330	Other receivables - revenue	13,670	12,664	(1,006)
(152)	Allowance for impaired other receivables	(140)	(141)	(1)
6,122	Prepayments	8,283	8,762	479
1,579	VAT receivable	307	784	477
65,874	Cash and cash equivalents	51,748	63,913	12,165
188,181	**Total Current Assets**	**185,226**	**194,679**	**9,453**
835,678	**Total Assets**	**831,597**	**843,197**	**11,600**
	Current Liabilities			
(14,387)	Other trade payables - capital	(8,836)	(8,613)	223
(16,789)	NHS payables - revenue	(15,947)	(15,095)	852
(6,965)	Other trade payables - revenue	(14,624)	(23,852)	(9,228)
(5,657)	Other payables	(6,110)	(4,537)	1,573
(6,848)	Private Patient Cash on Account	(5,833)	(7,142)	(1,309)
(55,182)	Expenditure accruals	(51,918)	(45,874)	6,044
-	PDC dividend payable	(1,493)	(2,153)	(660)
(4,529)	Social Security costs	(4,134)	(4,142)	(8)
(4,800)	Other taxes payable	(4,433)	(4,486)	(53)
-	Vat Payable	-	-	-
(15,940)	Deferred income: contract liabilities (IFRS15)	(25,746)	(28,796)	(3,050)
-	Lease incentives	-	-	-
(1,291)	Provisions for liabilites and charges	(1,291)	(2,184)	(893)
(3,217)	Borrowings	(3,217)	(3,217)	-
(135,605)	**Total Current Liabilities**	**(143,582)**	**(150,091)**	**(6,509)**
52,576	**Net Current Assets**	**41,644**	**44,588**	**2,944**
700,073	**Total Assets Less Current Liabilities**	**688,015**	**693,106**	**5,091**
	Non Current Liabilities			
(25,006)	Borrowings	(24,428)	(24,890)	(462)
(2,127)	Deferred income: NCL	(2,027)	(1,994)	33
(2,616)	Provisions for liabilites and charges NCL	(2,590)	(2,583)	7
(29,749)	**Total Non Current Liabilities**	**(29,045)**	**(29,467)**	**(422)**
670,324	**Total Assets Employed**	**658,970**	**663,639**	**4,669**
	Financed by Taxpayers' Equity			
134,183	Public dividend capital	134,183	134,183	-
362,628	Retained earnings	351,274	355,943	4,669
(160)	Financial Asset reserve	(160)	(160)	-
173,673	Revaluation reserve	173,673	173,673	-
670,324	**Total Taxpayers' Equity**	**658,970**	**663,639**	**4,669**

Notes

Current assets excluding cash at 31 July totalled £130.8m, £2.7m lower in month).

This is largely due to the following:

- Accrued Income (increased by £1.6m in month to £25.1m).
- Charity Capital receivables (increased by £0.4m in month to £5.8m).
- Invoiced debtors (decreased by £3.9m to £73.3m)
- Inventories (decreased by £0.3m in month).

Current Liabilities at 31 July totalled £150.1m, which is £6.5m higher than the previous month. The movement in month includes the following:

- Capital payables decreased by £0.2m in month.
- Deferred income increased by £3.1 in month to £28.9m.
- Expenditure accruals decreased by £6.0m in month.
- NHS payables decreased by £0.9m in month).
- Other payables increased by £10.5m. This includes amounts due in relation to Information Technology (£1.7m higher in month); pharmacy drugs (£1.3m higher in month) and non NHS tests (£0.4m higher in month).

- The Property, Plant and Equipment (PPE) and Intangibles and ROU balance increased by £2.18m in month, due to capital expenditure of £4.92m, less depreciation and amortisation of £2.74m.
- NHS debtor days remained the same as the previous month at 4 days and this falls within target of 30 days.
- I&PC debtors days decreased in month from 250 to 240 days. Total I&PC debt (net of cash deposits held) decreased in month to £52.4m (£54.1m in M3). Overdue debt also decreased in month to £36.4m (£39.5m in M3).
- Creditor days increased in month from 42 to 48 days.
- Non-Drug inventory days decreased in month from 90 to 88 days.

Statement of Cash Flows for the 4 months ending 31 Jul 2024

	Actual For YTD Ending 31 Mar 2024 £000	Actual For YTD Ending 30 Jun 2024 £000	Actual For YTD Ending 31 Jul 2024 £000	Change in month £000
Cash flows from operating activities				
Operating deficit - excluding charitable capital expenditure contributions	(23,545)	(12,907)	(8,467)	4,440
Impairment and Reversals	(7,812)	-	-	-
Charitable capital expenditure contributions	22,416	2,737	3,343	606
Operating deficit	**(8,941)**	**(10,170)**	**(5,124)**	**5,046**
Non-cash income and expense				
Depreciation and amortisation	42,827	8,480	11,216	2,736
Impairments and Reversals	7,812	-	-	-
Proceeds on disposal	29	-	-	-
Increase in trade and other receivables	(12,781)	(10,438)	(8,452)	1,986
(Increase)/decrease in inventories	(997)	168	429	261
(Decrease)/increase in trade and other payables	(780)	1,731	4,358	2,627
Increase in other current liabilities	4,260	9,707	12,724	3,017
(Decrease)/increase in provisions	(301)	(27)	860	887
Net cash inflow from operating activities	**40,069**	**9,621**	**21,135**	**11,514**
Cash flows from investing activities				
Interest received	4,236	857	1,153	296
Purchase of financial assets	-	-	-	-
Purchase of property, plant and equipment and Intangibles	(40,296)	(13,792)	(18,349)	(4,557)
	(36,060)	**(12,935)**	**(17,196)**	**(4,261)**
Cash flows from financing activities				
Public Dividend Capital received	352	-	-	-
PDC dividend paid	(9,199)	-	-	-
Capital element of lease payment	(2,192)	(581)	(701)	(120)
Interest element of lease payment	(325)	(61)	(76)	(15)
Net cash outflows from financing activities	**(11,364)**	**(642)**	**(777)**	**(135)**
Decrease in cash and cash equivalents	**(16,297)**	**(14,126)**	**(1,961)**	**12,165**
Cash and cash equivalents at period start	**82,171**	**65,874**	**65,874**	**-**
Cash and cash equivalents at period end	**65,874**	**51,748**	**63,913**	**12,165**

Notes

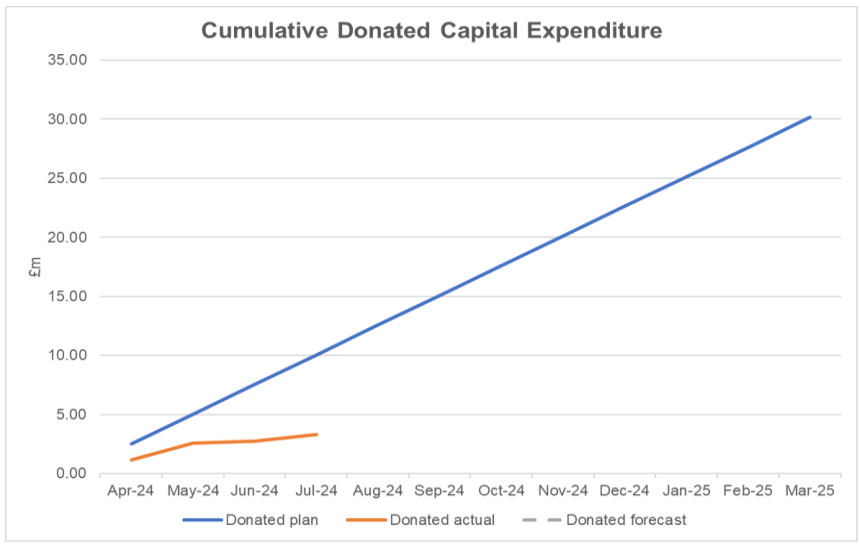
1. Cash held by the Trust totalled £63.9m, increasing in month by £12.2m.
2. Depreciation charge on Trust funded PPE, Intangibles, and ROU assets for the year to date was £5.23m, and £5.99m for donated assets for the year.
3. In M04, 83% of the total value of creditor invoices were settled within 30 days of receipt; this represented 75% 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.
4. By supplier category, the cumulative BPPC for Non NHS invoices (by number) was 75% (81% in M3). This represented 85% of the total value of invoices settled within 30 days (85% in M3). The cumulative BPPC for NHS invoices (by number) was 52% (47% in M3). This represented 58% of the value of invoices settled within 30 days (57% in M3).

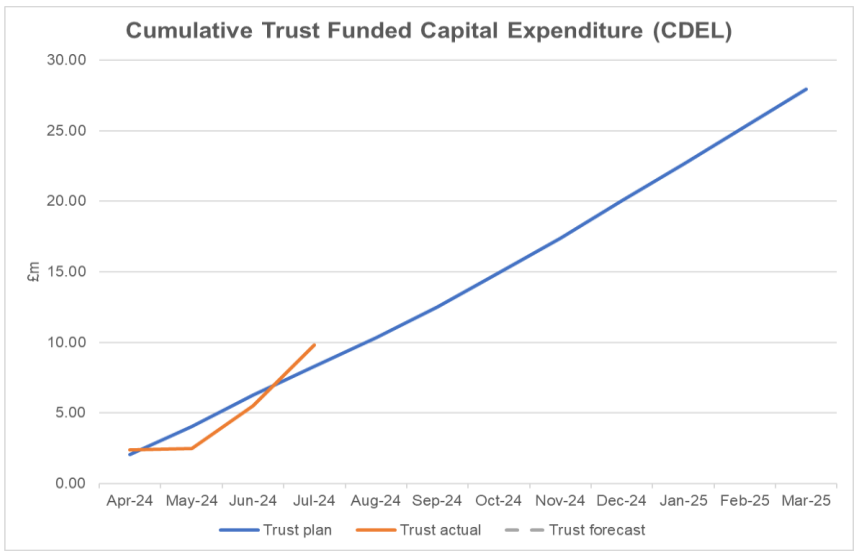
Capital for the 4 months ending 31 Jul 2024

	Funding	YTD Plan £000	Plan £000	Actual £000	Variance £000	Notes
Trust Funded - CDEL	CCC	7,500	1,875	1,875	0	A
	ICT	4,712	1,178	920	258	
	Space & Place	11,515	2,879	1,505	1,374	
	Medical Equipment	6,485	1,621	1,206	415	
Total Trust Funded - CDEL		**30,212**	**7,553**	**5,506**	**2,047**	
Total - PDC	ICT	**72**	**24**	**-**	**24**	
Donated / Grant Funded	CCC	27,890	9,297	3,058	6,239	B
	ICT	**-**	**-**	**4**	**(4)**	
	Medical Equipment	2,275	758	281	477	
Total Donated/Grant Funded		**30,165**	**10,055**	**3,343**	**6,712**	
GRAND TOTAL		**60,449**	**17,632**	**8,849**	**8,783**	

Notes on YTD variance

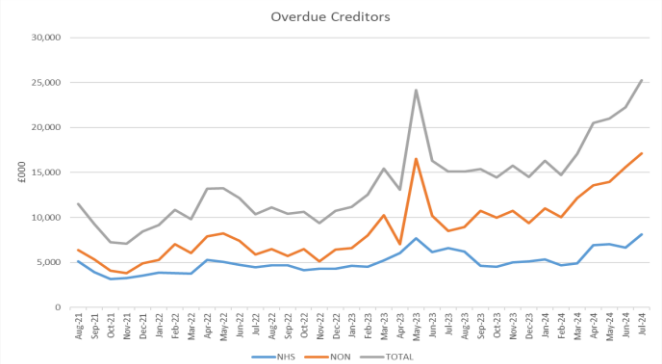
A	The CDEL capital programme is ahead of plan at month 4. The key drivers for this are: - Property & Plant related projects which commenced towards the end of last financial year, have had costs recognised at the beginning of 2024/25. - The Medical Equipment expenditure has arisen due to an MRI scanner costs recognised in July 24 as the equipment came on site and Medical Equipment orders raised at the end of last financial year, again with the equipment being received at the beginning of 2024/25. - IFRS16 - Lease expenditure incurred relating to an ICT lease entered for hardware storage facilities.
B	Majority of Donated expenditure relates to the GOSHCC contribution towards the Childrens Cancer Centre.

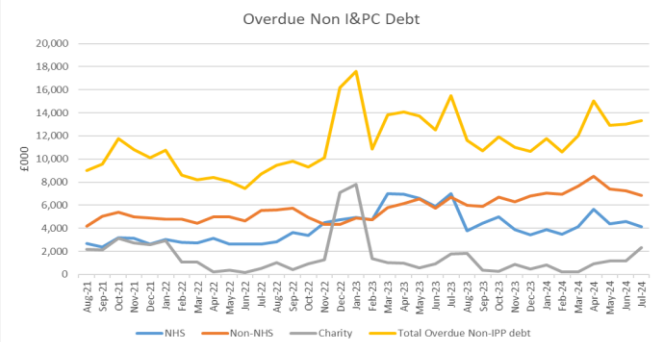


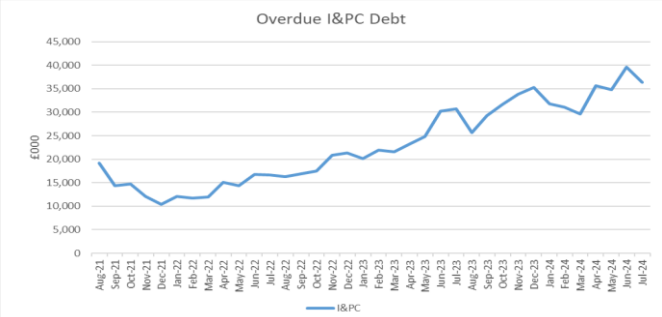


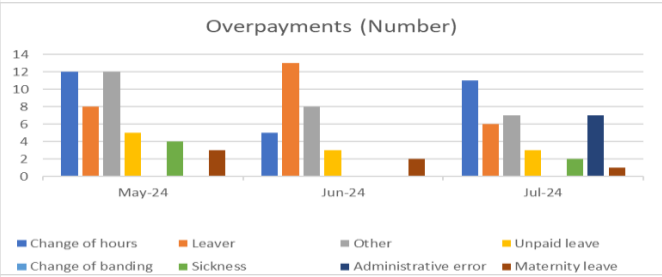
31 Mar 2024 Audited Accounts	Capital Expenditure	Full Year Plan 2024-25	YTD Plan July 2024	YTD Actual July 2024	YTD Variance	RAG YTD variance
£m		£m	£m	£m	£m	
7.90	CCC	7.50	2.47	2.42	0.05	G
6.02	Medical Equipment	6.99	1.95	2.63	(0.67)	R
5.72	Property & Plant	11.56	1.81	2.84	(1.03)	R
6.60	Information, Technology & Intangibles	4.71	2.03	1.93	0.09	G
26.24	**Total Trust Funded**	**30.76**	**8.26**	**9.82**	**(1.56)**	R
0.35	**PDC**	**0.07**	**0.02**	**0.00**	**0.02**	G
19.77	CCC	27.89	9.30	3.06	6.24	G
1.10	Property & Plant	0.00	0.00	(0.00)	0.00	G
1.54	Medical Equipment	2.28	0.76	0.28	0.48	A
22.42	Total Donated and Grant funded	30.17	10.06	3.34	6.72	G
49.01	**Total Expenditure**	**61.00**	**18.34**	**13.16**	**5.18**	G

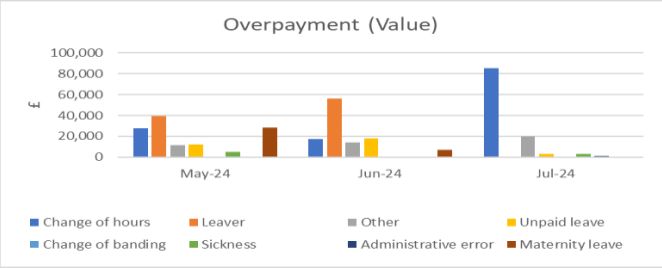
Overdue Debtors and Creditors as at 31 Jul 2024











*Due to change in payroll provider, salary overpayments will be a month in arrears

Overdue Creditors

Overdue creditors totalled £25.2m at 31 July 2024 (£17.1m in M3). This is made up of amounts due to NHS organisations which totalled £8.1m (£6.6m in M3) and Non NHS organisations of £17.1m (£15.6m in M3).

Overdue Non NHS creditors increased by £1.5m since the previous month. This largely relates to amounts due to suppliers for Information Technology related expenditure (£1.4m higher in month). The majority of these invoices have since been settled.

The 3 largest overdue balances with non NHS suppliers total £4.7m (which largely relates to research and staff recharges; Information Technology related expenditure and construction works.

Overdue Non-I&PC Debt

Non-I&PC overdue debt was £13.3m at 31 July 2024 (£13.01m in M3); of this total £4.1m related to NHS (£4.6m in M3), £6.9m related to Non-NHS (£7.3m in M3) and £2.3m related to GOSHCC (£1.2m in M3).

Overdue NHS debtors increased by £0.5m in month. Barts Health currently has the largest overdue balance (£0.8m) followed by NHS England (£0.6m).

Overdue non-NHS debtors decreased by £0.4m in month. This largely includes settlement of debt relating to research and staff recharges.

Overdue debt with GOSH Charity is £2.3m (£1.2m at M3).

Overdue I&PC Debt

Overdue I&PC debt was £36.4m at 31 July 2024 (£39.6m in M03).
Overdue Embassy debt totals £31.6m (£34.9m in M3). This category includes the debtor with the largest overdue balance £22.6m (£25.1m in M3).

The total overdue debt due from IPP other is £0.5m (£0.3m in M3); Insurance companies is £3.6m (£3.7m in M3); and Self funded customers is £0.7m (£0.7m in M3).

Notes

There were 37 overpayments identified in month (31 in M3). Of this total, The Trust has already recovered the full overpayment value from 19 individuals (which totalled £5k) and recovery plans have been agreed with 9 individuals; 3 of these are under query; 3 of these are currently in the setup phase and the remaining 3 have been contacted to agree recovery period.

The overpayments in month totalled £113k (£113k in M3).

The largest individual overpayment occurred as a result of change in hours which totalled £11k.
In addition, 10 further overpayments related late notification of change of hours/sessions (which totalled £74k); 6 related to late notification of leaving dates (£1k); 3 related to late notification of unpaid leave (£3k); 7 related to administrative errors (which totalled £1k) and 2 related to late notification of unpaid sickness dates (£3k).

There were also 7 overpayments which related to other reasons such as incorrect bank holiday enhancement rates (which totalled £20k).

Discretionary Costs Summary for the 4 months ending 31 Jul 2024

Summary

Attached are three tables that show the areas of discretionary spend that have been spent by the Trust YTD in 2024/25.

- **Table 1** - shows the main discretionary spend categories across the Trust and the spend so far YTD. Other professional expenses and subscriptions make up the two largest areas of spend across the Trust
- **Table 2 -** shows a breakdown of "Other professional expenses"by directorate with "Heart & Lung", "HR" and "Space & Place" directorates being the main areas of spend.
- **Table 3** - shows the breakdown of "Subscriptions" by directorate. It shows the main areas of spend are within "Medical Director" and "Nursing And Patient Experience"

Table 1
Discretionary Spend (£000)

Expenditure Type	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Total	Full Year Run Rate	Annual Budget
Other Professional Expenses	150	118	147	114									529	1,587	*1,941*
Course Fees	58	30	139	109									336	1,008	*1,835*
Travel (Non-patient)	103	36	107	62									308	924	*1,614*
Subscriptions	75	50	14	315									454	1,362	*932*
Hotel costs (Non-patient)	37	17	20	(45)									29	87	*614*
Advertising	20	29	17	42									108	324	*293*
Postage and Delivery	36	26	32	21									115	345	*314*
Printing and Stationery	-	25	17	76									118	354	*317*
Consultancy Fees	14	(9)	86	(31)									60	180	*209*
Telephones	6	24	-	60									90	270	*90*
Subsistence	7	-	1	3									11	33	*50*
Total	**506**	**346**	**580**	**726**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**2,158**	**6,474**	**8,209**

Table 2
Other Professional Expenses (£000)

Division	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Total	Full Year Run Rate	Number of approvers
Heart & Lung	7	7	61	48									123	1,478	*130*
Hr & Organisational Developmen	25	36	(5)	18									74	884	*106*
Space And Place	7	23	31	3									64	768	*26*
Finance	19	7	7	31									64	763	*7*
Research And Innovation	37	(2)	(5)	23									53	630	*18*
Clinical & Medical Operations	7	9	6	25									47	569	*8*
Medical Director	-	-	28	-									28	336	*15*
Corporate Affairs	29	(2)	-	-									27	318	*21*
Sight & Sound	22	39	15	(56)									20	238	*5*
Core Clinical Services	4	2	3	9									18	213	*12*
International And Private Care	2	4	2	-									8	90	*37*
Body Bones & Mind	-	1	-	1									2	24	*6*
Innovation	(0)	2	-	-									2	22	*21*
Blood Cells & Cancer	-	-	1	-									1	12	*22*
Nursing And Patient Experience	(2)	1	-	1									0	1	*6*
Ict	1	(1)	-	-									0	-	*6*
Grand Total	**156**	**126**	**144**	**103**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**529**	**6,347**	**446**

Table 3
Subscriptions (£000)

Division	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Total	Full Year Run Rate	Number of approvers
Medical Director	42	24	33	140									239	2,864	*18*
Nursing And Patient Experience	39	15	31	103									188	2,251	*26*
Corporate Affairs	0	8	5	5									18	219	*5*
Body Bones & Mind	0	-	(3)	6									3	39	*37*
Brain	0	1	2	1									4	54	*22*
Core Clinical Services	0	-	(1)	3									2	26	*106*
Finance	1	-	1	1									3	32	*8*
Blood Cells & Cancer	-	-	1	-									1	12	*21*
Nt Genomic Medicine Service	0	-	-	-									0	2	*6*
Heart & Lung	0	-	-	-									0	2	*36*
International And Private Care	-	-	-	-									-	-	*22*
Hr & Organisational Development	-	-	-	-									-	-	*15*
Space And Place	(1)	-	-	-									(1)	(13)	*21*
Ict	3	(6)	-	-									(3)	(38)	*7*
Grand Total	**84**	**42**	**69**	**259**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**454**	**5,451**	**350**

Purchase Orders for the 4 months ending 31 Jul 2024

Summary

Attached are two tables that show the areas of discretionary spend that have been spent by the Trust YTD in 2023/24.

- **Table 4** - A summary of the purchase orders raised and numbers raised after the invoice was raised by directorate
- **Table 5** - A summary of unpaid invoices received relating to unreceipted purchase orders

Table 4

Directorate	Total PO £	No of PO related invoices	No of POs raised after invoice date	% POs raised after invoice date
Blood Cells & Cancer	110,363	16	8	50%
Core Clinical Services	269,806	114	80	70%
International And Private Care	43,850	44	9	20%
Sight & Sound	34,918	18	16	89%
Heart & Lung	30,147	22	21	95%
Brain	3,493	6	6	100%
Nt Genomic Medicine Service	24,151	5	5	100%
Body Bones & Mind	4,382	4	4	100%
Subtotal	**521,111**	**229**	**149**	**65%**
Space And Place	987,042	253	181	72%
Transformation	1,867,898	46	39	85%
Finance	316,560	5	5	100%
HR & Organisational Developmen	81,500	29	29	100%
Innovation	99,871	4	4	100%
Nursing And Patient Experience	35,096	28	27	96%
Medical Director	115,635	23	22	96%
Research And Innovation	96,244	39	24	62%
ICT	190,444	6	5	83%
Corporate Affairs	33,119	9	8	89%
Clinical & Medical Operations	33,096	8	7	88%
Capital Cost Collection	751,431	33	25	76%
Balance Sheet	-	-	-	0%
Subtotal	**4,607,936**	**483**	**376**	**78%**
Grand total	**5,129,047**	**712**	**525**	**74%**

Table 5

Directorate	Value '£000	Number of Invoices
Blood Cells & Cancer	143	54
Body Bones & Mind	88	74
Brain	187	67
Core Clinical Services	535	274
International And Private Care	12	27
Research And Innovation	158	24
Sight & Sound	43	75
Heart & Lung	386	79
Sub Total - Clinical	**1,552**	**674**
Balance Sheet	3	2
Capital Cost Collection	499	64
Clinical & Medical Operations	1	2
Corporate Affairs	17	2
Finance	59	7
Hr & Organisational Developmen	42	9
Ict	24	11
Innovation	124	69
Medical Director	3	8
Nt Genomic Medicine Service	105	46
Nursing And Patient Experience	33	55
Space And Place	415	87
Sub Total - Corporate	**1,325**	**362**
Grand Total	**2,877**	**1,036**

Attachment O

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
11th September 2024

Learning from deaths report –learning from Child Death Review Meetings Q4 2023/24 **Submitted by:** Dr Pascale du Pré, Consultant in Paediatric Intensive Care, Medical Lead for Child Death Reviews Andrew Pearson, Clinical Audit Manager	**Paper No: Attachment O** For information and noting

Purpose of report
To provide Trust Board with oversight of learning from deaths identified through mortality reviews, this includes positive practice, but also where there were modifiable factors.

Meets the requirement of the National Quality Board to report learning from deaths to a public board meeting. Child Death Review Meetings (CDRM) are statutory following the publication of the Child Death Review Statutory guidance which applies for all child deaths after 29th September 2019.

Summary of report
Learning from child death review meetings (CDRMs) concluded between 1st January and 31st March 2024 at GOSH.

The reviews highlighted:
• In no cases were modifiable factors identified by the CDRM in the care provided at GOSH. In one case modifiable factors were identified by the CDRM where there is learning outside of GOSH.
• Additional learning points were identified around best practice which could improve quality, the co-ordination of care, or patient and family experience at GOSH in twelve cases.
• Excellent aspects of care, the co-ordination of care and communication at GOSH were highlighted by the CDRMs in eighteen cases.

A thematic review of learning identified from all 196 CDRMs concluded 1st October 2021 – 31st March 2024 identifies wider themes outside of this quarterly reporting period, and that updated analysis is included in the report.

CDRM meetings should ideally be held within 12 weeks of the child's death, following the completion of all necessary investigations and reviews. It should be noted that this timeframe is guidance and not a statutory requirement. At the time of writing thirty-nine CDRMs have not been completed within 12 weeks of the child's death. Additional support for the CDRM process and the Mortality Review Group was provided in April 2024 within the job plan of an Associate Medical Director role. We are starting to see early signs of a reduction in the number of GOSH reviews not held within 12 weeks of death.

The inpatient mortality rate is within normal variation. real time risk adjusted mortality is monitored by the ICU teams using the PICAnet resetting sequential probability ratio test (RSPRT) plots. Proactive real time monitoring identified on the 27th March 2024 that there were signals in the data that require internal review to identify a cause. The response to the RSPRT signal is on the August 2024 QSOCC agenda as a specific paper. A comprehensive review has led by Dr Sophie Skellett, PICU Consultant, and Deputy Chief of Service- Heart and Lung. It is summarised in this report.

Attachment O

Action required from the meeting There are no recommendations for the Board to consider.
Patient Safety Implications None identified.
Equality impact implications No health inequalities have been identified in this report.
Financial implications None
Strategic Risk BAF Risk 12: Inconsistent delivery of safe services
Consultation carried out with individuals/ groups/ committees The report has been reviewed by the April 2024 QSOCC
Who is responsible for implementing the proposals / project and anticipated timescales? Dr Pascale du Pré, Consultant in Paediatric Intensive Care, Medical Lead for Child Death Reviews
Who is accountable for the implementation of the proposal / project? Chief Medical Officer

Learning from deaths report –learning from Child Death Review Meetings. Q4 2023/24

Aim of this report

To highlight learning from child death review meetings (CDRMs) concluded between 1st January and 31st March 2024 at GOSH.

Summary

Child Death Review Meetings (CDRMs) are the final meeting to confirm actions and learning in the mortality review process following the completion of all necessary investigations and reviews. This report focuses on learning from twenty-one GOSH child death review meetings (CDRMs) held between 1st January and 31st March 2024.

The reviews highlighted:

- In **no** cases were modifiable factors[1] identified by the CDRM in the care provided at GOSH. In **one** case modifiable factors were identified by the CDRM where there is learning outside of GOSH.
- Additional learning points were identified around best practice which could improve quality, the co-ordination of care, or patient and family experience at GOSH in **twelve** cases.
- Excellent aspects of care, the co-ordination of care and communication at GOSH were highlighted by the CDRMs in **eighteen** cases.

A thematic review of learning identified from all 196 CDRMs concluded 1st October 2021 – 31st March 2024 identifies wider themes outside of this quarterly reporting period, and that updated analysis is included in the report. It is summarised below:

Most frequent themes which could improve quality		**Most frequent themes identified around excellence**	
Theme	**% of CDRMs where identified**	**Theme**	**% of CDRMs where identified**
Communication with local (including GPs	12%	Excellent care of child and family	34%
When a child dies processes (including MCCD)	9%	MDT/cross specialty working	25%
Palliative care support (timeliness and decision making of referral rather than quality of provision)	6%	End of life care	13%
Communication with family	6%	Communication with local (including GPs)	6%
Access to GOSH	6%		

CDRM meetings should ideally be held within 12 weeks of the child's death, following the completion of all necessary investigations and reviews. It should be noted that this timeframe is guidance and not a statutory requirement. At the time of writing thirty-nine CDRMs have not been completed within 12 weeks of the child's death. There are challenges in clinical staffs' capacity and work required to arrange and attend the meetings. Additional support for the CDRM process and the Mortality Review Group was provided in April 2024 within the job plan of an Associate Medical Director role. We are starting to see early signs of a reduction in the number of GOSH reviews not held within 12 weeks of death.

[1] Modifiable factors are defined as those, which by means of nationally or locally achievable interventions could be modified to reduce the risk of future child deaths. (National Guidance on Learning from Death, NHS England, 2017)

The inpatient mortality rate is within normal variation. real time risk adjusted mortality is monitored by the ICU teams using the PICAnet resetting sequential probability ratio test (RSPRT) plots. Proactive real time monitoring identified on the 27th March 2024 that there were signals in the data that require internal review to identify a cause**.** The response to the RSPRT signal is on the August 2024 QSOCC agenda as a specific paper. A comprehensive review has led by Dr Sophie Skellett, PICU Consultant, and Deputy Chief of Service- Heart and Lung.

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Further information follows this summary.

14th August 2024

Dr Pascale du Pré, Consultant in Paediatric Intensive Care, Medical Lead for Child Death Reviews

Andrew Pearson, Clinical Audit Manager

Cases where modifiable factors were identified following the conclusion of the CDRM.

In no cases were modifiable factors identified by the CDRM in the care provided at GOSH.
In one case modifiable factors were identified by the CDRM where there is learning outside of GOSH.

Month death	Location of learning	Modifiable factor
September 2023	Local (GP)	Presented to GP September 22 with loss of appetite and diarrhoea and investigations were requested but never done nor followed up and was not brought back again to medical attention until Feb 2023 by which time disease was in advanced stages with high associated mortality. Earlier presentation would have significantly improved the outcome. No clear systems in place to follow up on investigations if child/patient does not attend/complete the requested investigations (as often the patient has improved, and the investigations are no longer deemed necessary) unless a follow up appointment is made at the time of the original appointment.

Learning points identified

Additional learning points around best practice which could improve quality, the co-ordination of care, or patient and family experience at GOSH.

Month of death	Admitting specialties	Summary	Category of learning
March 2023	Gastroenterology/Rheumatology/PICU	No social work representation at CDRM to understand the social circumstances fully or any investigations taken to determine how what social service investigations or follow up has taken place. Delay in holding CDRM (due to delay in PM report) meant that all the above social concerns were not explored Funeral delayed by 1 year in part due to family waiting for outcome of postmortem investigations. Action: Coroner and GOSH inquest coordinator to be invited to all CDRMs where there is referral to Coroner going forward. Chief Medical Officer fed back to the Coroner in August 2024 as part of a series of feedback collected from CDRMs.	When a child dies processes (including MCCD)
May 2023	Renal, PICU. Haematology	Health professionals felt that in person reviews enable changes to be identified more easily than remote consultations and that local reviews from local teams also did not always provide consistency (not always the same medical professional). This has highlighted the role of shared care/outreach with local teams (with a named local consultant) but also the importance of ensuring families understand the importance of these in person reviews.	Communication with local (including GPs)
May 2023	BMT	The importance of screening widely for infection prior to treatment.	Diagnosis

May 2023	BMT/PICU	1. Enzyme replacement therapy followed by BMT (HLA unrelated donor stem cells) after 2 years of age. Postmortem demonstrated cause of death was MPS with widespread organ involvement (lungs, heart and brain) and residual disease burden despite bone marrow transplant. As a consequence, GOSH are liaising with Manchester hospital to audit the outcomes of children with BMT for MPS to try to better understand the ideal timing for BMT. Screening for MPS is not currently part of national screening in the UK (unlike the USA). The "Generation Study" which will include whole genome sequence in newborns may provide additional data to alter screening in the future. Genetic investigations in the work up of hearing loss could perhaps include the MPS genetics. The current community team currently hold Genetics MDT for cases in which they are sending genetic investigation which was another example of good practice - the metabolic team are happy to be included. 2. Information sharing from tertiary centre to involve community paediatrics medical team would have been helpful and the local team described a good model of 20min MDTs for complex cases as needed however the number of children for whom this would apply is unfortunately too numerous for this to be applicable to all children (under BMT). Instead, all inpatients from GOSH will continue to have a pre-discharge planning MDT that would include local teams, and this could also direct further meetings as a learning point. The CNS was identified as a good point of contact for the local teams.	Treatment strategies Communication with local (including GPs)
May 2023	Nephrology	1. The local team and family found it challenging when this complex child presented to their hospital having been an inpatient at GOSH for over 5 months as they did not know the child. Local teams (GP/CCN) suggested that they would like to be invited/included in MDTs for complex/long term inpatients if possible (not just at the point of discharge) - this is a recurring theme. 2. Parents unable to access blood results as inpatients (able to access these when outpatients) this has been fed back to the EPIC team to determine why this occurs and whether this can be changed as an action from the CDRM.	Communication with local (including GPs) Communication with family
May 2023	PICU	1. Learning points identified included consideration of neuromuscular diagnosis in children who are ventilator dependent and the importance of revisiting earlier apparently normal investigations and consideration of repeating these tests. It is recognised that signs and	Diagnosis

		investigations may be subtle in the early stages of this progressive disease and only become more apparent with time.	
May 2023	NICU/PICU	1 There had been a huge amount of antenatal input for this family, however the handover from NICU to PICU did not fully share all the complexities of the case and the NICU team will reflect and review this as an action from the CDRM. NICU/fetal input in the tracheal meetings would have been helpful in view of the extensive antenatal work up and shared prognostication as a learning point. 2.The teams have reflected that the communication between local and GOSH could have been better and a recognition that sometimes the evolving clinical picture means that interventions initially thought to be possible can become unsuitable and this possibility needs to be shared with families. The PICU team would have liked to have been included in the MDT (tracheal) discussions earlier as a learning point. 3. Palliative care needs to be embedded in critical care and especially in cases with such a high predicted mortality.	MDT/cross specialty working. Palliative care support
June 2023	Haematology	1. a novel antibody treatment never administered to a child in the UK previously was sought and used for the first time in this disease and although it was unsuccessful the Haematology team have learnt a lot from the use of this medication for use in other indications in the future. 2. Consideration of palliative care involvement as part of the IPP admission was discussed although felt would be challenging to include as a condition of their admission but as part of the package. 3. The consent form was lost which caused upset for the family and is a recurring issue (despite electronic patient records) - it would be helpful to have an online consent form as a learning point. 4. increasingly since the introduction of the medical examiners this case would have likely now be referred due to the use of a novel treatment and as a learning point it will be important for these international families to be aware that repatriation/rapid burial may be delayed as a consequence.	Treatment strategies Clinical documentation Palliative care support
October 2023	NICU / SNAPS	Earlier referral to palliative care might have avoided CPR baby with high risk of morbidity/mortality due to extreme prematurity.	Palliative care support
June 2023	Cardiology / CICU	The family did not speak English as their first language The use of interpreters when parents decline may have been helpful in more effective communication.	Communication with family
July 2023	Cardiology/PICU	1. Local team identified that while communication between the individual specialities and the local was very good, the local team were left coordinating the individual inputs and were left to	Communication with local (including GPs) Access to GOSH

		relay the information to the parents which was challenging. There was subsequently a helpful MDT when baby was at GOSH with all the specialities however it was suggested that this would have been helpful when the child remained at the local (understanding that it is not always possible to transfer the baby to GOSH for this) and that direct parental communication with the specialists would have been helpful.	
November 2023	NICU	The clinical team were willing to sign the MCCD, the Medical Examiner wanted a coroner's referral. The coroner subsequently agreed with the wording of the MCCD. This, however, took several days and increased the distress and upset to the family who wanted to proceed rapidly to the funeral. The view of the M&M and CDRM was that the referral to the coroner was unnecessary -this has been fed back to the Medical Examiner team as an action following the NICU M&M.	When a child dies processes (including MCCD)

Learning from excellence at GOSH- positive practices, care, and communication highlighted through the CDRM reviews.

Month of death	Specialties /teams	Summary	Category of learning
March 2023	Gastroenterology/Rheumatology/PICU	Many specialist teams involved, good teamwork. Suspicion of diagnosis within hours of arrival at GOSH and investigations went urgently which confirmed the diagnosis. All possible treatment provided.	Excellent care of child and family
May 2023	Renal, PICU. Haematology	Family fed back that nursing care at end of life was very good on PICU	Excellent care of child and family
April 2023	Oncology, Palliative care, Neurosurgery	Good teamwork between oncology, palliative care, Neurosurgery and family. Parents fed back they were grateful to be able to take the child home after death.	MDT/cross specialty working. End of life care
March 2023	BMT	Early referral to palliative care for parallel planning. Good MDT work with all teams. Good support from family liaison	Palliative care support MDT/cross specialty working.
May 2023	PICU, BMT/Haem-Onc, Respiratory, Cardiology, ENT, Metabolic, Microbiology, Radiology, Palliative care, Family Liaison Service, chaplaincy	Good teamwork with multiple specialties (PICU, BMT/Haem-onc, Respiratory, Cardiology, ENT, Metabolic, Microbiology, Radiology, Palliative care, Family Liaison Service, chaplaincy). Local CCN team found the regular updates from the inpatient BMT CNS very helpful. The	MDT/cross specialty working. Communication with local (including GPs)

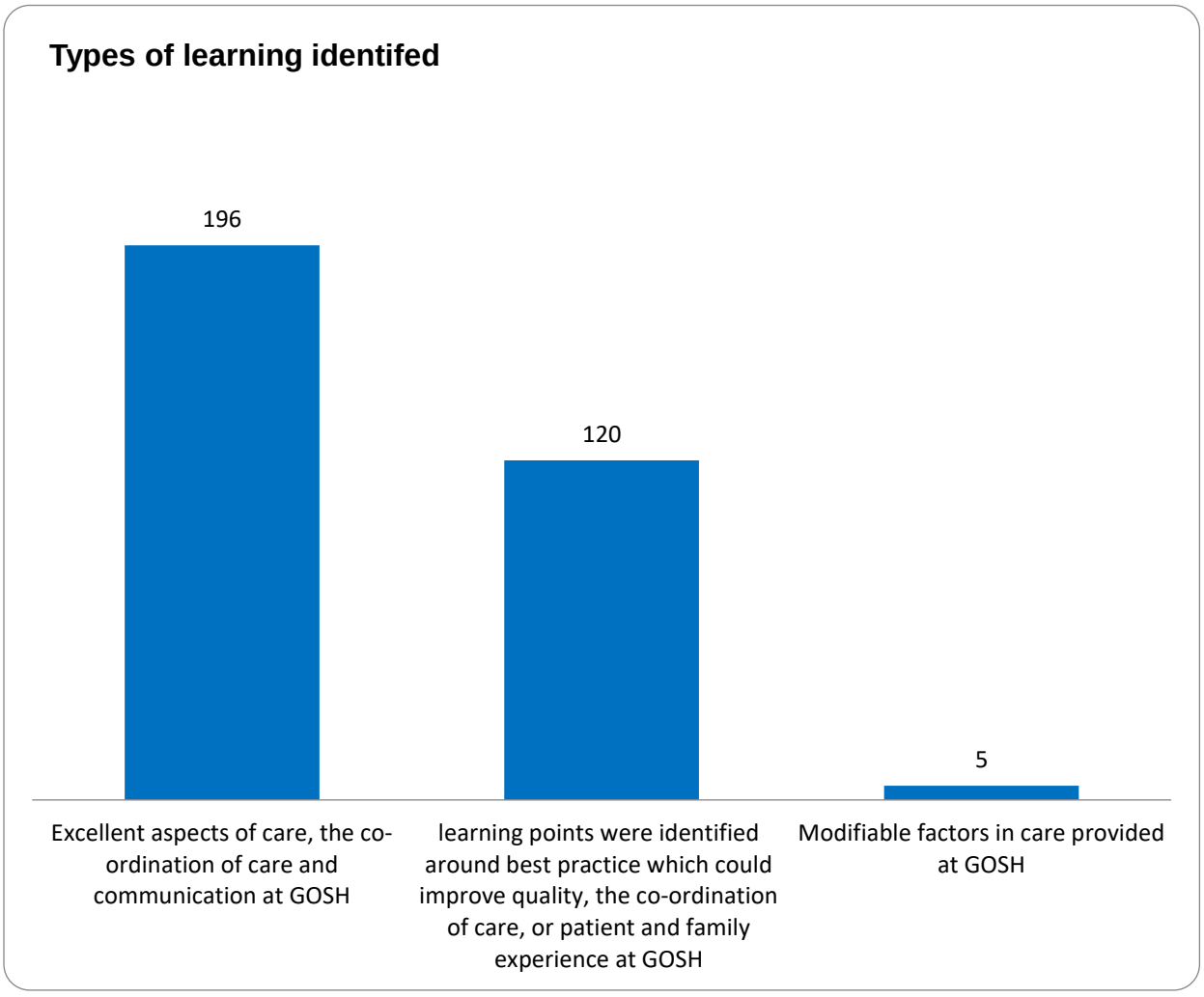
		teams across all areas worked really hard to support this family	
June 2023	NICU / SNAPS	Social work team and family liaison helped mother to register the birth/death and with the funeral arrangements. Keyworker spent a lot of time supporting mother in registering the death. Family Support Worker attended the funeral directors with mother and spent a whole day visiting burial grounds.	When a child dies processes (including MCCD)
May 2023	BMT/PICU	Parents fed back that they felt GOSH kept them well informed and named several nurses as having been really helpful (this will be fed back to the individuals by BMT CNS)	Communication with family
April 2023	Cardiology	1. Urgent referral for end-of-life care 2. Excellent MDT working 3. Excellent chaplaincy team support	Palliative care support MDT/cross specialty working
May 2023	Nephrology	The Renal team have allocated a named consultant for children requiring chronic dialysis and this provides continuity for the families and was felt to be very helpful in this case. Parents fed back that they felt really supported throughout their journey.	Excellent care of child and family
May 2023	PICU	High standard of palliative care. Allocated nursing team. Parents provided positive feedback for all the care received at GOSH.	Excellent care of child and family Palliative care support
May 2023	CICU	End of life care was exceptional. Parents asked for end-of-life care [on roof garden at sunrise] and this was facilitated by the team	End of life care
June 2023	Oncology	The communication between Haematology and PICU was excellent in this case.	MDT/cross specialty working
July 2023	PICU and SNAPS	Very rapid transfer from referral to admission. Good and frequent communication with family (including use of interpreters).	Transfer to GOSH
June 2023	BMT/HaemOnc/Immunology/PICU	"Parents provided positive feedback regarding the day-to-day nursing and medical care at GOSH and the excellent dialogue with parents throughout. They appreciated being encouraged to go outside. Family were particularly grateful for the measures taken to 'save child's life' on the day of death which enabled them to say goodbye. Parents also highlighted that the PICU nurse who looked after their child on the day of death was exceptional. Communication good and fast in between treating medical teams	Excellent care of child and family Communication with family MDT/cross specialty working

Oct 2023	NICU / SNAPS	In the following areas mother fed back positively on • Accommodation • The care team were consistent with their ward rounds, and always provided thorough and clear explanations to what was discussed amongst the consultants. • Support for parental care of child	Excellent care of child and family Communication with family
Jul 2023	Cardiology	The local team fed back that communication between GOSH and the local was very good. Parents felt grateful that their child was care for in a hospital that was well-renowned and in the best hands despite the outcome and fed back that all the staff were extremely professional and particularly wanted to thank the fetal consultant. The family was counselled about the probability of a poor outcome from very early on (antenatally) which they appreciated ('prefer to be told').	Excellent care of child and family
July 2023	PICU.NICU. CICU	M&M identified: amazing teamwork during the acute deterioration and resuscitation. Amazing support by PICU and CICU colleagues in a difficult situation, Regular updates and support to parents during the end-of-life events. Parents fed back that including the sibling in a lot of the care of the baby was helpful and appreciated - this will be fed back to the wider NICU team.	Communication with family Excellent care of child and family
Nov 2023	NICU	Excellent multidisciplinary teamworking across many specialities [GOSH]	MDT/cross specialty working

Aggregation of learning -themes from CDRMs concluded 1st October 2021 -31st March 2024

This report highlights learning from CDRMs concluded in Q4 2023/24. We conduct a thematic review of learning identified from CDRMs over a longer period to aggregate and identify themes. This is to identify areas of strength, and where we may wish to focus attention and assess whether there may be adequate workstreams taking place or are required and recognise how themes may relate to known GOSH challenges in the national context.

One hundred and ninety-four CDRMs concluded 1st October 2021 – 31st March 2024 it should be noted that each CDRM may identify more than one learning point.



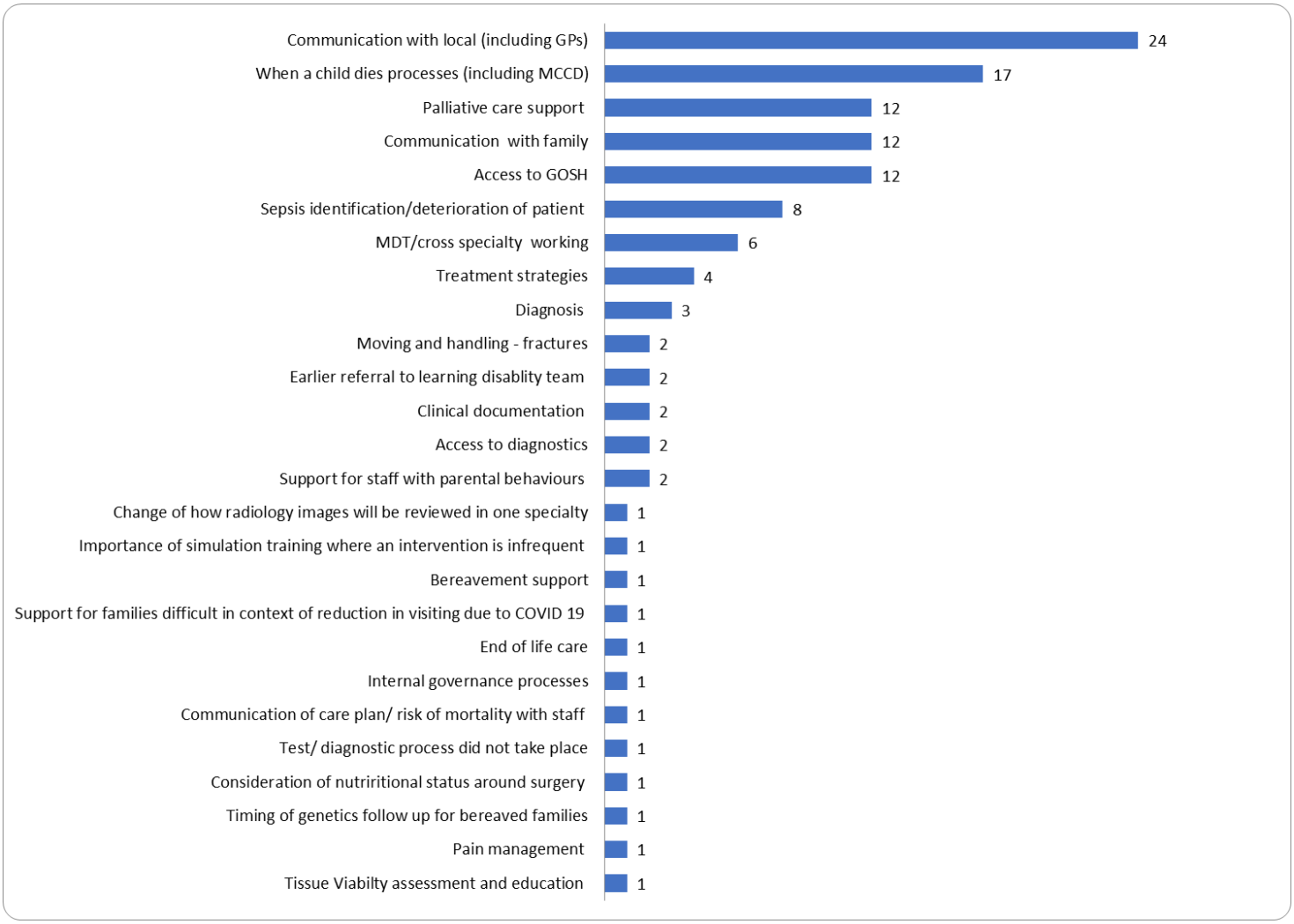
Themes identified from CDRM meetings at GOSH

Modifiable factors in care at GOSH (5)

Theme	Dates of death where theme identified
Sepsis identification/management (2)	Dec 2019 October 2021
Access to diagnostics (2)	April 2022
Access to GOSH (1)	April 2022
Management of field safety notice (histoacryl glue) (1)	March 2021

Most frequent themes which could improve quality		Most frequent themes identified around excellence	
Theme	**% of CDRMs where identified**	**Theme**	**% of CDRMs where identified**
Communication with local (including GPs	12%	Excellent care of child and family	34%
When a child dies processes (including MCCD)	9%	MDT/cross specialty working	25%
Palliative care support (timeliness and decision making of referral rather than quality of provision)	6%	End of life care	13%
Communication with family	6%	Communication with local (including GPs)	6%
Access to GOSH	6%		

Learning points identified around best practice which could improve quality, the co-ordination of care, or patient and family experience at GOSH (120)



Top five themes for improvement over time

	Year of Death			
Theme	**2021**	**2022**	**2023**	**Total**
Communication with local (including GPs)	10	7	7	24
When a child dies processes (including MCCD)	5	8	4	17
Palliative care support (timeliness and decision making of referral rather than quality of provision		6	6	12
Communication with family	2	7	3	12
Access to GOSH	2	7	3	12

A summary of learning points from 2023 deaths where these themes were identified.

Communication with local (including GPs)

- Local advised that MDT and direct parental communication with specialist would have been helpful whilst child remained at local.
- The local team and family found it challenging when this complex child presented to their hospital having been an inpatient at GOSH for over 5 months as they did not know the child. Local teams (GP/CCN) suggested that they would like to be invited/included in MDTs for complex/long term inpatients if possible (not just at the point of discharge) - this is a recurring theme.
- Highlighted the role of shared care/outreach with local teams (with a named local consultant) but also the importance of ensuring families understand the importance of in person reviews.
- Health Visitor had not been informed of baby's admission or (life limiting) condition.
- Discharge summaries were highlighted as unhelpful in facilitating prescriptions of medications.
- GP fed back that they were not updated throughout the child's admission and did not receive a discharge summary of the events or social issues which made it much more challenging to provide ongoing support to the mother.
- All BMT inpatients will continue to have a pre-discharge planning MDT that would include local teams and this could also direct further meetings.

When a child dies processes (including MCCD)

- The clinical team were willing to sign the MCCD, the Medical Examiner wanted a coroner's referral. The coroner subsequently agreed with the wording of the MCCD. This delay increased the distress and upset to the family who wanted to proceed rapidly to the funeral.
- Delay in holding CDRM and funeral by 1 year in part due to family waiting for outcome of postmortem investigations.
- Uncertainty regarding medical certification of death (eg MCCD was given to family and then had to be retrieved). Different advice from CSP (out of hours) and subsequently from the bereavement team (in hours) was confusing for the ward team.
- All unexpected deaths should be subject to a Joint Agency response meeting to enable an immediate review of the care provided especially if child presented previously to other health care providers in the days/weeks prior to the final admission,

Palliative care support

- Earlier referral to palliative care might have avoided CPR in baby with high risk of morbidity/mortality due to extreme prematurity,
- Consideration of palliative care involvement as part of the IPP admission was discussed although felt would be challenging to include as a condition of their admission but as part of the package.
- Palliative care needs to be embedded in critical care and especially in cases with a high predicted mortality.
- There was no further palliative care input until final admission to PICU. This has been fed back to the BMT and Palliative care teams as a learning point.
- Referred to and seen by GOSH palliative care team. Was not referred antenatally which was identified as a learning point.
- All very high-risk tracheal patients should have palliative care involvement from the beginning as standard.

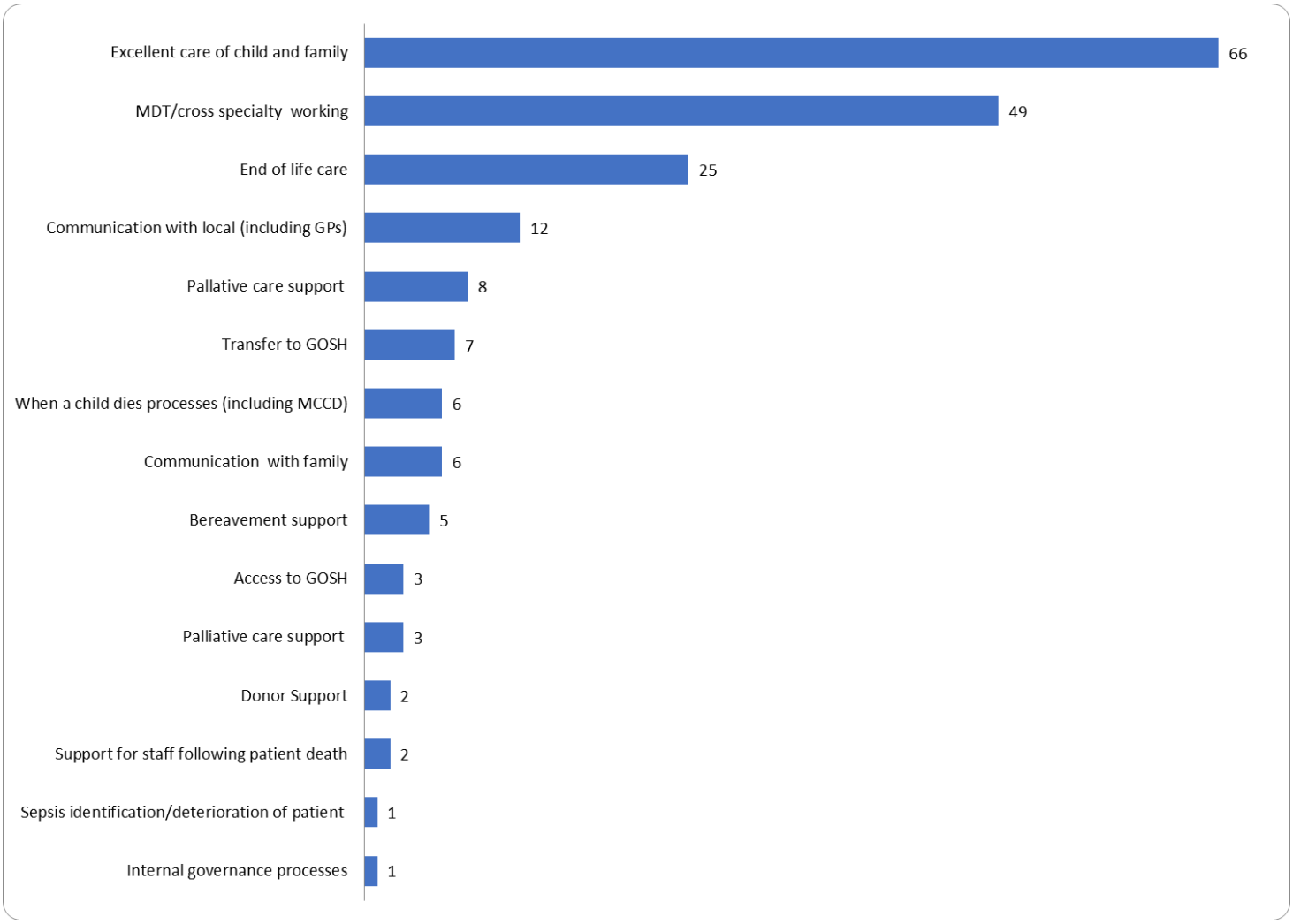
Communication with family

- Access to an interpreter
- Parents unable to access blood results as inpatients.
- Complaint response identified that communication with the family did not always provide the level of information which they needed and the [BMT] team are committed to addressing this important issue.

Access to GOSH

- Parents found the delay in transfer from local to GOSH (5 days) very difficult. Patient was stable in local hospital and there are limited beds at GOSH that require prioritisation for children who are unstable and require urgent treatment.
- Local team fed back that it was challenging to get this child into GOSH which is a recurring theme.
- Helpful MDT when baby was at GOSH with all the specialities. Suggested would have been helpful when the child remained at the local (understanding that it is not always possible to transfer the baby to GOSH for this)

Excellent aspects of care, the co-ordination of care and communication at GOSH (196)



The mortality review process at GOSH

Mortality reviews take place through two processes at GOSH:

1.Mortality Review Group (MRG). This was established in 2012 to review inpatient deaths. This process is linked with local case reviews undertaken by specialty teams and provides an additional oversight of inpatient deaths in the Trust. This group continues to review deaths to ensure a level of review and challenge can be provided before reviews are finalised at a Child Death Review Meeting (CDRM), as well as making referrals to other safety investigation processes at the earliest opportunity.

2.Child Death Review Meetings (CDRM) These are in place at GOSH following the publication of the Child Death Review Statutory guidance which applies for all child deaths after 29th September 2019.Child Death Review Meetings are "a multi-professional meeting where all matters relating to a child's death are discussed by the professionals directly involved in the care of that child during life and their investigation after death." They include clinicians or professionals from external providers. CDRM meeting should be held within 12 weeks of the child's death, following the completion of all necessary investigations and reviews.

Completion of child death review meetings

21 CDRMs took place at GOSH between the 1st January and 31st March 2024.

CDRM meetings should be held within 12 weeks of the child's death, following the completion of all necessary investigations and reviews. It should be noted that this timeframe is guidance and not a statutory requirement. The Child Death Review Statutory and Operational Guidance states "*The meeting should take place as soon as is practically possible, ideally within three months, although serious incident investigations and the length of time it takes to receive the final post-mortem report will often cause delay"*

At the time of writing thirty-nine GOSH CDRMs have not been completed within 12 weeks of the child's death:

- **Seven** cannot take place until the completion of necessary coroner/external investigations.
- **Thirty-two** are being scheduled at the time of writing due to challenges in clinical staffs' capacity and work required to arrange and attend the meetings.

Trajectory over reporting periods

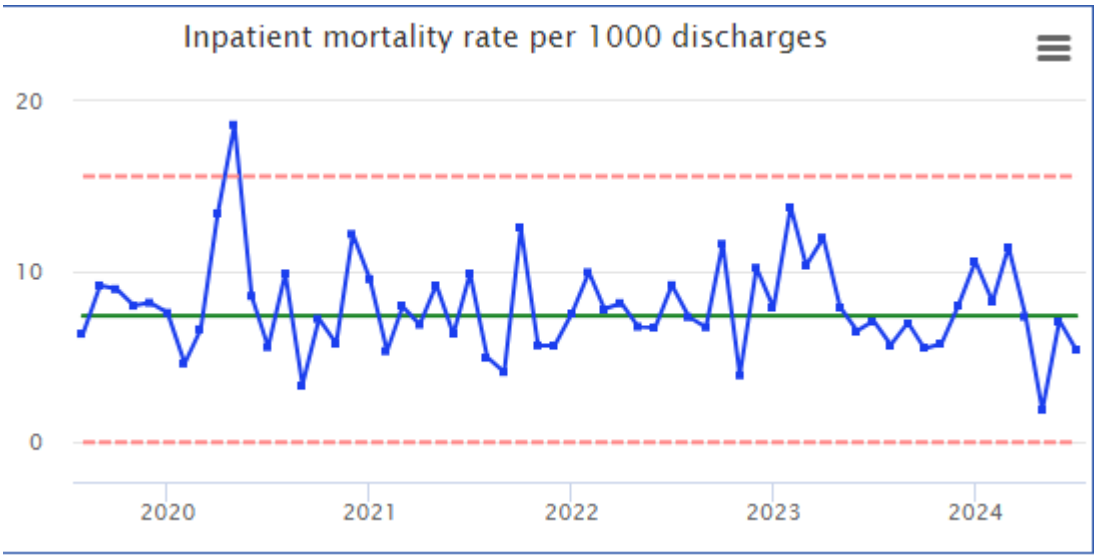
	February 2023	**June 2023**	**September 2023**	**January 2024**	**April 2024**	**August 2024**
N of cases not reviewed within 12 weeks of death	34	39	53	46	55	39

We understand that this is a challenge in other paediatric Trusts, and that our position is considered within networks to be positive given the numbers of deaths we see compared to other Trusts. There is no benchmarked direct data available for us to review our position; but we note that the National Child Mortality Database 2023 highlighted an increasing negative trend from 2020-2023, with 45% of reviews nationally signed off by the CDOP within 12 months of death in 2023.

There are challenges in clinical staffs' capacity and work required to arrange and attend the meetings. Additional support capacity for the CDRM process and the Mortality Review Group was provided in April 2024 within the job plan of an Associate Medical Director role.

Mortality rate and risk adjusted ICU data

The inpatient mortality rate is within normal variation, but we have identified a signal in our real time risk adjusted PICU/NICU mortality data that has been investigated.



We monitor our hospital mortality rate and check for any trends and changes in real time, and this is reported every month in our Integrated Quality and Performance Report (IQPR). Importantly we also look at risk adjusted data, which considers how unwell the patient was on admission and the likelihood of death as a potential outcome.

The gold standard for measuring paediatric mortality is through benchmarking by the Paediatric Intensive Care Audit Network (PICANet). The PICANet State of the Nation Report 2023 was published in December 2023 and covers the calendar years 2020-22. The report shows GOSH PICU/NICU and CICU risk adjusted mortality as within expected range. This is important as the majority of patient deaths at GOSH are in intensive care areas.

Response to a PICANet resetting sequential probability ratio test (RSPRT) reset.

In addition to this real time risk adjusted mortality is monitored by the ICU teams using the PICAnet resetting sequential probability ratio test (RSPRT) plots. Proactive real time monitoring identified on the 27th March 2024 that there were signals in the data that require internal review to identify a cause.

The response to the RSPRT signal is on the August 2024 QSOCC agenda as a specific report and has been led by Dr Sophie Skellett, PICU Consultant, and Deputy Chief of Service- Heart and Lung

<u>Conclusion of that report</u>

It should be noted that this is proactive real time monitoring and responsive governance from the ICU teams. We were formally advised by PICANet of the reset on the 23rd July of this and had commenced this review prior to that occurring.

Deaths were not unexpected related to the presentation and comorbidities, but we will have to wait for additional reviews to conclude through the Trust Mortality Review Group for additional assurance.

The detailed review of the parameters for 243 admissions highlighted that 44% had missing or incorrect parameters which inform the PIM31 score. Thich will mean that the PIM3 score used and submitted to PICANet may have been ineffective an indicator of predicted mortality, and therefore in generating the reset.

The PICANet data were updated to reflect updated parameters, which showed there is no longer a reset noted between January and March 2024, but has then ‘pushed’ a reset to April 2024

For some PICU deaths this highlighted that the PIM3 score is not an accurate predictor of the likelihood of death as a potential outcome. This includes four BMT deaths where the PIM3 score recognises a risk of mortality as (5-15%) but the PICU experience is of a 40% risk of mortality. *The most plausible explanation for the resets appears to be the death of patients with considerable comorbidities which are not necessarily then reflected in the PIM3 scoring methodology".*

We understand that the mortality risk of BMT patients has been considered by PICANet-including a further consideration of the time scale of the associated risk. Our view is that the PICANet operational guidance here 'in the same hospital admission' is a significant deviation from the original PIM development papers which did not specify a time frame for this additional risk. This is especially true because of the GOSH discharge threshold to local hospitals will not be the same as from secondary care to home in other services. We urge PICANet to continue with the analysis of BMT outcomes including reconsidering the operational guidance. We recognise that it is likely that there will be further RSPRT triggers until the PIM3 algorithm reflects the clinical likelihood of mortality.

Next Steps

The outcomes of this review and next steps were agreed at the PICU Mortality and Morbidity meeting on the 22nd of July.

- The probable cause of a RSPRT reset in March 2024 are inaccurate PIM3 data due to missing /incorrect parameters, and the PIM3 score not reflecting the risk of mortality for some PICU children with significant and complex comorbidities (in particular BMT admissions). Following review of data, we have identified there was not a reset in March, but a reset in April 2024.

- This review has highlighted that inaccurate/missing parameters require more reliability around recording of physiological data within 1 hour. Steps are going to be undertaken to support this, specifically on PICU.

- Given the above- it was confirmed a review of the accuracy of the April 2024 data would likely show similar discrepancies and underlying cause, and focus should be on improving the recording of physiological data which will improve the reliability of the PIM3 score.

- There should be further engagement with PICANet around the risk of mortality that is assigned to BMT patients using PIM3.

- For additional assurance- there will be a review of any signals from the Mortality Review Group of PICU/NICU deaths that occurred in February /March / April (expected to be possible in October 2024)

Attachment P

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
11 September 2024

Nursing Workforce Assurance Report Q1 **Submitted by:** Tracy Luckett, Chief Nurse	**Paper No: Attachment P** ☐ **For information and noting**

Purpose of report
The purpose of this paper is to provide the board with the assurance that plans, and processes are in place which align with the National Quality Board (NQB) Standards and Expectations for Safe Staffing (2016 further supplemented in 2018). This report covers reporting period April-June (2024) Q1.

Action required from the meeting.
The information in this report is in relation to:

- Registered Nurse (RN) vacancies has increased in Q1 but remains at the Trust target of 10% or less. There continues to be more starters than leavers coming to GOSH.
- Voluntary turnover rate remains in an improved, but static position. Ongoing delivery plans continue to promote the key retention initiatives. The People Promise Manager is focused on the key retention priorities to promote flexible working, rewarding the workforce, and amplifying their voice.
- The active recruitment drive has resulted in 16 Newly Registered Nurses (NRNs), 40 Host NRNs, 22 Internationally Educated Nurses (IENs) starting in Q1. There is a pipeline for 169 NRNs to start in Q3 and Q4.
- Absence due to sickness, remains just above the Trust target, with the main reasons for absence being coughs and colds. Absence due to maternity leave will now be reported with a plan to provide future analysis on the impact of this.
- There was a decrease in bank staffing activity. Work continues to look at improving the fill rates.
- Nurses reported that the reasons why they continue to work here is the variety and opportunities they received. However, nurses feel they may leave in the future due to factors such as high cost of living, lack of work-life balance and being re-deployed.
- Focus over the next quarter will be on the oversight of flexible working arrangements, retention conversations and listening events.
- The Nursing Workforce team will continue to support the recruitment and retention of the GOSH nursing workforce.

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

Equality impact implications
None

Financial implications
All posts involved in the central recruitment campaigns have been incorporated into 24/25 Directorate budgets

Strategic Risk
Board Assurance Framework Risk 2: Workforce
Board Assurance Framework Risk 12: Inconsistent Delivery of Safe Care

Attachment P

Action required from the meeting None- for information only.
Consultation carried out with individuals/ groups/ committees Executive Management Team meeting
Who is responsible for implementing the proposals / project and anticipated timescales? N/A
Who is accountable for the implementation of the proposal / project? N/A

1.0 Introduction

The purpose of this paper is to provide the People and Education Assurance Committee (PEAC) with an overview of the Nursing Workforce activity. The overarching aim of the Nursing Workforce Team is to support safe nursing staffing through proactive recruitment, retention, and workforce planning.

This paper will provide information and assurance from the workforce activity over the reporting period of April-June 2024/2025 (Q1) on the:

2.0 Nursing Workforce Data
3.0 Temporary Staffing
4.0 Recruitment Activity
5.0 Retention Initiatives
6.0 Professional Nursing Standards

2.0 Nursing Workforce Data

To provide assurance on the requirement of safe nursing standards, the directorate nursing workforce data is reviewed monthly at the Nursing Workforce Assurance Group (NWAG), chaired by the Assistant Chief Nurse. This meeting provides assurance and ensures that workforce activity is data driven, and is aligned to national, and regional priorities. The workforce data presented at the NWAG will now be discussed. The key areas described are vacancy, voluntary turnover, sickness rates, and any incidents attributed to safe staffing,

2.1 Vacancy, and Voluntary Turnover

The latest registered nurse (RN) workforce position is based on validated data.

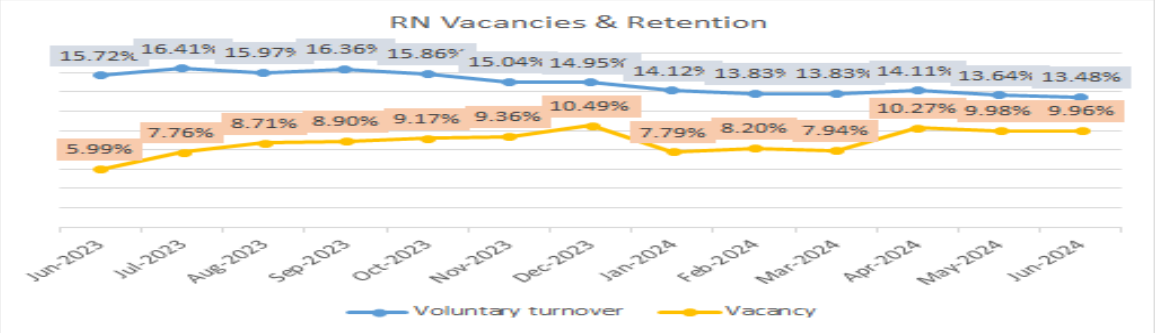


Fig. 2.1 Trust Registered Nurse (RN) vacancy and voluntary turnover rate

There has been an increase in the RN vacancy rate over the last quarter. This factor remains below the Trust target of 10%, however continues to be an area of focus for the nursing teams. A fluctuation in rate is to be expected and with proactive recruitment initiatives, and the reduction in turnover, this position is expected to improve.

In most directorates, the number of starters supersedes the number of leavers (Fig 2.2).

Rolling voluntary turnover remains in an improved but static level for Q1 with the average at 13.7%. Initiatives to further improve turnover will be discussed in section 5.0 Retention Initiatives.

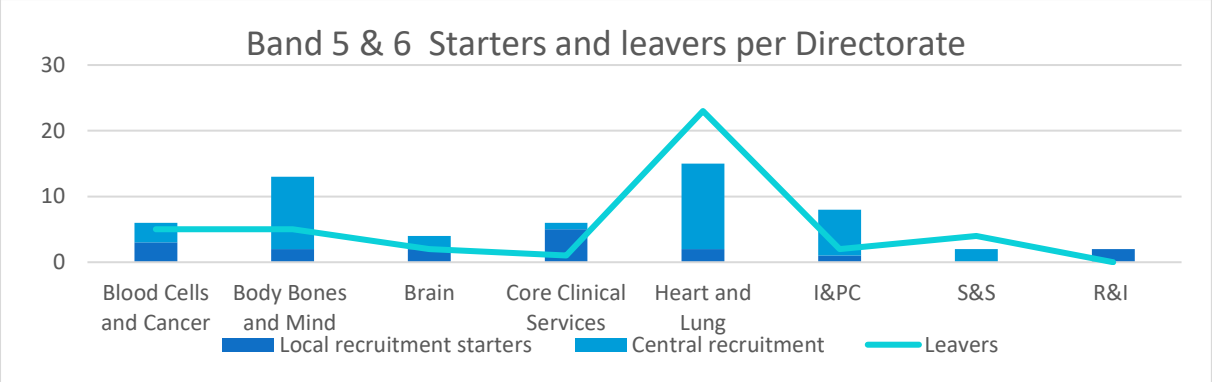


Fig 2.2 Band 5 & 6 starters and leavers in Q1

2.2 RN Sickness Rates

The rates of sickness remained relatively stable, just above the Trust target of 3%, averaging 3.92% in Q1.

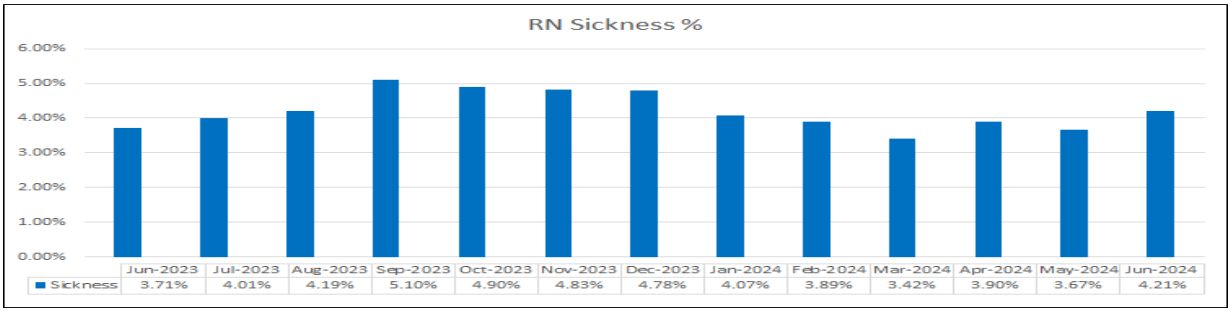


Fig. 2.3 12 months rolling average of RN sickness rates

The top five reasons for sickness absence in Q1 are illustrated in Fig 2.4. Sickness absence due to cough, colds and flu remains the main reason reported.

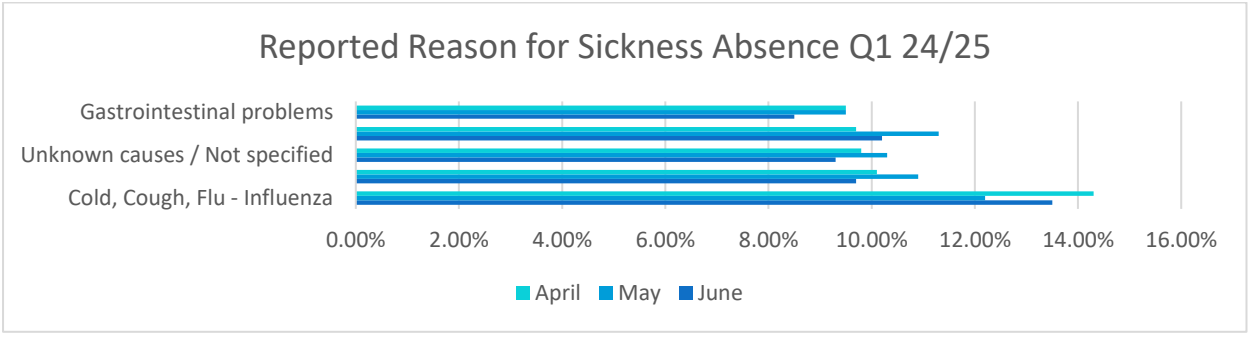


Fig 2.4 Reasons for Sickness Absence Q1

2.3 Maternity Leave

As nursing is a female dominated workforce, the level of maternity leave is important to track to be able to anticipate gaps in the workforce. Cyclical variance in maternity leave is also anticipated with peaks recognised in Q3. Further data analysis and the impact this has will be presented in Q2.

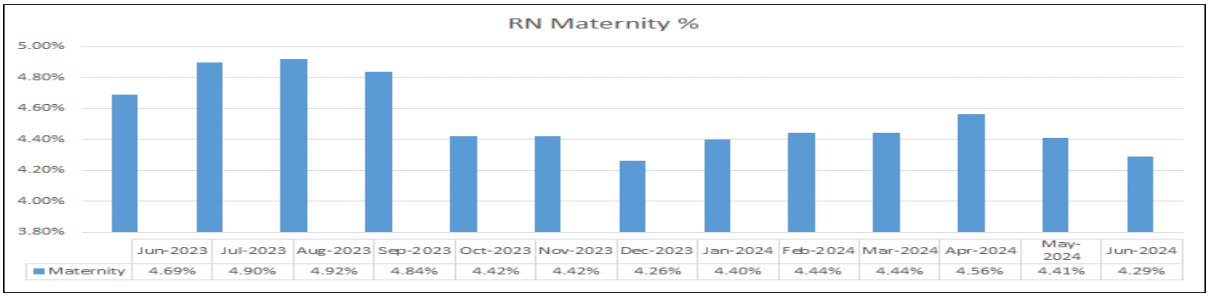


Fig. 2.5 12 Months rolling RN maternity leave.

2.3 Safe Staffing Incidents

Reporting levels remain consistent. A total of 16 Datix reports, citing staffing related incidents, were raised, across six clinical directorates (n=6/8). All incidents were graded as resulting in 'no harm'. The themes of the incidents related to:

1. Staff shortage- nursing (n=14)
2. Unsafe skill mix (n=2)

The main themes identified in the incident reports relate to either a change in the acuity of the patients requiring additional nursing support or a lack of trained staff to provide care. Three of the incidents related to a high ratio of children with tracheostomies requiring an increased level of appropriately trained workforce, and supervision. This area of clinical competency is currently being reviewed with a robust plan of education and support to be implemented.
All incidents are reviewed by the Heads of Nursing and mitigation measures put in place to prevent future occurrences.

Table 2.1 Safe Staffing Incidents per Directorate Q1

Directorate	April 2024	May 2024	June 2024	Directorate total
H&L	3	2	3	8
BBM	1	1	1	3
CCS	1	0	0	1
BCC	0	0	1	1
I&PC	0	0	0	0
S&S	1	0	0	1
R&I	0	0	0	0
Brain	0	2	0	2
Monthly total	**6**	**5**	**5**	**16**

2.4 Care Hours Per Patient Day (CHPPD)

CHPPD includes total staff time spent on direct and indirect patient care over a 24-hour period. It captures information on all registered and non-registered nurses but excludes student nurses. CHPPD relates only to inpatient hospital wards where patients stay overnight. However, CHPPD does not reflect the total amount of care provided, nor does it provide assurance that care is safe, effective, or responsive. Therefore, CHPPD is considered a benchmarking tool, used alongside other indicators of quality and safety. The trust level CHPPD for April to June ranged between 14.93hrs and 15.62hrs.

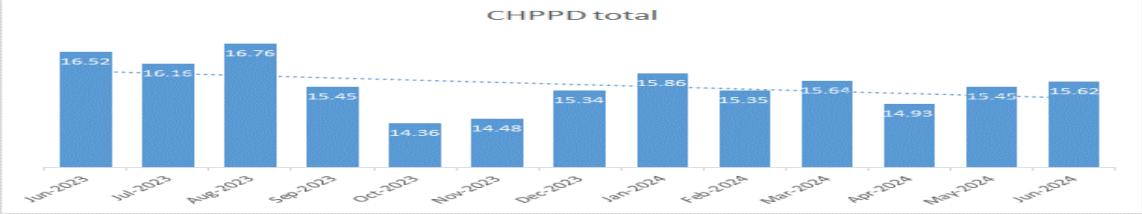


Fig. 2.6 CHPPD 12 months rolling trend.

3.Temporary Staffing

Temporary staffing is managed on behalf of GOSH by Acacium (previously known as Bank Partners) and part of a wider North Central London framework. The bank shift fill rate target is 95%. Use of agency staff remains low across GOSH.

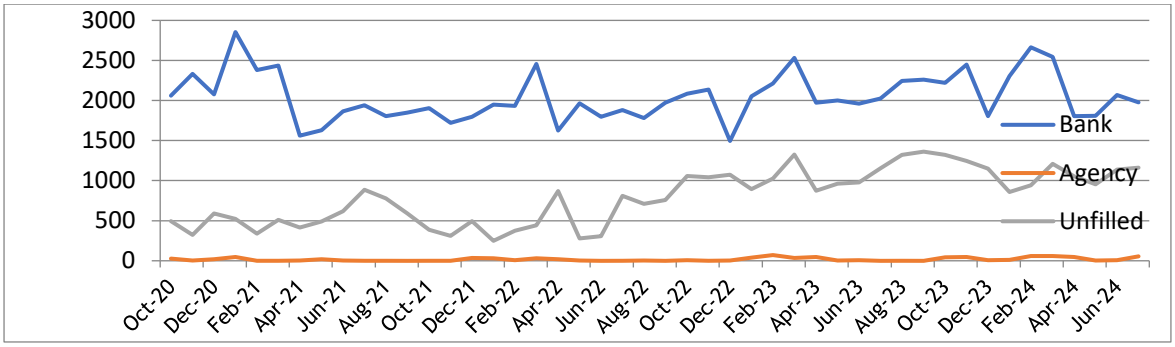


Fig 3.1 Temporary Staffing Activity

During Q1 the temporary staffing activity was:

Table 3.1 Fill Rate for Bank in Q1

Month	Requests	Filled	% Shifts Filled	Bank	% Shifts Filled with Bank Staff	Sub	Non Sub	Agency	% Shifts Filled by Agency Staff	Unfilled	% Unfilled Shifts
Apr-24	2909	1854	64%	1807	62%	1244	563	47	2%	1055	36%
May-24	2771	1815	65%	1811	65%	1164	647	4	0%	956	35%
Jun-24	3213	2074	65%	2067	64%	1411	656	7	0%	1139	35%

Initiatives to improve the fill rate continue, including bank recruitment events and introduction of new app to streamline the booking process and aid communication.

4.0 Recruitment Activity

The activity to track and improve recruitment will now be discussed.

4.1 Centralised Recruitment Campaigns

This includes recruitment of our Newly Registered Nurses (NRN), Internationally Educated Nurses (IEN) and Health Care Support Worker (HCSW) apprenticeships. These campaigns are targeted throughout the year to maintain pipelines, and to mitigate for fluctuations in the voluntary turnover cycles. The most recent recruitment activity in Q1 will now be discussed.

4.2 Newly Registered Nurses (NRNs)

Sixteen NRNs were recruited into the April 24 cohort, which met the planned target for Q1. Following a successful GOSH virtual open day in Q1, 141 NRNs were offered positions for the next cohorts for October 24 and January 25. This included recruitment of Mental Health NRNs for the Mildred Creek Unit. 90% of our GOSH Host Students (n=40/44) accepted their conditional offers of employment following the job guarantee scheme.

In combination with the virtual open days, GOSH in-person hospital tours were offered to those who were successful at interview, to support the NRNs with a welcome to the Trust. The next Nurse Recruitment Open Day is planned for October 2024, and will be open to NRNs, IENs and experienced registered nurses. The below table shows the NRNs pipeline.

Table 4.1 Pipeline for NRNS Q1

Central recruitment intakes	Commenced in post or in pipeline
April 2024	17 Commenced
October 2024	104 in pipeline
January 2025	65 in pipeline

4.3 International Educated Nurse Recruitment (IEN)
The successful recruitment drive of IENs (n=22) continues and is described in the below table**.** There are three routes by which the IEN may be recruited: CapitalNurse Consortium, Vitae Professionals or via direct approach by the individual.

Table 4.2 IEN Recruitment per Department in Q1

Directorate	Department	Number of IENs	Total per Directorate
Brain	Squirrel Endo Met	1	2
Sight & Sound	Panther ENT	1	
Body, Bones & Mind	Eagle	1	4
	Chameleon	1	
	Squirrel Gastro	2	
Heart & Lung	Kangaroo	1	9
	Bear	2	
	NICU	6	
International & Private Care	Bumblebee	1	7
	Butterfly	2	
	Hedgehog	4	
Total IEN Starters in Q1		**22**	

4.3.1 CapitalNurse Consortium Recruitment:
A total of 14 candidates were interviewed leading to nine conditional offers being made. Only one nurse has withdrawn their offer, and the current pipeline is on track for eight IENs to start in our November 2024 CN IEN Cohort.

4.3.2 Other IEN Recruitment:
1 candidate was interviewed and on track to commence in Trust in September 2024.

4.3.3 Ad-hoc Direct Recruitment:
The three IENs from this offer pool have commenced employment in the Trust between June – August 2024.

Table 4.3 Summary of IEN recruitment in Q1

	CapitalNurse Cons	Vitae Prof	Direct Recruitment
Candidates Interviewed	14	1	7
Offered Position	9	1	7
Withdrew after offer	1	0	0

4.3.4 Current IEN Pipeline:
The current IEN pipeline has 64 candidates in the recruitment process (30 recruited via CapitalNurse). These IENs will start between September to February 2025. We continue to proactively recruit into areas where there are specific workforce gaps.

4.3.4 IEN Pastoral Care Training for Managers

It has been identified that managers may require specific training to support the integration of the IEN workforce and training has been rolled out in Q1.

4.3.5 IEN Support and Feedback

Ongoing support to the IENs is lead out of the Nursing Workforce Team. A pilot survey, capturing the experiences of the IENs recruited via CapitalNurse Consortium, has been distributed. This feedback will be analysed and shared in Q3. If a successful pilot, this approach will be rolled out to the other IENs.

4.4 Health Care Support Worker (HCSW) Apprenticeships

In May, nine HCSW candidates commenced their apprenticeship pathway. These apprentices came via the local Camden and Islington advertising route as well as via a National NHS Jobs advert. A further 10 candidates were recruited in June and will join the September 24 apprenticeship cohort.

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

The senior nursing team set out the delivery plans, aligned to the Nursing Strategy, to improve the retention of nurses at GOSH. An update on the progress of these initiatives is outlined below.

5.1 'Train to Retain'- Retention Masterclasses

Due to a reduction in attendance, the suite of Retention Masterclasses has moved to a bi-annual schedule. Reducing the frequency of these will support staff in new roles but also create larger groups to aid the sharing of experiences and learning.

To support with recording attendance and advertising the masterclasses they have been added to GOSH GOLD and are available here: Course: Nursing Retention Masterclasses: Train to retain (goshgold.org). The next cohort of sessions are due to run in Q2 and data on the attendance and evaluation of these will be presented in Q3.

5.2 Directorate Retention Dashboards
These dashboards were created following the launch of the Nursing Strategy. These provide data on the 16 key performance indicators (KPIs) to evidence their commitment to achieve the retention "stay" incentives outlined in the plan. Every directorate has established targets for each indicator and the data is being collated with an aim to identify areas for improvement. These dashboards will be submitted quarterly and presented at the Nursing Patient Experience Recruitment and Retention meeting. Q1data has been collated with a return compliance rating of only 38%. Work is continuing to improve the return rate. The KPIs met in all directorates included: providing a good quality rest area and have met their BAME target of 25%.

5.3 Flexible working Agreements

The nursing workforce team, and the People Promise Programme manager are focused on the promise *'We Work Flexibly'* to enhance the Trust's commitment to supporting flexible working. To capture this data correctly, all flexible working agreements should be embedded into Healthroster. This task should be complete by Q4 24/25 with flexible working agreements accurately recorded which will help support the ability to report effective retention incentives across GOSH.

5.4 Career Clinics

The aim of these monthly clinics is to provide staff members with insights into potential career pathways at GOSH and to signpost them to appropriate resources within the Trust to pursue and fulfil their potential. Table 1 below identifies the number of career conversations conducted. From Q2 onwards, data will be collected on the Band and Directorate of the individual to support analysis. This information will therefore help to plan how to improve the take up of these clinics.

Table 5.1 Number of career clinics booked vs conversations conducted in Q1.

Month	Number of clinics booked	Number of conversations conducted
April	4	3
May	4	2
June	0	N/A

5.5 Internal Transfers

The internal transfer process enables nursing staff (Band 3-7) to move flexibly within GOSH, develop new skills, and importantly to retain the nurse. All internal transfers for Q1 were band 5 (n=3) nurses and all requested to move to the Heart and Lung directorate.

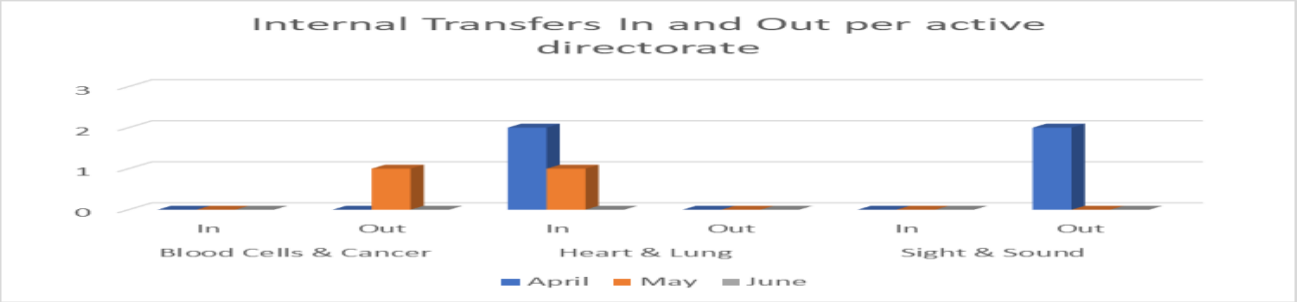


Figure 6.1 Internal transfers in and out per active directorate Q1 2024.

5.6 Stay & Grow Conversations

Stay and Grow conversations continue to be promoted as an available resource to support staff retention. In Q1, 49, Stay and Grow conversations were conducted at GOSH. The Body, Bones and Mind directorate completed the highest number of these conversations.

Thematic analysis of the conversations concluded that staff stay because of: team working, opportunities and the specialism of GOSH. Themes reported as the reasons why someone might leave include: work life balance, cost of living, and redeployment.

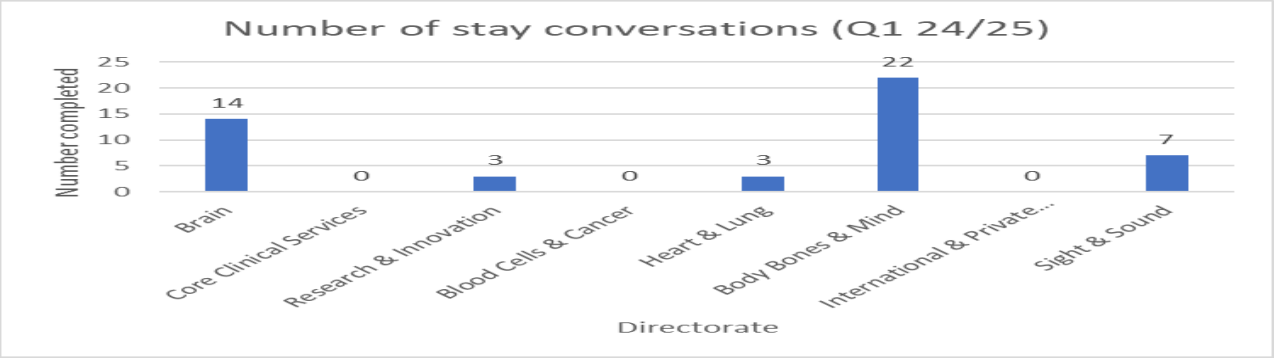


Figure 7: Number of stay and grow conversations completed per Directorate Q1 2024.

5.7 Retention and People Promise Initiative

GOSH joined the People Promise exemplar programme this year to embed the elements of the promise with a strong emphasis on nursing. Retention priorities have been set to align with three key priorities:

We each have a voice that counts,
We work flexibly,
We are recognised and rewarded.

Activities to action the key priorities include:

- The introduction of welcome conversations and improving the exit surveys and interviews.
- Enhancing flexible working arrangement by improving the application process.
- Introduction of additional benefits and rewards.

All of these initiatives will be featured on a new Nursing Workforce web page that will capture all other retention initiatives offered locally and Trust wide.

6. Professional Nursing Standards

To ensure patient safety, maintain professional discipline and employ nurses who share our trust values and behaviours, GOSH may need to follow professional process to address performance or conduct. In serious cases of misconduct, a referral to the Nursing and Midwifery Council (NMC) may need to be made.

During Q1 there were six open NMC referrals on existing employees, two with restrictions to their practice in place. Referrals to the NMC are taking a protracted period and these delays have been escalated within the NMC and to the CNO. The Assistant Chief Nurse remains the point of contact with the NMC and is liaising regularly for progress updates on any open cases.

No new NMC referrals have been made in this Quarter.

7. Summary of the Report

- RN vacancies has increased in Q1 but remains at the Trust target of 10% or less. There continues to be more starters than leavers coming to GOSH.
- Voluntary turnover rate remains in an improved, but static position. Ongoing delivery plans continue to promote the key retention initiatives. The People Promise Manager is focused on the key retention priorities to promote flexible working, rewarding the workforce, and amplifying their voice.
- The active recruitment drive has resulted in 16 NRNs, 40 Host NRNs, 22 IENs starting in Q1. There is a pipeline for 169 NRNs to start in Q3 and Q4.
- Absence due to sickness, remains just above the Trust target, with the main reasons for absence being coughs and colds. Absence due to maternity leave will now be reported with a plan to provide future analysis on the impact of this.
- There was a decrease in bank staffing activity. Work continues to look at improving the fill rates.
- Nurses reported that the reasons why they continue to work here is the variety and opportunities they received. However, nurses feel they may leave in the future due to factors such as high cost of living, lack of work-life balance and being re-deployed.
- Focus over the next quarter will be on the oversight of flexible working arrangements, retention conversations and listening events.
- The Nursing Workforce team will continue to support the recruitment and retention of the GOSH nursing workforce.

Attachment Q

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
11 September 2024

Infection Prevention Control Annual Report 2023/24 **Submitted by:** Helen Dunn, Director of Infection Prevention and Control	**Paper No: Attachment Q** ☐ **For approval**

Purpose of report

The report describes the work of the Infection Prevention & Control (IPC) team and associated committees including the Infection Prevention Control Committee (IPCC). Governance structures are detailed within the report and described briefly within the executive summary. Key achievements and ongoing challenges are highlighted with mitigations described if required.

An executive summary is provided of the report, with the full report available for information.

Summary of report

It is a requirement under the Health & Social Care Act (2015) for an annual report to be complied by the DIPC describing the Infection Prevention Control work undertaken within the Trust by the dedicated and wider IPC team.

Achievements this year include:

- The launch of the microbiological plating team (Jan 23)
- Launch and completion of bespoke paediatric IPC environmental and practice audit tool for ward areas as well as a creation and launch of a ward manual relating to IPC
- Planning and implementation of PSIRF process
- Development of a clinical sepsis training package (to be launched late 2024)

Challenges include:

- Maintenance of scheduling specialist ventilation verification and adherence to chilled beams cleaning SOP. There also remain challenges and regular changes of senior members of the estates department which likely contributes to these issues.
- The inhouse surgical site surveillance system development is progressing well and is undergoing testing presently before go live later this year. The launch of this will ensure our surgical site surveillance is more robust.

Mandatory datasets for bloodstream infections were above the threshold set by NHSE. Root cause analysis were completed on all healthcare associated bloodstream infections and demonstrate that gut translocation is a significant risk for our patients highlighting the importance of stool screening (see patient safety implications for stool screening summary).

Infection Control quarterly audits show good compliance with hand hygiene and bare below the elbows. Compliance with care bundles remains a challenge; primarily as due to difficulties documenting within Epic. Significant work has been undertaken to highlight requirements to clinical staff and this will continue to be monitored.

Screening for colonisation remains an important intervention and great success has been made with reduction of outbreaks and healthcare associated infections of Carbapenamse producing organisms due to the introduction of targeted screening for patients arriving from overseas. We have also implemented a targeted screening programme for candida auris for overseas patients within our intensive care units.

However, screening for UK patients remains sub optimal for stool screening at around 40% and reduced this year for MRSA.

Attachment Q

Patient Safety Implications Compliance with screening is a risk for the organisation. Supported by the QI team and Quality, Safety and Outcomes Committee the IPC team are working with 10 ward areas to run a quality improvement project to increase stool screening compliance. Early data suggests that staff understand the importance of screening but universally state that parental compliance and refusal was a barrier to implementation. The team are meeting with representatives of the Young Peoples Forum and patient engagement representatives in July to explore this theme. They are also linking in with Epic to explore communication possibilities on MyGosh. Meetings are also planned with ward stakeholders in July to explore intervention ideas and plan for testing of these ideas. There are also plans to include outpatient areas so that families are provided with information prior to admission and explore if bringing samples in with them on the day of admission would be a suitable intervention.
Equality impact implications None
Financial implications None
Strategic Risk BAF Risk 12: Inconsistent delivery of safe care
Action required from the meeting Approval of report for upload to the internet as a public document.
Consultation carried out with individuals/ groups/ committees Reviewed by Chief Nurse, Infection Prevention Control Committee (IPCC) & Quality, Safety and Experience Assurance Committee (QSEAC)
Who is responsible for implementing the proposals / project and anticipated timescales? Detailed within Part B, annual work plan
Who is accountable for the implementation of the proposal / project? Detailed within Part B, annual work plan

Attachment Q

Great Ormond Street Hospital for Children NHS Foundation Trust

Executive Summary of the

Infection Prevention and Control Annual Report 2023/2024

1. Purpose

Great Ormond Street Hospital for Children NHS Trust recognises the obligation placed upon it by the Health and Social Care Act Code of Practice of the prevention and control of infections (2015) and related guidance. The report describes the work of the Infection Prevention & Control (IPC) team and associated committees including the Infection Prevention Control Committee (IPCC). Governance structures are detailed within the report and described briefly within the executive summary. Key achievements and ongoing challenges are highlighted with mitigations described if required.

2. Infection Prevention and Control Staffing

The Infection Control Team continues to be established using a multi-disciplinary team approach. There is a Director of Infection Prevention Control (DIPC) in place. There continues to be additional executive support with the Chief Nurse taking on the role as Executive Lead for IPC.

2.1 Governance

The Infection Prevention and Control Committee (IPCC)

The IPCC meets every month (except Aug & Dec). The committee's function is to receive and provide assurance around IPC as well as escalating any significant risks which are identified. Any risks linked to IPC are reviewed in the meeting and escalations made as appropriate. Details of the committees that report into the IPCC are listed within the main body of the report but includes quarterly reports from Space & Place on ventilation and water management. The committee reports to Quality Safety and Outcome Committee (QSOC) and Quality Safety and Experience Assurance Committee (QSEAC) and currently presents the annual report to the Trust Board.

Themes of work from the IPCC and challenges identified

Key achievements:

The team have continued to provide support for the Childrens Cancer Centre (CCC) as designs have progressed. Enabling works and associated decants have also been supported.

The microbiological plating team was launched in January 24. Following the launch there has been a reduction in lost theatre days and bed days due to areas failing microbiological plating. This will be monitored over the next year and reported in the next annual report.

The IPC has completed environmental and practice audits of all inpatient areas. This has been completed electronically using the bespoke tool which was created by the team 'iPeat@ infection prevention environmental audit tool. Action plans have been created for each ward. The IPC team have also launched inpatient ward manuals which are available on the intranet for wards to utilise. These contain a range of helpful information that wards need relating to IPC and would be a helpful resource for any IPC audits or inspections.

The IPC team worked alongside the clinical teams to complete root cause analysis for all healthcare associated gram-negative bloodstream infections. The IPC team and the IPCC have also reviewed the new Patient Safety Incident Response Framework (PSIRF) and reviewed how this will be applied for IPC. The IPC operational assurance framework policy has been updated and SWARMs paperwork has been designed ready for trial and launch in the April 24.

Following a listening event around the use of the sepsis pathway and bundle it was identified that further clinical training related to sepsis was required for staff. Alongside the Lead Practice Educator for IPC, the digital team, the simulation team and the sepsis steering group have worked to develop a clinical training sepsis package for staff which will be launched in 2024/25.

Areas of focus, interventions to mitigate risks and areas of improvement:

Risk	Actions/Mitigation
Ventilation: three trust wide risks are currently in place surrounding both the specialist and the standard ventilation provided in clinical areas. 1. Relates the verification of the specialist ventilation (positive pressure ventilation lobby) and theatre areas, which were behind schedule. There was also no Authorised Person (AP) in post. 2. Chilled beams had not been inspected and cleaned as per the Health Technical Memorandum (HTM) guidance. 3. Newly commissioned standard bedrooms in the trust were not commissioned to 6 air changes despite this being in the design	1. An AP was appointed but unfortunately left in Jan 2024. A further individual has been appointed and is undergoing a period of training with support from an external consultant. Verification of specialist ventilation continues to be monitored at the operational meeting and the ventilation monitoring group. 2. A decant program was completed which included cleaning of chilled beams. A Standard Operating Procedure (SOP) on cleaning the beams has been developed but, further work is required to record this cleaning on the Computer Aided Facilities Management (CAFM) system and keep up to date with the planned 6 monthly inspection and cleaning of chilled beams in patient bedrooms. 3. Fallow times within these areas have been increased to reflect the reduced air changes and the IPC team have requested they are checked as part of the chilled beam cleaning in decant.
Estates: it has been identified that there is a lack of assurance around management of risk and documentation within estates.	Significant change in the senior team has been undertaken to address this and change the culture of working. The introduction of a CAFM system and manager and the appointment of AP's has assisted but it is anticipated and acknowledged that this progress will need to be monitored closely moving forward.
Surgical site surveillance: it has been identified the system used to record (RL Datix) spinal surveillance, other general surgery and cardiac cannot be optimised to the desired standard. The system has several issues which means that data cannot reliably be captured in a	A business case has been developed and approved for an inhouse solution to surgical site surveillance. This project is nearing completion and is being overseen by a project board. The team aim to launch the system in Summer 24. For continuity- spinal surveillance continues and we have commenced cardiac surveillance now that a

standardised way presenting a risk to data recording and analysis.	trained individual is in post. Patients who meet the criteria for infection are actively identified and root cause analysis (RCA) completed to identify learning or any gaps in the surgical care bundle.

3. Organisms Subject to Mandatory Reporting

Organism	Threshold set for 23/24	Number reported 22/23 (HAI)	Number reported 23/24 (HAI)
MRSA	No threshold	1 (1)	4 (2)
MSSA	No Threshold	25 (11)	13 (10)
E-coli	<8	20 (16)	15 (11)
Pseudomonas aeruginosa	<8	10 (7)	19 (14)
Klebsiella sp	<12	35 (27)	40 (32)
Cdiff	<8	13 (11)	11 (7)

The trust attributable MRSA bloodstream infections were avoidable. Following a similar theme from the previous year, sub-optimal antimicrobial therapy was a key factor. Work is planned this year to review antimicrobial prophylaxis compliance when patients are known to be colonised with MRSA. MSSA RCA thematic analysis demonstrates that over half of the children were already colonised with staphylococcus aureus. Several cases highlighted children often had itchy skin or skin breakdown which contributed to the infection. Documentation of central venous devices continues to be an issue but this year it included risk assessment around the use of femoral lines and documentation around insertion (notably in emergency situations).

All Gram-negative bacteraemia's were above the desired thresholds. Whilst every effort is made to identify causes and reduce numbers these numbers represent a national increase in the numbers of these organisms. RCAs continue to identify that these children are often colonised with the same organism that is causing infection and that a large proportion of these children are enterally fed and gut translocation seems to be a common likely cause of bloodstream infection. Again, this highlights the importance of stool screening to ensure appropriate antimicrobials are considered.

4. Surveillance of MRSA and Multiple 'Resistant' Gram Negative Organism Including Screening

Whilst numbers of standard Gram-negative resistant organisms have remained around the same level there has been an increase in healthcare-associated MRSA colonisations. No clear source was identified for MRSA and in 17 of the 77 cases possible sources (other patients) were identified. For Gram-negative organisms these were not confirmed as routine typing is not performed on these samples. There were no reported outbreaks. We continue to place a large emphasis on admission and repeat screening for long stay patients.

Numbers of carbapenamase resistant organisms reduced significantly this year, as did the proportion that were healthcare associated. The enhanced stool screening introduced initially within I&PC and then trust wide for patients from countries with endemic transmission of carbapenamase resistant organisms is likely to have a contributed to this reduction. No

outbreaks have been declared within I&PC this year following multiple transmissions in the previous year.

5. Investigation of Infection Prevention and Control Incidents and Outbreaks

No major outbreaks were reported within the year.

There were no serious incidents related to IPC within the year.

6. Management of Respiratory and Enteric Viruses

Numbers for respiratory viruses reduced with the proportion attributed as healthcare-associated infections remaining stable, including COVID-19. Numbers of enteric viral infections remained stable. There were more healthcare-associated infections which led to control measures being instigated on wards but there were no significant outbreaks that led to ward or bed closures. Work is still required to ensure that symptomatic patients are placed in isolation precautions at symptom onset.

Respiratory viral infections detected:	**Total**	**Community onset**	**Hospital onset**
Total in 2021/22	1713	1458	255
Total in 2022/23	1702	1309	393
Total in 2023/24	1287	895	392
Enteric viral infections detected:			
Total in 2021/22	235	127	108
Total in 2022/23	316	148	168
Total in 2023/24	307	137	170

7. Audit and Compliance to Policy

Hand hygiene data has remained stable at around 80%. Bare below the elbows remained above 92%. Areas of improvement are still identified and included within local and trust wide action plans and then monitored at the directorate infection control committees.

Care bundle compliance remains sub-optimal. There continue to be challenges around the documentation of line care in the Electronic Patient Record (EPR) which continue to be addressed and reviewed. One particular issue is that changes implemented to improve documentation do not apply to devices already in place automatically. This means that staff either have to make manual changes in the EPR to make use of the new updated documentation or old documentation which is sub optimal is in use. There is currently no resolution to this, it has been raised within EPR and is monitored as part of the audit days.

Surgical site surveillance takes place across three directorates within the Trust. Surveillance programmes underway for the year 23/24 included spinal surveillance, cardiac surgery, and neurosurgical procedures. It was identified in the previous year that the system used to record (RL Datix) spinal surveillance, other general surgery and cardiac cannot be optimised to the desired standard. A business case was developed, approved and implemented to build a new in-house system by the data analyst within the laboratory. The new system will be trialled in the Summer of 24 and the trust is aiming to launch shortly afterwards. This has not stopped

the continued surveillance of spinal surgery which we report to the UK Health Security Agency (UKHSA).

8. Central Line Surveillance

1.9/1000 line days (108 episodes). (Rate 2.3 last year, 128 episodes). Line infection rates decreased this year. There was a significant issue in the summer of 2022 around the supply of 2% chlorhexidine 70% alcohol wipes for the needle free connectors which accounted for some of this rise. There have continued to be challenges in the supply chain around the supply of parafilm and central venous catheters.

9. Wider Infection Prevention and Control Service

Estates- Significant progress continues to be made in relation to compliance of the trust estate infrastructure. Of note, the work undertaken around integrating the estates engineering and operational teams into a single team has improved communications, ensuring that IPC related issues such as air flows, temps, room pressures and water systems infrastructure conditions, have become a shared conversation with ownership and accountability, within the team.

The trust has appointed highly experienced CAFM programme manager and work is being carried out within the CAFM system to embed and sustain long term improvements to estate systems and compliance. A significant benefit of the CAFM system will be the ability to hold validation records and documentary evidence of works undertaken and planned PPM's.

Facilities (including linen & decontamination)- The Trust works in partnership with Royal Free London since September 2023 for the provision of sterile services for the reprocessing of surgical instruments and endoscope decontamination business continuity agreement. The previous contract was with Circle Health Group who terminated the contract with GOSH at the beginning of December 2022, due to increasing demand within their own hospitals limiting available capacity for external contracts The decontamination of endoscopes is carried out inhouse and we continue to run the medical equipment decontamination unit (MEDU).

The linen contract remains contracted to Elis. A robust monitoring system is in place for the contract.

The Domestic team continue to work to the standards set in the National Cleaning Standards 2021. Overall monitoring of monthly cleaning audits is satisfactory. Patient-Led Assessments of the Care Environment (PLACE) scores were markedly improved on the previous year but was still below the national average in 3 out of 5 areas. The working group continues to meet to address identified issues.

Antimicrobial Stewardship- The team continue to review policy as required and monthly fungal MDT are in place with an appropriate policy to support. This year the trust was awarded level 3 accreditation under the Global Antimicrobial Stewardship Accreditation Scheme (GAMSAS). This is the highest level of accreditation and one step away from being deemed a global centre of excellence. The team also participated alongside the IPC team in the National Point Prevalence Survey.

Sepsis- The DIPC was appointed the interim lead for sepsis and the working group has been established meeting regularly and reporting to the IPCC and linking with the deteriorating child group. Workstreams focus on guidance updates, audit of compliance with the sepsis 6 bundle, bundle optimisation and education. Work this year has focused on creating a clinical training package for sepsis alongside the digital team which will sit on an education hub which staff can access. Review of data within Epic suggests that the bundle is not being used as often as

should be so a clinical audit has been planned for the year 24/25 with the clinical audit manager. The DIPC is also working alongside the BCC team and Epic developers to integrate the febrile neutropenic pathway into the sepsis bundle.

Occupational Health- Influenza uptake decreased to 50.8% (52% in 22/23) but this was the second highest vaccination rate in London. Covid vaccination uptake for our HCWs was 45.8% and we achieved the highest uptake for HCWs across London There were 82 attendances for exposure to bloodborne viruses an increase of 46%. There was a rise in the number of exposures due to biting or scratching. Other themes remain unchanged with most incidents occurring during disposal.

10. Board Assurance Framework (BAF)

There were 45 hospital acquired COVID-19 cases in the last year compared with 41 the previous year. Guidance from NHSE/I was changed to recommend cases were only investigated if harm was caused. We continued to monitor our cases and look for sources where possible. Where possible we still isolate patients who have been exposed to COVID-19 for 10 days to reduce the risk of onward transmission.

FIT testing continues to be provided and is now an established service with records of staff tested available. Both qualitative and quantitative testing is undertaken. This is a requirement under Health & Safety legislation.

Compliance with isolation audits have generally remained above 70%. Overall, there was good compliance with most areas within the isolation audit. Areas of good practice included staff awareness and knowledge of their patient's infection status and isolation requirements as well as good use of door signage. Areas identified as requiring improvement included non-sterile gloves being available in the patient bedroom for use if required. Compliance with admission screening was also a recurrent theme and highlighted by teams as an area for improvement.

The largest area of risk currently identified without a long-term resolution plan in place is the identification that not all standard bedrooms in the trust were not commissioned to 6 air changes when they were opened despite them being designed to 6 air changes. Mitigations in place to control this risk include extended fallow times in these areas.

Attachment Q

Great Ormond Street Hospital for Children NHS Foundation Trust

Infection Prevention and Control Annual Report 2023/2024

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   Klebsiella spp. bacteraemia
   Pseudomonas aeruginosa bacteraemia
   VRE bacteraemia

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1. Purpose

1.1 The Director of Infection Prevention and Control (DIPC) Annual Report reports on infection prevention and control activities within Great Ormond Street Hospital NHS Foundation Trust for April 2023 to March 2024. The publication of the IPC Annual Report is a requirement to demonstrate good governance, adherence to Trust values and public accountability.

1.2 A zero-tolerance approach continues to be taken by the Trust towards all avoidable Healthcare associated infections (HCAIs).

1.3 The Infection Prevention Control Committee (IPCC) reports to Quality Safety Outcomes Committee (QSOC) formally Quality Safety Outcomes Committee (QSOC) which reports to the Quality Safety and Experience Assurance Committee (QSEAC) which is a sub section of the Board.

1.4 The DIPC presents the annual report to the Board and attends quarterly to provide a regular update.

1.5 Infection Prevention and Control Staffing

1.6 Director of Infection Prevention and Control (DIPC):

Helen Dunn, Consultant Nurse IPC since May 2020- present

Executive lead for IPC:

The Chief Nurse is the Executive lead for IPC; supported for medical issues by the Deputy medical director. The DIPC meets bi-weekly with the Chief Nurse to discuss any issues related to IPC. A highlight report of all acute significant IPC issues is presented weekly to the Safety Team.

1.7 The Infection Prevention and Control Team (IPCT) during 2023/24

Nursing and clinical scientist establishment:

- Consultant Nurse IPC & DIPC - Helen Dunn
- Deputy Lead Nurse in IP&C - Barbara Brekle
- Lead Practice Educator IP&C- Kate Harkus/ Emma Perks
- IPC Nurse – Helen Saraqi
- IPC Nurse- Kate Rennie
- IPC Nurse- Dongchun (Bomi) Bang
- Consultant Clinical Scientist in IPC, Infection Control Doctor (ICD) & Deputy DIPC- Prof Elaine Cloutman-Green

Medical Staff:

- Dr John Hartley - Consultant Microbiologist, part time
- Dr Garth Dixon - Consultant Microbiologist: 1PA for IPC
- Dr James Soothill - Consultant Microbiologist:1 PA for IPC
- Dr James Hatcher – Consultant Microbiologist Lead Clinician for the Department of Microbiology, Virology, and Infection Control: 1 PA IPC
- Dr Surjo De- Consultant Microbiologist: 1 PA IPC
- Professor Judy Breuer – Consultant Virologist (advisory)

- The Infectious Diseases Consultant Team

Antimicrobial stewardship (AMS) -
One WTE pharmacist
Paediatric infectious disease consultant AMS time – Chair of AMS committee
Antimicrobial Policy Group Chair - consultant microbiologist 1 PA (IPC time)
Consultants in microbiology and Paediatric Infectious Diseases (PID) contribute.

Administrative support
Angela McGee Administrator IPC Team & Microbiology and Virology – 1 WTE

IPC Data management
Timothy Best This is a permanent role with support provided across the laboratory but with a focus on IPC activity and data. This year has seen the successful recruitment for a bioinformatician to support the laboratory and IPC with investigations.

1.8 Development of IPC Team
A member of the team is currently on a Master's Pathway in IPC supported by a bursary from GOSH charity.

1.9 Quality Improvement Team
Continues to provide invaluable central support for audit and surveillance data display.

1.10 Directorate Responsibility
Under the terms of the Trust IPC Strategy set out previously each Directorate developed a local Directorate group / structure to drive local planning and implementation of IPC actions.

1.11 The Directorate system started in Aug 2019.The trust now functions under 9 directorates:

- Body, Bones & Mind
- Brain
- Research & Innovation
- Blood, Cells & Cancer
- International & Private Care (I&PC) formerly International Private Patients (I&PC)
- Sight & Sound
- Core Clinical Services
- Heart & Lung

1.12 Governance and reporting

The Infection Prevention and Control Committee (IPCC).

The Terms of Reference were updated in May 2023.

This committee is chaired by the DIPC and meets monthly 10 times a year. Regular reports are submitted to QSOC & QSEAC.

