

Meeting of the Trust Board Wednesday 29th March 2017

Dear Members

There will be a public meeting of the Trust Board on Wednesday 29th March 2017 at 1:00pm in the Charles West Boardroom, Great Ormond Street.

Company Secretary

Direct Line: 020 7813 8230

Fax: 020 7813 8218

AGENDA

	Agenda Item <u>STANDARD ITEMS</u>	Presented by	Purpose	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 1st February 2017	Chairman	Decision	A
3.	Matters Arising/ Action Checklist	Chairman	Discussion	B
4.	Chief Executive Report	Chief Executive	Information	Verbal
5.	Patient Story	Chief Nurse	Information	C
6.	Update from the Audit Committee in January 2017	Chair of Audit Committee	Discussion	D
7.	Update from the Finance & Investment Committee in January 2017	Chair of Finance & Investment Committee	Discussion	E
8.	Members' Council Update – January 2017	Company Secretary	Information	F
	<u>PERFORMANCE</u>			
9.	Integrated Quality Report – 28th February 2017	Interim Medical Director/ Chief Nurse	Discussion	G
10.	Integrated Performance Report (28th February 2017)		Discussion	H
	• Performance Scorecard	Deputy Chief Executive		
	• Workforce Metrics & Exception Report	Director of Human Resources & OD		I
	• Finance Update	Chief Finance Officer		J
11.	Infection Control Report	Director of Infection Prevention and Control	Discussion	L

12.	Safe Nurse Staffing Report <ul style="list-style-type: none"> January 2017 February 2017 	Chief Nurse	Discussion	M
13.	2016 Annual Staff Survey Results	Director of HR and OD	Information	N
	<u>GOVERNANCE</u>			
14.	Deputy Chairman and Senior Independent Director roles from 1st May 2017	Company Secretary	Decision	P
15.	Revised Trust Board Workplan 2017/18	Company Secretary	Decision	Q
16.	Register of Interests and Register of Gifts and Hospitality	Company Secretary	Information	R
17.	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.)			
18.	Next meeting The next Trust Board meeting will be held on Thursday 25 th May 2017 in the Charles West Room, Great Ormond Street, London, WC1N 3JH.			

ATTACHMENT A

**DRAFT Minutes of the meeting of Trust Board on
1st February 2017**

Present

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

In attendance

Ms Cymbeline Moore*	Director of Communications
Mr Matthew Tulley	Director of Development
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Professor David Goldblatt*	Director of Research and Innovation
Ms Emma Pendleton*	Deputy Director of Research and Innovation
Professor Faith Gibson*	Clinical Professor of Children and Young People's Cancer Care
Dr Kate Oulton*	Senior Research Fellow
Mrs Carley Bowman	Members' Council (observer)

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

*** Denotes a person who was present by telephone*

149	Apologies for absence
149.1	No apologies for absence were received.
150	Declarations of interest
150.1	There were no declarations of interest.
151	Minutes of the previous meetings
151.1	Minute 135.2 – It was agreed that Mr David Lomas, Non-Executive Director would provide revised wording outside the meeting.
151.2	Subject to the above amendment, the Board approved the minutes.
152	Matters Arising/ Action Checklist
152.1	Minute 54.3 - Baroness Blackstone, Chairman asked whether the national tender for tier 4 mental health services had been published. Dr Peter Steer, Chief

152.2	<p>Executive said that it was expected to be received in the near future and GOSH had already begun to engage with other London organisations around the mental health landscape.</p> <p>Minute 127.6 – Ms Mary MacLeod, Non-Executive Director said that she had met with the Chief Nurse to discuss a serious incident and reassured the Board that there had been no Trust involvement in the injury to the patient.</p>
153	Chief Executive Report
153.1	<p><i>Ms Mary MacLeod left the meeting.</i></p> <p>Dr Peter Steer, Chief Executive gave an update on the following matters:</p> <ul style="list-style-type: none"> • Work continued on the STP agenda and GOSH continued to engage with the North Central London STP despite the acknowledged lack of fit and the Chief Executive continued to be a member of the pan London specialist STP Board. All London STPs have prioritised specialist paediatrics. A proposal had been made to develop a North London and South London planning strategy with the Evelina Children's Hospital leading the work in South London. It is not yet clear who will lead the North London work. • Timescales had slipped for the launch of the consultation process for the proposed framework of consolidated paediatric cardiac services following the NHS England Safe and Sustainable review. The Trust was confident that it would be able access an additional 200 cardiac cases per year and positive discussions were taking place with the Evelina Children's Hospital and University Hospital Southampton NHS Foundation Trust to ensure that the model of care for the south of England was appropriate going forward. • The NHS England contract for 2017/18 had been signed and it was confirmed that the Trust had received a tariff uplift, a commitment to the expansion of ICU beds and the acknowledgement of the requirement for an increased ICU tariff. Dr Steer congratulated the team for their work.
153.2	The Board endorsed the appointment of Dr David Hicks as Interim Medical Director.
154	Quality and Safety Update – 31st December 2016
154.1	Dr David Hicks, Interim Medical Director said that going forward, the style of the report would change and become more predictive. He told the Board that there had been three pressure ulcers of grade three in the Trust which was a concern. It was confirmed that two of the grade three pressure ulcers had been acquired outside the Trust and one had been present at grade two when the patient had been transferred. A root cause analysis was taken place to investigate whether the deterioration was avoidable and learning would be disseminated following the conclusion of the investigation.
154.2	Action: It was agreed that there would be a change to the term 'no worrying trend' and an appendix would be included for the next meeting which would show the methodology used to determine whether trends were present.
154.3	Action: Mr James Hatchley, Non-Executive Director said that he would raise at the Quality and Safety Assurance Committee the importance of providing further assurance on the cardiac and respiratory arrests outside ICU. Dr Hicks said that

	discussion had taken place around undertaking deep dives in the areas that were highlighted by the report and it was agreed that a deep dive on arrests outside ICU would be provided at the Quality and Safety Assurance Committee.
155	Integrated Performance Report and Scorecard: 31 October 2016
155.1	Ms Nicola Grinstead, Deputy Chief Executive said that a revised process had begun for presenting the scorecard which would be provided at the next meeting and would show a better connection between the indicators. She added that indicators would be kitemarked from the end of March onwards to give a steer on the Trust's level of confidence in the underlying data. Ms Grinstead said that she expected RTT data to be reported from March 2017.
155.2	Action: Mr David Lomas, Non-Executive Director suggested that a number of the targets would be extremely difficult to achieve and asked that a stretch target that could be achieved be added to the dashboard. It was agreed that along with the mandated targets set as the NHS standard a planned target would be included to show what the Trust felt it could and should reach.
155.3	Action: Discussion took place around potentially moving RAG ratings from red to amber in circumstances where it would not be possible to reach the target to allow the Board to focus on the targets which could be met but weren't. It was agreed that further thought on this would take place.
155.4	The Board noted that indicators such as compliance with the WHO checklist were based on an audit trail which was likely to be much improved following the introduction of an Electronic Patient Record. <u>Workforce Metrics & Exception Reporting – 31 December 2016</u>
155.5	Mr Ali Mohammed, Director of HR and OD presented the report and highlighted the matters for focus in 2017 which were electronic rostering of staff, additional pay spend above staff base pay including overtime and on call, fixed term contracts and medical spend as well as longstanding vacancies.
155.6	Mr Akhter Mateen, Non-Executive Director expressed some concern that although there had been no improvement in PDR rates or completion statutory and mandatory training, it was being proposed that the targets were increased. He said that further progress was required to reduce the number of red rated metrics.
155.7	Mr Mohammed said that it was anticipated that statutory and mandatory training rates would reach 90% by the end of the year and the biggest area of focus were the divisions. Dr Peter Steer, Chief Executive said that work would take place to ensure the Trust was clear which training was mandatory and communication would then take place to ensure that staff were clear that failure to complete training would prevent staff from working.
155.8	Action: It was agreed that work before the next update on PDRs would particularly focus on areas that were the direct responsibility of Executives.
155.9	Action: It was agreed that the next Quality and Safety Assurance Committee would undertake a deep dive into nurse retention, focusing on the attrition rate and the reasons for nurses leaving. Mr Lomas suggested that this should take place on a biannual basis but that the statistics should also be included in the Board papers.

155.10	<p><u>Finance Update – 31 December 2016</u></p> <p>Ms Loretta Seamer, Chief Finance Officer presented the report and said that it had been reviewed in detail at the Finance and Investment Committee. The Trust was still on plan at month 9 but was internally forecasting a risk of not meeting the control total. Discussion had taken place at the Committee which had reiterated the importance of meeting the control total as failure to do so would put STF funding at risk, however Ms Seamer said that there was a reasonable basis upon which to say that the control total would be met.</p>
155.11	<p>The Trust cash balance was below plan, driven by outstanding funds from NHS England for over performance in quarters 1 and 2 and positive meetings had taken place with two embassies to discuss IPP debt.</p>
155.12	<p>Mr David Lomas, Non-Executive Director and Chair of the Finance and Investment Committee thanked Ms Seamer and her team for the improvements in the quality of the report.</p>
156	Patient Experience Report - 31 December 2016
	<p><i>Professor Rosalind Smyth, Non-Executive Director joined the meeting.</i></p>
156.1	<p>Ms Juliette Greenwood, Chief Nurse said that there was a steady increase in the Friends and Family Test response rate and despite a slight fall in the number of respondents who would recommend GOSH's services, the proportion remain high at 97%.</p>
156.2	<p>The Board noted the work that had taken place around food and the increase in positive over negative responses in the area.</p>
156.3	<p>Mr James Hatchley, Non-Executive Director noted that a number of the PALS contacts were around transport and suggested that this was discussed at one of the Board subcommittees. Ms Nicola Grinstead, Deputy Chief Executive agreed that this was a key issue and said that it was discussed with divisions at performance meetings. She said that work had started to look at the contract and highlighted the impact that transport often had on patient flow and cost to the Trust.</p>
156.4	<p>Discussion took place around the issues of members of staff appearing on television and the guidance that was provided around this. It was confirmed that following a case of a member of staff receiving extremely negative feedback after appearing on 'Question Time', the communications team had revised the way it worked with staff when they were in these circumstances and a Media Policy was also in place.</p>
157	Safe Nurse Staffing Report – November 2016 and December 2016
	<p><i>Ms Mary MacLeod re-joined the meeting</i></p>
157.1	<p>Ms Juliette Greenwood, Chief Nurse presented the report and said that there had been an increase in the nursing workforce as there had been additional beds opened and the vacancy rate was at its lowest since July 2015. She said that the overall fill rate remained at 90% and there had been no unsafe shifts. Ms Greenwood highlighted the challenge of retaining Healthcare Assistants (HCAs)</p>

	and said that the turnover of these members of staff had increased by 6% in comparison to the turnover of nurses which had increased by 1%.
157.2	Work was taking place to look at care hours per patient per day to identify the required hours on a ward by ward basis. Ms Greenwood said that currently these hours included non-director care hours and there was a substantial range in hours depending on the ward.
157.3	Mr Akhter Mateen, Non-Executive Director highlighted that although there had been a reduction in the vacancy rate, those nurses leaving GOSH had been disproportionately senior. Professor Rosalind Smyth agreed and added that a 27% turnover for HCAs was extremely high. She asked that recommendations in the paper covered work to support the understanding of why nurses were leaving and benchmarking against other London organisations.
157.4	Ms Greenwood said that work was taking place London wide to introduce a 'London passport' to ensure that nurses could move around London Trusts without having to undertake unnecessary training.
157.5	Action: Dr Peter Steer, Chief Executive said that considerable work was taking place around nursing and suggested that a paper should be provided to the Trust Board on the recruitment and retention process from April 2017 going forward. He added that it was unusual to have such a prevalence of 1:1 or 1:2 patient to nursing ratios in ICU and it was important to ensure the Trust was being funded appropriately for this.
158	Research and Innovation Update
158.1	Professor David Goldblatt, Director of Research and Innovation presented the report. He said that the Trust had been successful in renewing its Biomedical Research Centre bid and received an uplift in funding from previous years. He said that following a further competitive process the Clinical Research Facility was awarded new funding of £3million over five years.
158.2	Professor Goldblatt told the Board that recruitment to portfolio trials had decreased but highlighted that this referred only to trials that reported to the Clinical Research Network. He said that the Trust was leading nationally in recruiting patients with rare diseases for the Genomics Medicine Centre.
158.3	Professor Stephen Smith, Non-Executive Director congratulated the team on the Trust's exceptional research performance and queried whether, as a result of lacking an EPR, American organisations would be favoured for trials. He noted the relatively low initiation rate for trials.
158.4	Ms Emma Pendleton, Deputy Director of Research and Innovation said that the initiation rates were partly related to some initial issues in working with the Clinical Research Network and also due to recruitment times of recruiting a first patient.
158.5	Ms Mary MacLeod, Non-Executive Director asked for a steer on the work that was being undertaken to give research a higher profile among nursing and allied health professional colleagues to ensure that GOSH was a research hospital throughout.
158.6	Dr Kate Oulton, Senior Research Fellow said that a questionnaire which had been run across the Trust gave good insight into the barriers to becoming a clinical

	academic. She said that one of the key barriers was the ability to access academic work on a daily basis. Professor Goldblatt said that the aim was to encourage all clinical members of staff to be research aware and if necessary research trained. The Board welcomed this.
158.7	Mr James Hatchley asked about the turnover of research nurses. Professor Goldblatt confirmed that it was in line with the rest of the Trust and was included in the nursing statistics as a whole.
158.8	Action: It was agreed that the next report would include focus on non-grant based direct funding such as enterprise. The report would also include the impact that the Zayed Centre for Research into Rare Disease in Children would have once on line to research as a whole and to the Trust's income.
159	Fit for the Future Programme Update
159.1	Ms Nicola Grinstead, Deputy Chief Executive said that the productivity and efficiency (P&E) target for 2017/18 was £15million which was a considerable challenge. She said that cross cutting themes had been identified as had responsible officers for each theme.
159.2	Mr James Hatchley, Non-Executive Director noted the efficiencies that would be made through optimisation of patient flow and that this would be included in P&E projections.
160	Redevelopment Update (including sustainable update)
160.1	Mr Matthew Tulley, Director of Development said that the Premier Inn Clinical Building had a handover date of 17 th May 2017 which would be followed by the clinical commissioning period. He said that the first patients would use the building in August 2017.
160.2	Action: It was agreed that feedback would be given on the funding proposals for phase 4 at the extraordinary meeting of the Finance and Investment Committee on 13 th February 2017.
161	Emergency Planning
161.1	It was confirmed that this item had been withdrawn from the agenda.
162	Equality and Diversity Annual Report 2016
162.1	Ms Juliette Greenwood, Chief Nurse and Mr Ali Mohammed, Director of HR and OD presented the report which was welcomed by the Board.
162.2	Professor Rosalind Smyth, Non-Executive Director noted that other organisations had reported concerning episodes of bullying and harassment following the vote on Britain's exit from the EU and asked if there had been report of any such issues at GOSH.
162.3	Mr Mohammed said that some initial issues had been around staff unintentionally causing offense to colleagues but no further issues and staff were being supportive of colleagues.

163	Non-standard consultant appointments
163.1	Dr David Hicks, Interim Medical Director presented the report and emphasised that the procedure for non-standard consultant appointments would only be for exceptional circumstances. He said that there would be individuals that GOSH would wish to attract but who would not fit the requirements of the GMC register. Dr Hicks said that he had spoken to the Chair of the General Medical Staffing Committee (GMSC) who had confirmed that the policy was satisfactory to existing consultants.
163.2	Action: Discussion took place around the large number of people who took part in a consultant appointment panel. It was agreed that work would take place to ensure that only required individuals sat on the panel but it was noted that consultant appointments were vital to the Trust and the panel must reflect this. Baroness Blackstone, Chairman emphasised that when making appointments, the process must be effective and also efficient.
163.3	The Board approved the recommended process for the appointment of non-standard GOSH consultants.
164	Update from the Members' Council in December 2016
164.1	Baroness Blackstone, Chairman presented the update which was noted by the Board, most of whom had attended the Council meeting.
165	Update from the Quality and Safety Assurance Committee (QSAC) in January 2017
165.1	Ms Mary MacLeod, Chair of the QSAC said that the committee had noted that occasionally recommendations from internal audits and other areas of compliance were either unlikely to be met within the timeframe agreed or were not completed or followed up. This had been noted by the executive team to take forward.
165.2	The Committee had welcomed the appointment of a substantive named Doctor for safeguarding and the work of the team had increased considerably in line with safeguarding work nationally.
166	Update from the Audit Committee in January 2017
166.1	Mr Akhter Mateen, Chair of the Audit Committee reported that the Committee had considered three risks on the Board Assurance Framework and noted that there had been no adverse movement. Good progress had been made on data quality and KPMG had undertaken a further review.
166.2	Four internal audit reports were received and it was confirmed that the review of RTT had been deferred to 2017/18 to ensure that the Trust was reporting at the time of the audit. Good progress had been made on recommendations but the committee noted that there were increasing numbers of actions outstanding.
166.3	Action: It was agreed that discussion would take place around circulating the minutes of the meeting rather than the summary.
167	Update from the Finance & Investment Committee in January 2017

Attachment A

167.1	Mr David Lomas, Chair of the Finance and Investment Committee said that committee had noted that the forecast financial outturn was possible but not certain and had noted the very challenging productivity and efficiency target of £15million for 2017/18.
167.2	The Committee approved the recommended suppliers of the Trust's Electronic Patient Record and research platform.
168	Any Other Business
168.1	There were no items of other business.

ATTACHMENT B

TRUST BOARD – PUBLIC ACTION CHECKLIST
March 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	Not yet due. An update will be provided to the Board once the national tender for the service has been published
152.1	01/02/17	Baroness Blackstone, Chairman asked whether the national tender for tier 4 mental health services had been published. Dr Peter Steer, Chief Executive said that it was expected to be received in the near future and GOSH had already begun to engage with other London organisations around the mental health landscape.			
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	A refreshed strategy document will be presented to the Board at the 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	
127.3		Ms MacLeod said that the QSAC had previously discussed the number of IT outages	Assurance committee Chairs	March 2017	Verbal update – the Assurance committee chairs met on 29 th

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		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.			March to discuss this and other matters
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	Verbal update
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	Verbal update
154.2	01/02/17	It was agreed that there would be a change to the term 'no worrying trend' in the Quality and Safety Update and an appendix would be included for the next meeting which would show the methodology used to determine whether trends were present.	DH	March 2017	On agenda – definitions now included in the paper

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
154.		It was agreed that a deep dive on arrests outside ICU would be provided at the Quality and Safety Assurance Committee	DH	April 2017	Added to April 2017 QSAC Agenda
155.2	01/02/17	It was agreed that along with the mandated targets set as the NHS standard a planned target would be included in the integrated performance report to show what the Trust felt it could and should reach.	NG	March 2017	On agenda
155.3	01/02/17	Discussion took place around potentially moving RAG ratings on the integrated performance report from red to amber in circumstances where it would not be possible to reach the target to allow the Board to focus on the targets which could be met but weren't. It was agreed that further thought on this would take place.	NG	March 2017	On agenda
155.8	01/02/17	It was agreed that work before the next update on PDRs would particularly focus on areas that were the direct responsibility of Executives.	AM	March 2017	On agenda
155.9	01/02/17	It was agreed that the next Quality and Safety Assurance Committee would undertake a deep dive into nurse retention, focusing on the attrition rate and the reasons for nurses leaving. Mr Lomas suggested that this should take place on a biannual basis but that the statistics should also be included in the Board papers.	JG	April 2017	On April 2017 QSAC Agenda. It is proposed that QSAC will receive a quarterly assurance update on recruitment and retention at GOSH.
157.5	01/02/17	Dr Peter Steer, Chief Executive said that considerable work was taking place around	JG	March 2017	It is proposed that the Board will receive a bi-annual strategic

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		nursing and suggested that a paper should be provided to the Trust Board on the recruitment and retention process from April 2017 going forward.			update on nursing workforce (matter of strategic and external influence). This will be provided as part of the bi-annual strategy updates in February and October.
158.8	01/02/17	It was agreed that the next research and innovation report would include focus on non-grant based direct funding such as enterprise. The report would also include the impact that the Zayed Centre for Research into Rare Disease in Children would have once on line to research as a whole and to the Trust's income.	DG	July 2017	Not yet due
160.2	01/02/17	It was agreed that feedback would be given on the funding proposals for phase 4 at the extraordinary meeting of the Finance and Investment Committee on 13th February 2017.	MT/LS	February 2017	Actioned
163.2	01/02/17	Discussion took place around the large number of people who took part in a consultant appointment panel. It was agreed that work would take place to ensure that only required individuals sat on the panel but it was noted that consultant appointments were vital to the Trust and the panel must reflect this.	AM	March 2017	A review has been undertaken of the composition of consultant panels. A proposal will be brought to an EMT for consideration in Q1 2017/18
166.3	01/02/17	It was agreed that discussion would take place around circulating the Audit Committee minutes of the meeting rather than the summary.	AF/AMat	March 2017	An assurance committee chairman meeting will be held on 30 th March. Verbal Update

Trust Board Wednesday 29 th March 2017	
Patient Story - EC Submitted on behalf of Juliette Greenwood, Chief Nurse	Paper No: Attachment C
Aims / summary The Great Ormond Street Hospital Patient Experience Team works in partnership with Ward Sister's and Service Managers, the Patient Advice and Liaison Service (PALS), and the Complaints and Patient Safety Teams to identify, prepare and present suitable patient stories for presentation at the public Trust Board meetings through a patient / family member attending or through a film clip. Each story includes information on actions which were taken to improve aspects of a service, if applicable. Stories which are selected represent a range of families' experiences across a variety of wards and service areas spanning divisions and ensuring that the experiences of families are captured. The story to be shared on 29 March 2017 has been pre-recorded and details a parent's observations of their son's experiences at Great Ormond Street Hospital since he was born, to today (he is currently 14 years old). There are examples of his past and present care (he still visits GOSH regularly for tests and treatment).	
Action required from the meeting Review and comment	
Contribution to the delivery of NHS / Trust strategies and plans <ul style="list-style-type: none"> • The Health and Social Care Act 2010 • The NHS Constitution 2010 • The NHS Operating Framework 2012/13 • The NHS Outcomes Framework 2012/13 • Trust Values and Behaviors work • Trust PPIEC strategy • Quality Strategy 	
Financial implications None	
Who needs to be told about any decision Cascaded from the Trust Board to applicable services and teams	
Who is responsible for implementing the proposals / project and anticipated timescales Herdip Sidhu-Bevan– Assistant Chief Nurse Quality and Patient Experience Emma James – Patient Experience and Engagement Officer	
Who is accountable for the implementation of the proposal / project Juliette Greenwood Chief Nurse	

ATTACHMENT D

Update from the Audit Committee meeting held on 24th January 2017

Internal Audit Progress Report

The Committee noted the outcomes of four internal audit reports:

- Temporary Staff Reporting – partial assurance with improvements required. The review had been specifically around reporting and it was reported that it had often been difficult to capture information as in some cases systems had not yet been developed.
- Revalidation of Nurses – significant assurance with minor improvement potential
- Cyber Security – significant assurance with minor improvement potential
- Discharge arrangements – partial assurance with improvements required. Difficulties in process had been largely due to two existing systems which worked in isolation. A large proportion of the gaps were occurring at the weekend due to the lack of administrative support. The Committee noted that there had been considerable improvements in terms of the culture around timeliness of discharge summaries. It was noted that improvements in the metrics had been made however it was unlikely that further progress would be made until GOSH had implemented an Electronic Patient Record. Focus was being placed on the quality of information in the discharge summary.

Board Assurance Framework

The Committee discussed the following high level risks:

- Risk 8: GOSH Strategic Position

Following discussion at Trust Board and in light of the fast paced change of the external environment, the Trust was undertaking a refresh of the strategy. Work was taking place to highlight any gaps in the current strategy including gaps in staff knowledge and to assess the current strategy's fit within the NHS framework.

- Risk: 13 Business Continuity - The trust is unable to deliver normal services and critical functions during periods of significant disruption

It was reported that GOSH performed well when compared to peers in terms of emergency planning and was in the middle when benchmarking for business continuity. A comprehensive action plan was being put in place to improve business continuity plans going forward.

- Risk 14: Inadequate planning or management of infrastructure redevelopment may result in poor VFM or failure to deliver expected business benefit

An update was provided on the governance that was currently in place and planned improvements. The Committee discussed the net risk in light of the long term nature of redevelopment projects and external variables which were difficult to mitigate and suggested that this should be increased.

Data Quality Update

KPMG reported that it was clear that substantial work had taken place since their initial review and in completing the actions GOSH was going beyond the work of other Trusts. It was confirmed that KPMG did not have any significant concerns to highlight.

The Committee discussed the data quality dashboard that was being developed and the practice of kitemarking data based on the level of confidence in data quality, both of which would be in place from April 2017. Some concern was expressed about how assurance would be received up to this point, and it was confirmed that the data provided in the performance scorecard to the Trust Board was validated, heavily scrutinised and robust.

Information Governance Framework

The Committee approved the information governance framework and noted the Senior Information Risk Officer (SIRO) was now the Deputy Chief Executive.

IPP Debt

It was confirmed that payments in January 2017 were £1.5million greater than billed and positive meetings had taken place with the health attachés from two embassies. It was noted that consultants remained liable for any bad debts when undertaking their private practice at GOSH. The Committee noted that the Trust's external auditors previously confirmed that GOSH was not an outlier from other Trusts in terms of IPP debt.

Cyber Security Strategy and Action Plan

GOSH had joined CareCERT, a Department of Health initiative to support health organisation to improve local cyber security, as an early adopter and the key points of the strategy was around education and ensuring that staff were aware of their responsibilities. Further work was required in advance of the implementation of an electronic patient record when there would be a significant increase in the amount of data held electronically. The Committee noted that KPMG had highlighted the strategy as one of the best they had reviewed.

Update on Supply Chain and Inventory Management Review

A risk had been identified around inventory delivery and a review had been undertaken along with a mapping exercise of the end-to-end supply chain process. External experts had been engaged to provide recommendations on moving forward and two pilot projects had begun. It had been identified that the organisation to which GOSH and four other Trusts had outsourced procurement had been performing sub-optimally and a new head of service was now working with the Trust.

External Audit Sector Update

The Committee noted that there would be significant changes to the tax treatment benefits in kind and IR35 legislation and further work was required to ascertain the impact of these changes on the Trust.

Counter fraud Update

The increase in the number of respondents to the counter fraud survey was highlighted and the Committee discussed the areas covered by the counter fraud service and agreed that this was sufficient in the round.

Raising Concerns in the Workplace Update

It was confirmed that staff were raising issues with the eight recently appointed 'Freedom to Speak Up' ambassadors and the next stage would be to review the cases to confirm whether or not they were 'whistleblowing'.

Well Led Governance Recommendations – Update

It was confirmed that the work on the recommendations was on place and a joint working group of Board and Members' Council had met to consider specific relevant recommendations.

ATTACHMENT E

Update from the Finance and Investment Committee held on 26th January 2017

Finance Report and Forecast Month 9

The Committee noted that at the end of quarter 3 the Trust was holding position in terms of plan and continued to indicate to NHS Improvement that the control total would be met. It was reported that the cash position was significantly lower than plan primarily driven by both NHS and IPP debt. It was confirmed that NHS England had acknowledged that payment for over performance against contract was due. It was noted that it was costs rather than revenue that could potentially lead to an increased deficit however it was reported that teams had specific actions to support the achievement of the plan.

Procurement Dashboard Review

An update was received on the proposed metrics which were being developed to monitor procurement activity. A key staff concern was around the cost of catalogue products and it was noted that none of the KPIs provided assurance in this area, however all five Trusts involved in the procurement service operated different systems. Work was taking place to consider a single system which could be integrated with finance and was user friendly and would enable one set of best negotiated prices were used across the Trusts.

Fit for the Future (Productivity and Efficiency) 2017/18 Update

The Committee noted the very challenging productivity and efficiency target for 2017/18 of £15million and it was reported that work had begun to ensure that all parts of the target were assigned to a cost line. It was agreed that it was likely that income schemes would need to be included in order to meet the challenging target however the committee noted the importance of continuing to pursue efficiency savings from costs until a point was reached at which there was confidence that the Trust was operating under optimal costs.

Discussion took place around the development of a productivity metric to give visibility to any improvements and it was noted that measures of success were being built into each scheme.

Activity Trend Review

Discussion took place around GOSH's activity profile relative to others in the same market. It was suggested that this was difficult to benchmark given the type of activity undertaken at the Trust and added that it was important to focus on GOSH's market share which was felt to be increasing.

Capital Programme – Quarterly Update Month 9

It was reported that that capital expenditure was behind plan driven by slippage in the Premier Inn Clinical Building development project and construction of water chillers which had been delayed by planning objections. It was confirmed that it had been reported to NHS Improvement that while there had been some adjustments, they were not material.

NHS Contract Status Update 2016/17 & 2017/18

The Committee noted that there were a number of outstanding issues in relation to the NHS England contract for 2017/18 and it had been agreed that these would be resolved by the end of March 2017.

ATTACHMENT F

Update from the Members' Council meeting held on 1st February

Chairman Recruitment Process

The Members' Council received an update on the Chairman recruitment process. It was confirmed that Harvey Nash had been appointed as recruitment advisors by the Members' Council Nominations and Remuneration Committee. The Council discussed the time commitment required of the role and emphasised the importance of the Chairman committing sufficient time to the role and the Board agreed but highlighted the importance of ensuring that suitably senior individuals who were willing to give GOSH primacy in their professional lives were attracted to the role rather than deterred by the time required.

The Council noted the key requirements of a Chairman from the point of view of the Executive Team and agreed the proposal for the Chairman salary to remain at the current level. The process for the Chair appointment was approved and approval delegated to the Committee to finalise the job description and person specification.

Developing the GOSH Integrated Business Plan

Work was being undertaken to refresh the GOSH strategy and the Council took part in a roundtable discussion on the following points:

- Key points which did not appear in the current strategy;
- Areas of the strategy that resonate and do not resonate with the Council;
- How councillors would describe the strategy's ambition to constituents.

NED Appraisals 2016

The Council noted that development of 360 degree appraisals would be discussed at the Well Led Review Group and following the appointment of a new Chairman.

The Council approved the outcome of the appraisals.

Update on progress with the Well Led Governance Review action plan

The Council discussed recommendation 12, the use of headhunters for Non-Executive Director appointments and agreed that costs would be approved by the Board to ensure they were appropriate.

Selection by Councillors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 16/17

Councillors noted that previously the timeliness of discharge summary completion had been selected as the local quality indicator and expressed frustration that there had not been significant improvement. The Council noted that the cancelled operation indicator is an important proxy for efficiency of the whole hospital, particularly administrative systems and patient flow. Councillors would vote for their chosen indicator by email.

Updates from the Membership Engagement, Recruitment and Representation Committee (MERRC) including Membership Strategy update

It was reported that the Membership target for 2016/17 had been achieved however the Council were encouraged to continue to recruit members. Councillors would be provided with log-in details to enable them to complete statutory and mandatory training online.

Update from the Young People's Forum (YPF)

Young people had taken part in a successful takeover day at GOSH and welcomed the involvement of a large number of teams.

Update from the Patient and Family Experience and Engagement Committee (PFEEC) including Q3 2016/17 PALS Report

The Council received the report and noted that a divisional reporting framework was being developed to ensure that the Committee received standardised reports going forward.

Reports from Board Assurance Committees

The Committee received updates from the following committees:

- Quality and Safety Assurance Committee (January 2017)
- Audit Committee (January 2017)
- Finance and Investment Committee Summary Report (January 2017)

Chief Executive Report (Highlights and Performance)

The Chief Executive provided an update on the following matters:

- Sustainability and Transformation Plans (STP)
- Review of the Gastroenterology Service
- Paediatric Cardiac Services
- Referral To Treatment (RTT)
- Health Education North Central and East London (HENCEL)

Any other business

The Council approved the proposal to extend the tenure of Ms Mary MacLeod, Non-Executive Director for two months until 31st October 2017 as Interim Chairman in order to provide the opportunity for handover with the newly appointed Chairman.

Trust Board 29 th March 2017	
Integrated Quality Report Submitted by: Dr David Hicks, Medical Director Juliette Greenwood, Chief Nurse	Paper No: Attachment G
Aims / summary The Quality and Safety report is in the process of being revised and combined in to an Integrated Quality report to provide information on whether: <ul style="list-style-type: none"> • patient care has been safe in the past and safe in the present time • how the Organisation is hearing and responding to the feedback and experience of our children and young people and parents • what the Organisation is doing to ensure that we are implementing and monitoring the learning from our data sources e.g. (PALS, FFT, Complaints, External Reviews or Reports). <p><u>Response to actions from previous Trust Board:</u></p> <p>Including patient experience update Response: The report previously contained FFT data; the report has been updated to include additional data from Patient Experience, including a theme analysis for PALS, Complaints and FFT.</p> <p>Including action 154.2: <i>It was agreed that there would be a change to the term 'no worrying trend' in the Quality and Safety Update and an appendix would be included for the next meeting which would show the methodology used to determine whether trends were present.</i> Response: The terminology used within the report has been reviewed and amended for clarification. The key measures within the report should be considered by exception; where there are measures/trends of concern, a deep dive for that measure will be included within the report. Appendix 1 contains additional information to explain the methodology for the Trust measure whilst Appendix 2 contains information to explain SPC charts and data.</p>	
Action required from the meeting To note the style of the report, providing any feedback or requested changes to the Medical Director and Chief Nurse to note the on-going work supporting 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.	
Financial implications No additional resource requirements identified	
Who needs to be told about any decision? Quality and Safety team, Patient Experience 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, Patient Experience team	
Who is accountable for the implementation of the proposal / project? Medical Director and Chief Nurse	



Integrated Quality Report

Dr David Hicks, Interim Medical Director

Juliette Greenwood, Chief Nurse

March 2017

Safety

Has patient care been safe in the past? **Measures where we have no concerns** Page 3

Has patient care been safe in the past? **Serious incidents and never events** Page 4

Care/ Experience

Are we delivering high quality care today? **Trust measures for complaints** Page 5

Are we responding and improving? **patient and family feedback; red complaints** Page 6

Are we responding and improving? **PALS data** Page 7

Are we responding and improving? **Patient experience update** Page 8-9

Are we responding and improving? **Learning from friends and family test data- inpatient data** Page 10

Are we responding and improving? **Friends and family test updates** Page 11

Are we responding and improving? **Friends and family test feedback** Page 12

Are we responding and improving? **Complaints/PALS/ FFT themes** Page 13

Outcomes/ Effectiveness

Are we responding and improving? **Featured project; clinical outcomes hub** Page 14

Improvement

Are we responding and improving? **Quality Improvement project updates (with Executive sponsorship)** Page 15-16

Appendix 1: **Methodology for key Trust measures** Page 17-18

Appendix 2: **SPC FAQs** Page 19-26

Has patient care been safe in the past?

