Meeting of the Trust Board
Wednesday 19 June 2024

Dear Members

There will be a public meeting of the Trust Board on Wednesday 19 June at 3:30pm held in the Charles West Room, Barclay House, Great Ormond Street.

AGENDA

	Agenda Item **STANDARD ITEMS**	Presented by	Attachment	Timing
1.	**Apologies for absence**	Chair	**Verbal**	**3:30pm**
	Declarations of Interest All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.			
2.	**Minutes of Meeting held on 9 May 2024**	Chair	**F**	
3.	**Matters Arising/ Action Checklist**	Chair	**G**	**3:35pm**
4.	**Patient Story**	Chief Nurse	**H**	**3:40pm**
5.	**Chief Executive Update**	Chief Executive	**J**	**3:55pm**
	ANNUAL REPORT AND ACCOUNTS			
6.	**Quality Report 2023/24**	Chief Medical Officer	**K**	**4:05pm**
7.	**GOSH Foundation Trust Annual Financial Accounts 2023/24** **and** **Annual Report 2023/24 Including:** ○ **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**	Audit Committee Chair Including Chief Finance Officer Company Secretary	**L** **M to follow**	**4:15pm**
	PERFORMANCE			
8.	**Integrated Quality and Performance Report – Month 1 2024/25**	Chief Executive/ Chief Medical Officer/ Chief Nurse	**N**	**4:30pm**
9.	**Finance Report – Month 1 2024/25**	Chief Finance Officer	**O**	**4:40pm**

	ASSURANCE			
10.	**Annual Reports** • **Annual Health and Safety and Fire Report 2023/24** • **Guardian of Safe Working Report Q4 2023/24 and Annual Report 2023/24** • **Complaints Report 2023/24**	Interim Director of Space and Place Guardian of Safe Working Head of Patient Experience	**P** **Q** **R**	**4:50pm**
	GOVERNANCE			
11.	**Board Assurance Committee reports** **Audit Committee update – June 2024 meeting (verbal)** **Quality, Safety and Experience Assurance Committee update – May 2024 meeting** **People and Education Assurance Committee – May 2024 meeting** **Finance and Investment Committee – June 2024 meeting**	Chair of the Audit Committee Chair of the Quality and Safety Assurance Committee Chair of People and Education Assurance Committee Chair of Finance and Investment Committee	**Verbal** **U** **V** **W**	**5:05pm**
12.	**Council of Governors' Update – May 2024**	Chair	**X**	
13.	**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.)			**5:20pm**
14.	**Next meeting** The next confidential Trust Board meeting will be held on Wednesday 11 September 2024 in the Charles West Room, Barclay House, Great Ormond Street, London, WC1N 3BH.			

Attachment F

DRAFT Minutes of the meeting of Trust Board on 9 May 2024

Present

Ellen Schroder	Chair
Gautam Dalal	Non-Executive Director
Kathryn Ludlow	Non-Executive Director
Suzanne Ellis	Non-Executive Director
Matthew Shaw	Chief Executive
Tracy Luckett	Chief Nurse
John Beswick	Chief Finance Officer

In attendance

Jason Dawson	Interim Director of Estates and Facilities
Cymbeline Moore	Director of Communications
Dr Kiki Syrad	Director of Research and Innovation
Dr Phil Cunnington	Deputy Medical Director
Sarah Ottaway*	Deputy Director of HR and OD
Kiera Parkes*	Freedom to Speak Up Guardian
Lore Lippmann*	Deputy Chief Finance Officer
Andrew Pearson*	Clinical Audit Manager
Anna Ferrant	Company Secretary
Victoria Goddard	Trust Board Administrator (minutes)

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

17	**Apologies for absence**
17.1	Apologies for absence were received from Amanda Ellingworth, Non-Executive Director; Caroline Anderson, Director of HR and OD; and Sanjiv Sharma, Chief Medical Officer. Phil Cunnington was in attendance in Sanjiv Sharma's stead.
18	**Declarations of Interest**
18.1	No declarations of interests were received.
19	**Minutes of Meeting held on 7 February 2024**
19.1	The Board **approved** the minutes of the previous meeting.
20	**Matters Arising/ Action Checklist**
20.1	The actions taken since the previous meeting were noted.
21	**Patient Story**
21.1	It was noted that the patient whose parent was planning to attend the Board to give the patient story was unwell and therefore the item had been deferred to a future meeting.

22	**Feedback from Non-Executive Director walkrounds**
22.1	Kathryn Ludlow, Non-Executive Director said that she had visited Safari and had been shown around by a senior nurse. The walkround had taken place relatively early in the morning however Safari had already been very hot and the space was suboptimal. The team had been hoping for a solution to the temperature in advance of the summer months and Matthew Shaw, Chief Executive said he understood the challenges for patients, families and staff and that the estates team provided portable air conditioning units however it was not possible to add to the plant on the roof to provide a permanent solution.
22.2	Gautam Dalal, Non-Executive Director said that a key issue was that there were only 4 beds on Safari which was a significant constraint and the team reported that they would benefit from as many as 6 additional beds. Matthew Shaw agreed and said that the team used a model of care whereby clinicians moved around the area which worked well but was challenging. There were also only a small number of isolation rooms for a number of patients who would develop infections. Ellen Schroder, Chair asked if the solution to these issues were reflected in the design of the Children's Cancer Centre and Jason Dawson, Interim Director of Space and Place confirmed that the team had been well engaged in the design of the building. Gautam Dalal said that the team seemed to be functioning will given their constraints. Matthew Shaw said that the Blood, Cells and Cancer Directorate was doing well as a whole and were innovative and supported their staff.
22.3	Suzanne Ellis, Non-Executive Director said that she had visited the Play Team and had seen plans for a new indoor play space next to the Disney Reef. Staff had described being happy in their new team space other than requesting additional storage for their supplies. There were good resources with 52 members of staff in the team however they did feel that more could be done if additional resources were available. The budget was being held for the year and work was taking place to develop a multiyear funding plan. The team had attempted to provide a weekend service however the model of care used had not been successful and consideration was being given to extending the weekday model of care to weekends.
22.4	Tracy Luckett, Chief Nurse said that play was a therapeutic need for patients and was a key topic for the Children's Hospital Alliance; it was vital that adequate facilities for play were available. Suzanne Ellis said that the team felt appreciated by the Board and supported by the Executive Team. Play areas in International and Private Care (I&PC) had been decommissioned due to infection control however this had led to families congregating elsewhere. Tracy Luckett said that there had been good progress in terms of infection control in I&PC and the team was beginning to discuss reopening playrooms.
22.5	**Action:** Ellen Schroder said that the team felt play specialists at GOSH were lower banded than those in other London Trusts and it was agreed that this would be benchmarked.
23	**GOSH Staff Survey results 2023**
23.1	Sarah Ottaway, Deputy Director of HR and OD said that there had been a good increase in the response rate to the staff survey including a 38% increase in the response rate from global majority colleagues which meant that the overall response rate was more representative of the organisation as a whole. There had been

	improvement in responses in all overarching themes and 77 of 97 questions had also improved. Responses had declined in one theme around raising concerns.
23.2	GOSH had a very young workforce and younger colleagues reported a more negative experience of work with a 10% variance in the response rates of younger and older colleagues thinking about leaving GOSH or feeling unwell due to work. White and global majority colleagues also had a 20% difference in experience in being offered challenging work. Suzanne Ellis said that this would also impact their promotional opportunities as a result of a lack of experience to take forward.
23.3	The Trust was performing slightly better than the NHS rate in terms of staff feeling burnt out however the response for the NHS as a whole was challenging. Morale and engagement had been measured over a long period and GOSH was below the average response of acute specialist Trusts on this metric. Action plans from directorates were being integrated into performance reviews and the Trust was working with an external organisation to undertake a cultural diagnostic.
23.4	Matthew Shaw said that the staff survey was an important measure and some of the metrics required improvement. He said that whilst GOSH's sickness rate was extremely low, staff continued to report feeling burnt out. Turnover was also reducing and was the lowest it had been in some time. He said that it was important to understand the action that could be taken which would have an impact. Ellen Schroder said that it was important to consider staff perception as well as the data and added that establishment levels were positive however staff perception was that staffing levels were insufficient. Tracy Luckett said that whilst establishment levels were appropriate the Trust had vacancies and when this was coupled with sickness and maternity leave as well as increasing complexity of patients and a young workforce of nurses whose training had been impacted by the COVID19, there was often pressure on wards. A People Promise Manager had been appointed and a focus of this role would be on reward and recognition.
23.5	Suzanne Ellis asked how staff survey results had been shared with the organisation and what narrative had been communicated. She said that the results gave the opportunity to reinforce GOSH's position as an antiracist organisation and other key priorities. Sarah Ottaway agreed and added that it was important to ensure that regular updates were provided on the Trust's wellbeing offer. The Board agreed that whilst results were improving in many areas, the Trust took a zero tolerance approach to the negative behaviours highlighted in the survey such as sexual harassment and bullying. Cymbeline Moore said that some general communication had taken place but it was essential that local leadership ensured that context specific work took place in their areas.
24	**Freedom to Speak Up Guardian Annual Report 2023/24**
24.1	Kiera Parkes, Freedom to Speak Up Guardian said that the number of contacts in the FTSU service was broadly in line with the previous year and a number of initiatives had taken place to improve access such as drop in sessions and identifying a dedicated space. The Hive had also opened which offered space to undertake several sessions per week.
24.2	The top three themes of concerns raised were in line with the previous year showing the slower nature of some of the more considerable changes required. There had been an increase in the number of concerns raised around safety and also around the impact of staff wellbeing concerns such as stress which continued to be a key theme and was linked to inappropriate behaviours. Keira Parkes said that although there were not large

	numbers of bullying cases being raised, concerns were raised about ongoing lower level behaviours. There were also concerns raised about the impact of the cost of living crisis and the service continued to signpost the hardship fund and other areas of wellbeing support. Several staff who were involved in formal processes had raised concerns and a post had recently been appointed to which would focus on supporting staff who were involved in formal processes which would be helpful.
24.3	Some surveys had taken place recently which had supported insight into the experiential barriers to speaking up. Some staff had reported that they did not feel any changes would be made as a result, and some had been concerned about potential detriment. Shorter term actions to support improvements in these areas would be reviewed by the Patient Safety Board. Over the last two years some staff had reported experiencing detriment as a result of speaking up however it was challenging to collect data about this. Kiera Parkes said that it was also important to support managers receiving concerns from staff in order to respond appropriately and supportively.
24.4	Matthew Shaw said that it was important to increase the resilience of the service as currently this was run by one whole time equivalent. Consideration was being given to how this would be done and it was likely that an additional 0.5WTE role would be appointed. Kathryn Ludlow agreed and said that this was a challenging role.
24.5	Gautam Dalal asked how the concept of speaking up was introduced to new staff and Kiera Parkes said that this was introduced at induction and all new staff undertook the speaking up online learning module.
24.6	Ellen Schroder highlighted that only 51% of staff who wanted to speak up had done so and said that it was important that the FTSUG was able to visit as many areas of the Trust as possible so that staff began to know the Guardian and were aware of the service. Jason Dawson agreed and said that the Guardian had visited the estates and facilities team which had been very beneficial.
24.7	Phil Cunnington, Deputy Medical Director and Responsible Officer said that he had and number of ongoing legacy cases all of which had been raised through the Freedom to Speak Up service. He said that he covered the service when the Guardian was not available which would lead to a very different experience of speaking up.
25	**Chief Executive Update**
25.1	Matthew Shaw said that GOSH had been chosen as a pilot site for the implementation of Martha's Rule which was an important programme to empower patients and families. The Trust hosted the North Thames Paediatric Network and therefore had expressed an interest in hosting the programme across this network.
25.2	An independent review of GOSH's paediatric orthopaedic service had been commissioned by the Trust in 2022 as a result of concerns raised by staff. The review had been undertaken by the Royal College of Surgeons and following receipt of the report the Trust had agreed to review all patients who had been under one surgeon. Matthew Shaw apologised to patients and families for the concern that this would cause and confirmed that the matter had been discussed with the CQC and also NHS England who were represented on the committee which would take this work forward. GOSH was focused on becoming a leader in terms of transparency and was therefore committed to putting the executive summary of the report of the Trust's website once follow up discussions with patients and families were complete. A statement had already been uploaded to the website providing a route to answer questions.

25.3	The NHS Children and Young People's Gender Service (London) had gone live as planned on 2 April 2024 and the team had made contact with the initial group of patients who had been drawn down from the waiting list. The Trust welcomed the publication of the Cass Review and would be adopting its recommendations.
25.4	Ellen Schroder asked about the resources required to introduce Martha's Rule and Matthew Shaw confirmed that a coordinator role would be required and funding had been provided for this by NHS England. It was not yet clear how many requests would be received under Martha's Rule however a similar programme had been introduced in Australia and the impact had been manageable. Gautam Dalal asked about the implications for weekend working and the requirement to access senior clinical cover across the week including during the night and at weekends. Matthew Shaw said that critical care cover was available at all times and Clinical Site Practitioners, who were extremely experienced, worked to identify sick patients as part of their standard practice. He said that there would challenges in organisations in which there was less on site consultant presence out of hours and the team had consulted with organisations in the North Thames Paediatric Network as part of the response. There had been joint agreement that sufficient resources were available.
26	**Integrated Quality and Performance Report (Month 12 2023/24) March 2024 data**
26.1	Matthew Shaw said that he had taken on the Interim Chief Operating Officer role whilst recruitment for a substantive post holder took place. Overall the Trust's activity levels were good and GOSH was in a good position in terms of the Referral to Treatment target however there were a number of long waiting patients. A plan had been in place to provide appointments for all long waiting patients however an additional 10 were now on the waiting list. The Trust was required to see all patients who had waited 78 weeks by the end of May 2024 and it was anticipated that there was a risk around four or five of these patients. GOSH was rated green in terms of its 52 week waits and 65 week waits.
26.2	Work was required to standardise administrative processes which would ensure that there was clarity around the absolute number of patients on the waiting list. Matthew Shaw said that GOSH's waiting list was complex as patients often had multiple pathways open at one time however there was work to do around understanding the nuances of patients on the waiting list.
26.3	Tracy Luckett said that there had been a reduction in PALS queries but themes continued around communication, particularly around cancellation and change of appointments. The Trust continued to perform well in terms of Friends and Family Test results.
26.4	The Director of Infection Prevention and Control had presented at QSEAC and it had been noted that the Trust had breached national targets around infections. Discussion had taken place with other Trusts in the Integrated Care System who were seeing a similar trend which was likely to be as result of the change in the acuity of patients following the COVID19 pandemic.
26.5	Phil Cunnington said that the Trust had transitioned to the Patient Safety Incident Response Framework which was working well and it had been agreed that all Serious Incidents would be closed by the end of May 2024. Although the Trust's inpatient mortality rate remained within normal variation a signal in GOSH's real time risk adjusted PICU/NICU mortality data had been identified and was being reviewed. Matthew Shaw said that a detailed breakdown of the case load was being reviewed as a previous instance had been attributed to a skew in the types of patients in ICU over

	the period.
26.6	**Action:** Kathryn Ludlow said that discussion had taken place at QSEAC about the importance of taking stool samples and it had been noted that GOSH was not achieving the target. It was agreed that the DIPC would return to QSEAC to provide an update on the improvements being made. Tracy Luckett said that report would be provided on the action being taken around infection control as a whole.
26.7	Tracy Luckett said that a business case was being developed to support the perplexing presentation service which would be presented to the Operational Board. It was vital to ensure the service was sufficiently resourced.
26.8	**Action:** Suzanne Ellis welcomed the report on persistently red metrics and requested that the next report cover whether the actions being taken would move the Trust to green or amber and the anticipated timeframe. This should also inform some of the walkrounds undertaken by the Chair and Non-Executive Directors.
27	**Finance Report (Month 12 2023/24) March 2024 data**
27.1	Lore Lippmann, Deputy Chief Finance Officer said that the Trust had delivered the 2023/24 deficit in line with plan. The key driver of the deficit position was industrial action which impacted activity and the Trust's ability to deliver Better Value. A significant Better Value programme had been in place against which the Trust had delivered £26million of which 74% had been recurrent, however the underlying deficit was partly driven by non-recurrent savings.
27.2	Discussion took place around GOSH's cash reserves which had reduced from £82million at year end 2021/22 to £68million at year end 2023/24. John Beswick, Chief Finance Officer said that there were opportunities to make investments with multiyear returns and to collect outstanding debt, primarily in International and Private Care. Ellen Schroder asked how this reduction would be stopped and John Beswick said that it was important that discussions taking place around the Children's Cancer Centre were part of a multiyear view and that the investment made was being returned and metrics were being achieved. Lore Lippmann added that the Trust must deliver recurrent Better Value schemes.
27.3	Ellen Schroder highlighted that the GOSH had missed its original year end target by £5million and there had been a corresponding underachievement of Better Value of £5million. Matthew Shaw said that when benchmarked across the sector there was delivery of approximately 30% - 70% of target. The capacity required to manage industrial action had impacted the ability to deliver the Better Value programme.
27.4	**Action:** Ellen Schroder said that the Trust was managing NHS services at a considerable deficit and added that it would be important to discuss this with commissioners. She requested an outline of the contribution made by International and Private Care and other commercial areas such as education, to different areas of the hospital. Lore Lippmann said that I&PC was vital for the Trust's funding model and delivery of Better Value. Revenue in the service had grown by 44% in year and they continued to project further growth, however there was overdue debt.
27.5	John Beswick said that the finance team was in the process of closing year end and the audit was ongoing. A paper on management judgements had been discussed at Audit Committee and the accounts had been closed in line with those.

27.6	The Board congratulated the finance team.
28	**GOSH Annual Plan 2024/25**
28.1	John Beswick confirmed that the budget had been submitted to NHS England on 2 May 2024 following approval from the Finance and Investment Committee and the Committee had ensured that an achievable plan had been set. A balanced plan had been submitted in line with the requirements set out by NHS England which was stretching but achievable and considerable consideration had been given to staffing to ensure that the Trust was safely and appropriately staffed to deliver the plan.
28.2	As the plan had been submitted, the Trust would now move to mobilisation, and it was important to ensure that all colleagues understood their role in delivering the plan.
28.3	**Action:** Suzanne Ellis said that the Chair and Non-Executive Directors noted that the International and Private Care Strategy was fundamental to meeting the planned outturn and requested that six monthly reviews took place at FIC of progress against the strategy to ensure that it was being monitored appropriately.
28.4	Matthew Shaw said that workforce remained level, which was the aim, and this would form a considerable part of the Better Value programme. Ellen Schroder asked whether this was achievable and Matthew Shaw confirmed that it was. Tracy Luckett said that the Executive Team had discussed this and a methodology was being developed to ensure that quality and safety was not prejudiced.
29	**Learning from Deaths report- Child Death Review Meetings – Q3 2023/24**
29.1	Andrew Pearson, Learning from Deaths Manager said that child death review meetings in the reporting period had not identified any modifiable factors in the care provided at GOSH however additional learning points were identified around best practice in five cases. Excellent aspects of care, the coordination of care and communication at GOSH were highlighted in 15 cases.
29.2	In recognition of the short reporting period and small number of cases a thematic analysis had been undertaken of the outcomes of all child death review meetings since October 2021 which involved 173 meetings. Of the learning identified, 66% was positive including holistic care, quality of care and compassion, as well as multidisciplinary team involvement. Improvements were required around communications with local teams including GPs when there was a change in prognosis as well as When a Child Dies processes and access to GOSH. Additional support for learning from deaths processes was being provided as part of the job plan for an Associate Medical Director.
29.3	There had been a spike pre-risk adjusted mortality in PICU which had been promptly identified in real time and was being reviewed. Kathryn Ludlow asked for a steer on the timeframe in which review would take place and Andrew Pearson said that it would involve the review of the clinical cases of approximately 300 patients who had been discharged from PICU between January and March 2024 by a consultant intensivist. This work was ongoing, and it was anticipated that it would complete by the end of May 2024. Ellen Schroder asked whether the team was satisfied with the way in which child death review meetings were taking place and whether anything more was required which would increase the speed with which they were taking place. Andrew Pearson said that once it became apparent that there had been slippage in the timeline, additional resource had been provided which would have a positive impact once this person became embedded.

30	**Nursing Workforce Report Quarter 4 2023/24**
30.1	Tracy Luckett said that there had been a reduction in the vacancy rate as a result of a new cohort of nurses starting in post; considerable work was taking place on recruitment and retention.
30.2	Bank fill rates had deteriorated, and the nursing and bank teams were working together to recruit from other organisations to reduce the reliance on existing GOSH staff. Work was also taking place to recruit more experienced staff and whilst the team had been able to open all beds in International and Private Care this had been achieved using bank staff which was not sustainable.
30.3	**Action:** The Board discussed Care Hours Per Patient Per Day and noted that although GOSH's metrics had slipped, they remained substantially above the benchmarked level. Tracy Luckett said that discussion had taken place at the Executive Team Meeting about the use of Epic and it had been noted that it had led to an increase in the time that had been spent on data input. Suzanne Ellis highlighted the Thrive programme and asked whether it was considering the data that was input and its use with a view to removing any data which was no longer required. It was agreed that this would be discussed at the Audit Committee. Matthew Shaw said that there had been reports in the US that linked the use of systems such as Epic to burnout and many organisations noted that it had not delivered savings in terms of administrative time.
30.4	Gautam Dalal said that the Board had discussed the impact of matters such as travel time and costs in terms of recruitment and retention and asked if progress had been made in this regard. Tracy Luckett said that the most recent data arising from exit surveys highlighted going travelling and moving to other organisations in London as key reasons to leaving GOSH. She said that accommodation did continue to be an issue and work was taking place with the Space and Place Directorate to review the property strategy and with the GOSH Charity about the Trust's requirements in the longer term. The process around the use of the staff hotel was also being reviewed.
30.5	<u>Biannual Safe Staffing Establishment Review</u>
30.6	The majority of areas did feel they had safe staffing levels however once vacancy rates were factored in, staff did feel pressure on wards. The establishment of the Mildred Creek Unit had been increased as a result of their move to a different area of the hospital and the resulting change in ward layout. Staffing on Chameleon Ward would also be reviewed. There had been a focus on Panther Ward which had challenges around placing patients. This had partly driven by the availability of beds and partly by staff skill mix and ability to care for particular patients.
30.7	Jason Dawson said that whilst staffing levels of other groups of staff such as those in estates and facilities was not reviewed in the same way, it was likely that an issue with staffing numbers would become apparent through metrics in the Integrated Quality and Performance Report.
31	**GOSH Green Plan**
31.1	Jason Dawson said that the green plan had been introduced to replace the sustainability action plan. GOSH had five priorities: environmental determinants of health, for example air quality; climate adaptation and resilience; zero waste; nature positive road map; and emissions.
31.2	Matthew Shaw said that Seattle Children's Hospital was an exemplar in this area and it

	would be important to learnt from them on the action that was being taken. He emphasised the importance of sustainability to the Trust but added that the large-scale changes had significant financial implications and it was important to strike a balance.
31.3	Gautam Dalal welcomed the document and said that interviews had recently taken place for a new Non-Executive Director on the Board and candidates had spoken knowledgably about sustainability. He asked whether the GOSH charity could support work in area. Matthew Shaw said that it was important to link sustainability to child health to ensure that the charity could support these programmes of work whilst remaining within their objects.
31.4	**Action:** 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. She welcomed the accessibility of the plan and said that it was important to ensure that the Children's Cancer Centre development was sufficiently flexible to capitalise on this new technology.
32	**Board Assurance Committee reports**
32.1	<u>Quality, Safety and Experience Assurance Committee – February 2024 and May 2024</u>
32.2	Kathryn Ludlow, QSEAC member said that a good presentation had been received on the progress that was being made on estate compliance and discussion took place around the challenges of recruiting a Chief Engineer.
32.3	KPMG had undertaken an internal audit review of the Patient Safety Incident Response Framework which was a positive review, and the Chair and Non-Executive Directors would be meeting with the auditors as a group in order to discuss the internal audit annual plan for 2024/25.
32.4	<u>Audit Committee March 2024</u>
32.5	Gautam Dalal, Chair of the Audit Committee said that the meeting had been focused on the processes leading up to the completion of the 2023/24 audit. A deep dive had taken place on cyber security and there had been a considerable improvement in recent years. GOSH's Interim Chief Information Officer was the Chair of the North Central London cyber group which enabled the Trust to steer the cyber strategy for the area.
32.6	There was a focus on year end and the committee had considered provisioning for International and Private Care and a process was in place which had been approved by the Committee.
32.7	Governor observers had been present, and one area of feedback had been around blood and drugs wastage and this would be explored further. Gautam Dalal said that he had discussed this on his walkround prior to the Board meeting however blood and drugs wastage had not been of particular concern to the ward.
32.8	<u>Finance and Investment Committee Update – March 2024</u>
32.9	Suzanne Ellis, Chair of FIC said that much of the FIC agenda had also been discussed by the Board. The Committee held an extraordinary meeting to consider the annual plan and the assumptions underpinning the plan had been scrutinised. Routine agenda items such as performance on major projects, waiting lists and the multiyear capital plan, had also been discussed.

32.10	People and Education Assurance Committee Update – February 2024 and April 2024
32.11	Kathryn Ludlow, PEAC Chair said that there had been a focus on education and a presentation had been received from the Head of Medical and Dental Education. A report on the GOSH Learning Academy's strategic aims had been provided and there was considerable potential for growth. Currently only 20% of those who study with the GLA were external and an external organisation was supporting the Trust to scope the potential of the service. Ellen Schroder said that GOSH had considerable expertise in areas for which other Trusts would find it challenging to provide training and Tracy Luckett said that some work had started in partnership with Alder Hey however there was scope to take this further and grow the remote work that was currently provided. She said that this was discussed during Executive Management Team meetings to consider ways in which the GLA could grow and become financially self-sustaining.
33	**Governance matters**
33.1	Revised Code of Conduct 2024
33.2	Anna Ferrant, Company Secretary presented the Directors' Code of Conduct for 2024. She said that the only changes required had been to update the policies. The Code of Conduct was **approved** by the Board.
33.3	Declarations of Interest Register 2023/24
33.4	Anna Ferrant said that all staff were required to declare any actual or potential conflicts and in addition the NHS England guidance required Trusts to define Decision Makers who were members of staff with influence on spending public money. There were approximately 700 staff at GOSH who were defined as Decision Makers and they were required to make a declaration about their interests annually including making nil declarations as required.
33.5	A communications plan was in place and Decision Makers received regular reminders of the required to make their declarations however there remained approximately 20 staff who remained non-compliant with the policy. The NHS contract continued to require Trusts to publish the names and roles of those non-compliant individuals on the Trust's website and this had been communicated to Decision Makers throughout the year.
33.6	Declaration of interest processes were reviewed by Counter Fraud and it was anticipated that a green rating would be received.
33.7	Gautam Dalal asked how potential conflicts were managed for individuals who had not made a declaration and Matthew Shaw said that previously the Trust had not reported any non-compliant decision makers however going forward it would be important to review budgetary responsibilities for those who had not declared.
33.8	Register of Seals
33.9	The Board **endorsed** the use of the company seal.
34	**Any Other Business**
34.1	John Beswick said that nationally all Trusts were required to report the annual National Cost Collection (NCC) which consisted of submitting the cost of care for patients who

	had been treated by GOSH during 2023/24. The submission window was between 10 June 2024 and 28 June 2024.
34.2	As part of the governance process the national guidance required the submission collection to be formally reviewed and signed off by the Board or a delegated committee.
34.3	The Board **agreed** to delegate authority to the Finance and Investment Committee to review and provide assurance on the NCC submission and to delegate responsibility for final sign off to the Executive Management Team meeting on 26 June subject to any changes.

Attachment G

TRUST BOARD – PUBLIC ACTION CHECKLIST
June 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	September 2024	Not yet due
139.2	07/02/24	Discussion took place around Better Value and it was agreed that information on the proportion of the programme which were pay and non pay, and recurrent and non-recurrent would be shared with the Chair.	MS	June 2024	In progress AT CEO/ Chair 121s
22.5	09/05/24	Ellen Schroder said that the Play Team felt play specialists at GOSH were lower banded than those in other London Trusts and it was agreed that this would be benchmarked.	TL	September 2024	To be passed to PEAC
26.6	09/05/24	Kathryn Ludlow said that discussion had taken place at QSEAC about the importance of taking stool samples and it had been noted that GOSH was not achieving the target. It was agreed that the DIPC would return to QSEAC to provide an update on the improvements being made. Tracy Luckett said that report would be provided on the action being taken around infection control as a whole.	TL	September 2024	Passed to QSEAC
26.8	09/05/24	Suzanne Ellis welcomed the report on persistently red metrics and requested that the next report cover whether the actions being taken would move the Trust to green or amber and the anticipated timeframe. This should also inform some of the walkrounds undertaken by the Chair and Non-Executive Directors.	MS AF	June 2024 and ongoing September 2024 and ongoing	On agenda Noted for workrounds from September 2024
27.4	09/05/24	Ellen Schroder said that the Trust was managing NHS services at a considerable deficit and added that it would be important to discuss this with commissioners. She requested an outline of the contribution made by International and Private Care and other commercial areas such as education, to different areas of the hospital.	JB	June 2024	Actioned under finance update on agenda
28.3	09/05/24	Suzanne Ellis said that the Chair and Non-Executive Directors noted that the International and Private Care Strategy was fundamental to meeting the planned outturn and requested that six monthly reviews took place at FIC of	Chris Rockenbach	August 2024 and ongoing	Passed to FIC

Attachment G

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		progress against the strategy to ensure that it was being monitored appropriately.			
30.3	09/05/24	The Board discussed Care Hours Per Patient Per Day and noted that although GOSH's metrics had slipped, they remained substantially above the benchmarked level. Tracy Luckett said that discussion had taken place at the Executive Team Meeting about the use of Epic and it had been noted that it had led to an increase in the time that had been spent on data input. Suzanne Ellis highlighted the Thrive programme and asked whether it was considering the data that was input and its use with a view to removing any data which was no longer required. It was agreed that this would be discussed at the Audit Committee.	MS	October 2024	Passed to Audit Committee
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
	QSEAC May 2024	Sanjiv Sharma suggested that a deep dive into genomics should take place in six months which would allow time for the newly appointed Chief Operating Officer for the service to embed.	SS	September 2024	Not yet due.

Attachment H

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board 19 June 2024	
Support for families at GOSH **Submitted by** Tracy Luckett, Chief Nurse **Prepared by** Claire Williams, Head of Patient Experience	**Paper No: Attachment H** ☐ **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
Will, now aged 18, has been a patient at GOSH under Neurosurgery since 2019 following seizures whilst on holiday in France. He was subsequently diagnosed with a right temporal cavernoma (a cluster of abnormal blood vessels) bleed. In June 2021 Will underwent surgery to remove the cavernoma. Will joined the Young People's Forum in March 2020 and has been a very active member since then.

Will will attend Trust Board via Teams (having completed one of his A level exams earlier that day) to share experiences of care at GOSH, his membership of the YPF and the opportunities this has brought.

Patient Safety Implications
N/a

Equality impact implications
N/a

Financial implications
N/a

Action required from the meeting
None

Strategic Risk
BAF Risk 12: Inconsistent delivery of safe care

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

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

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

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board 19 June 2024	
Chief Executive's Report **Submitted by: Matthew Shaw, Chief Executive**	**Paper No: Attachment J** **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).	
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	

1: People updates

Our new Royal Patron
We are delighted that His Majesty King Charles III has become Royal Patron for the hospital, accepting the role as part of the celebrations that mark the first anniversary of the Coronation. He takes on the duty from his mother Queen Elizabeth II and follows a long tradition, which saw Queen Victoria as our first royal patron. We are very grateful for the support of King Charles and hope to be able to welcome him back for a visit, to show him how much has changed since his last one in 1987.

Diversity & Inclusion
Our first ever antisemitism awareness training will be running at the end of June and beginning of July. We've also appointed an external senior adviser to strengthen strategic input into our D&I work and support development of the staff networks.

Celebrating staff
The 2024 GOSH Staff awards have been scheduled for Thursday 10th October – nominations will open shortly and the Board will be invited to take part again this year.

During the past month we've had a wide variety of opportunities to celebrate staff, including:

- International Nurses Day and Operating Department Practitioners Day – Celebrated with breakfast and afternoon tea for our nursing and ODP colleagues – who were joined by Spice Girl, Emma Bunton.
- Learning at Work Week - Activities and learning events for staff to explore how to elevate their career at GOSH.
- HOPE Initiative launch – a mentorship and support programme for young people from marginalised and underrepresented backgrounds who show promise and interest in pursuing careers in medicine and healthcare.
- Mental Health Awareness Week – activities to help employees understand what support is available to them, including lunchtime walks, Care First drop-ins and webinars.

And we have seen wider recognition for some of our amazing people, including:

- Paolo De Coppi, who has been added to TIME's inaugural TIME100 Health List
- Faith Gibson, who received the Children's Cancer and Leukaemia Group lifetime achievement award
- Yushu Wu, who was awarded a Rising Star award at the Advancing Healthcare Awards
- Lola Solebo who made the Ophthalmologist Power List 2024
- Lorraine Hodsdon who has been offered a place on the NIHR Senior Research Leader Programme for Nurses and Midwives, a programme for colleagues looking to develop research leadership and capacity in nursing.

Staff wellbeing and resilience
We have just completed a round of performance reviews for our corporate departments and clinical directorates and a running theme was the importance of local conversations with 2-3 high impact actions that every team is taking to improve the lives of their staff. Next month we will be looking at common themes and what is working best to share good practice.

I was able to explore some of the health and wellbeing issues affecting our male colleagues recently at a roundtable debate for Men's Health Awareness week organised by the Women's Network. It was very affecting to hear from one of our surgeons who courageously talked about his journey with physical and mental health challenges and to hear about the value of easy-to-access men's health checks and creative approaches to stimulate conversations about men's health.

I was also grateful to take part in an away day for our Paediatric Intensive Care Nurses and want to thank the team for sharing their reflections on wellbeing challenges, from the difficult cases they

have been dealing with, to challenges of nursing skill mix and the value of access to outdoor space.

Industrial action
Our BMA junior doctor industrial action will be taking place from 27th June to 2nd July – local planning is underway to ensure the hospital maintains safety throughout.

COO recruitment
After advertising for our COO role we have completed longlisting and will
Involve Board members in shortlisting over the coming period.

2. Quality and Safety update

Progress on our long waiting patient position
I'm pleased to report that we are making good progress on our long waiting patients and that we have appointed a second dentist to support progress with ENT. We are likely to continue to have small numbers of 104 and 78 week waiters over the coming months, (largely due to the nature of our position in the pathway,) but we will remain vigilant and extend additional support where needed.

Infected Blood Inquiry
The Infected Blood Inquiry report was published on the 20 May, following the creation of a statutory inquiry in 2017 to establish the circumstances of approximately 30,000 people being given infected blood in the 1970s and 80s.

The Inquiry understands 11 patients were infected with HIV at GOSH and tested positive between 1984 and 1987. On behalf of GOSH, I want to offer my sincere apologies for the part that we played in their suffering, and for the stigma that many who were infected experienced when they most needed support. I also want to recognise the effect on our staff when it became clear that the blood products they used may have harmed the people they cared for.

We will carefully review the report and the recommendations. This work has started -for example in our Blood Transfusion Committee we are looking at the use of Tranexamic Acid in surgical procedures, and the recommendations around national blood transfusion training. We must all learn from this report and ensure we speak up, ask questions and listen to and work with families.

3. Space and Place updates

The launch of our new CRF for International Clinical Trials Day
We were delighted to be able to celebrate the opening and delighted to welcome the astronaut, Tim Peake, back to the hospital to join us. This was a lovely event to thank the children, young people, families and staff who were part of the design and conception of the "Discovery Unit" and a celebration of the literal elevation of clinical research at GOSH by moving from "the basement to the penthouse".





This new facility has been created as part of the Decant and Enabling programme for the Children's Cancer Centre. Clinical users of the CRF and the PHAMS unit are now settled in their new environments and very positive feedback has been received from clinicians, patients and visitors.

4. Partner updates

Genomics England Strategy
I am delighted to have been invited to support the national with the development of this important strategy, laying out the next steps for genomics. The team leading this work have recognised the importance of laboratory accreditation and learning from world class centres such as GOSH and the Royal Marsden, and are keen to share and build on case studies of how these centres can transform healthcare.

Service development for orthopaedic patients
I was pleased to meet with the team at the Royal National Orthopaedic Hospital this month to explore how our two organisations might work more closely together as two departments to improve quality and service for our patients.

Executive leadership support for recovery across North Central London
Having stepped down from my accountable officer role at the Whittington I have now returned to chairing the NCL Operational Implementation Group, which looks at elective performance across our system and practical solutions to work towards meeting the 65 week target, which remains a challenge for some trusts in spite of high levels of activity.

Ends

Attachment K

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board 19 June 2024	
GOSH Quality Report 2023/24 **Submitted by:** Sanjiv Sharma, Chief Medical Officer	**Paper No: Attachment K** ☐ **For information and noting**
Purpose of report Update.	
Aims / summary For information – progress update The Quality Account is an annual report produced for the public by NHS healthcare providers about the quality of services they deliver. Its aim is to enhance accountability and engage leaders of NHS organisations in their quality improvement agendas. The Quality Report is a mandated document, which is laid before Parliament before being made available to patients, their families, and the public on the NHS website. The content of this Quality Account includes: • Local quality improvement information, which allows trusts to: • Demonstrate their service improvement work • Declare their quality priorities for the coming year and how they intend to address them • Mandatory statements and quality indicators, which allow comparison between trusts • Stakeholder and external assurance statements	
Patient Safety Implications None	
Equality impact implications None	
Financial implications None	
Strategic Risk BAF Risk 12: Inconsistent delivery of safe care	
Action required from the meeting Update – Quality Accounts published to Trust website 30th June 2024	
Consultation carried out with individuals/ groups/ committees Key stakeholder and Subject Matter Experts	
Who is responsible for implementing the proposals / project and anticipated timescales? Jit Olk Head of Quality	
Who is accountable for the implementation of the proposal / project? Dr Sanjiv Sharma Chief Medical Officer	

Attachment L

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board 19 June 2024	
GOSH Foundation Trust Annual Financial Accounts 2023/24 and Annual Report 2023/24 **Submitted by:** John Beswick, Chief Finance Officer Anna Ferrant, Company Secretary	**Paper No: Attachment L** • **Appendix 1:** Annual financial accounts 2023/24 • **Appendix 2:** Annual report 2023/24 • **Appendix 3:** Compliance with the Code of Governance • **Appendix 4:** Letter of Representation ☐ **For approval**

Purpose of report

The Trust is required to publish a Foundation Trust annual report and accounts for 2023/24. Board members will find attached the following documents:

- A copy of the annual accounts 2023/24
- A copy of the annual report 2023/24 incorporating:
  - Annual Governance Statement
  - Assurance committee annual reports
  - Compliance with the Code of Governance
  - Draft Head of Internal Audit Opinion
  - Draft Representation Letter

Summary of report

Annual Accounts 2023/24 (see Appendix 1)

Annual Report 2023/24 (see Appendix 2)
The theme of the 2023/24 annual report is '*it takes a team*'. 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 annual accounts and annual report are subject to external audit. The Audit Committee is meeting on 19 June 2024 in the morning and will report on the findings of the audit. Any changes to the annual report following uploading to Diligent will be reported at the Board meeting. A desk top published version of the report is also available to view only in the Diligent reading room. This is not a complete version of the report but is available to look at from a design perspective.

Compliance with the Code of Governance (Appendix 3)
A review has been conducted into compliance with the new Code of Governance (from April 2023). The code consists of a set of Principles and Provisions and Foundation trusts are required to report against the Code of Governance in their Annual Report on the basis of disclosure and compliance with the Code or an explanation where there is a gap in compliance.

Letter of Representation (see Appendix 4)
A copy of the representation letter to Deloitte, the external auditor, will be submitted to the Trust Board. The Board is required to declare in writing that the financial statements and other related documents have been properly prepared and without omission of material facts to the

best of the management's knowledge and belief. It is also used by the auditor to obtain the Board's confirmation that all necessary information has been provided to them and to confirm judgments made by management where there is no other means of obtaining definitive evidence.
Once approved by the Trust Board, the annual report and accounts will be submitted to NHS England by **28 June 2024** and then to the Department of Health and Social Care and Parliament.
Patient Safety Implications Not applicable
Equality impact implications Not applicable
Financial implications Not applicable
Strategic Risk The annual accounts and annual report publicly report on the Trust's performance against its strategic priorities and objectives.
Action required from the meeting The Audit Committee will consider the annual accounts, report, and representation letter at its meeting in the morning of 19 June 2024. At the time of writing, the annual accounts and annual report are being audited and the Audit Committee Chair will provide an update on progress with the audit. The Board is asked to approve the annual accounts and annual report 2023/24. If the Board determines there are any significant changes required to the report, or there are minor matters for the auditor to follow up on, it is proposed that delegation of approval is given to Audit Committee members and the Chair.
Consultation carried out with individuals/ groups/ committees A number of staff have contributed to the draft Annual Report. All Executive members have been asked to review the draft and any comments have been incorporated into this draft.
Who is responsible for implementing the proposals / project and anticipated timescales? The Chief Finance Officer leads the coordination of the Annual Accounts. 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 Accounts and Annual Report.

Trust name:	Great Ormond Street Hospital for Children NHS Foundation Trust
This year	2023/24
Last year	2022/23
This year ended	31 March 2024
Last year ended	31 March 2023
This year beginning	1 April 2023

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST

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
Date:

FOREWORD TO THE ACCOUNTS

Great Ormond Street Hospital for Children NHS Foundation Trust

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
Date:

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2024

	NOTE	**Year ended 31 March 2024**	Year ended 31 March 2023
		£000	£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 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	**5,189**	33,853
- Fair value losses on equity instruments designated at fair value through OCI	13	**0**	(156)
- Other recognised gains and losses		**730**	0
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 5 to 36 form part of these accounts.

All income and expenditure is derived from continuing operations.
The Trust has no minority interest.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 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		**647,497**	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		**363,358**	370,056
Financial assets reserve		**(160)**	(160)
Revaluation reserve		**172,943**	177,456
Total taxpayers' equity		**670,324**	681,183

The financial statements on pages 1 to 36 were approved by the Board and authorised for issue on …..... and signed on its behalf by:

Matthew Shaw
Chief Executive

Signed:……..
Date:

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 2024						
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	2,460	0	0	**2,460**
Other recognised gains and losses		0	0	730	0	**730**
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**	**172,943**	**363,358**	**(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, intangible assets and certain financial assets and financial liabilities.

1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

1.3 Segmental reporting

Under IFRS 8 Operating Segments, the standard allows aggregation of segments that have similar economic characteristics and types and class of customer.

The operating results of the Foundation Trust are reviewed monthly or more frequently by the Trust's chief operating decision maker, which is the overall Foundation Trust Board and which includes senior professional non-executive directors. The Trust Board review the financial position of the Foundation Trust as a whole in their decision making process, rather than individual components included in the totals, in terms of allocating resources. This process implies a single operating segment under IFRS 8.

In addition, the large majority of the Foundation Trust's revenue originates with the UK Government. The majority of expenses incurred are payroll expenditure on staff involved in the production or support of healthcare activities generally across the Trust, together with the related supplies and overheads needed to establish this service. The business activities which earn revenue and incur expenses are therefore of one broad combined nature and therefore on this basis one segment of "provision of acute care" is deemed appropriate.

Therefore, all the Foundation Trust's activities relate to a single operating segment in respect of the provision of acute care.

1.4 Critical accounting judgments and key sources of estimation uncertainty

In the application of the Foundation Trust's accounting policies, management is required to make judgments, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.5 Critical judgments in applying accounting policies

The following are the critical judgments, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

a) As described in note 1.10, a revaluation of PPE is required at least every five years. To ensure the carrying value of land and buildings is not materially different from fair value, between quinquennial valuations, the Trust's judgement has been that annual index-based valuations have been appropriate, carried out by the same external valuer as the quinquennial. Plant and equipment is valued at depreciated replacement cost; the valuation being assessed by the Trust taking into account the movement of indices that the Trust has judged to be appropriate. The Trust is required to review property, plant and equipment for impairment. Management make judgments about the condition of assets and review their estimated lives and this will have an effect on future depreciation costs.

b) Management use their judgment to decide when to write off revenue or to provide against the probability of not being able to collect debt especially in light of the changing healthcare commissioning environment. Judgment is also used to decide whether to write off or provide against International Private Patient and overseas debt.

c) a provision is recognised when The Trust has a legal or constructive obligation as a result of a past event and it is probable that an outflow of economic benefits will be required to settle the obligation. In addition to widely used estimation techniques, judgment is required when determining the probable outflow of economic benefits.