Membership by role:

- Consultant Nurse Infection Control & Director of Infection Prevention and Control – the Chair
- Executive lead for infection control – the Chief Nurse
- Medical Director team (TBC)
- IPC Team
- Infection Control Doctor
- Consultant Microbiologist(s)
- Paediatric ID consultant
- Director of Estates & Facilities (or Head of Estates and Head of Facilities as representatives)
- Head of Staff Health & Wellbeing (or representative)
- Representation from each clinical directorate (role not specified)
- Pharmacy/AMS
- Member of Risk team
- Representation from Academic Paediatric Infectious Diseases, ICH
- UK Health Security Agency (UKHSA)
- Additional members may be invited to attend the IPCC as appropriate.

In order to fulfil its requirements, the committee will receive a status report from:

Report	**From: (Committee/Group/Individual)**	**Frequency**
IPC Report	IPC Team	Monthly
Estates and Facilities	Director of Estates and Facilities (including ventilation, water, decontamination & domestic services)	Quarterly
Occupational Health	Head of Staff Health & Wellbeing	Quarterly
Directorates	Directorate representation	Quarterly (each directorate)
Built Environment	Deputy Director Redevelopment	As required
UKHSA	UKHSA representative	Monthly, verbal
Genetically Modified Organisms Safety Committee	DIPC	Quarterly
Water Safety Group	DIPC/Director of Estates and Facilities	Quarterly
AMS Committee	Pharmacy/AMS lead	Quarterly
Sepsis Group	Sepsis Lead	Quarterly

Administrative support: provided by IPC Administrator

1.13 Achievements and areas of focus

Key Infection Prevention Control (IPC) achievements:

The team have continued to provide support for the Childrens Cancer Centre (CCC) as designs have progressed. Enabling works and associated decants have also been supported.

The microbiological plating team was launched in January 24. Following the launch there has been a reduction in lost theatre days and bed days due to areas failing microbiological plating. This will be monitored over the next year and reported in the next annual report.

The IPC has completed environmental and practice audits of all inpatient areas. This has been completed electronically using the bespoke tool which was created by the team 'iPeat@ infection prevention environmental audit tool. Action plans have been created for each ward. The IPC team have also launched inpatient ward manuals which are available on the intranet for wards to utilise. These contain a range of helpful information that wards need relating to IPC and would be a helpful resource for any IPC audits or inspections.

The IPC team worked alongside the clinical teams to complete root cause analysis for all healthcare associated gram-negative bloodstream infections. The IPC team and the IPCC have also reviewed the new Patient Safety Incident Response Framework (PSIRF) and reviewed how this will be applied for IPC. The IPC operational assurance framework policy has been updated and SWARMs paperwork has been designed ready for trial and launch in the April 24.

Following a listening event around the use of the sepsis pathway and bundle it was identified that further clinical training related to sepsis was required for staff. Alongside the Lead Practice Educator for IPC, the digital team, the simulation team, and the sepsis steering group have worked to develop a clinical training sepsis package for staff which will be launched in 2024/25.

Areas of focus, interventions to mitigate risks and areas of improvement:

Risk	**Actions/Mitigation**
Ventilation: three trust wide risks are currently in place surrounding both the specialist and the standard ventilation provided in clinical areas. 1. Relates the verification of the specialist ventilation (positive pressure ventilation lobby) and theatre areas, which were behind schedule. There was also no Authorised Person (AP) in post. 2. Chilled beams had not been inspected and cleaned as per the Health Technical Memorandum (HTM) guidance. 3. Newly commissioned standard bedrooms in the trust were not	1. An AP was appointed but unfortunately left in Jan 2024. A further individual has been appointed and is undergoing a period of training with support from an external consultant. Verification of specialist ventilation continues to be monitored at the operational meeting and the ventilation monitoring group. 2. A decant program was completed which included cleaning of chilled beams. An SOP on cleaning the beams has been developed but, further work is required to record this cleaning on the Computer Aided Facilities Management (CAFM) system and keep up to

commissioned to 6 air changes despite this being in the design	date with the planned 6 monthly inspection and cleaning of chilled beams in patient bedrooms. 3. Fallow times within these areas have been increased to reflect the reduced air changes and the IPC team have requested they are checked as part of the chilled beam cleaning in decant.
Estates: it has been identified that there is a lack of assurance around management of risk and documentation within estates.	Significant change in the senior team has been undertaken to address this and change the culture of working. The introduction of a CAFM system and manager and the appointment of AP's has assisted but it is anticipated and acknowledged that this progress will need to be monitored closely moving forward.
Surgical site surveillance: it has been identified the system used to record (RL Datix) spinal surveillance, other general surgery and cardiac cannot be optimised to the desired standard. The system has several issues which means that data cannot reliably be captured in a standardised way presenting a risk to data recording and analysis.	A business case has been developed and approved for an inhouse solution to surgical site surveillance. This project is nearing completion and is being overseen by a project board. The team aim to launch the system in Summer 24. For continuity- spinal surveillance continues and we have commenced cardiac surveillance now that a trained individual is in post. Patients who meet the criteria for infection are actively identified and root cause analysis (RCA) completed to identify learning or any gaps in the surgical care bundle.

1.14 There was no KPMG Infection Control Audit internal audit in 2023-24, the last one took place in 2021-22.

2. Organisms Subject to Mandatory Reporting

2.1 The following organisms are subject to mandatory reporting. These are MRSA & MSSA bloodstream infections, *Clostridioides difficile* and Gram-negative blood stream infections (*Escherichia coli, Klebsiella species, Pseudomonas aeruginosa*).

2.2 The table below shows the trends over previous years.

	E. coli		Klebsiella		MRSA		MSSA		P. aeruginosa	
Year	CAI	HAI	CAI	HAI	CAI	HAI	CAI	HAI	CAI	HAI
19/20	3	7	13	15	1	0	9	13	10	9
20/21	5	14	4	10	1	1	12	9	6	9
21/22	3	5	5	11	0	1	6	13	5	8
22/23	4	16	8	27	0	1	14	11	3	7
23/24	4	11	8	32	2	2	3	10	5	14
Grand Total	**19**	**53**	**38**	**95**	**4**	**5**	**44**	**56**	**29**	**47**

2.3 The table below displays the thresholds which were set for the year 2023/24 and the trust achievements. Further evaluation of this data is carried out below.

Organism	**Threshold set for 23/24**	**Actual number (HAI)**
MRSA	No threshold	4(2)
MSSA	No Threshold	13(10)
E-coli	<8	15(11)
Pseudomonas aeruginosa	<8	19(14)
Klebsiella sp	<12	40(32)

2.4 Meticillin-resistant Staphylococcus aureus (MRSA Bacteraemia)

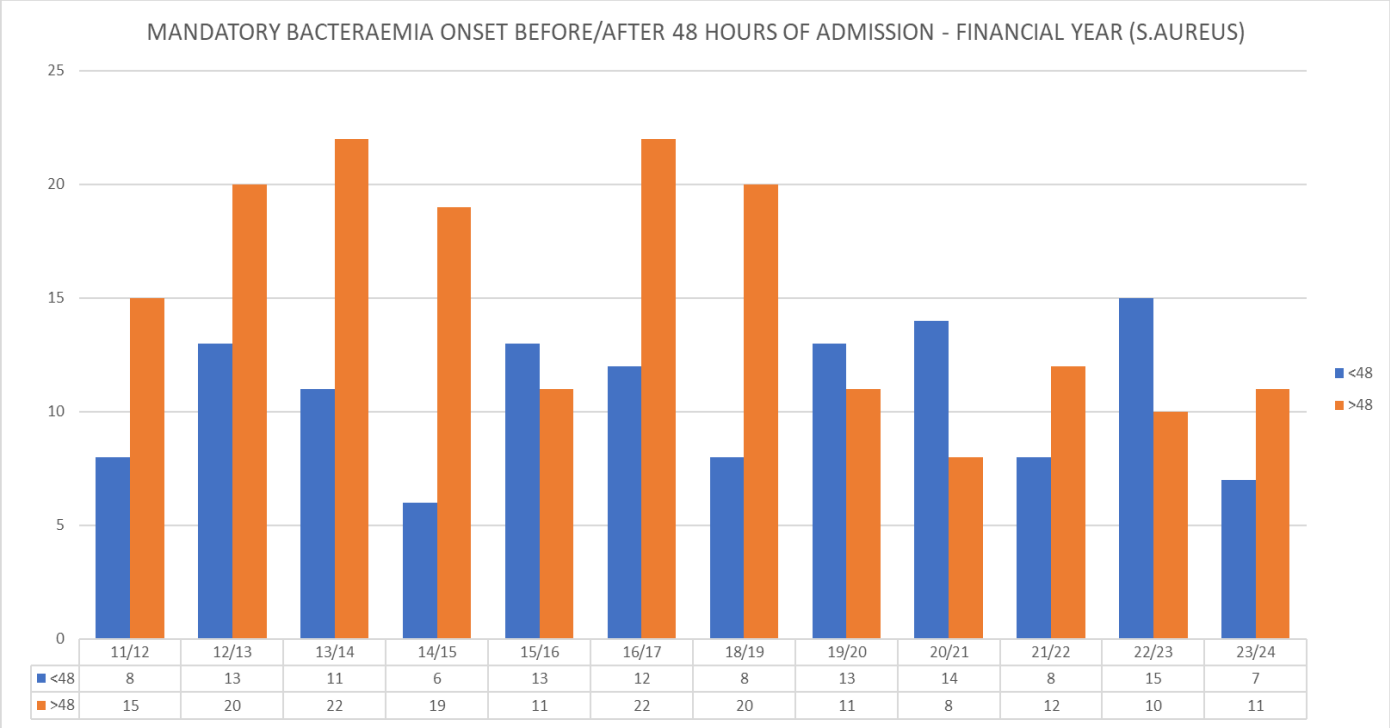
In 2023/24 financial year there were 4 MRSA bacteraemia's. Two of these bacteraemia's were detected on or within 48hrs of admission and two were Trust attributable. Full RCAs were conducted into these cases. Both children were known to be colonised with MRSA but findings from the RCAs demonstrated sub-optimal antimicrobial therapy. Work is planned this year to review antimicrobial prophylaxis compliance when patients are known to be colonised with MRSA.

2.5 Meticillin-sensitive Staphylococcus aureus (MSSA Bacteraemia) (Hospital onset)

In 2023/24 financial year 13 (compared to 25 in the previous year) children had an MSSA bacteraemia, 10 were Trust attributable. Whilst this is a significant decrease in the total overall number of MSSA bacteraemias the number of healthcare associated remains around the same.

Root cause analysis of all S. aureus bacteraemias (MRSA and MSSA)

All S. aureus bacteraemias are reviewed by IPC team and full or mini-RCAs requested for all S. aureus bacteraemias developing after 48 hours of admission and not incubating before admission and those occurring in prior GOSH patients.

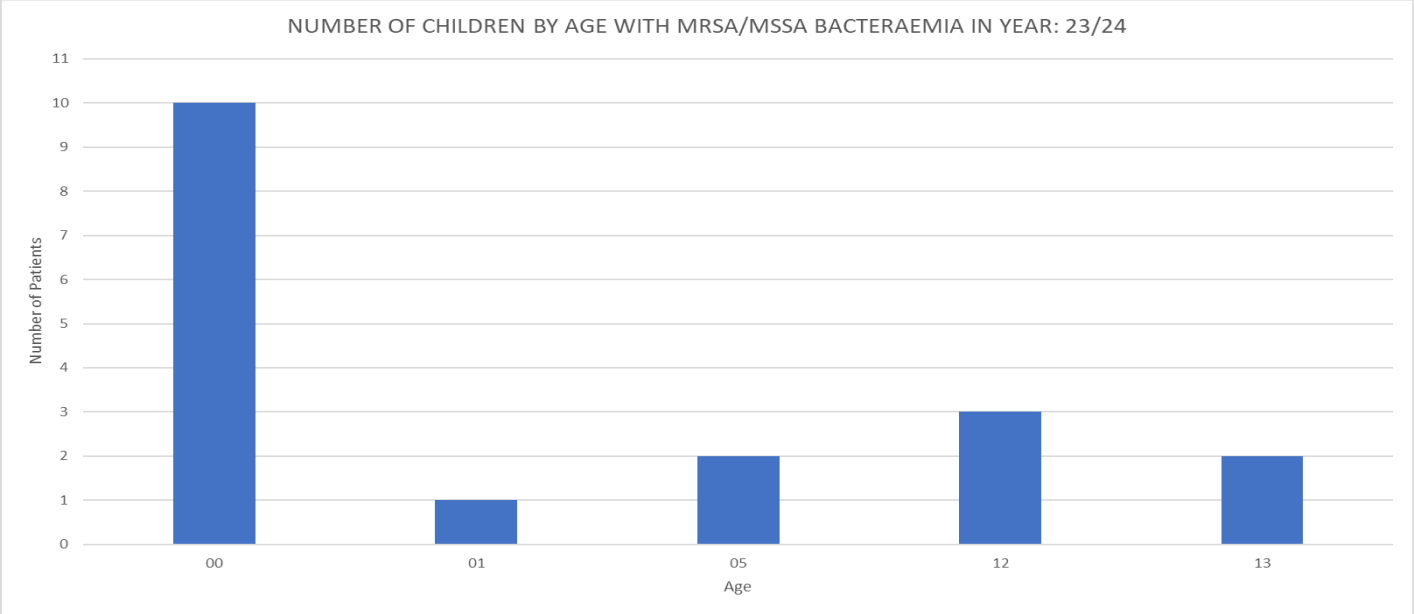


	11/12	12/13	13/14	14/15	15/16	16/17	18/19	19/20	20/21	21/22	22/23	23/24
<48	8	13	11	6	13	12	8	13	14	8	15	7
>48	15	20	22	19	11	22	20	11	8	12	10	11

2.6 Fifteen RCAs were requested for completion by clinical teams. All fifteen were completed for the year, although for 2 RCAs no meeting was held but the paperwork was completed by clinical teams and the IPC team. Over half the attributed causes were related to central venous access devices or skin and soft tissue, highlighting the importance of the care bundles in use and regular ongoing audits and access plans.

Thematic analysis demonstrates that over half of the children were already colonised with staphylococcus aureus. Several cases highlighted children often had itchy skin or skin breakdown which contributed to the infection. Documentation of central venous devices continues to be an issue but this year it included risk assessment around the use of femoral lines and documentation around insertion (notably in emergency situations).

2.7 Previous years data showed the highest proportion of children with MRSA/MSSA bacteraemia coming from <1-year olds. This remains the case.



2.8 Clostridioides difficile

In line with previous agreement with NHS England, while we test extensively for toxigenic C. difficile colonisation and infection, we continue to report all children aged 2 and over who have C. difficile toxin in the faeces and diarrhoea with no other cause, or other possible cause but treated. The table below shows testing and reporting over the past five years.

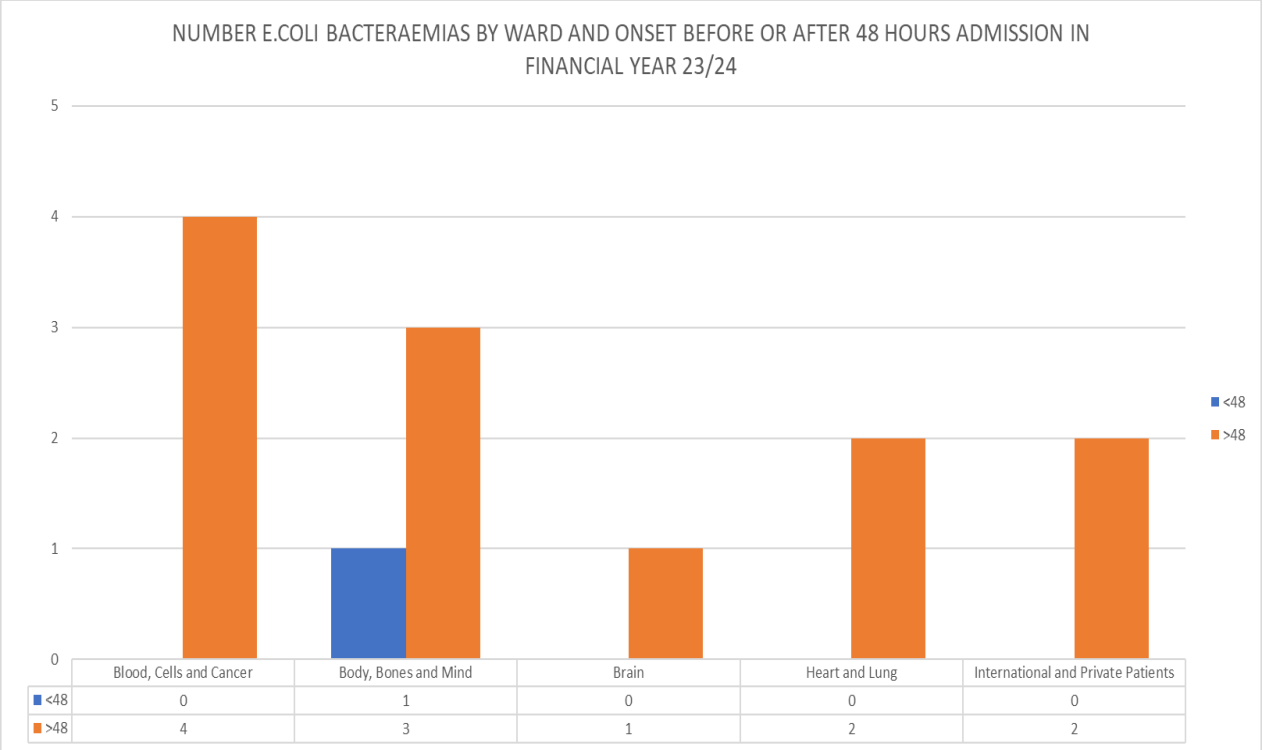
	18/19	19/20	20/21	21/22	22/23	23/24
C. difficile 1st toxin new detections ALL ages and any duration of admission	57	47	48	47	59	61
CDI notified on HCAI website (total numbers)	7	7	13	8	13	11
Number 'trust apportioned cases' (aged above 2 years old and in for > 3 days when tested and reported as possible CDI on HCAI site)	7	2	10	5	11	7
Objective (number below which we aim to keep apportioned cases.	14	5	5	7	8	8
Possible lapse in care	0	0	0	0	0	Awaiting review by NCL

2.9 Analysis of every case is undertaken to assess the likelihood of true disease, and any avoidable risk factors or lapses in control measures.

The number of cases reported in 23/24 decreased. There were four cases of disease, all of which were treated appropriately. The increase in cases within BCC continued and nine isolates from 22/23 were sent for ribotyping. Of the 9 isolates sent one was not able to be typed. Half of the isolates were the same ribotype (107), which is not a common circulating strain suggesting that there was a period of cross transmission which occurred in BCC. This period of cross transmission did not continue in the latter part of 23/24.

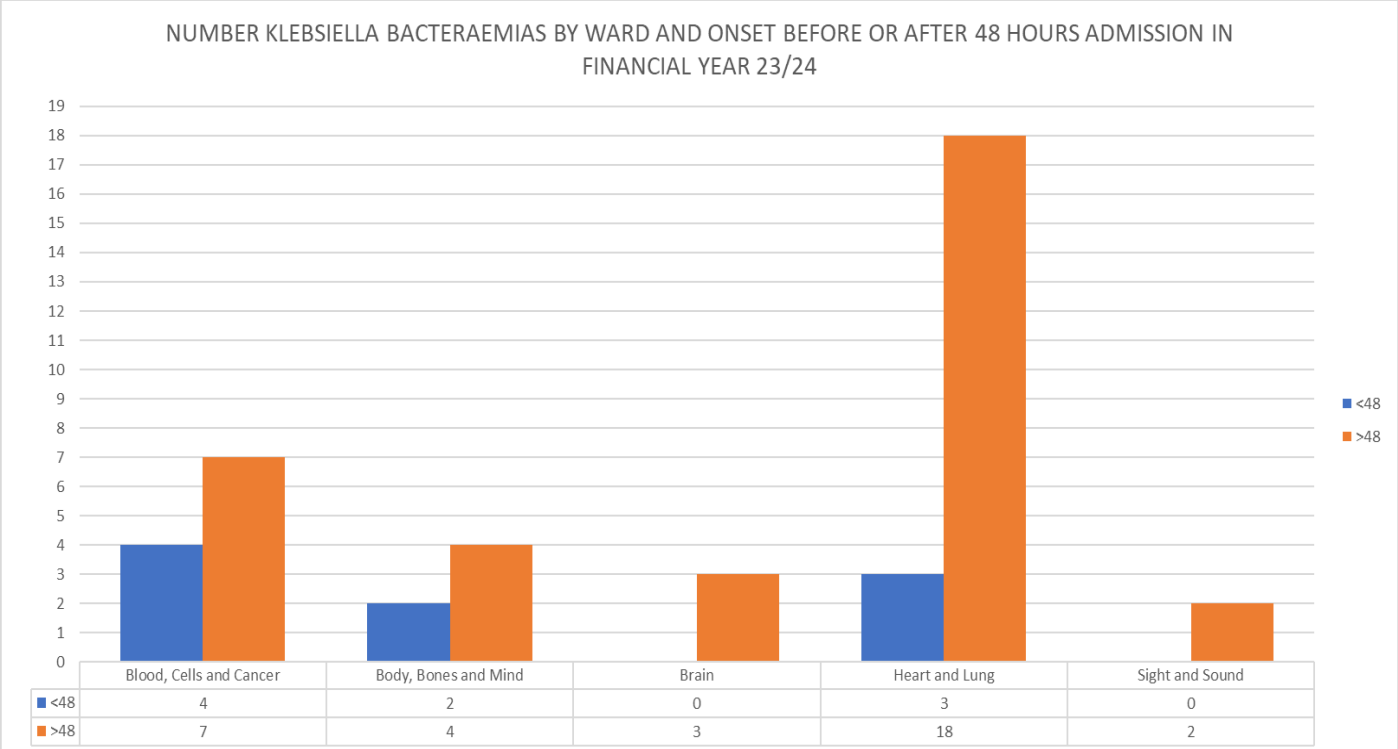
There were also six cases (compared to three in the previous year) of <2-year-old patients being treated for C.diff. These cases are not reportable to the UKHSA, but we monitor them internally.

2.10 E. coli & Klebsiella sp bacteraemia



	Blood, Cells and Cancer	Body, Bones and Mind	Brain	Heart and Lung	International and Private Patients
<48	0	1	0	0	0
>48	4	3	1	2	2

The number of children with E. coli bacteraemia reported decreased in 23/24 to 15 with 11 of these being hospital acquired.



	Blood, Cells and Cancer	Body, Bones and Mind	Brain	Heart and Lung	Sight and Sound
<48	4	2	0	3	0
>48	7	4	3	18	2

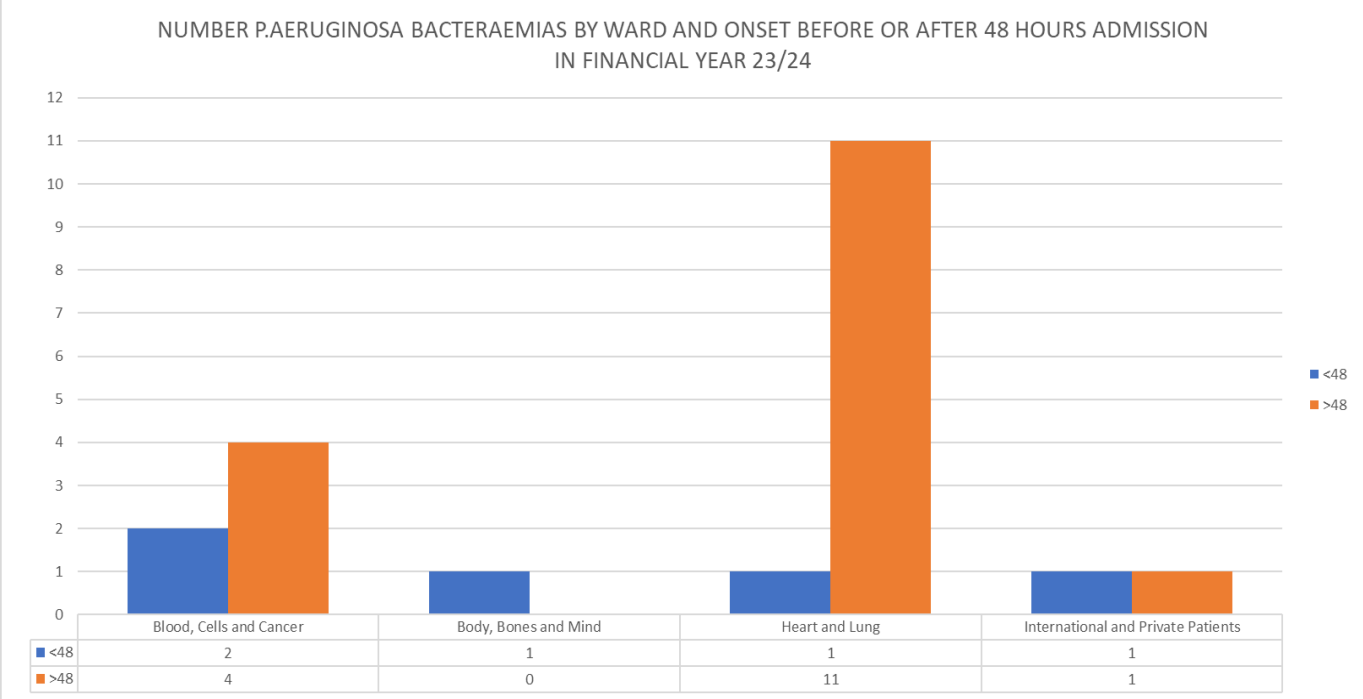
The number of Klebsiella sp. bacteraemia increased from 35 to 40 in the year 2022/23, with 32 of these being attributable to the Trust. This demonstrates an increase on the previous year.

2.11 The distribution of E. coli and Klebsiella sp bacteraemias remains largely the same as the previous year, although of note there has been a significant decrease in both community and healthcare acquired cases within International & Private Care. There have only been 2 cases in total this year (both healthcare associated infections (HAI)) compared to 11 last year of which 10 were HAI. The enhanced stool screening programme launched in July 23 may be a contributing factor. Heart & Lung directorate have by far the largest number of cases and the majority of those are healthcare associated, 20 out of a total of 23. Most infections caused by klebsiella species appear in children under the age of one, but within E. coli there is a much broader range of ages.

2.12 Pseudomonas aeruginosa bacteraemia

The number of Pseudomonas aeruginosa bacteraemia's increased significantly from 10 in 22/23 to 19 in 23/24, with 14 of these being attributable to the Trust. This demonstrates a doubling.

It is observed that the majority of the cases continue to occur in the Heart & Lung Directorate. Patient-based Pseudomonas surveillance is in place within the intensive care areas and cardiac ward. Typing of healthcare associated cases within these areas showed no point source. Most of the children were under the age of one but there was a small but consistent distribution across older age groups.



2.13 Learning from Gram- negative root cause analysis.

During 23/24 root cause analysis (RCA) have been requested on all healthcare associated gram-negative blood stream infections. There were 51 RCAs requested of which 47 were completed. Thematic analysis continues to show that colonisation with the organism causing the bloodstream infection is common indicating that gut is an important source. The gut is also the second most common likely cause of gram-negative bacteraemia's reinforcing this theory. Other risk factors include enteral feeding, wounds, and recent surgery.

Learning taken forward into 23/24 includes:

- Improving processes around specimen collection, in particular moistening swabs for use on the skin
- Preventing faecal contamination of the line

Risk assessment around the use of femoral lines in particular, but ongoing work to include all vascular access device care.

2.14 Mandatory Surveillance of Glycopeptide Resistant Enterococcal bacteraemia (GRE) 2023/24

The number of children experiencing VRE (Vancomycin-resistant Enterococcus) bacteraemias remains largely unchanged. The numbers have decreased slightly but are broadly consistent around the overall mean and are reflective of slightly higher numbers of colonised inpatients.

Year	Samples	Patients
12/13	5	5
14/15	2	2
15/16	2	2
16/17	2	2
17/18	6	3
18/19	14	4
19/20	8	5
20/21	8	3
21/22	4	4
22/23	7	7
23/24	5	2

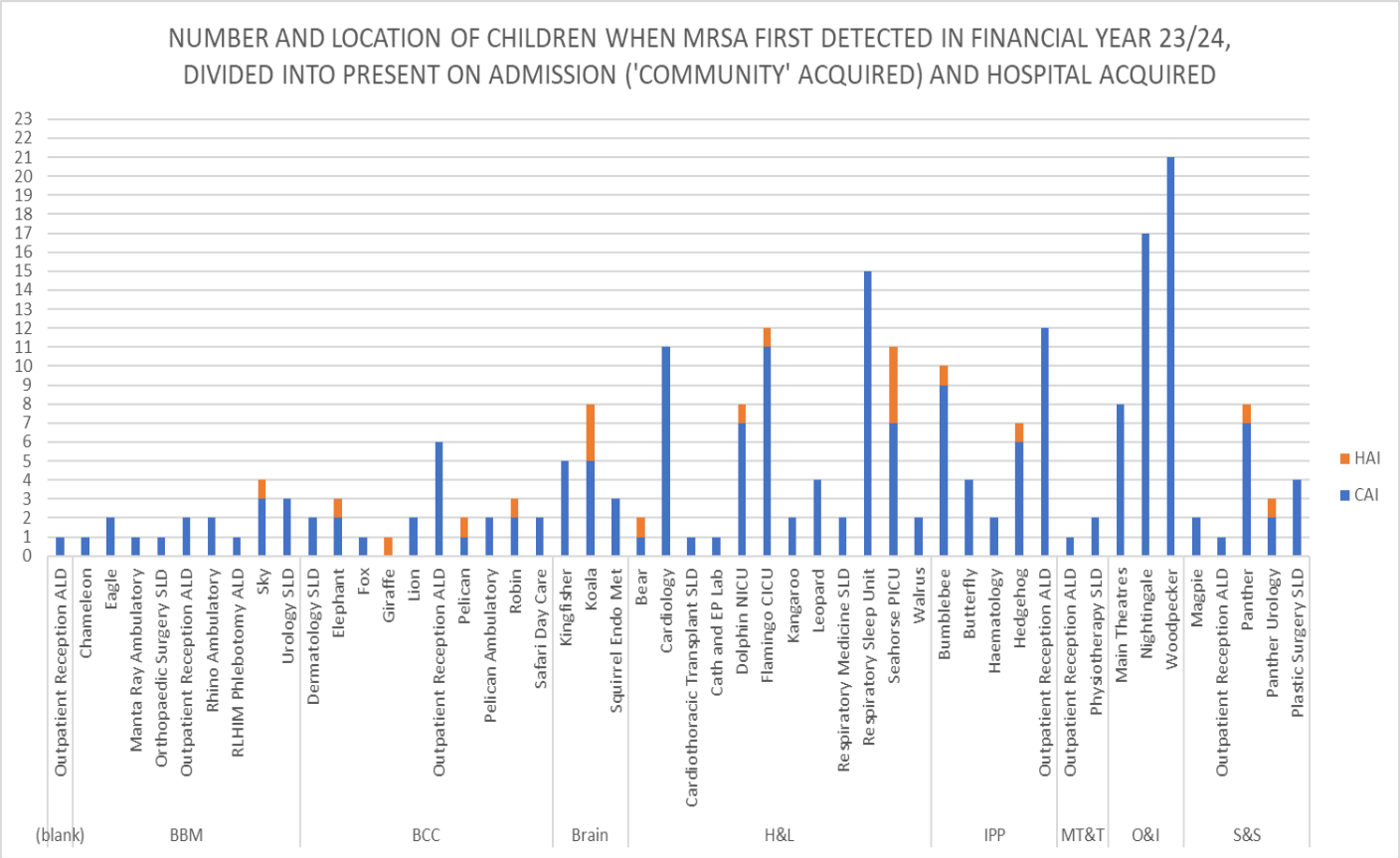
3. Screening for MRSA and Multiple 'Resistant' Gram Negative Organisms

3.1 MRSA colonisation by financial year:

All patients are screened on admission or prior to admission at Great Ormond Street Hospital. Details of newly detected MRSA carriage is shown in the table below.

	CAI	HAI	N/C	UNK	Grand Total
13/14	156	15	2	0	173
14/15	157	9	0	1	167
15/16	167	26	2	2	197
16/17	210	16	3	4	233
17/18	198	9	3	3	213
18/19	207	24	2		236
19/20	205	17	0	5	227
20/21	155	10	0	1	166
21/22	196	5	0	0	201
22/23	214	16	0	0	230
23/24	212	19	0	0	231
Grand Total	**2077**	**166**	**12**	**19**	**2274**

3.2 The table below shows the ward location of where both community and hospital first detections were isolated.



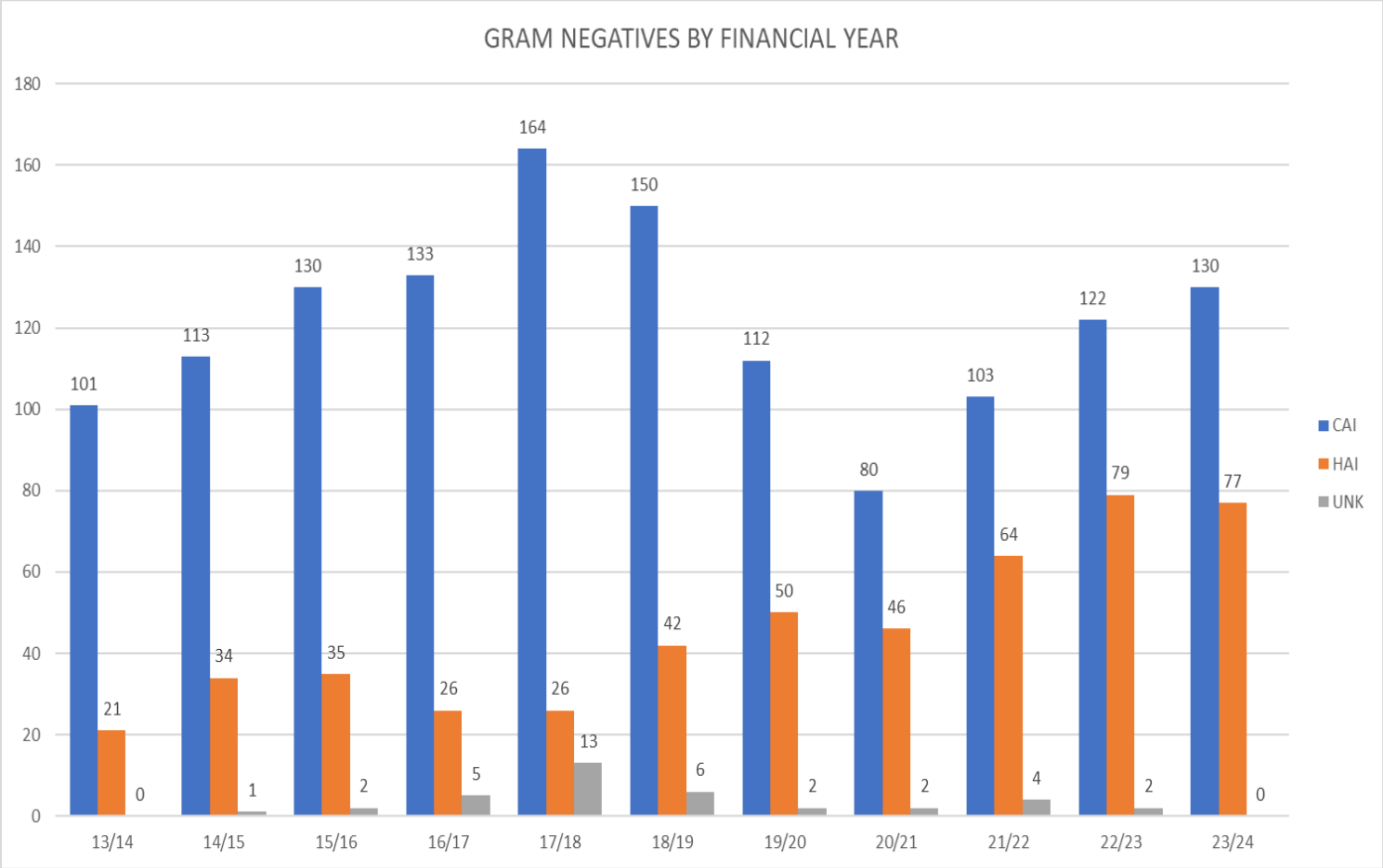
3.3 We aim to investigate every apparent GOSH acquired case. Long term colonised patients are always present and represent ongoing risk.

3.4 In previous years there has been a disproportionately high rate of carriage in the I&PC directorate, but this year we see detections across the organisation.

3.5 Nineteen HAI cases were detected in the year 2023/24 in line with previous rates prior to the pandemic in 2020. Seventeen of the nineteen incidents were investigated by the IPC team and no source was identified. Delayed screening could have been a factor in four of the cases and one case was a laboratory contaminant. No outbreaks of MRSA were reported this year.

3.6 Multiple resistant 'gram negative' organisms, including transmissible carbapenemase producing organisms.

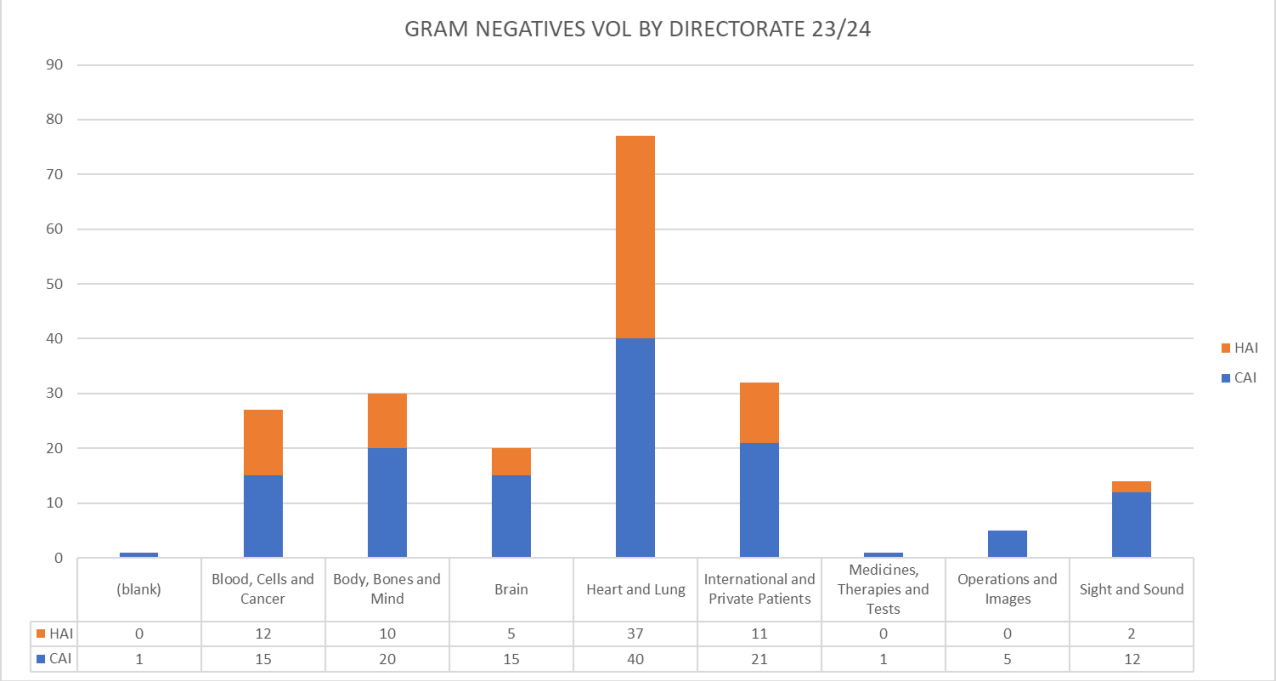
All patients should have a stool sample sent for screening for resistant Gram-negative organisms on admission. The chart below shows the number of children with newly detected colonisation with multidrug resistant Gram-negative organisms (as defined in GOSH admission screening policy) by financial year.



CAI = those colonised on admission
HAI = those acquiring colonisation in hospital
UNK=unkown

3.7 The overall numbers of both community and healthcare acquired standard Gram-negative organisms have stabilised this year, but healthcare associated numbers are at a much higher level than we have seen in previous years. The high level is due to the continuing national and international increase in antimicrobial resistant organisms but was also due to cross infection. In addition, stool screening compliance figures are not as high as we would like them to be, meaning children may be allocated as HAI when they arrived with the resistant organism or there may be cases of cross-infection which go unnoticed due to transmission-based precautions not being implemented.

3.8 The chart below shows the location of children when first detected as colonised with multidrug resistant Gram-negative organisms in financial year 2023-24. This year we investigated 54 of the 77 cases of HAI Gram-negatives. Possible sources were identified in 17 cases, but routine typing of these organisms is not available in most cases so confirmation of this can be difficult. Delayed stool screening was listed as potential cause in at least nine cases. Identification of carriers of resistant organisms is made even more difficult if not every child admitted has a stool sample sent as cases of unknown risk may then be present. The prompt screening of patients on admission and every 30 days would reduce the risk of children acquiring Gram-negative organisms within GOSH.



	(blank)	Blood, Cells and Cancer	Body, Bones and Mind	Brain	Heart and Lung	International and Private Patients	Medicines, Therapies and Tests	Operations and Images	Sight and Sound
HAI	0	12	10	5	37	11	0	0	2
CAI	1	15	20	15	40	21	1	5	12

3.9 Potential acquisitions occur throughout the year and not all isolates can be investigated through detailed typing, so complete analysis of source is not possible. Where the initial epidemiological analysis strongly suggests cross infection further typing is undertaken if an outbreak is suspected.

3.10 The organisation is stretched in its ability to apply controls mechanisms without adverse impact on other aspects of care provision; however, we feel it is essential to continue to do so.

3.11 Carbapenemase-resistant Gram-negative organisms

The transmissible carbapenemase resistance determinants (TCDs; blaNDM, KPC, oxa48, VIM and IMI especially) represents a serious threat to treatment. Organisms carrying this mechanism may become truly untreatable. They are becoming more prevalent in various countries and regions within UK and have been responsible for major outbreaks. We routinely screen for carriage and implement strict control mechanisms when found. Overall rates in 2023/24 have decreased from forty-two in 22/23 to twenty-nine in 23/24. Less than half of these organisms are healthcare associated suggesting the enhanced screening measures put in place in I&PC following outbreaks in the previous year have been successful in controlling the spread of these organisms.

3.12 In July 2023 we introduced enhanced screening within I&PC for all patients admitted from overseas countries where carbapenemase resistant gram negatives were endemic. This was based on guidance from

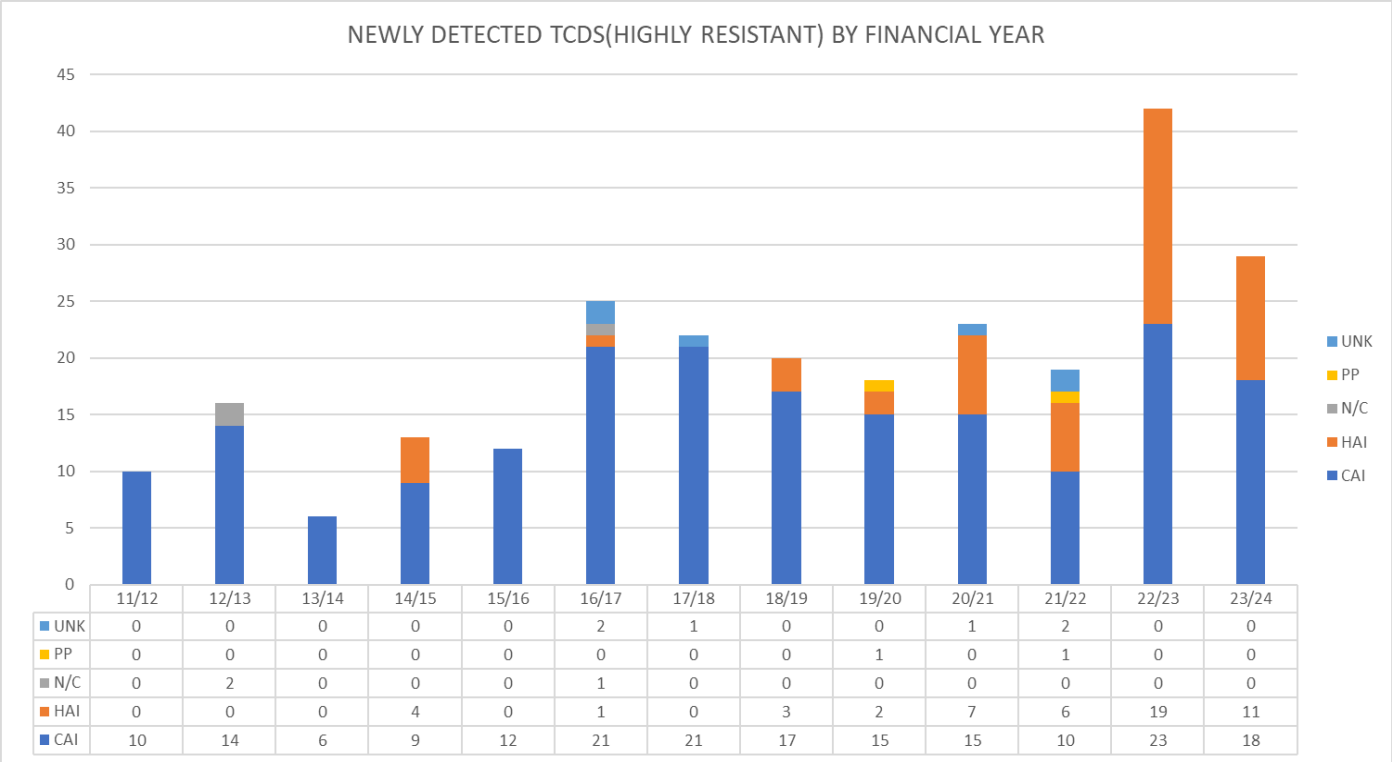
European Centre for Disease Control (ECDC), World Health Organisation (WHO) and other relevant organisations. The Infection Prevention control team actively reviewed patients admitted on a daily basis.

(Monday- Friday) and added 'suspected CPE alerts' which were only reviewed after three negative stools taken at least seven days apart. We subsequently reviewed this data at the IPCC in December 2023 and reduced the stool samples to two samples at least seven days apart. Until children have these samples taken, they are managed in contact precautions and enhanced cleaning takes place with hydrogen peroxide vapour when they are inpatients. We have subsequently rolled this out trust wide.

3.13 Organisms are detected during routine screening and clinical samples. There were 11 unique healthcare associated mechanisms of carbapenemase resistance determinants detected in 11 patients. There were 18 unique healthcare associated mechanisms of carbapenemase resistance determinants detected in 13 patients.

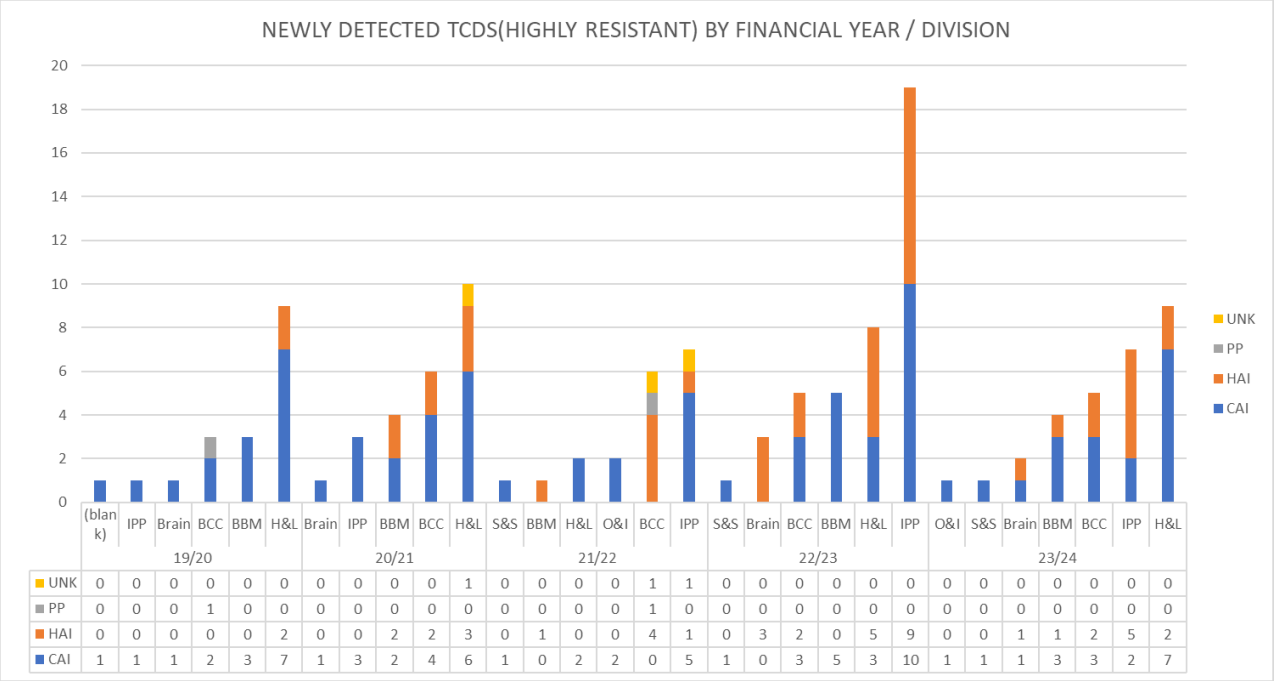
2 patients were found to have been admitted with more than one resistance mechanism.

3.14 Bar chart showing the number of children newly detected as colonised with significant transmissible carbapenemase carrying organisms.



	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24
UNK	0	0	0	0	0	2	1	0	0	1	2	0	0
PP	0	0	0	0	0	0	0	0	1	0	1	0	0
N/C	0	2	0	0	0	1	0	0	0	0	0	0	0
HAI	0	0	0	4	0	1	0	3	2	7	6	19	11
CAI	10	14	6	9	12	21	21	17	15	15	10	23	18

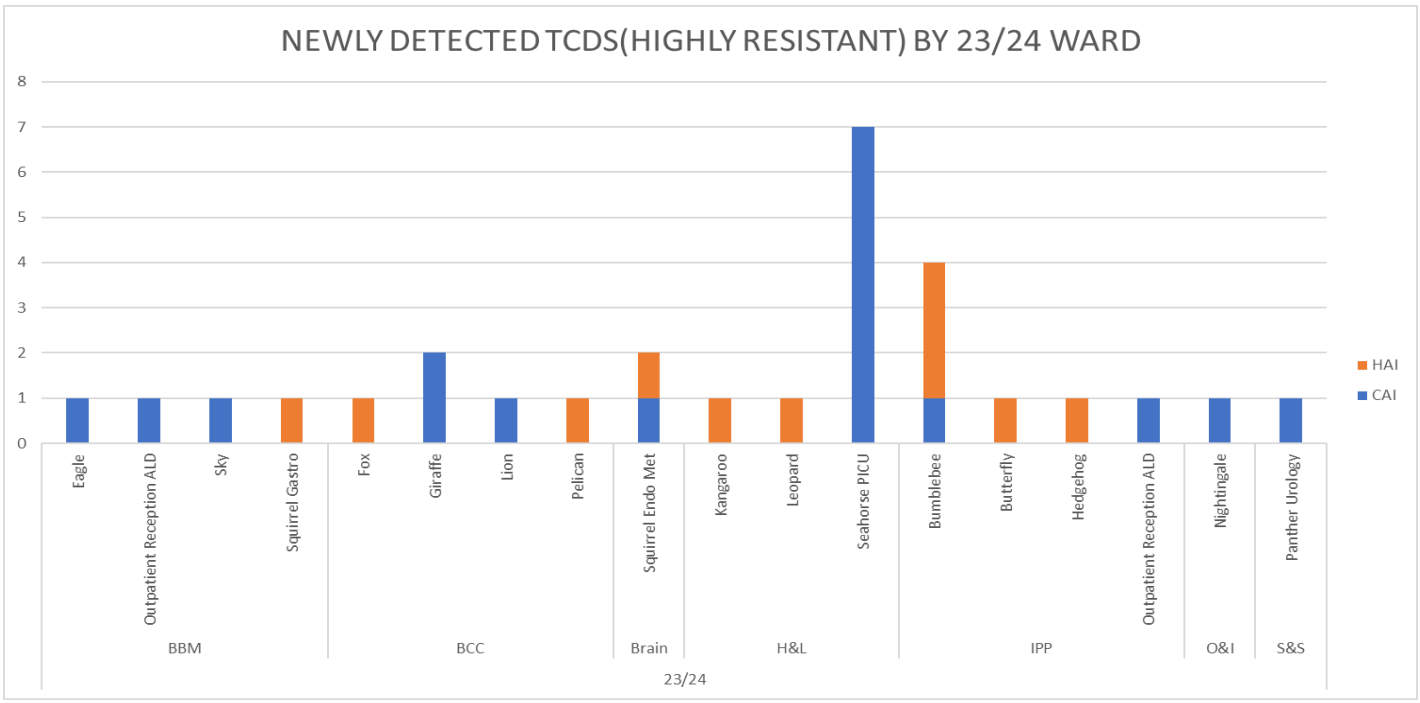
3.15 Over half the cases are detected on admission. Lack of compliance with stool screening means that there may be cases which we do not know about which are a risk to the trust. Work is ongoing within the trust to increase compliance with stool screening and the IPC team review screening compliance and follow up with wards on a regular basis (usually weekly). Where suspected clusters are identifed then typing is requested although this is limited in its capacity both nationally and at Trust level. To date this typing has not shown any TCDs of the same mechanism to be related but this does not rule out cross-transmission.



	19/20						20/21					21/22						22/23						23/24						
	(blank)	IPP	Brain	BCC	BBM	H&L	Brain	IPP	BBM	BCC	H&L	S&S	BBM	H&L	O&I	BCC	IPP	S&S	Brain	BCC	BBM	H&L	IPP	O&I	S&S	Brain	BBM	BCC	IPP	H&L
UNK	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PP	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HAI	0	0	0	0	0	2	0	0	2	2	3	0	1	0	0	4	1	0	3	2	0	5	9	0	0	1	1	2	5	2
CAI	1	1	1	2	3	7	1	3	2	4	6	1	0	2	2	0	5	1	0	3	5	3	10	1	1	1	3	3	2	7

3.16 There were no declared outbreaks related to carbapenemase resistance determinants within the year 23/24 compared to several the previous year within I&PC suggesting the enhanced stool screening has had some effect.

3.17 Enhanced stool screening



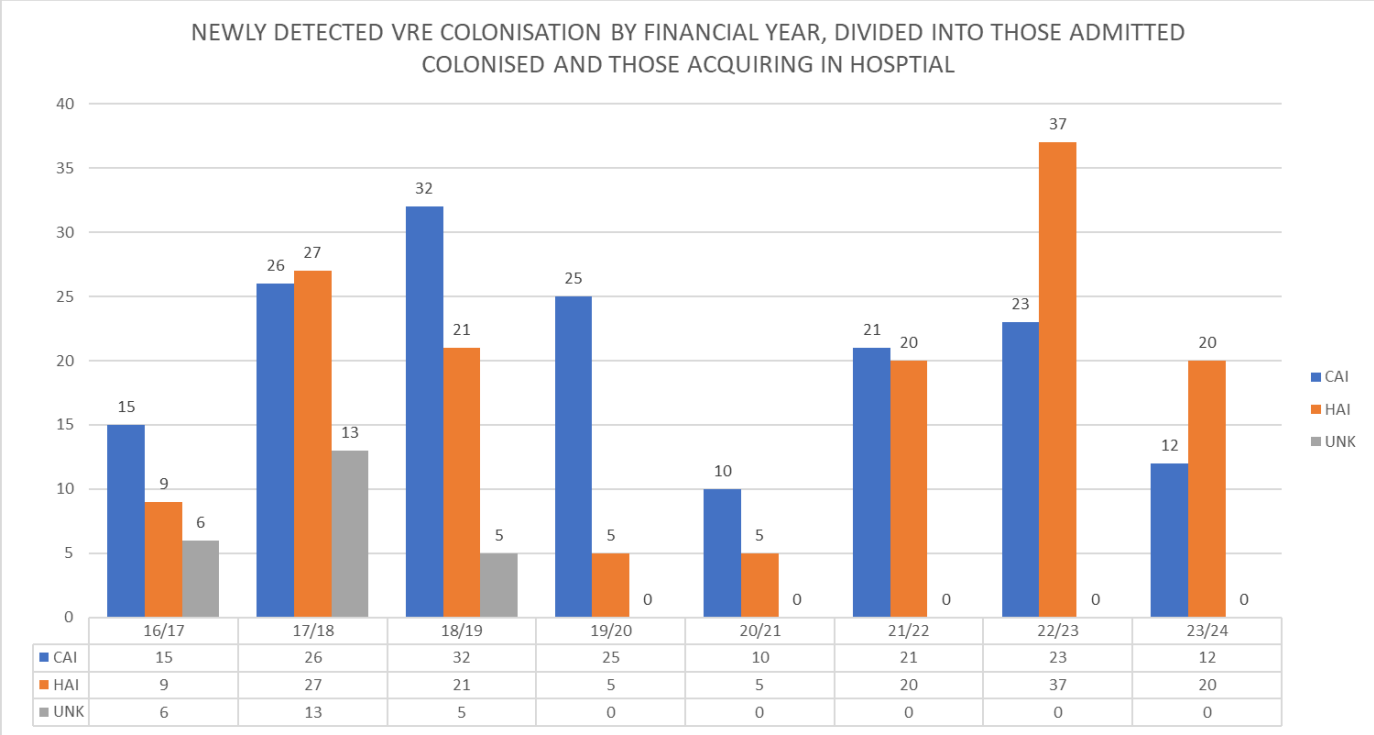
Enhanced stool screening within the trust began in July 2023. At the end of March 2024 337 suspected CPE alerts had been added. These alerts were placed on patients admitted from countries overseas with a high or endemic rate of CPO. The IPC team review admission daily across and pro-actively add alerts which mean patients are managed in contact precautions and enhanced cleans (Level 2+) performed until they have 2

negative consecutive stool samples taken 7 days apart. The average length a Suspected CPE alert is on is 24 days. Since the introduction of the alert 146 of alerts have been stepped down.

3.18 The enhanced stool screening and introduction of the epic alert has meant that 7 children were in contact precautions when CPE was detected which would likely not have been the case prior to the introduction of the alert. A further 22 Gram-negative organisms were detected in this time whilst the suspected CPE alert was in place. This allows us to conclude that the introduction of the alert has had a significant impact in reducing the unknown reservoir of CPE in the trust from overseas. However, as resistance is getting worse nationally, we continue to detect CPE in UK nationals or those living/resident in the UK suggesting that this measure only goes part of the way to controlling the unknown reservoir.

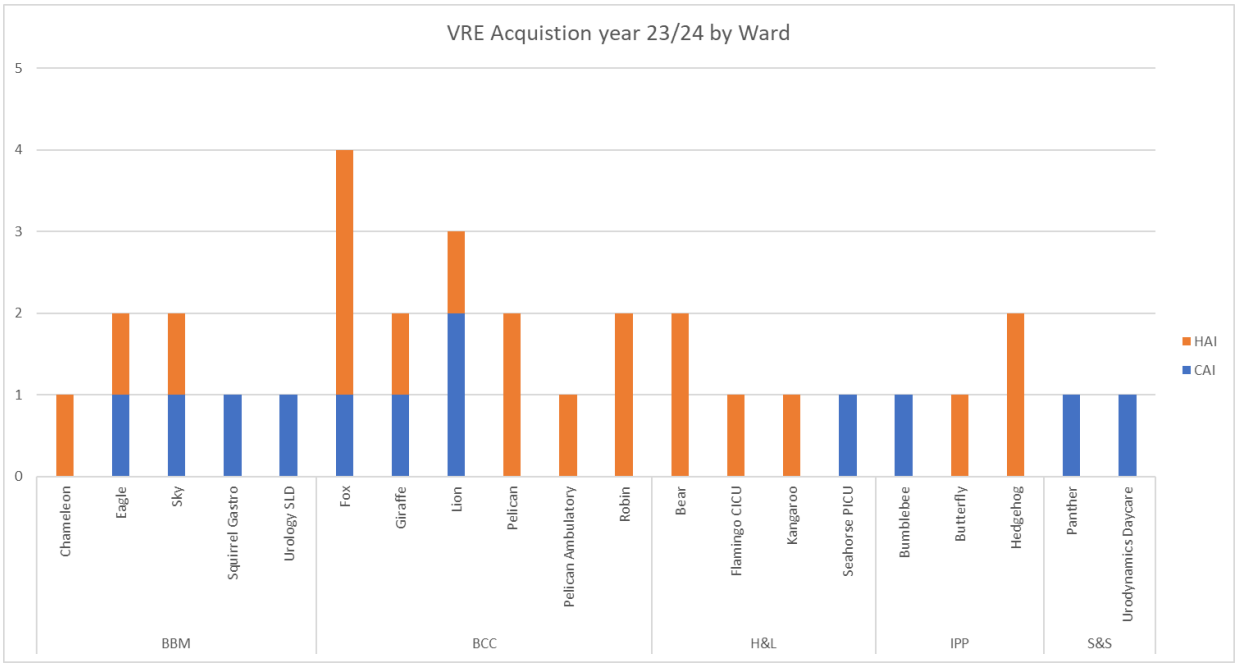
3.19 <u>Vancomycin resistant enterococci (VRE)</u>

VRE colonisation, community and hospital acquired, is shown below. Children may be found in most clinical services.



	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24
CAI	15	26	32	25	10	21	23	12
HAI	9	27	21	5	5	20	37	20
UNK	6	13	5	0	0	0	0	0

3.20 The graph below shows community and hospital acquisitions for 23/24. Most of the healthcare associated cases continue to occur within the BCC directorate although their numbers have reduced this year, but acquisition occurs across the organisation.



3.21 Screening compliance for multiple ‘resistant’ Gram-negative organisms

Routine admission faecal surveillance is performed to allow:

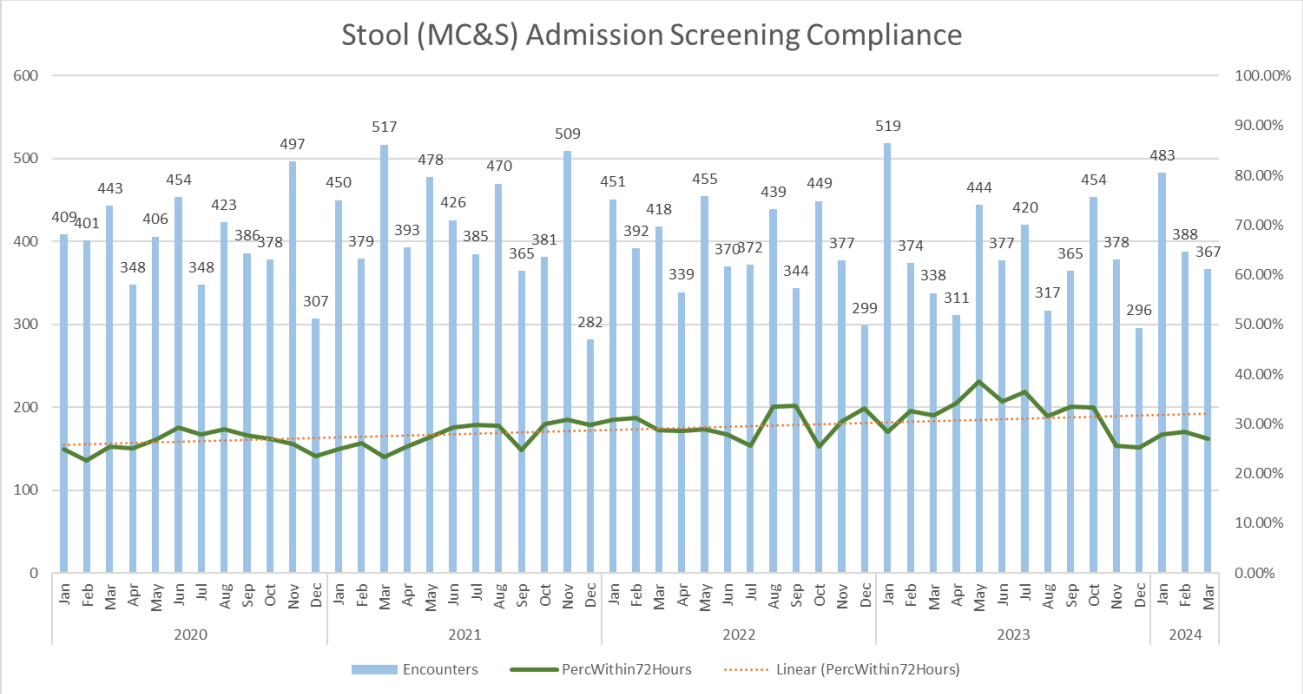
- Instigation of isolation procedures in patients who are colonised with multiple antibiotic resistant organisms, including transmissible carbapenemase resistance (‘ALERT’ organisms as defined in the ‘Microbiological screening of patients on admission’ guideline) and
- to guide individual antibiotic choice of empirical treatment of serious sepsis.

We also detect colonised or infected children during processing of clinical samples and as part of routine stool screening on admission and after 30 days as an inpatient.

3.22 Screening/testing shows a maintained number of colonised children detected on admission and an increase in those acquired in hospital.

3.23 Reporting definitions have been generated and approved at the IPCC during the year 2020/21 for stool screening. Any child who is admitted for greater than 72hrs who has not had a stool sample will show as non-compliant with the screening programme.

3.24 Work has previously been undertaken to introduce screening alerts on Epic and in 22/23 further work was undertaken to make these alerts live for rescreening at 30 days in the coming year. Unfortunately, these alerts in epic were not set up correctly and have not been reliable, work is ongoing to address this with the Epic team. The IPC team also regularly review any outstanding screens and highlight to wards on a regular basis to improve compliance.

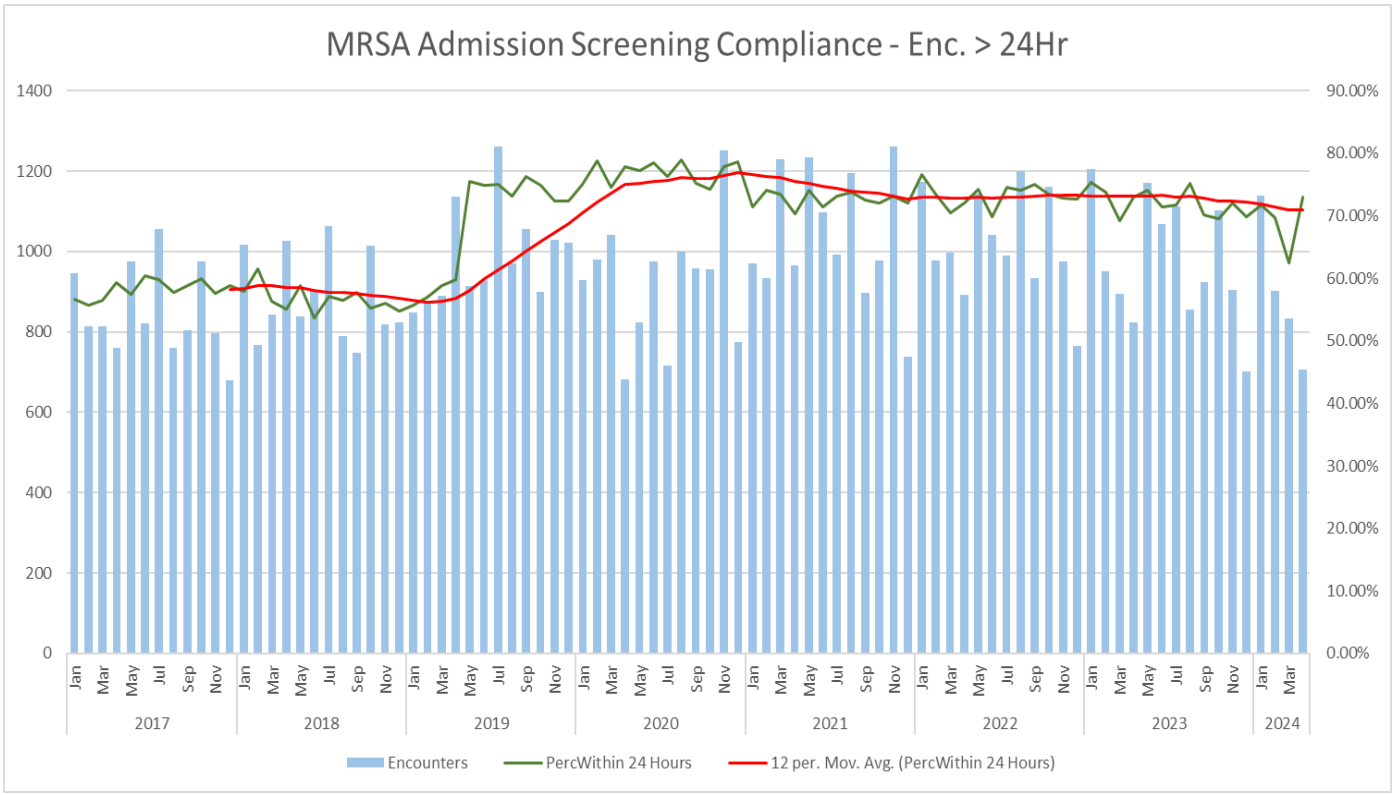


3.25 <u>Screening compliance for MRSA</u>

The Trust MRSA screening policy is universal admission screening (in the 30 days prior to admission (or sooner if admitted elsewhere in those 30 days) or within 24 hours of admission). We aim to achieve > 80% for all admissions, and near to 100% for the ICUs (except some situations it is not appropriate, so > 95% target).

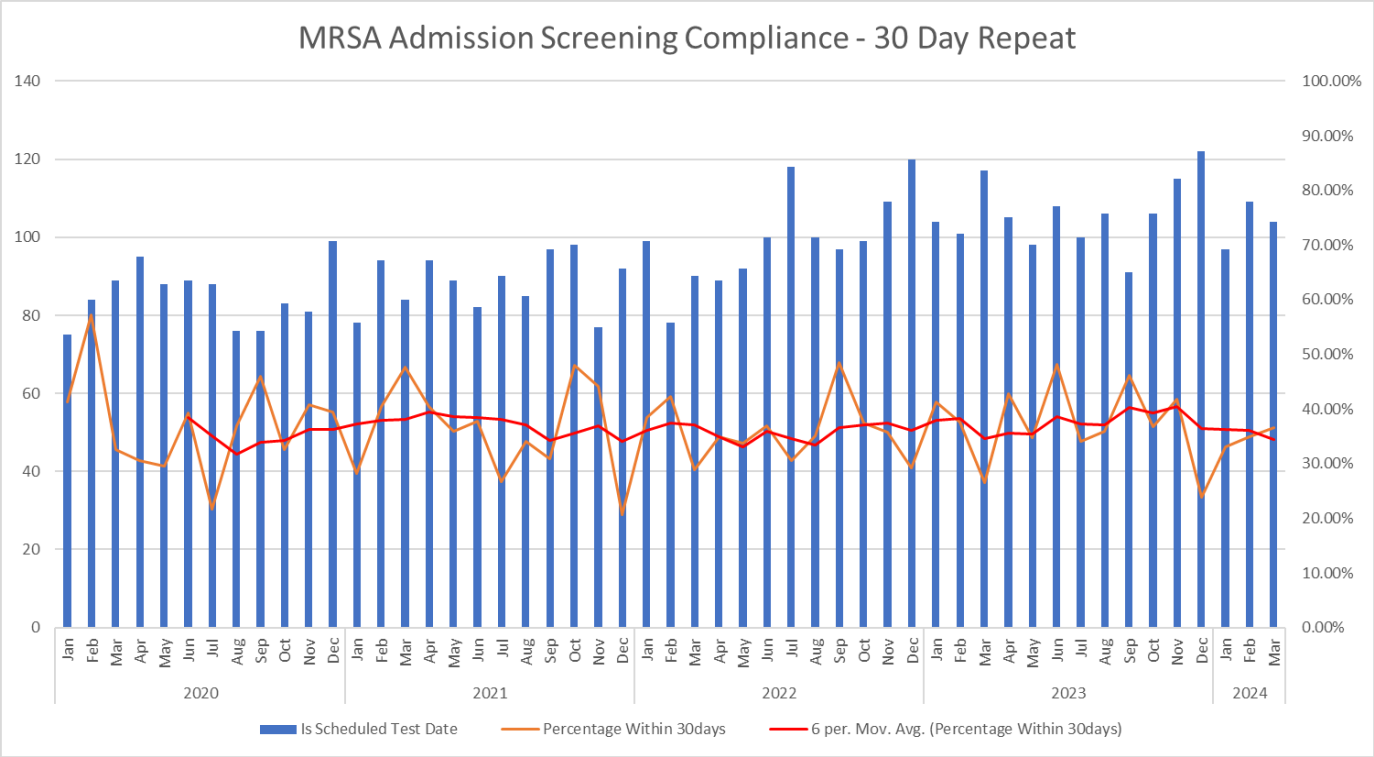
3.26 Wards are provided continuous feedback on completion of screening through the Infection Control Screening Compliance Report located on the Nursing Care Quality Dashboard (which wards monitor daily). In addition, patient alerts and flags are now also present on Epic to highlight to staff if admission screens are missing. Reports are also available within Epic to highlight outstanding screens. Unfortunately, these alerts in epic were not set up correctly and have not been reliable, work is ongoing to address this with the Epic team. The IPC team also regularly review any outstanding screens and highlight to wards on a regular basis to improve compliance.

3.27 The graph below shows compliance with MRSA screening over time. Compliance with screening has improved since the introduction of Epic and has remained stable.



3.28 The graph below highlights the reduced compliance with the 30-day repeat rescreening for long stay patients.

Attachment Q



4. Investigation of Infection prevention and control incidents and outbreaks

4.1 Serious Incidents: There were no serious incidents related to IPC in 23/24. The previous SI related to loss of ventilation in Theatres 14 & 15 was reviewed and stepped down following internal review and review by NHS England. A comprehensive review was undertaken which will identify any learning and by shared internally and with NHS England.

4.2 Major outbreaks: There were no outbreaks meeting the definition of a major outbreak in 23/24. There were six minor outbreaks declared related to enteric viruses; control measures were put in place with enhanced cleaning, and these were controlled. There were five minor outbreaks relating to respiratory viruses (1 was covid); control measures including universal masking were used to control these outbreaks. There was one outbreak of CPE on Fox ward which was controlled once identified.

4.3 There were also no wards closed or on restricted admission due to enteric and respiratory viruses.

4.4 There was one TB exposure from a positive patient. No patients were exposed, and all staff were exposed were identified and followed up appropriately.

4.5 There were 4 pertussis exposures. One was related to a patient and the other three were staff related. All were managed appropriately,

5. Management of Respiratory and Enteric Viral Infections

Surveillance of Respiratory virus infection

5.1 Respiratory viruses are common in children and often asymptomatic or only causing mild infection. However, in children with immunodeficiency or other severe illness, normally mild infections may be serious, with even the simplest ‘common cold’ leading to death. We are aware that children acquire infections while

in hospital, with multiple sources among patients, visitors and siblings, staff, and other adults. The prevention of cross infection requires good compliance with standard and transmission-based infection prevention procedures, including assessment of risk and low threshold for testing, including in asymptomatic immunocompromised children who shed high loads for long periods.

5.2 First detections are called hospital acquired if the symptoms onset in hospital or if the first test was after 48 hours; some detections will have been incubating. Some children have 2 or 3 viruses, so the total number of positive patients is less than the number of viruses.

5.3 Comparison of previous years is shown in the table below. The number of positive tests overall has decreased slightly but around the same proportion of children acquire healthcare associated infections. Adenovirus, Parainfluenza 2, SARS-CoV2 and Rhinovirus account for the majority of healthcare acquired infections, suggesting risk is still present.

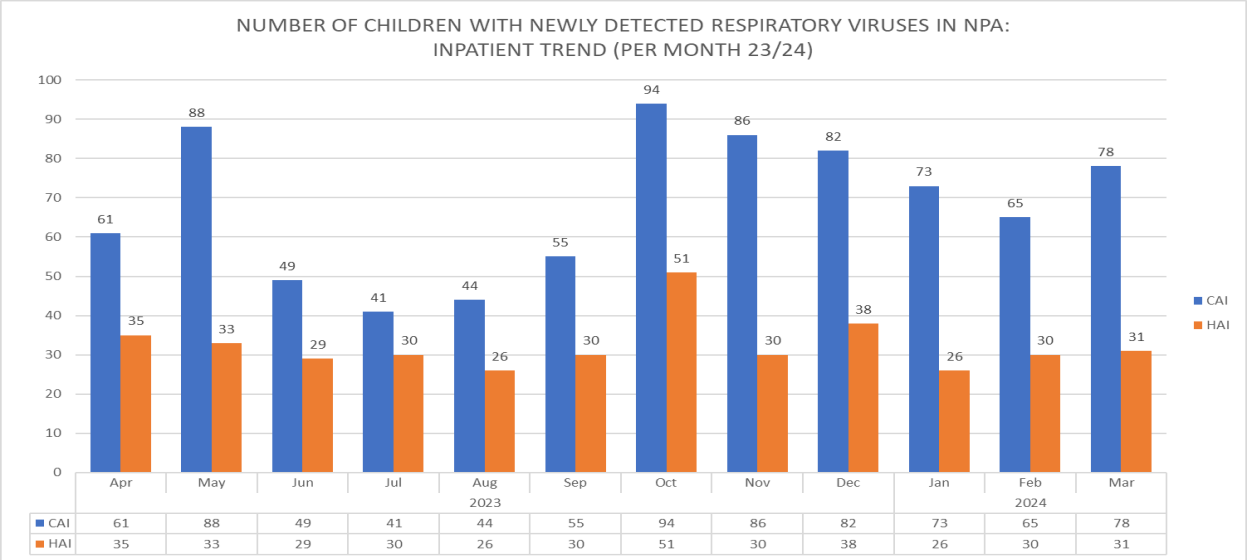
5.4 Adenovirus infection decreased overall but healthcare associated numbers remained around the same as the previous year.

	19/20		20/21		21/22		22/23		23/24	
Org	CAI	HAI	CAI	HAI	CAI	HAI	CAI	HAI	CAI	HAI
Adenovirus	106	61	60	38	62	21	105	28	61	20
Bocavirus	28	11	20	4	82	25	45	12	27	3
Bordetella Pertussis	3	0	0	0	0	0	0	0	1	0
Coronavirus 229E	2	4	1	0	7	1	1	1	2	0
Coronavirus HKU1	6	3	5	1	8	1	15	3	9	2
Coronavirus NL63	14	2	6	0	33	8	13	4	4	2
Coronavirus OC43	5	9	1	0	23	3	13	0	10	3
Enterovirus	1	0	0	1	3	1	0	0	0	0
hMPV	37	6	0	0	49	4	42	6	26	8
Influenza A	32	6	2	0	8	2	67	10	23	9
Influenza A H1N1	6	2	0	0	0	0	0	0	0	0
Influenza A H3	6	0	0	0	3	0	7	0	0	0
Influenza B	10	0	0	0	2	0	17	6	15	3
Legionella Pneumononie	1	0	0	0	0	0	0	0	0	0
Mycoplasma pneumoniae	0	0	1	0	0	0	0	0	1	0
Parainfluenza 1	23	6	0	1	0	0	31	9	10	2
Parainfluenza 2	13	15	3	0	3	2	15	3	11	1
Parainfluenza 3	30	12	5	0	70	14	55	11	50	28
Parainfluenza 4	8	5	5	1	26	5	10	0	14	1
Rhinovirus	193	120	188	33	588	128	558	242	478	242

Attachment Q

RSV A	61	54	4	5	21	3	34	9	27	12
RSV A/B	9	0	0	0	72	5	66	2	28	2
RSV B	14	3	0	1	22	8	20	4	21	9
SARS-CoV-2	6	1	190	17	376	24	195	43	77	45
Grand Total	**614**	**320**	**491**	**102**	**1458**	**255**	**1309**	**393**	**895**	**392**

5.5 The charts below demonstrates that respiratory viruses transmit throughout the year. The traditional winter peak has returned but there remain many respiratory viruses which are detected throughout the year emphasising the importance of a robust screening programme on admission and daily symptom check throughout the patient stay.



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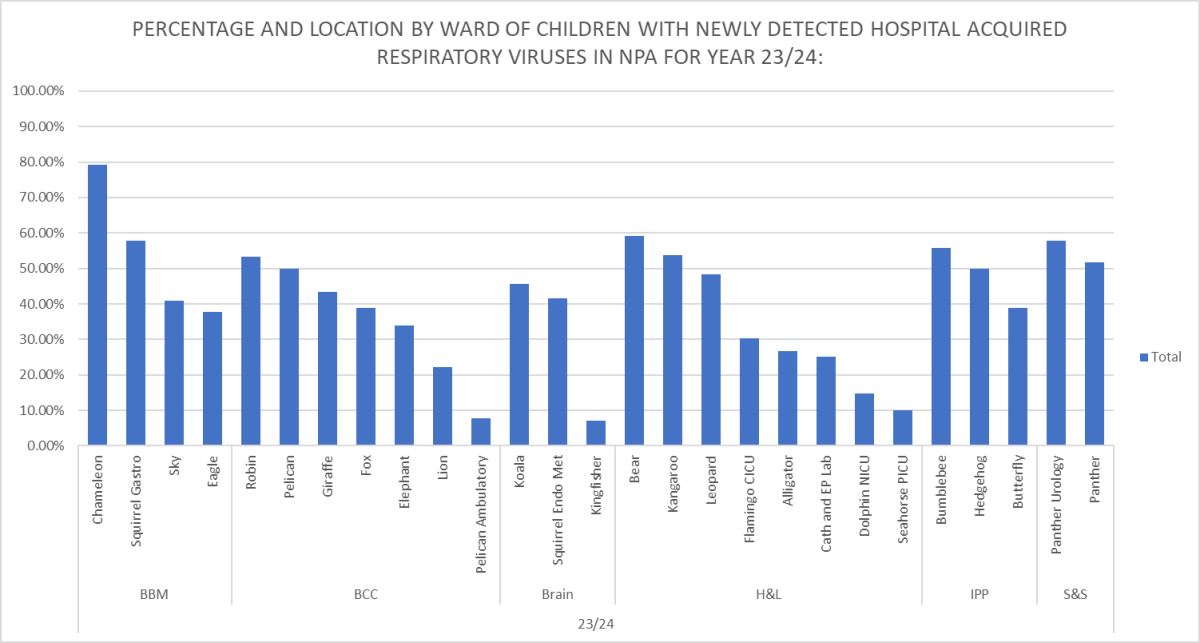
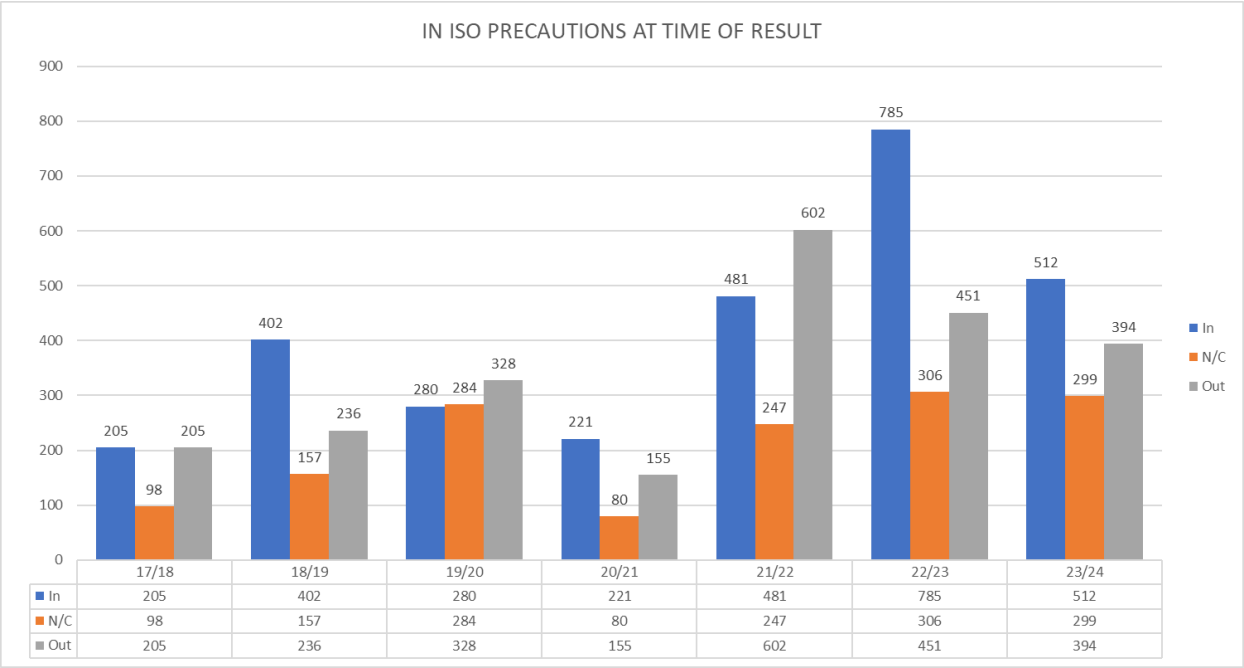


5.6 The chart above demonstrates that hospital acquired respiratory viruses occur across the trust, so intervention is needed in all areas to prevent transmission.

5.7 Data collected demonstrates that staff awareness about putting children in isolation precautions when samples are taken has reduced and does not occur everytime.



	17/18	18/19	19/20	20/21	21/22	22/23	23/24
In	205	402	280	221	481	785	512
N/C	98	157	284	80	247	306	299
Out	205	236	328	155	602	451	394

5.8 Surveillance of Viral Gastro-enteric infections

Trust outbreak control policy includes isolation of children with suspected viral gastro-enteritis with emphasis on recognition and early intervention.

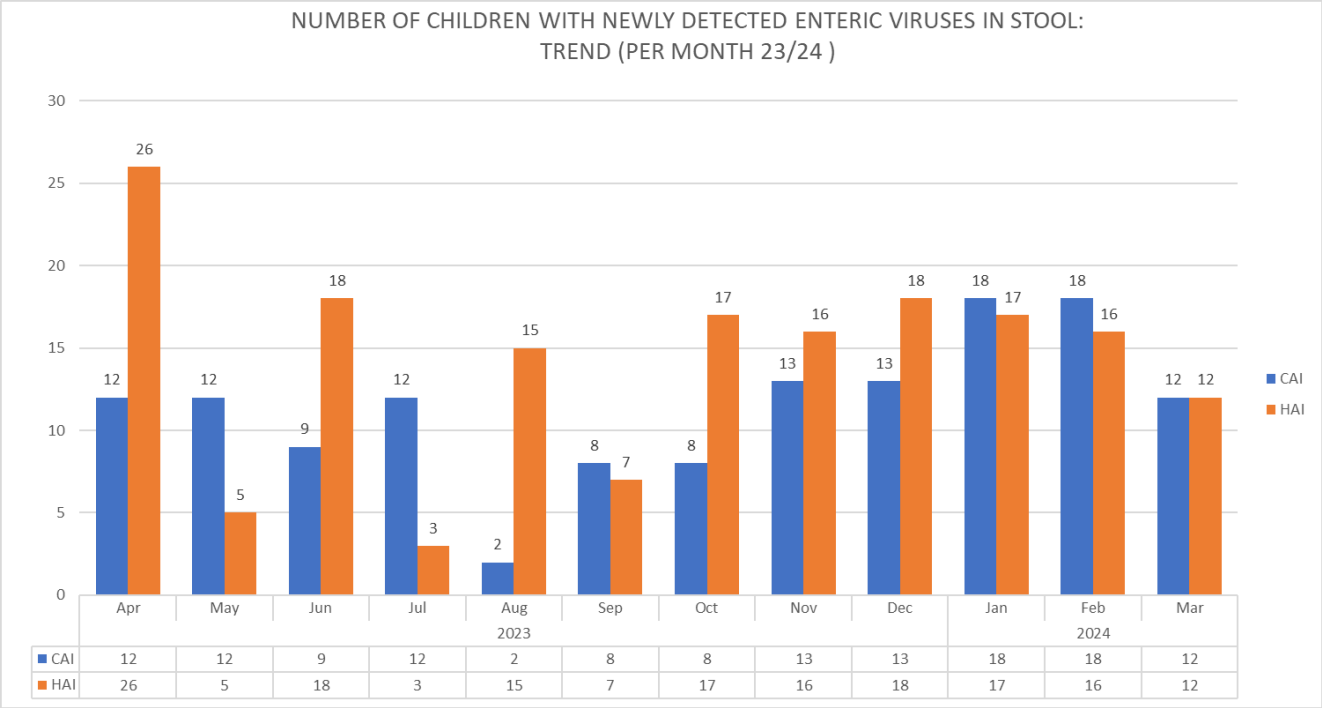
5.9 As in respiratory infections, children, parents, and staff frequently enter the Trust incubating these common infections and act as sources for localised outbreaks. Control of these explosive outbreaks may require closure or restriction of admission to units, along with additional environmental cleaning, as attack rates are high and secondary cases occur. Detailed investigation of these outbreaks and numbers of reported patients, staff or visitors affected are kept by the IPC team and the decision to close wards is based on risk assessment and epidemiological data.

5.10 As shown in the table below the number detected in 2023/24 has remained the same as the previous year for both community acquired infections and healthcare associated infections. There was a significant increase in healthcare associated Norovirus and adenovirus detections linked with localised detections and outbreaks in clinical area.

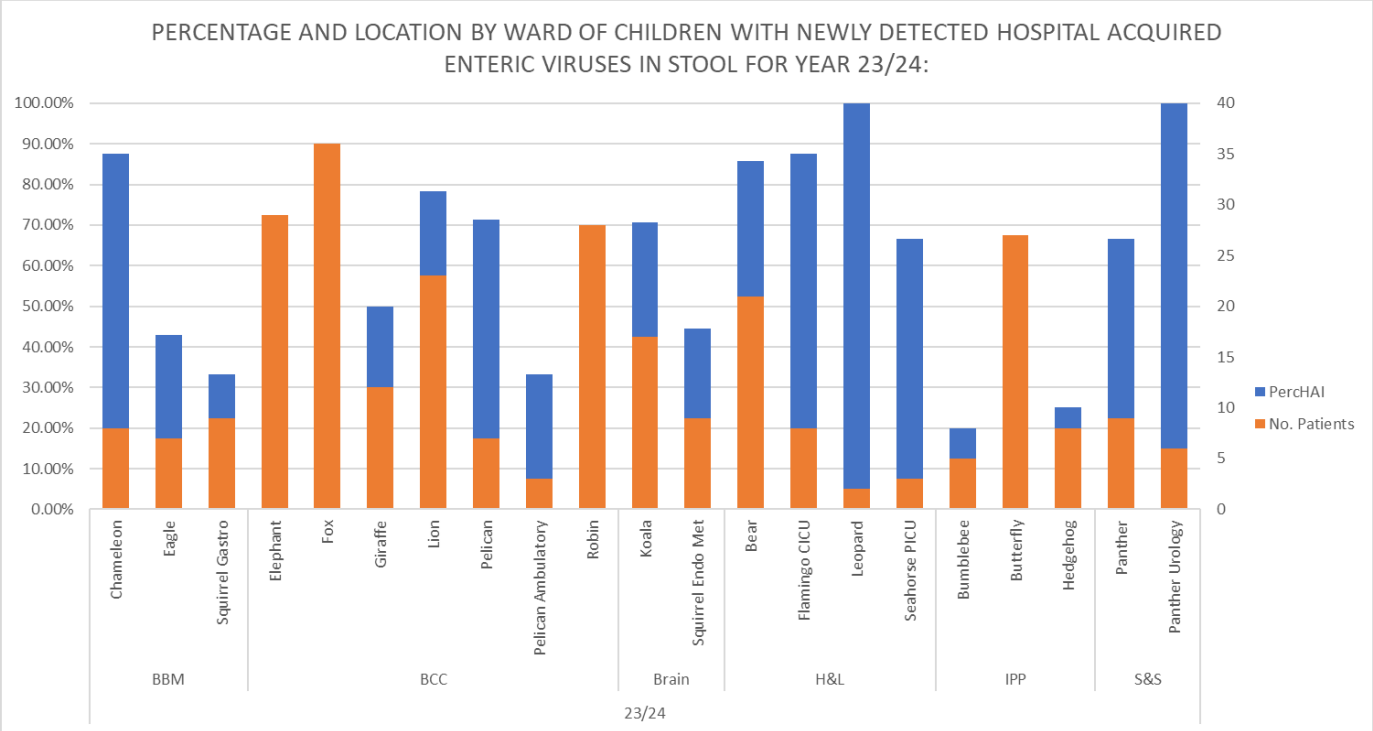
	19/20		20/21		21/22		22/23		23/24	
Org	CAI	HAI	CAI	HAI	CAI	HAI	CAI	HAI	CAI	HAI
Adenovirus	81	84	38	42	68	49	65	69	60	77
Astrovirus	15	8	0	0	6	9	19	18	13	15
Norovirus G1	10	4	3	0	2	0	5	1	2	3
Norovirus G2	40	28	4	1	29	22	34	49	34	43
Rotavirus	13	6	8	3	10	4	6	10	7	8
Sapovirus	33	28	18	14	12	24	19	21	21	24
Grand Total	**192**	**158**	**71**	**60**	**127**	**108**	**148**	**168**	**137**	**170**

5.11 Enteric viruses remain present throughout the year. Within Robin & Fox ward (Bone Marrow Transplant) we know that adenovirus can cause problems for the groups of children cared for there. As well prospective typing which has taken place this year, weekly screening of the environment has taken place to look for any environmental sources with appropriate cleaning taking place based on results.

Attachment Q

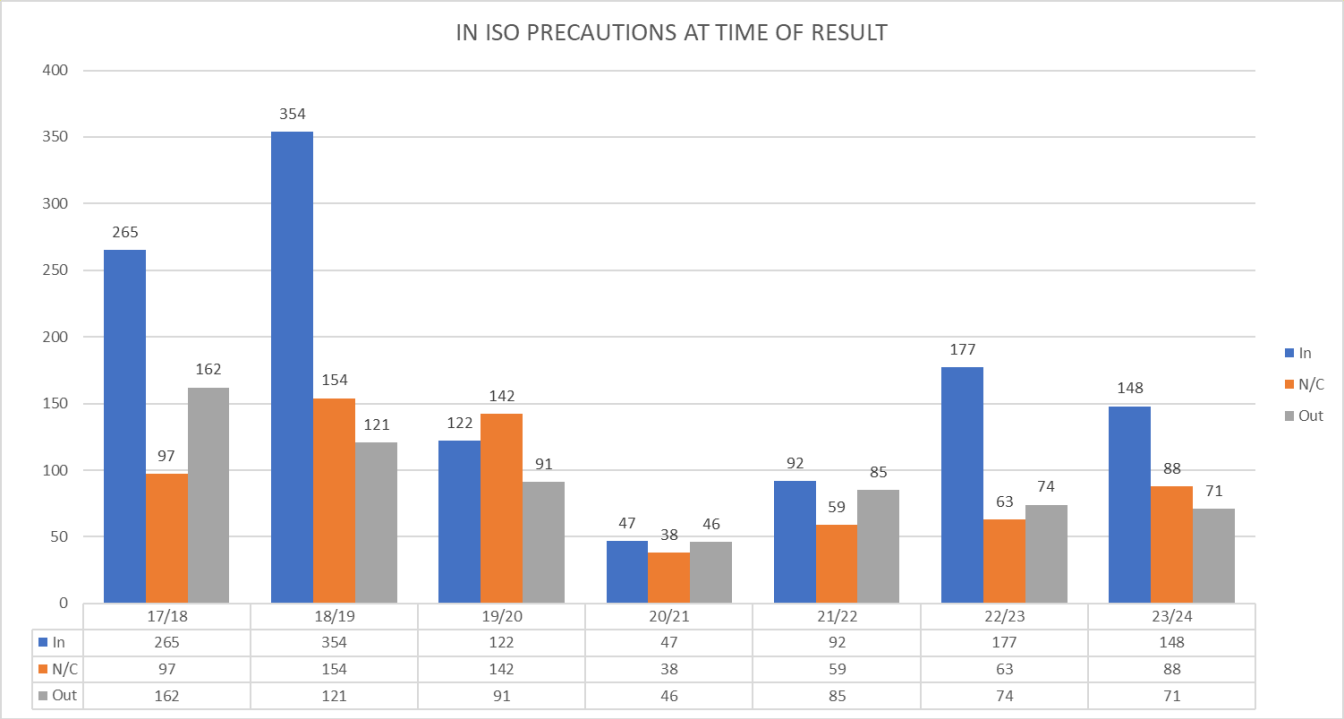


5.12 The graph below demonstrates as with respiratory viruses despite the smaller numbers of enteric viruses, hospital acquired cases occur across the organisation meaning that improvement is required in all areas to detect symptoms and place patients in appropriate isolation precautions to prevent transmission.



5.13 The table below shows that the proportion of patients in the correct transmission-based precautions at the time of a result being available has decreased slightly. The IPC team continues to emphasise the importance of daily symptom-based assessment focusing on both respiratory and enteric virus symptom recognition.

Attachment Q



	17/18	18/19	19/20	20/21	21/22	22/23	23/24
In	265	354	122	47	92	177	148
N/C	97	154	142	38	59	63	88
Out	162	121	91	46	85	74	71

6. Audit and Compliance to Policy

6.1 The infection control trust-wide audit plan is well embedded in the Trust's overall audit programme and registered with the audit department. This plan is based on the internal and external infection control strategy which includes elements of High Impact Interventions from the "Saving Lives" programme. These care bundles were reviewed and updated in 2022/23. Care bundle audits are completed for the associated devices:

- Peripheral line care bundle (insertion and maintenance)
- Urinary catheter care bundle (insertion and maintenance)
- Renal dialysis (including fistula) care bundle audited
- IV administration

6.2 Hand hygiene audits are also carried out looking at compliance with 'Bare below the elbows' and the '6 moments of hand hygiene' adapted from the '5 moments' used by the World Health Organisation (WHO).

6.3 Isolation precautions continue to be audited as part of the quarterly audit days.

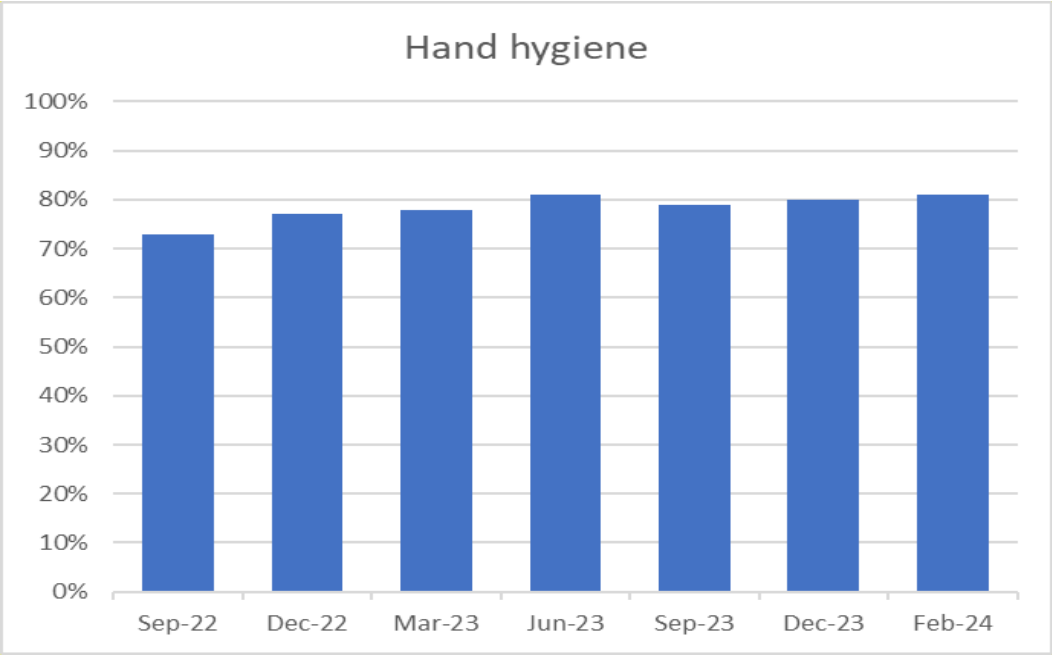
6.4 The infection control link personnel in the clinical areas take responsibility, with guidance from the IPCT, for performing planned audits. All data is now collected on Accredit; the trust internal audit data collection system developed by the QI Team.

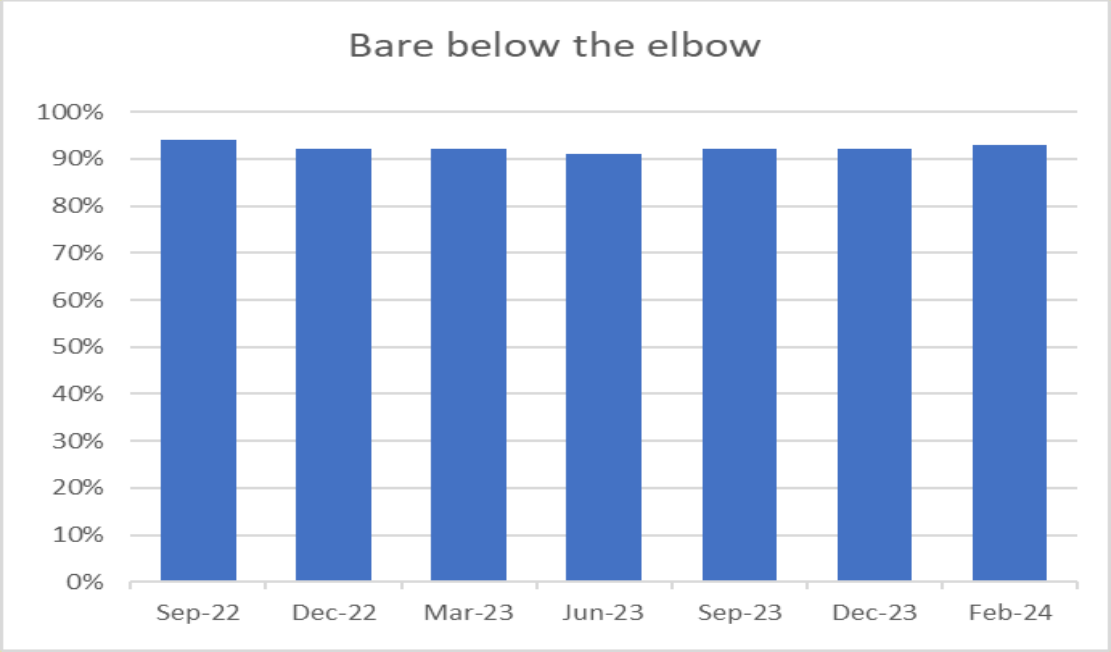
6.5 Work has continued this year to develop the IPC audit days; data collection has moved from Quality dashboards to Accredit with digital collection taking place, staff also receive a bespoke education session and include (when appropriate) a specific audit on an area the trust is focusing on such as Sepsis, or decontamination of medical equipment. The theatre team have commenced using the One Together Audit tool to review the perioperative, intra operative and post operative care that patients receive as well as completing the hand hygiene audits.

6.6 Hand Hygiene Results

The graph below shows the percentage rates of hand hygiene compliance for the year. Rates have generally remained stable at around 80% although this varies by individual departments/wards.

Bare below the elbow's compliance remained over 90% throughout the year at the time of the quarterly audit days.



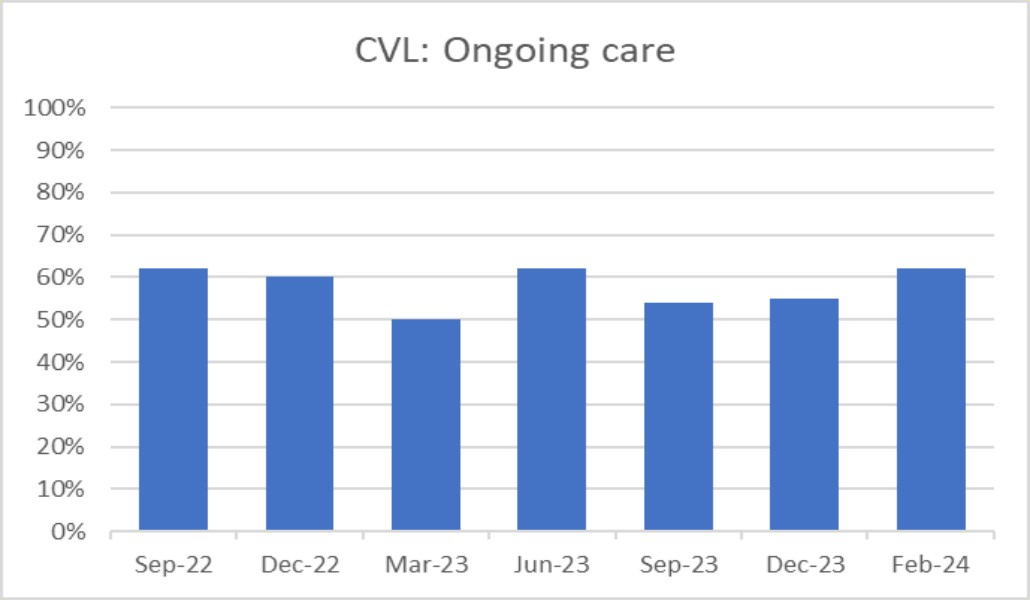


6.7 Action plans are live within Accredit and compliance is monitored through the directorate IPC meetings and the quarterly audit days.

6.8 Central Venous Line Ongoing Care

The graph and table below show the percentage compliance and numerical values for the past year(s).

Attachment Q



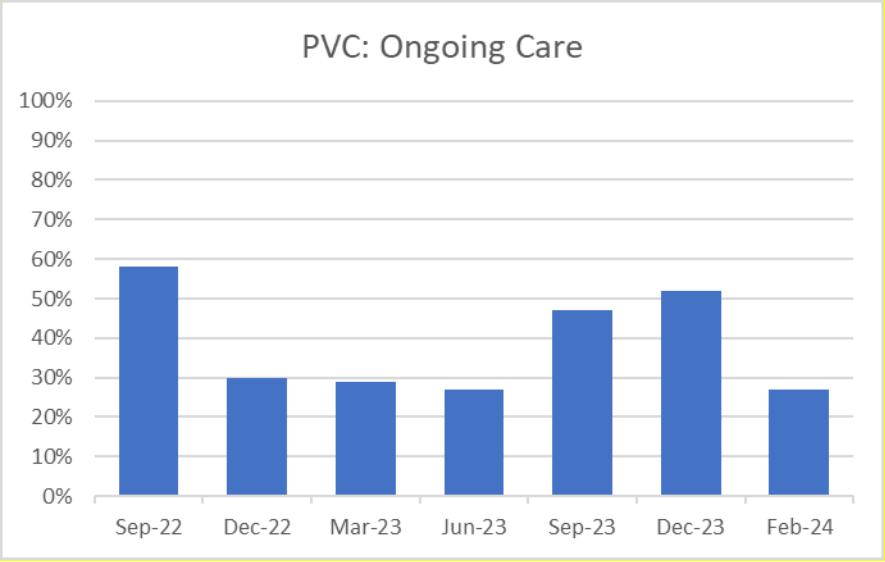
CVL ongoing care			
	Observed	Compliant	Percent
Sep-22	111	69	62%
Dec-22	65	39	60%
Mar-23	76	38	50%
Jun-23	91	55	60%
Sep-23	91	49	54%
Dec-23	113	62	55%
Feb-24	136	84	62%

6.9 Care bundle compliance remains sub-optimal. There continue to be challenges around the documentation of line care in the Electronic Patient Record (EPR) which continue to be addressed and reviewed. One particular issue is that changes implemented to improve documentation do not apply to devices already in place automatically. This means that staff either have to make manual changes in the EPR to make use of the new updated documentation or old documentation which is sub optimal is in use. There is currently no resolution to this, it has been raised within EPR and is monitored as part of the audit days.

6.10 Peripheral Cannula Ongoing Care

The graph and table below show compliance with the PVC continuing care bundle. Compliance has been variable across the course of the year. Further work is needed around the recording of flushes when cannulas are not used for 8hrs and around the documentation of vein grade within the EPR.

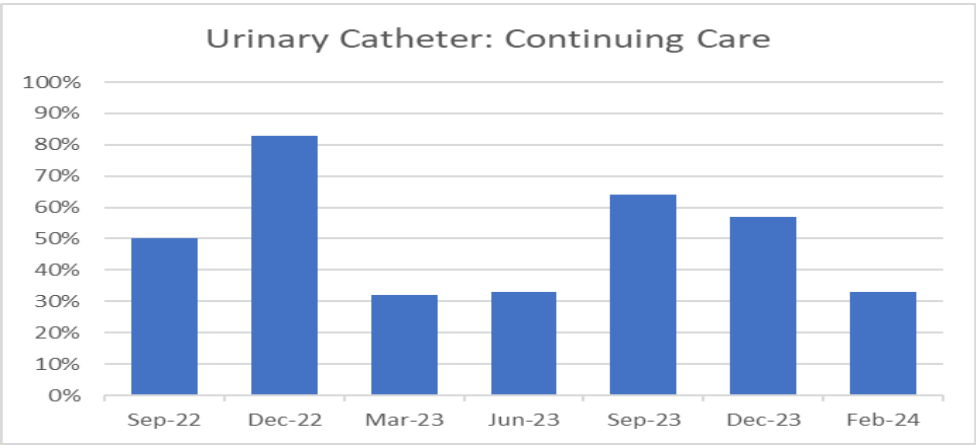
Attachment Q



PVC ongoing care			
	Observed	Compliant	Percent
Sep-22	62	36	58%
Dec-22	23	7	30%
Mar-23	52	15	29%
Jun-23	54	22	41%
Sep-23	45	21	47%
Dec-23	75	39	52%
Feb-24	71	19	27%

6.11 Urinary Catheter Ongoing Care

The graph and table below show compliance with the urinary catheter continuing care bundle. The main area of non-compliance in general is around the labelling of urinary catheter bags. Although numbers of urinary catheters remain small there has been greater numbers of audits collected across the trust meaning that areas for trust wide education can be targeted.



Attachment Q

Urinary catheter continuing care			
	Observed	Compliant	Percent
Sep-22	16	8	50%
Dec-22	6	5	83%
Mar-23	19	6	32%
Jun-23	5	5	100%
Sep-23	11	7	64%
Dec-23	21	12	57%
Feb-24	18	6	33%

6.12 Ventilator associated pneumonia (VAP) / Ventilator associated events (VAE).

VAP reduction plans are in place throughout the ICUs for the reduction of risk of ventilator associated events, but the ICUs do not undertake any systematic surveillance. In the past a review of surveillance had demonstrated rates were comparable to other paediatric units (usually in the US). These are uncommon events compared to adult ITUs, and generally required a lot of input from ITU staff in terms of data gathering, decision making about cases, etc. Therefore, a decision was made not to carry out formal surveillance unless we had more of the classical VAP/HAP in long term ventilated patients, and further intervention was needed.

6.13 Surgical site surveillance

Surgical site surveillance takes place across three directorates within the Trust. Surveillance programmes underway for the year 23/24 included spinal surveillance, cardiac surgery, and neurosurgical procedures. It was identified in the previous year that the system used to record (RL Datix) spinal surveillance, other general surgery and cardiac cannot be optimised to the desired standard. A business case was developed, approved and implemented to build a new in-house system by the data analyst within the laboratory. The new system will be trialled in the Summer of 24 and the trust is aiming to launch shortly afterwards. This has not stopped the continued surveillance of spinal surgery which we report to the UKHSA.

6.14 Neurosurgical surveillance- figures

The Infection Control Audit and Surveillance program has consistently run over the past year since its introduction and has been very successful. The RCA and Infection control audit has been incorporated into our Monthly Academic Calendar. Therefore, every 3-months, the Friday Academic Meeting is the Infection Control Review. We therefore have two morbidity and mortality meetings – one where morbidities outside of infections are reviewed and one where infection morbidities are reviewed. This has allowed a consistent in-depth assessment infections and non-infectious morbidity in more detailed fashion.

In theatres, a consistent focus from anaesthesia over the past year has been ensuring antibiotics are given < 30 minutes from knife to skin. This has been a consistent change in practice.

A total of 1179 Neurosurgical procedures were performed within this period.

The overall Infection rate for Neurosurgical procedures (12/1179) during this time was 1.01%.

The overall breakdown for surgical site infections (SSIs) is as follows:

Grade	Superficial Incisional (SI)	Deep Incisional (DI)	Organ Space (Not GOSH Shunt)	CSF (Shunt)
Total	3	3	5	1

There have been no specific clusters of infections.

Shunt Infections

A total of 191 Shunt procedures was performed.

The overall Shunt infection rate was 1 providing an Infection rate of 0.5% (1/191).

The NEW Shunt insertion infection rates was: 0% (0/102)

The REVISION Shunt infection rates were: 1.1% (1/89)

There were some CSF Organ space infections which after discussion with Dr Hatcher and stringent review with RCA analysis and review in our infection M&M were not deemed to be categorised as “Shunt” infections.

These included:

- 1 infection of an EVD
- 1 infection of a Ventricular Access Device placed following endoscopic 3rd Ventriculostomy
- 1 Deep Incisional infection overlying a VP shunt which necessitated removal of the VP Shunt and externalisation as an EVD with antibiotic treatment followed by subsequent re-insertion of a new VP Shunt. Whilst it necessitated removal of the VP Shunt and an aggressive approach to treatment, there was never any CSF culture positivity and it was deemed a deep incisional infection rather than a VP Shunt infection.

Overall our infection rate has remained low and this past year it is 1.0%. The preceding year it was 1.7 %. Before the introduction of the Infection Control Review process, infection rate was 3.3%.

Pre-Infection Control Review = 3.3%

Year 1 Post Infection Control Review = 1.6% (2021-2022)

Year 2 Post Infection Control Review = 1.7% (2022-2023)

Year 3 Post Infection Control Review = 1.01% (2023-2024)

6.15 Cardiac surgical site surveillance- figures

Surgical site surveillance within cardiac surgery recommenced in late 2022 with the new surveillance officer undertaking a wide range of training. Data has been collected throughout the year by the SSI officer with support from the junior ward sister on Bear ward. There are some gaps in the data due to sickness, staff shortage and issues with the digital system used to collect data.

