Great Ormond Street Hospital for Children NHS Foundation Trust

Meeting of the Trust Board
Wednesday 1st February 2017

Dear Members

There will be a public meeting of the Trust Board on Wednesday 1st February 2017 at 11:45pm in the **Charles West Room, Paul O'Gorman Building** Great Ormond Street, London, WC1N 3JH.

Company Secretary
Direct Line: 020 7813 8230
Fax: 020 7813 8218

AGENDA

	Agenda Item STANDARD ITEMS	Presented by	Attachment
1.	**Apologies for absence**	Chairman	
Declarations of Interest All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.			
2.	**Minutes of Meeting held on 7th December 2016**	Chairman	**A**
3.	**Matters Arising/ Action Checklist**	Chairman	**B**
4.	**Chief Executive Report**	Chief Executive	**Verbal**
	STRATEGIC ISSUES		
5.	**Research and Innovation Update**	Director of R&I	**C**
	PERFORMANCE		
6.	**Quality and Safety Update – 31st December 2016**	Interim Medical Director	**D**
7.	**Integrated Performance Report and Scorecard: 31 October 2016** • **Workforce Metrics & Exception Reporting – 31 December 2016** • **Finance Update – 31 December 2016**	Deputy Chief Executive Director of Human Resources &OD Chief Finance Officer	**E** **F** **O**
8.	**Patient Experience Report - 31 December 2016**	Chief Nurse	**G**
9.	**Safe Nurse Staffing Report – November 2016 and December 2016**	Chief Nurse	**H**
10.	**Fit for the Future Programme Update**	Deputy Chief Executive	**I**
11.	**Redevelopment Update (including sustainable update)**	Director of Development	**J**
12.	**Emergency Planning**	Deputy Chief Executive	**K to follow**

13.	**Equality and Diversity Annual Report 2016**	Chief Nurse/ Director of HR and OD	**L**
	GOVERNANCE		
14.	**Non-standard consultant appointments**	Director of HR and OD	**M**
15.	**Update from the Members' Council in December 2016**	Chairman	**N**
16.	**Update from the Quality and Safety Assurance Committee in January 2017**	Chair of the QSAC	**W**
17.	**Update from the Audit Committee in January 2017**	Chair of the Audit Committee	**Verbal**
18.	**Update from the Finance & Investment Committee in January 2017**	Chair of the Finance and Investment Committee	**Verbal**
19.	**Any Other Business** (Please note that matters to be raised under any other business should be notified to the Company Secretary before the start of the Board meeting.)		
20.	**Next meeting** The next public Trust Board meeting will be held on Wednesday 29th March 2017 in the Charles West Room, Great Ormond Street, London, WC1N 3JH.		

ATTACHMENT A

Attachment A

Great Ormond Street Hospital for Children NHS Foundation Trust

DRAFT Minutes of the meeting of Trust Board on 7th December 2016

Present

Baroness Tessa Blackstone	Chairman
Dr Peter Steer	Chief Executive
Ms Mary MacLeod	Non-Executive Director
Mr James Hatchley	Non-Executive Director
Mr Akhter Mateen	Non-Executive Director
Mr David Lomas	Non-Executive Director
Professor Stephen Smith	Non-Executive Director
Professor Rosalind Smyth	Non-Executive Director
Ms Nicola Grinstead	Deputy Chief Executive
Mr Ali Mohammed	Director of Human Resources and OD
Ms Juliette Greenwood	Chief Nurse
Ms Loretta Seamer	Chief Finance Officer

In attendance

Mr Matthew Tulley	Director of Redevelopment
Ms Cymbeline Moore	Director of Communications
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Ms Claudia Fisher	Members' Council (observer)
Dr John Hartley*	Director of Infection Prevention and Control

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

119	**Apologies for absence**
119.1	Apologies for absence were received from Dr Vinod Diwakar, Medical Director.
120	**Declarations of Interest**
120.1	No declarations of interest were received.
121	**Minutes of Meeting held on 28thSeptember 2016**
121.1	The minutes of the previous meeting were **approved.**
122	**Matters Arising/ Action Checklist**
122.1	The Board noted the actions taken since the last meeting.
122.2	<u>Declaring Conflicts of Interest at GOSH</u>
122.3	Dr Anna Ferrant, Company Secretary said that the Board had previously expressed some concern about the number of declarations of interests received annually from staff across the Trust. She said that the proposal sought to ensure that staff were aware of the obligation to declare interests and to provide a system which would allow regular reporting. The appraisal system would be used to engage with staff

	directly about their obligations on an annual basis face to face with a proposal to simultaneously develop a mandatory training module covering different types of conflicts and gifts and hospitality of relevance to GOSH staff.
122.4	The Board emphasised that the process was about declaring interests and following the declaration, a judgement was required as to whether a conflict had arisen. Professor Rosalind Smyth, Non-Executive Director suggested that if a potential conflict existed, a framework was required to advise the member of staff of the required behaviour to minimise any risk to the Trust.
122.5	Discussion took place about the process and agreed that the wording should be carefully considered to ensure it was a seen by relevant staff as a prompt to declare interests and a suitable system to record the declaration rather than requiring additional mandatory training. The Board agreed to continue to move forward with the proposal on this basis.
123	**Mandatory training topics and escalation process**
123.1	Mr Ali Mohammed, Director of HR and OD presented the update and said that there was still work to be done in some areas such as the potential sanctions.
123.2	**Action:** It was agreed that the mandatory training areas list would include safeguarding children training which had been omitted in error.
124	**Chief Executive Report**
124.1	Dr Peter Steer, Chief Executive gave an update on the following matters:
124.2	<u>Integrated Business Plan</u>
124.3	Following recent discussions with members of the Board, a way forward had been agreed to develop a draft Trust strategy and Integrated Business Plan in time for the Board Strategy meeting on 1st March 2017.
124.4	<u>Digital Strategy</u>
124.5	It had been agreed outside the Board meeting that a Digital Strategy would be produced for approval by the Board as a prerequisite for the work on the Electronic Patient Record (EPR). The Board endorsed this approach.
124.6	<u>Specialised Commissioning STP</u>
124.7	It was anticipated that in the absence of the transformation of specialist services there would be a gap in funding in London of approximately £600 million. Paediatrics continued to be a priority across all STP footprints for London however currently there was not a plan for going forward. It had been agreed that GOSH would be a member of the proposed planning Board on paediatric services.
124.8	<u>Paediatric Intensive Care Provision</u>
124.9	NHS England had written to all PICU providers to request prioritising the provision of emergency capacity. GOSH was continuing to discuss providing additional PICU beds to increase capacity.

124.10	Genetic Laboratory Consolidation
124.11	A national tender for genetic laboratories was being released in Spring 2017. It had been confirmed that there would be two regions for tender in London: North Thames and South Thames. GOSH was working within its existing successful partnership in the North Thames Genomic Medicine Centre as the steering group for the North Thames consortium bid.
124.12	European Children's Hospital Organisation (ECHO)
124.13	Meetings had taken place to explore and establish ECHO with the focus of the collaboration initially being the promotion and advocacy of children's health, benchmarking, education and research.
124.14	Clinical Research Facility (CRF)
124.15	Following a competitive tender process, the CRF had been awarded a £3million grant. The Board congratulated Dr William Van't Hoff and his team.
125	**GOSH Draft Operational Plan 2017-19 update**
125.1	Ms Nicola Grinstead, Deputy Chief Executive said that the Trust's draft two year plan had been submitted following the last Trust Board meeting at which delegated authority had been given to the Chief Executive, however feedback had not yet been received. Ms Grinstead said that in working to finalise the plan, the key changes would be around the final value of the 2017/18 contract with NHS England and whether the Trust would require arbitration in order to agree this.
125.2	The Board discussed the physical capacity changes that had been included in the plan and noted that it was in line with NHS England's projections.
125.3	**Action:** It was agreed that the final operational plan would be circulated to the Board with tracked changed to highlight amendments following the draft version. A brief on the position of the NHS England contract would also be provided. It was possible that a Board teleconference would be necessary in the event that material changes to the operational plan were required.
125.4	**Action:** Any comments on the draft plan to be provided to the Deputy Chief Executive.
125.5	The Board delegated responsibility for final sign off of the plan to the Chief Executive.
126	**Update on transition arrangements at GOSH**
126.1	Ms Juliette Greenwood, Chief Nurse said that focused work was taking place on transition following a recommendation in the Trust's CQC report and the addition of a national Commissioning for Quality and Innovation (CQUIN) target. She said that although there were areas of good practice throughout the Trust, performance was not consistent. Updates were being provided to the Patient and Family Engagement and Experience Committee (PFEEC) and the Quality and Safety Assurance Committee (QSAC).
126.2	**Action:** Ms Mary MacLeod, Non-Executive Director requested a discussion at the

	April QSAC about the information available on children and young people in the Trust who were likely to be part of a transition pathway.
126.3	The Board discussed transition pathways and noted the wide variation of ages at which discussion about transition was expected to start. The importance of ensuring that patients with a transition pathway were known in the organisation to prevent unnecessary and potentially worrying conversations taking place with patients who would not require transition, was emphasised.
126.4	**Action:** It was agreed that updates on transition would be provided quarterly to the QSAC with an annual or 'by-exception' update to the Board.
127	**Quality and Safety Update – 31 October 2016**
127.1	Ms Greenwood presented the update and highlighted the increase in the reporting of pressure ulcers over the past year. She said that the majority of these had been device related and work was taking place with the tissue viability nursing team to raise awareness of and review the process for undertaking pressure ulcer analysis. Ms Greenwood added that work was taking place to triangulate quality metrics such as pressure ulcer and Central Venous Line (CVL) infection rates with staffing numbers and acuity of patients to pick up any areas of concern. Ms MacLeod confirmed that these areas continued to be scrutinised at the Quality and Safety Assurance Committee.
127.2	Mr David Lomas, Non-Executive Director raised the issue of the outage of the CareVue IT system for eight days earlier in the year which had been investigated as a serious incident. Ms Nicola Grinstead, Deputy Chief Executive confirmed that as a result of the learning from the incident, any downtime that had occurred since had had a reduced impact.
127.3	**Action:** Ms MacLeod said that the QSAC had previously discussed the number of IT outages occurring in the Trust and had not received sufficient assurance. She expressed concern that the QSAC had noted at its last meeting that the recommendations from the internal audit on ICT had not all been implemented. Ms MacLeod requested that a discussion on the risk of IT outages on patient safety and staff time was taken forward by the relevant assurance committee. It was agreed that this would be discussed by the assurance committee chairs at their meeting in January 2017.
127.4	**Action:** It was agreed that future quality and safety update reports would include the wards on which any cardiac or respiratory arrests outside of ICU had taken place.
127.5	**Action:** Discussion would take place at QSAC around the style of the Quality and Safety report to ensure that key metrics were clear.
127.6	**Action:** Ms Greenwood and Ms MacLeod to discuss SI 2016/12588 outside the meeting.
128	**Integrated Performance Report and Scorecard: 31 October 2016**
128.1	Ms Nicola Grinstead, Deputy Chief Executive said that amendments to the scorecard had been made following the last Trust Board meeting and new indicators had been included. It was confirmed that October data was being

	presented due to the lag in reporting deadlines and RTT data had not been included as the Trust had not yet begun reporting again.
128.2	Ms Grinstead said that work would now focus on developing the narrative that was provided with the scorecard to ensure it effectively conveyed information about gaps in performance.
128.3	Professor Stephen Smith, Non-Executive Director welcomed the format of the scorecard and said it was possible to draw themes from the data. He noted that a number of HR areas and utilisation of theatres were RAG rated red which were likely to contribute to the gap in productivity and efficiency.
128.4	**Action:** Baroness Blackstone, Chairman highlighted the disappointing theatre utilisation data and requested an update to the Board on the issues that were leading to any utilisation rates of below two thirds. She queried whether there was any indication of improvement in more recent data.
128.5	Ms Grinstead said that the disappointing trend had continued and added that refusals due to lack of beds in PICU and NICU had also increased. She said that theatre utilisation was higher in areas where theatres were managed centrally by one team, rather in areas where the management was devolved.
128.6	**Action:** The Board discussed the newly included metric of late cancellations and benchmarking for this. It was noted that a deep dive on cancellations would be taking place at the next meeting of the Quality and Safety Assurance Committee and an update would be provided to the Board following this discussion.
128.7	Discussion took place on IPP debt which listed average debtor days at 234 days. Mr Akhter Mateen, Non-Executive Director reiterated his significant concern that debtor days continued to increase to almost twice the target level. Ms Loretta Seamer, Chief Finance Officer said that there had been some payments received and therefore some accounts were no longer on hold. Assurances had been received about another key account and it had been confirmed that the level of debt would not exceed current levels.
128.8	Mr Mateen welcomed the payments received and said he looked forward to seeing an improving trend in debtor days at the next Audit Committee meeting.
128.9	<u>Workforce Metrics & Exception Reporting – 31 October 2016</u>
128.10	Mr Ali Mohammed, Director of HR and OD presented the report. He said that it was anticipated that targets for agency usage, PDR rates and mandatory training would be reached by year-end. Response rate figures had been received for the Staff Survey and rates were above the target of 60%. Raw data would be received in January 2017.
128.11	Mr David Lomas, Non-Executive Director noted that 41% of nurses left GOSH within the first two years and queried the reasons for nurses leaving the Trust.
128.12	Mr Ali Mohammed said that it was not clear from the way leavers were coded as to the reasons for nurses leaving and said that this would be improved as an immediate action. Dr Steer said that although staff were offered exit interviews, further work was required to ensure these were completed. He said that in terms of nursing leavers this work must be centralised.

128.13	Finance Update – 31 October 2016
128.14	Ms Loretta Seamer, Chief Finance Officer said that the Trust continued to be on plan as at month 7, however prior to depreciation, performance was slightly below plan. It was reported that internal forecasts showed a £1.7million gap however reports to NHS Improvement continued to indicate that the Trust would end the year on plan. Ms Seamer highlighted the significant challenge to ensure that the Trust met its control total for 2016/17.
128.15	**Action:** Professor Stephen Smith, Non-Executive Director noted that pay was above plan by £1.8million and queried the actions that could be taken to rectify this. Ms Seamer acknowledged the risk and said that November pay continued to be above plan. She added that a substantial proportion of the productivity and efficiency (P&E) targets were against pay and the benefits were not being realised as expected. Ms Seamer confirmed that following the validation of November data, a deep dive into pay would be undertaken to confirm the drivers of pay costs.
128.16	Mr Mateen noted the substantial gap in the P&E programme and expressed concern that work had taken place with external consultants to develop a long term plan. He asked whether this work had been value for money.
128.17	Ms Grinstead said that the project had focused on identifying opportunities for saving however the methodology used had meant that the findings were not relevant or possible for GOSH in a number of areas. She said that a comprehensive programme of work was moving forward with those actions which were appropriate, some of which would be delivered in 2016/17 and some of which would continue to following years.
128.18	The Board discussed the savings that could be realised through the implementation of the Electronic Patient Record (EPR). Professor Rosalind Smyth, Non-Executive Director emphasised the importance of being explicit about these savings as the business case was developed. Ms Seamer agreed and added that there would also be substantial non-cash benefits such as increased efficiency which would enable additional activity.
128.19	**Action:** It was agreed that consideration would be given to undertaking a deep dive on procurement and asset utilisation for potential efficiencies.
128.20	**Action:** Ms Seamer said that an end to end review of supply chain management was being undertaken, the first stage of which had been completed. Two pilot projects had been implemented and the anticipated savings had been included. It was agreed that the detailed figures would be sent to the Audit Committee.
129	**Infection Control Report**
129.1	Dr John Hartley, Director of Infection Prevention and Control presented the update and highlighted that data on antibiotic consumption had shown that on average a GOSH inpatient was on antibiotics for 6.5 out of 10 days. The Board discussed this data and noted that compliance with the Trust's policies, or suitable explanations for deviations from the policy, as shown through monthly audits was high. Dr Hartley said it was possible that the Trust would not achieve the CQUIN which targeted a 1% reduction in antimicrobial usage. He added that as the Trust's policy compliance was high, GOSH would be seeking to justify its antimicrobial use rather than reduce it.

129.2	Professor Rosalind Smyth, Non-Executive Director said she would welcome some benchmarking data in future reports and Dr Peter Steer, Chief Executive sad that the GOSH CVL infection rate was low in relation to international comparators however the rate was increasing and it was important to investigate whether there was a causal association between the reduction in hand hygiene audits and the increasing CVL infection rate. Ms Juliette Greenwood confirmed that this work was underway.
129.3	**Action:** The Board discussed the precautions which were taken for visitors potentially bringing infections into the hospital. Ms Mary MacLeod, Non-Executive Director highlighted work which had taken place around 'nudge theory' and suggested that it was important that GOSH did all it could in this area. It was agreed that the next report would include an update on whether any further work was required for visitors.
130	**Safe Nurse Staffing Report – September and October 2016**
130.1	Ms Juliette Greenwood, Chief Nurse presented the update and highlighted that 185 nurses had been recruited over the period including 145 who were newly qualified. She said that only 20 nurses were experienced and this had impacted on the fill rates for September and October.
130.2	Ms David Lomas, Non-Executive Director noted that 41% of nurses left within 2 years. He asked for a steer on the anticipated position in two years.
130.3	Ms Greenwood said that she would expect the position to have reduced to approximately 12%-14%, however she highlighted that turnover varies significantly by band.
131	**Assurance and Escalation Framework Update**
131.1	Dr Anna Ferrant, Company Secretary presented the update and said that work continued on the Trust's policy framework to ensure all policies had been updated in line with their review dates, to rationalise the number of policies and to ensure that they were communicated effectively. Work was also taking place to review the structure of tier one committees to ensure that the reporting and escalating framework at GOSH was effective.
131.2	The Board noted the report.
132	**Quarter 3 NHSI Return (3 months to 30 December 2016)**
132.1	Ms Loretta Seamer, Chief Finance Officer said that following guidance published by NHS Improvement in October 2016, Trusts were no longer required to submit quarterly in year governance statements and that these declarations had been replaced by a Board Assurance Statement which was only required when the Trust was reporting an adverse change in their Control Total.
132.2	Ms Seamer confirmed that as the Trust not reporting an adverse change in its control total, no assurance statement was required. The Board **noted** the change to the regulatory framework and its impact on Board assurance requirements.

133	**Update from the Audit Committee in October 2016**
133.1	Mr Akhter Mateen, Chair of the Audit Committee said that discussion had taken place with the Trust's external auditor who had confirmed that the audit requirements on the quality accounts had not yet been set for 2016/17 however if RTT was chosen, an automatic qualification would be received due to GOSH's period of non-reporting and assurance provided around any reporting up to April 2017.
133.2	The Committee had expressed concern about the internal audit report on Electronic Patient Record implementation which had provided a rating of zero assurance. The Committee was reassured that the majority of remedial action had been implemented with one low priority recommendation overdue.
133.3	A further internal audit report on the completion of the CQC action plan had been received which had provided significant assurance with minor improvement potential.
134	**Update from the Quality and Safety Assurance Committee in October 2016**
134.1	Ms Mary MacLeod, Chair of the Quality and Safety Assurance Committee said that the committee had also received the internal audits on EPR and the CQC action plan. She added that discussion would take place in January 2017 about the number of reports which required consideration by more than one committee.
134.2	Ms MacLeod said that the Committee had welcomed the thorough update on the review of the gastroenterology service and had received a deep dive report into complaints which had arisen due to RTT which had shown that RTT had not been the reason for the increase in complaints.
134.3	A risk around quality and safety had been added to the Board Assurance Framework and this would be discussed at the next committee meeting.
135	**Update from the Finance & Investment Committee in October 2016**
135.1	Mr David Lomas, Chair of the Finance and Investment Committee said that the meeting had discussed data quality and the plan to produce a data quality dashboard. Concern had been expressed about the timeliness of this action.
135.2	Discussion had taken place about the productivity and efficiency programme which had begun to include income generating work. Mr Lomas said that historically there had been insufficient focus on cost savings and it had been agreed that the 2016/17 programme would not include income. The Committee had agreed that both views should be presented to the committee: a programme taking only costs into consideration and the programme which also included income.
136	**Reviewing the Constitution: Re-establishing the Constitution Working Group**
136.1	Dr Anna Ferrant, Company Secretary said that a review of the constitution was required to ensure that all matters were correctly documented in advance of the Members' Council election in 2017. She proposed that the committee comprised equal Board and Councillor membership and would be chaired by the Deputy Chief Executive with membership from Mr Akhter Mateen.

136.2	The Board **approved** the Terms of Reference of the working group and **noted** the membership.
137	**Any Other Business**
137.1	Dr Peter Steer, Chief Executive said that Dr Vinod Diwakar, Medical Director would be stepping down from his position on 31st December 2016 to take up the post of Medical Director for NHS England (London Region).
137.2	Dr Steer congratulated Dr Diwakar on the appointment and thanked him for his commitment and support to the organisation and to patients and families over the past 18 months.

ATTACHMENT B

Attachment B

TRUST BOARD – PUBLIC ACTION CHECKLIST
January 2017

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
54.3	20/07/16	It was agreed that work would take place to investigate the status of the tier 4 mental health services tender and to give consideration to highlighting the gap in services. It was agreed that an update and recommendation on these matters would be provided at the next meeting.	NG	TBC	An update will be provided to the Board once the national tender for the service has been published
59.5	20/07/16	A strategic education plan was requested by November 2016 and this was agreed.	JG/VD	Deferred until Q4 2016/17	Not yet due: To be discussed at the March 2017 Board meeting.
59.6	20/07/16	It was agreed that the Director of PGME, Sanjiv Sharma and Associate Head of Education Lynn Shields would be invited to a future Trust Board meeting to give an update on work that was taking place in Education.	VD	Deferred until Q4 2016/17	
59.7	20/07/16	The Chairman requested that work take place to consider the scope of international education work. She said that this was both a global contribution and a commercial opportunity.	TC/ JG/VD	Deferred until Q4 2016/17	
84.3	28/09/16	It was agreed that Professor Thomas Voit, BRC Director Designate would be invited to a future Board meeting.	AF	January 2017	Report on the agenda presented by Professor David Goldblatt
89.7 128.6	28/09/16 07/12/16	The Chairman requested that the Quality and Safety Assurance Committee undertake a deep dive into cancelled operations as this was vital for patient and family experience as well as efficiency. An update would be provided to the Trust Board following the deep dive. The Board discussed the newly included metric	NG	January 2017	Cancelled operations was considered at QSAC in January 2017. The QSAC requested further information in a few months' time on the work underway. No further action required at this time.

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		of late cancellations and benchmarking for this. It was noted that a deep dive on cancellations would be taking place at the next meeting of the Quality and Safety Assurance Committee and an update would be provided to the Board following this discussion.			
91.4	28/09/16	It was agreed that further discussion would take place on IPP debt at the next Audit Committee meeting and paper would be provided on the monthly payments and debt accruals and levels of provision.	LS	January 2017	On Audit Committee January 2017 Agenda
123.2	07/12/16	It was agreed that the mandatory training areas list would include safeguarding children training which had been omitted in error in the 'Mandatory Training Topics and Escalation Process' paper.	AM	January 2017	Noted and actioned
125.3	07/12/16	It was agreed that the final operational plan 2017-2019 would be circulated to the Board with tracked changed to highlight amendments following the draft version. A brief on the position of the NHS England contract would also be provided. It was possible that a Board teleconference would be necessary in the event that material changes to the operational plan were required.	NG & LS		Actioned
125.4	07/12/16	Any comments on the draft plan to be provided to the Deputy Chief Executive.	ALL		Actioned
126.2	07/12/16	Ms Mary MacLeod, Non-Executive Director	AF	April 2017	Will be reviewed at QSAC April

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		requested a discussion at the April QSAC about the information available on children and young people in the Trust who were likely to be part of a transition pathway.			2017 meeting
126.4	07/12/16	It was agreed that updates on transition would be provided quarterly to the QSAC with an annual or 'by-exception' update to the Board.	JG	Ongoing	Noted
127.3		Ms MacLeod said that the QSAC had previously discussed the number of IT outages occurring in the Trust and had not received sufficient assurance. She expressed concern that the QSAC had noted at its last meeting that the recommendations from the internal audit on ICT had not all been implemented. Ms MacLeod requested that a discussion on the risk of IT outages on patient safety and staff time was taken forward by the relevant assurance committee. It was agreed that this would be discussed by the assurance committee chairs at their meeting in January 2017.	Assurance committee Chairs	March 2017	Not yet due
127.4	07/12/16	It was agreed that future quality and safety update reports would include the wards on which any cardiac or respiratory arrests outside of ICU had taken place.	Interim Medical Director/ JG	Ongoing	Noted
127.5	07/12/16	Discussion would take place at QSAC around the style of the Quality and Safety report to ensure that key metrics were clear.	Interim Medical Director/ JG	January 2017	On QSAC January 2017 Agenda
127.6	07/12/16	Ms Greenwood and Ms MacLeod to discuss SI 2016/12588 outside the meeting.	JG/MM	January 2017	Verbal Update

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
128.4	07/12/16	Baroness Blackstone, Chairman highlighted the disappointing theatre utilisation data and requested an update to the Board on the issues that were leading to any utilisation rates of below two thirds. She queried whether there was any indication of improvement in more recent data.	NG	February 2017	As part of the Better Value work there is a dedicated workstream focussed on improving thearter utilisation. This work is currently being scoped to determine how improvements will be made.
128.15	07/12/16	Professor Stephen Smith, Non-Executive Director noted that pay was above plan by £1.8million and queried the actions that could be taken to rectify this. Ms Seamer acknowledged the risk and said that November pay continued to be above plan. She added that a substantial proportion of the productivity and efficiency (P&E) targets were against pay and the benefits were not being realised as expected. Ms Seamer confirmed that following the validation of November data, a deep dive into pay would be undertaken to confirm the drivers of pay costs.	LS	February 2017	Update provided in Attachment O: Finance Update
128.19	07/12/16	It was agreed that consideration would be given to undertaking a deep dive on procurement and asset utilisation for potential efficiencies.	LS	March 2017	Not yet due
128.20	07/12/16	Ms Seamer said that an end to end review of supply chain management was being undertaken, the first stage of which had been completed. Two pilot projects had been implemented and the anticipated savings had been included. It was agreed that the detailed figures would be sent to the Audit Committee.	LS	January 2017	Noted

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
129.3	07/12/16	The Board discussed the precautions which were taken for visitors potentially bringing infections into the hospital. Ms Mary MacLeod, Non-Executive Director highlighted work which had taken place around nudge theory and suggested that it was important that GOSH did all it could in this area. It was agreed that the next report would include an update on whether any further work was required for visitors.	JH/JG	March 2017	Not yet due

Attachment C

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 1st February 2017	
Research and Innovation Report **Submitted by:** Professor David Goldblatt, Director of Clinical Research and Development, Emma Pendleton, Deputy Director of Research and Innovation	**Paper No: Attachment C**
Aims / summary This report provides Trust Board with an oversight of research activity and performance at GOSH.	
Action required from the meeting Trust Board is asked to note: • The successful NIHR Biomedical Research Centre (£37m) and NIHR Clinical Research Facility (£3m) applications (Verbal update will be provided at the Board meeting) • The predicted increase in research income in 16/17, in particular an increase in commercial research income.	
Contribution to the delivery of NHS Foundation Trust strategies and plans Research is one of the Trust's strategic objectives: With partners maintain and develop our position as the UK's top children's research and innovation organisation.	
Financial implications Loss of research income is on the Trust's Risk Register, the Trust needs to ensure there is a strategy and systems in place to retain and increase research income.	
Who needs to be told about any decision? Professor David Goldblatt, Director of Clinical Research and Development	
Who is responsible for implementing the proposals / project and anticipated timescales? Emma Pendleton, Deputy Director of Research and Innovation	
Who is accountable for the implementation of the proposal / project? Professor David Goldblatt, Director of Clinical Research and Development	

Attachment C

Great Ormond Street Hospital for Children NHS Foundation Trust

Research and Innovation January 2017

This report provides Trust Board with an oversight of research activity and performance at GOSH.

Research Inputs

1. Research Income: The table below provides details of Trust research income at month 12 for 15/16. Income as at Q3 for 16/17 is provided, with income at Q3 15/16 provided for direct comparison, along with forecast income for 16/17.

Table 1 Direct funding to GOSH

Funding Type	Funding Source	Income as at Month 12 15-16 (£000)	Income as at Q3 15-16 (£000)	Income as at Q3 16-17 (£000)	Forecast 16-17 (£000)
A. Centre Grants and Infrastructure, Research Delivery Support					
Biomedical Research Centre	NIHR	7,262	5,306	6,223	8,292
Research Capability Funding	NIHR	1,908	1,429	1,351	1,801
Local Comprehensive Research Network	NIHR	2,332	1,495	1,614	2,155
B. Programme and Project Grants					
NIHR Programme, Project Grants	NIHR	854	430	1,266	1,682
GOSH CC Research Project Grants	GOSH CC	1,449	1,037	1,032	1,357
European Union Research Project Grants	EU	118	37	338	393
Commercial Research Contracts	Variable	2,085	1,463	2,298	3,153
Other	Variable*	1,080	605	1,548	2,040
TOTAL INCOME		**17,089**	**11,802**	**15,670**	**20,872**

* other includes other charities, genomics funding

Trust Board is asked to note that both the NIHR application for a Biomedical Research Centre (BRC) and a NIHR application for the Somers Clinical Research Facility (CRF) were both successful; £37m BRC and £3m CRF – both awards are over 5 years starting 1st April 2017. (A verbal update on these two awards will be provided at the Board)

2. Directly funded research staff: As at Q3 16/17 there are 165 WTE staff directly funded through the research income sources detailed in Table 1 above.

Table 2: Directly funded research staff

The table below provides details of directly funded staff at Q3 for 16/17 with Q3 15/16 shown for comparison.

Staff Group	Month 12 15-16	Q3 15-16	Q3 16-17
Administration, Data Managers, Trial Coordinators	50	47	57
Consultants	15	12	14
Directors & Senior Managers	10	10	9
Junior Doctors	1	2	6
Nursing Staff	48	44	42
Nursing Staff Bank	3	1	1
Scientific, Therapeutic, Technical	33	23	37
TOTAL	**169**	**138**	**165**

Note: This does not include research active clinicians whose substantive employment contract is with UCL, nor the research components of a clinician's job plan where this is not directly funded through the sources in Table 1.

Research outputs

Great Ormond Street Hospital for Children NHS Foundation Trust

1. Research Projects: The table below details the number of projects directly funded by the Programme and Project Grant income detailed above in Table 1B only. Activity is defined by spend on a grant account. Final year figures are provided for month 12 15/16 along with activity at Q3 for 16/17, with activity at Q3 15/16 provided for comparison.

Table 3: Directly funded research projects

Funding Stream (Direct Income to GOSH)	Number Active YTD M12 15-16	Number Active YTD Q3 15-16	Number Active YTD M2 16-17
NIHR Programme and Project Grants	23	22	35
Charity Research Project Grants	18	21	24
European Union Research Project Grants	7	6	7
Commercial Research Contracts	137	131	128
TOTAL	**185**	**136**	**137**

In addition, many research projects taking place at GOSH are:

a. Funded through grants held at UCL-ICH (and more recently the UCL Institute of Cardiovascular Sciences) where (i) GOSH costs are not eligible as research costs; or (ii) the Principal Investigator and research staff are substantively employed by UCL-ICH (with honorary GOSH contracts) and there are minimal GOSH costs.
b. Small pilot studies or student projects which do not have independent funding sources (classed as own account).

The table below details the number of research projects undertaken during 15/16, along with the activity to month 9 16/17, with month 9 15/16 for comparison. These totals include directly funded projects, indirectly funded and own account. Projects are considered active as soon as they receive R&D Approval, these totals include projects that are currently open to recruitment and also those that are in set-up or closed to recruitment but in follow-up.

Table 4: Total number of research projects by Clinical Division

Division	Total number of projects YTD M12 15/16	Total number of projects YTD M9 15/16	Total number of projects YTD M9 16/17	UKCRN Portfolio projects YTD M9 16/17
JM Barrie portfolio A	149	142	152	59
JM Barrie portfolio B	295	280	290	107
Charles West portfolio A	363	334	366	129
Charles West portfolio B	157	147	152	43
Other GOSH	80	74	93	7
TOTAL	**1044**	**977**	**1053**	**345***

*The number of UKCRN portfolio projects at M9 15/16 was 332

Great Ormond Street Hospital for Children NHS Foundation Trust

2. Research recruitment

Projects in receipt of external funding awarded via open competition and peer review can be adopted to the UK Clinical Research Network (UKCRN) Portfolio and GOSH receives additional income for each patient recruited to these projects.

Please note that although recruitment is listed by Division, recruitment across Divisions is not directly comparable as this will be dependent on the patient base.

Table 5: Patient recruitment to UKCRN Portfolio studies

Division	Patient recruitment YTD M12 15/16	Patient recruitment YTD M9 15/16	Patient recruitment YTD M9 16/17
JM Barrie portfolio A	684	511	415
JM Barrie portfolio B	867	626	378
Charles West portfolio A	638	447	390
Charles West portfolio B	1288	939	531
Other GOSH	355	124	119
TOTAL	**3832**	**2647**	**1833**

Last year, through close collaboration with the CRN, GOSH was the biggest single contributor to the children's theme delivering 2,144/21,923 (9.8%) recruits, and contributing more than 1,600 recruits to other themes.

3. Clinical trial performance

As part of the National Institute for Health Research (NIHR)'s aim for faster, easier clinical research, all NHS organisations in receipt of NIHR funding are required to report their performance against two metrics on a quarterly basis:

- **Performance in Initiation**: the number of clinical trials that recruit their first participant within 70 days of the research application being submitted
- **Performance in Delivery**: the number of commercial contract clinical trials that recruit their agreed number of participants within the agreed timeframe

This data is currently being collected for Q3 16/17, so data is only presented up to Q2 16/17.

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Table 6 Performance in Initiation

	Trials submitted	Adjusted total	Adj. trials meeting benchmark	% adj. total meeting benchmark	% all orgs' adj. total meeting benchmark	GOSH rank	Mean days
Q3 13/14	33	23	14	61%	52%	20 / 52	91 days
Q4 13/14	33	18	15	83%	57%	13 / 60	67 days
Q1 14/15	37	18	14	78%	65%	21 / 60	47 days
Q2 14/15	36	18	13	72%	66%	24 / 61	53 days
Q3 14/15	47	20	16	80%	80%	31 / 61	40 days
Q4 14/15	51	26	19	73%	72%	96 / 209	48 days
Q1 15/16	51	24	19	79%	75%	104 / 210	46 days
Q2 15/16	56	29	22	76%	78%	112 / 205	47 days
Q3 15/16	49	22	16	73%	81%	129 / 213	43 days
Q4 15/16	43	21	15	71%	81%	137 / 222	49 days
Q1 16/17	44	22	15	68%	78%	134 / 220	57 days
Q2 16/17	38	16	12	75%	77%	111 / 221	56 days

Table 7 Performance in Delivery

	Trials submitted	Closed trials	Closed trials meeting target	% closed trials meeting target	% all orgs' closed trials meeting target	GOSH rank
Q3 13/14	58	31	17	55%	43%	12 / 53
Q4 13/14	63	27	18	67%	46%	5 / 61
Q1 14/15	66	32	23	72%	47%	5 / 58
Q2 14/15	68	31	22	71%	47%	4 / 59
Q3 14/15	76	36	24	67%	51%	8 / 59
Q4 14/15	86	42	32	76%	53%	22 / 187
Q1 15/16	88	38	26	68%	50%	15 / 185
Q2 15/16	89	42	28	67%	52%	34 / 183
Q3 15/16	89	43	30	70%	53%	40 / 190
Q4 15/16	18 *	18 *	10 *	60%	53%	50 / 149
Q1 16/17	28 *	28 *	13 *	54%	52%	67 / 154
Q2 16/17	26 *	26 *	11 *	50%	53%	69 / 156

* Performance in delivery data is collected in a modified way starting with Q4 15/16. Previously the NIHR measured the number of commercial contract clinical trials that recruited to time and target out of all commercial contract clinical trials that were active in the last 12 months. Now they report the number of commercial contract clinical trials that recruited to time and target out of all commercial contract clinical trials that closed to recruitment in the last 12 months. This change has resulted in the number of trials reported dropping, which means that one trial missing its target will have a larger effect. In addition, the NIHR now exclude trials that do not have a recruitment target.

Great Ormond Street Hospital for Children NHS Foundation Trust

Research Outcomes

4. Publications

Publication numbers are analysed quarterly by the R&D Office, using the Web of Science citation index. This includes all types of publication – articles, reviews, editorials, proceedings, meeting abstracts, etc. Papers are selected by authors' organisation – GOSH, ICH and/or ICS – and then each author (not just the lead author) is checked to confirm their identity and specialty. Because papers are often collaborations between different groups, more than one Division can contribute to each paper; as such, the GOSH total is less than the sum of each Division's publications. "Other GOSH" authors tend to be honorary staff, or those who have now left and hence do not have a new Division.

The Q3 analysis is currently being carried out, so only publications indexed up to M6 16/17 are shown below. We estimate that there is a three month lag until papers are fully indexed by Web of Science, so we believe that our current M6 16/17 figures will only represent 80-90% of the M6 16/17 total.

Table 8: Number of publications

Division	12/13	13/14	14/15	15/16	YTD M6 15/16	YTD M6 16/17
JM Barrie portfolio A	253	232	263	252	141	88
JM Barrie portfolio B	374	372	378	389	168	140
Charles West portfolio A	439	432	486	428	189	164
Charles West portfolio B	232	242	229	229	99	97
Other GOSH	131	226	211	178	71	61
	1112	**1078**	**1150**	**1120**	**518**	**404**
ICH-only	628	550	552	478	216	228
GOSH AND ICH TOTAL	**1740**	**1628**	**1702**	**1598**	**734**	**632**

Great Ormond Street Hospital for Children NHS Foundation Trust

Case Study 1: Dr Karin Straathof

Dr Karin Straathof is a Welcome Trust Intermediate Fellow. Karin is pioneering new therapies for neuroblastoma, a tumour which is difficult to treat, using T-cells. Karin's interest in immunotherapy began in medical school where she completed an intercalated BSc biomedical science degree Karin then went to Baylor College of Medicine, which is linked to Texas Children's Hospital before coming to GOSH and ICH. Since 2011 Karin has attracted a grant income of £1.3m. Karin will play a key role in our new NIHR BRC leading our Junior Faculty Group along with Dr Chiara Bacchelli (Senior Lecturer in Genomics). This interdisciplinary group, comprising of medical and non-medical translational scientists will promote innovation, drive new areas of research and support career development through mentoring and skills training. This will allow research trainees to develop and advocate their research ideas to drive innovative approaches and develop into leaders in paediatric research for the future.

Our immune system is an extremely sophisticated defence network, armed and ready to fight off the viruses and bacteria that we encounter every day to keep us healthy. In recent years, scientists have begun to recognise that the extraordinary power of the immune system can also be turned on cancer to attack and destroy tumours. This approach is exciting cancer scientists across the world and could soon be used to help children with neuroblastoma. This type of therapy is called immunotherapy, and is starting to work well for 'blood cancers' such as leukaemia, where children and adults whose cancer was not responding to chemotherapy have been cured using this new approach. Karin's research programme is investigating if the same type of treatment will work for solid tumours, such as neuroblastoma. Neuroblastoma is a common childhood cancer. Nearly half of the patients with neuroblastoma have an aggressive form of this disease, which is very difficult to treat. At the moment, the best treatment available for these children is a combination of chemotherapy, surgery, radiotherapy and antibodies. This very intensive treatment often has many side effects including well-known immediate side effects, such as hair loss, nausea, tummy pain and diarrhoea. In addition, these treatments can also have delayed effects: chemo- and radiotherapy can damage the heart and the kidneys and can cause hearing loss and infertility. Immunotherapy would reduce those side effects, as it is better targeted towards the tumour making the treatment less toxic.

The immunotherapy technique involves taking special immune cells from the patient, T-cells, and modifying them using gene therapy so that these cells can recognise and destroy neuroblastoma cells, while leaving healthy cells unharmed. These modified T-cells are then tested in the lab before they are given back to the patient. The important thing here is that the treatment is not a drug, nor an antibody. It's a living cell, which means it will divide and multiply and orchestrate the tumour-killing response. The hope is that these immune cells are able to destroy all tumour cells as well as stopping the cancer from returning. Neuroblastoma may be particularly amenable to treatment by immunotherapy as the tumour is coated with a molecule called GD2, which makes it possible for the T-cells to distinguish the tumour cells from the normal tissue.

Karin and her team have been developing and optimising the immunotherapy technique to discover the best way of engineering immune cells to recognise GD2-coated neuroblastoma cells. Excitingly, there is now a clinical trial in this area. Karin is working closely with colleagues across UCL to make this type of treatment available to more patients. The overriding ambition is to improve the outcome for childhood cancers, starting with neuroblastoma, but then also applying this strategy to other tumours.

Publications:

- An Optimized GD2-Targeting Retroviral Cassette for More Potent and Safer Cellular Therapy of Neuroblastoma and Other Cancers. Thomas S, Straathof K, Himoudi N, Anderson J, and Pule M. PLoS One. 2016 Mar 31;11(3):e0152196.
- Redirected T-cell lysis of GD2 expressing tumours using bispecific T-cell engagers. Abstract National CWC UK Immunotherapy Meeting December 2016. Patel A., Thevanesan C., Chester K., Anderson J, Pule M and Straathof K.
- Development of Chimeric Antigen Receptor T-cell therapy for High-Grade Gliomas. Abstract National CWC UK Immunotherapy Meeting December 2016. Agliardi G, Patel A, Flutter B, Roberts T, Kalber T, Ramasawmy R, Franz-Demane D, Lythgoe M, Badar A, Anderson J, Quezada S, Pule M and Straathof K.

Great Ormond Street Hospital for Children NHS Foundation Trust

Case Study 2: Professor Lucy Wedderburn

Professor Lucy Wedderburn is a Professor in Paediatric Rheumatology at UCL Great Ormond Street Institute of Child Health (ICH), Consultant at GOSH and Director of the ARUK Centre for Adolescent Rheumatology at UCL GOSH and UCLH. Lucy trained in Cambridge and then London in Immunology and Rheumatology and then spent time training in science in the University of Stanford, USA, before returning to UCL and GOSH on a Wellcome Trust Fellowship. Lucy's research has taken great strides towards understanding painful and life-threatening conditions that can affect children and young people, turning their lives upside down. Lucy's grant income 2012 to date is £11.2m. Lucy has also successfully contributed to the recent NIHR Biomedical Research Centre (BRC) application and starting April 21017 will be Deputy BRC Director.

