

**NHS**Great Ormond Street  
Hospital for Children  
NHS Foundation Trust**Meeting of the Trust Board  
Wednesday 1 April 2020**

Dear Members

There will be a virtual meeting of the Trust Board on Wednesday 1 April 2020– video/ telephone conferencing details will be provided before the meeting.

Company Secretary

Direct Line: 020 7813 8230

Fax: 020 7813 8218

**VIRTUAL 'PUBLIC' AGENDA  
No members of public present – published only**

|  | <b>Agenda Item</b><br><b><u>STANDARD ITEMS</u></b>  | <b>Presented by</b>  | <b>Attachment</b> | <b>Time</b>   |
|--|---|--|-------------------|---------------|
| <b>1.</b>  | <b><u>Apologies for absence</u></b>   | Chair  | <b>Verbal</b>     | <b>2.45pm</b> |
| <b>Declarations of Interest</b><br>All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it. |   |  |                   |               |
| <b>2.</b>  | <b>Minutes of Meeting held on 6 February 2020</b>   | Chair  | <b>F</b>          |               |
| <b>3.</b>  | <b>Matters Arising/ Action Checklist</b>  | Chair  | <b>G</b>          |               |
| <b><u>PERFORMANCE</u></b>  |   |  |                   |               |
| <b>4.</b>  | <b>Integrated Quality and Performance Update Report –February 2020</b>  | Medical Director/ Chief Nurse/ Interim Chief Operating Officer | <b>H</b>          | <b>2:50pm</b> |
| <b>5.</b>  | <b>Finance Update –February 2020 (Including National Cost Collection Presubmission update)</b>  | Chief Finance Officer  | <b>I</b>          |               |
| <b>6.</b>  | <b>2020-21 Budget Sign off</b>  | Chief Finance Officer  | <b>M</b>          | <b>3:00pm</b> |
| <b><u>ASSURANCE</u></b>  |   |  |                   |               |
| <b>7.</b>  | <b>Safe Nurse Staffing Report (December and January 2020)</b>   | Chief Nurse  | <b>J</b>          | <b>3:15pm</b> |
| <b>8.</b>  | <b>Improving the experience of children, young people and families visiting Great Ormond Street Hospital during 2019: Meeting the duties of the Equality Act 2010</b> | Chief Nurse  | <b>K</b>          | <b>3:25pm</b> |
| <b>Any Other Business</b><br>(Please note that matters to be raised under any other business should be notified to the Company Secretary before the start of the Board meeting.)   |   |  |                   |               |
| <b>Next meeting</b><br>The next Public Trust Board meeting will be held on Wednesday 27 May 2020 in the Charles West Boardroom, Barclay House, 37 Queen Square, London, WC1N 3BH.  |   |  |                   |               |

**DRAFT Minutes of the meeting of Trust Board on  
6<sup>th</sup> February 2020**

**Present**

|                            |                                 |
|----------------------------|---------------------------------|
| Sir Michael Rake*          | Chair                           |
| Mr Matthew Shaw            | Chief Executive                 |
| Lady Amanda Ellingworth    | Non-Executive Director          |
| Chris Kennedy              | Non-Executive Director          |
| Kathryn Ludlow             | Non-Executive Director          |
| Akhter Mateen              | Non-Executive Director          |
| Prof Rosalind Smyth        | Non-Executive Director          |
| Sanjiv Sharma              | Medical Director                |
| Professor Alison Robertson | Chief Nurse                     |
| Phillip Walmsley           | Interim Chief Operating Officer |
| Helen Jameson              | Chief Finance Officer           |
| Caroline Anderson          | Director of HR and OD           |

**In attendance**

|                      |   |
|----------------------|---|
| Cymbeline Moore      | Director of Communications  |
| Dr Shankar Sridharan | Chief Clinical Information Officer  |
| Stephanie Williamson | Interim Director of Built Environment                                       |
| Peter Hyland         | Director of Operational Performance and Information                         |
| Dr Renee McCulloch*  | Guardian of Safe Working  |
| Eric*                | GOSH patient  |
| Liviu*               | Eric's father   |
| Jenny Rivers*        | Deputy Director of Research and Innovation                                  |
| Dr Paul Gissen*      | Professorial Research Associate – Genetics and Genomics Medicine Department |
| Dr Tim Liversedge*   | Deputy Chief of Service, Operations and Images                              |
| Ciara McMullin*      | Head of Nursing and Patient Experience, Operations and Images               |
| Nick Towndrow*       | General Manager, Operations and Images                                      |
| Louisa Desborough*   |   |
| Dr Anna Ferrant      | Company Secretary   |
| Victoria Goddard     | Trust Board Administrator (minutes)   |

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

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

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| <b>215</b> | <b>Apologies for absence</b>  |
| 215.1      | Apologies for absence were received from James Hatchley, Non-Executive Director |
| <b>216</b> | <b>Declarations of Interest</b>   |
| 216.1      | No declarations of interest were received.                                      |

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| <b>217</b> | <b>Patient Story</b>  |
| 217.1      | The Board received a patient story from Eric who was ten years old and had been a GOSH patient for three years. Eric is a keen member of the Young Person's Forum (YPF) and had recently finished his treatment. The Board watched a video of Eric ringing the bell at the end of his treatment. Eric said that his first memories of GOSH involved needles which he did not enjoy however he said staff were able to distract him. Eric said that he enjoyed meeting other patients on wards. He said he felt that food could be improved on the wards as well as ensuring there were activities available to all age groups. Eric showed the Board his 'Beads of Courage' which were different coloured and shaped beads which he collected following each hospital event. The beads helped Eric to explain his treatment and experience to others and to better understand it himself. |
| 217.2      | Prof Alison Robertson, Chief Nurse asked Eric whether he had been given the opportunity to provide feedback and he confirmed that he had. Prof Robertson asked Eric's father whether there were any changes which could be made which would improve the experience for families. Liviu said that he had had a good experience at GOSH however as Eric had shared care with his local hospital there was a marked difference between GOSH and that Trust. He said that it was important for all hospitals to reach the same standards.   |
| <b>218</b> | <b>Minutes of Meeting held on 27 November 2019</b>  |
| 218.1      | The meetings of the previous meeting were <b>approved</b> .   |
| <b>219</b> | <b>Matters Arising/ Action Checklist</b>  |
| 219.1      | The actions taken since the previous meeting were noted.  |
| <b>220</b> | <b>Chief Executive Update</b>   |
| 220.1      | Mr Matthew Shaw, Chief Executive said that the Trust's decision to share the external report commissioned by GOSH from the Royal College of Surgeons into the Urology Service at the November public Trust Board meeting had resulted in significant media interest including staff being approached by media at their own homes, which was unacceptable. Mr Shaw said that it was vital to continue to be open and transparent however this must be balanced with the duty to protect staff.   |
| <b>221</b> | <b>Update on the R&amp;I Strategy with a focus on Research Hospital</b>   |
| 221.1      | Dr Paul Gissen, Professorial Research Associate for Genetics and Genomic Medicine gave a presentation on the use at GOSH of the first available therapy for Batten Disease. Trials had begun at GOSH in 2013 with the first patient having been recruited in 2014 and as it was a rare disease, only 5 research patients had been recruited by GOSH in that time. Due to the support of the GOSH clinical ethics committee it had been possible to use the drug before it had been approved for six patients on a compassionate basis. Patients travelled long distances to GOSH and treatment was required fortnightly which was a substantial commitment for families and therefore GOSH's work to train other sites to use the drug was vital.   |

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| 221.2      | Discussion took place around the financial implication of the drug and Helen Jameson, Chief Finance Officer said that as the drug was new it was funded separately. The drug had been invented by a commercial company which operated in the field of rare diseases and a per-patient fee was negotiated with the company however the primary driver was the impact on patients which was significant. Lady Amanda Ellingworth said that the research story had highlighted the reasons that families were often keen to be referred to GOSH and the expectations they had of the Trust.  |
| 221.3      | The Board discussed the research related BAF risks and Professor David Goldblatt, Director of Research and Innovation said that the risks would be reviewed to ensure that they fully reflected the risks in the area. Dr Anna Ferrant, Company Secretary confirmed that the Risk Assurance and Compliance Group would be reviewing the BAF risks in light of the refreshed strategy.   |
| <b>222</b> | <b>Directorate presentation: Operations and Imaging Directorate</b>   |
| 222.1      | Dr Tim Liversedge, Deputy Chief of Service said that the Operations and Images Directorate worked across 14 theatre areas as well as providing anaesthesia in other areas of the Trust and other centres. He said that GOSH patients were often extremely complex which was borne out by data which showed that GOSH had the greatest case mix severity for admitted care activity. He said that the team focused on patient experience and felt this was reflected in Friends and Family Test results for the directorate.   |
| 222.2      | The directorate was experiencing challenges in recruiting to very specialist roles in particular in nuclear medicine and work was taking place to improve systems and processes to lead to improved flow and scheduling. Dr Liversedge said he felt that teams required additional pre-emptive funding in order to develop capacity.  |
| 222.3      | Akhter Mateen asked about the impact of the Electronic Patient Record and Dr Liversedge said that he and Ciara McMullin, Head of Nursing and Patient Experience for the Directorate had both been heavily involved in developing the system prior to go live and added that in general it seemed that teams with greater engagement prior to go-live were experiencing greater benefits at an earlier stage. Nick Towndrow, General Manager said that there had been challenges in radiology due the way Epic interacted with other systems and work was required around scheduling and access to data in Epic. He said that progress had been made so theatre utilisation data was now available and similar work was now required in radiology. |
| 222.4      | The Board discussed the experiences of similar teams in another local Trust which had gone live with Epic at around the same time as GOSH and it was confirmed that a meeting was taking place to share learning, Dr Liversedge said that it was vital that resources continued to be committed to developing Epic.   |
| 222.5      | Chris Kennedy asked for an update on intraoperative MRI (iMRI) and queried the impact of the suboptimal positioning. Phillip Walmsley said that the location of the iMRI meant that there was a greater staffing requirement. Nick Towndrow said that cases involving iMRI took longer due to the increased scanning requirement and therefore increased capacity was required to complete the same number of cases and associated costs were increased. Matthew Shaw said that there was significant benefit to patients through reduced interventions.  |

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| 222.6      | Ciara McMullin said that the directorate had the lowest staff turnover rate after one year at approximately 13% and health and wellbeing sessions had been launched for theatre staff which had been extremely beneficial. Consideration was being given to undertaking a research project on the resulting reduction in staff sickness.  |
| 222.7      | Matthew Shaw said that it was extremely challenging for Operations and Images to make efficiencies and therefore it was vital to drive up the utilisation of assets and take opportunities to become more commercial.   |
| 222.8      | Sir Michael welcomed the emphasis on team working in the directorate.<br><br><i>Sir Michael Rake left the meeting and Akhter Mateen took the Chair.</i>   |
| <b>223</b> | <b>CQC Inspection Report 2019</b>   |
| 223.1      | <b>Action:</b> Mr Matthew Shaw, Chief Executive said that the Trust welcomed the outcome of the report notwithstanding the ambition to become outstanding in all areas and highlighted the considerable work that was taking place in pharmacy which had been ongoing since before the inspection. It was noted that the Council of Governors had expressed some concern around the rating of 'requires improvement' for the 'safe' key line of enquiry, however it was emphasised that it was important to triangulate data from across the Trust to identify improvements. Matthew Shaw said that a safety strategy was being developed to support the Trust become outstanding in this area. The strategy would be multiyear and would be reviewed by the QSEAC in April and then Trust Board. |
| 223.2      | Matthew Shaw said that it was important to triangulate data from across the Trust to identify improvements and add there had been many successes in 2019 such as the directorate restructure and the Epic implementation. He said that it was important to recognise the progress that had been made since the last CQC inspection. Prof Robertson agreed that the report was positive overall and was reflective of the journey the Trust was on. The CQC preparation meetings would continue with the aim of embedding the work into business as usual.   |
| 223.3      | Dr Anna Ferrant, Company Secretary said that the negative commentary from the CQC report would also be drawn into an action plan and it was confirmed that the QSEAC would receive regular reports on the completion of the action plan.  |
| 223.4      | Dr Sanjiv Sharma, Medical Director confirmed that the Trust was compliant with the timelines set out in the actions plans which would be presented to the Camden Health and Social Care Scrutiny Committee.   |
| <b>224</b> | <b>Above and beyond framework – Our five-year strategy to advance care for children and young people with complex health needs</b>  |
| 224.1      | Matthew Shaw said that following feedback from the Trust Board, finance was an explicit part of the strategy as was sustainability and the document was aligned with the people strategy and transformation strategy. Akhter Mateen noted that there were a number of other strategies that underpinned the work of the Trust such as the quality strategy such as the Quality Strategy and asked   |

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| 225.2      | <p>whether these had been aligned. Dr Sharma confirmed that the Quality Strategy was currently being revised to align with the framework.</p> <p>Chris Kennedy welcomed the strategy and asked how it had been received when it had been discussed in the Trust. Matthew Shaw said that the formal launch would be in March 2020 however it had been presented to the Senior Leadership Team and the HR and OD team and positive feedback had been received. Cymbeline Moore, Director of Communications said that whilst some external communication would take place, the focus of the launch would be around internal engagement as it was vital that this was embedded in the Trust.</p>   |
| 225.3      | <p>Akhter Mateen noted that discussions had taken place around potentially replacing one of the Always Values with 'Always Kind' and asked if this would go ahead. Caroline Anderson, Director of HR and OD said that the organisation was very connected to the existing values and therefore it had been agreed that 'Always Kind' behaviours would be connected to the existing values.</p>   |
| 225.4      | <p>The Board <b>approved</b> the Above and Beyond strategic framework.</p>   |
| 225.5      | <p>Matthew Shaw thanked Louisa Desborough, Strategic Partnerships Adviser to the Chief Executive for her work on the strategy.</p>   |
| <b>226</b> | <b>Update on Business Plan and Budget 2020/2021</b>  |
| 226.1      | <p>Peter Hyland, Director of Operational Performance and Information said that business planning guidance for 2020/21 had been very recently released and the Trust had established internal business planning round which enabled each clinical and corporate directorate to build their own business plan including opportunities for review and challenge around risks and opportunities.</p>   |
| 226.2      | <p>Chris Kennedy, Non-Executive Director noted that staffing was a key feature of financial planning and highlighted that there were currently a number of vacancies in the Trust. He asked how the planning process had been refined for 2020/21 to ensure that the correct posts were in place to deliver the required activity. Helen Jameson, Chief Finance Officer said that a more detailed process had been used than in previous years and added that as the Trust had not delivered the block contract it was important that staffing ratios were accurate. Matthew Shaw emphasised that the vacancy rate was not in place to restrict nurse or doctor recruitment which was continuing, including internationally. He said it was important to review the overall vacancies in clinical and non-clinical posts to ascertain the appropriate whole time equivalent level. Chris Kennedy said that although a budget should be challenging it should also be achievable.</p> |
| 226.3      | <p>Peter Hyland said that there would be a focus on commercialisation in year including in terms of digital transformation along with continuing to embed research in the organisation.</p>  |
| 226.4      | <p>Discussion took place around the Trust's commitment around RTT and it was confirmed that a commitment had been made to reach 86% by the end of 2019/20 and discussions were taking place around 52 week waits.</p>  |
| 226.5      | <p><b>Action:</b> It was agreed that a verbal update on the latest planning position with regard to the control total would be provided at the Finance and Investment Committee meeting on 18<sup>th</sup> February and discussion would take place about how the Board would be informed of progress as delegated authority was</p>   |

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|            | required for the Chief Executive, Chief Finance Officer and Interim Chief Operating Officer to make the necessary draft submissions.  |
| <b>227</b> | <b>Brexit Update</b>  |
| 227.1      | Phillip Walmsley, Interim Chief Operating Officer said that the UK had left the EU on 31 <sup>st</sup> January 2020 and an 11 month implementation period was now in place. National guidance was to stand down Trust Brexit Steering Group meetings until October 2020.  |
| 227.2      | Akhter Mateen highlighted the importance of supporting staff and asked if there were sufficient sources of advice available. Phillip Walmsley said that good support was being provided by HR. No feedback had been provided by procurement around issues or changes in procurement processes.  |
| <b>228</b> | <b>Integrated Quality and Performance Report – December 2019</b>  |
| 228.1      | Phillip Walmsley said that the Trust had reported 27 patients waiting over 52 weeks, 13 of which were dental patients. The service had paused to external referrals following agreement with NHS England however approximately 60% of activity was internally referred and therefore demand remained greater than capacity. A meeting had taken place with NHS England to consider whether London Trusts could collaborate to increase productivity. A lack of paediatric dentists was a national issue. A new management process was being established to ensure that harm reviews could take place to minimise risks to patient safety. |
| 228.2      | Neurosurgery had reported 7 patients waiting over 52 weeks due to the waiting list for Selective Dorsal Rhizotomy (SDR). The Trust had been commissioned for treatment of 24 patients however there was demand for 54; commissioners had acknowledged the additional demand and commissioning levels would be increased for 2020/21 but this would not be an immediate change.  |
| 228.3      | Discussion took place around the importance of sharing resources across the Trust to ensure that activity could be accepted. Initial theatre utilisation metrics should approximately 67% utilisation however further work was required to map this against the proportion of staffed beds.   |
| 228.4      | Dr Sanjiv Sharma, Medical Director reported that there had been a drop in the number of incidents closed in December. This had been an area of focus for January 2020 and there had been an improvement.  |
| 228.5      | Data for Duty of Candour stages 2 and 3 remained below target and it had been agreed that additional letter templates would be created to support teams with discussions taking place with Epic in February to consider opportunities to streamline the process.  |
| 228.6      | <b>Action:</b> Prof Alison Robertson, Chief Nurse said that there had been a change in guidance for Friend and Family Tests and it was agreed that a briefing would be provided at the next meeting.  |
| 228.7      | <b>Action:</b> It was agreed that a view on data quality for the metrics provided in the Integrated Quality and Performance Report would be provided in the next report.  |

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| 228.8      | The Board welcomed the improvement in PDR performance.  |
| <b>229</b> | <b>Finance Report - Month 9 (December) 2019</b>   |
| 229.1      | Helen Jameson, Chief Finance Officer said that the Trust was £600,000 ahead of control total in year and continued to forecast that it would meet the control total at year end. IPP activity had increased substantially above plan in December however it was anticipated that activity in January 2020 would have reduced. NHS clinical income which was not subject to a block contract was behind plan by £500,000.                                  |
| 229.2      | Akhter Mateen asked for a steer on the risk associated with the capitalisation of Epic costs following the auditors' review. Helen Jameson said that this was approximately £1million.  |
| 229.3      | Discussion took place around IPP debtor days and Akhter Mateen queried the level of data days at year end 2018/19 and the potential impact of IFRS 19. Helen Jameson said that debtors days had been lower than at year end 2019/20 however they had remained broadly in line. The Trust was required to provide an evidence base around the provisioning policy and it was anticipated that the auditors would consider the policy to be overly prudent. |
| <b>230</b> | <b>Safe Nurse Staffing Report (October – December 2019)</b>   |
| 230.1      | Prof Alison Robertson, Chief Nurse said that a programme of international nurse recruitment had begun and 110 nurses had been interviewed with conditional offers made to 88 candidates. A target had been set to recruit 50 international nurses into post taking into account attrition rates. A briefing would be provided on next steps for these posts.  |
| 230.2      | A nursing workforce assurance group had been established and had held its first meeting. The group would focus on reviewing matters such as workforce intelligence and rostering.   |
| 230.3      | The Trust remained below target for nurse retention. The Royal College of Nursing had published a report on nursing in London citing a key consideration as the cost of living which had been increasing over the last 3-4 years.   |
| 230.4      | Kathryn Ludlow, Non-Executive Director said that it was important to learn from areas of good practice such as the health and wellbeing initiatives implemented in the operations and images directorate. Prof Robertson agreed that there were areas of good practice across the Trust and said that it was important to support line managers to develop core line management skills.   |
| <b>231</b> | <b>Healthcare Worker Flu Vaccination Checklist</b>  |
| 231.1      | Prof Robertson said that the Trust was required to report its plan to ensure that all frontline staff were offered the recommended flu vaccine and to ensure that the highest possible level of vaccine coverage was achieved.  |
| 231.2      |   |

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|            | The Board discussed Coronavirus and it was noted that meetings took place three time per week and considered national guidance and communications with staff.  |
| <b>232</b> | <b>Guardian of Safe Working Report Q3 2019/20</b>  |
| 232.1      | Dr Sharma congratulated Dr Renee McCulloch on her appointment as Associate Medical Director for Workforce which included Guardian of Safe Working within its remit.  |
| 232.2      | Dr McCulloch said that Junior Doctors in Rheumatology had begun to provide exception reports and it had shown that the team were working hard giving evidence for requiring additional staff in the area.  |
| 232.3      | Vacancy rates remained broadly in line with previous quarters and was often dependent on the flow of doctors through the Medical Training Initiative Scheme which was outside GOSH's control.  |
| 232.4      | It had been shown that 50% of GOSH rotas were non-compliant with the revised terms and conditions of service which had been in place since October 2019. Rotas had not changed and in many cases junior doctors were satisfied with their rotas. Chris Kennedy asked how it would be possible to know in advance about non-compliance and Dr McCulloch confirmed that while the Trust had been aware in advance it had not been possible to recruit additional junior doctors in the required timeframe. |
| <b>233</b> | <b>Board Assurance Committee reports</b>   |
| 233.1      | <u>Quality, Safety and Experience Assurance Committee update – January 2020 meeting</u>  |
| 233.2      | The Board noted that a full report had been provided to the Council of Governors at their February meeting.  |
| 233.3      | <u>Finance and Investment Committee Update –December 2019</u>  |
| 233.4      | Akhter Mateen said that the committee had reviewed the Trust's ability to meet the control total and operational planning. Two directorate reviews had taken place and both had reported that the operational structure was working well.  |
| 233.5      | <u>Audit Committee Assurance Committee Update – January 2020 meeting</u>   |
| 233.6      | Akhter Mateen said that the Better Value and Financial Sustainability Board Assurance Framework risks had been reviewed and a discussion had taken place on data quality. Cyber security would continue to be a standing agenda item. Three internal audit reports had been received, all of which had been rated amber/green which was positive. Discussion had taken place with Internal Audit about undertaking a culture audit in 2020/21 which would be the first such audit at GOSH.               |
| 233.7      | <u>People and Education Assurance Committee Update – December 2019 meeting</u>   |
| 233.8      | It was noted that a full report had been provided to the Council of Governors at their February meeting.   |

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| <b>234</b> | <b>GOSH Arts Proposal for Board Creative Health Champion</b>  |
| 234.1      | The Board <b>endorsed</b> the appointment of Lady Amanda Ellingworth, Non-Executive Director as Board Creative Health Champion.   |
| <b>235</b> | <b>Council of Governors' Update – December 2019 meeting</b>   |
| 235.1      | Sir Michael Rake, Chair said that constructive meetings continued to take place particularly in terms of the private meetings with Governors in advance of the meeting. He said focus had been placed on discussing the CQC report and a presentation had been received on the business planning process. |
| <b>236</b> | <b>Any other business</b>   |
| 236.1      | There were no items of other business.  |

**TRUST BOARD – PUBLIC ACTION CHECKLIST**  
**April 2020**

| <b>Paragraph Number</b> | <b>Date of Meeting</b> | <b>Issue</b>   | <b>Assigned To</b> | <b>Required By</b> | <b>Action Taken</b>                                    |
|-------------------------|------------------------|--|--------------------|--------------------|--|
| 223.1                   | 06/02/20               | Matthew Shaw said that a safety strategy was being developed to support the Trust become outstanding in this area. The strategy would be multiyear and would be reviewed by the QSEAC in April and then Trust Board.   | SS                 | April 2020         | Action passed to the QSEAC: on April 2020 QSEAC Agenda |
| 226.5                   | 06/02/20               | It was agreed that a verbal update on the latest planning position with regard to the control total would be provided at the Finance and Investment Committee meeting on 18th February and discussion would take place about how the Board would be informed of progress as delegated authority was required for the Chief Executive, Chief Finance Officer and Interim Chief Operating Officer to make the necessary draft submissions. | HJ, PW             | February 2020      | Action passed to the Finance and Investment Committee  |
| 228.6                   | 06/02/20               | Prof Alison Robertson, Chief Nurse said that there had been a change in guidance for Friend and Family Tests and it was agreed that a briefing would be provided at the next meeting.  | AR                 | April 2020         | Postponed until May 2020                               |
| 228.7                   | 06/02/20               | It was agreed that a view on data quality for the metrics provided in the Integrated Quality and Performance Report would be provided in the next report.  | PW                 | April 2020         | Postponed until May 2020                               |


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

NHS Foundation Trust

**Trust Board  
2 April 2020**
**Integrated Quality & Performance  
Report**
**Paper No: Attachment H**
**Submitted by:**

Sanjiv Sharma, Medical Director  
Alison Robertson, Chief Nurse  
Phil Walmsley, Interim Chief Operating  
Officer

**Aims / summary**

To provide a 3 month snapshot of hospital performance in key metrics relating to quality (safety, experience, effectiveness, responsiveness and whether we are well led).

To provide qualitative analysis of trends and themes and learning within the organisation.

To provide assurance regarding the plans to address non-compliance specifically:

**Incident Closure rate/number of incidents closed and average days to close:**

In excess of 1648 incidents were closed in February 2020 and at that time, no incidents were awaiting closure. However, as many of the investigations completed were over the 45 day timescale for closure, the percentage of incident closure within timescale and number of days to closure had not improved greatly in February 2020. Improvements can be seen however, when retrospective reviews are undertaken with compliance rates of closure within 45 days increasing from 30% in October 2019; 36% in November and 52% in December 2019. This continues to be monitored monthly. These statistics are now provided to the Performance teams and are included at the monthly Performance reviews.

**Duty of Candour:**

An improvement in the numbers of overdue local RCA investigations has been observed with 3 currently outstanding. Monthly monitoring continues with opportunity for escalation via the weekly safety meetings as well as by the Patient safety team in direct liaison with the investigation teams and triumvirates/Deputy CoS.

**Re-opened complaints:**

New criteria for re-opened complaints will be applied from April 2020. This means that complaints will be re-opened where concerns are raised about the inaccuracies within the complaint response or where the complaint response has raised further questions for the complaint. The revised criteria differentiates from continuations of the original complaint such as meeting requests or where clarification is requested. This is in-line with other Trusts.

**Serious Incident Actions:**

Although the number observed increased slightly in February, these are related to recently breached action responses. From the previous figures in excess of 500 overdue SI actions, the numbers of historical actions are reduced to 64. Work is ongoing to retrieve evidence of completion in order to close. As mentioned earlier,

this data is shared with the Performance team and are now discussed at the monthly Performance reviews.

**WHO Checklist Compliance:**

A reduction in compliance is observed in February. On examination, this reduction was linked mainly to EPIC and the coding changes. Work is underway to understand the changes and to cleanse the information to ensure accuracy. One area with reduced compliance had an impact on the overarching percentage compliance. Targeted education is being set up in order to improve their understanding and full completion when undertaking the WHO checklist.

**Performance:**

The Trust continues to underachieve against the 99% National standard, reporting 91.7% of patients waiting within 6 weeks for the 15 diagnostic modalities. There was a decrease in the number of breaches reported in February (n=112) when compared to the previous month (n=148)

The Trust did not achieve the RTT 92% standard, submitting performance of 85.95%, with 894 patients waiting longer than 18 weeks. This is a slight deterioration of 0.19% when compared to the previous month.

**52 Week Breaches:**

The Trust reported 36 patients waiting over 52 weeks. Clinical harm reviews have been undertaken for these patients.

**Action required from the meeting**

Report for noting, with the actions identified to improve compliance with key quality metrics

**Contribution to the delivery of NHS / Trust strategies and plans**

Delivery of high quality care

**Financial implications**

None

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

Head/Deputy Head of Quality & Safety  
 Head of Patient Experience  
 Director of Performance

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

Sanjiv Sharma, Medical Director  
 Alison Robertson, Chief Nurse  
 Phil Walmsley, Interim Chief Operating Officer

# Integrated Quality & Performance Report

**Sanjiv Sharma**

**Alison Robertson**

**Phil Walmsley**

**Caroline Anderson**

Medical Director

Chief Nurse

Chief Operating Officer

Director of HR & OD

Data correct as of 27 March 2020



# Hospital Quality Performance – March 2020 (February data)

## Are our patients receiving safe, harm-free care?

|  | Parameters   | Dec 2019   | Jan 2020   | Feb 2020   |
|--|--|------------|------------|------------|
| Incidents reports (per 1000 bed days)  | R<60 A 61-70 G>70                                  | 62 (n=478) | 82 (n=613) | 82 (n=598) |
| No of incidents closed   | R - <no incidents reptd<br>G - >no incidents reptd | 182        | 879        | 1648       |
| Incident Closure Rate<br>(% of incidents closed within policy)               | R 0-64%A>65-75%<br>G>76-100%                       | 78%        | 41%        | 33%        |
| Average days to close (2018 -2019 incidents)                                 | R ->50, A - <50<br>G - <45                         | 35.5       | 79.5       | 57.7%      |
| Medication Incidents<br>(% of total PSI)                                     | TBC  | 17.5%      | 19.2%      | 23.6%      |
| WHO Checklist (overall)  | R<98% G>98-100%                                    | 99.4%      | -          | 90.9%      |
| Near Miss reports (% of incidents reported)                                  | R <8%, A 8-9%,<br>G>10%                            | 3.5%       | 5.4%       | 3.7%       |
| New Serious Incidents  | R >1, A -1 G – 0                                   | 1          | 3          | 2          |
| Overdue Serious incidents  | R >1, A -1, G – 0                                  | 0          | 0          | 0          |
| Safety Alerts overdue  | R- >1 G - 0  | 0          | 0          | 0          |
| Serious Children's Reviews<br>Safeguarding children learning reviews (local) | New  | 0          | 0          | 0          |
|  | Open and ongoing                                   | 7          | 7          | 7          |
| Safeguarding Adults Board Reviews  | New  | 0          | 0          | 0          |
|  | Open and ongoing                                   | 2          | 2          | 2          |

## Are we delivering effective, evidence based care?

|  | Target  | Dec 2019 | Jan 2020 | Feb 2020 |
|--|---|----------|----------|----------|
| Specialty Led Clinical Audits on Track                     | R 0- 60%, A>60-75% G>75-100%                        | 83%      | 82%      | 80%      |
| Number of completed specialty led clinical audits per year | Aim =100 p.a G= YTD total at month end is on target | 107      | 118      | 130      |
| NICE guidance overdue for assessment of relevance          | R=1+, G=0   | 0        | 0        | 0        |
| Relevant NICE national guidance without a gap analysis     | R=1+, G=0   | 0        | 0        | 0        |
| Participation in mandatory relevant national audits        | G=100%  | 100%     | 100%     | 100%     |

## Are our patients having a good experience of care?

|   | Parameters                 | Dec 2019 | Jan 2020 | Feb 2020 |
|---|----------------------------|----------|----------|----------|
| Friends and Family Test Recommend rate (Inpatient)            | G – 95+, A- 90-94,<br>R<90 | 97%      | 98%      | 98%      |
| Friends and Family Test Recommend rate (Outpatient)           | G – 95+, A-90-94,R<90      | 91%      | 92%      | 94%      |
| Friends and Family Test - response rate (Inpatient)           | 25%                        | 22%      | 27%      | 26%      |
| PALS (per 1000 combined pt episodes)                          | N/A                        | 5.78     | 7.21     | 6.71     |
| Complaints (per 1000 combined pt episodes)                    | N/A                        | 0.37     | 0.41     | 0.27     |
| Red Complaints (%total complaints 12 month rolling)           | R>12% A- 10-12%<br>G- <10% | 7%       | 6%       | 6%       |
| Re-opened complaints (% of total complaints 12 month rolling) | R>12% A- 10-12% G- <10%    | 14%      | 11%      | 10%      |

## Are our People Ready to Deliver High Quality Care?

|   | Parameters              | Dec 2019 | Jan 2020 | Feb 2020 |
|---|-------------------------|----------|----------|----------|
| Mandatory Training Compliance                     | R<80%,A-80-90% G>90%    | 95%      | 94%      | 94%      |
| Stat/Man training – Medical & Dental Staff        | R<80%,A-80-90% G>90%    | 89%      | 89%      | 88%      |
| PDR   | R<80%,A-80-89% G>90%    | 90%      | 88%      | 88%      |
| Appraisal Compliance (Consultant)                 | R<80%,A-80-90% G>90%    | 94%      | 91%      | 89.7%    |
| Safeguarding Children Level 3 Training compliance | R<80%,A-80-90%<br>G>90% | 91%      | 88%      | 86%      |
| Safeguarding Adults L2 Training Compliance        | R<80%,A-80-90%<br>G>90% | 96%      | 96%      | 96%      |
| Resuscitation Training                            | R<80%,A-80-90% G>90%    | 92%      | 88%      | 88%      |
| Sickness Rate                                     | R -3+%<br>G= <3%        | 2.8%     | 2.8%     | 2.61%    |
| Turnover - Voluntary                              | R>14% G-<14%            | 15.7%    | 16.1%    | 16.25%   |
| Vacancy Rate – Contractual                        | R- >10% G- <10%         | 7.8%     | 7.3%     | 7.2%     |
| Vacancy rate - Nursing                            |                         | 6.3%     | 5.7%     | 6.1%     |
| Bank Spend  |                         | 4.8%     | 5.4%     | 5.4%     |
| Agency Spend                                      | R>2% G<2%               | 0.7%     | 0.7%     | 0.7%     |

# Hospital Quality Performance – March 2020 (February data)

## Is our culture right for delivering high quality care?

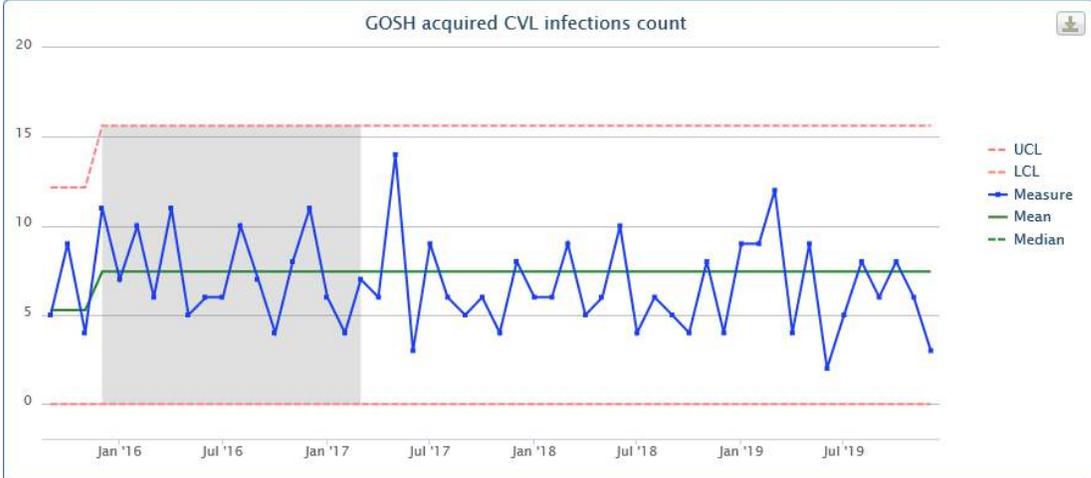
## Are we managing our data?