From April 23- December 23 193 patients were surveyed. Patients who underwent cardiac surgery excluding pacemaker insertions and cardiac lab procedures were included. The breakdown of categories is described below:

- Congenital heart surgery: 176
- Thoracic surgery: 10
- Tracheal surgery: 7

There was one surgical site infection in this time. The meeting for the root cause analysis is outstanding.

Measurable SSI risk factors and compliance with guidance are described below:

- Timely antibiotics pre KTS (95%)
- Pre-op wash at ward level (100%)
- Timely pre-op MRSA screening (98.5%)
- Post op antibiotic cover (94.8%).

6.16 Spinal surgery- figures

SSI numbers stable – only x3 *new onset* SSI case in 2023 for a total of 146 operations.

2023 combined SSI rate risk: +/-1.8% (above national range 1.3 %)

2023 sample size: 146/year – Before COVID-19: +/-200+ cases/year

6.17 Spinal surgery- narrative

Overall key SSI risk factors stable when compared to previous quarters;

- No significant pattern changes of a series of data points over time for:
  - Timely antibiotics pre KTS (95%); ✓
  - Pre-op wash at ward level (99.5%); ✓
  - Timely pre-op MRSA screening (94%); ✓
  - Normothermia intra-op (61%). ✓ Historical range before pre-warming started: 30%.

Moving forward the team plan to continue the current spinal surveillance programme and assist the Infection & Prevention Control team to build an inhouse SSI system and associated dashboards as well as expanding the surveillance to include additional surgical specialities.

7. GOSACVCRB (GOS acquired CVC related bacteraemias ('Line infections')*

7.1 GOSH has been monitoring central line infection rates for many years, using a specific in-house definition which dates back to pre- 'Matching Michigan'. Most recent year's data is shown below in table and SPC graph format and demonstrates a small reduction from the previous year.

Period	GOSACVCRB_No	Days Recorded	Rate	Rate_YtD
Year 15/16	75	51976	1.4	1.4
Year 16/17	87	52679	1.7	1.7
Year 17/18	82	50661	1.6	1.6
Year 18/19	82	52303	1.6	1.6
Year 19/20	73	54936	1.3	1.3
Year 20/21	64	53218	1.2	1.2
Year 21/22	66	52640	1.3	1.3
Year 22/23	128	55404	2.3	2.3
Year 23/24	108	56122	1.9	1.9

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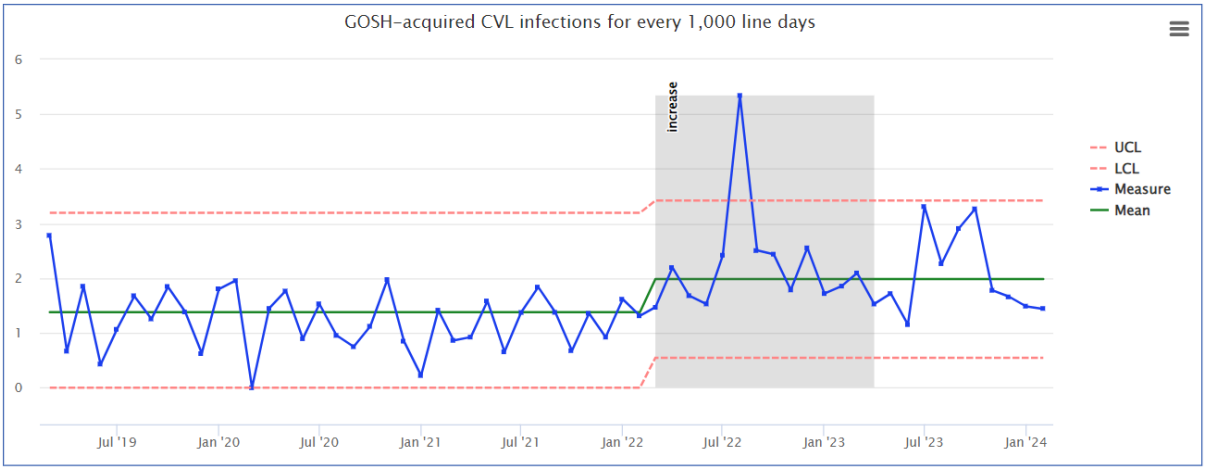


7.2 Ward location of children with a surveillance definition of a GOSACVCRB:

Data in the table below splits the rate and numerical count of the line infections by ward. It also includes the number of line days collected by that ward which is now automated from the Electronic Patient Record (EPR).

Directorate	Ward	GOSACVCRB	Total Line Days 23/24	Rate 23/24
Blood, Cells and Cancer	ELEPHANT	4	2909	1.4
Blood, Cells and Cancer	FOX	6	2679	2.2
Blood, Cells and Cancer	GIRAFFE	3	1716	1.7
Blood, Cells and Cancer	LION	5	2779	1.8
Blood, Cells and Cancer	PELICAN	1	1825	0.5
Blood, Cells and Cancer	ROBIN	7	2580	2.7
Body, Bones and Mind	CHAMELEON	3	2717	1.1
Body, Bones and Mind	EAGLE	1	1251	0.8
Body, Bones and Mind	SKY	1	751	1.3
Body, Bones and Mind	SQGASTRO	0	2359	0
Brain	KINGFISHER	0	118	0
Brain	KOALA	6	1462	4.1
Brain	POSSUM	0	1	0
Brain	SQENDOMET	6	1294	4.6
Heart and Lung	ALLIGATOR	3	449	6.7
Heart and Lung	BEAR	11	4329	2.5
Heart and Lung	CATS	0	29	0
Heart and Lung	CICU	12	5966	2
Heart and Lung	KANGAROO	1	1085	0.9
Heart and Lung	LEOPARD	9	2789	3.2
Heart and Lung	NICU	5	2129	2.3
Heart and Lung	PICU	8	3532	2.3
International and Private Patients	BUMBLEBEE	2	1394	1.4
International and Private Patients	BUTTERFLY	8	3204	2.5
International and Private Patients	CATER AMB	0	9	0
International and Private Patients	HEDGEHOG	0	486	0
Sight and Sound	PANTHER	5	464	10.8
Sight and Sound	PANTHERURO	1	637	1.6

7.3 Organisms associated with GOSACVCRB

GOSH central line surveillance programme is important because it monitors over time the infection rates of those with central lines across the trust, not just in ICUs as some national programmes do.

7.4 In 2023/24 108 episodes have been called GOSACVCRB (compared with 128 in 2022/23). This was a decrease on the previous year. There was a significant issue in the summer of 2022 around the supply of 2%

chlorhexidine 70% alcohol wipes for the needle free connectors which accounted for some of this rise. There have continued to be challenges in the supply chain around the supply of parafilm and central venous catheters.

7.5 The table below shows the breakdown of species cluster. The top 3 species clusters identified were Staph (97), Gram-negative resistant (37) and Strep (17). Staphylococcus epidermidis accounted for 70 of the staph species and staphylococcus aureus accounted for 10. GNR; klebsiella species remained elevated accounting for 25 isolates. Of note GOSH CVCRB related to pseudomonas aeruginosa doubled and Staphylococcus aureus isolates rose quite significantly almost doubling on the previous year. compared to the previous year which was an outlier with 15 cases identified.

Org	17/18	18/19	19/20	20/21	21/22	22/23	23/24
ANO2	**1**	**0**	**2**	**0**	**1**	**1**	**0**
Bacteroides sp.	1	0	0	0	0	0	0
Brevibacterium sp.	0	0	1	0	0	0	0
Clostridium perfringens	0	0	1	0	0	0	0
Clostridium sp.	0	0	0	0	1	0	0
Cutibacterium acnes	0	0	0	0	0	1	0
FUNGI	**4**	**9**	**7**	**3**	**2**	**7**	**6**
Candida albicans	3	6	1	0	0	2	1
Candida glabrata	0	0	0	0	0	0	3
Candida krusei	1	0	0	0	0	1	0
Candida parapsilosis	0	3	4	3	2	2	2
Candida sp.	0	0	2	0	0	2	0
GNC	**2**	**0**	**0**	**0**	**0**	**0**	**0**
Moraxella catarrhalis	1	0	0	0	0	0	0
Neisseria sp.	1	0	0	0	0	0	0
GNR	**14**	**15**	**26**	**17**	**11**	**41**	**37**
Enterobacter cloacae	3	2	7	0	1	2	2
Enterobacter sp.	1	1	3	2	4	5	4
Escherichia coli	5	7	5	3	0	12	6
Klebsiella oxytoca	0	2	7	4	0	0	6
Klebsiella pneumoniae	5	3	4	8	6	22	19
GPR	**2**	**4**	**3**	**1**	**0**	**5**	**1**
Bacillus cereus	0	1	2	0	0	0	1
Bacillus sp.	1	1	0	0	0	2	0
Lactobacillus sp.	0	0	1	1	0	2	0
Microbacterium sp.	0	2	0	0	0	0	0
Rothia sp.	1	0	0	0	0	1	0
MYCO	**0**	**0**	**0**	**0**	**1**	**2**	**1**
Mycobacteria sp.	0	0	0	0	1	0	1
Mycobacterium abscessus	0	0	0	0	0	1	0
Mycobacterium chelonae	0	0	0	0	0	1	0
PSEUDO	**6**	**7**	**7**	**14**	**9**	**9**	**16**
Achromobacter sp.	0	0	0	1	2	0	0
Burkholderia cepacia complex	0	0	0	1	0	0	0
Pseudomonas aeruginosa	4	4	3	5	3	5	9
Pseudomonas sp.	0	0	1	1	2	1	3
Stenotrophomonas maltophilia	2	3	3	6	2	3	4
STAPH	**57**	**38**	**57**	**43**	**68**	**98**	**97**
Coagulase Negative Staphylococcus	10	5	2	2	1	1	3
Staphylococcus aureus	6	5	6	2	15	4	10
Staphylococcus epidermidis	29	22	37	33	48	68	70
Staphylococcus haemolyticus	3	2	7	4	4	12	8
Staphylococcus hominis	9	4	5	2	0	13	6
STREP	**17**	**19**	**18**	**18**	**14**	**17**	**23**
Enterococcus faecalis	6	4	5	5	12	6	8
Enterococcus faecium	5	8	7	4	0	10	8
Enterococcus sp.	0	1	2	5	0	0	1
Streptococcus sp.	0	1	0	2	0	0	1
viridans group Streptococci	6	5	4	2	2	1	5
Grand Total	**103**	**92**	**120**	**96**	**106**	**180**	**181**

7.6 Other bacteraemia and sensitivity data.

Blood culture surveillance is complicated due to mixed cultures and difficulty defined clinical episodes. In the year 23/24 there were:

12,008 separate blood culture sets sent (12,506 in 22/23)
940 were positive (866 in 22/23)

7.7 Removing repeat isolates (same species within 14 days of initial) there were 530 new clinical episodes with (501 in 22/23).

7.8 Regular surveillance has been undertaken of crude bacteraemia episodes defined by any positive blood culture in a child.

7.9 GOSH CVC infection reduction programme.

The programme to reduce GOS acquired CVC related bacteraemias (GOSACVCRB; 'line infections') has used an improvement process based on the universal or focussed introduction of care components combined with continuous process and outcome audit. Initially the 'Saving Lives' standard care bundle was implemented across the entire trust and significant reduction in line infection rate was seen year on year. However, this did not reach zero.

7.10 The main control is implementation of the standard care bundle, which, despite continuous attention has not reached 100%.
Review of additional interventions was also undertaken, and it was decided to introduce Parafilm® and Biopatch® in most areas of the organisation.

7.11 Compliance with good line care has remained lower than the required standard. The challenges related to documenting the appropriate central venous device care within the EPR have been discussed. Despite the poor documentation the ongoing surveillance allows specific issues with care to be identified in a timely manner and appropriate interventions undertaken in ward/department areas or across the trust if required.

8. Wider Infection Prevention and Control Service

8.1 The services below all submitted full annual reports to the IPCC. Key achievements and areas of risk are identified and brought to attention within this annual report for review by the board.

8.2 Estates & Facilities (including Decontamination)

Estates

Significant progress continues to be made in relation to compliance of the trust estate infrastructure. Of particular note, the work undertaken around integrating the estates engineering and operational teams into a single team has improved communications, ensuring that IPC related issues such as air flows, temps, room pressures and water systems infrastructure conditions, have become a shared conversation with ownership and accountability, within the team.

The trust has appointed highly experienced CAFM programme manager and work is being carried out within the CAFM system to embed and sustain long term improvements to estate systems and compliance. A significant benefit of the CAFM system will be the ability to hold validation records and documentary evidence of works undertaken and planned PPM's.

Water Quality

- The cooling tower management is now managed by Severn Trent with oversight and support of daily checks by the inhouse team.
- There are currently 9000 defects within the Compass™ system. These include many duplicated defects. This has been highlighted on the recent AE audit. Due to the size of the task this is going to require dedicated resource and time to manage and close out to a reasonable workable number.

- From the 2023 AE audit an action plan was generated. Unfortunately, due long-term sickness on the water safety team, and increased workload actions have not been monitored and recorded, however test results are showing dramatic improvement from last year.

Ventilation Systems

- The PPVL rooms, maintenance and re-verification works are currently ongoing 73 % of all PPVL rooms have been re-verified and are now fully operational. The remaining rooms are being programmed in line with operational activity, this is monitored through the Estates and Ops meeting to ensure that all stakeholders are part of the decision-making process as to when rooms will be released for maintenance and re-verification work. For the rooms that are outstanding Pelican ward rooms 9 and 15 are currently due to be completed in April which will then allow for Fox to be decanted for maintenance and reverification to bring compliance back up to 100%.
- Robust mitigations are in place and clinical patient selection is undertaken on any patients that must use rooms that are not re-verified in order to minimise any risk to patient harm. This process is now embedded in the Bed Management Policy
- With the introduction of the new senior management team in Estates maintenance standards have improved. After several shutdowns in theatres the team have taken the opportunity to undertake a substantial repair and maintenance programme for the AHUs serving Theatres 14 and 15. This work included repairs to the structure of the theatre supply unit itself; removal of obsolete humidifiers and associated pipework and re instigation of BMS control. Due to the significance of the works this was followed with a full validation of the theatre suite.
- There are a total of 1136 Chilled Beams units across the organisation – PICB, MSCB, Sight & Sound and ZCR. The team have worked in partnership with Infection Prevention & Control to develop an agreed SOP which details both the frequency for cleaning and the process itself for the units. Whilst the estates team have ownership for the compliance of schedule of cleaning, they work in partnership with the domestic services team who manage the cleaning process itself. There has been wrought to streamline the process by including the cleaning of chilled beams with cleans booked on the Helpdesk which has seen some success however there is still a programme of cleans outside of this to ensure all units are captured. The frequency of cleaning has been agreed with IPC however access to the units is still a factor that can cause delay in a unit being cleaned in line with the agreed frequency.

8.3 Facilities

Decontamination 2023-24

The Trust works in partnership with Royal Free London since September 2023 for the provision of sterile services for the reprocessing of surgical instruments and endoscope decontamination business continuity agreement. The previous contract was with Circle Health Group who terminated the contract with GOSH at the beginning of December 2022, due to increasing demand within their own hospitals limiting available capacity for external contracts.

The providers hold the required accreditation for delivering the service – ISO 13485 and are audited annually by the Notified Body (appointed by the MHRA) as well as the Trust AE(D) who undertakes an annual audit of the sterile services department.

There are several meetings in place to allow for the service to be monitored and for clinical engagement with the team providing the service. These include:

- Clinical user group meeting - fortnightly
- Sterile services performance and contract review meeting - monthly
- Decontamination days- monthly
- Trust Decontamination Committee- two monthly

The Facilities team who oversees the contract work closely with the clinical teams in monitoring the KPIs and other deliverables and key outputs for the service which has seen an error rate of below the industry standard (2%) as well as looking to identify trends from the reported defects (NCRs) which are a record of non-conformances recorded by both, the service provider (RFL) and the service user (GOSH).

Service Delivery Report	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Total Trays	2831	2937	3212	3339	3088	2,950	3,005	3,787	2,794	3,085	3,197	4363
Total Supplementary Instruments	2094	2277	2638	2365	3193	1,731	2,007	2,367	2,112	2,184	1,814	2413
Total Instruments	99,221	97,406	105,692	112,950	101,907	103,307	97,445	132,601	89,339	103,824	105,279	118,217
Error rate of production % (Circle Healrh Group /RFL)	0.53%	0.54%	0.40%	0.42%	0.26%	2.67%	1.79%	0.89%	1.30%	1.40%	1.69%	1.05%
Error rate % (GOSH)	5.23%	4.52%	39.40%	3.16%	4.20%	0.81%	1.06%	1.37%	1.79%	1.36%	1.53%	1.40%

The most frequently detected errors are missing instruments and assembly errors.

As of September 2023, the instrument pools of pre- and post- 97 high-risk instruments were merged and additional measures to achieve IPG 666 compliance were implemented, incl.:

- Set integrity and traceability: the provider operates traceability system also utilised by GOSH users with allows for 360 traceability of surgical instruments through use and decontamination process.
- Keeping instruments moist post-use (prior to decontamination): moist method has been fully adopted and adherence is monitored through regular spot checks; this is monitored through Trust Decontamination Committee
- Monitoring of residual protein on instruments: the provider measures the level of residual protein on instruments after decontamination through washer disinfector or manual clean process following the sampling criteria and guidance within the agreed Protein detection SOP; this is monitored via Trust Decontamination Committee
- Annual instrument stock count: a joint stock count completed by facilities, users and the provider help to monitor the instrument sets and supplementary instruments that are currently within the system and helps to identify instruments that are no longer needed, require repair or replacement

Whilst Sterile Services is provided by an outsourced provider, there are two main services that are provided by in-house teams – Flexible Endoscope Decontamination and Medical Equipment Decontamination. Both services are provided by dedicated staff in recently refurbished units – EDU & MEDU which are monitored by the external AE(D).

As part of the monitoring for the inhouse service both areas are managed and reported on in line with HTM and the relevant standards:

- Water Quality
- Validation of equipment – washer disinfector (MEDU), endoscope washer disinfectors (EDU), scope storage cabinets (EDU), Vac a Scope storage system (EDU), Environmental audits/testing (EDU/MEDU)

Activity for the services is shown below and are in line with previous years:

	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
EDU	329	385	339	319	359	342	373	391	315	355	366	353
MEDU Manual Wash	514	693	827	748	753	808	702	712	757	776	610	546
MEDU Automated Wash	2811	1548	1216	1695	7453	1344	1585	1219	1534	2634	713*	364*
Fogging Room	96	74	107	141	124	70	87	106	65	145	91	31

8.4 Domestic Services

The trust has a domestic service that is provided by an in-house team and in line with the relevant standards and guidance documents.
The National Standards of Cleanliness 2021 were introduced in August 2022 and the team have implemented the following in recognition of the new requirements:

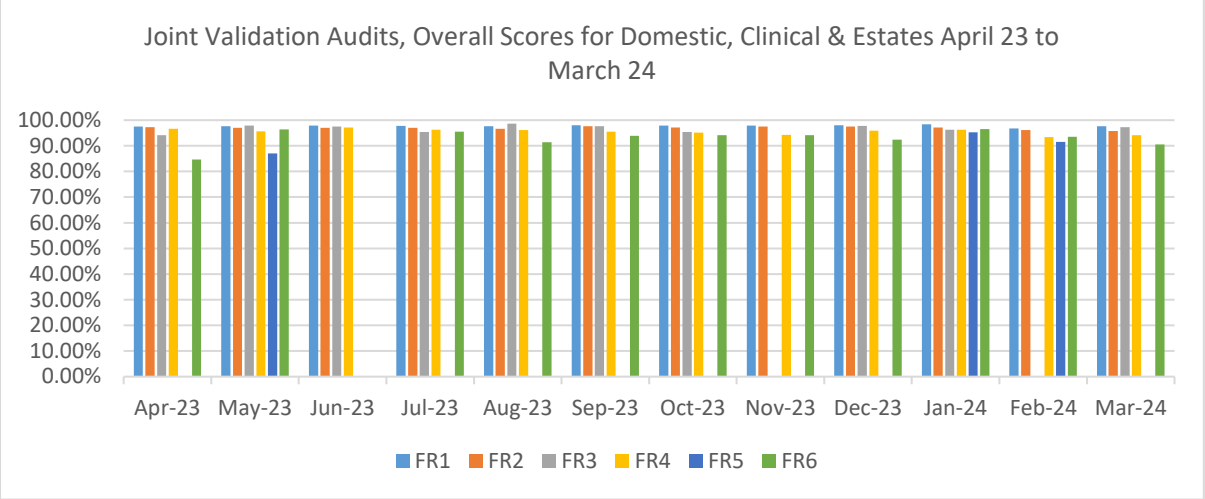
- Cleaning charter posters now must be present in each ward and department area for each risk category showing a breakdown of cleaning responsibilities and frequencies in relation to the National Standards of Cleanliness 2021. The posters have now been professionally printed and returned having been signed by the Chief Executive Officer and Chairman.
- Star rating poster that indicates the rating given from the most recent are displayed in the facilities noticeboard/s for each area.
- We continued throughout the year to utilise Audim, our monitoring software to complete service audits & joint validation audits. We have also used this software for completing efficacy audits with the IPC team as per the National Standards of Cleanliness 2021.
- SLAs now include information about the NCS 21 which includes the new responsibility matrix and the patient associated ward equipment cleaning matrix. These SLAs are being reviewed to ensure up to date

The Facilities team continue to monitor the number of cleans undertaken in the hospital (table below) which has continued to see the number of Level 2 plus cleans rise compared to 21/22:

Requested Clean	August 2021 to March 2022	April 2022 – March 2023	April 23- March 24
Level 2	16,008	12,587	11,949
Level 2 plus	218	669	916
Level 3	518	679	1,089
Level 4	491	645	701

The service carries out both service audits & joint validation audits in line with the National Standards of Cleanliness 2021, with the joint validation results reported on at the monthly domestic services review meeting which is attended by both facilities, clinical and Infection Prevention and Control colleagues. During the review of the information, rectifications are discussed, and trends reviewed.

The audit scores for 2023/24 are tabled below:



8.5 Linen & Laundry

The Trust works in partnership with Elis for provision of fully managed linen and laundry service. The service has a robust monitoring process in place which includes:

- Joint quality audits in departments that use linen (monthly with a rolling schedule covering all departments)- this audit focuses on linen quality, adhering to the delivery schedule as well as tidiness of the storage areas.
- Linen quality checks in the central linen room (monthly)- focus on linen quality
- Duty of care visits in the linen factory (annually)- focus on HTM 01 04 compliance and RABC implementation
- Service performance and contract review meetings (monthly)- where the service that has been delivered and contractual KPIs are monitored.
- Local linen management audits (rolling schedule covering all departments with the intention to visit each department once per year as a minimum)- focus on local HTM 01 04 compliance incl. local linen storage, handling of linen, segregation of used linen and staff knowledge of the correct processes; the outcomes are shared with department leads and monitored via Trust Decontamination Committee
- Periodic curtain replacement monitoring (ongoing)- focusing on adherence to the periodic curtain replacement plan and date tagging.

Below is the table for the total number of items delivered and rejects which is reviewed on a monthly basis to ensure that it is both in line with industry standards as well as looking to identify trends and action rectifications:

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Used linen hired items	127,010	136,091	143,691	139,145	143,631	146,275	148,684	155,307	130,560	147,357	139,400	147,297
Rejected items %	0.43%	0.36%	0.41%	0.78%	1.08%	0.57%	0.79%	0.73%	0.63%	0.94%	0.59%	0.57%

8.6 Waste Management

The Trust holds a total waste management (TWM) contract with Sharpsmart for the collection, transportation, treatment, and disposal of clinical and non-clinical wastes including Category A and chemical wastes. Sharpsmart was awarded a three-year contract from 31st March 2022 to 31st March 2025. The required permits i.e., ISO 14001 EMS, ISO 9001 QMS, ISO 45001 H&S and registrations are in place.

Attachment Q

As part of waste management at GOSH, the Trust is required to appoint a Dangerous Goods Safety Advisor (DGSA). On behalf of the Trust the DGSA undertakes the waste pre-acceptance, and Dangerous goods audit. The aim of the audits is to examine the Trust's waste management, segregation processes and dangerous goods practices. To determine current levels of compliance with statutory requirements, relevant sector guidance and to make recommendations to correct any non-compliance. The current waste pre-acceptance audit was carried out 4th April 2024.

The Trust work in partnership with Sust-n waste compliance and auditing team. The waste service is supported by the Sust-n team who provide on-going, site-based waste segregation auditing, training and engagement in clinical areas and departments.

The Trust is on track to achieve 60% Offensive waste (OW) and 20% High temperature incineration (HTI) targets. It is noted that due to the high level of infectious status patients at GOSH, the Trust will be positioned above the 20% Alternative treatment (AT) target level.

The Trust is currently undertaking a trial of reusable sharps containers, the trial areas include six wards and departments across the Trust including Theatres and Pharmacy. The aim of the trial is to reduce the use of single-use plastic containers, continue to embed safer sharps practices and to reduce costs of treatment and disposal of sharps. This project is one of the initiatives being taken at the Trust to achieve clinical waste target 6.

8.7 PLACE

The annual PLACE collection was undertaken on 31st October 2023 by 13 patient assessors (current and past patients and relatives) who were accompanied by GOSH staff from various staff group, inc. facilities and nursing. The collection in October 2023 saw 3 of the 5 domain scores (Cleanliness, Condition, maintenance, and appearance, for GOSH lower than the national average.

Attachment Q

	2013	2014	2015	2016	2017	2018	2019	2022	**2023**	
Average	95.75%	97.25%	97.57%	98.06%	98.38%	98.47%	98.60%	98.00%	**98.10%**	
GOSH Cleanliness	89.75%	96.80%	96.75%	97.95%	98.44%	97.99%	98.46%	91.90%	**97.88%**	5.98%
Average	88.78%	91.97%	90.11%	93.37%	94.02%	94.33%	96.40%	95.00%	**95.90%**	
GOSH Condition, Appearance & Maintenance	81.48%	93.73%	91.07%	95.36%	96.31%	94.89%	96.80%	87.60%	**92.44%**	4.84%
Average				78.84%	82.56%	84.19%	82.50%	82.50%	**84.30%**	
GOSH Disability and Access				79.49%	93.62%	88.32%	93.42%	80.99%	**84.87%**	3.88%
Average		88.79%	88.49%	88.24%	89.68%	90.17%	92.20%	90.00%	**90.90%**	
GOSH Food & Hydration		92.82%	88.40%	94.31%	92.41%	91.30%	92.57%	87.41%	**86.10%**	-1.31%
Average		87.73%	86.03%	84.16%	83.68%	84.16%	86.10%	86.10%	**87.50%**	
GOSH Privacy, Dignity & Wellbeing		94.15%	94.85%	95.03%	93.44%	89.81%	93.09%	87.30%	**96.67%**	9.37%

Whilst 4 of the 5 domains assessed saw improvement there was a drop in the score given to the Food and Hydration domain. The responsibility for this domain sits between 2 areas – Catering and the ward/department itself. Whilst the ward and departments will lead on rectifications identified as their responsibility (offering assistance with opening packaged food and consuming meals), the catering team are being supported to deliver on their action plan with regards to taste of food and temperature.

The PLACE Action Group continue to meet to monitor the action plans for each of the area and to provide assurance that actions identified during previous audits are being addressed.

8.8 Antimicrobial Stewardship

The terms of reference for the AMS committee and membership are in line with NICE guidance on antimicrobial stewardship and the 'Start Smart then Focus' initiative. Our team continue to collaborate nationally via UK-PAS and our yearly START meeting.

8.9 The AMS committee meets quarterly via a virtual platform. There continues to be 4 main work streams identified (Policy, Resistance reporting, Education and Audit).

8.10 This year the team have set themselves a number of objectives including developing the AMS pharmacy team to build resilience. This was recognised as an area of potential weakness in the GAMSAS accreditation.

8.11 Policy

The antibiotic policy group continue to meet monthly to ensure review and updating of all Trust guidelines pertaining to antimicrobials. Work has begun to look at developing guidelines around the use of novel antivirals for a range of viral infections.

8.12 Prescribing audits

In 23/24 a CQUIN for antibiotic intravenous to oral switch was introduced in adults, this is planned for paediatrics and will be discussed in future AMS committees as to applicability.
A redesign of consumption dashboards has begun which will continue into next year. It includes:

- AMS top 5 days of therapy drugs
- AMS top 20 days of therapy drugs
- Dashboard by each drug
- Combination dashboard where are number of drugs can be selected.

8.13 Resistance reporting

Individualised micro-susceptibility charts continue to be widely used in the trust; these are regularly reviewed in the AMS rounds. Following the development of a trust-wide antibiogram, work has continued to evolve to make the speciality specific informing antimicrobial guidelines. This year the team hope to develop this tool further making it ward specific.

8.14 Education and Research

The START meeting continues to be held annually. The AMS team continue to share their work through publications and poster presentations at conferences. The team continue to be involved in local and national public engagement events highlighting the importance of AMS.

8.15 Sepsis

The Sepsis steering group continues to meet every other month and is chaired by the DIPC who is appointed as the interim lead for Sepsis.

Workstreams focus on guidance updates, review of any SI's related to sepsis, audit of compliance with the sepsis 6 bundle, bundle optimisation and education. Work this year has focused on creating a clinical training package for sepsis alongside the digital team which will sit on an education hub which staff can access. Review of data within Epic suggests that the bundle is not being used as often as should be so a clinical audit has been planned for the year 24/25 with the clinical audit manager. The DIPC is also working alongside the BCC team and Epic developers to integrate the febrile neutropenic pathway into the sepsis bundle. Compliance with sepsis training is 72%.

8.16 Occupational Health

Occupational Health new starters

The Occupational Health (OH) Service is an in-house service. All applicants on receipt of a conditional job offer are assessed by occupational health prior to commencement to ensure that they fulfil the requirements around immunisation status for healthcare workers as per the Green Book.

Staff Immunisations

In line with the Green Book guidance, we screen all new starters to assess immunity to measles and chicken pox.

A total of 424 occupational vaccinations were administered (excluding Influenza and COVID-19 which are not occupational vaccinations) during 2023/24.

Influenza Vaccine

The Vaccine Planning group co-ordinated an active flu and covid vaccination programme for all staff. Flu vaccinations were offered centrally and via roving vaccinators across the hospital for twelve weeks running alongside covid boosters. Staff were able to book appointments to be given both the Covid booster and flu vaccination together or book just to receive either vaccine separately. After the twelve-week programme flu vaccines were available from OH.

Final flu uptake figures for Healthcare Workers 2023/24 was 50.8%.

Whilst this was a further drop compared to recent years it was acknowledged that across the NHS staff remained vaccine weary. GOSH had the 2nd highest flu vaccination uptake amongst HCWs across London.

Covid vaccination uptake for our HCWs was 45.8% and we achieved the highest uptake for HCWs across London.

Exposure to blood borne viruses

During 2023/24 there were 82 attendances at OH following body fluid exposures. This represents a 46% increase (56 attendances 2022/23) in exposures reported to OH compared to last year. This increased may be attributed to increased reporting and utilising OH as per appropriate follow-up process.

On exploring the data recurring themes remain unchanged.

The majority of incidents occur during disposal – the themes are that sharps are initially discarded onto a tray post procedure and then an individual sustains an injury when picking up and discarding into the sharps box. We have seen several of these types of injuries involving butterfly needles. With the introduction of safe butterflies, we will hopefully see a reduction in these types of injuries. We continue to see occasional injuries caused by re-sheathing, which is not in line with Trust guidance, additional preventable injuries have been due to accessing a sharps box that was too full with a needle protruding out and incidents where staff were passed a sharp from a colleague and sustained an injury during the process.

The Safe Sharps working group continues to monitor the use of sharps within the Trust in line with the HSE Safe Sharps directive, recommending the use of safe alternatives where practicable to implement a safer alternative for paediatric use.

Skin Surveillance

Dermatitis is an occupational hazard for health care workers. As such we review and advise all staff who have any skin reactions. Generally, the work-related skin reactions we see are linked to frequent handwashing and wearing of gloves. The wearing of gloves is classified as wet work.

Overall attendances at OH with skin issues remain low with 16 new attendances in 2023/24 compared with13 new attendees 2022/23, 35 in 2021/22 and 95 new attendees 2020/21. Much of the advice provided 2020/21 was associated with skin issues associated with mask wearing rather than hand issues associated with wet work. This year we have seen Newly Qualified Nurses (NQNs) attending rather than established clinical staff. This correlates with the increased exposure of NQNs to frequent handwashing and OH have provided education around appropriate hand care as a part of their consultation.

9. Board assurance Framework (BAF)

9.1 Effective infection, prevention and control has been fundamental in our efforts to respond to the COVID-19 pandemic and return to normal activity levels as we emerge from the pandemic. The purpose of the BAF is to provide assurance that Infection Prevention and Control (IPC) measures across the 10 key lines of enquiry have been reviewed with any gaps in assurance identified.

Use of the framework is not compulsory, however its use as a source of internal assurance will support the organisation to maintain quality standards.

9.2 Board Assurance Framework (BAF)

The BAF is a live document and has been presented regularly to the trust board and executive management team since it was published in May 2020. Based on our self-assessment against the Assurance Framework,

we identified a programme of work to support further implementation and improvement in our ways of working. This is ongoing and iterative based on updates on the BAF and the NICPM as published by NHS England.

The largest area of risk currently identified is the around the lack of assurance around the identification that not all standard bedrooms in the trust were commissioned to 6 air changes when they were opened despite them being designed to 6 air changes. Mitigations in place to control this risk include extended fallow times in these areas.

9.3 COVID-19 response

There were 45 hospital acquired COVID-19 cases in the last year compared with 41 the previous year. Guidance from NHSE/I was changed to recommend cases were only investigated if harm was caused. We continued to monitor our cases and look for sources where possible. Where possible we still isolate patients who have been exposed to COVID-19 for 10 days to reduce the risk of onward transmission.

9.4 Isolation audits

Compliance with isolation precautions for patients is audited as part of the quarterly audit days. It assesses patient, family and staff awareness of isolation, the use of care plans and information leaflets, the availability, use, risk assessment and disposal of PPE, and the cleaning of equipment and the environment.

Compliance with isolation audits have remained around 70%. Overall, there was good compliance with most areas within the isolation audit.

Areas of good practice included staff awareness and knowledge of their patient's infection status and isolation requirements as well as good use of door signage.

Areas identified as requiring improvement included non-sterile gloves being available in the patient bedroom for use if required. Compliance with admission screening was also a recurrent theme and highlighted by teams as an area for improvement.

9.5 Fit Testing

Fit testing is recognised as a key element of protection for staff. This is all recorded on a central database. A dedicated fit testing service is in place providing fit testing to the organisation. The BAF recommends that staff are fit tested to more than one mask, this has been challenging due to staff not wanting to attend multiple times for mask fitting. Nevertheless, the fit testing team have continued to develop the service and look at ways to improve compliance including offering a weekend service at times and providing in department fit testing for staff, making it easier for them to attend. It is also recommended that staff who fail fit testing have this documented within their occupational health record. Currently this is not held within that record but is held by line managers.

9.6 Care Quality Commission (CQC)

There was no on-site visit from the CQC this year.

10 Recommendations

The Trust Board is asked to receive this report and note the content.

Part B - Programme of work- 24/25

New projects:

Programme of Work of new project	Lead	Time frame	Progress to date	Complete/ Action required	Hygiene code
Implementation of PSIRF	DIPC	Complete by Dec 24	In progress	IPC operational assurance framework updated- trialling SWARM paperwork	1, 6, 9
Development and commencement of IPC module(s) at Middlesex	Lead PE for IPC	Complete by April 25	Module validated. Awaiting first cohort to start in April 25	No	1, 4, 6
Clinical sepsis audit and launch of education hub	Lead PE for IPC	Complete by Dec 24	Filming complete	Complete audit. Edit education film Launch hub	1, 3, 5, 8
Rationalisation of specimen collection to improve sustainability both of patient care, laboratory testing and the environment	IPC Team	Complete by March 25	Not started	No	5, 6, 8, 9
Surveillance- creation of a trust wide surveillance oversight group which will monitor all aspects of the	IPC team	Complete by March 25	Business case for system approved. System built and ready for launch Summer 24	Surveillance oversight group to be created	1, 6

surgical pathway					
IPC input into Children's Cancer Centre, including the decant and enabling	DIPC/ICD	Ongoing	Input ongoing	No	1, 6, 7, 9
Validation of HPV to enable to procurement of new HPV machines for level 4 cleans	ICD	Underway-complete ASAP	Initial testing complete but issues identified	Awaiting info from supplier to continue	2
Review the electronic filing system to ensure the system is clearly labelled and data is robustly stored	IPC PA	Complete by March 24	Commenced and ongoing	Yes	1
Planning and delivery of bitesize teaching for practice educators at ward level on subjects related to IPC (MRSA, CPE etc)	IPC team	Complete by March 25	Delayed, due to start Summer 24	No	1, 4, 5
Roll out of the heater cooler unit testing for cardiac services	ICD	Complete by Dec 24	Awaiting final test set in Epic to commence testing	No	2, 9

Programme of work: Ongoing

Programme of ongoing Work	Lead	Time frame	Progress to date	Action required	Hygiene code
IPC continuous Quality Improvement Programme- Implementation of IPC link nurse	IPC Team (Kate Rennie-lead)	On-going	Undertaken quarterly	No	1, 6, 9, 10

programme to support a hand hygiene and care bundle quality improvement programme with action plans driving improvement					
Audits- conduct regular audits with the facilities and clinical users to assess the environment and standard of cleaning & be involved with the PLACE process	IPC Team (Helen S-lead)/Facilities	Ongoing	Undertaken quarterly	Yes	1, 2
Audits- carry out IPC best practice audits which include environmental elements within inpatient wards	IPC Team (Bomi Bang-lead)/Ward teams	Ongoing	Annually	Yes	1, 2, 4, 7, 9, 10
Audit- the team/IPC Links will audit compliance against policies in place across the trust should be monitored through audit. Examples of this include the isolation audit.	IPC team (Kate Rennie-lead)	Completed as part of IPC Link audit days	Undertaken at least annually	No	1, 7
Training- The IPC team will monitor and feedback training compliance with level 1 & 2 training	IPC Team (Lead PE)	On-going	Feedback monthly at IPCC	No	6
Information dissemination- The team will update/create patient/staff infection leaflets pertinent to	IPC team (Barbara Brekle- lead)	On-going	Updated bi-annually	Yes-ensure up to date	3

infection prevention control					
Information dissemination- the team will review and update policy and guidelines to ensure they reflect new evidence and best practice	IPC team (Barbara Brekle- lead)	On-going	Updated as required	Yes- ensure up to date	1, 5, 6, 9
Surveillance- The team will continue to report and collect information on mandatory surveillance categories required by UKHSA. Where the infections are healthcare associated a root cause analysis +/- RCA review meeting will take place.	IPC Team	On-going	**Thresholds for 23/24:** Not published at time of writing report	No	1, 5, 9
Work with the EPR teams to ensure the successful development and rollout of EPIC and RL solutions	IPC team/ EPR (Helen Dunn- lead)	Ongoing	Regular twice monthly meeting	No- ongoing	1, 2, 4, 9
Water & ventilation oversight- the team will ensure that the Space & Place Team co-ordinate the testing and management of these environments through engagement and support at the Water & Ventilation Safety Groups.	IPC team	On-going	Monthly monitoring meeting and quarterly water safety group	No	1, 8, 9
Divisional IPC support- the team will provide infection control support to the	IPC Team	On-going.	Monthly meetings	No	1

divisions at divisional infection control meeting and on a day-to-day basis. In order to facilitate this the team will each lead on certain divisions.					
The team will continue to manage the fit testing service which sits within Core Clinical Services	IPC Team	On-going	Compliance reported to the IPCC.	No	10
Maintenance of hospital intranet-IPC webpages	IPC Team (Barbara Brekle- lead)	Ongoing	Ongoing	No	4, 6, 9
Support Higher Education and external learning activities related to IPC	IPC Team (Lead PE)	Ongoing	Ongoing	No	1, 4, 9
In-house microbiological plating for patient specialised ventilated areas	IPC Team (Elaine Cloutman-Green- lead)	Ongoing	Ongoing	No	2, 7
Annual review of environmental audit tool and ward manuals	IPC Team (Bomi Bang audit tool-lead) (Helen Saraqi manuals- lead)	Planned for Summer 24	Ongoing	No	2, 4, 9, 10
Adenovirus control measures on BMT wards	IPC Team (Barbara Brekle- lead)	Ongoing	Ongoing	No	2, 9
Continuation of Suspected CPE & candida auris screening for international transfers	IPC Team	Ongoing	Ongoing	No	1, 5

Attachment R

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
11 September 2024

Safeguarding Annual Report 2023/34 **Submitted by:** Michelle Nightingale, Assistant Chief Nurse for Safeguarding & Learning Disability	**Paper No: Attachment R** ☐ **For information and noting**

Purpose of report
This paper provides assurance and oversight to the Committee that GOSH has robust processes and structures in place to provide a comprehensive safeguarding service.

Summary of report
The Annual Report 2023- 2024 provides the Committee with an overview of the performance and activities of the GOSH Safeguarding Service.

It builds on the key priorities from 2022/23, the draft safeguarding strategy with local and national developments or legislative changes. It demonstrates the strategy direction to implement a robust and sustainable systems focused response to the national increase in the vulnerabilities, abuse and neglect of the children, families and adults who use our services.

a. Leadership

- **a.** The Service has continued to evolve and develop to meet the increasing needs of the population it serves, with the service portfolio now including since Q3 Learning Disability, Health Transition and from 1 April 2024, the Children & Young People Gender Service's Safeguarding Team. In response, the head of the service was promoted to Assistant Chief Nurse for Safeguarding & Learning Disability.
- **b.** Team members represent the Trust at various internal and external meetings, as well as advocating for professionals and stakeholders, which enables them to influence, share best practice and network across the multi-agency network.

b. Service update & schemes of work:

- **a.** It provides highlights of the performance and achievements over the last year. With improvements in data collation, there are plans to further refine and analyse by staff groups referrals to capture emerging themes to enhance support, training and supervision. Data capture will also include evidence from the health inequalities projects to inform service delivery.
  Included in the report are the current audits, as well as the key priorities, projects, and proposed audits/metrics for 2024/25.

c. External Independent Safeguarding Review Update:

The Ineqe Safeguarding Review draft report was submitted late August 2024 for factual accuracy checking. The final report will be submitted to the Board separately to this meeting.

d. Safeguarding Risk Register (not reported in Annual Report):

The risks at the end of Q4 were:

1. Risk of intimate images of children taken on rover devices or images sent in by MyGOSH are visible to all EPIC users without restriction.

2. Risk of failure to ensure Mental Capacity Act /Deprivation of Liberty Safeguards (DoLs) compliance within the Trust – this may lead to a corporate fine due to breaches of the Court of Protection.

3. Risk of only 70% of GOSH staff compliant with safeguarding level 3 mandatory training by April 2025.

4. Trust wide risks and challenges both clinically and from a safeguarding perspective of treating adults, within a children's hospital, without the appropriate risk assessments, arrangements or allocation of adult only facilities.

Patient Safety Implications
The Risk Table provides mitigations and planning/actions for each of the above risks, except for the adult risk with priorities and actions commencing during Q1 2024/25

Challenges in 2024/25
The main challenge remains the continued impact of the cost-of-living crisis for those using our services with the strong correlation between social deprivation and increased child abuse, neglect, mental health conditions and domestic abuse. There will be an additional strain on those families experiencing chronic ill-health and disabilities such as the Trust's stakeholders, including our staff members.

The Safeguarding Service continues to work within the ICS and nationally, to respond as a needs-led supportive provision from early intervention to child and adult protection, to help families cope.

Equality impact implications
None

Financial implications
1. Risk 2, a fine from the Court of Protection
2. Risk 4 does have a cost implication for non-commissioned 18+ patients being treated within the block contract.

Strategic Risk
BAF Risk 12: Inconsistent delivery of safe services

Action required from the meeting
For noting and monitoring, as planning in place.

Consultation carried out with individuals/ groups/ committees
1. Operational Safeguarding Group
2. Strategic Safeguarding Committee
3. Executive Management Team
4. Operational Board

Who is responsible for implementing the proposals / project and anticipated timescales?
Assistant Chief Nurse for Safeguarding & Learning
Operational Board members

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

Attachment R

Safeguarding Children, Young People & Adults Annual Report 2023 - 2024

Michelle Nightingale
Assistant Chief Nurse Safeguarding & Learning Disability

Attachment R

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Entry for Adolescent website competition run by Health Transition Lead

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1. Introduction

This report provides an overview of the safeguarding service activity across the Trust. It provides the Board with assurance that the service meets the Trust's vision and values, along with legislative processes in protecting children, young people and adults from harm. The remit is for children (0 – 18 years), registered with the organisation, visiting children and the children of adult patients, within a holistic approach of 'Think Family' [1] It also covers patients over 18 years, whom the Trust is commissioned to provide a service.

We also provide safeguarding for our staff, who may be at risk of harm or need support and advice.

'…Safeguarding is firmly embedded within the core duties and statutory responsibilities of all organisations across the health system.

Fundamentally, it remains the responsibility of every NHS funded organisation, and each individual healthcare professional working in the NHS, to ensure that the principles and duties of safeguarding children and adults are holistically, consistently, and conscientiously applied; the wellbeing of those children and adults is at the heart of what we do…….Organisations need to co-operate and work together within new demographic footprints to seek common solutions to the changing context of safeguarding and developing structural landscape needed to deliver the NHS Long Term Plan.' (Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework. NHS England V3, 21 July 2022)

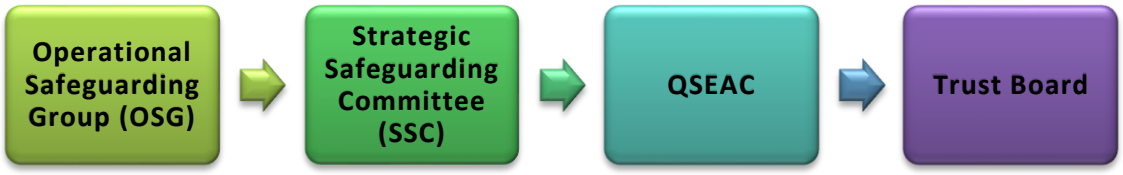
Governance Structure

The Trust's safeguarding governance structure is in line with NHS England's Safeguarding Accountability & Assurance Framework (2022). At Board level, the Chief Nurse is the Executive Lead for Safeguarding Children, Adults at Risk and Prevent, and the Deputy Medical Director holds the Safeguarding Portfolio; there is a Non-Executive Director with the safeguarding portfolio. The Chief Nurse is a standing member of the Camden Safeguarding Adults Board (SAB) and Camden's Safeguarding Children's Partnership Executive Board (LSCP).

The Board reviews safeguarding arrangements via quarterly reports to the Quality, Safety and Experience Assurance Committee (QSEAC); the Trust Board will receive a Safeguarding Annual Report at the end of Quarter 4.

The Chief Nurse receives assurance quarterly via the Strategic Safeguarding Committee, which is also attended by the Designated Professionals from North Central London Integrated Care Board (ICB).

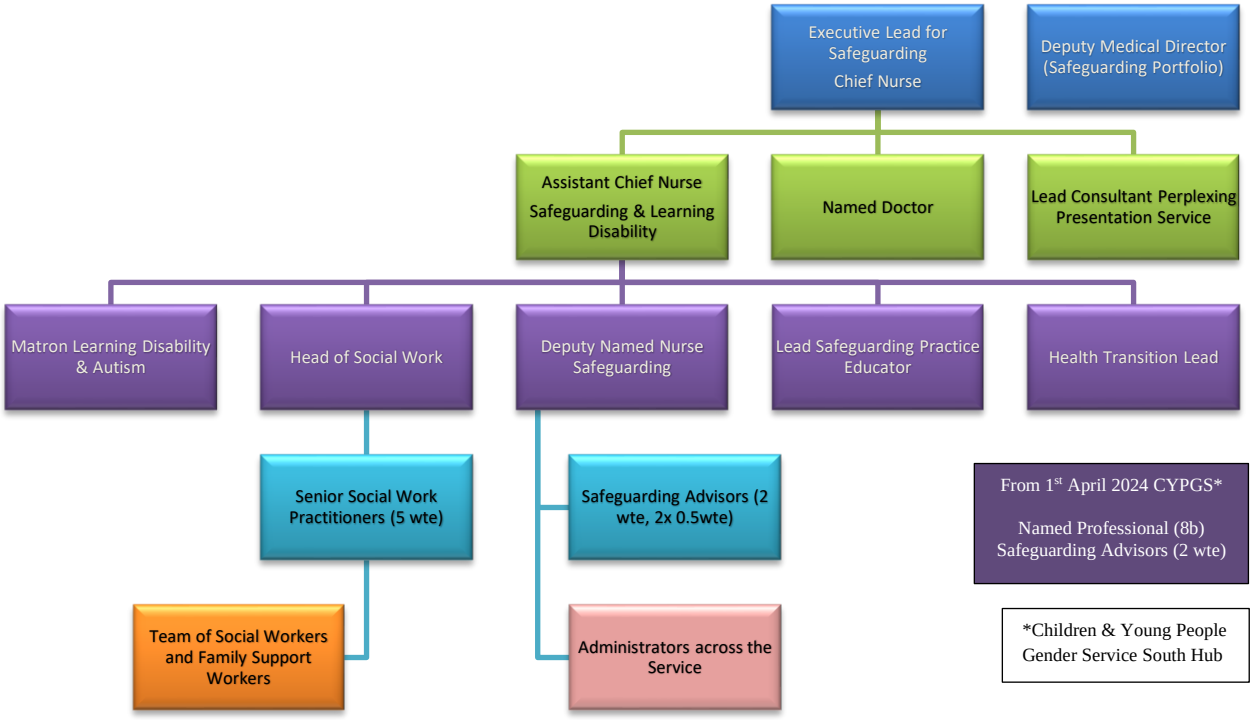
The Named Professionals lead the quarterly multi-disciplinary Operational Safeguarding Group (OSG), which reports to the Strategic Safeguarding Committee.



[1]Think Family is the approach used by the Troubled Families programme to encourage services to deal with families, rather than responding to each problem, or person, https://nhssafeguarding.app/context-of-NHS-safeguarding/s2-05/separately .
Also in consideration to pregnancy and birth: https://www.england.nhs.uk/mental-health/perinatal/perinatal-mental-health-resources/involving-and-supporting-partners-and-other-family-members-in-specialist-perinatal-mental-health-services-good-practice-guide/underpinning-principles/

Attachment R

2. Safeguarding Service Structure



During 2023/24, the Safeguarding Service has continued to evolve and develop to meet the increasing needs of the population it serves, with the service portfolio now including since Q3 Learning Disability, Health Transition and from 1 April 2024, the Children & Young People Gender Service's Safeguarding Team.

The remit has been to develop a draft four-year Safeguarding Strategy, which responds to both the local and national agendas, identifying gaps, challenges, best practice and raising the profile of safeguarding across the Trust.

The Safeguarding Service includes a substantive skill mix team of non-statutory social workers, family support officers, safeguarding nurse/professional advisors and doctors, with strong working links to other teams within the Trust, including the Legal Team, General Paediatrics, Clinical Site Practitioners, Patient Experience Lead Discharge Co-ordinator, Learning Disability Team, Quality & Safety Teams and Safety Surveillance.

The Safeguarding Service represent the Trust at several external meetings or use their subject matter expertise to advocate for their professional colleagues and other stakeholders, including:

External	Internal
▪ London Safeguarding Children Procedures Editorial Board ▪ NHS England & Improvement London Named Safeguarding Professionals Forum ▪ Camden Safeguarding Adults Partnership Board ▪ Camden Safeguarding Children Partnership and its subgroups.	▪ Ethics Committee ▪ Nursing & Patient Experience Operational Board ▪ Mortality Review Group Meeting ▪ Records Management ▪ Risk & Quality Meetings ▪ Aggregated Analysis Group (risks, complaints, claims and safety) ▪ Reducing Restrictive Practice Working Party ▪ Break the Glass Working Group ▪ Intimate Images Working Group ▪ Health Inequalities Committee & Sub-groups

3. Performance and achievements

During 2023/24:

- GOSH has been awarded the national Hestia "Everyone's Business" Award in recognition of our work supporting staff affected by domestic abuse and sexual violence. GOSH is the first NHS Trust in the UK to be awarded.

- As part of the corporate strategy in conjunction with Hestia's Everyone's Business Programme we have:

    - Launched the 3rd year of GOSH participation in the United Nations' 16 Days of Activism in November 2023. The programmed included:
        - A podcast by the Women's Network interviewing the co-founders of *Surviving in Scrubs*
        - Advance Charity's video launch and webinar *I love my voice*
        - Solace & Women's Aid webinar *Building staff resilience and trauma – informed care*

    - Blue Sky app onto all Trust phones and devices. Bright Sky app | Hestia

    - The Independent Domestic and Sexual Violence Advocate (IDSVA): through our partners at Camden's Safety Net *is available every Monday on site* to contribute to our on-going work by providing a day's support to staff, patients and their families.

- The Trust signed up to NHS England's Sexual Safety Charter and set up a Task & Finish Group to ensure commitment to the ten core principles by July 2024.

- Introduction of Single safeguarding referral on Epic to reduce additional pressures on multi-disciplinary teams.

- Increased qualitative data collation to capture themes and needs of our service users and inform decision making and interventions.

- Learning Disability and Health Transition teams joined Safeguarding to provide a more holistic service.

- Dedicated Safeguarding Team recruited for the Children & Young People Gender Service

- Contributing member of the Health Inequalities Committee

- Contributing member on GOSH's Digital Health Inequalities Working Group

4. Service Delivery

The Royal College of Paediatric & Child Health reported in 2022 that *'…. the influence of poverty on children's health and wellbeing is undeniable. Children living in poverty are more likely to have poorer health outcomes including low birth weight, poor physical health, and mental health problems. The health impacts of growing up in poverty are significant and follow children across their life.*

The current cost of living crisis will only exacerbate this by pushing more families into poverty. It is essential that health inequalities driven by poverty are addressed to improve child health outcomes, as well as reduce costs to the NHS in the long term.' (RCPCH 2022)

This statement reflects the increasing complexities and challenges of GOSH patients and their families present with, within the context of managing a child or children with acute or chronic medical needs.

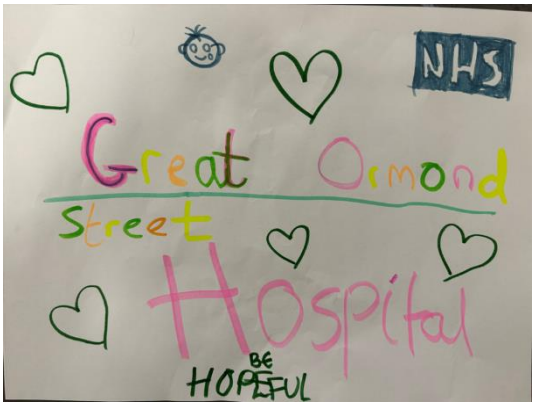
4.1. Partnership Working and Activity

The team are working closely with the Epic Optimisation, Health Inequalities, Performance and Safety Surveillance teams to update the activity tracking functions, to reflect and enhance demographics, as well as thematic trends. It is hoped this will provide a clearer understanding of the needs, issues and gaps affecting our registered patients, to better inform the strategic direction of preventative plans and decision making.

The Social Workers, Family Support Officers and Safeguarding Nurses / Advisors work cohesively under the one Safeguarding Service umbrella. As a service we have now been working as a combined team now, particularly in relation to our duty service which provides safeguarding support to the Trust in relation to patients/families both in-patient and out-patient. This has seen improvements in coordination of response and ensuring our patients/families and staff receive the most appropriate and cohesive response. In addition, this has freed up members of our service to ensure sg can be represented at various meetings across the Trust to ensure a safeguarding view is considered where this is required.

Q4 23/24 is the second quarter using this new data collection which provides us more qualitative data about the safeguarding patients that we are supporting across the Trust. This continues to go through a period of embedding where we are making alterations and amendments to ensure accurate and reflective data can be gathered. In addition, this quarter the reporting team have supported us in collecting data around the specialty groups that our referrals are coming from. This additional data allows us to direct specific intervention regarding teaching/supervision or directed input at those areas that needs it most.

Within Q1-2 of 2024/25 with the information we have gathered following the introduction of these new data titles we plan to carry out a review of these to ensure they capture all that they are required to do. With the aim of moving away from the use of the 'other' category that does not provide any insight into our patient cohort.



Entry for Adolescent website competition run by Health Transition Lead

4.1.1 Referrals into the Service

Fig. 1 (Q4) data below is the first to include all data by the Safeguarding Service, (the full skilled mix team of Social Workers, Family Support Officers, Safeguarding Nurses and Safeguarding Advisors, alongside referral figures which include Young Lives v Cancer).

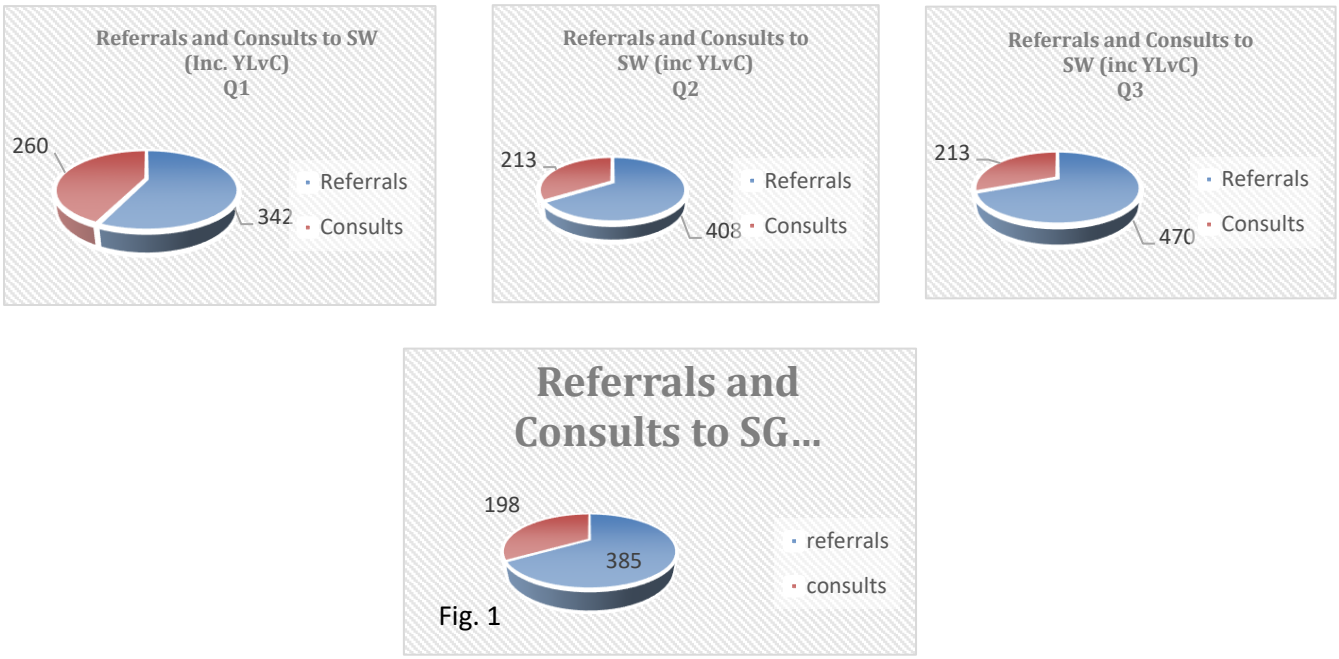


Fig 2. Consultations and Referrals by Specialty Q4 2023/24

This is new reporting data launched in Q4. Only those specialties where there have been 10 or more referrals have been included in this collection. Sub-specialties of specialties have been grouped together under one main group e.g., Neuro includes, neurodisability, neurosurgery, epilepsy, neuromuscular. We are looking to further refine this by staff groups referrals and interrogate the data and emerging themes to enhance support, training and supervision.

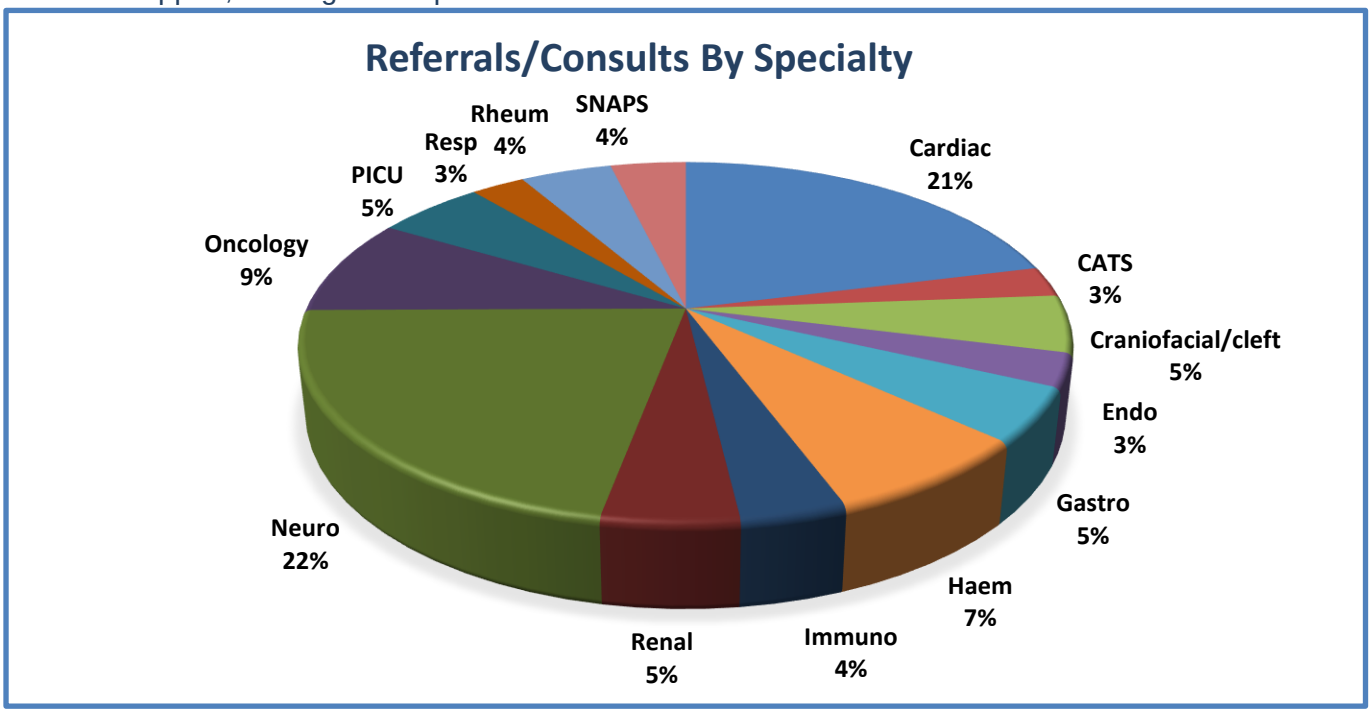


Fig. 3 Initial emerging safeguarding themes

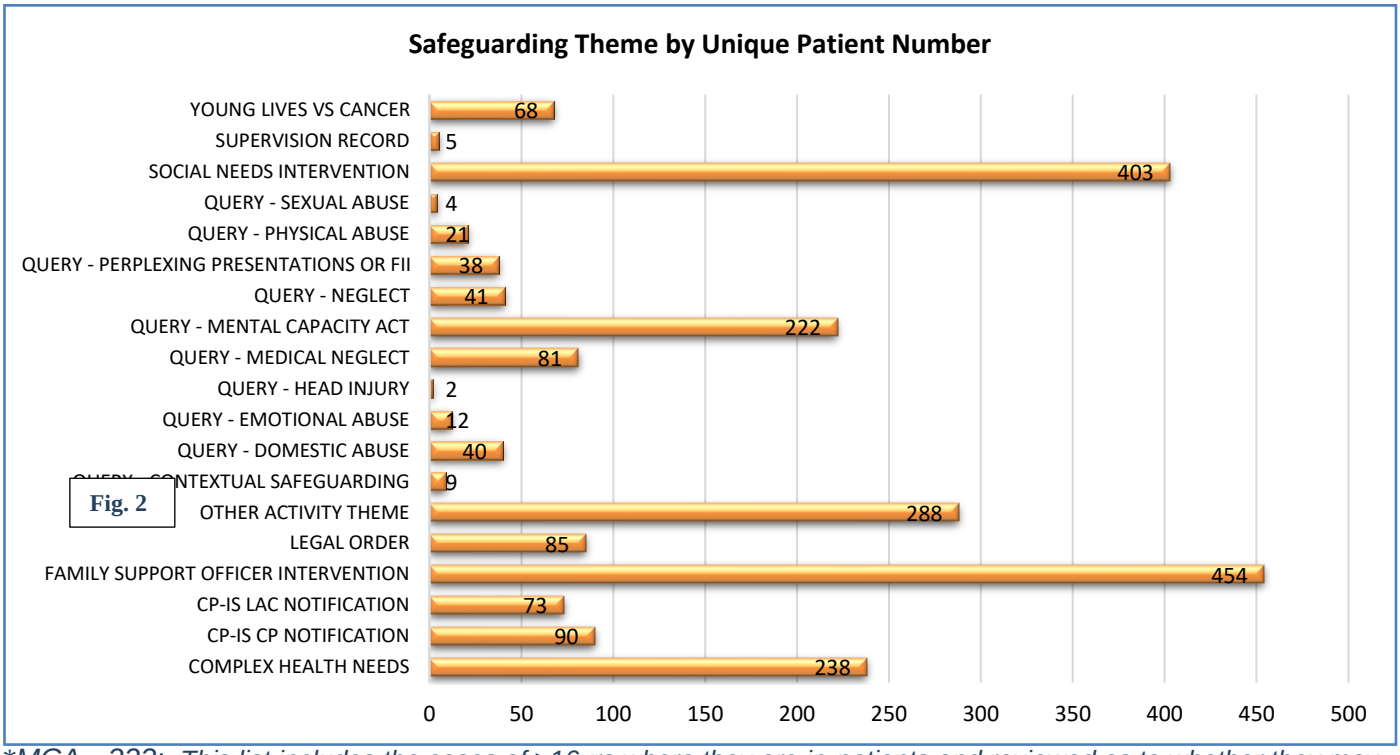


Fig. 2

**MCA - 222: This list includes the cases of >16yrs where they are in-patients and reviewed as to whether they may warrant a DoLS. We believe the previous quarter figure had not been updated within our new data collection titles.*

Initial emerging safeguarding themes (Fig. 3)

This chart provides the first quarterly of our new data collection titles, in addition to the new figures in *Fig. 1*

The findings remain consistent with previous quarters in relation to the highest proportion of workload in relation to Family Support and broader social needs of the registered children and their families. In addition, it is important to note the significant increase of need from previous quarters, reflecting the national picture where inequalities are rising, and the cost of living is impacting upon many families.

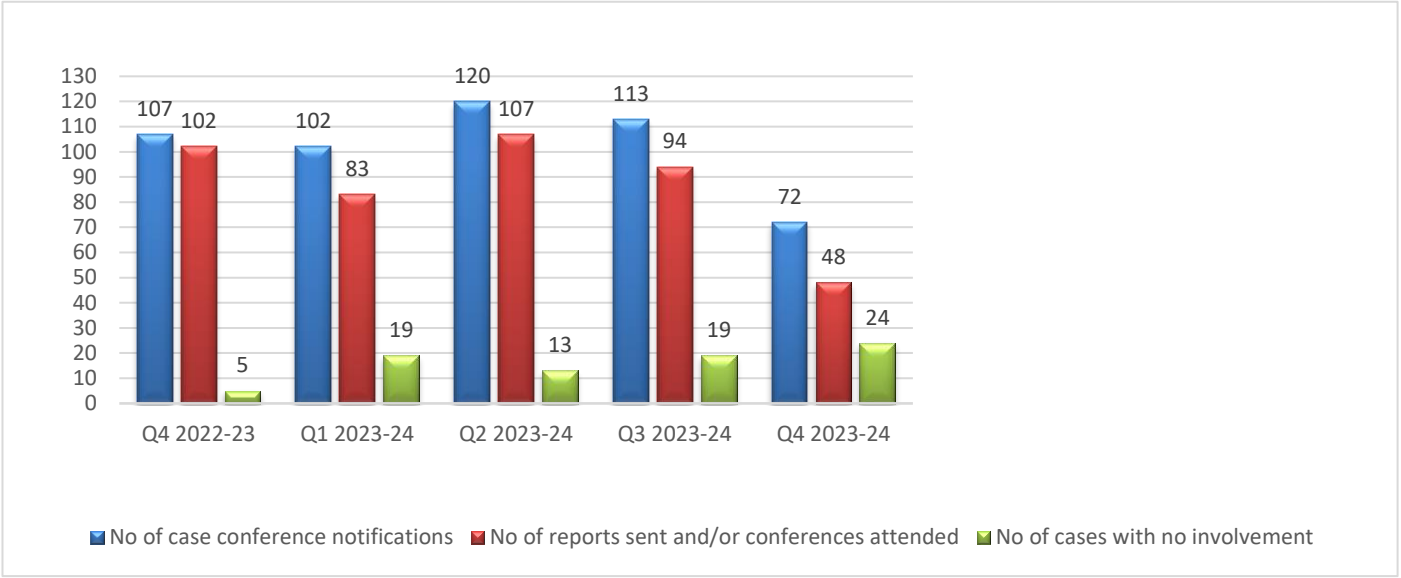
Complex health needs have also risen. This may be expected from a tertiary centre and may also begin to reflect the accuracy of data collection but will require a cumulative review for more accurate analysis. Medical neglect cases remain high for our patient groups where there is a concern that their health needs are not being prioritised or adhered to in the best interests of our patients.

In response, our service continues to work in partnership with teams across the Trust including Health Inequalities and the Transformation and Innovation Teams. There is ongoing work within our service and the Trust to consider how we are flagging these to include parent cancellations and cases lost to follow up from a health inequalities perspective. Both domestic abuse and perplexing presentations/fabricated induced illness remain consistent.

During 2024/25, the data will be refined further with Epic Optimisation to reduce or eliminate the category of 'other' in the titles.

Attachment R

Fig. 4 Figures below provide data of CP Case Conference notifications and attendance.



*Please note, where it states, *'no involvement'*, these are conferences where the Safeguarding Service has not been invited to the conference by the local authority or received the invitation after the conference has occurred. Nevertheless, information will still be prepared and shared post conference. Other reasons also include children being stepped down to CIN or moved to LAC before a conference takes place.

Children subject to a Child Protection Plan (CPP) and Looked After Children (LAC)

GOSH uses the Child Protection Information Sharing (CP-IS) digital platform via NHS Digital. CP-IS enhances information sharing between health and social care of vulnerable children subject to a Child Protection Plan (CPP) or is a Looked After Child (LAC), from any Local Authority across the country, who attend non-scheduled health care such as an Emergency Department (ED) or Urgent Care.

Although GOSH does not have an ED, it has several non-scheduled emergency admissions a year for children transferred from ED departments via the CATs team, to the Intensive Care Units for suspected Non-Accidental Injuries (NAI), suicide attempts and significant deterioration in clinical presentation.

There are currently **73** children who have Looked After Child (LAC) status via CP-IS. *(See section 9 for LAC Audit)*

4.1.2 Health Inequalities

Within the Health Inequalities workstreams, the safeguarding team are represented on the Health Inequalities Steering Committee, and in three of the five working groups, where appropriate. The 'Digital Health Inequalities' working group aims to tackle digital exclusion both in terms of digital participation in care for our patients, digital exclusion assessment, and demographic representation of all patients within GOSH data. GOSH is now a member of the National Digital Inclusion Network, via the Good Things Charity, which gives is access to mobile data, minutes and texts to gift to parents and carers, and we will be applying for electronic devices to gift to families who are experiencing digital poverty. Network membership also gives us access to 'Learn my way' digital upskilling, with a plan to apply for funding to hold digital inclusion workshops for families and staff members, respectively.

The 'Awareness' working group is responsible for raising awareness of health inequalities across the organisation, and for delivering educational interventions from the Health Inequalities quality improvement project.

The 'Access to Care' working group is focusing on health inequality-related factors that impact patients' and parents'/carers' ability to access care, with a focus on the 'Was not brought' patients (who did not attend two or more appointments), and patients falling into the long waiter category (65+ weeks). The aim is to identify trends across the data, then to develop interventions to reduce the impact of health inequality-related factors affecting access to care.

Projects are ongoing within each working group, with leadership and oversight from the Health Inequalities Steering Committee.

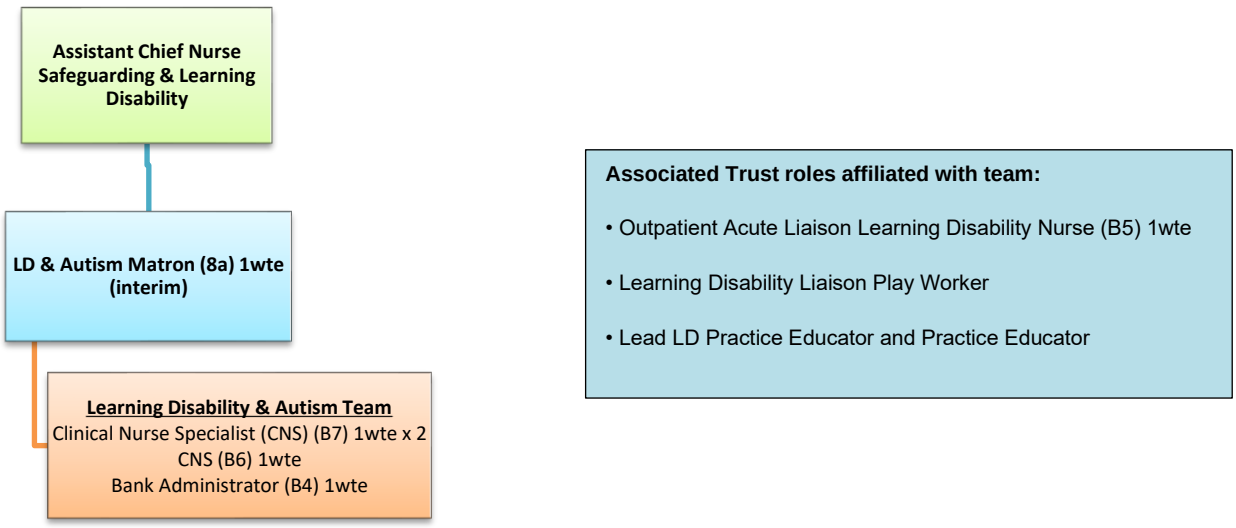
Future metrics in line with the health inequalities agenda:

Using data to identify emerging themes, with an increase narrative will contribute service delivery, needs analysis and partnership working with Integrated Care Systems. We are currently working with the Trust teams to enhance data collation of:

1. Non-accidental injury/fatal cases
2. Avoidable accidental injuries to under 5's
3. Domestic Abuse and sexual harassment or violence reported by our staff.

4.1.3 Learning Disability and Autism Team

Fig. 5 Learning Disability and Autism (LDAT) Structure



In November 2023 (Q3), the team came under the Safeguarding Service portfolio and began to report formally in Q4. Data collation is still emerging in conjunction with Epic Optimisation.

Overview of Q4
Achievements

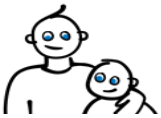
a. Launch of LD & Autism Friends & Family feedback system on 1 April 2024.
b. Intranet and Internet sites updated including family access to the GOSH Hospital Passport.
c. Mental Capacity Act (MCA) Working Group commenced.
d. Standard Operating Procedures created to support staff
e. LD & Autism Matron is now the Trust Lead for MCA/Deprivation of Liberty Safeguards (DoLs).
f. Multi-disciplinary Working Group in place to review education offer of MCA training.

Challenges

a. Increase in referrals to the service by 52.84% compared to Q4 2022/23.
b. Training and development in place to reduce Trust staff using the LDA Team for clinical holding.
c. Development of metrics on the Epic system to identify neurodiverse patients appropriately, including the use of FYI flags.
d. Enhanced education and training for staff in development, to ensure understanding of compliance to the Mental Capacity Act (2005) in relation to legal restrictive practice and capacity assessment.

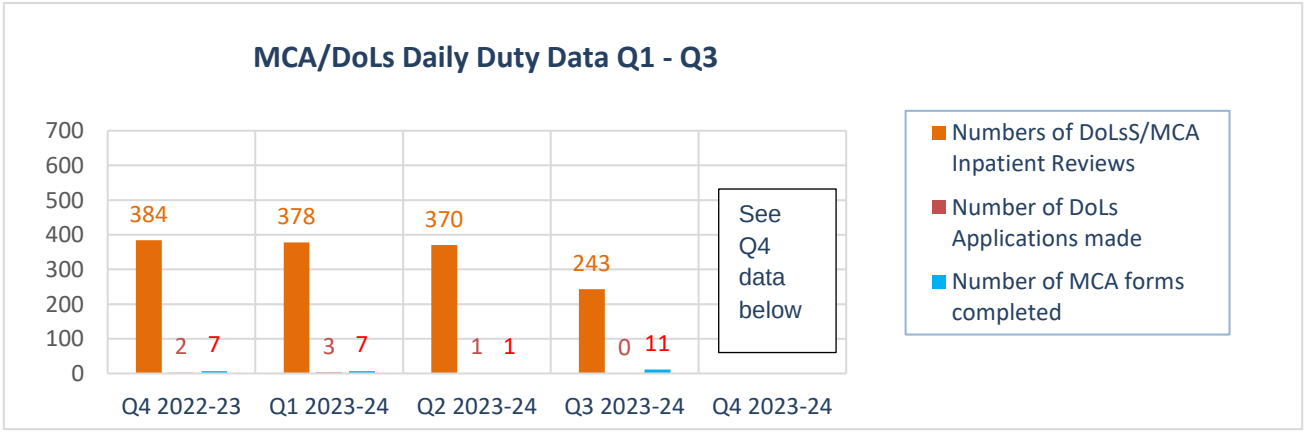
General Updates

a. Trust LD & Autism Policy near completion and will be presented to the Policy Assurance Group in July 2024 for ratification.
b. Trust compliance to the NHS England's Reasonable Adjustment Standards is under review.



4.1.4 Mental Capacity Act & Deprivation of Liberty Safeguards (DoLs)

a. The MCA role has been folded into the Learning Disabilities and Autism Matron role and the Learning Disability and Autism team now sit under the oversite of safeguarding.
b. The Learning Disability and Autism team now also part of the MCA list review rotation on EPIC alongside the Safeguarding Service.
c. LPS will now not be implemented until a new parliament is in situ, so there will be no updates on this until late 2024 at the earliest. Due to this delay the planning for implementation will be reviewed when more information is received, and focus will be put on ensuring the trust is suitably compliant with the current iteration of the legislation.
d. The number of MCA forms being completed on EPIC remains low. Work in conjunction with the SNAPS Clinical Nurse Specialist team is being planned to identify and learn from where issues are occurring so better engagement across trust can be achieved.
e. The MCA training is in review, and a regular meeting between the LD and Autism Matron, LD and MH education, Safeguarding and Safeguarding education is now occurring.
f. A Trust wide SOP is being finalised with the aim to raise awareness from this and we expect to see an increase in these referrals.
g. An MCA working group with relevant professionals across the trust is being created to guide how MCA compliance within trust works moving forward and to help facilitate better clinical engagement.

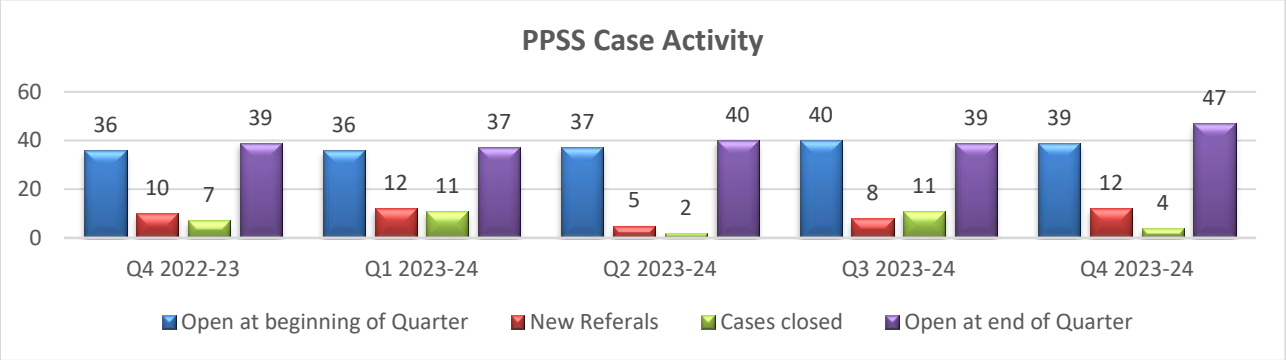


Attachment R

Q4 Activity	Q4 2022/23 Not All Data Previously Collated	Q4 2023/24
Referrals	**119**	**239**
Reasonable Adjustment Flags	*Data not collated*	**282**
LDA Mandatory Training	*Data not collated*	**76%**
Daily Duty DoI/S /MCA Reviews	*Data not collated*	**273**

4.1.5 Perplexing Presentation Support Service (PPSS)

a. During Q4 of 23-24 the referrals into the service has seen an increase in referrals, to **12 new referrals**. Referrals continue to be only generated through teams already aware of the service or where concerns have escalated to the point of referring to the safeguarding service.
b. Within Quarter 4 the team have been able to **close 4 cases** where clarity was gained and
c. concerns were resolved, or the case was discharged, and information appropriately handed over to local health teams. This figure is lower than previous quarter and reflects the very active nature of many of our current cases and lack of capacity to keep an active overview of all cases such as green where they may be able to close.
d. At the end of Quarter 4 the service has **47 active cases** where clarity is required with regard to health. This continues to be a high number of open cases and reflects the ongoing demand for the service across the Trust.

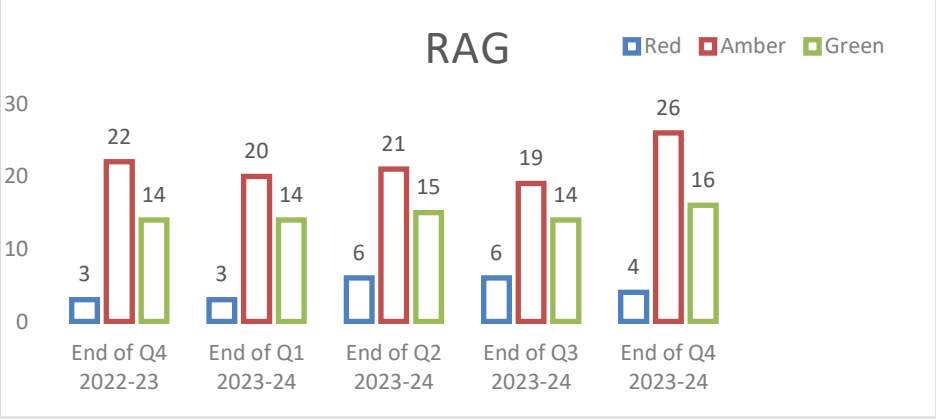


Cases are risk rated (RAG):

Green - cases where concerns are at a low level but ongoing requiring monitoring and communication with the MDT.

Amber – cases rated as medium risk but ongoing requiring input and communication with the MDT.

Red – Cases agreed to be at high risk either there is an active section 47 enquiry ongoing, are on a CP plan where GOSH are leading with medical care/input and there are new/fresh significant concerns arising of a perplexing nature.



During Q4 of 2023-24, two of the cases met a threshold of significant harm under section 47 of the Children Act (1989). The PPSS were able to work with both the clinical teams at GOSH and locally and the statutory agencies to support in creating education rehabilitation plans in accordance with the RCPCH (2021) guidance on FII. These plans support the coordination of an agreed, structured and realistic plan to restore function to these children where through the significant harm posed, they have either been made more unwell or come to believe they are more unwell than they truly are.

4.1.6 Joint Working: Psychological and Mental Health Services (PAMHS) and Safeguarding Service

Joint working continues with PAMHS, within the Body, Bones and Mind Directorate. The Safeguarding Service attend MDT, multi-agency meetings, psycho-social meetings.

All reporting via Mental Health Services Data Set Restrictive Interventions Reporting continues as per requirements. The Trust follows the Therapeutic Holding and Restraint Policy (2020). Since the end of Q3, the Head of Nursing for Body, Bones & Mind (BBM) has developed a strategy and the multi-disciplinary Clinical Holds Committee to provide governance, scrutiny, guidance, and actions for all Clinical Directorates.

The Committee will produce quarterly reports from Q2 2023/24

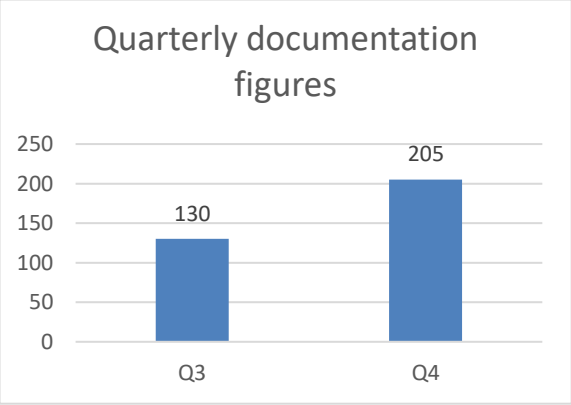
4.1.7 Health Care Transition

Healthcare Transition tab

Achievements in Q4

The Healthcare Transition tab is live in Epic for all patients 12 years and over since September 2023. The tab enables specialties to easily document and track a patient's current transition journey, provide oversight for those patients who are under multiple specialties and centralise healthcare transition documentation to provide a holistic approach to the young person's transition journey and reduce transitioning to multiple different adult hospitals where possible. In Q4 there have been 205 entries, an increase of 157%.

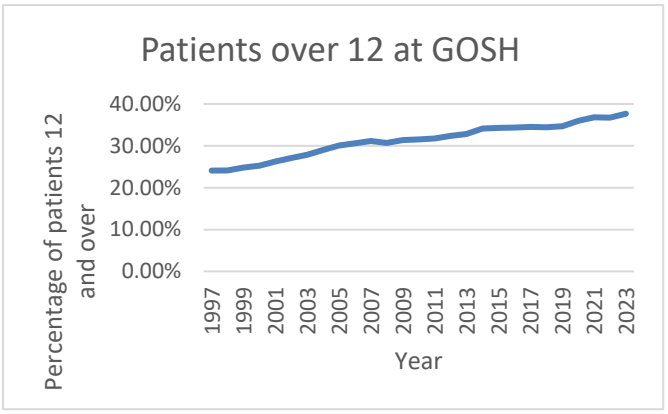
Following the launch of the Healthcare Transition tab, further work to be done in collaboration with staff and young people to improve the accessibility and flow for patients and staff. Following feedback, the Ready, Steady, Go element has been adapted and additional information to support young people with learning disabilites, autism and additional support has been included. The new updates should go live by May 2024.

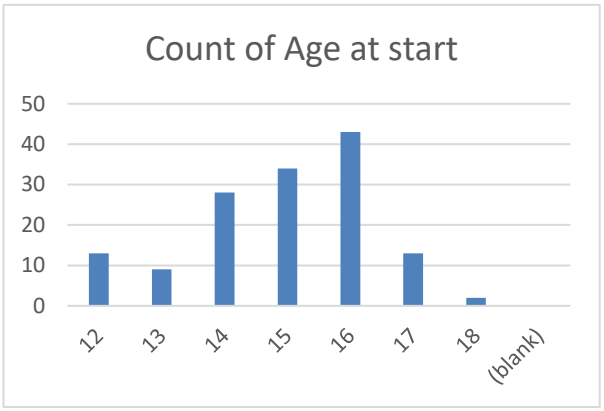


Attachment R

Challenges in Q4

The current population of patients over 12 years at GOSH is 37.67%, gradually increases each year. There is an increasing demand for effective healthcare transition and developmentally appropriate healthcare. However, patients on average, start transition after 15 years despite national guidance stating 12-14 years and the GOSH policy stating 12 years in accordance with secondary school ages. The Q4 data shows an increase in patients starting healthcare transition at 16 years.

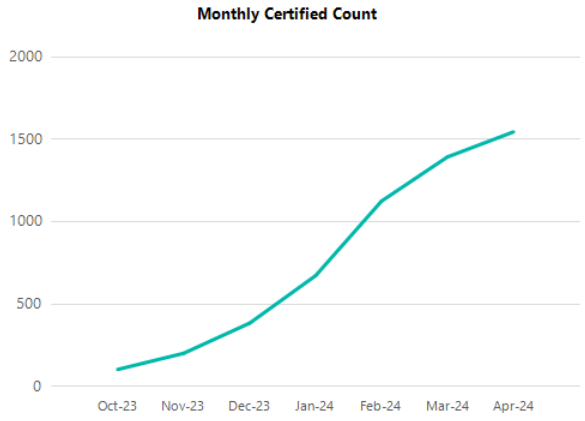


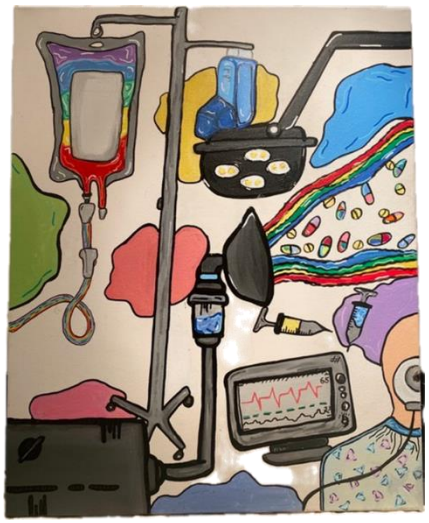


Education

Achievements in Q4: Healthcare Transition Training went live on Gold September 2023. The tool has been developed to support clinical teams understand the basic principles of Healthcare Transition and the process and tools available at GOSH. Currently 21% of relevant staff have completed the healthcare transition training.

Challenges in Q4: Ongoing work to improve education compliance throughout the trust.





Entry for Adolescent website competition run by Health Transition Lead

5. Training

The new training programme has now been running since April 2022. The Key Performance Indicator (KPI) minimum compliance for mandatory safeguarding training at all Levels is **90%.**

The Intercollegiate Document 2019[1](ID) lists several competences at all levels. Each level has accompanying compliance 'hours' over the 3 years, so for example, staff competency at **Level 3** equates to a minimum of 12 – 16 hours of 50% e-learning and *'50% of indicative education, training and learning time will be of a participatory nature, interactive and involve the multi-professional team wherever possible[1].'*

Level 2 is a minimum of compliance hours of 4 hours over 3 years:

> In Q4 2022/23, the option for e-learning refresher training for Level 2 staff was removed, and all level 2 staff must now attend a 3-hour session which is delivered either face to face or virtually.

Level 3 is a minimum attendance 6 hours face to face or virtual study day once every three years.

In addition, Level 3 staff need to attend 4 to 8 hours of blended learning over a three-year period. Blended learning opportunities offered through the DEN include live sessions of the Child Abuse Review Meetings, Safeguarding Champions training sessions, reflective learning records (which include safeguarding supervision) and Camden Safeguarding Children Partnership training.

5.1. Quarter 4 Update

Average attendance levels at the Level 3 safeguarding study day for this quarter continue to remain at 80 staff per month if newly inducted staff are included. Since April 2024 there is an improvement in attendance, and this will be covered in the Q1 report.

1,800 current GOSH staff will become non-compliant in their safeguarding training between January 2024 and April 2025. For compliance to be at 90% in April 2025, an average of 150 staff need to attend the study day between April 2024 and April 2025.

How staff are being supported to attend safeguarding training:

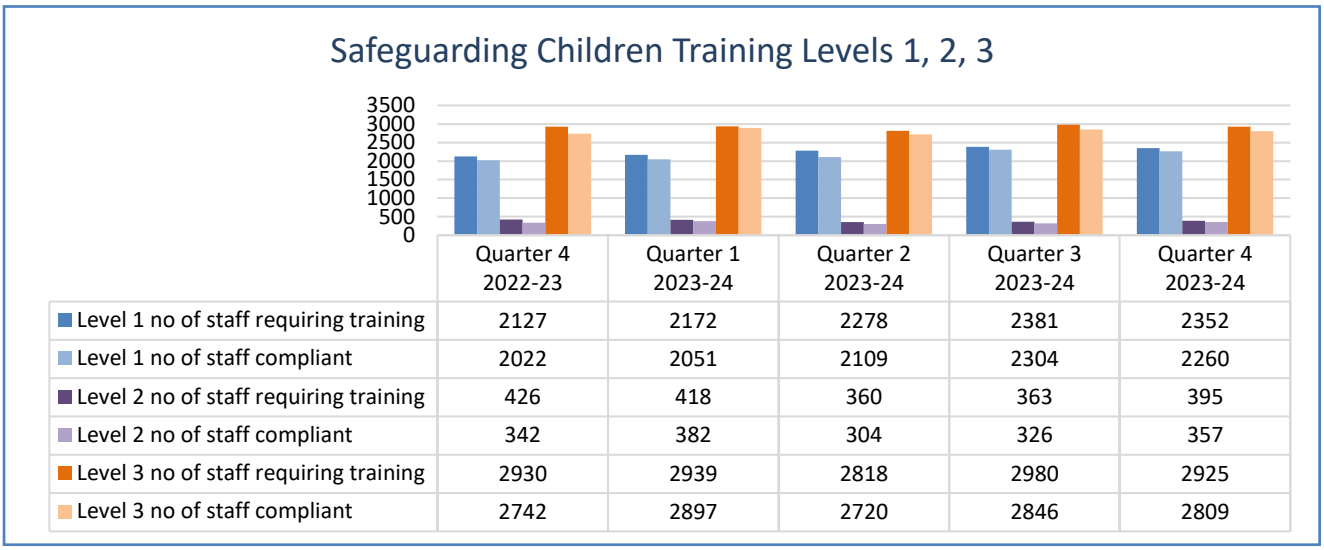
Every month, we continue to facilitate:

- 3 safeguarding study days for existing staff (level 2 staff can attend the morning session; level 3 attend all day session)
- 2 safeguarding study days for new staff (level 2 staff can attend the morning session; level 3 attend all day session)
- 1 half study day for Junior Doctors (who are required to attend the second half day within 2 weeks)

In addition:

- The new PDR will contain questions about safeguarding training and how staff have put it into practice.
- Safeguarding compliance is reviewed at monthly Statutory and Mandatory Training Group meetings; at Operational Safeguarding Group and Strategic Safeguarding Committee meetings.
- A newly formed Safeguarding Compliance Working Group meets regularly to monitor attendance and put mitigations in place.
- The safeguarding training risk has been submitted to the Ops Board for consideration as a Trust wide risk.

We are also responsive to bespoke training requests. For example, in the last quarter we have held sessions on Adoption and other legal orders for our Outpatient teams (in response to a complaint). We held a workshop facilitated by a leading expert in trauma informed care from Kent County Council which was recorded and will soon be available on GOLD. All of our blended learning will be made available on GOLD in the near future to support learners with accessing safeguarding children training.

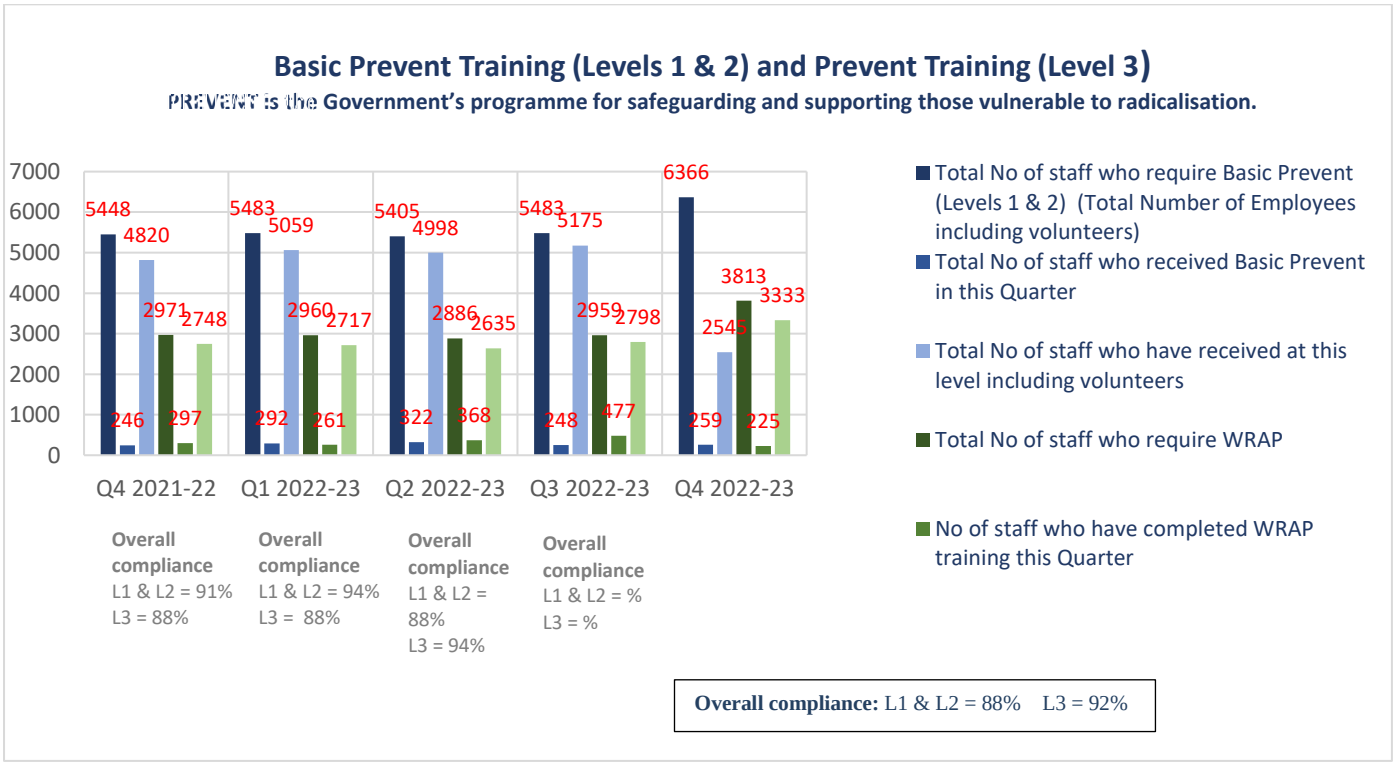


	Quarter 4 2022-23	Quarter 1 2023-24	Quarter 2 2023-24	Quarter 3 2023-24	Quarter 4 2023-24
Level 1 no of staff requiring training	2127	2172	2278	2381	2352
Level 1 no of staff compliant	2022	2051	2109	2304	2260
Level 2 no of staff requiring training	426	418	360	363	395
Level 2 no of staff compliant	342	382	304	326	357
Level 3 no of staff requiring training	2930	2939	2818	2980	2925
Level 3 no of staff compliant	2742	2897	2720	2846	2809

5.1.2 Mandatory Training: Prevent and FGM

The Trust is required to report cases on a quarterly basis to NHS Digital for both Female Genital Mutilation (FGM) and PREVENT. FGM training forms part of Levels 1, 2 and 3 Safeguarding mandatory training offer.

There have been no reported Prevent cases in 2023/24.
There has been no reported FGM cases in 2023/24



5.1.3 Honorary Contracts

Staff holding honorary contracts are currently at 79% (Q4) compliance for safeguarding level 3 training.

Honorary Consultants are required to provide evidence of safeguarding training via their substantive Trust; if unable to they are also able to access training via the GOSH Academy.

An update on the review of the Honorary Contract policy has been sought.

6. Safeguarding Supervision

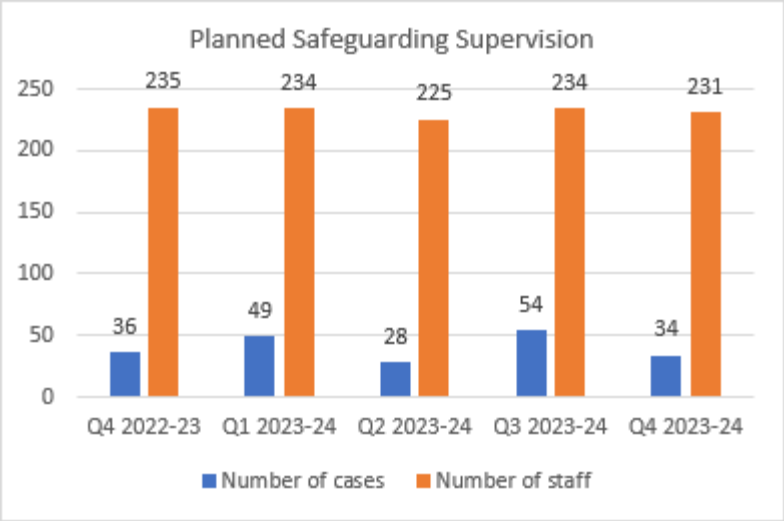
The CQC's Key Lines of Enquiry (KLOE) under **Effective** asks **in E3: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?**

Compliance to supervision states in E3.4 '*What are the arrangements for supporting and managing staff to deliver effective care and treatment? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation).'*

So that safeguarding supervision is made available to all staff and to ensure compliance with the KLOE (outlined above), we have developed safeguarding supervision guidance. Group supervision is offered to clinical teams, wards, areas and it is likely to be multi-disciplinary. Different specialities can also request group supervision (for example AHPs, SLT, safeguarding champions). Ad hoc and one to one safeguarding supervision is also offered.

Attendance at safeguarding supervision contributes an hour towards safeguarding blended learning. This will be reflected on the new GOLD platform. A priority for the next quarter is to ensure that more teams across the Trust receive safeguarding supervision, and that our facilitators are supported to lead these sessions.

Where it takes place safeguarding supervision is positively received. Some teams have established regular supervision sessions – for example, MCU, CSPs, ICUs and metabolic teams. Other teams have yet to establish sessions. EPIC now contains a function for staff to record a supervision session and also numbers of staff attending.



The data covers the number of planned supervision sessions which include the new safeguarding supervision offer; sessions delivered by the Named professionals; cases discussed in the Perplexing Presentation Service and the Complex Gastro.

7. Serious Incidents & Patient Safety

7.1. Child Safeguarding Practice Reviews (CSPR), Serious Case Reviews (SCRs)

GOSH with its tertiary nature means that any registered child may be subject to a child abuse or neglect, resulting in serious harm or death. In 2018, Under *Working Together to Safeguard Children* 2018, Serious Case Reviews (SCRs) have been replaced by Child Safeguarding Practice Reviews. The guidance and criteria for carrying out reviews has also changed. Some cases were commenced under the previous version of SCRs prior to changes, so have been concluded under that model.

When a child dies or is seriously harmed in circumstances where abuse or neglect are known or suspected (i.e. is a serious child safeguarding case), Local Safeguarding Children Partnerships/Boards are required to consider if a Child Safeguarding Practice Review (CSPR) is appropriate to consider the involvement of organisations and professionals with the child and family. In order to do this, a rapid review must be carried out within 15 days of the notification of the serious child safeguarding case to the National Child Safeguarding Practice Review Panel

GOSH may also be involved in local Learning Reviews, which there is multi-agency learning, but has not met the threshold for a CSPR. As we provide services to a number of adult patients, we may also be involved in Domestic Homicide Reviews (DHRs). Learning from recent SCRs/Adult Reviews/ DHRs or CSPRs where GOSH are shared at a Trust-wide lunchtime seminars.

Serious Case Reviews (SCRs):	**2 cases open:** These cases are yet to be published. The delay continues due to on-going police investigations or criminal proceedings. 1 case published in 2024. Recommendations and learning will be disseminated accordingly.
Child Safeguarding Practice Reviews (CSPRs):	**7 cases open** ○ 3 cases are awaiting author sign-off and publication ○ 1 case: In progress ○ 1 case: Practitioner Reflective Event held in June 2024 which was attended by GOSH professionals. LSCP plan to have report published in September. ○ 1 new case: CSPR initiated following a Rapid Review meeting held in January 2024. Learning Event to be held in July. ○ 1 new case: CSPR initiated following a Rapid Review meeting held in February 2024. Awaiting further information from Local Safeguarding Children Partnership.
Local Learning Reviews:	**1 open case** Actions to be reviewed by the LSCP for any updates
Adult Learning Review:	1 case open Information submitted to the Local Safeguarding Adults Board. Awaiting further updates.

7.2. People in a Position of Trust

The Trust is compliant with the guidance in London Safeguarding Children Procedures (2024) which states that an allegation may relate to a person who works with children who has:

i. *behaved in a way that has harmed a child or may have harmed a child.*
ii. *possibly committed a criminal offence against or related to a child.*
iii. *behaved towards a child or children in a way that indicates they may pose a risk of harm to children.*
iv. *behaved or may have behaved in a way that indicates they may not be suitable to work with children.*
v. *Behaves in a manner that discriminates against a child on the basis of one or more of their protected characteristics.*

7.2.1 Internal Allegations against Staff or Volunteers (ASV).

The ASV process is led by a small group of senior leads, which investigates allegations whether internal or external, that may have an impact on their suitability to practice in whichever department they are based.

All investigations remain strictly confidential and are filed electronically in a restricted access file within safeguarding. Where it is necessary to liaise with the statutory agencies (i.e., children's social care or the police), this is completed in confidence via the Local Authority Designated Officer (LADO).

a. **Total cases for 2023/24 to end of Q4 = 7**

7.2.2. The Disclosure and Barring Service (DBS)

The Trust DBS policy was updated in December 2020, in line with national guidance and includes the Adult Barred List.

a. Reviews of Positive Declarations by Nurse Consultant for Safeguarding in 2023/24: **Total = 6**

7.2.3. Persons Who Pose a Risk

The Safeguarding Service works closely with the Risk, Social Work, Security and Directorate Nursing Teams to ensure a safeguarding perspective is included in the risk assessment where there are concerns about a parent, carer or someone known to the family, under the person who may pose a risk process.

This includes participation in meetings of cases of those who pose a risk, safeguarding and safe and respectful behaviour.

7.3 Safeguarding Complaints reporting 2023 -24

Total No.	Lead Investigator	Contributing
7	2	5
Themes		
	▪ Challenge of child protection referral ▪ Parents felt not listened to ▪ Behaviours and attitude	▪ Clinical care ▪ Safeguarding ▪ Communication/information ▪ Breach of confidentiality ▪ Discharge arrangements ▪ Outpatient appointments

8. Adults (18+) patients

Care Act 2014

The statutory framework introduced under the Care Act applies to any person aged 18 or above who:

a. has needs for care and support (regardless of the level of need and whether or not the local authority is meeting any of those needs)
b. is experiencing, or is at risk of abuse or neglect, and
c. as a result of those needs, is unable to protect themselves against the abuse or neglect or the risk of it.

GOSH has a duty of care to vulnerable adults using its services under current commissioning arrangements, registered on Epic, as well as other stakeholders including staff and within the Think Family agenda.

During the next financial year, recruitment to a dedicated statutory Safeguarding Adults Lead with operational responsibility for Prevent, Parity of Esteem and Learning Disability, to strengthen the requirements for the Care Act and enhance the current support and needs within this cohort.

9. Safeguarding Audits & Consultations

Safeguarding Audits & Consultations

9.1 Internal Audits

9.1.1 NICE Guidelines on Looked After Children (LAC)
This audit is ongoing. Its purpose is to review if the Trust are meeting the needs of looked after children and if the Trust is meeting the NICE guidelines. The audit will identify areas of development to address health inequalities within this patient cohort.

a. A database of LAC health teams has been completed and we are looking at best ways for this to be accessible for staff.
b. Stakeholders including LAC social workers and LAC health teams will be invited to attend focus groups to explore how GOSH can support its children in care cohort more effectively. It is hoped to have the first meeting in September 2024.

9.2 External Audits

9.2.1 The Safeguarding Service has not contributed to any Camden Local Safeguarding Children Partnership (LSCP or Safeguarding Adults Partnership Board (SAPB) audits in 2023/24.

9.2.2 Ineqe Independent Safeguarding Review

a. In Q3/4 (2022/23) the Independent Safeguarding Review commenced. The Ineqe Safeguarding Group was commissioned to review the current arrangements, making recommendations to ensure safe and responsive systems and processes are robust, but are also embedded in practice across all areas of the organisation.
b. Following the completion of extensive focus groups, individual interviews and a 360° tabletop exercise, the final report is awaiting publication.

9.3 External Local and National Consultations

The Lead Safeguarding Practice Educator has set up a multi-disciplinary Consultation Working Group to respond to all local and national consultations on behalf of GOSH.

10. Key Priorities 2024/25

Key Priorities

Overall, the draft Safeguarding Strategy will be informed by the recommendations from the Independent Safeguarding Review, but below are the aims for Year 3 2024/25

10.1 Training & Development

a. GOSH Safeguarding Conference
b. Annual training on direct work with children and families such as use of Genograms, Ecomaps and other tools
c. Perplexing Presentation Support Service - income generated referral mechanism
d. Business planning for Safeguarding module with link university

10.2 Specific Projects

a. Link Health Visitor & Midwife Pathway for ICUs
b. Pilot of Urology Adolescent Pre/post Assessment clinic with sexual health nurse and youth worker
c. Involvement in the NCL Start Well Programme
d. Review of Adult (over 18yrs) commissioned services in GOSH in line with the Care Act and Working together to Safeguard Children.
e. Completion of the Suspected Abuse Protocol led by the Named Doctor for Safeguarding.

10.3 Future Metrics as part of Safety Surveillance and Health Inequalities

a. Non-accidental injury/fatal cases
b. Avoidable accidental injuries to under 5's
c. Domestic Abuse and sexual harassment or violence reported by our staff.
d. Emerging themes and learning from the Patient Safety Incident Response Framework (PSIRF)

11. References

- Think child, think parent, think family: Introduction - Think Family as a concept, and its implications for practice (scie.org.uk)
- [1]Think Family is the approach used by the Troubled Families programme to encourage services to deal with families, rather than responding to each problem, or person, https://nhssafeguarding.app/context-of-NHS-safeguarding/s2-05/separately .
- Also in consideration to pregnancy and birth: https://www.england.nhs.uk/mental-health/perinatal/perinatal-mental-health-resources/involving-and-supporting-partners-and-other-family-members-in-specialist-perinatal-mental-health-services-good-practice-guide/underpinning-principles/
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing (rcn.org.uk)
- prevent-training-competencies-framework-v3.pdf (england.nhs.uk)
- Mental Health Services Data Set - NHS Digital
- Reducing the need for restraint and restrictive intervention (publishing.service.gov.uk)
- Child health inequalities driven by child poverty in the UK - position statement | RCPCH

Picture Credits with thanks to GOSH Arts

Cover page: *Resident artists Tara-Brigitte Bhavanni and Hattie Whitehead perform outside the temporary entrance to Great Ormond Street Hospital, featuring artwork by HAQUE TAN and children and young people from the Great Ormond Street Hospital School.*

This page: *A young person participates in a GOSH Arts workshop led by Cecelia Knapp and Chocolate Films*

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board 11 September 2024	
Business Continuity Annual Report 2024 **Submitted by:** Rachel Millen, Emergency Planning Officer	**Paper No: Attachment S** □ **For Approval**
Purpose of report To present an annual review of the emergency planning work from September 23 – September 24, and the current expected compliance of the National NHS England Core Standards.	
Summary of report This report summarises the work of the emergency planning team, key aspects of the organisation's emergency preparedness over the past year and how the trust maintains its readiness to prepare, respond and recover from both emergencies and disruptive challenges. Throughout the year a continuous process of exercising, testing, training, and assurance has taken place. The Trust continues to work with external agencies such as NHS England and other trusts to ensure maximum preparedness and business continuity following any adverse major incidents.	
Patient Safety Implications If compliance of exercise and training becomes low this will have implications to patient safety. If business continuity plans become out of date for a period of over one month this may have implications to patient safety.	
Equality impact implications None	
Financial implications Not Applicable	
Strategic Risk BAF Risk 8: Business Continuity	
Action required from the meeting. Approve the report	
Consultation carried out with individuals/ groups/ committees This was reviewed at the Executive Management Team Group, ahead of review at Trust Board.	
Who is responsible for implementing the proposals / project and anticipated timescales? Emergency Planning Officer	
Who is accountable for the implementation of the proposal / project? Chief Operating Officer/Deputy Chief Operating Officer	

Great Ormond Street Hospital NHS Foundation Trust

Business Continuity Annual Report 2023/24*

1. Executive Summary

The Trust is committed to developing and maintaining policies and procedures by taking a proactive approach to emergency preparedness, resilience, and response (EPRR). The purpose of this report is to provide information relating to Business Continuity and Emergency Preparedness, Resilience and Response across the Trust in 2023/24*. It explains incidents, compliance with NHS England (NHSE) core standards, Training and Exercises, and continuing plans to take forward and improve the management of emergency planning and business continuity in the Trust.

*Please note that the EPRR reporting runs from September – August each year in alignment with core standard deadlines.

2. Introduction

This report summarises the work of the emergency planning team, key aspects of the organisation's emergency preparedness over the past year and how the trust maintains its readiness to prepare, respond and recover from both emergencies and disruptive challenges. Throughout the year a continuous process of exercising, testing, training, and assurance has taken place. The Trust continues to work with external agencies such as NHSE and other trusts to ensure maximum preparedness and business continuity following any adverse major incidents.

3. EPRR Assurance

The Emergency Planning Officer (EPO) will complete a RAG rated self-assessment against the NHS Core standards for EPRR on Friday 6th September 2024.
Last year the organisation remained 'Fully Compliant'.
This year's assurance meeting will take place on Tuesday 22nd October 2024. NHSE, the Trust's Accountable Executive Officer (Chief Operating Officer), The Trust's Alternative Accountable Executive Officer (Deputy Chief Operating Officer) and EPO will take part in the meeting, where we will review and confirm core standards have been achieved and highlight any areas that currently require improvement. We will then be issued a final compliance result. We are continuing to rate the organisation as 'Fully Compliant', with a review into some areas that require further work this year. This year's review will continue at the shortened version of one hour. This will continue to focus on previous outstanding actions and a general review of the core standards.

We will continue to be reviewed by NHSE and NHS North Central London (NCL) Integrated Care Board (ICB).

This year's deep dive will focus on Cyber Security which will include ensuring ICT feed into the wider Emergency Planning Groups work programme for 2025.