1.6 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period not already included in note 1.5 above, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

a. - The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements as an accrual. As the calculation involves a large number of staff, sampling techniques are used to collate the results for the entire Foundation Trust.

b - The useful economic life of each category of fixed asset is assessed when acquired by the Foundation Trust. A degree of estimation is 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.

e. The Trust has incurred expenditure relating to payments to a third party power supplier for the power supplier's installations in order to increase the amount of power supplied to the Trust's main site. The installations do not become the Trust's property nor are they right of use assets. This expenditure is included in prepayments. The costs are being amortised over the estimated period of use for the installations in use, and the same policy is being adopted for new installations.

1.7.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS Contracts

The main source of income for the Trust is contracts with commissioners for health care services.
Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's 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 Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.8 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following year.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. 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 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.

1.10 Property, Plant and Equipment (continued)

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.

1.10 Property, Plant and Equipment (continued)

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 furntiture 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 and thereafter on an amortised cost basis since no active market exist. 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.

1.11 Intangible assets (continued)

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 licences	3	13
Licences & trademarks	9	10

1.12 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First Out (FIFO) method.

The Trust provides at 3% for goods with a limited shelf life.

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 Climate change levy

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).

1.15 Financial assets and financial liabilities (Continued)

Impairment of financial assets (continued)
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.

1.16.1 The Foundation Trust as lessee (continued)
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: minus 1.70%).

1.17 Provisions (continued)

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 25, 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 UCL Health Alliance Limited. The UCLH Health Alliance is a provider alliance comprising 14 members within the NCL Health economy. UCLH Health Alliance Limited (Company registration 14534913) was incorporated as a company limited by guarantee on 12 December 2022.

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 income 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)	**463,756**	457,516
Clinical commissioning groups (comparative only)	**0**	6,726
Integrated Care Boards	**49,041**	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	**514,493**	497,247
Total	**514,493**	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

4. Operating expenses	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000
Services from other NHS bodies	**8,235**	6,218
Purchase of healthcare from non-NHS bodies	**7,482**	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	**3,051**	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 xx.

**The external audit fees includes irrecoverable VAT.

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 £000	Year ended 31 March 2023 £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	Year ended 31 March 2023 Total
	Number	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
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 2023/24**	**Total value of agreements 2023/24**	Payments agreed 2022/23	Total value of agreements 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	70

11. Intangible assets

11.1 Intangible assets

	Software licences	Licences 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**	**116**	**0**	**257**	**27,443**

All intangible assets are held at cost less accumulated amortisation based on estimated useful economic lives.

	Software licences	Licences and trademarks	Development expenditure	Intangible assets under construction	Total
	£000	£000	£000	£000	£000
Gross cost at 1 April 2022	38,529	353	146	110	**39,138**
Additions - purchased	1,343	0	0	196	**1,539**
Reclassifications	49	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	**74,805**	**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	27,564	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**

	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 £22,565k 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 £000	31 March 2023 £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
Revaluations	2,460	0	0	**2,460**	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

14.1 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					0
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)**	(324)
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 11.2. The same properties were revalued with an effective date of 31 March 2024.

15.2 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in Note 21.

	Year ended 31 March 2024 £000	Of which leased from DHSC group accounting bodies £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
Of which:		
Leased from other NHS providers		1,240

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.

15.3 Maturity analysis of future lease payments at 31 March 2024

Total future minimum lease payments	**Total Year ended 31 March 2024 £000**	Of which leased from DHSC group bodies: Year ended 31 March 2024 £000
Undiscounted future lease payments payable in:		
- not later than one year;	**3,217**	201
- later than one year and not later than five years;	**10,610**	803
- later than five years.	**16,169**	265
Total gross future lease payments	**29,996**	1,269
Finance charges allocated to future periods	**(1,773)**	(29)
Net lease liabilities at 31 March 2024	**28,223**	1,240
Of which:		
Leased from other NHS providers		1,240

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 2023/24	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** £000	31 March 2023 £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	**24,703**	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	**50,238**	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 reimbursement**	**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**	143,603
Net impairments	**(4,272)**	0
Revaluations	**5,189**	33,853
Transfers to retained earning on disposal of fixed assets	**(5,430)**	0
Closing balance at 31 March	**172,943**	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
Carrying values of financial assets	**£000**	**£000**	**£000**	£000
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

	31 March 2024	31 March 2023
26.3 Maturity of financial liabilities	**£000**	£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. Financial Instruments (continued)

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 xx.

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)	**5,625**	6,948
Payables (31 March)	**317**	556

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	653	616	0	0
Bad debts relating to overseas visitors	9	12	4	174
Bad debts relating to other debtors	138	116	143	133
Stores losses	14	457	16	299
Total losses	**814**	**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	**866**	**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.

Attachment L
Appendix 3

Great Ormond Street Hospital for Children
NHS Foundation Trust

Compliance with the Code of Governance 2023/24

This review has been conducted against the new Code of Governance, applied from April 2023 following a consultation from NHS England. This Code consists of a set of principles and provisions and Foundation Trusts are required to report against the Code of Governance in their Annual Report on the basis of either *compliance* with the Code or an *explanation* where there is a gap in compliance.

A review has been conducted against all the Code's provisions and an outline of the evidence to support compliance against each of the criteria is attached at **Appendix 3.1** (for information on Diligent). The text in red highlights those criteria against which the Trust is required to explain any areas of non-compliance. The text in green relates to criteria that is required to be disclosed in the annual report. All of these green criteria are presented below.

The review has found that the Board has applied the principles and met the majority of requirements of Code of Governance during 2023/24. Provisions to draw the Board's attention regarding disclosures to be made in the annual report are:

- **Provision A.2.5**: *The board of directors should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and performance, ensuring performance reports are disaggregated by ethnicity and deprivation where relevant. Where appropriate and particularly in high risk or complex areas, the board of directors should commission independent advice, e.g., from the internal audit function, to provide an adequate and reliable level of assurance.*

  It is proposed that the Trust will **explain** the following:

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.

  This statement will be included in the Annual Report under the Health Inequalities section within the performance report.

- **Provision B.2.6:** *The board of directors should identify in the annual report each non-executive director it considers to be independent. Circumstances that are likely to impair, or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director:*

  - has been an employee of the trust within the last two years
  - has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, material shareholder, director or senior employee of a body that has such a relationship with the trust
  - has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme
  - has close family ties with any of the trust's advisers, directors or senior employees

- holds cross-directorships or has significant links with other directors through involvement with other companies or bodies
- has served on the trust board for more than six years from the date of their first appointment (but note 4.3 in Section C below, where chairs and NEDs can serve beyond six years subject to rigorous review and NHS England approval).
- is an appointed representative of the trust's university medical or dental school.

Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.

- **Provision B.2.7**: *At least half the board of directors, excluding the chair, should be non-executive directors whom the board considers to be independent.*

It is proposed that the Trust will **explain** the following for B.2.6 and 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 based on 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 is therefore 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.

- **Provision C.5.15**: *Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.*

It is proposed that the Trust will **explain** the following:

Whilst 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 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.

Recommendation for Trust Board: It is proposed that the text provided below is published in the annual report 2023/24 explaining the Trust's compliance with the relevant disclosures in the Code. The 'section' column outlines where in the annual report reference to the provisions of the Code are located must also be stated.

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.2.6 B.2.7	Accountability Report – Our Trust Board 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 based on 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 is therefore 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.

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Appendix 3

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.
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 Nominations Committee
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 its 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	Accountability Report – 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

Code reference	Section of annual report
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.

3.0 Action required from the meeting:

The Board is asked to note the review of the compliance with the 2023 Code of Governance and **approve** the statement to be included in the 2023/24 GOSH annual report.

Compliance with the Code of Governance 2023-24

Key	
	Fully compliant with the requirement
	Partially compliant with the requirement
Red text	Criteria against which NHSE expects the Trust to explain any areas of non-compliance.
Green text	Criteria against which NHSE require disclosure in the annual report
Blue text	Criteria against which NHSE require information to be made available to governors, even in the case that the trust is compliant with the provision.
Purple text	Criteria against which NHSI require supporting information to be made available to members, even in the case that the trust is compliant with the provision.
Orange text	Criteria against which NHSE require information to be made publicly available (or on request), even in the case that the trust is compliant with the provision.

Para	Code of Governance Requirement	Disclosure 2023/24
A.2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	Information in this area is covering in the operational performance, financial performance and working with our partners. Examples include, NCL Start ell Programme, Dental Seevice, Children's Health Alliance, UCL Health Alliance and the interim CEO support to the Whittingdon Health NHS Trust.
A.2.2	The board of directors should develop, embody and articulate a clear vision and values for the trust, with reference to the ICP's integrated care strategy and the trust's role within system and place-based partnerships, and provider collaboratives. This should be a formally agreed statement of the organisation's purpose and intended outcomes, and the behaviours used to achieve them. It can be used as a basis for the organisation's overall strategy, planning, collaboration with system partners and other decisions.	The GOSH Trust strategy articualtes our vision and values and GOSH is an active member of the NCL ICP, see working with our partners section of the annual report.
A.2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	Culture was the focus for the GOSH Board Development Session in June and November 2023. The GOSH People Strategy was refreshed in 2023 and includes a new Culture and Engagement Framework to support creating a positive organisational culture where all staff can thrive and achieve. The Trust will be reviewing their organisational values and behaviours framework during 2024. The Trust Board monitors culture through reports such as the Freedom to Speak Up Guardian, staff survey results and the dedicated Culture BAF risk.

A.2.4	The board of directors should ensure that adequate systems and processes are maintained to measure and monitor the trust's effectiveness, efficiency and economy, the quality of its healthcare delivery, **the success of its contribution to the delivery of the five-year joint plan for health services and annual capital plan agreed by the ICB and its partners (This may also include working to deliver the financial duties and objectives the trust is collectively responsible for with ICB partners, and improving quality and outcomes and reducing unwarranted variation and inequalities across the system), and that risk is managed effectively.** The board should regularly review the trust's performance in these areas against regulatory and contractual obligations, and approved plans and objectives, **including those agreed through place-based partnerships and provider collaboratives.**	The Board receives regular integrated performance report on quality, safety, patient experience workforce and patient access. There is then a seperate report presented on finance. These reports monitor the Trust's plans and strategies. Corporate risks are reviewed at the Risk, Assurance and Compliance Group (an executive led group chaired by the CEO) and the actions shared with the Audit Committee, Quality, Safety and Experience Assurance Committee (QSEAC) and the People and Education Assurance Committee. Assurance of the robustness of the controls in place to mitigate these risks is sought by these assurance committees. The annual report provides a summary of the adequacy of these systems. External sources of assurance are sought on high risk/ complex areas . GOSH is an active member of the NCL ICP, examples of working together include Start Well Programme and the involvement in creating a single innovation partnership for NCL, UCL Health Alliance, to maximise the collective impact on health outcomes. GOSH has a detailed BAF risk for wider system working (the integrated care system) , and a new health inequalities BAF risk. Both of these are regularly reviewed and presented to the Risk, Assurance and Compliance Group, taken through Board Assurance Committees and reported to the Trust Board.
A.2.5	In line with principle 1.3 above, the board of directors should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and performance, ensuring performance reports are **disaggregated by ethnicity and deprivation where relevant**. Where appropriate and particularly in high risk or complex areas, the board of directors should commission independent advice, eg from the internal audit function, to provide an adequate and reliable level of assurance.	The Board receives regular reports on quality, safety, finance, patient experience. workforce and patient access. These include relevant metrics, milestones and measures. The assurance committees seek assurance of the robustness of the controls in place to mitigate risk and direct the internal audit function to provide assurance that these controls are robust. The assurance committees approve the internal audit and clinical audit plan every year. The Trust is working on ensuring performance reports a disaggregated by ethnicity and depriivation where relevent. 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.2.6	The board of directors should report on its approach to clinical governance and its plan for the improvement of clinical quality in the context of guidance set out by the Department of Health and Social Care (DHSC), NHS England and the Care Quality Commission (CQC). The board should record where in the structure of the organisation clinical governance matters are considered	The Board receives an integrated quality and performance report at each Board meeting (see above). This has been subject to a review and has been updated with streamlining of reporting to the Board and operational teams to support their performance management. The Quality, Safety and Experience Assurance Committee, a committee of the Board, seeks assurance of the adequacy of controls in place to manager quality risks and provides a summary report of matters considered at its last meeting to the next available Board meeting. The Quality, Safety, Outcomes and Compliance Committee (QSOCC) monitors the development and implementation of clinical risk management processes and evidence based standards and ensures that learning is disseminated and embedded across the Trust. QSOCC items of significance are reported through to the QSEAC and Risk Assurance and Compliance Group (RACG). The Trust has approved a Safety Transformation Plan (brought together both the Safety and Quality strategies).The Quality Report is published annually. Progress with the safety Transformation Plan is reviewed by the QSEAC. Compliance with CQC standards and other regulatory and statutory requirements are reported to the RACG. An Assurance and Escalation Framework is in place. Learning from incidents, audits, reviews etc. is captured and cascaded by QSOCC.

A.2.7	The chair and board should regularly engage with stakeholders, including patients, staff, the community and system partners, in a culturally competent way, to understand their views on governance and performance against the trust's vision. Committee chairs should engage with stakeholders on significant matters related to their areas of responsibility. The chair should ensure that the board of directors as a whole has a clear understanding of the views of all stakeholders including system partners. NHS foundation trusts must hold a members' meeting at least annually. Provisions regarding the role of the council of governors in stakeholder engagement are contained in Appendix B.	The Trust Chair's job description includes partnership working, and responsibility to build strong relationships internally and externally. This includes promoting collaborative whole system working through engagement with patients and the public, mebers and governors, staff, key partners across public, private and voluntary sectors, regulators, other system chairs and productive relationships with NCL ICS, GOSH Charlity, GOSH ICH and the Academic Health Science Partnership. Ellen Schroder was appointed as substantive Trust Chair on 01 November 2023. As part of her induction, Ellen has engaged with a number of internal collagues and external stakeholders, examples include: •Held introductory meetings with Executive, Non-Executive Directors and Lead Governor •Met with Chair of the Charity and both the CEO and the FD •Held an introductory meetings with a number of external stakeholders - including Chairs of UCLH, RFH, Moorfields, NCL ICS, and GSTT, among others •Attended Directorate Board meetings and Chief of Service meetings •Attended a GMSC meeting •Attended the London wide Chair's meetings on a regular basis •Attended Board Asurance Committees (exclusing Audit Committee) •Attended walkrounds since appointment, examples include to PICU, NICU, staff nursery, porters, catering, comms team, laboratories etc. •Attended all day meeting with NHSE for all Trust Chairs in England. •Introductory meeting with chair of NHSE. •Meeting in diary with President and Provost of UCL. •Attended two day NHS Providers conference. The Trust holds an Annual General Meeting in September each year and all foundation trust members are invited to attend. Trust Governors are also invited to attend additional activites to support engagement with foundation trust members. Examples include Play Street, membership engagement stands in the hospital and external events.
A.2.8	The board of directors should describe in the annual report how the interests of stakeholders, **including system and place-based partners**, **have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered**. The board of directors should keep engagement mechanisms under review so that they remain effective. **The board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements.**	Information in this area is covering in the operational performance, financial performance and working with our partners. Examples include, NCL Start ell Programme, Dental Seevice, Children's Health Alliance, UCL Health Alliance and the interim CEO support to the Whittingdon Health NHS Trust.
A.2.9	The workforce should have a means to raise concerns in confidence and – if they wish – anonymously. The board of directors should routinely review this and the reports arising from its operation. It should ensure that arrangements are in place for the proportionate and independent investigation of such matters and for follow-up action.	The workforce is able to raise concerns to the Freedom to Speak Up Guardian either in confidence or anonymously. There is a dedicated page on the GOSH intranet explained the Freedom to Speak Up service including how to raise a concern, who to get in touch with, and the benefits of speaking up. The Board Assurance Committees receive regular updates on FTSU for their respective areas, such as staff and culture related concerns are presented to PEAC and concerns about quality and safety are reported into QSEAC. The Trust Board also receives an FTSU Annual Report. The Freedom to Speak Up Policy was reviewed during 2023 to ensure compliance with the new NHS England Framework.

A.2.10	The board of directors should take action to identify and manage conflicts of interest and ensure that the influence of third parties does not compromise or override independent judgement (directors are required to declare any business interests, position of authority in a charity or voluntary body in the field of health and social care, and any connection with bodies contracting for NHS services. The trust must enter these into a register available to the public in line with Managing conflicts of interest in the NHS: Guidance for staff and organisations. In addition, NHS foundation trust directors have a statutory duty to manage conflicts of interest. In the case of NHS trusts, certain individuals are disqualified from being directors on the basis of conflicting interests).	The directors and governors are asked to submit an annual, mandatory declaration of interests using the externally supported web portal reporting system and are prompted to declare any interests at the start of every Board meeting. The live register of interests for directors and governors is published on the GOSH website. The Trust Board ToR states: "Encourage and promote openness, honesty and transparency about performance with patients and their representatives, the public, staff, governors, members and other stakeholders;" The Council of Governors' Code of Conduct and Trust Board Code of Conduct includes sections on values and principles, and governor interests.
A.2.11	Where directors have concerns about the operation of the board or the management of the trust that cannot be resolved, these should be recorded in the board minutes. If on resignation a non-executive director has any such concerns, they should provide a written statement to the chair, for circulation to the board.	Any matters raised are recorded in the minutes of the meetings and the minutes reviewed and approved at the next relevant Board meeting.
B.2.1	The chair is responsible for leading on setting the agenda for the board of directors and, for foundation trusts, the council of governors, and ensuring that adequate time is available for discussion of all agenda items, in particular strategic issues.	The Chair is responsible for the agenda setting, supported by the Company Secretary. For the Council of Governors, the Lead Governor is also involved in the agenda setting. Time is allocated to each agenda item, with strategic items being taken early on the agenda. The Trust Chair will ensure additional time is allocated for discussions during meetings as required.
B.2.2	The chair is also responsible for ensuring that directors and, for foundation trusts, governors receive accurate, timely and clear information that enables them to perform their duties effectively. A foundation trust chair should take steps to ensure that governors have the necessary skills and knowledge to undertake their role.	Papers for meetings are circulated, where possible, 5 clear days before the meeting. When this is not possible, members are informed that certain papers within a combined pack will follow and indicate an approximate timing. Trust governors receive a comprehensive induction programme, 2-3 development sessions prior to Council of Governors meetings and access to externally faciliated training. Governors are sent a month newsletter with the lateest information and also have access to the Corporate Affairs Team for support and advice at any time.
B.2.3	The chair should promote a culture of honesty, openness, trust and debate by facilitating the effective contribution of non-executive directors in particular, and ensuring a constructive relationship between executive and non-executive directors.	Feedback on the performance of the Chair as part of the annual appraisal process in 2023-24 evidenced that directors and governors felt the Chair promotes a culture of honesty, openness, trust and debate.
B.2.4	A foundation trust chair is responsible for ensuring that the board and council work together effectively.	Feedback on the performance of the Chair as part of the annual appraisal process in 2023-24 evidenced that both directors and governors feel that the Chair facilitates effective working between the Trust Board and the Council of Governors.
B.2.5	The chair should be independent on appointment when assessed against the criteria set out in provision 2.6 below. The roles of chair and chief executive must not be exercised by the same individual. A chief executive should not become chair of the same trust. The board should identify a deputy or vice chair who could be the senior independent director. The chair should not sit on the audit committee. The chair of the audit committee, ideally, should not be the deputy or vice chair or senior independent director.	The Chair meets the independence criteria. The role of the Chair and Chief Executive is exercised by a different individual. The Chair has not been the Chief Executive of the Trust. The Trust Board has idenified Amanda Ellingworth as Deputy Chair and Senior Independent Director. The Trust Chair is not a member of the Audit Committee. The Chair of the Audit Committee is not the Deputy Chair or Senior Independant Director.

B.2.6	The board of directors should identify in the annual report each non-executive director it considers to be independent. Circumstances that are likely to impair, or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director: - has been an employee of the trust within the last two years - has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, material shareholder, director or senior employee of a body that has such a relationship with the trust - has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme - has close family ties with any of the trust's advisers, directors or senior employees - holds cross-directorships or has significant links with other directors through involvement with other companies or bodies - has served on the trust board for more than six years from the date of their first appointment (but note 4.3 in Section C below, where chairs and NEDs can serve beyond six years subject to rigorous review and NHS England approval). - is an appointed representative of the trust's university medical or dental school. Where any of these or other relevant circumstances apply, and the board of	The annual report details the independence of the non-executive directors. It notes that one NED is appointed by University College London. Professor Helen Cross was nominated by University College London and is the Director of the UCL GOS ICH. Professor Cross is not viewed as independent due to the seniority and oversight of her role in UCL GOS ICH. All directors are asked to annually declare any interests. Directors are also prompted to declare any interests at the start of every Board meeting. Two Non Executive Directors will have served more than six years on the Trust Board. Both extensions were subject to a rigorous review as follows: - Amanda Ellingworth, Non-Executive Director's term was extended beyond six years by 12 months (from 31 December 2023 until 30 December 2024) by the Council of Governors in February 2023 to support the incoming Trust Chair from October 2023 and ensure continuity, consistency and stability on the Board and retain corporate memory. - Kathryn Ludlow, Non-Executive Director's term was extended beyond six years for one year (from 05 September 2024 until 04 September 2025) by the Council of Governors in November 2023, and NHSE in January 2024 (in line with requirements in the new Code of Governance). This extension was sought to support continuity on the Trust Board whilst replacements were being sought for two other experienced NEDs, Chris Kennedy and Amanda Ellingworth.
B.2.7	At least half the board of directors, excluding the chair, should be non-executive directors whom the board considers to be independent.	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 based on 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 is therefore 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.
B.2.8	No individual should hold the positions of director and governor of any NHS foundation trust at the same time.	None of the directors on the GOSH Board are governors on the GOSH Council of Governors, nor a governor on another Trust's Council of Governors.
B.2.9	The value of ensuring that committee membership is refreshed and that no undue reliance is placed on particular individuals should be taken into account in deciding chairship and membership of committees. For foundation trusts, the council of governors should take into account the value of appointing a non-executive director with a clinical background to the board of directors, as well as the importance of appointing diverse non-executive directors with a range of skill sets, backgrounds and lived experience.	The Chair considered chairship and membership of committees both during the recruitment process for Non-Executive Directors and the annual appraisal process. There is a Non-Executive Director on the Trust Board with social care experience, in addition to the University College London appointed Non-Executive Director who ic a clinican. When considering the skills, experience and expertise for the two NED positions being recruited to during 2024 the Council of Governors agreed one should have a NHS/clinical background and the recruitment processes will focus on attracting candidates from diverse backgrounds.
B.2.10	Only the committee chair and committee members are entitled to be present at nominations, audit or remuneration committee meetings, but others may attend by invitation of the particular committee.	Only the Trust Chair and Committee members are present at the Nominations and Remuneration Committee and Audit Committee with the terms of reference enabling others to attend by invitation.

B.2.11	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: to provide a sounding board for the chair and serve as an intermediary for the other directors when necessary. Led by the senior independent director, the foundation trust non-executive directors should meet without the chair present at least annually to appraise the chair's performance, and on other occasions as necessary, and seek input from other key stakeholders. For NHS trusts the process is the same but the appraisal is overseen by NHS England as set out in the Chair appraisal framework.	The senior independent director is Amanda Ellingworth appointed by the Board in consultation with the Council in July 2022, effective from October 2022. The deputy chair is Amanda Ellingworth appointed by the Board in consultation with the Council in July 2022, effective from October 2022. The Chair held meetings with the NEDs during the year without the executives present. The Senior Independent Director (SID) lead the performance evaluation of the Chair and consults with the other NEDs, executives, governors and key stakeholders on their performance.
B.2.12	Non-executive directors have a prime role in appointing and removing executive directors. They should scrutinise and hold to account the performance of management and individual executive directors against agreed performance objectives. The chair should hold meetings with the non-executive directors without the executive directors present.	Non-Executive Directors are involved in appointing and removing executive directors. The Chair holds monthly meetings with non-executive directors without the executive present.
B.2.13	The responsibilities of the chair, chief executive, senior independent director if applicable, board and committees should be clear, set out in writing, agreed by the board of directors and publicly available. The annual report should give the number of times the board and its committees met, and individual director attendance.	The annual report outlines these roles, identifies the individuals in the roles and outlines the number of meetings attended by Board members.
B.2.14	When appointing a director, the board of directors should take into account other demands on their time. Prior to appointment, the individual should disclose their significant commitments with an indication of the time involved. They should not take on material additional external appointments without prior approval of the board of directors, with the reasons for permitting significant appointments explained in the annual report. Full-time executive directors should not take on more than one non-executive directorship of another trust or organisation of comparable size and complexity, and not the chairship of such an organisation.	The job description and terms and conditions define the role and capabilities required including an assessment of the time commitment expected in accordance with NHSE Framework. Directors significant commitments are documented in the annual report and declared in the register of interests as well as presented to the Board. None of the Executive Directors have taken on more than one non-executive directorship or Chairship of another trust or organisation of comparable size and complexity
B.2.15	All directors should have access to the advice of the company secretary, who is responsible for advising the board of directors on all governance matters. Both the appointment and removal of the company secretary should be a matter for the whole board.	All directors have access to the advice of the Company Secretary. There has been no requirement to remove the Company Secretary.
B.2.16	All directors, executive and non-executive, have a responsibility to constructively challenge during board discussions and help develop proposals on priorities, risk mitigation, values, standards and strategy. In particular, non-executive directors should scrutinise the performance of the executive management in meeting agreed goals and objectives, request further information if necessary, and monitor the reporting of performance. They should satisfy themselves as to the integrity of financial, clinical and other information, and make sure that financial and clinical quality controls, and systems of risk management and governance, are robust and implemented.	Trust Board meetings provide opportunity for scrutiny, challenge and indepth discussions; these are recorded into the minutes of the meeting.
B.2.17	All members of the board of directors have joint responsibility for every board decision regardless of their individual skills or status. This does not impact on the particular responsibilities of the chief executive as the accounting officer.	All board members understand that it is a unitary board with collective responsibility.

B.2.17	The board of directors should meet sufficiently regularly to discharge its duties effectively. A schedule of matters should be reserved specifically for its decisions. For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions that are delegated to the executive management of the board of directors.	A schedule of matters for the Trust Board is in place and was reviewed and approved by the Trust Board in November 2023. The annual report includes an overview of how the Council and Board work and examples of this.
C.2.1	The nominations committee or committees of foundation trusts, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors. The nominations committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the trust, and the skills and expertise required within the board of directors to meet them. Best practice is that the selection panel for a post should include at least one external assessor from NHS England and/or a representative from a relevant ICB, and the foundation trust should engage with NHS England to agree the approach.	There are two nomination committees at GOSH: one for the appointment of the Chair and NEDs and one for the appointment of executive directors. The Council Nomination and Remuneration Committee recieved and approved the recruitment process for the Trust Chair and members were involved in longlisting, shortlisting and the interview panel during 2023. The selection panel for this post also included a representative from the ICB. The Council Nomination and Remuneration Committee also recieved and approved the recruitment process for two non-executive directors and members were involved in longlisting and will be involved in shortlisting and the interview panels in April and May 2024. The executives have in place a succession plan for executive positions which is discussed at Executive Management Board. A Board skills audit was completed and the analysis taken to the Trust Board in October 2023, followed by the Council of Governors. The Council of Governors approved the Succession Plan for NEDs at their meeting in November 2023 for those NEDs whose terms are coming to an end in 2024 and 2025.
C.2.2	There may be one or two nominations committees. If there are two, one will be responsible for considering nominations for executive directors and the other for non-executive directors (including the chair). The nominations committee(s) should regularly review the structure, size and composition of the board of directors and recommend changes where appropriate. In particular, the nominations committee(s) should evaluate, at least annually, the balance of skills, knowledge, experience and diversity on the board of directors and, in the light of this evaluation, describe the role and capabilities required for appointment of both executive and non-executive directors, including the chair.	There are two nominations committees - the Trust Board Nominations Committee and the Council Nominations and Remuneration Committee. A Trust Board skills knowledge and experience audit was undertaken in 2023, and this was used to form a succession plan that is supporting the development of a diverse board through current recruitment campaigns.
C.2.3	The chair or an independent non-executive director should chair the nominations committee(s). At the discretion of the committee, a governor can chair the committee in the case of appointments of non-executive directors or the chair.	The Council Nominations and Remuneration Committee is chaired by the Chair of the Board and Council. The terms of reference of the Council Nominations and Remuneration Committee states that when the chair is being appointed or reappointed, the deputy chair shall take their place, unless they are standing for appointment, in which case another non-executive director shall be identified and agreed prior to the meeting to take their place. The Deputy Chair has chaired the committee during 2023 when the Chair recruitment process has been discussed. A majority of the committee is made up of governors (at meetings and at Chair/NED appointment panels). The Board Nominations and Remuneration Committee is chaired by the Chair of the Board.

C.2.4	The governors should agree with the nominations committee a clear process for the nomination of a new chair and non-executive directors. Once suitable candidates have been identified, the nominations committee should make recommendations to the council of governors.	The governors on the Nomination and Remuneration Committee agree and recommend a clear process for the nomination of a new Chair and two new Non-Executive Directors (in 2024). Suitable candidates recommended by the Council Nomination and Remuneration Comittee to the Council of Governors in 2023/24 were the following: - Ellen Schroder, Trust Chair was appointed by the Council of Governors in May 2023 as an Associate NED from September 2023 and then Trust Chair from November 2023 for a three year term of office. - Kathryn Ludlow, Non-Executive Director's tenure was extended by 12 months, until 05 September 2025 by the Council of Governors in November 2023. - Helen Cross, UCL Appointed NED was approved by the Council of Governors in February 2024 for a three year term of office. - Chris Kennedy, Non-Executive Director came to the end of his six year term of office on 31 March 2024. At their meeting in February 2024 the Council of Governors approved to appoint Chris Kennedy as an Associate NED on the Trust Board for six months from 01 April 2024.
C.2.5	Open advertising and advice from NHS England's Non-Executive Talent and Appointments team is available for use by nominations committees to support the council of governors in the appointment of the chair and non-executive directors. If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.	GOSH undertook a recruitment process for a new Trust Chair (appointed from October 2023) and the recruitment of two NEDs during 2024. The Trust used an external consultancy agency and NHS England have been informed. The external agency, Odgers Berndtson have no other connection with the Trust or individual directors.
C.2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should have governors and/or independent members in the majority. If only one nominations committee exists, when nominations for non-executives, including the appointment of a chair or a deputy chair, are being discussed, governors and/or independent members should be in the majority on the committee and also on the interview panel.	The Council of Governors nominations and remuneration committee comprise the chair of the trust, another independent non-executive director (to be deputy chair of the Committee), the lead governor, two governors from the public constituency and/or the patient and carer constituency, one staff governor and one governor from any constituency (patient and carer, public, staff or appointed). For the appointment of the Trust Chair during 2023, there was also an independant member from the ICB on the panel.
C.2.7	When considering the appointment of non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position.	The Council takes into account the views of the Board on the qualifications, skills and experience required for the a new NED position which was also supported by a skills and experience audit in 2023. For the reappointment of the NED, the committee considers the results of the NED's appraisal, attendance, input and engagement with stakeholders including the Council.
C.2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	The annual report includes an overview of the process followed for appointment of a new Chair and NEDs.
C.2.9	Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The names of governors submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to make an informed decision on their election. This should include prior performance information.	The Foundation Trust conducted a Council election in November 2023 for terms to commence from 1 March 2024. The names of governors submitted for election or re-election was accompanied by sufficient biographical details and prior attendence and performance of those governors submitted for re-election is available to members in the Trust's annual report. The next Foundation Trust election is scheduled for November 2024.
C.2.10	A requirement of the National Health Service Act 2006 as amended (the 2006 Act) is that the chair, the other non-executive directors and – except in the case of the appointment of a chief executive – the chief executive are responsible for deciding the appointment of executive directors. The nominations committee with responsibility for executive director nominations should identify suitable candidates to fill executive director vacancies as they arise and make recommendations to the chair, the other non-executives directors and, except in the case of the appointment of a chief executive, the chief executive.	The Trust Board Nominations and Remuneration Committee terms of reference details these requirements.

C.2.11	It is for the non-executive directors to appoint and remove the chief executive. The appointment of a chief executive requires the approval of the council of governors.	The Trust Board Nominations and Remuneration Committee terms of reference details these requirements. The Council approved the appointment of the current Chief Executive in November 2018.
C.2.12	The governors are responsible at a general meeting for the appointment, re-appointment and removal of the chair and other non-executive directors.	This process is documented in the Trust Constitution.
C.2.13	Non-executive directors, including the chair, should be appointed by the council of governors for the specified terms subject to re-appointment thereafter at intervals of no more than three years and subject to the 2006 Act provisions relating to removal of a director.	This process is documented in the Trust Constitution.
C.2.14	The terms and conditions of appointment of non-executive directors should be made available to the council of governors. The letter of appointment should set out the expected time commitment. Non-executive directors should undertake that they will have sufficient time to do what is expected of them. Their other significant commitments should be disclosed to the council of governors before appointment, with a broad indication of the time involved, and the council of governors should be informed of subsequent changes.	The terms and conditions of the NEDs were revised and approved by the Council in November 2023. The T&Cs for the Chair were considered by the Council of Governors in November 2022. The letter of appointment clearly sets out the time commitement as does the job description. Significant commitments and experience are presented to the Council when considering approval of the appointment. The non-executive directors' significant commitments are reported in the Trust annual report.
C.4.1	Directors on the board of directors and, for foundation trusts, governors on the council of governors should meet the 'fit and proper' persons test described in the provider licence. For the purpose of the licence and application criteria, 'fit and proper' persons are defined as those having the qualifications, competence, skills, experience and ability to properly perform the functions of a director. They must also have no issues of serious misconduct or mismanagement, no disbarment in relation to safeguarding vulnerable groups and disqualification from office, be without certain recent criminal convictions and director disqualifications, and not bankrupt (undischarged). Trusts should also have a policy for ensuring compliance with the CQC's guidance Regulation 5: Fit and proper persons: directors.	Directors on the Trust Board are subject to the Fit and Proper Person Test in accordance with NHSE's framework. The Trust has a Fit and Proper Person's Policy to support the process and adherance to the NHSE Framework. The FPPT does not apply to governors of a foundation trust, the Trust does however complete a DBS check for all governors upon election or re-election. Governors also have a Code of Conduct which includes, values, behaviours, and interests.
C.4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience. Alongside this, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the trust. Both statements should also be available on the trust's website.	This information is included in the annual report (accountabiility report) and on the Trust website.
C.4.3	Chairs or NEDs should not remain in post beyond nine years from the date of their first appointment to the board of directors and any decision to extend a term beyond six years should be subject to rigorous review. To facilitate effective succession planning and the development of a diverse board, this period of nine years can be extended for a limited time, particularly where on appointment a chair was an existing non-executive director. The need for all extensions should be clearly explained and should have been agreed with NHS England. A NED becoming chair after a three-year term as a non-executive director would not trigger a review after three years in post as chair.	Neither the Chair nor any Non-Executive Directors have been in post beyond nine years. Amanda Ellingworth, Non-Executive Director's term was extended beyond six years by 12 months (from 31 December 2023 until 30 December 2024) by the Council of Governors in February 2023 to support the new Trust Chair from October 2023 and ensure continuity, consistency and stability on the Board and retain corporate memory as Amanda is Deputy Chair and Senior Independant Director. Kathryn Ludlow, Non-Executive Director's term was extended beyond six years for one year (from 05 September 2024 until 04 September 2025) by the Council of Governors in November 2023, and NHSE. This extension as sought to support continuity on the Trust Board whilst replacements are being sought for two other experienced NEDs, Chris Kennedy and Amanda Ellingworth.

C.4.4	Elected foundation trust governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The governor names submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to make an informed decision on their election. This should include prior performance information. Best practice is that governors do not serve more than three consecutive terms to ensure that they retain the objectivity and independence required to fulfil their roles.	The Foundation Trust conducted a Council election in November 2023 for terms to commence from 1 March 2024. The names of governors submitted for election or re-election was accompanied by sufficient biographical details and prior attendence and performance of those governors submitted for re-election is available to members in the Trust's annual report. In accordance with the GOSH Constitution, governors do not serve more than two consecutive terms (one term is three years, so a maximum of six years) to ensure they reatin objectivity and independency required to fulfil their roles.
C.4.5	There should be a formal and rigorous annual evaluation of the performance of the board of directors, its committees, the chair and individual directors. For NHS foundation trusts, the council of governors should take the lead on agreeing a process for the evaluation of the chair and non-executive directors. The governors should bear in mind that it may be desirable to use the senior independent director to lead the evaluation of the chair. NHS England leads the evaluation of the chair and non-executive directors of NHS trusts.	As part of their routine scheduled inspection programme, the CQC conducted an independent well-led inspection of the Trust in October 2019 (reporting in January 2020) and during 2020/21, the Board monitored progress with the action plan. The Trust conducted a tender process to appoint an independent organisation to conduct a Well Led assessment of the Trust Board and Senior Management Team. The review commenced in March 2021, led by BDO LLP who have no other connection with the Trust. The purpose of the assessment is to provide assurance of the Trust's compliance with the framework and identify any gaps for improvement areas of good practice. The findings were considered by the Trust Board in July 2021 and an action plan is in place and progress monitored by the Trust Board. The Board assurance committees conduct annual self assessments and use the findings to review the terms of reference and workplans where relevant. Annually the Council of Governors recieve and agree a process (July 2023 and February 2024) for the evaluation of the Trust Chair and Non-Executive Directors in accordance with NHSE Framework. The Senior Independant Director leads the evaluation of the Trust Chair.
C.4.6	The chair should act on the results of the evaluation by recognising the strengths and addressing any weaknesses of the board of directors. Each director should engage with the process and take appropriate action where development needs are identified.	All directors are subject to performance evaluation, identifying any personal professional development requirements. Non-executive directors individually attend professional development events and the Trust Board has a Board Development Progamme in place and external speakers are invited as required.
C.4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors or governors.	The Trust conducted a tender process to appoint an independent organisation to conduct a Well Led assessment of the Trust Board and Senior Management Team. The review commenced in March 2021, led by BDO LLP who have no other connection with the Trust. The purpose of the assessment is to provide assurance of the Trust's compliance with the framework and identify any gaps for improvement areas of good practice. The findings were considered by the Trust Board in July 2021; an action plan and progress monitored by the Trust Board.

C.4.8	Led by the chair, foundation trust councils of governors should periodically assess their collective performance and regularly communicate to members and the public how they have discharged their responsibilities, including their impact and effectiveness on: - holding the non-executive directors individually and collectively to account for the performance of the board of directors - communicating with their member constituencies and the public and transmitting their views to the board of directors - contributing to the development of the foundation trust's forward plans. The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice. Further information can be found in Your statutory duties: a reference guide for NHS foundation trust governors and an Addendum to Your statutory duties – A reference guide for NHS foundation trust governors.	An evaluation of the Council was conducted in August 2023 and the analysis of the results presented to the Council in November 2023 along with an action plan. The Council will be kept updated on progress made against the recommendations which they approved. The structure and composition of the Council was reviewed and refreshed in 2018 at the time of the review of the Constitituion. The Constitution is reviewed at least once every 2-3 years via the Constitution Working Group, including governor and Board members. A review of the Trust Constitution is taking place in 2024.
C.4.9	The council of governors should agree and adopt a clear policy and a fair process for the removal of any governor who consistently and unjustifiably fails to attend its meetings or has an actual or potential conflict of interest that prevents the proper exercise of their duties. This should be shared with governors.	The Constitution details the process for removal of a governor including the requirements to attend a certain number of Council meetings and management of potential conflicts of interest. A Standard Operating Procedure outlining the process for managing governor attendance was agreed by the Council in November 2021 and will be reviewed by the Constitution and Governance Working Group in 2024.
C.4.10	In addition, it may be appropriate for the process to provide for removal from the council of governors if a governor or group of governors behaves or acts in a way that may be incompatible with the values and behaviours of the NHS foundation trust. NHS England's model core constitution suggests that a governor can be removed by a 75% voting majority; however, trusts are free to stipulate a lower threshold if considered appropriate. Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor agreeable to both parties should be asked to consider the evidence and determine whether or not the proposed removal is reasonable. NHS England can only use its enforcement powers to require a trust to remove a governor in very limited circumstances: where it has imposed an additional condition relating to governance in the trust's licence because the governance of the trust is such that the trust would otherwise fail to comply with its licence and the trust has breached or is breaching that additional condition. It is more likely that NHS England would have cause to require a trust to remove a director under its enforcement powers than a governor.	The Trust's Consitution already includes a process for governor removal in line with NHS England's model core constitution.
C.4.11	The board of directors should ensure it retains the necessary skills across its directors and works with the council of governors to ensure there is appropriate succession planning.	A Trust Board skills analysis was undertaken in 2023. The results informed the Board Succession Plan which was reviewed and approved by the Trust Board in October 2023 and the Council of Governors in November 2023.
C.4.12	The remuneration committee should not agree to an executive member of the board leaving the employment of the trust except in accordance with the terms of their contract of employment, including but not limited to serving their full notice period and/or material reductions in their time commitment to the role, without the board first completing and approving a full risk assessment.	The Trust Board is aware of this requirement.

C.4.13	The annual report should describe the work of the nominations committee(s), including: - the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline - how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors, governors and individual directors, the outcomes and actions taken, and how these have or will influence board composition - the policy on diversity and inclusion, including in relation to disability, its objectives and linkage to trust strategy, how it has been implemented and progress on achieving the objectives - the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served - the gender balance of senior management and their direct reports.	This information is presented in the annual report. The Trust Board Nominations and Remuneration Committee and the Council of Governors' Nominations and Remuneration Committee have current Terms of Reference. A Trust Board skills knowledge and experience audit was undertaken in January and February 2023, and this is being used to form a succession plan that will support the development of a diverse board During 2023 the Board Nominations Committee and the Board Remuneration Committee terms of reference are being revised to bring them together into one Trust Board Nomination and Remuneration Committee. The job description for the chair recruitment clearly states: The best boards are those that reflect the workforce and communities they serve. We particularly welcome applications from all protected characteristics including women, people from local black, Asian and minority ethnic communities, and people with disabilities, who we know are all under-represented in these important roles.
C.5.1	All directors and, for foundation trusts, governors should receive appropriate induction on joining the board of directors or the council of governors, and should regularly update and refresh their skills and knowledge. Both directors and, for foundation trusts, governors should make every effort to participate in training that is offered.	All director and governors receive a full induction when joining. For directors, they attend the GOSH Induction Day and additional 121's are arranged to meet other memebers of the Trust Board, their teams (as relevent) and extdrnal stakeholders. In addition NEDs are offered external training, such as the NHSP NED induction course. Governors, recieve a dedicated Induction session with the Corporate Affairs Team, and an externally led training session on holding to account. Governors also recieve 2-3 training and developments session before their formal Council of Governors meetings (four times a year). Both directors and governors receive an Induction Handbook and multiple resources.
C.5.2	The chair should ensure that directors and, for foundation trusts, governors continually update their skills, knowledge and familiarity with the trust and its obligations for them to fulfil their role on the board, the council of governors and committees. Directors should also be familiar with the integrated care system(s) that commission material levels of services from the trust. The trust should provide the necessary resources for its directors and, for foundation trusts, governors to develop and update their skills, knowledge and capabilities. Where directors or, for foundation trusts, governors are involved in recruitment, they should receive appropriate training, including on equality, diversity and inclusion, and unconscious bias.	Regular Trust Board Development Sessions are held throughoui the year. The Council of Governors have 2-3 development sessions held quarterly before a Council of Governors meeting. De-biasing recruitment training is now available on GOSH Gold; the online GOSH training platform. In preparation for the Chair recruitment interviews all panel members were asked to complete the training. Governors recieved an Equality, Diversity and Inclusion Training session in February 2024.
C.5.3	To function effectively, all directors need appropriate knowledge of the trust and access to its operations and staff. Directors and governors also need to be appropriately briefed on values and all policies and procedures adopted by the trust.	Upon appointment, all directors and governors are provided with a robust induction and handbook including the values, policies and procedures adopted by the trust.