Measures where we have no concerns

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
Never Events		The last never event was in June 2016 (more than 260 days ago) and performance remains stable at an average of 220 days between never events; this is within normal variation and is not statistically significant. Work is ongoing to complete the actions from the investigation; these are in line with the agreed timescales for completion.
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.		Performance remains stable at an average of 8 per month; this is within normal variation and is not statistically significant. The data has been reviewed and no trends or themes were identified at this time; the data will continue to be monitored.
Cardiac and respiratory arrests		Overall, performance remains stable for both measures at 2 cardiac arrests per month and 2.7 respiratory arrests per month; this is within normal variation and is not statistically significant. Note that in January there were 8 cardiac arrests which is unusually high whereas in February there were none; 5 of the 8 arrests in January can be attributed to two patients who have plans in place. The cardiac and respiratory arrest data has been reviewed and no trends or themes were identified at this time; the data will continue to be monitored.
	Cardiac arrests outside of ICU	Respiratory Arrests outside of ICU
January 2017	8 (Bear, Badger, VCB Theatre 3, main reception)	1 (Badger)
February 2017	0	6 (Rainforest Endo/Met, Turtle CT Scan, Koala, Elephant, Badger)
Mortality		Performance remains stable at 6.5 deaths per 1000 discharges; this is within normal variation and is not statistically significant.
Serious Incidents** **by date of incident not declaration of SI		Performance remains stable at 1.3 per month; this is within normal variation and is not statistically significant. There have only been 2 serious incidents since September 2016 (1 in December 2016 and 1 in January 2017).
Hospital acquired pressure ulcers reported (grades 2+)		While the increase in pressure ulcers previously reported has been sustained in January and February and currently averaging 6.7 per month, this is within normal variation and is not statistically significant. There have been no new grade 3 or 4 pressure ulcers since the last report. Work is underway on CICU regarding device related incidences; the timeframe for this work has been extended in order to ensure a robust data sample. The RCA process for pressure ulcers in the Trust is being reviewed with the Tissue Viability Nursing team.

Has patient care been safe in the past?

Serious Incidents and Never Events

Serious Incidents and Never Events January- February 2017

No of new SIs declared in Jan-Feb 2017:	1	No of new Never Events declared in Jan-Feb 2017:	0
No of closed SIs/ Never Events in Jan-Feb 2017:	1	No of de-escalated SIs/Never Events in Jan-Feb 2017:	0

New SIs/Never Events declared in January- February 2017 (1)

STEIS Ref	Incident Date	Date Report Due	Description of Incident	Divisions Involved	Senior Responsible Officer (SRO)	Risk Manager	Executive Sign Off	Divisional Contact
SI 2017 3562	17/01/17	31/03/17	Miscommunication over cardiac procedure undertaken	Charles West	Associate Medical Director- Quality, Safety and Patient Experience	Lead Risk Manager	Medical Director	Divisional Co-Chair, Charles West

Learning from closed SIs in January- February 2017 (1):

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2016/26445	<p>Complication from poor communication:</p> <p>The patient underwent sternal cleft surgery and suffered a cardiorespiratory arrest in the postoperative period on routine extubation in the Cardiac Intensive Care Unit (CICU). The patient had been referred to here for her surgery as she had a large capillary haemangioma over her upper chest, neck and face which increased the potential risk of airway obstruction on intubation and extubation. An airway plan had been discussed between the Cardiothoracic Surgeon at GOSH and the local ENT consultant but the recommendation was not fully communicated/discussed across the multi-specialty teams involved in the pre- and post-operative period.</p> <p>The patient developed respiratory distress, bradycardia and then cardiopulmonary arrest after a planned extubation in CICU. This required a short period of cardiopulmonary resuscitation, re-intubation and an extended hospital admission.</p> <p>The patient required less than 30 seconds of cardiopulmonary resuscitation and does not appear to have suffered any long-term harm. However the sternal cleft wound site was disrupted and this may require revision under general anaesthetic in the future.</p>	<p>There was no coordinated communication between the multi-specialty teams involved in the care of this patient. As a result the discussions that led to the planning of the surgical pathway were very surgically focused with little consideration of the anaesthetic and medical issues that may potentially have had an impact and thus needed to be thought about and considered in the planning phase.</p>	<ul style="list-style-type: none"> Ensure that all referrals, internal or external, through letter or email are scanned and copied into EDM and thus visible to all staff within GOSH. All staff to continue to support the introduction and development of the centralised electronic patient record to improve accessibility patient information Review the minimum membership of the weekly thoracic multi-professional meeting. Keep a record of attendees. Invite additional specialists where necessary Present any child with a known or suspected airways abnormality at the tracheal multi-professional meeting discussion. Appropriate planning of surgical patients also requires consideration of potential anaesthetic and medical issues. 	<p>All external and internal referrals for a patient, formatted as a letter or an email, need to be kept in a centralised location such as EDM (Electronic Document Management System)</p> <p>The learning from the SI was presented at the February 2017 Patient Safety and Outcomes Committee.</p>

Are we delivering high quality care today?

Trust measures for Complaints



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	The number of complaints has reduced from 11 per month to 7; this is within normal variation and is not statistically significant.
Red complaints	Performance remains stable at 0.4 per month; this is within normal variation and is not statistically significant.
Amber complaints	Performance remains stable at 2.3 per month Note: the last 3 months are all below the process mean. Although too early to say this is an improvement we remain optimistic (we look for 7 consecutive months all above or below the mean)
Yellow complaints	Performance remains stable at 6.8 per month. Note: the last 4 months are all below the process mean. Although too early to say this is an improvement we remain optimistic (we look for 7 consecutive months all above or below the mean)

Are we responding and Improving?

Patient and Family Feedback: Red Complaints

Red Complaints in January-February 2017

No of new red complaints declared in Jan-Feb 2017:

0

No of re-opened red complaints in Jan-Feb 2017:

0

No of closed red complaints in Jan-Feb 2017:

2

Learning from closed red complaints in January- February 2017 (2):

Ref:	Summary of complaint:	Outcomes/Learning:
16-039	Concerns were raised regarding care provided to the patient and lack of communication provided to the family regarding the service at GOSH. This complaint was investigated internally and an independent review of the care received by the patient was also undertaken.	Following completion of the investigation, the following actions were taken to address issues within the complaint: <ul style="list-style-type: none">• Clinical staff to sign/initial and date any comments added to incoming letters.• Clinical staff reminded to write any comments on incoming letters clearly and legibly.• Administration team to return any letters with unclear instructions to the relevant clinician for clarification.• Pre appointment MDT to check presence of height and growth chart in patient records and, where it is not present, complete a new chart.• Gastroenterology clinic letter has been amended to include height and weight information as standard.• Administration team to return letters to relevant clinician for completion where height and weight information not included.• Clinicians to specify who clinic letters should be cc'd to rather than saying 'copy to cc list.'• Administration team to return letters to clinicians for clarification where cc list information not included.• Administration team to ensure they take cc addresses from PIMs rather than previous letters.• An improved psychology service is being developed to support the gastroenterology team.
16-072	The complaint raised concerns regarding the care and management of a patient with a congenital heart defect, atrioventricular septal defect (AVSD).	A full investigation was undertaken and a report was shared with the family on completion. The report provided a detailed explanation for the care and management provided and the rationale for the clinical decisions made.

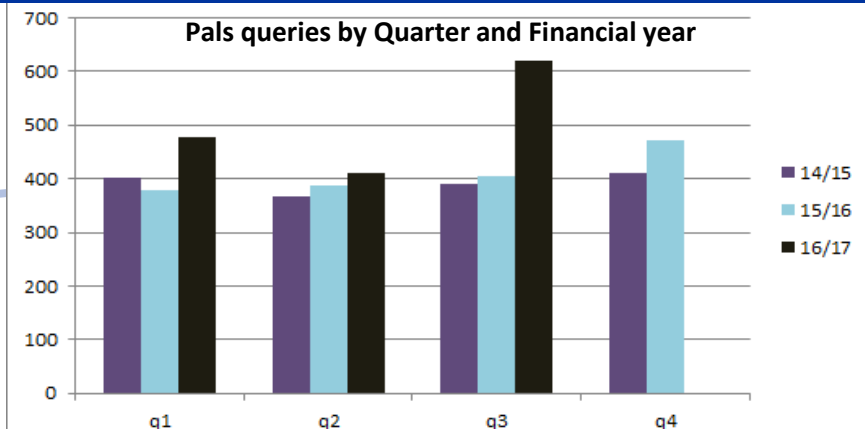


Are we responding and improving?

PALS Data

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 / social media responses	213	0	0
Total	621	412	404



Cases received by the PALS compared with previous quarters:

As shown in the table above, the number of complex cases has increased since Q3 in the previous financial year and also since the previous quarter. 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

The increase in Q3 is attributed to the contacts following the staff member speaking on the BBC's Question Time. Without these contacts (over 200 instances) the Pals service had received similar numbers of contacts to preceding quarters.

PALS Trend Analysis

Question Time

PALS received over two hundred contacts through the Friday and over the weekend following the televised comments made by a member of staff. Two standard responses were provided by the team to those who made contact.

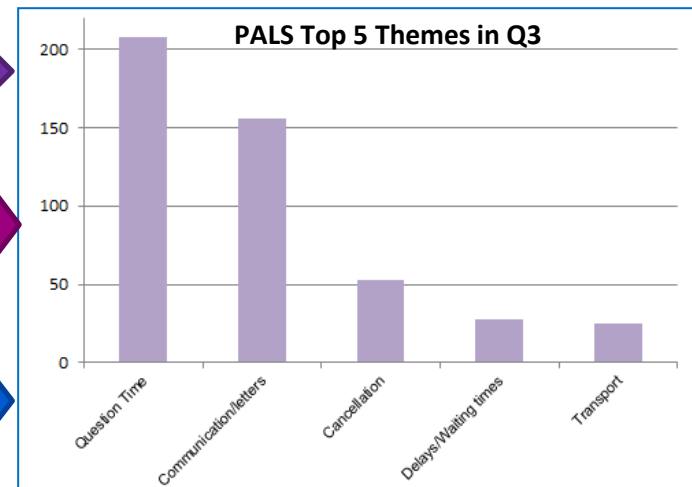
Communication/letters

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.



Are we responding and improving?

Patient Experience Update



Parent Representative Walkabout

Parent Representatives that attend PFEEC undertake quarterly walkabouts with the Patient and Parent Engagement Officer to capture the experiences of patient and families in the Trust.

There were 2 PFEEC parent walkabouts in 2016, one in June (Outpatients at the Homeopathic hospital and Woodpecker Ward) and September (Lion Ward) & 1 Members Council walkabout of parent accommodation in July (including Weston House, the Italian Wing, the Mother's Unit and Powis Place). Identified improvement areas were aligned with the Trust's Always Values. Following analysis of the individual issues raised two clear categories stood out: communication and facilities

Communication

- Appointments (that you can request later in the day especially if you live outside of London, receiving letters late, delays when arrive)
- Awareness of patient accommodation, travel expenses, PALS, YPF
- Text messages (various numbers, typos, no patient name)
- Name boards on ward not filled out
- Phone calls (not answered, if you leave messages they are not always returned)
- Staff to families (updates on care)
- Outpatients check-in process (being clear how many times you need to check in)
- Transition (what it is, when it starts, how it works)
- Schools to schools (to ensure continuity of work)

Facilities

- Condition of Weston House, the Mothers' Unit and other parent accommodation
- Overcrowding on Woodpecker ward and in the corridor at 7.30am with nothing to occupy older children and no places to sit for families
- Wi-Fi availability
- Uncomfortable and impractical seating in the parents' room on Lion ward
- Unfriendly outside play area on Lion ward
- Phone signal strength
- More space and division in the Hospital School for primary and secondary students

Other:

One case highlighted concerns about staff's knowledge of the care needs of autistic children at GOSH.

All issues raised are discussed in PFEEC and assigned to the relevant division or department. The actions taken and outcomes of the issues are currently being collated.

Are we responding and improving?

Patient Experience Update

Listening Event

On Saturday 19th November 2016, the Trust held a Listening Event from 10.00am - 2pm. The focus of the day was for staff to listen to the views of patients and parents/carers and to acknowledge the issues raised.

The day was centred around table-facilitated discussions on four topics which were identified through social media. The key areas chosen for discussion by social media respondents were: communication, food, transition, and outpatients.

The Listening Event allowed the Trust to collect a large amount of positive and constructive feedback from families.

Comments varied between subjects, however there were common themes raised by both parents and patients in the same topics and there was a main theme of communication which ran throughout each topic.

The next steps will be to:

1. Share the data collected with relevant teams so that immediate or longer term actions can be identified.
2. To create a strength, weakness, opportunity and analysis report based on staff feedback so that lessons can be learnt for such future events.
3. To share the film which was recorded on the day and update the Listening Event page on the website to inform families what was said and what the Trust is now doing with this information. The film and webpage address will be shared via social media and existing communication materials such as Foundation Trust newsletters. This will also be shared with all levels staff internally via publications such as Roundabout.

As part of the event the Patient Experience team also hired a Video booth for feedback. To date, all 103 videos have been transcribed; analysis of the content is now taking place.

A report will then be written which will identify themes, a compilation of the videos will also be created to share with staff, and the project will then be evaluated.

Real-time Feedback System

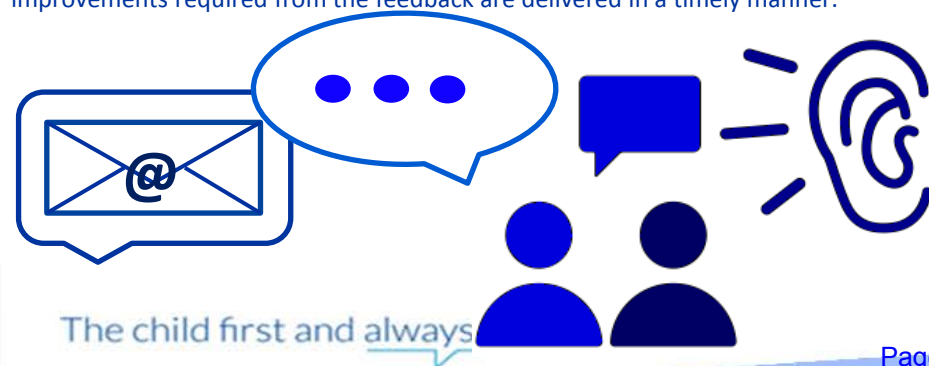
The team are at the procurement stage and are working closely with ICT and procurement to ensure that the system chosen will deliver the requirements of feedback from the patients and families. The data output will ensure that improvements required from the feedback are delivered in a timely manner.

Young People's Forum - Teen Café

The CYPPO has supported Faiza Yasin, who is the Chair of the YPF, an ex-patient and a volunteer, to create a social opportunity for teenage inpatients. Faiza's proposal was to sit in the Trust's restaurant, The Lagoon, and encourage teenager inpatients to meet her for a free cup of tea and a chat.

The session is facilitated by Faiza as a young person, not by any members of staff. Only patients who are well enough to leave the ward are encouraged to attend. The age range for the group is 13 to 19 and it runs on Fridays in the Lagoon for one hour from 17:30 to 18:30. The inaugural meeting took place on Friday 17 February 2017; the meeting was well received by the teens in attendance. Work is underway to review and improve advertising and communication to ensure continued uptake.

The Teen Café will be run as a pilot; further updates will be provided in future reports.



Are we responding and improving?

Learning from Friends and Family Test- Inpatient Data



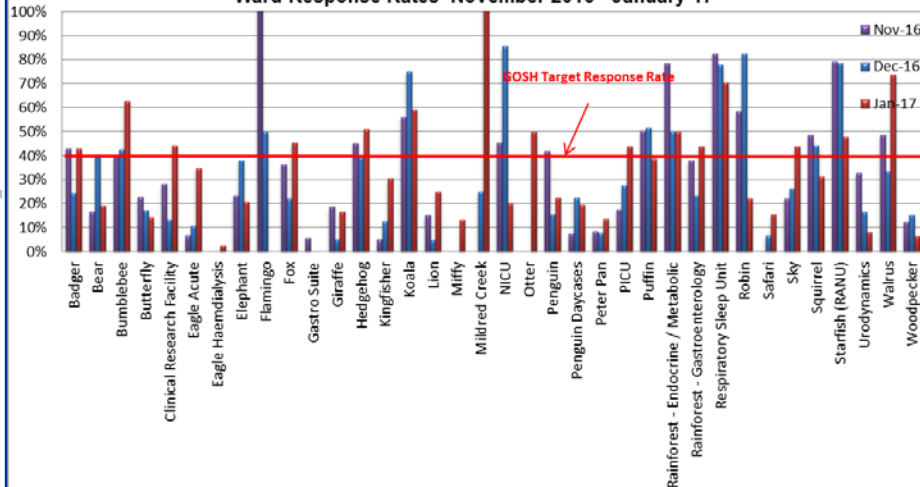
Inpatient Results January 2017

January 2017

Overall FFT Response Rate = 28.4%

Overall % to Recommend = 98%

Ward Response Rates November 2016 - January 17



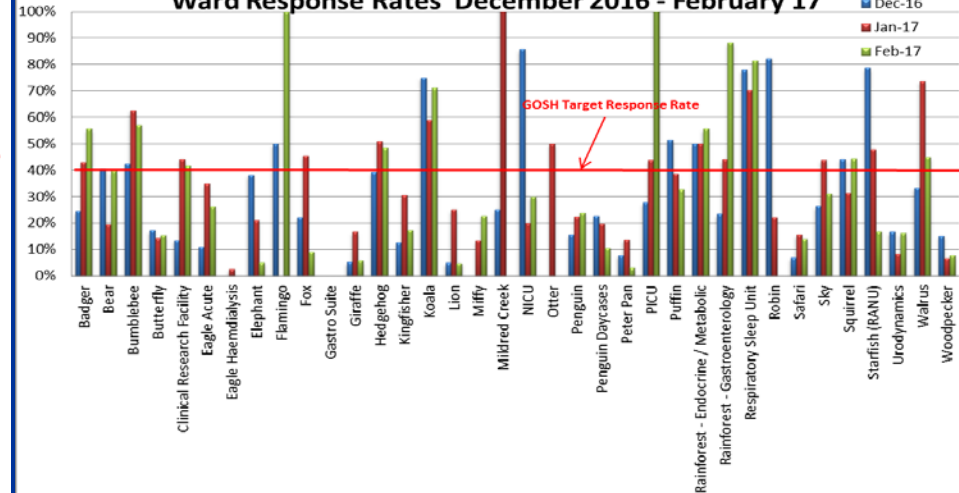
Inpatient Results February 2017

February 2017

Overall FFT Response Rate = 24.5%

Overall % to Recommend = 98%

Ward Response Rates December 2016 - February 17



January 2017 Top 3 Themes

Positive Themes:	No +ve comments	Total comments
Always Helpful (Understanding, Helps Others, Patient, Reliable)	306	313
Always Expert	210	228
Always Welcoming (Respect, Smiles, Friendly, Reduce Waiting)	177	181
Negative Themes:	No -ve comments	Total comments
Access / Admission / Transfer / Discharge	21	32
Staffing levels	6	13
Catering / Food	7	21

February 2017 Top 3 Themes

Positive Themes:	No +ve comments	Total comments
Always Helpful (Understanding, Helps Others, Patient, Reliable)	224	224
Always Expert	211	231
Always Welcoming (Respect, Smiles, Friendly, Reduce Waiting)	154	158
Negative Themes:	No -ve comments	Total comments
Access / Admission / Transfer / Discharge	14	29
Environment / Infrastructure	42	94
Staffing levels	3	7

Are we responding and improving?

FFT Updates



- 'You Said, We Did' feedback was noted to be displayed and utilised on Wards during a recent Walkround.
- FFT now available via Patient Bedside Entertainment (PBEE).
- FFT cards / PBEE screens have been updated to include optional patient and parent demographic data.
- PE team will utilise appropriate data to update PIMs, improving Trust wide data.

A small number of areas across the Trust are distributing the new FFT cards which now contain additional questions regarding demographics. The new cards are being rolled out when Wards require new stock of cards in order to reduce waste.

Demographics collected so far;

- Age - 21% of Q3 FFT Collection.
- Gender - 7.3% of Q3 FFT Collection.
- Ethnicity – 3.7% of Q3 FFT Collection.

(Left: new inpatient children's FFT feedback card)

(Below: new outpatient adult FFT feedback card)

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Hello!

We would like to know what you think about our Ward/Department.
If someone you knew became poorly and had to go to hospital, would this ward be a good place for them to come to?

Please colour in the face that shows what you think

Yes No Don't know Maybe

What ward are you on? _____

How old are you? _____

For this visit, have you stayed one night or more? ☐ Yes ☐ No

Write or draw what you think was **GOOD**

Write or draw what you think was **BAD**

(Please post this card in the blue post box on the ward. Thank you!)

Gender/Sex (please tick one)

- ☐ Prefer not to say
- ☐ Boy
- ☐ Girl

I think of myself as:

Ethnicity (please tick one)

- ☐ Prefer not to say
- ☐ Asian or Asian British Bangladeshi
- ☐ Asian or Asian British Indian
- ☐ Asian or Asian British Pakistani
- ☐ Any other Asian background
- ☐ Mixed White and Asian
- ☐ Black or Black British African
- ☐ Black or Black British Caribbean
- ☐ Any other Black background
- ☐ Mixed White and Black African
- ☐ Mixed White and Black Caribbean
- ☐ Any other mixed background
- ☐ Chinese or other Ethnic Group
- ☐ White British
- ☐ White Irish
- ☐ Any other ethnic group
- ☐ Any other White background
- ☐ Other, enter below

Disability (please tick one)

- ☐ Do you have a disability that affects your everyday life?
- ☐ Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
- ☐ Prefer not to say
- ☐ Yes, it stops me doing a lot of things
- ☐ Yes, it stops me doing a few things
- ☐ No

FRIENDS AND FAMILY TEST: OUTPATIENTS

Great Ormond Street
Hospital for Children
NHS Foundation Trust

We would like you to think about your most recent experience of our service.

How likely are you to recommend our ward to friends and family if they needed similar care or treatment? (please tick)

- ☐ Extremely likely ☐ Likely ☐ Neither likely or unlikely ☐ Unlikely ☐ Extremely unlikely ☐ Don't know

Please tell us more about your response to the question above:

All comments provided will be used to improve our services, however please tick here if you do not wish your comments to be published ☐

Date: _____ Are you: ☐ A patient ☐ A parent/carer

The building/ward I visited was: _____

The name of the specialty I saw was: _____

The name of the person I saw for my appointment was: _____

☐ For this visit, please tick if you have stayed for one night or more in a ward area (excluding the GOSH hotel).

Age: _____

Gender/Sex:

- ☐ Prefer not to say
- ☐ Male
- ☐ Female
- ☐ I think of myself as _____

Ethnicity: enter below

Disability

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- ☐ Prefer not to say
- ☐ Yes, limited a lot
- ☐ Yes, limited a little
- ☐ No

If yes, please select the relevant category/categories

- ☐ Mobility or coordination problem
- ☐ Visual impairment
- ☐ Hearing impairment
- ☐ Learning disability
- ☐ Communication problem
- ☐ Long-standing illness, such as heart disease, diabetes, epilepsy
- ☐ Mental health problem
- ☐ Other health problem or disability (please state)

Please complete your details if you wish to be contacted. Otherwise please leave blank.

Name: _____

Contact number/email: _____

Are we responding and improving?

Learning from Friends and Family Test- Feedback



Below is a snapshot of some of the positive and negative feedback received via FFT during the reporting period. 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.

Patient Feedback

Parent/Carer Feedback

"Everyone is friendly. They always keep a smile on your face. There always there to speak to. If you want anything they give it to you. Make sure you understand everything. Treat you special no matter what. It would of been less fun with out the play lady Nothing is bad."



"Physio is great fun with (staff name).
The Badger Buddies are great."

"The nurses were really nice which helped me as a patient to build up a sense of coolness!"

"I would highly recommend this ward to friends and family. My son was only admitted for a day but I really appreciate everything that was done for my son. The nurses were very kind and supportive. The play worker was also wonderful. She really did show my son that you can Play and have fun at the hospital, and that it is not a scary place. In general very nice ward and an excellent staff."



"We were provided with best care from a team of wonderful people whose big hearts were balanced by extreme professionalism. We always looked forward to being here and difficult times were handled with such care and tremendous support. We can't thank the nurses and doctors enough!"

Always friendly staff and lots of care and understanding for our daughter."

"Food is terrible couldn't pick what I wanted as I didn't like anything"

"The play room being shut at weekends."

"I don't like the needles!"

"My hospital bed was too small!"



"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 the blood test, but I had to have it LOL"

"Bad pain management at the time, no consultant who knew the patient well was on at the weekend."

"My daughter has been coming to GOSH since she was 3. We have had many negative incidents in the last few years and now my daughter only trusts one member of staff!"

"All staff should introduce themselves to the parent and child!"



"My son is autistic and found the fact there is nowhere in the hospital that is low stimulus/engaging, to wait until 07:30 to be admitted, extremely difficult; this led me to dealing with 'meltdown' in the canteen. Please consider the additional needs of patients - we travelled 2 hours by train and had to fill the 2 hours of 05:30-07:30 with nowhere to prep meds, feeds/(tube feed) or relax my very sensitive son."

Are we responding and improving?

Complaints/FFT/PALS



Themes and trends within PALS, Complaints and FFT data has been compared over quarter 3; this is a new addition to the report and will be reviewed.

The three most common themes and areas requiring attention are:

- Staff Attitude.
- Poor communication, written and verbal.
- Delay in Treatment / Cancellations.

Work has been undertaken to address the themes raised which includes:

1. Values committee
2. Patient and Family Engagement and Experience Committee (PFEEC)
3. Outpatient Improvement Project (Barrie) and Flow Project (PMO team)



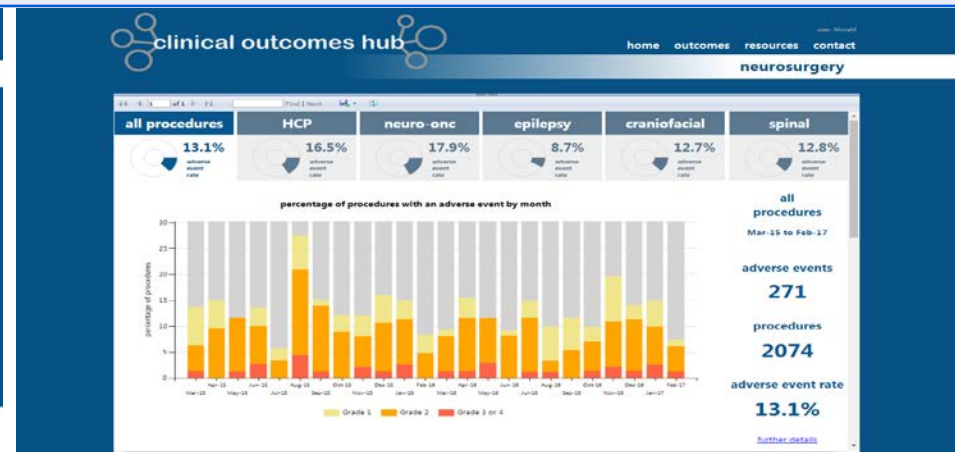
Are we responding and improving?

Featured Project: Clinical Outcomes Hub

High-level Aim: *Improve internal access to outcomes data and the ability to collect PROMs through a 'Clinical Outcomes Hub' available on the intranet.*

Internal visibility of outcomes:	Outcomes data published on GOSHweb for teams – to inform clinical care and for service improvement.
Improve ease of data collection:	Provision of links to a data collection platform that enables patient outcome questionnaires to be built, collected and reported electronically
Internal visibility of external reporting:	Availability of commissioners' Specialised Services Quality Dashboard reports, by division and by specialty.

Collection of outcomes data can be very time-consuming. As we eagerly await the EPR, many clinical teams struggle with Excel spread sheets and other local solutions that aren't ideal. It is a testament to clinical teams' commitment to show their data that we have 25 services' outcomes displayed on our Trust website – far more than any other paediatric hospital in the world. Though collection of outcomes data within the Trust is increasingly routine, and a proportion is publicly available, we need more systematic visibility of outcomes *within* the Trust. As such, a key development in the last six months has been the building of a Clinical Outcomes Hub on GOSHweb (see the Hub [homepage](#) and a [neurosurgery dashboard](#) below):



The outcomes dashboards

The outcomes dashboards are developed with clinical teams, to ensure that we show them the measures they want to see, displayed in ways that are most useful to them. The dashboards are used in clinical team meetings to discuss outcomes and stimulate discussion about improvement.

Growing visibility is bringing increased interest. More and more teams want to see their clinical outcomes displayed internally to enable them to refer to their data quickly and easily and use it in discussions about their care.

The data input tools

To meet the growing demand for patient-reported outcome measures (PROMs), the Hub offers a data input section, where questionnaires we have built for teams are delivered. Data is held centrally and reports are also built in partnership with teams to meet reporting (and potentially research) requirements.

Next Steps:

- Grow the number of specialty dashboards published to the Hub: Urology is ready for discussion and sign off, CAMHS is currently being developed, and SNAPS reviewed.
- Grow the number of PROMs available electronically to ensure the patient perspective on treatment outcome is more systematically captured.
- Use the data input tools to standardise use of common measures such as PedsQL and Goal-Based Outcomes, delivering consistency and meeting multiple teams' needs with one questionnaire and segmented specialty reporting.
- Increase the number of outcomes resources, such as info sheets and 'how to' guides
- Work with the EPR team to ensure continued alignment and contribution to the EPR clinical readiness work stream.

Are we responding and improving?

Quality Improvement Project Status Update (with Executive sponsorship)

Project	Project Aims	Project Leads	Project Timescales and Progress
Extravasation	To reduce the incidence of extravasation injury at GOSH	Executive Sponsor- Chief Nurse Clinical Lead- Consultant Anaesthetist	<u>Progress to date:</u> <ul style="list-style-type: none"> Six work streams underway VHP Framework & Tool has been implemented on Koala, Eagle & Bumblebee wards Discussions are underway for roll out on Bear and Peter Pan Wards. Steering Group signed off VHP Tool in March 2017 VHP Tool – Feedback survey underway for Staff Communication group started – Soft Focus day planned for May 17 Completion of storyboard development for training video
Nursing Quality Measures	To demonstrate Ward Nursing Quality Measures	Executive Sponsor- Chief Nurse Clinical Lead- Assistant Chief Nurse	<u>Progress to date:</u> <ul style="list-style-type: none"> Development will continue through to 31st March 2017. While progress has been made in identifying the metrics the project is delayed against the timeframes agreed. <p>The delay is due to:</p> <ul style="list-style-type: none"> Access to PANDA and LMS data. Difficulties in linking the national safety thermometer data with the dashboard. Challenges around displaying real time information. <p>As a first step the QI team are going to pull through all the current measures that are accessible into the QI Nursing quality measures dashboard site. This will enable ward sister to view considerably more of their ward metrics in one place.</p> <ul style="list-style-type: none"> Visits have been made to Salford, UCLH and Birmingham children's hospitals to share practice and learn from others.
Neonates	To improve the quality and safety of care within inpatient neonates/small infant* at GOSH by 1 June 2017 [*<28 days or 4kg]. The three areas of focus are to: <ul style="list-style-type: none"> 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- Chief Nurse Nursing Lead- Neonatal Nurse Advisor Medical Lead- Head of Clinical Service	June 2017 <u>Progress to date:</u> <ul style="list-style-type: none"> Pre-project audit completed which has provided diagnostic information in the following areas: <ol style="list-style-type: none"> Blood spots classified as avoidable repeats Identification and management of neonatal jaundice IV fluid management Steering Group, Neonatal Link Nurses and Neonatal Champions identified and engaged Neonatal Intranet section in development

Are we responding and improving?

Quality Improvement Project Status Update (with Executive sponsorship)

Project	Project Aims	Project Leads	Project Timescales and Progress
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.	Executive Sponsor- Chief Nurse	<p>On-going project</p> <p><u>Progress to date:</u></p> <ul style="list-style-type: none">• Medical Transition Leads for all Specialties identified• Steering Group meeting monthly:• Definition of transition agreed• Site visits to other Paediatric providers• Established Transition Improvement Group with UCLH CNSs• Met with LD CNS to facilitate transition to UCLH for this patient group• Advised/supported specific services:• Hyperinsulinism Team-1st Transition clinic held jointly with adult service• MS service-planning for 1st joint clinic• Gastroenterology-• Working with IT to find most appropriate system to support/record transition• Working with Information Manager on generic transition information +advising on specialty specific materials <p>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.</p>



Measure	Methodology	
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: <ul style="list-style-type: none"> • 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/	

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.

Appendix 2: SPC Frequently Asked Questions

Contents

[What is a Dashboard?](#)

[What is SPC?](#)

[What is a Run chart?](#)

[What is a Control chart?](#)

[What are the upper and lower control limits?](#)

[What are the 9 different types of control charts?](#)

[What is Common Cause Variation?](#)

[What is Special Cause Variation?](#)

[What is a Run?](#)

[What is a Trend?](#)

[What is an Outlier?](#)

[What is a Baseline?](#)

[What happens when you have a Special Cause? - Step Changes](#)

[Any other tips for interpreting SPC at GOSH?](#)

[Why is it so important that we measure things?](#)

[How can you find out more?](#)

What is a Dashboard?

A dashboard is a way of organising and presenting data in an easy to understand way. In the same way that a car dashboard lets you check your speed, revs, temperature and petrol with one quick glance, an improvement dashboard lets you check quickly whether your area is improving. Unlike a car dashboard, our dashboards let you see what is happening over a period of time, in the form of a graph. At GOSH, most dashboards are a collection of graphs, mainly in the form of statistical process control (SPC) charts.

Where are the Quality Improvement dashboards?

You can find the Quality Improvement improvement dashboards by following the links in the Quality Improvement intranet homepage. (double click the Quality Improvement logo, or find via GOS Web under 'Commonly Used Links'. Alternatively, [click here](#) to take you to the Quality Improvement Dashboards and Data Collection contents page.

What is SPC?

Statistical Process Control (SPC) charts were first developed by an industrial engineer called [Walter Shewhart](#) while he was working for Bell Telephones in the 1920s. He was concerned with eliminating the two most common problems in manufacturing:

- Type 1 error – “false positive” – Over-reacting to natural variation
- Type 2 error – “false negative” – Under-reacting to an actual problem

Shewhart wanted a way of distinguishing [natural cause variation](#) from [special cause variation](#). Nearly all processes exhibit some level of natural variability - for example your commute to work will take a



different length of time each day, in fact you would consider it strange if it didn't. Special causes occur because of a significant change in the underlying process - in the case of your commute, this might be a tube strike, or because the bus has started taking a longer route.

Process control charts were developed to allow easy differentiation between common and special cause variation. In the case of Bell Telephones, this would be to prevent engineers being called out to look at some equipment that was actually just varying as normal, and on the other hand to know when something was genuinely malfunctioning and required attention. In the case of a hospital it might be to tell if your theatre utilisation had improved, or if DNA rates had dropped.