For the third year we will be tested against a new deep dive question in relation to the London Local Health Resilience Partnership (LHRP) Equality Diversity Inclusion (EDI) subgroup which focuses on the organisation's EDI arrangements for EPRR. The standard will allow an anonymised view of the situation across NHS EPRR in London leading to the identification of themes that the group can support and/or good practice to draw on and share. Completion continues to not be a mandatory part of the process, and will not contribute to the organisation's overall compliance rating or subsequent report.

At Trust level, The Emergency Planning Group continues to meet on a quarterly basis to review the progress of the yearly work plan and the training & exercise programme. Plans and policies are reviewed and discussed here before being taken to Policy Approval Group or Operational Board for agreement and sign off.

4. Business Continuity Plans and Polices

The Trust Business Continuity Plan has been reviewed ahead of this year's assurance meeting, confirming a yearly review of the policy has taken place. This continues to support the Business Impact Assess and RAG (red/amber/green) service criticality ratings.

Using the 'Business Continuity Plan Tracker', we continue to review and challenge out of date plans to ensure the level of non-compliance plans stays low. All business continuity plans that remain low will be raised at the emergency planning group.

We also work closely in partnership with Moorfields eye hospital to ensure we share learning from a specialist hospital perspective. As a part of the partnership, we have also arranged peer review of the business continuity plan for each organisation.

The GOSH EPO is now the co-chair of the specialist trust EPRR check and challenge policy review group, we are meeting quarterly and review policies ahead of organisational sign off. This has significantly improved the quality of policies since being introduced.

5. Training and Exercises 2024/25

Training type	Audience/role	Content
Duty Manager refreshers *Yearly*	General Managers and Heads of Nursing on the Duty Manager rota with on call function	• Incident response • Setting up incident control centre • Scenario training • Lessons identified through minor incidents • Debrief
Exec on Call Training *Yearly*	Training for all Exec on call to confirm competence in understanding and how this will be implemented	• Incident Control Room • Key Stakeholders • Press / Media training • Recovery • Mutual Aid • Debrief
Principles of Health Command *3 Yearly*	Executive Management team and Directors fulfilling the Gold rota with on call function	• Civil Contingencies Act responsibilities • Defensive decision making • Legal considerations and logging
Incident Loggist's Training *Monthly*	Volunteers from across the Trust fulfil the loggist role We also support local trusts by training some of their staff to support the NCL area.	• Emergency management overview • Methods of logging • Legal background and reasoning
CBRNE (Chemical Biological, Radiological, Nuclear and	Reception staff who deal with unattended bookers. CSP staff who deal with unattended bookers.	• Identification of CRBNE / HAZMAT situations • Safe isolation of persons

Training type	Audience/role	Content
Explosive) /HAZMAT (Hazardous Material) Training *Yearly*	Security staff who deal with unattended bookers.	• Protection of non-contaminated personnel • Working with external stakeholders to ensure safe management of incidents.
Mental Health Act Training *Two yearly*	All duty managers, Exec on call and CSPs require mental health act training in alignment with the newly acquired CQC service.	• Comprehension of Mental Health Act • The purpose of legislation • Review of inpatient CYPMH service • Review of roles and responsibilities

The ***Duty Managers*** who carry out the Trusts tactical on-call function (Silver rota) will ***receive refresher training on a yearly basis*** in managing the response to emergencies, with an expectation that they attend at least one session per year. This training incorporates learning from real incidents which have occurred both in the Trust and across the London region and includes setting up the incident control room and running through their roles. This will support the assurance process for on call training arrangements.

Exec on Call Training these sessions should take place yearly to support new members of staff who have joined the exec on call rota. Those on Exec on call are expected to compete this training once a year minimum. As like the Duty Manager training this will also support the assurance process for on call training arrangements.

Principles of Command (Replacing Strategic Leadership in a Crisis) virtual dates are currently being shared with the Executive team. These sessions are running by NHSE and are focussed on EPRR Planning and response arrangements, Awareness of the requirements of the CCA 2004 and associated guidance, roles, and responsibilities of other emergency partners, planning and response arrangements within the organisation, concept of “Defensive decision making” and Overall performance of the response team. Exec on call staff are only expected to complete these sessions 3 yearly.

CBRNE (Chemical Biological, Radiological, Nuclear and Explosive) /HAZMAT (Hazardous Material) Training This is a new training programme that has been rolled out this year, as highlighted as a possible gap in learning.
Due to the increasing risk of a CBRNE / HAZMAT incident occurring in London its crucial all organisations have a clear decontamination plan and are confident we know how to safely isolate a situation until we can receive external support from NHS LAS and London Met Police.
This training will initially prioritise reception staff who will be likely to meet these unattended bookers, followed by security and CSPs who are the next stage in the action plan.
This training will be completed yearly.

Mental Health Act Training
This year we have rolled out the mental health act training to prepare the command-and-control staff on the upcoming new CQC service we will be receiving.
This training covers a thorough review of the mental health act, a breakdown of the European convention on human rights. A review of all the different roles and responsibilities involved in this new service was reviewed along with a breakdown of what the sectioning means for us and examples.

Exercises

Lock down Exercise.
This year for the first time, the security team were tested on their ability to lock down every building within the hospital. This focused on the new main entrance which was yet to be lock down tested. The security was able to lock the entire trust department by department within 1 hour. This also highlighted some important lessons learned that will be incorporated into existing plans.

Missing Child Exercise – This tested the initial incident team's response to finding a missing child. This included participation from our local police colleagues in Holborn. The test focussed on security location searching.

Mental Health Act Exercise
After the Mental Health Act training, staff where then given scenarios to review what they would do with different situations where ether patients or families were distressed/absconded and how they would manage this in alignment with the new requirements around sectioning patients.

Space and Place – Power Outage Exercise
After last year's power outages, it was acknowledged that the space and place team needed some more specific and localised action cards to manage the risks and create 'to do' lists to ensure all staff in particular new starters new what to do and when, whilst dealing with outages to ensure the information feeding into the tactical (silver) command meetings was swift and accurate.

Exercise Flambé is an interactive table-top exercise which explores staff roles during a full ward evacuation because of a fire. The session identifies 'best practice' for their specific area and learning from the 'Live' evacuation exercises. These sessions are done on a rolling basis and the EPO has had input into the content and supports the training.

Winter Surge 2024 to prepare for this year's winter surge, we hosted a tabletop lesson learned session where all directorates reviewed last years winter plans, and we checked and challenged gaps within these, and created possible changes for this year.
We ran a debrief which highlighted the need for regular testing of winter surge arrangements, as the organisations surge plan was originally created to support Covid 19 winter pressures, so the requirements and expectations have changed significantly since this time.

The learning from all training and exercises is shared with the Emergency Planning Group and supports the review process of the relevant emergency plans and training programmes. This is also taken to the Patch Emergency Planning Groups to discuss best practice.

6. Incidents

Suspected Car bomb Brunswick
This year, communications was shared via ULCH to a suspected car bomb threat within the Brunswick car park. This instantly stood up preparation for an incident and runners were activated. By the time communications and information was prepared the incident was stood down by the police and cordon re opened.
The learning that came from this, was that we needed a quicker way to send communications out so we have updated the snapcomms process to support urgent cascades of communication. We also never identified how UCLH had information that was yet to be shared with GOSH and therefore

could have caused confusion and disruption as the information was not escalated through the usual routes.

7. Next steps

The EPO supported by the Emergency Planning Group will continue to progress with emergency preparedness across the Trust with emphasis on training and exercises for all senior managers and decision makers. There continues to be a focus on business continuity across the Trust and the need for deeper dives into business continuity plans and local testing.

The EPO will be reaching out to directorates to individually check and challenge local plans to ensure they include criteria for all services including the non-critical areas.

Attachment T

Great Ormond Street Hospital for Children NHS Foundation Trust

Summary of the Quality, Safety and Experience Assurance Committee held on 3 July 2024

Matters arising/ Action point checklist

The Trust had not been able to appoint a Chief Engineer and the committee noted the mitigations that were currently place. In the event that this challenge persisted, it would be important to consider revising the structure of the team and an update on this would be provided as part of the next update on estates compliance.

QSEAC Interim workplan 2024/25

A full review of the QSEAC work plan was being undertaken following the committee effectiveness review and the committee's review of a paper by Sands and Tommy's Policy Unit around reporting to Boards and assurance committees. An interim work plan had been updated to reflect the current activity of the committee and this was approved.

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

- Infection Prevention and Control Annual Report 2023/24

There had been a number of successes for the Infection Prevention and Control (IP&C) team in the year including implementation of the Patient Safety Incident Response Framework (PSIRF) and the development of clinical sepsis training. There had been a significant reduction in sampling failures for microbiological sampling from up to 50% to less than 2% as a result of a business case to undertake this internally. Challenges continued around ventilation although progress was being made and good working relationships were in place with the estates and facilities team.

The Committee discussed the importance of stool screening and expressed some concern that infections may not be identified as a result of lack of compliance in some areas. It was noted that this was monitored by the Executive Management Team as part of the discussion of quality metrics and the team had been very successful in reducing instances of Carbapenemase Producing Enterobacteriaceae (CPE) and Candida and preventing any outbreaks in the hospital.

The Committee noted that there were challenges around Epic and highlighted that this had been an area of frustration in several reports and queried whether the EPR was meeting the needs of the Trust. The process to optimise Epic would continue on an ongoing basis and the epic plan and thrive programme would be considered by QSEAC at a future meeting.

- Safeguarding Annual Report 2023/34

The service portfolio had expanded to include healthcare transition, learning disability and the children and young people's gender service's safeguarding team and a single point of referral had been established which supported the collection of data to identify areas where referrals were not being made. There had been an increase in referrals of more than 50%. There were challenges around training numbers and the number of staff attending the study day each month meant that there was projected to be a substantial reduction in training compliance by April 2025. Data was being cleansed to provide a better understanding of the number of people who had signed up to attend training sessions.

- Annual Patient Experience Overview 2023/24

A key area of focus was out of hours support and activities for patients and activities and social opportunities for older patients which had also been raised in a recent patient story at Trust Board. Progress was being made on

food, however work was still required in this area. The Committee discussed the Young People's Forum (Y\pF)and the importance of broadening the membership of the group as it was an excellent proxy for the patient voice. The number of YPF meetings was being increased with 50% of meetings being held online to support an increased reach to members. The Committee highlighted the importance of hearing the voice of groups whose feedback could not so easily be received and it was noted that the newly appointed co-production lead had a background in learning disability which would support this work.

- Update on Mildred Creak Unit complaint investigation completed by NICHE and actions taken

The action plan arising from the investigation was complete and audits would take place to ensure that actions had been embedded. The Committee asked to receive the reports from these clinical audits. The complaint had been challenging for the team who had worked hard to implement the recommendations and there was a focus on wellbeing and debriefing in the service.

Quality and Safety at GOSH: Chief Medical Officer Report (BAF Risk 12: Inconsistent delivery of safe care)
The Parliamentary and Health Service Ombudsman had been investigating a complaint around a patient's care since at GOSH and another Trust since 2020. The investigation had been focused on allegations of coverup that had been made as part of the complaint and information had been sent to GOSH for factual accuracy checking which indicated that no evidence of coverup had been identified. There was criticism of the care received at both Trusts and the committee reiterated that Trusts had been clear that the review must be focused on the allegations of a coverup; this would be discussed further outside the meeting.

An audit had taken place on referrals to Palliative Care from wards and ICU and had identified that further work was required with particular teams in order to highlight the importance of palliative care for a patient and family.

Outline Business Case Paediatric Critical Care Level 1 and 2 (HDU)
An options appraisal had taken place in 2022 to adapt the way that high dependency care was provided at GOSH which represented approximately 20% of inpatients. The preferred option of one general HDU and three specialty units had been identified and a business case was being developed for this option and an interim state would be developed as a blueprint. The Committee emphasised the importance of focusing on patient flow and highlighted that there were challenges in recruiting and retaining experienced nursing staff. It was noted that the staffing model would provide attractive opportunities in a variety of roles.

Internal Audit Update of quality related reports and closure of quality related IA recommendations
The work on the 2023/24 audit plan was almost complete and it had been agreed that additional testing would be carried out in some areas related to the workforce data and ventilation reports.

- Internal Audit Plan 2024/25

The internal audit plan for 2024/25 had been approved by the Audit Committee and work had begun with the Executive Team to scope the reviews. It was noted that whilst the reporting culture review was focused solely on fraud, discussion was taking place about the methodology being used to ensure that it surfaced rich data about the barriers to speaking up more generally.

Refresh of Patient Safety Metrics
A refreshed set of patient safety metrics was proposed, and discussion took place around quality metrics at QSEAC. The committee emphasised the importance of interrogating data appropriately whilst minimising duplication and presented triangulated data to surface the areas which required additional support.

The Committee noted an update from the April 2024 PEAC meeting.

Update from the Risk Assurance and Compliance Group on the Board Assurance Framework (BAF)
The RACG continued to monitor and review the BAF however no updates had been made to QSEAC related risks.

GOSH Quality Report 2023/24
The report had been approved by the Trust Board and uploaded to the GOSH website.

What went well/ could be better in the meeting?
The Committee welcomed the reduced agenda which had allowed time for deeper discussions.

BAF Deep Dive: BAF Risk 18: Health Inequalities
A number of workstreams were in place and working groups were making good progress. A Quality Improvement project was ongoing as well as a scoping review to understand the breadth of opportunities. The Committee discussed the importance of collaboration in this area given the size of the subject and it was noted that ideas sharing took place with the Children's Hospital Alliance and links were being made across North Central London. Collecting data such as ethnicity was often challenging, and the Trust had developed posters for patients and families in the top five most used languages and information on the website in the top 10 most used languages.

Governor feedback
Discussion took place around the balance between presenting information in an accessible way and providing sufficient information for governance purposes and that whilst presentations were often helpful to support a paper, they were rarely sufficient on their own.

Governors discussed the importance of stool samples and said that this would be challenging for many patients and families who were vulnerable whilst in hospital and had complex health conditions. They noted the challenges around safeguarding training and ensuring that sufficient staff were attending the study now to maintain the trajectory of compliance for the future.

Attachment U

Summary of the Audit Committee meeting held on 19 June 2024

Trust Board assurance committee updates

The committee noted summaries from the following assurance committees:

- Quality, Safety and Experience Assurance Committee – May 2024
- People and Education Assurance Committee – April 2024
- Finance and Investment Committee – June 2024

Chief Financial Officer's review of the Annual Financial Accounts 2023/24, including the Going Concern assessment

2023/24 had been an important year strategically for the Trust and the year end outturn had been a deficit of £4million. A breakeven plan for 2024/25 had been submitted. A desk top valuation of land and buildings had taken place as a full inspection had taken place in 2021/22. Discussion took place around historic International and Private Care deposits which had been written to income after seven years and it was noted that legal advice had been taken and the appropriate due diligence had been done.

Compliance with Trust Risk Management Policy

There were currently 18 risks on the Trust Wide Risk Register which were over 10 years old and a review was taking place to identify which of these were accepted risks and could be closed. There had been an increase in overdue high risks and a recommendation had been made around forward to planning to ensure that high risks could continue to be reviewed during busy periods. Discussion took place around the way in which risk informed daily decision making and the team felt that work was required to escalate and deescalate risks as appropriate. The Committee requested a biannual update to review progress with recommendations.

Internal Audit Progress Report and Head of Internal Audit Opinion

The following reports were received by the committee:

Internal audit	Assurance rating
Data quality: Workforce Data	Significant assurance with minor improvement opportunities
Disaster Recovery (including Cyber Security)	Significant assurance with minor improvement opportunities
Data Security and Protection Toolkit	Significant assurance
Infection Prevention and Ventilation Control	The scope of the review was limited and therefore and assurance rating was not provided

The Head of Internal Audit Opinion for 2023/24 was significant assurance with minor improvement potential.

The Committee noted that a large number of reviews had come to the year end meeting and requested that where delays were being experienced in future reviews that they were escalated to the Chief Executive or Chief Finance Officer. The internal audit plan for 2024/25 was received and the committee agreed that all seven reviews in the plan should be undertaken.

GOSH External Auditor's Annual Report 2023/24 and ISA 260 and Representation Letter

Work continued on the 2023/24 audit and the team continued to target the deadline for completion. Whilst no individual outstanding areas were material, there was a potential for a cumulatively material impact. The Value for Money audit was complete and had not identified any areas of significant weakness. Discussion took place around the timeliness of submitting information to the auditors which had reduced in comparison to previous years and learning had been identified for future audits.

GOSH Annual Financial Accounts and Annual Report 2023/24

The Committee welcomed the documents and thanked the teams for their work to complete them. The annual report and accounts were recommended to the Trust Board for approval.

Epic Benefits Realisation

GOSH had been an early adopter of the Epic system in the UK and early business cases had included significant financial benefits. The importance of Epic as an enabler and the importance of implementing cultural and process change was increasingly being recognised and the Committee emphasised the importance of identifying the softer benefits such as the change in use of clinicians' time and the improvements in patient and family experience. Discussion took place about the interaction between Epic and the Clinical Intelligence Unit and it was noted that work was currently taking place to improve the Day Case Service.

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

Work continued with two risk owners to pilot the 'path to green' process to meet a green rated net risk score and key performance indicators were in the process of being drafted for each BAF risk.

Losses and Write offs

The Committee noted that there had been an improvement in the value of stock loss in pharmacy from the previous year and approved the write offs.

Preparedness: Update on Emergency Planning/ Business Continuity Annual Report 2023/24 (BAF Risk 8: Business Continuity)

Training had been taking place with teams on business continuity which had led to new areas developing business continuity plans which was positive. The business continuity plan in theatres was expired and the team was working on updating the plan for a July 2024 deadline. The Trust had taken part in the Business Continuity Institute Awareness Week for the first time which had provided an opportunity to undertake more loggist training.

Health and Safety Executive: Asbestos Inspection

The Trust had been notified by the Health and Safety Executive that they would be undertaking a planned inspection around the management of asbestos. The findings had been broadly positive, and the Trust was generally compliant with requirements however some recommendations had been made. An action plan was in place and would be completed by the deadline of 12 August 2024. Discussion took place around the potential for asbestos to be present in the Frontage Building and it was noted that a full asbestos survey was taking place now that the building had been decanted.

Local Counter Fraud Specialist (LCFS) Annual Report 2023/24

The Counter Fraud team had recommended an overall green rating against the functional standards tracker which was comprised of 12 green rated metrics. The Committee requested benchmarking information on the performance of other Trusts.

- Local Counter Fraud Specialist (LCFS) Progress Report

There were 16 open cases of which 7 were in the process of being closed. The committee highlighted the importance of sharing any learnings arising from cases with the Trust at the earliest opportunity given the extended timeframes for closing many of the cases.

NHSE Guidance on making payments to Charities

The Committee noted that whilst some payments were made to the GOSH Charity for business-as-usual matters such as building rents, the Trust did not make grants to the GOSH Charity.

Review of Non-Audit Work conducted by the External Auditors 2023/24

No non-audit work had been undertaken by the Trust's external auditors. GOSH had not procured any non-audit work from the internal audit firm however GOSH had received assurance from a piece of work had been undertaken on the Epic go-live readiness of another NHS Trust with whom GOSH shared an Epic instance.

Assurance of compliance with the Bribery Act 2011

The Committee noted the Trust's controls around bribery and discussion took place around the actions had recently been agreed by the Executive Team to improve compliance against the Declaration of Interest and Gifts, Hospitality and Sponsorship Policy.

Revised Audit Committee Terms of Reference

The Committee considered the revised terms of reference, updated in line with HFMA's recently published guidance. Discussion took place around the clause in the Terms of Reference related to the ability to appoint an independent member of the Committee. It was agreed that this ability would remain in the Terms of Reference until the full complement of Non-Executive Directors had been appointed and committee roles had been finalised. The Committee agreed that matters of regulatory compliance related to the Code of Governance, delivery against the Provider Licence and compliance with the Declarations of Interest and Gifts and Hospitality Policy should be retained by the Trust Board. On this basis the Committee recommended the revised Terms of Reference for approval by the Trust Board.

Action: The Trust Board is asked to note the amendments in red in the document and approve the revised terms of reference for the Audit Committee.

Raising Concerns in the Workplace Annual Assurance Report 2023/24

One case had been formally investigated under the Freedom to Speak Up Policy which was a complex case and had been overseen by the NED lead for whistleblowing. The Committee discussed the reduction in staff survey scores for speaking up and noted that training was taking place for managers to support uncomfortable discussions and ensure that they were confident to accept concerns raised by members of their team.

Compliance with UK GDPR 2019 and Data Protection Act 2018

The Committee discussed staff awareness of requirements around Data Protection Impact Assessments and it was noted that whilst some staff did recognise the requirement, more awareness was required in the Trust in general. The DPIA form was complex, and colleagues often required the support of the Information Governance Team to complete it. A process was being developed which would help staff to quickly ascertain whether a DPIA was required, and it was anticipated that this would support a reduction in the backlog of assessments.

Governor feedback

Governors welcomed the breadth of topics discussed and the underlying theme of many of the discussions around supporting and motivating colleagues to exhibit the correct behaviours which would move the Trust forward in its ambitions. Governors said they would welcome an increase of linking topics and taking a

triangulated approach provide a more fulsome overview of the matters discussed.

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST

AUDIT COMMITTEE

TERMS OF REFERENCE

1. Authority

1.1. The Audit Committee is a non-executive committee of the Trust Board of Great Ormond Street Hospital for Children NHS Foundation Trust (the Board), established in accordance with paragraph ~~36~~ 39 of the Trust's Constitution and ~~section 27~~ paragraph 19.1.1 of the Trust Board's Standing Orders.

2. Remit

2.1. The Committee shall review the establishment and maintenance of an effective system of governance, risk management and financial and non-financial internal controls that supports the achievement of the organisation's objectives.

3. Authority

3.1. The Committee is authorised by the Trust Board to:

3.1.1. investigate any activity arising within its terms of reference;

3.1.2. to seek any information it requires from any member of staff and all members of staff must co-operate with any request made by the Committee;

3.1.3. to request specific reports from individual functions within the Trust.

3.1.4. to obtain independent legal or professional advice; and

3.1.5. to request the attendance of individuals and authorities outside the Trust with relevant experience and expertise if it considers this necessary.

4. Membership

4.1. The Audit Committee shall be composed of at least three independent non-executive directors. The Chair of the Trust shall not be a member of the Committee.

4.2. At least one of the committee members shall have recent and relevant financial experience. Two independent non-executive members shall constitute a quorum.

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4.3. The Board may appoint an independent member of the committee in addition to the non-executive director members to bring in additional experience and expertise.

4.4. One of the non-executive members will be appointed as Chair of the Committee by the Board.

5. Attendance at meetings

5.1. The Chief Executive, Chief Finance Officer, Chief Operating Officer; representative of the external auditors; and the Head of Internal Audit and Counterfraud representative shall normally be invited to attend meetings.

5.2. The external auditors and internal auditors shall meet annually with the Committee without executive directors present, or at the Auditor's or Committee's request.

5.3. The Company Secretary shall be the Secretary to the Committee.

5.4. The Committee may invite any member of GOSH staff or directors to attend a meeting of the Committee, should it be considered necessary.

5.5. ~~Up to three~~ Governors will be invited to observe at every committee meeting, (except where matters are required to be discussed in confidence for legal purposes such as data protection or commercial in confidence).

6. Frequency of meetings

6.1. Meetings shall be held a minimum of four times a year at dates agreed to coincide with key stages in the accounting and audit cycle. The external auditors or head of internal udit may request a meeting if they consider one is necessary.

6.2. Members are expected to attend a minimum of 3 meetings per year.

7. Duties

7.1. To discharge the Trust's duties for audit, the Committee shall ensure that the business of the Trust is conducted fully in accordance with the principles of accountability and probity by undertaking the following duties:

8. Governance, risk management and internal control

8.1. The Committee shall review the establishment and maintenance of an effective system of ~~integrated~~ governance, risk management and internal control, across the whole of the Trust's activities (both clinical and non-clinical), that supports the achievement of the Trust's objectives.

8.2. In particular, the Committee shall review the adequacy and effectiveness of:

8.2.1. All risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head

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of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to the endorsements by the Board.

8.2.2. The underlying processes that indicate the degree of achievement of ~~corporate~~ the Trust's objectives, the effectiveness of the management of the principal risks and the appropriateness of the above disclosure statements.

8.2.3. The policies and strategies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related external reporting.

~~8.2.4.~~ The policies and procedures for all work related to fraud counter fraud, bribery and corruption as required by the NHS Counter Fraud Authority (NHSCFA). ~~and corruption as set out in the Secretary of State Directions and as required by the Counter Fraud Service.~~

8.3. The Committee shall advise the chief executive on the effectiveness of the system of internal control.

8.4. The Committee shall review the adequacy and effectiveness of the financial controls' framework (including a review of the structure of the finance team) and how the framework is tested.

8.5. The Committee will establish effective relationships with other Board assurance committees (the QSEAC, PEAC and FIC) in order to understand processes and linkages.

8.6. The Committee will receive a report from the Risk Assurance and Compliance Group on its monitoring of the Board Assurance Framework (BAF) and scrutinise the assurances given. The BAF will be used to guide the Committee's work and that of the audit and assurance functions that report to it.

8.7. The Committee shall review and make recommendations to the Board on the management of risk, and the resources required including the annual business plan.

9. Internal Audit

9.1. The Committee shall appoint the internal auditors and ensure that there is an effective internal audit function that meets the *Public sector internal audit standards, 2017* ~~mandatory Audit Standards in a Foundation Trust~~ and provides appropriate independent assurance to the Audit Committee, Chief Executive and Trust Board. This will be achieved by:

9.1.1.consideration of the provision of the internal audit service, resourcing of the service, the cost of the audit and any questions of resignation and dismissal;

9.1.2.reviewing and approving the internal audit plan, and more detailed programme of work, ensuring that it is consistent with the audit needs of the organisation as identified in the Assurance Framework;

9.1.3.consideration of the major findings of internal audit work (and management's response) and monitoring of the implementation of audit recommendations by management;

9.1.4.ensuring coordination between the internal and external auditors to optimise audit resources;

9.1.5.monitoring the effectiveness of internal audit and carrying out an annual review.

10. External Audit

10.1. The Committee shall review the work and findings of the external auditors and consider the implications and management's responses to their work.

10.2. Consideration of the appointment ~~and performance~~ of the external auditors will be conducted as outlined below:

10.2.1.The Committee will assess the external auditor's quality and value of work and the timeliness and reporting and fees on an annual basis and, based on this assessment, make a recommendation to the Council of Governors with respect to the re-appointment or removal of the auditor. This assessment should include the review and monitoring of the external auditor's independence and objectivity and effectiveness of the audit process in light of relevant professional and regulatory standards. To the extent that that recommendation is not adopted by the Council of Governors, this shall be included in the annual report, along with the reasons that the recommendation was not adopted.

10.2.2.The Committee will make recommendation to the Council of Governors about the remuneration and terms of engagement of the external auditor.

10.2.3.The Committee will oversee the conduct of a market testing exercise for the appointment of an auditor at least once every five years. It will agree with the Council of Governors, the criteria for appointing, re-appointing and removing external auditors. The committee shall make a recommendation to the Council with respect to the appointment of the auditor.

10.3. Consideration of the performance of the external auditors will be conducted as outlined below:

10.3.1.The Committee will consider the provision of the external audit service, the cost of the audit and any questions of resignation and dismissal. Where the Council of Governors puts forward a proposal to consider removing the auditor, the Audit Committee will investigate the issue, including allegations made against the auditor and report the findings to the Council of Governors.

10.3.2.Discussion and agreement with the external auditors, before the audit commences, of the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy.

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10.3.3.Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Board and any work undertaken outside the annual audit plan, together with the appropriateness of management responses and progress on implementation of the recommendations.

10.3.4.Discussion with the external auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.

10.3.5.The Committee will develop, implement and monitor the policy on the engagement of the external auditor to supply non-audit services.

11. Other assurance functions

11.1. The Committee shall review the findings of other significant assurance functions, both internal and external to the Trust and consider the implications for the governance, risk management and assurance of the organisation.

11.2. The Committee will review the work of other committees in the Trust whose work can provide relevant assurance to the Audit Committee's scope of work. In particular, this will include the Risk, Assurance and Compliance Group (RACG), the Quality, Safety and Experience Assurance Committee (QSEAC) but may also include the Quality, Safety, Outcomes and Compliance Committee (QSOCC) and specific Risk Action Groups (RAGs).

11.3. The Committee will review the framework in place for managing, governing, and monitoring data quality and information governance.

12. Counter Fraud

12.1. The Committee shall satisfy itself that the Trust has adequate arrangements in place for counter fraud, bribery and corruption that meet the NHSCFA's standards and shall review the outcomes of work in these areas. ~~countering fraud and bribery and shall review the outcomes of counter fraud work.~~

13. Management

13.1. The Committee shall request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control. The Committee may also request specific reports from individual functions within the Trust (for example, compliance reviews or accreditation reports).

14. Raising concerns

14.1. The Audit Committee should review arrangements by which staff (including contractors) ~~of the Trust~~ may raise, in confidence, concerns about possible improprieties in any area of the organisation (financial,

clinical, safety or workforce matters) and ensure that any such concerns are investigated proportionately and independently, and in line with the relevant policies. ~~in matters of financial reporting and control, clinical quality, patient safety or other matters.~~

14.2. The People, Education and Assurance Committee will monitor follow-up actions to concerns raised and report their findings and any associated learning to the Audit Committee and the Quality, Safety and Experience Assurance Committee as appropriate.

15. Financial reporting

15.1. The Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's performance.

15.2. The Committee shall ensure that the systems for reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

15.3. The Committee shall review the content of the Annual Report and Financial Statements before submission to the Board, and advise the board on whether, taken as a whole, it is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy, focusing particularly on:

15.3.1. the wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee.

15.3.2. changes in, and compliance with, accounting policies, practices and estimation techniques.

15.3.3. unadjusted misstatements in the financial statements.

15.3.4. significant ~~adjustments~~ judgements in preparation of the financial statements.

15.3.5. significant adjustments resulting from the audit.

15.3.6. letter of representation.

15.3.7. explanations of significant variances.

15.3.8. qualitative aspects of financial reporting.

16. Standing Orders, Standing Financial Instructions and Standards of Business Conduct

16.1.On behalf of the Board, the Committee shall:

16.1.1.review the operation of, and proposed changes to, the standing financial instructions,

16.1.2.review the scheme of delegation.

16.1.3.review every decision to suspend Standing Orders in accordance with paragraph 3.9.5 of Annex 8 if the Trust Constitution (*Standing Orders of the Practice and Procedure of the Council of Governors*), and paragraph 33.5 of the *Standing Orders of the Practice and Procedure of the Trust Board*.

16.1.4.report to the Board on its findings and recommended amendments for approval.

17. Administration of the Committee

17.1.The Committee shall undertake an annual review of its effectiveness, which will be reported to the Board.

17.2.The Committee shall be supported administratively by the Company Secretary, whose duties shall include:

17.2.1. Agreement of the agendas with the Chair and collation of the papers.

17.2.2. Taking the minutes.

17.2.3. Keeping a record of matters arising and issues to be carried forward.

17.2.4. Advising the Committee on pertinent issues/ areas.

17.2.5. Enabling the development and training of Committee members.

17.3. The Committee shall review its terms of reference and work-plan on a bi-annual basis (or sooner where new guidance is issued) and consult with the Council of Governors on any revisions.

18. Reporting

18.1. The Committee shall receive a summary of the minutes of the Risk, Assurance and Compliance Group, the Finance and Investment Committee, People and Education Assurance Committee and the Quality, Safety and Experience Assurance Committee.

18.2. A summary of the reports received by the Audit Committee is outlined in the Committee work-plan.

18.3. A summary of the minutes of the Audit Committee shall be submitted to a meeting of the Board.

18.4. The Chair of the Committee shall draw to the attention of the Board and the Council of Governors any issue that requires disclosure to the full Board or requires action, making recommendations as to the steps to be taken.

18.5.The Committee will report to the Board at least annually on:

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18.5.1. its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the overall Assurance Framework.

18.5.2. the completeness and extent to which the risk management framework is embedded across the Trust.

18.5.3. effectiveness of the Trust's governance arrangements.

18.5.4. appropriateness of the evidence that shows that the organisation is fulfilling regulatory requirements relating to its existence as a functioning business.

~~1.1.2 the completeness and extent to which the data quality framework is embedded;~~

~~1.1.3 the completeness and extent to which the information governance framework is embedded;~~

June 2024

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Attachment V

Finance and Investment Committee Update

Since the last report there has been one meeting (in two parts) of the Finance and Investment Committee (FIC).

Date & meeting type	Summary of meeting purpose
Tuesday 6 August 2024 - Confidential	A confidential meeting to review progress on the commercial agenda and an update on progress on the Children's Cancer Centre.
Tuesday 6 August 2024 - Routine	Standard agenda: Finance report, Performance report, Capital Projects update as well as an update on the Treasury Management Policy and the Thrive programme. The Committee reviewed and endorsed draft terms of reference for a 'Finance and Performance Committee' to the Trust Board.

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).

Draft Terms of Reference for the Finance and Performance Committee and next steps - Routine

At the June 2024 meeting, the Committee discussed proposals for enhancing the performance responsibilities of the Finance and Investment Committee and evolving FIC into a Finance and Performance Committee (FPC). The key reason for this was to have an assurance Committee with a remit for enterprise or "whole hospital" performance with a view to improve performance and hold improvement plans to account.

Following the meeting, draft terms of reference (TOR) were shared with the Chief Finance Officer and Chair of FIC for comment. These were reviewed at the August 2024 meeting. Following review, the Committee endorsed the TOR to the Trust Board for approval.

If approved, the Corporate Affairs Team will work with the Chair, Chief Finance Officer and Interim Chief Operating Officer on an annual planner, standard agenda, and objectives for any new papers. The Committee would adopt the new terms of reference at the next scheduled meeting on 3 October 2024.

Action: Trust Board is asked to approve the terms of reference for the Finance and Performance Committee which will replace the Finance and Investment Committee.

Commercial update – Confidential.

The Committee discussed the various approaches to debt collection in International and Private Care and requested that some exploratory business continuity work is undertaken on how the Trust could adapt in the event some of its traditional markets became unavailable.

Children's Cancer Centre (CCC) update

The Committee received an update on delays, overspends and discussed contingency options. The Committee requested a recalculation on the run rate for a fully operational CCC.

Key points to raise on the wider financial environment – Routine

The Chief Executive provided a high-level overview of changes to the 'Tiering' approach to Hospital Performance and was pleased to report that although GOSH was tiered, it was no longer being reviewed. It was also noted that there remained a central focus on improving waiting times.

The Chief Executive led an explorative discussion into why, despite a reducing birthrate, GOSH referrals were increasing and next steps, including potentially providing primary, secondary and palliative support.

The Chief Finance Officer reported that there was a national focus on the NHS London region's finances.

Operational Performance Report Update Month 3 (June 2024 data) - Routine

The Chief Information Officer provided an update on performance at the Trust, specifically against the 104, 65 and 52 week targets as well as action plans to ensure patient safety and boost elective activity.

Finance and Workforce Performance Report Month 3 2024/25 - Routine

The Chief Finance Officer provided an update. At Month 3:

The Trust reported a Year to Date (YTD £9.6m deficit position and a £3.1m deficit position for the period ended 30 June 2024.

The variance to plan was largely driven by a combination of reduced ERF Clinical Income (£3.1m) due to strike action and an underperformance on gender services (£0.6m) and being below plan on excess treatment costs (£0.7m).

Thrive

The Committee discussed the Thrive program which sought to maximise the benefits of the Epic EPR, by making end users confident and efficient at navigating the system.

The Committee commended the programme and provided suggestions for increasing the likelihood of achieving its desired outcomes. An evaluation of the programme in 12 months' time was requested.

Treasury Management Policy

The Committee approved the reduction in treasury limit from £50m to £40m. The change brought the Trust back in line with historical, pre-COVID levels.

Board Assurance Framework

The Committee noted which papers related to the BAF risks within its remit and how they affected the controls and assurances.

Space and Place major projects

The Committee noted progress on the ongoing Space and Place major projects.

Feedback from Governors

The Governors in observance raised the following points:

- It was another robust well-chaired meeting.
- the thoroughness of Non-Executive Director examination of the Thrive program was reassuring.
- The Governors felt that the action with regards to how the CCC could experience a slippage of 12 months with no change to cost was not addressed. The Chair agreed, but noted this was due to ongoing negotiations in contractual fees.
- It was good that the Committee would be looking at the transformation agenda in more detail in future.
- The abbreviations were difficult for a first-time observer – the Corporate Affairs Team would assist the Governor with this.

End

Attachment V

DRAFT FINANCE AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE

1 Authority and Scope

The Committee is a sub-committee of the Trust Board and is chaired by a Non-Executive Director. The Committee's primary role is to seek assurance of the efficiency and effectiveness of the financial management, performance, and investment activities of the Trust in line with the Trust strategy and relevant strategic plans.

The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.

2 Membership

2.1 Chair

The Trust Board will nominate a Non-Executive Director to act as Chair of the Committee. In their absence, one of the other Non-Executive Directors will assume the Chair.

2.2 Regular members

- Three Non-Executive Directors [one of whom shall be the Chair]
- Chief Executive
- Chief Operating Officer
- Chief Finance Officer.

2.3 In attendance

- Director of Place and Space
- Director of Transformation
- Deputy Chief Finance Officer.

Committee members may ask any other Non-Executive Director (including the Chair), Executive Director, Senior Manager or External Advisers to observe, attend or address the committee, regularly or by invitation. Invitees have no right of regular attendance.

2.4 Observers

Governors from the GOSH Council of Governors are invited to remotely observe the non-confidential sessions of the Committee and provide feedback to the NEDs at the end of the meeting.

2.5 Quorum

For a quorum, there must be the Chair (or nominated deputy NED) plus one other NED (if not acting in the capacity of nominated deputy) and two Executive Directors (one of which must be the Chief Executive or Chief Finance Officer).

2.6 Frequency of Meetings

The Committee will meet not less than four times a year.

Meetings will be scheduled to ensure they both allow timely reporting to the Trust Board and allow for external and internal financial submission deadlines.

Meetings can be held via teleconference or hybrid when required.

Some attendees and observers may be excluded from part of the meeting due to the confidential nature of business to be transacted. Those excluded (and other relevant staff) may attend on the basis of invite only for the purposes of providing relevant information to the members.

2.7 Work plan and conduct

The Committee will develop an annual work plan that will support delivery of these terms of reference.

Agendas, papers and minutes will be distributed not less than three working days prior to meetings.

Only members, attendees, agreed observers (for example Governors) and secretariat will be provided with full sets of committee agendas, papers and minutes.

Papers can be tabled in exceptional circumstances with permission from the Committee Chair.

Any other business items are to be notified to the Chair of the meeting in advance.

2.8 Secretariat

Secretarial support shall be provided to the Committee by the Corporate Affairs Team who will draft agendas, take minutes of the meeting, collate and track actions and give appropriate support to the Chair and Committee members.

Minutes and action logs will be prepared using the Trust's standard for such documents.

Draft minutes and actions shall be made available promptly to the Chief Finance Officer and the Chair for approval, prior to wider circulation.

3 Purpose of Committee

3.1 Operations and finance

Operational and financial planning

Review the Trust annual and medium-term operational and financial plans, assess the assumptions therein and the alignment with overall Trust objectives.

Review on behalf of the Trust Board the strategic long-term capital programme and the annual capital plan and recommend to the Trust Board approval of the documents as appropriate.

Review the medium- long term Trust workforce plan and ensure alignment to operational and financial commitments.

Review and recommend for approval the Trust's annual operational and financial plan, having regard to the Council of Governors' views on the plan.

Consideration and approval of Outline Business Cases and Final Business Cases in line with the Scheme of Delegation and Schedule of Matters.

Review business and transactions which could lead to an increase in the Trust's non-NHS income by more than 5%.

Treasury management

Review the Trust's Treasury Management Policy and borrowing arrangements and make recommendations to the Trust Board for approval.

Provide assurance to the Trust Board on all Treasury Management issues.

DRAFT

Review Trust finance applications including loan applications and lease obligations in line with the Trust Scheme of Delegation and Schedule of Matters.

Capital Management

Provide assurance to the Trust Board on the functioning of the capital programme. Review capital business cases identified within the annual capital plan and receive assurance that each business case is within the resources approved by the Trust Board.

Review and monitor a cycle of post-implementation and inflight reviews of strategic capital priority.

Review proposals for changes relating to the Trust's capital structure.

Current operational, financial performance and transformational delivery

Review and assess overall operational performance of the Trust's key resourcing and efficiency metrics in the IQPR including trends in utilisation, capacity and workforce numbers and costs including temporary staffing costs, seeking assurance that resource levels remain within the levels prescribed by the operational and financial plan.

Review the most recent monthly finance report prepared for the Trust Board to enable an informed and focussed discussion at the Trust Board meeting, making recommendations and priorities for discussion.

Review in detail any major operational and financial performance variation, particularly gaining an understanding of key assumptions and risks, and review the latest year end forecast outturn. Seek assurance on behalf of the Trust Board as to the effectiveness of corrective actions and associated governance arrangements.

Receive assurances regarding efficient and effective resource planning, particularly with respect to staffing and the deployment of agency staff.

Review on a regular basis, the Trust's position in respect of annual commissioner contracts and any impact on overall Trust performance and financial stability.

Review progress on Service Line Reporting, Patient Level Costing and the Trust's Reference Costs.

Seek assurance from the executive that appropriate management action has been taken to return the Trust's operational and financial performance to plan and that recovery plans are adequately resourced, implemented and monitored.

Monitor and provide assurance to the Trust Board on planning, establishment and delivery of the Better Value Programme as well as any agreed disinvestment.

Review and recommend for approval the Trust's Transformation programme. Assess performance against the programme.

Review, recommend for approval and provide assurance to the Trust Board on delivery of the Trust's:

- Green Plan
- Master Redevelopment Plan
- Technology Strategy
- Development of the Digital Transformation Strategy/ Artificial Intelligence Strategy.
- Transformation Strategy

Review and approve competitive tendering for in-house services and reversal of such provision (in line with the SFIs).

Review proposals for changes to the Trust's management structure.

Review the Trust's Procurement performance, quality of the service provided to the Trust and management of contracts.

Review, monitor and provide assurance to the Trust Board on the returns to NHS England (as determined by their reporting processes).

Review the portfolio of Charity funding at GOSH and seek assurance that it supports delivery of the Trust strategy.

3.2 Transformation and Future Development

Review the draft revised Trust strategy and ensure that operational and financial implications are appropriately documented for consideration by the Trust Board.

Review and recommend for approval to the Trust Board the Trust's Commercial Strategy and International and Private Care Strategy. Seek assurance of delivery of the strategies, escalating any significant variations from delivery of the strategies and associated increased risk profiles.

Review proposals for extension of the Trust's activities into new business or geographic areas.

Review proposals to set up special purpose vehicles where such an action requires Trust Board approval and the ongoing monitoring of those special purpose vehicles.

Review the assessment of major projects' benefits realisation and post implementation of these business cases.

Review any decision to cease to operate all or any material part of the Trust's activities.

Review and recommend for approval proposals to enter significant or material transactions as defined by NHS Improvement's Single Oversight Framework noting that such transactions are subject to Council of Governors' approval.

Review and recommend for approval any proposal for the merger, acquisition, disaggregation, separation, or dissolution of the Trust noting that such decisions are subject to Council of Governors' approval.

Review transformational multi-year programmes of work and seek assurance of delivery, resourcing and benefits realisation.

3.3 Risk Management

To receive and review those risk on the Trust's Board Assurance Framework (BAF) which are overseen by the Committee:

- Financial Sustainability (in partnership with the Audit Committee)
- Children's Cancer Centre
- International and Private Care / Commercial
- Transformation.

Approval of the overall levels of insurance for the Trust, including Directors' and Officers' Liability insurance.

Approval to not use the risk pooling scheme for any risk areas (clinical, property and employers/third party liability) covered by the scheme.

4 Information requirements

The Committee will receive reports as outlined in the committee work plan.

DRAFT

In carrying out its performance duties, the Committee shall primarily use the Integrated Quality and Performance Report (IQPR) and Finance Report but can also seek further information through additional reports, tours of the Trust premises, interviews with teams or other means as required.

The Committee will seek assurance that metrics it receives are based on reliable sources of information.

To ensure the organisation is responsive to NHSE requirements, the Committee will receive a report on the NHSE productivity metrics.

The Committee retains the right to examine directorate level issues in more detail where necessary.

The Committee's responsibilities may require it to receive metrics that are within the remit of other Assurance Committees.

5 Reporting

The Chair of the Committee will present a summary of business conducted at each meeting and a copy of the agenda to the Trust Board and the Council of Governors.

The Committee will share a summary report with the Audit Committee, Quality Safety and Experience Assurance Committee and the People and Education Assurance Committee.

The Committee will prepare and annual report for inclusion in the annual report and accounts.

6 Monitoring

6.1 Monitoring of policies

The Committee is responsible for reviewing and approving the Treasury Management Policy.

6.2 Review of effectiveness and terms of reference

The Committee will review these Terms of Reference bi-annually.

These terms of reference may only be changed with the approval of the Trust Board.

The Committee shall review its effectiveness on an annual basis.

DATE AMENDED : September 2024

NEXT REVIEW : July 2026

DRAFT

Key Points from the People and Education Assurance Committee (PEAC) held on 17 July 2024.

Workforce Metrics in May 2024

- Targets were achieved for four of the six key workforce metrics (vacancy, voluntary turnover, agency spend and statutory and mandatory training).
- Vacancy rate is reported at 5.0%, below the Trust target of 10% and the NCL average of 8.7%. The current rate is the lowest is has been since October 2022.
- Voluntary turnover had steadily increased from early 2021 onwards, peaking in April 2023 at 14.4% before falling back again to below to target, and was reported at 10.6% in May 2024, the lowest rate since April 2021.
- Agency usage was reported at 1.3% which is well within target although slightly higher than the 12-month average (1.2%)
- Throughout the second half of 2023/24 sickness rates stabilised, reducing to 2.9% in March 2024, however the first two months of 2024/25 have seen increasing sickness absence, with the absence rate for May at 3.4%. National and regional reporting has a significant time lag, the most recent available reporting (February 2024) shows GOSH with a lower sickness absence rate than NCL, London and England average.
- Statutory & Mandatory training rates at GOSH remain above target achieving 93% in December, with all directorates exceeding the 90% target.
- PDR rates have remained a challenge. The rate for May was 82% - a worsening position over the last quarter and in line with the NCL peers.

Annual Nursing Workforce Assurance Report

- The registered nurse vacancy rate has been consistently below the Trust target of 10% .
- Voluntary turnover of registered nurses is on the Trust target at 14%, but it did decrease to its lowest during the year at 13.7%. This is the lowest it has been since April 2022 (13.5%).
- Recruitment continues, with 45 Newly Registered Nurses joining the trust in January 2024 and April 2024, a further 106 in the pipeline for October 2024 and a further 56 in January 2025.
- Sickness rates have been steady across the year averaging 4%.

GOSH Learning Academy Assurance Report Q1

- Overall status for Planet 3: GOSH Learning Academy (GLA) programme remains on track.
- During Q1 there have been 270 learning events across the portfolio, interacting with over 3,500 learners through over 1200 hours of learning.
- Delivered and redesigned MRCPCH Examination Excellence Training Course and supported and delivered the pan-London cardiac nursing care course.
- Funding was approved for 36 staff to undertake professional development activities through the GOSH CC Scholarship Fund.
- The GLA's two strategic risk remain unchanged and are related to financial sustainability and space and facilities which have been reconsidered by the team following the delayed move as a result of the decant and enabling programme.

Progress against the People Strategy

- Whilst the metrics are showing an improving picture the Committee recognised it has been a challenging year for the Trust, particularly for equality, diversity and inclusion in the operating context and external environment.
- Updates were provided on the key achievements for each of the programmes of work built around culture and engagement, building a sustainable workforce, developing skills and capability, and improving our processes systems and infrastructure to support effective working.
- The Committee were provided with an provides an overview of significant activity planned for the next three to six months in respect of the Culture & Engagement framework, and likely legislative and policy changes to impact the trust as a result of the recent change of government.

Staff Voice: Domestics Team

- A Supervisor in the Domestics Team spoke about her experience since joining the Trust two years ago. She spoke passionately about how staff and her immediate line manager had welcomed her as a domestics team member and part of the team. The support she received had enabled her to learn on the job and progress her career to a supervisor role.
- The supervisor talked about the opportunities available for staff and how the cascade of information within the organisation creates awareness but feedback the uncertainly some colleagues feel about taking on apprenticeships as the pathway is not always clear.
- The supervisor felt important services such as Freedom to Speak Up were well known by staff who would feel comfortable speaking up if this was ever needed but generally staff enjoy working at the Trust.
- The Committee acknowledged the commitment of the domestic service staff and thanked them for all their hard work.

Staff Networks Quarterly Report

- The Staff Networks have worked hard to deliver against the Equality, Diversity and Inclusion and People Strategy delivery plans while navigating the challenging environment externally and continuing to give their time against increasing operational pressures. The Trust has recognised a lack of structure and governance support for the networks and has engaged in a review to strengthen the Equality, Diversity and Inclusion provision.
- The REACH network have been influential in supporting and promoting the Anti-Racism Programme and RISE Programme. Through their support the Trust has been able to create programmes that are right for GOSH. The Pride and Women's networks continue to deliver well against their priorities both holding a number of events and activities. The Enabled network has encountered challenges with its membership and a campaign for new members is taking place during July and August 2024.
- The Committee noted the journey that the networks have been on and how they have supported the Trust to identify what changes are needed including improvements to policies and processes. The ask of the networks can sometimes be a lot and not always clearly defined so the Trust is pleased to be working with an external partner to help strengthen the support to networks.

Freedom to Speak Up Service Update: April - June (Q1)

- 30 people raised a concern with the FTSU service during the first quarter, which is lower than the preceding year. Staff safety/ wellbeing was again the most commonly identified theme, followed by concerns relating to inappropriate behaviours or attitudes of colleagues and issues relating to policy/ procedure.

- 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.
- The FTSUG continues to promote speaking up in the Trust in an active and visible way including delivering teaching/ awareness sessions, and ensuring staff have a safe and private space to meet if The Hive is not available. However, accessing space for confidential conversations can be challenging.
- The Committee was provided with assurance on the on the way managers are being developed and supported to manage issues effectively before staff felt the need to approach the Guardian.

Update on the Board Assurance Framework (BAF)

- All risks were reviewed by the Risk, Assurance and Compliance Group and Audit Committee. No changes have been proposed to the gross or net risk scores at this time.
- The Committee had a deep dive on BAF Risk – Workforce Sustainability, which included a number of questions from Non-Executive Director members including issues in attracting, supporting and developing highly skilled professions, recruitment and retention of nurses, involvement with the Integrated Care System and how the Trust is harnessing volunteers.

Attachment X

Great Ormond Street Hospital for Children
NHS Foundation Trust

Summary of the Council of Governors' Meeting held on 4 July 2024

The Council noted the following reports from Board Assurance Committees:

- Quality, Safety and Experience Assurance Committee (July 2024)
- Audit Committee (June 2024)
- Finance and Investment Committee (June 2024)

Process for the GOSH Trust Strategy Refresh

An overview was provided on the process and timeline for the GOSH strategy refresh. The Council noted that a week of engagement and gathering insight would take place in October 2024 and Governors would be invited to be involved.

Planet 1: People Planet Update

- Staff Survey Results and Action Plan

In 2023 GOSH had received the largest number of responses to the staff survey of over 3,000 staff and there had been an increase of 39% in responses from staff from a global majority background. There had been an improvement in responses in 9 of 9 themes however there had been a reduction in the proportion of staff reporting that they felt confident to raise concerns and staff reported more burnout and a feeling of having unrealistic time pressures. Some corporate actions had been developed and there was a focus on local teams developing action plans. Discussion took place around the proportion of staff who would recommend GOSH as a place to work and be treated and it was noted that whilst GOSH was in the highest percentile for responses nationally scores nationally were low.

- Progress against the People Strategy

The People Strategy had recently been refreshed and covered years 2023-2026. It was supported by three frameworks and approximately 60 actions had been delivered so far, particularly around health and wellbeing. Priorities had been identified from the themes arising from the staff survey and the Trust's apprenticeship programme was very successful with approximately 5% of the Trust's workforce being apprentices against a national target of 2.5%. The Council noted that learning and development was in place through the GOSH Learning Academy and the via the new integrated learning management system and cautioned at the loss of nuance which would be caused by considering the responses from global majority staff as one group.

Chief Executive Report

There had been considerable progress to reduce the number of long waiting patients which had been an area of focus for NHS England and work was taking place to reduce the number of cancellations. The Council noted that there was a balance to be struck between maximising patient experience and ensuring that the Trust was able to fill every available appointment. An Epic Thrive programme was being introduced to ensure that a standardised approach was being taken to its use and focus was being placed on discharge summary completion and clinical letter turnaround time as communication was often a theme of complaints and PALS contacts.

- Finance Report (Month 1, April 2024 data)

GOSH had started the year in deficit which was usual and month three would provide insight into the impact of industrial action. Discussion took place around the financial impact of the development of the Children's

Cancer Centre, and it was noted that the value of the Frontage Building would reduce to zero as it went out of use. Once the Cancer Centre was open there would be a financial impact of the build cost because of the value of the final building being less than the cost of its build.

Planet 6: Children's Cancer Centre – Process and Timetable Update

Considerable work was taking place to prepare for demolition and construction and the Frontage Building had been fully decanted. Work was taking place to decant the Paul O'Gorman building and disconnect the site from the main hospital so that demolition could begin. Focus was being placed on the transformation of cancer services over and above the development of the building and a catering improvement project had begun. Governors asked about the engagement that was taking place with patients and families and it was noted that a patient information booklet had been produced to provide updates and activities. An event was planned for the point at which the main contract was signed, and Children's Cancer Awareness month would be marked by an exhibition in the hospital for families and staff giving information about the project. Governors highlighted the importance of focusing on reusing equipment following the decant of the Paul O'Gorman Building and the team agreed to look into this.

Update from the Young People's Forum (YPF)

The YPF had worked with the GOSH Charity to create an ideal product pack for patients to receive on admission to GOSH and provided feedback on a booklet created by the Charity which the YPF felt was targeted towards younger children. A YPF podcast was being developed which would feature seven episodes each with a different focus. Members of the Forum had been involved in a number of recruitment processes including for a Non-Executive Director.

Appointment of the Lead Governor and Deputy Lead Governor

One nomination had been received for the Lead Governor role and one for the Deputy Lead Governor role. The Council approved Beverly Bittner Grassby as Lead Governor and Josh Hardy as Deputy Lead Governor.

Update on NED Recruitment

Three shortlisted candidates for the Healthcare NED role would be interviewed in the week of 8 July 2024 and an extraordinary Council meeting was being convened to consider the appointment of the preferred candidate.

Governance Update

- Confirmed memberships on Council Committees

All seats had been filled on both the Constitution and Governance Working Group and the Governors' Sustainability Working Group and a vote was required to agree the members of the Council of Governors' Nominations and Remuneration Committee. The details of the vote would be circulated in the Governor Newsletter.

Update from the Membership Engagement Recruitment and Representation Committee (MERRC - Progress against the Membership Strategy)

There had been a net loss of 11 Governors in 2023/24 and no material changes to the membership demographics. The MERRC had agreed to focus on the quality of engagement rather than the number of members and KPIs had been developed to monitor engagement quality.

Attachment Z

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board 11 September 2024	
GOSH Foundation Trust Annual Report 2023/24 **Submitted by:** Anna Ferrant, Company Secretary	**Paper No: Attachment Z** • **Appendix 1:** GOSH Annual Report and Accounts 2023/24 **For Information**

Purpose and summary of report
The theme of the report is '*it takes a team*' based on the Family Wall piece undertaken in the hospital that recognised GOSH is a special place and it can take a huge team to care for one child. The report celebrates the pathway of four different children and families, and all the clinicians and carers who helped support them through their journeys.

The Trust Board received and approved the Annual Report 2023/24 at its meeting on 19 June 2024. Following this and the completion of the eternal audit the Annual report was submitted to the Department of Health and Social Care and laid before Parliament on 29 July 2024.

The completed desktop designed version of the Annual Report and Accounts is available on Diligent **as Appendix 1.**

Patient Safety Implications
Not applicable

Equality impact implications
Not applicable

Financial implications
Not applicable

Strategic Risk
The annual report publicly reports on the Trust's performance against its strategic priorities and objectives.

Action required from the meeting
The Board is asked to note the final report.

Consultation carried out with individuals/ groups/ committees
A number of staff across the Trust have contributed to the Annual Report.

Who is responsible for implementing the proposals / project and anticipated timescales?
The Company Secretary leads the coordination of the Annual Report.

Who is accountable for the implementation of the proposal / project?
The Chief Executive is ultimately accountable for production and publication of the Annual Report.

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

Annual Report and Accounts 2023/24

Great Ormond Street Hospital
for Children NHS Foundation Trust

Annual Report and Accounts 2023/24

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

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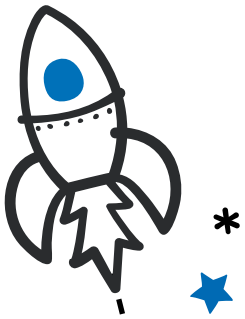

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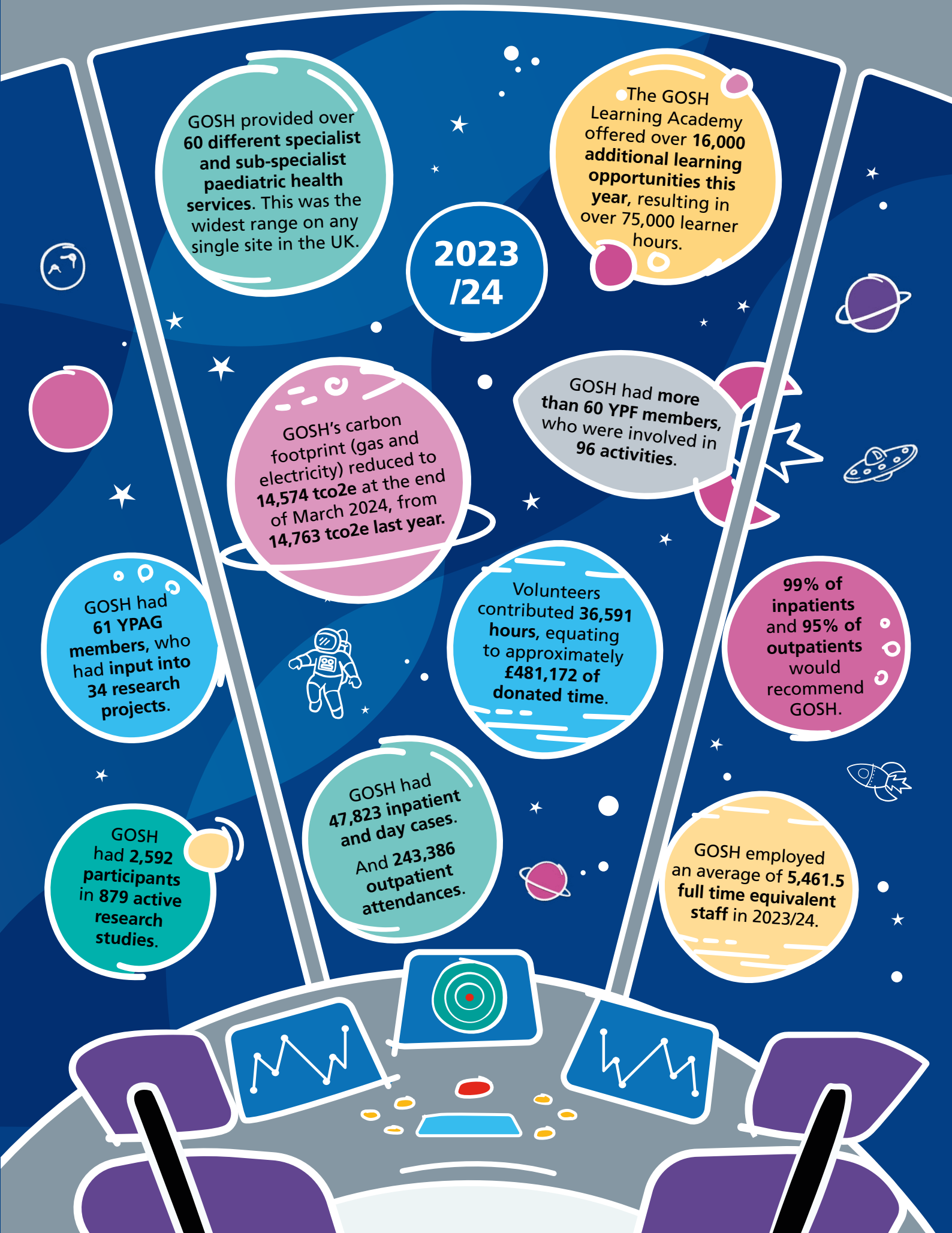
Great Ormond Street Hospital at a glance



Who is this hospital really for?

It's for people who put care into action
the nurses that work day-long shifts
those angels, shining bright, reaching big
this hospital is a haven, and it's for us all
for the parents in the kitchen crying
friends wondering where their main person's gone
for the people who need a helping hand
the doctors who work all night to find a cure
the innocent who shouldn't lose their lives
the ones who walk out like everything is fine
this hospital is for superheroes with superpowers
fatigued by the powers bestowed upon them,
we see you, this hospital is here for you
for the families who cling to the last of hope
for those stuck in the hamster wheel
round and round never expecting an end
for those who know the peaks and troughs
the failure, the success, for the mice
creeping underground watching our children
without a sound, this hospital is a haven
for the stars who listen, the dreams that answer
for those who sweep the ocean for nothing in return
for people who change themselves for acceptance
for those who hide in empty rooms alone
who hold onto hope amidst the chaos
this hospital is a haven and it's for us all.

Poem written by the
GOSH Young People's Forum
September 2023

Chair Foreword

Our strategic priorities are, and will remain, informed by our purpose: working to advance care for children and young people with complex health needs so they can fulfil their potential. This underpins everything we do at Great Ormond Street Hospital (GOSH).

The moving poem written by the Young People's Forum embodies the impact the hospital has on the children, young people, families and staff and highlights the spirit in which care is delivered.

In my first few months as Chair, I have been struck by the multiplicity of partnerships we have at a local, national and international level. It is only through these strong and varied partnerships that we are able to undertake ground-breaking research and deliver outstanding care to our patients.

The role of the Great Ormond Street Hospital Children's Charity in enabling us to further our aims has never been greater. They have successfully launched their biggest ever fundraising appeal to support the building of our new Children's Cancer Centre. While the campaign continues, their success so far has enabled us to start construction work. We cannot thank enough the individuals, families and companies who have donated to the appeal. Your gifts are truly transformative and will ensure a real step change in the way we care for children and young people with cancer. In addition, the facility will have a new school, theatres, leading edge imaging equipment, a critical care unit, and significant outside space, and will benefit every child, young person and family who comes to GOSH.

We operate our services as part of a wider regional health system. We have close and constructive relationships with our fellow health care providers, local authorities and voluntary sector organisations within the North Central London (NCL) Integrated Care System. This year we were actively involved in consultation on the Startwell programme. This important piece of work is looking at how and where maternity, neonatal and children's surgical services could be delivered in future. While no decisions have yet been made, we continue to be active in advocating what we believe would be in the interests of children and young people.

Working with NHS partners across London and in North West England, we were one of two groups of hospitals to set up a new national gender service for children and young people. Our service in London is a collaboration between Evelina London Children's Hospital (part of Guy's and St Thomas' NHS Foundation Trust), South London and Maudsley NHS Foundation Trust and Great Ormond Street Hospital. Launched at the beginning of April, it aims to respond to the significant increase in the number of children and young people needing support with their gender identity and offer them and their families a holistic approach to care. I am grateful to all the staff that have been involved in setting up and delivering this complex but much-needed service.

Conducting world-leading research is core to improving not only the outcomes of the patients we see but those across the country and beyond. Our partnership with the UCL Great Ormond Street Institute of Child Health continues to be strong and yield excellent research results. Many of our people work across both organisations and I am thrilled that Professor Helen Cross, the Institute's new director has joined our team of Non-Executive Directors on the GOSH Trust Board. As well as leading the Institute, Professor Cross is an honorary consultant paediatric neurologist at GOSH and holds the Prince of Wales's Chair of Childhood Epilepsy. She has an impressive portfolio of research and this will be invaluable as we look to refresh our research and innovation strategy.

Harnessing and leveraging large amounts of data is becoming ever more important in the advancement of healthcare. I am proud that GOSH is one of six leading European children's hospitals (including Sant Joan de Deu Barcelona Children's Hospital and Meyer Children's Hospital) that make up the PHEMS[1] project consortium. This programme of work aims to revolutionise how children's health data is managed and used across Europe while ensuring all patients' rights and data privacy are protected. In

addition, in October we established our own Clinical Intelligence Unit (CIU). The unit has been set up to partner with clinical and operational teams and understand their needs, identify inefficiencies, and build digital tools that can support their roles. One of their first significant projects is to look at how we optimise day case care.

For a few months this year we also saw our Chief Executive, Matthew Shaw take up the dual role of Chief Executive at Great Ormond Street Hospital and Interim Accountable Officer at Whittington Health NHS Trust. I have already seen the wealth of knowledge Matthew has been able to bring back to our organisation as a result of this experience. The fact that both organisations were able to continue to deliver high quality safe care during this time is testament to Matthew's leadership and the strength of the teams in both organisations. As Matthew left Whittington Health the role of Chief Operating Officer at GOSH became vacant and he is currently assuming additional operational responsibility as we seek a replacement Chief Operating Officer.

While our purpose remains, our operating context continues to evolve. This year, as our current Above and Beyond strategy nears its end date, we will embark on the process of renewing our organisational strategy. This will ensure we are concentrating our efforts on the things that can make the biggest difference to children and young people today and into the future.

In the year ahead we will also undertake a piece of work to review our Always Values. Our values play a significant role in shaping our culture, which in turn enables us to deliver on our strategy. They inform the behaviours we should expect of one another, and our families should expect of us, so it is critically important that we get them right.

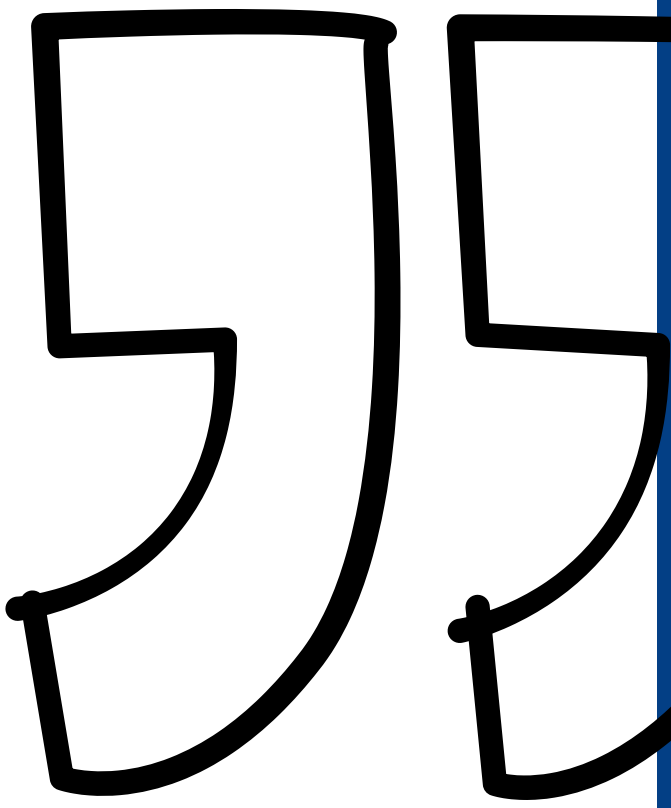
When I took on the role of Chair in November 2023, I shared my enthusiasm for joining the hospital at such an exciting time in its history. The way healthcare is being delivered is changing rapidly, as are the structures in which we must operate. Our new strategy must be a response to these opportunities and challenges.

After being so warmly welcomed to the Great Ormond Street Hospital team, it is only right that I end with some messages of gratitude. Firstly, to our colleagues, our patients, and their families. It has been a privilege to hear your stories and experiences when I have visited different areas of the hospital and at our Trust Board.

A particular thank you must also be shared with the Directors and Non-Executive Directors from whom I have already learnt so much. Thank you for your commitment to helping us become better. A special mention must go to Sir Mike Rake, Chair, and my predecessor, for his support during my induction and handover. I would also like to recognise the significant input from Chris Kennedy and Professor Russell Viner who stepped down from their positions as Non-Executive Directors earlier this year. They have contributed so much: for example, Chris was instrumental in helping GOSH develop its thinking about sustainability and developing our new Green Plan. Russell, a former Royal College of Paediatrics and Child Health President, brought a unique clinical and research perspective.

I have had the opportunity to work closely with our Council of Governors, to whom I would like to extend a special thank you. Our Council act as a crucial link between the organisation and the community we serve. I look forward to their input as we develop our strategy and refresh our Values in the coming year.

Ellen Schroder
Chair



[1]Paediatric Hospitals as European drivers for multi-party computation and synthetic data generation capabilities across clinical specialities and data types

Chief Executive Foreword

The economic and political uncertainty that has characterised the past year has meant our staff have had to demonstrate the utmost levels of resilience and dedication to ensure the hospital continues to provide compassionate, high-quality care to children and young people.

We have faced significant pressure to deliver high levels of activity while experiencing unprecedented levels of industrial action. Through working hard and working together, I am immensely proud of the way our staff managed to achieve record levels of clinical activity - 114% compared to 2019/20 - as well as making sure we focussed on seeing those patients who have waited longest for treatment. This incredible teamwork took place against a backdrop of a continued cost of living crisis and the devasting conflict in the Middle East, which has profoundly affected many parts of our community.

Internally there have been challenges too. To prepare for the construction of our amazing new Children's Cancer Centre we have had to move more than 1,000 staff to other parts of our site and have relocated many of our outpatient clinics. Despite much careful planning, this has caused disruption and I am grateful for the willingness of teams to engage with the process and be flexible.

It is important to recognise and thank our staff throughout the year. Last autumn I was thrilled to see the return of an in-person annual staff awards ceremony. Held off-site and generously supported by our Charity, it was a fabulous affair where we recognised individuals and teams from across the organisation. We also brought back in-person events to celebrate colleagues' long service. Here staff spoke about their 20, 30 and even 40 years of service and the feeling of collective commitment to our families and to one another was tangible.

As a specialist children's hospital, it is crucial that we are honest and open to sharing best practice but also learning when things don't go well. It is only through reflecting on our mistakes, and learning from them, that we are able to improve the care we deliver.

In February we launched our new Patient Safety Incident Reporting (PSIR) Plan, which reframes how we look at patient safety incidents and share our learning. It incorporates the new PSIR Framework introduced by NHS England. We welcome this new way of responding to patient safety events, which looks at the role systems play and has a focus on compassionate engagement with all those affected by patient safety events.

We see GOSH on a journey of continuous improvement and we frequently conduct reviews into the services we provide. This year we commissioned an external review of our Orthopaedic Service in response to concerns raised by families and staff. This important piece of work is ongoing, and we are engaging with affected families at the earliest opportunity.

Looking forward, we welcome the introduction of Martha's Rule. This scheme gives patients and their families the right to request an urgent clinical review from an outreach team should they have concerns about their care. I am pleased to be sitting on the Department of Health and Social Care implementation group and that GOSH has successfully bid to be in the first phase of the national programme.

This year we had the largest response rate to date to our Annual Staff Survey. The results, which are probably the best barometer we have of how staff are feeling, show we are continuing to make good progress across a range of areas, including recommending GOSH as a place to work and colleagues feeling trusted to do their work. We did however see a drop in the number of staff who said they would feel safe reporting an area of concern, particularly around unsafe clinical practice. This is a key area of focus for the coming year.

We also need to do more to make GOSH a truly inclusive place to work. For example, our data tells us that in some areas of the hospital the likelihood of a white applicant being appointed is much greater than an applicant from the global majority. In response we are adjusting and amplifying our debiasing recruitment programme. We will continue to work closely with our four Staff Networks to understand the challenges our colleagues are facing, and the steps we can take to create an environment where these challenges are less likely to arise.

I have already mentioned the pressures we have faced in relation to activity. As we embark on this new financial year, there is intense pressure to have no patients waiting longer than 65 weeks. One area in which we have a disproportionate number of long-waiting patients is in our dental services, which is, in part, symptomatic of national pressures on this service. In order to provide rapid treatment to this very complex group of patients, we have worked closely with providers across London to access support. I would like to extend a special thank you to the Evelina London Children's Hospital and University College London Hospitals (UCLH). The operational pressure comes at a time when we have had to say goodbye to our Chief Operating Officer, John Quinn. In order to maintain operational momentum in the hospital, I am taking on additional operational responsibilities as we recruit to the role.

The other change in our executive team has been the arrival of Dr Kiki Syrad as Director of Research and Innovation. Kiki, who joined us in October, came from our Charity where she was Director of Impact and Charitable Programmes. In this role she led the development of two joint GOSH, UCL Institute of Child Health and Charity research strategies. Kiki replaced Dr Jenny Rivers, who very ably acted in the role during the recruitment phase. I would like to thank both, John and Jenny for their contributions and dedication to GOSH over the years.

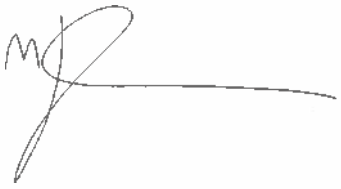
This past year, we managed to recover our International and Private Care activity to pre-pandemic levels. The income this activity was able to bring enabled us to finish the financial year with a small, planned deficit.

As we look to the year ahead, we must continue to provide high quality safe care to as many patients as we can while at the same time seeking not to add significant costs. We have been designing a comprehensive programme of work to drive greater efficiencies and will work to ensure no overall increase in the number of staff we employ. Our plan must be to achieve financial balance in 2024/25 and break even.

Greater efficiencies and improved patient care may also come from harnessing the latest technology. A project of particular interest is our partnership with a Generative Artificial Intelligence startup, TORTUS. Together, we are piloting the use of ambient AI in clinical settings to reduce the administrative burden on clinicians by automating document creation.

We will undertake two significant pieces of work over the course of the year: the refresh of our Always Values; and the development of a new organisational strategy. This is exciting and I look forward to engaging our stakeholders in these important pieces of work.

Working at GOSH is an enormous privilege. Every day I see colleagues work with dedication and commitment to put the child first and always. We are one team united by a common purpose and we can achieve so much as one team in the year ahead.



Matthew Shaw
Chief Executive

Overview

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

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

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

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

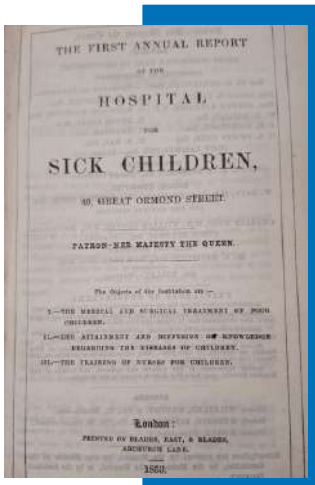
We have a long tradition of clinical research, learning from our special position treating some of the largest cohorts of children with rare diseases in the world. We host the UK's only paediatric National Institute for Health and Care Research Biomedical Research Centre (NIHR BRC), in collaboration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

Our history

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

With the generosity and foresight of early patrons such as Charles Dickens and J M Barrie, the hospital grew. Over the decades it has been at the leading edge of treatment and care for children, including pioneering paediatric cardiac surgery and treatment for childhood cancers. Our first annual report was published in 1853. Many of the issues faced by the hospital's management team at the time are similar to those we deal with today, around accessibility, finance and space.

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


THE FIRST ANNUAL REPORT

HOSPITAL

SICK CHILDREN,

PATRON—HER MAJESTY THE QUEEN.

But, while the post history of the Hospital is satisfactory, there is much which remains to be done, and which can be done only in a ***large building****, and in one specially constructed for the purpose. Difficulties, arising from the* ***want of space****, have hitherto prevented the important object of training young women as nurses from being carried into effect. Even should they be surmounted,* ***separate rooms*** *will still be needed for cases that require absolute quiet and seclusion; more ample space, in order to separate the* ***convalescents from the sick*** *all day long and distinct wards for epileptic children - a class of patients for whom nothing has been done, or can be done, in ordinary hospitals, but whose claims are most urgent on the* ***philanthropist,*** *as well as the physician.*

Till these things have been accomplished, the Medical Committee feel that the Children Hospital does not fully answer the needs of the poor, the requirements of ***science,*** *or intentions of its founders.*

Great Ormond Street Hospital's archive contains documents, photographs and artefacts spanning the hospital's 172-year history. A number of our artefacts are displayed in prominent public places around the hospital so they can be enjoyed by everyone, such as the series of 1930s 'Nursery Rhyme' tiles at the Chapel end of the main Hospital corridor. These are believed to have been installed in 1927-28 at Moorfields Hospital High Holborn branch, which later closed. GOSH agreed to take five tiles and they were restored and mounted in their current location in 1993.

It takes a team

GOSH is a very special place, because of the people in it. It takes a huge team to care for one child and think about a future where we continue to put the child first, always.

As you walk through the hospital you will see our Family Wall, which celebrates the pathway of four different children and families, and all the clinicians and carers who helped support them through their journeys. In total, there were 226 staff members involved in the care and support for these four children – across 36 different teams at GOSH!

Amelia and Lena

Amelia and Lena are sisters. They both have a condition called Spinal Muscular Atrophy (SMA). They have both been part of research trials at GOSH, advocated for pre-screening, and have been coming to our hospital for over a decade

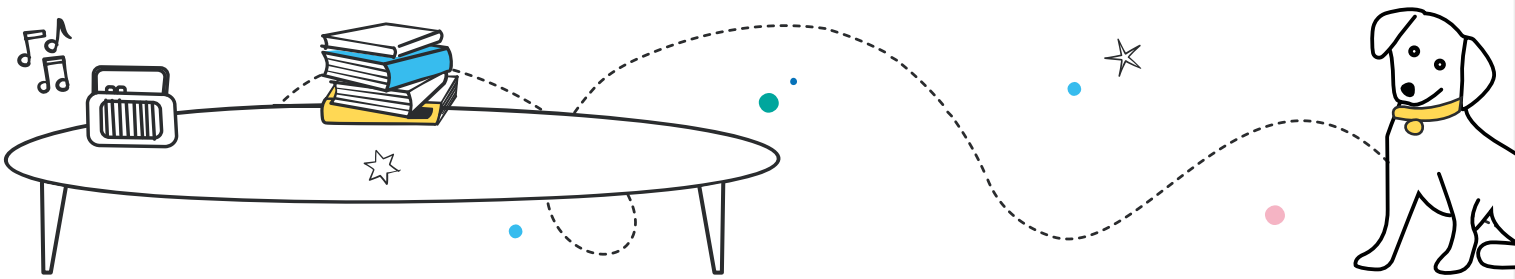
Their Mum, Dorota, noticed Amelia, wasn't walking normally when she was around 12 months old. Amelia was diagnosed after further symptoms appeared and she now uses a wheelchair because of her condition. She was referred to GOSH, as part of a clinical trial and will soon transition to adult care.

Lena, Amelia's little sister, was screened for the genes for SMA just after she was born and was found to have the condition, although she had no symptoms. The GOSH team offered Lena the opportunity to take part in research and receive a new gene therapy, Zolgensma, in an attempt to combat the SMA early. Lena was treated and is now meeting all the milestones for her age and enjoys chasing her big sister (and the rest of the family) around.

Together Amelia and Lena's GOSH family has involved the pharmacy, non-clinical and clinical teams in the clinical research facility, the security team, catering team and physiotherapy team.

Zayne and Zion

Zayne and Zion were born at University College London Hospital, happy and healthy but conjoined at the abdomen. They were referred to GOSH to be separated under a specialist team of over 50 people. They stayed at GOSH for three months and were supported by many teams across the hospital. The twins are now back home in Middlesborough with their Mum, Dad and two big brothers. Their GOSH family involved the neonatal intensive care team, Chameleon Ward, the dietician team, occupational therapy, domestic services, chaplaincy, catering and security teams.



Alyssa, from Leicester, started coming to GOSH when she was 13 years old. She had been diagnosed with T-cell acute lymphoblastic leukaemia (T-ALL) the year before, but sadly all conventional therapies for her cancer, including chemotherapy and a bone marrow transplant, weren't working.

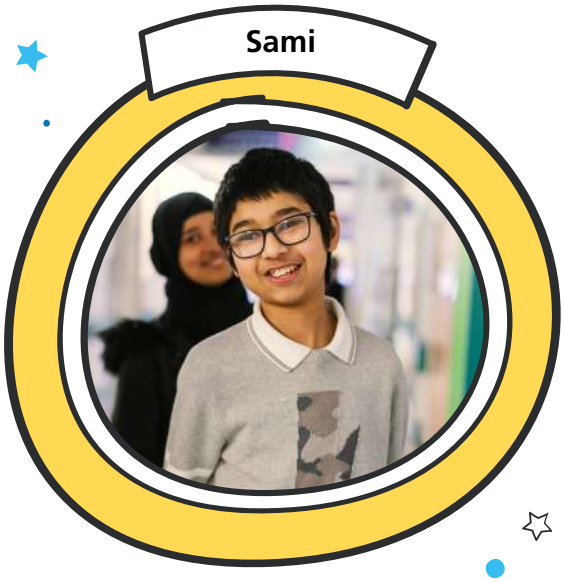
She was admitted to the Bone Marrow Transplant (BMT) Unit at GOSH, to receive genetically modified CAR T-cells from a healthy donor. These cells had been edited using new base-editing technology to allow them to hunt down and kill the cancerous T-cells without attacking each other.

Just 28 days later, she was in remission and went on to receive a second bone marrow transplant to restore her immune system. As part of her care and a clinical trial, she lived on Robin Ward for four months, where she was cared for by staff from oncology, haematology, physiotherapy, the GOSH school, our play team and many more.

Sami was diagnosed with an incredibly rare genetic illness called Multisystemic Smooth Muscle Dysfunction Syndrome and has been coming to GOSH for many years.

Clinicians had feared the complexities of this syndrome made it too dangerous to operate, but as Sami's condition worsened, they called an emergency meeting of around 40 experts, including a specialist surgeon from St Bartholomew's Hospital who usually operates on adults.

Following the success of the first operation, Sami had a further two major operations and after months of recovery is now back at school. As part of his care, Sami's GOSH family included the cardio-respiratory physiotherapy team, paediatric intensive care, cardiac intensive care, the symptom care team, and Koala, Flamingo and Bear wards.



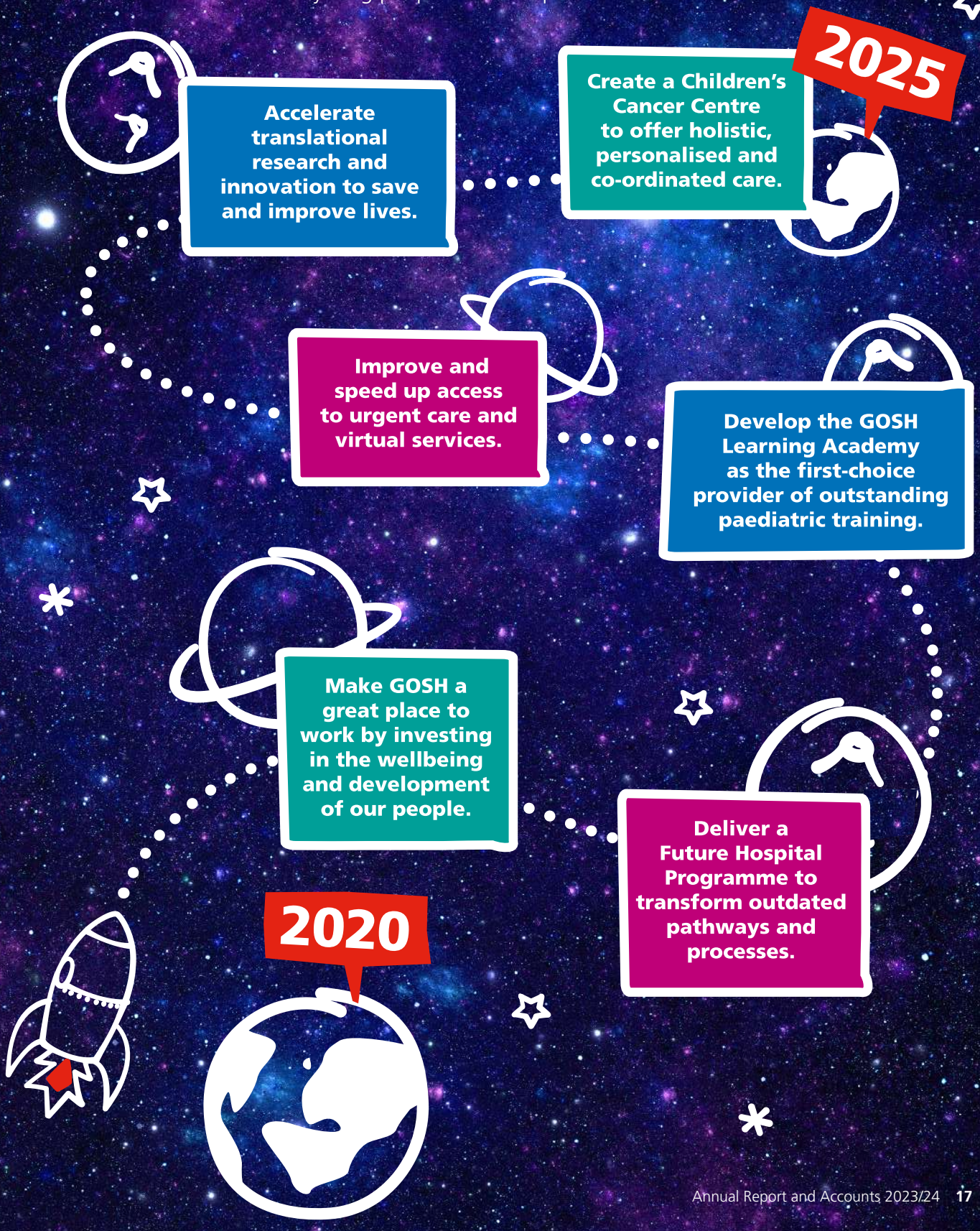
It takes a team!

Throughout this report we will be following the journeys of Amelia and Lena, Zayne and Zion, Alyssa and Sami and their GOSH families, so keep an eye open for this icon.

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 define the role we will play in local, national and international healthcare now and in 10 years' time. Our purpose is to advance care for children and young people with complex health needs.



The six priorities of the Above and Beyond strategy are represented as planets, each with a team responsible for embedding it across the Trust and delivering a set of key programmes and projects that will take us to where we want to be in 2025.

Read about our planets and the progress we've made on pages 38–53.

Planet 1: Make GOSH a great place to work by investing in the wellbeing and development of our people. See page 38.

Planet 2: Deliver a Future Hospital Programme to transform outdated pathways and processes. See page 42.

Planet 3: Develop the GOSH Learning Academy as the first-choice provider of outstanding paediatric training. See page 45.

Planet 4: Improve and speed up access to urgent care and virtual services. See page 42.

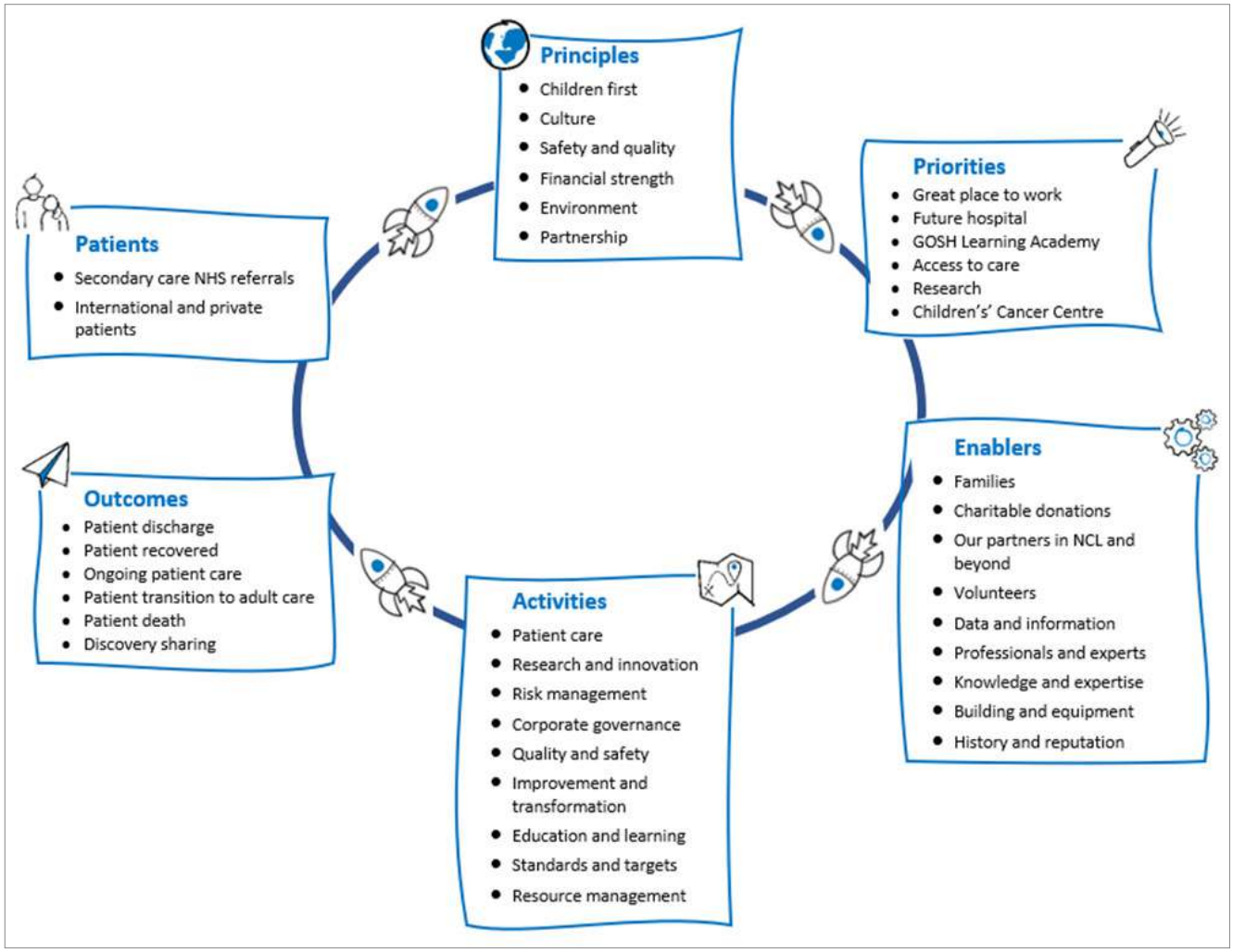
Planet 5: Accelerate translational research and innovation to save and improve lives. See page 48.

Planet 6: Create a Children's Cancer Centre to offer holistic, personalised and co-ordinated care. See page 51.

Our business model

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

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



Our Structure in 2023/24

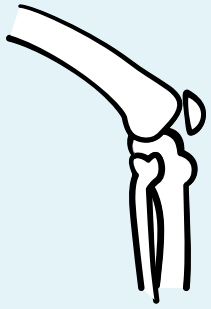
The hospital has seven clinical directorates that support our vision to help children and young people with the most complex health needs fulfil their potential. The directorates were named after consultation with our patients. Our directorates and their services are:

Brain

- Endocrinology
- Epilepsy and Epilepsy Surgery
- Metabolic Medicine
- Neurodisability
- Neurology
- Neuromuscular
- Neurophysiology
- Neurosurgery

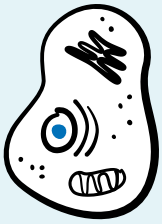
Body, Bones and Mind

- Gastroenterology
- General Paediatrics
- Nephrology
- Psychological and Mental Health Services
- Spinal and Orthopaedics
- Specialist Neonatal and Paediatric Surgery (SNAPS)



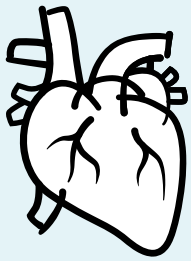
Blood, Cells and Cancer

- Rheumatology
- Dermatology
- Haematology and Oncology
- Haemophilia
- Bone and Marrow Transplant
- Palliative Care
- Immunology
- Infectious Diseases



Heart and Lung

- Cardiology
- Cardiac Surgery
- Respiratory
- Neonatal Intensive Care Unit
- Paediatric intensive Care Unit
- Cardiac Intensive Care Unit
- Children's Acute Ambulance Service

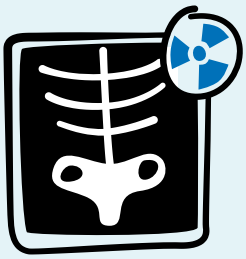


Sight and Sound

- Audiology
- Ear, nose and throat (ENT) and Cochlear
- Ophthalmology
- Plastics
- Dental and Maxillofacial
- Urology
- Cleft, Lip and Palate

Core Clinical Services

- Body Radiology
- Neuroradiology
- Interventional Radiology
- Anaesthetics
- Pain management



Corporate Services

- Clinical Operations
- Information and Communications Technology
- Corporate Affairs
- Finance and Information
- Human Resources and Organisational Development
- Medical
- Nursing and Patient Experience
- Research and Innovation
- Space and Place

International and Private Care

The directorate employs clinical and non-clinical staff in London and maintains an office with a small staff in Dubai to support our key relationships with foreign sponsors in the Middle East. We work with Consultants and Allied Health Professionals, supporting them to conduct private practice on the GOSH site in dedicated outpatient and inpatient facilities.

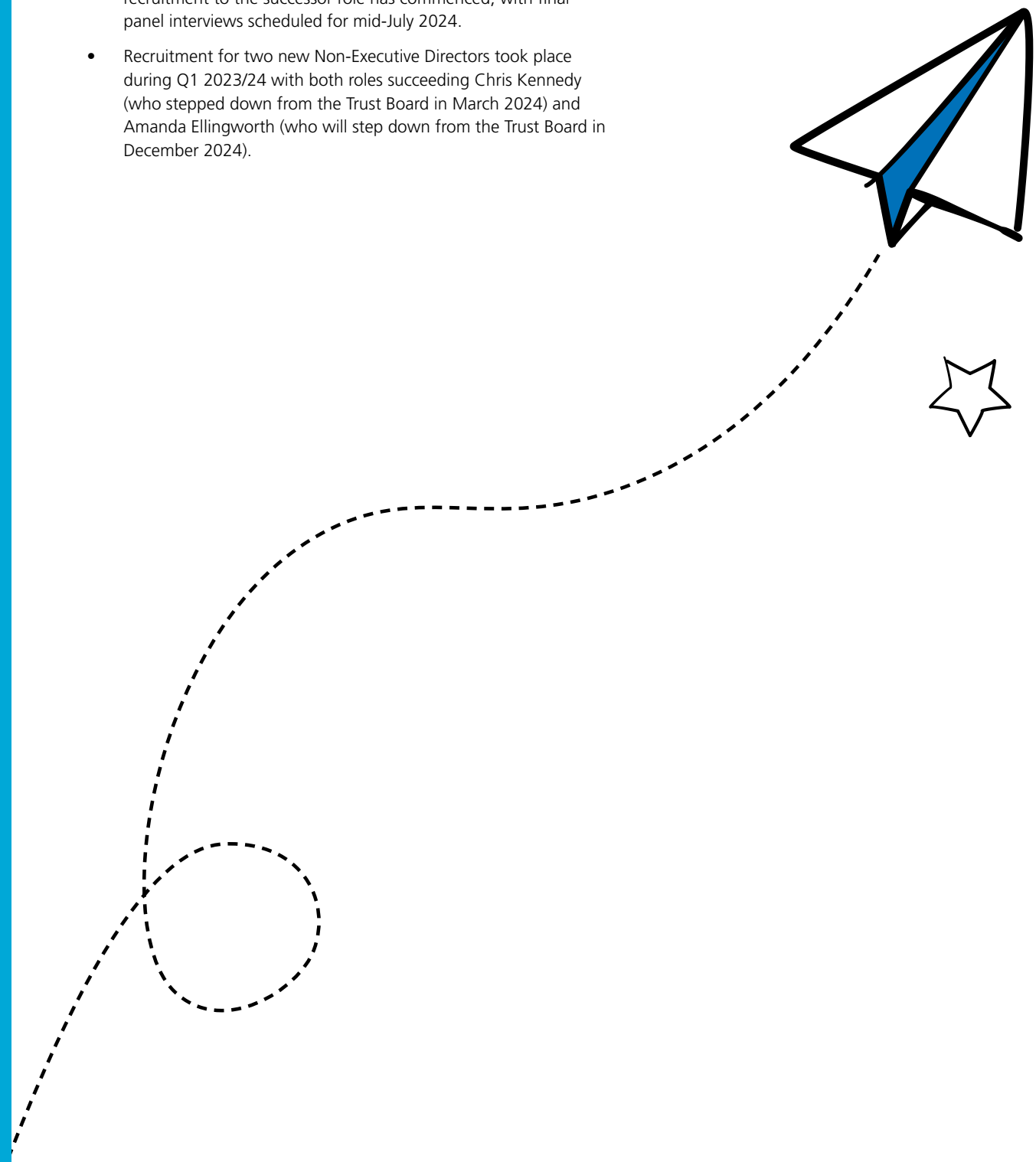
Our principal risks in 2023/24

Further detail about the principal risks for the Trust during the year and in the immediate future can be found on page 26 in the Performance Report and page 147 in the Annual Governance Statement. The context of delivering services, industrial action and increasing pressure on staff has determined some of these risks. An overview of this context can be found on page 24.

Important events since year-end

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

- John Quinn left his role as Chief Operating Officer in April 2024 to take up a new role in the Western Australia Country Health Service. This necessitated the introduction of new interim operational management and governance arrangements, including the broadening of the Chief Executive's role to include direct management of operational delivery at GOSH. The recruitment to the successor role has commenced, with final panel interviews scheduled for mid-July 2024.
- Recruitment for two new Non-Executive Directors took place during Q1 2023/24 with both roles succeeding Chris Kennedy (who stepped down from the Trust Board in March 2024) and Amanda Ellingworth (who will step down from the Trust Board in December 2024).



Performance Report

2023/24 Highlights

APRIL 2023

Full planning permission for the Children's Cancer Centre granted

MAY 2023

Ellen Schroder appointed as GOSH Chair from November 2023, see page 68.

19 May GOSH celebrated International **Clinical Trials Day**

JUNE 2023

Dr Kiki Syrad appointed as Director of Research and Innovation, see page 73.

GOSH awarded more than £3.5m for vital **research and innovation equipment** that will help improve treatments for children – and a visit from the Secretary of State for Health and Social Care

JULY 2023

Hundreds of cancer patients teamed-up to **Get Active**

500th **Heart transplant at GOSH**

AUGUST 2023

GOSH and Barts teamed-up to perform a **world first operation**

SEPTEMBER 2023

GOSH patient was first in the UK to receive an **improved kidney transplant**

GOSH **Play Street**

Five years of **GOSH DRIVE**

OCTOBER 2023

Children's Cancer Centre full business case approved by NHS England

NOVEMBER 2023

GOSH granted a **Manufacturer's Authorisation Licence** for the manufacture of viral vectors

DECEMBER 2023

Said **farewell** to our iconic main entrance at Great Ormond Street Hospital and the Frontage Building

Celebrated **Christmas at GOSH**

JANUARY 2024

GOSH and Middlesex University launched a Paediatric **Academic Education Initiative**

FEBRUARY 2024

GOSH main entrance closed, **and temporary entrance opened**

GOSH launched its new **Patient Safety Incident Reporting Plan,** see page 138

GOSH celebrated its 172nd birthday

MARCH 2024

Raised awareness on **Rare Diseases Day**

Professor Dame Helen Cross and Professor Mark Peters named NIHR Senior Investigators in this year's **prestigious award list**

Professor Dame Helen Cross nominated by University College London and appointed as Non-Executive Director on the GOSH Trust Board.

The full stories for all our highlights can be viewed on our website: **www.gosh.nhs.uk/news**

Overview of our performance in 2023/24

Delivery of Services

During the year we experienced multiple periods of industrial action that impacted on our overall operational delivery and performance. As we are a specialist hospital, many patients are referred to us after waiting a very long time for treatment. These patients, on average, have 8.9 diagnoses, making their treatment pathways very complex. Despite these challenges, in 2023/24 GOSH continued to deliver safe and efficient care to its patients and witnessed several achievements throughout the year.

Our teams worked exceptionally hard to see as many patients as possible. At the end of March 2024, overall patient activity was less than 1% behind plan. During the year we needed to prioritise urgent cases, which meant some patients ended up waiting even longer. With slowly rising numbers against the NHS England's waiting time expectation, this remains a focus for us, and we have mutual aid in progress for key affected specialities. Despite the lost time due to industrial action, Referral to Treatment (RTT) remained relatively stable, with 66.1% of patients waiting less than 18 weeks, and we continue to be in the top quartile of Trusts nationally, comparing strongly against North Central London providers and peers.

GOSH is ranked in the second quartile for diagnostic waiting times nationally, with 81.8% of patients waiting less than six weeks for a test. However patients waiting between 52 and 78-weeks are above the nationally agreed trajectory targets. Our cancer standards compliance was 100% at year-end.

GOSH's overall activity was 14.2% above 2019/20 activity levels and 1.3% above our 2022/23 levels. During challenged periods, and supporting our commitment to reducing health inequalities, GOSH ensured patients could access the care they need by seeing 28% of patients in a virtual outpatient setting, where possible. You can read more about how we've done against National standards on page 33, and a summary of performance against each of the planets underpinning the Trust's Above and Beyond Strategy is provided on pages 38–53.

Industrial action

At the beginning of 2023/24 we saw several periods of industrial action, including by the British Medical Association and Royal College of Nursing, alongside multiple transport strikes. These inevitably affected our performance commitments. We completely respect the right of staff to take part in lawful industrial action. We value and respect our staff enormously and see every day how essential it is that they receive good pay and conditions and can focus on their challenging work delivering services for our patients and families. Our first responsibility is always to the children who depend on us, and we have continued to work closely with our union representatives throughout the year to minimise the impact on delivery of our services.

It is important to be open about the cumulative impact that strikes have on the organisation, our staff, and our ability to deliver on our performance commitments. Every strike affects our ability to see patients and causes a huge amount of work for staff in terms of covering shifts, optimising capacity and re-organising the flow of patients. Each one yields a notable dip in our Referral to Treatment (RTT) position. We have needed to prioritise urgent cases which means that our priority three and four patients end up waiting even longer.

The abeyance of industrial action towards the end of 2023 was a welcome return to business as usual and we continued to make progress in the early part of 2024. We are alert to the fact that we should expect, and will need to plan for, further disruption over the coming year caused by industrial action as our national NHS workforce crisis continues.

Looking after our People

The constant demands of driving activity, finding savings, navigating industrial action and dealing with a cost-of-living crisis has been really hard on our people. We must look after our staff so they in turn can look after our patients. For these reasons, during 2023/24 the executive team decided to make staff our key priority for the year.

We focused on four key areas: wellbeing; equality, diversity, and inclusion; career progression; and reward and recognition. This involved re-instating staff awards and long service recognition; continuing to support our active diversity and inclusion networks and taking further steps to provide really practical support for our people. The launch of our staff support hub 'The Hive' in September 2023 really improved the visibility of our support services and signposting for emotional wellbeing, coping with the cost-of-living crisis/financial wellbeing, freedom to speak up concerns, career development and apprenticeships and Trade Union support.

Despite a challenging year, our staff survey shows that we are continuing to make good progress across a range of areas, including recommending GOSH as a place to work and colleagues feeling trusted to do their role. We heard from more staff than ever before in the survey over 3,000 staff responded to tell us about their experience of working at GOSH. Hearing from so many of our staff provides a clear mandate for us to prioritise and make changes in the areas that matter most to them in the year ahead. We saw improvements in 77 of the 97 questions asked, representing a significant change from the 2022 results, where most areas saw a drop of around 3-4%. It is encouraging to see our collective efforts are making a positive impact on our working environment. However, we cannot be complacent, we know there are areas where we can do better, and we're committed to addressing these to make GOSH the best possible place for our staff to work and for our patients to receive care. For more information on our staff survey results see page 110.

It was wonderful to have an opportunity to celebrate the winners and nominees at our Staff Awards celebration on 18 September 2023. It was a great way to celebrate amazing colleagues who are going above and beyond for our patients and families and for our teams. Congratulations to all the winners and nominees, see page 41.

Working with our partners

At GOSH, partnership working is essential to the delivery of healthcare. During 2023/24 the Trust

continued to develop its partnerships at a local, regional, national and international level, including:

- Being an active member of the Children's Hospital Alliance, see page 120, and helping shape national policies, including for Martha's Rule and the national outpatients strategy.
- Working as a member of the Federation of Specialist Hospitals (FSH) to advocate for a safe and co-ordinated approach to the delegation of specialised NHS services from national to local commissioners, see page 120.
- Working with the European Children's Hospitals Organisation (ECHO) to advance work in clinical informatics, see page 121.
- Working with NHS England, Evelina London Children's Hospital, South London and Maudsley NHS Foundation Trust and University College London Hospitals on the new NHS Children and Young People's Gender Service (London), see page 43.
- Establishing mutual aid agreements with Providers in North Central London (NCL) to prioritise patients' treatment and help reduce waiting lists, see page 34.

GOSH is a member of the North Central London Integrated Care System (NCL ICS). This is a partnership of local authorities, health and care organisations and the voluntary, community and social enterprise (VSCE) sector from Barnet, Camden, Enfield, Haringey, and Islington. We work together to improve health and wellbeing outcomes for a population of 1.6 million people.

As a member of the ICS, the Trust is part of the NCL Health Alliance along with providers of acute, specialist, primary and mental health care and community services. During 2023/24, the Alliance agreed to merge with UCL partners to maximise the collective impact on health outcomes. Chief Executives and Chairs from across NCL convene on a regular basis to work on a shared agenda addressing priorities which lend themselves to action at a system level. The role of this joint working is to mirror the reality experienced by patients, where many of the opportunities for improvement exist in the space between out-of-hospital and in-hospital care and strengthen the integration between mental and physical health provision.

The Trust actively engages across various areas of the Integrated Care System, see page 119. Although the reach of GOSH as a specialist paediatric trust is wider than the boundaries of North Central London (NCL), the Trust is wholly committed to playing a key role in supporting improvements in the health and well-being of children, young people and families in NCL.

At the same time, we ensure we balance this with our focus on delivering the Trust strategy Above and Beyond, and work programmes we are engaged with nationally and internationally. As such, the Trust has a risk on our Board Assurance Framework, around our involvement in local, regional, and national healthcare frameworks and our commitment to operate across local, regional, national and international boundaries in pursuit of advancing care for children and young people with complex health needs.

As a world-leading paediatric centre, we try to provide humanitarian support for children who urgently need specialist care wherever they are in the world, as long as we feel we can do this without impacting our patients at GOSH and, where needed, we have government support.

In February 2024, GOSH was asked if it could provide remote specialist support to clinicians caring for children in their Field Hospital in southern Gaza. This support was in the form of a weekly collaborative Multi-Disciplinary Team meeting (MDT) to discuss complex paediatric cases. Recognising that expertise was needed from a wide range of professionals, GOSH reached out to colleagues in the Children's Hospital Alliance and other NHS and charitable organisations such as St John's Ambulance service. Over 250 expert clinicians from 42 organisations joined with GOSH to offer their help. GOSH thanks all those who have collaborated to make this programme a success.

Top Paediatric Hospital in Europe

For the third consecutive year, Great Ormond Street Hospital for Children has been ranked the best paediatric hospital in Europe by the current affairs magazine Newsweek. GOSH is also recognised for having standout specialties in Cardiac Surgery, Neurosurgery and Oncology. This recognition reflects how our clinicians challenge themselves to find better, faster and kinder treatments so children can focus on just being children. GOSH was also ranked the sixth best specialized hospital for paediatrics in the world.

It takes a team!

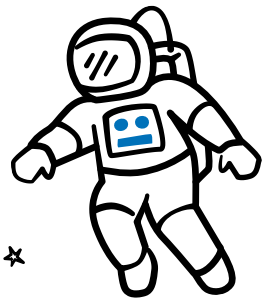
"We never dreamed we'd be able to do such an operation, but Sami has now had three surgeries and is back at school. It's such a privilege to see how well he is doing and see him enjoy things such as a family holiday. Credit goes to Sami and his family and all the teams at GOSH and Barts who pulled this together. "

Dr Cervi, GOSH Consultant

Principal Risks 2023/24

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

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



Principle Risks 2023/24

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

Operational Performance

It was an incredibly challenging year for delivery of our clinical services, with exiting Covid, a postponed demand for services and industrial action having a major impact on our ability to deliver care in a timely way for all patients. Further information about the context in which we operated in 2023/24 can be found on pages 24.

Safety Culture

With safety as the Trust's key purpose, it is essential that we establish a restorative safety culture, further cementing our commitment to 'no blame' across our Trust. We recognise there is work to do and subsequently this is a key risk for the Trust Board (documented as two risks on our BAF).

Estates Compliance

The Trust continued to invest in its estate and equipment. The focus in 2023/24 was on enhancing reporting and governance arrangements, to reinforce compliance requirements across the estate, and improving team culture.

Financial Sustainability

It was a challenging year in for delivering against the agreed budget (and cost improvement plan) whilst exiting Covid, managing the operational risks as outlined above and recovering our private patient and research income. More information can be found on page 36.

Cyber Security

Any breach of security has the potential to result in a data breach and impact how we care for our patients by disrupting access to the data and other information that we hold. More information can be found on page 159.

Further information, including the controls in place to mitigate risks, is documented in the Annual Governance Statement on page 138, where a summary of mitigations is provided. The section also includes an explanation of changes to the strategic risks monitored over the year and the inclusion of new and emerging risks.

Performance Analysis

This section of the report analyses the Trust's performance during 2023/24 in relation to safety and quality, operational delivery and financial performance. It also highlights progress with the delivery of planets from our strategy Above and Beyond.

Safety and Quality Performance: Analysis

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

Safety

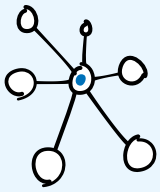
Aim: To eliminate avoidable harm

What we said we'd do: Develop a governance system to improve quality, safety and compliance for the Trust-wide use of medicines.

What we did: A new Local Risk Management System has been developed to replace the existing system (Datix). The new system will be extended to include the functionality of a newly developed Quality Management System, with work underway to ensure it meets the current and future needs of the organisation.

The new systems will form part of a Trust-wide Quality Governance framework currently under development, with a view to piloting the draft framework in Q2 2024. Given the scope of the work, it is envisaged that the Quality Management System development and implementation programme will continue into 2025.

Clinical Effectiveness



Aim: To consistently deliver excellent clinical outcomes, to help children with complex health needs fulfil their potential

What we said we'd do: Ensure our approach to quality improvement and allocation of support is about enabling and supporting improvements that address and reflect ward priorities and work with the clinical directorates to enable them.

What we did: A small project group was formed, and it has been agreed to primarily focus on the pathway where services accept GP referrals only. Data is being collated and analysed to determine what proportion are delivered well and where a failure might have occurred during the process. The project team will continue to evolve this work during 2024.

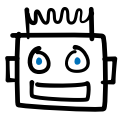
Experience

Aim: To deliver kind and compassionate care and communicate clearly to build confidence and ease

What we said we'd do: Improve the co-ordination and experience of care, for patients under multiple specialties at Great Ormond Street hospital.

What we did: We established a Project Steering Group with key multi-disciplinary stakeholders across the organisation and finalised the project scope. Work has started to better understand patient experience. This included analysing the learning from serious incidents where the coordination of care or management of a complex patient was identified in the lessons learned. For this project, a number of improvement interventions have been established with measures to assess the impact. The project will continue to evolve in 2024/25 with testing of improvement interventions for specific cohorts of patients.

Each year the Trust produces a Quality Report which provides an annual overview of the quality of services delivered by the Trust. It is a mandated report that aims to enhance accountability and engage leaders of NHS organisations in our quality improvement agenda. The report is available to patients, their families, and the public here.



https://www.gosh.nhs.uk/about-us/our-corporate-information/publications-and-reports/quality-reports/

Patient Safety

Patient safety is a core purpose of everything we do at GOSH. Prior to the pandemic it was recognised by the Trust that there was a need to improve our approach to patient safety and be ambitious in the delivery of safe, holistic, high-quality care to our patients. This was the beginning of the Safety and Quality Strategies, both of which were produced in consultation with our staff and patients and described where we want to be as an organisation. From this, a delivery plan was developed, and significant service reorganisation was undertaken to ensure we are organised to succeed. All of this was done in collaboration with system partners and safety advocacy organisations, who sense-checked and challenged throughout our improvement endeavours.

Patient Safety Transformation Programme

GOSH has transformed the ways in which safety is viewed, actively aiming for sustained improvements in its approach, systems, and culture of safety. Two years into this multi-year programme, it is timely for us to review the systems and processes in place which help support the delivery of safe, high-quality care to our patients and their families or carers. In February 2023 we published our Patient Safety Statement, which was endorsed by the Trust Board and launched our principles for Listening, Learning and Leading in relation to Patient Safety. These are the principles we will continue to drive forward in 2024.

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

How we have listened to our patients, families and staff

Young People's Forum (YPF): Attending YPF meetings and working though issues in relation to the use of wristbands for patient identification provided some fantastic material for addressing poor compliance with this important safety intervention. The young people who attend this group have brilliant insights into the way the hospital works, what matters to them and are able to provide creative ideas and solutions to problems clinicians are unable to solve.

Good Hospital Programme: As part of our continued drive toward 'Being a Good Hospital Every Day' we helped our teams to understand the new regulatory approach, what it means to them, how we assure ourselves, and the need for constant sharing of information and intelligence to support learning from excellence in practice.

Safety Walkarounds: Informal safety walkarounds were introduced to provide the opportunity to talk with frontline clinical staff about their concerns in relation to safety. This helped us develop a clearer understanding of challenges and reach staff who would not normally raise concerns.

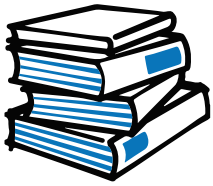
Seminars: Meetings were held to allow staff to discuss openly their reflections and concerns following the tragic events at the Countess of Chester Hospital.

Safety Blogs: We started a blog series, in which staff across the Trust provide insight into their own role in patient safety. This was launched by one of our Junior Doctors and is being followed with blogs from other members of staff across all disciplines and roles.