Juvenile Idiopathic Arthritis (JIA) (first described here at GOSH by George Still), is just one of Lucy's areas of specialty. This is a very severe form of arthritis in children, that doesn't very often occur in adults. Lucy also carries out vital research into another debilitating childhood condition, Juvenile Dermomyositis (JDM), a condition which often presents with skin rashes and muscle weakness, but can affect other organs such as the lung and the gut. We now understand the key molecules that drive JIA (like IL-6, TNF and IL-17): the development of a new drug that blocks one of these molecules (IL-6) called Tocilizumab has completely altered the lives of those children. In theory we should be able to do this for other types of childhood arthritis and related conditions too, and this is a key focus of research led by Lucy. Lucy leads a UK-wide consortium aiming to define tools for precision medicine for every child with arthritis.

A key component of Lucy's research is also to better understand the patient experience. An app has been developed for young people with arthritis, so they can record their symptoms on a daily basis. The app records symptoms we currently collect, like pain and restricted movement, but also symptoms that we traditionally don't record very well like fatigue. They would like to expand this further in the future to add the option to view blood results online, to remind people to come to clinic and to check in with them when they don't, as well as monitoring adherence to treatment. That's important because it's a major cause of treatment failure, particularly among teenagers.

It is also essential to support families and Lucy has been working with charities in this area, to build websites that meet parents' needs, these are now being tested in a formal RCT (NIHR funded) to see if they help families to navigate the minefield of information out there from the outset.

Collaboration is key to the success particularly in rare diseases such as JDM, where there are only one to two new cases per million children, per year. A UK-wide group, led by Lucy, has been set-up through which the research team has collected a cohort of samples from more than 540 young people with JDM, the largest of its kind in the world. People come from all over the world looking to collaborate around this cohort.

In the future we need even better predictors so that we can tell the child and their parents the most likely trajectory of their disease in addition the team wants to understand why the disease arises in the first place, and as such are looking at things like the bacteria in the gut, the gut 'microbiome', and seeing if this could also provide a way to treat the disease in the future.

Publications:

Deakin, C.T., Yasin, S.A., Simou, S., Arnold, K., Tansley, S.L., Betteridge, Z.E, McHugh, N.J., Nistala, K., Varsani, H., Holton, J.L., Jacques, T.S., Pilkington, C.A., Wedderburn, L.R. (2016). Muscle Biopsy in combination with myositis specific autoantibodies aids prediction of outcome in juvenile dermatomyositis (JDM). Arth and Rheum, 68(11):2806-2816. doi: 10.1002/art.39753

Pesenacker, A., Bending, D., Ursu, S., Wu, Q., Nistala, K., and Wedderburn L.R. (2013). CD161 defines the subset of FoxP3+ T cells capable of producing proinflammatory cytokines. Blood 121(14): 2647-58. doi: 10.1182/blood-2012-08-443473

Attachment D

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
1st February 2017

Quality and Safety Report **Submitted by:** Dr David Hicks, Interim Medical Director Juliette Greenwood, Chief Nurse	**Paper No: Attachment D**

Aims / summary

The Quality and Safety report has been re-designed to provide information on whether patient care has been safe in the past, safe at the present time and what the organisation is doing to ensure that we are implementing and monitoring identified learning from our data sources (PALS, complaints, incidents, SIs).

The report also highlights areas of good practice identified through clinical audit and assurance that our systems and processes are reliable in the areas identified.

Response to action 127.4 *'It was agreed that future quality and safety update reports would include the wards on which any cardiac or respiratory arrests outside of ICU had taken place.':*
A slide has been added to the report which details the 2222 calls for cardiac and respiratory arrests outside of ICU in October, November and December 2016 (slide number 5).

Response to action 127.5 *'Discussion would take place at QSAC around the style of the Quality and Safety report to ensure that key metrics were clear.':*
An appendix has been added to the report which explains the methodology used to define the measures. The report provides an overview of key measures by exception. Where there are measures/areas of concern, a slide containing a deep dive of information regarding the measure will be included in the report.

Action required from the meeting

To support the style of the report, providing any feedback or requested changes to the Medical Director. To note the on-going work and support any suggested changes to work streams.

Contribution to the delivery of NHS Foundation Trust strategies and plans

The work presented in this report contributes to the Trust's objectives of No Waste, No Waits and Zero Harm.

Financial implications

N/A

Who needs to be told about any decision?

Quality and Safety team, Divisional Management teams

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

Divisional Management teams with support, where needed, Quality and Safety team

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

Medical Director

Quality & Safety Report

Dr David Hicks, Interim Medical Director
Juliette Greenwood, Chief Nurse

December 2016

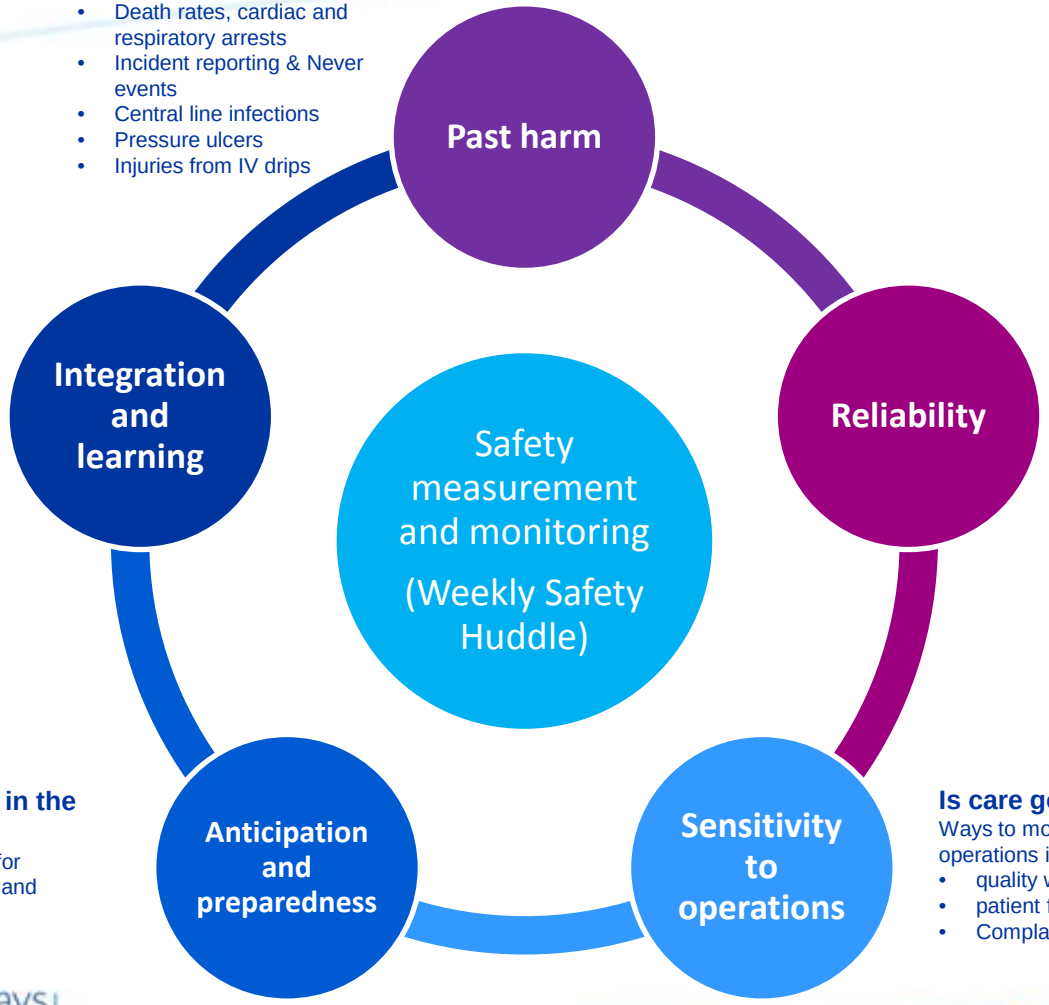
GOSH Quality Framework

Source: Vincent C, Burnett S, Carthey J.
The measurement and monitoring of safety. The Health Foundation, 2013

Great Ormond Street Hospital for Children NHS Foundation Trust

Has patient care been safe in the past?
Ways to monitor harm:
- Death rates, cardiac and respiratory arrests
- Incident reporting & Never events
- Central line infections
- Pressure ulcers
- Injuries from IV drips

Are we responding and improving?
Sources of information to learn from include:
- Learning from SIs and complaints
- Audit to check that learning is embedded
- Quality Improvement projects including Clinical Outcomes development



Are our clinical systems and processes reliable?
Ways to monitor reliability include:
- Central line bundle compliance
- Discharge summary completion
- Clinical audit

Will care be safe in the future?
Possible approaches for achieving anticipation and preparedness include:
- risk registers

Is care good today?
Ways to monitor sensitivity to operations include:
- quality walk-rounds
- patient feedback
- Complaints and PALS

Has patient care been safe in the past?

Measures where we have no concerns

Great Ormond Street Hospital for Children NHS Foundation Trust

This slide contains an overview of some of the key measures monitored within the Trust; these will be considered by exception. Where there are measures/trends of concern, a slide containing a deep dive of that information will be included in the report.

Measures for self reporting systems do not always have a direct correlation between the data and safety; e.g. an increase in reporting may not always be a result of an unsafe environment but instead as a result of a good reporting culture which in turn can improve safety via learning.

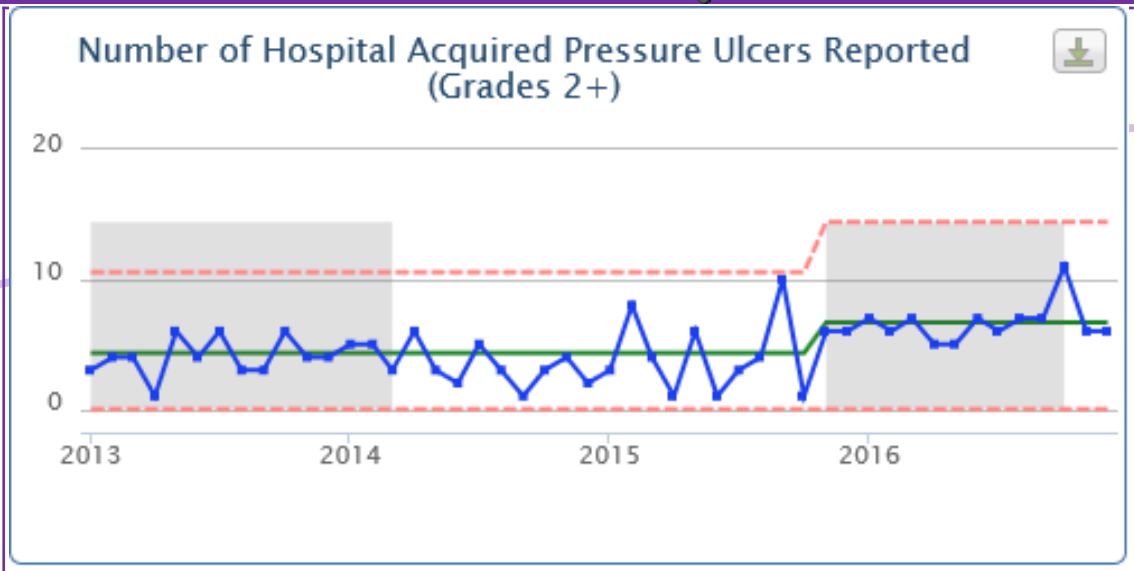
Please see appendix 1 for the methodology used for the measures below.

Measure	Comment
Medication Incidents reported via Datix causing harm** **It is not possible to meaningfully report the incidence of medication errors causing harm per patient contact at this time	No worrying trends this month. Performance remains stable at 9.5%.
Never Events	No worrying trends this month. The last never event was in June 2016 and performance remains stable at an average of 220 days between never events. The Never Event was discussed at the Trust's Patient Safety and Outcomes Committee.
Non-2222 patients transferred to ICU by CSPs** ** patients should be transferred to ICU before they have an arrest where possible which would indicate the early identification of a deterioration prior to an arrest.	No worrying trends this month. Performance remains stable at an average of 8 per month.
Cardiac and respiratory arrests **currently the October analysis is not available.	No worrying trends this month. Performance remains stable for both measures at 2 cardiac arrests per month and 2.7 respiratory arrests per month. There were no respiratory arrests outside of ICU's in November 2016. See slide 5 for a breakdown of cardiac and respiratory arrests for patients outside of ICU in October, November and December 2016.
Mortality	No worrying trends this month. Performance remains stable at 6.5 deaths per 1000 discharges.
Serious Incidents	No worrying trends this month. Performance remains stable at 1.1 per month. There were no serious incidents during September, October and November 2016 and just 1 in December

Has patient care been safe in the past?

Important measures of interest

Great Ormond Street Hospital for Children NHS Foundation Trust



What the data tells us:

Starting in November 2015 there has been an increase from 4.3 to 6.7 in reported pressure ulcers per month.

- In December 2016 there were 6 in total – 2 of which were grade 3.
- There was also 1 grade 3 pressure ulcer in October 2016. The December and October ulcers were all recorded as being on NICU.
- Previous to this, the most recent grade 3 ulcer was in March 2014 on CICU.
- The Quality and Safety team are working with the Chief Nurse and other relevant teams to understand and address the increase.

Hospital acquired pressure ulcers reported (grades 2+)

Do you have concerns about safety in this area?	Yes

It is recognised there has been a consistent rise in pressure ulcers across the trust over the last year. The majority of these have been device related and where applicable the ward areas have been contacted to raise awareness on this issue for example there is a current audit underway in CICU(Flamingo) relating to the increased number of ETT related pressure ulcers and we are working together to find ways of targeting this issue.

The Tissue viability team have been working hard at trying to raise awareness to parents and carers with an updated leaflet being given out to high risk patients either at preadmission appointment or on admission- http://www.gosh.nhs.uk/medical-information-0/procedures-and-treatments/looking-after-your-childs-skin-during-hospital-stay as per the updated Pressure Ulcer Prevention Policy.

An updated Pressure Ulcer Prevention teaching rollout is in development with the Practice Education team and planned for rollout trust wide in the near future.

No grade 3 pressure ulcers in reporting period:	**3**	**No grade 4 pressure ulcers in the reporting period:**	**0**

- Of the three grade 3 pressure ulcers in the reporting period:
  - Two of the three were on patients who had been transferred in to GOSH from other Trusts and were already present on arrival.
  - One of the pressure ulcers was originally a grade 2 pressure ulcer which was present when the patient was transferred to GOSH. The pressure ulcer further deteriorated on admission and was later re-graded to a 3.
  - **Actions:** A full RCA is being undertaken by the Trust to investigate whether the pressure ulcer deterioration was avoidable or not avoidable and to establish any learning points. Lessons for learning will be disseminated following conclusion of the investigation and report.

Has patient care been safe in the past?

Cardiac and Respiratory Arrest Calls Outside of ICU

Great Ormond Street Hospital for Children NHS Foundation Trust

October 2016- Cardiac and respiratory arrests outside of ICU (via 2222 calls)
10x 2222 calls in total; of which: 3x cardiac arrests, 0x respiratory arrests

Location	Division	Type of event	Immediate outcome	Lessons for Learning
Badger	Charles West	Cardiac arrest	3 minutes CPR given, patient remained on ward.	
Bear	Charles West	Cardiac arrest	Sudden cardiac arrest with no prior warning. Patient sadly died.	Well managed sudden event and very well documented.
Badger	Charles West	Cardiac arrest; CPR required for 4 mins.	Patient remained on ward	Well managed. ALTE's lasting for longer. Cardiac team involved.

November 2016- Cardiac and respiratory arrests outside of ICU (via 2222 calls)
12 x 2222 calls in total; of which: 3 x cardiac arrests, 0 x respiratory arrests

Location	Division	Type of event	Immediate outcome	Lessons for Learning
Bear	Charles West	Cardiac arrest	Transferred to CICU	CEWS not calculated although it appears from the observations he was not stable. Although the CEWS were escalated there is no documentation whether the child was reviewed. Excellent documentation of the event
Bear	Charles West	Cardiac arrest	Transferred to CICU	Reviewing the observations and concerns at 09:50 I wonder whether the infant should have been transferred to CICU earlier
Eagle	JM Barrie	Cardiac arrest; 12 minutes	Transferred to PICU	Very well managed event. Patient required 12 minutes of CPR and was transferred to PICU once ROSC. Scribe sheet was used on plain paper and there is a pre-printed form that could have been used. Defibrillator could have been used to monitor the quality of CPR.

December 2016- Cardiac and respiratory arrests outside of ICU (via 2222 calls)
11x 2222 calls in total; of which: 1 x cardiac arrests, 0 x respiratory arrests

Location	Division	Type of event	Immediate outcome	Lessons for Learning
Badger	Charles West	Cardiac arrest	Patient remained on ward	Well managed.

Has patient care been safe in the past?

Great Ormond Street Hospital for Children NHS Foundation Trust

Serious Incidents and Never Events November- December 2016

No of new SIs declared in Nov-Dec 2016:	2	No of new Never Events declared in Nov-Dec 2016:	0
No of closed SIs/ Never Events in Nov-Dec 2016:	1	No of de-escalated SIs/Never Events in Nov-Dec 2016:	0

New SIs/Never Events declared in November-December 2016 (2)

STEIS Ref	Incident Date	Date Report Due	Description of Incident	Divisions Involved	Senior Responsible Officer (SRO)	Risk Manager	Executive Sign Off	Divisional Contact
SI 2016 31065	7/7/16 (identified 29.11.16)	27/2/17	Patient underwent left posterior thoracotomy following diagnosis of coarctation. Surgery did not proceed as there was no evidence of coarctation during the operation.	Charles West	Associate Medical Director for Quality, Safety and Patient Experience	Lead Clinical Risk Manager	Medical Director	Divisional Chair, Cardiac Services
SI 2016 33178	1/12/16	21/03/17	Information governance breach; information regarding a patient due to be adopted was incorrectly sent to the address of the biological parents.	Charles West	Chief Clinical Information Manager	Risk Manager	Medical Director	Divisional Chair, Cardiac Services

Has patient care been safe in the past?

Great Ormond Street Hospital for Children NHS Foundation Trust

Learning from closed SIs in November - December 2016:

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2016/ 21207	**Concerns regarding follow up care and treatment of a patient.** The patient was referred to GOSH from the Royal London Hospital following a diagnosis. A non-urgent referral letter was sent by fax in February 2016 by the Royal London Hospital to GOSH and was triaged by the Ophthalmology Consultant for a 4-8 week appointment. The patient was seen in the Ophthalmology clinic at GOSH in April 2016 and confirmed to have subtotal/ total exudative retinal detachment with telangiectatic vessels and would come back at a later date for examination under anaesthesia for possible treatment with laser retinal packs with laser therapy. This treatment was subsequently booked for May 2016. The patient then suffered symptoms indicative of orbital cellulitis and attended Watford General Hospital A&E where she was subsequently admitted in April 2016. Watford General Hospital rang GOSH the following day to ask if GOSH could treat the patient. However the symptoms described by the doctor at Watford implied the patient had orbital cellulitis and GOSH advised on treatment accordingly. The symptoms described did not trigger a tertiary referral and it was recommended that either the patient was treated locally or attends Moorfields Eye Hospital. Following further care and treatment at Watford General Hospital, the patient was referred to Addenbrooke's Hospital on 28th April 2016 who treated her for acute secondary glaucoma and orbital inflammation in the left eye. The patient's mother notified GOSH of this incident and her concerns regarding the care and treatment her daughter received.	The clinical information described to the ophthalmology CNS at GOSH during the phone call from Watford General Hospital indicated the patient was suffering from preseptal orbital cellulitis and was being treated accordingly. The GOSH ophthalmology staff who responded to this query advised on how to treat this and who to contact with any further concerns. The symptoms described indicated preseptal orbital cellulitis, the GOSH ophthalmology team did not query whether an intraocular pressure test had been undertaken or what the result of this was.	• There is a need for increased service capacity in ophthalmology to ensure timely triage of all referrals. As a result of this, Consultant provision has been reviewed and increased from once per fortnight to once per week • Ensure that patients and families are informed and empowered around their child's illness An information leaflet on Coat's disease for children an families will be developed at GOSH and will include a list of key contacts, including Moorfields due to lack of available emergency service at GOSH.	Staff are reminded of the importance of good, clear communication which ensures that both parties understand the conversation and the required action.

Has patient care been safe in the past?

GOSH Never Event Summary- SI 2016 15779

Medications inadvertently administered via a misplaced nasogastric tube.

Great Ormond Street Hospital for Children NHS Foundation Trust

Brief Description of Incident

This incident involved a male 15 year old Maltese patient who had a history of Ebstein anomaly with pulmonary atresia and mild asthma.

In the neonatal period in October 2001 the patient had undergone RF ablation twice and a balloon dilation of the pulmonary vein. He had also had right ventricular remodelling , a transannular patch and creation of an atrioseptal defect.

The patient was well but in routine follow up was noted to have asymptomatic runs of ventricular tachycardia and so was referred to the cardiology team for on-going management and consideration of elective surgical intervention.

He was admitted to this hospital and underwent a pulmonary vein replacement with homograft and closure of the artrioseptal defect on the 24 June 2016.

Nasogastric tubes are routinely placed during cardiac surgery to decompress the stomach and minimise any abdominal distension which could impact both on respiratory function and wound integrity. There is also some research to suggest that placement of an NG tube may reduce the incidence of post-operative vomiting

At the end of surgery the TOE indicated satisfactory surgical result and so the probe was removed ahead of transfer to the cardiac intensive care unit. The anaesthetist then passed the nasogastric tube under direct vision in the presence of a cuffed endotracheal tube and it appeared to pass easily into the oesophagus. The position of the tube was not checked as this point as there was no immediate indication to access the tube and the anaesthetist knew that the patient would routinely have a post operative chest X-ray. ahead of transfer to the unit. This is not in line the recommendations of the Trust Management of oral/nasal gastric feeding tubes policy (2012) which states that the position of a nasogastric tube should be confirmed on insertion.

The patient received four doses of medications via an incorrectly placed nasogastric tube before the misplacement was detected.

Actual effect on patient/and or service

The patient suffered transient respiratory compromise following administration of the fourth dose of medication via the misplaced nasogastric tube

The respiratory compromise responded to an increase in oxygen delivery form 2 litre per minute via nasal cannulae to 5 litres via a face mask for a period of 2 hours before returning to baseline respiratory status. There did not appear to be any long term harm.

Root cause (s)

- A misplaced nasogastric tube was not detected on chest x-ray post-operatively
- The bedside nurse stated that a nasogastric tube position check would have been undertaken on initial assessment and prior to medication administration via the nasogastric tube. However this was not documented as per the recommendation of the Trust Management of feeding lines policy (2012). Ahead of the third dose of medication there was a position check and the aspirate had a pH within range but this is thought to have been contaminated with medications previously instilled which had solution pH of 4.1 and 3,3 respectively. In the event the bedside nurse recalls that this dose was then given orally as the patient was extubated and awake.

Care and service delivery problems

- The post-operative chest Xray was reviewed by a cardiothoracic clinical fellow and a cardiac intensive care registrar but neither were focussed on the nasogastric tube placement and did not see that it was incorrectly sited
- The nasogastric tube was placed in theatre but a position check was not performed on placement
- There is no documented electronic evidence that the bedside nurse checked the position of the nasogastric tube via aspirate ahead of administering a dose of paracetamol at midnight on the 24 June 2016 nor a dose of ibuprofen at 03:37hrs on 25 June 2016. There is documentation of a nasogastric aspirate check ahead of the medication dose administered at 06:00hrs on 25 June 2016 although the bedside nurse recalls that the patient was awake and so then had this medication orally. The recommendation from both NHS Improvement (2016) and the Trust Management of feeding tubes policy requires that a nasogastric tube position must be checked before any liquid. feed or medication is introduced via the tube. pH testing using pH indicator paper must be the first line method of checking the tube position.
- Aspirate from the pH paper obtained from the nasogastric tube tested 4.0 which is within the safe pH range (between 1 and 5.5) although the chest X-ray taken ahead of this test indicated that already the tube was positioned incorrectly in the left main bronchus. The expected pH from secretions from the respiratory tract is between 7.38 and 7.42.

Recommendations/ Actions

- Medical staff who may be required to undertake a nasogastric tube position assessment from a chest x-ray need to have undertaken the Trust mandatory online training or equivalent to providence evidence of competency.
- There should be a checklist for medical staff to undertake for patients admitted to the unit. This should include line/tube placement and need to be signed. This should include the four criteria to check gastric placement for a nasogastic tubes
- Consider whether the post-operative routine chest x-ray should explicitly on indication for x-ray state procedure and request position check for lines/tubes as an aide memoir for staff who review the imaging in line with guidance from NHS Improvement (2016)
- Reiterate the importance of documentation when undertaking cares and the need for compliance with key standards to be monitored and fed back to clinical staff.
- To investigate best practice in use of nasogastric tubes in the paediatric setting aligned with learning from the adult enhanced recovery pathway

Trust wide learning

All nasogastric tubes placed in theatre should have a position check attempted in line with NHS Improvement guidance (2016). If the check is negative (for instance there is no nasogastric aspirate) this fact must be communicated to the recovery/intensive care team at handover.

Has patient care been safe in the past?

Great Ormond Street Hospital for Children NHS Foundation Trust

Red Complaints in November-December 2016

No of new red complaints declared in Nov-Dec 2016:	3	No of re-opened red complaints in Nov-Dec 2016:	1
No of closed red complaints in Nov-Dec 2016:	1		

New open red complaints (November and December 2016)

Ref	Opened Date	Report Due	Description of Complaint	Divisions Involved	Exec Lead	Division Lead
16- 072	18/11/16	27/01/17	Parents feel that complications during surgery led to their child's death and have raised concerns regarding the care and communication with the parents following surgery	Charles West	Medical Director	Clinical Governance Facilitator, Charles West
16- 075	23/11/16	28/02/17	Parents are concerned that the team did not carry out sufficient tests before progressing to surgery and query if the procedure was necessary.	Charles West	Medical Director	Divisional Co-Chair, Charles West
16-079	13/12/16	09/02/17	Concerns have been raised around the care provided to a patient during an inpatient stay beginning in July 2016; this includes treatment received on PICU, CICU and Rainforest Ward.	JM Barrie	Chief Nurse	Complaints Coordinator for Gastroenterology

Re-opened red complaints (November and December 2016)

Ref	Re-opened Date	Description of Complaint	Divisions Involved	Exec Lead
15- 112	23/11/16	Adult patient raised further concerns following receipt of the Trust's complaint response. The complaint queries if the genetic risk was highlighted earlier would the cancer diagnosis have been identified at an earlier stage with a better prognosis.	Charles West	Chief Nurse

Learning from closed red complaints in November and December (1):

Ref:	Summary of complaint:	Learning/Recommendations:
16- 040	**This complaint was investigated as an SI (SI 2016/21207); a full RCA report was completed and addressed the concerns raised within the complaint** **See slide 6 for a summary of the incident.**	• There is a need for increased service capacity in ophthalmology to ensure timely triage of all referrals. As a result of this, Consultant provision has been reviewed and increased from once per fortnight to once per week • Ensure that patients and families are informed and empowered around their child's illness An information leaflet on Coat's disease for children an families will be developed at GOSH and will include a list of key contacts, including Moorfields due to lack of available emergency service at GOSH.

Are we delivering high quality care today? Measures where we have no concerns

Great Ormond Street NHS Hospital for Children NHS Foundation Trust

This slide contains an overview of some of the key measures monitored within the Trust; these will be considered by exception. Where there are measures/trends of concern, a slide containing a deep dive of that information will be included in the report.

Measures for self reporting systems do not always have a direct correlation between the data and safety; e.g. an increase in reporting may not always be a result of an unsafe environment but instead as a result of a good reporting culture which in turn can improve safety via learning.

Please see appendix 1 for the methodology used for the measures below.

Measure	Comment
All complaints	No worrying trends this month. Performance remains stable at 11 per month
Red complaints	No worrying trends this month. Performance remains stable at 0.4 per month
Amber complaints	No worrying trends this month. Performance remains stable at 2.3 per month
Yellow complaints	No worrying trends this month. Performance remains stable at 6.8 per month
Number of PALS cases	No worrying trends this month. Performance remains stable at 128 per month

Are we responding and improving?

Featured Project: Neonates

Great Ormond Street NHS Hospital for Children
NHS Foundation Trust

High-level Aim: *To improve the quality and safety of care within inpatient neonates/ small infants* at GOSH by 1 June 2017. [*<28 days or 4kg]*

Bloodspot Screening:	All patients who meet the criteria* to have a successfully completed blood spot test within the appropriate time by 1st June 2017 [TBC]
Jaundice:	Improve the identification and management of neonatal jaundice by 1st June 2017. [TBC]
Fluid Management:	Reduce the number of neonatal fluid management incidents by 50% by 1st June 2017 [TBC]

This is a trust-wide initiative at GOSH, seeking to improve the quality and safety of care within inpatient neonates/ small infants. This work is led by a multi-disciplinary project team, including Medical, Nursing and Quality Improvement leads. The project was initiated in response to an audit presented to PSOC in November 2016, which detailed the need to decrease the incidence of blood spots classified as avoidable repeats, improve the provision of jaundice identification and treatment and standardise the documentation and management of IV fluids within GOSH's neonatal population. GOSH continues to report quarterly against national neonatal blood spot screening samples.

Expected Benefits of the Project:

- Early recognition and timely treatment of neonatal jaundice - reduces likelihood of morbidity and mortality
- Clearly defined guidelines for neonatal IV fluids - standardised management across the Trust
- Agreed process for blood spot screening - fewer avoidable repeats, decreased delayed diagnosis and a higher likelihood of diagnosing and treating serious conditions in a safe and timely manner
- Comprehensive neonatal training and resources for staff - improved safety culture and reduction of avoidable harm in neonatal population
- Improve documentation of critical patient information
- Standardisation of neonatal care – pathways & bundle

Focus areas of Neonates project:

- **Blood spot screening**
- **Neonatal Jaundice**
- **IV Fluid Management**

Measures for Improvement:

SPC charts and audit data will be utilised to measure results of the project *(further measures TBC).*

Outcome measures:

- Number of samples taken within the appropriate timeframe (between day 5 and 8)
- The number of Neonatal admissions between jaundice cases identified at ward level (we would want this to reduce as the wards get better at identifying them)

Process measures:

- % of neonates who had a blood spot at GOSH who had an avoidable repeat
- The number of Neonatal admissions between cases of neonatal Jaundice **not** being managed as per guidelines (we would want this to increase as more are managed correctly)

Progress to date:

- Steering Group, Neonatal Link Nurses and Neonatal Champions identified and engaged
- Neonatal staff experience questionnaire developed and rolled-out throughout inpatient wards – to identify training and learning needs
- Resource secured for training and education - HENCEL funding
- Scoping e-learning and training options for nursing and medical staff
- Measurement plan and Neonatal dashboard developed
- Comms with other Trusts undertaking similar neonatal projects to learn and share ideas
- Process mapping for blood spots among wards with a high proportion of neonatal admissions
- Deep dive into missing NHS numbers – impacting avoidable blood spot repeats

Next Steps:

- Sustainable and robust neonatal training for all nursing and medical staff
- Update Intranet Neonatal section with relevant resources
- Bespoke QI training for project group
- Analysis of qualitative data from neonatal staff experience questionnaire
- Identify where issues are affecting the process of recording critical patient information and test new improvements
- PDSA to begin on NICU & Peter Pan by Feb 2017
- Support teams to embed new practice

Are we responding and improving?

Quality Improvement Project Status Update

Great Ormond Street Hospital for Children NHS Foundation Trust

Project	Project Aims	Project Leads	Project Timescales
Tracheostomy	The aim (awaiting sign-off) is to improve the confidence and competence of nursing staff caring for tracheostomy patients as well as the consistency (and competence) of training provided to parents and carers. Scope and timeline under development.	**Executive Sponsor-** Dagmar Gohill, Divisional Assistant Chief Nurse **Clinical Lead-** Jo Cooke, CNS Tracheostomy	To be agreed
DIARY tool	To introduce a self-reflective tool across all wards by August 2017 in order to encourage organisational and individual learning from incidents and near misses. Aparna Hoskote & Geralyn Oldham are the Clinical / project Leads.	**Clinical Lead-** Aparna Hoskote, Consultant, Cardiac Intensivist **Project Lead-** Geralyn Oldham, Clinical Governance Facilitator, Charles West	August 2017
Situational Awareness - Huddles - ePSAG	Next steering group meeting (13/01) will review all documents for project closure. **Huddles:** All wards have Huddles underway, predominantly robust although a couple have only been underway since Nov/Dec 16. Handover to Divisions will formally occur at next QI Committee on Jan 26th 2017. **ePSAG:** All ward areas now have their boards operational (include 3 day care units & IR). Some adjustments each month with version updates. The ICT Transition meeting is planned for Monday 16th January to handover the operational aspects of the system. Ongoing bespoke ePSAG areas are underway and timelined to the 31/03/2017.	**Executive Sponsor-** Medical Director **Clinical Leads-** Allocated by Division	March 2017 April 2017
Extravasation	QI & PMO working together to provide timelines/ project plan on the 7 new workstreams underway; Policy, Medications, training, Vas Access Form /process, Electronic support systems, IR access and the new VHP tool implementation. Next steering group is scheduled for: 09/01/2016. - VHP Tool currently being tested on Koala & Eagle, due to start in Bumblebee mid-January.	**Executive Sponsor-** Juliette Greenwood, Chief Nurse **Clinical Lead-** Isabeau Walker, Consultant Anaesthetist **Operational Lead-** Sarah Metson, General Manager JM Barrie Division Portfolio C	Timeline to be agreed

Are we responding and improving?

Quality Improvement Project Status Update

Great Ormond Street Hospital for Children NHS Foundation Trust

Project	Project Aims	Project Leads	Project Timescales
ICU Flow	Scoping work completed in Oct 2016. Awaiting a Cons Lead from ICU for the Spinal improvement plan, (possible lead is currently away). Simon Hannam to confirm early Jan. Scoping & data collection underway by QI / Spinal team. PMO (Tracey), leading a spinal project Trustwide, links will be made to the same. Respiratory Workstream- Awaiting new HOC to replace Mark Hayden to plan project timeline.	To be confirmed	Expected project finish date: timeline to be established with the Project Management Office.
Patient Placement Project	Initial overview meeting completed in December. Project will be directed by Allan Goldman, supported by Peter Willatts & PMO office.		Expected project finish date: Sept 2017.
Sepsis	To improve the early identification and treatment of Sepsis, through implementation of the Sepsis 6 bundle at GOSH by 31st March 2017. **Progress to date:** • Draft Sepsis 6 protocol approved by Steering Group • Pilot started on 4 wards. Protocol revised multiple times in response to feedback • Antibiotic protocol developed & tested • Train- the- trainer package developed & in testing phase • Scoping e-learning options for nursing and medical induction • Measurement plan developed • Parent involvement in designing education for parents and patients • Shared findings from pilot with QI Committee and Trust Nursing Board • Comms with other Trusts using the Sepsis 6 to learn and share ideas	**Clinical Lead-** Clare Rees , Locum Consultant Paediatric Surgeon. **Nursing Lead-** Claire Fraser, Resuscitation Educator and ICU Sister	Trust-wide roll out due week commencing 23 January 2017 Period of embedding for the next three months – by April Train the trainer package has been developed for Practice Educators. They will be champions for new starters Expected project finish date: 30/09/2017.
CATS	Aim of project: Roll out a Pre-intubation checklist for children across the Region regarding: • Patient optimisation, • Necessary equipment, • Promotion of team roles and back up plans	Project underway with direct clinical team, no Exec Sponsor or steering group. We are using SPC charts and audit data to measure results of the project. including the number of children who experienced endobronchial intubations, hypoxia during intubation & are x-rayed post intubation to confirm tube position.	Expected project finish date 31/08/2017.

Are we responding and improving?

Quality Improvement Project Status Update

Great Ormond Street Hospital for Children NHS Foundation Trust

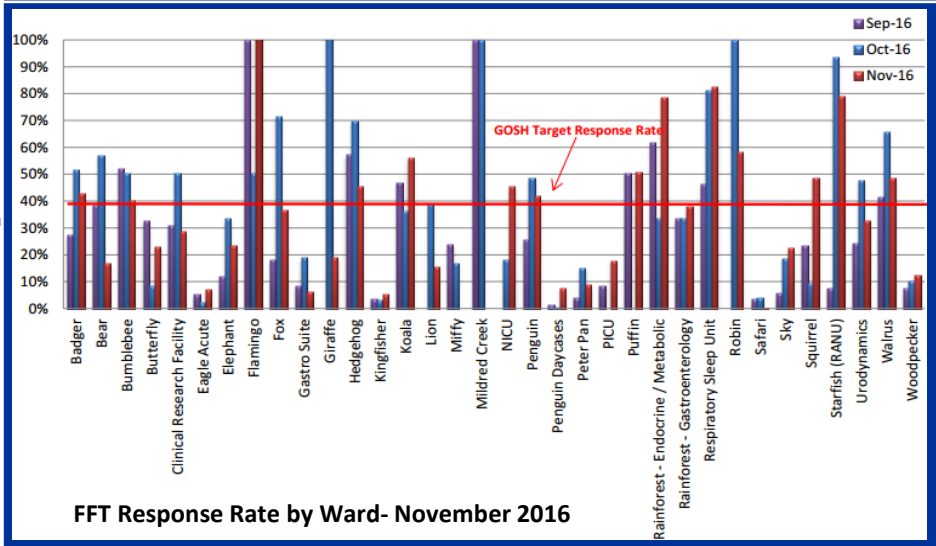
Project	Project Aims	Project Leads	Project Timescales
CEWS/PEWS		Awaiting Executive decision re who is leading this work – PMO or QI as well as the clinical / nursing lead.	No timeline yet agreed for roll-out.
Access to Outpatients	To reduce patient movement waste and waiting times in clinic by December 2017.	**Project Sponsor-** Sarah James, Divisional Operations Manager, JM Barrie **Project Lead-** Caty Stuart, Matron- JM Barrie	December 2017
OOH	Safe Staffing – to be led by operations and PMO office.. Standard Working Practices – to be led by operations and PMO office. Safe handover Processes – Diagnostic work completed. Managing Sick Children	 Awaiting Executive decision re who is leading this work – PMO or QI as well as the clinical / medical lead. On hold until recommendations completed – the implementation of PEWS & Sepsis 6.	Project handed over Dec 2016. Project handed over Dec 2016 Timeline to be agreed.
Neonates	To improve the quality and safety of care within inpatient neonates/ small infants* at GOSH by 1 June 2017 [*<28 days or 4kg]. The three areas of focus are to: • Reduce the number of avoidable bloodspot test repeats • Increase the recognition and management of neonatal jaundice • Improve documentation and delivery of IV fluid management	**Executive Sponsor-** Juliette Greenwood, Chief Nurse **Nursing Lead-** Marie Anne Kelly, Neonatal Nurse Advisor **Medical Lead-** Simon Hannam, Neonatologist	June 2017
Transition	Specialties are working on the short-term requirements of the Transition CQUIN and work is on-going on longer-term improvement strategies with specialties to ensure the Trust meets the recommendations of the NICE Transition Guidelines. Limitations of current IT systems mean the development of a single, centralised, coordinated Transition Plan for complex patients is proving challenging. Work is underway to find the simplest IT solution to help specialties identify young people who are on a Transition Plan.	**Executive Sponsor-** Juliette Greenwood, Chief Nurse	On-going project

Are we responding and improving?

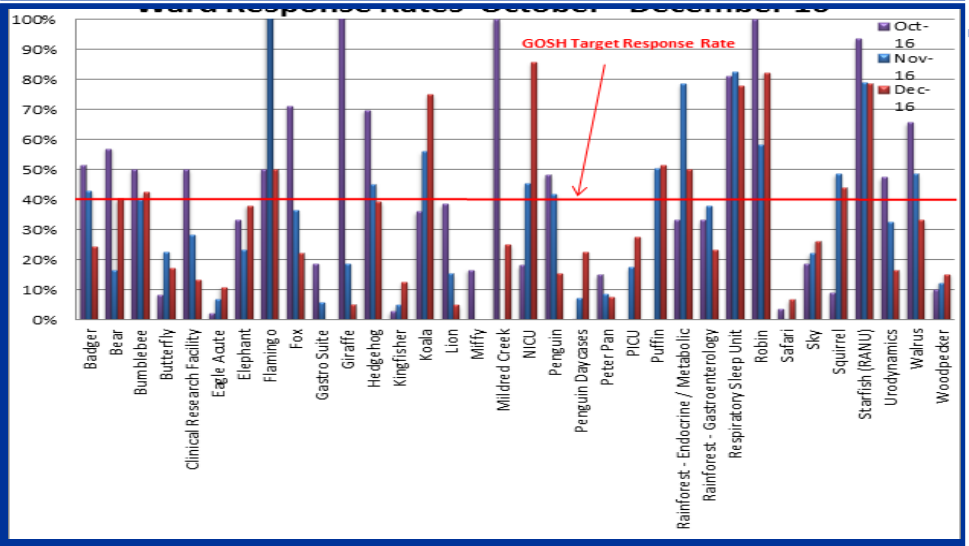
Learning from Friends and Family Test- Inpatient Data

Great Ormond Street Hospital for Children NHS Foundation Trust

Inpatient Results November 2016	Inpatient Results December 2016
November 2016 Overall FFT Response Rate = 25.5% Overall % to Recommend = 99%	**December 2016** Overall FFT Response Rate = 27.3% Overall % to Recommend = 97.3%



FFT Response Rate by Ward- November 2016



The overall FFT response rate for inpatients has risen from 25%to 25.5% in November and to 27.3% in December 2016; the response rate had slowly declined between July, August and September however this has increased since October.

The decline highlighted that many wards are reliant on one member of staff to lead on FFT which causes issues when they are off sick or on leave. PE team to work with the wards to ensure they apply a team approach.

November 2016 Top 3 Themes

positive	negative
• Staff; helpful, kind, friendly & patient. • Play specialists & play workers.	• The ward environment. • Communication. • Lack of play staff at the weekends.

There has been an increase in negative comments for the followings themes in December:

- Access /Admission / Discharge and Transfer.
- Environment & Infrastructure
- Staffing Levels
- Always Welcoming

The team will continue to monitor the feedback received and will follow the escalation process to ensure that appropriate action is taking.