SPC charts:

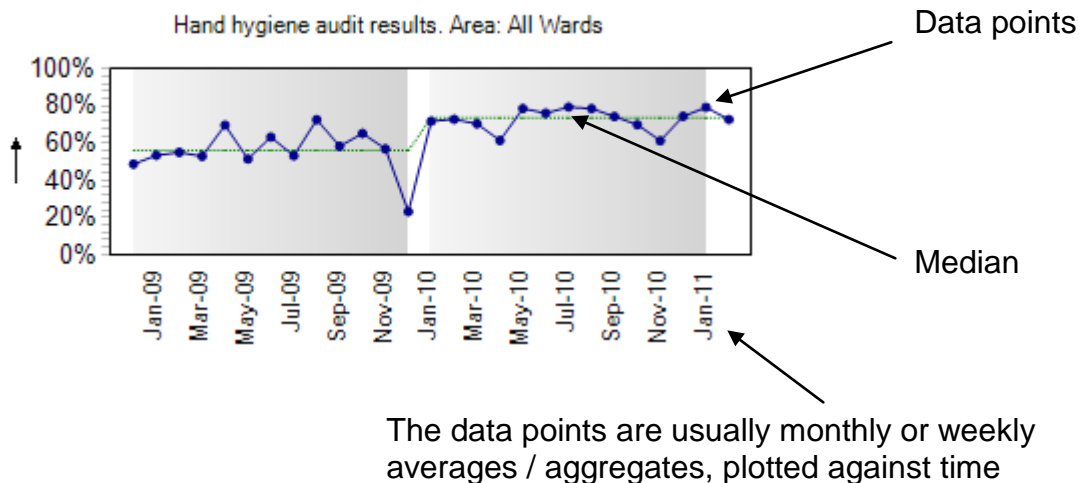
- are an excellent way of **measuring for improvement**
- Use the pattern of events in the past to predict with some degree of certainty where future events should fall.
- distinguish between the [natural/common cause variation](#) and [special cause variation](#)
- enable you to look for problems when they are there, not when they are not
- can motivate staff to improve practice thereby reducing adverse events and minimising variation

There are two types of SPC charts: [run charts](#) and [control charts](#).

What is a Run Chart?

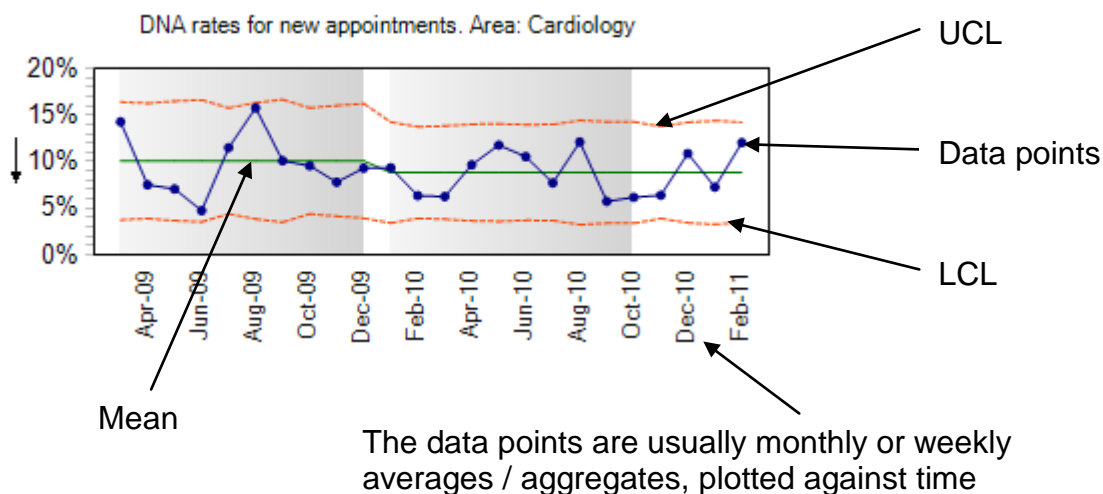
A run chart is used when analysing more than one process, when the data is summed (or aggregated). For instance, if we want to analyse medication errors Trust wide, we would use a run chart - there is more than one process because there are multiple wards in a the Trust with each ward having its own medication process.

Run charts consist of your data points plotted against time, plus the median of your data points within a specified time period (within a single process). The mean can sometimes be used instead of the median, but at GOSH we usually plot the median, as it will be less affected by system-wide outliers.



What is a Control Chart?

A control chart is used when analysing a single process. They consist of your data points plotted against time, alongside the mean (or average) of your data, plus the **upper control limit (UCL)** and **lower control limit (LCL)**.



The purpose of control charts is to allow simple detection of events that are indicative of actual process change. This simple decision can be difficult where the process characteristic is continuously varying; the control chart provides statistically objective criteria of change. When change is detected and considered positive its cause should be identified and possibly become the new way of working, where the change is negative then its cause should be identified and eliminated.

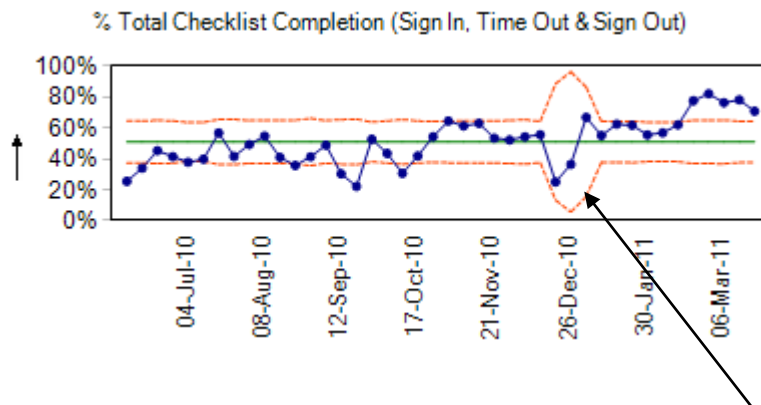
What are the Upper and Lower Control Limits?

The upper and lower control limits help you to analyse and interpret the chart. The limits are calculated based on the data, and the formulas used to calculate them depend on the measure used.

The control limits are set three standard deviations away from the mean (although this is often an approximation, depending on the type of control chart used) so that at least 99% of the data should fall within the limits.

Why are the control limits sometimes wiggly?

Wiggly control limits are used on **U-charts** and **P-charts** only. They wiggle because they are calculated using the sample size which can vary from period to period. For example, the number of patients seen in a clinic will change from week to week.



The control limits are wider here which tells us that there was a smaller sample size for this period

What are the 9 different types of control charts?

1. **XMR chart.** Used for individual measurements with only 1 subgroup. (Example of a subgroup is a theatres, clinic or ward.) Example: How many medication orders do we process each week?
2. **X-bar and R chart.** This monitors the average value over time where your variables dataset is made of multiple subgroups of less than 10 observations per subgroup. Example: For a daily sample of five medication orders, what is the turnaround time?
3. **X-bar and S chart.** Similar to an 'X-bar and R' chart but its used when you have lots of measurements in each sample (over 10) Example: For a daily sample of 25 medication orders, what is the turnaround time?
4. **C-chart.** This is used when you count the number of incidents when there is an equal opportunity for the incident to occur. Example: For a sample of 100 medication orders each week, how many errors were observed?
5. **U-chart.** Similar to a C-chart but where your sample size is not the same. This makes the control limits wiggly! Example: For all medication orders each week, how many errors were observed?
6. **P-chart:** Used to represent the fraction or percentage of the samples that are unacceptable where the sample size varies from period to period (making the control limits wiggly) Example: For all medication orders each week, what percentage have one or more errors?
7. **nP-chart:** Like a P-chart but the sample size is always the same. So rather than the percentage of units, you measure the number of units. Example: For a sample of 100 medication errors each week, how many have one or more errors?

8. **G-chart:** Is used when the occurrences are rare. Example: To measure the number of surgeries between SSI infections.
9. **T-Chart:** Is used when your measure is time between rare occurrences. Example: The time between serious incidents.

XMR and P charts are the most commonly used [SPC charts](#) for improvement at GOSH.

What is Common Cause Variation?

Common (or natural) cause variation is where the data points are between the upper and lower control limits, evenly spaced around the mean. Common cause variation does not mean either “bad variation” or “good variation”. Common cause variation merely means that the process is stable and predictable.

What is Special Cause Variation?

Special cause variation can be spotted using three simple rules:

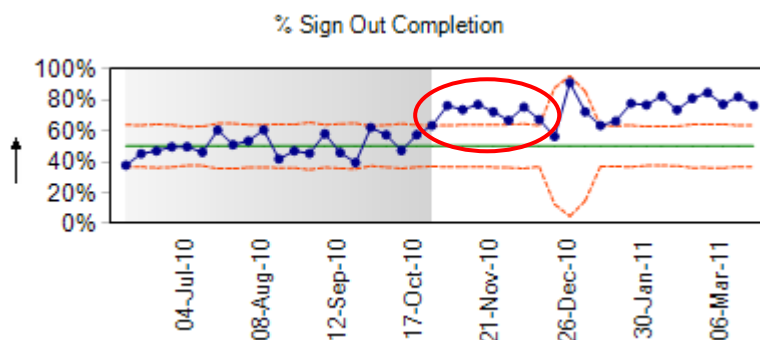
- Runs.** A [run](#) is defined as seven consecutive points above or below the mean/median.
- Trends.** A [trend](#) is defined as seven consecutive points all increasing or decreasing.
- Outliers.** An [outlier](#) is a data point which is outside of the control limits.

Special cause variation should not be viewed as either “bad variation” or “good variation”. You could have a special cause that represents a very good result which you would want to emulate, or a very bad result which you would want to avoid.

All special causes should be investigated to see whether they are an indication of [process change](#) and / or improvement.

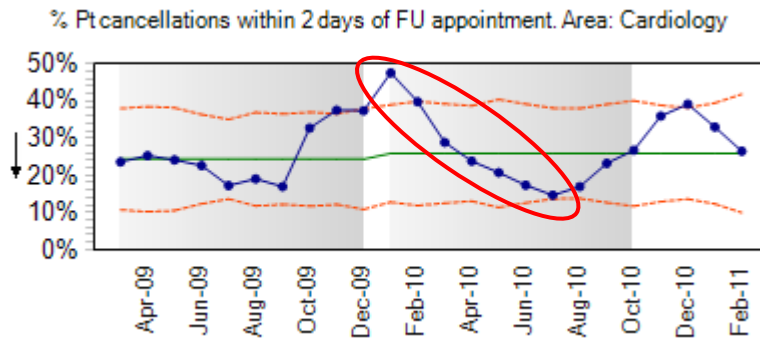
What is a Run?

A run is defined as seven consecutive points above or below the mean/median. Here's an example:



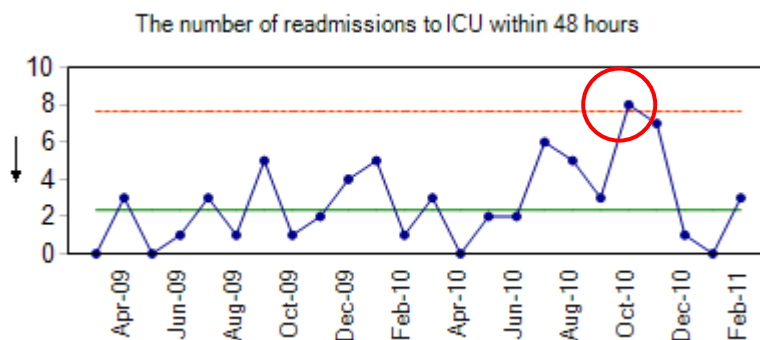
What is a Trend?

A trend is defined as seven consecutive points all increasing or decreasing. Here's an example:



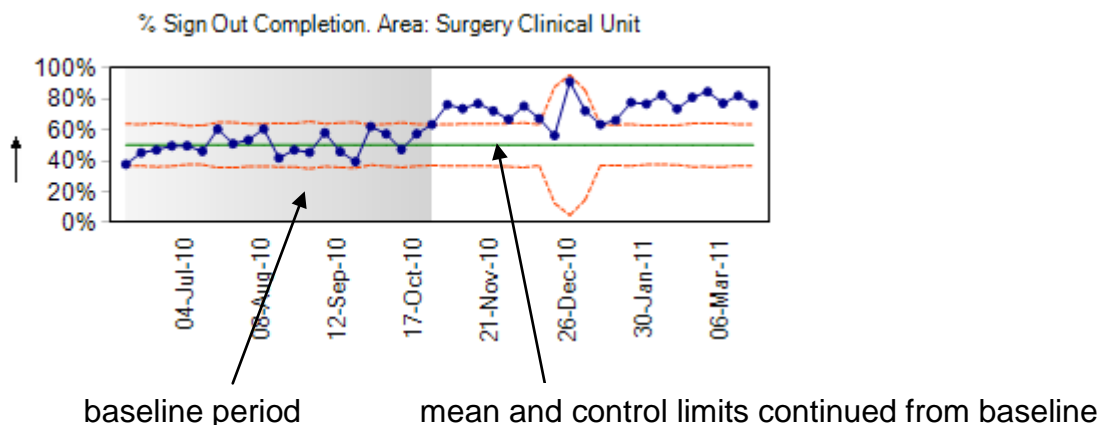
What is an Outlier?

An outlier is a data point which is outside of the **control limits**. Here's an example:



What is a Baseline?

When measuring for improvement on an **SPC chart**, you should aim to collect at least 21 points worth of data as a baseline (although this is not always possible – e.g. for monthly data this might take too long). Calculate the mean and **control limits** for this baseline data, and use this baseline mean and control limit lines to measure future data against:

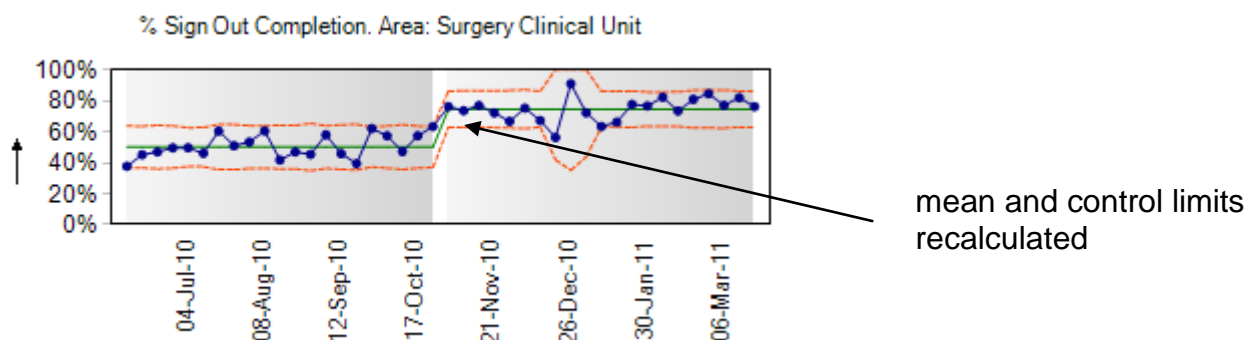


What happens when you have a Special Cause?

Step / Process Changes: When you have spotted a [run](#) or a [trend](#) for a measure, you can be statistically sure that the process has changed.

The [control limits](#) can be re-calculated from the date the run or trend started (or from when a process change was implemented, after further investigation of the measure).

For example, with the Sign Out Completion measure above (where there has actually been a run of 16 consecutive points above the mean after the baseline, we can recalculate the mean and limits as below, so we have an improved process with [common cause variation](#) about the mean again:



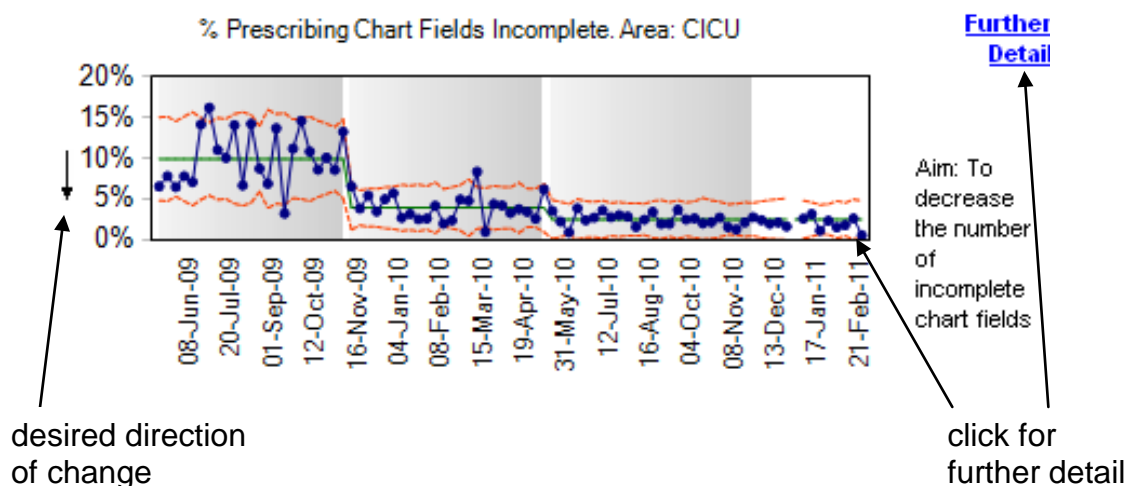
Outliers: If you spot an [outlier](#), it must be investigated. It indicates that something either very good or very bad has happened and action needs to be taken either to correct the problem so that it doesn't happen again, or to learn from the good practice so that it can be applied in future.

If you spot a [special cause](#) on an [SPC chart](#), alert your clinical unit improvement coordinator/manager or one of the Quality Improvement analysts, who can recalculate the mean and control limits and add annotations to the charts.

Any other tips for interpreting SPC at GOSH?

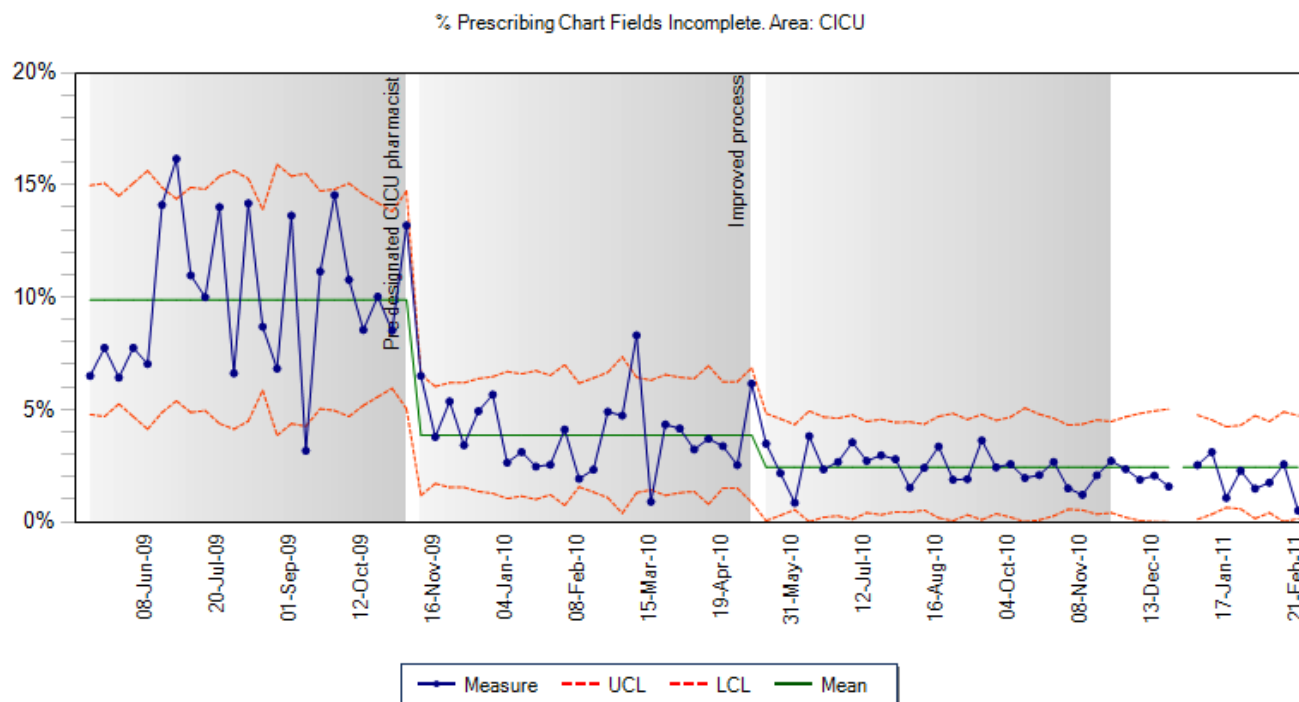
The **arrow** to the left of each chart represents the desired direction of change.

To access **Further Detail and Definitions** for a particular measure on one of the improvement [dashboards](#), either click on a data point or the 'Further Detail' link next to the dashboard charts



Here you can view a page with a larger version of the [SPC chart](#) (see below), plus the following:

- Measure definition, definition source and data source
- Labelled baselines / processes and annotations
- A table containing the figures that make up the measure; including date, data, UCL, LCL, mean (or median if it's a [run chart](#)), numerator and denominator (where applicable)



Definition: The percentage of front of prescribing chart (5s and 6s) fields not completed. There are 11 fields on each prescribing chart. Data is collected Monday to Friday, excluding weekends and bank holidays.

Definition Source: CICU team

Data Source: CICU Prescribing

Week Start Date	% Prescribing Chart Fields Incomplete	Upper Control Limit	Lower Control Limit	Mean	Incomplete 5s and 6s fields	Total chart fields
21-Feb-11	0%	5%	0%	2%	2	407
14-Feb-11	3%	5%	0%	2%	9	352
07-Feb-11	2%	4%	0%	2%	9	517

Why is it so important that we measure things?

Improvement is not about measurement, but without measurement, how do we know if a change has led to an improvement? [SPC](#) is an excellent method of showing that a process change has led to a statistically significant improvement, and that you should therefore carry on working in this new improved way.

How can you find out more?

For more further (and more in-depth information), here are two useful guides to SPC charts and how we measure for improvement:

- [Measuring for Improvement](#) (NHS Institute for Innovation and Improvement)
- [Basics of Statistical Process Control](#) (David Howard, Management-NewStyle)

Alternatively, contact the Quality Improvement analysts or your clinical unit's improvement coordinator/manager.

<p align="center">Trust Board 29th March 2016</p>	
<p>Integrated Performance Report: February (Month 11) 2017</p> <p>Submitted by: Nicola Grinstead, Deputy Chief Executive</p>	<p>Paper No: Attachment H</p>
<p>Aims / summary</p> <p>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.</p> <p>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.</p> <p>The narrative provides provide more detail / analysis from the IPR of those indicators not meeting the required standards or where they warrant further mention.</p>	
<p>Action required from the meeting</p> <p>Board members to note and agree on actions where necessary</p>	
<p>Contribution to the delivery of NHS Foundation Trust strategies and plans</p> <p>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</p>	
<p>Financial implications</p> <p>For indicators that have a contractual consequence there could be financial implications for under-delivery</p>	
<p>Who needs to be told about any decision?</p> <p>Where appropriate and applicable: Internal stakeholders, NHS Improvement and NHS England Special Services Commissioners</p>	
<p>Who is responsible for implementing the proposals / project and anticipated timescales?</p> <p>Each Domain / Section has a nominated Executive Lead</p>	
<p>Who is accountable for the implementation of the proposal / project?</p> <p>As above</p>	

Trust Board Dashboard - February 2017

		Dec	Jan	Feb	Trend	Plan	NHS Standard
Caring	Access to Healthcare for people with Learning Disability				→		
	% Positive Response Friends & Family Test: Inpatients	97.30%	97.91%	98.00%	↑		95%
	Response Rate Friends & Family Test: Inpatients	27.25%	28.39%	24.46%	↓		40%
	% Positive Response Friends & Family Test: Outpatients	90.96%	94.55%	92.55%	↓		95%
	Number of Complaints	5	5	9			
	Number of Complaints - Red Grade	1	0	0	→		
	Mental Health Identifiers: Data Completeness	99.29%	99.27%	99.38%	↑		97%
Safe	Serious Patient Safety Incidents	In-month YTD	1 9	1 10	0 10	→	
	Never Events	In-month YTD	0 1	0 1	0 1	→	0 0
	Incidents of C. Difficile	In-month YTD	0 3	0 3	1 4	↓	1
	C.Difficile due to Lapses of Care	In-month YTD	0 0	0 0	0 0	→	1
	Incidents of MRSA	In-month YTD	0 3	0 3	0 0	→	0 0
	CV Line Infection Rate (per 1,000 line days)		2.55	1.35	0.99	↑	1.6
	WHO Checklist Completion		91.55%	95.92%	92.11%	↓	98%
	Arrests Outside of ICU	Cardiac Arrests Respiratory Arrests	1 0	8 2	0 6	↑ ↓	5
	Total hospital acquired pressure / device related ulcer rates grade 3 & above		2	0	0	→	0
Responsive	Diagnostics: Patients Waiting >6 Weeks		3.18%	5.03%	4.27%	↑	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		44	53		↓	
	Last Minute Non-Clinical Hospital Cancelled Operations: Breach of 28 Day Standard		5	8		↓	0
	RTT: Incomplete Pathways (National Reporting)		91.20%	91.57%		↑	92%
	RTT: Number of Incomplete Pathways (National Reporting)	<18wks >18wks	5318 512	5494 506	↑ ↑		- -
	RTT: Incomplete Pathways >52 Weeks - Validated		10	7		↑	0
	Number of unknown RTT clock starts	Internal Referrals External Referrals	0 1102	29 705	↓ ↑		- -
	RTT: Total Number of Incomplete Pathways Known/Unknown	Under 18 Weeks Over 18 Weeks	6373 559	6205 529	↓ ↑		- -

		Dec	Jan	Feb	Trend	Plan	NHS Standard
People, Management & Culture: Well-Led	Sickness Rate		2.3%	2.3%	2.3%	↓	3%
	Turnover	Total Voluntary	19.2% 17.6%	19.2% 15.6%	18.8% 15.4%	↑ ↑	18% 14%
	Appraisal Rate	Consultant	83% 78%	82% 84%	84% 83%	↑ ↓	90%
	Mandatory Training		86%	86%	90%	↑	90%
	% Staff Recommending the Trust as a Place to Work: Friends & Family Test						61%
	Vacancy Rate	Nursing	1.5% 9.4%	1.6% 14.4%	0.1% 12.8%	↑ ↑	10%
	Bank Spend		6.2%	6.3%	6.0%	↑	
	Agency Spend		3.8%	3.8%	3.8%	↑	2%
Effective	Discharge Summary Turnaround within 24hrs		86.87%	89.26%	90.43%	↑	100%
	Clinic Letter Turnaround within	7 working days 14 working days	48.12% 73.54%	49.86% 77.85%		↑ ↑	100%
	Was Not Brought (DNA) Rate NHS (exc Telephone Contacts)		7.61%	7.52%	6.86%	↑	8.36%
Productivity	Theatre Utilisation (NHS UO4)		63.1%	72.1%	64.2%	↓	77%
	Bed Occupancy		82.7%	86.0%	82.6%	↓	
	Refused Admissions	Cardiac refusals PICU / NICU refusals	4 49	13 20	1 14	↑ ↑	
	Same day / day before hospital cancelled appointments		1.30%	1.15%	1.15%	↓	
	Total Discharges (YOY comparison)	In-month YTD	3,313 32,696	3,677 36,373	3,490 39,863	↓	3,744 38,998
	Critical Care Beddays (YOY comparison)	In-month YTD	1,172 10,311	1,242 11,553	1,118 12,671	↓	1,101 12,050
	Outpatient Attendances (All) (YOY comparison)	In-month YTD	18,422 186,263	21,918 208,181	19,980 228,161	↓	20,188 221,579
Our Money	Net Surplus/(Deficit) v Plan		(2.5)	(0.3)	(2.5)	↓	(7.6) (0.2)
	Forecast Outturn v Plan		(6.3)	(6.3)	(6.3)	→	(6.3) 0.0
	P&E Delivery		0.4	0.4	0.5	↑	11.0 (6.6)
	Pay Worked WTE Variance to Plan		(150.5)	(151.4)	(213.2)	↓	0.0 (68.2)
	Debtor Days (IPP)		246.7	217.0	194.0	↑	120.0 (94.5)
	Quick Ratio (Liquidity)		1.90	1.82	1.80	↓	1.77 0.1
	NHS KPI Metrics		2.0	2.0	2.0	→	1.0 (1.0)

Areas of Concern

Achievements

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	

March 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:

- Appended to this paper in support of the current IPR is a proposal to modify the presentation and some of the content / measures currently contained, following feedback from using the existing content / format for the last few months
- This will additionally be supported by a change to the way the narrative is presented and draws in the other appropriate Board report material, into one integrated pack.
- The proposed changes to the content as requested are:
 - Caring
 - Complaints have been removed as a specific measure, reflecting these are more appropriately presented within the Quality & Safety Report
 - Safe – no change
 - Responsive
 - Same day / day before hospital cancelled outpatient appointments has been moved to this domain from Productivity
 - As mentioned below, all RTT measures are now included
 - Well-Led
 - Trust vacancy rate has been changed to the contractual vacancy rate from the current 'unfilled' vacancy rate
 - Effective – no change
 - Productivity
 - Theatre Utilisation (TU) – this is now broken down by main theatres and outside of theatres (and the total number of theatres will additionally be stated). To note, this metric will be reviewed to ensure this current approved methodology remains the most effective way of assessing TU.
 - Bed closures – this is will be included in future versions. The methodology is currently being finalised, at present this shows the average number closed in month, split Ward and ICU (and the total number of beds will also be stated)
 - Activity – Discharges: will be sub-divided by Day Case and Overnight.
 - Length of stay – this is currently under-development, and will focus on the number of patients and beddays that exceed a level e.g. 100 days

- Our Money – the specific measures are being reviewed to ensure remain appropriate
- Commentary boxes (Concern, Success, Key Lines of Enquiry) will be removed, and will be contained as part of the refreshed narrative
- Full definitions will be provided for all measures
 - This will include clarity on the difference between Plan (Trust defined / local standards) and NHS Standard (which is either derived as a regulatory requirement or under the terms of the Trust's national contract with Commissioners)

Summary

The report for the Trust Board this month includes data up until the end of February 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.

As reported to the Board previously, the Trust returned to reporting for RTT in February 2017, (using January 2017 position) having suspended doing so for circa 18 months. Therefore this is the first opportunity to officially include this within the IPR, and report against the national elective waiting time standard of 18 weeks for both January and February 2017. This measure is based on the number of Referral to Treatment (RTT) pathways the Trust has waiting under 18 weeks (these are referred to as incomplete pathways, as the patient is still waiting) and the national standard for this measure is >92%. As further outlined under the Responsive section, additional measures are provided to give the Trust further assurance and transparency of the RTT position.

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:	<p>A feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.</p> <p>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</p>
What:	<p>There has been a modest increase in the overall positive percentage response over the last 3 months, with February reporting 98% (and this increase has been seen across all clinical Divisions). Unfortunately the Trust is showing a decline in this month with the number of responses (24.46%).</p> <p>The outpatient “positive” score for the last 3 months remains below the 95% standard, and is at 92.55% as at February 2017.</p>
Why / How:	<p>With regard to the response rate, at a headline level there is reasonable delivery in longer stay wards, with challenges remaining in short stay / Day case wards (see note below). This is additionally hampered by inconsistent performance on certain wards.</p>

	<p>To address this, 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</p> <p>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.</p>
--	---

Safe

With regard to Healthcare Associated Infections (HCAIs), C Diff remains well within the annual target of 15 for 2016/17 with 1 case reported in February (with no lapses of care reported all year). There have been no reported cases of MRSA for the last 3 months, keeping the YTD position at 3. CV Line Infection levels have reduced over the last 2 months, with 0.99 per 1000 line days reported in February 2017.

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:	Following a significant improvement in January (to 95.92% - with one of the main clinical Divisions attaining the standard of 98%), February has seen a decline back to previous levels, with reporting 92.11%.
Why / How:	<p>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.</p> <p>Updates and progress are being flagged through the Divisional Performance Meetings, and assurances / plans in regard to the delivery of a sustained position</p>

Responsive

This domain as stated in the report summary now includes RTT performance against the national 92% incomplete standard. This is additionally supported with confirmation of the number of pathways this is applicable to, the number of pathways waiting more than 52 weeks (for which there should be zero) and the number of pathways within the Trust that do not have a known clock start. These are discussed further below.

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. The Q3 position that was submitted in January 2017 of 157 (with 23, 28 day breaches) was significantly improved on Q2 (191 and 32 respectively)

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

Diagnostic: Patients waiting	
Definition:	<p>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</p> <p>The national standard is 99% of patients must be seen within 6 weeks</p>
What:	<p>At present the Trust is not delivering this standard as reported previously, the position has plateaued over the course of the last 3 months, whilst the main area is being addressed (see below). The most recent month position is 4.27% (against a tolerance of 1%) which is a slight improvement on last month. This equates to 25 patients not receiving their diagnostic test within 6 weeks at the time the snapshot is taken.</p>
Why / How:	<p>As reported previously, the majority of the reported breaches are attributable to Audiology (19). 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.</p>

RTT: Incomplete pathways	
Definition:	92% of RTT pathways must be waiting under 18 weeks
What:	<p>As contained within the IPR for January and February 2017, the submitted reported position was 91.2% and 91.57% respectively.</p> <p>Whilst this is not currently delivering to the 92% standard, the Trust has a recovery trajectory (as agreed with Commissioners) which makes the Trust compliant by December 2017. As at February the Trust is in ahead of the trajectory set for this point in the year.</p> <p>With regard to pathways waiting in excess of 52 weeks, for which there should be zero. On returning to reporting in January there were 10, and in February 7. The Trust has committed to have no pathways waiting longer than 52 weeks by the end of March.</p>
Why / How:	<p>The specialties predominantly affecting the Trust's ability to be compliant with the standard are those surgical areas for which there are recognised demand and capacity constraints (Spines, Orthopaedics, SNAPs, Plastics and Urology). Each specialty has an action plan which are constantly being refreshed and reviewed, and demand and capacity modelling rebased - in order to ensure that the December trajectory is delivered.</p>

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 84% - an increase of 1% since January 2017. Currently one (from two in January) area is meeting the in-year target of 90%. In order to assist divisions and directorates with the management of conducting quality PDRs there has been a simplification of the reporting process; more accessible training for managers to run appraisals; reminders to individuals and line managers; performance management of compliance via divisional review and locally with General managers; also, achievable target and monitoring arrangements have been set for all departments.