Freedom to Speak Up: Staff can access the Freedom to Speak Up Guardian to report unsafe practice or near misses in relation to safety and quality – see page 105 for more information. Themes were identified and learning implemented where required.

Analysing data: We analysed findings from PALS, complaints, claims and patient surveys.

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



Ways we have encouraged shared learning:

Shared Learning: We have expanded the role of the 'Grand Rounds' to have a monthly specific focus on patient safety. These traditionally are used in medical education to help facilitate shared learning and understanding in healthcare settings. The Trust has delivered 13 Safety Grand Rounds to date with topics that have been identified either through external horizon scanning (learning from others), or as a result of internal investigations and incidents.

Safety Intelligence: We are constantly looking for opportunities to learn from a range of safety intelligence sources, whether these are national enquiries or other reports, as well as regular publications from healthcare safety bodies, commentators and research and learning. With this knowledge, we are able to ask ourselves what it means for GOSH, and use learning to test our organisational approaches to quality and patient safety. Importantly, this facilitates the identification of any potential gaps, or deficiencies in our approach, for which we will adapt our existing plans for improvement.

Partnerships: Recognising that we cannot improve patient safety and quality on our own, we have forged partnerships with Patient Safety Learning, Civility Saves Lives and Action

against Medical Accidents, all of which supported the Trust over the past year by providing additional challenge and advocacy on behalf of our patients. Patient Safety Learning provided a peer review as part of our Safety Transformation Board and has undertaken an assessment of GOSH against national standards. We have completed this process and are pleased to have moved from 'Reactive' to 'Active' when assessed against Patient Safety Learning's maturity matrix. More information about working with stakeholders can be found in the Annual Governance Statement on page 139.

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

How we show leadership for quality and safety

Paediatric Patient Safety and Human Factors Conference: GOSH hosted its inaugural Patient Safety Conference in March 2023. Taking a patient-centred approach, this event brought together experts to consider the challenges of patient safety in paediatrics. We explored human behaviours that influence safety in healthcare as well as ways to improve safety for children and young people. We also discussed ways to support patients, families and colleagues when things go wrong, and how we can learn from these events.

Patient Safety Education: The Trust has recruited a substantive Head of Education for Patient Safety. Part of their remit is to support the continuous professional development of knowledge and skills in the patient safety teams. As part of this the Trust has welcomed subject matter experts to present on Human Factors and Patient Safety.

Patient Safety Partners: GOSH recruited four Patient Safety Partners (PSPs), two of whom are young people with lived experience of being a patient at GOSH, and the other two are parents of patients at the hospital. These roles have been newly developed across the NHS and will see greater involvement of patients in the Trust's safety processes, through membership of safety committees, involvement in investigations and quality support visits across the Trust. The YPF played a key part in shaping how the role should work at GOSH, sharing invaluable insight into what a patient at GOSH wants from safety work. Our Patient Safety Partners will continue to be supported by the quality and safety teams and other specialist teams, to empower the patient voice in the strategic aim of improving patient safety.

Duty of Candour: We have designed and published a new eLearning package in relation to Duty of Candour and partnered with Action Against Medical Accidents (AvMA) to deliver bespoke training around the application of Duty of Candour with Empathy.

System Safety Leadership: As we move into 2024, the inaugural meeting of the Paediatric Patient Safety Leaders Network takes place, with senior leaders from across the UK's Children's Hospital Alliance to support shared learning.

We have worked with our Trust Board to put in place regular development sessions in relation to Patient Safety, with external speakers helping provide constructive challenge to our ways of thinking. This has been supported with a redesign of our governance structures, agendas and meeting coversheets.

Here is a snapshot of the patient safety areas we have looked at over the year:

Patient Safety Incident Response Framework (PSIRF): The Trust successfully launched PSIRF in February 2024 to replace the existing Serious Incident Framework. The implementation of PSIRF marks a shift from a root cause analysis approach to identifying the cause of a safety event to a learning approach to prevent reoccurrence. Following a review of all patient safety and patient experience data over a three-year period, six priorities were identified for the first 18 months:

Admissions, discharge and transfers

- Delays in admission or transfer from external hospitals for time critical transfers which lead to negative outcomes for patients e.g. life changing outcomes or death
- Unsafe or delayed transfer between specialty teams which result in life changing outcomes for patients e.g. life changing outcomes or death
- Delay in transition between CAHMS and AMHS which result in psychiatric deterioration resulting in the use of the MCA or MHA or a review of placement to locked environment.

Medication

- Errors where tenfold of the prescribed dose has been prescribed and/or administered causing life changing injury or increased length of stay over 14 days
- Total Parenteral Nutrition wrongly connected or lipid rate over infusing causing significant harm or increased length of stay over 14 days
- Errors occurring during the prescribing, preparation and administration of medication which results in patient harm lasting more than 14 days i.e. delayed stay in hospital, treatment required to prevent life changing harm

Communication

- Communication failures between teams which result in significant harm to patients, resulting in life changing injury; increased length of stay over 14 days and/or reputational risk to the Trust.
- Communication failures relating to treatment between teams and parents which result in readmission / reattendance of patient with 14 days of discharge

Access to Clinical Services

- Delay in treatment or follow up imaging incidents which results in a patient not accessing the correct clinical pathway and harm has been identified in the clinical harm review.
- If indicated, we will collaborate with local services where clinical deterioration resulting in life changing or catastrophic harm for patients waiting or receiving care under the Gender Identity Dysphoria Service (GIDS)

Responding to deteriorating patients

- No or delayed response to identification of a deteriorating patient as defined in the deteriorating patient pathway which results in harm

Invasive procedure problems

- Invasive procedure problems including injury during or following surgery which results in significant harm to patient(s) resulting in life changing or catastrophic harm where care and/or service delivery problems have been identified.

World Patient Safety Day (WPSD)

After several years of Covid-19 restrictions, 2023 was the first opportunity to run an in-person World Patient Safety Day event. The theme was 'Engaging patients in patient safety'. This was particularly important, as we had only recently recruited our new Patient Safety Partners and were well underway with developing the Patient Safety Incident Response Framework (PSIRF) plan for the organisation, a key part of which is involving patients and their families.

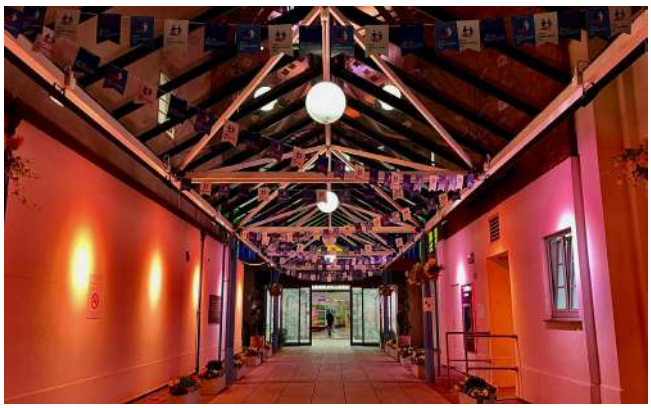
The day was enjoyed by many, including Issy, our new Patient Safety Partner.

"I thoroughly enjoyed every second of the day, from playing games and drawing with the children/ young people to going up to the neonatal unit to hand out chocolates to the hardworking staff on the wards. I found it so enlightening how happy children can be at some of the darkest times in their lives. I knew how much I loved being at GOSH when I was young - all of the staff and volunteers did their very best to make me as cheerful and comfortable as possible. To witness that they are still doing that now, and that I can be a part of helping to keep patients safe, amazes me."

Issy, Patient Safety Partner

As part of the day there was promotion of and discussion around patient safety, PSIRF and Just Culture. Most importantly, we used the opportunity to hear feedback from visitors, patients and staff on what patient safety means to them. We had an artist capturing a visual representation of the day's activities.

Feedback was collected to help inform future patient safety work. For the first time, we were able to light up the building in the WPSD colour of orange, which was only possible by working with several teams across different departments.



Operational Performance and Analysis

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

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

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

Patient Access: We are working to reduce waiting lists that built up during the pandemic to ensure all our patients can be treated as soon as possible. We focus on reducing the time from referral to treatment for all patients.

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

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

Apollo Week

At the beginning of March 2024, we held Apollo Week, a dedicated period of six days devoted to sharing learning and making improvements to processes. Many staff embraced the spirit of Apollo Week and got involved by sharing ideas and trialling new initiatives, reaching out to subject matter experts on the information stands to boost their learning, decluttering their space and volunteering to help clear the clinical admin backlog.

During the week, a number of administrative colleagues across the Trust received training; and more than 100 Medical PAs attended end of clinic process training, which will help to improve the clinical administration backlog. Some of the improvements we've already seen include a reduction in missing appointment status outcomes and a reduction in missing referral to treatment (RTT) outcomes.

Executive colleagues were also welcomed and provided with training and advice. It was a great opportunity for our Executives to have some uninterrupted and first-hand experience of the innovation, excellent teamwork and fantastic care for colleagues, patients and families happening across GOSH

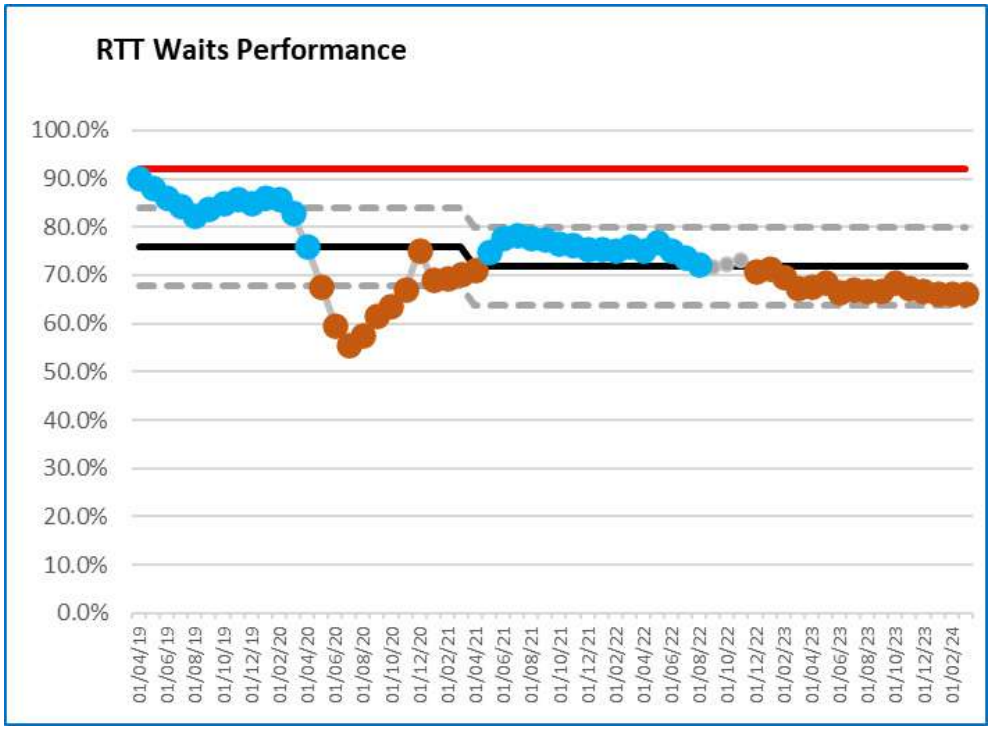
How we performed against national standards

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

During the year, waiting times across the three main national areas of focus remained challenging. The volume of activity was impacted by bed closures, strikes, key consultant absence and continued inpatient last minute cancellations. The following summarises each metric in more detail:

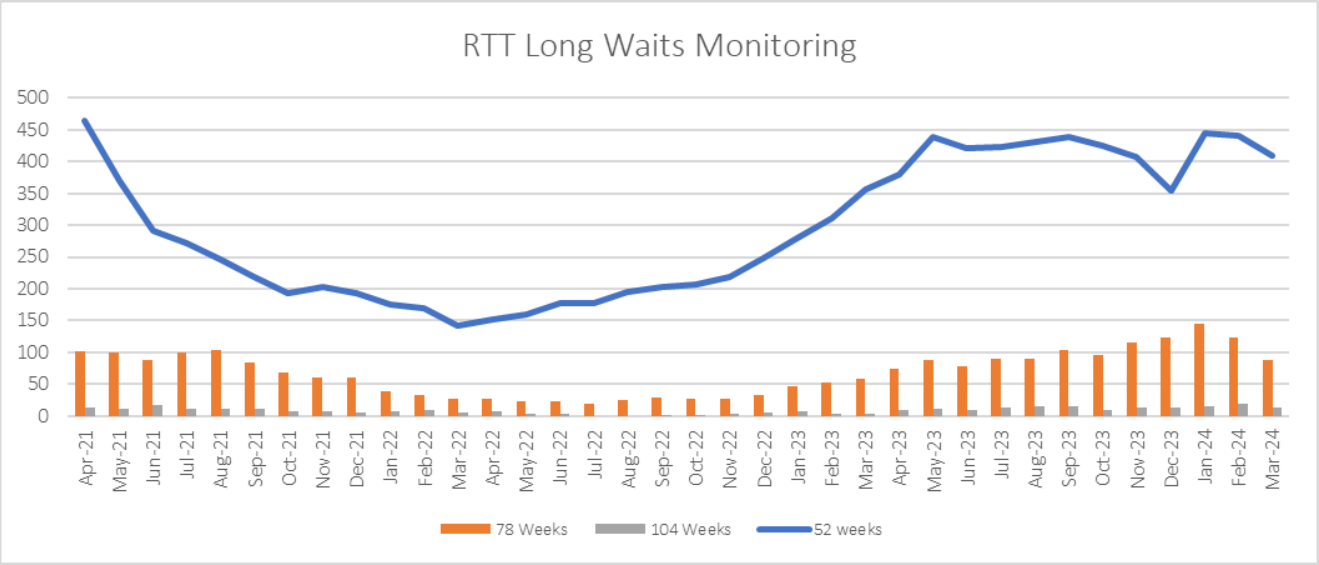
18-week Referral to Treatment Times (RTT):

Our RTT performance remained a primary focus. The start of the year saw around 67% of our patients seen within the 18-week referral target. During the year this remained stable and was 66.7% at the end of September 2023. This was a result of the national strikes, inherited breaches, patient and staff sickness, and bed pressures. This position did not significantly improve through autumn and winter, leaving the Trust at 66.1% at the end of March 2024.



Long Waiting Patients:

Despite our best efforts, long waiting patients proved difficult to clear, with slowly rising numbers against the backdrop of an NHS England expectation of long-waiter reduction. Focus has remained on these patients and mutual aid is in progress for key affected specialties, see our dental service below. At the end of March 2024, we had 14 patients waiting more than 104 weeks (up from 9 in April 2023), 89 more than 78 weeks (up from 75 in April 2023) and 409 more than 52 weeks (up from 379 in April 2023). The Trust agreed a plan with NHS England to clear all patients waiting 78 weeks and above by the end of June 2024 and patients waiting 104 weeks and above by the end of May 2024.



Access to Diagnostic Tests:

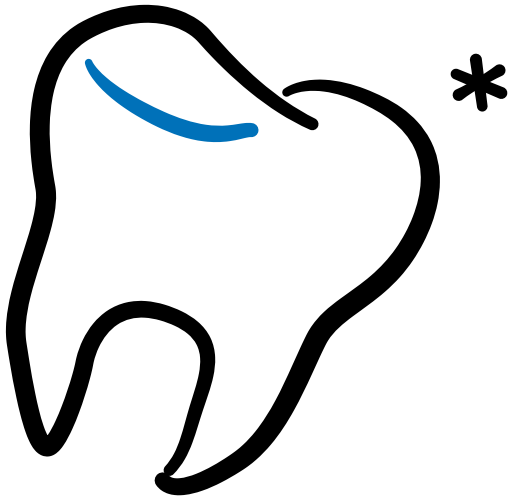
The NHS target is for patients to have a diagnostic test within six weeks of referral. At the end of March 2024, GOSH was achieving this for 79.15% of patients, and we are continuing to try to meet this target for all patients. GOSH remains in the top half of NHS Trusts for this metric.

Cancer Treatment:

The target is to treat cancer patients within 31 days of referral or decision to treat. We have prioritised the treatment of cancer at GOSH and this target has been consistently met.

Our Dental Service

We continued to experience significant delays in our dental services. This was, in large part, due to staff shortages which meant we were running at limited capacity. The staff shortages were exacerbated by a decision to stop sending dental trainees to us. The implication of these issues meant was that the Trust was unable to provide an effective service, resulting in patients not being treated in a timely manner, which directly impacted on the waiting list and concerns about patient safety. We discussed our concerns with NHS England and made changes to the service to ensure that patients who required urgent care were prioritised and continue to be assessed and treated. We are grateful for mutual aid agreements with University College London Hospitals and the Evelina London Children's Hospital, who are helping treat patients and reduce the waiting list. The service is being monitored and tracked at the weekly Executive Management Team meeting.



Health inequalities

Health inequalities are the avoidable, unfair and systematic differences in health outcomes between different groups of babies, children and young people. The health Inequalities agenda is of significant importance given the status of recovery and reform of healthcare following the pandemic, and the timely access to healthcare is imperative for children's services. As such, the Trust recognises that work on the health inequalities agenda needs to continue to be profiled and appropriately resourced to demonstrate improvement.

The health inequalities programme at GOSH consists of a Health Inequalities Steering Committee with five working groups to examine and implement initiatives related to digital exclusion, access to care, outcomes, patient experience and awareness.

Health Inequality-related data: We have a health inequalities data dashboard that examines patient referrals using the following dimensions:

Index of Multiple Deprivation (IMD)	**Income Deprivation Affecting Children Index (IDACI)**	**Ethnicity**	**Sex**

During 2024, our priority is to expand the health inequalities data dashboard so we can understand whether health-inequality-related factors affect:

Patients who wait the longest for their treatment **(Access to care)**

- Patients who do not attend (DNA) two or more appointments **(Access to care)**
- Patient outcomes **(Outcomes)**

We are working within the **'Access to care**' and **'Outcomes**' working groups, in collaboration with the Data Management Team, to identify trends across the data and develop interventions to improve patients' access to care or patient outcomes. We will apply our learning to patients who are at risk of falling into the long-waiter category, to prevent them reaching this status and to address 'was not brought'. This is work in progress and aims to have comprehensive data sets by the end of 2024.

Quality Improvement: Utilising quality improvement methodology, we have developed Health Inequalities Self-Assessment standards following engagement with young people, parents and staff members. The standards will be used to benchmark services across the hospital. The members of the **'Awareness'** working group will implement initiatives to enable services to achieve the standards and raise awareness of health inequalities around the hospital. Listening events have been completed with young people, parents and staff members. Data has been collated and analysed, and priorities across the dataset identified, showing the following themes:

Equitable access to healthcare services	**Digital Inclusion and literacy**	**Language and communication**	**Logistical coordination and support**

Tackling Digital Health Inequalities: We are working to understand how digital health inequalities impact both digital participation in care for our patients, and demographic representation of all patients within GOSH data, with the aim of reducing digital exclusion. This is being done through:

- Collaboration with Good Things Foundation and joining the National Digital Inclusion Network, which gives us access to data and devices for families, and digital skills training.
- Improving the completion of ethnicity information in Epic; updating ethnicity training and guidance for administration staff; generating posters for display in outpatients to build trust with families about sharing potentially sensitive information such as their ethnicity; developing a webpage to host related information and link ethnicity information to posters via QR codes, with information in different languages.
- Collection of digital exclusion data via Epic so we can understand the extent of digital exclusion across the hospital. Exploring the possibility of all staff completing this information.

The Board receives regular reports on quality, safety, finance, patient experience, workforce and patient access, which include relevant metrics, milestones and measures. However, there is still work to do to ensure performance reports are disaggregated by ethnicity and deprivation, where relevant. The Trust has appointed a new Lead Practice Educator and the health inequalities work-stream is in its infancy. The Trust has not yet published the health inequalities data under the given domains required by NHS England's statement on information on health inequalities but is working to collect, analyse and publish preliminary health inequalities data by the end of the first half of 2024/25.

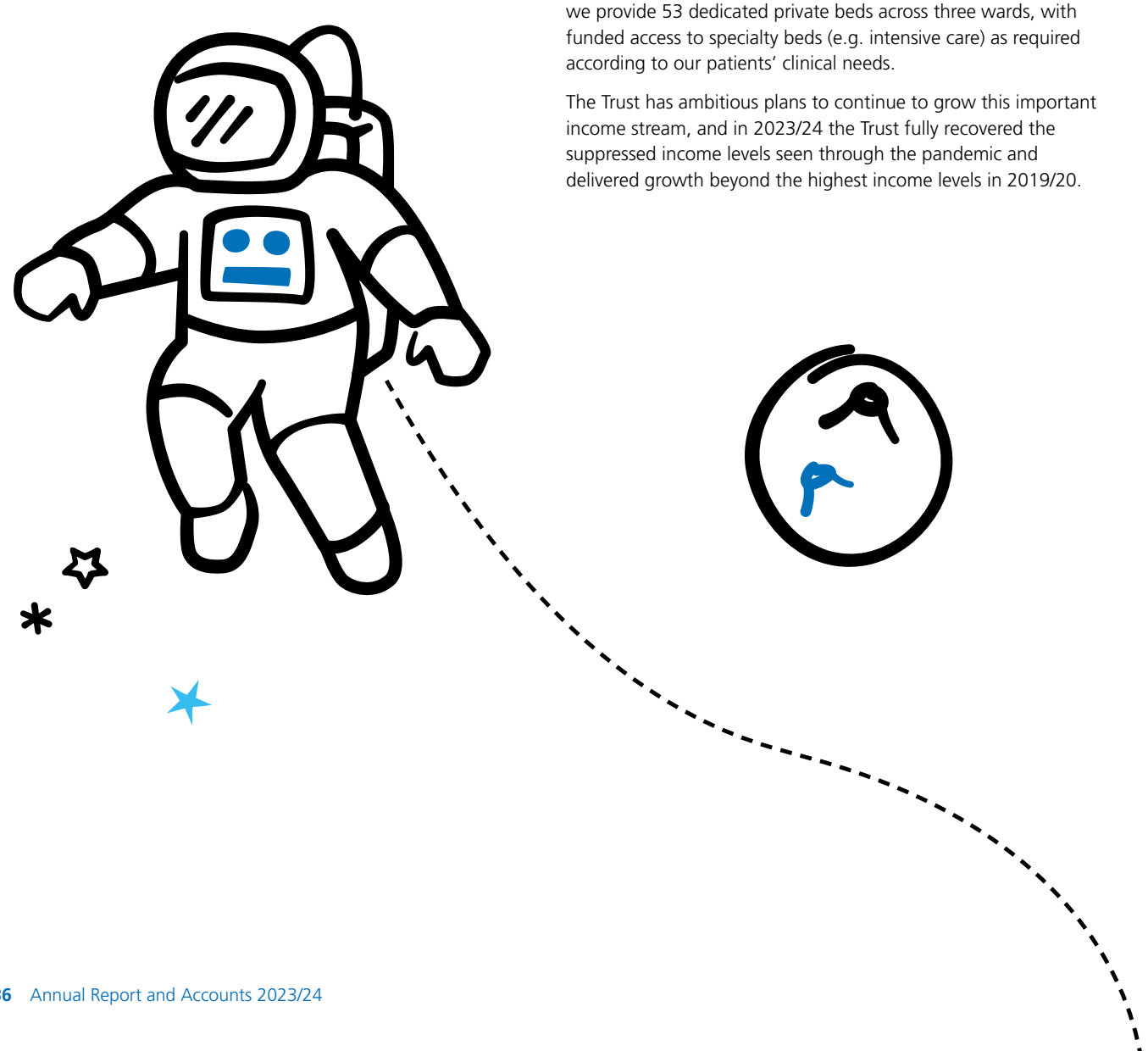
Financial Performance and Analysis 2023/24

The Trust is funded by a variety of income streams, the largest being NHS income received from NHS England. Other significant income streams include:

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

2023/24 saw continued pressure on activity levels due to the impacts of industrial action and the drive to reduce waiting lists, which had increased during the pandemic. Whilst expanding NHS activity, GOSH has continued to work towards recovery of the private patient side of the hospital.

At the end of the 2023/24 period the Trust reported a £4m operating deficit prior to capital donations, gains on disposals, donated inventory, depreciation in respect of donated assets and impairments. This operating deficit performance was adverse to the plan set by the Trust at the start of the Financial Year driven by the operational context noted above.



Capital projects

During 2023/24 the Trust continued to invest in its estate and equipment. Risk assessments were undertaken for each project to understand the likelihood of disruption to the site infrastructure. Planning for the Children's Cancer Centre progressed well and related decant and enabling works continued throughout the year, see page 52.

Financial governance and reporting

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

International and private care services

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

The directorate employs 260 clinical and non-clinical staff in London and maintains an office with a small staff in Dubai to support our key relationships with sponsors in the Middle East. We work with 312 Consultants and 83 Allied Health Professionals, supporting them to conduct private practice on the GOSH site in dedicated outpatient and inpatient facilities. Within the hospital, we provide 53 dedicated private beds across three wards, with funded access to specialty beds (e.g. intensive care) as required according to our patients' clinical needs.

The Trust has ambitious plans to continue to grow this important income stream, and in 2023/24 the Trust fully recovered the suppressed income levels seen through the pandemic and delivered growth beyond the highest income levels in 2019/20.

Looking ahead to 2024/25

Quality and Safety

We will continue to embed the Patient Safety Incident Report Framework and we have applied to be a pilot site for Martha's Rule.

Focus on long waiting patients

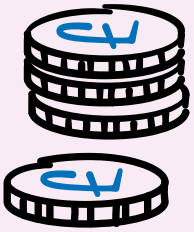
We must clear our patients waiting 104 weeks+ by 31 May 2024 and all 78 week waiters by 30 June 2024. We'll also focus on diagnostic waits.

Activity

We need to deliver +2% NHS activity vs last year and continue to attract our international and private care patients.

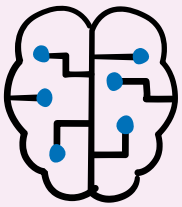
Finance

We've committed to breaking even. To do this, we will need to hold our 2023/24 headcount and make savings.



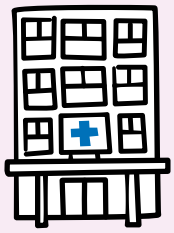
Artificial Intelligence (AI)

We are exploring the use of AI to support more effective and efficient clinical services at GOSH. GOSH DRIVE is working with partners to pilot tools to transcribe clinic notes and patient letters.



Children's Cancer Centre

Moves will continue with around 140 planned over the Summer. Construction will start!

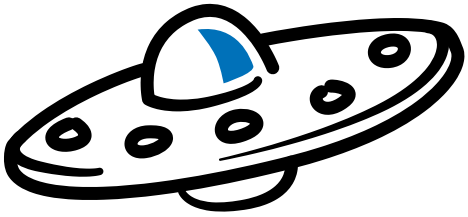


Developing a new strategy

As we approach the 2025 horizon of the "Above and Beyond" strategy, we are thinking carefully about the alignment of our strategic endeavours and planning for the next iteration. We will engage with stakeholders to help develop the strategy to ensure GOSH continues to go above and beyond for children and young people.

Going Concern

After making enquiries, the directors have a reasonable expectation that the services provided by GOSH will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual. Full details of our income and expenditure in 2023/24 can be found in the accounts, from page 168.



Our Planet Priorities

Find out what our priorities are and what we achieved in 2023/24.

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

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

The GOSH People Strategy was refreshed in 2023. Its purpose remains to support delivery of the ambitions and commitments set out in the GOSH Strategy and to make GOSH a great place to work. The People Strategy is built around four themes – Culture and Engagement, Sustainable Workforce, Skills and Capability and Improving Processes, Systems and Infrastructure to support people. The Strategy is supported by three frameworks looking at Equality, Diversity and Inclusion (Seen and Heard), Health and Wellbeing (Mind, Body and Spirit) and a new Culture framework looking at the culture and values of the Trust.

This section details the progress we've made against each objective over the past year.

Aim	Achievement
Debiasing Recruitment	The GOSH Staff networks continued to grow and flourish throughout 2023/24, building a sense of belonging and community in the Trust and supporting the Seen and Heard Framework. Working together with their Executive Sponsors, they have delivered leadership in this space. Through our Debiasing Recruitment project we have implemented changes to our recruitment processes to ensure fair and inclusive recruitment and selection, including mandating a De-biasing Recruitment e-learning module for managers and recruiting panels. We have also trained "Seen and Heard Champions" to be members of senior recruitment panels and promote fair and inclusive recruitment. Building on the lessons of the first cohort of Seen and Heard Champions in 2024, we will expand the cohort of Champions and help embed them in the Trust's recruitment processes.
Supporting our staff	Delivery of the Mind, Body and Spirit Framework continued at pace, with our wellbeing hub and the resources available to better reflect the challenges staff are facing. We were delighted to launch The Hive, a physical hub to provide our staff with easily accessible support (see below). In addition, we continued to offer: • financial support for staff through a hardship fund to support those with unexpected expenses. • free hot meals for staff in the Lagoon. • a dedicated advisor from Citizens Advice onsite two days a week. Other health and wellbeing support included delivery of a bespoke GOSH training programme for managers, focused on self-care and having high quality health and wellbeing conversations with their teams and during appraisals, regular health and wellbeing Pop-Up events, the launch of a Menopause Policy and regular Menopause Café events. Our GEMS awards bring together nominations received via the PRAISE platform and are awarded each month to one individual and one team who live our values and go above and beyond for their colleagues, our patients, or their families. As part of our commitment to recognition and reward, we relaunched our Staff Awards and Long Service Awards to celebrate the commitment of our exceptional people.

Aim	Achievement
Modernising our infrastructure	We launched the new GOLD training platform to support our staff's development, including a new appraisal framework. This involved migrating 390 online courses and updating over 65,000 individual learning records from the old GOLD system. In 2023 we successfully migrated to a new payroll provider, working with other trusts in North Central London to deliver improvements in our payroll processes while making sure we seamlessly paid everyone on time as expected.
Nursing Strategy	Our Nursing Strategy, developed in collaboration with our nurses, children and young people, and colleagues throughout the hospital, sits alongside GOSH's Above and Beyond Strategy and the refreshed People's Strategy, and defines the exciting vision for our nursing workforce over the next three years. The strategy was launched in September 2023 and sets out how we aim to transform the GOSH nursing experience. It centres on four key strategic priorities that our nurses and patients have said are important to them. The table identifies each of the priorities and how they support our other Trust strategies:

GOSH Nursing Strategy priorities (2023-26)	GOSH Learning Academy Strategy (2019-22)	GOSH People Strategy (2023-26)	GOSH Safety Strategy (2020-25)	GOSH Above and Beyond (2020-25)
Priority 1: We will continue to develop a skilled inquisitive workforce, creating strong foundations to provide exceptional care.	Apprenticeships and Undergraduate Training	Developing skills and capability *Ensuring the that the Trust continues to meet its core responsibilities as a teaching, training and research hospital, as well as building new skills and capability to meet the new challenges and changing priorities*	Priority 2: Getting the basics right *Meeting all regulatory, compliance and governance requirements within specified timescales*	Priority 1: Make GOSH a great place to work by investing in the wellbeing and development of our people
Priority 2: We will optimise nursing opportunities to innovate and engage with research to promote person-centred practice and improving outcomes.				
Priority 3: We will amplify the nursing voice through creating a shared governance and collective leadership model.	Talent Management	Culture, engagement, health and wellbeing *Ensuring all our staff feel well led and well managed, but also valued, developed, supported and empowered to be and do their best.*	Priority 3: Providing our patients and staff with the necessary skills and opportunities to improve patient safety	Priority 2: Deliver a Future Hospital Programme to transform outdated pathways and processes
Priority 4: We will strive to become a 'nurse friendly' place to work through recognition and respect improving joy at work.				
Priority 5: We will ensure all leaders are developed to have skill and knowledge to deliver compassionate leadership	Improving patient care	Building a sustainable workforce *Resourcing, retention and strategic workforce planning*	Priority 6: Ensuring the appropriate analysis of, and timely response to clinical outcome metrics, trends and vulnerabilities	Priority 5: Accelerate translational research and innovation to improve and save lives
Priority 6: We will enable nurses to have extraordinary careers				

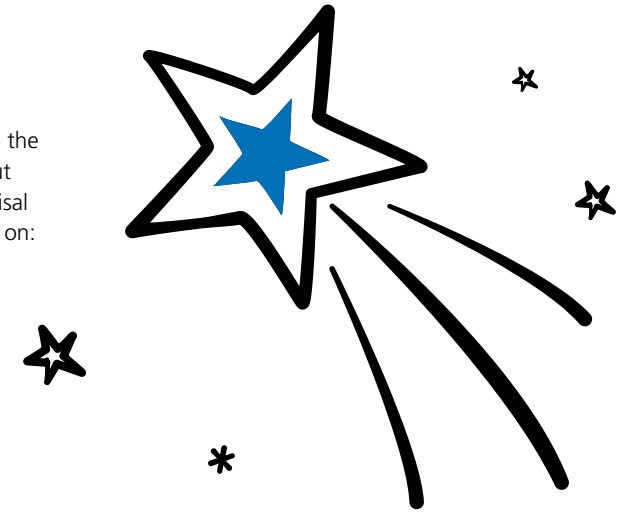
We have launched two awards this year: the Daisy Awards, an international programme that celebrates and pays tribute to the incredible work nurses do around the world; and the GOSH Annual Tricia Bennett Award: Marking a Difference. Tricia Bennett was a well-respected colleague who worked at Great Ormond Street Hospital between 1993 -2020 in various nursing and leadership roles. This is an award in honour of her memory, and her contributions to patient and staff experience. The winners were announced and celebrated on International Nurses Day on 10 May 2024.

Star Achievements

Our new appraisal process

With the launch of the new GOLD platform, we have been able to redesign the appraisal framework and give colleagues a better opportunity to think about their performance and how they are working within their teams. The appraisal has been redesigned to encourage a coaching style discussion and focusses on:

- Wellbeing conversations
- Reflection on the past year
- Recognition of achievements and challenges
- Future planning aligned to the Above and Beyond Strategy.
- This new approach encourages relationship building and aligns to the Above and Beyond Strategy.

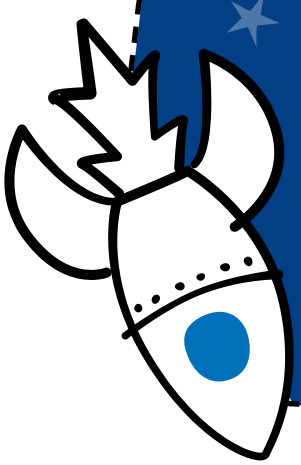


We opened The Hive

This year we created a physical hub where all our staff support services come together as one team – known as The Hive. At the Hive we provide a face-to-face, single point of access and information, to make sure all of the GOSH team can easily access our staff support and wellbeing services:

Health and Wellbeing general advice - employee assistance programme and financial support

- Payroll and pension clinic
- Citizens Advice Advisor
- GOSH Arts (meditation sessions, mindfulness, etc)
- Freedom to speak up Guardian
- Trade Unions
- Staff networks and EDI clinic
- Career development clinics



Going intergalactic in 2024/25

The new People Strategy builds on the original strategy but is set in our current context, which has become more complex and challenging, post covid. The Seen and Heard and Mind, Body and Spirit frameworks are currently being refreshed in consultation with the staff, their representatives and advocates, including staff networks. In recognition that Culture is the most significant contributor to the success or otherwise of an organisation, we are developing a third framework to specifically cover commitments relating to culture and engagement, and to provide a focus for the work and support delivery.

Celebrating our staff's achievements during the year

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

Achievements and awards

April 2023

Victoria Heath - Lead Quality and Risk Assurance Manager for Physiological Sciences, Deputy Trust Lead Healthcare Scientist: Winner of The Academy for Healthcare Science Award for Inspiring the Healthcare Science Workforce of the Future at the Advancing Healthcare Awards 2023.

May 2023

Professor Jugnoo Rahi, Professor Ruth Gilbert, Professor Dame Lyn Chitty and Professor Mehul Dattani: recognised by the Academy of Medical Sciences for their exceptional contributions to the advancement of biomedical and health science.

August 2023

Dr Kate Oulton: named as a finalist for 'Researcher of the Year 2023' in the RCN awards.

September 2023

GOSH Audiology service: Improving Quality in Physiological Services (IQIPS) accreditation.

Deteriorating Patient QI Group: recognised at HSJ Patient Safety Awards.

GOSH Annual Staff Awards: nearly 40 teams and 140 individuals were nominated across all categories.

October 2023

Palliative Care team: shortlisted in Nursing Times Awards for their work to optimise the pain management of children and young people at end-of-life through the use of an ambulatory patient-controlled pump in both hospital and community settings.

Dr Daniyal Jafree, Professor David Long and Dr Claire Walsh: won an award from The Royal Photographic Society for their work on imaging the kidney in development, health and disease.

Finance, Commercial and Procurement: won two awards at the Healthcare Financial Management Association (HFMA) London branch awards – Finance Team of the Year and Training and Development.

November 2023

GOSH: named Newsweek's top paediatric hospital in Europe as part of its World's Best Specialised Hospitals 2024 list.

December 2023

Lindy Voos, née May: who worked at GOSH for 42 years, awarded the MBE for services to paediatric neurosurgical nursing

February 2024

First cohort of Nurses and Play Specialists apprentices graduate.

Professor Francesco Muntoni, Paediatric Neurologist and Director of the Dubowitz Neuromuscular Centre at UCL GOS ICH: Richard Attenborough Award for Outstanding Achievement from Muscular Dystrophy UK.

Giovanni Giuseppe Giobbe, Senior Research Associate, supported by Giada Benedetti: winners of our Research and Innovation Image Competition.

Dhimple Patel, Haleemah Choudhry and Shannon Bellchambers: shortlisted as finalists for the 2024 Student Nursing Times Awards.

March 2024

Emma Stockton: was awarded Inspirational Woman of the Year by the GOSH Women's Network.

Planet 2 and Planet 4: Deliver a Future Hospital Programme to transform outdated pathways and processes and improve and speed up access to urgent care.

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

In the first few months of 23/24 we embarked on a review of the transformational programmes we have been undertaking. As a result of this, we decided that future work will be focused on a smaller number of programmes, ensuring the most efficient application of our teams' expertise and resources . We identified four key priorities, with a focus on investing in inspiring clinical and operational leadership, supported by a strong project and change management framework.

This section details the progress we have made against each priority over the past year.

Aim	Achievement
Vision for operations and procedures floor	Inspired by the opportunity to develop more theatre capacity in the new Children's Cancer Centre, a team came together to build a vision document for the operations and procedures floor (known as Level 3 of the Centre). This enabled tactical and strategic decisions to be made about the space for the benefit of our patients and staff. The project was completed in June 2023.
Redesigning Paediatric Critical Care level 1 and 2 (HDU)	In April 2023, an options appraisal was completed to establish "the safest, most efficient and sustainable model of care for our Paediatric Critical Care Level 1 and 2 patients". This group of patients are also widely known as High Dependency Care (HDU). A team of 13 clinicians have come together, with the support of wider stakeholders, to design the solution. Two of three workshops have been held, involving team members from across the organisation, to design the model of care now and in the future. Ultimately, this work will improve patient safety and the effectiveness of care for some of our sickest children.
Developing Ambulatory Care	The aim of this priority has been *"to provide the choice to patients and families of an ambulatory cancer care pathway/service for all suitable chemotherapy treatments in oncology, haematology and BMT. Transforming current inpatient care to ambulatory care utilising daycare and accommodation to release inpatient bed capacity".* A small team has come together to understand which patients would be suitable and how this could be rolled out at scale.

It takes a team!

"We work with patients such as Sami to provide them specialist physiotherapy to ensure they get up and move, with the aim of minimising respiratory complications to reduce the length of time spent on intensive care and promoting a speedy discharge from hospital."

Cardiorespiratory physio

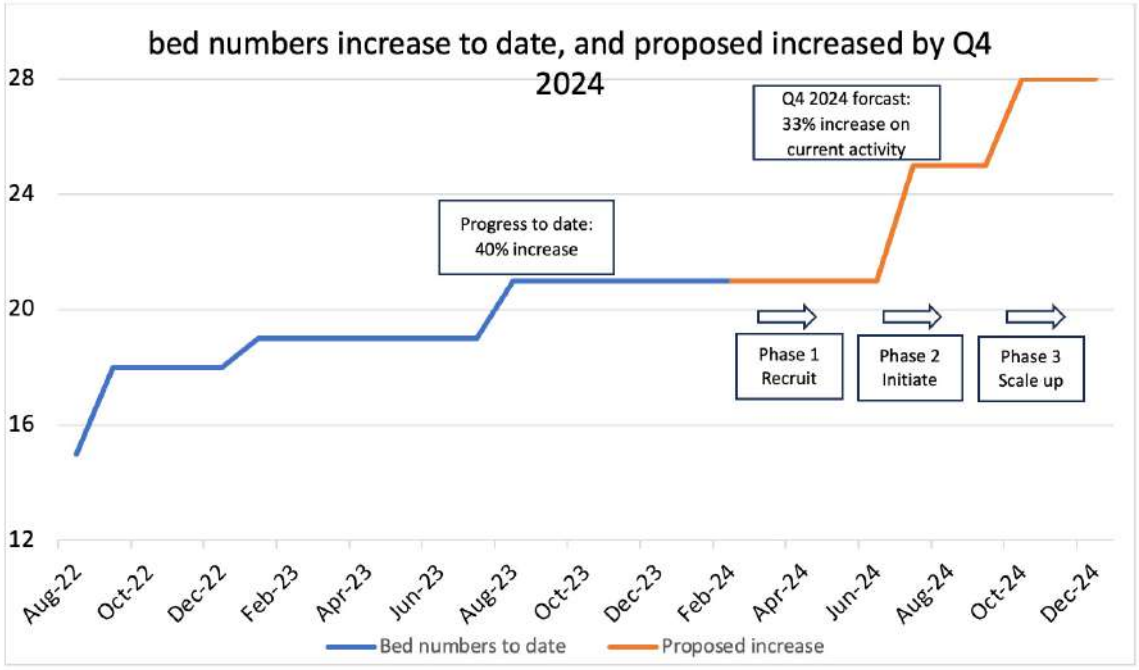
Aim	Achievement
NHS Children and Young People's Gender Service (London)	We launched the new GOLD training platform to support our staff's development, including a new appraisal framework. This involved migrating 390 online courses and updating over 65,000 individual learning records from the old GOLD system. In 2023 we successfully migrated to a new payroll provider, working with other trusts in North Central London to deliver improvements in our payroll processes while making sure we seamlessly paid everyone on time as expected. In July 2022, NHS England announced next steps for improving and expanding the current services for children and young people who need gender-related care and support. This included establishing two early adopter services, one of which is based in London and is formed of a partnership between GOSH, Evelina London Children's Hospital, South London and Maudsley NHS Foundation Trust and University College London Hospitals. The other early adopter service is a partnership between Alder Hey Children's NHS Foundation Trust and Manchester University NHS Foundation Trust. Following a tremendous amount of work from everyone involved, the new NHS Children and Young People's Gender Service (London) started on 2 April 2024. The new service focuses on delivering the best possible care, advice and support for those needing help with their gender identity and the feelings it causes. The service has been set up in response to the significant increase in the number of children and young people needing support with their gender identity. The service supports patients with their mental and physical health, including emotional, psychological and social aspects. This involves working with a team of health professionals that includes specialist children's doctors, mental health clinicians and youth and support workers. The service will adapt over time following best practice, the latest evidence and learning from children and young people.

Star Achievements

Day Case Improvement

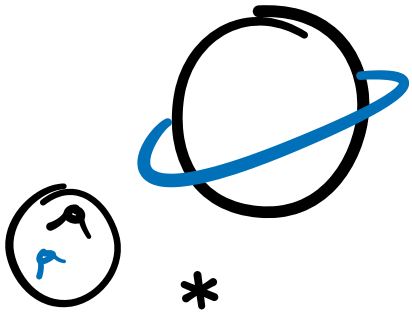
A team of medical, nursing, management staff, data scientists, data analysts and project support have come together to embark on ensuring that "*We will avoid unnecessary overnight hospital stays, improving patient experience, by ensuring that those children who can be treated as day cases at GOSH are cared for in the most appropriate environment and discharged on the same day".*

Increasing our day case capacity improves the experience for patients, staff and the wider organisation so it is a win, win, win. Over the last six months this work saw a 40% increase in the capacity for a day case surgery.



Importantly, the team also worked to deliver an improvement in patient experience with a new playroom and discharge facilities (visual 2).

Through teamworking with the Trust's Clinical Intelligence unit (CIU), Performance, EPR and Transformation Data Analytics teams, the day case improvement team identified further opportunity to expand the number of patients offered day case surgery.

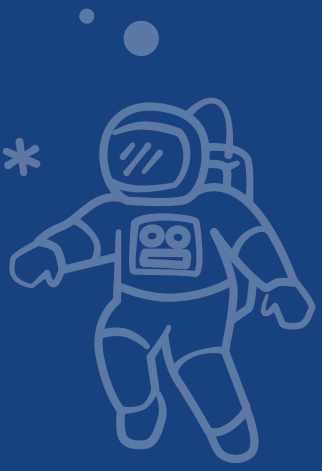


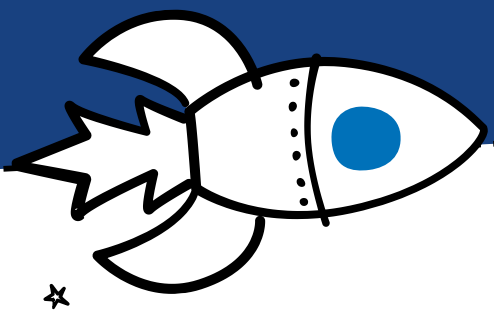
Going intergalactic in 2024/25

Our aims for 2024/25 are to continue to build capacity and capability in the organisation to transform our services. We will focus on a small number of high impact, measurable changes and continue our journey to develop a Future Hospital which transforms outdated pathways and systems and speeds up access to our services for all.

The areas we have prioritised are:

- Embedding the work on day case improvements in the first half of the year.
- Embarking on a programme to improve discharge across our hospital, beginning with expanding the functionality of our Electronic Patient record (EPIC).
- Completing the business case for delivering Paediatric Critical Care Level 1 and 2 (HDU) now and in the future.
- Developing and potentially expanding the scope of Ambulatory care models across the Trust.





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

We are here to EDUCATE, with an overall aim to develop the GOSH Learning Academy (GLA) to be the global preferred provider of outstanding paediatric education. Education underpins everything we do at GOSH. We strive to equip, enable and inspire our people to develop and be the best they can for themselves and our patients and families.

In 2023/24 we:

Had 270 apprentices at GOSH, 189 are internal staff developing their careers at GOSH.

Continued to be the preferred partner of the UK Department for Business & Trade, joining the UK Healthcare Trade Mission to the Middle East, the only NHS provider invited alongside 8 eight Universities.

Offered over 16,000 additional learning opportunities, resulting in more than 75,000 learner hours.

Supported 419 junior doctors in training, of whom 120 are in NHSE training posts.

Welcomed and supported over 800 nursing students, 750 medical students, 175 Allied Health Students, and 28 Healthcare Science trainees.

Welcomed and supported over 90 new International Medical Graduates, who joined GOSH from abroad as they transition into the NHS.

Successfully supported over 200 external candidates in their post graduate studies through our academic portfolio.

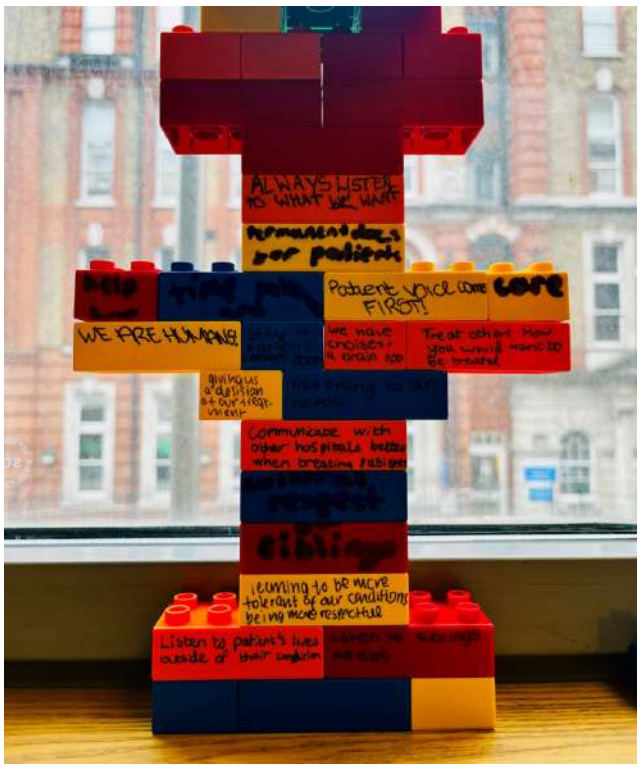
Launched the Mary Seacole Leadership Development Programme in partnership with the NHS Leadership Academy.

NHS Great Ormond Street Hospital for Children Learning Academy

Enrolled more than 700 GOSH Staff onto one of our Leadership and Management programmes.

This section details the progress we've made against each objective over the past year.

Aim	Achievement
Building skills and capabilities	We offered over 1,200 different learning events, ranging from short courses, webinars, simulation, and clinical teaching, through to academic programmes, personal development in Leadership and Management skills and the advancement of career pathways across professional groups. Through the GOSH Children's Charity Scholarship Fund, administered by the GLA, we have been able to support an additional 164 staff members undertaking professional development. Areas supported include chaplaincy, clinical teams, project management, emergency planning and healthcare science.
Inclusive learning culture	In response to staff and learner experience, we have transferred all education, training and development courses and content onto one online platform, our existing GOSH online platform GOLD, to streamline and improve access for all staff. Celebrating our people and the work that we do, we successfully delivered the 2023 GOSH Conference, with over 450 attendees online, and 125 in person at the education hub in Weston House. Accepted abstracts were published in the BMJ Paediatrics Open Journal. We remain committed to our Widening Participation work and continue to offer access to young people considering healthcare careers through our Young Visitor Programme, Summer and Winter Schools, clinical and non-clinical apprenticeships, and engagement with our Kick Start Programme, which engages with local schools and colleges.
Partnerships and collaborations	We continue to have an impact in global healthcare, and we are proud to have signed a new international contract with M42, a company formed out of a merger between Mubadala Health and G42. Together they run approximately 50% of healthcare facilities in Abu Dhabi, including Danat Women & Children's Hospital, where we launched a new Critical Care Education programme this year. We successfully launched the new national Paediatric Advanced Clinical Practice course in January 2024, with Middlesex University, our new Higher Education Institutes partner, and Alder Hey Children's Hospital. We also jointly delivered the first national undergraduate children's nursing conference with NHS England and university partners.



Star Achievements

Developing our education strategy together with young people

As we began to develop our new education strategy, the GLA team worked with our Young People's Forum to inform our new GLA Learner Framework, exploring the feelings, attitude, and opinion of young people in relation to their participation in healthcare education. A key point of learning for us is that young people want to be heard, treated as individuals, to be able to inform their treatment pathway and, importantly for the GLA as an education team, they want our staff to 'know their stuff!'

International education

Together with our clinical teams and educators, the GLA is continuing to make a real-world impact on global healthcare outcomes for children and young people through education, training, and development.

Supported by 40 multi-professional GOSH and GLA team members, across eight in-country visits, we were able to provide education to over 400 local staff in Year one of our collaboration with Ain Shams University Hospital in Cairo, Egypt. Through the sharing of our specialist knowledge and expertise, we developed new protocols and guidelines for local implementation. Key areas of impact resulting in improved patient experience and outcomes include:

- Enabling the local nursing workforce to safely administer intravenous chemotherapy.
- The introduction of early enteral feeding within critical care.
- Ventilation strategies to enable early extubating after surgery and a reduced length of stay on critical care.
- Participation in Grand Rounds, with emphasis on shared learning.
- Guidance on the applications process to drug companies for compassionate use of chemotherapy.

Going intergalactic in 2024/25

We remain committed to our strategic aims and our ambition to create real impact on child healthcare on a local, national, and international scale. Building on our successful delivery next year we will:

- Review and refresh our Education Strategy, ensuring it reflects contemporary learning approaches.
- Provide high quality education for the whole healthcare team nationally and internationally, ensuring our workforce have the skills and knowledge needed to care for our families across increasingly challenging environments.
- Work towards financial sustainability, using expertise from our External Advisory Board to validate our decision making and support our direction of travel.

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

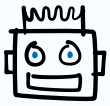
GOSH, together with the UCL Great Ormond Street Institute of Child Health (ICH), is world-renowned for translational research and innovation. We aim to transform the health of children, and the adults they will become, by combining cutting-edge research and innovation methods with world-leading clinical trial expertise, to accelerate diagnosis, discovery and delivery of new therapies.

In 2023/24, we ran 879 active studies with 2,592 participants, including 14 first-in-child clinical trials. Since 2018, GOSH research has led to regulatory approvals for 11 new drug treatments for rare childhood-conditions. We welcomed Dr Kiki Syrad as Director of Research and Innovation, and moved our National Institute for Health and Care Research (NIHR) GOSH Clinical Research Facility (CRF) to a purpose-built site. It was also the first full year of our NIHR CRF and **Biomedical Research Centre (BRC)** five-year funding awards, which received £4.8m and £37m respectively.

Biomedical Research Centre (BRC)

This section details the progress we've made against each objective over the past year.

Aim	Achievement
Development and expansion of GOSH Sample Bank to enable patients to donate their leftover samples to be used for child health research instead of being thrown away.	The GOSH BioResource Centre was launched by the NIHR GOSH Biomedical Research Centre (BRC) and is the only NIHR-supported BRC solely focusing on paediatric research. The BioResource Centre invites patients, families and staff to submit samples, to facilitate health research and its transformation into medical practice. The GOSH BioResource Centre joined a family of biobanks based at GOSH and UCL GOS ICH, including GOSH Sample Bank. Over 1,500 participants have been recruited to GOSH Sample Bank alone. During the year, our neurosurgery team began taking consent so any tissue leftover from diagnostic testing when children have surgery to treat their epilepsy can be stored for future research.
Further research education and career development	The NIHR GOSH BRC has supported a range of opportunities for researchers to begin or develop their careers. This has resulted in a 100% success rate for GOSH staff applying for NIHR Pre-Clinical Academic Fellowships. This is crucial if we are to develop research-active staff who can stay and develop at GOSH. The BRC also supported early career researchers and staff from across GOSH, GOS ICH and our Paediatric Excellence Initiative partner sites with its Bitesize Seminar Series. Seminars covered topics such as funding and costings, communicating and disseminating research and commercialising research. Summer 2023 saw the return of the BRC showcase, a chance to celebrate the new award of £35.5m and an opportunity to learn about future plans. Over 340 attendees heard about exciting examples of translational paediatric research led by researchers from GOSH, GOS ICH and our Paediatric Excellence Initiative partners. The Joint Research and Development (R&D) Office manages all research carried out by GOSH and GOS ICH and has created a video guide to explain how its dedicated teams can help researchers turn their ideas into reality.

Aim	Achievement
Improve research infrastructure	In February 2024, the NIHR GOSH CRF moved to its new home on level eight of the Southwood Building, as part of the building plans for the new Children's Cancer Centre. Patient experience was at the heart of the design, with more patient rooms featuring ensuite bathrooms and parent beds for overnight stays. We wanted a bigger space to make families more comfortable, so we built a brand-new play area and new parent lounge for parents and carers to relax in. The bright, airy space is much larger and increases the capacity for research activity, including the potential for more commercial research. We have already seen 86 active studies in the CRF this year, compared to 177 last year, and 1,649 participant visits compared to 1,359. To introduce the new facility, we ran tours of the new space themed CRF as part of Apollo week in March 2024, and we are planning an official launch event in May 2024. During 2023, GOSH was awarded over £3.5m by the NIHR for vital research and innovation equipment. The new equipment includes state-of-the-art microscopes, a liquid nitrogen generator, a genomic sequencer and a specialised 3D-printer that can print medicines. Many of our research platforms are running at full capacity, with long waiting times due to a lack of equipment availability. This additional investment will facilitate faster translation of our research into the clinic, and ultimately help more patients. **It takes a team!** **"In the NIHR GOSH Clinical Research Facility, we've been seeing Amelia ever since she was 6 years old – she's now about to transition to adult care but we'll still see her as her little sister, Lena, regularly comes to GOSH as she is also on a clinical research trial. They are part of our family! "** Moonsang Seo, NIHR GOSH Clinical Research Facility Service Manager
Develop our research culture	A Clarivate bibliometric analysis demonstrated our impact and influence internationally with a citation index that is three times the world average. Some of the highest impact research papers in the last year included the world-first **Base-Edited CAR7 T Cells for Relapsed T-Cell Acute Lymphoblastic Leukemia.** Our Research Champions network has gone from strength to strength, with the group now numbering 65 multidisciplinary staff across every directorate. They meet regularly to discuss research opportunities, as well as their day-to-day role giving research information to patients, families and members of staff.  **Base-Edited CAR7 T Cells for Relapsed T-Cell Acute Lymphoblastic Leukemia**
Harness Data and Digital Innovation	The Clinical Intelligence Unit (CIU) was officially established in October 2023 and is working to drive operational efficiency across the Trust using data analytics. The CIU team includes expert data scientists and analysts from the GOSH Data Research, Innovation and Virtual Environments Unit (DRIVE), who work alongside 10 Innovation Officers from across the Trust. Projects underway include making day cases more efficient, see page 43, and reducing the over-use of lab tests, both of which improve patient experience. GOSH will support the new Child and Young People's HealthTech Research Centre (HRC), led by Sheffield Children's Hospital. The HRC is one of 14 new centres established by the NIHR to drive life-changing research into health technologies. GOSH will be leading on the Child Health Artificial Intelligence Network (CHAIN), which will support and drive AI and Machine Learning for clinical practice, to help clinicians and improve patient care. GOSH is working with Tortus AI, see page 122, to develop AI tools to support clinical care. This includes the testing of Scribe, a tool designed to assist with the documentation of notes and letters in outpatient clinics. GOSH is one of six leading European children's hospitals that make up the PHEMS project consortium. PHEMS (short for 'Paediatric Hospitals as European drivers for multi-party computation and synthetic data generation capabilities across clinical specialities and data types') will revolutionise how children's health data is managed and used across Europe and advance research and innovation in healthcare for children, while ensuring patients' rights and data privacy remain protected. **https://phems.eu**

Aim	Achievement
Expand commercial research and innovation	GOSH continues to establish commercial income streams. GOSH has taken on board the recommendations from Lord O'Shaughnessy's Review into Commercial Clinical Trials in the UK and is engaging with the National Contract Value Review (NCVR), a standardised, national approach to costing for commercial contract research. The aim is to streamline processes for setting up commercial trials and ensure clinical research continues to thrive in the UK, for the benefit of patients and the public. GOSH has been granted a Manufacturer's Authorisation Licence by the Medicines and Healthcare products Regulatory Agency (MHRA) for the manufacture of viral vectors, which will accelerate cell and gene therapy clinical trials. The new authorisation marks the start of the unclogging of the industry-wide logjam holding up clinical trials, improving research and enabling us to provide new bespoke treatments for patients. GOSH has partnered with Roche. See page 122 to harness the power of data by co-developing digital tools, like AI and machine learning, to enable better use of data that is routinely collected during treatment to improve care at GOSH and beyond.

Star Achievements

Findings of OXY-PICU study will save lives of children in intensive care

A **new landmark study** across the NHS, led from GOSH, found that reducing oxygen levels for critically ill children on mechanical ventilators in intensive care could save 50 lives each year if scaled up across the NHS. It could also reduce the number of days a child spends on machines to support their organs, saving the NHS £20m every year. This study is the largest randomised control trial ever conducted in paediatric intensive care units, and a real collaborative effort: 2,040 children were recruited from 15 NHS Paediatric Intensive Care Units across England and Scotland (over 300 participants were recruited at GOSH), often before they had even reached the care units as transport services were key to the research.

Reducing oxygen levels for children in intensive care will save lives

Rapid genome sequencing for diagnosing children with unexplained epilepsy

The Gene-STEPS study used rapid genome sequencing to investigate the impact of an expedited genetic diagnosis on care for the first time. 43% of children the study received a diagnosis within weeks, which impacted prognosis in nearly 90% of cases, and guided treatment options for over half. The study was the first collaboration launched through the International Precision Child Health Partnership (IPCHiP), see page 121, which leverages each institution's expertise and genomic infrastructure to accelerate discovery and the development of therapies for children. **A recent family story** has shown how genomics can help provide answers, even in the most difficult of circumstances.

Global genomic collaboration improves lives and treatment for children with epilepsy

Going intergalactic in 2024/25

The focus for the coming year will be the development of the future Research and Innovation strategy, focused on the concept of a health life-sciences park for severe childhood disease. The timing of the new strategy will align with the development of the new Trust organisational strategy and master plan. In parallel, we are developing a dedicated plan for cancer research and innovation, working with GOSH Children's Charity, to get the most out of the Children's Cancer Centre. We will also continue to leverage significant external income to support diverse research activity.

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

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

In 2023/24 we concluded the planning process for the main application and have our building design ready for final approval. We closed our main entrance on Great Ormond Street and opened an alternative entrance for patients and their families on Guilford Street. Our decant and enabling programme commenced and we have moved all clinical inpatient services to facilitate the build, including fully vacating the Frontage Building and handing it over to our construction partner.

This section details the progress we've made against each objective over the past year.

Aim	Achievement
Completion of the RIBA Stage 4 detailed design stage to finalise the building design	The RIBA (Royal Institute of British Architects) Stage 4 detailed design stage ran throughout 2023/24. The design process commenced with workshops to agree the programme of work, engineering services, interior design, and clinical strategies. These were followed by a series of clinical user groups which completed in November 2023 and included the design sign-off from clinical, operational and support services colleagues. Between November 2023 and March 2024 our construction partner John Sisk and Sons and lead architect Building Design Partnership (BDP) finalised the designs, ensuring all comments from the Trust were incorporated.
Engagement, testing and launch of the alternate main entrance	Since the original hospital main entrance on Great Ormond Street is within the construction site for the CCC, it needed to be closed for the duration of the construction works. We completed a significant amount of engagement and testing to find the best and safest solution and, after significant review, the Morgan Stanley Clinical Building (MSCB) entrance on Guilford Street was selected for patients and families to enter the GOSH site, with staff entering via Powis Place. We created a new reception and welcome desk, installed internal and external artwork and trialled the new entrance, using the early lessons learned to improve the process for our patients and their families. On 19 February 2024 the main entrance on Great Ormond Street was closed and patients and their families began using MSCB as the primary public entrance. With its colourful artwork, created by artists Ling Tan and Usman Haque in conjunction with children from the hospital school, it is hoped the new entrance is easy to spot. Volunteers and colleagues from GOSH are on hand, as ever, to assist and videos of the route to the new entrance were created and shared widely.

It takes a team!

"It was lovely to meet Zayne and Zion and their family. It's important our families feel as much at home as possible when staying here. "

Domestic Services

Aim	Achievement
Decant and disconnection of the Frontage Building to enable its deconstruction and begin construction of the Children's Cancer Centre.	The CCC Decant and Enabling programme for the Frontage and Paul O'Gorman Buildings passed huge milestones in 2023/24. After significant work with clinical departments relocating from the Frontage Building to design new comfortable, welcoming, and compliant clinical environments for their services to move into, construction work commenced at a pace in early 2023. By February 2024 the Psychological and Mental Health Service (PAMHS) had been relocated into the Southwood Building. Its new area includes artwork commissioned to ensure the environment supports emotional wellbeing and it was designed in collaboration with our children and young people to provide a comforting space for some of our most psychologically vulnerable patients. Shortly after, the Clinical Research Facility (CRF) also moved into the Southwood Building. Its new environment offers opportunities for expansion and is a critical space for our Research Hospital ambitions. The projects were completed on programme and within budget, which is a huge achievement and concludes the clinical inpatient moves required to facilitate the CCC build. The Frontage Building was fully vacated and handed over to our construction partner in March 2024 as planned. Future works include engineering services relocation works, a programme of over 130 individual elements including the disconnection of gas mains, the relocation of electrical power cables and other service reconfigurations. In addition to this, parts of the Main Nurses Home will be reconfigured into offices to enable the decant of the Paul O'Gorman Building, which is planned to be handed over in June 2024.
Charity agreements and collaboration	The CCC project is moving forward, led by the Trust, in close partnership with the GOSH Charity, which has committed an amazing £300m to realise the Cancer Transformation Programme. The Charity planned its fundraising campaign and engaged with major donors throughout 2023/24 and achieved a massive milestone of having over half of the target funds pledged! The project governance structure reflects the importance of our Charity colleagues, with Charity attendance at Trust meetings to ensure collaborative decision making is embedded throughout. Close collaboration with the GOSH Charity is also key to delivering the legal agreements between the two organisations before entering a main construction contract.
Personalised holistic care	The Children's Cancer Centre is going to provide state of the art modern facilities for our cancer patients and staff. But a building alone will not transform the way we deliver cancer care. We aim to make our cancer patients stronger and fitter pre and post cancer treatment by delivering improvements in their nutrition, getting patients more physically active, and improving their psychological well-being. We will also focus on improvements in cancer research; capitalising on digital innovation, collaborating with our partners, modernising our workforce to optimise cancer care delivery and developing new cancer treatments/pathways. To realise these transformational objectives, we have a programme of work that includes a number of new exciting clinical leadership and project management roles. This has been supported by the GOSH Children's Charity.

Aim	Achievement
Conclusion of the Town Planning process with London Borough of Camden	The Town Planning workstream commenced, with a huge milestone in April 2023 when full planning permission was granted for the Children's Cancer Centre by the London Borough of Camden. This did not conclude the town planning process as we still needed legal agreements for our contribution for carbon offsetting and highway infrastructure, both of which were concluded within the year. By early 2024 the planning process for the main application had concluded. Another key element of the Town Planning programme was the Demolition and Construction Management Plan (DCMP), which sets out the strategic and logistical details of project delivery. This includes detail on the project's timeline, methodology and guidelines for vehicles attending and exiting the site to ensure this process runs as smoothly as possible. We established the Construction Working Group Meeting, which is a forum where we engage with the local community to ensure our neighbours are kept informed of progress and to hear their thoughts and ideas for ways, we can deliver the project.

Star Achievements

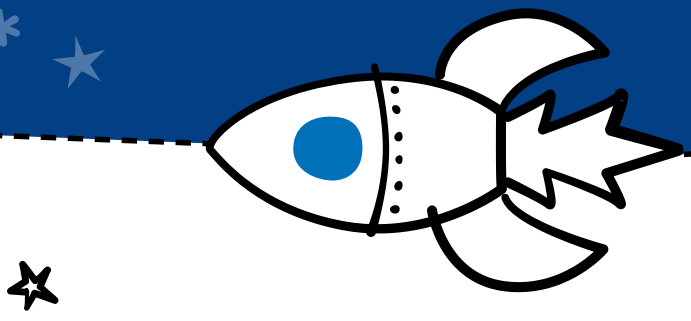
Successful Full Business Case Endorsement

The Full Business Case for the CCC was approved by the Trust Board in May 2023. This approval allowed the Project Team to engage with NHS England and the Department of Health and Social Care (DHSC) on the process they required to approve the FBC, with it being agreed the document would be presented to the September 2023 Joint Investment Committee.

September 2023 also saw an independent Infrastructure and Projects Authority (IPA) Gate Review of the project, a process that assesses the progress, risks, and overall performance of projects to ensure they align with government objectives and standards as well as indicating readiness to advance to the next phase. The output of this report was a 'Green' rating, which is the highest grade achievable and indicated 'Successful delivery of CCC seems highly likely and that there are no major issues threatening delivery.'

Going intergalactic in 2024/25

2024/25 will be another significant year, with many exciting milestones planned. April and May 2024 will see the conclusion of the detailed design review and completion of the commercial negotiations. A period of governance will follow this, with July 2024 currently forecast as the period the Trust will look to sign the Main Contract for the entirety of the build programme. This will be a massive achievement for the project and one that will have taken huge involvement from so many Trust and Charity colleagues. Once the Main Contract is signed, and the Paul O'Gorman Building is handed over to the contractor in June 2024, deconstruction of the Frontage Building can commence. The deconstruction is forecast to complete in February 2025, at which point the site will be prepared for piling and basement excavation.

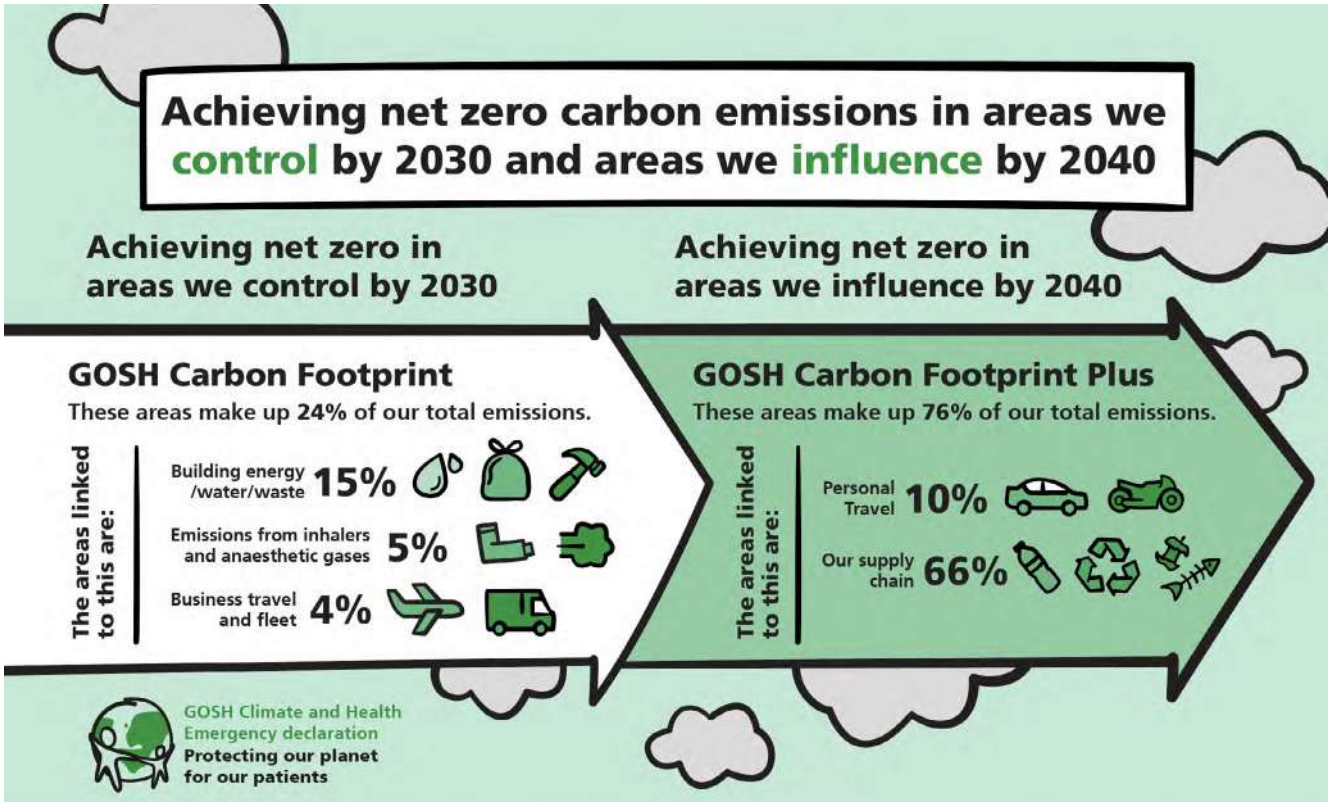


Sustainability report

Introduction

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

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



Our progress on delivering a net zero health service

GOSH's response to the climate and health emergency aims to be as holistic a 'sustainable healthcare' approach as possible. A fundamental element of this journey is the CO2e emissions reduction-related commitments laid out in the **Delivering a 'Net Zero'**

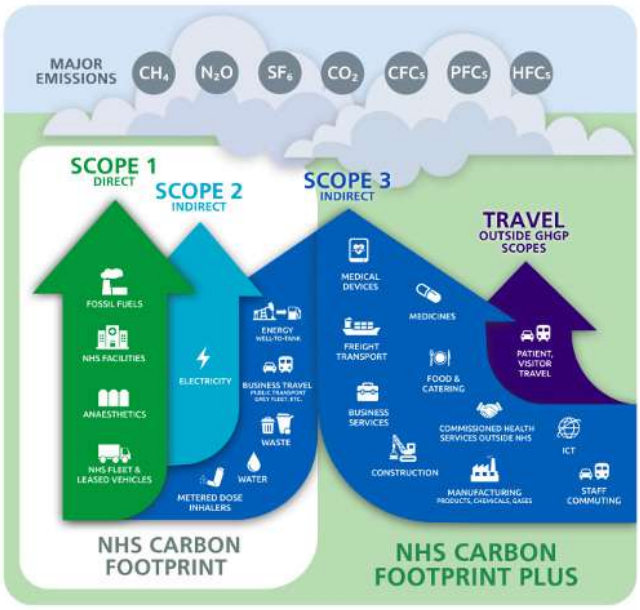
Delivering a 'Net Zero' National Health Service

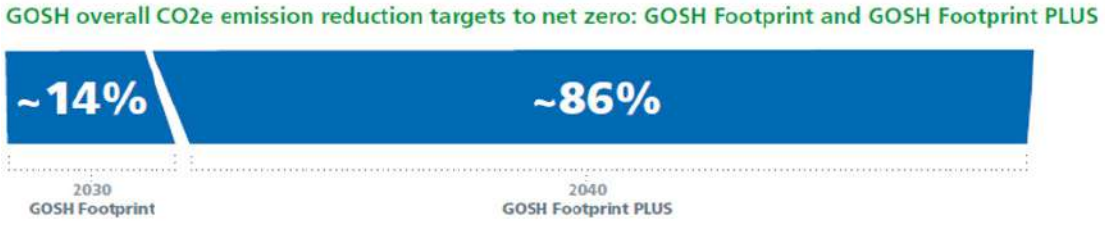
National Health Service document. There are three different scopes of emissions in the NHS, and these have been divided into two categories, 'NHS Carbon Footprint' and 'NHS Carbon Footprint PLUS', as shown in the diagram.

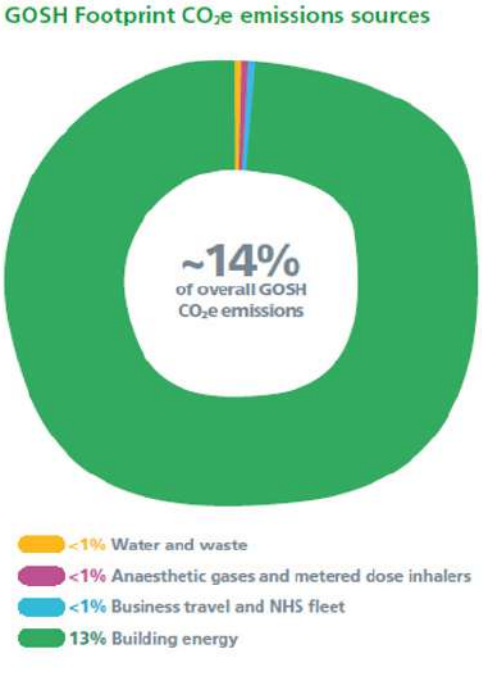
These two categories have been used to set the two NHS targets for net zero emissions:

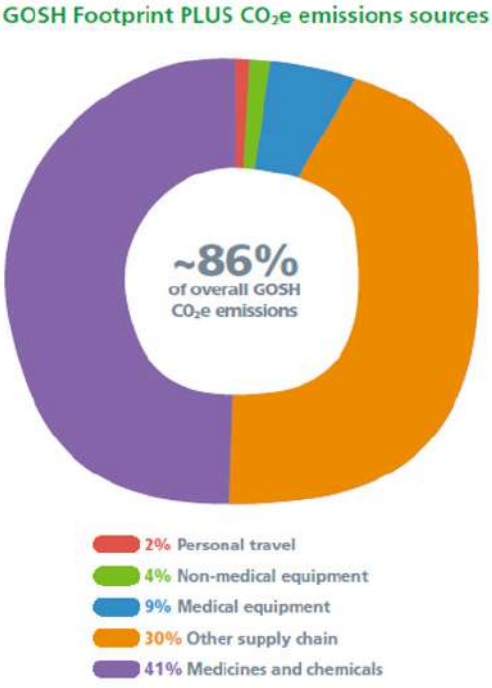
- by 2040 for the NHS Carbon Footprint, with an ambition for an 80% reduction by 2028 - 2032 (compared to a 1990 baseline).
- by 2045 for the NHS Carbon Footprint Plus, with an ambition for an 80% reduction by 2036 - 2039 (compared with a 1990 baseline).

GOSH's goal is to achieve net zero in advance of the timescales set by NHS England. This is highly challenging, but the goal is for GOSH to achieve the NHS Carbon Footprint by 2030, and NHS Carbon Footprint Plus by 2040. The diagram below gives a breakdown of the reduction in emissions we are aiming to achieve to meet our target:









Estate-based emissions

Our building energy constitutes over 90% of the current GOSH carbon footprint. Fig.1 below shows the reduction in emissions required to reach net zero by 2030. This shows an 8% reduction (1,279 tCO2e) over the last three years. It will be followed by a period of 'deep decarbonisation' where we aim to deliver approximately 87% reduction in estate emissions through a programme of energy efficiency measures and technical interventions. The programme will include the establishment of a Building Management System (BMS), a computer based system that will control and monitor our buildings' mechanical and electronic equipment, such as ventilation, lighting, power systems and our energy centre (the combined heat and power systems and boilers). We will roll out other efficiency measures, including ventilation and energy metering upgrades, and the replacement of our Combined Heat and Power (CHP) plant with an electrified energy centre. Funding continues to be identified to fully deliver this scenario.

Residual emissions relating to electricity consumption are estimated at approximately 13%*, and these can be reduced only through entering into a power purchase agreement to ensure that all electricity is sourced directly from 100% zero carbon supplies. The option of purchasing Carbon offsets equivalent to the level of any remaining residual emissions is not yet being considered by the NHS or GOSH.

Fig.1: **GOSH building energy CO_2e Footprint: net zero trajectory to 2030**

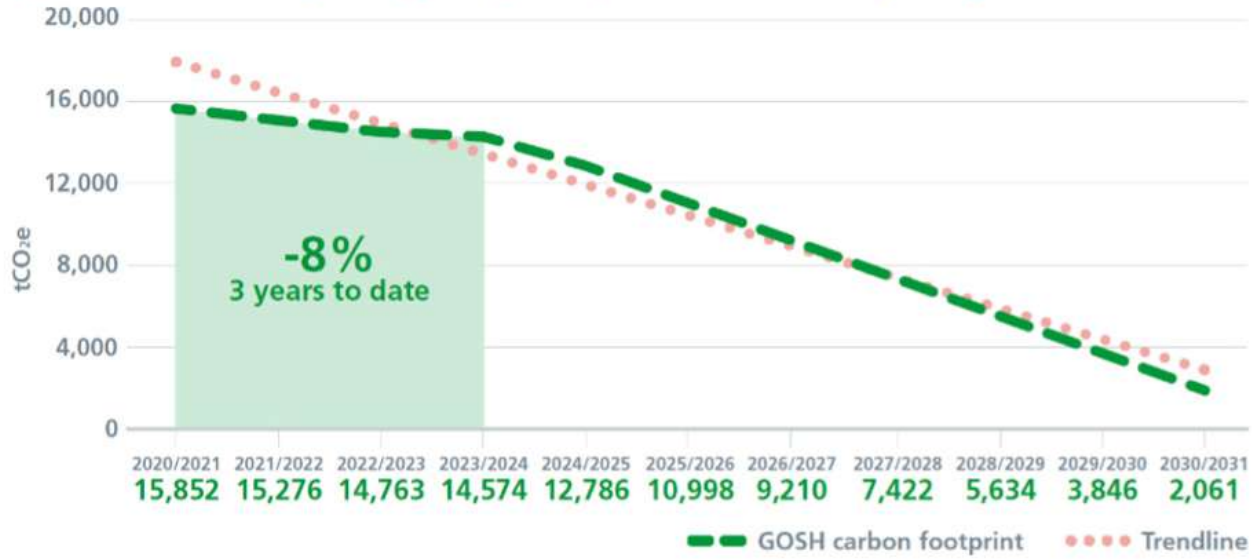
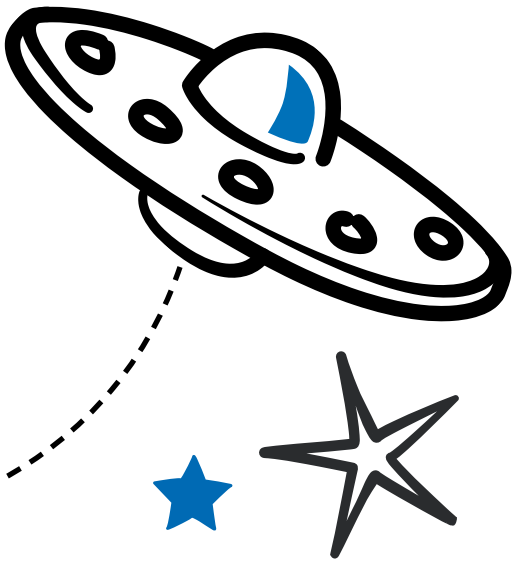
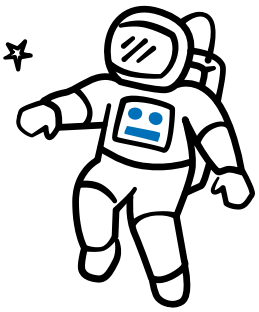


*figure is dependent on rate of grid decarbonisation over time.



tC02e stands for tonnes of carbon dioxide equivalent. It is a way of measuring the amount of greenhouse gases that are being released into the atmosphere by different activities like heating and lighting the hospital. It helps us understand how much impact these activities are having on our planet and climate.

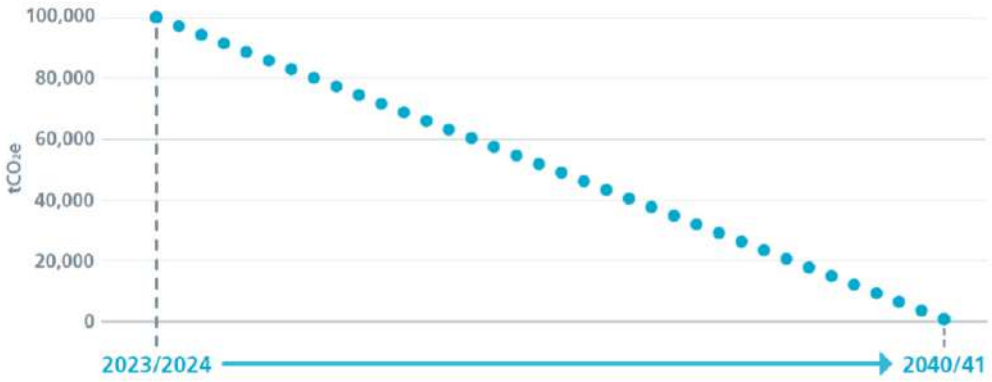


Net zero by 2040

Fig.2 shows the trajectory for net-zero GOSH Carbon Footprint PLUS sources . These make up approximately 87% of GOSH's overall emissions and we aim to reach the net-zero target by 2040. The vast majority relates to procurement and supply chain-related emissions that we can influence but not control directly. We also include personal travel, and our data is still evolving in this area. We are working internally and with our partners on improving the accuracy of this measurement.

We have 21 procurement categories within areas such as medical/non-medical equipment, medicines and chemicals and other supply chain areas. Each has a specific CO2e conversion factor. Budget lines are linked to these and a resulting CO2e figure is reached. We are delivering projects that seek to establish the groundwork for addressing and reducing these emissions across the hospital.

Fig.2: **GOSH CO_2e Footprint PLUS: net zero trajectory to 2040**



Interventions this year:

Upgrade to LED Lighting

This year we have spent £553,000 on upgrading many of our lighting systems across the Hospital to use LED, bringing energy efficiency, lifespan, environmental performance, functionality, and fire safety benefits; this programme will continue into 2024/25.

Improved Building Management System (BMS)

We began a programme to update the computer-based system (BMS) in the Variety Club Building.

This will create opportunities to improve the way computer-based systems that control and monitor the building's mechanical and electrical equipment (such as ventilation, lighting, power systems and our energy centre) are able to make energy savings onsite.

Re-imagining Great Ormond Street

Supporting the pathway to net zero emissions, the vision is to create healthier, child-friendly public spaces around the hospital and transform a polluted and traffic dominated street into a climate resilient, healthy, and child-friendly one. During the year we engaged with stakeholders, healthcare providers and children to produce a design with some illustrations of how we would like the street to look in the future.

Travel Reduction Programme

Between April 2023 and February 2024 (inclusive) there were:

30,943
virtual outpatient appointments

Adding up all outpatient virtual appointment return journeys gives a total of:

2,337,751
patient journey
miles not travelled

Using typical travel methods via road and rail, these journeys would have produced:

717,942
kg of carbon dioxide
equivalent in emissions

That's 717.9 metric tons of CO2 equivalent we avoided being emitted into our atmosphere to heat up the planet! This is the equivalent in mass of:

35.9

fire engines

or

119.7

tyrannosaurus rex

or

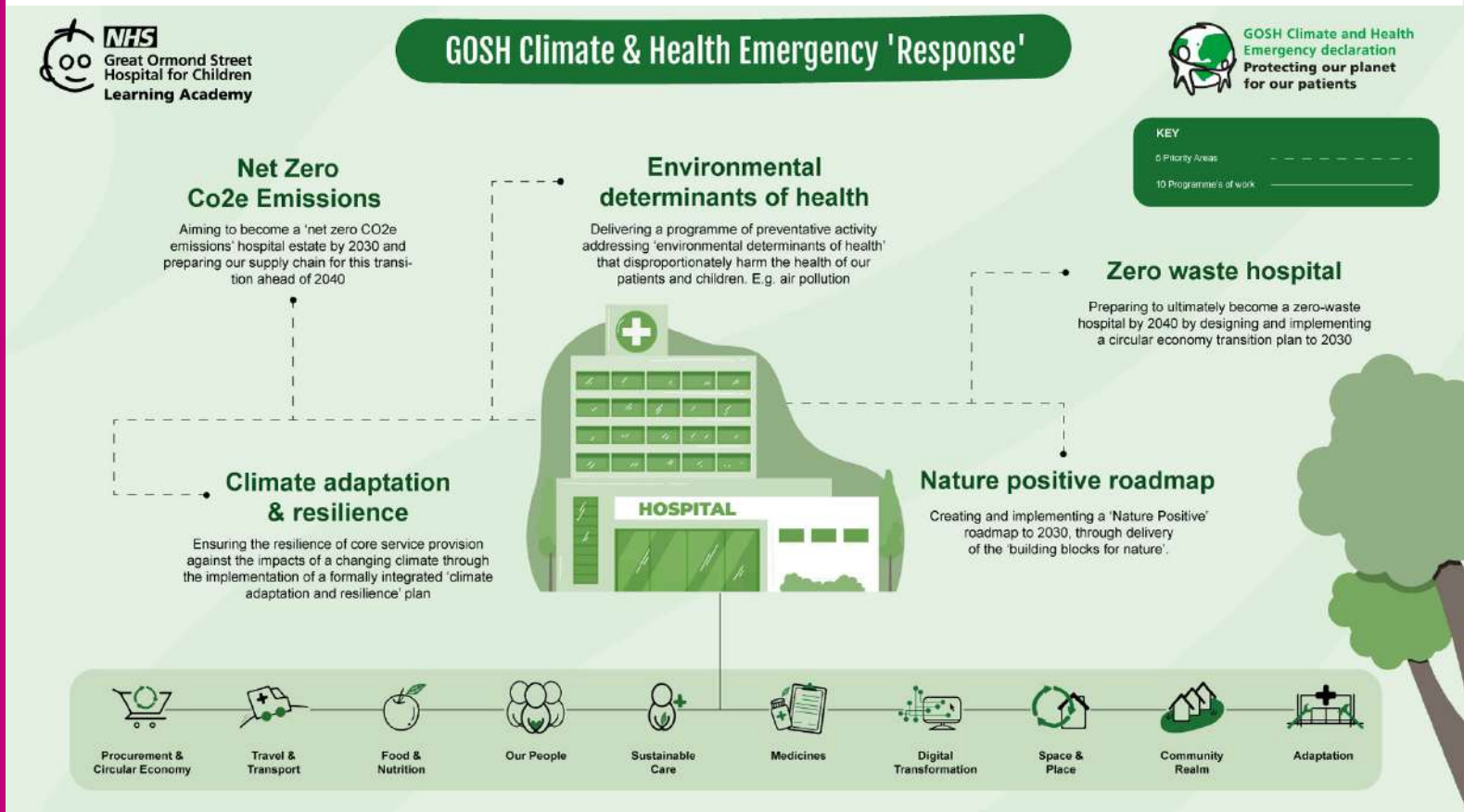
179.5

indian elephants

'Towards a Green 2030' Sustainability strategy and action plan

In 2023, a new sustainability strategy and action plan was devised to help guide a Climate Health Emergency response, focused on five priority areas. Two enabling areas were also agreed to support this journey.

The action plan breaks down the strategy and each priority area into initiatives and sub-projects which must be delivered to realise the benefits we are committed to. This is a substantial and wide-ranging plan. Many of these project areas have already started and will require additional funding and resourcing to be completed.



The GOSH Green Plan

Our Green Plan provides a structured way for us to set out the carbon reduction initiatives already underway and plans for the subsequent three years. Progress will be monitored through our 10 programme of work (below), reporting through our governance structures, detailed on page 61.

In February 2021, we engaged Green Champions and Sustainability Programme of Work (PoW) members to refresh our Green Plan and outline our ambitions and plans for 2024 through to 2027. This plan was approved by our Trust Board in May 2024.

The cumulative impact of our10 programmes of work is supporting our overall climate and health emergency response. Detailed progress against each of our Programmes of Work can be viewed in the GOSH Green Plan here:

GOSH Green Plan

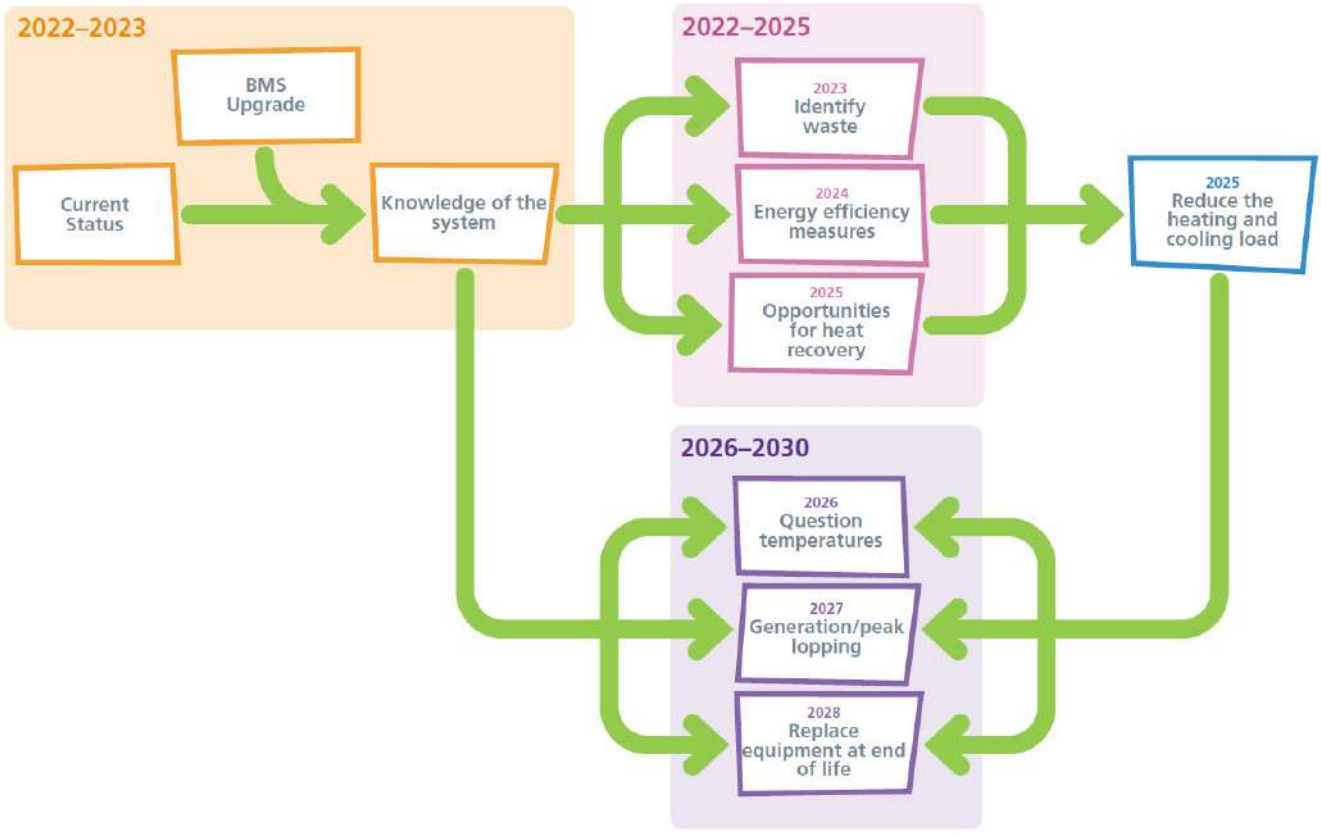
What we want to achieve in the future

Sustainable health education programme provision: We want to empower all our staff to respond to the climate and health emergency through the creation and delivery of a Sustainable Health Education Programme. This will be led by the new Clinical Sustainability Educator role.

Plastic Free Paediatric Unit: Initially focusing on one area of the hospital, Koala Ward, we will begin to build a replicable model to achieve plastic free units across the Trust, in collaboration with European health and academic partners.

Healthy Hospital Street: We aim to transform Great Ormond Street into a low congestion, improved air quality community and nature friendly space that encourages community and social cohesion, safer routes and a welcoming entrance for the hospital and local businesses.

Estate Decarbonisation: A pathway to Net Zero by 2030 has been established, clearly breaking down the 'Deep Decarbonisation' journey we'll take to meet our target for emissions, mainly linked to estate energy use . The programme progresses from the implementation of the Building Management System upgrade, currently in its early stages, through to the 2030 target and removing the Combined Heat and Power units (CHP), eliminating combustion on-site. As more information becomes available (though our BMS improvements and wider detailed surveys) on energy usage in different spaces, and on demand profiles for heating and cooling, the nature and priorities for investment will be revisited (see above).



Task Force on climate-related financial disclosures (TCFD)

NHS England 's NHS foundation trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures, as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance pillar for 2023/24. These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the annual report and accounts and in other external publications.

Governance disclosure
How our Trust Board has oversight of climate related risks and opportunities and our management's role in accessing and managing issues.

The governance arrangements and resource requirements to deliver on the Trust's Climate Health Emergency have developed over the last 2 years. We have a dedicated sustainability team, led by the Head of Sustainability, with further informal reporting lines into key members of the wider Space and Place team and GOSH Learning Academy.

We also have a Foundation Trust Governors' Sustainability Working Group, which reports into the Council of Governors quarterly. Over the last year this group has received an update on the progress with each of the programmes of work, reviewed the GOSH Green Plan, and has been presented with the Trust's plans for estate decarbonisation.

Trust Board: The Trust Board is responsible for pursuing our Above and Beyond Strategy principle 5: 'Ensuring sustainable business practices allow our people to make the right sustainability choices', and that we meet our net zero emissions goals, as laid out in our Climate and Health Emergency Declaration.

Executive Management Team (EMT): EMT is responsible for ensuring that new strategies, policies, capital investments and major contracts take account of the climate and health emergency and are aligned to our net zero emissions, clean air and other priority areas laid out in the Sustainability Strategy.

Executive Lead for Sustainability: Responsible for supporting the Chief Executive at Board Level and chairing the Sustainability Programme Board. Accountable to the Sustainability Executive Oversight Board.

Sustainability Executive Oversight Board (SEOB): Chaired by the NED Lead for Sustainability, this Oversight Board meets monthly to complement the existing governance structure. It is reported into by the Executive Lead for Sustainability and Head of Sustainability and provides strategic direction and swift decision making for delivery priorities.

Non-Executive Lead for Sustainability: Responsible for advising the Trust Board on progress achieved through the SEOB (which they Chair).

Sustainability Programme Board (SPB): Chaired by the Executive Lead for Sustainability, the SPB reports to the 'Above and Beyond Oversight Group'. It is a multidisciplinary committee with senior representatives from: Space and Place, nursing; medical; procurement; finance; communications; GOSH Children's Charity and the Young Person's Forum. SPB is responsible for monitoring Trust performance delivering on the priorities and projects set out in the Sustainability Strategy and accompanying Sustainability Action Plan.

Sustainability Steering Group: Chaired by the Head of Sustainability and reporting into the SPB will be a committee made up of executive 'sponsors' of each of the 10 Sustainability Programme of Work (PoW) areas. Meeting bimonthly, it allows executive sponsors to convey progress with the sustainability PoW, linked to the hospital area they are responsible for, and identify crossover between areas.

Core Sustainability Team: Includes the Head of Sustainability, Sustainability Delivery Project Manager, Project Lead for Placemaking, with a dotted line to the GLA and the new Sustainability Education lead.

Sustainability Programme of Work (PoW) Chairs: Each sustainability PoW area is chaired by a member of staff tasked with guiding the direction of activity and reporting monthly to the PoW executive sponsor in advance of the Sustainability Steering Group.

PoW group members and Green Champions: Members of each of the 10 PoW area teams have specific skills and knowledge. Each group includes 4-6 regular members (with relevant expertise and organisational positioning) and can flex membership around specific project delivery needs. Each team requires a Chair (and Deputy) to lead meetings/drive progress/engage with the executive sponsor, and a team administrator to coordinate minutes/action logs to report into the Sustainability Steering Group (SSG).

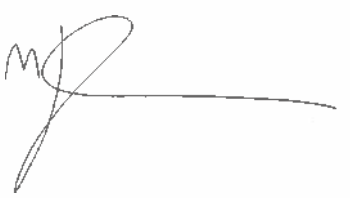
Directorate Managers and Directorate Directors: Directorate Managers, and Directorate Directors, are responsible to the Executive Group for ensuring effective implementation of this policy.

Ward Managers and Heads of Department: Ward and department managers are responsible for ensuring policy implementation and compliance within their area(s).

All Staff: All staff are responsible for complying with this policy and taking action where appropriate to mitigate the climate emergency and support our zero carbon, clean air and zero waste goals. Staff have a duty to engage with patients and visitors and advise them of their need for compliance with this policy.

Statement from directors

The directors consider this annual report and accounts, taken as a whole, is fair, balanced, and understandable and provides the information necessary for readers to assess our performance, business model and strategy. Signed by the Chief Executive on behalf of the Trust Board of Great Ormond Street Hospital for Children NHS Foundation Trust.



Mr Matthew Shaw
Chief Executive

04 July 2024

Accountability Report

Directors' report

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

Leadership and Oversight

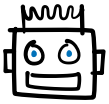
Our governance framework is fundamental to ensuring decisions made are in the best interests of our patients and that staff are supported to understand and discharge their responsibilities and appropriately held to account.

The Trust Board

The Trust Board is responsible for developing and overseeing our strategy, managing strategic risks and providing managerial leadership and accountability. The Trust Board discharges some of its responsibilities directly and others through its committees - see page 65. The Standing Orders for the Trust Board can be found on our website.

Council of Governors

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



Publications and reports | Great Ormond Street Hospital (gosh.nhs.uk)

Executive Management Team

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

Operational Board

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

Our key leadership roles explained:

The **Trust Chair** is responsible for leading the Trust Board and the council of governors and for ensuring they successfully discharge their responsibilities. The chair is responsible for the effective running of the board and council of governors and ensuring they work well together.

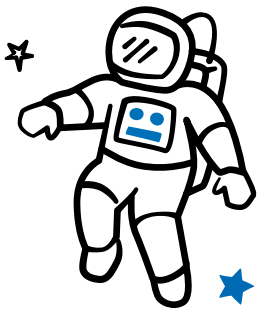
The **Chief Executive** reports to the Trust Chair and to the Trust Board directly. All members of the management structure report, either directly or indirectly, to the chief executive. The chief executive is the accounting officer of the Foundation Trust and responsible for its overall organisation, management and staffing, and for its procedures in financial and other matters.

Senior Independent Director: In consultation with the council of governors, NHS foundation trust boards should appoint one of the independent non-executive directors to be the senior independent director. Their role is to provide a sounding board for the chair and serve as an intermediary for the other directors when necessary.

Board Assurance Committees

The Trust Board delegates certain functions to committees. The Board receives regular updates from the committees, significant matters escalated to the Board, results of committee self-assessments.

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



Audit Committee

See page 124

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

Quality, Safety and Experience Assurance Committee

See page 128

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

People, Education and Assurance Committee

See page 131

The People, Education and Assurance Committee is chaired by a non-executive director. It has delegated authority from the Trust Board to ensure the necessary structures and processes are in place to meet our responsibilities as an employer and a training and research hospital.

Finance and Investment Committee

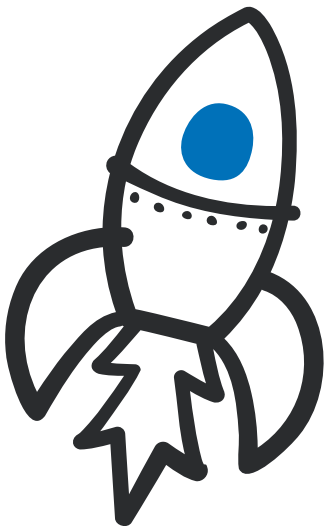
See page 133

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

Trust Board Nominations and Remuneration Committee

See page 90

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



Board Composition and Meeting Attendance

	Council of Governors	Trust Board	Board Nomination and Remuneration	Audit Committee	Quality, Safety and Experience	People and Education	Finance and Investment
Trust Chair							
Ellen Schroder	2/2	5/5	1/1	–	–	–	–
Mike Rake	3/3	6/6	1/1	–	–	–	–
Non-Executive Directors							
Amanda Ellingworth	5/5	9/9	1/1	–	4/4	3/4	–
Kathryn Ludlow	4/5	8/9	1/1	–	4/4	4/4	–
Gautam Dalal	5/5	8/9	1/1	4/4	–	1/1	7/8
Suzanne Ellis	3/5	9/9	1/1	3/4	–	3/3	8/8
Helen Cross	0/0	1/1	0/0	–	0/0	–	–
Chris Kennedy	5/5	7/9	1/1	4/4	–	–	5/8
Russell Viner	1/4	6/7	1/1	–	4/4	–	–
Executive Directors							
Matthew Shaw, Chief Executive	3/5	8/9	1/1	4/4	4/4	4/4	8/8
Sanjiv Sharma, Chief Medical Officer	–	9/9	–	–	4/4	4/4	–
Tracy Luckett, Chief Nurse	–	7/9	–	–	4/4	3/4	–
John Quinn, Chief Operating Officer	–	9/9	–	4/4	4/4	–	6/8
John Beswick, Chief Finance Officer	4/5	8/9	–	4/4	–	–	7/8
Caroline Anderson, Director of HR&OD	–	9/9	1/1	–	2/4	2/4	-
Other Directors							
Cymbeline Moore, Director of Communications	–	9/9	–	–	–	4/4	–
Jason Dawson, Interim Director of Space and Place	–	7/9	–	–	–	–	6/8
Kiki Syrad, Director of Research and Innovation (from 01/11/2023)	–	3/3	–	–	–	–	–

Our Trust Board

The Board is comprised of a chair, five independent non-executive directors, including the deputy Chair and senior independent director (SID), a non-executive director appointed by University College London, and six executive directors.

All Board members have been assessed against the requirements of the fit and proper person test in accordance with the new framework issued by NHS England in August 2023.

This was our Board during 2023/24:

Non-Executive Directors

Ellen Schroder
Chair
(from 1 November 2023)

Associate Non-Executive Director
(1 June 2023 – 31 October 2023)

Term: 1 November 2023 – 31 October 2026

Chair of:
- Trust Board
- Council of Governors
- Co-Chair of the Trust Board Nominations and Remuneration Committee (Nominations)
- Council of Governors' Nomination and Remuneration Committee.

Career and Experience:
- Trustee, The Radcliffe Trust (2013 – present)
- Chair of the PFI Company, United Healthcare (South Bucks) Ltd (2009 – present)
- Chair, East and North Hertfordshire NHS Trust (2016 – 2023)
- Member of the GOSH Clinical Ethics Committee (2002 – 2020)
- Vice Chair and Audit Chair, Camden Clinical Commissioning Group (2012 – 2016)
- Chair of the Organ Donation Committee, Imperial College Healthcare NHS Trust (2012 – 2015)
- Chair of the PFI Company, Octagon Healthcare Ltd (2013 – 2015)
- Chair, The Cord Blood Charity (2006 – 2015)
- Non-Executive Director and Chair of Audit and Finance Committees, Imperial College Healthcare NHS Trust, formerly St Mary's NHS Trust (2003 – 2012)
- Managing Director, Dresdner Kleinwort Wasserstein (1986 – 2003)
- Vice President, Woody Gundy Inc (1979 – 1986).

Sir Mike Rake
Chair
(until 31 October 2023)

Term: 1 November 2017– 31 October 2023

Chair of:
- Trust Board
- Council of Governors
- Co-Chair of the Trust Board Nominations and Remuneration Committee (Nominations)
- Council of Governors' Nomination and Remuneration Committee

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

Amanda Ellingworth
Non-Executive Director
(Deputy Chair and Senior Independent Director)

Term: 1 January 2018 – 31 December 2024

Chair of:
- Quality, Safety and Experience Assurance Committee.

Career and Experience:
- Formerly senior social worker focusing on children and families, several London Boroughs
- Director, Plan International Inc
- Trustee, Plan International UK
- Non-Executive Director, Sir Ernest Cassel Education Trust (formerly Deputy Chair, 2010-2020)
- Deputy Chair, Catholic Safeguarding Standards Authority
- Lay Adviser, Royal College of Medicine (to 2019)
- Deputy Chair, Barnardo's (to 2018)
- Chair, The Guinness Partnership (to 2016)
- Chair, The Caldecott Foundation (to 2010)
- Chair, Guinness Care and Support (to 2014).

Chris Kennedy
Non-Executive Director

Term: 1 April 2018 – 31 March 2024

Associate Non-Executive Director 1 April 2024 – 30 September 2024

Chair of:
- Co-Chair of Trust Board Remuneration Committee

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

Kathryn Ludlow
Non-Executive Director

Term: 1 September 2018 – 5 September 2025

Chair of:
- People and Education Assurance Committee

Career and Experience:
- Founder, Kathryn Ludlow & Associates, Investigations firm
- Trustee, The International Rescue Committee UK
- Trustee, The Hall for Cornwall
- General Counsel, Centerview Partners UK LLP (June 2019 – November 2020)
- Partner, Linklaters LLP (1997 – 2017) (Partner 1997 – 2017).

Professor Helen Cross
Non-Executive Director
(nominated by University College London)

Term: 1 March 2024 – 28 February 2027

Career and Experience:

- Director, UCL Great Ormond Street Institute of Child Health
- The Prince of Wales's Chair of Childhood Epilepsy, UCL-Great Ormond Street Institute of Child Health, Great Ormond Street Hospital for Children NHS Foundation Trust, London, and Young Epilepsy, Lingfield, UK
- Honorary Consultant in Paediatric Neurology, Great Ormond Street Hospital for Children NHS Foundation Trust
- Honorary Consultant in Paediatric Neurology, Young Epilepsy, Lingfield
- President, International League Against Epilepsy (2021 – 2025) Treasurer (2017 – 2021), Secretary General (2013 – 2017)
- Clinical Advisor to the National Children's Epilepsy Surgery Service
- Developed, as Coordinator, the European Reference Network for Rare and Complex Epilepsies (EpiCARE), launched 2017
- 402 research publications, seven edited books and 48 book chapters
- Editorial Board Member, Brain Communications (Assistant Editor)
- Chair, Medical Advisory Board, Matthew's Friends
- Chair, Medical Advisory Board, Dravet Foundation UK
- Chair, Medical Advisory Board, Hope for Hypothalamic Hamartoma.

Gautam Dalal
Non-Executive Director

Term: 1 July 2022 – 30 June 2025

Chair of:

- Audit Committee

Career and Experience:

- Chartered accountant
- GOSH observer of the GOSH Charity Trustee's Board meetings
- Non-Executive Director and Chair of the Audit Committee, Moxico Resources plc.
- Trustee and Treasurer, Chair of Finance, Risk and Audit Committee, BookTrust
- Independent Non-Executive Director, Hoptroff London Ltd
- Governor and member of the Finance and Resources Committee, Purcell School
- Member of the Finance and Audit Committees, National Gallery (to October 2023)
- Non-Executive Director and Chair of the Audit Committee, Camellia plc (until June 2022)
- Partner, KPMG London (1990 – 2010)
- Chairman and CEO of KPMG's India operations from 2000 to 2003
- Lead partner for a number of KPMG's global audit and advisory clients (2003-2010)
- Founder, UK India Business Council
- Non-Executive Director, Barts Health NHS Trust (2012 – 2022).

Suzanne Ellis
Non-Executive Director

Term: 1 October 2022 – 30 September 2025

Chair of:

- Finance and Investment Committee

Career and Experience:

- Partner in Mergers and Acquisitions, PwC (from July 2023)
- Head of Digital and Technology Strategy, Portfolio and Transformation, Haleon (until 31 March 2023)
- Member of the McKinsey Advisory Board and McKinsey Mergers and Acquisitions Council (until 31 March 2023)
- Non-Executive Director, Hoptroff London Ltd (2023)
- VP at GSK in a number of roles between 2013 and 2022, most recently leading the Separation Management Office for the demerger of Consumer Healthcare from GSK
- MSc in Information Management from Brunel University and MA in Geography from University of Cambridge.

Executive Directors

Matthew Shaw
Chief Executive

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

Career and Experience:
- Orthopaedic surgeon
- Director, UCL Partners
- Executive Director Board Member, NCL Provider Alliance
- Interim Accountable Officer, Whittington Health NHS Trust (1 December 2023 – 31 March 2024)
- Medical Director, GOSH (March 2018 - December 2018)
- Clinical Director of the spinal unit at the Royal National Orthopaedic Hospital (2011 – 2018)
- Medical Director for Health Provision, BUPA UK until April 2018.

Tracy Luckett
Chief Nurse

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

Career and Experience:
- Director of Nursing and Allied Healthcare Professionals at Moorfields Eye Hospital NHS Foundation Trust (2011-2022)
- Recipient of the Gold Award from the NHS Chief Nursing Officer.

Professor Sanjiv Sharma
Chief Medical Officer
(1 December 2018
to date)

Interim Deputy
Chief Executive
(1 December 2023 –
30 April 2024)

Sanjiv is responsible for performance and standards (including patient safety) and leads on clinical governance and risk at GOSH. He is the nominated individual at GOSH for the CQC and the Senior Responsible Officer for the North London Genomic Laboratory Hub.

Career and Experience:
- Consultant in Paediatric Intensive Care, GOSH (2009 to date)
- Advisory Board Member, Centre for Healthcare Innovation Research, Bayes, University of London (from August 2023)
- Member of Board of Trustees, Roald Dahl Marvellous Children's Charity (from April 2023)
- London Clinical Senate Member (2022 to date)
- Board member, University of Stirling Management School Business Advisory Board (from 2020)
- Head of Service, Paediatric Intensive Care, GOSH (2017-2018)
- Deputy Medical Director for Medical and Dental Education, GOSH (2016-2018)
- Regional Advisor, Royal College of Paediatrics and Child Health (2015-1017).

John Quinn
Chief Operating Officer
(until 31 May 2024)

John is responsible for the operational management of the clinical services within the Trust as well as strategy, planning, ICT, and data.

Career and Experience:

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

John Beswick
Chief Finance Officer

John is responsible for the financial management of the Trust, as well as leading on contracting. He is the Senior Information Risk Owner (SIRO) for GOSH.

Career and Experience:

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

Caroline Anderson
Director of HR and OD

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

Career and Experience:

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

Other Directors

Cymbeline Moore
Director of Communications
Cymbeline leads on internal and external communications for the hospital.

Jason Dawson
Interim Director of Space and Place
Jason leads the work to redevelop the Trust's buildings, ensuring they are suitable to support the capacity and quality ambitions of our clinical strategy.

Dr Kiki Syrad
Director of Research and Innovation
Kiki joined us in October 2023. She leads the strategic development of clinical research and innovation across the Trust.

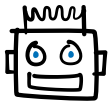
Non-Executive Directors and Executive Directors who left us during the year

Professor Russell Viner
Non-Executive Director
Term: 1 May 2020 – 01 February 2024
Russell was a member of the Trust Board's Nomination and Remuneration Committee and the Quality, Safety and Experience Committee.

Register of interests

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

A register of directors' interests can be found at the following link:



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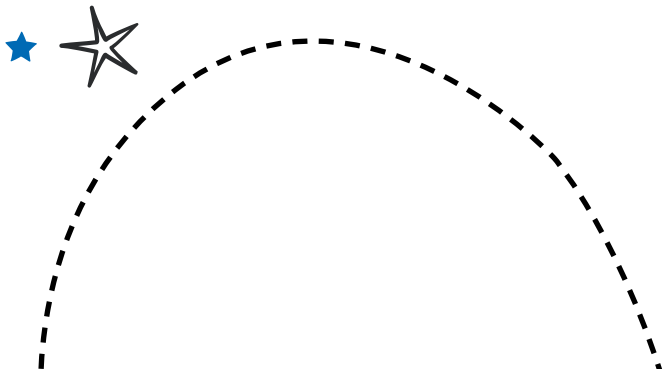


Trust Board Review

NHSE Well-Led Framework

As part of its routine programme, the Care Quality Commission (CQC) undertook a well-led inspection of the Trust in 2019, and the Trust was rated as 'Good' overall, including 'Good' in the well-led domain. There has been no further CQC inspection since then. See page 160, in the Annual Governance Statement for further information on the inspection.

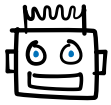
We have engaged with the Care Quality Commission regularly throughout the year in informal meetings where we keep it up to date with developments as part of open, transparent and collaborative dialogue.