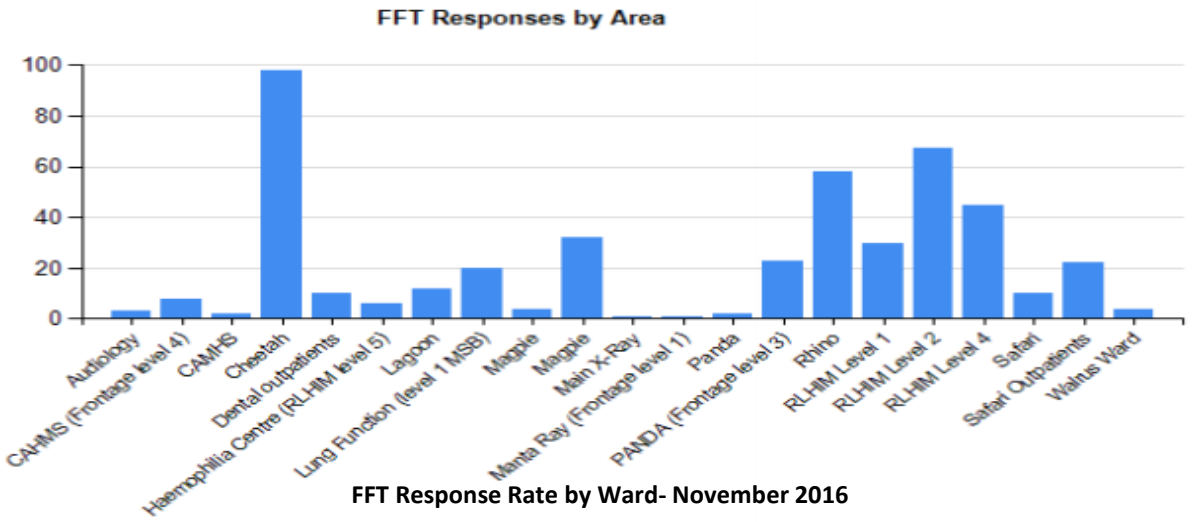
The overall feedback from November and December for inpatient areas has shown that feedback regarding staff remains very positive. The highest number of negative comments related to the ward environment. There has been an increase in the number of negative comments relating to staffing levels.

Are we responding and improving?

Learning from Friends and Family Test- Outpatient Data

Great Ormond Street Hospital for Children NHS Foundation Trust

Outpatient Results November 2016	Outpatient Results December 2016
November 2016 Overall % to Recommend = 92.3%	**December 2016** Overall % to Recommend = 91%



FFT Response Rate by Ward- November 2016

Outpatients do not have a minimum response rate target. The percentage to recommend rate has decreased from 95.6% in October to 92.3% in November 2016 with a further decrease to 91% in December 2016. The overall percentage to recommend has stayed above 90% with the exception of July 2016 when then percentage was at 82.41%.

November 2016 Themes

positive

- Caring Staff
- Knowledgeable Staff

negative

- Clinic Waiting Times
- Pharmacy Delays

There has been an increase in negative comments for the followings themes in December:

- Access /Admission / Discharge and Transfer.
- Environment & Infrastructure
- Staffing Levels
- Always Welcoming

The team will continue to monitor the feedback received and will follow the escalation process to ensure that appropriate action is taking.

The overall feedback from November has shown that the majority of negative comments relate to appointment delays and overall clinic waiting times. There has been an increase in the number of negative comments relating to Pharmacy waiting times. Feedback about staff members remained very positive, with particular reference to being caring, friendly and knowledgeable.

Are we responding and improving?

Learning from Friends and Family Test- Feedback

Great Ormond Street Hospital for Children NHS Foundation Trust

Below is a snapshot of some of the positive and negative feedback received via FFT during the reporting period for both inpatients and outpatients. Positive feedback is shared with the relevant teams and there is a process in place for the management of negative feedback to ensure that this is acted upon appropriately.

Inpatient Feedback

"The play specialists ate nice and kind. I like playing guess who. The nurse and health care assistants were lovely very kind too."

"As always staff exceptionally helpful and kind - staff name is wonderful and always smiling and staff name is also fantastic - lovely to see the "smile" visitors and so kind to be offered a drink on arrival. 5 Stars!!!"

"Special thanks to staff name who was fantastic with an older teenager and had great empathy and patience. Well Done to staff namewho finally did get him to play that game of Uno! Hope you get your lovely new ward soon."

Child:- "Good:- the nurses where very happy and cheerful"

"Nurse was really polite and welcoming to my daughter. Made patient name fell really comfortable and listen which is hard for people she doesn't know to do."

Outpatient Feedback

"My son (patient name) was very scared about the needles and injections. He came for the Nuclear Tests and was very nervous. (patient name) received us at the test area and spoke to (patient name) and understood his concerns. She taught him the art of relaxing and breathing. (staff name) calmed down and became friends with (staff name). (staff name) stayed with (patient name) all through the test and she was awesome!"

"I love eating here and for two weeks have done so three times a day! Delicious food (always hot) very friendly staff, amazing value and the tables are always clean even on busy days. I cannot say a single fault. Thank you so much for feeding me so well while my son is recovering from two majors"

"(staff name) was lovely & put our son at ease straightaway. Dr (staff name) was very nice & so patient whilst we asked a lot of questions."

Not having my own room because it was very noisy and hard to sleep. I would like to have my own toilet because it wasn't very nice having to use the commode or bed pan on the ward."

"Only thing I would say is when two departments are involved they need to communicate with each other and the patient. One department told us overnight and other department changed it to 3 nights nobody told us or rang us with admission times.

"Pretty impressed still an issue with communication on a consultant - doctor level. Weekend spent here could have been at home."

"The chair bed contraption in our rom is not big enough for a fully groen daddy to sleep in, luckily our mum found him a fold away bed."

"The only small issue I did have was the room did not have a hoist and there was little space to move around with the wheelchair the access for wheelchair was not good."

"Waiting times were unrealistic. We were not told what was happening next. We saw a doctor then waited over a, hour by this point I had to go and ask what was happening next."

"Too much staff chatting. Appointments never on time if a 9am appointment booked, consultant SHOULD BE HERE! Considering we had to leave home at 6am to be here on time!"

The hospital itself is fantastic. Just the pharmacy takes to long! This happens EVERY VISIT! Today I came for my appointment which I was seen within 10 mins but I have had to wait over a hour just to get the medicine.

"There is no help to direct the patient to the right place. Today I have had bad experience, my son did not seen by the MDT's team due to the lack of staff members (reception) so not able to direct the patient at the right place. A s a result patient missed the appointment today"

"Bad = Waited over 50 mins for bloods to be taken out."

Appendix 1

Methodology for key Trust measures

Great Ormond Street NHS Hospital for Children NHS Foundation Trust

Measure	Methodology	
Medication Incidents reported via Datix causing harm**	The percentage of medication incidents that resulted in patient harm, out of all medication incidents reported via the Datix incident reporting system. Includes all 6 medication categories: administration, dispensing, drug reaction, prescription, storage/missing, and TPN	
Never Events	Note that the most recent data point indicated the number of days since the most recent never event. Never events are defined here - https://www.england.nhs.uk/ourwork/patientsafety/never-events/	
Non-2222 patients transferred to ICU by CSPs**	Unplanned non-2222 patient transfers to ICU, admitted as deteriorating patients from ward areas by the CSP team. Parameterised by ward (May 2015 onwards).	
Cardiac and respiratory arrests	**Cardiac arrests outside of ICU:** The monthly number of cardiac arrests outside of ICU wards (recorded from calls made to the 2222 Clinical Emergency Team). Cardiac arrests are defined by any patient requiring cardiac compressions and/or defibrillation. Cardiorespiratory arrests count towards the cardiac arrests total, not the respiratory arrests total.	**Respiratory arrests outside of ICU:** The monthly number of respiratory arrests outside of ICU wards (recorded from calls made to the 2222 Clinical Emergency Team). Respiratory arrest is defined by any patient requiring bag mask ventilation. (Previous to May 2013 this was defined as any patient requiring T-piece and/or Bag Valve Mask.) Cardiorespiratory arrests count towards the cardiac arrests total, not the respiratory arrests total.
Mortality	The inpatient mortality rate per 1000 discharges. The numerator is the number of patients who die whilst inpatients at GOSH. The denominator is the number of inpatients who are discharged each month. Day case admissions (as specified by a patient classification of 2 or 3) are excluded from the denominator. CATS patients who are not admitted to GOSH are excluded from this measure.	
Serious Incidents	This is the monthly count of serious incidents (SIs), by date of incident (as opposed to date incident was reported). A serious incident is defined as an incident that occurred in relation to care resulting in one of the following: • Unexpected or avoidable death of one or more patients, staff visitors or members of the public. • Serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm • Allegations of abuse • One of the core sets of 'Never Events' http://www.england.nhs.uk/ourwork/patientsafety/serious-incident/	

Appendix 1

Methodology for key Trust measures

Great Ormond Street Hospital for Children NHS Foundation Trust

Measures for self reporting systems do not always have a direct correlation between the data and safety; e.g. an increase in reporting may not always be a result of an unsafe environment but instead as a result of a good reporting culture which in turn can improve safety via learning.

Measure	Methodology
All complaints	All complaints added together (red, amber and yellow).
Red complaints	A count of all red complaints per month. Red complaints are defined as severe harm to patient or family or reputation threat to the Trust.
Amber complaints	A count of all amber complaints per month. Amber complaints - lesser than severe but still poor service, communication or quality evident.
Yellow complaints	A count of all yellow complaints per month. Yellow complaints - issues or difference of opinion rather than deficient service.
Number of PALS cases	A simple count - the number of PALS cases.

Attachment E

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
1st February 2017

Integrated Performance Report: December (Month 9) 2016 **Submitted by:** Nicola Grinstead, Deputy Chief Executive	**Paper No: Attachment E**

Aims / summary
The Integrated Performance Report (IPR) is focused on the key areas/ domains in line with the CQC, in order to be assured that the Trust's services are delivering to the level our patients & families, Trust Board and our commissioners & regulators expect.

The indicators included are those that have been recommended by the Trust Board, Clinical Divisions and other relevant parties. It is expected that these will evolve and iterate overtime.

The narrative provides provide more detail / analysis from the IPR of those indicators not meeting the required standards or where they warrant further mention.

Action required from the meeting
Board members to note and agree on actions where necessary

Contribution to the delivery of NHS Foundation Trust strategies and plans
All the indicators within the IPR contribute to the delivery of either regulatory or commissioner requirements, and as such are aligned to the objectives and strategy of the Trust

Financial implications
For indicators that have a contractual consequence there could be financial implications for under-delivery

Who needs to be told about any decision?
Where appropriate and applicable: Internal stakeholders, NHS Improvement and NHS England Special Services Commissioners

Who is responsible for implementing the proposals / project and anticipated timescales?
Each Domain / Section has a nominated Executive Lead

Who is accountable for the implementation of the proposal / project?
As above

Attachment E

February 2017 – Trust Board:
Integrated Performance Report Narrative

The Trust Integrated Performance Report (IPR) is designed to focus on the key areas/ domains below, in order to be assured that our services are delivering to the level our patients & families, Trust Board and our commissioners & regulators expect.

The domains are consistent with the Care Quality Commission and cover:

- Caring
- Safe
- Responsive
- Well-led
- Effective

The IPR additionally includes further indicators and metrics with regard to Our Money (Finance) and Productivity. These indicators are those that have been recommended by the Trust Board, Clinical Divisions and other relevant parties.

Future Changes:

- The intention is that once the Trust starts to officially receive a performance rating on the NHS Improvement Single Oversight Framework, this will be recorded and presented as part of the IPR
- The Key Lines of Enquiry box will be populated with key points for a deep dive exploration

Summary

The report for the Trust Board this month includes data up until the end of December 2016, for the most part. Where information is not presented, this will be as a result of the timelines associated with national submissions for the associated indicator.

The following sections of the report provide more detail / analysis from the IPR of those indicators not meeting the required standards or where they warrant further mention.

Caring

The items of exception under the caring domain are highlighted below.

Friends and Family Test (FFT) Response Rate (Inpatients) – see Dashboard for the current position	
Definition:	A feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice
What:	Although there has been a decline in December of the overall positive percentage response (97.3%), the Trust continues to see an increase in the response rate (up to 27.25%). As noted previously, this is in line with national response rates of other Trusts.

	The outpatient "positive" score having recovered in October, has over the last 2 months fallen below the 95% standard with 90.9% in December.
Why / How:	With regard to the response rate, this continues to be monitored against the Divisional and Trust wide action plans with Senior Nurse Leads in each Division taking the lead, which are linked to the central work being led by the Patient Experience team. Actions include centralising and improved administrative processes and targeting key specialties with the poorest response rate. More detail is available in the Quality & Safety report Note: As reported previously, the current response rate is hampered to some extent for inpatients by the frequent attendance nature of a number of our patients and families for whom repeatedly responding to this survey is challenging.

Complaints	
Definition:	This indicator provides the total number of formal complaints received by the Trust during the reporting period As stated in the introduction it is expected that this indicator will be updated to include length of time taken to respond to complaints in addition the numbers received.
What:	The number of year to date formal complaints is currently at 83, with 14 over the last 2 months to December 2016. During the last 2 months there have been 3 red complaints.
Why / How:	As stated previously the number of complaints should not necessarily be viewed as a negative, as it is imperative the Trust empowers patients and families to raise issues with their experiences at the Hospital. Analysis is being undertaken with regard to the timeliness of Trust responses to complaints which will be shared for the next Trust Board. Predicated on the content and issues raised within the complaints, the Trust (via its Clinical Divisions and Departments) analyse for recurring themes and as such implement any necessary action plans to address. More information is available in the Quality & Safety report with regard to the recent red complaints.

Safe

From the dashboard, for a number of the measures and indicators for this domain, the picture is varied with regard to year to date performance.

With regard to Healthcare Associated Infections (HCAIs), C Diff remains well within the annual target of 15 for 2016/17, for MRSA however there have been 3 cases YTD (with the expectation of zero cases for 16/17). There have however been no cases in the most recent months. CV Line Infection levels over the last couple of months have seen an increase rising to 2.55 per 1000 line days in December 2016. This will be kept under review.

Below provides detail on those measures not meeting the required standards:

WHO Checklist Completion	
Definition:	This reports the completion rate of the World Health Organisation (WHO) checklist audits in surgery, against an internal target of 98%
What:	As at December 2016 the Trust is currently at 91.55% (a reduction from 94.04% in November), against 98%.
Why / How:	As reported previously the Trust is currently implementing the NatSIPPs (National Safety Standards for Invasive Procedures) project, which will focus on how to improve WHO Checklists in all areas, including those outside main theatres, where performance has been traditionally poorer. The project is due to complete in late Q4 16/17, when it is expected that the Trust will become compliant in these areas. Updates and progress are being flagged through the Divisional Performance Meetings.

Hospital Acquired Pressure / Device related Ulcers Grade 3+	
Definition:	This reports the number of clinically graded pressure and device related sores that have been acquired whilst in hospital. The expectation is that there are zero grade 3+ [As stated previously further work is being taken forward to report grades <3 for future months]
What:	The Trust has reported 2 grade 3 pressure ulcers in December 2016 (as reported previously there was an additional case in October) against this standard (of zero).
Why / How:	As referenced in the Quality and Safety Report - of the three grade 3 pressure ulcers in the reporting period: • Two of the three were on patients who had been transferred in to GOSH from other Trusts and were already present on arrival. • One of the pressure ulcers was originally a grade 2 pressure ulcer which was present when the patient was transferred to GOSH. The pressure ulcer further deteriorated on admission and was later re-graded to a 3. A full Root Cause Analysis is being undertaken by the Trust to investigate whether the pressure ulcer deterioration was avoidable or not and to establish any learning points.

Responsive

The Trust is currently off line from reporting against the national RTT incomplete standard. For the month of December 2016, there were no reportable breaches against the cancer standards.

As reported in previous months with regard to Last Minute Non-Clinical Hospital Cancelled Operations (and the associate 28 day breaches for rebooking), the clinical Divisions continue to work to implement their recovery plans, whilst acknowledging the challenges in the system during this

period (at the time of writing the Q3 reported position has not been submitted – this will be contained in future months).

Below details other key metric for this domain, as highlighted by exception:

Diagnostic: Patients waiting	
Definition:	The percentage of patients waiting greater than 6 Weeks for a Diagnostic Test at the given month end census date based on the Nationally defined basket of 15 key diagnostic tests / procedures The national standard is 99% must be seen within 6 weeks
What:	Whilst the Trust is currently not delivering the standard as reported previously, this month is the most improved month since returning to reporting in April, of 3.18% in December 2016.
Why / How:	As reported previously, the majority of the reported breaches are attributable to Audiology (13 out of a reported 18). This is predominantly attributable to capacity. The operational teams have put in place a number of additional lists, and work is progressing with regard to the provision of an additional soundproof booth. The Division's recovery plan confirms that with these actions, the service will be compliant in March 2017.

Well-led

The below identifies those areas that require highlighting.

Appraisal (PDR) rate	
Definition / What:	The Trust compliance rate of the % of completed staff appraisals against an internal annual target of 90% for 2016/17
Why / How:	The Trust overall appraisal rate stands at 83%. As reported previously the Trust had a step change improvement from August, however this has now stabilised to the current reported levels. As at December there are two (from four in November) areas that are meeting the in-year target of 90%, Corporate Affairs (at 100%) and Human Resources & Organisational Development (at 95%). The target for 2017/18 will increase to 95%. Rates are regularly reported and accessible via the intranet, and via the clinical Divisional Performance Meetings, action plans are in place to delivery to the Trust standard. The top 5 areas in each division with the lowest PDR rates are being focussed on to ensure improvements are made in these areas.

Mandatory Training	
Definition / What:	An aggregate level % for all statutory and mandatory training undertaken within the Trust against a plan of 90%

Why / How:	In December the compliance across the Trust was 86%. Currently eight (no change) directorates/divisions are meeting the in-year 90% compliance requirement, Human Resource & Organisational Development, Finance, International, Research & Innovation, Corporate Affairs, Development & Property Services, Nursing & Patient Experience and Clinical Operations. The target for 2017/18 will increase to 95%. Actions being undertaken to address this include: More visibility through LMS; Learning and Development & ER team will work with managers to identify those who are non-compliant including further developments to the new LMS; Training competencies with lowest compliance rates are being targeted to significantly increase delivery. At a Divisional level this is being tracked through the monthly Performance Meetings.

Agency Spend	
Definition / What:	At Month 9 (December) this stands at 3.8% of total paybill NHS Improvement have set an agency spend ceiling for all Trusts (3% for GOSH).
Why / How:	The significant spend on agency staff (as percentage of paybill) is largely driven by the investment of validators to support the RTT improvement work and also a number of senior interims in the organisation. Trust spend on business as usual (BAU) agency staff is significantly below the ceiling (at 76% of ceiling – as reported previously). Based on current spend, the Trust will breach the ceiling by December. The HR & OD directorate are currently working alongside NHS Improvement reporting mechanisms with the divisions and corporate directorates to establish actions to address the Trust's agency usage. The Trust also reports on the number of breaches against the agency rules (spend cap by shift and/or framework compliance and direct engagements); in December, 161 shifts (increase from 148) breached the agency cap. Clinical Operations (including ICT) retains the highest spend on agency staff at 48% of total paybill (RTT and senior interims). Finance currently spends 23.4% of paybill on agency staff (decreasing).

Nurse Vacancies	
Definition / What:	This has been calculated by looking at the difference between the established number of posts in a division (nursing registered only) minus the contractual nursing staff. This excludes temporary staff and gives the underlying vacancies.
Why / How:	As at December the Trust has vacancy rate of 9.4% for nursing against this metric. The nursing recruitment team receives a weekly report that provides active recruitment position of posts which is viewed in conjunction with the work being undertaken and lead by the Corporate Nursing team and Clinical Divisions. At this time the above figure does not provide recruitment "in pipeline", clearly however there is and will be activities contributing to the above.

	This metric will continue to be reviewed alongside the main vacancy metric (which is establishment minus the actual staff (inc bank and agency)), and additional board papers.

Effective

Below identifies those areas for the domain that are not currently at the required level.

Discharge Summaries	
Definition:	This measures compliance with the requirement to issue a Discharge Summary within 24 hours following discharge to the Service User's GP and/or Referrer and to any third party provider
What:	In December, the Trust wide performance was 86.87%, which is a slight decline on the previous month (November = 88.46%). As stated previously, whilst this decline is being addressed, average compliance this year remains at 87.51%, which is a significant improvement on previous years.
Why / How:	Both Clinical Divisions have targeted action plans to ensure that processes are appropriately communicated, with engagement of Heads of Clinical Service. In addition a review is being completed into the relevance of patient groups where discharge summaries are required to be sent to with the Divisional Chairs to understand if the current exclusion list is appropriate.

Clinic Letter Turnaround	
Definition:	The % of clinic letters that are sent within 7 & 14 working days of an Outpatient Clinic The contractual requirement for 2016/17 is 14 working days turnaround.
What:	The Trust is currently reporting 76.04% against the 14 day turnaround (and 48.22% for 7 days)
Why / How:	Work continues across the Divisions, with steady improvements continuing to be seen from the start of the year. Where an area is not at the requisite level an action plan is in place to address this. These are being updated and feedback at the relevant Divisional Performance Meetings. Data capture and reporting of this metric is additionally reviewed as part of the process.

Productivity

As stated previously, this domain has now been updated to include a range of indicators, as a means to start to assess the productivity of the organisation at a headline level. It is important to note that whilst these indicators are being included within the report they are additionally being reviewed and

refined, and so consequently may change slightly in future iterations (any updates / changes will of course be communicated).

Four indicators are included to give an indication as to how productively the Trust is using its resources across: Theatres, Beds, ICU and Outpatients, viewed alongside how much activity has been delivered over the same period.

Theatres Utilisation:
Work continues to address the reported decline in Theatre Utilisation across the Trust, and is being focused on through the Theatre productivity workstream and Trust Flow programme (part of the Better Value work).

The actions, as reported last time include:

- Improvements in bed booking processes for Radiological procedures that require theatres, and balancing the demands between emergency and elective cases (
- Review of current: Neurology and Neuromuscular and Ophthalmology lists
- Process for spinal cases requiring PICU beds, which impacts on flow from theatres (and cancellations with increased emergency cases)
- Improve utilisation in areas outside of main theatres

Bed Occupancy:
This indicator and methodology is currently under-review as part of the statutory returns review, and as such the metrics should be used as a guide at this time, pending completion of this exercise.

As at December bed occupancy was at 82.7%, which is down slightly from 84.1% in the previous months, however expected given the reduction in occupancy over the Christmas period. Further analysis will be required with regard to day and overnight occupancy levels, and what the range of occupancy is across the Trust, whether this can be understood because of the case mix and patients using those beds, and where opportunities exist to improve.

Refused Admissions into Cardiac and PICU / NICU:
This metric is derived by the information collated directly from the service. As is evident from the dashboard, over the last 2 months there has been a step change in the number of PICU / NICU refusals (46 in November and 49 in December). This trend is typical entering into winter and is also reflective of the system pressures with regard to PICU/ NICU capacity across the sector. This is reviewed daily / weekly by the clinical and operational teams.

Same day / day before hospital cancelled appointments (outpatients):
In December there were 1.3% of all outpatient appointments that were booked, cancelled by the Trust. This measure will be reviewed to ensure this provides the best possible / most useful view on how the Trust utilises OP capacity.

Activity:
Across the 3 main points of operational delivery (inpatients – discharges, Critical Care bed-days and outpatients) a comparison is provided looking at year on year differences, cumulatively YTD and individual month on month.

The cumulative YTD position across all 3 areas remains up on the same period last year, however in December the Trust had less inpatients (discharges) and outpatients compared to the same month last year, with critical care showing the reverse and up compared to last December.

Our Money

This section of the IPR includes a year to date position up to and including December 2016 (Month 9). In line with the figures presented, the Trust deficit (excluding capital donations and impairments) is £0.1m lower than planned for this reporting period. This is as a result of a combination of factors including:

- Clinical Income (exc International Private Patients and Pass through Income) is £0.7m higher plan, however this is after adjusting for £1m reduction in income relating to 2015/16 outturn.
- Non Clinical revenue is £2.9m higher than plan
- International Private Patients income is £1.1m higher than planned, although it is £0.2m lower than plan in month.
- Staff costs are £4.8m higher than plan at the end of month 9.
- Non-pay costs (excluding passthrough costs) are £0.6m higher than planned due to an increase IPP bad debt provision.

Areas of concern at this point within the Trust include:

- Pay costs being £4.8m higher than plan with an increasing monthly run rate.
- Non pay costs being higher than planned due to increasing levels bad debt provision (£1.5m), IPP Debtor days have increased from 197.1 days in March to 246.7 days in December.
- Current delivery of recurrent P&E savings is lower than planned year to date (£3.6m)

Actions being taken to address these concerns are:

- Review and reduction of inventory on hand, including introduction of pilot projects to enhance supply chain process.
- Stop any discretionary expenditure for the remainder of the year.
- Deferral of any non-discretionary expenditure where possible.
- Enhanced workforce controls are being introduced to reduce agency staff costs and ensure all non-clinical posts advertised are reviewed.

Trust Board Dashboard - December 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

Caring

		Oct	Nov	Dec	Trend	Plan	NHS Standard
Access to Healthcare for people with Learning Disability					⇨		
% Positive Response Friends & Family Test: Inpatients		97.87%	98.96%	97.30%	⇩		95%
Response Rate Friends & Family Test: Inpatients		25.16%	24.63%	27.25%	⇧	40%	
% Positive Response Friends & Family Test: Outpatients		95.60%	92.35%	90.96%	⇩		95%
Number of Complaints		12	9	5			
Number of Complaints -Red Grade		0	2	1	⇧		
Mental Health Identifiers: Data Completeness		98.83%	98.71%	99.29%	⇧		97%

Safe

		Oct	Nov	Dec	Trend	Plan	NHS Standard
Serious Patient Safety Incidents	In-month	0	0	1			
	YTD	7	8	9			
Never Events	In-month	0	0	0	⇨		0
	YTD	1	1	1	⇨		0
Incidents of C. Difficile	In-month	0	1	0	⇧		1
	YTD	2	3	3	⇨		
C.Difficile due to Lapses of Care	In-month	0	0	0	⇨		1
	YTD	0	0	0	⇨		
Incidents of MRSA	In-month	0	0	0	⇨		0
	YTD	3	3	3	⇨		0
CV Line Infection Rate (per 1,000 line days)		0.89	1.78	2.55	⇩	1.6	
WHO Checklist Completion		93.60%	94.04%	91.55%	⇩	98%	
Arrests Outside of ICU	Cardiac Arrests	3	3	1	⇧	5	
	Respiratory Arrests	2	0	0	⇨		
Total hospital acquired pressure / device related ulcer rates grade 3 & above		1	0	2	⇩	0	

Responsive

	Oct	Nov	Dec	Trend	Plan	NHS Standard
Diagnostics: Patients Waiting >6 Weeks	4.24%	4.64%	3.18%	⇧		1%
Cancer 31 Day: Decision to Treat to First Treatment	100%	100%		⇨		96%
Cancer 31 Day: Decision to Treat to Subsequent Treatment - Surgery	100%	100%		⇧		94%
Cancer 31 Day: Decision to Treat to Subsequent Treatment - Drugs	100%	100%		⇧		98%
Last Minute Non-Clinical Hospital Cancelled Operations						
Last Minute Non-Clinical Hospital Cancelled Operations: Breach of 28 Day Standard	Quarter 3 position is currently being finalised					0

People, Management & Culture: Well-Led

		Oct	Nov	Dec	Trend	Plan	NHS Standard
Sickness Rate		2.21%	2.22%	2.29%	⇩	3%	
Turnover	Total	19.0%	19.3%	19.2%	⇧	18%	
	Voluntary	18.3%	17.1%	17.6%	⇩	14%	
Appraisal Rate		84%	83%	83%	⇨	90%	
	Consultant	80%	87%	78%	⇩		
Mandatory Training		87%	86%	86%	⇧	90%	
% Staff Recommending the Trust as a Place to Work: Friends & Family Test						61%	
Vacancy Rate		0.0%	0.9%	1.5%	⇩	10%	
	Nursing	7.2%	13.5%	9.4%	⇧		
Bank Spend		6.2%	6.3%	6.2%	⇧		
Agency Spend		3.80%	3.71%	3.80%	⇩	2%	

Effective

		Oct	Nov	Dec	Trend	Plan	NHS Standard
Discharge Summary Turnaround within 24hrs		84.20%	88.46%	86.87%	⇩		100%
Clinic Letter Turnaround within	7 working days	44.77%	48.22%		⇧		
	14 working days	74.19%	76.04%		⇧	100%	
Was Not Brought (DNA) Rate NHS (exc Telephone Contacts)		7.57%	7.27%	7.53%	⇩	8.36%	

Productivity

		Oct	Nov	Dec	Trend	Plan	NHS Standard
Theatre Utilisation (NHS UO4)		64.6%	68.6%	63.1%	⇩		77%
Bed Occupancy		81.7%	84.1%	82.7%	⇩		
Refused Admissions	Cardiac refusals	6	6	4	⇧		
	PICU / NICU refusals	18	46	49	⇩		
Same day / day before hospital cancelled appointments		1.25%	1.29%	1.30%	⇩		

Activity

		Oct	Nov	Dec	Trend	Plan	NHS Standard
Total Discharges (YOY comparison)	In-month	3,458	3,715	3,308	⇩	3,556	
	YTD	25,669	29,384	32,692		31,894	
Critical Care Beddays (YOY comparison)	In-month	1,135	1,206	1,240	⇧	1,075	
	YTD	7,999	9,205	10,445		9,916	
Outpatient Attendances (All) (YOY comparison)	In-month	20,999	23,255	17,483	⇩	18,671	
	YTD	144,420	167,675	185,158		181,157	

Our Money

	Oct	Nov	Dec	Trend	YTD Target	YTD Variance
Net Surplus/(Deficit) v Plan	(0.5)	0.6	(2.5)	⇩	(5.2)	0.1
Forecast Outturn v Plan	(6.3)	(6.3)	(6.3)	⇨	(6.3)	0.0
P&E Delivery	0.4	0.4	0.4	⇨	9.0	(5.4)
Pay Worked WTE Variance to Plan	(196.9)	(137.3)	(150.5)	⇩	0.0	(42.9)
Debtor Days (IPP)	234.1	234.0	246.7	⇩	120.0	(96.5)
Quick Ratio (Liquidity)	1.87	1.90	1.90	⇨	1.77	0.1
NHS KPI Metrics	2.0	1.0	2.0	⇩	1.0	(1.0)

Areas of Concern

Caring - Friends & Family response rate; Red complaints
Safe - CV line Infection Rate; WHO Checklist; Grade 3 pressure ulcers
Well-led - Mandatory Training; Nursing vacancy rate
Effective - Discharge Summaries
Productive - Theatre Utilisation; PICU/NICU refusals
Our Money - In-month deficit; P&E delivery

Areas of Success

Caring - Mental Health Data Completeness
Safe - No clostridium difficile infections in-month; No MRSA cases in last 3 months
Responsive - improved Diagnostic Wait Times; No Cancer breaches
Well-led - Trust sickness and overall vacancy rate
Productivity - YTD position across inpatients, outpatients and critical care

Key Lines of Enquiry

Trend Arrow Key (based on 2 most recent months' data)

- ⇧ Improvement
- ⇨ Consistent trend
- ⇩ Deterioration
- On / above target
- Below target
- No target

Attachment F

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board **1st February 2017**	
Workforce Metrics & Exception Reporting – December 2016 **Submitted by:** Ali Mohammed, Director of HR & OD	**Paper No: Attachment F**
Aims / summary This report provides an updated position of a number of workforce metrics, together with a summary of interventions for those areas of concern. Also includes trend analysis, by staff group, of contractual staff in post over the last twelve months and also an analysis of turnover/leaver data.	
Action required from the meeting To note the content of the report.	
Contribution to the delivery of NHS Foundation Trust strategies and plans	
Financial implications The report details metrics on a number of areas which have a direct and indirect financial implication; these include absence (sickness) and the percentage of the total paybill spent on agency usage; the report shows that both of these areas have reduced from the previous month.	
Who needs to be told about any decision? Not applicable.	
Who is responsible for implementing the proposals / project and anticipated timescales? Divisional management teams; supported by members of the HR & OD team.	
Who is accountable for the implementation of the proposal / project? Divisional management teams.	

TRUST BOARD WORKFORCE METRICS & EXCEPTION REPORTING – DECEMBER 2016

Introduction

This suite of workforce reports includes:

- Voluntary turnover and total turnover;
- Sickness absence;
- Vacancy rates;
- PDR appraisal rates;
- Statutory & Mandatory training compliance;
- Agency usage as a percentage of paybill.

Each report shows divisional and directorate performance, and an exception report that indicates the cost centres which are the most statistically significant outliers against average performance. Where data exists to provide an external comparator (London trusts) this is indicated on each graph.

Headlines

Contractual staff in post GOSH decreased its contractual FTE (full-time equivalent) figure by 14 in December to 4079 compared to November 2016. A new 12-month rolling contractual staff in post split by staff group is now included in the suite of reports against total contractual staff in post. Recent trend shows a decrease in support to clinical services staff and a slight rise in Healthcare Scientists and Professional ST&T staff.

Sickness absence has increased slightly to 2.3% (from 2.2%) and remains below the London average figure of 2.8%. Short-term sickness (STS) (episodes of sickness up to 4-weeks) has increased across the Trust to 1.3% (up from 1.2%) whilst long-term sickness has remained unchanged at 1.0%.

Unfilled vacancy rate: The Trust's unfilled vacancy rate stands at 1.5%.

Agency usage for 2016/17 (year to date) stands at 3.8% of total paybill (no change from October 2016). The significant spend on agency staff (as percentage of paybill) is largely driven by the investment of validators to support the RTT improvement work and also a number of senior interims in the organisation. NHS Improvement have set an agency spend ceiling for all Trusts (3% for GOSH, £6.525 million). The Trust is currently exceeding the agency ceiling for December due to RTT and the gastro review; however, Trust spend on business as usual (BAU) agency staff is significantly below the ceiling (at 76% of ceiling – no change). The Trust breached the ceiling in December 2016. The HR & OD directorate are currently working alongside NHS Improvement reporting mechanisms with the divisions and corporate directorates to establish actions to address the Trust's agency usage. The Trust also reports on the number of breaches against the agency rules (spend cap by shift and/or framework compliance and direct engagements); in

December, 161 shifts (increase from 148) breached the agency cap. Clinical Operations (including ICT) retains the highest spend on agency staff at 48% of total paybill (RTT and senior interims). Finance currently spends 23.4% of paybill on agency staff (decreasing).

Agency Measure	Spend YtD (December 2016)	Shifts breaching agency cap
RTT agency staff	*£2,648k*	*0*
Gastro review agency staff	*£290k*	*8*
Business as usual agency staff	*£3,734k*	*153*
Total agency staff	*£6,672k*	161
Agency ceiling	*£4,893k*	

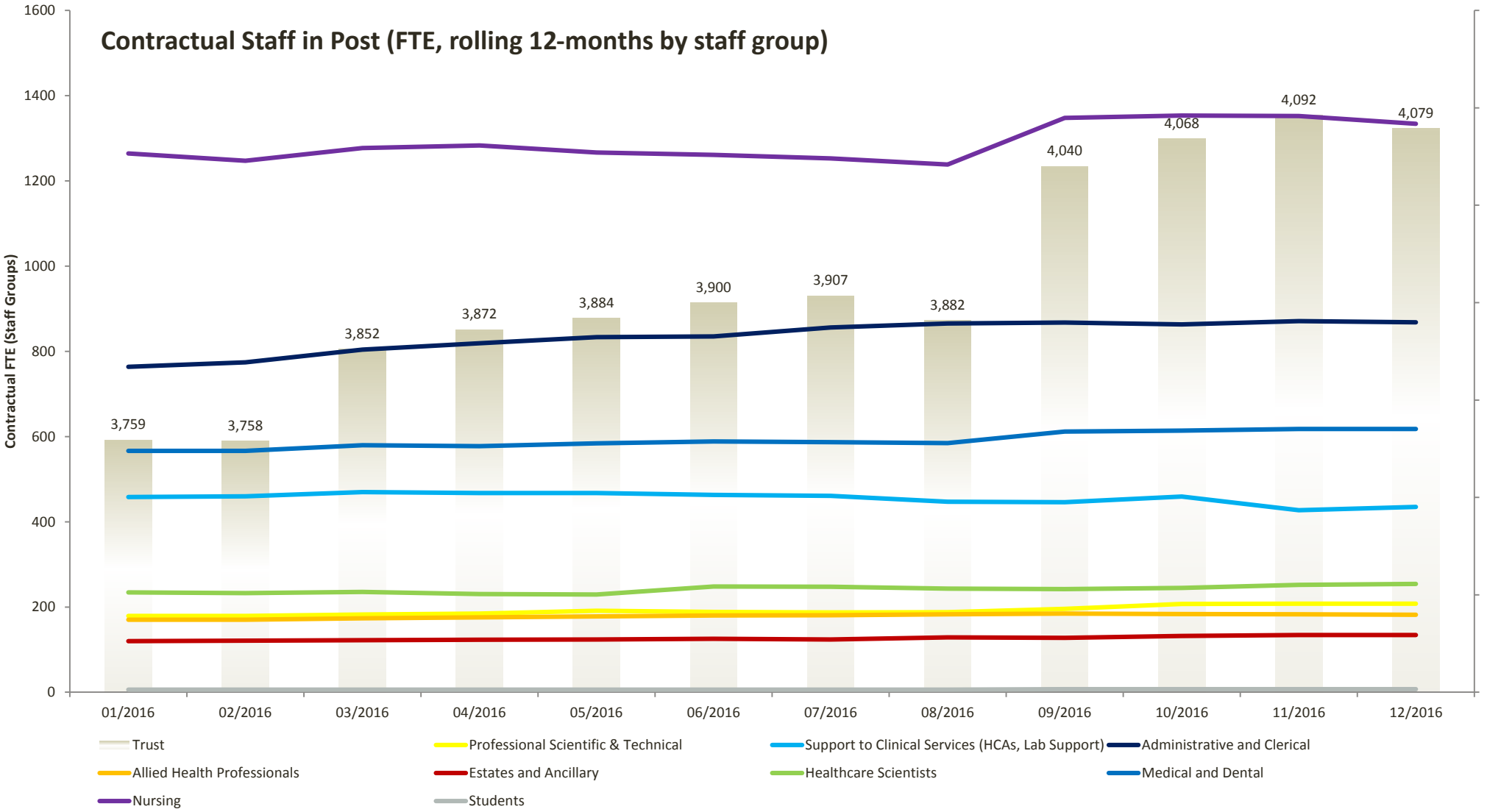
PDR completion rates The Trust overall appraisal rate stands at 83% - a decrease by 1% since November 2016. Currently two (from four in November) areas are meeting the in-year target of 90%, Corporate Affairs (at 100%) and Human Resources & Organisational Development (at 95%). The target for 2017/18 will increase to 95%.

Statutory & Mandatory training compliance: In December the compliance across the Trust decreased by 1% to 86%. Currently eight (no change) directorates/divisions are meeting the in-year 90% compliance requirement, Human Resource & Organisational Development, Finance, International, Research & Innovation, Corporate Affairs, Development & Property Services, Nursing & Patient Experience and Clinical Operations. The target for 2017/18 will increase to 95%.

Turnover is reported as voluntary turnover in addition to the standard total turnover. Voluntary turnover currently stands at 17.6% (up from 17.3%); this reported value excludes non-voluntary forms of leavers (e.g. dismissals, TUPE, fixed-term and redundancies). Total (voluntary and non-voluntary) turnover has increased to 19.2% in December +0.3% from November 2016). The (unadjusted) London benchmark figure is 15.1% (which includes voluntary and non-voluntary leavers). In order to address the poor quality of leaver information, data quality reports will be introduced in February 2017 for divisional/departmental managers to correct data to improve intelligence regarding leaver information.

HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - DECEMBER 2016 REPORT

Division	**Contractual Staff in Post (FTE)**	**Voluntary Turnover Rate (%, FTE)** (voluntary leavers in 12-months in brackets, <14% green)	**Total Turnover Rate (%, FTE)** (number of leavers in 12-months in brackets, <18% green)	**Sickness Rate (%)** (0-3% green)	**PDR Completion (%)** (target 90%)	**Statutory & Mandatory Training Compliance (%)** (target 90%)	**Vacancy Rate (%, FTE)** (Unfilled vacancies, 0-10% green)	**Agency (as % of total paybill, £)** (Max 0.5% Corporate, 2% Clinical)
West Division	1634	18.8% (272.5)	19.9% (289.2)	2.4	83.0%	85.0%	0.8%	1.8%
Barrie Division	1661	15.7% (227.1)	17.9% (258.9)	2.0	84.0%	85.0%	0.0%	0.9%
International Division	192	19.1% (32.9)	19.7% (33.9)	3.4	92.0%	95.0%	14.2%	0.0%
Corporate Affairs	9	11.1% (1.0)	11.1% (1.0)	1.0	100.0%	90.0%	29.1%	4.1%
Clinical Operations	95	18.6% (15.9)	15.1% (12.9)	3.2	73.0%	91.0%	0.0%	47.8%
Human Resources & OD	81	24.1% (19.5)	27.7% (22.3)	3.3	95.0%	96.0%	12.4%	2.3%
Nursing & Patient Experience	86	13.1% (9.3)	17.1% (12.2)	1.9	69.0%	91.0%	0.0%	0.0%
Medical Directorate	42	21.6% (7.9)	21.6% (7.9)	1.1	58.0%	88.0%	7.3%	0.0%
Finance	44	33.8% (17.0)	39.8% (20.0)	3.1	87.0%	97.0%	34.1%	23.4%
Development & Property Services	149	13.4% (18.2)	13.3% (18.2)	3.0	81.0%	93.0%	0.0%	7.0%
Research & Innovation	84	22.2% (19.2)	22.2% (19.2)	2.1	84.0%	93.0%	11.0%	0.1%
Trust	4079	**17.6%▲ (639.4)**	**19.2%▲ (695.6)**	**2.3%▲**	**83.0▼**	**86.0% ▼**	**1.5%▼**	**3.8%▼**


Contractual Staff in Post (FTE, rolling 12-months by staff group)
Contractual FTE (Staff Groups)
1600
1400
1200
1000
800
600
400
200
0
3,759
3,758
3,852
3,872
3,884
3,900
3,907
3,882
4,040
4,068
4,092
4,079
01/2016
02/2016
03/2016
04/2016
05/2016
06/2016
07/2016
08/2016
09/2016
10/2016
11/2016
12/2016
Trust
Professional Scientific & Technical
Support to Clinical Services (HCAs, Lab Support)
Administrative and Clerical
Allied Health Professionals
Estates and Ancillary
Healthcare Scientists
Medical and Dental
Nursing
Students

HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - DECEMBER 2016 REPORT

Highlights & Actions

Vacancy Rate

Actions

- Recruitment Advisors will be attending regular meetings with Ward Sisters to identify vacancies, offering support on filling those vacancies
- ER Team working with Barrie Division and Workforce Intelligence to identify vacancies to support with recruitment strategies.
- Charles West are currently working with the Recruitment team on targeted recruitment through social media campaigns, such as Twitter to attract Band 5/6 nurses.
- The opening of Hedgehog Ward has impacted on the vacancy rate in IPP, there are still some vacancies at a band 5, 6 and for admin staff.

Sickness Rate

Actions

- IPP - Regular meetings held with managers in IPP to discuss employees with sickness concerns which has improved over recent months. This is predominantly made up of short term sickness as they have a very low long term sickness rate.
- Development & Property Services – a HR Business Partner has been recently appointed who will be working with the DPS teams to support their intermittent cases which is predominantly what drives the higher percentage.
- HR&OD – Long term sickness cases have previously driven sickness rates higher, however an improvement in long-term sickness is expected as these cases have concluded.
- Bitesize training on managing sickness cases is available for managers which has been well attended.
- Regular meetings set up with service leads to provide additional support in managing sickness cases.