C.5.4	The chair should ensure that new directors and, for foundation trusts, governors receive a full and tailored induction on joining the board or the council of governors. As part of this, directors should seek opportunities to engage with stakeholders, including patients, clinicians and other staff, and system partners. Directors should also have access at the trust's expense to training courses and/or materials that are consistent with their individual and collective development programme.	New directors and governors receive information as part of their induction and are required to attend a tailored Trust corporate induction programme. Induction programmes for the Chair. NEDs and Executive Directors include initial induction meetings with system partners. An example is the Chairs induction which included the GOSH Charity. NCL ICS, NHSE, UCL Medical School, UCL Partners and GOSH/UCL Institute of Child Health. The Director induction programme includes a series of induction meetings, including other NEDs and Directors, the Lead Governor and access to external faciliitated training including NHSP, the Kings Fund, Deloitte etc. The Board has a Board Development Progamme in place inviting external speakers to present on matters of risk, innovation, policy develeopment etc. The Governor induction process includes external speakers attending and training on roles and responsibilities. Governors receive information on an on-going basis via presentations to meetings and separate development sessions held before Council of Governor meetings.
C.5.5	The chair should regularly review and agree with each director their training and development needs as they relate to their role on the board.	The Chair discussed training and development with NEDs during their appraisal meetings, as they relate to their role on the Board.
C.5.6	A foundation trust board has a duty to take steps to ensure that governors are equipped with the skills and knowledge they need to discharge their duties appropriately.	Governors are offered a through induction programme and regular training and development sessions before each Council of Governors meetings.
C.5.7	The board of directors and, for foundation trusts, the council of governors should be given relevant information in a timely manner, form and quality that enables them to discharge their respective duties. Foundation trust governors should be provided with information on ICS plans, decisions and delivery that directly affect the organisation and its patients.	The Trust Board and Council of Governors are provided with relevent information on quality, performance, finance and partnership working in a timely manner as described. The Trust Board met six times a year and have additional strategy and development sessions inbetween. The Council of Governors meet quarterly, updated on ICS plans and activity when required. An example of this includes a presentation by the Start Well Programme in February 2023 regarding the consultation on proposed changes to maternity, neonatal, and children's surgical services in North Central London.
C.5.8	The chair is responsible for ensuring that directors and governors receive accurate, timely and clear information. Management has an obligation to provide such information but directors and, for foundation trusts, governors should seek clarification or detail where necessary.	Directors and governors receive accurate, timely and clear informaiton ahead of Trust Board and Council of Governor meetings. The Chair holds private meetings with NED each month to enable clarification to be sought. The Chair also meets with the governor privately before each Council of Governors meeting to answer any questions or clarifications.
C.5.9	The chair's responsibilities include ensuring good information flows across the board and, for foundation trusts, across the council of governors and their committees; between directors and governors; and for all trusts, between senior management and non-executive directors; as well as facilitating appropriate induction and assisting with professional development as required.	With support from the Company Secretary, the Chair ensures good information flow between meetings, assurance committees, Trust Board and the Council of Governors. Each board assurance committee produces a summary following each meeting that is presented by the NED Committee Chair to both the Trust Board and the Council of Governors. Governors are also given the opportunity to observe board assurance committees to both enable them to observe NEDs performance and to best understand the business of the Trust and improve there overall knowledge and understanding. A robust induction process is in place for directors and governors as well as professional development opportunities as required.

C.5.10	The board of directors and, for foundation trusts, the council of governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make. The board of directors and, for foundation trusts, the council of governors should agree their respective information needs with the executive directors through the chair. The information for boards should be concise, objective, accurate and timely, and complex issues should be clearly explained. The board of directors should have complete access to any information about the trust that it deems necessary to discharge its duties, as well as access to senior management and other employees.	The Trust Board agenda and information contained within the reports is under constant scrutiny to ensure that the appropriate level of information is available to directors. The Board receives an integrated quality and performance report at every public meeting. The communication team regularly send around press updates to the Board and the Council. Any significant matters are communicated to the Board as soon as possible by email, rather than wait for the next board meeting. The Chair/ CEO emails governors between meetings on significant matters to ensure that information is shared in a timely way, rather than wait for the next Council of governors meeting. The Council of Governors receive a monthly newsletter updating them on important matters, highlighting access to training events and other events where they can meet members. During 2023, the governors effectiveness survey noted that 100% of governor respondents agreed they were provided with sufficent guidance and background infromation when asked to make a decision. 94% also agreed that the Council of Governor papers provide the right amount of information and are circulated with sufficient time to review.
C.5.11	The board of directors and in particular non-executive directors may reasonably wish to challenge assurances received from the executive management. They do not need to appoint a relevant adviser for each and every subject area that comes before the board of directors, but should ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis. When complex or high-risk issues arise, the first course of action should normally be to encourage further and deeper analysis within the trust in a timely manner. On occasion, non-executives may reasonably decide that external assurance is appropriate.	The non-executive directors request deeper analysis of high risk areas during Board and assurance Committee meetings. Access to external assurance/ advice is made available on request, for example legal advice around agreements regarding large scale development contracts or commercial matters.
C.5.12	The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the trust's expense, where they judge it necessary to discharge their responsibilities as directors. The decision to appoint an external adviser should be the collective decision of the majority of non-executive directors. The availability of independent external sources of advice should be made clear at the time of appointment.	Where requested, external advice is sought, for example legal advice or HR advice.
C.5.13	Committees should be provided with sufficient resources to undertake their duties. The board of directors of foundation trusts should also ensure that the council of governors is provided with sufficient resources to undertake its duties with such arrangements agreed in advance.	The Company Secretary, Deputy Company Secretary. Head of Corporate Governance and Trust Board Administrator supports the duties of the Board, Council and their respective committees.
C.5.14	Non-executive directors should consider whether they are receiving the necessary information in a timely manner and feel able to appropriately challenge board recommendations, in particular by making full use of their skills and experience gained both as a director of the trust and in other leadership roles. They should expect and apply similar standards of care and quality in their role as a non-executive director of a trust as they would in other similar roles.	Non-executive directors provide feedback on information received at Board meetings. As a result and where necessary, additional information is provided/ professional and legal advice is sought. Non-executive directors complete the Annual Effectiveness survey for each Board Assurance Committee they are a member of and this includes questions on timeliness of information and appropriate challenge.

C.5.15	Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Whilst 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 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.
C.5.16	Where appropriate, the board of directors should in a timely manner take account of the views of the council of governors on the forward plan, and then inform the council of governors which of their views have been incorporated in the NHS foundation trust's plans, and explain the reasons for any not being included.	The Trust Board kept the Council of Governors updated on the progress towards the Annual Plan at their meeting in February 2024. At this time the annual planning guidance was not available but assurance was provided on work underway internally to prepare. Inital comments on the plan were sought from governors and the plan would be shared once the planning guidance has been issued.
C.5.17	NHS Resolution's Liabilities to Third Parties Scheme includes liability cover for trusts' directors and officers. Assuming foundation trust governors have acted in good faith and in accordance with their duties, and proper process has been followed, the potential for liability for the council should be negligible. While there is no legal requirement for trusts to provide an indemnity or insurance for governors to cover their service on the council of governors, where an indemnity or insurance policy is given, this can be detailed in the trust's constitution.	This cover is provided under the LTPS (NHSR). The Trust has also arranged top up insurance to provide additional indemnity for risks not covered by the NHSLA e.g.: • Claims made against the Entity itself • Past Directors, Governors, Employees.
D.2.1	The board of directors should establish an audit committee of independent non-executive directors, with a minimum membership of three or two in the case of smaller trusts. The chair of the board of directors should not be a member and the vice chair or senior independent director should not chair the audit committee. The board of directors should satisfy itself that at least one member has recent and relevant financial experience. The committee as a whole should have competence relevant to the sector in which the trust operates.	The Audit Committee presents an annual report within the Trust Annual Report.

D.2.2	The main roles and responsibilities of the audit committee should include: - monitoring the integrity of the financial statements of the trust and any formal announcements relating to the trust's financial performance, and reviewing significant financial reporting judgements contained in them - providing advice (where requested by the board of directors) on whether the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's position and performance, business model and strategy - reviewing the trust's internal financial controls and internal control and risk management systems, unless expressly addressed by a separate board risk committee composed of independent non-executive directors or by the board itself - monitoring and reviewing the effectiveness of the trust's internal audit function or, where there is not one, considering annually whether there is a need for one and making a recommendation to the board of directors - reviewing and monitoring the external auditor's independence and objectivity - reviewing the effectiveness of the external audit process, taking into consideration relevant UK professional and regulatory requirements - reporting to the board of directors on how it has discharged its responsibilities.	The Audit Committee presents an annual report within the Trust Annual Report. The Audit Committee's terms of reference outline its role and responsibilities and are published on the GOSH website.
D.2.3	A trust should change its external audit firm at least every 20 years. Legislation requires an NHS trust to newly appoint its external auditor at least every five years. An NHS foundation trust should re-tender its external audit at least every 10 years and in most cases more frequently than this. These timeframes are not affected by an NHS trust becoming a foundation trust.	Following approval by the Council of Governors, the Trust awarded its external audit contract to Deloitte in April 2019 for three years with an option to extend the contract for a further one year plus one year. In February 2023, the Council of Governors approved the second of two plus one-year extensions to the external auditor contract. The current contract, including extensions will come to an end at the conclusion of the 2023/24 final accounts audit and the Trust will engage in a procurement exercise.
D.2.4	The annual report should include: - the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed - an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans - an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services.	The Trust Annual Report includes an Audit Committee annual report and covers the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed and the effectiveness of the external audit process. The Audit Committee's terms of reference outline its role and responsibilities and are published on the GOSH website.
D.2.5	Legislation requires an NHS trust to have a policy on its purchase of non-audit services from its external auditor. An NHS foundation trust's audit committee should develop and implement a policy on the engagement of the external auditor to supply non-audit services. The council of governors is responsible for appointing external governors.	The Trust Annual Report includes an Audit Committee annual report and covers the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed and the effectiveness of the external audit process. The Audit Committee considers application of the non audit services policy and reports this to the Council of Governors.
D.2.6	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.	These statements are presented in the annual report.

D.2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	The Trust Board regularly discussed the trust's emerging and principal risks through the Board Assurance Framework. These risks are also discussed with the Risk, Assurance and Compliance Group who make recommendations to the Board Assurance Committees and Trust Board on any changes, additions to the Board Assurance Framework. The Annual report disclosed the trust's emerging and principal risks within the our purpose section and the Annual Governance Statement.
D.2.8	The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	The Trust is compliant with preparing and reviewing the annual governance statement. The Risk Assurance and Compliance Group (RACG) comprises executives, quality, safety and also compliance leads. The Group is chaired by the Chief Executive and reports to the Audit Committee, the Quality, Safety and Experience Assurance Committee and the People and Education Assurance Committee. The RACG monitors the effectiveness of risk management systems and the control and assurance processes across the Trust, including the effectiveness of the 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 and monitors responses to external and internal reviews of services and implementation of the policy governance framework. The assurance committees (NED led) conduct deep dives into BAF risks at every meeting, with NEDs posing questions to seek assruance about the robustness of the controls cited and timeliness of the actions in place to close gaps.
D.2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the DHSC group accounting manual and NHS foundation trust annual reporting manual, which explain that this assessment should be based on whether a trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over a going concern are expected to be rare.	This statement is presented in the annual report and states that the Trust is a going concern.
E.2.1	Any performance-related elements of executive directors' remuneration should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels. In designing schemes of performance-related remuneration, the remuneration committee should consider the following provisions. - Whether the directors should be eligible for annual bonuses in line with local procedures. If so, performance conditions should be relevant, stretching and designed to match the long-term interests of the public and patients. - Payouts or grants under all incentive schemes should be subject to challenging performance criteria reflecting the objectives of the trust. Consideration should be given to criteria that reflect the performance of the trust against some key indicators and relative to a group of comparator trusts, and the taking of independent and expert advice where appropriate. - Performance criteria and any upper limits for annual bonuses and incentive schemes should be set and disclosed, and must be limited to the lower of £17,500 or 10% of basic salary. - For NHS foundation trusts, non-executive terms and conditions are set by the trust's council of governors. - The remuneration committee should consider the pension consequences and associated costs to the trust of basic salary increases and any other changes in pensionable remuneration, especially for directors close to retirement.	Executive directors are not awarded annual bonuses.The Remuneration Committee remuneration policy has the flexibility to consider whether an element of performance related pay will be included within senior manager contracts. This is consistent with NHSI guidance.

E.2.2	Levels of remuneration for the chair and other non-executive directors should reflect the Chair and non-executive director remuneration structure	The Chair and Non-Executive Director remuneration is compliant with NHS England's guidance. This was reviewed and agreed by the Council of Governors in November 2023.
E.2.3	Where a trust releases an executive director, eg to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	It was approved for the Chief Executive Officer (CEO) to accept an additional temporary interim CEO role at the Whittington from November 2023 until 28 February 2024 – 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. Both of the above are disclosed in the Remuneration Report within the Annual Report.
E.2.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination. The aim should be to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing director's obligation to mitigate loss. Appropriate claw-back provisions should be considered where a director returns to the NHS within the period of any putative notice.	All executive director contracts require 6 months' notice period. The Chief Executive and executive director terms and conditions of employment are set by the Board Remuneration Committee (except for pension entitlements which are managed in accordance with the provisions of the NHS Pension Scheme). Contracts issued to directors allow the Trust to terminate employment in accordance with employment legislation (for instance, for unsatisfactory performance, capability, ill health). On termination due to poor performance, directors receive their right to notice of dismissal (except in cases of gross misconduct where dismissal without payment of notice can occur) and any other relevant contractual entitlement (such as payment of outstanding annual leave). Non-contractual payments on dismissal cannot occur without the authorisation of the Remuneration Committee and taking into account guudance from external bodies NHSE and the Treasury); the Committee, therefore, can ensure Directors are not financially rewarded (beyond their contractual entitlements) if their employment is terminated on the grounds of poor performance.
E.2.5	Trusts should discuss any director-level severance payment, whether contractual or non-contractual, with their NHS England regional director at the earliest opportunity (severance payment includes any payment whether included in a settlement agreement or not, redundancy payment, a secondment arrangement, pay in lieu of notice, garden leave and pension enhancements).	Not applicable in this reporting period.
E.2.6	The board of directors should establish a remuneration committee of independent non-executive directors, with a minimum membership of three. The remuneration committee should make its terms of reference available, explaining its role and the authority delegated to it by the board of directors. The board member with responsibility for HR should sit as an advisor on the remuneration committee. Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the trust.	The Trust Board has established a Remuneration Committee, chaired by a NED and including all non-executive directors as members (therefore complying with the requirement for at least three independent NEDs) and the Director of HR and OD who sits as an advisor when required. Terms of reference are in place and available online. A remuneration consultant was not employed during the period.
E.2.7	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments. The committee should also recommend and monitor the level and structure of remuneration for senior management. The board should define senior management for this purpose and this should normally include the first layer of management below board level.	The terms of reference of the Trust Board Remuneration Committee covers these areas. The Chief Executive determines the remuneration for non Board senior managers (first layer below Board) and reports this to the Remuneration Committee for monitoring purposes.
E.2.8	The council of governors is responsible for setting the remuneration of a foundation trust's non-executive directors and the chair.	The Council of Governors' Nominations and Remuneration Committee is responsible for recommending remuneration levels for non-executive directors to the Council of Governors. The remuneration for the Chair and NEDs was last considered in November 2023.
Appendix B, para 2.3 (not in Schedule A)	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	The annual report lists members of the council of governors, including their constituency or organisation, whether they were elected or appointed and their tenure. The report also idenifies the nominated lead governor which is decided by the council annually.

Appendix B, para 2.14 (not in Schedule A)	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report.	All governors are promoted on the Trust website and members can communicate with them via the foundation trust GOSH email address. This information is also presented in the annual report. Governors are invited to produce an article for members in the monthly Get Involved members newsletter and to get involved in membership engagement events.
Appendix B, para 2.15 (not in Schedule A)	The board of directors should state in the annual report the steps it has taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, e.g. through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	All NEDs attend Council of Governors meetings and executives attend where required. The annual report outlines how the Board and the Council of Governors have worked together during the year.
Additional requirement of FT ARM resulting from legislation	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. * Power 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 or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). ** As inserted by section 151 (6) of the Health and Social Care Act 2012)	This has not be required in the reporting period.

Attachment N

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
19 June 2024

May 2024 IQPR (April 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 N** ☐ **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
As we start a new financial year, 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 M1 of 24/25 all activity was 3% above plan and significantly above 2023/24 (17.3%). Electives continue to be less than plan at -14.0 % and day cases are above plan at 2.4%.

The focus remains on long waiting patients, and the Trust has seen a huge reduction in patients waiting over 78 weeks. In April, we reported 86 patients waiting over 78 weeks. The patients that remain are a combination of capacity challenges in a few specialties, patients choosing to wait due to school holidays and exams and very complex patient cases that require careful planning and management. The Referral to Treatment (RTT) rate is stable at 67.2% despite further challenges that arise with bouts of acute sickness often preventing children and young people from being admitted.

Patient safety and experience remain good with Friends and Family Test (FFT) experience ratings still above target. Patient and Advise Liaison Service (PALS) contacts increased this month due to increased contacts from families with questions about the commissioned review of some orthopaedic patients and how this will affect the future care of their children.
There has been a significant reduction in open incidents this month. Four new patient safety incident investigations (PSIIs) were declared in month, and the number of overdue serious incident actions has increased this month, mainly due to a large number of due dates coinciding with the end of the month. Trust and Nursing sickness rates have remained both stable and above the Trust target over the course of the year.

The Trust sickness rate for April slightly increased to 3.3% and performs extremely well when benchmarked against the national average for the NHS for April which was 5.16% Mandatory training compliance and Consultant appraisal compliance remained stable at 93% and 92% respectively.

The Better Value programme is being finalised and overseen by the Better Value Delivery Group, to ensure that in addition to the additional income contribution needed from International & Private Care, directorates adhere to the workforce targets which underpin this year's plan and non-pay schemes (which are under development) are delivered to achieve the remainder of the saving target.

The Trust's Better Value target for 2023/24 was £32.5m, of which £16.5m was an additional

contribution from I&PC. The Trust delivered £26m in total, including the I&PC contribution of £16.5m and the directorates delivered £9.46m. PMO and Finance are now working to develop a programme for 2024/2025.
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

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

Integrated Quality & Performance Report

May 2024

Reporting April 2024 data



John Quinn
Chief Operating Officer

Tracy Luckett
Chief Nurse

Sanjiv Sharma
Medical Director

Caroline Anderson
Director of HR & OD

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Executive Overview

As we start a new financial year, 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 M1 of 24/25 all activity was 3% above plan and significantly above 2023/24 (17.3%). Electives continue to be less than plan at -14.0 % and day cases are above plan at 2.4%.

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Integrated Quality & Performance Report, April 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		↘
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:** Overall open incidents reduced by 200 this month, largely as a result of patient safety clearing their backlog of incidents. Overall, the number of incidents with clinical directorates increased, with the incidents reported but not yet reviewed reaching a 3 year high of 800 incidents.
- **Serious Incidents:** Four new patient safety incident investigations (PSIIs) were declared in month. One of these was a never event, relating to a retained object post-procedure. The other incidents related to a delay in establishing a feeding plan for a patient, an incident relating to patient self harm, and several IG breaches involving a single patient. It is noted that there is a big increase in the number of overdue SI actions – this is due to a large number of due dates coinciding with the end of the month. The Patient Safety Team will follow these up to ensure they have been completed.
- **Duty of Candour:** Two stage 3 duty of candour reports were due in month. Both were sent, though one was sent late.
- **Risks:** High risk compliance was low in month though overall the picture is better. A plan has been made to reach 80% risk compliance overall by June 2024, and 90% by July.
- **Clinical Harm review:** The Trust will be implementing a new process for clinical harm reviews from 1st June to include patients waiting more than 65 weeks for treatment (on RTT or Non RTT pathway) as well as any patients waiting for an outpatient appointment (on RTT or Non RTT pathway) who have waited more than 24 weeks.

Patient Safety - Incidents		May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Last 12 months	RAG			Stat/ Target
New Incidents	Volume	528	627	589	657	521	645	628	521	621	579	599	588		No Threshold			Target
Total Incidents (open at month end)	Volume	2187	1950	2100	2382	2438	2247	2572	1914	2021	2162	2409	2206		No Threshold			Target
New Serious Incidents	Volume	1	1	1	3	1	3	1	2	2	0	1	4		No Threshold			Target
Total SIs (open at month end)	Volume	4	5	3	6	5	8	7	6	6	5	5	6					Target
Overdue SI Actions	Volume	12	5	18	24	9	8	7	3	3	2	8	24		>20	10 - 20	0 - 9	Target
Incidents involving actual harm	%	11%	13%	13%	11%	10%	9%	13%	12%	13%	13%	10%	†		>25%	15%-25%	<15%	Target
Never Events	Volume	0	0	0	0	0	0	0	1	0	0	0	1		>/=1		0	Stat
Pressure Ulcers (3+)	Volume	0	0	0	1	0	0	0	1	0	0	0	0		>1	=1	=0	Stat
Duty of Candour Cases (new in month)	Volume	6	4	5	7	2	5	6	2	8	4	2	1		No Threshold			Target
Duty of Candour – Stage 2 compliance (case due in month)	%	3/3	0/2	3/3	4/7	3/4	2/2	3/6	1/1	1/2	4/4	2/2	0/0		<75%	75%-90%	>90%	Target
Duty of Candour – Stage 3 compliance (case due in month)*	%	3/3	0/1	3/4	5/5	1/1	4/5	1/4	0/0	4/5	1/1	2/2	1/2		<50%	50%-70%	>70%	Target
High Risks (% overdue for review)**	%	15%	4%	11%	38%	31%	15%	11%	50%	34%	37%	40%	62%		>20%	10% - 20%	<10%	Target

† From March 2023 harm was split between physical and psychological harm. Currently we are reviewing how this percentage can be calculated.

* This measure reflects the total number of Stage 3 DOC and SI reports due in month. Both investigations have a 60 working day compliance, after review of the measure through the DoC policy review process. ** From December 2022 onwards this figure include risks rated 15+ (previously 12+)

Patient Safety - Infection Control & Inpatient Mortality

Overview

- SWARM huddles have commenced this month for healthcare associated bloodstream infection; MSSA/MRSA, E-coli, Klebsiella species, and Pseudomonas aeruginosa.
- Central line infections were are slightly higher than previous months, but it should be noted that one child has been coded for two-line infections due to different organisms being isolated within 2 different sets
- 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, but we have identified a signal in our real time risk adjusted PICU/NICU mortality data that is being reviewed. This has been highlighted in our Learning From Deaths report to the April QSOCC which outlines the steps taken in response to this (See note 1) .

Infection Control		May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	2024/25 YTD	Last 12 months	RAG (23/24 threshold)			Stat/ Target
Total C Difficile cases	In Month	1	1	0	0	1	1	3	2	1	0	0	3	3					Stat
C difficile Trust Assigned	Annually	1	1			1	1	1	0	1	0	0	1	1		>7	N/A	<=7	Stat
Total MRSA cases	In Month	0	0	1	0	1	0	0	1	0	0	1	0	0		>0	N/A	=0	Stat
MRSA Trust Assigned	In Month	0	0	0	0	1	0	0	0	0	0	1	0	0		>0	N/A	=0	Stat
Total MSSA cases	In Month	0	1	1	2	0	2	1	3	0	1	1	2	2		No Threshold			
MSSA Trust Assigned	In Month	0	1	0	2	0	2	0	2	0	0	1	1	1		No Threshold			
Total E.Coli Bacteraemia cases	In Month	2	2	1	3	0	0	2	2	0	2	0	1	1		>8	N/A	<=8	Stat
E.Coli Bacteraemia Trust Assigned	In Month	1	2	1	2	0	0	1	2	0	2	0	1	1		>8	N/A	<=8	Stat
Total Pseudomonas Aeruginosa	In Month	2	2	0	1	3	4	1	4	0	0	2	1	1		>8	N/A	<=8	Stat
Pseudomonas Aeruginos Trust assigned	In Month	2	2	0	1	2	3	1	3	0	0	1	0	0		>8	N/A	<=8	Stat
Total Klebsiella spp	In Month	1	1	5	2	4	4	3	4	6	2	3	5	5					Stat
Klebsiella spp Trust Assigned	Annually	1	1	5	2	3	3	3	4	4	2	3	3	3		>11	N/A	<=11	Stat
CV Line Infections	In Month	1.7	1.4	3.3	2.3	2.6	2.3	1.2	1.7	1.5	1.4	2.5	2.1	2.1		>1.6	N/A	<=1.6	T

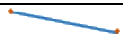
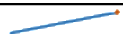
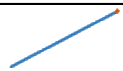
Inpatient Mortality & Cardiac Arrest	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Last 12 months	RAG	Stat/ Target
Number of In-hospital Deaths	8	7	7	6	7	5	6	7	11	8	12	7		No Threshold	
Inpatient Mortality per 1000/discharges	7.8	6.5	7.0	5.6	6.9	5.4	5.7	7.9	10.5	8.2	11.3	7.4		No Threshold	
Cardiac arrests outside ICU/theatres	3	3	1	0	1	3	2	0	2	0	4	1		No Threshold	
Respiratory arrests outside ICU/theatres	5	5	3	4	4	4	4	5	3	4	2	3		No Threshold	
Inquests currently open	15	17	20	18	14	15	15	17	15	14	16	15		No Threshold	

Note1: 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 following steps have been taken in response to this signal in line with PICAnet guidance on responses to RSPRT variation (which GOSH significantly contributed to) 1. Ensure PICU/NICU Speciality Leads, Deputy Chiefs of Service, and Chief Medical Officer are aware 2. Review accuracy of the risk adjusted data for PICU/NICU discharges between January-March 2024. This requires clinical validation of data by a GOSH intensivist. A resource has been identified to undertake this review and timeframes are to attempt to complete the data validation by the end of May 2024. 3. Should there not be a data explanation there will need to be further internal review of cases to look for any cause or trend, and an identified resource to support doing that.

Effectiveness

Better Value:

The Better Value programme is being finalised and overseen by the Better Value Delivery Group, to ensure that in addition to the additional income contribution needed from International & Private Care, directorates adhere to the workforce targets which underpin this year's plan and non-pay schemes (which are under development) are delivered to achieve the remainder of the saving target.

Effectiveness	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Last 12 months
Speciality led clinical audits completed (actual YTD)	4	15	19	24	30	50	60	66	70	74	94	5	
Outcome reports published (YTD)	2	4	4	5	5	5	6	7	8	8	9	4	
QI Project completed	8	1	5	10	1	1	4	0	1	3	0	0	
QI Projects started	18	11	14	5	15	19	17	5	18	18	13	10	
NICE guidance currently overdue for review	0	0	0	0	0	0	0	2	0	1	1	0	
Better Value YTD Actual	£754,000	£649,000	£824,000	£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	
% 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	
Number of schemes identified	58	78	88	109	122	122	122	91	76	75	73	N/A	
Number of schemes fully signed off and EQIA assessed				22	22	37	45	53	65	73	73	N/A	
Number of schemes identified but not signed off				100	100	86	78	38	11	2	0	N/A	

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.

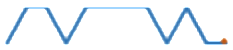
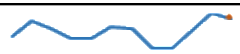
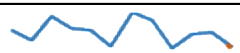
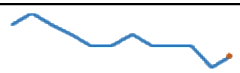
Patient Experience

Overview:

Pals numbers rose significantly in April 2024 primarily due to increased contacts from families with questions about the commissioned review of some orthopaedic patients and how this will affect the future care of their children. Pals are coordinating all contacts regarding the review and liaising closely with the clinical team to ensure timely responses to patients and families.

FFT experience rating for Inpatients was met in April (98%) as was the response rate increased to 36% which is 11% above the Trust Target. The experience score for outpatients remained below the Trust target, at 92% for the fourth consecutive month with concerns focussing on confusing communication and signage for appointment locations. The faulty lifts in RLHIM remain an ongoing issue as does the lack of food and drink facilities within outpatients. Positive comments were predominantly about the staff and the care being exceptional. One family mentioned *'GOSH has always been amazing from the very first day we were admitted. We have no fear coming here as we know we are well looked after, there is nothing you could do better!'.*

7 formal complaints were received in April, a small reduction from the month prior (March 2024 n=9) as well as from April 2023 (n=10). Two of these complaints raised concerns about the transparency and lack of clear information around private care costs. International and private care (I& PC) saw an increase in their rate (n=1.26) for the complaints per 1000 combined patient activity (CPA), which is the highest rate they have seen over the last 12 months.

	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Last 12 months	RAG		
FFT Experience rating (Inpatient)	98.0%	99.0%	99.0%	98.0%	99.0%	99.0%	99.0%	99.0%	98.0%	99.0%	98.0%	98.0%		<90%	90-94%	>=95%
FFT experience rating (Outpatient)	97.0%	95.0%	95.0%	96.0%	95.0%	96.0%	95.0%	95.0%	93.0%	93.0%	93.0%	92.0%		<90%	90-94%	>=95%
FFT - response rate (Inpatient)	27.0%	35.0%	31.0%	26.0%	26.0%	32.0%	31.0%	21.0%	21.0%	30.0%	39.0%	36.0%		<25%	N/A	>=25%
PALS - per 1000 episodes	10.14	11.07	7.11	7.25	7.16	9.43	9.83	8.37	6.47	11.99	10.2	11.8		No Threshold		
Complaints- per 1000 episodes	0.37	0.31	0.45	0.38	0.37	0.27	0.48	0.43	0.26	0.34	0.36	0.27		No Threshold		
Red Complaints -% of total (note 1)	4%	5%	5%	4%	3%	3%	3%	3%	3%	4%	5%	5%		>12%	10-12%	<10%
Re-opened complaints - % reopened (2)	4%	5%	4%	3%	2%	2%	3%	2%	2%	2%	0%	1%		>12%	10-12%	<10%

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

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Well Led Headlines: April 2024

Contractual staff in post: Substantive staff in post numbers in April 2024 5627.2 FTE compared to 5614.1 FTE for the previous month, which is an increase of 13.1 FTE. The headcount was 6092 (+20 on the previous month).

Unfilled vacancy rate: April 2024 vacancy rates for the Trust have decreased to 5.5% (from 5.7% in March). The vacancy rates are highest in Research and Innovation (43%), Transformation (62.3%) and International and Private Care (16.2%)

Turnover: is reported as voluntary turnover over a rolling 12-month period. Voluntary turnover has decreased slightly to 10.8% from 10.9%, and is within the Trust KPI

Agency usage: Agency usage for April 2024, after being static for the last 5 months, has decreased to 1.2% from 1.3%, this remains within the 2% Trust target. Finance (15.9%) is the highest spending directorate.

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

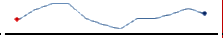
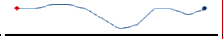
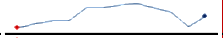
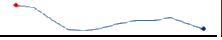
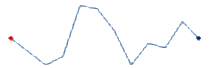
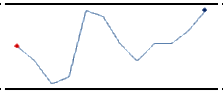
Appraisal/PDR completion: The non-medical appraisal rate for April 2024 dropped 1% to 82%, from the previous month. Medical appraisal rate for the month is 92%.

Sickness absence: April 2024 sickness is slightly over the trust target increasing from 2.9% to 3.3% 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 April was 5.16%, an increase from the previous month.

Freedom to Speak Up: There were 14 new contacts to the FTSU Guardian in April (compared to 18 in March and 12 in February). Staff wellbeing/ safety, inappropriate behaviours/ attitudes and concerns relating to policy and procedure were the highest themes seen (each case can have multiple themes). Staff contacting the FTSUG came from a variety of professional backgrounds, those from administrative/ clerical backgrounds were the highest this month.

Well Led

Well Led Metrics Tracking

	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Last 12 months	RAG Levels			Stat/Target
Mandatory Training Compliance	93.9%	93.7%	94.0%	93.0%	92.0%	93.1%	93.5%	94.3%	95.0%	93.0%	93.0%	93.0%		<80%	80-90%	>90%	Stat
Stat/Man training – Medical & Dental Staff	89.0%	90.0%	90.0%	88.0%	86.0%	87.0%	87.0%	88.0%	91.0%	89.0%	87.0%	87.0%		<80%	80-90%	>90%	Stat
Appraisal Rate (Non-Consultants)	80.7%	82.8%	84.0%	84.0%	81.0%	79.8%	79.0%	81.1%	81.0%	82.0%	83.0%	82.0%		<80%	80-90%	>90%	Stat
Appraisal Compliance (Consultant)	91.0%	90.6%	91.0%	95.0%	95.0%	95.0%	95.0%	86.0%	95.0%	92.0%	92.0%	92.0%		<80%	80-90%	>90%	Stat
Honorary contract training compliance	65.0%	71.0%	71.0%	72.0%	72.0%	70.0%	69.0%	70.0%	71.0%	72.0%	72.0%	71.0%		<80%	80-90%	>90%	Stat
Safeguarding Children Level 3 Training	98.0%	99.0%	99.0%	98.0%	93.0%	96.0%	95.0%	96.0%	96.0%	96.0%	97.0%	96.0%		<80%	80-90%	>90%	Stat
Safeguarding Adults Level 2 Training	95.0%	95.0%	96.0%	95.0%	92.0%	93.0%	93.0%	94.0%	95.0%	95.0%	94.0%	93.0%		<80%	80-90%	>90%	Stat
Resuscitation Training	86.0%	86.0%	87.0%	87.0%	86.0%	84.0%	82.0%	83.0%	86.0%	86.0%	85.0%	86.0%		<80%	80-90%	>90%	Stat
Sickness Rate see note 3	2.8%	3.0%	3.1%	3.1%	3.7%	3.7%	3.8%	3.9%	3.7%	3.5%	2.9%	3.3%		>5.3%	3-5.3%	<3%	T
Turnover Rate (Voluntary)	14.2%	14.0%	13.8%	13.7%	13.1%	12.4%	12.0%	12.0%	11.4%	11.2%	10.9%	10.8%		>14%	N/A	<14%	T
Vacancy Rate – Trust	9.8%	9.5%	10.0%	10.5%	9.4%	7.5%	7.2%	7.5%	6.2%	6.1%	5.7%	5.5%		>10%	N/A	<10%	T
Vacancy Rate - Nursing	10.2%	11.2%	12.6%	14.8%	14.1%	9.1%	9.3%	10.4%	7.7%	8.1%	7.9%	8.1%		No Threshold			T
Bank Spend	5.8%	5.6%	5.8%	5.8%	5.8%	5.9%	5.8%	5.8%	5.8%	5.9%	5.7%	6.4%		No Threshold			T
Agency Spend	1.4%	1.4%	1.3%	1.2%	1.2%	1.2%	1.3%	1.3%	1.3%	1.3%	1.3%	1.2%		>2%	N/A	<2%	T
Quarterly Staff Survey - I would recommend my organisation as a place to work			60.0%						68.0%					No Threshold			T
Quarterly Staff Survey - I would be happy with the standard of care provided by this organisation			86.0%						87.0%					No Threshold			T
Quarterly Staff Survey - Overall Staff Engagement (scale 0-10) See note 1			6.8						7.2					No Threshold			T
Quarterly Staff Survey - Communication between senior management and staff is effective See note 1			39.0%						44.0%					No Threshold			T
Number of people contacting the Freedom To Speak Up Service	14	11	8	10	22	21	16	8	13	12	18	14		No Threshold			T
Number of Themes of concerns raised as part of Freedom to Speak Up Service (note 2)	21	17	10	12	32	30	22	17	22	22	26	32		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 April 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%	10.8%	13.2%	14.4%	11.6%	9.9%	17.2%	11.6%	8.6%	13.1%	12.8%	18.4%	3.4%	5.5%	7.4%	17.4%	10.4%	9.2%	10.0%	5.9%	14.9%
Sickness (1m)	3% - National Average (5.16%)	3.3%	3.7%	2.2%	2.6%	3.1%	2.1%	3.1%	3.4%	4.2%	4.3%	0.0%	2.4%	5.9%	3.4%	1.7%	1.6%	6.7%	1.5%	0.3%	1.5%
Vacancy	10%	5.5%	4.3%	-2.6%	3.4%	0.5%	-8.0%	2.8%	6.5%	16.1%	10.3%	-1.1%	6.0%	12.1%	12.9%	-0.7%	-23.2%	6.4%	43.0%	62.3%	-17.5%
Agency YTD	2%	1.2%	0.0%	0.0%	0.9%	1.2%	0.0%	0.5%	0.0%	4.9%	0.0%	5.1%	1.0%	4.2%	15.9%	3.7%	4.6%	0.0%	0.0%	0.0%	4.6%
PDR	90%	82%	80%	85%	85%	80%	95%	87%	86%	94%	89%	85%	82%	53%	98%	84%	90%	90%	94%	95%	91%
Stat/Mand Training	90%	93%	92%	90%	93%	93%	92%	91%	94%	96%	94%	94%	97%	92%	96%	93%	95%	95%	96%	96%	96%

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)
Response Rate	12%	13%	43%	13%	14%	54%	13%	2%
I look forward to going to work.	51%	52%	54%	52%	50%	56%	57%	40%
I am enthusiastic about my job.	68%	68%	68%	67%	65%	69%	69%	55%
Time passes quickly when I am working.	75%	73%	75%	73%	71%	74%	74%	65%
There are frequent opportunities for me to show initiative in my role.	72%	69%	74%	69%	65%	76%	66%	61%
I am able to make suggestions to improve the work of my team / department.	71%	70%	73%	72%	64%	73%	68%	64%
I am able to make improvements happen in my area of work.	60%	57%	57%	60%	53%	58%	56%	51%
Care of patients / service users is my organisation's top priority.	83%	82%	84%	82%	80%	85%	83%	78%
I would recommend my organisation as a place to work.	65%	62%	66%	64%	60%	71%	68%	52%
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%

*** 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 continues below Trust target at 8.1 % this has been steady during the last three months. Central recruitment campaigns continue. Central and local recruitment drives are having a positive impact on vacancy rate.

Voluntary Turnover: Based on a 12-month rolling average, the vol. turnover for April is on trust target (<14%) at 14%. We continue to drive forward the retention actions in an effort to retain our skilled and experienced nurses, and this will be monitored through the new Nursing Delivery Committee and targeted monthly recruitment and retention meetings. People promise manager establishing key priorities for retention and focus for the Trust over the next couple of months.

Sickness absence: Nursing sickness rates in April has had a slight increase and is at 4% .

CHPPD: CHPPD is a benchmarking metric to provide a picture of care, it does not reflect true skill mix or patient acuity. CHPPD only reflects the staffing levels based on open and occupied beds. This is fairly static at 14.9 yearly trend and will be continued to be monitored.

CHPPD Actual vs Plan: The Trust average was 93.7% and continues above the target of 90%.

Temporary staffing spend: There was 1% agency use in April, attributable to RMN shifts. Bank fill rates dropped again to 61.5% in April and remain below target, ongoing work with BP and HR to address this.

Safe Staffing Incidents: Seven incidents reported in relation to safe staffing, 1- anaesthetic Health care assistant of sick leading short staff, 1-Panther Urology bank staff cancelled leaving ward IV competency short. 1- Gastro skill mix due to newly qualified staffing. 2 cardiology- due to sickness patients procedures delayed . 1- ENT lack of trachy competencies . 1- Kangaroo low skill mix due to Iv competencies. All of these have been classified low harm and are being investigated by Heads of Nursing

Bed closures: The metrics above do not capture the mitigation put in place and only reflect the open bed base and not the full bed base. Bed closures and reduced activity are used to maintain safe staffing levels for inpatients however this impacts on patient experience, delayed treatment and patient outcomes. The total number of beds closed in April was 326 in total this is a significant decrease in in relation to previous months.

Safer Staffing Metrics	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Last 12 months	RAG Levels			Stat/Target
Vacancy Rate - Nursing	10.0%	11.2%	12.6%	14.8%	14.1%	9.1%	9.3%	10.4%	7.7%	8.1%	7.9%	8.1%		>11%	10.1% - 11%	<= 10%	T
Turnover Rate (Voluntary)	16.2%	15.8%	16.4%	15.8%	16.3%	15.7%	15.0%	14.8%	14.1%	13.8%	13.6%	14.0%		>14%	N/A	<14%	T
Sickness Rate see note 3	3.4%	4.0%	4.0%	4.2%	5.0%	4.6%	4.5%	5.0%	4.0%	4.0%	3.0%	4.0%		>5.3%	3-5.3%	<3%	T
Care Hours per Patient Day (CHPPD)	15.9	16.5	16.2	16.8	16.8	14.4	14.5	13.7	15.9	15.4	15.6	14.9		No Threshold			T
Care Hours per Patient Day (CHPPD)- Actual vs Plan	98%	95%	97%	103%	94%	88%	89%	93%	97%	95.0%	92.2%	93.7%		<80%	80-90%	>90%	T
Agency Spend	0.1%	0.3%	1.3%	1.2%	0.0%	1.2%	1.3%	1.0%	1.0%	2.0%	2.0%	1.0%		>2%	N/A	<2%	T
Safe Staffing incidents	7	3	6	6	12	10	7	4	1	2	2	7		No Threshold			T
Bank fill rate	67%	67%	63%	63%	62%	62%	67%	61%	61%	74%	66%	62%		No Threshold			T
Total monthly Bed closures	865	545	512	558	598	527	434	564	516	414	536	326		No Threshold			T

Well Led

Directorate performance for Safer Staffing – Nursing Only April 2024

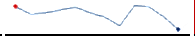
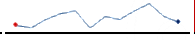
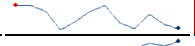
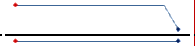
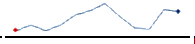
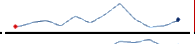
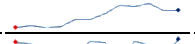
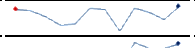
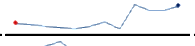
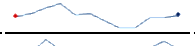
NHS Great Ormond Street Hospital for Children NHS Foundation Trust

Metric	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Core Clinical Services	Heart & Lung	Sight & Sound	International	Research & Innovation
Voluntary Turnover	14%	14.0%	15.4%	13.2%	16.5%	13.4%	12.6%	15.4%	20.6%	11.2%
Sickness (1m)	3%	4%	4.3%	2.6%	2.3%	4.8%	4.1%	3.6%	3.3%	3.2%
Vacancy	10%	8.1%	3.8%	7.9%	11.6%	4.5%	6.1%	5.3%	19.4%	20.1%
Agency YTD	2%	1%	0%	0%	1%	1%	0%	0%	5%	0%
PDR	90%	87%	79%	84%	86%	88%	89%	89%	98%	93%
Stat/Mand Training	90%	93%	93%	93%	95%	92%	92%	94%	96%	94%
CHPPD		14.9	12.6	11.8	13.3	N/A	20.0	12.5	13.6	N/A
CHPPD Actual vs Planned		93.7%	88.7%	94.4%	94.0%	N/A	89.6%	107.2%	108.6%	N/A
Incidents		7	1	2	0	0	3	1	0	0

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

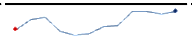
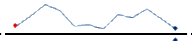
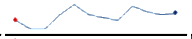
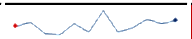
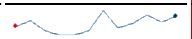
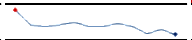
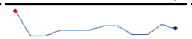
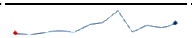
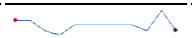
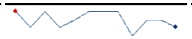
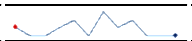
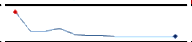
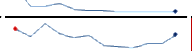
Patient Access Metrics

Access Metrics Tracking

	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Trajectory	Last 12 months	RAG Levels			Stat/Target
RTT Open Pathway: % waiting within 18 weeks	68.4%	66.5%	67.2%	66.8%	66.7%	68.6%	67.5%	66.8%	66.2%	66.1%	66.1%	67.2%	Below		<92%	N/A	>=92%	Stat
Waiting greater than 18 weeks - Incomplete Pathways	2,526	2,584	2,625	2,709	2,662	2,562	2,648	2,646	2,694	2,669	2,671	2,622	-		No Threshold			-
Waiting greater than 52 weeks - Incomplete Pathways	438	420	423	431	438	424	408	385	445	440	409	371	Above		>0	N/A	=0	Stat
Waiting greater than 78 weeks - Incomplete Pathways	89	79	91	91	104	96	116	123	146	124	89	86	Below		TBC			T
Waiting greater than 104 weeks - Incomplete Pathways	11	10	13	15	16	10	14	13	16	19	14	12	Below		>0	N/A	=0	Stat
18 week RTT PTL size	7990	7706	7996	8148	8005	8149	8148	7976	7961	7881	7871	8003	-		No Threshold			-
Diagnostics- % waiting less than 6 weeks	83.7%	83.9%	82.3%	77.7%	80.0%	82.2%	83.6%	79.7%	78.0%	81.7%	79.2%	78.0%	Below		<99%	N/A	>99%	Stat
Total DM01 PTL size	1,673	1,637	1,765	1,606	1,668	1,789	1,709	1,741	1,844	1,909	1,880	1,946	-		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%	*N/A*	-		<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%	*N/A*	-		No Threshold			-
Cancelled Operations for Non Clinical Reasons (note 1)	23	30	22	30	42	46	56	39	26	24	49	44	-		No Threshold			-
Cancelled Operations: 28 day breaches	2	4	5	3	7	4	8	13	6	2	3	5	-		>0	N/A	=0	Stat
Number of patients with a past planned TCI date (note 4)	1,552	1,625	1,570	1,592	1,763	1,759	1,886	2,085	2,032	2,126	1,939	1,946	-		No Threshold			-
NHS Referrals received- External	2,843	2,804	2,682	2,525	2,540	2,874	2,847	2,391	2,858	2,779	2,645	2,909	-		No Threshold			-
NHS Referrals received- Internal	2,067	2,024	1,980	1,849	1,810	1,954	2,150	1,766	3,147	2,822	2,789	3,007	-		No Threshold			-
Total NHS Outpatient Appointment Cancellations (note 2)	6,500	6,760	7,158	7,585	6,690	6,751	6,240	5,644	5,629	6,452	6,401	6,694	-		No Threshold			-
NHS Outpatient Appointment Cancellations by Hospital (note 3)	1,498	1,548	1,962	1,642	1,541	1,672	1,220	1,232	1,509	1,695	1,892	1,653	-		No Threshold			-
Outpatient Clinic utilisation																		-

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

Patient Access Metrics (cont.)