Mandatory Training	
Definition / What:	An aggregate level % for all statutory and mandatory training undertaken within the Trust against a plan of 90%
Why / How:	<p>In February the compliance across the Trust increased by 4% to 90%. Currently all but two directorates/divisions are meeting the in-year 90% compliance requirement, with the exception of West Division (at 88%) and Corporate Affairs (at 88%).</p> <p>The significant improvements to compliance has been driven by, a Trust-wide focus to drive up compliance at all levels (accessibility of information, publicity via screensavers); and, specific challenge to the appropriateness of training requirements per post within the training needs analysis. These reviews will continue over the forthcoming weeks including modelling supply and demand of training to ensure capacity is available and reviews to the methods of training to best fit demand and quality requirements. These reviews will be reviewed by the Education & Workforce Board in April 2017.</p>

Agency Spend	
Definition / What:	<p>At Month 9 (December) this stands at 3.78% of total paybill</p> <p>NHS Improvement have set an agency spend ceiling for all Trusts (3% for GOSH).</p>
Why / How:	<p>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 (NHSI) have set an agency spend ceiling for all Trusts (3% for GOSH, £6.525 million).</p> <p>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 77% of ceiling – a slight increase). The Trust breached the ceiling in December 2016, the NHSI ceiling will by £6.525 million for 17/18. The HR</p>

	& OD directorate are currently working alongside NHSI reporting mechanisms with the divisions and corporate directorates to establish actions to address the Trust's agency usage.
--	--

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:	<p>As at February the Trust has vacancy rate of 12.8% for nursing against this metric.</p> <p>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.</p> <p>At this time the above figure does not provide recruitment "in pipeline", clearly however there is and will be activities contributing to the above.</p> <p>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.</p>

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:	February 2017 has reported performance of 90.4% (which is up on January = 89.3%). This is a positive improvement for the Trust.
Why / How:	<p>Considerable focus and activity has and is being undertaken by the Clinical Divisions to ensure the correct sustainable processes are in place, robust communication links are established and Head of Clinical Service are closely involved.</p> <p>This currently forms part of a Trust CQUIN, which whilst not at the contractual standard of 100% (ie all sent within 24hrs), the improvements this year have been recognised.</p> <p>Targeted work must now be on maintaining those specialties that are compliant, and increased focus on those currently not.</p>

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 77.85% against the 14 day turnaround (and 49.86% for 7 days)
Why / How:	<p>Work continues across the Divisions, with steady improvements continuing to be seen from the start of the year.</p> <p>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.</p>

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, as stated at the outset of the paper.

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:

The Trust has seen a reported reduction in February to 64.2% (from 72.1% in January). Working is being taken forward to address this across the Trust, 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

As stated previously the metric for reviewing TU is additionally being reviewed.

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.

In February the bed occupancy was at 82.6%, having seen an increase in January to 86%. 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. The seasonal increases reported for November and December have now subsided, and in February 2017, there was only one Cardiac Refusal and 14 PICU/NICU refusals. This is reviewed daily / weekly by the clinical and operational teams.

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 February 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 February.

Our Money

This section of the IPR includes a year to date position up to and including February 2017 (Month 11). In line with the figures presented, the Trust deficit (excluding capital donations and impairments) is £0.1m higher than planned for the year to date ending 28 February 2017. This is as a result of a combination of factors including:

- Clinical Income (exc. International Private Patients and Pass through Income) is £2.2m higher plan, however this is after adjusting for £1m reduction in income relating to 2015/16 outturn.
- Non Clinical revenue is £3.6m higher than plan
- International Private Patients income is £0.9m higher than planned.
- Staff costs are £7.8m higher than plan at the end of month 11.
- Non-pay costs (excluding passthrough costs) are £0.2m lower than planned due to an in year increase IPP bad debt provision.

Areas of concern at this point within the Trust include:

- Pay costs being £7.8m 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 decreased from 197.1 days in March to 194.0 days in February.
- Current delivery of recurrent P&E savings is lower than planned year to date (£3.6m)

Actions being taken to address these concerns are:

- 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.

		Dec	Jan	Feb	Trend	Plan	NHS Standard
Caring	Access to Healthcare for people with Learning Disability				➡		
	% Positive Response Friends & Family Test: Inpatients	97.30%	97.91%	98.00%	⬆		95%
	Response Rate Friends & Family Test: Inpatients	27.25%	28.39%	24.46%	⬇		40%
	% Positive Response Friends & Family Test: Outpatients	90.96%	94.55%	92.55%	⬇		95%
	Mental Health Identifiers: Data Completeness	99.29%	99.27%	99.38%	⬆		97%
Safe	Serious Patient Safety Incidents	In-month YTD	1 9	1 10	0 10	➡	
	Never Events	In-month YTD	0 1	0 1	0 1	➡	0
	Incidents of C. Difficile	In-month YTD	0 3	0 3	1 4	⬇	1
	C.Difficile due to Lapses of Care	In-month YTD	0 0	0 0	0 0	➡	1
	Incidents of MRSA	In-month YTD	0 3	0 3	0 0	➡	0
	CV Line Infection Rate (per 1,000 line days)		2.55	1.35	0.99	⬆	1.6
	WHO Checklist Completion		91.55%	95.92%	92.11%	⬇	98%
	Arrests Outside of ICU	Cardiac Arrests Respiratory Arrests	1 0	8 2	0 6	⬆	5
	Total hospital acquired pressure / device related ulcer rates grade 3 & above		2	0	0	➡	0
Responsive	Diagnostics: Patients Waiting >6 Weeks		3.18%	5.03%	4.27%	⬆	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		44	53		⬇	
	Last Minute Non-Clinical Hospital Cancelled Operations: Breach of 28 Day Standard		5	8		⬇	0
	Same day / day before hospital cancelled outpatient appointments		1.30%	1.15%	1.15%	⬇	
	RTT: Incomplete Pathways (National Reporting)		91.20%	91.57%		⬆	92%
	RTT: Number of Incomplete Pathways (National Reporting)	<18wks >18wks	5318 512	5494 506		⬆	-
	RTT: Incomplete Pathways >52 Weeks - Validated		10	7		⬆	0
	Number of unknown RTT clock starts	Internal Referrals External Referrals	0 1102	29 705		⬆	-
	RTT: Total Number of Incomplete Pathways Known/Unknown	Under 18 Weeks Over 18 Weeks	6373 559	6205 529		⬆	-

Trend Arrow Key (based on 2 most recent months' data)			
⬆	Improvement	On / above target	
➡	Consistent trend	Below target	
⬇	Deterioration	No target	

		Dec	Jan	Feb	Trend	Plan	NHS Standard
People, Management & Culture: Well-Led	Sickness Rate		2.3%	2.3%	2.3%	⬇	3%
	Turnover	Total Voluntary	19.2% 17.6%	19.2% 15.6%	18.8% 15.4%	⬆	18% 14%
	Appraisal Rate	Consultant	83% 78%	82% 84%	84% 83%	⬆	90%
	Mandatory Training		86%	86%	90%	⬆	90%
	% Staff Recommending the Trust as a Place to Work: Friends & Family Test						61%
	Vacancy Rate	Contractual Nursing	8.5% 9.4%	7.8% 14.4%	3.1% 12.8%	⬆	10%
	Bank Spend		6.2%	6.3%	6.0%	⬆	
	Agency Spend		3.8%	3.8%	3.8%	⬆	2%
Effective	Discharge Summary Turnaround within 24hrs		86.87%	89.26%	90.43%	⬆	100%
	Clinic Letter Turnaround within 7 working days		48.12%	49.86%		⬆	
	Clinic Letter Turnaround within 14 working days		73.54%	77.85%		⬆	100%
	Was Not Brought (DNA) Rate NHS (exc Telephone Contacts)		7.61%	7.52%	6.86%	⬆	8.36%
Productivity	Theatre Utilisation	Main theatres Outside theatres No. of Main Theatres	68.0% 50.7% 12	76.3% 57.5% 12	67.6% 55.1% 12	⬇	77%
	Bed Occupancy		82.7%	86.0%	82.6%	⬇	
	Number of Beds						
	Average number of beds closed	Wards ICU	16.6 1.5	8.2 0.0	9.5 0.1	⬇	
	Refused Admissions	Cardiac refusals PICU / NICU refusals	4 49	13 20	1 14	⬆	
	Daycase Discharges (YOY comparison)	In-month YTD	1,800 18,452	2,115 20,567	1,933 22,500	⬆	2,167 23,511
	Overnight Discharges (YOY comparison)	In-month YTD	1,513 14,244	1,562 15,806	1,557 17,363	⬆	1,577 15,487
	Critical Care Beddays (YOY comparison)	In-month YTD	1,172 10,311	1,242 11,553	1,118 12,671	⬆	1,101 12,050
	Excess Bed Days >=100 Days	No. of Pts Beddays					
	Outpatient Attendances (All) (YOY comparison)	In-month YTD	18,422 186,263	21,918 208,181	19,980 228,161	⬆	20,188 221,579
Our Money	Net Surplus/(Deficit) v Plan		(2.5)	(0.3)	(2.5)	⬇	(7.6) (0.2)
	Forecast Outturn v Plan		(6.3)	(6.3)	(6.3)	➡	(6.3) 0.0
	P&E Delivery		0.4	0.4	0.5	⬆	11.0 (6.6)
	Pay Worked WTE Variance to Plan		(150.5)	(151.4)	(213.2)	⬆	0.0 (68.2)
	Debtor Days (IPP)		246.7	217.0	194.0	⬆	120.0 (94.5)
	Quick Ratio (Liquidity)		1.90	1.82	1.80	⬆	1.77 0.1
	NHS KPI Metrics		2.0	2.0	2.0	➡	1.0 (1.0)

<p align="center">Trust Board 29th March 2017</p>	
<p>Workforce Metrics & Exception Reporting – February 2017</p> <p>Submitted by: Ali Mohammed, Director of HR & OD</p>	<p>Paper No: Attachment I</p>
<p>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.</p>	
<p>Action required from the meeting To note the content of the report.</p>	
<p>Contribution to the delivery of NHS Foundation Trust strategies and plans</p>	
<p>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.</p>	
<p>Who needs to be told about any decision? Not applicable.</p>	
<p>Who is responsible for implementing the proposals / project and anticipated timescales? Divisional management teams; supported by members of the HR & OD team.</p>	
<p>Who is accountable for the implementation of the proposal / project? Divisional management teams.</p>	

TRUST BOARD WORKFORCE METRICS & EXCEPTION REPORTING – FEBRUARY 2017

Introduction

This suite of workforce reports includes:

- Voluntary turnover and total turnover;
- Sickness absence;
- Vacancy rates;
- PDR appraisal rates;
- Statutory & Mandatory training compliance;
- Temporary staffing usage as a percentage of paybill (split by bank and agency).

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 8 in February to 4116 compared to January 2017. 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.

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

Unfilled vacancy rate: The Trust's unfilled vacancy rate stands at 3.1%.

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 (NHSI) 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 77% of ceiling – a slight increase). The Trust breached the ceiling in December 2016, the NHSI ceiling will be £6.525 million for 17/18. The HR & OD directorate are currently working to NHSI 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 February, 80 shifts (decrease from 161) breached the

agency cap. Clinical Operations (including ICT) retains the highest spend on agency staff at 47% of total paybill (RTT and senior interims). Finance currently spends 26.6% of paybill on agency staff (increasing).

Agency Measure	Spend YtD (February 2017)	Shifts breaching agency cap
RTT agency staff	£3,436k	20
Gastro review agency staff	£290k	0
Business as usual agency staff	£4,618k	60
Total agency staff	£8,344k	80
Agency ceiling	£5,981k	

PDR completion rates The Trust overall appraisal rate stands at 84% - an increase of 1% since January 2017. Currently one (from two in January) area is meeting the in-year target of 90% - Human Resources & Organisational Development (at 98%). In order to assist divisions and directorates with the management of conducting quality PDRs there has been a simplification of the reporting process; more accessible training for managers to run appraisals; reminders to individuals and line managers; performance management of compliance via divisional review and locally with General managers; also, achievable target and monitoring arrangements have been set for all departments.

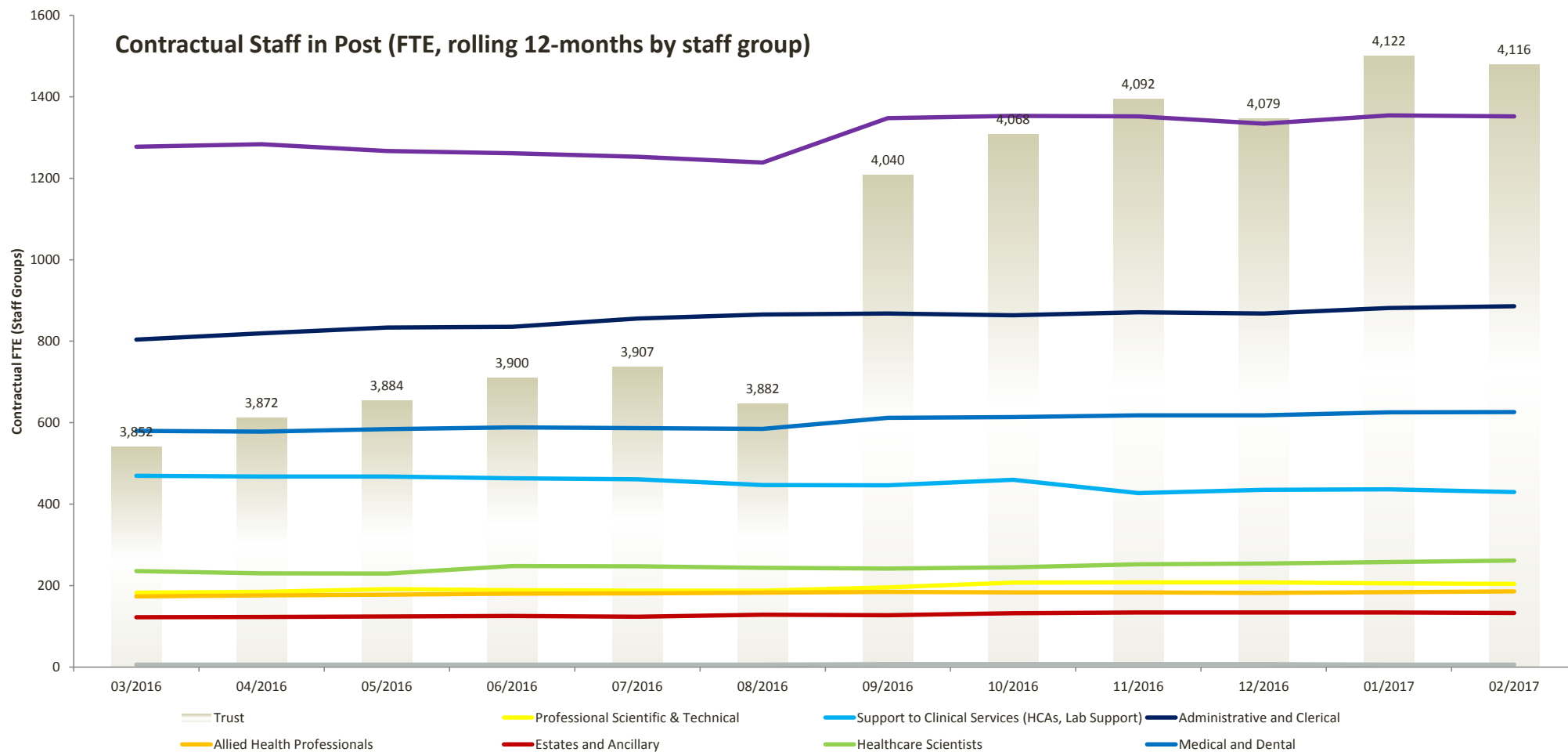
Statutory & Mandatory training compliance: In February the compliance across the Trust increased by 4% to 90%. Currently all but two directorates/divisions are meeting the in-year 90% compliance requirement, with the exception of West (at 88%) and Corporate Affairs (at 88%). The significant improvements to StatMan compliance has been driven by:

- A Trust-wide focus to drive up compliance at all levels (accessibility of information, publicity via screensavers);
- Specific challenge to the appropriateness of training requirements per post within the training needs analysis. These reviews will continue over the forthcoming weeks including modelling supply and demand of training to ensure capacity is available and reviews to the methods of training to best fit demand and quality requirements. These reviews will be reviewed by the Education & Workforce Board in April 2017.

Turnover is reported as voluntary turnover in addition to the standard total turnover. Voluntary turnover currently stands at 15.4%; this reported value excludes non-voluntary forms of leavers (e.g. dismissals, TUPE, fixed-term and redundancies). Total (voluntary and non-voluntary) turnover has decreased to 18.8% in February -0.4% from January 2017). 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 April 2017 for divisional/departmental managers to correct data to improve intelligence regarding leaver information. Work is also being undertaken to understand turnover and retention issues, over January and February HR and Nursing & Patient Experience have held focus groups with band 5 and 6 nurses (approx. 75 bookings) to obtain feedback from staff on what they enjoy about working at GOSH, what could be improved and what they dislike about their roles with the aim of understanding what could help retain them.

HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - FEBRUARY 2017 REPORT

Division	Contractual Staff in Post (FTE)	Voluntary Turnover Rate (% FTE) <small>(voluntary leavers in 12-months in brackets, <14% green)</small>	Total Turnover Rate (% FTE) <small>(number of leavers in 12-months in brackets, <18% green)</small>	Sickness Rate (%) <small>(0-3% green)</small>	PDR Completion (%) <small>(target 90%)</small>	Statutory & Mandatory Training Compliance (%) <small>(target 90%)</small>	Vacancy Rate (% FTE) <small>(Unfilled vacancies, 0-10% green)</small>	Agency (as % of total paybill, £) <small>(Max 0.5% Corporate, 2% Clinical)</small>	Bank (as % of total paybill, £) <small>(RAG TBC)</small>
West Division	1644	16.1% (264.3)	19.1% (280.4)	2.4	83%	88%	-2.5%	1.8%	5.9%
Barrie Division	1670	13.6% (227.2)	17.6% (257.9)	1.9	85%	90%	-4.5%	0.9%	5.5%
International	194	17.2% (33.4)	19.5% (34.4)	3.4	86%	98%	20.5%	0.0%	17.7%
Corporate Affairs	9	11.1% (1.0)	22.4% (2.0)	1.0	75%	88%	29.1%	3.4%	0.0%
Clinical Operations	105	18.9% (19.9)	19.9% (17.9)	2.9	79%	92%	-4.0%	47.1%	5.5%
Human Resources & Organisational Development	85	25.3% (21.5)	29.8% (24.3)	3.2	98%	99%	6.0%	2.3%	3.0%
Nursing & Patient Experience	83	7.5% (6.2)	13.9% (10.1)	1.7	78%	94%	-29.7%	0.0%	0.2%
Medical Directorate	45	13.9% (6.3)	17.6% (6.7)	1.4	60%	93%	6.0%	-0.3%	1.8%
Finance	42	33.2% (14.0)	34.5% (17.0)	2.9	78%	98%	38.9%	26.6%	3.7%
Development & Property Services	148	13.6% (20.2)	15.1% (21.2)	3.2	85%	93%	7.4%	6.7%	7.1%
Research & Innovation	90	23.6% (21.2)	24.3% (21.2)	1.8	89%	93%	-0.2%	0.6%	3.3%
Trust	4116	15.4% ▼ (635.2)	18.8% ▼ (693.0)	2.3% ►	84.0 ▲	90.0% ▲	3.1% ▲	3.8% ►	6.0% ►



HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - FEBRUARY 2017 REPORT

Highlights & Actions

Vacancy Rate
Actions
<ul style="list-style-type: none">Recruitment Advisors will be attending regular meetings with Ward Sisters to identify vacancies, offering support on filling those vacanciesER 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.

Sickness Rate
Actions
<ul style="list-style-type: none">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
<ul style="list-style-type: none">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 financeWorking 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.

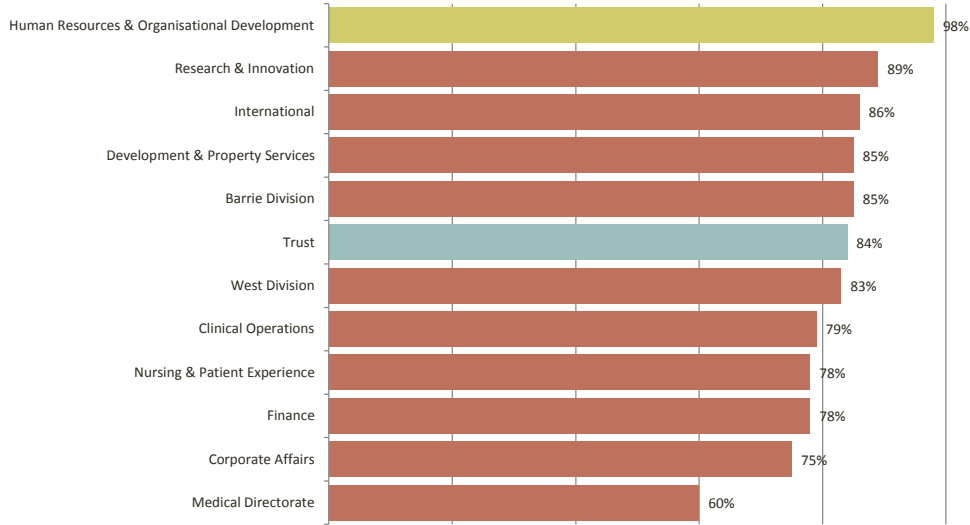
Voluntary Turnover Rate
Actions
<ul style="list-style-type: none">A retention survey has recently been launched to obtain feedback from staff after they have been in post for 1 month, in which the results will be produced in the next month to put in actions where necessary to support new joiners to the organisation and better employee satisfaction.So far 72 staff booked onto a focus session – although for the B6s more attended than were booked. The retention focus groups were to obtain feedback from nursing staff on what they enjoyed about working at GOSH, what could be improved and what they disliked about their roles, with the aim of understanding what could help retain them.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
Changes have been made to assist with the completion of quality PDRs, these include: <ul style="list-style-type: none">Simplification of reporting processMore accessible training for managers to run appraisalsReminders to individuals and line managersPerformance management of compliance via divisional reviews, and locally with general managersAchievable target set for all departments

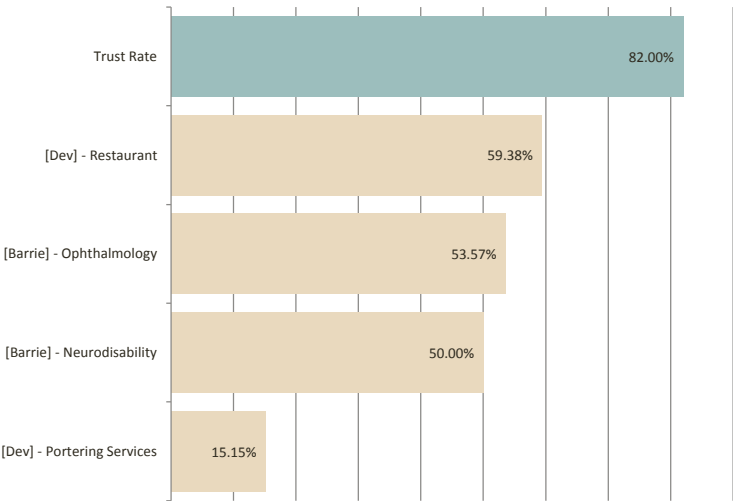
Statutory & Mandatory Training Compliance
Actions
Changes have been made to assist individuals meet their statutory and mandatory compliance with regards to training for their posts, these include: <ul style="list-style-type: none">Review of what constitutes mandatory trainingReview of course content (eg Safeguarding Children level 3)Review of targeting, to ensure that staff are only being asked to undertake training that is appropriate to their role (eg blood transfusion)Simplified process to achieve compliance (eg Information Governance)Reminders to individuals and line managers of courses where there is non-compliancePerformance management of compliance via divisional reviews, and locally with general managersPublicity to drive compliance eg screensavers

HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - FEBRUARY 2017 REPORT

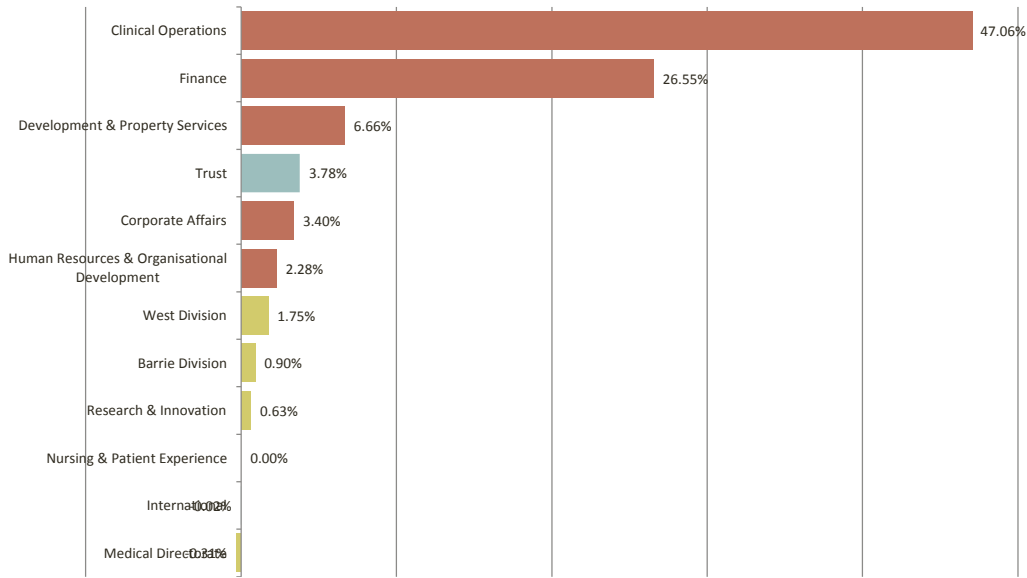
Divisional PDR (Target 90%)



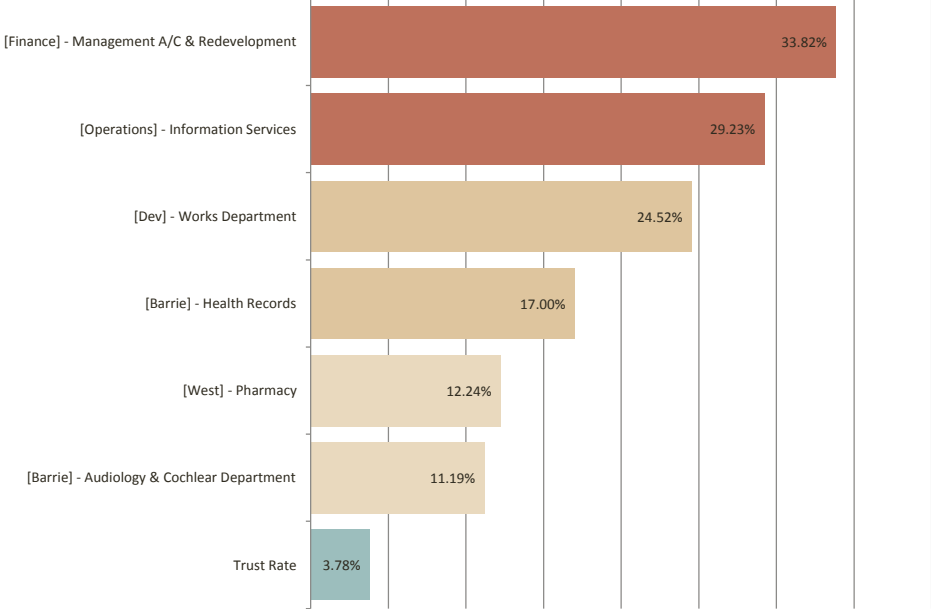
Exception Reporting PDR



Divisional Agency as % of payroll

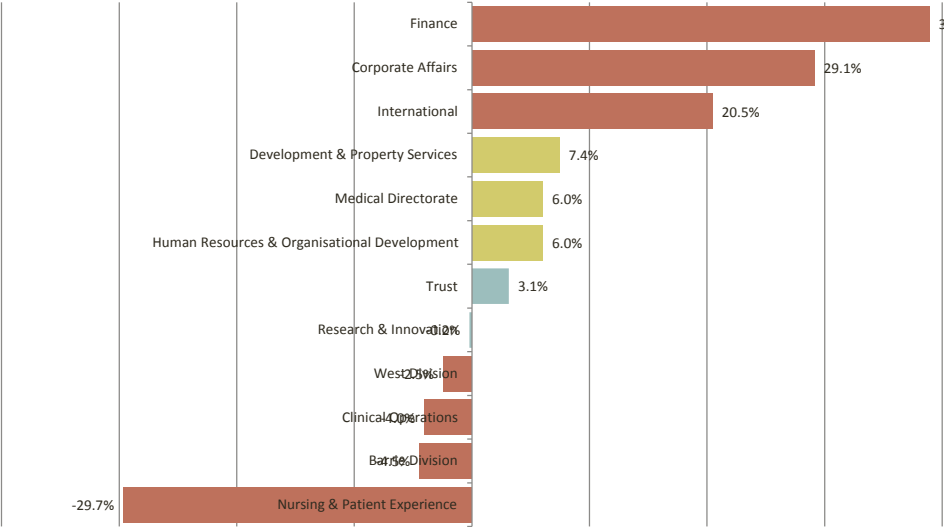


Exception Reporting Agency as % of Paybill

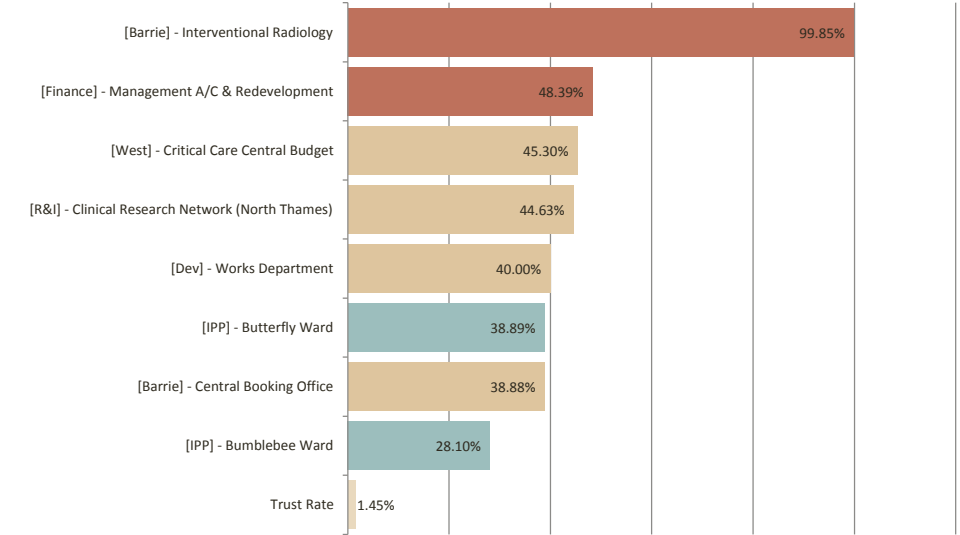


HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - FEBRUARY 2017 REPORT

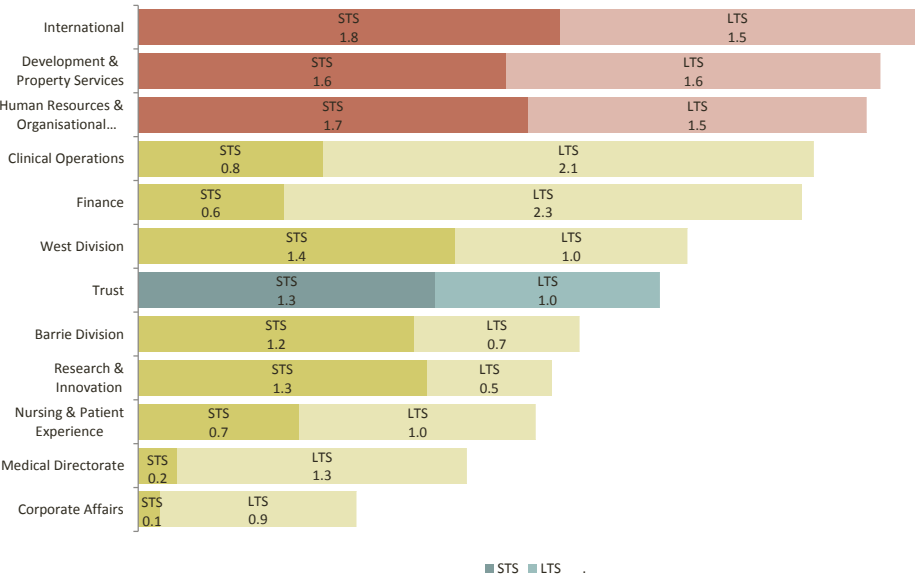
Divisional Vacancy Rate (Contractual)



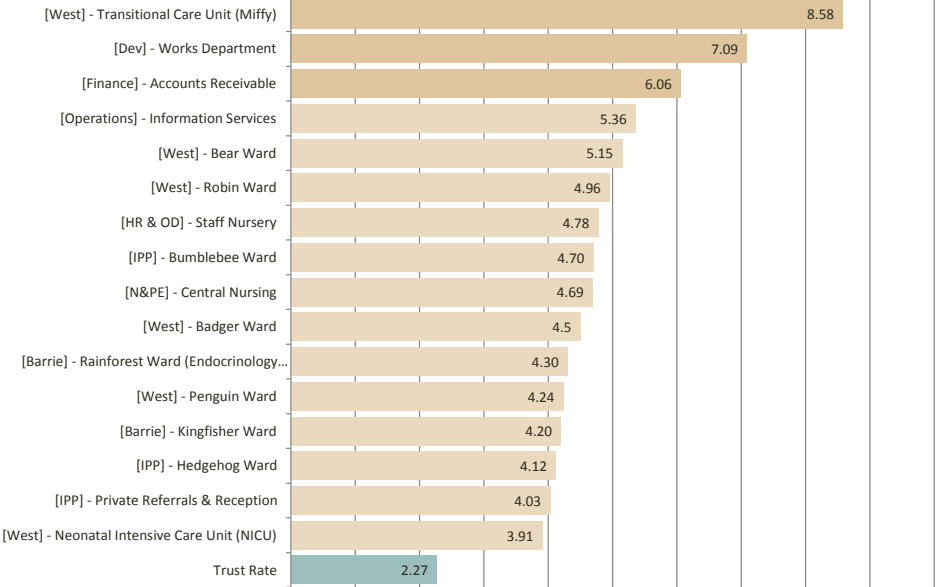
Exception Reporting Vacancy Rate



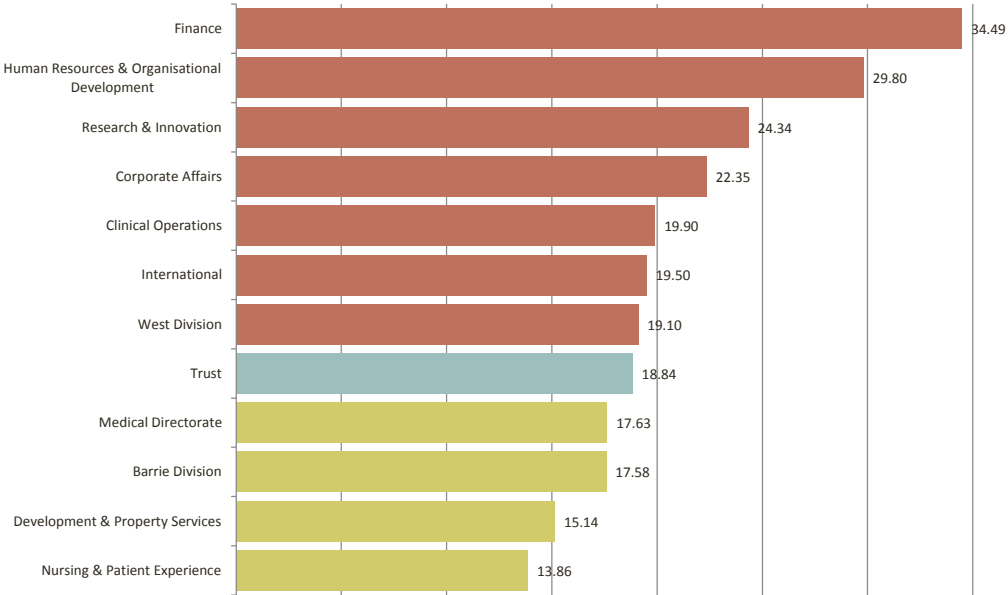
Divisional Sickness



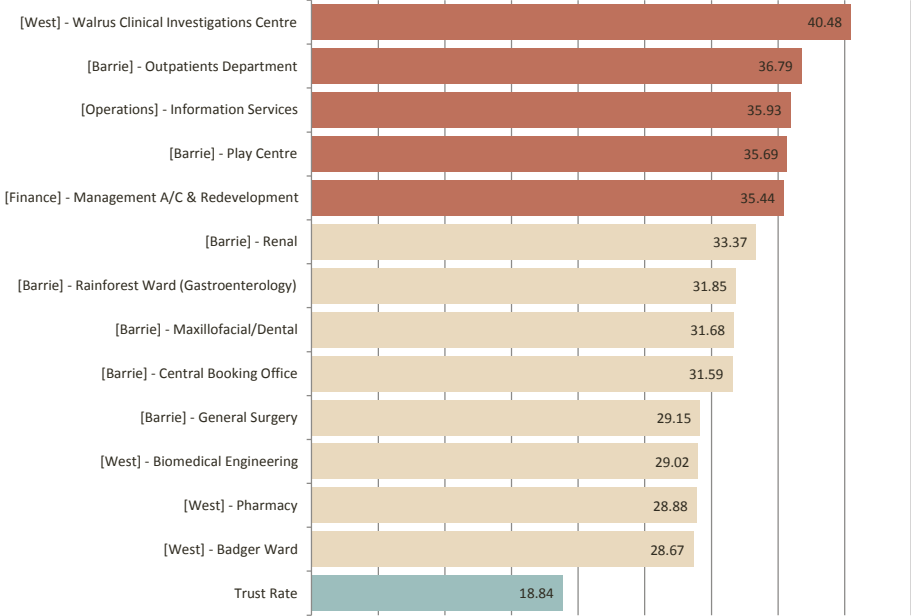
Exception Reporting Sickness



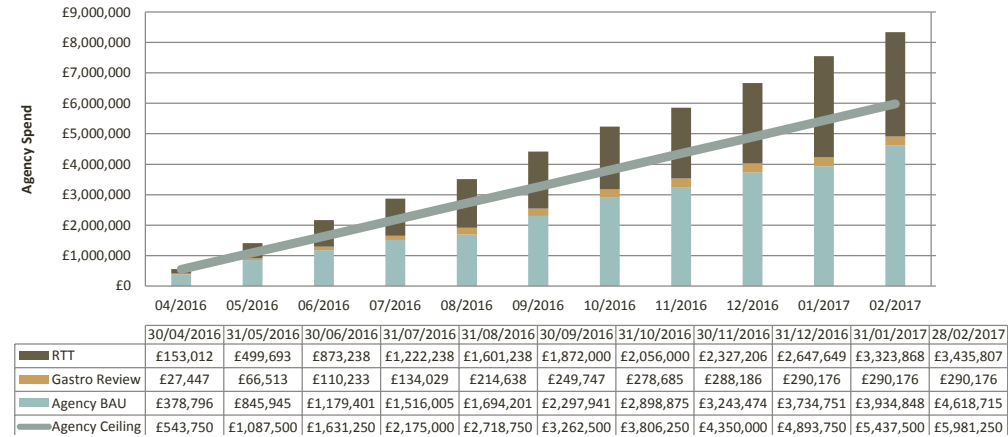
Divisional Turnover (Voluntary & Non-Voluntary)



