# Meeting of the Trust Board
# Thursday 20 November 2025

Dear Members

There will be a public meeting of the Trust Board on Thursday 20 November 2025 at 2:30pm in the Charles West Room, Barclay House, Great Ormond Street, London, WC1N 3BH.

## AGENDA

| | Agenda Item<br>STANDARD ITEMS | Presented by | Attachment | Timing |
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| 1. | **Apologies for absence** | Chair | **Verbal** | **2:30pm** |
| **Declarations of Interest**<br>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 24 September 2025** | Chair | **L** | |
| 3. | **Matters Arising/ Action Checklist** | Chair | **M** | |
| 4. | **Patient Story** | Chief Nurse | **N** | **2:40pm** |
| | **STRATEGY** | | | |
| 5. | **Strategy 2025-2030** | Director of Strategy and Engagement | **O** | **3:00pm** |
| 6. | **Update on Annual Planning 2025/26** | Deputy Chief Finance Officer/ Chief Operating Officer | **P** | **3:10pm** |
| | **PERFORMANCE** | | | |
| 7. | **Chief Executive Update**<br><br>**Revised Statement of Purpose** | Chief Executive | **Q**<br><br>**R** | **3:20pm** |
| 8. | **Integrated Quality and Performance Report (Month 6 2025/26) September 2025 data** | Acting Chief Medical Officer/ Chief Nurse/ Chief Operating Officer | **S** | **3:30pm** |
| 9. | **Finance Report (Month 6 2025/26) September 2025 data** | Deputy Chief Finance Officer | **T** | **3:45pm** |
| | **CULTURE** | | | |
| 10. | **Next Steps on our Anti-Racism Journey** | Director of HR and OD | **V** | **3:55pm** |
| | **ASSURANCE** | | | |
| 11. | **Nursing Workforce Assurance Report Q2 2025/26** | Chief Nurse | **W** | **4:05pm** |
| 12. | **Guardian of Safe Working Report** Q1 2025/26<br><br>**Including Resident doctor 10-point plan** | Guardian of Safe Working | **X**<br><br>**To Follow** | **4:15pm** |

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| **13.** | **Annual Reports**<br><br>• **Diversity and Inclusion Annual Report 2024/25**<br><br>• **GOSH Learning Academy Annual Report 2024/25**<br><br>• **Responsible Officer Annual Report 2024/25** | Director of HR and OD<br><br>Chief Nurse<br><br>Acting Chief Medical Officer | **Y**<br><br>**Z**<br><br>**1** | **4:30pm** |
| | **RISK AND GOVERNANCE** | | | |
| **14.** | **Board Assurance Committee reports:**<br>• **Quality, Safety and Experience Assurance Committee – September and November 2025**<br><br>• **Audit Committee – October 2025**<br><br>• **People, Education and Assurance Committee Update – September and November 2025 (Verbal)**<br><br>• **Finance and Performance Committee Update – October 2025** | Chair of QSEAC<br><br>Chair Audit Committee<br><br>Chair of PEAC<br><br>Chair of the Finance and Performance Committee | **2**<br><br>**3**<br><br>**4**<br><br>**5** | **5:00pm** |
| **15.** | **Board Assurance Framework Update** | Company Secretary | **6** | **5:15pm** |
| **16.** | **Update from the Council of Governors**<br><br>**Appointment of Deputy Chair and Senior Independent Director** | Chair | **7**<br><br>**8** | **5:25pm** |
| **17.** | **Any Other Business**<br>(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.) | | | **5.30pm** |
| **18.** | **Next meeting**<br>The next public Trust Board meeting will be held on **Thursday 29 January 2026**. | | | |

Attachment L

Great Ormond Street Hospital for Children NHS Foundation Trust

**DRAFT Minutes of the meeting of Trust Board on 24 September 2025**

**Present**

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| Ellen Schroder | Chair |
| Gautam Dalal | Non-Executive Director |
| Suzanne Ellis | Non-Executive Director |
| Adrian Joseph | Non-Executive Director |
| Dr Camilla Kingdon | Non-Executive Director |
| Kathryn Ludlow | Non-Executive Director |
| Matthew Shaw | Chief Executive |
| Caroline Anderson | Director of HR and OD |
| Dena Marshall | Chief Operating Officer |
| Dr Sophia Varadkar | Acting Chief Medical Officer |

**In attendance**

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| Jason Dawson | Interim Director of Space and Place |
| Cymbeline Moore | Director of Strategy and Engagement |
| Dr Kiki Syrad | Director of Research and Innovation |
| Anna Ferrant | Company Secretary |
| Victoria Goddard | Trust Board Administrator (minutes) |
| Claire Williams* | Head of Patient Experience |
| Rawdy* | Former GOSH patient and YPF member |
| Kate Pye | Deputy Chief Nurse |
| Carly Vassar* | Chief of Mental Health |
| Christine Cornwall* | Associate Director HR Projects |
| Dr Simon Hannam* | Consultant Intensivist and Medical Co-Lead for Child Death Reviews |
| Andrew Pearson* | Clinical Audit Manager |
| Rachel Millen* | Emergency Planning Officer |
| Beverly Bittner-Grassby | Governor (observer) |
| Sabu Sebastian | Governor (observer) |
| One member of staff | |
| One member of the public | |

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

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| **86** | **Apologies for absence** |
| 86.1 | Apologies for absence were received from Tracy Luckett. |
| **87** | **Declarations of Interest** |
| 87.1 | No declarations of interest were received. |
| **88** | **Patient Story** |
| 88.1 | Claire Williams, Head of Patient Experience joined the Board with Rawdy who had recently been discharged from GOSH and was keen to continue supporting the hospital through the GOSH Voice alumni programme. Rawdy was born in 2005 with a cleft lip |

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| | and palate, a condition identified before birth and was referred to GOSH where he received care under multiple specialties, including Maxillofacial, Audiology, and had some engagement with Psychological Services. |
| 88.2 | Rawdy shared that his experience at GOSH was overwhelmingly positive. He described the hospital environment as warm and welcoming, with vibrant colours and approachable staff. He felt that his clinical team had communicated effectively, using language appropriate for his age, which helped him understand his treatment as a young child. Beyond clinical care, Rawdy highlighted the value of being part of a community connected to the hospital. |
| 88.3 | In discussing areas for improvement, Rawdy noted a shift in communication as he grew older. As a child, communication was managed through his parents and felt supportive and thorough. However, during his teenage years, he perceived that it had felt less supportive. He acknowledged that while this change was not significant enough to raise a formal concern, he would not have known the appropriate channels to do so had he wished. |
| 88.4 | Rawdy became more involved with the hospital following a final appointment with a clinical psychologist, who signposted him to the Young People's Forum (YPF). Since then, he had actively contributed to the development of the mental health framework and supported the recent summer school, where he delivered a talk about his hospital experience and the YPF. More recently, Rawdy had agreed to support the hospital as an alumni patient representative, attending Patient and Family Experience and Engagement Committee (PFEEC) meetings to advocate for young people's voices. |
| 88.5 | Camilla Kingdon, Non-Executive Director reflected on the evolution of communication with patients as they grew older and asked at what age Rawdy had felt that he wanted to be more included. Rawdy said that around the age of 12 or 13 he became more curious about his care and would have benefited from more inclusive and supportive communication during that transitional period. |
| 88.6 | Ellen Schroder, Chair said that healthcare transition was a key topic for the YPF, noting the change for young people of taking responsibility for their condition and medical history. Rawdy agreed and said that he has seen how difficult this transition could be through his work with the YPF, particularly for those with long standing relationships with GOSH. He said that it was very challenging for some young people when they were expected to manage their care independently. |
| 88.7 | Cymbeline Moore, Director of Strategy and Engagement raised the topic of the hospital's new strategy, which included a focus on creating adolescent spaces. Rawdy said that for inpatients, having dedicated spaces to connect with peers was especially important. He emphasised that such spaces could foster a sense of community and belonging, which he had experienced through the YPF. |
| 88.8 | Adrian Joseph, Non-Executive asked for Rawdy's thoughts on digital communities. Rawdy acknowledged that preferences varied but said that many young people benefitted from digital platforms, especially as a stepping stone to in-person engagement. He noted that face-to-face interaction could be daunting for those who had spent extended periods in hospital or experienced isolation during the COVID19 pandemic. Cymbeline Moore said that digital engagement had been discussed within the YPF and that feedback had been mixed. The group expressed a clear preference that digital platforms should not replace face-to-face contact. |

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| **89** | **GOSH Mental Health Framework** |
| 89.1 | Carly Vassar, Chief of Mental Health presented the finalised Mental Health Framework 2025–2030, titled *Together We Thrive: Building a Community for Mental Health*. The framework was designed to act as a bridge between local Paediatric and Adolescent Mental Health Service (PAMHS) and the new GOSH strategy. It responded to the growing mental health needs of children and young people with current estimates suggesting that one in four young people may have a mental health condition—equating to approximately six children per classroom. |
| 89.2 | The framework had been developed following extensive stakeholder engagement, including ten specialist listening events, visits to 22 wards, and a dedicated session with the Young People's Forum (YPF). Many conversations had taken place to gather insights to inform the framework. |
| 89.3 | A key point of internal debate during development was the use of the term "mental health." Carly Vassar confirmed that the framework clearly defined mental health to include emotional wellbeing and psychological distress and was not limited to diagnosable conditions. The framework recognised the need for services to respond to all patients across the Trust, regardless of diagnosis, and aligned with Care Quality Commission expectations that all acute Trusts should have a mental health strategy. The framework was built around the Thrive Model and included an ambitious set of strategic objectives. The Trust would require a skilled workforce and an embedded comprehensive programme of mental health education across the Trust in order to deliver the objectives. |
| 89.4 | The Board welcomed the significant work that had been undertaken and Matthew Shaw, Chief Executive emphasised the importance of enacting the framework and making a tangible difference for patients, particularly in recognising the interconnection between physical and mental health. |
| 89.5 | Camilla Kingdon stressed the importance of viewing patients holistically and being curious about social determinants of health, including their mental health, during interactions. She highlighted the opportunity this presented in terms of educating staff. Ellen Schroder referenced Rawdy's patient story, noting that his experience of integrated mental health support exemplified how the framework should operate in practice. |
| 89.6 | Helen Cross, Non-Executive Director said that the Integrated Care System (ICS) had established a paediatric mental health centre working across ICH and GOSH. She noted that GOSH's unique strength lay in its focus on mental health within physical disorders and emphasised the need for research in this area. |
| 89.7 | Kate Pye, Deputy Chief Nurse highlighted the issue of inequity in access to mental health services and said that current provision was inconsistent across specialties. She said that the framework aimed to ensure equitable access for all patients. |
| 89.8 | The Board **approved** the Mental Health Framework 2025–2030. |
| **90** | **Chief Executive Update** |
| 90.1 | The Board **approved** the Winter Planning Board Assurance Statement. |

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| 90.2 | Matthew Shaw acknowledged the departure of nearly 50 colleagues under the Mutually Agreed Resignation Scheme (MARS) at the end of September 2025. He expressed gratitude for their contribution and noted that, despite these departures, the Trust currently had its largest clinical workforce for many years. He said that the current financial context necessitated difficult decisions around workforce planning in order to improve the financial position. |
| 90.3 | Matthew Shaw explained that NHS hospitals had been tiered into four segments under the new NHS Oversight Framework. GOSH had been placed in Segment 3, primarily due to financial performance. Without the financial weighting, GOSH would have been allocated to the highest segment reflecting the positive feedback received in the recent CQC report. This placement meant the Trust would expect increased oversight and scrutiny of its financial recovery plans. |
| 90.4 | There was a high level of anxiety among staff, which had been evident in the increase in attendance at staff briefings to double the usual numbers. In response, the Trust had increased internal communications, including CEO emails and virtual Big Briefs, to provide reassurance and transparency. |
| 90.5 | Matthew Shaw emphasised the importance of providing staff with a clear sense of direction during this challenging period. He noted that the launch of the new Trust Strategy, scheduled for October, would be central to this effort, alongside the Values and Behaviour Framework, which would help guide the organisation's culture and priorities. He also highlighted the need to maintain momentum in research and innovation, despite financial pressures. Recent achievements in paediatric research including gene therapies, stem cell treatments, and nanodiamond-based experimental therapies had received positive media attention and demonstrated the Trust's continued leadership in this field. The AI-scribing trial, which has shown promise in reducing clinician workload and improving patient care, was also commended and received ministerial support. |
| 90.6 | The Board noted the importance of remaining strategically focused and celebrating the outstanding work being done across the organisation throughout the forthcoming challenging autumn. |
| **91** | **Integrated Quality and Performance Report (Month 5 2025/26) August 2025 data** |
| 91.1 | Dena Marshall, Chief Operating Officer said that Referral to Treatment (RTT) performance currently stood at 70.6%, showing a slight improvement from the start of the year when it was 69%. The year-end target of 74% remained ambitious, particularly in the context of wider national challenges, but the team continued to work towards this goal. |
| 91.2 | The proportion of patients on the Patient Tracking List (PTL) waiting over 52 weeks was currently 3%. Although the original trajectory aimed to reduce this to 1.6%, it had become clear in September that a revised target of 1% was required and a plan to achieve this revised target has been agreed, although it was recognised that this would be extremely challenging. The current number of patients waiting over 52 weeks was approximately 250, and achieving 1% would require reducing this to around 80–90 patients. |
| 91.3 | Diagnostic performance had reached 80.7%, the highest since April 2024 however challenges remained in cardiac MRI and audiology. A new MRI scanner was expected |

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| | to be operational early in 2026, which was likely to help alleviate some pressure. A deep dive was underway on specialties performing below plan. |
| 91.4 | Discussion took place around long waiting patients and Matthew Shaw highlighted that this had traditionally been a challenging metric for GOSH due to the inherited waits of patients referred as a tertiary organisation. Ellen Schroder asked about the consequences of not meeting the targets and Matthew explained that this performance formed part of the national segmentation framework and was a key priority nationally. He stressed the need to embed this work into business-as-usual processes but noted that if current efforts did not lead to the required improvements, additional waiting list initiatives may be required which would result in a financial cost. |
| 91.5 | Suzanne Ellis, Chair of the Finance and Performance Committee (FPC) confirmed that the committee had discussed the issue and acknowledged the thoughtfulness of the plan, while recognising the scale of the challenge. Ellen Schroder noted that GOSH remained an outlier on 52-week waits, even within the Children's Hospital Alliance (CHA). Dena Marshall reflected that, compared to the same time in the previous year when over 400 patients were waiting more than 52 weeks, steady progress had been made, despite the wider pressures. |
| 91.6 | Sophie Varadkar, Acting Chief Medical Officer said that the recent CQC inspection outcome was positive overall. Patient Safety Events had increased in July, however this was primarily within the "no harm" category, which was a positive indicator of a strong reporting culture. |
| 91.7 | On venous thromboembolism (VTE) risk assessments, Sophie Varadkar explained that the Trust was required to report compliance for young people aged 16 and over who stayed in the hospital overnight. The Trust had a tool within Epic to support this, and although reporting was currently low, targeted education was being delivered to Resident Doctors and nurses. Daily compliance was now at 9 out of 10 assessments and while the targeted input could not continue indefinitely, the focus was on embedding a cultural shift. Work was ongoing with the performance team to ensure the data accurately captured the improvements being made which was not currently the case. Ellen Schroder highlighted the importance of maintaining momentum on VTE messaging, particularly given the continual turnover of Responsible Doctors. |
| 91.8 | Suzanne Ellis noted that pressure ulcers had increased recently. Kate Pye said that this issue had been reviewed in performance review meetings and that discussion had taken place about highly complex patients and whether pressure ulcers had been avoidable. |
| 91.9 | Kate Pye reported that Friends and Family Test (FFT) satisfaction scores had reached 98% for inpatients and 95% for outpatients. However, complaints increased by 60% in July, although no red-rated complaints were received. Although broad trends had been identified, there were no themes. Ellen Schroder highlighted that complaints had the potential to provide early signals of issues that were not otherwise evident and emphasised the importance of benchmarking the increase against peer organisations. |
| 91.10 | Caroline Anderson, Director of HR and OD said that there had been a small increase in sickness absence though it remained below the NHS average and could indicate that staff were finding the current environment challenging. The team was reviewing referrals to Occupational Health and usage of the Hive platform. An Equality Impact Assessment has been completed for all Better Value schemes including those related |

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| | to workforce and the Trust was tracking the EDI impact of staff experiencing difficulties. The annual staff survey had been released, though it was anticipated that response rates would be lower than in previous years. There had also been an increase in contacts to the Freedom to Speak Up Guardian. |
| 91.11 | Suzanne Ellis noted that discharge summaries and clinic letters had been discussed at FPC and required further attention. Governors had highlighted their importance for families and GPs and while improvements had been made, progress had plateaued. The rollout of Tortus was expected to support further improvement. Ellen Schroder reiterated that these types of communications were within the Trust's control and must be prioritised. Matthew Shaw confirmed that significant operational effort had been made, with the average time for discharge summaries now down to one day. However, this average masked some outliers. He noted that there was an opportunity to use AI for automated discharge summaries. |
| **92** | **Finance Report (Month 5 2025/26) August 2025 data** |
| 92.1 | Margaret Monckton, Chief Finance Officer presented the Month 5 financial position, reporting that the Trust was currently £2.5 million below plan, although this represented an improvement from the previous month and was in line with the recovery plan agreed with the North Central London Integrated Care Board (ICB). |
| 92.2 | The main driver of the adverse variance continued to be pay expenditure, which was £10.8 million above plan year-to-date, despite savings achieved in bank and agency staffing. Substantive staffing costs remain high and Better Value delivery in this area had not met expectations. The Trust had delivered £8 million in Better Value savings year-to-date, with further delivery anticipated, although the full-year target of £31 million continued to be challenging. |
| 92.3 | Ellen Schroder asked whether the year-end position had been revised and Margaret Monckton confirmed that a reforecasting process was underway and indicated that the Trust was currently projected to miss the year-end position by approximately £10 million, although there were potential measures under consideration that could close this gap. Matthew Shaw reiterated that this was the riskiest financial plan the Trust had submitted, with significant potential for both upside and downside outcomes. If all planned measures were successfully delivered, the Trust could approach breakeven; however, failure to deliver would result in a very challenging financial position. |
| 92.4 | **Action:** Ellen Schroder suggested that the Trust should categorise the factors that could shift the outcome from upside to downside. Matthew confirmed that this information was available but was commercially sensitive and Ellen Schroder requested that this categorisation be reviewed at the next Confidential Finance and Performance Committee (FPC). |
| 92.5 | Matthew Shaw also expressed thanks to the GOSH Charity for their support in funding key initiatives, which was helping the organisation navigate a critical period of transition. |
| **93** | **Board Assurance Committee reports:** |
| 93.1 | <u>Quality, Safety and Experience Assurance Committee – September 2025</u> |
| 93.2 | Camilla Kingdon, Chair of QSEAC said that the committee undertook a deep dive into the children and Young People (CYP) gender service which was now transitioning into business-as-usual and plans were in place to move the service into a directorate. It was |

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| | noted that there had been very small numbers of complaints and PALS contacts, which was an excellent achievement given the waiting times for many patients. The committee had noted the importance of the research activity that was taking place in the service. |
| **94** | **Progress with refresh of the Trust values** |
| 94.1 | Christine Cornwall, Associate Director of HR Projects and Caroline Anderson presented an update on the Values and Behaviours Development Programme. The programme was now launching and given the number of concurrent initiatives across the organisation, the timing has been carefully considered to ensure alignment and capacity. |
| 94.2 | The programme would span two years with phase one focusing on the development of the refreshed Values and Behavioural Framework, and phase two embedding these values across all HR processes. Extensive data gathered during the development of the refreshed GOSH strategy would be incorporated into the process. Communication would be critical, and the NHS Staff Survey included five bespoke questions to help benchmark progress. |
| 94.3 | Ellen Schroder expressed some concern about the two-year timeline and said that it was important to make swift progress in this important area. Caroline Anderson clarified that the first six months would be dedicated to developing the values and behavioural framework, with the remainder of the programme focused on embedding the framework into operational processes. Kathryn Ludlow, Non-Executive Director noted that this had been discussed at the People and Education Committee (PEAC), where concerns had also raised about the length of the programme. She highlighted the challenge of engaging professionals who may be sceptical, and the importance of bringing people along with the process. Caroline responded that recruitment processes will be prioritised for early integration. |
| 94.4 | Matthew Shaw confirmed that the Trust expected to have a new set of values and behaviours in place by March 2026. Gautam Dalal, Non-Executive Director asked about the facilitators supporting the programme and the nature of their background. Caroline Anderson explained that the Trust had partnered with an external organisation with expertise in this area. The facilitators were internal staff, nominated by their directors for their skillsets, and would be supported by the external partner. |
| 94.5 | Adrian Joseph suggested that AI tools such as Tortus could be used to support the programme, particularly in summarising group discussions and assisting with rewriting job descriptions. |
| 94.6 | Suzanne Ellis agreed that the initial six-month timeline was sensible but raised concerns about the short period of time allocated to validating the feedback provided by stakeholders. She asked whether validation could be built into the process at an earlier stage and Caroline Anderson said that early summaries of emerging themes would be developed and validated throughout the process, rather than waiting until the end. |

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| **95** | **GOSH CQC Report** |
| 95.1 | Sophia Varadkar said that two inspections had been undertaken by the Care Quality Commission (CQC) of the Trust's surgical services and Well Led domain. The inspections, conducted earlier in the year and reported in July 2025, were carried out under the new single assessment framework. The Trust maintained its overall rating of 'Good', with the Caring domain rated as 'Outstanding' in specific quality statements, including 'Kindness, Compassion and Dignity' and 'Person-Centred Care'. |
| 95.2 | One area was rated as 'Requires Improvement', and an action plan was being developed to address this, which would be tracked through the Quality and Patient Safety Improvement Programme. |
| 95.3 | The inspection report praised the Trust's Freedom to Speak Up service and Kathryn Ludlow welcomed this recognition but noted that the issue of space for confidential discussions had been ongoing. Jason Dawson, Interim Director of Space and Place confirmed that the Freedom to Speak Up Guardian now had a permanent space, which was currently being developed. Ellen Schroder reminded the Board that the Trust must continue to meet expectations as part of business as usual. |
| **96** | **Learning from Deaths Q1 2025/26** |
| 96.1 | Sophia Varadkar said that Simon Hannam, Consultant Intensivist and Finella Craig, Palliative Care Consultant had been appointed as joint medical co-leads for Child Death Reviews. She recognised the contribution of Pascale du Pré, the previous post holder. |
| 96.2 | The report highlighted that Child Death Review Meetings (CDRMs) continued to be a statutory requirement and were intended to be held within 12 weeks of a child's death. However, this timeframe was not always achievable due to the complexity of scheduling multi-professional meetings, particularly when external teams were involved. One third of outstanding CDRMs were currently delayed due to coronial inquests, which were not within the Trust's control. |
| 96.3 | A key theme identified during this period had been a lack of familiarity among ward staff with the child death review process, particularly when deaths occurred outside of intensive care settings. In such cases, staff could be unaware of the role of the Bereavement Key Worker (BKW) who was responsible for supporting families and providing feedback from the review process. An action plan was in place to improve awareness of the BKW role, led by the Bereavement Services Manager. |
| 96.4 | Ellen Schroder asked whether families received a copy of the CDRM report. Andrew Pearson, Clinical Audit Manager explained that the final report was submitted anonymously to the national child death mortality database and reviewed by the Child Death Overview Panel. National guidance advised that families receive feedback through the Bereavement Key Worker and could choose how to receive this information. Sophie Varadkar added that the guidance required the Trust to offer a plain English explanation of why their child had died, which was provided by the clinical team and the Bereavement Key Worker. |
| 96.5 | Kathryn Ludlow asked whether families were informed of any modifiable factors identified during the review and Sophie Varadkar responded that the expectation was for teams to be open and transparent, ensuring that technical details were explained clearly. Simon Hanam confirmed that all families were offered an appointment with the |

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| | bereavement team, and that family liaison nurses maintained contact with parents to understand their preferences for receiving information. |
| 96.6 | **Action**: Matthew Shaw suggested that the Trust should consult with colleagues from other Children's Hospital Alliance Trusts to understand how they shared information from CDRMs. He also emphasised the importance of creating a "safe space" for clinical teams to come together, often with differing views, to learn from these events. It was agreed that this topic should be brought back to the Board for further discussion and clarity. |
| 96.7 | Ellen Schroder noted that families of children with chronic conditions were often highly knowledgeable and may wish to have access to the more formal report. Kathryn Ludlow asked whether the Trust had received external assurance on its processes and Simon Hanam confirmed that coronial cases were subject to strong external scrutiny. Andrew Pearson added that in cases where modifiable factors were identified, they were investigated as patient safety incidents, and families were involved in those investigations and received the relevant reports. All CDRMs were shared with the Child Death Overview Panel, which was responsible for scrutinising the outcomes. |
| 96.8 | **Action:** It was agreed that the question of whether parents were given direct sight of the CDRM form would be raised with the Head of Bereavement. |
| **97** | **Patient Experience Annual Report 2024/25** |
| 97.1 | Claire Williams, Head of Patient Experience presented the Patient Experience Annual Report for 2024–2025, highlighting the significant progress made over the past year and in particular the work to amplify the voice of patients and families across the Trust. The report reflected achievements in youth engagement, including the development of the youth work strategy and improvements to adolescent spaces, with strong contributions from the Young People's Forum (YPF) and siblings. Plans were in place to establish a Patient Experience Improvement Board, with the aim of driving measurable progress across all areas of patient experience. |
| 97.2 | Adrian Joseph asked how health inequalities were being tracked and whether there were defined targets. Claire Williams confirmed that a Health Inequalities Steering Group was in place, with three key areas of focus. A dashboard had been developed to monitor operational performance, and this work had been recognised as a finalist for an HSJ Award. The current phase was focused on understanding the data, with the next step being to define and implement changes. |
| 97.3 | **Action:** Ellen Schroder queried whether the outcome of a bid to the GOSH Charity would be reflected in the next Annual Report. Claire Williams said that if successful, the bid would result in increased staffing and resources, which would support accelerate progress and would be expected to feature in future reporting. Ellen Schroder requested that the Board be provided with a summary of the bid, including what was requested, what was received, and the anticipated impact. |
| 97.4 | Claire Williams said that positive feedback had been received about the play service, which was funded by the Charity and feedback had asked for provision over the weekend. Chaplaincy services, also Charity funded, had recorded nearly 10,000 interactions with staff and families over the year. However, it was acknowledged that measuring the qualitative impact of chaplaincy work remained challenging due to the sensitive nature of the support provided. |

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| 97.5 | Suzanne Ellis welcomed the report and emphasised the importance of patient and family experience. She noted the high turnover of volunteers and asked how the Trust ensured volunteers felt valued. Claire Williams said that the Trust had undertaken benchmarking work with the Children's Hospital Alliance and undertook a questionnaire with all volunteers. A volunteer surgery was being introduced to address any concerns at an early stage, and the Trust continued to perform well in volunteer engagement, despite national declines. |
| **98** | **Nursing Workforce Assurance Report Q1 2025/26** |
| 98.1 | Kate Pye reported a significant reduction in the nurse vacancy rate to 1.6%, with a rolling voluntary turnover rate of 9.2%, which is very low. Recruitment activity had been centralised, and all vacancies were now reviewed to determine whether they could be filled internally before being advertised externally. The Trust had implemented a range of retention initiatives, including flexible working arrangements, with 24 wards now using team-based rostering. |
| 98.2 | Sickness rates currently stood at 4%, with longer-term absences primarily linked to mental health and anxiety. A two-step authorisation process for nursing bank shifts had been introduced, resulting in a decrease in bank shift usage and an increase in fill rates. |
| 98.3 | Kate Pye emphasised the importance of maintaining staffing levels in critical areas. Gautam Dalal asked whether the Trust had committed to employ nurses training at GOSH, and Kate Pye confirmed that there was commitment in place and therefore 150 newly qualified nurses had been employed, with a particular focus on critical care areas to support the Trust's "never say no" approach to patient care. |
| 98.4 | Kathryn Ludlow asked about recruitment, and Kate Pye clarified that while general recruitment has slowed, critical care nurse recruitment continued due to service need. She added that changes to banding and ways of working were being considered, though this would take time to implement. |
| 98.5 | Ellen Schroder highlighted the low vacancy rate and asked whether frontline teams felt well-staffed. Kate Pye said that there remained a disconnect in perception, partly due to historical narratives about the junior nature of the workforce. She added that maternity leave rates were higher than average, and short-term sickness continued to drive bank shift demand. |
| 98.6 | Matthew Shaw reiterated the highly specialised skills of ICU nurses, making it challenging to redeploy staff across these areas. He confirmed that, despite financial pressures, the Trust had agreed to continue appointing GOSH trained nurses to maintain Level 3 care, which was a core responsibility of the organisation. |
| 98.7 | Suzanne Ellis asked about support and performance management for nurses who did not meet required standards. She also asked about increasing global majority representation in the nursing workforce and whether more could be done to recruit nurses locally. Kate Pye said that work was underway to strengthen preceptorship, particularly where nurses struggled to meet competencies. Caroline Anderson said that the Trust was committed to recruiting 50% of its nursing workforce from the local area, which supported both diversity and retention by strengthening community ties. |

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| **99** | **Emergency Preparedness Resilience and Response Annual Report 2024/25** |
| 99.1 | Rachel Millen, Emergency Planning Officer confirmed that the Trust had undergone its annual assurance process and had achieved full compliance with the NHS England Core Standards for the fifth consecutive year. Board discussion of the previous year's business continuity report had provided helpful advice on how to report new business continuity plans which had been beneficial in shaping the current year's submission. |
| 99.2 | The Communications Team now received annual emergency planning training, recognising their involvement in all types of incidents. This had been well received and would continue as part of the standard training offer. The broader training and exercising programme remained consistent and is informed by horizon scanning for the year ahead. |
| 99.3 | Ellen Schroder congratulated the team, acknowledging that achieving full compliance for five consecutive years was a significant accomplishment reflecting sustained work. Gautam Dalal added that the improvement in EPRR has been impressive. |
| 99.4 | The Board **approved** the Emergency Preparedness, Resilience and Response Annual Report for 2025/26. |
| **100** | **Board Assurance Committee reports:** |
| 100.1 | <u>People, Education and Assurance Committee Update - September 2025</u> |
| 100.2 | Kathryn Ludlow, Chair of PEAC noted that several key topics had been covered in earlier discussions. She highlighted a good presentation on electronic job planning for consultants, which was well received by the Committee. |
| 100.3 | The vacancy rate remained low overall, although there were specific areas where vacancies are more prevalent. The Trust was currently using very little agency staffing, which was positive however the sickness rate had increased, and this would continue to be monitored. |
| 100.4 | The Committee also received a presentation on the GOSH Learning Academy (GLA) and the refreshed strategy. The team continued to make good progress and the outstanding issue continued to be space, which was being actively addressed. |
| 100.5 | A staff story had been received from the legal team, who spoke about the breadth and variation of their work. She commended the team for their excellent support to medical colleagues and the quality of their contribution across the organisation. |
| 100.6 | <u>Finance and Performance Committee Update – September 2025</u> |
| 100.7 | Suzanne Ellis said that the committee had reviewed the Trust's cost base, with particular focus on substantive pay, which remained a key driver of the financial gap. A paper on the operating model was discussed, including the affordability of the proposed structure within the wider financial context. Suzanne Ellis highlighted that the Procurement Team must continue to mature, recognising its potential to deliver cost reductions and improve service quality across the Trust. |
| 100.8 | **Action:** Ellen Schroder asked for workforce data which was adjusted to exclude posts funded by International and Private Patients (IPP) and the Children's Charity (CC), in order to isolate core NHS staffing. She highlighted that NHS England's productivity metrics were based on NHS-funded staff, and the Trust should begin to align its |

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| | reporting accordingly. |
| **101** | **Update from the Council of Governors** |
| 101. | Ellen Schroder said that an extraordinary Council of Governors' meeting had been held on 17 September 2025 at which the appointment of Amanda Rajkumar as an Associate, and then substantive, Non-Executive Director on the Board, had been approved by the Council. |
| **102** | **Any other business** |
| 102.1 | There are no other items of business. |

Attachment M

**TRUST BOARD – PUBLIC ACTION CHECKLIST**
**November 2025**

| Paragraph Number | Date of Meeting | Issue | Assigned To | Required By | Action Taken |
|---|---|---|---|---|---|
| 92.4 | 24/09/25 | Ellen Schroder suggested that the Trust should categorise the factors that could shift the financial outcome from upside to downside. Matthew confirmed that this information was available but was commercially sensitive and Ellen Schroder requested that this categorisation be reviewed at the next Confidential Finance and Performance Committee (FPC). | MM | November 2025 | Passed to FPC |
| 96.6<br><br>96.8 | 24/09/25 | Matthew Shaw suggested that the Trust should consult with colleagues from other Children's Hospital Alliance Trusts to understand how they shared information from CDRMs. He also emphasised the importance of creating a "safe space" for clinical teams to come together, often with differing views, to learn from these events. It was agreed that this topic should be brought back to the Board for further discussion and clarity.<br><br>It was agreed that the question of whether parents were given direct sight of the CDRM form would be raised with the Head of Bereavement. | SV | January 2026 | Not yet due |
| 97.3 | 24/09/25 | <u>Patient Experience</u><br>Ellen Schroder queried whether the outcome of the bid to the GOSH Charity would be reflected in the next Annual Report. Claire Williams said that if successful, the bid would result in increased staffing and resources, which would support accelerate progress and would be expected to feature in future reporting. Ellen Schroder requested that the Board be provided with a summary of the bid, including what was requested, what was received, and the anticipated impact. | TL | January 2026 | Not yet due |
| 100.8 | 24/09/25 | Ellen Schroder asked for workforce data which was adjusted to exclude posts funded by International and Private Patients (IPP) and the Children's Charity (CC), in order to isolate core NHS staffing. She highlighted that NHS England's productivity metrics were based on NHS-funded staff, and the Trust should begin to align its reporting accordingly. | CA/MM | January 2026 | Under review |

Great Ormond Street Hospital for Children
NHS Foundation Trust

**Trust Board**
20 November 2025

| | |
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| **Patient Story- siblings at GOSH**<br><br>**Prepared and submitted by** Kate Oulton, Nurse Consultant for Co-Production<br>Claire Williams, Head of Patient Experience | **Paper No: Attachment N**<br><br>☐ **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**
Emaanah, aged 7 months, is under several specialties including Cardiology. Emaanah's mother Soumia and her brother Ebaadah (aged 5 years old) will attend the Trust Board in person to share their experiences of:

- The recent fireworks event including the break and relief this brought and Ebaadah's personal reflections on what this meant to him
- Ebaadah missing home life
- The importance of sibling support

**Patient Safety Implications**
None

**Equality impact implications**
None

**Financial implications**
N/a

**Strategic Risk**
BAF Risk 12: Inconsistent delivery of safe care

**Action required from the meeting**
N/a

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

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

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

Attachment O

Great Ormond Street Hospital for Children
NHS Foundation Trust

| Trust Board<br>20 November 2025 | |
|---|---|
| **Together We Power Care: A strategy for Great Ormond Street Hospital**<br><br>**Submitted by: Ella Vallins, Strategy Director** | **Paper No: Attachment O**<br><br>**For information and noting** |

**Purpose of report**
The launch of our Trust Strategy: Together We Power Care.

**Summary of report**
Our new Strategy, *Together We Power Care*, officially launched on 22 October 2025. The launch event took place in the Kennedy Lecture Theatre in the UCL Great Ormond Street Institute of Child Health and was well attended by colleagues from across the Trust.

The event featured contributions from members of the Young People's Forum, who shared their perspectives on the future of care, alongside Gary Lewin, the Head of Performance Services at Arsenal Women's Football Club and former physiotherapist for Arsenal and the England men's football team. His reflections on high performing teams explored the vital role of teamwork, culture and shared purpose in delivering high quality services.

Post the launch event there were two engagement days in the centre of the Hospital with conversations with our 400 staff over coffee with the strategy being very well received. In addition. Executives visited a variety of teams to discuss the new strategy and what it meant to them.

On 10 November we held a dedicated launch of *Together We Power Care* for children, young people and families in the Lagoon. The event offered creative activities and engaging, age appropriate ways to explore the Strategy, supported by resources developed with the Young People's Forum. Activity booklets were shared across wards so children and young people could take part wherever they were in the hospital.

Attached to this note are both the short form and long form versions of *Together We Power Care*. These documents outline our three Pillars, each supported by a Big Move, along with the priorities and commitments that will guide our work over the next five years. Together, they provide the framework through which we will shape care, accelerate discovery and innovation into treatment, and improve the experience of all our children, young people and families.

Work is now underway to prepare for implementation. This includes the development of a delivery plan and alignment with the medium-term financial plan led by the Finance directorate. Our intention is to begin implementation in a phased way from the next financial year, starting April 2026, ensuring teams have the clarity, resources and support required to bring the strategy to life.

**Patient Safety Implications**
None

**Equality impact implications**
None

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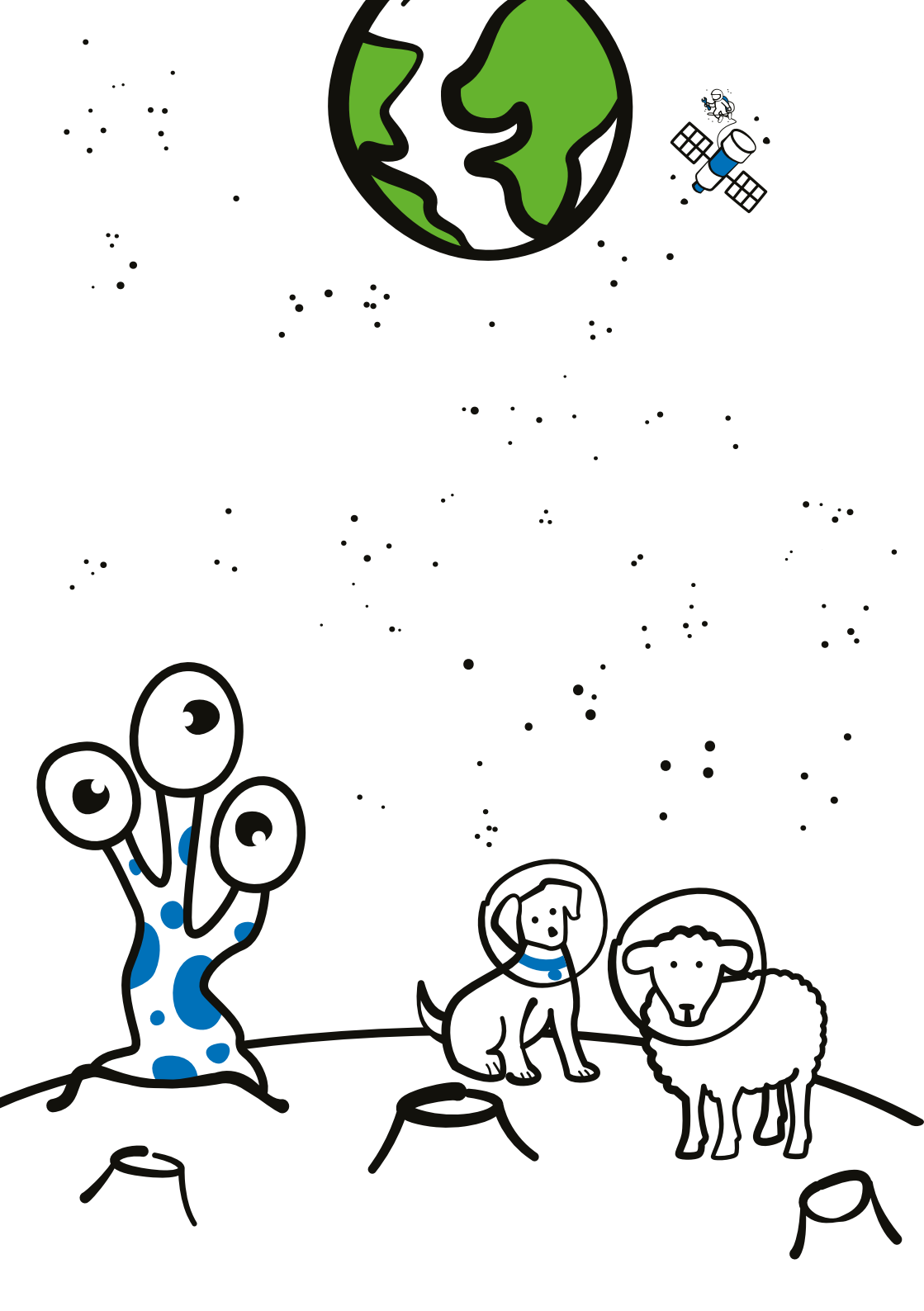
| **Financial implications**<br>Programmes requiring investment will be factored into the medium-term financial plan. |
| **Strategic Risk**<br>Risk 2: Strategy Delivery |
| **Action required from the meeting**<br>The Board is asked to note the Strategy. |
| **Consultation carried out with individuals/ groups/ committees** |
| **Who is responsible for implementing the proposals / project and anticipated timescales?**<br>All |
| **Who is accountable for the implementation of the proposal / project?**<br>Trust board |

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

# TOGETHER WE POWER CARE

*A Strategy for Great Ormond Street Hospital*



# Contents

# **Foreword from** our Chief Executive

**Every day at Great Ormond Street Hospital I see what is possible when we come together in service of care. Across wards, clinics, laboratories, and offices our colleagues bring skill, dedication, and pride to every interaction.**

Every action matters. Every effort counts.

We have listened. Patients, families, staff, and partners have told us what works, what must change, and what will make the biggest difference. Their voices guide this strategy, shaping our priorities, focusing our energy, and inspiring our ambition.

The world around us is shifting. Across the NHS, demand is rising, resources are tight, and pressures on specialist care are at their highest. At GOSH, we face one of the most challenging periods in our history.

We launch this strategy at a time of uncertainty and change, not just nationally but globally. In moments like these, setting the course is more important than ever.

But challenge brings opportunity. It invites us to act boldly. To focus on what matters most. And to harness everything we do: our expertise, our research, our innovation, and our compassion - for the babies, children, and young people who rely on us, together.

This strategy relies on the dedication of our colleagues, the trust and partnership of families, and the wider system connections that allow care to reach every child. It guides how we shape our work, translate discovery into treatment, and deliver holistic care. It protects what only GOSH can do, whilst creating space for what is possible.

We know care at GOSH does not begin or end at the hospital door. True impact comes when specialist care flows seamlessly across services, across time, and across the wider system. Babies, children, and young people with rare and complex conditions need care that is joined up, sustained, and system enabled.

This is an ambitious, but necessary, strategy. It will shape care in hospital and beyond, turn discovery into treatment, embrace innovation, and support the whole child, young person, and family.

We cannot stand still. To safeguard what matters, we must adapt, evolve, and work together.

This strategy channels our ambition, amplifies our impact, and turns insight into action that transforms lives.

**Together we power care for today, this generation, and the next.**

**Mat Shaw**
Chief Executive

# Introduction

**At Great Ormond Street Hospital our purpose has always been simple and profound.**

> ***Together we advance care for children and young people with rare and complex conditions, so they can fulfil their potential.***

We begin with ***"Together we"*** because care at GOSH is never the work of one, but of many. It is the shared skill of teams, the trust of families, and the support of partners. ***Together*** speaks to our spirit of collaboration, and ***We*** ensures that the purpose belong to us all. However medicine advances, our care will always be a collective act.

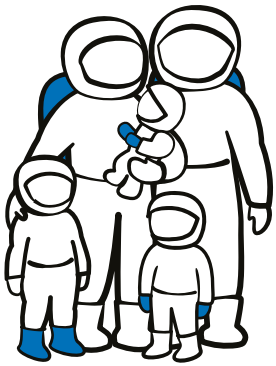
GOSH has a long-standing legacy of leadership in paediatric care, research, innovation, and education. For more than 170 years, we have combined clinical excellence with scientific discovery, ensuring that children receive treatments that are often unavailable elsewhere.

This integration of care, research, and learning enables us not only to treat complex conditions today, but also to shape the future of specialist paediatric medicine tomorrow.

## Our Purpose and Difference

GOSH is a hospital where research, innovation, and education are integrated, driving each other forward to constantly deliver in service of care.

- Our expertise covers more than seventy commissioned services and 22 highly specialised national services that cannot be found elsewhere in the United Kingdom.
- Our model is built on co-located multidisciplinary teams who work together seamlessly under one roof.
- Our research and education programmes ensure that the care of tomorrow is discovered, tested, and delivered here today.



***Every baby, child, and young person who comes to us is seen as a whole person.***

***Every family is part of the journey.***

***Every colleague is part of the team.***

# Local, National, and Global Reach

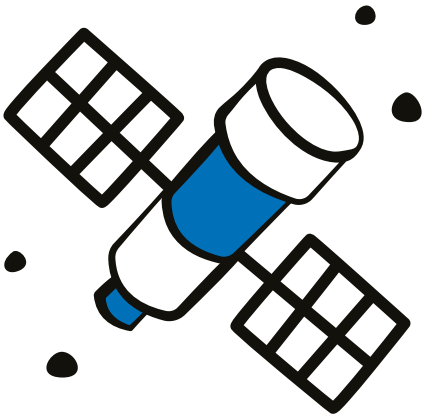
### Although our home is in London, our impact reaches far beyond.

- **Local:** We provide specialist care predominantly for London, the South East, and the East of England.
- **National:** Half of our patients come from outside London, referred by clinicians who know that GOSH can provide care available nowhere else.
- **Global:** We welcome children from around the world and collaborate internationally to accelerate discovery, share knowledge, and improve outcomes.

# Why Now

### Specialist paediatric care stands at a pivotal moment.

Scientific breakthroughs in genomics, artificial intelligence, digital integration, and fetal medicine are transforming what is possible. We can now detect conditions earlier, anticipate risks before symptoms appear, and deliver care tailored to each child. The science is ready, the tools are available, and the time has come to turn discovery into tangible improvements in outcomes.



As survival rates rise, more children are living longer with complex, lifelong conditions. This brings new challenges and responsibilities. A growing adolescent cohort is navigating changing needs, while services evolve and mental health takes on increasing importance. Our strategy prioritises this group to ensure our care grows with them.

Yet, care can feel fragmented. Families have told us that the beginning and end of the journey matter just as much as the care in between. These insights shape every part of this strategy.

Financial pressures make this moment even more urgent. Specialist paediatric services are resource intensive. We must use every opportunity wisely and ensure that investment, whether through the NHS or beyond, translates directly into care and improved outcomes.

**No future is ever guaranteed. It must be built.**

## A Shared National Purpose

**The NHS 10 Year Plan 2025 sets out a vision for healthcare in England. It calls for three shifts that will reshape how care is delivered: from hospital to community, from analogue to digital, and from sickness to prevention.**

For GOSH, these shifts are not abstract. They speak directly to our purpose and have guided how we think about our role, our priorities, and the impact we can have. They are fully embedded into our strategy and inform how we connect expertise, build capability, and extend our reach so that our children, young people and families receive specialist care when and where they need it.

**From hospital to community** reminds us that specialist knowledge should not stop at our doors. By sharing our expertise and supporting partners in care, we help children receive the right care closer to home, strengthening services and allowing us to focus on the most specialist treatment whilst giving families confidence.

**From analogue to digital** reminds us that discovery and data matter most when they improve real lives. We are developing digital tools and systems designed for children, supporting staff and families, and helping to make care smoother, faster, and safer.

**From sickness to prevention** reminds us that every interaction is an opportunity to protect a child's future. Prevention is not just about medical treatment. It includes supporting mental and physical health, and helping children play, grow, and enjoy the experiences of childhood.

# What We Heard

As we developed this strategy, we listened closely to children, families, and staff. Their experiences and insights showed us what truly matters: care that is connected, compassionate, and delivered by teams working together. What they told us guides every part of our strategy and shapes how we turn expertise and innovation into better outcomes for every child.

## Complex care demands connected care

Complex care does not begin or end at our hospital doors. Children with rare and complex conditions need care that links across services and systems. Our role is to join the dots, integrating expertise within our teams and across the wider healthcare ecosystem. True impact comes when specialist care is not just excellent but connected, seamless, and sustained beyond the physical clinical setting.

## People drive exceptional care

Our greatest asset is our workforce. When we empower, connect, and equip every individual, innovation thrives and care improves. Our focus on culture is not an add-on; it is the foundation that enables us to act early, act fast, and act at scale.

## Innovation only matters if it reaches children, fast

We are known for world-class research and pioneering discovery. But discovery alone does not change lives. To make a real difference, we must move quickly from insight to action, embedding innovation into practice so that children benefit sooner. Our strategy is driven by this ambition: to match our excellence in discovery with excellence in delivery. Because innovation only matters if it reaches children. Fast.

## The system is changing and so must we

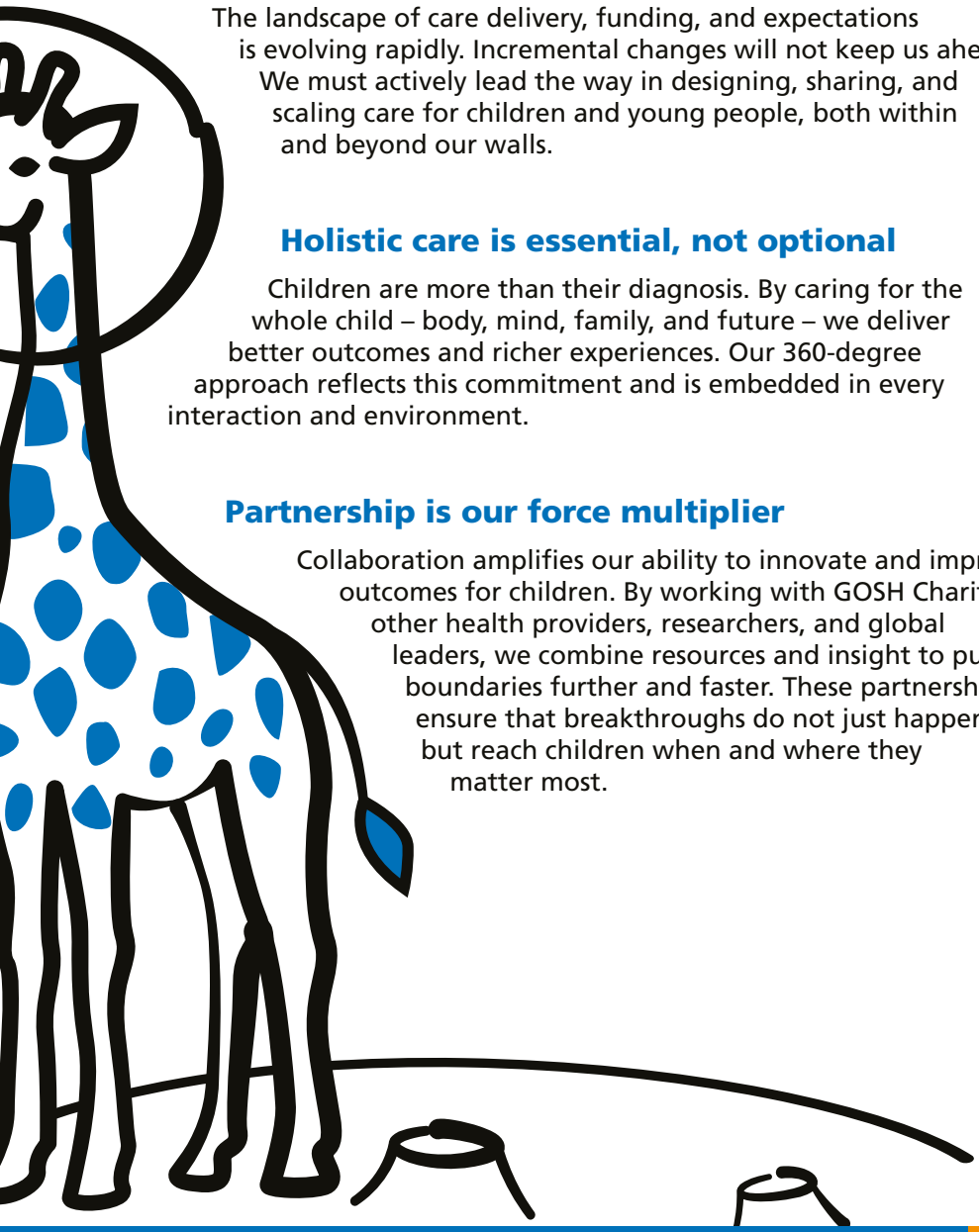
The landscape of care delivery, funding, and expectations is evolving rapidly. Incremental changes will not keep us ahead. We must actively lead the way in designing, sharing, and scaling care for children and young people, both within and beyond our walls.

## Holistic care is essential, not optional

Children are more than their diagnosis. By caring for the whole child – body, mind, family, and future – we deliver better outcomes and richer experiences. Our 360-degree approach reflects this commitment and is embedded in every interaction and environment.

## Partnership is our force multiplier

Collaboration amplifies our ability to innovate and improve outcomes for children. By working with GOSH Charity, other health providers, researchers, and global leaders, we combine resources and insight to push boundaries further and faster. These partnerships ensure that breakthroughs do not just happen, but reach children when and where they matter most.



# Our **Strategy Framework**

**Everything in this strategy is anchored in our purpose and exists to advance care for children and young people with rare and complex conditions. Every decision, every investment, and every innovation is focused on giving them the best chance to thrive.**

At the heart of our work is our purpose:

## TOGETHER WE

**Advance care for children and young people with rare and complex conditions, so they can fulfil their potential**

It is simple, clear, and unwavering. It guides our choices, focuses our efforts, and reminds us that our role is not only to respond to challenges but to shape them.

The strategy is built around three pillars, each representing a key way we will transform care. Every pillar has a big move, our vision for delivery, and is supported by flagship programmes that ensure these ideas become a reality for the children and families who rely on us.

# Our Three Pillars

## Together We Shape How We Care

Focuses on building culture, connection, and collaboration. It is about creating the workforce, systems, and ways of working that power safer, more consistent care across our hospital, for our patients, with our partners, and beyond.

***Big Move:*** Together we build a culture of connection and collaboration to deliver brilliant safer care, in our hospital, in partnership and out into the world.

## Together We Advance Discovery, Innovation, and Impact

Ensures that scientific breakthroughs, technology, and new treatments reach babies, children, and young people faster. It is about translating discovery into care and accelerating progress so that more families benefit sooner.

***Big Move:*** Together we turn GOSH into the fastest path from discovery to care.

## Together We Embrace the Whole

Recognises that every child is more than a diagnosis. Care must be seamless, connected, and holistic, supporting the child, their family, and their journey across age, stage, and space.

***Big Move:*** Together we make care seamless and connect age, stage, and space.

These pillars are interconnected and mutually reinforcing. They guide how we work, what we prioritise, and how we ensure that every insight, innovation, and intervention reaches babies, children, and young people who rely on us.

## Introduction and Big Move

**At Great Ormond Street Hospital, how we work is as important as what we do. Every interaction, decision, and process shapes the care a child receives.**

Brilliant care does not happen by chance. It is created when people are supported, connected, and empowered to do their best.

To deliver on our purpose, we must cultivate the conditions that allow people to thrive, both inside the hospital and across the wider system. That means a culture where everyone feels safe to speak up, confident they will be heard, and empowered to act. Safety is not separate from culture, but its clearest expression. It also means recognising and valuing the contribution of every individual, celebrating diverse perspectives, and creating a sense of belonging where everyone can do their best work.

Families have told us that care can sometimes feel fragmented, with the challenge of juggling appointments, sharing information, and navigating the system. Staff have said that GOSH can sometimes be hard to navigate, processes opaque and that collaboration is sometimes constrained by silos. These insights are connected. They remind us that culture, systems, and ways of working shape every experience for children, families, the system, and staff alike.

These insights will shape how we prioritise our work and guide the way we will nurture culture and design systems and ways of working to meet the needs of children, families, and staff.

Healthcare is evolving. There is a growing emphasis on earlier intervention and making specialist expertise accessible to children and families both inside the hospital and beyond. At the same time, we are designing new and innovative models of care that advance paediatric practice while making sure the experience of care is safe, supported, and centred on the child. Learning, knowledge, and the sharing of expertise underpin everything we do and allow our staff to continually improve and adapt.

**Big Move:** Together we will build a culture of connection and collaboration to deliver brilliant, safer care: in our hospital, in partnership, and out into the world.

This pillar is anchored by three flagship programmes: **GOSH Works, GOSH Models,** and **GOSH ConnectED.** Taken together they strengthen culture, empower people, and extend our expertise across the system.

## **GOSH Works** for Patients

*GOSH Works for patients is shaped by what children and families have told us about their experiences, both inside and beyond our hospital.*

Families have shared that care can sometimes feel fragmented. They describe the stress of not knowing where to go, the worry of missing information, and the challenge of navigating a complex system whilst trying to focus on their child. We want to make this better.

This programme uses these insights to design services that put the child at the centre. We map journeys through the hospital, identify friction points, and develop more child-centred ways of working that make every encounter easier, more coordinated, and more supportive.

By improving how services connect, how teams collaborate, and how information flows, GOSH Works for patients ensures that children and families experience care that is consistent, clear, and focused on their needs. Every change is guided by the principle that the hospital should work around the child, not the other way around.

To achieve this, we will take a whole-journey approach to care, starting from the moment a referral is made and focusing on seamless transitions as children move between GOSH and other parts of the system. We will listen to families to understand where gaps and delays occur, and work with clinical and operational teams to design solutions that make care more connected

so that children and families never have to repeat their story or chase information.

GOSH Works for patients will strengthen the way we connect across the system. Many children with rare and complex conditions receive care in multiple settings, often moving between different hospitals, community teams, and home. We will build stronger partnerships across these settings, sharing information and expertise so that care is joined up and sustained beyond our walls. By connecting the dots, we can make sure that the excellence of GOSH care reaches children wherever they are.

Through GOSH Works for patients we will embed thoughtful design into how we plan and deliver care, ensuring that every moment of the journey is shaped around what children and families need most. We will make care easier to navigate, communication clearer, and the experience more consistent across services so that families feel the same quality of support wherever they are in the hospital. Every interaction should demonstrate the same commitment to excellence and care, no matter which team or service is involved.

Digital transformation will underpin this work. We will use technology to help information flow more freely, support coordination across teams, and give families greater access to their child's care information. Better digital connections will help reduce duplication, improve safety, and allow families to feel informed and involved at every stage of the journey.

Partnership with families will be central. Children and parents know what excellent care feels like, and their insight is vital to improving how we work. GOSH Works for patients will create new opportunities for families to share feedback and contribute ideas that shape services. We will also strengthen how we communicate, ensuring that every family understands what is happening, why, and what to expect next.

By aligning systems, culture, and collaboration around the needs of children and families, GOSH Works for patients will make care more seamless, supportive, and responsive. When every part of the hospital works together in this way, care becomes easier to experience, safer to deliver, and truer to our purpose.

## **GOSH Works** for staff

*GOSH Works for staff is about culture, leadership, and ways of working. It sets the tone for how we work together and how we support each other to deliver brilliant care.*

Every member of our workforce should feel valued, empowered, and equipped to lead change, innovate, and thrive.

This programme responds directly to staff insights. They have said that navigating GOSH can sometimes be difficult, that processes are sometimes opaque, and that collaboration is hindered by silos. GOSH Works tackles these challenges head on, removing barriers so people can focus on care. We know that world-leading care depends on world-leading support, and this programme makes sure our systems and ways of working match the excellence of our clinical services.

We will develop a new set of values that connect us as a community at GOSH, guiding how we work, support each other, and deliver care to every child and family. These values will guide behaviour, decision making, the way we care for each other and for families, and remind us that everyone's contribution matters to our collective purpose.

Leadership is central to cultivating this culture. The way leaders act shapes trust, belonging, and innovation. GOSH Works for staff will strengthen leadership at every level, ensuring people have the skills and confidence to model our values, inspire collaboration, and deliver meaningful change.

Equity, diversity, and inclusion are embedded throughout. A workforce that reflects the children and families we serve is stronger, more compassionate, and more innovative. By creating a culture of belonging and psychological safety, GOSH Works enables great ideas to surface from every part of the hospital.

Commercial enablement is another crucial element. We face significant financial challenges, which makes it even more important that we use our resources wisely and think creatively about how we generate new ones. We will establish a commercial enterprise unit that converts opportunity into resources, reinvesting directly into care.

Ultimately, GOSH Works for staff ensures that internal transformation becomes the basis for external impact. A connected, confident, and capable workforce is better positioned to collaborate across the health system, share expertise, and deliver specialist care wherever it is needed.

## GOSH Models

*GOSH Models develops and tests new ways of delivering specialist children's healthcare, designing innovative models that advance paediatric practice both inside and beyond the hospital.*

The programme includes a growing portfolio of innovation. We are advancing the frontiers of surgery, by exploring robotics and perinatal interventions to improve precision and outcomes for children. Accelerating diagnostics allows us to uncover conditions earlier, shorten the diagnostic odyssey, and begin treatment sooner. Enhanced outreach extends specialist expertise into the system and beyond, strengthening local teams and supporting collaboration across the NHS and with global partners.

By working closely with secondary and tertiary providers, GOSH Models shapes connected pathways across the system, ensuring every child can access the specialist care they need. It allows our specialist teams to focus on the most complex cases while creating models of care that can be adapted, shared, and scaled widely.

By rethinking how care is designed and delivered, GOSH Models ensures that specialist expertise is accessible, interventions are earlier, and the system itself evolves to support better outcomes for children everywhere.

## GOSH ConnectED

*Powered by the GOSH Learning Academy, GOSH ConnectED develops the expertise of everyone who cares for children today and shapes the system for tomorrow.*

It is both internal and external in scope. Inside GOSH, ConnectED nurtures the unique clinical, digital, leadership, and commercial skills that paediatric care demands, ensuring teams feel supported and confident. Beyond GOSH, it develops and shares specialist expertise with national healthcare

professionals, local teams, and global partners who care for children with rare and complex conditions, helping to build capability where specialist knowledge is limited.

By connecting learning across boundaries, ConnectED ensures expertise is not held in one place but flows freely across the system. This strengthens local services, supports the left shift by extending specialist skills into the community, and ensures GOSH remains at the forefront of children's health.

Knowledge is a force multiplier. By investing in learning inside and outside the hospital, we enable safer, smarter, and more connected care for every child.

## Impact and Outcomes

*When we succeed in shaping how we work, the impact is profound.*

Children and young people experience care that is safer, faster, and more consistent. Families feel supported by systems that are easier to navigate and by professionals who collaborate seamlessly.

Staff work in a culture of trust, belonging, and empowerment. They have the skills, confidence, and networks to innovate and lead change. Internal transformation ripples outward, strengthening care across the NHS and beyond. Digital tools, improved coordination, and enhanced capability reduce variation and accelerate improvement.

### Internal Transformation, External Impact

*Shaping how we work internally drives how we care externally.*

By fostering a culture of trust, capability, and belonging, equipping staff with the skills they need, and embedding innovation and collaboration across care, we build a system that responds to today's needs while anticipating tomorrows.

Together, we shape the way we work to power care for every baby, child, and young person.

# **Case Study:** Collaborative Leadership in Action

## GOSH launched Shared Governance Councils (SGCs) in Nursing as part of our People Promise Exemplar Programme.

SGGs give staff at every level a genuine voice in shaping their work environment and the care they deliver. Frontline teams identify challenges, propose solutions, and lead improvements while leaders act as facilitators and enablers.

Organised by teams, themes, or specialties, SGCs provide dedicated space to focus on patient care, staff wellbeing, and service delivery. Council chairs meet regularly to share progress and learning across teams. This ensures ideas and improvements spread quickly.

### Early Outcomes

**SGCs are already showing tangible benefits:**

- Collaboration and connection: Teams share best practice, solve problems collectively, and implement improvements more efficiently.
- Staff empowerment and growth: Members report renewed purpose, confidence, and a sense of ownership over their work.
- Positive impact on care: Innovations and improvements are being embedded directly at the point of care.

### Practical Examples

- The International and Private Care SGC developed a rotation programme giving ward-based nurses exposure to advanced cancer nursing roles. This addresses workforce shortages and strengthens multidisciplinary care.
- The Ward Manager SGC is upskilling staff in critical skills to prevent ITU discharges and support cross-ward cover, improving patient flow and family experience.

### Growing Leadership

Beyond service improvements, SGCs act as leadership incubators, equipping staff with skills in project management, governance, communication, and strategic thinking. This ensures that teams can confidently influence change and drive innovation, strengthening the hospital's capacity for continuous improvement.

### Looking Ahead

The ambition is to extend SGCs to all staff groups, creating a fully inclusive, multidisciplinary approach to decision-making and improvement. By embedding collaborative leadership close to the point of care, SGCs are shaping a culture where staff feel empowered, connected, and capable, and where the improvements they drive translate directly into safer, more effective care.

### Why It Matters

Shared Governance Councils exemplify how reshaping the way we work fuels better care. By listening, empowering, and connecting staff, GOSH is creating a workforce ready to lead change, innovate, and deliver the highest quality care now and for the future.

## **Case Study:** Genomics

**At Great Ormond Street Hospital, genomics is more than a tool; it transforms care for children, families, and communities.**

For over twenty years, we have integrated genomic testing into our work, ensuring every child's journey is guided by precise, personalised insights. Increasingly, children coming through GOSH have a genetic test as part of their care, making genomics a core part of their experience.

The NHS 10 Year Plan places genomics at the centre of future healthcare. By 2035, NHS England estimates that half of all healthcare interactions will involve genomic testing. GOSH is leading the way, turning this vision into practice. Our approach ensures that genomic medicine is innovative, equitable, accessible, and embedded across the NHS.

### A Genomics Revolution Across the NHS

The NHS is moving from sickness to prevention. Genomics enables earlier diagnosis, targeted treatment, and improved outcomes. Central to this shift is the Genomics Population Health Service, which combines genomics, diagnostics, and predictive analytics to transform care.

GOSH leads the North Thames Genomic Medicine Service (NT GMS) in partnership with The Royal Marsden NHS Foundation Trust and eight other NHS trusts. Serving more than 10 million people, the service spans care from preconception through to adulthood.

### Building a Workforce for the Genomics Era

The genomics revolution is reshaping how the NHS works. GOSH is equipping laboratory teams, clinicians, and wider NHS staff with the skills and knowledge to deliver genomic care. Key initiatives include:

- Developing laboratory and clinical skills
- Creating clear career pathways to retain expertise
- Building a workforce that represents the communities we serve

In 2024/25, the NT GMS trained more than 2,000 NHS professionals, ensuring genomics is integrated into everyday care across all settings.

### Genomics Powering Care at GOSH

**GOSH leads transformational genomics projects with immediate impact:**

- The Rare and Inherited Disease Laboratory provides long-awaited diagnoses for families, enabling personalised care.
- Non-invasive prenatal diagnosis offers faster, safer testing during pregnancy.
- Rapid sequencing for infants delivers results in under three weeks for children with suspected epilepsy, changing treatment plans for 98 percent of diagnosed cases.

Genomics also enables personalised cancer treatments, access to pioneering therapies, and the development of gene therapies that could transform children's futures.

### Innovating for the Future

**GOSH continues to drive genomic innovation through:**

- The UK's first accredited metagenomic laboratory (opened 2025) to identify infections faster
- Research to bring point-of-care genomic testing directly to clinicians and families
- Development of AI-driven workflows to streamline testing and interpretation
- Expansion of laboratory space and automation to scale genomic testing nationally

### A Genomics Service for Everyone

**Equity is central to our vision. GOSH and NT GMS are creating services that are fair, inclusive, and patient-centred by:**

- Working with families and communities to remove barriers to access
- Co-producing culturally relevant and accessible information
- Launching England's first Genomics Health Hub in 2026 to support public understanding

Social scientists within the NT GMS study the social, ethical, and psychological impact of genomic testing, ensuring innovations remain safe and grounded in lived experience.

### Looking Ahead

**Genomics at GOSH shows how discovery, innovation, and compassionate care intersect. Through NT GMS and our research programmes, we are:**

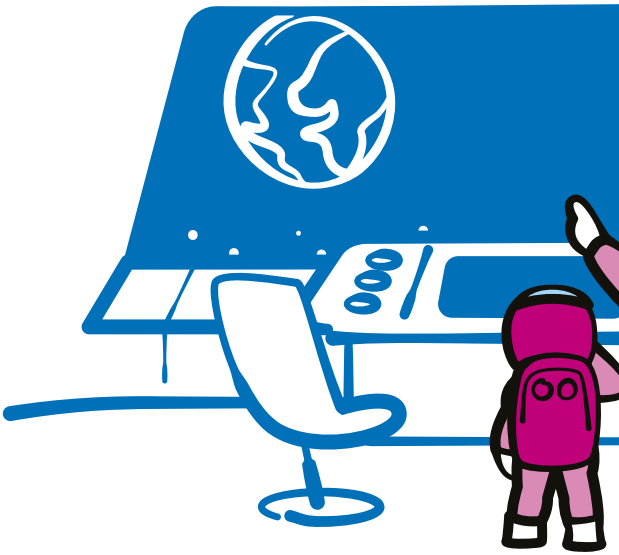
- Delivering rapid, precise diagnoses for children with rare conditions
- Supporting families with personalised information and care plans
- Embedding genomics into routine NHS care

Genomics at GOSH shows how we power care through science, education, and connection. By combining precision and personalised medicine with workforce development and outreach to communities, we ensure that discovery benefits every child and family. This integration of innovation, compassion, and collaboration is shaping a future where genomic medicine is part of everyday care across the NHS.

## Introduction and Big Move

**At Great Ormond Street Hospital, discovery and innovation are not aspirations. They are lifelines.**

Every scientific insight, every technological breakthrough, and every new therapy has the power to transform the life of a child with a rare or complex condition. But discovery alone is not enough. Evidence must guide innovation, and insight must move swiftly into practice. Knowledge must translate into care. Families have told us that waiting for new therapies can feel agonising. Access to innovation is uneven, and the promise of discovery sometimes feels distant. Staff have said that research and innovation often move too slowly into clinical practice, delaying benefits for the children we serve.



The NHS 10 Year Plan sets out a bold vision for the future: a health system that is digitally enabled, fuelled by genomics, data, artificial intelligence, robotics and wearables, and rebalanced from sickness to prevention. This pillar ensures GOSH plays its full part in that future by leading and adopting proven innovations swiftly, shaping them for paediatric care so that breakthroughs reach children and young people faster and in forms that meet their unique needs.

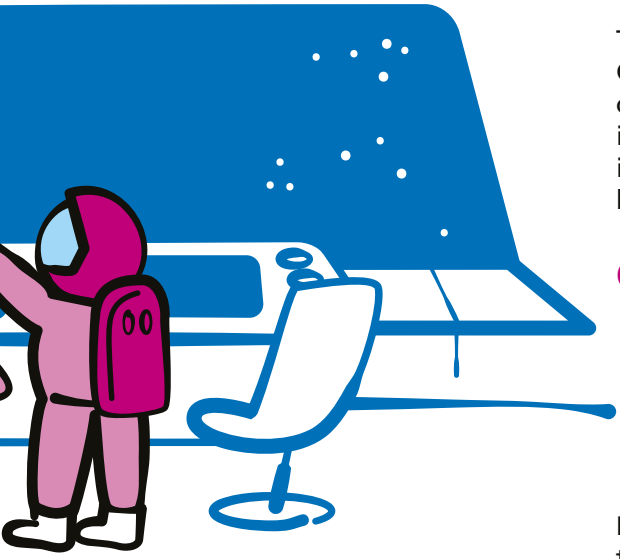
**Big Move:** Together we turn GOSH into the fastest path from discovery to care.

This pillar is anchored by three flagship programmes: **GOSH Research Accelerator, GOSH Novel,** and **GOSH Innovate**. Each aims to accelerate progress from laboratory to bedside.

## GOSH Research Accelerator

*The GOSH Research Accelerator is the engine that propels scientific insight into practice. It builds infrastructure, forges partnerships, and ensures that discoveries reach children without unnecessary delay.*

By coordinating research networks, supporting clinical trials, and fostering collaborations with universities and industry, the Accelerator ensures that breakthroughs are not confined to laboratories or journals. They become real treatments, real solutions, and real hope.



The Accelerator also positions GOSH as a hub for global collaboration. By linking with international research networks, innovations developed here can benefit children worldwide.

## GOSH Novel

*GOSH Novel is dedicated to discovering, developing, testing, and delivering pioneering therapies for rare and complex conditions.*

From cell and gene therapies to advanced clinical trials, and incorporating diagnostics and biomarkers to ensure treatments are safe, effective, and personalised, this programme brings hope to children who would otherwise have limited options.

Families experience innovation directly, seeing treatments that once existed only on paper become part of their child's care. This programme pushes the frontiers of paediatric medicine. By enabling children to access novel therapies sooner, GOSH Novel not only improves outcomes but also transforms what families imagine is possible. Collaboration with industry, GOSH Charity, and the NIHR Biomedical Research Centre at the UCL Great

Ormond Street Institute of Child Health (ICH), accelerates delivery, ensuring that financial or logistical barriers do not delay progress.

## GOSH Innovate

*GOSH Innovate harnesses technology, data, and artificial intelligence to personalise care, improve diagnosis, and enhance treatment.*

Digital tools become instruments of insight, enabling clinicians to work smarter, make decisions faster, and collaborate more effectively across teams and organisations.

Through Innovate, care pathways are reshaped. Diagnostics become faster, treatments more precise, and care deeply personalised. Data flows seamlessly, supporting decision making, reducing variation, and anticipating needs before they arise. Artificial intelligence will safely be applied where it matters most, improving patient outcomes, streamlining operations, and easing the working lives of staff.

This programme ensures GOSH is not only a centre of scientific excellence but also a leader in digital intelligence. By embedding innovation across the hospital and extending expertise beyond our walls, children everywhere can benefit from the latest tools and knowledge. GOSH Innovate also empowers staff. Teams gain confidence to adopt new techniques, transforming the hospital into an agile environment where discovery and practice co-exist.

## Impact and Outcomes

*When we accelerate discovery and embed it into care, the impact is transformative. Children receive therapies sooner, diagnoses are faster, and treatments are more precise.*

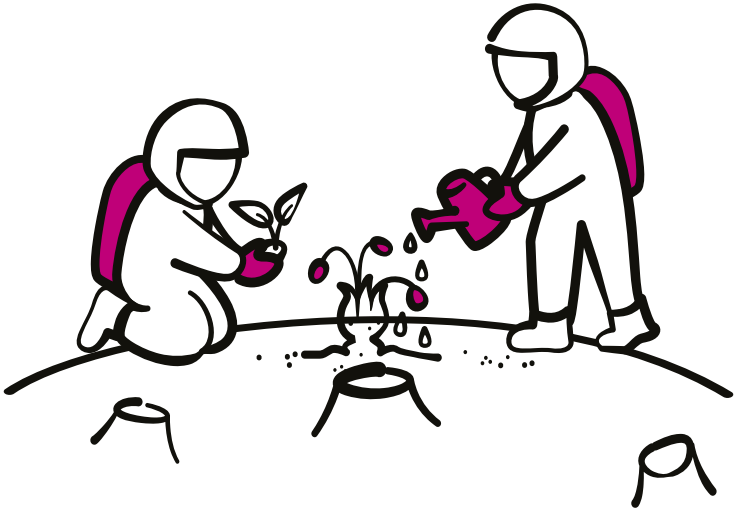
Families see hope translated into tangible outcomes, and the promise of science becomes reality. For staff, this fosters a culture where research and clinical practice reinforce one another. Clinicians, scientists, and allied professionals apply new knowledge with confidence, knowing that innovation is safely and effectively integrated into care. Curiosity is valued, expertise is shared, and every team member is empowered to turn insight into action.

# , and Impact

Across the wider health system, partnerships with industry, research institutions, the NIHR Biomedical Research Centre at the UCL Great Ormond Street Institute of Child Health, and GOSH Charity amplify impact, extending benefits nationally and globally. Innovations piloted at GOSH influence networks, shaping policies, pathways, and services so that more children benefit sooner.

This pillar creates a virtuous cycle. Curiosity fuels action, evidence informs innovation, discovery shapes care, and every insight has the potential to change a life. Clinical excellence, technology, and research converge, creating a hospital where insight flows swiftly into practice and families experience the benefits of new therapies without delay.

By advancing discovery, innovation, and impact, GOSH shapes a hospital where science meets care, pathways are faster and safer, and every child has access to treatments informed by the very latest knowledge. Discovery becomes treatment, innovation becomes action, and science becomes care for every baby, child, and young person who depends on us.



## **Case Study:** Remi's Journey, From Discovery to Life Changing Therapy

**Remi was diagnosed with p47 Chronic Granulomatous Disease CGD in 2007, a rare genetic condition that left him vulnerable to severe infections and inflammation.**

For much of his life he spent more time in hospital than at school, missing milestones and struggling with the limitations of his condition. Traditional treatment, bone marrow transplantation, offered hope but relied on finding a rare donor match, and nothing existed specifically for the p47 type of CGD.

In 2024, everything changed. Remi became the first patient to receive a world first gene therapy developed at GOSH and the UCL Great Ormond Street Institute of Child Health. This therapy was designed to correct the genetic defect underlying his condition, giving him the chance to live a life free from constant illness.

The journey from discovery to delivery illustrates precisely why this matters. Researchers led by Professor Adrian Thrasher and Dr Georgia Santilli pioneered the therapy using a viral vector, a harmless virus engineered to deliver healthy genes into the patient's cells. The therapy was then manufactured entirely on site at the Zayed Centre for Research Into Rare Diseases in Children, the first time a therapy had been developed, produced, and delivered under one roof. By integrating research, production, and clinical delivery, GOSH accelerated the pathway from scientific insight to patient care, ensuring Remi could access a life changing treatment without unnecessary delay.

*This is Remi today having successfully passed his driver's test and his certificate in hand.*

The impact on Remi's life has been transformative. Within a year he passed his driving test, completed his A levels, and secured a place at university to study law. He can now enjoy everyday life without the constant fear of infection or inflammation. "Having the gene therapy has completely changed my life," Remi says. "I can go out and about now without worrying, help my family, and I am excited to start the next stage of my life."

For the clinical team the therapy represents a model of what is possible when discovery, innovation, and delivery converge. Helen Braggins, Remi's Clinical Nurse Specialist, reflects, "Seeing the Immunology Gene Therapy team pursue a curative option gave us hope. It allowed us to focus on life beyond his condition. Remi's strength throughout the treatment was inspiring."

This story matters because it demonstrates the power of GOSH's strategic approach. Families have told us waiting for new therapies can feel agonising and staff highlighted that research often moves too slowly into practice. Remi's journey shows how integrating pioneering research, precision manufacturing, and expert clinical delivery can transform that reality, turning scientific insight into tangible, life changing care.

# **Together We** Embrace the Whole

## Introduction and Big Move

**At Great Ormond Street Hospital, delivering brilliant care is about more than treating illness.**

Families navigating serious childhood conditions carry an enormous mental burden. Long hospital stays, multiple appointments, and uncertainty make every day complex. Supporting mental health is equally important as addressing physical health. It is often the small things that help bring comfort amidst the chaos. Helping children and families cope, manage stress, and maintain wellbeing is central to recovery and quality of life.

As pressures grow across the NHS, we know that the wider system cannot always provide the clarity, consistency, and support families need. This is where GOSH must lean in. Children surviving into adolescence and adulthood have growing social, emotional, educational, and developmental needs that sit alongside their medical care. Outstanding outcomes depend on responding to the whole child, supporting both mental and physical health, and ensuring every child can continue to learn, play, connect, and grow. Serious illness happens to the whole family, and their wellbeing is central to how care is delivered. By focusing on care that is seamless and holistic, we make sure families feel guided, staff can work confidently, and every space and interaction helps children recover, grow, and thrive.