Access Metrics Tracking	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Trajectory	Last 12 months	RAG Levels	Stat/Target
RTT Priority 2 patients	725	787	807	717	683	698	745	750	853	844	828	848	-		No Threshold	
RTT Priority 2 patients beyond fail safe date	178	206	239	220	178	181	170	210	201	224	197	171	-		No Threshold	
Diagnostics- waiting greater than 6 weeks	273	264	312	359	334	319	280	354	405	349	392	428	-		No Threshold	-
Diagnostics- waiting greater than 13 weeks	45	32	33	54	70	55	49	46	66	59	53	56	-		No Threshold	-
Main Theatre Utilisation (NHS Only)	70.4%	70.9%	67.4%	66.7%	70.4%	64.5%	67.9%	59.9%	64.1%	65.5%	68.5%	69.5%	-		<77% N/A >77%	T
Main Theatres Late Start Minutes	6,862	7,115	7,454	7,451	8,097	8,813	10,182	N/A	N/A	N/A	N/A	N/A			No Threshold	
Main Theatres Overrun	4,487	5,178	3,959	3,801	4,054	3,625	6,590	N/A	N/A	N/A	N/A	N/A			No Threshold	
Bed Occupancy (All Wards NHS & PP)	81.2%	82.6%	78.9%	78.2%	82.5%	79.2%	87.1%	79.5%	80.8%	84.0%	82.1%	83.1%			<80% 80-84% =>85%	T
Bed Occupancy (NHS Wards Only)	81.9%	83.7%	79.9%	78.5%	78.2%	80.2%	87.8%	81.1%	82.8%	85.7%	83.3%	85.5%			<80% 80-84% =>85%	T
Bed Closures (All Wards NHS & PP)	865	545	512	558	598	527	530	564	516	361	444	326			No Threshold	
Bed Closures (NHS Wards Only)	523	181	194	256	261	265	328	331	214	212	340	287			No Threshold	
PICU / NICU Refused Admissions	2	1	4	5	4	9	11	20	3	9	7	10			No Threshold	
Cardiac CATS Refused Admissions	3	3	1	0	2	2	2	2	2	1	5	1			No Threshold	
PICU Readmissions within 48 hours	3	1	3	1	2	3	3	3	0	2	2	1			No Threshold	
CICU Readmissions within 48 hours	1	0	0	1	2	0	3	1	2	0	0	0			No Threshold	
NHS Discharge Summaries within 24 hours	76.3%	82.0%	79.4%	76.8%	74.6%	78.5%	76.9%	82.1%	81.7%	79.9%	80.5%	84.8%			<100% N/A 100%	T
Number of NHS Discharge Summaries not sent (ytd)	1505	432	424	590	255	181	155	78	100	93	57	44			No Threshold	
NHS Clinic Letters sent within 7 days	59.1%	55.9%	61.8%	57.1%	55.1%	56.6%	52.1%	51.5%	50.4%	52.6%	52.4%	56.5%			<100% N/A 100%	T
Number of NHS Clinic Letters not sent (ytd)	6158	6040	5610	5301	5468	5401	6172	5915	5050	5013	4717	4085			No Threshold	

Patient Access - Activity Monitoring at Month 1

Overview:

Trust activity overall is 3% above 2024/25 plan and significantly above 2023/24 (17.3%)*.

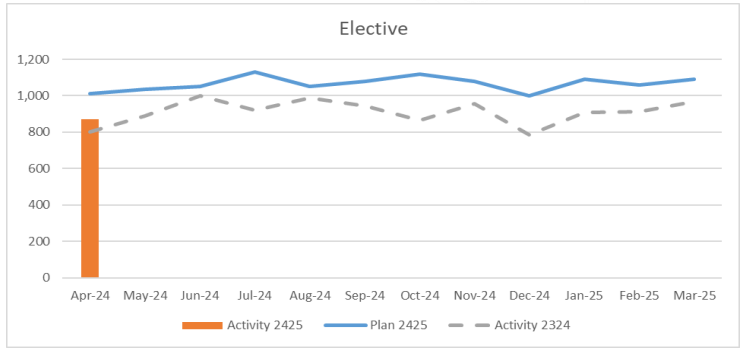
Electives continue to be less than plan at -14.0 % and day cases are above plan at 2.4%.

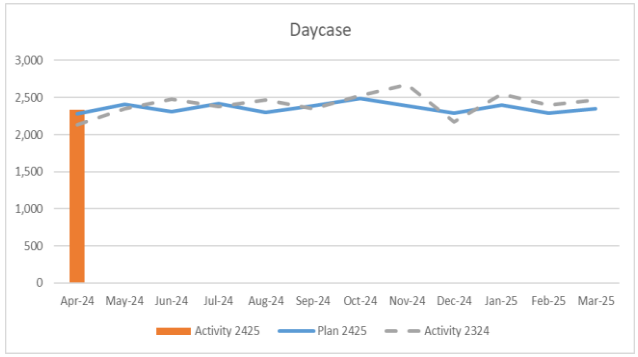
For M1 24/25, Core Clinical Services, Heart & Lung and Sight & Sound were above plan. With previous strikes and bed closures continuing this has impacted the delivery of activity, RTT and DM01 waiting time improvements. Continued focus remains on optimising bed capacity, theatres and reducing long waits.

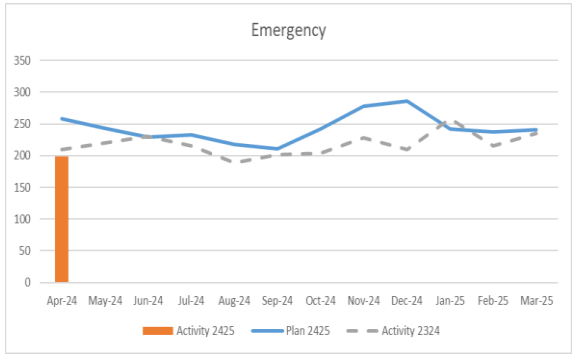
** 1st April in 23/24 was a Saturday therefore w/c 1st April is skewed in terms of variance*

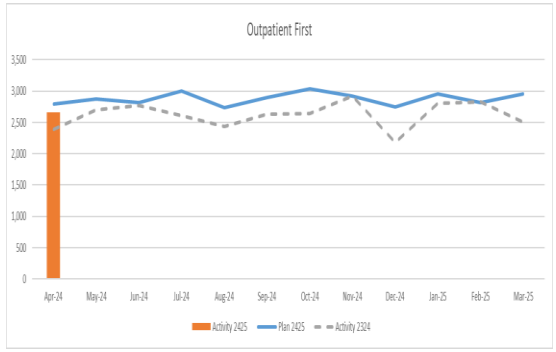
Overview 2024-25

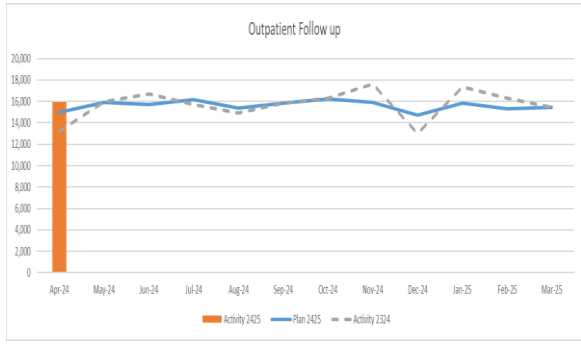
POD	Plan 2425	Activity 2425	Activity 2324	% of 23/24	% of Plan
Daycase	2,277	2,332	2,136	109.18%	102.41%
Elective	1,012	870	803	108.34%	85.97%
Emergency	258	199	210	94.76%	77.01%
First OPA	2,795	2,662	2,389	111.43%	95.23%
Follow-up OPA	14,972	15,956	13,223	120.67%	106.57%
Grand Total	**21,315**	**22,019**	**18,761**	**117.37%**	**103.30%**











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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 April 2024 was **67.2%,** 1.1% increase since last month and remains below trajectory. The overall PTL size has increased in comparison to last month (8003 vs 7871). Only Blood, Cells and Cancer directorate met the 92% standard this month at 93%. RTT performance has been affected by the national strikes, inherited breaches, patient and staff sickness, and bed pressures.
- There are 12 patients who are waiting above **104 weeks**, a decrease from last month, when we reported 14. Six patients are waiting for **dental** treatment (4 of them have now been treated/discharged), one of our challenged services due to lack of capacity. Three patients have been treated and/or discharged (2 x **Plastic Surgery** and 1 x **Maxillofacial**). One **ENT** patient has chosen to have treatment in July, one **Plastic surgery** patient has chosen to have surgery in June and one **Dermatology/Interventional Radiology** patient is due to have an outpatient appointment In May.
- **78 week waits** have decreased this month to 86. Focus continues on reducing long wait patients with weekly oversight at executive level.
- The Trust is aiming to clear all patients waiting 78 weeks and above by end of June and patients waiting 104 weeks and above by end of May.
- **52 week waits** have decreased to 371. The long waiters are predominantly in Plastic Surgery (94), Dental (74), Orthopaedics (30), ENT (25), Ophthalmology (22), Cardiology (13), Audiological Medicine (17), Craniofacial (13), Cardiology (13), Maxillofacial (11) and Spinal Surgery (10) . Sight & Sound and Body, Bones and Mind directorates are the most challenged.
- **DM01** performance for April 2024 was **78.0%**, a decrease of 1.6% from the previous month. The number of 6 week breaches has increased this month to 428, compared to 392 last month. 13 week breaches have slightly increased to 56 from 53 last month. The Trust is performing above the backlog forecasted in the trajectories for MRI, CT and Ultrasound but is performing better than trajectory for Endoscopy.
- **Cancer:** It is projected for April 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

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 the Evelina and UCLH for Dental

Mutual aid with RNOH for Orthopaedics

Dental consultant started in July at GOSH working 5 PAs, with an additional consultant working 8 PAs now recruited, starting in June 2024. Honorary Consultant doing some ad hoc lists- further dates TBC. The Trust is exploring advertising for an additional consultant.

Recruitment of locum Orthopaedic Surgeon

Recruitment process under way for Spinal Surgeon

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

Revised RTT and Diagnostic trajectories and actions plans have been produced

Unexpected theatre maintenance and closures

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

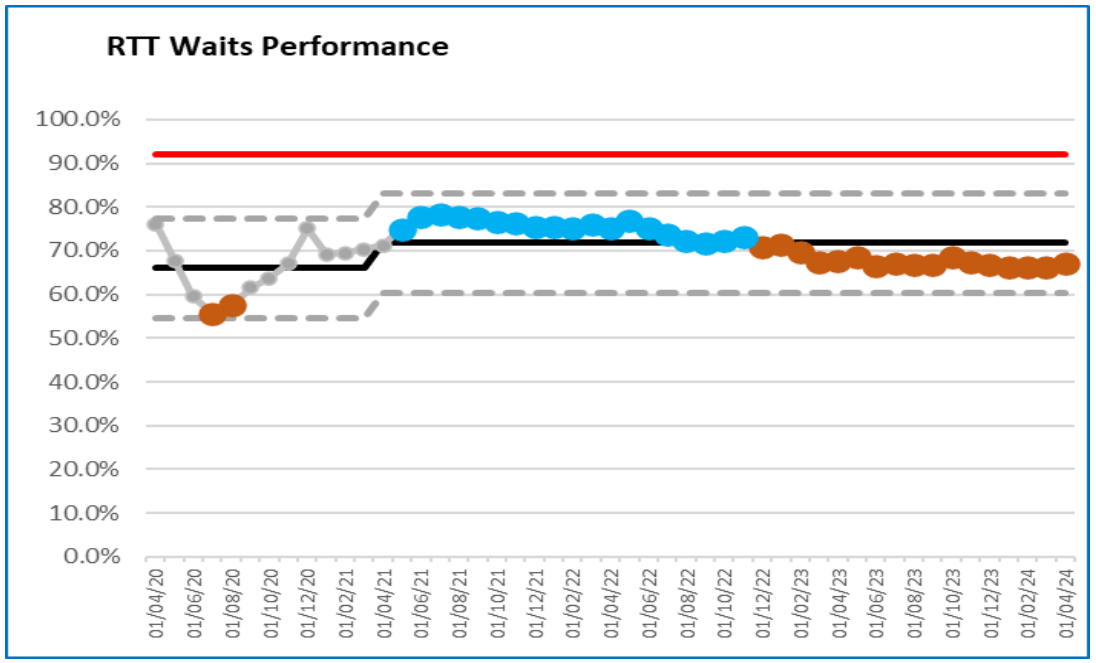
Ward decants for required cleaning in some instances reducing bed base for the service

Bed closures due to combination of patient acuity and staff sickness

Day-case project commenced reviewing Nightingale Ward usage

Responsive

Referral to Treatment times (RTT)



RTT:

67.2% ↑ 1.1%

People waiting less than 18 weeks for treatment from referral.

>52 Weeks:

371 ↓ 38

Patients waiting over 52 weeks

>78 Weeks:

86 ↓ 3

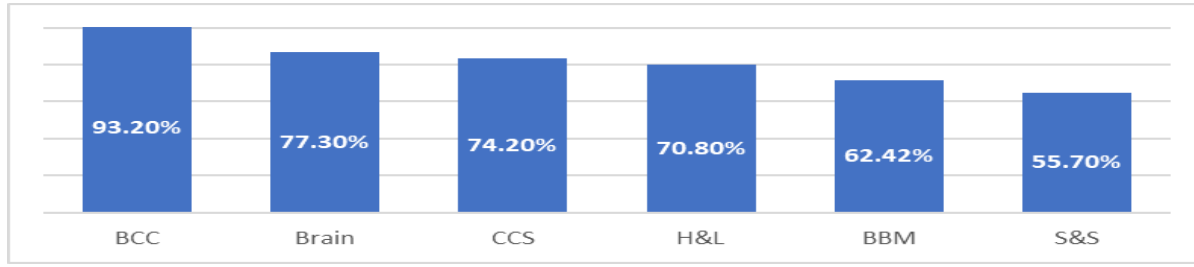
Patients waiting over 78 weeks

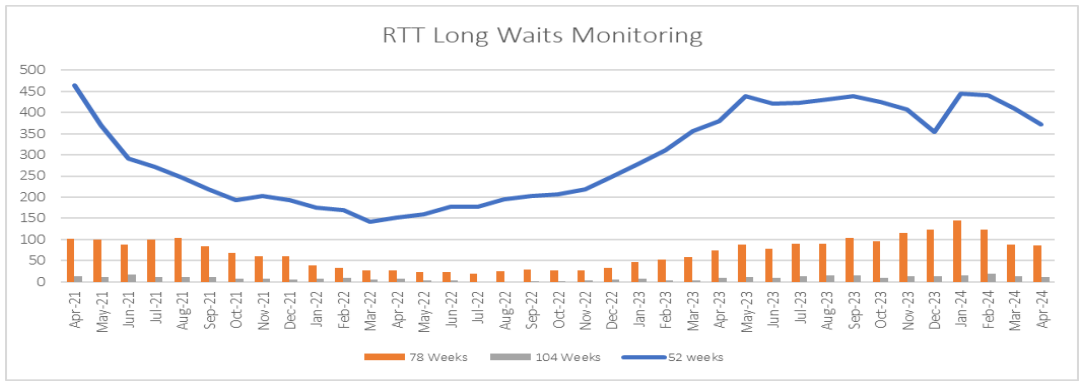
>104 Weeks:

12 ↓ 2

Patients waiting over 104 weeks

Directorates





RTT PTL Clinical Prioritisation – past must be seen by date

P2

171 ↓ 26

P3

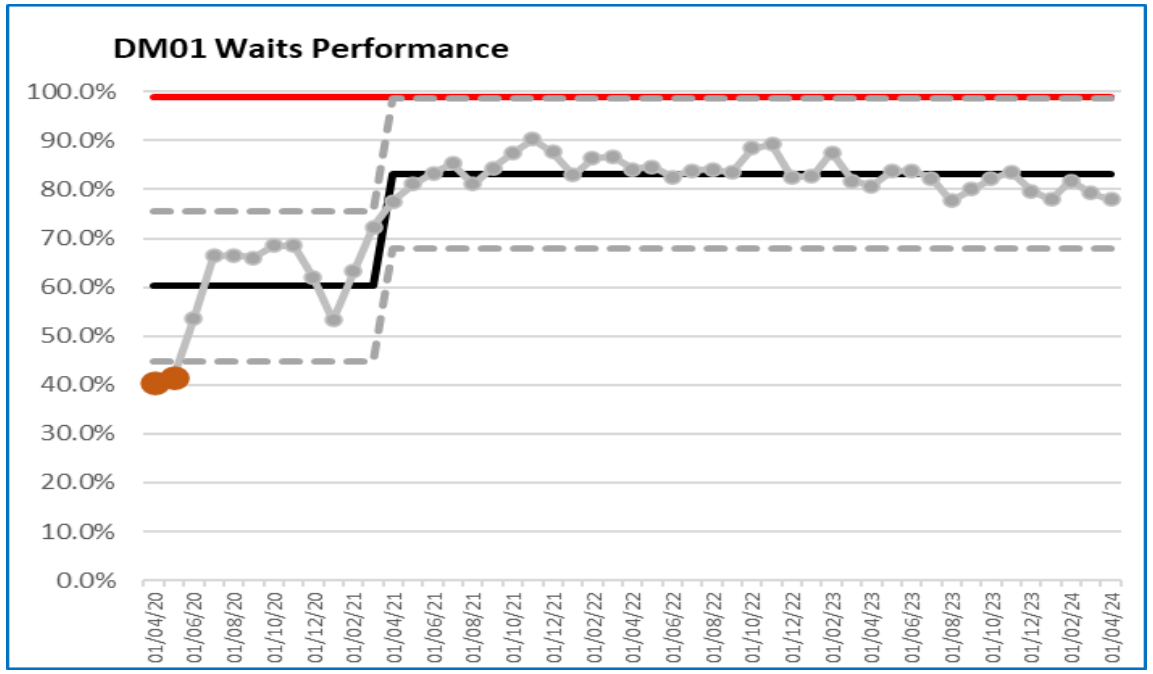
518 ↓ 32

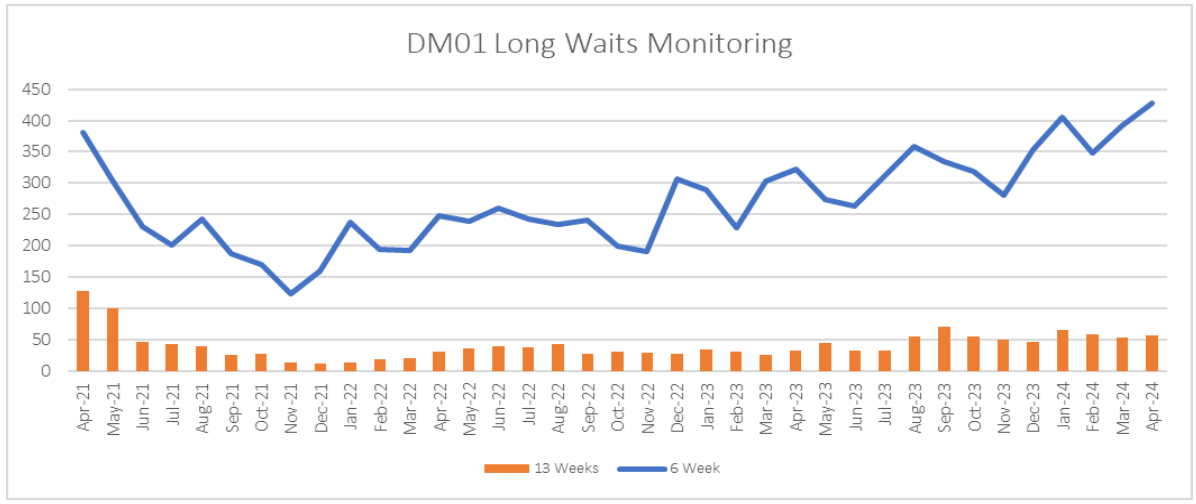
P4

517 ↓ 72

Responsive

Diagnostic Monitoring Waiting Times (DM01)





DM01:

78.0% ↓ 1.6%

People waiting less than 6 weeks for diagnostic test.

>6 Weeks:

428 ↑ 36

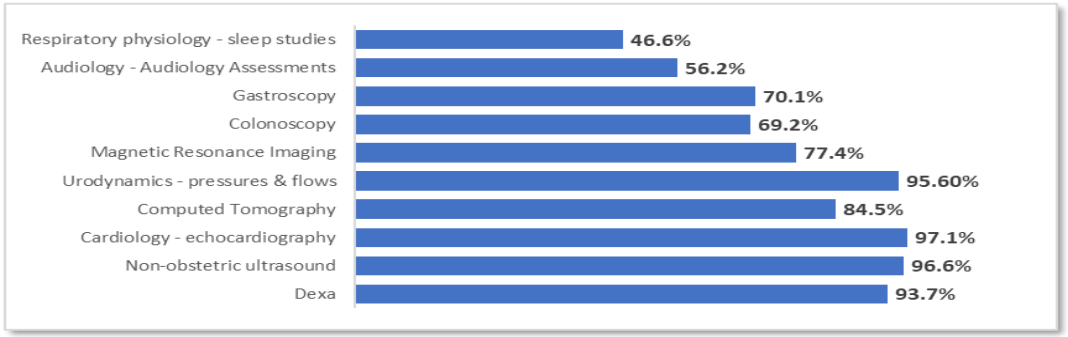
Patients waiting over 6 weeks

>13 Weeks:

56 ↑ 3

Patients waiting over 13 weeks

Modalities not meeting 99% standard

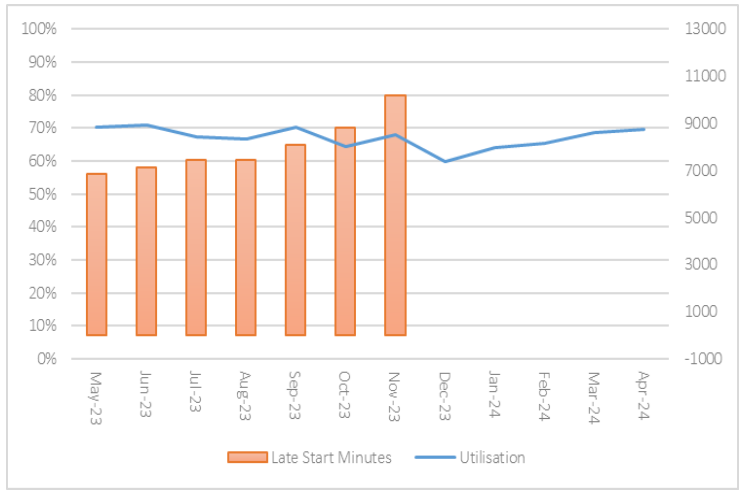


Responsive

Productivity and Efficiency

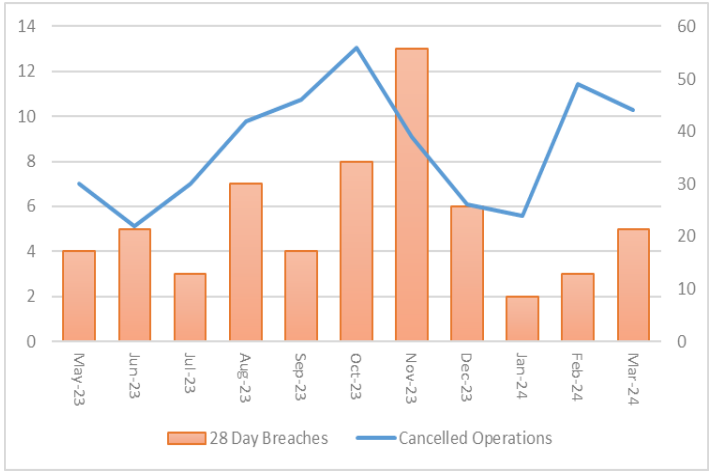
Main Theatres (NHS)

Theatres Utilisation:	Late Start Minutes
69.5% ↑	TBC



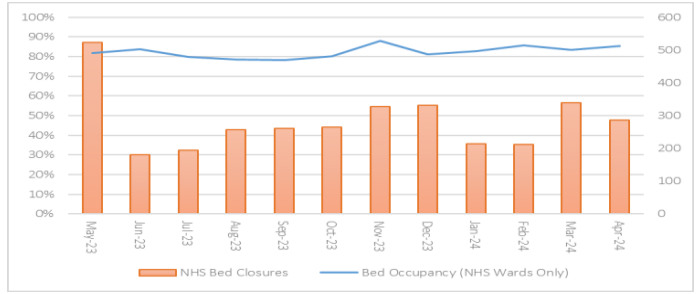
Last Minute Non-Clinical Cancelled Operations

Number Cancelled	28 Day Breaches
44 ↓	5 ↑



Bed Occupancy and Closures

Occupancy all IP Wards	Bed Closures all IP Wards
83.1% ↑	326 ↓
Occupancy NHS IP Wards	**Bed Closures NHS IP Wards**
85.5% ↑	287 ↓



Theatre utilisation data has now been updated for previous months including April. April 2024 has seen Theatre Utilisation increase by 9.6% from December, this has been seen within all directorates. A theatres productivity action plan has been produced covering improved booking process, further embedding of 6-4-2, demand and capacity analysis, reducing late starts, and introduction of reutilisation tracker for sessions handed back.

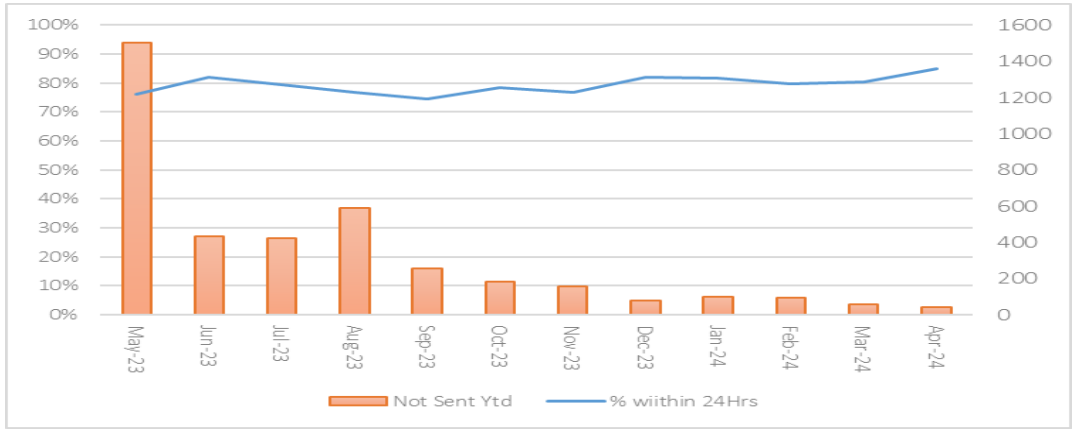
NHS Bed Occupancy increased in April. All directorates saw an increase in bed occupancy. NHS Bed closures also decreased in April.

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

Patient Communication

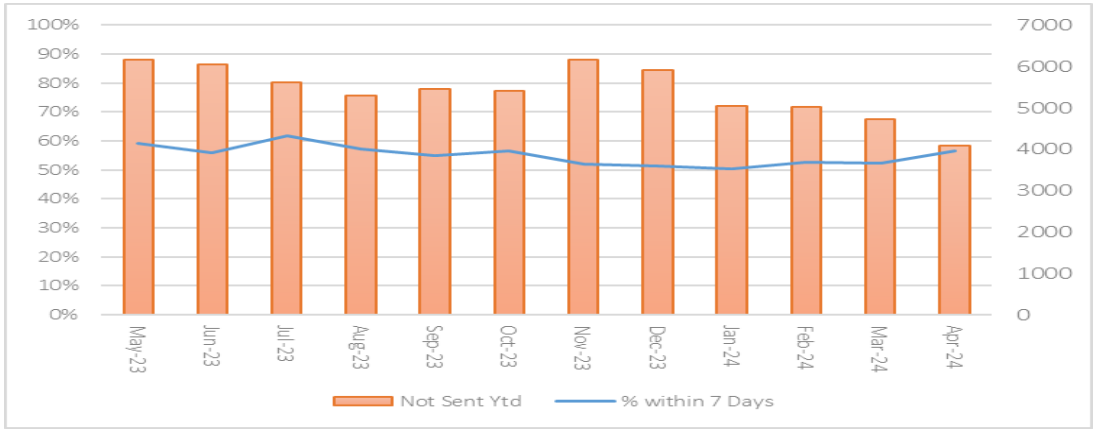
NHS Patient Discharge Summaries

Sent within 24hrs:	Number not sent ytd
84.8% ↑	44 ↓



NHS Clinic Letters

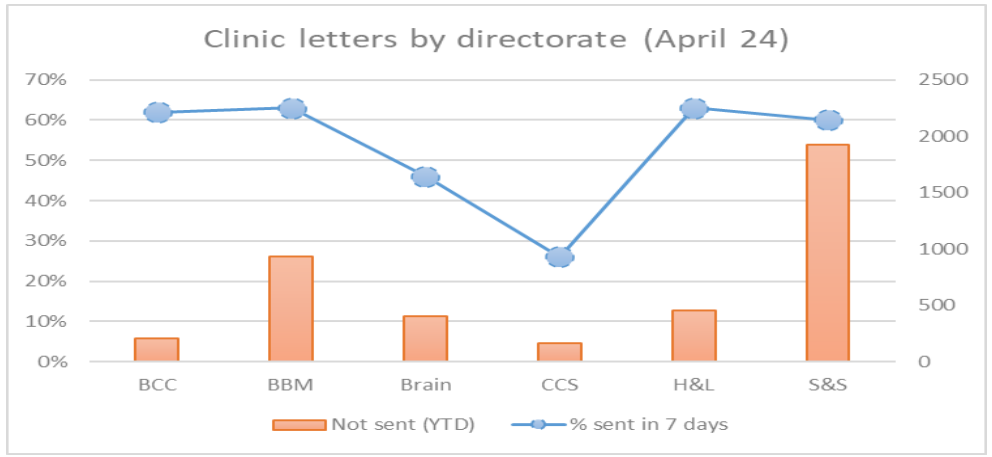
Sent within 7 days	Number not sent ytd
56.5% ↑	4085 ↓



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

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

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



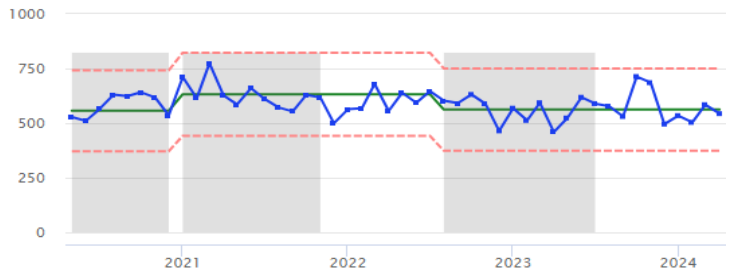
Responsive

Appendix
Integrated Quality & Performance Report

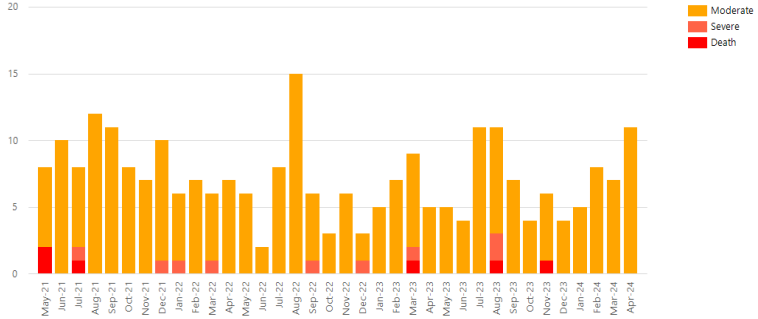
Return to Contents Page

Appendix 1: Patient Safety (incidents & risks)

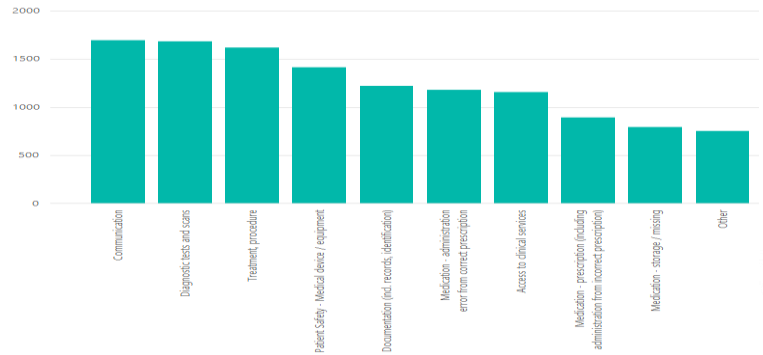
New Incidents



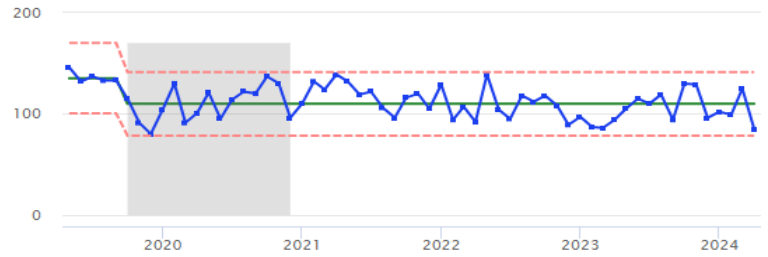
Incidents by Harm



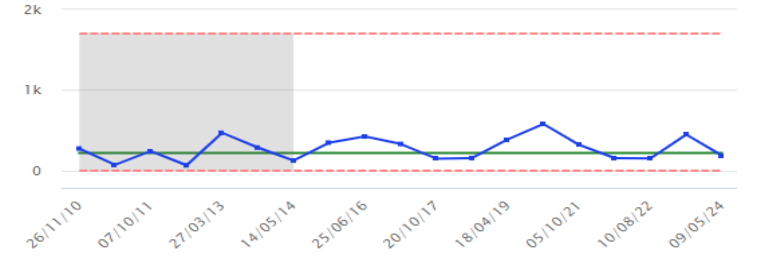
Top 10 Incident Categories (assigned at the point of incident reporting)



Medication Incidents



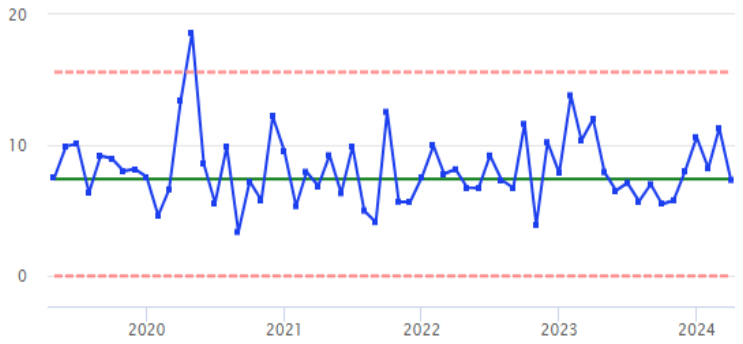
Days Since never events



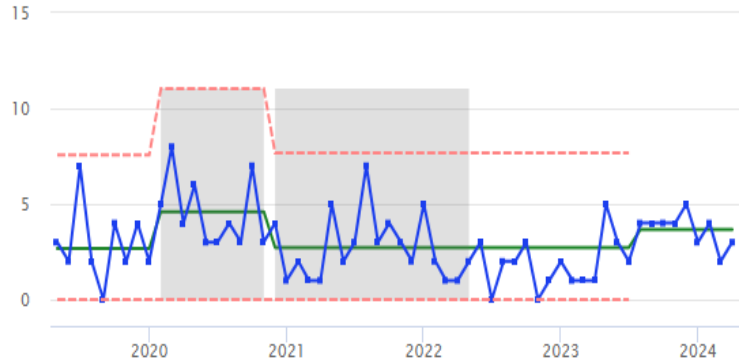
Appendix 2: Patient Safety (Infection & mortality)

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

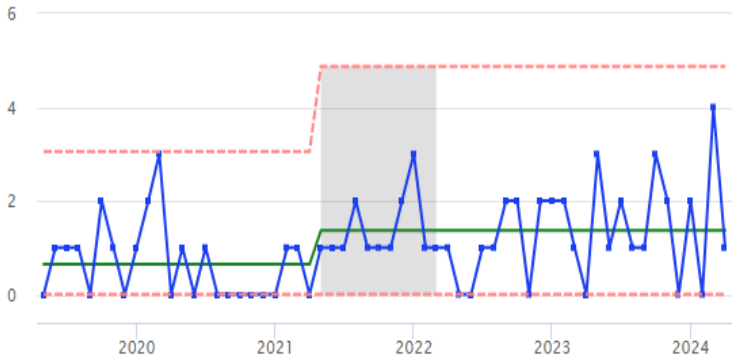
Inpatient Mortality Rate / 1000 Discharges



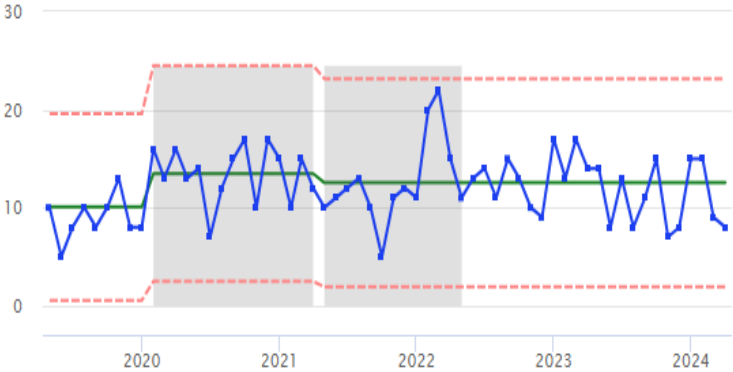
Respiratory Arrests outside ICU



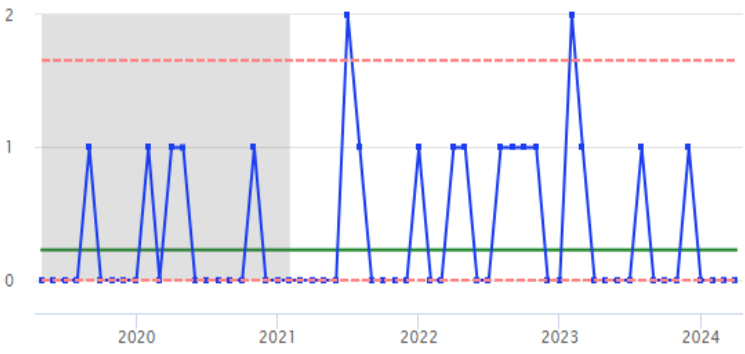
Cardiac Arrests outside ICU



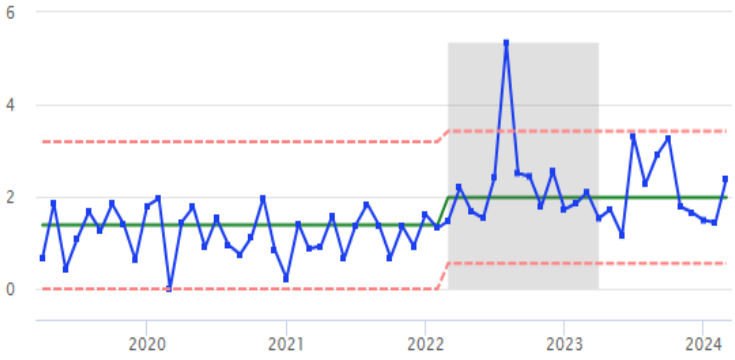
Non 2222 Patients transferred to ICU



Cat 3+ Hospital Acquired Pressure Ulcers



CV Line Infection / 1,000 line days



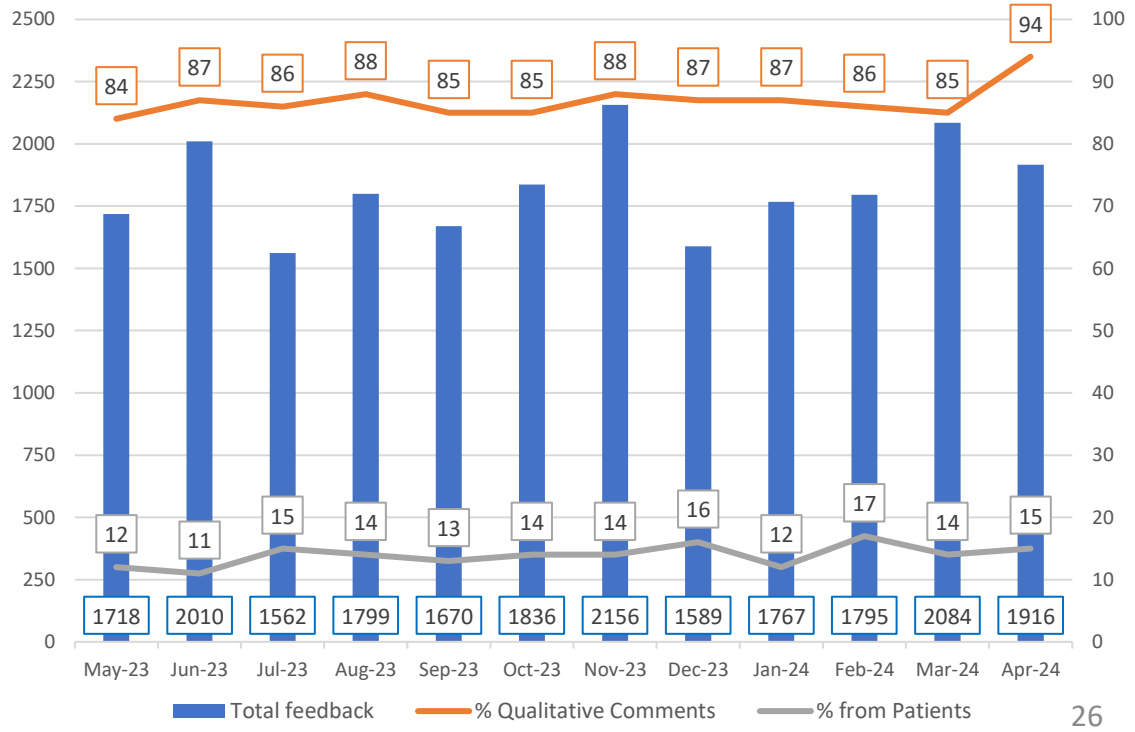
Appendix 3: Friends and Family Test

Overview:
The inpatient experience score for April was above the Trust target, scoring 98% for the second consecutive month. All directorates achieved the Trust target of 95% or above for experience within inpatients. The overall Trust response rate decreased slightly to 36% but still exceeds the Trust target. All directorates achieved a 25% response rate except Core Clinical Services (15%). 94% of all FFT responses had a qualitative comment and 15% were from patients.