|   | Target                    | Dec 2019 | Jan 2020 | Feb 2020 |
|---|---------------------------|----------|----------|----------|
| High Risk Review (% reviewed within date)                     | R<80, A 81-90% G>90%      | 67.7%    | 92%      | 92%      |
| Serious Incident Actions (number of actions overdue)          | R- >2 A- 1-2 G-0          | 152      | 122      | 133      |
| Red Complaints Action Plan Completion (no of actions overdue) | R- >2 A- 1-2 G-0          | 4        | 1        | 1        |
| Duty of Candour Cases   | N/A                       | 5        | 8        | 8        |
| Duty of Candour Conversation (Stage 1)                        | R<75% A 75-90% G>90%      | 100%     | 100%     | 100%     |
| Duty of Candour Letter (Stage 2) Has a letter been sent?      | R<75% A 75-90% G>90%      | 40%      | 100%     | 75%      |
| Duty of Candour – compliance with 10 days                     | R<75% A 75-90% G>90%      | 50%      | 87.5%    | 62.5%    |
| Duty of Candour - Stage 3 Total sent out in month             | Volume                    | 4        | 5        | 2        |
| Duty of Candour – Stage 3 Total (%) sent out in month on time | R<50%, A 50-70%, G>70%    | 75%      | 20%      | 100%     |
| Duty of Candour – Stage 3 Total overdue (cumulative)          | G=0 R=1+                  | 5        | 6        | 5        |
| Policies (% in date)  | R 0- 79%, A>80% G>90%     | 77%      | 72%      | 73%      |
| Safety Critical Policies (% in date)                          | R 0- 79%, A>80% G>90%     | 86%      | 83%      | 69%      |
| Fit and Proper Person Test Compliance (self assessment)       | R - <90%A 90-99% G – 100% | 100%     | 100%     | 100%     |
| Inquests currently open                                       | Volume monitoring         | 7        | 7        | 8        |
| Freedom to speak up cases                                     | Volume monitoring         | 9        | 4        | 82       |
| HR Whistleblowing - New                                       | Volume monitoring         | 0        | 0        | 0        |
| HR whistleblowing - Ongoing                                   | 12 month rolling          | 0        | 0        | 1        |
| New Bullying and Harassment Cases (reported to HR)            | Volume                    | 0        | 1        | 0        |
|   | 12 month rolling          | 2        | 3        | 2        |

|  | Target                     | Dec 2019 | Jan 2020 | Feb 2020 |
|--|----------------------------|----------|----------|----------|
| FOI requests   | Volume                     | 30       | 68       | 48       |
| FOI Closures: % of FOIs closed within agreed timescale   | R- <65% A – 65-80% G- >80% | 100%     | 100%     | 100%     |
| No. of FOI overdue (Cumulative)                          |                            | 4        | 0**      | 2        |
| FOI - Number requiring internal review                   | R>1 A=1 G=0                | 0        | 0        | 1        |
| FOI Number referred to ICO                               | G=0 R=1+                   | 0        | 0        | 0        |
| Information Governance Incidents                         | volume                     | 9        | 19       | 13       |
| IG incidents reported to ICO                             | R=1+, G=0                  | 1        | 0        | 0        |
| SARS (Medical Record ) Requests                          | volume                     | 105      | 145      | 116      |
| SARS (Medical Record) processed within 30 days           | R- <65% A – 65-80% G- >80% | 98.4%    | 97.9%    | 96%      |
| New e-SARS received                                      | volume                     | 2        | 0        | 1        |
| No. e-SARS in progress                                   | volume                     | 5        | 4        | 4        |
| E-SARS released  | volume                     | 1        | 0        | 1        |
| E-SARS released past 90 days                             | volume                     | 0        | 0        | 1        |
|  | Target                     | Dec 2019 | Jan 2020 | Feb 2020 |
| 52 week + breaches reported (ticking at month end)       | Volume                     | 27       | 38       | 39       |
| 52 week + harm reviews overdue (for treatment completed) |                            | 49       | 27**     | 27       |

# Do we deliver harm free care to our patients?

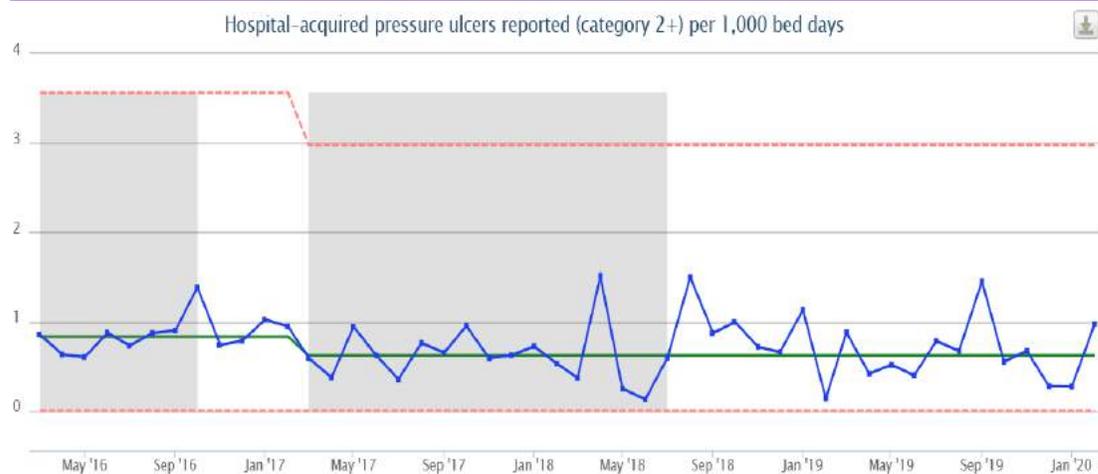
## Central Venous Line Infections



## Infection Control Metrics

| Care Outcome Metric  | Parameters | Nov 2019 | Dec 2019 | Jan 2020 | Feb 2020 |
|--|------------|----------|----------|----------|----------|
| Bacteraemias (mandatory reporting – MRSA, MSSA, Ecoli, Pseudomas Klebsiella)               | In Month   | 7        | 7        | 5        | 12       |
|  | YTD        | 57       | 64       | 69       | 81       |
| C Difficile cases - Total  | In month   | 2        | 1        | 0        | 0        |
|  | YTD        | 6        | 7        | 7        | 7        |
| C difficile due to lapses (Considered Trust Assigned but awaiting confirmation from NHS E) | In Month   | 1        | 0        | 0        | 0        |
|  | YTD        | 3        | 3        | 3        | 3        |

## Pressure Ulcers



## Medication incidents causing harm



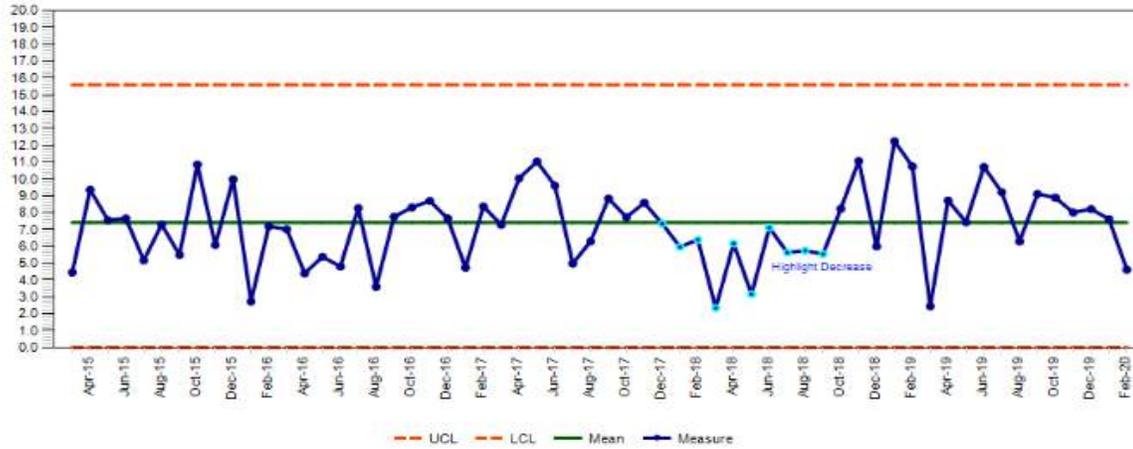
|                                       |        |                        | Jun 19 | July 19 | August | Sept 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Feb 20 |
|---------------------------------------|--------|------------------------|--------|---------|--------|---------|--------|--------|--------|--------|--------|
| Hospital Acquired Pressure Ulcer (2+) | Volume | R – 12+, A 6-11 G =0-5 | 3      | 6       | 5      | 11      | 4      | 5      | 2      | 2      | 1      |
|                                       | Rate   | R=>3 G=<3              | 0.4    | 0.78    | 0.67   | 1.45    | 0.54   | 0.66   | 0.27   | 0.27   | 0.97   |

|                                     | May 19 | Jun 19 | July 19 | Aug 19 | Sept 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Feb 20 |
|-------------------------------------|--------|--------|---------|--------|---------|--------|--------|--------|--------|--------|
| % medication incidents causing harm | 8%     | 11%    | 13%     | 7%     | 15%     | 12%    | 15%    | 10%    | 13%    | 12.7%  |

# Does our care provide the best possible outcomes for patients?

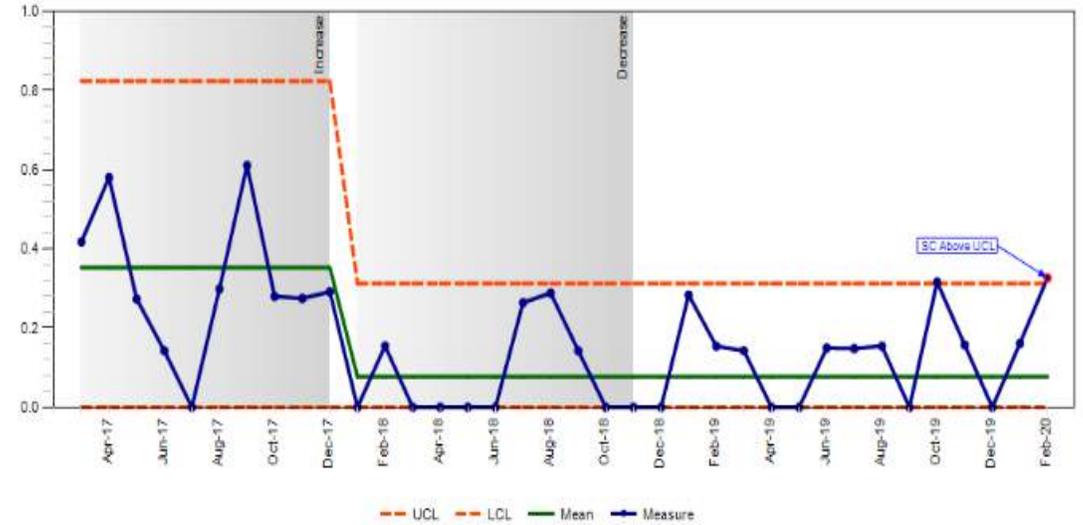
## Inpatient mortality

inpatient mortality rate per 1000 discharges



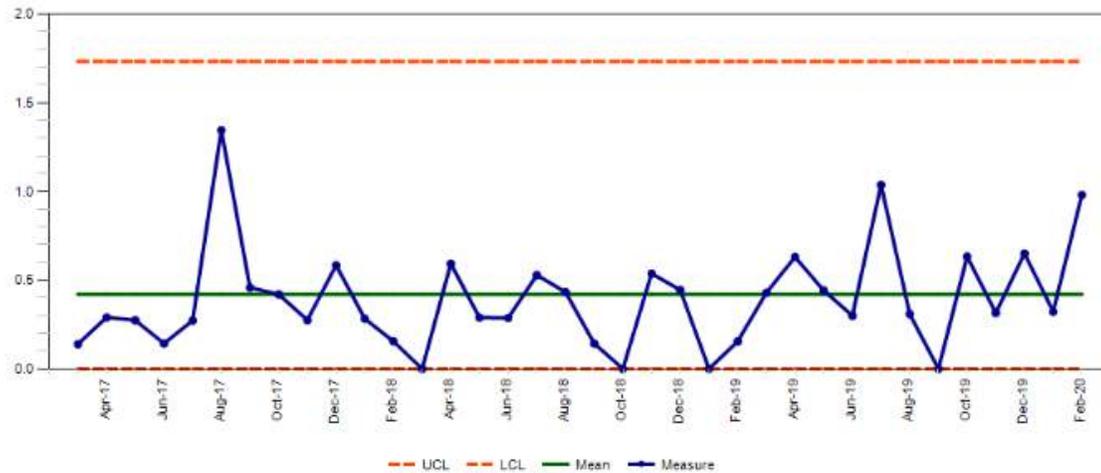
## Cardiac Arrests

cardiac arrests outside ICU per 1000 bed days



## Respiratory Arrests

respiratory arrests outside ICU per 1000 bed days



No concerns noted in rates of respiratory and cardiac arrest based on current data.

# Are we Well Led?

There were 8 incidents that were identified as requiring **duty of candour** in February 2020, although 2 of these are still awaiting clinical review to determine level of harm and whether they fulfil DoC criteria. Being Open/Duty of Candour conversations occurred with all listed incidents. In terms of compliance with Stage 2 (letter being sent within 10 days of the conversation being undertaken, 5 were sent within the timeframe (62.5%) The outstanding letter was sent shortly after deadline.

In terms of stage 3 compliance (sharing of reports with patient/families) 2 reports were sent out. However, neither of these were shared within the required timeframe due to the delays in completing the investigations. There are 3 local RCA investigations which are overdue their completion deadline. Progress update requests have been sent and received with proposed dates for completion. This is being monitored.

**Risk Register: High risk** monthly review performance remains at a compliance rate of 92%. 5 of the 63 risk were overdue their review (n=4 were within clinical areas) These have been subsequently updated. This continues to be monitored monthly.

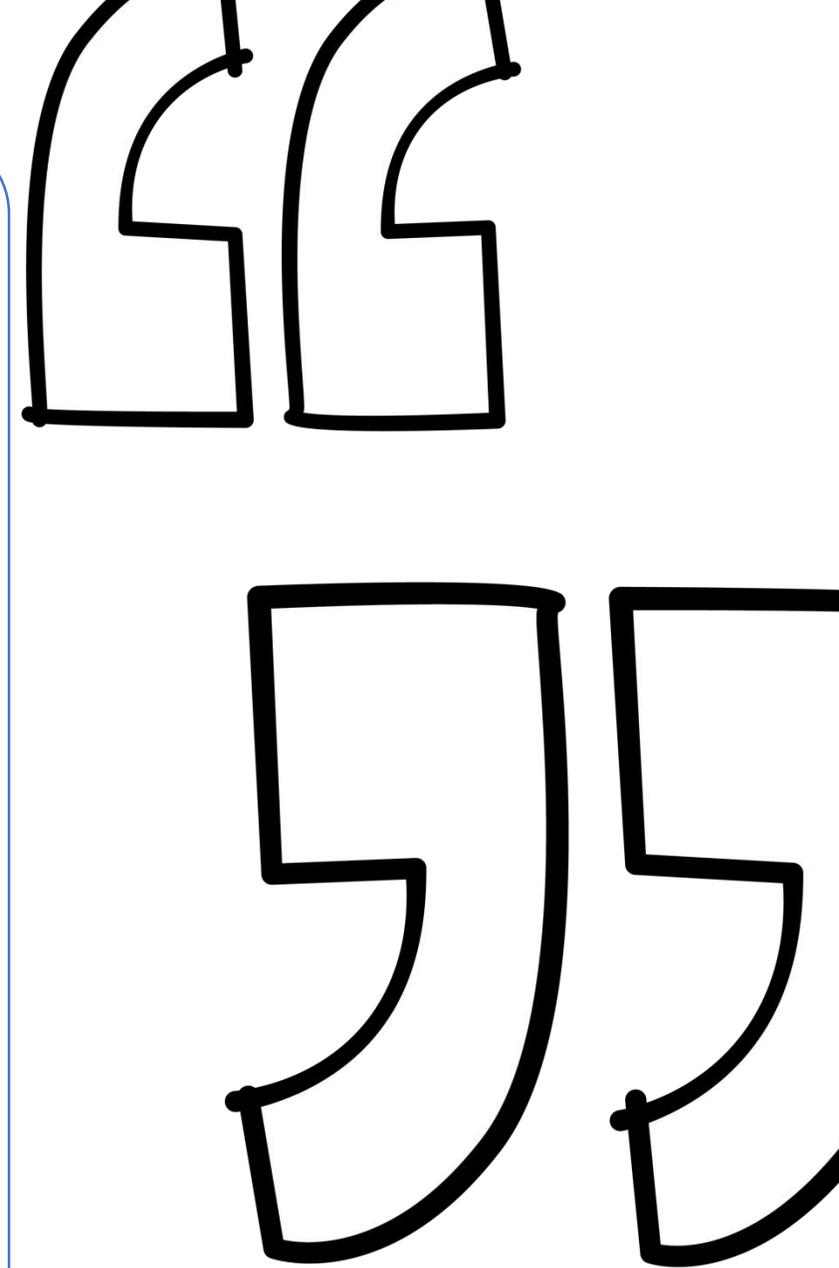
A decrease in **FOI** requests was observed for the month of February 2020 (n=48) when compared to the previous month. With the January FOI requests (deadlines due in February) and the February FOI cases due in February, 100% compliance was achieved. 1 internal reviews requested and no ICO complaints received.

With regard to overdue documented **Serious Incident actions**, there are currently 135 open SI actions, of which 133 are overdue. 64 are considered to be historic (>5 yrs) with the remaining 69 actions related to SI reports from the last 18 months. Work to gather the evidence for these are continuing. This will continue to be monitored monthly via PSOC and the MD & DCOS meetings.

There are 38 breaches of the 52 week pathway (at month end) for patients on a ticking pathway. Clinical Harm Reviews are carried out for patients who have waited longer than 52 weeks for their treatment. As of 29/02/20 there are 27 overdue harm reviews, 17 of which are dental, 3 are for ENT, 1 Maxillofacial, 2 Craniofacial, 2 Plastic Surgery, 1 Gastroenterology and 1 Neurosurgery. These Harm Reviews are expected to be completed by 6 March 2020.

There are currently 8 open CAS alerts in February 2020, and are within timescale. Details of these are provided later in the report.

Policy performance, remains static at 73% of policies currently in date, although compliance in updating of safety critical policies have reduced to 69% from 83% in the previous month. Due to the current COVID-19 crisis, Policy Approval Group meetings have been suspended. All policies with only minor revisions required would be reviewed and approved or granted extensions via Chair's action.



# Are we Safe?

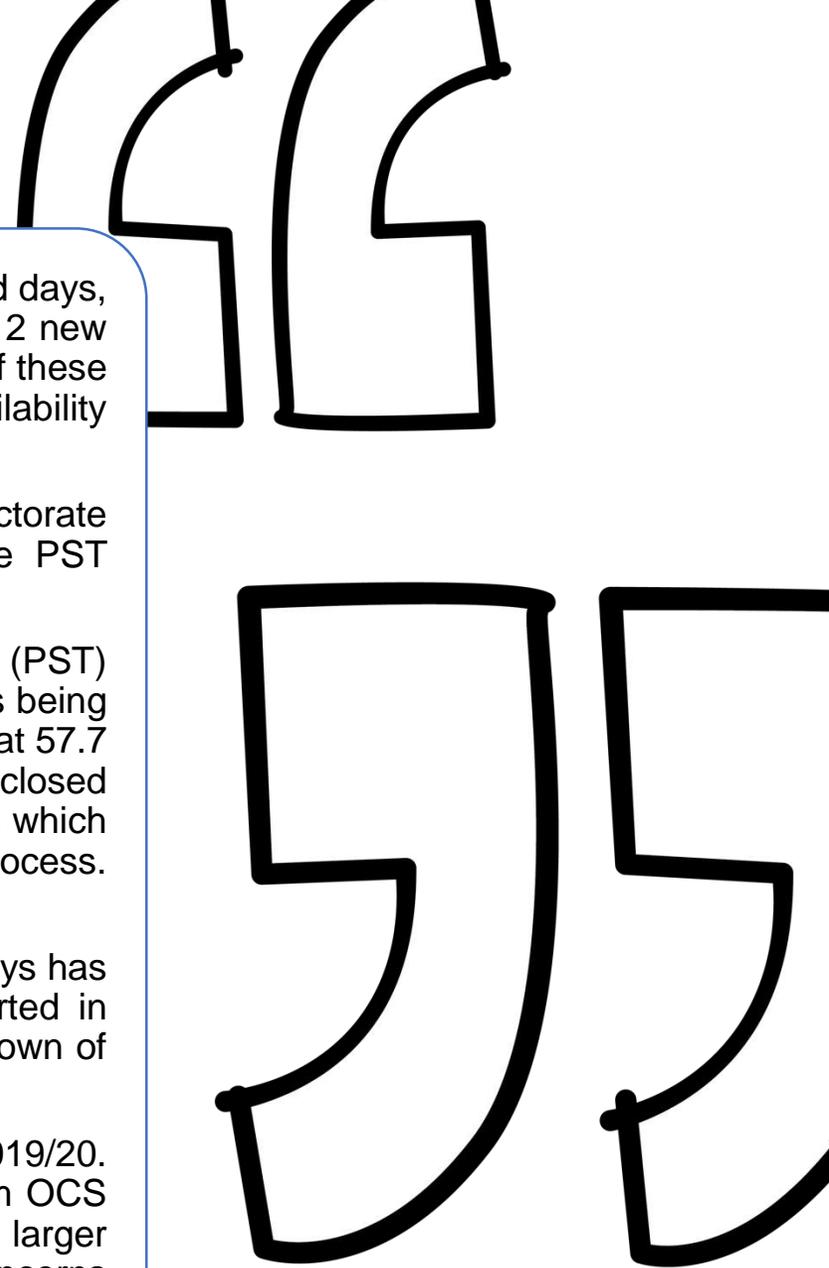
There were 598 **incidents** reported in February 2020. The total volume, and the rate per 1000 bed days, is noted to have increased. There are currently 5 open **serious incident** investigations including 2 new SI's declared in February. All investigations are on-going and are currently within timescale (one of these includes an approved extension by NHSE- requested due to complexity of investigation and availability of key personnel for input to investigation).

As previously explained, a weekly report monitoring both investigation completion by the directorate teams and the numbers of completed investigations that require review and closure by the PST continues to be circulated in order to monitor progress.

The number of **incidents being quality checked and closed** by the Patient Safety team (PST) increased to 1648 in February (cf 182 in December; 879 in February). The percentage of incidents being closed within 45 working days has decreased this month to 33% with the average days to closure at 57.7 days (cf 79 days in January). As expected this is due to the numbers of incidents that are being closed that were reported in 2018 and 2019. Changes have been made to the Datix management system which will allow greater identification of the hot spots in performance with the Incident Management Process. This will be available for the April IQPR (March data).

A monthly report has been developed which breaks down the compliance data once 45 working days has passed. In October 2019, the Trust-wide compliance stats show that 30% of incidents reported in October were closed within timeframe; 36% in November and 52% in December 2020. A breakdown of directorate performance has been completed and circulated accordingly.

The Freedom to Speak up service has a marked increase in contacts between 2018/19 and 2019/20. February 2020 in particular saw a significant increase due to the presentation of 2 petitions from OCS cleaning staff. 1 was related to OCS not allowing sufficient time for Muslim staff to pray but the larger petition was about poor relations between OCS managers and the OCS cleaners. No safety concerns related to GOSH staff or patients were identified.



# Are we Safe?

**WHO Checklist Compliance** reduced in January and February. Parameters of EPIC reporting changed (related to how cases were coded) and a reduction in compliance was observed. Significant effort required to understand coding changes and cleansing of data ongoing (operations cancelled at various stages not being removed), theatre areas currently at 90% Compliance rate also reduced due to outlier LASER at 44%. This area is currently receiving targeted training when activity in that area resumes (post Covid-19)

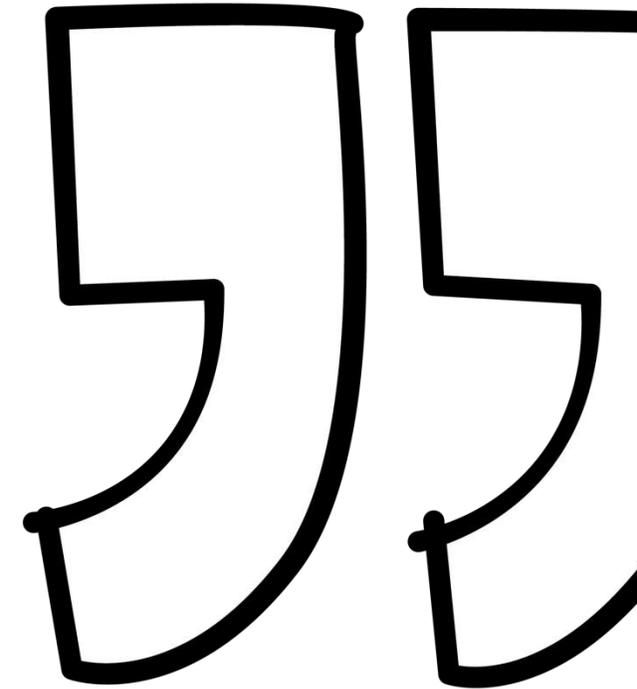
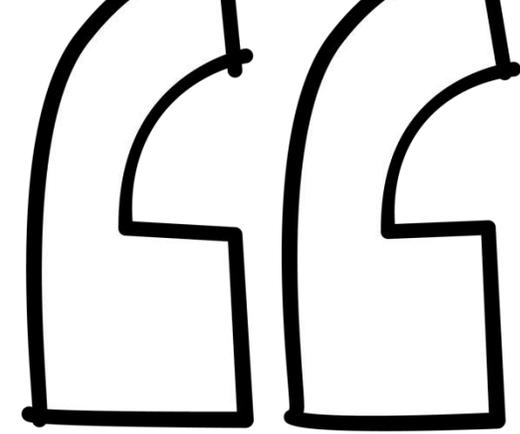
# Are we Effective?

There have been 130 **speciality led clinical audits** completed between April 2019 and February 2020.

80% of our speciality led clinical audits are on track in February 2020. This is well within target, and represents an increase on previous months. We remain fully compliant with our participation in all relevant **mandatory national audits**.

We are 100% compliance with **NICE guidelines** initial assessment and gap analysis for relevant guidance.

There are 3 open Trust-wide **Quality Improvement projects** currently, relating to medication safety, urethral catheterisation and reducing rejected laboratory samples. There are 6 Quality Improvement mentoring projects underway. A feature QI project is also underway examining the reduction of unnecessary tests requested for the long term monitoring of OA and UCD patients by April 2020.



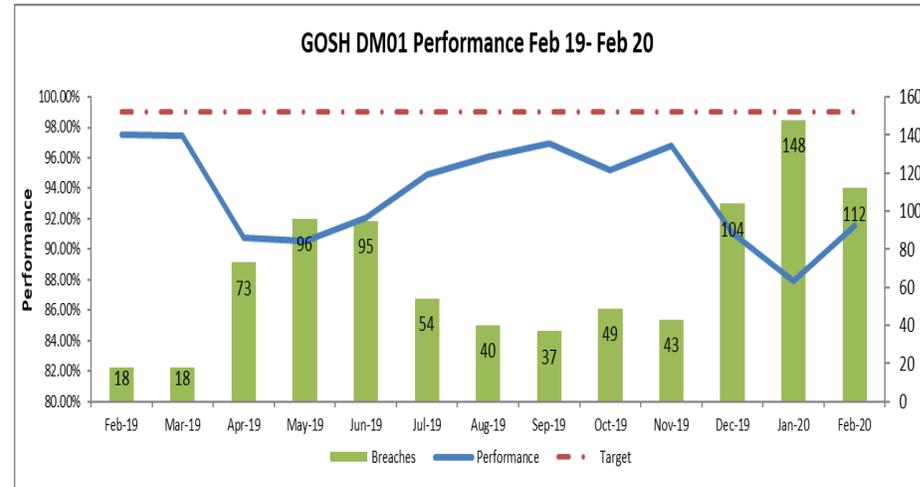
## Are we delivering effective and responsive care for patients to ensure they have the best possible outcomes?

| Responsive Hospital Metrics  |                     | Dec-19   | Jan-20   | Feb-20   | Effective & Productivity Hospital Metrics |                   | Dec-19            | Jan-20   | Feb-20    |
|--|---------------------|----------|----------|----------|---|-------------------|-------------------|----------|-----------|
| Diagnostics: patient waiting <6 weeks  | R<99%<br>G -99-100% | 91.02% ↑ | 87.94% ↓ | 91.57% ↑ | Discharge summary 24 hours                | R=<100%<br>G=100% | 68.02% ↓          | 73.65% ↑ | 76.08% ↑  |
| Cancer 31 day: referral to first treatment   | R<85%<br>G 85%-100% | 100% →   | 100% →   | 100% →   | Clinic Letter– 7 working days             | R=<100%<br>G=100% | 53.84% ↓          | 49.64% ↓ | 50.83% ↑  |
| Cancer 31 day: Decision to treat to First Treatment                                | R<96%<br>G 96-100%  | 100% →   | 100% →   | 100% →   | Was Not Brought (DNA) rate                |                   | 6.82%             | 6.42%    | 6.21%     |
| Cancer 31 day: Decision to treat to subsequent treatment - surgery                 | R<94%<br>G94-100%   | 100% →   | 100% →   | 71% ↓    | Theatre Utilisation – Main Theatres       | R<77%<br>G>77%    | 55.38% ↓          | 66.73% ↓ | 67.75% ↑  |
| Cancer 31 day: decision to treat to subsequent treatment - drugs                   | R<98%<br>G 98-100%  | 100% →   | 100% →   | 100% →   | Theatre Utilisation – Outside Theatres    | R<77%<br>G>77%    | Data under review |          |           |
| Cancer 62 day: Consultant upgrade of urgency of a referral to first treatment      | -                   | 100% ↑   | 100% →   | 100% →   | Trust Beds                                | Bed Occupancy     | Data under review |          |           |
| Theatre Cancellation for non-clinical reason                                       | -                   | 25 ↑     | 35 ↑     | 30 ↓     | Beds available                            |                   | 423               | 423      | 423       |
| Last minute non-clinical hospital cancelled operations - breach of 28 day standard |                     | 3 ↓      | 3 →      | 2 ↓      | Avg. Ward beds closed                     |                   | 56                | 46       | ↓         |
| Urgent operations cancelled for a second time.                                     | R 1+<br>G=0         | 1 →      | 0 ↓      | 0 →      | ICU Beds Closed                           |                   | 7                 | 5        | 6 ↓       |
| Same day/day before hospital cancelled outpatients appointments                    | -                   | 1.48% ↓  | 1.25% ↓  | 1.70% ↓  | Refused Admissions                        | Cardiac           | 4                 | 1        | 2 ↑       |
| RTT Incomplete pathways (national reporting)                                       | 92%                 | 84.98% ↓ | 86.14% ↑ | 85.95% ↓ | PICU/NICU                                 |                   | 58                | 19       | 14 ↓      |
| RTT: Average Wait of All RTT Pathways  |                     | 9.72 ↑   | 9.53 ↓   | 9.65 ↓   | Internal 8-24 hours                       |                   | 3                 | 0        | 2 ↑       |
| RTT number of incomplete pathways <18 weeks  | -                   | 4949 ↑   | 5120 ↑   | 5347 ↑   | Internal 24h +                            |                   | 0                 | 1        | 1 ↑       |
| RTT number of incomplete pathways >18 weeks  | -                   | 875 ↓    | 824 ↓    | 874 ↑    | External 8-24 hr                          |                   | 2                 | 0        | 3 ↑       |
| RTT Incomplete pathways >52 weeks Validated  | R - >0,<br>G=0      | 27 ↑     | 38 ↑     | 36 ↓     | External 24h+                             |                   | 3                 | 1        | 1 ↑       |
| RTT incomplete pathways >40 weeks validated  | R - >0,<br>G=0      | 101 ↑    | 119 ↑    | 124 ↓    | Total 8-24h                               |                   | 5                 | 0        | 5 ↑       |
| Number of unknown RTT clock starts – Internal Ref                                  | -                   | 9 ↓      | 7 ↓      | 7 ↓      | Total 24h +                               |                   | 0                 | 2        | 2 ↑       |
| Number of unknown RTT clock starts – External Ref                                  | -                   | 415 ↑    | 402 ↓    | 382 ↑    | PICU Emergency Readmission <48h           | -                 | 0                 | 1        | 1 ↑       |
| RTT: Total number of incomplete pathways known/unknown - <18 weeks                 | -                   | 5343 ↓   | 4986 ↓   | 5711 ↑   | Daycase Discharges                        | In Month          | 2,040             | 2,469    | 2,216 ↑   |
| RTT: Total number of incomplete pathways known/unknown - >18 weeks                 | -                   | 893 ↓    | 824 ↓    | 896 ↑    | YTD                                       |                   | 19,579            | 22,048   | 24,264 ↓  |
|  |                     |          |          |          | Overnight Discharges                      | In Month          | 1,332             | 1,458    | 1,425 ↑   |
|  |                     |          |          |          | YTD                                       |                   | 13,126            | 14,584   | 16,009 ↓  |
|  |                     |          |          |          | Critical Care Beddays                     | In Month          | 1,575             | 1,855    | 1,083 ↑   |
|  |                     |          |          |          | YTD                                       |                   | 11,513            | 13,368   | 14,451 ↓  |
|  |                     |          |          |          | Bed Days >100 days                        | No of Patients    | 5                 | 7        | 8 ↑       |
|  |                     |          |          |          | No of Beddays                             |                   | 752               | 1,121    | 1,385 ↓   |
|  |                     |          |          |          | Outpatient attendances (All)              | In Month          | 14,463            | 18,803   | 17,222 ↑  |
|  |                     |          |          |          | YTD                                       |                   | 157,741           | 176,544  | 193,766 ↓ |

# Responsive – Diagnostic Waiting Times

## February 2020 Summary

- The Trust continues to underachieve against the 99% national standard, reporting 91.57% of patients waiting within 6 weeks for the 15 diagnostic modalities, an increase in performance compared to previous months.
- There was a decrease in the number of breaches reported in February (112) compared to the number of breaches reported in January (148).
- Of the 112 breaches, 105 are attributable to modalities within Imaging (94 of which are MRI), 1 each in Gastroscopy, Cytoscopy and Colonoscopy, and 4 in Sleep Studies.



Breaches fall in four distinct themes: 24 due to booking process issues (Booked past breach date with no reasonable offers, issues and delays in contacting patient, patient wrongly categorised as planned), 73 due to lack of capacity (GA, sedation, 3T capacity), 4 due to tolerance (Failed sedation and feed & wrap) and 11 due to Trust process issue (Delay in protocolling, list overrun, consultant on leave, cancellations due to urgent patient).

The Trust continues to monitor the diagnostic recovery plan however Covid-19 is having a significant impact on the Trust ability to deliver against the standard and therefore it is likely that performance will worsen further in the coming months.

## Cancer Wait Times

At the time of writing the report for the month of February 2020, two breaches were reported against the 31 day decision to treat for surgery standard which meant the trust performance was 71% against the standard of 94%. Both were neurosurgery patients who were delayed due to lack of capacity and administrative processes internally. A full root cause analysis will be completed into the circumstances surrounding each of these breaches.