Agency Spend

Actions

- Charles West hold are holding weekly meetings with the Senior Nursing Team to review bank and agency requests per ward, to ensure these are in line with patient acuity. On-going recruitment to posts within finance
- Working with divisions to reduce any agency that has been in place for over six months, the review in on-going has resulted in a reduction of approximately 60% of long-term agency and bank staff across the Trust.
- Converting agency posts to substantive or bank positions.

Voluntary Turnover Rate

Actions

- A retention survey has recently been launched to obtain feedback from staff after they have been in post for 1 month, in which the results will be produced in the next month to put in actions where necessary to support new joiners to the organisation and better employee satisfaction.
- Focus groups are currently taking place throughout January to obtain feedback from Band 6 nurses on their views of working at the Trust. These sessions are being chaired by Nursing recruitment and HR, and the actions will be shared with management the following month to set actions.
- Exit questionnaire data has been analysed, and shared with the Divisions to agree the actions that need to be put in place over the next 2 months.

PDR Completion

Actions

- PDR rates now regularly reported and accessible via the intranet.
- Top 5 areas in each division with the lowest PDR rates are being focussed on to ensure improvements are made in these areas.

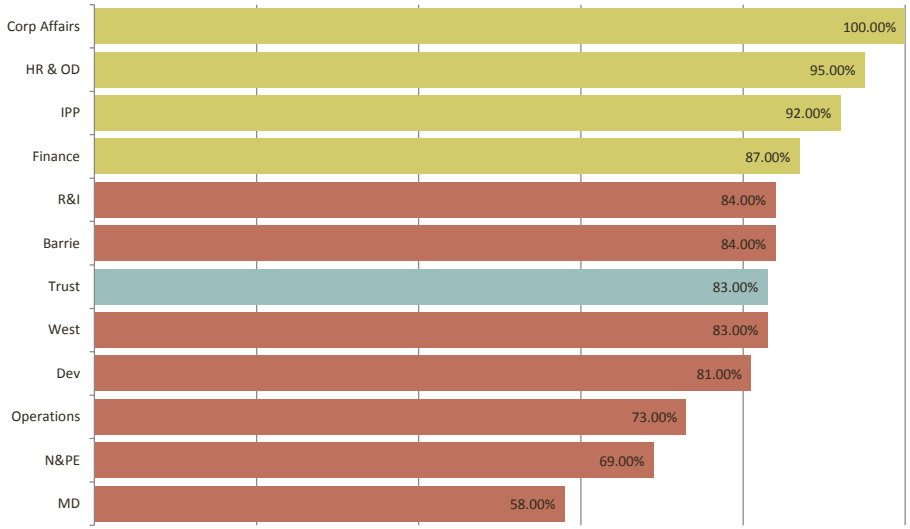
Statutory & Mandatory Training Compliance

Actions

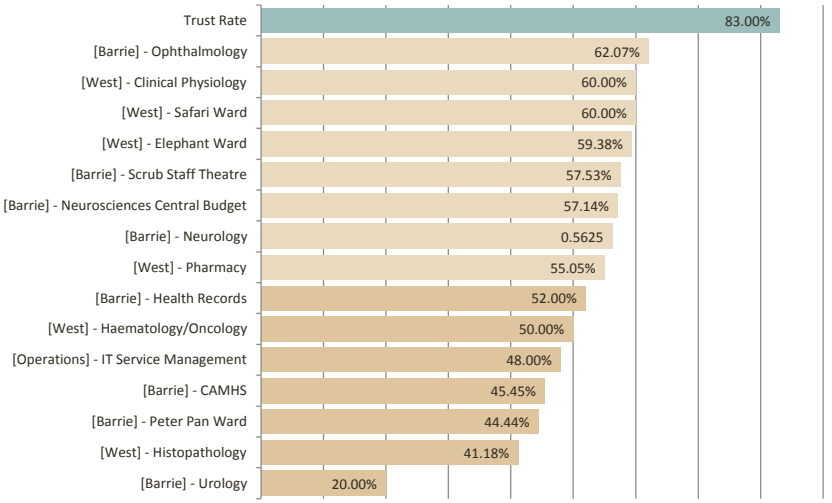
- More visibility through LMS
- Learning and Development & ER team will work with managers to identify those who are non-compliant including further developments to the new LMS
- Training competencies with lowest compliance rates are being targeted to significantly increase compliance in these areas.

HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - DECEMBER 2016 REPORT

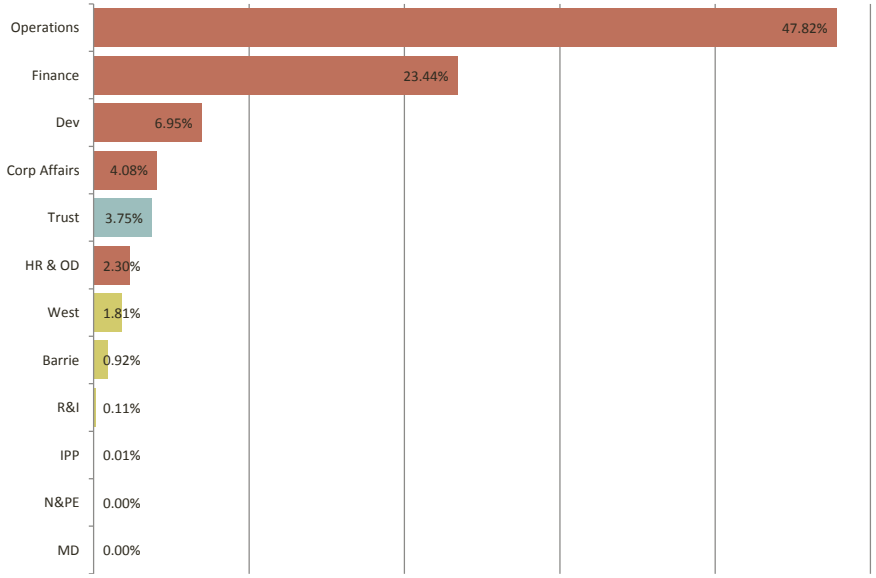
Divisional PDR (Target 90%)



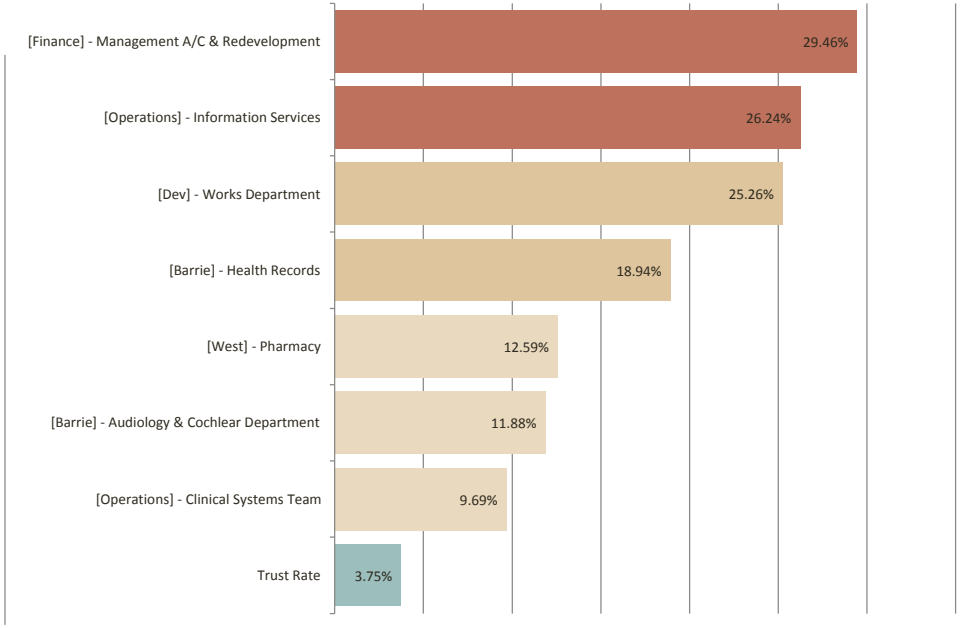
Exception Reporting PDR



Divisional Agency as % of paybill



Exception Reporting Agency as % of Paybill



HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
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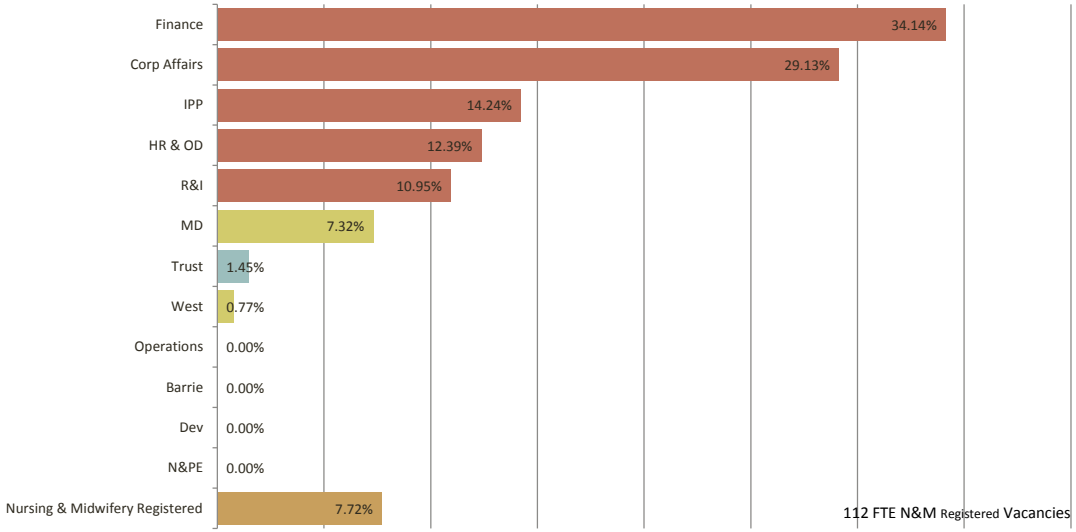
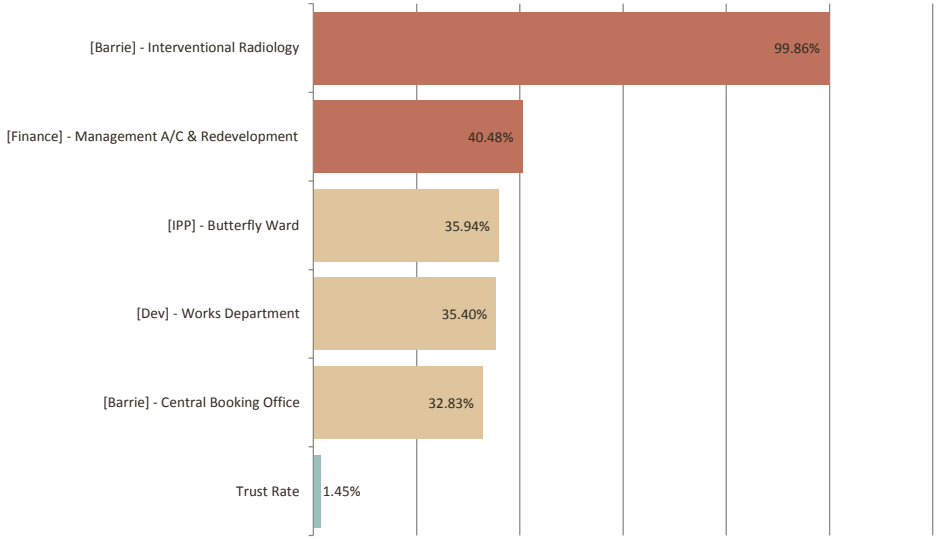
Divisional Vacancy Rate

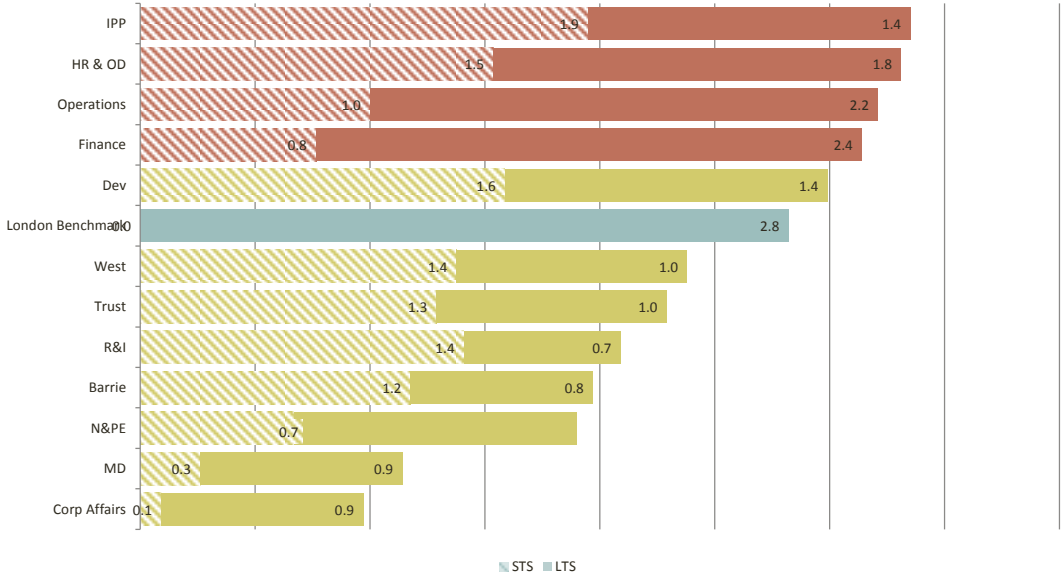


112 FTE N&M Registered Vacancies

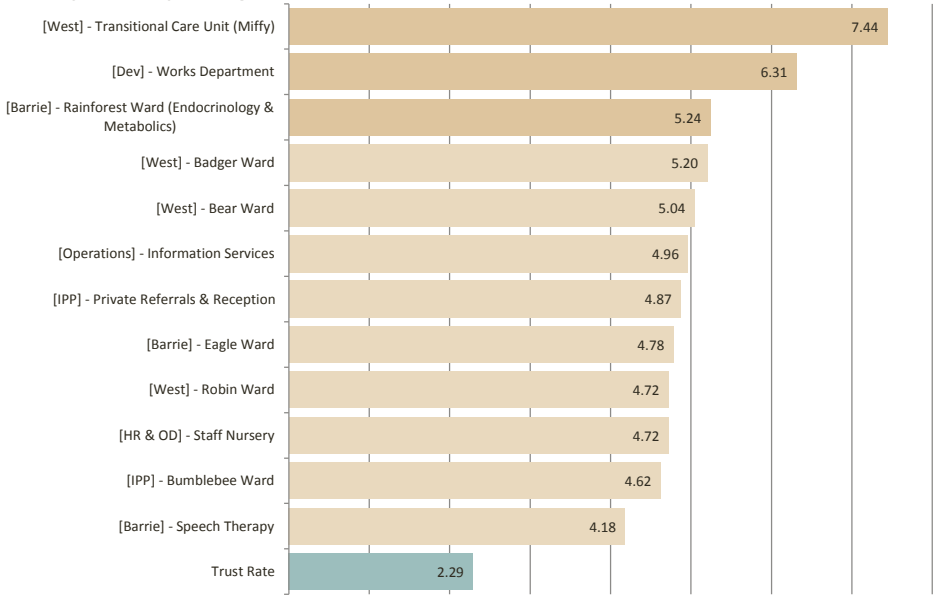
Exception Reporting Vacancy Rate



Divisional Sickness

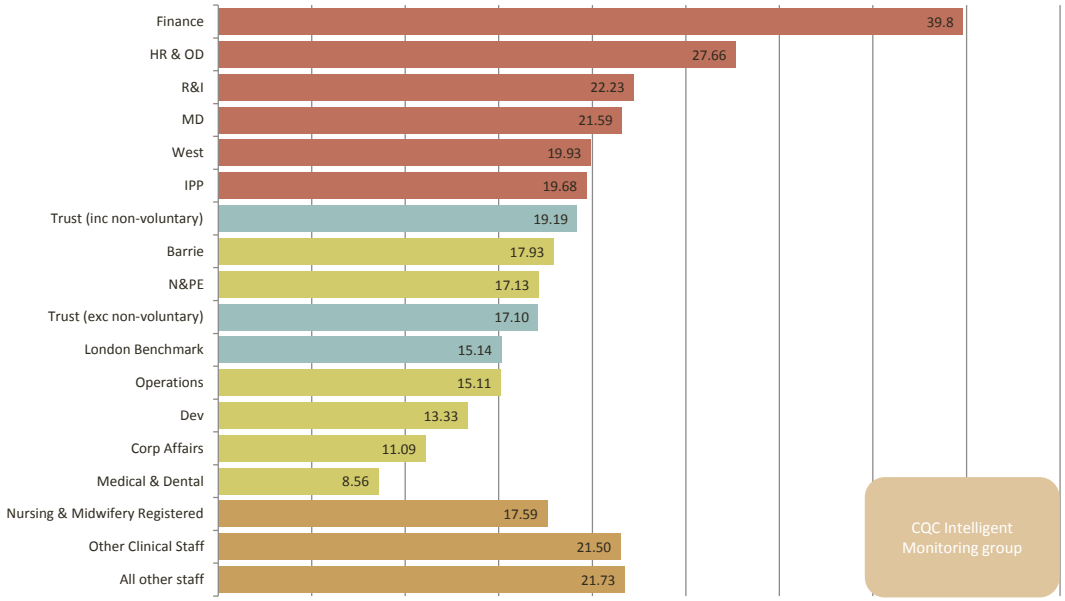


Exception Reporting Sickness

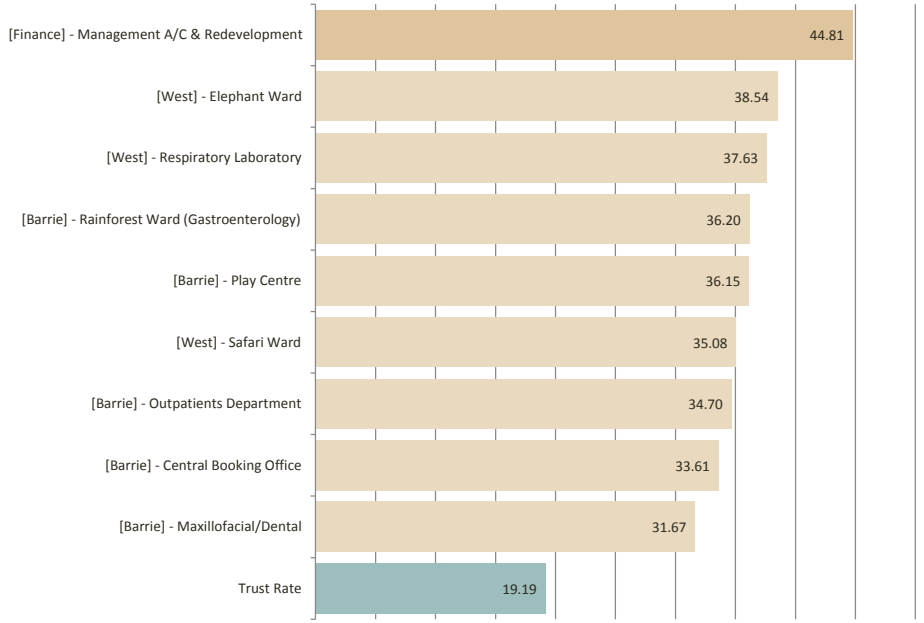


HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - DECEMBER 2016 REPORT

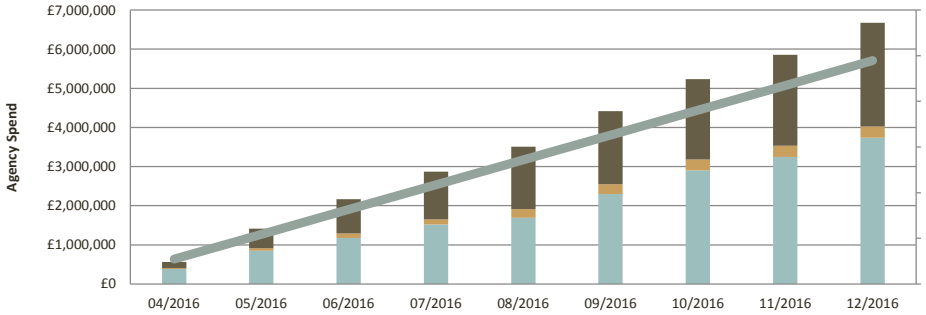
Divisional Turnover (Voluntary & Non-Voluntary)



Exception Reporting Turnover

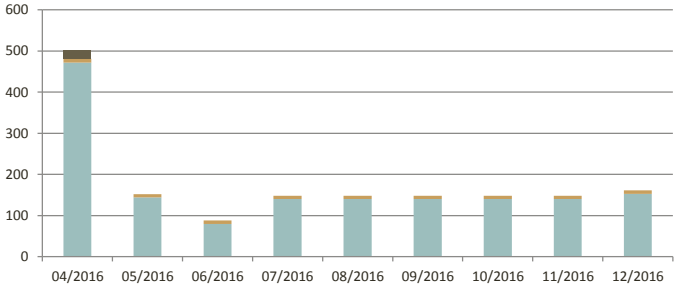


Agency Spend Ceiling (NHS Improvement Directive, Cumulative)



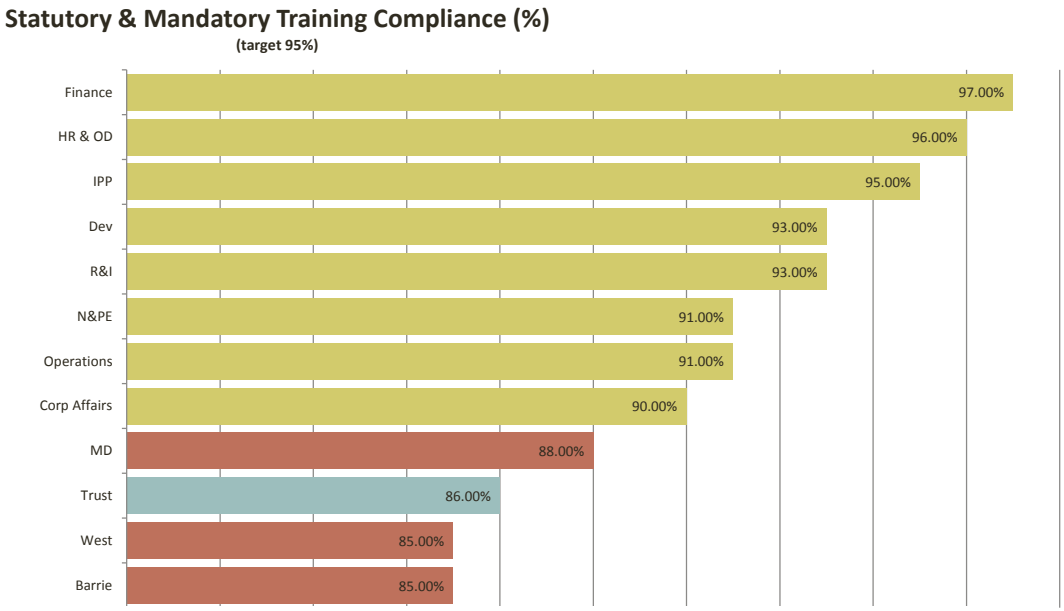
	30/04/2016	31/05/2016	30/06/2016	31/07/2016	31/08/2016	30/09/2016	31/10/2016	30/11/2016	31/12/2016
RTT	£153,012	£499,693	£873,238	£1,222,238	£1,601,238	£1,872,000	£2,056,000	£2,327,206	£2,647,649
Gastro Review	£27,447	£66,513	£110,233	£134,029	£214,638	£249,747	£278,685	£288,186	£290,176
Agency BAU	£378,796	£845,945	£1,179,401	£1,516,005	£1,694,201	£2,297,941	£2,898,875	£3,243,474	£3,734,751
Agency Ceiling	£543,750	£1,087,500	£1,631,250	£2,175,000	£2,718,750	£3,262,500	£3,806,250	£4,350,000	£4,893,750

NHS Improvement Agency Rule Breaches (shifts per month, target zero)



	30/04/2016	31/05/2016	30/06/2016	31/07/2016	31/08/2016	30/09/2016	31/10/2016	30/11/2016	31/12/2016
Shifts breached per month RTT	21	0	0	0	0	0	0	0	0
Shifts breached per month Gastro Review	9	8	8	8	8	8	8	8	8
Shifts breached per month BAU	472	144	80	140	140	140	140	140	153

HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - DECEMBER 2016 REPORT



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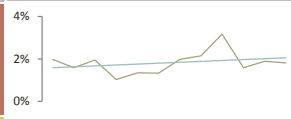
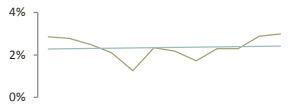
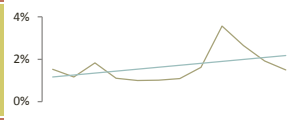
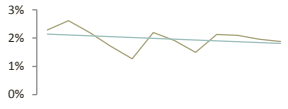
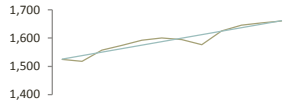
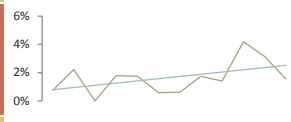
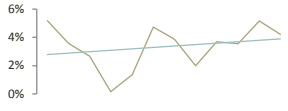
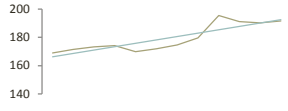
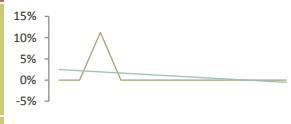
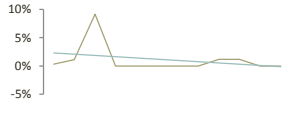
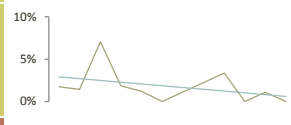
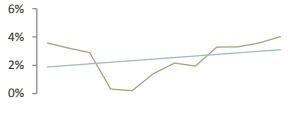
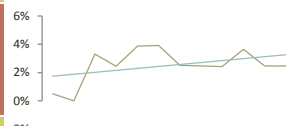
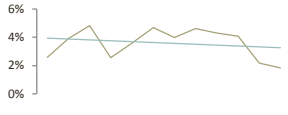
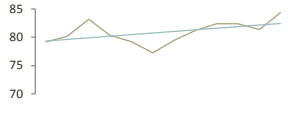
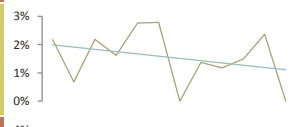
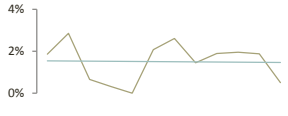
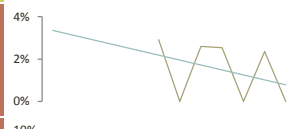
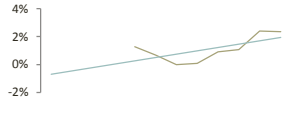
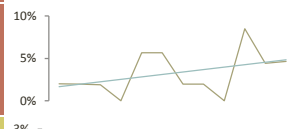
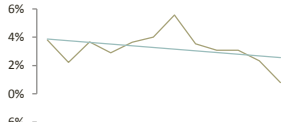
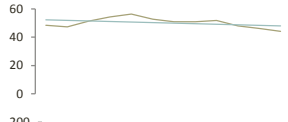
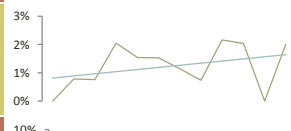
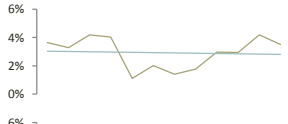
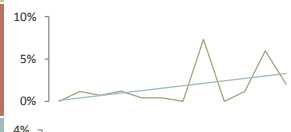
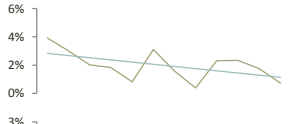
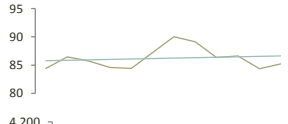
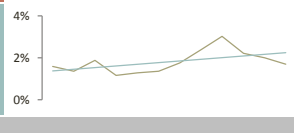
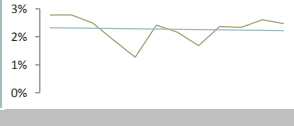
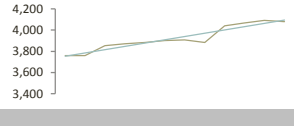
WORKFORCE METRICS EXCEPTION REPORTING - DECEMBER 2016 REPORT

Division	Total Turnover Rate (%, FTE) (number of leavers in 12-months in brackets, <18% green)	Total Turnover Rate (%, FTE) Monthly variation trend over 12 months	Sickness Rate (%) (0-3% green)	Sickness Rate (%, FTE) Monthly variation trend over 12 months	Contractual Staff In Post Trend (FTE) Monthly variation trend over 12 months excludes temporary staff
West Division	19.9% (289.2)		2.4		
Barrie Division	17.9% (258.9)		2.0		
International Division	19.7% (33.9)		3.4		
Corporate Affairs	11.1% (1.0)		1.0		
Clinical Operations	15.1% (12.9)		3.2		
Human Resources & OD	27.7% (22.3)		3.3		
Nursing & Patient Experience	17.1% (12.2)		1.9		
Medical Directorate	21.6% (7.9)		1.1		
Finance	39.8% (20.0)		3.1		
Development & Property Services	13.3% (18.2)		3.0		
Research & Innovation	22.2% (19.2)		2.1		
Trust	**19.2%▲ (695.6)**		**2.3%▲**		

The scale varies per division to enable a trend view for 12-month with sufficient detail (blue line). The red 'direction of travel' indicates the overall direction of travel across each of the 12-months. The 'total turnover rate' approximates to the total of each individual's months' turnover rate.

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
1 February 2016

2016/17 Finance Report – Month 9 **Submitted by:** **Loretta Seamer, Chief Finance Officer**	**Paper No: Attachment O** **Enc: 1 – Finance and Workforce Report**

Purpose

The purpose of this paper is to update the Trust Board on progress at month 9 against the Trust financial plan for 2016/17.

Financial Position – Month 9

The Trust is reporting a year to date dficit of £5.0m (excluding capital donations and impairments) for the nine months ending 31 December 2016, £0.1m better than the plan deficit of £5.1m.

The Trust at Month 9 continues to report to NHSI that it will achieve its control total deficit of £6.3m for 2016/17, although internal divisional forecasts at the end of Month 9 indicate that if further mitigating actions are not taken the Trust would end the year with a deficit of £8.1m (before removal of the S&T Funding not already paid) £1.8m higher than the agreed control total for 2016/17.

Income

At the end of month 9, year to date income is £8.6m higher than plan. International Private Patients has exceeded plan income by £1.1m. NHS and other clinical income (excluding pass through) is £0.7m better than plan after adjusting for the £1.0m reduction in income relating to 2015/16 outturn.

The year to date income position also includes £1.8m representing 9/12ths of the £2.4m Sustainability and Transformation Fund agreed with NHS Improvement and £2.6m for additional income expected in the first 9 months from the outcome of the local price review work recently undertaken by PwC on behalf of GOSH and NHS England. The forecast outcome of the local price review has been risk adjusted down to £3.5m to reflect the possibility that the full £4.6m will not be recovered in 2016/17.

Expenditure

Pay costs for the year to date are £4.8m higher than plan. The Trust continues to exceed the agency cost ceiling set by NHS Improvement for the year to date due to the additional costs of RTT validation and the Gastroenterology review; and given the recent regulator requirement to extend the validation work on RTT the Trust will exceed its Agency cost ceiling for 2016/17.

Trust non pay costs are lower than plan on Blood and Drugs and other Clinical Supplies (£0.5m). Other non-pay expenses are £1.1m higher than plan largely due to the inclusion of a year to date increase of £1.71m bad debt provision relating to International Private Patients.

Current delivery of recurrent P&E savings is £4.3m for the year to date. The full year P&E requirement is £12.0m and the Trust has identified £6.1m of potential savings to date.

PE Category	YTD (£m's)	Forecast (£m's)
Clinical Supplies expense	0.7	0.9
Drugs Expense	0.0	0.1
Misc. Other Operating Expense	1.0	1.6
Non-clinical Supplies expense	0.1	0.1
Pay expense	1.7	2.4
Revenue Generation (Excl NHS Clinical)	0.7	1.1
Total	**4.3**	**6.1**

Risks

Delivery of the Financial Plan for 2016/17 remains dependent on delivery of a number of key assumptions/risks:

Risk/Assumption	Update
Net £10m delivery of P&E savings (£11.6m savings offset by £1.6m for cost of delivery)	As reported above £6.1m savings identified to date for 2016/17. The shortfall in delivery of savings is currently being offset by non-recurrent underspends across other budgets.
Achievement of £4.7m CQUIN Income	Based on the profiling of CQUIN the Trust could achieve £2.39m to the end of Q3. The balance of the £4.7m is available in the last quarter of 2016/17. The current financial position has been risk adjusted to include achievement of 80%.
IPP Income £1.4m higher than plan	IPP income £1.1m higher than plan year to date, £0.2m lower than plan in month 9.
NHS activity and income remaining at or above contracted levels excluding commissioner QIPP assumptions	NHS income currently £0.7m higher than plan excluding Commissioner QIPP assumptions.
The impact of currency fluctuations post referendum not impacting significantly on the price of non-pay expenditure in the short to medium term	There has been no significant immediate impact of currency changes impacting on non-pay costs as a significant amount of expenditure is within contracts where prices were agreed pre referendum.
Local price review increasing NHS Income by £4.6m higher than plan	The month 9 position has been risk adjusted to £3.5m.

Forecast Outturn

The Trust continues to forecast that it will achieve its control total deficit of £6.3m for 2016/17, however internal Divisional forecasts indicate that without further intervention the Trust would end the year with an £8.1m deficit (before removal of the £2.4m S&T Fund). This is £0.3m worse than the forecast at month 8 due to increases in the level of forecast clinical non pay expenditure.

The principle movements from plan to internal forecast include:

- Partial delivery of P&E savings
- Increased staff costs in each quarter (Q1 - £57.9m, Q2 - £59.7m, Q3 - £60.4m, Q4 forecast - £60.3m). The increase is caused by later than planned closure of RTT validation, increased number of new nurse starters from September who are supernumerary until fully inducted and increased numbers of clinical staff to support the opening of Hedgehog and increased PICU beds.
- Long term absence of senior medical staff has required backfill at significant cost.
- Non pay costs are higher than planned due to increased bad debt provision relating to IPP debt and increased levels of pass through drugs and devices.

Work undertaken in month 9 suggest that current income projections fully reflect the impact of the additional RTT work that is planned in the last 5 months of 2016/17 to meet the Trusts agreed trajectory, although delivery of this additional work remains contingent on sufficient bed availability.

Further review through the Divisional Performance Meetings has identified further opportunities to reduce the forecast deficit to ensure the Trust will achieve the agreed control total, and if possible exceeds it to gain access to the 'pound for pound' incentive scheme offered by NHS Improvement. These must include but are not limited to:

- Improved workforce controls including vacancy approval process for all posts and deferring recruitment and stopping agency use for non-clinical posts.
- Stop any discretionary expenditure for the remainder of the year.
- Deferral of any non-discretionary expenditure where possible.

Cash

The closing cash balance was £33.1m, £18.1m lower than plan. This was due to lower than planned EBITDA (£0.6m), lower than planned trust funded capital expenditure (£8.4m) and the movement on working capital (£26.9m).

The movement on working capital largely relates to higher than planned Receivables. In addition, improvement in the Accounts payable process has resulted in payables being £6.4m lower than plan.

NHS Debtor Days

Invoices for Q1 over-performance (£3.5m) were raised in September and remain outstanding at the end of December.

IPP Debtor Days

IPP Debtor days increased from 234.0 to 246.7 in month. Receipts (net of deposits) in month totalled £1.8m; the average for the last 12 months is £3.5m. Since the end of month 9 a £2.0m

payment has been received from Kuwait Health Office.

Creditor Days

Creditor days decreased slightly in month from 20.1 days to 19.3 days due to improved payment processes in accounts payable. These remain within the 30 day target.

Non-Current Assets

Non-current assets increased by £0.1m in month, the effect of capital expenditure of £1.6m less depreciation of £1.5m. The closing balance is £12.4m lower than plan due to lower than planned expenditure to date on EPR (£3.8m), VCB Chillers (£2.1m), PICB (£3.0m) and IPP BMT works (£1.1m).

Action required from the meeting

- To note the year to date financial position as at 31 December 2016.
- To note the risks to achievement of the 2016/17 forecast outturn.
- To note the internal divisional forecast and actions required to ensure the Trust achieves its Control Total deficit of £6.3m.

Contribution to the delivery of NHS / Trust strategies and plans

This paper details the Trusts delivery against its agreed Financial Plan for 2016/17.

Financial implications

Not delivering the agreed £6.3m Control Total would lead to the Trust losing the S&T Fund not earned when the Trust begins forecasting a deficit against it plan.

Legal issues

None

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

Chief Finance Officer/Executive Management Team

Who is accountable for the implementation of the proposal / project

Chief Finance Officer

Great Ormond Street Hospital for Children NHS Foundation Trust

Finance and Activity Performance Report

26 January 2016

Summary Reports

Great Ormond Street Hospital for Children NHS Foundation Trust

Finance Scorecard

Our Money

	Oct	Nov	Dec	Trend	YTD Target	YTD Variance
Net Surplus/(Deficit) v Plan	(0.5)	0.6	(2.5)	⇩	(5.2)	0.1
Forecast Outturn v Plan	(6.3)	(6.3)	(6.3)	⇨	(6.3)	0.0
P&E Delivery	0.4	0.4	0.4	⇨	9.0	(5.4)
Pay Worked WTE Variance to Plan	(196.9)	(137.3)	(150.5)	⇩	0.0	(42.9)
Debtor Days (IPP)	234.1	234.0	246.7	⇩	120.0	(96.5)
Quick Ratio (Liquidity)	1.87	1.90	1.90	⇨	1.77	0.1
NHS KPI Metrics	2.0	1.0	2.0	⇩	1.0	(1.0)

NHSI Key Performance Indicators				
KPI	Annual Plan	M9 YTD Plan	M9 YTD Actual	Rating
Liquidity	1	1	1	G
Capital Service Coverage	1	2	2	G
I&E Margin	2	2	2	G
Variance in I&E Margin as % of income^^	1	1	1	G
Agency Spend^^^^	1	1	2	A
Overall	1	2	2	G
Overall after Triggers	1	2	2	G

Comments

- Year to date (as at 31 December 2016) the Trust is reporting a £5.0m deficit, excluding capital donations which is £0.1m better than plan.
- In Month 9 the Trust is reporting a £2.5m deficit which is £0.1m adverse to plan.
- Private patient income YTD is £1.1m better than plan.
- Pay YTD is £4.8m adverse to plan, with agency spend £4.6m above plan.
- The Trust is currently running above its NHSI notified cost ceiling for agency staff due to the continued cost of RTT validation and the YTD costs of the Gastro review.
- The overall weighted NHSI rating for Month 9 was a 2. There was a recent change to the rating method which means a rating of 1 is now the highest rating and 4 is now the lowest. Performance against the agency ceiling also contributes to the overall rating.

Trust Income and Expenditure Performance Summary
Year to Date for the 9 months ending 31 December 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

2016/2017												2015/16	CY vs PY	CY vs PY
Annual Budget	Income & Expenditure	Month 9				Year to Date				Rating Current Year Variance		YTD Actual	Variance	
		Budget	Actual	Variance		Budget	Actual	Variance						
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%			(£m)	(£m)	%
255.3	NHS & Other Clinical Revenue	19.7	20.3	0.6	3.0%	191.4	192.1	0.7	0.4%	G	1	183.7	8.4	4.6%
57.3	Pass Through	4.9	5.2	0.3	5.9%	43.1	47.0	3.9	9.0%			40.7	6.3	15.5%
54.1	Private Patient Revenue	4.4	4.2	(0.2)	-4.5%	39.8	40.9	1.1	2.8%	G	2	36.2	4.7	13.0%
43.3	Non-Clinical Revenue	3.4	4.3	0.9	25.6%	32.3	35.2	2.9	9.0%	G		31.3	3.9	12.5%
410.0	**Total Operating Revenue**	**32.5**	**34.0**	**1.6**	**4.8%**	**306.6**	**315.2**	**8.6**	**2.8%**			**291.9**	**23.3**	**8.0%**
(227.6)	Permanent Staff	(19.0)	(17.9)	1.1	6.0%	(170.2)	(158.8)	11.4	6.7%			(147.6)	(11.2)	7.6%
(2.1)	Agency Staff^	0.0	(0.8)	(0.8)	0.0%	(2.1)	(6.7)	(4.6)	-219.0%	R		(4.3)	(2.4)	55.8%
(1.0)	Bank Staff^	(0.1)	(1.3)	(1.2)	0.0%	(1.0)	(12.6)	(11.6)	0.0%			(11.3)	(1.3)	11.5%
(230.7)	**Total Employee Expenses**	**(19.1)**	**(20.0)**	**(0.9)**	**4.5%**	**(173.3)**	**(178.1)**	**(4.8)**	**-2.8%**	R	3	**(163.2)**	**(14.9)**	**9.1%**
(12.3)	Drugs and Blood	(1.0)	(1.2)	(0.2)	-20.0%	(9.2)	(9.1)	0.1	1.5%	G		(7.9)	(1.2)	14.7%
(41.4)	Other Clinical Supplies	(3.4)	(3.7)	(0.3)	-8.8%	(31.0)	(30.6)	0.4	1.3%	G		(28.2)	(2.4)	8.5%
(48.5)	Other Expenses	(4.2)	(4.2)	0.0	0.0%	(36.2)	(37.3)	(1.1)	-3.0%	R		(37.4)	0.1	-0.3%
(57.3)	Pass Through	(4.9)	(5.2)	(0.3)	-6.1%	(43.1)	(47.0)	(3.9)	-9.0%			(40.8)	(6.2)	15.2%
(159.5)	**Total Non-Pay Expenses**	**(13.5)**	**(14.3)**	**(0.8)**	**-5.9%**	**(119.5)**	**(124.0)**	**(4.5)**	**-3.7%**	R	4	**(114.3)**	**(9.7)**	**8.5%**
(390.4)	**Total Expenses**	**(32.6)**	**(34.3)**	**(1.7)**	**-5.1%**	**(292.8)**	**(302.1)**	**(9.3)**	**-3.2%**	R		**(277.5)**	**(24.6)**	**8.9%**
19.6	**EBITDA (exc Capital Donations)**	**(0.2)**	**(0.3)**	**(0.1)**	**-53.2%**	**13.8**	**13.2**	**(0.6)**	**-4.5%**	R		**14.4**	**(1.2)**	**-8.5%**
(25.9)	Depreciation, Interest and PDC	(2.2)	(2.2)	0.0	0.0%	(18.9)	(18.2)	0.7	3.7%			(18.0)	(0.2)	1.1%
(6.3)	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**(2.4)**	**(2.5)**	**(0.1)**	**-4.6%**	**(5.1)**	**(5.0)**	**0.1**	**1.6%**	G		**(3.6)**	**(1.4)**	**39.4%**
4.8%	**EBITDA %**	**-0.6%**	**-0.9%**			**4.5%**	**4.2%**					**4.9%**	**-0.8%**	**-15.2%**
0.0	Impairments	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0%			0.0	0.0	0%
35.2	Capital Donations	1.4	0.8	(0.6)	42.9%	31.7	26.9	(4.8)	-15.1%			18.3	8.6	47.0%
28.9	**Net Result**	**(1.0)**	**(1.7)**	**(0.7)**	**-71.9%**	**26.6**	**21.9**	**(4.7)**	**-17.7%**			**14.7**	**7.2**	**48.8%**

Footnotes:

^ The Trust has only set bank and agency budgets for planned short term additional resource requirements ie RTT and Gastro
^^ Plan for variance in I&E margin as % of income was set for 2016/17 based on 2015/16 outurn and cannot be revised
^^^ Budget profile revised in month 3 following review of forecast on capital donations
^^^^From M7, performance against the NHSI agency ceiling contributes to the overall NHSI rating

Notes

1. NHS income (excluding pass through) YTD is better than plan by £0.7m. The YTD plan includes:

• £1.8m (9/12) of the agreed £2.4m Sustainability and Transformation funding and accrued income of £1.8m has been included in the year to date position;

• £2.2m for the outcome of the local pricing review following the publication of the PwC report and accrued income of £2.6m has been included in the year to date position;

• The YTD position includes a £1.0m reduction in income for the movement in contract outturn between annual accounts production and final chargeable activity for last financial year.