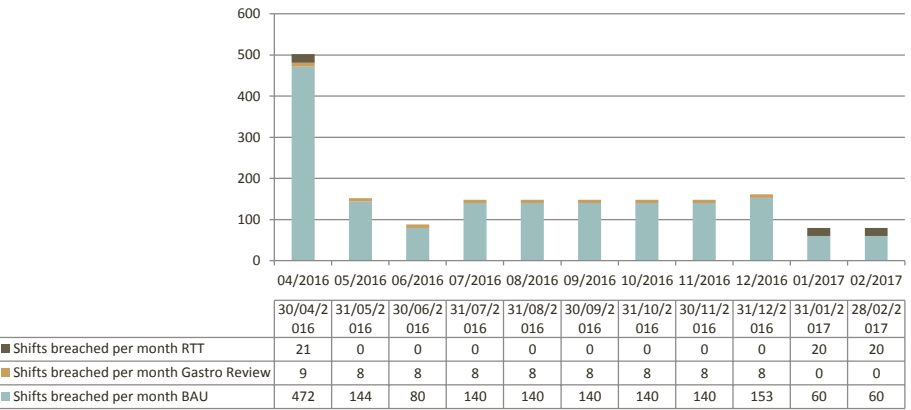
Exception Reporting Turnover



Agency Spend Ceiling (NHS Improvement Directive, Cumulative)

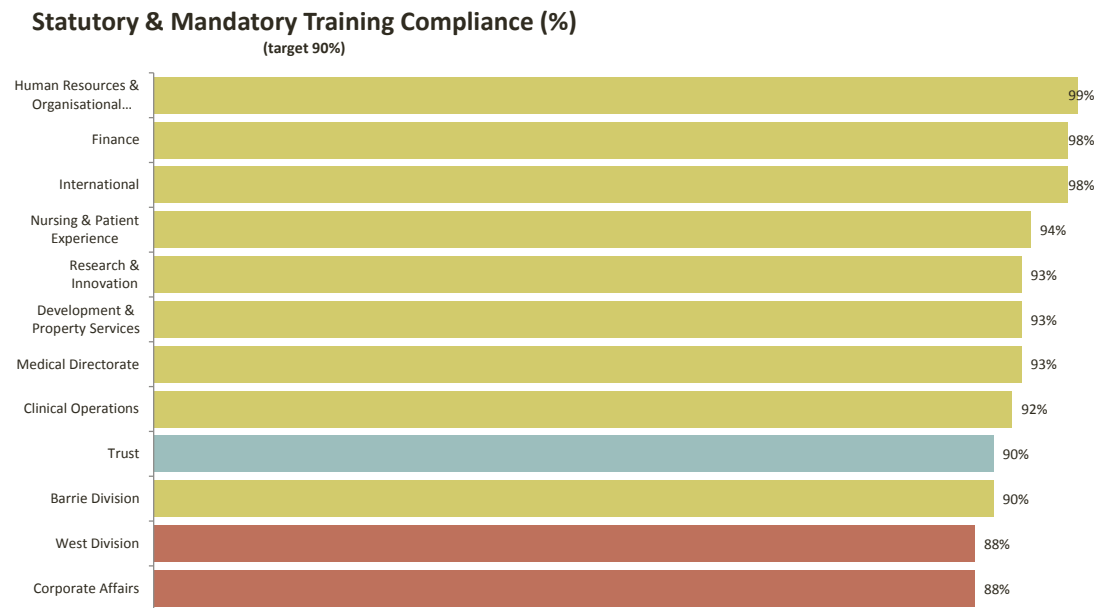


NHS Improvement Agency Rule Breaches (shifts per month, target zero)

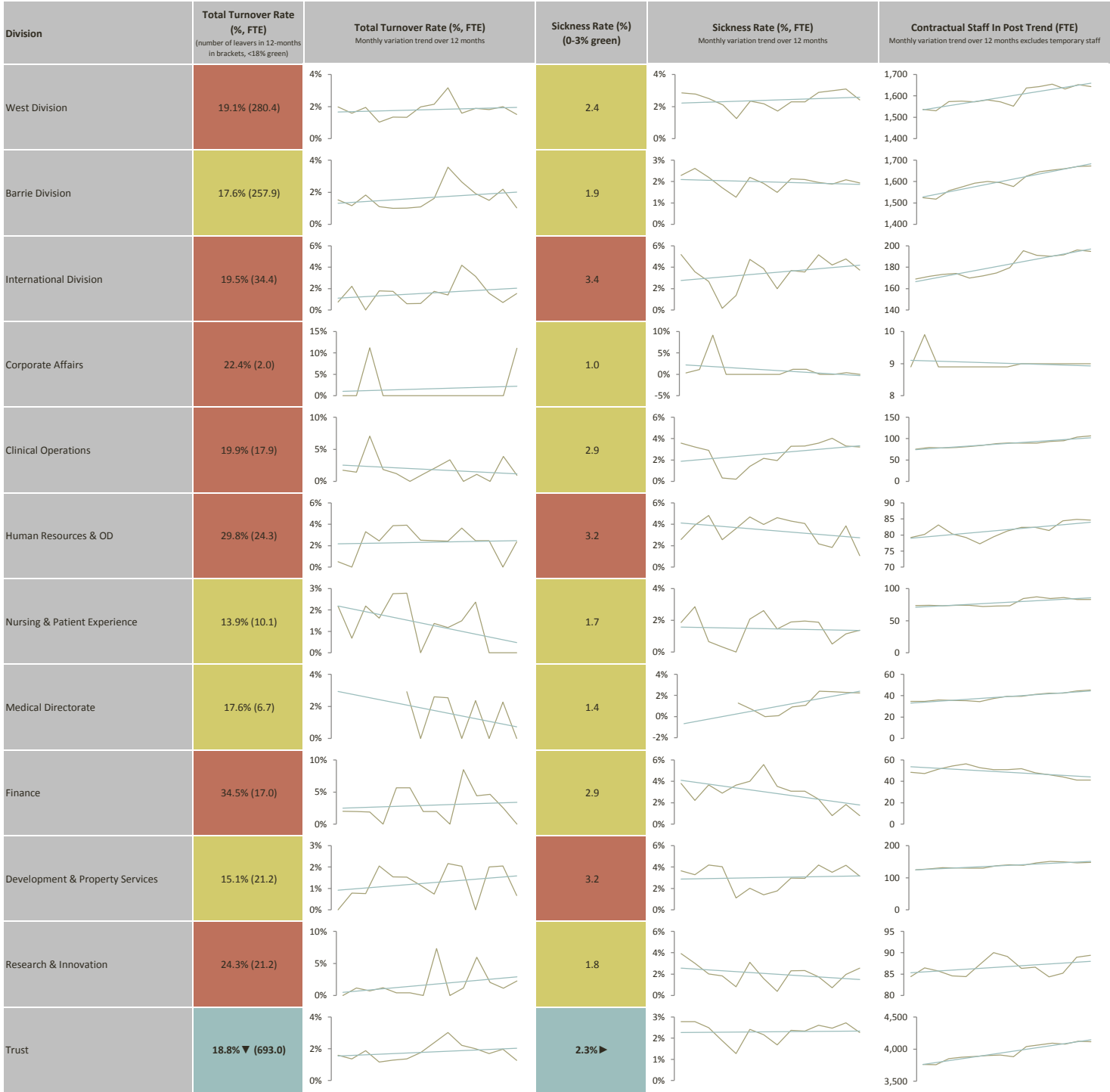


HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - FEBRUARY 2017 REPORT

1. Statutory & Mandatory Training Compliance (%)



HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - FEBRUARY 2017 REPORT



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.

**Trust Board
29 March 2016**

2016/17 Finance Report – Month 11

Paper No: Attachment J

**Submitted by:
Loretta Seamer, Chief Finance Officer**

Purpose

The purpose of this paper is to update the Trust Board on progress at month 11 against the Trust financial plan for 2016/17.

Financial Position – Month 11

The Trust is reporting a year to date deficit of £7.8m (excluding capital donations and impairments) for the eleven months ending 28 February 2017, in line with the planned deficit of £7.7m to date.

The Trust at Month 11 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 11 indicate that if further mitigating actions are not taken the Trust would end the year with a deficit of £7.6m (before removal of the S&T Funding not already paid) £1.3m higher than the agreed control total for 2016/17. The Trust continues to forecast delivery of £6.3m due to higher than planned depreciation on donated assets and higher than planned deliver of CQUIN (95%)

Control Total

The Control Total excludes depreciation on donated assets, and a review in month 11 indicates that the forecast donated asset depreciation will be higher than plan. Therefore the control total forecast outturn is expected to be higher the planned control total. If the forecast holds this position it could receive an additional £0.4m through the financial incentive scheme currently being offered by NHS Improvement to the sector.

Mth 11 Forecast Control Total	2016/17 Plan	FOT	Difference
Net Result (as per report)	28.9	26.9	(2.0)
Less Capital Donations	(35.2)	(33.8)	1.4
Net (Deficit) exc Donations, Inc STF	(6.3)	(6.9)	(0.6)
Plus depreciation on donated assets	8.5	9.5	1.0
Adjusted financial performance (control total basis)	2.2	^2.6	0.4

[^] Note this excludes the additional incentive income of an additional £0.4m.

Income

At the end of month 11, year to date income is £12.4m higher than plan. International Private Patients has exceeded plan income by £0.9m. NHS and other clinical income (excluding pass through) is £2.2m 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 £2.2m representing 11/12ths of the £2.4m Sustainability and Transformation Fund agreed with NHS Improvement and £4.2m for additional

income agreed in the first 11 months from the outcome of the local price review work undertaken by PwC on behalf of GOSH and NHS England. The forecast now includes the full £4.6m income from NHS England which has now been paid in full.

Expenditure

Pay costs for the year to date are £7.8m 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 has now exceeded its Agency cost ceiling for 2016/17.

Trust non pay costs are lower than plan on Blood and Drugs and other Clinical Supplies (£1.8m). Other non-pay expenses are £1.6m higher than plan largely due to the inclusion of a year to date increase of £1.6m doubtful debt provision.

Current delivery of recurrent P&E savings is £5.4m 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	0.8	0.9
Drugs Expense	0.1	0.1
Misc. Other Operating Expense	1.4	1.6
Non-clinical Supplies expense	0.1	0.1
Pay expense	2.2	2.4
Revenue Generation (Excl NHS Clinical)	0.9	1.1
Total	5.4	6.1

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 £7.6m deficit (before removal of the £2.4m S&T Fund).

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 - £61.3m). The increase is caused by later than planned closure of RTT validation, increased number of new nurse starters from September who were supernumerary until fully inducted and increased numbers of clinical staff to support the opening of Hedgehog, Theatre 10 staffing and increased PICU beds.
- Long term absence of senior medical staff has required backfill at significant cost.
- Non pay costs are higher than plan due to increased bad debt provision relating to IPP debt and increased levels of pass through drugs and devices.

Further action implemented in month 9 must continue to ensure the Trust delivers 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.

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	The current financial position assumes achievement of 89%. This is based on the assessment of actual YTD delivery as at the end of Q3. No challenges have been received from NHSE to date.
IPP Income £1.4m higher than plan	IPP income £0.9m higher than plan year to date.
NHS activity and income remaining at or above contracted levels excluding commissioner QIPP assumptions	NHS income currently £2.2m 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	Agreed and in the forecast.

NHSI risk ratings remain green rated except for Agency Spend.

Cash

The closing cash balance was £38.5m, £10.5m lower than plan. This was due to lower than planned EBITDA (£0.2m), lower than planned trust funded capital expenditure (£11.9m) and the movement on working capital (£22.2m).

The movement on working capital largely relates to higher than planned Receivables (£12.6m), non NHS receivables (£6.8m) and lower than planned other receivables (£2.5m). In addition, improvement in the Accounts payable process has resulted in trade payables being £5.3m lower than plan.

NHS Debtor Days

There has been a slight increase in NHS Debtor days from 15 to 17.2 days; however this still remains within target.

IPP Debtor Days

IPP Debtor days decreased in month to 194 from 217 days in January. Receipts of £7.2m (net of deposits) were higher than the average for the last 12 months (£3.7m).

Creditor Days

Creditor days decreased in month from 27.5 days to 25.7 days and remains within the 30 day target.

Non-Current Assets Non-current assets increased by £1.3m in month, the effect of capital expenditure of £3.0m less depreciation of £1.7m. The closing balance is £13.9m lower than plan due to lower than planned expenditure to date on EPR (£4.0m), VCB Chillers (£2.6m), PICB (£2.6m) and IPP BMT works (£1.1m).
Action required from the meeting <ul style="list-style-type: none"> To note the year to date financial position as at 28 February 2017. To note the risks to achievement of the 2016/17 forecast outturn. To note the Trust expects to achieve the 2016/17 Control Total.
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

Finance and Activity Performance Report

20 March 2017

	Slide
Summary	3
Income & Expenditure Financial Performance Summary	4
Income & Expenditure Internal Forecast Outturn Summary	5
Income & Expenditure – Run Rate Analysis	6
Statement of Financial Performance & Capital Summary	7
Cash & Working Capital Summary	8
Workforce Summary	9
Agency Spend Summary	10
Income and Activity Summary	11
YOY Activity Summary	12

Finance Scorecard

Our Money	December	January	February	Trend	YTD Target	Variance
Net Surplus/(Deficit)	(2.5)	(0.3)	(2.5)	↓	(7.6)	(0.2)
Forecast Outturn	(6.3)	(6.3)	(6.3)	→	(6.3)	0.0
P&E Delivery	0.4	0.4	0.5	↑	10.0	(5.6)
Pay Worked WTE Variance to Plan	(150.5)	(151.4)	(213.2)	↓	0.0	(68.2)
Debtor Days (IPP)	246.7	217.0	194.0	↑	120.0	(94.5)
Quick Ratio (Liquidity)	1.9	1.8	1.8	↓	1.77	0.1
NHSI KPI Metrics	2.0	2.0	2.0	→	1.0	(1.0)

NHSI Key Performance Indicators				
KPI	Annual Plan	M11 YTD Plan	M11 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	3	R
Overall	1	2	2	G
Overall after Triggers	1	2	2	G

Comments

- Year to date (as at 28 January 2017) the Trust is reporting a £7.8m deficit, excluding capital donations which is £0.1m adverse to plan.
- In Month 11 the Trust is reporting a £2.5m deficit which is £0.2m adverse to plan.
- Private patient income YTD is £0.9m better than plan.
- Pay YTD is £7.8m adverse to plan, with agency spend £6.2m 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 11 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.
- The Trust is forecasting a Full Year Control Total surplus of £2.6m which is £0.4m favourable to the Target Control Total set by NHSI. If the forecast holds position, it could result in an additional £0.4m through the financial incentive scheme currently being offered by NHS Improvement.

Trust Income and Expenditure Performance Summary

Year to Date for the 9 months ending 31 December 2016

2016/17											2015/16	CY vs PY	CY vs PY	
Annual	Income & Expenditure	Month 11				Year to Date				Rating	YTD	Variance		
Budget		Budget	Actual	Variance		Budget	Actual	Variance		Current	Actual			
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	Year Variance	(£m)	(£m)	%	
255.3	NHS & Other Clinical Revenue	19.9	20.6	0.7	3.5%	232.5	234.7	2.2	0.9%	G	1	223.5	11.2	5.0%
57.3	Pass Through	4.5	5.7	1.2	26.7%	52.5	58.2	5.7	10.9%			50.1	8.1	16.2%
54.1	Private Patient Revenue	4.4	4.6	0.2	4.5%	49.0	49.9	0.9	1.8%	G	2	43.7	6.2	14.2%
43.3	Non-Clinical Revenue	3.4	3.9	0.5	14.7%	39.5	43.1	3.6	9.1%	G		40.3	2.8	6.9%
410.0	Total Operating Revenue	32.2	34.8	2.6	8.1%	373.5	385.9	12.4	3.3%			357.6	28.3	7.9%
(227.6)	Permanent Staff	(19.0)	(18.7)	0.3	1.6%	(208.3)	(195.7)	12.6	6.0%			(181.3)	(14.4)	-7.9%
(2.1)	Agency Staff^	0.0	(0.8)	(0.8)	0.0%	(2.1)	(8.3)	(6.2)	0.0%	R		(6.2)	(2.1)	-33.9%
(1.0)	Bank Staff^	(0.2)	(1.2)	(1.0)	0.0%	(1.3)	(15.5)	(14.2)	0.0%			(13.7)	(1.8)	-13.1%
(230.7)	Total Employee Expenses	(19.2)	(20.7)	(1.5)	-7.8%	(211.7)	(219.5)	(7.8)	-3.7%	R	3	(201.2)	(18.3)	9.1%
(12.3)	Drugs and Blood	(1.0)	(0.5)	0.5	50.0%	(11.3)	(10.6)	0.7	6.2%	G		(9.8)	(0.8)	-8.2%
(41.4)	Other Clinical Supplies	(3.5)	(3.3)	0.2	5.7%	(37.9)	(36.8)	1.1	2.9%	G		(36.3)	(0.5)	-1.4%
(48.5)	Other Expenses	(4.0)	(4.8)	(0.8)	-19.0%	(44.2)	(45.8)	(1.6)	-3.6%	R		(46.7)	0.9	-1.9%
(57.3)	Pass Through	(4.5)	(5.7)	(1.2)	-26.7%	(52.5)	(58.2)	(5.7)	-10.9%			(50.1)	(8.1)	-16.2%
(159.5)	Total Non-Pay Expenses	(13.0)	(14.3)	(1.3)	-9.7%	(145.9)	(151.4)	(5.5)	-3.8%	R	4	(142.9)	(8.5)	-5.9%
(390.4)	Total Expenses	(32.2)	(35.0)	(2.8)	-8.6%	(357.6)	(370.9)	(13.3)	-3.7%	R		(344.1)	(26.8)	-7.8%
19.6	EBITDA (exc Capital Donations)	0.0	(0.2)	(0.2)		15.9	15.0	(1.0)	-6.1%	R		13.5	1.5	11.1%
(25.9)	Depreciation, Interest and PDC	(2.3)	(2.3)	0.0	0.0%	(23.6)	(22.8)	0.8	3.4%			(22.5)	(0.3)	-1.3%
(6.3)	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	(2.3)	(2.5)	(0.2)	0.0%	(7.7)	(7.8)	(0.1)	0.0%	A		(9.0)	1.2	13.3%
4.8%	EBITDA %	0.0%	-0.5%			4.3%	3.9%					3.8%	0.1%	3.0%
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	1.1	2.2	1.1	100.0%	33.9	31.0	(2.9)	-8.6%			26.8	4.2	15.7%
28.9	Net Result	(1.2)	(0.3)	0.9	-78.3%	26.2	23.2	(3.1)	-11.6%			17.8	5.4	30.1%

Notes

1. NHS income (excluding pass through) YTD is better than plan by £2.2m. The YTD plan includes:

- £2.2m (11/12) of the agreed £2.4m Sustainability and Transformation funding and accrued income of £2.2m has been included in the year to date position;

- £4.2m (11/12) of the agreed £4.6m for the outcome of the local pricing review following the publication of the PwC report. The accrued income of £4.2m 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 £0.9m above plan. This is delivered through increased activity and a high level of complex patients. Private Patient income in Month 11 was £0.2m favourable to plan due to increased activity.

3. Pay spend is YTD adverse to plan by £5.5m. In Month 11 pay spend was adverse to plan by £1.5m, 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 spend excluding pass through YTD is £0.2m favourable to plan.

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 outturn 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

Trust Income and Expenditure Performance Summary

Internal forecast outturn 2016/2017

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	257.5	2.2	0.7%	G
54.7	Pass Through	57.3	63.5	6.2	9.8%	
48.9	Private Patient Revenue	54.1	54.9	0.8	1.5%	G
44.5	Non-Clinical Revenue	43.3	47.0	3.7	7.9%	G
394.4	Total Operating Revenue	410.0	422.9	12.9	3.0%	
(197.8)	Permanent Staff	(227.6)	(213.7)	13.9	6.5%	
(7.6)	Agency Staff^	(2.1)	(8.8)	(6.7)	-76.1%	R
(15.3)	Bank Staff^	(1.0)	(16.8)	(15.8)	-94.0%	
(220.7)	Total Employee Expenses	(230.7)	(239.3)	(8.6)	3.6%	R
(10.6)	Drugs and Blood	(12.3)	(11.7)	0.6	5.1%	G
(39.8)	Other Clinical Supplies	(41.4)	(40.2)	1.2	3.0%	G
(54.9)	Other Expenses	(48.5)	(50.5)	(2.0)	-4.0%	R
(54.7)	Pass Through	(57.3)	(63.5)	(6.2)	-9.8%	
(160.0)	Total Non-Pay Expenses	(159.5)	(165.9)	(6.4)	-3.9%	R
(380.7)	Total Expenses	(390.4)	(405.2)	(15.0)	-3.7%	R
13.6	EBITDA (exc Capital Donations)	19.6	17.7	(2.1)	-14.0%	R
(24.7)	Depreciation, Interest and PDC	(25.9)	(25.0)	0.9	-3.6%	
(11.1)	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	(6.3)	(7.3)	(1.0)	17.5%	G
3.5%	EBITDA %	4.8%	4.2%		0.0%	
13.8	Impairments	0.0	0.0	0.0	0.00	
30.5	Capital Donations	35.2	33.8	(1.4)	-4.0%	
33.2	Net Result	28.9	26.5	(2.4)	-10.2%	

Notes

1. NHS income (excluding pass through) based on forecast outturn will be £1.9m favourable to plan.

2. Private patient income based on forecast outturn will be £0.8m above plan.

3. Pay spend based on forecast outturn will be £8.6m adverse to plan, with agency £6.7m 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 £0.2m adverse to plan. This is due to increased bad debt provision offset by underspends in other areas including reserves.

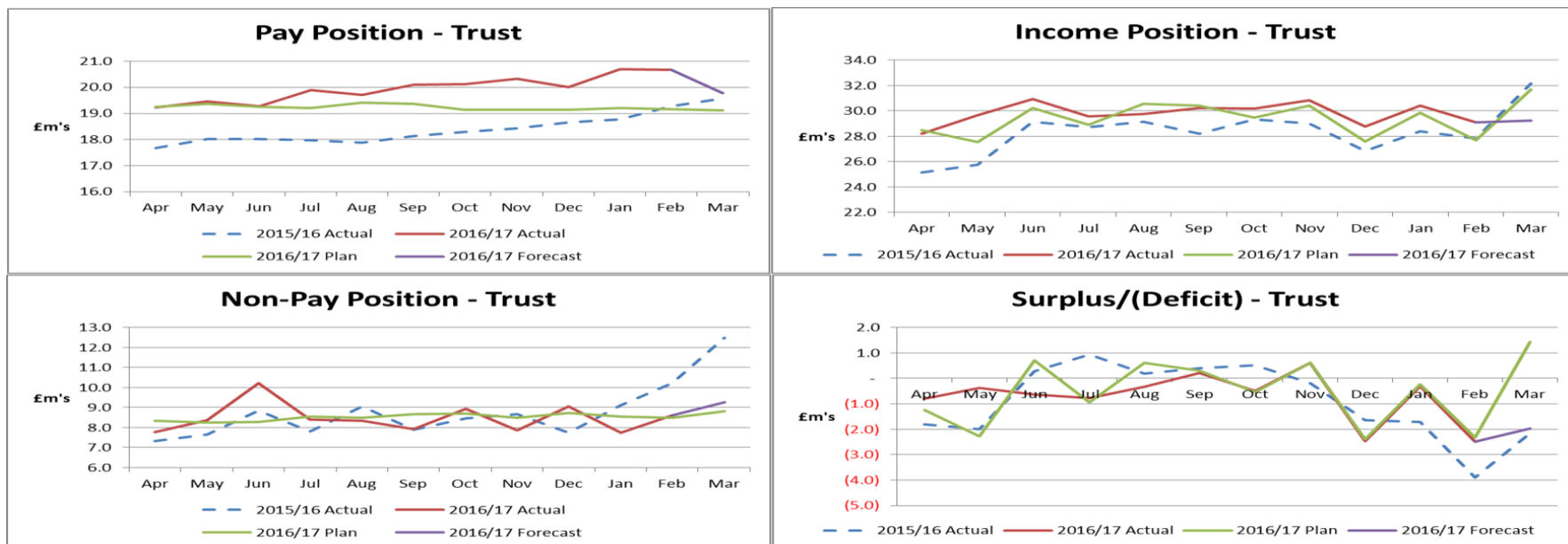
Forecast

In the Month 11 return submitted to NHSI, the Trust forecasted a full year deficit of £6.9m. The initial internal forecast in this report took a more conservative position of £7.3m. The reassessment identified that the full year external forecast of £6.9m deficit is likely to hold due to expected additional income in Month 12.

Control Total

The Full Year Control Total based on forecast outturn is a £2.6m surplus. The Control Total excludes depreciation on donated assets which is forecasted to be £1.0m above plan. The forecast Control Total is £0.4m favourable to the plan. If the Control Total forecast holds, the Trust could receive an additional £0.4m through the financial incentive scheme currently being offered by NHS Improvement.

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



Trust Non-pay and Income graphs Exclude Pass Through

Income

- Private patient income YTD is £0.9m favourable to plan due to increased bed occupancy levels and proportion of complex cases being seen. A revision to the bad debt provision for work in progress saw a release in Month 6 of £0.9m.
- Other Clinical income year to date is £1.7m favourable 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 increased monthly from September 2015, due to staff working on the RTT project until April 2016 when the pay expenditure reduced 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 Month 11 there was a reduced number of 15 agency staff continuing to work on the RTT project.
- In Month 11 there were increased pay costs across several divisions compared to the average YTD which was mainly driven by increased bank costs.

Non Pay

- The Trust's non-pay expenditure has fallen since Month 3 in which there was increased non-pay expenditure due to increased bad debt provision (£0.6m) and lower than planned delivery against the P&E programme.
- Non Pay Expenditure (excluding pass-through) is slightly above plan YTD due to the 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 11 however this is offset by the increased spend in pay and non-pay costs compared to plan. The resulting overall deficit is £0.2m adverse to plan. The Trust is now focused on delivering its P&E savings to ensure costs are reduced and reducing spend prior to year-end.

Statement of Financial Performance & Capital Summary

For the 9 months ending 31 December 2016

Statement of Financial Position	31 Mar 2016 Actual £m	28 Feb 2017 Plan £m	28 Feb 2017 Actual £m
Non-Current Assets	440.8	479.9	466.0
Current Assets (exc Cash)	58.9	68.6	85.5
Cash & Cash Equivalents	63.7	49.0	38.5
Current Liabilities	(60.3)	(69.5)	(64.2)
Non-Current Liabilities	(6.3)	(5.8)	(5.8)
Total Assets Employed	496.8	522.2	520.0

Capital Expenditure	Annual Plan £m	28 Feb 2017 Plan £m	28 Feb 2017 Actual £m	YTD Variance £m
Redevelopment – Donated	32.3	31.4	27.9	3.5
Medical Equipment – Donated	2.9	2.5	3.1	(0.6)
Estates – Donated	0.0	0.0	0.0	0.0
ICT – Donated	0.0	0.0	0.0	0.0
Total Donated	35.2	33.9	31.0	2.9
Redevelopment & equipment - Trust Funded	9.0	8.4	5.7	2.7
Estates & Facilities - Trust Funded	2.4	2.3	0.7	1.6
ICT - Trust Funded	10.0	9.2	4.3	4.9
Contingency	3.0	2.7	0.0	2.7
Total Trust Funded	24.4	22.6	10.7	11.9
Total Expenditure	59.6	56.5	41.7	14.8

Capital Expenditure

Redevelopment-donated

The YTD Variance of £3.5m 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). 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

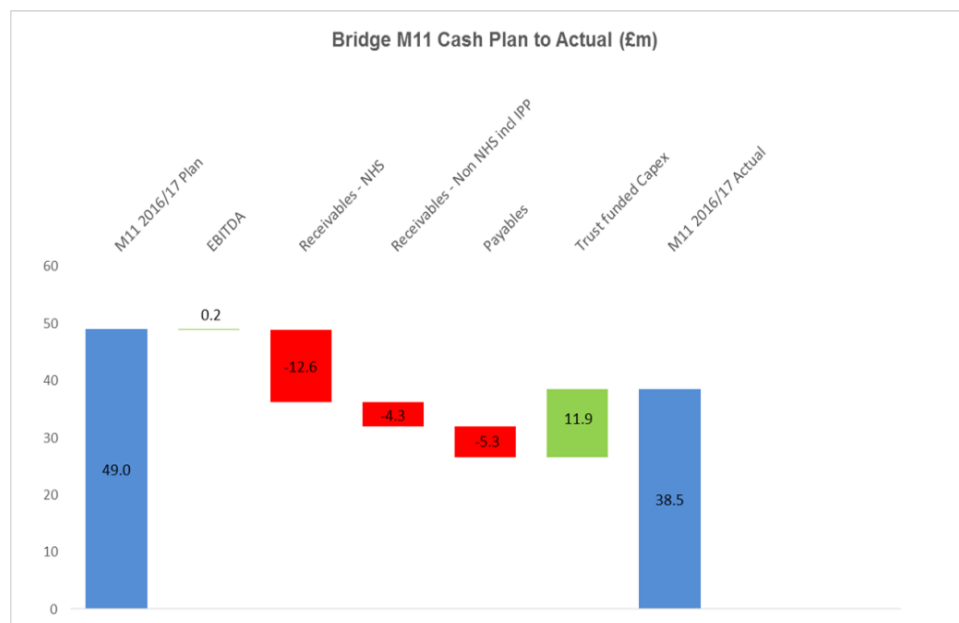
The ventilators/humidifiers programme has been delayed but is expected to be complete within 2016/17.

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

Bridge M09 Cash Plan to Actual (£m)



Cash

The closing cash balance was £38.5m, £10.5m lower than plan. This was largely due to lower than planned EBITDA (£0.2m); lower than planned trust funded capital expenditure (£11.9m); and the movement on working capital (£22.2m).

The movement on working capital (£22.2m) largely relates to higher than planned NHS Receivables (£12.6m); Non NHS Receivables (£6.8m); lower than planned ;Other receivables (£2.5m)

In addition, trade payables were £5.3m lower than plan.

NHS Debtor Days

There has been a slight increase to debtor days but this still remains within target at 17 days.

IPP Debtor Days

IPP debtor days decreased in Month 11 to 194. Receipts of £7.2m (net of deposits) were higher than the average for the last 12 months (£3.7m).

Creditor Days

There was a slight decrease to creditor days and this still remains within target at 25.7 days.

Non-Current Assets

Non-current assets increased by £1.3m in month, the effect of capital expenditure of £3.0m less depreciation of £1.7m. The closing balance is £13.9m lower than plan as a result of the Month 11 YTD capital expenditure being less than plan by £14.8m and depreciation less than plan by £0.9m. This expenditure variance is analysed on the capital expenditure schedule.

Inventory Days

Drug inventory days remained the same as previous the month at 6. Non-Drug inventory days decreased in month to 62 days largely due to the increase in the level of Haemophilia stock held (39%).