# Responsive – Referral to Treatment

## February 2020 Summary

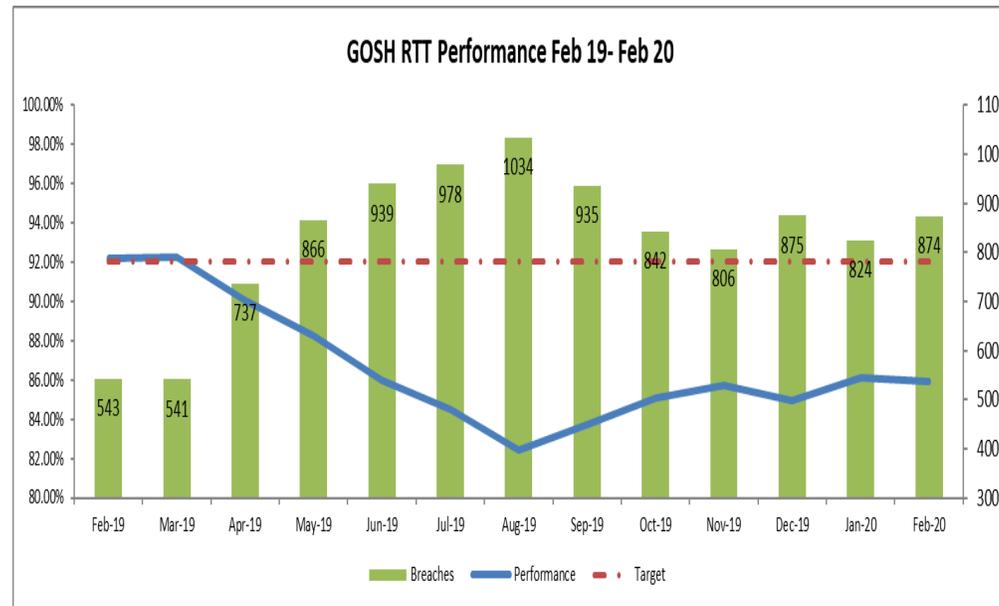
- The Trust did not achieve the RTT 92% standard, submitting performance of 85.95%, with 874 patients waiting longer than 18 weeks, this is a slight deterioration of 0.19% from the previous month.
- Dental/Maxfax relates to the loss of two consultants (retirement and maternity leave) leaving only one consultant within the service who can complete GA work, although considerable work has been undertaken with additional sessions and outsourcing work to Chelsea and Westminster Hospital. Plastic Surgery has also experienced a loss of consultant within a highly specialised service. The SDR service within Neurosurgery became NHS commissioned in July 2018 and as a result has seen a significant increase in demand which has impacted on our RTT position.
- We are expecting a further deterioration of RTT performance in the coming months due to cancellation of all our non urgent operations in recent weeks to respond to the national COVID-19 crisis.
- The Trust is currently reviewing all under achieving specialties and working with services to produce recovery plans and trajectories, commencing with those most challenged areas, however these will require updating in light of Covid. The number of patients waiting 40 weeks+ has again increased to 124 patients in February (from 117 patients in January), primarily driven by the 52 week position. A daily huddle is now in place with the COO and GMs to discuss any patients who are due to breach 52 weeks at the end of month.
- In terms of this standard for the month of February, the Trust had an average wait for an incomplete pathway of 9.65 weeks against an average standard of 8.1 weeks.

## 52+ Week Waits: Incomplete pathways

The Trust reported 36 patients waiting over 52 weeks in the following specialties:

- **Dental & MaxFax (22)** – 10 patients' TCIs have been cancelled due to Covid-19, 9 patients have been treated resulting in a clock stop (2 of which were treated at C&W) and the remainder 5 are awaiting a TCI.
- **Plastic surgery (5)** – 1 patient has had a clock stop in March, 1 patient is awaiting a TCI and the other patient has been cancelled due to Covid-19.
- **Neurosurgery (3)** - SDR patients – 2 patients have now been treated and the other patient has been cancelled due to Covid-19.
- **Craniofacial (3)**- Patients awaiting new TCI due to cancellations (patient unwell, theatre staff shortage)
- **ENT (2)**- One patient is also a max fax patient and is awaiting a new TCI due to previous one being cancelled as patient was unwell, and the other patient is also awaiting a TCI.

At the time of writing the Trust is currently projecting 29 patients waiting over 52+ weeks by the end of March 2020, majority due to the impact of Covid-19, but also due to patient choice. A 6 month projection of 52+ week waits is currently in progress.

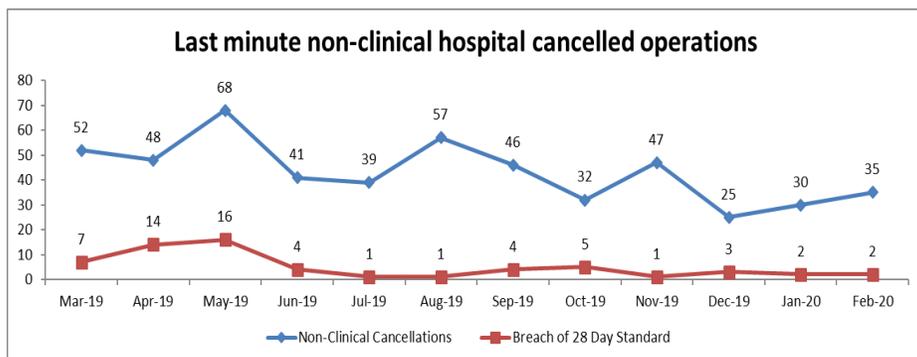


## Responsive – Last minute non-clinical hospital cancelled operations (and associated 28 day breaches)

### Last minute non-clinical hospital cancelled operation.

Reported in the dashboard are the monthly breakdowns for this quarterly reportable indicator, with the latest available position for February 2020.

For February, there were 35 patients cancelled compared to 30 in January. The areas contributing most to the monthly position are Cardiac Surgery (6), Neurosurgery (6), SNAPS (4), Cardiology (4), ENT (2), Neurology (2), Urology (2) and Gastroenterology (2). The top three reasons recorded for the month are :List overrun (13), Emergency/Urgent patient taking priority (9) and ICU bed unavailable (4).



### Last minute non-clinical hospital cancelled operations: Breach of 28 day standard

The Trust reported 2 last minute cancelled operations not readmitted within 28 days in February, compared to three in January. The areas of breach are Cardiology and Cardiac Surgery, with one patient cancelled due to COVID-19.

## Urgent operations cancelled for a second time

- The Trust has reported no patient being cancelled for an urgent operation for the a second time in February.
- This indicator has been added the Dashboard for 2018/19 following agreement with NHSE the content of Schedule 4 of the NHS Contract.

## Data Completeness – Mental Health Identifiers

### Mental Health Identifiers: Data Completeness

The Trust is nationally required to monitor the proportion of patient accessing Mental Health Services that have a valid NHS number, date of birth, postcode, gender, GP practice and Commissioner code. Within this area the Trust did meet the 97% standard with 97.74% of patients having valid data in February. We are working with teams to ensure that all data items are captured efficiently going forward.

### Mental Health: Ethnicity Completion - %

This indicator has been added to the Dashboard for 2018/19 following agreement with NHSE the content of Schedule 4 of the NHS Contract.

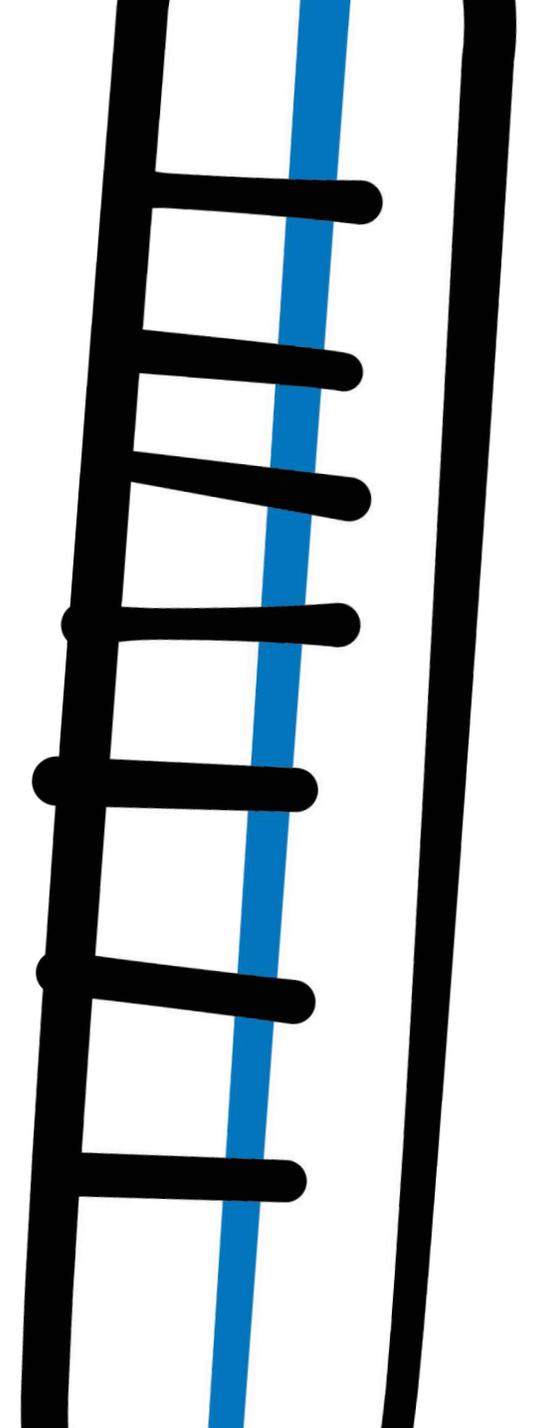
The Trust has seen a significant improvement in collating ethnicity for patients accessing mental health services, with 68.30% in February having a valid ethnic code, a slight improvement from January's position (67.98%). This continues to be addressed with operational teams via weekly monitoring, refreshed training and focused Data Assurance work. Capture of this data is now completed within the EPIC system.

## Patients with a valid NHS Number

### % of patients with a valid NHS Number Inpatients and Outpatients

This indicator has been added to the Dashboard for 2018/19 following agreement with NHSE the content of Schedule 4 of the NHS Contract.

Nationally the Trust is monitored against achieving 99% of patients having a valid NHS Number across all services being accessed. As the report depicts for both Inpatients and Outpatients this is below the standard. Work is continues to improve collating our patient's NHS number.

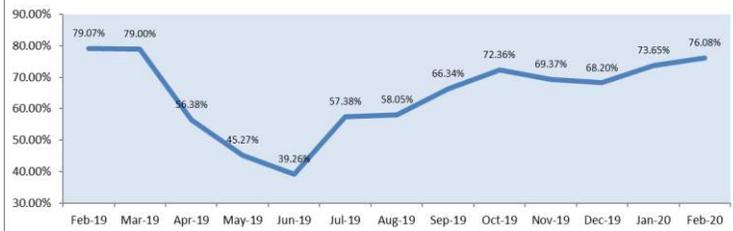


## Effective – Discharge Summaries

### February 2020 Summary

- Although not at the required standard of 100% compliance, considerable focus has been placed on this indicator by both the operational and clinical teams to improve compliance. For the month of February, 76.08% of patients who were discharged from GOSH received a discharge summary within 24 hours, an improvement from the January position of 73.65%.
- This focus includes backlog clearance of discharge summaries and the embedding of the completion of discharge summaries in real time into clinical practice. Compliance against the standard continues to be reported on a weekly basis through SLT and the weekly General Managers meeting. Significant improvement has been made in reduction of the backlog also, with no discharge summaries pre-dating September.
- Working groups have been initiated to focus on specific challenges experienced by services and ensure resolutions are agreed and transacted. Training materials and courses have been reviewed and the workflow has been clearly communicated. Targeted support will be offered to individuals/services with poor metrics. The EPR team in conjunction with Service Managers will approach clinicians with additional training and guidance.

% of discharge summaries sent within one day



% of clinic letters sent within 7 days



## Clinic Letter Turnaround Times

For February 2020, performance has slightly improved in relation to 7 day turnaround; 50.83% compared to 48.90% in January.

The EPR team have now rolled out the 'clinic letter not required' button within Epic, to specific services at a clinic level which can be used for individual patient appointments where a clinic letter will not be required for clinical reasons. Additional training is being provided for Clinicians and Operational Managers to ensure that everyone is aware of the process, presentation of the performance and backlog figures at the weekly at the Senior Leadership Team (SLT) meeting and targets set for improvement week on week and to be managed and flagged through the weekly PTL meetings, targeted support will be offered to individuals/services with poor metrics

Focused work is also looking at those areas by speciality where patients have multiple letters within the same service which have not been sent, to understand if some of the earlier letters can be closed off. This has the potential to reduce the backlog by up to 25%.

## Productivity – Theatre Utilisation

Main theatre utilisation for February is currently at 67.75%, a slight improvement from January's utilisation of 66.73%. Work continues on targeting fully utilising lists and addressing delays with clerking and consenting of patients.

A working group has been established to review theatre utilisation reports and work continues on developing the theatres dashboard to include a range of appropriate theatre indicators such as non main theatre utilisation, future session utilisation report and data quality monitoring. This work is progressing well and will be available in the next few months.



## Bed Occupancy and Closures

The metrics supporting bed productivity are to be improved for future months, however for now, reflect occupancy and (as requested) the average number of beds closed over the reporting period.

**Occupancy:** Q3 occupancy was reported as 88.2%, a significant increase from Q2 occupancy which was reported as 78.4%. Work is underway to produce the monthly breakdown for occupancy.

**Bed closures:** The average number of beds closed in February (41) was slightly lower than the number reported in January (46). This was mainly due to Dragonfly, Butterfly and Bumblebee having an average of 4-5 beds closed over the month mainly due to staffing. NICU/PICU/CICU have experienced an average of 5 beds closed.

## Trust Activity

**Trust activity:** February activity for day case remains just below plan, while the level of activity for over night stays continues to track above the plan, although the level of activity across spells was more than last month. For outpatients the volume of attendances continues to track below plan, emphasising the focus needed across teams to return outpatient activity to pre-Epic levels. Critical care bed days are above plan but lower than last month's activity. Covid-19 is going to have a significant impact on our activity levels in future months.

**Long stay patients:** This looks at any patient discharged that month with a length of stay (LOS) greater than 100 days, and the combined number of days in the hospital. For the month of February, there were eight patients whose stay in hospital at point of discharge was over 100 days, accumulating 1,383 bed days in total.

## Productivity – PICU Metrics

The KPIs have been agreed collaboratively with the Trusts PICU consultants and are designed to provide a triangulated picture of the service. Further analysis and intelligence will be added in future reports.

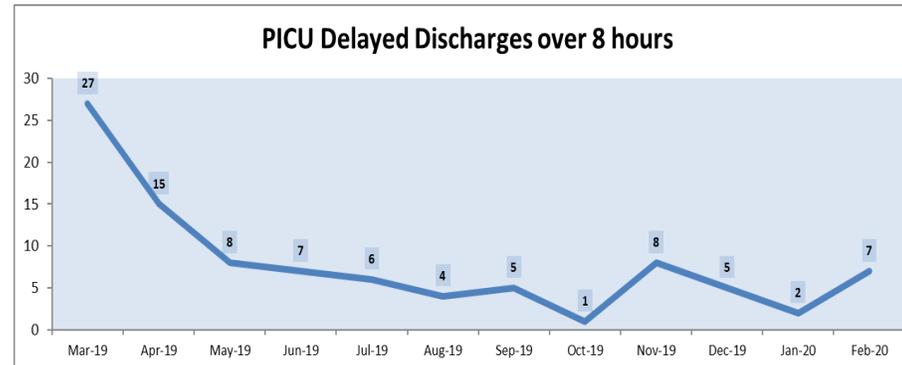
CATS referral refusals to PICU/NICU: The number of CATS referral refusals into PICU/NICU from other providers during January has decreased to 14 from a January position of 19.

As part of the specialised services Quality Dashboard, a KPI is monitored on emergency admission refusals. It clearly shows the Trust refuses a higher percentage of patients than the national average, as demonstrated in the table below

| Quarter  | GOSH PICU/NICU/CICU refusals | GOSH admission requests | GOSH % refused | National % refused |
|----------|------------------------------|-------------------------|----------------|--------------------|
| Q2 19/20 | 32                           | 175                     | 18.3           | 12.6               |
| Q1 19/20 | 27                           | 228                     | 11.8           | 10.5               |
| Q4 18/19 | 63                           | 271                     | 23.2           | 10.0               |
| Q3 18/19 | 79                           | 234                     | 33.8           | 16.9               |
| Q2 18/19 | 45                           | 127                     | 35.4           | 8.09               |
| Q1 18/19 | 27                           | 112                     | 24.1           | 6.27               |

### PICU Delayed Discharges:

Delayed discharges over 8 hours from PICU can demonstrate the challenges being faced internally and externally with regards to capacity issues on accessing beds. February has seen seven patients delayed over 8 hours compared to five in January.



### PICU Emergency Readmissions:

There was one readmission back into PICU within 48 hours for the month of February, similar to December.

# Are we Caring?

**In February 2020** there was a reduction in both **formal complaints** (6) and **Pals** cases (148). The Trust targets for the **Friends and Family Test** were exceeded for the response rate (26%) and inpatient recommendation rate (98%). There was also an increase in the outpatient recommendation rate which at 94% was the highest since September 2019 and narrowly missed the Trust target of 95%.

Overall **formal complaint** numbers are down (83 since April 2019 in comparison to the same period for 2018/19). However, we are expecting complaint numbers to increase over the coming weeks in response to cancellations of procedures and appointments. The Complaints team are working closely with directorates to try to ensure that timeframes for complaints are met where possible and that in the event of delays, communication to families is timely.

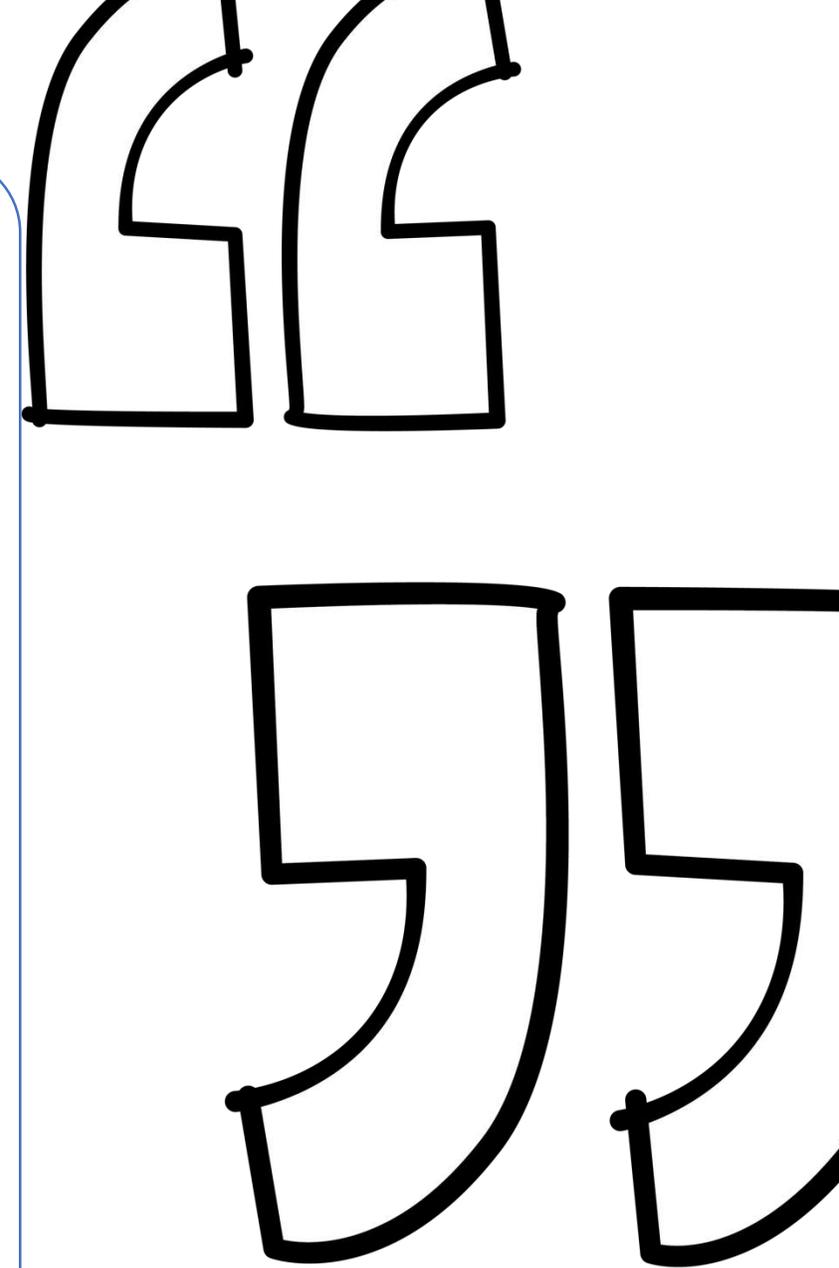
The **reopened complaint rate** was amber and new criteria for reopened complaints will be applied from April 2020. This means that we will reopen complaints where concerns are raised about inaccuracies within the complaint response or where the complaint response has raised further questions for the complaint. The revised criteria differentiates from continuations of the original complaint (i.e. where complainants take up an offer to meet or where they seek clarification of information etc.) and is more aligned to other Trusts. New questions unrelated to the concerns raised in the initial complaint will be treated as a new complaint.

**Pals** cases this month highlighted difficulties in families obtaining generic information and clarity about care plans. The Pals team continue to promote MyGOSH as a means of direct communication with the relevant clinical teams and new promotional materials are in circulation. At the time of writing, there were 9,963 registered MyGOSH users.

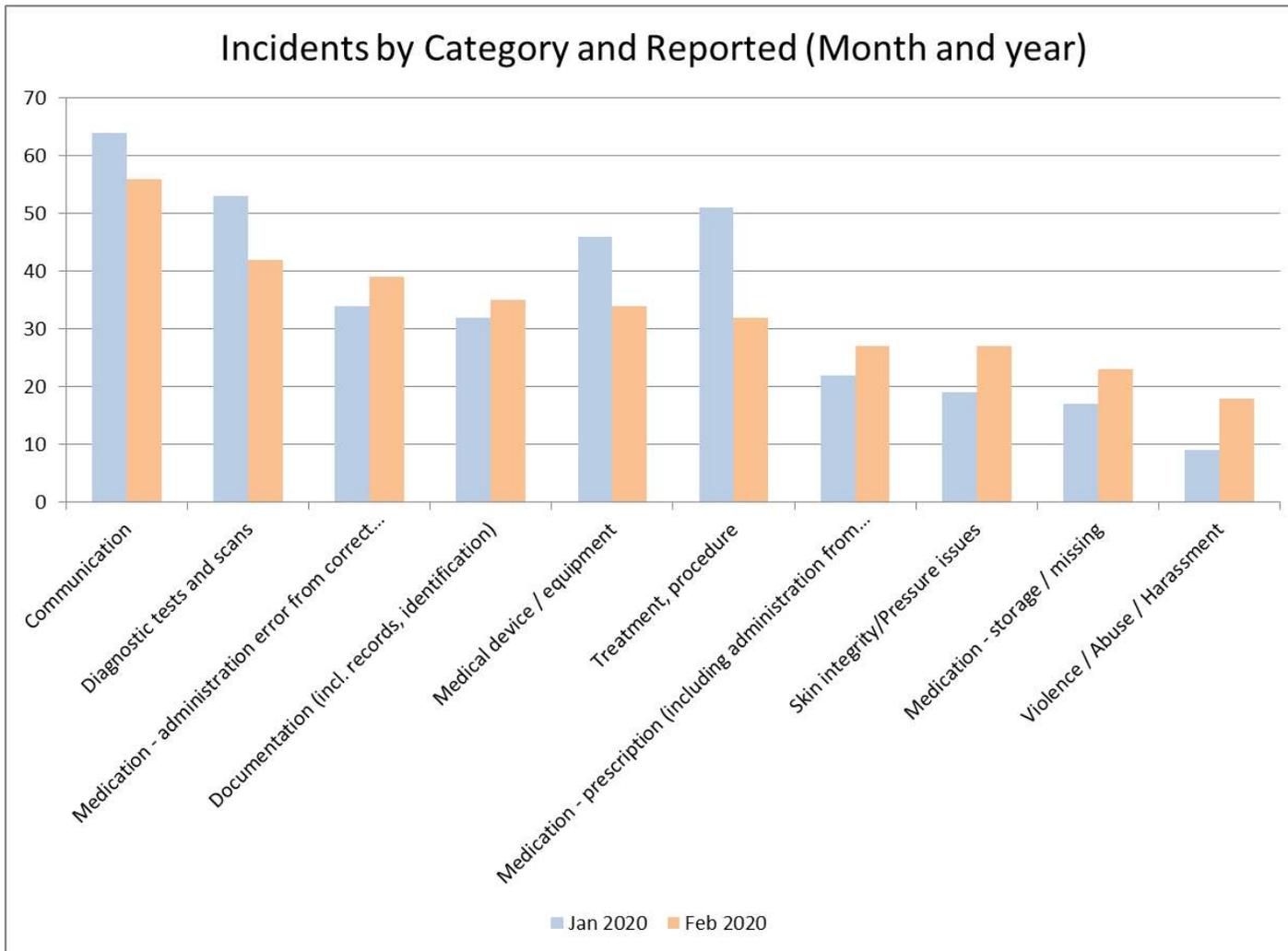
Preparations are well underway so that changes to the **Friends and Family Test** are effective as at 1 April 2020 when patients and families will be asked *'Thinking about your recent visit overall how was your experience of our service'*.

There was a significant increase in the volume of feedback this month with six directorates exceeding the 25% response rate. (slide 30). Where this was not achieved, both of these directorates have a high number of frequent attenders along with a high number of discharges. The inpatient areas which are included within FFT are being reviewed in line with other Trusts and the decision will be finalised at PFEEC.

Five directorates met the 95% recommendation rate (slide 31). The directorates which scored below target were International Private Patients, Research and Innovation and Sight and Sound. For Sight and Sound and Research and Innovation, the common theme of the negative comments related to the environment. For International Private Patients, the negative comments related to delays and uncoordinated care.



# Understanding our Patient Safety incidents



**Communication** was the top reported category for a second month (56) though down slightly from January. Communication between teams (26) remained the most significant sub-category followed by communication failure with parent/patient (7) and communication failure within team (7). Significant themes were to do with double-registration of patients (7), poor quality of handover (5), room booking procedures not being followed (3) and communication around bed availability (3). Some of these had an impact on patient care, for example an infectious patient who was not isolated due to poor handover, which resulted in significant disruption and additional cleans; or an autistic child who was incorrectly scheduled onto a non-GA MRI list resulting in cancellation.

**Diagnostic tests and scans** was again the second highest category (42). Diagnosis-failure/delay (7) was the most common sub-category, followed by Test Results-failure/delay to receive (6). 18 incidents took place in the labs, 8 in Radiology and the remainder were logged elsewhere in the Trust. 3 incidents were graded as moderate harm, activating the Duty of Candour process. All of these were labs incidents where samples were not processed within schedule. One of these incidents involved a breakdown of the chute system.

There was an increase in **Violence / Abuse / Harassment** incidents in February from 9 in January to 18 in February. 7 of these incidents took place on the two IPP wards – Butterfly (4) and Bumblebee (3). 4 incidents took place in outpatient areas. Of these incidents, 9 involved parents verbally threatening or abusing staff members. 6 incidents involved a patient becoming aggressive or causing injury to staff members and in one case a parent. 2 incidents were sadly relating to staff being rude towards other staff members. Incidents of parents being disrespectful towards staff were followed up via the Safe and Respectful Behaviour Policy.

# Emerging trends in Patient Safety

## Aggressive parents

- There were a number of incidents of family members becoming aggressive with staff, particularly in Outpatients Main Reception and the Travel Reimbursement Office. Although violence & aggression is on the Outpatients Risk Register, there has been an unusually high amount of incidents in the last month (x4). These are being managed via the Safe and Respectful Behaviour policy. All staff in Outpatients have either had the training or have been signed up to do it.

## Site damage

- A number of rooms and locations have experienced damage or become out of use in the last month. The Radiology Conference room was taken out of action by a flood, which had had a knock on effect on MDTs and M&Ms as the room has specialist equipment for reviewing imaging. In addition there were floods in the Mildred Creek Unit after Storm Denis, and the EOS Spinal Room which was out of order from 4 February.

# Patient Safety Alerts/ MHRA/ EFN Alerts

NATPSA/2019/003/NHSPS: Risk of harm to babies and children from coin/button batteries in hearing aids and other hearing devices

Issued: 13/12/2019

Deadline: 11/09/2020

EFA/2019/005: Issues with doorstops/door buffers

Issued 31/10/2019

Date Due: 31/10/2021

FSN/FA902: Medtronic Heartware HVAD System Battery Charger AC Adapter Controller Power Port Incompatibility

Issued 03/02/2020

Distributed 04/02/2020

NatPSA/2019/002/NHSPS: Risk of death and severe harm from ingesting superabsorbent polymer gel granules

Issued: 28/11/2019

Deadline: 01/06/2020

MDA/2020/009: Tympanic thermometers – revision of the calibration frequency of Cardinal Health Genius 2 and Genius 3 models

Issued: 27/02/2020

Deadline: 23/04/2020

FSN-003 Magec System: Recall of Magec devices following post-implantation separation of actuator end caps.

Issued: 27/02/2020

Deadline: N/A

MDA/2020/008: Various Olympus duodenoscope models: do not use if elevator wires are frayed or damaged as these may cause lacerations to patients and users

Issued: 27/02/2020

Deadline: 23/04/2020

FSN/002 021720: Advanced Bionics HiRes Ultra / HiRes Ultra 3D - impedance drops and hearing performance degradation

Issued: 25/02/2020

Deadline: N/A

# Patient Safety – Serious Incident Summary

## New & Ongoing Serious Incidents

| Directorate | Ref        | Due        | Headline  | Update                  |
|-------------|------------|------------|---|-------------------------|
| H&L         | 2019/26856 | 09/03/2020 | Semi elective procedure rescheduled due to capacity issues, patient deteriorated and resus was unsuccessful | Timeline underway       |
| Trustwide   | 2020/524   | 02/04/20   | IG breach – emails sent to non-secure email addresses containing patient identifiable information.          | Investigation underway. |
| Brain       | 2020/913   | 06/01/20   | Gross paraphimosis following catheterisation during surgery   | Finalising report       |
| IPP         | 2020/1310  | 20/08/19   | Delay in identifying sepsis and activating sepsis 6   | Investigation underway  |
| O&I S&S     | 2020/3609  | 14/02/20   | Patient arrested unexpectedly in theatre following a dental case  | Investigation underway  |
| BCC         | 2020/2840  | 29/10/20   | Misdiagnosis of tumour  | Investigation underway  |

## Serious Incident Process

**All incidents** should be reported using the Datix reporting system. Whenever an incident is reported, it is reviewed by the Patient Safety Team (usually the same day) for harm. Harm is graded on a scale of 1-5 (no harm, minor harm, moderate harm, major harm, catastrophic harm). Incidents moderate and above are referred to the Duty of Candour process.

Incidents are also reviewed against the **Serious Incident Framework**. This document details which incidents require reporting to NHS England via the StEIS (Strategic Executive Information System). Incidents that may meet the criteria are brought to an Executive Incident Review Meeting (EIRM) where they are reviewed by a panel chaired by the Medical Director/Deputy Medical Director.

**If an incident** meets the criteria it is declared as a Serious Incident. At that point the Patient Safety Team will begin to compile a timeline of events including information from the patient's medical record and statements from involved staff. If you are involved in a patient's care, and an SI is declared, you may be asked to write up your recollection of events even if you were not directly involved.

When the timeline is complete, a second **panel meeting** is convened to review the incident and identify any learning. The panel is made up of senior staff from each of the involved fields (for example Matrons, Clinical Leads, Service Managers – depending on the incident). The panel develops learning and recommendations, as well as an action plan for the incident.

The report is then sent to the Medical Director for approval before being shared with NHS England.

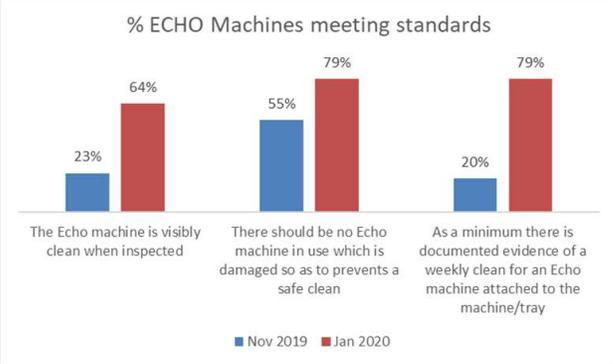
## Clinical Audit – current work plan

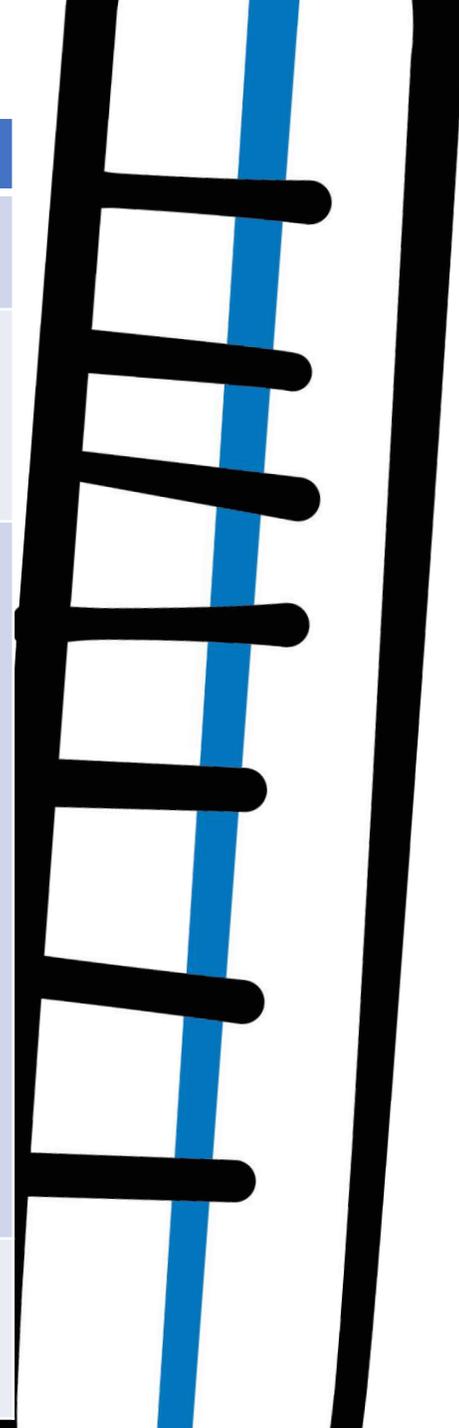
A clinical audit plan prioritises clinical audit work related to incidents, risk, complaints, and areas for improvement in quality and safety. These items are facilitated by the Clinical Audit Manager who engages with relevant staff as appropriate. This does not cover all of the work of the clinical audit department, and highlights some of the priority audits.



| Audit   | Why are we doing this audit?  | Status   |
|---|---|--|
| Controlled Drugs documentation and storage (re-audit)                   | Audit completed in July 2019 highlighted areas for improvement. This audit will help us assess if the actions that have been implemented have resulted in an improvement. | 85%, Re-audit completed and will be shared at the March 2020 PSOC. Improvement noted in % of standards met.<br><br>80% July 2019 → 85% December 2019   |
| Review of compliance with Mental Capacity Act for procedures (re-audit) | To review our progress with ensuring that mental capacity act assessments are taken where necessary as part of our consent process.                                       | Report has been drafted and is being finalised by the Senior Nurse Specialist Safeguarding .   |
| Learning from complaint (18/093)  | To determine if we have changed our practice on PICU for documenting updates given to families, as recommended following a complaint.,                                    | Completed in December 2019. The complaint action plan committed to a specific change of practice to document the update given to the patient's family in the evening PICU ward round. This change was evident in 35% of admission days reviewed in the audit.<br><b>Improvement required</b><br>The limiting factor to meeting this was the availability of devices to document ward round. Actions have been agreed and a re-audit will take place once actions have been implemented (Mar 20 is estimate)to assess progress. |

# Clinical Audit – current work plan

| Audit  | Why are we doing this audit?   | Status  |          |          |          |  |     |     |   |     |     |  |     |     |
|--|--|---|----------|----------|----------|--|-----|-----|---|-----|-----|--|-----|-----|
| Safeguarding –survey on learning from Serious Case Reviews   | Review our awareness of some of the key learning from recent serious case reviews that GOSH have been involved with  | The audit will be presented at the Operational Safeguarding Group on the 5 <sup>th</sup> March.   |          |          |          |  |     |     |   |     |     |  |     |     |
| Learning from incidents -CVL insertion in Interventional Radiology   | 7 MSSA infections following CVL insertions placed in Interventional Radiology have been reviewed as root cause analyses since June 2018. It has therefore been recommended by Infection Control that an audit of best practice to minimise the risk of infection pre, during, and post CVL insertion takes place | Data collection has now been completed, and analysis will be completed in March 2020  |          |          |          |  |     |     |   |     |     |  |     |     |
| Learning from incidents- ECHO machines audit   | The audit determines whether key processes to minimise risk of infection associated with ECHO machine are being followed. This is following learning from a MRSA outbreak within cardiac services between Feb and June 2019.   | <p>Audit in November 2019 highlighted that the learning from the MRSA outbreak around the adequacy of cleaning of ECHO machines had not been implemented.</p>  <table border="1"> <caption>% ECHO Machines meeting standards</caption> <thead> <tr> <th>Criteria</th> <th>Nov 2019</th> <th>Jan 2020</th> </tr> </thead> <tbody> <tr> <td>The Echo machine is visibly clean when inspected</td> <td>23%</td> <td>64%</td> </tr> <tr> <td>There should be no Echo machine in use which is damaged so as to prevent a safe clean</td> <td>55%</td> <td>79%</td> </tr> <tr> <td>As a minimum there is documented evidence of a weekly clean for an Echo machine attached to the machine/tray</td> <td>20%</td> <td>79%</td> </tr> </tbody> </table> <p>This was re-audited in January 2020. There have been improvements in the cleanliness of the ECHO machines following the action plan resulting from the first audit. There are still some areas for improvement to be addressed, actions have been identified, and further audit will take place in March 2020.</p> | Criteria | Nov 2019 | Jan 2020 | The Echo machine is visibly clean when inspected | 23% | 64% | There should be no Echo machine in use which is damaged so as to prevent a safe clean | 55% | 79% | As a minimum there is documented evidence of a weekly clean for an Echo machine attached to the machine/tray | 20% | 79% |
| Criteria   | Nov 2019   | Jan 2020  |          |          |          |  |     |     |   |     |     |  |     |     |
| The Echo machine is visibly clean when inspected   | 23%  | 64%   |          |          |          |  |     |     |   |     |     |  |     |     |
| There should be no Echo machine in use which is damaged so as to prevent a safe clean                        | 55%  | 79%   |          |          |          |  |     |     |   |     |     |  |     |     |
| As a minimum there is documented evidence of a weekly clean for an Echo machine attached to the machine/tray | 20%  | 79%   |          |          |          |  |     |     |   |     |     |  |     |     |
| Actions from SI 2017/13562 Retained foreign object in theatres   | To check if we have implemented changes to minimise the risk of an incident. The audit applies to the surgical count process for cases where metallic reduction heads attached to screws are used.   | Audit plan agreed with Spinal Team Leader .Data collection to take place when relevant cases meeting the inclusion criteria occur (these are low volume cases)  |          |          |          |  |     |     |   |     |     |  |     |     |



## Clinical Audit – current work plan

| Audit   | Why are we doing this audit?   | Status  |
|---|--|---|
| Bereavement Survey                                      | To review and act on feedback received from families whose child died at GOSH in 2018. Clinical Audit are providing support to Bereavement Services to undertake this work.  | Report presented to PFEEC in February 2020 .The overall findings are positive. The audit highlighted that a greater need to ensure that there is a discussion with families where possible, about the fact that a child is dying.. A specific action plan in response to this survey will be developed by the End of Life Care Group. |
| Learning from an inquest- GOSH MDT meetings –re-audit   | Learning from an inquest has highlighted the need to ensure appropriate attendance and documentation at GOSH multidisciplinary team (MDT) meetings. Standard terms of reference are being introduced for MDTs to support best practice and ensure that appropriate attendance and clear decision making is recorded. | A re-audit to measure progress will take place in Q4 19/20.   |
| Learning from incidents. Quality of the Surgical Count  | To look at how effectively we are using the surgical count to minimise the risk of retained foreign objects. This audit will focus on engagement and the ability to complete a surgical count that is respected and listened to. The audit considers learning points raised from two retained foreign objects SI.    | Data collection to take place in March 2020.  |
| Documentation of consultant updates to families on CICU | Audit identified by Closing the Loop to provide assurance that learning from a red complaint/inquest has been implemented.   | Data collection has been completed and draft report is awaiting review from the CICU Specialty Lead.  |
| Lessons learned audit – wrong tooth extraction .        | To check our implementation of action and learning from two incidents that occurred.   | Data has been collected and report is being finalised.  |
| Urology documentation                                   | To assess the implementation of documentation recommendations made for the Urology Service by the Royal College of Surgeons.   | Data collection will be completed in March 2020.  |

Support has been provided to the Pharmacy department to develop a Medicines Audit schedule , which includes a process for assessing the implementation of 'must dos' highlighted by the 2020 GOSH CQC inspection report.