2. Private patient income YTD is £1.1m better than plan. This has been delivered through increased activity and a high level of complex patients. Private Patient income in Month 9 was £0.2m worse than plan due to reduced activity.

3. Pay is adverse to plan in Month 9 by £0.9m, with agency spend £0.8m above plan. The agency spend is higher than the prior year due to the continuing cost of RTT validation and the costs incurred for the Gastro review.

4.Non pay excluding pass through YTD is £0.5m adverse to plan. This is due to increased bad debt provision (£1.5m) offset by underspends in other areas including reserves.

Trust Income and Expenditure Performance Summary
Internal forecast outturn 2016/2017

Great Ormond Street Hospital for Children NHS Foundation Trust

2016/2017							
Full year Actual 2015/16	Income & Expenditure	Annual Budget	Internal Forecast			Rating Current Year Variance	
			Full-Yr 2016/17	Variance to plan			
(£m)		(£m)	(£m)	(£m)	%		
246.2	NHS & Other Clinical Revenue	255.3	256.7	1.4	0.5%	G	1
54.7	Pass Through	57.3	62.7	5.4	9.4%		
48.9	Private Patient Revenue	54.1	54.8	0.7	1.3%	G	2
44.5	Non-Clinical Revenue	43.3	46.7	3.4	7.9%	G	
394.4	**Total Operating Revenue**	**410.0**	**420.9**	**10.9**	**2.7%**		
(197.8)	Permanent Staff	(227.6)	(213.4)	14.2	6.2%		
(7.6)	Agency Staff^	(2.1)	(8.3)	(6.2)	-295.2%	R	
(15.3)	Bank Staff^	(1.0)	(16.8)	(15.8)	0.0%		
(220.7)	**Total Employee Expenses**	**(230.7)**	**(238.5)**	**(7.8)**	**3.4%**	R	3
(10.6)	Drugs and Blood	(12.3)	(11.9)	0.4	3.3%	G	
(39.8)	Other Clinical Supplies	(41.4)	(41.4)	0.0	0.0%	G	
(54.9)	Other Expenses	(48.5)	(49.6)	(1.1)	-2.3%	R	
(54.7)	Pass Through	(57.3)	(62.7)	(5.4)	-9.4%		
(160.0)	**Total Non-Pay Expenses**	**(159.5)**	**(165.6)**	**(6.1)**	**-3.8%**	R	4
(380.7)	**Total Expenses**	**(390.4)**	**(404.1)**	**(13.9)**	**-3.5%**	R	
13.6	**EBITDA (exc Capital Donations)**	**19.6**	**16.8**	**(3.0)**	**-14.3%**	R	
(24.7)	Depreciation, Interest and PDC	(25.9)	(24.9)	1.0	3.9%		
(11.1)	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**(6.3)**	**(8.1)**	**(1.8)**	**28.6%**	G	
3.5%	**EBITDA %**	**4.8%**	**4.0%**				
13.8	Impairments	0.0	0.0	0.0	0.0%		
30.5	Capital Donations	35.2	34.0	(1.2)	-3.4%		
33.2	**Net Result**	**28.9**	**25.9**	**(3.0)**	**-10.4%**		

Notes

1. NHS income (excluding pass through) based on forecast outturn will be £1.4m above plan.

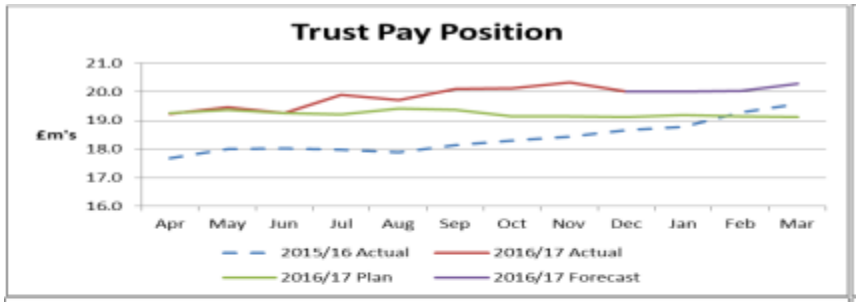
2. Private patient income based on forecast outturn will be £0.7m above plan.

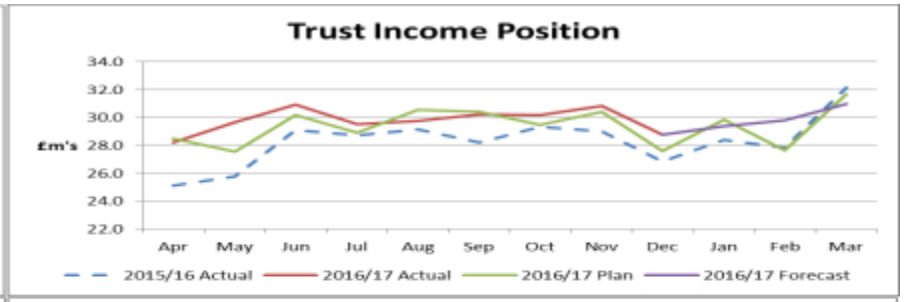
3. Pay based on forecast outturn will be £7.8m adverse to plan, with agency £6.2m above plan. The agency spend is higher than the prior year due to the continuing cost of RTT validation and the costs incurred for the Gastro review.

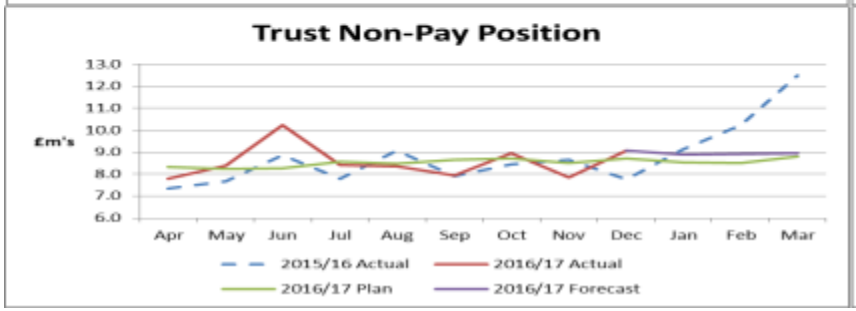
4.Non pay excluding pass through based on forecast will be £6.1m adverse to plan. This is due to increased bad debt provision offset by underspends in other areas including reserves.

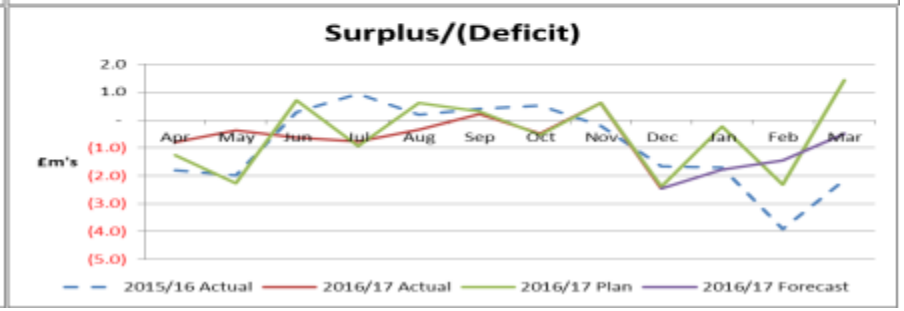
Income & Expenditure Run Rate Summary
For the 9 months ending 31 December 2016

Great Ormond Street Hospital for Children NHS Foundation Trust









Trust Non-pay and Income graphs Exclude Pass Through

Income

- Private patient income over performed by £1.1m YTD at Month 9 due to increased bed occupancy levels and an increase in the proportion of complex cases being seen. This includes a revision to the bad debt provision for work in progress that saw a release in Month 6 of £0.9m. In Month 9 private patient income was lower than plan due to lower occupancy in month.
- Other Clinical income has over performed by £0.7m YTD after adjustment for the 2015/16 Income of £1.0m.This income includes the S&T funding and Local Price review.

Pay

- The Trust's pay expenditure has risen every month since September 2015, due to staff working on RTT, until April 2016 when spend fell due to a reduction in ICT temporary staffing. The Trust pay budget profile takes into account the planned reduction in RTT validation staff which is offset by the planned opening of Hedgehog ward.
- In M9 there were increased pay costs across several divisions compared to the average YTD which is driven by new starters in nursing (£0.1m) that are mainly supernumerary as well as an increase in Nursing bank costs partly due to increased activity and additional absence cover.

Non Pay

- The Trust's non-pay expenditure has fallen from Month 12 2015/16 following one off expenditure in Month 12 relating to medical equipment purchased less than £5,000 (which was offset by charitable donations).
- Expenditure (excluding pass-through) is slightly above plan YTD due to £1.7m of additional bad debt provision, additional costs for work on the governance review and increased research costs (offset by income).

Surplus/Deficit

- Income is ahead of plan in Month 9 with a small underperformance on clinical income offset by increased non-clinical income in R&I matched by expenditure. The resulting overall surplus is broadly as planned in the month. The Trust is now focused on delivering its P&E savings to ensure costs are reduced whilst expecting income against plan to improve next month.

Statement of Financial Performance & Capital Summary
For the 9 months ending 31 December 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

Statement of Financial Position	31 Mar 2016 Actual £m	31 Dec 2016 Plan £m	31 Dec 2016 Actual £m
Non-Current Assets	440.8	475.4	463.0
Current Assets (exc Cash)	58.9	66.9	87.3
Cash & Cash Equivalents	63.7	51.2	33.1
Current Liabilities	(60.3)	(65.3)	(58.8)
Non-Current Liabilities	(6.3)	(5.9)	(5.9)
Total Assets Employed	**496.8**	**522.3**	**518.7**

Capital Expenditure	Annual Plan £m	31 Dec 2016 Plan £m	31 Dec 2016 Actual £m	YTD Variance £m
Redevelopment – Donated	32.3	29.2	24.6	4.6
Medical Equipment – Donated	2.9	2.5	2.3	0.2
Estates – Donated	0.0	0.0	0.0	0.0
ICT – Donated	0.0	0.0	0.0	0.0
Total Donated	**35.2**	**31.7**	**26.9**	**4.8**
Redevelopment & equipment - Trust Funded	9.0	6.9	5.0	1.9
Estates & Facilities - Trust Funded	2.4	1.5	0.5	1.0
ICT - Trust Funded	10.0	6.4	2.9	3.5
Contingency	3.0	2.0	0.0	2.0
Total Trust Funded	**24.4**	**16.8**	**8.4**	**8.4**
Total Expenditure	**59.6**	**48.5**	**35.3**	**13.2**

Redevelopment donated

The YTD Variance of £4.6m includes the PICB building, with the latest estimate indicating the completion date of the construction contract will be one month later than planned (end of May 2017) and the Chelsea Roof Garden/Boiler, which is currently awaiting final contract costs. The impact from PICB on the 2016/17 cost outturn is expected to be limited to approximately £0.8m, as the costs at the end of the project are low.

Medical Equipment – Donated

The ventilators/humidifiers programme has been delayed but is expected to be complete within 2016/17.

Redevelopment & equipment – Trust funded

There have been delays in the VCB Chillers planning permission and the IPP BMT is on hold. £2m from VCB Chillers will continue into 2017/18.

Cash & Working Capital Summary
For the 9 months ending 31 December 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

Bridge M09 Cash Plan to Actual (£m)

Working Capital	31-Mar-16	30-Nov-16	31-Dec-16	RAG
NHS Debtor Days (YTD)	11.8	12.1	13.2	G
IPP Debtor Days	197.1	234.0	246.7	R
IPP Overdue Debt (£m)	13.0	23.8	26.7	R
Inventory Days - Drugs	6.0	6.0	7.0	G
Inventory Days - Non Drugs	51.0	67.0	49.0	R
Creditor Days	35.0	20.1	19.3	G
BPPC - Non-NHS (YTD) (number)	85.2%	81.1%	81.3%	R
BPPC - Non-NHS (YTD) (£)	87.8%	85.7%	86.0%	R

Cash

The closing cash balance was £33.1m, £18.1m lower than plan. This was largely due to lower than planned EBITDA (£0.6m); lower than planned trust funded capital expenditure (£8.4m) and the movement on working capital (£27.1m).
The movement on working capital (£27.1m) largely relates to higher than planned Receivables (£22.0m). This includes Over-performance 16/17 £4.9m; IPP Debtors £4.9m; Transformation funding £0.7m; LCRN Q2 £0.7m; Capital donations £0.8m. In addition, trade payables were £5.1m lower than plan.

NHS Debtor Days

There has been a slight increase to debtor days but this still remains within target. The invoices for Q1 over-performance (£3.5m raised in September) still remain outstanding.

IPP Debtor Days

IPP debtor days increased in month as receipts of £1.8m (net of deposits) over the Christmas period were lower than the average for the last 12 months (£3.5m).

Creditor Days

There was a decrease to creditor days which remains within target.

Non-Current Assets

Non-current assets increased by £0.1m in month, the effect of capital expenditure of £1.6m less depreciation of £1.5m. The closing balance is £12.4m lower than plan as a result of the M9 YTD capital expenditure being less than plan by £13.2m and depreciation less than plan by £0.8. This expenditure variance is analysed on the capital expenditure schedule.

Inventory Days

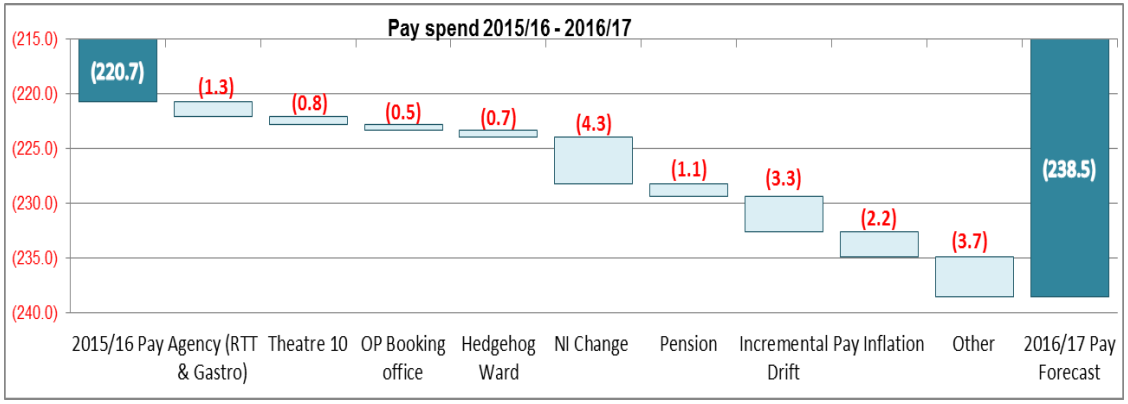
Drug inventory days increased to 7 in month but remains in line with the previous month at 6.
Non Drug inventory days decreased in month to 49 days largely due to the decrease in the level of Cardio Respiratory stock held (39%).

Workforce Summary
For the 9 months ending 31 December 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

2015/16 Actual	2016/17 Annual Plan	Staff Group	2016/17 Month 9 Budget	Month 9 Actual	Month 9 Variance		Year to Date Budget	Year to Date Actual	Year to Date Variance	
(£m)	(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%
(38.9)	(42.6)	Admin (inc Director & Senior Managers)	(3.4)	(3.7)	(0.4)	10%	(32.4)	(33.3)	(0.9)	3%
(41.8)	(44.3)	Consultants	(3.7)	(3.7)	(0.0)	1%	(33.2)	(34.4)	(1.2)	4%
(3.5)	(3.8)	Estates & Ancillary Staff	(0.3)	(0.3)	(0.0)	6%	(2.9)	(3.0)	(0.1)	4%
(8.2)	(8.8)	Healthcare Assist & Supp	(0.7)	(0.7)	0.0	-1%	(6.6)	(6.7)	(0.1)	1%
(23.0)	(24.0)	Junior Doctors	(2.0)	(2.1)	(0.1)	7%	(18.0)	(18.4)	(0.4)	2%
(65.7)	(70.2)	Nursing Staff	(5.9)	(5.9)	(0.1)	2%	(52.6)	(52.0)	0.6	-1%
(0.3)	(0.4)	Other Staff	(0.4)	(0.0)	0.3	-92%	(3.2)	(0.1)	3.1	-96%
(38.9)	(40.8)	Scientific Therap Tech	(3.4)	(3.4)	0.0	-1%	(30.6)	(30.3)	0.3	-1%
(0.3)	4.1	Cost Improvement Plan	0.6	0.0	(0.6)	-100%	6.2	0.0	(6.2)	-100%
(220.7)	**(230.8)**	**Total**	**(19.1)**	**(20.0)**	**(0.9)**	**5%**	**(173.3)**	**(178.1)**	**(4.8)**	**3%**

2015/16 Average	2016/17 Annual Plan	WTE Including Perm, Bank and Agency Staff Group	2016/17 Month 9 Budget WTE	Month 9 Actual WTE	Month 9 Variance WTE		Year to Date (average WTE) Budget WTE	Year to Date (average WTE) Actual WTE	Year to Date (average WTE) Variance WTE	
						%				%
911.3	992.1	Admin (inc Director & Senior Managers)	992.5	1,021.0	(28.5)	-3%	991.2	1,005.6	(14.4)	-1%
287.3	302.4	Consultants	302.4	311.8	(9.5)	-3%	302.4	300.5	1.8	1%
125.0	123.6	Estates & Ancillary Staff	124.0	133.9	(9.9)	-8%	123.3	130.1	(6.8)	-5%
290.7	304.6	Healthcare Assist & Supp	305.1	293.5	11.6	4%	304.0	298.2	5.8	2%
294.5	314.5	Junior Doctors	314.5	315.5	(1.0)	0%	314.4	309.0	5.4	2%
1,349.3	1,451.0	Nursing Staff	1,452.6	1,448.3	4.3	0%	1,450.2	1,398.7	51.5	4%
6.4	8.6	Other Staff	8.6	5.1	3.5	40%	8.6	5.6	3.0	35%
711.6	796.2	Scientific Therap Tech	791.1	769.1	22.0	3%	799.5	745.8	53.8	7%
0.0	(143.1)	Cost Improvement Plan	(143.1)	0.0	(143.1)	100%	(143.1)	0.0	(143.1)	100%
3,976.1	**4,149.8**	**Total**	**4,147.7**	**4,298.2**	**(150.5)**	**-4%**	**4,150.5**	**4,193.3**	**(42.9)**	**-1%**



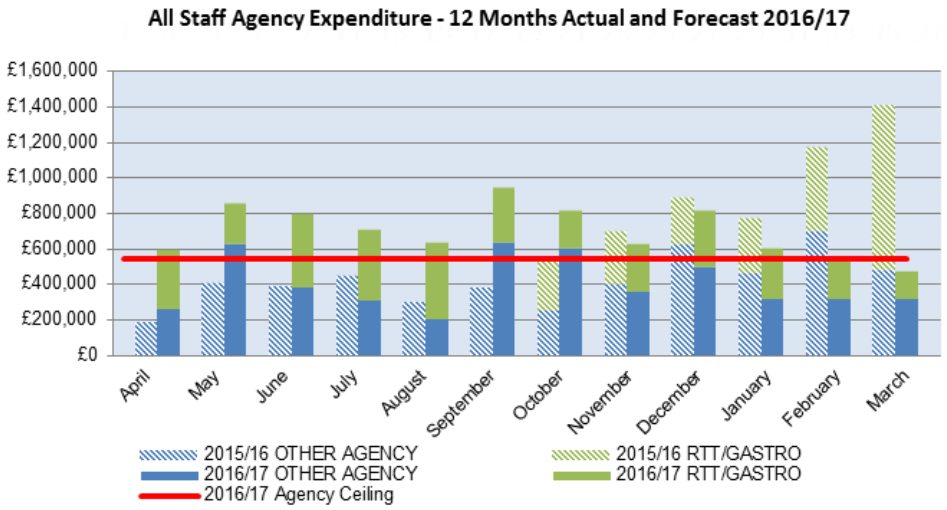
- In Month 9 pay costs have increased above trend as a result of nurse recruitment (£0.1m). There was also increased spend in admin including Director & Senior Managers as a result of recent recruitment, and a catch up of YTD costs.
- There has been an 8% increase in pay spend from 2015/16 pay to 2016/17 pay forecast. The most significant reasons for the increase are as follows:

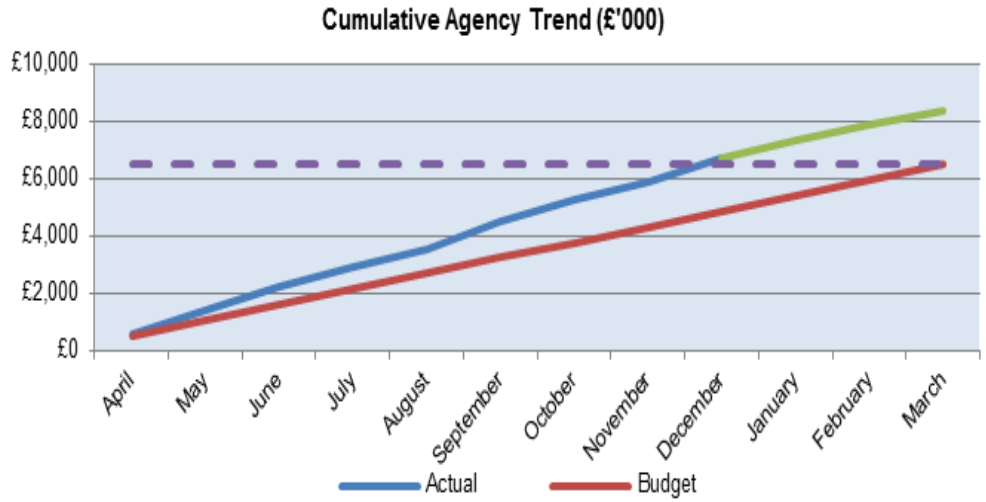
• Agency (RTT & Gastro)	£1.3m
• Theatre 10	£0.8m
• OP Booking office	£0.5m
• Hedgehog Ward	£0.7m
• NI Change	£4.3m
• Pensions	£1.1m
• Incremental Drift	£3.3m
• Pay Inflation	£2.2m

- The increase in 2016/2017 pay has been partially offset through the introduction of NHS agency Caps.

Agency spend summary
For the 9 months ending 31 December 2016

Great Ormond Street Hospital for Children NHS Foundation Trust





- As at 31 December 2016 across the Trust, there are approximately 65 agency staff still working on RTT, of which 58 are within the central validation team.
- The percentage of agency spend against permanent has reduced in Month 9 in part due to reduced costs for the Gastro review and reduced numbers of RTT validators compared to previous months.
- The RTT agency staff are the main reason for the increase in pay costs throughout the last 6 months of 2015/16 and into 2016/17.
- The Trust is currently running above its NHSI notified cost ceiling for agency staff due to the continued cost of RTT validation and the YTD costs of the Gastro review. There are minimal future costs expected for the Gastro review and RTT validation with no agency staff expected by the end of March.

NHS Clinical Activity & Income Summary
For the 9 months ending 31 December 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

	2016/17 YTD								2015/16 YTD					
	Income				Activity				Income			Activity		
	Plan £'000	Actual £'000	Variance £'000	Variance %	Plan	Actual *	Variance	Variance %	Actual £'000	Variance 16/17 to 15/16 £'000	Variance 16/17 to 15/16 %	Actual	Variance 16/17 to 15/16	Variance 16/17 to 15/16 %
Day case	**18,597**	**17,328**	**(1,270)**	**-6.8%**	**13,641**	**13,205**	**(436)**	**-3.2%**	**19,470**	**(2,142)**	**-11.0%**	**15,185**	**(1,980)**	**-13.0%**
Elective	40,877	41,949	1,072	2.6%	9,446	9,736	290	3.1%	39,290	2,659	6.8%	9,423	313	3.3%
Elective Excess Bed days	2,319	2,362	44	1.9%	4,683	4,770	87	1.8%	2,434	(72)	-2.9%	4,637	133	2.9%
Elective	**43,196**	**44,311**	**1,116**	**2.6%**					**41,724**	**2,587**	**6.2%**			
Non Elective	11,243	10,369	(874)	-7.8%	1,297	1,176	(121)	-9.3%	10,674	(306)	-2.9%	1,290	(114)	-8.8%
Non Elective Excess Bed Days	1,641	1,466	(174)	-10.6%	2,820	2,994	174	6.2%	1,479	(12)	-0.8%	2,792	202	7.2%
Non Elective	**12,884**	**11,835**	**(1,049)**	**-8.1%**					**12,153**	**(318)**	**-2.6%**			
Outpatient	**28,714**	**28,989**	**275**	**1.0%**	**112,164**	**112,779**	**615**	**0.5%**	**28,356**	**634**	**2.2%**	**112,854**	**(75)**	**-0.1%**
Undesignated HDU Bed days	3,869	3,660	(209)	-5.4%	3,769	3,507	(262)	-7.0%	3,884	(225)	-5.8%	3,883	(376)	-9.7%
Picu Consortium HDU	2,208	2,587	380	17.2%	1,960	2,677	717	36.6%	1,937	650	33.6%	1,941	736	37.9%
HDU Beddays	**6,077**	**6,247**	**170**	**2.8%**	**5,730**	**6,184**	**454**	**7.9%**	**5,822**	**425**	**7.3%**	**5,824**	**360**	**6.2%**
													0	
Picu Consortium ITU	20,203	20,236	33	0.2%	8,213	8,268	55	0.7%	20,303	(67)	-0.3%	8,132	136	1.7%
PICU ITU Beddays	**20,203**	**20,236**	**33**	**0.2%**	**0**	**8,268**	**55**	**0.0%**	**20,303**	**(67)**	**-0.3%**	**8,132**	**136**	**1.7%**
Ecmo Bedday	355	626	270	76.1%	66	115	49	75.5%	390	236	60.5%	72	43	59.7%
Psychological Medicine Bedday	885	922	38	4.3%	2,227	2,286	59	2.7%	920	2	0.2%	2,316	(30)	-1.3%
Rheumatology Rehab Beddays	1,016	1,062	46	4.5%	1,814	1,870	56	3.1%	1,285	(222)	-17.3%	1,858	12	0.6%
Transitional Care Beddays	1,842	1,986	144	7.8%	1,289	1,371	82	6.4%	1,714	272	15.9%	1,269	102	8.0%
Total Beddays	**4,098**	**4,597**	**498**	**12.2%**	**5,395**	**5,642**	**247**	**4.6%**	**4,309**	**288**	**6.7%**	**5,515**	**127**	**2.3%**
Packages Of Care Elective	**5,452**	**5,490**	**38**	**0.7%**					**5,594**	**(104)**	**-1.9%**			
Highly Specialised Services (not above)	22,477	22,463	(14)	-0.1%					22,375	88	0.4%			
Other Clinical	19,465	20,279	813	4.2%					17,243	3,036	17.6%			
Adjustment for 2015/16 Outturn	0	(808)	(808)	0%					634	(1,442)	-227%			
STF Funding	1,800	1,800	0	0%					0	1,800	0%			
Pricing Adjustment	2,229	2,625	396	17.8%					0	2,625	0%			
Non NHS Clinical Income	6,186	6,680	493	8.0%					5,735	945	16%			
NHS and Other Clinical Income	**191,379**	**192,072**	**693**	**0.4%**					**183,716**	**8,356**	**4.5%**			

*Activity = Billable activity
*Activity is an extract from SLAM taken at Day 1 and is subject to changes following coding completion

Elective/Non Elective
- Bone Marrow Transplants have seen a change in case mix leading to increased income from the treatment of more complex patient groups.
- Increased activity associated with a push to clear the backlog in RTT challenged specialities; Orthopaedics, spinal and urology has seen an increase in Elective income.
- Bed constraints impacted ability to accept non-elective referrals in SNAPS and neurosurgery

Day case
- Gastroenterology review caused a reduction in income of £0.5m. Clinical Immunology is behind plan due to capacity constraints. Dermatology is behind plan due to a change in practice resulting in fewer procedures that can be undertaken.

Outpatients
- Across the organisation outpatients' income is slightly ahead of plan following increased activity in cardiac, audiology and ophthalmology in recent months.

Bed Days
- Undesignated HDU income is slightly down due to a reduction in long stay patients within Respiratory compared to 2015/16.
- Cardiac has seen a change in case mix leading to increased HDU income.
- ECMO bed days are ahead of plan. There was a long stay patient discharged in M8 improving the YTD position.

Other Clinical
- This includes income for CQUIN and the target for the local pricing review.
- CQUIN income is below plan to take account of risk to full delivery.
- The £1m reduction in income for 2015/16 outturn is included within Other Clinical Income.
- Local Pricing Review outcome is £2.6m YTD reflecting an updated assessment of the likely outcome of the decision with NHS England.

Trust Inpatient and Outpatient Activity
Year on Year trend analysis

Great Ormond Street Hospital for Children NHS Foundation Trust

Prior Year 2015/16										All Trust Activity Analysis	Current Year 2016/17										Change YOY	% Change YOY	Current Year Trend
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total YTD		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total YTD			
										Inpatients													
										Number of Discharges													
2,174	1,947	2,260	2,294	1,932	2,095	2,100	2,284	2,284	19,370	Day Case	2,082	2,061	2,229	2,040	2,163	2,031	1,973	2,161	1,948	18,688	(682)	-3.5%	
										Overnight:													
1,058	1,058	1,084	1,218	1,087	1,192	1,271	1,201	988	10,157	Elective	1,155	1,153	1,256	1,246	1,170	1,178	1,101	1,196	1,063	10,518	361	3.6%	
59	62	56	55	71	59	70	60	62	554	Non Elective	64	67	65	63	58	74	62	71	76	600	46	8.3%	
206	167	172	172	170	171	169	183	211	1,621	Non Elective (Non Emergency)	164	175	178	152	158	169	156	188	214	1,554	(67)	-4.1%	
0	1	15	18	58	57	20	12	11	192	Regular Attenders	157	171	182	190	181	180	165	99	7	1,332	1,140	593.8%	
3,497	3,235	3,587	3,757	3,318	3,574	3,630	3,740	3,556	31,894	Total Discharges	3,622	3,627	3,910	3,691	3,730	3,632	3,457	3,715	3,308	32,692	798	2.5%	
										Beddays													
839	774	918	911	785	854	818	865	827	7,591	Day Case	793	768	906	814	871	895	767	831	776	7,421	(170)	-2.2%	
0.39	0.40	0.41	0.40	0.41	0.41	0.39	0.38	0.36	0.39	Day ALOS	0.38	0.37	0.41	0.40	0.40	0.44	0.39	0.38	0.40	0.40	0.01	1.3%	
										Overnight:											0		
4,686	5,197	5,577	5,565	5,470	5,456	5,680	5,478	5,174	48,284	Elective	5,450	5,889	5,619	5,863	5,610	5,489	5,472	5,929	5,166	50,489	2,205	4.6%	
561	713	610	494	526	687	808	668	668	5,734	Non Elective	716	625	557	487	485	453	460	440	544	4,767	(967)	-16.9%	
2,133	2,267	2,044	2,327	2,181	2,033	2,160	2,218	2,395	19,758	Non Elective (Non Emergency)	2,106	2,180	2,202	2,245	2,313	2,142	2,294	2,157	2,389	20,029	271	1.4%	
0	1	1	1	1	4	1	2	1	11	Regular Attenders	85	98	112	116	108	110	97	56	4	785	774	7082.0%	
7,380	8,178	8,232	8,386	8,178	8,180	8,649	8,366	8,238	73,787	Total Overnight Beddays	8,356	8,792	8,491	8,711	8,516	8,194	8,324	8,583	8,103	76,069	2,283	3.1%	
2.11	2.53	2.30	2.23	2.46	2.29	2.38	2.24	2.32	2.31	Overnight ALOS	2.31	2.42	2.17	2.36	2.28	2.26	2.41	2.31	2.45	2.33	0.01	0.6%	
										Midnight Census (ON Bed days)													
4,459	4,983	5,337	5,242	5,213	5,218	5,364	5,190	4,909	45,915	Elective	5,160	5,620	5,291	5,520	5,301	5,200	5,224	5,634	4,817	47,767	1,852	4.0%	
558	701	604	492	521	685	805	661	661	5,688	Non Elective	706	618	541	478	474	445	452	439	523	4,676	(1,012)	-17.8%	
2,127	2,262	2,043	2,321	2,157	2,030	2,154	2,214	2,380	19,688	Non Elective (Non Emergency)	2,090	2,167	2,190	2,240	2,305	2,131	2,284	2,132	2,350	19,889	201	1.0%	
0	1	1	0	0	1	0	1	0	4	Regular Attenders	0	0	1	2	0	0	0	0	1	4	0	0.0%	
7,144	7,947	7,985	8,055	7,891	7,934	8,323	8,066	7,950	71,295	Total	7,956	8,405	8,023	8,240	8,080	7,776	7,960	8,205	7,691	72,336	1,041	1.5%	
238	256	266	260	255	264	268	269	256	259	Average ON Beds Utilised	265	271	267	266	261	259	257	274	248	263	4	1.5%	
										Critical Care Beddays													
311	475	480	439	488	467	439	398	387	3,885	Elective	408	452	360	390	401	400	382	531	382	3,706	(179)	-4.6%	
73	139	93	79	83	120	127	120	66	900	Non Elective	213	141	89	101	132	70	51	60	54	911	11	1.3%	
654	531	545	631	554	487	574	532	622	5,131	Non Elective (Non Emergency)	547	530	661	639	648	679	703	615	747	5,771	640	12.5%	
1,039	1,145	1,117	1,150	1,125	1,074	1,141	1,050	1,075	9,916		1,169	1,124	1,110	1,130	1,181	1,150	1,135	1,206	1,183	10,388	473	4.8%	
35	37	37	37	36	36	37	35	35	36		39	36	37	36	38	38	37	40	38	38	2	4.8%	
										Outpatients											0		
19,467	18,432	21,403	21,298	17,628	21,187	21,899	21,172	18,671	181,157	Outpatient Attendances (All)	19,887	19,856	21,218	20,272	20,146	22,042	20,999	23,255	17,483	185,158	4,001	2.2%	
3,664	3,530	4,295	4,267	3,451	4,222	4,354	4,230	3,613	35,626	First Outpatient Attendances	3,818	3,871	4,122	3,879	3,838	4,170	3,912	4,284	3,245	35,139	(487)	-1.4%	
15,803	14,902	17,108	17,031	14,177	16,965	17,545	16,942	15,058	145,531	Follow Up Outpatient Attendances	16,069	15,985	17,096	16,393	16,308	17,872	17,087	18,971	14,238	150,019	4,488	3.1%	
4.3	4.2	4.0	4.0	4.1	4.0	4.0	4.0	4.2	4.1	New to Review Ratio	4.2	4.1	4.1	4.2	4.2	4.3	4.4	4.4	4.4	4.3	0.2	4.5%	

Inpatients:
The total number of inpatients discharged has increased by 2.5% in the first 9 months of 2016/17. The most significant area of growth has been in Non Elective inpatients (8.3%)
Overnight bed days have increased by 3.1% as would be expected given the growth in inpatient elective activity. Average length of stay is unchanged from the same period in 2015/16.
Overnight beds utilised has increased by 1.5%.

Outpatients:
The total number of outpatients has increased by 2.2% and new to review ratio has increased from an average of 4.1 to 4.3.
* Note that this is all Trust activity

Attachment G

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board **1st February 2017**	
Patient Experience Report **Submitted by:** Juliette Greenwood, Chief Nurse	**Paper No: Attachment G**
Aims / summary To update the trust Board on recent Patient Experience focus and activities highlighting current projects in progress including the quarterly reports from Pals and Complaints.	
Action required from the meeting To receive and note the report	
Contribution to the delivery of NHS Foundation Trust strategies and plans High quality patient experience	
Financial implications None	
Who needs to be told about any decision? N/A	
Who is responsible for implementing the proposals / project and anticipated timescales? Herdip Sidhu-Bevan- Assistant Chief Nurse and Patient Experience Team	
Who is accountable for the implementation of the proposal / project? Juliette Greenwood – Chief Nurse	

Patient Experience Report

(Trust Board)

Update from Patient Experience activity

1. Friends and Family Test

Friends and Family testing enables the Trust to obtain feedback from out from patients and parents/carers about their experience. The FFT Inpatient Response Rate has increased to 27.3% in December 2016 compared with 25.5% in November 2016.

Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16
23.6%	27.5%	25.0%	22.0%	17.0%	14.0%	25.2%	25.5%	27.3%

Percentage to Recommend for Inpatients reduced to 97.3% compared with 99% in November 2016. Outpatients reduced to 91% from 92.3% in November 2016.

Inpatients

Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16
98.6%	98.6%	97.5%	97.0%	98.5%	98.8%	97.9%	99.0%	97.3%

Outpatients

Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16
95.5%	95.9%	96.4%	82.4%	94.8%	91.2%	95.6%	92.3%	91%

Great Ormond Street Hospital (GOSH) and Bristol Children's Hospital had the joint highest percentage to recommend score when compared to 12 other like trusts (Range 82% - 98%).

GOSH had the 9th highest response rate compared with 12 similar trusts (13% - 42%).

FFT by Division – comments categorised

	Charles West		JM Barrie		IPP		Research	
Category	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative
Access / Admission / Transfer/ Discharge	1	11	3	7	0	1	-	-
Catering / Food	6	1	17	3	2	0	-	-
Environment / Infrastructure	20	20	40	18	5	3	-	-
Always Expert	62	4	63	4	11	0	1	0
Always Helpful	148	8	176	3	25	0	7	0
Housekeeping / Cleanliness	18	2	26	3	5	0	1	0
Always One Team	21	6	25	4	5	0	-	-
Staffing levels	1	4	4	3	-	-	-	-
Always Welcoming	92	7	88	2	8	3	10	0

This data enables the Trust to drive improvements through streams of work, aligned with the relevant departments.

2.0 Real-time Feedback System

The Patient Experience team were successful in securing a bid through the GOSH charity in order to implement a real-time feedback system. The team have been meeting with companies on an informal basis to see what products are available. This process will be complete by February 2017 and will lead into the formal scoring system of procurement. Once purchased, the system will take approximately six to nine months to fully implement. Real-time feedback will enable information to reach the Trust in a timelier manner than it currently does enabling quicker improvements and changes where required. Data can also be used from this system to show any patterns across the Trust enabling a comparison of data and areas can have their data presented highlighting issues and improvements. The patient experience team are also closely linked to the Trust EPR team to ensure that both systems will be compatible and complementary.

3.0 Pals Quarter 3 Report (please see attached report)

In summary the most common issues raised in Pals in Q3 were communication, cancellations, delay/waiting times, transport and media (Question Time). The report also shows the Pals cases

aligned with the Trust values and the Trusts performance against them in relation to what issues have been raised by patients and parents/carers.

(Pals data is collated and monitored on a case by case basis not by per patient (eg; a patient may visit Pals on 5 occasions, this would be documented as 5 cases not 1 patient because each case may be representing a different issue at various time points in the duration of an admission).

4.0 Inpatient/Outpatient Surveys

We are currently preparing for the imminent National mandatory CQC C&YP inpatient/day-case Survey. It is anticipated that results will be available towards the end of 2017. The hospital also recently received the results of the Picker Institute C&YP Outpatient survey, this was an optional survey regrettably very few Trusts engaged in the survey to enable comparisons. The outcomes have been aligned with the current improvement works taking place in outpatients department.

PALS Quarterly Report

Quarter 3 of 16/17

Luke Murphy
Pals Manager

PALS Summary

Great Ormond Street Hospital for Children NHS Foundation Trust

Summary of Pals Report:

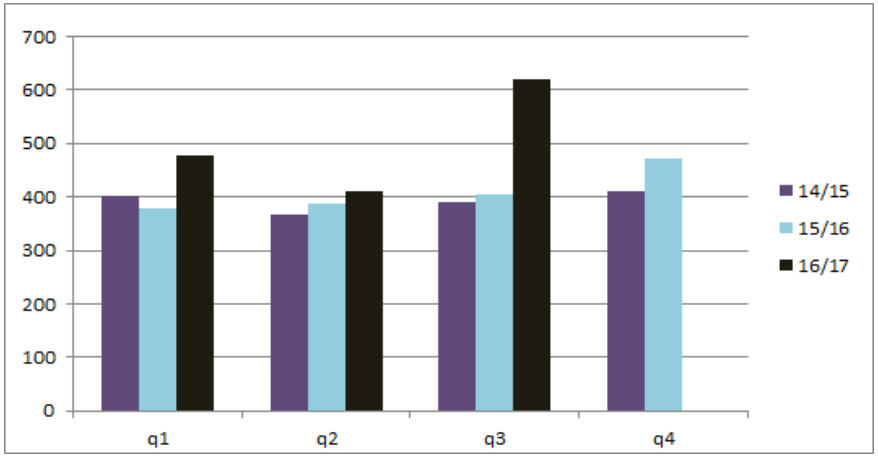
Contents of this report:

- Pals Cases Summary.
- Trend analysis.
- GOSH Always Values and Pals Cases.
- Key Updates and Learning from Pals cases.
- Social Media

Comparison of PALS cases received in Q3:

Cases	Q3 16/17	Q2 16/17	Q3 15/16
Promptly resolved cases (-48h)	295	317	318
Complex Cases (48h+)	103	87	62
Escalated to Formal Complaints	6	3	13
Compliments	4	5	11
Special cases	213	0	0
Total	621	412	404

Pals queries by Quarter and Financial year



Cases received by the PALS compared with previous quarters:

Commentary:

We have seen an increase in cases being escalated to formal complaint and the number of complex cases has increased . The increase in complex cases is due to those individual families choosing to continue to work to informally manage their concerns. There is no specialty related pattern but Pals will monitor this.