Over the last two years the CQC has been refining its new Single Assessment Framework approach to regulation which began rolling out at the end of 2023 and went live in London in early 2024. This will bring a new style of regulation activity, based around 34 Quality Statements against which providers will be assessed on a more continuous, risk-led basis. This will mean more frequent but more focused assessment than previously, with a more dynamic approach to ratings. Most recently, following the publication of the well-led quality statements in March 2024, the Trust has started mapping compliance against each of the eight statements.

Through the continued 'Good Hospital Every Day' approach, we have worked hard to understand and share with all our teams the implications and requirements of providers to reach the standard of 'Good' against the quality statements. At Board level, this has continued with Board development days and further Executive development work, including continued review of the effectiveness of committees.

Evaluation of Board Performance

The Trust last had an independent developmental well-led Review of its leadership and governance in 2021, led by BDO and Arden & GEM and the outcome was reported in our previous annual reports, which are available on the GOSH website. The Trust Board will agree a timetable for the next well-led review in 2024/25.



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This year we have continued to work on our core governance requirements, as evidenced throughout this report. In particular we have:

Reviewed our Schedule of Matters, which sets out those matters which are reserved to the Trust Board for decision-making.

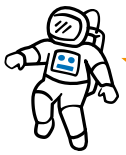
Approved amendments to procurement and financial limits in our Standing Financial Instructions and Schedule of Delegation.

Implemented the new NHS England Fit and Proper Person Test (FPPT) Framework, which aims to support strengthening the FPPT and prioritise patient safety and good leadership in NHS organisations.

Updated the Trust's Risk Appetite Statement. Our risk appetite statement helps us make risk-informed decisions with regard to allocation of resources, management controls, operational services, and potential consequences or impacts to other parts of the Trust. Further information can be found on page 144.

The Standing Financial Instructions detail the financial responsibilities, policies and procedures adopted by the Trust and are designed to ensure that our financial transactions are carried out in accordance with the law and policy to achieve probity, accuracy, economy, efficiency and effectiveness in all financial matters concerning the Trust.

The Scheme of Delegation is required to document and consolidate the guiding principles, functions, level and restrictions or conditions of delegated authority for executives and staff within the Trust.



Risk Appetite is the amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time. It can be influenced by external events, personal experience, political factors etc.

Council of Governors

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

Role of the Council of Governors at GOSH

Our Council of Governors has specific powers and holds the Non-Executive Directors to account for the performance of the Board of Directors. Its duties include:

- Appointing and setting the pay and terms and conditions of appointment of the Trust Chair and Non-Executive Directors
- Ratifying the appointment of the Chief Executive
- Appointing the auditors and receiving the annual report and accounts.

Our members and governors

In delivering GOSH's mission to deliver Above and Beyond paediatric care, every member and governor plays a crucial role. Our governors come from diverse backgrounds and embody the collective heartbeat of our community, bringing their unique perspectives, expertise, and commitment to ensure the voices of all stakeholders are heard and valued.

This section of the annual report provides an overview of the structure of the Council of Governors and celebrates their achievements, dedication and collaborative working style. We seek to illustrate how it takes a team to forge the way forward. See page 85 for more information on our membership.

Council of Governors' structure

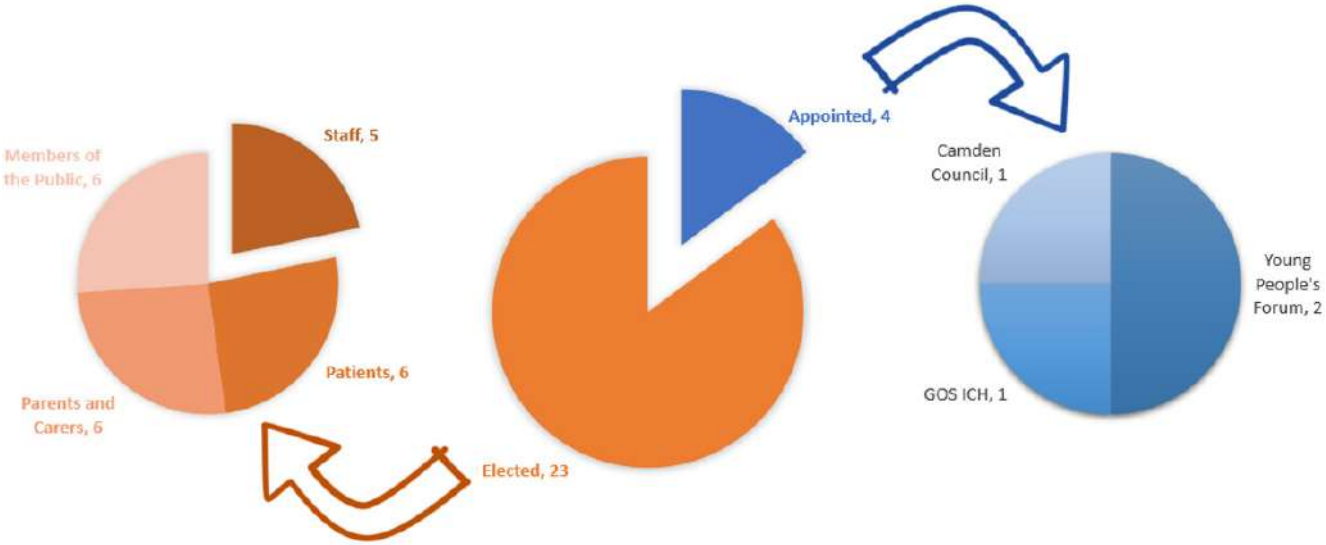
The GOSH Council of Governors is made up of 27 elected and appointed governors. Governors are members who have nominated themselves to sit on the Council of Governors. The composition ensures that it can represent the best interests of all stakeholders, making all Governors part of one team.

The Council is made up of 23 elected and 4 appointed governors. The 23 elected Governors represent four different Governor 'Constituencies'.

Constituency
Patients
Parents and carers
Members of the public
Staff

A "Constituency" is a group of people who have similar interests or connections. For GOSH, "Constituencies" are how the Trust groups the different types of people who are involved in, or care about the Trust.

The chart below shows a breakdown of our elected and appointed governors:



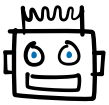
Elected governors

As a specialist trust with a wide national and international catchment, our 'local community' is England and Wales. This makes it important that our geographically diverse patient and carer constituents are represented on our Council of Governors. Our constituencies are grouped as below:

Patients	3 Patients from London*
	2 Patients from GOSH Home Counties**
	1 Patient from Rest of England and Wales***
Parents and Carers	3 Parents and Carers from London*
	2 Parents and Carers from GOSH Home Counties**
	1 Parent and Carer from Rest of England and Wales***
Members of the Public	3 Members of the Public from London*
	2 Members of the Public from GOSH Home Counties**
	1 Member of the Public from Rest of England and Wales***

Think of our Governors like friends from different places. Most of our friends (Governors) live in London, so we have given three seats on our council of Governors to represent them. Then, we have friends from GOSH Home Counties, which is the next largest group, so they get two seats. Finally, we have a smaller group of friends from the rest of England and Wales, so they get one seat. This way each group of friends has someone to speak up for them and share their ideas.

All elected Governors are elected by other members within their constituency. The areas the constituencies cover is available in Annex 1–3 of the Trust Constitution.



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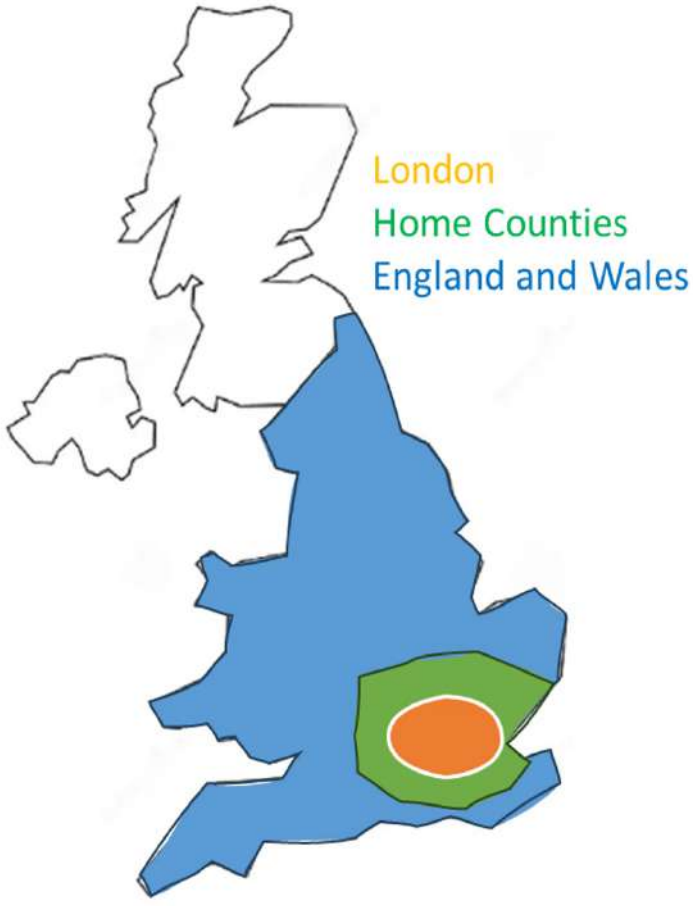


The Staff Constituency is not further divided into staff groups such as Consultants, Nurses, Administrative, Porters and Domestics etc as the Trust believes Staff Governors should represent the interests of all members of staff regardless of their occupation, and that this further instils a culture of being 'One Team'.

In addition to the elected governors, there are four appointed' governor seats – one from London Borough of Camden; one from the UCL Great Ormond Street Institute of Child Health (GOS ICH); and two from the Young People's Forum. Each organisation conducts an appointment process and nominates a candidate.

All Governors serve a three-year term before being subject to either election (if they are an elected Governor) or reappointment via their nominating organisation (if they are an appointed Governor). All Governors can serve a lifetime maximum of two three-year terms (six years total).

Governor election

The Trust holds annual elections for roughly one third of its elected governor seats each year (from November to February of the following year). In 2023/24, the election opened on 21 November 2023 with the call for nominations in 10 constituencies and classes.

The Trust undertook a wide-ranging campaign of advertising and communication, via its membership publication 'Get Involved', social media, posters around the hospital and a 'So you want to be a Governor' webinar. The aim of the campaign was to both recruit new members and energise existing members so they would consider nominating themselves as Governors.

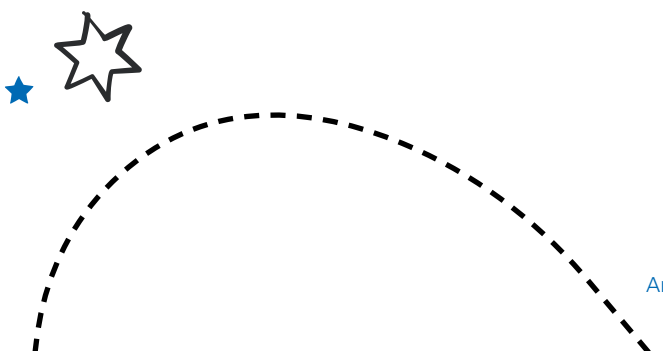
The election ended with the declaration of results on 23 February 2024 and the following Governors were elected for three-year terms starting on 1 March 2024.

Name	Constituency and Class
Dr Ruth Stalker-Firth	Parent/Carer Member from GOSH London
Gemma Edbrooke	Parent/Carer Member from GOSH Rest of England and Wales
Lara Ingham	Patient Member from GOSH London
Sameera Kamran	Patient Member from GOSH London
Rhienna Morar	Patient Member from GOSH Rest of England and Wales
Mary Rose Thomson	Public: Member from GOSH London
Joshua Street	Public: Member from GOSH London
Ros Robertson	Public: Member from GOSH Rest of England and Wales
Dr Laurence Hasson	Staff
Vacant*	Patient from GOSH Home Counties

*this seat will remain vacant until the next election starting in November 2024.

Additionally, the Trust welcomed two new appointed members who started three-year terms on 1 March 2024:

Giovanni Baranello	Appointed University College London Hospitals
Angela Gjelaj	Appointed Young Person's Forum



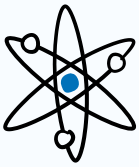
Governor training and development

Governor induction

To ensure newly elected Governors were provided with enough information and support to fulfil their role, the Corporate Affairs Team, existing Governors and NHS Providers co-produced two induction sessions ahead of their first meeting on 15 May 2024.

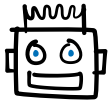
Governor development sessions

Throughout 2023/24 Governor development sessions were run in partnership with Governors to provide them with the skills and knowledge needed to deliver their key duties. Some of the sessions are summarised below:

	The work of the GOSH bioethics Committee.
	A Governor led tour of the Genetics laboratories.
	A presentation from the GOSH School Governors.
	Freedom to Speak Up Training – an initiative that encourages and supports staff to speak up and raise concerns in order to improve patient care and the working environment. See page 105.
	Received a talk on efforts to make GOSH and the local area sustainable and environmentally friendly – as well as sampling some honey from the Trust apiary located on the roof of the hospital.
	Discusssed the Trust's equality and diversity workstreams.

Council of Governors' meetings

The Council of Governors met five times in 2023/24 to discuss issues such as the Trust's strategy, performance and plans for the future, as part of its responsibility for holding the non-executive directors individually and collectively to account for the delivery of the Trust Board's strategic objectives. More about the responsibilities of the Council of Governors can be found at **www.gosh.nhs.uk/about-us/foundation-trust/council-governors**



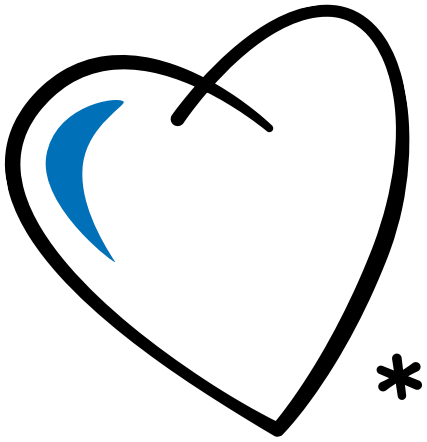
Council of Governors | Great Ormond Street Hospital (gosh.nhs.uk)

Individual Governor attendance at council, as well as the Council's sub-committees, was as follows:

Name	Constituency	Date role began	Date role ended	Council of Governors meetings (out of 5 unless otherwise stated)	Nominations and Remuneration Committee (out of 4 unless otherwise stated)	Membership Engagement, Recruitment and Representation Committee (out of 4 unless otherwise stated)
Beverly Bittner-Grassby (Lead Governor)	Parents and Carers: London	March 2021		5	4	3
Stephanie Nash	Parents and Carers: London	March 2018	February 2024	5	Not a member	Not a member
Kamran Ansari	Parents and Carers: London	March 2022		5	3	Not a member
Ruth Stalker-Firth	Parents and Carers: London	March 2024		0 (0)	Not a member	Not a member
Robert Ferguson	Parents and Carers: Home Counties	March 2023		4	2 (2)	1 (2)
Sapna Talreja	Parents and Carers: Home Counties	March 2021		1	Not a member	Not a member
Claire Cooper-Jones	Parents and Carers: Rest of England and Wales	March 2018	February 2024	5	2 (2)	Not a member
Gemma Edbrooke	Parents and Carers: Rest of England and Wales	March 2024		0 (0)	Not a member	Not a member
Joshua Hardy	Patients: Home Counties	March 2019		5	3	Not a member
Olivia Burlacu	Patients: Home Counties	March 2019	June 2023	0 (2)	Not a member	Not a member
Abbigail Sudharson	Patients: London	March 2021	February 2024	1	Not a member	Not a member
Constantinos Panayi	Patients: London	March 2022		1	Not a member	2 (2)
Lara Ingham	Patient: London	March 2024		0 (0)	Not a member	Not a member
Sameera Kamran	Patient: London	March 2024		0 (0)	Not a member	Not a member
Rhienna Morar	Patient: Rest of England and Wales	March 2024		0 (0)	Not a member	Not a member
Roly Seal	Public: London	March 2021	February 2024	4	Not a member	Not a member
Peace Joseph	Public: London	March 2021		5	Not a member	Not a member

Name	Constituency	Date role began	Date role ended	Council of Governors meetings (out of 5 unless otherwise stated)	Nominations and Remuneration Committee (out of 4 unless otherwise stated)	Membership Engagement, Recruitment and Representation Committee (out of 4 unless otherwise stated)
Sara Ayerman	Public: London	March 2022	September 2023	2 (3)	Not a member	Not a member
Mary Rose Thompson	Public: London	March 2024		0 (0)	Not a member	Not a member
Joshua Street	Public: London	March 2024		0 (0)	Not a member	Not a member
Eve Brinkley-Whittington	Public: Home Counties	March 2021		3	Not a member	3
Hannah Hardy	Public: Home Counties	March 2021		4	Not a member	2
Julian Evans	Public: Rest of England and Wales	March 2018	February 2024	2	Not a member	Not a member
Ros Robertson	Public: Rest of England and Wales	March 2024		0 (0)	Not a member	Not a member
Dilys Addy	Staff	March 2023		5	Not a member	Not a member
Elizabeth Nuttall-Collins	Staff	March 2023		3	Not a member	Not a member
Quen Mok	Staff	March 2018	February 2024	5	3 (3)	Not a member
Jacqueline Gordon	Staff	March 2022		4	1 (1)	Not a member
Tania Ahmad	Staff	March 2022		1	Not a member	Not a member
Laurence Hasson	Staff	March 2024		0 (0)	Not a member	Not a member
Rose Dolan	Young People's Forum	February 2022		2	Not a member	Not a member
Kamya Mandhar	Young People's Forum	March 2023	January 2024	2 (4)	Not a member	Not a member
Angela Gjelaj	Young People's Forum	February 2023		0 (0)	Not a member	Not a member
Jugnoo Rahi	GOS UCL Institute of Child Health	March 2018	February 2024	2	Not a member	Not a member
Giovanni Baranello	GOS UCL Institute of Child Health	March 2024		0 (0)	Not a member	Not a member

We would like to express our heartfelt gratitude to our governors who have stepped down in the last year, and in particular those Governors who reached their lifetime maximum of six-years: Stephanie Nash, Claire Cooper-Jones, Julian Evans, Quen Mok and Jugnoo Rahi. Our governors provide an invaluable commitment and contribution throughout their terms and are an important part of GOSH.



Committees of the Council of Governors

Council of Governors' Nominations and Remuneration Committee

The Committee has delegated responsibility to review the non-executive directors' (including the Trust Chair) skills, knowledge, experience and diversity and make recommendations to the Council and Trust Board. This year the Committee:

- Reviewed the Trust Chair and non-executive directors' candidates' skills, knowledge, experience.
- Considered succession planning for the chair and non-executive directors.
- Considered whether extension of non-executive director tenures was appropriate and in the best interests of the Trust.
- Reviewed the remuneration of the Chair and Non-Executive Directors.
- Reviewed the results of the performance evaluation process for the chair and non-executive directors.

The committee is chaired by the Chair of the Trust Board and Council of Governors. Governors are each invited to nominate themselves to sit on the committee. The Committee reports its findings and recommendations to the Trust Board and Council of Governors.

Chair and Non-Executive Directors' Remuneration in 2023/24

GOSH Chair and non-executive director remuneration is set in line with remuneration guidance issued by NHS England (NHSE). Further information can be found on page 96.

Appointing non-executive directors

Non-executive directors are appointed for a three-year term and can be reappointed for a further three years (subject to consideration and approval by the Council of Governors).

The Trust conducted a skills and experience audit of Board members in 2023. The results were analysed against the key priorities under the Trust Strategy 'Above and Beyond' and the role of the Board as outlined in the GOSH Trust Board Terms of Reference. This data was used to establish a succession plan for non-executive directors, taking in to account the gaps in knowledge and experience as a result of NEDs stepping down from the Board at the end of their tenures and reviewing this data in relation to current and future strategic and operational Trust plans. The succession plan sought to ensure Board member stability, efficiency in recruitment and to allow for the use of the Associate NED role to bring new NEDs on to the Board and provide time for induction.

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

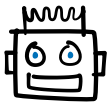
For the university nominated non-executive director position, University College London conducts an internal search and interview process (in line with the Trust Constitution) and recommends a nominee for final approval by the Council.

The Trust is keen to increase the diversity of the Trust Board to better mirror its workforce and those who use our services. We particularly welcome applications from people who bring diversity of experience, background and culture to the Board, including people from ethnic minority communities and with disabilities. External search companies are required to demonstrate their commitment to diversity and inclusion and provide evidence of identifying individuals with necessary experience with protected characteristics and demonstrate success in appointing them to non-executive director roles. This includes ensuring the companies work with a broad range of service providers to identify candidates, including those who have experienced inequality. To ensure this approach is mirrored throughout the recruitment process, all members of the recruitment panel are required to complete in-house debiasing and recruitment training.

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

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

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



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Appointments in year

In 2023/24 the Council of Governors approved the following:

- The appointment of Ellen Schroder as Chair of the Trust Board and Council of Governors - noting that in the first instance she would be appointed as an Associate Non-Executive Director.
- The extension of Kathryn Ludlow's tenure from 5 September 2024 to 5 September 2025 to support continuity on the Trust Board.
- The appointment of Professor Helen Cross as UCL nominated Non-Executive Director on the GOSH Trust Board for a three -year term.
- The appointment of Chris Kennedy, Non-Executive Director, as an Associate Non-Executive Director on the Trust Board for 6 months from 1 April 2024, when their tenure ends.

Chair and Non-Executive Director Recruitment

During the year we recruited a new Trust Chair, Ellen Schroder, whose tenure commenced on 1 November 2023, and started the recruitment process for two Non-Executive Directors to replace Chris Kennedy, whose tenure came to an end in March 2023, and Amanda Ellingworth whose tenure ends later in 2024.

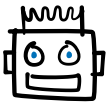
Our Council of Governors approved both recruitment processes, following recommendations from the Council Nominations and Remuneration Committee. As with previous Chair and NED appointments at GOSH, an external recruitment consultant was appointed. Separate tender processes were held for both appointments and Odgers Berndtson, were able to demonstrate a robust understanding and appreciation of the Trust, recognise the importance of relationships with key stakeholders and had experience of reaching into different communities and attracting candidates from diverse backgrounds.

Longlisting and shortlisting for Chair and non-executive director appointments is undertaken by our Council Nominations and Remuneration Committee, who make up the majority of the interview panel. For the Chair process, the panel was joined by an independent panel member from the Integrated Care Board. Before formal interviews take place, candidates are given a tour of the hospital and participate in stakeholder panels with non-executive directors, executives, staff representatives and our young people's forum.

After consideration of information from the application and the results of the interviews, the Council Nominations and Remuneration Committee made a recommendation to the Council of Governors. Ellen Schroder was appointed by the Council of Governors in May 2023 as an Associate NED and started in the substantive Chair role on 1 November 2023.

At the time of reporting, the recruitment process for the Non-Executive Director appointments are still underway, with one appointment to be confirmed in May 2024 and the other in Q2 2024/25.

The current and previous Chair's significant commitments are disclosed to the Council of Governors before appointment and when they change. Information on all board members declarations of interests is publicly available at:



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Chair and Non-Executive Directors' Performance evaluation

The Council of Governors considered and approved a refreshed performance evaluation framework for non-executive directors in 2020, bringing it in line with newly published guidance from NHSE. All non-executive directors were appraised throughout 2023/24 against this framework.

Membership Engagement Recruitment and Representation Committee

The Committee makes decisions on recruiting and engaging with the Trust's membership so the interests of patients, carers, families, and the general public in the areas served by the Trust are represented at the highest level.

Each Council of Governors' meeting received an update on matters related to membership numbers and engagement.

Working groups of the Council of Governors

In addition to its Committees, the Council has two additional working groups that periodically undertake tasks on its behalf. These are:

Sustainability Working Group

The group has delegated authority from the Council of Governors to seek assurance on the successful delivery of the Trust's Climate and Health Emergency (CHE) response, emissions reduction targets and 'Protecting the Environment' principle. It met four times in 2023/24.

Constitution and Governance Working Group

The group has delegated authority from the Trust Board and the Council of Governors to make recommendations to the Trust Board and Council of Governors on Constitution changes and governance matters related to the Council of Governors.

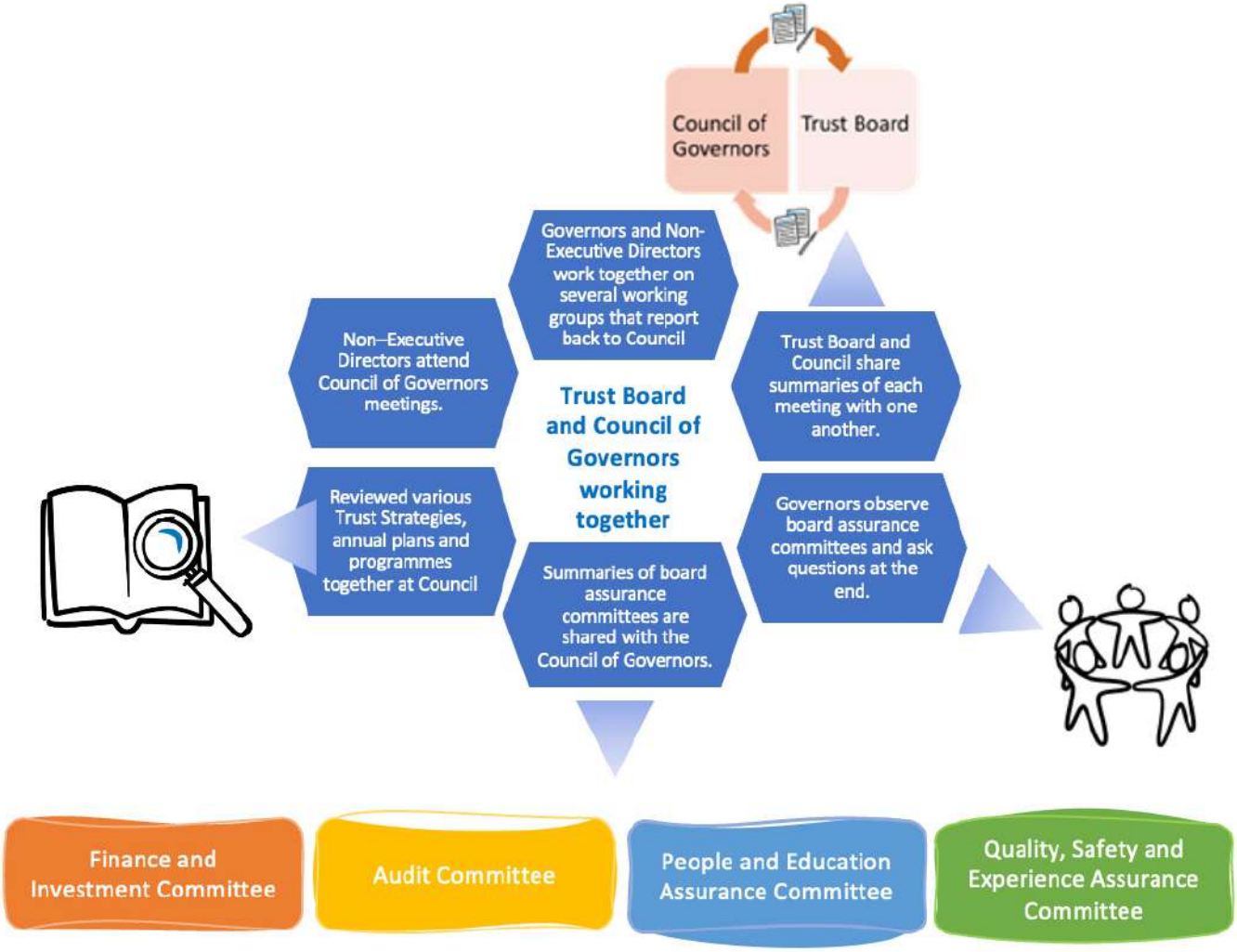
This group met once in 2023/24 to discuss the results of the Council of Governors' review of effectiveness.

The Constitution is a set of rules that a school or a club might have. Just like a school has rules to make sure everything runs smoothly, GOSH's constitution lays down the rules and instructions for how the Hospital works.

Trust Board and Council of Governors working together

The Trust's Chair is responsible for the leadership of both the Council of Governors and the Trust Board. The Chair is also responsible for effective relationship building between the Trust Board and Governors to ensure that Governors effectively perform their statutory duties and contribute to the forward planning of the organisation.

A summary of how the Council and Board work together is provided below:



Examples of ways the Council of Governors and Board worked together in 2023/24 include reviewing:

GOSH's plans to innovate and securely use data to move forward with diagnosis, treatment and care for children and young people.	Governors and Board members worked together on the Constitution and Governance Working Group and Sustainability Working Group.
The management plans for patient waiting times and the impact on patients and their families. The Trust's efforts to minimise the impact of the cost-of-living crisis for patients, families and staff and safeguard staff wellbeing during periods of pressure.	The Trust's plans for the future, including regular updates on our redevelopment plans, including for the Children's Cancer Centre, and approving the CCC as a significant transaction. The People Strategy, the Start Well Programme, the 2024/25 GOSH annual plan, and progress on the Trust's commitments to the climate emergency and sustainability programmes.
The appraisal of non–executive directors including the Chair.	The Council's effectiveness.

Hannah Hardy, Public Governor and Chris Kennedy, Non-Executive Director came together to support the governor election campaign by expressing how well our governors and non-executive directors work together and value each other's role. They recorded a video on the benefits of Governors and NEDS working together. You can view the video here:

Hannah Hardy, Public Governor and Chris Kennedy, NED video

Should a dispute arise between the Council of Governors and the Trust Board, the Trust Constitution outlines the procedure that shall apply.

Governor communication and engagement

Prior to each Council of Governors meeting, Governors hold two private meetings. One with the Lead Governor and another with the Chair. The meetings provide Governors with an opportunity to discuss issues and questions to be asked, network, and otherwise prepare for the Council of Governors' meeting to maximise their time.

Governor newsletter

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

Governor Portal

All Governors are provided with access to a Council of Governors' online portal - a one stop shop for all information related to being a Governor at GOSH.

Council of Governors' effectiveness review

The Council of Governors undertook a review of its effectiveness throughout August 2023, gathering views and comments from the Council of Governors, Non-Executive Directors, Chief Executive, Chief Operating Officer and Chief Finance Officer.

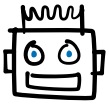
Overall, the findings were positive in relation to working relationships with the Non-Executive Directors (including the Chair) and the support they received from the Corporate Affairs Team. Some Governors felt that more could be done to support Governors in delivering on their duty to communicate with their member constituencies and the public and transmitting their views to the Board. The Membership Engagement, Recruitment and Representation Committee was tasked with devising an action plan. See page 88 for more information on our plans to further support Governors in delivering on their duty to communicate with their member constituencies.

Council of Governor expenses

Governors can claim reasonable expenses for carrying out their duties. For the year 2023/24 £71.12 was claimed (2022/23 £0).

Register of interests

A register of Governors' interests is published on the Trust website and can also be obtained by request from the Company Secretary, Great Ormond Street Hospital for Children NHS Foundation Trust, Executive Offices, Barclay House, 37 Queen Square, Great Ormond Street, London, WC1N 3BH.

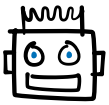


https://gosh.mydeclarations.co.uk

Contacting a governor

Anyone wanting to get in touch with a Governor and/or Director can email **foundation@gosh.nhs.uk** and the message will be forwarded to the relevant person. These details can also be found at

There is more information available about becoming a member at:



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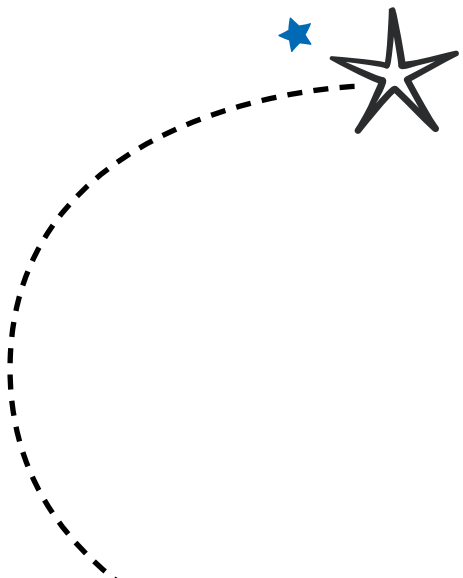
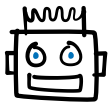


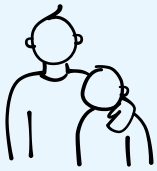
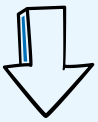
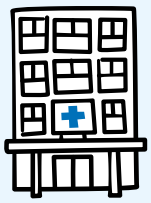
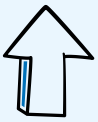
Membership at GOSH

At GOSH, our membership is open to anyone who lives in England and Wales and is over the age of 10. It's important to us that our membership reflects the broad and diverse public communities we serve as well as our patients, their families and carers and our staff. We offer automatic membership to all employees at GOSH who have a permanent contract or fixed term contract of 12 months or more.



Foundation Trust Membership | Great Ormond Street Hospital (gosh.nhs.uk)

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

What our membership looked like in 2023/24 compared to last year			
Constituency	**2022/23**	**2023/24**	**Comparison**
Patients, Parents and Carers 	6,694	6,692 (Target 6,891)	2 
Public	3,030	3,084 (Target 3,120)	54
Staff 	5,786	6,061	275 

The majority of our membership is made up of patients, parents and carers, with 6,692 members. This is 42% of the membership. There are 6,061 members of staff, making 38% of the membership. There are 3,084 members of the public, who make up 20% of the membership.

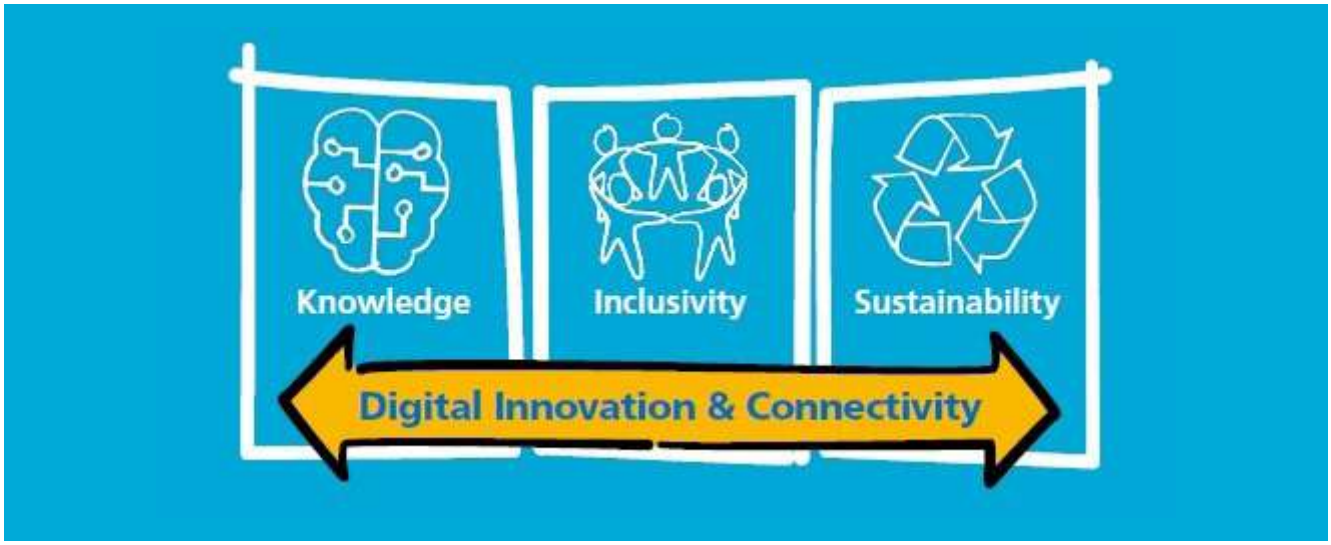
Comparison with last year and targets

Each year, the Membership, Engagement, Recruitment and Retention Committee sets membership recruitment targets for the year to ensure we maintain an engaged and informed membership. By replenishing our membership base, we can inject fresh perspectives, ideas, and energy into our collective efforts towards fulfilling our mission and serving our community effectively.

Although the GOSH Membership gained additional Patients, Parents and Carers members compared to last year, the Trust unfortunately did not meet all of its targets. However, all classes and constituencies showed a net gain this year, which was positive.

Membership Strategy

This was the second year of the Trust's new Membership Strategy spanning 2022-2025. The Strategy is based around the following themes:



These three themes formed the framework of the strategy and the basis of the membership objectives. The program complements the wider Trust strategy, ensuring there is a consistent and cohesive alignment of effort. In 2023/24, the key achievements of this Strategy were:

Knowledge	Inclusivity	Sustainability
Refreshed the membership pages on the website and staff intranet ahead of the election. Governors held stalls at various events to raise awareness and recruit new members, these included Hybrid Big Brief, GOSH Lagoon, Play Street, Walkie Talkie Tower Climb. Successful AGM and AMM on 20 September 2023. Recorded a video conversation between a Non-Executive Director and Trust Governor, talking about the value governors bring to GOSH. Regular publication of the membership newsletter – Get Involved. Attended Stakeholder Engagement Leads meeting to discuss risks, challenges and issues with sector wide engagement.	Ran recruitment stalls in the Lagoon as well as a 'Meet your Staff Governor' stand. Held a recruitment event at the Staff Networks forum advertising the election. Focused recruitment communications through the Young People's Forum and Young Persons' Advisory Group.	A sustainability section is included in the Get Involved membership newsletter and was included in the Annual report and accounts. Details of free Environmental, Social, Governance (ESG) qualifications are on the Governor Portal. These represent the three main topic areas that companies are expected to report on, and the goal of ESG is to capture all the non-financial risks and opportunities inherent to a company's day-to-day activities. Governors held four Sustainability Working Group meetings where they looked at the Trust's Programmes of Work and considered how these can be shared with members.

Membership engagement

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

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

- Communicated with members via the 'Get Involved' e bulletin – the readership of which has gone from strength to strength following its revamp.
- Hosted a virtual 'So You Want to be a Governor' session where attendees could hear from some of our Governors, ask questions and find out what it means to be a GOSH Governor.
- Communicated to Members via our GOSH Membership Twitter page @GOSHMembership.
- The prominent placement of membership branding and messaging in internal channels such as at the Chief Executive's Big Brief.
- Biographies of our Governors on the Trust website.
- Recruitment stands in the Trust.

While Governors did not personally canvass the opinion of FT members in 2023/24 on the trust forward plan, Governors were given the opportunity to comment on the planning for the GOSH Annual Plan. The Trust has also continued to consult with the local community, patients, and governors on the design of the Children's Cancer Centre. During 2023-24 we have canvassed the opinion of members by inviting them to:

- Complete the Fracture Study, seeking views on using artificial intelligence to make decision on imaging tests.
- Participate in a research study on exercise metabolism.
- A workshop writing research comics and creating comic strips to help make research easier to understand for everyone.
- Help the NIHR GOSH Biomedical Research Centre develop a Patient and Public Involvement an Engagement (PPIE) Strategy.

Membership Engagement, Recruitment and Representation Plans for 2024/25

Although the Committee plans to increase its membership, it was agreed that a new refreshed and consistent approach to recruit engaged and motivated members will be the focus in 2024/25. To support this, a programme of engagement and recruitment works was devised. The plans for 2024/25 include:

	Communication / Engagement
✓	Review the membership welcome materials.
✓	Collaborate with other Trusts on effective recruitment and engagement.
✓	Better use of social media to add value to membership, and consideration of the best platform.
✓	Further improve 'Get Involved' membership magazine.
✓	Create more videos, including those from governors to members and to raise awareness around governor elections.

	Events / Recruitment
✓	Governor surgeries – invite members to talks and presentations on exciting developments at GOSH and enable members to feedback directly to their governor.
✓	Establish governor led recruitment stalls at GOSH Charity events.
✓	Regular meet your governor stands in the Lagoon (hospital canteen)
✓	Identify and present to different stakeholder groups – schools, clubs, social groups and community groups.

Annual General Meeting and Annual Members' Meeting

The Trust held an Annual General Meeting and Annual Members Meeting in person on 20 September 2023, which celebrated children and young people. The meeting was an opportunity to hear colleagues present on our performance in 2022/23 and featured presentations from:

- The Chair, Sir Michael Rake
- Chief Executive, Matthew Shaw
- Chief Medical Officer Professor, Sanjiv Sharma and Chief Nurse, Tracy Luckett
- Chief Finance Officer, John Beswick
- Lead Governor, Beverly Bittner-Grassby

We were especially pleased to have been joined by Rose, our Young People's Forum Governor, who shared her experiences as a patient, the opportunities GOSH has given her and the amazing things she has achieved.

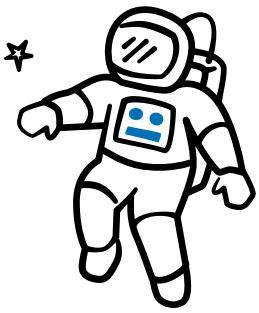
Sameera, also from the Young People's Forum and now a Governor, interviewed Chief Finance Officer John Beswick on GOSH Finances.

Our Lead Governor also gave a presentation on our membership, including engagement, our ambitious plans for the future and the activities of the Council of Governors.

Remuneration report

Statement from the Co-Chair of the Nominations and Remuneration Committee

Remuneration is the reward or payment given in exchange for work or services provided.



I took over from Chris Kennedy as Co- Chair of the Nominations and Remuneration Committee (Remuneration) on 17 April 2024 and, on behalf of the Board, I am pleased to present our 2023/24 directors' remuneration report. This report provides details of the application of the Trust's remuneration policy and the decisions we have taken during the year regarding current and former executive directors.

The Trust Board's Nominations and Remuneration Committee is chaired by two non-executive directors (as co-chairs – one for remuneration and one for nominations) and all members are non-executive directors. Committee membership and attendance can be found on page 66.

Whilst the focus of this report is on remuneration, it is important to note that pay structure and arrangements are informed by the size and composition (including the skills, knowledge, experience, and diversity) of the Board as well as the performance of the individuals concerned. Information about the role of the nominations element of the committee is provided at the end of this report.

Under the terms of reference of the committee, voting executive members of the Trust Board at GOSH are defined as very senior managers. The committee is responsible for setting and keeping under review a remuneration policy in respect of senior managers. In determining the policy, the committee takes into account various factors such as wider workforce remuneration, our equality pay data, organisational reporting structures and performance. Against this background, the role of the committee is:

- To establish levels of remuneration which are sufficient to attract, retain and motivate directors of the quality and with the skills and experience required to lead the Trust. This involves reviewing the terms and conditions of office of our senior managers, including salary, pensions and allowances.
- Where necessary to consider appropriate termination and/or severance payments.
- To keep the executive leadership needs of the Trust under review to ensure the continued ability of the Trust to operate effectively. This includes considering succession planning and the broader skills and experience of Board members.

The committee meets routinely twice a year, with extraordinary meetings as required. During the year, advice was sought from the Director of HR and OD and Deputy Director of HR and OD who regularly attend the meeting.

Authority for the approval of changes to the contracts of employment of non-voting executive directors and other senior management has been delegated by the Nominations and Remuneration Committee to the Chief Executive and Director of Human Resources and Organisational Development, who both attend the committee and keep members informed of any changes to remuneration for these individuals.

Information on the work of the committee in relation to its nomination role can be found on page 65.

The Council of Governors' Nominations and Remuneration Committee considers and recommends the remuneration of the Trust's Chair and other non-executive directors for approval by the Council of Governors. Further information is provided below on page 81.

Annual statement on remuneration

For the financial year 2023/24 the Trust Board Nominations and Remuneration Committee made the following decisions related to senior managers' remuneration:

Senior Managers (voting executive members of the Trust Board):

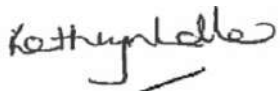
- Approved a 5% pay uplift in line with the Senior Salaries Review Body (SSRB) recommendation (as accepted by NHS England) for all Very Senior Managers from 1 April 2023.
- Approved discretion to utilise up to 0.5% of the VSM pay bill to address specific pay anomalies (see * below).
- Approved the Chief Executive Officer accepting an additional temporary interim accountable officer role at Whittington Health NHS Trust from 1 December 2023 until 31 March 2024 – there was no remuneration element to this role.
- Approved an increase in remuneration for the Chief Nurse to reflect a broader portfolio of work (from 1 April 2023).
- Approved the Chief Executive Officer undertaking some of the Chief Operating Officer (COO) functions for an interim period during the recruitment phase for a substantive COO there was no remuneration element to this role.
- The Chief Finance Officer also serves as a non- executive director at NHS Dorset Integrated Care Board and retains earnings from this role.

Non-voting directors and other senior management roles on Trust contracts (approval delegated to the Chief Executive and Director of HR and OD):

- Endorsed a 5% pay uplift in line with the Senior Salaries Review Body recommendation for all non-voting and other senior management roles from 1 April 2023.
- Endorsed the salary for the incoming Director for Research and Innovation.
- Endorsed an increase in salary for the Director of Communications to reflect a broader portfolio of work (from 1 April 2023).
- Endorsed an increase in salary for the Director of Transformation to reflect a broader portfolio of work following departure of the Chief Operating Officer and establishment of the interim structure outlined above (from 1 April 2024).

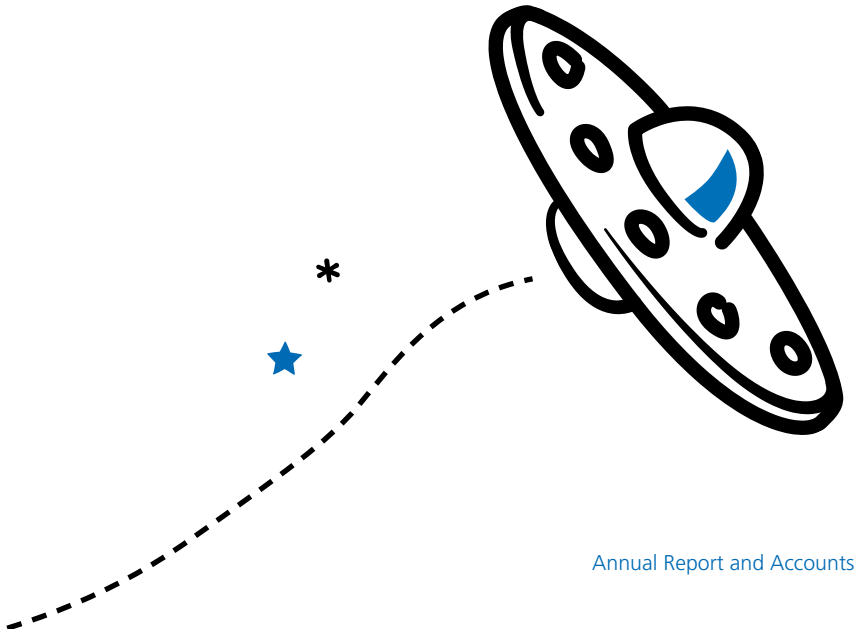
Details of remuneration, including the salaries and pension entitlements of senior managers at GOSH, are provided on pages 97–99. The context within which these approvals were agreed is explained below under the very senior manager remuneration section of this annual report. Details of expenses for directors can be found on page 117 and governors on page 84.

As Co-Chair of the Trust Board's Nominations and Remuneration Committee, I commend this report to you for the year 2023/24. I would like to thank the previous Co-Chair, Chris Kennedy, for his leadership of the committee and his support.



Kathryn Ludlow
Non-Executive Director
Co-Chair of the Trust Board's Nominations and Remuneration Committee (Remuneration)

04 July 2024



Remuneration role of the Committee

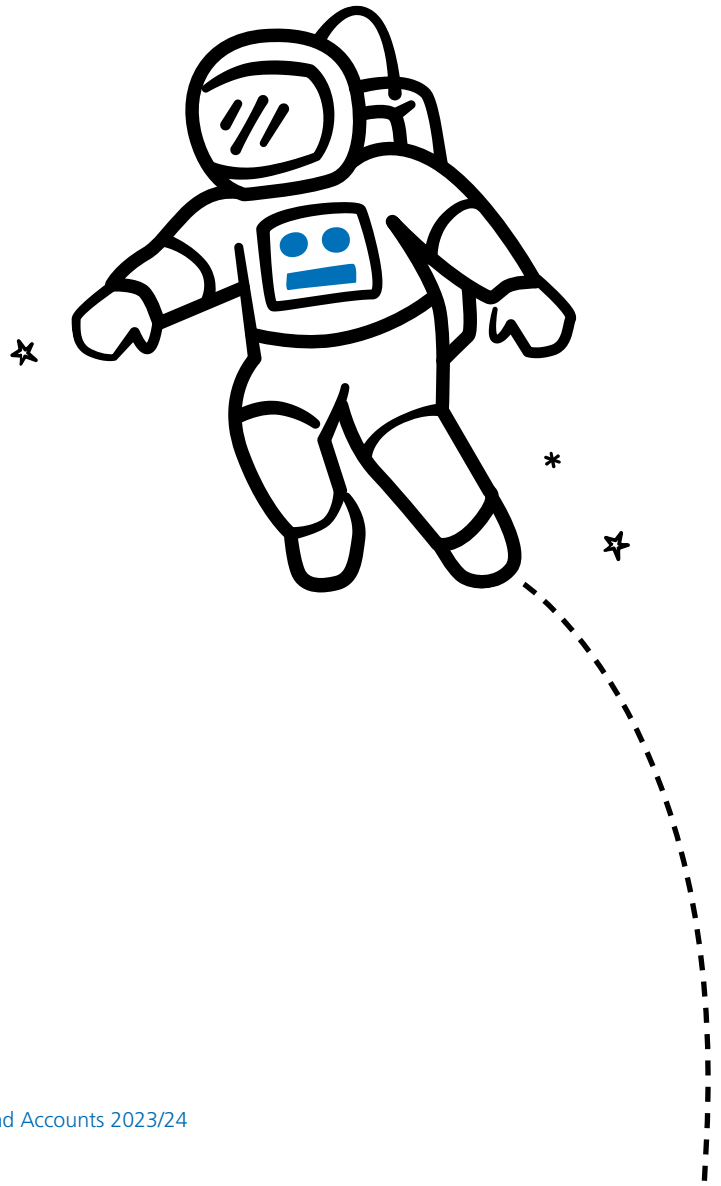
Senior manager remuneration policy

Remuneration acts as a legitimate and effective method to attract, recruit and retain high-performing individuals to lead the organisation. Our remuneration policy is designed to promote the long-term succession of the organisation while ensuring fair, equitable and justifiable pay structures that are in keeping with national guidance and reflective of the financial and economic climate across the health sector and the challenges we face. The Trust consults on senior manager pay policy with the Nominations and Remuneration Committee only.

During 2023/24, the Nominations and Remuneration Committee's deliberations were informed by:

- Benchmarking information from:
  - NHSE on senior manager remuneration.
  - Other comparable hospitals.
  - NHS Providers Remuneration Survey results.
- Any recommendations made on pay across the broader NHS. This included:
  - Changes applied under the Agenda for Change terms and conditions.
  - Recommendations made by the Review Body on Senior Salaries 2023 and accepted by NHS England.

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



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

How the component supports the strategic objective of the Trust	**How the component Operates** (including provisions for recovery of sums paid and how changes are made)	**Maximum potential value of the component**	**Description of the framework used to assess performance**
Salary and fees			
Set at an internationally competitive level to attract high-quality directors to a central London base. Benchmarked across other NHS trusts to deliver the Trust's strategic objectives.	Salaries are considered for review annually. Any changes are normally effective from 1 April. Such changes are proposed and made via the Board's Nominations and Remuneration Committee, chaired by a non-executive director. Outside of this cycle and in exceptional circumstances, changes to/new salaries are agreed by the Chair of the Nominations and Remuneration Committee and ratified by the committee at its next meeting. Any sums paid in error, malus, recovered due to breach of contract or to be withheld, are considered and agreed by the Nominations and Remuneration Committee and then followed up with the individual.	No prescribed maximum salary or maximum increase for senior managers. Changes to basic salary, following a benchmarking review against other NHS trusts and relevant international competitors (in line with NHSE guidance related to size of Trust), can be enacted as a percentage increase or a monetary increase. Application of annual pay uplifts is usually enacted as a percentage increase in line with the Senior Salaries Review Body (SSRB) recommendation (as accepted by NHS England). This helps to ensure parity across the Trust (senior managers are proportionally not treated more favourably than other staff).	The Trust performance and development review (PDR)/ annual appraisal sets objectives linked to GOSH's strategic objectives. Failure to meet objectives is managed via our performance framework.
Taxable benefits			
None			
Annual performance related bonuses			
Provides the flexibility and capability to reward high performers adequately for their outcomes. Helps to retain highly specialised senior managers and supports innovation.	No senior managers or non-voting directors and other senior management roles on Trust contracts received a performance bonus at GOSH in 2023/24. Where deemed applicable, the committee will review the application of performance-related pay (PRP) on appointment to a senior manager role. The decision to apply PRP will be subject to the measurability of the outputs in relation to delivery of the strategy. Any sums paid in error, malus, recovered due to breach of contract or to be withheld, are considered and agreed by the Nominations and Remuneration Committee and then followed up with the individual.	The committee will apply performance related bonuses as a maximum of 10% of total salary (excluding pension entitlements).	Trust annual appraisal process.
Long term related bonus			
Not applicable			

How the component supports the strategic objective of the Trust	How the component Operates (including provisions for recovery of sums paid and how changes are made)	Maximum potential value of the component	Description of the framework used to assess performance
Pension-related benefits (see below)			
Pension benefits (which may be opted out of) are part of the total remuneration of senior managers to attract high-calibre candidates to enable the Trust to meet its strategic objectives.	Pension is available as a benefit to senior managers and follows national NHS Pension Scheme contribution rules. In response to concerns regarding the impact of the pension tax situation, a Pension Contribution Alternative Award Policy is implemented at GOSH. This policy and its implementation are reviewed annually by the Committee as an alternative to the provision of NHS pension contributions for employees who are affected by a tax charge because of NHS Pension growth and have decided to opt out of the NHS Pension Scheme. If an employee opts out of the NHS scheme because they are being impacted by the annual or lifetime allowance, they will be paid an Alternative Shared Payment – at a rate of 10% of pensionable pay. After recent changes to the pension cap and lifetime allowance, the committee agreed to retain this policy for those employees where it is currently applied and review its applicability in 2024/25. Any sums paid in error, malus, recovered due to breach of contract or to be withheld, are considered and agreed by the Nominations and Remuneration Committee and then followed up with the individual.	Pension is available as a benefit to senior managers and follows national NHS Pension Scheme contribution rules. Pension entitlements are determined in accordance with the HMRC method. (See below for staff affected by the annual tax allowance threshold).	Not applicable.
Payment for loss of office			
Senior managers' contracts primarily stipulate a minimum notice period of six months and are determined by the Nominations and Remuneration Committee.	In the event of loss of office (e.g., through poor performance or misconduct), the Trust will apply the principles and policies set out in relevant employment policies (disciplinary and performance management policy) and any compensation for loss of office will be in line with the contract of employment. Any sums paid in error, malus, recovered due to breach of contract or to be withheld, are considered and agreed by the Nominations and Remuneration Committee and then followed up with the individual.	The Trust has the right to use its discretion compensation payments for loss of office. Any such payments above a contractual entitlement will be in line with appropriate guidance from NHSE. Payment in lieu of notice as a lump sum payment may be made with the approval of the Trust's Nominations and Remuneration Committee, in line with NHSE guidance.	Contract/ Trust annual appraisal process.

Senior managers with (total) remuneration greater than £150,000

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

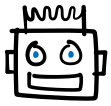
The Trust balances the market forces for recruiting top director talent with social responsibility in relation to executive pay. Remuneration is regularly benchmarked across peer UK NHS organisations.

Service contract obligations

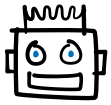
The Trust requires all senior managers to take continuing responsibility for their roles and requires executive directors to provide on-call cover for the hospital on a rostered basis, which broadly equates to one week in every six. On-call cover does not attract additional remuneration payments for senior managers.

Ensuring diversity and inclusion

The Diversity and Inclusion (D&I) Framework includes actions to take in response to inequalities in remuneration, for example in relation to gender, profession etc. Further information can be found on page 108. The Trust publishes an annual Diversity and Inclusion Report, which includes the Gender Pay Gap Report. A copy of the report can be found in our November 2023 Trust Board papers and information is also published by the Cabinet Office here:



Trust Board meetings | Great Ormond Street Hospital (gosh.nhs.uk)



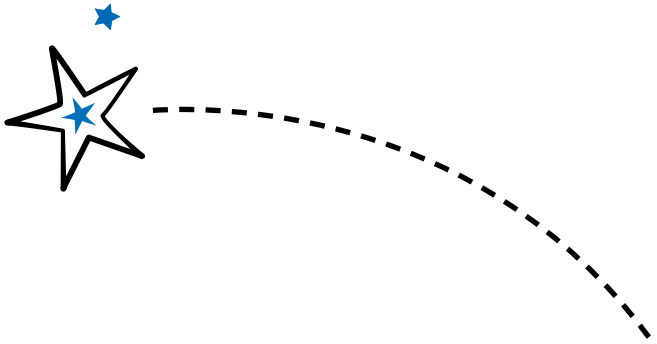
https://gender-pay-gap.service.gov.uk/

The data shows that, in common with most NHS trusts, GOSH continues to report a gender pay gap, which in March 2024 was 4.96% for median hourly pay. This represents a reduction compared to our gender pay gap of 11.5% in 2021. Work to continue to address the gender pay gap is included in the commitments of the D&I Framework Seen and Heard. The Framework also reflects and responds to the breadth of diversity at GOSH, including – gender/sex, ethnicity, disability, age, LGBTQ+ and intersectionality.

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

All new Agenda for Change roles are externally banded to ensure consistency across pay roles. This national pay system covers all roles at GOSH except those detailed below:

- Trust contracts for senior managers and those in other senior roles.
- National Junior Doctors' contracts.
- National Consultants' contracts.
- Clinical Excellence Awards.
- Consistent application of national policy where applicable.



Nomination role of the Committee

The Chair of the Trust Board is Co-Chair of the Nominations and Remuneration Committee (Nominations). During the year, the committee considered and endorsed the recruitment process and appointment of the Director of Research and Innovation. Odgers Berndtson administered the recruitment process.

The committee reviewed and recommended the request for the GOSH Chief Executive to provide interim Accountable Officer support at Whittington Health NHS Trust for 3 months. During this short-term appointment, the Committee recommended the Chief Medical Officer as Interim Deputy Chief Executive Officer.

Chair and Non-Executive Directors' Nominations and Remuneration

The Council of Governors' Nominations and Remuneration Committee is responsible for recommending remuneration levels for non-executive directors for approval by the Council of Governors.

Chair and Non-Executive Directors' Remuneration matters in 2023/24

The GOSH Chair and non-executive director remuneration is set in line with remuneration guidance issued by NHS England (NHSE). The Council of Governors has agreed that salaries of the chair and non-executive directors will be considered every three years.

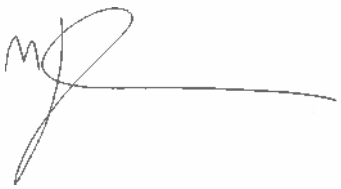
A review took place in November 2023. The Council of Governors approved the Trust chair's remuneration increase from £50,000 to £55,000 per annum. This decision was based on the Trust being in the 'Extra Large' trust size bracket (for trusts with an annual turnover of £501m-£750m), in line with NHSE's guidance, and in the context of system working and the significant role for the new Chair in engaging across the Integrated Care System (ICS).

Non-executive directors' remuneration was considered at this time, but as current remuneration remains consistent with the NHSE guidance, it was agreed there would be no change to Non-Executive Director remuneration in 2023/24. No cost-of-living pay increase was awarded in 2023/24 for the chair or non-executive directors.

The table below shows the salaries of the chair and non-executive directors for 2023/24.

Role	**2023/24** (Application of NHSE guidance for a large trust £401m-£500m turnover)
Chair	£55K
Deputy chair	£15K*
Senior independent director	£15K*
Other non-executive directors	£13K
Associate non-executive directors	£6.5K

*One non-executive director holds the roles of Deputy Chair and Senior Independent Director and receives one salary of £15k for this.



Mr Matthew Shaw
Chief Executive

04 July 2024

Salary entitlements of senior managers 2023/24 *

Name	Title	Salary and fees (in bands of £5,000)	Taxable Benefits (to the nearest £100)	Annual performance-related Bonuses (in bands of £5,000)	Long-term performance-related Bonuses (in bands of £5,000)	Pension related Benefits (in bands of £2,500)	Total (in bands of £5,000)
Non-executive directors 2023/24 (£000)							
Ellen Schroder	Trust Chair (from 01/11/23) Associate Non-Executive Director (25/09/23–31/10/23)	20-25	0	0	0	0	20-25
Michael Rake	Trust Chair (until 31/10/2023)	25-30	0	0	0	0	25-30
Helen Cross	Non-Executive Director (from 01 March 2024)	0-5	0	0	0	0	0-5
Gautam Dalal	Non-Executive Director (from 1/07/2022)	10-15	0	0	0	0	10-15
Amanda Ellingworth	Non-Executive Director	10-15	0	0	0	0	10-15
Suzanne Ellis	Non-Executive Director (from 1/10/2022)	10-15	0	0	0	0	10-15
Chris Kennedy	Non-Executive Director	10-15	0	0	0	0	10-15
Kathryn Ludlow	Non-Executive Director	10-15	0	0	0	0	10-15
Russell Viner	Non-Executive Director (until 01 February 2024)	10-15	0	0	0	0	10-15
Executive directors 2023/24 (£000)							
Caroline Anderson	Director of HR&OD	145-150	0	0	0	0	140-145
John Beswick	Chief Finance Officer (from 14/11/2022)	205-210	0	0	0	0	205-210
Tracy Luckett	Chief Nurse	145-150	0	0	0	12.5-15	160-165
John Quinn	Chief Operating Officer	155-160	0	0	0	0	155-160
Sanjiv Sharma**	Chief Medical Officer	225-230	0	0	0	0	225-230
Matthew Shaw	Chief Executive	265-270	0	0	0	0	265-270

*Data is provided by the NHS Pensions Agency and reflects individual circumstances.
NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in 2015. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement.

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

Salary entitlements of senior managers 2022/23*

Name	Title	Salary and fees (in bands of £5,000)	Taxable Benefits (to the nearest £100)	Annual performance -related Bonuses (in bands of £5,000)	Long-term performance-related Bonuses (in bands of £5,000)	Pension related Benefits (in bands of £2,500)	Total (in bands of £5,000)
Non-executive directors 2022/23 (£000)							
Michael Rake	Trust Chair	50–55	0	0	0	0	50–55
Gautam Dalal	Non-Executive Director (from 1/07/2022)	10–15	0	0	0	0	10–15
Amanda Ellingworth	Non-Executive Director	10–15	0	0	0	0	10–15
Suzanne Ellis	Non-Executive Director (from 1/10/2022)	5–10	0	0	0	0	5–10
James Hatchley	Non-Executive Director (until 30/09/2022)	5–10	0	0	0	0	5–10
Chris Kennedy	Non-Executive Director	10–15	0	0	0	0	10–15
Kathryn Ludlow	Non-Executive Director	10–15	0	0	0	0	10–15
Akhter Mateen	Non-Executive Director (until 30/06/2022)	0–5	0	0	0	0	0–5
Russell Viner	Non-Executive Director	10–15	0	0	0	0	10–15
Executive directors 2022/23 (£000)							
Caroline Anderson	Director of HR&OD	140–145	0	0	0	0	140–145
Helen Jameson	Chief Finance Officer (until 17/07/2022)	45–50	0	0	0	32.5–35	75–80
Margaret Ashworth	Interim Chief Finance Officer (18/07/2022 and 13/11/2022)	85–90	0	0	0	0	85–90
John Beswick	Chief Finance Officer (from 14/11/2022)	70–75	0	0	0	0	70–75
Tracy Luckett	Chief Nurse	135–140	0	0	0	77.5–80	215–220
John Quinn	Chief Operating Officer	150–155	0	0	0	37.5–40	190–195
Professor Sanjiv Sharma**	Medical Director	215–220	0	0	0	35–37.5	250–255
Matthew Shaw	Chief Executive	250–255	0	0	0	0	250–255

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

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

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

Pension entitlements of senior managers 2023/24

Name and title	Real increase in pension at pension age (in bands of £2,500)	Real increase in pension lump sum at pension age (in bands of £2,500)	Total accrued pension at pension age at 31 March 2023 (in bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2023 (in bands of £5,000)	Cash equivalent transfer value at 1 April 2022	Real increase/ decrease in cash equivalent transfer value**	Cash equivalent transfer value at 31 March 2023
Executive Directors 2022/23 (000)							
Tracy Luckett Chief Nurse	0-2.5	0	65-70	190-195	1,421	169	1,734
John Quinn Chief Operating Officer	0	35-37.5	55-60	155-160	1,166	158	1,442
Sanjiv Sharma Chief Medical Officer	0	30-32.5	35-40	100-105	633	147	877

Pension entitlements of senior managers 2022/23*

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

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

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

Fair Pay Disclosures

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

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

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

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

The calculations are based on the full-time equivalent Trust and agency staff for the year ended 31 March 2024 on an annualised basis.

The banded remuneration (salary) of the highest paid director in Great Ormond Street Hospital for Children NHS Foundation Trust in the financial year 2023/24 was £265,000-£270,000 (2022/23, £250,000-£255,000). The relationship to the remuneration (salary) of the organisation's workforce is disclosed in the below table.

	2023/24		
	25th percentile ratio	Median pay ratio	75th percentile ratio
Band of the highest paid director's total remuneration (£000)	265-270	265-270	265-270
Median total remuneration	34,214	47,246	60,105
Ratio	7.8	5.7	4.4

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

Statement on the Better Payment Practice Code

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

The Trust maintained its Better Payment Practice Code performance for non-NHS creditor payments and achieved payment within 30 days of 84% of non-NHS invoices measured in terms of number (82% in 2022/23) and 90% by value (92% in 2022/23).

Better payment practice code 2023/24	Number	£000
Non-NHS		
Total bills paid in the year	77,151	387,348
Total bills paid within target	64,987	350,333
Percentage of bills paid within target	84%	90%
NHS		
Total bills paid in the year	2,325	36,552
Total bills paid within target	1,235	25,811
Percentage of bills paid within target	53%	71%
Total		
Total bills paid in the year	79,476	423,900
Total bills paid within target	66,222	376,143
Percentage of bills paid within target	83%	89%

Income from the provision of goods and services

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

Staff report

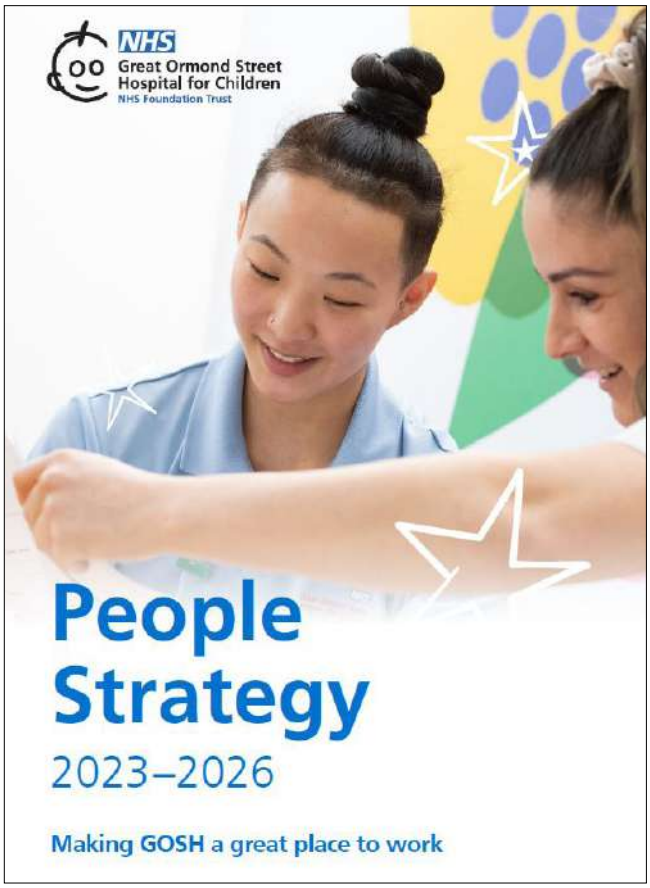
Our staff are the head, heart, hands and face of GOSH. They make us who we are and allow us to do extraordinary things. We value and respect them individually and collectively for who they are as well as what they do.

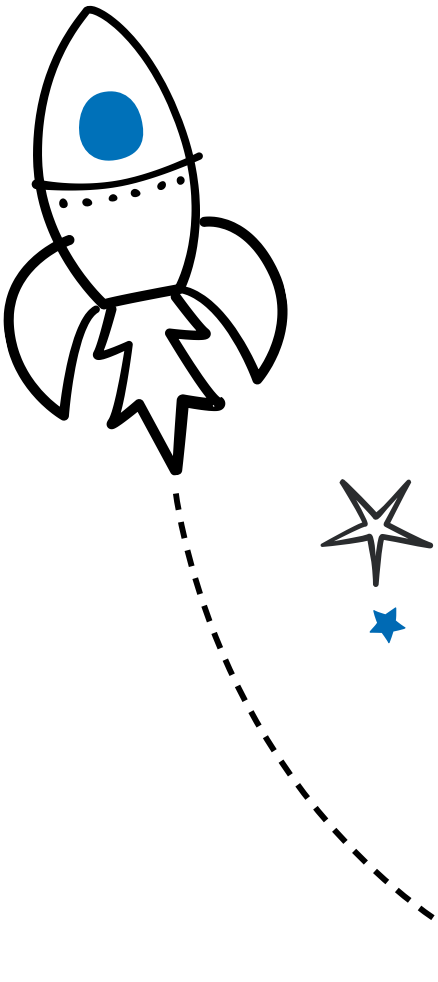
As a Trust we are committed to ensuring all our staff are well led and well managed, but also supported, developed and empowered to be and do their best. Over the last few years, we have seen our staff come together to support patients, families and each other in extraordinary times, and this report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

Our People Strategy

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

We also need to tailor our approach to our workforce. We have a very young workforce, often at the earlier stages of their career. The importance of flexible working and a better life balance seems heightened, and we need to consider how we can operate fairly with a workforce with different perspectives. We remain a community that can only be successful through effective teamwork. The children and young people we see are complex and require support from multiple specialties. This means people can't work in isolation and we need to continually challenge ourselves to work better across teams with the child at the centre. We also acknowledge we are a hierarchical organisation. This should not impede our staff's ability to speak up and be heard, and leaders have a responsibility to their teams not just the organisation.



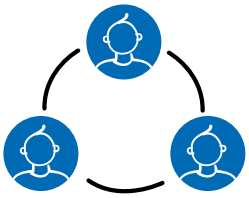


It is on this basis that we refreshed our People Strategy in 2023 to provide both a response to our ongoing challenges around recruitment, retention, leadership, performance and engagement, as well as the development of corporate infrastructure and skills to deliver our priorities and build a sustainable and resilient organisation for the future. In response to the national and local context in which we must now operate, the People Strategy has been built around four key themes with the following plans in place:

Culture and engagement - Create a new Culture and Engagement framework and deliver and embed the Safety Culture programme.

Review, consolidate and relaunch our well-being offer for staff to support them.

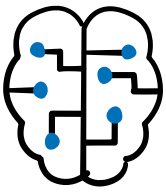
Undertake a Trust wide process to review our Values and behavioural frameworks to more accurately reflect the organisation we aspire to be and the culture we want to create.



Building a sustainable workforce - Develop an overarching recruitment and resourcing strategy and debias oure recruitment policies.

Build and maintain a strategic workforce planning model.

Implement the Nursing Strategy and the Modernising the Clinical Workforce Perogramme.

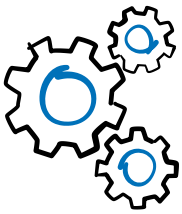


Developing skills and capability - Provide a learning and development framework that is accessible for all staff across all roles and disciplines.

Develop career pathways for all roles linked to learning opportunities and apprenticeships.

Embed leadership behaviours into appraisal and talent processes.

Develop a programme of development to increase capability and confidence for service redesign, change management, digital technology, and project management.



Processes systems and infrastructure - Upgrade our HR and staff deployment systems to ensure that we are supporting managers and staff effectively and embed robust analytics to identify areas for improvement.

Replace and upgrade our office administration software to provide improved functionality, support collaborative working and communication tools.

Implement a flexible and hybrid working programme to included principles and toolsets to support team decision making.

Our staff

In 2023/24, the Trust employed an average of 5,461.5 full time equivalent (FTE) staff.

On 31 March 2024 the Trust had a headcount of 6,072 substantively employed staff. This represented an increase of 290 staff (4.7%) on the previous year. Although the change in total numbers was small, we welcomed more than 1,200 new starters during the year, while saying goodbye to a similar number.

On 31 March 2024, the gender mix of GOSH directors, senior managers and staff was:

Staff group	Female				Male			
	2023/24		2022/23		2023/24		2022/23	
Director	9	56%	36%	5	7	44%	64%	9
Senior manager	12	52%	50%	12	11	48%	50%	12
Staff	4,684	76%	75%	4,332	1,497	24%	25%	1,412

Analysis of staff costs

The table below provides analysis of the cost of staff for the year 2023/24:

Employee costs

Employee costs	Year to 31 March 2024			Year to 31 March 2023
	Permanently employed total	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	307,807	12,070	319,877	304,067
Social security costs	35,145	-	35,145	32,549
Apprenticeship levy	1,528	-	1,528	1,377
Employer's contributions to NHS pension scheme	49,991	-	49,991	47,858
Pension cost - other	46	-	46	39
Termination benefits	-	-	-	35
Temporary staff	-	5,111	5,111	4,062
TOTAL GROSS STAFF COSTS	**394,517**	**17,181**	**411,698**	**389,987**
Recoveries in respect of seconded staff	(4,099)	-	(4,099)	(2,733)
TOTAL STAFF COSTS	**390,418**	**17,181**	**407,599**	**387,254**
Of which:				
Costs capitalised as part of assets	2,402	-	2,402	1,535

Average number of people employed*			Year to 31 March 2024	Year to 31 March 2023
	Permanent Number	Other Number	Total Number	Total Number
Medical and dental	770	20	790	787
Administration and estates	1,806	42	1,848	1,776
Healthcare assistants and other support staff	309	-	309	307
Nursing, midwifery and health visiting staff	1,621	3	1,624	1,617
Scientific, therapeutic and technical staff	1,024	66	1,090	1,085
Other	17	-	17	-
Total average numbers	**5,547**	**131**	**5,678**	**5,590**
Of which:				
Number of employees (WTE) engaged on capital projects	**31**	**-**	**31**	**18**

Reporting of compensation schemes - exit packages 2023/24

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Pension Scheme. Exit costs in this note are the full costs of departures agreed in the year. Where the Foundation Trust has agreed early retirements, the additional costs are met by the Foundation Trust and not by the NHS Pensions Scheme.

Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

This disclosure reports the number and value of exit packages agreed in the year.

Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Feedback

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	14	14
£25,001 - 50,000	-	2	2
Total number of exit packages by type	**-**	16	16
Total cost (£)	**£0**	**£135,000**	**£135,000**

Reporting of compensation schemes - exit packages 2022/23

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	9	9
£10,000 - £25,000	-	2	2
£25,001 - 50,000	-	1	1
Total number of exit packages by type	**-**	**12**	**12**
Total resource cost (£)	**£0**	**£107,000**	**£107,000**

Exit packages: other (non-compulsory) departure payments

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 7.4 which will be the number of individuals.

* any non-contractual payments in lieu of notice are disclosed under "non-contractual payments requiring HMT approval" below

The Remuneration Report includes disclosure of exit payments payable to individuals named in that Report.

	2023/24		2022/23	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Contractual payments in lieu of notice*	14	125	11	72
Exit payments following Employment Tribunals or court orders	2	10	-	-
Non-contractual payments requiring HMT approval	-	-	1	35
Total	**16**	**135**	**12**	**107**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Freedom to Speak Up at GOSH

The Freedom to Speak Up Guardian (FTSUG) provides staff with confidential and impartial support to speak up about any concerns with patient care and safety, or anything that impacts their working life. GOSH currently has one full time FTSUG, Kiera Parkes, who works closely with colleagues and leaders to help raise concerns, gain assurance that issues have been heard, and proactively identify themes and learning. Kathryn Ludlow is the Non-Executive Lead for Speaking Up at the Trust.

Staff can speak up in many ways, and where possible are encouraged to raise issues with their line managers as our aim is for speaking up and listening to be business as usual.

Over the year we have continued to engage with staff in different parts of the organisation, delivering awareness and teaching sessions, including to the Trust Board, and trialling 'drop-in sessions' in different areas. We are now able to arrange meetings in the staff wellbeing hub 'The Hive'.

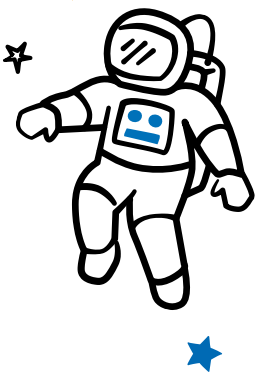
We have seen a small increase in the number of contacts to the FTSUG this year compared to 2022/23.

When staff speak up to the FTSUG, we identify and report on the common themes that are being highlighted by people speaking up. This is in line with the National Guardian's Office reporting guidance. There is often more than one theme being raised and the graph shows the number of cases that have an element of each theme.

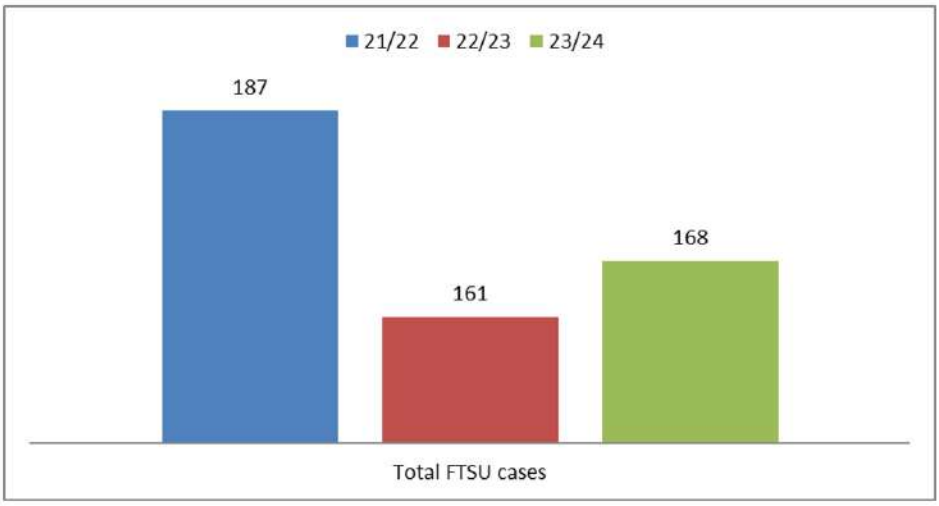
The most raised themes related to staff safety/ wellbeing, patient safety/ quality of care and inappropriate behaviours (for example incivility).

Staff from all professional groups other than students spoke up this year, with 23% coming from nurses, 20% from administrative and clerical staff, 14% from medical colleagues and 11% from AHPs.

The Freedom to Speak Up Guardian is available to listen to any concerns or issues staff are worried about.

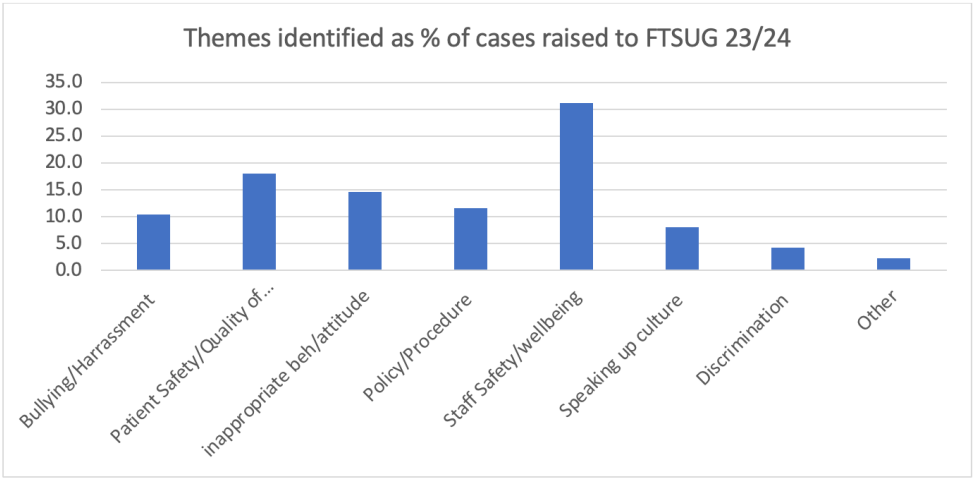


We aim to ask everyone who uses the service for feedback so we can improve the support we provide. This year we changed the



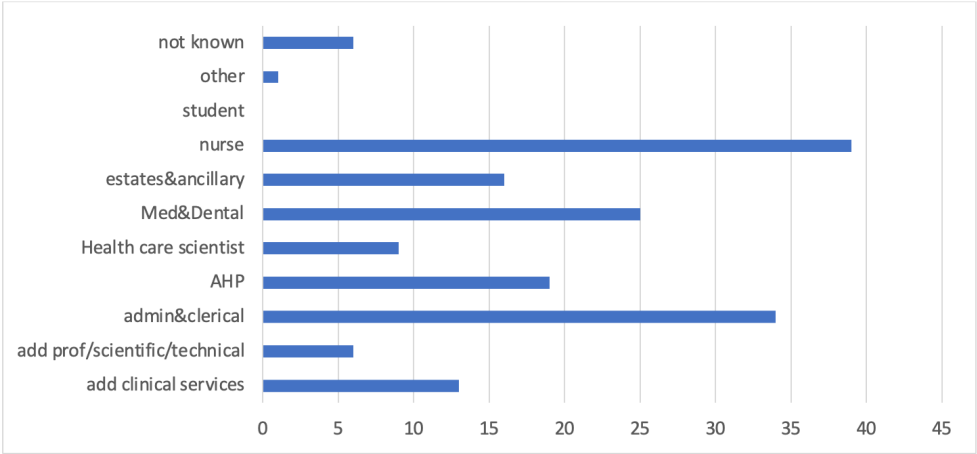
feedback questions to help further understand not only the staff member's experience of working with the Guardian, but also their experience of speaking up at the Trust more widely.

All staff who responded found working with the FTSUG a positive experience, and the majority of staff (86%) who answered the



question 'would you speak up again' said yes.

This year the Trust updated the 'Raising Concerns' policy with a 'Freedom to Speak Up Policy' in line with the standards set by NHS England and The National Guardian Office, which provide clear guidance on the routes available for staff wanting to speak up, and what staff can expect from the organisation when they do.



The FTSU service requests demographic data from staff who use the service so we can see who is using and who may face barriers to accessing it or speaking up. We will continuously review how this data is requested to improve response rates.

Sickness absence

Sickness absence rates in 2023/24 remained higher than the long-term average for the Trust, although we did see a reduction on the previous year, with average sickness absence rate of 3.4% (compared to 3.7% for 2022/23). At GOSH "Cough/Cold and Flu" was the most common reason for absence (17.3%), followed by Anxiety/Stress & Depression (11.5% of absences). In 2023/24, "anxiety/stress/

depression/other psychiatric" was the most common reason for sickness absence across the NHS. However, the rate of sickness absence for this reason at GOSH was lower than the wider NHS.

Absence data is published by NHS Digital at:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Our Achievements against our delivery plan (for Mind, Body & Spirit)

We currently have 42 Wellbeing Champions, representing areas across the Trust in clinical, non-clinical and support services. Training took place in 2023 around the role of a wellbeing champion and how to support and signpost staff to services. During 2024 there will be a range of support for the champions, including reflective supervision sessions and networking events.

In September 2023 our new staff support space, the HIVE, was launched and has been accessed by almost 200 members of staff, see page 40. We monitor the demographics of staff who have accessed the HIVE and found that administrative staff are the users, and our Apprentice team are the most accessed service.

The Trust has a Health and Wellbeing Hub, which acts as a point of wellbeing support and signpost to other service providers. As the Health and Wellbeing Hub is an online service, physical events, such as our four-times-a-year wellbeing pop-ups, are essential to bring together our staff with service providers such as Citizens Advice, Care First, Pensions and payroll, Credit Union, staff networks, trade unions, GOSH Arts, Speak Up Guardians, Career advice, the Sustainability team and occupational health. The Hub receives 30 – 40 contacts per month and this remained mostly steady across the year.

We run menopause cafes every 6 – 8 weeks throughout the year, in conjunction with Unison, and we see 10 – 20 attendees at each café. During 2023 we hosted an event with a high-profile speaker on menopause, an event with a menopause specialist and one hosted by a dietician. We grew our GOSH Menopause community, Menopals, to over 100 people during 2023/24.

We continued to support staff experiencing financial difficulties, especially those finding it difficult to manage the sudden changes in cost of living and energy prices. The first Hardship Fund (provided by the GOSH Children's Charity) was created in 2022 to short-term financial relief until their next salary. Between August 2022 and September 2023, we supported 198 applications, 54 more than in 2021/22, and paid a total of £48,750.48.

Over winter 2023/24 we developed a winter wellbeing toolkit for staff, mangers and Wellbeing Champions and promoted it and engaged with staff around it through face-to-face events. This complements our general wellbeing toolkit and focuses on keeping well through winter with an emphasis on financial wellbeing.

In conjunction with external wellbeing specialists, we developed a resilience programme, *Thriving not Just Surviving During Challenging Times,* for our staff. The Wellbeing team have delivered three sessions to 23 staff since the programme started in September 2023. The programme will continue across 2024.

The Love to Ride cycling initiative promotes positive wellbeing through active travel – to and from work, to the shops, or for leisure around town. There are three challenge months (May, September and December) which aim to boost staff participation in cycling activities. 178 employees participated (3.0%) during 2023. In 2024 new Love to Ride apps are being released which will improve accessibility to this social network. Our aspiration is to achieve 5% participation (300 staff).

Staff turnover

Staff turnover is monitored monthly, with rates reported to the Trust Board at a directorate level, and local data is available for directorates to review. The Trust has a target of 14% voluntary turnover. Throughout 2023/24 turnover steadily reduced and in March 2024 the reported rate was 10.9% - the lowest rate since March 2021. Monthly turnover rates are published by NHS Digital and are available here: **https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics**

Equality, diversity and inclusion

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

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

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

The framework, which will be refreshed and republished in Spring 2024, outlines a series of performance measures based on staff experience (collected through the annual staff survey). It also includes performance against statutory required measures, such as gender pay gap reporting, the NHS Workforce Race Equality Standard (WRES) and the NHS Workforce Disability Equality Standard (WDES).

In November 2023 the Trust Board received a report on the key findings of these returns, the immediate action taken, and action planned for the future. These metrics are monitored by the Trust-wide Diversity and Inclusion Steering Group and outlined below:

Measure	Source	Baseline (Sept 2020)	Year 1 (Nov 2021)	Year 2 (Nov 2022)	Year 3 (Nov 2023)
A more diverse and representative workforce.	Workforce demographics – proportion of workforce from BAME background	29%	31%	35%	37%
Greater diversity at Board and senior leadership levels.	NHS Workforce Race Equality Standard (WRES) Indicator 9 – BAME representation at Board Level, compared with overall workforce	8% lower	12% lower	7% lower	14% lower
Improvement in recruitment outcomes for BAME applicants.	WRES Indicator 2 - relative likelihood of white applicants being appointed compared with BAME applicants	2.25 times more likely	2.09 times more likely	2.05 times for likely	1.82 times more likely
Improvement in recruitment outcomes for disabled applicants	Workforce Disability Equality Standard Indicator 2 - relative likelihood of non-disabled applicants being appointed compared with disabled applicants	1.3 times more likely	1.1 times more likely	1.1 times more likely	1.3 times more likely
Improvement in "Equality and Diversity" staff survey theme.	NHS staff survey – Equality and Diversity theme score (out of 10)	8.9	8.1	8.0	6.7
Improvement in demographic pay gap.	Gender pay reporting / GOSH pay data – mean gender pay gap	17%	15.4%	11.5%	11.3%
More internal applicants being promoted to roles at GOSH.	Recruitment data – proportions of appointees who were internal applicants	40%	35%	51%	34%
Increased access to training and development opportunities.	WRES indicator 4 – relative likelihood of white staff accessing discretionary training compared with BAME staff	1.18 times more likely	1.21 times more likely	1.28 times more likely	1.28
Improvement in staff feeling GOSH acts fairly regarding career progression.	NHS staff survey – proportion of staff agreeing GOSH acts fairly with regard to career progression	50%	49%	51%	52%
Advocacy score	NHS staff survey – proportion of staff recommending GOSH as a place to work	67%	71%	66%	71%
Reduction of entering formal HR processes	WRES indicator 3 – relative likelihood of BAME staff entering formal HR processes (e.g. disciplinary, capability)	2.74 times more likely	2.87 times more likely	2.09 times more likely	2.07 times more likely
Improved staff declaration rates against protected characteristics.	HR data – proportion of staff who opted not to disclose at least one protected characteristic.	34%	32%	31%	19%

During 2023/24 we saw progress in almost all of the metrics. The proportion of our staff from BAME backgrounds has increased each year and is 8% higher than in 2019. Further progress needs to be made for our board to reflect the diversity of our staff.

Improvement in the recruitment and development opportunities of BAME staff and applicants has seen positive change, as has our gender pay gap. There is work still to do as the likelihood of disabled staff being recruited has fallen slightly, and staff sharing with the organisation that they have a disability still lags behind actual figures. The low declaration rates and small numbers also mean the figures are not completely representative.

The proportion of staff recommending GOSH as a place to work has also continued to rise each year, with this year's score of 71% equalling our score from 2022 and placing GOSH in the highest percentile for that question.

Disability

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

We continue to work with members of the Trust's ENABLED (Enhancing Abilities and Leveraging Disabilities) staff network to develop a culture that empowers staff and strengthens the visibility and voice of staff with a long-term health condition. While we are pleased to see the increase in staff declaring a disability (currently 5%, up from 2% a few years ago), we recognise there is still more to do, and declaration rates will continue to be a focus in the next year.

Staff survey

The NHS staff survey is conducted annually. Since 2021/22 the survey questions align to the seven elements of the NHS 'People Promise' and retain the two previous themes of engagement and morale. These replaced the 10 indicator themes used in 2020/21 and earlier years. All indicators are based on a score out of 10 for specific questions, with the indicator score being the average of those.

The response rate to the 2023/24 survey among Trust staff was 54% (2022/23: 42.9 %).

Scores for each indicator, together with that of the survey benchmarking group (acute specialist trusts), are presented below.

Indicators ('People Promise' elements and themes)	**2023/24**		**2022/23**		**2021/22**	
	Trust score	**Benchmarking group score**	**Trust score**	**Benchmarking group score**	**Trust score**	**Benchmarking group score**
People Promise:						
We are compassionate and inclusive	7.4	7.6	7.3	7.5	7.4	7.5
We are recognised and rewarded	5.9	6.1	5.7	6.1	6.0	6.1
We each have a voice that counts	6.8	6.9	6.7	7.0	6.9	7.0
We are safe and healthy	n/a*	n/a*	6.0	6.2	6.2	6.2
We are always learning	7.5	5.8	5.5	5.6	5.6	5.6
We work flexibly	6.1	6.4	6.0	6.3	6.3	6.3
We are a team	6.8	6.9	6.7	6.9	6.8	6.8
Staff engagement	7.2	7.3	7.1	7.3	7.3	7.3
Morale	5.9	6.1	5.7	6.0	6.0	6.0

* 2023 results for 'We are safe and healthy' have not been reported due to a national issue with the data.

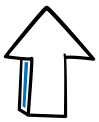
2020/21

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

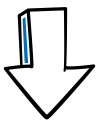
Staff Survey Themes	**2020/21**	
	Trust score	**Benchmarking group score**
Equality, diversity and inclusion	8.9	9.2
Health and wellbeing	6.4	6.5
Immediate managers	7.1	7.1
Morale	6.2	6.4
Quality of care	7.7	7.9
Safe environment – bullying and harassment	8.2	8.4
Safe environment – violence	9.8	9.8
Safety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

From our results we have been able to identify the five most improved and worsening areas and these are:

Question	2022	2023	Change
I would recommend my organisation as a place to work. (Agree/Strongly agree)	66.2%	70.8%	4.6%
I will probably look for a job at a new organisation in the next 12 months (strongly disagree/disagree)	45.4%	50.0%	4.5%
I am able to access the right learning and development opportunities when I need to. (Agree/Strongly agree)	57.8%	62.3%	4.5%
On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours? (0 hours)	30.8%	35.2%	4.4%
Has your employer made reasonable adjustment(s) to enable you to carry out your work? (yes)	68.3%	72.5%	4.2%



Question	2022	2023	Change
The last time you experienced physical violence at work, did you or a colleague report it? (no)	37.6%	45.4%	7.8%
I would feel secure raising concerns about unsafe clinical practice. (Agree/Strongly agree)	73.9%	71.3%	-2.6%
I am confident that my organisation would address my concern (about unsafe clinical practice) (Agree/Strongly agree)	58.5%	56.6%	-1.9%
In the last month have you seen any errors, near misses or incidents that could have hurt staff and/or patients/service users? (one or more times)	36.0%	37.8%	1.8%
We are given feedback about changes made in response to reported errors, near misses and incidents. (Strongly disagree/disagree)	15.2%	16.9%	1.7%



Key priority areas and future targets

2024 will see a continuation and consolidation of many of the 2023 themes. Significant changes will not always be seen in a single staff survey cycle. The 2023 themes and the projects that have underpinned them have yielded results as evident from this year's staff survey results. The People Strategy work programme aligns with these themes and results and is as follows:

- Improving our staff wellbeing offer
- Building an organisation that is equitable, diverse and inclusive
- Reward and Recognition
- Career progression
- Culture, values and behaviours
- These actions will be supplemented and complemented by local actions relevant to local teams' survey results.

Reward and Recognition

Celebrating and recognising our staff and the amazing work they do to support our patients is a key part of our People Strategy. Throughout 2023 we continued to develop our staff recognition programme – by relaunching the monthly GEMS (GOSH Exceptional Member of Staff) awards and holding two long service celebrations where we said a big "thank you" to 134 staff with a combined total of more than 2,235 years' service at GOSH. With the support of GOSH Charity we also held our inaugural annual awards ceremony in September 2023, where we presented awards to winners across 10 categories. Alongside these formal, Trust-wide recognition schemes, our informal peer-to-peer recognition platform "Praise" has gone from strength to strength, with over 4,000 Praise submissions shared over the year. See page 41 for some of our staff who received awards.

Trade union facility time

- The year 2023/24 saw a particularly complex and challenging industrial relations environment across the NHS, dominated by unprecedented strike action – with a wide range of Trade Unions securing mandates for action as a result of disputes with the government over pay and conditions. Throughout this period, the Trust maintained a position that it respects the right of staff to participate in lawful industrial action, and we worked closely with Trade Union colleagues to facilitate staff exercising that right safely and appropriately. The Trust has a formal recognition agreement which covers 13 trade unions, representing the full range of staff groups and professions at GOSH. The representatives spent an average of 7.5% of their work time on union activities (162.5 hours per month in total). The total cost of union activities was less than 1% of the total pay bill for the year.

Engaging and listening to staff

We have introduced more channels to ensure we are listening to and engaging with our staff, including strengthening our communications with senior leaders and introducing more digital content with regular vlogs. We have also moved to a new mailing platform that provides access to better metrics to help us continually improve communications with staff. We have continued our regular engagement through all staff briefings with the executive team, including a Christmas special with a celebrity host, and have introduced a new Employee Value Proposition to enhance recruitment and retention.

GOSH Learning Academy (GLA)

As a key planet within GOSH's *Above and Beyond Strategy* we are continuing to make significant progress in achieving our overall aim of providing outstanding paediatric healthcare education, training, and development that drives improvements in paediatric care across the world.

Staff education and training influences every stage of the patient journey. Whether it's the communication skills of the medical secretary planning a patient's stay, the multi-professional team caring for patients on the ward, the leadership skills of our corporate and operational teams, or the administrator planning their transport home – each member of staff needs up-to-date knowledge, skills, and capabilities to deliver services with exceptional care. Our offer includes simulation-based training, clinical skills, medical education, leadership development, apprenticeships, and undergraduate and postgraduate academic courses.

We are committed to ensuring fair, open-and consistent access to education for all, and welcome learners from all communities. As an education provider, we are dedicated to fostering a culture where learners and educators feel valued and respected.

Further information on the GLA achievements throughout the year can be found on page 45.

Learning and development

We welcomed and successfully inducting 1,044 new staff into the organisation in 2023/24, providing them with a robust induction and opportunities for further development to enhance their careers at GOSH. Our overall statutory and mandatory training compliance was maintained at 94% in 2023/24.

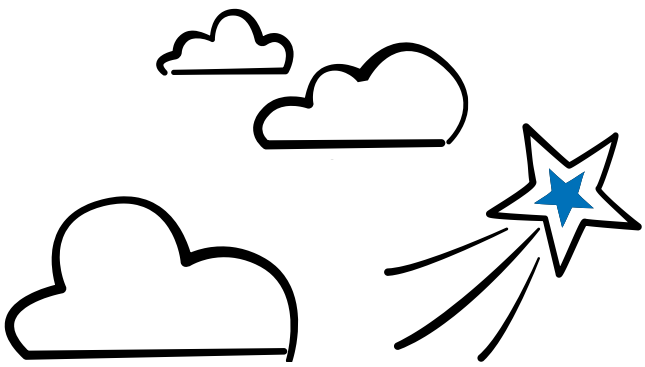
Investing in our people, we successfully launched the Mary Seacole Leadership Development Programme, in partnership with the NHS Leadership Academy, to support our new managers in GOSH and the wider healthcare system.

Our apprenticeship offer continues to go from strength to strength, with nearly 300 staff currently on the programme, representing over 5% of our workforce.

Clinical Professional & Medical Education

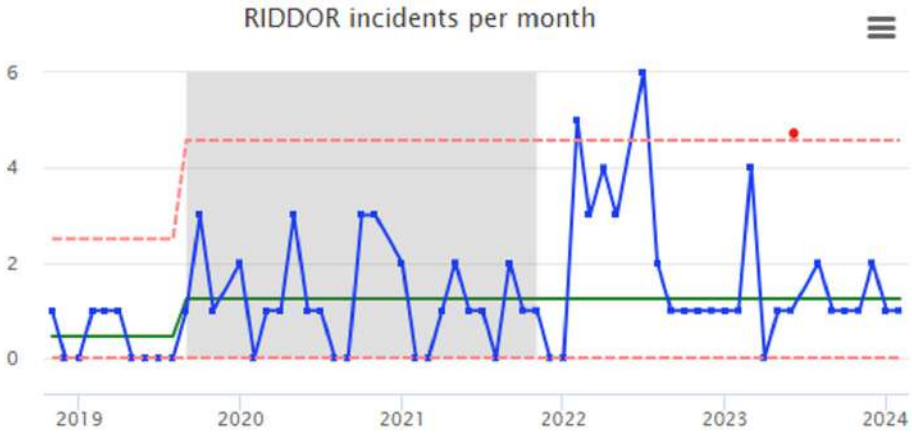
Supporting our workforce of the future, we are proud to offer one of the largest dedicated paediatric undergraduate student placement programmes, welcoming and supporting over 800 nursing students, 750 medical students, 175 Allied Health Students, and 28 Healthcare Science trainees in 2023/24.

We remain committed to our Widening Participation work and continue to offer access to young people considering healthcare careers through our Young Visitor Programme, Summer and Winter Schools, clinical and non-clinical apprenticeships, and engagement with our Kick Start Programme, which engages with local schools and colleges.



Staff safety and Occupational Health

The Trust is committed to preventing staff harm, and a high-profile agenda of controlling hazards and preventing harm is pursued. Incident reporting and analysis are a key part of this. In 2023/24 GOSH employees reported 976 health and safety incidents, including 104 patient safety accidents. This was an increase from 877 incidents in 2022/23. There were 13 incidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). This is a decrease from 20 in the previous year.



The Trust's governance structure ensures statutory compliance with legislative requirements and assurance is given via the Health and Safety Committee. This was provided on a range of subjects, including violence against staff, lone working, control of substances hazardous to health and fire safety. Features of this included a weekly health and safety walkaround, supported and attended by a range of staff, and a second positive report from the Authorised Engineer for Fire Safety. Moderate incidents and above, along with incident trends, are reviewed and actioned through the Health and Safety Committee.

The Fire, Health and Safety Team collaborates with other safety professionals and colleagues in the Trust to ensure staff and patients are kept safe whilst onsite. A proactive approach helps to support staff in their safety requirements and encourages them to engage with their safety advisors. This enables the Team to ensure a golden thread of information is available by being engaged at the start; it also ensures all staff are aware of their obligations and contributes towards a positive safety culture. This is reflected by the robust safety performance of the Trust. The team have also been working in collaboration with the Childrens Cancer Centre team through the design stage of the new building and will continue to do so in 2024/25.

In addition to the Occupational Health services required for new and current staff, we provide a wide-ranging staff health and wellbeing programme to meet the varying needs of our diverse workforce, which has achieved the following:

✓ Opened the HIVE – our dedicated wellbeing space (see page 40)

✓ Re-launched GOSH wellbeing champions (support and supervision in place)

✓ Introduced the Menopause Policy and Café as well as signing the Workplace Menopause Pledge

✓ Four wellbeing Pop Ups and wellbeing walks with CareFirst, our Employee Assistance Programme Provider, over the year

✓ Reframed our sickness management policy into a supporting and managing wellbeing and attendance policy, which focuses on a person-centred approach, allowing managers to support individual employees in a personalised way.

✓ Seen 612 employee referrals in Occupational Health

✓ Seen 413 employee referrals via the physiotherapy provision within Occupational Health

✓ Winter Vaccination Campaign – COVID Vaccination rate 45.8% (1st in London rankings), Flu rate 50.8% (2nd in London rankings)

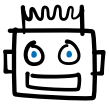
We continue to work with our London and national colleagues to share and learn from others about our staff health and wellbeing programmes, as well as continuing to evaluate our programmes so we can be confident we are meeting the varying needs of our workforce.

Countering fraud and corruption

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

Modern Slavery statement for 2023/24

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



Modern Slavery Statement | Great Ormond Street Hospital (gosh.nhs.uk)

Expenditure on consultancy

Consultancy expenditure can be found in Note 4 of the annual accounts.

Exit packages

Information about exit packages can be found on page 104.

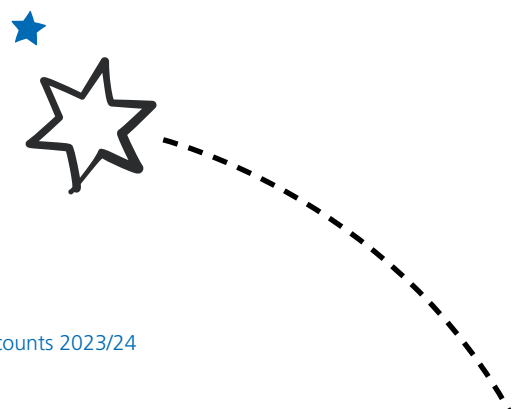
Off payroll engagements

GOSH does not allow off-payroll arrangements with personal service companies (PSCs) or with our bank staff provider. Managers required to notify the HR and OD department when an off-payroll engagement is being considered so the assessments for employment and IR35 status can be processed. IR35, direct off-payroll engagements are subsequently rejected. Alternative methods of engagement are arranged, either through fixed-term employment contracts, or through our bank employment provider with associated full deduction of tax and national insurance (NI). The procurement department also monitors for such engagement and reports them as outlined above.

Off-payroll engagements of board members and/or senior officials with significant financial responsibility between 1 April 2023 and 31 March 2024 are shown below:

- Number of off-payroll engagements of board members and/or senior officials with significant financial responsibility during the financial year 0
- Number of individuals that have been deemed board members and/or senior officials with significant financial responsibility during the financial year* 10

* We have applied this definition to voting and non-voting executive directors of the board



Disclosures

Principal activities of the Trust

Information on our principal activities, including performance management, financial management and risk, efficiency, employee information (including consultation and training), and the work of the research and development directorate and International and Private Care, is outlined in the Performance Report. Page 24 summarises GOSH's purpose and activities.

Going Concern

Our going concern disclosure can be found on page 37.

Directors' responsibilities

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

Safeguarding external auditor independence

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

Code of Governance

Great Ormond Street Hospital for Children NHS Foundation Trust has applied the principles of The NHS foundation trust Code of Governance on a 'comply or explain' basis. The NHS foundation trust Code of Governance, published in October 2022, has been applicable since 1 April 2023. It replaces the previous NHS foundation trust code of governance issued by Monitor.

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

Code reference	Section of annual report
A.2.1	Performance Report - Operational performance, financial performance and working with our partners.
A.2.3	Staff Report – GOSH People Strategy and Freedom to Speak Up at GOSH.
A.2.5	Performance Report – Health Inequalities. The Board receives regular reports on quality, safety, finance, patient experience, workforce and patient access which include relevant metrics, milestones and measures. However, there is still work to do to ensure performance reports are disaggregated by ethnicity and deprivation, where relevant. The Trust has appointed a new Lead Practice Educator and the health inequalities work-stream is in its infancy. The Trust has not yet published the health inequalities data under the given domains but is working to collect, analyse and publish preliminary health inequalities data by the end of the first half of 2024/25.
A.2.8	Performance Report - operational performance, financial performance and working with our partners.
B.2.6	Accountability Report – Our Trust Board.
B.2.7	During 2023/24 the Board was comprised of a chair, five independent non-executive directors, a non-executive director appointed by University College London (UCL) (who was determined to be independent on the basis of the nature of the role held at the University) and six executive directors. In February 2024, the UCL appointed non-executive director stepped down from the Board. Therefore, for two months of 2023/24, the Board had five independent non-executive directors, excluding the Chair. In early 2024/25, the post of Chief Operating Officer has been vacant and subject to an open recruitment process. In the interim, the Chief Executive is leading on operational matters at the Trust and the Trust therefore is compliant with this Code requirement. The Trust will work with the Council of Governors in 2024/25 to review non-executive director composition on the Board.

Code reference	Section of annual report
B.2.13	Accountability Report – Board Composition and Committee Meeting Attendance.
B.2.17	Accountability Report – Leadership and Oversight describes decisions made by the Trust Board, Board Assurance Committee and Management. A schedule of matters was reviewed and approved by the Trust Board in November 2023. Accountability Report – Role of the Council of Governors.
C.2.5	Accountability Report – Council of Governors - Appointments in year.
C.2.8	Accountability Report – Council of Governors - Chair and Non-Executive Director Recruitment.
C.4.2	Accountability Report – Our Trust Board.
C.4.7	Accountability Report – Trust Board Review.
C.4.13	Accountability Report – Trust Board and Council of Governors.
C.5.15	Accountability Report – Membership engagement. While Governors did not canvass the opinion of Foundation Trust members in 2023/24 on the Trust forward plan, Governors were given the opportunity to comment on the initial GOSH Annual Plan. The Trust has also continued to consult with the local community, patients, and governors on the design of the Children's Cancer Centre. During 2023-24 we have canvassed the opinion of members by inviting them to: • Complete the Fracture Study, seeking views on using artificial intelligence to make decision on imaging tests. • Participate in a research study on exercise metabolism. • A workshop writing research comics and creating comic strips to help make research easier to understand for everyone. • Help the NIHR GOSH Biomedical Research Centre develop a Patient and Public Involvement an Engagement (PPIE) Strategy.
D.2.4	Accountability Report – Audit Committee Report.
D.2.6	Accountability Report – Disclosure of information to auditors.
D.2.7	Performance Report – Principal Risks Annual Governance Statement.
D.2.8	Annual Governance Statement – review of the effectiveness of the system of internal controls.
D.2.9	Disclosures -Statement of the chief executive's responsibilities as the accounting officer of Great Ormond Street Hospital for Children NHS Foundation Trust.
E.2.3	Remuneration Report
Appendix B, para 2.3	Accountability Report – Council of Governors – Council of Governors' meetings.
Appendix B, para 2.14	Accountability Report – Membership engagement. Accountability Report – Contacting a governor.
Appendix B, para 2.15	Accountability Report – Council of Governors - Trust Board and Council of Governors working together. Accountability Report – Membership engagement.
Additional requirement of FT ARM resulting in legislation	Governors having exercised their powers to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions. Not applicable in 2023/24.

NHS Oversight Framework

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

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

a) Objective and measurable eligibility criteria based on performance against the six oversight themes, using the relevant oversight metrics. The themes are: quality of care, access and outcomes, people, preventing ill-health and reducing inequalities, leadership and capability, finance and use of resources, local strategic priorities.

b) Additional considerations focused on the assessment of system leadership and behaviours, and improvement of capability and capacity.

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

Segmentation

For 2023/24, the Trust continued to be placed in segment 2 by NHSE. This segmentation information was the Trust's position on 12 April 2024. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website: **https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/**

How we govern quality

We place the highest priority on quality, measured through our clinical outcomes, patient safety and patient experience indicators. Our patients, carers and families deserve and expect the highest quality care and patient experience. Further information can be found on page 155.

Registration with the CQC

The Trust is fully compliant with the registration requirements of the CQC. Further information about how we retain oversight of our registration is provided in the Annual Governance Statement on page 159.

Transactions with related parties

Transactions with third parties are presented in the accounts on page 205. None of the Board members, the Foundation Trust's Governors, or parties related to them, have undertaken material transactions with the Trust.

Pension funding

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme, which covers all NHS employers. The Trust makes contributions of 14.3% to the scheme. From July 2013, staff who are not eligible for the NHS Pension Scheme have been subject to the auto-enrolment scheme offered by the National Employment Savings Trust. In 2023/24, the Trust contributed 14.3% for all staff who remained opted in. In addition, the Trust had members of staff who were in defined contribution pension schemes to which it made contributions. Accounting policies for pensions and other retirement benefits are set out in note 1.8 to the accounts.

Remuneration of senior managers

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

Trust Board member expenses

Directors can claim reasonable expenses for carrying out their duties. For the year 2023/24, out of 14 Directors, 2 Directors claimed expenses totalling £13,177.20 (2022/23: 2 of 14 directors claimed £3,307.69).

Treasury Policy

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

Statement of compliance with cost allocation and charging

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

Complaints and how we handle them

We are committed to providing our children, young people and their families with safe and high-quality care. We take all complaints and feedback very seriously and recognise the important role they provide in continuous improvement in healthcare. We are dedicated to providing safe, effective and compassionate patient-centred care.

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

In 2023/24, the Trust received 115 formal complaints (six were later withdrawn at the request of the complainant and four could not be investigated in line with the NHS Complaint Regulations (due to the significant lapse in time since the events complained about and the associated barriers to being able to complete a fair and effective investigation).

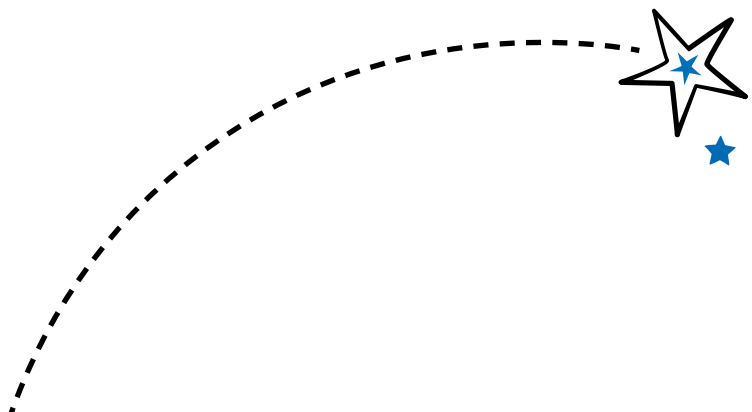
	Complaint numbers	Complaints per 1,000 units of activity
2016/17	96	0.30
2017/18	87	0.27
2018/19	98	0.27
2019/20	90	0.32
2020/21	81	0.34
2021/22	78	0.27
2022/23	137	0.48
2023/24	**115**	**0.39**

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

We are a learning organisation which drives positive change, innovation and continuous improvement. Following a complaint investigation, we ensure lessons are identified and actions taken to improve the service, care and experience for our patients and families. Patients' stories have been shared with our Trust Board, and families and patients have also attended our Trust Board to share their experiences directly. Complaint trends, and the actions taken in response to them, are reported to the Trust Board and in our monthly Integrated Quality Performance Report. Compliance with these actions is monitored by the Complaints Team and at the Patient and Family Experience and Engagement Committee.

Detail of political and charitable donations

The Trust did not make any political donations during 2023/24.



Working with partner and stakeholder organisations

Great Ormond Street Hospital Children's Charity

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

Throughout 2023/24, the Charity continued to support hospital staff and families. We have a dedicated team of 52 charity-funded Play Team members, who support around 25,000 patients and 2,500 parents and siblings a year, bringing fun into the hospital and helping patients come to terms with their illness. GOSH Arts provide creative stimulation and brighten up the hospital community with art and live music. Our Chaplaincy team provides support and advice for parents, and our GOSH Charity funded accommodation services keep families together.

It takes a team!

"Play is an very important part of care for patients and also to give families some respite in a difficult time. It was a pleasure to see Alyssa every day when she was on Robin Ward."

Amy Crowley, Playworker

During the year, the GOSH Charity set out a new research strategy for 2023-28, committing £70m over five years to support research for children who have rare and complex conditions that are life threatening or life limiting. You can read more about the four priorities of the strategy here:

Research | Great Ormond Street Charity (gosh.org)

We continued to work with the Charity throughout the year to progress the plans for the Children's Cancer Centre. The Charity's biggest fundraising appeal, Build it, Beat it, to support transformation in children's cancer care, is well underway with half the money already raised, and many more fundraising activities in the pipeline. See page 51 for more information on our work with the Charity on the Children's Cancer Centre development. Further information about the work of the Charity can be found at:

www.gosh.org

North Central London Integrated Care System

The changing NHS landscape and implementation of Integrated Care Systems (ICS) will further encourage closer working between organisations across different sectors. As part of the North Central London ICS, we have forged a number of key relationships. More information can be found on page 25.