In developing this pillar, young people have guided our thinking at every step. The Young People's Forum has been instrumental in shaping what matters most. The GOSH Youth Manifesto *(see Appendix One)* sets out their priorities: care that empowers, spaces that feel safe, opportunities to connect, and experiences that preserve joy and identity. These are not optional extras. They are essential components of high-quality, whole-child care and central to our strategy for seamless, supportive, and connected services.

### **Big Move:** Together we make care seamless and connect age, stage, and space.

Specialist paediatric services are complex and highly clinical, but they must be designed around the child and family. Tailored care, play therapies,

and opportunities for connection ensure that every intervention supports treatment, mental and physical health, development, independence, and wellbeing.

This Big Move is realised through three flagship programmes: **GOSH Futures, GOSH Greencare** and **GOSH House**. Each ensures care is continuous, personalised, and connected across the hospital experience, making the journey coherent and supportive for every child and family.

## GOSH Futures

*More children now survive into adolescence and adulthood. Scientific advances and improved treatments mean this growing cohort has distinct developmental, social, educational, and emotional needs alongside clinical care.*

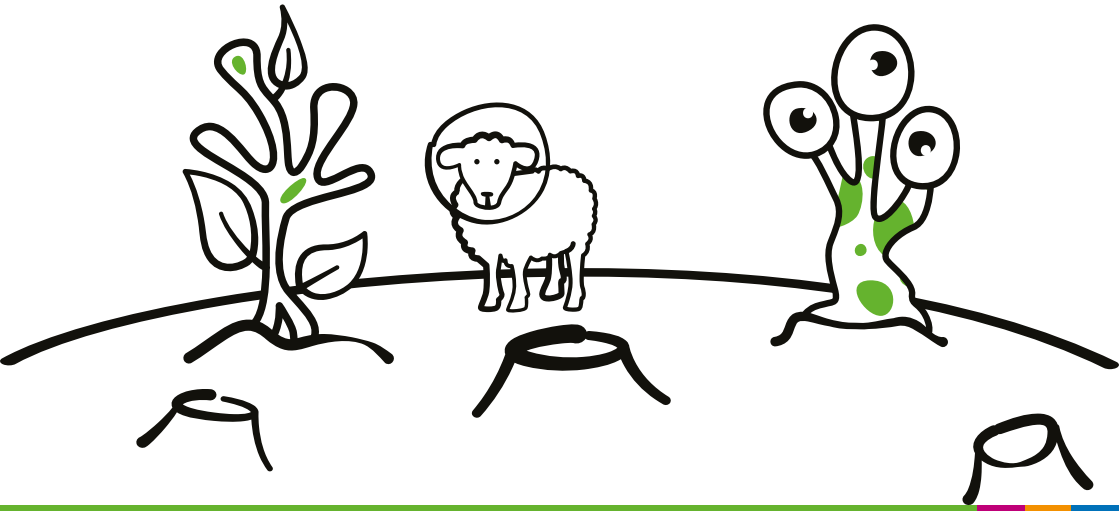
GOSH Futures is built around what young people have told us they need: guidance, confidence, empowerment, and continuity. It supports connections with peers, pets, and age-appropriate spaces as well as school liaison, health education, and personalised transition planning.

Care adapts as young people grow with us, ensuring their needs are met at every stage. Young people are partners in shaping their care, supported by families who are informed, confident, and engaged. Digital tools, equity of access, and cultural change strengthen this support.

## GOSH Greencare

*Children, young people, and families have told us they need access to nature, play, peer connection, and relief from isolation.*

GOSH Greencare answers this need. The programme provides a therapeutic



garden and visiting farm at the heart of the hospital. For children who cannot leave their rooms, nature is brought to them through bedside and virtual interventions. These spaces host therapy sessions, peer groups, and family activities. Greencare embeds wellbeing, prevention, and continuity into everyday hospital life.

Greencare extends beyond the hospital. Partnerships with local gardens, farms, and green spaces create connection, inclusion, and continuity. Every interaction with the natural world strengthens resilience, reduces stress, and supports mental health. Childhood continues even amid illness.

## GOSH House

*Families told us that practical and pastoral support is essential.*

*It is the small things that make a big difference when navigating the maze of illness.*

GOSH House provides a home away from home. It offers patient information, guidance, event spaces, and wayfinding support to help families understand and access the support they need.

Families can meet peers and participate in activities such as MediCinema, creating moments of relief, support, and shared experience.

GOSH House recognises that care is experienced in every environment, not only at the bedside. Families can rest, connect, and participate in activities that sustain hope, nurture wellbeing, and preserve childhood.

The programme aligns with the broader Masterplan redevelopment project, ensuring that physical spaces enhance the holistic care experience.

## Impact and Outcomes

*When we embrace the whole child and family, the effects are profound:*

- Children experience care that nurtures body, mind, and spirit. Adolescents are supported to grow, gain independence, and navigate transitions with confidence.

# **Together We** Embrace the Whole

- Families feel informed, connected, and empowered, supported by clear guidance, pastoral care, and spaces for rest and connection.
- Staff work in an environment designed to respond to the full spectrum of needs. Holistic care, pastoral support, and wellbeing are embedded alongside clinical treatment.

GOSH Futures, Greencare, and House together create a model where every child and family experiences continuity, support, and opportunity. Care meets every need. Support surrounds every family. Childhood endures for every baby, child, and young person. Every action, every space, and every moment is designed to ensure that children and families not only receive treatment but can live, grow, and thrive even during serious illness.

Every child is seen. Every family is supported. Childhood continues, even in the face of illness.

## **Case Study:** Aubrey's Story

**After falling ill suddenly, five-year-old Aubrey was transferred to GOSH and admitted to PICU. It was in PICU that her parents were told Aubrey had acute lymphoblastic leukaemia (ALL), a rare type of cancer that affects the blood and bone marrow.**

At GOSH, Aubrey and her family are supported by non-clinical services, including the Play Team, and Family Accommodation just moments away from the hospital, as her mum Madeleine explains:

*"The accommodation for parents is brilliant. Whilst Aubrey was on PICU I stayed in a house in Powis Place, just out the back of the hospital. It was a lifeline. Without the family accommodation I wouldn't have been able to stay with Aubrey because there's no way we could afford hotels in London. It would have been a nightmare if we'd had to travel back and forth, so having that accommodation really, really benefited us."*

The Play team, funded by GOSH Charity, brought fun and smiles to Aubrey both during her time on PICU, and when she was cared for on Giraffe ward. After intense treatment, Madeleine explains how Aubrey began to rebuild her strength with their help.

*"Physio spoke to the Play team to try and get Aubrey up and moving. Aubrey's a massive Pokemon fan, so the Play team took her out Pokemon hunting. They printed off little Pokemon pictures and put them around the ward so she would collect them, and then they found a Pokemon plush and she caught that - the smile on her face, it was massive! She thought it was the most brilliant thing ever. They just made it fun, so it was a lot easier for Aubrey to start building that strength back. The Pokemon hunt was to convince Aubrey to get up and start walking and it really worked."*

Now aged six, Aubrey continues to attend GOSH regularly for treatment. Madeleine really values how child-centric the hospital is, through all the wraparound care services it funds:

*"What I was worried about, was that she'd wake up and she'd be absolutely terrified, but she hasn't been. The whole time we've been there, she hasn't been scared at all. They really make it an atmosphere where children don't need to be scared. I just think it's brilliant."*

# Shared **Commitment**

**Delivering this strategy depends on the commitment of everyone at GOSH.**

We recognise the pressures of workload, resources, and competing priorities, and we will monitor these carefully to ensure delivery remains focused, purposeful, and achievable.

Every directorate, team, and individual has a vital role in powering care. You can contribute by discussing how your work connects to the Big Moves, sharing ideas via the ideas platform or GOSH strategy inbox, and using the resources available on the intranet and website.

When these outcomes are realised, GOSH will not simply have delivered a strategy. The hospital will be faster at translating discovery into care, safer in every interaction, smarter in the way it works, and more connected in how it supports every child, young person, and family.

This is care delivered together, powered by purpose, collaboration, and shared commitment at every level.

## Get Involved

**Delivering this strategy depends on everyone at GOSH. Every directorate, team, and individual has a vital role in powering care.**

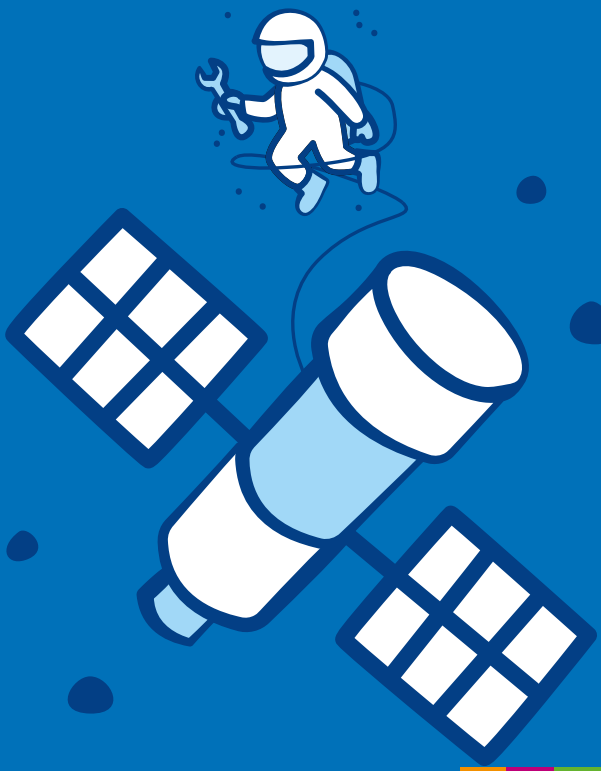
- Talk with your team about how your work contributes to the Big Moves. Share ideas via: GOSH Ideas Platform - Our GOSH
- Send feedback, stories, and successes to: goshstrategy@gosh.nhs.uk
- Access resources and updates via the intranet: TOGETHER We Power Care: A Strategy for Great Ormond Street Hospital - Our GOSH

By working together to focus effort, take action, and measure results, every person at GOSH contributes to a culture of continuous improvement, shared purpose, and tangible impact.

When this strategy is delivered, the Trust will be faster at translating discovery into care, safer in every interaction, smarter in the way it works, and more connected in supporting every baby, child, young person, and family.

This is care delivered together, powered by purpose, collaboration, and a shared commitment at every level.

# Appendices



# **Appendix One:** Youth Manifesto

## Youth Manifesto

**In 2025, to coincide with the launch of Great Ormond Street Hospital's new strategy, we worked together with staff to articulate what we need from GOSH; to help advance care and support us to fulfil our potential. Together, we created this manifesto, our vision for partnership, innovation, and community.**

I want you to walk alongside me, bridging care between the hospital and my life at home. GOSH should use the voices of myself, my peers and my loved ones to prioritise resources, decisions, and drive change. We need to build partnerships between young people and staff, so that my care is always collaborative and my views are valued. I am the expert of my body and mind and I should be treated as such.

GOSH should use digital innovation, research and modern medicine to create even better futures for me, my peers, my family and my friends. There should always be people involved in my care, throughout treatments, conversations and decisions. You should use innovations to better my care, not replace any of the warmth, laughter or care that people provide. The heart of my care needs to based on people, as they are the ones who make the hospital feel like a home.

GOSH isn't just about medicine; it's about providing moments that lift me up. My care isn't just clinical: we need to care for my body, mind, family, and future. Things like fun and animals make all the difference. Empower me through every age, every stage, transition, and milestone; as my needs evolve, my care should too. Provide me with spaces that feel like home even when I'm at hospital; where I can connect with others, connect with nature and develop my skills.

This care should extend beyond the hospital walls; everything GOSH has to offer should be accessible, no matter where I am. I shouldn't miss out on being a teenager because of my condition. My GOSH community, from peers, through to staff members, can change my life. Give me the chance to build a community to support me. When I'm being cared for, speak to me as a young person; treat me with empathy, respect and kindness. I want the choice to be actively involved in each step of my care journey, and to see how my views shape the future of GOSH.

GOSH's purpose is to work together to advance care for children and young people with rare and complex conditions – this is what you need to do, to help me fulfil my potential.

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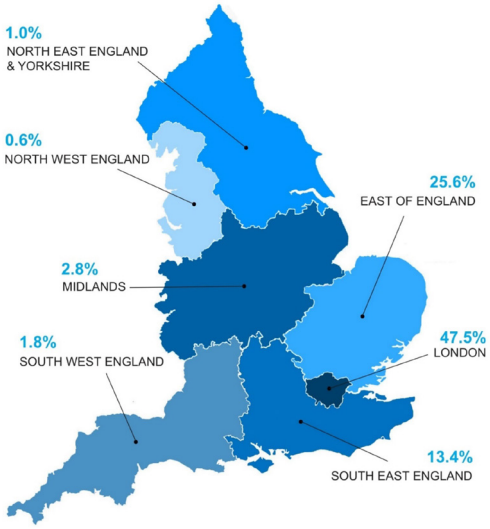
# **Appendix Two:** Data Analytics

## Our Patient Population



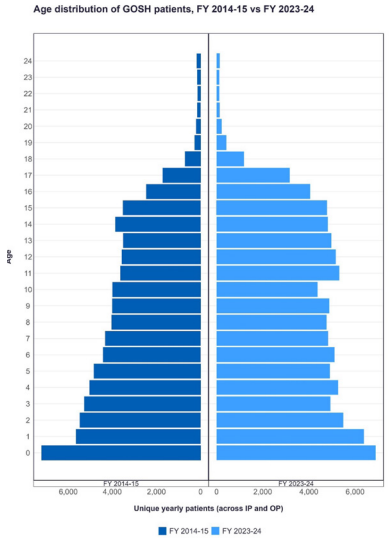

While GOSH continues to serve as a national centre of excellence, its activity is increasingly concentrated in London and the East of England, which together accounted for more than 80% of inpatient and outpatient episodes in 2023/24.

This regional concentration has only intensified over the past decade, with London inpatient volumes rising by 38% and East of England by 14%.

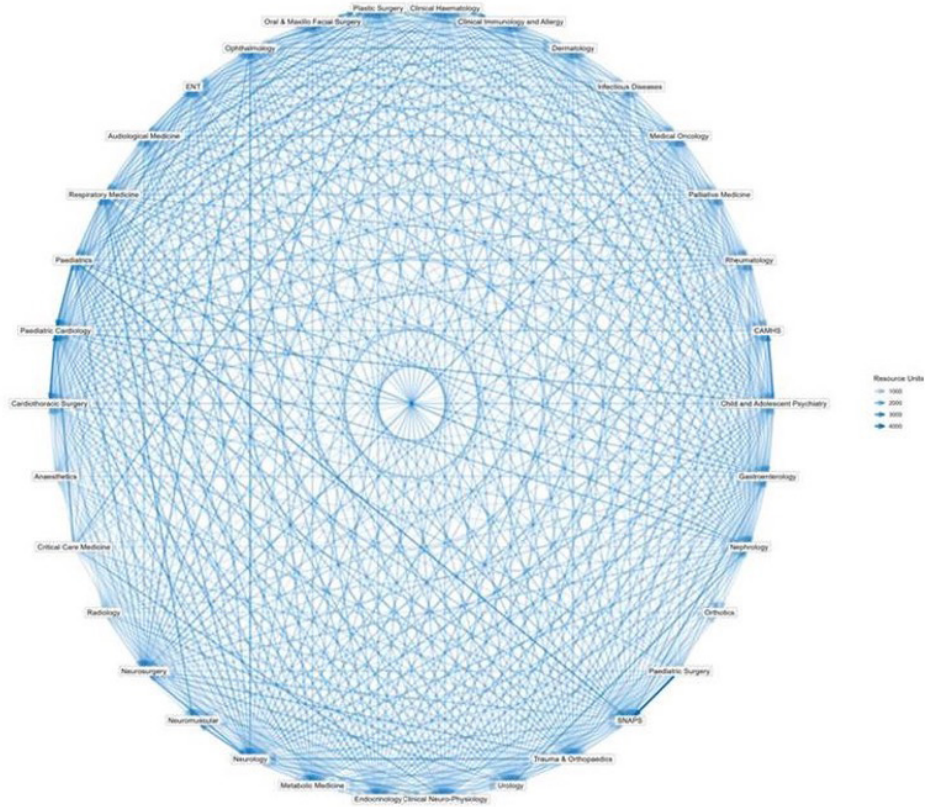
The map on the left outlines volume of inpatient activity at GOSH by regions referred.

GOSH has also witnessed a significant shift in the demographic profile of those accessing care in comparison to 10 years ago. While we continue to serve a high volume of patients in the 0-5-year-old cohort, there has been a marked increase in the number of young people between the ages of 10-19. This trend shows that GOSH is increasingly supporting children with complex, long-term conditions who are surviving into adolescence and early adulthood, and these children tend to stay with GOSH longer than ever before.

This evolving age profile has important strategic implications. It emphasises the need for GOSH to adapt its service model to better meet the needs of its 10-19 cohort. These include age-appropriate facilities, transition pathways, and personalised, multidisciplinary care models that bridge paediatric and adult services. It also highlights the importance of data-driven planning to ensure that our service offering evolves in line with the shift in our patient population.

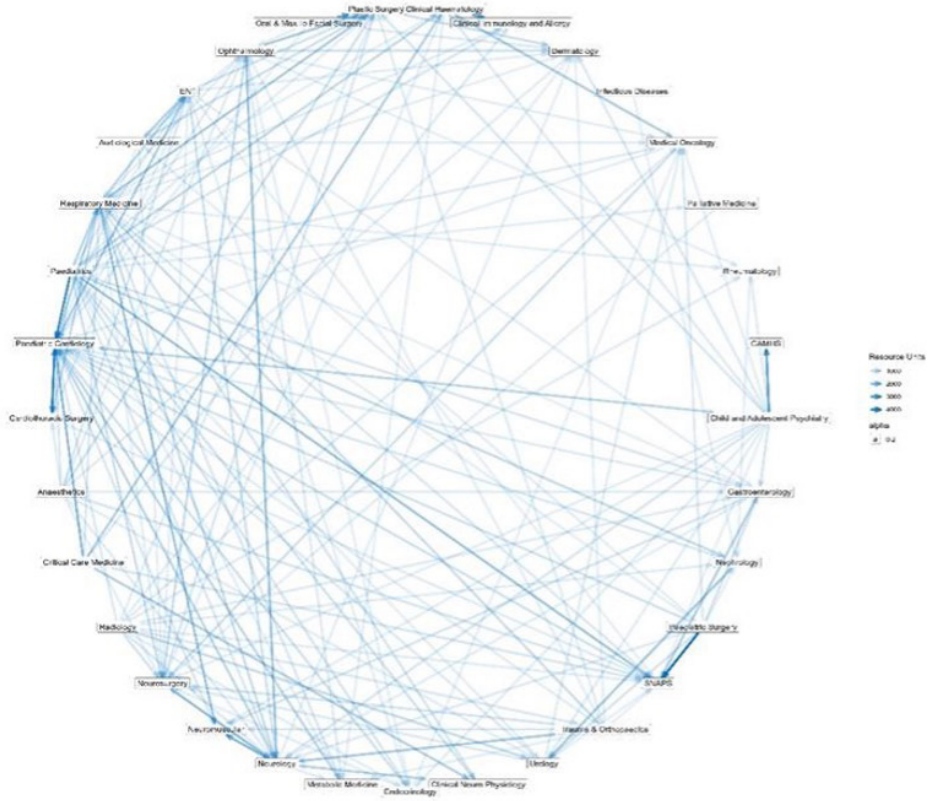


# **Appendix Three:** Interdependencies of C

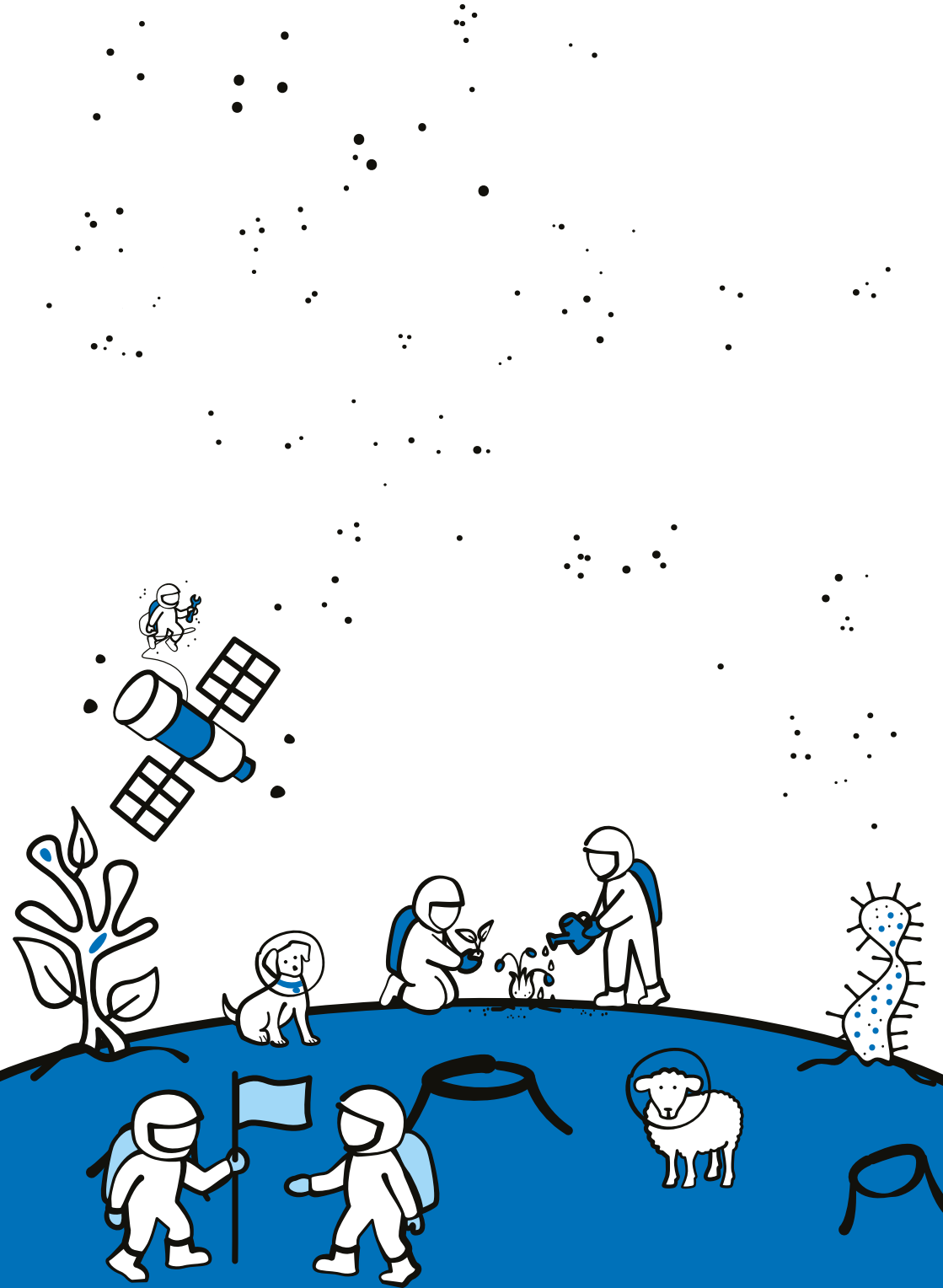



As we witness advancements in medicine, many aspects of paediatric care once in the domain of specialist have become part of routine practice. What may have been considered highly specialist a decade ago may no longer be considered specialist today. This shift reflects not just clinical progress, but a broader transformation in how and where care is delivered, especially as we move care from hospital to community in line with the NHS 10 Year Plan. For GOSH, it means that we ensure that only those children that require treatment at GOSH, come to GOSH.

# Our Services




At GOSH, we make data-driven decisions because we recognise that the needs of our paediatric patient cohort are constantly changing while our service offering has remained relatively static. Historically, as part of its clinical strategy, GOSH had always focused on cardiac services, cancer, neurosciences and rare diseases until the GOSH Clinical Strategy in early 2023 brought to light the important contribution of each and every specialty at GOSH by highlighting the interdependencies between specialties and highlighting how complex and interconnected they are.



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# TOGETHER WE POWER CARE

*A Strategy for Great Ormond Street Hospital*

# **Foreword from** our Chief Executive

**Every day at Great Ormond Street Hospital I see what is possible when we come together in service of care. Across wards, clinics, laboratories, and offices our colleagues bring skill, dedication, and pride to every interaction.**

Every action matters. Every effort counts.

We have listened. Patients, families, staff, and partners have told us what works, what must change, and what will make the biggest difference. Their voices guide this strategy, shaping our priorities, focusing our energy, and inspiring our ambition.

The world around us is shifting. Across the NHS, demand is rising, resources are tight, and pressures on specialist care are at their highest. At GOSH we face one of the most challenging periods in our history.

We launch this strategy at a time of uncertainty and change not just nationally but globally. In moments like these setting a strategic direction is more important than ever.

But challenge brings opportunity. It invites us to act boldly. To think differently. To focus on what matters most. And to harness everything we do, our expertise, our research, our innovation, and our compassion for the babies, children, and young people who rely on us for their care.

This strategy relies on the dedication of our colleagues, the trust and partnership of families, and the wider system connections that allow specialist care to reach every child. It guides how we shape our work, translate discovery into treatment, and deliver holistic care. It protects what only GOSH can do whilst creating space for what is possible.

We know care at GOSH does not begin or end at the hospital door. True impact comes when specialist care flows seamlessly across services, across time, and across the wider system. Babies, children, and young people with rare and complex conditions need care that is joined up, sustained, and system enabled.

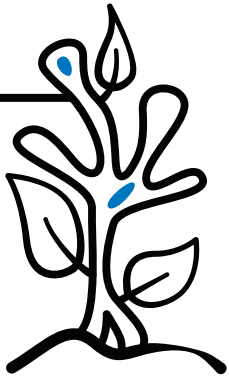
This is an ambitious but necessary strategy. It will shape care in hospital and beyond, turn discovery into treatment, embrace innovation, and support the whole child, young person, and family.

We cannot stand still. To safeguard what matters we must adapt, evolve, and work together. This strategy channels our ambition, amplifies our impact, and turns insight into action that transforms lives.

**Together we power care for today, this generation, and the next.**

**Mat Shaw**
Chief Executive

# **Our** Purpose



**Together we advance care for children and young people with rare and complex conditions, so they can fulfil their potential.**

This purpose guides everything we do. It is the reason we are here, shaping how we care, collaborate, innovate, and support children, families and staff every day.

We begin with ***"Together we"*** because care at GOSH is never the work of one but of many. It is the shared skill of teams, the trust of families, and the support of partners. ***Together*** speaks to our spirit of collaboration, and ***We*** ensures the purpose belong to us all. However medicine advances, our care will always be a collective act.

# **Why We Need** a Strategy

## Strategic Context

The NHS is changing. The 10-Year Plan sets three major shifts: from hospital to community, from analogue to digital, and from sickness to prevention. It also asks us to be innovative, adopting new models of care and harnessing technology to improve care and outcomes.

At the same time, science and technology are advancing rapidly. Genomics, robotics, digital tools, data science and artificial intelligence are redefining what is possible. New treatments and devices are enabling survival into adulthood for children who would not have lived a generation ago.

Our role is to ensure that the care given to babies, children and young people with rare and complex conditions is transformed by these advances. They rely on us for their care, and it is our responsibility to make sure that advances in science, technology and practice reach them quickly and safely.

## What We Heard

**National Guidance:** The NHS 10-Year Plan asks us to support the shift left, providing specialist care earlier and closer to home, and to lead in digital innovation.

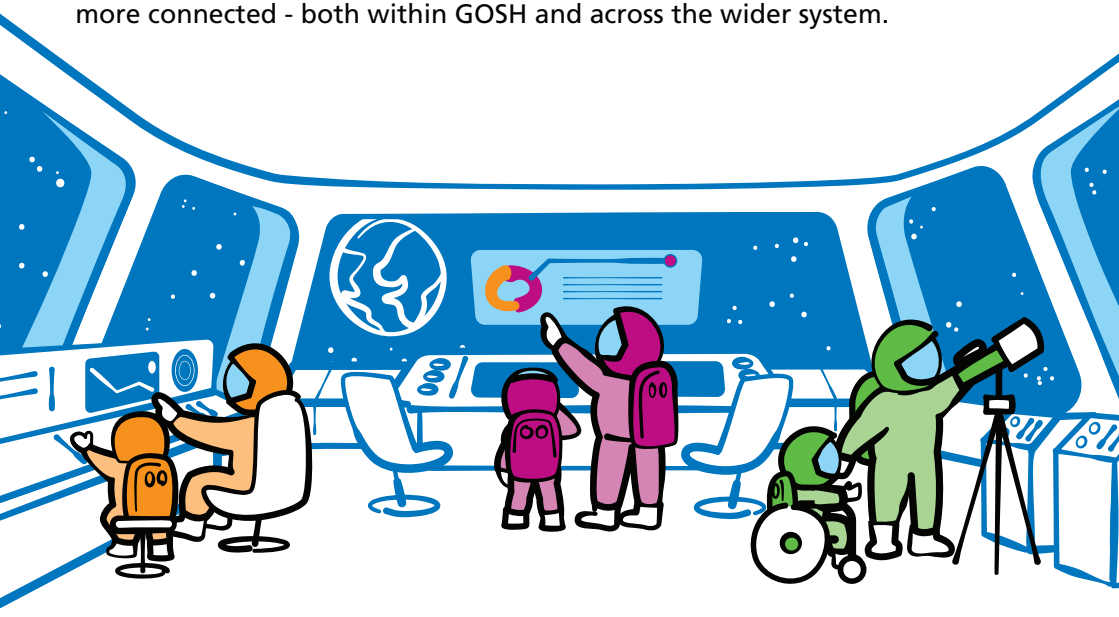
**Families:** Care can feel fragmented, inconsistent and overwhelming, especially across age, stage and place.

**Staff:** They are proud of the care they provide but said ways of working could be simpler, and processes smoother, so they can focus on children and families.

## Our Response

Our strategy sets a shared direction for GOSH. It focuses on shaping how we work, accelerating discovery into delivery, and embracing holistic care. Each pillar has a **big move** to change the game, underpinned by three flagship programmes.

By working together, we make sure that advances in science, technology and practice reach the children and families who rely on us for their care. This strategy is our roadmap to deliver care that is safer, faster, smarter and more connected - both within GOSH and across the wider system.



# **Our Strategy:** Three Pillars

## Together We Shape How We Care

**Why it matters:** Brilliant care does not happen by accident. Staff need clear, connected ways of working. Families need care that is seamless and easier to navigate.

We will break down silos, foster collaboration, and explore new models of care across GOSH and the wider system. The way we work internally shapes the care we deliver externally. We will simplify processes, strengthen trust, build inclusive teams, and develop the skills needed to deliver extraordinary care.

By breaking silos and fostering collaboration, we will power better outcomes for children with rare and complex conditions.

**Big Move:** Together we will build a culture of connection and collaboration to deliver brilliant, safer care in our hospital, in partnership, and out into the world.

**Flagship Programmes:**

**GOSH Works:** Inclusive culture, shared values, skills development, and better ways of working for our people and for the children and families in our care

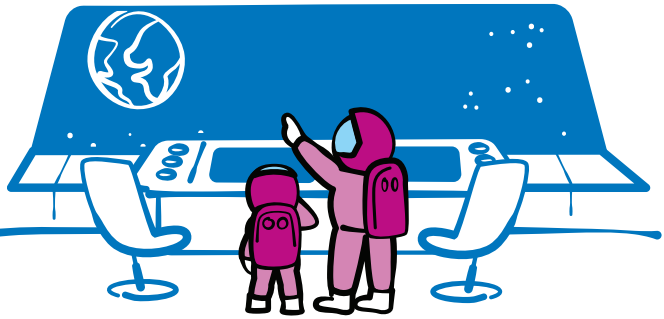
**GOSH Models:** Piloting new models of care across GOSH and the wider system

**GOSH ConnectED:** Training and education programmes that spread knowledge across GOSH, the NHS, and internationally

**TOGETHER WE**
**Shape how we care**

**Impact:** Staff will have the tools, skills, and support to provide the best possible care. Families will experience smoother, safer care. This pillar ensures that internal change fuels external impact for children who rely on us.

## Together We Advance Discovery, Innovation and Impact



**Why it matters:**
Our patients have complex and rare conditions that threaten or limit their lives. We have a duty to discover the cures of tomorrow and develop or fast follow the innovations of others to deliver them to children today.

**Big Move:** Together we will turn GOSH into the fastest path from discovery to care.

**Flagship Programmes:**

**GOSH Research Accelerator:** Building infrastructure and partnerships to speed discoveries

**GOSH Novel:** Developing and delivering pioneering therapies and treatments

**GOSH Innovate:** Using AI, data, and digital tools to personalise care, improve diagnosis and treatment, and strengthen collaboration

**TOGETHER WE**
**Advance discovery, innovation and impact**

**Impact:** Families will have earlier access to life-changing treatments. Staff will see innovation quickly influence practice. More children will benefit sooner because GOSH moves faster than ever from discovery to care.

### Everyone Matters, Everyone Contributes

Delivering this strategy depends on all of us. Every directorate, team, and person has an important role to play.

By working together to power care, we advance outcomes for babies, children, and young people with rare and complex conditions.

**Get Involved:**

- Talk with your team about how your work supports the big moves
- Share your ideas, feedback, and stories at goshstrategy@gosh.nhs.uk
- Visit the intranet for more resources

## Together We Embrace the Whole

**Why it matters:** Children are more than their diagnosis. Care must respond to their physical, mental, social, and developmental needs. Families need clarity, guidance, and support throughout complex care journeys.

We will create seamless care across age, stage, and space. This means integrating mental health alongside physical health, supporting transitions, and providing spaces where families can connect and thrive.

**Big Move:** Together we make care seamless and connect age, stage, and space.

**Flagship Programmes:**

**GOSH Futures:** Supporting adolescents with tailored spaces, improved school liaison, and smoother transitions into adulthood

**GOSH House:** A home away from home for families, a community hub for connection, support, information, and guidance, designed to make navigation easier

**GOSH GreenCare:** Therapeutic gardens, farms, and wellbeing initiatives that place mental health alongside physical health

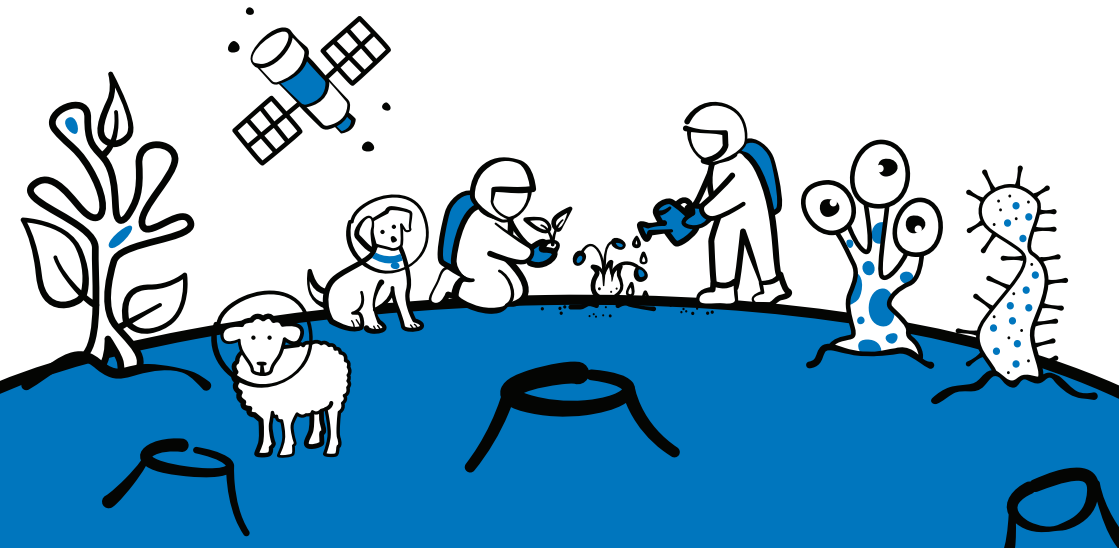
**TOGETHER WE**
**Embrace the whole**

**Impact:** Families will experience care that flows with their child's journey. Staff can focus on coordinated, compassionate care. Children with rare and complex conditions will be seen and supported as whole people, every step of the way.

Every step we take, together, strengthens care for children with rare and complex conditions.

**This is our purpose.**
**This is our responsibility.**
**This is our shared future:**

# TOGETHER WE POWER CARE



Attachment P

Great Ormond Street Hospital for Children
NHS Foundation Trust

| Trust Board<br>20th November 2025 | |
|---|---|
| **Integrated Plan Update**<br><br>**Submitted by: Jon Schick, Interim Planning Director** | **Paper No: Attachment P**<br><br>☐ **For information and noting** |
| **Purpose of report**<br>This paper provides the Committee with an early update on the process launched to prepare GOSH's Integrated Plan for 2026/27 – 2030/31, in response to initial national guidance issued in September 2025. | |
| **Summary of report**<br>The Board is asked to note the changing environment for integrated planning this year, with more focus on medium-term actions to implement the NHS 10 Year Plan as well as GOSH's own refreshed strategy, coupled with an accelerated national planning timetable including initial submissions required during December 2025. The report summarises the national framework, explains actions in progress within the Trust, and provides information on next steps leading to submission of a first cut plan in December. | |
| **Patient Safety Implications**<br>None | |
| **Equality impact implications**<br>None | |
| **Financial implications**<br>None – although the detailed plan submission will include the Trust's financial plans for the period ahead. | |
| **Strategic Risk**<br>All BAF risks | |
| **Action required from the meeting**<br>To note and comment on the integrated planning update and immediate priorities leading to submission of the first cut plan. | |
| **Consultation carried out with individuals/ groups/ committees**<br>The Integrated Plan has been discussed in the most recent meetings of the Finance and Performance Committee, and Patient Experience Assurance Committee. | |
| **Who is responsible for implementing the proposals / project and anticipated timescales?**<br>Interim Planning Director | |
| **Who is accountable for the implementation of the proposal / project?**<br>Chief Finance Officer, Chief Operating Officer | |

1. **Background**

This paper provides the Board with an update on the process launched to prepare GOSH's Integrated Plan for 2026/27 – 2030/31, in response to initial national guidance issued in September and October 2025. There are some key proposed changes to the national planning process, with:

- **More emphasis on planning for the medium-longer term**, supported by proposed revenue allocations for the coming three years, and capital allocations for four;
- **Expectation that significant progress will be made to begin delivery of the NHS 10 Year Plan**, starting from a foundation of rapid access to improve performance and operational productivity, followed by benefits realisation from digital, data and technological shifts and, in the medium term, redesign to follow the 'shift left' as more services are moved to primary and community settings;
- **An accelerated planning timetable**, with an expectation that plans will be submitted to NHSE in December 2025.

At the time of preparing this Board update, proposed financial allocations had not yet been confirmed, although the NHSE team had briefed the service on their likely methodology and issues they were considering for incorporation. We are planning on that basis.

Although the ask is significant and timescales are very tight, this provides a timely opportunity for GOSH to turn its recent strategy refresh into tangible delivery plans. The Trust has begun its planning process in advance, in the knowledge that it may need to make some adjustments depending upon the final national requirements, once they are published.

2. **Key developments**

1) **The planning process has been launched with the Trust's Senior Leadership Team** and followed by roadshows with teams across the organisation, to ensure that as many people as possible are briefed and encouraged to engage in the work.
2) **Clinical directorates have been asked to confirm how they will further improve their in-year financial positions** following recent executive check and challenge meetings. This response is being used to inform the baseline for the integrated plan.
3) **An initial high-level demand and capacity analysis** is being completed with all directorates, to surface any key related changes that need to be addressed in the upcoming plans – for example changes to commissioner

requirements, any shifts of service, clear trends in referral rates, known current capacity and demand mismatches, or planned changes to clinician capacity (such as retirements or agreed recruitments).

4) **GOSH has responded to NCL's Commissioning Intentions** document following input at the Finance and Performance Committee.

5) **Information on anticipated service developments or cost pressures** over the planning period has been collated from all directorates and these are being prioritised against an agreed set of principles, so they can be considered alongside the emerging financial baseline picture from detailed work being undertaken on exit run rates as part of M7 reporting. Examples of emerging pressures and developments include anticipated increases in the cost of the Clinical Negligence Scheme for Trusts (CNST), implementation of Getting It Right First Time (GIRFT) recommendations, taking action to address identified demand and capacity mismatches, and a range of cybersecurity and ICT costs.

6) **Detailed activity planning** is being undertaken, by specialty, directorate and point of delivery. This is being developed alongside the performance requirements outlined by commissioners to ensure sufficient activity is built into plans to deliver the requested standards. To reflect the blended service model at GOSH, this exercise will include plans for future International and Private Patient as well as NHS activity.

7) **Benchmarking opportunities** have been addressed as part of the launch of the Trust's Better Value programme at the October cross-cutting performance review meeting. The Trust has also reviewed the national "Grip and Control Checklist" to identify further opportunities that should be driven forward, overseen by the Financial Sustainability Board.

8) **The Medium Term Planning Framework** was received from NHSE in late October. This is attached for information at **Annex A** and discussed in more detail in the following section of this paper, including some of the potential implications for Great Ormond Street Hospital.

## 3. The Medium-Term Planning Framework

The DHSC / NHSE published this framework on Friday 24th October – see **Annex A**. The document presents an ambitious programme for the years ahead, supported by a wide range of supporting commitments. The detail of how some of these will work is to follow (including, for example, the technical appendices which would include details of issues such as financial allocation methodology – which were due to be published imminently when this Board paper was prepared). Some key messages to draw to the Board's attention include:

- Assumed **delivery of 2% annual productivity improvement, as a minimum**. NHSE will issue provider level productivity and efficiency

opportunity packs, and will publish Trust level productivity measures as official statistics included in the NHS Oversight Framework;

- Delivery of a **break-even financial position without deficit support funding** by the end of 2028/29;
- Commitment remains to **move towards fair shares of national funding**, but pace of change (NCL is considered to be relatively over-funded) is not yet confirmed;
- Plans to better align incentives including **dismantling of block contracts, starting with a focus on urgent and emergency care**. Although immediate implications for GOSH are not immediately clear, this is a signal the organisation needs to be prepared for a return to cost and volume / cost per case arrangements over the course of this planning period, including making sure it delivers contracted activity volumes, ensuring these are accurately coded, and being prepared for an increasing likelihood of commissioner challenges;
- Development of **ringfenced Children and Young People's capacity** to be considered within ICB footprints, with more activity to be delivered through surgical hubs or by running regular dedicated paediatric surgical days. For GOSH, this will mean continued engagement in and support to the NCL Start Well implementation;
- Improvements in **access and performance** with tightening of the targets for over 18-week waiters, cancer constitutional standards and the DM01 diagnostic 6-week wait standard;
- Continued focus on **mental health including the elimination of inappropriate out-of-area placements** – a target that will be challenging to deliver in the context of the existing levels of local provision;
- Increased role of **regions as the single line of sight across performance, finance, workforce and quality**. ICBs move to focus on role as strategic commissioners. A supporting Strategic Commissioning Framework is expected to be published imminently which builds on the recently-published Model ICB blueprint;
- **Focus on outpatients** including reduction of follow-ups, expansion of Advice and Guidance, increased use of Patient Initiated Follow-Up, remote consultation and digital monitoring. These are areas that will need to be addressed as part of the Trust's new outpatient improvement programme which is launching imminently. The document also signposts potential changes to payments for follow-up activity linked to 'rigorous performance management' where there is the greatest variation;
- Moving the health service to one that is **digital-by-default** including an enhanced central role for the NHS App, empowerment of patients to manage their own care and receive treatment digitally, and establishment of NHS Online to digitally connect patients to expert clinicians anywhere in England from 2027. Providers are expected to adopt NHS App capabilities, onboard to the NHS Federated Data Platform, terminate local

arrangements and move direct to patient communication to NHS Notify, deploy ambient voice technology, etc. GOSH is progressing at pace with the digital agenda but there may be some national proposals that cut across the work we already have in train, and others where the particular data sharing consequences related to our patient population must be addressed from a specialised children's perspective. Staying close to this national agenda is likely to be of central importance;

- **Focus on quality** including national adoption of Paediatric Early Warning Scores (PEWS), introduction of a single national formulary, and continued implementation of the NHS Patient Safety Strategy (including embedding PSIRF);
- All NHS Trusts to use **2025/26 staff survey** findings including a full and detailed analysis of free text comments and identification of at least three areas where data show the greatest dissatisfaction, with detailed actions plans to resolve within one year wherever possible;
- All organisations to support staff in taking an **active stand against racism**, redouble efforts to ensure all staff and patients feel safe and welcome, and regularly assess progress on the **Sexual Safety Charter**;
- **Further reduction in temporary staffing usage**, working towards zero spend on agency by 2029/30. Proposed 10% year on year reduction in Bank staffing, which may be increasingly challenging for GOSH in the context of the significant decrease in the usage of these staff over the current year;
- Providers must meet the site-specific timeframes of the **150-day clinical trial set up target**. Providers to deliver services in line with the NHS Genomic Medicine Service specification;
- A **draft foundation trust framework** will be published for consultation in November. This will build on Board governance self-assessment processes and require demonstrations of how providers deliver high quality, efficient services, participating within collaborates as well as leading their own organisation – all work that is consistent with our recently-launched new strategy;

4. **National Timescales**

The timelines included in the attached framework are for:

1) **A first numerical plan submission** including a 3-year revenue and 4-year capital plan, 3-year workforce plan, 3-year performance and activity plan, triangulation template and board assurance statements. These are to be submitted to NHSE by no later than 17th December. Further Board engagement, as well as the Council of Governors, is planned for November/December to oversee this part of the process;
2) **A second cut updated plan** accompanied by a 5-year narrative plan, board assurance statements and confirmation of their oversight and endorsement of the totality of the plans. This submission is required in

mid-January (date not confirmed) and will be followed by a final assurance and acceptance process. When the national requirements are known in more detail, the process to be adopted within GOSH, including Board engagement and assurance, will be confirmed.

**Immediate next steps**

Immediate priorities from our existing planning process include:

- **Taking forward Better Value planning** – reporting to the Financial Sustainability Board;
- **Prioritisation of cost pressures and business cases** – to be steered through the Medium-Term Financial Planning group and Financial Sustainability Board before EMT sign-off;
- **Finalising first cut activity and performance trajectories**, linked also to:
- **Concluding the first cut demand and capacity analysis** and building in planning assumptions accordingly – currently being undertaken with support from the CIU, with oversight from the Operations Board.

5. **Action Required:**

The Board is asked to:

- **Note and comment on** the integrated planning update and immediate priorities for the coming weeks.

NHS England

# Medium Term Planning Framework –

## delivering change together 2026/27 to 2028/29

# Contents

# Foreword

Dear colleague,

Today we are publishing the Medium Term Planning Framework – delivering change together 2026/27 to 2028/29 – marking the beginning of a new way of working in the NHS.

It **signals the end of the short-termism** that has held the local NHS back for so long, providing local leadership teams and boards with the opportunity to break the cycle of 'just about managing' by creating the environment and headroom to fix the fundamental problems we face, while in parallel improving care in the immediate term.

It further **closes the gap between the national centre and service**: the fact that much of what is contained within this document has been co-produced with hundreds of leaders from primary care, acute, mental health, ambulance and community services is testimony to the collective desire to genuinely embrace the change the public told us all they wanted, and drive improvement in every part of the country.

But most importantly, **it marks the return of locally-led ambition** in the NHS – creating the platform for NHS boards and leaders to truly listen to their communities and drive the change they want and need.

And we're already seeing the early impact that new-found ambition is having: for the first time in years, elective waiting lists have started to fall, access to primary care is improving with more people saying it's easier to contact their GP than a year ago, corridor care incidents have fallen sharply and 12 hour waits are down year-on-year for the first time since the pandemic. We've even seen a sharper uptake in flu vaccinations across staff and the public in the early part of this year's campaign.

The same commitment to accelerating improvement is going to need to be seen right across the NHS as we go into the next few months: we need to deliver a strong and safe winter, continue our drive to improve elective performance and maintain our firm grip on the money as this is what unlocks future freedoms.

Just a few short months ago we published the 10 Year Health Plan: today's publication shows how that reform agenda will drive faster delivery of care now while creating a platform for sustained improvement in the future. It completely rewires how the NHS works, setting out how a new operating model and financial regime will rightly return freedom and innovation to the frontline of the NHS.

Resetting these foundations will enable the NHS to accelerate the delivery of neighbourhood health services, radically transform its approach to quality, and finally embrace the opportunities of digital health to drive improvements in every aspect of its work.

All of this means that the NHS is now able to commit to even more ambitious delivery targets across cancer, urgent care, waiting times, access to primary and community care, mental health, learning disabilities and autism, and dentistry. At the same time, the Planning Framework sees a return to some of the basics that have taken a back seat over the last decade: ensuring providers take the time to better understand what their patients and staff are telling them, and making sure they take action when they fall short.

In short, this is the most ambitious plan the NHS has published in a generation. Over the next 3 years it will return the NHS to much better health – with waiting times dramatically reduced, access to local care restored to the level patients and communities expect, and unnecessary bureaucracy slashed so that savings are poured back into frontline services and staff.

None of what is set out in this Framework is going to be easy to deliver – but the emerging energy for change generated through the 10 Year Health Plan has started to create new optimism in the NHS.

We will continue to challenge ourselves when we fall short of what patients and communities need. Equally, we give you a clear commitment to break down any unnecessary barriers in your way – as we hope we have started to demonstrate over the course of this year.

Our collective challenge goes well beyond improving the care we provide our patients – it's about ensuring we are the community of staff and leaders that seize the opportunity to put the NHS on a sustainable footing: safeguarding it for generations to come, winning back the public's faith, and most importantly saving, extending and improving many more lives.

Thank you to all of you who have committed time and effort this year – either through contributing to the 10 Year Health Plan or helping shape this new approach to delivery. Keep up the hard work – it's very much appreciated.

Rt Hon Wes Streeting MP, Secretary of State for Health and Social Care

Sir James Mackey, Chief Executive, NHS England

# Introduction

**The NHS is undergoing the biggest change process since its inception**: moving away from an era where unparalleled levels of bureaucracy, complicated rules and unnecessary processes have constrained and restricted transformation to a new way of working where local leaders are empowered to drive the change their patients, communities and staff want, and need, to see.

Six months ago, despite a £22 billion injection of additional funding made available through the Autumn Statement, the NHS was predicting a deficit of £6.6 billion for the current financial year, the Public Attitudes Survey showed record-low public confidence in the NHS, staff surveys reflected worrying levels of dissatisfaction among our workforce, and the variation gap between the best and worst performers in the NHS had never been bigger.

In short, service confidence to deliver the commitments the NHS has made to improve access to care and reduce waiting times during this parliament was at an all-time low: due, in part, to a growing disconnect between the centre and the service and an operating model that had become overly bureaucratic and that stifled local innovation and change.

Yet, given the opportunity to contribute to the development of the 10 Year Health Plan, local health and care staff and NHS leaders talked with genuine optimism about what the future could look like – but only if we dramatically changed course on how the NHS is run: empowering local leaders to take more control and moving away from the annual cycle of short-term, centrally directed planning and finance that made it hard to drive real change over the medium and long term.

The 3 strategic shifts and wider transformation areas of the 10 Year Health Plan offer a blueprint for reimagining services, unlocking productivity and redirecting resources to where they can deliver the greatest impact. By embracing this approach, systems and trusts can cut waiting times, improve performance against constitutional standards, and deliver better outcomes for individuals.

The proposed abolition of NHS England is already helping to fundamentally re-set the relationship between the centre and the service, so that local NHS leaders can be more supported and empowered to drive accelerated change and improvement on behalf of their patients and staff.

## Reviving an ambitious NHS

**The early response from local NHS leaders has been fantastic.** There's been a significant, system-wide and disciplined effort to get a better grip of the money, meaning we could start the financial year with plans that projected balance – collectively recognising some of the challenges that lie ahead in fulfilling that ambition. So far this year, these plans are being held in aggregate and for most of the NHS.

The leadership community has also stepped up to the opportunity to shape the way in which we operate in future: ICB leaders have collectively drafted the Model ICB and have redrawn the map of ICBs to create the platform through which we can do much more effective strategic commissioning going forward, drive greater productivity and better target our resources.

The broader leadership community from acute, mental health, ambulance, community and primary care has worked together throughout the summer developing plans that will see us accelerate delivery of the 10 Year Health Plan. That work forms the basis of many of the commitments set out in this document.

At the same time as more effectively planning for the broader changes we need to see, the NHS has delivered overall improvements in the rate of elective recovery on both referral to treatment waiting times and reducing waiting lists, significant reductions in spending on inefficient use of agency staff, and improvements in access to primary care.

That early progress gives us the foundation to accelerate the pace of reform. The 3-year revenue and 4-year capital Spending Review 2025 (SR25) settlement gives us both the opportunity to move away from annual financial and delivery planning cycles and a real terms increase in funding. Revenue funding will increase by 3% in real-terms over the SR25 period up to £226 billion in 2028/29, and capital spending will increase from £13.6 billion in 2025/26 to £14.6 billion in 2029/30 – equivalent to a 3.2% average real-terms growth across the full SR25 period. This represents a 31.4% and 50% real-terms funding growth in revenue and capital, respectively, since 2019/20.

Regaining public confidence in the NHS is dependent on delivering change that local communities can see and experience – better access to urgent care when they need it; reduced waiting times for elective care; and more convenient access to primary care – all of which can only be delivered and accelerated if we manage our finances well.

But it goes beyond winning back the confidence of the public: improving access to care and reducing waiting has a clear impact on future economic growth. Improving population health and tackling sickness in a more productive way directly impacts on reducing the drivers of health related inactivity, which in turn can make us more productive as a nation. It's from that economic growth that future investments in the NHS will come. On a macro scale, we can also act as a catalyst for stimulating demand for innovative health technologies, creating a robust market for UK life sciences businesses, and supporting research and development that accelerate product development and commercialisation.

The NHS has signed up to some challenging delivery commitments between now and the end of 2028/29, including:

**Elective, cancer and diagnostics**

- Elective (including diagnostic) reform and activity to deliver 92% 18-week referral to treatment by the end of 2028/29.
- Improve performance against key cancer standards: Maintaining performance against the 28-day Faster Diagnosis Standard (FDS) at 80% and improving 31 and 62 day standards to 96% and 85% respectively.
- Improve performance for diagnostic waiting times so that the rate of those waiting over 6 weeks is 1% (DM01 measure).

**Urgent and emergency care**

- Improve A&E waiting times, so that 85% of patients wait no more than 4 hours, as well as reducing the number who wait over 12 hours.
- Improve Ambulance Category 2 performance to an average of 18 minutes.

**Primary care and community services**

- Improve access to primary care, including reducing unwarranted variation in access. Ensure 90% of clinically urgent patients are seen on the same day. We will consult with the profession on this new ambition and approach.
- Maintain the additional 700,000 urgent dental appointments per year.
- At least 80% of community health service activity occurring within 18 weeks.
- Community pharmacy: maximise pharmacy first and roll out new services (emergency contraceptives and HPV vaccination).

**Mental health, learning disabilities and autism**

- 73,500 people accessing individual placement and support and providing 915,000 courses of NHS Talking Therapies treatment.
- 94% coverage of mental health support teams in schools and colleges, reaching 100% by 2029.
- Reduce the number of inappropriate out of area placements.
- Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction year-on-year.

Delivering all these priorities between now and 2028/29 will only be achievable if we change the way we work together.

This document sets out how we are moving to a new operating model, resetting the financial framework and creating much greater opportunity for local autonomy through the new neighbourhood health approach, a new foundation trust model and the creation of integrated health organisations. It also sets out the early progress being made on reforming our approach to quality, workforce and neighbourhood health, while setting the scene for embracing a crucial new principle that services should be delivered digitally as the default wherever possible. All the work to date has been supported and developed by leaders from across the NHS and much of it is being published in draft this autumn so that the broader health and care leadership community can contribute to these important policy developments.

## Using the reform agenda to fix today while building a more sustainable future

For too long, the delivery and reform agendas have been seen as separate conversations in the NHS.

The lack of progress in recovering delivery since the pandemic and the urgent need to dramatically change the NHS operating model to return freedoms and innovation back to local NHS organisations means **our central leadership challenge over the next 3 years is how we use the reform agenda to accelerate delivery in the short-term while creating new ways of working** that provide the platform for much more sustainable, locally-driven improvement in the future.

The Medium Term Planning Framework provides us with the road-map to achieving this. The reforms to the financial regime set out in this document can help us to accelerate the long-overdue changes to the delivery of outpatient care. Taken together, they can have a substantial impact on waiting lists in the immediate and medium term.

The changes we have set out to reform the NHS App will improve direct communication with patients who are waiting for their care – helping us to reduce 'did not attend' rates, which can have a big impact on reducing waiting lists.

Similarly, embracing interoperable technology supports better communication between acute and primary care providers – enhancing how we can use Advice and Guidance, which allows us to provide more appropriate care and reduce waiting times for our patients.

Accelerating the delivery of neighbourhood services – supported in this document by changes to the operating model and the financial regime – can have a dramatic impact on urgent and emergency care performance, simply by reducing the number of frail patients that require hospital beds, freeing up more capacity and increasing the amount of elective work we can deliver.

To support this, the Medium Term Planning Framework sets out the priority deliverables and the reform opportunities that ICBs and providers need to deliver for the next 3 years and the broader strategic aims that will need to be reflected in 5-year plans developed by each organisation.

The priorities in this document are deliberately high-level. We are setting a clear direction on the top priorities the NHS needs to deliver, while allowing local autonomy to meet the needs of local populations. Strategic aims are set out in section 2. Headline targets and multi-year performance expectations are set out in section 3. Supporting publications will provide further detail on the key actions and interventions.

To support a shared understanding of the expected pace of progress, ICBs and providers must develop robust and realistic 5-year plans that outline improvement against these priorities, based on the principles outlined in this guidance.

# 1 Incentivising delivery and creating the conditions to transform care

# 1.1 Financial context and discipline

The multi-year settlement provides the foundation on which we can move away from annual to medium-term financial and delivery planning cycles.

Provider and system finance directors and CEOs have been working with the national finance team to develop a new approach that enables:

- **better alignment of incentives to enable more robust delivery** – payment schemes, best-practice tariffs, deconstructing fixed payment and UEC payment model
- **a move to fairer distribution of funding across the NHS** – ICB allocations will move toward the fair sharing of resources and reflect funding streams established in recent years to cover deficits and pay for additional elective activity. Careful consideration will be given to the pace with which we achieve this move. In parallel, a review is underway of components of the broader NHS funding formula to identify any improvements that can further enhance the calculation of fair funding. A review of the Carr-Hill formula for general practice is also under way
- **longer-term planning** – to support more robust delivery and improved decision-making locally
- **a new approach to capital** – maximising value from increased public and private capital through a reformed capital regime

This new approach will be underpinned by far greater transparency of increasingly granular financial data – with NHS England committing to publish trust-level productivity statistics on a routine basis to provide transparency on performance. Costing dashboards will also be made available to drill down into provider costs to better understand cost variation.

NHS England will bring together existing tools (including, Patient-Level Information and Costing Systems (PLICS) dashboards, Model Health System, and Health Expenditure Benchmarking), so they are more consistent and coherent. This will increase and simplify the information available, enabling providers and others to interrogate more granular cost data and support more informed spending decisions.

Existing measures of productivity recognise technical efficiency gains (unit cost reductions, shorter lengths of stay, and increased activity per WTE). We are also designing a different approach that identifies and incentivises left shift, prevention, and the use of technology to ensure that productivity measures do not penalise trusts for moving lower-complexity activity into more appropriate settings.

In support of better alignment of incentives and to enable more robust delivery, we plan to dismantle block contracts and are proposing to:

- introduce a new UEC payment model for 2026/27, comprising a fixed element (based on price x activity) and a 20% variable payment
- develop an incentive element of the UEC payment model with clinical, financial and operational groups

Findings from the dismantling block contracts work will inform future planning requirements, including the pace of change.

New best practice tariffs will be proposed as part of the 2026/27 Payment Scheme to incentivise a shift to day cases, outpatients, and more efficient ways of working, including the use of technology and alignment with the GIRFT 'Right Procedure, Right Place' approach. A consultation on these proposals will take place later this autumn.

The proposed new payment model for UEC is also designed to help unlock funding for neighbourhood health as demand for acute services reduces. A financial / incentive model is currently being developed with pilot sites, available for adoption in 2026/27.

A review of the broader funding formula for the NHS is underway to ensure funding is allocated fairly across the system. The use of funding streams such as deficit support funding and elective recovery funding have become so widespread over the last few years that careful consideration needs to be given to the pace with which we achieve the move to a fair shares model. The conclusions of this work will be detailed in the financial allocations and supporting technical guidance.

Allocations for capital will also be released this autumn, alongside updated guidance on new delegated limits. Business case templates will also be made available through NHS England regional teams to support planning and delivery.

Full details of changes to the financial framework, including multi-year revenue and capital allocations, and updated assumptions will be set out in the accompanying technical guidance published as part of the Medium Term Planning Framework package.

ICBs and providers must now take responsibility for implementation of these changes as part of their work to develop multi-year plans. All ICBs and providers will be expected to deliver a balanced or surplus financial position in all years of the planning period. Plans should incorporate:

- delivery of the 2% annual productivity ambition, as a minimum
- delivery of a break-even financial position without deficit support funding by the end of this planning horizon, other than where, exceptionally, a different expectation is agreed with NHS England
- adherence to other requirements, including guidance on managing provider/commissioner funding changes and a new board risk assessment process

Where deficit support funding (DSF) is in place, non-DSF financial positions should be reported transparently to boards.

Taken together, these measures represent the biggest shake-up of the NHS financial regime in more than a decade – with the aim of significantly strengthening local decision-making, enabling boards to plan much more effectively, and providing local leaders with a rules based transparent framework to drive transformation, not only in their own organisations but as part of their broader system.

## 1.2 Productivity

In 2024/25, acute hospital productivity grew by 2.7%, and this positive trend has continued into 2025/26, with 2.4% growth in Q1. Despite this, productivity is still below pre-COVID levels. Since 2019/20, the NHS workforce has grown much faster than activity, highlighting the need to decouple workforce growth from service delivery growth. Reversing this trend is essential for long-term sustainability.

While recent productivity gains are encouraging, significant inefficiencies and unwarranted variation persist across the system. There must now be sustained and targeted action to drive further improvements in productivity throughout the remainder of this financial year and over the next 3 years.

This effort has 2 components. **First, we must get the basics right** – reducing inpatient length of stay, improving theatre productivity, and returning to pre-COVID levels of activity per whole-time equivalent (WTE). **Second, we must seize the major opportunities** offered by technology, service transformation, and tackling unwarranted cost variation. This includes accelerating the shift to a digital-by-default approach and embedding more efficient models of care across the NHS. This focus must extend across all parts of the NHS, including acute, community, mental health, learning disabilities and autism services, and primary care, to ensure we deliver maximum value for every pound spent.

SR25's revenue settlement locks in a requirement to deliver a sustained 2% year-on-year improvement in productivity over the next 3 years. Achieving this as a minimum target is essential to restoring the NHS to its pre-pandemic productivity levels and is a prerequisite for financial sustainability and future efficiency gains.

To support delivery, NHS England will share improved and updated productivity and efficiency opportunity packs, with analysis of these opportunities for all NHS providers. NHS providers and commissioners should use this analysis to identify the local improvement actions they can take over the full planning horizon.

Trust-level productivity measures will also be published monthly as official statistics in development and will be incorporated into the NHS Oversight Framework, supporting transparency and accountability.

**Delivering the productivity transformation at scale is fundamental to the plan**. It will enable the NHS to reform and respond to growing demand, improve patient outcomes, and maintain long-term financial sustainability.

**As part of the wider productivity and transformation agenda, systems are expected to make demonstrable progress on 2 long-term shifts in the models:**

## 1. UEC: transition to digital-first and clinically prioritised access

ICBs and providers should accelerate the shift to a more structured, digital-first UEC model, using clinical prioritisation and scheduling to improve patient experience and reduce avoidable demand.

This shift involves moving away from traditional walk-in demand to models that support patients to access the right care, in the right setting, at the right time, based on clinical urgency and individual need. This includes:

- expanding digital and telephony-based triage and booking mechanisms
- increasing access to same-day or next-day scheduled care where clinically appropriate

This will help protect emergency departments for the most unwell patients and address crowding – one of the greatest safety risks in UEC.

Organisations should set out in their plans how these approaches will be scaled during 2026/27, including through collaboration with primary care, 111, and community urgent care providers.

## 2. Outpatients: shift to a digital-first, patient-led model

ICBs and providers must continue to progress towards a digitally enabled, patient-led outpatient model that improves access, efficiency, and patient experience. Priorities include:

- expanding the use of Advice and Guidance and digital triage tools
- empowering patients with greater choice and control over their follow-up care – including access to patient initiated follow up (PIFU), remote consultations and digital monitoring

This transformation should result in a sustained reduction in unnecessary outpatient follow-up activity (OPFU), freeing up capacity to reduce long waits.

Given the variation in baseline position, a uniform national target will not apply. Instead, providers and commissioners must:

- model the level of OPFU opportunity and compare it against the reduction required locally to accelerate delivery of referral to treatment and long-wait recovery objectives
- develop plans that reflect local opportunity and ambition, aligned to the scale of change required

Plans are expected to be suitably ambitious and progress will be assessed as part of routine oversight arrangements, specifically recognising the evidence that a significant proportion of follow-ups may be clinically unnecessary or avoidable through better use of digital tools and pathways.

# 2 Resetting the foundations: a new operating model

Over the course of the last few months, we have created the foundations of a radically different way of working: a clearer operating model, a consistent set of rules, and a service more confident in its ability to deliver reform.

The 10 Year Health Plan provides the vision: a system in which care should happen as locally as it can, be digital by default, and be in a patient's home if possible, in a neighbourhood health centre when needed, or in a hospital if necessary. The operating model now being embedded provides the vehicle to get there.

This new approach is rooted in simplicity and discipline: the NHS is moving to a rules-based system where everyone knows what is expected and what follows.

**Success will be rewarded with greater freedom**; challenge will be met with real support; and persistent failure will be confronted fairly but firmly. By replacing duplication with clarity and bureaucracy with guardrails, we want to enable leaders to act with ambition and staff to focus on what matters most: better care for patients and communities.

Every part of the system has a clear role:

- **the Centre sets national outcomes**, codifies standards, builds shared platforms once and well, and removes barriers
- **regions are the leadership interface**, with a single line of sight across performance, finance, workforce and quality, responsible both for grip and for support
- **ICBs are becoming strategic commissioners**, moving resources into prevention and community capacity, tackling inequalities and commissioning for value (quality of care and optimal efficient cost)
- **providers**, through a revitalised foundation trust process, are responsible for collaboration, productivity and quality, with earned freedoms for those who deliver and proportionate intervention where standards slip
- where integration adds most value, **integrated health organisation contracts** will enable end-to-end redesigning of pathways, with efficiencies reinvested into better and more effective ways of working
- at the frontline, **neighbourhood teams** will be established to support our communities. Working with social care colleagues, they will deliver proactive support for people with frailty and long-term conditions. They will provide urgent and acute community services, rehabilitation and prevention – and support improved access to care, especially general practice. Their work will be enabled by digital tools and shared care records

The NHS Oversight Framework is the backbone of this system. It will bring fairness, proportionality, consistency, transparency and predictability, measuring access, quality, finance, people, productivity and delivery of the 3 shifts: presenting this information clearly in league tables to ensure that everyone – including for the first time the public – can see how organisations are performing relative to their peers, and what comes next. Boards will be expected to use this to drive improvement.

This model will be supported and enabled at all levels by service transformation through technology, with a default preference that patients interact with services digitally, wherever possible and clinically appropriate.

A suite of documents will sit alongside the Medium Term Planning Framework to bring this to life and to support ICBs and providers to develop 5-year plans that will allow them to transform their services. They are designed to create the conditions for the NHS to start implementing the ambitions of the 10 Year Health Plan.

- **Model Region and ICB blueprints** are now published, with the **Model Neighbourhood Framework** expected in November.
- **The Strategic Commissioning Framework**, which will be shared in October, builds on the Model ICB blueprint to provide commissioners a clear scope for their evolved role.
- A draft **foundation trust framework**, which will be published for consultation in November as well as **a system archetypes blueprint** explaining the interplay of the new contract models set out in the 10 Year Health Plan (integrated health organisations, multi-neighbourhood provider contracts and single neighbourhood provider contracts) and a draft integrated health organisation blueprint.

The new Strategic Commissioning Framework will enable the NHS – led by the ICBs – to create a much greater focus on outcomes and to incentivise systems and providers to prioritise

investment where the impact on patients' lives has the greatest potential to be transformative.

Working with ICBs, we will commit to developing a shadow set of outcome measures for 2026/27 building on the NHS Outcomes Framework and international best practice, supporting ICBs to drive better patient outcomes in their commissioning of both internal and commercial contracts.

**The NHS Oversight Framework** will continue to bring consistency and transparency to performance management and will be updated to include a comprehensive set of metrics to account for different organisations.

Commissioning responsibility for **vaccination and screening** will move to ICBs – likely from April 2027, subject to the passage of legislation. In 2026/27, NHS England will continue to develop the commissioning and contracting framework that will support ICBs with their new responsibilities for vaccinations and will expand our digital service systems to other providers and vaccinations, in line with the 10 Year Health Plan. Furthermore, subject to consultation on changes to the Human Medicines Regulations, NHS England will enable community pharmacy to deliver vaccinations off-premises, where commissioned.

Providers must continue to deliver regional public health programmes in 2026/27, in line with programme standards, guidance, service specifications and quality assurance requirements.

## 2.1 Unleashing local potential – a foundation trust framework; integrated health organisations; and oversight of trusts and system models

The publication of the 10 Year Health Plan has unleashed real enthusiasm for re-empowering boards, with early design work on the new foundation trust model being based on excellent governance, organisational self-awareness and transparency: where providers must demonstrate how they will deliver high-quality, efficient services and provide evidence of being good at participating within collaboratives as well as leading their own organisation.

**A draft foundation trust framework will be published for consultation in November.**

**A draft system archetypes document** will be published in the same timeframe, setting out how integrated health organisations (IHOs) will be a contract-based delivery method, not a new organisational form, and will explain how IHO contracts work alongside multi-neighbourhood and single-neighbourhood contracts. IHOs will work with the wider provider landscape to deliver high-quality care efficiently, including through sub-contracting arrangements and, where appropriate, delegation of commissioning. We will issue further detailed guidance in a Model IHO blueprint document later this year.

While the draft model is still being designed, early consideration is being given to how:

- NHS England will assess provider capability to take on an IHO contract, with contracts commissioned by ICBs
- IHO contract holders will work to deliver the shift of resources from hospital to community through an integrated and preventative delivery model aligned to neighbourhood health working
- IHO contracts will be responsible for a defined population, building on existing working to improve population health outcomes, allocative efficiency, access and quality. More detail will be given in the model system archetypes publication expected in the autumn

These draft models are being developed in tandem with the design of new oversight arrangements, including reviewing the current oversight model, metrics and provider capability.

The new approach to oversight is being driven by 3 core principles:

- **oversight should drive improvement**, not bureaucracy
- **peer support and tailored interventions**, which are sufficiently aspirational and valued, especially when organisations acknowledge their own challenges

- **oversight metrics must reflect system-minded behaviours**, including addressing inequalities and left shift

We will continue to work with providers and ICBs to refine the NHS Oversight Framework so that it genuinely supports improvement. We will also amend the NHS Oversight Framework to expand to a more comprehensive set of metrics and to account for new models for provision of services, in addition to governance and transaction adjustments for 2026/27, while ensuring alignment with the Care Quality Commission on provider capability.

## 2.2 Delivering neighbourhood health at pace

Delivering neighbourhood health at pace is central to returning patient and community trust in the NHS, breaking down siloed working among our staff and finally getting control of improving urgent care by providing more convenient and appropriate services in every neighbourhood in the country.

An NHS that isn't consumed by a near continuous cycle of 'just about managing' to deliver urgent care services is realisable – but only if we put our collective leadership effort into making neighbourhood care a reality. The impact on patient and staff morale will be exponential. The delivery of neighbourhood care has to be a priority for every leader in the NHS because it will create more space to do elective work, reduce waiting times, improve the quality of care and make headroom for leaders to focus on innovation.

Most care is already delivered in our communities and neighbourhoods, and many community-based services will continue as they are today. But for those patients that are using multiple services – or are referred from one service to another – we can make a big difference to the individual, as well as to staff, quality of care and productivity, if we can join up or integrate services and teams better. There are also opportunities to improve care through the provision of digital services, empowering patients to manage their own care or to receive digitally-enabled treatment in their own home, complementing community-based services.

The impact we can have by organising ourselves better around the patient on priority long-term conditions such as cardiovascular disease and diabetes won't just transform how patients get their care, it will dramatically improve productivity in how we deliver services going forward.

This is not just about NHS services working more closely together but also about improved joining up of care across NHS, local authority and voluntary and charitable sector services. By doing this, we will keep more care in people's

neighbourhoods and use our hospitals only for patients who truly need to be treated in them.

There are examples of neighbourhood health working across the country and in every ICB. The evidence from these examples shows they have a significant impact, not just on making services more convenient to access, but supporting improvements in urgent and emergency care, access to primary care and improving patients' satisfaction. Starting now and accelerating over the next 3 years, we want to deliver even more care in our neighbourhoods, providing more joined up care for high-priority cohorts through integrated neighbourhood teams (INTs), and make a material difference to patient experience and hospital demand.

In implementing neighbourhood health, the immediate focus must be on:

- improving and tackling unwarranted variation in GP access for the whole population
- reducing unnecessary non-elective admissions and bed days from high priority cohorts – people who have moderate to severe frailty, people living in a care home, people who are housebound or at the end of life
- enabling patients requiring planned care to receive specialised support closer to home

Starting this year, we will bring forward a roadmap for the delivery of the NHS App functions as described in the 10 Year Health Plan:

High-functioning systems will want to go further and faster and should be looking to set up integrated teams and services for other cohorts, in areas such as children and young people and mental health and learning disability, autism and ADHD.

To support moving at pace, we will produce:

- a draft **model neighbourhood framework**, which will set out the definitions, goals and scope of neighbourhood health, along with priority actions for 2026/27
- a **national neighbourhood health planning framework**, co-produced with the Local Government Association and local authority colleagues, setting out how the NHS, working in active partnership with local authorities and others, can plan for the delivery of the broader set of neighbourhood goals
- **model system archetypes**, which will outline different archetypes for the commissioning and provision of neighbourhood health services, including the 3 new contract types: single and multi-neighbourhood provider contracts, and integrated health organisation contracts
- **model neighbourhood health centres archetypes**, which will describe different archetypes of provision of neighbourhood health services that can be used to inform the better utilisation and enhancement of existing estates, together with new-build solutions, where appropriate

From April 2026, ICBs and relevant NHS providers should:

- identify GP practices where demand is above capacity and create a plan to help decompress or support to improve access and reduce unwarranted variation
- ensure an understanding of current and projected total service utilisation and costs for high priority cohorts of those with moderate to severe frailty, living in care homes, housebound or at the end of life
- create an overall plan to more effectively manage the needs of these high priority cohorts and significantly reduce avoidable unplanned admissions. These plans should be consistent with national standards for urgent community response services, which require 7-day availability and rapid response. Systems should ensure funding and commissioning covers a minimum 12 hour "community urgent care" offer, supervised by senior clinical decision-makers and operating at a multi-neighbourhood level. Local ICBs must confirm how this will be resourced and delivered

Plans should also include establishing integrated neighbourhood teams, ideally contract-based, working with local authorities and starting in areas of highest need. Further details will be set out in the Model Neighbourhood Framework.

However, providers and systems should not wait for guidance to be finalised where there are local opportunities to rapidly create an approach to neighbourhood delivery that will improve delivery of services this winter. Local leaders are strongly encouraged to work collaboratively to identify these opportunities where they are confident of delivering immediate impact – supporting improved access to urgent and emergency care now.

# 2.3 Shifting from sickness to prevention

The 10 Year Health Plan is clear that we need to shift from an NHS that focuses on treating patients to one that improves the lives of the population by preventing ill health or slowing the exacerbation of ill health. This approach will improve the outcomes and experiences of patients and improve the management of demand for general practice and acute care services.

ICBs must ensure their 5-year plans support the following preventative goals:

- a significant focus on tackling obesity. Specifically:
  - in 2026/27, to be making demonstrable progress in delivery of new obesity service models to improve advice and support, access to treatment, and effective management of obesity, including providing access to weight loss medications and strengthening specialist provision, including complications of excess weight clinics for children and young people
  - by the end of June 2028, to have provided access to National Institute for Health and Care Excellence (NICE) approved weight loss treatments for an initial eligible cohort of around 220,000 adults
  - by the end of March 2029, to be making 250,000 referrals to the NHS Digital Weight Management Programme a year
- supporting the target of a 25% reduction in CVD-related premature mortality over the next 10 years, including working in partnership with local authorities to test the new NHS Health Check online service and to scale it across the country
- implementing opt-out models of tobacco dependence in routine care
- reducing exposure to antibiotics to meet thresholds set in recent guidance and addressing problematic polypharmacy to reduce avoidable harm
- demonstrating how they will reduce health inequalities in the exercise of their functions

Further detail on emerging national standards and legislation related to prevention will follow.

# 2.4 Doing digital differently

The 10 Year Health Plan sets out how we will take the NHS from the 20th century technological laggard it is today to the 21st century leader it has the potential to be.

The health service must become one that is digital-by-default, a principle widely established across government and private services worldwide, but one the NHS has not embraced. A core element of this is giving patients a 'doctor in their pocket', available through the NHS App.

Starting this year, we will bring forward a roadmap for the delivery of the NHS App functions as described in the 10 Year Health Plan:

1. **Delivering My NHS GP** - using AI-assisted triage models and data-driven pathways to guide people to the service they need quickly and provide those who need an appointment with the ability to book one.
2. **Transforming Planned Care** – putting patients in control of their treatment pathways by giving them one place to manage all their appointments, referrals and interactions – while bringing efficiencies that reduce referral-to-treatment times.
3. **Managing My Health** – empowering people to manage their health and the health of their dependants by giving them targeted access to prevention services – helping to reduce future demand before sickness develops or worsens.

Through these features, the NHS App has the potential to transform how NHS services are delivered and unlock a range of benefits, including:

- reducing future demand by intervening before sickness develops or worsens
- getting patients to the right service, first time
- reducing the cost of delivering NHS services
- streamlining patient journeys to deliver better outcomes with fewer interactions
- meeting patient needs as efficiently as possible through automation and effective capacity management
- improving the experience of NHS services

Getting this right doesn't just mean making appointments and other transactional services available online. It means fundamentally rethinking our care models to make the best possible use of technology and innovation and to deliver a high-quality care model at scale accessed through the NHS App, wherever possible.

But we will need to go further, looking beyond the digitisation of transactional and administrative services and more fundamentally rethink care pathways. Modern technology and innovation provide new opportunities to empower patients to manage their own care and receive treatment digitally, rather than face-to-face, wherever clinically safe and accessible for the patient. This enables better care, better health outcomes, a better patient experience and lower cost. We will set out the implementation of this approach through the modern service frameworks, ensuring the clinically-led design of ambitious, affordable and clinically safe digital-first pathways. This shift will free up capacity for those who need it, while making a material contribution to financial sustainability.