Outpatients remained below the Trust target for experience, achieving 92% for the fourth consecutive month. The negative comments were predominantly about the last-minute changes to clinic locations and the difficulty navigating these changes, particularly since the closure of the main entrance. Lifts across the hospital but in particular in RLHIM continue to be a concern and it is hoped that scheduled renovation of one of the RLHIMN lifts in June will alleviate this. Feedback about the lack of food and drink provision within the outpatient areas has been raised with the volunteer team who are liaising with Catering regarding potential solutions and GOSH Children's charity regarding potential support.

Headline:

- Inpatient response rate – **36%** (decreased from March).
- Experience measure for inpatients – **98%** (same as March).
- Experience measure for outpatients – **92%** (decreased from March).
- Total comments received – **1916** (decreased from March).
- **15%** of FFT comments are from patients.
- **94%** of responses had qualitative comments.



Positive Areas:

- Exceptional staff.
- How staff adapt to patients' needs.
- Therapy dogs.
- Play staff.
- Reception staff.
- Hospital facilities.
- Friendly staff.
- Staff humour!

Areas for Improvement:

- Faulty lifts.
- Confusing communication regarding appointments via letters and MyGOSH.
- Complicated hospital layout and poor signage
- Lack of food and drink in outpatients.
- Long waits for appointments.
- All staff to have training about children with additional needs.
- Additional scans / investigations to be listed with appointments.

Appendix 3: Complaints

Headline: 7 formal complaints were received in April, a small reduction from the month prior (no=9) and the number of complaints received in April 2023 (n=10).

Within complaints received in April, themes related to delays in care, treatment, communication, historic concerns around clinical decision making and the transparency around costs of care/treatment:

Private costs around care and treatment

- Concerns regarding the care received, the lack of diagnosis and the costs involved as well as the accuracy of this.
- Delays in invoicing, lack of transparency around costs, and the lack of communication / response to numerous emails sent by parents.

Delays to care and treatment

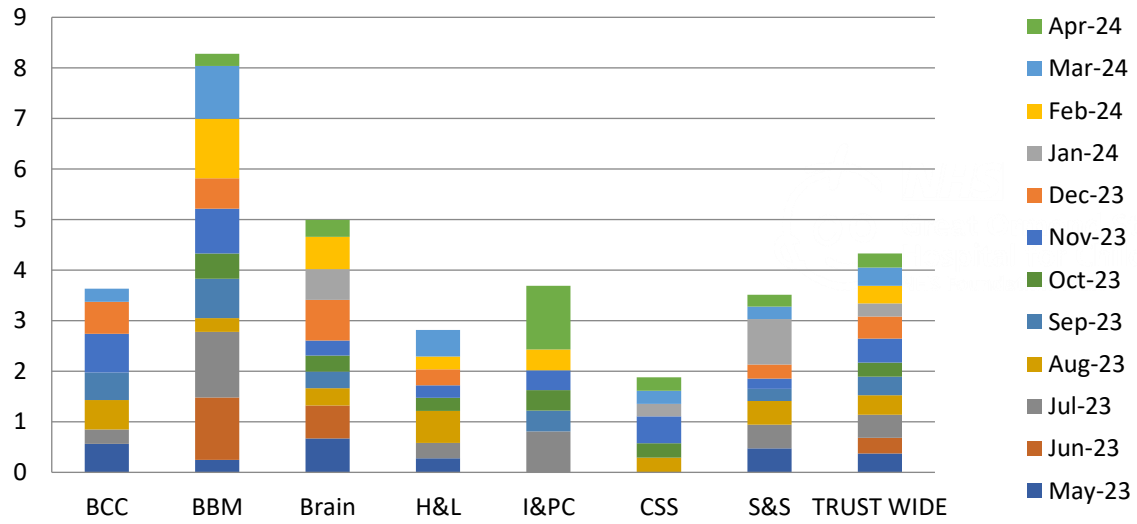
- Delay in carrying out a lumbar puncture procedure which resulted in a missed dosage of medication, and therefore an increase in symptoms which led to an A&E admission.
- Concerns around care and treatment received, delays to treatment and the consequences of this and the patients' deterioration.
- Near miss incident where a previous patient's 'fluids giving set' was almost connected to the next patient.
- Multiple aspects of clinical care including but not limited to delays to treatment, the number of repeated infections, contradicting information and lack of improvement in symptoms following the procedure that took place.

Historic concerns

- Concerns around a recent cancer diagnosis and the link of this to a scan carried out at GOSH in 2003. Queries around the clinical decision making and appropriateness of the investigation at the time.

<u>Closed complaints since April 2023</u>

9 complaints have been closed since April 2024 with 56% responded to on time. 33% of draft responses were submitted late to the Complaints Team for review (which is an improvement from last month).



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

The following actions and learning has taken place in response to a near miss incident within theatres where the previous patient's used fluid giving set was almost attached to the next patient's cannula:

- Increasing awareness of disposing of used fluids and sets as soon as they are disconnected from a patient. This will be discussed at the theatre Risk Assessment Group (RAG) meeting and displayed in the RAG newsletter (May 2024).
- This near miss incident will be discussed at the Morbidity and Mortality meeting (Anaesthetic doctors and ODPs) (June 2024).
- Email communication and discussion at ODP team meeting (June 2024), led by the anaesthetic team leaders

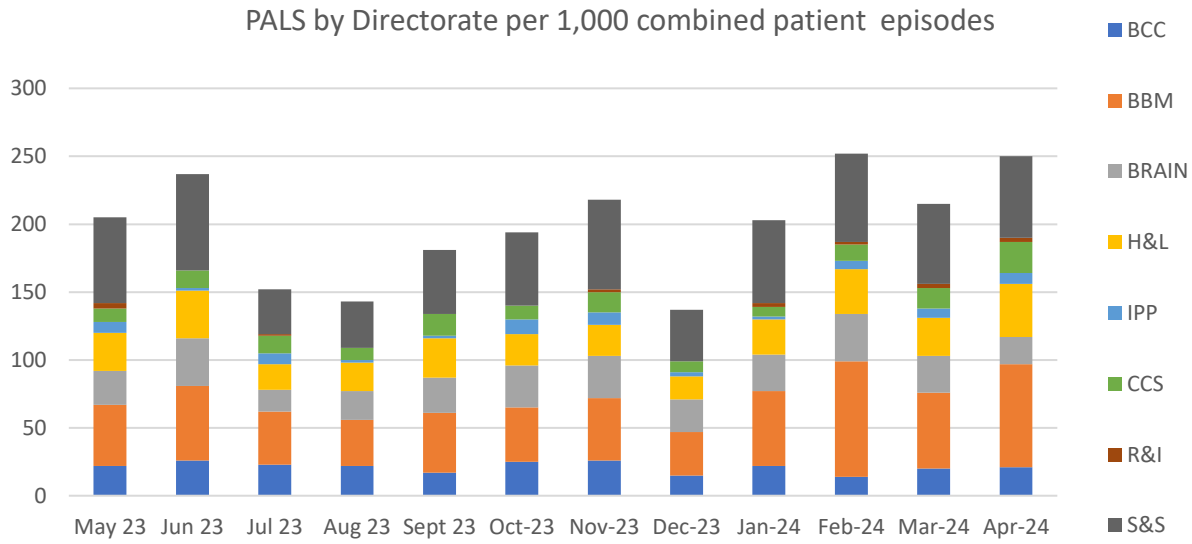
Appendix 3: PALS

Headline: Pals received 300 contacts in April (255 contacts in March). This was a 18% increase. Contacts this month related to families chasing updates on admission dates and families seeking further information regarding a GOSH commissioned review of some of our orthopaedic patients.

Contacts this month related to general referral information/treatment options at GOSH, information on GPSH trials, work experience requests, requesting medical records, rescheduling of Outpatient Appointments OPA, chasing updates on admission dates, accommodation enquiries and cancellations of outpatient appointments (OPA)/ admissions (n=18)

Contacts resolved within 48 hours increased to 79% (69% in March)

Two compliments received:
Ultrasound and Volunteer team*: "The lady in ultrasound was so calming and reassuring so much so he didn't even cry!! Then the lady who walked us to our outpatient appointment and ran with* [patient name redacted] *playing games with him when he had a wobble about going. Thank you so much to everyone and all you do-it's really appreciated and makes a stressful day so much easier"*
Neurosurgery team*:* Patient wrote a poem for Dr Aquilina*: "It's such a lovely poem and I would love for this to get to him to show how we all are forever, thankful, and truly grateful for how lovely, supportive and amazing he was!"*



Care Queries: Pals received 65 contacts related to Outpatient Admissions (OPA) and admissions enquiries, transition enquiries, chasing test results, families wanting to share health updates with the clinical teams and concerns over cancelled admissions and OPA.

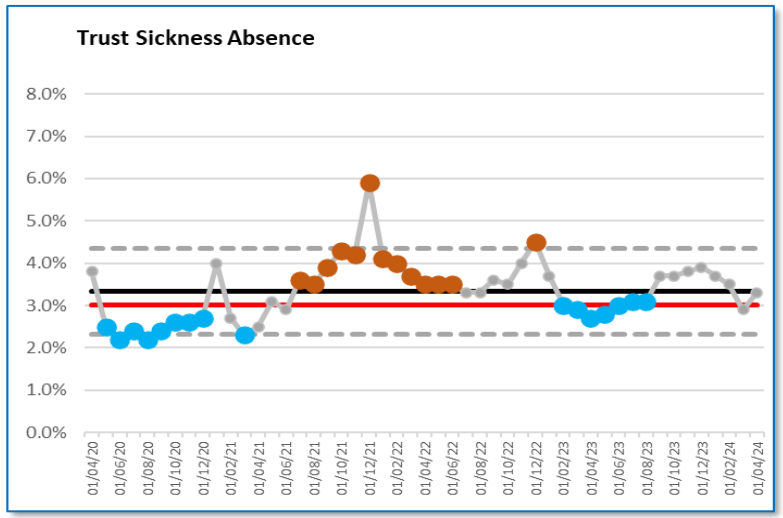
Significant areas of focus: The highest number of contacts related to Orthopaedics 33, (25 in March), Cardiology 18 (14 in March) and SNAPs 17, (11 in March)

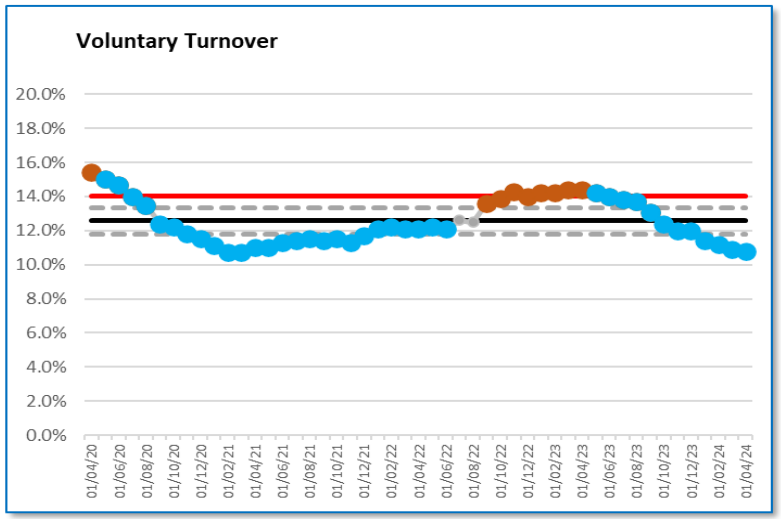
300

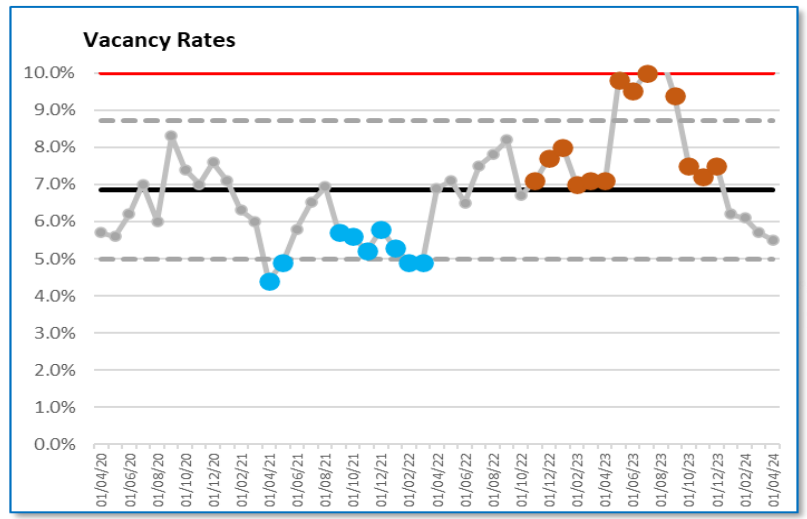
Learning/Service Improvement:

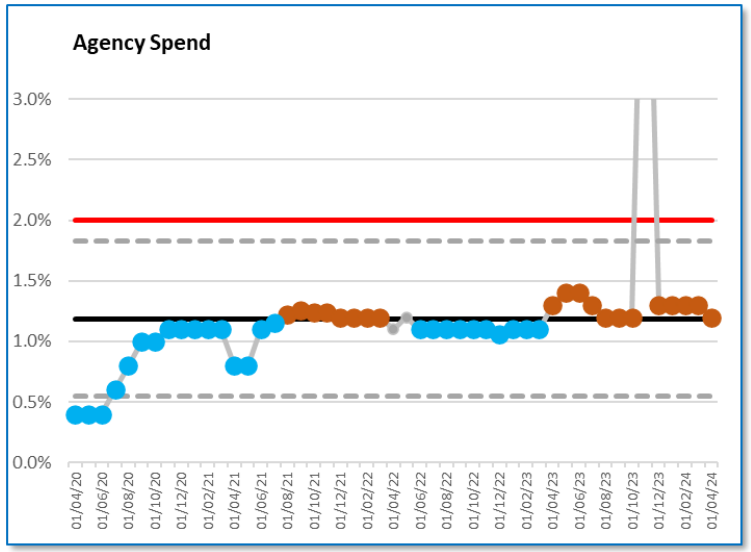
Pals have again successfully secured funds from the GOSH Children's Charity to help support low-income families who experience financial hardship following cancellations at GOSH. This grant alleviates financial burdens for families and helps ensure the patient can be brought back to Hospital again. Pals can help with a maximum of £50 towards costs to help focus on necessities then and there. The Pals team have been successfully working with all specialities across GOSH to help spread these costs so it's a teamwork effort and it has proven to be helpful in reducing any potential formal complaints.

Appendix 4: Workforce SPC Analysis

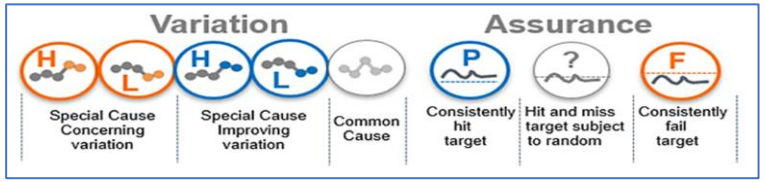






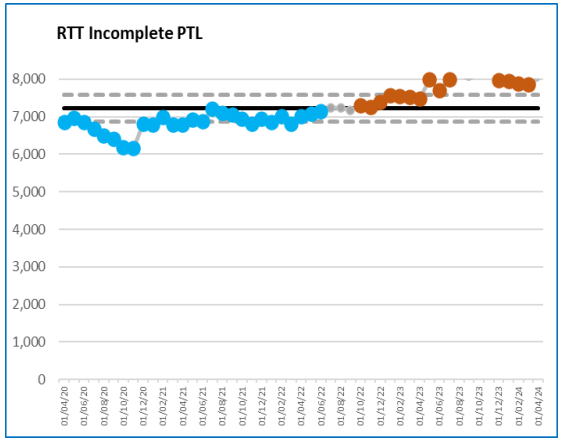


KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Trust Sickness Absence	Apr 24	3.3%	3.0%			3.3%	2.3%	4.4%
Voluntary Turnover	Apr 24	10.8%	14.0%			12.6%	11.8%	13.3%
Vacancy Rates	Apr 24	5.5%	10.0%			6.9%	5.0%	8.7%
Agency Spend	Apr 24	1.2%	2.0%			1.2%	0.5%	1.8%

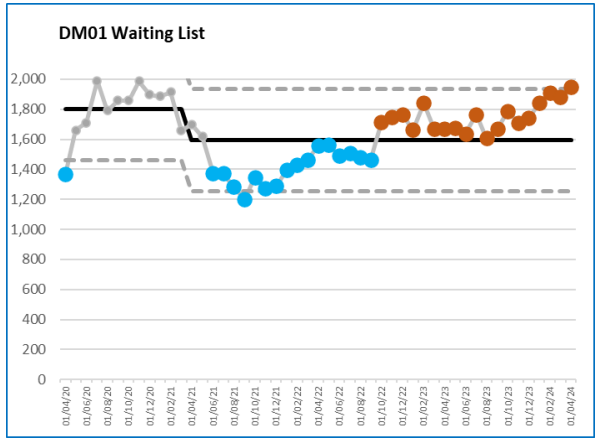


Well Led

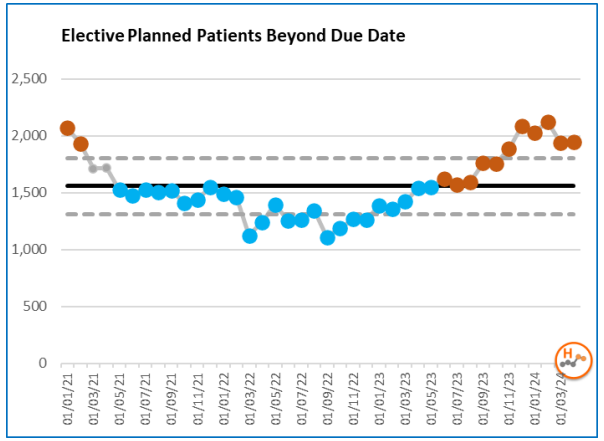
Appendix 5: Patient Access SPC Trends



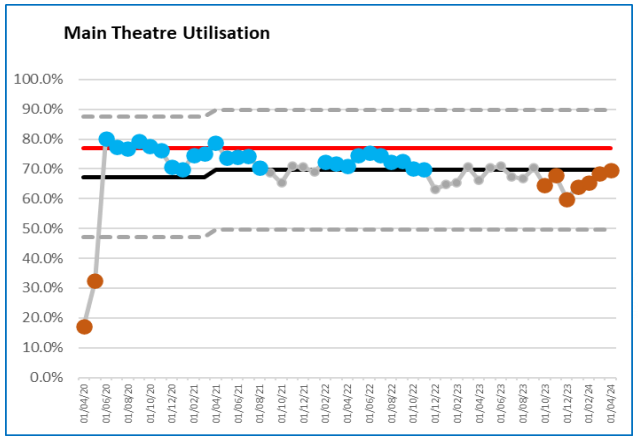
Marginal Upward trend, Strikes have impacted



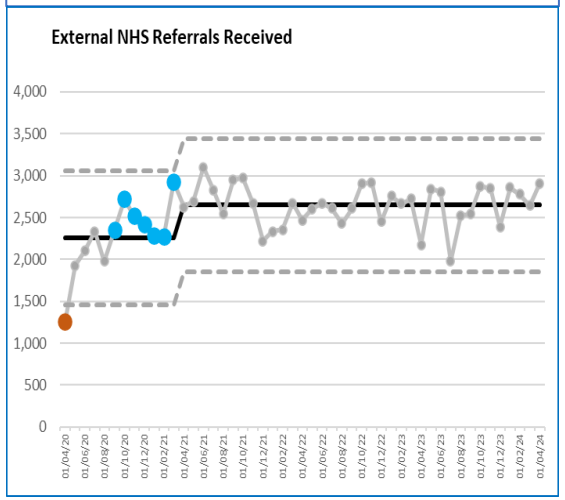
Marginal upward trend, strikes have impacted



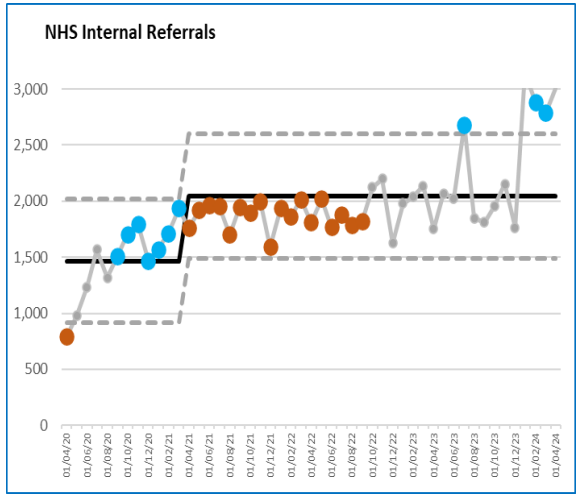
Marginal upward trend, strikes have impacted



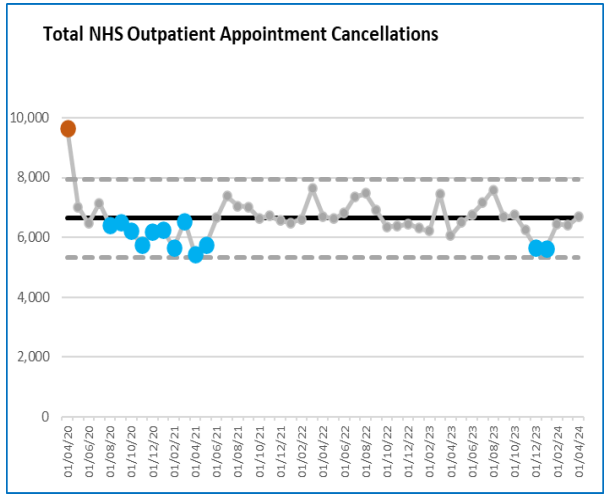
No Significant variation



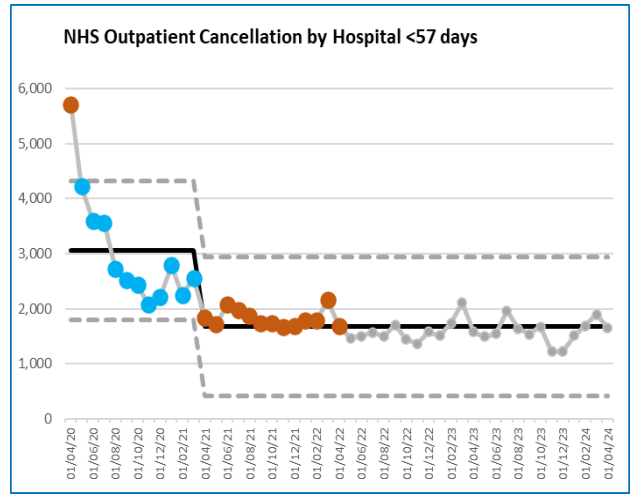
No significant variation, common cause



No significant variation, common cause



No significant variation, common cause



Common cause variation

Responsive

Appendix 5: Specialty RTT Performance

Blood, Cells and Cancer

Specialty	Performance Mar-20	Feb-24	Mar-24	Apr-24	Trajectory Status	Tracking
Bone Marrow Transplant	100.0%	100.0%	100.0%	100.0%	Not Required	
Dermatology	88.7%	86.0%	89.3%	93.0%	Awaiting Sign-off	
Heamatology	100.0%	100.0%	100.0%	100.0%	Not Required	
Haemophilia	100.0%	100.0%	100.0%	100.0%	Not Required	
Immunology	95.9%	87.8%	83.3%	86.3%	Not Required	
Infectious Diseases	100.0%	100.0%	100.0%	100.0%	Not Required	
Oncology	100.0%	83.3%	100.0%	100.0%	Not Required	
Palliative Care	100.0%	100.0%	-	100.0%	Not Required	
Rheumatology	92.7%	95.8%	87.1%	92.2%	Not Required	

Body, Bones and Mind

Specialty	Performance Mar-20	Feb-24	Mar-24	Apr-24	Trajectory Status	Tracking
CAMHS	92.1%	53.5%	51.4%	54.1%	Not Required	
Gastroenterology	75.0%	66.9%	67.5%	69.6%	To be agreed	
General Paediatrics	68.2%	89.7%	93.3%	92.7%	Not Required	
Nephrology	90.5%	89.7%	88.4%	86.5%	Not Required	
Orthopaedics	69.6%	43.4%	47.1%	54.4%	Signed Off	Below
SNAPS	75.4%	64.3%	64.9%	62.8%	Signed Off	Below
Spinal Surgery	73.0%	53.0%	54.9%	52.3%	Signed Off	Below

Brain

Specialty	Performance Mar-20	Feb-24	Mar-24	Apr-24	Trajectory Status	Tracking
Bardet Biedl		-	-	100%	Not Required	
Clinical Neurophysiology	100.0%	-	-	-	Not Required	
Endocrinology	91.9%	73.2%	71.6%	73.3%	Signed Off	Below
Epilepsy	98.0%	98.3%	98.4%	91.5%	Not Required	
Metabolic Medicine	93.8%	78.6%	86.5%	85.2%	Signed Off	Below
Neurodisability	80.1%	78.2%	83.5%	79.3%	Signed Off	Below
Neurology	89.4%	90.4%	86.5%	81.7%	Signed Off	Below
Neuromuscular	80.7%	73.3%	83.3%	81.3%	Signed Off	Below
Neurosurgery	80.1%	56.7%	68.8%	65.4%	Signed Off	Below

Core Clinical Services

Specialty	Performance Mar-20	Feb-24	Mar-24	Apr-24	Trajectory Status	Tracking
Clinical Genetics	93.4%	75.8%	73.9%	75.2%	Signed Off	Below
Interventional Radiology	92.2%	81.5%	72.7%	52.2%	Not Required	
Pain Management	79.5%	67.7%	60.7%	62.1%	Not Required	
Speech & Language Therapy	74.1%	64.7%	58.0%	60.7%	Not Required	

Heart and Lung

Specialty	Performance Mar-20	Feb-24	Mar-24	Apr-24	Trajectory Status	Tracking
Cardiac Surgery	88.5%	56.6%	55.9%	60.2%	Signed Off	Below
Cardiology	67.1%	70.2%	69.7%	71.2%	Signed Off	Below
Cardiothoracic Transplantation	100.0%	33.3%	-	0.0%	Not Required	
Pulmonary Hypertension	75.0%	100.0%	100.0%	90.9%	Not Required	
Respiratory Medicine	89.2%	89.7%	85.7%	87.5%	To be agreed	

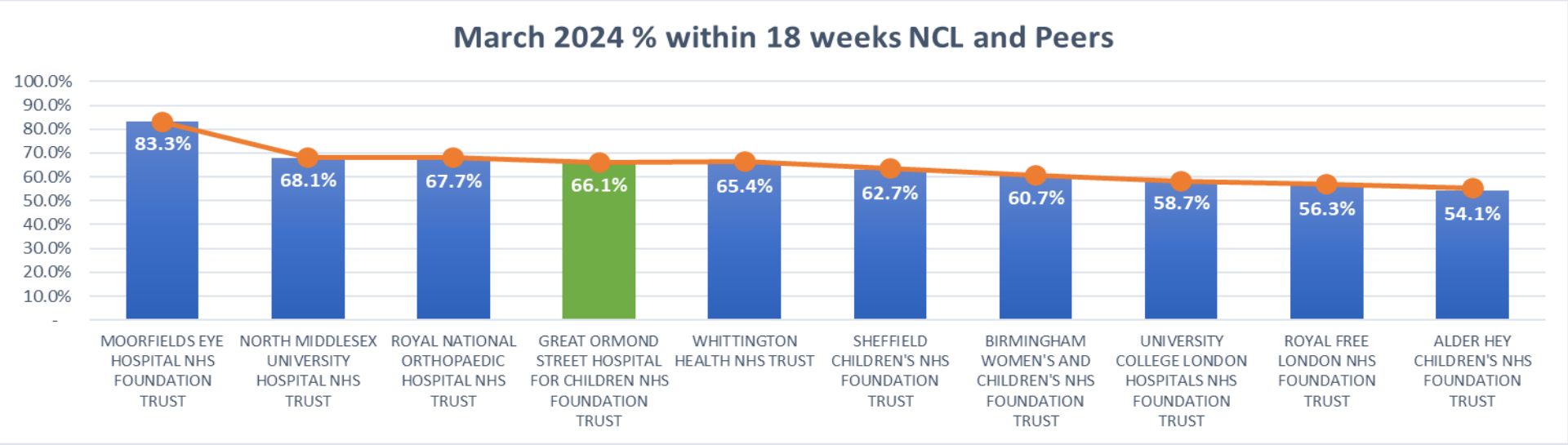
Sight and Sound

Specialty	Performance Mar-20	Feb-24	Mar-24	Apr-24	Trajectory Status	Tracking
Audiology	88.5%	51.6%	49.7%	49.0%	Signed Off	Below
Cleft	78.5%	73.6%	78.9%	75.9%	Signed Off	Below
Cochlear	87.0%	66.7%	72.2%	80.0%	Signed Off	Below
Craniofacial	70.6%	60.5%	62.4%	58.7%	Signed Off	Below
Dental	25.8%	23.6%	24.6%	32.1%	Signed Off	Below
ENT	88.3%	62.6%	62.3%	64.8%	Signed Off	Below
Maxillofacial	82.3%	65.2%	67.9%	65.1%	Signed Off	Below
Ophthalmology	88.0%	60.4%	58.2%	59.1%	Signed Off	Below
Orthodontics	44.8%	63.2%	66.7%	63.6%	To be agreed	
Plastic Surgery	62.9%	41.1%	40.8%	41.8%	Signed Off	Below
Urology	75.4%	69.9%	66.8%	71.6%	Signed Off	Below

Responsive

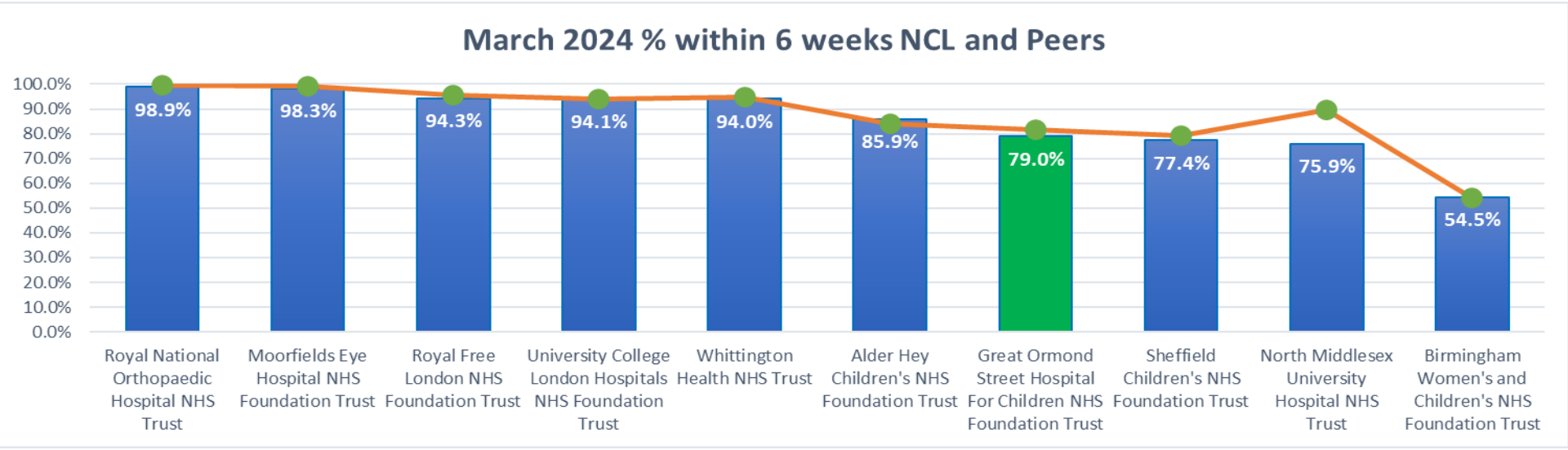
Appendix 5: RTT and DM01 Comparison

Referral to Treatment



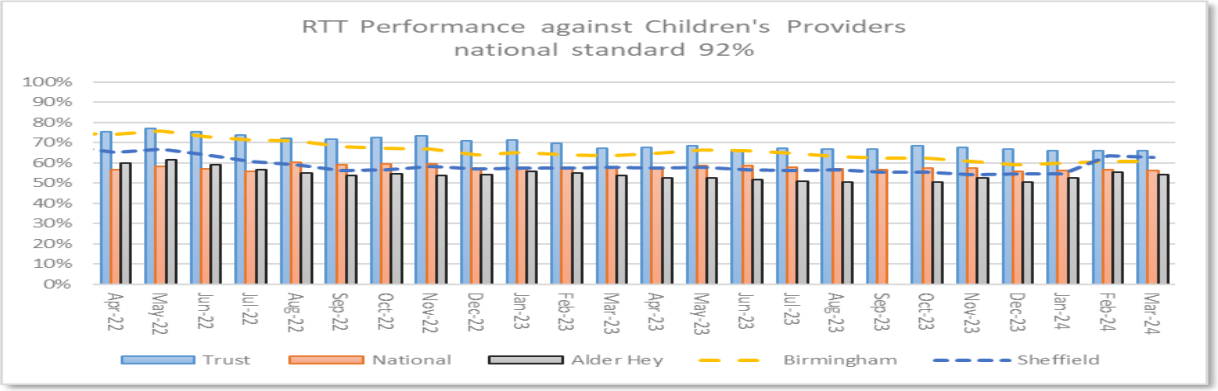
Orange markers indicate February's performance. GOSH for the month of March is at fourth place amongst the selected Peers. GOSH is ranked 38th out of 157 providers, an increase of 4 places since February.

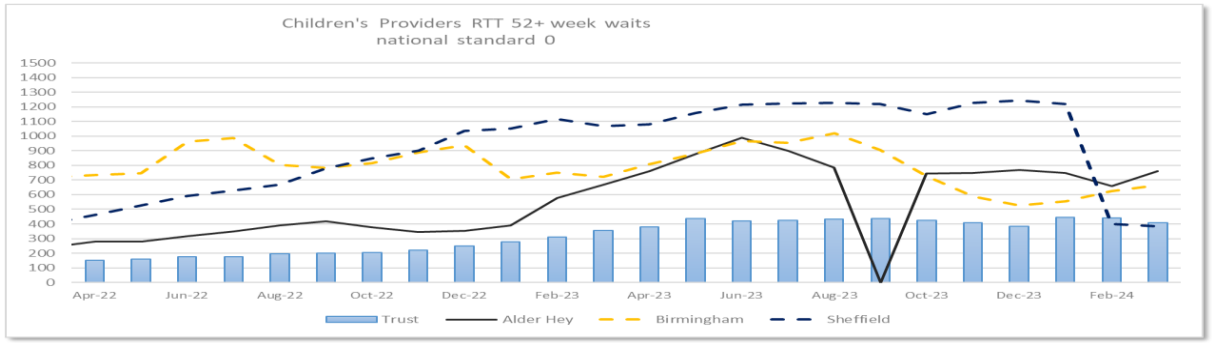
Diagnostics



Green markers indicate February''s performance. GOSH for the month of March is in the 4th bottom place, amongst selected Peers. GOSH is ranked 93 out of 155 providers, a decrease of five places from February.

Appendix 5: National and NCL RTT Performance –March 2024





Nationally, at the end of March, 56.3% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks.

GOSH is tracking 9.8% above the national March performance at 66.1% and is in line with comparative children's providers. (RTT Performance for Sheffield Children (62.7%), Birmingham Women's and Children's (60.7%) and Alder Hey (56.3%))

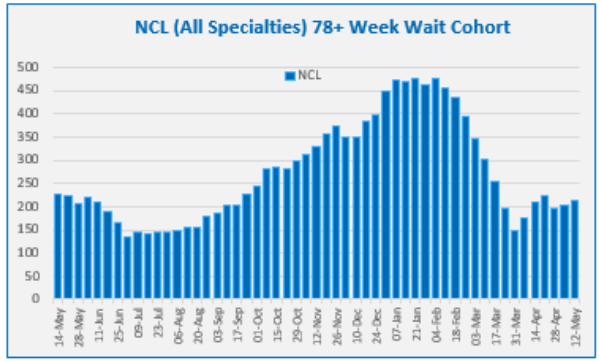
The national position for March 2024 indicates an increase in patients waiting over 52 weeks at 302,624 patients.

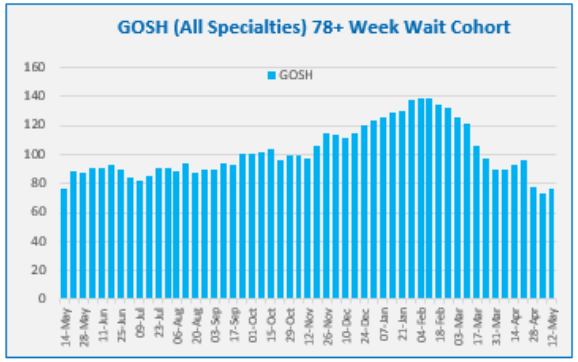
Compared to Birmingham and Alder Hey, the number of patients waiting 52 weeks and over for GOSH is lower than all these providers for March.

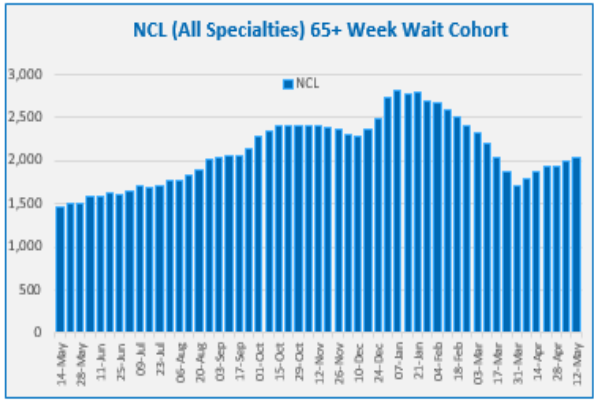
Overall for NCL the 78+ week wait position is at 212 patients Royal Free has the largest volume of 78+ week waits, followed by GOSH.

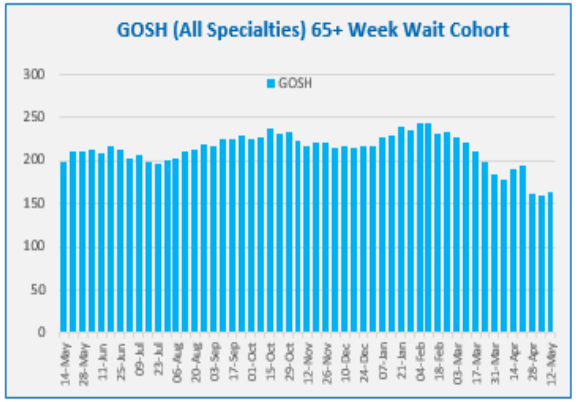
The 65 week wait national ambition of zero patients is to be achieved by September 2024. NCL position is at 2030 patients, with GOSH contributing less than 10% to the overall NCL cohort.

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

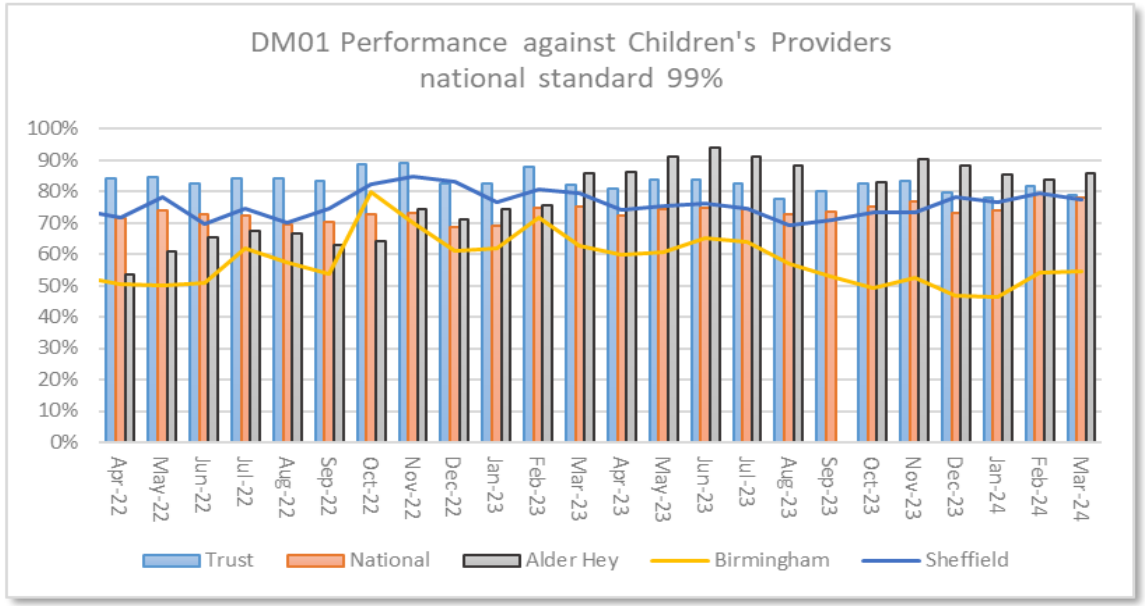
Appendix 5: National Diagnostic Performance and 6 week waits – March 2024

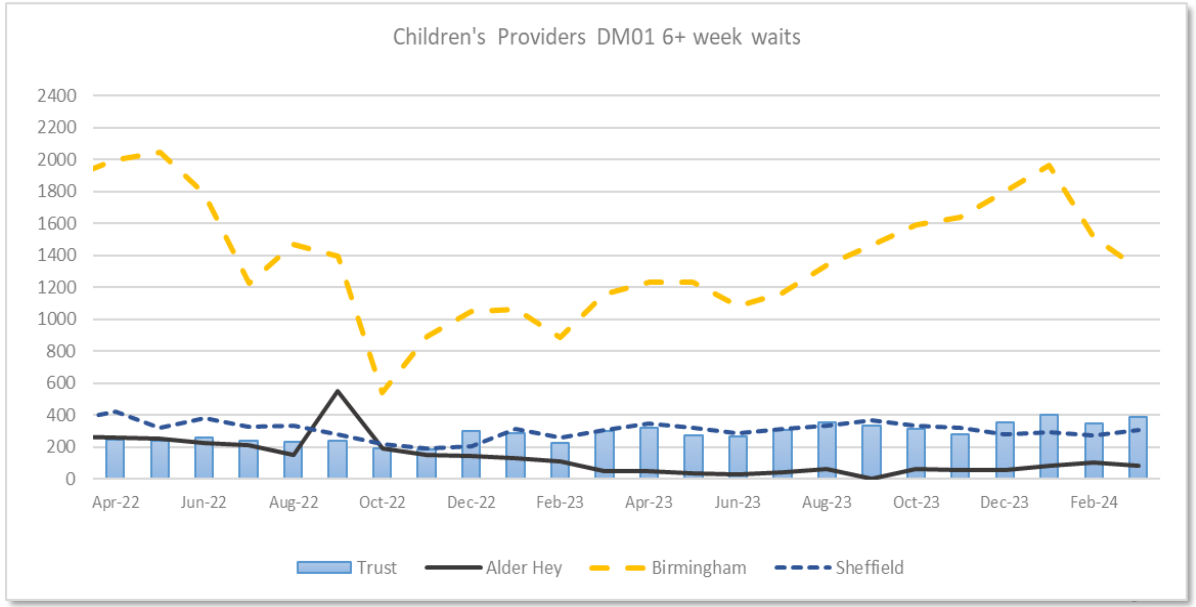
Nationally, at the end of March, 78.1% of patients were waiting under 6 weeks for a DM01 diagnostic test.

GOSH is tracking 6.9% above the national February performance and is in line with comparative children's providers. DM01 Performance for Sheffield Children (77.3%), Birmingham Women's and Children's (54.4%) and Alder Hey (85.9%).

The national position for March 2024 indicates an increase of patients waiting over 6 weeks at 354,940 patients.