Trends for number of PALS cases received per quarter

Commentary:

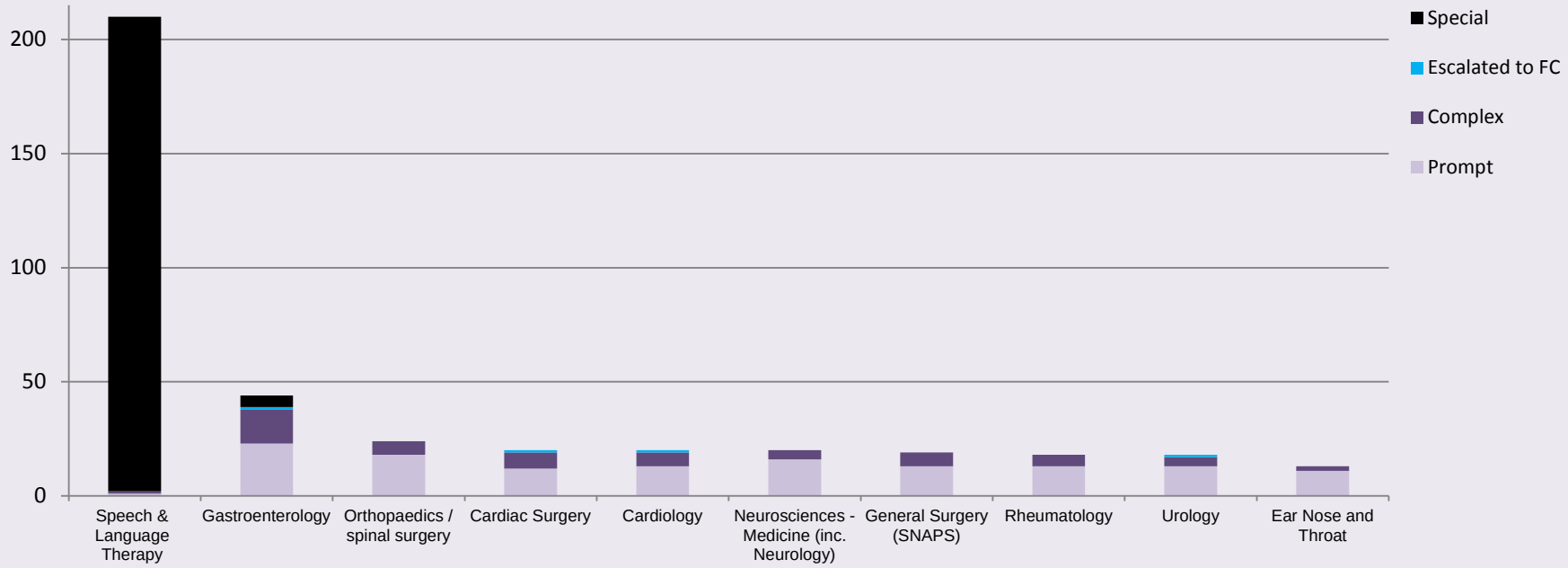
The increase in Q3 is attributed to the contacts following the staff member speaking on the BBC's Question Time. Without these contacts the Pals service had received similar numbers of contacts to preceding quarters.

PALS Cases by Grading

Great Ormond Street Hospital for Children NHS Foundation Trust

PALS grading definitions:

Escalated	Escalated to formal complaint
Complex	Resolved +48 hours
Prompt	Resolved within 48 hours



Top 10 specialties with the highest PALS cases in quarter ** (by grading)

Commentary:

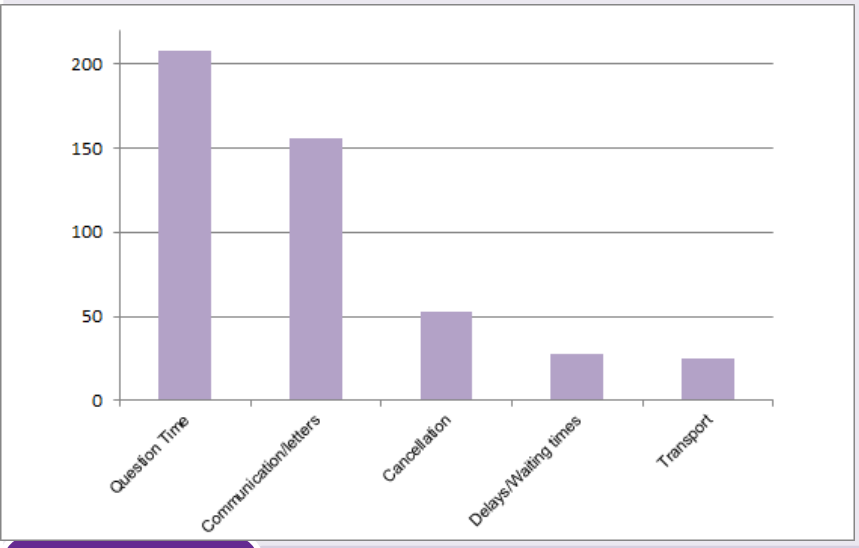
"Special" cases occurred due to an episode of Question Time for the SALT team and cases relating to recent update sent out to service users from the gastroenterology team.

Many of cases that come to Pals (47.5%) are resolved promptly for all specialties. Out of our top 10 specialties gastroenterology, cardiac surgery, cardiology and urology all had cases escalated to formal complaints to investigate an respond

PALS Trend Analysis

Great Ormond Street Hospital for Children NHS Foundation Trust

Subjects arising in PALS cases received Q3 2016/17



The chart on the left shows the 5 most common issues raised in PALS received this quarter.

Question Time

- More information later in the report.

Communication/letters

- The number of queries relating to issues around a lack of communication has increased from Q2 16/17 when there were 62 cases, however, the spread of these cases shows that Gastroenterology (28) had the most queries relating to poor communication, then Orthopaedics/Spinal (13) The other specialities averaged around two cases a month relating to communication issues. The cases about communication relate to lack of timely written communication reaching families.

Cancellations

- The number of families contacting Pals with regard to cancellations has not significantly changed for this quarter. The top speciality for cancellations is Cardiac (15), General surgery (5) and Urology (5). The remaining specialities have 1 cancellation a quarter.
- Pals have worked with families and staff to ensure a child is seen if possible and if not, reasonable travel costs incurred due to the GOSH error are reimbursed to enable a repeated journey.

PALS and the Always Values

Great Ormond Street Hospital for Children NHS Foundation Trust

Pals and the Trust Always: Pals allocates cases against the values that were lacking.

Always Welcoming- Respect	2	Always Welcoming- Friendly	4	Always Helpful- Understanding	40	Always Helpful- Help others	30
Always Welcoming- Smiles	0	Always Welcoming-Reduce Waits	9	Always Helpful- Patient	37	Always Helpful- Reliable	116
Always Expert- Professional	47	Always Expert- Excellence	14	One Team- Listen	212	One Team- Involve	0
Always Expert- Safe	25	Always Expert- Improving	8	One Team- Communicate	72	One Team- Open	5

Themes

There have been improvements with the "Always Welcoming" value in Q3 16/17 compared to Q3 15/16 and Q1 16/17. In particular there is a reduction in cases relating to waiting times.

- **Waiting times:** the Pals queries related to families being cancelled or rescheduled with no communication and appointments not being booked.
- **Friendly:** the queries relating to this are staff attitude and poor communication.
- **Respect:** queries were raised relating to lack of empathy and ensuring independent opinions being given in an investigation

During this current Q3 16/17 there has been an increase in cases under the "Helpful" value since Q3 15/16 with families not finding the Trust as helpful as they expect.

- **Understanding:** Cases related to families running out of money as their admissions had been extended, rooms cleaned and families personal items not where they left them, Mum is unwell and needs support for herself as well as patient.
- **Help Others:** many queries related to families not receiving calls when they had expected them.
- **Patient:** Families not finding staff helpful when arranging transport for the patient

There was an increase in cases relating to the "Always Expert" value in this quarter-Q3 16/17 compared to Q315/16 and Q1 16/17.

- **Excellence :** cases under this value related to incidences of families not receiving the expected / promised support from teams
- **Professional:** cases related to staff attitude not meeting families expectations
- **Safe:** these cases were families having concerns about either transport or treatment decisions made about their child
- **Improving:** queries under this value related to concerns of communication that had been received that was not representative of discussions with the team.

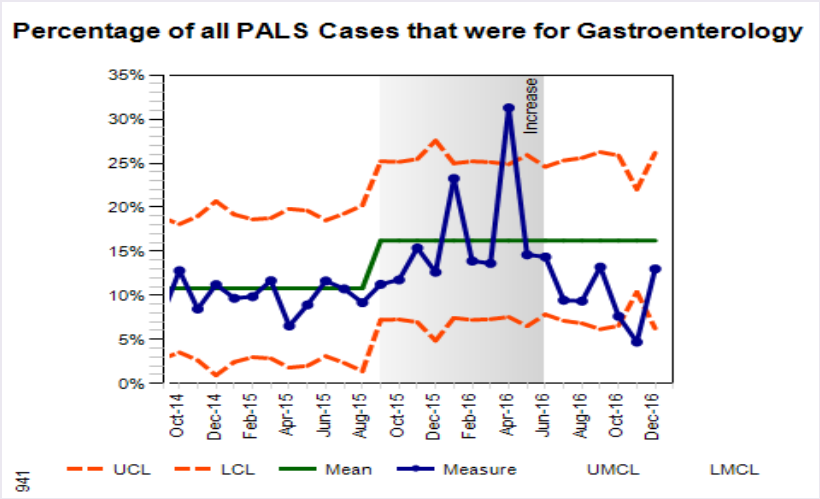
Compared to Q3 15/16 there has been an increase in cases about the "Always One Team" value during this quarter 16/17.

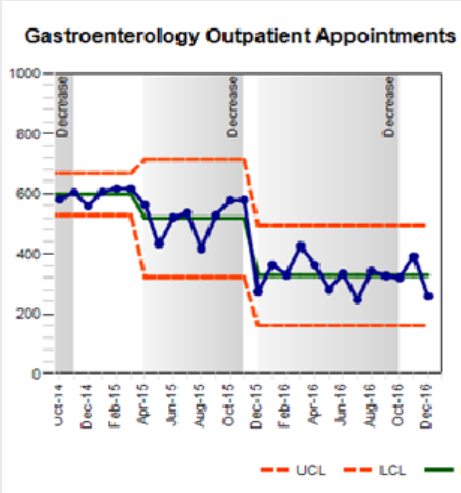
- **Listen:** these cases were related predominantly to the feedback from the Question Time cases.
- **Communicate:** the lack of communication from teams included phone calls not being returned, appointment's not being booked, admission arrangements not being relayed to families and lack of management of cancelation expectations for surgery cancelation.
- **Being Open:** cases related to youtube/netflix no longer working; items missing from Patient Accommodation.

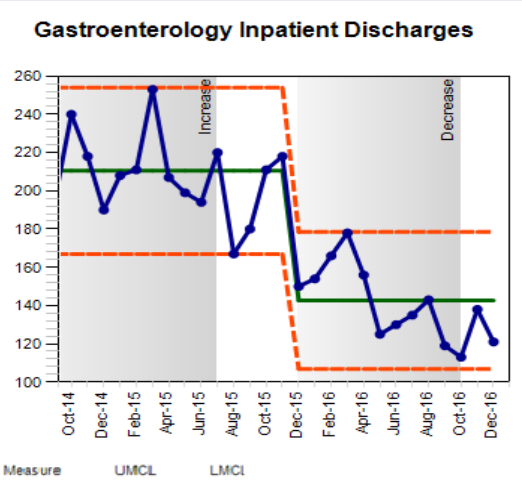
Update on Key Issues from Q2

Great Ormond Street Hospital for Children NHS Foundation Trust

Gastroenterology







Commentary : The above graphs on the left show that proportionate to activity Pals cases for Gastro remain high. This is compared to the graphs on the right showing a decrease in Gastro patient activity. Pals continue to work with the gastro service managers to help improve their service provision and bring their queries inline with the service usage.

Question time

Commentary: Two standard responses were provided to the 208 contacts to Pals during Q3.

1st response: "Many thanks for getting in touch with us. I'm sure you can understand that we can't comment on personal conduct of individual members of staff but we would like to reassure you that the views shared on Question Time are not the views of Great Ormond Street Hospital. Most importantly, we want to assure families and the public that we will always provide the best possible care and treatments to every child that come to GOSH, irrespective of the political situation the country finds itself in. We can't say any more on this issue, but we hope this reassures you. If you have specific enquiries or questions about the care of an individual patient, please do let us know and we will respond as soon as we can."

More Detail: Thank you for contacting us again. We take your concerns seriously and want to respond promptly to acknowledge your concerns and to explain that we remain committed to providing the best possible care for children and young people regardless of the political situation the country finds itself in. Our Formal Complaints process relates to the NHS treatment of patients and their families at our hospital. The concerns you have raised relate to events outside of the hospital and so we are not able to investigate your concerns within the NHS Complaints Process. We also wanted to let you know that there are limits to how much information we can share about this issue. We owe a duty of confidentiality to all of our employees which states that we cannot discuss individual cases with you. I am sorry that you remain unhappy with the response from the Trust but we are unable to disclose information to you that is subject to employee confidentiality. Thank you again for your time and raising your concerns. We hope that the above has helped you.

PALS Cases by Division

Charles West (total 111 cases across the Division)			
Top 5 Specialties	**Q3 16/17**	**Q2 16/17**	**Q3 15/16**
Cardiology	21	23	25
Cardiac Surgery	19	18	14
Rheumatology	17	11	13
Dermatology	9	5	2
Critical Care (PICU, NICU & CICU)	9	9	9

Commentary:

Cardiology and Cardiac Surgery:
Pals were contacted about the cancellations of appointments and of the cancelations of admissions. The admissions are cancelled on the day while here at GOSH rather than in advance and this causes distress and incurred costs to the family.

Rheumatology:
Communication difficulties were the most common reason for contacts but these are promptly resolved.

Dermatology:
Contacts regarding this team were evenly spread across a number of issues relating to outpatient cancelations and were promptly resolved

Critical Care:
Support and Listening; Financial Hardship' Admission Discharge

JM Barrie (total 453cases across the Division)			
Top 5 Specialties	**Q3 16/17**	**Q2 16/17**	**Q3 15/16**
Speech and Language	210	0	1
Gastroenterology	44	44	53
Orthopaedics/Spinal	24	24	12
Neurosciences	20	24	23
General Surgery	19	24	22

Commentary:

Gastro & Speech and Language Therapy: discussed on the previous page.

Orthopaedics and Spinal:
Pals were contacted by families who were unable to get a response from the team regarding OPA transport arrangements and also looking for post-surgery advice.

Neurosciences:
Families contacted Pals looking to arrange transport to appointments. They also contacted Pals due to cancelations and the rebooking and reimbursement of costs incurred.

General Surgery:
Families contacted Pals looking for updates on admissions as they had been waiting, about cancellations of admissions and about procedures being cancelled on the day.
Pals were also contacted about cancellations of appointments

IPP (6 cases in total)

International and Private Patients

IPP has a well managed customer service approach that means that contacts to Pals are infrequent. Cases that come to Pals are usually due to a family not being clear on who to contact about concerns but these are promptly responded to.

Six cases for Q3 included four cases were about communication with the team. One case was about the concerns about the discharge arrangements and one case was escalated to the Patient Safety Team.

Estates and Facilities (20 cases in total)

There was an increase in cases during this quarter (Q3 16/17) compared to Q1 16/17 however a reduction in cases from Q3 16/17 under estates and facilities.
The main teams concerns were related to were:

Accommodation and Patient Transport: Almost half the cases under Estates and Facilities related to accommodation and transport. The main queries were related to families wanting additional accommodation for family members, and teams not arranging transport or returning calls relating to transport arrangements.

Catering: 2 cases were related to catering facilities relating to the ward and the lagoon. The catering manger was very happy to meet with the families to discuss their concerns and improve the service.

Security and Reception staff: The four cases related to the attitude families did not find supportive from members of staff either at main reception or accommodation reception.

Learning from PALS cases

Learning from PALS Cases:(?)	
Brief summary of case:	**Action needed:**
Question Time contacts	Pals received over two hundred contacts through the Friday and the weekend following the televised comments. There was a delay until mid afternoon with the development and provision of an agreed response as a consequence calls received during the day prior to an agreed statement were more time-consuming and Pals were less able to demonstrate a clear response.
Gastro Review	The Gastro Team put significant time and effort into communicating with over 1400 families about the Gastro Review but the number of responses back were very low. This was not expected. We want to use this report to thank the Gastro team and the staff from other services who helped to organise the communication exercise. A "listening event" for the Gastro Service families will be held early this year by the Division. For those families who have contacted Pals each are being responded to.
Information Leaflets	Pals has been asked by families to provide more printed information leaflets. These have been very popular especially for transport information and guidance on how to receive support for travel costs. However, the most popular leaflet, equal to all the other leaflets put together, is a printed map of the local area including tube and train stations.

Other Feedback

Great Ormond Street Hospital for Children NHS Foundation Trust

Social Media and NHS Choices:

Postings on Social Media and on NHS Choices are shared with the clinical team that the posting relates to. NHS Choices has a public reply posted from the Pals Team encouraging direct contact with us to help support the concerns raised by the family. The postings are however anonymous and each of the postings this quarter had to be shared with the relevant teams without patient details to act upon.

NHS Choices posting for Orthopedics
"Can not fault by daughter's surgeon, they are fantastic and what they do. 5**** for them and their team. Staff on woodpecker day admissions is fan as well, fun, happy, go lucky people. Koala Ward amazing could not fault."

"My family and I would like to BIG BIG thank you to all the catering team who worked on Christmas Day and served my family and myself as my daughter is a patient on the ward. The food and drinks were over- flowing, the staff were happy and cheerful and really lifted our spirits up as it was a lovely atmosphere for both breakfast and lunch. The decorations and lay out was beautiful and well thought and breakfast was Magnificent like home. The hot pastries and sausage rolls were yummy for breakfast too. The food was nice. We would particularly like to mention a few people who really looked after us and were happy and cheerful, Delano, Cara, Shalesh and Simon. Please pass on our most sincere thanks to everyone who worked in the Catering department that day. And a thank you to whoever generously let us as a family have breakfast and lunch for free. This helped cost wise and let us be able to celebrate Christmas as a family."

"Very disappointed that the cleaners thought it was a good idea to tell us that the changing place toilet was blocked and therefore locked but without an Out of Order sign. We said we were going to complain as we needed the changing bed and hoist not the toilet. Upon our return with reception staff- lo and behold all open with no blocked toilet shame on your cleaning staff discriminating against the disabled – 14.12.16"

"They need an initiative to sort that department out. Absolutely sick of #Gastro"

"Got to say I'm disgusted that my baby is still waiting to have breakfast at 9.50"

Compliments:

All the compliments below have been shared with the clinical teams and GEMS committee.

Description

Mother wanted to give her thanks to the male staff member on main reception whom she says "Has the most important job to welcome nervous families when they are coming in and he does it really well". **Reception Staff**

Grandmother read stories that were published on the GOSH website and felt comfort that her grandchild is under good care. **Press and publications**

Mother wanted to thank the catering team for the availability of food and drinks as well as the decorations. **Catering Kitchen**

Mother came to pals to thanks the staff on the ward for treating her son as in previous experiences he has been scared at times. **Neurodisability**

White cases:

Information Query	Total
IPP Referral advice	126
NHS referral advice	121
Accommodation	106
Fares Reimbursement	89
Access to Medical Records	76

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
1st February 2017

Safe Nurse Staffing Report for November and December 2016 **Submitted by: Juliette Greenwood, Chief Nurse**	**Paper No: Attachment H**

Aims / summary
This paper provides the required assurance that GOSH has safe nurse staffing levels across all in- patient ward areas and appropriate systems in place to manage the demand for nursing staff. In order to provide greater transparency the report also includes appropriate nurse quality measures and details of ward safe staffing reports. The paper includes a brief summary of nursing vacancies, nurse recruitment and for the first time in this monthly report patient acuity data.

Action required from the meeting
The Board is asked to note:

- The content of the report and be assured that appropriate information is being provided to meet the national and local requirements.
- The information on safe staffing and the impact on quality of care.

Contribution to the delivery of NHS Foundation Trust strategies and plans
Safe levels of nurse staffing are essential to the delivery of safe patient care and experience.

Compliance with *How to ensure the right people, with the right skills, are in the right place at the right time – A guide to nursing, midwifery and care staffing and capability'* (NHS England, Nov 2013) and the *'Hard Truths Commitments Regarding the Publishing of Staffing Data'* issued by the Care Quality Commission in March 2014. In July 2016 there was further guidance – '*Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time' (National Quality Board, July 2016).* This guidance provides an updated set of NQB expectations for nurse staffing to help Trust boards make local decisions that will deliver high quality care for patients within the available staffing resource.

Financial implications
Already incorporated into 16/17 Division budgets

Who needs to be told about any decision?
Divisional Management Teams
Finance Department
Workforce Planning

Who is responsible for implementing the proposals / project and anticipated timescales?
Chief Nurse; Assistant Chief Nurses, Head of Nursing

Who is accountable for the implementation of the proposal / project?
Chief Nurse; Divisional Management Teams

1. Introduction

1.1 This report on GOSH Safe Nurse Staffing contains information from the month of November and December 2016. The report provides information on staff in post, safe staffing incidents, nurse vacancies and includes quality measures which are reported by exception.

1.2 The expectation is the Board 'take full responsibility for the care provided to patients and, as a key determinant of quality, take full and collective responsibility for nursing care capacity and capability'.

1.3 The purpose of the report is to evidence and assure the Trust Board that the nurse staffing levels provided across inpatient wards are appropriate to meet patient care requirements and are in line with the agreed planned staffing levels following review and presentation to the Trust Board in February 2017.

1.4 Monthly ward nurse staffing updates are submitted to NHS England and the Trust Board with the following information:

- The number of staff on duty the previous month compared to planned staffing levels.
- The reasons for any gaps, highlighting those wards where this is a consistent feature and impacts on the quality of care, to include actions being taken to address issues.
- The reporting of Care Hours per Patient Day (CHPPD).
- The impact on key quality and safety measures.

2. GOSH Ward Nurse Staffing Information for Trust Board

2.1 Safe Staffing

2.1.1 The UNIFY Fill Rate Indicator for November and December is attached as Appendix 1 and 2. The spreadsheets contain:

- Total monthly planned staff hours; the Divisional Assistant Chief Nurses and Matrons provide this figure based on the agreed average safe staffing level for each of their wards. These figures are fixed ie do not alter month on month. Bed closure information is used to adjust the planned staffing levels. A short term change in acuity and dependency requiring more or fewer staff is not reflected in planned hours but in the actual hours.
- Total monthly actual staff hours worked; this information is taken from the electronic rostering system (RosterPro), and includes supervisory roles, staff working additional hours, CNS shifts, and extra staff booked to cope with changes in patient dependency and acuity from the Nurse Bank. Supernumerary shifts are excluded. In order to meet the fluctuations in acuity and dependency the number may exceed or be below 100%.
- Average fill rate of planned shifts. It must be noted that the presentation of data in this way is open to misinterpretation as the non-registered pool is small in comparison to the registered pool, therefore one HCA vacancy or extra shifts worked will have a disproportionate effect on the % level.

2.1.2 Commentary

Divisional Assistant Chief Nurses and IPP Head of Nursing are asked to comment on percentage scores of less than 90% or greater than 110%, and declare any unsafe staffing situations that have occurred during the month in question including actions taken at the time to rectify and make the situation safe. The overall Trust fill rate % for November and December are:

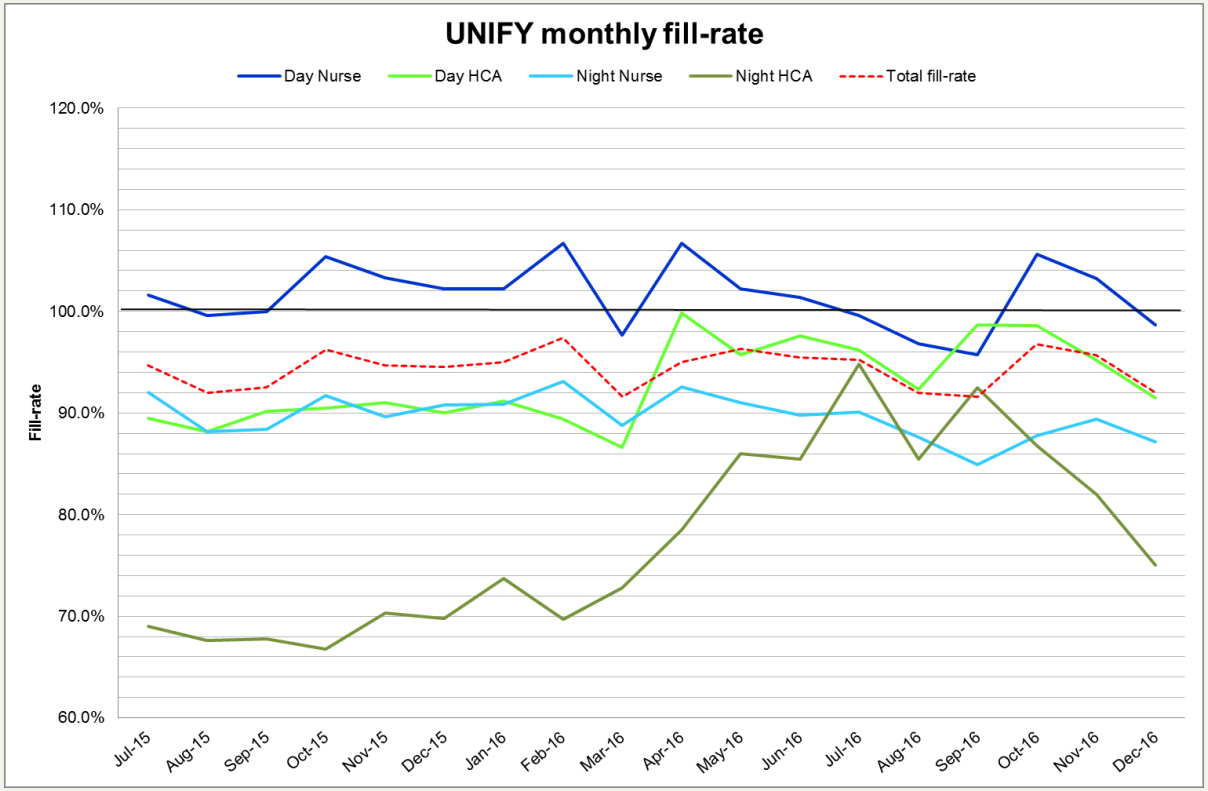
	RN Day	RN Night	HCA Day	HCA Night	Total Fill Rate
October	105.6%	87.8%	98.6%	86.8%	96.8%
November	103.2%	89.4%	95.2%	82.0%	95.7%
December	98.7%	87.2%	91.5%	75.0%	92.0%

Comment:

Since September there has been a decline in the fill rate for both registered nurses and care staff and in particular for care staff at night, total fill rates are over 90% though RN and HCA fill rates are below 90%.

There are a number of assessment centres planned for January and March 2017 to recruit Band 5s and Talent for Care (Band 2-4s).

The Trust Open day is taking place in February 2017. This day and the assessment centres have been bought forward earlier than in previous years to ensure we are one of the first Trusts to be offering jobs to the NQNs qualifying in September 2017.



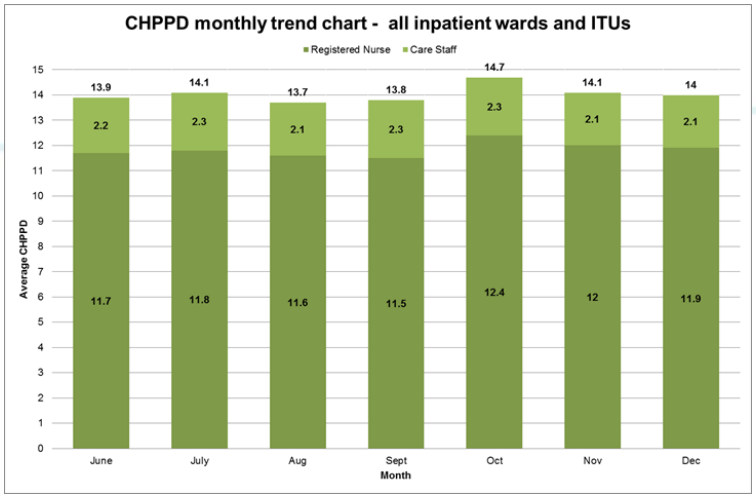
Charles West , IPP and JM Barrie - no unsafe shifts reported in November and December		
Charles West	**November**	**December**
Badger	Below 90% on registered staff which relates to there being a number of Band 5 and Band 6 vacancies that we are actively recruiting into. Above 110% due to over recruitment of band 2s .	Below 90% on registered with continued vacancies at Band 5 and Band 6. Active recruitment is taking place.
Bear	Over on registered staff as a significant number of NQNs requiring additional support and a number still awaiting NMC PINs.	Slightly over on registered as 2 NQNs still awaiting PINs so their shifts had to be covered by Bank.
Miffy (TCU)	Below the 90% registered due to band 5 vacancies and short term sickness. Bank shifts being covered by trachostomy competent Band 3s as feasible.	Continued high sickness rates with registered nurses
Neonatal Intensive Care Unit	Very low fill rates for care staff due to having a small established post with a number of vacancies. Planned recruitment taking place in January 2017.	Continued vacancies in Band 3s.
Paediatric Intensive Care Unit	Over capacity with 17 filled beds on occasions requiring additional registered staff, increase in short-term staff sickness. Plans to recruit to band 3 posts.	Recruitment for Band 3s taking place in Jan 2017.
Elephant	Fill rate under for care staff at night due to a higher demand to cover the days	Patient activity down over the Christmas period, staff moved across the wards to cover high levels of sickness
Fox		
Giraffe	Registered nurse numbers high as not all NQNs had completed their supernumerary period. The wards have been very busy with higher patient activity and acuity requiring more Bank staff	
Lion		
Robin		
Penguin	Over the variation as ambulatory day case staff are counted in the total numbers. Discussing with finance to see if this can be rectified .On this basis the figures need to be viewed with care	
IPP	**November**	**December**
Butterfly	High fill rate for the Band 3 HCA role as the ward has been unable to fill all bank shifts with registered nurses and therefore covered shifts with Bank HCAs. The ward also had increased numbers of ward attenders and day-case requiring Chemotherapy requiring more registered nurses on the day shifts	Continued to use Bank HCAs to cover unfilled RN Bank shifts

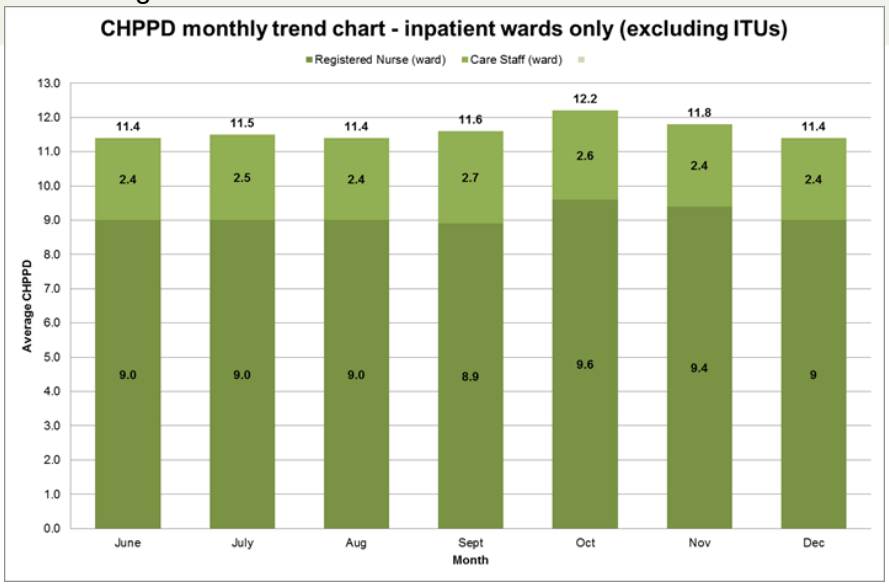
Bumblebee	High fill rate for the Band 3 HCA to care for children with Tracheostomies requiring 1:1 care role.	Continued to use Bank HCAs to cover unfilled RN Bank shifts
Hedgehog		Hedgehog merged with Bumblebee over the Christmas 2016/New Year period because of reduced activity. Staff used to cover Butterfly and Bumblebee as required.
JM Barrie	**November**	**December**
Sky	The variation of 144.5% for registered nurses to care for 3 patients trache/vented who required 1:1 nursing care	For one week the ward was declared poorly staffed shifts due an increase in activity, acuity, and poor staff skill mix. This was assessed twice daily and staff were redeployed from other areas to cover.
Rainforest Gastro	Vacancies for band 6 and unqualified accounts for the variance. Activity has been reduced so the ward was not unsafe	Continued vacancies at Band 3s
Kingfisher	Day qualified staff < 90% due to staff sickness. Staff were moved around from days to cover the night shifts. The days were covered with CNS and PE input. 6 Staff nurses were also supernumerary during this period.	Average fill rate for qualified staff under the 10% tolerance rate due to 6 new starters commencing October 2016 still needing to complete competencies. The Practice Educator worked closely with these nurse to teach and support them for competency sign off in January 2017.
Eagle		Average fill rate for qualified staff on both day and nights were slightly under the 10% tolerance due to new starters being supernumerary and gaining competence.
Koala	Registered nursing of 85.9% is due to a mixture of vacancies, sickness and staff needing to swap from nights to days to cover shifts,	Koala's care staff were high on days and low on nights as they are required to cover day shifts on Cupcake. No shifts were declared unsafe.
Rainforest Endo/Met	Higher number of registered staff required as dependency of children was high. Vacant HCA shifts not covered by Bank	Continued high acuity of children requiring additional staffing
Peter Pan	Registered staff required for an increase in tracheostomy patients.	

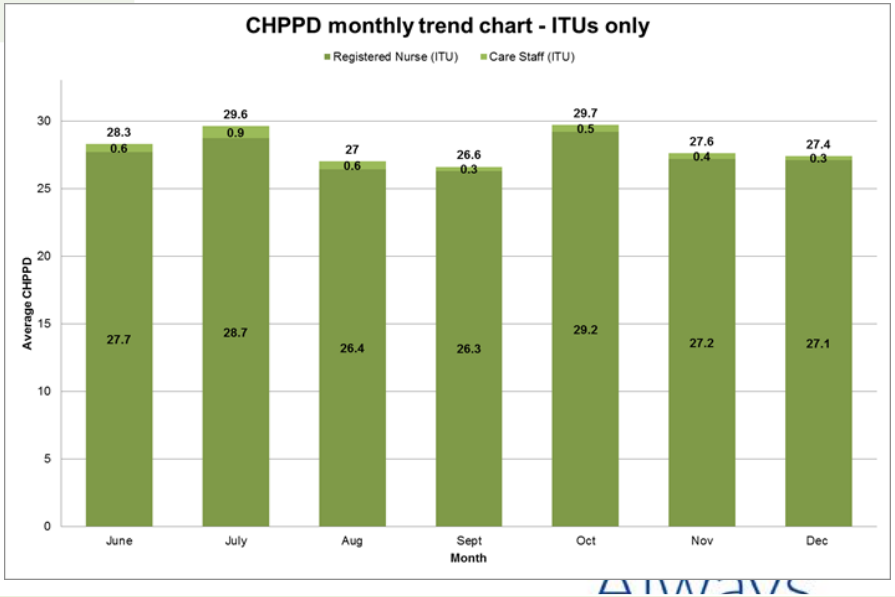
2.1.3 Care Hours per Patient Day (CHPPD)

From May 2016 Trusts began reporting monthly CHPPD data to NHS Improvement and is included in the Planned vs Actual hours report. Over time it is hoped this data will be used to enable national benchmarking with other organisations on a ward speciality basis to ensure effective and efficient staffing levels and allow trusts to review internally the deployment of staff within a speciality and by comparable ward.

This data is only for the inpatient wards and excluding any daycase beds. The data is broken down by registered and non-registered staffing for each ward; it also compares each ward to the current Trust average hours (including and excluding ITU CHPPD). Currently there is no national guidance on what the CHPPD should be for specialist hospitals but as a Trust we are attending a number of national meetings to understand how we can use CHPPD as a productivity and efficiency measure and how this measure can be used to inform ward nursing establishments.







2.1.4 Unsafe shift - 0

The Clinical Site Practitioners (CSPs) confirm that no ward was declared unsafe in November and December. 5 shifts were reported as being short of staff but safety was not reported to be compromised.

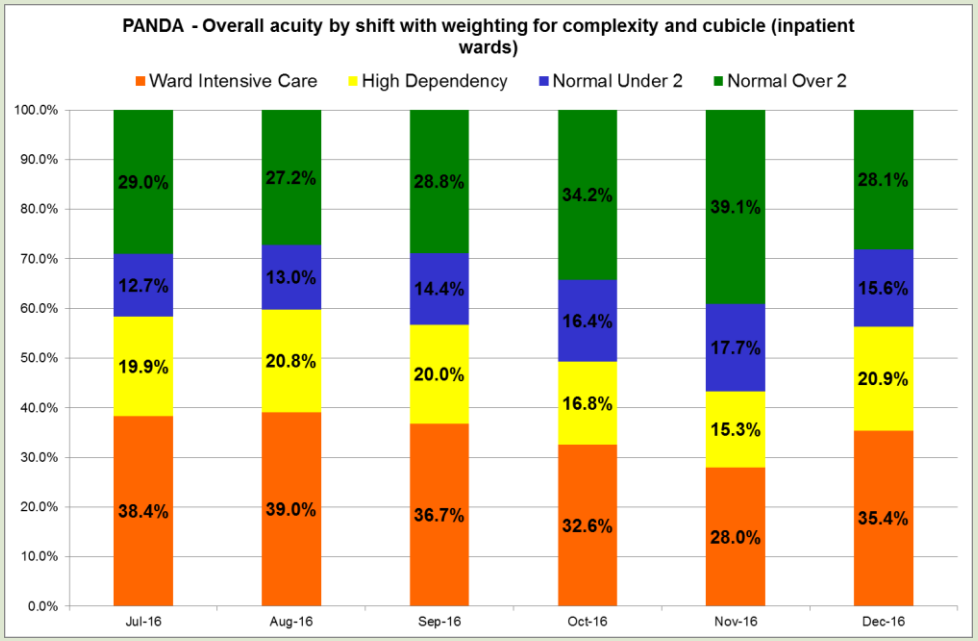
2.2.1 PANDA

Comments:

This is the first time this data has been included in this monthly safe staffing report. The plan is to map this data on a monthly basis to identify any significant changes in patient acuity and to ensure this data is regularly triangulated against monthly nurse staffing fill rates.

This data shows the breakdown of patient acuity including: Ward intensive care - requiring 1:1 nurse to patient ratio, high dependency care (HDU) - requiring 1:2 ratio, normal care of under 2yrs - 1.3 ratio, and over 2yrs - 1.4 ratio.

For December there was an increase in both ward intensive care and HDU level of care compared to both October and November though the levels were similar to the acuity that were recorded for July and August 2016.

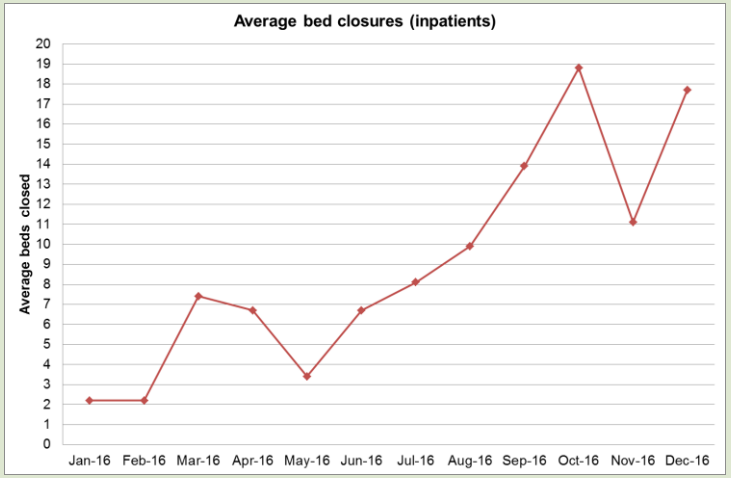


2.2.2 Bed closures

Comments:

Since May 2016 there has been a steady rise in the number of beds closed every month. A number of these closures have been due to staff shortages over the summer and for planned works to take place in IPP.

The increase in December relates to a number of beds being closed for infection control purposes with an outbreak of Noro virus and an increase in respiratory infections.



2.3 Vacancies and Recruitment

Comments:

During November and December the Trust has recruited:

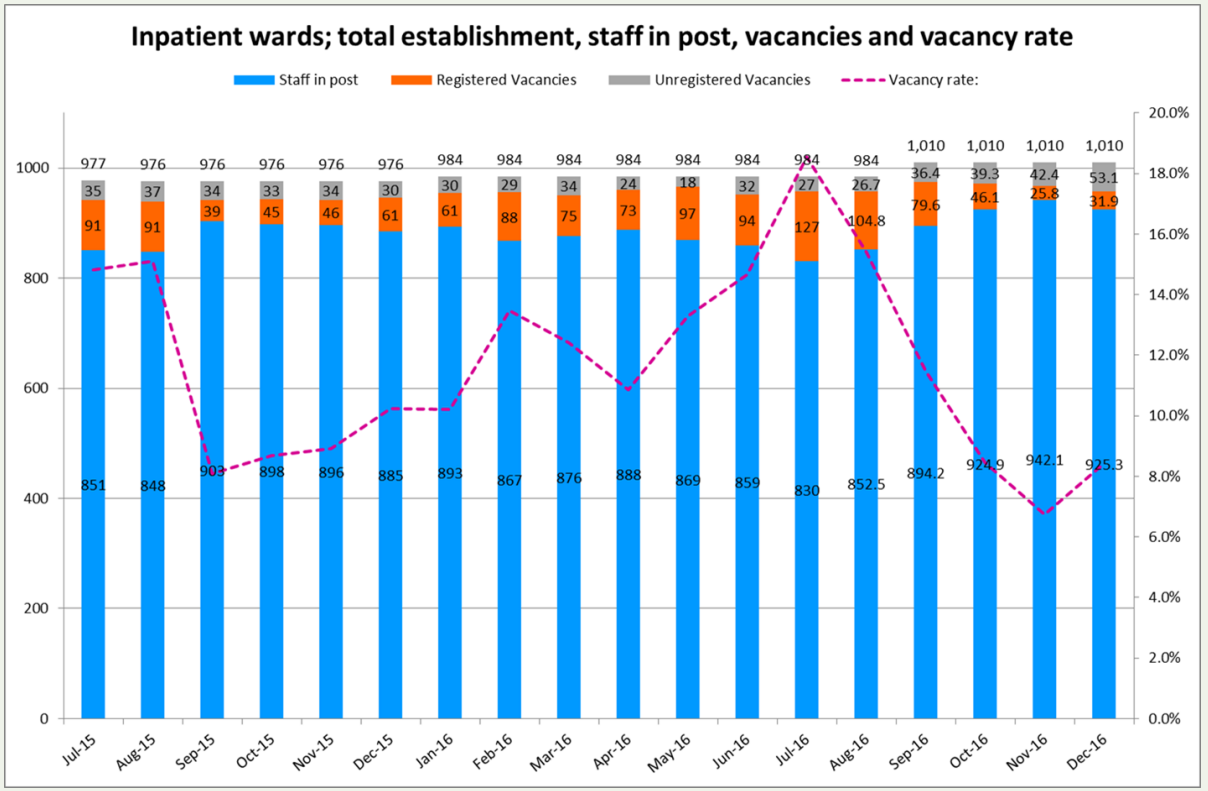
- 48 New Qualified Nurses
- 17 Experienced Band 5s
- 8 Band 6s

New Starters joining the Trust in November and December:

- 18 Band 2-4
- 7 Band 5s
- 8 Band 6s

Leavers over this period:

- 13.6 Band 2-4s
- 24 Band 5s
- 9.5 Band 6s
- 5 Band 7s



2.3.1 Key Challenges:

Recruitment of experienced Band 5 and Band 6 Nurses.