To expand the range of options available to patients, work will continue to establish NHS Online – a new 'online hospital' to digitally connect patients to expert clinicians anywhere in England from 2027. Using the NHS App, patients will have the option of being referred to the online hospital for their specialist care following a GP appointment. This new model of care will enhance patient choice and control, while helping to reduce patient waiting times.

Those providers leaning heavily into the digital agenda are already achieving substantial performance improvements and cash-releasing productivity benefits. For example, acute trusts leveraging the NHS Federated Data Platform have achieved an average increase of 114 elective surgeries per month per trust and a 35% reduction in delayed discharge days.

Providers and commissioners must therefore prioritise adopting and embedding a modern infrastructure to continue realising these benefits. From April 2026, the NHS must begin to:

- fully adopt all existing NHS App capabilities as a priority, including making at least 95% of appointments available after appropriate triage via the NHS App across all care settings. More widely, providers should ensure full

coverage of patients' abilities to manage their medicines, to view waiting times and contact information, to receive and complete pre- and post-appointment questionnaires, and to implement digital PIFU in line with GIRFT guidance. This should be in place no later than the end of 2028/29

- ensure all providers in acute, community, and mental health sectors are onboarded to the NHS Federated Data Platform (FDP) and using its core products to support elective recovery, cancer, and UEC. Trusts should use the FDP for data warehousing and implement the canonical data model. ICBs should use the population health management suite of tools from the FDP for strategic commissioning and adopt the FDP System Coordination Centre and other performance management tools. This should be achieved by 2028/29
- move all direct-to-patient communication services to NHS Notify, terminating local arrangements, and exploit NHS App-based 'push' notifications as the preferred method of contact. Transitions should start in 2026/27, with providers completing migration by the end of 2028/29
- move to a unified access model, using AI-assisted triage, that can effectively guide patients to self-care or to the appropriate care setting, through a single user interface delivered via the NHS App but with an integrated telephony and in-person offering
- achieve full compliance with the minimum standards set out in the Digital Capabilities Framework, including ensuring 100% coverage of electronic patient record systems as soon as possible
- implement all core national products and services specified in the forthcoming national product adoption dashboard by the end of 2027/28, prioritising: deploying the Electronic Prescription Service; deploying the Electronic Referral Service APIs; consolidating NHS. Net Connect into the national collaboration service; and integrating all existing NHS App capabilities. This applies to acute, community and mental health providers
- providers should deploy ambient voice technology (AVT) at pace, with due regard to the national AVT registry, and adopt the latest in digital therapeutics for both supportive and wrap-around care (and for direct clinical delivery where services have the appropriate regulatory approvals – typically Class IIa)

# 2.5 Transforming our approach to quality

The publication of the 10 Year Health Plan ushered in a new era of transparency, driving higher quality care across the NHS. Over the summer, we have worked with system leaders to develop plans to deliver some of the core commitments within the plan, including:

- developing the purpose and scope for a new National Quality Board (NQB) **Quality Strategy** to be published by the end of March 2026. Following initial discussion with the NQB, wider stakeholder engagement is now taking place to inform the vision and implementation approach that the strategy will set out
- establishing the approach to introducing **modern service frameworks** (MSFs), which will support more consistent delivery of high-quality, evidence-based, **digital-by-default** care in conditions where there is potential for rapid and significant improvements in both quality and productivity. The criteria and methodology are being tested through the development of a first set of 3 MSFs, focused on CVD, serious mental illness and sepsis, with further MSFs on dementia and frailty to follow. Task and finish groups are being set up for each, and the frameworks will be co-designed in partnership with clinicians, people with lived experience and system partners

We are also progressing a set of immediate priorities to improve care quality:

- **National Care Delivery Standards** are currently being developed to ensure the consistent delivery of high-quality and equitable care every day of the week. In November, we will confirm the scope of the new standards and publish them in March 2026
- the **Emergency Department Paediatric Early Warning System** (PEWS) will be launched in 2026. All hospitals will be expected to ensure a change plan is in place to add PEWs to their transition and complete this transition by April 2028
- a **Single National Formulary** will be introduced within the next 2 years

All ICBs and providers must continue to implement the NHS Patient Safety Strategy, including embedding the Patient Safety Incident Response Framework to support a systems-based approach to safety and ensuring patient safety specialists are appointed and trained and that patient safety partners contribute to safety-related governance committees. It also involves ensuring full implementation of all 3 components of Martha's Rule in all acute inpatient settings, as set out in the new NHS Standard Contract requirement.

From April 2026, and as guidance is published, ICBs and providers are also expected to:

- use the new NQB quality strategy to guide local action to improve the quality of care in the highest priority areas for their population and service users
- implement modern service frameworks as they are launched
- implement the National Care Delivery Standards to ensure consistent high-quality care across the week
- plan for the introduction of a Single National Formulary, prioritising the following efficiency savings in 2026/27 to create headroom for adopting innovations: use of best value Direct Acting Oral Anticoagulants, SGLT-2 medicines and the wet AMD Medical Retinal Treatment Pathway
- continue to focus on improving the quality and efficiency of all-age continuing care (AACC) services, addressing unwarranted variation while meeting statutory NHS Continuing Healthcare duties. ICBs should prepare for full transition to AACC Data Set v2.0 and its digital infrastructure by March 2027, replacing the current quarterly collection to improve monitoring
- undertake local process and workflow re-engineering to make sure all colleagues are using digital systems and to remove duplicate paper-based processes, ensuring maximal use of the NHS Federated Data Platform
- for all hospitals with a paediatric inpatient setting, implement the Paediatric Early Warning System by April 2027

## Improving the quality of our maternity services

In June 2025, the Secretary of State announced an independent investigation into maternity and neonatal care and a taskforce to agree and oversee the resulting action plan.

Ahead of the action plan being finalised, all ICBs and providers are expected to take immediate action to improve care and ensure women are listened to. This includes:

- implementing best practice resources as they are launched, such as the forthcoming maternal care bundle, new approaches to avoiding brain injury in childbirth, the specification for maternity triage, and the Sands National Bereavement Care Pathway for stillbirth and neonatal death
- using the national Maternity and Neonatal Inequalities Data Dashboard to identify variation in practice and put in place interventions for improvement
- participating in the Perinatal Equity and Anti-Discrimination Programme to support leadership teams to improve culture and practice

The **Maternity Outcomes Signal System** (MOSS) will be implemented across all NHS trusts by November 2025, enabling the use of near real-time data to monitor key safety indicators such as stillbirth, neonatal death, and brain injury rates. Signals in MOSS prompt a local safety check to prevent further harm and maintain high quality care.

This near real-time data, the maternity and neonatal performance dashboard and the new inequalities dashboard mentioned above, alongside gathering patient experience information and active staff engagement, gives teams, leadership and boards vital insight into the quality of their services. They should stay continuously curious, actively using this information to understand how their services are performing and whether they are meeting the expectations of the women and families they serve. Where there are incidents or things go wrong, they should engage proactively with families, be honest and open, seeking to learn and to implement changes quickly to prevent incidents in future.

# 2.6 Understanding and improving the patient experience

The British Social Attitudes survey published early this year showed that satisfaction rates are at a record low and continuing to drop. We all have a collective responsibility to address this with absolute urgency.

The progress we're making in improving access and reducing waits – providing care in a faster and more convenient way – will help with this, but there's more we can be doing now to better understand why some patients are dissatisfied with the service they receive.

A number of NHS organisations already run inpatient surveys and capture patient experiences in real time. This helps boards better understand the issues patients face and helps local teams identify the changes they need to make to improve the experience of care.

Between now and the end of 2025/26, all NHS trusts will be expected to:

- complete at least one full survey cycle to capture the experience of people waiting for care: Have they had cancellations? Has anyone been in touch? What do they think has got worse since they have been on the waiting list? What information do they need to manage their condition well? This should support delivery teams to improve the experience of waiting and, where necessary, re-prioritise patients who may need to be treated faster
- capture near real time experiences with a renewed focus on ensuring effective discharge processes. Trusts should triangulate inpatient survey results, relevant Friends and Family Test feedback and PALS complaints data to identify areas where improvement is needed. A resource pack will be published on NHS England's website in November to support organisations to do this

Improving experience of care will be a central feature of the Quality Strategy, due to be published in 2026. This will include cross-cutting improvement priorities which will enhance everyone's outcomes and experiences.

# 2.7 Reconnecting with our workforce, and renewing and strengthening leadership and management

Delivering the 10 Year Health Plan will require an engaged and empowered workforce. Creating that means truly listening to what our staff tell us are the barriers they face and acting to address those concerns.

Earlier this year we published a 10 Point Plan to improve the working lives of resident doctors: tackling those non-pay issues that we've long since known about but not committed to fully resolving.

It sets a new standard: we need to be unwavering in our commitment to understanding the challenges our local staff face and to fixing those issues.

The annual Staff Survey provides a rich source of data for every organisation, but too often the findings it generates don't elicit the organisational response our staff and teams want and need.

Over the course of the last few years, the use of national pulse surveys alongside annual staff surveys has sometimes created a confused picture of what staff are trying to tell us. We will commit to working with staff experience leads from the NHS to revise our approach to how we use these tools to better support local boards to be more innovative in how they measure and improve staff experience. We will conclude this ahead of the publication of the latest staff survey results.

In the meantime, every NHS board will be expected to use the 2025/26 staff survey findings to commit to:

- a full and detailed analysis of all free text comments generated through their staff survey
- identifying, as a minimum, 3 areas where the data shows the greatest staff dissatisfaction, generating a detailed analysis where those issues impact most within their organisation and developing detailed action plans to resolve those issues within year wherever possible

## Calling out all forms of discrimination

Discrimination, racism, antisemitism, Islamophobia and aggression have no place in the NHS: during the race riots of 2024, local NHS organisations acted as beacons of hope in their local communities – supporting staff in taking an active stand against racism.

The current climate in some of our communities means we need to redouble our efforts to create workplaces where our staff and patients alike feel safe and welcome, and in particular where racism, antisemitism, Islamophobia and discrimination are not tolerated.

We also expect organisations to continue to tackle sexual misconduct, including regularly assessing progress on the Sexual Safety Charter, in line with the letter of 20 August.

## Leadership

Successive reports – most recently from General Sir Gordon Messenger and Dame Linda Pollard – have made clear the vital role of high quality leadership in the NHS, and this has never been more important than it will be in the coming years.

While leadership is everyone's responsibility, our very senior leaders (chairs, CEOs and executive directors) carry specific accountabilities and impact. They must set the tone, standards, and direction that enable colleagues across the health and care system to lead and deliver effectively, improve how services are delivered, and support the vision of the 3 shifts.

The reforms to the NHS operating model set out in Chapter 2 are designed to create the space for leaders to lead, incentivise those who do it well, and support those who need it.

The regulation of managers – widely welcomed across the NHS leadership community – will, when enacted, provide additional clarity on the standards expected and accountability for upholding them, just as is in place for clinicians and other professionals within the NHS.

But the high expectations we rightly have of our leaders must come with the tools and support needed for success – something which has been severely lacking in recent years.

As a first step, we will publish the new **Management and Leadership Framework** during the autumn, setting a code of practice and standards and competencies for clinical and non-clinical leaders and managers at 5 levels, from entry level to board. ICBs and providers should embed this Framework into recruitment and appraisal practices, with all leaders and managers self-assessing against the Code and standards and senior leaders obtaining 360 degree feedback. Digital tools will be provided during 2026/27 to facilitate this.

Going further, over 2026/27 we will continue progress to establish a new **College of Executive and Clinical Leadership**. A national curriculum and interactive online modules will be published in 2026/27, offering time-efficient leadership and management development at each level.

**National leadership programmes** will also be updated, and ICBs and providers should incorporate these national offers as part of personalised development pathways for leaders and managers, linked to agreed development needs and career plans and our new appraisal system.

This new consistent and standards-based approach will help the leaders of today both improve their own practice, and identify and support the leaders of tomorrow.

Finally, it is vital that the benefits of excellent leadership are retained within, and well-spread across, the NHS. Regional teams will work with national colleagues to develop a talent database of our strongest leaders to guide challenged systems and organisations.

# 2.8 Genomics, life sciences and research

Research in the NHS is vital for generating the next generation of treatments and improving health outcomes, and clinical trials can provide a significant benefit to participating patients by giving early access to new treatments and technologies.

All NHS providers must meet the site-specific timeframes of the government's 150 day clinical trial set-up target. To support embedding research as part of everyday care, research activity and income should be reported to boards on a 6-monthly basis. This should include details of study set-up performance, how they are meeting the terms of research contracts outside the NHS HM Treasury allocations, commercial research income and how capacity building elements of commercial contract income are used, as set out in the research finance guidance.

From April 2026:

- ICBs should ensure clinical trials are proactively supported, including by reducing the time they take to set up, by following standards and guidance set out in Managing research finance in the NHS
- providers are expected to deliver services in line with the NHS Genomic Medicine Service service specification, including the delivery of genomic testing services and testing strategies as well as clinical functions for cancer, rare disease and population health and the new genomics population health service

# 3 Trajectories for operational performance and transformation

As outlined earlier, 2026/27 marks the beginning of a new method of planning, with priority targets set for the SR25 period and ambitions covering the first 5 years of the 10 Year Health Plan. Achieving these targets is the bedrock of delivering the shifts outlined in this framework. Without progress, we will fail to realise the ambitions in the 10 Year Health Plan and lose any progress we have made in stabilising the NHS for the future.

Alongside meeting these key targets, the NHS must develop plans that enable systems to deliver healthcare that follows best practice standards and meets the needs of local populations. The NHS Oversight Framework will allow monitoring of performance against plans, while also tracking delivery across a broader range of standards.

Performance improvement has slowed in 2025/26, but we cannot allow this to continue if we are going to capitalise on the opportunity the 10 Year Health Plan and SR25 has created. These targets will be supplemented with appendices on the key actions and interventions that will drive our success.

## 3.1 Elective, cancer and diagnostics

We are committed to returning to the constitutional standard of 92% of people waiting less than 18 weeks for treatment, and to continuing to improve performance against the 3 cancer standards for 28-day diagnosis, 31-day treatment and 62-day referral to treatment. We have made significant progress over the past year and need to build on this momentum, driving further radical transformation, including introducing a new model for planned care that meets the 10 Year Health Plan commitment of "ending outpatient care as we know it".

This plan is rightly ambitious and will require a significant shift in the way trusts work, but also how ICBs, trusts and primary care work together to change the way most patients access planned care in the future. Our aim is for patients to receive more specialised support closer to home – that means working with GPs, community and neighbourhood teams and being digitally enabled where appropriate.

The key priorities will be:

- general practice is asked to continue prioritising the use of Advice and Guidance prior to, or instead of, a planned care referral where clinically appropriate (excluding referrals for urgent suspected cancer). There should be a move to all referrals going via Advice and Guidance for the 10 specialties at provider level which have the most potential for this model to be effective. We expect ICBs to support this, and bring it to life, through their strategic commissioning for 2026/27
- to support this increased use of Advice and Guidance, we encourage systems to ensure all referrals receive appropriate clinical triage, which we expect to flow through a single point of access. This will ensure more patients wait less time to receive a diagnosis and start an appropriate form of treatment
- to move toward the e-Referral Service (e-RS) being used for all Advice and Guidance requests from primary care, with effect from July 2026, where these requests are managed within the e-RS user interface, and from October 2026 where a third-party service is used. We will work with regions and providers to ensure rapid but manageable roll-out supported by appropriate platforms, including improvements to the functionality of e-RS
- to start to plan with ICBs and primary care how greater access to specialist advice and direct access to diagnostics for specific specialties, when aligned to neighbourhoods, could support GPs to manage more patients without the need for referral. Further details will be set out in the Model Neighbourhood Framework

Further details on how ICBs, trusts and general practice should work together to plan for this new neighbourhood health approach for elective pathways will be set out in the model neighbourhood framework.

For those patients who do require specialist outpatient care, we expect providers to continue identifying and acting on opportunities to improve productivity and ensure timely access. This includes:

- significantly reducing the number of routine, clinically low-value follow-up appointments. This will be supported by GIRFT's specialty-level good practice guides and the first group of these will be available in December, with

other pathways to follow. We are exploring whether further changes are required to the payment for follow-up activity and will advise of this in due course. Where there is greatest variation in the management of follow-ups, there will be rigorous performance management. By releasing capacity from clinically low-value follow ups, we will allow new patients to be seen and diagnosed

- conducting comprehensive reviews of clinic templates and standardising these in line with GIRFT's specialty-level good practice and job planning guides
- expanding 'straight to test' pathways and one-stop clinics where clinically appropriate, starting with the 10 largest specialties by volume and expanding, with the aim of including all clinically appropriate specialties by March 2029

Further guidance in productivity opportunities relating to outpatient care are set out in the productivity section of this document. Delivering improved referral to treatment performance is closely correlated with reducing waiting lists at national and provider level. Nationally, we expect to see the waiting list reduce during 2026/27 and while the local requirement will vary by provider, reductions in waiting list sizes will be expected at all trusts.

As well as ensuring patients are treated in order of clinical priority, providers and ICBs should appropriately manage their waiting lists, including through thorough validation and the application of referral to treatment guidance and local access policies to assure themselves of their data quality. This is particularly important in carefully managing any service changes that may affect reporting, such as EPR installations and upgrades. There is a growing range of digital tools available to support data quality and address other issues, and all providers will be expected to use the NHS Federated Data Platform or equivalent technology to deliver these improvements.

Children and young people (CYP) continue to face longer waiting times for planned care, despite the disproportionate impact of long waits on their development and longer-term outcomes. Systems and providers are required to put in place targeted actions to increase activity and improve performance for their CYP population. This should include developing ringfenced CYP capacity within the ICB footprint using existing NHS estate by running regular dedicated paediatric surgery days in either a day surgery or hub setting, with an aim to increase CYP activity delivered through surgical hubs.

Management attention needs to be maintained on meeting cancer standards and securing further improvements to early diagnosis. This should include the continued prioritisation of diagnostic (including CDC) and treatment capacity for urgent suspected cancer (USC) pathways, stratifying referrals in primary care, identifying alternative pathways to the USC pathway and diverting lower-risk people to more appropriate access routes for their condition. Cancer alliances will continue to be a source of expert performance improvement advice and support to providers, ICBs and wider system partners. Regions will continue to encourage close working and co-ordinated support across alliances and diagnostic networks to tackle the key performance challenges across their areas.

Diagnostic activity will need to increase to support delivery of both planned care and cancer standards. All systems have already been provided with activity and performance targets that need to be achieved by March 2029, and significant progress is expected in 2026/27. To support this, CDC capacity should be fully utilised and operating hours extended where possible to deliver the activity that has been commissioned, and – as neighbourhood health teams mature – organisations should consider how CDC capacity can be made available to neighbourhood teams as well as providers. Systems should ensure that these targets are achieved through a mix of capital-funded capacity increases, improved productivity (digital and services throughput) and demand optimisation that reduces the use of tests with limited patient benefit. This should include implementation of decision support tools like i-Refer-CDS. To support demand optimisation, NHS England and the royal colleges are launching a campaign this autumn – Right Test, Right Time – which encourages clinicians to focus on test referrals that add most value to patient care.

Working with local providers, ICBs will continue to hold responsibility for commissioning levels of activity for providers to deliver the performance requirements set out in this guidance. They will need to take steps in-year to mitigate demand growth in excess of agreed growth assumptions. This will require close working between primary and secondary care, with neighbourhood health teams playing an increasing role over time.

Given the interdependence between referral to treatment and diagnostic performance, we are taking a consistent approach in setting individual targets at provider level (for example, a percentage improvement as well as a performance floor). This will support planning locally by giving a clear and consistent message about performance improvement requirements on a like-for-like basis across delivery areas.

| Success measure | 2026/27 target | 2028/29 target |
|---|---|---|
| Improve the percentage of patients waiting no longer than 18 weeks for treatment | Every trust delivering a minimum 7% improvement in 18-week performance or a minimum of 65%, whichever is greater (to deliver national performance target of 70%) | Achieving the standard that at least 92% of patients are waiting 18 weeks or less for treatment |
| Improve performance against cancer constitutional standards | Maintain performance against the 28-day cancer Faster Diagnosis Standard at the new threshold of 80% | |
| | Every trust delivering 94% performance for 31-day and 80% performance for 62-day standards by March 2027 | Maintain performance against the 31-day standard at 96% and 62-day standard at 85% |
| Improve performance against the DM01 diagnostics 6-week wait standard | Every system delivering a minimum 3% improvement in performance or performance of 20% or better, whichever level of improvement is greater (to achieve national performance of no more than 14% of patients waiting over 6 weeks for a test) | Achieving the standard that no more than 1% of patients are waiting over 6 weeks for a test |

# 3.2 Urgent and emergency care

It has been over 5 years since the 18-minute response to Category 2 ambulance calls standard was met and over a decade since the service delivered the standard for 95% of patients waiting 4 hours or less to be seen, treated and discharged from A&E.

During that time, in parts of the NHS, we have normalised asking our staff to deliver sub-optimal care, and some of our patients have all but given up hope of expecting a reliable service in urgent care.

This document sets out expectations for next year and beyond, but we are also taking immediate steps to improve performance and service quality throughout this winter. This will include a major focus on reducing crowding in our emergency departments, ensuring that patients unlikely to require admission are seen in urgent treatment centres (UTCs), same day emergency care and other suitable points of delivery and that children are seen within 4 hours. This will allow our emergency departments to start focusing on the sickest patients and reduce the risks associated with crowding that have become normalised in recent years.

Throughout 2026/27, this will result in a service that is UTC-first and by default for patients who are less likely to require admission, and pathways for children that support more rapid assessment and treatment, with the aim that these cohorts of patients are treated within the 95% standard again. We will work with NHS providers and the relevant professional bodies (RCEM, RCPH, RCP etc) to develop this approach over the coming weeks and ask how we can best improve standards of care for the sickest and most unwell patients.

The priority will then be to improve core operational performance against constitutional standards each year by developing services and pathways that align with the neighbourhood health model, while continuing to improve clinical and operational processes inside hospitals. This will allow acute emergency care to be safeguarded for those who will benefit from it most, while unified and more efficient urgent care can be delivered in the community.

To achieve this:

- ICBs and providers must ensure patients are directed or conveyed to the most appropriate care for their urgent or emergency care needs, reducing avoidable ambulance conveyances to hospital. This will require fully utilising core services such as 111 and increasing the rate of impactful interventions such as ‘hear and treat’

- ICBs and providers must deliver more urgent care in the community by expanding neighbourhood health services, aiming to reduce total non-elective admissions and bed days, with a specific focus on frail older people, given rising demand pressures. ICBs and providers must have robust ways to measure the impact of neighbourhood health, and take remedial action if non-elective demand in this population group continues to increase
- ICBs should specifically assess total resources spent on those living with frailty and shift a proportion of those resources to better community provision, to ensure safe and effective care away from an acute hospital setting wherever possible, and to short-stay frailty attuned care when people do require admission
- ambulance services must continue to be planned in accordance with the published ambulance service specification. This includes acute trusts and ambulance services working collaboratively to reduce ambulance handover times toward the 15-minute standard
- acute trusts should embrace new standards and guidance on how to achieve our ambitious 4-hour performance target and use these to drive the necessary step-change, aligning with the soon to be published Model Emergency Department and clinical operational standards for the first 72 hours in hospital
- providers must have a renewed and rigorous focus on ensuring that patients who are less likely to require admission are directed to a UTC by default, and that there are agreed clinical and operational processes for non-admitted patients to be seen, treated and discharged within 4 hours to reduce overcrowding in departments and improve safety
- providers must also continue to improve emergency department paediatric performance, with the expectation of returning to 95% over the coming months. Current data indicates this is more than possible if paediatric assessment units are effectively utilised and the issue is properly addressed
- to improve our ability to respond to patients in mental health crisis and ensure the needs of mental health patients are met in an appropriate environment, we will establish mental health emergency centres in Type 1 emergency departments
- we need a whole-system effort to continue to reduce discharge delays. This should include improving in-hospital discharge processes, making best use of community beds, and increasing home-based intermediate care capacity
- ICBs and providers must ensure early action to improve flu vaccination uptake among staff and the public, helping to keep patients and colleagues safe
- systems should accelerate the transition towards a more structured, digital-first UEC model, with appointments and scheduling according to clinical prioritisation and ultimately a better patient experience (see section on productivity)

| Success measure | 2026/27 target | 2028/29 target |
|---|---|---|
| 4-hour A&E performance | Every trust to maintain or improve to 82% by March 2027 | National target of 85% as the average for the year |
| 12-hour A&E performance | Higher % of patients admitted, discharged and transferred from ED within 12 hours across 2026/27 compared to 2025/26 | Year-on-year % increases in patients admitted, discharged and transferred from ED within 12 hours |
| Category 2 response times | Improve upon 2025/26 standard to reach an average response time of 25 minutes | Further improvement so that by the end of 2028/29 the average response time is 18 minutes, with 90% of calls responded to within 40 minutes |

# 3.3 Primary care

Central to the broader reforms we are delivering is continuing to focus on improving access to **general practice** – this is critical to not only managing wider system pressures but also rebuilding the public's faith in its NHS. Building on existing general practice action plans, in 2026/27 all ICBs must:

- ensure practices are delivering the 2025/26 GP contract (including recent 1 October changes) and the 2026/27 GP contract from April, including improving and providing good access whether by phone, online or walk in throughout core hours. This includes all patients knowing on the day how their request will be managed, and increasing the number of people who can see their preferred healthcare professional
- put in place action plans to continue to improve contract oversight, commissioning and transformation for primary care, and tackle unwarranted variation, including identifying and planning how to support those struggling to deliver access or other elements of the GP contract
- ensure additional capacity is commissioned to meet demand out-of-hours and over surge periods including bank holidays and weekends
- support primary care providers to deploy ambient voice technologies, ensuring the time freed up is used to see additional patients

| Success measure | Target for all years 2026/27 to 2028/29 |
|---|---|
| Same day appointments for all clinically urgent patients (face to face, phone or online) | 90%<br><br>We will consult with the profession on this new ambition |
| Improved patient experience of access to general practice (ONS Health Insights Survey) | Year-on-year improvement |

To support primary care access and increase the role of **community pharmacy**, ICBs must:

- embed pharmacy-first approaches, ensuring that local commissioning discussions utilise available pharmacy capacity to support primary care pressures
- continue developing the relationships between general practice and community pharmacy to support access to pharmacy services
- introduce prescribing-based services into community pharmacies during 2026/27
- expand access to emergency contraception through community pharmacies
- maximise use of the Discharge Medicines Service to reduce medicines harm and reduce readmissions
- make HPV vaccination available at pharmacies for women and young people who missed out on vaccination at school
- ensure all community pharmacies have fully enabled the capability for patients to track their prescription status using the NHS App
- ensure all primary care services enable patients to request and manage their medicines online
- transition all messaging to NHS Notify, using NHS App-based 'push' notifications as the default option

For **dental services**, the government has set out a manifesto commitment to deliver 700,000 additional urgent care dental appointments against a pre-election baseline in every year of the parliament. Additional capacity has been put in place in 2025/26 to ensure an urgent care safety net is in place. ICBs will be asked to continue to secure necessary capacity, including working to implement dental contract reforms that are expected to be taken forward from April 2026 following consultation in summer 2025. In 2026/27, all ICBs must:

- deliver their contribution to the government's commitment to deliver an additional 700,000 urgent dental appointments in England against the July 2023 to June 2024 baseline period
- successfully implement dental reforms to ensure the additional manifesto target is incorporated into contractual activity (subject to consultation)
- implement locally driven quality improvement approaches for dentistry, ensuring clinical leadership and communities of practice are in place to support improved access and the introduction of new pathways for high needs and complex patients

| Success measure | Target for all years 2026/27 to 2028/29 |
|---|---|
| Deliver 700,000 additional urgent dental appointments against the July 2023 to June 2024 baseline period | Each ICB to deliver their share of the urgent dental appointment target every year (2026/27 to 2028/29) |

## 3.4 Community health services

Timely and effective community health services will be critical to shifting care out of hospital and into the community to deliver our ambitions for neighbourhood health. Community health services deliver both planned and reactive provision, often for the most complex patients. Variation in capacity, provision and long waiting times have existed for too long in community health services.

In 2026/27, all ICBs and community health services providers must:

- increase community health service capacity to meet growth in demand, expected to be approximately 3% nationally per year
- actively manage long waits for community health services, reducing the proportion of waits over 18 weeks and developing a plan to eliminate all 52-week waits

- identify and act on productivity opportunities, including ensuring teams have the digital tools and equipment they need to connect remotely to health systems and patients, and expanding point-of-care testing in the community. To support this, community health service productivity metrics will be published later this financial year
- continue to standardise core service provision as defined in Standardising community health service
- consider where digital therapeutics, such as for MSK treatment, could be deployed at pace where those therapeutics have appropriate regulatory approval

| Success measure | 2026/27 target | 2028/29 target |
|---|---|---|
| Address long waiting times for community health services | At least 78% of community health service activity occurring within 18 weeks | At least 80% of community health service activity occurring within 18 weeks |

## 3.5 Mental health

Mental health care isn't just important to the service users who rely on care and support being available when they need it; it is critical to the smooth running of health economies right across the NHS.

We all accept that more must be done to improve the mental health of the nation. The quality of mental health services and the ability to access them – especially for those in crisis and children and young people – must improve to address current unmet needs and reduce the risk of future harm.

There are also significant opportunities to improve quality and productivity in mental health services. There is unwarranted variation in the direct and indirect contacts per whole time equivalent hours worked within children and young people's community mental health services and this contributes to long waiting times. We must also reduce average lengths of stay in adult acute mental health beds and complete the job on 3-year plans to localise care, reduce out-of-area placements and end the commissioning of locked rehabilitation inpatient services.

Achieving these improvements will take leadership at every level. Nationally, we will commit to working with local NHS mental health providers to set a new approach for mental health in 2026, including through the upcoming MSF for serious mental illness, led by a new national lead for mental health alongside the mental health NHS leadership community.

In 2026/27, all ICBs and mental health providers must:

- continue to expand coverage of mental health support teams in schools and colleges ahead of the ask for full national coverage by 2029
- develop a plan for delivering their local approach to establishing mental health emergency departments co-located with or close to at least half of Type 1 emergency departments by 2029
- use ring-fenced funding to support the delivery of effective courses of treatment within NHS Talking Therapies and reduce ill-health related inactivity through access to Individual Placement and Support for people with severe mental illness
- reduce inappropriate out-of-area placements and locked rehabilitation inpatient services. From 2027/28 onwards, ICBs should only commission mental health inpatient services for adults and older adults that align with the NHS Commissioning Framework
- reduce longest waits for CYP community mental health services by improving productivity, and reducing local inequalities and unwarranted variation in access
- identify and act on productivity opportunities including, in children and young people's community mental health services, increasing the number of direct and indirect contacts per whole time equivalent hours worked, and reducing the average length of stay in adult acute mental health beds

- ensure mental health practitioners across all providers undertake training and deliver care in line with the Staying safe from suicide guidance, which sets out the latest evidence in understanding and managing suicide

| Success measure | 2026/27 target | 2028/29 target |
|---|---|---|
| Expand coverage of mental health support teams (MHSTs) in schools and colleges (including teams in training) | 77% coverage of operational mental health support teams and teams in training | 94% coverage, reaching 100% by 2029 (operational mental health support teams and teams in training) |
| Meet the existing commitments to expand NHS Talking Therapies and Individual Placement and Support | 63,500 accessing Individual Placement and Support by the end of 2026/27<br><br>805,000 courses of NHS Talking Therapies by the end of 2026/27 with 51% reliable recovery rate and 69% reliable improvement rate | 73,500 accessing Individual Placement and Support by the end of 2028/29<br><br>915,000 courses of NHS Talking Therapies by the end of 2028/29 with 53% reliable recovery rate and 71% reliable improvement rate |
| Eliminating inappropriate out-of-area placements | Reducing the number of inappropriate out of area placements by end of March 2027 | Reducing or maintaining at zero the number of inappropriate out of area placements |

## 3.6 Learning disabilities, autism and ADHD

People with a learning disability and autistic people too often experience avoidable health inequalities and can also be inappropriately admitted to mental health hospitals for long periods. To improve health outcomes and access to and experience of care, in 2026/27 all ICBs and providers must:

- reduce the very longest lengths of stay in mental health hospitals
- reduce admission rates to mental health hospitals for people with a learning disability and autistic people
- optimise existing resources to reduce long waits for autism and ADHD assessments and improve the quality of assessments by implementing existing and new guidance, as published

The government will publish plans for the reform of SEND in due course. We expect ICBs and providers to work with NHS England and the Department of Health and Social Care to respond to those reform plans once published, and to continue to meet their statutory duties in the meantime.

| Success measure | 2028/29 target |
|---|---|
| Reduce reliance on mental health inpatient care for people with a learning disability and autistic people | Deliver a minimum 10% reduction year-on-year |

# 3.7 Workforce

The ambitions outlined in the 10 Year Health Plan will require a fundamental shift in the way the NHS deploys, retains and trains its workforce. The forthcoming 10 Year Workforce Plan will set out how. In advance of this, providers' plans should set out the workforce assumptions to deliver the shifts from hospital to community and sickness to prevention, while taking full advantage of productivity improvements, for example, from the shift from analogue to digital. **Workforce plans must triangulate with finance and activity plans**. Providers must also:

- **fully implement** the 10 Point Plan to improve resident doctors' working lives, with action plans informed by feedback and national survey results, and progress reported publicly
- **demonstrate progress in reducing sickness absence rates**, which are higher in the NHS (5.1%) than in other industries and are a significant driver of expensive temporary staffing use. Providers must set out how they intend to support the 10 Year Health Plan ambition to reduce sickness absence rates to the lowest recorded national average level (approximately 4.1%)
- **continue to reduce agency staffing usage** in support of the ambition to eliminate this by August 2029
- **implement the reformed statutory / mandatory training framework due for publication in March 2026**, alongside a new approach to staff safety management
- **implement the reforms to consultant job-planning** to improve productivity and staff satisfaction (specifically, a trust-wide process for demand and capacity planning linked into service-level activity plans). Effective service-level job planning is essential to delivering innovation, education and training because it ensures clinical capacity is aligned to both service and education and training needs, providing transparency for funding allocation. Providers must:
  - for each year, ensure that 95% of medical job plans are signed-off in line with the business cycle, underpinned by service-level demand and capacity planning
  - by the end of 2026/27, ensure a system for monitoring and assurance is in place for tracking job planned activity
  - by the end of 2027/28, achieve tracking of job planned activity for the full year
  - by the end of 2028/29, ensure multiprofessional service level activity and job planning are in place

| Success measure | 2026/27 target | 2028/29 target |
|---|---|---|
| Reduce use of bank and agency staffing | Trusts to reduce agency and bank use in-line with individual trust limits, as set out in planning templates, working towards zero spend on agency by 2029/30<br><br>Annual limits will be set individually for trusts, based on a national target of a 30% reduction in agency use in 2026/27, and a 10% year-on-year reduction in spend on bank staffing | |

# 4 Next steps and plan submission

The 10 Year Health Plan stipulates that organisations should develop 5-year strategic plans that set out how they will deliver the 3 shifts and improve productivity of their services. These 5-year plans will need to be supported by 3-year numerical returns that describe what the organisation will deliver from 2026 to 2029. This timetable sets out the key outputs expected from the NHS and describes the planning process across the 3 phases.

## The planning timetable - expectations for phase 2

Organisations will be expected to submit their 3 year plans as part of their first submission. This will be reviewed and assured by NHS England regional teams. Regional teams will provide feedback on the plans, and organisations will resubmit, alongside their 5-year strategic plans.

| | Phase 1: Foundational | | Phase 2: Plan development | | Plan acceptance | |
|---|---|---|---|---|---|---|
| **National planning timetable** | July<br>Engagement with regional/ ICB leadership | August<br>Medium-term planning framework cascaded | September | October<br>Planning framework updated with ambitions and expectations | November | December<br>First submissions | January<br>Full plan submissions | February | March<br>Final plan acceptance |
| **Regional activities** | Develop medium-term strategic framework<br>Engage with ICBs and providers to identify support needs | | | Risk-based planning support to ICBs and providers | | Review of first submission, provide feedback to organisations, discussions of areas for improvement including support from national directors | | Plan assurance and acceptance | |
| **ICB activities** | Set up process, governance and build a robust evidence base | Create outline commissioning intentions and discuss with providers | | Integrated planning | | Respond to regional feedback, finalise plans and board sign-off | | Respond to outcome of plan assurance | Prepare to implement plans |
| **Provider activities** | Set up process, governance and build robust evidence | Complete foundational work | | Integrated planning | | Respond to regional feedback, finalise plans and board sign-off | | | |
| **Outputs** | | Underlying financial position<br>Block contract reviews | | First submission = numerical plans (3-year workforce, finance and performance)<br>Board assurance statements | | Full submission:<br>5-year plans<br>Updated numerical plans<br>Board assurance statements | | | |

## Providers and ICBs will be expected to return the following plans to NHS England:

| Submission | Requirement |
|---|---|
| First submission | • 3-year revenue and 4-year capital plan return<br>• 3-year workforce return<br>• 3-year operational performance and activity return<br>• integrated planning template showing triangulation and alignment of plans<br>• board assurance statements confirming oversight of process |
| Full plan submission | • updated 3-year revenue and 4-year capital plan return<br>• updated 3-year workforce return<br>• updated 3-year operational performance and activity return<br>• integrated planning template showing triangulation and alignment of plans<br>• 5-year narrative plan<br>• board assurance statements confirming oversight and endorsement of the totality of the plans |

## The phase 2 planning process

Each NHS organisation is expected to develop their own integrated plans that set out:

- their strategic ambitions
- how they will meet their local population health needs. Plans should reflect the needs of all age groups and explicitly children and young people
- their transformation ambitions, demonstrating how they will implement the 3 shifts set out in the 10 Year Health Plan while improving productivity
- evidence of partnership working and co-operation with other NHS organisations, local authorities and the voluntary, community, faith and social enterprise sector
- how they will meet the standards set out in this document

These plans should be developed in collaboration with their NHS partners and in discussion with NHS England regional teams. Although system plans are no longer required, it is still important that plans are based on cooperation and partnership-working.

Organisations' boards should be engaged in the development of plans and are expected to complete board assurance statements demonstrating that they are satisfied that plans are robust and deliverable. Organisations will be required to demonstrate a comprehensive understanding of financial risk and an agreed approach to managing and mitigating risks in-year, which must be assured by the board as part of the final plan submission process. To support the management of in-year risk, NHS providers and commissioners should identify specific and timely actions that could be taken to reprioritise existing budgets to address unforeseen pressures, guided by the principles in HM Treasury's 'Consolidated Budgeting Guidance'.

We will ask for the first submission of plans before Christmas. This will include the 3-year numerical plans covering workforce, finance and performance trajectories, as well as board assurance statements. This first submission does not include the narrative plans. Final plans will be expected in early February, including refreshed numerical plans, 5-year plans and updated board assurance statements. Neighbourhood health plan requirements will be set out in the Neighbourhood Health Framework and these will not need to be submitted to NHS England as part of this planning round.

Plans will be assured by NHS England regional teams who will provide specific support to those organisations who face the biggest challenges in meeting our collective ambitions. NHS England national programme teams will also provide support where required and ensure that transformation expertise is targeted and aligned.

We will share further guidance on what should be included within the 5-year narrative plans. ICBs should ensure that their 5-year strategic commissioning plans encompass the statutory requirement for joint forward plans (JFPs) agreed by the ICB and their partner trusts.

Attachment Q

Great Ormond Street Hospital for Children
NHS Foundation Trust

| Trust Board<br>20 November 2025 | |
|---|---|
| **Chief Executive's report**<br><br>**Submitted and presented by**<br>Matthew Shaw, Chief Executive | **Paper No: Attachment Q**<br><br>For information and noting |
| **Purpose of report**<br>Update on key operational and strategic issues. | |
| **Summary of report**<br>An overview of key developments relating to our most pressing strategic and operational challenges, namely:<br>• Supporting our people<br>• Developing and transforming our services<br>• Expediting activity and access to care for children's and young people & working with system partners<br>• Financial sustainability and advocating for a fair settlement for children and young people with complex health needs | |
| **Patient Safety Implications**<br>No direct implications (relating to this update in isolation). | |
| **Equality impact implications**<br>No direct implications (relating to this update in isolation). | |
| **Financial implications**<br>No direct implications (relating to this update in isolation). | |
| **Strategic Risk**<br>• BAF risk 14: Culture<br>• BAF risk 1: Financial Sustainability<br>• BAF risk 3: Operational Performance | |
| **Action required from the meeting**<br>None – for noting | |
| **Consultation carried out with individuals/ groups/ committees**<br>Not Applicable | |
| **Who is responsible for implementing the proposals and anticipated timescales?**<br>Executive team | |
| **Who is accountable for the implementation of the proposal / project?**<br>CEO | |

**Personal news**

Last week we announced the news of my forthcoming departure from GOSH after seven amazing years to take up the challenge of a new role as Group Chief Executive of St George's Epsom and St Helier University Hospitals and Health Group (gesh).

As my board colleagues know all too well, GOSH is an amazing place to work, and an inspiring community delivering amazing care for the sickest children – so taking the decision to leave has been extremely hard. I've been humbled by the kindness and support that my Board colleagues and countless GOSH colleagues have shown me this week, reinforcing just what a privilege it has been to work with you all.

As thrilled as I am to be returning to the healthcare community where I trained as a doctor and delivered my first babies, I'm sad to be moving on. But I'm reassured that even in the context of real challenges here and across the NHS, GOSH is still in a good place. There are difficult times to come over the weeks and months ahead, but we have a new strategy and a clear plan to address this, which is working well. We will remain focused and continue delivering on this throughout the winter.

I couldn't be more proud of my executive colleagues and our wider leadership team for the calm and steadfast way they have reacted to my personal news, and I know GOSH is in great hands as it looks to the future.

**Organisational context**

During a period of significant transition and challenge for the organisation, and the wider NHS, we clearly have huge challenges to navigate and tough decisions to make. Our operational and financial environment remains tough, and there is no doubt that ongoing uncertainty caused by discussions around reducing headcount, developing new ways of working, and our wider package of financial sustainability measures are taking a toll on staff morale.

However challenging this process is, we are seeing progress towards re-shaping as a more sustainable, clinically focused organisation supported by a strong culture of teamwork, values-led leadership, and digital enablement. The Board's continued attention to, and support with, staff morale, organisational culture, and medium-term financial resilience, will be key to navigating the months ahead.

**Refreshing our values**

We're on track to deliver our new organisational values and supporting behaviour framework by financial year end. In October, the Trust launched two significant programmes of engagement work in support of the *Together We Shape How We Care* pillar of the new organisational strategy, *Together We Power Care*. These were the launch of the GOSH antiracist statement, which is on the agenda, and the refresh of our values which was presented to the September Trust Board meeting.

Year one of the values programme (Aug 2025–Apr 2026) focuses on co-creating the values statement and behaviour framework with staff, patients, families, carers, and stakeholders. Year two will embed these into HR systems, policies, and processes across the employee lifecycle to drive accountability and measure behavioural improvements.

Good progress has been made against the milestones set for year 1. We have established the programme governance, socialised the case for change with staff and leaders, and begun engaging them in the co-creation process for refreshing our values and behaviours. Considering the challenging organisational climate, staff participation in engagement activities has been strong. We met our targets on recruiting staff to deliver focus groups and other engagement activities signalling our people's commitment to this work.

The focus for the next phase of the programme (November 2025 – January 2026) is on delivering focus group co-creation activities with staff, and bedside engagement activities for patients.

**Digital achievements at GOSH**

Digital transformation is another critical enabler of our strategy, and our ongoing transformation journey. Not least, because it empowers our staff to focus more of their time on relating to each other, and to our patients and families, and less on administrative burden. GOSH continues to lead the way in digital innovation, delivering solutions that enhance patient experience, empower clinicians and strengthen system wide collaboration.

Significant progress has been made across Digital, delivering initiatives that directly support the Trust's strategic objectives, for example - a recent internal audit benchmarking digital and AI capabilities across 22 trusts concluded GOSH was significantly ahead.

We recently received national recognition with a Picker Experience Network Award for its pioneering patient bedside entertainment platform, co-designed with clinicians and the Children and Young People's Forum. Building on this success, Bedside MyChart launched and achieved rapid adoption, with 38% of inpatients engaging digitally within the first month, saving over 24 hours of nursing time.

In October 2025, GOSH successfully implemented the second phase of the London Care Record. This advancement enables clinicians at other NHS Trusts in London to securely access information about their patients seen at GOSH, complementing the first phase which provided our clinicians with visibility of records from other NHS organisations. The platform has passed all required Information Governance reviews, reinforcing our commitment to safe and effective data sharing.

Further achievements include securing national funding to integrate MyGOSH with the NHS App which is scheduled for March 2026. The Epic Thrive programme has delivered personalised training to over 200 clinicians, with uptake increasing by 50% following the introduction of Tortus training. Following a successful evaluation period, we are now rolling out the TORTUS ambient voice solution to more clinicians, giving them more time to care.

GOSH has also led the development of a cyber security awareness campaign across North Central London which includes an animated video series now adopted by other NHS organisations. Our Data, Analytics and Performance team has been recognised as a finalist for a Health Service Journal award for its Health Inequalities Dashboard, demonstrating the impact of data-driven innovation on equity and outcomes.

**Flu vaccination campaign**

As the NHS braces for the worst flu season in a decade, I'm delighted to share that our Winter Vaccination Programme has continued to make progress, with positive engagement

and steady uptake among staff. We are ranked second in London for staff flu vaccination uptake which reflects the dedication and collaboration across clinical and non-clinical teams.

This year's campaign prioritises accessibility, visibility, and peer engagement. Walk-in clinics and roving services have reached staff across wards, theatres, and non-clinical areas. Word-of-mouth and peer advocacy have significantly boosted attendance, with night staff supporting vaccinations in nearby wards where appropriate. Internal communications including trust-wide emails and leadership messaging have kept the vaccine visible and reinforced its importance for staff wellbeing and patient safety.

Inclusivity has been central to our approach. We've worked to build trust within our global majority workforce, recognising cultural influences on vaccine hesitancy. One standout moment involved a young Black pharmacy assistant (pictured below) who, after a supportive conversation, chose to get vaccinated for the first time—highlighting the power of representation and personal engagement.

Our emphasis on cultural competence, open dialogue, and accessibility has strengthened uptake and reinforced GOSH's commitment to an inclusive workplace.

While NHSE-reported uptake currently shows around 900 vaccinations, internal RAVS data shows over 1,500 administered in the past three weeks. The difference stems from national reporting only counting 'frontline' staff, while RAVS includes all vaccinated employees—a system-wide issue across London trusts.

As we enter the critical months of November and December, we continue to promote vaccine availability to maintain momentum and protect service continuity.

**Ends**

Attachment R

Great Ormond Street Hospital for Children
NHS Foundation Trust

**Trust Board**
20 November 2025

| | |
|---|---|
| **Statement of Purpose – Care Quality Commission**<br><br>**Submitted by: Dr Sophia Varadkar, Acting Chief Medical Officer** | **Paper No: Attachment R**<br><br>**For approval** |

**Purpose of report**

The Statement of Purpose is presented to the Trust Board for approval, following the change in the location of the delivery of the NHS Children and Young People's Gender Service. The statement has been updated to reflect this location change.

**Summary of report**

The Statement of Purpose is a legally required document that includes a standard set of information about the services provided by GOSH, which must always be accurate and update to date. There is a specific list of requirements, which include:

- The provider's aims and objectives in providing the service.
- Details of the services provided including the service types and the service user bands
- The health or care needs the service sets out to meet.
- The provider's and any registered managers' full name(s), business address(es), telephone number(s) and (where available) email address(es).
- Details about the legal status of the provider
- The address CQC must use to send formal documents to registered providers and managers. Formal documents include legally required notices and inspection reports.
- All the locations where regulated activities are provided, or where they are provided from

The Trust has held discussions with the CQC and have agreement that the new location of Stedham House can be classified as a 'Satellite' within the Trust's registration. This is the only change in the statement of purpose, with the removal of the previously used addresses.

**Patient Safety Implications**

None

**Equality impact implications**

None

**Financial implications**

None

**Strategic Risk**

All risks

**Action required from the meeting**

The Trust Board are requested to approval the amendment to the Trust's Statement of Purpose with the Care Quality Commission

Attachment R

| |
|---|
| **Consultation carried out with individuals/ groups/ committees**<br>Children and Young People's Gender Service and the Quality, Safety and Experience Assurance Committee (QSEAC) |
| **Who is responsible for implementing the proposals / project and anticipated timescales?**<br>Business Manager to the Chief Medical Officer / CQC Relationship Manage |
| **Who is accountable for the implementation of the proposal / project?**<br>Acting Chief Medical Officer |

Attachment R

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

**Statement of Purpose**

| **Statement of purpose**<br>Health and Social Care Act 2008 | | | |
|---|---|---|---|
| **Version** | 6 | **Date of next review** | November 2026 |

| **Service provider**<br>*Full name, business address, telephone number and email address of the registered provider:* | |
|---|---|
| **Name** | **Great Ormond Street Hospital for Children NHS Foundation Trust** |
| **Address line 1** | Executive Offices, Barclay House |
| **Address line 2** | 37 Queen Square, |
| **Town/city** | London |
| **Post code** | WC1N 3BH |
| **Email** | Matthew.shaw@gosh.nhs.uk |
| **Main telephone** | 020 7405 9200 |
| **ID numbers**<br>*Where this is an updated version of the statement of purpose, please provide the service provider and registered manager ID numbers:* | |
| **Service provider ID** | RP401 |
| **Nominated Individual** | Sophia Varadkar, Acting Chief Medical Officer |
| **Contact details** | Tel: 020 7405 9200<br>Email: Sophia.varadkar@gosh.nhs.uk<br>Web page: www.gosh.nhs.uk |

| **Aims and objectives**<br>*What do you wish to achieve by providing regulated activities?*<br>*How will your service help the people who use your services?* |
|---|
| Great Ormond Street Hospital for Children NHS Foundation Trust provides dedicated care for children with specific, complex, unique and life limiting healthcare needs across a range of clinical services. It receives referrals nationally and internationally from other providers who may not have the expertise |

or specialist knowledge and facilities to meet these needs or where the unique nature of the condition means that very little about effective treatment may be known. In some very specific circumstances, the Trust also receives direct referrals from secondary care providers, however this is limited to a particular service.

Service provision is entirely child focused which influences the approach to service delivery, training, the environment and facilities and key support mechanisms available to families and carers. In some situations, the Trust needs to act in the best interests of the patients we treat, and this might include providing care, treatment and support for people detained under the Mental Health Act 1983 and allow us to do this in the least restrictive way possible. In addition, the Trust has an obligation to support children and young people equitably with their physical and/or mental health needs, including those with gender incongruence.

In conjunction with Evelina London Children's Hospital (as part of Guy's and St Thomas' NHS Foundation Trust), South London and Maudsley Foundation Trust, and University College London Hospitals NHS Foundation Trust, Great Ormond Street Hospital NHS Foundation Trust may provide services for the 'NHS Children and Young People's Gender Service (London)' at 2-5 Stedham Place, London, WC1A 1HU. This service will only be providing outpatient clinic appointments as part of this service.

Some children require long inpatient stays or frequent returns for treatment which can affect their ability to join in activities others take for granted. To reduce the risk that they may become isolated from their local support mechanisms, maintaining links to the child's local teams, their age-appropriate social support networks and school is as much a priority for the Trust as considering these health needs.

To support this approach, the Trust aim is to deliver world class clinical care to the children we treat and undertake new research which will lead to improved treatments for children. To do this we have established networks with academic and clinical partners locally, nationally and internationally.

This helps to share expertise and learning so that more children benefit and are enabled to achieve their maximum potential.

3. To achieve this aim we have very specific requirements:

- To keep safety and quality at the top of our agenda – measuring the outcomes of all our work and benchmarking ourselves against the best in the world.
- To listen to patients and families so that we constantly improve the child and parent experience.
- To recruit, train and retain the very best paediatric clinical staff.
- To operate efficiently so that we are able to continue to invest in clinical care, research and training.
- To update our existing estate so that we have the buildings and equipment that reflects the needs of the children and families.

4. The core services provided by the Trust are for children aged between 0 and 18 years of age. However, there are occasions when patients outside of this age range are seen. These include:

1) Older teenagers who we are either commissioned to continue to provide care for; or are still in the process of transitioning to adult services (for example, haemophilia services, craniofacial services). Some patients also remain at GOSH over the age of 18 where it is clinically assessed to be detrimental to transfer them to an adult facility.

2) Adults where the Trust provides a familial service for example genetics, audiology services, or pre-natal advice (for example foetal cardiac/ neurology screening) or provides psychological therapeutic input to parents and carers linked to the treatment and care of a patient at GOSH.

3) The Trust conducts a small volume of clinical research involving adult patients, however, where research forms part of an adult patient's treatment the Trust endeavours to transfer/refer the patient to a more appropriate adult centre.

4) In support of emergency plans across NCL ICB, treating adults up to age 65 will allow increased bed capacity across London to manage the expected increase in demand, this could be across all regulated activity at GOSH.

5) Psychological support and intervention include family-based work where this impacts directly on the patient such as adjustment to condition, evidence-based interventions that are parent-led. We do not provide adult mental health interventions

| **Legal status**<br>*Tick the relevant box and provide the information requested for the type of provider you are:*<br>*Use* ☑ | |
|---|---|
| **NHS Foundation Trust** | ☑ |

| **Regulated activity** | **Treatment of disease, disorder and injury** |
|---|---|
| **Services** | Provider of acute hospital services |
| **Location: Great Ormond Street Hospital for Children NHS Foundation Trust** | |
| **Name of location** | **Great Ormond Street Hospital for Children NHS Foundation Trust** |
| **Address** | Executive Offices, Barclay House, |
| | 37 Queen Square |
| | London |
| | WC1N 3BH |
| **Brief description of location** | The services are based on one site in central London. The hospital site provides dedicated care for children with specific, complex, unique and life limiting healthcare needs. Service provision is entirely child focussed which influences the approach to service delivery, training, the environment and facilities and key support mechanisms available to families and carers. |

| | | |
|---|---|---|
| **Service user band(s) at this location** | Learning disabilities or autistic spectrum disorder | ☑ |
| | Older people | ☑ |
| | Younger adults – please see explanation above | ☑ |
| | Children 0-3 years | ☑ |
| | Children 4-12 years | ☑ |
| | Children 13-18 years | ☑ |
| | Mental health | ☑ |
| | Physical disability | ☑ |
| | Sensory impairment | ☑ |
| | Dementia | ☐ |
| | People detained under the Mental Health Act | ☑ |
| | People who misuse drugs and alcohol | ☐ |
| | People with an eating disorder | ☑ |
| | Whole population | ☑ |
| | None of the above<br>Please give details: | ☐ |

| | |
|---|---|
| **Regulated activity** | **Surgical procedures** |
| **Services** | Provider of acute hospital services |
| **Location: Great Ormond Street Hospital for Children NHS Foundation Trust** | |
| **Name of location** | **Great Ormond Street Hospital for Children NHS Foundation Trust** |
| **Address** | Executive Offices, Barclay House, |
| | 37 Queen Square |
| | London |
| | WC1N 3BH |

| | | |
|---|---|---|
| **Brief description of location** | The services are based on one site in central London. The hospital site provides dedicated care for children with specific, complex, unique and life limiting healthcare needs. Service provision is entirely child focussed which influences the approach to service delivery, training, the environment and facilities and key support mechanisms available to families and carers. | |
| **Service user band(s) at this location** | Learning disabilities or autistic spectrum disorder | ☑ |
| | Older people – see explanation above | ☑ |
| | Younger adults | ☑ |
| | Children 0-3 years | ☑ |
| | Children 4-12 years | ☑ |
| | Children 13-18 years | ☑ |
| | Mental health | ☑ |
| | Physical disability | ☑ |
| | Sensory impairment | ☑ |
| | Dementia | ☐ |
| | People detained under the Mental Health Act | ☑ |
| | People who misuse drugs and alcohol | ☐ |
| | People with an eating disorder | ☑ |
| | Whole population | ☑ |
| | None of the above<br>Please give details: | ☐ |

| **Regulated activity** | **Diagnostic and screening procedures** |
|---|---|
| **Services** | Provider of acute hospital services |
| **Location: Great Ormond Street Hospital for Children NHS Foundation Trust** | |

| | | |
|---|---|---|
| **Name of location** | **Great Ormond Street Hospital for Children NHS Foundation Trust** | |
| **Address** | Executive Offices, Barclay House, | |
| | 37 Queen Square | |
| | London | |
| | WC1N 3BH | |
| **Brief description of location** | The services are based on one site in central London. The hospital site provides dedicated care for children with specific, complex, unique and life limiting healthcare needs. Service provision is entirely child focussed which influences the approach to service delivery, training, the environment and facilities and key support mechanisms available to families and carers. | |
| **Service user band(s) at this location** | Learning disabilities or autistic spectrum disorder | ☑ |
| | Older people – see explanation above | ☑ |
| | Younger adults | ☑ |
| | Children 0-3 years | ☑ |
| | Children 4-12 years | ☑ |
| | Children 13-18 years | ☑ |
| | Mental health | ☑ |
| | Physical disability | ☑ |
| | Sensory impairment | ☑ |
| | Dementia | ☐ |
| | People detained under the Mental Health Act | ☑ |
| | People who misuse drugs and alcohol | ☐ |
| | People with an eating disorder | ☑ |
| | Whole population | ☑ |
| | None of the above<br>Please give details: | ☐ |

| **Regulated activity** | **Transport services, triage and medical advice provided remotely** | |
|---|---|---|
| **Services** | Provider of acute hospital services | |
| **Location: Great Ormond Street Hospital for Children NHS Foundation Trust** | | |
| **Name of location** | **Great Ormond Street Hospital for Children NHS Foundation Trust** | |
| **Address** | Executive Offices, Barclay House, | |
| | 37 Queen Square | |
| | London | |
| | WC1N 3BH | |
| **Brief description of location** | The services are based on one site in central London. The hospital site provides dedicated care for children with specific, complex, unique and life limiting healthcare needs. Service provision is entirely child focussed which influences the approach to service delivery, training, the environment and facilities and key support mechanisms available to families and carers. | |
| **Service user band(s) at this location** | Learning disabilities or autistic spectrum disorder | ☑ |
| | Older people – see explanation above | ☑ |
| | Younger adults | ☑ |
| | Children 0-3 years | ☑ |
| | Children 4-12 years | ☑ |
| | Children 13-18 years | ☑ |
| | Mental health | ☑ |
| | Physical disability | ☑ |
| | Sensory impairment | ☑ |
| | Dementia | ☐ |
| | People detained under the Mental Health Act | ☑ |
| | People who misuse drugs and alcohol | ☐ |

| | | |
|---|---|---|
| | People with an eating disorder | ☑ |
| | Whole population | ☑ |
| | None of the above<br>Please give details: | ☐ |

| **Regulated activity** | **Assessment of medical treatment for persons detained under the Mental Health Act 1983** | |
|---|---|---|
| **Services** | Provider of acute hospital services | |
| **Location: Great Ormond Street Hospital for Children NHS Foundation Trust** | | |
| **Name of location** | **Great Ormond Street Hospital for Children NHS Foundation Trust** | |
| **Address** | Executive Offices, Barclay House, | |
| | 37 Queen Square | |
| | London | |
| | WC1N 3BH | |
| **Brief description of location** | The services are based on one site in central London. The hospital site provides dedicated care for children with specific, complex, unique and life limiting healthcare needs. Service provision is entirely child focussed which influences the approach to service delivery, training, the environment and facilities and key support mechanisms available to families and carers. | |
| **Service user band(s) at this location** | Learning disabilities or autistic spectrum disorder | ☑ |
| | Older people | ☐ |
| | Younger adults – please see explanation above | ☑ |
| | Children 0-3 years | ☑ |
| | Children 4-12 years | ☑ |
| | Children 13-18 years | ☑ |
| | Mental health | ☑ |

| | | |
|---|---|---|
| | Physical disability | ☑ |
| | Sensory impairment | ☑ |
| | Dementia | ☐ |
| | People detained under the Mental Health Act | ☑ |
| | People who misuse drugs and alcohol | ☐ |
| | People with an eating disorder | ☑ |
| | Whole population | ☐ |
| | None of the above<br>Please give details: | ☐ |

Attachment S

Great Ormond Street Hospital for Children
NHS Foundation Trust

| Trust Board<br>20 November 2025 | |
|---|---|
| **October 2025 IQPR (September 2025 Data)**<br><br>**Submitted by:**<br>Matthew Shaw, Chief Executive<br><br>**Co-Authors**<br>Dena Marshall, Chief Operating Officer<br>Dr Sophia Varadkar, Acting Chief Medical Officer<br>Tracy Luckett, Chief Nurse<br>Caroline Anderson Director of HR & OD | **Paper No: Attachment S**<br><br>☐ **For discussion** |

**Purpose of report**

Overall, performance remains stable across most metrics. To support the identification of **National Outcomes Framework (NOF)** metrics, we've added flags and included the latest published data. For Q1 2025/26, we have been given an average score of 2.01 and have been downgraded from segment 1 to segment 3, due to our challenged financial position.

**Access:**
**RTT performance** has increased marginally by 0.9%, now standing at 70.1%. The number of patients waiting over 52 weeks remains stable compared to last month. There has been a slight reduction in patients waiting over 65 and 78 weeks. Inherited breaches and patient cancellations due to ill health are at levels similar to previous months.

The Trust has submitted a clearance plan to eliminate all **65+ week waits** by mid-December in line with NHSE guidance, with weekly monitoring now underway and is showing positive reductions. Three patients were waiting over 104 weeks; two have now been treated, while the remaining one was seen in October and further discussion with the family is taking place. The proportion of 52+ week waits is 3.1% of the PTL as per last 2 months, with a target to reduce this to 1% by March 2026.

**DM01** diagnostic performance in September was 76.4%, a slight drop of 0.2% from August, but overall breaches have fallen, and diagnostic performance has improved by 12.4% since January. Cardiac MRI and Audiology face ongoing capacity challenges, with action plans in place including staff recruitment and pathway improvements. A temporary performance dip was observed in Ultrasound, but recovery is anticipated by year-end, and an action plan is in place.

**Trust activity** is currently 2.19% below overall plan, with ERF activity being 3.67% under plan mainly due to reduced day-case and elective inpatient work, while first outpatient attendances are 1.5% above plan. We have previously shared what is impacting this.

**Theatre utilisation** has continued to fluctuate in September, focus is on lists being handed back and a tracker is in place regarding monitoring reutilisation. Discussions are taking place with regards to reallocation of lists, and we are expected some changes to be implemented shortly. An internal focused Theatres Working Group is starting with a view of driving some of the required changes forward.

**Patient Safety:**
Quality Support Visits align with accreditation and audit programmes to uphold high care standards. Patients and families consistently report kindness and compassion, while staff note strong leadership and a safe environment.

The **Safety Team** now has a **Senior Risk Partner**, with a **Duty Safety Partner** service launching soon for agile support.

Policy work continues, with the **Duty of Candour policy** approved and the **Risk Management policy** under review. All PSIRF focus groups are complete, and data review is ongoing. The Safety Events & Incident Management policy will be updated following KPMG audit recommendations.

One new **Patient Safety Incident Investigation (PSII)** declared; which references concerns around patient pathway, consent, and discharge process.

**Clinical Harm Review** completion increased to 84.3% from 79.4% last month.
**Infection line rates** remain high due to several factors such as increased port usage and inconsistent use of bio patches, with the Infection Prevention Control team undertaking detailed investigations.
We reported one **MRSA** case in September, taking the YTD to two. **C. difficile** cases remain above expected levels, and following clinical review this suggests more patients being treated although some are experiencing relapse after first-line treatment. Efforts continue with Epic to implement a standardised assessment tool for improved treatment review.

**Patient Experience:**

**Complaints** have decreased from August but remain a concern, statistically the previous 5 months have been higher than average. The Patient Experience Team are sharing themes and outputs from the deep dives undertaken.

**Patient experience metrics are positive,** with the Friends and Family Test exceeding benchmarks. There is a notable rise in PALS contacts, particularly in the Sight & Sound department. Largely this is related to families chasing information, cancellations of appointments and transport.

**Well led:**
Workforce spend, the MARS scheme and restructures continue to be a key focus and will see September/October be pivotal periods.

Metrics are largely stable. **Sickness absence** has increased 4%, and as per nursing workforce there is higher reporting of stress/anxiety. Across several directorates sickness absence is above our internal target**.**

**PDR completion** rates have deteriorated across a number of directorates.

**Organisational restructures** within corporate directorates have commenced, alongside workforce reviews aligned to professional staff groups within Clinical Directorates. Investigations continue into directorates reporting **negative vacancy rates.**

The anti-racism programme and Trust values refresh are scheduled for launch this autumn, marking a significant step in cultural development.

**Patient Safety Implications**
None

**Equality impact implications**
None

Attachment S

| |
|---|
| **Financial implications**<br>None |
| **Strategic Risk**<br>BAF Risk 3: Operational Performance |
| **Action required from the meeting**<br>N/A |
| **Consultation carried out with individuals/ groups/ committees**<br>N/A |
| **Who is responsible for implementing the proposals / project and anticipated timescales?**<br>N/A |
| **Who is accountable for the implementation of the proposal / project?**<br>N/A |

Great Ormond Street Hospital for Children
NHS Foundation Trust

# Integrated Quality & Performance Report October 2025

Reporting September 2025 data


**Dena Marshall**
Chief Operating Officer

**Tracy Luckett**
Chief Nurse

**Sophia Varadkar**
Acting Chief Medical Officer

**Caroline Anderson**
Director of HR & OD

# Contents

# IQPR Headlines, October 2025– reporting September data
(1 of 2)

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

## Chief Medical Officer Overview

**Quality Support Visits:** continue in alignment with ward accreditation, Quality and Safety audits, and Pathway to Excellence – four programmes with a shared purpose to build and sustain the highest standards of care. Encouraging early feedback on patient care - patients and families consistently reported feeling treated with kindness and compassion AND strong Leadership and team morale – staff feel safety to raise concerns, safety huddles, awareness of escalation procedures, recognition programs. Thematic analysis of findings ongoing with oversight from RACG.

**Safety Team structure changes:** Senior Risk Partner now in post to deliver more centralised management and oversight of Trust-wide and high risks  Early work focussing on a review of the Quality Domain of risk, now that all risks on the register have been assigned to one of the eight domains within the Trust Risk Appetite. Duty Safety Partner service "soft launching" in the coming weeks, enabling agile and immediate support and response.  Team reviewing criteria and means by which cases are brought to SERG for consideration i.e. beyond immediate incident reporting and complaints to encompass Coronial referrals, Martha's Rule escalations, Child Death Review Meetings

**Policy review:** Duty of Candour policy approved and published. Risk Management policy under review.  All five focus groups as part of PSIRF priority review now complete (w/e 24/10) and data review in progress.  Safety Events & Incident Management policy schedule for review following on from KPMG internal audit recommendations – team has reviewed and agreed actions in response to the audit report.

Sophia Varadkar

## Patient Safety

- One new PSII under investigation.
- One of three Stage 3 Duty of Candour completed on time.
- Slight increase in compliance with WHO SSC (overall 99%).
- Significant  increase in Clinical Harm Review completion this month, 84.3% compared to 79.4% last month.

## Chief Nurse Overview

Infection line rates continue to remain high. Clinical reviews indicate that the increase is multifactorial, with contributing factors including higher port usage, inconsistent application of bio patches, and potential contamination during skin preparation. The Infection Prevention Control team is actively monitoring the situation through SWARMS and conducting a detailed deep dive to identify and address root causes.

On the patient experience front, the Friends and Family Test (FFT) met its targets across both inpatient and outpatient areas. Notably, the inpatient response rate has risen to 32%, exceeding the Trust's benchmark and reflecting strong engagement. PALS contacts have increased by 36%, with the Sight & Sound department receiving the highest volume.

Workforce metrics show positive movement in some areas. Vacancy rates remain low at 2.9%, and staff turnover has decreased to 8.3%. However, sickness absence has risen to 5.3%, slightly above the Trust target, with mental health concerns being the leading cause.

Tracy Luckett

## Patient Experience

- FFT inpatient response rate target was met this month (32%), highest since January.  Both the experience targets for inpatient and outpatient were also met.
- Reduction in complaints from the previous month
- One high risk (red) complaint received this  month.
- All other indicators remain stable.

## Infection, Prevention & Control

- Central line infection rates remain higher than baseline, clinical reviews have suggested the reasons are multi-factorial
- Three cases of C.difficile reported again this month,  one of which was healthcare associated.
- One MRSA case was reported this month which was healthcare associated.

# IQPR Headlines, October 2025– reporting September data
(2 of 2)

## Director of Human Resources & Organisational Development Overview

Workforce spend continues to be a key focus of the Trust's financial sustainability efforts, with the MARs scheme concluding in October. Organisational restructures within corporate directorates have commenced, alongside workforce reviews aligned to professional staff groups within Clinical Directorates.

Several directorates are currently reporting negative vacancy rates, indicating staffing levels that exceed their budgeted establishments. Understanding the underlying causes and addressing this will be a priority for directorate leadership teams, in collaboration with their HR and Finance Business Partners.

In addition, we acknowledge the impact of change to an organisation, which is reflected in increased contact with FTSU Guardian, sickness levels and requests for advice and support from HR&OD Teams and Managers. Tracking these impacts, to identify additional support for teams and individuals will form part of the quarterly workforce report, which will be considered by EMT & PEAC.

As we move through the autumn period, significant programmes of work will begin which prioritise organisational culture and provide opportunities for engagement with staff. This includes the launch of the annual staff survey (which is currently tracking significantly below last year's response rate): launch of both our anti-racism statement, which will be a central focus of EDI programme; and a project to refresh the Trust's values and behavioural framework, aligned with the launch of the updated GOSH Strategy

Caroline Anderson

## Chief Operating Officer Overview

RTT performance has demonstrated a modest increase of 0.9%, rising to 70.1%. The number of patients waiting over 52 weeks has remained consistent with the previous month. However, there has been a slight decrease in the cohorts of patients waiting over 65 and 78 weeks. The number of inherited breaches and patient cancellations due to ill health is comparable to that observed in earlier months.

In line with NHSE's directive to eliminate all patients waiting over 65 weeks by mid-December, the Trust has finalised and submitted a plan, which includes an assessment of risks to delivery. Weekly monitoring of progress began in October.

Currently, there are three patients who have been waiting over 104 weeks; two have now been treated, while the remaining one was seen in October and further discussion with the family is taking place. The proportion of 52+ week waits remains at 3.1% of the PTL.

DM01 diagnostic performance for September was recorded at 76.4%, representing a 0.2% decline from August. Despite this marginal decrease, the total number of breaches has fallen, and the planned past cohort cases have been addressed. Thirteen-week waits continue to remain below the projected trajectory. Notably, diagnostic performance has improved by 12.4% since January.

Cardiac MRI and Audiology continue to experience capacity challenges. Action plans have been implemented to mitigate these pressures, including Waiting List Initiatives, the implementation an ABR sedation pathway in Audiology, and the recruitment of a 0.6 WTE Audiologist, which is currently in progress. A temporary performance dip was observed in Ultrasound, but recovery is anticipated by year-end.

The September target for first outpatient appointments within 18 weeks was achieved, with performance reaching 78.4%.

Theatre utilisation experienced a minor decrease of 1.5% compared to the previous month. Focus areas for improvement include reallocating theatre lists to challenged specialties, optimising first patient goes, enhancing the booking process, and introducing a reutilisation tracker for sessions that are handed back.

Trust activity is currently 2.19% below plan, largely reflecting reduced day-case and elective inpatient work in several key specialties. This is due to three key drivers; lower demand in some specialities, more complex emergency cases reducing capacity for elective admissions, and a shift towards increased day-case procedures. In contrast, first outpatient attendances are 1.5% above plan.

Dena Marshall

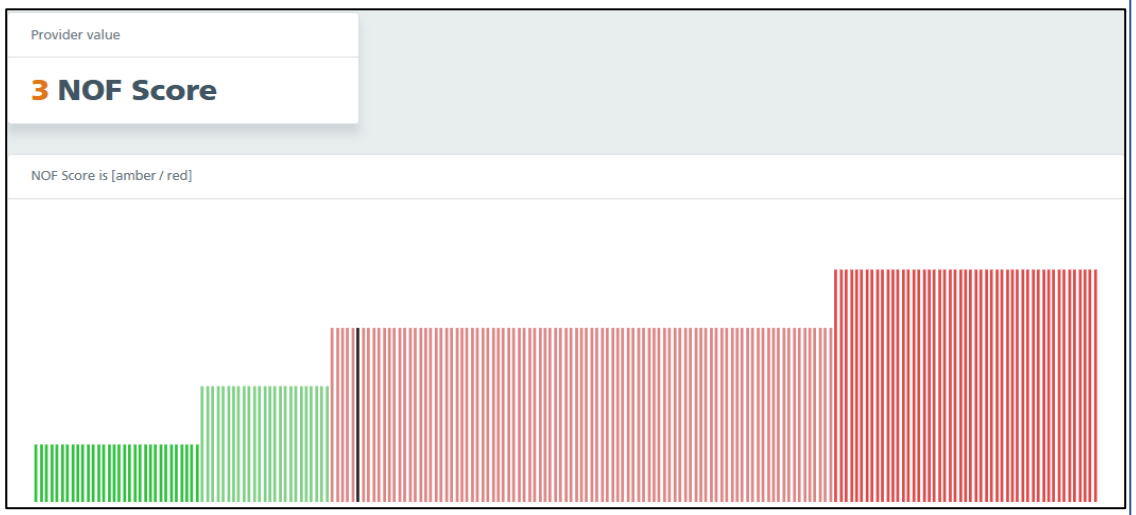
## Well Led

- Slight decrease in headcount this month (-4)
- Voluntary turnover rate has decreased and still lowest it has been in the last 12 months (7.3%)
- Trust vacancy rate decreased slightly (2.7%)
- Slight increase in sickness rate (4.5%)
- Most other indicators are stable

## Access and Effectiveness

- RTT performance increased to 70.1% by 0.9% and still below our trajectory. The number of patients waiting 52+ weeks has remained the same as last month.
- Diagnostics performance and long waits continues to be a focus and continuous reduction of patients waiting over 6 weeks and 13 weeks.
- Overall activity is 2.05% above last year's activity, with elective inpatient activity at 10.4% below this time last year.
- Other indicators are stable

# National Oversight Framework: Updated position




This score provides a single average value that reflects a provider's performance across all scored metrics, spanning all applicable domains. It is designed to give NHS providers, systems, and regional teams a high-level view of overall delivery.

The score ranges from 1.00 (best) to 4.00 (lowest). It is based on the individual metric scores and is intended for peer comparison. It should be used alongside the domain scores and individual metric results to provide a more complete understanding of relative performance.

Our average metric score has increased from 1.9 to 2.01 during Q1 2025/26. However, due to our challenged financial position a financial override has been applied to our segment score, downgrading us from segment 1 to segment 3.