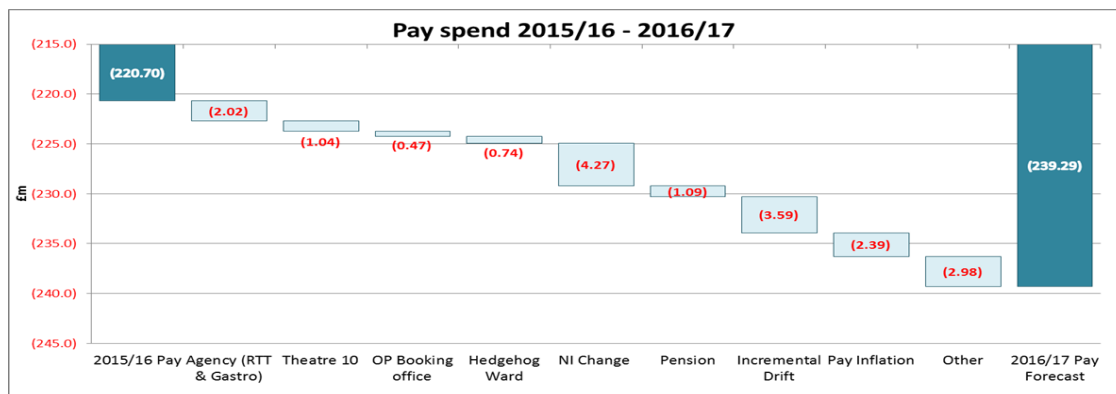
Working Capital	31-Mar-16	31-Jan-17	28-Feb-17	RAG
NHS Debtor Days (YTD)	11.8	15.0	17.2	G
IPP Debtor Days	197.1	217.0	194.0	R
IPP Overdue Debt (£m)	13.0	25.7	23.5	R
Inventory Days - Drugs	6.0	6.0	6.0	G
Inventory Days - Non Drugs	51.0	66.0	62.0	R
Creditor Days	35.0	27.5	25.7	G
BPPC - Non-NHS (YTD) (number)	85.2%	81.9%	82.2%	R
BPPC - Non-NHS (YTD) (£)	87.8%	87.0%	87.4%	A

Workforce Summary

For the 9 months ending 31 December 2016

2015/16 Actual	2016/17 Annual Plan	Staff Group	2016/17							
			Month 11				Year to Date			
			Budget	Actual	Variance		Budget	Actual	Variance	
			t							
(£m)	(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%
(38.9)	(42.6)	Admin (inc Director & Senior Managers)	(3.4)	(3.7)	(0.3)	10%	(39.2)	(41.0)	(1.8)	5%
(41.8)	(44.3)	Consultants	(3.7)	(4.4)	(0.7)	19%	(40.6)	(42.7)	(2.1)	5%
(3.5)	(3.8)	Estates & Ancillary Staff	(0.3)	(0.4)	0.0	10%	(3.5)	(3.6)	(0.1)	4%
(8.2)	(8.8)	Healthcare Assist & Support	(0.7)	(0.7)	0.0	-4%	(8.1)	(8.1)	(0.1)	1%
(23.0)	(24.0)	Junior Doctors	(2.0)	(2.0)	0.0	2%	(22.0)	(22.5)	(0.5)	2%
(65.7)	(70.2)	Nursing Staff	(5.9)	(5.9)	(0.1)	1%	(64.3)	(64.1)	0.2	0%
(0.3)	(0.4)	Other Staff	(0.4)	0.0	0.4	-104%	(3.9)	(0.1)	3.8	-97%
(38.9)	(40.8)	Scientific Therapy Tech	(3.4)	(3.6)	(0.2)	5%	(37.4)	(37.3)	0.1	0%
(0.3)	4.1	Cost Improvement Plan	0.6	0.0	(0.6)	-100%	7.3	0.0	(7.3)	-100%
(220.7)	(230.8)	Total	(19.2)	(20.7)	(1.5)	8%	(211.7)	(219.5)	(7.8)	4%

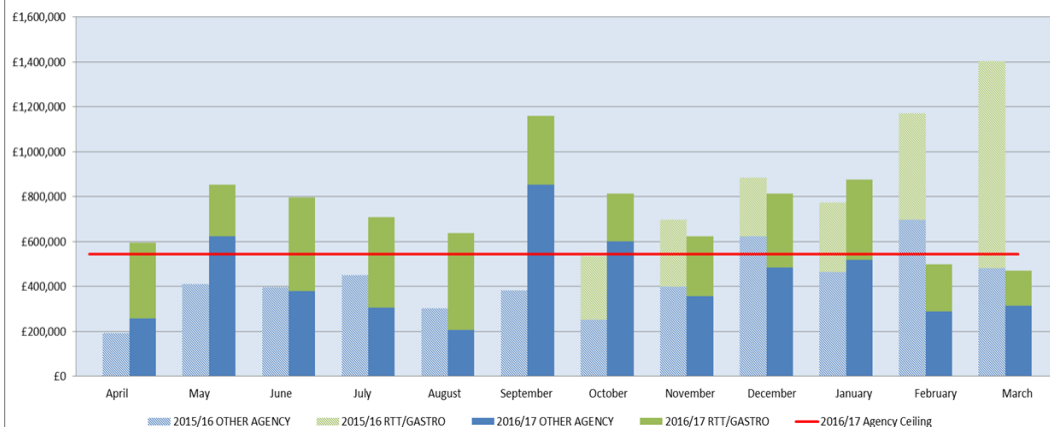
2015/16 Average	2016/17 Annual Plan	WTE Including Perm, Bank and Agency Staff Group	2016/17							
			Month 11				Year to Date (average WTE)			
			Budget	Actual	Variance		Budget	Actual	Variance	
			WTE	WTE	WTE	%	WTE	WTE	WTE	%
911.3	992.1	Admin (inc Director & Senior Managers)	992.5	1,032.9	(40.4)	-4%	991.5	1,012.4	(20.9)	-2%
287.3	302.4	Consultants	302.4	331.5	(29.1)	-10%	302.4	303.4	(1.0)	0%
125.0	123.6	Estates & Ancillary Staff	124.0	137.7	(13.7)	-11%	123.4	130.2	(6.7)	-6%
290.7	304.6	Healthcare Assist & Supp	305.1	290.0	15.1	5%	304.2	297.5	6.8	2%
294.5	314.5	Junior Doctors	314.5	323.5	(9.0)	-3%	314.4	310.7	3.7	1%
1,349.3	1,451.0	Nursing Staff	1,452.6	1,479.3	(26.6)	-2%	1,450.6	1,409.0	41.7	3%
6.4	8.6	Other Staff	8.6	5.1	3.5	41%	8.6	5.5	3.1	36%
711.6	796.2	Scientific Therap Tech	791.1	760.9	30.2	4%	798.0	749.6	48.4	6%
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	4,360.9	(213.2)	-5%	4,150.0	4,218.2	(68.2)	-2%



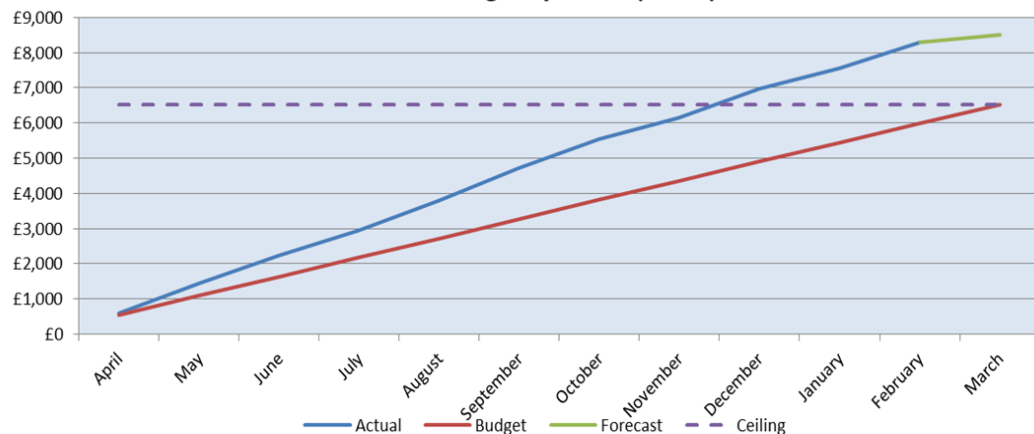
- In Month 11 pay costs have continued to increase above trend as a result of the increased agency and bank spend. There was also increased spend in admin including Director & Senior Managers as a result of recent recruitment, and a catch up of YTD costs.
- The agency spend in M11 decreased due to a number of RTT agency staff finishing at the end of Month 10. In Month 11 there was only 15 RTT agency staff.
- 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) £2.0m
 - Theatre 10 £1.0m
 - OP Booking office £0.5m
 - Hedgehog Ward £0.7m
 - NI Change £4.3m
 - Pensions £1.1m
 - Incremental Drift £3.6m
 - Pay Inflation £2.4m
- 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

All Staff Agency Expenditure - 12 Months Actual and Forecast 2016/17



Cumulative Agency Trend (£'000)



- As at 28 February 2017 across the Trust, there are approximately 15 agency staff still working on RTT, (compared to 65 agency staff at 31 December 2016)
- The percentage of agency spend against permanent has reduced in Month 11 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

	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	22,632	21,353	(1,279)	-5.6%	16,600	16,265	(335)	-2.0%	24,031	(2,678)	-11.1%	18,751	(2,486)	-13.3%
Elective	49,744	49,633	(111)	-0.2%	11,495	11,790	295	2.6%	48,313	1,320	2.7%	11,512	278	2.4%
Elective Excess Bed days	2,822	2,983	161	5.7%	5,694	5,970	276	4.8%	2,931	52	1.8%	5,638	332	5.9%
Elective	52,566	52,616	50	0.1%					51,244	1,373	2.7%			
Non Elective	13,682	12,327	(1,356)	-9.9%	1,578	1,451	(127)	-8.0%	12,852	(526)	-4.1%	1,548	(97)	-6.3%
Non Elective Excess Bed Days	1,997	1,619	(378)	-18.9%	3,426	3,302	(124)	-3.6%	1,784	(164)	-9.2%	3,392	(90)	-2.7%
Non Elective	15,679	13,946	(1,733)	-11.1%					14,636	(690)	-4.7%			
Outpatient	34,943	35,698	755	2.2%	136,496	139,568	3,072	2.3%	34,634	1,064	3.1%	137,671	1,897	1.4%
Undesignated HDU Bed days	4,713	4,306	(407)	-8.6%	4,592	4,126	(466)	-10.1%	4,642	(336)	-7.2%	4,619	(493)	-10.7%
Picu Consortium HDU	2,689	3,183	494	18.4%	2,621	3,297	676	25.8%	2,550	633	24.8%	2,595	702	27.1%
HDU Beddays	7,403	7,489	87	1.2%	7,213	7,423	210	2.9%	7,192	298	4.1%	7,214	209	2.9%
Picu Consortium ITU	24,611	25,117	506	2.1%	10,147	10,300	153	1.5%	24,815	302	1.2%	10,047	253	2.5%
PICU ITU Beddays	24,611	25,117	506	2.1%	0	10,300	153	0.0%	24,815	302	1.2%	10,047	253	2.5%
Ecmo Bedday	432	704	271	62.7%	80	129	49	61.8%	472	231	49.0%	87	42	48.3%
Psychological Medicine Bedday	1,077	1,115	38	3.5%	2,710	2,763	53	2.0%	1,094	21	1.9%	2,752	11	0.4%
Rheumatology Rehab Beddays	1,237	1,236	(1)	-0.1%	2,207	2,176	(31)	-1.4%	1,473	(237)	-16.1%	2,195	(19)	-0.9%
Transitional Care Beddays	2,241	2,363	121	5.4%	1,569	1,631	62	4.0%	2,173	190	8.7%	1,590	41	2.6%
Total Beddays	4,988	5,418	430	8.6%	6,566	6,699	133	2.0%	5,213	205	3.9%	6,624	75	1.1%
Packages Of Care Elective	6,635	6,863	228	3.4%					6,631	232	3.5%			
Highly Specialised Services (not above)	27,353	27,189	(164)	-0.6%					27,059	130	0.5%			
Other Clinical	23,241	25,054	1,813	7.8%					21,023	4,031	19.2%			
Adjustment for 2015/16 Outturn	0	(808)	(808)	0%					634	(1,442)	-227%			
STF Funding	2,200	2,200	0	0%					0	2,200	0%			
Pricing Adjustment	2,724	4,217	1,492	54.8%					0	4,217	0%			
Non NHS Clinical Income	7,523	8,302	779	10.0%					6,392	1,910	30%			
NHS and Other Clinical Income	232,497	234,654	2,157	0.9%					223,504	11,150	5.0%			

*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 Transplant income has increased following a decrease in January 2017 due to 8 patients being discharged in December 2016.
- YTD Bone Marrow Transplants are £992m favourable to plan due to the treatment of more complex patient groups.
- There has been an increase in Neurology (epilepsy income) in February 2017.

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

- Dedicated International Private Patient beds are ahead of plan, largely due to an increase in both the number of complex patients and the accuracy of dependency coding.
- There has been increased activity in PICU/NICU and critical care beds which are contributing to bed days being ahead of plan.

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 had an updated full year assessment to £4.6m to reflect the negotiations with NHS England.

Trust Inpatient and Outpatient Activity

Year on Year trend analysis

Prior Year 2015/16												Activity Analysis												Current Year 2016/17												Change YOY	% Change YOY	Current Year Trend
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Total YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Total YTD															
Inpatients																																						
Number of Discharges																																						
2,174	1,947	2,260	2,294	1,932	2,095	2,100	2,284	2,128	2,130	2,167	23,511	Day Case	2,082	2,061	2,229	2,040	2,163	2,031	1,972	2,074	1,800	2,115	1,933	22,500	(1,011)	-4.3%												
Overnight																																						
1,058	1,058	1,084	1,218	1,087	1,192	1,271	1,201	988	1,109	1,158	12,424	Elective	1,155	1,153	1,256	1,246	1,170	1,178	1,101	1,195	1,064	1,085	1,141	12,744	320	2.6%												
59	62	56	55	71	59	70	60	62	61	52	667	Non Elective	64	67	65	63	58	74	62	71	75	83	57	739	72	10.8%												
206	167	172	172	170	171	169	183	211	175	201	1,997	Non Elective (Non Emergency)	164	175	178	152	158	169	156	188	214	199	167	1,920	(77)	-3.9%												
0	1	15	18	58	57	20	12	11	41	166	399	Regular Attenders	157	171	182	190	181	180	165	187	160	195	192	1,960	1,561	391.2%												
3,497	3,235	3,587	3,757	3,318	3,574	3,630	3,740	3,400	3,516	3,744	38,998	Total Discharges	3,622	3,627	3,910	3,691	3,730	3,632	3,456	3,715	3,313	3,677	3,490	39,863	865	2.2%												
Beddays																																						
839	774	918	911	785	854	818	865	827	820	848	9,259	Day Case	793	768	906	814	871	895	766	778	670	812	718	8,791	(468)	-5.1%												
0.39	0.40	0.41	0.40	0.41	0.41	0.39	0.38	0.39	0.38	0.39	0.39	Day ALOS	0.38	0.37	0.41	0.40	0.40	0.44	0.39	0.38	0.37	0.38	0.37	0.39	-	-0.8%												
Overnight																																						
4,686	5,197	5,577	5,565	5,470	5,456	5,680	5,478	5,174	5,447	5,398	59,128	Elective	5,450	5,889	5,619	5,863	5,610	5,489	5,472	5,928	5,075	5,302	5,264	60,961	1,833	3.1%												
561	713	610	494	526	687	808	668	668	589	606	6,930	Non Elective	716	625	557	487	485	453	460	440	535	495	491	5,744	(1,186)	-17.1%												
2,133	2,267	2,044	2,324	2,181	2,033	2,160	2,218	2,395	2,453	2,229	24,437	Non Elective (Non Emergency)	2,106	2,180	2,202	2,245	2,313	2,142	2,294	2,105	2,315	2,449	2,071	24,422	(15)	-0.1%												
0	1	1	1	1	4	1	2	1	22	100	134	Regular Attenders	85	98	112	116	108	110	97	110	114	130	124	1,204	1,070	798.5%												
7,380	8,178	8,232	8,384	8,178	8,180	8,649	8,366	8,238	8,511	8,333	90,629	Total Overnight Beddays	8,357	8,792	8,490	8,711	8,516	8,194	8,323	8,583	8,039	8,376	7,950	92,331	1,702	1.9%												
5.58	6.35	6.20	5.73	5.90	5.53	5.65	5.75	6.48	6.14	5.28	5.85	Overnight ALOS	5.43	5.61	5.05	5.28	5.43	5.12	5.61	5.23	5.31	5.36	5.11	5.32	-	0.53	-9.1%											
Midnight Census (ON Bed days)																																						
4,459	4,983	5,337	5,242	5,213	5,218	5,364	5,190	4,909	5,180	5,072	56,167	Elective	5,160	5,620	5,291	5,520	5,301	5,200	5,224	5,633	4,770	5,041	4,993	57,753	1,586	2.8%												
558	701	604	492	521	685	805	661	661	578	603	6,869	Non Elective	706	618	541	478	474	445	452	439	514	476	487	5,630	(1,239)	-18.0%												
2,127	2,262	2,043	2,321	2,157	2,030	2,154	2,214	2,380	2,440	2,225	24,353	Non Elective (Non Emergency)	2,090	2,167	2,190	2,240	2,305	2,131	2,284	2,087	2,305	2,431	2,054	24,284	(69)	-0.3%												
0	1	1	0	0	1	0	1	0	0	1	5	Regular Attenders	0	0	1	2	0	0	0	0	0	0	1	4	(1)	-20.0%												
7,144	7,947	7,985	8,055	7,891	7,934	8,323	8,066	7,950	8,198	7,901	87,394	Total	7,956	8,405	8,023	8,240	8,080	7,776	7,960	8,159	7,589	7,948	7,535	87,671	277	0.3%												
238	256	266	260	255	264	268	269	256	264	282	262	Average ON Beds Utilised	265	271	267	266	261	259	257	272	245	256	269	262	262	1	0.3%											
Critical Care Beddays																																						
310	477	482	439	489	470	438	399	385	421	471	4,781	Elective	411	453	361	388	408	402	382	531	377	495	489	4,697	(84)	-1.8%												
74	137	92	81	81	119	128	117	64	62	120	1,075	Non Elective	212	140	87	101	132	68	46	48	52	74	15	975	(100)	-9.3%												
647	519	545	620	546	488	567	529	614	609	510	6,194	Non Elective (Non Emergency)	546	527	660	639	646	677	695	579	743	673	614	6,999	805	13.0%												
1,031	1,133	1,119	1,140	1,116	1,077	1,133	1,045	1,063	1,092	1,101	12,050		1,169	1,120	1,108	1,128	1,186	1,147	1,123	1,158	1,172	1,242	1,118	12,671	621	5.2%												
34	37	37	37	36	36	37	35	34	35	39	41		39	36	37	36	38	38	36	39	38	40	40	38	38	2	5.2%											
Outpatients																																						
19,467	18,432	21,403	21,300	17,629	21,188	21,901	21,174	18,671	20,226	20,188	221,579	Outpatient Attendances (All)	19,891	19,856	21,222	20,287	20,153	22,054	21,043	23,335	18,422	21,918	19,980	228,161	6,582	3.0%												
3,664	3,531	4,295	4,267	3,451	4,222	4,356	4,231	3,613	4,143	3,872	43,645	First Outpatient Attendances	3,820	3,872	4,125	3,880	3,838	4,169	3,913	4,304	3,333	4,094	3,928	43,276	(369)	-0.8%												
15,803	14,901	17,108	17,033	14,178	16,966	17,545	16,943	15,058	16,083	16,316	177,934	Follow Up Outpatient Attendances	16,071	15,984	17,097	16,407	16,315	17,885	17,130	19,031	15,089	17,824	16,052	184,885	6,951	3.9%												
4.3	4.2	4.0	4.0	4.1	4.0	4.0	4.0	4.2	3.9	4.2	4.1	New to Review Ratio	4.2	4.1	4.1	4.2	4.3	4.3	4.4	4.4	4.5	4.4	4.1	4.3	4.3	0.2	4.8%											

<p align="center">Trust Board 29th March 2017</p>	
<p>Regular report on Infection Prevention and Control</p> <p>Submitted by: Dr John Hartley, DIPC</p>	<p>Paper No: Attachment L</p>
<p>Aims / summary To update the Board on Infection Prevention and Control issues since the last report and current plans</p>	
<p>Action required from the meeting Board support for actions and feedback.</p>	
<p>Contribution to the delivery of NHS Foundation Trust strategies and plans Essential to achieve zero harm; minimising risk of infection is a central Trust goal</p>	
<p>Financial implications Failure to prevent or control infections leads to harm and cost. Individual penalties may follow specific HCAs in future.</p>	
<p>Who needs to be told about any decision? Infection prevention and control is responsibility of all staff.</p>	
<p>Who is responsible for implementing the proposals / project and anticipated timescales? Divisional and Corporate Units and all staff Infection Prevention and Control Team.</p>	
<p>Who is accountable for the implementation of the proposal / project? Director of Infection Prevention and Control</p>	

Regular DIPC Infection Prevention & Control Report to Trust Board
2016 – 2017
Update at 22/03/2017

1. Infection Prevention and Control (IPC) management arrangements -

Administration, data and electronic infection prevention management system

Issue: electronic management system outdated; temporary support in place but future system development required.

Action required – The IPC system project will go ahead as soon as we have had EPR business case approval **and ahead of EPR implementation.**

2. Antibiotic stewardship –

CQUIN targets for 2016/7 – established data collection methods but despite all recognised activities unlikely to meet reduction of consumption targets. New Antimicrobial Stewardship (AMS) Committee formed and action plans in development; Charity business case for additional antimicrobial pharmacy support was not successful. Development of a Trust business case is underway as “an invest to save” concept.

National associated CQUIN 2017/19 – mainly around implementation of Sepsis 6, but also including antibiotic consumption. Awaiting decision if Trust will participate in this CQUIN.

3. Health care associated infection (HCAI) statistics

	2016/17 – April to Mar 20th		Last financial year Apr 15/ Mar 16	
	Developed while in hospital	Admitted with	Developed while in hospital	Admitted with
HCAI Mandatory national reporting				
MRSA bacteraemia	1	2	1	0
MSSA bacteraemia	21	12	9	13
E. coli bacteraemia	16	4	10	7
C. difficile infection	1	3	7	7

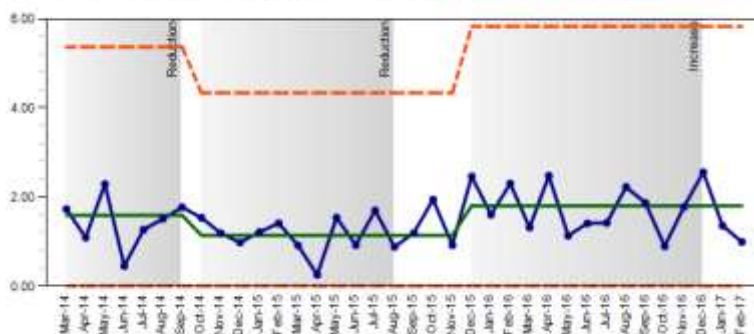
A full analysis of the RCAs undertaken for S. aureus bacteraemia will be prepared for the annual report, the most common cause is however CVC related, followed by skin, soft tissue and surgical site. E coli bacteraemias will be investigated by RCA next year.

The reduction in CDI is due to better understanding of the low significance of C. difficile toxin in children and reduction in the decision to give empirical treatment (so colonisation (figures not shown) remains prevalent but infection is rare).

HCAI non-mandatory internal reporting				
	2016/17 – April to Mar 20		Last financial year Apr 15/ Mar 16	
	Developed in	Admitted with	Developed in	Admitted with
Infection:				
GOS acquired CVC related bacteraemia	1.6 / 1000 line days (79 episodes) See graph (to end Feb 17)		1.4 / 1000 line days(75 episodes)	
Respiratory viral infection	132	269	167	296
Enteric viral infection	211	268	139	212

Attachment L

GOSH-acquired CVL infections for every 1,000 line days: _All Wards



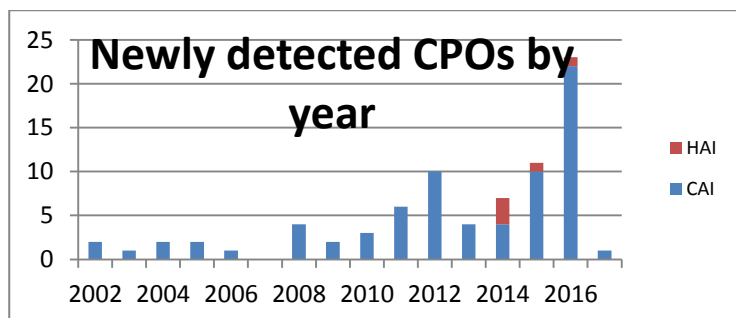
GOS acquired CVC related bacteraemia

There has been a reduction in the GOSH acquired line infections in last 2 months.

Enteric viral infection

There has been an increase in enteric viral infections, due to community and hospital acquired cases, including a recent outbreak on Bear / CICU.

HCAI non-mandatory internal reporting				
	2016/17 – April to Mar 20		Last financial year	Apr 15/ Mar 16
	Developed in	Admitted with	Developed in	Admitted with
Colonisation:				
MRSA colonisation	17	201	21	162
MDR GN (non CPO) colonisation	39	115	69	168
Carbapenemase producing (CPO) GN	1	22 see graph	0	12
Vancomycin resistant enterococci	Colonisation to date in 2017 – 19 Cluster in Haem/Onc and CICU		Colonisation in 2016 - 12	
MDR GN = Multi antibiotic resistant gram negative ‘alert’ organism ; CPO = carbapenemase producing organism				



MRSA and MDR GN cross infection:

Strong focus on these significant potential pathogens, through the screening and alert process, has reduced cross infection

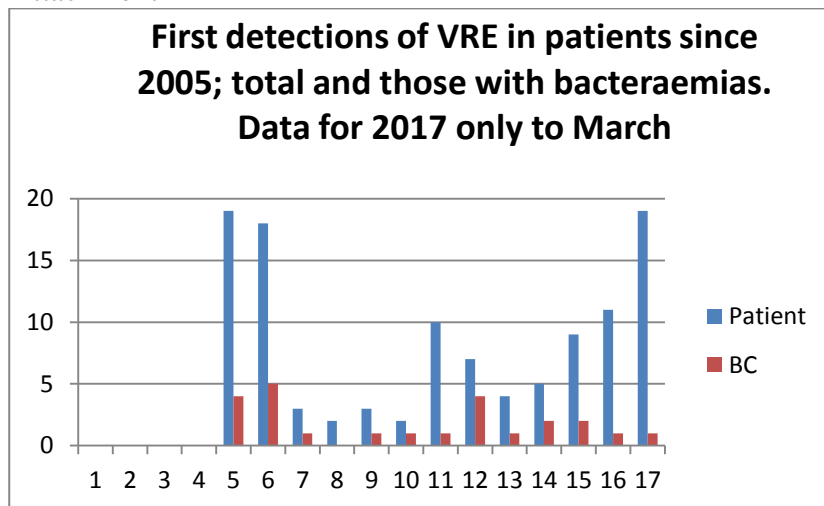
CPO detection

The increase in CPO detection is currently almost all due to prior colonisation (increased cross-transmission insource health care institutions) and we need to adjust our control to prevent outbreaks here (see IPC Committee report)

VRE colonisation

Ad hoc surveillance for VRE (for which we do not routinely screen) has shown a higher background colonisation and some cross infection.

As always, the main protection from cross infection is implementation of standard infection control with environmental and procedural rigour.



4. Major outbreaks or preventable high risk exposure events. Since Nov 2016

Date	Organism and issue	Ward	Outcome
Mar 17	Norovirus and Astrovirus	Bear and CICU	Over 35 cases among staff, patients, and parents
2017	VRE	Pan Trust, plus cluster Haem/Onc, CICU	Colonisation too date

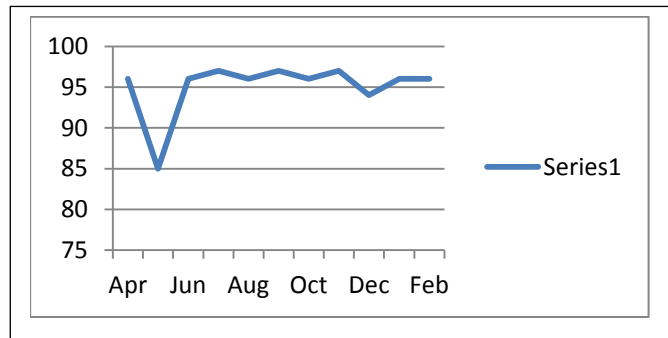
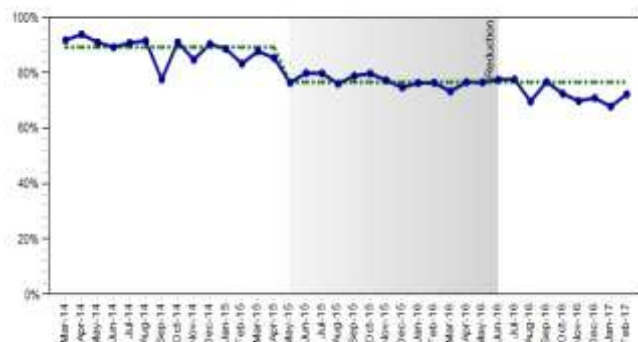
5. Infection prevention and control regular audits and data display

Audits undertaken by link staff, according to a monthly schedule:

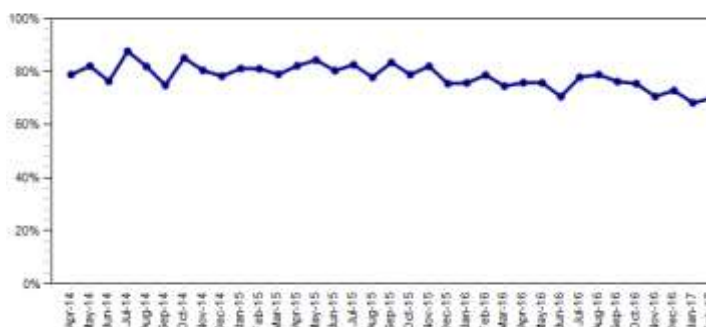
Data including negative score if < 20 HH audits
 or <10 bundle compliance

Hand hygiene audit compliance –
 of all observations actually performed

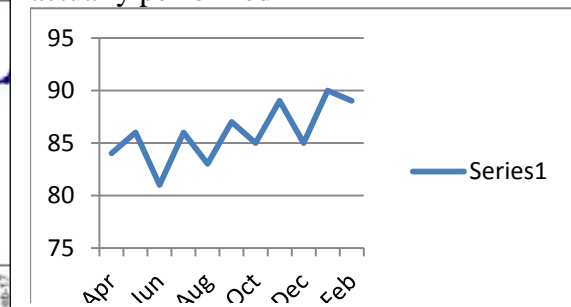
Hand hygiene audit results (min 20 audits): _All Wards



CVL bundle compliance (10 minimum): _All Wards



CVL care bundle compliance for audits actually performed



Observed compliance is good, but staff are still finding it difficult to undertake routine audit.

7. Estate and facilities – issues since last report:

a. Water Safety Management

- Heater cooler units for cardiac bypass - mycobacterium infection risk remains; machine upgrade may soon be possible. We are complying with the national risk notification.

b. Ventilation systems – Verification schedule has improved compliance (but still risk of conflict between annual verification and availability of clinical spaces.) This year it is planned to use PICB beds to may give more flexibility.

c. Cleaning SLAs - see IPC committee report.

8. IPC Training - At	At 20/3/17	Nov 23 rd 2016	March 11 th 2016
Trust compliance with level 1 training	96	96%	86%
Trust compliance with level 2 training	79	76%	58%

Actions: Compliance has increased but not reached target yet. Divisions need to monitor and continue to improved compliance.

9. Surgical site infection prevention

1. Spinal implant – We participate in a National SSIS scheme for spinal implant and were notified (by PHE) -as showing we are an outlier. On further analysis the statistical significance was lost when rate adjusted for case mix, however infections do occur related to spinal implants and we continue to focus on reducing this.
2. Surveillance in cardiac surgery has paused due to staffing issues. The Division is undertaking a retrospective review of infections as concern was raised regarding a possible increase in rate. This will investigate the rate and compliance with prevention bundle since June 2016.

9. Infection Prevention and Control Committee – Main areas of discussion in last meetings

1. Discussions on hand hygiene audit tools and 'bare-below-the-elbows' policy. A new hand hygiene audit tool was introduced trust wide on 1 March and we will review after 3 months.
2. Service level agreements and work plans for cleaning for individual areas – the committee is not yet satisfied with progress and has asked Facilities to ensure every area has actual sign off of the individual area SLAs and work plans by Ward Sister. This will be in situ by 31.03.2017 and the Interim Director of Estates and Facilities is ensuring assurance of this by audit activity in early April .
3. Review of national carbapenemase producing enterobacteriaceae (CPE) control Tool kit – to see how we can implement additional isolation of all admissions who have been in hospital in outside of UK until screened negative.
4. Update on VRE epidemiology and concern regarding low level transmission and higher colonisation rate.
5. Incomplete implementation of risk assessment and implementation of standard and contact precautions for all children. Divisional representatives were asked to disseminate this in their areas.

J C Hartley, Consultant Microbiologist and DIPC

22/03/2017

<p align="center">Trust Board 29th March 2017</p>	
<p>Safe Nurse Staffing Report for January and February 2017</p> <p>Submitted by: Juliette Greenwood, Chief Nurse</p>	<p>Paper No: Attachment M</p>
<p>Aims / summary</p> <p>This revised report format provides the Trust Board with the required assurance that GOSH has the agreed safe nurse staffing levels across all in- patient ward areas and appropriate systems in place to manage the demand for nursing staff. To meet the requirements for increasing transparency and triangulation the report also includes appropriate nurse sensitive quality indicators and brief details of ward safe staffing reports. The detail underpinning nurse sensitive quality indicators is addressed within the revised Integrated Quality Report.</p> <p>The paper includes a brief summary of nursing vacancies, nurse turnover and patient acuity data with the more detailed analysis and assurance reporting to be routinely provided both to the Quality and Safety Assurance Committee (QSAC) and to future subsequent Trust Board meetings.</p> <p>The attached information provides the assurance that there were no unsafe nurse shifts in January or February 2017; that the Trust percentage fill rate was slightly improved in February to January with both months being clearly within the Trust's tolerance ranges.</p>	
<p>Action required from the meeting</p> <p>The Board is asked to note:</p> <ul style="list-style-type: none"> • The information on safe staffing and the impact on quality of care • The revised format and content of the report that has been realigned to focus on to specific information requirements and expectations required of all Trust Boards with the provision of a concise overview of ward nurse staffing information that fully meets the national and local requirements to provide the Trust Board with the assurance of the provision of safe staffing requirements. 	
<p>Contribution to the delivery of NHS Foundation Trust strategies and plans</p> <p>Safe levels of nurse staffing are essential to the delivery of safe patient care and experience.</p> <p>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 further updated 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</p>	

Attachment M

within the available staffing resource.

The Trust awaits the forthcoming imminent publication of 'Safe, Sustainable and Productive Staffing: An improvement resource for Children and Young People's in-patient wards in acute hospitals' that it is anticipated will enable improved understanding and consistency of the staffing requirements across these clinical environments.

Financial implications

Already incorporated within 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

- Capacity: 3 to 4 beds closed in IPP for refurbishment. ICU capacity increased due to increase in patient demand over the winter months
- Staffing: Sickness levels increased slightly in January but were significantly reduced in February.
- Temporary Staffing: Nursing bank usage during January and February was slightly up on the usage in December but significantly less than the usage this time last year.

There were no unsafe shifts reported in January and February 2017.