Retention of Band 5 and 6 Nurses.

Better understanding of how to used CHPPD as an efficiency and productivity measure.

3. Key Quality and Safety Measures and Information

3.1 Hard Truths Commitments Regarding the Publishing of Staffing Data (Care Quality Commission, March 2014) states 'data alone cannot assure anyone that safe care is being delivered. However research demonstrates that staffing levels are linked to the safety of care and that fewer staff increases the risks of patient safety incidents occurring.' In order to assure the Board of safe staffing on wards the following nursing quality and patient experience information has been collated to demonstrate that the wards were safe during July 2016.

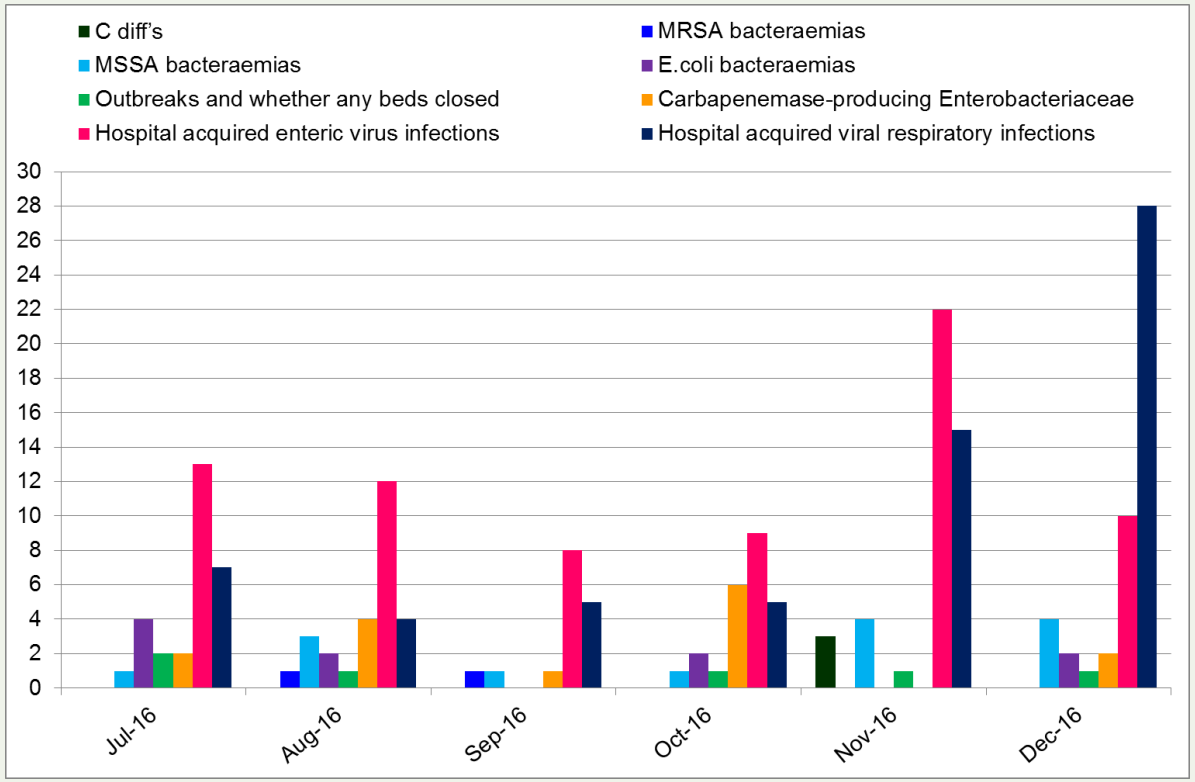
3.2 The following quality measures provide a base line report for the Board. A number are Key Performance Indicators (KPIs) that are regularly monitored, any poor results are reviewed, challenged and investigated through the Divisional Chief Nurses and their review processes.

3.1.1 Infection Control:

Comments:

During November and December there was the expected seasonal rise in both enteric and respiratory viral infections.

There has also been a rise in MSSA bacteraemias. This data has been discussed at the Nursing Board meeting with the senior nurses in January. Further discussions are needed to confirm the best way to flag to ward sisters and Matrons if there are concerns in there areas and what actions need to be taken to improve performance.

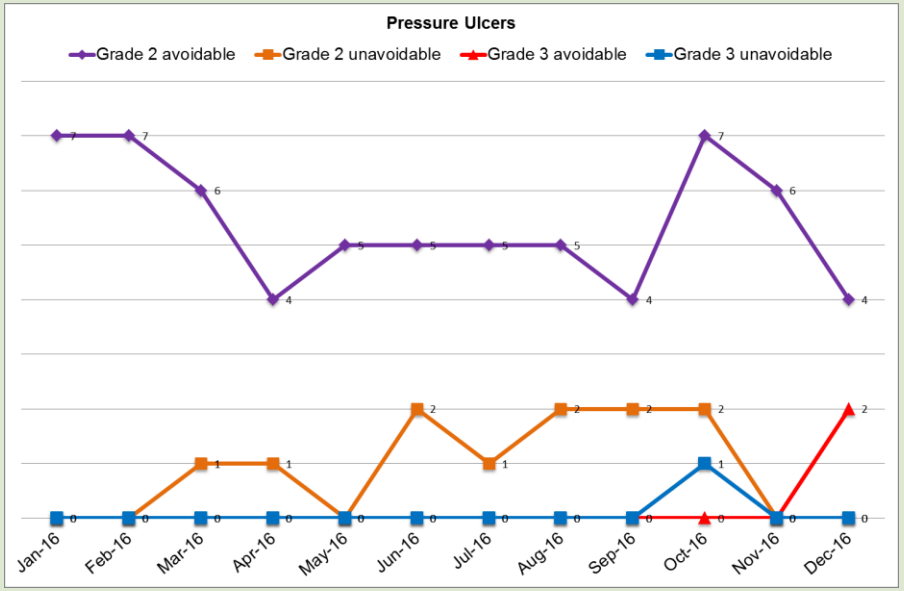


3.1.2 Pressure Ulcers

Comment:

The number of Grade 2 avoidable pressure has decreased for both November and December from 7 to 4. RCAs are now taking place for all avoidable pressure ulcers.

There were 2 unavoidable grade 2 pressure sores for December.

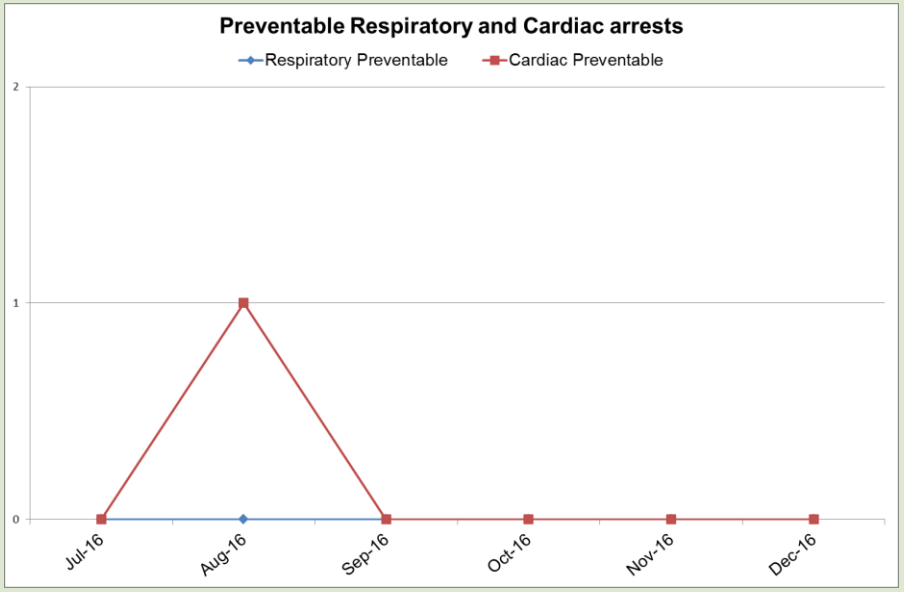


3.1.3 Deteriorating patient

Comment:

There were no preventable cardiac or respiratory arrests in November or December.

NB. Classification of preventable arrests has not been confirmed for November and December – awaiting new Resuscitation Committee chair to sign these off.



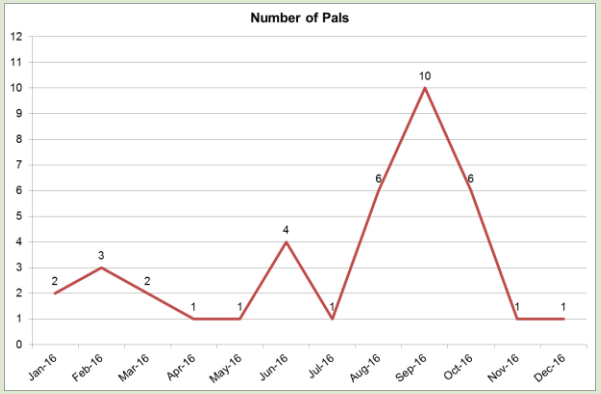
3.1.4 Safety incidents reported about inadequate nurse staffing levels

Comment:

There was one datix reported in November and one for December.

November - Woodpecker Ward. There was a delay in taking a patient to theatre as there was no nurse available. The issue was resolved by the anaesthetist collecting the patient.

December - Flamingo Ward: A staff nurse went off sick who was directly supervising an HCA, the HCA had to be indirectly supervised by the Team leader which resulted in a delay in the administration of some medications, there was no harm to the patients.

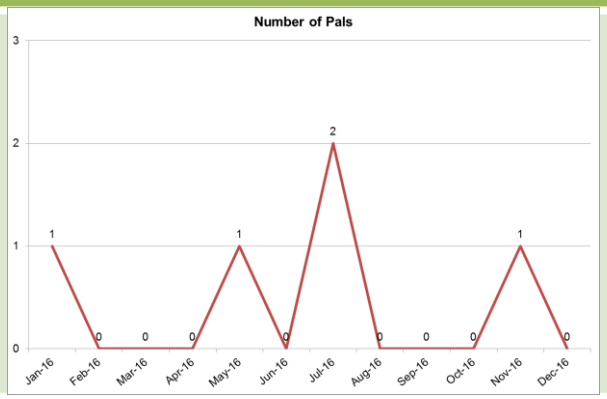


3.1.5 Pals concerns raised by families regarding nurse staffing

Comment:

There was 1 Pals concern about staffing levels in November.

Lion Ward. A mother of a child did not get the support she needed from the nursing team, as she did not feel there were enough staff on shift to assist her.



3.1.6 Complaints received regarding nurse safe staffing

Comment:

There were no complaints about nurse staffing for November or December.

3.1.7 Friends and family test (FFT) data - November

Overall response rate for November 2016 has increased to 25.5% (data extracted 15/12/2016) compared to 25.2% in October 2016. The target response rate is currently 40%.

- The overall percentage to recommend score is 99% (data extracted 15/12/2016).
- Families that were extremely likely to recommend GOSH to their friends and family equalled 88.4% (685) and 10.4% (81) responded as likely to recommend in November 2016 compared with 89% (626) and 9% (63) in October 2016.

The following negative comments or suggestions regarding staffing issues/staff behaviour have been received for the following wards.

Ward/Area	Comment related to response
Badger	Felt it could be a bit more organised - probably because of shortage of staff.
Bumblebee	However the only thing I was not happy with was that staffing nurse seem over worked. I feel they are given too many patients to care for in my experience.
Kingfisher	Great hospital but staff no good. Had high hopes for great care but felt unwelcome!

The following positive comments regarding outstanding performance regarding staff behaviour have been received for the following wards:

Ward/Area	Comment related to response
Hedgehog	The staff were outstanding. Nurses and play leaders were incredibly helpful, patient and kind to both ourselves (parents) and our child. They couldn't have given us a better experience! Thank you!
Koala	Always professional but so kind, friendly and approachable, the staff have made one of the most stressful periods of our life so much more bearable than it could have been. we already support GOSH through monthly donations and we will shout from the rooftop what a great place this is!
Puffin	Patient name has spent a great deal of time throughout his life at GOSH. The staff feel like an extended family they always open their arms when patient name returns. The team on Woodpecker and Puffin and in theatre are kind, considerate, they care and to a sick child that matters, to a parent of a sick child, it's a life line when the chips are down! Thank you team GOSH!!
Walrus	Thank you soooo much for everything. Everyone's been extremely great. We are particularly thankful for the kind attention and good humour of staff name, patient name' main nurse today and staff name for his clear matter of fact approach to explaining the matter. And thanks to everyone else!

3.1.8 Friends and family test (FFT) data - December

Overall response rate for December 2016 has increased to 27.3% (data extracted 12/01/2017) compared to 25.5% in November 2016. The target response rate is currently 40%.

- The overall percentage to recommend score is 97.3% (data extracted 12/01/2017).
- Families that were extremely likely to recommend GOSH to their friends and family equalled 88% (638) and 10% (71) responded as likely to recommend in December 2016 compared with 88.4% (685) and 10.4% (81) in November 2016.

The following negative comments or suggestions regarding staffing issues/staff behaviour have been received for the following wards.

Ward/Area	Comment related to response
Badger	Some days seemed extremely busy and they had like lack of staff.
Penguin Ambulatory	Short staffed, extremely busy for time of year, not enough room for patients and family.
Sky	Maybe due to the hospital being a bit understaffed which can make the nurses stressed and ill sometimes. But thank you loads for everything.

There were 12 very positive comments regarding outstanding performance regarding staff behaviour, Examples include:

Ward/Area	Comment related to response
Bumblebee	The difficult process of being in hospital was made easier by the great care received and the friendly, attentitive staff.
Butterfly	Our whole experience has been amazing, We felt very welcoming from the moment we came in and were made to feel very comfortable. (staff name) immediately took the baby to help us talk to the Dr and address our concerns. She was very polite, thoughtful and continuously by our side to help. (staff name) was also very helpful as well.
Safari	The staff are extremely helpful, attentive and always there if needed. Couldn't ask for a better team!

4. Conclusion and Recommendation

4.1 Conclusion

This paper seeks to provide the Board of Directors with the required overview and assurance that all wards were safely staffed against the Trust's determined safe staffing levels during November and December 2016, and appropriate actions were taken when concerns were raised. All Trusts are required to ensure the validity of data by triangulating information from different sources prior to providing assurance reports to their Board of Directors, this has been key to compiling the report.

4.2 Recommendations - The Board of Directors are asked to note:

4.2.1	The content of the report and be assured that appropriate information is being provided to meet the national and local requirements.
4.2.1	The information on safe staffing and the impact on quality of care.
4.2.3	The on-going challenges in recruiting experienced nurses.
4.2.4	The national reporting of CHPPD and how this can be used as a productivity and efficiency measure.

Appendix 1: UNIFY Safe Staffing submission – November 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

Only complete sites your organisation is accountable for					Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
Hospital Site Details		Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
RP401	GREAT ORMOND STREET HOSPITAL CEN	Badger Ward	340 - RESPIRATORY MEDICINE		2273	2076	337	406	2026	1792	337	359.9	91.3%	120.5%	88.5%	106.8%	351	11.0	2.2	13.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2760	3050.65	598	516	2760	2694.2	345	260.6	110.5%	86.3%	97.6%	75.5%	615	9.3	1.3	10.6
RP401	GREAT ORMOND STREET HOSPITAL CEN	Flamingo Ward	192 - CRITICAL CARE MEDICINE		6808	7484.47	345	218.5	6417	6214.65	207	54	109.9%	63.3%	96.8%	26.1%	546	25.1	0.5	25.6
RP401	GREAT ORMOND STREET HOSPITAL CEN	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		690	740	1035	761	690	603.1	690	574.05	107.2%	73.5%	87.4%	83.2%	142	9.5	9.4	18.9
RP401	GREAT ORMOND STREET HOSPITAL CEN	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3078	3184.7	342	11.5	3078	2875.4	0	0	103.5%	3.4%	93.4%	-	208	29.1	0.1	29.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5823	6499.38	342	184	5823	5267.3	342	23	111.6%	53.8%	90.5%	6.7%	403	29.2	0.5	29.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1633	1787.54	345	260.75	1380	1223.9	345	255.95	109.5%	75.6%	88.7%	74.2%	325	9.3	1.6	10.9
RP401	GREAT ORMOND STREET HOSPITAL CEN	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	1957	1566.5	326	264.5	1826	1321.5	326	286.4	80.0%	81.1%	72.4%	87.9%	257	11.2	2.1	13.4
RP401	GREAT ORMOND STREET HOSPITAL CEN	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1035	1189.85	345	322	1035	910	345	254	115.0%	93.3%	87.9%	73.6%	192	10.9	3.0	13.9
RP401	GREAT ORMOND STREET HOSPITAL CEN	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1602	1387.8	338	230	1354	982.5	338	281.2	86.6%	68.0%	72.6%	83.2%	293	8.1	1.7	9.8
RP401	GREAT ORMOND STREET HOSPITAL CEN	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	943	1176.65	345	747	690	627.1	345	108.7	124.8%	216.5%	90.9%	31.5%	142	12.7	6.0	18.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1829	1636.5	319	266.35	1595	1198.8	319	304.5	89.5%	83.5%	75.2%	95.5%	279	10.2	2.0	12.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	1921	1997.5	274	896.5	1646	1666.3	548	867.45	104.0%	327.2%	101.2%	158.3%	397	9.2	4.4	13.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2401	2055.5	300	595	1800	1240.2	300	336.2	85.6%	198.3%	68.9%	112.1%	395	8.3	2.4	10.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Eagle Ward	361 - NEPHROLOGY		2231	2105.7	690	690.5	1380	1430.8	345	319.5	94.4%	100.1%	103.7%	92.6%	413	8.6	2.4	11.0
RP401	GREAT ORMOND STREET HOSPITAL CEN	Kingfisher Ward	420 - PAEDIATRICS		1748	1859	897	569	331	384.3	0	11.5	106.4%	63.4%	116.1%	-	169	13.3	3.4	16.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		940	1097.55	688	264.5	688	606.2	688	204.9	116.8%	38.4%	88.1%	29.8%	197	8.6	2.4	11.0
RP401	GREAT ORMOND STREET HOSPITAL CEN	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1032	1227.8	688	333.5	1032	750.8	344	318.1	119.0%	48.5%	72.8%	92.5%	215	9.2	3.0	12.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1087	1288.2	606	681.15	494	388.8	448	472.1	118.5%	112.4%	78.7%	105.4%	296	5.7	3.9	9.6
RP401	GREAT ORMOND STREET HOSPITAL CEN	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3259	3354.7	344	361.5	3167	2719.9	344	111.5	102.9%	105.1%	85.9%	32.4%	613	9.9	0.8	10.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1536	1465.25	596	633	1444	1317.3	0	22.3	95.4%	106.2%	91.2%	-	348	8.0	1.9	9.9
RP401	GREAT ORMOND STREET HOSPITAL CEN	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1753	1920.75	611	883	1712	1549.3	0	46	109.6%	144.5%	90.5%	-	424	8.2	2.2	10.4
RP401	GREAT ORMOND STREET HOSPITAL CEN	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2884	2802.34	681	706.5	2589	2433.25	0	282.9	97.2%	103.7%	94.0%	-	586	8.9	1.7	10.6
RP401	GREAT ORMOND STREET HOSPITAL CEN	Hedgehog Ward	420 - PAEDIATRICS		1358	1325.85	339	368	1018	926.4	339	226.8	97.6%	108.6%	91.0%	66.9%	175	12.9	3.4	16.3

Appendix 2: UNIFY Safe Staffing submission – December 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

Only complete sites your organisation is accountable for					Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
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RP401	GREAT ORMOND STREET HOSPITAL CEN	Badger Ward	340 - RESPIRATORY MEDICINE		2368	2021.67	352	396.35	2117	1823.9	352	384.1	85.4%	112.6%	86.2%	109.1%	437	8.8	1.8	10.6
RP401	GREAT ORMOND STREET HOSPITAL CEN	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2667	3121.35	570	536	2667	2826.5	333	303.1	117.0%	94.0%	106.0%	91.0%	615	9.7	1.4	11.0
RP401	GREAT ORMOND STREET HOSPITAL CEN	Flamingo Ward	192 - CRITICAL CARE MEDICINE		6737	7280.52	341	92	6340	5898.1	187	54	108.1%	27.0%	93.0%	28.9%	575	22.9	0.3	23.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		713	821	1069	918.5	713	532	713	595.8	115.1%	85.9%	74.6%	83.6%	143	9.5	10.6	20.1
RP401	GREAT ORMOND STREET HOSPITAL CEN	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3178	3289.25	353	0	3178	2800.5	0	0	103.5%	0.0%	88.1%	-	220	27.7	0.0	27.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5710	6271.98	335	149	5710	5485.63	335	0	109.8%	44.5%	96.1%	0.0%	414	28.4	0.4	28.8
RP401	GREAT ORMOND STREET HOSPITAL CEN	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1675	1725.5	355	308	1423	1257.7	355	206	103.0%	86.8%	88.4%	58.0%	386	7.7	1.3	9.1
RP401	GREAT ORMOND STREET HOSPITAL CEN	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2021	1692.05	336	293.15	1869	1402.5	336	314.6	83.7%	87.2%	75.0%	93.6%	270	11.5	2.3	13.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1069	1277.25	356	299	1069	910.7	356	186.4	119.5%	84.0%	85.2%	52.4%	205	10.7	2.4	13.0
RP401	GREAT ORMOND STREET HOSPITAL CEN	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1679	1439.45	356	230	1426	1089.8	356	279.8	85.7%	64.6%	76.4%	78.6%	289	8.8	1.8	10.5
RP401	GREAT ORMOND STREET HOSPITAL CEN	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	939	1084.5	346	613.05	693	455.7	346	64.95	115.5%	177.2%	65.8%	18.8%	124	12.4	5.5	17.9
RP401	GREAT ORMOND STREET HOSPITAL CEN	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1933	1682.75	338	384.5	1693	1179.6	338	282.9	87.1%	113.8%	69.7%	83.7%	245	11.7	2.7	14.4
RP401	GREAT ORMOND STREET HOSPITAL CEN	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2317	1899.25	331	737	1986	1532.4	662	686.3	82.0%	222.7%	77.2%	103.7%	481	7.1	3.0	10.1
RP401	GREAT ORMOND STREET HOSPITAL CEN	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2487	1913.25	310	649	1865	1176.6	310	331	76.9%	209.4%	63.1%	106.8%	343	9.0	2.9	11.9
RP401	GREAT ORMOND STREET HOSPITAL CEN	Eagle Ward	361 - NEPHROLOGY		2223	1967.25	692	599	1385	1413.1	346	260.6	88.5%	86.6%	102.0%	75.3%	389	8.7	2.2	10.9
RP401	GREAT ORMOND STREET HOSPITAL CEN	Kingfisher Ward	420 - PAEDIATRICS		1776	1330.75	914	402.5	312	305.9	0	0	74.9%	44.0%	98.0%	-	106	15.4	3.8	19.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		966	1143	713	230	713	671	713	265.5	118.3%	32.3%	94.1%	37.2%	198	9.2	2.5	11.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1009	1238.05	672	381.15	1009	736.5	336	217.4	122.7%	56.7%	73.0%	64.7%	207	9.5	2.9	12.4
RP401	GREAT ORMOND STREET HOSPITAL CEN	Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1116	1029.85	612	698.7	507	442.8	454	358.5	92.3%	114.2%	87.3%	79.0%	247	6.0	4.3	10.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3358	3230.45	356	415.5	3243	2657.9	356	164.8	96.2%	116.7%	82.0%	46.3%	570	10.3	1.0	11.3
RP401	GREAT ORMOND STREET HOSPITAL CEN	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1287	1444.75	498	518	1193	1321.8	0	32.4	112.3%	104.0%	110.8%	-	246	11.2	2.2	13.5
RP401	GREAT ORMOND STREET HOSPITAL CEN	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1814	1955.65	635	1117.2	1763	1555.65	0	80.5	107.8%	175.9%	88.2%	-	366	9.6	3.3	12.9
RP401	GREAT ORMOND STREET HOSPITAL CEN	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2834	2678.54	673	585	2541	2271	0	357.8	94.5%	86.9%	89.4%	-	564	8.8	1.7	10.4
RP401	GREAT ORMOND STREET HOSPITAL CEN	Hedgehog Ward	420 - PAEDIATRICS		1137	769.9	284	241.5	852	587.4	284	173.5	67.7%	85.0%	68.9%	61.1%	133	10.2	3.1	13.3

Appendix 3: Overview of Ward Nurse Staffing – November 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

Division	Ward	Registered Nursing staff				Non Registered							Recruitment Pipeline			
		Established Bed Numbers	Proposed Funded Establishment	Staff in Post	Vacancies	Proposed Funded establishment	Staff in Post	Vacancies	Total Establishment	Total Vacancies	Bank Used	Net Vacant	Registered Starters	Non-registered Starters	Number of unsafe shifts	Average Bed Closures
West	Badger	15	39.5	29.9	9.6	7.5	2.0	5.5	47.0	15.1	2.9	12.2	4.0		0	0.3
	Bear	24	53.5	55.9	-2.4	9.0	7.0	2.0	62.5	-0.4	4.8	-5.2			0	0.0
	Miffy (TCU)	5	14.1	13.6	0.5	10.4	8.5	1.9	24.5	2.4	3.2	-0.8	1.0		0	0.0
	Flamingo	21	121.0	122.0	-1.0	10.8	2.0	8.8	131.8	7.8	13.4	-5.6	8.0	0.0	0	0.0
	NICU	8	51.5	44.2	7.3	5.2	0.0	5.2	56.7	12.5	12.6	-0.1			0	0.1
	PICU	15	83.1	99.6	-16.5	8.9	1.0	7.9	92.0	-8.6	12.8	-21.4			0	0.1
	Elephant	13	25.0	26.5	-1.5	5.0	3.6	1.4	30.0	-0.1	2.0	-2.1	1.0	2.0	0	0.0
	Fox	10	31.0	28.0	3.0	5.0	4.0	1.0	36.0	4.0	3.0	1.0	0.0	0.0	0	0.5
	Giraffe	7	19.0	20.1	-1.1	3.1	4.0	-0.9	22.1	-2.0	1.0	-3.0	0.0	0.0	0	0.0
	Lion	11	22.0	21.7	0.3	4.0	3.0	1.0	26.0	1.3	2.8	-1.5	1.0	1.0	0	0.2
	Penguin	9	15.5	16.0	-0.5	5.8	6.0	-0.2	21.3	-0.7	0.6	-1.3	0.0	0.0	0	0.0
	Robin	10	27.2	26.8	0.4	4.5	5.2	-0.7	31.7	-0.3	2.6	-2.9	1.0	0.0	0	0.8
IPP	Bumblebee	21	38.3	27.0	11.3	9.7	11.0	-1.3	48.0	10.0	11.6	-1.6	5.0	2.0	0	4.3
	Butterfly	18	37.2	23.0	14.2	10.5	7.0	3.5	47.7	17.7	4.2	13.5	7.0	3.0	0	2.3
	Hedgehog	10	20.0	20.0	0.0	6.0	6.0	0.0	26.0	0.0	1.0	-1.0	0.0	0.0	0	0.2
Barrie	Eagle	21	39.5	33.0	6.5	10.5	8.0	2.5	50.0	9.0	3.8	5.2			0	0.0
	Kingfisher	16	17.1	16.3	0.8	6.2	4.8	1.4	23.3	2.2	1.8	0.4			0	0.0
	Rainforest Gastro	8	17.0	15.9	1.1	4.0	3.5	0.5	21.0	1.6	1.4	0.2			0	0.0
	Rainforest Endo/Met	8	15.6	15.8	-0.2	5.2	4.5	0.7	20.8	0.5	2.1	-1.6			0	0.0
	Mildred Creak	10	11.8	14.0	-2.2	7.8	8.0	-0.2	19.6	-2.4	0.8	-3.2			0	0.0
	Koala	24	48.2	59.0	-10.8	7.8	4.0	3.8	56.0	-7.0	1.5	-8.5			0	0.0
	Peter Pan	16	24.5	25.9	-1.4	5.0	5.6	-0.6	29.5	-2.0	1.3	-3.3			0	0.0
	Sky	18	31.0	26.7	4.3	5.2	5.0	0.2	36.2	4.5	1.6	2.9			0	2.0
	Squirrel	22	43.6	39.5	4.1	7.0	8.0	-1.0	50.6	3.1	4.8	-1.7			0	0.3
		340	846.2	820.4	25.8	164.1	121.7	42.4	1010.3	68.2	97.5	-29.3	28.0	8.0	0.0	11.1

Appendix 4: Overview of Ward Nurse Staffing – December 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

Division	Ward	Established Bed Numbers	Registered Nursing staff			Non Registered							Recruitment Pipeline			
			Proposed Funded Establishment	Staff in Post	Vacancies	Proposed Funded establishment	Staff in Post	Vacancies	Total Estabslishment	Total Vacancies	Bank Used	Net Vacant	Registered Starters	Non-registered Starters	Number of unsafe shifts	Average Bed Closures
West	Badger	15	39.5	27.3	12.2	7.5	5.9	1.6	47.0	13.8	3.7	10.1	6.0		0	0.2
	Bear	24	53.5	54.9	-1.4	9.0	8.0	1.0	62.5	-0.4	0.9	-1.3	1.0		0	1.6
	Miffy (TCU)	5	14.1	14.6	-0.5	10.4	11.2	-0.8	24.5	-1.3	3.3	-4.6			0	0.0
	Flamingo	21	121.0	117.0	4.0	10.8	2.0	8.8	131.8	12.8	10.2	2.6	5.0	0.0	0	0.7
	NICU	8	51.5	44.6	6.9	5.2	0.0	5.2	56.7	12.1	11.9	0.2	3.0		0	0.1
	PICU	15	83.1	92.9	-9.8	8.9	1.0	7.9	92.0	-1.9	15.8	-17.7	5.0		0	0.8
	Elephant	13	25.0	25.3	-0.3	5.0	3.4	1.6	30.0	1.3	2.2	-0.9	1.0	2.0	0	0.0
	Fox	10	31.0	26.8	4.2	5.0	4.7	0.3	36.0	4.5	1.9	2.6	0.0	0.0	0	0.6
	Giraffe	7	19.0	20.1	-1.1	3.1	4.0	-0.9	22.1	-2.0	1.3	-3.3	0.0	0.0	0	0.0
	Lion	11	22.0	17.4	4.6	4.0	4.0	0.0	26.0	4.6	2.9	1.7	1.0	1.0	0	0.0
	Penguin	9	15.5	16.0	-0.5	5.8	6.0	-0.2	21.3	-0.7	0.5	-1.2	0.0	0.0	0	0.3
	Robin	10	27.2	23.7	3.5	4.5	4.3	0.2	31.7	3.7	1.8	1.9	0.0	0.0	0	0.5
IPP	Bumblebee	21	38.3	27.0	11.3	9.7	11.0	-1.3	48.0	10.0	7.7	2.3	5.0	2.0	0	1.5
	Butterfly	18	37.2	23.0	14.2	10.5	7.0	3.5	47.7	17.7	3.2	14.5	7.0	3.0	0	2.3
	Hedgehog	10	20.0	20.0	0.0	6.0	6.0	0.0	26.0	0.0	1.1	-1.1	0.0	0.0	0	2.0
				0			0									
Barrie	Eagle	21	39.5	31.2	8.3	10.5	10.2	0.3	50.0	8.6	1.7	6.9	3.0		0	0.4
	Kingfisher	16	17.1	16.0	1.1	6.2	4.0	2.2	23.3	3.3	1.3	2.0			0	0.0
	Rainforest Gastro	8	17.0	14.9	2.1	4.0	3.5	0.5	21.0	2.6	0.9	1.7			0	0.0
	Rainforest Endo/Met	8	15.6	15.7	-0.1	5.2	4.5	0.7	20.8	0.6	0.6	0.0	2.0		0	0.5
	Mildred Creak	10	11.8	14.0	-2.2	7.8	8.0	-0.2	19.6	-2.4	0.3	-2.7			0	0.0
	Koala	24	48.2	49.0	-0.8	7.8	5.0	2.8	56.0	2.0	2.5	-0.5	4.0		0	0.4
	Peter Pan	16	24.5	25.9	-1.4	5.0	5.6	-0.6	29.5	-2.0	0.6	-2.6			0	2.9
	Sky	18	31.0	25.8	5.2	5.2	5.9	-0.7	36.2	4.5	3.9	0.6	1.0		0	2.0
	Squirrel	22	43.6	50.0	-6.4	7.0	7.0	0.0	50.6	-6.4	2.8	-9.2		1.0	0	1.2
		340	846.2	793.1	53.1	164.1	132.2	31.9	1010.3	85.0	83.0	2.0	44.0	9.0	0.0	17.7

Attachment I

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
1st February 2017

Fit for the Future Programme Update **Submitted by: Jon Schick, Director of the Programme Office**	**Paper No: Attachment I**

Aims / summary

This report explains proposals to integrate a wide range of existing and new work streams, to support delivery of the Trust's strategic objectives in an overall programme with the working title of Fit for the Future. This is the first of a proposed regular series of updates to the Board, and provides a summary progress report on 16 key work streams identified to-date, plus an update and exception report on the latest position against the Trust's Better Value (Productivity and Efficiency or 'P&E') programme. As the Fit for the Future programme moves into delivery phase, it is proposed that future versions of this report should also include a rolling series of short stocktakes to explain in more detail the key deliverables and progress made on individual enabling work streams.

Action required from the meeting

- **Note and comment** upon the format of this report
- **Consider and note** the position reported in the programme dashboard
- **Note** the latest position for the Better value (P&E) programme

Contribution to the delivery of NHS Foundation Trust strategies and plans

This Programme, integrating a wide range of significant cross-cutting work streams is a significant contributor to the Trust's overall strategy and plans.

Financial implications

Delivery of the Programme, especially the Better Value (P&E) component, is important in the context of the Trust's control total and sustainability funding, and will help to avoid the potential of consequent more difficult efficiency targets in the future.

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

Senior Responsible Owners for each of the enabling work streams, with support provided from the Programme Office

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

As above, with overall coordination by the Programme Office reporting to the Deputy Chief Executive.

Programme update 1st February 2017

Pack contents

Programme introduction and background

Great Ormond Street Hospital for Children NHS Foundation Trust

Background to *Fit for the Future*

- GOSH is committed to four strategic objectives: to provide the best patient experience and outcomes; to deliver world-leading paediatric research; to be an excellent place to work and learn; and to be sustainable and efficient.
- The Trust has been developing a number of enabling work streams and resources (including the QI team and Programme Office) to support delivery of these strategic objectives and it is proposed that these should be integrated into an overall programme with the working title of *Fit for the Future*.
- By building capability, ownership and confidence across the Trust, we aim to develop a *Fit for the Future* continually self-improving organisation.

Enabling work streams (further details overleaf)

Non pay	Optimising flow	Workforce for the future	Other cross cutting enablers
• *Procurement, inventory management and supply chain* • *Pharmacy and medicines management* • *Tests and investigations*	• *Outpatients* • *Beds and patient placement* • *Theatres*	• *Medical* • *Nursing, scientific and AHPs* • *Back office, administration and managerial*	• *Leadership development* • *Service Line Reporting and PLICS* • *ICT enabled efficiency* • *Review of agency spend* • *Redevelopment* • *Commercial and international* • *Coding*

Taking the work forward

- Senior Responsible Owners (SROs) have been identified for each enabling work stream, plus lead clinicians and project manager support where required.
- The Programme Office is working with each SRO to ensure all cross cutting enabling work streams are fully specified, with clear milestones explicitly linked into the preparation of the Trust's final business (operating) plan for the coming year.
- A significant work programme around organisational capability- building – including particular focus on local clinical leaders – has also begun, aimed at maximising the potential of our organisational transformation.

Delivery assurance and future reports

- In addition to existing reports on Better Value (P&E) delivery to the Finance and Investment Committee, and quality impact to the Quality Safety and Assurance Committee, it is proposed that *Fit for the Future* programme updates should come to the Trust Board at least three times annually.
- These reports will include an overall dashboard, risk and issues log, update on the Better Value programme and exception reports where required (as included in this pack).
- It is proposed that the Board may also wish in future to receive more detailed information to explain the key deliverables and progress made on individual enabling work streams, so that all are covered on a regular and rolling basis.

Fit for the Future

Programme dashboard (Better Value schemes)

Great Ormond Street Hospital for Children NHS Foundation Trust

Theme	Workstream	SRO	RAG	Comment
Non pay	**Procurement, inventory management and supply chain** - including review of PPS contract management, catalogue review and expanded e procurement, and implementation of recommendations from inventory management pilot	LS		IM pilot work under way and revised governance arrangements under new Procurement Steering Group chaired by CFO being implemented
	Medicines management – including review of price/generics, enhanced staff roles, processes and pathway for prescribing, future outpatient dispensing model	AG		Terms of reference for externally-facilitated rapid review drafted and work planned to commence Q4 2016/17
	Tests and investigations – including development of order sets, efficiencies from new technology (eg mass spectrometer), reduction of unnecessary repeat tests	DH		Scope and timescales for this work to be developed and signed off by March through business planning process
Flow	**Outpatients** – including booking processes and administration, patient experience in clinic, future models of care	SJ		Scope and timescales for this work to be developed and signed off by March through business planning process
	Beds and patient placement – including review of current processes, decision making and escalation, predictive occupancy models and capacity calculators	AG		Major work programme underway with external (Lean) expert coaching and Programme Office support
	Theatres – including scheduling, best practice start up and utilisation, efficient patient turnaround, recovery, and review of consumables and equipment	JH		Work streams and leads agreed, detailed implementation plans being developed as part of business planning process
Workforce	**Back office, administration and managerial** – including non clinical agency spend and review of other suggested Carter efficiencies	AM		The workforce areas of the cross-cutting programme are amongst those requiring the most scoping work and development of clear plans, including to make sure that GOSH learns from the locally-applicable lessons from Lord Carter's review. There are individual strands of work already happening across the Trust, and work is now under way as part of the business planning process to pull these into an overall coherent and coordinated programme
	Nursing, scientific and AHPs – including eRostering rollout, review of skill mix and care hours per patient day, targeted recruitment and retention programme	JG		
	Medical – including job planning, handover and hospital at night, review of junior and middle grade support, medical locum spend and discretionary leave analysis	DH		
Other cross-cutting	**Coding** – ensure appropriate and accurate depth of coding	PH		External review of coding depth to commence Q4 2016/17
	ICT enabled efficiencies – consolidated contract arrangements for digital dictation, moves to in-house AV service, implementation of hybrid mail	NG		Work on all three of these components under way with final plans to be signed off via business planning process
	Service line reporting and patient level costing – rollout of SLR and PLICS	LS		Work under way to ensure accuracy of underlying datasets to support launch to divisions in Q3 2017/18
	Review of agency spend – including ensuring all charges as per national framework	JC		Scoping work under way
	Redevelopment – opening of PICB and pursuit of further opportunities	NG		Detailed plans on PICB configuration agreed January 2017
	Commercial and international – updating and implementing commercial strategy	LS		Scope and timescales for this work to be developed and signed off by March through business planning process
	Leadership development – ensure Trust has capabilities, ownership and development to be a continuously self-improving organisation	AM		Externally supported work under way, linked to work to support strategy updated coming to Board March awayday

Better value (P&E) finance update Quarter 3

2016/17 P&E savings programme

	CURRENT MONTH			YEAR TO DATE			FULL YEAR - 2016/17				
Division	Target Dec-16	Actual Dec-16	Variance	Target	Actual	Variance	Target	Forecast Outturn (FOT)	Variance	RAG	FOT % of Target
Charles West	369,167	135,504	(233,663)	3,322,500	1,129,612	(2,192,888)	4,430,000	1,597,916	(2,832,084)	R	36%
J.M.Barrie	395,667	208,849	(186,818)	3,561,000	1,595,960	(1,965,040)	4,748,000	2,122,259	(2,625,741)	R	45%
HR & OD	14,417	12,365	(2,052)	129,750	138,545	8,795	173,000	185,639	12,639	G	107%
Estates & Facilities	79,750	105,765	26,015	717,750	614,213	(103,537)	957,000	977,520	20,520	G	102%
Finance	14,917	15,250	333	134,250	149,417	15,167	179,000	195,167	16,167	G	112%
ICT	21,083	10,000	(11,083)	189,750	93,333	(96,417)	253,000	160,000	(93,000)	G	212%
IPP	39,333	36,636	(2,697)	354,000	361,019	7,019	472,000	472,745	745	G	100%
Other	29,583	29,583	-	266,250	266,250	-	787,000	355,000	(432,000)	R	45%
TOTAL	**963,917**	**553,951**	**(409,965)**	**8,675,250**	**4,348,348**	**(4,326,902)**	**11,999,000**	**6,066,245**	**(5,932,755)**	**R**	**51%**

* Other target made up of: Clinical & Medical Operations (£263k), Corporate Affairs (£69k), Nursing & Patient Experience (£100k) and Other (£355k)

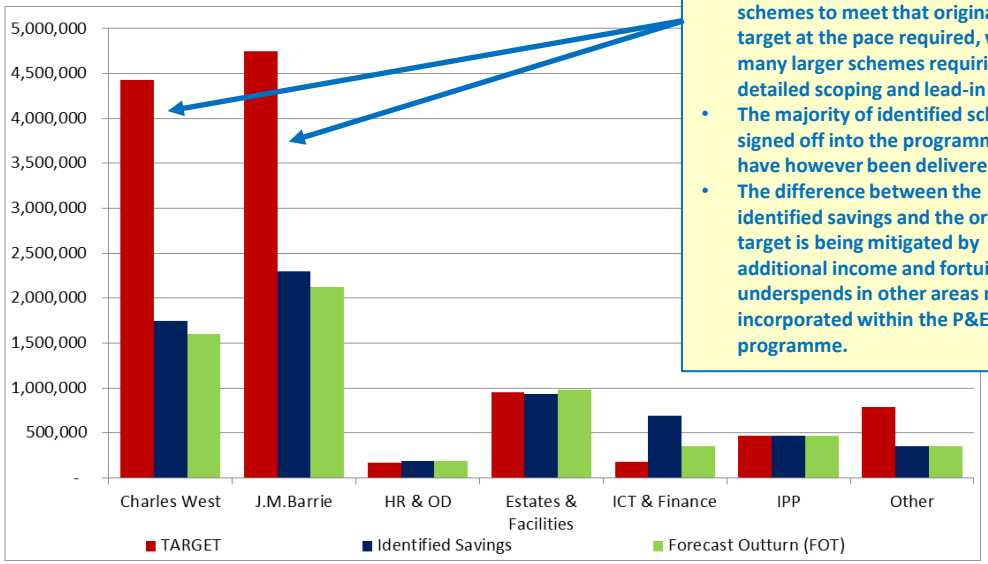
2016/17 Savings schemes by savings type - FOT

Savings Type	No. of Schemes	FOT (£)	% of Target
Cost Reduction	125	3,888,471	32%
Cost Avoidance	0	-	0%
Non-NHS Income	17	1,132,819	9%
Carry Forward	67	1,044,956	9%
GAP	n/a	5,932,755	49%
TOTAL / TARGET	**209**	**11,999,000**	**100%**

2016/17 Savings schemes by Recurrent / Non-Recurrent - FOT

Savings Type	No. of Schemes	FOT (£)	% of Target
Recurrent	186	4,242,584	35%
Non-Recurrent	23	1,823,662	15%
Not yet identified	0	-	0%
GAP	n/a	5,932,755	49%
TOTAL / TARGET	**209**	**11,999,000**	**100%**

Full year forecast outturn against target and identified savings by Division



- Underperformance against the £12m P&E target reflects difficulties in identifying sufficient schemes to meet that original target at the pace required, with many larger schemes requiring detailed scoping and lead-in times.
- The majority of identified schemes signed off into the programme have however been delivered.
- The difference between the identified savings and the original target is being mitigated by additional income and fortuitous underspends in other areas not incorporated within the P&E programme.