The table below summaries how our NOF metrics have moved since the last publication. Of the 12 metrics listed below, six have improved scores, two have maintained scores and four have worsening scores (NHS Staff Survey – raising concerns, NHS Staff Survey – engagement, C.Difficile and E-Coli cases). We have seen small improvements in our access to services scores; those related to our RTT and long waits position.

| Domain | Metric | Initial NOF Score Q1 25/26 | Updated NOF Score Q1 25/26 | Movement |
|---|---|---|---|---|
| **Access to Services** | | 2.2 | 2.3 | 0.08 |
| Access to Services | Percentage of cases where a patient is waiting 18 weeks or less for elective treatment score | 1.5 | 1.4 | -0.13 |
| Access to Services | Difference between planned and actual 18 week performance score | 3.0 | 2.4 | -0.61 |
| Access to Services | Percentage of patients waiting over 52 weeks for elective treatment score | 3.2 | 3.1 | -0.11 |
| **Effectiveness and experience of care** | | 1.0 | 1.0 | 0.00 |
| Effectiveness and experience of care | Average number of days from discharge ready date to actual discharge date (including zero days) score | 1.0 | 1.0 | 0.00 |
| **Patient safety** | | 2.4 | 2.9 | 0.49 |
| Patient safety | NHS Staff Survey - raising concerns sub-score score | 2.1 | 2.1 | 0.01 |
| Patient safety | Number of MRSA cases | 3.2 | 3.0 | -0.19 |
| Patient safety | Rate of C-Difficile infections score | 3.9 | 4.0 | 0.08 |
| Patient safety | Rate of E-Coli infections score | 1.0 | 4.0 | 3.00 |
| **People and workforce** | | 1.2 | 1.2 | -0.01 |
| People and workforce | Sickness absence rate score | 1.1 | 1.1 | -0.03 |
| People and workforce | NHS staff survey engagement theme sub-score score | 1.3 | 1.3 | 0.02 |
| **Finance and productivity** | | 2.0 | 2.1 | 0.11 |
| Finance and productivity | Planned surplus/deficit score | 1.0 | 1.0 | 0.00 |
| Finance and productivity | Implied productivity level score | 3.1 | 1.2 | -1.87 |

Responsive

# Patient Safety

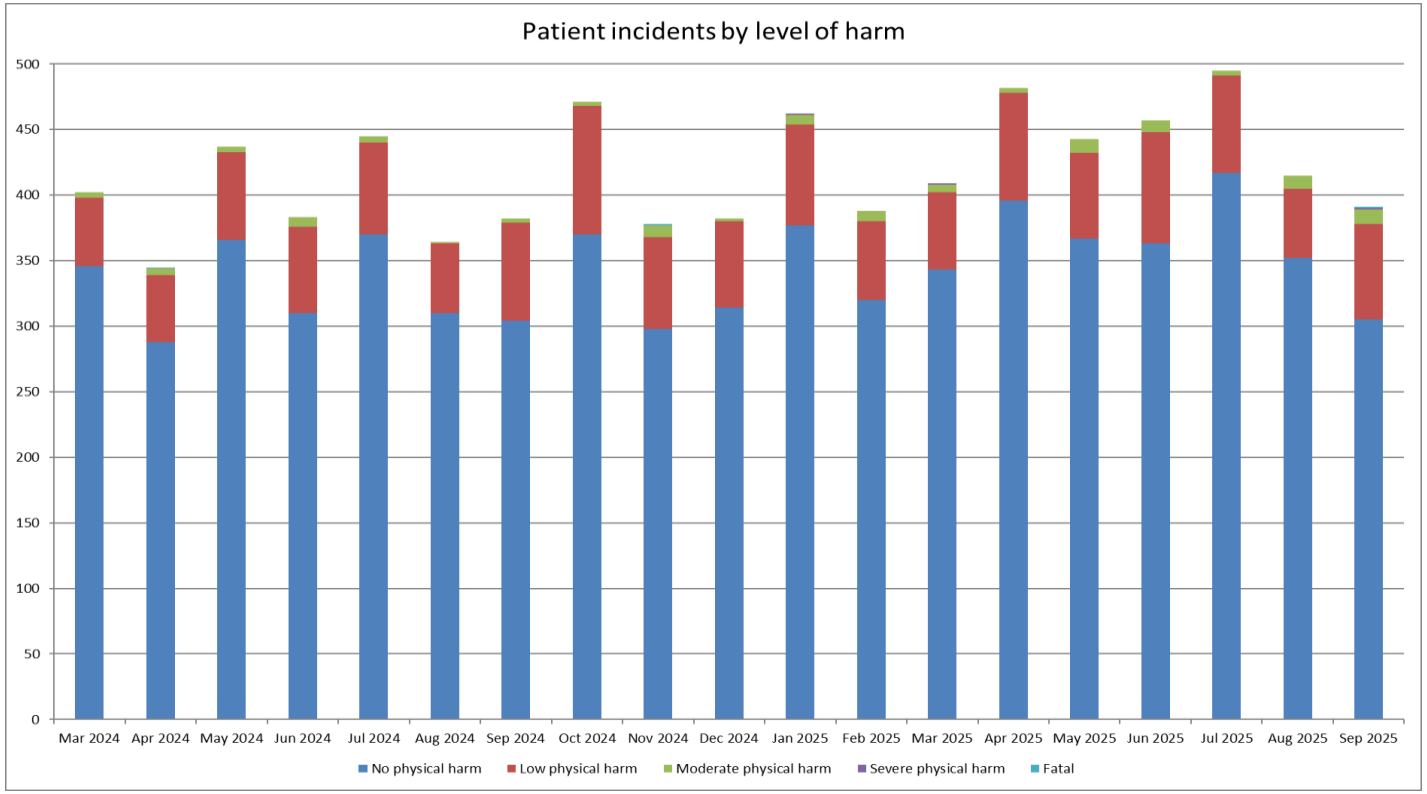
## Overview

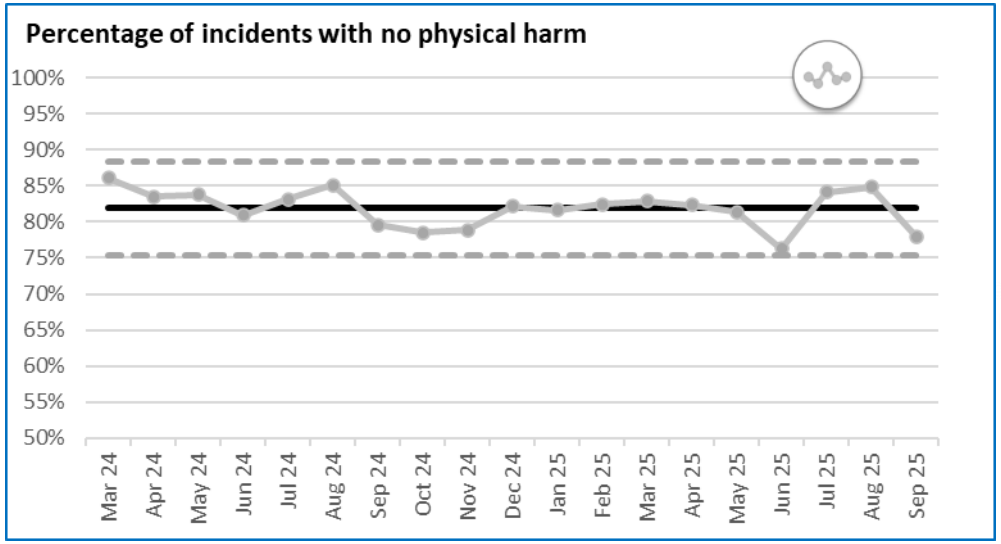
- **Patient Safety Incident Investigations:** One new PSII declared in September, relating to a patient who died within 24 hours of discharge. Some concerns raised around the patient pathway, consent, mental health assessments and discharge process. Investigation is in the information gathering stages currently.
- **Duty of Candour:** Three stage 3 investigations were due in September, and one has been completed. Others have been delayed but are due to be completed in October. The delays have been discussed with the families. Both incidents within CCS.
- **Targeted Interventions:** Completion of Clinical Harm reviews this month saw a slight increase from last month. Focussed work within directorates is on going to ensure completion of harm reviews.
- **VTE assessment:** A multi-team effort to improve VTE assessment for patients over 16 years of age is underway. This has involved nursing, Medical Director's office, communications, Postgraduate Medical Education (PGME) and clinical colleagues. Performance will be tracked here and in directorate performance reviews. This indicator continues to see variable fluctuation.

| Patient Safety | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Last 12 months | SPC Trend | RAG | | | Stat/ Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| New PSIIs | 1 | 2 | 2 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | | | No Threshold | | | Target |
| Near Misses | 176 | 136 | 115 | 149 | 156 | 151 | 170 | 129 | 158 | 163 | 143 | 123 | | | No Threshold | | | |
| VTE assessment | 19% | 17% | 17% | 20% | 25% | 30% | 27% | 14% | 32% | 16% | 21% | 19% | | | 95% | | | |
| 2222 Calls | 12 | 11 | 12 | 19 | 22 | 15 | 9 | 10 | 17 | 20 | 20 | 11 | | | No Threshold | | | |
| Never Events | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | >/=1 | | 0 | Stat |
| Pressure Ulcers (3+) | 0 | 0 | 3 | 0 | 2 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | | | >1 | =1 | =0 | Stat |
| Duty of Candour Cases (new in month) | 1 | 6 | 1 | 3 | 5 | 7 | 1 | 7 | 3 | 3 | 1 | 3 | | | No Threshold | | | Target |
| Duty of Candour – Stage 2 compliance (case due in month) | 3/3 | 5/6 | 2/2 | 5/7 | 4/5 | 6/7 | 1/1 | 3/4 | 3/3 | 4/4 | 1/1 | 3/3 | | | <75% | 75%-90% | >90% | Target |
| Duty of Candour – Stage 3 compliance (case due in month) | 2/2 | 2/3 | 2/2 | 0/0 | 1/2 | 2/2 | 0/0 | 3/5 | 3/5 | 0/2 | 2/2 | 1/3 | | | <50% | 50%-70% | >70% | Target |
| Freedom to Speak up contacts | 19 | 11 | 7 | 15 | 12 | 21 | 19 | 12 | 22 | 21 | 9 | 9 | | | No threshold | | | |

| Targeted Interventions | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Trend | SPC Trend | RAG | Stat/ Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Stool Screening Compliance | 35.3% | 35.2% | 41.0% | 38.0% | 35.0% | 36.0% | 37.0% | 36.0% | 43.0% | 40.0% | 42.0% | 40.0% | | | | |
| ID Band Compliance | 83.7% | 84.0% | 83.7% | 83.9% | 84.8% | 84.4% | 84.4% | 83.5% | 85.8% | 84.9% | 84.2% | 85.5% | | | | |
| WHO Checklist Compliance | 99.1% | 99.9% | 99.4% | 99.5% | 99.6% | 99.2% | 99.3% | 99.2% | 99.5% | 99.8% | 98.6% | 99.0% | | | | |
| Clinical harm review process compliance- 65+ wks admitted pathways only | 38.1% | 51.3% | 47.8% | 45.8% | 44.5% | 62.2% | 77.5% | 84.5% | 82.5% | 78.9% | 79.4% | 84.3% | | | | |

# Patient incidents




| | No physical harm | Low physical harm | Moderate physical harm | Severe physical harm | Fatal | Total |
|---|---|---|---|---|---|---|
| Mar 2025 | 343 | 59 | 6 | 1 | 0 | 409 |
| Apr 2025 | 396 | 82 | 4 | 0 | 0 | 482 |
| May 2025 | 367 | 65 | 11 | 0 | 0 | 443 |
| Jun 2025 | 363 | 85 | 9 | 0 | 0 | 457 |
| Jul 2025 | 417 | 74 | 4 | 0 | 0 | 495 |
| Aug 2025 | 352 | 53 | 10 | 0 | 0 | 415 |
| Sep 2025 | 305 | 73 | 11 | 1 | 1 | 391 |

# Patient Safety – Infection Control

Great Ormond Street Hospital for Children NHS Foundation Trust

**Overview**

- Central line infection rates related to line infections remain higher than baseline. Clinical reviews have suggested the reasons for this are multi-factorial but include a significant number of lines occluding, children not receiving a wash (as per the SOP introduced in April) prior to a line insertion, an increase in port use where it is challenging to access the site resulting in likely contamination after skin preparation. Documentation remains a challenge, but no new issues have been highlighted. SWARMS (post infection reviews) suggest that at times bio patch is not used consistently and needle free connectors are not always changed in line with guidance.
- C.difficile cases also remain higher than expected and clinical review of all cases (not just those under 2 which are reported below) suggests more patients are being treated for infection and disease related to C.Diff. There are also several patients where the first line treatment is unsuccessful, and they relapse. Work is still ongoing with Epic to release the standardised assessment tool and documentation to enable a comprehensive review of treatments being given.

| Infection Control | Target Set | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | 2025/26 YTD | Last 12 months | SPC Trend | RAG (25/26 threshold) | | | Stat/ Target | NOF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total C Difficile cases | In Month | 3 | 0 | 1 | 4 | 1 | 2 | 2 | 4 | 0 | 0 | 3 | 3 | 12 | | | | | | Stat | NOF |
| C difficile Trust Assigned | Annually | 1 | 0 | 1 | 2 | 0 | 1 | 2 | 4 | 0 | 0 | 2 | 1 | 9 | | | >6 | N/A | <=6 | Stat | NOF |
| Total MRSA cases | In Month | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 2 | | | >0 | N/A | =0 | Stat | NOF |
| MRSA Trust Assigned | In Month | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 2 | | | >0 | N/A | =0 | Stat | NOF |
| Total MSSA cases | In Month | 4 | 0 | 2 | 5 | 1 | 0 | 4 | 5 | 2 | 3 | 3 | 1 | 18 | | | No Threshold | | | | |
| MSSA Trust Assigned | In Month | 2 | 0 | 1 | 5 | 1 | 0 | 3 | 5 | 1 | 3 | 2 | 1 | 15 | | | No Threshold | | | | |
| Total E.Coli Bacteraemia cases | In Month | 1 | 1 | 1 | 3 | 2 | 1 | 1 | 1 | 2 | 3 | 4 | 2 | 13 | | | >5 | N/A | <=5 | Stat | NOF |
| E.Coli Bacteraemia Trust Assigned | In Month | 1 | 1 | 0 | 2 | 1 | 1 | 0 | 1 | 2 | 3 | 4 | 1 | 11 | | | >5 | N/A | <=5 | Stat | NOF |
| Total Pseudomonas Aeruginosa | In Month | 1 | 1 | 1 | 0 | 1 | 3 | 0 | 0 | 3 | 4 | 1 | 1 | 9 | | | >8 | N/A | <=8 | Stat | |
| Pseudomonas Aeruginos Trust assigned | In Month | 1 | 0 | 1 | 0 | 1 | 3 | 0 | 0 | 3 | 3 | 0 | 1 | 7 | | | >8 | N/A | <=8 | Stat | |
| Total Klebsiella spp | In Month | 2 | 3 | 2 | 3 | 7 | 2 | 1 | 2 | 5 | 3 | 1 | 2 | 14 | | | No Threshold | | | | |
| Klebsiella spp Trust Assigned | Annually | 2 | 3 | 2 | 2 | 3 | 2 | 1 | 2 | 4 | 3 | 1 | 2 | 13 | | | >27 | N/A | <=27 | Stat | |
| CV Line Infections | In Month | 1.1 | 0.7 | 1.8 | 2.2 | 2.5 | 1.3 | 1.1 | 2.2 | 2.1 | 1.6 | 3.3 | 2.3 | 2.11 | | | >1.6 | N/A | <=1.6 | T | |

# Patient Experience

**Overview:**

The Friends and Family Test (FFT) inpatient experience rating for September was 98%, the outpatient experience rating (95%), so both met the Trust target for September. The inpatient response rate was back up to 32% which is the highest since January. FFT numbers remain high with 2212 submissions in September. There has been a 69% increase in FFT responses compared with the last financial year.

Complaint numbers in September (12) continue to remain higher than the same reporting period last year (10), although there was a decrease from last month's exceptionally high numbers (17). One high risk (red) complaint was received under the Heart and Lung Directorate relating to delayed cardiac surgery. Other complaints this month highlighted concerns regarding staff behaviour and attitude, communication, lack of informed consent, clinical care and treatment.

PALs contacts across the hospital rose by 36% in September. Sight & Sound contacts were the highest having risen significantly from 30 to 58 this month. Ophthalmology (14) and Urology (10) within S&S received the most contacts with families chasing information about appointments, their child's care, cancellations,, requests for referrals and transport.

Concerns about single sex toilets were raised across all feedback routes and have been escalated to Place and Space.

## Patient Experience

| | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Last 12 months | SPC Trend | RAG | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FFT Experience rating (Inpatient) | 98.0% | 99.0% | 97.0% | 99.0% | 97.0% | 98.0% | 98.0% | 97.0% | 99.0% | 98.0% | 99.0% | 98.0% | | | <90% | 90-94% | >=95% |
| FFT experience rating (Outpatient) | 89.0% | 93.0% | 93.0% | 92.0% | 95.0% | 94.0% | 95.0% | 95.0% | 94.0% | 95.0% | 96.0% | 95.0% | | | <90% | 90-94% | >=95% |
| FFT - response rate (Inpatient) | 35.0% | 25.0% | 34.0% | 36.0% | 28.0% | 27.0% | 29.0% | 31.0% | 27.0% | 27.0% | 24.0% | 32.0% | | | <25% | N/A | >=25% |
| PALS - per 1000 episodes | 14.26 | 8.53 | 7.46 | 7.37 | 8.26 | 8.98 | 8.45 | 8.86 | 10.31 | 6.85 | 7.59 | 8.74 | | — | No Threshold | | |
| Complaints- per 1000 episodes | 0.36 | 0.31 | 0.49 | 0.30 | 0.38 | 0.38 | 0.35 | 0.57 | 0.44 | 0.54 | 0.67 | 0.39 | | — | No Threshold | | |
| Red Complaints -% of total | 7% | 7% | 7% | 9% | 8% | 8% | 8% | 7% | 7% | 5% | 6% | 6% | | — | >12% | 10-12% | <10% |

# Complaints

**Headline:** 12 formal complaints were received in September 2025, an increase from September 2024. This was a decrease from the month prior (17) when complaint numbers were exceptionally high. One red (high risk) complaint was also received, which is the second this year.

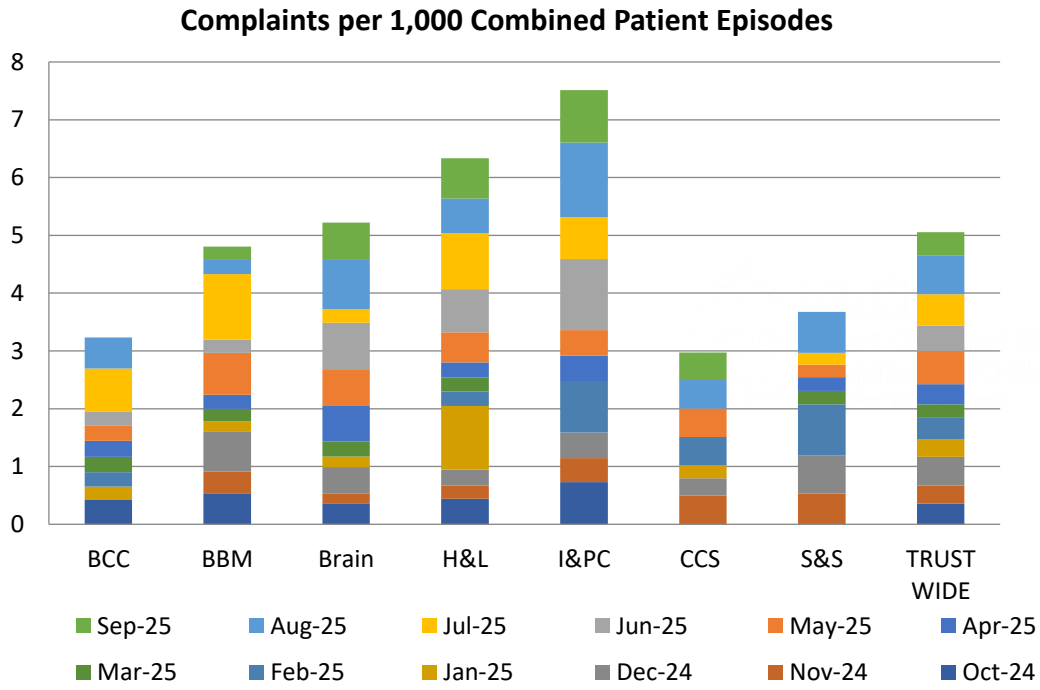
YTD 81 complaints have been received, compared to 53 during the same period last year.

**Complaints in September related to concerns about:**

- Staff conduct and professionalism (3)
- Multiple specialities and poor transition to adult services.
- Disruptive ward moves, COVID-19 exposure, an attempted premature discharge, and blood test errors
- Unexplained injuries and inappropriate medication causing a severe reaction.
- Inaccurate concussion records, imaging errors, and misrepresentation of family medical history.
- Data mishandling, inaccurate information within a report and lack of specialist input and accountability.
- Removal of single-sex toilets.
- Lack of reporting around a PEG tube which was allegedly pulled out by a staff member
- An additional procedure being carried out without consent.
- Incomplete surgical pathway; family state delays in third operation contributed to patient's death.
- Lack of information around costs of test in advance and consequences of this.
- Inaccurate foetal test results and significant implications as a result of this.

**Closed Complaints Since April 2025:**

67 complaints have been closed since April 2025. Of these complaints, 58% of draft responses were received early or on time. 74% of investigations were completed within the agreed timescale.




**Learning actions/ outcomes from a complaint closed in September 2025:**

Following a complaint regarding delays in receiving a wheelchair, key areas for improvement were identified in International and Private Care (I&PC) around occupational therapy (OT) equipment being ordered, including:

- The creation of I&PC guidelines to ensure all private practitioners are aware of their responsibilities for ordering equipment.
- OT team will be reviewing their processes to ensure all OTs understand the correct process to ensure and receive prompt delivery of equipment, whilst working within I&PC.
- They will also create a standard operating procedure which will document the correct process and disseminate this to all private practitioners and I&PC staff

# Friends and Family Test

**Overview:** The Friends and Family Test (FFT) inpatient experience rating for September was 98% which has decreased slightly from last month. However, the response rate has increased by 8% to 32%,which is the highest since January 25. The outpatient experience rating (95%) has also decreased slightly from last month, however both have met the Trust targets. The overall number of responses remains high at 2212 submissions- outpatients (1242), inpatients (880) I&PC (89).

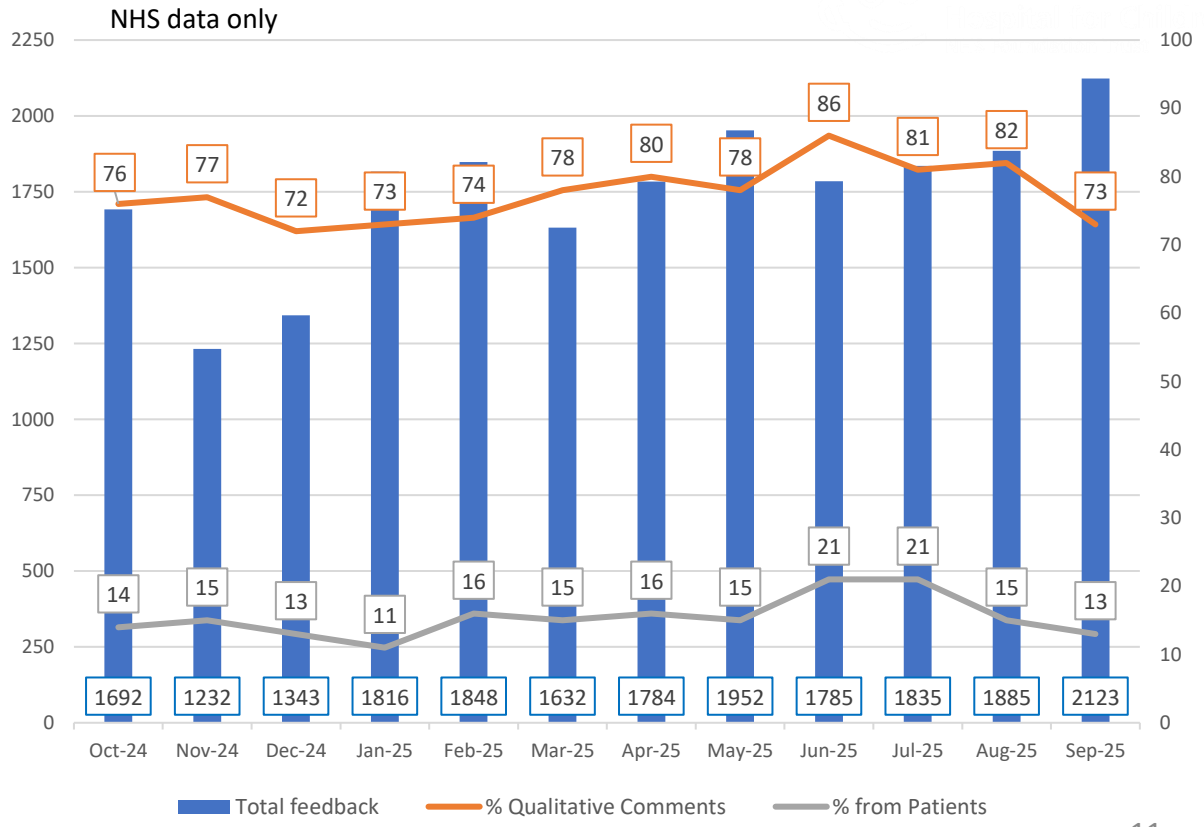
Positive comments were predominantly about staff under the Patient Experience Framework theme of ***respect for patient centred values***. There were comments regarding how staff were considerate towards the patients and took time to explain procedures and investigations clearly. Families commented that they felt really looked after, along with the patient.

*"Staff were fabulous, they took the time to explain everything to our son and made sure he was happy with everything. They were friendly while remaining professional"*

Negative comments were varied again in September, and were low in numbers, the predominant theme was ***Access to Care.*** There were comments about the environment and the disruption from the building works. There were also negative comments about the lack of single sex toilets in the Trust which has been escalated to the Space and Place team along with poor cleaning in certain areas. There were comments about the co-ordination of appointments and imaging appointments being scheduled hours apart from the consultation, leading to long days for patients.

**Positive Areas:**
- Staff adapt to individual needs.
- Compassionate staff.
- Hospital environment.
- Exceptional care.
- Volunteers.
- Friendly reception staff.
- Explanation of procedures.

**Areas for Improvement:**
- Disruption from building.
- Long waits for appointments.
- Confusing wayfinding.
- Imaging appointments being hours apart from consultation appointments.
- Need for more single sex toilets.
- Long waits within daycare units.




All positive feedback is shared with the staff named in comments. All negative comments are shared with the relevant area for comment and response to the patient / family if details are available. All comments are available on the dashboards which can be accessed here: FFT Dashboards. FFT clinics will be held monthly for any queries staff have about FFT. Dates will be advertised via email and Headlines.

# Patient Advice and Liaison Service (PALs)

**Headlines:** PALs contacts increased to 265 in comparison to 195 in August. Families contacted PALs for general enquiries about surgeries and appointments, seeking clarity on care plans and provisions provided by GOSH, reimbursements for cancelled Outpatient Appointments (OPA)/Admin. **Contacts resolved within 48 hours increased to 77.36%**

**Care Queries**: Pals received 60 contacts from families seeking information about outpatient appointments and upcoming surgeries. They also raised queries about medical plans, outstanding test results, GP enquiries and cancelled admissions. At directorate level, **BBM** received the highest number of contacts about care (n=21). At speciality level contacts related to **Ophthalmology** n=8.

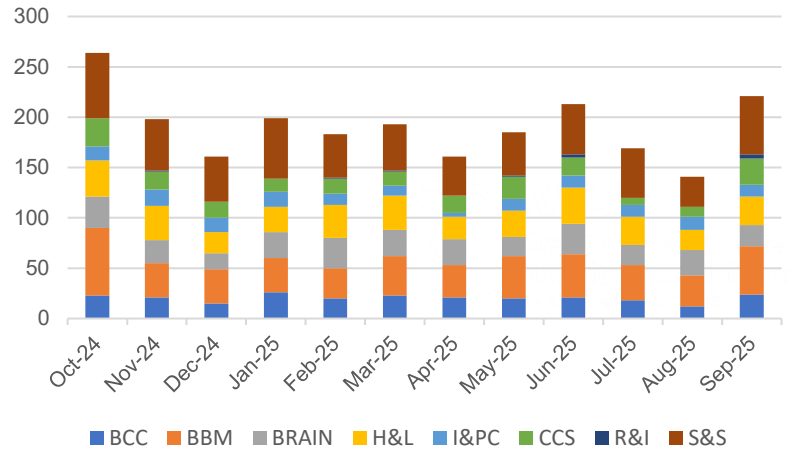
**Contacts at directorate level:** Overall **S&S** received the highest contacts 58 compared to 30 in August. Within S&S the highest speciality was **Ophthalmology** 14 with families chasing test results, making enquiries about glasses, confirming OPA bookings, medical enquiries about care plans, medication enquiry, referral enquiries and admissions enquiries. This was followed by **Urology** 10, where contacts related to cancelled OPAs, transport requests, referral enquiries, expediting OPA and medical questions.

**BBM** was the second highest for contacts this month with 48 (30 in August). The top specialities were Orthopaedics 11 and Specialist Neonatal and Paediatric Surgery (SNAPS) 10. Contacts related to OPA cancellations, transport enquiries, chasing surgery dates, inpatient concerns, referral enquiry, medical questions and discharge enquires.

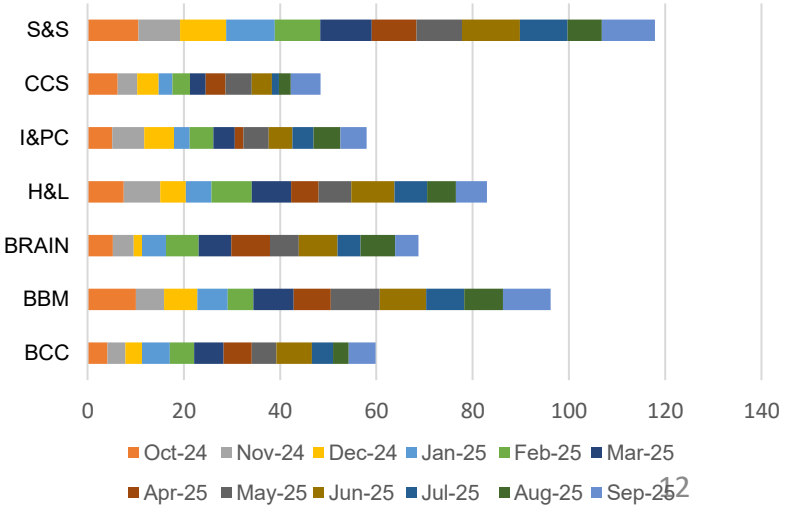
At a **speciality level, Cardiology** (n=15), 7 contacts received in August. Contacts related families contacting about OPA scheduling issues, lack of communication from secretaries, awaiting test results and cancellations. The second highest specialities were **Dermatology** and **Radiology** ( n=14), which saw an increase from August (Dermatology- 3 and Radiology 2).

**Service Improvement:**
A parent raised concerns over the removal of single sex toilets to both PALS and the complaints team. The Space and Place team have reviewed this feedback and have restored the toilets to single sex use.

**Pals contacts by directorate**




**Pals contacts per 1,000 episodes**






Caring

# Patient Access - Waiting Times Overview

## Overview

Waiting times across the three primary national focus areas remain a significant challenge. To achieve the operating plan metrics, it will be essential to consider the volume of activities conducted during the financial year, maintain low bed closure rates, and adjust theatre capacity to address extended waiting times.

**Referral To Treatment (RTT):** Performance for September 2025 was 70.1%, a slight increase of -0.9% compared to last month. The overall Patient Tracking List (PTL) size has decreased compared to the previous month (7943 vs 8001). None of the directorates met the 92% standard this month. RTT performance continues to be affected by inherited breaches, patient and staff sickness, seasonal unavailability, theatre capacity and bed pressures.

The Trust has observed an increase in inherited waits where patients have waited over 35 weeks at their referring Trust before being transferred to us. In September, 20 patients who had been waiting over 52 weeks were referred to us after already waiting 35+ weeks, including 12 patients who had waited over 52 weeks, three of these patients having waited between 80 to 97 weeks. Dermatology, Plastic Surgery, ENT, and Ophthalmology specialties have seen the largest rise in inherited waits at over 30 weeks.

At the end of September, the Trust had three patients waiting over **104 weeks**, one who was referred to us at 97 weeks has been treated, whilst the other two patients have treatment dates in October.

**78-week waits** decreased to 23 (-5) this month, with 13 patients having a next contact booked in October. There is ongoing attention on reducing long-wait patients, with weekly oversight at the executive level.

**52-week waits** have remained at 246, however inherited waits and patient cancellations/DNAs or choices remains high. This represents 3.1% of the PTL. Most long-waiting patients are in Plastic Surgery (55), **Audiological Medicine (46),** Orthopaedics (30), Ophthalmology (19), Dental (19) and ENT (12). The Sight and Sound and Body, Bones and Mind directorates have the highest number of challenges.

**PTL Validation** of over 12-week waits has increased to 83.45% overall; however, progress toward the goal of 90% continues, with close collaboration with specialties currently below 70%.

**Diagnostic Waiting Times (DM01):** The performance for September 2025 was recorded at 76.4%, a decrease of -1.2% from August but an improvement of 12.4% since January 2025. The reduction of the planned past backlog is generally progressing in line with the established trajectories. The modalities facing significant challenges include Cardiac MRI, Audiology and Sleep Studies. Waiting list initiatives continue for Cardiac MRI. Measures have been implemented to address the 13-week waiting periods, which have been decreasing since the inclusion of the planned past cohort.

**Cancer:** It is projected that all five standards will be met for September.

## Challenges and actions taken:

| Capacity | |
|---|---|
| Consultant availability- Dental, Orthopaedics, ENT, Plastic Surgery, Spinal and SNAPS<br>Specialist surgeon availability predominantly for joint cases and complex patients<br>Theatre list allocation<br>Community/local physiotherapy capacity for the SDR pathway | Recruitment of locum consultants in Orthopaedic and Plastic Surgery to support those services.<br>Review of theatre lists allocation<br>Scope other treatment centres for Mutual aid with Orthopaedic, Plastics Surgery and Audiology patients<br>Increase of Audiology ABR capacity from June 2025, recruitment of 0.6 WTE Audiologist.<br>Exploration of ABR sedation pathway<br>Recruitment of Orthopaedic Consultant start date in August 25.<br>Theatre First Patient Goes project |
| **Staff and Patient sickness** | |
| Bed closures due to combination of patient acuity and staff sickness<br>Unexpected theatre maintenance and closures | Day-case Nightingale Ward project continuing<br>Inpatient bed closures closely monitored<br>Collaborative working with Space and Place on maintenance closures |
| **Inherited waits** | |
| Increases in inherited waits above 52 weeks as other providers reduce backlogs (Where patient arrive from referring hospitals with a significant time already on the clock). | Continued focus and prioritisation on reduction of long wait patients.<br>Inter Provider Transfers (IPTs) are particularly impacting ENT & Dermatology. |

# Patient Access Metrics

Great Ormond Street Hospital for Children NHS Foundation Trust

## Access Metrics Tracking

| | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Trajectory | Last 12 months | SPC Trend | Sept 25 target | March 26 target | Stat/Target | NOF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RTT Open Pathway: % waiting within 18 weeks | 70.4% | 69.2% | 66.8% | 68.1% | 68.8% | 68.4% | 68.4% | 69.9% | 69.8% | 70.6% | 69.2% | 70.1% | Below | | ↓ | 71.5% | 74.1% | Stat | NOF |
| Waiting greater than 18 weeks - Incomplete Pathways | 2,388 | 2,361 | 2,589 | 2,580 | 2,584 | 2,530 | 2,577 | 2,515 | 2,443 | 2,376 | 2,466 | 2,375 | - | | ↑ | | | - | |
| Waiting greater than 52 weeks - Incomplete Pathways | 236 | 202 | 207 | 186 | 192 | 211 | 237 | 234 | 232 | 248 | 246 | 246 | Above | | ↓ | 241 | 84 | Stat | NOF |
| Percentage of PTL 52+ weeks | 2.9% | 2.6% | 2.6% | 2.3% | 2.3% | 2.6% | 2.9% | 2.9% | 2.9% | 3.1% | 3.1% | 3.1% | Above | | — | 1.5% | 1.0% | Stat | NOF |
| Waiting greater than 65 weeks - Incomplete Pathways | 96 | 63 | 77 | 60 | 63 | 65 | 66 | 69 | 72 | 84 | 80 | 73 | | | ↓ | 54 | 0 | T | |
| Waiting greater than 78 weeks - Incomplete Pathways | 34 | 26 | 27 | 18 | 13 | 16 | 19 | 19 | 23 | 24 | 28 | 23 | Above | | ↑ | 0 | 0 | T | |
| Waiting greater than 104 weeks - Incomplete Pathways | 4 | 5 | 7 | 1 | 0 | 0 | 2 | 1 | 2 | 3 | 5 | 3 | Above | | ↑ | 0 | 0 | Stat | |
| Percentage of patients waiting for a first attendance who have been waiting less than 18 weeks | | | | 70.5% | 71.9% | 76.4% | 77.7% | 78.0% | 77.8% | 79.7% | 78.5% | 78.4% | Above | | ↓ | 75.4% | 78.0% | | |
| Diagnostics- % waiting less than 6 weeks | 61.7% | 66.3% | 63.5% | 64.0% | 69.8% | 71.3% | 72.8% | 77.5% | 79.9% | 80.7% | 77.6% | 76.4% | Above | | ↓ | 71.20% | 76.01% | Stat | |
| Diagnostics- waiting greater than 6 weeks | 996 | 904 | 879 | 934 | 780 | 709 | 664 | 551 | 501 | 499 | 559 | 548 | - | | ↑ | | | - | |
| Diagnostics- waiting greater than 13 weeks | 642 | 538 | 514 | 484 | 441 | 413 | 354 | 282 | 214 | 175 | 152 | 144 | - | | ↓ | | | - | |
| Cancer waits: 31 Day: Referral to 1st Treatment | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | *100%* | Above | | — | 85% | 85% | Stat | NOF |
| Cancer waits: 31 Day: Decision to treat to 1st Treatment | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | *100%* | Above | | — | 96% | 96% | Stat | |
| Cancer waits: 31 Day: Subsequent treatment – surgery | 100% | 100% | 100% | 100% | 50% | 100% | 100% | 100% | 100% | 100% | 100% | *100%* | Above | | — | 94% | 94% | Stat | |
| Cancer waits: 31 Day: Subsequent treatment - drugs | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | *100%* | Above | | — | 98% | 98% | Stat | |
| Cancer waits: 62 Day: Consultant Upgrade | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 97% | 100% | 100% | *100%* | - | | — | | | - | |
| Cancelled Operations for Non Clinical Reasons | 40 | 31 | 27 | 20 | 32 | 41 | 27 | 19 | 23 | 36 | 21 | | - | | ↑ | | | - | |
| Cancelled Operations: 28 day breaches | 4 | 6 | 5 | 4 | 3 | 6 | 5 | 7 | 3 | 4 | 3 | | - | | ↑ | 0 | 0 | Stat | |

Responsive

# Patient Access - Activity Monitoring at Month 6

## Overview:

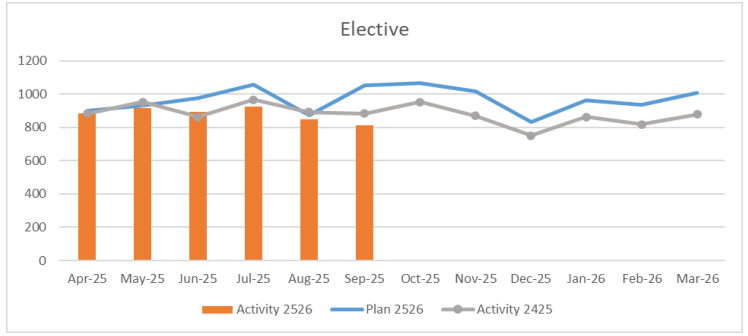
Overall, Trust activity is 2.19% below the planned level but remains 1.9% higher than the recorded activity for 2024/25. For ERF points of delivery, activity is 3.67% under plan, primarily due to reductions in day-case and elective inpatient activity, which are 5.5% and 8.8% below plan, respectively.

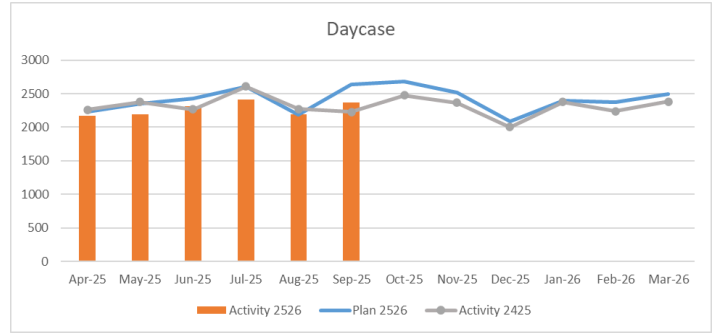
The decrease in day-case activity is largely attributable to four specialties—Oncology, Pain Management, Haematology, and Nephrology—which collectively account for 829 fewer encounters. The shortfall in elective inpatient activity is principally related to ENT and Respiratory Medicine. Preliminary analysis suggests that several factors are affecting elective activity, including reduced demand in Oncology and Haematology, the presence of complex emergency cases limiting access for elective admissions, and a strategic shift towards day-case procedures in ENT and Ophthalmology.

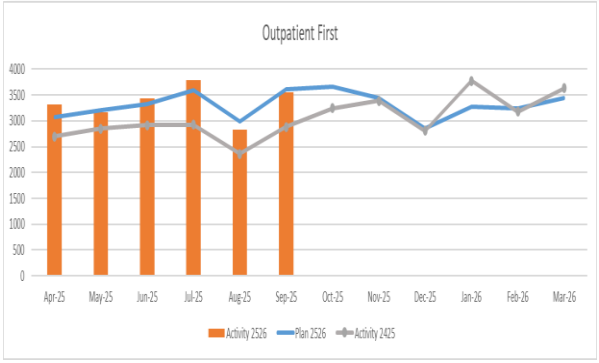
Conversely, first outpatient attendances have increased by 1.5% above plan, with significant growth observed in Respiratory Medicine, Clinical Genetics, and Endocrinology. Monitoring of First Outpatient MDT activity is ongoing; as at Month 6, activity is 1.23% higher than 2024/25 levels, although it remains below plan.

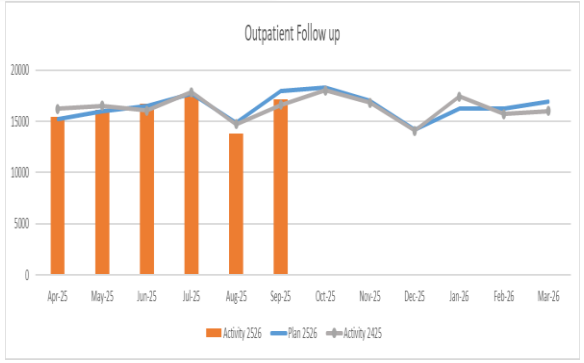
### Overview M6 25-26

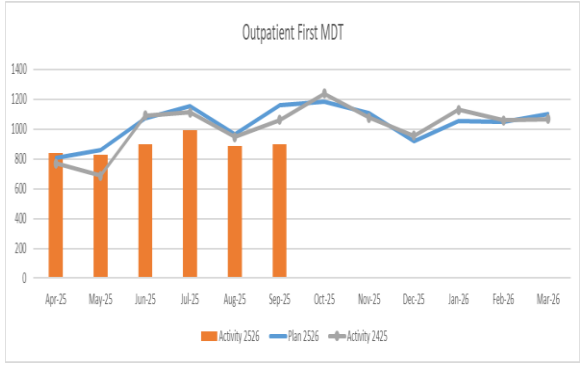
| POD | Plan 25/26 | Activity 25/26 | Activity 24/25 | % of 24/25 | % of Plan |
|---|---|---|---|---|---|
| Daycase | 14,448 | 13,641 | 14,007 | 97.39% | 94.41% |
| Elective | 5,790 | 5,278 | 5,440 | 97.02% | 91.16% |
| Emergency | 1,229 | 1,224 | 1,107 | 110.57% | 99.59% |
| First OPA | 19,796 | 20,105 | 16,645 | 120.79% | 101.56% |
| Follow-up OPA | 98,227 | 96,739 | 97,928 | 98.79% | 98.49% |
| Frist OPA MDT | 6,023 | 5,344 | 5,673 | 94.20% | 88.73% |
| **Grand Total** | **145,513** | **142,331** | **140,800** | **101.09%** | **97.81%** |

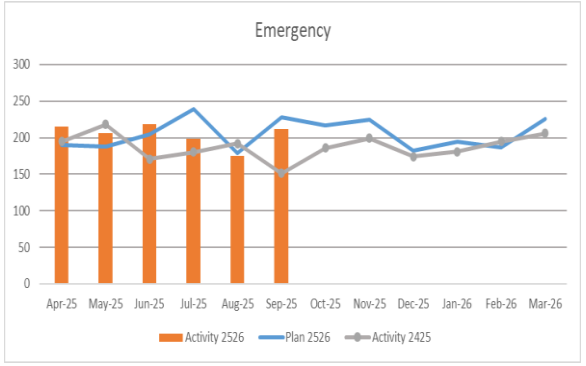
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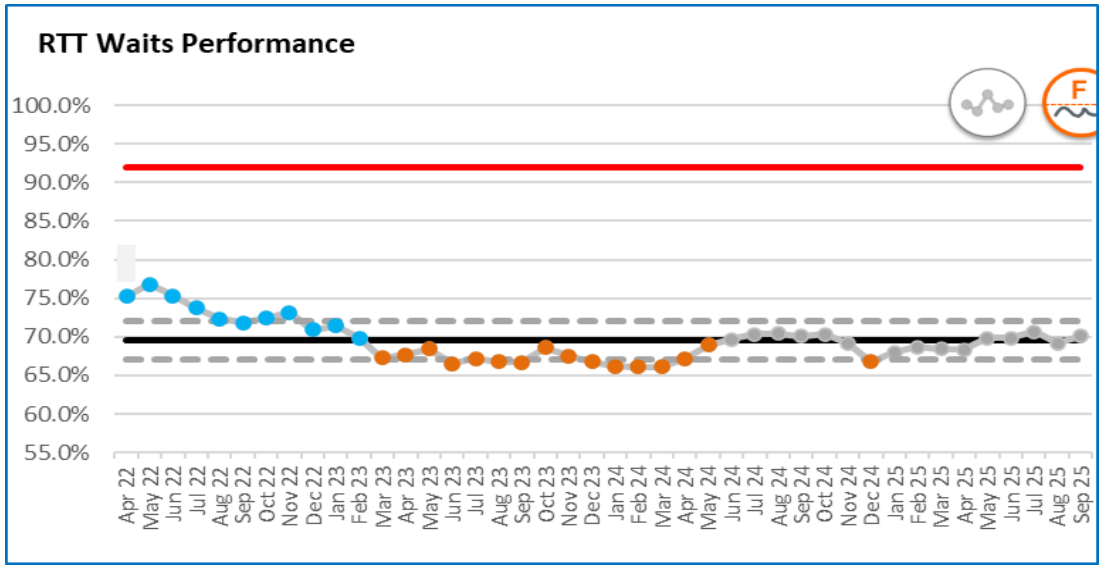
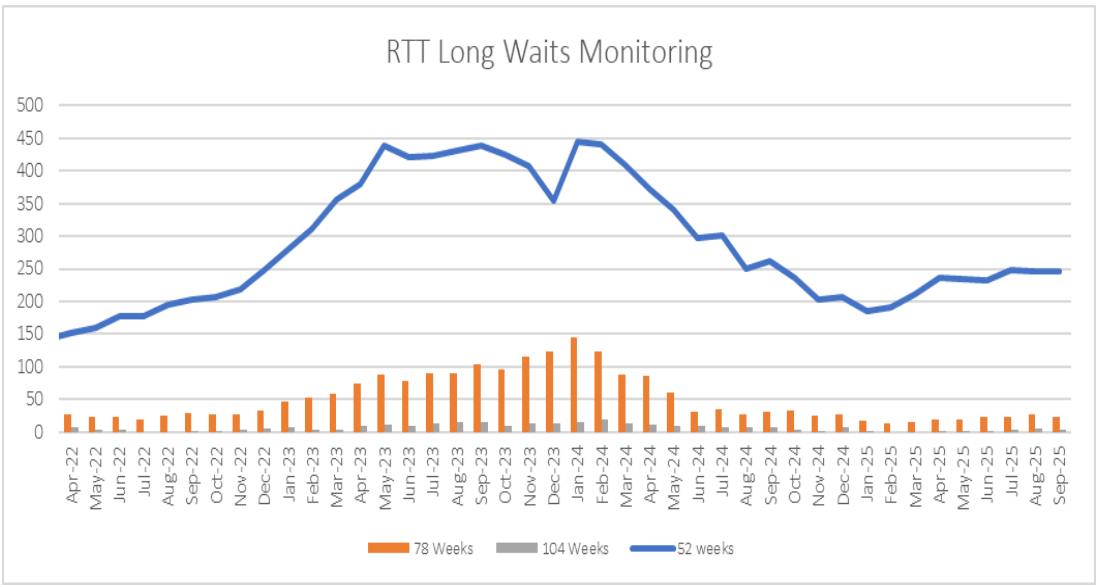
Responsive

# Referral to Treatment times (RTT)



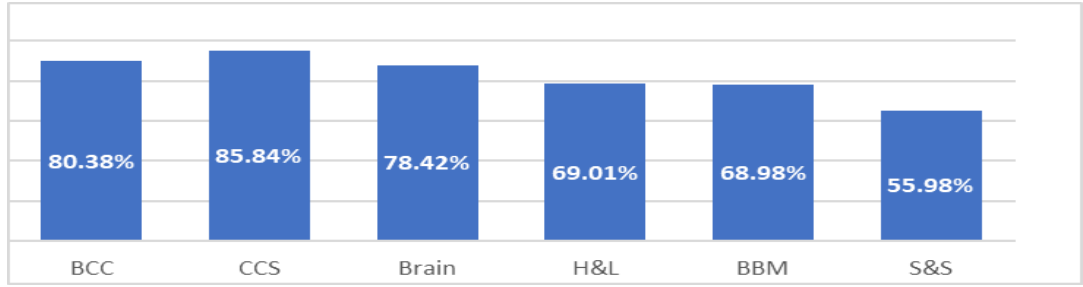

**RTT:**
70.10% ↑ +0.9%
People waiting less than 18 weeks for treatment from referral.

**>52 Weeks:**
246 → 0
Patients waiting over 52 weeks

**>78 Weeks:**
23 ↓ 5
Patients waiting over 78 weeks

**>104 Weeks:**
3 ↓
Patients waiting over 104 weeks

## Directorates




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

**P2**
119 ↓ 15

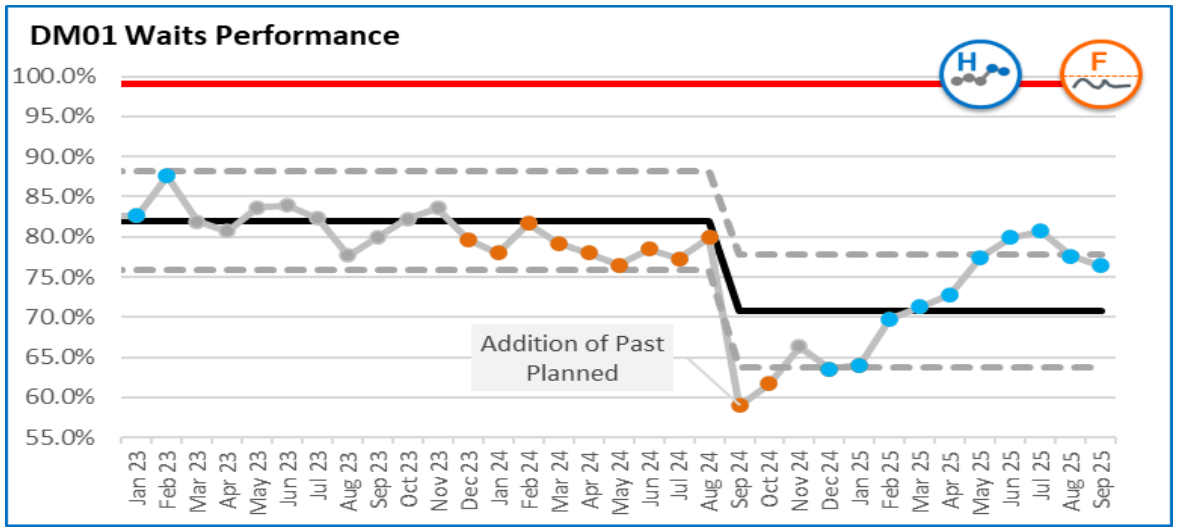
**P3**
333 ↑ 6

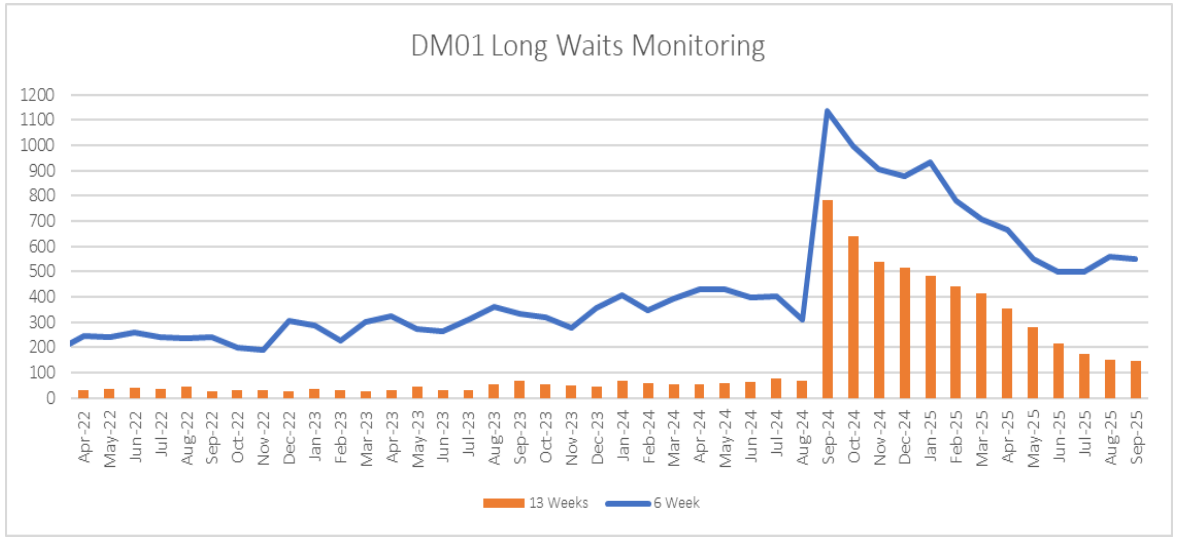
**P4**
216 ↓ 5



Responsive

# Diagnostic Monitoring Waiting Times (DM01)




**DM01:**

78.4% ↓ -1.2%

People waiting less than 6 weeks for diagnostic test.

**>6 Weeks:**

548 ↓ 11

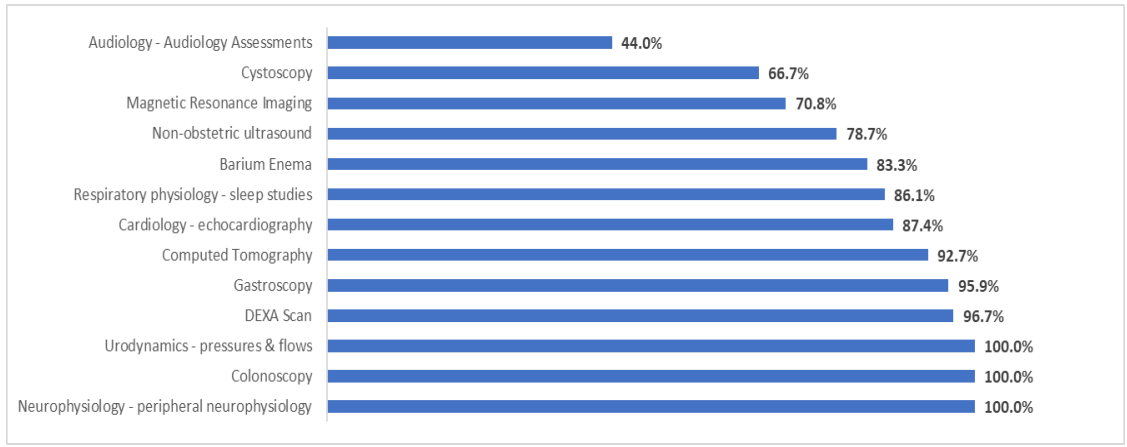
Patients waiting over 6 weeks

**>13 Weeks:**

144 ↓ 8

Patients waiting over 13 weeks

## September 2025 Performance by modality






Responsive

# Well Led Headlines: September 2025

**Contractual staff in post:** Substantive staff in post numbers in the current month are 5977.3 down from 5985 in the previous month from the previous month. (decrease of 7.7FTE). Headcount is 6491 down from 6495 (decrease of 4)

**Unfilled vacancy rate:** Current month vacancy rates for the Trust has decreased by 0.6 % to 2.7% from the previous month). The vacancy rates are highest in Transformation (16.5%) and Research & Innovation (16.4%)

**Turnover:** is reported as voluntary turnover over a rolling 12-month period. Voluntary turnover has decreased slightly to 7.3% from 7.8% and is within the Trust KPI.

**Agency usage:** Agency usage is 0.3%, this remains within the 2% Trust target. The highest spending directorate is Space & Place (2.5%)

**Statutory & Mandatory training compliance:** Training rate for the Trust remained stable at 94% all directorates are meeting the target. International and Medical directorates have achieved the highest and are currently at 98%.

**Appraisal/Personal Development Review (PDR) completion:** The non-medical appraisal rate is 84%, the consultant's rate is 98%

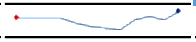
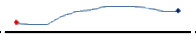
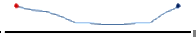
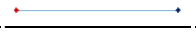
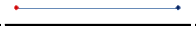
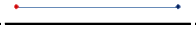
**Sickness absence:** Sickness is over the trust target at 4.5% and has increased from the previous month when it was 4.0%. To benchmark GOSH sickness more accurately, and provide a more realistic target, the Trust has incorporated the national NHS sickness rate into its RAG rating (see Well led page for details). The national rate for this month was 4.97%.

**Freedom to Speak Up Guardians:** There were 9 substantive contacts to the FTSUG in September (compared to 21 in July and 9 in August) with an additional 7 contacts where staff have either not yet met with the Guardians or had a query that did not require casework input. The highest theme raised in substantive contacts related to concerns about staff safety/ wellbeing, policy/ process and discrimination. Staff contacting the FTSUG came from a variety of staff groups with nursing and allied health professional being the highest users. Our Freedom to Speak Up Ambassadors did not report any contacts this month.

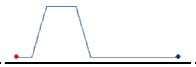
# Well Led

## Well Led

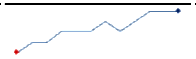
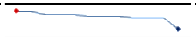
### Workforce

| | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Last 12 months | SPC Alert | RAG Levels | | | Stat/Target | NOF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Turnover Rate (Voluntary) | 9.9% | 9.8% | 9.4% | 9.3% | 9.2% | 9.0% | 8.4% | 8.3% | 8.1% | 7.7% | 7.8% | 7.3% |  | ↓ | >15.4% | >14-15.4% | <14% | T | |
| Vacancy Rate – Trust | 4.3% | 4.0% | 4.2% | 2.8% | 1.5% | 0.9% | 0.2% | 0.0% | 1.7% | 2.1% | 2.8% | 2.7% |  | ↑ | >11% | >10-11% | <10% | T | |
| Sickness Rate | 4.1% | 4.1% | 4.1% | 4.1% | 3.8% | 3.6% | 3.5% | 3.4% | 4.0% | 4.2% | 4.0% | 4.5% |  | | >5.3% | 3-5.3% | <3% | T | NOF |
| Substantive staff in post (WTE) | 5820 | 5786 | 5772 | 5919 | 5989 | 6028 | 6069 | 6080 | 6066 | 6040 | 5982 | 5977 |  | | No threshold | | | | |
| Stability Index | 88.2% | 87.9% | 87.6% | 87.1% | 86.3% | 86.2% | 86.0% | 86.0% | 86.3% | 86.2% | 87.5% | 88.3% |  | | No threshold | | | | |
| Appraisal Rate (Non-Consultants) | 82.0% | 87.0% | 86.0% | 86.0% | 88.0% | 88.0% | 88.0% | 87.0% | 86.0% | 85.0% | 85.0% | 84.0% |  | – | <80% | 80-90% | >90% | Stat | |
| Mandatory Training Compliance | 93.0% | 94.0% | 95.0% | 94.0% | 94.0% | 93.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% | 94.0% |  | | <80% | 80-90% | >90% | Stat | |
| Staff Pulse Survey - Employee Engagement | | | | | | | | | | | | |  | | No threshold | | | | NOF |
| Staff Pulse Survey - Involvement | | | | | | | | | | | | |  | | No threshold | | | | |
| Staff Survey - Motivation | | | | | | | | | | | | |  | | No threshold | | | | |

### Culture & Engagement

| | Q3 24/25 | | Q4 24/25 | | | Q1 25/26 | | | Q2 25/26 | | Q2 25/26 | Last 12 months | SPC Alert | RAG Levels |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Advocacy score (staff recommending GOSH as a place to work) | 56% | | 73% | | | | | | | | |  | | No threshold |
| Exit Survey - intention to return to GOSH | | 86.36% | 88.46% | 85.71% | 92.00% | 88.00% | 90.00% | 70.00% | 82.00% | 74.00% | 67.00% | | | No threshold |

### Equality, Diversity & Inclusion

| | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| % Staff from diverse backgrounds (BME) - all staff | 39.0% | 39.0% | 39.0% | 39.0% | 39.0% | 39.0% | 40.0% | 40.0% | 40.0% | 40.0% | 40.0% | 41.0% |  | | No threshold |
| % Staff from diverse backgrounds (BME) - senior leaders (8c+) | 18.0% | 19.0% | 19.0% | 20.0% | 20.0% | 20.0% | 21.0% | 20.0% | 21.0% | 22.0% | 22.0% | 22.0% |  | | No threshold |
| % Staff from diverse backgrounds (BME) - Trust board | 14.3% | | | | | | | | | | | | | | |
| Relative likelihood of White / BME Candidates being appointed from shortlisting across all posts | 2.03% | | | | | | | | | | | | | | |
| Gender Pay Gap (Ave.) | 16.9% | | 13.3% | | | 11.3% | | | 10.7% | | | |  | | |

- Trust vacancy rate excludes cost centres GLA2 and GLA3

# Safer Staffing- Nursing only

**Vacancy rate:** Registered nurse (RN) vacancy rate this month is 2.9%. An increase on Aug and reflective of ward budget alignment.
**Voluntary Turnover:** Based on a 12-month rolling average, the voluntary turnover for September remains below the Trust target (<14%) at 8.3%, a continued decline over the year. Targeted retention initiatives to retain a skilled and experienced nursing workforce and continue to monitored through the Nursing Workforce Assurance Group and bi-monthly Recruitment and Retention meetings.
**Sickness absence:** Nursing sickness rate in September has increased to 5.3%. The top main reasons are due to stress/anxiety/depression or coughs and colds
**Care Hours per Patient Day (CHPPD)** is a benchmarking metric and does not reflect true skill mix or patient acuity. CHPPD reflects the staffing levels based on open and occupied beds. This remained static in August at 16hrs.
**CHPPD Actual vs Plan:** The Trust average was 95.4% and continues above the target of 90%.
**Temporary staffing spend:** Only 1 agency shift was used this month on Mildred Creek Unit. Bank spend has shown a slight increase compared with previous months. Both immediate and longer-term measures have been identified to support this objective. Work is ongoing to review bank usage and implement strategies that will contribute to the required financial and pay spend reductions, while ensuring the continued delivery of safe, high-quality care for patients and their families.
**Safe Staffing Incidents:** A total of 5 safe staffing incidents were reported during September. This represents a reduction compared with the previous month. All 5 incidents directly linked to staff shortages. No patient harm was recorded because of these incidents.
**Bed closures:** The metrics do not capture the mitigation put in place and only reflect the open bed base and not the full bed base. Bed closures and reduced activity are used to maintain safe staffing levels for inpatients. The total number of beds closed in September was 529 which is a decrease on August's closures.

| Safer Staffing Metrics | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Last 12 months | RAG Levels | | | Stat/Target |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Vacancy Rate - Nursing | 7.1% | 7.00% | 6.00% | 1.50% | 0.70% | -0.10% | -1.10% | -1.70% | 0.10% | 0.00% | 1.60% | 1.60% | | >11% | 10.1% - 11% | <= 10% | T |
| Turnover Rate (Voluntary) | 12.80% | 13.0% | 12.0% | 11.3% | 11.1% | 10.7% | 9.8% | 9.8% | 9.7% | 8.7% | 9.2% | 8.3% | | >14% | N/A | <14% | T |
| Sickness Rate | 5% | 5% | 5% | 4.6% | 4.1% | 3.8% | 3.7% | 3.8% | 4.3% | 4.7% | 4.4% | 5.3% | | >5.3% | 3-5.3% | <3% | T |
| Care Hours per Patient Day (CHPPD) | 15.1 | 16.0 | 15.7 | 16.0 | 15.4 | 15.5 | 16.4 | 16.4 | 16.0 | 16.2 | 16.9 | 16.0 | | No Threshold | | | T |
| Care Hours per Patient Day (CHPPD)- Actual vs Plan | 92.90% | 93.30% | 92.30% | 93.30% | 94.50% | 93.90% | 99.80% | 99.80% | 95.40% | 97.30% | 101.20% | 95.40% | | <80% | 80-90% | >90% | T |
| Agency Spend | 0.0% | 1.3% | 1.3% | 1.3% | 0.06% | 0.10% | -0.50% | 1.20% | 0.00% | 0.00% | 0.00% | 0.00% | | >2% | N/A | <2% | T |
| Safe Staffing incidents | 8 | 6 | 12 | 9 | 9 | 11 | 8 | 9 | 12 | 14 | 18 | 5 | | No Threshold | | | T |
| Bank fill rate | 65% | 65% | 60% | 70% | 71% | 75% | 79% | 81% | 84% | 77% | 78% | 79% | | No Threshold | | | T |
| Total Bank Spend £ | 488,522 | 471,143 | 371,990 | 459,282 | 502,286 | 534,093 | 249,694 | 383,115 | 334,004 | 316,574 | 334,818 | 376,267 | | No Threshold | | | T |
| Total monthly Bed closures | 700 | 632 | 597 | 421 | 403 | 408 | 386 | 313 | 504 | 370 | 532 | 529 | | No Threshold | | | T |

Return to Contents Page

# Strategy: Research & Innovation

## Research & Innovation Overview

The hospital and ICH have an ambition to become an intelligent research hospital and sustainable infrastructure support is essential to achieving this. It is therefore our highest BAF risk and will be monitored through two key indicators: 1) recruitment to time and target for our trials, which ensures we can apply for 100% of future BRC and CRF funding; and 2) monitoring our research income, especially for R&I infrastructure support.

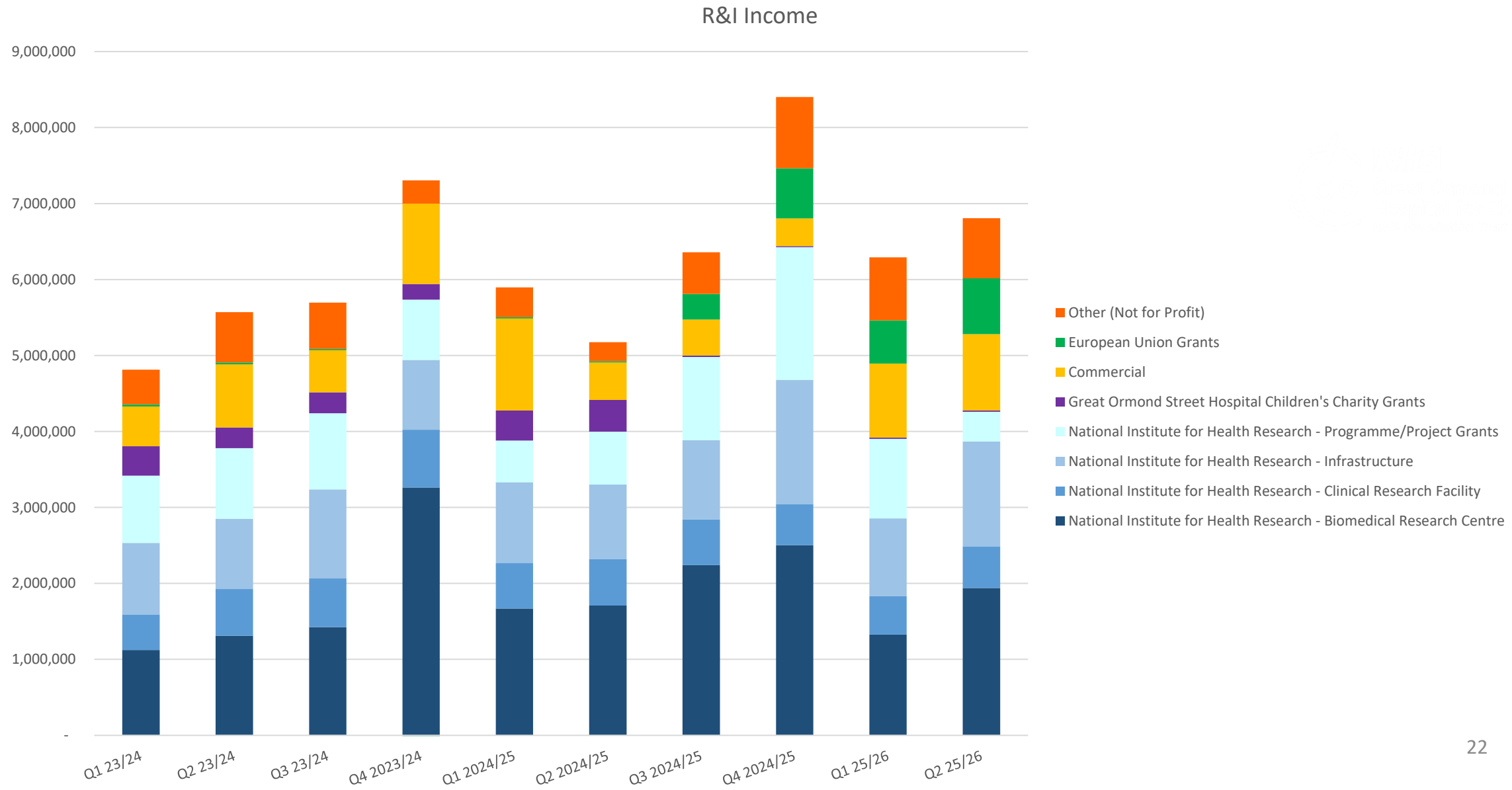
Kiki Syrad

| | Q3 23/24 | Q4 23/24 | Q1 24/25 | Q2 24/25 | Q3 24/25 | Q4 24/25 | Q1 25/26 | Q2 25/26 | Last 8 Quarters | RAG |
|---|---|---|---|---|---|---|---|---|---|---|
| CTIMP recruitment | 57 | 35 | 48 | 39 | 47 | 47 | 48 | 38 | | No Threshold |
| No of active CTIMPS | 139 | 136 | 144 | 142 | 151 | 145 | 141 | 140 | | No Threshold |
| Recruitment to Time and Target | | | 91% | 91% | 93% | 91% | 93% | 93% | | <80% / >=80% |
| R&I Income (m) | £5.57 | £5.70 | £7.29 | £5.90 | £5.17 | £6.36 | £8.40 | £6.81 | | No Threshold |
| | 22/23 | | 24/25 | | | | Q1 25/26 | Q2 25/26 | | |
| Leveraged Income (m) | £54.40 | | £55.97 | | | | £52.38 | | | No Threshold |
| Partnerships | 311 | | 217 | 226 | 224 | 267 | 224 | 224 | | No Threshold |

Note: These metrics have been selected because they directly relate to mitigating our main BAF risk.

1. NIHR will use an average of the last four quarters in the run up to the competition launch. The current BRC award runs to March 2028 and the CRF award runs to March 2029.

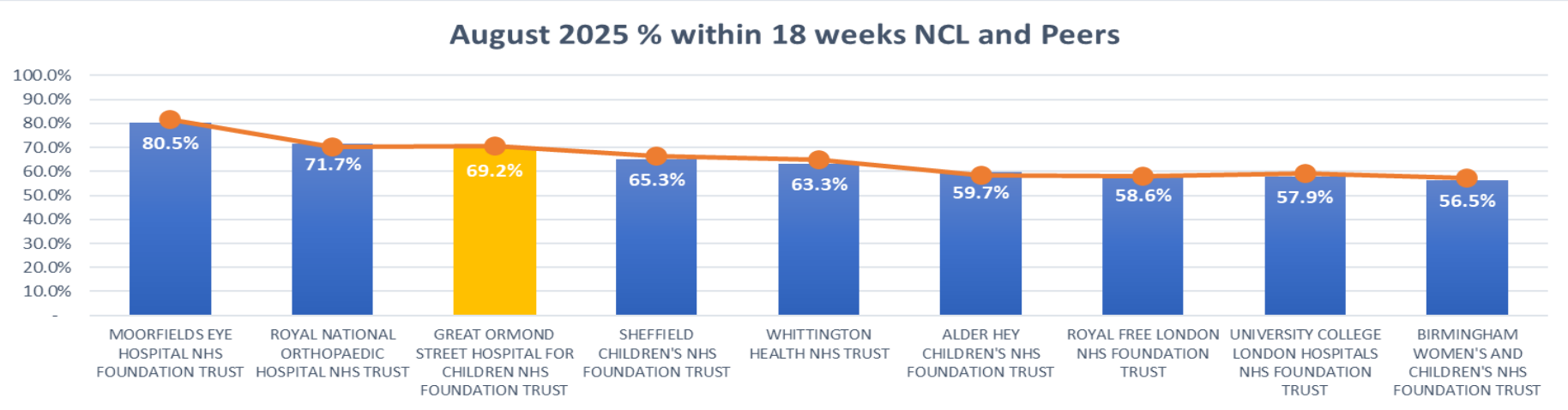
# Research & Innovation



# Appendix 1: Regional / National Comparisons

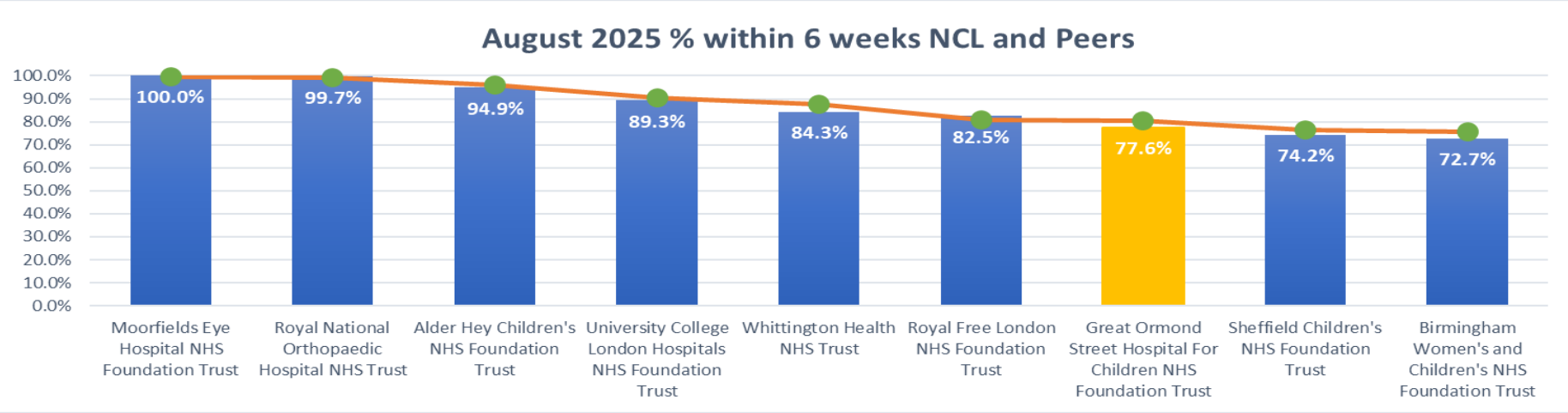
# RTT and DM01 Comparison

## Referral to Treatment



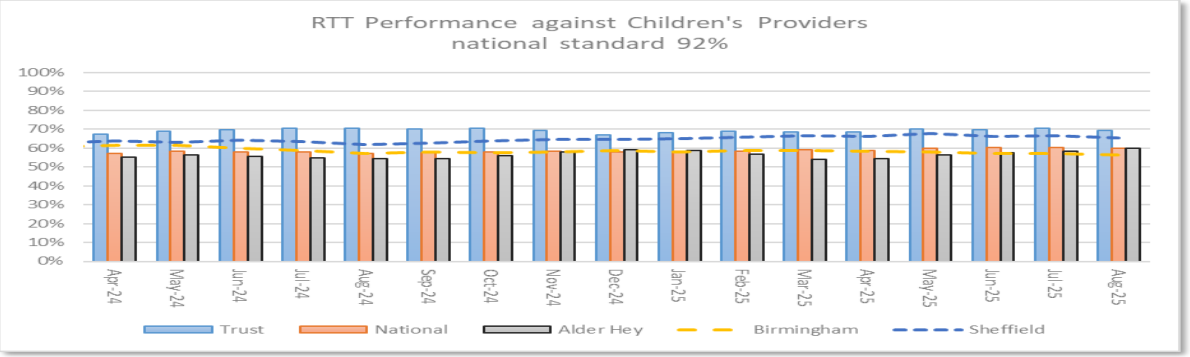

Orange markers indicate July's performance. GOSH for the month of August is at third place amongst the selected Peers. GOSH is ranked 32nd out of 149 providers, a decrease of 4 places from July.

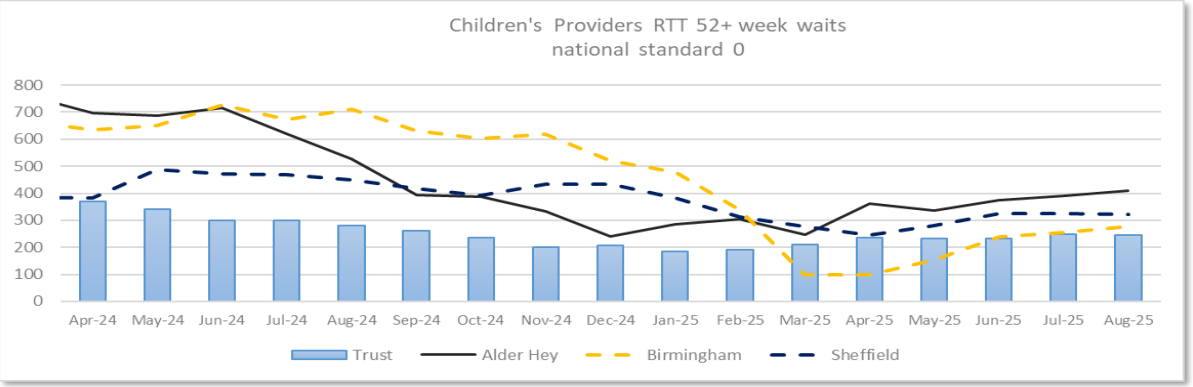
## Diagnostics




Green markers indicate July's performance. GOSH for the month of August is in third from bottom place, amongst selected Peers. GOSH is ranked 81 out of 148 providers, a decrease of 1 places from July.

# National and North Central London (NCL) RTT Performance – August 2025




Nationally, at the end of August, 59.9% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks.

GOSH is tracking 9.2% above the national August performance at 69.2% and is in line with comparative children's providers. (RTT Performance for Sheffield Children (65.3%), Birmingham Women's and Children's (56.5%) and Alder Hey (59.7%))

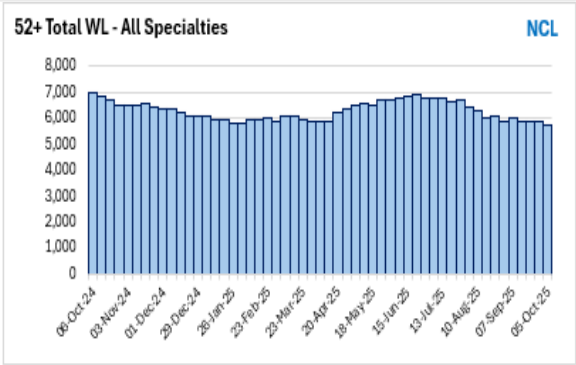
The national position for August 2025 indicates an increase in patients waiting over 52 weeks at 187,429 patients.

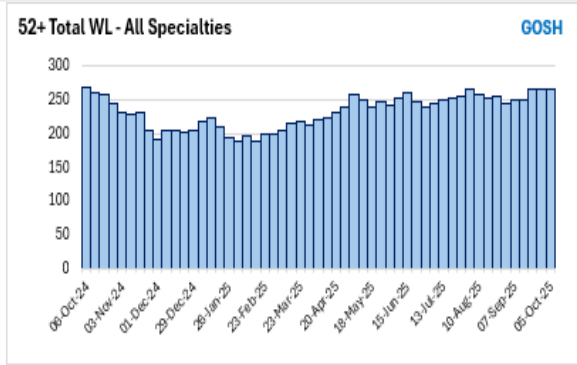
The number of patients waiting 52 weeks and over for GOSH is lower than all these providers for August.

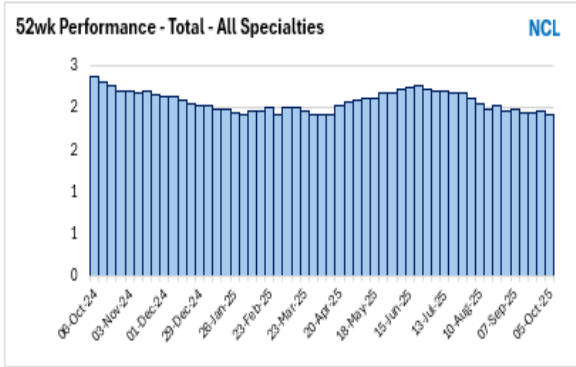
Overall, for NCL the 52+ week wait position is at 5756 patients which is 2% of the total PTL. GOSH in comparison has 267 52+ wk waits as at 5th October which is 3% of the Trust's total PTL.

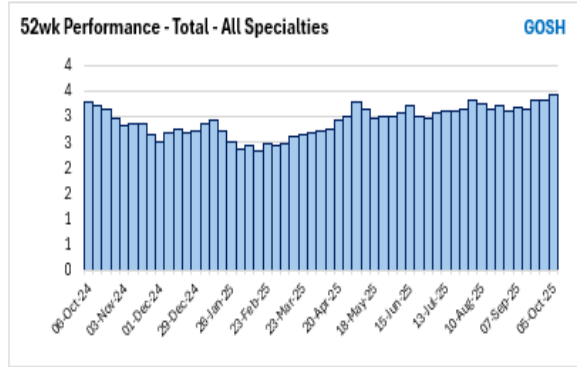
The 65 week wait national ambition of zero patients was to be achieved by September 2024. NCL position is at 418 patients, with GOSH contributing 18% to the overall NCL cohort.

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 winter pressures and patient and staff sickness.