Month	UNIFY Actuals vs plan	CHPPD Trust average (excl. ITUs)	PANDA Acuity (weighted for cubicle and complexity)				Sickness (RN)	Turnover FTE (RN)	Vacancies (RN)	Vacancies unregistered
			WIC	HD	Normal under 2	Normal over 2				
November	95.7%	11.8	28.0%	15.3%	17.7%	39.1%	3.4%	17.2%	91.6	85.6
December	92.0%	11.4	35.4%	20.9%	15.6%	28.1%	3.5%	17.9%	87.5	79.0
January	93.4%	12.4	38.1%	19.6%	14.3%	27.9%	3.8%	17.2%	109.1	74.5
February	94.4%	11.8	36.2%	18.5%	14.6%	30.8%	2.8%	16.9%	99.1	50.8

January 2017

	Nursing Staffing Actual vs Planned					Care Hours per Patient Day			Key Indicators								
Ward	Registered Day	Registered Night	Care Staff Day	Care Staff Night	Total	Comments	Registered	Care Staff	Total	Pressure Ulcer, grade 2	Cardiac Arrest	Respiratory Arrest	PALS	Complaints	Datix	Unsafe shift	
Charles West Division																	
Badger	97.7%	91.1%	104.4%	86.5%	94.7%		10.4	1.7	12.1	0	2	2	0	0	1	0	
Bear	122.6%	112.9%	92.9%	69.8%	112.9%	Bear are slightly over established on Band 5 and significantly under on Band 3 -4 which affects the fill rates; we've also been running with additional HDU patients in cubicles, requiring a higher number of trained staff.	10.0	1.2	11.2	1	4	0	0	0	0	0	
Flamingo	110.3%	94.1%	32.3%	47.0%	99.9%	CICU has a number of HCA vacancies which are being recruited to.	23.6	0.4	23.9	6	0	0	0	0	0	0	
Miffy	116.5%	68.8%	80.9%	82.2%	86.4%	Miffy had high levels of HCA sickness which had to be covered by RNs as no suitably skilled HCAs available on Bank	7.8	8.6	16.4	1	0	0	0	0	0	0	
NICU	107.0%	94.8%	0.0%	-	95.6%	unit safely staffed.	29.7	0.0	29.7	0	0	0	0	0	0	0	
PICU	110.3%	95.5%	47.1%	16.2%	99.0%	Unit safely staffed.	28.7	0.5	29.3	0	0	0	0	0	0	0	
Elephant	102.0%	89.3%	90.6%	62.2%	92.5%	less dependent patients, Band 3 vacancies	8.7	1.6	10.3	0	0	0	0	0	0	0	
Fox	74.9%	68.2%	65.0%	58.4%	70.2%	due to high levels of vacancies, scheduling of BMT patients modified; therefore dependency of patients is not at established utilisation	11.2	1.7	12.9	0	0	0	0	0	0	0	
Giraffe	96.8%	70.1%	77.5%	58.6%	79.6%	Ward safely staffed as there have been less dependent patients, under-established HCA workforce	9.0	2.4	11.5	0	0	0	0	0	0	0	
Lion	85.1%	74.5%	94.2%	88.0%	82.3%	Ward safely staffed as activity has been less with more short stays and day cases	8.5	2.2	10.7	0	0	0	0	0	1	0	
Penguin	120.7%	59.8%	157.7%	28.5%	94.3%	Staffing data includes Ambulatory care which accounts for the high staffing numbers. Work is underway to try and separate ambulatory unit numbers from the ward staffing.	12.1	5.0	17.1	0	0	0	0	0	0	0	
Robin	82.6%	85.2%	85.2%	80.9%	79.1%	The ward has a number of RN vacancies but the ward has been safely staffed as planned admissions have been modified to improve distribution of patient dependency and activity.	10.6	2.1	12.7	0	0	0	0	0	0	0	
International Private Patients Division																	
Bumblebee	82.3%	83.1%	181.4%	88.1%	89.5%	Qualified staffing deficit and associated risks were mitigated by using additional bank HCA's and careful allocation. 1 bed closed due to outstanding estates and facilities issues which allowed for safe staffing levels.	8.7	2.9	11.5	0	0	0	0	0	0	0	
Butterfly	95.0%	80.1%	224.5%	112.6%	98.6%	Nursing staff numbers at night were reduced and qualified staff moved to day shifts to match daycase activity. Between 3 and 4 beds were closed for redecoration purposes during this period, which also allowed for safe staffing levels.	9.9	2.9	12.3	0	0	0	0	0	0	0	
Hedgehog	83.0%	79.5%	99.4%	90.3%	84.5%	Staff were moved across the Division to ensure the ward was safely staffed	11.3	3.8	15.1	0	0	0	0	0	0	0	
JM Barrie Division																	
Eagle	85.7%	93.5%	94.5%	92.0%	89.8%	Qualified nurse below 10% tolerance due to short term sickness and maternity leave but ward was safely staffed during the day by using non ward based staff to cover.	9.4	2.9	12.3	0	0	0	0	0	0	0	
Kingfisher	62.8%	125.3%	62.9%	-	71.9%	Kingfisher below 10% tolerance due to 6 new starters being supernumery and 2 members of staff being on long term sickness on days but ward safely staffed by using non ward based staff to cover during the day.	10.0	5.1	17.1	0	0	0	0	0	0	0	
Rainforest Gastro	122.2%	97.1%	54.8%	21.3%	77.8%	The qualified is up on days due to patients requiring 1:1 monitoring.	10.6	4.5	15.1	0	0	0	0	0	0	0	
Rainforest Endo/Met	118.1%	72.0%	43.5%	82.3%	82.2%	Increase in RN during the day to cover an increase in patient dependency.	9.9	2.9	12.7	0	0	0	0	0	0	0	
Mildred Creak	109.5%	91.2%	90.4%	76.6%	96.1%	MCU is under on non qualified on nights, but they have been swapping non qualified on nights for qualified due to patient dependency.	9.9	2.9	12.8	0	0	0	0	0	0	0	
Koala	110.2%	88.6%	176.8%	54.8%	101.1%	Care staff were high on days and low on nights as they are used often to cover day shifts on cupcake telemetry.	10.2	1.3	11.4	0	0	0	0	0	0	0	
Peter Pan	99.6%	87.9%	112.2%	-	97.0%		12.5	3.0	15.4	0	0	0	0	0	0	0	
Sky	97.4%	85.2%	155.0%	-	101.2%	High percentage for care staff on a day shift was due to an HCA being used to cover vacancy within the spinal team. The ward was safely staffed.	9.2	2.8	12.0	0	0	0	0	0	0	0	
Squirrel	99.7%	94.0%	101.1%	-	102.1%	N/A	9.7	1.8	11.4	0	0	0	0	0	0	0	



	Nursing Staffing Actual vs Planned						Care Hours per Patient Day			Key Indicators							
Ward	Registered Day	Registered Night	Care Staff Day	Care Staff Night	Total	Comments	Registered	Care Staff	Total	Pressure Ulcer, grade 2	Cardiac Arrest	Respiratory Arrest	PALS	Complaints	Datix	Unsafe shift	
Charles West Division																	
Badger	104.5%	93.4%	108.9%	85.6%	99.0%		10.9	1.7	12.5	0	0	1	0	0	0	0	
Bear	111.8%	107.9%	120.7%	67.1%	108.6%		10.2	1.6	11.8	0	0	0	0	0	0	0	
Flamingo	116.2%	98.7%	57.1%	11.7%	105.0%	The unit has now opened extra beds requiring additional staff.	25.4	0.4	25.8	1	0	0	0	0	0	0	
Miffy	97.4%	78.4%	88.1%	84.6%	87.2%	Miffy have got a Band 6 vacancy and had some sickness amongst Band 5's and 6's, shifts are backfilled with Band 3's where possible.	7.0	8.7	15.7	0	0	0	0	0	0	0	
NICU	118.9%	98.1%	0.0%	-	102.8%	Acuity of patients and patients nursed in isolation necessitated an increase in staffing.	29.8	0.0	29.8	1	0	0	0	0	0	0	
PICU	108.7%	92.3%	35.8%	3.6%	96.0%	The unit has a number of HCA vacancies which are being actively recruited to.	28.2	0.3	28.5	4	0	0	0	0	0	0	
Elephant	103.4%	89.9%	90.5%	100.5%	96.9%		9.1	2.0	11.1	0	0	1	0	0	0	0	
Fox	79.7%	70.0%	81.1%	103.0%	77.5%	Due to high levels of vacancies there was a reduction in scheduling of BMT patients to ensure safety.	11.1	2.3	13.4	0	0	0	0	0	0	0	
Giraffe	97.6%	72.1%	74.4%	44.9%	78.5%	The ward has a number of HCA vacancies. Staff moved from other wards on some night shifts to ensure the ward was safely staffed.	9.4	2.2	11.6	0	0	0	0	0	1	0	
Lion	80.8%	79.2%	112.5%	84.4%	83.5%	The ward has long term staff sickness and some vacancies. Staff moved from other wards to ensure the ward was safely staffed.	8.2	2.3	10.5	0	0	0	0	0	0	0	
Penguin	128.7%	87.2%	121.4%	23.9%	99.6%	Staffing data includes Ambulatory care which accounts for the high staffing numbers. Work is underway to try and separate ambulatory unit numbers from the ward staffing.	10.7	3.0	13.6	0	0	0	0	0	0	0	
Robin	90.7%	85.9%	100.5%	59.9%	87.2%	Staff moved to ensure ward was safely staffed.	11.7	2.0	13.6	0	0	0	0	0	0	0	
International Private Patients Division																	
Bumblebee	87.0%	91.5%	219.0%	84.3%	96.6%	Qualified staffing deficit and associated risks were mitigated by additional bank HCA's, careful allocation.	7.9	2.6	10.5	0	0	0	0	0	0	0	
Butterfly	104.2%	88.8%	231.0%	165.5%	110.1%	Qualified staffing deficit and associated risks were mitigated by additional bank HCA's, careful allocation.	10.2	3.0	13.2	0	0	0	0	0	0	0	
Hedgehog	80.0%	79.1%	84.5%	69.0%	79.0%	Some reduction in patient numbers especially at nights, due to some day cases, has allowed for staff to move across the division to ensure safe staffing levels on the ward. No bed closed.	10.4	2.9	13.2	0	0	0	0	0	0	0	
JM Barrie Division																	
Eagle	85.8%	92.9%	68.8%	76.5%	84.7%	Qualified staff slightly under the accepted variance due to short term sickness and unqualified staff under the variance due to maternity leave and sickness.	8.4	1.9	10.3	0	0	0	0	0	0	0	
Kingfisher	58.9%	126.8%	61.5%	-	70.3%	Days below the average variance rate due to 2 members of staff being on long term sickness. Non ward based staff used to cover as required to ensure no shift was unsafe	8.5	3.9	12.4	0	0	0	0	0	0	0	
Rainforest Gastro	125.7%	96.8%	50.5%	43.7%	83.0%	Rainforest Gastro has a HCA vacancy, the qualified work percentage is high as there was a patient requiring 1:1 care.	8.6	3.0	11.6	0	0	0	0	0	0	0	
Rainforest Endo/Met	123.0%	75.6%	37.8%	75.1%	83.0%	Unit was safely staffed	10.7	2.7	13.4	0	0	0	0	0	1	0	
Mildred Creak	100.9%	80.4%	90.2%	82.1%	91.4%	MCU had 3 nursing vacancies so were using bank on nights to concentrate their regular staff onto days so that therapeutic work could continue..	6.1	3.7	9.7	0	0	0	0	0	0	0	
Koala	103.0%	92.4%	157.8%	24.6%	97.1%	Koala's non registered staff work mainly on the day shifts to cover the telemetry unit.	10.9	1.1	12.0	1	0	2	0	0	0	0	
Peter Pan	90.6%	87.1%	83.6%	-	88.1%	Peter Pan has some RN vacancies but ward safely staffed.	9.0	1.7	10.7	0	0	0	0	0	0	0	
Sky	91.4%	86.8%	105.9%	-	91.6%	Sky has some RN vacancies but ward was safely staffed	8.6	1.8	10.4	0	0	0	0	0	0	0	
Squirrel	93.1%	91.8%	103.1%	-	99.4%		9.2	1.9	11.1	0	0	0	0	0	0	0	



Trust Board 29th March 2017	
2016 Annual Staff Survey Results Submitted by: Ali Mohammed, Director of HR&OD	Paper No: Attachment N
Aims / summary To provide the Trust Board with a high level summary of results and key areas of action.	
Action required from the meeting To note the results and proposed actions	
Contribution to the delivery of NHS Foundation Trust strategies and plans The results provide evidence of areas of strength and for development in staff experience, allowing improvement plans to be developed in a range of areas. CQC and commissioners review our results and action plans.	
Financial implications No direct financial implications	
Who needs to be told about any decision? The results and actions are being communicated to staff.	
Who is responsible for implementing the proposals / project and anticipated timescales? Executive Management Team	
Who is accountable for the implementation of the proposal / project? Ali Mohammed, Director of HR&OD	

Summary of the 2016 Staff Survey Results

Background

NHS England have now published the results of the 2016 Annual Staff Survey. A full copy of the report is available here

http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2016_RP4_full.pdf

Our response rate was 60% - a 7% increase on last year and second highest in our comparator group of 16 other acute specialist trusts.

A summary of all key findings is appended.

The staff survey is an important barometer. It allows us to monitor the extent to which we offer an excellent employment experience, which is vital to our ability to attract and retain staff, as well as whether the components of our organisational strategy, such as high quality leadership and delivering safe care, are genuinely embedded. We do not include a question on Our Always Values in our annual survey (it is monitored in 3 out of 4 quarters by the Staff Friends and Family Test) but there is a clear read-across between living our Values in practice and the day-to-day experience of staff as reported in the Survey.

Headline issues

Key positive areas

The measure relating to feeling unwell due to work related stress in last 12 months showed a statistically significant improvement since 2015 – 31% reporting this in 2016 compared to 37% in 2015. The Trust also compared favourably against the national average for acute specialist trusts (33%). Given that health and well-being was the principal focus of our 2015 action plan it was pleasing to note that this indicator had improved substantially.

Our other top ranking scores where we compare most favourably to other acute specialist trusts are:

- Quality of appraisals - 3.35 out of 5 (national average for specialist trusts = 3.21)
- Staff able to contribute to improvements at work – 76% (73% national average)
- Quality of non-mandatory training, learning or development – 4.11 out of 5 (4.07 national average)
- Satisfaction with level of responsibility and involvement – 3.98 out of 5 (3.97 national average)

There were also improvements (although not statistically significant) against the three questions contributing towards the overall measure of recommending the organisation as a place to work or receive treatment.

Top five key concerns

The five scores in which GOSH compares least favourably to other acute specialist trusts are:

- Staff witnessing potential harmful errors, near misses or incidents in last month – 35% (28% national average). There is no statistically significant change from our 2015 score (39%). The highest percentage of respondents reporting this was registered nurses.

- Staff working extra hours – 76% (74% national average); of which 69% report these were unpaid.
- Staff feeling pressure to attend work when unwell in last three months – 66% (57% national average). Of these 23% reported pressure from their manager, compared to 25% nationally. 93% of those reporting pressure said that the pressure to attend work came from themselves.
- % of staff reporting most recent experience of violence – 61% (67% national average), down from 71% in 2015. Incidents of violence are– 7% from patients / relatives / public (national average is 7%); 2% from staff (national average is 2%) .
- % of staff believing that the organisation provides equal opportunities for career progression or promotion – 85% (86% national average). A deep-dive shows that this is reported more by BME staff (79% agreement) than white (87% agreement).

WHAT NEXT

- HR Business Partners will support divisional and directorate teams on analysing their local results and developing action plans, recognising the direct connection between areas of feedback (for example on teamworking) and embedding Our Always Values.
- We will review detailed results from AUKUH hospitals (due in April) and identify any further areas for attention.
- Communications plan to the Trust in conjunction with internal communications and divisional/corporate leaders, including a focus on the results in an Executive open briefing session.
- Holding a staff engagement / listening event in May 2017 to enable staff from across the Trust to contribute to developing actions to address the main survey findings. This session will also take account of the work on the refreshed organisational strategy
- Continuing to work towards achieving our staffing related Equality Objectives.
- Reminding staff of how they can report violence, and working with teams in areas with higher than average instances of violence to ensure these are understood and appropriate actions are taken with regard to training, management and reporting.

3.3. Summary of all Key Findings for Great Ormond Street Hospital for Children NHS Foundation Trust

KEY

✓ Green = Positive finding, e.g. better than average, better than 2015.

! Red = Negative finding, e.g. worse than average, worse than 2015.

'Change since 2015 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2015 survey.

-- No comparison to the 2015 data is possible.

* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2015 survey	Ranking, compared with all acute specialist trusts in 2016
Appraisals & support for development		
KF11. % appraised in last 12 mths	• No change	• Average
KF12. Quality of appraisals	• No change	✓ Above (better than) average
KF13. Quality of non-mandatory training, learning or development	• No change	✓ Above (better than) average
Equality & diversity		
* <i>KF20. % experiencing discrimination at work in last 12 mths</i>	• No change	• Average
KF21. % believing the organisation provides equal opportunities for career progression / promotion	• No change	! Below (worse than) average
Errors & incidents		
* <i>KF28. % witnessing potentially harmful errors, near misses or incidents in last mth</i>	• No change	! Above (worse than) average
KF29. % reporting errors, near misses or incidents witnessed in last mth	• No change	• Average
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	• No change	• Average
KF31. Staff confidence and security in reporting unsafe clinical practice	• No change	• Average
Health and wellbeing		
* <i>KF17. % feeling unwell due to work related stress in last 12 mths</i>	✓ Decrease (better than 15)	✓ Below (better than) average
* <i>KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure</i>	• No change	! Above (worse than) average
KF19. Org and mgmt interest in and action on health and wellbeing	• No change	• Average
Working patterns		
KF15. % satisfied with the opportunities for flexible working patterns	• No change	! Below (worse than) average
* <i>KF16. % working extra hours</i>	• No change	! Above (worse than) average

3.3. Summary of all Key Findings for Great Ormond Street Hospital for Children NHS Foundation Trust (cont)

	Change since 2015 survey	Ranking, compared with all acute specialist trusts in 2016
Job satisfaction		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	• No change	• Average
KF4. Staff motivation at work	• No change	✓ Above (better than) average
KF7. % able to contribute towards improvements at work	• No change	✓ Above (better than) average
KF8. Staff satisfaction with level of responsibility and involvement	• No change	✓ Above (better than) average
KF9. Effective team working	• No change	• Average
KF14. Staff satisfaction with resourcing and support	• No change	• Average
Managers		
KF5. Recognition and value of staff by managers and the organisation	• No change	• Average
KF6. % reporting good communication between senior management and staff	• No change	• Average
KF10. Support from immediate managers	• No change	• Average
Patient care & experience		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	• No change	• Average
KF3. % agreeing that their role makes a difference to patients / service users	• No change	✓ Above (better than) average
KF32. Effective use of patient / service user feedback	• No change	• Average
Violence, harassment & bullying		
* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	• No change	• Average
* KF23. % experiencing physical violence from staff in last 12 mths	• No change	! Above (worse than) average
KF24. % reporting most recent experience of violence	• No change	! Below (worse than) average
* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	• No change	• Average
* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	• No change	! Above (worse than) average
KF27. % reporting most recent experience of harassment, bullying or abuse	• No change	• Average

Trust Board 29 th March 2017	
Deputy Chairman and Senior Independent Director roles from 1st May 2017 Submitted by: Anna Ferrant, Company Secretary	Paper No: Attachment P
<p>Aims / summary Following the departure of Tessa Blackstone, Chairman on 30th April 2017, Mary MacLeod (currently Deputy Chairman and Senior Independent Director (SID)) will be appointed Interim Chairman whilst the substantive post is being appointed to. The Trust Board and Members' Council therefore need to identify and approve appointments to the role of Deputy Chairman and SID from 1 May 2017. Stephen Smith, NED will take on the role of Chairman of QSAC from 1 May 2017.</p> <p><u>Deputy Chairman</u> Paragraph 24 of the Constitution states that the Members' Council shall appoint one of the Non-Executive Directors as the Deputy Chairman. The Standing Orders for the Trust Board (Annex 9 of the Constitution) and the Members' Council (Annex 8) state that the Deputy Chairman will chair the Board and the Members' Council meeting and members' meetings (Annex 10) should the Chairman be absent or, disqualified from participating due to a conflict of interest. The Deputy Chairman is also a member of the Members' Council Nominations and Remuneration Committee.</p> <p>It is proposed that Akhter Mateen is recommended for appointment as Deputy Chairman of the Trust Board and Members' Council. Akhter is currently Chairman of the Audit Committee and also a member of the Finance and Investment Committee. Akhter worked as Group Chief Auditor of Unilever until 2012 and has a wealth of experience in strategy development, business transformation and a sound knowledge of corporate governance. During his career he has worked in global and regional roles at Unilever and has led the regional Unilever finance teams in Latin America, South East Asia and Australasia.</p> <p>It is proposed that Akhter will retain the role of Deputy Chairman until the end of his current tenure in March 2018.</p> <p><u>Senior Independent Director</u> The NHS Code of Governance published by Monitor states that the Board of a Foundation Trust should appoint one of the Non-Executive Directors to be a Senior Independent Director (SID) in consultation with the Councillors.</p> <p>The role of the SID is to provide a sounding board for the chairman and to serve as an intermediary for the other directors when necessary. The senior independent director should be available to councillors if they have concerns that contact through the normal channels of Chairman, Chief Executive, Chief Finance Officer or Company Secretary has failed to resolve, or for which such contact is inappropriate. The SID also leads the performance evaluation of the chairman in consultation with councillors. As part of this, the SID holds an annual meeting with the NEDs without the chairman present at least annually, to appraise the Chairman's performance. The SID also undertakes the role of Designated Officer</p>	

under the 'Raising Concerns in the Workplace Policy'.

The Standing Orders for the Trust Board (annex 9 of the Constitution) state that the Trust Board shall appoint one of the independent Non-Executive Directors to be the SID in consultation with the Members' Council.

It is proposed that James Hatchley is appointed as the Senior Independent Director. James has over 25 years of executive-level experience working in the financial services industry, most recently as European Chief Operating Officer of Kohlberg Kravis and Roberts, a US-listed global investment firm. Mr Hatchley brings a wealth of expertise in corporate governance best practice, budgeting, capital projects, strategic planning and decision making, and complex financial analysis. He also brings a parent's perspective to the Board, having had a child treated at GOSH. Prior to his appointment (since May 2015), James acted as the independent member of the GOSH Audit Committee and the Quality and Safety Assurance Committee and demonstrated a clear commitment to the values of the Trust throughout his tenure.

James sits on the Audit Committee and Finance and Investment Committee.

It is proposed that James will retain the role of Senior Independent Director until the end of his current tenure in August 2019.

The role descriptions for Deputy Chairman and Senior Independent Director are attached as at appendix 1. These are consistent with the requirements of the Code of Governance and good practice in other Foundation Trusts.

Both Akhter Mateen and James Hatchley have accepted the proposal of appointment to these roles. Both Akhter and James meet the independence criteria outlined in Appendix 1.

Action required from the meeting

To recommend to the Members' Council that Akhter Mateen is appointed as Deputy Chairman of the Trust Board and Members' Council.

To approve James Hatchley as Senior Independent Director on the GOSH Trust Board and consult the Members' Council on this appointment.

Contribution to the delivery of NHS Foundation Trust strategies and plans

Compliance with the Code of Governance and the Trust Constitution

Financial implications

None (additional payments for these roles remain unchanged for 2017/18)

Who needs to be told about any decision?

The Members' Council, staff and information updated on the GOSH website.

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

Company Secretary

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

Chairman

Appendix 1

ROLE OF THE DEPUTY CHAIRMAN

The Members' Council will appoint one of the Non-Executive Directors as the Deputy Chairman. The role of the Deputy Chairman is to:

- Preside at any meeting of the Trust Board, Members' Council and members' meetings should the Chairman be absent from the meeting (including as a result of any conflict of interest).
- Attend the Members' Council Nominations and Remuneration Committee and chair the meeting should the Chairman be absent or conflicted.
- Provide support and advice to the Chairman as required

ROLE OF THE SENIOR INDEPENDENT DIRECTOR (SID)

The Trust Board will appoint one of the Non-Executive Directors as the Senior Independent Director (SID). In addition to their existing responsibilities as a Non-Executive Director, the SID will:

1. Be available to Directors and Councillors if they have concerns about the performance of the Board or the welfare of the Trust, which contact through the normal channels of Chairman, Chief Executive or Chief Finance Officer has failed to resolve or for which such contact is inappropriate;
2. Maintain a sufficient dialogue with Councillors (including attending meetings as appropriate) in order to develop a balanced understanding of the issues and concerns of Councillors and provide support and guidance as required.
3. Ensure that the issues and concerns raised are communicated to the other non-executive directors and, where appropriate, the Board as a whole;
4. Help resolve any disagreements that may arise between the Members' Council and Board of Directors, in accordance with any procedures agreed by the Trust;
5. Facilitate the appraisal of the Chairman within a framework agreed by the Council, including at least annually hold a meeting with the other independent Non-Executive Directors to evaluate the performance of the Chairman as well as seeking the views of councillors.
6. Undertake the role of Designated Officer under the 'Raising Concerns in the Workplace Policy' and receive whistle-blowing concerns in writing (under stage 3 of the raising concerns process);
7. Provide support and advice to the Chairman as required.

The Trust Board will consult the Members' Council when appointing the Senior Independent Director.

The Board should state its reasons for determining a director is 'independent', if the director:

Attachment P

- Has been an employee of the NHS Foundation Trust within the last five years;
- Has, or has had within the last three years, a material business relationship with the NHS Foundation Trust either directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the NHS Foundation Trust;
- Has received or receives additional remuneration from the NHS Foundation Trust apart from a director's fee, participates in the NHS Foundation Trust's performance-related pay scheme, or is a member of the NHS Foundation Trust's pension scheme;
- Has close family ties with any of the NHS Foundation Trust's advisers, directors or senior employees;
- Holds cross-directorships or has significant links with other directors through involvement in other companies or bodies; or
- Has served on the Board for more than six years from the date of their first election.
- is an appointed representative of the NHS foundation trust's university medical or dental school.

Trust Board 29 th March 2017	
Revised Trust Board Workplan 2017/18	Paper No: Attachment Q
Submitted by: Anna Ferrant, Company Secretary	
<p>Aims / summary</p> <p>The Trust Board workplan has been refreshed (see Appendix 1) in light of the request from the Board to review the quality and format of Board papers and reduce duplication between the Board and the assurance committees. The review has also provided the opportunity to implement four of the recommendations from the recent Well Led Governance Review:</p> <ul style="list-style-type: none"> • Recommendation 6: Increase the frequency with which the Board actively reviews the Board Assurance Framework (BAF) to a quarterly basis; • Recommendation 18: Introduce regular Patient Stories, focused on aspects of quality and lessons learnt at Board meetings as well as the QSAC. • Recommendation 19: Introduce a rolling programme of divisional team presentations to QSAC that focuses on quality related issues, risks, and actions being taken. • Recommendation 24: Introduce assurance based Committee report cards to more effectively communicate key risks and ensure identification of material concerns to the Board. <p>Following consultation with the executive team and Chairman and Deputy Chairman, the following changes have been made:</p> <ul style="list-style-type: none"> • The patient experience report to the Board will be incorporated into the newly named Integrated Quality Report. This includes the infection control report. • The BAF continues to reports 3 times a year (not 4 as stated above) but will be presented during strategy days to review against progress with the strategy mid-year (October in readiness for the finalising the annual plan); at the end of the year to provide time to consider new risks for the forthcoming year (February); as well as at year-end (May); • The summary reports from the assurance committees are under review, with a revised format providing information about the level of assurance presented at the committees. A verbal update from the assurance committee chairmen will be provided at the meeting. • The Assurance and Escalation Framework report covers a bi-annual update on risk management, compliance, CQC etc. thereby avoiding separate reports; • Divisions will report to the Board twice a year using the strategy as the framework –templates are to be provided by the strategy team; • Progress with the strategy will be reported twice a year at strategy away days. Deep dives will be presented on each of the 4 objectives - this is an opportunity to demonstrate how the work to deliver each objective is integrated and informed by the other 3 objectives and the enabling strategies; • Patient stories will be reported 3 times a year – a mix of patients attending the meetings/ videos; 	

<ul style="list-style-type: none"> • In a move away from unnecessary confidential board reporting, the legal report will no longer be brought to Board, but to the QSAC (including claims). • Reporting at confidential board will be as required. <p>This workplan is 'work in progress'. As the year progresses, some reports will be integrated further and clearly aligned with the new strategy.</p>
<p>Action required from the meeting</p> <p>The Board is asked to consider, comment and if in agreement, approve the workplan and associated responses to the WLGR recommendations.</p>
<p>Contribution to the delivery of NHS Foundation Trust strategies and plans</p> <p>The workplan provides a framework for presenting the appropriate information and assurance to the Board on delivery of its strategies, plans and key risks.</p>
<p>Financial implications</p> <p>None</p>
<p>Who needs to be told about any decision?</p> <p>Report authors</p>
<p>Who is responsible for implementing the proposals / project and anticipated timescales?</p> <p>Company Secretary</p>
<p>Who is accountable for the implementation of the proposal / project?</p> <p>Chairman</p>

DRAFT Trust Board Work-plan 2017/18

Topic/ Month	Responsible director	January	February	March	April	May	June	July	September	October	November
Strategy and Planning											
Strategy progress update (deep dive reports are integrated reporting on the 4 objectives, led by the relevant executive director)	DCEO and responsible executives	Deep dive: Research Hospital	Full strategy & progress with objectives (including redevelopment)		Deep dive: People			Deep dive: Quality		Full strategy & progress with objectives	Deep dive: Digital
Two year Operational / Financial Plan	DCEO/ CFO				Progress Update						Draft final 2 year plan including capital prog
Performance and Quality											
Integrated Performance Report	DCEO/ CFO/ Dir HR & OD	X		X	X	X	X	X	X		X
Integrated Quality Report (including patient experience; legal report; & infection control regular reports)	MD/ CN	X		X	X	X + annual IC Report	X	X	X		X
Safe Staffing Report	CN	X		X	X	X	X	X	X		X
Fit for the Future (to consider how this	DCEO			X			X			X	

Attachment Q

Topic/ Month	Responsible director	January	February	March	April	May	June	July	September	October	November
will be integrated with other reports in the future)											
Risk											
Board Assurance Framework	Co Sec		X			X		Risk Meeting		X	
Assurance											
Patient/ Carer Story (in person or by video)	CN			X		X					X
Divisional Team Presentation (based on progress with implementation of the strategy)	DCEO/ Divisions	Charles West		James Barrie			Charles West		IPP	James Barrie	
Inpatient/Outpatient/ Staff Annual Surveys	CN/ Dir HR & OD			Staff				Patient/ carer			
Annual Reports	Various	Equality & Diversity (Dir HR & OD)		Emerg Planning	Draft AGS (Co Sec/ CFO)	<ul style="list-style-type: none"> • Annual Report & Accounts/Quality Report/ Auditor Letters/ AGS (Co Sec/ CFO) • Health & Safety (Dir HR & OD) • Safeguarding (CN) 		Respons Officer (MD)			

Attachment Q

Topic/ Month	Responsible director	January	February	March	April	May	June	July	September	October	November
Assurance and Escalation Framework (including compliance with the WLGR Framework as required)	Co Sec	X				X NHSI Licence compliance		X including Well Led			
Governance											
Board ToR/ workplan/ Matters reserved - Board and Council/SFIs	Co Sec				SFIs	Matters reserved (2018 and 2020)	Board ToR/ Workplan				
Review of compliance with Code of Gov/ Code of Conduct	Co Sec					Code of Governance		Code of Conduct			
Board subcommittee reporting (AC/ QSAC/ F&I/ Nom Comm/ Rem Comm) QSAC - clinical audit annually	Co Sec	X				X		X			X
Members' Council Update	Co Sec	X		X		X		X			X
Register of Interests & Gifts & Hospitality & Register of seals	Co Sec	X	X	Gifts and Interests	X	X	X	X	X	X	X

Trust Board 29 th March 2017	
Register of Interests (Directors and Staff) and Register of Gifts and Hospitality Submitted by: Anna Ferrant, Company Secretary	Paper No: Attachment R
Aims / summary <u>Declarations of Interest</u> <p>Great Ormond Street Hospital's Declaration of Interest Policy requires that all members of staff (including temporary and agency staff) and directors of the Board declare any potential or actual conflict on joining the organisation or when the potential for conflict arises.</p> <p>Paragraph 31 of the Board of Director's Standing Orders outlines the requirements for directors to disclose any pecuniary, personal or family interest, whether that interest is direct or indirect, in any proposed contract or other matter that is under consideration or is to be considered by the Board</p> <p>A conflict of interest occurs when the private or personal interests of a member of staff/ member of the Board could affect their role at the Trust in terms of bringing some possible advantage to them or close relatives.</p> <p>Any declared interests are reconfirmed annually until such time as either the member of staff/ member of the Board leaves GOSH or the potential for a conflict of interest no longer exists.</p> <p>The Company Secretary is required to draw up a register of interests declared by members of staff and members of the Board and to report on this annually in the public part of a Trust Board meeting. The returns are maintained in a register which is open for inspection. The registers for Trust Board members (Appendix 1) and staff (Appendix 2) are attached with this report.</p> <p>The Trust policy will be updated in line with a revised model policy to be developed by NHS England (expected end March 2017) following a consultation on the reporting and management of potential and actual conflicts of interest in the NHS. A copy of the response to the consultation results is attached (Appendix 3). As outlined at the December 2016 Trust Board, following the refresh of the policy, the Trust will implement a new system to collate declarations of interest and gifts and hospitality from all staff.</p> <u>Gifts and Hospitality</u> <p>The Trust is directly responsible for ensuring that staff and board members are impartial and honest in the conduct of their official business, and that they do not abuse their official positions for personal gain or to the benefit of their family and friends.</p>	

The Trust complies with the requirement in the Constitution that board members and members of staff are required to declare hospitality and sponsorship offered by and accepted from contractors, suppliers and others.

The Company Secretary holds and maintains the Trust's 'Register of Gifts, Hospitality and Sponsorship'. The Registers for 2016/17 are attached to this report at Appendix 4.

Action required from the meeting

To note the content of the report

Contribution to the delivery of NHS Foundation Trust strategies and plans

Transparency

Financial implications

None

Who needs to be told about any decision?