University College London (UCL) Partners and UCL Health Innovation

In May 2023 the boards of UCL Health Alliance and UCL Partners supported the proposal to create a single innovation partnership for North Central London (NCL) to maximise the collective impact on health outcomes. This partnership was successfully established in November 2023, with UCL Health Alliance moving to become a ring-fenced division of UCL Partners.

As part of the partnership formation, a new organisational structure has been created, including the appointment of the Executive Committee chair and vice chair posts. The financial flows and management have been confirmed and the core team successfully recruited. The main work programme for 2024/25 includes the development of Long-Term Health Hubs - a service innovation that will improve the management of patients with long term multi-morbidity disease. These community-based health hubs will be delivered in partnership between primary and secondary care, linking to place-based initiatives, and led by a specialist workforce. The overall aim will be to deliver sustainable, effective and coordinated care for patients with high-risk, complex, multi-morbid disease.

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

The UCL GOS ICH is our primary research partner and together we form the largest centre for paediatric research in Europe. The mission of UCL GOS ICH is to improve the health and wellbeing of children, and the adults they will become, through world-class research, education and public engagement. During the year, UCL GOS ICH was one of 10 national teams to receive funding for research into childhood autoimmune conditions. It was also successful in gaining a grant for a clinical study to develop a new treatment for an aggressive type of brain tumour using CAR T-cells, and researchers engineered donor T-cells to try to treat seriously ill children with resistant leukaemia. Most recently a new pioneering approach, developed by researchers at UCL and Great Ormond Street Hospital, means human development can be observed in late pregnancy for the first time, raising the possibility of monitoring and treating congenital conditions before birth.

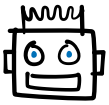
Children's Hospital Alliance

The Children's Hospitals Alliance (CHA) is a national network of specialist NHS trusts working together to improve the quality, access and experience of hospital care for children and families.

GOSH Chief Executive, Matthew Shaw has been co-chair of this partnership since December 2019 and the Trust continues to contribute actively to its peer-to-peer and multi-professional project groups, participating in shared learning, transformation, and national advocacy for child health.

During 2023/24 the Children's Hospital Alliance supported a larger number of work strands than ever before. The collective achievements of its programme team and 12 member trusts include:

- Educating policy influencers and political leaders on the collective challenges faced by children's hospitals, developing practical solutions and advocating for an ambitious national child health plan.
- Working closely with national child health leaders, relaying information to member trusts and facilitating their engagement to shape national policies, including for Martha's Rule and the national outpatients strategy.
- Supporting shared learning and developing the collective business case for paediatric virtual wards.
- Delivering a national pilot to fund free meals for resident parents and families across CHA sites and evaluating a national programme harnessing Artificial Intelligence to reduce 'Was Not Brought' rates.
- Producing bespoke analytical briefings for Trust leadership teams to inform strategy and partner engagement activities, including on the impacts of specialised commissioning, options for mutual aid and operational alignment, and the impacts of industrial action.
- Connecting clinical and operational leads to showcase good practice around issues including theatre productivity and tackling health inequalities.
- Establishing new peer-to-peer groups, including a Chief Pharmacists Group and a Research Group that has supported several collaborative bids for the NIHR's new Child Health Programme Development Grant.



Home - Children's Hospital Alliance (childrenshospitalalliance.co.uk)

Federation of Specialist Hospitals

GOSH has been a member of the Federation of Specialist Hospitals (FSH) since 2019 and was an active contributor to its work programme throughout 2023/24. For the past three years the group has focused its efforts on advocating for a safe and co-ordinated approach to the delegation of specialised NHS services from national to local commissioners.

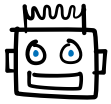
During the past year, the FSH joined forces with the Children's Hospital Alliance (through the GOSH link) and with NHS Providers, the Shelford Group and the Specialised Healthcare Alliance to support awareness and education through private briefings, roundtables and webinars for commissioners on the pitfalls and potential of delegation for the sickest and most vulnerable NHS patient groups.

These discussions have always focused on safeguarding access to high quality specialist care, but in 2023/24 developed to respond to the practical and financial implications of delegation, such as the need to safeguard access to capital investment into NHS organisations that are world leading in care, education and research. They also developed to include bespoke briefings on hot policy topics including health inequalities, expediting clinical trials, and delivering on the UK's Rare Diseases Action Plan.

European Children's Hospitals Organisation (ECHO)

GOSH is a founding member of the European Children's Hospitals Organisation, (ECHO) a partnership of 14 children's hospitals that exists to facilitate member collaboration in advocating for better focus and funding for child health in Europe and beyond; supporting shared learning on quality and value in children's hospital care; and expediting innovation and child health research. The partnership is hosted and administered by the San Joan de Deu (SJD) Children's Hospital in Barcelona.

In March 2023, this collaboration led to a successful EU grant bid to advance work in clinical informatics. A consortia of ECHO member hospitals and partner organisations was awarded a €7m grant to develop and validate paediatric clinical use cases for federated data analytics. GOSH's Director of Innovation Professor Andrew Taylor is leading the cardiology workstream and acts as Principal Investigator for GOSH and UCL across the programme.

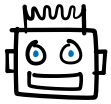


Who we are | ECHO

North Thames Paediatric Network

The North Thames Paediatric Network is the NHS Operational Delivery Network for children and young people cared for by 25 hospitals across three Integrated Care Systems and Northeast London. The network is hosted by GOSH and chaired by GOSH CEO Matthew Shaw, with a core team of NHS clinicians and business support colleagues drawn from across the member hospitals. The team runs workstreams spanning surgery, critical care, neurology, gastroenterology, transition, cardiac, cancer, dental and respiratory, providing a forum for providers and commissioners to work closely together to streamline pathways and ensure services are configured around children and young people.

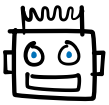
Throughout 2023/24 the Network has continued to build upon its successes and has developed a paediatric network framework across three integrated care systems that is viewed as exemplary nationally. The network continues to build upon its hosting, in partnership with GOSH, developing and improving pathways of care that are centred around the child an its family and that seeks to address health inequalities and champion standardisation. More information on the network can be found on:



Home - North Thames Paediatric Network (ntpn.co.uk)

NCL 'Start Well' Programme

The North Central London (NCL) Integrated Care System's Start Well transformation programme continued during 2023/24, having started in late 2022. Clinicians at GOSH continued to engage and input in the development of a pre-consultation business case (PCBC) for maternity and neonatal services and children's surgery. This work, which included an outline model of care, preliminary initial staffing, capital and revenue implications, was reviewed within the organisation and was endorsed by the Trust Board before public consultation started in December 2023. The proposals outline an option for GOSH to become a centre for emergency and planned paediatric surgery, for under 3-year-olds and some under 5-year-olds. The public consultation closed in March 2024, and we await feedback as we continue to work with NCL and other colleagues across the system in this process. More details can be found on:



Start Well programme

International Precision Child Health Partnership (IPCHiP)

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

Other Commercial Partnerships

ViroCell Biologics

ViroCell is investing in developing novel technology platforms to provide treatments for patients and innovators. This partnership continues to address the global bottleneck for viral vector manufacturing clinical trials. Viral vectors are harmless viruses that we can use to 'trick' cells into accepting new genes. They are highly complex to make, and their availability and effectiveness dictates whether a clinical trial of a gene or cell therapy will work. Over the year, we added viral vector manufacture to the GOSH Medicines and Healthcare Regulatory Agency (MHRA) licence and will be making ViroCell's first gene therapy products in our Cell and Gene Therapy Service facility, based in the ZCR building, in 2024.

Roche Products Ltd

In February 2022, GOSH announced a five-year collaboration with Roche Products Ltd to help us understand how we can combine our expertise across the two organisations to innovate with digital and identify better ways to care for children and young people with rare and complex diseases. In 2023/24, we used this partnership to create a new Clinical Intelligence Unit at GOSH so we can begin to use data to drive decision-making at the Hospital, see page 50. As we enter the third year of our collaboration, we will begin to harness the data we have at our fingertips to deliver patient benefit in real time and support clinical teams in caring for our children and their families.

Arcturis

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

Tortus AI Ltd

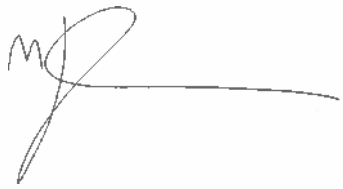
In 2023, GOSH signed an Innovation contract with Tortus, a small UK-based AI start-up company, to develop an AI tool to improve our clinical letter quality and patient/ clinician interaction, while increasing the number of patients that we can see in our out-patient clinics. This development work has gone hand-in-hand with the creation of our AI principles, to ensure AI delivery is managed in a safe way with stakeholder engagement.

The Royal Marsden Epic Partnership

In October 2021 a collaboration to work with The Royal Marsden NHS Foundation Trust on the shared Epic Electronic Patient Record (EPR) system was formed. Epic was successfully deployed across The Royal Marsden in March 2023. Since that time, GOSH has continued to support a period of stabilisation before further enhancements can be made. By sharing skills and expertise across the two organisations we have started to maximise the benefits for staff and patients through the optimisation of Epic, including implementing a programme of enhanced training for our clinicians to personalise the system and release clinicians time to care for patients. We will continue to work with The Royal Marsden on future developments, including supporting our Genomics services, developing Mychart (patient portal) capabilities and piloting the use of AI to support our clinical teams to do more, as well as identifying efficiencies which can be invested back into GOSH.

Disclosure of information to auditors

The Trust Board directors who held office at the date of approval of this annual report and accounts confirm that, so far as they are each aware, there is no material audit information of which the Trust's auditors are unaware. Each director has taken all the steps they ought to have taken as a director to make themselves aware of any relevant audit information and to establish that the Trust's auditors are aware of that information. The directors consider this annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy.



Mr Matthew Shaw
Chief Executive

04 July 2024

It takes a team!

"I'm a Senior Research Nurse working as part of the team that gave Alyssa the base-edited Car-T treatment she needed as part of a clinical trial here. Alyssa stayed on Robin Ward for several months in isolation after a bone marrow transplant and revolutionary new research treatment that was developed by our colleagues at UCL Great Ormond Street Institute of Child Health, who are based in labs at our Zayed Centre for Research."

Danielle Pinner, Senior Research Nurse

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

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

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

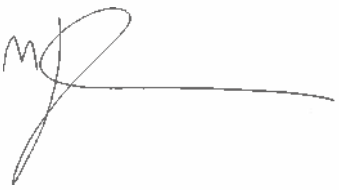
In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

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

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

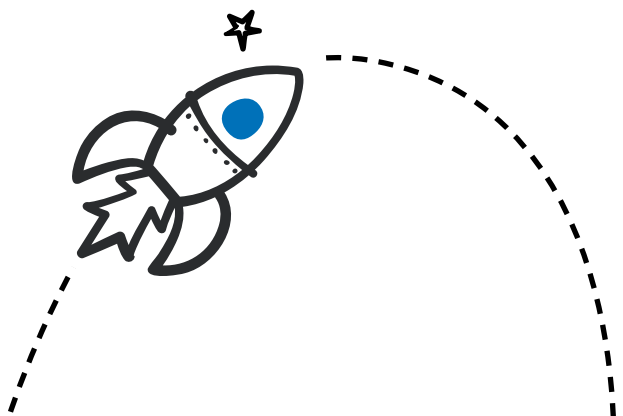
As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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



Mr Matthew Shaw
Chief Executive

04 July 2024



Audit Committee Report

Introduction from the Chair of the Audit Committee

I am pleased to present the Audit Committee's report on its activities during the year ending 31 March 2024. The Audit Committee is a non-executive committee of the Trust Board with delegated authority to review the establishment and maintenance of an effective system of integrated governance, risk management and financial and non-financial internal controls to support the achievement of the organisation's objectives.

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

During the year, the Audit Committee discharged all of its duties as outlined in its Terms of Reference. This report highlights key areas considered by the committee. The Audit Committee was composed of three independent non-executive directors, listed on page 66. Two of the non-executive members of the committee are qualified accountants and all three members have recent and relevant financial experience. Chris Kennedy stepped down as a Non-Executive Director on 31 March 2024. I wish to record my thanks for his support, expertise, and wise counsel on the Audit Committee.

The committee met four times over the financial year, and I am satisfied that it was presented with papers of good quality, in a timely fashion, to allow due consideration of the subjects under review. I am also satisfied those meetings were scheduled to allow sufficient time to enable a full and informed debate.

Agendas were pre-agreed by the chair in discussion with the chief finance officer and company secretary. All Board Assurance Framework (BAF) risks associated with the Audit Committee were reviewed and had deep dives conducted by committee members. The committee was quorate for all meetings and covered all areas of its remit outlined in its terms of reference.

Each meeting is fully minuted and summaries of the matters discussed at each meeting are reported to the Trust Board and Council of Governors.

The committee conducted a self-assessment effectiveness review of its work and administration. The findings of the survey were positive, with respondents confident the meeting worked effectively, with minor administrative matters agreed as recommendations.

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

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

Financial sustainability:

Throughout the year, the Committee requested assurance of the strength of the processes in place to manage the continued operational and cost pressures on the NHS. These included: reducing waiting lists, continuing to recover contributions from international and private patient work and mitigating the impact of inflation. The Committee sought assurance of the processes in place to achieve the cost improvement (Better Value) targets for 2023/24. It explored and scrutinised the management judgements applied to the accounts, including the impact of IFRS 9, payment of income under block contract, deferred income and certain contract and licencing liabilities. Note 4 of the accounts.

External audit

External audit services were provided by Deloitte LLP during 2023/24. At its meeting in February 2024, the Council of Governors approved the extension of the contract to Deloitte for a further additional year for 2023/24 (as per the current contract). This extension was actioned due to the reduced number of parties in the external audit market. The audit and non-audit fees are set, monitored, and reviewed throughout the year and are included in note 4 of the accounts.

Internal audit and counter fraud services

Internal audit services were provided by KPMG LLP during 2023/24, covering both financial and non-financial audits according to a risk-based plan agreed with the Audit Committee. The Trust's counter fraud service was provided by Grant Thornton UK LLP during 2023/24. The service provided fraud awareness training to the Trust, carried out reviews of areas at risk of fraud and investigated any reported frauds.

The Committee agreed to reappoint the Internal auditor and counter fraud team each for a further additional year for 2023/24 (as per the current contracts). In 2024, the Trust will launch a tendering process for the external auditor contract, internal auditor contract and counter fraud services contract, with all three commencing in 2025/26.

Sustainability

The committee received assurance that the Trust continued to work towards meeting the commitments set out in the climate emergency declaration. A key area for consideration was the Trust's combined heat and power systems and proposals to replace these would be incorporated into the hospital's master planning process and the 10-year financial plan. The committee was assured by the progress made with the Children's Cancer Centre in relation to a sustainable approach to construction.

Cyber security

The committee received updates on work undertaken to categorise and assess the GOSH strategic cyber security risk profile, in line with regulatory and compliance requirements, as well as tracking and countering the evolving threat landscape. The committee was informed of work to ensure operating system compliance, enhance network visibility and develop and implement a cyber assurance framework for the adoption of new IT systems. An annual cycle of both internal and external penetration testing is in place and positive results had been received. Simulated phishing exercises continue to take place on a regular basis supported by cyber security awareness and education sessions.

Data quality

The committee was assured by the processes in place to support ongoing improvement of data quality, including monitoring and data quality audits, data validation, training for staff, adaptation of Epic configuration and legacy digital system replacement. The committee was assured to hear that a focus would be applied to reviewing and revising the Trust's data management framework and ensuring it supports the Trust's operational and transformational plans.

Risk management

The committee was presented with an update on compliance with the risk management policy. This included a focus on the updating of risks and risk escalation in line with the policy. The committee welcomed the proposal to establish a task and finish group to review the oversight and reporting of risks across the Trust and to ensure information flows are in line with the Trust's governance processes. Assurance of timely progress with implementation of the Patient Safety Incident Response Framework (PSIRF) was provided to the committee.

Compliance with data protection requirements

During the year, the committee received updates on the maintenance of compliance with the Data Protection Act 2018. The committee sought assurance of the security of patient data when working with external partners and the accuracy of the data held by the Trust.

Board Assurance Framework (BAF)

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

For each risk relevant to the Audit Committee, the committee reviewed the risk statement, the robustness of the controls cited and the evidence the controls were operating, the associated risk appetite and likelihood and impact scores. The committee received presentations on relevant strategic risks at each committee meeting and conducted deep dives into the management of the risk, based on focused questions posed to risk owners by Audit Committee members prior to the meeting. The committee reviewed the proposed approach to applying the Trust's revised risk appetite and tolerance levels to the BAF risks and will monitor and use this as a framework for scrutinising these risks during 2024/25 (see page 147 for further information).

Whistle-blowing processes

The committee sought assurance of the robustness of the processes for raising concerns at GOSH. There are several routes for staff to raise concerns, and work took place during the year to bring these routes together and ensure they were accessible. Further information about Freedom to Speak Up can be found on page 105. The Audit Committee proposed and had accepted a revised framework for seeking assurance of the effectiveness of these reporting processes - the Audit Committee will continue to retain oversight of all mechanisms for raising concerns at GOSH, including themes from cases reported and the learning identified. Updates on significant cases will also be reported to the relevant assurance committee for follow up and triangulation.

Internal controls

During the year, the committee focused on controls related to financial sustainability, cyber security, business continuity, the climate emergency, and data quality. Action plans were put in place to address any issues in operating processes.

The audit plan for the internal auditors is risk-based, and the Executive Team works with the auditors to identify key risks to inform the audit plan. The Audit Committee considers the links between the audit plan and the BAF. The Audit Committee approves the internal audit plan and monitors the resources required for delivery. The committee also considers any proposed changes to the audit plan and monitors delivery against the plan approved at the start of the financial year.

Fraud detection processes

The committee reviewed the levels of fraud and theft reported and detected, and the arrangements in place to prevent, minimise and detect fraud and bribery. We continue to seek assurance of the actions being taken to fully meet the Government functional standard 013-Counter Fraud.

Financial reporting

- The committee reviewed the Trust's financial statements and determined how to position these in the annual report. We considered reports from management and the internal and external auditors in our review of:
- The quality and acceptability of accounting policies, including their compliance with accounting standards.
- Judgements made in preparation of the financial statements.
- Compliance with legal and regulatory requirements.
- The clarity of disclosures and their compliance with relevant reporting requirements.
- Whether the annual report as a whole is fair, balanced and understandable and provides the information necessary to assess the Trust's performance and strategy.

Significant financial judgements and reporting for 2023/24

The committee considered a number of areas where significant management judgements were taken which influenced the financial statements, including:

- Credit Note Provision under IFRS 9
- Asset Valuation
- Annual Leave Accrual

Throughout the year we identified the risks of financial misstatements through discussions with management and the Trust's external auditors. We satisfied ourselves that these risks had been appropriately addressed. Please refer to page 175 for details of the Trust's significant financial judgements.

Level of debt provisions

The financial statements include provisions in relation to uncertainty. Judgements in this area are largely related to the timing of recognition of these provisions, the quantum recognised, and the amount utilised in previous years. We reviewed and discussed with management the level of debt and debt provisions, calculated following an evidence-based approach under IFRS 9. This included consideration of new provisions and any release and utilisation of existing provisions. The management team confirmed to the committee that they had applied a consistent approach to the recognition and release of provisions. We considered the views of the external auditors in respect of the provisions and associated disclosures in the accounts and concluded we were satisfied with the level of provisions carried and the disclosure in respect of those provisions.

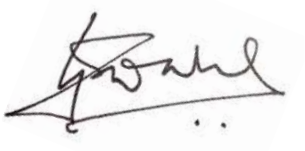
Valuation of assets

The Trust has historically revalued its properties each year, combining properties held under freehold with those held under leases. The judgements relate to the future life of these buildings, which can change the appropriate accounting treatment and affect the carrying value on the balance sheet. We reviewed reports from management which explained the basis of valuation for the most significant buildings, including the future life and rationale for any impairments associated with structural refurbishment expenditure. Valuations consider sustainability and environmental, social and governance (ESG) factors (where applicable) and reflect the risks associated with climate change and other key considerations. We also considered the auditor's views on the accounting treatment for these buildings and are satisfied the valuation of these properties in the financial statements is consistent with management intention and is in line with accepted accounting standards. Additionally, we continued to discuss the impact of the Trust's decision to invest in a new Children's Cancer Centre on the Trust estate, specifically regarding accelerated depreciation in respect of a building planned for demolition.

Conclusion

The committee has reviewed the content of the annual report and accounts and advised the Board that, in its view, taken as a whole:

- It is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy.
- It is consistent with the Annual Governance Statement, head of internal audit opinion and feedback received from the external auditors and there are no matters the committee is aware of at this time that have not been disclosed appropriately.
- It is appropriate to prepare accounts on a going concern basis.



Gautam Dalal
Chair of the Audit Committee

04 July 2024

Quality, Safety and Experience Assurance Committee Report

Introduction from the Chair of the Quality, Safety and Experience Assurance Committee

I am pleased to present the Quality, Safety and Experience Assurance Committee's (QSEAC) report on its activities during the year ending 31 March 2024. QSEAC is a non-executive committee of the Trust Board with delegated authority to assure the Board that the necessary structures and processes are in place to deliver safe, high-quality, patient-centred care and an excellent patient experience. The committee works in partnership with the Audit Committee and the People and Education Assurance Committee and ensures that systemic incidents and risks related to clinical care and patient experience are identified and adequately controlled.

During 2023/24 QSEAC focused on emerging areas of serious clinical risk facing the Trust and seeking assurance of the validity of data and processes through benchmarking and external review. At each meeting, the Chief Medical Officer and Chief Nurse presented assurance reports covering the areas pertinent to the committee for which they are accountable for delivery. The purpose of these reports is to provide assurance that the necessary systems are in place to deliver safe, high-quality patient-centred care and that risks are appropriately identified, escalated, and mitigated.

The committee welcomed the appetite of the senior management team to learn from issues identified internally and horizon-scan across a wide range of external sources to identify learning that is relevant to the Trust's activity. Throughout the year, based on findings from these reviews, the management team established plans to mitigate risk at a service and trust-wide level and, where necessary, invited in external experts for advice, benchmarking and to provide challenge on complex issues.

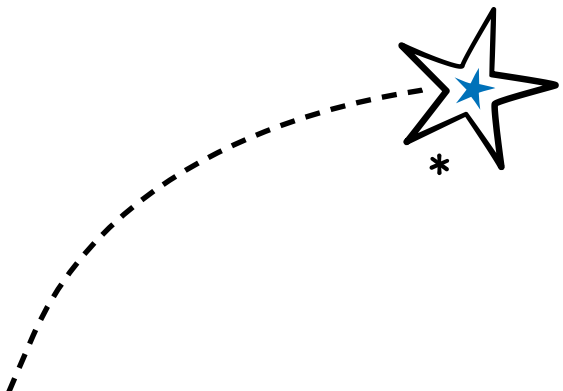
The committee is composed of three independent non-executive directors. Attendance at meetings is provided on page 66. All meetings were quorate, and the committee covered all areas under its remit as outlined in the terms of reference. No material matters of concern were raised. In 2023/24 the committee met four times. I am satisfied it was presented with papers of good and improving quality, in a timely fashion, to allow due consideration of the subjects under review. I am also satisfied those meetings were scheduled to allow sufficient time to enable a full and informed debate. Each meeting was fully minuted and summaries of the matters discussed at each meeting reported to the Audit Committee, People and Education Assurance Committee, Trust Board and Council of Governors. Members of the Council of Governors observed committee meetings throughout the year and provided insightful reflections on the items discussed, the quality of the papers and the level of scrutiny of key issues.

The committee conducted a self-assessment effectiveness review during the year with contributions from members, attendees and the governors who had observed committee meetings. Overall, the survey results were positive, and respondents felt that the committee is working well. The survey provided feedback on matters related to the quality and safety covered by the committee and how matters are reported to the committee and escalated onwards to the Board, with recommendations.

As Chair of the QSEAC, I commend this report to you for the year 2023/24.

Quality, Safety and Experience Assurance Committee responsibilities

Key responsibilities of the committee include consideration of clinical risks and the effectiveness of their associated controls, seeking assurance of learning from incidents, complaints, horizon scanning and external reviews and investigations, and work to improve the experience of our patients and their families. The committee requests assurance on scheduled matters as well as quality and safety issues arising during the year. We regularly conduct deep dives into areas of concern and/or good practice, and examples are outlined below.



Key areas of focus for QSEAC in 2023/24

Safety Transformation Programme

The Trust has a Safety Strategy (2021 - 2026) and a Quality Strategy (2021 - 2026) which describe multi-year approaches to the development of safety and quality at GOSH. Both strategies are ambitious and highlight the enhancement of world-class clinical services by improving the safety of care for children and young people with complex health needs.

In order to operationalise these strategies, delivery plans have been developed and incorporated into an overarching Safety Transformation Plan, with delivery overseen by the Safety Transformation Board. Membership includes colleagues from the healthcare system (North Central London Integrated Care System (NCL ICS) and Specialised Commissioning) and the patient safety charitable sector, who attend as "critical friends". Assurance on progress of the Safety Transformation Plan was provided to the committee during the year.

Throughout the year, the committee received updates on progress with implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Event (LfPSE). In February 2024 the committee reviewed the PSIR Policy and Plan and recommended them to the Board for approval. Further information can be found on page 30.

Safeguarding service

The committee received reports on delivery of the safeguarding service at GOSH at every QSEAC meeting. This included assurance on the governance framework in place to deliver a consistent and safe service and that staff receive up to date mandatory safeguarding training. The committee has been keen to seek assurance that the safeguarding team has the necessary support, supervision and resources to deliver the service. It includes the Perplexing Prevention Support Service (for children and young people at risk of fabricated or induced illness by carers), readiness to implement the Liberty Protection Safeguards under the Mental Health Capacity Act and to be actively involved in Serious Case Reviews (SCRs), Child Safeguarding Practice Reviews (CSPRs) and Local Learning Reviews. The committee has welcomed the Trust management team's decision to commission an Independent Safeguarding Review, looking at safeguarding arrangements and culture across the Trust, and awaits its findings.

Patient Experience

The committee received reports at every meeting on the number of complaints and Patient Advice and Liaison Service (PALS) queries received and progress with the Friends and Family Test. Themes were identified and actions taken as required. One significant theme was around families raising concerns about short notice cancellations, when appointments/ procedures would be rescheduled and the effects of delays on patients' clinical conditions. The committee was advised that options were being explored, including provision of additional space for patient treatment.

Providing consistent quality care for complex patients

The Committee sought assurance around the quality of care within specific specialities. This included gastroenterology, orthopaedics and respiratory specialities. Committee members focused on how issues within these specialities arose, were identified and the learning being implemented and shared.

An issue around surgical outliers was escalated to the QSEAC by the Risk Assurance and Compliance Group. A presentation was also received on the work to upskill nurses for work outside their specialty to provide more flexible high-quality care.

The committee heard how in recent years the Trust has identified key themes affecting the management of acutely deteriorating patients. Upward trends identified across Serious Incidents and complaints, learning from Root Cause Analyses, and changes to the digital landscape since the implementation of the new Electronic Patient Record (EPR) system in 2019, presented an opportunity for improvement. The committee heard how the deteriorating patient QI programme was established, focusing on various discrete, interrelated components of the patient's journey: Nursing clinical observations, detection of acute deterioration and response, escalation and treatment. The committee was informed of the learning and improvement arising from the workstreams and was impressed to learn that each of the workstreams was seeking to enhance patient, family and staff experience as well as support staff in a complex environment to effectively manage care of their patients in a coordinated manner. The project was nominated and shortlisted for the HSJ Patient Safety Awards 2023, in the category "Improving Care for Children and Young People Initiative of the Year" and we were very pleased to hear that the project was awarded 'Highly Commended'.

A presentation was received on Paediatric Critical Care Level 1 and 2 transformation projects following the conclusion of an options appraisal. The Committee sought assurance around the impact of changes on the Trust as a whole and the potential impact on staff who would be caring for higher acuity patients.

Learning disabilities

The Committee received the report arising from a peer review conducted by another specialist paediatric trust on the learning disability service at GOSH. The committee was pleased to see that the report had commended the service's passion and ambitious strategy while recommending improvements to operational implementation. The Trust has a legal duty to provide reasonable adjustments for patients with learning disabilities and autism and, importantly, these adjustments must be anticipatory. Work is underway to enhance our recording of disabilities and staff training.

Medicines safety

Medicines safety and governance updates included a focus on the actions being taken to address recommendations made by the most recent CQC inspection and in response to reviews by the Medicines and Healthcare products Regulatory Agency (MHRA). The committee received a review of medicines incident trends and associated actions and sought assurance in relation to governance of entry and control of medicines use.

Health and safety

Quarterly updates were received on Health and Safety. The committee sought assurance around the recruitment of a Fire Safety Officer and welcomed the reduction in incidents as a result of the safer sharps programme.

Internal audit assurance

The Trust's internal auditors reported to the Committee at each meeting where clinical related internal audit reports had been completed. They also reported on progress with closing relevant internal audit actions. The Committee received the following internal audit reports:

- Complaints management (significant assurance with minor improvement opportunities)
- Core Financial Systems (partial assurance with improvements required)
- Patient Safety Incident Response Framework (significant assurance with minor improvement opportunities)
- Management of Ventilation and Infection Control (significant assurance with minor improvement opportunities)
- Data Quality: Workforce Data (significant assurance with minor improvement opportunities)
- EPIC implementation (joint with the Royal Marsden) (significant assurance with minor improvement opportunities)
- DSP Toolkit (significant assurance with minor improvement opportunities).

Waiting list management

The committee was kept informed of the impact industrial action could have on the delivery of safe, effective patient care and patient experience. The committee was assured that safe staffing levels were maintained during periods of industrial action and that assessments were conducted by clinical teams for any patient who was at risk of suffering harm due to delays and cancelled procedures. The committee sought assurance that the quality and safety risks around waiting lists were mitigated and requested that waiting lists were reviewed with a health inequalities lens as a way of improving efficiency. Further information is provided on page 35. This included a deep dive into the management of waiting lists for the dental service and assurance was sought on plans to expedite treatment, through partnership working with other dental service centres, and to assess and prevent any harm arising from the long waits.

Quality and equality impact of Better Value Schemes

The Committee received an update on the quality impact of Better Value Schemes, seeking assurance that schemes do not have an adverse impact on quality and safety either during delivery of the scheme or in the 6–12-month post implementation period.

Conclusion

As Chair of the Quality, Safety and Experience Assurance Committee, I am satisfied the committee adequately discharged its duties in accordance with its terms of reference throughout 2023/24.

Amanda Ellingworth
Chair of the Quality, Safety and Experience Assurance Committee

04 July 2024

People and Education Assurance Committee Report

Introduction from the Chair of the People and Education Assurance Committee ("PEAC")

I am pleased to present the People and Education Assurance Committee's report on its activities during the year ending 31 March 2024.

The Committee was established in July 2019 with a remit to obtain assurance on behalf of the Board on the wellbeing, training, education and management of all the people who work for GOSH.

As a Trust we are committed to ensuring that all our people are well led and well managed, as well as supported, developed and empowered to be, and do, their best work. In 2019 we published our first People Strategy. The updated version builds on the legacy and work of the original, but sets it within our current context, which, post Covid, has become more complex and challenging. As with the original,

the purpose of this People Strategy is to bring together all he people management issues and related activities to provide visibility and to ensure that they are aligned, coordinated and focused on delivering the current and future priorities of the Trust alongside our commitment to our people.

People Strategy 2023-2026

The new strategy continues to form the basis of the work to deliver the commitments of the Above and Beyond Strategy, specifically Planet 1, see page 38. Together with the underpinning Diversity and Inclusion and Health and Wellbeing frameworks Seen and Heard, and Mind, Body and Spirit), the strategy will continue to provide a strong foundation to support staff.

With a fast moving external context, we now operate in a more complex and uncertain environment, with increased controls and scrutiny driven by system changes and a challenging financial and economic environment. We need to pay deliberate attention to how we listen to and support our workforce, many of whom are at the earlier stages of their careers. The refreshed People Strategy provides both a response to our ongoing challenges around recruitment, retention, leadership, performance and engagement, as well as the development of corporate infrastructure and skills to deliver our priorities and build a sustainable and resilient organisation for the future. The Trust Board approved the refreshed People Strategy in July 2023, and the Committee has monitored progress across its frameworks.

Key areas of focus in 2023/24

At each of its meetings, the Committee has a dedicated theme and during 2023/24 considered the following key areas.

It takes a team!

"We were thrilled to be part of Zayne and Zion's Family Wall. It was an absolute joy to support the family during their time at GOSH. "

Chaplaincy

Hearing the staff voice

Committee members value hearing from staff and there is a dedicated "Staff Story" item at every meeting. During the last year the Committee heard from:

- The Brain and Research and Innovation directorates on their plans and actions following the staff survey.
- The Head of Psychology on her role and the Psychological and Mental Health Services available at the Trust.
- The acting Lead Chaplain and Head of Spiritual Care, who spoke about the multi-faith services provided and the support they offer to staff, patients and families.
- The Service Manager and Assistant Service Manager from the Central Booking Office, who spoke about their personal career journeys and experiences working at GOSH.

Communications and Engagement

Early in 2023/24 the Committee heard about the planned internal communications and engagement for the refreshed People Strategy. Progress throughout the year included the implementation of the management cascade, whereby senior leaders from across the Trust come together once a month to hear important information that they communicate to their teams. They also meet regularly to discuss strategic focus and key topics, which have included the NCL Start Well Programme (page 121) mental health matters, artificial intelligence and the staff survey results (page 110).

During the year, GOSH also developed its Employee Value Proposition and Brand, which has been used to develop recruitment materials used in a number of campaigns over the year.

Health and Wellbeing

In September 2023, the Committee received the Trust's Health and Wellbeing Annual report for 2022/23. It was clear that, post-pandemic, some staff were still experiencing physical and mental health issues exacerbated by the cost of living crisis impacting on their health. The Trust has built a strong wellbeing community, including extending the services of Citizens Advice to staff until 2024, offering support to staff experiencing financial difficulties, increasing the number of wellbeing champions, developing a Wellbeing Toolkit for managers and creating a physical space called The Hive, where the health and wellbeing service can be provided on a regular scheduled rota, see page 38.

Diversity and Inclusion

The Committee received the Trust's Annual Diversity and Inclusion Report for 2022/23 and heard how progress has been made against the Trust's commitments. During the year, the Trust continued its debiasing recruitment work, including refreshed training for all managers, expanded the Seen and Heard champions remit, improved the accessibility of the Trust's estate, focused on specific issues such as the menopause and strengthened the staff voice through the Staff Networks, see page 108. Further work is ahead to plan how best to continue to support our diversity and inclusion work going forward.

Building a Sustainable Workforce

Throughout the year the Committee received regular reports on the Trust's performance against key workforce indictors. Further assurance was sought by the Committee by way of a deep dive into staff turnover as well as nurse recruitment and retention, including the strategies in place for international recruitment and stay initiatives.

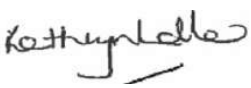
GOSH Learning Academy (GLA)

The GLA presented on the progress made during year three of its five-year plan. The team provided assurance that they were on track and presented their plans for 2023/24, which included building their academic hub to include educational research, continuing to grow their commercial portfolio and refreshing their strategy ready for 2024/25. The Committee congratulated the GLA on its progress and achievements to date and challenged them to think beyond the five-year plan.

Conclusion

The Committee met four times over the financial year. I am satisfied that meetings were scheduled to allow sufficient time to enable a full and informed debate. Full minutes were taken of each meeting and summaries of the matters discussed reported to the Trust Board and Council of Governors. Members of the Council of Governors also observed Committee meetings throughout the year and were given the opportunity to provide their feedback after each meeting, which was extremely welcome.

As chair of the People and Education Assurance Committee, I am satisfied that the committee adequately discharged its duties in accordance with its terms of reference during 2023/24.



Kathryn Ludlow
Chair of the People and Education Assurance Committee

04 July 2024

Finance and Investment Committee Report

Introduction from the Chair of the Finance and Investment Committee

I am pleased to present the Finance and Investment Committee's annual report for the financial year that ended 31 March 2024. In my first full year as Chair, the Committee has continued the good work of the previous membership whilst embracing new areas of focus.

Before recapping on the work of the Committee, I would like to offer my thanks to the long-standing members of the committee: Chris Kennedy, Non-Executive Director, Gautam Dalal, Non-Executive Director, Matthew Shaw, Chief Executive, John Beswick, Chief Finance Officer and John Quinn, Chief Operating Officer. Their support, diligence and openness has been a credit to the Committee, Trust Board and the whole of Great Ormond Street Hospital for Children NHS Foundation Trust.

This year, the Committee welcomed one new Committee member: Lore Lippmann as Deputy Chief Finance Officer, who will support both the Chief Finance Officer and the Committee in the delivery of its duties.

With gratitude for six years of insightful contribution to the Committee, I would like to bid a fond farewell to Chris Kennedy, Non-Executive Director.

Throughout 2023/24 the Committee focused on its key objectives:

- Reviewing the Trust's annual and medium-term financial plans.
- Reviewing progress against key financial and operational targets, financial performance ratings, trends, capacity utilisation, productivity and efficiency measures.
- Retaining oversight on the financial implications of all major investments, commercial activities and business developments.
- Advising the Board on all proposals/business cases for major capital expenditure in line with the scheme of delegation, including Estates and IT strategies.

Additionally, this year the Committee was allocated three Board Assurance Framework risks and tasked with reviewing the strength of cited controls, assurances and gaps:

- #1 Financial Sustainability
- #15 Children's Cancer Centre
- #17 International and Private Care and Commercial

The Finance and Investment Committee's membership consists of three independent non-executive directors, the Chief Executive, Chief Operating Officer and Chief Financial Officer. These are listed on page 66. All three non-executive members have recent and relevant financial and commercial experience.

Key areas of work

The list below sets out the key areas considered by the committee in 2023/24 that I would particularly like to draw attention to.

Children's Cancer Centre (CCC)	Throughout the year, the Committee received an overview of key milestones, immediate risks and mitigations as well as the ongoing engagement work. In November 2023, the Trust Board delegated authority to the Committee to approve the release of funds for commencement of advance CCC works. These works allowed programmed activity to continue while other organisational governance and approvals were completed ahead of the commencement of construction. The Committee also noted the progress made on tracking the project's risk profile as milestones were achieved and the development of metrics for measuring 'CCC construction disruption' to both patients and staff.
Key points to raise on the wider financial environment	The Chair of the Committee ringfenced time on each meeting's agenda for Non-Executive Directors and Executive Directors to discuss topical external financial factors impacting the Trust and plan proactive and reactive strategies.
Trust forecast outturn for financial year 2023/24	Part of the way through the financial year, the Committee reviewed the underlying assumptions of the worst, best and likely case forecast outturns for 2023/24. The Committee discussed the Trust's options as well as the recent and future financial challenges faced by the wider NHS. Following discussion, the Committee approved the likely scenario for the 2023/24 financial year for submission.
Self-certification assurance on outpatient recovery	The Committee approved the Trust submission of a series of assurances requested from NHS England in regard to the protection and expansion of elective capacity with a focus on outpatient recovery.
Impact of strikes	The Committee monitored strike activity's impact on performance, income and the Trust's mitigations.
Sustainability at GOSH and the Climate Emergency	Throughout the year, the Committee reiterated the Trust's commitment to the climate emergency and endorsed various sustainability approaches across all areas of its remit, including requesting that future procurement reports include a dedicated section on Environmental, Social and Governance (ESG) considerations, and monitored the sustainability key performance indicators.
Finance report	The Committee received a detailed finance report at each meeting and discussed performance against targets. Emphasis was placed on operational recovery, efficiency of the use of resources - especially given the experience of higher inflation in selected areas, the wellbeing and availability of staff and the impact on the Trust's financial position.

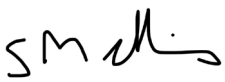
Better Value report	Better Value initiatives continued during the year, providing positive results with the consideration and prioritisation of safety, staff wellbeing and the recovery agenda when savings were identified.
Integrated Performance Report	The Committee received an integrated performance report at every meeting and challenged Executives where necessary. In response to the national focus on long-waiting patients (who had their care delayed by a range of factors including COVID-19 and industrial action), the Committee requested several deep dives into different areas of the Trust (e.g. theatre utilisation) with the aim of increasing activity while balancing realistic recovery targets and staff welfare.
Commercialisation	The Committee received reports on the Trust's Commercial strategy and considered several initiatives during the year. Progress was made across several workstreams to ensure the Trust has a range of options to accelerate its commercial activities over the coming years.
International and Private Care	The Committee reviewed the International and Private Care Strategy, specifically the trust's ambitions, opportunities and current capacity restraints. Throughout the year, the Committee received regular updates on the International and Private Care Directorate's business activity, with a focus on ensuring the Trust's billing processes were robustly accurate.
Procurement services and major contracts	The Committee received its annual update on the Trust's procurement savings and noted the adverse impact world events, in particular conflicts, had on supply chains and costs.
2022/23 National cost collection	The Committee noted the changes to the National cost collection process for the 2022/23 return and outputs.
Treasury management strategy	The Trust's Treasury Management Policy was reviewed and endorsed for approval.
Insurance update	The Committee noted the proposed timetable for dealing with renewal and the scope of the insurances proposed for purchase.
Pharmacy provision in the Children's Cancer Centre	The Committee received an update on the pharmacy estate plans regarding the CCC and details of the phased improvement projects.
Major project updates	The Committee received progress updates, details of issues and remedial actions on the Trust's major redevelopment projects.
Technology Strategy	The Committee received the Trust's Technology Strategy and requested that this was additionally viewed in the context of digital transformation, clinical information and emerging disruptive innovation that could benefit the healthcare of our children and young people.
NHS Resolution member contribution notice	The Committee noted the contribution to NHS Resolution and the renewal of policies for 2023/24
2023/24 review of effectiveness and terms of reference	The Committee was found to be performing well. To further improve, the Chair and Chief Finance Officer plan to further embed a focus on Trust performance in the next financial year

The committee met eight times over the financial year, and I am satisfied that it was presented with good quality papers.

I am also satisfied that meetings were scheduled to allow sufficient time to enable a full and informed debate. Each meeting was fully minuted and summaries of the matters discussed at each meeting were reported to the Trust Board, Council of Governors, Audit Committee, People and Education Assurance Committee and the Quality, Safety and Experience Assurance Committee.

The new Chair of the Trust, the Chair of the People and Education Assurance Committee and the Chair of the Quality, Safety and Experience Assurance Committee observed meetings throughout the year. Members of the Council of Governors also observed committee meetings throughout the year and their feedback at the end of each meeting was valuable.

Looking forward to 2024/25, the Committee will expand the scope of its post-implementation project reviews for areas it has not previously investigated with the aim of further ensuring value for money and sharing of lessons learned. I am also excited about seeing progress on the Children's Cancer Centre, which has been a focus of the Committee for several years.



Suzanne Ellis
Chair of the Finance and Investment Committee

04 July 2024

Cave Baby

Head of Internal Audit opinion 2023/24

Basis of opinion for the period 1 April 2022 to 31 March 2024

Our internal audit service has been performed in accordance with KPMG's internal audit methodology which conforms to Public Sector Internal Audit Standards (PSIAS). As a result, our work and deliverables are not designed or intended to comply with the International Auditing and Assurance Standards Board (IAASB), International Framework for Assurance Engagements (IFAE) or International Standard on Assurance Engagements (ISAE) 3000. PSIAS require that we comply with applicable ethical requirements, including independence requirements, and that we plan and perform our work to obtain sufficient, appropriate evidence on which to base our conclusion.

Roles and responsibilities

The Board is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. The Annual Governance Statement (AGS) is an annual statement by the Accountable Officer, on behalf of the Board, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives.
- the purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process; and
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The Assurance Framework should bring together all of the evidence required to support the AGS.

The Head of Internal Audit (HoIA) is required to provide an annual opinion in accordance with PSIAS, based upon and limited to the work performed, on the overall adequacy and effectiveness of the Trust's risk management, control and governance processes (i.e. the system of internal control). This is achieved through a risk-based programme of work, agreed with Management and approved by the Audit and Risk Committee, which can provide assurance, subject to the inherent limitations described below.

The purpose of our HoIA Opinion is to contribute to assurances available to the Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the system of internal control. This opinion will in turn assist the Board in the completion of its AGS, and may be taken into account by regulators to inform their conclusions.

The opinion does not imply that the HoIA has covered all risks and assurances relating to the Trust. The opinion is derived from the conduct of risk-based plans generated from a robust and Management-led Assurance Framework. As such it is one component that the Board takes into account in making its AGS.

Opinion

Our opinion is set out as follows:

- Basis for the opinion;
- Overall opinion; and
- Commentary.

Basis for the opinion

The basis for forming our opinion is as follows:

- An assessment of the range of individual assurances arising from contemporary core reviews of financial systems, governance, risk management and data quality;
- An assessment of the range of individual assurances arising from our risk-based internal audit assignments that have been reported throughout the period. This assessment has taken account of the relative materiality of these areas; and
- An assessment of the implementation status of prior year actions raised from internal audit assignments. This assessment has taken account of the severity and nature of actions raised.

Overall opinion

Our overall opinion for the period 1 April 2023 to 31 March 2024 is that:

Significant assurance with minor improvement opportunities can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.'

Commentary

On the basis of our work outlined below, we have concluded that our overall opinion for the period 1 April 202 to 31 March 2024 is that significant assurance with minor improvement opportunities can be given on the overall adequacy and effectiveness of the Great Ormond Street Hospital's framework of governance, risk management and control.

The range of individual assurances arising from contemporary core reviews of financial systems, governance, risk management and data quality

Our reviews of risk management, governance and data quality have resulted in ratings of significant assurance with minor improvement opportunities. Our report of D&A review of Core Financial Systemswas rated partial assurance with improvements required with a high priority finding relating to the authorisation of supplier bank details. However, we note that management have addressed this finding and closed the related recommendation.

The range of individual opinions arising from risk-based audit assignments, contained within our risk-based plan that have been reported throughout the year.

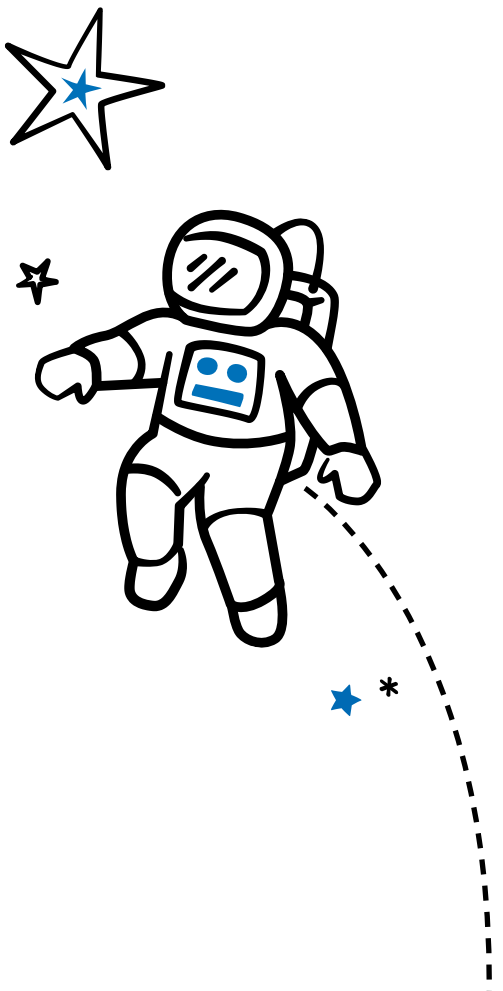
All of our risk based audits received a rating of either significant assurance with minor improvement opportunities or significant assurance. Overall 6 medium findings were raised in our risk based audit reviews.

The implementation status of prior year actions raised from internal audit assignments

The Trust has implemented 4 recommendations raised in year and has taken action to implement 27 historic recommendations. Actions from the prior year still outstanding include, one medium priority action relating to the Directorate Governance review, which was due in April 2024 and which management have taken actions to address by September 2024. This demonstrates the Trust's commitment to improving the control environment/has further work to do to improve the control environment. There are no high priority actions outstanding at the end of this period.

We have therefore issued an opinion that Significant assurance with minor improvement opportunities overall.

KPMG LLP
Chartered Accountants
London
31 March 2024



Annual Governance Statement

1. Scope of responsibility

As accounting officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, while safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum.*

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH), to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control was in place at GOSH for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

As Chief Executive, I have overall responsibility for ensuring there is an effective risk management system in the Trust for meeting all relevant statutory requirements and for ensuring adherence to guidance issued by regulators, including NHS England (NHSE) and the Care Quality Commission (CQC).

The Chief Medical Officer leads the patient safety and safety surveillance agenda at GOSH, supported by a central patient safety team which supports and administers the operational risk management processes. Each clinical operational directorate has a deputy chief of service who is responsible for quality, risk and patient safety and is supported by a Head of Nursing, and directorate safety partners. The directorate safety partners meet regularly with their peers at other trusts to share learning. Further accountability and responsibility for elements of risk management (health and safety, radiation safety etc.) are set out in the Trust's risk management strategy, which is overseen by the Director of Safety Surveillance.

Training is available to all staff to enable them to manage risk in their directorate, specialty or department. Support is available to help with the preparation of risk assessments where required, including triangulating learning from the investigation of incidents. Training on the Patient Safety Incident Response Framework (PSIRF) and its implications has been rolled out across the Trust for key staff. Learning tools and guides have also been published on the Trust intranet. More information about PSIRF can be found on page 30.

Additional support for discussing and documenting risks is available to staff from various corporate functions, including the Quality, Safety Surveillance and Patient Safety teams, Health and Safety team, Emergency Planning Officer, and Information Governance team.

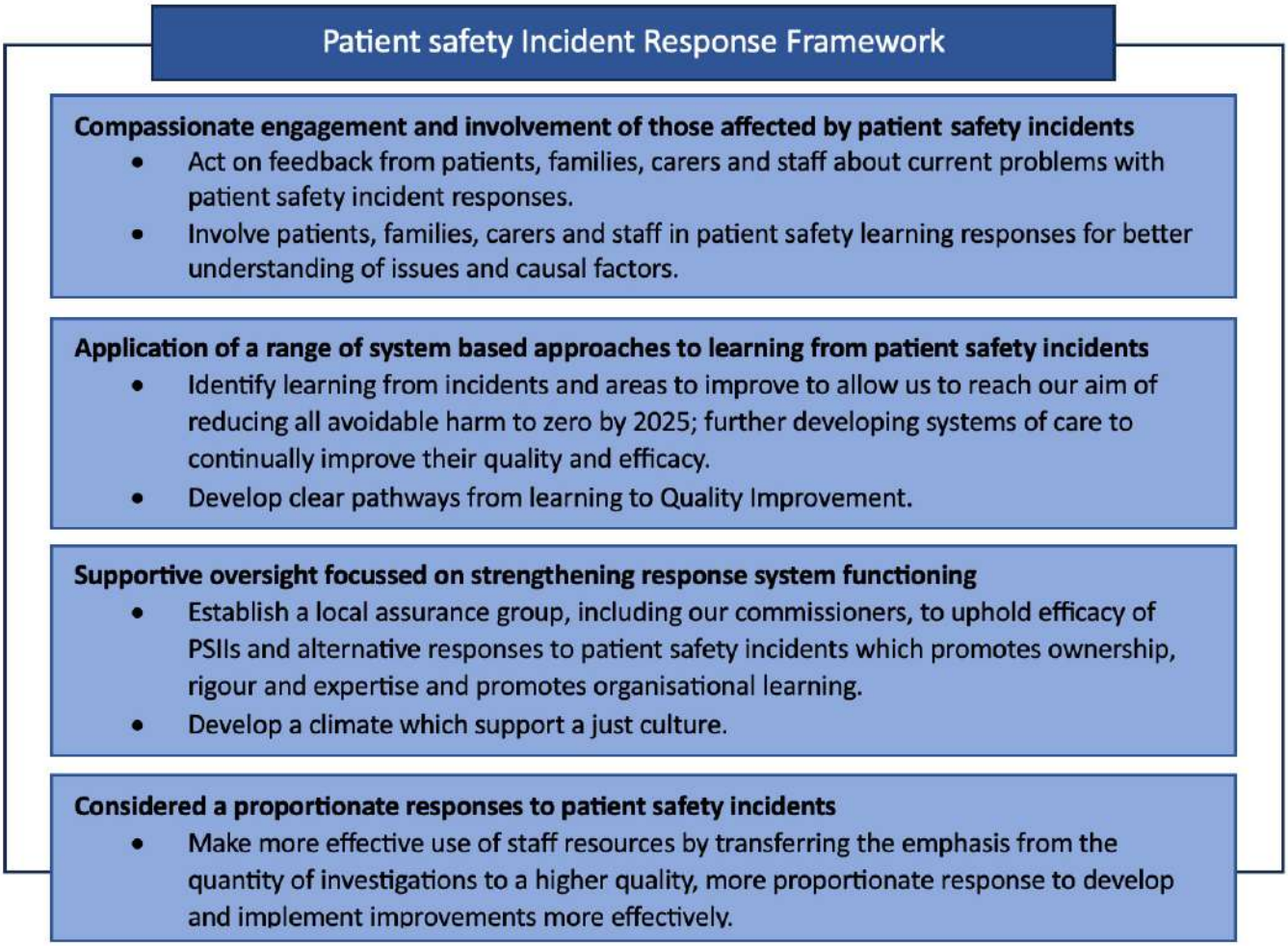
Learning from good practice

The following frameworks are in place to support learning and to identify areas for improvement in both quality and patient safety at GOSH.

Quality, Safety, Outcomes and Compliance Committee (QSOCC): Is a committee responsible for the monitoring and identification of quality, safety, outcomes and compliance metrics through the oversight and triangulation of data, insight and informal signals. The group's purpose is to help to embed a learning culture at GOSH and cascade this through the committee membership.

Patient Safety Incident Response Framework (PSIRF): The guiding principle of PSIRF is to review patient safety events for opportunities to learn, with the aim of stopping the same events from happening again. This is a national framework applicable to all NHS commissioned care. Building on collated data and learning from best practice across the wider healthcare system, PSIRF is designed to enable a risk-based approach to responding to patient safety events, prioritising support for those affected, effectively analysing events, and sustainably reducing future risk, improving safety culture and working towards minimising avoidable harm.

An overview of the framework is provided below. Further information about patient safety at GOSH can be found on page 28. In March 2024, the Trust's Internal auditors reviewed the processes in place for embedding PSIRF within the Trust and made an assessment of the design of the policy, providing a rating of 'significant assurance with minor improvement opportunities'. The auditors commented on a well-designed implementation plan for PSIRF and policy which aligns with national guidance.



Shared Learning: We have expanded the role of the 'Grand Rounds' to have a monthly specific focus on patient safety. These traditionally are used in medical education to help facilitate shared learning and understanding in healthcare settings. The Trust has delivered 13 Safety Grand Rounds to date, with topics that have been identified either through external horizon scanning (learning from others), or as a result of internal investigations and incidents.

Horizon Scanning: Lessons learned in other organisations can often be transferred into wider learning for NHS trusts. A horizon-scanning review is presented at the Board's quality assurance committee (the Quality, Safety and Experience Assurance Committee – QSEAC), providing a short overview of recent reports and guidance issued by a range of external stakeholders that could shape the approach to quality and governance in the Trust. The report identifies any learning and provides the Trust with an opportunity to review and implement change where appropriate.

Safety Intelligence: We are constantly looking at opportunities to learn from a range of safety intelligence sources, whether these are national enquiries or other reports, as well as regular publications from healthcare safety bodies, commentators, research and learning. With this knowledge, we are able to ask ourselves what it means for GOSH, and use learning to test our organisational approaches to quality and patient safety. Importantly, this facilitates the identification of any potential gaps or deficiencies in our approach, for which we will adapt our existing plans for improvement.

Partnerships: Recognising that we cannot improve patient safety and quality on our own, we have forged partnerships with Patient Safety Learning, Civility Saves Lives and Action against Medical Accidents, all of which supported the Trust over the year by providing additional challenge and advocacy on behalf of our patients. Patient Safety Learning provided a peer review as part of our Safety Transformation Board and has undertaken an assessment of GOSH against its national standards. We have completed this process and are pleased to have moved from 'Reactive' to 'Active' when assessed against its maturity matrix.

Learning from Deaths:

Death in childhood is a rare event. Whenever a child dies, it is important to learn if anything could be done differently in the future. We have systems and processes in place to monitor mortality, highlight positive practice, and areas where improvements could be made to identity learning which would improve quality, the co-ordination of care or patient and family experience. Child Death Review Meetings are "a multi-professional meeting where all matters relating to a child's death are discussed by the professionals directly involved in the care of that child during life and their investigation after death." They include clinicians or professionals from external providers.

We report Learning from Deaths quarterly to the QSOCC and Trust Board. These reports show where we do things well, and where we have identified themes for improvement. Where themes are identified, we agree and implement improvement plans.

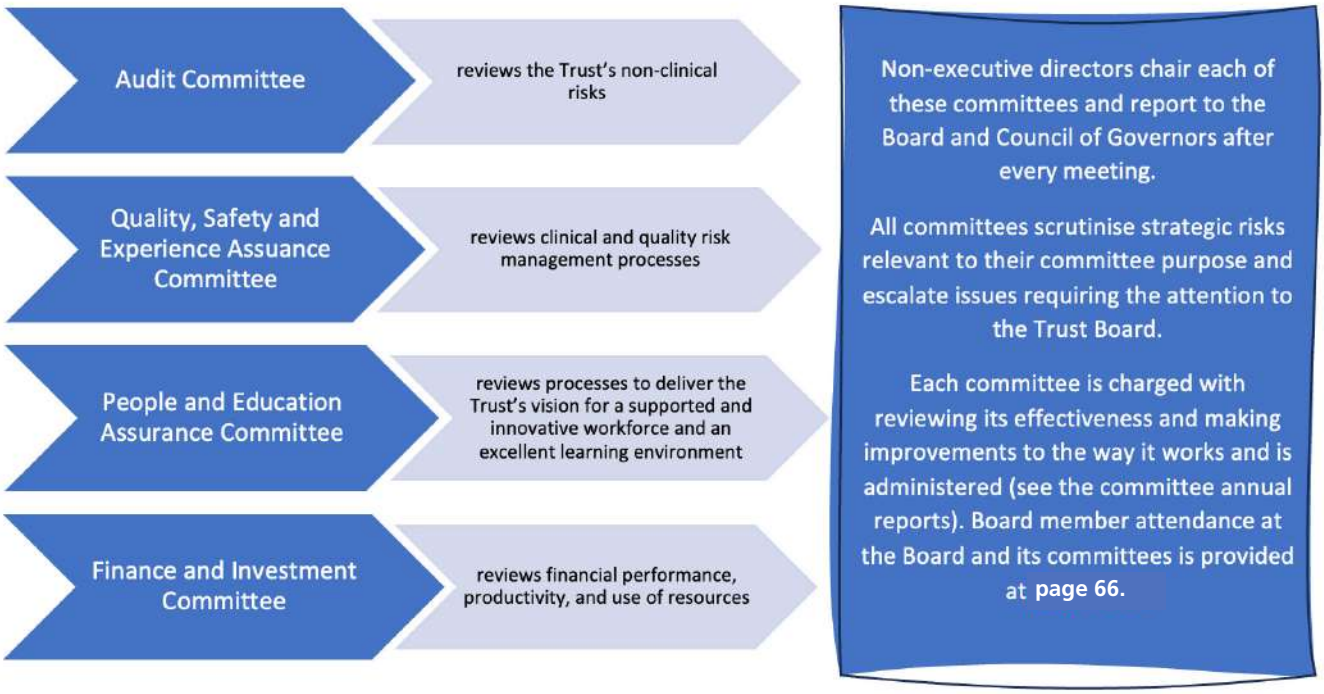
4. The Risk Control Framework

Trust Board and assurance committees

The Board has a formal schedule of matters reserved for its decision and delegates certain matters to committees, as set out below. Matters reserved for the Board in relation to risk management include:

- Determining the overall Trust strategy.
- Ratifying the Trust's policies and procedures for the management of risk.
- Determining the risk capacity and risk appetite of the Trust in relation to strategic risks.
- Determining the Trust governance structure.
- Reviewing and monitoring operating plans and key performance indicators.
- The creation, acquisition, or disposal of material assets.
- Prosecution, defence or settlement of material incidents and claims.

The Board has a work programme, which includes all matters it is required to consider by statutory, regulatory and other forms of guidance. It also receives a range of strategic and operational performance information, which enables it to scrutinise the effectiveness of the Trust's operations and deliver focused strategic leadership through its decisions and actions. The Board maintains its commitment to discussion of patient safety, which is always at the top of its agenda. In 2023/24 there were four Trust Board assurance committees in place:



Risk Assurance and Compliance Group

The Risk Assurance and Compliance Group (RACG) comprises executives and quality, safety and compliance leads. The group is chaired by the chief executive and reports to the Audit Committee, QSEAC and PEAC. The RACG monitors the effectiveness of risk management systems and control and assurance processes across the Trust. This includes the effectiveness of controls cited to mitigate the strategic risks on the Board Assurance Framework (BAF) and the timeliness of the closure of gaps in controls and assurances of these risks. It considers the breadth of compliance requirements applied to the Trust, monitors responses to external and internal reviews of services, reviews internal audit recommendations - ensuring these are closed in a timely manner - and scrutinises the implementation of the policy governance framework.

Operational Board

The Operational Board is a decision-making group with delegated authority from the Executive Management Team. It holds oversight for delivery of operational performance across the Trust. The Board comprises the Chiefs of Service for each directorate, with senior representation from the corporate departments, and is chaired by the Chief Operating Officer. The Board is responsible for reviewing new and updated high-rated risks and Trust-wide risks (risks that have been identified as affecting more than one directorate) and considering whether these should be escalated to RACG to consider their inclusion on the BAF. A new Risk Oversight Group has been created to strengthen the Trust's risk management processes at these key levels and cohorts of risk. This Group provides an opportunity for support directorates to manage and mitigate their high rated risks, as well as a space for Trust wide risks to be reviewed and managed holistically.

Standing committees

Standing committees are responsible for managing cross-Trust issues relevant to their area of expertise and, as such, have delegated authority within their terms of reference for a specific remit. This includes assessing the effectiveness of the control systems in place to reduce the risks relevant to their areas of expertise. Standing committees with responsibility for risk management include:

- Quality, Safety Outcomes and Compliance Committee (QSOCC)
- Patient, Family Experience and Engagement Committee
- Health and Safety Committee
- Information Governance Steering Group

Risk Action Groups

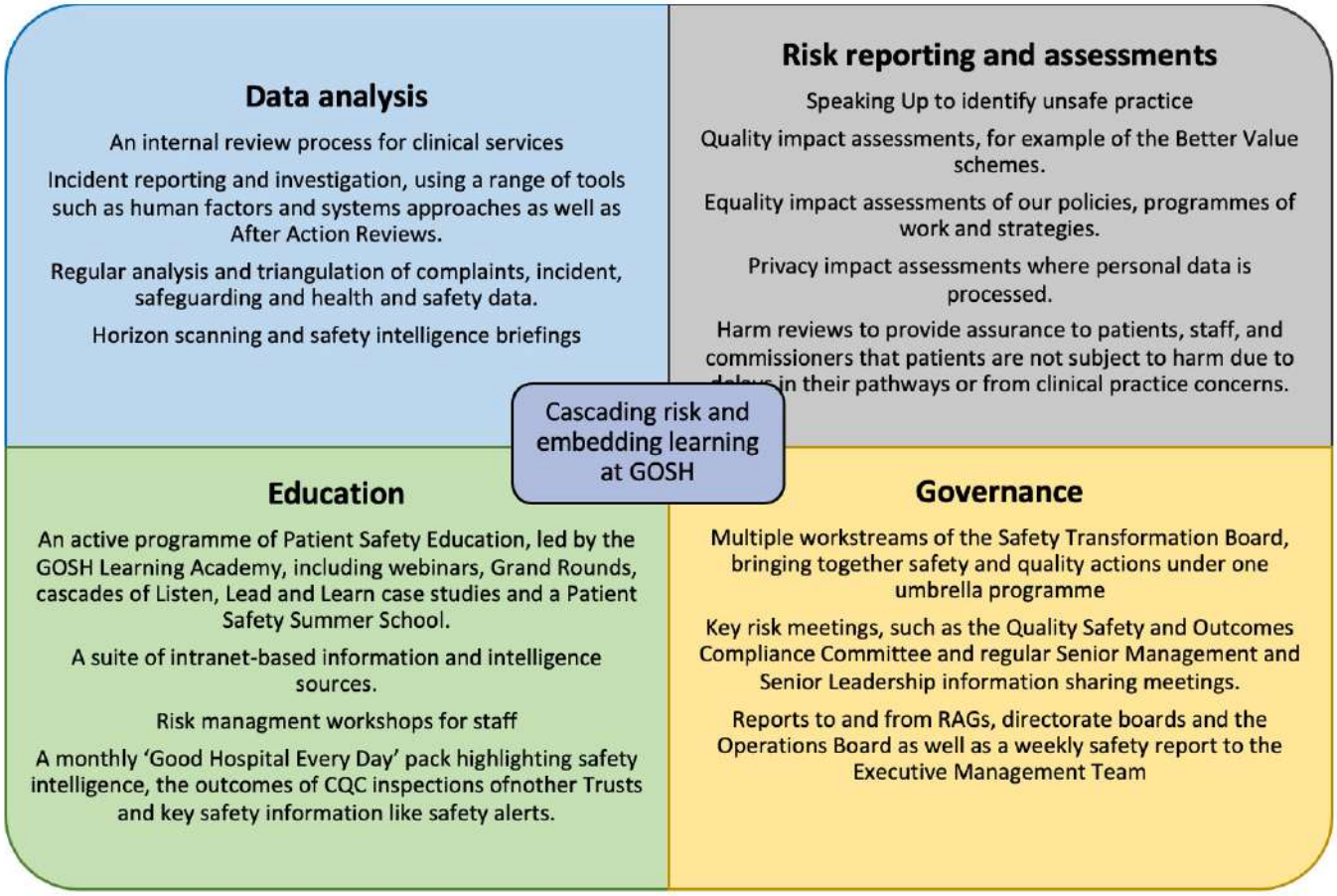
Local Risk Action Groups (RAGs) are multidisciplinary meetings that discuss the risks to patient safety and service delivery within a directorate or department. RAGs review low, medium and high risks, approve scores, monitor actions to mitigate the risks and agree low and medium risks where appropriate. They receive information monthly on their clinical and non-clinical incidents (reported through the central reporting system) and consider actions to control risks and identify key themes. Higher rated risks are further discussed at Directorate Performance Review Meetings as well as at the Operational Board, chaired by the Chief Operating Officer.

Cascading risk and embedding learning

The Chief Medical Officer leads the patient safety and safety surveillance agenda at GOSH, supported by an operational patient safety team which supports and administers the risk management processes. Each clinical operational directorate has a deputy chief of service who is responsible for championing safety and supported by the directorate safety partners. The directorate safety partners also meet regularly with their peers at other trusts to share learning. Further accountability and responsibility for elements of risk management are set out in the Trust's risk management strategy, which is overseen by the Director of Safety Surveillance. The Safety Surveillance and Patient Safety teams work closely to align workstreams and share intelligence.

Training is available to all staff to enable them to manage risk in their directorate, specialty or department. Support is available to help with the preparation of risk assessments where required, including triangulating learning from the investigation of incidents. This has been enhanced by the recent addition of workshops, facilitated by the Safety Surveillance and patient Safety Teams.

There are a range of ways information on patient safety and risk is shared across the Trust. Lessons are learned from serious incidents and investigation of patient safety events, complaints and other intelligence. Ways they are shared include:



Transparency and Openness

The Board is committed to promoting a culture of openness and transparency. This includes seeking feedback from patients, parents and carers, ensuring transparency and openness in practice, and carrying out evaluations of the services provided by us and by our partner organisations. Risks are identified, recorded, analysed and learning shared via various routes across the Hospital:

Via line managers/ using HR processes	The most commonly used route.
Freedom to Speak Up Guardian	Trust has 1 FTE Guardian whose role it is to support staff to speak up when they feel unable to in other ways (see below).
Chief Executive's Big Brief	Staff are encouraged to ask direct questions of the Chief Executive and Executive Management Team.
Duty of Candour Policy	Promotes a culture of openness and transparency in relation to all incidents.
Clinical Ethics Service	Aims to create a culture in which ethical issues can be discussed openly.
The Patient Advice and Liaison Service	Helps patients, parents and carers with any information, concerns, or problems that they have about their care/service.
Bereavement services department	Offers advice and support to staff and parents in dealing with end of life issues and related difficult situations.
Chaplaincy and spiritual care	Visiting each ward regularly, they listen confidentially and reflect.
Occupational Health	Supports any member of staff's health and wellbeing at work.
Safeguarding Service	Provides specialist advice and support on any safeguarding concerns.
The GOSH Networks	The REACH Staff Network, Pride Network, ENABLED Network and Women's Network provide communities to support and empower staff to make GOSH a fully inclusive employer.
Counter Fraud Specialist	Staff can report suspicions of fraud or an offence against the Trust or a serious infringement of Trust or NHS rules.
Feedback from patients and families	National CQC CYP survey, focus groups and engagement events, The Young People's Forum, Social media, Friends and family test, anecdotal feedback, complaints, claims.
Safety Event / Incident Reporting and Risk Management Policy	Defines the procedures and actions to be taken in response to an incident.
Audit and review	Internal audit, Clinical audit, internal and external reviews of processes and services.
Trade Unions at GOSH	Representatives can advise, guide, support, negotiate and speak for members on a range of issues.

Speaking Up at GOSH

As outlined above, within the Trust there are a number of methods by which staff can speak up if they identify unsafe practice or near misses in relation to safety or quality or are experiencing other issues which impact their ability to do their jobs well. We have a dedicated Freedom to Speak Up Guardian (FTSUG), who works independently from the clinical or corporate directorates, and has unrestricted access to the Chief Medical Officer, Chief Executive and Non-Executive Director responsible for Speaking Up (see page 105).

We are committed to tackling the barriers that staff face when speaking up. The Safety Transformation Board has oversight of actions to address learning from the NHS Staff survey, alongside our recent internal surveys about incident reporting and staff experiences in speaking up at GOSH.

There are more informal networks in place across the Trust, with Virtual Big Brief (VBB) and an #AskTheExec segment in which questions can be raised anonymously by staff. This allows staff to ask questions directly of the Executive Management Team, and the recording is shared on 'OurGOSH' and through the weekly 'Headlines' email to all staff. This forum receives between 10 and 30 questions each fortnight and has resulted in changes taking place across the Trust. We are committed to ensuring that the anonymity function remains in place for this but have noticed that forums have featured comments and behaviours which are not aligned to our values and have called on staff to be mindful of their comments. We will continue to monitor this as we recognise the importance of staff being able to raise questions directly to the Executive Team, but also recognise the impact that some of the questions, comments and tone may have on our staff.

We know that colleagues with protected characteristics can feel that the organisational culture does not support them to have a voice and speak up. At GOSH we have four Diversity and Inclusion Networks across the Trust (see page 108 for further information):

- Women's Network
- Reach Network
- Pride Network
- Enabled Network

These networks have supported a number of events which have championed inclusion, and how to support staff to feel safe and supported in work irrespective of their particular characteristics. We recognise there is much more for us to do to create a truly inclusive culture and the updated Seen and Heard framework will steer this work.

The risk management process at GOSH

The Trust's Risk Management Policy sets out how risk is managed. This extends across the organisation, from the frontline service through to the Board, and promotes the mitigation of clinical and non-clinical risks associated with healthcare and research, ensuring continuous review of business continuity plans.

The policy identifies the organisational risk management structure, the roles and responsibilities of committees and groups that have some responsibility for risk, and the duties and authority of key individuals and managers regarding risk management activities. It describes the process for providing assurance for the Trust Board review of strategic organisational risks, and the local structures to manage risk in support of this policy.

The policy is integrated into the management, performance monitoring and assurance systems of the Trust, to ensure that safety and improvement are embedded in all elements of the Trust's work, partnerships, collaborations, and existing service developments. This enables early identification of factors, whether internally or externally driven, which may prevent the Trust from achieving its strategic objectives.

A further, more far-reaching update to the policy is proposed to bring in more developed approaches to risk management once a new risk management platform is in place to support the implementation of these approaches.

Risk appetite

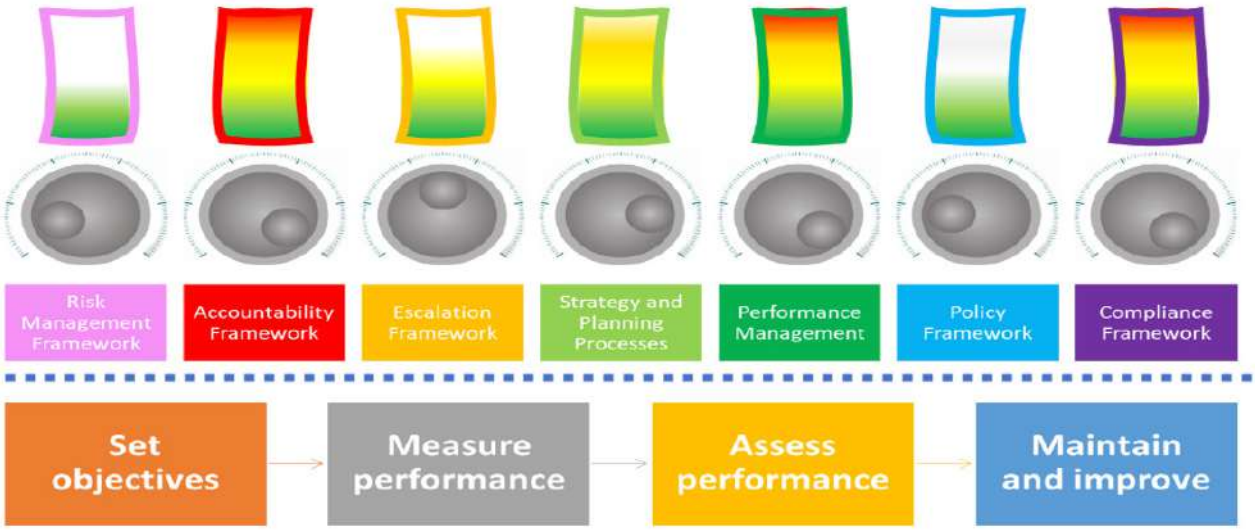
The Trust defines its risk appetite as the amount of risk it is prepared to accept, tolerate, or be exposed to at any time, in the context of the highly specialised services it offers. The Board is committed to doing everything possible to reduce risk for children and to deliver high-quality, efficient and effective care.

The Board approved a revised risk appetite statement in 2023. Within the statement, consideration is given to the environment in which we operate alongside a review of the Trust strategy and the priorities cited. The Board recognises the Trust delivers clinical services and research activity in a high-risk environment. The delivery of GOSH's strategic objectives and its relationships with its patients, the public, funders and other strategic partners determines the Trust's long-term sustainability. As such, the Board has agreed that the Trust has a low appetite overall for risks relating to its clinical service and research delivery and safety and compliance objectives, including preventable patient harm and public and employee health and safety. The Trust is open to innovative practice (clinical, operational and commercial) within a governance framework where risk assessments (clinical, ethical, financial, data and multi-disciplinary) are undertaken, and actions implemented.

The revised risk appetite has provided an opportunity for scrutinising the appropriateness of the Trust's strategic risks, how they are stated, mitigated and assured as well as the context in which the risks exist (and how this reflects on the stated risk appetite). This work is resulting in a more nuanced approach to accurately citing risk and determining our risk appetite.

Identification, evaluation and control of risk

The Trust's Assurance and Escalation Framework presents a single, comprehensive overview of the governance and assurance structures and systems through which the Trust Board and other stakeholders receive assurance.



The Trust routinely reviews and reports this assurance through key governance processes and frameworks, including:

- The Trust's Risk Management Policy (see above) sets out how the organisation identifies, monitors, escalates and manages risks in a timely fashion and at an appropriate level. Further detail on the identification and evaluation of strategic and local risks is provided below.
- The Performance Management Framework outlines how the Trust's performance objectives and standards will be met, reviewed and managed.
- The Trust has a comprehensive and integrated Compliance Framework which seeks to ensure ongoing compliance with statutory and regulatory requirements through integrated, rigorous and proactive structures, policies and practices. It ensures appropriate controls are in place to maintain compliance with statutory and regulatory requirements and that external guidance and alerts are considered in a full and responsive way.
- The policy framework provides for clear and accessible policies, procedures and guidelines to support staff in undertaking their duties in a safe and effective way, taking account of all relevant legislation, regulation and guidance. The Trust's policy framework is administered by the Policy Approval Group (PAG) and monitored by the Risk Assurance and Compliance Group (RACG).
- The Trust's committee structure, developed from the Trust Board down, is under review to ensure each committee or group has a clear purpose, scope and authority. Some committees have statutory functions, others have authority to make decisions and direct actions, while others provide advice, support and oversee specific functions.

Identification and monitoring of strategic risk

The Trust's Board Assurance Framework (BAF) is used to provide the Board with assurance that there is a sound system of internal controls to manage the risks of the Trust not achieving its strategic objectives. The BAF records information about the controls in place to manage key risks and details the evidence they are operating effectively. The BAF includes cross-references to assurance obtained from internal and external audits and self- assessments of compliance with other regulatory standards. It was monitored and updated throughout the year.

The RACG reviews all strategic (BAF) risks on the assurance framework (including the related mitigation controls and assurance available about the effectiveness of the controls). This includes testing the robustness of the controls through analysis of available outcome data, external assurance reporting and the application of governance processes.

The Audit Committee, QSEAC, PEAC and FIC scrutinise the BAF risks relevant to their remits on a rotational basis and at least annually. These assurance committees look for evidence the controls are appropriate to manage the risk, and independent assurance the controls are effective. They monitor progress with actions to reduce or remove control or assurance gaps.

In 2023/24, all risks were reviewed by the RACG, assurance committees and Trust Board.

Reframed BAF risks 2023/24

During the year, the following BAF risk statements were reframed to better describe the risk to delivery of the Trust strategy (risk statements in brackets):

- **Business Continuity:** Updated to broaden its scope and reflect external challenges (*The trust is unable to deliver normal services and critical functions caused by unexpected events; external challenges (global/ social/ political/ technological/ environmental) and/ or inadequate business continuity planning).*
- **Children's Cancer Centre:** Following assurance provided by a gateway review and Council planning approvals, the risk was redefined to focus on delivery of a modern cancer service that is supported by the development of the cancer centre building *(Failure to deliver a modern Cancer Service at GOSH supported by development of a new Children's Cancer Centre that provides holistic, personalised and coordinated care.)*

New risks added to the BAF in 2023/24

The following new risks were added to the BAF (risk statements in brackets):

- **International and Private Care (IP&C):** With international and private services increasing since the Pandemic, due to air corridors reopening and increased commercial activity, the Board agreed to decouple the risk of not achieving the IP&C and commercial delivery plans from the financial sustainability BAF risk and establish it as a separate BAF risk *(The risk that the financial sustainability of the Trust is significantly impeded by a failure to deliver IP&C and commercial contribution targets.)*
- **Health Inequalities:** There is a risk of Trust strategies, systems, polices and service delivery exacerbating health inequalities for our patients and families. *(The risk that Trust's strategies, systems, processes, policies, and service delivery exacerbate health inequalities of our patients, impacting negatively on their physical and mental health status, their access to care and services and the quality and experience of the care provided.)*
- **Transformation:** A risk focused on the failure to provide a longer-term focus for innovation; develop infrastructures that effortlessly support the acceleration of innovative new models of delivery; and accept and manage risk associated with innovation (within limits). *(Failure to establish an environment (capability, culture, resources, systems and processes) to transform services thereby hampering delivery of improvements in patient safety and experience, service design and productivity and efficiency.)*

Identification and monitoring of local risks

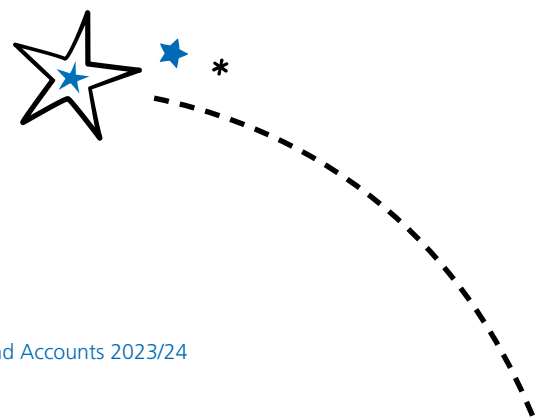
Each directorate and department is required to identify, manage and control local risks, whether clinical, non-clinical or financial, to provide a safe environment for patients and staff and to reduce unnecessary expenditure. This ensures the early identification of risks and the devolution of responsibility for management of risks to staff at all levels of the organisation. In practice, this is achieved through the involvement of staff in risk action groups, risk training and other development work delivered by the Quality, Safety and Safety Surveillance teams.

Risks are identified through the assessment of diverse sources of information such as those outlined on page 144.

Further risks are also identified through specific consideration of external factors through progress with strategic objectives and other internal and external requirements and imperatives to which the Trust is subject.

Risks are evaluated using a "5x5" scoring system to assess the consequence and likelihood of the risk occurring. Assessments are made as to whether the prioritised risks are acceptable and where responsibility for oversight of the risks should lie i.e., at local or Trust level.

Control measures aimed at both prevention and detection are identified to either reduce the impact or the likelihood of the risk. An assessment is then made of the effectiveness of the control on reducing the risk score. A designated individual is responsible for monitoring, reviewing and reporting on the effectiveness of the control in place, and actions taken to mitigate the risk to a level at which it is capable of closure. Risks and controls are evaluated according to a set review frequency, set out in the Risk Management Policy. Higher rated risks which do not progress to reduction and closure within a reasonable period, or where a high rating appears static, are regularly considered by the executive-led Risk Assurance and Compliance Group, in partnership with the risk owner. There is regular oversight of longstanding risks at the Operational Board.



Principal risks in 2023/24

The principal risks identified during 2023/24 are outlined below. All these risks continue to be monitored and mitigated on the BAF in 2024/25. These risks are broken down into component parts covering their different drivers, with appropriate mitigating actions for each component. A summary of these four risks is outlined below, highlighting the work conducted to mitigate the risk in 2023/24 and the residual risk activities for 2024/25 and onwards (where relevant):

Strategic risk: Safety Culture

Context: *With safety as the Trust's key purpose, it is essential that we establish a restorative safety culture, further cementing our commitment to 'no blame' across our Trust. We recognise there is work to do and subsequently this is a key risk for the Trust Board (documented as two risks on our BAF).*

Risk: Failure to follow safety standards, foster a culture of openness and transparency, and use data to support improvement.

Potential impact: The Trust:

- Does not consistently care for patients within a comprehensive safety system.
- Does not consistently focus on openness, transparency and learning when things go wrong, or use the opportunity to learn-when things go well.
- Fails to develop a culture where our people feel well led, well managed and are supported, developed and empowered to be their best.

GOSH principles: Principle 3: Safety and Quality

GOSH priorities: All priorities.

Activities in 2023/24

Implementation and monitoring of Safety Strategy and Quality Strategy to improve patient and staff safety and experience. Safety Transformation Programme launched.

Publication of the 'Overview of Safety at GOSH' report, which sought to provide an overview of the safety systems and processes GOSH has in place to keep our patients, staff, and healthcare environments safe.

Improvements in safety at GOSH are managed through the Safety Transformation Board, with regular assurance reports provided to the Quality, Safety and Experience Assurance Committee (QSEAC).

A narrative was embedded across the Trust of being a *Good Hospital Every Day* in line with CQC standards.

Establishment of a Quality Improvement Training and Support Framework.

Participation in external accreditations, reviews, and inspections with positive outcomes.

Annual Internal Clinical Audit Schedule to give assurance on areas of clinical services or outcomes.

Analysis of data and learning arising from performance data, incident/ complaints/ freedom to speak up data, Getting it Right First Time (GIRFT) programmes.

Nursing Strategy approved at the Trust Board.

Refreshed People Strategy approved at the Trust Board.

During the year, the People Strategy Implementation Plan included establishment of:

- Leadership and line management framework
- HR Business Partners working across clinical and corporate directorates to ensure poor behaviours are identified and tackled, and leaders appropriately supported.
- A values and behaviours framework.
- Upgraded HR systems (and office administration software) to support managers and staff and provide robust analytics to identify areas for improvement.

Residual risk and future actions

Refresh of the Seen and Heard and Mind, Body and Spirit frameworks to align with the refreshed People Strategy.

Expansion of Staff Recognition Scheme.

Establishment of enhanced safety monitoring tools:

- Refresh approach to risk management, including application of risk tolerance levels for operational risks.
- Embed Patient Safety Incident Response Framework (PSIRF), including recruitment of Patient Safety Partners.
- Cataloguing of local guidelines and redesign of the process for the oversight and management of Clinical Guidelines.

Refresh of the Safety Transformation Programme, focusing on data, insight, leadership, and culture.

Launch of the Trust's Culture Strategy incorporating refreshed Trust values.

Embed the strategic priorities captured in the Nursing Strategy:

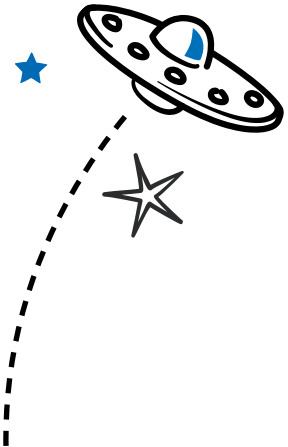
- Reward and Recognition
- Leadership Resilience
- Amplifying the Nursing voice by introducing a Shared Governance approach to decision making

The Freedom to Speak Up Guardian reporting/ escalating concerns. Revision and update to Freedom to Speak Up and protected disclosure policies, a supported communications plan and training. A Staff Recognition Scheme, including relaunch of the annual Staff Awards in 2023. Improved staff survey results in 2023: • GOSH staff survey response rate 11% higher than 2022 (54%). • 38% increase in the number of BAME staff completing the survey. • Improvement across all nine People Promise and 20 out of 21 sub-themes.	Refresh of the GOSH Patient Experience Priorities.

Strategic risk: Estates Compliance

Context: *The Trust has continued to invest in its estate and equipment. The focus in 2023/24 has been on enhancing reporting and governance arrangements to reinforce compliance requirements across the estate and improving team culture.*

Risk: Inadequate maintenance of the estate against regulatory standards, legal requirements, and best practice.	**Potential impact:** The safety of the environment in which care is delivered by staff to patients and carers.
GOSH principles: Principle 3: Safety and Quality 	**GOSH priorities:** All priorities.
Activities in 2023/24 • Redesigned governance structure in the Space and Place directorate team to involve enhanced compliance monitoring, reporting and escalation. • Fully developed and recruited interim team. • Structure in place following merging of Estates and Facilities with the Built environment. • Dedicated workstreams established and delivering on recruitment, team development and culture. • Development of Estates and Facilities strategy aligned with the Trust strategy. • Revised approach to delivery and documentation of the Premises Assurance Model (PAM), Computer Aided Facilities Management (CAFM) and Estates Return Information Collection (ERIC). • The Trust achieved an overall score of 'Requires Minimal Improvement' due to all domains requiring minimal or moderate improvement. • Planned Preventative Maintenance tasks (PPMs) for critical ventilation systems now issued and recorded on the CAFM system.	**Residual risk and future actions** External advice sought to establish best practice for implementation of the Health Technical Memorandum and governance reporting. Scoping of essential backlog maintenance and compliance underway to inform the 10-year Capital Programme, including a maintenance plan for the estate. Development of a Green Plan for the Trust. Effectiveness review of Safety Groups, including triangulation with annual external reports from appointed Authorising Engineers.



Strategic risk: Operational Performance

Context: *It was an incredibly challenging year for delivery of our clinical services with exiting Covid, a postponed demand of services and industrial action having a major impact upon our ability to deliver care in a timely way for all patients. Further information about the context in which we operated in 2023/24 can be found on page 24.*

Risk: Failure of our systems and processes to deliver efficient and effective care.	**Potential impact:** Delivery of care at GOSH does not meet patient/carer expectations, does not support retention of NHS statutory requirement and maintenance of the Foundation Trust licence.
GOSH principles: Principle 3: Safety and Quality	**GOSH priorities:** All priorities.

Activities in 2023/24

Continued monitoring of compliance against Referral to Treatment and Diagnostic and Cancer standards in the context of implications arising from clinical prioritisation plans – reported to Operations Board and Executive Management Team:

- Patient Tracking List (PTL) meetings – Challenge sessions held weekly with all clinical areas, reviewing patients waiting for treatment or diagnosis.
- Review of long waiters – Regular consideration of long waiters to ensure treatment plans were in place.
- Demand and capacity modelling of activity in the hospital and theatre and bed capacity.
- Capturing the clinical prioritisation of patients (via harm reviews) to ensure they were seen within relevant timeframes.
- Daily Site Monitoring – GOSH site reporting monitored hospital capacity, activity, and trends.
- Cancellation Analysis – Analysis of last-minute cancellations by the hospital to understand and learn how to avoid these in future.
- Theatre scheduling programme.

Focused on clinic letter and discharge summary turnaround times, reducing backlogs and improving administrative process and reporting frameworks.

Holding Apollo Week (March 2024), where teams in clinical and non-clinical areas across the Trust trialled new ways of working, learning, and improving processes including:

- Running a high intensity theatre list (HIT list) for MRI - to increase efficiency.
- Looking at our discharge processes in some wards to see if there could be a reduced wait and better experience for patients to be discharged safely.
- Removing clutter (dump the junk).

Residual risk and future actions

Revision and updating of the Trust's Performance Management Framework.

Revision to the Trust Access Policy in line with integrated care system reporting.

Continued focus on long waiting patients, clinic letters and discharge summary performance.

Strategic risk: Financial Sustainability

Context: *It has been a challenging year in delivering against the agreed budget (and cost improvement plan) whilst exiting Covid, managing the operational risks as outlined above, including recovering our private patient and research income. More information can be found on page 36.*

Risk: Failure to be financially sustainable and deliver productivity and efficiency targets and International and Private Care (I&PC) and commercial income plans.	**Potential impact:** Delivery of the Trust annual plan within agreed budget, inadequate funding available for delivery of Trust CCC costs and maintenance of adequate cash levels. Reduced ability to fund transformative work programmes that identify safety and operational efficiencies.
GOSH principles: Principle 4: Financial Strength	**GOSH priorities:** All priorities.

Activities in 2023/24

Active monitoring of:

- Budgets and forecasts at directorate/ department Performance Review Meetings.
- Debt collection for non-NHS and private patients.
- Achievement of cost improvement programmes (Better Value) through monitoring by the Better Value Programme Board.

Ongoing engagement with partners to develop an appropriate funding base for complex paediatric care.

Establishment of:

- a vacancy control system
- a move to a long-term focus on delivery of Cost Improvement Plans (Better Value)
- robust intellectual property arrangements for GOSH generated/ shared products.

Establishment of a Transformation Office with a major focus on efficiencies through digitalisation and workflow.

Revision to the Standing Financial Instructions and Scheme of Delegation.

Development of an International and Private Care Strategy focusing on securing International and Private Patient (IPP) income to support hospital activities.

Approved funding arrangements and finalized Financial Business Case for the Children's Cancer Centre.

Responded to internal audit findings on core financial system processes around accountabilities and documentation, particularly around strengthening controls on supplier standing data.

The Trust and Charity continued to review the requirements for Charity funding to support key capital projects, research and revenue projects supporting families, patients and staff.

Residual risk and future actions

Rolling out a financial management training programme for all budget holders.

Continue to plan/ manage the funding and business case for the Children's Cancer Centre and delivery of a modern Cancer Service.

Respond to internal audit findings on core financial system processes around accountabilities and documentation.

Continue to work with partners (NHSE, NCL ICS, Children's Healthcare Alliance) on the application of funding guidance.

Strategic risk: Cyber Security

Context: *Any breach of security has the potential to result in a data breach and impact how we care for our patients by disrupting access to the data and other information that we hold. More information can be found on page 159.*

Risk: That the technical infrastructure at the Trust (devices, services, networks etc.) is compromised via electronic means.

Potential impact: The data stored on our technical infrastructure is stolen or damaged, causing data breaches, disruption to services and potential harm to patients, carers and/ or staff.

GOSH principles:

Principle 3: Safety and quality

Principle 4: Financial Strength

GOSH priorities: All priorities.

Activities in 2023/24

The Trust achieved significant milestones in enhancing our cyber security posture during the year.

Following an independent audit assessment by KPMG, we were proud to receive a 'Significant Assurance' rating, demonstrating the overall design and operation of key mandatory Data Security and Protection Toolkit (DSPT) controls.

As part of our proactive approach, we have implemented advanced network monitoring tools. These tools significantly enhance our ability to detect and respond to cyber threats. We have also integrated Network Access Control (NAC) and commissioned improved next-generation firewalls, bolstering our network's defence against potential breaches.

GOSH ICT has adopted the BitSight cyber solution, providing further assurance of GOSH's cyber security risk and the risk posed by supplier-managed systems. In March 2024, GOSH's Bitsight Security Rating was an impressive 800.

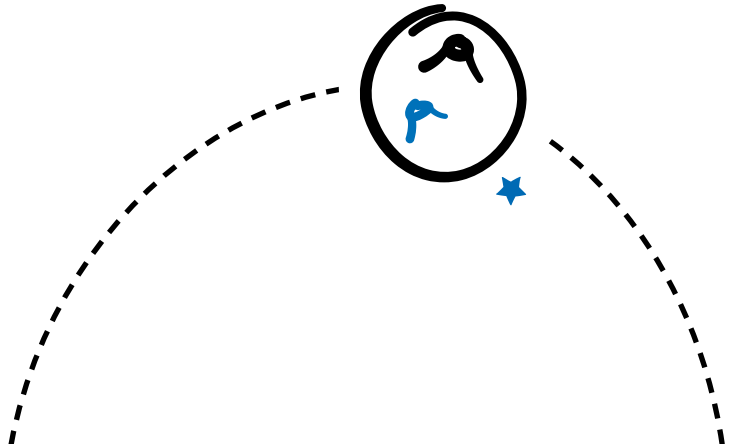
Our proactive approach includes a comprehensive cyber incident response plan, tested annually to ensure we are prepared. A dedicated effort towards cyber training has heightened staff awareness and preparedness, particularly against phishing attempts.

Alongside these developments, we've maintained a rigorous vetting process for ICT suppliers to secure our supply chain. We have transitioned from legacy equipment to more advanced technological solutions for improved network security and management.

Residual risk and future actions:

Our commitment to maintaining the highest standards in cyber security is reflected in our continuous quest for advancements in our systems and software. With an increased focus on regular and dynamic cyber awareness staff training, we anticipate strengthening our defences against sophisticated cyber threats.

Upcoming projects include enhancing password security protocols, deploying a Zero Trust model for remote access, and ensuring that only authorised applications run on our network. These initiatives underscore our pledge to protect our systems' integrity and patient data's confidentiality.



Involvement of stakeholders in risk management

The Trust recognises the importance of involving stakeholders in ensuring patient safety events are avoided and patients, visitors, staff, contractors and other members of the public are not exposed to any unnecessary risks or hazards.

Risks are assessed and managed to ensure the Trust's systems reflect consideration of all stakeholder interests. Stakeholders are also involved in the Trust's risk management process where appropriate. For example:

- Patient views are obtained through the Patient Advice and Liaison Service (PALS).
- Patient representatives are involved in Patient-Led Assessments of the Care Environment (PLACE) inspections.
- The Young People's Forum (YPF) has a wide membership of patients, who participate in the development of initiatives and co- produce strategies with Trust teams, including those aimed at improving safety, quality and the patient experience. The YPF supported the development of the role of Patient Safety Partners, and two young people were successfully recruited to the role, ensuring the patient voice is heard at every level of the Trust. The image below depicts the level of their involvement across the Trust over the year.
- There are regular discussions of service issues and other pertinent risks with commissioners and the Clinical Quality Review Group, which includes membership from the Integrated Care System.
- Staff are involved in strategic planning groups with the North Central London Integrated Care System, commissioners and other healthcare providers.
- The Trust Board receives patient stories at every Board meeting and tracks learning and actions agreed from these stories via QSEAC.
- The People and Education Assurance Committee (PEAC) receives staff stories and tracks learning and agreed actions.
- Non-executive directors undertake 'walkarounds' with teams prior to Board meetings and report their findings at the meeting.
- Regulatory and compliance reports about GOSH and other healthcare services are considered, monitored and cascaded.
- We have recruited four Patient Safety Partners (PSPs), two of whom are young people with lived experiences of being a patient at GOSH, and the remaining two are parents of patients at the hospital (see page 29).

Internal audit function

The Trust contracts with KPMG LLP for its internal audit function. All internal audit reports are presented to the Audit Committee, with reports relevant to QSEAC and PEAC reported as required. Further information about internal audits can be found on page 130. KPMG appraises the Audit Committee and other assurance committees of progress with the adoption and closing of identified internal audit management actions. RACG monitors responses to internal audit recommendations and ensures that these recommendations are responded to and closed within the stated timescales.

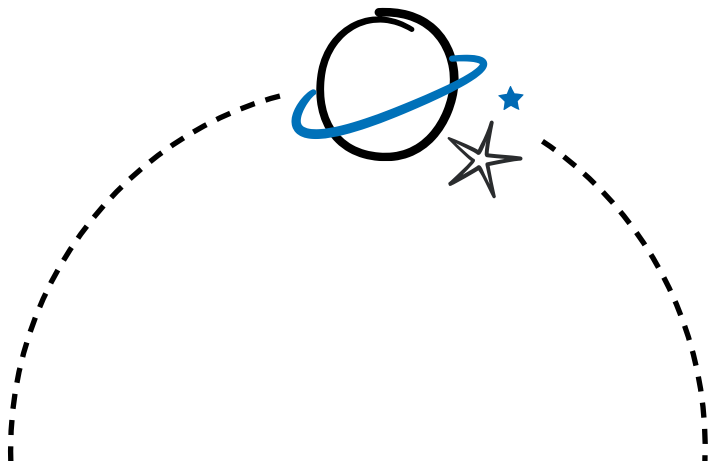
Workforce safeguards

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

The GOSH People Strategy was first published in 2019. It brings together all people management issues and related activities to provide visibility, but also to ensure they are aligned, coordinated and focused on delivering the current and future priorities of the Trust, alongside our commitment to our people.

Significant work has been delivered since its publication and, together with the underpinning Diversity and Inclusion and Health and Wellbeing frameworks, (Seen and Heard, and Mind, Body and Spirit), the strategy has provided a strong foundation to support staff through the unprecedented challenges of the pandemic and post-Covid recovery.

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



During 2023/24, GOSH published a refreshed People Strategy, building on work delivered under the initial strategy and focused on supporting the wider Trust Above and Beyond strategy ambition of making GOSH a great place work.

Below are some of our key achievements over the year.

Staff health and well-being: Mind, Body & Spirit
The work to implement our Mind, Body and Spirit Framework, supported by the Health and Wellbeing Steering Group, continued at pace with our wellbeing hub and improved staff communications. Further information can be found on page 38.
Driving a culture of inclusivity
The Seen and Heard framework includes implementation of a culture change programme around respect and civility, which will lead to a GOSH Respect and Civility toolkit for all staff to access and use. Our Apprenticeship programme has developed and grown. Around 50% of our 292 apprentices are from minority ethnic backgrounds, increasing the diversity of our talent pipelines. We now have more than 30 different types of apprenticeship available, and the list is growing year on year. 95% of individuals recruited into apprenticeship roles are retained post programme and 17% go on to complete a higher-level apprenticeship, providing an excellent opportunity for diverse recruitment, retention and career progression. Our Staff networks continued to support our diverse community and amplify our employee voice. The Staff Networks publish a communication and engagement plan for the year ahead and distributed it to stakeholders, celebrating a wide variety of national and international events that are important to our community, often with high profile guests and speakers. Our debiasing recruitment programme continued to develop, and more information can be found on page 30. To support greater levels of career progression we launched our Race Inclusion through Sponsorship Engagement (RISE) Programme, through which nine individuals from global majority backgrounds are sponsored by members of our executive team. The programme is a one-year pilot with the intention to scale it up. In 2023 we saw an 11% increase in our response rate for the annual NHS Staff Survey with the highest volume of respondents (3,002, 54%). The survey also saw a 38% increase in the response rate from our colleagues from minority ethnic backgrounds. The responses were received in March 2024 and indicated an improved staff experience across all nine People Promises. Action plans have been developed in response to the results to drive improvements in staff experience. Our Leadership and management development training programmes have been reviewed and a new overarching leadership development plan created, with new content developed and due to be rolled out over the course of the coming year. The new programmes will have a golden thread of inclusive leadership running through each module alongside standalone Diversity and Inclusion training.
Investing in process, systems and infrastructure
We continued to focus on improvements to people aligned policies, as well as improvements to corporate infrastructure, to ensure policies and processes support good people management. We have established an HR Policy subgroup, working with colleagues across the Trust, to contribute to policy development. In this group we redrafted the sickness policy to move to a policy that promotes attendance and has staff wellbeing at its core. We redrafted the hybrid working policy to recognise changes in ways of working since the pandemic. As part of our investment in systems and infrastructure we replaced the Trust Learning Management System (GOLD) in September 2023, to improve user experience and take advantage of improved technology (see page 31), migrating to a new external payroll provider with responsibility for the contract moving to the HR team. Following a successful migration, the new provider is working with the Trust and other trusts in the North Central London ICB to deliver improvements to payroll and pensions processes. In the year ahead we will continue to identify how we can use our policies, processes, and systems better to support the ambitions of the People Strategy and make GOSH a great place to work.

Building a sustainable workforce.

We grew to our highest number of staff, with a headcount of over 6,000 by March 2024. During 2023/24 we saw a change to turnover rates, which had been rising post pandemic, they fell each month of the year from a high of 14.4% in April to 10.9% by March 2024.

Although the Trust rate has improved, we continue to see pockets of higher turnover and work to understand why people leave. As part of this we launched a refreshed exit survey process to improve our understanding of departures.

The Trust has signed up to the NHSE People Promise Exemplar programme and appointed a People Promise Manager to support improvements in the experience of staff working at GOSH and further reduce turnover rates.

As well as retaining our existing staff, we continued to recruit to ensure delivery of patient care. Our vacancy rate remained below the Trust target throughout the year but, due to the impact of turnover, we onboarded more than 1,200 new starters in 2023/24.

To support improvements in nursing recruitment and retention, the Chief Nurse has set up a nursing recruitment and retention group to work on the nursing workforce agenda, including looking at innovative ways of recruiting specialist nursing staff.

We signed up to the Armed Forces Covenant, achieving bronze accreditation which includes supporting veterans to access employment opportunities with the Trust.

The Trust signed a new contract with the external Nursing bank provider working with other NCL trusts to improve the provision of a reliable contingent workforce.

In the next year recruitment and onboarding processes will be reviewed to ensure they are supporting the People Strategy ambitions.

Refreshing the People Strategy in 2023 – a focus on culture and engagement

We cannot hope to attract and retain our staff if we do not pay deliberate attention to how we listen to them and support them. We need to look after them so they can look after the children and young people that need our care. It is on this basis that we refreshed the People Strategy in 2023 to provide both a response to our ongoing challenges around recruitment, retention, leadership, performance and engagement, as well as the development of corporate infrastructure and skills to deliver our priorities and build a sustainable and resilient organisation for the future. Further information can be found on page 101.

Assurance against our workforce strategies is provided by the People Planet Programme Board, which report to the executive led Above and Beyond Oversight Group and monitors implementation of the Trust's strategy by:

- GOSH Learning Academy Programme Board.
- Nursing Board.
- Nursing Workforce Assurance Group, which reports into the Nursing Board.
- PEAC, which seeks assurance that the necessary structures and processes are in place to deliver the Trust's vision for a supported and innovative workforce and an excellent learning environment.

The Trust undertakes workforce planning as part of its business planning and operational activity in support of its strategic approach to its workforce. The assessment is informed by levels of activity, safe staffing requirements and finance planning to establish demand at project outline document/ specialty level for future years. National, international and local drivers are also considered in the drawing up of plans. A gap analysis, in conjunction with a risk analysis, is carried out to support the Trust's business plans and meet the level of anticipated demand. A vacancy control panel reviews these risk assessments and challenges new appointments. New positions and business developments identified through this process are aligned with our operational plans. The Trust emergency management framework was used to manage the response to staff strikes during the year.

Business developments, within or outside the activity planning cycle, are subject to scrutiny by clinical and corporate professionals to ensure business plans are fit for purpose and have taken account of risks and mitigations, including downside strategies and potential improvements/reductions in quality and outcomes. Organisational change across the Trust is subject to similar considerations, prior to and during consultations. Workforce implications are considered in a similar way and are supported by equality impact assessments before final decisions are taken.

The Trust recognises the challenging financial environment it must adapt to and, as such, stresses quality and workforce risk as an integral part of its Better Value programme. Proposed schemes, during scoping and throughout the programme, have an associated Equality and Quality Impact Assessment (EQIA) undertaken to address the consequences and likelihood of risks occurring.

The Trust Board regularly receives workforce analysis, key performance indicators and benchmarked metrics, including staffing profile, voluntary and non-voluntary turnover, sickness, agency use (as a percentage of the pay bill) and vacancies. Monthly directorate performance reviews are executive-led and consider this workforce data at a drill-down level in conjunction with finance, activity and quality data to identify themes or impacts on service delivery. In addition, other quality metrics, such as staff survey results, are reported to the Board, Executive Management team and at directorate performance meetings, to give an overall picture of workforce issues within each directorate, including cultural and leadership issues. In 2023, the Diversity and Inclusion Annual Report (Seen and Heard) was presented to the Trust Board and to PEAC, which set out progress against the Diversity and Inclusion published data sets, including the gender pay gap, Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Standard (WDES).

Nurse recruitment and retention workstreams are overseen by the Nursing Workforce Assurance Group, which reports to the Nursing Board. The nursing workforce is further supported through participation in NHSE retention work, a nursing retention plan and our continued support for international recruitment and apprenticeship programmes. Work on daily operational safe staffing requirements is led by the Heads of Nursing and supported using Safecare (a live digital system that supports deployment of staff across wards). Alignment to safe staffing requirements is led by the Assistant Chief Nurse (Workforce) with executive oversight and responsibility held by the Chief Nurse.

Services, specialties and directorates hold risk registers which are reviewed and updated to provide a feedback mechanism for Trust risk registers. Trust-wide strategies to mitigate workforce risks are formulated.

The Trust's Nursing Board monitors safe staffing at GOSH and provides assurance to the People and Education Assurance Committee (PEAC) and Trust Board via quantitative and qualitative workforce data and metrics. These include statutory and mandatory training compliance, appraisal rates, temporary staffing spend, annual staff survey and pulse survey results, quality metrics, such as patient feedback, and serious incidents.

Other means of assurance include:

- Monthly Nursing Workforce Assurance Group reviews on all aspects of the nursing workforce, including performance against workforce metrics, safe staffing incidents, rostering compliance, planning and recruitment pipelines, retention issues, temporary staffing usage and benchmarking of Care Hours Per Day (CHPPD).
- Biannual Staffing Establishment Reviews, which report to the Nursing Board to ensure we are maintaining safe staffing levels and adhering to National Quality Board workforce safeguards.
- The Guardian of Safe Working reports quarterly to the Board about safe working practices for junior doctors.
- Safe staffing meetings and bed management meetings are held twice a day. Any issues of safety relating to staffing are notified to the Executive Management team via the weekly safety report.

How we govern quality at GOSH

We place the highest priority on quality, measured through our clinical outcomes, patient safety and patient experience indicators. Our patients, carers and families deserve and expect the highest quality care and patient experience. Despite a range of changing and increasing pressures, we must ensure we manage and deliver services in a way that never compromises our commitment to safe and high-quality care.

By measuring clinical outcomes, patient safety and patient experience, we can identify areas that may require improvement. Once opportunities have been identified, the Quality Team works in collaboration with services and looks to build quality into our processes. This ensures that we all take responsibility for delivering safe and high-quality outcomes. Our Quality Strategy 2021-2025 outlines our ambition to support and nurture GOSH in its quality journey, advancing improvement, assurance and innovation for exemplary patient care and experience.

There is clear accountability at Board level for safety and clinical quality objectives and structured reporting of performance against these objectives.

- Under the stewardship of the Chief Medical Officer, quality improvement at the Trust is part of the remit of the Quality team and incorporates clinical audit, clinical outcomes and quality improvement facilitators and analysts.
- Executive oversight of patient experience and engagement is through the Chief Nurse who, with the Chief Medical Officer, ensures an organisation-wide approach to delivery of the quality governance agenda. They are supported in this work by a number of senior roles, including the associate medical directors for patient safety and wellbeing, leadership and improvement, the heads of quality and patient safety, the head of patient experience, the director of safety surveillance, the deputy chief nurse and the director of nursing – corporate.
- Working with the clinical directorate leadership teams, and in particular the deputy chiefs of service, the aim is to continue to develop a culture of continual identification of learning from events and to make changes that are effective, sustainable and improve the quality of the service and experience of our children, young people, and their families.

The Quality Improvement (QI) specialists at GOSH work to support, enable and empower teams to continuously improve the quality of care provided to patients across the Trust. They are assigned to work with individual Directorates in a QI Business Partner capacity to ensure the needs of individual Directorates are understood and supported through an integrated QI Programme.

Quality and safety strategies and Patient Experience Framework

The following strategies and frameworks set the quality, safety and experience agenda for the Trust:

Quality Strategy (2021-2026): Our ambition is to support and nurture GOSH in its quality journey, advancing improvement, assurance and innovation for exemplary patient care and experience. To deliver on our strategy, our intention is to link to other services and teams, working collaboratively to maximise our ability to fulfil our aims while supporting the wider organisation to achieve its goals and objectives.

Safety Strategy (2021-2026): Patient safety is one of the cornerstones of high-quality healthcare. Our intention is to cultivate and nurture a just, kind and civil safety culture that supports the reduction of avoidable harm to children and young people with complex health needs and empowers our staff to continuously and consistently learn and improve our care processes.

Patient and Family Experience and Engagement Framework (2021-2024): This guides the work of everyone in the Hospital to make sure patients and their families are at the heart of everything we do. It sets out our ambition for Great Ormond Street Hospital to make the experience of children, young people and families out of this world.

Monitoring and reporting

The delivery of high-quality care and highly specialised services in a complex healthcare environment requires good processes for the early identification of potential risks, early intervention and robust arrangements for ongoing review. It also needs accountability at the correct level of the organisation to ensure effective and timely resolution. Each specialty and clinical directorate has an internal monitoring structure so teams can regularly review their progress and identify areas where improvements may be required. Each directorate's performance is considered at monthly performance review meetings.

Key quality and performance indicators are presented monthly to the Trust Board. The reports include progress against external targets, internal safety measures, operational efficiency/process measures, well-led and other clinical quality measures. These include complaints, incidents and reports from specific quality functions within the Trust, such as PALS, and external indicators assessed and reported monthly by the CQC. The reports are aligned to the CQC key lines of enquiry: *Safe, Effective, Caring, Responsive and Well Led,* asking the question: are our patients receiving high-quality care?

The Board receives regular updates on current and ongoing concerns which the organisation is managing. This covers cases where the Trust has caused harm or potential harm to patients; the delivery of services has not met requirements; a difficult working culture has been created for staff; patients and their families are worried; delivery of our strategy is threatened, or regulatory action might result. Examples include:

- Learning from individual patient and staff cases.
- Updates on progress with actions arising from externally led inspections.

Risks to quality are managed through the Trust risk management process, which includes a mechanism for escalation. There is a clear structure for following up and investigating incidents and complaints and disseminating learning from investigations.

In order to operationalise our Safety Strategy (2021 - 2026) and Quality Strategy (2021 - 2026), delivery plans have been developed and incorporated into an overarching Safety Transformation Plan, with delivery overseen by the Safety Transformation Board, which includes colleagues from the healthcare system (North Central London Integrated Care System (NCL ICS) and Specialised Commissioning) and the patient safety charitable sector, who attend as "critical friends". Assurance on progress of the Safety Transformation Plan is provided to the Board Quality Safety Experience Assurance Committee on a six-monthly basis. Oversight and risks in delivery of the projects are escalated to the Executive-led Risk, Assurance and Compliance Group (RACG) monthly. Further information about our approach taken to patient safety can be found in the Performance Report on page 28.

The Quality, Safety Outcomes and Compliance Committee (QSOCC) monitors and oversees the completion of actions and learning identified through patient safety investigations, complaints, harm, legal cases and learning from deaths. It has proved invaluable to cascading learning.

Harm reviews: An audit of the Trust Harm Review process was conducted in early 2023, with a finding of "partial assurance with improvements required". The process of undertaking harm reviews was introduced across the NHS to provide assurance to patients, staff, and commissioners that patients are not subject to harm due to delays in their pathways or from clinical practice concerns in relation to whole services or individual care providers. The internal audit found that, while a clinical harm review process is in place, it is not appropriately documented and not communicated widely or embedded across the Trust. A refreshed, documented process is being consulted on.

Support improvement projects by facilitating and mentoring front-line staff and services to successfully identify, design, deliver and embed local quality improvement initiatives and advises and coaches groups of teams delivering larger Trust-wide projects.

Capacity and capability building: Deliver an education strategy to build capacity and capability for quality improvement across all staff groups, focusing on the implementation and support of improvement initiatives.

Culture building: Engage with all staff groups to maintain a quality culture using improvement tools and methodology.

Quality Improvement (QI)

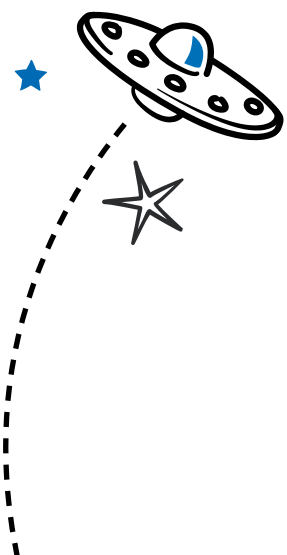
"Quality improvement is about giving the people closest to issues affecting care quality the time, permission, skills and resources they need to solve them. It involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement." (The Health Foundation, 2021).
The QI team at GOSH delivers three core functions to enable GOSH to 'do things better':

The Quality Review Group is a multi-disciplinary cross directorate group which exists to identify, shape, and monitor quality improvement priorities for GOSH. The group has evolved and supported consultation and the co-development of quality priorities for GOSH with clinical directorate staff, as well as making decisions about where quality activities should be prioritised at GOSH.