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





Responsive

Integrated Quality & Performance Report May 2024 (Reporting April 2024 data)

Attachment N

Metric	Drivers	Mitigation/Actions
RTT Open Pathway: % waiting within 18 weeks	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 Dental, Orthopaedics and Plastic Surgery. Specialist surgeon availability predominantly for joint cases and complex patients	NHSE has asked the Trust to clear all 104+ week waits by end of May 2024 and 78+ week by June 2024. There may be a small cohort of patients which may not Mutual aid with the Evelina and UCLH for dental, new dental consultant starting in June, honorary consultant from Barts is doing some a hoc lists. Waiting list initiatives Mutual aid with RNOH for Orthopaedics- free up capacity for more complex patients, recruitment of locum orthopaedic surgeon, review of theatre lists from half day to full day for some services
Waiting greater than 52 weeks - Incomplete Pathways		
Waiting greater than 78 weeks - Incomplete Pathways		
Waiting greater than 104 weeks - Incomplete Pathways		
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. Improvement Plan for MRIs Discussions with commissioners on management of referrals for challenged areas
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 the weekly Access and 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 compliance for people with another NHS contract.	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 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.
Voluntary Turnover for Nursing	Based on a 12-month rolling average, the vol. turnover for April is on trust target (<14%) at 14%.	We continue to drive forward the retention actions in an effort to retain our skilled and experienced nurses, and this will be monitored through the new Nursing Delivery Committee and targeted monthly recruitment and retention meetings. People promise manager establishing key priorities for retention and focus for the Trust over the next couple of months.
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. Overall our rates are recovering well but the overall annual rate is driven by the high rates last summer due to supply chain issues with products required for line access.
High Risks (% overdue for review)	1-month review period does not always line up with the Risk Action Group (RAG) meetings, where risks are usually reviewed. These are rarely on the exact same date every month. Where there is a requirement for updating risks outside of the RAG meeting, this can be inconsistent.	To improve the compliance for review of high risks, the patient safety team chase risks towards the end of the month. The process for RAG meetings is currently being reviewed as part of the review of governance processes with particular focus at the Patient Safety Team focussed session in June 2024. High risks are also reviewed as part of the Risk Oversight Group and there is consideration as to the recording processes for discussions in this forum to be added to DATIX following review. A plan has been made to reach 80% risk compliance overall by June 2024, and 90% by July.

Attachment O

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board 19 June 2024	
Finance Report for M2 (and M1) **Submitted by:** John Beswick, Chief Finance Officer	**Paper No: Attachment O** □ **For information and noting**
Purpose of report To present a summary of the Trust's financial performance year to date (i.e., for M1 and M2 of FY24/25).	
Summary of report The Trust is reporting a YTD **£6.5m** deficit position and a **£1.2m** deficit position for the period ended 31 May 2024 (M2). M2 is **£0.8m** favourable to plan and the YTD position had improved from **£3.5m** adverse in M1 to **£2.7m** adverse YTD. The key drivers for the improved position are private patient income and a favourable performance against plan in non-pay in M2. The Trust's pay expenditure continues to meet plan.	
Patient Safety Implications None	
Equality impact implications None	
Financial implications Important to note performance year to date in the context of the Trust's plan for FY24/25.	
Strategic Risk BAF Risk 1: Financial Sustainability	
Action required from the meeting To note the YTD financial performance.	
Consultation carried out with individuals/ groups/ committees Shared with EMT, Ops Board (both 12 June 2024) and (M1) FIC (6 June 2024) prior to coming to Board.	
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 Executive	

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

Period 1 and 2 Financial Flash report



Public Trust Board

19 June 2024

Executive Summary

The Trust is reporting a YTD **£6.5m** deficit position and a **£1.2m** deficit position for the period ended 31 May 2024 (M2).

M2 is **£0.8m** favourable to plan and the YTD position had improved from **£3.5m** adverse in M1 to **£2.7m** adverse YTD.

The key drivers for this performance are:

Income

Clinical Income

- NHS Clinical Income is **£1.5m** adverse YTD due to:
    - **£1.2m** – underperformance on ERF, this includes estimates for uncoded activity in months 1 and 2
    - **£0.5m** – behind plan on the CYP Gender Service due to delays in recruiting sufficient staff to deliver planned activity

Passthrough Income

- Passthrough drugs are overperforming by **£1.5m** due to increased activity partially on CAR-T. Note this income is largely matched by passthrough costs

Private Income

- The Trust-wide private income stands at **£12.0m** and this is **£0.3m** behind plan YTD
- However, M2 is **£0.3m** ahead of plan due to increased ICU bed days and the overall position has therefore partially recovered from the adverse start of the year.

Other operating income

- Other operating income is **£1.2m** adverse to plan YTD. SLAs and charity grants income continues behind plan by **£1.4m** largely due to delays on SLA being signed. This adverse performance is partially offset by a particularly strong M2 in Research and Innovation income, which shows an overperformance of **£0.4m**.

Executive Summary

Pay

- The YTD pay position is in line with plan. M2 incurred arrears payments for Consultants pay awards of **£0.5m** (for March 2024)
- M2 Bank spend saw a reduction when compared to M1, this was due to M1 including back dated annual leave pay and bank holiday cover
- A focus on Bank and Agency expenditure in connection with workforce controls will be important going forward in order to maintain control of staff costs
- M2 closing WTE were at 5811

Non-Pay

- Non-pay YTD is **£1.2m** adverse to plan, mainly driven by a **£0.8m** increase on Passthrough expenditure (which is matched by passthrough income) and **£0.8**m increase on Drugs.
- YTD Research and Innovation expenditure has been underspent by **£0.4m** which has driven the **£1.2m** position.

Better Value

- YTD the Trust's pay Better Value is being achieved (£**0.5m** against a plan of £0.5m)

Cash and Capital

- The Trust cash balance has decreased from **£58.2m** (M1) to **£53.0m** at the end of M2 due to payments made to a capital creditor.
- YTD Capital expenditure is **£4.7m** which is **£1.7m** lower than plan.
- The YTD variance relates to Trust funded expenditure reporting at **£2.4m** which is **£1.5m** lower than plan. Donated expenditure is **£2.2m**, **£0.1m** below plan

Period 2 : Flash Financials

The Trust is reporting a **£6.5m deficit** position YTD and for the period ended 31 May 2024 a **£1.2m deficit** . YTD this is **£2.7m** behind plan. This constitutes an improvement on M1 of £0.8m.

		24/25 - M02			24/25 - YTD		
		PLAN	ACTUALS	VAR	PLAN	ACTUALS	VAR
		P2	P2	P2	P2	P2	P2
Clinical Income		£34.4	£32.9	(£1.5)	£68.7	£67.2	(£1.5)
Pass-through Income		£7.8	£9.1	£1.3	£15.5	£17.0	£1.5
Total Clinical Income		£42.1	£42.0	(£0.2)	£84.2	£84.2	(£0.1)
Private Patient Income		£6.1	£6.4	£0.3	£12.3	£12.0	(£0.3)
Other Operating Income		£6.9	£5.9	(£1.0)	£13.1	£11.9	(£1.2)
Pay	*Substantive*	(£32.0)	(£32.1)	(£0.1)	(£64.0)	(£64.0)	(£0.0)
	Bank	(£2.0)	(£1.7)	£0.2	(£3.9)	(£4.0)	(£0.1)
	Agency	(£0.4)	(£0.4)	(£0.0)	(£0.8)	(£0.9)	(£0.0)
Total Pay		(£34.4)	(£34.3)	£0.1	(£68.7)	(£68.8)	(£0.1)
Drugs		(£1.4)	(£2.8)	(£1.4)	(£2.9)	(£3.7)	(£0.8)
Pass-through exp (Drugs & Devices)		(£7.8)	(£6.6)	£1.2	(£15.6)	(£16.5)	(£0.8)
Non Pay		(£11.7)	(£10.0)	£1.7	(£22.6)	(£22.2)	£0.4
Total Non Pay		(£21.0)	(£19.4)	£1.6	(£41.1)	(£42.3)	(£1.2)
Finance Costs		(£1.8)	(£1.7)	£0.0	(£3.5)	(£3.4)	£0.1
TOTAL		**(£2.0)**	**(£1.2)**	**£0.8**	**(£3.7)**	**(£6.5)**	**(£2.7)**

Period 2 : Directorate performance

The table below shows the split of the year to date deficit position by directorate:

YTD Position as at 31st May 2024

Directorate	YTD Budget	YTD Actuals	YTD Variance
Blood Cells & Cancer	(£6.3)	(£6.7)	(£0.4)
Body Bones & Mind	(£5.8)	(£6.5)	(£0.7)
Brain	(£4.4)	(£4.7)	(£0.2)
Core Clinical Services	(£16.6)	(£17.6)	(£1.0)
Heart & Lung	(£8.6)	(£11.6)	(£3.0)
Sight & Sound	(£5.3)	(£5.6)	(£0.3)
International And Private Care	£6.0	£7.0	£1.0
Medical Director	(£2.3)	(£1.5)	£0.8
Genetics	£2.1	£1.8	(£0.3)
Nursing And Patient Experience	(£0.8)	(£0.7)	£0.2
Space And Place	(£8.8)	(£8.9)	(£0.1)
Clinical & Medical Operations	(£1.3)	(£1.1)	£0.3
Transformation	(£1.7)	(£1.9)	(£0.2)
ICT	(£2.2)	(£2.1)	£0.1
Innovation	(£0.1)	(£0.5)	(£0.4)
Research And Innovation	£0.3	£0.3	£0.1
Corporate Affairs	(£0.6)	(£0.7)	(£0.1)
Finance	(£0.5)	(£0.5)	£0.0
HR & Organisational Developmen	(£1.1)	(£1.2)	(£0.1)
Central Expenditure	(£4.1)	(£0.3)	£3.9
Central Income	£61.9	£60.2	(£1.7)
Depreciation	(£2.8)	(£2.6)	£0.1
Dividends Payable	(£1.3)	(£1.3)	£0.0
Reserves	£0.9	£0.0	(£0.9)
Grand Total	**(£3.7)**	**(£6.5)**	**(£2.7)**

Attachment P

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board 19 June 2024	
Annual Health and Safety and Fire Safety Report **Submitted by: Chris Ingram** **Fire, Health and Safety Manager**	**Paper No: Attachment P** **For information and noting**

Purpose of report
To present to the Board the Trust performance in health and safety and fire safety and to provide assurance that the Trust has met its statutory duties.

Summary of report
- Introduction
- Health and Safety annual update
- Fire Safety annual update
- Future priorities for 2024/ 25

Patient Safety Implications
Health and Safety is more concerned with staff safety but a robust health and safety performance will help our staff to provide look after our patients. Fire safety is important in all areas of the Trust including our clinical areas. A robust set of processes in regard to fire safety will ensure our patients are kept safe.

Equality impact implications
Both health and safety and fire safety processes are in place to ensure that all staff and patients are kept safe. In some circumstances extra mitigations are in place to ensure this. An example of this would be a Personal Emergency Evacuation Plan (PEEP) for staff members or bespoke ward training for our staff looking after patients in the intensive care units.

Financial implications
The safety department does not have a direct budget but there are lots of different streams where finance is required to ensure a safe estate. There is also the implication that if the Trust did not fulfil its statutory duties we may be prosecuted and fined.

Strategic Risk
BAF Risk 9: Estates Compliance

Action required from the meeting
- Note the contents of the annual report regarding the Trust's performance in Health and Safety and Fire Safety
- Acknowledge the summary of the external (AE's) Fire Safety Report

Consultation carried out with individuals/ groups/ committees
Agreed by Executive Director for Space and Place, Deputy Director of Space and Place and Fire, Health and Safety Manager. Presented and reviewed at Health and Safety Committee and Fire Safety Committee.

Who is responsible for implementing the proposals / project and anticipated timescales?
Fire, Health and Safety Manager

Who is accountable for the implementation of the proposal / project?
Executive Director for Space and Place

Attachment P

Great Ormond Street Hospital for Children NHS Foundation Trust

23/24 Annual Report to the Trust Board

June 2024

Health and Safety and Fire Safety

1. Introduction

GOSH Health and Safety Team support Trust management and staff to meet their statutory duties in relation to controlling health and safety risks and precluding the chance of harm to patients, visitors, and staff. The team does this by having a robust system of risk assessment, audit, incident review and walkarounds which allows the team to anticipate and alleviate risks before they cause harm.

The Trust has specialised risk assessments in areas such as Fire Safety, Control of Substances Hazardous to Health (COSHH) and Sharps Safety. Impact assessments are also required before each Redevelopment Project. In addition, there are many local risk assessments that are completed as and when required.

A regular walkaround occurs weekly to inspect the Space and Place areas in the Trust. A detailed report is included on the bi-monthly Health and Safety Committee agenda.

The following table reviews the significant issues the Trust have dealt with from a health and safety perspective in the last year.

Table 1 – Health and Safety – This list is not exhaustive

Description of work	Progress and lead	Timescale	RAG Rating: 1st April 2024
The Trust reports Health and Safety incidents on Datix. The team also administer and approve all Security incidents.	981 (876 previous year) health and safety incidents were reported from 1/4/23 – 31/3/24. This included 104 (98 previous year) patient safety accidents. The main themes were violence/abuse/harassment towards staff and sharps injuries. There were also 263 Security incidents that were facilitated by the team using the Datix system. **Lead: Fire, Health and Safety Team**	All H&S incidents are monitored and reviewed at the bi-monthly Health and Safety Committee	
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) - Any incident that involves a staff member being away from the Trust for more than 7 days, results in a serious injury or has occupational exposure to a named disease must be reported under RIDDOR.	15 incidents were reported under RIDDOR. This is a decrease from 23 in the previous year. This decrease is a result of less incidents being reported due to potential exposure to COVID 19. Further information is below. **Lead: Fire, Health and Safety Team**	Incidents must be reported under RIDDOR within 15 days.	

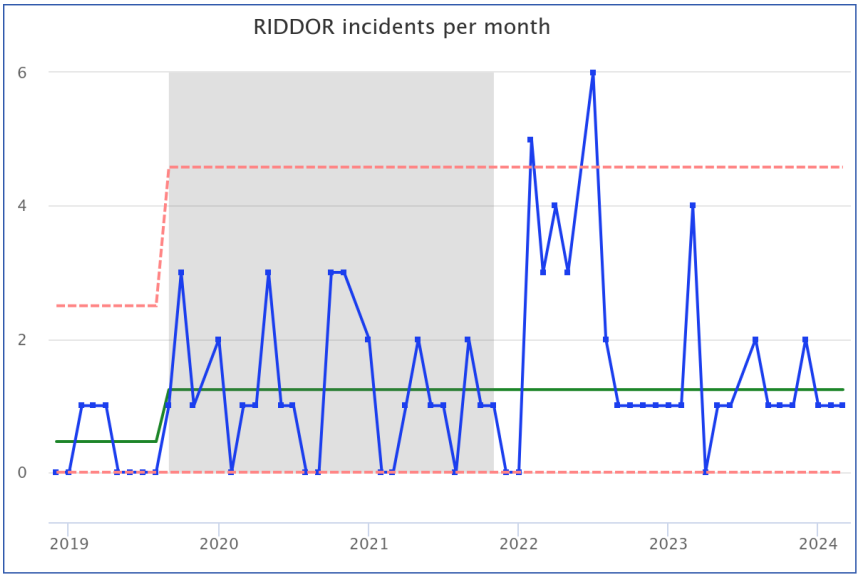
Description of work	Progress and lead	Timescale	RAG Rating: 1st April 2024
Train 90% of staff in Health and Safety and Fire Safety. Health and Safety training is completed through E-Learning.	On the 1st of April 2024 compliance with Health and Safety training was 95% (96% in 2023). **Lead: Fire, Health and Safety Team**	Monitored monthly. Email sent out to all those who are not compliant on the 1st of each month by the Training Department. Compliance level is also reported at the Health and Safety Committee on a bi-monthly basis.	
Safer Sharps - The Trust is required to comply with the Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 (the regulation), which is monitored by the Health and Safety Executive (HSE).	A working group has met monthly over the reporting period to discuss and implement actions relating to safer sharps. The Clinical Procurement Team are now attending the Health and Safety Committee which allows greater scrutiny and discussion. All standard products have a risk assessment completed for them. These have been sent to the Ward Managers and are currently being reviewed in the annual COSHH Audit. The last audit was completed in July 2023. Graph 2 below shows the number of sharps injuries over the reporting period. **Leads: Clinical Procurement and Health and Safety Team**	Monitored at the Health and Safety Committee (Bi-monthly).	
All Control of Substances Hazardous to Health (COSHH) information has been updated across the clinical areas. All relevant non-clinical areas such as Estates have also been completed.	Audit was started in February 2024 and completed in April 2024. Results will be presented at the Health and Safety Committee in July 2024. **Lead - Department Managers and Health and Safety Team**	Assessments are updated and audited on an annual basis.	
Health and Safety Walkaround - Following a Fire Risk Assessment, the Fire Safety Officer highlighted an issue with waste and housekeeping in non-clinical areas of the Trust. This will become even more important as the Children's Cancer Centre Project gathers pace and the Trust has even less storage space.	A weekly walkaround of these areas has resulted in the areas being managed much more proactively and lots of hazards have been removed from site. The route has been revised due to the Frontage Building and OBW Yard now being part of the Childrens Cancer Centre. A plantroom audit alongside the Estates Team has also started. **Lead: Health and Safety Team**	Information is shared with key stakeholders on a weekly basis. Updates are provided at the Health and Safety Committee.	

Description of work	Progress and lead	Timescale	RAG Rating: 1st April 2024
Policies	In this reporting period the team have reviewed updated the following policies: • COSHH Policy updated in May 2023 • Control of Contractors Policy updated September 2023 • Computer Workstation Policy February 2024 • No Smoking Policy updated December 2023 • Safer Sharps Policy updated December 2023 **Lead: Health and Safety Team**	Policies are reviewed and updated every 3 years (sooner where there is change to relevant associated regulations)	
Asbestos Management	The Trust was inspected by the Health and Safety Executive on 21st March 2024. An action plan has been drafted and progress against the actions will be presented at the Health and Safety Committee as a standing agenda item. **Lead: Estates Team and the Health and Safety Team**	Weekly action plan update meeting which will report to the Senior Leadership Team in Space and Place and the Health and Safety Committee.	
Radon arrangements – The Trust must complete a Radon Risk Assessment as part of its statutory duties.	65 radon monitors have been placed at pre-determined locations in the lower levels of the Trust. These locations were identified by the Radiation Protection Advisor and Health and Safety Manager. They need to stay in place for 3 months before being sent to the United Kingdom Health Security Agency for the results. **Lead: Health and Safety Team**	This will be monitored at the Health and Safety Committee and the Radiation Protection Committee.	

2. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

The Trust reported 15 incidents under RIDDOR between the 1st of April 2023 and 31st March 2024. The main reasons for reporting incidents under RIDDOR are slips, trips and falls or potential exposures to COVID 19. The Trust reported 5 incidents involving slips, trips and falls and 5 incidents involving potential exposures to COVID 19. Graph 1 shows the numbers of incidents reported under RIDDOR over the last 5 years. All incidents reported under RIDDOR are reviewed at the Health and Safety Committee.

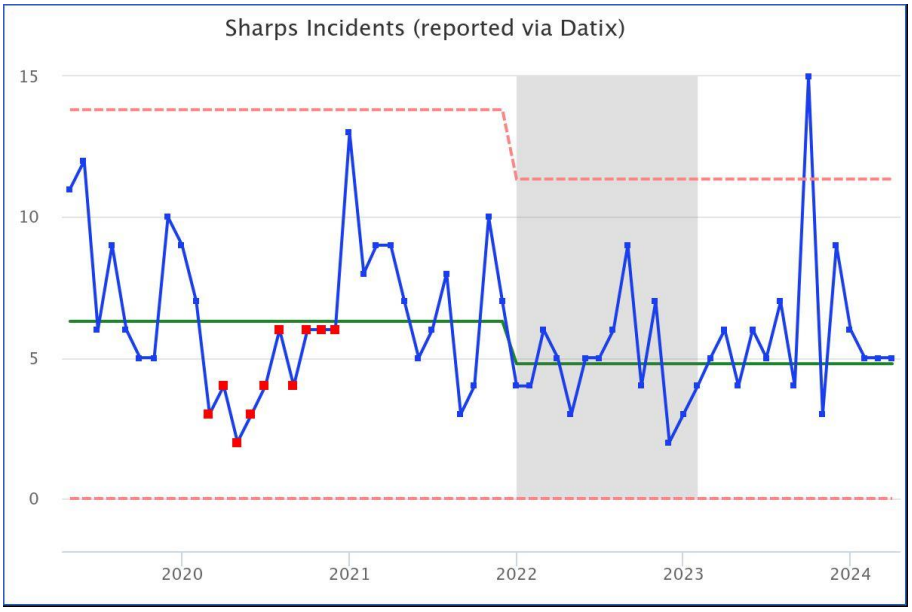
Graph 1



3. Sharps Safety

The Trusts Safer Sharps Committee continues to meet monthly, but it has recently been discussed if this can move to business as usual. The Trust has increased the number of safer sharp products in the Trust and has completed risk assessments for those where a standard device is required. Graph 2 shows the number of Sharps incidents over the last 5 years.

Graph 2



4. Fire Safety

The reporting period has been challenging for a large part of it due to a large turnover of staff in a small team. The Trust has had a change of Fire Safety Officer and 1 Fire, Health and Safety Advisor which meant the team was down in numbers for a significant part of the year. New team members are now in place and the team is moving forward into 2024/25. A new staff member has also been recruited who will be working exclusively with fire doors. The Trust also has arrangements with specialist contractors in order to complete its statutory compliance in line with the Regulatory Reform Order for Fire Safety and also ensure compliance with HTM05-03.

The year has been extremely busy especially in relation to the Childrens Cancer Centre and the enabling work that has been completed beforehand. The Authorised Engineer (AE) for Fire Safety completed an annual audit in March 2024 The report was extremely positive, and the recommendations will be completed via an action plan that will be monitored at the Fire Safety Committee.

Table 2 – Fire Safety – This list is not exhaustive

Description of work	Progress and lead	Timescale	RAG Rating: 1st April 2024
Fire Safety mandatory training – Trust standard is to be above 90% compliance. The Trust has weekly 'face to face' Teams fire training every Tuesday, Wednesday, and Thursday at 2pm and biweekly training Tuesdays at 8.30am.	AS of 1/4/24 Fire Safety Training is currently at 95% (93% - 1/4/23) compliance for bi-annual training and 88% (85% - 1/4/23) for annual training. There is a plan in the future to improve safety performance by having every staff member complete annual training. This will affect the compliance figures initially. **Lead: Fire Safety Team**	Monthly – Reported at the Fire Safety Committee and bi-monthly at the Health and Safety Committee.	
Other fire safety training. • Response Team Training • Evac Chair Training • Fire Warden Training • Tabletop Evacuation Training – Exercise Flambe in conjunction with the Emergency Planning Officer • Site specific training for new areas	The Fire Safety Team have delivered a huge amount of training over the last year. This is regularly reviewed and updated depending upon the needs of our staff and patients. **Lead: Fire Safety Team**	Ongoing process – Training updated annually	
Redevelopment Projects – The Fire Safety Team is asked to comment on and review all new redevelopment and commissioning projects within the Trust. The Childrens Cancer Centre (CCC) has played a huge part in this financial year.	The Trust is currently finalising the derogations and potential derogations regarding the CCC. Following positive meetings with the CCC team as well as Healthcare Planners and the Authorised Engineer for Fire Safety the Trust is entering the last stages of confirming the final design. In the reporting period the Fire Safety Team have helped to design and move patients and	As and when required	

Description of work	Progress and lead	Timescale	RAG Rating: 1st April 2024
	staff away from the Frontage Building and into the Southwood Building. The team have provided training in all of these areas. **Lead: CCC Team, Redevelopment Team and Fire Safety Team**		
Fire Risk Assessments – The Trust must complete a Fire Risk Assessment (FRA) for each area to ensure staff and patients are safe in their areas.	As of 1/4/24 the Trust has 40 FRAs that need to be reviewed and updated. The Fire Safety Manager is putting an action plan in place to ensure full compliance. This will be monitored at the Fire Safety Committee. **Lead: Fire Safety Team**	Monthly – Reported at Fire Safety Committee	
London Fire Brigade (LFB) visits to GOSH	There were 56 Code 1 fire signals sent in 2023/24. The LFB did not attend for unwanted fire signals during this period. The LFB did attend for familiarisation visits. During the visits, the LFB have visited and advised on the new Main Entrance and as of the 19th of February this became our official Main Entrance on their information hubs. The LFB also attended for familiarisation visits in the MRI Department where they received training on how to deal with a fire in the magnet rooms. During Apollo Week Blue Watch Crew from Euston visited and were a very positive presence as they spoke to patients, parents and staff about all things fire safety. **Lead: Fire Safety Team**	As and when required	
Fire Drills – The Trust must complete fire safety drills in all of its non-clinical buildings on an annual basis.	All non-clinical buildings have completed fire drills in the reporting period. New drills will be completed in the summer of 2024. **Lead: Fire Safety Team**	Annually	
E-Vehicles – E-Vehicles are not allowed onsite. During the H&S Walkaround it was noted that the bikes were starting to reappear. Following external incidents over Christmas the LFB advised the Trust that E-Vehicles should not be kept onsite unless they can be	Trust staff have been made aware of the issues with E-Vehicles. The Bike Group has been made aware of the risks of E-Vehicles both whilst at work and when at home. The Fire Safety Team are leading on a project to turn the ZCR bike park	Monitored at the Fire Safety Committee	

Description of work	Progress and lead	Timescale	RAG Rating: 1st April 2024
accommodated safely. Currently the Trust does not have such a facility.	into a safe storage area for E-Vehicles. **Lead: Fire Safety Team**		
Fire Safety Compliance – HTM05-03 sets out the arrangements that the Trust should comply with	During the reporting period the Trust has made improvements with its compliance information. The CAFM System (Concept) is now much more user friendly and can be used to store the fire safety information. **Lead: Fire Safety Team/CAFM Manager**	Compliance information is now presented on a monthly basis to the Fire Safety Committee.	
Fire Doors – The Trust has employs specialist contractors to fulfil its compliance obligations. Robust controls were needed to manage these external contractors.	The Fire Safety Team will now assume responsibility for fire doors. A Fire Door Operative has been recruited to complete this task. **Lead: Fire Safety Team**	Fire Door compliance will be monitored at the Fire Safety Committee	

5. Priorities for 2024/2025

- Asbestos Management is going to be led by the Health and Safety Team. This will ensure compliance with the Asbestos Regulations and will be monitored at the Asbestos Working Group, with regular updates to the Health and Safety Committee.
- A full review of the maturity of the Trusts Safer Sharps Committee.
- The Trusts new substantively appointed Fire Door Operative to start in post. This will allow the Trust to maintain its fire doors in a sustainable and economically sensible way.
- The Fire Safety Team are prioritising Fire Risk Assessments to ensure that the Trust is 100% compliant. The plan is to have this completed by the 31st of July and will be monitored at the Fire Safety Committee.
- The Fire Safety Team are exploring the use of self-testing fire detectors. This would need an initial outlay of time and finance but would hopefully save money over a longer period.
- Review and enact the recommendations made in the AE for Fire Safety annual report.

6. Recommendation

The Board is requested to note the contents of this paper and acknowledge the progress that has been made in relation to the management of Health and Safety at GOSH.

Attachment Q

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
19th June 2024

Guardian of Safe Working Report Q4 2023/24 and Annual Report 2023/24 **Submitted by:** Dr Edward Gaynor, Guardian of Safe Working	**Paper No: Attachment Q** ☐ **For information and noting**

Purpose of report

- The Q4 2023/24 report to the Board regarding Junior Doctor working practice covers the period 1st January to 31st March 2024 inclusive.
- Provides assurance to the Board on progress being made to ensure that doctors working hours are safe for the year ending March 2024.
- The Board is asked to report information on rota gaps and the plan for improvement in the Trust's Quality Account and publish the details of Guardian fines in the Trust's annual accounts.

Summary of report

- This paper summarises progress to the year end 31 March 2024 in providing assurance that non-consultant (junior) doctors at Great Ormond St Hospital (GOSH) are safely rostered and enabled to work hours that are safe and compliant, with opportunity to access training and education.
- Exception reporting (ER) is available to all Junior Doctors (including Trust Grade Doctors since October 2022) and continues to be the only formal tool to monitor compliance with 2016 contractual obligations of the Trust.
- Compliance with 2016 TCS: Implementation of the New Amendments October 2019
    - All rotas include calculation for safe minimal staffing numbers set by departments.
    - Provision for both study and annual leave allowance is factored into all rotas.
    - Rota coordinators check compliance with all rota changes.
- Two fines have been levied. It is likely that this signifies low reporting rates rather than assuring compliance.
- GOSH vacancy rates have increased and range 9.2% and 14.2% over 2023/24, sitting higher than the Trust average. (Note 9.8% and 13.4% over 2022/23)
- Bank rates for non-consultant doctors working unsociable hours have been increased from April 1st, 2022. The overall bank spend has increased in 2022/23 due to a combination of factors including the increase in vacancy rates and industrial action.
- Out of Hours (OOH) medical workforce project implemented during COVID under leadership from the Medical Director's Office, has ended March 31st, 2023. Management has been transitioned to sit within the GOSH Operational Teams

The GOSW Q4 report 2023/24 accompanies the full annual report. This report demonstrates:

- Ongoing but limited engagement of junior doctors with the exception reporting system
- Improvements in access to exception report and revised induction aims to promote purpose and safety mechanisms around exception reporting.
- Vacancy rates a drive of ongoing bank spend within the organisation.

- No safety concerns during this period.

Patient Safety Implications
The Guardian of Safe Working (GOSW) supports and enables a safe and positive working and learning environment for junior doctors. This contributes to the Trusts strategic objective relating to providing safe patient care and an excellent place to work and learn.

Equality impact implications
None

Financial implications
- Higher vacancy rate in 2023/24 and ongoing industrial action and their related bank costs, particularly if unmonitored
- Fines now implemented for all breaches related to regulation/ recommendations provided by the TCS 2016 for Junior Doctors.
- Continuing payment for overtime hours documented through the exception reporting practice – extended to non- training doctors (since October 2022)

Strategic Risk
BAF Risk 2: Workforce Sustainability

Action required from the meeting
None

Consultation carried out with individuals/ groups/ committees
- Dr Renée McCulloch, Deputy Medical Director: Workforce, Careers & Wellbeing
- Junior Doctors Forum

Who is responsible for implementing the proposals / project and anticipated timescales?
Dr Edward Gaynor, Guardian of Safe Working (GoSW)
Dr Elise Randle, Director for Medical Education (DME)

Who is accountable for the implementation of the proposal / project?
Dr Sanjiv Sharma, Chief Medical Officer

GOSH Guardian of Safe Working Annual Trust Board Report - April 1st 2023 to March 31st 2024

1. Introduction

1.1. The 2016 Terms and Conditions of Service (TCS) for NHS doctors and dentists in training highlight the importance of appropriate working hours and attendance at training and education opportunities for junior doctors. Both issues have a direct effect on the quality and safety of patient care with increasing recognition on the negative effect of rota gaps on junior doctor training and wellbeing.

1.2. Contractually, every Trust has a Guardian of Safe Working (GoSW), a senior appointment who ensures that issues of compliance with safe working hours are addressed and provides assurance to the Board of the employing organisation that doctors' working hours are safe.

1.3. The 2016 TCS set firm limits to the number of hours trainee doctors can spend on duty. GOSH works within these limits for all doctors despite differing contractual arrangements across the establishment. The 2016 TCS guides safe working hours with principles that must apply to all.

1.4. Content for this report is gathered through data analysis of rostering, finance and exception reporting software systems, through working alongside the junior doctor's committee and the local negotiating committee and collaborating with operational and human resource departments.

2. High level Data* as of 31st March 2024

Number of Trust Doctors	249 (includes Education and Research Fellows)
Number of Training Doctors	135
Number of vacant unfiled posts	44 out of a total of 363 rota slots (12.1%)

*Numbers indicate full time equivalent posts on fixed rota establishment

3. Patient Safety

3.1. Due to the high proportion of Trust Grade doctors, it was agreed in October 2022 at the Local Negotiating Committee that exception reports submitted by all doctors (including non-training grade doctors) will be eligible for fines as per the 2016 TCS. This intervention recognises the unique demographic of the medical workforce at GOSH, creates an equitable approach and above all improves the monitoring and regulation of safe staffing.

3.2. During 2023/24 there has been **no** immediate safety concerns reported directly through the exception reporting ER system.

3.3. Rest provision contributes to safe patient care by ensuring staff are making safe effective decisions. Residential on call rooms on Level 9 were upgraded and reopened in June 2023. In addition, 17 foldaway beds are available in accessible rooms (such as seminar rooms) for 'feet-up rest' for those working on shifts.

4. Work Schedules

4.1. NHS employers mandate that doctors in training should receive schedules of work that are safe for patients and safe for doctors and should be finalised and available 8 weeks prior to commencement of the new post. In 2023/24 all work schedules were available and published within the necessary time frames.

5. Out of Hours Transition to Operation Teams from Medical Workforce Leadership Completed April 2023

5.1. Between November 2020 and April 2023, under the Medical Director's Office, five Medical Workforce Leads (MWLs) were appointed to continue to develop and improve out of hours working under the leadership of the Associate Medical Director (workforce) as part of the COVID management and recovery plan. In particular, they focused on supporting the out of hours (OOH) safety and risk processes, standardising and approach to rota gaps in the organisation, and ensuring governance around absence monitoring and oversight.

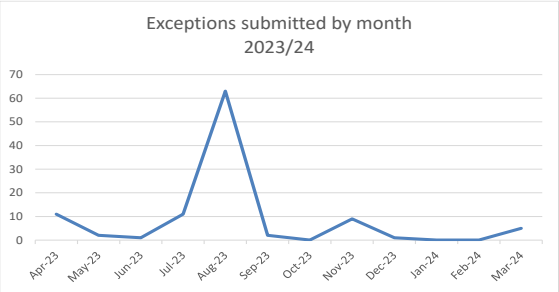
5.2. In April 2023 the OOH transition to the operational team was completed. This work is supported by Anne Laythe (Deputy Chief Operating Officer) and Ciara McMullin (Clinical Site Director).

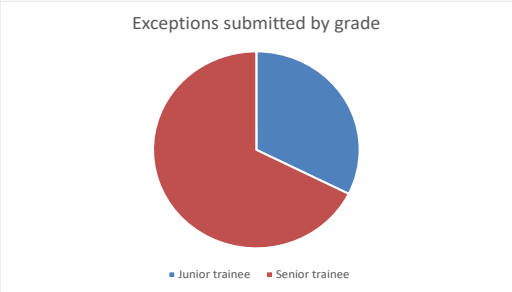
6. Exception Reporting

6.1. Exception reporting (ER) is the mechanism by which doctors are able to report safety concerns in the workplace. Initially this was purely for those on the 2016 TCS contract. However, GOSH enables both NHSE Workforce Training and Education (WT&E, previously HEE) trainees (2016 TCS) and non-training (Trust) grade doctors (2002 TCS) to exception report at GOSH in recognition of the principles of safety and equity: doctors should be part of processes that protect the safety of patients and our workforce treated with equity.

6.2. Since March 2017 all GOSH junior doctors can receive either financial compensation or time off *in lieu* of additional work performed if either preauthorised or when validated by a clinical manager. From March 2023 all submitted ERs will be eligible for GOSW fines as per the 2016 TCS if breaches occur.

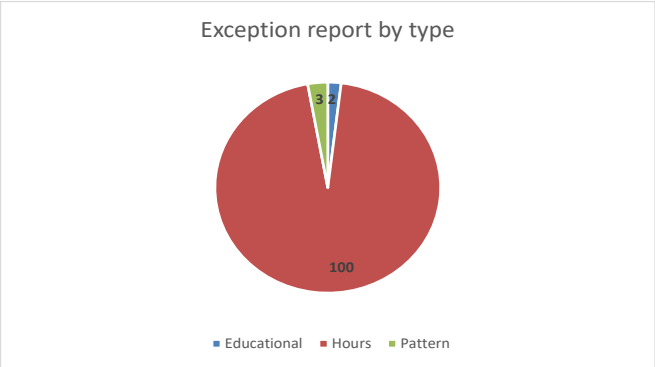
6.3. In 2023/24 GOSH received 105 exception reports (down 54 from 2022/23) submitted by a total of 15 individual doctors. There was an average of 12 reports each month however 60% of exception reports were completed in one month (August 2023) by one specialty. The larger number of senior trainees, reflects nature of senior training or clinical fellow posts within the organisation. These numbers while fluctuating from month to month are broadly in line with the long-term average.



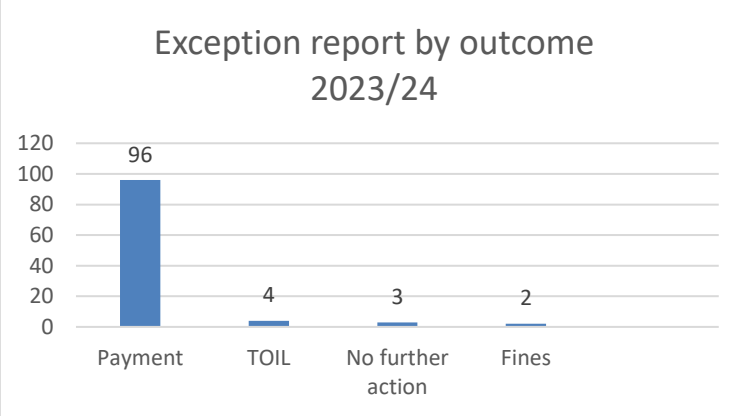


6.4. Presented monthly less than 1% of the junior doctor workforce are submitting ERs. This is a very small proportion of doctors but aligns with the national knowledge and our previous ER surveys in January 2018 and January 2020.

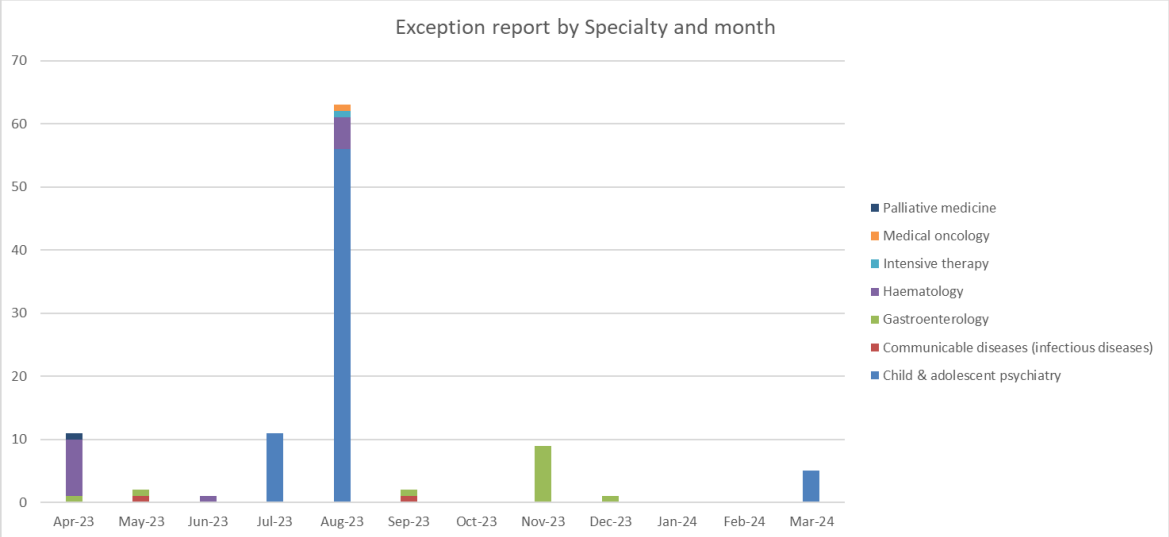
6.5. The vast majority of ERs are related to additional hours work and submitted by senior Trust grade (non-training) doctors.



6.6. Most ERs resulted in financial compensation (93%); payment as an outcome has a proportion has increased in the last year compared to TOIL in 2022/3 (Payment 60%, TOIL 25%)



6.7. ERs have been presented by multiple specialties. Variation in reporting pattern is seen through the year. The incidence of reporting can be seen in some specialities that have experienced vacancies (both junior doctor and consultant-grade doctors) with subsequent high-volume workflow resulting in additional hours:



6.7.1. Onboarding delays for International Medical Graduates (IMGs) are noted, particularly in the Intensive Care Units (ICU, NICU & CICU), Haematology and Gastroenterology which have a large establishment relying on IMG recruitment.

6.7.2. Improvements have been seen in Immunology and Infectious Disease (ID) (which can be reported through a 'haematology' label as some doctors rotate) since their establishment was increased by 2WTE in Autumn 2023.

6.7.3. Exception reporting in child and adolescent psychiatry occurred towards the end of training rotational period. These reports reflected exceptions over a longer time-period than the standard 7 day reporting window. The GoSW and DME met multiple times with junior doctors, service leads, educational leads, and training programme directors. Support was provided internally, and a Deanery review was invited to ensure improved processes were in place for collecting feedback. ER from this service have since reduced. Subsequent Deanery (WT&E) and junior doctor feedback has been positive since implementations of improvements in relation to staffing, supervision and training.

6.8. Doctors still struggle with the reporting process and the closing of exception reports by educational supervisors is often slow. The GoSW often facilitates closure of ERs and does so frequently as many breach response time guidelines. Monitoring of time to closure is planned for 23/24.

7. Fines

7.1. Two fines were levied during 2023/24 (down from only 4 in 2022/23) to date. These included two doctors breaching the thirteen hour maximum shift time. One due to unexpected staff sickness, requiring additional volume of workload, and one due to excess clinical workload with expected staff numbers. Both fines were applied for the doctors on the 2016 TCS.

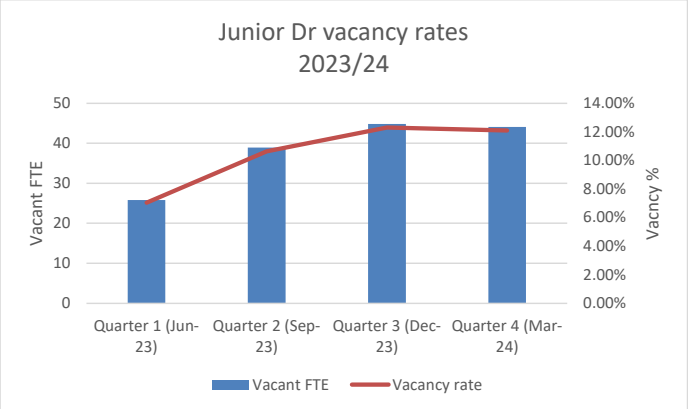
7.2. ER software (Allocate) does not automatically identify breaches and depends on doctors to report breaches (such as frequently not getting 5 hours continuous rest on non-resident on call rotas) which they are often reluctant to do.

8. Rota Gaps and Vacancy Rates

8.1. Vacancy rates and rota gaps reflect the end point of multiple workforce issues including:

- short term unplanned absence
- delays in recruitment process, particularly timeframes onboarding IMGs
- variations in numbers of trainees sent to the Trust by the Deanery
- increase in doctors working less than full time
- national reduction in the medical paediatric workforce with a reduction in European pipeline

8.2. GOSH vacancy rate has varied between 9.2% and 14.2% over 2023/4 (broadly similar to the previous year; range 9.8-13.4%). While it is below the national average, it was above the trust target of 10% for three of the four quarters of 23/24.