N/A

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

The Company Secretary

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

The Company Secretary

**Register of Interests: Great Ormond Street Hospital for Children NHS
Foundation Trust**

Directors 2016-17

Non – Executive Directors

Name	Declared Interests
Baroness Tessa Blackstone	Member, House of Lords Chair, British Library Board Director of UCL Partners Chair Orbit Group Co-Chair of the Franco-British Council
Mr David Lomas	None
Mrs Mary MacLeod OBE	Deputy Chair, Cafcass (Child and Family Court Advisory and support service) Chair, Internet Watch Foundation Ethics Committee Non-Executive Director Video Standards Council Trustee Columba 1400
Mr Akhter Mateen	NED – Super-Max Offshore Holdings Director – Bristish Pakistan Foundation NED – Centre for Agriculture and Biosciences International
Professor Rosalind Smyth OBE	Director, UCL Great Ormond Street Institute of Child Health (GOS ICH) As Director of ICH, has overall responsibility for all research funding applications and awards to staff in GOS ICH. Honorary Consultant, Great Ormond Street Hospital for Children NHS FT Trustee, Charitable Incorporated Organisation UCL Great Ormond Street Institute of Child Health. Chair of the MRC Clinical Training and Careers Panel. Governor, The Health Foundation Member of the Reform Club
Mr Charles Tilley OBE (until 31 August 2016)	Chairman of the CGMA Research Foundation (from 1 st August 2016) Member of the International Integrated Reporting Council (IIRC) Chairman of the Professional Accountants in Business Committee (PAIBC) Member of the Advisory Council of HRH The Prince of Wales' Accounting for Sustainability Project (A4S) Until 31 st July 2016: Chief Executive, Chartered Institute of Management Accountants Board member of the Association of International Certified Professional Accountants Director (Corporate representative) CIMA China Ltd

Register of Interests: Great Ormond Street Hospital for Children NHS Foundation Trust

Directors 2016-17

Name	Declared Interests
	Director (Corporate representative) CIMA Enterprises Limited (CEL) Corporate representative of the following: <ul style="list-style-type: none"> • Corporate society of financial management ltd • Institute of cost and works accountants ltd • Global professional accountants in business ltd • Professional accountants in business ltd • Management accountants in business ltd Global management accountants in business ltd
Professor Stephen Smith	Non-Executive Director Netscientific PLC Non-Executive Director Cochrane Innovations United Medicine Trustee Pancreatic Cancer StephenSmith LTD
Mr James Hatchley (from 1 September 2016)	Group Strategy Director 3i

Executive Directors

Name	Declared Interests
Mr Ali Mohammed	None
Mrs Juliette Greenwood	None
Dr Vinod Diwakar (until 31 st December 2016)	Member of the Medical Advisory Committee of the Noonan Syndrome Society.
Dr David Hicks from 1 st January 2017	None
Dr Peter Steer	None
Ms Nicola Grinstead from 1 st April 2016	Chair, Board of Trustees, World Association of Girl Guides and Girl Scouts (WAGGS) London Director, AISBL, WAGGS Europe Director WAGGS Trading PLC Director, Our Chalet Foundation Garden
Mrs Loretta Seamer 1 st April 2016	None
Mr Trevor Clarke	None
Professor David Goldblatt	Department of Health JCVI subcommittees: meningococcal and pneumococcal.

**Register of Interests: Great Ormond Street Hospital for Children NHS
Foundation Trust****Directors 2016-17**

Name	Declared Interests
	UCL-ICH laboratory performs contract research with GSK, Merck, Sanofi. Occasional expert member of panels for WHO, GSK, Sanofi and Merck. Treasurer, International Society of Pneumococcal and Pneumococcal Disease.
Mr Matthew Tulley	None
Ms Cymbeline Moore	None
Mrs Claire Newton until 21 st July 2016	None [Nephew works for the Trust in an administration role.]

Name	Role	Declaration	Declared/Renewed
AITKENHEAD, Helen	Consultant Clinical Scientist	I participated in a professional advisory capacity at the Alexion Pharma UK Limited Hypophosphatasia (HPP) Diagnostics Advisory Board in Manchester on 21st November 2016. I received a remuneration of £780.00 for participation in the meeting and preparation time and after meetings discussion	Feb-17
ASHWORTH, Michael	Consultant, Histopathology	I pay my private earnings into a private company known as 'Repath' of which I am a director. The income is derived entirely from the International Private Patients Wing, which is managed by the NHS. The fees are for expert opinion. The Company is essentially a handling mechanism for the consultants' private fees. The accounts are audited and subjected to company tax. The fees are used to pay for expenses in the Histopathology Department, e.g. training fees for non-medical staff. The remainder is paid to the consultants as annual dividends. I declare these earnings in my own income tax return. This is a longstanding arrangement of which managers are aware, and it has been suggested as a model for others. However, it has come to my attention that a formal declaration should be made to the Trust, and this I now do.	Feb-17
BARNACLE, Alex	Consultant Paediatric Radiologist	<p>I have practising privileges at the Portland Hospital for Women and Children. I undertake diagnostic imaging sessions at the Portland Hospital averaging 3 hours per fortnight, which is done in my own time. I now also run a regular interventional radiology (IR) operating list in my own time at the Portland Hospital, which takes place approximately once per month and is almost exclusively for the treatment of vascular malformations. I do occasional ad hoc IR procedures for other clinical teams at the Portland Hospital when referred specific patients.</p> <p>I am currently the lead clinician for the Radiology department at the Portland Hospital and represent the department on the Portland Hospital Medical Advisory Committee.</p> <p>I have no involvement in any financial institutions that would cause a conflict of interest.</p>	Feb-16
BLADEN, Melanie	Clinical Specialist Physiotherapist	<p>I have received £600 for organising and presenting on the National Haemophilia Physiotherapy conference that is sponsored by Bayer February 2015 and February 2016 (annual leave taken).</p> <p>I have also received research funds from Pfizer totally £35,000 to date - processed through R&D</p>	Mar-16
BRIERLEY, Joe	Consultant Paediatric Intensivist	I undertake private practice at the Portland Hospital PICU. This is undertaken outside my GOSH hours and I do not personally perceive a conflict as I also undertake private practice within GOSH itself.	Feb-16
BROWN, Caroline	Childcare Services Manager	I have recently set up a limited company providing HR management and leadership training. I am a Director in this company.	Dec-15
CALDER, Alistair Duncan	Consultant Paediatric Radiologist	Undertakes sessions at the Portland Hospital in paediatric Radiology, averaging 3 sessions per month. These do not occur during scheduled NHS sessions, are included in my job plan and do not otherwise conflict with work at GOSH.	Feb-17

CALE, Catherine	Consultant Immunologist	My husband is a corporate accounts manager for Thermo Fisher Scientific who supply GOSH with laboratory equipment and consumables.	Feb-17
CHAUDHRI, Waseema	PALS Officer	I am typing Prof Milla's medico-legal reports. The claimants are not Great Ormond Street patients. I do not receive any payment for this work. Only for Prof Milla Assist when Prof has too many cases needing to be finished at the same time.	Feb-17
CHUGH, Deepti	Highly specialist physiotherapist (NDS&SDR service)	I provide domiciliary physiotherapy services (2-3 hours/wk). This work is conducted outside of the NHS contracted hours.	Feb-17
CLARKE, Elaine	Consultant Paediatrician in Neurodevelopment	Once I week I undertake private practice with a Clinical Psychologist to offer joint neurodevelopmental assessments for Autism Spectrum Disorder	Feb-17
CLEARY, Maureen	Consultant Metabolic Paediatrician	Membership of IEM CRG NHS England Member Sanofi Genzyme Expert Advisory Group Member Biomin Expert Advisory Group	Jan-17
CLOUTMAN-GREEN, Elaine	Clinical Scientist, Infection Control	That I am working with Auspherix Ltd in a consultancy capacity in relation to infection control and clinical microbiology	Jul-15
DUNAWAY, David	Consultant Plastic Surgeon, Craniofacial Department	I am a Trustee of Facing Africa (a charity providing care to children in Africa). I am a Director and 25% shareholder of 152 Harley Street Ltd (A registered day hospital providing consulting facilities, radiology and local anaesthetic and sedation operating facilities and also registered for paediatric care). I am a Director and 50% shareholder of the London Craniofacial Unit Ltd (a company co-ordinating local, private and overseas craniofacial care).	Feb-17
DUNN, Helen	Lead Nurse for Infection Control	I will be undertaking ad hoc consultancy work for Infection Prevention Solutions for approx 20 hours a month. It will not be carried out in GOSH time. This does not represent a conflict of interest	Nov-15
EASTWOOD, Deborah	Consultant, Orthopaedics	1. Occasional private practice (approx. 3 cases per year) at the Royal National Orthopaedic Hospital 2. Participation in a symposium on Morquio's Disease (discussing orthopaedic issues) at the Japanese Orthopaedic Association meeting Dec 2015 sponsored by Biomin. (non recurring) 3. Trustee of Humanitas charity ongoing	Feb-17
EASTY, Marina	Consultant Paediatric Radiologist	Takes sessions at the Portland Hospital, performing ultrasound scans, screening, general reporting and MRI. Also GOSH in-house private patient work, as requested by the referring clinicians. There is no conflict of interest because the work is done out of NHS time.	Feb-17
FANE, Andrew	Lay Chair for Advisory Appointments Committee	I hereby declare that with effect from Thursday, 10 July 2014 my wife became President of Royal College of Surgeons of England. I will make this declaration briefly at the outset of all future AACs making a surgical appointment.	Feb-16

Forzano, Francesca	Locum Consultant, Clinical Genetics	Member of the Professional and Public Policy Committee (PPPC) of the European Society of Human Genetics (ESHG) since 2008 Board Member of the ESHG 2014 - 2019 Liaison Member (as a Board Member of ESHG and member of the PPPC) of the SPC (Scientific Programme Committee) for the organisation of the annual conference of the ESHG since 2015 Co-Director (since 2008) and faculty member (since 2006) of the international course of the European School of Genetic Medicine (ESGM) in collaboration with the ESHG 'Genetic Medicine Practice'. Co-Director has been Prof. Heather Skirton until 2014, since 2015 is Prof Aad Tibben Honorary Professor of the Specialisation School in Medical Genetics of Genova University since 2015 (chair Prof. Paola Mandich)	Feb-17
GASPAR, Bobby	Honorary Consultant in Paediatric Immunology	I have equity in a newly formed company called Orchard Therapeutics. I also receive a consultancy from the company.	Feb-17
GILMOUR, Kimberly	Clinical Lead Immunology and Director of Cell Therapy	I am a Board member of the charity UKPIN. The United Kingdom Primary Immunodeficiency Network is the professional body for the United Kingdom Immunologists, Specialist Nurses and Healthcare/Academic Scientists in the UK. UKPIN is a registered charity and a registered company. UKPIN has the overall aim of advancing care in Primary Immunodeficiency.	Feb-17
GOLDMAN, Allan	Divisional Co-Chair, West Division	I run a ventilator course for 2 days in the year for which I receive an income. I always take these two days as annual leave. I have been doing this for at least 15 years now. I am one of four equal shareholders in a limited liability company called Risky Business Courses and Consultancy (the other three shareholders do not work at GOSH). We have not to date earned any income or traded and have audited accounts showing that.	Feb-17
HALL, Susannah	Joint Head of Arts	One of the freelance artists who occasionally works on the arts programme is known to me personally as a friend. Her employment by the Trust predates my tenure and her original contract was made by my predecessor. For any future work: Decision to employ will be made by line manager, Deputy Director of DPS Any payments authorised by line manager, Deputy Director of DPS Thereby removing me from any decisions regarding employment or payment.	Mar-17
HARTLEY, Benjamin	ENT Consultant	I do private practice at the Portland Hospital	Feb-17
Hasnain, Attia	QP and QA and Development Manager, Pharmacy	I am named as a Qualified Person (QP) on the MIA (IMP) Licence of QMED Pharmaceuticals Ltd Number 45001	Oct-16

HEALES, Simon	Head of Clinical Services for Laboratory Medicine	<p>I have received honoraria and consultancy fees from the following commercial organisations: Shire, Genzyme, Vitaflow. This work is carried out under the time allocated for academic work</p> <p>I have received consultancy fees from Genzyme-Sanofi and Vitaflo. These related to my academic activities. This work is carried out under the time allocated for academic work.</p>	Feb-17
HEUSCHKEL, Robert	senior Lecturer in Paediatric and Neonatal ICU, Honorary Consultant PICU	<p>Divisional Director Women and Children's services</p> <p>Previously worked at Royal Free Hospital</p>	Nov-15
HILL, Robert	Consultant Orthopaedics Surgeon	<p>I am a part time NHS consultant and have a paid role as Medical Director for the Portland HCA Hospital. I have not been involved in any financial negotiations in relation to NHS work taking place within the HCA hospitals and my position at the Portland is not dependent on turnover or financial targets.</p> <p>I undertake paid Consultancy work on an occasional basis for Smith and Nephew, an orthopaedic devices company with whom the trust do business. This is in connection with development of new devices and nothing the Trust uses at present.</p>	Feb-17
HILL, Susan	Consultant, Gastroenterology	<p>I am acting in an advisory capacity to Shire</p> <p>I am acting in an advisory capacity to Zealand</p>	Feb-17
HINDMARSH, Peter	Professor of Paediatric Endocrinology	I receive payment as member of Medtronic Diabetes Medical Advisory Board of £600 per annum	Feb-17
HIORNS, Melanie	Consultant Radiologist, Radiology	I do some radiology scanning/reporting sessions at the Portland Hospital.	Feb-17
HUDSON, Lee	Consultant General Paediatrician	I work occasionally on an ad hoc basis in a private capacity, outside of my contracted NHS hours, for Ellern Mede Eating Disorder Unit as a paediatric consultant. I also work privately in GOSH IPP Outpatients outside of NHS contracted hours	Feb-17
ISWORTH, Jane	Band 5 newly qualified staff nurse, Recovery	I was a patient at GOSH in the summer of 2007 for spinal surgery. I have not been placed here as a student during my training for this reason	Feb-15
JACKSON, Elizabeth	Consultant Anaesthetist/Divisional Director, Surgery	I have practicing privileges and undertake private anaesthetic practice at HCA hospitals in London within the times stated in my job plan.	Feb-17

JACQUES, Thomas	Honorary Consultant in Paediatric Neuropathology	<p>I am an executive editor at the journal, Neuropathology and Applied Neurobiology. This is a medical and scientific journal and is the journal of the British Neuropathological Society. I am paid a fee for each manuscript I handle at the journal and have the potential to access travels funds from the journal.</p> <p>I derive some income from royalties from authoring medical books or chapters thereof.</p> <p>I pay my private earnings into a private company known as 'Repath Ltd' of which all the consultant histopathologists, including myself are directors and shareholders. I am the Company Secretary. The Company is a mechanism for handling the consultants' private fees.</p> <p>I undertake reports for HM courts as an expert witness. The fees for this work is paid to Neuropath Ltd for which I am also a director and shareholder. My wife is also a shareholder and director at Neuropath Ltd.</p> <p>I am the chair of the Clinical Practices Committee of the British Neuropathological Society. This is the committee of my professional society responsible for leading on clinical matters. There is no remuneration for this work.</p> <p>I am the chief investigator and chair of the scientific committee of the Children's Cancer Leukaemia Group (CCLG) national tissue bank. There is no remuneration for this work.</p> <p>I am an elected committee member and trustee of the Pathological Society of Great Britain and Ireland. There is no remuneration for this work.</p>	Feb-17
KHAIR, Kate	Consultant Nurse, Haemophilia	<p>I am a Trustee of two charities: Haemnet and The Haemophilia Society. Haemnet is funded to do research work from GOS Haemophilia Research funds. I do not gain financially from being a Trustee of these charities.</p> <p>Research Funding: NovoNordisk, Shire, Octopharma, Pfizer, SOBI</p> <p>Speaker/Consultancy fees: NovoNordisk, Shire, Bayer, Pfizer, CSL, Behring, Roche, SOBI</p>	Feb-17
Lebentz, Marie	Radiographer and Radiation Protection Supervisor	I have been asked to have my name put forward to the British Institute of Radiology by a company call Rothband Ltd / WSR Medical Solutions Ltd. The purpose is to work as part of a team to write a document on methods of Quality Assurance Testing of Lead Personal Protection Equipment. An initiative that had come from the British Institute of Radiology.	Oct-16
Linda Von Neree	Joint Lead for Patient and Public Involvement in Research	<p><u>Remission 2 games available for free/ no charge to play games. HopeLab Foundation</u></p> <p>I worked with young cancer patients to develop a suite of minigames (called Remission 2, to help fight cancer) at HopeLab Foundation. I hereby declare that I have no interest other than making the games accessible to young cancer patients for their own benefit.</p>	Feb-17

LISTER, Paula	Consultant Paediatric Intensivist	I have begun private practice at the Portland Hospital PICU. The work will be entered on my new Job Plan (currently waiting for Zircadian to complete the proforma for PICU and NICU. This work is conducted outside of the time I am contracted to Great Ormond Street Foundation Trust. It does not conflict with my NHS work and is not detrimental to it.	Feb-16
LYON, Susan	Organisational Development Manager	I am a Director in a registered company providing HR, management and leadership training	Dec-15
MCHUGH, Kieran	Consultant Paediatric Radiologist	Occasionally reports MRIs, x-rays and ultrasounds at the Portland Hospital.	Feb-17
MELLERIO, Jemima	Consultant Dermatologist	I undertake private dermatology clinics at The London Skin and Hair Clinic, 19 Cavendish Square, London. I have a limited company Mellerio Dermatology Ltd	Feb-17
MORRIS, Samantha	Endocrine Nurse Specialist	Novo Nordisk have paid for me to attend the Novo Nordisk Endocrine Nurse Workshop on 21st April 2016. This includes train fares and hotel accommodation.	Mar-16
MUNTONI, Francesco	Professor and Honorary Consultant Paediatric Neurology	<p>In 2016 I have provided ad-hoc consultations at Scientific Advisory boards meeting for the following companies: Sarepta Therapeutics; Biogen; PTC Therapeutics; Roche; Servier; Avexis; Santhera</p> <p>I have served as chair of the Data Safety Monitoring Committee of Santhera (Omigapil trial).</p> <p>I have served in the SAB of the Pfizer Rare Disease unit.</p> <p>I am the chairman of the Scientific Advisory Board for the Myotubular Trust</p> <p>I have provided lectures at the following Industry symposium: Roche (EPNS);</p> <p>I am involved in the following clinical trials for which GOSH and UCL receive funding from industry or grant giving bodies: Summit; British Heart Foundation; MRC; Association Francaise Myopathies; Pfizer; Wellcome Trust; NIH; Sarepta; European Commission; Ionis; Roche; PTC; Esperare; Muscular Dystrophy UK; NIHR; Genethon; SMA Trust; SMA Europe; GOSH Charity</p>	Feb-17
MUSHTAQ, Imran	Consultant Urologist	I participate in private practice both within this Trust and outside	Feb-17
OLSEN, Oystein	Consultant, Radiology	<p>I have admission rights at The Portland Hospital for Women and Children where, along with colleagues in Radiology I provide an average of 3 hours per fortnight of paediatric plain film reporting, ultrasound, fluoroscopy and MRI reports. I have acted as a consultant for Bayer-Schering Healthcare and Guerbut Laboratories. This does not conflict on either a financial or a time basis with any of my work at GOSH. I therefore have no conflict of interest.</p> <p>I lectured (Saturday, 17th September 2016) at a seminar organised by Siemens Healthcare on the topic Paediatric MRI</p>	Sep-17
ONG, Juling	Locum Craniofacial Plastic Surgeon	<p>That I hold an honorary consultant appointment at the Chelsea & Westminster Hospital and that from time to time will be required to provide clinical services are required. These will only be provided in the time outside of my clinical commitment at Great Ormond Street Hospital. Remuneration will be on an ad hoc basis.</p> <p>That I will be seeing private patients on occasion outside Great Ormond Street Hospital. These clinical commitments will only be provided in the time outside of my commitment at Great Ormond Street. Remuneration will be on a private patient basis.</p>	Mar-16

OWENS, Catherine	Consultant Radiologist	Employed at the Portland Hospital where, along with her colleagues in Radiology, she provides an average of 3 hours per fortnight of paediatric plain film reporting, ultrasound and fluoroscopy, and occasional MRI/CT reports. Not perceived as a conflict to GOSH Practice as declared in job plan	Feb-17
PETERS, Mark	Senior Lecturer in Paediatric and Neonatal ICU	I provide occasional medical expert witness reports for a variety of legal cases including medical negligence cases within my expertise. I undertake private practice as a Paediatric Intensivist at the Portland Hospital as one of a team of 8. This work is conducted entirely outside of my contracted time to ICH/Great Ormond Street and does not conflict with my University/NHS work and is not detrimental to it.	Feb-17
PETROS, Andy	Consultant PICU	I undertake private practice intensive care and anaesthesia at the Portland Hospital and private anaesthesia at the Harley Street Clinic. This work forms part of my new job Plan and I do not believe there to be any conflict of interests in these roles. I am very careful to be as open and transparent as possible in separating out my various activities to avoid any conflict of interests. This work is conducted outside of the time I am contracted to Great Ormond Street Foundation Trust. It does not conflict with my NHS work and is not detrimental to it.	Feb-17
RAGLAN, Ewa	Consultant Audiovestibula Physician	I have private practice, I consult my patients at GOSH, London Hearing and Balance Centre, Parkside Hospitals and St Anthony's Hospital	Feb-16
RAJPUT, Kaukab	Consultant, Audiovestibular Medicine and Cochlear Implants	I have been invited to speak at the 7th EROC Conference from 17th - 19th of January.	Oct-16
RAMNARAYAN, Padmanabhan	Consultant, CATS	I act as a part-time Medical Advisor for Isabel Healthcare Ltd, a diagnostic software system I have begun private practice at the Portland Hospital PICU. This will be entered on my Zircadian Job Plan. This work is conducted outside of the time I am contracted to Great Ormond Street Foundation Trust. It does not conflict with my NHS work and is not detrimental to it.	Feb-17
SAMUELS, Martin	Locum Consultant in Respiratory Paediatrics, Paediatric Respiratory Medicine	I am a Trustee for the charity Advanced Life Support Group, based in Manchester. This organisation provides hospital and community trusts around the UK with educational courses for staff. I receive no financial remuneration from the charity. I am medical advisor to two other UK charities: Breathe On (a charity for children receiving long term ventilation) and the UK CCHS Family Support Network. I do not receive any financial remuneration from these organisations. I have no other declarations of interest.	Feb-17

SEBIRE, Neil	Consultant, Histopathology	I pay my private earnings into a private company known as 'Repath' of which all the consultant histopathologists, including myself are directors and shareholders. The Company is essentially a mechanism for handling the consultants' private fees, which are requests for opinions regarding reporting of specimens. The income is primarily derived from the International Private Patients Wing of GOSH, which is managed by the NHS. I also perform occasional reporting work to cover for colleagues in other centres who may be off-work, for which I also get paid on a case by case basis. The accounts are audited and subjected to company tax. The fees are used to pay for expenses in the Histopathology Department, such as training fees for non-medical staff. The remainder of the income is paid to the consultants as annual dividends. I declare these earnings in my own income tax return. This is a longstanding arrangement of which managers are aware, and it has been suggested as a model for others. However, it has come to my attention that a formal declaration should be made to the Trust, and this I now do.	Feb-17
SHAH, Neil	Consultant Paediatric Gastroenterologist	I do private practice at the Portland Hospital	Feb-17
SHARMA, Sanjiv	Consultant Paediatric Intensivist	I continue to do private work at the Portland Hospital PICU and this has been recorded on my job plan. The work continues to be done outside of the time I am contracted to Great Ormond Street Hospital NHS Foundation Trust. It does not conflict with my NHS work and is not detrimental to it.	Feb-15
SIDE, Lucy	Consultant Clinical Geneticist	Fee for services and consultancy from AstraZeneca £770 paid on 16th May 2016	Feb-17
SIRIMANNA, Tony	Consultant Audiological Physician	That I have private practice privileges at The Portland Hospital, 234 Great Portland Street, London where I hold a clinic on a few Monday mornings. I do not do any NHS clinics there. This is in my free time outside my 10PA contract. Similarly I see private patients at GOSH but this again is outside the NHS time. I do not think there is anything that I do will have any conflict with my NHS work	Feb-16
SKELLETT, Sophie	Consultant Paediatric Intensivist	I have begun private practice at the Portland Hospital PICU. The work has been entered on my new Job Plan. This work is conducted outside of the time I am contracted to Great Ormond Street Foundation Trust. It does not conflict with my NHS work and is not detrimental to it.	Feb-17
SMITH, Gillian	Consultant Plastic Surgeon	I have taken up a part-time substantive post in Chelsea and Westminster starting on 28th September 2015 in Plastic Surgery with an interest in Adult and Paediatric Hand surgery. Two thirds of the work there is in adult practice.	Dec-15
STEPHENSON, Terence	Nuffield Professor of Child Health, ICH	01/01/2015 - 31/12/2018 GMC reimburse UCL £110,000 p.a. for my secondment 01/01/2016 - 31/12/2016 Excellence in Congress and Communications UK Ltd paid ICH/UCL 6,000 Euros last year for my academic input to their Editorial Board.	Mar-17

VANT HOFF, William	Consultant Paediatric Nephrologist and Head of Clinical Research Facility	<p>I have entered into a consultancy agreement, contracted by Dr Vanshree Patel, R&D Office, to contribute to the Scientific Advisory Board (SAB) for Ultragenyx, related to the development of a new treatment for X linked rickets, and am leading contracted clinical research in the Trust with that drug. I receive no personal reward for the SAB, having asked for any funding through the agreement to be passed to R&I for support for research in the Trust (agreed through Emma Pendleton, Deputy Head of R&I). My role in the trial is fully costed and contracted through the Trust. I have received hospitality (flights, hotel accommodation) to attend 2 meetings (one day Dublin September 2014, two days Salzburg summer 2015) on this new trial drug development.</p> <p>I am undertaking contracted (through standard Trust processes) commercial research with other innovative drugs in renal disease: Raptor: a trial of a new delayed release drug ProCysbi, in cystinosis AlNyLam: forthcoming trial in new therapy for hyperoxaluria Participating as co-investigator in trials on hyponatraemia (Otsuka), immunosuppression for renal transplant (Astellas).</p> <p>I have not received any hospitality from these companies, though there is a forthcoming investigators meeting for Raptor trial in Paris April 2016 (trial +/- 1 hotel night).</p>	Feb-17
Walker, Isabeau	Consultant Anaesthetist	<p>I am a trustee of Lifebox Foundation registered as a Charity in England & Wales (1143018). Registered as a company limited by guarantee (companies house registration 7612518).</p> <p>I am the Principle Investigator for a study to design a robust and reliable pulse oximeter for use by frontline healthcare workers caring for children with pneumonia in low-income countries. This study is funded by the Bill and Melinda Gates Foundation. The Lifebox Foundation is the sponsor of this study.</p>	Nov-16
WATERS, Jonathan	Consultant Clinical Scientist/Head of Service (Cytogenetics)	<p>At the invitation of Dr Sandra Edwards, Head of Laboratory, Cytogenetics Laboratory, Norfolk and Norwich Hospital I act as a Consultant to the Cytogenetics laboratory on an occasional basis.</p> <p>This involves advising of the content of complex reports and e-authorisation (electronic authorisation) of reports viewed by secure means (via NHS.net) as requested by the Head of Service in her absence. There is no managerial involvement or responsibility.</p> <p>I am confident that providing this service does not constitute a conflict of interest for the Trust.</p>	Feb-17
WELLESEY, Hugo	Consultant Anaesthetist	I undertake some private practice on an ad hoc basis at The Portland Hospital in my spare time	Feb-16
WILLIAMS, Emma	Genetic Counsellor	I undertake private work as a genetic counsellor. I work through a company providing genetic counselling services called Genehealth UK	Feb-17
WILLISS, Janet	Deputy Chief Nurse	Fitness to practice panelist with the NMC to finish 30/04/2016	Mar-16

WYATT, Michelle	Consultant ENT Surgeon	I hereby declare that I undertake private practice at the Portland Hospital, London W1W 5QT	Feb-17
-----------------	------------------------	---	--------

Great Ormond Street Hospital for Children NHS Foundation Trust

Register of Gifts and Hospitality 2016 - 17

<i>Name of recipient</i>	<i>Name of Authoriser</i>	<i>Host</i>	<i>Event (for sponsorship/ hospitality)</i>	<i>Accepted/declined</i>	<i>Date</i>
Akinsulire, Felix	Judith Cope	B. Braun Compounding Unit	Aseptic Production Seminar	Accepted	Apr-16
Allaway, Rachel	Jilly Hale	Clinimed	Wounds UK Conference, Harrogate including train travel and accommodation	Accepted	Oct-16
Brumley, Lisa	Lucy Anderson	Patient / Family	Trainers 1 pair. Value £57 accepted as did not want to offend the patient/family by not accepting the gift.	Accepted	Sep-16
Carmichael, Sarah	Jilly Hale	Clinimed	Wounds UK Conference, Harrogate including train travel and accommodation	Accepted	Oct-16
Clarke, Simon	Keith Norris	GOSH Catering	Assorted small gifts for the team from suppliers. Items shared amongst DPS team	Accepted	Mar-17
Cleghorn, Shelley	Vanessa Shaw	VitaFlo	4th International Dietetic Renal Meeting and staying at the Radisson Blu Hotel, Manchester Airport on the night of 3rd November	Accepted	Nov-16
Devine, James	Ali Mohammed	HR & Charity News	Awards event - HR Manager of the Year. The ticket to attend was free (all tickets were free) and a 2 course lunch was provided	Accepted	Apr-16

Duncan, Alistair	Derek Roebuck	Synergy Medical Communications Ltd on behalf of Biomarin and Sanofi Genzyme	<p>I am an invited speaker at an industry sponsored satellite symposium at the Paediatric Rheumatology European Society Annual Meeting on 29/09/2016.</p> <p>Travel and accommodation expenses will be covered by the host.</p> <p>I have been offered an honorarium of £1000 which I will either decline or arrange payment into a departmental training fund.</p>	Accepted	Sep-16
Farren, Bernadette	Jane Hurst	Patient	100ml J'adore Christian Diot eau de parfum - thank you gift from patient	Accepted	May-16
Grinstead, Nicola	Peter Steer	McKinsey & Company	Attended course at McKinsey and Company, Change Leaders Forum on 21 - 22 November 2016 and accepted meals and refreshments provided	Accepted	Nov-16
Holburn, T	Norman Hay	Patient's family	Fundraising dinner for GOSH Charity	Accepted	Nov-16
Hunn, Victoria	Vanessa Shaw	Matthews Friends	Matthews Friends Charity Ball	Accepted	Oct-16
James, Emma	Herdip Sidhu-Bevan	Sainsbury's	£50 Voucher for Sainsbury's for Listening Event	Accepted	Nov-16
Kujawa, Asia	Lucy Anderson	Patient / Family	1 pair trainers £57. I have accepted the gift as I did not want to cause offense to the patient and family who have selected it.	Accepted	Sep-16
Landy, Niamh	Vanessa Shaw	Matthews Friends Charity	Matthews Friends halloween Ball	Accepted	Oct-16
Lowes-Switzer, Kathryn	Vanessa Shaw	Shire Pharmaceuticals	Teduglutide trial studies investigator meeting for two protocols: A retrospective study, open label, long term safety and efficacy study of Teduglutide in paediatric subjects with short bowel syndrome who completed TED-C13-003 and prospective study	Accepted	Oct-16

Margetts, Rebecca	Vanessa Shaw	Novo Nordisk	Accommodation (£206) and flights (£152) to attend international society paediatric and adolescent diabetes (ISPAD) annual conference	Accepted	Nov-16
McCrann, Una	Jilly Hale	Patient's mother	I will be leaving the team and handed over patient's care to another clinician. Parents aware before appointment and brought me a card and some flowers. When they left I realised the card was a voucher for £30.	Accepted	May-16
Michalski, Anthony	Julie Bayliss	Parents of patients	Parents gave large cake (which I asked them to take to Giraffe ward) and small bag 'a little thing'. Was unsure of contents of bag - actually a watch £145	Cake to Giraffe ward. Watch declared and will give to GOSH Charity as raffle prize.	Oct-16
Moledina, Shahin	Anne Layther	Patient's parents	Gift of £50 gift voucher given by parents of a patient I looked after	Declined and passed to charity	Jun-16
Niewiarowska, Alison	Sue Swift, Kimberly Gilmour	GE Healthcare	Spoke at 8am on 28/02/2017 to 50 people about customer experience of using GE Healthcare machines. After talk organiser asked to give me a 'modest' gift. I stated I could only accept 'modest' gifts. Inside the bag was a t-shirt, notebook, small box of chocolates less than £25 and a card. I accepted. Later on the train in the card I found a £40 restaurant voucher to a small Italian restaurant near my home. I think returning this would cause offense as I have already accepted it unintentionally. I do not feel obliged to GE Healthcare as this was a token gift for the talk.	Accepted	Feb-17
Ong, Julian	Jen Crocker	Parents of a patient	Briefcase Cologne box	Declined and passed to charity	Feb-17

Parthipun, Aneeta	Derek Roebuck	British Society of Interventional Radiology (BSIR) and Aquilant	BSIR Best Presenter Prize	Accepted	Jun-16
Patel, Vanshree	Emma Pendleton	Orchard Therapeutics	Hospitality party on 28th September 2016	Declined	Aug-16
Pendleton, Emma	David Goldblatt	Orchard Therapeutics	Hospitality party on 28th September 2016	Declined	Aug-16
Rajput, Kaukab	Miss Wyatt	Advanced Bionic Company	Attend objective measures meeting 15th - 17th June 2016 in Szeged, Hungary	Accepted	Apr-16
Roberston, Alex	Pauline Whitmore	Liva Nova	ELSO/AmSECT peds, San Diego, CA	Accepted	Nov-16
Seamer, Loretta	Peter Steer	McKinsey & Company	Attended course at McKinsey and Company, Change Leaders Forum on 21 - 22 November 2016 and accepted meals and refreshments provided	Accepted	Nov-16
Shaw, Vanessa	Philippa Wright	NutricaAdvanced Medical Nutrition	ESPGHAN 2017 Prague. Registration, travel and dinners	Accepted	Mar-17
Shukla, Avani	Vanshree Patel	Orchard Therapeutics	Hospitality party on 28th September 2016	Declined	Aug-16
Simpson, Zoe	Vanessa Shaw	Matthews Friends	Matthews Friends halloween Ball	Accepted	Oct-16
Skellet, Sophie	Allan Goldman	ZOLL	Expenses for flights to attend to ZOLL annual sames meeting in Atlantic city and attend a visit to the Children's Hospital of Philadelphia I will be providing 4 x 1 hour sessions on Paediatric and Neonatal resuscitation	Accepted	Feb-16
Taylor, Andrew	Peter Steer	McKinsey & Company	Attended course at McKinsey and Company, Change Leaders Forum on 21 - 22 November 2016 and accepted meals and refreshments provided	Accepted	Nov-16
Tulley, Matthew	Peter Steer	Skanska	Awards dinner	Declined	May-16
Tulley, Matthew	Peter Steer	Arcadis	Health Investor Awards Dinner	Accepted	May-16

Van't Hoff, William		Alnylam	I attended an investigators meeting to review the protocol, set up and plans for the forthcoming trial in Munich, June 2016, for which standard class travel and accommodation for 2 nights was accepted but I received no payment for that meeting	Accepted	Mar-17
Williamson, Stephanie	Matthew Tulley	Drager	<p>VisMed 2016 - A roundtable for visionary medical workplaces - Luebeck, Germany</p> <p>I have been invited to attend as a guest of Drager because of my role on the Board of Architects for Health. It includes flights, meals and accommodation in return for participating in round table discussions on The Healing Environment.</p>	Accepted	Apr-16

Name	Job title	Authorisor	Sponsored event	Name of sponsor	Amount of sponsorship offered and item sponsored	Date
Clarissa Pilkington	Consultant	Andrew Taylor	Donation of a CNS post at GOSH in the rheumatology department	Abbvie	£30,000 The donation from Abbvie is for a band 6 CNS to support our patients on immunosuppressive drugs, especially the biologics	Dec-16