# Clinical Audit and Quality Improvement prize 2019

**Aim :to celebrate the excellent clinical audits and QI projects led by GOSH staff**

20 Entries  
submitted by end  
of January 2020

2 runners up

**Can we reduce the isolation  
time and testing for children  
following acute respiratory  
viral infection?** *Zainab Golwala,  
Tim Best, John Hartley*

Identified a large number of children are maintained in isolation unnecessarily . A new risk stratified policy will be written based on the learning from the audit.

7 shortlisted and  
sent to virtual  
voting panel

**Pelican Ward Improvements  
Throughout 2019** *Carole  
Campbell/team*

Improvements in nursing handover and the ambulatory pathway . “Sepsis and PEWS escalation on the ward required improvement. We implemented a consistent programme of SIMS sessions on Pelican ward and have utilised having BMT sharing the ward to upskill the nursing team with more acute patients. Our datix numbers regarding escalation of care have significantly reduced during 2019.”

# Our winners

## Implementing Thromboprophylaxis

*Hannah Lewis, Sarah Heikal,  
Victoria Buswell, Helen  
Hume-Smith*

Date collection started in May 2019  
1 . 68% of cases reviewed had  
mechanical thromboprophylaxis applied  
when indicated.

### Changes made

“Guidance was simplified. Education  
sessions were provided for staff.  
A visual prompt was built into the  
electronic patient theatre checklist to  
appear when TED  
stockings are indicated.  
TED stocking length was standardised  
throughout the trust.”

Re measurement showed 96% and 92%  
correct application of TED stockings

# Quality Improvement

*The QI Team support, enable and empower teams, to continuously improve the quality of care provided to patients across GOSH.*

## 1. Mentoring QI Projects

The team provides a mentoring service, offering QI support to staff who are interested in starting projects. Mentorship provides 1:1 QI support and advice, with a time commitment between 1-6 hours per month.

| Project Commenced | Area of work  | Project lead:                                  | Expected completion date | Project Support          |
|-------------------|---|--|--------------------------|--------------------------|
| Dec 2018          | <b>Improve handover</b> quality and continuity of care for outlying patients in the cardiology service    | Craig Laurence (Cardiac Fellow)                | March 2020               | Supporting PDSA analysis |
| Jun 2019          | To reduce the number of <b>unnecessary blood tests</b> , when ordered in sets/ bundles, in Brain Division | Spyros Bastios (Metabolic Consultant)          | April 2020               | Diagnostics              |
| Aug 2019          | To <b>improve patient satisfaction of the consenting process</b> in cardiac anaesthesia                   | Marc Cohen                                     | Aug 2020                 | Diagnostics              |
| Nov 2019          | To <b>reduce unnecessary fasting</b> of patients re-procedure on Safari Ward                              | Elena Stanton (Trainee- Anaesthetics)          | July 2020                | PDSA cycle support       |
| Nov 2019          | To ensure all <b>Haem/Onc TTO medication</b> is ready at time of planned discharge                        | Anupama Rao (Consultant, Haematology/Oncology) | April 2020               | PDSA cycle support       |
| Jan 2020          | To <b>improve the provision of Play</b> for Inpatient wards   | Laura Walsh (Head of Play Services)            | June 2020                | Diagnostics              |

## 2. Local / Directorate QI Work

The QI Team also provides QI support and expertise to local or divisional improvement work. The following graphics, maps where registered QI activity is taking place across the Trust:



| Project Commenced         | Area of work  | Project lead:                 | Expected completion date |
|---------------------------|---|-------------------------------|--------------------------|
| Sept 2019                 | To reduce variation in the pre-op processes undertaken by <b>Orthopaedic CNS service</b>                            | Claire Waller (Matron)        | June 2020                |
| Oct 2019                  | To improve staff satisfaction through redesign of the <b>Palliative Care on-call service</b>                        | Julie Bayliss (Clinical Lead) | April 2020               |
| [Recommended]<br>Feb 2020 | To improve IR theatre utilisation by implementing <b>ZAPPP</b> (zero acceptance of poor patient preparation) policy | Sam Chippington (Cons)        | Sept 2020                |

| Activity Commenced | QI Activity (Ad-hoc teaching/facilitation)   | Project lead:                                     | Expected completion date |
|--------------------|--|---|--------------------------|
| Feb 2020           | Physio and Occupational Therapy Cancer/BMT Care Pathway Redesign- Facilitate mapping | Lucy Waller (Clinical Specialist Physiotherapist) | Complete                 |
| Feb 2020           | Facilitate study day for Junior Sisters Development Programme (Learning Academy)     | Kate Harkus (Practice Educator)                   | Complete                 |
| Feb 2020           | Development of a GOSH guide to clinical pathway redesign                             | Richard Collins                                   | March 2020               |

# 3. Trust wide QI Projects

Trust-wide projects are commissioned and governed by the Quality Improvement Committee, with an Executive Sponsor and a MDT steering group.

All Trust-wide project data is available on the [QI dashboard](#)

*\*Click links to open project dashboard*



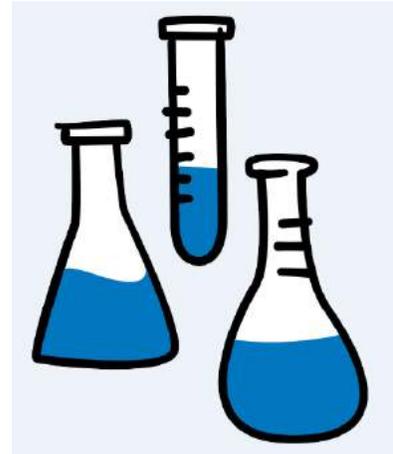
| Project Commenced | Area of work   | Project Lead (PL)<br>Exec Sponsor (ES)                    | Expected completion date                          |
|-------------------|--|---|---|
| Oct 2019          | Supporting the <b>medication safety work stream</b> of the Hospital Pharmacy Transformation Programme Board (HPTPB): Uncollected Medications | PL: Stephen Tomlin<br>ES: Sophia Varadkar                 | 30 <sup>th</sup> September 2020                   |
| Jun 2019          | Improving safety and standardisation of <b>urethral catheterisation</b>  | PL: Nicola Wilson /<br>Claire Waller<br>ES: Sanjiv Sharma | 30 <sup>th</sup> March 2020<br>(extension agreed) |
| Jun 2018          | Reducing rejected <b>laboratory samples</b>  | PL: Christine Morris<br>ES: Sanjiv Sharma                 | 1 <sup>st</sup> June 2020<br>(extension agreed)   |

# Feature QI project: Reduce the number of unnecessary tests requested for the long term monitoring of OA and UCD patients by April 2020

Lead by Dr Spyros Batzios, Metabolic Specialty Lead - Brain Directorate

## Objectives:

- A consolidation of current organisational knowledge and previous trends of test requisition to formulate a Trust protocol for follow up testing
- Reduce unnecessary sample collection from patients and improve patient experience
- Standardized care received by patients
- Reduce departmental cost due to the processing of unnecessary testing



**Outcome measure:** Number of tests requested which are deemed 'unnecessary' by the consultant protocol

**Financial measure:** cost saving for the department

**Balancing measure:** incidents of missed biochemical abnormalities with new protocol

## Where we are now...

- Obtained data for past 2 years (PiMs and EPIC) to show a few cycles of follow up visits of these patients (usually 6 monthly)
- Consolidated different names by which tests are called in these two systems as well the different variations within each system
- Accuracy of data tested on one Consultant and now has been expanded to all Metabolic consultants

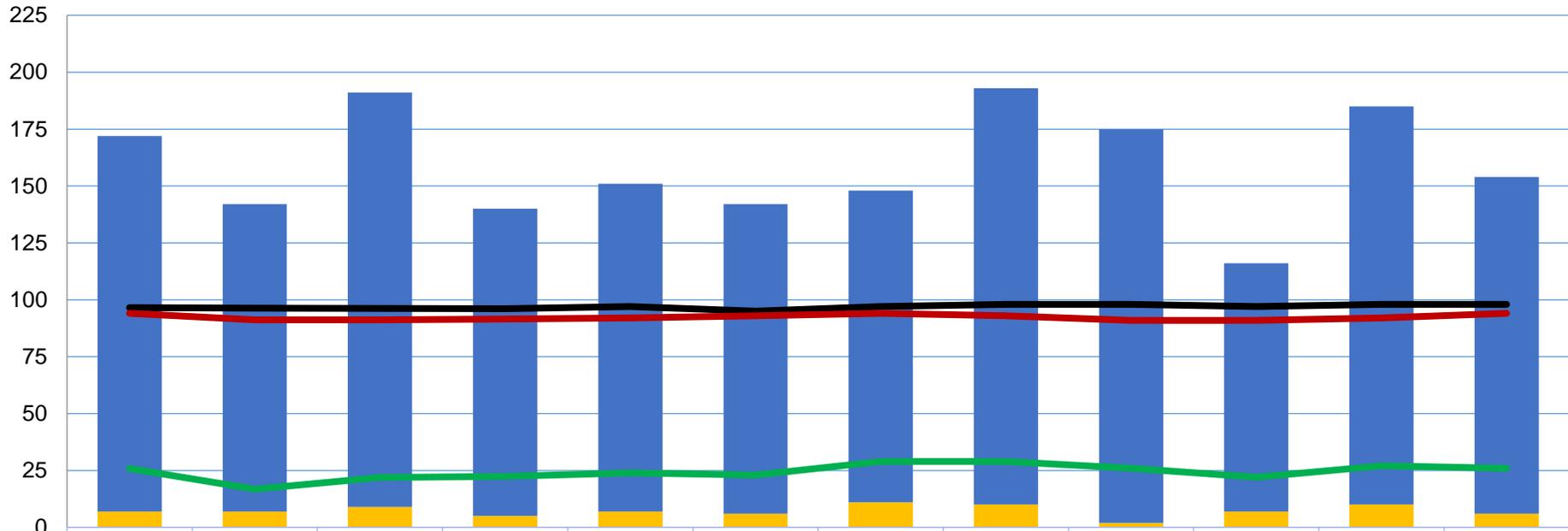
## Next

- Data will be presented to a forum with all Metabolic consultants showing the types and frequency of different tests ordered over the 2 year period as a comparison between the consultants

# Patient Experience Overview

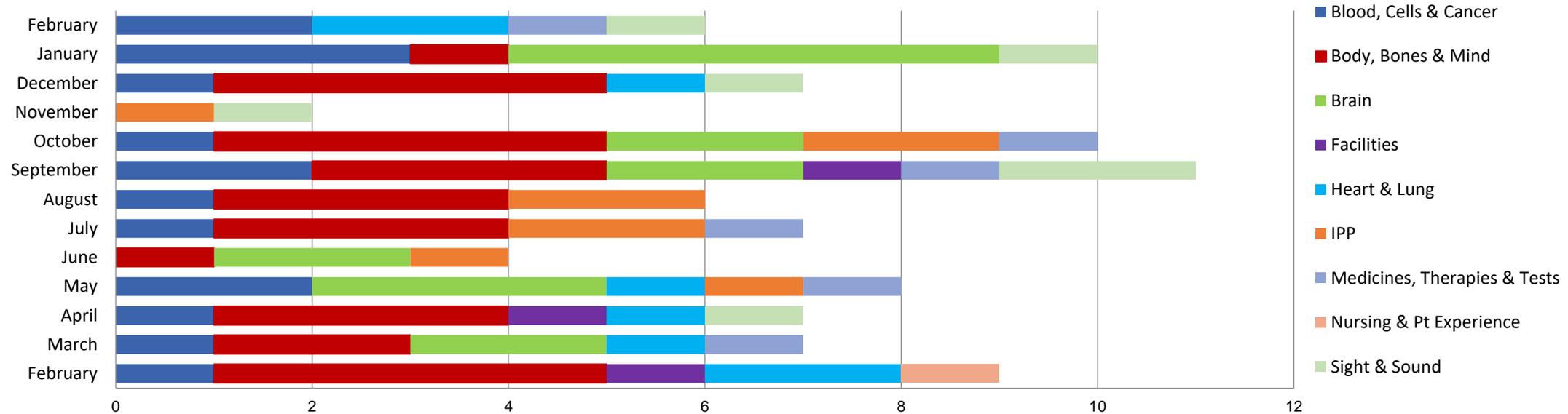
Are we responding and improving?

Patients, families & carers can share feedback via Pals, Complaints & the Friends and Family Test (FFT).



|  | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>Pals</b>                                    | 165    | 135    | 182    | 135    | 144    | 136    | 137    | 183    | 173    | 109    | 175    | 148    |
| <b>Formal Complaints</b>                       | 7      | 7      | 9      | 5      | 7      | 6      | 11     | 10     | 2      | 7      | 10     | 6      |
| <b>FFT recommendation rate - Inpatients %</b>  | 97     | 96     | 96     | 96     | 97     | 95     | 97     | 98     | 98     | 97     | 98     | 98     |
| <b>FFT recommendation rate - Outpatients %</b> | 94     | 91     | 91     | 92     | 92     | 93     | 94     | 93     | 91     | 91     | 92     | 94     |
| <b>FFT % response rate</b>                     | 26     | 17     | 22     | 22     | 24     | 23     | 29     | 29     | 26     | 22     | 27     | 26     |

# Complaints: Are we responding and improving?

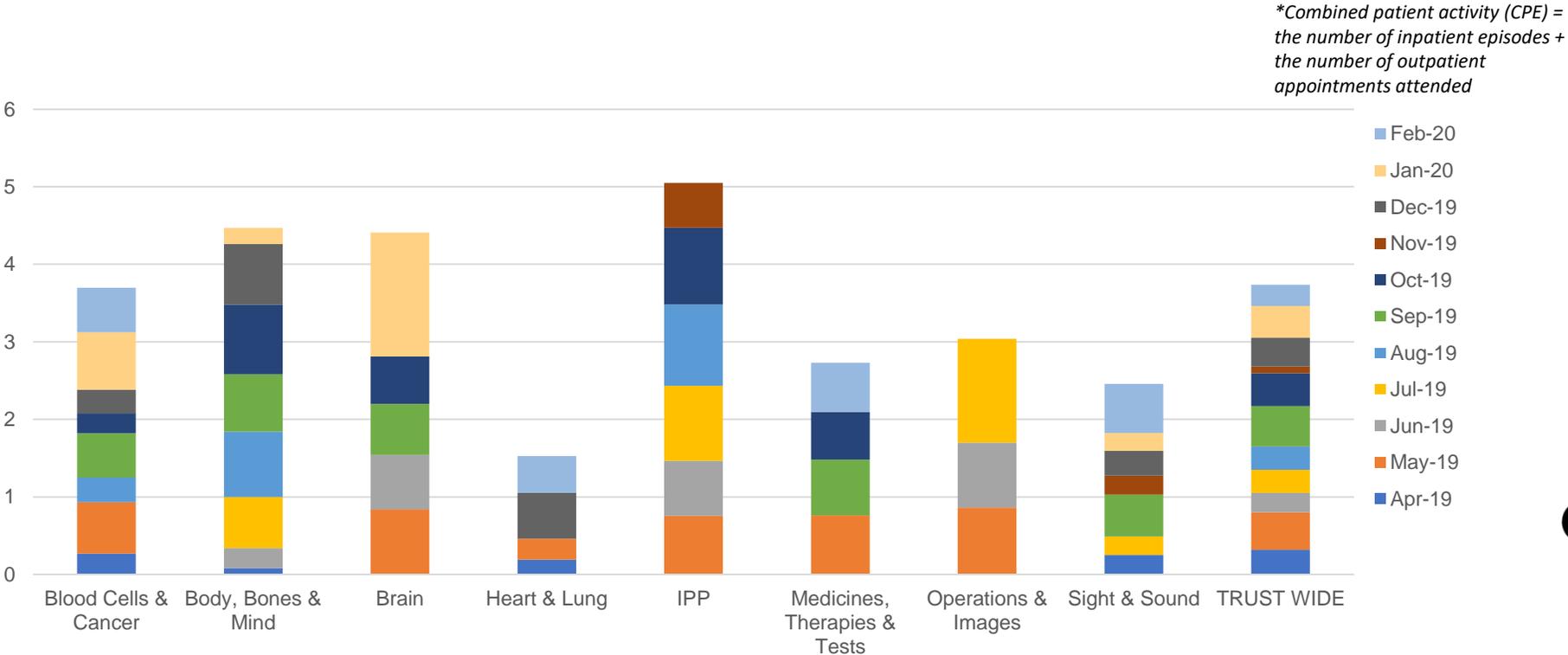


There were 6 new formal complaints received in February 2020 which brings the total complaints this financial year to 83. This is in contrast to 91 for the same period in 2018/19.

Within complaints this month families reported concerns regarding:

- Failure to listen to the family's concerns and to diagnose that patient's arms were broken;
- Lack of assessment and review (including refusals to review patient), poor communication with the family and between teams, and decision-making;
- Failure to diagnose a congenital condition, poor communication (including dismissal of the family's concerns and questions), and the '*rude and unprofessional manner*' of some staff;
- Prescription in clinical letter sent to patient's former GP- concerns raised about delays and communication in relation to this;
- Information governance- family received test results for another child; and
- Poor management of transition to adult services and communication.

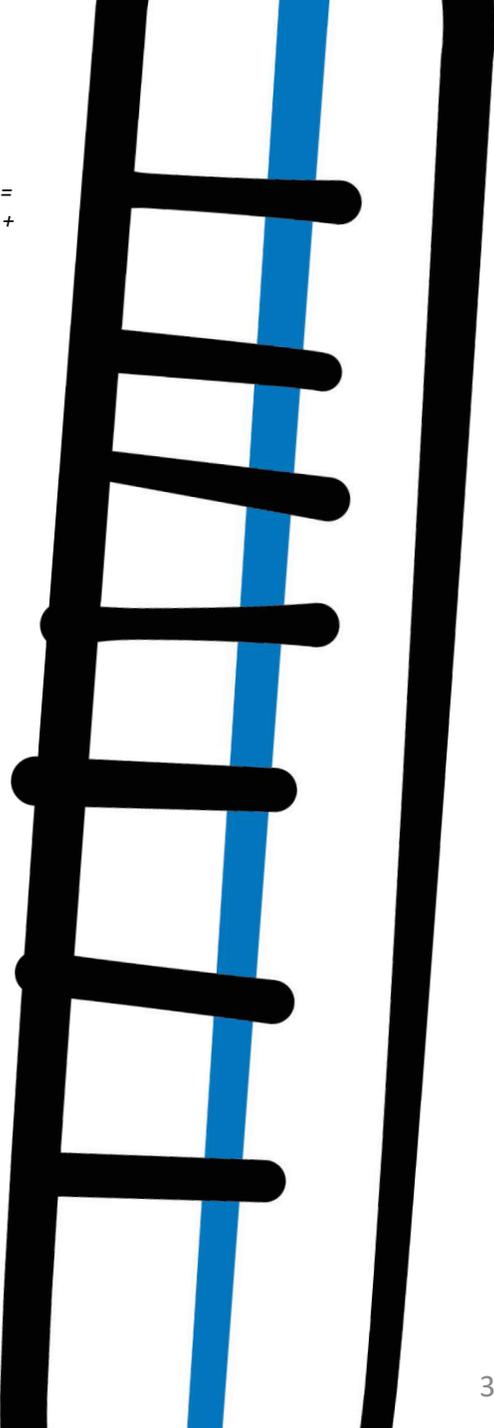
# Complaints by patient activity\*



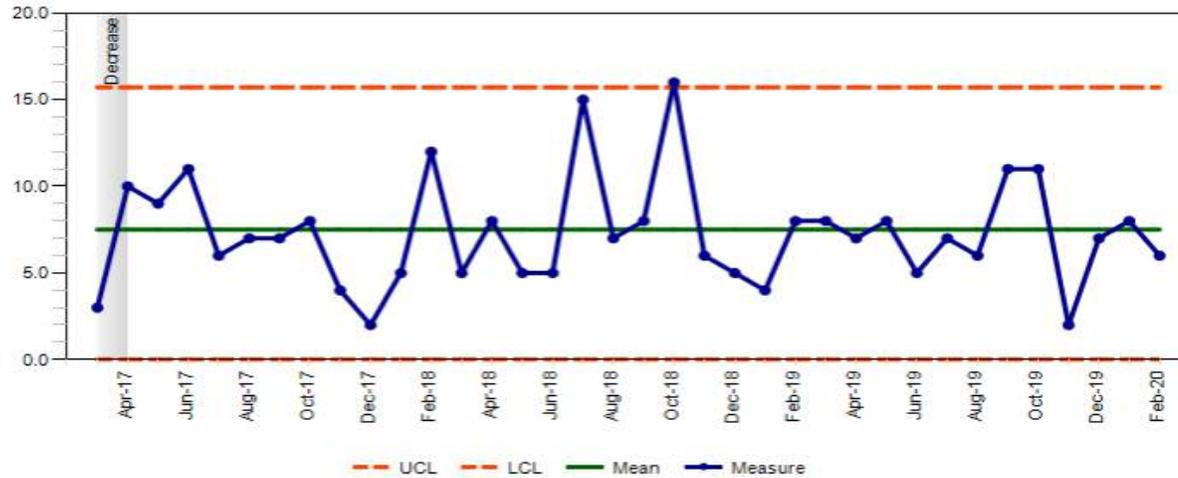
The overall complaints rate in February fell to its lowest since November 2019 at 0.272 complaints per 1,000 combined patient episodes. This month complaints related to Immunology, Oncology, PICU/NICU, Genetics and Dental and Maxillofacial.

Blood Cells and Cancer’s complaint rate fell from 0.74 to 0.57 but was the highest across all directorates this month. In the context of relatively low complaint numbers, Medicines Therapies and Tests had their highest complaint rate (0.634 per 1,000 CPE) since September 2019.

Having been an outlier for several months, IPP have not received any formal complaints since November 2019.



# Red Complaints: Are we responding and improving?



|  |   |
|--|---|
| No of new red complaints this financial year 2019/20 (as of 29/02/2020): | 3 |
| New Red complaints opened in February 2020                               | 0 |
| No of re-opened* red complaints this year 2019/20:                       | 2 |
| Open red complaints (new and reopened) as of 13/03/2020:                 | 2 |

## Recently closed reopen red complaint

| Ref    | Divisions Involved | Background   | Outcome  |
|--------|--------------------|--|--|
| 19/046 | CAMHS              | A complaint regarding a breach of confidential information was raised and full investigated. The investigation found that a transcribing error took place outside of EPIC and a full action plan was devised. The complainant raised similar questions and a concern that one of her questions could not be answered with certainty, due to the staff member concerned no longer working at the Trust. | A further written response was provided that aimed to offer assurance around the actions and learning that has taken place. Apologies were offered for being unable to answer one question with certainty. |

There is one overdue red complaint action. Complaint 18/095 is overdue concerning a third party provider. A leaflet which gives families and staff the information on how the service works has been finalised and the action will be closed subject to review at the next Closing the Loop meeting.

- New reopened complaint criteria-  
From April 2020 we will reopen complaints where concerns are raised about inaccuracies within the complaint response or where the complaint response has raised further questions for the complaint. The revised criteria differentiates from continuations of the original complaint (i.e. where complainants take up an offer to meet or where they seek clarification of information etc.) and is more aligned to other Trusts. New questions unrelated to the concerns raised in the initial complaint will be treated as a new complaint.

# Pals – Are we responding and improving?

| Cases – Month  | 02/19      | 01/20      | 02/20      |
|--|------------|------------|------------|
| Promptly resolved (24-48 hour resolution)  | 125        | 159        | 128        |
| Complex cases<br>(multiple questions, 48 hour+ resolution)   | 23         | 11         | 18         |
| Escalated to formal complaints   | 0          | 2          | 0          |
| Compliments about specialities   | 1          | 3          | 2          |
| <b>Total:</b>  | <b>149</b> | <b>175</b> | <b>148</b> |
| Themes for the top six specialties   |            |            |            |
| <b>Lack of communication</b> (lack of communication with family, telephone calls not returned; incorrect information sent to families, transport)  | 48         | 76         | 51         |
| <b>Admission/Discharge /Referrals</b> (Waiting times; Advice on making a NHS referral; advice on making an IPP referral, cancellation; waiting times to hear about admissions; lack of communication with families, Accommodation) | 5          | 5          | 5          |
| <b>Staff attitude</b> (Rude staff, poor communication with parents, not listening to parents, care advice)   | 10         | 1          | 0          |
| <b>Outpatient</b> (Cancellation; Failure to arrange appointment; poor communication, franking of letters)  | 41         | 39         | 30         |
| <b>Transport</b> (Eligibility, delay in providing transport, failure to provide transport)   | 3          | 3          | 2          |
| <b>Information</b> (GOSH information, Health information, care advice, advice NHS, access to medical records, incorrect records, missing records, support/listening )  | 42         | 51         | 60         |

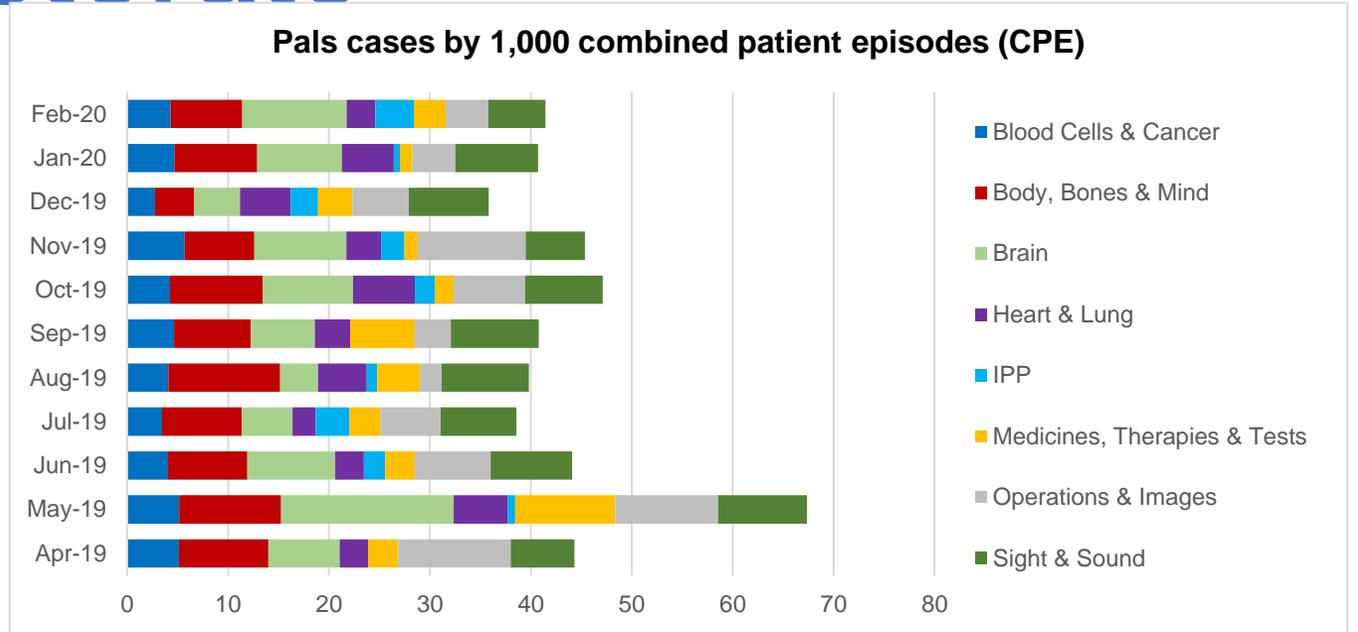
There has been a decrease in the volume of Pals cases received in February in comparison to the preceding month (with 148 cases reported in February compared to 175 in January).

'Information' is a major theme for Pals in February with cases related to requests for additional generic information or clarity on existing care plans forming 60% of the total number of cases received. Pals will continue to proactively escalate concerns raised to the appropriate staff/teams whilst also working alongside senior management to ensure that patients are being signposted to the appropriate avenues of communication where their queries can be promptly and efficiently resolved.

Pals received two compliments highlighting the exceptional care and service provided by staff members from the Clinical Genetics and Medical Records team with a particular emphasis placed on individuals demonstrating 'patience', 'understanding' and 'going the extra mile'.

# Pals cases by directorate

The Brain directorate had their highest number of cases (10.36 cases per 1,000 CPE) since May 2019. As shown in the following slide the bulk of these cases related to Neurosurgery (17.92 cases per 1,000 CPE). IPP also had their highest Pals case rate this financial year (3.80 per 1,000 CPE). Medicines Therapies & Tests Pals case rate increased again this month (3.174 per 1,000 CPE).



|            | BCC        | BBM        | Brain      | H&L        | IPP       | MT&T      | O&I       | R&I      | S&S        |
|------------|------------|------------|------------|------------|-----------|-----------|-----------|----------|------------|
| Apr-19     | 19         | 33         | 20         | 15         | 0         | 4         | 8         | 0        | 25         |
| May-19     | 16         | 36         | 41         | 20         | 1         | 13        | 12        | 1        | 30         |
| Jun-19     | 13         | 30         | 25         | 11         | 3         | 4         | 9         | 0        | 30         |
| Jul-19     | 13         | 36         | 17         | 10         | 7         | 5         | 9         | 0        | 31         |
| Aug-19     | 13         | 34         | 10         | 18         | 2         | 6         | 3         | 0        | 34         |
| Sep-19     | 16         | 31         | 19         | 15         | 0         | 9         | 5         | 0        | 32         |
| Oct-19     | 16         | 41         | 29         | 25         | 4         | 3         | 11        | 2        | 36         |
| Nov-19     | 21         | 32         | 30         | 15         | 4         | 2         | 17        | 0        | 24         |
| Dec-19     | 9          | 15         | 12         | 17         | 4         | 4         | 7         | 0        | 25         |
| Jan-20     | 19         | 39         | 27         | 23         | 1         | 2         | 7         | 0        | 35         |
| Feb-20     | 15         | 31         | 32         | 12         | 6         | 5         | 6         | 0        | 21         |
| <b>YTD</b> | <b>170</b> | <b>358</b> | <b>262</b> | <b>181</b> | <b>32</b> | <b>57</b> | <b>94</b> | <b>3</b> | <b>323</b> |

# Pals – Are we responding and improving?

| Top specialities - Month | 02/19 | 01/20 | 02/20 |
|--------------------------|-------|-------|-------|
| Gastroenterology         | 14    | 14    | 13    |
| Neurosurgery             | 1     | 6     | 10    |
| Neurology                | 6     | 6     | 8     |
| Cardiology               | 10    | 12    | 7     |
| Endocrinology            | 6     | 3     | 6     |

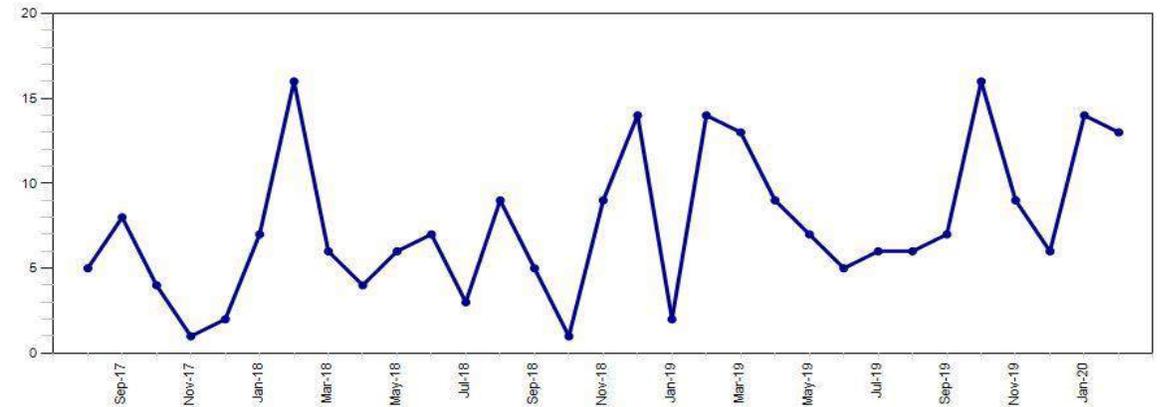
**Gastroenterology-** There has been a slight decrease in the volume of Gastroenterology cases received by Pals in February (13) in comparison with the preceding month January (14). Lack of communication remains a reoccurring theme with a particular emphasis placed on an inability to contact the administrative team regarding surgical admission queries. Pals are aware that a potential contributory factor to this could be the recent appointment of a new admissions coordinator who is currently undergoing introductory training.