Risks and issues

Risks

Risk description	Rating	Owner	Mitigating action	Residual rating
The risk that the organisation will not deliver productivity and efficiency targets/ and that targets indirectly impact on patient care	**Red** **4Lx4C =16**	**Dep CEO**	QIA process overseen by Medical Director and Chief Nurse, with agreed process of deep dives and post implementation reviews, reporting to the Quality and Safety Assurance Committee, aims to ensure that the programme does not contain any schemes that could have a potential adverse impact on patient care. No evidence to date of adverse impact. Residual risk score reflects risks that financial target for the P&E programme will not be met in full, with mitigating actions therefore required as described within the separate exception report following in this pack.	**Red** **4Lx4C =16**

Issues

Issue description	Impact	Owner	Progress on actions	Due date
Capacity to scope and deliver the full range of large scale transformation plans to achieve our ambitions	**High**	**EMT**	Additional programme office support now in post. New style reports to EMT and Board (building on this report) will provide regular assurance on delivery, risks and issues across the *Fit for the Future* programme	**Ongoing**
As work to implement EPR ramps up, capacity for ICT to be involved with or lead other large scale ICT-related change may be restricted	**High**	**Dep CEO**	Work closely with ICT to understand programme dependencies/requirements for their support and surface emerging concerns. ICT have established an interdependencies work stream which can address these kind of issues	**As part of business planning**

Report covering	**Better value (P&E) programme**
Why raised as an exception?	• Although progress has been made, the Trust is still a considerable distance from the £12m target; • Net delivery of £10.4m savings is required to achieve our year-end plan; • Identified since the start of the year as a high risk (residual score 16) on the BAF.
What is driving the underperformance?	• Slow start-up following organisational restructure; • Larger schemes identified by PwC require time and capacity to implement and unlikely to make material financial contribution within year 1; • Difficulty in identifying sufficient local savings schemes at divisional level to compensate.

Actions being taken to improve performance	Lead	Completion date
• Divisions are continuing their work, with programme office and finance support, to identify a pipeline of schemes that can add further part-year effects to this year's programme. Schemes valued at an additional £1m have been signed off into the programme since the start of the year, but this is not sufficient to bridge the full gap • Gap being mitigated by underspends in other areas not included within the P&E programme, plus contribution from income higher than originally-planned levels • Finance and P&E meetings continue to ensure divisions and corporate areas all have robust plans to meet their latest year-end required 'control total' in full, including identification of any blockages/interdependencies/support requirements needing to be addressed urgently	NG/LS	***Ongoing actions subject to regular review in the lead up to year-end***
• Maintenance of tight local budget controls to ensure divisions achieve their year-end 'control totals', including close management of discretionary spend where this would not result in adverse impact to service quality or safety	Divisional mgt teams	***Immediate and ongoing***
• Appointment of new programme office business partners, analytical and project management resource – team fully-established from January 2017 and business partners now embedded with divisions	JS	***December '16 (complete)***

Additional support requirements/interdependencies or blockages	Who needs to support to address?
• Main immediate issue relates to timescales to scope and implement larger and often cross-cutting programmes that will have more significant impact both on improving service quality and reducing waste/minimising inefficiencies. Now the PMO is fully-established, it is working with all cross-cutting scheme SROs to ensure a fully-specified programme with clear milestones and responsibilities, plus interdependencies understood and addressed, is signed off as part of the current business planning process. A range of workshops and sessions with divisions, including a cross-organisational event on 3 March specifically focused on signing off cross-cutting interdependencies, have been organised.	***Programme Office working with cross-cutting scheme SROs***

Recommendations to the Board

The Board is asked to:	Rationale
Note and comment upon the format of this report	• This is the first of a new-style report on the Fit for the Future programme. Comments on format and style (and proposed future developments described in the pack) would be welcome to ensure future reports provide the right level of information and assurance for the Board.
Consider and note the position reported in the programme dashboard	• A number of enabling work streams require focused time and energy to progress. This will be taken forward by the PMO with the relevant SROs though the business planning process • Others are progressing but require a more clearly defined plan or with clear milestones/outcomes. Again, this will be taken forward by the PMO with the relevant SROs, so plans can be signed off through the business planning process, by March 2017. • It will be important for the programme office and SROs to develop clear plans for all prioritised programmes if there is to be robust assurance about likelihood of delivery.
Note the latest position for the Better value (P&E) programme	• Progress has been made since the position at the start of the year, and the forecast outturn has improved from £5.3m to £6.1m. • However a significant gap remains, which is being mitigated through savings in other areas not included within the P&E programme, additional income above planned levels, and other actions described within the exception report in this pack. • Successful delivery of these mitigations is essential in order to support achievement of the Trust's control total for 2016/17 and therefore access full STF payments.

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 1st February 2017	
Redevelopment Progress Report **Submitted by:** **Matthew Tulley, Development Director**	**Paper No: Attachment J**
Aims / summary Provides an update on progress of the redevelopment programme and major projects.	
Action required from the meeting The Board is asked to note progress and the current position.	
Contribution to the delivery of NHS Foundation Trust strategies and plans Provide services in appropriate environment. Enhance the patient experience. Increase capacity.	
Financial implications None	
Who needs to be told about any decision? N/A	
Who is responsible for implementing the proposals / project and anticipated timescales? Development Director	
Who is accountable for the implementation of the proposal / project? Chief Executive Officer	

Great Ormond Street Hospital for Children NHS Foundation Trust

Great Ormond Street Hospital Redevelopment Programme

Trust Board – 1st February 2017

1.0 Executive Summary

1.1 Construction works on the clinical parts of the Premier Inn Clinical Building, second part of the Mittal Children's Medical Centre (Phase 2B), will complete on 17th May. Some works which extend beyond this period do not impact our clinical commissioning work. First patients will be in August 2017. The project is on budget.

1.2 The works contract for the Zayed Centre for Research (ZCR) (Phase 3) was signed in November 2016. Primarily due to extremely difficult market conditions in London the cost is above budget and there is a focus on identifying cost savings. The centre is programmed to open in November 2018. The basements works, undertaken as a separate contract, will complete in February 2017.

1.3 Following the approval of the Phase 4 Strategic Outline Case the design competition is proceeding to programme. Bids will be submitted in March. The evaluation process will include a public exhibition of the designs to be held in the Lagoon and St George's Church on Queen Square. The Outline Business Case is being written and will be submitted for approval in September 2017.

1.4 A number of significant projects are being delivered outside of the main redevelopment programme. These include the integrated MRI (iMRI) scheme, refurbishment of the mortuary and significant upgrade of our chiller capacity. After many years of working with Balfour Beatty as our P21+ partner this framework has come to end. We are currently in procurement to select a new partner from the new P22 NHS framework.

2.0 Premier Inn Clinical Building (PICB)

2.1 The PICB project is making good progress and the main works will be completed and the building handed over to GOSH on 17th May. There is a second phase of works to complete the fit-out of the Disney Garden and make good Ormond Mews which continues until the end of July. These works will not impact on our clinical commissioning programme and the first patients will be admitted in August 2017.

2.2 In general the works have progressed well. GOSH has a good monitoring and commissioning team and the quality of the works are frequently inspected. The technical commissioning proceeds to programme and to date no significant issues have been identified. The level 3 corridor was completed and handed back to GOSH in November and the temporary works in theatres have also been completed. The steelwork for the Disney Garden is complete. The planning conditions have been discharged.

2.3 Liaison between the clinical teams, Development Services and contractor remains good. All Group 2 (fitted by contractor) equipment has been delivered. We are finalising the Group 3 (loose and FFE) equipment lists ready to place orders.

2.4 The review of the clinical occupation of PICB (and other GOSH space) has been completed by the operational teams and agreed by the Divisional Chairs and the Executive Management Team. The necessary adjustment to the clinical commissioning programme has been reviewed and the revised plan agreed and signed off. As noted above the first patients will be admitted to PICB in August 2017. Due to a number of dependencies in the overall plan the final occupation of PICB will be completed December 2017.

The project remains within the approved project budget.

3.0 Zayed Centre for Research into Rare Disease in Children

3.1 The works contract for the ZCR between GOSHCC and Skanska was signed in November. As noted for some time the cost of this scheme is significantly over the original budget. The main cause is the construction market conditions in London and the South East of England which remains very active. There continues to be a close focus on delivering a reduction to the costs.

3.2 The basement box works, which were let as a separate contract to mitigate the impact on the overall programme, are nearing completion. Erith will be largely complete by the end of February and off-site mid-March. We are looking closely at when Skanska can start on site and effectively overlap activity with Erith. The next period will see a close focus on finalising the design development, procuring the GMP contractor and completing the work to deliver the identified cost reductions. Internally the focus will move towards planning the commissioning of the ZCR.

3.3 The programme will see the ZCR open in November 2018.

4.0 Masterplan Phase 4 Design Competition

4.1 Following Trust Board approval of the Strategic Outline Case for Phase 4 and placement of a notice in the European Journal in August 2016 the Design Competition was launched in October last year.

4.2 The shortlisted teams are:

Carillion with Eric Parry and Conrad Gargett acting as architects

John Sisk & Son with BDP

Skanska with Heatherwick Studio and HOK

4.3 The competitive engagement process has included workshops with each participating team on commercial matters, design and cost. The teams are demonstrating a strong understanding of the brief and the technical challenges of the project.

4.4 The invitation to submit final tenders will be issued in mid February.

4.5 The competition will close with a public exhibition in March 2017. The exhibition will be held in two locations – the Lagoon within the hospital for staff, patients and families and St George's, Queen Square for the public, particularly our neighbours and public stakeholder groups.

4.6 In addition the following formal groups of stakeholders have been invited to participate in facilitated evaluation workshops:

Clinicians

GOSH Charity

Members

Patient Experience

YPF

Property Services

Neighbours

Camden Place-making Team

4.7 The Trust advisors will provide technical assessment on architectural quality; costs; commercial matters; town planning and construction management planning.

4.8 Evaluation will then conclude with interviews by an evaluation panel and recommendation of a preferred partner to the Trust Board in May 2017. The evaluation panel is:

Tessa Blackstone (Chair)

Peter Steer

Martin Elliott

Ricky Burdett (LSE Professor of Urban Architecture)

James Chapman (RIBA Assessor)

Matt Tulley

Stephanie Williamson

4.9 Work is progressing on the outline business case, particularly the construction of a long term demand and capacity model for the Trust which is being undertaken by Arcadis. This will provide a clear 10 year look ahead of likely capacity requirements and will inform the final functional content for Phase 4. The Healthcare Planning team is working closely with Performance & Planning on the production of the model.

4.10 The financing strategy is progressing and we are engaging with consultants to support this workstream, building on the work completed by UK Structured Finance. The work will cover options for structuring and identification of potential funding sources. Further advice is being sought from the DH; NHS I and the PAU

4.11 The detailed design brief which will reflect the successful concept design but build in the functional content determined by the demand and capacity modelling is in draft.

4.12 It is expected that the OBC will be presented to the Trust Board for approval in September 2017.

5.0 Projects

5.1 Outside of the main redevelopment works there are a number of projects delivered by the major projects team to support our clinical services and key strategic priorities. For a number of years GOSH has delivered major projects through the DH P21+ framework through our principle supply chain partner Balfour Beatty. This framework has now expired and replaced with the P22 framework. We are going through a procurement exercise to select a new PSCP which will conclude at the end of March. Balfour Beatty are not on the P22 framework so we will be working with a new partner.

5.2 The most significant schemes in development are the integrated MRI (iMRI) and the refurbishment of the mortuary. The iMRI project is in the design phase. The users are selecting the preferred MRI in February which will enable the design team to complete the design work. The scheme is planned to complete in summer 2018. The mortuary refurbishment is designed but is on hold until the selection of the new PSCP. Following selection the new PSCP will then provide a cost and programme for the works. An issue has been raised regarding the mortuary works and the potential impact on laboratory services. The construction programme and methods are being reviewed to find a resolution to this issue.

6.0 Queen's Square Neurosciences Project

6.1 University College London continues to lead on this project. The project has gained some momentum with the recent announcement of investment to create a Dementia Research Institute where UCL were selected as the lead. The logistical challenges that have previously beset the project still exist but there is a significant focus to find solutions. We are working with UCL and UCLH to provide support where possible.

Matthew Tulley
Director of Development
1st February 2017

ATTACHMENT K to follow

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board **1st February 2017**	
Equality & Diversity Annual Report **Submitted by:** Chief Nurse and Director of HR & OD	**Paper No: Attachment L**
Aims / summary To provide Trust Board with assurance that the Trust continues to meet its statutory obligations under the Equality Act 2010.	
Action required from the meeting To note the content of the report and the activity delivered.	
Contribution to the delivery of NHS Foundation Trust strategies and plans Meeting statutory duty to report publically on this activity. Work promotes fairness and equity in service delivery and employment.	
Financial implications Incorporated within current resource allocations and budgets.	
Who needs to be told about any decision? N/A	
Who is responsible for implementing the proposals / project and anticipated timescales? Family Equality and Diversity Group. Staff Equality, Diversity & Inclusion Group	
Who is accountable for the implementation of the proposal / project? Chief Nurse (families and patients) and Director of HR & OD (staff).	

Equality and Diversity Annual Report 2016/17

Introduction

The Equality Act came into force on 1st October 2010, simplifying existing equalities law into one single source of Statute. In addition to the Act, the statutory Equality Duty came into force in April 2011 which is applicable to all public sector bodies. As a Trust, we are legally required to demonstrate that we comply with the Equality Act and are meeting the Equality Duty through the work we do, the involvement we have of the Trust Board in this work and through publishing a range of equalities data on an annual basis.

To comply with the first specific duty of the Act, the Trust is legally required to annually publish equality data relating to both service users and staff. A copy of the latest edition of this report is available on the GOSH website at **www.gosh.nhs.uk/about-us/equality-and-diversity/**. The 2017 report will be available at this location from the end of January. The second part of the specific duty requires the Trust to prepare and publish specific and measurable equality objectives, setting out how progress towards these objectives should be measured. This paper provides an update against the six objectives as agreed by the Trust Board in January 2016. The Trust also has an action plan associated with the Workforce Race Equality Standards which largely mirrors the three staffing related equality objectives.

Equality objectives for period 2016 to 2020/21

Six objectives were agreed; three relating to patients and families and three relating to staff.

Objective 1: Achieve Accessible Information Standard within timescale

This objective was time-limited as NHS England had required the Standard to be met by the end of July 2016. We can now supply information in alternative formats on request. Recording and flagging of communication and information need remains a challenge within the constraints of our current computer systems.. The Accessible Information Standard (SCCI1605) 'directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to the disability, impairment or sensory loss'. Guidance from NHS England received in summer 2016 clarified that we were not required to produce every piece of information in every additional format; rather we should be responsive to the needs of our children, young people and families.

Measurement: As stated above, the measure identified in last year's report is no longer relevant to meeting the standard. We will instead record the number of requests received and the time taken to fulfil the request.

Progress against objective: A guidance sheet for staff has been developed and circulated widely – setting out the Hospital's responsibilities under the Standard and the method for ordering and obtaining alternative versions of information sheets. The *Producing information for children, young people and families* operational policy has also been updated to reflect the requirements of the standard.

To support delivery of the Standard, and facilitate appropriate recording of any additional needs children and families may have, proposed changes to the Patient Information and Management System (PiMS) have been identified and a paper outlining these developed and consulted on widely. The paper is scheduled to be presented to the PiMS Improvement Group for consideration by April 2017. Until this facility is available, clinical teams remain responsible for recording additional needs locally. Compliance will be audited in the next two months to provide assurance until the changes to PiMS have been approved.

Since implementation, three requests for information in alternative formats have been received, all of which requested large print versions of our documents. These were supplied in hard copy within 24 hours. A 'large print' appointment letter template has also been designed and loaded to the hospital's Patient Information Management System (PiMS).

Although the hospital is not required to produce alternative formats of information 'just in case', we decided that it was important to have key videos, such as the *Welcome to GOSH* video, on our website subtitled and with sign language. These have been produced by the GOSH Charity web team in collaboration with ITV.com and will shortly be available on our website at www.gosh.nhs.uk/parents-and-visitors

Next steps: In addition to the proposed changes to the PiMS system, additional activities are planned, such as testing the responsiveness of selected teams using 'mystery shopping'. Compliance of local teams recording additional needs of children will also be audited by April 2017.

The range of Easy Read information is also being increased. For instance, Easy Read information sheets are available for all radiology procedures carried out at GOSH. A minimum of 10 extra information sheets in this format will be produced by the end of June 2017.

The hospital is now represented at a subgroup of the London Equality and Diversity Leads Network to share learning and experience of the Accessible Information Standard with other Trusts within London.

Objective 2: Publicise support for families including support organisations

There are a wide range of support mechanisms for families both within and outside GOSH but families tell us, in surveys and other encounters, that these are not always promoted as well as they could be. While many excellent support organisations exist, families may not always be aware of their existence so we should be promoting them in the course of our clinical contact.

Measurement: Number of hits for support services webpages at http://www.gosh.nhs.uk/parents-and-visitors/clinical-support-services

Progress against objective: As shown below, the average number of hits to the clinical support services pages has remained steady at average of 258 hits per month. This is an increase on the baseline measure from December 2015 which was 210 hits within the month.

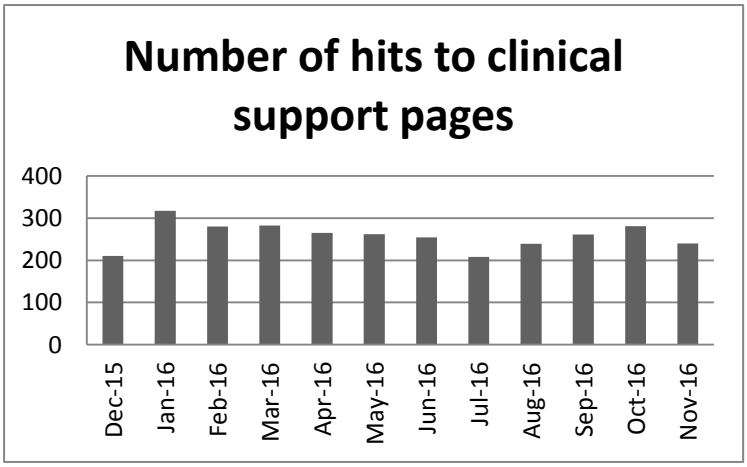


Figure 1 Data from Google Analytics

Next steps: In addition to increasing traffic to these pages through advertising, a number of other improvements have been carried out to increase the knowledge of support mechanisms for families.

These include the provision of information trolleys outside the Pals Office, supplying information sheets about support, details of organisations that can help and benefits advice. In addition, the organisation Contact a Family – an umbrella organisation of support groups in the UK – now attends GOSH weekly with a stand in the Lagoon, again providing information for families on sources of support. Feedback on the use of this stand will be requested to evaluate how useful this is proving to our families.

A new set of web pages (see below) have been developed to highlight the reasonable adjustments that GOSH can make under the terms of the Equality Act 2010 as well as individual pages highlighting services that can help for particular additional needs, such as visual impairment or motor difficulties. With little specific advertising, these pages average around 100 hits per month.

Objective 3: Support on-going work to improve transition to adult services

NICE guidelines on transition, published in February 2016, recommend that all applicable young people should have a Transition Plan in place to support their move from children's to adult services. Work has already commenced at GOSH but has been prioritised as a quality improvement work stream with the appointment of a Transition Improvement Manager.

Measurement: Documented evidence of transition planning. In addition, the release of NICE guidelines as above will enable us to measure GOSH against the associated standards and highlight areas for improvement in the future.

Progress against objective: A phased approach is being taken with this objective. Our initial focus has been on ensuring appropriate young people aged over 16 years have a Transition Plan in place. We are working towards identifying which young people still require a Transition Plan. We will have a clearer view by the end of March 2017.

Alongside this, we continue to work with clinical teams to develop and improve their transition planning capability and capacity. The Young People's Forum at GOSH have been consulted throughout this process and continue to be a vital partner.

We also regard it as important to understand the experience of our young people during and after transition so we are actively collecting patient stories to enable future comparison. These stories will also form a major part of the education package for clinicians being developed currently.

With assistance from the Family Equality and Diversity group, a separate information sheet for young people with additional needs is in development, which will sit alongside the service information pages described earlier.

Next steps: Once we have improved the transition process for young people aged over 16 years, our priority will shift to the preparation of younger patients and their families for their eventual move to adult services. Further engagement with young people and their families will be essential and this consultation with the Young People's Forum is in the planning stages.

Objective 4: Increase the overall visibility of the Trust Board and Senior Leaders

In 2016 – 2017, our aim was to increase the overall visibility of the Trust Board and Senior Leaders in order to enhance their communication with staff. After year one of this objective, breakfast with the executive sessions have been introduced, where staff are able to meet with three members of the executive team in an intimate environment and any subject regarding GOSH can be raised. Over 50 staff have attended the sessions so far, with some key insights being taken away by executive team members and being raised at the Executive Management Team meetings for resolution. We have also introduced visibility walk rounds which provides a more casual and interactive opportunity for executives to engage with staff in their working areas. Monthly executive talks have continued during 2016/17, with presentations by all the Exec team at different timesuh. These briefings have now also being used to present GEMS winners with their awards thus providing an opportunity for the Chief Executive and other directors to visibly celebrate outstanding staff. During 2016, there were a total of 115 measured executive visibility sessions including executive talks, safety walk rounds, visibility walk rounds and breakfast with the executive sessions. An extended monthly Senior Management Team meeting was introduced in 2016, with a wider audience that

includes clinical leaders such as matrons. The Exec Team regularly lead these sessions. The Director of HR&OD was a member of a Schwartz Round panel that openly discussed issues of faith, he also led a talk in October to celebrate black history at GOSH. In July the CEO led a session about Eid al Fitr, celebrating the end of Ramadan in the Islamic calendar and was joined by other senior leaders including the Director of the International Private Patients Division. In 2018 – 2019, we aim to provide further opportunities for Trust Board Members and Senior Leaders to clearly demonstrate their commitment towards Equality, Diversity and Inclusion.

Measurement: Staff reporting good communication between senior management and staff – as measured annually by the National NHS Staff Survey and at the end of year four via the EDS 2 scoring system. Other measures such as attendance at events, number of executive walk rounds / ward and area visits (per month, quarter and year), visits to dedicated intranet pages will also be developed.

Baseline measure: Staff Survey 2014: GOSH score = 29%. Average score for acute specialist trust: 37%.
Current measure: Staff Survey 2015: GOSH score = 30%. Average score for acute specialist trust: 38%
2016 Staff Survey results will be available by March 2017

Target: By end of 2017, GOSH will score in the region of 33%; by the end of 2019, GOSH's score will mirror the average score of acute specialist trusts; improvements in the EDS 2 score will also be achieved.

Background: This outcome was chosen to form an equality objective as the EDS2 consultation showed that this scored the highest of all outcomes in the underdeveloped grade, albeit whilst still receiving an overall grade of 'developed'. Comments received suggested that respondents did not question Senior Leaders' commitment to equality and diversity issues, rather that this was not very visible to them. Overall the National Staff Survey shows that GOSH respondents do not rate communication from senior leaders as highly as at comparable trusts. Through this objective, various approaches will be considered and will be phased over the life of the objective. These will include:

- Strategies to increase the visibility of leadership and enhancement of their communication with staff.
- Development of Trust Board and Senior Leaders around equality issues (using patient stories to highlight issues, consideration of unconscious bias training etc.).
- Trial of reverse mentoring with a member of the Trust Board and a BME member of staff.
- Engaging Senior Leaders with celebrations and events throughout the year to further improve visibility.

Objective 5: To develop the understanding of managers and employees in recognising and managing Harassment and Bullying in the workplace, with the longer term intention of a reduction in the instances of bullying and harassment concerns being raised by staff.

We will take a phased approach to this issue.

In 2016 – 2017, we aim to develop the understanding of managers in what constitutes harassment and bullying, recognising when it occurs and how to manage concerns raised by employees.

The Employee Relations (ER) team introduced bite size training on Managing Difficult Conversations to support managers with their approach to raising issues with members of their team in a constructive manner. Approximately 40 managers have attended these sessions to date. These sessions will continue across 2017. The Employee Relations team also launched bitesize Dignity at Work training for managers to attend. This is linked to the protected characteristics whilst recognising that this behaviour may also be aimed at those not covered by the Equality Act 2010. Take up of this was lower, and in 2017 the team will utilise feedback from the Staff Friends and Family Test survey and annual staff survey to help target the training and support the understanding of managers as to how it can help them create a positive working environment that will also support retention and staff motivation.

We also aim to develop the understanding of employees in defining what constitutes harassment and bullying behaviours and how they make take action should they believe this behaviour is being aimed at them or their colleagues. We have created and launched a route map to provide employees with options on how to raise Harassment and Bullying concerns. This is distributed through the ER team and available on the intranet.

The Trust has also introduced Unconscious Bias training to support the above interventions and to help managers reflect on how they may be managing team members or situations. 56 staff have participated in this training to date (see also objective below on Recruitment).

A review will be undertaken at the end of 2018 to assess the impact the training has had; and to identify any additional steps to reach the 2019 target.

Measurement & Target:

- Measurement of the number of managers who have undertaken training in areas linked to harassment and bullying
- Measurement of the number of employees who have undertaken training in areas llinked to harassment and bullying
- Levels of reported harassment and bullying via the staff survey will have reduced by 5% by 2019 (2016 Staff Survey results will be available by March 2017)

Objective 6: To improve the representation of BME staff in senior posts.

For the purposes of this objective, "senior posts" is defined as Band 7 and above.
The strategy for this objective is not to set targets for BME appointments at senior levels, but rather to implement a range of approaches, as outlined below, that help ensure the representation of BME applicants across **all** bands, including in senior roles.
2016 data shows the first green shoots of improvement across all pay bands, in that proportionally more BME staff are being shortlisted and appointed than was the case in 2015. This level of change in data _ whilst small for the senior staff group in particular - has not been seen previously, and will be monitored carefully to ensure it is maintained and can be built upon.

	Short-listed Bands 2 – 4 2016	**Appointed Bands 2 – 4 2016**	**Short-listed Bands 5-6 2016**	**Appointed Bands 5-6 2016**	**Short-listed Bands 7-9 2016**	**Appointed Bands 7-9 2016**
BME	2111 (65%) [54.7% 2015]	164 (47%) [35.5% 2015]	912 (43%) [38% 2015]	93 (27%) [21% 2015]	744 (40%) [35.5% 2015]	24 (20%) [17% 2015]
WHITE	1131 (35%) [45.3% 2015]	187 (53%) [64.5% 2015]	1206 (57%) [62% 2015]	251 (73%) [79% 2015]	1118 (60%) [64.5% 2015]	97 (80%) [83% 2015]
TOTAL	3242	351	2118	344	1862	121

To continue to improve representation of BME staff in senior posts during 2017 we will:

- Include 'Understanding Unconscious Bias' in the current recruitment and selection training course which is targeted at new recruiters (the resourcing team themselves undertook unconscious bias training in 2016). In 2018 - 2019 we aim to roll out 'Understanding Unconscious Bias' to all managers involved in the recruitment and selection process.
- Implement an interview assessment form that is transparent, including a scoring methodology which is reflective of the Trust's values. By the end of 2017 - 2018 we aim to roll out the assessment form to all managers involved in the recruitment and selection process.

Measurement & Target: By the end of 2019 the proportion of BME senior staff appointed will be more reflective of the number of BME staff shortlisted.

As well as the objectives outlined below and required by law, other work has been undertaken and more planned for 2017/18 to progress specific equality issues as well as meeting the General Duty:

Family Equality and Diversity (FED) Group

The Family Equality and Diversity Group has continued to meet during the year – on occasion the group has not been quorate according to the Terms of Reference, but on review, the group feel that they are still working effectively and delivering against objectives. We have also gained two new staff members with a strong interest in equality and diversity issues. Highlights of the previous year include:

- Support of cultural competency e-learning toolkit developed by Katie de Freitas (QI Lead)

- Development and use of a new equality analysis audit tool
- Consideration of how we can measure equity jointly with the QI analyst team
- Review of outpatient letters for clarity and succinctness
- Support of proposal for academic research into health equity at GOSH
- Contributed to development of Standard Operating Procedure for registering new patients
- Receiving updates on plans to improve Muslim Prayer Facilities

The group is looking forward to new initiatives at GOSH such as the Electronic Patient Record and the Real Time Feedback systems – both of which have received representation to include equality and diversity issues – so should enable greater analysis and improvement in future.

In addition, two members of the Family Equality and Diversity group now attend the Staff Equality, Diversity & Inclusion group regularly to ensure that there is cross-fertilisation of ideas and duplication of effort is reduced. The two Operational Leads for Equality and Diversity also meet more regularly to plan joint working such as improvement of the annual equality analysis audit and coordination of reporting. Links with the London Equality and Diversity Leads group continues with several meetings attended and useful links made.

Staff Equality, Diversity & Inclusion (SED&I) Group

- Eight Freedom to Speak Up Ambassadors were appointed in a voluntary capacity from a variety of areas and grades across the Trust. It is hoped that the diversity of the Ambassadors will encourage staff to feel able to, and comfortable with, raising any concerns.
- During 2016, 56 staff members received unconscious bias training and more sessions are planned for 2017.
- During December 2016 a bespoke leadership development session for women was held.
- In October 2016 Black History Month was celebrated across the Trust.
- During October 2016, five Project Search interns commenced placement with the Trust. These young adults, with moderate to severe learning disabilities, will work in the Trust until July 2017 gaining valuable life and employment skills. The Scheme allows the Trust to connect in a meaningful way with its local community as all five interns are from City and Islington College and the Scheme is financially supported by Camden Council. We are currently working on replicating the scheme for a further intake of interns starting September 2017.
- Many key HR policies have been simplified and are supported by easy to follow flow charts, ensuring their accessibility for all staff.
- The Trust has been working on further embedding the Trust Always Values – Always Welcoming, Helpful, Expert, One Team. The next major phase of work will be around the One Team value and this provides an excellent opportunity to embed behaviours which are congruent with the equalities agenda.

Future Actions

Objectives 1, 2 & 3 will continue to be formally monitored by FED and objectives 4, 5 & 6 by SED&I. Progress against each objective will be reviewed by the appropriate group every year. Progress against all objectives will be formally reported to Trust Board annually.

Action required

Trust Board are asked to note the contents of this report.

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 1 February 2017	
Non-Standard Consultant Appointments **Submitted by:** David Hicks, Interim/Medical Director and Ali Mohammed, Director of Human Resources & Organisational Development	**Paper No: Attachment M**
Aims / summary To recommend a process for appointing doctors at consultant-level outside the standard NHS terms and conditions for medical and dental staff	
Action required from the meeting Approve the recommended process for appointment of a non-standard GOSH consultant	
Contribution to the delivery of NHS Foundation Trust strategies and plans Provides more flexibility in medical workforce employment and deployment	
Financial implications None	
Who needs to be told about any decision? Corporate and clinical divisions	
Who is responsible for implementing the proposals / project and anticipated timescales? Interim Medical Director	
Who is accountable for the implementation of the proposal / project? Interim Medical Director	

Attachment M

Procedure for Non-Standard Consultant Appointments

1. Introduction

1.1 This procedure outlines the process to be followed when appointing Consultants outside of the NHS (Appointment of Consultants) Amendment Regulations 2004 (Statutory Instrument 2004 No. 3365)[1].

1.2 The appointment regulations stipulate requirements for all stages of the appointment process including; Royal College approval of post job descriptions, advertising restrictions and appointments committee membership.

1.3 In addition to the trust following the appointment regulations, a doctor may not take up appointment as a Consultant in the NHS unless their name is included in the General Medical Council Specialist Register[2].

1.4 As a Foundation Trust, the regulations do not apply to GOSH, however as a matter of best practice the trust follows the regulations in the normal run of events. In exceptional circumstances, where there is a requirement to appoint an existing GOSH member of staff to a substantive Consultant post outside of the regulations, the procedure below is to be followed.

2. Establishing the Post

2.1 A job description, job plan and person specification must to be drawn up setting out the key responsibilities, expected duties and minimum entry criteria for the post. This document must be approved by the Medical Director. The job description should be submitted to the relevant Royal College for approval, if it is not possible to obtain Royal College approval, exemption from college approval must be obtained from the Medical Director and Director of HR&OD.

2.2 In cases of a Consultant post being established to replace a post of a lower grade (e.g. Associate Specialist) a clear rationale for the requirement for a higher graded post must be established and authorised by the Divisional Director and Medical Director.

2.3 Financial approval for the post must be obtained from the budget holder and relevant Finance signatories.

3. Appointment Panel

3.1 The appointment panel for non-standard consultant appointments will comprise the following:

- Lay Chair (Trust Non-Executive Director)
- Chief Executive (or nominated deputy)
- Medical Director (or nominated deputy)
- Divisional Director
- Specialty representative (Consultant or other senior practitioner from within the specialty)
- Academic representative
- Parent or trust member (optional)

Any deviation from the above panel constitution must be approved by the Medical Director and Director of HR&OD.

4. Specialist Registration

4.1 If a candidate selected for appointment by either a standard, or non-standard consultant appointment panel does not hold GMC specialist registration, they will be required to obtain this before taking up post as a consultant.

4.2 If the candidate is obtaining Specialist Registration through gaining a Certificate of Completion of Training (CCT) from a GMC approved training programme, they must not take up post until such time at their name appears on the GMC Specialist Register.

4.3 If the candidate is obtaining Specialist Registration through gaining a Certificate of Eligibility for Specialist Registration (CESR) from the GMC, the candidate will be given a period of six months, from the date of interview, to gain specialist registration and take up post. The candidate must take all reasonably practicable steps to obtain the CESR within the six month timeframe. If CESR is not granted within the six month timeframe, an extension of no more than six months can be sought, and must be approved by the Medical Director and Director of HR&OD.

4.4 To mitigate the impact on clinical services of a delay in obtaining Specialist Registration, during the timeframe for obtaining CESR the candidate may be employed as a Locum Consultant. The maximum total period of such an appointment is twelve months. Any Locum Consultant appointment on this basis must be approved by the Medical Director and Director of HR&OD.

5. Employment without Specialist Registration

5.1 In exceptional circumstances, if a candidate is unable to obtain CESR within the agreed timeframe, approval to take up post as a Consultant without specialist registration must be obtained from the Medical Director.

5.2 In seeking approval, the appointing Division must set out a clear rationale for taking such action, including specifics of how assurance of the candidate's specialist training and experience have been attained.

5.3 Due to the potential reputational harm to the Trust of employing a doctor at consultant level without adhering to the legal requirement of consultants to hold Specialist Registration, employment of Consultants without Specialist Registration must only be considered in exceptional circumstances, when all avenues to obtaining specialist registration have been exhausted.

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[1] http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4102750.pdf

[2] http://www.gmc-uk.org/doctors/register/information_on_the_specialist_register.asp

ATTACHMENT N

Great Ormond Street Hospital for Children NHS Foundation Trust

Members' Council update

A Members' Council meeting was held on Wednesday 7th December 2016

The Council approved the revised Terms of Reference of the Membership and Engagement Committee including the new name of the Membership Engagement Recruitment and Representation Committee (MERRC). It was reported that a successful young people's take over day had been held at the Trust.

The Council noted the substantial decrease in complaints and PALS contacts over quarter 2 and it was confirmed that this was being monitored.

Round table discussion took place on the GOSH final two year operational plan, particularly in the area of patient flow, both internally and between GOSH and other organisations.

Updates were received from the Board assurance committees and Councillors particularly noted the work that had taken place on the Information Commissioner's Office (ICO) review, the process of which had recently been formally ended. Discussion took place about the continuing increase in both IPP debt and debtor days with Councillors expressing concern. Non-Executive Directors confirmed that they shared the Councils concern and the matter was being carefully monitored. The Audit Committee had requested a reduction in debtor days by the next committee meeting in January 2017.

The Chief Executive provided an update on the Trust's key activities and the Council noted in particular the GOSH involvement in work to develop the STP. It was confirmed that it was clear that savings required from STP groups would continue to be required year on year.

The Council approved the Terms of Reference of the newly re-established Constitution Working Group and agreed that Councillor membership would be agreed outside the meeting.

The Council noted the matters reserved to the Members' Council in the revised document.

ATTACHMENT W

Attachment W

Great Ormond Street Hospital for Children NHS Foundation Trust

Quality and Safety Assurance Committee Summary
18th January 2017

Matters arising

Concern was expressed that the action for junior doctors to present to the committee had been deferred. The Committee reiterated the importance of engaging with junior doctors in light of the work with Health Education North Central and East London (HENCEL). An update was provided on a recent very positive meeting with HENCEL which had confirmed that the issues from the original inspection had been resolved. Updates on the work will continue to be reported to QSAC.

Update on Transition

An update was received on the on-going work overseen by the transition steering group. The committee emphasised the importance of ensuring that transition was a key part of the Electronic Patient Record project. The importance of ensuring that work continued until fully complete was highlighted.

Quality and Safety Update

The Committee noted a small increase in pressure ulcers over the last three months. The committee was advised that a full root cause analysis was undertaken of any grade 3 pressure ulcers to highlight learning.

Patient Experience Update

It was agreed that discussion would take place about including some of the patient experience projects into the Quality Improvement slides of the Quality and Safety Report.

Education and Training Update

The committee expressed concern at the low number of trainee nurses who had reportedly chosen GOSH as their first choice placement. Work has begun to ensure that GOSH is attracting trainees. This includes visiting five university open days to promote GOSH. Discussion took place about the additional work that could be done to improve this and the importance of linking with the Charity as a potentially significant area for joint working.

Update on Play Services

A paper was presented on the play service following the recent formal review. It was reported that a forum would be established to bring together the different aspects of the play service and allow better coordination and planning. The Committee emphasised the importance of the service and suggested that the report required the inclusion of data to reinforce this.

Quarterly Safeguarding Report (October 2016- December 2016)

It was reported that following an internal review of safeguarding, work was taking place to complete the remaining actions on the action plan. The committee discussed the significant year on year increase in activity and noted that this mirrored the national trend.

Bed and Operations Cancellation Deep Dive

The committee expressed concern at the number of on-the-day cancellations particularly as GOSH did not have an A&E department. It was noted that a primary driver was the number of patients transferred from other hospitals directly to the GOSH ICU via CATS. The Committee emphasised that alongside the poor patient experience caused by cancellations, inefficiency was created due to suboptimal theatre utilisation rates. The importance of ensuring there was an improvement timeline and a key individual to drive the project forward was highlighted.

Board Assurance Framework Update

The Committee expressed concern at the number of Board Assurance Framework (BAF) areas RAG rated as red or amber. It was confirmed that the risks on the BAF had been rationalised to ensure they covered the Trust's significant challenges. The importance of the nursing recruitment risk was highlighted and it was confirmed that this was reflective of the risk faced by the NHS as a whole.

The Committee considered the following high level risk which had been added to the BAF following a request by the QSAC:

- Risk 6: Delivery of Excellent Clinical Outcomes

The Committee highlighted the importance of developing an aggregated analysis of information received from complaints, PALS contacts, serious incidents, claims and their learning and incorporating that information into the risk.

Health and Safety Update

The Committee received an update on work that was taking place with the electrical transformers and on the work that had taken place on sharps.

Update from the Ethics Committee

An update was received on the important work undertaken by the Ethics Committee and it was suggested that further work and funding was required to ensure that GOSH was a leader in this area.

Update on Quality and Safety Impact of Fit for the Future Programme (Linked to BAF Risk 2: Productivity)

It was confirmed that all Quality and Safety Impact Assessments (QIAs) had been completed and signed off and the committee agreed to continue to review the list of schemes.

Internal Audit Progress Report (October 2016- December 2016)

The Committee requested a review of safeguarding including the accuracy of data on the team's work as part of the internal audit plan for 2017/18.

Internal and External Audit Recommendations Update

Internal auditors highlighted that the importance of completing recommendations in a timely manner and ensuring that action plans and deadlines were feasible.

Clinical Audit Update (October 2016- December 2016)

The Committee discussed the issue of sepsis. It was confirmed that the issues raised had been due to the way the Trust recorded patient data rather than a patient care issue.

A bereavement survey had shown the commitment of all staff to the service and on-going infection control audits were helping to ensure that the team was having meaningful conversations with clinical staff to drive change. Although the management of neonatal care as a whole continued to improve, further improvement was required.

It was agreed that the following matters would be reported to the Trust Board:

- Transition work
- Timelines for improvement and rigour in to this; ensure deadlines are realistic
- HENCEL
- Cancellation deep dive
- CQC and SEPSIS
- Hand hygiene
- Neonatal Jaundice Project
- Safeguarding Update