8.3. Rota gaps have been highlighted as an organisational and national pressure. Measures are being taken to mitigate the situation at GOSH include:

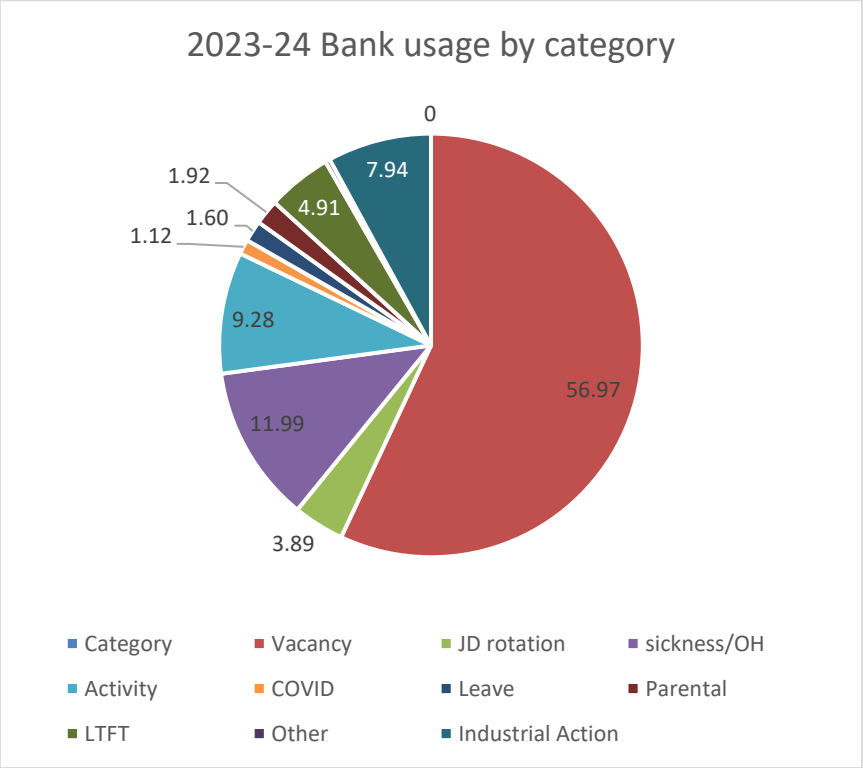
- implementation of a standard operation procedure for rota gaps
- establishing minimal numbers of doctors required to safely staff speciality areas
- devising rotas that factor in allowance for annual and study leave
- allocating managerial oversight providing cross organisation rota coordination and support (having moved to operational teams in April 2023)
- ensuring bank rates within GOSH are comparable to peer organisation
- establishing systems that mitigate gaps such as OOH hospital at night 'one team' system

8.4. Categorisation of Banks Spend Linked to Rota Gap management

8.4.1. Data cleansing has improved categorisation of bank spend on Health Roster, following the medical workforce initiative. This has informed our understanding of the reasons for rota gaps and what can be targeted for improvement.

8.4.2. Vacancy remains the most common reason (57%) for bookings followed by sickness (12%). Industrial action was the 4th most common reason (8%). Induction and delays in onboarding resulted in 3% of the banking spend.

8.4.3. In the report period (April 1st 2023 – 31st March 2024) there has been 29 days of industrial action. This has impacted bank spend, compared to the previous report period 2022/23.



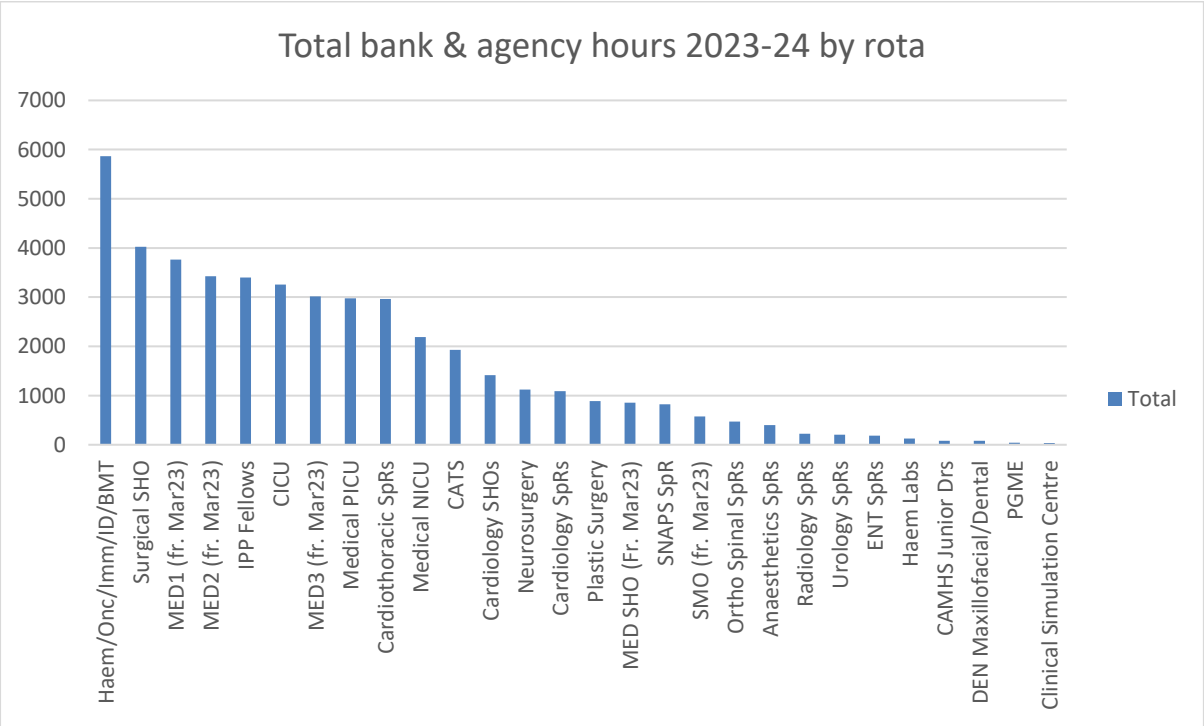
9. Bank Hours

9.1. Bank shifts are primarily filled 'in house' as opposed to locum agencies, as it is viewed that familiarity with GOSH's internal electronic patient record (Epic) is essential. There is significant reliance on internal 'bank' to cover both short- and long-term gaps in rotas across the Trust.

9.1.1. If doctors wish to do work additional shifts, they must be aware of breaching safe working hours; they have responsibility and a duty of care for regulating their own working hours in addition to the organisation. Some organisational oversight is achieved through the rota coordinators who check additional bank shifts for compliance.

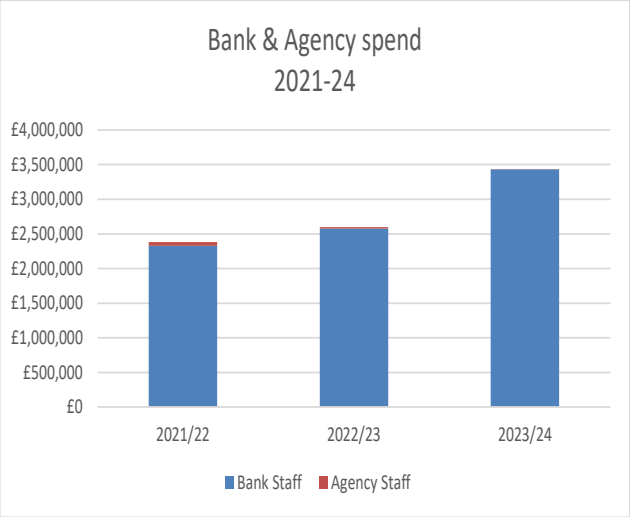
9.1.2. It is important to note, that in most cases a large proportion of the hours filled by bank are 'daytime' hours and not out of hours. Only 29% of shifts were to provide night time cover. This suggests that there may not be the numbers required within specialty to maintain safe staffing levels during the day. This may be due to changing in working patterns and increasing less than full time working within the organisation.

9.1.3. The Haematology/Oncology/Immunology/ID/BMT rota required the most additional banks shift support in 23/24 (76% day bank shifts).



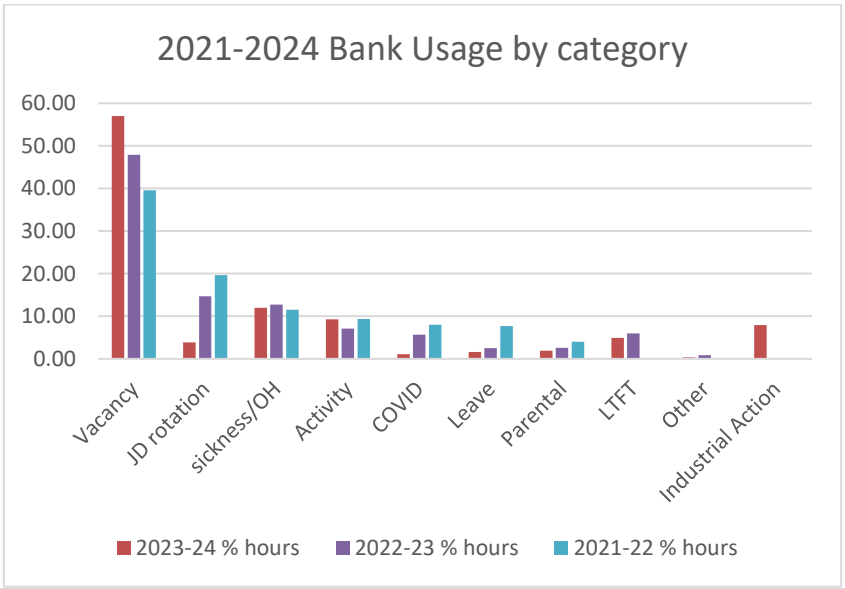
10. Junior Doctor Bank and Agency Spend

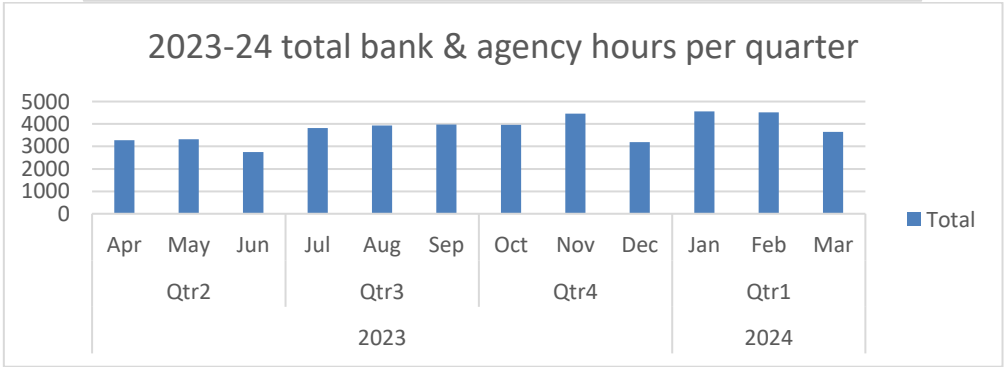
10.1. Year to Date bank and agency spend is £3.43M. Spend to cover industrial action which includes higher rates may indicate why bank costs are higher compared to previous years. It is important to note that bank spend during COVID first surge (Q1 2020) was exceptionally low due to COVID rota management.

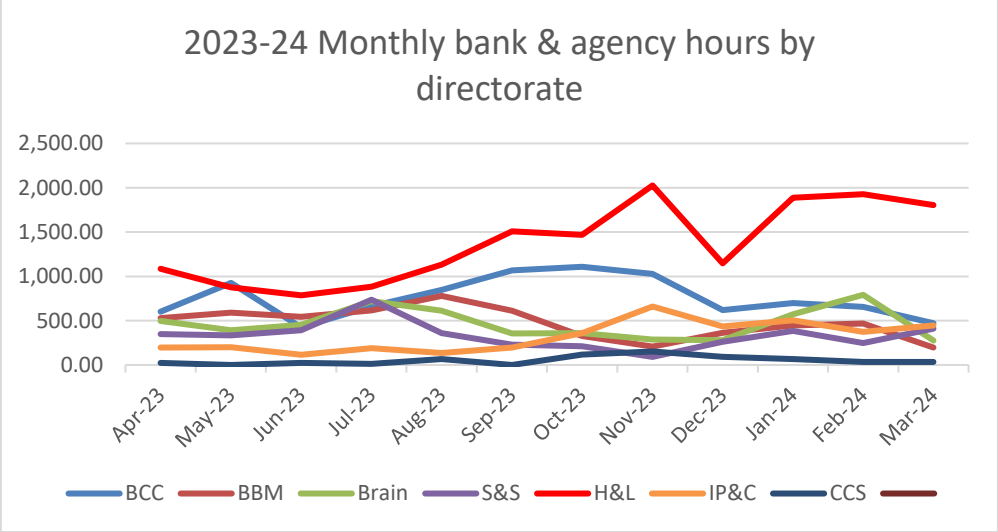


10.2. Rota intervention management (MEGGA to Med 1-3; HaemOnc BMT restructure; Surgical SHO and the H@N 'one team' approach and surgical SHO reconfiguration) has supported safer systems. Increased costs in 2023/24 are likely to reflect both locum spend during industrial action and increased vacancy rates. The medical SHO has re-joined the H@N team to help provide resilience in OOH staffing when unexpected vacancies occur.

	2019/20	2020/21	2021/22	2022/23	2023/24
Bank & Agency Spend	£2.79M	£1.62 M	£2.38M	£2.6M	£3.4M

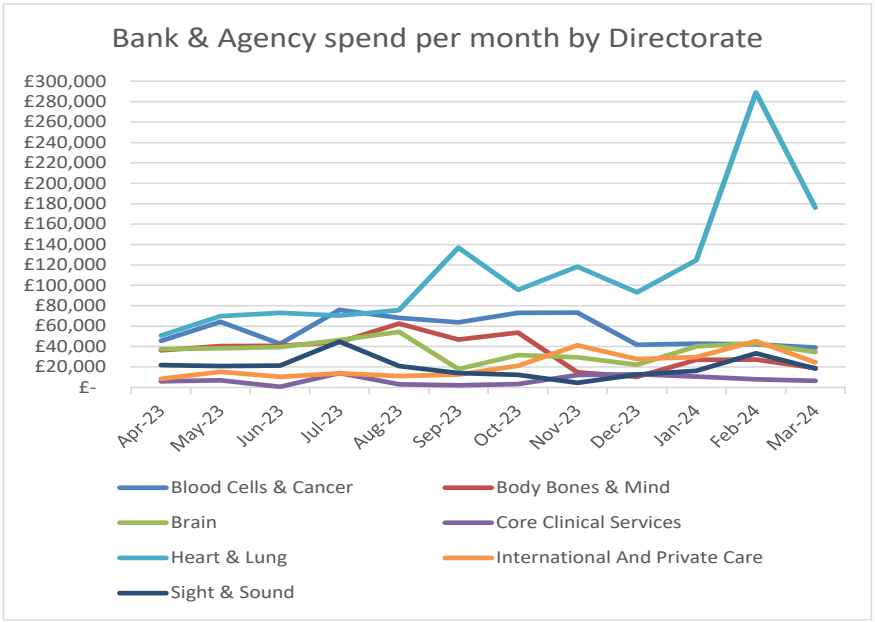






10.3. The data does not include salary savings for vacant posts. Bank costs should be triangulated and offset with salary savings related to vacant posts.

10.4. The Heart and Lung Directorate had the highest bank costs but hosts the intensive care units. Ensuring adequate staffing during industrial action and onboarding has contributed to this overall cost. Unexpectedly, fewer WT&E trainees were allocated to the intensive care units at GOSH in Q2-Q4 – a reduction from 18 FTE in April 2023 to 15 in August, and 9 in November 2023. Numbers can fluctuate between 8 and 22 trainees, often requiring last minute external recruitment (UK and IMG). Unfilled duty vacancies were filled with enhanced bank rates – agreed by EMT between December 2023-February 2024. During this period, initiatives including review of HR processes have led to a reduction in vacancies in these areas at the end of Q4.



11. Junior Doctors Forum (JDF)

11.1. The JDF continue to run monthly. It has moved from a virtual to a hybrid format in April 2024. We have also provided lunch for those that attend. Attendance has been variable, but improved since

the hybrid format with lunch has been in place. Recruitment to Junior Doctor Speciality Representative posts requires more focus from directorates, with increased mentoring in these leadership roles being advised.

11.2. General engagement with the junior doctors across the organisation is good, in spite of industrial action. However, it should be noted that morale overall has been affected by the ongoing pay dispute. This may be reflected in reduced attendance with the JDF meetings.

12. For Board consideration

12.1. Risk related to poor compliance assurance offered by the exception reporting system should continue to be acknowledged.

12.2. Prior clinical input to rota management, through medical workforce lead programme, has led to improved data capture of junior medical workforce bank costings. This has resulted in a better understand of the bank spend in the current report.

12.3. Investment in robust and resourced medical recruitment processes would be beneficial. A focus on improved systems for recruitment and onboarding of doctors in 2024-25 is likely to contribute to improvement in vacancy levels, reduce bank costs and support safe patient care. In particular, ensuring that visa application, DBS check and training in clinical systems are completed efficiently and in good time.

12.4. Most assurance is determined by good clinical leadership, open communication and sound operational infrastructure to support recruitment, education and training opportunities and rota management.

Attachment Q

Great Ormond Street Hospital for Children
NHS Foundation Trust

Guardian of Safe Working Hours Report
Q4: 1st January – 31st March 2024

1. Purpose

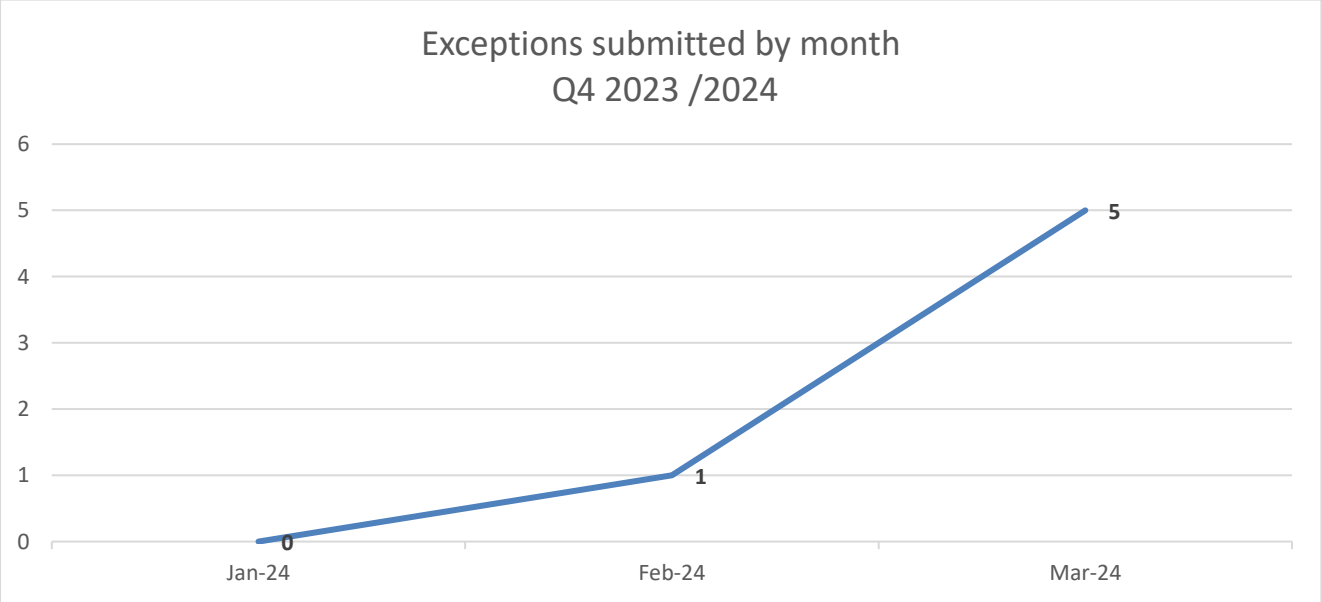
To inform the board on issues arising relating to the junior doctors working at GOSH and the work of the Guardian of Safe Working (GOSW). The GOSW is directly accountable to the Trust Board.

2. Background

See Appendix 1

3. Exception Reporting: High Level Data

Number of exception reports (ER) at GOSH are generally low reflecting cohort of senior trainees and non-UK Trust doctors alongside poor engagement with ER system. There were six exception reports across the quarter, of which five were in March 2024 and reported by two doctors.



ERs submitted in the period January to March 2024 are as below:

- Extra hours worked = 5
- Education = 1
- Two Doctor submitted the reports [1x SHO (CT2), 1 SpR (ST8)]
- 5 ER reports from CAMHS rota; 1 ER from Haematology

Exception Report Outcomes and Explanations:

Outcome	Outcome
TOIL	3
No further action	3
Grand Total	6

“Worked late due to managing multiple issues on the ward”.

“Tried to leave tasks for following day however risk issues needed to be addressed”.

“Due to multiple clinically unwell patients at the same time, I agreed to stay on to help cover as it wasn't possible for the evening SpR only to deal with the various situations at the same time. On-call consultant also on site”

“Unable to attend MRCPsych teaching due to ward work”.

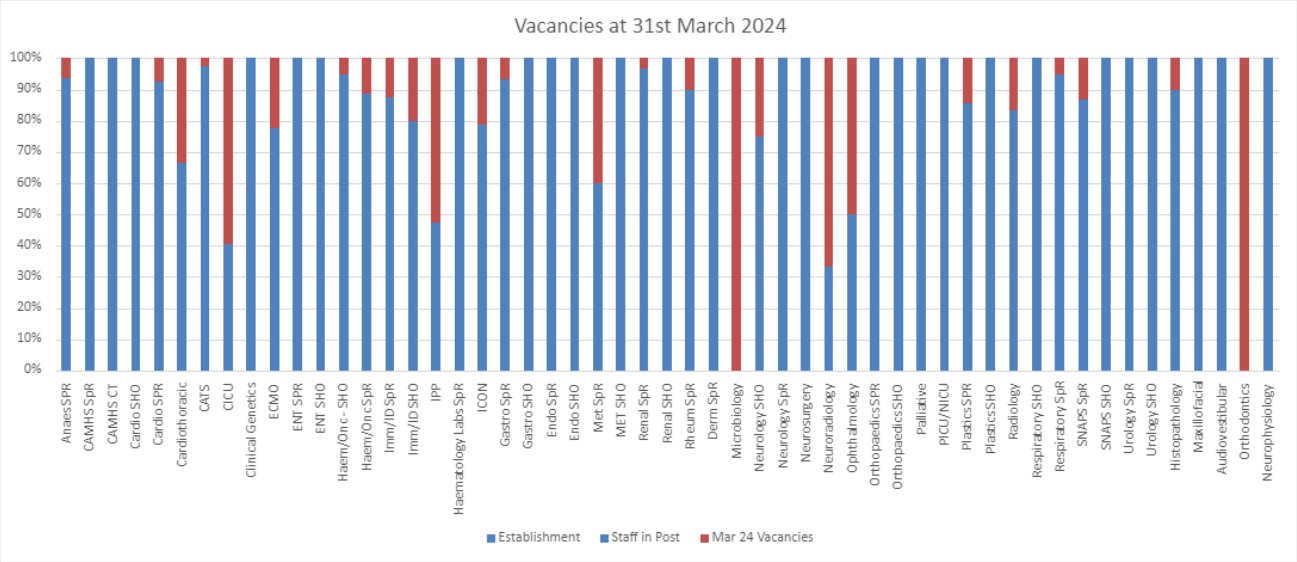
Actions Taken:

- CAMHS service: GoSWH working closely with the local faculty group (LFG) and trainees jointly with Director of medical education (DME) to support service.
- Core educational activities protected for junior doctors. Changes in referral pathways to improve late working. Invited deanery (Health Education England) visit during period to externally review and support training within service.
- Haematology: Service ensuring staffing to meet medical needs of patients.

4. Vacancy Rates:

The overall vacancy rate across junior doctor rotas as of 31st March 2024 is 44.1 FTE (12.1%). This is a slight reduction from the closing figure for Q3 (December 2023 44.3 FTE, 12.3%) but higher than the March 2023 Q4 rate of 11.0% (40.8 FTE vacant).

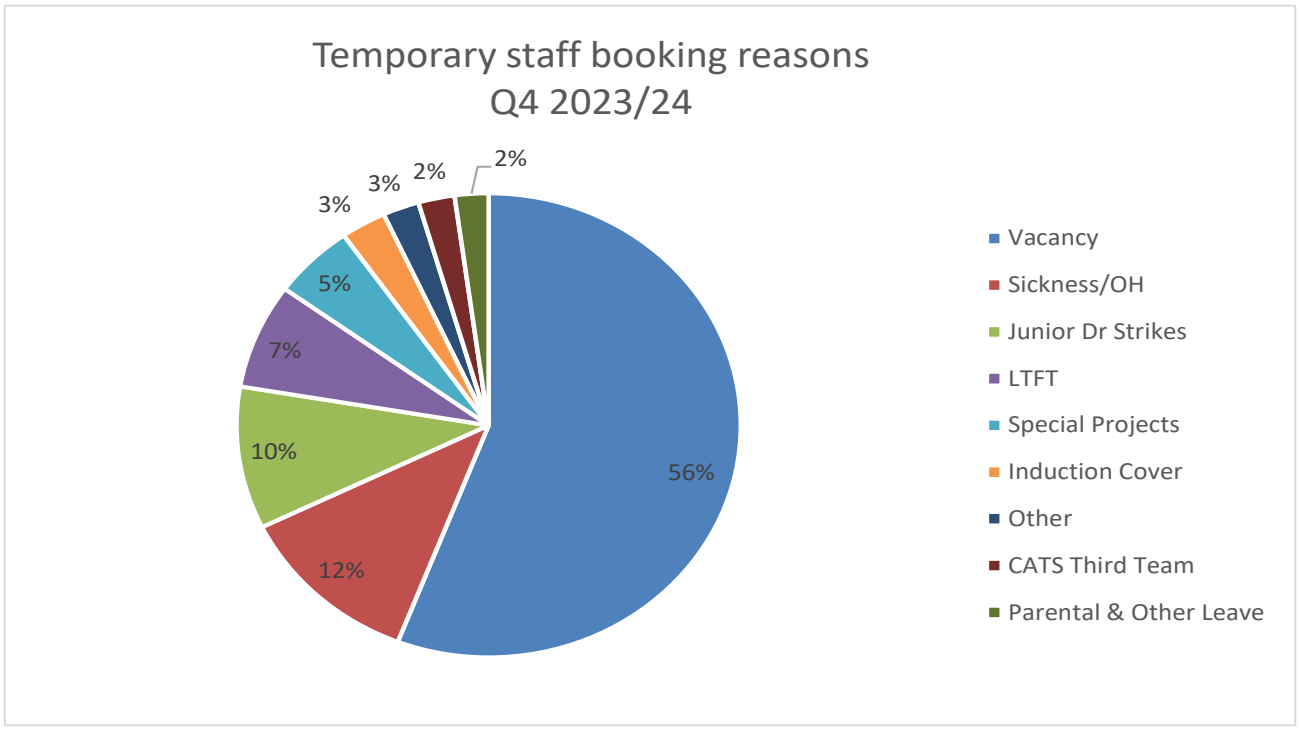
It is also higher than the Trustwide vacancy rate of 5.7% for March 2024.



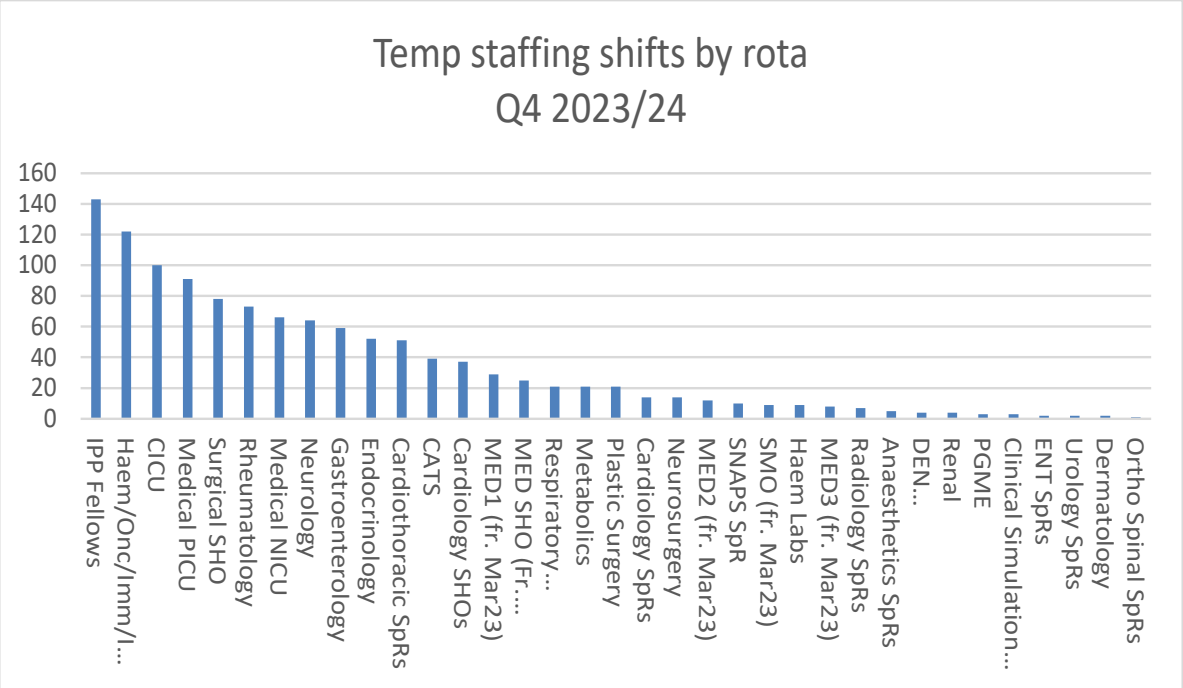
Hot spots have been identified in Cardiac Intensive Care Unit (58.4%) and International and Private Care (53%). Microbiology has an establishment of one which is currently vacant, and Orthodontics has an honorary doctor in post.

5. Bank and Agency Usage

Over half (56%) of the temporary staffing hours were due to Vacancy, followed by cover during sickness (12%) and cover during industrial action (10%). There was no Agency medical and dental usage in the quarter, with the last Agency bookings in February 2023.



The IPP Fellows rota was the most frequent rota using temporary staff with 143 shifts filled (an average of 48 per month), followed by the Haem/Onc/Imm/ID/BMT rota with 122 shifts (41 average per month) and CICU (100 shifts (33 average). 22 of the 35 rotas used an average of 10 or less temporary shifts per month.



6. Compliance with 2016 TCS: Implementation of the New Amendments October 2019 – August 2020:

Rotas are compliant.

Rest facilities are available: both residential rooms for 24-hour non-resident on call (recently refurbished) and feet-up rest (fold down beds) in multiple quiet areas in the hospital.

7. Junior Doctors Forum (JDF)

JDF are working with the Trust and Local Negotiating Committee regarding the ongoing British Medical Association industrial action.

Engagement with wider junior doctor body has been affected by overall morale of our doctors as reported by the Junior Doctor Forum. This has resulted in fewer attendees at meetings and recruitment to JDF posts.

Both the GoSW and the DME are supporting the JDF committee in their key role within the organisation. This includes the GoSW attending and working with JDF members, both the GoSW and DME attending local faculty meetings where concerns regarding training and hours have been identified or reported.

8. Summary

All GOSH rotas are compliant – challenges continue with respect to vacancy management and unexpected gaps.

All submitted exception reports will be reviewed for application of potential fines as per the 2016 TCS from 1st April 2023

Junior doctors are well engaged and working closely with Trust on all matters including potential industrial action.

Appendix 1: Background Information for Trust Board

On 2nd October 2017 all junior doctors in training transferred to the new contract with 2016 Terms & Conditions (TCS).

The 2016 TCS clearly indicate the importance of appropriate working hours and attendance at training and education for junior doctors. Both issues have a direct effect on the quality and safety of patient care.

The statutory role of 'Guardian of Safe Working' (GOSW) was introduced in the 2016 and includes:

- Overseeing the safeguards outlined in the 2016 contract.
- Ensuring that issues of compliance with safe working hours are addressed by the doctors and/or the employer.
- Facilitating the reporting structures.
- Overseeing the wellbeing of the junior doctors.
- A requirement to provide quarterly reports to Trust board.

Exception reporting is the contractually mandated mechanism used by doctors to inform the Trust when their day-to-day work varies significantly and/or regularly from the agreed work schedule of their post. The purpose of exception reports is to ensure prompt resolution and / or remedial action to ensure that safe working hours are maintained.

Exception reports are submitted electronically by doctors to their educational supervisor. Upon receipt of an exception report, the educational supervisor will discuss with the doctor what action is necessary to address the reported variation or concern. The outcome of an exception report may be compensation, in the form of time off in lieu or payment for additional hours worked, or an adjustment to the work schedule of the post.

Whilst exception reporting is a mechanism of the 2016 contract for doctors in training, GOSH has elected to extend the use of the system to doctors employed under local (non-training) TCS, in order to encourage safe working practices for all doctors, provide equity and obtain a more comprehensive view of junior doctors working hours across the Trust.

The 2016 contract requires that a Junior Doctors Forum (JDF) is established in every Trust. The JDF primarily represent trainees and offers a forum for addressing concerns pertaining to working hours and conditions and education and training. This is in place and meets every month.

There are 45 different rota patterns currently in place within the Trust.

Publication of Amendments 2016 TCS September 2019: Context for 2018 contract review

The new junior doctor contract was introduced in England without the BMA's agreement in 2016. The intention of the negotiations on this new contract was to introduce for doctors in training new, improved safe working arrangements, more support for their education and a new modernised pay system. The BMA and NHS Employers agreed during negotiations on this contract to jointly commission in August 2018 a review of its efficacy, to identify any areas for improvement to the contract terms. In 2019 a new referendum of the BMA Junior Doctor membership accepted the 2016 contract, including the amendments that have been negotiated.

TCS contract includes but is not limited the following amendments:

a) Weekend frequency allowance maximum 1:3

b) Too tired to drive home provision.

c) Accommodation for non-resident on call

d) Changes to safety and rest limits that will attract GoSW fines.

e) Breaches attracting a financial penalty broadened to include:

    a. Minimum Non-Resident overnight continuous rest of 5 hours between 2200-0700

    b. Minimum total rest of 8 hours per 24-hour NROC shift.

    c. Maximum 13-hour shift length.

    d. Minimum 11 hours rest between shifts.

f) Exception Reporting

    a. Response time for Educational Supervisors - must respond within 7 days. GoSW will also have the authority to action any ER not responded to.

    b. Payment must be made within 1 month of agreement or on next available payroll. No extra admin burden should occur.

    c. Conversion to pay - 4-week window from outcome agreed to identify a shift before the end of the placement for TOIL to be taken. If this doesn't happen, payment should automatically be given. At the end of a placement, any untaken TOIL should be paid.

g) Time commitment and administrative support for GOSW.

Extension of breeches attracting a financial penalty broadened to include non-consultant (Trust grade) doctors.

Due to the high proportion of Trust Grade medical staff, it was agreed in October 2022 at the Local Negotiating Committee that exception reports submitted by all doctors (including non-consultant grade doctors) will be eligible for fines if hours are in breach of the 2016 TCS. This intervention recognises the unique demographic of the medical workforce at GOSH, creates an equitable approach and above all improves the monitoring and regulation of safe staffing.

Attachment R

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust Board
19 June 2024

Annual NHS Complaints Report 2023/2024 **Submitted by:** Donna Robinson, Complaints Manager Claire Williams, Head of Patient Experience and Engagement	**Paper No: Attachment R** ☐ **For approval**

Purpose of report
This annual report demonstrates the Trust's commitment to taking complaints seriously and in accordance with the Local Authority Social Services and National Health Service Regulations 2009, details formal complaints received between 1 April 2023 – 31 March 2024.

Summary of report

- The Trust received 115 complaints - 6 were later withdrawn at the request of the complainants following successful resolution with the service; and 4 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). The number of complaints received this year decreased (16%) compared to last year when 137 complaints were received. However, there continues to be increased numbers compared to the last 8 years.
- 7 complaints were graded as red (high risk) this year which is the same as last year. Red complaints accounted for 7% of the overall complaint numbers which is a slight increase from last year (n=5%).
- Two new complaints have been reviewed by the Parliamentary and Health Service Ombudsman (PHSO). Of these, one has not been upheld and the other continues to be investigated. One historic complaint relating to events in 2011 is also being investigated.
- Key themes in complaints this year were: delays to treatment, surgical and admission cancellations (also reflected in Pals contacts and FFT), lack of follow up care, and parents not feeling listened to.
- The report also sets out learning in response to individual complaints as well as Trust wide initiatives including the Deteriorating Patients project, implementation of Martha's Rule and booking, prioritisation and cancellation processes for appointments and procedures.

Patient Safety Implications
All complaints are reviewed on receipt by the Complaints team to identify any immediate safety, risk or safeguarding issues. Review on Datix and communication with the Patient Safety team also enables identification of reported incidents and near misses. All high-risk complaints are reviewed to determine if they meet criteria for a Patient Safety Incident Investigation.

Equality impact implications
Initial contacts with complainants include discussion of any adjustments needed to support them through the complaints process. This includes changes to format, size of text and languages and signposting to advocacy services. Complainants are offered support in raising concerns by the Complaints and Pals team who transcribe their concerns face to face or via telephone using interpreters where required. Information about raising concerns is available via the website and around the hospital with support via PALS.

Attachment R

Financial implications Low- low value request for direct expenses (e.g. travel claims). Higher values may be recommended by the Ombudsman or via the legal claims process.
Strategic Risk BAF Risk 12: Inconsistent Delivery of Safe Care
Action required from the meeting Approval of report.
Consultation carried out with individuals/ groups/ committees Review by EMT.
Who is responsible for implementing the proposals / project and anticipated timescales? Complaints Manager and Head of Patient Experience and Engagement
Who is accountable for the implementation of the proposal / project? Chief Nurse

Great Ormond Street Hospital for Children
NHS Foundation Trust

Annual Complaints Report 2023/2024

1. Introduction

We take all complaints very seriously and recognise the important role they provide in continuous improvement within healthcare. Feedback including complaints enable us to learn from the experiences of our patients and families, celebrate good practice and provide an opportunity for reflection, learning and ultimately, enhances patient experiences and safety.

This annual report demonstrates the Trust's commitment to listening to our patients and families and driving continuous change and improvements, in accordance with the Local Authority Social Services and National Health Service Regulations 2009, details formal complaints received between 1 April 2023 – 31 March 2024.

2. Summary of key points

- The Trust received 115 complaints - 6 were later withdrawn at the request of the complainants following successful resolution with the service; and 4 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). The number of complaints received this year decreased (16%) compared to last year when 137 complaints were received. However, there continues to be increased numbers compared to the last 8 years.

- 7 complaints were graded as red (high risk) this year which is the same as last year. Red complaints accounted for 7% of the overall complaint numbers which is a slight increase from last year (n=5%).

- Two new complaints have been reviewed by the Parliamentary and Health Service Ombudsman (PHSO). Of these, one has not been upheld and the other continues to be investigated. One historic complaint relating to events in 2011 is also being investigated.

- Key themes in complaints this year were: delays to treatment, surgical and admission cancellations, lack of follow up care, and parents not feeling listened to.

- We continue to embed the PHSO Complaint standards and have made changes to practice including exploring adjustments needed and the frequency of updates complainants would like and signposting to support where relevant etc.

3. Formal complaints 2023/24

3.1 Complaint activity numbers

The Trust received 115 complaints from 1 April 2023 to 31 March 2024. Of those complaints 105 were investigated by the Trust, 6 were subsequently withdrawn at the request of the families following resolution directly with the directorate teams. In addition, 4 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. The number of formal complaints increased significantly last year compared to previous years. This increase continued this year when comparing to previous years, however there was a decrease compared to last year's exceptionally high numbers. The below table shows a comparison to previous years.

	Complaints received	**Complaints per 1,000 units of activity**
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

	COMPLAINT NUMBERS		
	GOSH	**ALDER HEY CHILDREN'S NHS FOUNDATION TRUST[1]**	**SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST**
2018/19	98	121	198
2019/20	90	114	149
2020/21	81	159	126
2021/22	78	158	162
2022/23	137	154	189

At the time of writing, it has not been possible to obtain benchmarking data for 2023/24. When information about complaint numbers and complaints by activity is received, this will be presented via the Executive Management Team meeting and the Quality Safety and Experience Assurance Committee.

3.2 Complaint Grading

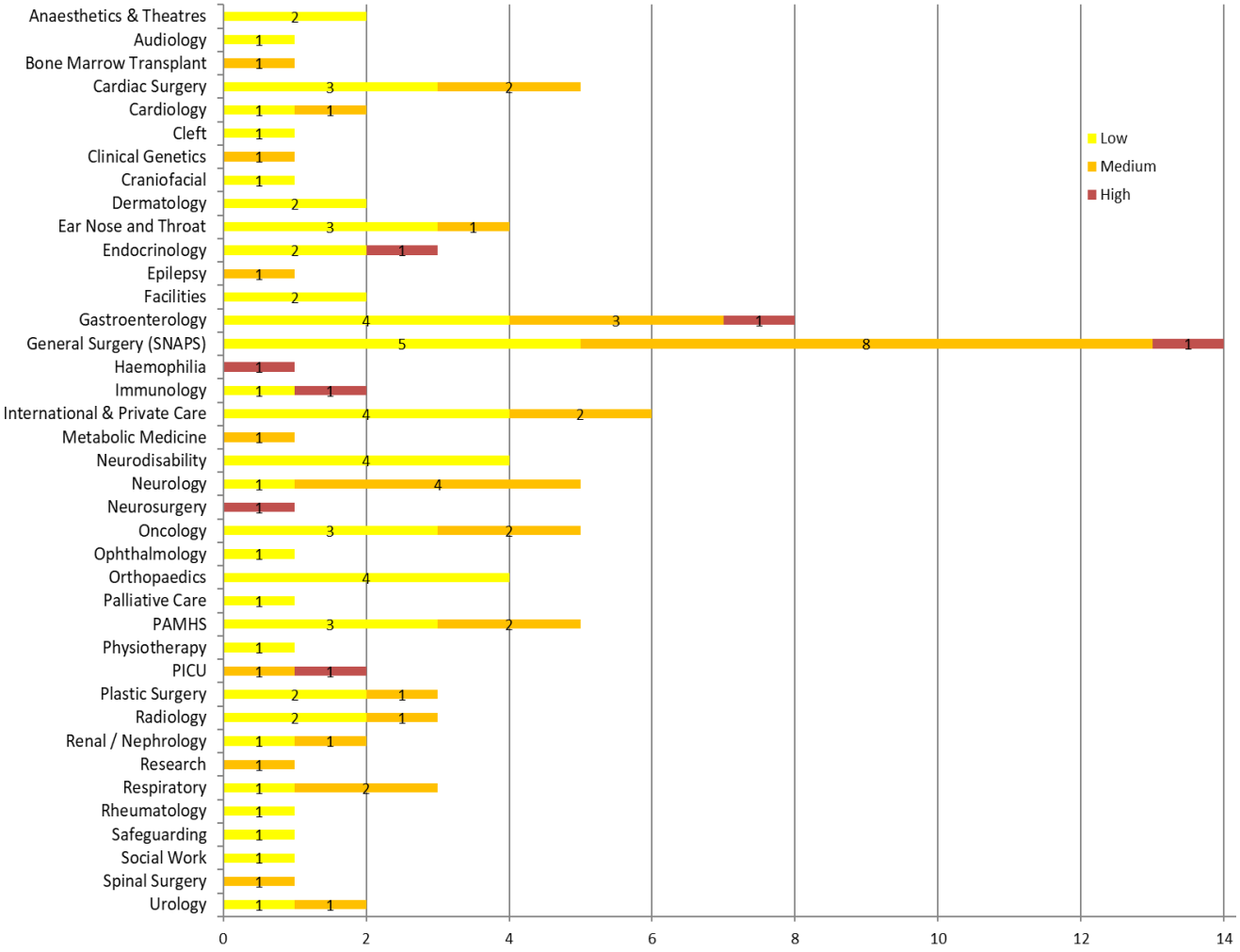
All complaints are reviewed to determine a risk grading (as below). This risk grading is based on the concerns being raised and may be reassessed during and at the end of the complaint investigation. All red complaints are also reviewed at the Event Review Group

[1] ALD1921-QUALITY-REPORT-2022-23.pdf

(ERG), which is attended by a member of the executive team and took place for consideration of whether the concerns raised meet the criteria of a Serious Incident (SI) investigation. NHS England has published the new Patient Safety Incident Response Framework (PSIRF) setting a new direction for how the NHS responds to patient safety incidents, focusing on effective learning and improvement, compassionate engagement and embedding a patient safety culture. As part of our implementation of PSIRF, from April 2024, the ERG will consider safety concerns raised within red complaints in line with the PSIRF.

Red/ High Risk	Severe harm to patient or family or reputational threat to the Trust.
Amber/ Medium Risk	Moderate harm reported and/or issues relating to poor service, communication, and quality of care.
Yellow/ Low Risk	Low risk and minor issues or difference of opinion rather than deficient service.

3.3 **Complaints by grading & speciality**



	2022/23		2023/24	
	No of complaints investigated	% of complaints	No of complaints investigated	% of complaints
Red	7[2]	5%	7	7%
Amber	43	33%	38	36%
Yellow	82	62%	60	57%
TOTAL	132	100%	105	100%

3.4 Red/ High Risk Complaints:

The above table details that during 2023-24 there were the same number of red complaints investigated compared to last year. However, red complaints accounted for 7% of all complaints investigated this year which represents a 2% increase compared to last year.