Pals will continue to escalate all queries and concerns to senior management who are working alongside the relevant administrative teams to address and combat these.

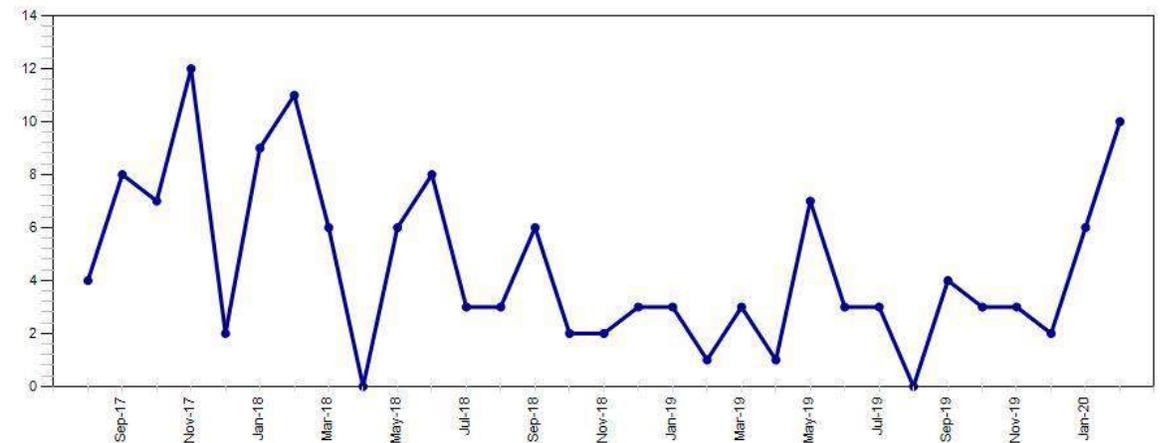
**Neurosurgery-** There has been an increase in the volume of Neurosurgery cases received by pals in February (10) in comparison to the previous month January (6). A common theme for Neurosurgery cases involves patients/families seeking clinical advice and further clarification regarding future treatment and care plans.

Pals continue to be supported by the assistant service manager and are able to escalate issues raised to the appropriate clinical and administrative staff, ensuring that prompt updates and resolutions are achieved.

## Gastroenterology cases by patient activity

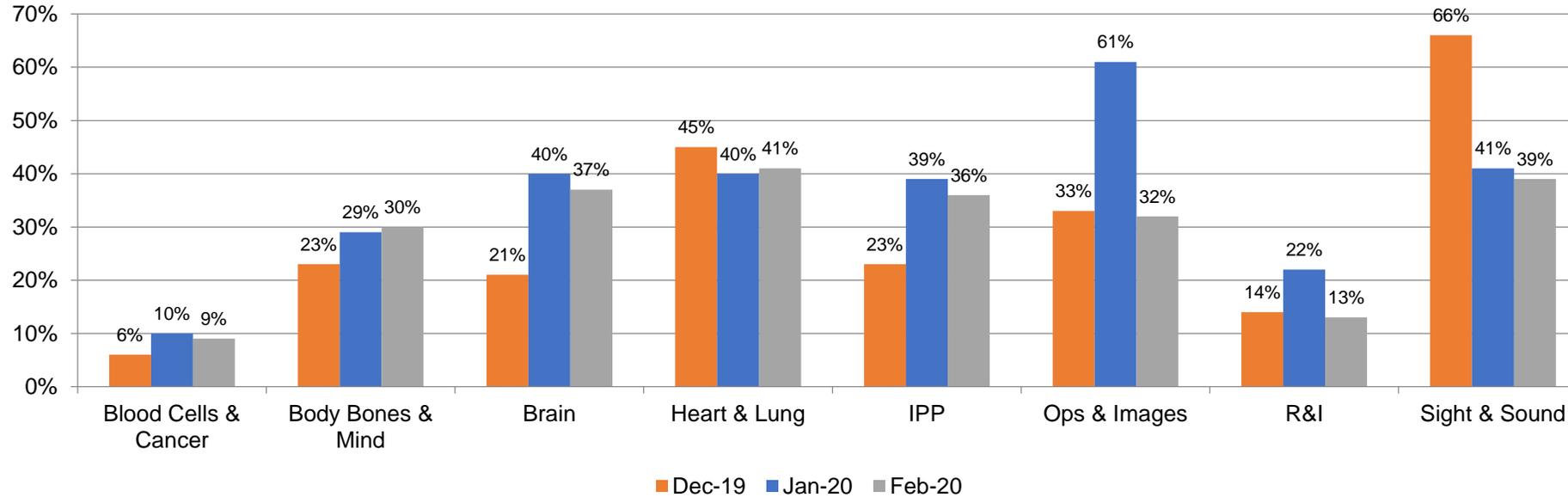


## Neurosurgery cases by patient activity



# FFT: Are we responding and improving?

## February 2020 - Directorate Response Rate



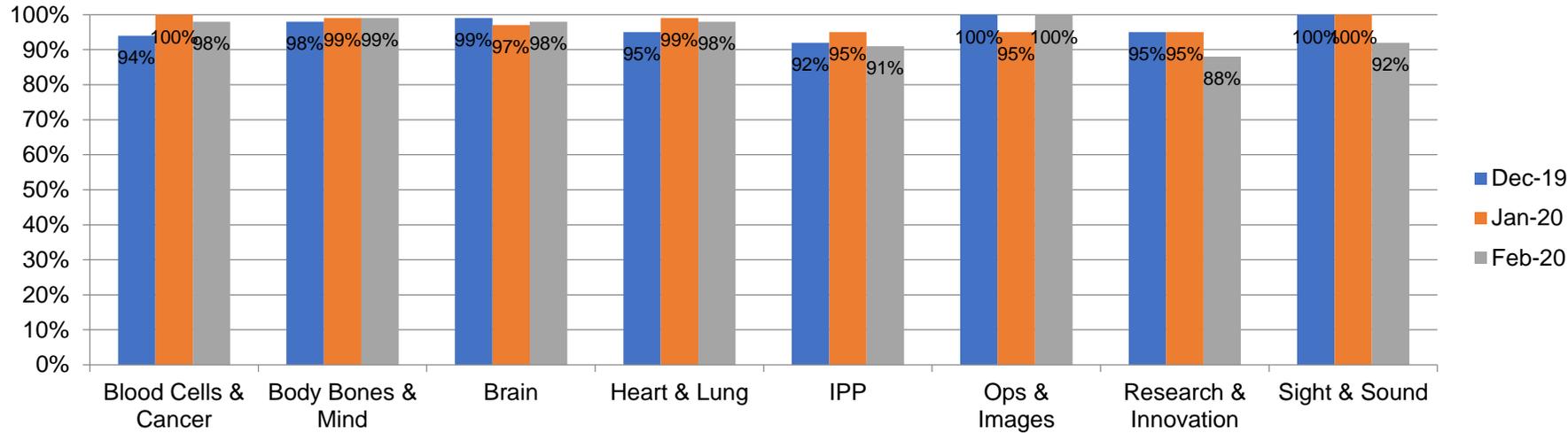
The overall FFT response rate remained above target at 26.2%. The amount of feedback received this month increased by 8% to 1782.

Six directorates met or exceeded the 25% target: Body Bones and Mind, Brain, Heart & Lung, International Private Patients, Ops & Images and Sight and Sound.

The majority of comments received were positive, the overall percentage to recommend was 98%.

The NHS England amendments to FFT launch on 1<sup>st</sup> April 2020. The Patient Experience Team are updating the FFT database and all FFT documentation in accordance with the new guidance.

# FFT: Are we responding and improving?



|        | Inpatient Comments | Outpatient Comments | IPP Comments | Total Feedback | % with qualitative comments (All areas) |
|--------|--------------------|---------------------|--------------|----------------|---|
| Aug 19 | 732                | 945                 | 42           | <b>1719</b>    | <b>81.4%</b>                            |
| Sep 19 | 874                | 761                 | 30           | <b>1665</b>    | <b>84.1%</b>                            |
| Oct 19 | 1008               | 1116                | 67           | <b>2191</b>    | <b>81.7%</b>                            |
| Nov 19 | 897                | 659                 | 55           | <b>1611</b>    | <b>83.5%</b>                            |
| Dec 19 | 642                | 404                 | 38           | <b>1084</b>    | <b>83.9%</b>                            |
| Jan 20 | 945                | 650                 | 61           | <b>1656</b>    | <b>81.5%</b>                            |
| Feb 20 | 875                | 860                 | 47           | <b>1782</b>    | <b>70.1%</b>                            |

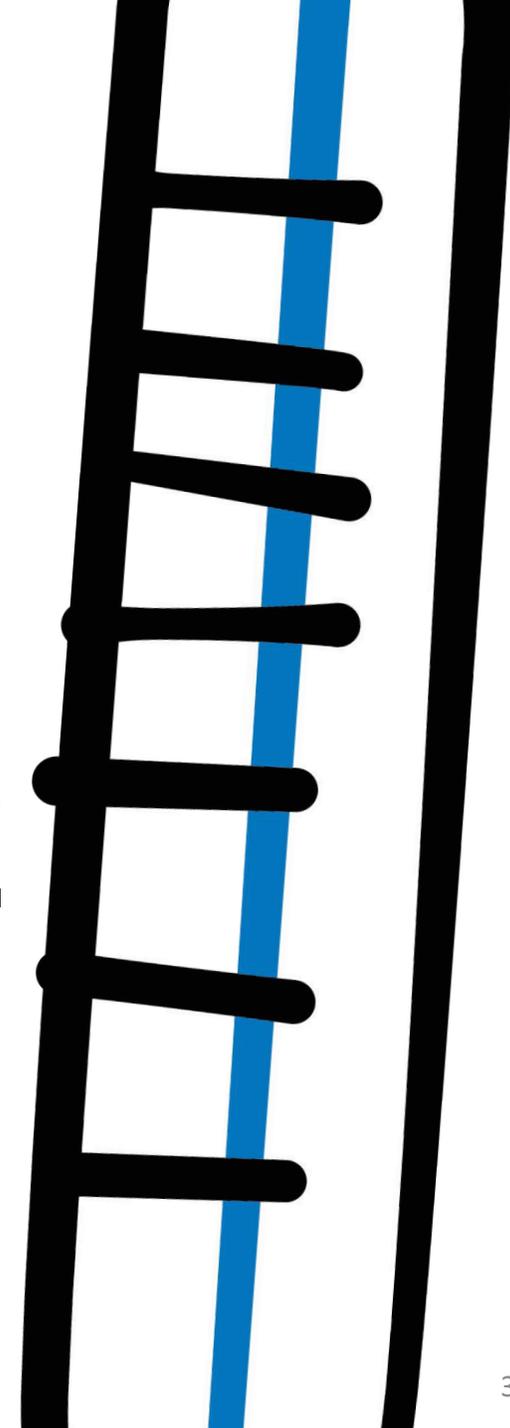
The volume of feedback received this month has increased by 7.6% overall. Five directorates achieved above the 95% recommendation rate. Positive themes related to friendliness and kindness of staff. World class care, expertise of staff and their professionalism also featured in a large number of comments.

International Private Patients, Research and Innovation and Sight and Sound scored below 95%.

IPP - There were many positive comments from these areas relating to the team being helpful and caring. The negative comments related to delays with discharge, uncoordinated care and a family feeling that their child was discharged prematurely.

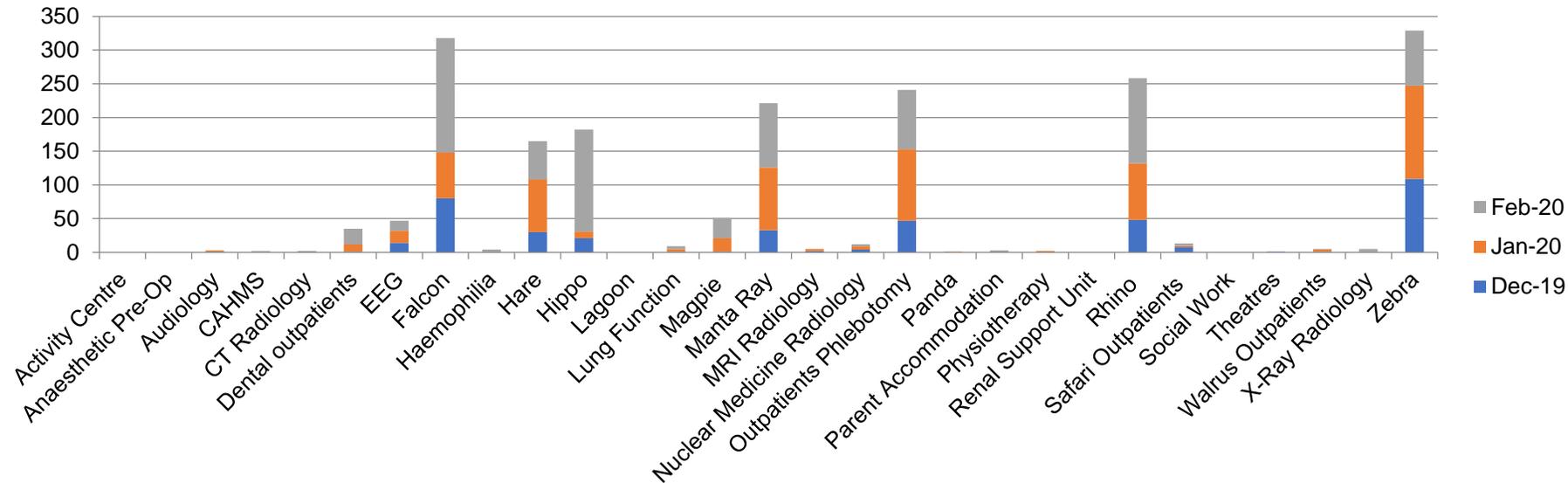
R&I negative comments related to the environment and rooms being too small for large wheelchairs. There were comparisons made with the facilities on Hedgehog ward where they had been relocated to temporarily.

S&S negative comments were primarily regarding the environment and cleanliness. Cold rooms, uncomfortable parent beds and poor cleanliness in the toilets.



# FFT: Are we responding and improving?

## FFT Outpatients – February 2020



The above chart outlines the number of the FFT responses within outpatients. The amount of feedback received in outpatients has increased significantly by 32% to 860. Thank you to all the teams involved.

This has corresponded with a reduction in the number of qualitative comments added to the FFT cards which has reduced by 10% overall.

Positively, four directorates scored 100% to recommend for their outpatient areas; Blood Cells & Cancer, Body Bones and Mind, Heart & Lung, Operations & Images. Parent accommodation also scored 100%.

Falcon achieved the highest number of responses this month (170). The overall outpatient recommendation rate is 94% which is the highest score for outpatients since September 2019.

There were many positive comments about the staff being friendly, kind, polite and professional. The predominant negative themes related to waiting times, confusing appointment letters, having to travel between different departments and the lack of communication about delays.

# FFT: Are we responding and improving?

## Qualitative Comments

*“What amazes me is the clear acknowledgment of the situation you are in. Everyone smiles and notices you. It gives you warmth and comfort when life is challenging you and your family at its greatest intensity”.*

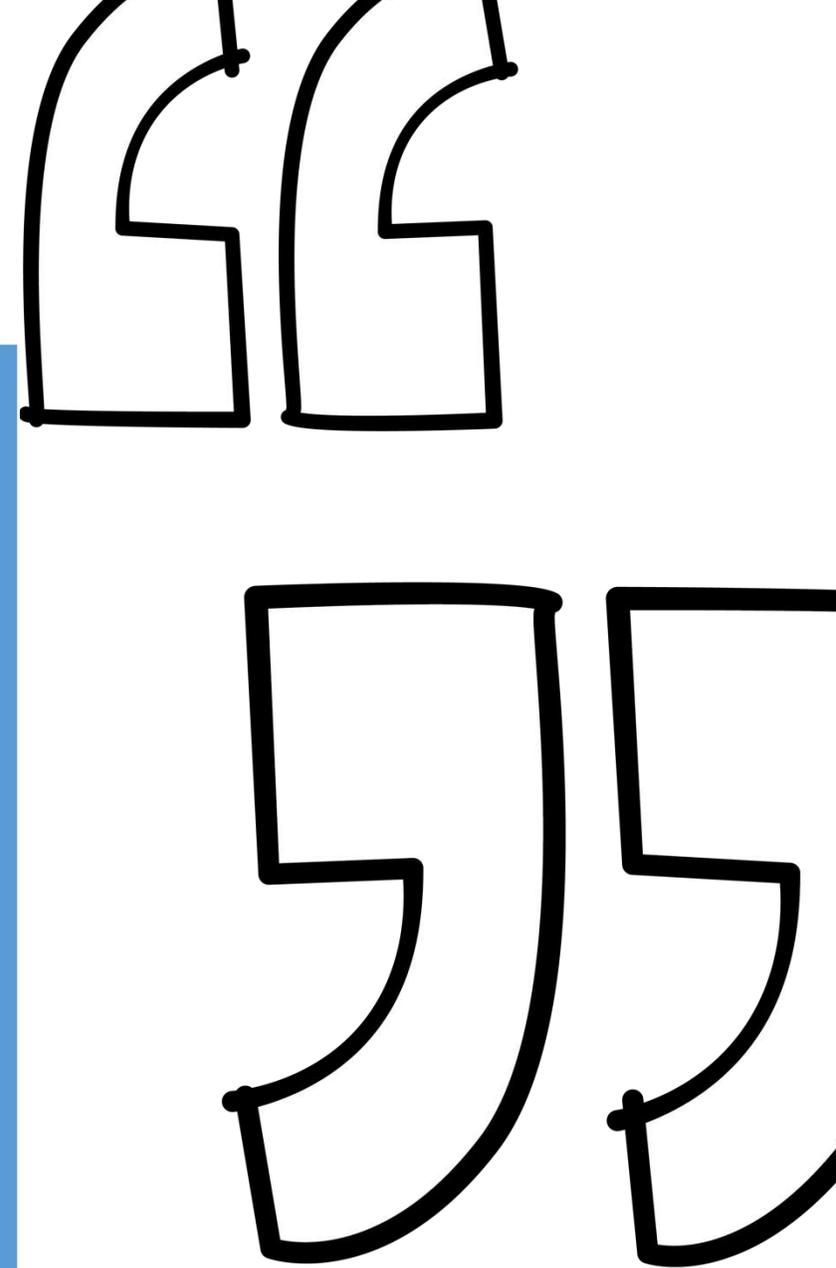
**Bear Ward.**

*“We are most impressed with GOSH right from the first appointment to surgery day today. The hospital is efficient, clean and caring. We couldn't have hoped for a better experience, knowing that our child had the best possible care”.*

**Nightingale Ward**

*“The nurses have been amazing with both myself and my daughter even when she was giving them a rough time by not taking her medication. The ward is very clean and friendly place to be, and I can't thank them enough for the care and support we have received”. Thank you so much!*

**Sky Ward.**





**Trust Board  
01 April 2020**

**Month 11 2019/20 Finance Report**

**Paper No: Attachment I**

**Submitted by:  
Helen Jameson, Chief Finance Officer**

**Attachment Finance Report M11**

**Key Points to take away**

1. The Trust is required to achieve an overall control total that is agreed with NHSI annually. In month, the Trust position is £0.4m favourable to the control total and this has resulted in the Trust being £0.9m favourable to plan YTD.
2. However, since the end of Month 11 the NHS required response to the Covid-19 virus has escalated and this will have a financial impact on 2019/20 which is currently being finalised. NHSE currently requires regular reporting on these costs so we can be reimbursed as appropriate.
3. Currently, NHS and other clinical income is on plan in month with pass through activity also above plan (£1.8m). This is a continuation of income driven by activity that is not covered by the block and new drugs approved in year for which the Trust is now seeing patients (CAR-T, Nusinersen and Battens).
4. Private patient income is £0.2m lower than plan in-month due to lower activity; this has driven the YTD private patient income position to £4.0m adverse to plan.
5. Pay is below plan YTD (£6.6m) due to vacancies across the organisation, largely within administrative and nursing staff which the Trust are reviewing as part of both the 2020/21 budget setting process and in relation to CIP for 2019/20.
6. Non-pay (excl. passthrough) is adverse to plan YTD (£4.5m) due to above plan IT spend and higher than plan non-pay costs associated with Genetics activity and research commercial studies
7. Cash held by the Trust is higher than plan by £16.6m which included £8.2m received earlier in the year related to PSF for 2018/19.
8. With the introduction of Epic the recording of activity will have changed and a new PLICs model has had to be developed which is currently under testing. Due to these significant changes we are currently awaiting confirmation as to whether the Trust should submit a 2019/20 National Cost Collection return. If it is still required to do so the Board is asked to delegate authority to EMT/CFO to approve the return with detailed reporting to the FIC.

## **Introduction**

This paper reports the Trust's Financial Position as at the end of February 2019 (Month 11). The Trust is required to achieve an overall control total breakeven (excluding PSF) for the year which is a decrease from 2018/19. Due to reductions in income tariffs and additional costs associated with new buildings the Trust must deliver a Better Value program of £20m.

The Trust is currently £0.9m ahead of its YTD control total. In Month 11 the Trust delivered a financial position that was £0.4m ahead of the in-month control total. The Trust is forecasting that the control total will be met and therefore the PSF of £3.8m will be achieved.

The Trust delivered £11.1m (£11.0m recurrently) YTD of the Better Value programme target of £17.8m with the remainder being covered by non-recurrent pay vacancies.

## **Financial Position – Summary Points**

NHS & other clinical revenue (excluding pass through) is favourable to plan by £0.8m YTD. The majority of services are under a block contract arrangement so the over performance relates to those services remaining on a cost and volume contract and due to additional income recognised as a result of Nursinersen, Battens and CAR-T activity.

Private patient income is behind plan by £4.0m due to reduced activity from reduced levels of demand across a number of specialties, especially in the first half of the year.

Non-clinical income is £1.3m favourable in month and £1.6m favourable YTD due largely to the receipt of royalties.

Pay is underspent by £6.6m YTD. The key contributors to this underspend are the number of vacancies across the organisation that not currently being backfilled by agency and bank. The Trust is currently below the NHSI agency cost ceiling that it agrees as part of its annual plan and is forecasting to be below this by year end.

Non-Pay expenditure (excluding pass through) is £4.5m adverse to plan YTD, driven largely by IT costs associated with EPIC implementation to the EPIC implementation and higher than plan expenditure relating to Genetics activity.

## **Financial Forecast – Summary Points**

The Trust is forecasting a year end position that breaks even with the Trust control total, albeit the forecast was completed prior to Covid-19 becoming a significant issue for the NHS. NHS Clinical income is forecast to be £1.5m favourable to plan which is driven by the additional activity agreed in year and additional CCG activity. Private patient income is forecast to be £5.1m adverse to the plan; however this is forecast to be 4.0% higher than 2018/19 full year actual performance. Pay is forecast to be £6.8m favourable to plan due to a number of vacancies across the organisation that are not currently being covered by temporary staffing. Non pay (excluding pass through) is forecast to be £4.7m adverse at the year end. This is related to additional ICT costs and impairment to receivables.

| <b>Statement of Financial Position – Summary Points</b>   |  |
|---|--|
| <b>Indicator</b>  | <b>Comment</b>   |
| NHSI Financial Rating   | NHS metrics are overall rated at a 1 which is on plan  |
| Cash  | Cash held by the Trust continues to be higher than plan. At M11 the closing cash balance was £59.6m (£16.6m higher than plan). This includes £8.2m received earlier in the year which related to PSF for 2018/19 as well as £2.8m relating to over-performance invoices for 2019/20. |
| NHS Debtor Days   | NHS Debtor days increased from 15 to 16 days which is in line with the plan. This is because the majority of the Trust's NHS invoices by value relate to contractual monthly SLA payments which are settled on the 15th of each month.   |
| IPP Debtor Days   | IPP debtor days increased from 219 to 223 days due to lower than average receipts from embassies.  |
| Creditor Days   | Creditor days remained the same as the previous month at 32 days.  |
| Inventory Days  | Non-Drug inventory days increased to 81 days from 70 days. Inventory days (drugs) cannot be calculated due to ongoing data quality issues with pharmacy reports; the EPR and pharmacy teams are working to resolve these issues.   |
| <b>Action required from the meeting</b>   |  |
| <ul style="list-style-type: none"> <li>To <b>note</b> the Month 11 Financial Position</li> <li>To <b>approve</b> the delegation of the submission of 2019/20 National Cost Collection return to EMT/CFO if this remains a statutory requirement for the Trust</li> </ul>                                |  |
| <b>Contribution to the delivery of NHS Foundation Trust strategies and plans</b>  |  |
| The delivery of the financial plan is a key strategic objective to ensure we have sufficient funding to meet the needs of our delivery of care.   |  |
| <b>Financial implications</b>   |  |
| The Trust has achieved its control total in month by £0.4m and is £0.9m favourable to the YTD control Total. The Trust is forecasting to breakeven at control total level at year end, however since this forecast took place, the scale of Covid-19 has increased which may have further implications. |  |
| <b>Who is responsible for implementing the proposals / project and anticipated timescales?</b>  |  |
| Chief Finance Officer / Executive Management Team.  |  |
| <b>Who is accountable for the implementation of the proposal / project?</b>   |  |
| Chief Finance Officer.  |  |

## Finance and Workforce Performance Report Month 11 2019/20

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ACTUAL FINANCIAL PERFORMANCE

|  | In month |          |     | Year to date |           |     |
|--|----------|----------|-----|--------------|-----------|-----|
|  | Plan     | Actual   | RAG | Plan         | Actual    | RAG |
| <b>INCOME</b><br>incl. pass-through                              | £39.2m   | £42.2m   | ●   | £446.0m      | £455.2m   | ●   |
| <b>PAY</b>   | (£23.9m) | (£24.1m) | ●   | (£265.3m)    | (£258.7m) | ●   |
| <b>NON-PAY</b><br>incl. pass-through, owned depreciation and PDC | (£15.9m) | (£18.2m) | ●   | (£182.7m)    | (£197.6m) | ●   |
| <b>CONTROL TOTAL</b><br>excl. PSF                                | (£0.6m)  | (£0.2m)  | ●   | (£2.1m)      | (£1.1m)   | ●   |

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

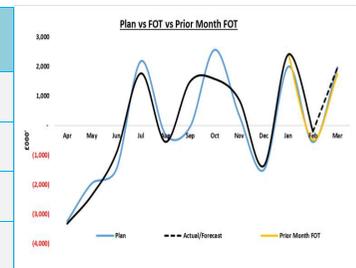
AREAS OF NOTE:

In month (Month 11) the Trust position is £0.4m favourable to the control total (excl. PSF) and this has resulted in the Trust being £0.9m favourable to plan YTD. However, since the end of Month 11 the scale of the Covid-19 virus has become significantly higher with the NHS, including GOSH, facing serious short term challenges to assist with control of its spread. This may have a financial impact on 2019/20 which is as yet unknown. Currently, NHS and other clinical income is on plan in month with pass through activity also above plan (£1.8m). This is a continuation of income driven by activity that is not covered by the block and new drugs approved in year for which the Trust is now seeing patients (CAR-T, Nusinersen and Battens). Pay is below plan YTD (£6.6m) due to vacancies across the organisation, largely within administrative and nursing staff which the Trust are reviewing as part of both the 2020/21 budget setting process and in relation to CIP for 2019/20. Non-pay (excl. passthrough) is adverse to plan YTD (£4.5m) due to above plan IT spend and higher than plan non-pay costs associated with Genetics activity and research commercial studies. Private patient income is £0.2m lower than plan in-month due to lower activity; this has driven the YTD private patient income position to £4.0m adverse to plan. The Trust has received £0.4m of PSF monies relating to a 2018/19 PSF reallocation post accounts. This was not included in the annual plan and does not contribute to the control total.

FORECAST FINANCIAL PERFORMANCE

|  | Plan (£m) | Forecast (£m) | Var (£m) | RAG |
|--|-----------|---------------|----------|-----|
| <b>INCOME</b><br>incl. pass-through                              | £488.4m   | £501.3m       | £12.9m   | ●   |
| <b>PAY</b>   | (£289.2m) | (£282.4m)     | £6.8m    | ●   |
| <b>NON-PAY</b><br>incl. pass-through, owned depreciation and PDC | (£199.2m) | (£219.0m)     | (£19.7m) | ●   |
| <b>CONTROL TOTAL</b><br>excl. PSF                                | £0.0m     | £0.0m         | £0.0m    | ●   |

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



AREAS OF NOTE:

The Trust is forecasting a year end position that breaks even with the Trust control total, albeit the forecast was completed prior to Covid-19 becoming a significant issue for the NHS. The forecast is compiled from each individual directorate forecast from across the organisation. The forecast shows passthrough income performance significantly above plan (£15.1m) due to additional drugs agreed in year (offset by additional expenditure). Pay is forecast to continue to underspend and end the year £6.8m underspent due to continued vacancies across the organisation and vacancy control processes that ensure posts are recruited to as appropriate. Non pay is above plan due to increased passthrough drugs and devices (£14.8m) and increased costs associated with ICT systems and contracts. The forecast is being updated on a monthly basis and a review is undertaken to look at how the forecast has moved each month.

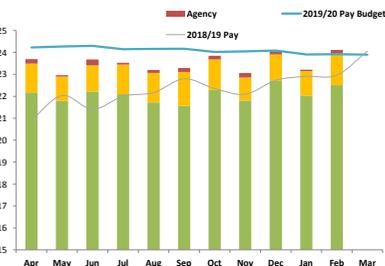
PEOPLE

|                  | M11 Plan Av. WTE | M11 Actual Av. WTE | Variance     |
|------------------|------------------|--------------------|--------------|
| <b>PERMANENT</b> | 4,630.0          | 4,464.9            | 165.1        |
| <b>BANK</b>      | 292.8            | 241.7              | 51.1         |
| <b>AGENCY</b>    | 56.5             | 27.5               | 29.0         |
| <b>TOTAL</b>     | <b>4,979.3</b>   | <b>4,734.2</b>     | <b>245.1</b> |

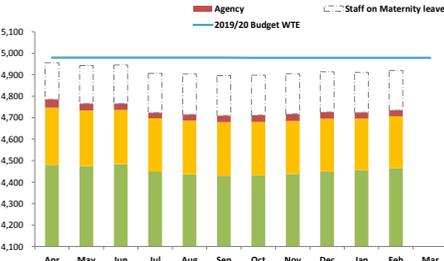
AREAS OF NOTE:

Average Trust WTE's YTD are 4,734 which is 245 WTE's below plan due to vacancies across the organisation that are not currently backfilled. These vacancies are a significant contributing factor to the delivery of the better value programme across the organisation. Actual bank and agency usage is currently below plan (and below the agency ceiling set by NHS). Pay spend YTD is £6.6m favourable to plan relating to these vacancies. Average cost per WTE has remained the same as M10 (£58.8k). Staff costs are forecast to end the year £6.8m below plan due to continued vacancies across the organisation not being filled by temporary staffing.

Pay Cost Trend £m



Average WTE profile as at M11



CASH, CAPITAL AND OTHER KPIs

| Key metrics            | Plan   | Actual |
|------------------------|--------|--------|
| <b>Cash</b>            | £43.0m | £59.6m |
| <b>IPP Debtor days</b> | 120    | 223    |
| <b>Creditor days</b>   | 30     | 32     |
| <b>NHS Debtor days</b> | 30     | 16     |

| Capital Programme         | YTD Plan M11  | YTD Actual M11 | Full year plan | Full Year Fcst |
|---------------------------|---------------|----------------|----------------|----------------|
| <b>Total Trust-funded</b> | £20.6m        | £17.0m         | £21.8m         | £20.6m         |
| <b>Total Donated</b>      | £45.0m        | £28.6m         | £46.7m         | £31.9m         |
| <b>Grand Total</b>        | <b>£65.6m</b> | <b>£45.6m</b>  | <b>£68.5m</b>  | <b>£52.4m</b>  |

| NHSI metrics                   | Plan M11 | Actual M11 |
|--------------------------------|----------|------------|
| <b>CAPITAL SERVICE COVER</b>   | 1        | 1          |
| <b>LIQUIDITY</b>               | 1        | 1          |
| <b>I&amp;E MARGIN</b>          | 2        | 2          |
| <b>VAR. FROM CONTROL TOTAL</b> |          | 1          |
| <b>AGENCY</b>                  |          | 1          |
| <b>TOTAL</b>                   |          | 1          |

AREAS OF NOTE:

- Cash held by the Trust continues to be higher than plan. At M11 the closing cash balance was £59.6m (£16.6m higher than plan). This includes £8.2m received earlier in the year which related to PSF for 2018/19 as well as £2.8m relating to over-performance invoices for 2019/20.
- The capital programme is behind the plan by £20m at M11; of this Trust-funded is £3.6m and donated £16.4m. There is slippage on the Trust-funded Estates and IT programmes, and on the donated Redevelopment and Medical Equipment programmes.
- IPP debtors days increased in month from 219 days to 223 days. Total IPP debt increased in month to £39.7m (£37.9m in M10), overdue debt increased in month to £32.7m (£29.9m in M10).
- Creditor days remained the same as the previous month at 32 days.
- NHS debtor days increased from 15 days to 16 days.
- NHS metrics are overall rated at a 1 which is on plan.