Responsive

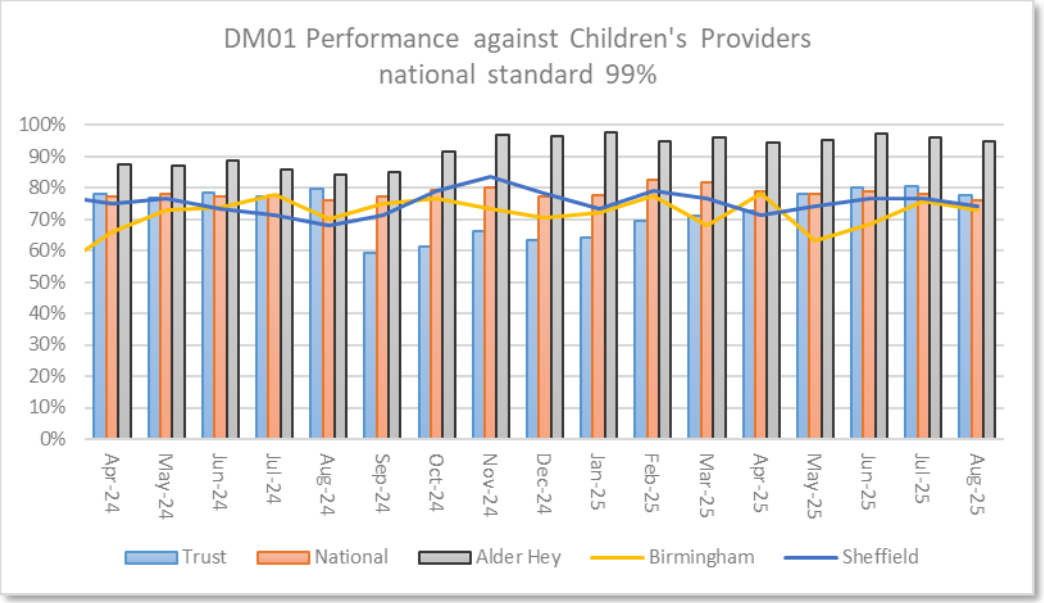
# National Diagnostic Performance and 6 week waits – August 2025

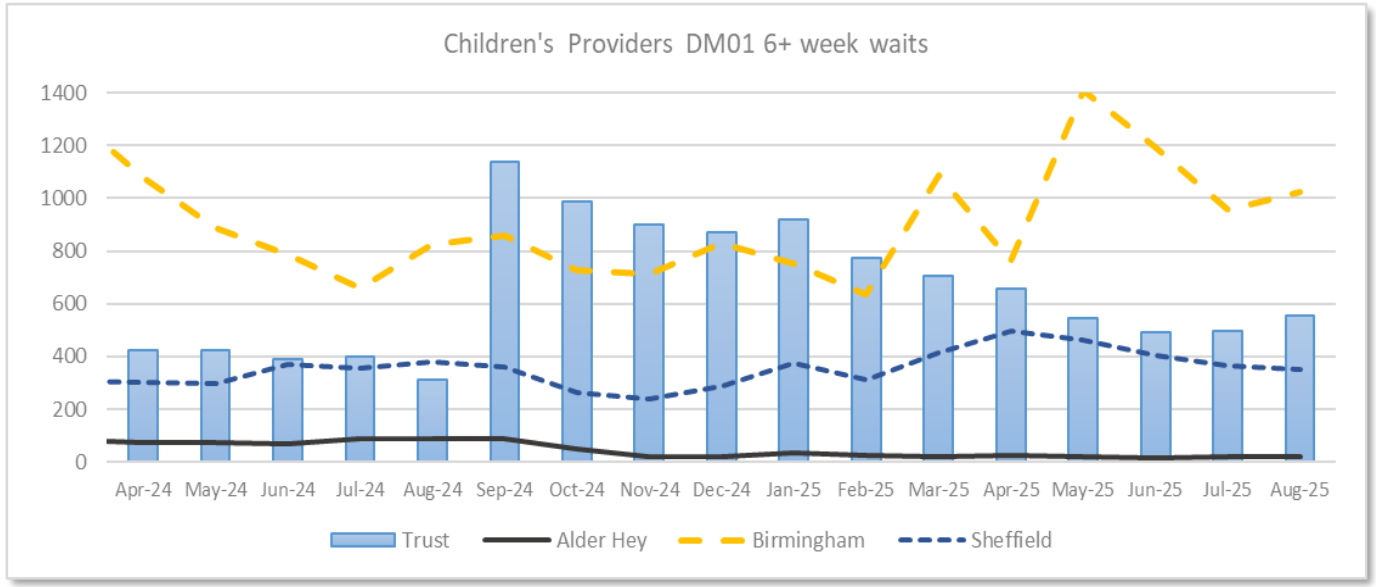
Nationally, at the end of August, 76.0% of patients were waiting under 6 weeks for a DM01 diagnostic test.

GOSH's August performance was 77.6%, 1.6% above the national performance but below Alder Hey (94.9%). DM01 Performance for Birmingham Women's and Children's (72.7%) and Sheffield (74.2%) is below GOSH's performance.

The national position for August 2025 indicates an increase of patients waiting over 6 weeks at 397,381 patients.

Compared to Alder Hey and Sheffield, GOSH has the highest number of 6+ week breaches and this is due to including the patients who have gone past their planned date for a diagnostic test.






Responsive

# Appendix 2: SPC Charts

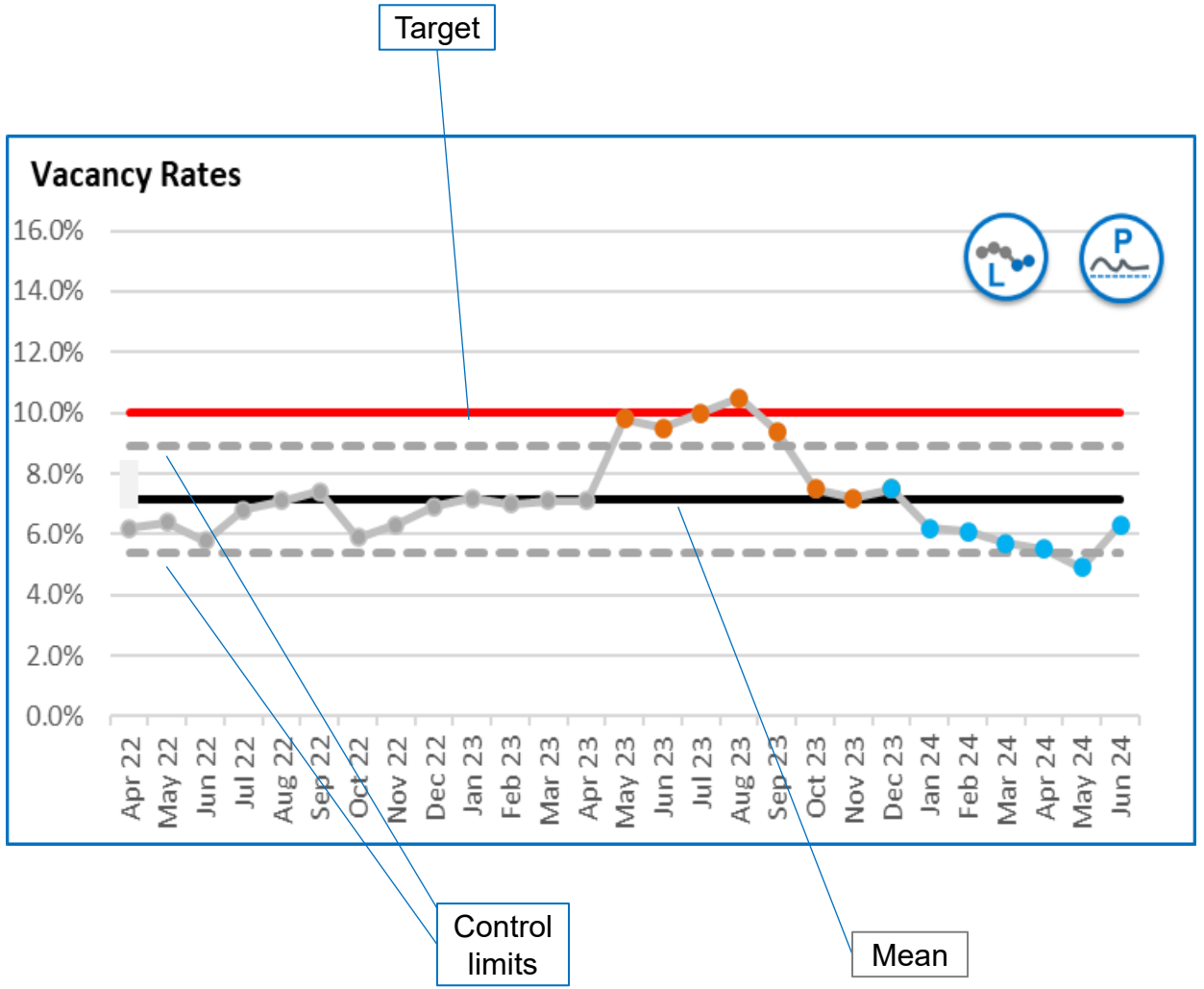
# SPC Charts (Statistical Process Control) page 1 of 2

SPC charts (Statistical Process Control Charts) are used to measure changes in data over time. SPC charts help to augment RAG ratings, through using statistics to identify patterns and anomalies, distinguishing changes worth investigating (Extreme values) from normal variations.

**Structure of a SPC Chart**:

- A line graph showing the data across a time series. To make it statistically relevant there should be at least 15 data points to ensure the accurate identification of patterns, trends, anomalies (causes for concern) and random variations.
- A horizontal line showing the **mean**. This is the sum of the outcomes, divided by the number of values. This is used in determining if there is a statistically significant trend or pattern.
- Two horizontal lines either side of the Mean- called the upper and lower **control limits**. Any data points on the line graph outside these limits, are 'extreme values' and is not within the expected 'normal variation'.
- Where relevant, a horizontal line showing the **target**. Any target set that is not within the control limits will not be reached without dramatic changes to the process involved in reaching the outcomes.

Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless systemic patterns occurs. .



# SPC Charts (Statistical Process Control) page 2 of 2

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

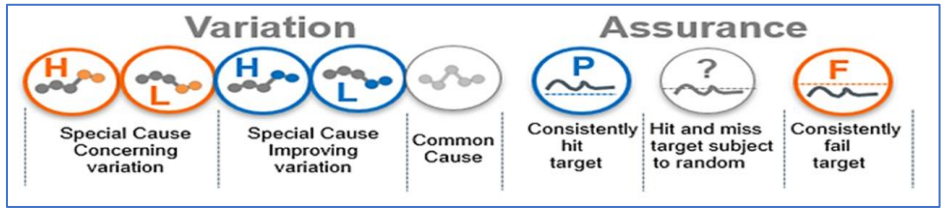
## Systemic patterns

**Normal variation** - fluctuations in data points that sit between the upper and lower control limits that do not reach the criteria for a Trend. (Called common cause)

**Extreme values** - any value on the line graph that falls **outside the control limits**. These will need investigation. (Called special cause)

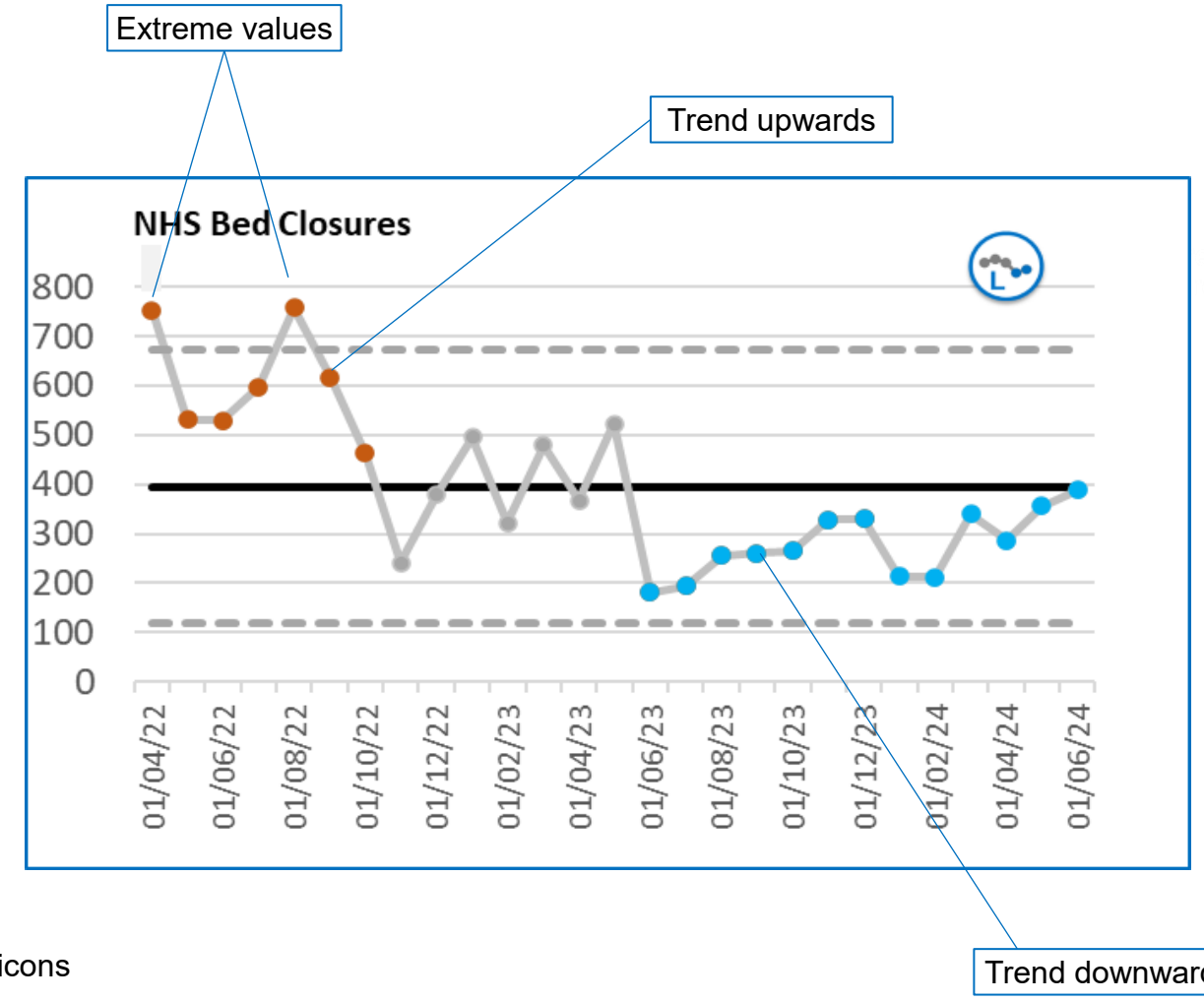
**Trend** - a trend may be identified where there are **7 consecutive points** in either a pattern that could be; a downward trend, and upward trend, or string of data points that are all above, or all below the mean. A trend would indicate that there has been a change in process resulting in a change in outcome. .

Standard NHS Icons are used in this report to quickly identify the patterns being identified in the charts. In the Summary charts we have highlighted variation trends on with simplified icons:





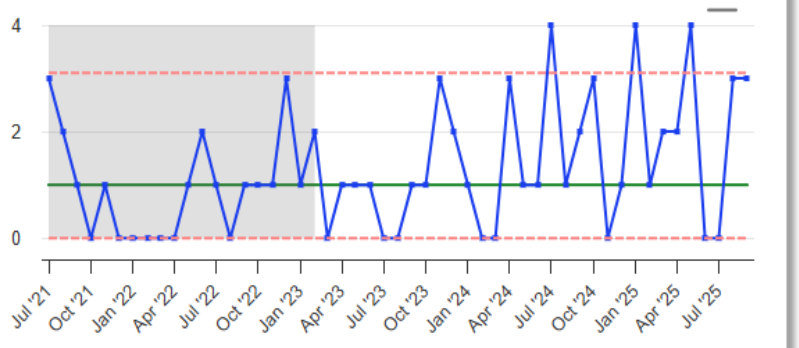
← simplified icons



# Patient Safety - Infection & mortality (1 of 2)

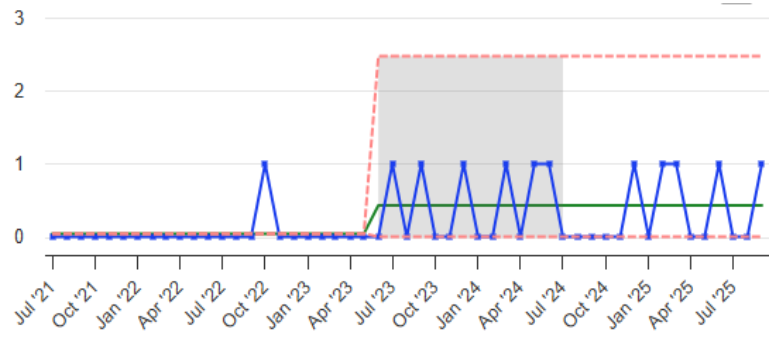


## Number of C Difficile Cases



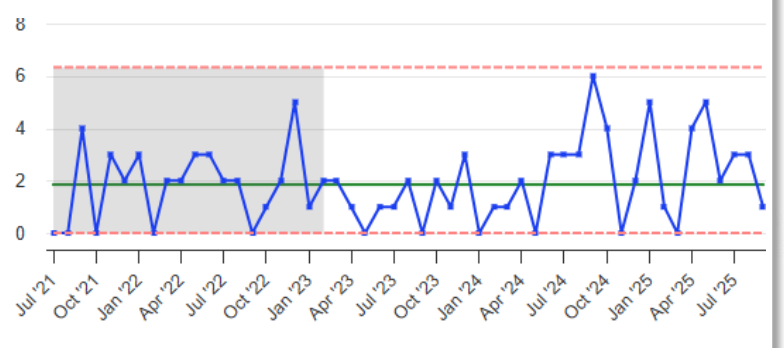

No significant variation

## Total MRSA Cases



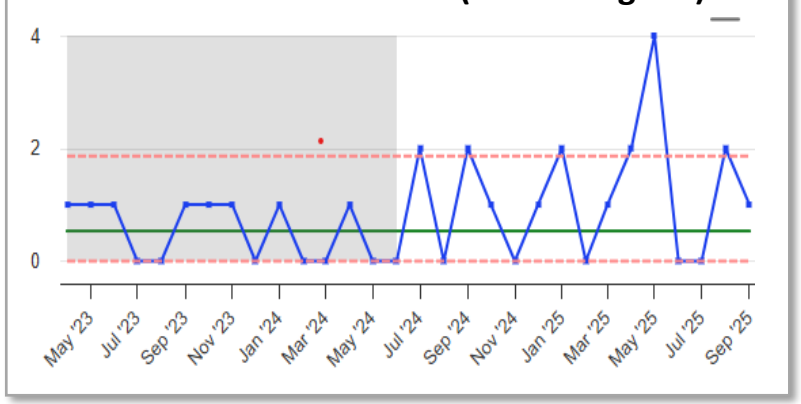

No significant variation

## Total MSSA Cases



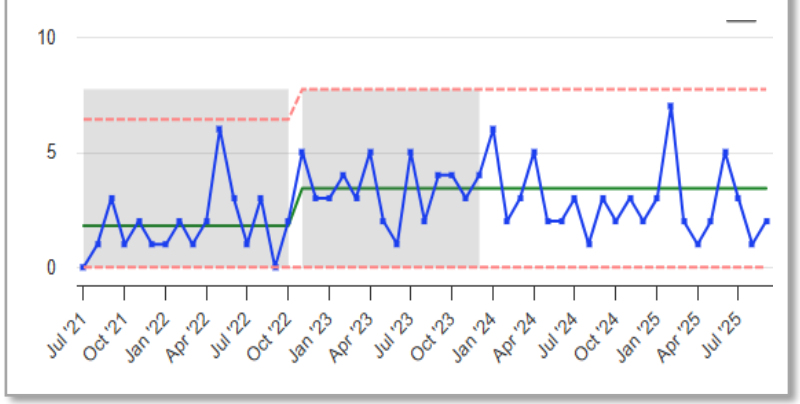

No significant variation

## Number of C Difficile Cases (Trust Assigned)



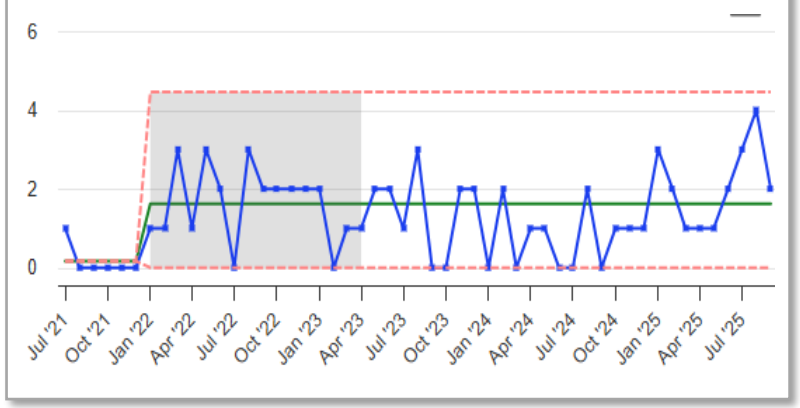

No significant variation

## Total Klebsiella Cases




No significant variation

## E.Coli Bacterium Cases

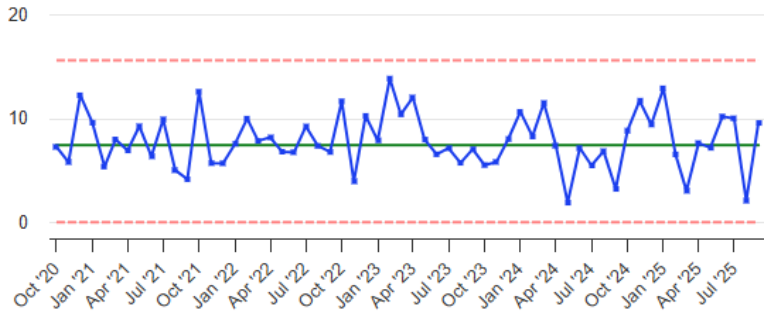



No significant variation

# Patient Safety - Infection & mortality (2 of 2)

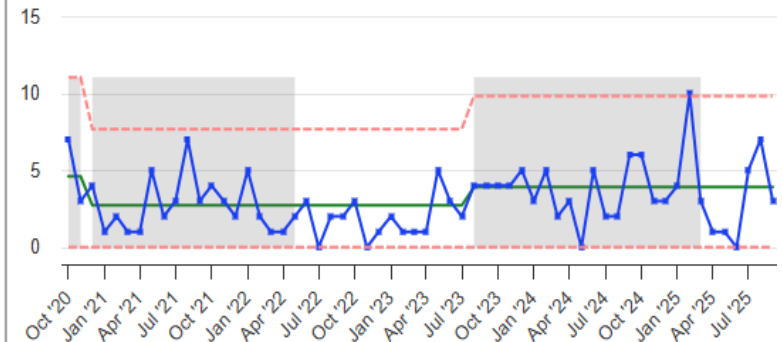
NHS Great Ormond Street Hospital for Children NHS Foundation Trust

**Inpatient Mortality Rate / 1000 Discharges**



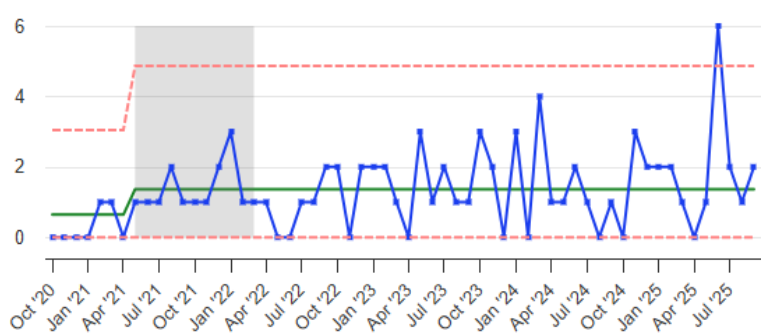

No significant variation

**Respiratory Arrests outside ICU**



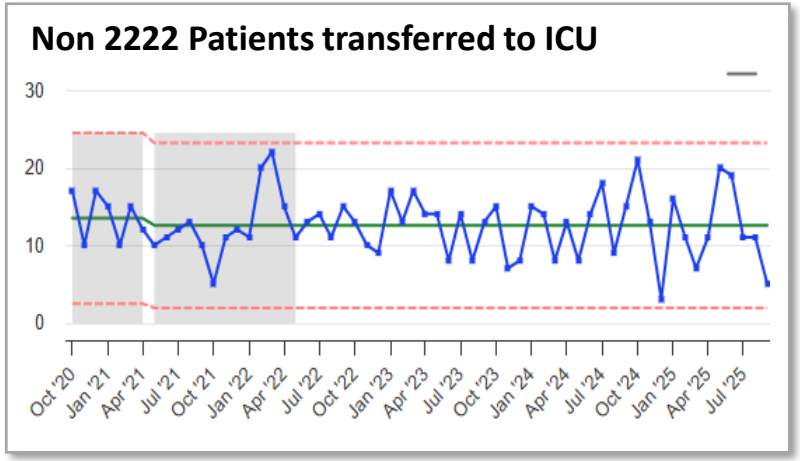

No significant variation

**Cardiac Arrests outside ICU**



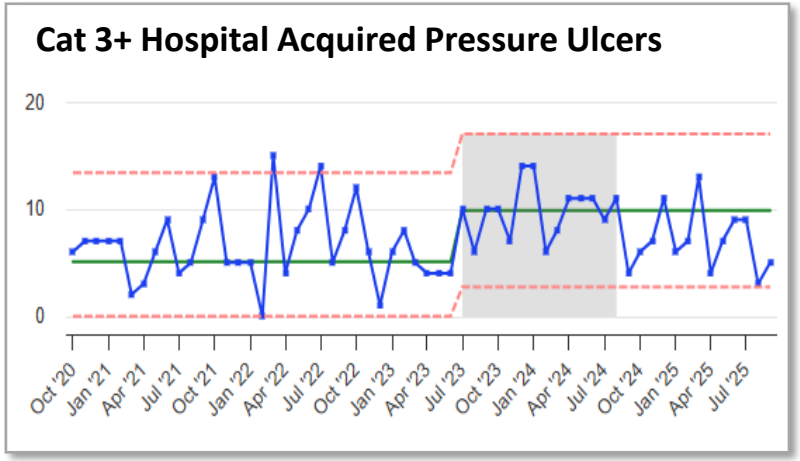

No significant variation

**Non 2222 Patients transferred to ICU**



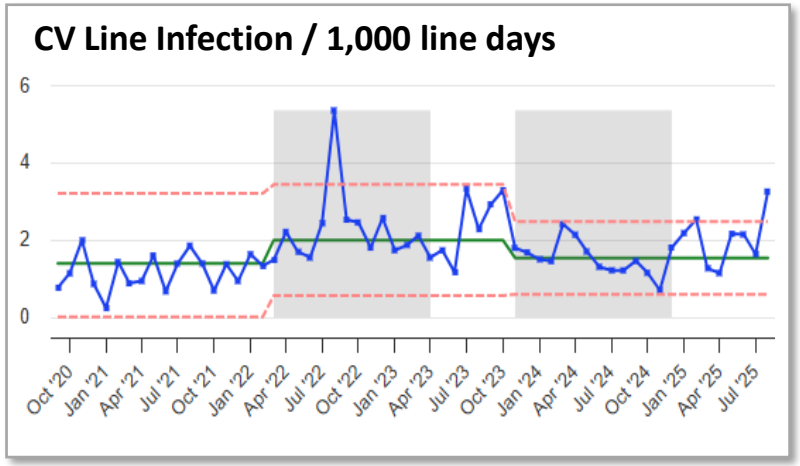

No significant variation

**Cat 3+ Hospital Acquired Pressure Ulcers**




No significant variation

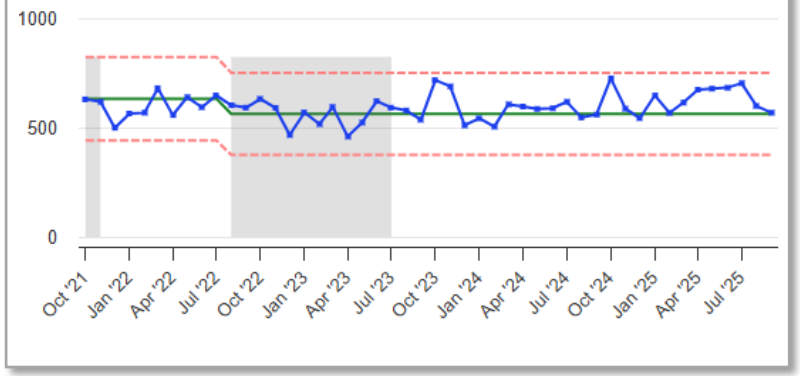
**CV Line Infection / 1,000 line days**




No significant variation

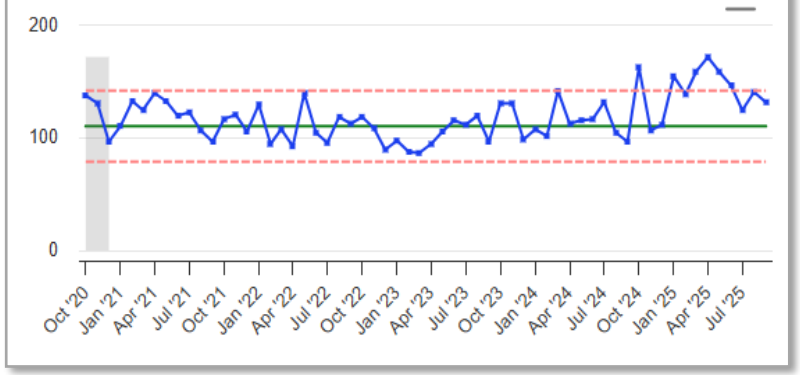
# Patient Safety - Incidents

## New Incidents



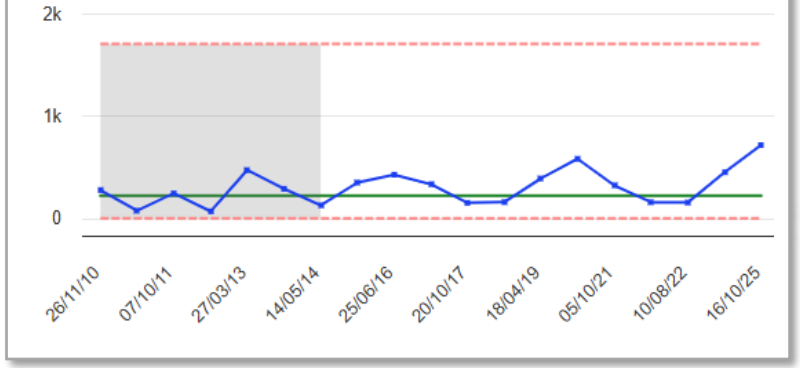

No significant variation

## Medication Incidents



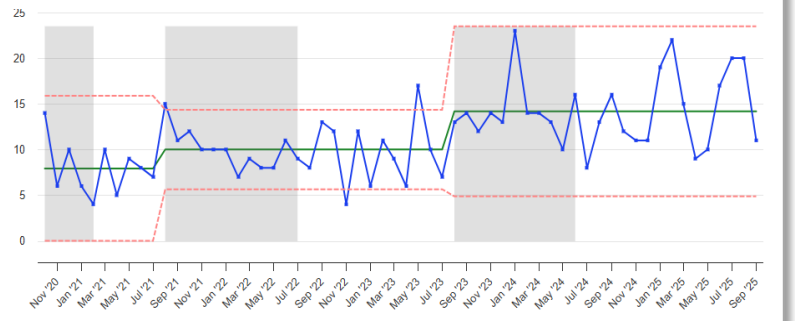

No significant variation

## Days Since Last Never Event



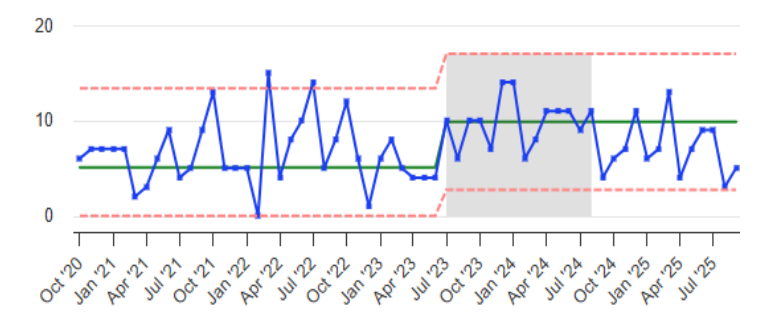

No significant variation

## 2222 Emergency calls outside ICU



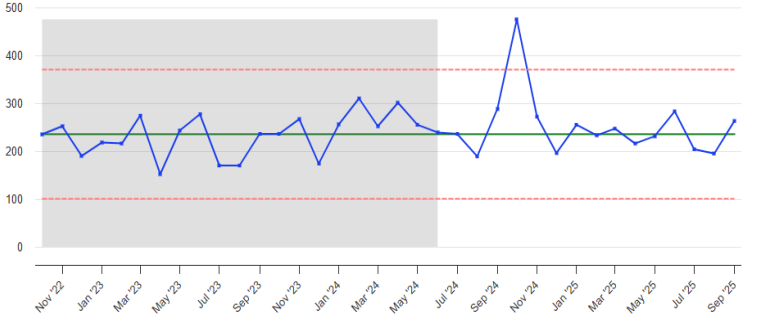

No significant variation

## Hospital Acquired Pressure Ulcers (cat 2+)



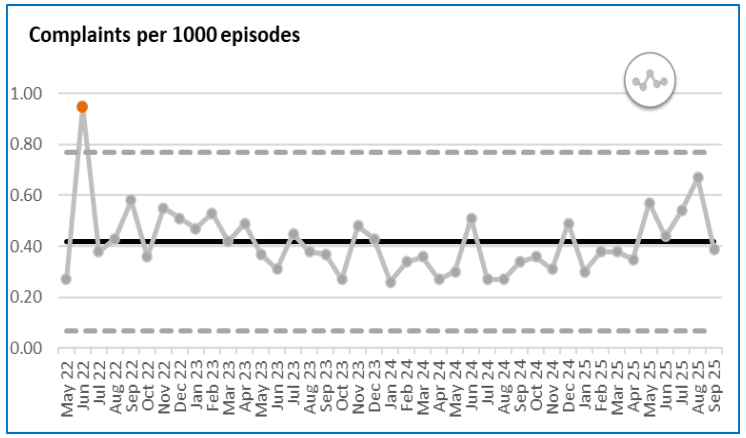

Increase in 2024 – but no variation per bed day

## No of PALS cases

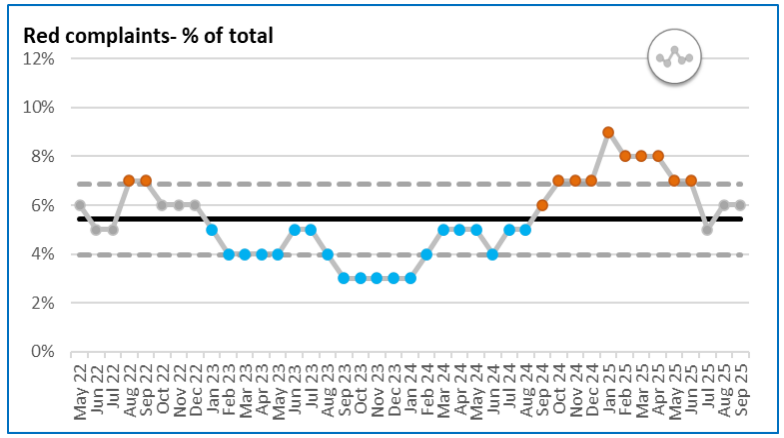



No significant variation

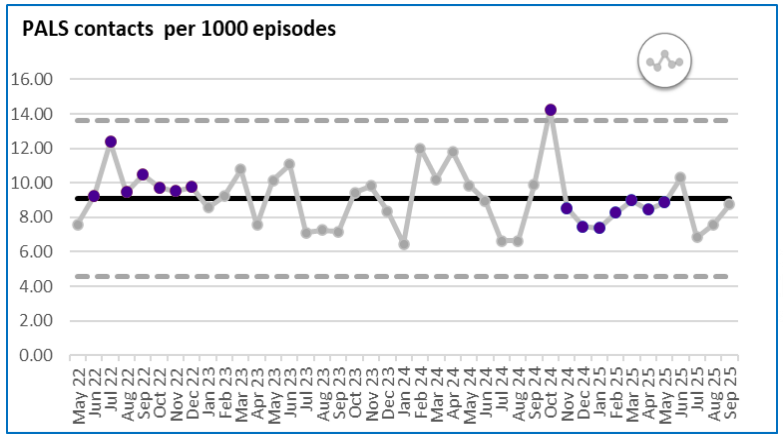
# Patient Experience




Showing an upward trend over the previous 5 months, this is being closely monitored.

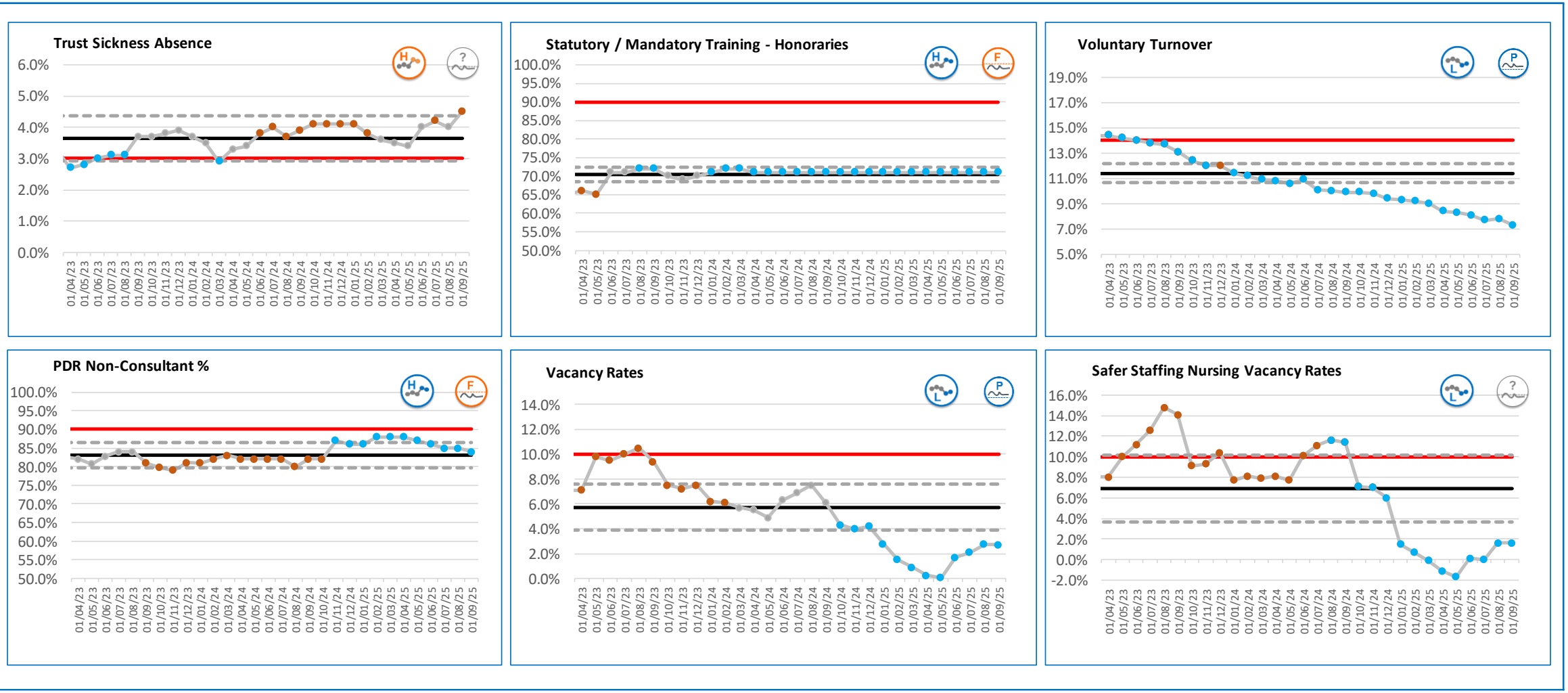



Upward trend but plateauing over the 3 months and now showing a reduction.




No significant variance over the last 6 months following spike last year

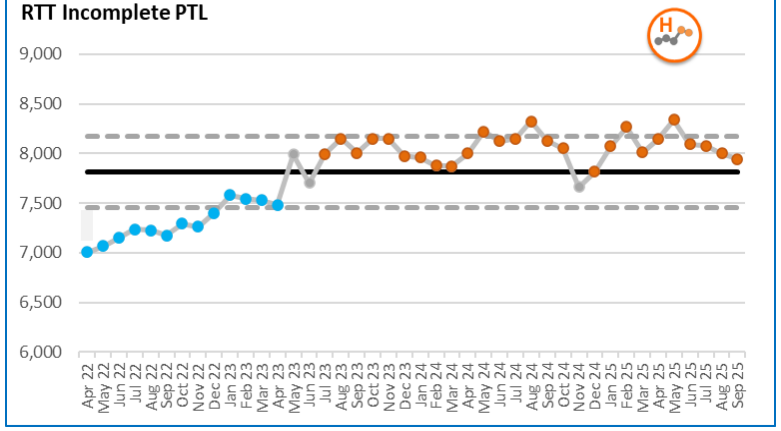
# Workforce




Trust sickness seen a decrease and benchmarks well against national sickness levels. Nursing vacancy rate has significantly decreased.
Trust Voluntary Turnover has seen a significant continued reduction, likewise in vacancy rates.

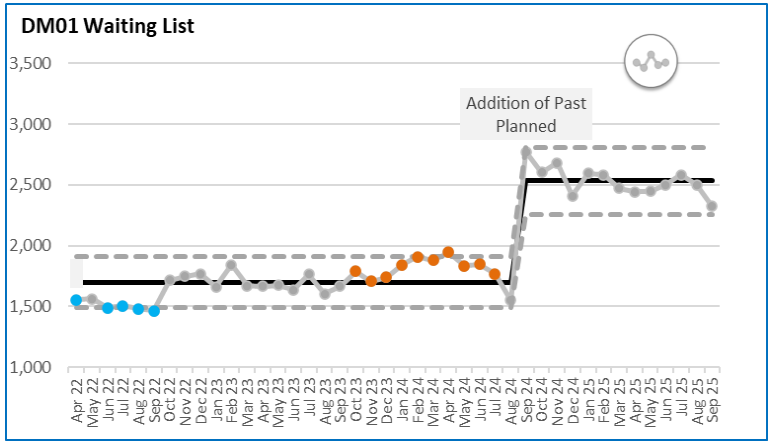
# Patient Access

**RTT Incomplete PTL**



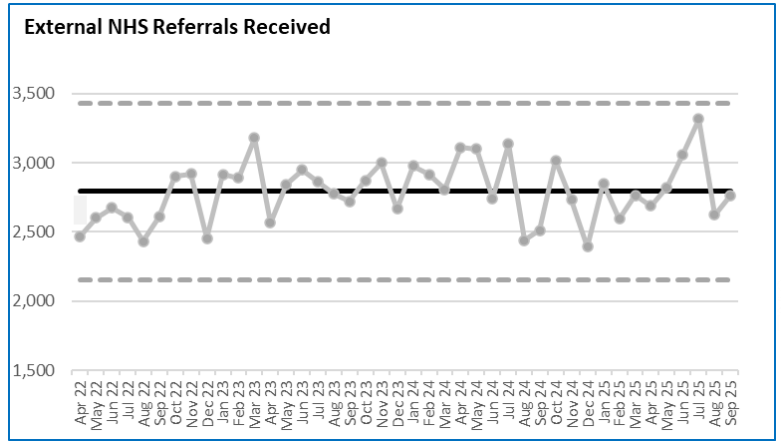

Increase seen this will be closely monitored

**DM01 Waiting List**



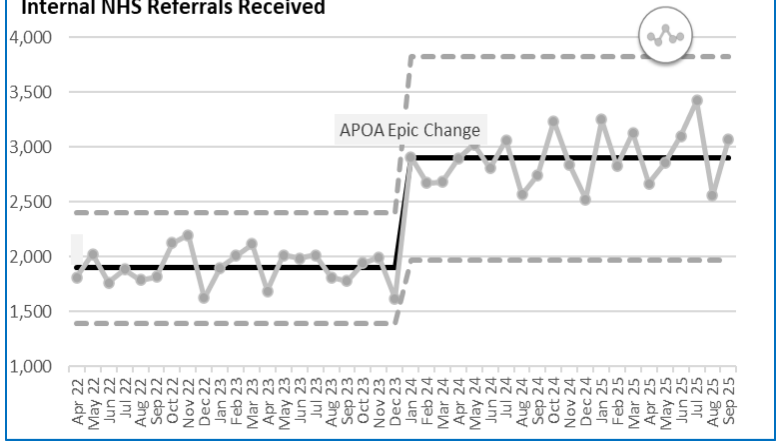

Increase in overall waiting numbers due to addition of planned past patients, however, this is starting to decrease as the backlog number reduce

**External NHS Referrals Received**



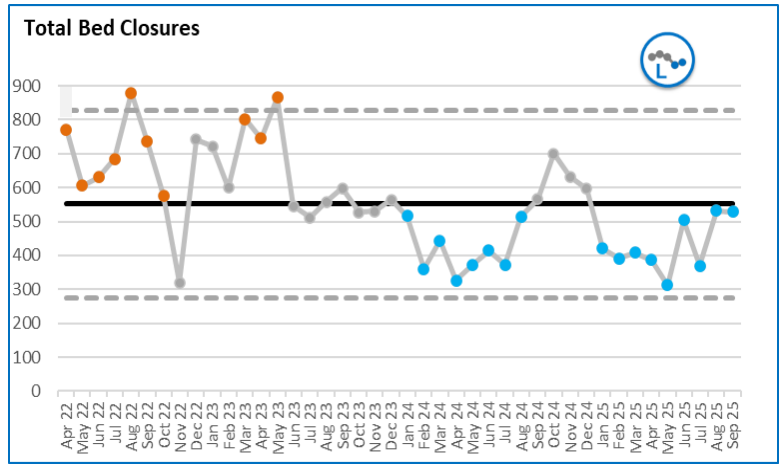

Significant drop in August, this is being investigated.

**Internal NHS Referrals Received**




No significant variation, common cause

**Total Bed Closures**




Bed closures have started to reduce and are at one of the lowest since April 24. This will continue to be monitored.

Responsive

# Appendix 3: Glossary

# Glossary

| Patient Safety – Incidents and Risks | |
|---|---|
| New incidents | Whilst we want to avoid incidents, they are inevitable in large active hospital. A high number is a sign of a positive recording culture allowing us to capture and sort issues before they become significant |
| Total incidents (open at month end) | Number of incidents open for investigation at the end of each month. This includes incidents with the directorate for investigation, and incidents awaiting closure. It includes patient safety, health and safety and security incidents. |
| New PSIIs | Patient Safety Incident Investigations (PSIIs) are a type of learning response led by the Patient Safety Team, typically in response to an incident where significant systemic problems are identified, or where there is substantial potential learning for the Trust. |
| Patient Safety incidents % | These measures are as a percentage of the overall incidents recorded in the month. |
| Never events | Never Events are a specific type of incident as defined by the Never Event Framework 2018. This framework is currently under consultation, however as an interim measure all never events are declared as PSIIs. |
| Pressure Ulcers (3+) | Pressure ulcers (pressure sores or bed sores) are areas of damage to your skin and the tissue underneath. They're caused when an area of skin is put under pressure, often, when confined to lying in a bed or sitting for long periods of time. In grade 3 pressure ulcers, skin loss occurs throughout the entire thickness of the skin. The underlying tissue is also damaged, but the underlying muscle and bone aren't. The ulcer appears as a deep wound |
| Duty of Candour | Duty of candour refers to the responsibility health professionals have to be honest and open with patients in their care when things go wrong. NHS bodies have a legal duty of candour under the Health and Social Care Act 2008. Stage 1 is a conversation with the patient/family, stage 2 is a letter sent to the patient/family within 10 working days outlining this conversation and expected timescales, and stage 3 is the investigation findings, which are sent within a timescale agreed with the family (but usually within 60 working days). |
| High Risks (% overdue) | High risks are risks whose combined score is 15 or higher. The Risk Management Policy schedules these to be reviewed monthly. |

| Patient Safety – Infection Prevention & Control (cont.) | |
|---|---|
| C Difficile cases | C Difficile is a bacteria which can be found in the gut of humans. It can cause mild/severe diarrhoea and infection and is often triggered by the use of antibiotics. It is significant because it can rarely cause severe illness and infection. Occasionally we receive patients from other hospitals that already have C Difficile, or we test outpatients who have not been in any hospital recently. It is important to distinguish between those cases where it is acquired externally vs those acquired at GOSH so that appropriate learning can be applied across the whole health economy |
| MRSA cases | Staphylococcus bloodstream infections include MSSA (sensitive staphylococcus) and MRSA (resistant staphylococcus) are caused by staphylococcus which is usually an organism found on the skin entering the bloodstream. This is significant in healthcare as we often penetrate the skin of our patients through surgery or the insertion of devices such as cannula and central lines. It is important we monitor the rates of these infections to look for and monitor improvements in skin decontamination at the insertion of these devices and as part of their ongoing care. |
| MSSA cases | |
| E.coli | These are all gram negative organisms which can usually be found in the guts of children and adults. Many of the children at GOSH have compromised absorbency and leakage through their guts making them susceptible to these infections. These organisms can also be resistant to many antibiotics which isn't a problem when they are in the gut but can make treatment options complicated and difficult if they enter the bloodstream. Prevention of these infections in paediatrics is very different and complicated from that in adults where the primary cause is urinary tract infections. |
| Pseudomonas Aeruginosa | |
| Klebsiella spp | |
| CV Line Infections | This is a GOSH internal quality improvement metric and not reported externally. It allows us to measure all bloodstream infections against a set criteria to determine whether the bloodstream infection (any organism) is likely to be related to a central line. This metric is then calculated against the number of lines each day in the trust giving a rate of per 1000 bed days. This metric is reported monthly and information shared with all departments. It allows us to see any changes in practice and provide a benchmark of central venous care we can monitor and investigate if we notice a deviation. |

# Glossary

| Patient Experience | |
|---|---|
| Friends and Family Test (FFT) | FFT is a mandatory feedback tool which enables patients and families to rate their experience of NHS services and provide further qualitative feedback. FFT data enables us to understand what is going well and areas for improvement. FFT data is reported to NHS England. Trust KPIs are 25% inpatient response (based on discharge) and 95% experience ratings. |
| PALS | PALS is the Patient Advice and Liaison Service. It is a way for patients/ families to get in touch to ask questions, give compliments, raise any issues or questions and make suggestions. It is often used for informal queries and information requests (for example when families are unable to reach their clinical teams) and prompt resolutions. |
| Complaints per 1000 episodes | Each time a patient comes to the hospital it is regarded as an episode. We measure complaints per 1000 episodes as enables us compare complaint numbers across services with variable activity rates. |
| Red Complaints | A red complaint is assessed as high risk based on a number of factors including harm, risk and potential reputational damage. This is the highest risk rating, and all red complaints are reviewed to determine if they should be investigated as a Patient Safety Incident. |

| Research & Innovation (R&I) | |
|---|---|
| Trials recruitment % | DHSC (through the NIHR) expects that research Sponsors should manage their portfolios, and data should reflect the true performance of the studies' trajectory and give a valid picture of recruitment to time and target. Sponsors are required to maintain data indicating whether their studies are 'on track' via the NIHR Sponsor Engagement Tool. The expectation is that Sponsors should ensure that 80% or more of their studies are delivering to time and target. |
| CTIMP Recruitment | CTIMP are Clinical Trial of an Investigational Medicinal Product. So, this is a project including an experimental drug, rather than an observational study or qualitative project.<br>This is Performance in Delivery (PID) data which was until recently required to be reported to the NIHR. It shows recruitment to commercial CTIMPs, and each quarter shows the data for the previous 12 months. This includes rare disease studies, some of which were withdrawn by the sponsor, usually due to recruitment closing globally or lack of eligible participants. |
| No. of Active CTIMPs | Clinical Trials of Investigational Medicinal Products that have been approved and are open during the quarter; either recruiting patients or following up patients that have started the treatment. |
| R&I Income | R&I Infrastructure income (not including grants/funding to individual studies) |
| Leveraged Income | External funding to projects leveraged from the NIHR Biomedical Research Centre funding award. |
| Partnerships | Number of unique funders to research projects |

# Glossary

| Well Led – Workforce Indicators | |
|---|---|
| Turnover (voluntary)% | A measure of the number of employees (WTEs) leaving the organisation as a percentage of the current workforce.<br><br>Leavers (FTE) over the past 12 months, as a proportion of the average staff FTE over the same period. Junior Doctors are excluded ( voluntary resignations only) |
| Vacancy % | The number of positions vacant on the first day of the month as a percentage of the current workforce (WTE).<br><br>The proportion of Budget FTE that is vacant ( Vacant FTE/Budget FTE). A negative rate indicates over establishment |
| Sickness % | Number of days lost to sickness as a percentage of the overall number of days for the current workforce. National sickness rates have been running at around 5.3% in the NHS, well above the rates experienced at GOSH.<br><br>The sickness rate based on absences in a rolling 12-month period |
| Total WTE (inc. bank and agency) | This is a measure of the overall size of our workforce in Whole Time Equivalents. (This counts part time workers as a fraction of a WTE. Someone working 2 days a week would be 0.4 WTE).<br><br>A measure of staffing levels as a proportion of a full time equivalent. Based on the sum of contracted FTE at a month end |
| Stability Index | Proportion of current staff who were working at GOSH one year ago. Staff on Fixed Term Contracts are excluded |
| Appraisal rate (Non-consultants) | Personal Development Review: Personal development is an ongoing process throughout the year, but everyone should have a PDR at least once in the year. This is the percentage of the PDRs completed against the total that should have been completed by this month.<br>Proportion of AFC employees who have had a PDR in the past 12 months |
| Statutory & Mandatory Training % | For all staff there are a series of relevant training modules that must be completed on a regular basis. This includes subjects such as Infection Prevention, Resuscitation, Counter Fraud… This metric is the percentage of this training that has been completed against the number of courses that should have been completed at this time.<br><br>Proportion of courses that staff must complete that are up to date |

| Well Led – Culture & Engagement | |
|---|---|
| Advocacy score | This is the percentage of staff recommending GOSH as a place to work as recorded in the Quarterly and Annual staff surveys. |
| Exit Survey return rate | All staff when leaving GOSH are asked to complete and exit survey. One question in this is “Would you return to work at GOSH?” This is the percentage of staff saying yes to this question. |

| Well Led – Equality Diversity & Inclusion | |
|---|---|
| % Staff from diverse backgrounds (BME) | This is the percentage of staff who identify as from Black & Minority Ethnic Groups |
| Gender pay gap | Percentage difference between average hourly earnings for men and women |
| Relative likelihood of staff being appointed from shortlisting across all posts | The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants. |

# Glossary

| Access | |
|---|---|
| RTT Open Pathways | Patients have the right to access treatment within 18 weeks of referral (Referral to Treatment) for consultant led services. The RTT figure represents the percentage of patients referred who are within the 18 weeks. The target is 92%. Since Covid less than 10% of Trusts have achieved this and NHS current average is 59.1% (May 2024). |
| Long waiters | Whilst the priority is given to clinically urgent cases, long waiters are also treated as a priority. Nearly all these cases will be non-urgent, but often involve complex multi-specialty treatment. |
| Diagnostics - % waiting less than 6 weeks | Patients have a right to access diagnostics within 6 weeks of being referred. This figure represents the percentage of patients who are within the 6 weeks for 15 key diagnostic tests. The target is 99%. Since Covid less than 10% of Trusts have achieved this and NHS current average is 77.9% (May 2024). |
| Cancer wait times | Shorter wait times targets are in place for cancer treatment. These metrics are the relevant performance against these targets. |
| Cancelled Operations for non-clinical reasons | This is a count of operations that have been cancelled on the day of the planned date/time where it has not been because of a clinical reason. Often these are due to urgent cases taking priority. |
| Cancelled Operations 28-day breach | If a patient has a short-term cancellation for non-clinical reasons, they are entitled to have that rescheduled within 28 days. This figure is the number of occurrences where this has not been achieved. |
| NHS Outpatient Appointment Cancellations | This will include appointments that are rescheduled. They can be initiated by the patient as well as the hospital.<br>We specifically measure where these are initiated by the hospital. |

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

# Integrated Quality & Performance Report October 2025

Reporting September 2025 data


**Dena Marshall**
Chief Operating Officer

**Tracy Luckett**
Chief Nurse

**Sophia Varadkar**
Acting Chief Medical Officer

**Caroline Anderson**
Director of HR & OD

Attachment T

Great Ormond Street Hospital for Children
NHS Foundation Trust

**Trust Board**
20 November 2025

| **Month 7 Finance Report**<br><br>**Submitted by:** Lauren Gable, Interim Deputy Chief Finance Officer | **Paper No: Attachment T**<br><br>☐ **For information and noting** |
|---|---|

**Purpose of report**
To provide a summary of the Trust's financial performance for Month 7 of financial year 25/26.

**Summary of report**

- The Month 7 position was a £0.1m deficit, £2.8m behind the planned surplus of £2.6m, and £1.0m behind the recovery plan agreed with NCSL ICS in Month 3.
- Year to date the Trust is £9.6m in deficit, £6.7m adverse variance to budget.
- NHS Clinical Income in Month 7 is £1.2m favourable and £6.5m favourable to plan year to date.
- Private Patient income in Month 7 is £0.9m favourable mainly driven by Upstaza related income.
- Pay is £2.1m overspent in month and £15m overspent year to date, driven by the lower than planned Better Value delivery and substantive staffing spend. The in-month position includes £1.1m related to MARS (£0.3m offset by income).
- Non-pay is overspent in month by £4.2m, moving the year-to-date position to an overspend of £5m.The in-month position is driven by Upstaza related expenditure offset by income.

**Patient Safety Implications**
None

**Equality impact implications**
None

**Financial implications**
The current financial position triggers an override, placing the Trust in Segment 3.

**Strategic Risk**
BAF Risk 1: Financial Sustainability

**Action required from the meeting**
Trust Board is asked to note the Trust's financial position at M7 FY25/26.

**Consultation carried out with individuals/ groups/ committees**
None.

**Who is responsible for implementing the proposals / project and anticipated timescales?**
EMT

**Who is accountable for the implementation of the proposal / project?**
EMT

Great Ormond Street Hospital for Children
NHS Foundation Trust

# Month 7 Financial Position 2025/26


**Public Board**

**20 November 2025**

**Margaret Monckton, Chief Finance Officer**

# Summary Trust Position at Month 7

| | Month 7 | | | | Year to Date | | | |
|---|---|---|---|---|---|---|---|---|
| | Plan | Actual | Variance | RAG | Plan | Actual | Variance | RAG |
| **Income** | £64.6m | £68.1m | £3.6m | | £426.3m | £439.6m | £13.3m | |
| **Pay** | (£37.0m) | (£39.2m) | (£2.1m) | | (£259.2m) | (£274.3m) | (£15.0m) | |
| **Non-Pay** inc. owned depreciation and PDC | (£24.9m) | (£29.1m) | (£4.2m) | | (£169.9m) | (£174.9m) | (£5.0m) | |
| **Surplus/(Deficit)** excl. donated depreciation | £2.6m | (£0.1m) | (£2.8m) | | (£2.8m) | (£9.6m) | (£6.7m) | |

| | Month 7 | Year to Date |
|---|---|---|
| Recovery Plan | £837 | £(8,847) |
| Actual | £(1,833) | £(9,566) |
| Variance | £(2,670) | £(719) |

The Trust posted a £0.1m deficit in month against a plan of £2.6m, £2.8m adverse to plan. Year to date the Trust has a £9.6m deficit, against a planned deficit of £2.8m, £6.7m worse than planned. This is £1.0m off our recovery plan in month. The MARS scheme was processed this month, at a pay cost of £1.1m, and associated legal costs of £0.3m. Our original recovery assumed funding for the MARS scheme, however, this will not be received.

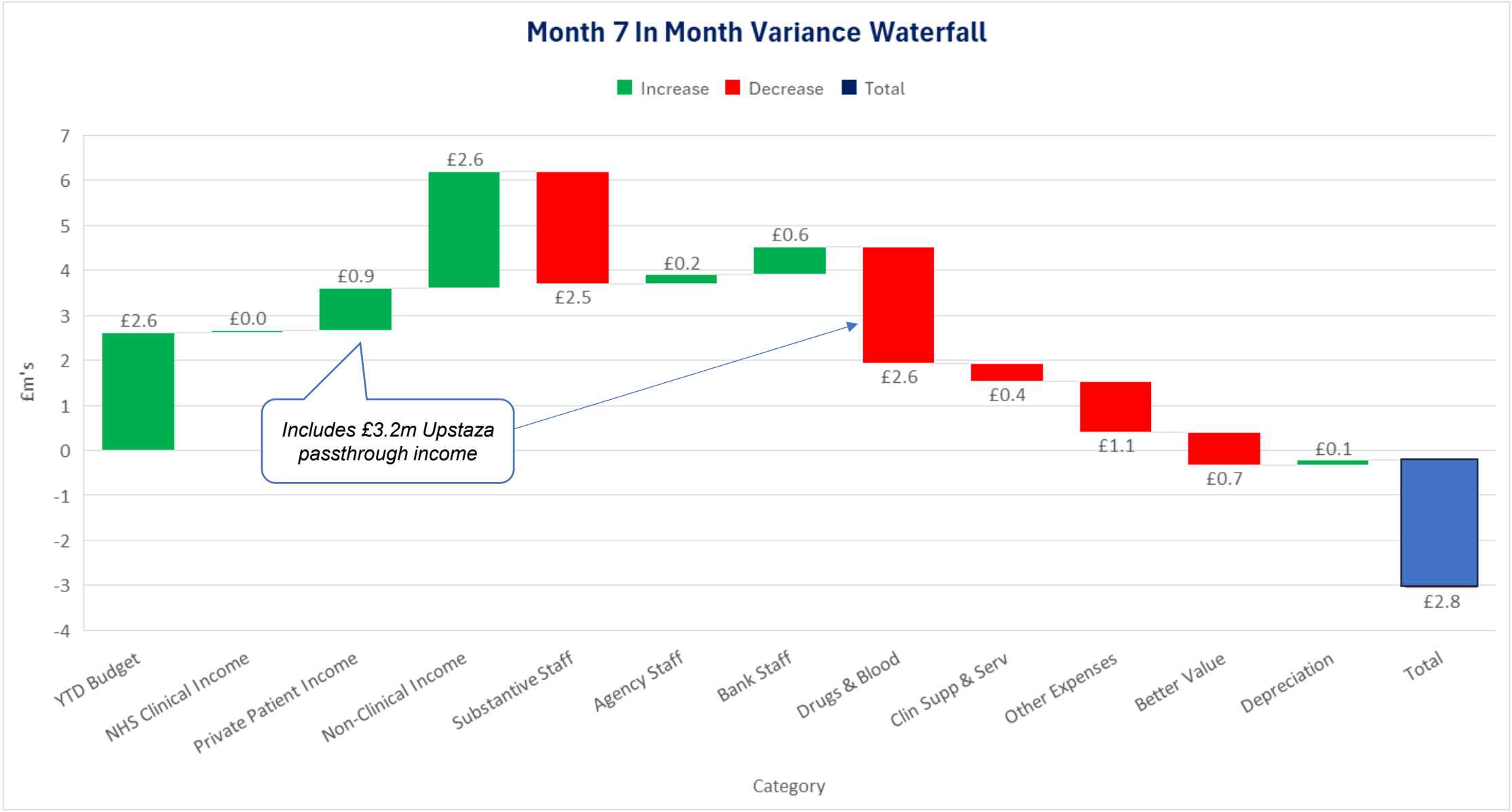
Clinical Income is on plan in month. NHS Clinical Income is £1.2m favourable due to higher contractually agreed income, and a catch up on Gastro income following the service transfer. Passthrough Income for Excluded High Cost Drugs & Devices is £1.2m behind plan as a result of a reduction in the Month 6 drugs value at freeze reporting feeding into the Month 7 position.

Private Patient income is £0.9m favourable in month which is £7.0m ahead of plan, however, this is driven by Upstaza income of £3.6m, offset by underperformance on I&PC wards (£0.4m) and NHS wards (£0.4m) and credit notes of £2.0m in relation to historical invoices (Libyan embassy).

Pay is £2.1m above budget in month. Bank and agency spend is £0.8m lower than plan in month, however substantive spend is £2.9m higher. This is driven by overspends due to MARS £1.1m (£0.3m offset by income), nursing (£0.5m) and administration (£0.3m) and underperformance against Better Value.

Non-pay is £4.2m behind plan in month. Key drivers of this include higher Drug and Blood costs in month (£4.3m), this is attributable to £3.6m of Upstaza drug costs (matched with private income) and a catch-up on parental nutrition costs, identified through a stock take, which had not been captured in prior months (£0.8m).

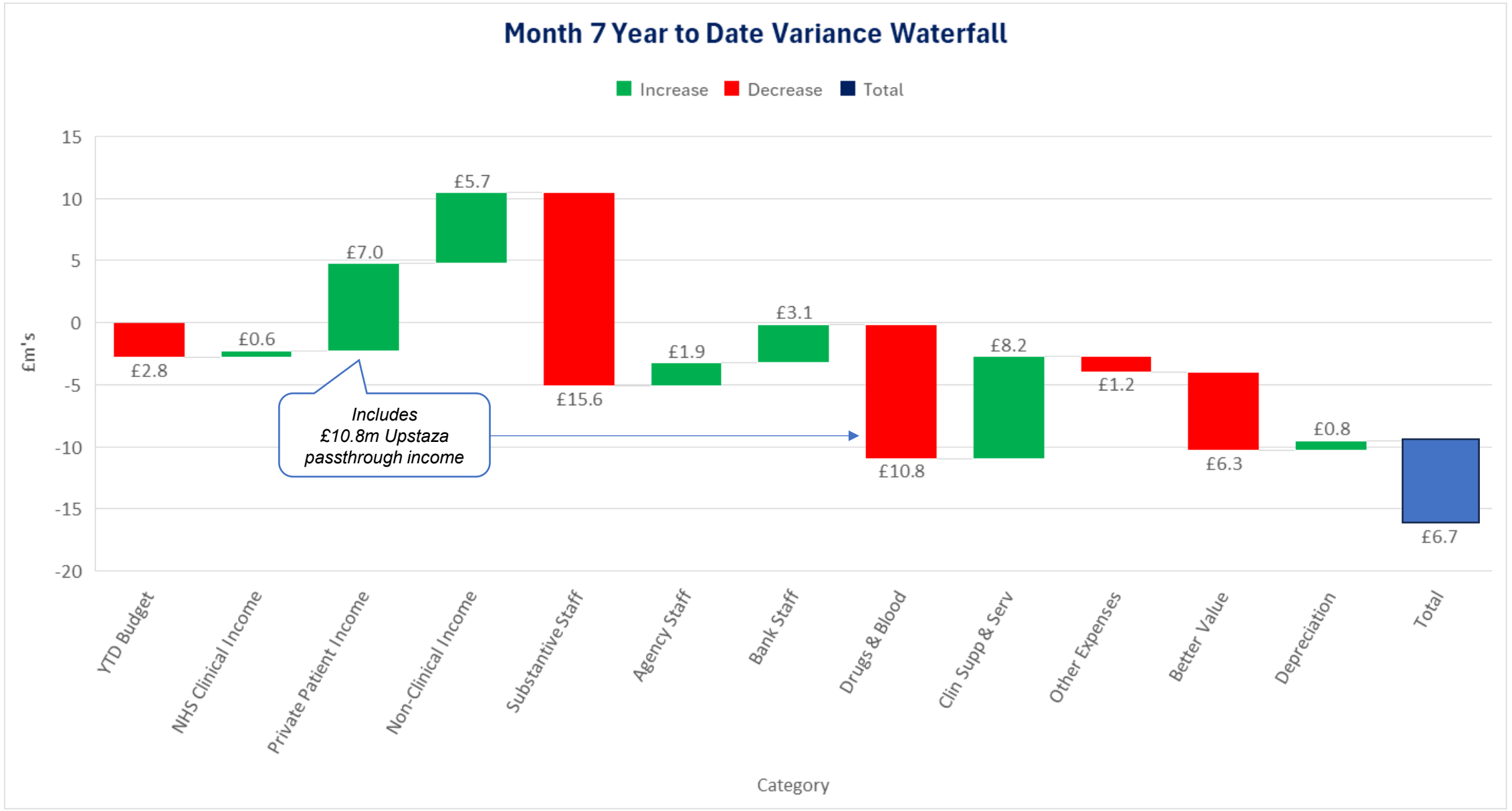
# Trust In Month Variance Waterfall as at Month 7



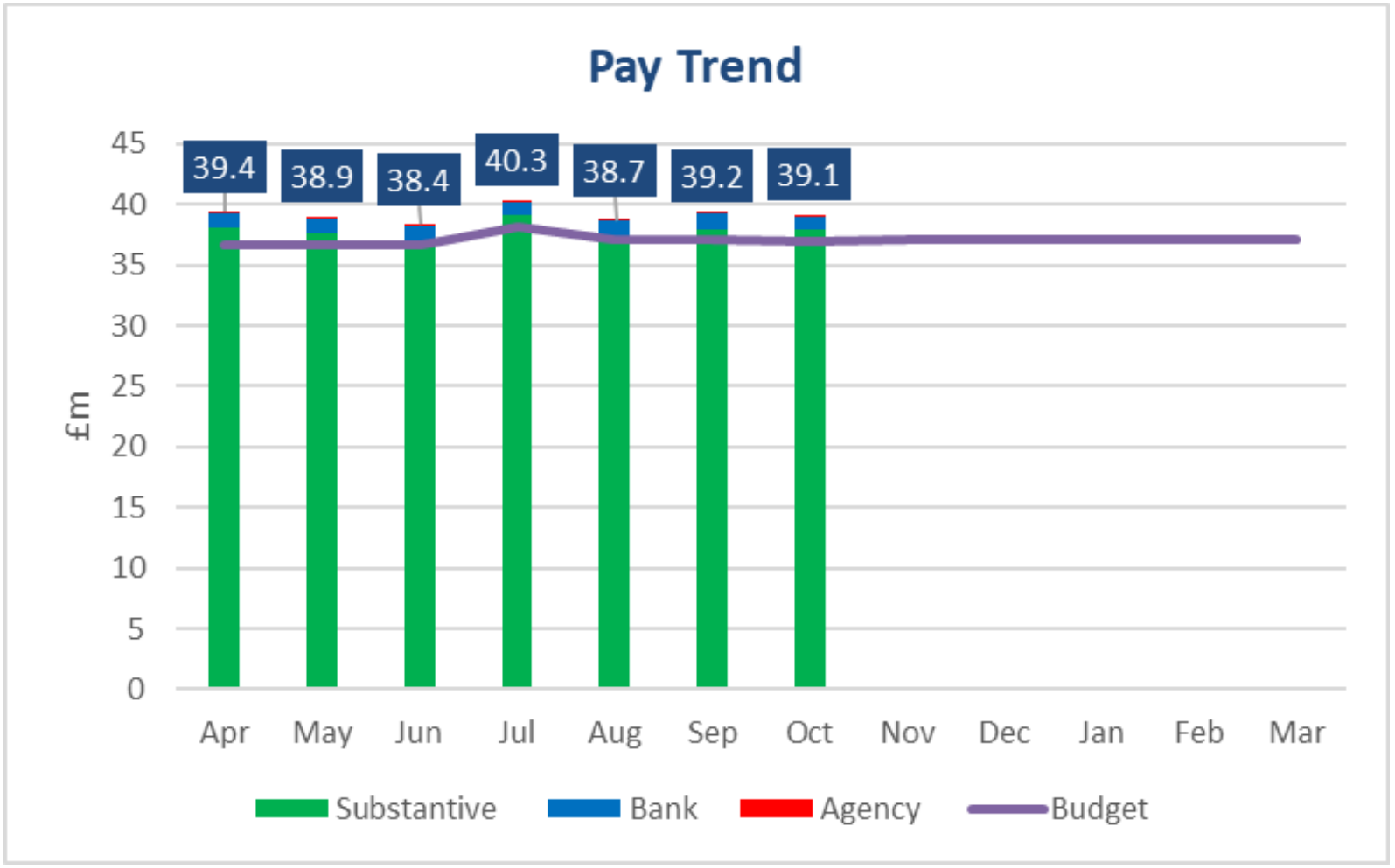
# Trust Income & Expenditure Position at Month 7

| Annual Plan | Income & Expenditure | Month 7 | | | | Year to Date | | | | Rating |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Plan | Actual | Variance | | Plan | Actual | Variance | | |
| (£m) | | (£m) | (£m) | (£m) | % | (£m) | (£m) | (£m) | % | Variance |
| 558.9 | NHS & Other Clinical Revenue | 50.64 | 50.68 | 0.05 | 0% | 328.81 | 329.38 | 0.57 | 0% | G |
| 86.1 | Private Patient Revenue | 7.17 | 8.11 | 0.94 | 13% | 50.21 | 57.21 | 7.01 | 14% | G |
| 81.0 | Non-Clinical Revenue | 6.75 | 9.34 | 2.59 | 38% | 47.24 | 52.96 | 5.71 | 12% | G |
| **726.0** | **Total Operating Revenue** | **64.56** | **68.14** | **3.58** | **6%** | **426.26** | **439.55** | **13.30** | **3%** | G |
| (420.1) | Permanent Staff | (34.98) | (37.95) | (2.97) | (8%) | (244.90) | (264.91) | (20.02) | (8%) | R |
| (4.5) | Agency Staff | (0.38) | (0.17) | 0.21 | 56% | (2.64) | (0.78) | 1.86 | 71% | G |
| (20.0) | Bank Staff | (1.67) | (1.04) | 0.63 | 38% | (11.68) | (8.57) | 3.10 | 27% | G |
| **(444.6)** | **Total Employee Expenses** | **(37.02)** | **(39.15)** | **(2.13)** | **(6%)** | **(259.21)** | **(274.26)** | **(15.05)** | **(6%)** | R |
| (124.2) | Drugs and Blood | (11.07) | (13.67) | (2.60) | (24%) | (72.98) | (83.79) | (10.81) | (15%) | R |
| (57.8) | Supplies and services - clinical | (5.31) | (5.72) | (0.41) | (8%) | (37.84) | (29.62) | 8.22 | 22% | G |
| (74.9) | Other Expenses | (6.50) | (7.80) | (1.30) | (20%) | (44.71) | (48.14) | (3.43) | (8%) | R |
| **(256.9)** | **Total Non-Pay Expenses** | **(22.87)** | **(27.19)** | **(4.31)** | **(19%)** | **(155.54)** | **(161.55)** | **(6.02)** | (4%) | R |
| **(701.6)** | **Total Expenses** | **(59.89)** | **(66.34)** | **(6.45)** | (11%) | **(414.75)** | **(435.80)** | **(21.05)** | (5%) | R |
| **24.4** | **EBITDA (exc Capital Donations)** | **4.67** | **1.80** | **(2.87)** | **(61%)** | **11.51** | **3.75** | **(7.76)** | **(67%)** | R |
| (24.4) | Owned depreciation, Interest and PDC | (2.04) | (1.93) | 0.11 | 5% | (14.34) | (13.31) | 1.03 | 7% | |
| **(0.0)** | **Surplus/Deficit** | **2.62** | **(0.13)** | **(2.76)** | **(105%)** | **(2.83)** | **(9.57)** | **(6.73)** | **(238%)** | |
| | | | | | | | | | | |
| (16.7) | Donated depreciation | (1.41) | (1.40) | 0.00 | | (9.72) | (9.81) | (0.09) | | |
| **(16.7)** | **Net (Deficit)/Surplus (exc Cap. Don. & Impairments)** | **1.22** | **(1.54)** | **(2.75)** | **(105%)** | **(12.55)** | **(19.37)** | **(6.82)** | **(238%)** | |
| 0.0 | Impairments & Unwinding Of Discount | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | | |
| 0.0 | Capital Donations | 0.00 | 1.72 | 1.72 | | 0.00 | 14.28 | 14.28 | | |
| **(16.7)** | **Adjusted Net Result** | **1.22** | **0.18** | **(1.03)** | **(85%)** | **(12.55)** | **(5.09)** | **7.46** | **59%** | |

# Trust Year to Date Variance Waterfall as at Month 7



# Trust Pay Position as at Month 7




The YTD pay position is £15.1m adverse to plan. The reported variance to plan is due to higher than budgeted substantive staffing spend (£20.0m year to date) due to lower than planned Better Value delivery and higher staffing levels. This is partly offset by lower than budgeted spend on bank and agency (£5.0m).

Pay is £2.1m above budget in month. Bank and agency spend is £0.8m lower than plan in month, however substantive spend is £2.9m higher. This is driven by overspends due to MARS £1.1m (£0.3m offset by income), nursing (£0.5m) and administration (£0.3m) and underperformance against Better Value.

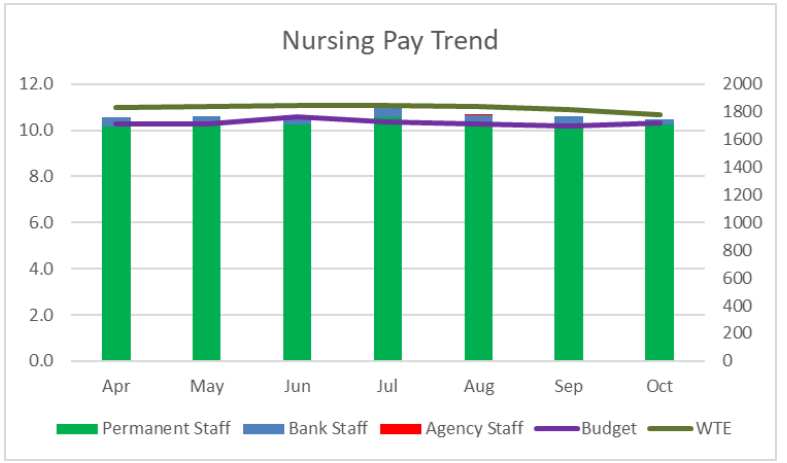
The table to the right shows the Trust Month 7 Whole Time Equivalent (WTE) position and the movement from September. Note this is based on the ledger information held within Finance.

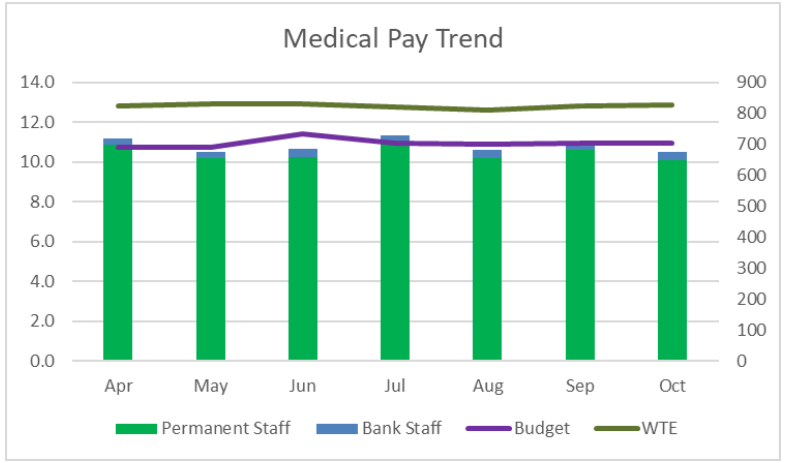
There is a decrease in Month 7 compared to Month 6 of 104 WTE, is driven by substantive reduction of 42 staff, 20 WTE relates to a part month effect of MARS (40WTE per month ongoing) and bank staff reduction of 62.