5 red complaints were closed in 2023/24 and at the end of the reporting period, there are 4 open red complaints. As detailed above, the process for red/ high risk complaints required these complaints to be reviewed at an ERG to determine if they should be investigated as a SI under the NHS England (NHSE) Incident Reporting Framework. Complainants are informed of these meetings and the outcome. Of the 7 red complaints received, 4 were declared and investigated as patient safety incidents (SIs or patient safety incident investigations[3]).

The below table analyses the percentage of red complaints with the overall complaint numbers and compares this for the last 7 years. Red complaints accounted for 7% of all complaints investigated this year and this figure is below the mean average when comparing the last 7 years.

Year	Total red complaints investigated	% of reds per overall complaint numbers
2023-24	7	7%
2022-23	7	5%
2021-22	6[4]	8%
2020-21	10[5]	12.3%
2019-20	4	4.4%
2018-19	8	8.4%
2017-18	8	9.2%

[2] One complaint was paused whilst awaiting further information from the complainant, the investigation was planned to commence once the information was received. Further information was not provided, and the family pursued a different route to raise their concerns.
[3] A patient safety incident investigation (PSII) is undertaken when an incident or near-miss indicates significant patient safety risks and potential for new learning. 2 complaints were received in this reporting period but reviewed at ERG in April and declared a PSII.
[4] This includes an historic complaint received in 2020-21 but regraded to red in 2021-2022 following a reopened complaint.
[5] Initially this was 13 but it is important to note that in 2020-21, three of these complaints were later downgraded to amber following completion of the investigation and reassessment of the risk. These numbers also include a historic complaint received in 2019-20 but regraded to red following new information in 2020-21.

Of the 7 red complaints received, they relate to 4 directorates and 7 different specialities. The concerns raised in the red/high risk complaints were multi-faceted with issues including but not limited to:

- An information governance breach
- Unexpected deterioration in patient's health and death, and a lack of involvement of other teams (raised within 2 complaints).
- Drug error,
- Delayed referral to another team which resulted in a delay in treatment, and possible, organ damage.
- Delays in treatment and contradicting information.
- Lack of follow up care, treatment and communication with other teams following a new diagnosis.

Appropriate action plans were devised from complaints closed and are logged onto the Datix system which enables real time monitoring. (Examples of these are detailed in the learning from complaints section of this report). The Complaints and Audit team work closely to identify where clinical audit might be of value to provide assurance about practices and actions committed to in a complaint response. Information and learning relating to red/ high risk complaints is shared through the Integrated Quality Report with the Trust Board, the Patient and Family Experience and Engagement Committee, Quality Safety Experience and Assurance Committee and the Clinical Quality Review Group with NHS England.

3.5 Complaints by directorate

"Combined Patient Activity" (CPA) is a simple measure of all patient activity at GOSH. It combines inpatient (finished consultant episodes) and outpatient (attended appointments and ward attenders) activity so that it can be used as a denominator for comparable measures across the Trust such as complaints.

Combined Patient Activity = outpatient attendances + inpatient episodes

Directorate[6]	Complaints investigated	Patient activity	Complaints per 1000 CPA
Blood Cells & Cancer	13	53005	0.25
Body Bones & Mind	34	51993	0.65
Brain	17	38677	0.44
Core Clinical Services	7	47177	0.15
Heart & Lung	13	46369	0.28
International & Private Care	7	29860	0.23
Sight & Sound	15	53494	0.28

Other than BBM, all directorates had a decrease in their complaints per CPA rate compared to last year and this is likely to be reflective of an increase in patient activity and a decrease in complaints.

[6] Complaints regarding corporate services and Space and Place are not included as there is no comparable patient activity.

Specialty	Number of Complaints	Patient activity	Complaints per 1,000 CPA
General Surgery (SNAPS)	14	6061	2.30
Gastroenterology	8	8409	0.95
Cardiac Surgery	5	967	5.17
Neurology	5	5762	0.87
Oncology	5	8544	0.59
PAMHS	5	2696	1.85
Ear Nose and Throat	4	8912	0.49
Neurodisability	4	4302	0.93
Orthopaedics	4	7192	0.56

Consistent with previous year and reflecting the wide range and nature of services, Body, Bone and Mind (BBM) had the highest complaints both in term of actual numbers (n=34) and in the context of patient activity below (as above). Both saw an increase from last year where the number of complaints were 28. Through analysis of their complaints, the BBM senior management team have identified that their complaints have become more complex in nature this year due to themes around conflict resolution and parental mental health and parents with learning disabilities has increased as a team. The senior team have been discussing how they can work with and support these families and ensure they have information or access to the wider support available.

Of the complaints within BBM this year, 14 were about the **SNAPS service**. 7 of these related to cancelled surgery/admissions which subsequently delayed care and treatment. In addition to these 7 complaints, 3 further complaints raised concerns around access to care. A family told us about delays to an emergency transfer and two families complained about delays with transferring to GOSH from their local hospital due to bed capacity. As detailed further below there are several operational projects supported by the Clinical Intelligence Unit (CIU - for analytical support) running in the Trust, including a project with the SNAPS team. This involves analysing data to provide information on how to balance demand and capacity for SNAPS, and to reduce unsafe outliers while maintaining and increasing activity.

5 complaints were about the **PAMHS service** and related to concerns about an incorrect diagnosis, the unclear referral criteria, staff behaviours, the advice given by the clinical team which the family feel is unsafe and the environment on the Mildred Creek Unit following its recent move.

Cardiac surgery received 5 formal complaints this year. Due to the relatively low (compared to other specialities) patient activity, the rate for the number of complaints per 1000 CPA was significantly higher than other specialities. 4 of the 5 cardiac surgery complaints (80%) relate to surgery cancellations due to bed capacity and the clinical prioritisation of other patients.

Over the last 18 months following recognition of an increasing cardiac surgery waiting list (exacerbated by Covid-19, staff leaving and or retiring, strikes and increasing patient complexity) there have been regular meetings of the Heart and Lung senior leadership team with GOSH senior executive staff to plan mitigations and ways to reduce this waiting list. Resulting actions have now seen a significant reduction in patients waiting for cardiac surgery, but this has taken time, and it is recognised that many patients have had their surgeries cancelled as staff balanced the clinical needs of each patient. The cancellations

have unfortunately resulted in an understandable rise in complaints from families concerned for their children. Heart and Lung continue to tackle the waiting list and improve the processes around necessary cancellations and reduce these to a minimum where possible.

3.6 Complaints timescales

Percentage of draft responses not received from the directorate within the initially agreed timescale:	48%
Percentage of responses sent within the initially agreed timescale:	61%

Yearly comparison of complaints closed within the agreed timescales:

111 formal complaints were closed this year which is a decrease from last year (n=137) but reflective of last year's increased complaint numbers.

49% of draft reports were received late from the investigating staff, which is a decrease from last year (52%). When more time is required to respond to a complaint, new timescales are discussed and agreed with the person making the complaint (in line with the NHS Complaint Regulations). Extensions to the timescales are also discussed and agreed to by the Chief Nurse or representative. 39% of complaint investigations required an extension on the initially agreed timescales, which is an increase on last year (28%).

The Complaints team are working with the clinical teams to encourage them to raise any issues with the deadline set, escalate any delays at the earliest opportunity and provide any support needed. The directorate cite reasons for the delay being capacity. The Complaints team will be reviewing other parts of the complaints process to identify any other opportunities to minimise delays.

Average amount of days to respond to complaints:

Mode = 36 days (last year = 34 days)
Median = 36 days (last year = 36 days)
Mean = 36 days (last year = 40 days)

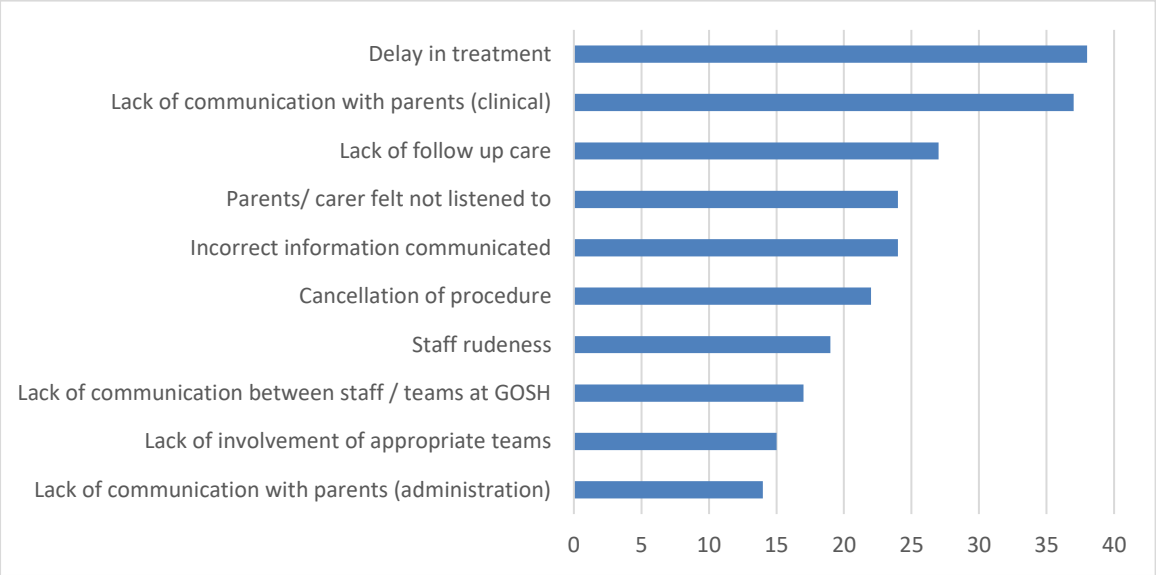
The Complaints team complete a detailed review of the complaint to determine the likely timeframe for the investigation of the complaint (in line with the Complaints Policy this usually ranges between 25 and 60 working days but is determined on a case-by-case basis).

Limited benchmarking data shows us that our response time compliance is broadly aligned to Shefield Children's Hospital who responded to 63.40% of complaints within agreed deadlines in 2023/2024 (source: ***Board-of-Directors-May-2024.pdf).*** However, Alder Hey Hospital for Children work to a standard 25 working day response timeframe achieving an average of 65% compliance in 2023/24 (source: ***Trust-Board-Meeting-2nd-May-2024.pdf.***). Further information is being sought to provide greater insight on actual responses times and how this compares to the GOSH average of 36 days. At the time of writing, regrettably no further data is available.

4 Complaint Trend Analysis and Learning

Subjects arising in complaints received 2023/24.

Some complaints raise multiple issues regarding several services and specialities. This chart shows the 10 most common issues raised in complaints received this year:



Issues around **delays in treatment** was the prominent theme seen within complaints this year. 38 families raised this concern which represents 33% of complaints received. The delays were caused by several issues including, but not limited to, bed capacity which resulted in cancelled admissions, waiting lists for surgery and appointments, surgeon availability, referral systems and delays with line insertions in interventional radiology.

Many actions have been taken in response to complaints around delays in treatment, these were diverse and include:

- Work across the Trust to reduce waiting lists and long wait patients. Initiatives such as Apollo week have been effective in reducing wait times.
- An ongoing service review, aiming to standardise the booking process and the prioritisation of patient placement on lists. The aim of this review is to improve the balance between elective and emergency requirements, and to improve patients access for slots.
- Creation of a written cancellation workflow for Interventional Radiology setting out roles and responsibilities (particularly in relation to timely communication with patients and families). This will be subject to ad hoc checks and weekly reviews to ensure the policy is followed.
- In response to a complaint about a declined referral we committed to learning and emphasised our dedication to continually enhance the referral process and overall service quality. This included working internally to ensure that our communication process with referrers is transparent and clear, emphasising the need for complete documentation during the referral submission including the option of a checklist within the referral template itself.
- Quality improvement project to review booking, scheduling, and listing for general anaesthesia in relation to lumber puncture.

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

Cancellation of procedures is not a stand-alone theme we have seen before within our ten most raised themes in complaint. As detailed above on page 6, this is a theme we have also seen within our SNAPS, cardiac surgery, and gastroenterology complaints. Families told us about the emotional and financial distress caused to them as a result of multiple and last-minute admission cancellations.

In order to try to manage expectations around cancellations, some clinical teams are providing additional information to patients and families about the possibility of cancellations and the reasons for this. They are working to reduce last minute cancellations and also exploring how they can more effectively identify patients who may have been cancelled on several occasions.

There are a number of operational projects supported by the Clinical Intelligence Unit (CIU - for analytical support) running in the Trust. Short notice cancellations have been identified as a high priority by the most senior operational board (Ops Board) in the Trust. There are many contributing factors to these cancellations, for instance related to patient illness, but there are a significant number where lack of capacity in the Trust (or alternatively, overbooking) is driving many on-the-day or day-before cancellations.

A number of projects, driven by analyses produced by the CIU, have therefore been set up to establish how capacity, bookings and activity can be balanced to ensure that patients get timely treatment while minimizing these cancellations. The “Transformation Day Case” project is working to free up inpatient beds so clinical teams in the Trust have more capacity to meet the demand they have. In addition, there are other active projects looking at individual services (SNAPS and Sight & Sound initially) to determine what capacity is needed and how to optimize booking given the constrained capacity in the Trust.

Given the complexity and variety of patients at GOSH it is infeasible to plan with certainty to avoid all cancellations, and there is always pressure to ensure that all available capacity is used – which drives bookings beyond capacity, but by using a data-driven approach the Trust aims to find the best balance to ensure timely treatment and the best possible experience for patients and families.

Communication was again a prominent theme seen within complaints this year. As shown in the graph above, families raised concerns around different types of communications issues which we have analysed below:

A lack of communication with parents was identified as a theme in complaints again this year, although we saw a reduction the number of complaints around this (n= 13% decrease). 37 families shared that there was a lack of communication with them by clinical staff, which represents 35% of all complaints investigated; and 13% of complaints raised the same issue but with administrative staff. Families reported that they were not fully informed of the risks to surgery or treatment and the next steps in the treatment journey, did not receive regular updates during their child’s admission and experienced delays to MyGOSH messages.

Issues around **incorrect information communicated** was a new theme seen in complaints this year. 24 families told us the information they had received was either incorrect, incomplete or did not relate to their child (data breach).

Concerns that parents/carers felt not listened to were raised in 24 formal complaints, which represents 23% of all complaints investigated. Families also shared that they are the expert regarding their child and know them best, however this was often disregarded or ignored. Families told us they felt like they were not heard when reporting that they were concerned about the deterioration in their child's health. Others shared that their child's individual needs were not considered despite a hospital passport or admission plan being devised by the learning disability or psychology teams.

GOSH have been accepted as a trial site for the implementation of Martha's Rule. Martha's Rule is a national quality improvement programme to identify patients with deteriorating conditions, spearheaded by the family of Martha who died in 2021 after developing sepsis in hospital. The implementation of Martha's Rule in the NHS will take a phased approach and we have a working group to support this. Once fully implemented, patients, families, carers, and staff will have round-the-clock access to a rapid review from a team skilled in managing deterioration if they are worried about a person's condition as well as being asked on a routine basis about how they are feeling.

Many changes were made in response to complaints around communication, these were diverse and include:

- As part of the deteriorating patients project, work has taken place assessing and recording patient's risk of deterioration. A tool built on Epic has been rolled out across all inpatient areas, with the view to move to other clinical areas. This includes recording parental concerns (medium risk) and parental concern not resolved by medical management plan (high risk) which then feeds into a staff escalation pathway. The escalation pathway is being tested in two ward areas.
- Development of a working group to support the implementation of Martha's Rule (detailed above).
- Clearer information regarding private costs and open discussions around potential additional costs.
- The complaints and experiences of our families will now be feeding into the new Research and Innovation Patient Experience and Engagement group for learning and improvements.
- A review of the research/ ward patient flow and handover is taking place to understand what steps can be taken to improve this process and communication around research patients attending MRI and the timings associated with this.
- Review of transition pathways from paediatric to adult services.
- Development of a standard procedure for cancellations (within the ops and images directorate) made less than 24 hours before the procedure, this includes recommending that teams are updated via phone or face to face to avoid situations where emails are not seen promptly. This aims to improve communication across both teams and the administration team, and the experience of our patients and families.
- Improved use of alert flags for patients who are known to have difficult cannulation needs. This ensures extra time is allowed for additional support required.

- Audit to explore whether use of butterfly injections could replace cannulation for some patients.
- Further education regarding timely documentation of observations
- Safeguarding Supervision around the important of documentation and escalation of concerns.
- Discussion and reminders will take place within service meetings to reiterate the importance of accurate and complete documentation with the patient notes.
- Improved admission planning to ensure appropriate skills and training on outlier wards.
- Referral processes including clarity about requirements and communication with families.
- Further work and re-audits into the effectiveness and consistency of multi-disciplinary team (MDT) working.

5 Complaints overview

- **Reopened Complaints**

A key measure of how we manage our complaints is the number that we re-open because the person receiving the response says that we have not answered their concerns. Between April 2023 and March 2024, the Trust re-opened 2 complaints which represents 2% of total closed complaints. This is a decrease of 3% compared to last year (n=5%). There was an increase this year in the number of requests from families for meetings to discuss their complaint, the response, and outstanding questions. The Complaints Team attend and support the directorates and families in these meeting.

We also ask those who have raised a complaint for their feedback about the management of their complaint, this helps us better understand what works well and what we can improve on.

- **'Well-founded' Complaints:**

In accordance with the NHS Complaints Regulations 2009, the Trust is required to comment on the complaints it considers to be "well-founded". This Trust feels that every complaint received is of value and is an opportunity to learn. Any family who has felt the need to raise concerns with us has experienced what they have perceived to be an unsatisfactory service. Therefore, all complaints are deemed well founded. A complaint investigation may conclude that the care and treatment provided to a child has been appropriate, however this often highlights failures in communication which have led the family to have concerns.

- **Parliamentary and Health Service Ombudsman (PHSO) activity:**

<u>New cases: 2</u>
In addition, one historic complaint continues to be investigated by the PHSO.

<u>Closed cases: 1</u>
One complaint reviewed by PHSO has not been upheld.

- **Complaints audit**

KPMG undertook an external audit of the complaints management. The audit provided a rating of significant assurance with minor improvement opportunities and found that a robust process was in place for investigating complaints. Recommendations were provided on adapting processes to reduce delays and improving the monitoring of delays, these include:

1. Establish a process for engaging with lead investigators ahead of due dates to allow for escalation of delays.
2. Assign the coordination and support of complaints investigations to the Patient Safety directorate leads.
3. Set defined KPIs for monitoring timeliness of response to complaints which should be monitored by Complaints Team on a monthly basis.
4. Establish a process for escalating underperformance against key performance indicators (KPIs) to Chief of Service on a monthly basis.
5. Establish a process in the Complaints Policy for the lead directorate to co-ordinate responses when complaints span multiple directorates.

- **Initiatives for the Complaints Team in 2023/24 include:**

- Continuing the input to the working group for Martha's Rule. Martha's Rule is a national quality improvement programme to identify patients with deteriorating conditions, spearheaded by the family of Martha who died in 2021 after developing sepsis in hospital. The implementation of Martha's Rule in the NHS will take a phased approach and GOSH have been accepted as a trial site.
- Re-establishing our red complaint summaries to share trust wide learning from our red complaints.
- Further roll out of complaints training.
- Participation in Patient Experience Health Inequalities workstream to consider accessibility of complaints for some harder to reach groups.
- Continuing to involve parent representatives and former complainants to share their experience and story directly with our Trust Board.
- Embedding PHSO Complaint standards.
- Embedding the actions from the KPMG audit of complaints handling and learning from the positive feedback from the audit.

Attachment U

Great Ormond Street Hospital for Children NHS Foundation Trust

Summary of the Quality, Safety and Experience Assurance Committee held on 2 May 2024

Quality and Patient Experience: Chief Nurse Report (BAF Risk 12: Inconsistent delivery of safe care)
There had been an increase in PALS contacts and complaints and one of the themes identified was cancellations. Timeframes of responses to complaints had also increased and it was vital that practical timeframes were agreed with families.

Learning disability, safeguarding and healthcare transition teams were working together to provide a more integrated and holistic approach to supporting patients. Work was taking place to ensure that more accurate data was available about patients in the Trust with a learning disability to enable teams to anticipate the support required.

A business case was being developed to provide additional resource in the perplexing presentation service. The committee agreed to maintain a focus in this area. The Directorate had been asked to expedite the business case.

A business case developed by the Infection Prevention and Control Team had led to a decrease in the reduction in bed days following microbiological plating of ventilation which was positive and appointments had been made in the estates team which supported enhanced reporting. The Trust had ended the financial year reporting breaches in all metrics related to gram negative bacteraemia. As a result, work had taken place to implement root cause analyses for all cases and swarm huddles, allowing immediate identification of actions to be taken forward. There had been an improvement in the line infection rate resulting from a focus on line care. The committee discussed the importance of improving compliance with the collection of stool samples and it was noted that as a tertiary centre, many patients had already been hospitalised at the point they were admitted to GOSH. Therefore, it was important to ensure that the correct antibiotics were prescribed quickly and the risk of spreading bacteria minimised. Focus was being placed on actions to improve including education for nurses and families.

Quality and Safety at GOSH: Chief Medical Officer Report (BAF Risk 12: Inconsistent delivery of safe care)
GOSH had been represented at the 7th global summit on patient safety and this had prompted the development of useful connections in the patient safety space. The Trust had been approached by the National Director of Patient Safety to support the development of safety management systems in healthcare environments.

Two Never Events had been declared in the reporting period for which the investigations had been completed and learning integrated into processes. There had been a number of incidents related to Total Parenteral Nutrition and Trust wide improvement work would be taking place.

The Trust had a very active clinical legal team which was reflective of GOSH's cohort of patients and the proactive action taken around court applications.

Discussion took place around incident reporting and the action taken to move towards becoming a high reporting organisation. A business case had been developed to increase the scope of the incident reporting system to become a whole document management system and it was anticipated that this upgrade would take place towards the end of 2024.

GOSH's early warning system had identified an increase in observed mortality in PICU and the team was undertaking a deep dive. Initial results showed the cause was likely to be related to the way in which Bone Marrow Transplant patients were classified but an update would be provided to the QSEAC once the deep dive was complete.

Assurance Committee Update
The Committee received an update on the February and April 2024 meetings of the PEAC.

Space and Place Update on Estate Compliance
Substantial progress had been made in recent months to improve estate compliance. The estates and facilities teams had merged which had provided the opportunity to introduce a robust management structure. There were challenges around some critical roles in the team however a CAFM manager had started in post which was very positive. A Health and Safety Executive inspection had taken place on asbestos and no critical findings had been made, however some improvements would be required, and an update would be provided to the Audit Committee. The work to improve water safety had resulted in zero pseudomonas and legionella in the Trust which was very positive.

The Committee discussed the importance of recruiting a Chief Engineer and noted the challenging market in which to recruit this role. There was potential to share resource with another Trust and this would be discussed further outside the meeting.

Staff Survey Results – Patient Safety (Action from QSEAC meeting)
Resource was in place to take forward work arising from reduced staff survey results related to patient safety, and a dedicated communications resource was also now in place. A diagnostic piece of work would be undertaken by an external company with expertise in changing organisational culture which was an important starting point, and a gap analysis was being proposed with an international comparator. Key metrics would be developed which could be monitored over time. The committee emphasised the importance of moving forward with improvement actions as a result of the staff survey rather than continuing to analyse responses.

Internal Audit Update of quality related reports and closure of quality related IA recommendations
The review of the Patient Safety Incident Response Framework had provided a rating of 'significant assurance with minor improvement potential' which was positive. Good practice was in place and plans were in line with national guidance. Two amber recommendations had been made around formalising and tracking action plans. Three recommendations from a previous review had become overdue and the committee highlighted the importance of maintaining focus on moving them forward.

Update from the Risk Assurance and Compliance Group on the Board Assurance Framework
The Committee noted that the risks which were overseen by the QSEAC had all been reviewed.

- BAF Deep Dive: BAF Risk 13: Mental Health Strategy

It had been agreed that a Chief of Mental Health would be appointed and a new psychiatrist had been appointed. The Executive Management Team had approved a new Psychology and Mental Health Service (PAMHS) strategy which focused on tightening processes around access to psychiatric support and referral criteria. Funding had been received for a parity of esteem post which would work across the organisation. Leadership and governance in mental health were also being strengthened. The Committee requested a further update once the Chief of Mental Health was in post.

QSEAC Annual Report 2023/24
The Committee approved the QSEAC annual report for inclusion in the 2023/24 Annual Report.

What went well / could be better in the meeting
The Committee welcomed the lighter agenda which had facilitated greater depth of discussion and the continuing improvement of the Chief Nurse and Chief Medical Officer papers which supported greater triangulation of data.

Key Points from the People and Education Assurance Committee (PEAC) held on 24 April 2024.

Workforce Metrics in March 2024

- Targets were achieved for five of the six key workforce metrics (vacancy, voluntary turnover, sickness, agency spend and statutory and mandatory training).
- Vacancy rate is reported at 5.7%, below the Trust target of 10% and equating to 378.3 full time equivalent vacant posts. 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 10.9% in March 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%)
- Statutory & Mandatory training rates at GOSH remain above target achieving 93% in December, with all directorates exceeding the 90% target.
- PDR rates have been improving over the last six months, from a low of 80% in October 2023 to the current position of 83% in March 2024, but are still below the Trust target of 90%.

Nursing Workforce Assurance Report Q4

- The registered nurse vacancy rate was 9.97% on average across Q4 which is below the Trust target of 10% . With January 2024 (7.94%) being the lowest since July 2023.
- Voluntary turnover of registered nurses is at its lowest, 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, with a further 209 invited to interview in April 2024 for October 2024 and January 2025 intakes.
- Sickness rates are at the lowest level in a 12-month rolling period at 3.17%, slightly above the target of 3%.

Biannual Safe Staffing Establishment Review April 2024

- In line with National Quality Board recommendations, a strategic biannual staffing review has been conducted and the Trust's compliance status is rated green for all requirements.
- The review found that the majority of ward establishments are sufficiently safe based on the current funded bed base. There are specific ward examples for those that need to review their establishments; maintaining a strong skill mix and good level of specialist competencies remains challenging. There is a high level of education input, and the focus has been predominantly on inducting these new staff.
- The focus for the coming year is to increase recruitment of experienced nurses, improve the retention of our existing specialist nursing workforce, and improve the support and senior oversight of the junior workforce through a number of initiatives. Modernising the workforce is key and recruitment of international nurses with experience will support to build up the resilience on the wards.

GOSH Learning Academy (GLA) Annual Report and Q3 Update

- Following release of the GOSH Children's Charity Grant to support the second phase in April 2023, Year 4 of the GLA Programme continues to build on previous success whilst working towards financial

sustainability**.** During the year it has seen an expansion of our International Educator offer and the launch of a new partnership with Middlesex University supporting our academic portfolio growth.

- At the end of Q3 a further 1044 learners accessed education, training or development, bringing our cumulative total to 15,951 as we enter Q4. Currently internal interest remains high at around 80% overall. Our academic portfolio is driving external activity with nearly 50% of our postgraduate students on these programmes being external.
- To date, the GLA have delivered 102 courses or events in the last month, bringing our cumulative total up to 1344. This is a mix of short courses, academic programmes, study days, updates, simulation, and other educational activity. Our average attendance rate across the whole portfolio is around 90% with an event fill rate of 84%, demonstrating our capacity to increase external learners on current courses and events.
- The Committee discussed the commercial direction of the GLA for the future, and how recommendations from a recent review of the current healthcare landscape by Boston Consultancy Group as part of the international commercial review undertaken for GOSH are being considered in the GLA's future strategic direction.

Nursing Workforce Strategy

- The Committee heard how progress against the new Nursing Workforce Strategy is on track and a presentation was given setting out what has been achieved in the first six month following the launch of the strategy in September 2023, which includes:
    - A governance structure has been established, including a Programme Board that monitors the strategic priorities of the strategy, in addition to working groups that report into the Programme Board, a Steering Committee and Working Groups supporting each pillar priority: Skilled, Inquisitive, Amplify, Friend, Careers and Leadership.
    - Each pillar of the strategy has a lead clearly defined and Matron representation.
    - The launch of the Daisy Awards an internationally recognised programme that celebrates the work of nurses.
    - The first Tricia Bennett Award: Making a Difference is supported by the GOSH Charity and seeks innovation to improve patient and staff experience.
    - A People Promise Manager has been appointed to lead on the exemplar programme.
- Initial challenges that have been identified have included ensuring protected time for Pillar Leads and staff to work towards the aims of the strategy and more work needs to be done to encourage engagement from junior staff members.
- The focus for the next period will be on the Nursing Strategy Awareness Week that includes international nurses' celebration day and celebration of the winners from the Daisy awards. Staff will also be recruited to join the Pillar programmes of work and a baseline establishment of the key projects for the People Promise Exemplar Programme.

People Strategy - Interim Workforce Update

- Given the limited time that has lapsed since the last Committee, members received an interim report giving an overview of the current and most pressing workforce issues and the organisational context driving them, these included:
    - A heightened focus on operational performance and long waiters, resulting in increased external scrutiny and oversight and culminating in increased pressure on staff.
    - The publication of the Operational Planning Guidance that sets out the expectations in support of the NHS People Promise particularly around inclusion, wellbeing, recruitment, retention, reward, and recognition.

- The increase in focus and challenge around equality, diversity and inclusion and the need for the Trust to strengthen its capability and capacity in this area.
- Industrial action continues with the Junior Doctors returning a mandate for strike action and action short of strike which is likely to continue through to the end of the Autumn.
- The Trusts Children's Cancer Centre decant programme moved 1400 staff around the organisation and was delivered well and on time but has increased need for daily and weekly planning particularly for clinic rooms and increased need for hybrid and home working.
- The recruitment process is underway for a new Chief Operating Officer and new interim working and governance arrangements has been put into place.

Staff Voice: GLA Teaching Clinics

- Emma Rose, Consultant Radiographer and Matko Marlais, Renal Consultant spoke about the teaching clinics offered through the GOSH Learning Academy.
- Matko explained how he wanted to set up dedicated training for multiple professional staff and with the GLA designed a model for training that enabled training with consultants in the room that could be structured around what the trainees needed and their experience. As a trainer, Matko found this type of training very informative and enabled a greater insight by being able to spend longer periods of time with a trainee which has shown to be both very valuable for both trainee and trainer.
- Emma described how her role in Interventional Radiology Auxiliary Services meant she is often asked to do tasks for other teams across the hospital. Having spent several years advancing her practice, she found the course structure offered through the GLA teaching clinics enabled her to have access to clinics and patients first hand, which had not been offered by previous courses. Emma advised clinics that allowed her to practice and gain skills with patients directly where extremely beneficial and enabled her to pass the course which she has recommended to a number of other colleagues.
- The Committee were advised the GLA fund consultant time during this training and would like to expand this model as it has proven very important for education and helping to modernise the workforce for the future.

Staff Survey Results and Action Plans

- The Committee were presented with the benchmarking from the staff survey results. The highlights from the results include:

    - The response rate for GOSH in 2023 was 54% which is 11% higher than 2022 results (42.9%), higher than the acute specialist average and higher than the NHS national average of 48%.
    - Across all nine NHS People Promise themes at a trust level we saw an improvement in the score compared with 2022. And 20 out of 21 sub-themes improved from 2022. This represents a significant positive shift from last year whereby the 2022 results were lower for all people promise scores (where a comparison existed).
    - Across the 97 survey questions, the 2023 trust level results show 77 have improved, 18 have worsened and 2 are no change compared with 2022. Again, this represents a significant change from the 2022 results whereby most areas had seen a drop of around 3-4% relative to the 2021 results.
    - Nationally, 61% would recommend their organisation as a place to work, and 64% would recommend it as a place to receive care. For GOSH the figures are 71% and 87%, putting GOSH in the highest percentiles for both questions.
    - GOSH compares favourably against the NCL average, NHS average, London trust average and Childrens Hospital Alliance with regards to response rate, and all people promises with the exception of *We are recognized and rewarded,* and W*e work flexibly*.

  - The Trust falls below in NCL average for *We work flexibly* and for *We are a team* and, in all areas below Acute Specialist Trusts.
  - The Trust's 3-year trends show that despite the drop in the 2022 staff survey, the People Promise scores have largely recovered.

- The Committee heard about the next steps and areas of focus that will be a continuation and a consolidation of many of the 2023 themes including improving the staff wellbeing offer, building an organisation that is equitable, diverse and inclusive, ensuring staff are rewarded and recognised, having clear career progression pathways and looking into the Trust values and behaviours. These themes align with the People Strategy and the Committee will continue to receive progress on these areas as part of the quarterly update.

Medical Education Governance at GOSH

- The Committee were presented with an overview of Post Graduate Medical Education learners and an detailed explanation of the governance structure in Medical Education Department including a description of the assurance in place around these structures.
- Members heard how feedback from trainees is sought through surveys (internal and external) and feedback groups to ensure the Trust continues to be an attractive employer for clinical fellows and help support high staffing levels.

Freedom to Speak Up Service Update: January – March (Q4) and FTSU Annual Report 2023/24

- 43 people raised a concern with the FTSU service during the fourth quarter. Staff safety/ wellbeing was reported as the most prominent theme, followed by concerns relating to patient safety, the inappropriate behaviours or attitudes of colleagues, bullying/ harassment, and concerns about policy/ process.
- 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 updated FTSU policy was published at the end of January 2024 and have since completed the internal survey inviting staff to share their experiences of speaking up to further understand barriers and enablers to speaking up in the Trust which are currently being reviewed.
- During 2023/24, 168 people raised concerns with the FTSU service which is a small increase compared to 22/23. Many cases were complex and involved elements relating to several themes. The highest three themes are the same as those reported for 2023/24: staff safety and wellbeing, issues relating to patient safety, and inappropriate behaviours/ attitudes.
- During the year, the Trust has taken steps to improve the culture of speaking up. It has one full time FTSU Guardian (FTSUG) who supports staff to speak up and helps escalate and share learning within the Trust. Actions have been taken to increase visibility and accessibility of the FTSUG this year include drop in sessions, advertising flexibility re meeting times and locations, delivering engagement and teaching sessions, working with leads in other departments on a number of projects and working groups.
- Priorities for the coming year include completion of the National Guardians Office gap analysis tool, writing a FTSU strategy, contribute to work through the Safety Transformation Board and other work streams relating to organisational culture, engagement and safety, support sharing of learning from speaking up across the Trust and promote the 'listening up' element.

Staff Focused Whistleblowing Concerns

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

Update on the Board Assurance Framework (BAF)

- All risks were updated by risk owners in April 2024 and have been 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 – GOSH Learning Academy, which included a number of questions from Non-Executive Director members including access to course, how the GLA is enhancing or detracting from recruitment and retention, course evaluations, progress on the next five year strategy and future opportunities for the GLA.

PEAC Effectiveness Survey Results

- Committee members received the PEAC effectiveness survey results and noted the recommendations.

PEAC Annual Report 2023/24

- Committee members received the PEAC Annual Report that described the work of the Committee during 2023/24 and demonstrated how the Committee has fulfilled its responsibilities and how it obtained assurance to these responsibilities throughout the year. The PEAC annual Report will be included in the GOSH Trust Annual Report and Accounts 2023/24.

Great Ormond Street Hospital for Children NHS Foundation Trust

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
Thursday 6 June 2024 - Confidential	A confidential meeting to discuss enhancing the performance responsibilities of the Finance and Investment Committee.
Thursday 6 June 2024 - Routine	Standard agenda: Finance report, Performance report, CCC update, Capital Projects update as well as National Cost Collection submission methodology, an update on plans to improve pharmacy and a post implementation review of the PACS system.

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).

The scope and impact of a Finance and Performance Committee – Confidential meeting

The Chair of the Trust and the Company Secretary were invited to discuss proposals for enhancing the performance responsibilities of the Finance and Investment Committee. Key points raised in discussion were:

- Whilst there was Executive oversight of performance, Non-Executive Director oversight via an assurance committee could be enhanced; therefore, evolving the FIC into a Finance and Performance Committee (FPC) was proposed.
- The FPC would review enterprise or "whole hospital" performance with a view to improve performance and hold performance improvement plans to account.
- The FICs investment responsibilities would remain.
- The FPC would review the metrics used by NHSE/I to measure 'productivity'.
- As well as looking at overall performance, the Chair and Chief Finance Officer would select specific areas of performance for targeted focus.
- Consideration would be given to a 'Balanced Scorecard' metric, one that aggregated several indicators of patient satisfaction.

The Corporate Affairs Team will draft terms of reference based on the Committee's discussion.

Key points to raise on the wider financial environment – Routine

The Chief Executive provided a high-level overview of the national deficit position, the reported positions of the ICSs in London and the proposed next steps. It was reported that the Trust was unable to further adapt its submitted plan. However, the Trust's plan for 2024/25 assumed no further industrial action and it was noted that there were plans for further industrial action.

Finance Month 1 report – Routine

The Deputy Chief Finance Officer presented the new look Finance report. The Trust position at Month 1 was a 5.3m deficit which was £3.5m adverse to plan. The main drivers of this were £0.6m shortfall in private income and delays in signing SLAs and billing in relation to charity grants.

Committee members were assured that at Month 1, many financial variables were yet to settle and the deficit position at Month 1 should not be of immediate concern.

The Committee reviewed the Trust's targets for the number of Whole Time Equivalents (WTEs) and plans to reduce agency usage, noting that there would be variances, areas of growth and other exceptions.

Performance Month 1 report – Routine

The Chief Executive / Interim Chief Operating Officer presented their first performance report in their enhanced role. Three courses of action to improve performance were discussed:

- The 'Thrive' programme to consolidate and unify how Epic is used - a key factor in several areas of challenged performance was variance in use of Epic.
- Directorate leadership teams will be empowered to make timely and informed decisions.
- There would be tightened processes for the opening and closing of beds.

At its next meeting, the Committee requested a focus on benchmarking for long waiting patients and projections for their reduction.

Children's Cancer Centre update

Route to contract

The Director of Space and Place provided an update of key developments ahead of the planned contract award on 24 July 2024. Key points for escalation include:

- Negotiation on the final amount for construction was ongoing.
- The build has Ministerial sign-off, which was fortuitous given the recent dissolution of parliament.
- The start of construction will coincide with the end of productive advance works.

The Building Safety Act 2022

The Committee discussed the impact of the Act on the CCC build. It was reported that one issue was timeliness of response from the building safety regulator. However, where received, the feedback on submitted applications has been that GOSH's applications were robust.

The key change affecting GOSH staff was the immediate requirement to decant staff in the Paul O'Gorman building.

The Committee requested a detailed explanation as to how there could be a 12-month programme slippage with no change to the cost envelope of the project.

Pharmacy provision at GOSH

The Committee received a paper covering:

- The Strategic plan for GOSH Pharmacy for the next 5 years that focused on clinical leadership to deliver the long-term workforce for present and future medicines at GOSH.
- The priority workstreams for Medicines Safety and Governance.
- Future opportunities for efficiency.
- Further business cases to support service areas that pharmacy support.

The Committee identified medicine shortages due to challenging supply routes as an issue to investigate further and encourage the Trust Board to advocate for improvements.

National Cost Collection

Nationally all Trusts are required to report the annual mandated National cost collection. The collection contained costs and activity of services provided to NHS patients at GOSH. The Committee approved the collection methodology.

Insurance renewal update

The Committee discussed the key considerations of cover due to start in July 2024. The Committee delegated authority for approval to the Executive Management Team within a finite envelope of cost. Additionally, the Committee also requested more information on the Trust's Cyber Security arrangements for recovery and insurance.

GE Picture Archiving Communication System (PACS) Post Implementation Review

In November 2023, in response to concerns around the stability and reliability of the GE Picture Archiving Communication System (PACS), GOSH commissioned a new PACS system. The Committee received a report evaluating how the implementation proceeded and what lessons could be applied to other ICT projects moving forward.

The Committee noted the update recognising that work on benefits realisation for Trust projects was required.

Other items

- Noted the findings and recommendations of the Committee's review of effectiveness.
- Noted updates on the hospital's major Space and Place projects.

Feedback from Governors

The Governors in observance raised the following points:

- The Non-Executive Director questioning on the CCC updates was reassuring.
- It was reassuring to see that the ICT and cyber issues in the news would be covered by an Assurance Committee.
- Within the Pharmacy report, it would have been good to see the links with the Kapsule Kids project and the efforts to embed more sustainability within Pharmacy.
- The Governors would like more information on 'Thrive' – the project to improve Epic usage.

End

Attachment X

Great Ormond Street Hospital for Children
NHS Foundation Trust

Summary of the Council of Governors' Meeting held on 15 May 2024

Chief Executive Report

The Trust was beginning to refresh the Above and Beyond Strategy and a Trust Board session in May 2024 would start this process. Activity over 2023/24 had been impacted by industrial action however GOSH had delivered 14% more activity than in 2019/20 and the financial outturn had been £4million deficit. International and Private Care (I&PC) had substantially increased its activity however the Trust had not met its cost improvement target. The importance of hitting a breakeven position in 2024/25 was emphasised particularly in the context of the Children's Cancer Centre development.

The Council discussed the increase in I&PC activity noting that an increase of greater than 5% of the Trust's overall income must be approved by the Council of Governors. The Council was informed that the 5% limit would not be reached under the Trust's current plans and the Finance and Investment Committee continued to discuss these matters.

Update from the Young People's Forum (YPF)

The YPF had organised an event at London Zoo to engage with young people on plans for the main entrance of the hospital. The forum had tested the new bedside entertainment system and requested improvements in the availability of school materials for older patients. The Council noted that the entertainment system had the facility to use applications such as Spotify and Netflix however families must pay for their own log ins. Concern was expressed about the potential for inequality between patients whose families could not or did not pay for these accounts and it was agreed that further discussion would take place. The YPF had reviewed myGOSH to give feedback on potential improvements and had found the system complex with too many settings. They had emphasised the importance of empowering young people with a system that was accessible.

GOSH Annual Plan 2024/25

All NHS organisations were required to develop an annual plan and GOSH's had been developed internally targeting a breakeven position. The plan had been approved by the Finance and Investment Committee on behalf of the Board and submitted to the Integrated Care System.

Non NHS Income Update

It was noted that growth in non-NHS income for 2024/25 was planned to be at 2% which would not require approval from the Council of Governors.

Green Teams Sustainability Awards - Pharmacy Project

The Council received a presentation on Kapsule Kids which had been the winning Green Teams project and was projected to save £258,244 and 329kg CO_2e over a year. The project trained young patients who were aged 3 and 4 and above to swallow capsules rather than take liquids. There was a significant climate contribution from medications and the project had focused on medicines with a lot of packaging or where patients had large doses. Governors welcomed the improvements that were made for patients and families as well as sustainability as a result of the project.

Reports from Board Assurance Committees

The Council received updates from the following assurance committee meetings:

- Quality, Safety and Experience Assurance Committee (May 2024)

Attachment X

- People and Education Assurance committee (April 2024)
- Audit Committee (March 2024)
- Finance and Investment Committee (March 2024)

Recommendation to appoint one Non-Executive Director to the GOSH Trust Board

Candidates had met with stakeholder panels, been given a tour of the hospital and undertaken a formal interval. The interview panel had been unanimous in recommending the appointment of Adrian Joseph as a Non-Executive Director and this was approved by the Council.

Process for the Lead Governor and Deputy Lead Governor Election

An annual election was held for the roles of Lead and Deputy Lead Governor and the next Governor newsletter would request expressions of interest for the roles which were open to all elected Governors.

Membership of Council Committees and working groups

The Governor newsletter would request expressions of interest for Governors wishing to join the following Council committees and working groups:

- Nomination and Remuneration Committee
- Constitution and Governance Working Group
- Membership, Engagement, Recruitment and Retention Committee
- Governors Sustainability Working group

Governance Update

- Governors Sustainability Working Group

The group had discussed the air pollution and health programme of work and received updates on a number of areas of work such as Greener AHP week, the Green Teams competition and air quality simulations.

- Draft Council of Governors section in the GOSH Annual Report

The Council noted the Governors' section in the annual report and approved the approach taken towards membership targets for 2024/25.

- Governor election results

A successful election had taken place with only one vacant seat remaining. Voting turnout had been lower than the previous election and communication would take place at an earlier point in the year going forward. Discussion took place around ways in which membership could become more visible, such as highlighting it in outpatient areas where patients and families spent time waiting.