# Trust Income and Expenditure Performance Summary for the 11 months ending 29 Feb 2020

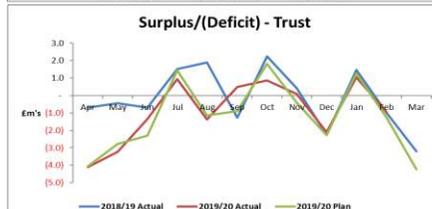
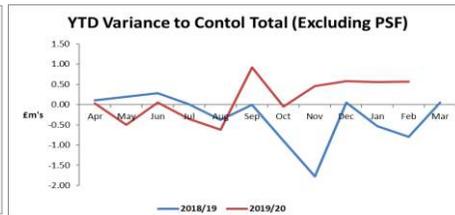
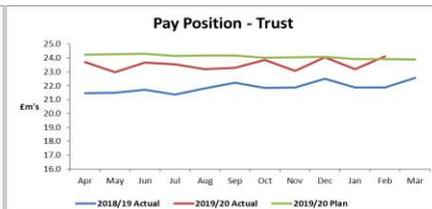
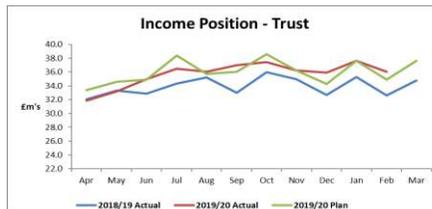
| Annual Budget   | Income & Expenditure   | 2019/20        |                |               |                 |                 |                 |                |                 | Rating   | Notes | 2018/19 YTD Actual | CY vs PY       |                 |
|-----------------|--|----------------|----------------|---------------|-----------------|-----------------|-----------------|----------------|-----------------|----------|-------|--------------------|----------------|-----------------|
|                 |  | Month 11       |                |               |                 | Year to Date    |                 |                |                 |          |       |                    | Variance       |                 |
|                 |  | Budget         | Actual         | Variance      |                 | Budget          | Actual          | Variance       |                 |          |       |                    | (£m)           | (£m)            |
| (£m)            | (£m)   | (£m)           | %              | (£m)          | (£m)            | (£m)            | %               | YTD Variance   | (£m)            | (£m)     | %     |                    |                |                 |
| 296.47          | NHS & Other Clinical Revenue                                   | 23.89          | 23.91          | 0.03          | 0.10%           | 270.66          | 271.44          | 0.78           | 0.29%           | G        | 1     | 260.87             | 10.57          | 4.05%           |
| 59.94           | Pass Through   | 4.78           | 6.53           | 1.76          | 36.80%          | 54.68           | 65.60           | 10.92          | 19.97%          |          |       | 57.11              | 8.49           | 14.87%          |
| 69.76           | Private Patient Revenue  | 5.53           | 5.37           | (0.16)        | (2.91%)         | 63.69           | 59.69           | (4.00)         | (6.28%)         | R        | 2     | 56.94              | 2.75           | 4.83%           |
| 62.25           | Non-Clinical Revenue   | 5.03           | 6.35           | 1.32          | 26.18%          | 56.94           | 58.50           | 1.56           | 2.74%           | G        | 3     | 62.90              | (4.40)         | (6.99%)         |
| <b>488.42</b>   | <b>Total Operating Revenue</b>                                 | <b>39.22</b>   | <b>42.16</b>   | <b>2.94</b>   | <b>7.49%</b>    | <b>445.97</b>   | <b>455.24</b>   | <b>9.26</b>    | <b>2.08%</b>    | <b>G</b> |       | <b>437.81</b>      | <b>17.43</b>   | <b>3.98%</b>    |
| (269.30)        | Permanent Staff  | (22.53)        | (22.51)        | 0.03          | 0.11%           | (246.79)        | (242.92)        | 3.87           | 1.57%           |          |       | (227.76)           | (15.16)        | (6.66%)         |
| (3.48)          | Agency Staff   | (0.29)         | (0.17)         | 0.12          | 41.76%          | (3.19)          | (1.71)          | 1.48           | 46.24%          |          |       | (2.48)             | 0.77           | 30.85%          |
| (16.39)         | Bank Staff   | (1.10)         | (1.44)         | (0.34)        | (31.48%)        | (15.30)         | (14.02)         | 1.27           | 8.32%           |          |       | (14.17)            |                | 0%              |
| <b>(289.17)</b> | <b>Total Employee Expenses</b>                                 | <b>(23.92)</b> | <b>(24.12)</b> | <b>(0.20)</b> | <b>(0.83%)</b>  | <b>(265.27)</b> | <b>(258.66)</b> | <b>6.62</b>    | <b>2.49%</b>    | <b>G</b> | 4     | <b>(244.41)</b>    | <b>(14.25)</b> | <b>(5.83%)</b>  |
| (13.80)         | Drugs and Blood  | (1.10)         | (0.67)         | 0.43          | 38.89%          | (12.62)         | (11.94)         | 0.68           | 5.38%           | G        |       | (11.77)            | (0.17)         | (1.41%)         |
| (44.13)         | Other Clinical Supplies  | (3.51)         | (3.42)         | 0.09          | 2.67%           | (40.54)         | (40.82)         | (0.28)         | (0.69%)         | A        |       | (39.29)            | (1.53)         | (3.90%)         |
| (62.50)         | Other Expenses   | (4.87)         | (6.12)         | (1.25)        | (25.61%)        | (57.59)         | (62.45)         | (4.86)         | (8.45%)         | R        |       | (59.58)            | (2.87)         | (4.82%)         |
| (59.94)         | Pass Through   | (4.78)         | (6.34)         | (1.56)        | (32.66%)        | (54.68)         | (65.02)         | (10.34)        | (18.91%)        |          |       | (56.61)            | (8.41)         | (14.86%)        |
| <b>(180.36)</b> | <b>Total Non-Pay Expenses</b>                                  | <b>(14.25)</b> | <b>(16.54)</b> | <b>(2.29)</b> | <b>(16.05%)</b> | <b>(165.43)</b> | <b>(180.23)</b> | <b>(14.81)</b> | <b>(8.95%)</b>  | <b>R</b> | 5     | <b>(167.25)</b>    | <b>(12.98)</b> | <b>(7.76%)</b>  |
| <b>(469.54)</b> | <b>Total Expenses</b>  | <b>(38.17)</b> | <b>(40.66)</b> | <b>(2.49)</b> | <b>(6.51%)</b>  | <b>(430.70)</b> | <b>(438.89)</b> | <b>(8.19)</b>  | <b>(1.90%)</b>  | <b>R</b> |       | <b>(411.66)</b>    | <b>(27.23)</b> | <b>(6.61%)</b>  |
| <b>18.88</b>    | <b>EBITDA (exc Capital Donations)</b>                          | <b>1.05</b>    | <b>1.50</b>    | <b>0.45</b>   | <b>43%</b>      | <b>15.27</b>    | <b>16.35</b>    | <b>1.07</b>    | <b>7.02%</b>    | <b>G</b> |       | <b>26.15</b>       | <b>(9.80)</b>  | <b>(37.49%)</b> |
| (18.88)         | Owned depreciation, Interest and PDC                           | (1.61)         | (1.70)         | (0.09)        | (5.71%)         | (17.25)         | (17.41)         | (0.15)         | (0.89%)         |          | 7     | (13.75)            | (3.66)         | (26.59%)        |
| <b>0.00</b>     | <b>Control Total (exc. PSF)</b>                                | <b>(0.56)</b>  | <b>(0.20)</b>  | <b>0.36</b>   | <b>64.76%</b>   | <b>(1.98)</b>   | <b>(1.06)</b>   | <b>0.92</b>    | <b>46.46%</b>   |          |       |                    |                |                 |
| 3.76            | PSF  | 0.44           | 0.44           | 0.00          | (200.00%)       | 3.32            | 3.32            | 0.00           | (100.00%)       |          |       |                    |                |                 |
| <b>3.76</b>     | <b>Control total</b>   | <b>(0.12)</b>  | <b>0.24</b>    | <b>0.36</b>   | <b>303.69%</b>  | <b>1.34</b>     | <b>2.26</b>     | <b>0.92</b>    | <b>68.38%</b>   | <b>G</b> |       | <b>12.40</b>       | <b>(10.14)</b> | <b>(81.75%)</b> |
| 0.00            | PY PSF post accounts reallocation                              | 0.00           | 0.00           | 0.00          |                 | 0.00            | 0.35            | 0.35           |                 |          |       |                    |                |                 |
| (13.07)         | Donated depreciation   | (1.15)         | (1.22)         | (0.07)        | (6.28%)         | (11.93)         | (12.34)         | (0.41)         | (3.47%)         |          |       | (10.34)            | (2.00)         | (19.33%)        |
| <b>(9.30)</b>   | <b>Net (Deficit)/Surplus (exc Cap. Don. &amp; Impairments)</b> | <b>(1.27)</b>  | <b>(0.98)</b>  | <b>0.29</b>   | <b>22.88%</b>   | <b>(10.58)</b>  | <b>(9.73)</b>   | <b>0.85</b>    | <b>8.05%</b>    |          |       | <b>2.06</b>        | <b>(12.14)</b> | <b>(589%)</b>   |
| (5.50)          | Impairments  | 0.00           | 0.00           | 0.00          | 0.00%           | 0.00            | 0.00            | 0.00           | 0.00%           |          |       | 0.00               | 0.00           | 0%              |
| 46.72           | Capital Donations  | 1.62           | 2.01           | 0.39          | 23.79%          | 44.95           | 28.58           | (16.37)        | (36.42%)        |          | 6     | 31.00              | (2.42)         | (7.80%)         |
| <b>31.92</b>    | <b>Adjusted Net Result</b>                                     | <b>0.35</b>    | <b>1.03</b>    | <b>0.67</b>   | <b>190.07%</b>  | <b>34.37</b>    | <b>18.85</b>    | <b>(15.52)</b> | <b>(45.15%)</b> |          |       | <b>33.06</b>       | <b>(14.55)</b> | <b>(44.02%)</b> |

## Summary

- The Trust in month position is £0.4m favourable to the control total, whilst the YTD position is showing as £0.9m favourable.
- The Trust position includes PSF funding for months 1-11 (£3.3m) and an additional bonus payment relating to 2018/19 of £0.3m (excluded from the control total).

## Notes

- NHS & other clinical revenue (excluding pass through) is favourable to plan YTD (£0.8m). Additional income has been recognised as a result of Nusinersen, Battens and CAR-T activity YTD, which has been a key driver of over performance.
- Private Patient income in month is adverse to plan (£0.2m) due to lower than planned activity. The YTD position is behind plan (£4.0m) which is due to lower demand across a number of specialities, especially in the first half of the year.
- Non-clinical income is favourable in month (£1.3m) due largely to the receipt of royalties. YTD is favourable by £1.6m to plan, driven by the same factor.
- Pay is favourable to plan (£6.6m) due to vacancies across the Trust. The Trust use of agency is forecast to be £2.2m which is below plan and the agency ceiling set by NHSI.
- Non pay (excluding pass through) is adverse to plan YTD (£4.5m) due to IT spend relating to the EPIC implementation and higher than plan expenditure relating to Genetics activity.
- Income from capital donations is lower than plan YTD due to slippage in capital projects (£16.4m).



### RAG Criteria:

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

| Full Year Actual 2018/19 (£m) | 29 Feb 2020  |                    |                   |                         |                  | Rating Forecast Variance to plan |
|-------------------------------|--|--------------------|-------------------|-------------------------|------------------|----------------------------------|
|                               | Income & Expenditure   | Annual Budget (£m) | Internal Forecast |                         |                  |                                  |
|                               |  |                    | Full-Yr (£m)      | Variance to Plan (£m) % |                  |                                  |
| 288.61                        | NHS & Other Clinical Revenue                                   | 296.47             | 298.00            | 1.53                    | 0.51%            | G                                |
| 62.40                         | Pass Through   | 59.94              | 75.06             | 15.12                   | 20.15%           |                                  |
| 62.19                         | Private Patient Revenue  | 69.76              | 64.68             | (5.08)                  | (7.85%)          | R                                |
| 74.43                         | Non-Clinical Revenue   | 62.25              | 63.60             | 1.35                    | 2.12%            | G                                |
| <b>487.63</b>                 | <b>Total Operating Revenue</b>                                 | <b>488.42</b>      | <b>501.34</b>     | <b>12.92</b>            | <b>2.58%</b>     |                                  |
| (250.05)                      | Permanent Staff  | (272.88)           | (264.95)          | 7.93                    | (2.99%)          |                                  |
| (2.74)                        | Agency Staff   | (3.48)             | (2.19)            | 1.29                    | (58.90%)         |                                  |
| (15.84)                       | Bank Staff   | (12.81)            | (15.24)           | (2.43)                  | 15.94%           |                                  |
| <b>(268.63)</b>               | <b>Total Employee Expenses</b>                                 | <b>(289.17)</b>    | <b>(282.38)</b>   | <b>6.79</b>             | <b>(2.41%)</b>   | G                                |
| (11.88)                       | Drugs and Blood  | (13.80)            | (13.55)           | 0.25                    | (1.88%)          | G                                |
| (43.37)                       | Other Clinical Supplies  | (44.13)            | (43.45)           | 0.68                    | (1.57%)          | G                                |
| (66.77)                       | Other Expenses   | (62.50)            | (68.15)           | (5.65)                  | 8.29%            | R                                |
| (62.92)                       | Pass Through   | (59.94)            | (74.76)           | (14.82)                 | 19.82%           |                                  |
| <b>(184.94)</b>               | <b>Total Non-Pay Expenses</b>                                  | <b>(180.37)</b>    | <b>(199.90)</b>   | <b>(19.53)</b>          | <b>9.77%</b>     | R                                |
| <b>(453.57)</b>               | <b>Total Expenses</b>  | <b>(469.54)</b>    | <b>(482.28)</b>   | <b>(12.74)</b>          | <b>2.64%</b>     | R                                |
| <b>34.06</b>                  | <b>EBITDA (exc Capital Donations)</b>                          | <b>18.88</b>       | <b>19.06</b>      | <b>0.18</b>             | <b>0.95%</b>     | G                                |
| (16.69)                       | Owned Depreciation, Interest and PDC                           | (18.88)            | (19.05)           | (0.17)                  | 0.89%            |                                  |
| <b>17.37</b>                  | <b>Control Total (exc. PSF)</b>                                | <b>0.00</b>        | <b>0.01</b>       | <b>0.01</b>             | <b>89.26%</b>    |                                  |
| <b>0.00</b>                   | <b>PSF</b>   | <b>3.76</b>        | <b>3.76</b>       | <b>0.00</b>             |                  |                                  |
| <b>17.37</b>                  | <b>Control total</b>   | <b>3.76</b>        | <b>3.77</b>       | <b>0.01</b>             | <b>0.31%</b>     | G                                |
| 0.00                          | PY PSF post accounts reallocation                              | 0.00               | 0.35              | 0.35                    | 100.00%          |                                  |
| (11.39)                       | Donated depreciation   | (13.07)            | (13.51)           | (0.45)                  | 3.29%            |                                  |
| <b>5.98</b>                   | <b>Net (Deficit)/Surplus (exc Cap. Don. &amp; Impairments)</b> | <b>(9.30)</b>      | <b>(9.39)</b>     | <b>(0.09)</b>           | <b>(633.33%)</b> |                                  |
| (7.90)                        | Impairments  | (5.50)             | (5.50)            | 0.00                    | 0.00%            |                                  |
| 32.78                         | Capital Donations  | 46.72              | 31.86             | (14.86)                 |                  |                                  |
| <b>30.86</b>                  | <b>Adjusted Net Result</b>                                     | <b>31.92</b>       | <b>16.97</b>      | <b>(14.95)</b>          | <b>(88.08%)</b>  |                                  |

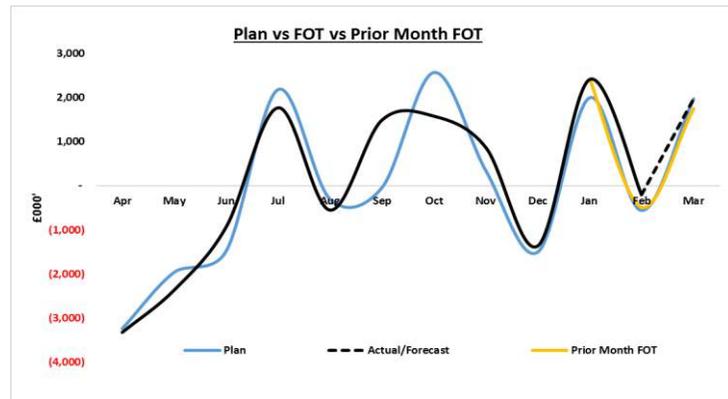
Notes

**Summary**

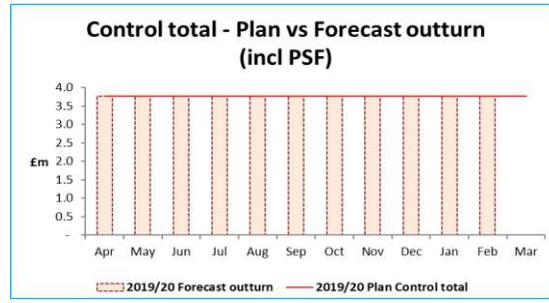
- The Trust is forecasting a year end position that breaks even with the Trust control total. This forecast is based on Better Value programme delivery including additional payment of non-NHS debt releasing impairment of receivables. If these do not come online there would be a risk in achieving the forecast.
- A block contract has been agreed with NHSE for 2019/20 and is included in the NHS Clinical income and non clinical income numbers of the forecast.

**Notes**

- NHS Clinical income is forecast to be £1.5m favourable to plan which is driven by the additional activity agreed in year and additional CCG activity. This is an improvement on the YTD position as newly commissioned services have come on line in the second half of the year.
- Pass through income is forecast to be above plan (£15.1m) due to additional drugs agreed in year. This is offset by expenditure but is a significant increase and would be a risk to delivering the year end position if the commissioners can't afford to reimburse the Trust.
- Private patient income is forecast to be £5.1m adverse to the plan; however this is forecast to be 4.0% higher than 2018/19 full year actual performance.
- Pay is forecast to be £6.8m favourable to plan due to a number of vacancies across the organisation that are not currently being covered by temporary staffing. Vacancy control process is in place to ensure posts are recruited to as appropriate.
- Non-pay (excluding pass through) is forecast to be £4.7m adverse at the year end. This is related to additional ICT costs and impairment to receivables.
- Capital Donations are forecast to be £13.5m below plan at the year end linked to the Trust Capital program.



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



| Organisation                     | Contract type      | Annual plan (£m) | Income plan (£m) | Income actual (£m) | Income variance (£m) | RAG YTD Variance |
|----------------------------------|--------------------|------------------|------------------|--------------------|----------------------|------------------|
| NHS England                      | Block              | 274.25           | 250.34           | 250.34             | 0.00                 | G                |
|                                  | Pass through drugs | 51.75            | 47.21            | 56.95              | 9.74                 | G                |
|                                  | Cost & volume      | 0.80             | 0.79             | 2.63               | 1.84                 | G                |
| <b>Total NHS England</b>         |                    | <b>326.79</b>    | <b>298.34</b>    | <b>309.92</b>      | <b>11.58</b>         | <b>G</b>         |
| CCG contracts                    | Block              | 13.01            | 11.85            | 10.91              | (0.94)               | R                |
| CCG non contract activity        | Cost & volume      | 6.26             | 5.70             | 5.12               | (0.58)               | R                |
| All CCG                          | Pass through       | 5.05             | 4.60             | 5.78               | 1.18                 | G                |
| <b>Total CCGs</b>                |                    | <b>24.31</b>     | <b>22.15</b>     | <b>21.81</b>       | <b>(0.34)</b>        | <b>A</b>         |
| NHS Trusts                       | Cost & volume      | 0.13             | 0.12             | 0.25               | 0.13                 | G                |
| <b>Total NHS Clinical Income</b> |                    | <b>351.23</b>    | <b>320.61</b>    | <b>331.98</b>      | <b>11.37</b>         | <b>G</b>         |
| Non NHS                          | Cost & volume      | 4.45             | 4.08             | 3.83               | (0.25)               | A                |
|                                  | Pass through       | 0.29             | 0.24             | 0.75               | 0.51                 | G                |
| Overseas                         | Cost & volume      | 0.43             | 0.40             | 0.48               | 0.08                 | G                |
|                                  | Pass through       | 0.00             | 0.00             | 0.00               | 0.00                 | G                |
| <b>TOTAL CLINICAL INCOME</b>     |                    | <b>356.41</b>    | <b>325.33</b>    | <b>337.04</b>      | <b>11.71</b>         | <b>G</b>         |

**RAG Criteria:**

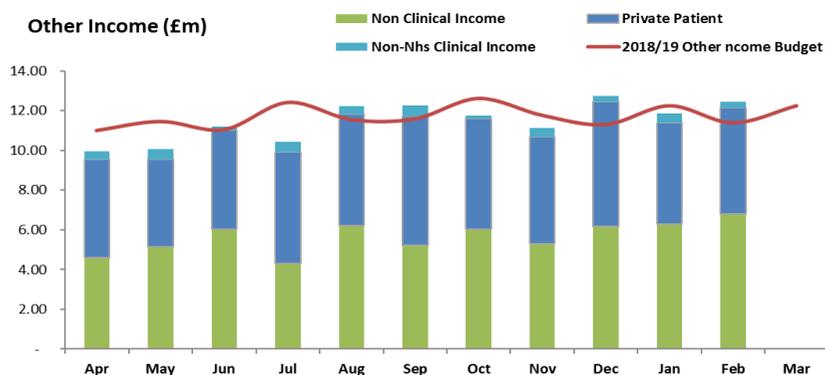
Green  
Favourable  
Variance to  
plan  
Amber Adverse  
Variance to  
plan (< 5%)  
Red Adverse  
Variance to  
plan (> 5% or >  
£0.5m)

**Summary**

- Block contracts for activity have been agreed with NHS England for specialised commissioning and are in the process of being agreed with contracted CCGs. 91% of the CCGs have agreed their contracts which equates to £17.2m. This approach was adopted to mitigate the risk from the implementation of the new patient administration system, EPIC.
- Pass through income is being charged on a cost and volume basis for all commissioners except NHS England where drugs are on a cost and volume basis whilst PbR excluded devices form part of the block contract.
- Income is favourable to plan by £11.71m; largely due to increased pass through income (£9.74m for NHSE). The in-month drugs value for February is based on an estimate (whilst the new reporting system is optimised) and may be subject to change when refreshed in March.
- The increased drugs costs for NHSE, particularly from newly approved drugs, increases the risk of non-payment owing to financial pressures in the system.
- There is a £1.5m YTD adverse variance for CCG activity that remains comparable to January. The unfavourable variance for block reflects the transfer of CCGs to cost and volume that were expected to agree in block in setting the plan. Uncoded activity has returned to a comparable level to that in 2018/2019, however the value for non contract and non-NHS activity may still increase or decrease when refreshed in March.

**Other Income Summary**

|                                | Annual plan (£m) | Current month |             |               | Year to date |              |               | RAG      | YTD Variance |
|--------------------------------|------------------|---------------|-------------|---------------|--------------|--------------|---------------|----------|--------------|
|                                |                  | Plan (£m)     | Actual (£m) | Variance (£m) | Plan (£m)    | Actual (£m)  | Variance (£m) |          |              |
| Private Patient                | 69.76            | 5.53          | 5.37        | (0.16)        | 63.69        | 59.69        | (4.00)        | R        |              |
| Non NHS Clinical Income        | 4.89             | 0.40          | 0.29        | (0.11)        | 4.46         | 4.21         | (0.25)        | A        |              |
| <b>Non-NHS Clinical Income</b> | <b>74.65</b>     | <b>5.92</b>   | <b>5.66</b> | <b>(0.27)</b> | <b>68.15</b> | <b>63.90</b> | <b>(4.24)</b> | <b>R</b> |              |
| Education & Training           | 8.00             | 0.64          | 0.98        | 0.34          | 7.30         | 8.42         | 1.12          | G        |              |
| Research & Development         | 26.28            | 2.17          | 3.48        | 1.31          | 24.09        | 25.47        | 1.38          | G        |              |
| Non-Patient Services           | 1.00             | 0.08          | (0.08)      | (0.16)        | 0.91         | 0.94         | 0.03          | G        |              |
| Commercial                     | 1.61             | 0.13          | 0.12        | (0.01)        | 1.47         | 1.26         | (0.21)        | A        |              |
| Charitable Contributions       | 10.72            | 0.87          | 0.92        | 0.05          | 9.79         | 9.71         | (0.08)        | A        |              |
| Other Non-Clinical             | 18.40            | 1.59          | 1.38        | (0.22)        | 16.70        | 16.36        | (0.33)        | A        |              |
| <b>Non Clinical Income</b>     | <b>66.01</b>     | <b>5.47</b>   | <b>6.79</b> | <b>1.32</b>   | <b>60.26</b> | <b>62.17</b> | <b>1.91</b>   | <b>G</b> |              |



**RAG Criteria:**

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

**Summary**

- Private patient income in-month is adverse to plan by £0.2m due to lower than plan activity. YTD performance is below plan by £4.0m due to lower than expected bed occupancy across a number of specialties, especially in earlier months of the year caused by referral rates into the Trust.
- Education and Training income continues to be reflected in line with our latest LDA with HEE. In addition, £0.4m of performance above plan YTD is income relating to our apprenticeship levy which is directly offset by expenditure on apprenticeships.
- Non-Clinical income is £1.3m above plan in-month and £1.9m YTD. In-month performance above plan is largely relating to research & development income which is largely driven by receipt of a royalty (£0.9m).

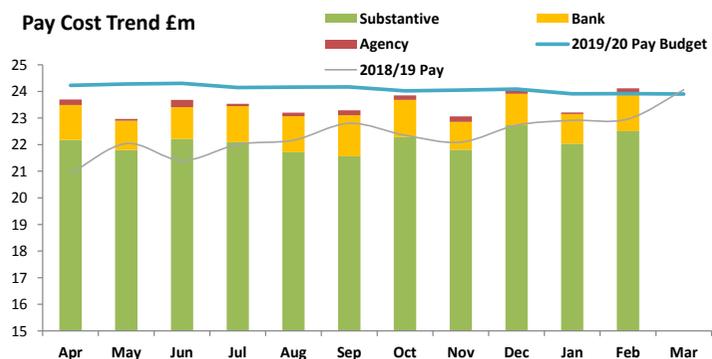
# Workforce Summary for the 11 months ending 29 Feb 2020

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

| Staff Group                                    | 2019/20 plan |                 |             | 2019/20 actual |                 |             | Variance    |                       |                 |                | RAG        |
|--|--------------|-----------------|-------------|----------------|-----------------|-------------|-------------|-----------------------|-----------------|----------------|------------|
|  | YTD (£m)     | YTD Average WTE | £000 / WTE  | YTD (£m)       | YTD Average WTE | £000 / WTE  | YTD (£m)    | Average WTE Vacancies | Volume Var (£m) | Price Var (£m) | £ Variance |
| Admin (inc Director & Senior Managers)         | 53.1         | 1,213.7         | 47.7        | 46.1           | 1,112.0         | 45.2        | 7.0         | 101.7                 | 4.4             | 2.5            | G          |
| Consultants                                    | 49.8         | 368.0           | 147.5       | 49.9           | 352.0           | 154.5       | (0.1)       | 16.0                  | 2.2             | (2.3)          | A          |
| Estates & Ancillary Staff                      | 4.5          | 146.8           | 33.5        | 4.2            | 137.7           | 33.2        | 0.3         | 9.0                   | 0.3             | 0.0            | G          |
| Healthcare Assist & Supp                       | 9.1          | 305.9           | 32.4        | 8.3            | 279.9           | 32.2        | 0.8         | 26.0                  | 0.8             | 0.0            | G          |
| Junior Doctors                                 | 25.5         | 381.9           | 72.9        | 25.9           | 346.3           | 81.6        | (0.4)       | 35.6                  | 2.4             | (2.8)          | A          |
| Nursing Staff                                  | 75.4         | 1,623.6         | 50.7        | 73.5           | 1,524.6         | 52.6        | 2.0         | 98.9                  | 4.6             | (2.6)          | G          |
| Other Staff                                    | 0.5          | 10.0            | 55.6        | 0.4            | 7.9             | 60.4        | 0.1         | 2.1                   | 0.1             | (0.0)          | G          |
| Scientific Therap Tech                         | 46.8         | 948.4           | 53.9        | 47.7           | 945.9           | 55.1        | (0.9)       | 2.4                   | 0.1             | (1.0)          | R          |
| <b>Total substantive and bank staff costs</b>  | <b>264.7</b> | <b>4,998.3</b>  | <b>57.8</b> | <b>256.0</b>   | <b>4,706.5</b>  | <b>59.3</b> | <b>8.8</b>  | <b>291.8</b>          | <b>15.5</b>     | <b>(6.7)</b>   | <b>G</b>   |
| Agency   | 3.2          | 56.5            | 61.6        | 1.7            | 27.8            | 67.3        | 1.5         | 28.7                  | 1.5             | (0.1)          | G          |
| <b>Total substantive, bank and agency cost</b> | <b>267.9</b> | <b>5,054.8</b>  | <b>57.8</b> | <b>257.7</b>   | <b>4,734.3</b>  | <b>59.4</b> | <b>10.2</b> | <b>320.5</b>          | <b>17.0</b>     | <b>(6.8)</b>   | <b>G</b>   |
| Reserve*                                       | (2.7)        | (75.5)          | 0.0         | 1.0            | 0.0             | 0.0         | (3.6)       | (75.5)                | (3.9)           | 0.3            | R          |
| <b>Total pay cost</b>                          | <b>265.3</b> | <b>4,979.3</b>  | <b>58.1</b> | <b>258.7</b>   | <b>4,734.3</b>  | <b>59.6</b> | <b>6.6</b>  | <b>245.0</b>          | <b>13.1</b>     | <b>(6.4)</b>   | <b>G</b>   |
| Remove Maternity leave cost                    |              |                 |             | (3.3)          |                 |             | 3.3         |                       |                 | 3.3            | G          |
| <b>Total excluding Maternity Costs</b>         | <b>265.3</b> | <b>4,979.3</b>  | <b>58.1</b> | <b>255.3</b>   | <b>4,734.3</b>  | <b>58.8</b> | <b>9.9</b>  | <b>245.0</b>          | <b>13.1</b>     | <b>(3.1)</b>   | <b>G</b>   |

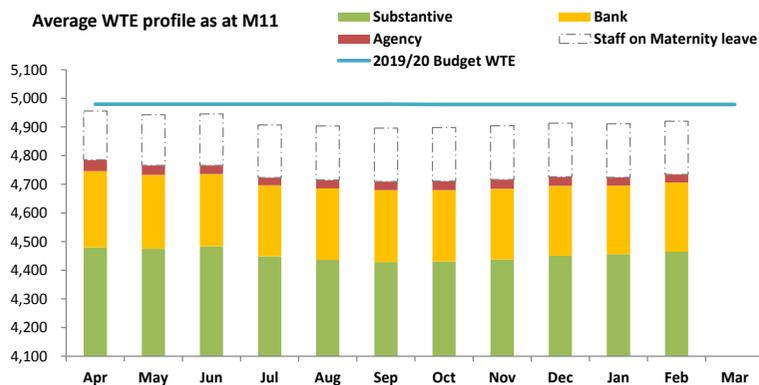
\*Plan reserve includes WTEs relating to the better value programme

## Pay Cost Trend £m



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

## Average WTE profile as at M11



## Summary

- YTD pay spend is £258.7m which is £6.6m favourable to plan. The key contributor to the underspend is the number of vacancies across the organisation that are currently not being backfilled by bank or agency; this can be seen by the volume variance (£13.1m).
- Average cost per WTE has remained the same as M10 (£58.8k). Bank usage is high in month (£0.3m above plan) due to additional coverage required for staff annual leave during February half term.
- The Trust has a bank and agency budget alongside the permanent workforce budget in line with the NHSI reporting requirements. The agency budget has been set below the agency ceiling and is currently underspent (£1.5m).
- The table above does not include 186 average contractual WTE for staff on maternity leave which have cost £3.3m YTD. If this cost is included then the average cost per WTE is higher than plan by £0.8k per WTE.
- The increased price variance is mainly being caused by the higher than planned cost of consultants and junior doctors. This is being offset by reduced numbers of staff.
- We are not expecting to breach the agency ceiling set by NHSI and the Trust is currently below the agency ceiling.
- Staff costs are forecast to end the year £6.8m below plan due to continued vacancies across the

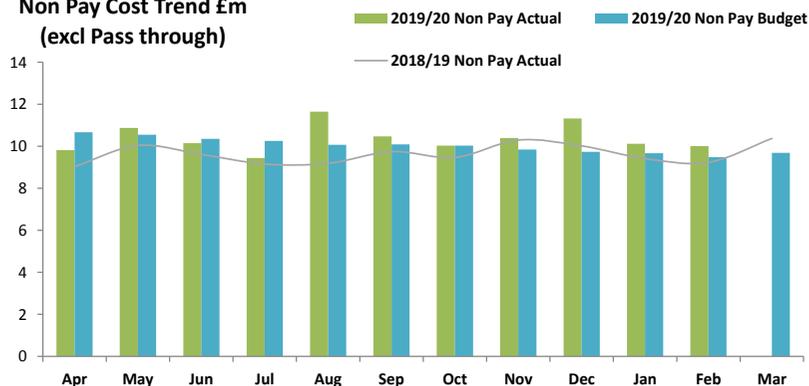
## Non-Pay Summary for the 11 months ending 29 Feb 2020

| Non-Pay Costs (excl Pass through) YTD |              |              |              |                         |
|---------------------------------------|--------------|--------------|--------------|-------------------------|
|                                       | Budget (£m)  | Actual (£m)  | Variance     | RAG YTD Actual variance |
| Drugs Costs                           | 10.8         | 10.1         | 0.6          | G                       |
| Blood Costs                           | 1.8          | 1.8          | 0.1          | G                       |
| Business Rates                        | 3.8          | 4.2          | (0.3)        | A                       |
| Clinical Negligence                   | 6.3          | 6.2          | 0.0          | G                       |
| Supplies & Services - Clinical        | 40.5         | 40.8         | (0.3)        | A                       |
| Supplies & Services - General         | 4.9          | 4.1          | 0.8          | G                       |
| Premises Costs                        | 29.6         | 32.0         | (2.5)        | R                       |
| Other Non Pay                         | 13.0         | 15.9         | (2.9)        | R                       |
| <b>Total Non-Pay costs</b>            | <b>110.7</b> | <b>115.2</b> | <b>(4.5)</b> | <b>R</b>                |
| Depreciation                          | 22.1         | 22.6         | (0.5)        | A                       |
| PDC Dividend Payable                  | 7.3          | 7.6          | (0.3)        | A                       |
| <b>Total</b>                          | <b>140.2</b> | <b>145.4</b> | <b>(5.2)</b> | <b>R</b>                |

| Top 5 YTD Clinical* Non Pay overspends by Speciality (£m) |                         |                         |               |       |
|---|-------------------------|-------------------------|---------------|-------|
|   | YTD 2019/20 Budget (£k) | YTD 2019/20 Actual (£k) | Variance (£k) | Trend |
| Haematology/Oncology                                      | 2,878                   | 3,288                   | (410)         | ↓     |
| Ent   | 64                      | 447                     | (383)         | ↓     |
| Medical Endocrinology                                     | 937                     | 1,228                   | (291)         | →     |
| Neurology   | 924                     | 1,170                   | (246)         | →     |
| Wards (Exc. Haem/Onc)                                     | 917                     | 1,131                   | (214)         | ↓     |

| Top 5 YTD Clinical* Non Pay underspends by Speciality (£m) |                         |                         |               |       |
|--|-------------------------|-------------------------|---------------|-------|
|  | YTD 2019/20 Budget (£k) | YTD 2019/20 Actual (£k) | Variance (£k) | Trend |
| Cardiac Serv & H&L Central Bud                             | 4,905                   | 3,738                   | 1,166         | ↑     |
| Cardiac Critical Care                                      | 2,048                   | 1,468                   | 580           | ↑     |
| Nephrology   | 3,002                   | 2,454                   | 548           | ↑     |
| Picu Nicu  | 3,938                   | 3,610                   | 327           | ↑     |
| Theatre  | 7,620                   | 7,376                   | 244           | →     |

Non Pay Cost Trend £m  
(excl Pass through)



\*Clinical non-pay excludes pass through

### Summary

- YTD non-pay excluding pass through is £5.2m adverse to plan.
- The key drivers behind this variance are within premises costs and other non-pay. These primarily relate to overspends in IT relating to the EPIC implementation and building dilapidation costs. Non-pay costs in M11 are in line with trend.

### Top 5 clinical over/under spends

The key areas with Non-pay overspends are:

- **Haematology/Oncology** – Non Pay budget is overspent due to activity related costs across the service.
- **ENT** - Non Pay spend is due to the directorate being unable to identify better value schemes to cover their allocation.
- **Wards (Exc. Haem/Onc)** - overspends due to additional clinical trials which are offset by income.
- **Neurology** - is mainly due to the spend on healthcare from non-nhs bodies driven by outsourced Telemetry provision (Young Epilepsy) and function MRI scans (UCL).
- **Medical Endocrinology** - is mainly due to higher drugs costs.

The key areas of Non-pay underspends are:

- **Cardiac Serv & H&L Central bud** - Driven by favourable variances in Drugs, Internal Recharges.
- **Nephrology** - Outpatient drugs underspent due to lower than expected activity.
- **PICU NICU** - Driven by low clinical supplies expenditure owing to lower than expected private patient activity.
- **Cardiac Critical Care** - driven by internally recharged costs lower than plan.
- **Theatre** - Driven by supplies and services favourable variances linked to activity.