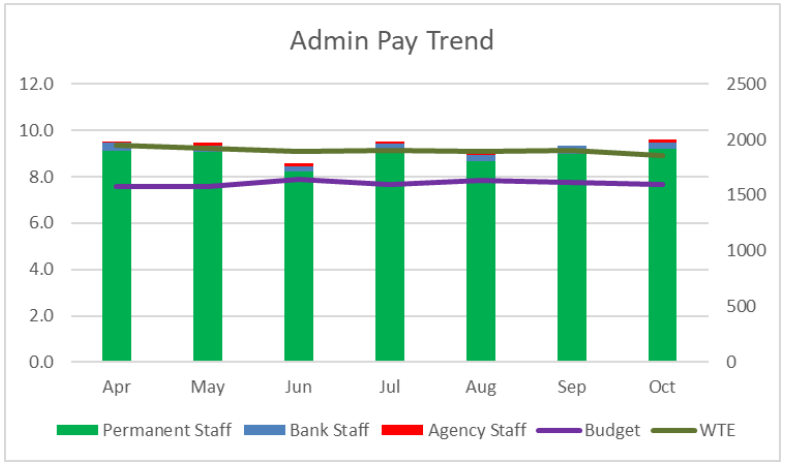
| Finance - General Ledger | M6 Actuals WTE | M7 Actuals WTE | Movement between M6 and M7 |
|---|---|---|---|
| **Permanent Staff** | 5,809 | 5,766 | 42 |
| **Bank Staff** | 228 | 166 | 62 |
| **Agency Staff** | 8 | 8 | 0 |
| **TOTAL** | **6,044** | **5,941** | **104** |

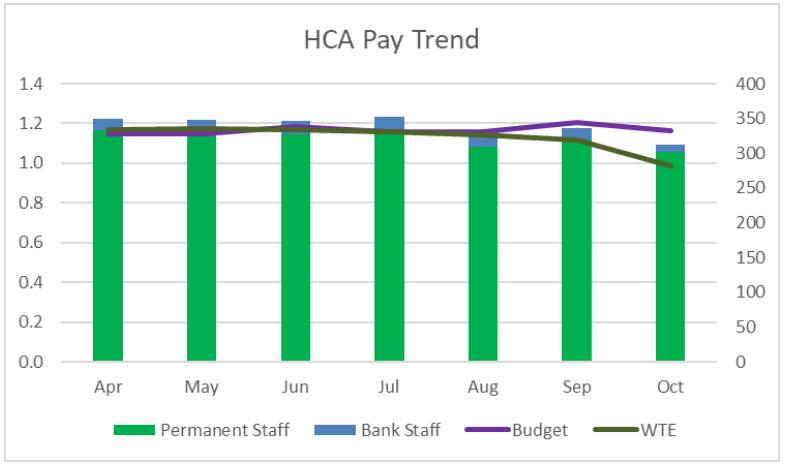
# Pay Trends by Pay Category YTD & Movement in Month

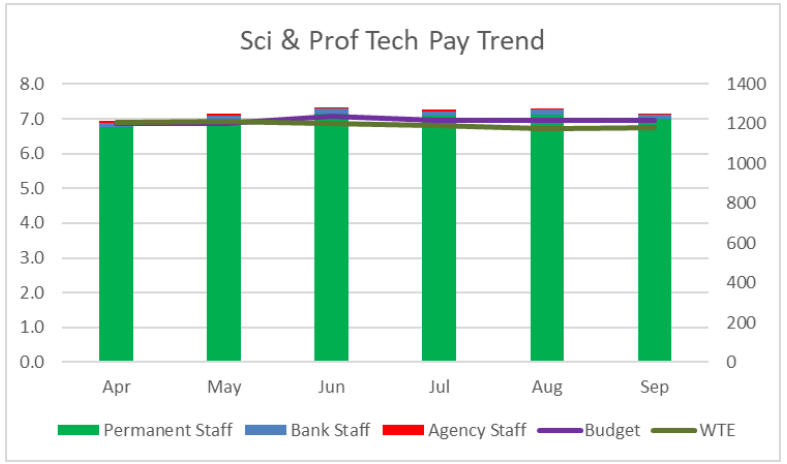
| Pay Category | M6 WTE | M7 WTE | Movement between M6 & M7 WTE |
|---|---|---|---|
| **Admin** | 1,900 | 1,860 | 40 |
| **Medical** | 826 | 826 | 0 |
| **HCA** | 319 | 281 | 38 |
| **Nursing** | 1,817 | 1,779 | 38 |
| **Sci & Prof Tech** | 1,182 | 1,193 | (11) |
| **Total** | **6,044** | **5,941** | **104** |



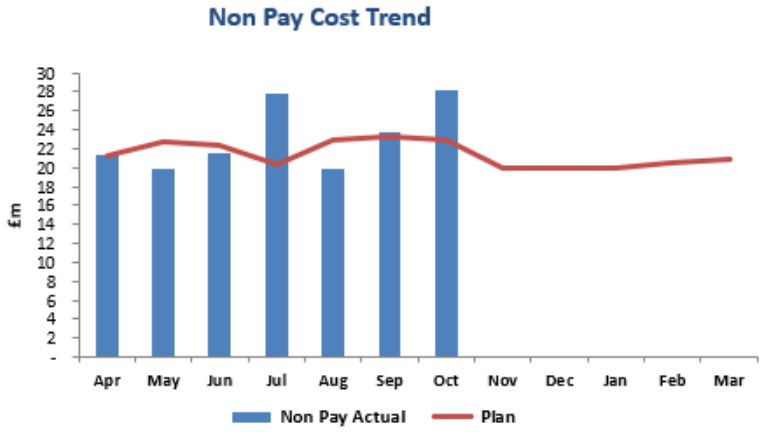



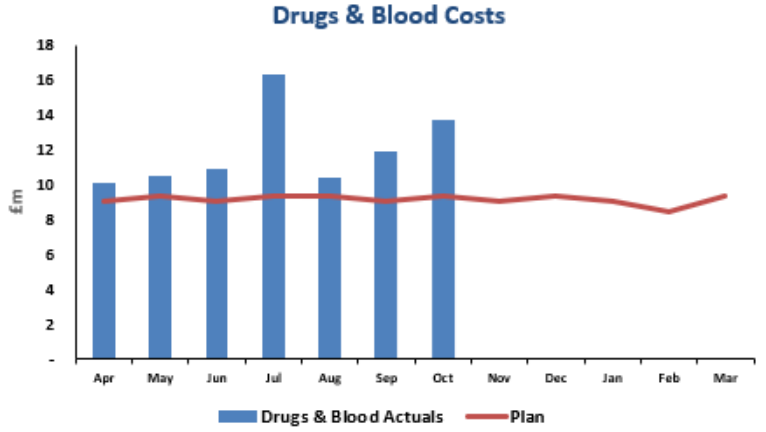



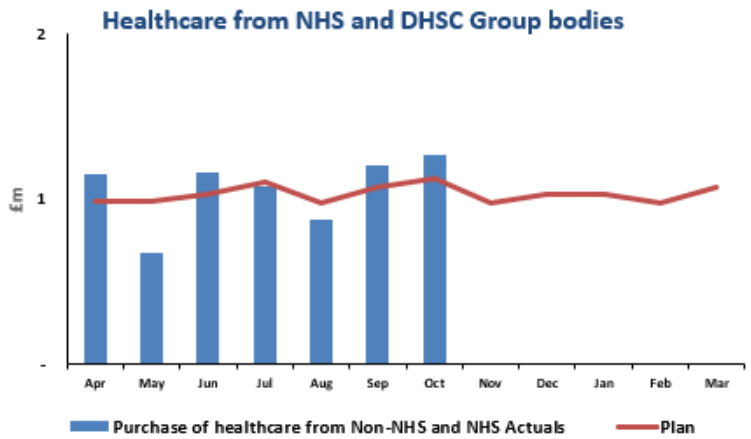

**Summary**

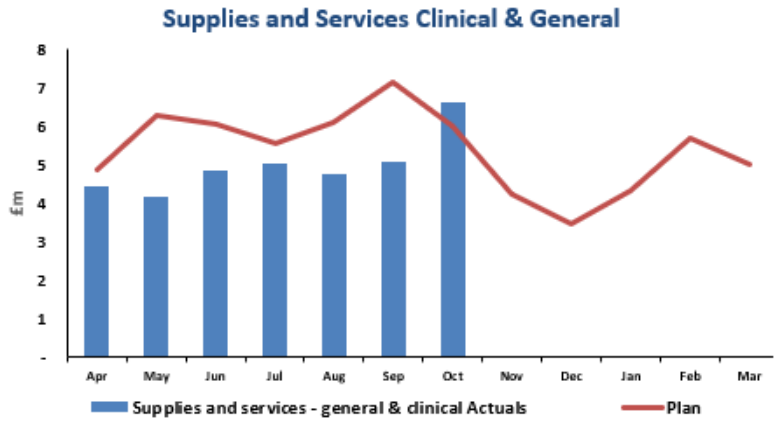
**Medical :** £0.4m favourable in month driven by vacancies in Brain , Heart & Lung.
**Nursing :** £0.3m adverse in month due to over establishments in various areas including clinical and medical operations, sight and sound, corporate affairs, Genomics and R&I.
**Admin and Others** : £1.7m adv in month predominantly driven by the £1.1m MARS related payments and unidentified CIP targets.
**Scientific Therap &Tech :** £0.4m adverse in month mainly driven by overspends in research and innovation - various project costs captured (offset by income).
**HCA :** Favourable by £0.1m predominantly driven by vacancies within Core Clinical and IPC.

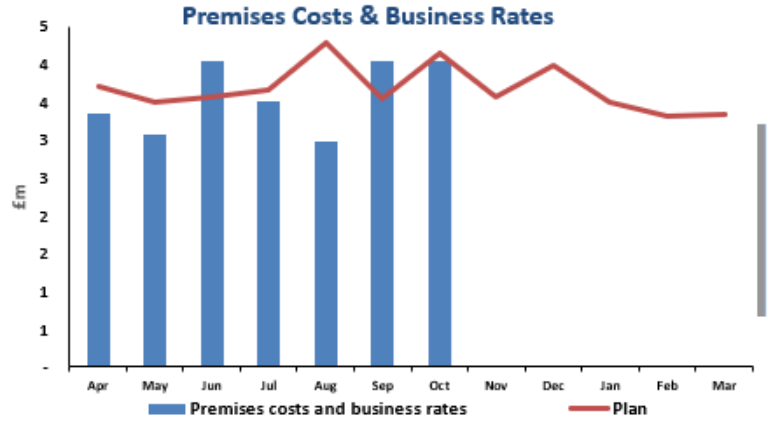
# Non Pay Trend Analysis as at Month 7

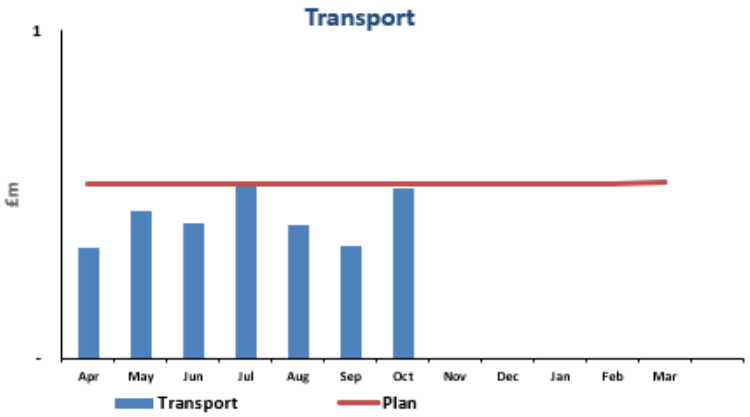



**Summary**

**Supplies and services** are £0.6m higher than plan in month. Key movements against plan include spending ahead of plan on surgical instruments (£0.1m), diagnostic and monitoring equipment (£0.1m), Illizarov frames (£0.2m) and laboratory consumables (£0.2m).

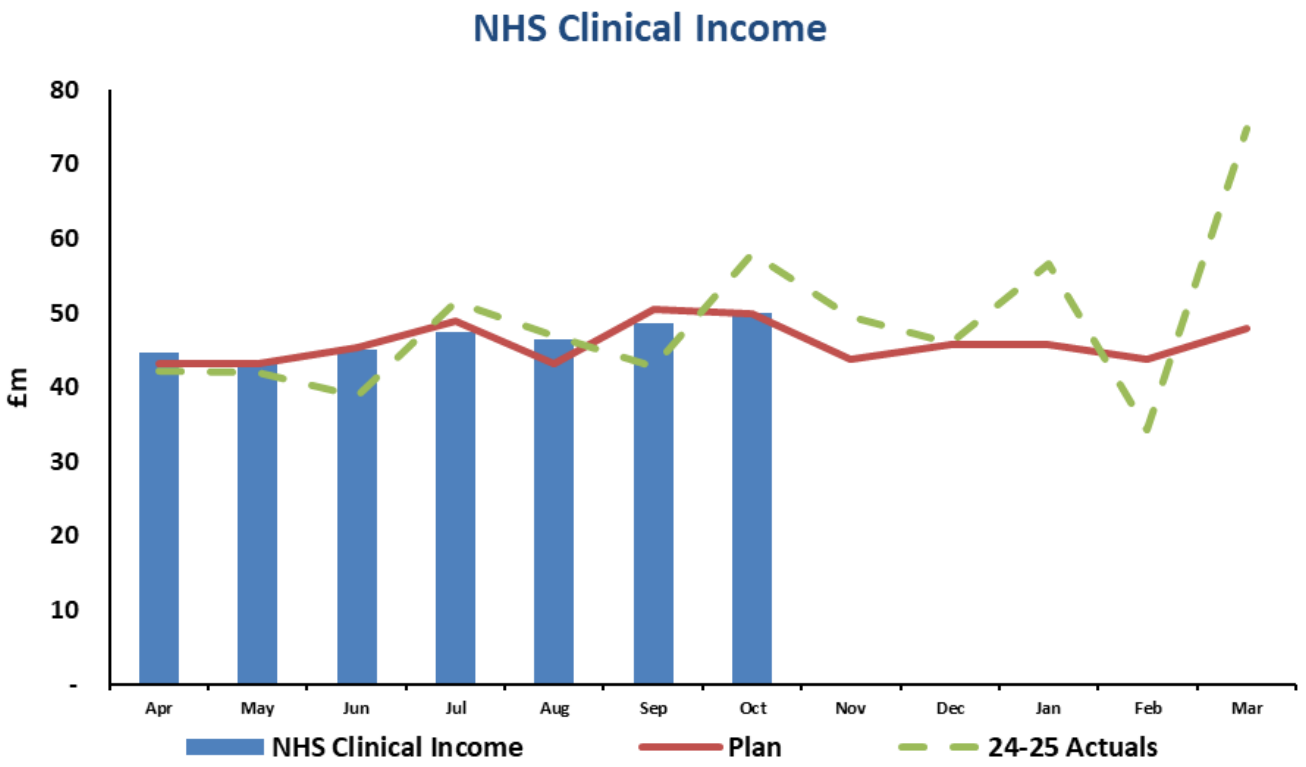
**Drug and blood costs** are higher than plan in month (£4.3m); this is attributable to £3.6m of Upstaza drug costs and a catch-up on parental nutrition costs, identified through a stock take, which had not been captured in prior months (£0.8m).

**Healthcare from NHS and DHSC bodies** is £0.2m higher than plan; £0.1m is linked to increased tissue typing costs.

**Premises costs** are in line with plan in month.

**Transport costs** are in line with plan this month.

# Clinical Income




| | | Month 7 | | | YTD | | |
|---|---|---|---|---|---|---|---|
| 3AN - Level 3 Account Name | Variance Grouping | Budget (£m) | Actual (£m) | Variance (£m) | Budget (£m) | Actual (£m) | Variance (£m) |
| Nhs Clinical Income | NHS Clinical Income | 40.06 | 41.33 | 1.27 | 259.81 | 266.29 | 6.48 |
| | Pass-Through Income | 9.93 | 8.71 | (1.21) | 64.76 | 59.48 | (5.28) |
| **Nhs Clinical Income Total** | | **49.99** | **50.05** | **0.06** | **324.57** | **325.78** | **1.21** |
| Non-Nhs Clinical Income | Devolved Nations | 0.65 | 0.64 | (0.01) | 4.24 | 3.60 | (0.63) |
| **Non-Nhs Clinical Income Total** | | **0.65** | **0.64** | **(0.01)** | **4.24** | **3.60** | **(0.63)** |
| **Grand Total** | | **50.64** | **50.68** | **0.05** | **328.81** | **329.38** | **0.57** |

**Clinical Income**

**NHS Clinical Income** is £1.2m favourable in Month 7 and £6.5m favourable.

**Month 7**

- £0.5m overperformance on core clinical income.
- £0.2m underperformance on Gender services due to delayed recruitment.
- Breakeven on the Elective Recovery Fund (ERF), including on manual adjustments for uncoded activity aligned to trend.
- £0.1m underperformance due to the pay award funding gap.
- £0.1m recognition of prior year deferred income related to projects: CICU, Complications of Excess Weight and Martha's Rule.
- £0.4m overperformance on Other NHS Clinical Income.

**Year to Date**

- £0.5m overperformance on core clinical income.
- £1.0m overperformance on CAR-T Therapy.
- £1.6m recognition of prior year deferred income related to projects CICU, Complications of Excess Weight and Martha's Rule which are now delivering with associated costs in year.
- £0.3m overperformance Elective Recovery Fund, based on manual adjustments for uncoded activity from current and previous months. However, this remains a risk area as commissioner forecasts are based on coded data.
- £1.1m underperformance on Gender due to not being fully recruited.
- £1.2m underperformance on Genomics due to lower contract value than planned however will offset with reduced pay and non pay expenditure.
- £0.9m underperformance on pay award funding gap.
- £3.0m overperformance on Other NHS Clinical Income.

**Non-NHS Clinical Income**

Non-NHS Clinical Income is breakeven in Month 7 and £0.6m adverse year to date. The YTD adverse variance is due to the plan including a prior year release for Gender services, which was adjusted in 2024/25.

**Passthrough Income for High Cost Excluded Drugs & Devices**

Passthrough Income is £1.2m adverse in Month 7 and £5.2m adverse YTD.

**Month 7 Variance**

- Drugs is £3.2m adverse which includes a £1.8m reduction in previously accounted income for Month 6, alongside a lower than expected drugs spend in the Month.
- Devices is £2.3m favourable which reflects the inclusion of previously unreported device income within passthrough, which offset with expenditure, and £0.3m benefit of prior year income.

**Year to Date**

- Drugs is £7.2m adverse, there has been a lower than planned utilisation of high-cost drugs, contributing to the overall adverse position, however, this is offset with reduced costs.
- Devices is £1.9m favourable to plan due to increased utilisation of devices.

# Clinical Directorate Positions as at Month 7

| Annual Plan (£m) | Directorate | In Month | | | | Year to Date | | | | RAG | Key Drivers of the Variance |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Plan (£m) | Actual (£m) | Variance (£m) | Variance % | Plan (£m) | Actual (£m) | Variance (£m) | Variance % | YTD Var | |
| (108.8) | Core Clinical Services | (9.1) | (9.1) | (0.0) | (0.4%) | (63.5) | (65.4) | (1.9) | (3.0%) | R | The in month performance is in line with plan. Pay was £0.2m behind plan driven by bank and agency usage and under performance against Better Value. Non-pay was favourable to plan due to a catch-up on recharges of blood to other directorates and savings on theatre consumables (linked to Better Value). YTD the directorate remains £1.9m behind plan, largely due to pay costs driven by slippage against Better Value targets which is partly offset by higher income (£0.8m) linked to pathology testing (£0.5m) and clinical trials (£0.1m). |
| (68.1) | Heart & Lung | (5.9) | (6.6) | (0.7) | (11.5%) | (39.6) | (43.3) | (3.7) | (9.3%) | R | The in month performance is behind plan (£0.7m); this is driven by an underperformance on private patients (£0.8m).<br><br>The year to date variance to plan (£3.7m) is largely linked to underperformance on pay Better Value (£1.9m) and a shortfall on private patient income (£1.9m). |
| (42.8) | Blood Cells & Cancer | (3.6) | (3.7) | (0.0) | (0.7%) | (25.2) | (26.2) | (0.9) | (3.6%) | R | The directorate in month is in-line with plan; the directorate has received £0.1m more private patient income than plan (attributable to bone marrow transplant activity). The year to date position is (0.9m) behind plan , this is largely due to pay spend driven by 24/25 Vacancy Factor target and the 25/26 Better Value target. The main areas include Junior Dr and Nursing/HCA spend due to one to one care. |
| (41.1) | Body Bones & Mind | (3.5) | (3.4) | 0.0 | 1.3% | (23.8) | (24.9) | (1.1) | (4.4%) | R | The month the position is in line with plan; this is partly attributable to an overperformance against plan within private patient income (£0.1m).<br><br>The year to date position is £1.1m behind plan. This is mainly driven by pay (£0.9m) due to under-performance against Better Value; these are partly offset by savings within consultants due to delayed recruitment however there are also pressures within nursing (£0.2m) due to patient acuity, staff sickness and the support of newly qualified nurse earlier on in the year. There is also a £0.1m pressure driven by the requirements for additional tissue typing tests from Synnovis. Private patient income is now in line with plan following in month performance. |
| (34.9) | Sight & Sound | (2.9) | (2.7) | 0.2 | 6.0% | (20.3) | (20.7) | (0.4) | (2.0%) | A | The in month performance was ahead of plan (£0.2m); this is attributable to £0.1m of clinical supplies and services which is attributable to a catch up on passthrough expenditure which was moved out of the directorate.<br><br>The year to date adverse variance is largely due to the pay spend which relates to the 24/25 Vacancy Factor target and the 25/26 Better Value target (Junior doctors and Nursing). |
| (29.8) | Brain | (2.5) | (2.6) | (0.1) | (3.2%) | (17.4) | (18.4) | (1.0) | (5.6%) | R | The in month performance is behind plan by £0.1m; this is chiefly driven by pay costs (underperformance against Better Value). YTD adverse variance (£1.0m) is driven by higher pay costs attributable to undelivered Better Value, bank spend on junior doctors due to a combination of strikes and rota gaps and nursing due to sickness/absence and underperformance against private patients (£0.1m). |
| 11.2 | Nt Genomic Medicine Service | 1.2 | 1.0 | (0.2) | (18.5%) | 6.7 | 6.4 | (0.3) | (5.0%) | A | The in month and YTD adverse variance is mainly due to the underperformance against the income plan. This is due to the main North Thames GLH contract being considerably lower than last financial year. The remaining gap is due to undelivered better value. |
| 37.3 | International And Private Care | 3.2 | (4.1) | (7.2) | (227.5%) | 22.5 | 34.9 | 12.3 | 54.6% | G | The in month variance (£7.2m) is due to the movement on the bad debt provision which was moved in month (£8.6m) and an additional £3.6m of Uptaza income. The directorate is ahead of plan year to date (£12.3m) includes the income related to Uptaza drug costs of £10.8m (the associated costs are held outside the directorate) and movement on the bad debt provision of £2.0m. |
| **(277.0)** | **Surplus/Deficit** | **(23.1)** | **(31.2)** | **(8.1)** | **(34.9%)** | **(160.7)** | **(157.6)** | **3.1** | **1.9%** | G | |

# Trust Summary & Corporate Directorate Positions as at Month 7

| Annual Plan | Trust Position | In Month | | | Year to Date | | |
|---|---|---|---|---|---|---|---|
| | | Plan (£m) | Actual (£m) | Variance (£m) | Plan (£m) | Actual (£m) | Variance (£m) |
| (115.7) | Directorates - Corporate | (9.0) | (8.9) | 0.1 | (63.2) | (64.8) | (1.6) |
| (278.2) | Directorates - Clinical | (23.1) | (31.2) | (8.1) | (160.7) | (157.6) | 3.1 |
| 390.8 | Central Income | 35.6 | 32.1 | (3.6) | 230.0 | 220.5 | (9.5) |
| 29.3 | Central Expenditure | 1.3 | 9.9 | 8.7 | 6.3 | 6.7 | 0.4 |
| (18.3) | Depreciation | (1.5) | (1.4) | 0.1 | (10.7) | (9.8) | 0.8 |
| (7.9) | Dividends Payable | (0.7) | (0.7) | (0.0) | (4.6) | (4.6) | (0.0) |
| **0.1** | **Total Trust - Surplus / Deficit** | **2.6** | **(0.1)** | **(2.8)** | **(2.8)** | **(9.6)** | **(6.7)** |

**RAG Key**

| | |
|---|---|
| G | Green Favourable YTD Variance |
| A | Amber Adverse YTD Variance ( < 5%) |
| R | Red Adverse YTD Variance ( > 5% or > £0.5m) |

| 2025/26 | | | | | | | | | | RAG |
|---|---|---|---|---|---|---|---|---|---|---|
| Annual Plan | Directorates - Corporate | In Month | | | | Year to Date | | | | |
| | | Plan | Actual | Variance | | Plan | Actual | Variance | | YTD RAG Var |
| (£m) | | (£m) | (£m) | (£m) | % | (£m) | (£m) | (£m) | % | |
| (53.3) | Space And Place | (4.4) | (4.8) | (0.4) | (8%) | (31.1) | (30.7) | 0.4 | 1% | G |
| (12.8) | ICT | (1.1) | (1.0) | 0.1 | 5% | (7.5) | (7.6) | (0.1) | (1%) | A |
| (11.2) | Transformation | (0.9) | (1.0) | (0.0) | (4%) | (6.5) | (6.5) | 0.0 | 0% | G |
| (7.8) | Clinical & Medical Operations | (0.6) | (0.6) | 0.0 | 3% | (4.5) | (4.7) | (0.2) | (4%) | A |
| (13.2) | Medical Director | (1.1) | (1.1) | (0.0) | (1%) | (7.7) | (7.7) | (0.0) | (0%) | G |
| (6.6) | HR & Organisational Development | (0.5) | (0.6) | (0.1) | (16%) | (3.8) | (4.3) | (0.4) | (11%) | R |
| (3.3) | Nursing And Patient Experience | (0.3) | (0.3) | (0.0) | (1%) | (2.0) | (2.0) | (0.1) | (4%) | A |
| 10.7 | Learning Academy | 0.9 | 1.7 | 0.7 | 77% | 6.3 | 6.1 | (0.1) | (2%) | A |
| (4.3) | Corporate Affairs | (0.4) | (0.3) | 0.1 | 19% | (2.5) | (2.8) | (0.3) | (11%) | R |
| (6.0) | Finance | (0.5) | (0.4) | 0.1 | 13% | (3.5) | (3.7) | (0.3) | (8%) | R |
| (0.8) | Innovation | (0.1) | (0.1) | (0.1) | (72%) | (0.5) | (0.9) | (0.4) | (75%) | R |
| 0.2 | Research And Innovation | 0.0 | (0.3) | (0.3) | (1,745%) | 0.1 | (0.1) | (0.2) | (162%) | R |
| **(108.3)** | **Surplus/Deficit** | **(9.0)** | **(8.9)** | **0.1** | **1%** | **(63.2)** | **(64.8)** | **(1.6)** | **(2%)** | R |

**ICT** is in line with plan in month and broadly in line year to date (£0.1m behind plan).

**Clinical and Medical Operations** is in line with plan in month, however it is £0.2m adverse to plan year to date. This is driven by underperformance against pay BV, this is offset by underspends within influenceable elements of non-pay.

**Corporate Affairs** is ahead of plan in month; this is due to one-off funding from the Children's Cancer Group (£0.1m). Year to date the directorate is behind plan by £0.3m; this is attributable to underperformance on Beter Value.

**HR** is £0.1m behind plan in month; this is linked to a catch-up on legal fees incurred (DAC Beachcroft). Year to date the directorate is £0.4m behind plan due to underperformance on Better Value (pay).

**Nursing and patient experience** is in line with plan in month and broadly in line year to date (£0.1m behind plan).

**Finance** is £0.1m ahead of plan in month; this is attributable to underspends against budget on pay and premises costs. Year to date the directorate is £0.3m behind plan this is attribute to £0.1m of consultancy costs in relation to procurement support and £0.1m of additional audit costs in relation to 24/25 and overspend on pay £0.2m attributable to underperformance against Better Value.

**Innovation** is £0.1m behind plan in month and £0.4m YTD primarily due to delays in the production of Leucid Bio.

**R&I** is behind plan in month due to lower than forecast income (driven by activity based commercial contracts).

# Month 7 Better Value Position Year to Date

| Better Value Forecast | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | | |
|---|---|---|---|---|---|---|---|---|---|
| £m | Actual | Actual | Actual | Actual | Actual | Actual | Actual | Total YTD | Plan YTD |
| B/F FYE from 24/25 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 |
| Contract Management | 0.2 | 0.2 | 0.2 | 0.2 | 0.3 | 0.3 | 0.3 | 1.6 | 1.2 |
| Additional Advice & Guidance | - | - | - | - | - | - | - | - | 0.4 |
| EPR Optimisation | - | - | - | - | - | - | - | - | 0.1 |
| VAT reclaim | - | - | - | - | 0.6 | - | - | 0.6 | 0.3 |
| Commercial & Research | - | - | - | - | - | - | - | - | 0.4 |
| Holiday pay accrual | - | - | 0.8 | 0.3 | 0.3 | 0.3 | 0.3 | 1.8 | 2.9 |
| Medicine | - | - | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.4 | 0.3 |
| WTE reduction | 0.2 | 0.2 | 0.2 | - | 0.2 | 0.7 | 0.3 | 1.9 | 7.0 |
| Bank and agency | 0.7 | 0.7 | 0.6 | 0.8 | 0.9 | 0.4 | 0.8 | 4.9 | 3.1 |
| GLA & DRIVE | - | - | - | - | - | - | - | - | 0.9 |
| Labs savings + rate card | - | - | - | - | - | - | - | - | 0.2 |
| Other savings (unidentified) | - | - | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.5 | 1.3 |
| **Better Value Total** | **1.1** | **1.1** | **2.0** | **1.4** | **2.3** | **1.9** | **1.8** | **11.8** | **18.1** |

Better Value delivery is being tracked by all Directorate Finance Business Partners. The table above provides an overview of delivery to date by scheme. Year to date £11.8m of savings have been achieved against a plan of £18.1m (straight line phasing).

**Contract management:** year to date delivery totals £1.6m: this is made up of savings from both the Better Procurement workstream and savings identified by Directorates.

**Additional advice and guidance:** There is no delivery year to date, as commissioners have not agreed this.

**VAT reclaim:** £0.6m has been achieved year to date.

**Medicine:** Savings are on track to exceed target by £0.1m; these savings are captured centrally as a separate workstream. Delivery to date totals £0.4m.

**GLA & DRIVE** Risks remain as to whether DRIVE schemes will land in 25/26.

**Substantive staff reduction** savings to date total £1.9m. Savings from MARS are being built into the forecast from month 8 onwards.

**Bank and agency** savings are ahead of plan, reflecting the controls that have been put in place. In month savings against plan total £0.8m. The year to date savings total £4.9.

**Holiday pay accrual:** To date £1.8m has been released; £0.3m this month. Work is ongoing with HR around the medical pay accrual.

**Other savings** (including the 2% blanket saving allocation) remain a key risk area, with only £0.5m delivered year to date.

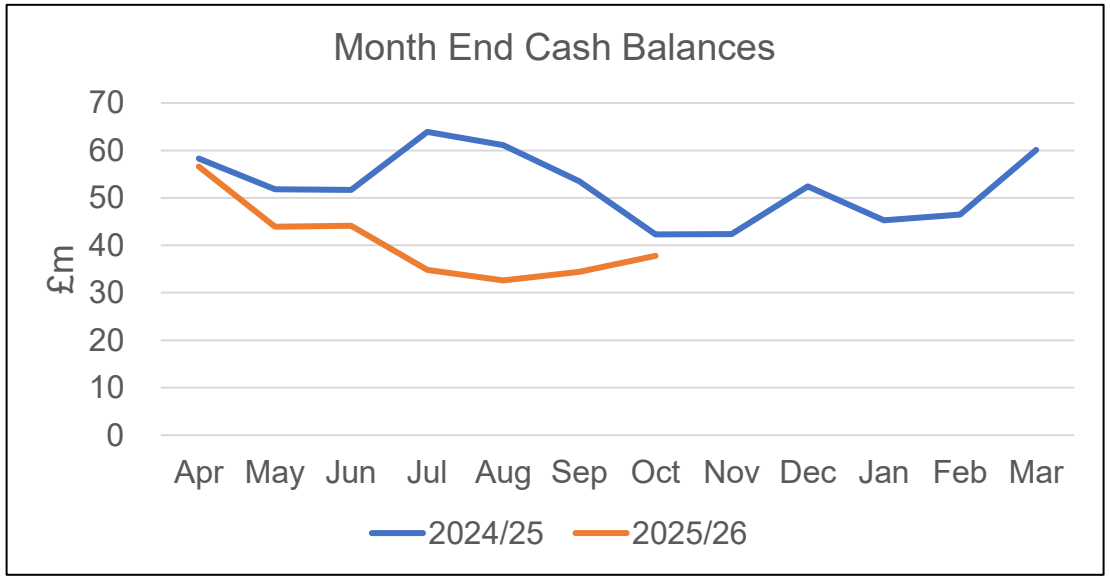
# Risks and Opportunities as at Month 7

| | Risks | Opportunities |
|---|---|---|
| Prior year income clawback risks | £(900) | |
| Passthrough income risk | £(830) | |
| Pay award funding pressure | £(625) | |
| Efficiency under delivery risk | £(6,100) | |
| Commercial bad debt | £(3,300) | |
| IPC additional profit | | £1,000 |
| Commercial opportunity 1 | | £1,000 |
| Commercial opportunity 2 | | £1,500 |
| Commercial opportunity 3 | | £500 |
| Additional charity further upside (compassionate drugs) | | £1,000 |
| | £(11,755) | £5,000 |
| **Net risk** | £(6,755) | |

The net risk is £6.8m, which is a reduction of £2.9m from Month 6. There is a reduction in the net risk position reported to the system, as a number of the risks crystalise within the position, most significantly the costs of MARS without funding support.

There is a new risk reflected on the schedule for Month 7: passthrough income risk. This is a new risk identified. The Trust may be unable to recover the costs of some devices as these have not been ordered through the correct NHS Supply Chain process.

# Balance Sheet Summary as at Month 7




| Capital Programme | Full Year Plan £m | YTD Plan M7 £m | YTD Actual M7 £m | YTD Variance M7 £m |
|---|---|---|---|---|
| Total CDEL – Trust Funded | 26.2 | 13.1 | 9.6 | 3.4 |
| Total PDC | 5.5 | 2.5 | 0.2 | 2.3 |
| Total Donated and Grants | 53.4 | 31.0 | 14.3 | 16.7 |
| **Grand Total** | **85.0** | **46.6** | **24.2** | **22.5** |

| Key metrics | Trend | Sep-25 | Oct-25 | Plan / Target | RAG |
|---|---|---|---|---|---|
| Cash (£m) | | 35.4 | 37.8 | 55.9 | |
| I&PC Debtor days | | 235 | 226 | 210 | |
| Creditor days | | 51 | 38 | 30 | |
| NHS Debtor days | | 4 | 4 | 6 | |
| Non NHS Debtor days | | 132 | 103 | 30 | |
| BPPC Non NHS (£) | | 83% | 80% | 95% | |
| BPPC NHS (£) | | 55% | 54% | 95% | |

- Trust CDEL is below plan by £3.4m – this is predominantly due to slippage on expenditure for Medical Equipment (£1.7m), Property & Plant (£1.2m) and ICT (£0.8m); this is forecast to catch up by the year end.
- The cash balance increased in month as a result of the higher than trend I&PC cash receipts as well as receipts from GOSH Charity. This has led to a reduction in I&PC debtor days as well as Non NHS debtor days in month.
- Trade payables decreased in month and this included settlement of the two outstanding invoices for Upstaza which fell due in October. There was an increase in expenditure accruals which also relates to Upstaza (this particular treatment was carried out in October).
- Creditor days decreased in month as a result of the above and this shows the same downward movement with the exclusion of the high cost drug invoices.
- The BPPC statistics decreased marginally in month, this being the second month since the no PO no pay policy was implemented.

Attachment V

Great Ormond Street Hospital for Children
NHS Foundation Trust

**Trust Board**
20th November 2025

| **Next Steps on our Anti-Racism Journey**<br><br>**Submitted by: Caroline Anderson – Director of HR and OD** | **Paper No: Attachment V**<br><br>**For information and noting** |
|---|---|

**Purpose of report**
To provide the Board with an update on the launch of the Anti-Racism Statement and outline the next steps on our anti-racism journey.

**Aims and Summary:**

We had a successful launch of the Anti-Racism Statement on the 3rd of November setting out our commitment to become an anti-racist organisation. It was a powerful moment, full of warmth, honesty and hope, and it reminded us that this is our collective journey.

Our Anti-Racism Statement is our objective 1 and a key commitment under the Trust's broader anti-racism action plan, outlining four key workstreams and objectives:

1. Anti-Racism Statement – creating and launching a Trust-wide commitment.
2. Trust Wide Education Programme – embedding anti-racism training and reflective learning.
3. Recruitment – Improve WRES 2 (Workforce Race equality Standard) – outcomes - To tackle disparities in recruitment and an additional focus on internal recruitment data to better understand current processes and strengthen best practice.
4. Disciplinary- Improving WRES 3 outcomes – To tackle disparities in disciplinary data

Annually the statement will be reviewed and updated to acknowledge progress made and increase our ambition and commitment to the journey. The Anti-Racism Statement was developed in partnership with the REACH Network, executive sponsors, and key stakeholders and colleagues.

We now move into the next phase turning commitment into sustained action. The tools and infrastructure are now in place, including the Anti-Racism Hub, easy read, accessible, multilingual versions of the statement, and opportunities for colleagues to pledge their support.

The Executive Management Team (EMT) have undertaken the anti-racism statement training and have led the way for our senior leaders across the Trust. Our bite size education piece is now live and can be accessed on GOLD; it's interactive and reflective.

The work is going to be embedded through leadership engagement, reflective practice tools, ongoing pledges, the REACH Network's continued involvement, and the Shared Governance Council to support sustained colleague participation and shared ownership.

The Trust's forward plan outlines activities that will maintain momentum with key deliverables, strengthen understanding, and support cultural change across all services and departments. This includes directorate-based sessions, the education pilot, and alignment with wider workforce priorities with improvement plans to tackle disparities in our WRES 2 and WRES 3 scores.

This work directly contributes to our strategic ambitions by improving staff experience, reducing inequality, supporting inclusive leadership, and helping us create the conditions where every colleague feels seen, heard and valued.

This work is both values-driven and evidence-led, focusing on sustained cultural change rather than a single initiative.

**Patient Safety Implications**
A more inclusive, anti-racist culture strengthens psychological safety for staff, which directly supports safer decision-making, improved communication and better teamwork. In turn, this contributes to safer, higher-quality care for children, young people and families.

Without a clear anti-racism stance, patients from marginalised communities may face disparities in treatment quality, where their needs are overlooked or dismissed. This may result in their trust in healthcare provision to diminish and a reluctance to seek care. The delivery of our anti-racism action plan provides the opportunity to reduce the likelihood of health disparities and negative health outcomes for patients due to biases in care and treatment access.

**Equality impact implications**
The Anti-racism statement and our action plan address racial inequalities identified through the Workforce Race Equality Standards (WRES) at GOSH. Additionally, it supports the organisation to meet its Public Sector Equality Duty and ultimately the nine protected characteristics outlined in the Equality Act 2010 for those from a global majority background.

Mitigations through co-designing our plan and statement with our REACH Network, reflecting on the lived experience of staff, engagement on understanding Anti-racism, reduce the likelihood of non- engagement from staff. Work to date also includes easy-read and translated versions of the statement, an accessible education offer, and ongoing engagement with REACH and Staff networks.

**Financial implications**
Costs are minimal and linked mainly to communications and materials for the launch (within existing budgets). No additional financial risks identified at this stage.

**Strategic Risk**
Company Secretary to complete

**Action required from the meeting**
The Board is asked to:

1. Note progress since the launch of the Anti-Racism Statement.
2. Support continued visibility and engagement, encouraging directorates to use the tools and resources available.
3. Recognise the central role of leaders, and REACH Network, in shaping and sustaining this work.

**Consultation carried out with individuals/ groups/ committees –**

**Throughout the development process we have consulted with:**

- Diversity and Inclusion Steering Committee
- Executive Management Team
- Staff Partnership Forum
- REACH network and Pan-Network Meetings
- People Planet Programme Board
- People, Education and Assurance Committee
- Health Inequalities Committee
- HROD meetings
- Conducted Staff Readiness Survey

Feedback has shaped the pacing of the programme, the accessibility of materials, and the design of the bite-size learning resource. The launch event demonstrated strong support and momentum across the organisation. Directorates have requested follow-up sessions, which are now being scheduled.

**Who is responsible for implementing the proposals / project and anticipated timescales?**
Christine Cornwall – Associate Director of HR Projects

**Who is accountable for the implementation of the proposal / project?**
Caroline Anderson – Director of HR and OD

Great Ormond Street Hospital for Children
NHS Foundation Trust

# Next steps on our Anti-Racism journey

**Progress Update**
**Trust Board: 20th November 2025**

# Our Anti-Racism Statement

**Shorter Version**

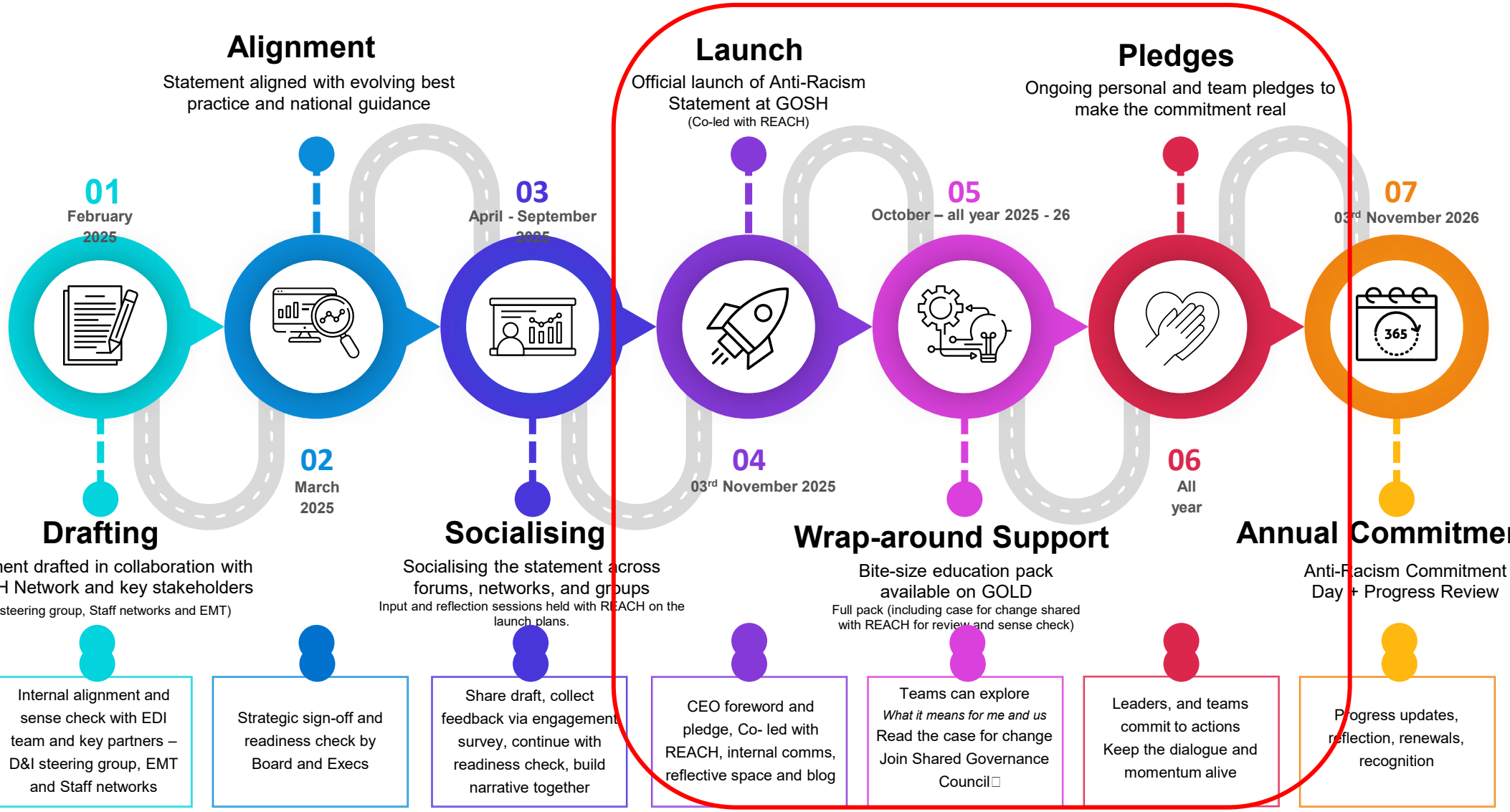
At Great Ormond Street Hospital (GOSH), we are committed to working toward being an anti-racist organisation, actively challenging discrimination and fostering an inclusive workplace where all colleagues feel seen, heard and valued. We acknowledge the lived experiences of those who have faced racial microaggressions and bias, recognising the harm they cause to individuals, our culture and the standards of care we provide.

Racism whether overt or covert has no place at GOSH, and we are taking decisive action through our Anti-racism action plan to provide safe spaces, embed anti-racism training, ensure fair and transparent processes, and remove barriers to career progression.

Our commitment to anti-racism is not just words but action, ensuring every colleague can thrive in an environment built on equity, respect, and accountability. We recognise that there is much work to be done, and over many years. Our commitment will be unwavering, and we will continually listen, learn, and act to create a truly anti-racist GOSH.

*To read the full and easy read version visit our Anti-Racism Hub on Our GOSH – The statement is also available in multiple languages.*

# Our Anti-Racism Statement Roadmap



# Every Step Counts

**Anti-racism is not a one-time statement. It’s a journey - one that needs care, commitment, and community.**

*Let's embark on a journey of growth and learning together.*

## How You Can Be Part of This Journey?

- 👂 **Listen & Learn — Reflect on your role, your team, and the stories of those with lived experience.**
- 💬 **Join the Conversation — Participate in spaces for dialogue, learning, and unlearning.**
- 🌱 **Take Small Steps — Anti-racism starts with awareness. Every small action counts.**
- 🤝 **Support Each Other — Be kind, be curious, and make space for different perspectives.**
- 📣 **Champion the Message — If you’re a leader, role-model and hold space for honest conversations.**

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Anti-Racism Hub - Our GOSH

GOLD: GOSH Anti-Racism Statement Training

“The change we’re making isn’t just about words. It’s about how we treat one another - every day, in every corridor, on every team.”

Let’s create a culture where everyone feels seen, heard, and valued.

**Together we are the change**.”

Attachment W

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

| Trust Board<br>20th November 2025 | |
|---|---|
| **Nursing Workforce Assurance Report Q2**<br><br>**Submitted by:** Fiona Lynch, Assistant Chief Nurse NWAQ | **Paper No: Attachment W**<br><br>**For information and noting** |

**Purpose of report**
The purpose of this paper is to provide the Trust Board with an overview of the activity in relation to the nursing workforce including updates on: recruitment, retention, and nursing professional standards.

**Summary of report**

Highlights from this report are:

•RN vacancies have increased in Q2 (1.5%). On going delays in the reconciliation of budgeted establishment still show an over establishment in some areas, but this will be corrected once the budgets align with the workforce data.
•Rolling voluntary turnover remains improved and ongoing delivery plans continue to promote the key retention initiatives. The NWAQ team is focused on the key retention priorities to promote flexible working, rewarding the workforce, amplifying their voice, and we are one team.
•The active recruitment drive has resulted in vacancies being filled. There is now a pause on the centrally co-ordinated programme of recruitment events throughout the year, and this position will be monitored.
•Absence due to sickness, remains above the Trust target, with the main reasons for short-term absence being coughs and colds and anxiety and mental health disorders. The main reported reason for long-term absence remains due to anxiety and mental health disorders.
•The NWAQ team continue to support the recruitment and retention of the GOSH nursing workforce.

**Patient Safety Implications**
Ensuring a safe level of the nursing workforce has critical implications for patient safety and the quality of care.

**Equality impact implications**
None

**Financial implications**
None

**Strategic Risk**
BAF risk 2: Strategy Delivery

**Action required from the meeting**
None

**Consultation carried out with individuals/ groups/ committees**
This paper was presented at the People and Education Assurance Committee (PEAC) on 12th Nov 2025

Attachment W

| |
|---|
| **Who is responsible for implementing the proposals / project and anticipated timescales?**<br>N/A |
| **Who is accountable for the implementation of the proposal / project?**<br>CNO Tracy Luckett |

Attachment W

# Nursing Workforce Assurance Report Q2 2025/2026

## 1.0 Introduction

The purpose of this paper is to provide the People and Education Assurance Committee (PEAC) with an overview of the Nursing Workforce, Assurance, and Quality Team's (NWAQ) activity. This quarterly report provides assurance that workforce activities are data driven and aligned with national, and regional priorities. The National Quality Board (NQB 2018) report, S*afe, Sustainable and Productive Staffin*g, helps GOSH develop strategies for managing the nursing workforce. This quarterly report is framed around the National Quality Boards expectations for Children's Nursing, focusing on having the **right staff** with the **right skills,** in the **right place,** at the **right time.**

This paper will provide information and assurance over the reporting period of July-September 2025/2026 (Q2) on the:

**Expectation 1: Right Staff**
- 2.0 Nursing Workforce Data
- 3.0 Recruitment Activity

**Expectation 2: Right Skills**
- 4.0 Retention Initiatives
- 5.0 Professional Nursing Standards

**Expectation 3: Right Place and Time**
- 6.0 Workforce Gaps & Mitigation
- 7.0 Temporary Staffing.

## Expectation 1 Right Staff

## 2.0 Nursing Workforce Data

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

## 2.1 Vacancy Data

The latest registered nurse (RN) workforce position is based on validated data and illustrated below in Fig. 2.1

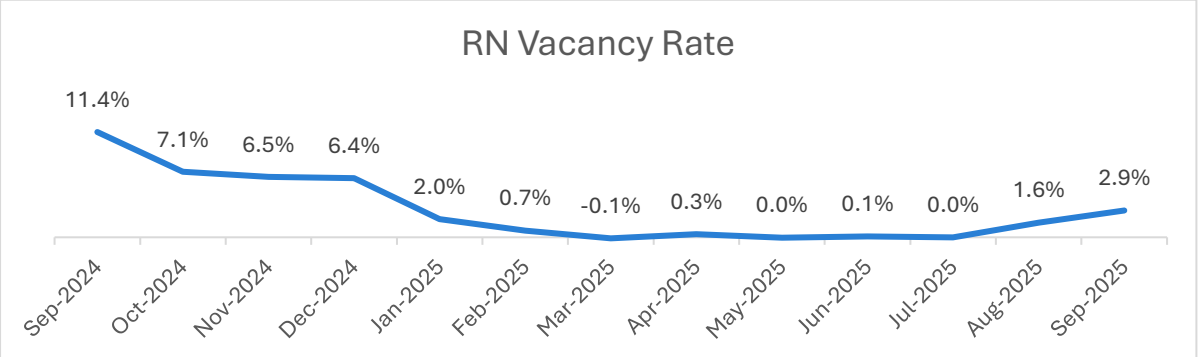



*Fig 2.1 RN Vacancy Rate*

There has been a slight increase in vacancy rates in Q2, although still low, averaging 1.5% in Q2, and with an anticipated further reduction in October with the commencement of the GOSH Newly Registered Nurses (NRNs) cohort.

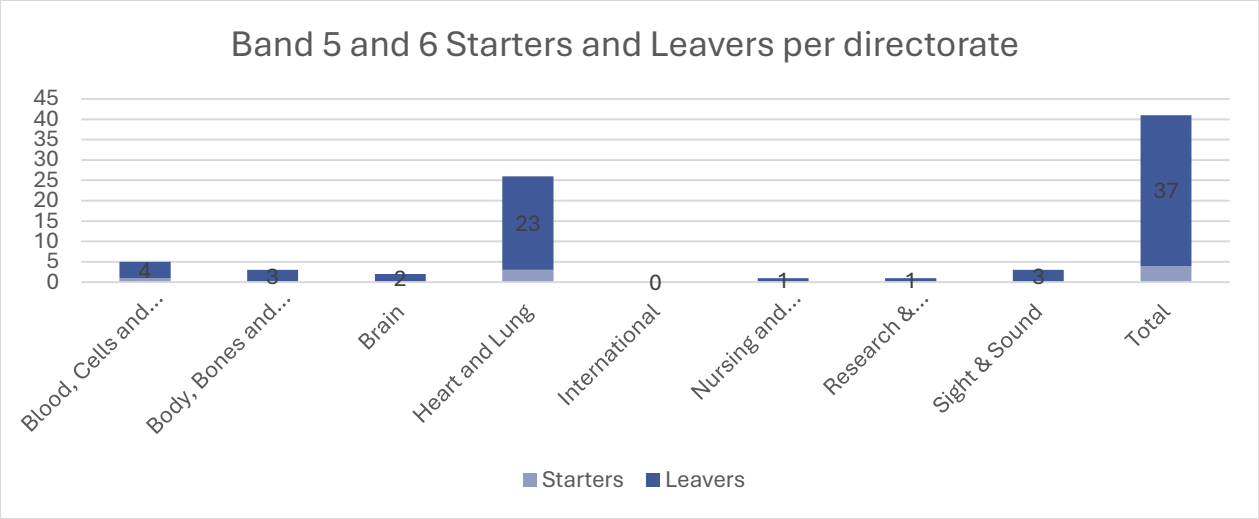



*Fig 2.2 Band 5 & 6 starters and leavers in Q2*

Fig 2.2 illustrates the total number of leavers (n = 37) superseded the total number of starters (n= 4) in Q2. The main reported reasons for leaving include relocation and work life balance.

**3.0 Recruitment Activity**
The activity to track and improve recruitment processes will now be discussed.

**3.1 Centralised Recruitment Campaigns**

The NWAQ team coordinates the recruitment of our NRNs, Internationally Educated Nurses (IEN), and Health Care Support Worker (HCSW) apprenticeships. Active recruitment campaigns have paused during the current workforce controls. The most recent recruitment activity in Q2 will now be discussed.

3.2 **Nursing Vacancy Approvals:**

Effective from August 2025, all nursing posts were subject to Directorate and Executive Management Team (EMT) review and approval.

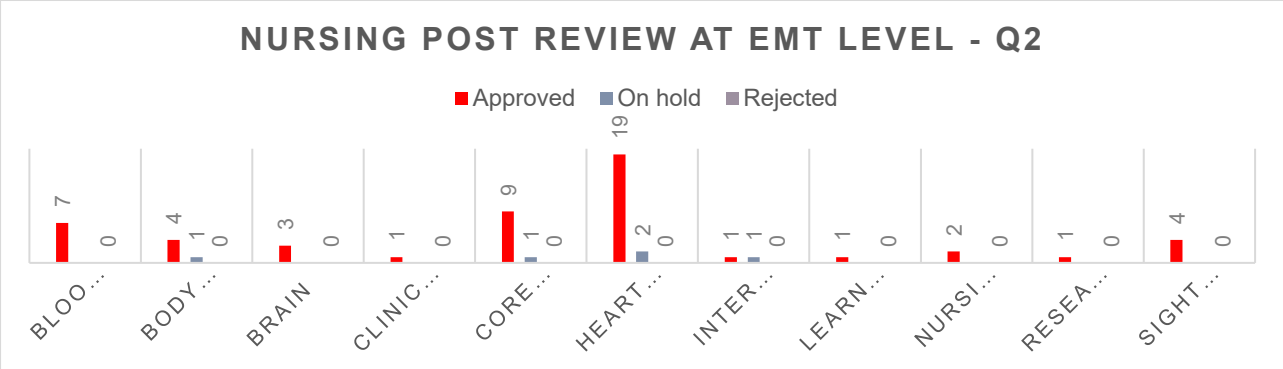



Figure 3.3 *EMT Review of Nursing Vacancies*

Figure 3.3 demonstrates the nursing posts reviewed by the EMT during Q2. 52 nursing posts have been approved, with 4 posts on hold, awaiting further Directorate information and assurance. In Q2, no nursing posts were rejected by the EMT.

### 3.3 NWAQ Nursing Vacancies Review Process

In Q2, the NWAQ team led a review of the Directorate nursing workforce to understand the current vacancies and the proposed plans to reduce the workforce numbers. The process of Band 5 and 6 nursing posts recruitment has also changed with internal advertisement occurring first and only moving to external advertisement if the post could not be filled. This change is to provide the NWAQ team with nursing recruitment oversight and encourage transparency, equity and retention, whilst minimising an increase in the total workforce. 66 nursing posts have been reviewed by the NWAQ team in Q2 (Fig 3.4).

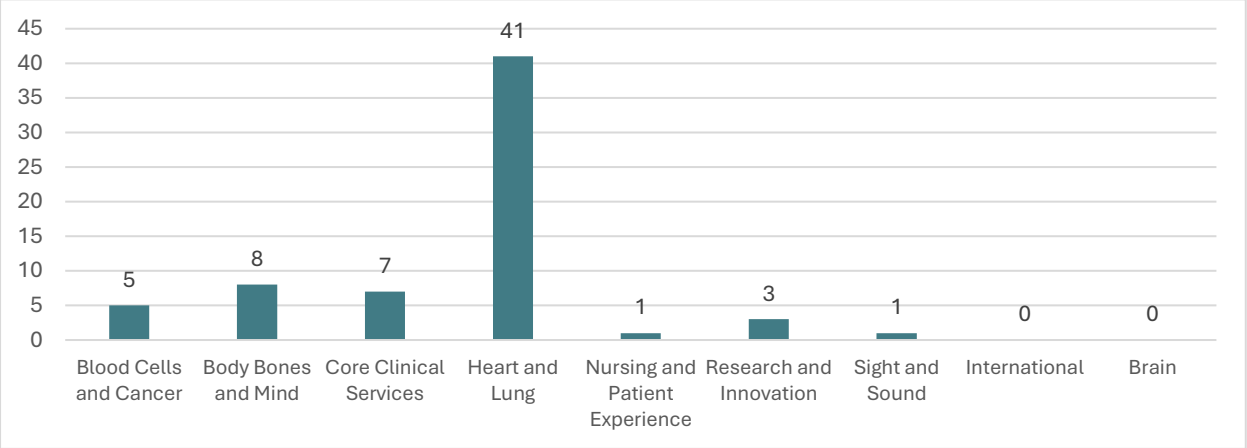



*Figure 3.4 Overview of all Band 5 and 6 Nursing Roles reviewed by NWAQ Team*

### 3.4 Newly Registered Nurses (NRNs)

In Q2, a robust process to recruit into the October cohort of GOSH NRNs, into vacant posts only, was completed. This approach consisted of the following methods, whilst keeping our relationship with the incumbent NRNs as open and supportive as possible:

- Agreed deadline of 15th August 2025 to finalise NRN allocations, ensuring sufficient onboarding lead time.
- Close collaboration with the HR Recruitment Team to identify potential Band 5 vacancies. Final Directorate approval of vacancies confirmed before unconditional offer made to the NRN candidates.
- Clinical area allocation decisions based on vacancy availability, with recognition of previous host student placement experience or preference.
- Virtual drop-in sessions to support candidates awaiting confirmation of their vacancy and allocation.
- Regular communication with the candidates and the NWAQ team prior to allocation and throughout the on-boarding process.
- Co-ordination of virtual meet and greet sessions throughout September for each Directorate in order to welcome in NRNs to their new teams.

The below table (3.5) demonstrates the number of NRNs due to start in Q3 and in Q4.

*Table 3.5 NRN Pipeline*

| Central recruitment intakes | Commenced in post |
|---|---|
| April 2025 | 22 commenced |
| October 2025 | 24 offered, 19 commenced |
| January 2026 | 14 conditionally offered |

**Expectation 2 Right Skills**

**4.0 Retention Initiatives**

The rolling voluntary turnover remains improved in Q2, with an average of 8.3%. This level continues below the Trust target of 10% and the impact of the varied retention initiatives, is evident.

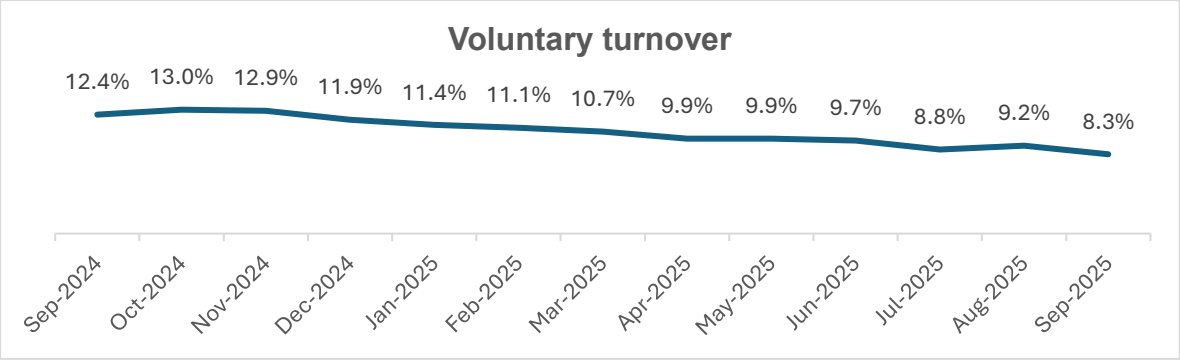



*Fig. 4.1 Rolling Voluntary Turnover*

The senior nursing team apply retention delivery plans, aligned to the GOSH Nursing Strategy, to improve the retention of nurses at GOSH. The multiple retention initiatives adopted to reduce voluntary turnover, will now be described.

**4.1 Directorate Retention Dashboards & Insight Sessions**

The Retention Dashboard presents data on 15 key performance indicators (KPIs) aligned with the GOSH Nursing Strategy, including measures such as flexible working, reward and recognition, and career development.

Whilst the Retention Dashboard is evolving, a revised approach has been introduced based on feedback to strengthen data analysis and inform targeted retention planning. Annual data review meetings will now be held with nurse managers to coincide with the publication of the Staff Survey results and reported on an annual basis (due Q4). This alignment will enable meaningful analysis and the development of evidence-based retention recommendations.

In addition to these annual review meetings, quarterly meetings with nurse managers will continue, as *Retention Insight Sessions*. These sessions will provide a structured forum for open and constructive dialogue regarding ward- and unit-level retention challenges.

Targeted interventions will be discussed, with practical actions identified to address specific issues. The impact of these changes will be reported in Q3 and Q4.

Although voluntary turnover rates remain low, maintaining focus on retention initiatives is essential to ensure the continued engagement and development of our nursing workforce and to retain valuable skills within the organisation.

### 4.2 Internal Transfers Process

The Internal Transfers Process has been paused to allow a more transparent procedure for GOSH nurses to apply for posts during this time of limited nursing vacancies, From 1 August 2025, in light of reduced nursing vacancy rates and lower voluntary turnover, all internal nursing opportunities will be advertised and managed through the standardised recruitment process. This change ensures a consistent, fair, and equitable approach for all internal applicants.

### 4.4 Career Conversations and Interview Preparation

The *Career Clinic,* providing professional advice and guidance*,* continues to be offered to all nursing staff. Q2 saw an increase in career clinic uptake: with 4 career conversations and 1 interview preparation meeting being held. To strengthen support for professional development and career progression, the frequency of the Career Clinic has been increased too weekly, allowing a responsive and supportive approach to career development.

### 4.5 Retention and People Promise Initiative

In Q2, the *People Promise Exemplar Programme* continued to deliver initiatives, focusing on, Staff Voice and Team Collaboration. Staff engagement with *Pathway to Excellence Programme* has increased, particularly through participation in the Shared Governance Councils (SGC).

#### 4.5.1 We work flexibly

The GOSH HR digital platform, GEARS, is now being used for flexible working applications and monitoring. This new process will improve efficiency for managers and most importantly, ensure an equitable approach to supporting staff in balancing personal and professional commitments. This contributes directly to wellbeing and retention.

#### 4.5.2 We each have a voice that counts

In Q2, 11 listening events were delivered to 116 nursing staff, alongside 7 coaching sessions to support career and leadership development.

#### 4.5.3 We are recognised and rewarded

The new benefits platform, *ValueYou*, has been launched. Staff can now access all available benefits and use the platform to recognise and reward colleagues.

#### 4.5.4 We are a team

As part of *Pathway to Excellence*, engagement took place with 162 staff across directorates to create Shared Governance Councils (SGCs). This framework places staff at the centre of decision-making. In Q2, 6 SGCs were established. The councils are organised by team, theme, or specialty, with members discussing improvements in patient care, staff wellbeing,

and service delivery. Bi-monthly, council chairs will update on progress through the Leadership Council, chaired by the CNO. The first Leadership Council meeting will take place in Q3.

### 4.6 Workforce on Wheels (WoW)

The NWAQ team are committed to go to the clinical areas to provide visible support to our nursing teams. Through the Workforce on Wheels project, the team aims to strengthen retention initiatives, gather soft intelligence, and identify hot spots in hard-to-reach areas. This approach also provides valuable opportunities to recognise and reward the incredible work our staff do every day to make GOSH the best place to work. In Q2, the team visited nine wards, supported by our Charity colleagues, who promoted the financial grant support available to teams.

## 5 Professional Nursing Standards

To ensure patient safety, maintain professional discipline and employ nurses who share the Trust values and behaviours, GOSH may need to apply processes to address performance or conduct. In serious cases of misconduct, a referral to the Nursing and Midwifery Council (NMC) may need to be made. During Q2 there were four open NMC referrals on existing or previous GOSH employees, two with restrictions to their practice in place. No new NMC referral had been made in Q2. Referrals to the NMC are continuing to take a protracted period and these delays have been escalated within the NMC and to the CNO and the Assistant Chief Nurse for NWAQ remains the point of contact with the NMC, liaising regularly for progress updates on any open cases.

## Expectation 3 Right Place and Time

## 6 Workforce Gaps & Mitigation

### 6.1 RN Sickness Rates

Registered Nurse (RN) sickness rates peaked in September 2025 to 5.3%, to date the highest level over the past 12 months (Fig 6.1). Continued monitoring and targeted wellbeing support will be important to help stabilise sickness levels in the coming months.

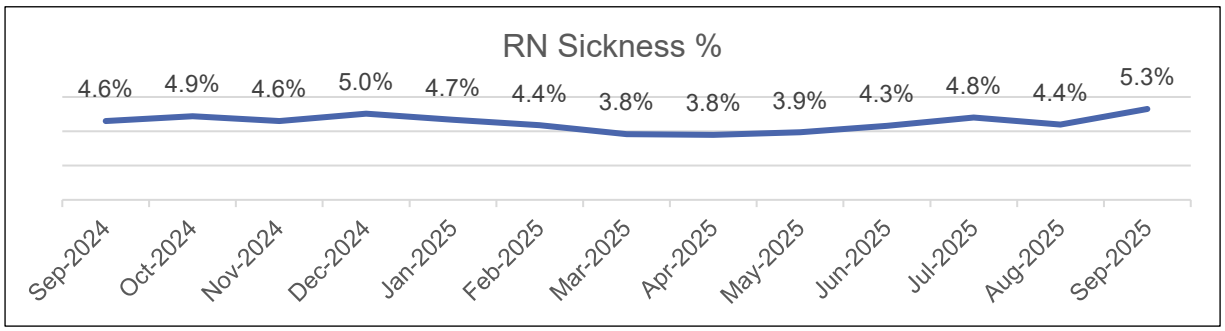



*Fig. 6.1 12 months rolling average of RN sickness rates.*

The figure below (Fig 6.2) demonstrates the rolling comparison between short term (STS) versus long term (LTS) absence.

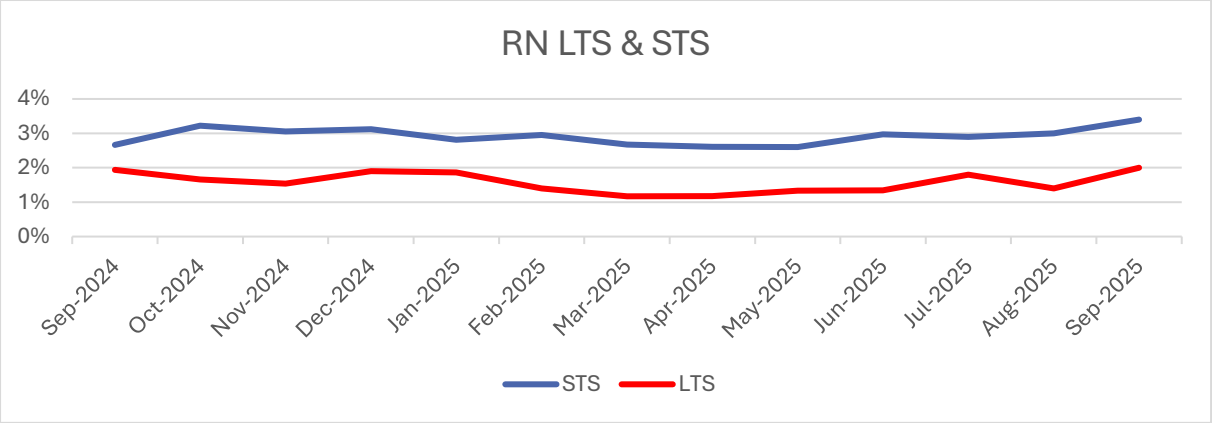



*Fig. 6.2 12-month rolling average of RN sickness rates breakdown of Long-Term Sickness (LTS) vs Short-Term Sickness (STS)*

In Q2, the main reasons for LTS absences were mental health issues and respiratory illnesses. Previously, STS absences were mostly due to coughs and colds, but in August, anxiety became the leading cause a shift that requires ongoing monitoring (Fig 6.3).

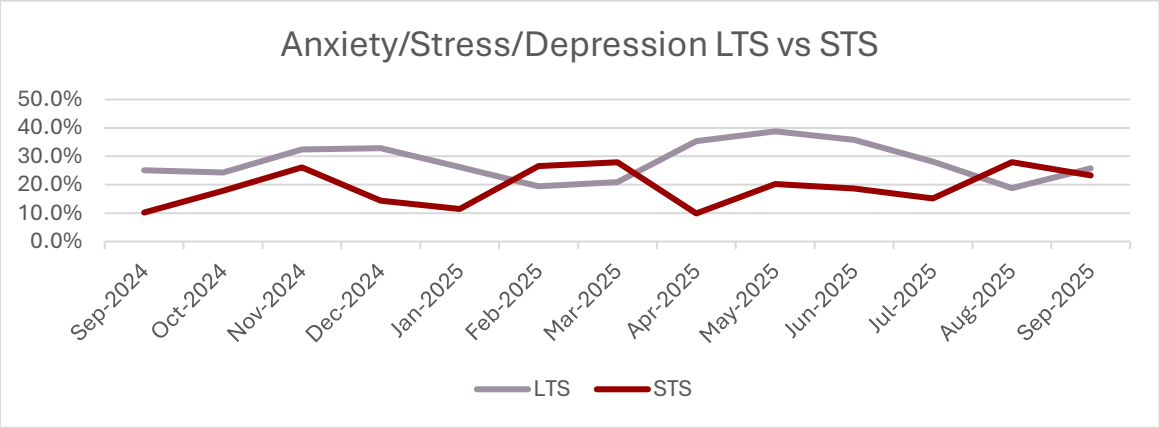



*Fig 6.3 Top Reported Reason for Sickness Absence*

**6.2 Maternity Leave**

As a predominantly female workforce, RN levels of maternity leave are monitored to evaluate and forecast gaps in the workforce. In Q2 the maternity leave rates remained static. While this stability is positive, maternity leave remains above the 2% headroom allowance, indicating a continued level of pressure on workforce capacity. Over the past 12 months, maternity levels have fluctuated between 3.3% and 4.1%, showing only minor variation but consistently sitting above the planned allowance.

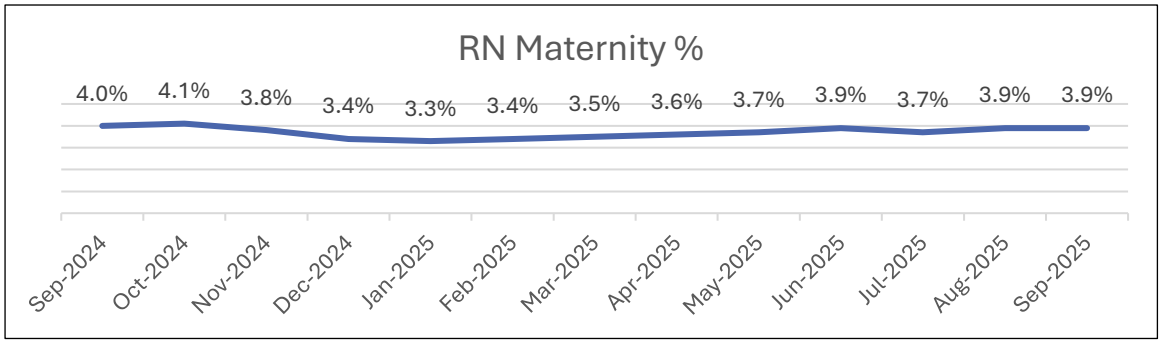



*Fig. 6.4 Twelve months rolling RN maternity leave.*

### 6.3 Safe Staffing Incidents

Twenty-seven safe staffing incidents were reported in Q2, a slight reduction to Q1 (n=29). These incidents were raised across the majority of the clinical directorates and were classified as resulting in 'no harm' in relation to patients. Key themes identified include:

- Sub optimal staffing levels (n=19)
- Training/Competencies inadequate (n=5)
- Poor Skill mix (n=2)
- Delayed communication from Bank Partners team (n=1)

All incidents are reviewed by the Associate Chief Nurses (ACN) and actions are taken to mitigate the risk of future occurrences.

*Table 6.5 Reported Safe Staffing Incidents per Directorate Q2*

| Directorate | July 2025 | August 2025 | September 2025 | Directorate total |
|---|---|---|---|---|
| BCC | 4 | 3 | 0 | 7 |
| BBM | 1 | 3 | 1 | 4 |
| Brain | 1 | 1 | 1 | 3 |
| CCS | 2 | 1 | 1 | 4 |
| H&L | 1 | 1 | 1 | 3 |
| S&S | 1 | 1 | 0 | 2 |
| I&PC | 1 | 0 | 1 | 1 |
| R&I | 0 | 0 | 0 | 0 |
| **Monthly total** | **11** | **10** | **6** | |

### 6.4 Care Hours Per Patient per Day (CHPPD)

CHPPD includes the total staff time spent on direct and indirect patient care over a 24-hour period. It captures information on all registered and non-registered nurses but excludes student nurses. CHPPD relates only to inpatient hospital wards where patients stay overnight. However, CHPPD does not reflect the total amount of care provided, nor does it provide assurance that care is safe, effective, or responsive. The Trust level of CHPPD for Q2 remained stable with only a slight variation between 15.95 to 16.19.

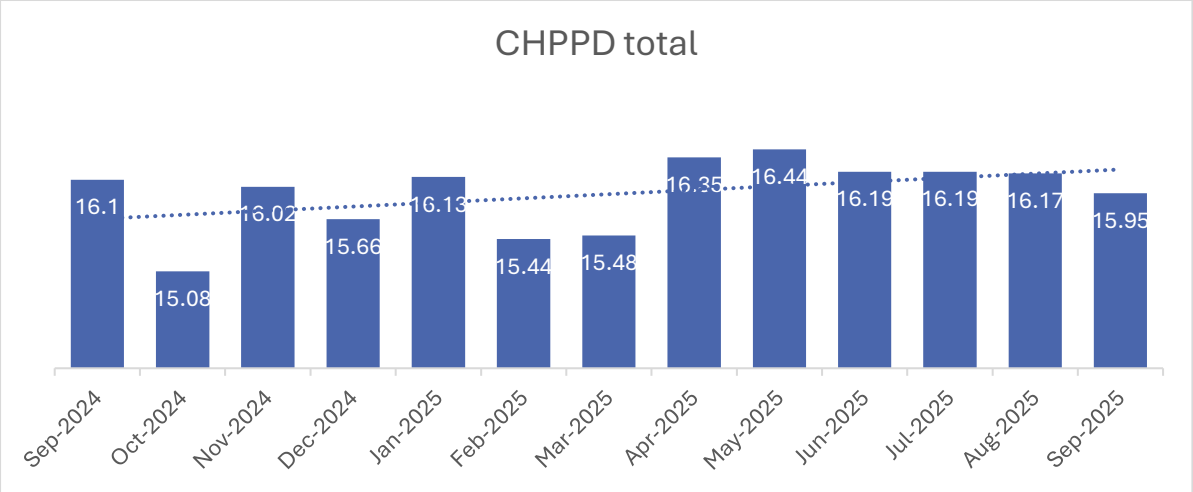



*Fig. 6.6 CHPPD 12 months rolling trend.*

CHPPD would be most useful when benchmarking against comparable areas, in other settings. Currently, there is limited ability to compare CHPPD with other specialist children's hospitals through Model Health Systems, however this limitation has been escalated to NHSE and peer benchmarking has been sought.

## 7. Temporary Staffing

In Q1, a two-step authorisation process for nursing bank shifts was introduced. This means that authorisation from the Matron or CSP teams, whom have a broader oversight of staffing across the Trust, is required before a workforce gap is sent to the Acacium Bank team. This change was discussed widely with the senior nursing teams, training resources created, and a clear decision-making process map published to guide decisions. The process has been well adopted resulting in the reduction in bank usage and increase in fill rates.

In Q2 the use of agency staff remained low across GOSH and is primarily used to provide Registered Mental Health Nurses (RMNs). Acacium aims to use the lowest cost agencies (Tier 0) to reduce cost further. Processes are also in place to move towards RMN Bank nurses to reduce further the use of agency nurses. This has resulted in four nurses converting to Bank from Agency with plans to continue to reduce agency usage.

*Table 7.1 Requests & Fill Rate for Bank in Q2*

| Month | Total Shifts Requested (excludes Shifts Requested then Subsequently Cancelled) | Total Shifts Filled | % Shifts Filled | Total Shifts Filled With Bank Staff | % Shifts Filled with Bank Staff | Shifts Filled By Agency Staff | % Shifts Filled by Agency Staff | Unfilled Shifts | % Unfilled Shifts |
|---|---|---|---|---|---|---|---|---|---|
| Jul-25 | 1,771 | 1,381 | 78% | 1,366 | 77% | 15 | 1% | 390 | 22% |
| Aug-25 | 1,876 | 1,463 | 78% | 1,428 | 76% | 35 | 2% | 413 | 22% |
| Sep-25 | 1,720 | 1,361 | 79% | 1,360 | 79% | 1 | 0% | 359 | 21% |

The use of bank nurses continues to be an area of focus at the NWAG meeting and reasons for temporary staff usage is usually explained as due to short notice absence or increased patient acuity.