The Trust has established a Quality Hub for staff, bringing together a range of core information about Quality at GOSH. This is a single, integrated area where staff can view clinical outcomes, clinical audit activity, and QI work that is taking place across the Trust it also provides information on how to start up new work and get support where required. It includes dashboards and reports relating to key Trust safety and quality measures, and in support of Trust wide Quality Improvement projects. Examples of QI projects include:

Complex Patient improvement

The focus of this project is to improve the co-ordination of care for children cared for by multiple specialties at GOSH - including communication with local hospitals, between GOSH teams, and with parents/carers/ young people and children. The project was initiated as one of the Quality priorities for 2023/24 developed through the Quality Review Group. A project steering group was established in 2023/24 with key stakeholders across the organisation and the project scope finalised. Work has now started to understand patient experience and establish improvement interventions to be tested through Plan Do Study Act (PDSA) cycles.



Deteriorating patient work

The Trust has established the deteriorating patient quality improvement steering group, which oversees improvement projects in the areas of nursing observations, parental concern, detection of deterioration and escalation. The work incorporates national initiatives such as the System-wide Paediatric Observation Tracking (SPOT) Programme, which is developing a standardised Paediatric Early Warning System (PEWS) for England and Martha's Rule. These projects involve a large number of stakeholders, especially front-line staff and lived experience partners.

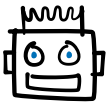
In addition to Trust wide Quality Improvement projects, the Quality Team supports and enables teams to lead and direct Quality Improvement projects. Examples of this are included in the quarterly "Our QI" forum, which was created to recognise the good work of teams across GOSH to improve quality, and to be a learning organisation. Examples include:

- Improving safety when titrating IV fluids for patients with hyperinsulinism on Squirrel Endo/Met Ward.
- Palliative Care – Quality of Handover Audit.
- Improving the timeliness of recording nursing observations on Elephant Ward.
- The Quality Improvement Expert Celebration in November 2023 highlighted success and learning from the following projects:
  - Raising awareness among patients, families and staff about the risks of air pollution to their health and positive actions they can take.
    Improving ambulation and discharge time for paediatric patients undergoing cardiac catheterisation as a day case.

Clinical outcomes:

The Quality Team supports clinical teams to collect, analyse and publish their clinical outcomes on our hospital website so they can be seen by our patients, their families and carers, and the wider public. GOSH has published outcomes data for 31 clinical specialties on its website and has an ongoing programme to update data and add additional specialties' outcomes.

GOSH is committed to benchmarking with peer hospitals where possible and in 2023 began a collaboration with the Children's Hospital



Clinical outcomes | Great Ormond Street Hospital (gosh.nhs.uk)

of Philadelphia with the goal of comparing outcomes data across several clinical specialties. GOSH is also a participating member of the International Paediatric Intensive Care Unit Collaborative Learning through Outcomes Data (PICU-CLOUD) network led by Boston Children's Hospital. This allows GOSH and other participating paediatric centres around the world to share bi-annual data and benchmark performance on key intensive care metrics to inform and drive improvements in the quality of care provided.

The development of outcomes data collection directly within our electronic patient record is a priority for 2023 and 2024 to improve the efficiency of data collection and use of data at the point of care. For example, a patient-centred goal development tool called Goal Based Outcomes has been built in Epic to enable our children and young people, and their parents and carers, to develop and track goals for CAMHS treatment, supported by the clinician. This will be launched in April/May 2024 with full charting functionality.

Clinical audit

Clinical audit is undertaken at GOSH to ensure the quality of care and services are reviewed against best practice standards, and improvement actions taken where those standards are not met.

Examples of clinical audit at GOSH during 2023/24 include:

- Medicines Safety Clinical Audit plan in place and reported to the Medicines Safety Committee.
- Multi-disciplinary team (MDT) Terms of Reference (ToR) re-audit. Significant progress reported with implementation of MDT ToR to support documentation and practice following learning from a prevention of future deaths report in 2019.
- Flowmeter CAS alert re-audit. Audit completed in July 2023 highlighted improvement in process and reduced risk associated with the alert.
- Patient identification: Audit highlighted the need to improve reliability of the process to ensure inpatients are wearing patient wristbands or use photographic identification in line with policy. This has been escalated to QSOCC to support improvement through nursing governance.

In addition to our priority clinical audit plan, we support and enable clinical teams to engage in clinical audits to review the quality of care provided and to identify where improvements could be made. 94 specialty led clinical audits were completed in 2023/23. Outcomes of these audits can be seen on the GOSH Quality Hub.

Never Events

During 2023/24, Never Events were investigated as Serious Incidents, in line with the NHS Serious Incident Framework, and the Trust closely monitored the completion of recommended actions (see page 30 for a summary of how serious incidents will be reported under the PSIRF).

The Trust declared one Never Event in 2023/24. It related to a retained foreign object identified post procedure. This incident remains under investigation, however, immediate learning included exploring if there are digital solutions (via the electronic patient record) to support procedural counts and a review of radiology alerts where clinical corroboration is required following procedures.

Data quality

Data underpins all that we do at GOSH, from each patient's journey through the hospital to the running of our theatres and wards, and ultimately feeding the research that helps inform new medical developments. We see it as imperative that we do all we can to ensure the best quality of that data, as mistakes, errors or omissions can impact every aspect of our work. Our vision is that we should strive to ensure data is correct and complete at the time of entry, that we check the quality of data through our processes, and we enhance it where appropriate. We aim to ensure that data, wherever it is needed by our staff, partners, or patients, is as accurate as possible.

The Epic electronic patient record system is the core "system of record" for patient data in the Trust. As an integrated system available and updated live throughout the hospital, it drives a data quality agenda. We continue to develop improvements in this through:

- Careful monitoring of data quality by our Data Assurance Team and Data Quality Manager, who carry out daily checks and regular data quality audits. This process feeds back to adjust processes in the hospital, adapt Epic configuration and provide training for staff to continually improve data quality.
- Legacy system replacement, where practical incorporating the functionality into the Epic system.
- Removal of manual off-system records, which helps drive all users to ensure data is correct in Epic.
- Enhanced interactive reporting to help users across the hospital engage and better understand their data. This feeds back to improved data entry.

Information on our operational performance against national treatment standards can be found on page 33.

At GOSH, we have designed and continue to implement effective controls to minimise risks around data quality. We have a Data Quality Policy which outlines what data quality is, why it is important, and the responsibilities of staff for maintaining high data quality. The policy outlines definitions and clarifies requirements for all staff in their roles. The key principles are:

- All staff are personally responsible for the quality of any data they enter onto Trust systems.
- All staff are responsible for reporting any data quality errors that they identify.

To support the on-going management and assurance of data quality, there are some key groups and committees designed to routinely review and audit our data, make recommendations to correct it where necessary and highlight trends.

- Data quality governance is managed through the Data Quality Review Group, which sits monthly and reports to the Information Governance Steering Group.
- The Data Partnerships Committee is established to develop a consistent ethical and legally compliant framework for accessing, sharing and use of personal and special category data with our partners.

The Trust Board receives the latest data on operational performance and quality/safety matters at every Trust Board meeting via the Integrated Quality and Performance Report (IQPR). This is part of an integrated framework of metrics that are used to run the hospital and include key national and statutory metrics.

Cyber security

We treat the confidentiality and security of data we hold with the utmost seriousness and have controls in place to ensure the security of data and access to it.

Through policies and security solutions (e.g., multi-factor authentication), we ensure access to data is only provided to those individuals who should be accessing it and that data, while held or communicated electronically, is secured using UK Government (NCSC) approved encryption standards. The Trust has solutions in place to detect any security related incidents and provide assurance that a robust and well managed process exists to respond to incidents.

GOSH continues to review, refine and improve its cyber security posture in line with the Data Security Protection Toolkit. Risks to information security and operational systems are managed in the same way as other Trust risks but are subject to separate evaluation and scrutiny by the ICT Board and the Information Governance Steering Group, with oversight by the Audit Committee. See page 162 for information on compliance with the Data Protection Security Toolkit.

Compliance with CQC registration

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC).

The Trust has identified an executive director and a manager who are respectively accountable and responsible for ensuring compliance with CQC registration standards. It is the responsibility of these staff to collate evidence of compliance and report this to the Risk Assurance and Compliance Group and QSEAC. Compliance with the CQC's assessment framework also underpins the work of the Good Hospital Everyday programme. With no further inspections having taken place at GOSH since the report published in 2020, the Trust remains rated 'Good', with both Effective and Caring rated as 'Outstanding'.

Well-led framework

The CQC rated the Trust as 'Good' for well-led in January 2020.

In 2021, the Trust commissioned an independent developmental well-led review of its leadership and governance, led by BDO and Arden & GEM. The review looked at governance and assurance and recognised the Board is well-managed and the quality of board and committee papers is excellent. The report highlighted the risk register and the risk appetite statement to be both good and comprehensive, detailing that they were adequately supported by effective active risk management at the Risk Assurance and Compliance Group (RACG). In 2025, the Trust Board will commission another independent review of its leadership and governance.

Compliance with the NHS provider licence

There are processes in place to identify and mitigate risks to compliance with the NHS provider licence. No significant risks were identified in 2023/24. Mitigations are outlined within the annual report and this Annual Governance Statement and include:

- Governance structures and their effectiveness (see 161 and 163 for more information). Mitigations in place to ensure these structures and frameworks are effective include:
  - The annual report outlines the role of the Trust Board. The Board has a work programme which includes all matters the Board it is required to consider by statutory, regulatory and other forms of guidance.
  - The Annual Governance Statement provides an overview of the internal audit reports presented during the year, auditing existing governance process and frameworks and outlining areas of good practice and improvement.
  - The Trust's Assurance and Escalation Framework presents a single, comprehensive picture of the governance and assurance structures and systems through which the Trust Board and other stakeholders receive assurance. The Trust routinely reviews and reports this assurance through key governance processes and frameworks including:
    - Performance Management: The Trust has a range of frameworks and policies in place that outline how the Trust's performance objectives and standards will be met, reviewed and managed.
    - The Trust's Risk Management Strategy sets out how the organisation identifies, monitors, escalates and manages risks in a timely fashion and at an appropriate level.
    - The Trust has in place a comprehensive and integrated Compliance Framework that seeks to ensure on-going compliance with statutory and regulatory requirements through integrated, rigorous and proactive structures, policies and practices. It ensures appropriate controls are in place to maintain compliance with statutory and regulatory requirements and that external guidance and alerts are considered in a fulsome full and responsive way.
    - The Policy Framework: This provides for clear and accessible policies, procedures and guidelines which support staff in undertaking their duties in a safe and effective way, that takes taking account of all relevant legislation, regulation and guidance. The Trust's policy framework is administered by the Policy Approval Group (PAG) and reported through to the Risk Assurance and Compliance Group.
    - The Risk Assurance and Compliance Group monitors progress with the strategic risks on the Board Assurance Framework.
  - The Trust has systems and processes in place to support staff and patients in escalating concerns in provision of care or management of systems. These include the complaints process, PALS, the Freedom to Speak Up Guardian, the Guardian of Safe Working, the Raising Concerns Policy, the Duty of Candour process and the Counter Fraud service. The Executive Team actively monitors the responses to duty of candour and holds the directorates to account at performance reviews and via deep dives at Executive Management Team meetings.
- Responsibilities of directors and subcommittees:
  - The Annual Governance Statement provides an overview of governance structures, responsibilities and reporting (see page 161)
  - The Board has a formal schedule of matters reserved for its decision, and delegates certain matters to committees. This was updated in 2023/24.
  - The Trust has terms of reference and work plans in place for the Board, Council and assurance committees.
  - A review of the effectiveness of the Board assurance committees is conducted annually and presented in the annual report on pages 124–134.
  - The Trust sets its budget on an annual basis and actively manages and monitors its financial position and resource levels on a regular basis throughout the year through routine performance reporting to the Board and its Committees. The Executive Team actively monitors the financial position to ensure the mitigations in place are effective and appropriate.
  - All directors are subject to annual performance appraisals and fit and proper persons checks. They are asked to sign a code of conduct and declare any interests annually for publication on a Register of Interests.
- Reporting lines and accountabilities:
  - The Trust's assurance and escalation framework highlights how risks and issues are escalated through the organisation.
  - The Board has agreed standing orders and standing financial instructions, which provide the framework for ensuring appropriate authorisation of expenditure commitments in the Trust.

- Submission of timely and accurate information in accordance with requirements in the licence:
  - In 2023/24 the Trust was compliant with all statutory returns submitted, including SUS submissions and submissions relating to Cancer. The returns were consistently submitted on time and verified for accuracy.
- The Board's oversight of the Trust's performance (quality, workforce and finance)
  - Key performance indicators are presented at every Trust Board meeting. The report integrates quality and performance data and includes progress against external targets, internal safety measures, operational efficiency/process measures, well-led and other clinical quality measures such as complaints, incidents and reports from specific quality functions within the Trust, such as the Patient Advice and Liaison Service (PALS).
  - The assurance committees conduct deep dives in to risk and performance matters and report back their findings to the next Trust Board. Details of these deep dives can be found in the committee annual reports on pages 124–134.

Governance structure, responsibilities, and reporting

The Trust's committee structure has been developed, from the Trust Board down, to ensure each committee or group has a clear purpose, scope and authority. Some committees have statutory functions (for example the Trust Board, Health and Safety Committee and Infection Prevention and Control Committee), others have authority to make decisions and direct actions (for example the Executive Management team and Operational Board) while others provide advice, support and oversee specific functions.

The Trust has terms of reference and work plans in place for the Board, Council and relevant committees. The Board committees conduct annual effectiveness reviews on the delivery of their terms of reference and running of the committees, as recorded in their annual reports. Findings are reviewed and, where appropriate, changes made to the terms of reference and workplans of the committees.

The Trust's assurance and escalation framework details how the Trust presents a single, comprehensive picture of its governance and assurance structures and systems through which the Trust Board and other stakeholders receive assurance (see page 144).

During 2023/24 there were seven clinical directorates (six NHS and one for international and private care), each with a Chief of Service who held overall responsibility for their directorate. The directorates have a Deputy Chief of Service, who holds responsibility for patient safety and quality, a Head of Nursing and a General Manager.

The Operational Board (see page 140) meets fortnightly and is responsible for oversight of the delivery of clinical operational performance across the Trust.

Following a review of communication and cascade across the Trust, senior managers from across the clinical and corporate areas of the Trust meet with the Executive Team in a hybrid format. The monthly meeting is called the Core Brief and provides managers with a clear understanding of changes and developments affecting our working lives. A document is circulated immediately after the meeting for cascade by the managers to their teams within one week of the executive briefing.

The Senior Leadership Team meets monthly and is open to a broader audience, predominantly of managers, from across the clinical and corporate areas of the Trust. This meeting is focused on the cascade of wider corporate messages within the organisation.

The Trust's risk management policy identifies the organisational risk management structure, processes, systems and roles and responsibilities of committees and groups that have some responsibility for risk (including the Board Assurance Framework). It also outlines the duties and authority of key individuals and managers regarding risk management activities and sets out the monitoring arrangements for oversight at different risk levels.

The six priorities of the Above and Beyond strategy are represented as planets, each with a team and a planetary board responsible for delivering a set of key programmes and projects to take us to where we want to be in 2025. To maximise successful delivery of the strategy, the Above and Beyond Group oversees delivery of the programmes with reports from the Programme Boards. This allows themes to be identified across the programmes.

Oversight of performance by the Board

The Board receives an integrated performance and quality report (IQPR) at every meeting. Further information on the ways the Board retains oversight can be found under *'Review of economy, efficiency and effectiveness of the use of resources'* below.

Declarations of interest

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision- making staff (as defined by the Trust with reference to the guidance) in the past 12 months, as required by the *Managing Conflicts of Interest in the NHS* guidance.

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations in the scheme regulations are complied with. This includes ensuring deductions from salary, that employer's contributions and payments into the scheme are in accordance with the scheme rules, and that members' Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Equality, inclusivity, and diversity

Control measures are in place to ensure that all the Trust's obligations under equality, diversity and human rights legislation are complied with. The Trust has established a Diversity and Inclusion Strategy, which focuses on ensuring all staff in the organisation can be seen and heard in all aspects of work, with a particular focus on progression and promotion. Further information can be found on page 108.

Carbon reduction

The Trust has undertaken risk assessments on the effects of climate change and severe weather and developed a Green Plan following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and any Adaptation Reporting requirements are complied with.

GOSH recognises that climate change and environmental degradation pose a real, immediate and growing threat to human health and the climate and ecological emergency is a health emergency. As a result, in February 2021 the Trust became the first London hospital to declare a Climate and Health Emergency. A sustainability delivery and governance structure has been established to manage and monitor delivery of 10 sustainability programmes of work and progress towards our carbon targets. Further information is available on page 54.

4. Review of economy, efficiency and effectiveness of the use of resources

The Board has agreed standing orders and standing financial instructions which provide the framework for ensuring appropriate authorisation of expenditure in the Trust. The Board's processes for managing its resources include approval of annual budgets for both revenue and capital, reviewing financial performance against these budgets, and assessing the results of the Trust's cost improvement programme on a monthly basis. The Trust also has a prescribed process for the development of business cases for both capital and revenue expenditure and, where significant, these are reviewed by the Trust Board.

The Trust's performance management framework is aligned to the directorate management structure. The Finance and Investment Committee reviews the operational, productivity and financial performance and use of resources at both Trust and directorate level, see page 133. More details of the Trust's performance, and some specific Trust projects aimed at increasing efficiency, are included in the performance report, see page 24.

The Trust's external auditors are required to consider Value for Money (under the revised Code of Audit Practice) and whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The report from the external auditors can be found on page 27.

5. Information governance

Information Governance (IG) provides the framework for the handling of information in a confidential and secure manner. This includes the collection, storage and sharing of information, supported by appropriate policies and procedures, providing assurance that personal and sensitive data is being managed legally, securely, efficiently and effectively to deliver the best possible care and service.

Risks to the management of information are monitored by the Information Management Steering Group meeting every month, chaired by the Chief Information Officer and accountable to the Executive Management Team.

Our Information Governance Framework ensures compliance with principles relating to the processing of personal data. We continue to work to enhance the framework and our approach to IG by:

- Ensuring we have a "data protection by design and default" approach embedded throughout the Trust.
- Maintaining the documentation of processing activities, including the lawful basis for processing personal data. Ensuring the appropriate security measures, such as our commitment to meeting the standards of the Data Security and Protection Toolkit (DSPT).

The framework supports our future strategy to protect data as an asset and provide a balanced and proportionate approach to risk, placing the child first and always.

Risks to data processing are managed in the same way as other Trust risks but are subject to separate evaluation and scrutiny by the Information Governance Steering Group, in turn providing assurance to the Trust's Audit Committee.

In June 2023 the Trust completed its submission for the Data Security and Protection Toolkit. This annual submission demonstrates GOSH's position against the legal requirements, providing assurance that we are practicing good data security and personal information is handled correctly. The Trust was fully compliant upon submission. This is a strong indicator of the improved IT controls and Information Governance processes in place in the Trust. In April 2024, KPMG, the Trust's Internal Auditors, provided an assurance rating of "Significant assurance" after an audit into preparedness for the Data Security Protection Toolkit submission in June 2024.

In 2023/24 there were eight information governance incidents classified at a reportable level using the Incident Reporting Tool in the DSPT, including two personal data breaches that met the threshold for reporting to the Information Commissioner's Office (ICO):

Incidents reported to the ICO:

- A patient previously seen at the Trust reported that they had been able to access the potentially sensitive data of an unrelated child on MyGOSH. It was deemed that this matter did not subsequently meet the threshold for reporting to the ICO and the matter was closed.

A patient's sensitive information was sent to the wrong home address. This matter is ongoing at the time of reporting and the outcome from the investigation and response from the ICO is to be confirmed.

The other incidents related to data being sent to wrong addresses, lost in transit or damaged in transit. All incidents have been investigated and learning identified. From these incidents the Trust has worked to improve the processes involved and adapted and extended training.

6. Review of effectiveness

As accounting officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads in the Trust, who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee, QSEAC, PEAC, FIC and Risk Assurance and Compliance Group. A plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is also informed by:

- Monitoring of the BAF risks by the Risk Assurance and Compliance Group, which I chair. The group reviews the BAF risks on a rotational basis to check the data available supports the robustness of the controls and validity of the assurances that are cited. Work conducted on risk appetite this year has provided a lens through which these risks are considered.
- Reviews of the strategic risks facing the Trust by the Board assurance committees. This includes deep dives into each BAF risk on a rotational basis every year, with committee members scrutinising the effectiveness of controls and seeking assurance that any gaps in controls will be closed in a timely manner.
- Internal audit reports providing evidence that controls are in place and effective in mitigating risk.
- The Trust's clinical audit programme.
- Reviews of compliance with CQC standards and other regulatory bodies.
- Consideration of performance against national targets (see above on waiting list data, for example).
- Assessment against the Data Security and Protection Toolkit (see above for further information).
- Health and safety reviews.
- Internal reviews of specialties and those conducted by external bodies.
- Horizon scanning for risks and learning from reviews in the wider NHS.
- Results of the assessment of compliance with the NHSE Code of Governance for NHS foundation trusts (which are set out on page 115).
- Results from the PLACE review conducted in October 2023, which showed that scores across 4 out of 5 domains improved in comparison to 2022, most significantly in Cleanliness and Privacy and Dignity. An action plan has been developed in response to the findings.

The Head of Internal Audit Opinion is one of 'significant assurance with minor improvements'. The instances where the assurance was not sufficient, or controls were not adequate when subject to routine audits during 2023/24, are outlined below (the report highlighted below was rated "partial assurance with improvements required"). Plans are in place to implement necessary actions. The Risk Assurance and Compliance Group monitors progress with all internal audit actions at every meeting and reports this to the relevant Board assurance committee, where further scrutiny takes place.

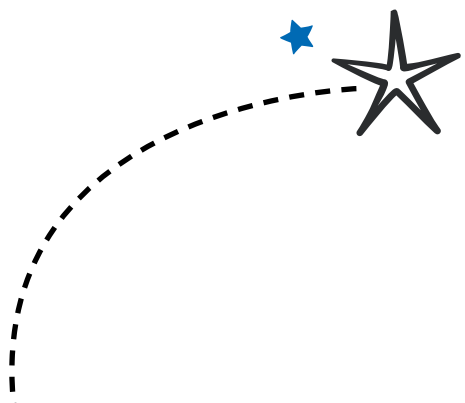
- **Core Financial Controls:** An audit of the design and operating effectiveness of controls by which the Trust operates its core financial system processes was published in October 2023 with a finding of "partial assurance with improvements required". The audit identified instances where evidence to support supplier bank detail validations could be enhanced; aged debtors analysis had incomplete fields; and we identified various instances where reconciliations were not completed on a timely basis. Actions were identified to improve operating procedures and documentation.

Assurance of core systems and controls

The governance section in this report explains how the Trust is governed and provides details of its Board committee structure, the frequency of meetings of the Board and its committees, attendance records at these meetings and the work carried out by committees. For further details see page 65 and 66.

During the year, the Board and its assurance committees reviewed the risks and assurance available in relation to the following key operational risks:

- **Medicines management:** The Quality, Safety and Experience Assurance Committee sought assurance on the continued delivery of the pharmacy transformational plan and the leadership of the team. The progress made in the establishment of effective controls has resulted in a reduction in the net risk score during the year.
- **Consistent delivery of safe care:** The Board sought assurance of the systems and processes GOSH has in place to keep our patients, staff, and healthcare environments safe. The Board reviewed our safety governance framework, processes and policies and teams as well as our monitoring, escalating, reporting and learning systems. This included an overview of our approach to working with stakeholders around safety, learning form others and using data to identify and respond to safety and quality concerns. The Quality, Safety and Experience Assurance Committee scrutinised the outcomes of internal

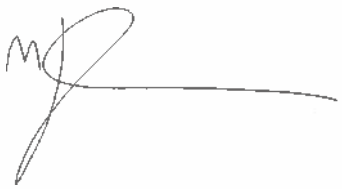


reviews of specialties and those conducted by external bodies, seeking assurance that immediate actions were taken in response to any identified potential for harm and associated duty of candour/ other stakeholder reporting and that resources were allocated to deliver identified improvement programmes and share learning. We asked the Royal College of Surgeons to review our paediatric orthopaedic service, after concerns were raised by a number of our patient families and staff. As part of this review, concerns were raised about the practice of a surgeon who no longer works at GOSH. The Trust has taken these concerns very seriously and contacted all patients who may have been impacted. Independent experts will review the care of all the patients the surgeon was involved with. We are committed to learning from every single patient that we treat, and to being open and transparent with our families when care falls below the high standards we strive for.

- **Gender services:** The Board received updates throughout the year on establishment of the NHS Children and Young People's Gender Service (London), set up in response to the significant increase in the number of children and young people needing support with their gender identity.
- **Estate compliance:** The Quality, Safety and Experience Assurance Committee reviewed this risk in relation to patient and staff safety, compliance with maintenance requirements and general management of the estate (see page 128). This included scrutiny around learning from a power interruption incident. The progress made in the establishment of effective controls resulted in a reduction in the net risk score during the year.
- **Data protection and data quality:** The Audit Committee scrutinised compliance with GDPR and the programme of work in place to improve the quality of data throughout the year, reporting assurances and gaps to the Board. The Committee considered the technology strategy and the proposed role of the clinical informatics unit.
- **Children's Cancer Centre:** During the year, the Board and the Finance and Investment Committee actively considered and balanced the current and long-term risks involved in redeveloping the Frontage Building into a Children's Cancer Centre. These covered change control, cost management, delivery of the Full Business Case and Town Planning. There were regular Trust Board updates and Board to Board meetings with the GOSH Children's Charity to discuss and agree funding frameworks for the centre. Noting that the cost of building triggered the threshold for a significant transaction pending approval of the full business case from the Trust Board, approval was sought from the Council of Governors to proceed.
- **Financial sustainability:** Throughout the year the Finance and Investment Committee scrutinised plans to ensure the Trust remains financially sustainable in an environment of increasing inflation, a cost-of-living crisis, a changing NHS commissioning framework and in relation to plans to build and operate a new Children's Cancer Centre. More information can be found on page 133. The Audit Committee reviewed progress with the Trust's cost improvement plan (Better Value) and supported the move towards a muti-year focus on savings, including more transformational schemes.
- **Cyber security:** With the increase in the level of threat to the security of their data faced by NHS organisations, the Audit Committee sought assurance of the controls in place to secure GOSH systems and enhance the cyber maturity of the organisation. The Trust has achieved standards met for DSPT.
- **Business continuity:** The Trust's strategic risk statement was updated to broaden its scope and reflect external challenges (global/ social/ political/ technological/ environmental). Gold command training was conducted with a revised scope focused on the support which would be received from the Integrated Care System (ICS).

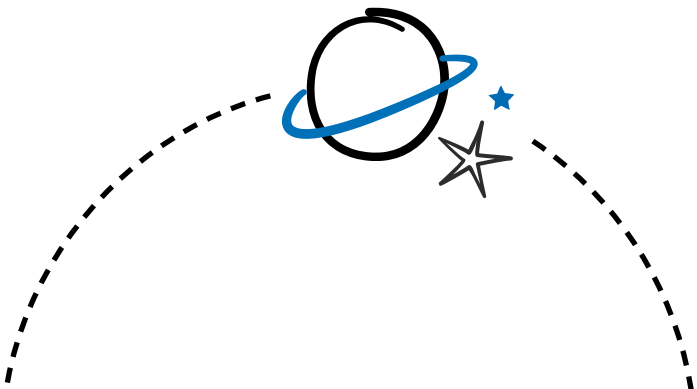
7. Conclusion

My review confirms that GOSH has a generally sound system of internal control, which supports the achievement of its policies, aims and objectives. There were no significant internal control issues identified in 2023/24 and I am confident the gap in internal controls and matters where assurances can be improved (as set out above), are being actively addressed.



Matthew Shaw
Chief Executive

04 July 2024



Independent auditor's report to the board of governors and board of directors of Great Ormond Street Hospital for Children NHS Foundation Trust

Report on the audit of the financial statements

Opinion
In our opinion the financial statements of Great Ormond Street Hospital for Children NHS Foundation Trust (the 'foundation trust'):

- give a true and fair view of the state of the foundation trust's affairs as at 31 March 2024 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting requirements of the Department of Health and Social Care Group Accounting Manual, as directed by NHS England; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We have audited the financial statements which comprise:

- The statement of comprehensive income;
- the statement of financial position;
- the statement of changes in taxpayers' equity;
- the statement of cash flows; and
- the related notes 1 to 30.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting requirements of the Department of Health and Social Care Group Accounting Manual, as directed by NHS England.

Basis for opinion
We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), the Code of Audit Practice issued by the Comptroller & Auditor General and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern
In auditing the financial statements, we have concluded that the accounting officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the foundation trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

The going concern basis of accounting for the foundation trust is adopted in consideration of the requirements set out in the Department of Health and Social Care Group Accounting Manual which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue into the future.

Other information
The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The accounting officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Responsibilities of accounting officer
As explained more fully in the statement of accounting officer's responsibilities, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the foundation trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the foundation trust without the transfer of the foundation trust's services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: **www.frc.org.uk/auditorsresponsibilities**. This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting non-compliance with laws and regulations, including fraud

We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulations, including fraud. The extent to which our procedures are capable of detecting non-compliance with laws and regulations, including fraud is detailed below.

We considered the nature of the foundation trust and its control environment, and reviewed the foundation trust's documentation of their policies and procedures relating to fraud and compliance with laws and regulations. We also enquired of management, internal audit and local counter fraud, about their own identification and assessment of the risks of non-compliance with laws and regulations.

We obtained an understanding of the legal and regulatory framework that the foundation trust operates in, and identified the key laws and regulations that:

- had a direct effect on the determination of material amounts and disclosures in the financial statements. This included the National Health Service Act 2006.
- do not have a direct effect on the financial statements but compliance with which may be fundamental to the foundation trust's ability to operate or to avoid a material penalty. These included the Data Protection Act 2018 and relevant employment legislation.

We discussed among the audit engagement team including relevant internal specialists such as valuations and IT specialists regarding the opportunities and incentives that may exist within the organisation for fraud and how and where fraud might occur in the financial statements.

As a result of performing the above, we identified the greatest potential for fraud or non-compliance with laws and regulations in the following areas, and our specific procedures performed to address them are described below:

- determination of whether expenditure is capital in nature, we tested the expenditure on a sample basis to assess whether it meets the relevant accounting requirements to be recognised as capital in nature; and assessed whether the capitalised expenditure is recognised in the correct accounting period.
- determination of whether the transfer of assets out of assets under construction and into use meets the relevant accounting requirements to be capitalised and tested completed projects on a sample basis to ensure depreciation is charged from the correct date. We have also reviewed the projects ledger and the status of individual projects to evaluate whether they have been depreciated from the appropriate point.

In common with all audits under ISAs (UK), we are also required to perform specific procedures to respond to the risk of management override. In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business.

In addition to the above, our procedures to respond to the risks identified included the following:

- reviewing financial statement disclosures by testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;
- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- enquiring of management, internal audit and external legal counsel concerning actual and potential litigation and claims, and instances of non-compliance with laws and regulations;
- enquiring of the local counter fraud specialist and review of local counter fraud reports produced; and
- reading minutes of meetings of those charged with governance and reviewing internal audit reports.

Report on other legal and regulatory requirements

Opinions on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Remuneration Report and Staff Report subject to audit have been prepared properly in accordance with the National Health Service Act 2006 in all material respects; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Use of resources

Under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006, we are required to report to you if we have not been able to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We have nothing to report in respect of this matter.

Respective responsibilities of the accounting officer and auditor relating to the foundation trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

The accounting officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of the foundation trust's resources.

We are required under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006 to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our work in accordance with the Code of Audit Practice, having regard to the Auditor Guidance Notes issued by the Comptroller & Auditor General, as to whether the foundation trust has proper arrangements for securing economy, efficiency and effectiveness in the use of resources against the specified criteria of financial sustainability, governance, and improving economy, efficiency and effectiveness.

The Comptroller & Auditor General has determined that under the Code of Audit Practice, we discharge this responsibility by reporting by exception if we have reported to the foundation trust a significant weakness in arrangements to secure economy, efficiency, and effectiveness in its use of resources for the year ended 31 March 2024 by the time of the issue of our audit report. Other findings from our work, including our commentary on the foundation trust's arrangements, will be reported in our separate Auditor's Annual Report.

Annual Governance Statement and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit; or
- proper practices have not been observed in the compilation of the financial statements.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in respect of these matters.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of,
  or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

We have nothing to report in respect of these matters.

Certificate of completion of the audit

We certify that we have completed the audit of Great Ormond Street Hospital for Children NHS Foundation Trust in accordance with requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of Great Ormond Street Hospital for Children NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

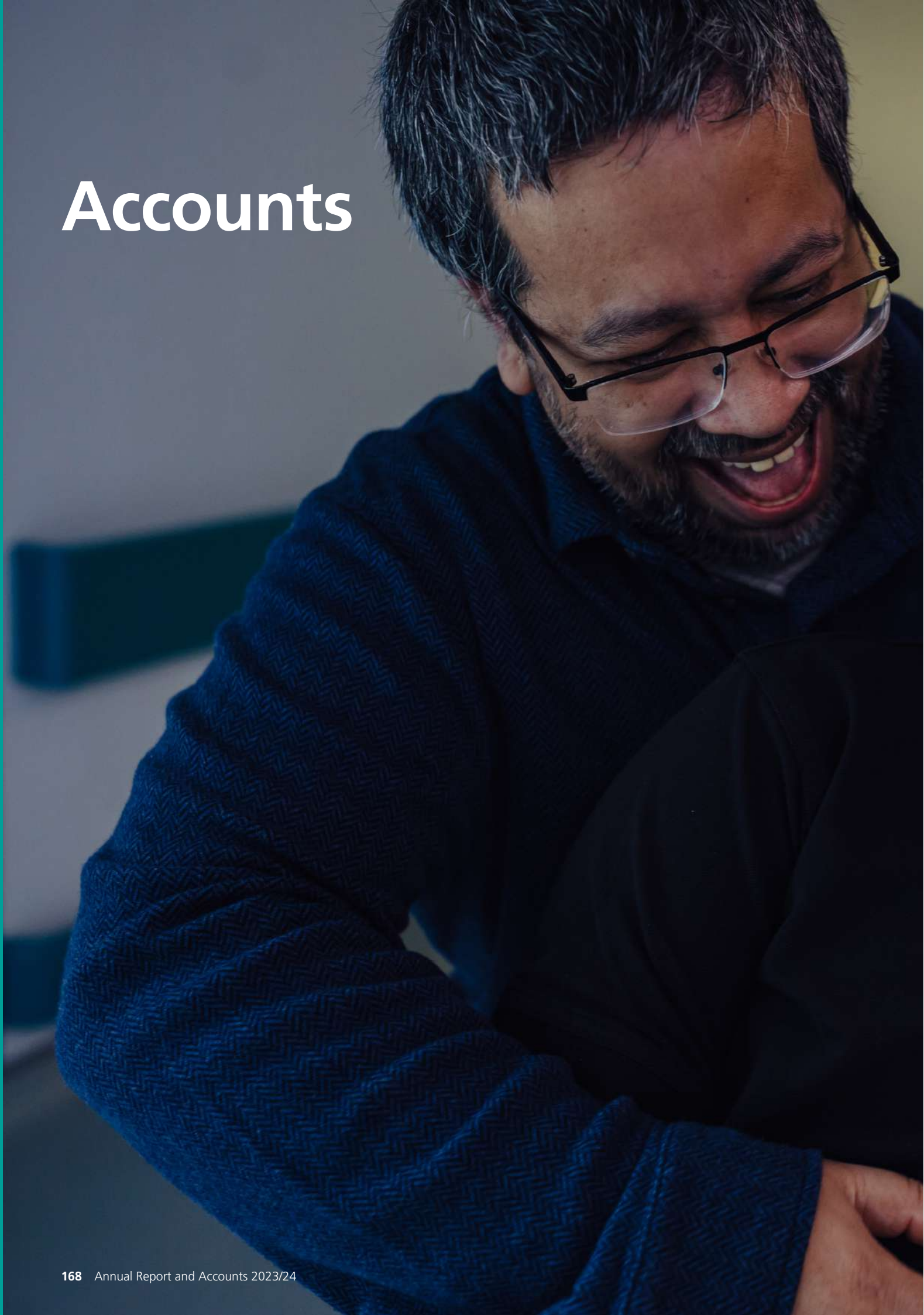
Craig Wisdom
Key Audit Partner

For and on behalf of Deloitte LLP
Appointed Auditor

London, United Kingdom

4 July 2024

Accounts



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

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

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

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

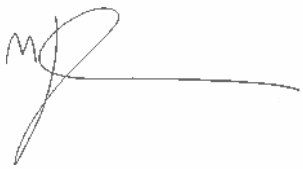
- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the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

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

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

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

Signed



Matthew Shaw
Chief Executive

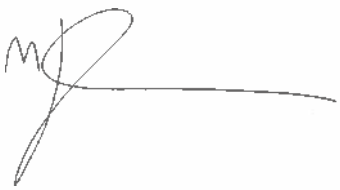
04 July 2024

Foreword to the accounts

Great Ormond Street Hospital for Children was authorised as an NHS Foundation Trust on 1 March 2012.

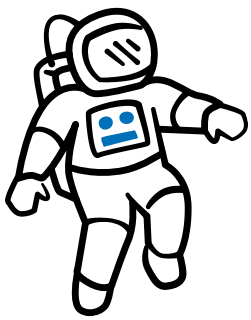
These accounts for the year ended 31 March 2024 have been prepared by Great Ormond Street Hospital for Children NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006.

Signed



Matthew Shaw
Chief Executive

04 July 2024



The financial statements have been presented in a style that attempts to make them less complex and more relevant to stakeholders.

Each section sets out the accounting policies applied in producing the relevant notes, along with details of any key judgements and estimates used.

The purpose of this format is to provide readers with a clearer understanding of what drives financial performance.

My aim is to provide commentary in plain English where I can.

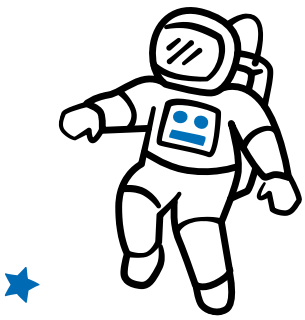
Statement of comprehensive income for the year ended 31 March 2024

	NOTE	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000
Operating income from patient care activities	2	**598,146**	560,349
Other operating income	3.1	**98,174**	76,888
Operating expenses	4	**(705,261)**	(657,912)
Operating deficit from continuing operations		**(8,941)**	(20,675)
Finance costs:			
Finance income	8	**4,236**	2,263
Finance expenses	9	**(347)**	(283)
PDC dividend expense		**(7,835)**	(7,705)
Net finance costs		**(3,946)**	(5,725)
Gains/(losses) on disposal of assets		**29**	70
Deficit for the year		**(12,858)**	(26,330)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
- Impairments	6	**(4,272)**	0
- Revaluations - property, plant, equipment and right of use assets	25	**5,919**	33,853
- Fair value losses on equity instruments designated at fair value through OCI	13	**0**	(156)
Total comprehensive (expense)/ income for the year		**(11,211)**	7,367
Deficit for the period attributable to:			
Great Ormond Street Hospital for Children NHS Foundation Trust		**(12,858)**	(26,330)
TOTAL		**(12,858)**	(26,330)
Total comprehensive (expense)/income for the period attributable to:			
Great Ormond Street Hospital for Children NHS Foundation Trust		**(11,211)**	7,367
TOTAL		**(11,211)**	7,367

The notes on pages 175 to 206 form part of these accounts.

All income and expenditure is derived from continuing operations.

The Trust has no minority interest.



The table on this page and the next page detail all the money the Trust received (income) and spent (expenses) during 2023/24 and tells you if the Trust spent more than its income and is in a deficit position, or if income was more than spend and is in a surplus position.

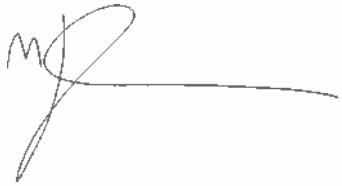
It includes information on things like sales or revenue expenses, and any other money that came into or went out of the Trust.

This report is created at the end of the year to help the Trust and its stakeholders understand how well the hospital has been doing financially.

Statement of financial position as at 31 March 2024

	NOTE	31 March 2024 £000	31 March 2023 £000
Non-current assets			
Intangible assets	11	**27,443**	29,259
Property, plant and equipment	12	**542,389**	534,738
Right of use assets	14	**69,976**	77,594
Other investments / financial assets	13	**5**	5
Trade and other receivables	18	**7,684**	8,350
Total non-current assets		**647,494**	649,946
Current assets			
Inventories	17	**13,293**	12,296
Trade and other receivables	18	**109,014**	93,827
Cash and cash equivalents	19	**65,874**	82,171
Total current assets		**188,181**	188,294
Total assets		**835,678**	838,240
Current liabilities			
Trade and other payables	20	**(115,157)**	(108,149)
Borrowings	22	**(3,217)**	(3,276)
Provisions	23	**(1,291)**	(1,304)
Other liabilities	21	**(15,940)**	(11,280)
Net current assets		**52,576**	64,285
Total assets less current liabilities		**700,073**	714,231
Non-current liabilities			
Borrowings		**(25,006)**	(27,714)
Provisions	23	**(2,616)**	(2,807)
Other liabilities	21	**(2,127)**	(2,527)
Total non current liabilities		**(29,749)**	(33,048)
Total assets employed		**670,324**	681,183
Financed by taxpayers' equity:			
Public dividend capital		**134,183**	133,831
Income and expenditure reserve		**362,628**	370,056
Financial assets reserve		**(160)**	(160)
Revaluation reserve		**173,673**	177,456
Total taxpayers' equity		**670,324**	681,183

The financial statements on pages 175 to 206 were approved by the Board and authorised for issue on 4 July 2024 and signed on its behalf by **Matthew Shaw**, Chief Executive.

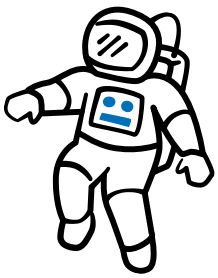


Matthew Shaw
Chief Executive

04 July 2024

Intangible assets are things the Trust owns that do not physically exist that you cannot touch such as software licenses.

Current assets include things we have in stock like medicines and bandages.



Statement of changes in taxpayers' equity for the year ended 31 March 2024

	NOTE	Public Dividend Capital (PDC) £000	Revaluation reserve £000	Income and expenditure reserve £000	Financial assets reserves £000	Total £000
Balance at 1 April 2023 - brought forward		133,831	177,456	370,056	(160)	**681,183**
Changes in taxpayers' equity for the year ended 31 March 2023						
Deficit for the year	SOCI	0	0	(12,858)	0	**(12,858)**
Net impairments	6	0	(4,272)	0	0	**(4,272)**
Revaluations - property, plant and equipment	25	0	2,729	0	0	**2,729**
Revaluations - right of use assets	25	0	3,190	0	0	**3,190**
Transfer to retained earnings on disposal of assets		0	(5,430)	5,430	0	**0**
Public Dividend Capital received		352	0	0	0	**352**
Balance at 31 March 2024		**134,183**	**173,943**	**362,628**	**(160)**	**670,324**

Statement of changes in taxpayers' equity for the year ended 31 March 2023

	Public Dividend Capital (PDC) £000	Revaluation reserve £000	Income and expenditure reserve £000	Financial assets reserves £000	Total £000
Balance at 1 April 2022	133,468	143,603	345,228	(4)	**622,295**
Changes in taxpayers' equity for the year ended 31 March 2023					
Implementation of IFRS 16 on 1 April 2022	0	0	51,158	0	**51,158**
Deficit for the year	0	0	(26,330)	0	**(26,330)**
Fair value losses on equity instruments designated at fair value through OCI	0	0	0	(156)	**(156)**
Revaluations - property, plant and equipment	0	33,325	0	0	**33,325**
Revaluations - right of use assets	0	528	0	0	**528**
Public Dividend Capital received	363	0	0	0	**363**
Balance at 31 March 2023	**133,831**	**177,456**	**370,056**	**(160)**	**681,183**

Public Dividend Reserve
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health and Social Care as the public dividend capital dividend.

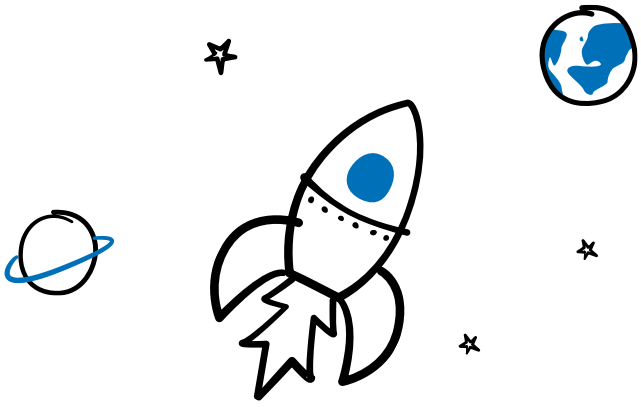
Revaluation Reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and Expenditure Reserve
The balance on the Income and Expenditure reserve is the accumulated surpluses and deficits of the Trust.

Financial Assets Reserve
This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Statement of cash flows for the year ended 31 March 2024

	NOTE	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000
Cash flows from operating activities			
Operating deficit		**(8,941)**	(20,675)
Non-cash income and expense:			
Depreciation and amortisation	4	**42,827**	35,178
Net Impairments	6	**7,812**	6,587
Income recognised in respect of capital donations (cash and non-cash)	3.1	**(22,416)**	(10,303)
Increase in trade and other receivables		**(10,423)**	(41,769)
Increase in inventories		**(997)**	(584)
(Decrease)/increase in trade and other payables		**(780)**	11,436
Increase in other liabilities		**4,260**	4,069
(Decrease)/increase in provisions		**(301)**	1,217
NET CASH GENERATED FROM OPERATIONS		**11,041**	(14,844)
Cash flows from investing activities			
Interest received		**4,236**	2,263
Purchase of intangible assets		**(1,832)**	(475)
Purchase of property, plant and equipment		**(38,464)**	(26,303)
Sales of property, plant and equipment		**29**	70
Receipt of cash donations to purchase capital assets		**20,057**	7,342
Net cash outflow from investing activities		**(15,974)**	(17,103)
NET CASH OUTFLOW BEFORE FINANCING		**(4,933)**	(31,947)
Cash flows from financing			
Public Dividend Capital received		**352**	363
PDC dividend paid		**(9,199)**	(7,296)
Capital element of lease liability repayments		**(2,192)**	(2,388)
Interest element of lease liability repayments		**(325)**	(232)
Net cash outflow from financing		**(11,364)**	(9,553)
NET DECREASE IN CASH AND CASH EQUIVALENTS		**(16,297)**	(41,500)
Cash and cash equivalents at start of the year		**82,171**	123,671
Cash and cash equivalents at end of the year	19	**65,874**	82,171



Notes to the accounts

1. Accounting policies and other information

1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment and certain financial assets.

1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

1.3 Segmental reporting

Under IFRS 8 Operating Segments, the standard allows aggregation of segments that have similar economic characteristics and types and class of customer.

The operating results of the Foundation Trust are reviewed monthly or more frequently by the Trust's chief operating decision maker, which is the overall Foundation Trust Board and which includes senior professional non-executive directors. The Trust Board review the financial position of the Foundation Trust as a whole in their decision making process, rather than individual components included in the totals, in terms of allocating resources. This process implies a single operating segment under IFRS 8.

In addition, the large majority of the Foundation Trust's revenue originates with the UK Government. The majority of expenses incurred are payroll expenditure on staff involved in the production or support of healthcare activities generally across the Trust, together with the related supplies and overheads needed to establish this service. The business activities which earn revenue and incur expenses are therefore of one broad combined nature and therefore on this basis one segment of "provision of acute care" is deemed appropriate.

Therefore, all the Foundation Trust's activities relate to a single operating segment in respect of the provision of acute care.

1.4 Critical accounting judgments and key sources of estimation uncertainty

In the application of the Foundation Trust's accounting policies, management is required to make judgments, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.5 Critical judgments in applying accounting policies

The following are the critical judgments, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

a) As described in note 1.10, a revaluation of PPE is required at least every five years. To ensure the carrying value of land and buildings is not materially different from fair value, between quinquennial valuations, the Trust's judgement has been that annual index-based valuations have been appropriate, carried out by the same external valuer as the quinquennial. Plant and equipment is valued at depreciated replacement cost; the valuation being assessed by the Trust taking into account the movement of indices that the Trust has judged to be appropriate. The Trust is required to review property, plant and equipment for impairment. Management make judgments about the condition of assets and review their estimated lives and this will have an effect on future depreciation costs.

b) Management use their judgment to decide when to write off revenue or to provide against the probability of not being able to collect debt especially in light of the changing healthcare commissioning environment. Judgment is also used to decide whether to write off or provide against International Private Patient and overseas debt.

c) a provision is recognised when The Trust has a legal or constructive obligation as a result of a past event and it is probable that an outflow of economic benefits will be required to settle the obligation. In addition to widely used estimation techniques, judgment is required when determining the probable outflow of economic benefits.

1.6 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period not already included in note 1.5 above, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

a. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements as an accrual. As the calculation involves a large number of staff, sampling techniques are used to collate the results for the entire Foundation Trust.

b. The useful economic life of each category of fixed asset is assessed when acquired by the Foundation Trust. A degree of estimation is used in assessing the useful economic lives of assets.

c. For early retirements that took place before the NHS pension scheme was modified in 1995, a provision is made in the accounts incorporating inflation and the discount rate. Inflation is estimated at 2.4% and where the effect of the time value of money is material, the estimated risk-adjusted cash flows are discounted using the Treasury's discount rate of 2.45% in real terms.

d. When arriving at the valuation for property, Trust management engages a qualified surveyor to assist them in forming estimates. The valuation is based on various assumptions subject to expert valuer review. When arriving at the valuation for property, Trust management engages a qualified surveyor to assist them in forming estimates. The valuation is based on various assumptions subject to expert valuer review. For 2023/24 this included:
- Confirmation of Trust-held GIA m2 floor areas;
- Information on completed capital expenditure projects that have taken place since the last valuation as at 31 March 2023 and associated plans where relevant.
- Confirmation that the leases provided in previous years for the Right-of Use asst valuations remain unchanged.
- Confirmation that no RAAC (reinforced autoclaved aerated concrete) has been identified within the buildings comprising the estate.
- Confirmation (verified by a site inspection) that, by the valuation date 31 March 2024, the Trust had completely ceased operational usage of the Frontage Building (both Freehold and Leasehold parts), and that these buildings were in the process of being uncoupled from the rest of the site and decommissioned pending redevelopment.

e. The Trust has incurred expenditure relating to payments to a third party power supplier for the power supplier's installations in order to increase the amount of power supplied to the Trust's main site. The installations do not become the Trust's property nor are they right of use assets. This expenditure is included in prepayments. The costs are being amortised over the estimated period of use for the installations in use, and the same policy is being adopted for new installations.

1.7.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS Contracts
The main source of income for the Trust is contracts with commissioners for health care services.

Following the demise of Clinical Commissioning Groups (CCGs) in FY 2022/23, funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service.

In 2022/23 fixed payments are set at a level assuming the achievement of elective activity targets. These are termed 'aligned payment and incentive' contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differed from the agreed level set in the fixed payments, the variable element either increased or reduced the income earned by the Trust at a rate of 75% of the tariff price.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

Revenue from research contracts
Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS Injury Costs Recovery Scheme
The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

1.7.2 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

1.7.3 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Other income received from commissioners may be in the form of an investment in quality. Any quality investment income surplus may be used in subsequent years to supplement any major projects / capital schemes.

1.7.4 Education and Training Income

The Trust recognises the majority of its Education and Training income under IFRS 15.

The Trust also receives income in relation to the Apprenticeship scheme. The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.8 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following year.

Pension costs

NHS Pension Scheme
Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% from 1 April 2024 (previously 20.6%).

NEST Pension Scheme
Where staff are not eligible for, or choose to opt out of, the NHS Pensions Scheme, they are entitled to join the National Employment Savings Trust (NEST) scheme.

NEST is a government-backed, defined contribution pension scheme set up to make sure that every employer can easily access a workplace pension scheme.

The employer's contribution rate in 2023/24 was 3% which equated to £34k (2022/23: 3%, £39k).

1.9 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.10 Property, Plant and Equipment

Recognition
Property, Plant and Equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Foundation Trust;
- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.
  - Property, Plant and Equipment is also only capitalised where:
- it individually has a cost of at least £5,000; or
- it forms a group of assets that individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

Measurement
Valuation
Under IAS 16 assets should be revalued when their fair value is materially different from their carrying value. NHS England requires revaluation at least once every 5 years.

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of the revaluation less any subsequent accumulated depreciation and impairment losses.

All land and buildings are revalued using professional valuations in accordance with IAS16. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided. Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure
Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is added to the asset's carrying value and asset life. Where subsequent expenditure is simply restoring the asset to the specification assumed by its economic useful life then the expenditure is charged to operating expenses.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

The estimated useful life of an asset is the period over which the Foundation Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Foundation Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed during the year, with the effect of any changes recognised on a prospective basis (see Useful lives section of this note).

Freehold land is considered to have an infinite life and is not depreciated. Property, plant and equipment that has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the DHSC Group Accounting Manual impairments that are due to a clear consumption of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition
Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

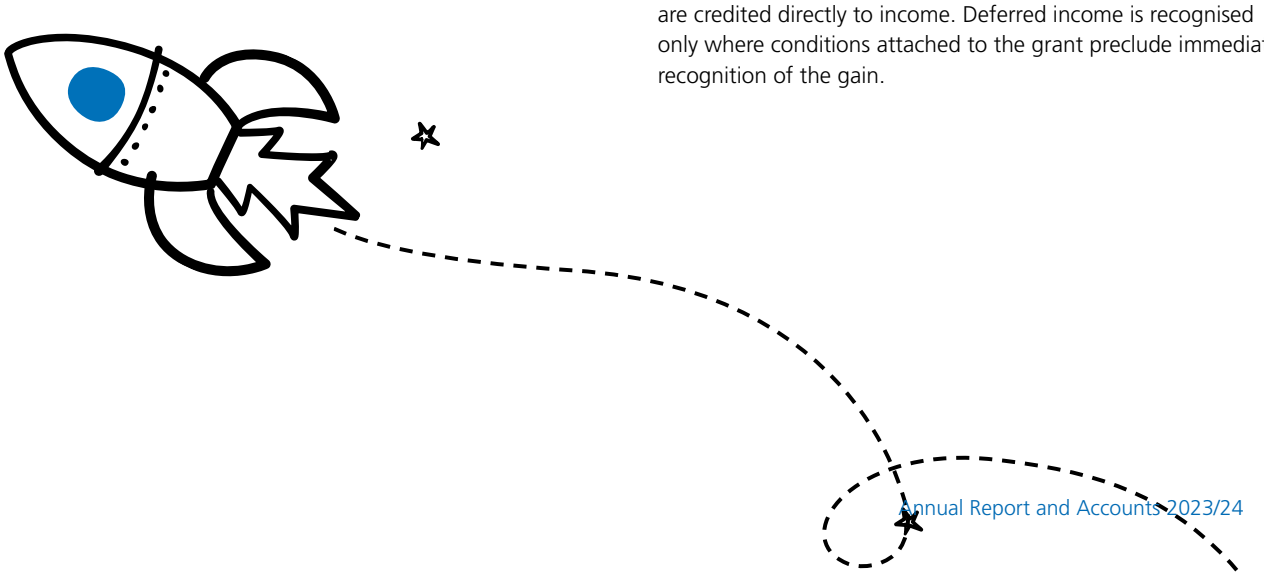
- The asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
  -management are committed to a plan to sell the asset;
  - an active programme has begun to find a buyer and complete the sale;
  - the asset is being actively marketed at a reasonable price;
  - the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated assets
Donated non-current assets are capitalised at their fair value on receipt, with a matching credit to Income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are as described above for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

Government grants
The value of assets received by means of a government grant are credited directly to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.



Useful lives of property, plant and equipment
Useful lives reflect the total life of an asset and not the remaining life of an asset. The useful lives of buildings are assessed by the Trust's valuer; useful lives of plant and machinery, information technology, and furniture and fittings are based on the expert estimates of the relevant managers with reference to the experience of similar assets in use in the Trust, or on published ANSI tables for medical equipment where there is no historic precedent. Useful lives are revised periodically where initial estimates were inaccurate.

The range of useful lives is shown in the table below:

	Min life Years	Max life Years
Buildings excluding dwellings	5	54
Dwellings	43	51
Plant & machinery	3	20
Information technology	3	15
Furniture & fittings	1	15

Land is assumed to have an infinite life.

1.11 Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Foundation Trust's business or which arise from contractual or other legal rights.

They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to the Foundation Trust and for at least a year and where the cost of the asset can be measured reliably and is at least £5,000.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised and expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Foundation Trust intends to complete the asset and sell or use it;
- the Foundation Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Foundation Trust to complete the development and sell or use the asset; and
- the Foundation Trust can measure reliably the expenses attributable to the asset during development.

Software
Software that is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are remeasured using the depreciated replacement cost basis because there is no active market. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Impairment
Intangible assets not yet available for use are tested for impairment annually at the financial year end.

Amortisation
Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets
The estimated useful life of an asset is the period over which the Foundation Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Foundation Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

	Min life Years	Max life Years
Intangible assets - internally generated		
Development expenditure	9	10
Intangible assets - purchased		
Software licenses	3	13
Licenses & trademarks	9	10

1.12 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First Out (FIFO) method.

The Trust provides at 3% for goods with a limited shelf life.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.14 Carbon Reduction Commitment scheme (CRC)

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

1.15 Financial assets and financial liabilities

Recognition
Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Classification and measurement
Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and financial liabilities are classified and subsequently measured at amortised cost with the exception of Sensyne Health PLC Shares which is classified and subsequently measured at fair value through other comprehensive income.

Financial assets and financial liabilities at amortised cost
Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Financial assets and financial liabilities at fair value through income and expenditure
Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Financial assets are included in current assets. The Foundation Trust's financial assets comprise: current investments, cash and cash equivalents, NHS debtors, accrued income and 'other debtors'.Financial liabilities are included in current liabilities. The Foundation Trust's financial liabilities comprise: NHS and Non NHS payables, accrued expenditure and 'other payables'.

Financial assets measured at fair value through other comprehensive income
A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

HM Treasury has ruled that central government bodies may not recognise impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Foundation Trust therefore does not recognise loss allowances for impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Foundation Trust does not recognise loss allowances for impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition
All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Foundation Trust has transferred substantially all of the risks and rewards of ownership. Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.16 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Foundation Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Foundation Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

1.16.1 The Foundation Trust as lessee

Recognition and initial measurement
At the commencement date of the lease, being when the asset is made available for use, the Foundation Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Foundation Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

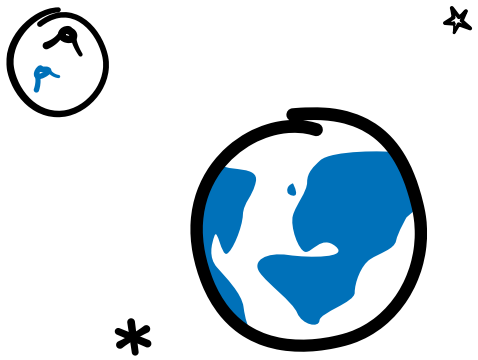
Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset. The Foundation Trust holds property assets under leases where the cost model of valuation is not appropriate as the rent payable is either peppercorn or substantially less than an open market rate.

The Foundation Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement
As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Foundation Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust expects to employ the services of an external valuer to ensure that right of use assets are carried at current value in existing use or fair value, and for valuations to be obtained on the same frequency as those for owned land and buildings. Only for those property leases on shorter term leases from commercial landlords is the cost model considered to be a proxy for current value in existing use or fair value.



1.16.2 Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

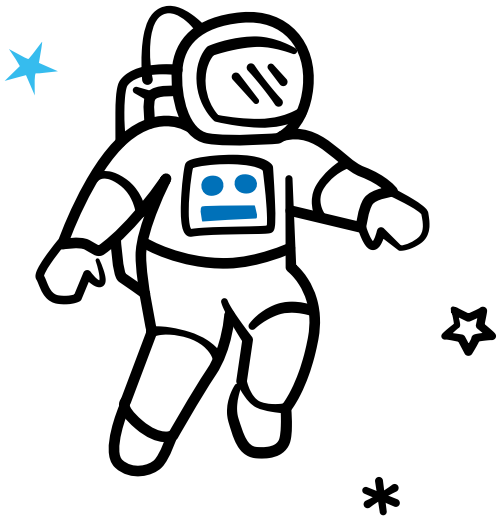
The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Foundation Trust's incremental borrowing rate of 0.95%.

For non-property, and for property leases where commercial rents are payable, a right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. In these cases, the valuation obtained is considered to be an appropriate proxy for current value in existing use or fair value. For property assets leased at peppercorn or substantially below market rates, or for longer term leases without rent reviews, external valuations were obtained in order to ensure that these right of use assets are carried at current value in existing use or fair value.

The following expedients in part C of IFRS 16 have been adopted on initial application:
no adjustments have been made in respect of leases with a remaining term of 12 months or less from 1 April 2022;
no adjustments have been made for leases where the underlying assets has a value below £5,000;
no adjustments have been made in respect of leases previously classified as finance leases;
hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.



1.17 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March:

		Nominal rate	
		31 March 2024	31 March 2023
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
Very long-term	Exceeding 40 years	4.40%	3.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

Clinical Negligence Costs

The NHS Resolution (NHSR) operates a risk pooling scheme under which the Foundation Trust pays an annual contribution to the NHSR, which, in return, settles all clinical negligence claims. Although the NHSR is administratively responsible for all clinical negligence cases, the legal liability remains with the Foundation Trust. The total value of clinical negligence provisions carried by the NHSR on behalf of the Foundation Trust is disclosed at note 23 but is not recognised in the Foundation Trust's accounts.

Non-clinical risk pooling

The Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Foundation Trust pays an annual contribution to the NHSR and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.18 Contingencies

Contingent liabilities are not recognised, but are disclosed in Note 24, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.19 Public Dividend Capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.20 Value Added Tax

Most of the activities of the Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable.

Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.21 Corporation Tax

Great Ormond Street Hospital for Children NHS Foundation Trust has determined that it has no corporation tax liability as the Trust has no private income from non-operational areas.

1.22 Foreign exchange

The functional and presentational currencies of the Foundation Trust are sterling.

A transaction that is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Foundation Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.23 Cash, bank and overdrafts

Cash, bank and overdraft balances are recorded at the current values of these balances in the Foundation Trust's cash book.

1.24 Heritage Assets

Heritage assets (under FRS 30 and as required by the FT ARM) are tangible assets with historical, artistic, scientific, technological, geographical or environmental qualities, held principally for their contribution to knowledge or culture. The Foundation Trust holds no such assets as all assets are held for operational purposes - this includes a number of artworks on display in the hospital.

1.25 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

1.26 Charitable Funds

From 2013/14, the divergence from the FReM that NHS Charitable Funds are not consolidated with bodies' own returns was removed. Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entities' returns. The funds of Great Ormond Street Hospital for Children's Charity are not under the control of the Foundation Trust and have not, therefore, been consolidated in these accounts.

1.27 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 14 Regulatory Deferral Accounts
Not UK-endorsed.

Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies

IFRS 17 Insurance Contracts
Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be from April 2025.

1.28 Additional Reporting Measures

The financial performance of NHS providers is measured using operating surplus/(deficit) prior to capital donations, gains on disposals, donated inventory, depreciation in respect of donated assets and impairments.

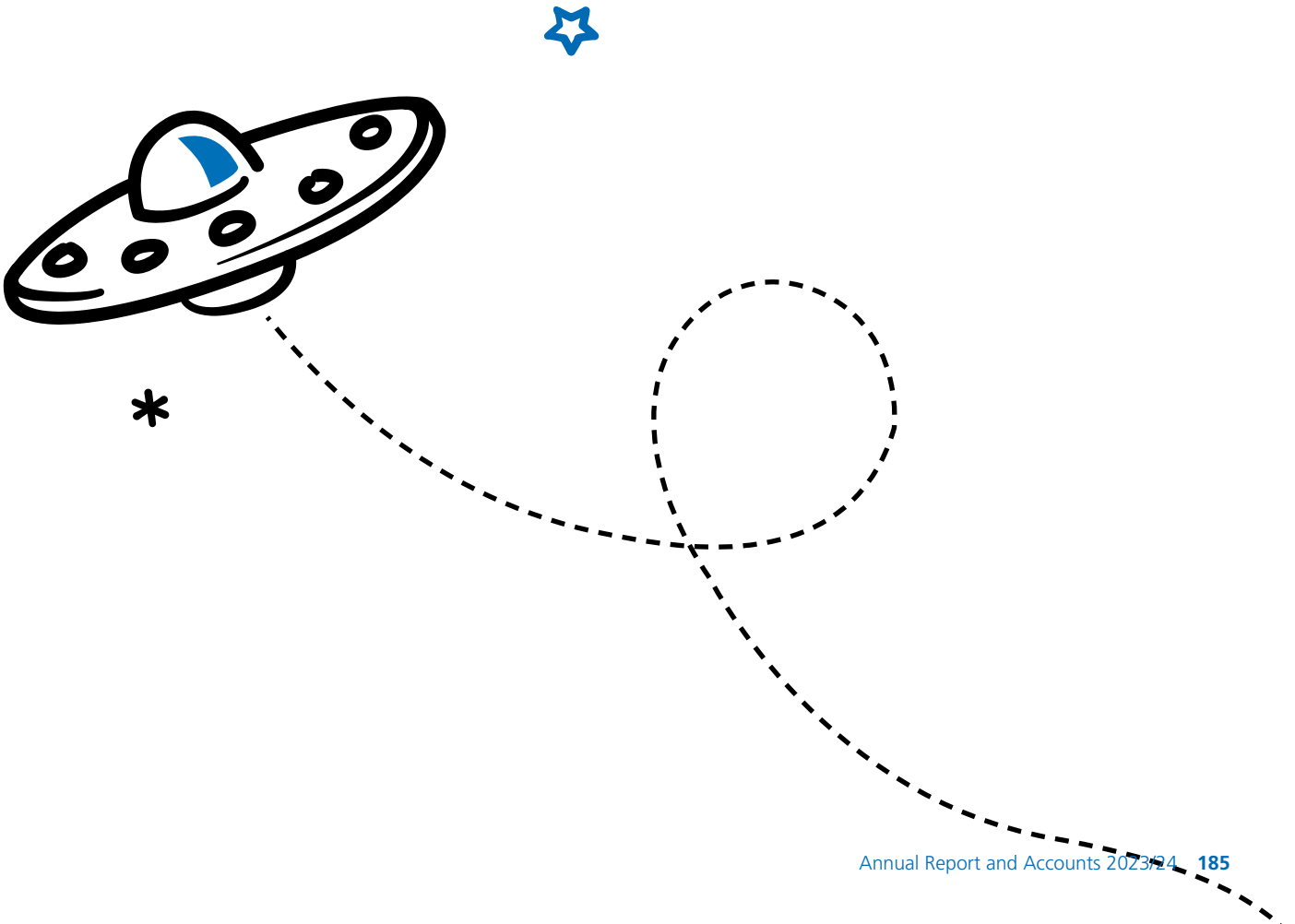
	2023/24	2022/23
Retained deficit for the year	**(12,858)**	(26,330)
Adjustments in respect of:		
Capital donations	**(22,416)**	(10,303)
Depreciation on donated assets	**23,413**	20,056
Donated consumables	**(107)**	27
Impairments	**7,812**	6,587
Adjusted retained deficit	**(4,156)**	(9,963)

1.29 Associates

The Trust is a member of the all provider collaborative within North Central London. The collaborative comprises 14 partners (4 acute Trusts, 3 specialist Trusts, 2 community Trusts, 3 mental health Trusts, a GP Provider and UCL). The collaborative is funded through annual contributions from all 14 partners. At a Board meeting in September 2023, it was agreed that the UCL Health Alliance, previously a company limited by guarantee would move into UCLP, effective 31st October 2023. The alliance was renamed from the "UCL Health Alliance" to the "NCL Health Alliance".

The NCL Health Alliance members are as follows:

- Barnet Enfield and Haringey Mental Health NHS Trust
- Camden & Islington Mental Health NHS Foundation Trust
- Tavistock & Portman NHS Foundation Trust
- Central & North West London NHS Foundation Trust
- Moorfields Eye Hospital NHS Foundation Trust
- Great Ormond Street Hospital for Children NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust
- NCL GP Provider Alliance
- University College London NHS Foundation Trust
- Royal Free London NHS Foundation Trust
- Whittington Health NHS Trust
- North Middlesex University Hospital NHS Trust
- University College London



2. Income from patient care activities

2.1 Analysis of income from patient care activities

	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000
Acute Services		
Income from commissioners from API contracts*	**394,995**	369,806
High cost drugs income from commissioners	**97,759**	83,216
Other NHS clinical income	**628**	520
Mental Health Services		
Income from commissioners under API contracts**	**4,554**	5,328
Other clinical income from mandatory services	**57**	81
All Services		
Private patient income	**78,894**	54,783
Elective recovery fund (comparative only)	**0**	14,883
Additional pension contribution central funding**	**15,181**	14,617
Agenda for Change pay offer central funding****	**303**	10,194
Other clinical income	**5,775**	6,921
Total income from patient care activities	**598,146**	560,349

* Total income from commissioners from API contracts for Acute services is made up of £282,958k relating to fixed element and £112,037k relating to variable element. Income from commissioners from API contract for Acute services was not analysed between fixed and variable elements in the prior year.

**Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

***The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

**** Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

The Trust's Provider Licence sets out the Commissioner Requested Services that the Trust is required to provide. All of the income from activities before private patient income and other non-protected clinical income shown above is derived from the provision of Commissioner Requested Services.

2.2 Analysis of revenue from patient care activities by source

	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000
NHS England (including central pay award funding)	**478,474**	457,516
Clinical commissioning groups (comparative only)	**0**	6,726
Integrated Care Boards	**34,323**	33,005
NHS Foundation Trusts	**80**	75
NHS Trusts	**430**	300
Local Authorities	**56**	81
Non-NHS:		
Private patients	**78,894**	54,783
Overseas patients (non-reciprocal, chargeable to patient)	**1,059**	119
Injury costs recovery	**118**	145
Other	**4,712**	7,599
Total income from patient care activities	**598,146**	560,349
Of Which:		
Related to continuing operations	**598,146**	560,349

All of the Trust's activities relate to a single operating segment in respect of the provision of acute healthcare services.

2.3 Overseas visitors

	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000
Income recognised in-year	**1,059**	119
Cash payments received in-year	**1**	4
Amounts added to provision for impairment of receivables	**824**	121
Amounts written off in-year	**12**	174

2.4 Income from activities arising from commissioner requested services

Under the terms of its provider licence, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000
Income from services designated as commissioner requested services	**512,797**	497,247
Total	**512,797**	497,247

3.1 Other operating income

	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000
Other operating income recognised in accordance with IFRS 15		
Research and development (IFRS 15)	**6,973**	5,187
Education and training	**13,499**	12,308
Non-patient care services to other bodies	**4,646**	4,026
Clinical tests	**6,817**	5,465
Clinical excellence awards	**2,127**	2,183
Catering	**1,330**	1,181
Crèche services	**416**	493
Staff accommodation rentals	**80**	71
Other revenue	**6,343**	4,824
	42,231	35,738
Other operating income recognised in accordance with other standards		
Research and development (non-IFRS 15)	**17,911**	18,928
Education and training - notional income from apprenticeship fund	**725**	572
Charitable contributions in respect of capital expenditure	**22,416**	10,303
Charitable contributions to expenditure	**14,722**	10,643
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for Covid response	**169**	704
	55,943	41,150
Total other operating income	**98,174**	76,888
of which		
Related to continuing operations	**98,174**	76,888

3.2 Additional information on contract revenue (IFRS 15) recognised in the period

	Year ended 31 March 2024	Year ended 31 March 2023
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	**3,975**	2,560

3.3 Transaction price allocated to remaining performance obligations

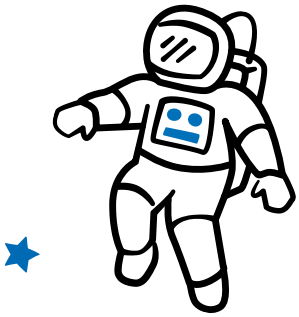
	Year ended 31 March 2024	Year ended 31 March 2023
	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:		
within one year	**7,744**	7,524
after one year, not later than five years	**2,147**	2,086
after five years	**595**	578
Total revenue allocated to remaining performance obligations	**10,486**	10,188

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

4. Operating expenses

	Year ended 31 March 2024	Year ended 31 March 2023
	£000	£000
Services from other NHS bodies	**8,235**	6,218
Purchase of healthcare from non-NHS bodies	**7,489**	4,953
Staff and executive directors costs	**381,130**	362,543
Non-executive directors' costs*	**144**	143
Supplies and services - clinical - drugs	**111,520**	102,406
Supplies and services - clinical - other	**47,018**	44,431
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for Covid response	**62**	731
Supplies and services - general	**8,507**	6,736
Establishment	**4,183**	4,166
Research and development - staff costs	**19,841**	18,810
Research and development - non-staff	**1,492**	673
Education and training - staff costs	**4,226**	4,331
Education and training - non-staff	**2,685**	2,153
Education and training - notional expenditure funded from apprenticeship fund	**725**	572
Transport - business travel	**1,177**	1,190
Transport - other	**4,674**	3,614
Premises - business rates payable to local authorities	**4,691**	3,388
Premises - other	**35,690**	33,671
Movement in credit loss allowance: contract receivables/assets	**905**	2,046
Movement in credit loss allowance: all other receivables & investments	**41**	(27)
Change in provisions discount rate	**4**	18
Inventories write down	**457**	299
Depreciation on property, plant and equipment and right of use assets	**38,797**	30,909
Amortisation of intangible assets	**4,030**	4,269
Impairment of property, plant and equipment and right of use assets	**7,812**	6,587
Audit services - statutory audit**	**276**	219
Clinical negligence insurance	**4,947**	5,919
Consultancy costs	**533**	520
Legal fees	**754**	1,794
Internal audit costs	**165**	151
Losses and special payments	**7**	117
Other	**3,044**	4,398
	705,261	657,912
Of which:		
Related to continuing operations	**705,261**	657,912

*Details of non-executive directors' remuneration can be found in the Remuneration Report on page 97.
**The external audit fees includes irrecoverable VAT.



The biggest operating expense this year was staff and executive director costs.

5. Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2022/23: £1 million).

6. Impairment of Assets

	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus resulting from:		
Changes in market price	**7,812**	6,587
Total net impairments charged to operating surplus	**7,812**	6,587
Impairments charged to the revaluation reserve	**4,272**	0
Total net impairments	**12,084**	6,587

7. Employee costs and numbers

7.1 Employee costs

	Year ended 31 March 2024	Year ended 31 March 2023
	£000	£000
Salaries and wages*	**319,877**	304,067
Social security costs	**35,145**	32,549
Apprenticeship levy	**1,528**	1,377
Pension cost - defined contribution plans employer's contributions to NHS pensions	**34,810**	33,241
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	**15,181**	14,617
Pension costs - other	**46**	39
Temporary staff - agency/contract staff	**5,111**	4,062
Termination benefits	**0**	35
Total gross staff costs	**411,698**	389,987
Recoveries from DHSC Group bodies in respect of staff cost netted off expenditure	**(3,648)**	(2,591)
Recoveries from other bodies in respect of staff costs netted off expenditure	**(451)**	(142)
Total staff costs	**407,599**	387,254
Included within:		
Costs capitalised as part of assets	**2,402**	1,535
Analysed into operating expenditure		
Employee expenses - staff and executive directors	**381,130**	362,543
Research and development	**19,841**	18,810
Education and training	**4,226**	4,331
Special payments	**0**	35
Total employee benefits excluding capital costs	**405,197**	385,719

7.2 Average number of people employed*

	Year ended 31 March 2024 Total Number	Year ended 31 March 2023 Total Number
Medical and dental	**790**	787
Administration and estates	**1,848**	1,776
Healthcare assistants and other support staff	**309**	307
Nursing, midwifery and health visiting staff	**1,624**	1,617
Scientific, therapeutic and technical staff	**1,090**	1085
Other staff	**17**	18
Total average numbers	**5,678**	5,590
of which:		
Number of employees (WTE) engaged on capital projects	**31**	18

*Whole Time Equivalent

7.3 Retirements due to ill-health

During the year there was one early retirement from the Trust on the grounds of ill-health resulting in additional pension liabilities of £579k. (There was one early retirements in 2022/23 (£26k).
The cost of these ill-health retirements will be borne by the NHS pension scheme.

7.4 Staff exit packages

Foundation Trusts are required to disclose summary information of their use of staff exit packages agreed in the year.

	Year to 31 March 2024			
Exit packages number and cost	**Number of other departures agreed**	**Cost of other departures agreed**	**Total number of exit packages**	**Total cost of exit packages**
	Number	**£000**	**Number**	**£000**
<£10,000	**14**	**54**	**14**	**54**
£25,001 - £50,000	**2**	**81**	**2**	**81**
Total	**16**	**135**	**16**	**135**

	Year to 31 March 2023			
Exit packages number and cost	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
	Number	£000	Number	£000
<£10,000	9	38	9	38
£10,000 - £25,000	2	34	2	34
£25,001 - £50,000	1	35	1	35
£50,001 - £100,000	1	53	1	53
Total	12	107	12	107

Any exit packages in relation to senior managers (should they arise) are not included in this note as these would be disclosed in the remuneration report.

The cost of ill-health retirements falls on the relevant pension scheme, not the Trust, and is included in note 7.3.

7.5 Exit packages: other (non-compulsory) departure payment

	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	2023/24	**2023/24**	2022/23	2022/23
	No.	**£000**	No.	£000
Contractual payments in lieu of notice	**14**	**125**	11	72
Exit payments following employment tribunals or court orders	**2**	**10**	0	0
Non-contractual payments requiring HMT approval	**0**	**0**	1	35
Total	**16**	**135**	12	107

8. Finance Income

	Year ended 31 March 2024	Year ended 31 March 2023
	£000	£000
Bank interest	**4,236**	2,263
Total finance income	**4,236**	2,263

9. Finance Expenses

	Year ended 31 March 2024	Year ended 31 March 2023
	£000	£000
Other Interest:		
Interest on lease obligations	325	232
Total interest expense	**325**	**232**
Provisions - unwinding of discount	22	51
Total finance expenses	**347**	**283**

10. Other gains

	Year ended 31 March 2024	Year ended 31 March 2023
	£000	£000
Gains on disposal of assets	29	70
Total gains on disposal of assets	**29**	**29**

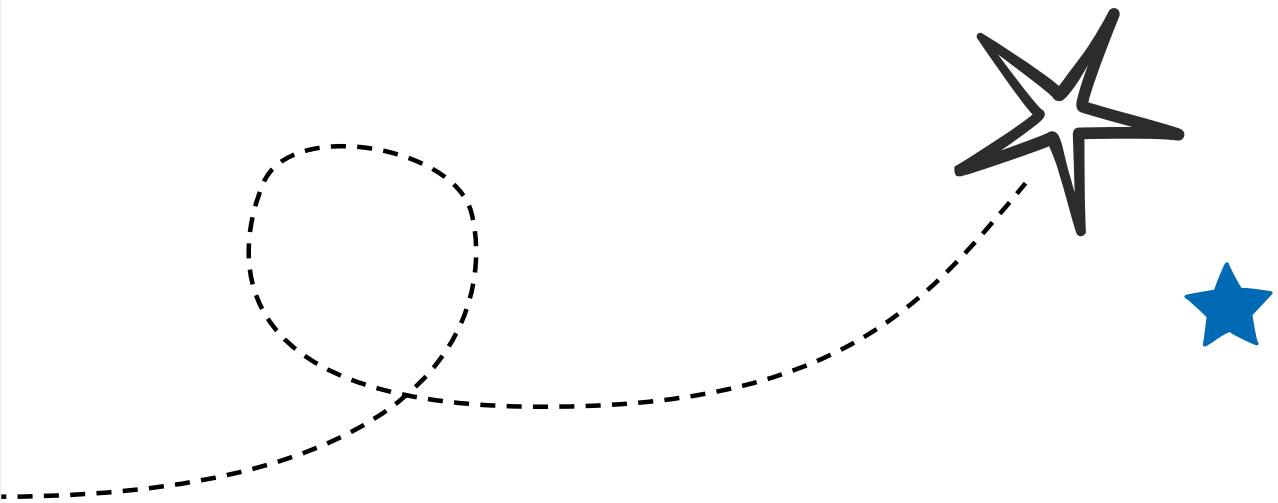
11. Intangible assets

11.1 Intangible assets

	Software licenses	Licenses and trademarks	Development expenditure	Intangible assets under construction	Total
	£000	£000	£000	£000	£000
Gross cost at 1 April 2023	39,921	353	146	257	**40,677**
Additions - purchased	1,710	0	0	0	**1,710**
Reclassifications	504	0	0	0	**504**
Valuation/Gross cost at 31 March 2024	**42,135**	**353**	**146**	**257**	**42,891**
Amortisation at 1 April 2023	11,054	220	144	0	**11,418**
Provided during the year	4,011	17	2	0	**4,030**
Amortisation at 31 March 2024	**15,065**	**237**	**146**	**0**	**15,448**
Net book value					
NBV total at 31 March 2024	**27,070**	**166**	**0**	**257**	**27,443**

All intangible assets are held at cost less accumulated amortisation based on estimated useful economic lives. The reclassifications relate to the transfers of Intangible assets which were capitalised as part of a larger tangible asset under Property, plant and equipment.

	Software licenses	Licenses and trademarks	Development expenditure	Intangible assets under construction	Total
	£000	£000	£000	£000	£000
Gross cost at 1 April 2022	38,529	353	146	110	**39,138**
Additions - purchased	1,343	0	0	196	**1,539**
Reclassifications	1,413	0	0	(49)	**0**
Valuation/Gross cost at 31 March 2023	**39,921**	**353**	**146**	**257**	**40,677**
Amortisation at 1 April 2022	6,822	197	130	0	**7,149**
Provided during the year	4,232	23	14	0	**4,269**
Amortisation at 31 March 2023	**11,054**	**220**	**144**	**0**	**11,418**
Net book value					
NBV total at 31 March 2023	**28,867**	**133**	**2**	**257**	**29,259**



12. Property, plant and equipment

12.1 Property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2023	78,753	373,504	11,128	32,230	95,062	29,094	19,164	**638,935**
Additions - purchased	0	1,378	193	17,379	1,176	3,016	441	**23,583**
Additions - assets purchased from cash donations/grants	0	13,431	0	7,053	1,831	100	1	**22,416**
Impairments charged to operating expenses	0	0	0	0	0	0	0	**0**
Impairments charged to the revaluation reserve	(3,948)	0	0	0	0	0	0	**(3,948)**
Revaluations	0	0	0	0	0	0	0	**0**
Reclassifications	0	5,532	0	(10,420)	2,499	1,829	56	**(504)**
Disposals/derecognition	0	(4,561)	0	0	(677)	0	0	**(5,238)**
Cost or valuation at 31 March 2024	**78,805**	**389,284**	**11,321**	**46,242**	**99,891**	**34,039**	**19,662**	**675,244**
Accumulated depreciation at 1 April 2023	0	7,238	0	0	64,070	18,484	14,405	**104,197**
Provided during the period	0	14,895	256	0	8,180	4,372	1,051	**28,754**
Impairments charged to the revaluation reserve	0	377	0	0	0	0	0	**377**
Impairments charged to operating expenses	0	7,547	0	0	0	0	0	**7,547**
Reversal of impairments credited to the revaluation reserve	0	0	(53)	0	0	0	0	**(53)**
Revaluations	0	(2,723)	(6)	0	0	0	0	**(2,729)**
Disposals/derecognition	0	(4,561)	0	0	(677)	0	0	**(5,238)**
Accumulated depreciation at 31 March 2024	**0**	**22,773**	**197**	**0**	**71,573**	**22,856**	**15,456**	**132,855**
Net book value at 31 March 2024								
Owned - purchased	70,925	115,709	0	27,654	11,641	10,348	633	**236,820**
Owned - donated / granted	3,880	250,802	11,124	18,678	16,677	835	3,573	**305,569**
NBV total at 31 March 2024	**74,805**	**366,511**	**11,124**	**46,242**	**28,318**	**11,183**	**4,206**	**542,389**

The reclassifications in year includes transfers of Intangible assets which were capitalised as part of a larger tangible asset under Property, plant and equipment. In addition, amounts previously categorised as assets under construction and payments on account have been reclassified to various other categories within this note based on the nature of the expenditure.

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2022	84,950	342,970	10,165	24,593	88,568	25,936	19,045	596,227
Reclassification of existing finance leased assets to right of use assets on 1 April 2022	(2,060)	(2,273)	0	0	0	0	0	(4,333)
Additions - purchased	0	1,873	0	9,277	1,133	1,404	107	13,794
Additions - assets purchased from cash donations	0	132	0	7,602	2,566	3	0	10,303
Impairments charged to operating expenses	0	(1,353)	0	0	0	0	0	(1,353)
Reversal of impairments credited to operating expenses	0	236	0	0	0	0	0	236
Reclassifications	0	3,640	0	(9,242)	3,839	1,751	12	0
Revaluations	(4,137)	28,279	963	0	0	0	0	25,105
Disposals	0	0	0	0	(1,044)	0	0	(1,044)
Cost or valuation at 31 March 2023	**78,753**	**373,504**	**11,128**	**32,230**	**95,062**	**29,094**	**19,164**	**638,935**
Accumulated depreciation at 1 April 2022	0	5,302	0	0	57,079	13,610	12,927	88,918
Provided during the period	0	9,927	229	0	8,035	4,874	1,478	24,543
Revaluations	0	(7,991)	(229)	0	0	0	0	(8,220)
Disposals	0	0	0	0	(1,044)	0	0	(1,044)
Accumulated depreciation at 31 March 2023	**0**	**7,238**	**0**	**0**	**64,070**	**18,484**	**14,405**	**104,197**
Net book value at 31 March 2023								
Owned - purchased	74,873	125,045	592	19,266	11,148	9,105	894	240,923
Owned - donated / granted	3,880	241,221	10,536	12,964	19,844	1,505	3,865	293,815
NBV total at 31 March 2023	**78,753**	**366,266**	**11,128**	**32,230**	**30,992**	**10,610**	**4,759**	**534,738**

12.2 Valuation of Land and Buildings

Land, buildings excluding dwellings, and dwellings were revalued with an effective date of 31 March 2024.

The valuation of land, buildings excluding dwellings, and dwellings was undertaken by an independent valuer, Gerald Eve LLP. Richard Ayres, a partner in the firm, led the valuation. Mr Ayres is a Member of the Royal Institution of Chartered Surveyors (RICS) and a RICS registered valuer.

The methodology adopted is described in the statement below, issued by the valuer:

The freehold and leasehold property known as Great Ormond Street Hospital for Children NHS Foundation Trust was valued as at 31 March 2024 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the requirements of the RICS Valuation – Global Standards 2022 and the national standards and guidance set out in the UK national supplement (November 2018), the International Valuation Standards, and IFRS as adapted and interpreted by the Financial Reporting Manual (FReM). The valuations of specialised properties were derived using the Depreciated Replacement Cost (DRC) method, with other in-use properties reported on an Existing Use Value basis.

Climate Change considerations in the valuation

In recognition of the need to consider the potential effect of Climate Change on the Trust's assets, the valuer has advised the Trust that their valuations do currently and will continue to consider sustainability, and environmental, social and governance (ESG) factors where applicable and reflect the risks associated with climate change as well as any other key considerations when arriving at their assessment of value. In doing so, the valuer has taken account of guidance in the RICS Valuation – Global Standards (the "Red Book") section on ESG matters, and the RICS guidance note "Sustainability and ESG in commercial property valuation and strategic advice" effective 31 January 2022.

12.3 Charitably Funded Capital Expenditure

Great Ormond Street Hospital Children's Charity donated £22,416k towards property, plant, equipment and intangibles expenditure during the year (2022/23, £10,303k).

The Trust has completed a number of agreements with Great Ormond Street Hospital Children's Charity in connection with amounts donated to fund capital expenditure on building work in relation to buildings used by the Trust for its core activities. The agreements provide that, in the event that there is a material change in use of these buildings, the amounts donated would be repayable based on a formula which takes account of the total value of donations received and the period for which the new building work has been in use by the Trust. There are no past events or events foreseen by the directors which would require the recognition of an obligation to the Charity as a result of these agreements.

13. Other investments / financial assets

13.1 Other investments / financial assets

	31 March 2024	31 March 2023
	£000	£000
Carrying value at 1 April	**5**	**5**
Carrying value at 31 March	**5**	**5**

The Trust recognises Sensyne Health PLC shares as Fair Value through OCI. The Trust has made the decision to recognise the investment as Fair Value through other comprehensive income given the equities are not held for trading and as part of a long term strategic relationship.

14. Right of use assets

14.1 Right of use assets

	Property (land and buildings)	Plant and machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	76,508	676	1,345	**78,529**	2,909
Additions	155	0	0	**155**	0
Dilapidation provisions arising (capitalised in RoU asset)	75	0	0	**75**	0
Remeasurements of the lease liability	(730)	0	0	**(730)**	0
Revaluations	3,190	0	0	**3,190**	113
Disposals/derecognition - peppercorn lease termination	(4,376)	0	0	**(4,376)**	0
Cost or valuation at 31 March 2024	**74,822**	**676**	**1,345**	**76,843**	**3,022**
Accumulated depreciation at 1 April 2023 - brought forward	446	175	314	**935**	0
Provided during the year - right of use asset	2,140	175	314	**2,629**	366
Provided during the year - peppercorn leased asset	7,414	0	0	**7,414**	0
Impairments	265	0	0	**265**	13
Disposals/derecognition - peppercorn lease termination	(4,376)	0	0	**(4,376)**	0
Accumulated depreciation at 31 March 2024	**5,889**	**350**	**628**	**6,867**	**379**
Net book value at 31 March 2024	68,933	326	717	69,976	2,643
Net book value of right of use assets leased from other NHS providers					2,643

14.2 Right of use assets 2022/23

	Property (land and buildings)	Plant and machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2022					
Valuation / gross cost at 1 April 2022 - brought forward	0	0	0	**0**	0
Reclassification of existing Finance leased assets to right of use assets on 1 April 2022	4,333	0	0	**4,333**	0
Recognition of right of use assets for existing operating leases on initial application of IFRS 16 on 1 April 2022	82,417	676	1,345	**84,438**	3,241
Additions	98	0	0	**98**	0
Dilapidation provisions arising (capitalised in RoU asset)	33	0	0	**33**	0
Impairments	(10,202)	0	0	**(10,202)**	(8)
Revaluations	(171)	0	0	**(171)**	0
Cost or valuation at 31 March 2023	**76,508**	**676**	**1,345**	**78,529**	**2,909**
Accumulated depreciation at 1 April 2022 - brought forward	0	0	0	**0**	0
Provided during the year - right of use asset	1,895	175	314	**2,384**	194
Provided during the year - peppercorn leased asset	3,982	0	0	**3,982**	390
Impairments	(4,732)	0	0	**(4,732)**	(4)
Revaluations	(699)	0	0	**(699)**	(580)
Accumulated depreciation at 31 March 2023	**446**	**175**	**314**	**935**	**0**
Net book value at 31 March 2023	76,062	501	1,031	77,594	2,909
Net book value of right of use assets leased from other NHS providers					2,909

15. Leases

This note details information about leases for which the Foundation Trust is a lessee.

The Foundation Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

The Foundation Trust leases property assets from three main classes of lessor: commercial lessors; another NHS Provider Trust; and the GOSH Children's Charity. In addition, the Foundation Trust has service agreements in which right of use equipment is provided.

15.1 Revaluations of right of use assets

Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset. The Foundation Trust holds property assets under leases where the cost model of valuation is not appropriate as the rent payable is either peppercorn or substantially less than an open market rate.

Therefore, on transition to IFRS 16 the Foundation Trust commissioned external valuations for most of its property assets as at 1 April 2022. Only those shorter term property leases held on leases from commercial landlords were valued on the cost model at 1 April 2022. The valuations of property assets were undertaken by Gerald Eve LLP at the same time as the land, building and dwellings valuations which are described in the PPE note 12.2. The same properties were revalued with an effective date of 31 March 2024.

15.2 Reconciliation of liabilities arising from financing activities - 2023/24

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in Note 22.

	Year ended 31 March 2024	Of which leased from DHSC group accounting:
	£000	£000
Carrying value at 1 April 2023 - brought forward	**30,990**	1,427
Lease additions	**155**	0
Financing cash flows - principal	**(2,192)**	(187)
Financing cash flows - interest (for liabilities measured at amortised cost)	**(325)**	(14)
Lease liability remeasurements (recognised in right of use asset)	**(730)**	0
Interest charge arising in year	**325**	14
Carrying value at 31 March 2024	**28,223**	1,240

15.3 Reconciliation of liabilities arising from financing activities - 2022/23

	Year ended 31 March 2023	Of which leased from DHSC group accounting:
	£000	£000
Carrying value at 1 April 2022		
Impact of implementing IFRS 16 as at 1 April 2022	**33,280**	0
Lease additions	**98**	0
Financing cash flows - principal	**(2,388)**	0
Financing cash flows - interest (for liabilities measured at amortised cost)	**(232)**	0
Lease liability remeasurements (recognised in right of use asset)	**0**	0
Interest charge arising in year	**232**	0
Carrying value at 31 March 2023	**30,990**	0

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.
These payments are disclosed in Note 4, Operating expenses. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

15.4 Maturity analysis of future lease payments

Total future minimum lease payments	**Total**	Of which leased from DHSC group bodies:	**Total**	Of which leased from DHSC group bodies:
	Year ended 31 March 2024	Year ended 31 March 2024	**Year ended 31 March 2023**	Year ended 31 March 2023
	£000	£000	**£000**	£000
Undiscounted future lease payments payable in:				
- not later than one year;	**3,217**	201	**3,276**	201
- later than one year and not later than five years;	**10,610**	803	**11,393**	803
- later than five years.	**16,169**	265	**18,550**	265
Total gross future lease payments	**29,996**	1,269	**33,219**	1,269
Finance charges allocated to future periods	**(1,773)**	(29)	**(2,229)**	(29)
Net lease liabilities at 31 March	**28,223**	1,240	**30,990**	1,240
Of which:				
- Current - invoiced / due but not yet paid	**3,016**	0	**0**	0
- Current - not yet invoiced / not relating to Current year	**201**	201	**3,276**	201
- Non-Current	**25,006**	1,039	**27,714**	1,226
	28,223	1,240	**30,990**	1,427

16. Commitments

16.1 Capital commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 March 2024	31 March 2023
	£000	£000
Property, plant and equipment	**6,294**	8,859
Intangible assets	**51**	127
Total	**6,345**	8,986

16.2 Other financial commitments

The Trust has entered into non-cancellable contracts (which are not leases or PFI contracts or other service concession arrangements). The payments to which the Trust is committed are as follows:

	31 March 2024	31 March 2023
	£000	£000
Not later than one year	**15,278**	16,675
Later than one year and not later than five years	**12,704**	19,795
Total	**27,982**	36,470

17. Inventories

	31 March 2024	31 March 2023
	£000	£000
Drugs	**4,064**	3,524
Consumables	**8,990**	8,640
Consumables donated from DHSC group bodies	**204**	97
Energy	**35**	35
Total	**13,293**	12,296

The cost of inventories recognised as expenses during the year in respect of continuing operations was £143,179k (2022/23: £133,347k); of which £62k related to expenses relating to the utilisation of consumables donated by DHSC bodies (2022/23: £703k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £169k of items purchased by DHSC (2022/23: £703k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

18. Trade and other receivables

18.1 Trade and other receivables

	Current		Non-current	
	31 March 2024	31 March 2023	**31 March 2024**	31 March 2023
	£000	£000	**£000**	£000
Contract receivables: invoiced	**75,672**	56,189	**0**	0
Contract receivables: not yet invoiced / non-invoiced	**17,381**	25,935	**0**	0
Capital receivables	**6,836**	4,477	**0**	0
Allowance for impaired contract receivables	**(8,241)**	(8,075)	**0**	0
Allowance for impaired other receivables	**(152)**	(117)	**0**	0
Prepayments (revenue)	**4,870**	5,236	**6,652**	7,051
Prepayments (capital)	**1,252**	0	**0**	0
PDC dividend receivable	**487**	0	**0**	0
VAT receivable	**1,579**	929	**0**	0
Clinician pension tax provision reimbursement funding from NHSE	**17**	20	**1,032**	1,299
Other receivables	**9,313**	9,233	**0**	0
Total	**109,014**	93,827	**7,684**	8,350
Of which, receivable from NHS and DHSC group bodies:	**12,643**	25,760	**3,159**	3826

18.2 Allowances for credit losses on receivables

	Total 2023/23	**Contract receivables and contract assets**	**All other receivables**
	£000	**£000**	**£000**
Allowance for credit losses at 1 April 2023 - brought forward	**8,192**	8,075	117
New allowances arising	**4,570**	4,529	41
Changes in the calculation of existing allowances	**35**	14	21
Reversals of allowances (where receivable is collected in-year)	**(3,659)**	(3,638)	(21)
Utilisation of allowances (where receivable is written off)	**(745)**	(739)	(6)
Total allowance for credit losses at 31 March 2024	**8,393**	**8,241**	**152**

18.3 Allowances for credit losses on receivables

	Total 2022/23	**Contract receivables and contract assets**	**All other receivables**
	£000	**£000**	**£000**
Allowance for credit losses at 1 April 2022 - brought forward	6,480	6,319	161
New allowances arising	5,196	5,161	35
Changes in the calculation of existing allowances	(204)	(197)	(7)
Reversals of allowances (where receivable is collected in-year)	(2,973)	(2,918)	(55)
Utilisation of allowances (where receivable is written off)	(307)	(290)	(17)
Total allowance for credit losses at 31 March 2023	8,192	8,075	117

19. Cash and cash equivalents

	31 March 2024	31 March 2023
	£000	£000
Balance at beginning of the year	**82,171**	123,671
Net change in year	**(16,297)**	(41,500)
Balance at the end of the year	**65,874**	82,171
Made up of		
Commercial banks and cash in hand	**15**	14
Cash with the Government Banking Service	**65,859**	82,157
Cash and cash equivalents as in statement of financial position	**65,874**	82,171
Cash and cash equivalents as in statement of Cashflows	**65,874**	82,171

20. Trade and other payables

20.1 Trade and other payables

	Current	
	31 March 2024	**31 March 2023**
	£000	**£000**
Trade payables	**19,759**	15,494
Capital payables	**14,387**	5,722
Social Security costs	**4,529**	4,272
Other taxes payable	**4,800**	4,131
Pension contributions payable	**5,225**	4,688
Other payables	**6,981**	8,514
Accruals	**55,182**	60,333
Annual leave accrual	**4,294**	4,118
PDC dividend payable	**0**	877
Total	**115,157**	108,149
Of which, payable to NHS and DHSC group bodies:	15,008	11,133

21. Other Liabilities

	Current		Non-current	
	31 March 2024	31 March 2023	**31 March 2024**	31 March 2023
	£000	£000	**£000**	£000
Deferred income: Contract liability (IFRS 15)	**9,514**	6,359	**0**	0
Deferred income: other (non-IFRS 15)	**6,426**	4,921	**2,127**	2,527
Total	**15,940**	11,280	**2,127**	2,527

22. Borrowings

	31 March 2024	31 March 2023
	£000	£000
Current		
Lease liabilities	**3,217**	3,276
Total current borrowings	**3,217**	**3,276**
Non-current		
Lease liabilities*	**25,006**	27,714
Total non-current borrowings	**25,006**	**27,714**

23. Provisions

	Current		Non-current	
	31 March 2024	31 March 2023	**31 March 2024**	31 March 2023
	£000	£000	**£000**	£000
Pensions relating to other staff	**105**	99	**426**	438
Legal claims	**1,169**	1,185	**0**	0
Capitalised lease dilapidations	**0**	0	**108**	33
Clinician pension tax reimbursement	**17**	20	**1,032**	1,299
Other	**0**	0	**1,050**	1,037
Total	**1,291**	1,304	**2,616**	2,807

	Pensions relating to other staff	Legal claims	Clinician pension tax reimburse-ment	Lease dilapidations	Capitalised Lease dilapidations	Total
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
At 1 April 2023	537	1,185	1,319	1,037	33	4,111
IFRS 16 implementation - adjustments for onerous lease provisions	0	0	0	0	0	0
Change in the discount rate	4	0	(226)	0	0	(222)
Arising during the year	93	13	0	0	75	181
Utilised during the year	(112)	(29)	(13)	0	0	(154)
Reversed unused	0	0	(99)	0	0	(99)
Unwinding of discount	9	0	68	13	0	90
At 31 March 2024	531	1,169	1,049	1,050	108	3,907
Expected timing of cash flows:						
- not later than one year	105	1,169	17	0	0	**1,291**
- later than one year and not later than five years	426	0	75	225	33	**759**
- later than five years	0	0	957	825	75	**1,857**
	531	1,169	1,049	1,050	108	**3,907**

Provisions for capitalised pension benefits are based on tables provided by the NHS Pensions Agency reflecting years to normal retirement age and the additional pension costs associated with early retirement.

"Legal Claims" consist of amounts due as a result of third party and employer liability claims. The values are based on information provided by the Trust's insurer, in this case, the NHS Resolution. The amount shown here is the gross expected value of the Trust's liability to pay minimum excesses for outstanding cases under the Scheme rules. Provision has also been made for cases which are ongoing with the Trust's solicitors.

'Lease dilapidation' provisions relate to amounts the Trust is liable to pay to landlords at the end of agreed leases.

'Redundancy' provision relates to amounts due to be paid to staff where there is a likelihood that they will be made redundant.

NHS Resolution records provisions in respect of clinical negligence liabilities of the Trust. The amount recorded as at 31 March 2024 was £132,874k (£134,128k at 31 March 2023).

'Clinician Pension tax reimbursement' provision of £1,049k (£1,319k at 31 March 2023) has been included in the Trust's accounts. This figure was provided by NHSE, using information provided by the Government Actuaries Department and NHS Business Services Authority.

24. Contingent liabilities

	31 March 2024	31 March 2023
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	23	20
Gross value of contingent liabilities	23	20
Amounts recoverable against liabilities	0	0
Net value of contingent liabilities	**23**	20

25. Revaluation reserve

	31 March 2024	31 March 2023
	£000	£000
Opening balance at 1 April	**177,456**	143,604
Net impairments	**(4,272)**	0
Revaluations	**5,919**	33,853
Transfers to retained earning on disposal of fixed assets	**(5,430)**	0
Closing balance at 31 March	**173,673**	177,456

26. Financial instruments

The carrying value and the fair value are equivalent for the financial assets and financial liabilities shown below in notes 26.1 and 26.2. All financial assets and liabilities included below are receivable/payable within 12 months.

26.1 Financial assets by category

	2023/24			2022/23
	Total Financial Assets	**Financial Assets at Amortised Cost**	**Financial Assets at Fair Value through OCI**	Total Financial Assets
	£000	**£000**	**£000**	£000
Carrying values of financial assets				
Receivables (excluding non-financial assets) with DHSC Group bodies	**12,753**	**12,753**	**0**	26,583
Receivables (excluding non-financial assets) with other bodies	**89,105**	**89,105**	**0**	62,371
Other investments / financial assets	**5**	**0**	**5**	5
Cash and cash equivalents at bank and in hand	**65,874**	**65,874**	**0**	82,171
Total at 31 March	**167,737**	**167,732**	**5**	171,130

26.2 Financial liabilities by category

	31 March 2024	31 March 2023
	£000	£000
Carrying values of financial liabilities at amortised cost		
Obligations under leases	**28,223**	30,990
Trade and other payables (excluding non-financial liabilities) with DHSC Group bodies	**14,737**	10,013
Trade and other payables (excluding non-financial liabilities) with other bodies	**86,771**	88,856
Total at 31 March	**129,731**	129,859

26.3 Maturity of financial liabilities

	31 March 2024 £000	31 March 2023 £000
Financial liabilities fall due in:		
In one year or less	**105,042**	102,145
In more than one year but not more than five years	**10,610**	11,393
In more than five years	**16,169**	18,550
Total financial liabilities	**131,821**	132,088

26.4 Financial Risk Management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with NHS England, Integrated Care Boards and Integrated Care Systems and the way those bodies are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditor.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. Although the Trust has operations overseas, it has no establishment in other territories. The Foundation Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust's cash balances are held with the Government Banking Service. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, it has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in the trade and other receivables note.

A high proportion of private patient income is received from overseas government bodies. The Trust has a good record of collection of this income although there can be delays.

These funding arrangements ensure that the Trust is not exposed to any material credit risk.

Liquidity risk

The Trust's operating costs are incurred under contracts with Integrated Care Boards, Integrated Care Systems and NHS England, which are financed from resources voted annually by Parliament.

27. Related Party Transactions

Paragraph 25 of IAS 24 allows entities which are related parties because they are under the same government control to reduce the volume of the detailed disclosures. Note also that IAS 24 is interpreted such that DHSC group bodies must disclose the Department of Health and Social Care as the parent department and provide a note of the main entities within the public sector with which the body has had dealings, but that no information needs to be given about these transactions.

Great Ormond Street Hospital for Children NHS Foundation Trust is a body corporate established under the National Health Service Act 2006.

No Board Members or members of the key management staff or parties related to them has undertaken any material transactions with Great Ormond Street Hospital for Children NHS Foundation Trust. Remuneration of senior managers is disclosed in the audited part of the director's remuneration report on page 97.

During the year the Trust has had a significant number of material transactions with the following organisations which fall within the Whole of Government Accounting Bodies and Local Authorities:

- Department of Health and Social Care
- NHS Foundation Trusts
- NHS Trusts
- NHS Integrated Care Boards
- NHS Integrated Care Systems
- NHS England
- NHS Pension Scheme
- Local Authorities
- Other health bodies
- Other government departments

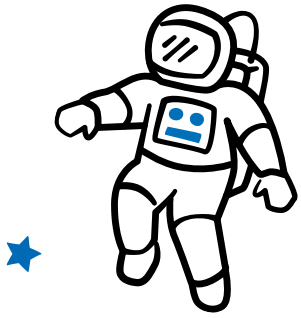
The Trust also had significant transactions with Great Ormond Street Hospital Children's Charity. The total values are below:

	2023/24	2022/23
	£000	£000
Income	**36,970**	20,946
Expenditure	**3,239**	2,365
Receivables (31 March)	**9,823**	6,948
Payables (31 March)	**317**	556

Related Party Transactions are like when you have a friend or family member who you do business with.

For example, if your dad has a restaurant and he buys all of his vegetables from your aunt's farm, that's a related party transaction.

The Trust does work with other NHS organisations that affect both sets of accounts. This is why we have to write about it in the annual report and accounts, to make sure everyone knows about it and that everything is fair.



28. Events after the reporting period

There are no events after the reporting period which require disclosure.

29. Losses and special payments

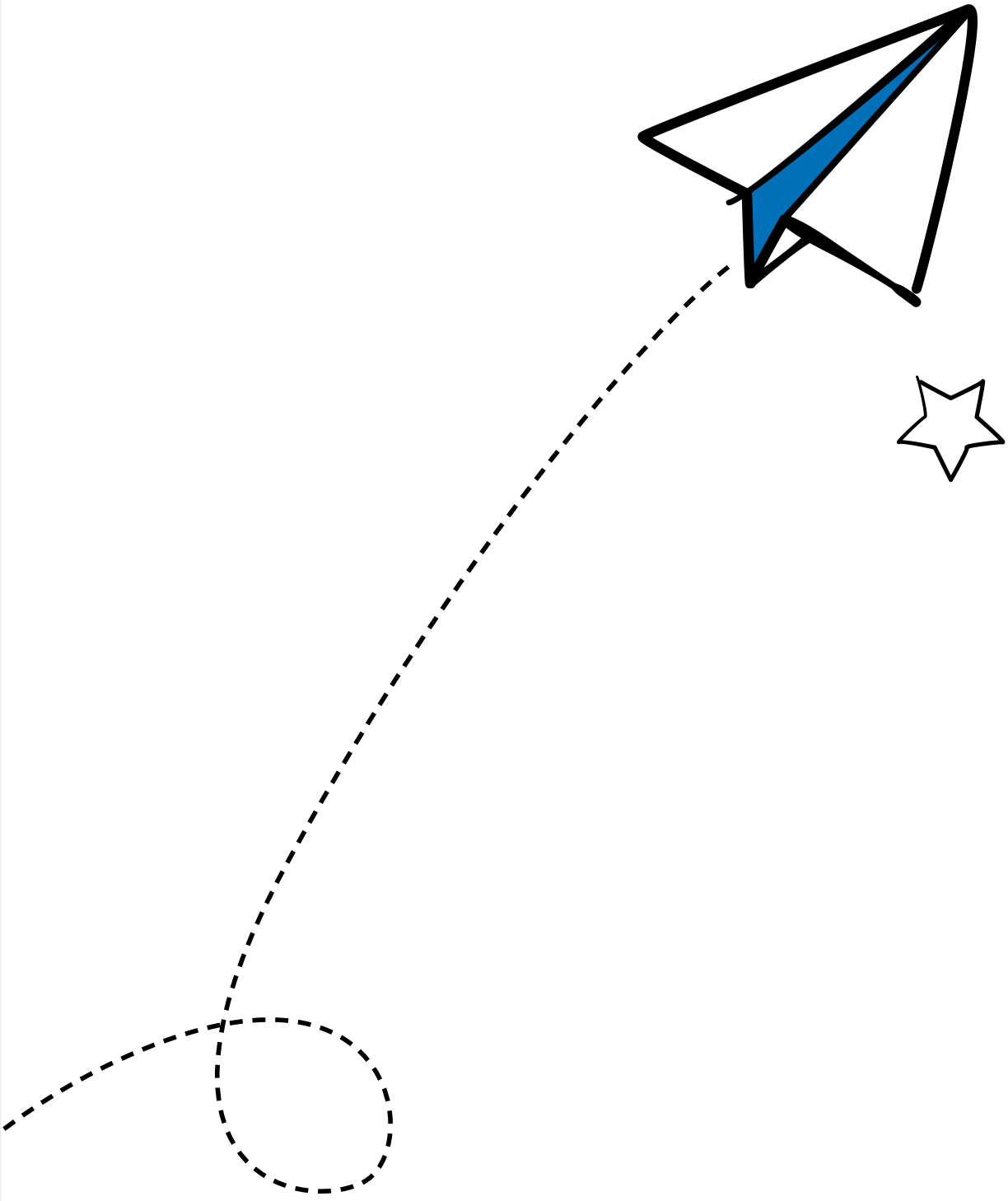
	2023/24		2022/23	
	Number	**£000**	Number	£000
Losses of cash due to fraud	0	0	1	77
Bad debts relating to private patients	519	616	0	0
Bad debts relating to overseas visitors	8	12	4	174
Bad debts relating to other debtors	138	116	143	133
Stores losses	14	457	16	299
Total losses	**679**	**1,201**	164	683
Ex-gratia payments	52	7	33	5
Special payments	0	0	1	35
Total special payments	**52**	**7**	34	40
Total losses and special payments	**731**	**1,208**	198	723
Of which, cases of £300,000 or more:				
Bad debts and claims abandoned	**0**	**0**	0	0

The amounts above are reported on an accruals basis but exclude provisions for future losses.

30. Off-Payroll engagements

As at 31 March 2024, the Trust had no off-payroll engagements for more than £245 per day lasting for longer than six months.

There were no new off-payroll engagements, or any that reached six months in duration, between 1 April 2023 and 31 March 2024, for more than £245 per day and that lasted for longer than six months.



Glossary

BAF	Board Assurance Framework
BAME	Black Asian and Minority Ethnic
BMA	British Medical Association
CCC	Children's Cancer Centre
CEO	Chief Executive Officer
CHP	Combined Heat and Power
Covid-19	(Coronavirus) An infectious disease caused by severe acute respiratory syndrome first identified in December 2019 and resulted in a pandemic.
CQC	Care Quality Commission
CRF	Clinical Research Facility
D&I	Diversity and Inclusion
Desflurane	A volatile anaesthetic gas used for surgery
DRIVE	Digital Research Informatics & Virtual Environment
DSP	Data Security and Protection
DSPT	Data Security and Protection Toolkit
ECHO	European Children's Hospital Organisation
Epic	The service provider of the EPR
EPR	Electronic Patient Record
EQIA	Equality and Quality Impact Assessment
EU	European Union
FBC	Full Business Case
FTE	Full-time equivalent
FTSU	Freedom to Speak Up
GDPR	General Data Protection Regulations
GEMS	GOSH Exceptional Members of Staff
GLA	GOSH Learning Academy
GOSH	Great Ormond Street Hospital for Children NHS Foundation Trust
HEE	Health Education England
I&PC	International and Private Care
LCFS	Local Counter Fraud Service
NCL	North Central London
NCL ICS	North Central London Integrated Care System
NED	Non-Executive Directors
NHS	National Health Service
NHSE	NHS England
NIHR BRC	National Institute for Health Research Great Ormond Street Biomedical Research Centre
MHRA	Medicines and Healthcare products Regulatory Agency
PALS	Patient Advice and Liaison Service
PDR	Performance and development review
PEAC	People and Education Assurance Committee
PEWS	Paediatric Early Warning Score
PHSO	Parliamentary and Health Service Ombudsman
PLACE	Patient-led Assessments of the Care Environment
QI	Quality Improvement
QRG	Quality Review Group
QSEAC	Quality, Safety and Experience Assurance Committee
RACG	Risk Assurance and Compliance Group
RIBA	Royal Institute of British Architects
RCN	Royal College of Nursing
RCPCH	Royal College of Paediatrics and Child Health
STP	Sustainability and Transformation Partnerships
tCO^2e	Tonnes of carbon dioxide equivalent
UCL	University College London
UCLH	University College London Hospitals
UCLP	UCL Partners
UK	The United Kingdom of Great Britain and Northern Ireland, simply known as the United Kingdom (UK) or Britain
UKHSA	(UK Health Security Agency)
WHO	World Health Organisation
YPAG	Young Persons' Advisory Group
YPF	Young People's Forum

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Designed and produced by Great Ormond Street Hospital Marketing and Communications.

Thank you to everyone who was interviewed for, or gave permission for their picture to be used in, this report, as well as the many members of Great Ormond Street Hospital staff who helped during its production.

The *Annual Report and Accounts* is available to view at www.gosh.nhs.uk

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