### RAG Criteria:

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

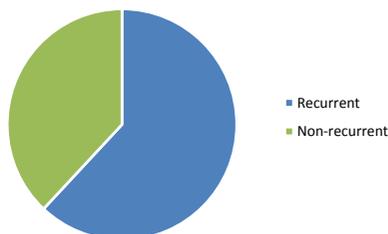
| Better Value Summary           |                           |               |                |                              |                     |                    |
|--------------------------------|---------------------------|---------------|----------------|------------------------------|---------------------|--------------------|
| DIRECTORATE                    | YTD performance<br>£000's |               |                | Better Value Total<br>£000's |                     |                    |
|                                | Better Value target YTD   | YTD delivery  | YTD variance   | Better Value target          | Unidentified target | Schemes identified |
| Blood Cells & Cancer           | 1,666                     | 233           | (1,433)        | 1,817                        | (1,515)             | 297                |
| Body Bones & Mind              | 1,748                     | 364           | (1,383)        | 1,906                        | (1,456)             | 428                |
| Brain                          | 1,261                     | 366           | (895)          | 1,376                        | (915)               | 474                |
| Clinical & Medical Operations  | 270                       | 162           | (108)          | 295                          | 0                   | 292                |
| Corporate Affairs              | 116                       | 104           | (12)           | 127                          | 29                  | 155                |
| Finance                        | 265                       | 369           | 104            | 289                          | 0                   | 441                |
| Genetics Laboratory Hub        | 403                       | 427           | 24             | 440                          | 0                   | 440                |
| Heart & Lung                   | 3,491                     | 1,380         | (2,111)        | 3,808                        | 538                 | 4,347              |
| HR                             | 266                       | 244           | (22)           | 290                          | 0                   | 298                |
| ICT                            | 615                       | 0             | (615)          | 671                          | (38)                | 632                |
| IPP                            | 866                       | 726           | (140)          | 944                          | 84                  | 1,029              |
| Medical Director               | 158                       | 0             | (158)          | 173                          | (168)               | 0                  |
| Medicines Therapies & Tests    | 2,302                     | 309           | (1,993)        | 2,511                        | (2,117)             | 382                |
| Nursing and Patient Experience | 138                       | 86            | (52)           | 150                          | (14)                | 152                |
| Operations & Images            | 2,086                     | 186           | (1,900)        | 2,275                        | (1,763)             | 524                |
| Estates and Facilities         | 1,288                     | 537           | (751)          | 1,405                        | (546)               | 707                |
| Built Environment              | 46                        | 0             | (46)           | 50                           | 0                   | 50                 |
| Sight & Sound                  | 940                       | 393           | (547)          | 1,025                        | (583)               | 443                |
| Central                        | 410                       | 5,249         | 4,839          | 447                          | 7,554               | 8,001              |
| Better Value phasing           | (582)                     | 0             | 582            | 0                            | 0                   | 0                  |
| <b>Total</b>                   | <b>17,751</b>             | <b>11,136</b> | <b>(6,615)</b> | <b>20,000</b>                | <b>(910)</b>        | <b>19,090</b>      |
| Vacancies                      |                           | 6,615         | 6,615          | 0                            |                     |                    |
| <b>Total Better Value</b>      | <b>17,751</b>             | <b>17,751</b> | <b>(0)</b>     | <b>20,000</b>                | <b>(910)</b>        | <b>19,090</b>      |

**Summary**

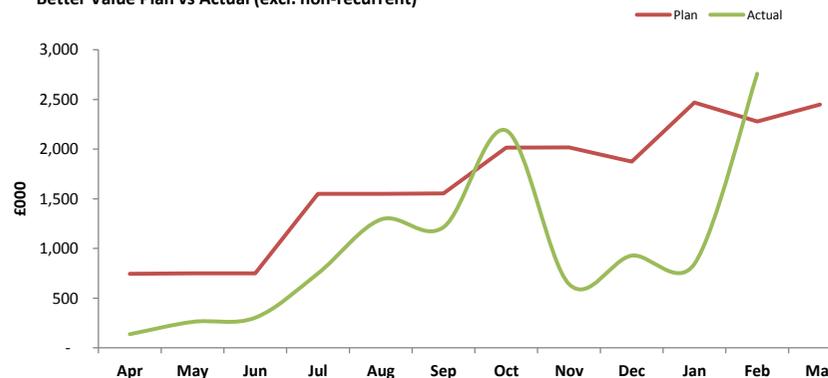
- The Better Value program is currently delivering £11.1m of the £17.8m YTD target at month 11. The rest of the delivery is being covered by Pay vacancies across the organisation.
- The Trust saw a significant rise of the in-month savings number which was driven by a one-off royalty payment. The Trust saw a one-off benefit relating to running costs of ZCR in Month 6 and release of bad debt provision in Month 7.
- Without the Trust vacancies supporting the Trust better value program the program would be £6.6m behind target. As part of the 2020/21 business planning process the Trust is reviewing which vacancies can be converted into recurrent savings to facilitate the delivery of the 2020/21 plan, some of these have been identified but the work is ongoing. In order to meet the Better Value program these vacancy levels will need to be maintained.
- The Better Value program phasing can be seen in the graph below. This shows that the Better Value target has increased significantly each quarter and the final quarter remains a challenge for the Trust. However the organisation continue to look for savings opportunities to cover these higher targets.

| Recurrent / Non-recurrent |                         |
|---------------------------|-------------------------|
|                           | YTD 2019/20 Actual (£k) |
| Recurrent                 | 11,002                  |
| Non-recurrent             | 6,749                   |
| <b>Total Better Value</b> | <b>17,751</b>           |

Recurrent / Non-recurrent split



Better Value Plan vs Actual (excl. non-recurrent)



| 31 Mar 2019 Audited Accounts £m | Statement of Financial Position | Plan 29 Feb 2020 £m | YTD Actual 29 Feb 2020 £m | YTD Variance £m | Forecast Outturn 31 Mar 2020 £m | YTD Actual 31 Jan 2020 £m | In month Movement £m |
|---------------------------------|---------------------------------|---------------------|---------------------------|-----------------|---------------------------------|---------------------------|----------------------|
| 499.04                          | Non-Current Assets              | 542.60              | 522.29                    | (20.31)         | 523.08                          | 520.13                    | 2.16                 |
| 103.55                          | Current Assets (exc Cash)       | 88.59               | 115.71                    | 27.12           | 95.36                           | 107.69                    | 8.02                 |
| 48.61                           | Cash & Cash Equivalents         | 43.01               | 59.59                     | 16.58           | 56.49                           | 67.82                     | (8.23)               |
| (74.89)                         | Current Liabilities             | (67.15)             | (102.13)                  | (34.98)         | (79.64)                         | (102.04)                  | (0.09)               |
| (5.01)                          | Non-Current Liabilities         | (4.29)              | (5.24)                    | (0.95)          | (4.65)                          | (4.40)                    | (0.84)               |
| <b>571.30</b>                   | <b>Total Assets Employed</b>    | <b>602.76</b>       | <b>590.22</b>             | <b>(12.54)</b>  | <b>590.64</b>                   | <b>589.20</b>             | <b>1.02</b>          |

| 31 Mar 2019 Audited Accounts £m | Capital Expenditure                      | YTD plan 29 February 2020 £m | YTD Actual 29 February 2020 £m | YTD Variance £m | Forecast Outturn 31 Mar 2020 £m | RAG rating variance |
|---------------------------------|--|------------------------------|--------------------------------|-----------------|---------------------------------|---------------------|
| 5.81                            | Redevelopment - Donated                  | 34.19                        | 19.83                          | 14.36           | 21.40                           | R                   |
| 9.06                            | Medical Equipment - Donated              | 8.60                         | 6.60                           | 2.00            | 8.31                            | A                   |
| 9.78                            | ICT - Donated                            | 2.17                         | 2.15                           | 0.02            | 2.15                            | G                   |
| <b>24.65</b>                    | <b>Total Donated</b>                     | <b>44.96</b>                 | <b>28.58</b>                   | <b>16.38</b>    | <b>31.86</b>                    | <b>A</b>            |
| 6.99                            | Redevelopment & equipment - Trust Funded | 8.06                         | 6.01                           | 2.05            | 6.69                            | G                   |
| 1.61                            | Estates & Facilities - Trust Funded      | 3.06                         | 1.59                           | 1.47            | 2.42                            | R                   |
| 4.73                            | ICT - Trust Funded                       | 8.98                         | 9.38                           | (0.40)          | 11.45                           | A                   |
|                                 | Contingency                              | 0.55                         | 0.00                           | 0.55            | 0.00                            | G                   |
| <b>13.33</b>                    | <b>Total Trust Funded</b>                | <b>20.65</b>                 | <b>16.98</b>                   | <b>3.67</b>     | <b>20.56</b>                    | <b>G</b>            |
| <b>37.98</b>                    | <b>Total Expenditure</b>                 | <b>65.61</b>                 | <b>45.56</b>                   | <b>20.05</b>    | <b>52.42</b>                    | <b>A</b>            |

| 31-Mar-19 | Working Capital               | 31-Jan-20 | 29-Feb-20 | RAG | KPI     |
|-----------|-------------------------------|-----------|-----------|-----|---------|
| 20.00     | NHS Debtor Days (YTD)         | 15.0      | 16.0      | G   | < 30.0  |
| 253.00    | IPP Debtor Days               | 219.0     | 223.0     | R   | < 120.0 |
| 36.70     | IPP Overdue Debt (£m)         | 29.9      | 32.7      | R   | 0.0     |
| 5.00      | Inventory Days - Drugs        | N/A       | N/A       |     | 7.0     |
| 94.00     | Inventory Days - Non Drugs    | 70.0      | 81.0      | R   | 30.0    |
| 34.00     | Creditor Days                 | 32.0      | 32.0      | A   | < 30.0  |
| 43.6%     | BPPC - NHS (YTD) (number)     | 42.3%     | 43.8%     | R   | > 90.0% |
| 80.3%     | BPPC - NHS (YTD) (£)          | 69.6%     | 70.5%     | R   | > 90.0% |
| 85.5%     | BPPC - Non-NHS (YTD) (number) | 85.1%     | 85.2%     | A   | > 90.0% |
| 91.1%     | BPPC - Non-NHS (YTD) (£)      | 89.8%     | 89.9%     | A   | > 90.0% |

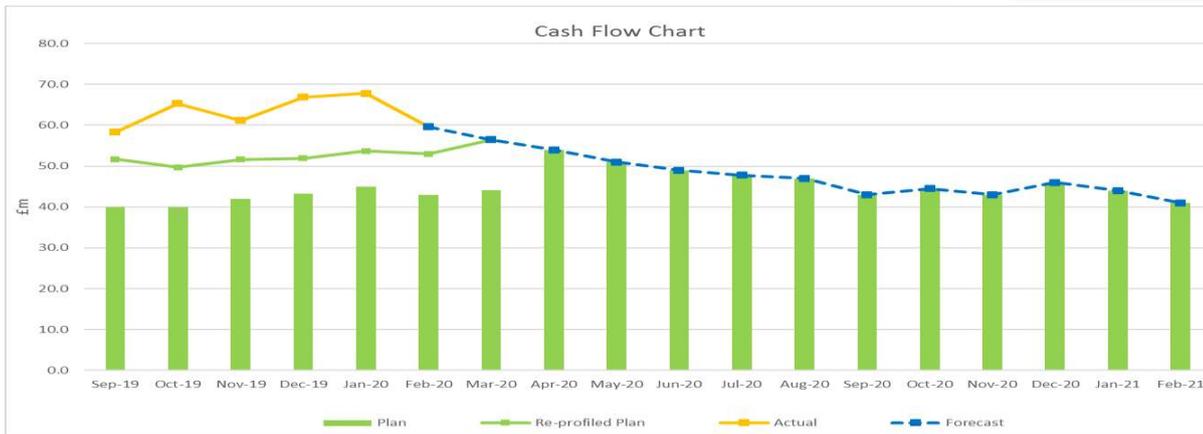
**RAG Criteria:**

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

BPPC Number and £: Green (over 95%); Amber (95-90%); Red (under 90%)

IPP debtor days: Green (under 120 days); Amber (120-150 days); Red (over 150 days)

Inventory days: Green (under 21 days); Amber (22-30 days); Red (over 30 days)



**Comments:**

- Capital expenditure is behind plan by £20.0m at M11; of this, Trust-funded is £3.7m, and donated £16.4m. The Trust-funded position is due to slippage on the Estates programme (£1.4) and IT (£2.1m) offset by the accrual of future year licence payments on EPR on EPR (£2.5m). Donated projects which have slipped include Sight and Sound Hospital (£8.7m), Pharmacy (£1.8m) and equipment purchases (£2.0m).
- This report compares actual capital expenditure against the original plan as reported to NHSI.
- Cash held by the Trust is higher than plan by £16.6m. This includes £8.2m relating to Provider Sustainability Funding for 2018/19 which was received in Q1; £2.8m relating to over-performance invoices for 2019/20. The cashflow forecast was reprofiled in Quarter 1 and at M10 the cash held by the Trust was £6.6m higher than the revised plan profile, this is shown in the Cash Flow chart above.
- Total Assets employed at M11 was £12.5m lower than plan as a result of the following:
  - Non current assets totalled £522.3m (£20.3m lower than plan)
  - Current assets excluding cash less Current liabilities totalled £13.6m (£7.8m lower than plan).
  - Cash held by the Trust totalled £59.6m (£16.6m higher than plan which includes £8.2m of PSF bonus and incentive relating to 2018/19 as well as £2.8m relating to over-performance invoices for 2019/20.
- Overdue IPP debt increased in month to £32.7m (£29.9m in M10).
- IPP debtor days decreased from 219 days to 223 days in month. Total IPP debt increased in month (£39.7m in M11; £37.9m in M10).
- The cumulative BPPC for NHS invoices (by value) increased in month to 70.5% (69.6% in M10). This represented 43.8% of the number of invoices settled within 30 days (42.3% in M10)
- The cumulative BPPC for Non NHS invoices (by value) increased slightly in month to 89.9% (89.8% in M10). This represented 85.2% of the number of invoices settled within 30 days (85.1% in M11).
- Creditor days remained the same as the previous month at 32 days.
- Non-drug inventory days increased in month to 81 days (70 in M10). Inventory days (drugs) cannot be calculated at M11 due to ongoing data quality issues with the pharmacy reports. The Pharmacy stocktake was carried out at the end of February and the Pharmacy, EPR and Finance teams continue to work towards resolving these issues.

## 2019/20 National Cost Collection

### Executive Summary

This paper sets out the planned approach to preparing the 2019/20 National Cost collection, highlighting the impact of the EPR implementation on the 2019/20 collection and discusses the Trust's preferred approach to not submit a 2019/20 collection which is supported by the Trust's Finance and Investment Committee. Further to this it has been indicated that the cost collections may be suspended for 2019/20 in light of the impact of coronavirus and the need to maintain financial support to the business.

If the Trust is still required to support annual cost collection, this paper notifies the Board of its responsibilities for approving the Trust's costing process. The Trust Board is asked to approve this process to support the national cost collection and to delegate authority to EMT/CFO to approve the Trust national cost collection return with detailed reporting to the Finance and Investment Committee.

### 1. Definition

The national cost collection for 2019/20 comprises of two mandated cost returns:-

- **Patient level costing collection (PLICS)**  
The actual cost of each individual episode of care by finished consultant episodes (FCE) and outpatient appointments in a given financial year including resources used by the patient and associated resource costs.
- **National Cost collection for Unbundled Services**  
Average unit costs of unbundled services for services not covered by the PLICS collection e.g. critical care, palliative care. These unbundled services will be phased into the PLICS collection as we transition to a single national cost collection at patient level.

### 2. Impact of EPR Implementation on 19/20 National Cost Collection

The Trust replaced the existing patient administration system with an electronic patient record system (EPR) on 19<sup>th</sup> April 2019. Due to this change, a new PLICS model has been built to replace the existing model.

Since EPR has been implemented, the Trust has experienced issues with activity data recording and reporting that has impacted the areas identified below:-

- Depth of coding changing Trust's activity case mix
- Accuracy of activity recording for all clinical services, points of delivery (PODs) and support services.
- Availability of patient level data feeds for costing.

The areas outlined above will materially impact the 2019/20 cost collection processes and collection therefore this risk has been formally registered with the national cost collection team at NHS England and Improvement by the Chief Finance Officer.

We are awaiting a response from the national costing team to clarify whether the Trust will be required to submit a return or not for 2019/20 collection as a result of the impact of the EPR implementation. It has been indicated that the Trust will not be required to submit a national

cost collection however this is yet to be confirmed formally by NHSE/I. Further to this, it may be that the national cost collection is suspended for 2019/20 owing to the impact of the coronavirus outbreak.

The Trust's preferred approach is not to submit cost return for the 2019/20 National Cost collection, due to the issues experienced from the EPR implementation and the risk associated to producing inaccurate PLICS data. This will provide time for the Trust to review and refine PLICS data in preparation for the next collection in 2020/21.

### **3. PLICS Costing improvements**

The costing team has rebuilt the PLICS costing model to include new data feeds from the EPR system. The new PLICS output is currently being validated by the costing team for the first 9 months of this financial year. The team are continuing to refine the costing data and make improvements including:

- Working with Clinical and Service Managers for business units to ensure EPR patient level data used in costing is robust and feedback given on data quality. E.g. Work stream is underway with Therapies services to improve data recording and accurately cost the services.
- Reviewing and updating the current costing allocations and methodologies for clinical and support services to reflect service delivery and to be PLICS compliant with the clinical costing standards.
- The EPR system records data at a more granular level which can be used in costing, for example, the system is able to record the clinical staff seen by patients during theatre procedures and during an outpatient attendance. This information will be used to accurately allocate the cost of the staffing to this activity.

### **4. Recommendations**

The Trust Board are asked to support the Trust's preferred approach of not submitting a cost return for 2019/20 National Cost collection which has been supported by the Trust's Finance and Investment Committee.

If the Trust is still required support the annual cost collection, the Trust Board are asked to approve the costing process that supports both the 2018/19 PLICS Collection and Reference Cost submission for the Trust and to delegate the Trust Board of its responsibilities to EMT/CFO to approve and submit the Trust National Cost collection return with detailed reporting to the Finance and Investment Committee.

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

NHS Foundation Trust

**Trust Board  
1<sup>st</sup> April 2020****2020-21 Budget Sign off****Submitted by:**

Helen Jameson, CFO

**Presented by:**

Helen Jameson, CFO

**Paper No: Attachment M****Key points to take away:**

1. Budget paper previously presented to FIC for approval and subsequent recommendation to the Trust board for the 2020/21 budget, capital plan and reporting requirements.
2. Due to Coronavirus the NHS has suspended operational planning and is changing the way that funding will be provided to NHS bodies in 2020/21 including GOSH. The contract negotiations were not finalised before contracting was suspended.
3. It is therefore proposed that the budget that is loaded into the ledger for 2020/21 is based on receiving the income required and therefore delivers a breakeven control total that includes £18.6m of savings.
4. It is proposed that the current capital plan is also approved. The actual capital plan in year will be significantly different due to delays in capital spend and new spend associated with coronavirus, along with the delay of IFRS 16 until 2021/22.

**Introduction**

This paper outlines the 2020/21 budget that the Trust is proposing to use in 2020/21 along with an update on the budget setting process following the receipt of a letter from Sir Simon Stevens and Amanda Pritchard on 17<sup>th</sup> March 202. Following the work that has been undertaken with the commissioners prior to the operational planning round for 2020/21 being suspended, the income and funding was brought into close alignment. Due to this work and the fact that the gap in the draft budget was caused by the income gap with the commissioner, the Trust is therefore proposing to load a balanced budget into the ledger. It is also important to note that the funding arrangements are being changed significantly at the start of 2020/21 with the NHS aiming to keep all NHS Trusts in financial breakeven.

**Action required by the meeting**

To approve the Trusts approach to the creation of the budget and in year reporting recognising the NHS wishes to try and maintain all providers at breakeven for the first 6 months.

To approve the capital plan for 2020/21 acknowledge the need for changes to the plan due to Coronavirus.

**Contribution to the delivery of NHS / Trust strategies and plans**

Set the financial plan for 2020/21 and the approach to in year monitoring.

**Financial implications**

Key to setting the plan for 2020/21 and reporting on the management of the finances in year.



## 2020/21 Budget

### Introduction

This paper outlines the 2020/21 budget the Trust is proposing to use across the Organisation for 2020/21 along with an update on the budget setting process following a letter received from Sir Simon Stevens and Amanda Pritchard on the 17<sup>th</sup> March 2020. The budgeting approach has been reviewed by FIC who approved it and are recommending to the Trust Board that proposal is considered and approved:

- The update to the business planning process
- The approach proposed to budget monitoring in 2020/21
- The key approach to delivering a balanced budget.
- Approval of initial capital plan

All of these should be considered in the context of:

- The changes to financial monitoring in 2020/21
- Coronavirus

### NHSE/I Letter

The details and summary of the letter can be found in the Coronavirus paper that that is on the FIC agenda however the key points related to the financial planning for 2020/21 which the Trust has been undertaking are below:

- NHS Operational planning has been suspended in its original form and replaced with temporary measures. The Trust will not need to prepare a plan as per the original guidance
- New financial arrangements are being put in place between 1 April and 31 July to ensure Trusts have the cash to deal with the Coronavirus.
- Contracting is suspended and block payments will be made based on M9 agreement of balances or November to January costs which ever are higher.
- IFRS16 has been delayed by 1 year

Despite the changes to the financial planning process due to the work that has already been undertaken and due to the fact that it is unknown how monitoring will be undertaken in the latter part of the year the Trust is proposing to finalise the budgets as though it was a normal year i.e. excluding any impact of Coronavirus.

### Budget Setting

In line with the National Business planning timetable the Trust submitted its first draft plan to NHSE/I on 5<sup>th</sup> March which showed a £24.0m deficit based due to the Trust income proposal and expenditure being breakeven while the initial estimated gap to the commissioners was £24.0m. Since this submission further discussions and analysis have been undertaken to close the income gap with the commissioners – and currently the position of the two organisations align much more closely. However as this discussion had not completed prior to the operational planning processes being suspended we are proposing the budget loaded into the ledger for 2020/21 is based on receiving the income required and therefore delivers a breakeven control total including and £18.6m savings programme – although it has been acknowledged by the national NHS finance team it would be very difficult to make any savings and deliver some of the proposed transformational programmes given the current environment.

The proposed revenue budget to be loaded into the ledger is:

| <b>£m</b>                           | <b>2019/20 Plan</b> |
|-------------------------------------|---------------------|
| NHS & Other Clinical Revenue        | 314.0               |
| Pass Through                        | 100.5               |
| Private Patient Revenue             | 73.2                |
| Non-Clinical Revenue                | 64.1                |
| <b>Total Operating Revenue</b>      | <b>551.9</b>        |
| Permanent Staff                     | (303.2)             |
| Agency Staff                        | (0.2)               |
| Bank Staff                          | (2.6)               |
| <b>Total Employee Expenses</b>      | <b>(305.9)</b>      |
| Drugs and Blood                     | (13.8)              |
| Other Clinical Supplies             | (37.8)              |
| Other Expenses                      | (74.5)              |
| Pass Through                        | (100.5)             |
| <b>Total Non-Pay Expenses</b>       | <b>(226.6)</b>      |
| <b>Total Expenses</b>               | <b>(532.5)</b>      |
| <b>EBITDA</b>                       | <b>19.3</b>         |
| Depreciation on Trust-funded assets | (11.7)              |
| Interest                            | 0.4                 |
| Finance Expense                     | 0.0                 |
| PDC                                 | (8.0)               |
| <b>FIT</b>                          | <b>0.0</b>          |

### Capital Planning

The Trust submitted a draft capital plan c£18m which is now under review recognising the impact the Coronavirus may have on:

- The deliverability of programmes
- The resilience of suppliers
- Key risks within the programme
- Impacts that may change the prioritisation of proposed schemes
- The delay to the implementation of IFRS 16 to 2021/22

The Trust proposes as with the revenue budget an initial capital plan is approved, whilst it assesses the potential impact of Coronavirus which may change priorities and funding sources. Further updates would be brought back to the FIC and the Trust Board as more information is known.

## Attachment M

| Funding              | Scheme category   | 2020/21       | 2021/22       | 2022/23       | 2023/24       | 2024/25        |
|----------------------|---|---------------|---------------|---------------|---------------|----------------|
|                      |   | £k            | £k            | £k            | £k            | £k             |
| <b>Trust</b>         | <b>New Build - Land, buildings and dwellings</b>                  | 4,221         |               |               |               |                |
|                      | IT  | 1,970         | 3,645         | 1,895         | 1,995         | 1,895          |
|                      | Other - Intangible assets   | 2,277         | 935           | 389           | 2,447         | 125            |
|                      | Plant and machinery/equipment/transport/fittings/other            | 650           | 440           | 20            | 20            | 20             |
|                      | Routine Maintenance (non-backlog) - Land, buildings and dwellings | 6,707         | 8,470         | 8,341         | 8,173         | 7,615          |
|                      | Backlog Maintenance - Land, buildings and dwellings               | 2,175         | 510           | 355           | 365           | 345            |
| <b>Trust total</b>   |   | <b>18,000</b> | <b>14,000</b> | <b>11,000</b> | <b>13,000</b> | <b>10,000</b>  |
| <b>IFRS 16</b>       | Plant and machinery/equipment/transport/fittings/other            | 19,232        | 10,000        | 10,000        | 10,000        | 10,000         |
|                      | New Build - Land, buildings and dwellings                         | 5,000         | 10,000        |               |               | 250,000        |
| <b>IFRS 16 Total</b> |   | <b>24,232</b> | <b>20,000</b> | <b>10,000</b> | <b>10,000</b> | <b>260,000</b> |
| <b>Donated</b>       | Plant and machinery new donated                                   | 2,025         | 2,025         | 2,025         | 2,025         | 2,025          |
|                      | Construction continuing projects donated                          | 9,750         |               |               |               |                |
|                      | Construction new projects donated                                 | 6,585         | 20,925        | 2,820         |               |                |
| <b>Donated Total</b> |   | <b>18,360</b> | <b>22,950</b> | <b>4,845</b>  | <b>2,025</b>  | <b>2,025</b>   |
| <b>Grand Total</b>   |   | <b>60,592</b> | <b>56,950</b> | <b>25,845</b> | <b>25,025</b> | <b>272,025</b> |

### 2020/21 in year funding

Due to the impact of Coronavirus and the suspension of operational planning for 2020/21 a number of changes are being made to how GOSH will be funded in 2020/21 and how it will be monitored. The key behind these changes is to ensure that Trusts have the cash they need in order to respond and to make sure that finances do not prevent the Trust from responding to the situation as it changes. The NHS is therefore trying to fund all providers based on their costs so they remain at breakeven for the first 6 months of the year. The key points therefore are:

- Contracting is suspended and block payments will be made based on M9 agreement of balances or November to January costs which ever are higher.
- Costs associated with Coronavirus will be directly funded following monthly data collections provided by the Trust.

Costs associated with Coronavirus that are genuine and reasonable additional marginal costs will be funded (2 months in arrears) and include:

- Evidenced increases in staffing compared to baseline for the additional activity
- Temporary staffing to cover increased levels of sickness absence/caring responsibilities
- Payments to bank and sub-contractors for staff off sick
- Other costs such as decontamination, transport and increased testing

It is also expected that additional capital expenditure will be incurred in 2020/21 to support the Trusts response. Providing the Trust can purchase the asset in time or changes to the estate completed in time and it is clearly linked directly to the Trust Coronavirus response then this will be reviewed by NHSE/I for disbursement of cash and PDC (2 months in arrears) where appropriate.

These measure are being put in place from 1<sup>st</sup> April to 31<sup>st</sup> July but will be reviewed and if the NHS is still dealing with Coronavirus will be extended.

### 2020/21 Reporting

NHSE/I are working on the reporting requirements for NHS Trusts and what will need to be submitted each month. It is anticipated that reduced monthly reporting will be in place for the first four months of the year with additional reporting relating to Coronavirus costs. The Trust will ensure that information is collected on Coronavirus costs and reported to NHSE/I along with the monthly reporting requirements.

## Attachment M

Board and FIC reporting will continue and will include financial reporting on the costs associated with Coronavirus. Updates will be provided should there be significant changes to funding arrangements, reporting requirements, capital and cash payments to ensure that the Board/FIC are informed and can approve any changes the Trust may need to make following national guidance.

### **Consideration**

Trust Board are asked to consider the following:

- To note the Trust's approach to creation of the budget and reporting in year
- To approve the revenue budget for 2020/21 recognising the NHS wishes to try and maintain all providers at a breakeven position for the first 6 months of the year and that actual spend profiles could be significantly different based on a different business model and cohort of patients due to the Coronavirus.
- To approve the original capital plan and that it is likely to change as the requirements and impact of Coronavirus is understood upon it

**NHS****Great Ormond Street  
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Attachment J

**Trust Board  
1<sup>st</sup> April 2020****Safe Staffing Report for December 2019 &  
January 2020****Paper No: Attachment J****Presented by: Alison Robertson, Chief Nurse.  
Author: Marie Boxall, head of Nursing  
Workforce****Aims / summary**

This report provides the Board with an overview of the nursing workforce during the month of December 2019 and January 2020 and is set out in line with the National Quality Board (NQB) Standards and Expectations for Safe Staffing published in 2016 and further supplemented in 2018.

It provides assurance that arrangements are in place to safely staff the inpatient wards with the right number of nurses with the right skills and at the right time.

**Action required from the meeting**

To note the information in this report on safe staffing including:

1. The Trust operated within recommended parameters for staffing levels over the reporting period.
2. Actual versus planned rate in December 2019 was 97.2% and in January was 102.3%, both of which are within acceptable parameters.
3. The reported CHPPD for December 2019 was 14.0 hours; in January 2020 the figure was slightly higher at 14.4 hours. Given that Trust level data is of little value more work will be undertaken at the Nursing Assurance Workforce Group to understand how we might be able to utilise CHPPD at ward level in terms of benchmarking with paediatric wards of a similar case mix across the country.
4. There is an improving picture across rostering compliance however additional actions are outlined within the report to progress and sustain.
5. Nurse bank usage - requested shifts for December reduced to 2,431 and January reduced further to 2,311. The fill rate for December was 63% while it increased in January to 77%.
6. The Trust nursing vacancy rate for December was 6.2% (100.7 WTE) and reduced to 5.6% (90.8 WTE) in January.
7. There are concerns over the accuracy of data which is derived from the budget statement provided by Finance rather than ESR. It is proposed that this will be changed from April 2020. It is likely that previously reported rates may change as we adopt a different methodology.
8. New recruitment pipelines are being established to improve the diversity and sustainability of the nursing workforce.
9. A revised and updated retention plan will be submitted to PEAC in May 2020.
10. There were a total of 13 datix incidents in relation to safe staffing during the reporting period.
11. In December there were between 46 -104 beds and in January there were between 31 – 49 beds, closed on a temporary basis. This includes 10 beds on Hedgehog
12. The biannual staffing establishment reviews are taking place this month with a full report to be submitted to the next trust board.

**To Note** - activity and timescales reported within this paper will be revised in light of the COVID-19 Pandemic. We expect to see significantly higher than average staff absence due to sickness/self isolation/carers leave which will have an impact on maintaining staffing levels. Significant work is

**Safe Staffing Report - April Trust Board**

underway to prepare new rosters, upskill nursing staff to provide front line care and there is an expectation that an emergency temporary register will be established by the Nursing and Midwifery Council to enable those who have recently left nursing to re-register should they choose to do so. It is also likely that final year students will be able to opt to work in clinical practice to provide additional clinical support. Further guidance is awaited. Additionally, joint statements have been published by healthcare regulators, Royal Colleges and The Council of Deans for Health which recognises the

abnormal emergency situation that we are currently operating in which will require nursing staff to be flexible and work clinically outside their usual area of practice with less than ideal nurse to patient ratios. The senior nursing leadership team will do all that we can to enable our staff feel supported throughout this difficult period

**Contribution to the delivery of NHS Foundation Trust strategies and plans**

Safe levels of nurse staffing are essential to the delivery of safe patient care and experience.

**Financial implications**

Already incorporated into 19/20 Directorate budgets

**Who needs to be told about any decision?**

Directorate Management Teams  
Finance Department  
Workforce Intelligence

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

Chief Nurse; Director of Nursing (Corporate) and Heads of Nursing

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

Chief Nurse; Directorate Management Teams

## Safe Staffing Report - April Trust Board

### 1. Summary

This report on GOSH Safe Staffing contains information from the months of December 2019 and January 2020. This paper provides the required assurance that GOSH had safe nurse staffing levels across all in-patient ward areas and appropriate systems in place to manage the demand for nursing staff. The report also includes measures taken to ensure safe staffing throughout the Trust and measures in place to maintain this through recruitment and retention activity.

### 2. Safer Staffing.

#### 2.1 Actual vs Planned

Actual vs Planned (AvP) Hours shows the percentage of Nursing & Healthcare Assistant (HCA) staff who worked (including Bank) as a percentage of planned care hours in month. The National Quality Board recommendations are the parameters should be between 90-110%.

In December 2019 the overall fill rate of AvP was 97.2% which is within the recommended range and an improvement on the same month last year. In January the rate increased to 102.3% which is within the recommended range but lower than the same month last year.

At a directorate level, the Brain directorate was below the lower limit in both months (88.5% and 89.7% respectively), the reasons for this were explored at the Nursing Workforce Assurance Group Meeting (NWAG) and was attributed to a Norovirus outbreak during this period which impacted on staffing levels however measures were but in place to ensure safe staffing levels were maintained. Sight & Sound directorate exceeded the upper range in December (128.7%) when explored this was attributable to phlebotomy shifts being inaccurately included which distorts the figures. This has been highlighted to the Workforce Information team to address. The International & Private Patients Directorate marginally exceeded in January (110.9%) this was attributable to pre booked bank lines.

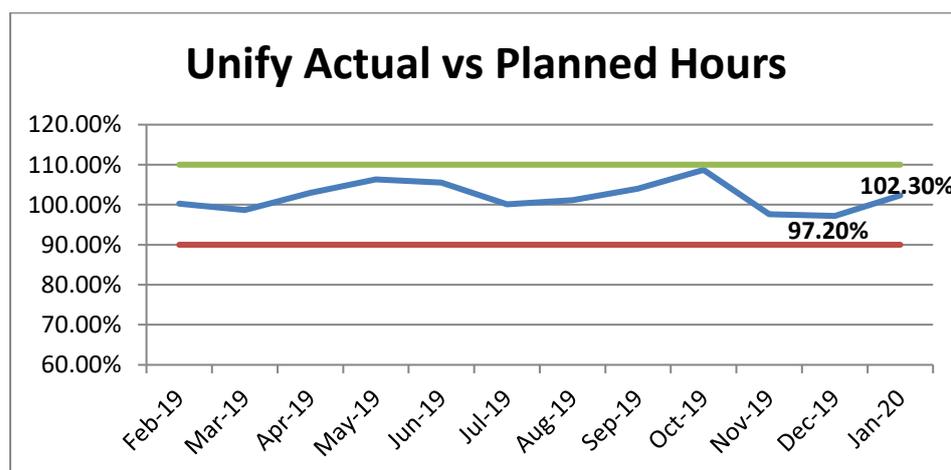


Fig. 1 Actual versus Planned hours 12 month view

#### 2.2 Care Hours Per Patient Day (CHPPD)

## Safe Staffing Report - April Trust Board

CHPPD is calculated by adding the hours of registered nurses and healthcare assistants available in a 24 hour period and dividing the total by the number of patients at midnight. CHPPD is reported as a total and split by registered nurses and HCAs to provide a complete picture of care and skill mix. CHPPD data is uploaded onto the national Unify system and published on NHS Choices on a monthly basis. When we report CHPPD we exclude the 3 ICUs to give a more representative picture across the Trust. The reported CHPPD for December 2019 was 14.0 hours, made up of 11.2 registered nursing hours and 2.8 HCA hours. In January, the figure was slightly higher at 14.4 hours (11.6 RN and 2.8 HCA) and both months are higher than the 12 month average of 13.6 total hours. Going forward we have requested ward level CHPPD at NWAG to allow greater scrutiny of the data.