### 8.0 Conclusion

In conclusion, the GOSH Nursing Workforce, with the support of the NWAQ team has demonstrated sustained progress in managing recruitment, retention, and workforce gaps. Retention remains strong, supported by a range of targeted programmes and platforms that promote staff wellbeing, engagement, and development. Sickness and maternity leave rates require continued monitoring to ensure workforce stability. The Trust's approach to temporary staffing and safe staffing incidents reflects a commitment to minimising risk and maintaining safe, effective care.

### 8.1 Summary of the Report

- RN vacancies have increased in Q2. On going delays in the reconciliation of budgeted establishment still show an over establishment in some areas, but this will be corrected once the budgets align with the workforce data.
- Rolling voluntary turnover remains improved and ongoing delivery plans continue to promote the key retention initiatives. The NWAQ team is focused on the key retention priorities to promote flexible working, rewarding the workforce, amplifying their voice, and we are one team.
- The active recruitment drive has resulted in vacancies being filled. There is now a pause on the centrally co-ordinated programme of recruitment events throughout the year, and this position will be monitored.
- Absence due to sickness, remains above the Trust target, with the main reasons for short-term absence being coughs and colds and anxiety and mental health disorders. The main reported reason for long-term absence remains due to anxiety and mental health disorders.
- The NWAQ team continue to support the recruitment and retention of the GOSH nursing workforce.

Attachment X

NHS
Great Ormond Street Hospital for Children
NHS Foundation Trust

| Trust Board<br>20th November 2025 | |
|---|---|
| **Guardian of Safe Working Report Q2 (2025/26)**<br>**Submitted by:**<br>Dr Edward Gaynor, Guardian of Safe Working | **Paper No: Attachment X**<br>□ **Attachment: 10-Point Plan for Improving Resident Doctors' Lives**<br>□ **For information and noting** |

**Purpose of report**

This report is the Q2 report of 2025/26 to the Board regarding Resident Doctor working practices at GOSH. This report covers the period 1st July – 30th September 2025 inclusive.

**Summary of report**

The GOSW Q2 report 2025/26 outlines:

- An update on engagement of the Resident Doctors' Forum (RDF) with the activities of the trust
- Key themes from exception reporting system within this period
- 10-point plan for improving resident doctors' lives and how this will help improve workplace safety and patient care

**Patient Safety Implications**

The Guardian of Safe Working (GOSW) supports and enables a safe and positive working and learning environment for resident 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**

Discussions continue around (1) Contract payment differences between NHSE trainees and Local Employed Doctors, and (2) Impact of the 10-point plan (e.g. adequate rest facilities and access to lockers) Continuing payment for overtime hours documented through the exception reporting practice – previously extended to non- training doctors (since October 2022)

**Strategic Risk**

None identified

**Action required from the meeting**

To note:

- Improving engagement of the Resident Doctors Forum (RDF) and Exception Reporting
- 2 Exception report related fines were applied in Q2
- Changes to Exception Reporting Mechanisms due to be implemented by September 2025, delayed by NHSE to 4 February 2026.

**Consultation carried out with individuals/ groups/ committees**

| |
|---|
| • Dr Renée McCulloch, Deputy Medical Director: Workforce, Careers & Wellbeing<br>• Resident Doctors Forum |
| **Who is responsible for implementing the proposals / project and anticipated timescales?**<br>Dr Edward Gaynor, Guardian of Safe Working.<br>Dr Elise Randle, Director for Medical Education |
| **Who is accountable for the implementation of the proposal / project?**<br>Dr Sophia Vardakar, Acting Chief Medical Officer |

Attachment X

# Guardian of Safe Working Hours Report
# Q2: 1st July – 30th September 2025

**1. Purpose**

To inform the board on issues arising relating to the resident 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. Resident Doctor Forum Highlights**

***Overview***

The Resident Doctors' Forum (RDF) meets monthly on the second Thursday of the month and from October 2025, the role of chair of the RDF has been taken over by Dr Tolu Abifarin. This forum provides an opportunity for our resident doctors to discuss key concerns with each other and to senior medical, education and HR leadership.

***Engagement***

There has been a good improvement in the engagement with the RDF, with most positions and directorate membership filled. There is also strong engagement of our resident doctors with other mechanisms supporting their work, such as the Local Negotiating Committee. In October we appointed a new Chair, Dr Abifarin, and two deputy chairs to support resident doctor engagement and to advocate for their working environment.

Resident doctors continue to be actively involved within trust committees – with residents speaking about their current concerns around payroll, contracts and working conditions at People and Education Assurance Committee on 12th November 2025. They have been actively involved with discussions around the trust response to the 10-point plan for improving resident doctors' lives.

***Update***

Since the last board meeting, our medical HR team have continued to review and improve their processes and actively engage with suggestions from the RDF. Our medical HR team are developing a handbook for residents to better understand employment processes in the trust.

**4. Exception Reporting: High Level Data**

***Overview***

Number of exception reports (ER) at GOSH remain low. Over Q2 there were 2 exception reports compared with 4 in Q1.

- Number of Locally Employed Doctors (LED) as of End of March 2025 = 262 (62.4%)
- Number of NHS England Training Doctors as of End of March 2025 = 158 (37.6%)
- Overall resident doctor establishment = 420
- All ER were related to inadequate rest and excess hours, within a non-resident on-call (NROC) overnight shift.
- There were no educational ER in the last quarter.
- There were no immediate safety concerns.

***Quarter 2 (1st July – 30th September 2025)***

- There was 2 ER fine applied in Q2 (rest period breach relating to NROC shift)
- Both ER have led to a fine and work schedule review of NROC structure within cardiology service.
- Both exception reports were within Cardiology service. Concerns have been raised specifically around the non-resident on-call rota with this speciality.

*Figure 1: Current Exception Reporting Rules for NROC, excerpt from NHS Employer guidance*

| Specific to on-call working patterns | |
|---|---|
| No consecutive on-call periods apart from Saturday & Sunday. No more than 3 on-call periods in 7 consecutive days | A maximum of 7 consecutive on-call periods can be agreed locally where safe to do so and no other safety rules would be breached; likely to be low intensity rotas only |
| Day after an on-call period must not be rostered to exceed 10 hours | Where more than 1 on-call period is rostered consecutively (e.g. Saturday/Sunday), this rule applies to the day after the last on-call period |
| Expected rest while on-call is 8 hours per 24 hour period, of which at least 5 hours should be continuous between 22.00 and 07.00 | If it is expected this will not be met, the day after must not exceed 5 hours. Doctor must inform employer where rest requirements are not met, TOIL must be taken within 24 hours or the time will be paid. A guardian of safe working hours fine will apply in this circumstance. |
| No doctor should be rostered on-call to cover the same shift as a doctor on the same rota is covering by working a shift | Unless there is a clearly defined clinical reason agreed by the clinical director and the working pattern is agreed by both the guardian and the director of medical education |

***Q2 Exception Report Outcomes and Explanations:***

| Outcome | Outcome |
|---|---|
| Payment | 2 |
| TOIL | 0 |
| No action | 0 |
| Unresolved *(Awaiting Education Supervision Meeting)* | 0 |
| Grand Total | 2 |

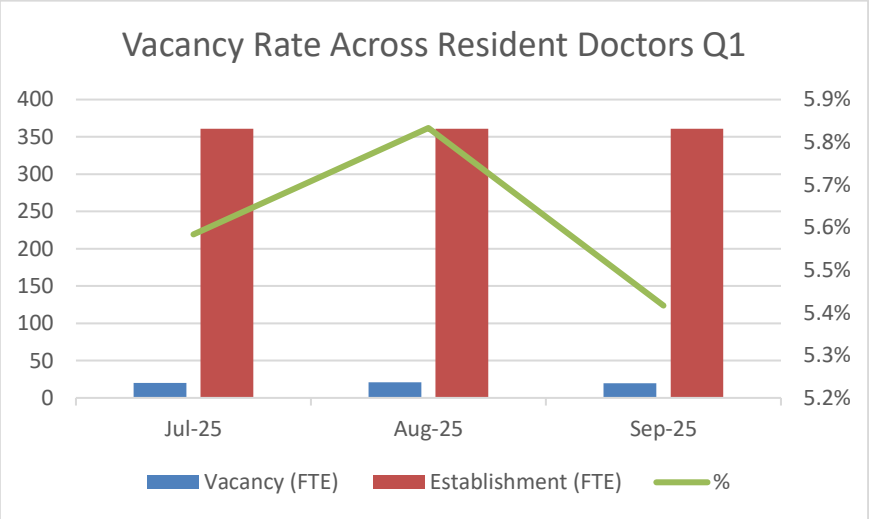
***For note***
**Some exceptions may have more than 1 resolution i.e. TOIL and Work Schedule review.*
**Unresolved is the total number of exception where either no outcome has been recorded or where the outcome has been recorded but the doctor has not responded. An educational supervisor (or other nominated reviewer) must respond to exception reports within 7 days of a report*

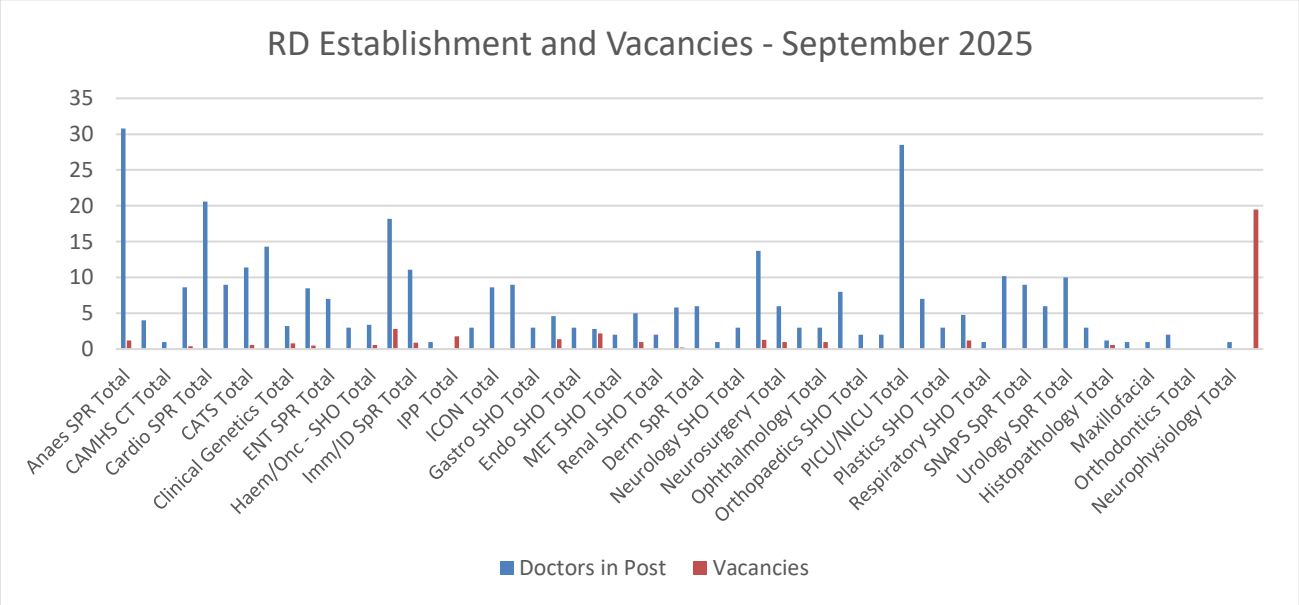
***Actions Taken:***

- The GOSW has met with the rota lead for cardiology, and agreed a work schedule review
- A training and working hours anonymous survey has been undertaken and shared within the service and with the Chief of Service. Training has been reported highly by resident doctors within service, however NROC shifts do not reflect the contractual requirements for rest.
- These findings require a review of the staffing out of hours of cardiology services by resident doctors, and may require a move to alternative working patterns.
- GOSW continues to work closely with the Director of Medical Education (DME) and Deputy Medical Director for workforce to highlight these issues

- ER levels are low in this quarter – and PGME and education fellows are undertaking focus group sessions with specialities to better understand the low reporting rates within our organisation.
- A trust wide resident doctor survey has been undertaken looking at working conditions as part of the 10-point plan. To provide better assurance for working conditions within GOSH for resident doctors.
- GOSW attends departmental Local Faculty Group meetings, Local Negotiating Committee and the Resident Doctor Forum, in order to advocate for resident doctors within the organisation and to provide assurance to the board around the safety of working hours and conditions for these doctors.

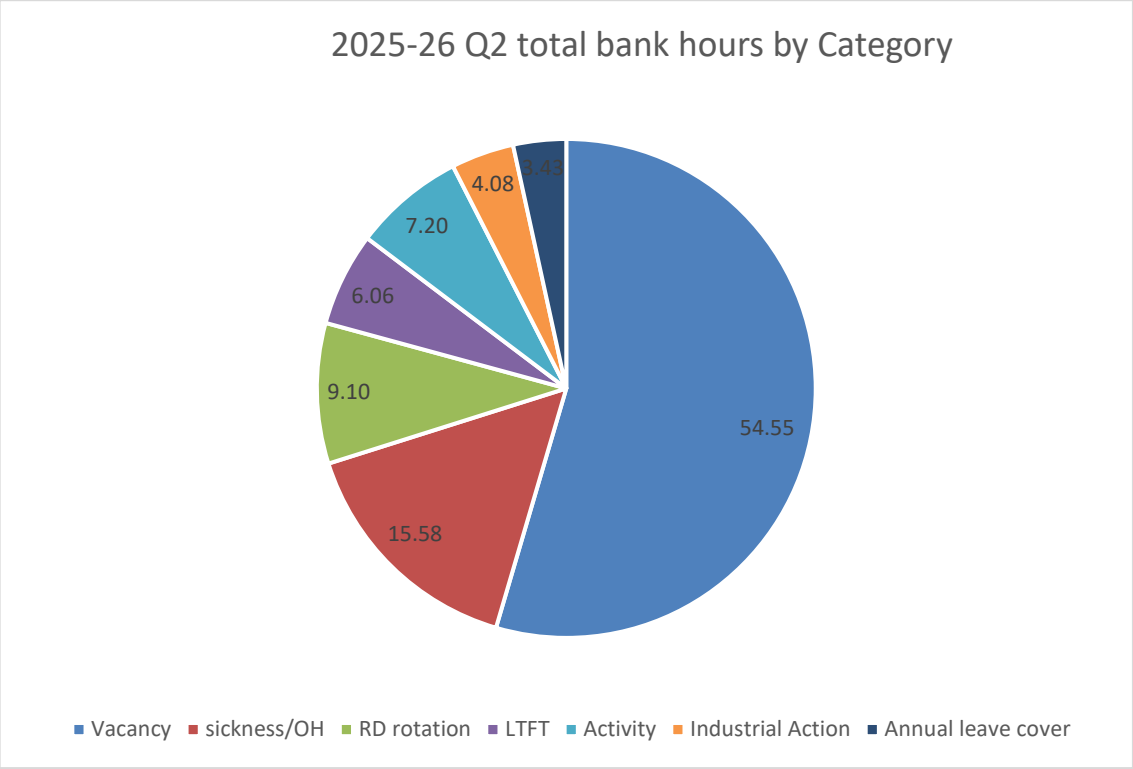
**5. Vacancy Rates:**
The overall vacancy rate across resident doctor rotas were between 5.4-5.8%, which is a reduction on Q1.




**6. Bank and Agency Usage**
Over half of the temporary staffing hours were due to Vacancy in Q2 (55%). Short-term staff sickness, as well as rota gaps due to less than full time (LTFT) staff working within rostered full-time slots remain common reasons for bank spend. Overall vacancy rates are lower than 12 months ago.

Attachment X

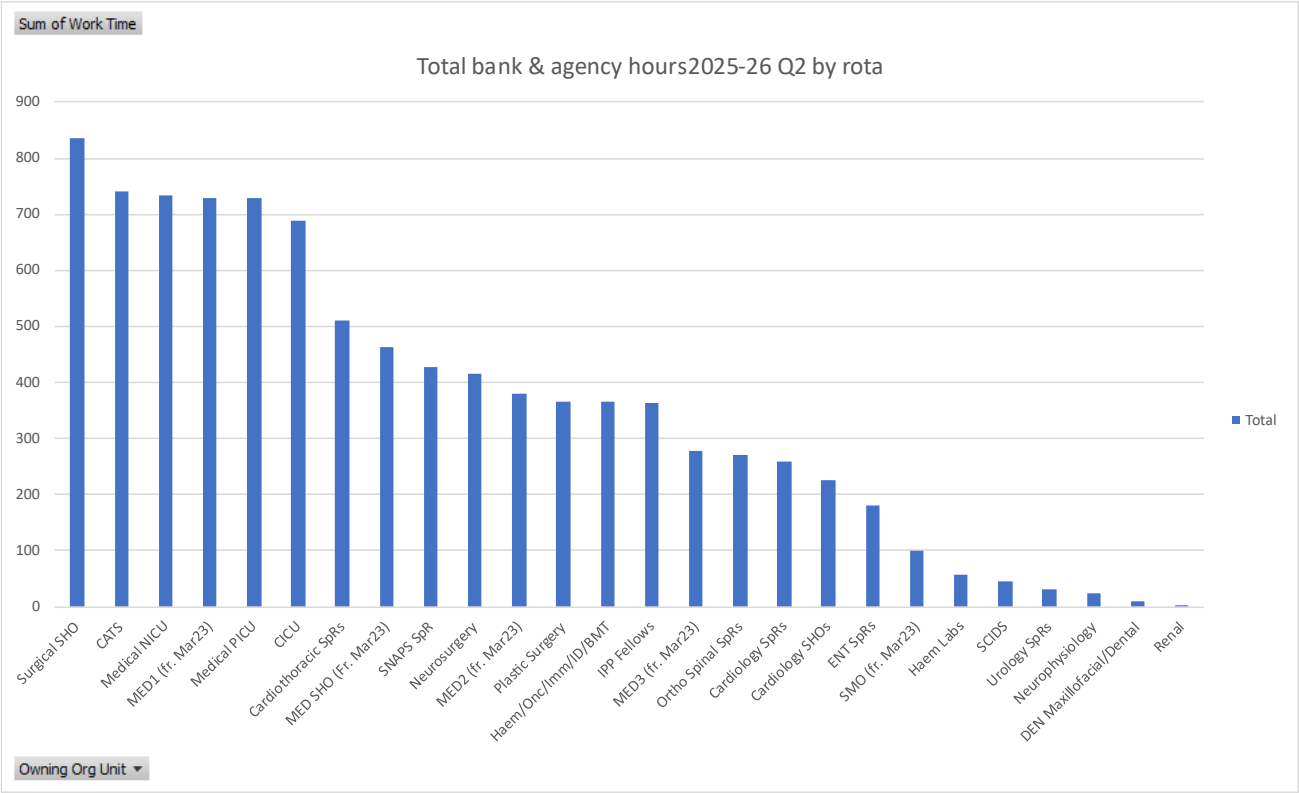


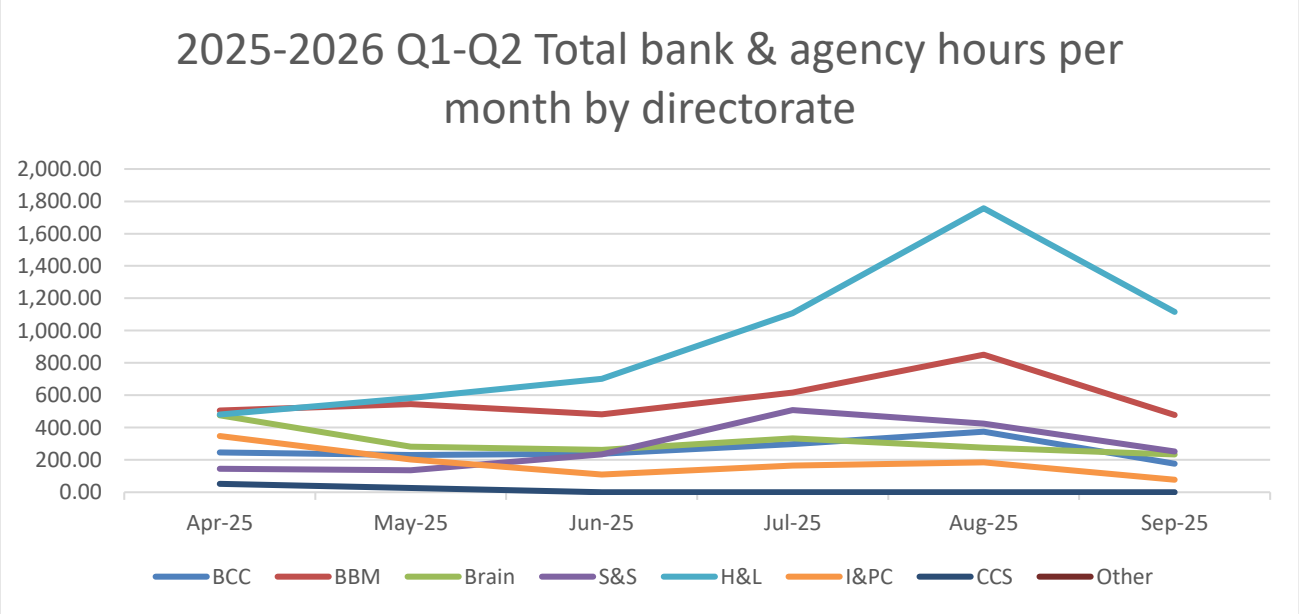

| | Quarter 2 – *This quarter* |
|---|---|
| 1 | Vacancy – 54.6 % |
| 2 | Short Term Staff Sickness – 15.9% |
| 3 | Induction / Resident Rotation Cover – 9.1% |
| 4 | Less than Full Time – 4.7% |

**Bank spend by rota and speciality**

Surgical Level 1 (SHO), CATS, MED 1 (Gastroenterology, Endocrinology and Metabolic Medicine) as well as Critical care areas, have had a high spend over the last quarter. Improved recruitment has been seen in haematology/oncology leading to a reduction in bank spend in the last quarter.

Attachment X




**7. 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 and feet-up rest (fold down beds) in multiple quiet areas in the hospital. A full audit of feet-up rest was undertaken in September 2024, and where equipment was faulty, new equipment has been ordered and is now in place. This work has been supported by the hospital operational teams. This is being re-audited as part of the 10-point plan for improving resident doctors' lives.

**8. Changes to Exception Reporting Mechanism in September 2025**

Following negotiations between NHS England and the BMA, significant reforms to exception reporting for

resident doctors on the 2016 contract in England was due to come into effect from 12 September 2025. Due to ongoing industrial action and to ensure an agreed framework in place, this has now been delayed until February 2026. Implementation of published recommendations is underway.

These changes aim to

1. Simplify processes, enhance doctor wellbeing, and ensure compliance with new legislative requirements
2. Exception reporting to be submitted directly to the medical HR and the GoSWH, without the need for supervisor approval
3. Extend the reporting window to 28 days, to improve exception reporting
4. Expansion of fines for non-compliances to legislative requirements including onboarding within 7 days, processing of ER with payment or time in lieu to be arranged within 10 days

Formal implementation guidance from NHE Employers is still awaited and will be presented to the RDF, LFGs and GMSC when available.

Current exception reporting mechanisms are available to all resident doctors within our organisation. Adoption of these amended terms and conditions for locally employed doctors should be discussed once implementation advice is available.

**9. 10-Point Plan for Improving Resident Doctors' Lives**

Improving the working lives of NHS staff is a key strategic priority, as highlighted in the NHS Long Term Workforce Plan and reinforced in the NHS Priorities and Operational Planning Guidance for 2024/25. NHS England (NHSE) had set out ways in which we should improving resident doctors' (RD) working conditions – "*10-Point Plan on Getting Back to Basics for Resident Doctors*." This directive aims to address recognised long-term challenges in payroll errors, poor rota management, and lack of essential facilities, and to support doctor well-being, training, and, ultimately, patient safety.

*Figure 1: 10 Point Plan Domains to Improve Resident Doctors' Working Lives*


An action plan (see additional document) has been developed at GOSH to implement the 10-point plan, with a key focus around

- Facilities
- Supporting health and wellbeing
- Payroll and HR services
- Processes around study leave and supporting professional development

We have appointed an Improving Resident Working Lives (IRDWL) Peer representative and a Senior Leader of Resident Doctor Experience (SLRDE). Both of whom should have access to the trust board, CEO and executive to discuss concerns affecting resident doctors. At GOSH we have appointed into these roles:

- Senior Leader of Resident Doctor Experience (SLRDE): Dr Sophia Varadkar, CMO, with delegated responsibility to Dr Edward Gaynor, GOSWH
- Improving Resident Working Lives (IRDWL) Peer representative: Dr. Tolu Abifarin, who is also RDF Chair

The 10-Point Plan action plan will sit within, and be supported by, the Quality and Safety Improvement Programme (QSIP) and will be reported directly to the board through the Improving Resident Working Lives (IRDWL) Peer representative and a Senior Leader of Resident Doctor Experience (SLRDE) every quarter.

**10.Summary**

GOSH rotas have been designed to be compliant – however exception reporting in Q2, suggest some rotas, such as within Cardiology, may not be fully compliant around adequate rest. In other clinical areas challenges continue with respect to vacancy management and unexpected gaps. Vacancy rates are overall much improved.

All submitted exception reports are reviewed for application of potential fines as per the 2016 TCS from 1st April 2023. Engagement with the exception reporting system is low, and assurance is provided through other mechanisms such as attendance at local faculty group meetings and through concerns highlighted in the RDF.

The RDF continues to be an important forum for discussion and recommendations to improve working conditions and clinical care for resident doctors in the organisation. They are feeding directly into developments in 10-point plan for improving resident doctors' lives.

Changes to exception reporting, agreed following negotiation between NHSE employers and the BMA will be implemented in February 2026. Implementation plans are already underway within trust medical HR services.

The trust 10-point plan for improving resident doctors lives is underway, and this alongside exception reporting, should help to ensure that our residents are working safely and in workplace that supports their learning and safe working.

**Appendix 1: Background Information for Trust Board**

On 2nd October 2017 all resident doctors (previously "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 resident 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.

**Change of terminology for "junior doctors" and Junior Doctors' Forum**

Following petition from the British Medical Association, non-consultant grade doctors previously referred to as "junior doctors" were transitioned over to the new terminology "resident doctors" on Wednesday 18th September 2024. This was following a BMA survey in February 2024 that showed the change to "resident" was supported by 91% of junior/resident doctors, and the Government agreed that the term was preferable during 2024 pay talks. This term has been adopted by NHS employers. In addition to the change in terminology, the Junior Doctors' Forum (JDF) has been renamed the Resident Doctors' Forum (RDF) within Great Ormond Street Hospital.

**10-point plan for Improving Resident Doctors' Lives**

Improving the working lives of NHS staff is a key strategic priority, as highlighted in the NHS Long Term Workforce Plan and reinforced in the NHS Priorities and Operational Planning Guidance for 2024/25. NHS England (NHSE) had set out ways in which we should improving resident doctors' (RD) working conditions – "*10-Point Plan on Getting Back to Basics for Resident Doctors*." [September 2025]. This directive aims to address recognised long-term challenges in payroll errors, poor rota management, and lack of essential facilities, and to support doctor well-being, training, and, ultimately, patient safety.

Attachment X

Attachment Y

Great Ormond Street Hospital for Children
NHS Foundation Trust

**Trust Board**
20th November 2025

| | |
|---|---|
| **Diversity and Inclusion Annual Report 2024-2025**<br><br>**Submitted by: Caroline Anderson, Director of HR and OD** | **Paper No: Attachment Y**<br><br>**For approval**<br>**For information and noting** |

**Purpose of report**
To provide assurance to the Board on how the Trust continues to meet its statutory and regulatory duties

**Aims and Summary:**

The Diversity & Inclusion Annual Report provides an overview of our progress, challenges, and future direction in advancing equality, diversity, and inclusion across Great Ormond Street Hospital (GOSH). It draws on workforce data, Race and Disability equality insights, and contributions from teams, directorates, and staff networks, all aligned with the Seen and Heard Framework and the GOSH People Strategy 2023-2026.

Key areas of focus for Trust Board are:

- BME staff now represent 40% of the workforce, continuing a positive upward trend compared to 38.9% last year
- An improvement in the representation 4.64% to 6.52% The proportion of staff declaring a disability has increased suggesting improved self-reporting or greater workforce disclosure.
- The median gender pay gap reduced to 4.9%, compared to 6.4% last year with ongoing efforts to address structural drivers.
- Ongoing disparities in recruitment outcomes (WRES Indicator 2) and disciplinary processes (WRES Indicator 3)
- Sustaining delivery of the Anti-Racism Action Plan

Once approved by the Trust Board, the report will be shared across the Trust and externally published in line with statutory requirements.

The annual D&I Report is a statutory and regulatory requirement under the Equality Act (Public Sector Duty), NHS England's WRES, WDES, and Gender Pay Gap reporting frameworks. It summarises key workforce data, progress, and actions taken over the last year to create a fair, inclusive, and equitable working environment for all colleagues.

This year's report adopts a more accessible and visual format. This keeps us connected with wider system approaches and helps ensure our documents evolve sustainably and consistently. It also integrates the Anti-Racism Action Plan, demonstrating how targeted interventions are improving equity and belonging across the organisation. Progress against the for themes of Seen and Heard Framework reflects delivery of initiatives across culture and system alignment. These foundations are essential to improving our workforce indicators over time.

A highlight this year has been the RISE Programme, which has offered colleagues a valuable development opportunity. Participants and sponsors have fed back that the programme fostered meaningful learning and elements of reverse mentoring. An evaluation has been completed, and RISE is featured in our Impact section of the annual report.

The report demonstrates improvement in data transparency and enhanced governance. It also outlines where indicators have remained static, reflecting our continued focus on improving the systemic conditions for change.

We have also carried out an in-depth WRES and WDES benchmarking exercise nationally, regionally and by Trust type to reflect how we compare with peers, helps us understand our progress, share learning, and where further improvement or focus may be needed.

We recognise we still have work to do on racial equity, particularly around recruitment experience and disciplinary processes, Similarly, we must keep up momentum on Trans Inclusion, gender equality and disability equality, especially around reasonable adjustments and declaration. This forms part of our strategic priorities for next year, WRES and WDES Improvement Plan.

Attached is a slide deck highlighting the Executive Summary for review and information. The full report to be accessed and reviewed digitally via the link below:

**Diversity and Inclusion Annual Report 2024-2025.pdf**

## Patient Safety Implications

A diverse, supported, and inclusive workforce directly contributes to safer, higher-quality patient care. Evidence shows that inclusive leadership and equitable workforce experiences are linked to improved patient outcomes and engagement.

## Equality impact implications

This report provides assurance on compliance with statutory equality duties. It demonstrates active work to address disparities in workforce experience, particularly for colleagues from Global Majority and with a disability and long-term health condition. No adverse impacts identified.

## Financial implications

There are no direct financial implications. All actions are being delivered within existing resources and workforce development budgets. Future improvements will continue to align with available capacity and system priorities.

## Strategic Risk

Company Secretary to complete

**Action required from the meeting**

The Board is asked to:

- Receive and note the Diversity and Inclusion Annual Report 2024/25.
- Acknowledge assurance on compliance with statutory duties
- Endorse the continued priorities for 2025/26 to build on the foundations established through the Seen and Heard framework.

**Consultation carried out with individuals/ groups/ committees –**

**The report has been reviewed and discussed through the following forums:**

- Diversity and Inclusion Steering Committee
- Executive Management Team
- People Planet Programme Board
- People, Education and Assurance Committee

Provided positive feedback on the new layout, accessibility and inclusion of staff network voices; Welcomed the integrated approach; Reviewed and endorsed the report for Board approval

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

Christine Cornwall – Associate Director of HR Projects
Fareeha Usman – Head of EDI

## Who is accountable for the implementation of the proposal / project?

Caroline Anderson – Director of HR and OD

Great Ormond Street Hospital for Children
NHS Foundation Trust

# SEEN and HEARD

# DIVERSITY AND INCLUSION ANNUAL REPORT 2024 – 2025


## Executive Summary

**Trust Board: 20th November**

# EXECUTIVE SUMMARY

## PURPOSE

The Diversity & Inclusion Annual Report provides an overview of our progress, challenges, and future direction in advancing equality, diversity, and inclusion across Great Ormond Street Hospital (GOSH). It draws on workforce data, Race and Disability equality insights, and contributions from teams, directorates, and staff networks, all aligned with the Seen and Heard Framework and the GOSH People Strategy 2023-2026.

## KEY HIGHLIGHTS

- **Workforce Representation:** BME staff now represent 40% of the workforce, continuing a positive upward trend compared to 38.9% last year
- **Disability Representation:** An improvement in the representation 4.64% to 6.52% The proportion of staff declaring a disability has increased suggesting improved self-reporting or greater workforce disclosure.
- **Gender Pay Gap:** The median gender pay gap reduced to 4.9%, compared to 6.4% last year with ongoing efforts to address structural drivers.
- **Youthful Workforce:** With 23.7% of staff under 30, GOSH faces unique challenges around retention, wellbeing, and career development, especially in lower pay bands.

## STRATEGIC INITIATIVES

- **RISE Sponsorship Programme:** A targeted positive action initiative supporting career progression for BME staff at Band 7 and above.
- **Seen and Heard Champions:** Expanded deployment to recruitment panels across bands, focusing on areas with the greatest disparity in appointment outcomes.
- **Anti-Racism Programme:** A Trust-wide evidence led initiative to embed anti-racist principles into leadership, culture, and policy.
- **Apprenticeships:** We have our highest number of Apprentices ‘live’ ever over 460. That’s over 7% of our workforce on an Apprenticeship. We have started our first ever Speech and Language Degree Apprentice.
- GOSH Apprenticeships are up for two National employer awards at the Multicultural Apprenticeship Awards - Multicultural Apprenticeship Awards 2025. Our two GOSH Apprentices are also nominated as finalists at the same awards

## STAFF NETWORKS AND VOICE

Our Staff networks have played a vital role in shaping this year’s priorities, advocating for underrepresented voices, linking data into action and helping us build psychological safety across teams.

Our four staff networks - **REACH, Pride, ENABLED, and Women’s Network** continue to amplify lived experiences, co-create initiatives, and influence policy. Quarterly meetings with executive sponsors and dedicated funding have enhanced visibility and impact.

## NEXT STEPS

In 2025 - 2026, we will:

- Refresh our Seen and Heard Framework
- Scale up the RISE programme
- Strengthen and empower our staff networks
- Embed our Anti-Racism work programme with robust action plan.
- Enhance inclusive leadership development and EDI training.
- Continue disaggregating and collecting quantitative and qualitative insights to inform targeted interventions.

The report reflects our commitment to creating a workplace where all staff feel seen, heard, and valued. While progress is evident, we remain focused on addressing persistent inequalities and fostering a culture of belonging for all.

# AT A GLANCE DASHBOARD

## Our Workforce

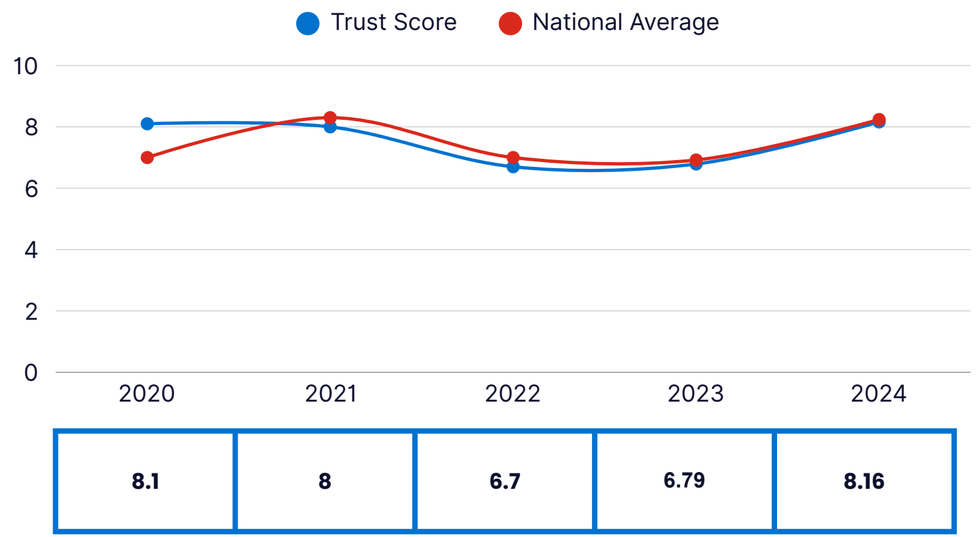
70%

**Clinical**

30%

**Non-clinical**

## Staff Survey: Equality, Diversity and Inclusion Theme




| 8.1 | 8 | 6.7 | 6.79 | 8.16 |
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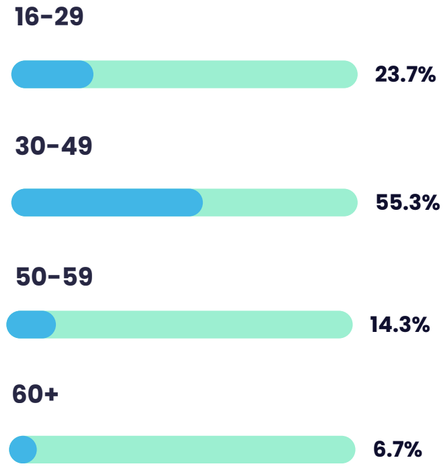
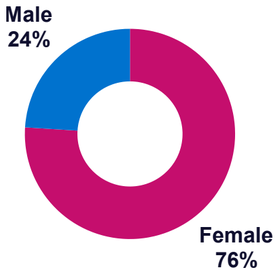
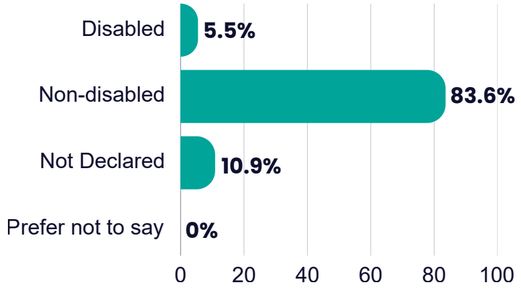
## Staff Breakdown by Age Band



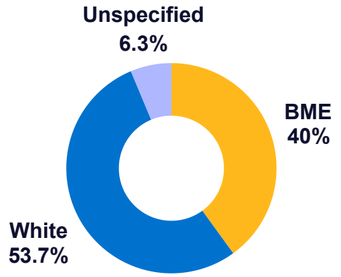

## Staff Breakdown by Gender



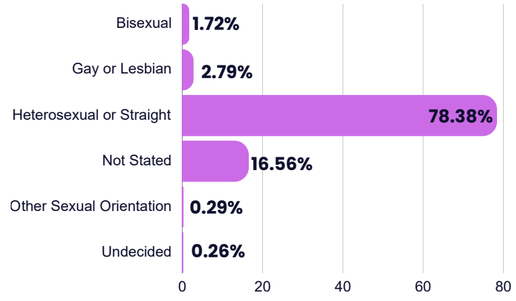

## Staff Breakdown by Disability



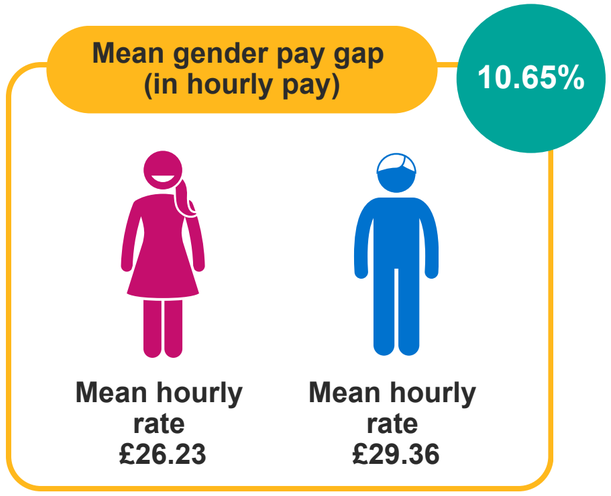

## Staff Breakdown by Ethnicity

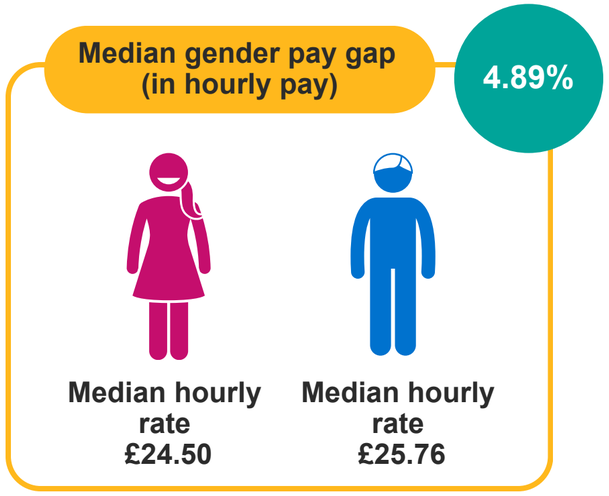



## Staff Breakdown by Sexual Orientation



# GENDER PAY GAP PROFILE – HOURLY RATE




**The figures for the 12 month period to 31st March 2025 are set out in the table below.**

| Gender | Mean (average) hourly rate | Median hourly rate |
|---|---|---|
| Female | £26.23 | £24.50 |
| Male | £29.36 | £25.76 |
| Difference | 3.13 | 1.26 |
| Pay Gap % | 10.65% | 4.89% |

In this section of the report, the data represents the average hourly rates of male and female workforce members. In particular, calculations have been made using the 'mean' and 'median' gender pay gap.

**Mean gender pay gap:**
The `mean' refers to the average within the data set
**Median gender pay gap:**
The `median' refers to the middle number in the data set

As of 31 March 2025, the mean (average) hourly rate for women is **£26.23**, compared with **£29.36** for men. The median hourly rate - the midpoint when all salaries are lined up is **£24.50** for women and **£25.76** for men.

This means:

- **The mean gender pay gap is 10.65%, and**
- **The median gender pay gap is 4.9%.**

Put simply, for every £1 earned by a male, a female earns about 89p on average, or 95p at the median.

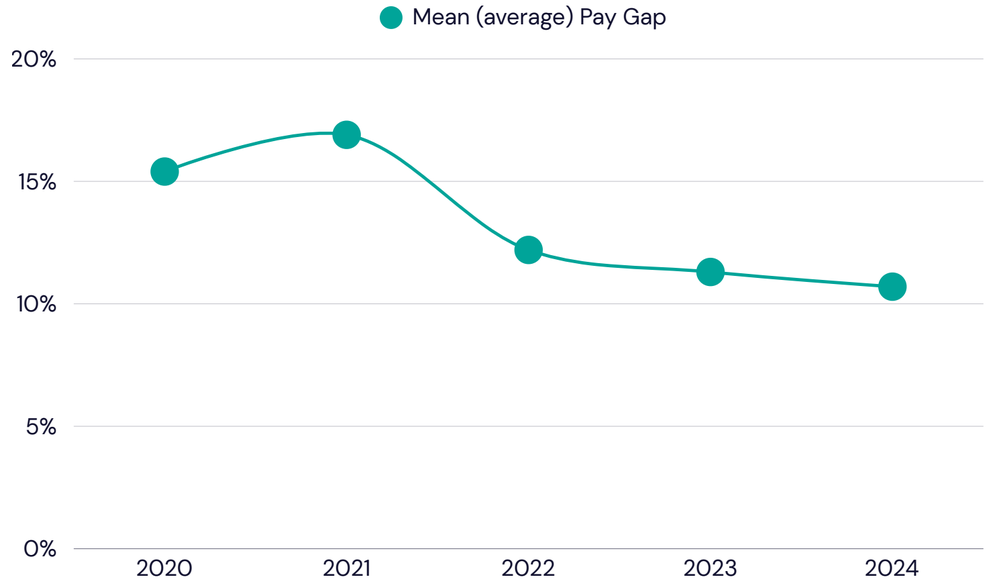
Because women make up the vast majority of our overall workforce, the higher earnings of male consultants have a greater impact on the overall male average pay. The gender pay gap isn't about unequal pay for equal work - it's about how men and women are distributed across roles, bands, and specialities. To close this gap, we'll keep supporting equitable career progression across all staff groups.

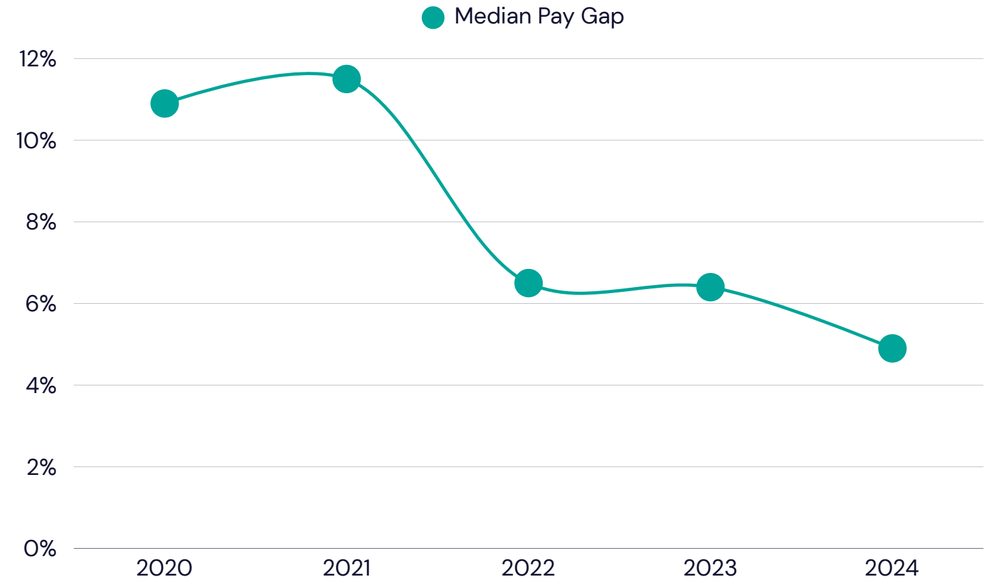
| Year | Mean Pay Gap | Median Pay Gap |
|---|---|---|
| **2020** | 15.4% | 10.9% |
| **2021** | 16.9% | 11.5% |
| **2022** | 12.2% | 6.5% |
| **2023** | 11.3% | 6.4% |
| **2024** | 10.7% | 4.9% |

Compared to last year, the trend is moving in the right direction when the mean gender pay gap was 11.3% and the median pay gap was 6.4% Both the mean and median gaps have continued to narrow - a positive and sustained improvement over the last five years.

However, the gap remains in favour of male colleagues. The main drivers are structural rather than pay policy:

- A higher proportion of male representation in senior and consultant-level roles, which attract higher salaries.
- A higher proportion of female representation in lower pay bands, particularly in nursing and administrative roles.



# Workforce Race Equality Standard (WRES) - Our data 2024-2025 - The 9 Indicators

| | | |
|---|---|---|
| **Indicator 1** | **Percentage of staff in each of the AfC (Agenda for Change) bands 1-9 or Medical and Dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce disaggregated by:**<br>**□ Non-Clinical staff**<br>**□ Clinical staff - of which; Non-Medical staff and Medical and Dental staff** | **BME: 40%** |
| **Indicator 2** | **Relative likelihood of staff being appointed from short listing across all posts.** | **White: 2.24** |
| **Indicator 3** | **Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.** | **BME: 2.88** |
| **Indicator 4** | **Relative likelihood of staff accessing non mandatory training and CPD (Continuous Professional Development)** | **White: 1.10** |
| **Indicator 5** | **Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.** | **BME: 13.73%**<br>**White: 17.30%** |
| **Indicator 6** | **Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.** | **BME: 23.33%**<br>**White: 20.48%** |
| **Indicator 7** | **Percentage of staff believing that the Trust provides equal opportunities for career progression and promotion.** | **BME: 47.17%**<br>**White: 59.69%** |
| **Indicator 8** | **In the last 12 months have you personally experienced discrimination at work from any of the following - Manager, team leader or other colleague** | **BME: 13.47%**<br>**White: 6.75%** |
| **Indicator 9** | **Percentage difference between the organisation's Board voting membership and its overall workforce.** | **BME: 21.43%**<br>**White: 57.14%** |

# WRES KEY FINDINGS 2024-2025

## 1. Staff Representation


**of our workforce is from BME backgrounds.**

KEY
BME
White

Metrics **1 - 4** and **9** are a snapshot of the workforce data from 31st March 2025 while Metrics **5-8** are taken from the NHS Staff Survey.

## 2. Shortlisting

**White applicants are**

**2.24X**

**more likely to be appointed from shortlisting.**

## 3. Disciplinary

**BME colleagues are**

**2.88X**

**more likely to be entered into the disciplinary process.**

## 4. Training

**white colleagues are**

**1.10X**

**more likely to access non-mandatory training.**

## 5. Bullying from public

**13.73%**

**of BME colleagues reported experiencing harassment, bullying or abuse from the public.**

## 6. Bullying from staff

**23%**

**of BME colleagues reported experiencing harassment, bullying or abuse from managers or other colleagues.**

## 7. Progression

**47%**

**of BME colleagues believe the Trust provides equal opportunities for career progression or promotion.**

## 8. Discrimination

**13.47%**

**of BME colleagues reported personally experiencing discrimination at work from managers or other colleagues.**

## 9. Trust Board

**21.43%**

**of our Trust Board (voting membership) is from BME backgrounds.**

# TRENDS AND COMPARISON

Metrics **1 - 4** and **9** are a snapshot of our workforce data from 31 March 2025, while Metrics **5-8** are taken from the NHS Staff Survey, conducted in Autumn 2024.

**DIRECTION OF TRAVEL**

CONSISTENT | DETERIORATION | IMPROVEMENT

**KEY**

BME

White

## 1. Staff Representation

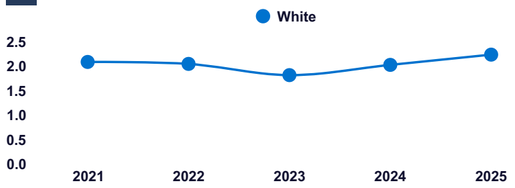
**40%**

**of our workforce is from BME backgrounds.**

**Difference**

| | |
|---|---|
| Last Year 2024 | 38.9% |
| This Year 2025 | 40% |

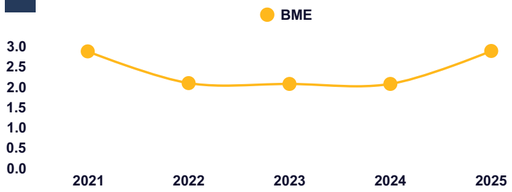
## 2. Shortlisting




**Difference**

| | |
|---|---|
| Last Year 2024 | 2.03 X |
| This Year 2025 | 2.24 X |

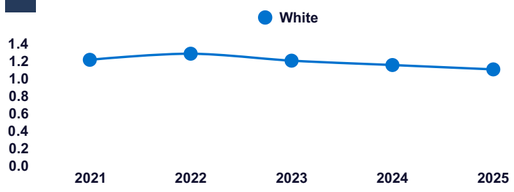
## 3. Disciplinary




**Difference**

| | |
|---|---|
| Last Year 2024 | 2.07 X |
| This Year 2025 | 2.88 X |

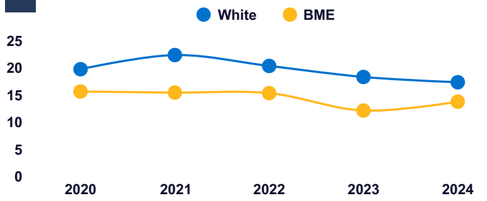
## 4. Training




**Difference**

| | |
|---|---|
| Last Year 2024 | 1.15 X |
| This Year 2025 | 1.10 X |

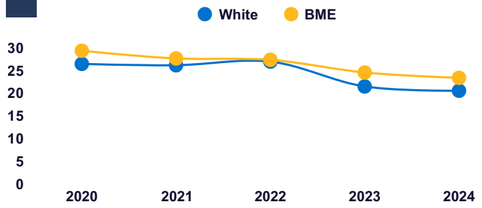
## 5. Bullying from public




**Difference**

| | |
|---|---|
| Last Year 2024 | 6.2% |
| This Year 2025 | 3.6% |

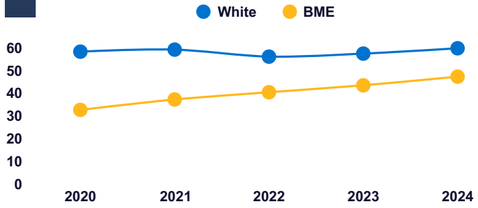
## 6. Bullying from staff




**Difference**

| | |
|---|---|
| Last Year 2024 | 3.1% |
| This Year 2025 | 2.9% |

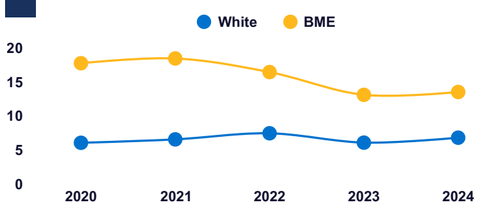
## 7. Progression




**Difference**

| | |
|---|---|
| Last Year 2024 | 14.0% |
| This Year 2025 | 12.5% |

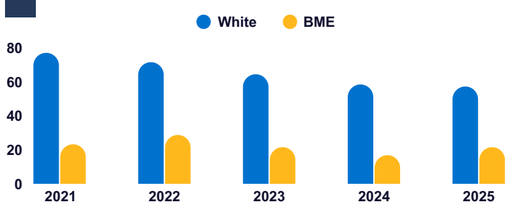
## 8. Discrimination




**Difference**

| | |
|---|---|
| Last Year 2024 | 7.0% |
| This Year 2025 | 6.7% |

## 9. Trust Board




**Difference**

| | |
|---|---|
| Last Year 2024 | 16.67% |
| This Year 2025 | 21.43% |

# Workforce Disability Equality Standard (WRES) - Our data 2024-2025 - The 10 indicators

| | | |
|---|---|---|
| **Indicator 1** | Percentage of staff in each of the AfC (Agenda for Change) bands 1-9 or Medical and Dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce | Disabled: 6.5% |
| **Indicator 2** | Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts | Disabled: 1.42 |
| **Indicator 3** | Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure | <10 colleagues |
| **Indicator 4** | 4a: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. | Disabled: 24.58%<br>Non-disabled: 13.75% |
| | 4b: % of staff experiencing harassment, bullying or abuse from managers in the last 12 months | Disabled: 13.87%<br>Non-disabled: 9.06% |
| | 4c: % of staff experiencing harassment, bullying or abuse | Disabled: 27.12%<br>Non-diabled: 15.57% |
| | 4d: % of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months | Disabled: 51.78%<br>Non-disabled: 47.49% |
| **Indicator 5** | Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion | Disabled: 49.0%<br>Non-disabled: 55.61% |
| **Indicator 6** | Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties | Disabled: 24.40%<br>Non-disabled: 19.22% |

# Workforce Disability Equality Standard (WRES) - Our data 2024-2025

| | | |
|---|---|---|
| **Indicator 7** | **Percentage of staff % staff saying that they are satisfied with the extent to which their organisation values their work** | **Disabled: 40.67%**<br>**Non: disabled: 49.90%** |
| **Indicator 8** | **% of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work** | **Disabled: 71.70%** |
| **Indicator 9** | **Comparison of the engagement scores for disabled and non-disabled staff** | **Disabled: 6.89**<br>**Non-disabled: 7.30** |
| **Indicator 10** | **Percentage difference between the organisation's Board voting membership and its overall workforce** | **Disabled: 14.29%**<br>**Non-disabled: 64.29%** |

# WDES KEY FINDINGS 2024 - 2025

## 1. Staff Representation


**of our workforce identified themselves as disabled.**

When referring to disability in the WDES, the term "Disabled staff" is used in line with the social model of disability, which includes those with long-term physical or mental health conditions that meet the criteria under the Equality Act 2010.

**KEY**

**Disabled**

**Non-disabled**

Metrics 1-3 and 10 are a snapshot of our **workforce data** from 31 March 2025, while Metrics 4-9 are taken from the **NHS Staff Survey**, conducted in Autumn 2024.

## 2. Shortlisting

**Non-disabled applicants are**

**1.42X**

**more likely to be appointed from shortlisting.**

## 3. Disciplinary

**Fewer than 10 disabled**

**<10**

**colleagues entered the formal capability process.**

## 4a. Bullying from public

**24.58%**

**of disabled colleagues reported experiencing harassment, bullying or abuse from the public.**

## 4b. From managers

**13.87%**

**of disabled colleagues reported experiencing harassment, bullying or abuse from managers.**

## 4c. From staff

**27.12%**

**of disabled colleagues reported experiencing harassment, bullying or abuse from colleagues.**

## 4d. Bullying reported

**51.78%**

**of disabled colleagues reported experiencing bullying, harrasment or abuse.**

## 5. Progression

**49%**

**of disabled colleagues believe the Trust provides equal opportunities for promotion.**

## 6. Presenteeism

**24.40%**

**of disabled colleagues feel pressured to come to work when not feeling well enough.**

## 7. Feeling valued

**40.67%**

**of disabled colleagues feel valued by the organisation.**

## 8. Reasonable Adjustments

**71.7%**

**of disabled colleagues say reasonable adjustments were made.**

## 9. Staff engagement

**The 0-10 staff engagement score for disabled colleagues is**

**6.89%**

## 10. Trust Board

**14.29%**

**Composition of our Trust Board (voting membership).**

# TRENDS AND COMPARISON

**DIRECTION OF TRAVEL**

CONSISTENT | DETERIORATION | IMPROVEMENT

**KEY**

Disabled

Non-disabled

## 1. Staff Representation

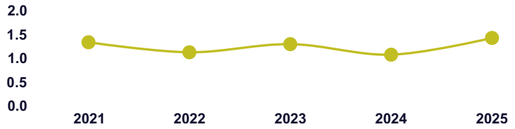
**6.5%**

of our workforce has identified themselves as disabled.

**Difference**

Last Year 2024 : 4.6% This Year 2025 : 6.5%

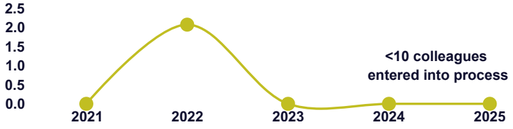
## 2. Shortlisting




**Difference:**

Last Year 2024 : 1.07x This year 2025 : 1.42 x

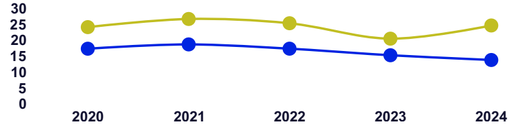
## 3. Disciplinary




**Difference:**

Last Year 2024 : <10 This year 2025 : <10

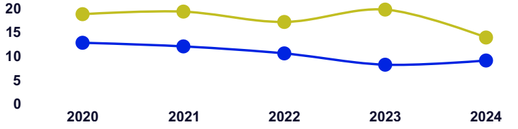
## 4a. Bullying from public




**Difference:**

Last Year 2024 : 5.2% This year 2024: 10.8%

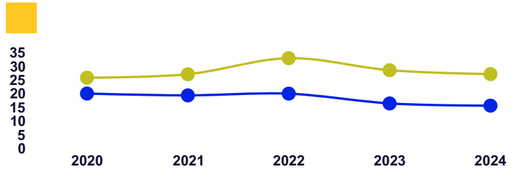
## 4b. From managers




**Difference:**

Last Year 2023 : 11.5% This year 2024 : 4.8%

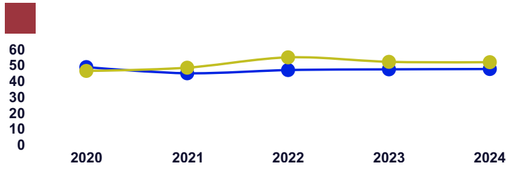
## 4c. From staff




**Difference:**

Last Year 2023 : 12.2% This year 2024 : 11.6%

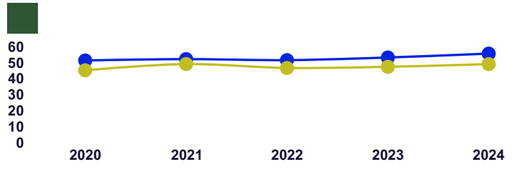
## 4d. Bullying reported




**Difference:**

Last Year 2023 : 4.7% This year 2024 : 4.3%

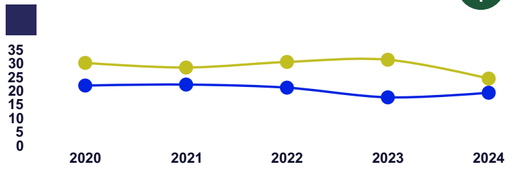
## 5. Progression




**Difference:**

Last Year 2023 : 5.8% This year 2024 : 6.6%

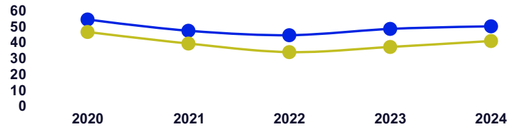
## 6. Presenteeism




**Difference:**

Last Year 2023 : 13.8% This year 2024 : 5.2%

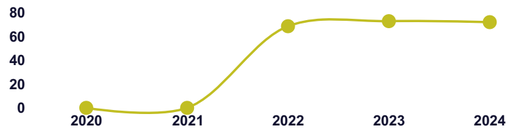
## 7. Feeling valued




**Difference:**

Last Year 2023 : 11.3% This year 2024 : 9.2%

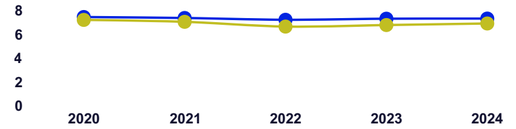
## 8. Adjustments




**Difference:**

Last Year 2023 :75.5% This year 2024 :71.7%

## 9. Staff engagement




**Difference:**

Last Year 2023 : 0.5% This year 2024 : 0.4%

## 10. Trust Board


**Difference:**

Last Year 2024 : 0% This year 2025 : 14.29%

# SUMMARY

## WRES

Compared to last year , we have made some improvements against the following WRES indicators in **2025:**

- **Indicator 1 – Overall BME representation in the workforce**
- **Indicator 6 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.**

Against other indicators, our data shows improvement; however, the following indicators have deteriorated:

- **Indicator 2 - Relative likelihood of White staff being appointed from shortlisting compared to BME staff across all posts.**
- **Indicator 3 - Relative likelihood of BME staff entering the formal disciplinary process compared to White staff**

## WDES

Compared to last year, we have made some improvements against the following WDES indicators in 2025:

- **Indicator 1 – Overall representation of disabled staff in the workforce**
- **Indicator 4b – Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months**

Against all other indicators, our data shows slight improvement; however, the following indicators have deteriorated:

- **Indicator 2 - Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts**
- **Indicator 8 for the provision of adequate adjustments, and Indicator 9 for the staff engagement score.**

The results of our WRES data show a need for a more collective and concerted effort to eradicate differences between BME and white colleagues and between disabled and non-disabled colleagues. The data further underline the disparity experienced by our colleagues, so the need to work closely with REACH and ENABLED Network and allies for positive change continues.

Based on the analysis of our WRES and WDES metrics from last five years, we have adopted a practical and evidence led approach to address the disparities. In conclusion, while progress has been made in various aspects of race and disability equality within the workforce, clear areas require attention and improvement.

This year we have begun to strengthen our approach and simultaneously raise our awareness of the biases and inequalities whilst increasing staff confidence to tackle discrimination and promote inclusion across all our systems and processes. It is our hope that 2025-2027 will be viewed as pivotal years for demonstrating that we can make significant progress in race and disability equality.

# WRES Benchmark Overview National - Regional - Trust Type

This section of the report shows how we compare with other NHS organisations nationally, regionally, and by trust type.The benchmarking summary draws on data from the NHS England Workforce Race Equality Standard (WRES) 2024 reports. Average figures have been calculated to provide a comparative view of our Trust's performance nationally, across the London region, and by Trust type (Acute Specialist).
Data is presented in two parts:

- **Workforce indicators: national, regional, and trust type comparisons**
- **Staff survey metrics: national, regional, and trust type comparisons**

This approach provides a consistent baseline for understanding how we compare with peers, helps us understand our progress, share learning, and where further improvement or focus may be needed.

***WDES benchamarking data can be reviewed in the full report.***

*Data Source: NHS England WRES and WDES 2024 datasets, NHS Staff Survey 2023 - Benchmark averages calculated by national, regional, and trust-type comparators.*

**KEY**
BME
White

| WRES metrics based on the Workforce Data | | | National | | | | GOSH | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **WRES Indicator** | | | **2021** | **2022** | **2023** | **2024** | **2021** | **2022** | **2023** | **2024** | **2025** |
| 1 | Percentage of BME staff | | 22.4% | 24.2% | 26.4% | 28.6% | 32% | 36% | 37% | 38.9% | 40% |
| 2 | Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants | | 1.61 | 1.54 | 1.59 | 1.62 | 2.1 | 2.1 | 1.8 | 2.0 | 2.2 |
| 3 | Relative likelihood of BME staff entering the formal disciplinary process compared to white staff | | 1.14 | 1.14 | 1.03 | 1.09 | 2.9 | 2.1 | 2.1 | 2.0 | 2.8 |
| 4 | Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff | | 1.14 | 1.12 | 1.12 | 1.06 | 1.2 | 1.3 | 1.2 | 1.2 | 1.1 |
| 9 | BME board membership | | 12.6% | 14.0% | 15.6% | 16.5% | 23.1% | 28.6% | 21.4% | 16.67% | 21.43% |

| | | | London Region | GOSH | |
|---|---|---|---|---|---|
| **WRES Indicator** | | | **2024** | **2024** | **2025** |
| 1 | Percentage of BME staff | | 52.9% | 38.9% | 40% |
| 2 | Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants | | 1.34 | 2.0 | 2.2 |
| 3 | Relative likelihood of BME staff entering the formal disciplinary process compared to white staff | | 1.84 | 2.0 | 2.8 |
| 4 | Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff | | 0.99 | 1.2 | 1.1 |
| 9 | BME board membership | | 28.45% | 16.67% | 21.43% |

| WRES metrics based on the Workforce Data | | | Aute Specialist National | GOSH | |
|---|---|---|---|---|---|
| **WRES Indicator** | | | **2024** | **2024** | **2025** |
| 1 | Percentage of BME staff | | 27.9% | 38.9% | 40% |
| 2 | Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants | | 1.63 | 2.0 | 2.2 |
| 3 | Relative likelihood of BME staff entering the formal disciplinary process compared to white staff | | 1.33 | 2.0 | 2.8 |
| 4 | Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff | | 1.17 | 1.2 | 1.1 |
| 9 | BME board membership | | 16.5% | 16.67% | 21.43% |

| | | | Acute Specialist Regional | GOSH | |
|---|---|---|---|---|---|
| **WRES Indicator** | | | **2024** | **2024** | **2025** |
| 1 | Percentage of BME staff | | 47.8% | 38.9% | 40% |
| 2 | Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants | | 1.60 | 2.0 | 2.2 |
| 3 | Relative likelihood of BME staff entering the formal disciplinary process compared to white staff | | 1.84 | 2.0 | 2.8 |
| 4 | Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff | | 1.18 | 1.2 | 1.1 |
| 9 | BME board membership | | 15.9% | 16.67% | 21.43% |

| WRES metrics based on the NHS Staff Survey | | | National | | | | GOSH | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **WRES Indicator** | | | **2021** | **2022** | **2023** | **2024** | **2021** | **2022** | **2023** | **2024** |
| **5** | Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months | **BME** | 28.9% | 29.2% | 30.5% | 27.8% | 15.38% | 15.25% | 12.10% | 13.73% |
| | | White | 25.9% | 27.0% | 26.9% | 24.1% | 22.32% | 20.32% | 18.27% | 17.30% |
| 6 | Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months | BME | 28.8% | 27.6% | 27.5% | 24.9% | 27.62% | 27.32% | 24.50% | 23.33% |
| | | White | 23.2% | 22.5% | 22.0% | 20.7% | 26.08% | 26.91% | 21.42% | 20.48% |
| 7 | Percentage of staff believing that their trust provides equal opportunities for career progression or promotion | BME | 44.0% | 44.4% | 46.4% | 48.8% | 37.07% | 40.29% | 43.35% | 47.17% |
| | | White | 59.6% | 58.7% | 59.1% | 59.4% | 59.05% | 56.02% | 57.34% | 59.69% |
| 8 | Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues | BME | 16.7% | 17.0% | 16.6% | 15.5% | 18.38% | 16.42% | 13.05% | 13.47% |
| | | White | 6.2% | 6.8% | 6.7% | 6.7% | 6.49% | 7.36% | 6.02% | 6.75% |

| | | | London Region | GOSH |
|---|---|---|---|---|
| **WRES Indicator** | | | **2024** | **2024** |
| **5** | Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months | **BME** | 27.67% | 13.73% |
| | | **White** | 26.18% | 17.30% |
| 6 | Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months | **BME** | 24.17% | 23.33% |
| | | **White** | 21.41% | 20.48% |
| 7 | Percentage of staff believing that their trust provides equal opportunities for career progression or promotion | **BME** | 45.81% | 47.17% |
| | | **White** | 54.75% | 59.69% |
| 8 | Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues | **BME** | 14.23% | 13.47% |
| | | **White** | 8.17% | 6.75% |

| WRES metrics based on the NHS Staff Survey | | | Acute Specialist National | GOSH |
|---|---|---|---|---|
| **WRES Indicator** | | | **2024** | **2024** |
| **5** | Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months | **BME** | 18.08% | 13.73% |
| | | White | 17.20% | 17.30% |
| 6 | Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months | BME | 24.22% | 23.33% |
| | | White | 19.83% | 20.48% |
| 7 | Percentage of staff believing that their trust provides equal opportunities for career progression or promotion | BME | 49.03% | 47.17% |
| | | White | 60.29% | 59.69% |
| 8 | Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues | BME | 15.42% | 13.47% |
| | | White | 6.07% | 6.75% |

| | | | Acute Specialist Regional | GOSH |
|---|---|---|---|---|
| **WRES Indicator** | | | **2024** | **2024** |
| **5** | Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months | **BME** | 18.62% | 13.73% |
| | | **White** | 19.21% | 17.30% |
| 6 | Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months | **BME** | 25.75% | 23.33% |
| | | **White** | 22.33% | 20.48% |
| 7 | Percentage of staff believing that their trust provides equal opportunities for career progression or promotion | **BME** | 44.61% | 47.17% |
| | | **White** | 56.60% | 59.69% |
| 8 | Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues | **BME** | 15.24% | 13.47% |
| | | **White** | 8.02% | 6.75% |

# STRENGTHENING FOUNDATIONS – PROGRESS AGAINST FOUR THEMES OF SEEN AND HEARD FRAMEWORK (APRIL 2024 – MARCH 2025)

## Theme 1: Opening-up External Recruitment – Promoting GOSH as a Creative, Diverse and Inclusive Employer of Choice

Over the past year, we have made significant strides in embedding inclusive recruitment practices:

- **Seen and Heard Champions:** Three cohorts have been recruited and trained, now totalling 40 Champions. Their deployment is now data-driven, informed by WRES Indicator 2 analysis to target areas with the greatest disparity.
- **De-biasing Recruitment Work stream:** A new training package was developed and mandated for all recruiting managers. A centralised Recruitment Hub is being launched to house inclusive recruitment resources.
- **International Nurses Recruitment:** A support programme was developed in collaboration with the People Promise Manager to improve onboarding and induction experiences.
- **EDI Speaker Event Risk Framework:** A transparent decision-making process was introduced to ensure inclusive and safe external engagements.

These initiatives reflect GOSH's commitment to being an employer of choice and ensuring fairness at every stage of recruitment.

## Theme 2: Creating Internal Career Paths and Opportunities for Progression – Ensuring Fair and Transparent Access to Jobs, Training and Education

GOSH continues to invest in career development and progression for underrepresented groups:

- **RISE Sponsorship Programme:** Now in active delivery, the programme includes modules such as Developing Self as a Leader, Making Successful Applications, and Understanding Finance. It was recognised with an **"In Progress Award" by the GLA panel.**
- **Reasonable Adjustments Guidance:** Published to support the Managing Attendance and Wellbeing at Work policy, ensuring equitable access to support and progression.
- **Leadership Development:** Staff network chairs were onboarded to the Radius Network Leadership Programme, supporting leadership pathways for diverse staff.
- **Disciplinary Task & Finish Group:** Established to address disparities in formal processes (WRES Indicator 3), with a focus on data-led interventions.

These actions demonstrate our commitment to removing barriers and creating transparent, supportive career pathways.

## Theme 3: Creating a More Inclusive Work Culture – Building Understanding, Connectivity and Value-Based People Management Practice

A range of initiatives have been delivered to foster a culture of inclusion and belonging:

- **Anti-Racism Programme:** A high-level action plan supported by a granular triangulation tracker to monitor progress. GOSH also participated in the London-wide Anti-Racism Project Work stream, encouraging white senior leaders to engage in anti-racism work.
- **EDI Training Hub on GOLD:** Launched to centralise learning resources, including modules on Islamophobia, antisemitism, neurodiversity, and inclusive leadership.
- **EDI Webinars:** Delivered in partnership with Business in the Community and Business Disability Forum, focusing on neurodiversity and inclusive practice.
- **Staff Awards:** A new category was introduced to recognise contributions to making GOSH an inclusive place to work.

These efforts reflect a proactive approach to embedding inclusive values and practices across the organisation.

## Theme 4: Creating Channels and Safe Spaces to Amplify the Employee Voice – Ensuring We Listen, Hear and Take Action

We have prioritised amplifying staff voices and strengthening staff networks:

- **Staff Network Support:** Strengthened the ENABLED Network with recruitment to three new committee roles including Chair. Network engagement plans and structural reviews are underway.
- **Speaker-Led Events:** Delivered for Disability History Month and Holocaust Memorial Day, creating reflective spaces for dialogue and learning.
- **EDI Consultations:** Staff networks are actively engaged in shaping the refreshed EDI Framework and Delivery Plan.
- **Space and Place Drop-ins:** Held jointly with Freedom to speak Up Guardian (FTSUG) and EDI to provide informal, safe spaces for staff to share experiences and concerns.

These initiatives ensure that staff voices are central to shaping GOSH's culture and strategic direction.

# LOOKING AHEAD

## PRIORITIES FOR 2025–2026

In 2025–26, our EDI work will be guided by four strategic priorities, each designed to build strong foundations, drive measurable progress, and prepare the ground for long-term transformation. This year marks the first phase of our three-year strategy, with a focus on operational delivery, governance, and cultural change.

## 1. DIVERSITY AND INCLUSION FRAMEWORK

We will refresh our Seen and Heard - Diversity and Inclusion framework, ensuring it is strengthened and actively used across the Trust. This includes:

- Publishing the framework and engagement plan.
- Promoting it through staff networks and communications.

## 2. ANTI-RACISM ACTION PLAN

We will operationalise our_Anti-Racism action plan and begin delivery of our four key objectives: They include:

- Launching our anti-racism statement and implementation plan.
- Scoping and co-developing the education programme with expert input.
- Addressing disparities and monitoring outcomes for WRES 2 and WRES 3 indicators.

## 3. EDI TRAINING AND DEVELOPMENT

We will deliver targeted learning to build inclusive leadership and cultural intelligence:

- Launching new EDI modules in person and on GOLD, including CQ (Cultural Intelligence) and Addressing Microaggressions - *From Awareness to Action!*
- Piloting cultural sensitivity training with *Power the Fight*

## 4. STAFF NETWORKS

We will strengthen the role of staff networks in shaping the Trust culture:

- Supporting network development and visibility.
- Enhancing collaboration with governance and leadership teams.

**These priorities reflect our commitment to turning strategy into action - fixing the basics, embedding equity, and shifting the dial on national and local indicators.**

# Board is asked to:

- Receive and note the Diversity and Inclusion annual Report 2024-2025
- Acknowledge assurance on compliance with statutory duties
- Endorse the continued priorities for 2025-2026 to build on the foundations established through the Seen and Heard framework.

Attachment Z

Great Ormond Street Hospital for Children
NHS Foundation Trust

| **Trust Board**<br>20 November 2025 | |
|---|---|
| **GOSH Learning Academy Annual Report 2024-2025**<br><br>**Submitted by:** Cathy Roberts, Associate Director of Education GOSH Learning Academy | **Paper No: Attachment Z**<br><br>□ **For approval** |

**Purpose of report**
With a foreword by our Young People's Forum, we present the GLA Annual Report - a reflection on our progress in 2024-2025, highlighting our commitment to nurturing the potential of our learners while ensuring patient safety remains at the forefront of our work.

**Summary of report**
The 2024–2025 period was been marked by significant progress in shaping a future-ready workforce. Through collaborative partnerships and a learner-centred approach, we have delivered measurable impact while addressing emerging risks and challenges.

**Key Highlights:**

- **Performance Metrics:** Evidence of sustained improvement in learner outcomes and programme delivery.
- **Innovation:** Launch of GLA Connect, our new learner framework; advancements in **Advanced Practice** and **Sustainability** initiatives.
- **Patient Safety:** Embedding safety principles across all education programmes to safeguard care standards.
- **Learner Impact:** Inspiring stories that showcase the transformative effect of education on clinical practice.
- **Partnerships & Collaboration:** Strengthened relationships with Higher Education Institutions, professional bodies, and system partners.
- **Widening Participation:** Targeted strategies to broaden access and support diversity in the healthcare workforce.
- **Risk & Assurance:** Transparent reporting on challenges and mitigation plans to ensure resilience.
- **Future Outlook:** Strategic priorities for 2025–2026, including digital learning expansion and workforce sustainability.

**Patient Safety Implications**
None

**Equality impact implications**
None

**Financial implications**
None

**Strategic Risk**
BAF Risk 16: GOSH Learning Academy

**Action required from the meeting**

Attachment Z

| |
|---|
| The final report is now submitted for Trust Board review and approval, providing assurance on GLA's delivery against strategic objectives |
| **Consultation carried out with individuals/ groups/ committees**<br><br>• The report has been developed in line with the Writing for GOSH Tone of Voice Guide and accessibility standards.<br>• Contributions were sourced from GLA teams, edited by Cathy Roberts, and reviewed by Stephen Whyte.<br>• SMT feedback has been fully incorporated, and the final design reflects organisational branding and clarity.<br>• Microsoft Co-pilot was utilised to ensure consistency, readability, and alignment with Trust values.<br><br>**Approved:**<br>**GLA Senior Management Team Meeting**<br>**GLA Executive Oversight and Assurance Committee Meeting** |
| **Who is responsible for implementing the proposals / project and anticipated timescales?**<br>Lynn Shields, Simon Blackburn & Stephen Whyte |
| **Who is accountable for the implementation of the proposal / project?**<br>Tracy Luckett, Chief Nurse |

Attachment 1

Great Ormond Street Hospital for Children
NHS Foundation Trust

| Trust Board<br>20 November 2025 | |
|---|---|
| **Responsible Officer's Report**<br><br>**Submitted by:** Dr Philip Cunnington, Associate Medical Director and Responsible Officer | **Paper No: Attachment 1**<br><br>☐ **For information and noting** |
| **Purpose of report**<br>To provide the Board with assurance that the statutory functions of the Designated Body and Responsible Officer are being appropriately discharged. | |
| **Summary of report**<br>• Revised Board Report and Statement of Compliance for 2024/25 (from NHSE)<br>• Overall compliance with appraisal has improved on last year but has still not reached out target of 95%.<br>• Successfully completed implementation of new appraisal software<br>• Implementation of recommendation from HLRO of allocated appraisers following additional resource to Appraisal and Revalidation team | |
| **Patient Safety Implications**<br>None | |
| **Equality impact implications**<br>None | |
| **Financial implications**<br>None | |
| **Action required from the meeting**<br>The Trust Board is asked to:<br>• Note that the report will be shared with the Higher Level Responsible Officer at NHS England,<br>• Note that the Statement of Compliance requires sign off by the Board to enable a swift return to NHSE | |
| **Consultation carried out with individuals/ groups/ committees**<br>Not Applicable | |
| **Who is responsible for implementing the proposals / project and anticipated timescales?**<br>Chief Medical Officer | |
| **Who is accountable for the implementation of the proposal / project?**<br>Chief Medical Officer | |

**Annual Responsible Officers' Board Report**

**2025**

## 1. Purpose of the Paper

The purpose of this paper is to inform Board members of Medical Appraisal and Revalidation arrangements within GOSH, to provide assurance that the Responsible Officer and the Designated Body are discharging their statutory responsibility, and to highlight current and future issues with action plans to mitigate potential risks.