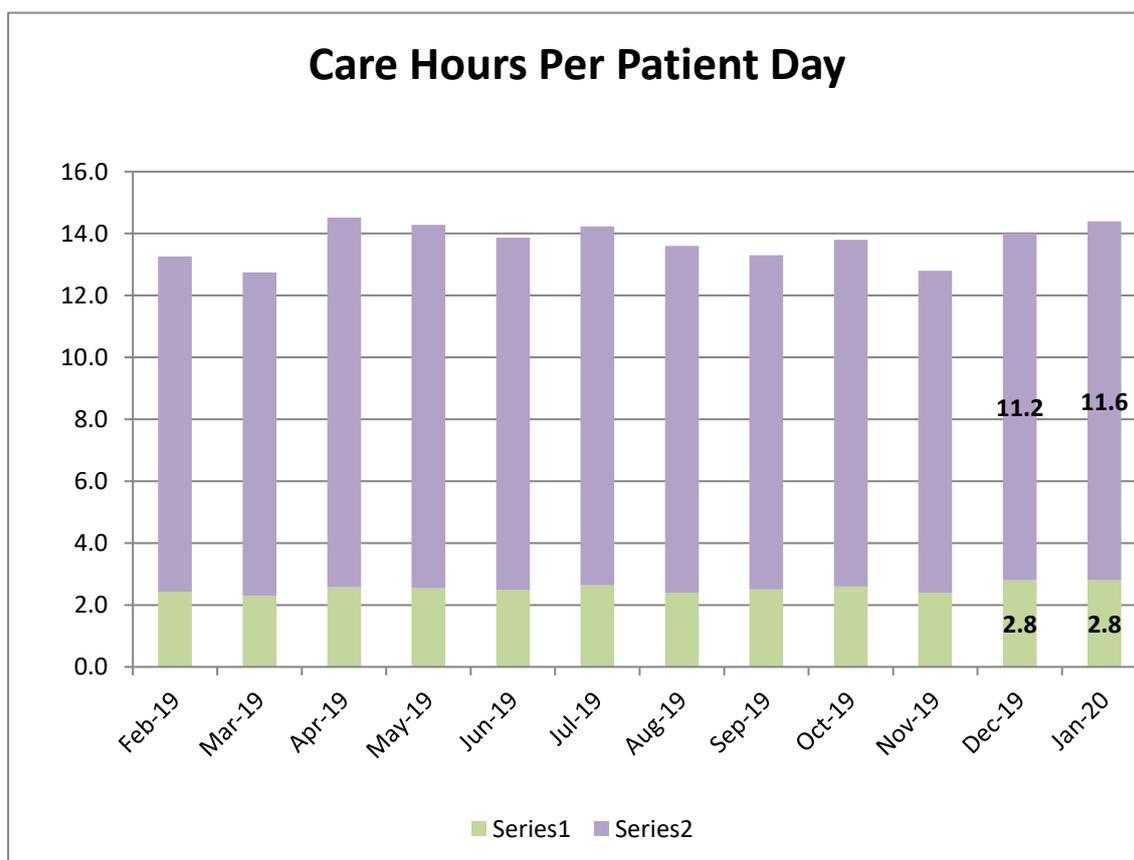
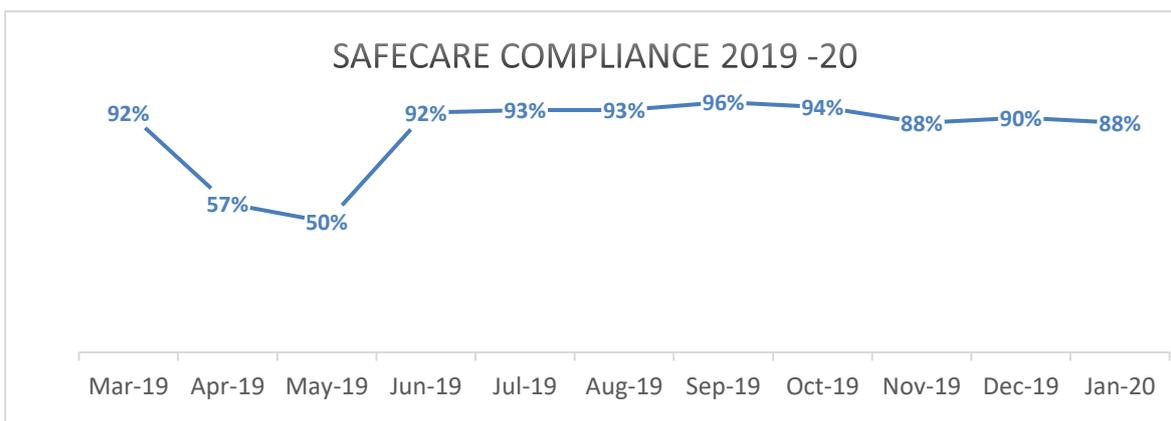


Fig. 2 Care Hours Per Patient Day 12 month view

### 2.3 SafeCare

Safe Care is an integral module of HealthRoster that connect patient acuity and dependency with staffing. The data is captured in real-time so it will help our wards and inpatient areas to respond to changing demand and evidence the deployment of safe staffing numbers and skill mix during any 24 hour period.

To improve compliance we have designated “SafeCare Champions” across the trust that have more in-depth knowledge and understanding of the system. Training sessions are also being incorporated into the nursing – Stepping up to Leadership course to ensure all staff members get an overall view of how the system works and understand the benefits of using it.



*Fig. 3 SafeCare Compliance 2019- 2020*

Fig 3 shows SafeCare compliance across all inpatient ward areas. SafeCare compliance needs to be 100% to ensure capture of accurate data in real-time. This helps the wards respond to the changing demand and evidence the deployment of safe staffing numbers and skill mix during any 24 hour period. SafeCare champions have been appointed across all directorates to help ensure the data is correct. Compliance has been moderately consistent throughout the year, except April and May 2019 due to EPR going live. For SafeCare to be fully operational, all nursing areas with direct patient contact require the implementation of SafeCare. Work is ongoing to establish a benefits realisation plan and will be completed once HealthRoster has been rolled out and implemented across all areas in the trust.

### **3. Workforce Utilisation**

#### **3.1 Rostering**

The Rostering Scorecard measures are shown below. Appropriate and fair use of the Healthroster system in order to ensure work life balance for staff is a priority of the NWAG. In collaboration with the rostering team we are closely monitoring and prioritising compliance with

- Publication of rosters 42 days in advance which has improved by 3 days
- Monitoring and maintenance of time balance especially prior to requesting bank
- The reduction in variances between demand templates (amount of nurses to be scheduled to a shift) and the budgeted establishment shows significant improvement. Work continues with outlying areas (Ops & Images) to ensure that their roster demand matches their budgeted establishments.
- Improved compliance with fair distribution of annual leave throughout the year to avoid pinch points and underutilisation.
- The measure for unsocial working (% of staff working at least the minimum number of unsocial shifts) showed improvement in November and December, however through NWAG it was requested that a new metric be introduced. This was introduced in January and demonstrates when staff work more than 8 nights and/or more than 4 weekend shifts in a roster. If a formal flexible working arrangements in place this may be reported to the roster team who

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will incorporate this into the local Healthroster system therefore not affecting the local KPIs. This will enable NWAG and the roster team to take a more targeted approach to improving compliance with this metric.

Actions taken to sustain improvements include

- Circulation of [Nursing and midwifery e-rostering: a good practice guide](#) (Sept 2019) to all Heads of Nursing, Matrons and Sisters/Charge Nurses
- Additional training to be provided to Heads of Nursing on interpretation and management of roster metrics
- Standing agenda item at Matrons meeting to include appropriate management and compliance with Healthroster rules
- To visit and review good practice at the Whittington Hospital and replicate if appropriate

| Metric   | Target     | April roster | May roster | June roster | July roster | Aug roster | Sept roster | Oct roster | Nov roster | Dec roster | Jan roster |
|--|------------|--------------|------------|-------------|-------------|------------|-------------|------------|------------|------------|------------|
| Roster Approval  | 42 days +  | 27           | 28         | 32          | 30          | 42         | 38          | 39         | 40         | 41         | 45         |
| Time Balances (hrs per WTE)  | +/- 12 hrs | 7.5          | 8.7        | 8.1         | 8.1         | 9.9        | 6.4         | 6.3        | 5.9        | 5.3        | 6.9        |
| % Annual Leave Unavailability  | 15-20%     | 11.2%        | 12.2%      | 11.7%       | 12.4%       | 11.7%      | 12.7%       | 10.8%      | 9.5%       | 11.7%      | 16.8%      |
| Demand vs Budget (WTE)   | 0          | 116          | 171        | 235         | 109         | 76.7       | 31.8        | 32.2       | 16.8       | -1.5       | -1.7       |
| Additional shifts created  | 0          | 991          | 892        | 773         | 843         | 454        | 704         | 707        | 688        | 748        | 777        |
| % Staff working fair proportion of night and weekend duties(min)           | 50%+       | 46%          | 43%        | 43%         | 40%         | 42%        | 38%         | 34.1%      | 49.7%      | 50%        | 48.4%      |
| % of staff working more nights and weekends than specified in trust policy | 0%         |              |            |             |             |            |             |            |            |            | 6%         |
| SafeCare Utilisation (SafeCare)  | 90-110%    |              |            | 99%         | 100%        | 96%        | 96%         | 95%        | 95%        | 90%        | 90%        |

Fig. 4 Healthroster metrics against the Pillars

### 3.2 Temporary Staffing

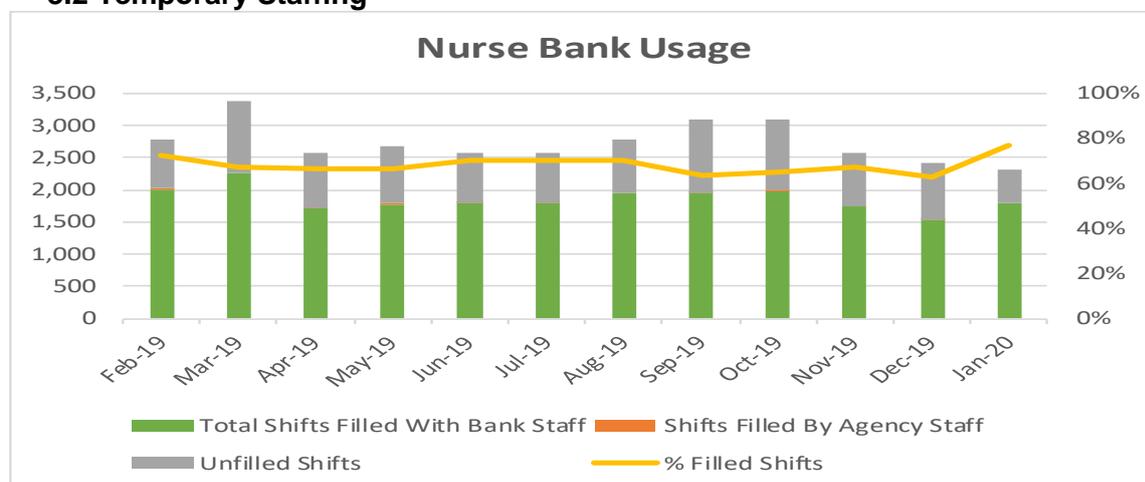


Fig. 5 Nurse Bank usage 12 month view

## Safe Staffing Report - April Trust Board

Requested shifts for December reduced to 2,431 and in January were lower still at 2,311. The fill rate for December was 63% while it increased in January to 77%. The overall increase benefitted from a significant improvement in the ICUs fill rate of 71% in January (up from 58% in the previous month). Agency nursing usage in the Trust remains well controlled. There were no agency shifts in either month.

Actions to improve monitoring and control of bank usage includes

- Inclusion of the Head of Nurse Bank in the NWAG and monthly attendance to the meetings to raise or address concerns or issues directly with the HoNs and DoNs
- Review of directorate level bank spend on a monthly basis through NWAG
- Additional training, improve compliance and introduce greater restrictions in relation to the creation and requesting of bank shifts.

### 3.3 Vacancies & Turnover

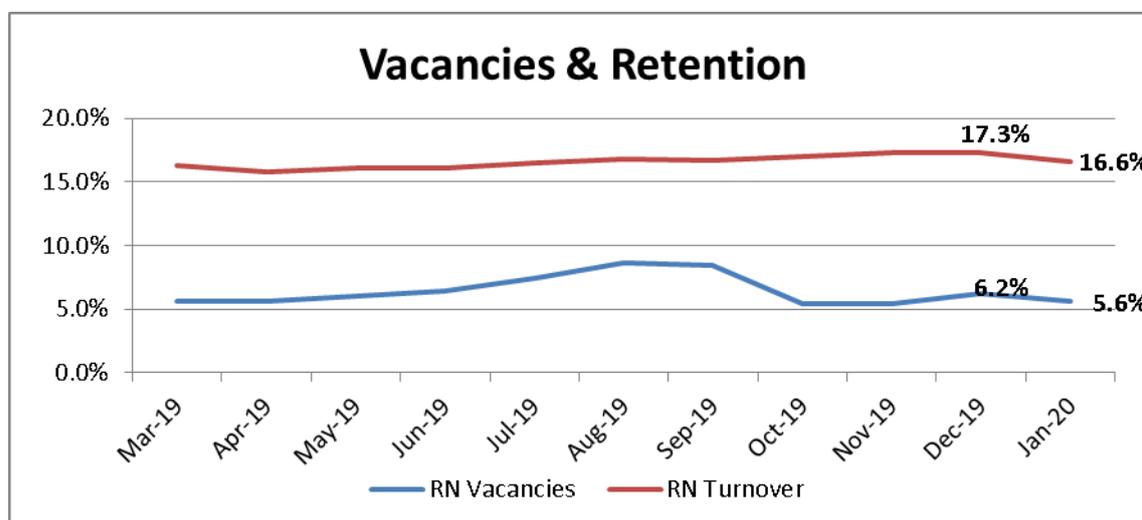


Fig. 6 Registered Nurse Vacancies and Turnover for financial year 19/20

The Trust nursing vacancy rate for December was 6.2% (100.7 WTE) while it reduced to 5.6% (90.8 WTE) in January. The highest directorate rate in both months was International & Private Patients (33.3% and 25.5% respectively). An improvement action plan is in place to address this and is monitored through the People and Education Assurance Committee (PEAC).

Actions to address the vacancy rates and turnover in this group include

- Refreshing the retention plan, with greater support and focus on line manager capability
- Improving work life balance for Band 6 nurses a key priority through improved compliance of Healthroster rules
- The recruitment of experienced nurses both locally and internationally will assist in providing stability and reducing turnover in this nursing band.

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Healthcare Assistants vacancies have also reduced in recent months to below target while remaining above the trust average (24.0 WTE 7.9% in January) However the accuracy of this data is currently under review as upon investigation a number of non-nursing roles sit under the Band 2-4 descriptor and where Band 2 budgets have been used to fund Band 3 posts this has caused some distortion of the figures. The Head of Nursing Workforce is working with the Workforce Information Team to cleanse the data through review and confirmation via NWAG and the upcoming Staffing Establishment Review meetings in an effort to achieve a more accurate figure.

Actions to address recruitment of the unregistered nursing workforce include

- Promotion and recruitment of Health Care Support Worker Apprentices
- Promoting opportunities to access the Nursing Associate and Registered Nurse career pathway
- Promotion of unregistered nursing roles at Local Sixth Form colleges as a route into nursing
- Promotion of unregistered nursing roles at upcoming career events in Westfield, Shepherd's Bush.

### Accuracy of data

As previously raised in Trust Board reports, there are concerns over the accuracy of data with the current vacancy rate for Band 5 staff standing at -9% and is based on the budget for all Band 5 Nurses derived from the budget statement provided by Finance and includes SIPS, Reserves, Recharges, bank and agency. These additional elements are responsible for the current contrasts in vacancy rate reporting, as this is how the vacancy rate has historically been calculated at GOSH. The proposal to resolve these discrepancies and provide a more accurate picture is to adjust to a simpler methodology using Electronic Staff Record (ESR) budgets instead of finance budgets as of April 2020. Currently the reconciliation accuracy for all bands for the whole trust between the two systems excluding the additional finance elements is 99%, and there is a process in place to manage the variance on a month to month basis to achieve 100% accuracy.

The new vacancy rate will be calculated as follows;

*Vacancy rate: the proportion of budgeted whole time posts that are vacant, this does not include Sips, reserves, Recharges, bank or agency. For example there are 10 band 5 nurse posts budgeted and 9 are filled this will give a vacancy rate of 10%*

The Trust Board need to note that previously reported data may have been under or over reported.

### 3.4 Recruitment

Recruitment activity is changing at GOSH with less reliance on a single pipeline which has historically been in the form Newly Qualified Nurses (NQNs). In an effort to improve the diversity and sustainability of the whole nursing workforce we will look to establish a number of pipelines which will have varying impacts in the short term, medium and long term. However once established will provide long term stability. These will include;

## **Safe Staffing Report - April Trust Board**

- Experienced nurses including international nurses; both internal conversion and overseas recruitment, increased local and social media campaigns and return to practice.
- Local recruitment through targeting the unregistered workforce and provision of work experience placements for local sixth form college students, which was piloted in Oct 2019 and implemented in February 2020.
- Grow your own through the nursing career pathway from Healthcare Support Worker Apprenticeship, Nursing Associate Apprenticeship, Nursing Associate Registered, Graduate Nurse Apprenticeship and Registered Nurse.
- Newly Qualified Nurses with an increased focus on improving BAME representation tackled through increased engagement with these student groups.

### **3.3 Retention**

In March 2019 the Trust joined the NHSI Retention Collaborative which provides focussed support to trusts aiming to improve retention of their nursing workforce. As part of this work, a nursing retention plan was developed which looked at practical ways to improve nursing experience. As previously mentioned the plan is currently under review and being refreshed and will be presented to Nursing Board shortly.

The 19/20 retention project has a target to reduce Band 5 and 6 combined turnover rates by 1% by March 2020. However the existing retention plan has not yet impacted fully on these rates, as the initiatives are expected to have incremental and sustainable effects in the long term. Performance against this metric continues to be challenging with December performance of 20.1% against a target of 18.5%. The January rate has increased further to 20.8%. This is mainly driven by Band 5 turnover rates of over 25%.

The most commonly reported reasons for leaving the trust include relocation and promotion. The Head of Nursing is currently working with the Associate Director of HR Operations to review the exit interview process and align this across all directorates to ensure data is collected, collated and themes identified and learning/feedback is appropriately reapplied to directorates and utilised to inform Nursing Workforce Team and HR activity.

### **4. Incident Reporting**

During the reporting period of December & January there were a total of 13 datix incidents in relation to safe staffing. These occurred in the following directorates; 2 in Brain, 2 in Blood, Cells and Cancer (BCC), 5 in Heart & Lung, 3 in Body Bones and Mind (BBM) and 1 in Ops and Imaging. At NWAG the Directorate HoNs provided assurance that these incidents have been reviewed and have confirmed that there was appropriate escalation with remedial actions put in place to manage the situation. No harm came to any patients in relation to the reported incidents.

### **5. Bed Closures**

GOSH monitors the number of beds closed on a daily basis due to inadequate or low staffing levels in order to ensure patient safety is maintained. This may be attributed to a number of reasons; high vacancy factor, short term sickness, increases in

**Safe Staffing Report - April Trust Board**

acuity/dependency, infection risks and planned decreased activity over the festive period.

In December there were between 46 - 104 beds and in January there were between 31 – 49 beds, closed on a temporary basis. This includes 10 beds on Hedgehog ward. In the critical care units (CICU, PICU, NICU) over the same reporting period bed closures ranged from 3 - 14 on temporarily basis.

**6. Nursing Establishment**

The Children's & Young People's Safer Nursing Care Tool (C&YP SNCT) is an adaptation of the Safer Nursing Care Tool for adult inpatient wards developed in 2006 and updated in 2013 which has been used successfully implemented in many trusts across England. The tool is used to determine nursing establishments based on the acuity of patients.

As an organisation we are testing the tool with the first phase completed in January and the next phase currently underway throughout March, with the next phase due in June 2020.

The biannual staffing establishment reviews are taking place this month with a full report to be submitted to board in May.

## Appendix 1: December &amp; January Workforce metrics by Directorate

| Directorate                      | Actual vs Planned % | CHPPD (exc ICUs) | RN Vacancies (FTE) | RN Vacancies (%) | Voluntary Turnover* | Sickness % | Maternity % |
|----------------------------------|---------------------|------------------|--------------------|------------------|---------------------|------------|-------------|
| <b>Blood, Cells &amp; Cancer</b> | 96.2%               | 15.3             | 16.1               | 6.9%             | 14.8%               | 5.6%       | 4.2%        |
| <b>Body, Bones &amp; Mind</b>    | 94.0%               | 13.1             | 26.7               | 10.6%            | 17.3%               | 3.1%       | 7.8%        |
| <b>Brain</b>                     | 88.5%               | 13.0             | 5.0                | 4.0%             | 14.9%               | 2.8%       | 6.3%        |

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|                                |        |      |       |       |       |      |      |
|--------------------------------|--------|------|-------|-------|-------|------|------|
| <b>Heart &amp; Lung</b>        | 98.8%  | 14.4 | 21.8  | 4.2%  | 22.2% | 3.9% | 5.8% |
| <b>International &amp; PP</b>  | 105.7% | 14.7 | 37.9  | 33.3% | 23.9% | 5.1% | 5.1% |
| <b>Operations &amp; Images</b> | -      | -    | 7.6   | 3.7%  | 15.4% | 4.6% | 4.8% |
| <b>Sight &amp; Sound</b>       | 127.8% | 11.4 | 10.3  | 17.7% | 18.7% | 3.0% | 5.0% |
| <b>Trust</b>                   | 97.2%  | 14.0 | 100.7 | 6.2%  | 17.3% | 3.5% | 5.5% |

*December Nursing Workforce Performance*  
*\*Relates to all RN grades*

| <b>Directorate</b>               | <b>Actual vs Planned %</b> | <b>CHPPD (exc ICUs)</b> | <b>RN Vacancies (FTE)</b> | <b>RN Vacancies (%)</b> | <b>Voluntary Turnover*</b> | <b>Sickness %</b> | <b>Maternity %</b> |
|----------------------------------|----------------------------|-------------------------|---------------------------|-------------------------|----------------------------|-------------------|--------------------|
| <b>Blood, Cells &amp; Cancer</b> | 96.5%                      | 16.6                    | 17.1                      | 7.4%                    | 11.5%                      | 2.7%              | 3.7%               |
| <b>Body, Bones &amp; Mind</b>    | 105.4%                     | 13.1                    | 25.0                      | 10.0%                   | 17.2%                      | 3.0%              | 7.7%               |
| <b>Brain</b>                     | 89.7%                      | 13.2                    | 5.9                       | 4.7%                    | 12.2%                      | 2.9%              | 5.6%               |
| <b>Heart &amp; Lung</b>          | 108.8%                     | 14.3                    | 24.7                      | 4.7%                    | 21.8%                      | 3.9%              | 5.7%               |
| <b>International &amp; PP</b>    | 110.9%                     | 15.7                    | 29                        | 25.5%                   | 23.9%                      | 5.2%              | 4.5%               |
| <b>Operations &amp; Images</b>   | -                          | -                       | 11.1                      | 5.5%                    | 12.0%                      | 4.9%              | 4.8%               |
| <b>Sight &amp; Sound</b>         | 108.6%                     | 12.4                    | 1.5                       | 2.6%                    | 13.6%                      | 3.2%              | 4.9%               |
| <b>Trust</b>                     | 102.3%                     | 14.4                    | 90.8                      | 5.6%                    | 16.6%                      | 3.5%              | 5.5%               |

*January Nursing Workforce Performance*  
*\*Relates to all RN grades*



**Great Ormond Street  
Hospital for Children**

NHS Foundation Trust

|  |                               |
|--|-------------------------------|
| <b>Trust Board<br/>1 April 2020</b>  |                               |
| <b>Improving the experience of children, young people and families visiting Great Ormond Street Hospital during 2019: Meeting the duties of the Equality Act 2010</b><br><br><b>Submitted by:</b><br>Alison Robertson, Chief Nurse   | <b>Paper No: Attachment K</b> |
| <b>Aims / summary</b><br>As a Trust, we are legally required to demonstrate that we comply with the Equality Act and are meeting the Equality Duty through the work we do, the Trust Board's involvement in this work and through publishing this annual report. To comply with the first specific duty of the Act, the Trust is legally required to annually publish equality data relating to both service users and staff – the attached summary report reviews service delivery at GOSH during 2019. |                               |
| <b>Action required from the meeting</b><br>To note and comment on the report, progress made over the last year and future plans.   |                               |
| <b>Contribution to the delivery of NHS / Trust strategies and plans</b> <ul style="list-style-type: none"> <li>• Equality Act 2010</li> </ul>  |                               |
| <b>Financial implications</b><br>None  |                               |
| <b>Who needs to be told about any decision</b><br>N/a  |                               |
| <b>Who is responsible for implementing the proposals / project and anticipated timescales</b><br>Beki Moulton – Health Information, Patient Experience team  |                               |
| <b>Who is accountable for the implementation of the proposal / project</b><br>Alison Robertson, Chief Nurse  |                               |
| <b>Author and date</b><br>Beki Moulton – Health Information, Patient Experience team   |                               |



# Improving the experience of children, young people and families visiting Great Ormond Street Hospital during 2019

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*Meeting the duties of the Equality Act 2010: summary for Trust Board*

*March 2020*

The Equality Act 2010 (the Act) simplified equalities law into one single source of Statute. In addition to the Act, the statutory Equality Duty came into force in April 2011 which is applicable to all public sector bodies. As a Trust, we are legally required to demonstrate that we comply with the Equality Act and are meeting the Equality Duty through the work we do, the Trust Board's involvement in this work and through publishing this annual report.

To comply with the first specific duty of the Act, the Trust is legally required to annually publish equality data relating to both service users and staff. A copy of the latest edition of this report will be available on the GOSH website at [www.gosh.nhs.uk/about-us/equality-and-diversity/](http://www.gosh.nhs.uk/about-us/equality-and-diversity/). The second part of the specific duty requires the Trust to prepare and publish equality objectives, setting out progress towards meeting these each year.

## **Equality objectives relating to children, young people and families for period 2016 to 2020/21**

The following objectives were selected previously in conjunction with children, young people, families and staff members and continue to provide the main focus for the Family Equality and Diversity group at GOSH. Building on the achievements to date, new objectives will be identified and agreed in 2020.

### **Objective 1: Achieve Accessible Information Standard within timescale**

The Accessible Information Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. This objective was time-limited as NHS England had required the Standard to be met by the end of July 2016.

#### *Progress to date and future plans*

We developed the facility to provide information and communication in alternative formats in 2016, but have found the consistent identification and recording of individual family's needs to be more of a challenge. Until April 2019, the Patient Information Management System

(PiMS) administrative system was the main location for recording this information but, despite a great deal of work with frontline and other staff, found that the 'additional needs' tab was not be used routinely.

In April 2019, GOSH went live with an entirely new electronic patient records system called EPIC. This too has the facility to record individual need but also includes a module – MyGOSH – allowing access to certain parts of the record to those with Parental Responsibility but also to young people over the age of 12 years themselves. This plus another module called My Fingerprint will enable capture of information regarding individual needs (and other vital data) more efficiently in future.

To date, alternative formats for information and communication have been made on a basis of clinical need – that is, in response to a patient or family's individual needs rather than in a more widespread 'just in case' way. Various requests have been fulfilled in 2019, including preference for telephone communication for families with literacy problems and large print information resources for those with a visual impairment.

However, we are concerned that families may be missing out on opportunities to communicate effectively and have information in a suitable format. It is our intention that a 'core' set of information will be made available by 31 December 2020, not only in alternative formats but translated into our most common community languages. This will then be made freely available online or to pick up in the hospital without the need for staff intervention.

GOSH has used the Widgit™ system of symbols for producing resources for children, young people and families with learning disabilities for many years now, expanding each year the range of titles for which there is a separate 'Easy Read' version available. Currently, 54 separate Easy Read information sheets are available online at [www.gosh.nhs.uk/parents-and-visitors/coming-hospital/if-your-child-has-additional-needs/easy-read-information-sheets](http://www.gosh.nhs.uk/parents-and-visitors/coming-hospital/if-your-child-has-additional-needs/easy-read-information-sheets). During 2019, we decided to routinely include an Easy Read version as an integral part of every procedure information sheet produced, with the aim of increasing access. Over 200 titles are in production currently, covering a wide range of clinical specialties. This continues to be developed and has proved popular for the titles produced to date.

The advent of MyGOSH will also offer us the facility to 'push' information to families as well as receive it from them. Already over 9000 people have signed up to have MyGOSH and this is expected to increase in line with increased functionality. Access to MyGOSH will enable us to tailor information and communication to meet the needs of patients and families and ensure it is made available (and recorded as such) to access from any mobile or home device.

## **Objective 2: Publicise support for families including support organisations**

There are a wide range of support mechanisms for families both within and outside GOSH, including Social Work and a Citizen's Advice Bureau, Pals and Psychology. However, families tell GOSH, in surveys and other encounters, that these are not always promoted as well as they could be. While many excellent support organisations exist, families may not always be aware of their existence so work is ongoing to support staff in providing this information more systematically.

### *Progress to date and future plans*

The five Pals Poppers – outreach volunteers who visit clinical areas across the Trust – introduced in 2018 are going from strength to strength with a new volunteer recruited and trained to expand the service further into outpatient clinic areas at GOSH, Royal London

Hospital for Integrated Medicine and the Zayed Clinical Research Centre, alongside an external organisation Contact (previously known as Contact a Family). Plans are underway to recruit further Poppers following positive feedback about the service.

With assistance and guidance from the Poppers, the range of information available has been expanded and updated to give more practical support and advice to families visiting the hospital. Ten further information sheets giving advice on coping with a hospital stay are in production.

An accompanying initiative to increase access to non-clinical information about services available at GOSH and further afield through information trolleys outside the Pals Office in main reception also continues to be popular. The range of information has expanded to include suggestions for what to do in the local area, services at GOSH as well as other support information to help cope with a hospital visit.

We work with 42 external organisations to support and entertain children, young people and families at GOSH. This includes 'condition-specific' organisations, such as Young Epilepsy and the Migraine Trust, faith organisations such as Ezra U'marpeh and the Mothers' Union. All these representatives undergo initial training with Volunteer services followed by regular update training.

As part of the review of written information available for children, young people and families, it is now standard that each information sheet includes details of 'further information and support', which may be available within GOSH or via an external support organisation. Where no support organisation exists, families are directed to Contact (previously known as Contact a Family) who can often put individual families in touch with each other.

### **Objective 3: Support on-going work to improve transition to adolescent or adult services**

The information and support needs of young people and their families have been prioritised by building on the previous year's work to develop the 'Growing Up Gaining Independence' (GUGI) framework. The framework clearly explains the life skills relevant to all young people, particularly those who will transfer to adult healthcare.

#### *Progress to date*

Transfer (or transition) to adolescent or adult services continues to be a priority for GOSH. The Transition Improvement project came to an end during 2019 but work continues with clinical services by the Adolescent Clinical Nurse Specialist. The end of project evaluation showed that the suite of information is highly valued by young people and their families, and clinical teams using it also liked how it gives them a 'programme' of topics to follow to ensure young people are ready for adolescent and adult health services. The GUGI folders are widely available in clinical areas throughout GOSH. Following self-assessment, around 70% clinical teams concluded that GUGI was implemented and in use. Limited audit of clinic letters and feedback from young people suggests that more needs be done to ensure appropriate and timely discussion of transition. A number of other organisations within the UK are in negotiation to adopt and adapt the GUGI resources for their own areas.

GOSH Arts and the Young People's Forum also carried out a joint project during 2019 to look at the emotional impact of transition – many young people have attended GOSH all their lives so moving on to another health organisation can be difficult. Families often struggle to 'let go' having had so much input in their child's health. Following a workshop, the team produced a 'Transition workbook' which passes on tips and tricks from young people

who have already moved on, as well as exercises to promote mental well-being at what is already a period of change.

### *Future plans*

Work to improve transition will continue into the future, with a greater emphasis on using MyGOSH to 'push' information and activities to young people facing transition to adolescent and adult services.

Clinical services will also continue to develop relationships with relevant services in the adult sector to ensure a smooth transition – this will be easier for some conditions than others so inevitably some specialties will need to develop more than others. The Young People's Forum will carry on advising as 'experts by lived experience' to ensure that future projects reflect what young people need and want.

Another area that will become increasingly important is the extension of work looking at the needs of older patients who lack capacity to manage their own health. We have already started to inform families of the legal and financial aspects of their child growing older and will expand this to cover other aspects. For instance, a range of posters have been developed to highlight the change in Parental Responsibility once a young person has their 18th birthday.

## **Developing our next set of equality objectives relating to children, young people and families**

Planning for identifying and prioritising our next set of equality objectives has commenced and will involve input from all clinical services and corporate teams, as well as children, young people and families. Our newly-formed staff forums will also play a part in the process to ensure that whatever objectives we put in place for children, young people and families reflects the aims and ambitions of each forum. Refreshment of the GOSH Strategy will undoubtedly influence the 'longlist' of priority areas, which will then be further prioritised.

## **Family Equality and Diversity (FED) group**

Four meetings have been held in 2019, attended by various staff representatives responsible for aspects of diversity and inclusion, including Patient Experience, Redevelopment and Chaplaincy, as well as a Parent Representative. Despite several changes within the management of the FED group, improvement in many aspects of equality, diversity and inclusion were presented to the group including an audit of sensory equipment led by the Play team, which has led to improved monitoring of infection control practices and a wider awareness of what equipment is available where at GOSH. A ward-based communication pack for children and young people with Learning Disabilities, developed by the Hospital School, was developed and presented to the group. This has been trialled during 2019 and will be introduced to every ward once a funding stream has been identified. A change in personnel within the Learning Disabilities team has provided the opportunity to review services and support and the newly-appointed Nurse Consultant presented to the group about future plans. The Mental Capacity Act lead also updated the group on initiatives to standardise our approach to the Mental Capacity Act at GOSH for those aged 16 years and older.

Training continues to be delivered on a variety of topics – diversity and inclusion online training is compulsory for all staff and volunteers every three years. In addition, the Play

team trialled online training around trans awareness and evaluated it positively. Makaton™ training is also delivered by a number of people at GOSH therefore increasing communication skills of nursing staff.

## **Future of Equality, Diversity and Inclusion relating to children, young people and families**

As part of the routine review process for all working groups at GOSH, the Family Equality and Diversity (FED) group is currently undergoing a review of effectiveness and progress. Further work to 'mainstream' diversity and inclusion is required, which will be aided by the development of the GOSH People Strategy and will inevitably impact on the work of FED. The development of four staff forums – Black, Asian and Minority Ethnic (BAME), Lesbian, Gay, Bisexual and Trans (LGBT+) and Allies, Women's and Disability and Long Term Health Conditions (DLTHC) – will also support the future working of FED, allowing access to 'experts through lived experience' to advise priority-setting and actions. For instance, each forum will be invited to help us decide our next set of Equality Objectives. GOSH continues to be represented on the Pan London Equality Diversity Inclusion Leads Network. This will continue as it is an invaluable source of inspiration from organisations either focused on different aspects of EDI or further ahead on the journey.

## **Conclusions**

Although 2019 has been a challenging year with various changes in personnel, there is still much to celebrate. The introduction of staff forums will make a real difference to children, young people and families as well as staff and volunteers, raising visibility of minority groups at GOSH and ensuring that everyone who uses our services feel welcomed and valued. The introduction of the new Electronic Patient Record EPIC has also brought challenges, but the introduction of MyGOSH and My Fingerprint modules will enable us to be far more responsive to individual patient/family needs. Children, young people and families continue to give positive feedback about their experience at GOSH – we will build on this in 2020 to ensure our services meet the needs of all who need them.