This report describes the progress against last year's action plans, issues during the reporting year, and sets out actions on further developing the quality of appraisals and support.

## 2. Summary

All doctors are required to participate in an annual appraisal process, which reflects their complete scope of work. For those doctors in training posts this happens through the Annual Review of Competency Progression (ARCP) process. These annual processes help doctors satisfy the requirements for revalidation, which occurs every five years. For doctors arriving at our organisation who may be new to the National Health Service, this is a new process to get to grips with, as is the role of the GMC as the health regulator.

The Board Report Template and timeline was changed by NHS England following a review of the Framework for Quality Assurance in 2023 and is now known as the Framework of Quality Assurance and Improvement (FQAI). The timeline for reporting should be as follows:

- Quarter 1 April to June

  The designated body reviews the previous year's metrics and uses the framework of their annual Board report template to assess these against last year's development plan and create their new improvement plan for the coming year.

- Quarter 2 July to September

  The designated body undertakes actions to implement their improvement plan.

- Quarter 3 October to December

  The designated body finalises their annual Board report, which comprises their data compiles in quarter 1 and commentary on the actions identified, with any preliminary data on progress with these and presents this to their Board (or equivalent governing body). The Board approves the Statement of compliance. The final approved Board report and Statement of compliance are then submitted to the level 2 Responsible Officer by the end of this quarter.

- Quarter 4 January to March

  NHS England professional standards teams review the submitted Board reports and statements of compliance from their designated bodies and use these to compile their upward assurance report to the Professional Standards Assurance

Committee (PSAC) and, via PSAC, the Professional Standards Strategic Oversight Group. They also provide feedback and support to the responsible officer in designated bodies where their reporting identifies areas in need of attention.

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) had 775 doctors connected to it as a Designated Body on 31st March 2025, of which 734 were due appraisal in the year. There are 41 doctors not due appraisal in this appraisal year as it is their first role in the UK and would not be due appraisal until the following appraisal year (2025/6)

We previously learnt that the Physician Associates (PAs) would fall under GMC regulation from January 2025 and subsequently would also be connected to GOSH as their designated body. Meetings have taken place with all the PAs since the announcement but until L2P is updated to allow the unique PA2 yea GMC numbers to be added (and any appraisal differences are incorporated) then we are unable to add them to our appraisal system. We await further clarification from the GMC. The PAs have not been included in the Medical Appraisal figures at this time.

### 2.1 Medical Appraisal

| Category | 2024/25 Appraisal Status | No. | % |
|---|---|---|---|
| 1 | Completed Appraisal | 552 | 75.2% |
| **2** | Approved Incomplete or Missed Appraisal | 131 | 17.9% |
| **3** | Unapproved Incomplete or Missed Appraisal | 51 | 6.9% |

Categories 1 and 2 give a compliance rate of 93.1% overall, an improvement on last year's figure of 92%, showing a continued upward trend over the last two years.

Category 3 has reduced from 8% last year to 6.9% this year. It is of note that 3 members within this cohort have since relinquished their license to practice.

**Directorate Breakdown of Appraisals due 1 April 2024 – 31 March 2025**

| | Blood, Cells & Cancer | Body, Bones & Mind | Brain | Heart & Lung | IPC | Core Clinical Services | Sight & Sound | Corp | Total |
|---|---|---|---|---|---|---|---|---|---|
| **Cat 1** | **88** | **55** | **80** | **125** | **9** | **108** | **45** | **4** | **552** |
| **Cat 2** | **24** | **25** | **21** | **37** | **1** | **11** | **12** | **1** | **131** |
| **Cat 3** | **10** | **10** | **12** | **11** | **2** | **3** | **7** | **1** | **51** |
| **Total** | **122** | **90** | **113** | **173** | **12** | **122** | **64** | **6** | **734** |
| **Compliance % (Cat 1&2)** | **95.3%** | **90.3%** | **91.2%** | **92.3%** | **84.6%** | **96.5%** | **91.8%** | **80%** | |

The appraisal rate for each directorate is monitored at Directorate Performance Reviews, and individual appraisal compliance is uploaded monthly to QlikView. It is worth noting that all compliance rates have risen from the previous year's percentage with the exception of corporate functions which also encompasses bank doctors who work across specialties. Bank doctors who work within one specialty are accounted for under their directorate.

## 2.2 Appraisers

As at 31st March 2025 the Trust had 150 trained appraisers, with no new appraisers trained in the year. However, our Appraisers Forum was held to ensure that appraisers were up to date, supported and the opportunity taken for seeking informal feedback from them.

The L2P system allows us to limit the number of appraisals carried out by an appraiser, as this had been highlighted as an issue in the past with some appraisers completing an excessive number of appraisals. We have now set that limit at eight appraisals per appraiser, but as the system can be manually overridden, we have found that the equity of appraisal allocation still needs refining. Therefore, following the recommendations coming out of our Higher-Level Responsible Officer Visit (HLROV) we will be looking to implement appraiser allocation to support a more even spread of the work, ensuring appraisers conduct sufficient appraisals to maintain their expertise without being overburdened.

## 2.3 Revalidation

GMC Connect shows that between 1st April 2024 and 31st March 2025, 163 doctors for whom GOSH is their Designated Body were due to have revalidation recommendations submitted to the GMC, of which 123 were positive recommendations for revalidation, 39 were deferred due to insufficient evidence and 1 was referred to the GMC for non-engagement. The most common deferral reasons remain appraisal activity, colleague feedback or patient feedback.

The one doctor who was referred to the GMC for non-engagement has now successfully completed their appraisal and revalidation.

## 2.4 Quality Assurance

The L2P system has now been active for over a year, and feedback has shown the system has been well received. It requires all appraisal summaries to be reviewed before they are “approved” and then the appraisal can be fully signed off. The Lead Appraiser and Medical Appraisal and Revalidation Manager and Compliance Manager meet once a month to review appraisals. Those that are not up to the required standard are returned with feedback regarding the expectations of the appraisal inputs and outputs to both the appraisee and appraiser. This highlights what is required of both parties before returning the forms to the Appraisal Team for sign off. All appraisals are reviewed with the further option to refer to below standard appraisals to the Responsible Officer for their input where appropriate.

At the end of the appraisal the appraisee is sent an email from the L2P system requesting that they complete feedback regarding their appraisal. This is anonymous, and a report for the appraiser can be generated when there is sufficient feedback (minimum 3 returns), and included as supporting evidence for the appraiser’s own appraisal portfolio.

## 2.5 Responding to Concerns and Remediation

In the past year there have been no new Maintaining High Professional Standards (MHPS) investigations initiated, although one started shortly after the close of the reporting period. The outstanding appeal against a Conduct Panel Hearing outcome

has been completed and dismissed. The associated Employment Tribunal judgement is currently under appeal. There remains one ongoing MHPS investigation.

In the past year there has been only one doctor of those either currently working, or who have worked at the Trust, who is undergoing a fitness to practise investigation by the General Medical Council.

This doctor was referred to the GMC following concerns regarding their clinical capability. The investigation is on-going, and we are assisting with this.

One new referral was received shortly after the reporting period closed and has been closed with no further action.

# Annex A

## Illustrative Designated Body Annual Board Report and Statement of Compliance

This template sets out the information and metrics that a designated body is expected to report upwards, through their Higher Level Responsible Officer, to assure their compliance with the regulations and commitment to continual quality improvement in the delivery of professional standards.

Section 1 – Qualitative/narrative
Section 2 – Metrics
Section 3 - Summary and conclusion
Section 4 - Statement of compliance

### Section 1 Qualitative/narrative

All statements in this section require yes/no answers, however the intent is to prompt a reflection of the state of the item in question, any actions by the organisation to improve it, and any further plans to move it forward. You are encouraged therefore to provide concise narrative responses

Reporting period 1 April 2024 – 31 March 2025

### 1A – General

The board/executive management team of: Great Ormond Street Foundation Trust Hospital for Children

can confirm that:

1A(i) An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

| | |
|---|---|
| Y/N | Y |
| Action from last year: | Dr Cunnington to continue as Responsible Officer for 2024/25 and will continue to attend refresher and network meetings as available |

| | |
|---|---|
| Comments: | Dr Cunnington is booked to attend network meetings later on in 2025. Refresher training is also being booked for attendance late 2025/early 2026. |
| Action for next year: | Dr Cunnington to complete refresher training. |

1A(ii) Our organisation provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

| | |
|---|---|
| Y/N | Y |
| Action from last year: | Consider admin support for the Revalidation and Appraisal Manager to ensure continuity of support to the RO/Doctors and mitigate risk, and succession planning. |
| Comments: | This was discussed and a job description considered during the 2024/25 year. There is now admin support for the Revalidation and Appraisal Manager, and for the RO in service of the Medical Employee Relations work as part of the MDO Associate Business Manager's role but additional support is still needed. |
| Action for next year: | Monitor the arrangements for support with plans for mitigation being explored for upcoming retirement. |

1A(iii)An accurate record of all licensed medical practitioners with a prescribed connection to our responsible officer is always maintained.

| | |
|---|---|
| Y/N | Y |
| Action from last year: | Continue reviewing connections by both bank and honorary doctors, removing those connections not deemed appropriate. Continue monitoring GMC Connect to ensure doctors are appropriately connected |
| Comments: | A review of the honorary doctors has been conducted making little difference to the connections.<br><br>Bank doctors are reviewed as a minimum every other month to ensure they are still providing shifts and removed where they no longer have an appropriate connection.<br><br>New connections are checked and if no prescribed connection they are removed. |

| | |
|---|---|
| | Monthly reports are run comparing those who have connected to those we hold on the appraisal system to ensure all connections are accounted for with regards to their appraisal. |
| Action for next year: | Continue with monitoring. |

1A(iv) All policies in place to support medical revalidation are actively monitored and regularly reviewed.

| | |
|---|---|
| Y/N | Y |
| Action from last year: | A review of the appraisal and revalidation policy will be required to incorporate Physician Associates |
| Comments: | PA's are now under GMC regulation, however until the appraisal software is updated to allow their unique numbers to be added (and any appraisal differences are incorporated) then we are unable to add them to our appraisal system.<br><br>They do not as yet appear on our GMC Connect list. |
| Action for next year | Continue to monitor the above, and make amendments as required. |

1A(v) A peer review has been undertaken (where possible) of our organisation's appraisal and revalidation processes.

| | |
|---|---|
| Y/N | Y |
| Action from last year: | Review actions that may come from the HLROV (July 2024) and consider a revisit to review any changes |
| Comments: | A number of recommendations came from the visit, some of which were implemented immediately:<br><br>- Activating MSF in 3rd year of revalidation cycle to mitigate deferrals due to lack of feedback<br><br>- Use of revalidation checklist (as provided by NHSE)<br><br>- Formalising monthly Medical Appraisal and Revalidation Committee (MARC) meetings<br><br>- Include Lead Appraiser in MARC |

| | |
|---|---|
| | Appointment of a Deputy RO was considered but has not yet been recruited into. |
| Action for next year: | Continue working towards the remaining NHSE HLROV actions:<br>- Appraiser allocation<br>- Training non-clinical staff members as case investigators<br>- Consider using data from Datix to produce a quality account for appraisal supporting information to be shared with the doctor<br>- To have separate managing concerns policies for doctors and dentists (DACB advise against this)<br>- Managing concerns policy to include the RO's responsibilities during managing concerns process<br>- Declaration of no concerns to be submitted annually<br>- Request a Letter of Good Standing signed by the doctor's clinical supervisor |

1A(vi) A process is in place to ensure locum or short-term placement doctors working in our organisation, including those with a prescribed connection to another organisation, are supported in their induction, continuing professional development, appraisal, revalidation, and governance.

| | |
|---|---|
| Y/N | Y |
| Action from last year: | To continue supporting short term placements by providing access to conduct appraisals and review revalidation recommendations when required, irrespective of time within the Trust. |
| Comments: | IMG induction now includes a section for the Appraisal and Revalidation Team to discuss requirements and support offered.<br>A weekly scheduled "drop in" session held on MS Teams is now being held for all doctors, but the majority of attendees are those who have joined the trust recently including those who are short term (such as IMGs) and they have found it quite useful. |
| Action for next year | Continue looking at other ways to provide support |

## 1B – Appraisal

1B(i) Doctors in our organisation have an annual appraisal that covers a doctor's whole practice for which they require a GMC licence to practise, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

| Y/N | Y |
|---|---|
| Action from last year: | Continue updating all doctors on the requirements for their appraisal. |
| Comments: | 100% of appraisals are reviewed at completion (currently required by our appraisal system) with the Revalidation and Compliance Managers and the Lead Appraiser with feedback given to the appraisee and appraiser where necessary.<br>'Drop in' sessions have been well received and helps advise doctors of requirements for appraisal with offers of checking inputs prior to their submission to appraisers. |
| Action for next year: | Continue supporting all doctors in understanding the requirements for good appraisal. |

1B(ii) Where in Question 1B(i) this does not occur, there is full understanding of the reasons why and suitable action is taken.

| | |
|---|---|
| Y/N | Y |
| Action from last year: | Continue to promote communications where appraisal cannot be held on time and the effect of non-engagement. |
| Comments: | Monthly reports are run to review overdue appraisals. Individuals are contacted several times as well as reminded monthly from four months prior to appraisal due date by L2P. The sequelae of non-engagement are explained to individuals and flagged to the RO at the monthly Medical Appraisal and Revalidation Compliance meeting for input. Non-engagement is also discussed as part of the quarterly meetings with the GMC Employment Liaison Advisor (ELA). |
| Action for next year: | Continue to monitor overdue appraisals, contacting those doctors to understand reasons or issues to understand how best to support them. |

1B(iii) There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

| | |
|---|---|
| Y/N | |
| Action from last year: | Update policy following the regulation of Physician Associates and Anaesthetic Associates – review later in 2024/25 once further details regarding regulation are known. |
| Comments: | Review of the policy has begun but as further details regarding PAs has been delayed (including inclusion on GMC register and appraisal requirements) the review will continue into 2025/2026. |
| Action for next year: | Continue reviewing the policy and include PA information once formalised. |

1B(iv) Our organisation has the necessary number of trained appraisers[1] to carry out timely annual medical appraisals for all its licensed medical practitioners.

[1] While there is no regulatory stipulation on appraiser/doctor ratios, a useful working benchmark is that an appraiser will undertake between 5 and 20 appraisals per year. This strikes a sensible balance

| | |
|---|---|
| Y/N | Y |
| Action from last year: | Monitor appraiser activity and quality, ensuring there is an even spread of appraisals across the appraisers. |
| Comments: | Appraiser activity is continuously monitored and activity flagged where there is concern. This issue will be discussed later on in 2025 at the appraiser forum.<br><br>Plans are in place to change the appraiser allocation system for 2025/2026 to ensure equity across allocation. |
| Action for next year: | Following a recommendation from the HLROV in July 2024, plans to implement appraiser allocation need to be finalised and an appraiser allocation appeal policy to be written and disseminated to all doctors. |

1B(v) Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent).

| | |
|---|---|
| Y/N | Y |
| Action from last year: | Continue to support existing and new appraisers with feeding back on a review of their summaries, providing access to their appraiser feedback reports for their own appraisal and reflection, access to refresher training and forums. |
| Comments: | Appraiser Feedback is generated where there have been sufficient appraisals conducted to ensure anonymity is maintained and emailed to the appraisers advising that the report should be uploaded to their own appraisal.<br><br>Appraiser Forums have been held to keep the appraisers up to date. |
| Action for next year: | Arrange a discussion for all appraisers to discuss appraiser allocation process and appeals. Continue with refresher training and forums. |

between doing sufficient to maintain proficiency and not doing so many as to unbalance the appraiser's scope of work.

1B(vi) The appraisal system in place for the doctors in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

| | |
|---|---|
| Y/N | Y |
| Action from last year: | Continue to review EQA recommendations. |
| Comments: | The external EQA recommendations continue to be reviewed and implemented into processes.<br>A Higher Level Responsible Officer Quality Review took place in July 2024 with recommendations for consideration by GOSH and an offer for the HLRO to return at a future point to review those changes. |
| Action for next year: | Implement outstanding recommendations including allocation of appraisers and consider deputy RO role. |

**1C – Recommendations to the GMC**

1C(i) Recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to our responsible officer, in accordance with the GMC requirements and responsible officer protocol, within the expected timescales, or where this does not occur, the reasons are recorded and understood.

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|---|---|
| Y/N | Y |
| Action from last year: | Review those who should attend the monthly Medical Appraisal and Revalidation Committee (MARC) meeting, send out fresh invites and encourage attendance so that decisions to ensure fair decision making. |
| Comments: | There is a plan to review the current format once further resource has been appointed for the MARC manager.<br>Following NHSE HLROV their recommendation to use a Revalidation Checklist has been implemented ensuring a consistent approach to recommendations. |
| Action for next year: | Once further resource has been appointed to the team plan revalidations further ahead as doctors are Under Notice for revalidation 12 months prior to their submission date.<br>Ensure clear communication regarding deferrals and non-engagement. |

1C(ii) Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted, or where this does not happen, the reasons are recorded and understood.

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|---|---|
| Y/N | Y |
| Action from last year: | Maintain current process. |
| Comments: | During review of appraisal summaries and/or completion of the Revalidation Checklist any areas not covered for revalidation are raised with the doctor in advance of revalidation to allow time to remedy. Where a doctor is not engaging emails are sent advising of action required, with a deadline and the potential outcomes if referral to GMC for non-engagement is required. |
| Action for next year: | Maintain current process. |

**1D – Medical governance**

1D(i) Our organisation creates an environment which delivers effective clinical governance for doctors.

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|---|---|
| Y/N | |
| Action from last year: | Explore a joined-up approach between the regulatory role within the Medical Director's office and the operational side to identify and scope the need for training in dealing with concerns, and to review cases for both consistency and timeliness. First course to run January 2025 |
| Comments: | The first course took place in January 2025 and trained a total of 10 employees including a mixture of HR, senior leaders and Members of the MDO. A review of the training took place with key stakeholders/attendees so that it could be improved for the next cohort.<br><br>A further course is planned for late 2025. |

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| Action for next year: | Roll out training to wider senior leadership team and second course fully booked with 35 attendees for November 27th 2025. |

1D(ii) Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation.

| | |
|---|---|
| Y/N | **Y** |
| Action from last year: | Continue to raise the need for developing in-house expertise for exploring concerns drawing both regulatory and operational sides into the planning and development. Review proposals to require peer review of notes and practice of all doctors once per revalidation cycle. |
| Comments: | Work is on-going to better use data to inform performance concerns for clinical leads but has taken a back seat due to other competing demands. Following directorate restructure and review of Clinical Lead appointments continue working with SLTs. In addition, this will help better inform appraisal. |
| Action for next year: | Following directorate restructure and review of Clinical Lead appointments continue working with SLTs to agree minimum data portfolio for appraisal. |

1D(iii) All relevant information is provided for doctors in a convenient format to include at their appraisal.

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|---|---|
| Y/N | **N** |
| Action from last year: | Work with Chiefs, General Managers and the Clinical Informatics Unit to agree minimum data sets required for appraisal. Resource will be needed if this is to be provided for doctors and so comparison with other centres will be sought. |
| Comments: | Work has been put hold due to competing priorities but following on-going re-structure will recommence especially with a view to all doctors being able to evidence participation in MDT teamworking. |
| Action for next year: | Work with SLTs to develop minimum data sets for appraisal. |

1D(iv) There is a process established for responding to concerns about a medical practitioner's fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

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|---|---|
| Y/N | **Y** |
| Action from last year: | Policy review to be completed and additional support for Medical ER to be identified. |
| Comments: | The Policy had its initial review and was updated by DACB and the Head of ER. It was ready for socialisation and discussion at LNC but all agreed that we should take the learning from a recent MHPS/ET to further review and amend. The policy was rolled over to 2027 but we hope to have the revised policy in place by Mid-2026. Additional support for Medical ER working well and better adherence around adhering to timelines and documentation. |
| Action for next year: | Work with DACB to finalise policy ahead of our intended schedule if practicable. |

1D(v) The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors and country of primary medical qualification.

| | |
|---|---|
| Y/N | **Y** |
| Action from last year: | Continue to review the data to ensure transparency and fairness. Meeting with NHS Resolution to help review of referrals. |
| Comments: | The Medical ER meeting and framework provides a consistent forum for early and ongoing review of concerns, and the demographics of those discussed is monitored. These have been reviewed with NHS Resolution with regards benchmarking against other similar sized organisations, particularly with reference to demographics. Although the numbers of cases are small (21 cases over a five year review period(our results compare favourably with |

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| | other similar sized Trusts, although we have more cases of white, and female representation. |
| Action for next year: | Continue to monitor the demographics of those involved in these processes. |

1D(vi) There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to our organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

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| Y/N | **Y** |
| Action from last year: | Continue review of processes and working collaboratively with other organisations. |
| Comments: | The resource for the Revalidation and Appraisal team has meant we can react quickly to concerns that may need to be shared across organisations. In addition relationships bult across providers as a result of orthopaedic improvements have helped with this, as has requirement for appraisal of letters of good standing from other organisations in which colleagues work. |
| Action for next year: | Continue working collaboratively with other organisations. |

1D(vii) Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

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| Y/N | **Y** |
| Action from last year: | Conduct Medical ER "M and M" and continue to monitor the demographic data, although numbers are small. Continue to monitor the data of those referred. |
| Comments: | In addition to a review of the data of referrals to NHSR PPA (see above) we review the demographics of colleagues discussed at MER. |

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| | We are able to obtain and review the data from ESR systems of those reviewed at the Medical ER **meeting.** As mentioned we have more female colleagues discussed with NHSR PPA and are aware of the wider system influences that may be at play. |
| Action for next year: | Continue to monitor demographic data of those colleagues discussed at MER. |

1D(viii) Systems are in place to capture development requirements and opportunities in relation to governance from the wider system, e.g. from national reviews, reports and enquiries, and integrate these into the organisation's policies, procedures and culture. (Give example(s) where possible.)

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|---|---|
| Y/N | **Y** |
| Action from last year: | Continue to update processes in light of any changes regionally and nationally. |
| Comments: | The RO continues to have quarterly updates with the GMC ELA and attend network events were possible. The MDO meet weekly as a senior team to discuss any concerns. |
| Action for next year: | Continue with meetings with wider system stakeholders and monitor updates from GMC and NHSR in particular for integration into our polices ad procedures as appropriate. This will be especially important for our support of Physician Associates. |

1D(ix) Systems are in place to review professional standards arrangements for all healthcare professionals with actions to make these as consistent as possible (Ref Messenger review).

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| Y/N | Y |
| Action from last year: | TOR and composition of Medical ER will be reviewed and training in management of medical colleagues provide for the Chiefs, Deputy chiefs and heads of Nursing in all directorates. |
| Comments: | DACB 'Managing Doctors Masterclass' training went ahead in January 2025. The main focus was on ensuring Chiefs of Service and Deputy Chiefs of Service were trained and supported in their leadership roles to be able to manage medical staff when concerns are raised about their conduct or capability. |

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| | The TOR was discussed last year but has yet to be reviewed. A Chief of Service representative now attends Medical ER on a rotational basis for their development and contribution. No attendance from COO but ACOs attend by invitation if appropriate to discuss particular cases. |
| Action for next year: | Review TOR for Medical ER |

**1E – Employment Checks**

1E(i) A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

| Y/N | |
|---|---|
| Action from last year: | Review appointment and selection process and whether probationary period is possible. |
| Comments: | No further progress has been made regarding use of a probationary period. Extra resource for Appraisal and Revalidation team means we are able to faster respond to and make requests for information from other provider organisations. |
| Action for next year: | Maintain MDO input into locum appointments and collaboration with HR OD when on-boarding staff. Monitor arrangements for those on bank and their connections. |

**1F – Organisational Culture**

1F(i) A system is in place to ensure that professional standards activities support an appropriate organisational culture, generating an environment in which excellence in clinical care will flourish, and be continually enhanced.

| Y/N | |
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| Action from last year: | Continue with induction for new consultants and reinforce updates via the Medical Directors Office newsletter. |

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| Comments: | There were two consultant induction events in this period – May 24 and October 24, which were well attended and received. Further sessions are booked from April 25.<br><br>The inaugural MDO newsletter was released to consultants in June 2024 with input from CMO, deputy MDs, Associate MDs as well as introduction to new team members and medical fellows. The newsletter has been well received and further updates have been released. Due to capacity the release of newsletters are not always consistent. |
| Action for next year: | Continue with induction events and MDO presence at the hospital wide General Medical Staff Committee meetings. Continue to develop Medical Leadership training within the Trust (DACB training has day related to medical leadership) |

1F(ii) A system is in place to ensure compassion, fairness, respect, diversity and inclusivity are proactively promoted within the organisation at all levels.

| Y/N | |
|---|---|
| Action from last year: | Track the consistent application of these policies and ensure that all those involved with Medical ER are up to date with their Diversity and Inclusivity mandatory training. |
| Comments: | All members of Medical ER are up to date with their diversity and inclusivity mandatory training and also ensure they take part in any further training that is provided by GOLD to further their knowledge. |
| Action for next year: | Continue to track application of policies and ensure medical leadership capability exists to role model and challenge behaviours. |

1F(iii) A system is in place to ensure that the values and behaviours around openness, transparency, freedom to speak up (including safeguarding of whistleblowers) and a learning culture exist and are continually enhanced within the organisation at all levels.

| Y/N | |
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| Action from last year: | Complete the Freedom to Speak Up Gap Analysis tool and use it to inform how we write a Freedom To Speak Up Strategy |

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| Comments: | Draft strategy has been completed and awaiting values refresh to ensure aligned with new values and behaviour work. |
| Action for next year: | Launch strategy |

1F(iv) Mechanisms exist that support feedback about the organisation' professional standards processes by its connected doctors (including the existence of a formal complaints procedure).

| Y/N | |
|---|---|
| Action from last year: | Work with partners across the network to develop feedback mechanism, either direct or via proxy method. |
| Comments: | This work remains outstanding. |
| Action for next year: | Carry over action. |

1F(v) Our organisation assesses the level of parity between doctors involved in concerns and disciplinary processes in terms of country of primary medical qualification and protected characteristics as defined by the Equality Act.

| Y/N | |
|---|---|
| Action from last year: | Work with NHSE to actively follow our caseload. |
| Comments: | We met with NHSR PPA and in comparison to Trusts of a similar size, 53% of our referrals to them have the UK as primary place of medical qualification versus 36% of similar sized trusts, and 38 % have elsewhere as primary place of medical qualification, compared to 53% of similar sized trusts. |

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| Action for next year: | Continue to monitor demographics of those involved in processes. |

**1G – Calibration and networking**

1G(i) The designated body takes steps to ensure its professional standards processes are consistent with other organisations through means such as, but not restricted to, attending network meetings, engaging with higher-level responsible officer quality review processes, engaging with peer review programmes.

| Y/N | |
|---|---|
| Action from last year: | Review any outcomes from the HLROV. |
| Comments: | Communication between designated bodies regarding processes/resource does occur, and one DB is currently planning a MS Teams meeting for the revalidation managers of the DBs in the area to support cross working and best practice. |
| Action for next year: | Continue to review the recommendations from HLROV and attendance at the cross-DB meetings to consider any improvement opportunities. Ensure representation at at RO network events. |

## Section 2 – metrics

Year covered by this report and statement: 1 April 2024 – 31 March 2025 .

All data points are in reference to this period unless stated otherwise.

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|---|---|
| The number of doctors with a prescribed connection to the designated body on the last day of the year under review | 775 |
| Total number of appraisals completed | 552 |
| Total number of appraisals approved missed | 131 |
| Total number of unapproved missed | 51 |
| The total number of revalidation recommendations submitted to the GMC (including decisions to revalidate, defer and deny revalidation) made since the start of the current appraisal cycle | 163 |
| Total number of late recommendations | 0 |
| Total number of positive recommendations | 123 |
| Total number of deferrals made | 39 |
| Total number of non-engagement referrals | 1 |
| Total number of doctors who did not revalidate | 0 |
| Total number of trained case investigators | 11 |
| Total number of trained case managers | 11 |
| Total number of concerns received by the Responsible Officer[2] | 16 |
| Total number of concerns processes completed | 17 |
| Longest duration of concerns process of those open on 31 March (working days) | 1061 |
| Median duration of concerns processes closed (working days)[3] | 50 |
| Total number of doctors excluded/suspended during the period | 0 |
| Total number of doctors referred to GMC | 0 |
| Total number of appeals against the designated body's professional standards processes made by doctors | 2 |
| Total number of these appeals that were upheld | 0 |
| Total number of new doctors joining the organisation | 382 |
| Total number of new employment checks completed before commencement of employment | 2,292 |
| Total number claims made to employment tribunals by doctors | 1 |
| Total number of these claims that were not upheld[4] | 1* |

*Subject to on-going appeal

## Section 3 – Summary and overall commentary

This comments box can be used to provide detail on the headings listed and/or any other detail not included elsewhere in this report.

[2] Designated bodies' own policies should define a concern. It may be helpful to observe https://www.england.nhs.uk/publication/a-practical-guide-for-responding-to-concerns-about-medical-practice/, which states: *Where the behaviour of a doctor causes, or has the potential to cause, harm to a patient or other member of the public, staff or the organisation; or where the doctor develops a pattern of repeating mistakes, or appears to behave persistently in a manner inconsistent with the standards described in Good Medical Practice.*

[3] Arrange data points from lowest to highest. If the number of data points is odd, the median is the middle number. If the number of data points is even, take an average of the two middle points.

[4] Please note that this is a change from last year's FQAI question, from number of claims upheld to number of claims not upheld".

| |
|---|
| General review of actions since last Board report |
| |
| Actions still outstanding |
| |
| Current issues |
| |
| Actions for next year (replicate list of ‘Actions for next year’ identified in Section 1): |
| |
| Overall concluding comments (consider setting these out in the context of the organisation’s achievements, challenges and aspirations for the coming year): |
| |

**Section 4 – Statement of Compliance**

The Board/executive management team have reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

| | |
|---|---|
| Official name of the designated body: | |

| | |
|---|---|
| Name: | |
| Role: | |
| Signed: | |
| Date: | |

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| Name of the person completing this form: | |
| Email address: | |

Attachment 2

Great Ormond Street Hospital for Children NHS Foundation Trust

**Summary of the Quality, Safety and Experience Assurance Committee held on 18 September 2025**

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

A 10-point plan to improve Resident Doctors' working lives had been published by NHS England asking Trusts to consider areas of improvement such as access to basic facilities, working schedules, payroll errors and Board level reporting and assurance. GOSH had identified a new requirement around providing time for personal development and work was taking place to identify any gaps in the Trust in this respect. Discussion took place around the importance of the Guardian of Safe Working report at Board and the need to provide a more general update on Resident Doctor colleagues' wellbeing as well as those areas required as part of the report.

Work was taking place to expand the ethics service at GOSH into a paediatric bioethics service and funding was required for this work which was in the process of being identified. A task and finish group had been set up to look at the goals of the service, governance requirements and running a series of stakeholder engagement workshops.

A positive system quality support visit had taken place which identified that PSIRF was being implemented well. A cycle of visits was now taking place and themes were emerging of where the Trust was working well and improvements required.

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

Positive comments had been made by the CQC on the safeguarding service and improvements were being made in the level 3 training compliance by making changes to the way the training was delivered. Mitigations were in place as a result of two nurses in the Learning Disability Team resigning and recruitment was taking place. Discussion took place around information flags in Epic as evidence had been identified that staff were not aware of how to look for flags and work was taking place with Epic.

There had been a 60% increase in complaints however no trends had been identified, and the increase was in line with the experience of other Trust. The Committee recognised the importance of maintaining oversight of the increase as a potential early indication of an issue. It was noted that feedback from children and young people showed that the Trust was performance better in a number of feedback metrics notwithstanding the increase in complaints. PALS was working hard to support the increase in contacts as a result of the orthopaedic review and the number of cases seen showed that the service was accessible for families.

An outbreak of Carbapenemase-Producing Enterobacteriaceae (CPE) had been declared on a ward in July 2025 which was ongoing and successful remediation works had taken place. There had also been excellent stool screening compliance in the area. The Committee discussed the importance of a decant ward to enable an ongoing remediation plan. It was likely that there would be challenges around infection prevention and control performance metrics in 2025/26 and swarm meetings had shown inconsistent use of preventative measures which was being reviewed. There had been delays to some of the detailed room specifications and mechanical and electrical drawings for the Children's Cancer Centre and it was agreed that this would be monitored at the Executive Management Team meeting due to the importance of ensuring that IP&C were fully involved in the process.

Monthly audits were taking place focusing on KPIs which were nursing sensitive such as reporting of PEWS and this showed that some areas required additional focus. Quality support visits were taking

place which were well received, and 17 visits had been undertaken related to ward accreditation. Of those visits 9 areas had been scores as 'awaiting accreditation' and clear action plans were in place. One area had been awarded gold and 7 areas awarded silver. The Committee welcomed the work that was taking place in the Trust around Sickle Cell and noted that this overlapped with wider health inequalities as this was a group of patients who were often overlooked.

The Committee noted the patient experience annual report and in particular welcomed the work that had taken place around health inequalities.

**Mental Health Framework**
The Committee welcomed the mental health framework and acknowledged the importance of achieving parity of esteem for physical and mental health. It was confirmed that the definition of mental health in the framework also encompassed emotional wellbeing, and discussion took place around GOSH's responsibilities towards patients on the waiting list and ensuring that they were 'waiting well'. It was noted that North Central London had resources which GOSH patients could be signposted to and was well established.

**Quality in Operational Delivery: Chief Operating Officer Report**
The Trust's RTT position was 70% and had been broadly static over the previous 12 months. There was a focus on 52 week waits and Trusts were required to have no more than 1% of the waiting list waiting this length of time. GOSH had submitted a plan to reach this level from the current 3% which would be very challenging, and work was taking place to explore support which could be provided from other parts of the system. Diagnostic performance was at 80% which was the highest performance for over a year, and a new MRI scanner would be coming online in the new year which would support performance further. The Committee discussed the prioritisation of the waiting list and requested that the proportion of patients waiting in each prioritisation category was set out in each report. This was related to health inequalities as it had been shown that patients in particular demographics tended to wait longer. A deep dive was also requested into clinical harm reviews.

**GOSH CQC Report**
Two inspections had taken place in surgery and well led. GOSH had been rated as 'Good' overall and all domains had also been rated good with the exception of 'caring' which was rated as outstanding. The action plan to improve in the required areas continued.

**Children and Young People's Gender Service Update**
The service was taking patients from the national waiting list and had made good progress with recruitment with only a 17% vacancy rate. The team was able to offer a first appointment to new patients within six weeks, and a good response rate and positive feedback was being achieved for the Friends and Family Test. A very small number of complaints and PALS contacts had been received since the service had gone live. The team would be moving to their permanent location in November 2025 which was extremely positive. Issues around communications with patients and families though Epic would be supported by a patient portal. A considerable level of safeguarding support was required in the service and the team was managing this well.

Discussion took place about managing the waiting list and it was noted that a rapid referral system was in place whereby if patients didn't want or need care at that time they could be discharged and re-referred without joining the waiting list. The team planned to develop a 'living well' pathway which would support patients to be discharged at the appropriate time.

**Space and Place Compliance Update (Quality focus)**
Key members of the team had joined the Trust recently with essential technical skills and Positive Pressure Ventilation Lobby (PPVL) rooms was compliant with the annual verification programme. The authorised engineer now spent a day a month on site to support improvements in water management.

The Committee discussed the Children's Cancer Centre development and the risk around noise and dust. The team was working with high levels of filtration and the monitors in place had not raised any concerns that would lead to disruption. The importance of teams formally signing off their areas of responsibility was highlighted.

The Committee received an update from the September 2025 meeting of the People and Education Assurance Committee meeting.

**Update from the Risk Assurance and Compliance Group on the Board Assurance Framework**
Consideration was being given as to whether it was appropriate to reduce the net risk score for the estates compliance BAF risk from 16 to 12. The Committee discussed a revised risk statement BAF risk 12: inconsistent delivery of safe services. Following a review of the Trust wide risk register to identity themes of the risks which were most closely linked to BAF risk 12 a revised risk statement was proposed, and this was recommended by the Audit Committee.

- Deep Dive: BAF Risk 11: Medicines Management

Focus was being placed on governance process to ensure that good clinical decisions were being made and medicines were being monitored closely through a newly strengthened medicines safety committee. Themes arising from this monitoring were used to inform the areas of focus for the committee. Epic had led to safer drug selection and automated many of the decisions required. A strong network was in place as well as shared governance. A new committee had been introduced which looked at novel treatments. The CQC had provided good external assurance for the medicine safety. The RACG had recommended moving from a net risk score of 15 to 10 as a result of the significant work that had taken place. The QSEAC noted that the service remained under IAG and it was agreed that this oversight should be removed prior to agreeing a net score reduction.

Attachment 2

Great Ormond Street Hospital for Children
NHS Foundation Trust

**Summary of the Quality, Safety and Experience Assurance Committee meeting held on 6 November 2025**

Quality and Safety at GOSH: Chief Medical Officer Report

The review of patients as part of the Orthopaedic Improvement Programme was now complete and the data was being analysed in line with the timeline set out at the start of the programme. A senior member of the patient safety team had retired, and the Committee sought assurance that appropriate resource would be in place going forward. It was confirmed that the team was being restructured to ensure that senior leads were in place for each key element of patient safety. This change had been made in discussion with the Trust's senior nurses.

The Committee approved the revised Statement of Purpose which had been updated to reflect the new location of the NHS Children and Young People's Gender Service (London).

Update from Bioethics Committee

An ethics service had been in place at GOSH since 2000 and there was a need to consider its strategic direction and potential as a wider, national service. A task and finish group had been established to scope the activity of the service and its strengths and weaknesses. Stakeholder groups were supporting its development. A key part of this work was to improve the governance of the service including succession planning. Discussion was taking place with the GOSH Charity about funding as this was a critical element of the programme.

Quality and Patient Experience: Chief Nurse Report

There had been a year-to-date increase in complaints of 53% however positive feedback continued to be received from Friends and Family Tests. Benchmarking data was being sought but was challenging to find. Discussion took place around this increase in complaints and there were some areas for learning which were being included in customer service training to address these common issues. The safe and respectful policy had been reviewed to highlight the importance of sensitive communication and working with families.

A consultation had concluded in the Safeguarding Team which would support the redesign of the service to reflect the challenges across the organisation and nationally and promote equitable access. The service continued to see high levels of referrals for staff who were experiencing different types of abuse and work was taking place to train staff to understand the Allegations Against Staff and Volunteers process. Discussion took place about the number of referrals made to the safeguarding service and it was agreed that benchmarking would take place with other hospitals in the Children's Hospital Alliance.

GOSH had breached the target for c. difficile infections for the year and discussion took place around the complexities of patients at GOSH which predisposed them to infection. Discussion was taking place with the UK Health Security Agency about this target. Positive Pressure Ventilation Lobby (PPVL) rooms had been closed to carry out remedial work and good work was taking place in directorates to mitigate any lost activity levels.

PCC Level 1&2 Programme Update

The Executive Management Team had reconfirmed their commitment to this programme in the context of financial challenge, and the work would now be undertaken within current staffing levels. The Committee

emphasised the importance of this work and it was noted that a mobile HDU would be established for a small number of shifts per week once a specialty lead had been appointed. The Committee requested a further update in six months.

Implications of Penny Dash Report for GOSH (July 2025 report)
Discussed took place about the work that was currently underway at GOSH and how this could be recontextualised with a lens on effectiveness as an outcome in line with the focus on quality, safety and experience. It was noted that a QSEAC effectiveness survey was planned which would support a review of the committee's workplan. The Committee noted the challenge of benchmarking outcomes for some specialties and said that it would be important going forward to expand the national specialised services quality dashboard to support the identification of variation in practice and understand the volumes of services.

Freedom of Information Act Update
A large number of FOIs had been received which was in line with the experience of other Trusts in London. There had been an improvement in compliance since the last report.

Staff story – bio medical engineering team and update on safe management of medical devices at GOSH
The bio medical engineering team was a relatively small team with a number of diverse skills who managed more than 23,000 assets on their asset register. There was currently a gap in the Medical Devices Safety Officer role and work was taking place to identify the appropriate structure for this role. The Trust worked with a local university to ensure that graduates possessed appropriate skills, and this helped to mitigate the risk of the aging workforce in biomedical engineering nationally.

Health and Safety Update
The Committee discussed the work taking place in the Sight and Sound hospital around ventilation. Longer-term work was required to install a quieter system which could continue to run during audiology testing with patients.

Ligature assessments were currently low, and this was a focus for improvement with areas were being assessed in a risk based way.

Internal Audit Progress Report
The Committee received a report on data quality: patient safety indicators which had provided a rating of partial assurance with improvements required. The significant finding related to lack of compliance with an internal target and progress was being made with the management actions arising from the review. Discussion had taken place at the Audit Committee which had noted that significant work had previously taken place to improve Duty of Candour processes. Audit had shown that although actions were in line with the process it was not being recorded and this was an area of focus which would be supported by the implementation of a new system.

Update from the Risk Assurance and Compliance Group on the Board Assurance Framework
All BAF risks overseen by QSEAC had been updated and no changes to net risk scores or risk statements had been proposed. The 'inconsistent delivery of safe care' risk continued to be reviewed. Risks were being reviewed in light of the new GOSH strategy and there was potential to combine some risks.

Deep Dive: Risk 18: Health Inequalities
Significant work had taken place to understand the social determinants of health affecting GOSH's patients and work was taking place with teams to reduce variability in the 'was not brought' metric

across specialties. It was likely that social prescribing would be beneficial to the Trust. Over 150 staff had volunteered to take part in the health inequality workstreams, and the Committee emphasised the importance of creating an evidence base to show that investing in reducing health inequalities would make services more effective and efficient for patients.

QSEAC Self-assessment survey questions

The Committee approved the proposed survey questions and noted that the results would be reported at the January 2026 meeting.

Attachment 3

Great Ormond Street Hospital for Children
NHS Foundation Trust

**Summary of the Audit Committee Meeting held on 8 October 2025**

The Committee received summaries of the following Board Assurance Committees:

- Summary of Finance and Investment Committee (July 2025, September 2025)
- Summary of Quality, Safety and Experience Assurance Committee (September 2025)
- Summary of People and Education Assurance Committee (September 2025)

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

Good progress was being made against the plan however there had been a substantial rise in the number of overdue actions arising from reviews. This change was attributed to a revised reporting approach introduced by KPMG, whereby each sub-action was now reported individually.

A data quality audit focusing on patient safety data had provided an assurance rating of partial assurance with improvements required which was driven by one significant finding that the Trust had not met its internal targets around Duty of Candour. The team was confident that meaningful conversations were taking place however audit had shown that this was not consistently documented, and the Trust was exploring a new system to support improvement. Discussion took place around incident reporting noting that 54% of incidents had not been reviewed within 7 days. It was confirmed that, again, the reviews were taking place, this was not being documented. The Committee highlighted that there must be many areas in the hospital where the correct action was being taken but not documented and this was an area for further consideration.

The Committee noted that that there were plans to introduce new systems in a number of areas of the hospital and highlighted the importance of taking a holistic view of this. It was noted that although the individual value of each system was likely to fall below the threshold for assurance committee review, the cumulative impact could be significant.

A review of financial governance in research and innovation and international and private care had provided a rating of partial assurance with improvements required. The review had been commissioned due to concerns regarding the structure and operations of the decentralised finance teams in these areas and the recommendations would be helpful to make improvements. A review of NHS income had also been undertaken, and the committee discussed the implications of the move to block contracts.

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

A new Strategy Delivery risk had been developed and more work was required to refine the risk statement which would be considered by the RACG and FPC. The Committee approved the revised risk statement for the inconsistent delivery of safe services risk which had been recommended by the QSEAC.

**BAF Risk 10: Climate Emergency including TCFDS progress**

A lot of work was taking place in this area including the use of AI to manage combined heat and power more efficiently, collaboration with the pharmacy on medicines sustainability and the Born Green Generation project. The Committee agreed to reduce the net risk score from 16 to 12 given the work taking place in this area and the positive view of the CQC.

**Final External Auditor Annual Report including VFM 2024/25 (for information only)**

The final audit had been signed off by the Chair of the Audit Committee, Chief Executive and Chief Finance Officer within the deadline however the certificate of completion remained outstanding and could not be issued until this was agreed by the National Audit Office which was expected in November 2025. This was the case for all Trusts. The Committee discussed the increasing demands of the audit against a GOSH finance team whose capacity had remained static. The Committee noted that the previous audit recommended that investment was required in the team in order to continue to meet requirements.

**Update on cyber security (BAF Risk 7)**

Work continued with a London partner Trust to improve joint threat intelligence and cyber security capabilities. Focus was being placed on collaboration in a number of areas to ensure that intelligence and capability could be shared between Trusts. The executive team had recently participated in a cyber crisis simulation exercise and learning was being incorporated into the Trust's planning.

**Local Counter Fraud progress report**

Good progress was being made against the plan and focus was being placed on increasing awareness amongst staff; there had been increase in referrals had been received as a result. A review of conflicts of interest had been positive and had provided no recommendations however the committee discussed the importance of reaching all relevant groups to ensure that they were submitting declarations of interests, particularly in the area of research. The challenge of ensuring that highly specialised clinicians and researchers did not become conflicted was highlighted.

**Waivers**

There had been an increase in the number of waivers used in the last two quarters however new rules under the Standing Finance Instructions were being introduced and were expected to reduce the use of waivers and improve value for money. Discussion took place around future reporting, and the Committee highlighted the importance of separating those waivers that could have been avoided with improved planning.

**Losses and Write Offs**

The Committee noted the losses and write offs.

**Governor feedback**

Feedback welcomed the positive tone and engagement of the meeting and noted the ongoing work of the ICT team to strengthen cyber resilience noting the considerable potential impact of a cyber incident. It was reiterated that a cyber exercise had taken place to support improved planning.

Discussion took place around the current geopolitical tensions and the impact on GOSH's staff. It was noted that regular communications were sent to staff from the Chief Executive however many staff were indicating that the current period was extremely challenging for them personally.

Attachment 4

Great Ormond Street Hospital for Children
NHS Foundation Trust

**Summary of the People and Education Assurance Committee meeting held on 16 September 2025**

**Medical Job planning Update**

The Committee noted that job planning was a valuable tool when executed effectively and work had been taking place to implement an e-job planning system for some time. NHS England required 95% of job plans to be signed off by April 2026 and at the start of the year GOSH was assessed as having low maturity in meeting these expectations however substantial progress had been made. As of September 2025, the NHS England return indicated 43% completion, however improvement was still required, and the London region had recommended a light touch approach to job planning in 2025/26. A strategic decision was required about the Trust's approach to consultants' unpaid working time.

**Appraisal Assurance Update**

It was noted that appraisal was a process designed for personal development rather than a mechanism for performance management and of 740 doctors requiring annual appraisal, 132 missed appraisals were recorded primarily as a result of transition to a new appraisal software provider. An external assurance visit had taken place which identified several areas of good practice and made recommendations for improvement. The Committee highlighted the importance of triangulating appraisal data with other sources and developing better data on team dynamics in order to develop an early warning system for performance issues. The Committee emphasised the importance of a culture of open communication, speaking up and transparency.

**Workforce Metrics Update including update on Workforce Controls**

Four of six workforce metrics were rated green and two rated amber. There had been a stabilisation of the workforce which was welcomed by the committee, and it was noted that further work was required to align workforce size with the Trust's financial sustainability programme. Trust wide the vacancy rate was being reported at 2.1% however some corporate directorates were reporting considerably higher vacancy rates. There had been an increase in sickness rates, and the Committee noted the impact of the external environment as well as internal pressures on staff wellbeing.

**Nursing Workforce Reports**

There had been a reduction in nursing workforce turnover which now stood at 1% however the number of starters continued to exceed the number of leavers. Recruitment of internationally educated nurses had been paused and for the 22 newly qualified nurses joining in November 2025, focus was being placed solely on filling vacancies. Discussion was taking placed with Chief Nurses across the region for opportunities to place newly qualified nurses elsewhere. The Committee acknowledged the importance of ongoing work to retain and develop the existing nursing workforce. Safe staffing incidents were reported at similar levels to the previous quarter, and the Committee discussed the importance of early warning systems. Discussion took place around diversity in the nursing workforce and the aspiration for the demographics to better reflect that of the population served by the Trust. Apprenticeships were noted as especially valuable in attracting colleagues from global majority backgrounds.

**GOSH Learning Academy/ Education Reports and refreshed strategy**

Progress was favourable to plan to deliver Better Values savings of £750,000. Internal assurance processes had resumed including a survey of all resident doctors which identified concerns which had not been captured by the GMC survey and had subsequently been addressed locally. NHS England had conducted a leadership quality visit focused on orthopaedic surgery and good engagement and feedback

had been received from resident doctors in the area. A plan was being delivered around the space required in the organisation for the GLA in light of competing space pressures. The GOSH Charity had been extremely supportive of the GLA.

**Progress against the People Strategy**

- Values and Behaviours update

The Committee received an update on the development of the refreshed Values and Behaviours Framework, a key enabler of the Trust's new strategy and people strategy. The current programme was designed to be robust and inclusive, with a strong emphasis on co-creation and staff engagement. The structure of the programme would span two years with the first year focusing on the co-creation of the refreshed framework, while the second year would focus on implementation across HR policies, leadership development, recruitment, and appraisal processes. The committee emphasised the importance of co-creation and ensuring that staff recognised the value of the programme.

- Anti Racism Statement

The REACH network had coproduced and cosponsored the statement and had also provided a statement of support emphasising the importance of lived experience in shaping the work. Discussion took place around the length of the statement and emphasised the importance of ensuring that GOSH was able to live up to its statement. The Committee proposed an executive foreword and the development of a branding proposition and emphasised the importance of taking action when colleagues did not adhere to the Trust's values.

**Raising Concerns in the Workplace Update: April – June 2025 (Q1)**

The Committee noted the paper and highlighted the future papers would include greater detail to reflect cultural shifts.

**Staff Story: Legal Services**

Colleagues highlighted the importance of the legal team in supporting colleagues across a wide range of complex legal frameworks and decisions, particularly those involving patients. The service was also able to share expertise with other Trusts including around inquests, claims and withdrawal of care cases. Cases could take a significant emotional toll on clinical and legal staff. Discussion took place around the impact of the Abassi judgement on staff, and it was noted that in practice there had not yet been a case in which reporting restriction had been lifted. The team emphasised the importance of ensuring they had sufficient time to continue to support and assist clinicians. The Committee noted the team's role in influencing case law and acknowledged the contribution of the legal team to the Trust.

**Governor feedback**

It was noted that Governors would take part in giving feedback to inform the development of the Trust's behaviour and values framework.

Attachment 5

# Finance and Performance Committee Update – October 2025

Since the last report to Trust Board, the Finance and Performance Committee (FPC) met on 21 October 2025, holding both a routine and confidential session.

**Meeting dates & purpose**

| Date & Meeting | Purpose |
|---|---|
| 21 October 2025 (Confidential) | Update on performance reporting to the ICB and the Children's Cancer Centre (CCC) progress. |
| 21 October 2025 (Routine) | Standard agenda covering operational performance, finance, integrated planning, and major projects. |

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**Key Developments, Discussions, and Actions**

**1. Wider Environment & Sector Risks**

The Committee noted emerging financial risks across the sector, with heightened scrutiny from system partners due to the Trust's financial position and delivery trajectory.

The implications of the NHS 10-Year Plan and the merger of North Central and North-West London ICBs were discussed, with attention to future commissioning intentions and the need for robust strategic planning.

**2. Medium Term Financial Plan (MTFP)**

The MTFP development group continues to progress a five-year financial strategy, with annual revisions to ensure sustainability.

The plan will be brought to the Trust Board with an investment pipeline prioritising strategic initiatives.

**3. Financial Position (Month 6)**

The Trust reported a year-to-date deficit of £9.4m, £4m adverse to budget, but remains compliant with the recovery plan agreed with NCL Integrated Care System.

NHS clinical income was favourable to plan, driven by contract overperformance and private patient income.

Pay remained overspent, primarily due to substantive staffing and lower than planned Better Value delivery.

Non-pay is slightly overspent, with drug and blood costs higher than plan, offset by savings in supplies and services.

The Better Value programme had delivered £9.9m savings year to date, with further savings expected from ongoing workforce reviews and controls.

**4. Operational Performance**

Referral to Treatment (RTT): Performance dipped slightly in August (69.2%), with inherited waits from other providers continuing to impact long-wait cohorts. Five patients have waited over 104 weeks, mostly due to delays at referring Trusts.

Diagnostics (DM01): Performance declined in August but remains above the London average. Cardiac MRI and Audiology are under pressure, with improvement plans in place.

Activity Levels: Overall activity is marginally above last year, but elective activity remains below plan, driven by reductions in several specialties. Outpatient first attendances have increased by 20%.

Theatre Utilisation: Fluctuated in August, but late starts have decreased for the third consecutive month. A tracker is in place to monitor list hand backs and reutilisation.

Patient Communication: Unsent clinic letters and discharge summaries remain high but are trending downward. Chiefs and specialty leads are actively working to reduce the backlog.

**5. Integrated Plan Update**

The Trust has launched its planning process for 2026/27–2030/31, with emphasis on medium- and longer-term planning, productivity improvements, and alignment with the NHS 10-Year Plan.

Clinical directorates are completing demand and capacity analyses, with cost pressures and service developments being collated for prioritisation.

The Board and Committees will be kept informed as the plan develops, with additional FPC meetings scheduled.

**6. Major Projects**

Children's Cancer Centre (CCC): The project remains on track for October 2028 completion, within budget. Piling and underpinning works are progressing, with contingency drawdown ahead of profile but expected to be rebalanced by VAT recovery and Rights of Light savings.

Associated capital projects are in early design and cost definition stages, overseen by the CCC Oversight & Assurance Committee.

**7. Feedback from Governors**

Governors welcomed the focus on financial sustainability and workforce transformation.

Questions were raised about the impact of new procurement models, CCC contingency, and ongoing challenges with patient communications and waiting times.

The Committee acknowledged the importance of maintaining staff morale and engagement during this period of significant change.

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**Assurance to the Trust Board**

The Committee continues to provide robust oversight of financial and operational performance, with a clear focus on sustainability, delivery of strategic priorities, and ongoing improvement.

Risks remain in workforce, long-wait patients, and sector-wide financial pressures, but targeted actions and regular executive oversight are in place.

The integrated planning process is well underway, with Board engagement and assurance central to its development.

**End**

Great Ormond Street Hospital for Children NHS Foundation Trust

| Trust Board<br>20 November 2025 | |
|---|---|
| **Update on the Board Assurance Framework**<br><br>**Submitted by:** Anna Ferrant, Company Secretary | **Paper No: Attachment 6** |

The purpose of this paper is to provide an update on the Board Assurance Framework (BAF) and to remind Board members of the status of the Trust's strategic risks. A summary of all risks is presented at **Appendix 1**. The full BAF is provided in the reading room on Diligent (**Appendix 2**).

The Risk Assurance and Compliance Group (RACG), chaired by the Chief Executive, monitors the BAF monthly, reporting to the Audit Committee, Quality, Safety and Experience Assurance Committee and the People and Education Assurance Committee.

The Audit Committee and other assurance committees have considered recommendations from the RACG as outlined below.

**BAF Risk 1 Financial Sustainability**: Based on the current budgetary/planning/ commissioning context and the controls and assurances cited, the Audit Committee agreed with the RACG that the risk statement and risk net score (20) remains appropriate.

**BAF Risk 9 Estates' Compliance**: The controls and assurances have been updated to cover the full breadth of estate risk related matters under the BAF risk (controls and assurances). The Audit Committee will review the net risk score (16) at its next meeting.

**BAF Risk 10 Climate Emergency**: Positive external assurance had been received regarding the Trust's governance arrangements and approach to delivery of environmental sustainability in the recent CQC inspection report. This includes a rating of 'Good' for the *Environmental Sustainability* section of the CQC report. Following a discussion, the Audit Committee agreed to propose a reduction in net risk score to 3L x 4C.

**Recommendation from the Audit Committee: The Trust Board is asked to approve a reduction in the net score for the Climate Emergency BAF risk to 3L x 4C = 12.**

**Risk 11 Medicines Management:** The Trust had received positive feedback in the recent CQC inspection report about the management of medicines at GOSH and following a review of this feedback, the RACG had considered a reduction in the risk score. The QSEAC discussed the proposed reduction in risk score and agreed that the risk score of 15 (3L x 5C) should remain for now whilst controls continue to be implemented for manufacturing of medicines and that a further review of the net risk score be conducted in 3 months' time.

**BAF Risk 15 Children's Cancer Centre**: The controls and assurances have been updated to cover the full breadth of Cancer Centre risk related matters (to encompass operational, structural, and building-related issues) under the BAF risk. The Audit Committee in partnership with the FPC will review the net risk score (12) at its next meeting.

**Risk 12: Inconsistent delivery of safe care**

Current BAF Risk Title: BAF Risk 12: *Risk of (severe/serious) patient harm arising from a failure to follow safety standards, foster a culture of openness and transparency, and use data to support improvement:*

- *Patients are not consistently cared for within a comprehensive safety system which ensures they are protected from avoidable harm through compliance with regulatory standard*

- *The organisation does not consistently focus on openness, transparency and learning when things go wrong, or use the opportunity to learn from when things go well.*
- *The organisation does not use its own safety performance data as a tool to guide improvement, interventions or actions, training and learning.*

Gross risk score 4 (L) x 4 (C) = 16: Net risk score 3 (L) x 4 (C) = 12

At the March 2025 QSEAC, it was agreed that this is a wide-ranging BAF risk statement, and the QSEAC welcomed the proposal to review the risk, its core elements and alongside this undertake a review of the corporate risk register and complaints data to consider whether the risk needed revising or splitting out with a focus on specific risk areas.

**Recommendation from the Audit Committee: Following the review, the Audit Committee and QSEAC recommend the following risk statement for approval by the Trust Board:**

*The risk that the Trust is unable to deliver safe and timely care, compromising patient outcomes and experience. This is due to:*

- *Increasing clinical complexity of our patients*
- *Cultural and workforce challenges to the delivery of highly specialised services*
- *Available internal physical capacity (inpatients, theatres and outpatients)*
- *Inconsistent supply of equipment*
- *External system pressures.*

The controls, assurance and actions continue to be documented and the QSEAC will scrutinise this risk on an ongoing basis. The Audit Committee will review the risk and agree the net risk score at its next meeting.

**Action required from the meeting**
Board members are asked to note the update to the BAF and approve the recommendations **highlighted** above.

**Financial implications**
None

**Legal issues**
None

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

**Who is accountable for the implementation of the proposal / project**
N/A

Attachment 6

NHS Great Ormond Street Hospital for Children NHS Foundation Trust

## Great Ormond Street Hospital for Children NHS Foundation Trust: Board Assurance Framework (10 November 2025)

| No. | Short Title | Trust Principle | Trust Priority | Risk type and description | Gross Risk | | Net Risk | | Risk Appetite/ Risk Tolerance Score | Mitigation time horizon | Executive Lead | Reviewed By | Last Updated by Risk Owner | Assurance Committee | Last Reviewed by Assurance Committee |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | L x C | T | L x C | T | | | | | | | |
| 1 | Financial Sustainability | **Principle 4: Financial Strength** | | Failure to continue to be financially sustainable | 5 x 5 | **25** | 4 x 5 | **20** | **Cautious/ 12-15** | 1-2 years | Chief Finance Officer | **Margaret Monckton, Chief Finance Officer/ Lauren Gable, Deputy CFO** | 16/09/2025 | Finance and Performance Committee/ Audit Committee | June 2025 – (Annual Accounts) July 2025 (FPC) |
| 2 | Strategy delivery Risk Under review | **All Strategy Principles** | **All priorities** | Failure to establish an operating model and organisation wide change capability, with the right people with the right skills doing the right jobs to enable delivery of the Trust's strategy. | **TBC** | | **TBC** | | **TBC** | | Chief Operating Officer | **Dena Marshall, Chief Operating Officer** | 22/05/2025 | Finance and Performance Committee | RISK UNDER REVIEW |
| 3 | Operational Performance Risk Under review | **Principle 3: Safety and quality** | **Priority 2: Deliver a Future Hospital Programme / Priority 3: Improve and speed up access to urgent care and virtual services** | Failure of our systems and processes to deliver efficient and effective care that meets patient/carer expectations and supports retention of NHS statutory requirements and the FT licence.<br><br>Failure to implement structural, operational and workforce transformation to:<br>• deliver productive, efficient and effective services<br>• collaborate with local systems and partners to deliver the best outcomes for the local population<br>• deliver against national commitments including the National Outcomes Framework requirements. | 4 x 5 | **20** | 3 x 5 | **15** | **Minimal/ 6-11** | 1 year | Chief Operating Officer | **Dena Marshall, Chief Operating Officer** | 22/05/2025 | Audit Committee/ QSEAC | July 2025 (QSEAC) RISK UNDER REVIEW |
| 4 | Integrated Care System Risk Under review | **All Strategy Principles** | **All priorities** | Whilst participating fully in the North Central London Integrated Care System, there is a risk of erosion of the Trust's ability to maintain highly specialised services for patients nationally and internationally and deliver its strategy 'Above and Beyond' because of NHS system complexity, localised delivery of healthcare and an evolving statutory environment. | 4 x 4 | **16** | 3 x 4 | **12** | **Cautious/ 12-15** | 5-10 years | Chief Executive | **Matthew Shaw, CEO/ Anna Ferrant, Company Secretary** | 19/09/2025 | Audit Committee | June 2025 |
| 5 | Unreliable Data | **Principle 3: Safety and quality** | **Priority 2: Deliver a Future Hospital Programme** | Failure to establish an effective data management framework | 4 x 4 | **16** | 4 x 3 | **12** | **Minimal/ 6-11** | 1-2 years | Chief Operating Officer | **Zaman Hussain, Chief Data Officer** | 16/09/2025 | Audit Committee | June 2025 |
| 6 | Research infrastructure | **Principle 3: Safety and quality/ Principle 4: Financial Strength** | **Priority 5: Accelerate translational research and innovation to save an improve lives** | The risk that the Trust is unable to accelerate and grow research and innovation to achieve its full Research Hospital vision due to not having the necessary research infrastructure. | 3 x 5 | **15** | 2x 4 | **8** | **Minimal/ 6-11** | 1-2 years | Director, Research & Innovation | **Kiki Syrad, Director of R&I/ Vanshree Patel, Head of R&D** | 29/08/2025 | Audit Committee | March 2025 Trust Board September 2025 October Board |
| 7 | Cyber Security | **Principle 3: Safety and quality** | **Priority 2: Deliver a Future Hospital Programme** | The risk that the technical infrastructure at the Trust (devices, services, networks etc.) is compromised via electronic means. | 5 x 5 | **25** | 3 x 5 | **15** | **Averse/ 2-5** | 1-2 years | Chief Operating Officer | **Mark Coker, CIO/ Dena Marshall, Chief Operating Officer** | 03/09/2025 | Audit Committee | March 2025 October 2025 |
| 8 | Business Continuity | **Principle 3: Safety and quality/ Principle 5:** | **Priority 2: Deliver a Future Hospital Programme** | The trust is unable to deliver normal services and critical functions caused by unexpected events; external challenges (global/ social/ political/ technological/ environmental) and/ or inadequate business continuity planning. Impact: An | 4 x 5 | **20** | 4 x 3 | **12** | **Minimal/ 6-11** | 1-2 years | Chief Operating Officer | **Rachel Millen, Emergency Planning Officer/ Dena** | 24/09/2025 | Audit Committee | June 2025 September 2025 (TB) |

Attachment 6

| No. | Short Title | Trust Principle | Trust Priority | Risk type and description | Gross Risk | | Net Risk | | Risk Appetite/ Risk Tolerance Score | Mitigation time horizon | Executive Lead | Reviewed By | Last Updated by Risk Owner | Assurance Committee | Last Reviewed by Assurance Committee |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | L x C | T | L x C | T | | | | | | | |
| | | **Protecting the Environment** | | adverse effect on the trust's operational performance and continuity of delivery of safe, effective care. | | | | | | | | **Marshall, Chief Operating Officer** | | | |
| 9 | Estates Compliance | **Principle 3: Safety and quality** | **Priority 2: Deliver a Future Hospital Programme** | Inadequate maintenance of the estate affects the safety of the environment in which care is delivered by staff to patients and carers. | 5 x 4 | **20** | 4 x 4 | **16** | **Minimal/ 6-11** | 1 year | Chief Infrastructure and Redevelopment Officer | **Jason Dawson, Chief Infrastructure and Redevelopment Officer** | 27/10/2025 | Audit Committee/ QSEAC | January 2025 QSEAC September 2025 |
| 10 | Climate Emergency Net score for approval at TB in November 2025 | **Principle 5: Protecting the Environment** | **All priorities** | The Trust fails to deliver against its commitment to deliver a net zero carbon footprint, which is fundamental to deliver the Trust's Climate and Health Emergency declaration (by 2040 for the emissions the Trust controls and influences). | 5 x 4 | **20** | 4 x 4<br>3 x 4 | **16**<br>**12** | **Minimal/ 6-11** | 1-5 years | Chief Infrastructure and Redevelopment Officer | **Jason Dawson, Chief Infrastructure and Redevelopment Officer** | 12/09/2025 | Audit Committee | October 2025 |
| 11 | Medicines Management | **Principle 3: Safety and quality** | **Priority 2: Deliver a Future Hospital Programme** | Medicines are not consistently managed in line with statutory and regulatory guidance. | 5 x 5 | **25** | 3 x 5 | **15** | **Averse/ 2-5** | 1-2 years | Chief Operating Officer | **Jane Ballinger, Chief Pharmacist/ Dena Marshall, Chief Operating Officer** | 11/09/2025 | Quality, Safety and Experience Assurance Committee | September 2025 |
| 12 | Inconsistent delivery of safe care Risk Under review – for approval by TB | **Principle 3: Safety and quality** | **Priority 2: Deliver a Future Hospital Programme** | The risk that the Trust is unable to deliver safe and timely care, compromising patient outcomes and experience.<br><br>This is due to:<br>• Increasing clinical complexity of our patients<br>• Cultural and workforce challenges to the delivery of highly specialised services<br>• Available internal physical capacity (inpatients, theatres and outpatients)<br>• Inconsistent supply of equipment<br>• External system pressures. | 4 x 4 | **16** | 3 x 4 | **12** | | | Acting Chief Medical Officer | **Sophia Varadkar, Acting CMO/ Peter Sidgwick/ Nikki Fountain/ Claire Harrison** | 24/10/2025 | Quality, Safety and Experience Assurance Committee | Reports on quality of services at every Board and QSEAC RISK UNDER REVIEW |
| 13 | Mental Health Strategy | **Principle 3: Safety and quality** | **Priority 2: Deliver a Future Hospital Programme** | A lack of strategic focus on the delivery of mental health services at GOSH contributes to inequitable access to safe, effective care for children and young people with psychological needs. | 4 x 4 | **16** | 3 x 4 | **12** | **Averse/ 2-5** | 1 -2 years | Chief Nurse | **Tracy Luckett, Chief Nurse/ Carly Vassar, Chief of MH** | 11/09/2025 | Quality, Safety and Experience Assurance Committee | March 2025 September 2025 |
| 14 | Culture | **Principle 2: Values led culture** | **Priority 1: Make GOSH a great place to work** | There is a risk that GOSH fails to develop a culture where our people feel well led, well managed and are supported, developed and empowered to be their best | 4 x 4 | **16** | 3 x 4 | **12** | **Averse/ 2-5** | 1-5 years | Chief Executive | **Caroline Anderson Director of HR and OD/ Sarah Ottaway, Deputy Director HR and OD** | 11/09/2025 | Trust Board/ People and Education Assurance Committee | July 2025 (TB) September 2025 (PEAC) September 2025 TB |
| 15 | Cancer Centre<br><br>Risk statement for review by RACG | **All Strategy Principles** | **Priority 6: Create a Children's Cancer Centre to offer holistic, personalised and coordinated care** | Failure to deliver a modern Cancer Service at GOSH supported by development of a new Children's Cancer Centre that provides holistic, personalised and coordinated care. This risk incorporates the following:<br>• Transformational programme is not delivered to plan and on time and does not:<br>o deliver holistic, personalised, and coordinated care.<br>o meet expectations for an enhanced patient experience. | 4 x 4 | **16** | 3 x 4 | **12** | **Averse/ 2-5** | 1-5 years | Chief Infrastructure and Redevelopment Officer | **Jason Dawson, Chief Infrastructure and Redevelopment Officer / Gary Beacham, Children's Cancer Centre Delivery Director** | 27/10/2025 | Finance and Performance Committee | May 2025 TB July 2025 TB September 2025 TB |

Attachment 6

| No. | Short Title | Trust Principle | Trust Priority | Risk type and description | Gross Risk | | Net Risk | | Risk Appetite/ Risk Tolerance Score | Mitigation time horizon | Executive Lead | Reviewed By | Last Updated by Risk Owner | Assurance Committee | Last Reviewed by Assurance Committee |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | L x C | T | L x C | T | | | | | | | |
| | | | | ○ Deliver agreed sustainability targets.<br>• ~~GOSH Charity Fundraising target not achieved/ Trust financial position worsens (BAF Risk 1: Financial Sustainability)~~<br>• Decant of the site is delayed with a subsequent delay to works commencing.<br>• Risk of redevelopment timetable slipping with associated operational and financial impact.<br>• Risk that the demand and capacity modelling is not realised and/or changes over time.<br>• Changes in clinical brief required to maintain Works Cost Limit or additional funds required to fund an increase over and above budget (including inflation pressures).<br>• Risk of time elapsing and the building remaining relevant and fit for purpose. | | | | | | | | | | |
| 16 | GOSH Learning Academy | **Principle 2: Values led culture / Principle 3: Safety and quality** | **Priority 1: Make GOSH a great place to work/ Priority 3: Develop the GOSH Learning Academy** | Risk of the GOSH Learning Academy not establishing a financially sustainable framework, impacting on its ability to deliver the outstanding education, training and development required to enhance recruitment and retention at GOSH and drive improvements in paediatric healthcare. | **4 x 3** | **12** | **2 x 3** | **6** | **Cautious/ 12-15** | 1-2 years | Chief Nurse | **Tracy Luckett, Chief Nurse/ Lynn Shields, Director of Education** | 17/09/2025 | People and Education Assurance Committee | February 2025 January 2026 |
| 17 | International and Private Patient Income | **Principle 4: Financial Strength** | | The risk that the financial sustainability of the Trust is significantly impeded by a failure to deliver IPP contribution targets. | **4 x 4** | **16** | **3 x 4** | **12** | **Cautious/ 12-15** | 1-2 years | Chief Operating Officer/ Chief Finance Officer | **Margaret Monckton, CFO/ Dena Marshall, COO/ Chris Rockenbach, Managing Director of International** | 10/09/2025 | Finance and Performance Committee | March 2025 FPC & TB September 2025 FPC and TB |
| 18 | Health Inequalities | **Principle 3: Safety and quality** | **All priorities** | The Trust's strategies, systems, processes, policies and service delivery exacerbate health inequalities of our patients (differences in the care people receive and the opportunities they have to lead healthy lives (Kings Fund – June 2022)), impacting negatively on their physical and mental health status, their access to care and services and the quality and experience of the care provided. | **4 x 4** | **16** | **3 x 4** | **12** | **Minimal/ 6-11** | 2-3 years | Chief Nurse | **Tracy Luckett, Chief Nurse/ Pippa Sipanoun** | 11/09/2025 | Quality, Safety and Experience Assurance Committee | December 2024 Trust Board November 2025 QSEAC |

## GOSH BAF Risks – Gross Scores November 2025

| Likelihood | | Consequences | | | | |
|---|---|---|---|---|---|---|
| | | 1 Negligible | 2 Minor | 3 Moderate | 4 Major | 5 Catastrophic |
| | 5 Almost Certain | | | | 9. Estates Compliance; 10. Climate Emergency | 7. Cyber Security; 1. Financial Sustainability; 11. Medicines Management |
| | 4 Likely | | | 16. GOSH Learning Academy | 5. Unreliable data; 17. IP&C; 12. Inconsistent delivery of safe; 18. HIE; 4. Integrated Care System; 15. Cancer Centre; 14: Culture; 13. MH Strategy | 3. Operational Performance; 8. Business Continuity |
| | 3. Possible | | | | | 6. Research Infrastructure and resourcing |
| | 2. Unlikely | | | | | |
| | 1.Rare | | | | | |

## GOSH BAF Risks – Net Scores November 2025

| Likelihood | | Consequences | | | | |
|---|---|---|---|---|---|---|
| | | 1 Negligible | 2 Minor | 3 Moderate | 4 Major | 5 Catastrophic |
| | 5 Almost Certain | | | | | |
| | 4 Likely | | | 5. Unreliable data; 8. Business Continuity | 9. Estates Compliance | 1. Financial Sustainability |
| | 3. Possible | | | | 14: Culture; 17. IP&C; 10. Climate Emergency; 13. MH Strategy; 18. HIE; 12. Inconsistent delivery of safe; 15. Cancer Centre; 4. Integrated Care System | 11. Medicines Management; 3. Operational Performance; 7. Cyber Security |
| | 2. Unlikely | | | 16. GOSH Learning Academy | 6. Research Infrastructure and resourcing TBC | |

Attachment 6

| | | | | | | |
|---|---|---|---|---|---|---|
| | **1.Rare** | | | | | |

QSEAC & Audit Committee

QSEAC

Audit Committee

Trust Board

People and Education Assurance Committee

Finance and Investment Committee

FIC & QSEAC

Attachment 6

Attachment 7

**Summary of the Extraordinary Council of Governors' Meeting held on 17 September 2025**

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

The Council of Governors' Nominations and Remuneration Committee had led the process to appoint one Non-Executive Director to the GOSH Board. Four candidates had been shortlisted who had met with two stakeholder panels consisting of children, young people and parents and executive directors; taken a tour of the hospital and undertaken a final interview.

The interview panel had been unanimous in recommending Amanda Rajkumar as the preferred candidate. Amanda's skills had been mapped against the essential criteria of the role and no concerns had been raised as a result of the fit and proper person test. Strong references had been received. Governors were assured that Amanda had sufficient time to undertake the role.

The Council of Governors approved the appointment of Amanda Rajkumar, initially as an Associate NED and then as a Non-Executive Director from 1 December 2025.

Any other business

The Council noted that this would be the last meeting for the Deputy Company Secretary who would be leaving the Trust towards the end of September 2025. They thanked her for her hard work and support throughout her tenure.

Attachment 8

Great Ormond Street Hospital for Children
NHS Foundation Trust

| Confidential Trust Board<br><br>20 November 2025 | |
|---|---|
| **Appointment of Deputy Chair and Senior Independent Director from 1 December 2025**<br><br>**Submitted by:**<br>Dr Anna Ferrant, Company Secretary | **Paper No: Attachment 8**<br><br>☐ **For Discussion / Approval** |
| **Purpose and Summary of report**<br>The purpose of this paper is to discuss and support/approve the appointment/s of the Deputy Chair and Senior Independent Director following Kathryn Ludlow stepping down from the Trust Board on 30 November 2025. | |
| **Patient Safety Implications**<br>None | |
| **Equality impact implications**<br>None | |
| **Financial implications**<br>None | |
| **Strategic Risk**<br>Not applicable | |
| **Action required from the meeting**<br>The Board is asked to:<br>• To consider and support the appointment of Camilla Kingdon as Deputy Chair of the Trust Board and Council of Governors from 01 December 2025.<br>• To approve the proposal to appoint Camilla Kingdon as Senior Independent Director from 01 December 2025. | |
| **Consultation carried out with individuals/ groups/ committees**<br>The Chair has discussed this matter with Camilla Kingdon.<br><br>In line with the Trust Constitution, support for the decision to appoint the Senior Independent Director will be sought from the Council of Governors in November 2025.<br><br>Consideration of the appointment for Deputy Chair will be discussed by the Council and approval sought from the Council in November 2025. | |
| **Who is responsible for implementing the proposals / project and anticipated timescales?**<br>Company Secretary | |
| **Who is accountable for the implementation of the proposal / project?**<br>Chair | |

# Appointment of Deputy Chair and Senior Independent Director

## 1.0 Introduction

The tenure of Kathryn Ludlow, Non-Executive Director (NED) will end on 30 November 2025, having served seven years on the GOSH Trust Board. Kathryn currently holds the roles of Deputy Chair and Senior Independent Director, and these responsibilities need to be assigned to another NED from 01 December 2025.

### Appointment of Deputy Chair (from 01 December 2025)

Paragraph 26 of the Trust's Constitution states that the Council of Governors shall appoint one of the Non-Executive Directors as the Deputy Chair. The Standing Orders for the Trust Board and the Standing Orders for the Council of Governors (Annex 8 of the Constitution) state that the Deputy Chair will chair the Board and the Council of Governors meeting and members' meetings (Annex 10) should the Trust Chair be absent or disqualified from participating due to a conflict of interest.

The job description for the Deputy Chair is attached at **Appendix 1** in the Reading Room.

The Trust Board is asked to consider and support the approval of **Camilla Kingdon**, Non-Executive Director for the appointment as Deputy Chair of the Trust Board and Council of Governors from 1 December 2025.

Camilla has served as a Non-Executive Director on the GOSH Board since January 2025. She is a paediatrician by background and has practiced as a consultant neonatologist in the UK for over two decades. She has a particular interest in neonatal nutrition. Previously, Camilla was President of the Royal College of Paediatrics and Child Health (RCPCH).

Camilla is currently Chair of the Quality, Safety and Experience Assurance Committee and is a member of the Audit Committee. She is the Well-being Champion, Sustainability Champion and Mental Health Champion.

The Council of Governors are responsible for approving this appointment and will consider this at their meeting on 26 November 2025.

**Action for the Trust Board:** To consider and support the appointment of Camilla Kingdon as Deputy Chair of the Trust Board and Council of Governors from 1 December 2025.

### Trust Board's support for the appointment of the Senior Independent Director (from 01 December 2025)

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.

The job description for the Senior Independent Director is attached at **Appendix 2** in the Reading Room.

Following conversations held by the Chair, the Trust Board are asked to approve the proposal to appoint Camilla Kingdon as Senior Independent Director for the same reasons as above.

The Trust Board should feel assured that there is no potential conflict of interest in the same person holding the position of Deputy Chair and Senior Independent Director. This is supported by The Code of Governance for NHS Providers Trusts which states:

*B.2.5 ….. The board should identify a deputy or vice chair who could be the senior independent director. ……*

**Action for the Trust Board:** To approve the proposal to appoint Camilla Kingdon as Senior Independent Director from **01 December 2025**.